

Six Core Elements of Health Care Transition™ 3.0

An Implementation Guide



Transitioning Youth to an Adult Health Care Clinician

Core Element 6 – Transfer Completion

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I. Purpose, Objectives, and Considerations

Purpose

Transfer Completion is the sixth element in the Six Core Elements of Health Care Transition™ (HCT). This includes confirming transfer completion, offering pediatric consultation (as needed), and assessing consumer experience with transition supports. Closing the loop by confirming that the youth/young adult, who has transferred out of pediatric care, has established care with an adult clinician is an essential part of this core element. In addition, evaluating the success of the HCT process, with a mechanism to obtain and incorporate feedback from youth, young adults, and parents/caregivers, will improve the practice's approach to HCT. *See sample feedback surveys in Section III.*

Objectives

Contact youth/young adult and parent/caregiver 3 to 6 months after last pediatric visit to confirm attendance at first adult appointment.

Elicit anonymous feedback from youth/young adult and their parent/caregiver on their experience with the transition process.

Communicate with adult practice confirming completion of transfer and offer consultation assistance, as needed.

Build ongoing and collaborative partnerships with adult primary and specialty care clinicians.

Considerations

CONTENT

What information might be considered in assessing transition feedback?

Below are some questions and ideas to think about.

- *Does the practice want to gain feedback from youth, young adults and/or parents/caregivers on their structured HCT experience?*
- *Does the practice want only the youth/young adult, or both the youth/young adult and parent/caregiver, to be part of the feedback process?*
- *Consider the HCT process in your practice/system. Which key components of your HCT process do you want feedback on from youth, young adults, and parents/caregivers?*
- *Does the practice want to use or customize Got Transition's HCT Feedback Surveys for Youth/Young Adults and Parents/Caregivers, which are based on components of the Six Core Elements, or use other existing consumer surveys and add HCT feedback questions?*
- *Does the practice/system want to obtain feedback from clinicians about the HCT process in your practice/system?*
 - *Consider the HCT process in your practice/system. Which key components of your HCT process do you want to elicit feedback on from clinicians?*
 - *Decide if you want to use or customize Got Transition's Clinician Feedback Survey. Alternatively, you could use other existing clinician feedback surveys and add HCT feedback questions.*



PROCESS

What process do you have in place to check if the youth/young adult has been seen by an adult clinician?

Below are some questions and ideas to think about.

- *Will the pediatric practice contact the youth/young adult directly or will the practice establish a routine process with the adult practice to be notified when the new youth/young adult comes to their first visit?*
- *Who in the pediatric practice will be in charge of checking whether the youth/young adult has actually been seen by the adult practice?*
- *What plan does the practice have to work with both the adult practice and the young adult if the young adult does not come to their new adult clinician appointment?*
- *Create a written document to describe the clinic approach to implement the process outlined above.*
- *Educate all team members/staff about the process.*

What is the process for offering consultation to the adult clinician?

Below are some questions and ideas to think about.

- *Is offering consultation part of the transfer letter or a call to the adult clinician's office following transfer?*
- *Should consultation be offered for all transferring youth/young adults? Or a subgroup of patients?*
- *What is the extent of consultation support that can be reasonably made available?*
- *Create a written document to describe the clinic approach to implement the process outlined above.*
- *Educate all team members/staff about the process.*

What is the process to obtain consumer and clinician feedback about your practice's transition process?

Below are some questions and ideas to think about.

- *If an available consumer HCT feedback survey has been customized (e.g., Got Transition's HCT Feedback Survey) or your practice/system has developed its own, is the reading level appropriate? Has it been tested with 3-4 older youth/young adults in your practice (who will be receiving the feedback survey) who have different levels of education to see if they have any difficulty understanding the questions or specific words? If so, make needed changes to the feedback survey and test again. A similar approach should be taken if the practice/system decides to also have parents/caregivers complete an HCT feedback survey.*
- *Once the HCT feedback survey is ready for use, identify and test the practice/system process on how it will be completed, ideally 3-6 months after the youth/young adult leaves the pediatric practice:*
 - *Identify eligible youth/young adults to complete the HCT feedback survey and decide:*
 - *When will it be offered? Will it be completed in the last pediatric practice visit or at the first adult practice visit? Will it be sent virtually shortly after the last pediatric visit?*
 - *How will feedback results be kept confidential?*
 - *Will it be completed in a paper form? If yes, determine how often and who will collect the information and collate the results.*

Continued on next page



- *If the feedback survey is being completed at the new adult practice, how will the feedback results be obtained? If the survey is completed in paper form, how will the survey results be sent to the pediatric office?*
- *How will the results be incorporated into an improvement process for the pediatric practice's HCT process, if needed?*
- *Will the HCT feedback survey be completed via an online survey (e.g., Survey Monkey)? Who will review the results? When will they review the results and present them to the pediatric practice team for review and action if needed?*
- *Once your HCT clinician feedback survey is ready for use, it is time to identify and test the process for completing it and how the results will be shared so changes can be made if needed. Below are some questions and ideas to think about.*
 - *Who will complete the survey: clinicians including office staff?*
 - *How will the results be kept confidential?*
 - *Test the questions with a few staff to be sure the questions are clear.*
 - *Who will collect the survey?*
 - *Who will collate the results?*
 - *How will the results be incorporated into an improvement process for the pediatric practice's HCT process, if needed?*
- *Create a written document to describe the practice/system process to obtain feedback on the HCT process. Have this document available for the staff in case there are staff changes.*
- *Offer education to all team members/staff about the practice's HCT feedback process.*



II. Quality Improvement Considerations, Tools, and Measurement

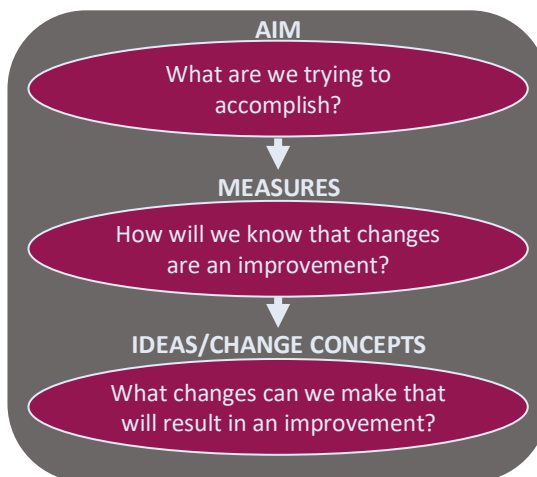
Quality Improvement Considerations

What should be thought about when forming a team? (See *Successful Teams* in the [QI Primer](#))

- Include a representative from all areas of your practice
- Include a youth/parent/caregiver whenever possible
- Depending on what you are aiming to improve, consider any ad hoc members you might need (e.g., information services, lab, pharmacy, supply distribution, etc.)
- Schedule meetings or huddles

What is the Model for Improvement?

The Model for Improvement (see *Model for Improvement* in the [QI Primer](#)) is an approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes. The figure here illustrates the three questions that make up the Model for Improvement. This is a simple but robust model widely used for improvement in many industries, including health care.



Adapted from Langley GL, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*, 2nd ed. San Francisco: Jossey-Bass Publishers, 2009.

As you continue to work through this document and the Six Core Elements, you will find that the QI tools and other items below have been customized to each Element for each kind of practice. However, you will find the basic team considerations described above remain the same for most if not all of your QI work.

Quality Improvement Tools

The most important QI tools to guide a team's improvement work include **Tools 1-5** listed below. Using these tools in the following order will increase your chances of success, but teams can make modifications as needed. For more information and examples, see *Tools for Improvement* in the [QI Primer](#).

- **Tool 1: An aim statement** is a fundamental element of this model and answers the question of what you are trying to accomplish.
- **Tool 2: Key driver diagrams** allow teams to visualize the relationship between the project aim and contributing factors, helping them determine key actions necessary to meet this aim.
- **Tool 3: Process flow maps** can help you visualize the steps in your change process.
- **Tool 4: The simplified failure mode and effects analysis** form helps teams recognize what problems might arise in each step of the process and think of possible solutions.
- **Tool 5: Plan-Do-Study-Act (PDSA) cycles** allow teams to trial and learn from their process changes. Using Tools 1-4 before initiating a PDSA cycle helps teams assess root causes before jumping to solutions.



Tool 1: Aim Statement

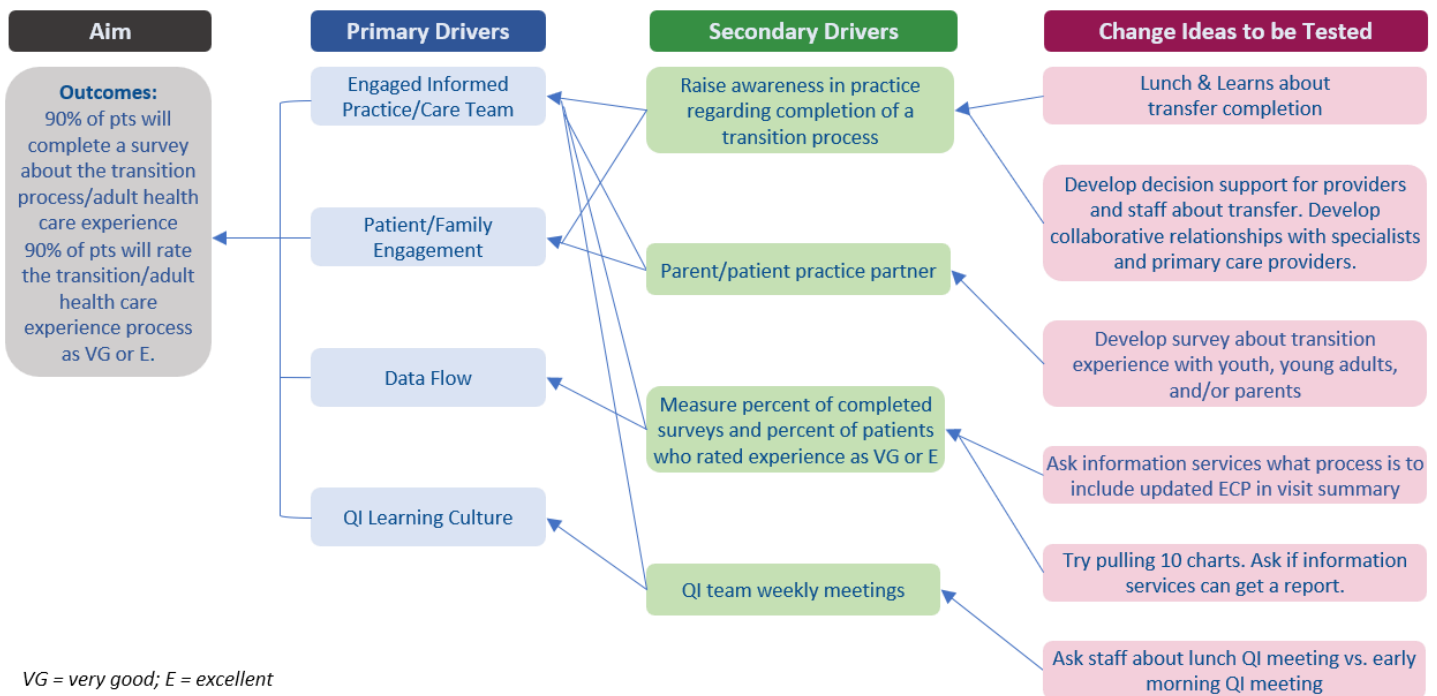
The aim statement is a written statement that describes the improvement effort and includes the rationale for doing the work, the target population, the time period of the work, and measurable numeric goals. For more information and examples, see *Model for Improvement* in the [QI Primer](#).

Example Aim Statement

We aim to improve care for teenagers with diabetes by ensuring completion of a patient-centered transfer of care. By [insert date], 85% of eligible teenagers will have completed their first adult visit and 90% of families will rate their transfer experience as excellent.

Tool 2: Key Driver Diagram

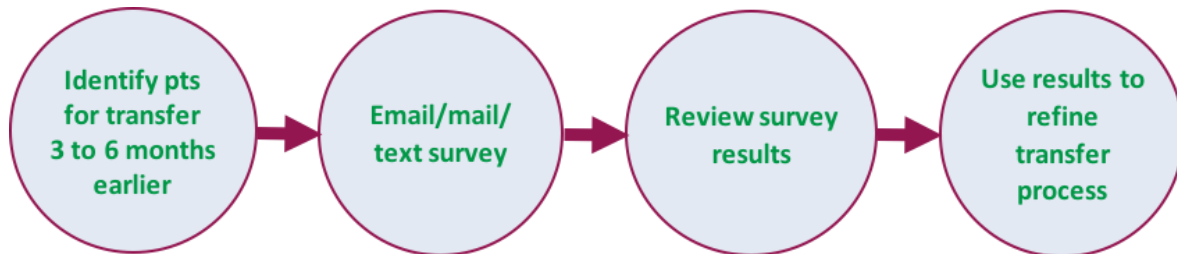
Key driver diagrams (KDDs) require teams to identify their theories or “key drivers” which lead to outcomes. They help teams see relationships and organize work, especially in complex systems. They are frequently used for analysis, organization, and communication to direct improvement work. For more information and examples, see *Tools for Improvement* in the [QI Primer](#).



Adapted from ST3P UP, a collaborative sponsored by Patient Centered Outcomes Research Institute® (PCORI) Award MCSC-1608-35861 Titled *A Comparative Effectiveness of Peer Mentoring Versus Structured Education Based Transition Programming For The Management Of Care Transitions In Emerging Adults With Sickle Cell Disease*.

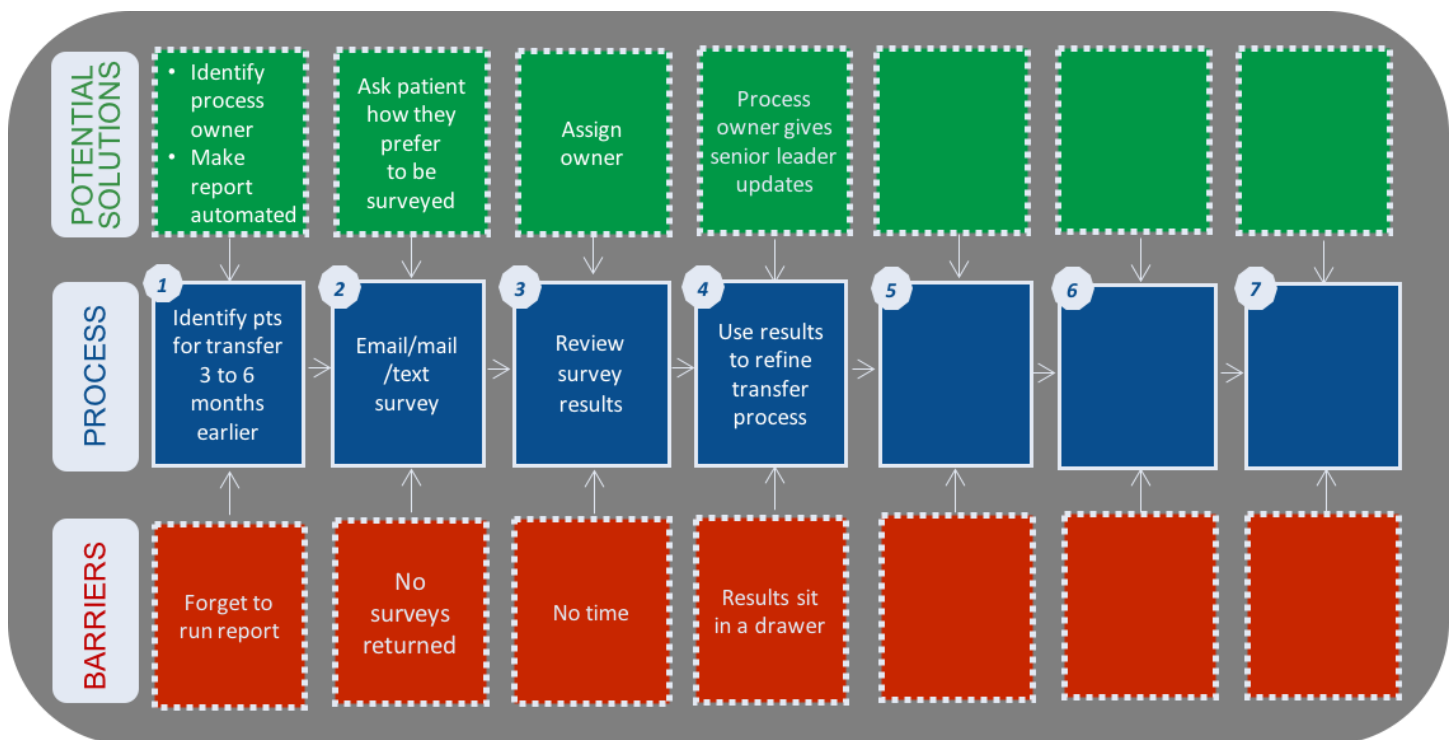
Tool 3: Process Flow Map

A flow map is a visual display of the separate steps in a process placed in sequential order. It is extremely helpful in documenting different views of the same process. It can show the sequence of actions, materials/inputs entering and leaving the process, decision points, and people involved. Flow maps can be used to document steps in the process of either how things are or how things could be. Posting the flow map gives staff an opportunity to clarify the steps in the process and can uncover conflicting understandings. For more information and examples, see *Tools for Improvement* in the [QI Primer](#).



Tool 4: Simplified Failure Mode and Effects Analysis (sFMEA)

Simplified Failure Mode and Effects Analysis (sFMEA) is a proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures, in order to identify the parts of the process that are most in need of change and help generate ideas to prevent those possible failures. This is a good companion to the flow map – a flow map lets you see the process as it is, and the sFMEA helps you look more closely to identify breakdowns. The example below has a few solutions filled in, to illustrate how teams might start completing an sFMEA. For more information and examples, see *Tools for Improvement* in the [QI Primer](#).



Adapted from the copyrighted Simplified Failure Mode Effects Analysis Worksheet (sFMEA) from Cincinnati Children's Hospital Medical Center. This version of the sFMEA has been modified and has been reprinted with permission.

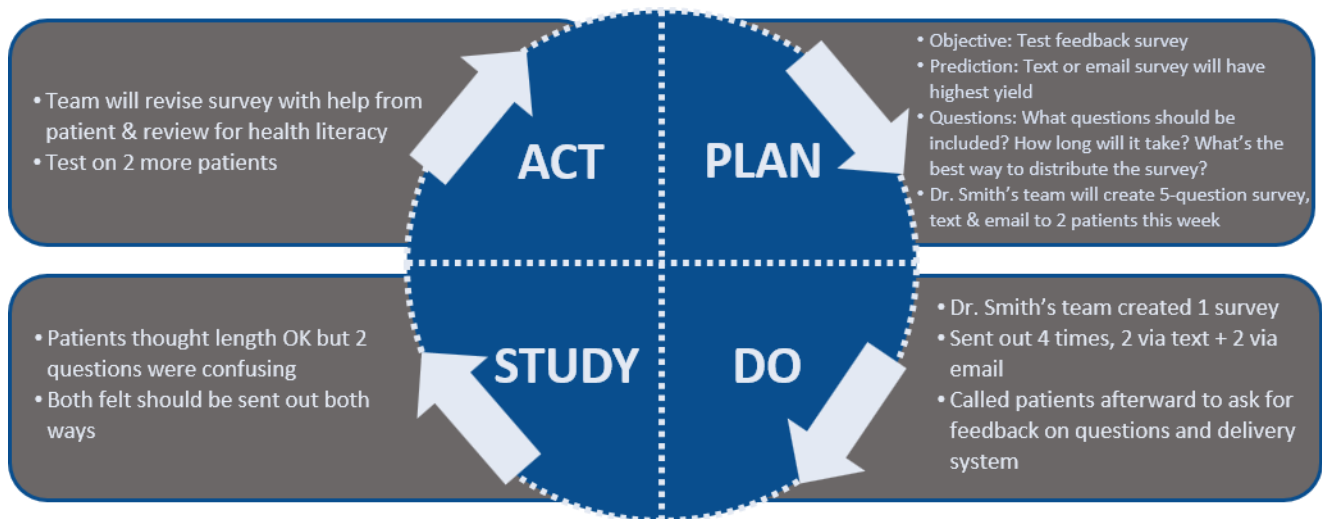
Tool 5: PDSA Cycles

PDSA cycles are a structured test of a process change. These are meant to be done rapidly, for example one patient, one afternoon, with one doctor. To accelerate learning and improvement, small tests with reflection allow for change ideas to be adapted, adopted, or abandoned easily within busy healthcare settings. Learning to do rapid cycle testing is key to keeping the momentum going; it is not necessary to schedule a full separate meeting, just a quick huddle allows teams to plan the next cycle. For more detailed explanation and a blank form, see *Model for Improvement* in the [QI Primer](#). This effort includes:

- **P**lan the test: who, what, where, when;
- **D**o try the change and observe what happens;
- **S**tudy reflect on what was learned from the test; and
- **A**ct decide next steps based on the reflection.

Examples of Ideas to Test

- Test feedback survey on one teen and one parent
- Test process for contacting teen/parent 3 months after transfer
- Test survey for adult providers on satisfaction with transfer process



Adapted from AHEC QI 101, a Quality Improvement course sponsored by Charlotte Area Health Education Center.

Quality Improvement Measurement

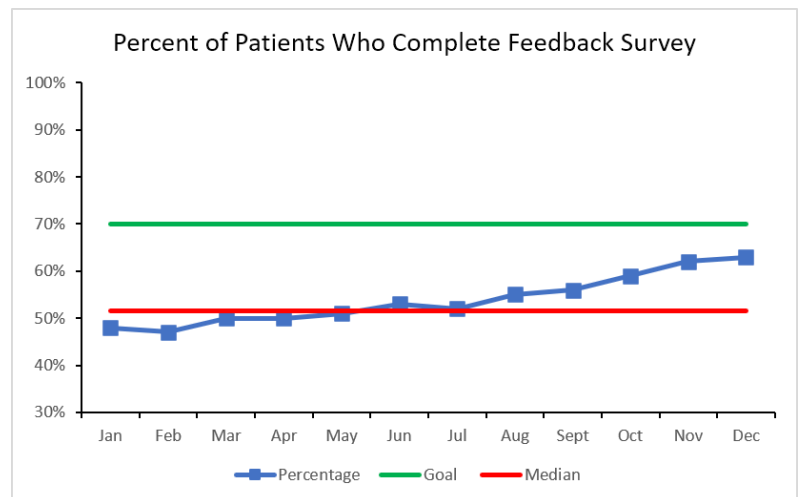
This step will sometimes be informal, while other situations will require a more formal process. Tracking your progress can be as simple as using a check sheet for a short period of time or a more formal use of a run chart which displays improvement over time. Specifically, the Current Assessment of HCT Activities or the HCT Process Measurement Tool in the Six Core Elements package can be used by teams to track progress of specific core elements or the overall HCT process. For more information and examples, see *Measuring for Improvement* in the [QI Primer](#).

Example Data Collection Check Sheet

- Track the number of surveys sent.
- Track number of returned surveys.
- Assess themes from the surveys.
- Share feedback from the surveys with the team.

	Mon	Tues	Wed	Thurs	Fri
# surveys sent					
# surveys returned					

Data display is important for teams to assess the impact of the changes they are making. In QI, run charts are most often used. Run charts are a dynamic display of data over time. They require no statistical calculations and should be easily understood. Use a clear title. Data points are plotted around a median line. When possible, adding annotations to the chart to explain when certain changes were introduced can make the chart more informative and robust.



Sustain & Spread

For strategies on how to sustain and spread your work, please see Steps 6 and 7 in [How to Implement the Six Core Elements of Health Care Transition](#).

III. Sample Health Care Transition Feedback Surveys

Sample Health Care Transition Feedback Surveys from Six Core Elements of HCT™

- Sample feedback survey for youth/young adults from Got Transition’s “Transitioning Youth to an Adult Health Care Clinician” (*click [here](#)*)
- Sample feedback survey for parents/caregivers from Got Transition’s “Transitioning Youth to an Adult Health Care Clinician” (*click [here](#)*)
- Sample feedback survey for clinicians from Got Transition’s “Transitioning Youth to an Adult Health Care Clinician” (*click [here](#)*)



IV. Additional Resources

- Health Care Transition Timeline for Youth and Young Adults (*click [here](#)*)
- Health Care Transition Timeline for Parents/Caregivers (*click [here](#)*)
- Setting up the “Medical ID” Feature on Apple's Health App and on Android Phones (*click [here](#)*)





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