

# *Six Core Elements of Health Care Transition™ 3.0*

## **An Implementation Guide**



### **Integrating Young Adults into Adult Health Care**

#### ***Core Element 6 – Ongoing Care***

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# I. Purpose, Objectives, and Considerations

## Purpose

Ongoing Care is the sixth element in the Six Core Elements of Health Care Transition™ (HCT). This includes confirming transfer completion, coordinating referrals to adult specialists, assessing consumer experience with transition, and providing ongoing care management. Confirming with the pediatric practice that the adult clinician has taken on responsibility for the young adult's health care is important, given their high rates of loss to follow-up. Since many young adults transfer to an adult primary care clinician first, helping them to select new adult specialist clinicians may be necessary. In addition, evaluating the success of the HCT process and the young adult's experience with care, with a mechanism to obtain and incorporate the feedback, will improve the practice's approach to integrating young adults into the practice. *See sample feedback surveys in Section III.*

## Objectives

**Communicate** with pediatric practice confirming completion of transfer into adult practice and consult with pediatric clinician(s), as needed.

**Assist** young adult in connecting with adult specialists, as needed, and provide linkages to insurance resources, self-care management information, and community support services.

**Obtain** consent from young adult for release of medical information.

**Continue** with ongoing care management tailored to each young adult and their cultural preferences.

**Elicit** anonymous feedback from young adult on their experience with the transition process.

**Build** ongoing and collaborative partnerships with other primary and specialty care clinicians.

## Considerations

### CONTENT

#### ***What information might be useful to collect in assessing transition feedback?***

**Below are some questions and ideas to think about.**

- *Does the practice want to gain feedback from young adults on their experience with the practice's welcome process?*
- *Consider the welcome process in your practice/system. Which key components of your HCT welcome process do you want feedback on from young adults?*
- *Does the practice want to use or customize Got Transition's HCT Feedback Survey for Young Adults, which is based on components of the Six Core Elements, or use other existing consumer surveys and add HCT feedback questions?*
- *Does the practice want to obtain feedback from clinicians about the HCT process in the 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 notify the referring (pediatric) practice that the young adult has been seen by an adult clinician?*

**Below are some questions and ideas to think about.**

- *Will the practice establish a routine process with the referring (pediatric) practice to notify them when the new young adult comes to their first visit?*
- *Who in the adult practice will be in charge of notifying the referring practice that the young adult has been seen by the adult practice?*
- *What plan does the practice have to work with both the referring 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 to ask for consultation from the referring clinician, if needed?*

**Below is a question to think about.**

- *Does the practice have a plan for the best way to communicate with the referring pediatric practice to ask for consultation if advice is needed quickly on the new young adult, especially in the early months after transfer (e.g., if the adult clinician is not familiar with the young adult's childhood-onset disease)?*
- *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 for Young Adults) or your practice/system has developed its own, is the reading level appropriate? Has it been tested with 3-4 older 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.*
- *Once the HCT feedback survey is ready for use, identify and test the process on how it will be completed, ideally 3-6 months after the young adult has joined the practice:*
  - *Identify eligible young adults to complete the HCT feedback survey and decide:*
    - *When will it be offered? After a clinic visit? Will it be sent virtually shortly after the initial 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*



- *How will the results be incorporated into an improvement process for the adult practice's HCT welcome process, if needed?*
- *Will the HCT feedback survey be completed via an online survey (e.g., SurveyMonkey)? Who will review the results? When will they review the results and present them to the adult 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 clinic office staff?*
  - *How will 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 clinic staff in case there are staff changes.*
- *Offer education to all team members/staff about the practice's HCT feedback process.*

***What is the process your practice uses to tailor ongoing care management to each young adult, keeping in mind their cultural preferences?***

***What is the process your practice uses to develop collaborative relationships with other primary care and subspecialty care clinicians so there is availability of those clinician services for new young adults in your practice?***



## II. Quality Improvement Considerations, Tools, and Measurement

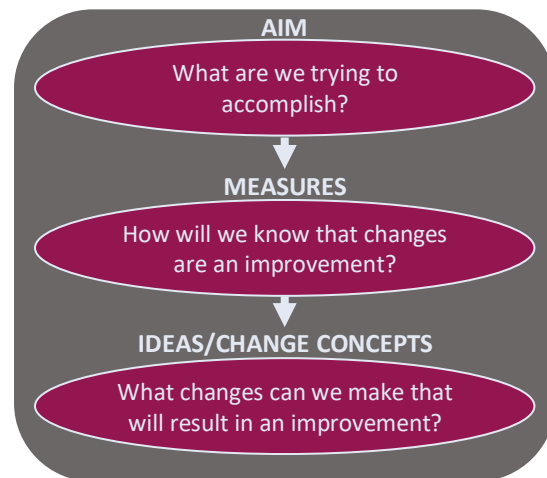
### Quality Improvement Considerations

**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 young adult 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

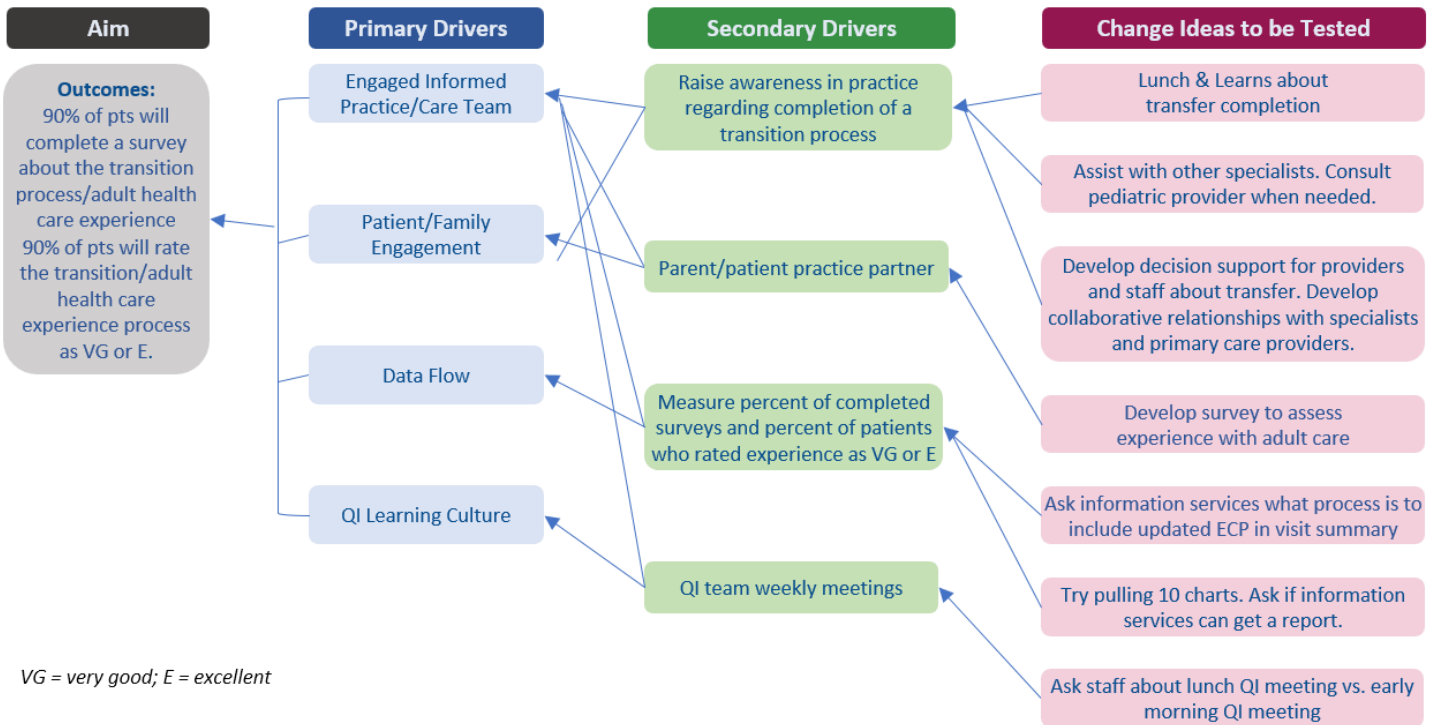
The aim statement is a written statement that describes the improvement effort and includes the rationale for doing the work, the target population, the time period of the work, and measurable numeric goals. For more information and examples, see *Model for Improvement* in the [QI Primer](#).

### Example Aim Statement

Having a successful transition/transfer experience is critical to excellent patient care. By [insert date] 80% of patients will rate their transition/transfer 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](#).



VG = very good; E = excellent

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*.

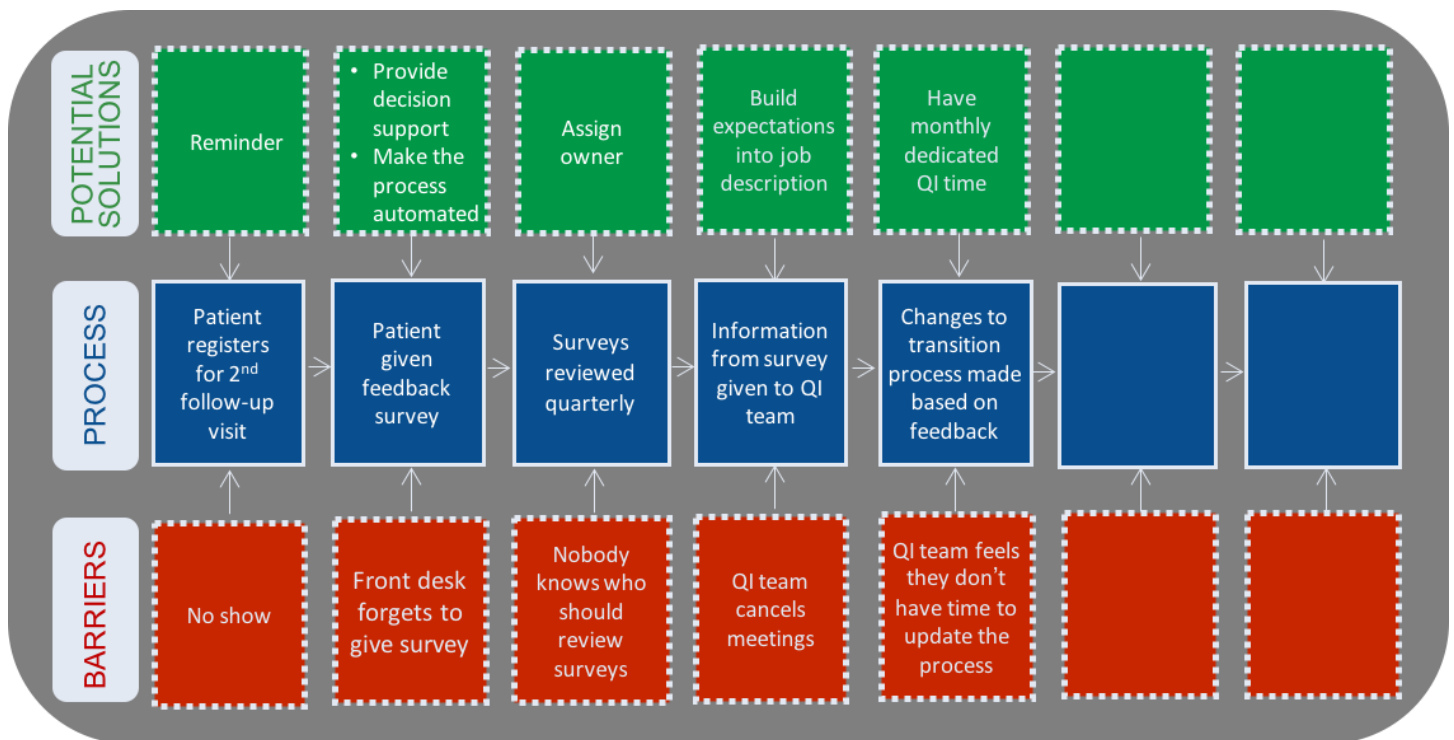
### Tool 3: Process Flow Map

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.*

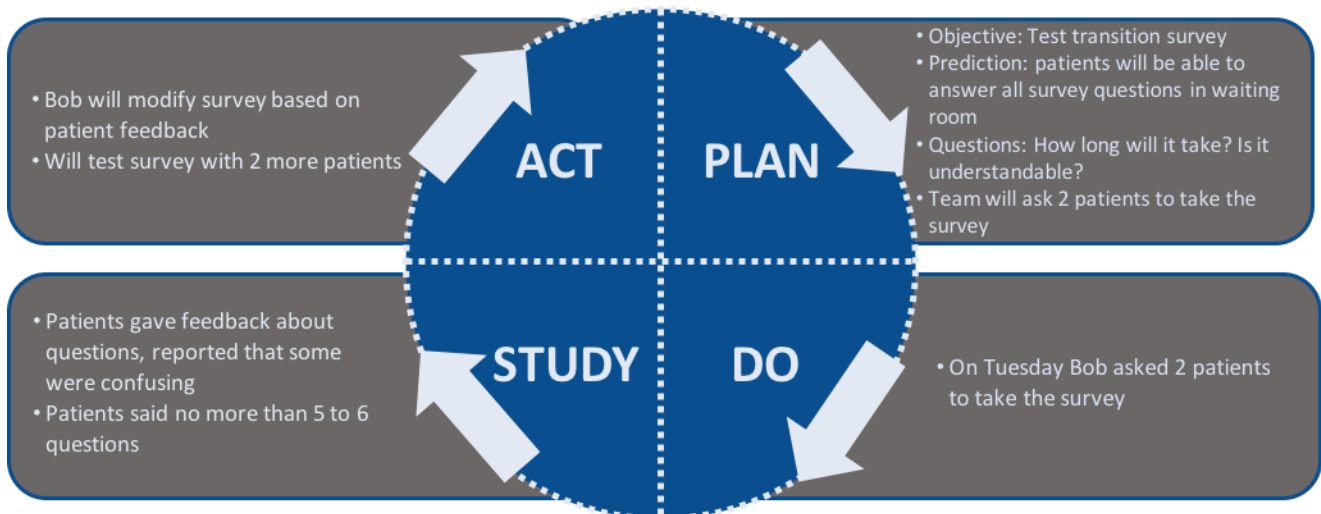
## Tool 5: PDSA Cycles

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

- Using the Got Transition toolkit survey
- Using shared decision-making during the visit
- Creating a process to communicate with the pediatric provider



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



## Quality Improvement Measurement

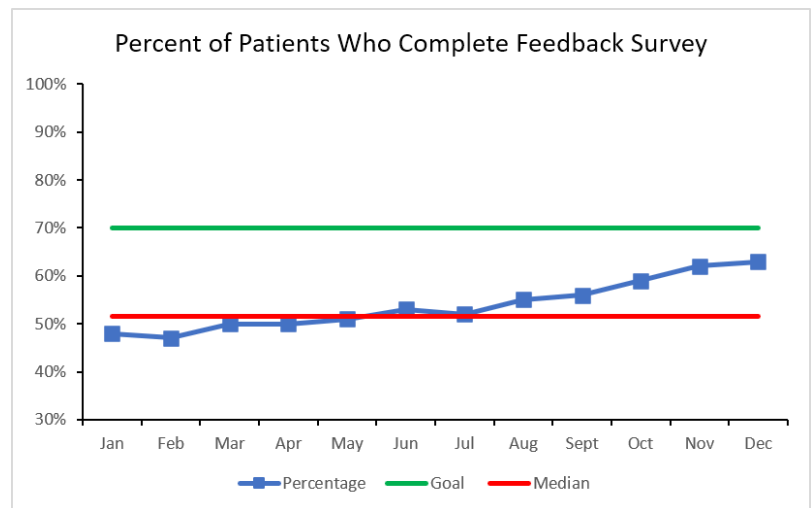
This step will sometimes be informal, while other situations will require a more formal process. Tracking your progress can be as simple as using a check sheet for a short period of time or a more formal use of a run chart which displays improvement over time. Specifically, the Current Assessment of 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

- A few weeks after giving the survey out, track how many patients received it.
- For one week, track how many surveys were found in the trash or left behind in the room.
- Track how many patients had questions about the survey.
- Share feedback with the team to help refine the survey and the process.
- Track percent of patients who rate their transition/transfer as excellent.

	Mon	Tues	Wed	Thurs	Fri
# pts received surveys					
# pt surveys left behind					
# pts with questions					

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](#).





## *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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