

Six Core Elements of Health Care Transition™ 3.0

An Implementation Guide



Integrating Young Adults into Adult Health Care

Core Element 3 – Orientation to Adult Practice

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I. Purpose, Objectives, and Considerations

Purpose

Orientation to adult practice is the third element in the Six Core Elements of Health Care Transition™ (HCT). The adult practice can begin by identifying clinicians in the practice interested in taking care of new young adults. Young adults are relatively new health care consumers, so it is important to offer an orientation to the adult practice and provide young adult-friendly welcome materials that describe confidentiality, services offered, and the logistics of obtaining care. *See sample welcome and orientation tools in Section III.*

Objectives

Identify and list adult clinicians within your practice interested in caring for young adults.

Establish a process to welcome and orient new young adults into practice, including a description of available services.

Provide young adult-friendly online or written Frequently Asked Questions about the practice.

Considerations

CONTENT

What should be included in a welcome letter for new young adults joining your practice?

Below are some questions and ideas to think about.

- *Does the information describe the practice's approach to welcoming and orienting young adults to the practice?*
- *What information should be included about your practice?*
 - *What can a young adult expect from the practice (e.g., confidential care), and what does the practice expect from the young adult (e.g., arriving to appointments on time)?*
 - *What should be included in a set of Frequently Asked Questions about your practice and available services (e.g., how do I reach my doctor when I have an urgent problem)? See sample welcome and orientation sheet in Section III.*

PROCESS

What is the process to decide and share with young adults which clinicians are interested in caring for young adults?

Below are some questions and ideas to think about.

- *Will clinicians be explicitly asked/surveyed/invited to care for young adults?*
- *Once it is decided which clinicians in the practice are interested in caring for young adults, consider sharing the names of these clinicians with front desk staff for scheduling and also with partnering pediatric practices.*
- *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 develop welcome and orientation information and Frequently Asked Questions about your practice?

Below are some questions and ideas to think about.

- *Is the reading level appropriate for young adults coming to your practice?*
- *Will this information be translated into the common languages in your practice?*
- *Test the welcome and orientation information and Frequently Asked Questions with 1-3 young adults and consider asking:*
 - *Are there any words you do not understand?*
 - *Does this information make you feel welcome in the practice?*
 - *Did it answer your questions about the practice? Are there additional questions that you would like to be included?*
 - *How could the information be clearer?*
 - *When would be the best time to share the welcome and orientation information and Frequently Asked Questions with young adults? Before, during, or after the initial visit?*
- *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 implement a welcome and orientation process for young adults, which is an integral part of the practice workflow?

Below are some questions and ideas to think about.

- *When will the welcome and orientation information and Frequently Asked Questions be shared with the young adult? Will it be sent via the portal before the visit? If it is written information, will it be sent in the mail before the visit or given during the visit? Will it be included in the after-visit summary?*
- *Who in the practice is responsible for sharing the welcome and orientation information and Frequently Asked Questions with the young adult?*
- *Consider sharing the welcome and orientation information with local pediatric practices to give to their transitioning young adults and parents/caregivers.*
- *Create a written document to describe the clinic approach to implement the processes outlined above.*
- *Educate all team members/staff about the process.*



II. Quality Improvement Considerations, Tools, and Measurement

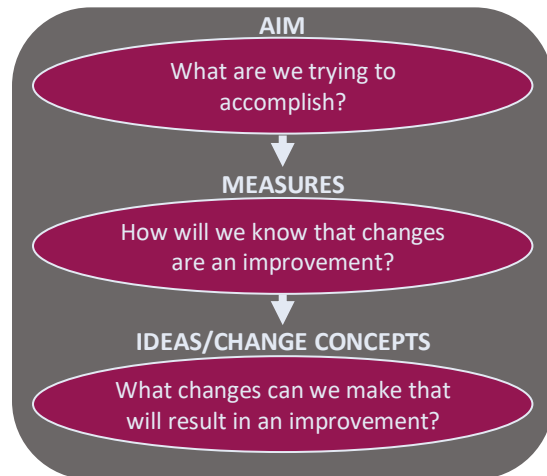
Quality Improvement Considerations

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 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

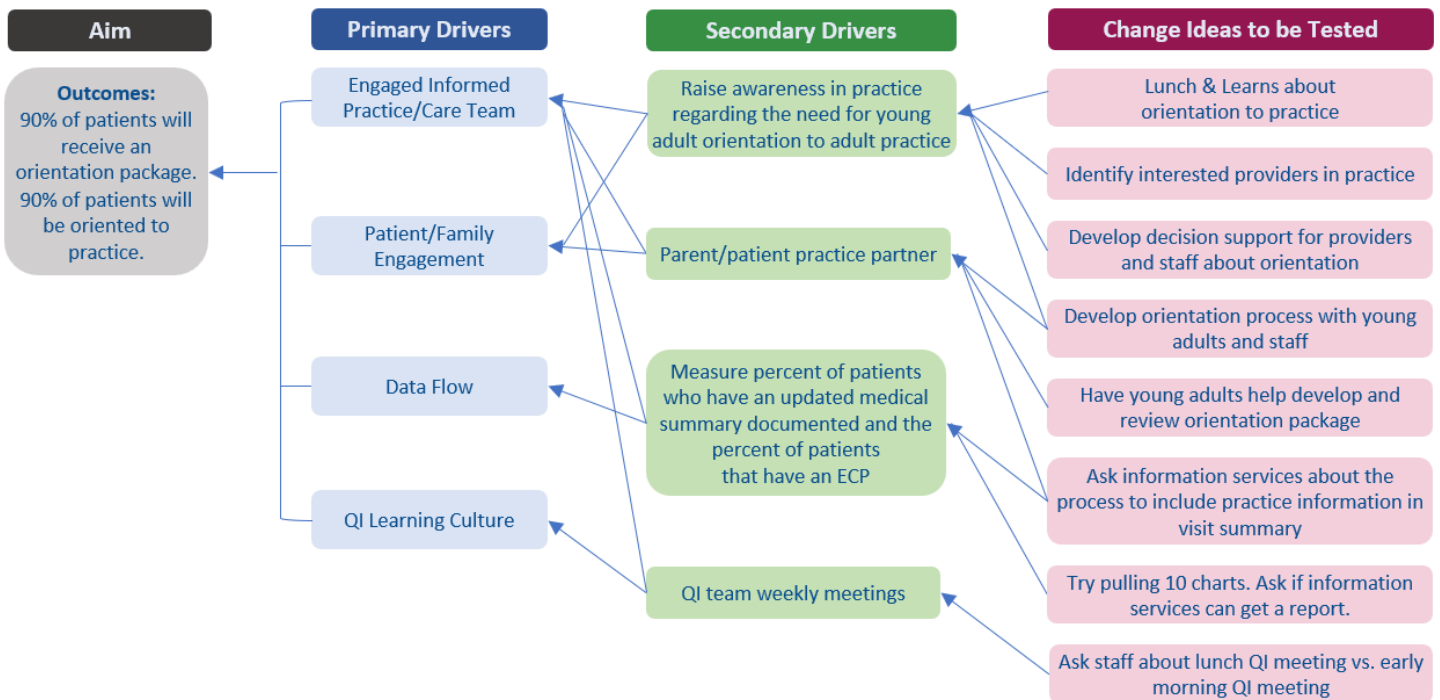
The aim statement is a written statement that describes the improvement effort and includes the rationale for doing the work, the target population, the time period of the work, and measurable numeric goals. For more information and examples, see *Model for Improvement* in the [QI Primer](#).

Example Aim Statement

We aim to improve care for young adult patients who transition into our practice. We will accomplish this through a patient-centered orientation process. By [insert date], 90% of patients will feel welcomed and oriented to our practice.

Tool 2: Key Driver Diagram

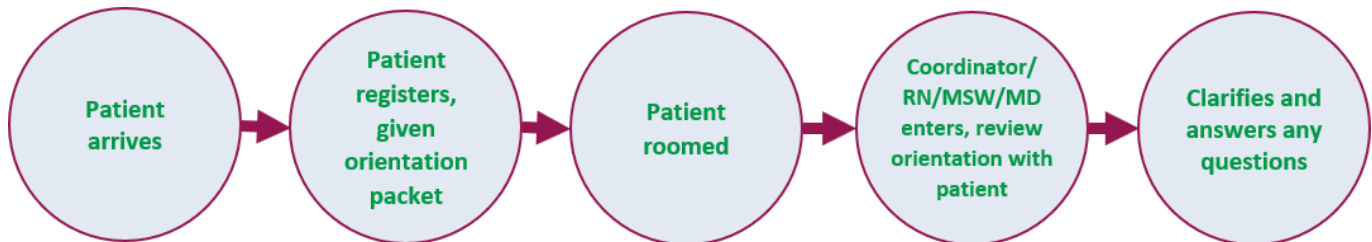
Key driver diagrams (KDDs) require teams to identify their theories or “key drivers” which lead to outcomes. They help teams see relationships and organize work, especially in complex systems. They are frequently used for analysis, organization, and communication to direct improvement work. For more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

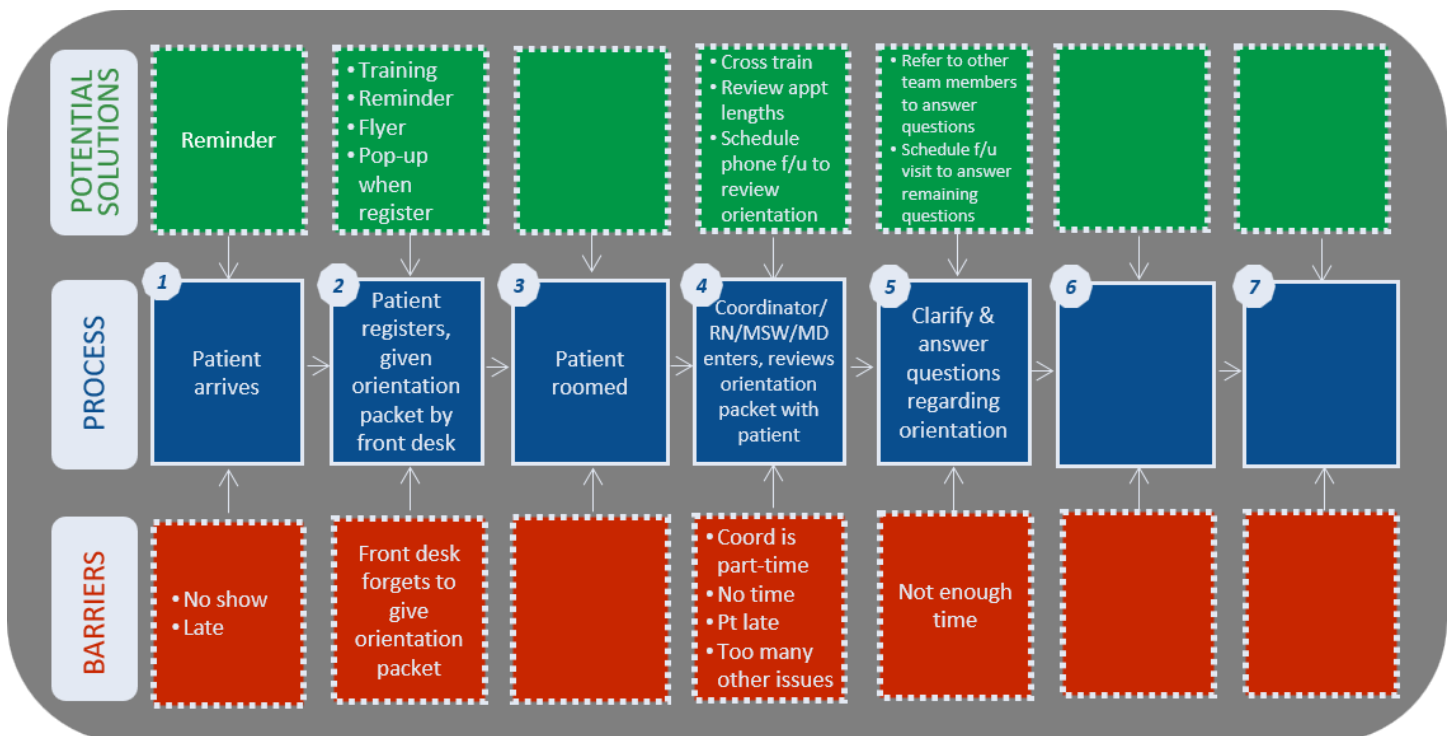
Tool 3: Process Flow Map

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.

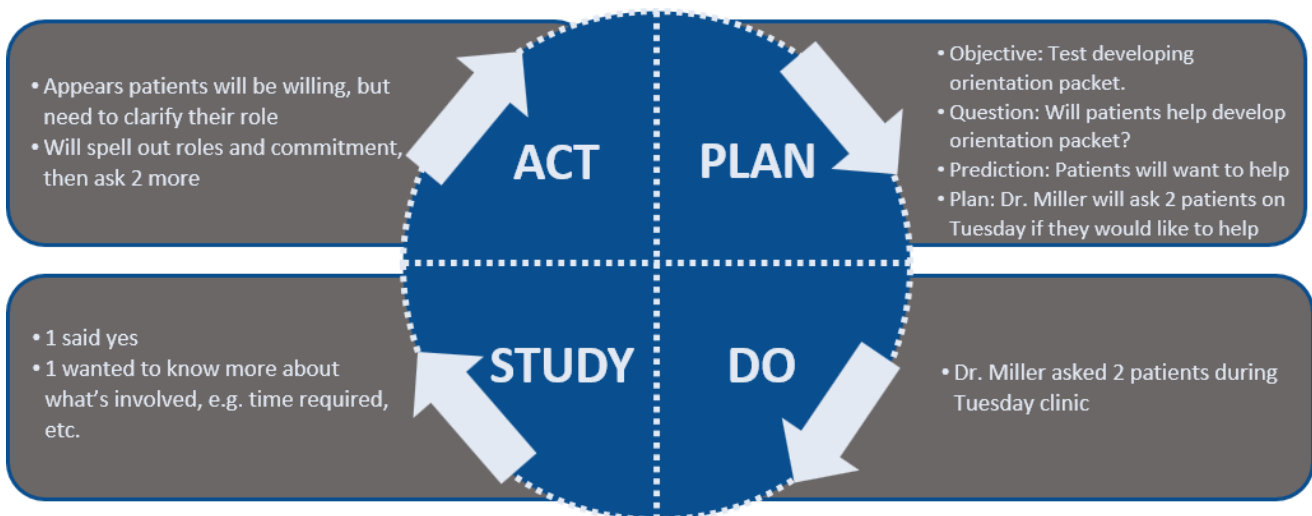
Tool 5: PDSA Cycles

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

- Ask 2 patients to help with the process
- Flow map the ideal process
- Create a list of adult clinicians interested in participating
- Give patients a brief survey asking if they feel welcomed and oriented



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

Quality Improvement Measurement

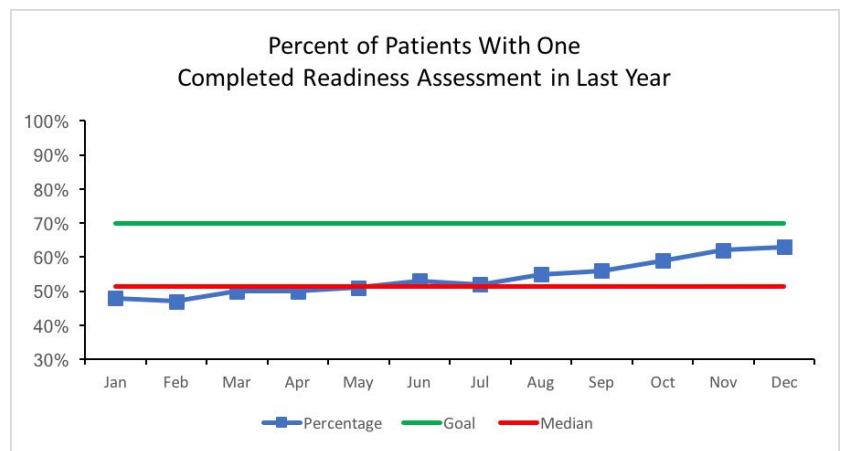
This step will sometimes be informal, while other situations will require a more formal process. Tracking your progress can be as simple as using a check sheet for a short period of time or a more formal use of a run chart which displays improvement over time. Specifically, the Current Assessment of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

- Assess the need for clarification of orientation packet.
 - Track for 1 week the number of patients who have questions about the packet.
 - Track the areas of orientation package with greatest number of questions.
- Track the number of patients who are given the packet.
- Track the percent of patients who felt welcomed and oriented.

	Mon	Tues	Wed	Thurs	Fri
# pts with questions					
# pts given packet					

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 Welcome and Orientation Tools

Sample Welcome and Orientation Tool from the Six Core Elements of HCT™

- Sample welcome and orientation information sheet from Got Transition’s “Integrating Young Adults into Adult Health Care” (click [here](#))

Sample Welcome and Orientation Tool for Young Adults with Specific Conditions

- Sample welcome and orientation information materials from Montefiore Sickle Cell Center for Adults (click [here](#))
- Sample welcome and orientation transition packet from Atrium Health Sickle Cell Disease Program (click [here](#))



IV. Additional Resources

- Turning 18: What It Means for Your Health (*click [here](#)*)
- Add your health information into your smartphone (*click [here](#)*)
- System Differences Between Pediatric and Adult Health Care (*click [here](#)*)





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