

# Current Assessment of Health Care Transition Activities for Transitioning to an Adult Approach to Health Care Without Changing Clinicians

**Instructions:** Each of the Six Core Elements; Youth/Young Adult and Parent/Caregiver Feedback; and Youth/Young Adult and Parent/Caregiver Leadership should be scored as Level 1, 2, 3, or 4. To be scored at a certain level, all of the criteria must be met. (No partial scores.)

TRANSITION AND CARE POLICY/GUIDE				
Level 1	Level 2	Level 3	Level 4	Score
Clinicians vary in their approach to preparing Y/YAs for an adult approach to care.	Clinicians follow a uniform but not a written transition and care policy/guide about preparing Y/YAs for an adult approach to care.	The practice has a written transition and care policy/guide.	The practice has a written transition and care policy/guide.	(out of 4)
		The transition and care policy/guide includes privacy and consent information and a description of the practice's approach to HCT.	The transition and care policy/guide includes privacy and consent information and a description of the practice's approach to HCT.	
		Clinicians sometimes discuss/share the transition and care policy/guide with Y/YAs and parents/caregivers.	Clinicians consistently discuss/share the transition and care policy/guide with Y/YAs and parents/caregivers, beginning at ages 12 to 14.	
		The transition and care policy/guide is familiar to some staff.	The transition and care policy/guide is publicly displayed and familiar to all staff.	
			The transition and care policy/guide was developed with input from Y/YAs and parents/caregivers.	
TRACKING AND MONITORING				
Level 1	Level 2	Level 3	Level 4	Score
Clinicians vary in their process of identifying transition-aged Y/YAs, but most wait until close to the age of 18 to identify them.	Clinicians follow a uniform process to identify transition-aged Y/YAs.	The practice has an individual transition flow sheet or registry for identifying and tracking transition-aged Y/YAs, or a subgroup of Y/YAs with chronic conditions, close to the time of transitioning to an adult approach to care.	The practice has an individual transition flow sheet or registry for identifying and tracking transition-aged Y/YAs, or a subgroup of Y/YAs with chronic conditions, starting between the ages of 12 and 14.	(out of 4)
	Clinicians use Y/YAs' medical records to document relevant HCT information (e.g., discussed transition, conducted transition readiness assessment).	The practice tracks Y/YAs' receipt of some but not all of the Six Core Elements.	The practice tracks Y/YAs' receipt of all of the Six Core Elements.	

HCT - health care transition, Y/YA - youth/young adult



# Current Assessment of Health Care Transition Activities *(Continued)*

TRANSITION READINESS				
Level 1	Level 2	Level 3	Level 4	Score
Clinicians vary in terms of the age when youth begin to have time alone during office visits without parents/caregivers present.	Clinicians consistently offer youth time alone during office visits without parents/caregivers present.	Starting between the ages of 12 and 14, the practice consistently offers youth time alone during office visits without parents/caregivers present.	Starting between the ages of 12 and 14, the practice consistently offers youth time alone during office visits without parents/caregivers present.	(out of 4)
Clinicians seldom assess transition readiness skills.	Clinicians sometimes assess transition readiness skills.	Clinicians consistently assess transition readiness skills, but most wait until the age of transitioning to an adult approach to care.	Clinicians consistently assess transition readiness skills, starting at ages 14 to 16.	
	A standardized transition readiness skills assessment is sometimes used.	A standardized transition readiness skills assessment is consistently used.	A standardized transition readiness skills assessment is consistently used.	
		Starting between the ages of 14 and 16, clinicians consistently discuss transition readiness skills and changes in adult-centered care.	Starting between the ages of 14 and 16, clinicians consistently discuss transition readiness skills and changes in adult-centered care.  Clinicians consistently document transition readiness needs and goals in the medical record or plan of care with goals and action steps.	
TRANSITION PLANNING				
Level 1	Level 2	Level 3	Level 4	Score
Clinicians seldom create a medical summary or emergency care plan.	Clinicians sometimes create a medical summary or emergency care plan.	Clinicians consistently create a medical summary and emergency care plan.	Clinicians consistently partner with Y/YAs and parents/caregivers to create their medical summary and emergency care plan.	(out of 4)
Clinicians seldom create a plan of care with goals and action steps.	Clinicians sometimes create a plan of care with goals and action steps.	Clinicians consistently create a plan of care with goals and action steps.	Clinicians consistently partner with Y/YAs and parents/caregivers to create a plan of care with goals and action steps.	
		The plan of care with goals and action steps is sometimes shared with Y/YAs and parents/caregivers.	The plan of care with goals and action steps is consistently shared with Y/YAs and parents/caregivers.	
		Clinicians sometimes determine needs for decision-making supports prior to age 18.	Clinicians consistently determine needs for decision-making supports prior to age 18.  The practice assists Y/YAs in identifying adult specialty clinicians, if needed.	

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# Current Assessment of Health Care Transition Activities *(Continued)*

TRANSITION TO ADULT APPROACH TO CARE				
Level 1	Level 2	Level 3	Level 4	Score
Clinicians seldom assess self-care skills.	Clinicians sometimes assess self-care skills.	Clinicians consistently assess self-care skills.	Clinicians consistently assess self-care skills.	(out of 4)
Clinicians vary in whether they discuss self-care skills and health goals with YAs.	Clinicians sometimes discuss self-care skills and health goals with YAs.	Clinicians consistently discuss self-care skills and health goals with YAs.	Clinicians consistently discuss self-care skills and health goals with YAs and document the discussion in medical records.	
Clinicians seldom discuss changes in privacy and consent at age 18.	Clinicians sometimes discuss changes in privacy and consent at age 18.	Clinicians consistently discuss changes in privacy and consent at age 18.	Clinicians consistently discuss changes in privacy and consent at age 18.	
	Clinicians sometimes document discussion of privacy and consent in medical records.	Clinicians consistently document discussion of privacy and consent in medical records.	Clinicians consistently document discussion of privacy and consent in medical records.	
	A standardized self-care skills assessment is sometimes used.	A standardized self-care skills assessment is consistently used.	A standardized self-care skills assessment is consistently used.	
			Clinicians consistently document self-care needs and health goals in the medical record or plan of care with goals and action steps.	
			All YAs ages 18 and older sign privacy and consent forms allowing others to be present at the visit, if needed.	
ONGOING CARE				
Level 1	Level 2	Level 3	Level 4	Score
Clinicians seldom assist Y/YAs in identifying other adult clinicians (e.g., specialists, behavioral health, reproductive health).	Clinicians sometimes assist Y/YAs in identifying other adult clinicians (e.g., specialists, behavioral health, reproductive health).	The practice consistently assists Y/YAs in identifying other adult clinicians (e.g., specialists, behavioral health, reproductive health).	The practice consistently assists Y/YAs in identifying and connecting with other adult clinicians (e.g., specialists, behavioral health, reproductive health).	(out of 4)
	Clinicians sometimes update Y/YAs' medical summary and emergency care plan, and, if needed, plan of care with goals and action steps.	Clinicians consistently update Y/YAs' medical summary and emergency care plan, and, if needed, plan of care with goals and action steps.	Clinicians consistently partner with Y/YAs to update their medical summary and emergency care plan, and, if needed, plan of care with goals and action steps.	
			The practice elicits feedback from Y/YAs and parents/caregivers about the HCT supports received.	

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# Current Assessment of Health Care Transition Activities *(Continued)*

YOUTH/YOUNG ADULT AND PARENT/CAREGIVER FEEDBACK				
Level 1	Level 2	Level 3	Level 4	Score
Clinicians have no formal process to obtain feedback from Y/YAs and parents/caregivers about the HCT supports received.	Clinicians sometimes ask Y/YAs and parents/caregivers for feedback about the HCT supports received.	The practice sometimes obtains feedback from Y/YAs and parents/caregivers using an HCT feedback survey.	The practice always obtains feedback from Y/YAs and parents/caregivers using an HCT feedback survey.	(out of 4)
		The practice involves Y/YAs and parents/caregivers in developing and/or reviewing an HCT feedback survey.	The practice involves Y/YAs and parents/caregivers in developing and/or reviewing an HCT feedback survey.	
			The practice involves Y/YAs and parents/caregivers in developing strategies to improve the practice's HCT support.	
YOUTH/YOUNG ADULT AND PARENT/CAREGIVER LEADERSHIP				
Level 1	Level 2	Level 3	Level 4	Score
Clinicians sometimes involve Y/YAs and parents/caregivers in reviewing the practice's HCT resources (e.g., transition and care policy/guide, transition readiness assessment).	Clinicians sometimes involve Y/YAs and parents/caregivers in reviewing and disseminating HCT resources (e.g., transition and care policy/guide, transition readiness assessment).	The practice consistently involves Y/YAs and parents/caregivers in reviewing and disseminating HCT resources (e.g., transition and care policy/guide, transition readiness assessment).	The practice consistently involves Y/YAs and parents/caregivers in creating, reviewing, and disseminating HCT resources that are consistently shared with Y/YAs and parents/caregivers (e.g., transition and care policy/guide, transition readiness assessment).	(out of 4)
		The practice includes Y/YAs and parents/caregivers as active members of an advisory council for transition or a transition quality improvement team.	The practice ensures equal representation of Y/YAs and parents/caregivers in strategic planning related to HCT.	
			The practice involves Y/YAs and parents/caregivers in educating staff and/or other Y/YAs and parents/caregivers about HCT.	

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# Current Assessment of Health Care Transition Activities *(Continued)*

SCORE	Possible Level	Actual Level
Transition and Care Policy/Guide	4	
Tracking and Monitoring	4	
Transition Readiness	4	
Transition Planning	4	
Transition to Adult Approach to Care	4	
Ongoing Care	4	
Youth/Young Adult and Parent/Caregiver Feedback	4	
Youth/Young Adult and Parent/Caregiver Leadership	4	
<b>Total Score</b>	<b>32</b>	

This form is being completed to assess:

- An individual clinician  
  An individual practice  
  A practice network/system

Date scored: \_\_\_\_\_