Development and Evaluation of an Adolescent Young Adult Healthcare Transition Program

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BACKGROUND
The 2009-2010 National Survey of Children with Special Health Care Needs revealed that almost twenty percent of adolescents in the United States have a physical, mental, emotional, or learning disability. With continued advances in treatment modalities, technologies and scientific breakthroughs, 90% (750,000) adolescents with special healthcare needs are living well into adulthood. Most adolescents/young adults (AYA) lack needed preparation for transitioning from pediatric to adult providers. A barrier for providers to transitioning AYA is lack of: knowledge, confidence and experience to provide transition assessment, planning and transfer in a standardized manner.

METHODS
AYAHT program development and evaluation took place in an outpatient Pediatric Physical Medicine and Rehabilitation (PMR) department in a major metropolitan hospital. Using Institute of Medicine (IOM) 6 aims of quality healthcare (2001) and Issel's Program Theory (2014) AYAHT was developed into four phases over eight weeks.

Phase I: Advance practice nurses (APN’s) (3), engaged in the development of first, second and third drafts of the AYAHT program.

Phase II: Pediatric Physiatrists (2) and parent volunteers (2) reviewed the AYAHT program and produced a fourth draft.

Phase III: PMR director approved the final version of the AYAHT program, featuring age specific healthcare transition interventions based on the Transition Readiness Assessment Questionnaire(2011) and the Consensus Statement on Healthcare Transitions for Young Adults with Special Healthcare Needs, American Academy of Pediatrics, American Academy of Family Physicians and American College of Physicians, (2002).

Phase IV: PMR APN’s developed education modules from the approved AYAHT version and PMR Interprofessional staff (10) were distributed AYAHT Knowledge, Confidence, and Experience (AKCE) 25 item pretest and education

RESULTS
Post AYAHT program education the AKCE 25 item posttest was distributed among the (10) interprofessional members. Using paired T-test, the AKCE demonstrated a significant increase between pre/post-survey scores for all areas except knowledge of community physiatrist. Rating overall knowledge of AYA transition before education and after educational session revealed a significant difference in pre/post-test means (M=2.6, SD=.51) and post-test (M=3.9, SD=.73); t(9)= 4.33, p = .002.

AYAHT Program
The AYAHT program consists of anticipatory guidance for transition, including assessment, planning and transfer of AYA and their caregivers. The program outlines the activities, resources and associated documentation to be implemented each year. Each task is documented in the electronic health records so that the plan can be reviewed by other providers.

CONCLUSION
AYAHT program development, Interprofessional engagement and education promotes safe, patient centered, timely, effective, efficient, and equitable outcomes with AYA transition. Fourteen years post publication of the AAP’s Consensus Statement on Healthcare Transitions for Young Adults with Special Healthcare Needs (2002), there remains a gap in consistent, flexible, attentive, responsive, comprehensive coordinated care transition in pediatric institutions. Program replication for implementation promotes future translational research to improve practice outcomes and promote guideline development. The clinical leader has a role in practice problem evidence translation, dissemination and implementation

References