Title:

A Group Education Intervention for Improving Transition Readiness for Caregivers of Adolescents With Cerebral Palsy

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Abstract Summary:

There is a critical need for a seamless transition process from pediatric to adult healthcare for adolescents with CP and other chronic pediatric conditions and their caregivers. This quality improvement project improved transition readiness for these caregivers through a group education intervention. **Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to determine the effectiveness of the group education intervention for improving transition readiness for caregivers of adolescents with cerebral palsy.	The Iowa Model of Evidence-Based Practice to Promote Quality Care guided the development of this project. Using the Iowa Model, current best available evidence and expert guidelines were selected to guide development of the education intervention. The education intervention was designed using an evidence-based anticipatory guidance model. A family nurse practitioner, social worker, and vocational rehabilitation therapist facilitated presentations on key transition topics for CGs in a single session. Outcomes demonstrated improvement in transition readiness of CGs.
The learner will be able to understand how to use transition readiness measures to identify and improve caregiver transition readiness.	The Transition Readiness Assessment Questionnaire (TRAQ) was used to assess changes in transition readiness pre and post implementation of the education intervention and one-month post intervention. Process measure outcomes were developed for this project to assess the CGs' response to the intervention, change in transition readiness and personal use of the educational materials.

Abstract Text:

Background

The lifespan for children with Cerebral Palsy (CP) has dramatically increased, turning a once childhood disorder into a chronic adult condition. This has created a critical need for a seamless transition process from pediatric to adult healthcare for adolescents with CP and their caregivers (CGs). There are many barriers to a seamless transition of care that can result in severely negative outcomes for patients with CP and their CGs. A needs assessment in 2014 and process analysis in 2015 of the CP Clinics at a large urban specialty hospital revealed no formal transition readiness programs for CGs. This quality improvement (QI) project was developed to improve transition readiness for CGs of adolescents with CP.

Methods

The Iowa Model of Evidence-Based Practice to Promote Quality Care guided the development of this project. The specific aim of this QI project was to improve transition readiness for CGs of patients with CP at the CP clinics via an education intervention based on the identified needs of CGs for transition readiness. Using the Iowa Model, current best available evidence and expert guidelines were selected to guide development of the education intervention. The education intervention was designed using an evidence-based anticipatory guidance model. A family nurse practitioner, social worker, and vocational rehabilitation therapist facilitated presentations on key transition topics for CGs in a single session. Opportunities were provided for CGs to be active participants throughout the education intervention. The Transition Readiness Assessment Questionnaire (TRAQ) was used to assess changes in transition readiness pre and post implementation of the education intervention and one-month post intervention. Process measure outcomes were developed for this project to assess the CGs' response to the intervention, change in transition readiness and personal use of the educational materials.

Results

Outcomes demonstrated improvement in transition readiness of CGs. The TRAQ questionnaire mean score improved from pre-test 4.44 to post-test one 4.60 and post-test two 4.83. On the process measure Likert scale question measuring transition readiness on a scale from 1 to 5, with 5 indicating the most improved, the mean score improved from pre-test 3.43 to post-test one 4.43 and post-test two 4.50.

Conclusions

This QI project demonstrated that CGs of adolescents with CP transitioning from pediatric to adult healthcare participating in a group education intervention improved transition readiness on different measures. Furthermore, this improvement sustained when measured one month later. The project provided a successful intervention that can be included in the current transition program at this specialty hospital, and can be used to both monitor transition readiness and include CGs as collaborators in the process. The current education intervention can also serve as a model to improve transition readiness for CGs of children with other chronic conditions at large, urban specialty hospitals.