# Six Core Elements of Health Care Transition™ 3.0

# **An Implementation Guide**



Transitioning to an Adult Approach to Health Care
Without Changing Clinicians
Core Element 6 – Ongoing Care

I. Purpose, Objectives, and Considerations	2
II. Quality Improvement Considerations, Tools, and Measurement	. 4
III. Sample Health Care Transition Feedback Surveys	. 9
IV. Additional Resources	10



# I. Purpose, Objectives, and Considerations

### **Purpose**

Ongoing Care is the sixth element in the Six Core Elements of Health Care Transition™ (HCT). This includes coordinating transfer to adult subspecialists as needed, assessing consumer experience with HCT support, and providing ongoing care management. To evaluate the success of the HCT process and the youth/young adult's experience with care, having a mechanism to obtain and incorporate their feedback will improve the practice's approach to transitioning to an adult approach to care. See sample feedback surveys in Section III.

# Objectives

Assist youth/young adult in connecting with specialists and other support services, as needed.

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

**Elicit** anonymous feedback from youth/young adult and their parent/caregiver on their experience with the transition process.

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

## Considerations

#### **CONTENT**

What information might be considered in assessing transition feedback?

Below are some questions and ideas to think about.

- Does the practice want to gain feedback from youth, young adults, and/or parents/caregivers on their structured HCT experience?
- Does the practice want only the youth/young adult, or both the youth/young adult and parent/caregiver, to be part of the feedback process?
- Consider the HCT process in your practice/system. Which key components of your HCT process do you want feedback on from youth, young adults, and parents/caregivers?
- Does the practice want to use or customize Got Transition's HCT Feedback Surveys for Youth/Young Adults and Parents/Caregivers, which are based on the Six Core Elements, or use other existing consumer surveys and add HCT feedback questions?
- Does the practice/system want to obtain feedback from clinicians about the HCT process in your 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 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) or your practice/system has developed its own, is the reading level appropriate? Has it been tested with 3-4 older youth/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. A similar approach should be taken if the practice/system decides to also have parents/caregivers complete an HCT feedback survey.
- Once the HCT feedback survey is ready for use, identify and test the practice/system process on how it will be completed:
  - o Identify eligible youth/young adults to complete the HCT feedback survey and decide:
    - When will it be offered? Will it be completed after transitioning to an adult model of care at age 18 or at a later date? Will it be offered on-site after a clinic visit or sent virtually after a clinic 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.
    - How will the results be incorporated into an improvement process for your practice's HCT 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 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 practice office staff?
  - O How will results be kept confidential?
  - o Test the questions with a few staff to be sure the questions are clear.
  - o Who will collect the survey?
  - O Who will collate the results?
- Create a written document to describe the practice/system process to obtain feedback on the HCT process and have this document available for the 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 subspecialty care clinicians so there is availability of those clinician services for new young adults in your practice, if needed?

# II. Quality Improvement Considerations, Tools, and Measurement

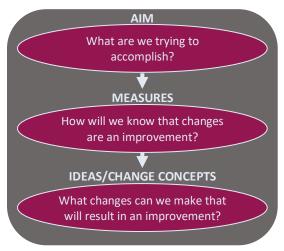
# **Quality Improvement Considerations**

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 youth/young adult/parent/caregiver 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 <u>QI Primer</u>.

- **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**

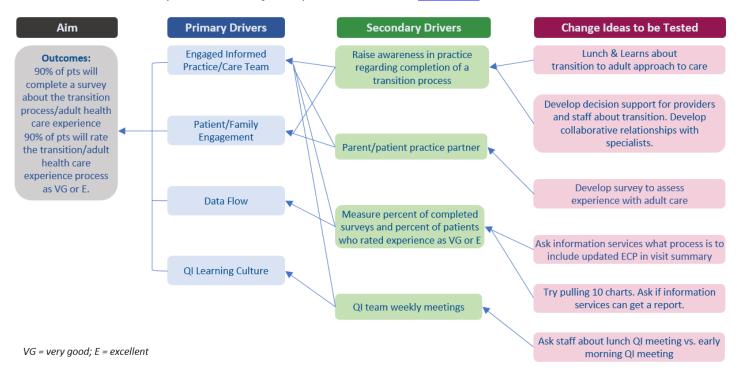
The aim statement is a written statement that describes the improvement effort and includes the rationale for doing the work, the target population, the time period of the work, and measurable numeric goals. For more information and examples, see *Model for Improvement* in the *QI Primer*.

#### Example Aim Statement

We aim to improve care for teenagers with diabetes by ensuring completion of a patient-centered transition to an adult approach to care. By [insert date], 85% of eligible teenagers will have completed their first adult visit and 90% of families will rate their transition experience as excellent.

#### **Tool 2: Key Driver Diagram**

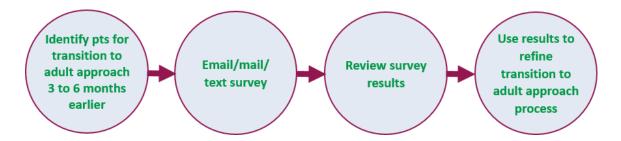
Key driver diagrams (KDDs) require teams to identify their theories or "key drivers" which lead to outcomes. They help teams see relationships and organize work, especially in complex systems. They are frequently used for analysis, organization, and communication to direct improvement work. For more information and examples, see *Tools for Improvement* in the *QI Primer*.



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.

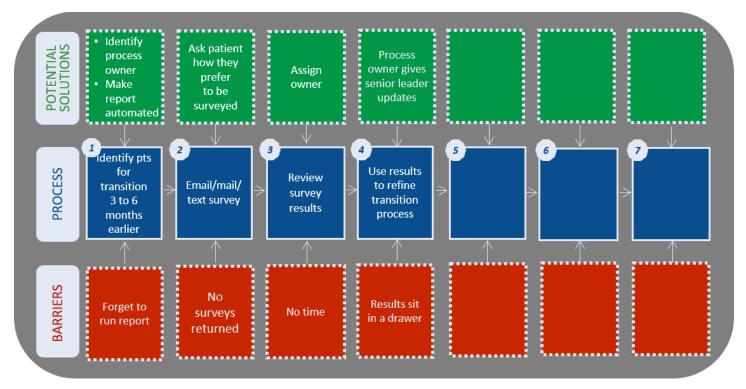
#### **Tool 3: Process Flow Map**

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.



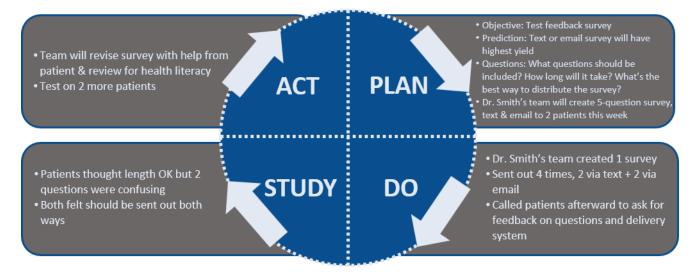
#### **Tool 5: PDSA Cycles**

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:

- Plan the test: who, what, where, when;
- **Do** try the change and observe what happens;
- Study reflect on what was learned from the test; and
- Act decide next steps based on the reflection.

#### Examples of Ideas to Test

- Test feedback survey on one teen and one parent
- Test process for contacting teen/parent 3 months after transition
- Test survey on satisfaction with transition process



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

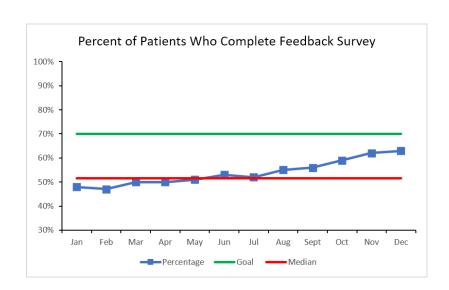
# Quality Improvement Measurement

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 ☐ Track the number of surveys sent. ☐ Track number of returned surveys. ☐ Assess themes from the surveys with the team. ☐ Share feedback from the surveys with the team. ☐ Mon Tues Wed Thurs Fri # surveys sent ☐ # surveys sent

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.

# surveys returned



## Sustain & Spread

For strategies on how to sustain and spread your work, please see Steps 6 and 7 in <u>How to Implement the Six Core Elements of Health Care Transition</u>.

# III. Sample Health Care Transition Feedback Surveys

#### Sample Health Care Transition Feedback Surveys from Six Core Elements of HCT<sup>™</sup>

- Sample feedback survey for youth/young adults from Got Transition's "Transitioning to an Adult Approach to Health Care Without Changing Clinicians" (click <u>here</u>)
- Sample feedback survey for parents/caregivers from Got Transition's "Transitioning to an Adult Approach to Health Care Without Changing Clinicians" (click <a href="here">here</a>)
- Sample feedback survey for clinicians from Got Transition's "Transitioning to an Adult Approach to Health Care Without Changing Clinicians" (click here)

# IV. Additional Resources

- Health Care Transition Timeline for Youth and Young Adults (click <u>here</u>)
- Health Care Transition Timeline for Parents/Caregivers (click <u>here</u>)
- Add your health information into your smartphone (click <u>here</u>)



Suggested Citation: White P, Schmidt A, Ilango S, Shorr J, Beck D, McManus M. Six Core Elements of Health Care Transition™ 3.0: An Implementation Guide. Washington, DC: Got Transition, The National Alliance to Advance Adolescent Health, July 2020.

The Quality Improvement section was created under the auspices of Atrium Health's Levine Children's Center for Advancing Pediatric Excellence by Laura Noonan, MD and Sarah Mabus, MLA.

Got Transition® is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, U1TMC31756. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

For more information about our work and available publications, contact our office at <a href="mailto:info@GotTransition.org">info@GotTransition.org</a>.

Copyright © 2020 by Got Transition®. Non-commercial use is permitted but requires attribution to Got Transition for any use, copy or adaption.

THE NATIONAL ALLIANCE TO ADVANCE ADOLESCENT HEALTH
1615 M Street NW, Suite 290, Washington DC 20036 | 202.223.1500
www.GotTransition.org