



SOUTH EASTERN SYDNEY
ILLAWARRA
NSW HEALTH

Transitions in Care

One campus – two worlds

OVERVIEW

- Background and extent of the problem for young people with chronic illnesses at Prince of Wales Hospital
- Specific issues during transition
- Initiatives and maps
- Case presentation
- Future directions

Background

- The Prince of Wales Hospital (POWH) is a tertiary referral centre for adults co-located on the Randwick Campus with the Sydney Children's Hospital. A significant number of young people with chronic illness/disability elect to transfer to POWH for ongoing management.
- On average there are 28 young people as inpatients daily at POW across 14 wards (approx 6% of all in-patients). Many more are managed as outpatients- numbers unknown.

Specific issues during transition

Adult world



- Lack of youth friendly services – environment, activities, communication, leisure
- Lack of acknowledgement of the vital role of families
- Does not recognise inexperience
- Cared for by specialty medical staff
- Don't follow up and remind young people about appointments

One campus- two worlds

Paediatric world



- Adolescent developmental concerns frequently not addressed
- Independence and self-management skills not actively developed
- Lack of engagement with GPs and adult colleagues

Initiatives

Transition Care Working Group- multi-disciplinary group

Adolescent Admission form (nursing)

Adolescent Information Brochure

Transition Care Guidelines- road map for clinic attendances, planned and un-planned admissions

Medical Management Plan

SESIAHS Transition Care Committee

SCH School- ward visit for adolescent in-patients

Transition Care referral criteria

Transition Care referral criteria

1st Adult Hospital Admission

Chronic Illness

Length of stay >5 days

Adolescent Growth & Development concerns

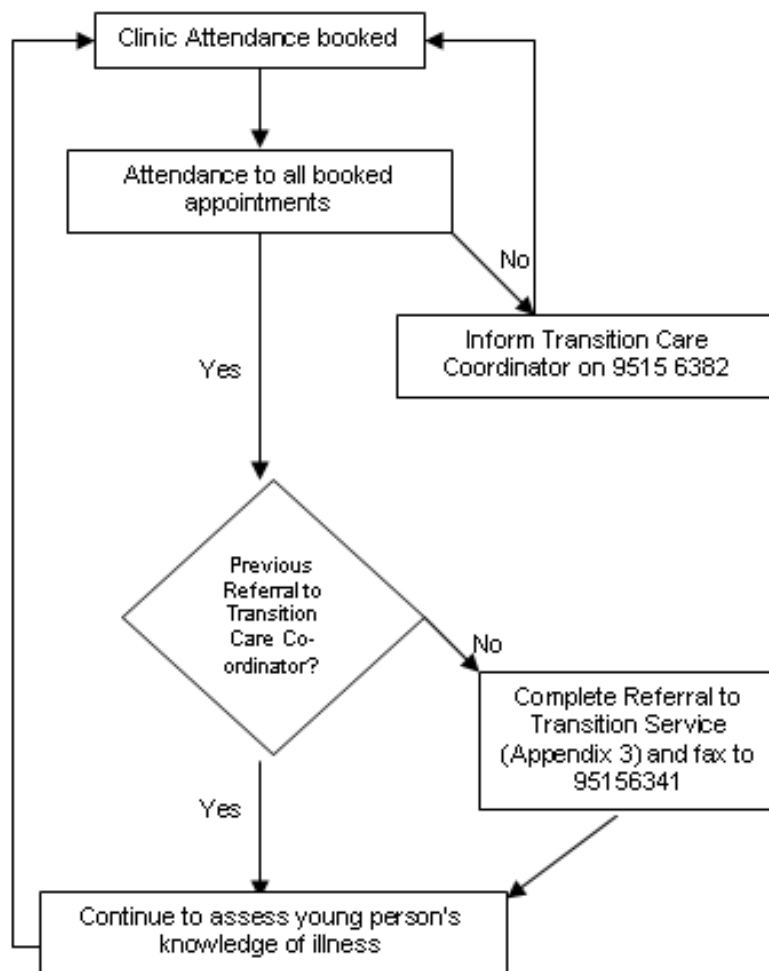
Psychosocial Issues

Therapy Non-Adherence

Communication Difficulties

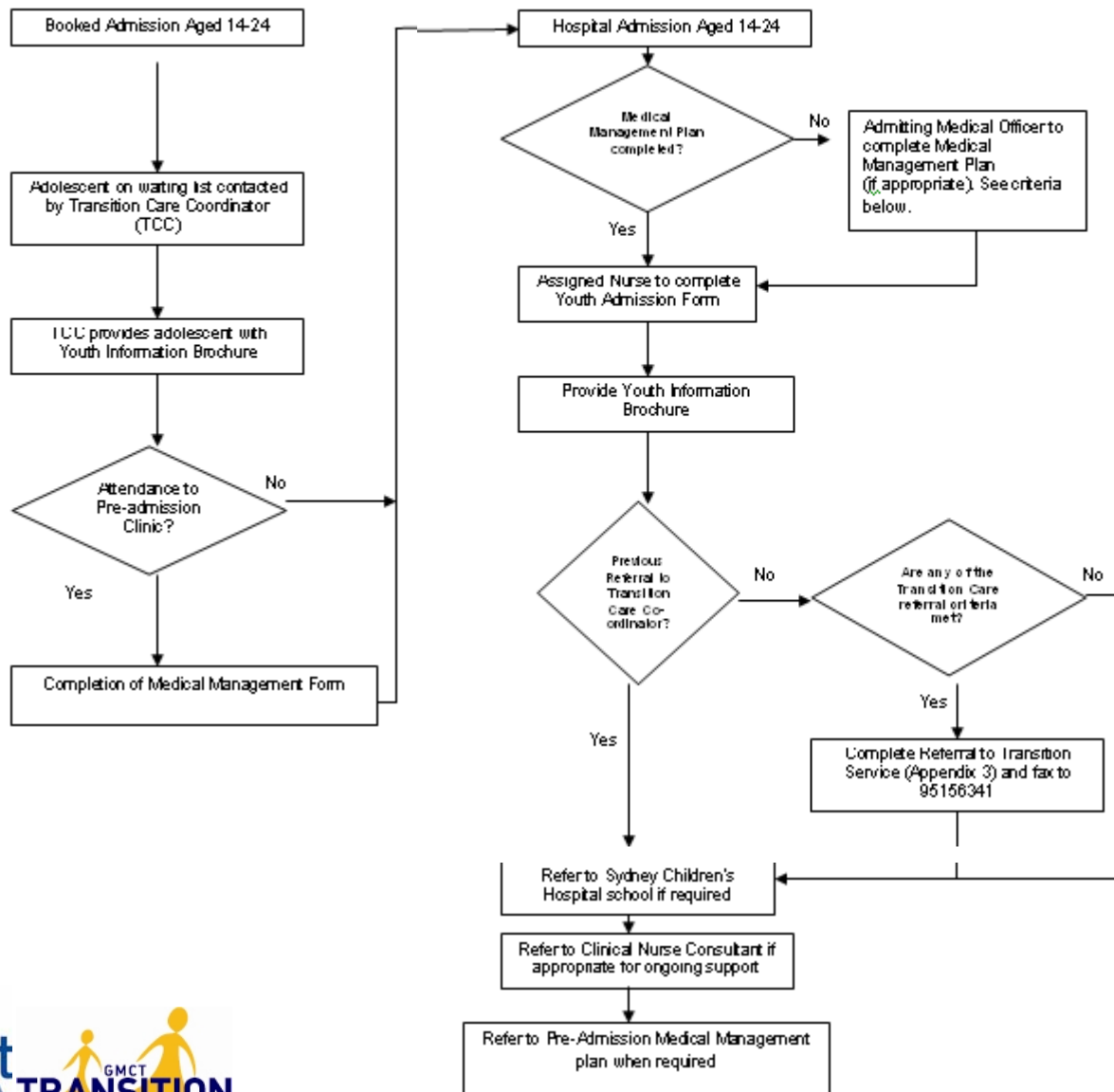
Map 1

Clinic attendance



Map 2

Planned and unplanned admissions



Map 3

Medical Management Plan

One initiative which can be applied to all medical specialties

Prince of Wales Hospital Youth and Adolescent (Aged 16:24 years) Medical Management Plan		Patient label			
Name of parent/ main carer/Guardian:					
Contact numbers:		Home: _____	Mobile: _____		
Reason for admission:					
Primary Diagnosis:					
Relevant Co-morbidities:					
Procedures requiring General Anaesthetic (GA) or Sedation:	Catheterisation	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Intra Venous Access	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Removal of drains/IV catheters etc	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
	Dressings	GA	<input type="checkbox"/>	Sedation	<input type="checkbox"/>
Activities of daily living requiring assistance from parent/ main carer/ guardian:	Feeding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Washing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Catheterisation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Administration of medications	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who is required to sign consent form?		Relationship to patient (please state)			
Parent/ main carer/ Guardian required to stay:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Liaise with Parent/ main carer/ Guardian for meal break/sleep periods:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Liaise with Parent/ main carer/ Guardian re attendance to Theatre/ investigations		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Preferred Ward Placement:		(Please specify)			
Admitting Medical Officer (AMO): Signature:		Print name:		Person Responsible: (Parent/ main carer/ guardian): Print name	
If AMO unavailable- specify alternative medical officer:		Print name:		Signature:	
Contact number/Pager:					

Case Presentation

Active medical issues

- Cerebral Palsy
- Severe developmental delay
- Epilepsy
- Scoliosis
- Gastrostomy
- Recurrent chest infections
- Increased oral secretions

Case presentation - continued

Inactive medical issues

- Fundoplication 2002
- Aberrant pulmonary vessel – coil inserted 2002
- Botox to salivary glands 2006

Transition management- road map trial

- Referral to Transition Care Coordinator by paediatric team
- Generic information on transition provided to patient and family by Transition Care Coordinator
- Adult service and clinicians identified
- Comprehensive summary of medical, nursing and psychosocial issues prepared by Transition Care Coordinator and family
- All clinicians involved in care provided with medical mx plan
- Preferred wards (2) identified
- Staff education

Future directions

- Engagement of sponsors to increase access to leisure activities/equipment for carers
- Final ratification and implementation of maps
- Collaboration with SESIAHS Transition Care Committee
- Evaluation of the effectiveness of the Guidelines and pre-admission transition planning process
- Identify and report on the number of adolescents who do not attend out-patients and pre-admission clinic on a bi-annual basis
- Feedback from referral agencies

Contact details.....

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