Improving the transition of patients from Paediatric to Adult Medical Care Services at Gisborne Hospital

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Objectives

Transitional care involves the movement of ‘...young adults with chronic physical and medical conditions from child-centred to adult-orientated health care systems’ (Bhakta et al., 2000). Often the timing of this transition coincides with uncertainty for young people who ‘...undergo a change that is systemic and cultural, as well as clinical’ (Jin, Chen and Chien, 2016).

The audit looks to assess the adequacy of preparation provided to Paediatric patients at Gisborne Hospital (GH), with the overall aim to improve the experience for the adolescent population moving into adult care and to engage young people in their ongoing disease management.

Throughout New Zealand, health inequalities between the Maori, indigenous, and the Pakeha, White European population exist and are recognised (Mīne et al.2012). Taking place in an area with a substantial Maori population, the audit had a secondary aim to identify whether discrepancies translated across to the readiness or support provided for our paediatric Maori patients.

Methods

The ‘Ready, Steady, Go’ transition programme formed standards. Developed by Paediatricians from Southamption Children’s Hospital, the tool highlights 8 main indicators of readiness for transition; knowledge, self-advocacy, health and lifestyle, daily living, education and work, leisure, managing emotions, and transfer to adult care.

Through retrospectively reading clinic letters at discharge from paediatric service, the audit evaluated how well areas were discussed by Paediatric clinicians at GH; areas were deemed as discussed if specifically documented within the clinic letters.

The cohort involved 26 patients, aged 15–18, seen between 2019–20 before discharge to adult care. Of these, 14 were male, and 12 were female. Ethnically, 12 were Maori, 13 European and 1 noted as Maori/European.

Results

Knowledge was the best addressed area; knowing medication regimes and how to seek help if their condition deteriorated. Domestic situation was almost universally documented, with key relationships noted in 25/26 clinic letters. Again, self-advocacy, whether a child could be seen independently or understood shared decision making, was widely documented.

Certain areas of health and lifestyle were less well explored, with minimal documented discussion around drugs, alcohol or smoking, alongside sexual health or pregnancy advise. Managing emotions and where to seek help pastly, were other areas not extensively covered.

Conclusions

Initiation of a similar transition programme was proposed to the department. Such an aid enables discussion around the more sensitive topics and thorough education of family and patient. It was also aim for a standardised approach to preparing our adolescent population, regardless of socioeconomic and cultural background.