



Pediatric to Adult Healthcare Transition:

Where do hospitalizations fit for Adults with Childhood-onset Chronic Conditions?

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Disclosures

None

Learning Objectives

1. Recognize the impact of hospitalized adults with complex conditions in pediatric hospitals
2. Discuss essential inpatient components that should be present in an institutional transition guideline or policy
3. Propose target areas of the pediatric to adult care transition that can be addressed during hospitalization

Agenda

1. Case
2. Background
3. Institutional pediatric to adult healthcare transition guidelines or policies
4. Pediatric to adult healthcare transition and inpatient care
5. Key takeaways



shm.
C  **NVERGE**

23yo M presents to your Medically Complex Pediatric Hospital service with concern for pneumonia.

Hx: SCID and multiple infections as a child, feeding issues, delayed growth (adult weight = 34kg) and development, chronic hypoxic respiratory failure on 2L NC at home, HTN.

Case

Social: Lives with mother, on SSDI, has decision-making capacity

Pediatric team feeling less comfortable providing care with developing adult medicine issues.

Medicine hospitalist team at nearby hospital unsure if safe care can be provided given patient's size.

The background features a city skyline with a prominent bridge over a river, overlaid with a large, semi-transparent orange silhouette of an acoustic guitar. The entire scene is bathed in a warm, orange-to-red gradient.

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Background

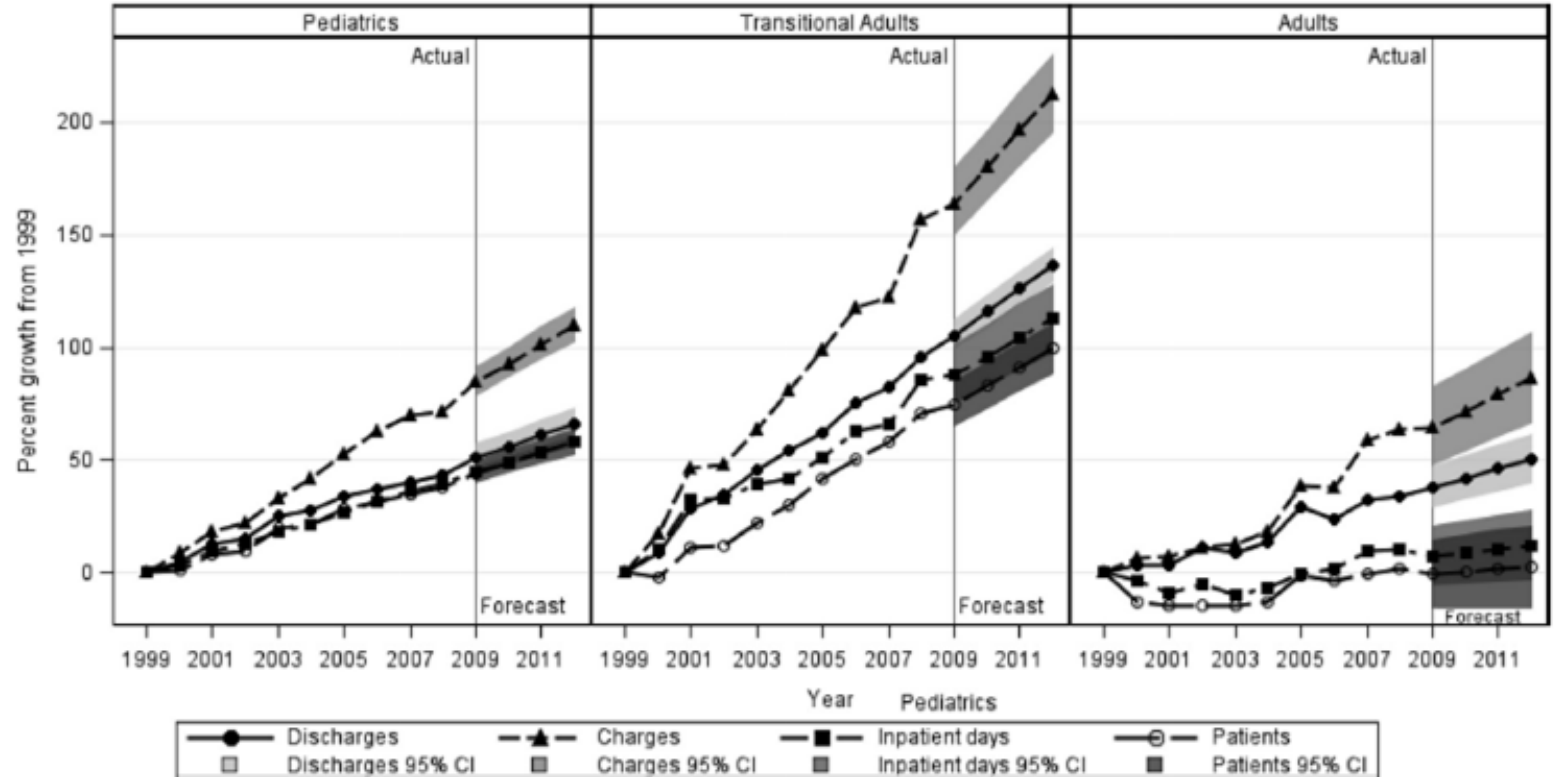
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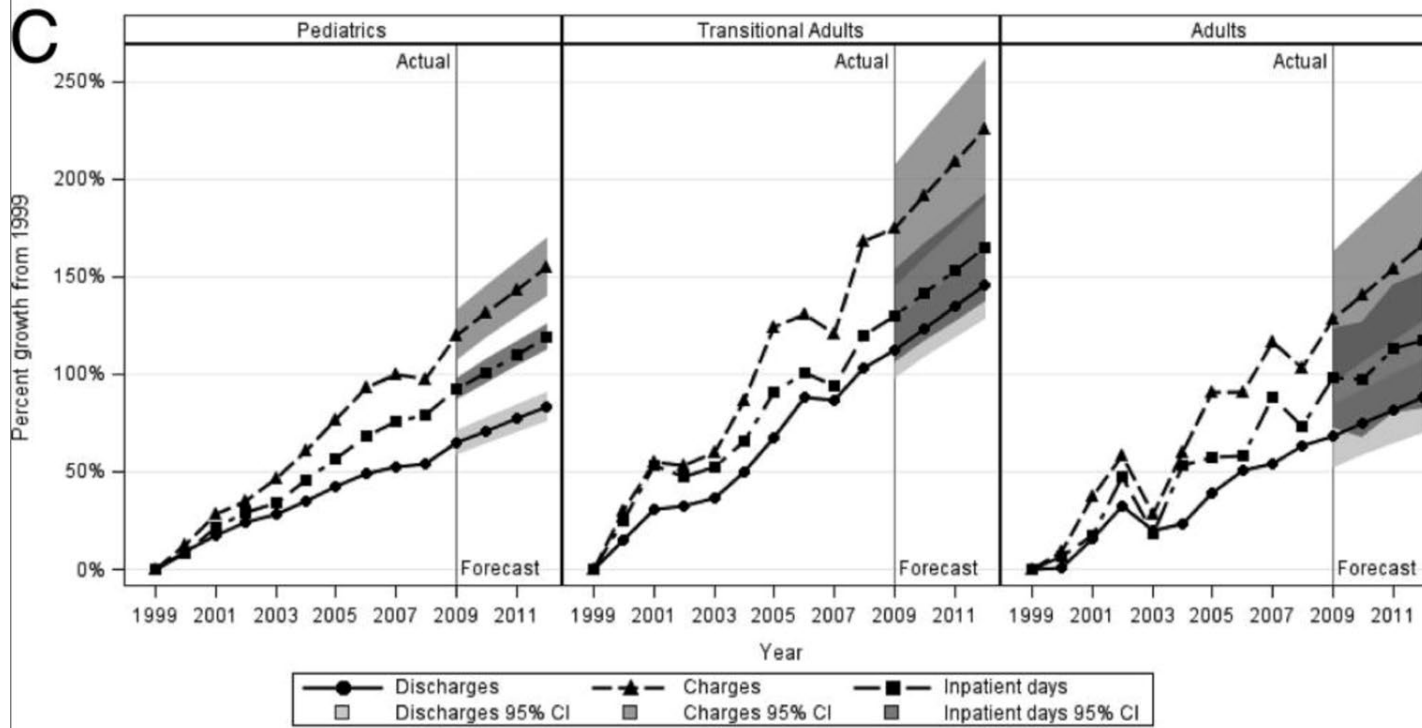
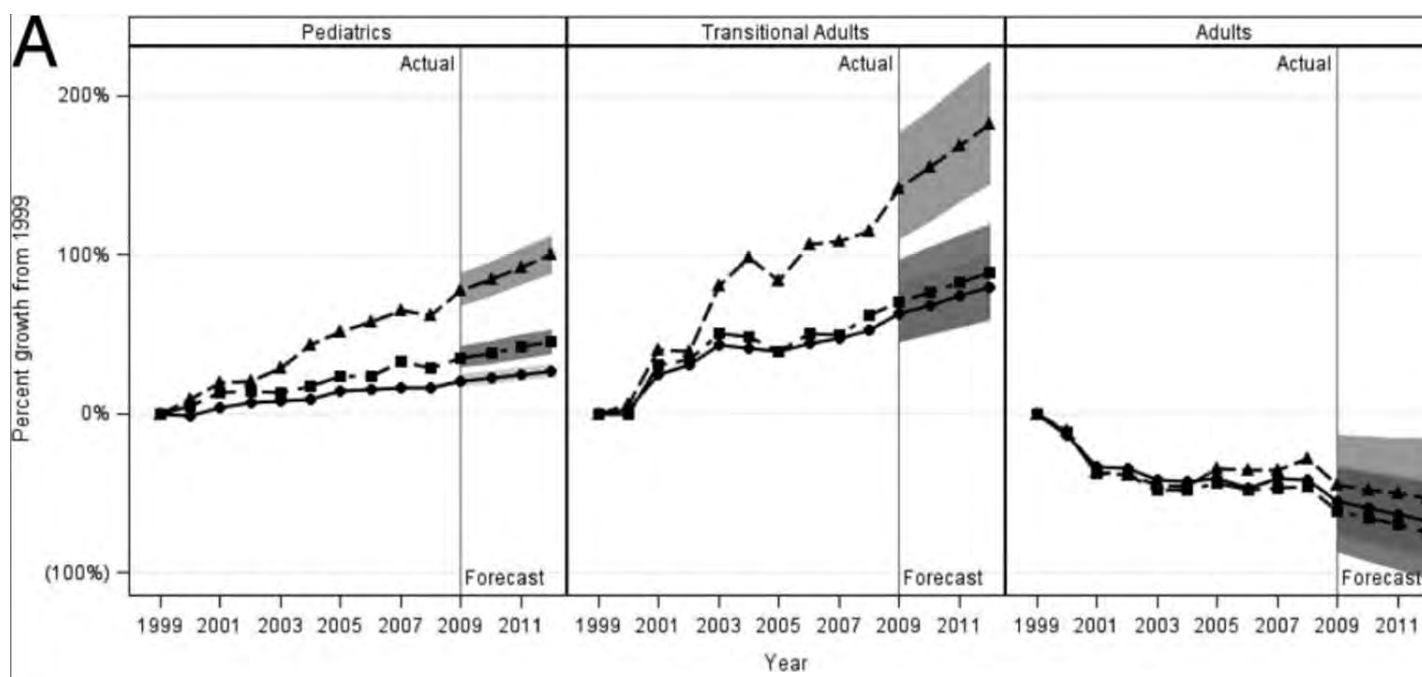
Prevalence of Adults in Pediatric Hospitals

Growing numbers of transitional age and adult age patients in pediatric hospitals

Prevalence varies by population

- Driven by myriad of reasons





Polling Question:

Does information from Goodman's paper reflect what you are seeing regarding adult aged patients at your children's hospital?

- Yes
- No
- Unsure

Outpatient Transition Policy Considerations

- Age at which transition is expected
- How will practice prepare patients for transition
- Addressing legal changes around consent/privacy at age 18
- Supported decision making
- Written documentation
- Education/involvement of all team members



But what about inpatient transition?

Guidance is lacking

38% of children's hospitals surveyed have transition policies

- Often linked to outpatient initiatives

Transition activity use varies between institutions

TABLE 1.

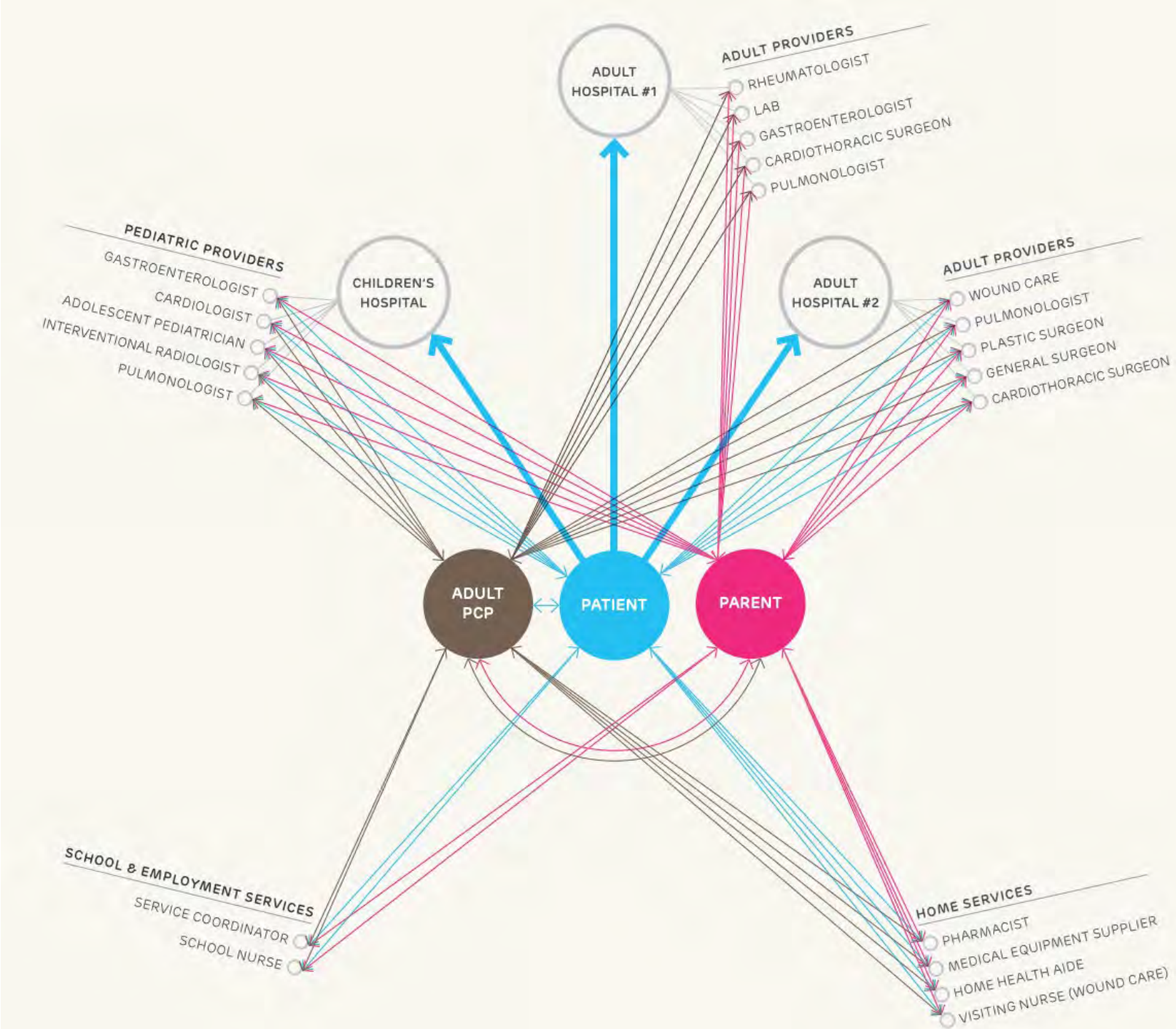
Inpatient Transition Activities^a Assessed across US Children’s Hospitals

Six Core Elements	Specific Inpatient Transition Activities
Policy	Transition policy that includes the inpatient transition
Tracking and monitoring	Proactive identification of patients anticipated to need inpatient transition
	Proactive identification of patients overdue for inpatient transition
	Presence of a system to track and monitor youth in the inpatient transition process
Readiness	Formal assessment of transition readiness
	Transition timing discussed with families
	Transition education provided to families
	Communication differences between pediatric and internal medicine providers reviewed with families
Planning	Transition care plan created with needs and long-term therapeutic goals
	Transition care plan provided to the patient/family
	Care conference between pediatric and internal medicine providers
	Agreement on inpatient transition timing achieved between primary care and subspecialists
	Agreement on inpatient transition timing achieved among subspecialists
	Ability for medical decision-making established
	Insurance problems addressed
	Patient/family informed subsequent stays will be at adult inpatient facility
Adult inpatient facility toured	
Transfer of care	Standardized handoff communicated between pediatric and internal medicine providers
	Transition checklist used to complete tasks
	Patient/family meet inpatient adult care team
Transfer completion	Pediatric providers and patient/family interaction during first nonpediatric stay
	Child life consult during first nonpediatric stay

What impacts healthcare transition in pediatric institutions today?

- Awareness of the current institutional culture around care of adults
- Involvement and engagement of key stakeholders
- Knowledge of gaps present
- Understanding of own institutional guidelines, policies

Transition impacts all involved



Transition Guidelines vs Policies



Polling Question:

Does your institution have a policy or guideline relating to pediatric and adult hospitalizations?

- Yes
- No
- Unsure

Guideline

vs

Policy

General recommendations

Must be followed

Pros and Cons to both

What are hospitals doing now?

We don't know!

What is recommended?

GotTransition + Inpatient Care

Develop a transition and care policy/guide

with input from

that describe

**Nothing explicitly included
about inpatient care**

1. The practice's approach to transition
2. An adult approach to care in terms of privacy and consent
3. Age of transfer to an adult clinician

Coller et al Inpatient “Transition” Conceptual Model

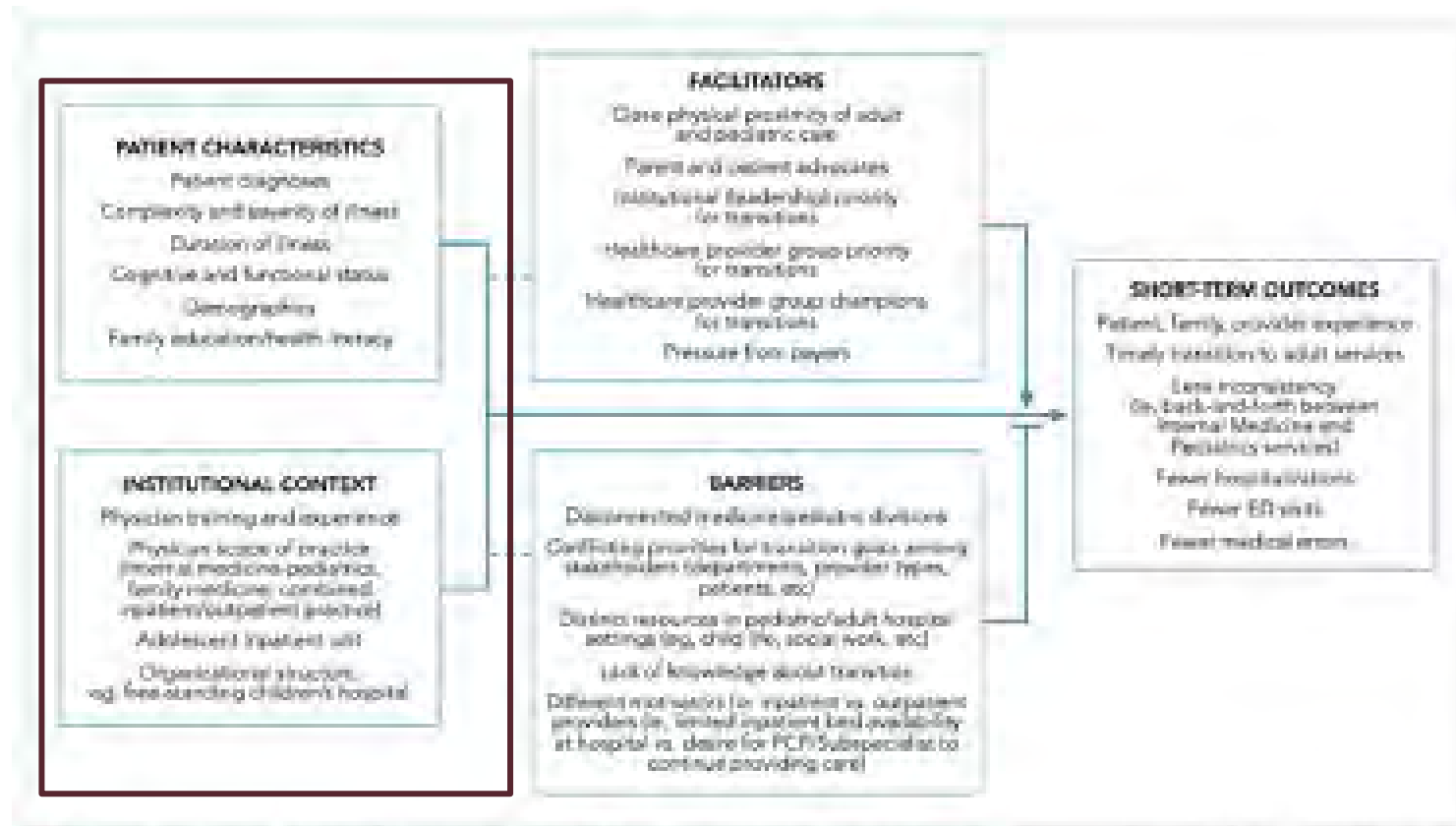


FIG. Conceptual framework of factors influencing pediatric to adult inpatient transition initiative—design and implementation. As a part of an institutional quality-improvement initiative, a multidisciplinary team of pediatric and internal medicine healthcare providers, as well as parents and patients, developed a (physician-led) conceptual framework of key patient and institutional determinants of a formal inpatient transition initiative within a children’s hospital. Abbreviation: ED, emergency department.

Inpatient “Transition” Conceptual Model

Patient Characteristics

Diagnoses

Complexity and severity

Duration

Cognitive and functional status

Demographics

Family education/health literacy

Institutional Context

Physician training/experience

Physician scope

Adolescent inpatient unit

Organizing structure (e.g. free-standing children’s hospital)

SHM Med-Peds SIG

Learn from what is happening now



Potentially recommend what **SHOULD** be included for inpatient care as a part of Transition guidelines or policies

Rubric

Determine what elements are addressed in health system policies or guidelines related to:

- Adult patients hospitalized in children's hospitals
- Inpatient care during the pediatric-to-adult care transition

GotTransition

+

Coller et al. Inpatient Conceptual Model

	Present?	
	Yes	No
A. Got Transition Core Elements		
1) Transition and Care Policy/Guide		
a) Health care transition policy that explicitly includes the inpatient health care transfer		
2) Tracking and monitoring		
a) Proactive identification of patients anticipated to need inpatient health care transfer		
b) Proactive identification of patients overdue for inpatient health care transfer		
c) Presence of a system to track and monitor youth in the inpatient health care transfer process		
3) Transition Readiness		
a) Formal assessment of transition readiness		
b) Inpatient health care transfer timing discussed with families		
c) Inpatient health care transfer education provided to families		
d) Communication differences between pediatric and internal medicine providers reviewed with families		
4) Transition Planning		
a) Inpatient health care transfer care plan created with needs and long-term therapeutic goals		
b) Inpatient health care transfer care plan provided to the patient/family		
c) Care conference between pediatric and internal medicine providers		
d) Agreement on inpatient health care transfer timing achieved between primary care and subspecialists		
e) Agreement on inpatient health care transfer timing achieved among subspecialists		
f) Ability for medical decision-making established		
g) Insurance problems addressed		
h) Patient/family informed subsequent stays will be at adult hospital		
i) Adult hospital toured		
5) Transfer of care		
a) Standardized handoff communicated between pediatric and internal medicine providers		
b) Inpatient health care transfer checklist used to complete tasks		
c) Patient/family meet inpatient adult care team		
6) Transfer Completion		
a) Pediatric providers and patient/family interaction during first non-pediatric stay		
b) Child life consult during first non-pediatric stay		
c) Formal process to obtain feedback from youth/young adults and parents/family about the inpatient health care transfer		

B. Pediatric to Adult Inpatient Transfer Conceptual Framework Components (Coller et al 2018)		
1) Patient-level characteristics	Present?	
	Yes	No
a) Age		
b) Specific Diagnoses		
c) Complexity		
d) Severity of illness		
e) Duration of illness		
f) Demographics-residence		
g) Cognitive and functional status		
h) <i>What characteristics, if any, were present? Include any detail included in the guideline or policy.</i>		
2) Hospital-level characteristics		
a) Availability of inpatient adult medicine consult (i.e., internal medicine, family medicine, or med-peds)		
b) Availability of <u>transition</u> medicine consult		
c) Availability of adult subspecialist consult		
d) Physician scope of practice addressed		
e) Age-specific unit (e.g. adolescent unit)		
f) Hospital size		
g) Specific procedural or surgical expertise (e.g., congenital heart disease procedures)		
h) <i>What characteristics, if any, were present? Include any detail included in the guideline or policy.</i>		
3) Institution and Community-level characteristics		
a) Availability of another acute care facility (e.g., adult hospital for necessary acute transfers)		
b) Transition Medicine Department/Division/Center		
c) Transition Medicine Clinic		
d) <i>What characteristics, if any, were present?</i>		
C. Please list any elements of guideline/policy that are not accounted for in the rubric		

Guideline and Policy Review

Initial search 2019

10 institutions

Finishing review now

Approach to the Pediatric to Adult Healthcare Transition in the Inpatient Setting



Pediatric to Adult Transition

- Proposed approach to transition in the inpatient setting
- Recommended topics of discussion with patients and families
- Other considerations

Approach

- Assess readiness of patient/family and medical providers
- Identify providers who will take over adult care
- Discuss timing of when “transition” will take place

Approach

- Discuss goals, develop a 'care plan'
- Identify a decision maker and/or HPOA
- Assign a 'coordinator'
- Obtain medical records

Approach

- Communicate with adult provider
- Confirm with pediatric provider's responsibility of care until seen by adult provider
- Transfer after 'stability'

Recommended topics of discussion with patients and families

- Need for transition
- Differences in pediatric and adult care models
- Legal changes
- Provide disease specific education, improve understanding

Other Considerations

- Insurance/payor services
- Community resources
- Provide access to enhanced follow up
- Patient transitions in other ways
- Remember cultural preferences

This is a lot.... How do we do this?

- Start with an institution specific guideline or policy
- Form a collaboration and assign roles



Recap

Pediatric hospital developed recent transition policy, communicated widely to all staff and discussed with leadership

Primary team was able to communicate the transition policy and guide patient and family to nearby adult hospital for further inpatient care

Paired the transition with outpatient care follow up

Conclusion

1. Hospitalization of adults with pediatric complex conditions can cause discomfort and uncertainty in providers, patients, and families
2. An institutional guideline or policy can be helpful when encountering these patients
3. More research is needed regarding inpatient pediatric to adult transition

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