



TRANSITION RESOURCES FOR FAMILIES SFBLF © 2018

[Note: As organizations update their websites, 'links' may change. If you encounter difficulties with any of the links included below, please advise us at info@bantinglegacy.ca. Thank You]

A. Tools from Major Hospitals and Related Organizations

British Columbia Children's Hospital, Vancouver, Canada, ON TRAC Program

ON TRAC is a British Columbia provincial initiative to support youth and young adults with chronic health conditions and/or disabilities as they plan, prepare and transfer from pediatric to adult health care services. This is a very comprehensive resource that includes extremely well-organized and integrated components:

* Youth Toolkit * Family Toolkit * Clinical Support Tools

This resource is best used by reviewing and considering the offerings in total before attempting to explore the individual components.

<http://www.bchchildrens.ca/health-professionals/clinical-resources/transition-to-adult-care>

The Diabetes Care Program of Nova Scotia, Canada

D CPNS is a program for diabetes care of youth and adults in the province of Nova Scotia, Canada. Among the resources available are transition flowcharts, skills self-assessment checklists for youth 17-18 and 13-16 available for download. These are part of a larger binder that is not available for download. They also have two resources designed specifically for young adults:

* Moving on with Diabetes: A Youth in Transition Handbook (available for purchase)

* A supporting mobile app Diabetes Care Transition App

There are a number of transition resources intended for use by care givers also.

<http://diabetescare.nshealth.ca/guidelines-resources/healthcare-professionals/adolescent-transition>

The Hospital for Sick Children, Toronto, Canada

MyHealth 3-Sentence Summary

Helps patients to learn how to summarize their health history and speak to health-care providers in a concise way – to get across their needs and concerns. For example,

Hi, my name is xxxxxxxxxxxx

Sentence 1: I am 16 and have asthma. I have been hospitalized twice, but not in the last 5 years.

Sentence 2: I have been taking Ventolin and Flovent since I was 3.

Sentence 3: I am here today because I can't run anymore. I wheeze too much and can't breathe."

<http://www.sickkids.ca/good2go/for-youth-and-families/transition-tools/myhealth-3-sentence-summary/index.html>

MYHealth Passport

MyHealth Passport is a wallet sized card that lists a person's medical conditions, past procedures and treatments, medications, allergies, and other health related information. At the MyHealth Passport website, you can choose from a list of over 50 conditions. Adolescents are encouraged to carry the passport with them at all times and present it to providers when needed. Having adolescents make a MyHealth Passport as part of their transition preparation can help them:

- Learn more about their health and their health history
- Become better prepared to talk about their health with a new health-care provider
- Summarize important health information, such as emergency contacts and pharmacy information

<http://www.sickkids.ca/Good2Go/For-Youth-and-Families/Transition-Tools/MyHealth-Passport/Index.html>

"Help Them Grow...so They're Good 2 Go" Timelines

The "Help Them Grow...so they're Good 2 Go Timelines" were developed by The Hospital for Sick Children to provide age-appropriate tasks and ideas for parents of younger children and ideas for teens/youth to develop independence in many areas of one's life – socially, with family, in school and in the medical domain. Currently 19 clinic-specific timelines are available to download.

<http://www.sickkids.ca/Good2Go/For-Youth-and-Families/Transition-Tools/Help-Them-Grow-so-They're-Good-2-Go-Timelines/Index.html>

For the diabetes specific 'timeline', see

<http://www.sickkids.ca/pdfs/good2go/33906-Diabetes%20-%20Timeline%20-%20Handout.pdf>

The Royal Children's Hospital, Melbourne, Australia

A series of Transition 'checklists' that are available online in a 'fillable' pdf format to support printing of the completed form. They include:

- * Health care skills checklists
- * Readiness to transfer checklist
- * Transfer to adult services passport
- * Young person self-referral letter
- * Healthcare Transition Plan

http://www.rch.org.au/transition/factsheets_and_tools/transition_checklists/

Southampton Children's Hospital, UK, "Ready Steady, Go" Program

This program includes a series of downloadable questionnaires and basic information documents for patient and parent and a tracking form for care providers

- * A basic description of transition and help available
- * Parent questionnaire to assess level of transition knowledge plus attitudes toward 'independence' of the patient
- * Ready questionnaire to help shape a patient-specific plan
- * Steady questionnaire to assess continuing progress
- * Go questionnaire to elicit answers identifying remaining education needs
- * A form for use by providers that summarizes patient progress through the 3 phases of transition plan, i.e., Ready, Steady, Go.

<http://www.uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/Transitiontoadultcare.aspx>

B. Planning - Checklists

- * **Pediatric to Adult Diabetes Care Transition Planning Checklist**, National Diabetes Education Program (NDEP)

This checklist is organized in groups as 'time-before-transition'. It is intended to help the health care provider, young adult, and family discuss and plan the change from pediatric to adult health care. While a variety of events may affect the actual timing when this change occurs, this is a suggested timeline and topics for review. The young adult, family, and health care provider can obtain a copy of this checklist and access many online transition resources at the NDEP website

<https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/living-with-diabetes/youth-teens/transition-adult-health-care/planning-checklist/Pages/planningchecklist.aspx>

- * **Transition Care Checklist**, Kovler Diabetes Center, University of Chicago
This checklist is organized by age group, e.g., 8 – 10, 11 – 12, 18 – 21 and has the same intent as the NDEP checklist cited above. These two checklists used together can provide a very helpful framework for transition planning as well as identification of specific topics required to be addressed as part of the education process.
<http://kovlerdiabetescenter.org/wp-content/uploads/2014/11/UCM-Transition-Care-Checklist-2016.pdf>

C. Readiness Checklists

These tools help patients and parents to answer the following questions: "How do I know if I am ready to leave?" and "What do I need to do to be able to enter the adult health care system?"

- * **The Hospital for Sick Children (separate versions for patient and parent)**
<http://www.sickkids.ca/Good2Go/For-Youth-and-Families/Transition-Tools/Readiness-Checklists/Index.html>
- * **Got Transition, Washington, DC**
Got Transition/Center for Health Care Transition Improvement is a cooperative agreement between the Maternal and Child Health Bureau and The National Alliance to Advance Adolescent Health.
See readiness checklist at <http://www.gottransition.org/resourceGet.cfm?id=224>
Note: The Got Transition website has a very wide spectrum of documents and resources relating to Transition including a number of links to resources relevant to support for youth living with mental disorders. It may be the most comprehensive collection currently available. See <http://www.gottransition.org/about/index.cfm>

D. Booklets

- * *The Getting Ready for Adult Care* booklet is used at The Hospital for Sick Children, Toronto for patients and their families to review around the time of graduation (and before the first adult appointment). The booklet provides general tips and advice for graduating youth, including what to expect at and how to prepare for the first adult appointments or inpatient stays in most adult hospitals. <http://www.sickkids.ca/pdfs/good2go/59866-6.2.7%20Getting%20Ready%20for%20Adult%20Care%20Booklet.pdf>
- * The *Transition to Health Care Checklist* booklet, developed at the University of Wisconsin, is intended for youth and young adults who are preparing for the transition to life as an adult. The purpose of the booklet is to provide a general overview of the knowledge, skills and actions that need to be addressed as part of the fluid process of adolescent transition for youth with special health care needs. It is not disease-specific.

While this booklet is intended for emerging adults it has the helpful benefit of indirect assistance for health care transition planners in that the age range competency lists are direct pointers to required content for inclusion in a Transition Competency Plan. As well, the 'Key Questions' section includes a relevant list for health care providers.

[Transitioning Health Care Checklist: Preparing for Life as an Adult \(2015 update\)](http://www.waisman.wisc.edu/cedd/pdfs/products/health/THCL.pdf)
<http://www.waisman.wisc.edu/cedd/pdfs/products/health/THCL.pdf>