Ready Steady Go: Enhancing Transition for Adolescents with Congenital Heart Disease to adult congenital heart disease service.

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Introduction

Transition from pediatric to adult healthcare is often disjointed, leading to gaps in care, loss of follow-up, and inadequate preparation for managing adult healthcare responsibilities. This frequently results in increased emergency room visits and hospitalizations,

The main goal of this project is to create and implement a smooth transition protocol to improve continuity of care, enhance patient outcomes, and increase satisfaction among patients and their families.

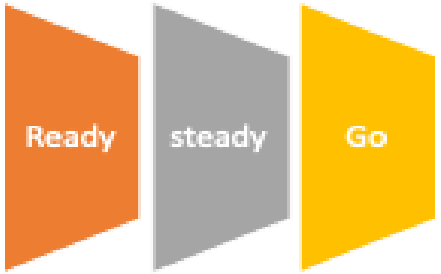
Most specialties have a "ready, steady, go" system to prepare for transition as early as age 12. "Ready" involves introducing the idea and empowering them as early as 12 years old, "steady" involves continuing to build on this, and "go" involves finally transitioning them to adult services. This project aims to follow a similar model.

Objectives

1. Develop a Structured Transition Protocol: This includes educational and supportive resources for adolescents with CHD and their families.

2. Improve Transition Success Rates:

3. Enhance Self-Management Skills: Boost self-management skills among adolescents with CHD.



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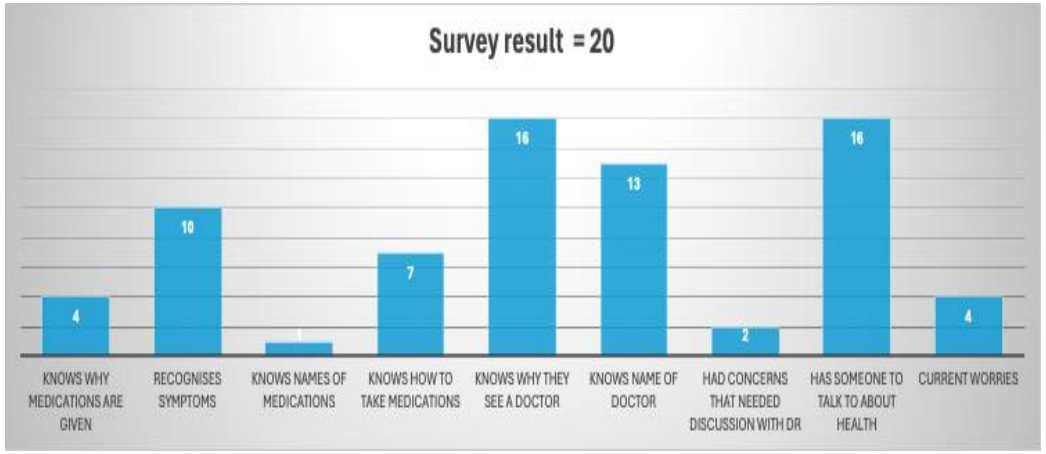
Material and Methods

Step 1 Survey

Initial feedback was collected through a survey targeting adolescent patients, which revealed a significant lack of awareness about their medical conditions and a desire for more communication with healthcare professionals



Project Future / Trajectory

Stakeholder Engagement: Engage cardiologists, nurses, social workers, and families in developing the transition protocol.

- Educational Materials Development: Produce comprehensive materials on disease management, lifestyle changes, and self-advocacy.

- Pilot Testing: To refine the protocol, implement a pilot test with a small group of adolescents.

- Transition Coordinator: Appoint a dedicated coordinator to oversee each patient's transition process.

Challenges

1. Resource Allocation: Securing adequate funding and staffing to support the transition coordinator and associated activities.

2. Time Allocation: Overcoming scheduling conflicts and ensuring team members dedicate time to the project amidst other service provisions.

3. Patient Involvement: Addressing language barriers and the general lack of condition awareness among patients and their families complicates communication and engagement.

This quality improvement project aims to bridge the care gap for adolescents with CHD transitioning from pediatric to adult healthcare services. By establishing a comprehensive transition protocol, we aim to improve the continuity of care and empower adolescents with essential skills for managing their health as they mature. With strategic planning and appropriate resource allocation, this initiative is expected to enhance the quality of life for these young individuals and serve as a replicable model for similar healthcare challenges in other institutions

https://www.readysteadygo.net/rsg.html

Advances in Managing Transition to Adulthood for Adolescents With Congenital Heart Disease: A Practical Approach to Transition Program Design: A Scientific Statement From the American Heart Association https://www.ahajournals.org/doi/10.1161/JAHA.122.025278