ST. PAUL'S HOSPITAL
PROVIDENCE HEALTH CARE

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Across the Bridge: Building a Seamless Transition for Pediatric Kidney Transplant Recipients to Adult Care

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Introduction

The Renal Post-Transplant Team noticed that clients transitioning from a pediatric to an adult centre appeared to have difficulty adjusting to the adult care model. Our team has recognized that youth in transition are unique individuals with unique learning and educational needs. We recognize that they do not have the capacity to behave like adults. Presently, we do not have a process of transition of care. Currently, our team's expectations is that youth transitioning should have the capacity for self care and should be in charge of their health. Hopefully by building in a transition phase in their care we can create a climate whereby they feel welcomed and trust and conformability are instilled.

Objectives

Our objectives are to:

- Determine the barriers and successes of the current process which will provide the basis for a transition program.
- Identify current perspectives of past renal transplant recipients and their families about their experience with the transition from pediatric to adult care.
- Determine the barriers and successes to the transition.
- Guide the team in creating and implementing a supportive framework to ensure a seamless successful experience.
- Prepare adult acute care sites to manage these patients' complexities of care and the transfer of important health information.

Methods

- A retrospective mixed-model design, including all kidney transplant recipients and their families who have transitioned from pediatric to adult care.
- Semi-structured interviews using open-ended questions using a framework based in Grounded Theory.
- Questionnaire using a Likert-type scale survey questions.
- Purposive and targeted sampling will be used.

Plan

- Uncover the transitioned patient and their families experience of the adult renal transplant program.
- This in turn will inform the creation of a supportive framework.

Expected Outcomes

- Recognition of barriers to promote successful transition.
- We would like to see:
  - ➢ Enhanced self-management skills, ownership and responsibility for their own health, self-esteem and improved adherence.
  - ➢ Engagement and confidence building in patients and their families during the transfer of care process.
  - ➢ Knowledge transfer from pediatric to adult care providers to increase competency and confidence.
- We need to develop a well-defined and coordinated action plan to address the transition needs that exist within the context of the family with the health care system.
- This in turn will maximize their life-long functioning and potential.
- We will provide systematic attention to meeting the individual's educational goals and needs.

Acknowledgements

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References

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