

Boston Children's Hospital Weitzman BRIDGES Adult Transition Program

The ARC of Massachusetts
Transition Conference 2019

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Boston Children's Hospital
Until every child is well™



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Objectives

- Understand what transition to adult care and health related self-management is all about
- Have a framework for navigating adult care systems
- Build a library of tools that will help youth and their families to share information with adult service providers

What do I need to know about the process of transitioning to adult healthcare?



Communicate about transition

- “What is your practice’s policy about transitioning to adulthood?”
- “When will we transfer care to an adult provider?”
- “Who do you recommend that we see next?”
- “How can we work together to make this change as smooth as possible?”

Are you helping me to start looking for practitioners who focus on adults?



Decision making

- Age 18: adulthood in Massachusetts; assume the individual is independent in decisions
 - Medical (procedures, treatment consents, results)
 - Educational (e.g. IEP, remaining in school, grades)
 - Social (e.g. where to live, get married)
 - Financial (e.g. managing money, budgeting, etc.)



Guardianship



- Designed to provide support with medical, financial and social decisions
- Is a legal process that involves the probate court
- May be appropriate if s/he cannot make decisions and communicate their needs:
 - i. s/he meets diagnostic criteria for ID
 - ii. S/he is unable to make decisions due to temporary mental/physical incapacity
- Most formal level of support
- Limited guardianship



Health care proxy

- Authorizes the representative to make any and all health care decisions for the individual when “incapacitated”
- Springing document: only takes effect when a physician has certified in the medical record that s/he can no longer give informed consent in situation
- Patients sign with two witnesses
 - Must be competent to sign
 - Can be revoked at any time



Advanced Directive

- Living Will
- 5 Wishes
- MOLST (Massachusetts Medical Orders for Life-Sustaining Treatments)

The image shows a pink form titled "MASSACHUSETTS MEDICAL ORDERS for LIFE-SUSTAINING TREATMENTS" (MOLST). The form is designed for patients to specify their preferences for life-sustaining treatments. It includes sections for patient information, instructions, and checkboxes for various medical treatments such as intubation, mechanical ventilation, and artificial nutrition. It also has fields for the patient's signature and the physician's signature.

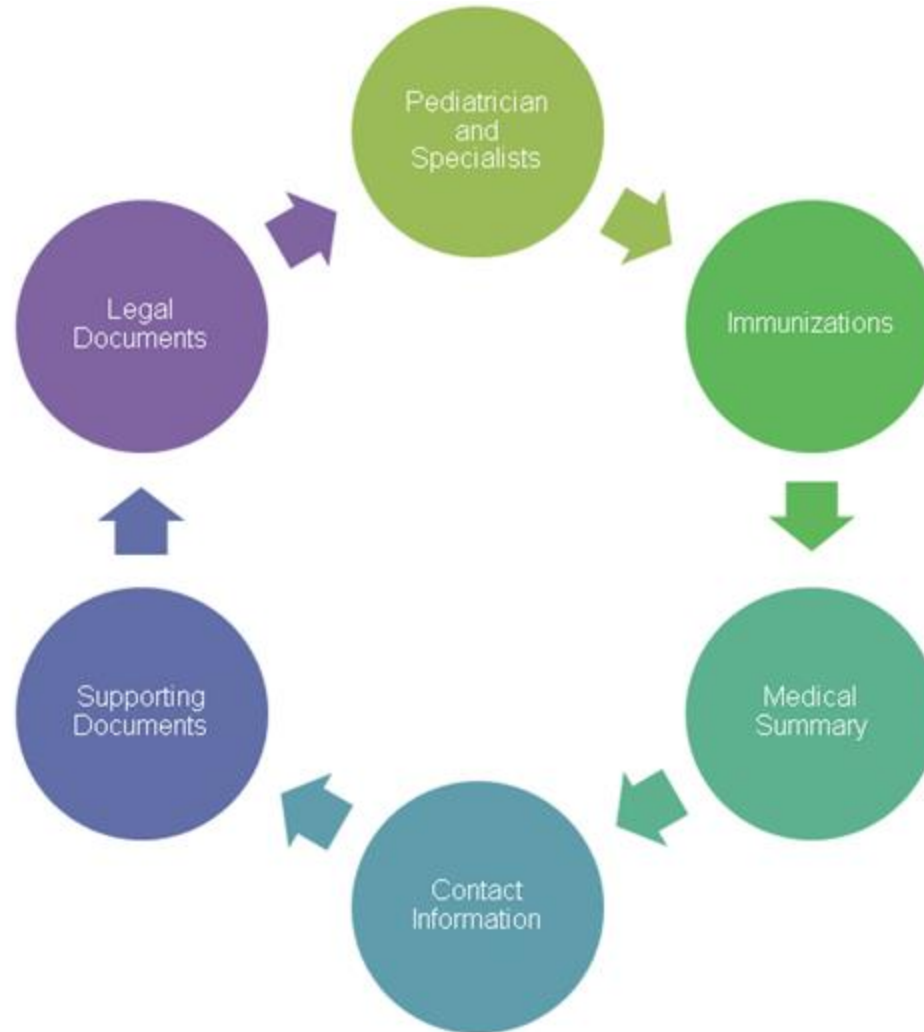
Get organized

1. Medical record
2. Emergency plan
3. Medical summary

*What health related tasks
can I start to help with or
do for myself?*



Get Organized - Full Medical Record



Get Organized - Emergency Plan

Emergency Information Form for Children With Special Needs

American College of Emergency Physicians* American Academy of Pediatrics

Date form completed: Revised: Initials:
 By Whom: Revised: Initials:

Name: Birth date: Nickname:

Home Address: Home/Work Phone:

Parent/Guardian: Emergency Contact Names & Relationship:

Signature/Consent*:

Primary Language: Phone Number(s):

Physicians:

Primary care physician: Emergency Phone:
 Fax:

Current Specialty physician: Emergency Phone:
 Specialty: Fax:

Current Specialty physician: Emergency Phone:
 Specialty: Fax:

Anticipated Primary ED: Pharmacy:

Anticipated Tertiary Care Center:

Diagnoses/Past Procedures/Physical Exam:

1. Baseline physical findings:

2.

3. Baseline vital signs:

4.

Synopsis:

Baseline neurological status:

Diagnoses/Past Procedures/Physical Exam continued:

Medications: Significant baseline ancillary findings (lab, x-ray, ECG):

1.

2.

3.

4. Prosthesis/Appliances/Advanced Technology Devices:

5.

6.

Management Data:

Allergies: Medications/Foods to be avoided and why:

1.

2.

3.

Procedures to be avoided and why:

1.

2.

3.

Inmunizations (mm/yy)

Dates	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	Dates	Hep B	Hep B	Hep B	Hep B	Hep B	Hep B	Vaccine	TB status	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Antibiotic prophylaxis: Indication: Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem	Suggested Diagnostic Studies	Treatment Considerations
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments on child, family, or other specific medical issues:

Physician/Provider Signature: Print Name:

<https://www.acep.org/by-medical-focus/pediatrics/medical-forms/emergency-information-form-for-children-with-special-health-care-needs/>

Get Organized - Medical Summary



Medical Summary for Young Adult Patient Transferring to Adult Care

Patient Name: _____ Date of Birth: _____ Date Written: _____

Diagnoses:
Medications:
Allergies:
Past Procedures:
Primary Language/Communication Method:
Specialty providers:
Special considerations/needs:
Living situation (I.e. at home with family, group home):
Patient's interests:

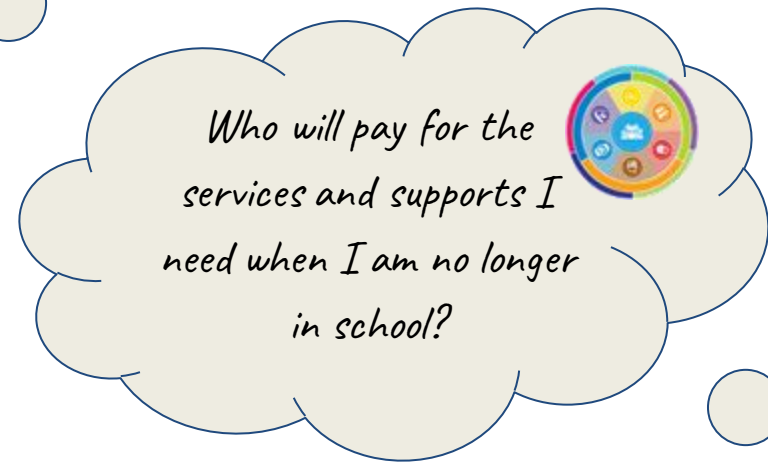
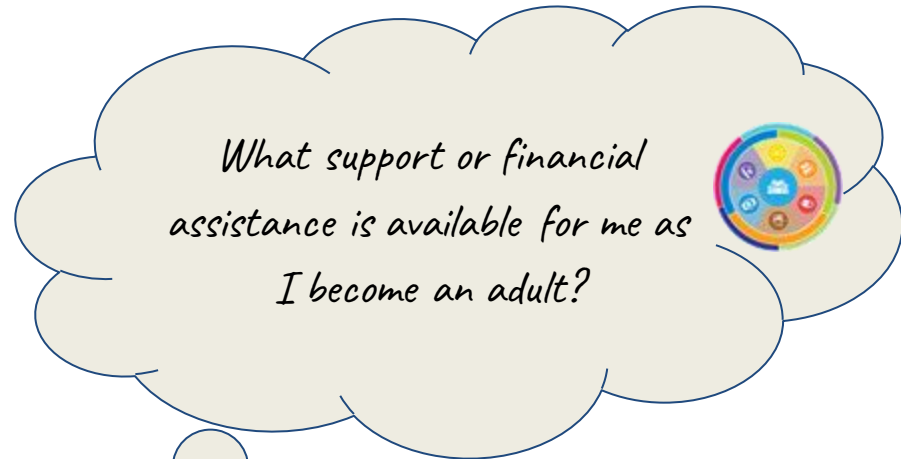
1 Goal for first appointment with new provider:

Are you helping me know the symptoms, triggers, and side effects of my disability or health care need and how to get help or interventions?



Gather your team

- Primary care provider
 - SW, CM
- Specialists
- Home agencies
- School
- DDS



Prepare for visit

Do I feel comfortable asking you or trusted adults about the changes in my body as I become an adult?



- Have medical records sent to office ahead of appointment
- Medical summary
 - Identify goal for appointment
- Sign-up for patient portal
- Communicate specific needs
- Request short follow-up interval
- Allow for mutual “getting to know you”



Thank You!

Children's Hospital Transitioning to Adult
Care Resources

Transition@childrens.harvard.edu

