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2018

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Recommended Citation

Cartwright, Cathy and Hickam, Teresa, "Scope of Advance Practice Providers' Role in Transition to Adulthood Care" (2018). *Posters*. 116.

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SCOPE OF ADVANCE PRACTICE PROVIDERS ROLE IN TRANSITION TO ADULTHOOD CARE

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Background

Effective pediatric transition programs are often based upon multidisciplinary teams who divide many responsibilities in teaching patients/caregivers to learn self-health management and successfully transfer to the care of an adult provider when aging out of pediatric care.

Using members of their Transition Committee, Children's Mercy Kansas City developed a list of topics and responsibilities that could present as part of the education and services needed. As teams begin adopting transition planning practices, they are encouraged to jointly review the list and identify which team member would be responsible for addressing the item.

Medical Education

Follow up on Test Results

Transition Responsibilities primarily managed by Advance Practice Providers

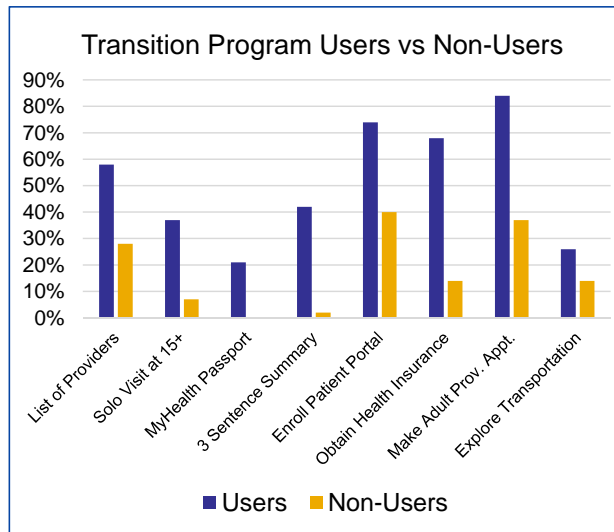
Medication Review and Education

When to Seek Treatment

Methods

- The list of Transition Program responsibilities was developed into a REDCap survey. The survey encouraged additional comments.
- The survey was sent out electronically to 354 advance practice nurses (APN) and 6 physician assistants employed by the hospital.
- Advance Practice Providers (APP) were asked to identify transition responsibilities they assume for their teams and whether other team members assume those duties in their absence.
- The proposal was submitted as a QI project with the hospital IRB program.

Advance Practice Providers adopting formal transition planning provided a wider scope of responsibilities supporting transition to adult care than those who did not.



Results

60 out of 360 APPs completed the Transition Responsibilities survey. Approximately 31% of respondents were actively using the hospital's standardized transition planning process. The primary responsibilities generally provided only by the APP are related to medical education, follow up on test results, medication, and when to seek treatment. Duties often delegated to the physician, staff nurse or social worker include use of patient portal, obtaining health insurance and release of information, and creating a list of providers and phone numbers.

Conclusion

APPs are responsible for a majority of medical oversight. Further work is needed to confirm how a greater understanding of the transition planning process expands the role of the APP to include enhanced engagement with the multidisciplinary team, patient/caregiver, and transfer to adult providers.

Next Steps

Participate in a Care Coordination Project to identify a minimal set of transition-related responsibilities. When patients are seen in multiple clinics, the APP's would determine for which patients they would provide overall care coordination.



Transition Program Users vs Non-Users

