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Foster, Meghan D. MSN, RN-BC, "Improving Adolescent Health Care Transition: Piloting the Transition Readiness Assessment Questionnaire" (2019). *College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications*. 62.

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Improving Adolescent Health Care Transition: Piloting the Transition Readiness Assessment Questionnaire (TRAQ)

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Disclosures

There are no relationships, conditions, or circumstances to declare that present a conflict of interest relevant to this project or presentation.

Acknowledgements

Laura F. Lewis, PhD, RN

Matthew C. Hollander, MD, MHA

UVMHC Department of Pediatric
Rheumatology

Quality Program at the UVM
Department of Medicine

My Family

Introduction – Problem



Successful adolescent health care transition (HCT):

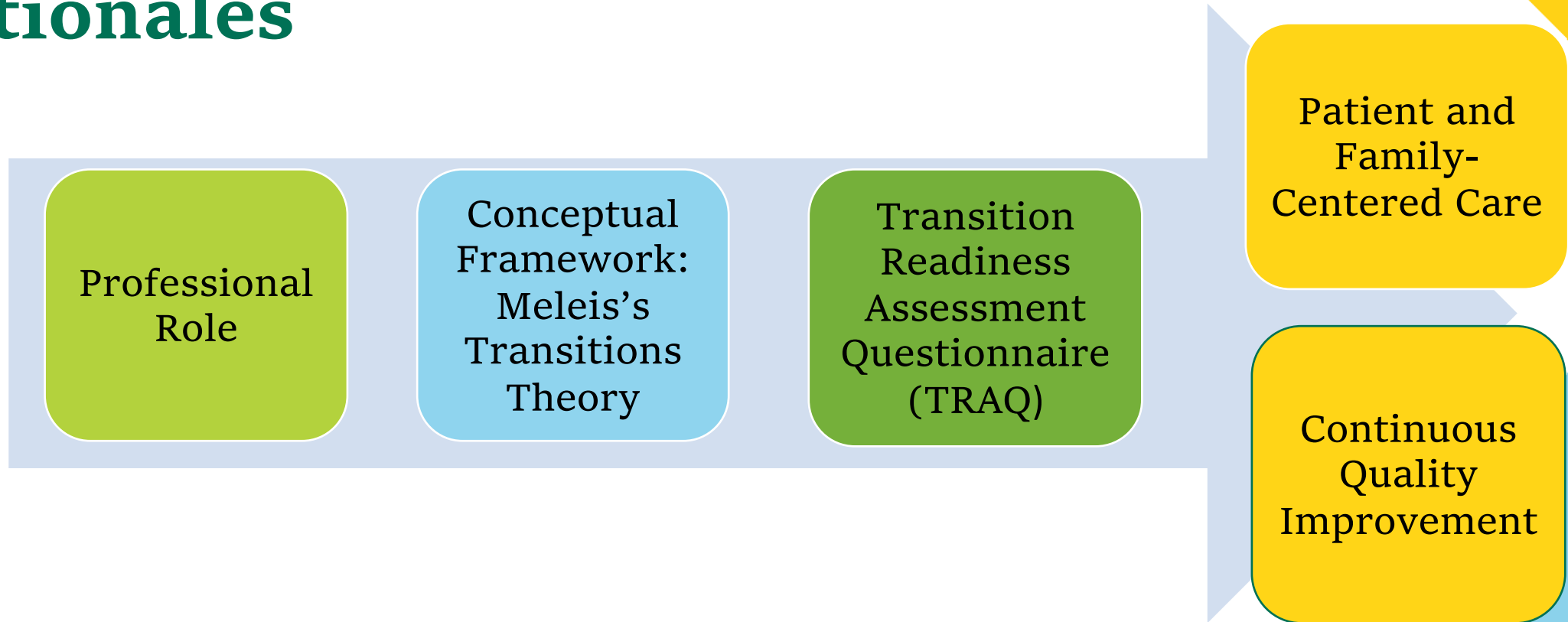
- Vital for developmentally appropriate care, especially for adolescents with special health care needs (SHCN)
- Decreases negative outcomes
- National target for health care improvement

Six Core Elements of HCT™ 2.0



1. Transition Policy
2. Transition Tracking and Monitoring
3. Transition Readiness
4. Transition Planning
5. Transfer of Care
6. Transition Completion

Rationales



Purpose & Aims

Broad Aim: Improve HCT for adolescents with SHCN at local level

Specific Aims:

- Implement TRAQ tool to appropriate adolescents and caregivers
- Evaluate the experience of utilizing the TRAQ tool through survey to adolescents and caregivers and an interview with the treating team

Methods - Context

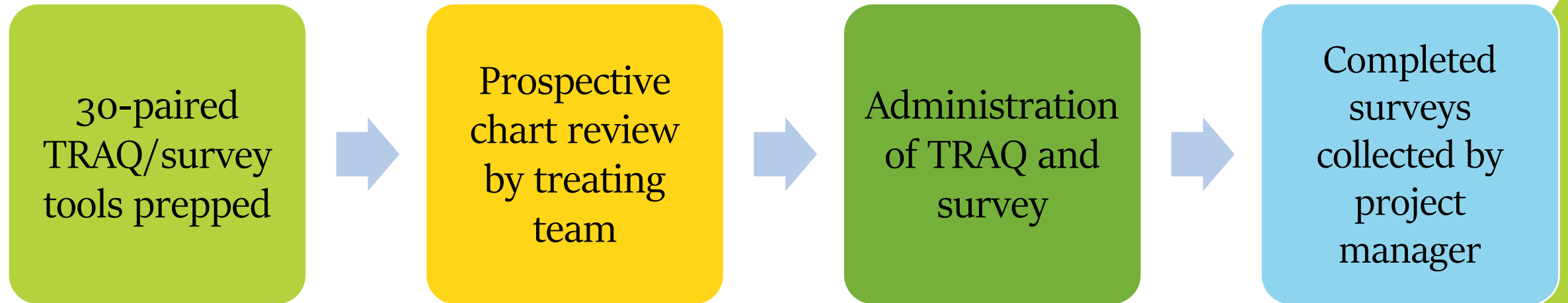
Pediatric rheumatology clinic at the University of Vermont Medical Center

- See majority of regional patients, many of whom are transitional age

No current adolescent HCT process



Intervention



Study of the Intervention and Measures

- Completion rate of 30-paired TRAQ tools and surveys
- Feedback from adolescent and caregiver via Likert survey
- Qualitative responses about transition needs
- Feedback via interview with treating team
- TRAQ scores and any trends across domains

Analysis

Quantitative

- Descriptive statistics for Likert responses and TRAQ scores
- Minimal use of inferential statistics under guidance of statistician

Qualitative

- Qualitative content analysis of open-ended questions and treating team interview to identify themes



Ethical Considerations



- IRB determined exempt from review, based on no new research
- Data collection in conjunction with treating relationship
- Data collected without identifiers and results presented in aggregate

Quantitative Results

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Survey Question	Caregiver Agreement (% ≥ 4)	Adolescent Agreement (% ≥ 4)	Caregiver Median (n = 23)	Adolescent Median (n=26)*	P Value
The TRAQ survey was easy to understand.	82.6%	46.2%	4	3.25	0.02
The TRAQ survey was easy to fill out.	87%	53.8%	4	4	0.02
The TRAQ survey will be helpful in preparing for adult care.	82.6%	42.3%	4	3	<0.01
I want (my child) to develop more independence around my (their) health condition.	91.3%	84%	5	4	0.09
The skills listed on the TRAQ survey will help me (my child) take care of myself (themselves).	91.3%	84%	4	4	0.33

Adolescent and Caregiver Themes

- Reciprocal relationships with providers
- Listening without assumption
- Knowing the story
- Acceptance

Feedback from Adolescents and Caregivers

“I believe independence is important and think this study has value.”

“My daughter has been dealing with her health condition for 9 years.
Please listen to her.”

“I am still mostly a kid.”

“I’ve been doing this for a while, I know the drills and what works for me, I want to go to someone who will listen to me.”

Treating Team Interview

- Conversation starter
- No current process or system
- Value
- Needs age appropriate domains
- Acceptance

Feedback from Treating Team

“I think for the most part it was an eye-opener for families and patients...what are the things they need to think about and be responsible for when they are not bringing their parents to appointments anymore.”

“We weren’t really talking about it until we started doing these. And then we stopped doing them and we were like, “Gosh, now we really feel like we need a way to continue this assessment and encourage people to start to think about this.”

“Everyone was more than willing to fill it out, and it made sense to them to have...input in the process of switching from pediatric to adult care.”

Discussion and Interpretation

- TRAQ accepted and valued, consistent with current body of evidence
- Feasible, useful and valuable at local level with proper structure and support of utilization
- Adolescents and caregivers have valuable input and want to be involved
- Discrepancy between caregiver/adolescent scores warrants consideration when deciding on transition readiness tool

Limitations

- Project not intended to be generalizable or create new evidence to generalize
- Factors that limit internal validity
 - Potential for bias
 - Likert scale survey not validated
 - Potential for multiple comparisons



Conclusions

- Valuable tool that started conversations and informed thinking
- Not currently sustainable due to lack of transition structure
- Future projects could include:
 - piloting TRAQ or similar tool in other sub-specialty clinics
 - building framework to support utilization of transitional tools
 - addressing themes identified by adolescents and their caregivers

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