Published guidelines and recommendations for improving the transition from pediatric to adult services: A snapshot

CFHI conducted an abbreviated review of the literature to capture published guidelines or recommendations for transition services that aim to improve transition to adult services for youth with chronic or lifelong conditions/disabilities. This document highlights some of the recommendations and guidelines and the associated reference list. Note that this summary does not represent an exhaustive search of published literature, but presents a snapshot of guidelines and recommendations for improving the transition from pediatric to adult services that exist.

Example guidelines/recommendations for improving transition from pediatric to adult services:

- Programs need to be flexible, in order to provide individualized support to the patient.\textsuperscript{11,13,14,15,17,19,20,21}

- A patient-centred approach is needed, with the goal of improving self-advocacy and/or self-determination and resilience.\textsuperscript{1,4,8,11,13,16,18,20}

- Ongoing research and evaluation of programmes transitioning patients to adult care is needed to facilitate improvements.\textsuperscript{2,5,16,20,21}

- Coordination/collaboration among all services and systems could improve transitions; ideally transitions could occur via a single-point of access.\textsuperscript{4,5,8,11,12,13,15,16,17,18,19,20,21,22}

- There is a need for improved continuity between pediatric and adult services (i.e., reduce the gap).\textsuperscript{1,4,13,16,17,18,20,21,23}

- There is a need for more capacity building between all parties involved in facilitating transitions (e.g., youth, parents, community members).\textsuperscript{1,2,5,8,9,12,16,17,23}

- Age-appropriate and accessible information and resources can improve transitions.\textsuperscript{1,5,8,11,13,16,17,21,23}

- Smooth transitions can be facilitated through use of navigators (such as counseling) and/or transition coordinators and liaisons and/or mentors (youth, parent, or others who have experienced transition programs).\textsuperscript{4,5,6,7,8,9,10,11,16,17,18,21,23}

- Youth-friendly services (i.e., out of hours calling) and/or young adult clinics are suggested features of transition programs.\textsuperscript{6,19}
• Early transition planning is associated with positive transition outcomes (e.g., starting early with lots of preparation) 4, 5, 9, 11, 12, 13, 16, 18, 23

• Youth should be provided with opportunities and experiences to build self-management and ‘independence’ (or ‘interdependence’); youth and family expected to be involved at all stages 2, 6, 7, 8, 9, 12, 16, 18, 22, 23

• For some population groups, successful transition can be promoted through focusing on all ‘sectors’ involved in transition – medical, vocational, educational, social/recreational and financial in transition planning – whereby the overall objective is to optimize participation in life/society. These other services require engagement in transition planning from early stages, with an emphasis on coordination of school, adult service agencies and natural supports in community in transition planning 5, 11, 12, 13, 14, 20, 21, 22

• Some articles suggest leaving pediatrics can be reframed as an achievement 1, 23

• Positive transition experiences can be supported through commitment from organizations with dedicated resources 1, 12, 13, 14
References


