Health Care Transition Process Measurement Tool
for Transitioning Youth to Adult Health Care Providers
Six Core Elements of Health Care Transition 2.0

Introduction

Got Transition has developed two different measurement approaches, described below, to assess the extent to which the *Six Core Elements of Health Care Transition 2.0* are being incorporated into clinical processes. Both are aligned with the AAP/AAFP/ACP's Clinical Report on Transition and the *Six Core Elements.* These instruments are available at www.GotTransition.org.

Current Assessment of Health Care Transition Activities

This is a qualitative self-assessment method that allows individual providers, practices, or networks to determine the level of health care transition support currently available to youth and families transitioning from pediatric to adult health care. It is intended to provide a current snapshot of how far along a practice is in implementing the *Six Core Elements.*

Health Care Transition Process Measurement Tool

This is an objective scoring method, with documentation specifications, that allows a practice or network to assess progress in implementing the *Six Core Elements* and, eventually, dissemination to all youth ages 12 and over. It is intended to be conducted at the start of a transition improvement initiative as a baseline measure and then repeated periodically to assess progress.

Instructions for completing the Health Care Transition Process Measurement Tool

Each of the *Six Core Elements* can be scored according to whether some or all of the implementation steps has been completed. Scores for each step vary depending on complexity or importance. For example, developing a written transition policy has a score of 4; that is, if this step is completed, a practice or network would receive a score of 4. If it is not completed, the score is 0. Posting the transition policy has a score of 2, and similarly, not posting it would be a 0.

In addition to evaluating implementation and youth and family engagement, this measurement tool assesses dissemination to all eligible youth, ages 12 and older, within a practice or network. That is, if a practice or plan starts with a subset of youth with special needs, they would likely be reaching 10% or less of eligible patients for a score of 1 point. If they are implementing the *Six Core Elements* for all eligible youth with and without chronic conditions, they would score at the maximum level of 5 points.

A table to total implementation, family engagement, and dissemination scores is available on the final page of this tool. Practices and plans may elect to just score implementation and family engagement at the outset of a transition quality improvement initiative and score dissemination after the *Six Core Elements* have been incorporated into ongoing clinical processes.

A) Implementation in Practice/Network	Yes or No	Possible	Actual	Possible Documentation
1. Transition Policy				
Developed a written transition policy/statement that describes the practice's approach to transition		Yes = 4		Transition policy
Included information about privacy and consent at age 18 in transition policy/statement		Yes = 2		Transition policy
Posted policy/statement (public clinic spaces, practice website etc.)		Yes = 2		Photo
Educated staff about transition policy/statement and their role in transition process		Yes = 2		Date(s) of program
Designated practice staff to incorporate *Six Core Elements* into clinical processes		Yes = 4		Job description
Transition Policy Subtotal:		**14**		
2. Transition Tracking and Monitoring				
Established criteria and process for identifying transitioning target population and entering into individual transition flow sheet or registry		Yes = 3		Screenshot or copy of registry/list
Incorporated transition core elements into clinical processes (e.g. EHR templates, progress notes, care plans)		Yes = 4		Screenshot or copy of chart
Tracking and Monitoring Subtotal:		**7**		
3. Transition Readiness				
Adopted transition readiness assessment tool for use in practice		Yes = 4		Readiness assessment
Incorporated transition readiness assessment into clinical processes		Yes = 3		Clinical process flow sheet
Transition Readiness Subtotal:		**7**		
4. Transition Planning				
Developed a plan of care template that incorporates transition readiness assessment findings, goals, and prioritized actions		Yes = 4		Sample plan of care
Established clinical process to assess need for decision-making support before age 18		Yes = 2		Practice policy
Developed a medical summary and emergency care plan		Yes = 4		Portable medical summary
Made available list of community support resources		Yes = 2		List of resources
Established process to match and communicate with selected adult provider		Yes = 2		Practice policy
Transition Planning Subtotal:		**14**		
5. Transfer of Care				
Adopted a self-care assessment tool for use in practice		Yes = 4		Transfer package checklist
Developed a medical summary and emergency care plan templates		Yes = 2		Transfer letter
Transfer of Care Subtotal:		**6**		
6. Transfer Completion				
Have mechanism to systematically obtain feedback from young adult about transition process		Yes = 3		Survey or interview questions
Transfer Completion Subtotal:		**3**		

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B) Youth and Family Feedback and Leadership	Yes or No	Possible	Actual
Included youth and families in developing policy		Yes = 2	
Included youth and families in developing or reviewing health care transition feedback survey		Yes = 2	
Involved youth and families in transition staff education		Yes = 2	
Included youth and families as active members of transition quality improvement team		Yes = 3	
Youth and Family Engagement Subtotal:		9	

C) Dissemination in Practice/Network						Possible	Actual
Percent of Patients in Practice Receiving Transition Elements:	1–10%	11–25%	26–50%	51–75%	76–100%		
Score Points:	1	2	3	4	5		
1. Transition Policy							
Sharing policy with families and youth ages 12–21 (letter or visit)						0 to 5	
Transition Policy Subtotal:						5	
2. Transition Tracking and Monitoring							
Percentage of youth, ages 12–21, in practice tracked with individual transition flow sheet or registry						0 to 5	
Transition Tracking and Monitoring Subtotal:						5	
3. Transition Readiness							
Administering transition readiness assessment tool periodically to patients ages 14–21						0 to 5	
Transition Readiness Subtotal:						5	
4. Transition Planning							
Updating and sharing medical summary and emergency care plan regularly						0 to 5	
Updating and sharing plan of care including readiness assessment findings, goals, and prioritized actions regularly						0 to 5	
Transition Planning Subtotal:						10	
5. Transfer of Care							
Preparing and sending a transfer package for transferring youth						0 to 5	
Transfer of Care Subtotal:						5	
6. Transfer Completion							
Contacting transitioned young adults for feedback						0 to 5	
Communicating with adult providers to confirm transfer and offer consultation 3 to 6 months following last pediatric visit						0 to 5	
Transfer Completion Subtotal:						10	

The table below can be used to total the number of points that your practice obtained in implementation of the *Six Core Elements,* youth and family engagement, and dissemination.

	1. Transition Policy		2. Tracking & Monitoring		3. Transition Readiness		4. Transition Planning		5. Transfer of Care		6. Transfer Completion		Total Score	
	Possible	Score	Possible	Score	Possible	Score	Possible	Score	Possible	Score	Possible	Score	Possible	Score
Implementation in Practice/Network	14		7		7		14		6		3		51	
Youth and Family Feedback and Leadership	—	—	—	—	—	—	—	—	—	—	—	—	9	
Dissemination in Practice/Network	5		5		5		10		5		10		40	
Total	**19**		**12**		**12**		**24**		**11**		**13**		**100**	