Objectives
1. Describe the Got Transition, Six Core Elements of Transition.
2. Describe the use of the Transition Readiness Assessment Questionnaire (TRAQ) and the HydroAssist® application (APP) as part of the transition tool.
3. Discuss transition outcomes after implementation of a formal transition care policy and transition tool.

Results
Post Implementation Survey Results
Completed anonymous paper Likert survey
- 100% patients/families acknowledged being informed of a transition policy.
- 100% patients/families acknowledged being provided education about future healthcare needs as adults.
- 100% patients/families acknowledged being provided education and uploaded information on the HydroAssist® APP.

3 patients transitioned at 18 years of age with an adult follow up appointment made.

Conclusions
- Adolescent patients with shunts will continue to require transition to adult care, and the standard of care should include a systemic transition of care process.
- Because UCM offers both pediatric and adult neurosurgery care, patients with neurological concerns do not need to change neurosurgeons or institutions.
- Using smartphone technology can promote autonomy for the adolescent patient with a shunt.

Implications for Practice
- Developing an evidence-based transition of care process can reduce patient/family anxiety and improve long term follow up neurological care.
- By identifying when patients are ready to transition and what education is needed prior to transitioning.

References
TH2: Improving the Transition of Care Process for Adolescent Patients with Shunts: A Quality Improvement Project

Authors: Amanda Johnson DNP, APRN, CPNP- PC/AC
Pediatric Nurse Practitioner
Pediatric Neurosurgery
University of Chicago Medicine, Comer Children’s hospital
Chicago, IL

Jill Marks DNP, CPNP-AC
Instructor
Rush University
Chicago, IL

Abstract:
At the University of Chicago Medicine (UCM) there has been an abrupt change from pediatric to adult neurosurgical care which led to patient dissatisfaction. Forty adolescent patients transitioned from pediatric to adult care were asked about their experiences with the transition process prior to implementation of a transition process. Fifteen patients reported; the first stay in the adult hospital was stressful, there was no tour of the adult hospital prior to first stay, and there was a lack of communication between the pediatric team and the new adult team. Reported barriers to transitioning care include timing of transition, lack of guidelines, and apprehension of parents and families to meet new caregivers. A transition process is needed for adolescent neurosurgical patients (Rothstein & Li, 2015).

A transition care process was developed at UCM to improve pediatric neurosurgical care for patients by implementing an evidence-based transition of care process to reduce patient/family anxiety and improve long term follow up neurosurgical care. The Got Transition Six Elements to transition was used as a guide to develop a transition process for adolescent neurosurgical patients with shunts (Got Transition, 2014). The Transition Readiness Assessment Questionnaire (TRAQ) and the HydroAssist® application (APP) were used as part of the transition process in the clinic. Adolescent patients who met criteria would complete the TRAQ based on the answers; education on transition was done by the advanced practice nurse. The HydroAssist® APP was used to upload import health information for the patient to have as a resource as they were gaining independence. At the end of this implementation period, three patients were transitioned to adult care without anxiety and long term follow up plan. There was no funding for the implementation of the project. Use of the Got Transition Six Elements to transition, TRAQ, and HydroAssist® APP are all free to download.

Adolescent patients with shunts will continue to require transition to adult care, and the standard of care should include a systemic transition of care process. Because UCM offers both pediatric and adult neurosurgery care, patients with neurological concerns do not need to change neurosurgeons or institutions. Using smartphone technology can promote autonomy for the adolescent patient with a shunt.