

Transition Model

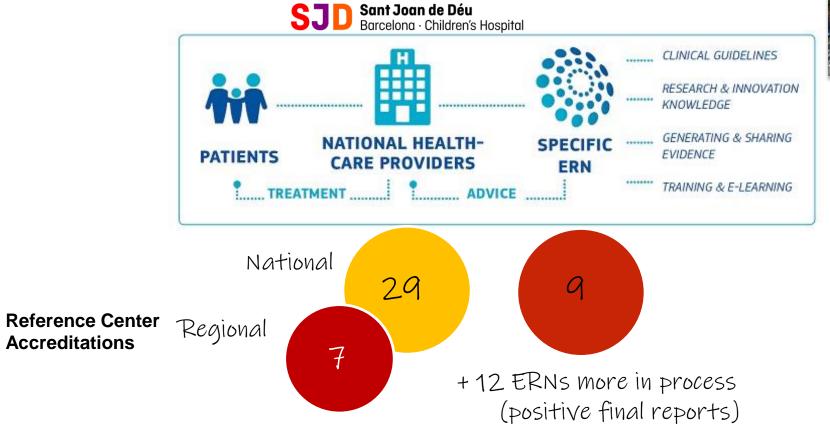
<u>A10</u>

Road to adult care

Who are we?

Sant Joan de Déu Barcelona · Hospital

- Children's Hospital
- Rare or complex diseases

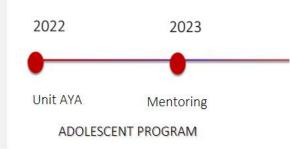












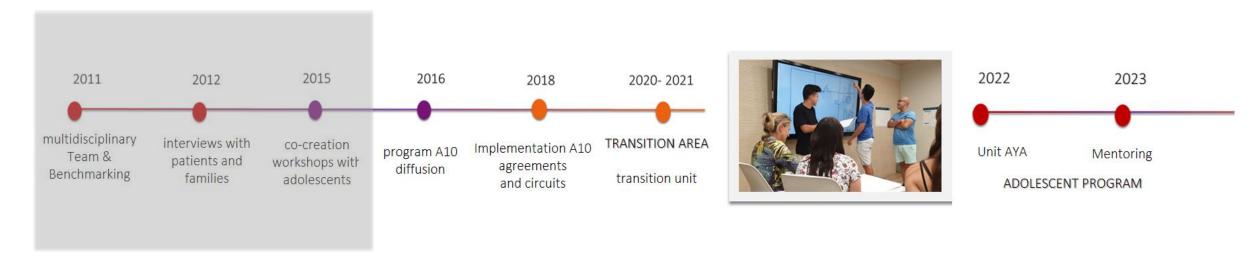












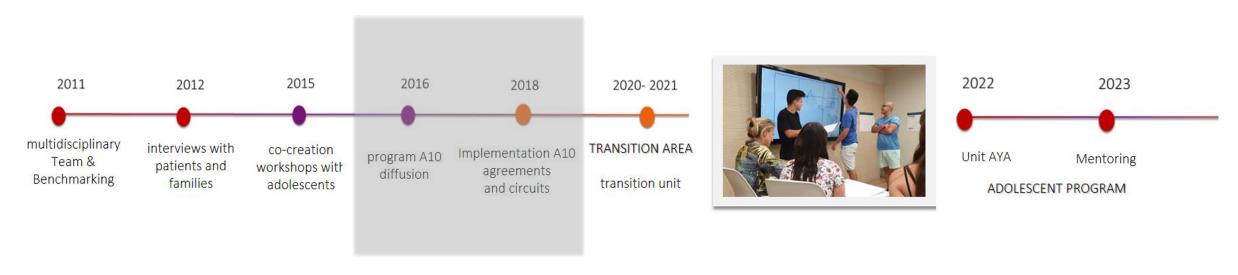
















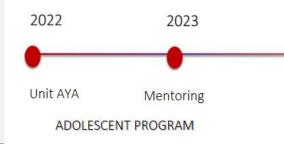


























Transition Area

Strategic area for a monographic Hospital in pediatrics

Transition's culture

- Promotes agreements with adult hospitals that ensure continuity of care.
- Promotes a network of knowledge.
- Establishes and improves transfer circuits with adult centers.
- Give support to care teams in transition.

DIRECTION OF QUALITY AND PATIENT EXPERIENCE





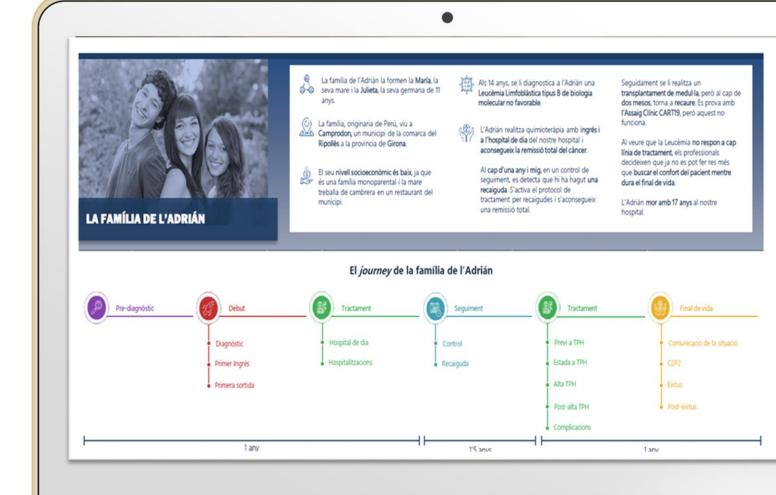
Transition Area management

- Esther Lasheras (Head of Transition Area)
- Roser Francisco (Head of rare diseases area)
- Dra. Carme Fons (pediatrician specialized in NRL)
- Inma Rodríguez (Deputy Director of Nursing)
- Esther Alvarez (Head of Admissions)

One model for the whole hospital



The model ensures criteria of quality, safety and excellence in the process of Transition and Transfer to adult centers.



Key points of A10! Program



Training programs

Development of education and training plans for patients and families



Psycho-social Plan

accompaniment and assessment in the changes of the adult stage



Transfer to adult network

Health and psychosocial care continuity Increase transfer security

Evaluation Plan











Transfer process







TEAMWORK









Transfer beginning in SJD

Coordination **HSJD** - **H** Adults

Patient Transfer **Adult Hospital takes** over

Goodbye SJD patient /family

17 years

To prepare patient/family to transfer to adult care

Clinical sessions telephone contacts (LOPD)

Joint visits Visits in both centers Share clinical information Transfer hospital drugs

Welcome visit clinical sessions (feedback to SJD)

6-9 months visit or telephone contact Check/incidences

Patient and family

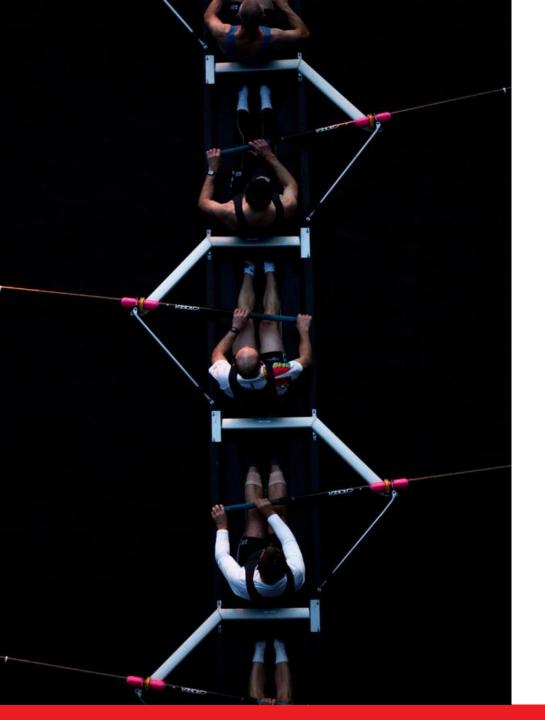












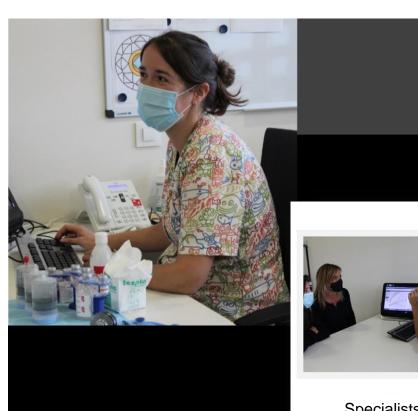


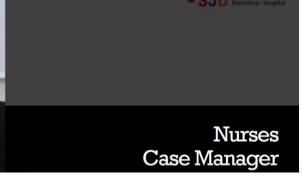
Road to adulthood

The key role of PROFESSIONALS



Professionals of SJD















Specialists

Referente del plan terapéutico de Transición

Coordinador del proceso de Transición



Gestión de incidencias

Gestión de transferencias por Servicio

Soporte Sifco

Nurses

Programas de Capacitación del paciente y educación sanitaria

Curas especializadas

Social workers

Asesoramiento a las familias

Coordinador proceso de transferencia PCC y MACA

Support Staff

CAMM Dirección Planificación y control de Gestión Dirección de sistemas Información



Adult care Professionals

Networking with professionals from different Systems: health, social and education



Transfer to Adult Network

A10
Ruta hacia la red de adultos

The objective is not only the transfer of a person and their clinical information, but also it is an opportunity to promote a network. That allows us to understand better the different diseases and their evolution and, therefore, be able to offer a better approach, care and treatment.





S/Sistema de Salut de Catalunya



Since 2019, we have reached **agreements with 37** Adult Hospitals in Catalonia:

Macro collaboration agreements in Transition:

Chronic pathology that requires hospital follow-up

Specific Transition agreements and circuits:

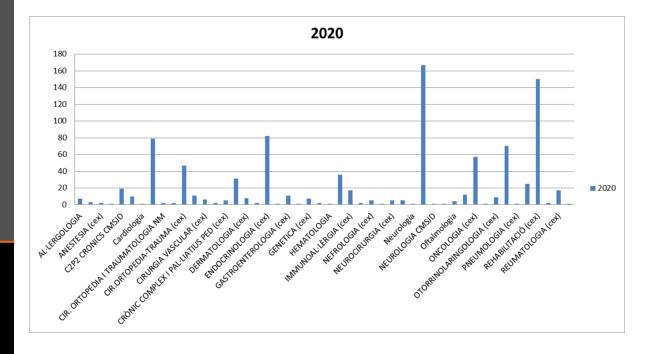
Rare Diseases: local and national accreditations for chronic diseases with high complexity

TRANSITION AGREEMENTS



1,069 patients were transferred to adult care in 2020.

The specialties that have made the largest number of transfers were: Neurology, Rehabilitation and Endocrinology



Results





Experience

Improves the experience of patients, families and professionals



Optimize

Time and resources that we can allocate to our target group



Expertise

Development of a network of knowledge and experience between pediatrics and adults



Effectiveness

Reduces safety incidents in patient transfer

Thank you!

Esther Lasheras, Head of Transition Area David Nadal, Deputy Director of Quality and Patient Experience