|  |  |  |  |
| --- | --- | --- | --- |
| Adult Practice Transfer of Care Quality Improvement Milestone Summary | | | |
| Component | **Deliverable** | **Timeframe Due Dates** | **Notes** |
| Form Health Care Transition Quality Improvement Team and Confirm Connection with Pediatric Practice | * Identify members of the practice quality improvement (QI) team. The team should consist of 3 to 4 staff in different roles such as practice clinical champion, nurse care manager/care coordinator, practice manager, and/or IT representative if available. * Establish connection with pediatric primary care practice who will be transferring 5 patients to adult care. | Describe as part of application |  |
| Project Start-Up | * Participate in initial kick-off meeting with pediatric and adult awardees to review project plan and schedule regular monthly team meetings. * **Adult practice team completes Got Transition’s Current Assessment of HCT Activities. Due May 7, 2021** | Month 1 | Got Transition, with RI Team, will offer kick-off training.  [Current Assessment of HCT Activities](https://www.gottransition.org/6ce/?integrating-current-assessment) |
| Create Simple Tracking Sheet for 5 Transferring Patients | * Create a simple tracking sheet (registry) to monitor dates of joint communication/telehealth visit and initial adult PCP visit and receipt of Core Elements 3,4, and 5 (SEE Sample registry and Telehealth Tool kit * Share progress in monthly QI meeting. | Months 1-2 | The time frame to accomplish the transfer is brief. In months, 5-7, the last pediatric visit with each patient will be completed. A joint communication/telehealth call between sending and receiving PCPs with transferring patient will happen before the initial adult visit, which will start in months 8-11. |
| Develop Transfer of Care Improvement Plan for Integrating New Patients into Adult Care | * Review and customize the Transfer of Care Improvement Plan to be used for the 5 transferring patients, drawing on Got Transition’s Six Core Elements. * Use Plan-Do-Study-Act (PDSA) cycles for Core Elements 3, 4, and 5, summarized in greater detail below. * Share progress in monthly QI meeting. | Months 1-4 | Core Element 3- [Orientation to Adult Practice](https://www.gottransition.org/six-core-elements/integrating-young-adults/orientation-to-adult-practice.cfm)  Core Element 4 – [Integration into Adult Practice](https://www.gottransition.org/six-core-elements/integrating-young-adults/integration-into-adult-practice.cfm)  Core Element 5 – [Initial Visits](https://www.gottransition.org/six-core-elements/integrating-young-adults/initial-visits.cfm) |
| Develop Content and Process for Orientation to Adult Practice (Core Element 3), with PDSA Cycle | * Customize content and process for Orientation to Adult Care (Core Element 3), including preparing a written/online Frequently Asked Questions about the adult practice that will be shared with pediatric PCPs and transferring patients. (SEE Welcome letter for FAQ) * Complete a PDSA on customized content and process for Core Element #3. * Share approach at monthly QI meeting. | Month 2 | [Six Core Elements Implementation Guide for Orientation to Adult Care](https://www.gottransition.org/6ce/?integrating-ImplGuide-orientation-adult-practice) |
| Develop Content and Process for Integration into Adult Practice (Core Element 4), with PDSA Cycle | * Customize content and process for Integration into Adult Practice (Core Element 4), including working with pediatric PCP about content for joint communication/telehealth call with transferring patient. (SEE Telehealth Tool kit and Sample Call Script) * Complete a PDSA on customized content and process for Core Element #5. * **S**hare approach at monthly QI meeting. | Month 3 | [Six Core Elements Implementation Guide for Integration into Adult Practice](https://www.gottransition.org/6ce/?integrating-ImplGuide-integration-adult-practice)  Sample Joint Telehealth Call Script *(to be sent when finalized)* |
| Develop Content and Process for Initial Visit (Core Element 5), with PDSA Cycle | * Customize content and process for Initial Visit (Core Element 5), including deciding on content for initial visits. * Complete a PDSA on customized content and process for Core Element #5. * **S**hare approach at monthly QI meeting. | Month 4 | [Six Core Elements Implementation Guide for Initial Visits](https://www.gottransition.org/6ce/?integrating-ImplGuide-initial-visits)  [Sample Content for Initial Visits with Young Adults](https://www.gottransition.org/6ce/?integrating-initial-visits) |
| Learning collaborative Joint meeting\* | Learning Collaborative Joint Meeting | Month 5 |  |
| (Pediatric PCPs) Start Transfer Pilot with 5 Pediatric Patients | * Pediatric PCPs will complete final visits. * Pediatric PCPs will complete and share transfer package with patients and new adult PCP. | Months 5-7 |  |
| Schedule Joint Communication/Telehealth Calls for Each Transferring Patient | * Coordinate with pediatric practice and patient to schedule a joint communication/telehealth call following last pediatric visit and before initial adult visit. * Share progress in monthly QI meeting. | Months 6-8 |  |
| Confirm Completion of Initial Adult Visit and HCT Feedback Survey | * Complete initial adult PCP visits with 5 transferring patients. * Communicate with pediatric practice to confirm initial appointment made. * Request completion of HCT Feedback Survey by young adult at initial visit. * Share progress in monthly QI meeting. | Months 8-11 | [HCT Feedback Survey for Young Adults](https://www.gottransition.org/6ce/?leaving-feedback-survey-youth) |
| Final Transfer of Care Improvement Collaborative | * Complete Current Assessment of HCT Activities, allowing for analysis of pre/post improvement in Core Elements 3,4, and 5. * Review lessons learned and plans for sustainability and spread. * Share progress in monthly QI meeting. | Month 12 | [Current Assessment of HCT Activities](https://www.gottransition.org/6ce/?integrating-current-assessment) |

\*Additional Joint Learning Collaborative may be added based on the team learning needs