



# TRANSFER PACKAGE

A guide for healthcare providers to support their patients in the transition from pediatric to adult healthcare



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# 2-STEP TRANSITION PLANNING

For patients who are 14 years and older, please consider the following steps to ensure a gradual and coordinated transition process (and transfer) to adult healthcare:

## 01 Plant the seed for a smooth transition

- Inform patient and their family of transfer to adult healthcare at age 18.
  - Discuss the hospital **policy** about transfer to adult healthcare at age 18 (provide physical copy as needed)
  - Share the **Transition booklets** ([teen edition](#), [parent/caregiver edition](#)) with patient and family as needed

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- Consider patient's future **decision-making capacity**:
  - If patient is anticipated to be **independent** for decision-making in adult healthcare, consider the **self-management approach** ([see next page](#))
  - If patient is anticipated to require ongoing **supervision** or **assistance** from parents/caregiver for decision-making in adult healthcare, consider the **caregiver approach** ([see next page](#))

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- Encourage patient/family to register to **Quebec Family Doctor Finder** (even if followed by pediatrician) as early as possible

## 02 Grow independence and build a transition plan

- Conduct **annual readiness check-ins** by completing the **Transition Readiness Assessment** form.

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- **Final step:** complete the **transfer of care checklist** by the age of 18 to ensure all documents and actions are completed for each patient before transfer to an adult healthcare provider.

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- **Bonus:** refer to **Guidelines for Pediatric Healthcare Providers** to guide skill-building and ensure all key steps—medical, legal, and logistical—are addressed before transfer.

# FAMILY & TEEN HANDOUTS

Provide the following resources to patients and/or their families based on patient's decision-making capacity

## Self-management approach

Patient needs minimal to no help to make decisions

- Refer to *Transition Timeline*, *3-Sentence Health Summary*, and *My Self-Reflection* in the **Transition Booklet: Teen Edition**
- Refer to the Transition Readiness Assessment



## Caregiver approach

Patient needs moderate help to make decisions

- Refer to *Transition To-Do List* in the **Caring for a Teen Who Will Require Lifelong Support** section in the **Transition Booklet: Parent/Caregiver Edition**
- Refer to Parent Aidant | Cap 18 ans (parent-led community initiative)



# WHEN MORE HELP IS NEEDED

Reach out to the **Pediatric-Adult Transition Hub-Espace de transition adulte-pédiatrique (PATH-ETAP)** for clinical guidance and patient referral: [path-etap@muhc.mcgill.ca](mailto:path-etap@muhc.mcgill.ca)



See next page for an overview of PATH-ETAP

# HOW PATH-ETAP CAN HELP



## OUR TEAM

- **Mai Christine Nguyen**, OT, BSc, BA, MSc(A)-OT, Transition Consultant for PATH-ETAP
- **Child Life Department**
- **Jordana Saada**, RN, BScN, MA, Senior Advisor, Patient Experience

## MISSION

PATH-ETAP strives to equip clinicians, patients, and their families with the necessary tools, skills and knowledge for an empowered transition from pediatric to adult healthcare.

## SERVICE OFFER

HOW PATH-ETAP OFFERS SUPPORT TO:

### CLINICIANS

Building capacity for transition care

Referral system

### PATIENTS/FAMILIES

Direct transition support

Interactive, multimodal workshops and programs

[See next page for details](#)

# WHAT PATH-ETAP CAN DO FOR YOU



## YOUR PATIENTS/FAMILIES



## YOUR CLINICAL TEAM

### BUILDING CAPACITY FOR TRANSITION CARE

- Assess healthcare transition practices
- Create goals to achieve benchmarks in transition care
- Develop action plans, monitor progress, and measure outcomes of healthcare transition activities
- Provide guidance to individual programs on transition care
- Share/adapt clinical tools (e.g. specialized registry, tracker, checklist, transition readiness assessment)
- Provide educational sessions

To obtain clinical tools and/or optimize transition practices, email [path-etap@muhc.mcgill.ca](mailto:path-etap@muhc.mcgill.ca)

### DIRECT TRANSITION SUPPORT

Focus on self-management approach:

- Provide patient with hands-on guidance toward the development of practical skills (self-management, self-advocacy, healthcare navigation)
- Promote patient's psychosocial wellbeing

#### Referral criteria

Patients ages 14-17+ presenting with:

- Difficulties with independent self-management
- Need for support with development of decision-making skills
- Psychosocial factors impacting transition to adult healthcare
- Risk of lost to follow-up/non-adherence/non-compliance in adult healthcare

To refer a patient, email [path-etap@muhc.mcgill.ca](mailto:path-etap@muhc.mcgill.ca)

# KEEP IN MIND...



While PATH-ETAP does not coordinate every aspect of care transfer, we recognize the challenges faced by both families and clinicians.

We remain committed to advocating for system improvements and partnering with stakeholders across the healthcare continuum to support more seamless, equitable transitions

## PATH-ETAP is not able to do the following:



### Coordinate transfer of care

We do not coordinate transfer of care, which includes finding family physician and adult providers for the patient, booking appointments, managing communication between providers.



### Extend how long a patient stays in the pediatric system

Though flexible transfer ages are recommended, PATH-ETAP cannot extend a patient's stay in pediatrics beyond the age limits set by hospital policy and specialty guidelines.



### Help identify a family physician

We can provide general guidance and information on how patients and their families can look for a family physician, but we are not able to conduct searches, make referrals, or book appointments on their behalf.



### Make sure patients attend their clinic appointments

Appointment attendance is the patient's responsibility. We support skill-building, but do not monitor follow-up.

# TOOLS FOR TRANSITION PLANNING

## KEY DOCUMENTS FOR CLINICIAN USE

- ✓ Transfer Policy
- ✓ Transfer Letter
- ✓ Health Summary
- ✓ Transition Readiness Assessment
- ✓ Transfer of Care Checklist

# TRANSFER POLICY

Hôpital de Montréal  
pour enfants  
Centre universitaire  
de santé McGill



Montreal Children's  
Hospital  
McGill University  
Health Centre

Dear [Patient](#),

We care about you and your health. As you grow older, your healthcare needs will change. We will support you along the way. While you are at the Montreal Children's Hospital, your parents are involved in making decisions regarding your health care. During your teenage years, you will become more and more involved in making your own choices. We will work with you and your parents/caregivers to prepare you for the upcoming changes.

Once you turn 18, you will be transferred to a healthcare team for adults. We can help make this change easier in different ways. This might mean helping you in finding a doctor, sending your medical records, and discussing any special needs with your new healthcare provider. We may also provide you with information on community resources and specialty care, if necessary. Since your privacy is important to us, your health information will only be shared if you agree. We want you to feel supported and prepared for the transition to adult health care.

Please share any questions or concerns with your healthcare team.

# TRANSFER LETTER

Hôpital de Montréal  
pour enfants  
Centre universitaire  
de santé McGill



Montreal Children's  
Hospital  
McGill University  
Health Centre

Dear Adult Provider,

Name is an age year-old patient of our pediatric practice who will be transferring to your care on date of year. The patient's primary chronic condition is condition, and their secondary conditions are conditions. Patient's related medications and specialists are outlined in the enclosed transfer package that includes their medical summary and emergency care plan, and plan of care.

- Patient acts as their own guardian
- Name of guardian acts as the patient's legal guardian

Please do not hesitate to contact me by phone or email if you have further questions.

Thank you,

Your name

# HEALTH SUMMARY

This document is available in OACIS:  
OACIS > Clinical Notes Editor (O-Word) > Document  
MU-8641: "Transition to Adult – Health Summary"



\_\_\_\_\_  
Date initiated

\_\_\_\_\_  
Date of most recent update

<b>Prepared by</b>			
<b>Nurse</b>		<b>Staff Physician</b>	
<b>Resident</b>		Other	

<b>MAIN DIAGNOSIS</b>	<b>Date of Diagnosis</b>
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<b>SUPPLEMENTARY INFORMATION</b>
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<b>OTHER MAJOR DIAGNOSES</b>	<b>DATE</b>	<b>COMMENTS</b>

<b>CURRENT MEDICATIONS</b>	<b>DOSE and FREQUENCY</b>

<b>ALLERGIES/MEDICATION INTOLERANCES/ADVERSE REACTIONS</b>

# HEALTH SUMMARY

ACTIVE HEALTH ISSUES		
DIAGNOSIS	DATE	COMMENTS

SUPPLEMENTARY INFORMATION

OTHER PERTINENT PAST MEDICAL and SURGICAL HISTORY		
DIAGNOSIS AND/OR PROCEDURE	DATE	COMMENTS

IMMUNIZATIONS
(or optional: Please see attached immunization record)

RELEVANT FAMILY HISTORY

MOST RECENT PHYSICAL EXAMINATION			
Name of physician who completed exam:		Date:	
Wt (kg)	Ht (cm)	BMI	BSA (m <sup>2</sup> )
BP	Cuff size	Method: Auscultatory <input type="checkbox"/>	Oscillometric <input type="checkbox"/>
Remainder of exam			

# HEALTH SUMMARY

## CURRENT PEDIATRIC PHYSICIANS

NAME	SPECIALTY	ADDRESS	PHONE/EMAIL/FAX

## FAMILY PHYSICIAN

NAME	ADDRESS	PHONE/EMAIL/FAX

## OTHER PROFESSIONALS

NAME	PHONE/EMAIL/FAX
Pharmacy	

## ADULT PHYSICIAN REFERRALS MADE

NAME	SPECIALTY	ADDRESS	PHONE/EMAIL/FAX

## ADULT SITE APPOINTMENT(S) BOOKED

Name	Specialty	Address
Phone	Appointment date	Date patient notified
Name	Specialty	Address
Phone	Appointment date	Date patient notified
Name	Specialty	Address
Phone	Appointment date	Date patient notified

# HEALTH SUMMARY

RELEVANT SOCIAL HISTORY	
Languages spoken	
Living arrangements	
School level	
Habits (substance use, cigarettes)	
Sexual history	
Level of comprehension or instructions	
Parental involvement	
Community resources	
Current adherence issues	
Other	

AREAS IN NEED OF SPECIAL ATTENTION OR FOLLOW-UP
Pain threshold
Preferences for special treatments / investigations
Level of comprehension

CONTACT INFORMATION			
<b>LEGAL DECISION MAKER</b>			
Patient <input type="checkbox"/>	Other <input type="checkbox"/>	Name	Relationship
Home phone	Work phone	Cell phone	Email
Preferred method of contact			
<b>NEXT OF KIN</b>			
Name		Relationship	
Home phone	Work phone	Cell phone	Email

# HEALTH SUMMARY

## SUPPLEMENTARY HEALTH AND PRESCRIPTION INSURANCE

COMPANY NAME

CERTIFICATE #

GROUP #

CONTACT INFORMATION

Medication coverage by RAMQ

Yes

No

## REPORTS TO BE ATTACHED

## COMMENTS

Medical imaging

Pathology

Operative reports

Relevant protocols

Recent blood and urine tests

Specialty discharge summaries

## TRANSITION READINESS ASSESSMENT ATTACHED

Yes

No

To follow

## SIGNATURES

### Nurse

Signature

Print name

# License

Date

### Resident

Signature

Print name

# License

Date

### Staff Physician

Signature

Print name

# License

Date

This document is available in OACIS:  
OACIS > Clinical Notes Editor (O-Word) > Document  
MU-8641: "Transition to Adult – Health Summary"

# TRAQ

## TRANSITION READINESS ASSESSMENT QUESTIONNAIRE



Name \_\_\_\_\_

Date \_\_\_\_\_

**Directions to Youth and Young Adults:** Please check the box that best describes your skill level in the following areas that are important for transition to adult health care. There is no right or wrong answer and your answers will remain confidential and private.

**Directions to Caregivers/Parents:** If your youth or young adult is unable to complete the tasks below on their own, please check the box that best describes your skill level.

Check here if you are a parent/caregiver completing this form.

Please select how you feel about the following statements	Not at all important	Not too important	Somewhat important	Important	Very important
How <b>important</b> is it to you to manage your own health care?	1	2	3	4	5
How <b>confident</b> do you feel about your ability to manage your own health care?	1	2	3	4	5

No, I don't know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
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Managing Medications					
1. Do you fill a prescription if you need to?	1	2	3	4	5
2. Do you know what to do if you are having a bad reaction to your medications?	1	2	3	4	5
3. Do you reorder medications before they run out?	1	2	3	4	5
4. Do you explain any medications (name and dose) you are taking to healthcare providers?	1	2	3	4	5
5. Do you speak with the pharmacist about <u>drug interactions</u> or other concerns related to your medications?	1	2	3	4	5

Appointment Keeping					
6. Do you call the doctor's office to make an appointment?	1	2	3	4	5
7. Do you follow-up on referrals for tests or check-ups or labs?	1	2	3	4	5
8. Do you arrange for your ride to medical appointments?	1	2	3	4	5
9. Do you call the doctor about unusual changes in your health (for example: allergic reactions)?	1	2	3	4	5

# TRAQ

## TRANSITION READINESS ASSESSMENT QUESTIONNAIRE



No, I don't know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
----------------------	-------------------------	----------------------------------	--------------------------------	--------------------------------------

### Tracking Health Issues

10. Do you fill out the medical history form, including a list of your allergies?	1	2	3	4	5
11. Do you keep a calendar or list of medical and other appointments?	1	2	3	4	5
12. Do you tell the doctor or nurse what you are feeling?	1	2	3	4	5
13. Do you contact the doctor when you have a health concern?	1	2	3	4	5
14. Do you make or help make medical decisions pertaining to your health?	1	2	3	4	5
15. Do you attend your medical appointments or part of your appointment by yourself?	1	2	3	4	5

### Talking with Providers

16. Do you ask questions of your nurse or doctor about your health or health care?	1	2	3	4	5
17. Do you answer questions that are asked by the doctor, nurse, or clinic staff?	1	2	3	4	5
18. Do you ask your doctor or nurse to explain things more clearly if you do not understand their instructions to you?	1	2	3	4	5
19. Do you tell the doctor or nurse whether you followed their advice or recommendations?	1	2	3	4	5
20. Do you explain your health history to your healthcare providers (including past surgeries, allergies, and medications?)	1	2	3	4	5

<b>Please select an answer that best describes your situation</b>	Yes	No	On waitlist
Do you have a regular doctor or nurse practitioner who takes care of your general health?	1	1	1

### Patient's goal for the next appointment:

### Clinician impressions of patient's transition readiness:

Strengths

Concerns

Action plan

Need for referral

# TRANSFER OF CARE CHECKLIST

Legal name (last, first)	Date of birth (yy/mm/dd)
Preferred name (last, first)	MRN
Primary diagnosis	
Social/medical complexity information	

Please complete all **documents** in the **transfer package** by the time of transfer:

## Transfer Package

✓		Date
	<u>Transfer letter</u>	
	<u>Health summary and emergency care plan</u> (OACIS>Clinical notes editor (O-word)>MU-8641 "Transit to adult - Health summary' document")	
	Guardianship or health proxy documents, if needed	
	Additional transition activity documents, as appropriate (transition readiness assessment, transition tracker)	

Please ensure the following **actions** by the time of transfer:

## Actions

✓		Date
	Transfer package sent to adult clinician(s)	
	Communication with adult clinician about transfer	

Refer to the following **resources** to prepare transition-aged patients for the eventual transfer:

## Resources

✓		✓	
	<u>MCH webpage</u>		<u>Transition booklet: teen edition</u>
	<u>Transition Readiness Assessment</u>		<u>Transition booklet: adult edition</u>

# BONUS TOOLS FOR CLINICIAN USE

## TOOLS TO GUIDE SKILL-BUILDING AND TRACK TRANSITION-AGED TEENS

- ✓ Age-Based Guidelines for Pediatric Providers
- ✓ Registry
- ✓ Transition Tracker

# AGE-BASED GUIDELINES FOR PEDIATRIC PROVIDERS

Use these guidelines to track age-specific tasks, support skill-building, and ensure key steps are completed in preparation for adult care.

## Ages 12-14+

- TODO**
- Discuss the reality of transfer to adult healthcare at age 18 (share **policy**)
  - Instruct parent/caregiver to register for a **family doctor**
  - Conduct the **Transition Readiness Assessment** for baseline

- PREPARE BY**
- Start to give instructions and directions directly to the teen (include parent)
  - Explore the impact of the teen's condition on school, friends, home life
  - Explore cognitive and behavioral issues and refer for assessment as necessary
  - Suggest the parent seek out financial and legal advice for future planning

## Ages 15-16+

- TODO**
- Follow up on progress in getting a **family doctor**
  - Discuss model of adult healthcare
  - Clarify **confidentiality** and disclosure with patient and parents
  - Conduct **Transition Readiness Assessment**

- PREPARE BY**
- Give instructions and directions directly to the teen
  - Explore the impact of the teen's condition on school, friends, home life
  - Explore cognitive and behavioral issues and refer for assessment as necessary
  - Follow up on financial and legal planning

## Ages 17-18+

- TODO**
- Follow up on progress in getting a **family doctor**
  - Communicate with other pediatric HCP to coordinate transfer
  - Identify adult providers, discuss with teen/young adult, and contact them
  - Arrange a visit to the adult provider(s) as feasible
  - Clarify confidentiality at age 18
  - Conduct **Transition Readiness Assessment**
  - Complete and send discharge/health summary and accompany reports to adult providers

- PREPARE BY**
- Guidance to patient and family in accessing MCH medical records
  - Refer to MCH social work if a protective regime (curatorship) is required
  - Discuss adult ER and where to go
  - Explore need for accommodation in continuing education/employment
  - Explore payment of medication after age 18 (private or RAMQ)

