Improving Sickle Cell Transition from Pediatric to Adult Care Jonathan Bowling

BECU HEALTH

BACKGROUND

- Over 5,500 individuals with sickle cell disease (SCD) in North Carolina.
- There is an increase in Emergency Department and inpatient utilization during the transition from pediatric to adult care.
- Management of SCD should address patients' health literacy, health behaviors, and socioeconomic factors to align for the best health outcome.

PROJECT AIM

By 8/1/2024, 80% of patients 13+ years old with SCD at ECU Health Pediatric Hematology/Oncology clinic will have the transition checklist implemented into their patient care.

PROJECT DESIGN/STRATEGY

- All patients with SCD aged 13+ years old presenting to the clinic will receive a transition checklist and pre-checklist survey.
- The pre-checklist survey will assess comfort levels with checklist topics. The transition checklist contains three categories with discussion topics for the patient and providers.
- Upon finishing the checklist, patients will complete a post-checklist survey to reassess their comfort level with the completed topics.

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CHANGES MADE (PDSA CYCLES)

Phase I

For each of the questions below, circle the response that best characterizes how you feel, where 1 = Very uncomfortable, 2 = Somewhat uncomfortable, 3 = Neutral, 4 = Somewhat comfortable, 5 = Very comfortable

How comfortable do you feel....

		Very Uncomfortable	Somewhat Uncomfortable	Neutral	Somewhat Comfortable	Very Comfortable
1	Explaining what sickle call	Unconnortable	Unconnortable		Comortable	Comortable
1.	Explaining what sickle cell disease is?	1	2	3	4	5
2.	Knowing what triggers your pain?	1	2	3	4	5
3.	Sharing your diagnosis with others?	1	2	3	4	5
4.	Identifying your social support network?	1	2	3	4	5
5.	Explaining how hydration, exercise, and stress management can impact your health?	1	2	3	4	5

Example A. Phase I Pre-Checklist Survey

Phase I				
Healthcare	Health Behaviors			
 Intro to SCD Genetics Fever & SCD Anemia Pain triggers Important lab values and meaning behind them Disease complications 	 Hydration High risk pregnancy Self-advocacy Sharing diagnosis w/ others Stress reduction Peer pressure Behavioral pain management, gate control theory of pain, etc. Starting to increase independence and manage your own medications/healthcare Importance of physical activity 			

Example B. Phase I Transition Checklist

FUTURE RESULTS/OUTCOMES

The percentage of patients with the transition checklist implemented into their patient care and the pre-and post-transition checklist survey results will be measured to test the impact of the transition checklist on patients' comfort levels on topics of their health, health behaviors, and socioeconomic factors.

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Socio-economic Factors

and career goals

challenges

Identifying support networks

Assessment of home life

Short- / Long- term academic

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SONS LEARNED

Currently, the clinic does not have a standardized process to prepare patients for transition to adult care. Monthly meetings with clinic staff will be necessary to evaluate opportunities for improvement so that the project is successful for both patients and the clinic.

STEPS

he clinic has plans to implement the ransition checklist in February 2024. nplementing a standardized ransition checklist for pediatric atients with SCD may lead to nproved patient adherence, kperience, and long-term health utcomes while in adult care.

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