

Transition from paediatric to adult care in chronic illness – the first adult hospitalisation

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‘To some extent all patients in a ward are living in abnormal circumstances. **But adolescent patients have to cope with the double abnormality of illness and adolescence**..... the adolescent girl should never be nursed in a gynaecological ward because women are less careful & considerate of the younger members of the ward than men the adolescent male may be spoilt if his stay is longer than a few days adolescents during convalescence irritated older patients by noise and playing games....

AC Stuart Clarke The nursing of adolescents in adult wards; Lancet Dec 26 1953

Session Outline

- Young people and hospitals & communicating with young people **KS**
- Case study: Optimising hospitalisation: **Maya Thomas**
- Case study: Avoiding hospitalisation: **Kimberley Cukier**
- Pre-hospitalisation planning: **Lif O'Connor**
- Summary **KS**



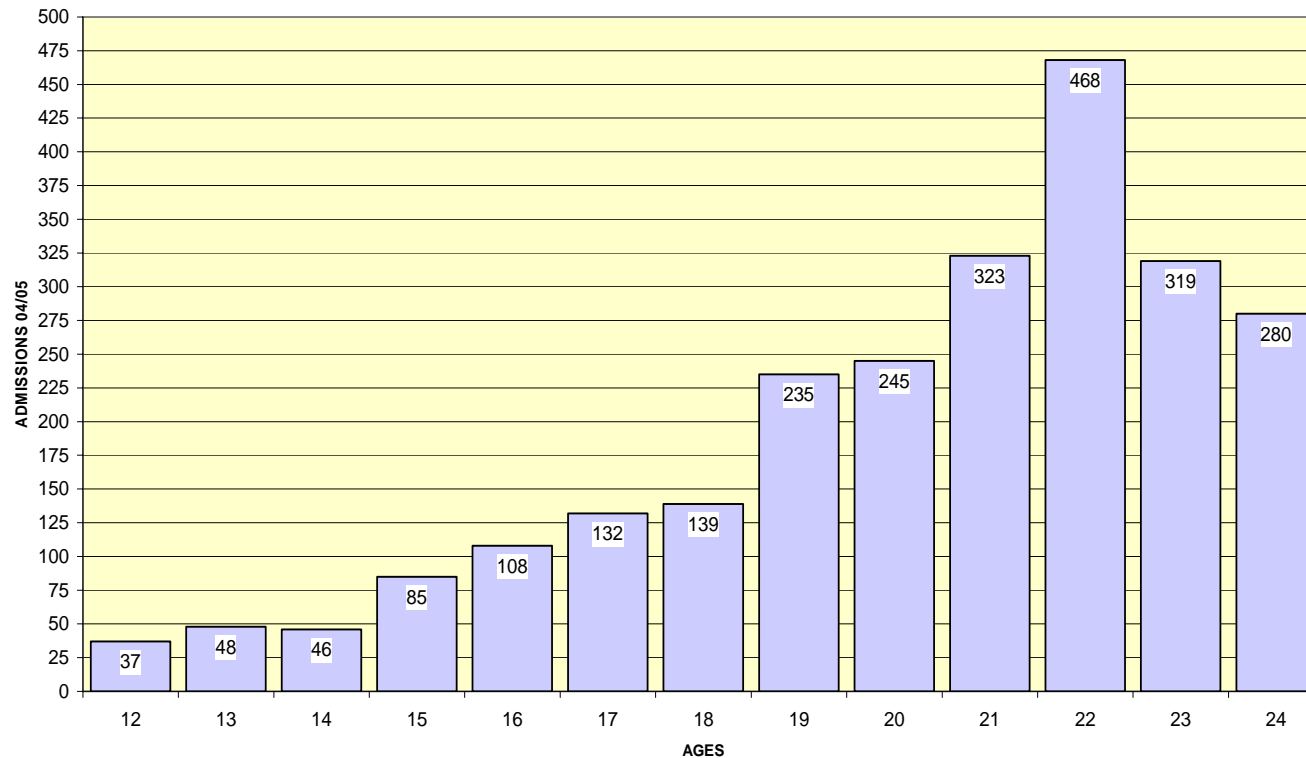
Part 1: Young people, hospitals and communication

- Words are, of course, the most powerful drug used by mankind



RPA 12-24 Admissions 02/2006 – 02/2007

ADMISSIONS 12 - 24 YEARS



2500 Admissions/year @ RPA (6%)

20-30 Young People on the Census each day
(excluding Obstetrics & Psychiatry)



AWCH* – The psychosocial care of children and families in hospital - 2005

- **15-24 yo: 491,009 admissions & 1,292, 597 patient days** (0-14 yo: 544,353 admissions & 1,476,451 patient days): **Accidents & trauma (M), obstetrics & gynaecology (F)**
- 15-24 yo: **15%** of all occasions of service in public hospital EDs
- Highlighted
 - Accommodation
 - Information provision
 - Indigenous peoples
 - Parent participation
 - Preparation for procedures
 - Play & education facilities
 - Staff with expertise, including ED
 - Evaluation & planning

* Association for the Welfare of Child Health



Access to health care among Australian adolescents; young people's perspectives and their sociodemographic distribution.

Booth ML et al J Adol Health. 2004 Jan;34(1):97-103.

- Themes relevant to hospitalization
 - Confidentiality
 - Professional unfamiliarity with their situation (personal & illness) – retelling of their history
 - New surroundings
 - Perceived unfriendliness of staff
 - Being made to feel stupid

**The competency of health care professionals
is not a consistent theme**



Other relevant studies

- Opinion & policy, with some interview and observational data
- Focus on adolescent wards
 - Kari et al 2001 Teenagers in hospital; what do they want? Nursing Standard 13;49
 - Mcfarlane & Blum 2001 Do we need specialist adolescent units in hospital. BMJ 332;941
 - Viner R 2001 National survey of the use of hospital beds by adolescents aged 12 to 19 years in the United Kingdom. BMJ 322;957
 - Mulhall et al 2003 A qualitative evaluation of an adolescent cancer unit. Eur J Cancer Care 13;16
 - Smith S, 2004, Adolescent units – an evidence based approach to quality nursing in adolescent care. Eur J Onc Nurs 8; 20



Limited information on interventions

- Interventions: prior or during hospitalisation; directed at the young person; special focus on chronic illness/disability where hospitalisation is likely
- Assumption that environmental change and acute distraction are likely to be helpful
- Possible outcomes:
 - Psychosocial
 - Behavioural
 - Physical wellbeing
 - Knowledge
 - Patient satisfaction
 - Staff and parent satisfaction
 - **Health service delivery including immediate & longer term costs**

Cochrane Review: Interventions (non-pharmacological) for preparing children and adolescents for hospital care; protocol published 2004; updated 2005

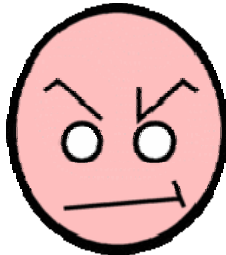


Prologue

- Alex is 18 years old. The presence of a chronic childhood illness has meant a number of hospitalisations as a teenager. Alex is admitted to an adult hospital for the first time in the early hours of Monday morning, directly as a result of non-adherence to regular medication. Later that day the admitting physician, Dr New and Alex meet for the first time.



Act 1 Scene 1 Adapted from real-life encounters;
takes place in a 4 bed ward; average age of occupants 60;
Alex's bed has the curtains closed.

- Dr N: 'I've just had a long talk with your mother.'
- A: [silence]
- Dr N: 'What's this I hear about a party? You don't want to be dead at 40 do you?'
- A: [more silence]
- Dr N: 'Well this is a waste of everyone's time'
- A:  ??*!?!**



How could have this encounter have been better managed?



Pitfalls to avoid

- No introduction
- Potential to break confidentiality
- Embarrassment
- Lack of privacy
- Future threats of little relevance
- Non-alignment with the young person
- No obvious clarification of the history



7 Cs of Communication with Young People

- **C**onfidentiality & Consent – prepare your ‘spiel’
- **C**onsistency – same messages every time
- **C**larity – use lay language
- **C**larification – ask the young person
- **C**orroboation – ask others with permission
- **C**ontinuity – of health professionals; one key contact
- **C**ollaboration – use new found independence to work as a team with your patient



Part 2: Case Studies

So... do you come here often...?



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