

# Transition of young adults clinics review

## Response to recommendations

January 2009

	<b>Recommendation</b>	<b>DHS Response</b>	<b>Responsibility/ timelines</b>
1	Both paediatric and adult health services should take greater responsibility for preparing young adults and their families for the transition to adult services	<p><b>Recommendation supported</b></p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• "Transitions program" planning to be strengthened at paediatric settings</li> <li>• Examination of utilisation and appropriateness of existing resources</li> <li>• Processes for early preparation of clients and their families to be further strengthened in paediatric and adult settings</li> </ul>	<ul style="list-style-type: none"> <li>• Transition clinic working party</li> <li>• March 09/ongoing</li> </ul>
2	Prior to their first appointment with one of the transition clinics, clients and their carers should be given detailed information about what to expect at the clinic	<p><b>Recommendation supported</b></p> <p><b>Comment:</b></p> <ul style="list-style-type: none"> <li>• Processes are in place to ensure clients and their families are well informed about what to expect at adult services</li> <li>• Transition services are planned and delivered based on the best available evidence</li> <li>• Health independence programs (HIP) guidelines, released in September</li> </ul>	<ul style="list-style-type: none"> <li>• Transition clinic working party</li> <li>• Health services</li> </ul>

		<p>2008, have been developed to enable a better client journey across the care continuum. Common processes for service delivery, program management and corporate services are outlined, including minimum requirements which health services are expected to work towards meeting.</p> <p><b>Action:</b> Health services are expected to incorporate HIP requirements to:</p> <ul style="list-style-type: none"> <li>• provide a planned, coordinated and collaborative transition. (Guideline 1.3.8)</li> <li>• access health services in a timely and seamless way. (Guidelines 1.1.1-1.1.4)</li> <li>• support a seamless client journey and appropriate care. (Guidelines 1.2.2, 1.2.4)</li> </ul>	
3	<p>Recommendations arising from the departments Aids and Equipment review should be promptly implemented, combined with continued review of clients aids and equipment needs</p>	<p><b>Recommendation supported in principle</b></p> <p><b>Comment:</b></p> <ul style="list-style-type: none"> <li>• Victorian Aids and Equipment Program (A&amp;EP) provides subsidies and reissue of aids and equipment to Victorians, including children, with a long term disability with items such as wheelchairs, mobility aids and hoists for home use. A redevelopment of the program was recommended following the A&amp;EP review in 2006.</li> <li>• The <i>A&amp;EP redevelopment project</i> run by Disability Services (DS) is currently underway, which includes projects related to service delivery model, subsidy and equipment range review and IT platform with expected completion June 2010.</li> <li>• A&amp;CC support A&amp;EP redevelopment and consultation has been sought from relevant stakeholders</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Monitor progress of A&amp;EP redevelopment project and understand relationship to sub-acute ambulatory care services (SACS)</li> </ul>	<ul style="list-style-type: none"> <li>• DHS</li> <li>• ongoing</li> </ul>
4	<p>Consultations with clients and their families/carers should place greater emphasis on understanding and addressing their emotional needs as they</p>	<p><b>Recommendation supported</b></p> <p><b>Action:</b> Health services are expected to incorporate HIP requirements to:</p> <ul style="list-style-type: none"> <li>• provide or facilitate interventions that address a client's psychosocial needs where they significantly impact on a client's health, quality of life or ability to self manage and function. (Guideline 1.3.9)</li> </ul>	<ul style="list-style-type: none"> <li>• Transition clinic working party</li> <li>• Health Services</li> </ul>

	enter adult health services		
5	Ensure adequate and appropriate environment and equipment are provided by the transition clinics	<p><b>Recommendation supported in principle</b></p> <p><b>Comment:</b> In 2008 the Victorian Pathways Home program enabled funding of \$6.8 million for rehabilitation for centre-based and home-based services to SACS (including transition of young adults clinics). The SACS equipment project included the development of a list of requirements for equipment need to deliver SACS, prioritisation of items needing purchase/replacement and funding for replacement or purchase of equipment.</p> <p><b>Action:</b> SACS should work towards all relevant policies and guidelines in relation to environment and equipment requirements including:</p> <ul style="list-style-type: none"> <li>• Capital Management Guidelines</li> <li>• Medical equipment asset management framework</li> <li>• Environmental Audit Tool could be a useful resource for clinics</li> <li>• SACS Equipment Review provides a list of equipment required for a transition clinic</li> </ul> <p>Health services are expected to incorporate HIP requirements to:</p> <ul style="list-style-type: none"> <li>• identify and manage risks to achieve program deliverables, minimise adverse events and optimise the safety of clients and staff. (Guideline 3.1.2, 1.2.8)</li> </ul>	<ul style="list-style-type: none"> <li>• Transition clinic working party</li> <li>• Health Services</li> </ul>
6	Individual client needs and goals are identified in a care plan. The care plan is developed and implemented by the transition clinic following an assessment and is provided to all relevant parties with the client's consent	<p><b>Recommendation supported</b></p> <p><b>Comment:</b> A consultative, collaborative approach to care that actively involves the client, their family/carers and an interdisciplinary team ensures the best possible outcome for the client.</p> <p><b>Action:</b> Health services are expected to incorporate HIP requirements to:</p> <ul style="list-style-type: none"> <li>• develop an individualised client centred care plan. (Guideline 1.1.3-1.1.5, 1.2.1-1.2.4 , 1.2.7)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Services</li> </ul>

7	A review of access issues to adult health services for clients with complex disabilities should be undertaken	<p><b>Recommendation supported in principle</b></p> <p><b>Comment:</b> Sub-acute</p> <p>Most of the clinics have experienced issues with accessing appropriate services in the adult sector to refer clients onto, following transition, and therefore have started to offer longer term service provision for these clients as part of their model of care. This may need to be explored further in the future as the number of clients accessing the clinics directly from the community continues to grow.</p> <p>The department is developing a <i>sub-acute services planning framework</i> for Victoria. The aim of the framework is to establish a process to guide planning towards equity and consistency of service quality in sub-acute inpatient (rehabilitation and geriatric evaluation and management) and SACS across the state. Demand for future services including transition of young adult's clinics will be considered within the framework.</p> <p>Acute/community interface</p> <ul style="list-style-type: none"> <li>• Work currently underway in Metropolitan Health and Aged Care to review the relationships between Acute Health and Disability services.</li> <li>• It is acknowledged that access to adult healthcare care (subacute or community based) for people with disabilities, remains an ongoing issue for not just the transition group.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Monitor sub-acute planning framework in relation to transition of young adults clinics</li> <li>• A forum is scheduled to occur in February 2009 to explore the interface between DS and health</li> </ul>	<ul style="list-style-type: none"> <li>• DHS</li> <li>• Health Services</li> </ul>
8	Health service staff should continue to work collaboratively to ensure the clinic service delivery model provides adequate resources and support to	<p><b>Recommendation supported in principle</b></p> <p><b>Comment:</b> The department's policy directions support the provision of the right care in the right place at the right time, which includes:</p> <ul style="list-style-type: none"> <li>• Interdisciplinary care which encompasses evidence-based best practice</li> </ul>	<ul style="list-style-type: none"> <li>• Health Services</li> </ul>

	clients and clinic staff	<p>principles</p> <ul style="list-style-type: none"> <li>• Integrated service systems to meet the needs of clients and their families</li> <li>• Health services are responsible for ensuring transition services are adequately resourced within SACS funding</li> </ul> <p><b>Action:</b> Health services are expected to incorporate HIP requirements to:</p> <ul style="list-style-type: none"> <li>• have appropriate recruitment, orientation and learning and development which encourage staff participation and professional development. (Guidelines 2.1.1-2.1.3, 2.1.6)</li> </ul>	
9	A professional development program should be developed for clinic staff	<p><b>Recommendation supported in principle</b></p> <p><b>Action:</b> Health services are expected to incorporate HIP requirements to:</p> <ul style="list-style-type: none"> <li>• have appropriate recruitment, orientation and learning and development which encourage staff participation and professional development. (Guidelines 2.1.1-2.1.3, 2.1.6)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Services</li> </ul>
10	Regular seminars or conferences involving relevant staff from all clinic sites and staff from paediatric services should be conducted on an ongoing basis.	<p><b>Recommendation supported in principle</b></p> <p><b>Comment:</b></p> <ul style="list-style-type: none"> <li>• An interdisciplinary approach is encouraged in which team members from different disciplines collectively set goals and share resources and responsibilities.</li> <li>• Transition services work towards creating greater links with 'like' services for the purposes of knowledge sharing, professional development, and networking.</li> <li>• Transition clinics should consider meeting regularly for the purpose of information sharing and service delivery development.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Regular meeting of transition services should be established</li> <li>• Transition of young adults clinic forum organised for February 2009 which includes international speakers presenting on a Canadian transition model</li> </ul> <p>Health services are expected to incorporate HIP requirements to:</p> <ul style="list-style-type: none"> <li>• have structured, planned and comprehensive learning and development system. (Guideline 2.1.1-2.1.3)</li> <li>• deliver services based on available evidence. (Guideline 1.2.4)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Services</li> <li>• DHS supportive role</li> </ul>

**The Promoting health independence: a framework for better care report (2008) and Health independence Programs guidelines** can be accessed at [www.health.vic.gov.au/subacute](http://www.health.vic.gov.au/subacute).