



TRAPEZE

Making The Leap With Ease

Australian Implementation Conference

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Speakers

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Trapeze:

a short horizontal bar hung by ropes or metal straps from a support. It is an aerial apparatus commonly found in circus performances.

Trapeze acts may be static, swinging or flying, and may be performed solo, double, triple or as a group act.

Circus Dictionary. National Institute of Arts

Trapeze Itinerary

- About Trapeze
- Background
- Development of the service
- Implementation of evidence-based transition principles
- Implementation of model of care
- Referral information

Trapeze: Who we are

“There’s this thing called ‘Trapeze’ and it’s really really helpful.” Bec, 18

Trapeze is the adolescent chronic care service for The Sydney Children’s Hospitals Network (SCHN).

Trapeze supports young people aged 14-25 years with chronic conditions who are known to SCHN as they move from paediatric to adult health services.

Trapeze: What we do

“Having that extra help from Trapeze makes me really confident.” Brad, 18

Trapeze facilitate, monitor and coordinate a young person’s care during transition and strengthen their links with their GP and community, so that they are able to better manage their condition and stay out of hospital, to the best of their ability.

Trapeze: Our Values

Trapeze upholds the principles of advocacy, empowerment, respect, diversity, openness, and collaboration.

We believe young people have the right to be heard; to make genuinely informed choices; and have timely access to medical services.



Background

In 2008 Peter Garling SC headed a Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals

Recommendations included:

- A new culture needs to take root which sees the patient's needs as the paramount central concern of the system
- Engage the dedication of clinicians in designing new models of care which are evidence-based best practice, and which can be monitored to track the degree of success.
- Implement the changes required by the new models of care at the clinical unit level. This requires the active support of clinical leaders to be the champions of the changes.

Why Are Transition Services Necessary?

- Increasing numbers of young people with chronic conditions
- Adolescence is a difficult period for most people
- Transitions occur in many facets of their lives, heightening anxiety
- Transition services improve adherence to treatment
- There is a need for a planned transition from family -centred paediatric services to adult services
- Some young people with developmental, intellectual or mental incapacities will not be able to manage their own health care and will depend on family or carers for assistance

Stage 1 of Development

- Recruitment of multidisciplinary team
- Infrastructure- office space, equipment and hardware
- Consultation with:
 - Key internal/external stakeholders including LHDs, Medicare Locals, advocacy organisations
 - Leaders in social media and use of technology in health
 - Young people with chronic conditions
- Investigation of Models of Care, screening tools and evaluation measures
- Collection of baseline hospital data
- Development of IT infrastructure and electronic medical records



IMPLEMENTATION OF EVIDENCE BASED TRANSITION PRINCIPLES

Key Principles of Care for Young People Transitioning to Adult Health Services



Principle 1: A Systematic and Formal Transition Process

A systematic and formal transition process is required. This should be underpinned by formal guidelines and policies outlining the transition process.



Principle 2: Early Preparation

Transition is a process not an event. Education on transition and empowerment around self-management will commence with the young person at the age of 14.



Principle 3: Identification of a Transition Coordinator/ Facilitator

A designated Transition Coordinator/Facilitator from the young person's paediatric and adult specialty teams should be identified to coordinate the transition.

These principles were developed by Lynne Brodie, ACI Transition Care Network Manager, and Madeleine Bridgett, Trapeze Manager



Principle 4: Good Communication

Communication processes and tools will support person-centred care for the young person throughout their transition journey. Openness, transparency, collaboration and a willingness to work together underpins all good communication.



Principle 5: Individual Transition Plan

All young people should have an individualised transition plan which focuses of all aspects of their life.



Principle 6: Empower, Encourage and Enable Young People to Self-Manage

Responsibility for decision-making should be increased gradually and adolescent friendly transition services should be put in place. Where the young person has complex special needs, it is particularly important to involve their family.



Principle 7: Follow up and Evaluation

Follow up may be required for several years to ensure that young people have engaged effectively with adult health care services. Evaluation of the transition process must be undertaken to inform future planning and policy.

A large, stylized graphic of a pair of scissors is positioned on the left side of the slide. The upper blade is orange and the lower blade is white, both with blue accents. The scissors are oriented vertically, with the handles at the top and the blades pointing downwards. The background is a solid dark blue with a subtle wave-like pattern at the bottom.

IMPLEMENTATION OF MODEL OF CARE

Stage 2

- Provision of coordinated care to young people
- Communication strategy
 - Printed brochures and resource materials
 - Primary, secondary and tertiary health care settings
 - Website and social media
- Education and advocacy
- Evaluation tools and processes

Whole Person Integrated Care Approach

“I got a visit from a doctor from Trapeze... It was nice because it was about me...She asked me more life/personal matters... She wanted to know me first, before the disability.” Shereena, 17

Trapeze Workflow



Referral

- Within SCHN
- Outside SCHN eg self

Intake

- Review and prioritisation
- Allocate to staff

Enrolment

- Contact Parent/Guardian and/or young person to invite participation
- Consent

Assessment

- Psychosocial (HEADSS)
- Medical

Take action

- Self management
- Community links eg GP
- Health coordination

Review and regular contact

- As needed or every 3-6 months

Trapeze Transition Assessment

- Trapeze Transition Assessment focuses on the whole person and the young person is at the centre of the assessment.
- Trapeze adopts H.E.A.D.S.S Assessment Guide – A Psychosocial Interview For Adolescents¹
 - Home
 - Education and Employment
 - Eating and Exercise
 - Activities and Peer Relationships
 - Drug Use
 - Sexual Activity and Sexuality
 - Suicide, Depression and Mental Health

¹Adapted from Contemporary Pediatrics, Getting into Adolescent Heads (July 1988), by John M. Goldenring, MD, MPH, & Eric Cohen, MD

Trapeze Interventions



Find GP/strengthen links with GP/develop GP Management Plan

Refer young person to adult health services

Communication - Ensure key professionals have information to support young person

Teaching self- management skills

Coordinated Care

Centrelink and Medicare card applications

Acting as young person's advocate

Assist with obtaining medication and equipment

Sending SMS appointment reminders

Offering support to parents/carers

Linking young person in with support groups



TRAPEZE

FUTURE IMPLEMENTATIONS

Future Implementations

Use of Technology and Social Media

- 90% of 12-17 year olds and 97% of 16-17 year olds use social networking platforms¹
- Young people are highly active on social media with some reports suggesting social media use upwards of 99%²

Ongoing Youth Involvement

- Trapeze Youth Representatives drive our service development and the implementation of our model of care ensuring our service remains relevant

Research and Evaluation

- Collection of data from the use of adolescent friendly ipad software to evaluate the service

¹Nielson 2010. 'Led by Facebook, Twitter, Global time spent on social media sites up 82% year over year' in NielsonWire Jan 22

²Sensis, 2013; YACVic 2013. The YACVic data assumes young people under 25, while the Sensis data includes both under 25's and 25-29 year olds.



REFER EARLY (but it's never too late!)





trapeze

a supported leap into adult health



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