

PEDIATRIC TO ADULT CARE TRANSITIONS (PACT) STARTER KIT

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**DOERNBECHER
CHILDREN'S**
Hospital

1. BUILD YOUR TEAM

Champions are needed
Involve all team members – interprofessional effort

2. SET GOALS AND TIMELINE

Many points of intervention - consider when to initiate and follow up with patients
Will depend on clinic bandwidth and priorities
Communication is key

3. DECIDE...

WHICH PATIENTS YOU WILL TARGET

- Healthy, typically developing adolescent
- Adolescent with chronic health condition but no impact on cognition
- Adolescent with intellectual disability requiring lifelong assistance with care and decision making

HOW YOU WILL INTRODUCE PROGRAM TO PATIENTS AND FAMILIES

- Letters, handouts, phone outreach
- Face to face visits

WHICH HEALTH MANAGEMENT SELF-ASSESSMENT

- Many resources available
- Create one that works for you
- Consider medical, social, educational, vocational needs

WHO WILL COMPLETE A HEALTH PASSPORT

- Resources available or create your own
- Use as a teaching and organizational tool

4. COLLECT RESOURCES

Resources available or create your own
Have a follow up plan for resource gaps

5. PILOT WITH 2-5 PATIENTS IN YOUR CLINIC

Assess medical, social, educational, vocational, community, transition resource needs

6. IDENTIFY GAPS, SET GOALS, AND CREATE AN ACTION PLAN

Decide who will be leading interactions
Assess needs with each patient
Document - consider how to integrate into EHR

7. TRACK AND MEASURE

Create a database
Integrate into EHR