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Improving Patient Transfer from Pediatric to Adult Surgeon

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IMPROVE PATIENT TRANSFER FROM PEDIATRIC TO ADULT SURGEON

Kartik Pandya and Jonathan Dreifus

Problem/Impact Statement

Pediatric Surgery patients may not have smooth transition to Adult Surgery practice when they reach adulthood.

Scope

Pediatric Surgery patients are often complex and may have multiple specialties following them. Some pediatric specialists may continue to follow these patients into adulthood while surgery tends to transition to adult surgical practice at age 18.

Goal/Objective

We aim to provide an easy to use DOT phrase that can summarize a pediatric surgical patient's current issues, medical history and current specialists to improve information transfer to adult surgical practice.

Baseline Metrics/Current State

There is currently no format for providing information from the pediatric surgeon to the adult surgeon summarizing patient care or past operations. We realize that this transfer method is lacking.

We hope to provide an easy to use method to improve patient care by collating relevant information from one surgeon to another. This will include medical history but more importantly, past operations and likelihood of future operations. In addition, some pediatric specialists, Cardiology, Pulmonary, Oncology, etc., may continue to follow and treat these patients into adulthood. Adult surgeons are less familiar with these providers and their approach to patient care.

We propose to improve communication with a transfer document which will outline these issues. This may serve as a complete transfer note by itself or may begin a longer conversation between providers for more complex patients. The goal is to improve continuity of care for these patients at a transition point in their lives.

Pediatric to Adult Surgery Transfer Summary: EXAMPLE

John Doe is a 18 yo male with the following medical and surgical history:

Primary and Secondary Diagnosis:

Congenital Heart Disease
Asthma
Intestinal Malrotation

Operations Performed:

Correction of Malrotation
Lysis of Adhesions
Repair of Ventral Incisional Hernia

Consultants and Specialty

John Doe's primary care physician/provider (if on file) is Dr Feelgood

John Doe is being followed by the following pediatric consultant services (in relation to their surgical history):

Dr Heartthrob Cardiology
Dr Easyflow Pulmonary

Brief Summary of anticipated surgical issues as adult

John Doe is a 18yo male followed by Dr Pandya} for abdominal adhesions requiring operation and ventral hernia. He was most recently seen by our service on 3-4-2019 for follow up after surgery.

John Doe's most recent surgical intervention was Ventral Hernia Repair on 2-19-2019.

There are no plans for the following surgical interventions unless complications arise.

Please contact Dr Pandya at 207-662-5555 for additional (non-urgent) questions and feel free to consult the pediatric surgeon on call for any urgent questions per your discretion.

Countermeasures

By When & Status*	Who	Deliverable
End Q1	Dreifus and Pandya	Develop DOT phrase to facilitate transfer of patients from pediatric to adult surgical care.
End Q2	Dreifus and Pandya	Review with both Pediatric and Adult surgical divisions and receive feedback. Adjust as needed.
End Q3	Dreifus and Pandya	Implement and use document for patient transfers.
End Q4	Dreifus and Pandya	Review process, adjust process if necessary

Do

Outcomes

The process was successful in creating a usable document to facilitate transfer from Pediatric to Adult surgeons for patients reaching 18 years. We had good cooperation from both divisions and good communication throughout. To date, 2 patients have been transferred using the dot phrase.

Study

Next Steps

I am uncertain if other specialties have the same issues with transition from Pediatric to Adult care teams. We would be happy to share our document and thoughts about the process to anyone interested.

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