

## Transitioning Patients from Community Pediatricians into Adult Care Project

### How the Medical Transfer Summary Works in Practice: Community Pediatrician - Nurse Practitioner Interview

— Dr. Francine Ling and Elaine Clark, NP

This article is part of an on-going series introducing the newly developed BC Pediatric Society Medical Transfer Form found [here](#).

New tools supporting BC's community pediatricians in the transfer of adolescent patients into the adult system are winning praise from both pediatricians and the adult-care physicians who participated in the pilot of the tools earlier this year.

The tools were all developed with extensive consultation with community pediatricians around the province and included input from family physicians and adult specialists. Building on the transfer form created by the ON TRAC program at BC Children's Hospital, the project created a custom version of that form specifically to address the needs identified by community pediatricians, family physicians and adult specialists.

Dr. Francine Ling used the new BCPS form in the transfer of a young woman of 18 with an eating disorder. Dr. Ling found the form very useful for bringing to mind the vital information needed for a smooth transfer.

**Overall, the concept of having a transfer form is a great one. It really highlights the importance of the information being transferred.**

"Oftentimes those pieces of information get lost in the transfer," says Dr. Ling. "If you're relying on patients to share it, they may have a limited understanding of some of it, or get mixed up. Having the form helps to address that, and helps to standardize the approach. There's a lot of practice variation in how each community pediatrician transfers care, and the ideal case would be to have everyone transferring the information that's on the form."

The BC Pediatric Society has been working with community pediatricians, family physicians and adult specialists on a quality improvement project with the goal of supporting the transition process.

The BCPS Medical Transfer Summary (MTS) is one of the tools developed through several consultations with physicians throughout the past year. In spring 2017 the MTS and other resources were piloted in practices of 7 BC community pediatricians, and the family physicians and adult specialists their patients were transferred to.

This article shares how the MTS worked in practice for one community pediatrician and a nurse-practitioner in a clinic environment.

Dr. Ling says she has always aimed to include the same information listed on the form in her consult letters for transfer up until now, but the form "serves as a way to flag it" and as a result brings about more comprehensive information-sharing.

"I'd probably be sharing much of the same information that I did whether I had the form or not, but if I was super-busy, I might forget or overlook something in my consult letter. Using the form, that didn't happen," she says.

"I think it's especially nice to name the adult specialists so that information gets transferred over accurately to the primary caregiver, reducing the chances that you do a double-referral, or the patient gets mixed up between urology and neurology or something like that! Sharing that information in the form is a good supplement to add to what the patient shares."

Elaine Clark, a nurse-practitioner who received the form from Dr. Ling, really liked how the form provided ideas for the consult note, commenting "The pediatrician sent me the best consult note I'd seen in a long time."

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# THE PRESCRIPTION PAD TRANSITION/TRANSFER TO ADULT CARE

Clark appreciated that the form listed all the team members who were supporting the young woman, “so I could quickly see who was connected to this person.” The section on supports and benefits was also very useful to help Clark see at a glance what benefits the young woman was eligible for.

“The detail was wonderful,” she says, noting how important it is when working with a young patient with an eating disorder to have historical information documenting the patient’s lowest weight on record and fluctuations over the years.

“When I’m working with a new patient, I appreciate that baseline information, as well as what current measures the community pediatrician has been taking, the patient’s functional abilities, the activities of daily living,” says Clark.

The new BCPS tools include the form; an online list of community resources grouped by health authority that can be shared with family members or adult caregivers; online information about family doctors and adult specialists accepting new patients; and a series of articles like this one to support CPs in learning about and testing the tools in their own practices.

Both professionals had a few suggestions for improvements to the form and these were reviewed along with other suggestions received from pilot participants. They both hope the new tools end up being well-used.

“The transfer form is a useful guide, and it would definitely be worthwhile for Community Pediatricians to take a look at it,” says Dr. Ling. “Overall, the concept of having a transfer form is a great one. It really highlights the importance of the information being transferred.”

“Transitioning Patients from Community Pediatricians into Adult Care” is a project supported by the Specialist Services Committee (SSC) a partnership of Doctors of BC and the BC government.



[Click here to view the BCPS Medical Transfer Summary – print or fillable form versions, or use a guide for dictation.](#)  
Also available on Accuro.

**BC Pediatric Society - Medical Transfer Summary**

Patient Surname(s): \_\_\_\_\_  
 Given Name(s): \_\_\_\_\_  
 PRN: \_\_\_\_\_  
 Youth Phone/Email: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_  
 Parent/Guardian Phone/Email (optional): \_\_\_\_\_ Primary Contact:  Yes  No  
 Emergency Contact: \_\_\_\_\_ Primary Contact:  Yes  No  
 Projected Date of Transfer: \_\_\_\_\_ Urgent:  Urgent  Not Urgent

**ADULT HEALTH CARE TEAM**

Identified	Sold to Identify	Not Applicable	Type	Adult Healthcare Team Members	Name	Phone	Fax
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Physician				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult Specialist Purpose:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult Specialist Purpose:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose Here for Additional Team Members				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose Here for Additional Team Members				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose Here for Additional Team Members				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose Here for Additional Team Members				

**SUGGESTED OUTLINE FOR YOUR TRANSFER LETTER**

**SUGGESTED TOPIC**

**Recommendations for Future Care**

**SUGGESTED CONTENT**

- Condition Specific Information (For each condition)
  - Condition-specific and potential complications/rate effects
  - Recommended investigations
  - Specific investigations
  - Ongoing regular bloodwork
- Mental Health and Substance Use Concerns
  - Date of diagnosis, initial and most recent tests
  - Co-morbidities
  - Advance directives
  - Clinical warnings, other unresolved issues in ongoing care
- Psychosocial Considerations
  - Psychosocial information e.g. behavior/safety concerns, family dynamics, compliance with treatment
  - Problem List (date, event or diagnosis, outcome and plan)
- Past Medical History
  - Name, dose, rationale plan
  - Relevant previous medications - reasons for changing/discontinuing, contraindications and potential
- Diagnostic, Laboratory and Other Relevant Results
  - Form of interpretation
  - Pharmacist Special Authority in place (if applicable) and for which medications
  - Lab reports, specialist consults and allied health provider reports
- Immunizations
  - Condition-specific immunization protocols and alerts
  - Rationale for non-completion of recommended schedule
  - What future immunizations are required
  - Timing when specialist(s) will take over care – requesting a confirmation letter for the acceptance of the patient
- Transfer of Care
- REFERRING PHYSICIAN

Referring Physician: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_

This form provides a guideline or framework for medical information that has been identified as useful in transition process but may need to be adapted for individual patient transfers.  
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