

Moving on...with Diabetes

DCPNS TRANSITION PROJECT CONSULTANT: REFERRAL CRITERIA AND PROCESS

CRITERIA FOR REFERRAL

- Youth/young adult with type 1 or 2 DM \geq age 16 (within 6-12 months of transition to adult care).
- Considered vulnerable/at-risk as determined by:
 - Family/individual circumstances (identified challenges)
 - History of recurrent adverse glycemic events (DKA and severe hypoglycemia)
 - Overall poor or deteriorating diabetes control
 - Patient/family articulated concerns/fears
 - Team decision/assessment, in conjunction with the young adult re: shared concerns

PROCESS

- Team/physician introduce the role of the Transition Project Consultant (including a handout describing what can be provided/expected—**Moving on...to Adult Care**).
- Team/physician discuss and obtain agreement for referral.
- Patient completes and signs a consent form allowing the Consultant to contact him/her directly.
- Team/physician completes the referral form indicating reason for referral, attaches the consent form, and forwards it to the Transition Consultant.
- Consultant:
 - Connects with the referred individual to acknowledge receipt of the referral, confirms consent, and preferred communication mechanism. Ensures individual understands the role of the Consultant.
 - Connects with the Pediatric Designate and social worker, where applicable.
 - Provides support/guidance to the referred individual, as needed.
 - Provides progress update to the pediatric and adult designates as well as the referring team/physician once a clear, mutually agreeable plan has been established. This will include a short summary of the support provided and plans for continued follow-up, if applicable.
 - Stays connected to the referred individual to support as needed, within reason, and gather insight into the transition experience.

NOTE: - In the case that an individual needs a Family Physician for referral, suggestions include a walk-in clinic and/or provision of DoctorsNS number/website to request assistance.

- If the individual does not show for scheduled appointments with the adult team/specialist, the prior consent form should allow for attempts to contact.

SUPPORTING DOCUMENTS

- Moving on...to Adult Care (patient handout)
- Role of the Transition Project Consultant
- Referral Consent Form
- Referral Form
- Worries and Concerns

This is a dynamic document and will be reviewed by the Advisory Group every 3-6 months for applicability.