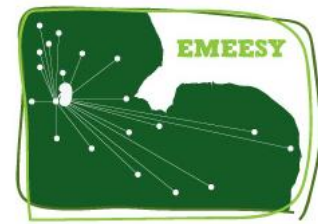


EMEESY

Transition Across the Network

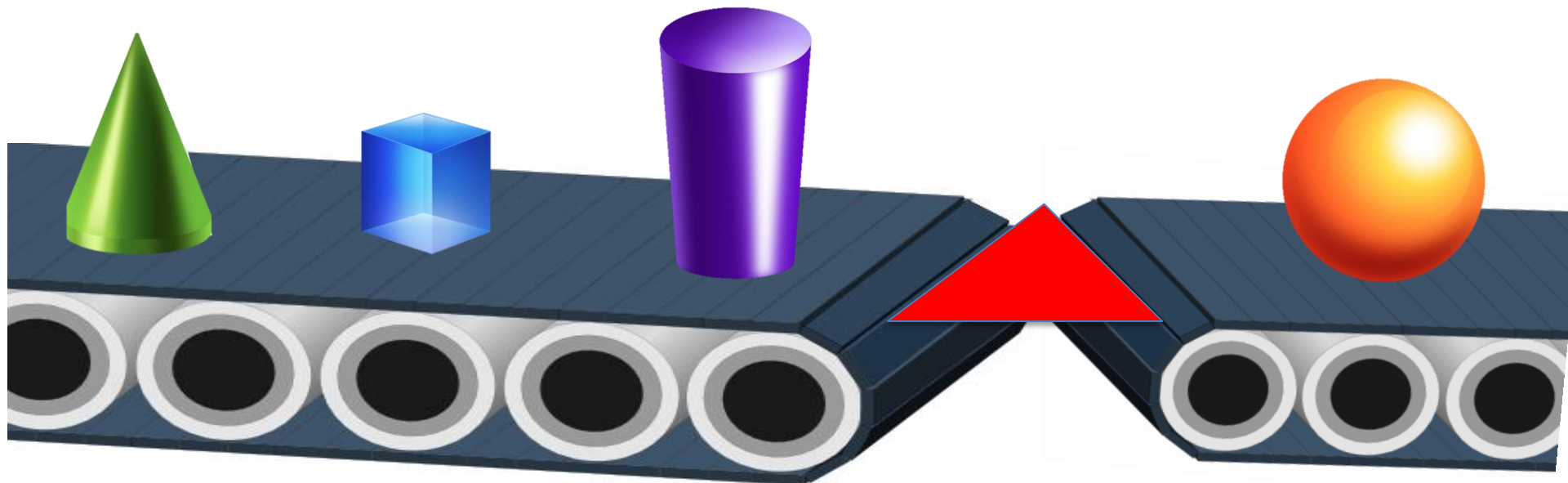
Meeta Mallik

March 2015



The Process

- Identify and discuss with patients from 12 years
- Transition checklist
- Focused transition planning from 14 years
- Joint clinics with adult nephrologists from 16 years
- Transfer from 16-18 years

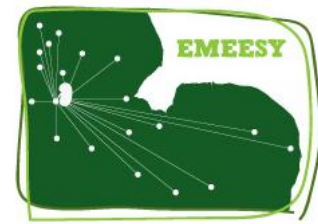


Supporting Transition

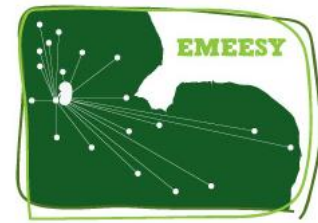
- Youth worker support
- Young adult mentors
- Residential
- Transition checklist
- Workshop
- Home visits
- Coffee shop drop-in sessions



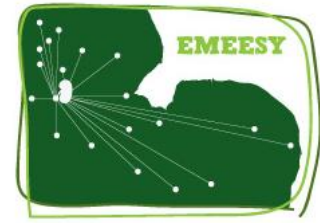
Clinics across the network



Linking in with adult units.....

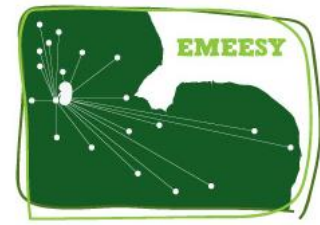


What's working well ?

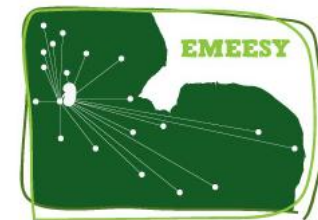


- Transition planned well for CKD 4-5 and transplant patients
- Residential, youth work support
- Building good relationships with adult units across the network

Areas for development



- Switch to Ready Steady Go – nearly there!
- Improved access to transition planning for patients seen in shared care clinics
- Transition to primary care
- Meeting the needs of parents
- Patient feedback, evaluate outcome data



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