This guideline identifies tasks that could help when transitioning to adult healthcare. Each age level lists new tasks to do in addition to the items in the previous age. Some youth may be ready to do these tasks earlier, while others may start at a later age. Not all tasks are applicable to everyone. Some activities may need parent involvement. However, the goal is to promote youth independence as much as possible.

	At around ages 12-14	At around ages 14-16	At around ages 16-17	At around age 17+
APPLY FOR:	 <u>Social Insurance Number (SIN)</u> Bank Account 	Government issued <u>Driver's License</u> or <u>photo ID</u>		 Adult medical and dental insurance* Adult Funding* (i.e. Assured Income for the Severely Handicapped – AISH) Post-secondary education and support Scholarships and bursaries Adult Home Care* – Attend orientation if doing SMC Where your care is being transferred Healthcare options between your last pediatric and first adult appointments
LEARN ABOUT:	 Your medical condition, allergies, medications, treatments, and prognosis Talking to your healthcare team How your role changes with the transition to adult healthcare Support groups, volunteer opportunities, and connections with other youth transitioning to adult healthcare Healthy lifestyle choices Public transportation and/or ACCESS Calgary 	 How your medical condition can affect your future independence - For example, ability to drive living on your own education work How medications can react with other medications, street drugs and alcohol Confidentiality, informed consent, and your patient rights Community resources that support transition to adulthood 	 The <u>differences</u> between pediatric and adult care Changes to <u>health insurance</u> when you become an adult Budgeting and <u>managing your money</u> Living away from home Options for post-secondary <u>education</u> and available supports Medical <u>equipment or supplies</u> Making your own <u>healthcare decisions</u> Adult <u>Home Care (i.e. Vendor Services or Self-Managed Care [SMC])</u> 	
PREPARE BY:	 Completing the <u>Transition Readiness</u> <u>Checklist for Youth</u> or Parent each year Creating a <u>MyHealth Passport</u> or <u>Health Journal</u> & updating it each year Finding a <u>family doctor</u> Helping with meals, grocery shopping and household chores <u>Answering/asking questions</u> at your clinic visits 	 Setting up a routine to take your <u>medications</u> Attending a transition workshop Having an appointment with your family doctor at least once a year <u>Keeping track</u> of important health information Spending some clinic time <u>talking to your doctor</u> on your own Participating in medical decisions 	 Updating your medical <u>equipment</u> Ensuring your last pediatric clinic visits are scheduled Confirming that your family doctor is receiving all relevant medical reports Consulting the <u>doctor on your own</u> Filling or refilling your <u>prescriptions</u> 	 Booking clinic appointments Preparing for your clinic visits Discussing advanced care planning with your health care team Obtaining a Medical Transfer Summary

For more details review the Well on Your Way website at <u>www.ahs.ca/y2a</u> * Denotes time sensitive task This guideline identifies key tasks that healthcare providers can do to help youth and their family prepare for adult healthcare. Each age level lists new tasks that would be done <u>in addition to</u> the items in the previous age. Note: Not all tasks are applicable to everyone. Unless denoted as a time sensitive task*, use age as a guideline only.

	At around ages 12-14 yrs	At around ages 14-16 yrs	At around ages 16-17 yrs	At around age 17+ yrs
To Discuss:	 Inform youth and family about transitioning to adult care at 18 - <i>Transition Roadmap</i> Transition tools and resources Lifestyle choices that could impact health and/or medical condition at each visit (i.e. diet, exercise, mental health, smoking, sexuality, etc.) Finding a family doctor (at each visit until youth has one) 	 How medical condition can affect future independence (i.e. ability to drive, education, career) How medications can react with other medications, street drugs and alcohol <u>Confidentiality</u>, informed consent, and patient rights at each visit Community resources that support transition to adulthood <u>Keeping track</u> of health information 	 The differences between pediatric and adult care for your clinic Adult <u>Home Care</u> – <u>Self-Managed Care</u> (SMC) versus Vendor Services <u>Adult Funding</u>* i.e. Assured Income for the Severely Handicapped (AISH) Updating any <u>medical equipment</u> Post secondary <u>education</u>/ <u>career</u>/ programs and documents required for accessibility services 	 Where care is being transferred, the process and contact info Healthcare options between youth's last pediatric and first adult appointments Advance Care Planning Medical and dental insurance* coverage after youth turns 18 Supported Decision-Making option available through Adult Guardianship & Trusteeship Act
To Do:	 Identify transition patients (12 -18 yrs) At each visit assess transition support required and refer as needed (i.e. translator, allied health, adolescent medicine, community resource, etc.) Develop a transition plan in collaboration with youth and family Document the transition plan and track progress – <u>Transition Tracker</u> Provide transition information package 	 Review transition plan and track progress at each visit – <u>Transition Tracker</u> Send medical reports to pediatrician and/or family doctor from each visit 	 Work with family to identify adult provider (if they have a preference) and collaborate with adult service to ensure smooth transfer of care Ensure final pediatric clinic visits are booked Send referral and <i>Medical Transfer Summary</i> to adult healthcare providers 	 Complete the Medical Transfer Summary and provide a copy to: Youth and Parent Pediatrician Family doctor Adult specialists Confirm first adult appointment is attended Follow up with youth to ask about first adult appointment Discharge from clinic
Support by:	Informing or reminding youth and family annually about the: <u>Transition Readiness Checklist(s)</u> <u>MyHealth Passport</u> or <u>Health Journal</u>	 Referring youth/family to a transition workshop Offering youth the choice to meet with healthcare providers on his/her own at each visit 	Giving youth opportunities to participate in medical decision-making at each visit	Following up with youth/family to facilitate attachment if appointment wasn't attended