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The effects of Transition Care Models in adolescents with Congenital Heart Disease: preliminary results from a quasi-experimental study

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Introduction

The number of adolescents with Congenital Heart Disease (CHD) continues to grow, even considering the improving of surgical and medical techniques. CHD represents a new challenge for the health care systems due to their specific peculiarities, such as the need of a specific care planning and a lifetime clinical follow-up. The literature shows how transition care models from adolescence to adulthood are strategic to ensure the continuity of the care and to improve adolescents' knowledge and self-managing skills, even considering the psychological issues related to their condition. Currently, the literature describe "Transition Clinic models (TCm)" as a standard set of educational and support interventions, with a multi-disciplinary approach to patients and their families. However, there is a gap in knowledge regarding the clinical relevance of TCm. TCm could improve patient outcomes such as knowledge, adherence and lifestyles. However, there is a gap of empirical evidences in the literature and – in order to fill it – a team of researchers and clinicians started to adopt the TCm at IRCCS Policlinico San Donato (Milan, Italy). This article presents the preliminary results of a study aimed at describing the effects of the TCm on CHD adolescents' outcomes.

Methods

A quasi-experimental study designs was conduct after approval from the San Raffaele Hospital (Milan, Italy) Ethics Committee (number: 36/INT/2015). The data were collected from September 2015 to 2017, using four questionnaires on the subject of knowledge, health condition and quality of life and submitted before the implementation of the TCm (T0) and one year after the enrolment (T1)

Results

Was enrolled 250 CHD patients with 12-18 years old, but this study is related to 100 patients enrolled (59% boys with 16.71 ± 5.2 years). The overall results showed a good impact of TCm on CHD adolescents' outcomes, describing in T1 a reduction of pain and anxiety and improvement of life satisfaction, health and quality of life.

Conclusion

The TCm seems to provide high-quality care to the patient, by a multidisciplinary team. The TCm needs to be standardized and then shared with all the other Italian centers that are mainly focused on CHD patients.