

ADOLESCENT APPROPRIATE CARE IN AN ADULT HOSPITAL: THE USE OF A YOUTH CARE PLAN

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Key words: Adolescent, care plan, adult hospital, communication

ABSTRACT

Objective:

This paper explores the development of a specific youth care plan which provides a framework for adolescent appropriate care in an adult acute care facility.

Setting:

The Sydney South Western Area Health Service (SSWAHS) Youth Consultancy, Royal Prince Alfred Hospital (RPAH), Camperdown, Sydney, Australia.

Subjects:

Young people aged 12- 24 years who were admitted to the acute hospital setting at RPAH. Approximately 2500 young people are admitted as in-patients to RPAH each year.

Primary Argument:

Adolescents are a unique population with different developmental and health care needs. Adult acute care facilities are often ill-equipped to deal with the complex developmental needs of young people and need guidance and education to provide appropriate care for this population. Nurses play a pivotal role in caring for hospitalised young people. A developmentally relevant youth care plan may be an appropriate and effective tool to facilitate best-practice nursing.

Conclusions:

The Youth Care Plan was developed to provide a framework for developmentally appropriate assessment and care for young patients admitted to RPAH. This care plan also provides a mechanism for referrals to the Youth Consultancy team, which provides continuous education, consultation and

liaison for staff related to both the Youth Care Plan and general adolescent health. The Youth Care Plan is regularly audited and has been trialled as a registered Continuous Quality Improvement project of RPAH.

BACKGROUND

Young people have significantly different health care needs to those of children and adults. Their needs are diverse and are affected by the physical, emotional, psychological and socio-cultural stages of adolescence. 'Young people', 'adolescence' and 'youth' are often used interchangeably, dependent on the culture and the context (Sawyer and Bowes 1999). The World Health Organisation defines adolescence as the second decade of life, from 10-20 years, and defines a category of 'youth' as 10-25 years (World Health Organisation 1993).

There are numerous definitions of adolescence and this life stage can generally be defined as the developmental period between childhood and adulthood which encompasses a time of rapid biological change and cognitive and psychosocial maturation (Sawyer and Bowes 1999). Based on the Australian Government's definition of young people this care plan is for 12-24 year olds (Australian Institute of Health and Welfare 2006).

Young people in the 12-24 years age group make up 18% of the total Australian population and whilst they are often considered to be a healthy population, they account for over half a million hospital admissions annually and nearly 10% of all hospital admissions (Australian Institute of Health and Welfare 2004). In the adult tertiary care setting of RPAH approximately 2500 young people are admitted each year (around 6% of total admissions).

Adolescence is a period in life where health behaviours are formed and many health problems begin (New South Wales Health 1999). There is no other stage

in life where there is such a rapid change in physical, psychosocial and social behaviours. Such changes can produce specific disease patterns, unusual symptom presentation, and above all, unique communication and health care management challenges (Michaud et al 2004). The importance of addressing adolescents' developmentally specific issues in the context of adult health care cannot be underestimated (New South Wales Health 1999; Association for Welfare of Child Health 2005; UK NHS 2000).

These specific issues include relationships with family and friends, education, independence and autonomy, leisure and social needs, growth and development, sexual health, and drug health (Rosen 2003). In addition there may be issues relevant to the illness process and its treatment, which include consent, communication and therapy adherence (Britto et al 2004; Beresford and Sloper 2003; Olsson et al 2000). It is likely in an adult hospital setting that staff may not have the training or the resources to address these adolescent needs. Furthermore, these needs may impact on an adolescent's health and wellbeing during hospitalisation (Association for Welfare of Child Health 2005). The pressure for adult hospitals to provide care in a developmentally appropriate manner is likely to increase as the number of young people with chronic illness who survive into adulthood increases (Patton et al 2002; McDonagh 2000).

The transition from paediatric to adult care in chronic illness usually occurs in an ambulatory setting. However for some young people with chronic illness, there will also be an in-patient transition, with a move from the family-focussed and highly supportive paediatric setting to an adult hospital, where the dynamic shifts to the individual therapeutic approach and a focus on longer term health outcomes (Bennett et al 2005; Viner 1999; Rosen 1995).

The Youth Consultancy at RPAH

The Youth Consultancy at RPAH is a unique adolescent health service model in Australia. The service has no adolescent ward, and has responsibilities at an area health service level. Since the 1950s it has been acknowledged, both in Australia and internationally, that there is a lack of facilities and support for hospitalised adolescent patients (Watson 2004; Rosen 2003; Stuart-Clark 1953). There is also little evidence of adolescent appropriate care in acute adult facilities (Lam et al 2005). In response to this dearth of evidence, the Youth Consultancy has collated evidence from clinical experience, a pilot study on young people with a chronic illness, surveys of hospitalised young people and surveys of nursing staff, all of which suggest a need for appropriate assessment and planned care for young people who access the adult acute care setting.

The Youth Consultancy's clinical evidence tell us that other than specific medical referrals for adolescent growth and development concerns, 87% of referrals to the

service come from nursing staff. Reasons for referral include issues such as: first adult hospital admission from paediatric care, lack of family and peer support due to rural, interstate or international status, long admission, new diagnosis, boredom, unacceptable ward behaviour and general adolescent support.

In a survey of nursing staff at RPAH in 2005, 70% acknowledged that the health care needs of young people differ from those of the general population. In an unpublished pilot study on young people with chronic illness the experience of transition from a paediatric to an adult hospital was investigated. Five subjects, mean age 19 years, were interviewed using a recorded interview technique during their first admission to RPAH. All the subjects had experienced a paediatric hospital admission within the previous twelve months.

The thematic results identified issues which included: the shock of being co-located with older patients, lack of prior orientation to adult services which are culturally different to paediatric services, the impact of family centred versus patient centred in the adult facility, as well as the impact of repetition of medical history required by the new care team(s) and setting (Steinbeck and Brodie 2006). While these issues might apply to adults, the rapid developmental changes and strong interdependence on their peer group make hospitalisation a particularly emotive experience for the adolescent.

Finally a medical student survey of young people admitted to the hospital was conducted as part of a placement in adolescent medicine. Twenty three subjects were interviewed (F=12) with a mean age of 19.6yrs (range 12-23 years). Eleven had cystic fibrosis, eight had other chronic illnesses and four were acute admissions. Eighteen had experienced previous admissions to a paediatric facility. The aspects of life identified as being affected by hospitalisation were social life and interaction with friends and peers (19), school, university and work (18), family (6), freedom (2), separation from child (1), and a reminder of mortality (1). Only subjects with cystic fibrosis identified hospitalisation as a positive experience, due to enforced rest, feelings of getting better and being taken care of.

These combined findings suggest that hospitalisation has a major effect on young people. This effect may not be directly related to their immediate medical or surgical needs but may well impact on care, and implies that nurses need to better understand a young person's world (Rosenbaum and Carty 1996). For example, normal adolescent behaviour may at times be misinterpreted as inappropriate or unacceptable. The perception by young people that nursing staff are busy and disinterested, their boredom and isolation from peers, and the importance to the young person of holding onto the normal aspects of their life while in hospital can all impact on the experience of hospitalisation (Hutton 2004).

A key role of the Youth Consultancy is the provision of staff education and training as a means of improving the

developmental appropriateness of nursing care at RPAH and the wider area health service. With limited resources it is not possible to individually assess and meet the needs of all hospitalised young people. The Youth Care Plan is therefore one tool to document physical, developmental and psychosocial assessment and care planning during admission to hospital. The care plan has the capacity to enhance communication between young people and nursing staff by providing a lead in to discussion of adolescent health and development issues, as well as informing referral to the Youth Consultancy.

DEVELOPMENT OF THE YOUTH CARE PLAN

Searching the literature

An extensive literature review using CINAHL, Embase, and Medline, over the past 20 years, was conducted by the authors and revealed no published specific nursing care plans for young people in either adult or paediatric settings. The available literature did suggest that effective communication with health professionals is a major concern for young people (McPherson 2005; Beresford and Sloper 2003; Kyngäs and Rissanen 2001; Litt and Cuskey 1984), and the outlined care plan clearly addresses this concern. Colleagues within adolescent health were also consulted and internet searches were performed throughout the literature review phase.

Nursing care plans are an essential tool in the delivery of nursing care, as they are designed to provide a framework for planning, provision and evaluation of nursing care (Björvell et al 2000; Mason 1999). Nurses have long been acknowledged as key collectors, generators and users of patient information. The delivery of good nursing care has always been associated with the quality of information available to the nurse as detailed in a recent Cochrane review (Currell and Urquhart 2006). In Australia, nursing care plans are the primary means of documenting, communicating and structuring patient care (O'Connell et al 2000).

The most appropriate time to obtain initial and descriptive information from a patient is at the time of admission. These admissions provide an opportunity for health risk screening and the care plan is seen as a fundamental tool in providing direction and action for patient care based on a holistic assessment of the patient (Yeo et al 2005; Mason 1999). Systematic adolescent health and development screening at the time of admission has been shown to improve adolescents' psychosocial health and treatment adherence (Rosina et al 2003).

The Youth Care Plan

The Youth Care Plan was developed to provide a developmentally appropriate tool for the assessment of young persons admitted to RPAH. When the process

began in 2002 only a general care plan and a paediatric care plan (for a small paediatric short stay ward) were used throughout the hospital. Nursing staff surveyed at RPAH acknowledged that the use of the paediatric and general care plans often neglected relevant information from the young person.

The Youth Care Plan was developed in two stages. The first version of the Youth Care Plan was initially trialled, evaluated and implemented in the wards in 2002 in conjunction with in-service education in its use. In order to comply with the New South Wales Department of Health's Effective Discharge Planning Framework Policy (New South Wales Health 2003) a second version was developed in 2004. The development process included regular review of the document by, and discussion with, the Youth Consultancy team, the Director of Nursing and Midwifery Services, the Operational Nurse Manager, the Clinical Manager for Women's and Children's Health, Nurse Unit Managers in the wards where young people were most often admitted, the Clinical Nurse Consultant group, adolescent nursing colleagues from other institutions, the Quality Improvement Unit, Medical Record Department and the Area Health Service Forms Committee. The design and visual layout of the Youth Care Plan complements the general patient care plan, providing a consistent format for nursing staff.

Structure

The structure of the Youth Care Plan was based on the HEADSS assessment, a well accepted instrument for adolescent psychosocial assessment. The acronym HEADSS stands for Home environment, Education/employment, peer-related Activities, Drugs, Sexuality, Suicide/depression (Goldenring and Cohen 1988), and has recently been expanded to HEEADSSS, incorporating Eating and Safety from injury and violence into the existing framework (Goldenring and Rosen 2004). The development of the Youth Care Plan aimed to combine a modified HEEADSSS assessment with the traditional care plan structure in order to improve the collection of information, to enhance communication with patients and within the multidisciplinary treating team, and to minimise admission stress for the young person and the admitting nurse.

The type and range of questions employed by the HEEADSSS assessment can be adapted considerably in order to address the diverse experiences of young people of different ages (Carr-Gregg et al 2003). However the space and time limits of the care plan demanded that questions were selected which would address issues identified by the research data as well as those directly relevant to health. Eight key areas were incorporated: health and development, home environment, education, employment, leisure and activities, sleep and rest, substance use, relationships and sexual health. A short list of questions under each key heading provides nurses with a brief psychosocial profile of the young person. Effective, non-confronting communication is paramount

when meeting a young person for the first time, and the type and flow of questions in the Youth Care Plan allows the nurse to develop the rapport required to make a developmentally appropriate assessment.

Experience with the Youth Care Plan

The Youth Care Plan incorporates a mechanism for referral to the Youth Consultancy at the time of admission. To guide and facilitate referral to the Youth Consultancy, the Youth Care Plan contains both contact details for Youth Consultancy clinicians and a tick-box system listing some criteria for referral to the Youth Consultancy. Referral criteria include chronic illness, extended length of stay, therapy non-adherence, and issues with peer support, energy conservation and stress management.

As evidenced by Sawyer et al (2003) and highlighted by the results of our pilot study, young people often feel frustration when they have to repeatedly explain their needs and medical history. Such feelings can be exacerbated in hospital by nursing shift changes and the multiple medical and allied health teams consulting with the young person. A comprehensive admission assessment, which is available to the multidisciplinary team, can eliminate unnecessarily repetitive assessment of the patient, enhancing workforce efficiency and quality of care, as well as communication and team involvement (Hensley 2002), and ultimately reducing stress on the patient. The Youth Care Plan allows referral to services other than the Youth Consultancy, such as Social Work, Discharge Liaison, Physiotherapy, and Dietetics, and in so doing facilitates both a collaborative approach to care and an effective discharge for the young person. A coordinated approach by health professionals with an interest in adolescent health is essential, especially when there is no separate ward for adolescents (Macfarlane and Blum 2001) as is the case at RPAH.

The Youth Consultancy provides a number of education resources to staff, including ward in-service education, online seminars, workshops, and policy and procedural guidance for incorporating adolescent health and development priorities into the adult health care system. Education and training in using the Youth Care Plan aims not just to encourage compliance with adoption of the form, but also to promote an understanding of the unique needs of adolescents in an adult hospital. The Youth Care Plan does not replace the Youth Consultancy's daily clinical work in response to the census list of all hospitalised young people, but rather maximises outreach and enhances resource efficiency.

The Youth Care Plan is also an integral part of the patient's medical history and complies with legal requirements of documentation. Since the 2004 introduction of the Youth Care Plan referral rate to the Youth Consultancy has increased by 60%. The goal is to achieve 95% utilisation of the Youth Care Plan by 2007.

DISCUSSION

In most tertiary adult hospitals, adolescents are mainstreamed into adult wards according to clinical diagnosis and treatment needs. Adolescence is a discrete developmental stage, with specific health care needs which must be addressed effectively by health care providers. The Youth Care Plan is an innovative tool enabling health care providers to improve the hospitalisation experience of young people by promoting communication between young people and the multidisciplinary team. It also aims to improve the adolescent nursing skills of staff through education and capacity building.

Ultimately, the Youth Care Plan aims to enhance the collection of clinical information to optimise care, identify areas of developmental concern and achieve a partnership between the young person and the admitting team. The observation that the referral rate to the Youth Consultancy has increased since the introduction of the Youth Care Plan suggests that nursing staff are recognising specific developmental issues at the time of admission for which they seek expert help.

The use and efficacy of the Youth Care Plan will be evaluated as a quality improvement project. The argument presented in this paper suggests further research into the use of the Youth Care Plan and young patient outcomes will be beneficial. As both the Youth Care Plan and research in this field are novel, such research will have important implications for nursing practice with regard to treatment models of care for the adolescent in any adult hospital. Such research is expected not only to support the use of the Youth Care Plan but also provide a national evidence based framework for all hospitals who admit adolescents.

In Summary

The authors of this paper have sought research funding to audit and evaluate the Youth Care Plan. This research will assess the congruency of the information obtained using the Youth Care Plan and by a formal HEADSS assessment. In addition consumer feedback, both with nursing staff and the young patients is essential, and pre and post questionnaires are in place.

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