Definitional Criteria for the Transition from Paediatric to Adult Services for Ventilator Assisted Individuals: A Delphi Study

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**Purpose:** To develop consensus-based criteria that should define transition from paediatric to adult services for ventilator-assisted individuals (VAIs).

**Methods:** Four round (R) Delphi study using purposeful sampling of experts across professional groups, Canadian provinces, adult/paediatric specialists; in acute care, long-term ventilation (LTV), and home ventilation. R1 comprised an email questionnaire seeking all criteria perceived that should and should not define this transition. R2 listed a summary of responses following content analysis and requested agreement rating on a 5-point scale. Subsequent rounds confirmed responses. Consensus was set at ≥70% participant agreement.

**Results:** 34/73 invited experts provided responses in all rounds; 11 from acute care, 13 institutional LTV, 10 home ventilation. 5 participants specialized in pediatrics; 4 in home ventilation and 1 in critical care. R1 generated 70 statements of potential definitional criteria. In R2 statements were collapsed into 20 criteria of which 16 (80%) achieved ≥70% consensus by R4. 100% consensus was achieved in 2 factors namely: (1) transfer of care from paediatric to adult team/specialists; and (2) a plan commenced in adolescence that views transition as a continuum. Chronologic age achieved 97% consensus though there was no consensus on preferred age (most frequent response 17-19 years, 33.3%). Other criteria achieving ≥70% were: need for transition plan, appropriate environment/equipment for (a) developmental age and (b) physical size, availability of trained healthcare workers, acceptable quality of life, cognitive maturity, adequate resources in the adult sector, family readiness, patient readiness, and consideration of withdrawal of care in persistent vegetative state. Three statements achieved ≥70% consensus that should not define transition: bed availability, physiologic instability, and patient no longer in school. Consensus was not achieved for physical maturity, availability of financial resources, and increased role of patient in directing care.

**Conclusion:** Transition from paediatric to adult services should be characterised by long-term planning of transfer of care to an adequately resourced appropriate environment in the adult sector that promotes quality of life.

**Clinical Implications:** Integration of paediatric and adult services for VAIs is essential to commence planning during adolescence and optimize transition.