Method: Fifty-two children and adolescents (26 females) aged 9.0-18.0 years (median: 14.0 years) completed validated measures of QoL, locus of control and self-concept 12-192 months after heart transplantation for cardiomyopathy (n=38) or congenital heart disease (n=14).

Results: QoL scores for the total transplant group were lower than those of healthy norms ($t=3.45$, $p=.001$) but those transplanted for cardiomyopathy did not differ from the healthy population and had better perceived QoL than those with a pre-transplant diagnosis of congenital heart disease ($p=.003$). There were no differences in self-concept or locus of control between these two groups but transplanted children had a more positive self-concept than healthy children ($t=2.079$; $p=.043$). Higher QoL scores were correlated with positive self-concept ($r=.583$; $p<.001$), an internal locus of control ($r=.560$; $p=.003$) and older age ($r=.506$; $p<.001$) but there was no relationship between time since transplant and QoL.

Conclusion: Many children and adolescents have an excellent QoL after transplant, particularly those transplanted for cardiomyopathy. The relationship between QoL, self-concept and locus of control requires further investigation longitudinally to determine causality and to inform interventions to maximise QoL for all patients.

527

ON YOUR OWN FEET AHEAD: INNOVATIONS IN DUTCH TRANSITIONAL CARE FOR ADOLESCENTS WITH CHRONIC CONDITIONS

A. van Staa^{1,2}, J. Havers³, H. Sonneveld², On Your Own Feet

¹Expertise Centre Transitions of Care, Rotterdam University, ²Institute Health Policy & Management, Erasmus University Rotterdam, Rotterdam,

³Dutch Institute for Healthcare Improvement CBO, Utrecht, The Netherlands

Background: In the Netherlands, adolescents with chronic conditions are often ill prepared for their transition to adult care. Research revealed that services are not geared toward adolescents' needs and preferences. To bridge these gaps, a four-year innovation programme, On Your Own Feet Ahead, was started in 2008.

Aims:

1) To develop and execute a national programme aimed at providing more integrative health care services and appropriate transitional care to adolescents (12 -25 years) with somatic chronic conditions in the Netherlands.

2) To monitor the changes by an independent evaluation study.

Methods: Using the Breakthrough method, multidisciplinary pilot teams from hospitals and rehabilitation centres in the Netherlands implement a number of interventions and policy changes to improve transitional care. Effects are evaluated on team, parent and patient level.

Results: The programme focuses on the establishment of independent health behaviours, increase self-management skills and improvement of the organisation of transitional care. Interventions include developing a joint policy and protocol for care transfers, appointing a transition coordinator and setting up joint clinics between paediatric and adult care. To enhance self-management and self-reliance, most teams have started implementing the newly developed Individual Transition Plan (ITP).

Conclusions: The evaluation study demonstrated that after a year most teams reported that the programme has helped them to improve on the major goals they had set to achieve. They are making progress in making care more patient-centred. A Toolkit of suitable interventions was developed and the programme will be disseminated nation-wide in the coming years.

528

TRANSITION FROM CHILD TO ADULT CARE FOR YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS: A PROCESS OF TRANSITION

S. Buckley

Nursing & Midwifery, Trinity College Dublin, Dublin, Ireland

The transition of young people from child to adult healthcare services has become increasingly important. Evidence suggests that the process is often poorly managed and many young people with mental health problems experience abrupt ad hoc transitions from child to adult healthcare services. A well planned transition is viewed as leading to improved clinical, educational and social outcomes