

Standardizing Skill Development Discussions with Adolescents with Diabetes to Improve Transition from Pediatric to Adult Care



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BACKGROUND

- Adolescents with chronic illnesses experience a critical shift in responsibility as they transition from pediatric to adult care
- When unprepared, the decreased supervision can lead to non-adherence to regimens and a decline in disease control
- Given the increase in incidence of diabetes diagnoses in the younger population, the need for comprehensive framework that oversees a seamless transition of care with skill-based education becomes more significant

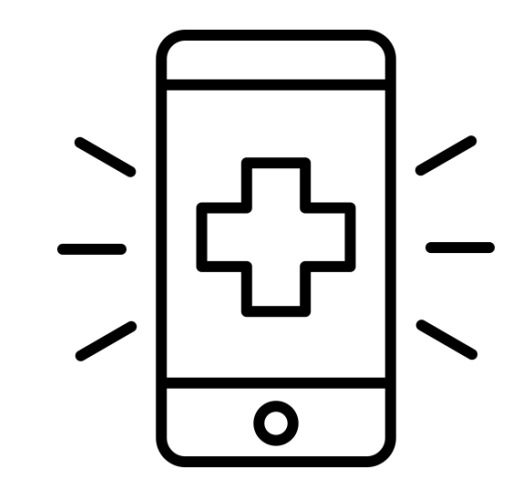
PROJECT AIMS

1. Standardize a process to discuss and document conversations about 5 skills important for successful transition from pediatric to adult centered care from 0% to 20% in 6 months for patients with diabetes at their first endocrinology appointment following their 14th birthday
2. Document improvement or attainment of at least one new skill per adolescent within a 12-month period

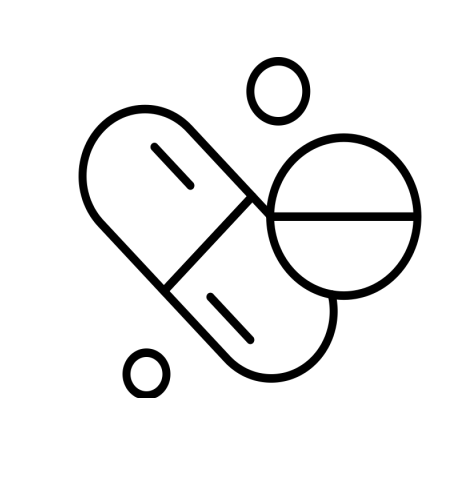
PDSA CYCLES

- PDSA cycles were used to implement a standardized process to introduce and document discussions about skills needed for transition and reassessment of skills attained
1. The Diabetes team was surveyed to identify skills important for transition
 2. Skills questionnaire was developed with 5 broad categories with associated skills
 3. Dot phrases created for documentation of clinic visit discussions
 4. Introduction of the questionnaire to clinic workflow

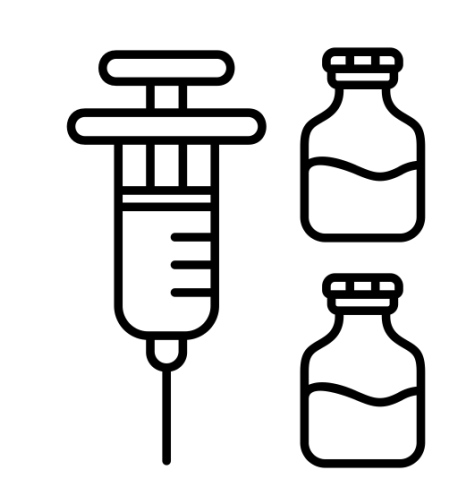
TRANSITION SKILLS



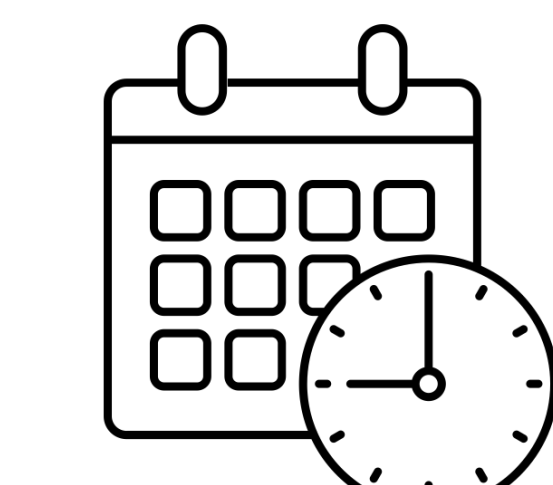
Handle Diabetic Emergencies



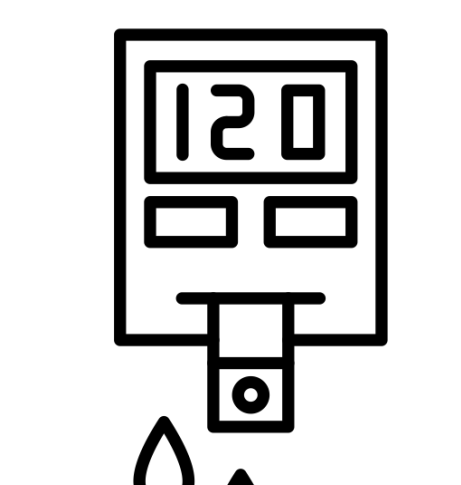
List medications and dosages



Know how to obtain refills and diabetic supplies



Schedule and attend f/u appointments



Troubleshoot doses/pump settings

RESULTS – Aim 2

- 81 unique 14-year-old patient with diabetes were seen in 2023
- 22 patients chose skills to work on
- 16 patients chose to work on scheduling follow appointments which requires knowledge of providers name and phone number
- Only 5 of the 22 patients attained their chosen skill (6% of the entire cohort)

DISCUSSION

- While we quickly achieved our aim of documenting skills conversations, it was not sustained
- The questionnaires were too broad and lengthy to be effectively integrated into clinic flow.
- Patients were not able to consistently attain new skills despite the conversations.
- Going forward, our plan is to focus on a single skill: placing the provider's name and clinic phone number into the adolescent's cell phone using a QR code.

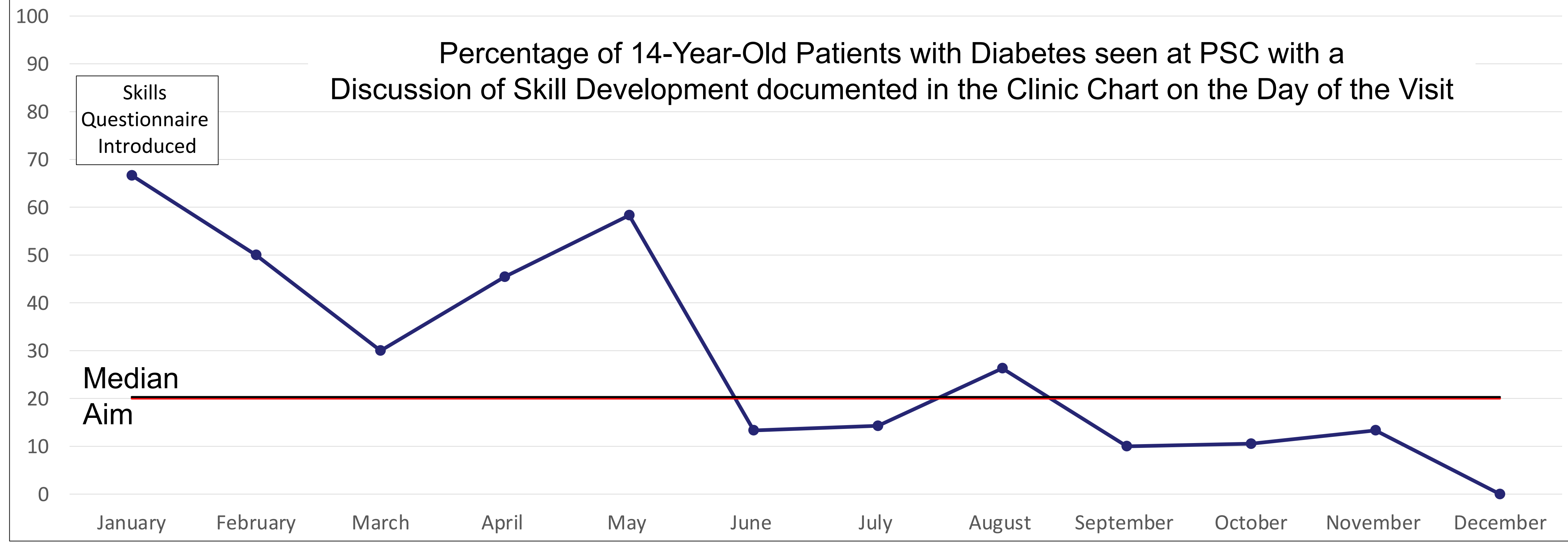
CONCLUSION

- Focusing on transition of care continues to remain a critical step in empowering our youth to steer their health journeys
- Successful attainment of specific skills may require multiple discussions over time focusing on one skill at a time

ACKNOWLEDGEMENTS

Thank you to all the staff in the ECU Pediatric Specialty Care Clinic that have assisted in this project.

RESULTS – Aim 1



- In the first 5 months, a median of 50% of 14-year-old patients seen in diabetes clinic had a skills discussion documented per month.
- The percentage of documented skills discussions abruptly declined after 5 months to a median of 13%.
- Overall, 20% of all 14-year-old patients seen in clinic in 2023 had a skills discussion documented.