

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

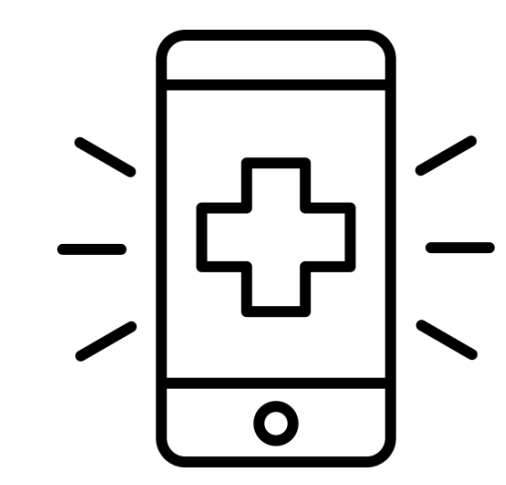
PROJECT AIMS

- 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
- Document improvement or attainment of at least one new skill per adolescent within a 12-month period

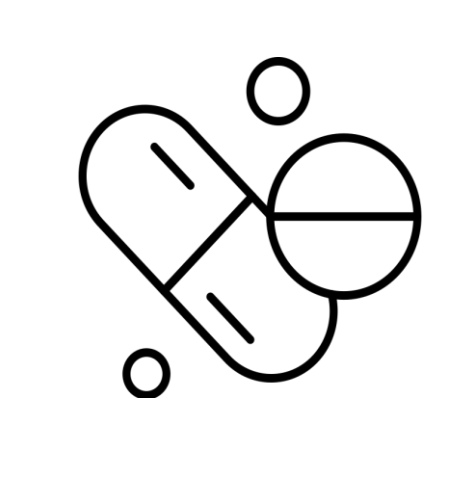
PDSA CYCLES

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

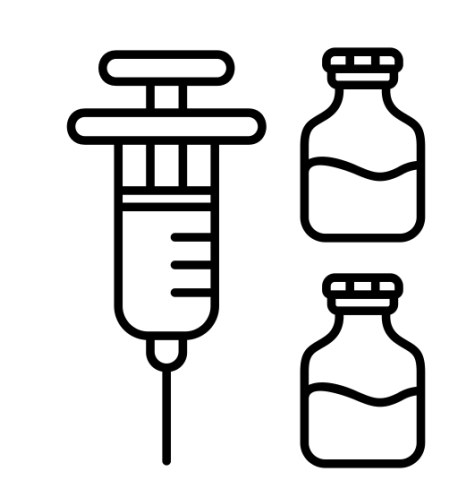
TRANSITION SKILLS



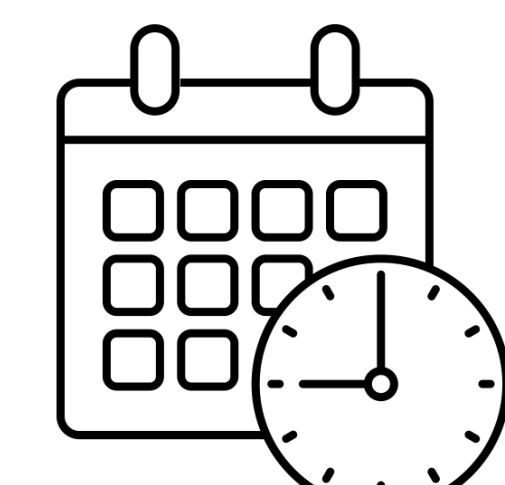
Handle Diabetic Emergencies



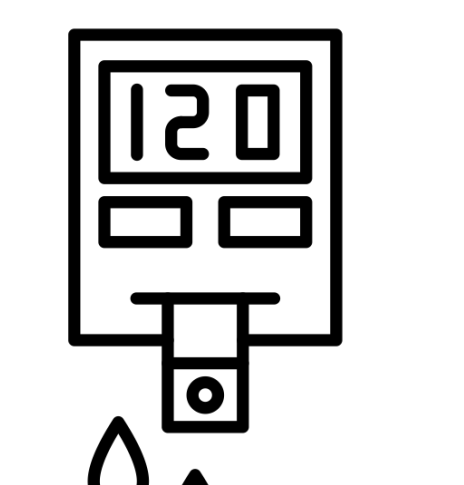
List medications and dosages



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.

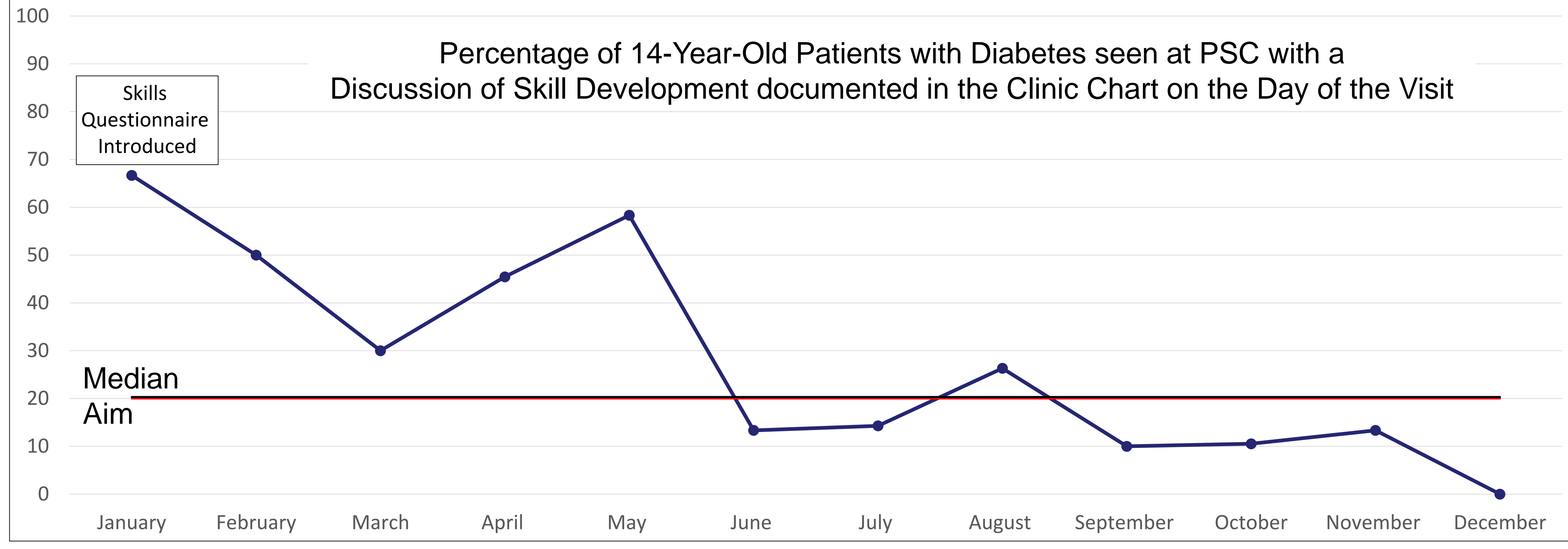
CONCLUSION

- 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.