

Improving Transition Readiness Documentation at a Pediatric Diabetes Center



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INTRODUCTION

To improve the frequency and accuracy of transition readiness assessments for adolescent and young adults (AYA) receiving care at our pediatric diabetes center (PDC), we explored different tools to assess and document AYA diabetes knowledge and staff assessment of the AYA’s transition readiness. In a previous Quality Improvement (QI) project we initiated the use of a self-report transition readiness questionnaire. Clinicians reported needing more information to assess readiness of an AYA and found the self-report to be inaccurate at times. In this QI project, we aimed to introduce a new transition readiness assessment, a Knowledge Questionnaire, and use this to increase transition readiness documentation, in AYA ages 16 and older, from 0% to 50%, over 12 months.

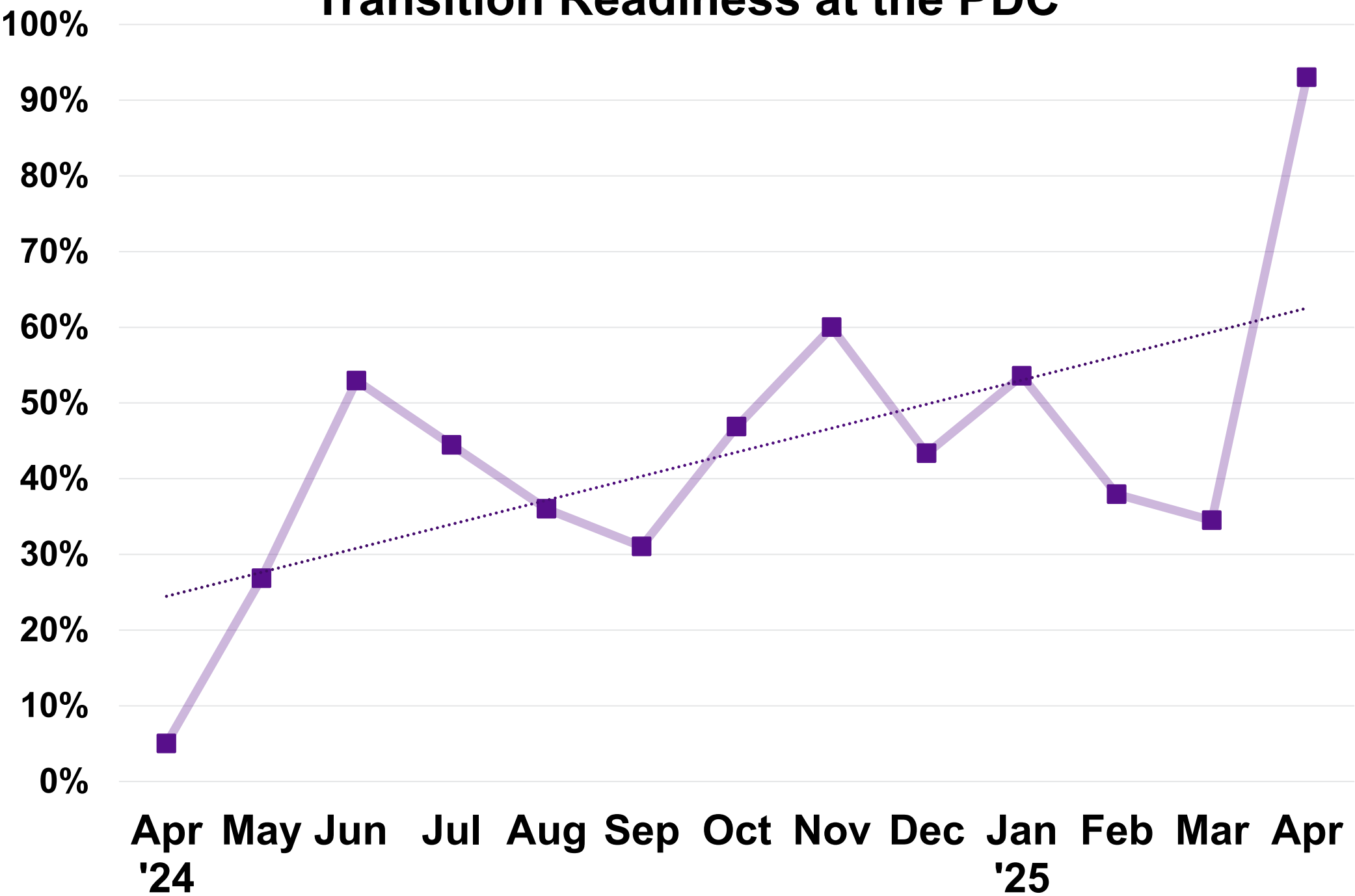
METHOD

- January 2024:**
Knowledge Questionnaire created for all youth living with type 1 diabetes (T1D) with additional transition-related questions for AYA
Multiple Plan-Do-Study-Act cycles:
1. Created Knowledge Questionnaire
2. Edited questionnaire
3. Moved to production in the medical record
- April 2024:**
1. Knowledge Questionnaire was assigned and administered annually via MyChart, a patient portal, prior to patient’s provider visit.
2. Provider Assessment of Patient Skill Set (developed by the Endocrine Society) flowsheet was created in the Medical Record. Created to document additional AYA readiness based on provider assessment and strengthen communication between pediatric and adult diabetes providers.

RESULTS

The Knowledge Questionnaire was successfully administered via MyChart to all youth living with T1D at the PDC with additional questions for AYA to assist providers with assessing transition readiness. Documentation of transition readiness in the AYA population increased at the PDC from 0% prior to April 2024, to an average of 46% in the 12 months following the initiation of a Knowledge Questionnaire (Figure 1). Clinicians reviewed the questionnaire with the AYA during the appointment to provide transition and diabetes self-management education. Use of the Provider Assessment of Patient Skill Set began in April 2024.

Percent of AYA with Documentation of Transition Readiness at the PDC



CONCLUSIONS

Using a Knowledge Questionnaire with questions related to transition, documentation of AYA transition readiness at the PDC increased. Clinicians reported being able to provide personalized diabetes and transition education to the AYA based on questionnaire responses. Providers also began assessing and documenting other aspects of transition readiness using the Provider Assessment of Patient Skill Set flowsheet in the Medical Record. Additional QI efforts should: investigate use of these tools together as well as the impact of the educational materials provided after taking the Knowledge Questionnaire. Communication between the pediatric and adult teams should also be reviewed and the teams should evaluate the success of the AYA once transferred to the adult provider.