Getting READDY-Collaborating with School Nurses for Diabetes Transition Success

Tim Markle: Welcome to Team-Based Care, a podcast for the interprofessional healthcare team, produced by the Office of Continuing Professional Development at the UW-Madison School of Medicine and Public Health. I'm your guest host, Tim Markle. I'm an Outreach Program Manager for the University Center for Excellence in Developmental Disabilities out of the Waisman Center. I'm the Transition and Training Coordinator for the Wisconsin Autism Transition Demonstration Grant.

In this episode, we'll discuss a great team-based initiative called Getting Ready at School, collaborating with school nurses for diabetes healthcare transition success. Included in this discussion is defining healthcare transition, describing the READDY assessment, discussing the partnerships between the school nurses and the UW Health Clinicians, and describing how this model could be replicated for other chronic health conditions or healthcare transition in general.

Our guests are Dr. Tracy Bekx, Gretchen Forbes, and Laurel Cornelius. At the time of this recording, the guests have no relevant financial relationships with any ineligible companies to disclose. Dr. Tracy Bekx is a professor in the Division of Endocrinology and Diabetes, Department of Pediatrics at the University of Wisconsin -Madison School of Medicine and Public Health. Gretchen Forbes is a nationally certified school nurse at a high school in the Madison Metropolitan School District. And Laurel Cornelius is a family nurse practitioner and nurse coach in the Madison Metropolitan School District.

This podcast is approved for continuing education credit. More information will be shared at the end of the episode.

First, I wanted to give some definitions to help frame our discussion today. What do we mean by healthcare transition? Well, according to Got Transition, a program of the National Alliance to Advance Adolescent Health and the National Resource Center on Healthcare Transition, healthcare transition is the process of moving from a child, family-centered model of care to an adult, patient -centered model of care. The process can be broken down into three parts. One is the preparation phase, when youth, young adults are learning about their health, learning about their health care, and beginning to prepare to take charge of their health care as an adult. The next phase is the transfer of care. This is the moment in time when one medical team transfers the care of a patient to another medical team. This could be from a pediatrician to a family doctor, maybe a pediatric specialist to an adult specialist. A patient could be used to going to the children's hospital emergency department and possibly being admitted into the children's hospital, but now needs to go

to the adult hospital emergency department and may be admitted to the adult hospital. The final phase of healthcare transition is the patient is as fully integrated into the adult patient-centered model of care. To the extent possible, they are making their own appointments, communicating with the medical team, managing their medications, taking steps to remain physically and mentally healthy, making plans for emergencies, and setting up their support team. So with the backdrop of that larger picture of healthcare transition, let's dig deeper into getting READDY with diabetes. So, Dr. Bekx, why did you decide as a clinician at UW-Madison to reach out to school nurses?

Tracy Bekx: Well, thanks, Tim, for asking that question. I have a deep passion for health care transition. And as a pediatric diabetes provider, I've really been focusing on that preparation role of health care transition for my patients for the last 20 years. And, Tim, you and I have had the honor to work together on numerous projects. And so several years ago, when you and I were presenting for DISH, which is the Diabetes in School Healthcare, that we were presenting on healthcare transition to school nurses across the state of Wisconsin. And really, it dawned on us that we could be working with school nurses in this healthcare preparation. And so that's really what initiated this project. \

Tim Markle: And I remember the response that we had from that is that school nurses started to get interested in how do I work with my clinicians?

Tracy Bekx: Exactly. Well, and that's how Gretchen and I connected because she was listening to that presentation and we certainly asked school nurses to reach out. And so that's where, you know, kind of if you want to call the seed of this project started is that, well, how can we work together? We all agreed that school nurses have a wonderful opportunity to work with our children and adolescents with diabetes. As a diabetes provider, we see our patients every three or four months, but school nurses can see their patients daily and really can play a key role in helping guide our patients with diabetes in this transition pathway.

Tim Markle: Well, it strikes me, I think back to the days when, you know, years ago, decades ago, when I was in middle school and high school, I'm not sure I even knew if we had a school nurse. I knew there was someplace I could go if I fell on the playground and my knee got swollen or I needed that Band-Aid. And I think the range of the scope of work that school nurses have today is very different from back when I was a kid.

Tracy Bekx: I completely agree and Gretchen and Laurel today here can verify that and really discuss how their role as school nurses is so important not just for putting on band - aids but for really helping children and adolescents learn about their health, learn about how to advocate for their health, and learn a health care transition and literacy. see.

Tim Markle: I totally agree. Now let's talk a little bit about the READDY assessment, which is an R-E-A-D-D-Y. What is the READDY assessment and why did you choose to use that?

Tracy Bekx: Well, it was really our group that got together and we started thinking about, well, how are we going to implement some health care plan in the school? And we looked at validated tools that were out there. And the READDY assessment was one that caught our eye. It stands for readiness for emerging adults and diabetes diagnosed in youth. And really it's a self-reported confidence scale that students with diabetes will note. So for example, they'll be given a question such as, I know what an A1C is. And then they can put yes, I can somewhat to haven't even thought about it. So it's a five Likert scale. And we felt that this was a good tool to engage students and really look at those areas of healthcare transition, including knowledge, navigation, such asfilling prescriptions, self-management, can they do their daily insulin dosing, health behaviors, such as driving and diabetes, and certainly navigating and utilizing their pump.

Tim Markle: So we have that background of the big picture of healthcare transition, the decision to reach out to school nurses because of their unique opportunities to have a foot in the education world, a foot in the medical world. They're the medical specialists inside the school buildings. And then you had this ready assessment, perfect to use with students with diabetes. So then you had to figure out where do you start and how do you start, which goes back to Gretchen coming in in the Madison Metropolitan School District.

Tracy Bekx: Right, exactly. So Gretchen and a group of us started meeting, and we decided on utilizing this tool. So the first year, we was just liked, can we do this? Will students fill it out? Can we get people to participate? So the READDY survey is a 44-question survey, and we all agreed collectively to pilot this. We were just going to truncate it to five questions that were very focused. And so that first year, it was working with the school nurses, figuring out how we're going to get this survey to the students and to the nurses to get to the students, and how we were going to get them engaged in this process and get feedback.

Tim Markle: So then we reached out to the school nurses, and that brings us to Gretchen and Laurel. Thank you so much for being here today. So Gretchen, how were you able to recruit students to take part in this survey?

Gretchen Forbes: I think that I was really fortunate the first year because I had a group of students that were older and were very invested in the project. When I explained the project to them, they were super excited about it. They really saw the potential and they saw their need. They were approaching graduation and so they saw the need for learning the skills that they would need to go into adulthood with diabetes. And so it was really actually easy to recruit them once I explained the project. And they actually became sort of a student

sounding board for us. You know, we started with the truncated five questions and they were like, why aren't you asking us the rest of this stuff? And, you know, they were some of the group that said, no, of course we could do 45 questions. That's easy. We can do that. And so it proved to be, you know, that they were quite invested in the project as well.

Laurel Cornelius: And that you guys started in high school, the first year, did you also start in middle schools or did that expand the second year?

Tracy Bekx: No. So the first year we did include middle school and high school. And, you know, we got more middle schoolers involved than high schoolers and so it did point out to us that that connection of the middle school school nurse is a tight one and that with the high school and school nurse might be a little bit more difficult to connect but then the second year of our project after getting feedback from school nurses and from students we made several changes and that included really deploying the full survey to the high school students. We still did a truncated one to middle school students because some questions asked about driving, which does not really apply to middle students. And then really from the school nurses, they were asking for some type of engagement. And so we asked those that participated to fill out the READDY tool and then pick one learning topic that they wanted to focus on with their school nurse for that year. and so we certainly made a lot of changes to make it more engaging and hopefully promote a better educational experience for everyone.

Gretchen Forbes: And that learning topic did really help because it allowed the student to direct what our conversations would be about during the times that we met and what was the the thing that they felt was most important for them to learn the piece of information that they had not yet acquired.

Tim Markle: Laurel, anything you'd like to add?

Laurel Cornelius: And through that, a lot of the nurses across our district really gained their own knowledge around diabetes because they really dug in to support students. But then there was a little bit of a gap in making sure that people had education resources that were well vetted. So that's where UW came in and started working on educational resources that students or that nurses could use with students in order to make sure that the information was accurate and they were hearing the same information from their school nurses as the providers when they were going to their health office visits.

Tim Markle: And that's one of the things that really gets into the heart of this partnership and in team-based care is that the physicians are listening to what the school nurses are saying is important and saying, okay, we can help you find those resources, but it helps you know what those, I mean, there's a lot of things that you could do. Focusing in on that topic,

focusing in on the information that school nurses need would be really helpful to the physicians to be able to really provide the resources that are necessary. Were there other areas that the partnership was valuable for the school nurses?

Gretchen Forbes: I think it was also really valuable in that we got to know the clinicians and we got to know the nurses and um we really began to team together and work together you know the the diabetes team has been fantastic about recognizing school nurses as part of the students treatment team rather than a glorified band-aid dispenser. Um and that I think has allowed us to provide much better care for the students and good feedback for the clinicians especially with the READDY tool because it is self-report you know the students could report that they were very proficient in certain skills but as we're seeing them day to day they may not have been as proficient maybe as they reported, And so to be able to work with the student and with the clinician like, well, they need a little bit of a tune-up in this area, I think was really helpful.

Tim Markle: Well, and I know that school nurses keep themselves pretty busy during the day, so was part of the ready assessment, part of this project, looking at was it feasible for school nurses to do this? What did you learn about that?

Gretchen Forbes: You know, we did learn that it is quite feasible, and in fact, in some ways, it was really helpful. By high school, you know, we practice in schools, we practice gradual release of responsibility. And so in elementary school, students with diabetes will see their school nurses four to five times a day. In middle school, maybe a little less. In high school, as we work towards graduation, students may only come in when they need something. But that meant that we didn't know our students as well, and we're not working as closely with them and so having a reason for them to come in and talk to us and establish that relationship really proved beneficial for us because it gave those students a reason to come in we got to know them better and it helped make that relationship tighter so that the students were more willing to come to us when they had questions or when things weren't going exactly right rather than saying oh no it's all fine.

Laurel Cornelius: And that was at the high school level but I think at the middle school level the students were really excited to have this opportunity to meet with their school nurses and to really engage and to learn and so I think from that we really learned that I mean leveraging the relationship at middle school that they are more dependent on their school nurses than they are in high school was a great time to really do the survey to dig in and it was less pulling of teeth than it was in the high school initially to get students in. They were really eager and we had a couple middle school nurses who shared that it did strengthen the relationship. They had new kids coming to them that they didn't really have an established relationship with and so it really allowed some trust and relationship

building between them and the students and also between families because now the school nurses meeting regularly with a student, not just when they need something or when there's an emergency, but on a regular basis to try to help with education and preparing them to become more independent as they get older.

Tim Markle: So I love that. It sounds like this project was a win for students, a win for the school nurses. We know the medical system tends to be a busy place too. What was the effect? Was it valuable to the medical side of it, Dr. Bekx?

Tracy Bekx: Right. Well, first, just having such wonderful people to collaborate with has been fantastic. And it has strengthened the relationship of the pediatric diabetes team with the Madison School District nurses. And that's just wonderful. Ultimately, that does impact patient care and our patients and families and children. So, you know, we really, instead of being a silo, have become a community. and really recognizing, again, that our school nurses are seeing patients daily and we as providers just see snips in time. So I think one thing we learned is what do middle school and high school students want to get to know? You know, what do they want to learn about? And we found from looking at the learning topics that were selected that many middle school students had questions about alcohol and diabetes. So from that, our team created a health facts for you that really focused on that topic. And we have disseminated that to our patients, into our community, into our school nurse team. So that part's been fantastic. Again, it's strengthened our bond. And I think we in clinic are trying to encourage our families to work with their school nurses and to trust their school nurses and again that ultimately is going to help the child and adolescent with diabetes. We did do a pro survey with the school nurses, you know what did they find about it and you know there was the comment that they felt more confident in diabetes which again ultimately is going to help that care for that child with diabetes. Likewise when we looked at the students and their learning topic and how their confidence shifted, it improved and it really, they identified the school nurse as the person or that tool that helped them gain confidence in their diabetes. So it's really just been wonderful.

Tim Markle: Well, I love all of this because it's been said that healthcare transition and transition in general to adulthood is a team support is no one does it alone. We all need support in all areas of our life and in transition the more people that are helping us to get the foundation of becoming an adult the better off people are. So I have to wonder though this was focused on diabetes which is a very important and serious health condition but what do you think about how this might be able to be spread and the model of team-based work initiated with other maybe chronic health conditions or even healthcare transition in general? What else could be looked at?

Laurel Cornelius: So we decided to reach out to the health curriculum director at Madison Metropolitan School District because we thought this healthcare transition is information that all of our young adults need, our high school students, even with middle school. So how can we make sure that they are getting this information regularly and in a routine way. And so we reached out to the person who does the curriculum for health. And so we've been working with that person to try to streamline the curriculum and make sure that there is information in there. And UW has been a valuable asset in making some health facts for you. And so we've tried to incorporate some of those into the education. So there have been some new health facts for you about how to make a medical appointment, how to use your insurance how to fill your prescription that I think as adults once you figured it out it's easy but making sure that our our students have what they need to a bullet point instruction to be able to follow to to do the things that they need to do to access their own health care so it's been a wonderful partnership and we're still working on that curriculum locally in MMSD, but I believe that there are some other.

Tim Markle: There are some other talks going on with members of the Department of Public Instruction Wisconsin and looking at what more could we do to help students be prepared to take charge of their own health care as they become adults and understand this idea of health care literacy. The idea, okay, how do I manage the health care system? How do I work through the system? How do I make appointments? And those health facts for you, I think it's really important to note, are not diabetes focused. They are there available for the public. You don't have to be part of UW Health or Quartz Insurance. They are there and available for all families to reach out and learn more about how to transition into the world of adult health care. Gretchen, have you had any thought about how else what you've learned could be used in other areas?

Gretchen Forbes: You know, I have some personal experience with healthcare transition. My youngest son is away at college out of state, and he's had to learn how to do all these things. And so I'm so excited that there are now tools that you can share with children, and there's really a focus on this healthcare transition. And it's also been super exciting. I had a student approach me. She wanted to start a health and wellness club at school. And so I spoke to her and I said, well, sure. What do you want to do with this health and wellness club? And she was starting to tell me some ideas. And I said, did you think about healthcare transition? And she said, well, what is that? And I started to explain it to her. And she said, that's amazing. We really need to do that. And so I've met with them a couple of times. I've showed them the health facts for you. And these are just students without any sort of chronic health care conditions that were just interested in health and wellness. And, you know, they were really excited about, they were like, can I keep this? So I think a lot of this work is going to be really good for students because, you know, really high school is about

that transition to adulthood. And every high school student is going to make that transition in some way or another. And so anything that we can do to make sure that they do have that healthcare literacy, I think is really important.

Tim Markle: So that covers our students, the importance of the students. Then we have a whole medical system in UW Health, Dr. Bekx. What else could be done around the area of healthcare transition.

Tracy Bekx: Right. So, I mean, just to reference Laurel and Gretchen, one thing that we are working in is how do we develop a curriculum for elementary students, middle school students, high school students on healthcare transition in understanding. Likewise, I think by us doing that, it helped guide the parents because they often aren't sure, well, when should we be letting them do things because for each child that journey is a little bit different, but at least it sets up some kind of scaffolding for that. UW Health Kids in regards to our organization has taken a larger interest in healthcare transition this past year. We're looking at how to incorporate more healthcare transition on the medical side, inpatient side, outpatient side, and really utilizing some of these tools such as health facts for you on things such as making medical appointments or prescriptions. But again, just thinking again, how do we reach out to the community so we're not working as a silo and really that the community is like one of the spokes of a wheel in healthcare transition and how we do this to promote growth and education for our youth and really help them learn health literacy.

Tim Markle: That is fantastic. Any final thoughts as we wrap up today's podcast on the project?

Laurel Cornelius: Well, one of the questions that you asked about the partnership being valuable for school nurses and the fact that the UW team has been talking about school nurses in spaces where you guys are giving talks, it's really shown our school nurses the value of the work that they're doing. And I think so often folks in our medical community don't necessarily understand that nurses are healthcare professionals. We are part of the medical team. And so it's been really, just really amazing for our school nurses to know that there are advocates out there for them that are telling the story of who school nurses are and the work that they do. And so that has even more increased the relationship and the willingness to partner when nurses recognize that their skill sets are being, they are valued, and they are an important part of the medical team.

Gretchen Forbes: And I think, Dr. Bekx, when you have gone to some of these presentations, you have come back and told us that other providers have said to you, oh, school nurses. We never thought about utilizing school nurses. And so I think that this has

been really helpful for the profession of school nursing to be recognized as part of that healthcare team.

Tracy Bekx: Now, that is so true. I was at a international meeting and someone said, well, how did you get this started? And my first thing that came out of my mouth was, well, luck. But truly, it's just been this journey with you and with Tim and having a team. I mean, it makes it fun. It makes us excited. We understand that there's little bumps in the road and sometimes it's two steps forward and one step back. But I think when we have that engagement, it increases our excitement exponentially.

Tim Markle: Well, I would like to honor all of you for reaching beyond the usual definition of what a team could look like. People talk about systems in general and the medical system in particular about being siloed and disconnected. I think this is a fantastic example of taking risks, breaking down those silos, and working together as a team. Thank you so much for being here today.

We'd like to remind everybody that continuing education credit is available for this episode through the Interprofessional Continuing Education Partnership at the UW-Madison School of Medicine and Public Health. To claim credit, text this code Y-A-W-T-O-L to this number, 608-260-7097. Again, the number is 608-260-7097, and the text code is Y A-W-T-O-L. Your feedback is important to us. To complete an evaluation form for this episode, please see the show notes. Thank you so much for listening to Team Based Care.