



Asthma QI: Learning Collaborative Wrap-Up

June 26, 2024

Care Transformation Collaborative of RI





Thank you!











ltem	Time
Welcome & Announcements Susanne Campbell, RN, MS, PCMH CCE, Sr. Program Administrator, CTC-RI Pat Flanagan, Clinical Director and PCMH Kids Co-Chair, CTC-RI	10 min
Practice Updates, Success Stories, Sustainability Pediatric Associates & Myron J. Francis School Blackstone Valley Pediatrics & Community School Barrington Pediatric Practice & Kent Heights School Sunshine Pediatric Practice & George J. West School Park Pediatrics	30 min
Post-Test Results Michelle Mooney, MPA, Program Coordinator II, CTC-R	10 min
Discussion: Feedback Susanne Campbell, RN, MS, PCMH CCE, Sr. Program Administrator, CTC-RI	15 min

Announcements!





ADVANCING INTEGRATED HEALTHCARE

CTC-RI Annual Conference – Oct 31, 2024

Register here: https://bit.ly/CTCRIConference2024

Nurse Care Manager/Care Coordinator Glearn Training

Call for applications due July 26, 2024:

https://www.surveymonkey.com/r/ZJ69J6W

Moms PRN ECHO Call for Applications live on Thursday June 27, 2024



September 13 - PCP Specialist Forum: Improved Patient Care and Lower Costs Through Better Primary Care-Specialist Alignment: https://ctc-ri.zoom.us/meeting/register/tZUqdeCqrT0sGN0bQMf5VdMBLCx9PRh0zl2F



Pediatric Associates / Myron J. Francis School





ADVANCING INTEGRATED HEALTHCARE

Number of shared patients/students: 6; # of shared AAP: 6

Reflections on: Communication process, workflow updates, educational materials (from binder), supplies, and looking at absenteeism.

Practice:

- Fax and email worked as communication method between SNT and Practice.
- Workflow includes all AAP now signed by providers and scanned into e/CW.
- May investigate uploading AAP also into KIDSNET.
- Project enabled good review of all asthma patients in practice

- Fax and email worked for communication between Practice and SNT, project has made Alex feel more empowered to reach out to other providers when needed.
- Has assess to absenteeism list but now reaches out to parents for f/u especially if child out more than one day.
- Shared supplies with district.

Blackstone Valley Pediatrics/Community School





ADVANCING INTEGRATED HEALTHCARE

Number of shared patients/students: 4; # of Shared AAP: 4

Reflections on: Communication process, workflow updates, educational materials (from binder), supplies, and looking at absenteeism.

Practice:

- Having FERPA confidential information has been helpful for practice.
- Providers in practice now documenting name of school in EMR.
- Communication with shared SNT via cell phone, fax and email.
- 2 new nurses have been trained in KIDSNET and will look to start uploading AAP into KIDSNET for SNT.
- Spacers purchased have been helpful for inhaler teaching.

- Communication with shared provider via cell and office phone, fax and email.
- FERPA information helpful to continue communication with providers.
- Parents now asked to notify SNT if absenteeism is due to asthma symptoms.
- Scheduling KIDSNET training with Janet to use KIDSNET to full potential.
- Supplies: Bags for field trips, neb. Tubing, spacers, PO2, Albuterol Solutions, helpful and some shared with other SNT's in district.

Barrington Pediatric Practice / Kent Heights School





ADVANCING INTEGRATED HEALTHCARE

Number of shared patients/students: 4; # of shared AAP 4

Reflections on communication process, workflow updates, educational materials (from binder), supplies, and looking at absenteeism.

Practice:

- Developed tool in eCW to track completed AAP's that were given out to families.
- Instead of 2 copies of AAP given to family will ask family to take Photo of AAP to keep on their phone for themselves and other.
- Work in progress getting AAP working correctly after uploading it into eCW.
- Continue the good communication with SNT that Practice had even before Project.

- Supplies purchased will be used to better manage child with asthma.
- Using google spreadsheet, Skyword program and JO JO messaging to look at, share information with providers and help manage chronic absenteeism.
- Good communication to continue with provider as before the project.

Sunshine Pediatric Practice / George J. West School





ADVANCING INTEGRATED HEALTHCARE

Number of shared patients/students: 6; # Shared AAPs: 5

Reflections on: Communication process, workflow updates, educational materials (from binder), supplies, and looking at absenteeism.

Practice:

- Chronic absenteeism student info obtained from SNT and Practice reached out to family of make f/u asthma appointment.
- Name of School child attends now documented in e/CW
- Created and using spreadsheet with phone and fax number of all schools
- As soon as an AAP is completed it is fax to the child's school
- Cell phone communication with SNT

- Communication with Shared Provider by office, cell phone and fax
- Started spread sheet for children with asthma in school and call log for parents and providers. Barrier is keeping track of all AAP and ability to call all parents of absent children due to one SNT and over 500 students in the school.
- On absenteeism committee at school; since project pay more attention to absenteeism and communicating with providers.
- Using Spacer Demo sheets from binder with the children with asthma and spacers and PO2 that were purchased.

Park Pediatrics





ADVANCING INTEGRATED HEALTHCARE

Number of AAP's uploading into KIDSNET: 7; # Of SNT notified of upload: 6

Reflections on: Communication process, workflow updates, educational materials (from binder), supplies, and looking at absenteeism.

Practice:

- Uploaded 7 AAP' into KIDSNET reached out to 7 SNTs, one no response.
- Scheduled KIDSNET training for staff. Carolina provided her cell # for SNT to reach out to her for absenteeism or asthma concerns.
- List made of all patients with asthma and AAP were updated or completed and uploaded into Amazing Charts.
- List made of all High-Risk Asthma Patients and called to make F/U appointments if needed and documented name of school if not in chart.
- List developed of all schools' phone and fax numbers.
- Using spacer demonstration sheet from binder for inhaler teaching.
- Dr. Quiles developing a way to notify staff AAP was completed for staff to upload into Amazing Charts,
 KIDSNET, and document.







Patient/Student Success Story



Ideas for Sustainability



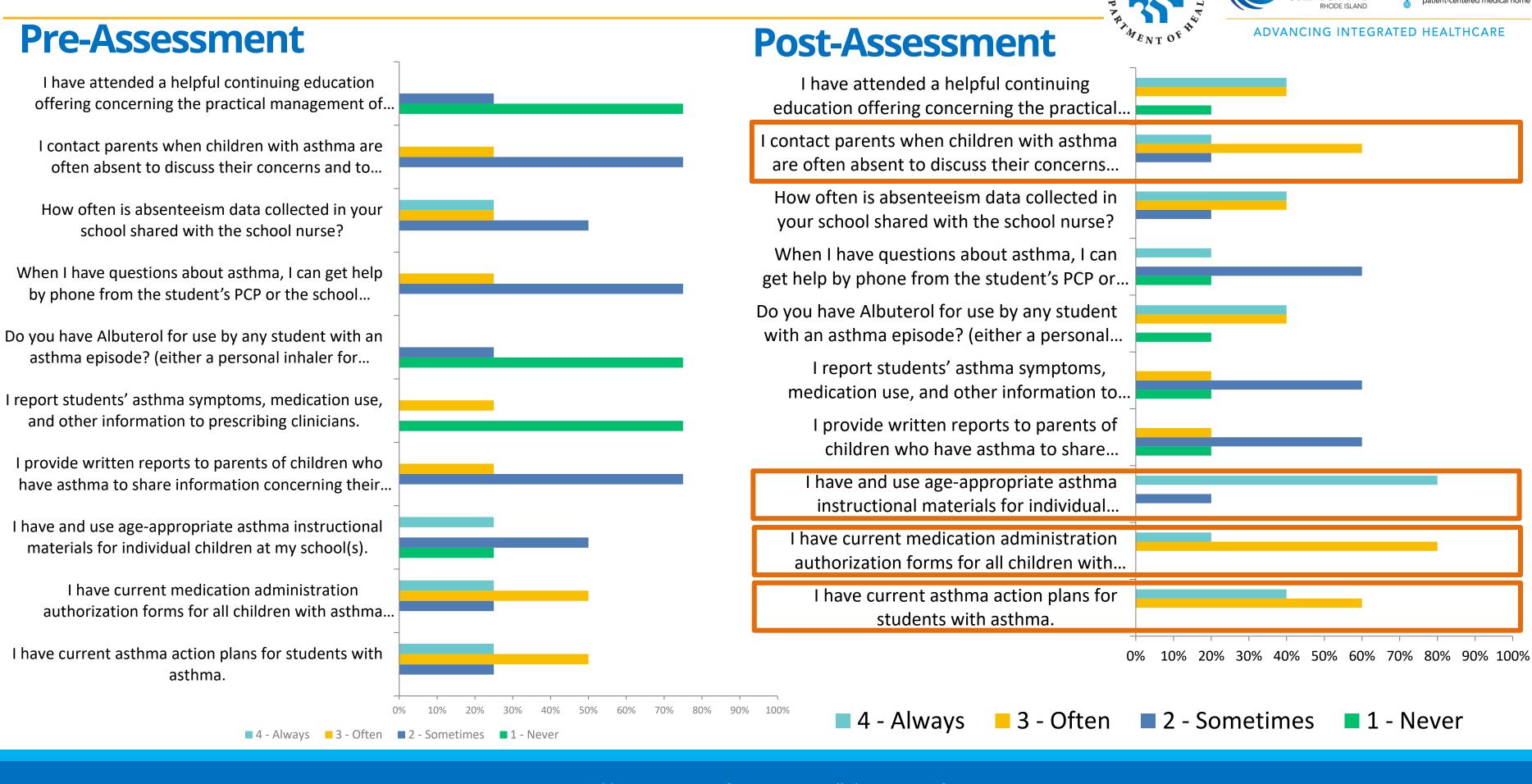






Post-Assessment Results

School Nurse Assessment Results



Practice Assessment: This is routine activity in my practice







Pre-Assessment



Assess and document asthma control at every visit using a standardized measure – i.e. Asthma Control Test (ACT) (well controlled, not well controlled, or very poorly controlled)

All patients/families/caregivers receive asthma self-care education at each encounter.

a. Review inhaler technique with patients with asthma /families/caregivers; reinforce technique by showing the appropriate CDC video. b. Patients demonstrate good device technique /use of...

Review medication adherence with patients (ask patients when getting medication history; adherence data may also be gathered from refill history or PBM info if available)

All patients (or caregiver if child is less than 5 years old) can identify their asthma inhalers from a poster with color photographs. "Teach back" is used to confirm the patient and/or child/caregiver describe the purpose,..

All patients receive a written asthma action plan including an ICS step plan and other yellow zone actions to manage co-morbidities, as well as indications for a 911 call and use of albuterol by valved holding chamber...

Provide printed and electronic copies of the asthma action plan with clinic contact information. With consent, assure asthma action plans are available to school nurses, teachers, coaches, childcare workers.

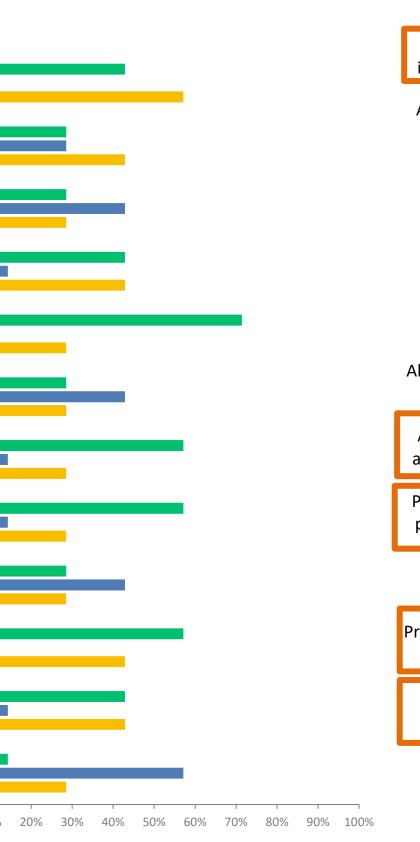
Do an environmental screening questionnaire for all patients with asthma.

Practices track asthma patients' ED and urgent care use and follow up with these patients with a phone call/appointment within 72 hours.

Follow-up visits are set at appropriate intervals matching patient's level of control (1-2 weeks for very poorly controlled, 2-6 weeks for not well controlled and 1-6 months for well controlled) Cancellations/"no shows"...

Does your practice routinely connect with school nurses regarding patient asthma care or chronic absenteeism related to asthma?

■ Yes ■ No ■ Not Sure







■ Yes ■ No ■ Not Sure







- Feedback on QI project
 - What would you like to see more of?
 - What changes have you made that will be permanent?
 - What would be helpful to share with other practices?
- Feedback for future QI initiatives
- September 17, 2024 8-9am Team Based Care Meeting practices/school nurses who would like to present?







