Team Presenters:

Rhonda Buckallew - Administrator
Becky Jansen, RN – Nurse Manager
Kari Reed, RN – Care Coordinator (Parent)
Jennifer Hartmann – Social Worker
Kelsey Rogers Corrigan, RN – NP Student
Critical Access Hospital
Multi-Specialty, Employed Group Practice
  * Family Medical Center
  * Little Falls Orthopedics
Home Care & Hospice Agency
Morrison County Statistics:

* Population = 32,821
* Little Falls Population = 8,689
* Percent of County on Medical Assistance = 22%
Team Formation:
Participants

Leadership
Providers (MD, NP student)
Clinical Support Staff:
   Nursing, Social Work, Pharmacy, Respiratory Care, Care Coordination,
Patients
Area school nurses and social workers
Asthma:

Patient education

• Development of asthma education program
• Respiratory care providing individualized asthma education sessions for patient and caregiver
  • Asthma and asthma symptoms
  • Asthma medications
  • Asthma triggers
  • Asthma management
• Creation of referral workflow from clinic and ER
Asthma:

Nursing education

• Asthma overview
• Asthma management
  • Medications
  • Inhaler and nebulizer technique and education
  • Identifying the need for spacers
  • Providing clinic based nebulizer treatments
• Asthma Control Test (ACT) questionnaire within standard rooming workflow
• Importance of providing patient education and written Asthma Action Plan (AAP)
Asthma:
Examples of tools created

See Handout:

• Asthma Pocket Guide
  • Used by nursing and support staff when rooming patients when determining which patients need ACT administered

• Asthma pamphlet
  • Information on asthma education program for patients, caregivers and providers
Asthma: Preliminary project outcomes

<table>
<thead>
<tr>
<th>Measure</th>
<th>PRE-INTERVENTION</th>
<th>POST-INTERVENTION</th>
<th>CHANGE SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Asthma Patients with ACT of ≥ 20</td>
<td>22.2%</td>
<td>34.6%</td>
<td>Increase of 12.4 Percentage Points</td>
</tr>
<tr>
<td>% of Asthma Patients with Current AAP</td>
<td>5%</td>
<td>15.3%</td>
<td>Increase of 10.2 Percentage Points</td>
</tr>
</tbody>
</table>

Population = 276 patients age 5 – 17 years old with asthma diagnosis
Asthma:  
Care Coordination

• Pilot – Dept of Pediatrics, Dr. Karilyn Avery
• Created a registry for all patients with asthma
• Recall process improvement for overdue and future follow-up appointments
• Problem list review and updates for asthma diagnosis
## Asthma:

**Results: MNCM Preliminary Results – Dates of Service 2018**

<table>
<thead>
<tr>
<th>Family Medical Center 2018 MNCM Prelim DOS Results</th>
<th>Number of patients</th>
<th>Well Controlled</th>
<th>Low risk of Exacerbation</th>
<th>Optimal Care Rate</th>
<th>Education and Self-Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Adults</td>
<td>511</td>
<td>11.5%</td>
<td>14.7%</td>
<td>9.4%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Current Children</td>
<td>302</td>
<td>29.8%</td>
<td>37.1%</td>
<td>25.8%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Previous Adults</td>
<td>405</td>
<td>6.2%</td>
<td>6.4%</td>
<td>3.0%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Previous Children</td>
<td>246</td>
<td>15.0%</td>
<td>17.1%</td>
<td>11.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Change Adults</td>
<td>103 +26%</td>
<td>+5.4%</td>
<td>+803%</td>
<td>+6.4%</td>
<td>+0.6%</td>
</tr>
<tr>
<td>Change Children</td>
<td>56 +23%</td>
<td>14.8%</td>
<td>20.0%</td>
<td>+14.4%</td>
<td>+12.4%</td>
</tr>
</tbody>
</table>
Asthma: Results:

Asthma Optimal Care

CHI - ST. GABRIEL'S HEALTH SERVICE AREA
Asthma:

Future Plans

- Roll out pilot program to Family Medicine
- Increase referrals for Asthma Education
  - ER & Primary Care
- Timely follow up visits post ED/urgent care visits
ADHD

Care Coordination

• Registry for Dept of Pediatrics ADHD
• Identified patients and referrals made to Social worker.
  • Coordinated follow up visits and/or other community resources, applicable
• Working towards Virtual Visits from the school
• Collaboration with County Agency’s resources:
  • Child protection, mental health, schools, etc.
ADHD

Barriers

• Release of information concerns
• Coordination with the schools
  • New process for completing/returning *Vanderbilt Assessment* forms
• Parent willingness to participate in virtual/follow up visits
• Medication:
  • Insurance Coverage issues
  • Appropriately taking medicines (recommendations for school-time med administration)
ADHD

Barriers- Parent Perspective

• Stigma
• Teacher recommendations
• Lack of communication/support
ADHD

Next steps

• Continued collaboration with the schools
• Release of Information/flow of information
• Education – teachers, school social work, etc.
• Virtual visits
Questions?
THANK YOU!