Presenters

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A day in the life of a school nurse

How can I be in 3 places at once?

Why are we changing, is the data to support this change?

I feel like an island.

When was the last time we updated our policies?
TEAMS Project

• Partnership with the American Academy of Pediatrics
• Supported by funding through the Centers for Disease Control and Prevention (CDC)
• Operational for 5+ years
• 30 different School Districts have participated

Image owners:
https://www.cdc.gov
https://www.aap.org
TEAMS Project

Enhancing School Health Services through:

Training
Education
Assistance
Mentorship
Support
The TEAMS project aims to improve child health by supporting school districts in making improvements to their health services.
TEAMS Model

1. Helps school districts engage and partner with other stakeholders
2. Allows for collaboration on strategies that address system wide challenges
3. Sets up a framework to connect school health with local institutions and resources
4. Works to improve health services infrastructure
5. Supports implementation of more coordinated and comprehensive care across the entire system
6. Tracks progress and change
Stakeholders

- School District
- Health Department
- Clinic/Physician
KNOWLEDGE CHECK
What is the TEAMS project and it’s mission?

A. A project management style focused on meeting healthcare needs at the clinic level.

B. A Quality improvement platform aimed at helping schools overcome the barriers and challenges they face with seeking to provide optimal health services to their students.

C. A sports management theory that looks at methods and how to’s for winning championships.

D. Microsoft product that focuses on documentation and practical guidance.
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Robbinsdale Area Schools

• TEAMS Project Notification

• Minnesota Health Care Homes and Schools
Robbinsdale Area Schools

• TEAMS Project Application Process
Robbinsdale Area Schools

• How to find and engage team members for the TEAMS project?
Robbinsdale Area Schools

- TEAMS project focused on improving the health and care coordination for students with asthma

Asthma’s Impact on the Nation: Data from the CDC National Asthma Control Program

National Health Interview Survey (NHIS), 2003, 2008, 2013: question, “During the past 12 months, how many days of [daycare or preschool, school, school or work] did child miss because of his/her asthma?”

National Center for Environmental Health, October, 5 2015
Robbinsdale Area Schools

Areas for Improvement

- No standard asthma collection/documentation district-wide
- No annual competency training on chronic conditions, including asthma
- Barriers to communication between schools and clinics – HIPPA and FERPA (Family Educational Rights and Privacy Act)
- Difficult to get clinic information from parents/guardians (i.e. asthma plans)
Robbinsdale Area Schools

Project Accomplishments

✓ Standardized documentation and protocols for the school nurses
✓ Standardized Asthma Self-Management Education for the school nurses
✓ Standardized process for the communication of AMP’s from the clinic to the schools
✓ Developed a strong partnership for Asthma-Friendly school
KNOWLEDGE CHECK
Who are the main stakeholders required for a TEAMS project?

A. Patient, Parent, Clinician

B. Clinician, Student, School nurse

C. School District, Health Department, Clinic/Physician
KNOWLEDGE CHECK

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Standard Documentation and Protocols
Standardized Documentation and Protocols

- Asthma standard of care nursing guideline
- Enhanced electronic data collection (i.e. 911-asthma related calls, current asthma action plans on file and tracking of acute/preventative asthma visits)
- Standardized electronic charting/instructions (MDH asthma forms, AMPs/orders scanned, and updated reference materials)
Standard Education
Standard Education - Background

- School nurses currently get no annual competency training on chronic conditions.
- Clinics provide very little education to staff and educators on how to communicate effectively with schools around chronic condition.
- Parents/families get little to no education from the clinics or schools on how to communicate with schools around chronic conditions.
Standard Education - Goals

1. Provide a comprehensive asthma competency education to all district nurses

2. Revamp current Park Nicollet Asthma Self-Management curriculum to include focused training asthma management in the school setting
Standard Education - Interventions

1. Robbinsdale school nurses participated in Park Nicllet’s annual Asthma Self-Management Education.

2. Park Nicllet Asthma Work Group to updated education and training to have a greater focus on pediatric asthma management including asthma management in the school setting.
Standard Education - Results

- Provided asthma self-management education to 21 licensed school nurses from the Robbinsdale District
- Updated our ASMA curriculum to include presentation on childhood asthma
- Educated 20 new RN care coordinators and MTM pharmacists through Park Nicollet
Standard Education Checklist for Parents

- At the beginning of the school year, make sure to contact school health services and let them know about your child's asthma.

- By law, the school needs your permission to communicate student health information to your child's healthcare provider (FERPA). Find out from the school what they need from you to allow this important communication to happen.

- Be sure your child has a recent Asthma Management Plan on file at the school that is signed by provider and parent.

- Know your schools districts policy on medications including self administration, and self carry policies.
  - Ensure that your child has immediate access to quick-relief medicine in case your child has an asthma flare-up while at school.
  - Include discussion about your child's asthma management during parent/teacher meetings or conferences.
Asthma Management Plan

Communication

My Asthma Management Plan

<table>
<thead>
<tr>
<th>Name: Eleven Testpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: 1/8/1972</td>
</tr>
<tr>
<td>Date: 1/13/2017</td>
</tr>
<tr>
<td>My Medical Provider: Tasha M Gastony, PA-C</td>
</tr>
<tr>
<td>My Asthma Specialist:</td>
</tr>
<tr>
<td>My Clinic: Carson Internal Medicine</td>
</tr>
<tr>
<td>Clinic Phone #: 952-893-4500</td>
</tr>
</tbody>
</table>

**GREEN ZONE**

Good Control

You have ALL of these:
- Breathing is good
- No cough or wheezing
- Can work/exercise/play easily
- No night coughing

- Take your asthma control medicine every day: (CONTROL MEDS: 99921000)
- If exercise triggers your asthma: take (RESCUE MEDS: 99921001: "Albuterol Inhaler, 2 puffs [Roak, Proventil, Ventolin]")
  - 15 minutes before exercise or sports, and
  - During exercise if you have asthma symptoms

**YELLOW ZONE**

Getting Worse

You have ANY of these:
- It's hard to breath
- Coughing
- Wheezing
- Tightness in chest
- Cannot work/play easily
- Wake up at night coughing

1. Keep taking your Green Zone medications.
2. Start taking your (RESCUE MEDS: 99921001: "Albuterol Inhaler, 2 puffs [Roak, Proventil, Ventolin]") every 20 minutes as needed for up to 1 hour. Then every 4 to 6 hours as needed.
3. (YELLOW ZONE OPTIONS: 999210025)

**RED ZONE**

Medical Alert - Get Help

You have ANY of these:
- It's very hard to breathe
- Ribs are showing while breathing
- Medicine is not helping
- Trouble walking or talking
- Lips or fingernails are grey or bluish

1. Take your rescue medicine NOW: (RESCUE MEDS: 999210004: "Albuterol Inhaler, 2-4 puffs [Roak, Proventil, Ventolin]"") **EVERY 20 MINUTES**.
2. If your provider has prescribed an oral steroid medicine, start taking it NOW.
3. Call your clinic NOW.
4. If you are still in the Red Zone after 20 minutes and you have not reached your clinic:
   - Take your rescue medicine again and
   - Call 911 or go to the emergency room right away

Please follow up with your Health Care Provider within 2 weeks of an Emergency Room or Urgent Care visit for follow-up treatment.

Electronically signed by: Tasha M Gastony, PA-C, 1/13/2017
Created by: Allison E Sella, RN

Asthma Management Plan and Trigger Control Sheet given to patient/caregiver
Reminders: Asthma visit 1-2 times yearly or as instructed by your clinician, Influenza shot yearly
(SCHOOL AUTH/ICAOH DISCH: 999210078)
Northport Elementary School

- 84 (13%) of students have a current flag of Asthma
  
  Of those students:
  - 11 (13%) have a physician order and a medication at school
  - 28 (33%) have a current Asthma Management Plan and medication at school
  - 45 (54%) have no medication or plan at school
  - 39 (46%) had an Asthma Management Plan on file but many were hard to read, understand, and did not have clear directions.

- Two 911 calls regarding asthma in first few months of school
AMP Communication – Background

• Average amount of time a school nurse is spending obtaining Asthma Management Plans for students with a diagnosis of asthma on file
  – Days if not weeks.
  – Depends on number of students with the conditions. It can take a lot of phone calls and emails to get any action from family. The more asthma conditions the more time it takes.
  – We don’t go after Asthma Management Plans as diligently as anaphylaxis plans. We carry over from year to year. However, we spend hours getting plans for new diagnosis.
  – Approx. 30 minutes per student with asthma.
AMP Communication - Goals

1. Create a standard clinic process to communicate Asthma Management Plans directly to the school district.

2. By the end of the pilot, 100% of Asthma Management Plans completed in the Plymouth Clinic Pediatrics department during the pilot will be communicated to the surrounding school district for nurses to file.

3. An increase in the amount of Asthma Management Plans on file at the school for patients/students with asthma.

4. A decrease in the number of 911 calls from school due to clearly documented plan of care on file.
AMP Communication - Interventions

Plan
- Developed Process flow and standard work
- Trained staff and providers on standard work and rationale

Do
- Tested the Process
- Tracked data

Check
- Reviewed data
- Surveyed school nurses

Act

et al.
AMP Communication – Clinic Results

21 patients/families were offered an ROI’s to fax AMP to school

• 20 ROI’s collected and AMP’s faxed
• 1 parent declined because the child was home schooled
AMP Communication - District Results

2015-2016
- ~14% Asthma
- 28% AMP

2016-2017
- ~14% Asthma
- 17% AMP
AMP Communication
Survey Results Clinic Staff

How much extra time does it add to time spent with patients having them complete ROI
– Providers saw no impact as hall staff were completing while rooming
– Halls staff indicated 2-4 minutes additional time spent in room
– Parents are given an explanation and asked to fill out and sign. Does not take long at all

Have you received any feedback from patients when completing this form
– 75% said no negative feedback
– Anecdotal feedback - Parents really seem to like this. Parents seem to understand that the school record this information and are appreciative of the communication

Any suggestions regarding current process
– Seems to be working fine
– Opportunity to better understand what to do if the patients has a different PCP within the system, seen by outside PCP, or managed in a specialty for their asthma (Pulmonary or Asthma and Allergy).
AMP Communication
Survey Results School Nurses

9 Schools were sent forms, 5 schools reported back
5/5 Found it helpful that AMPS were faxed directly to their office

Comments included:
- very useful and allows me to make better decisions
- It saves time not having to scan and save, I can just attach it to their file when I get it
- It comes directly to me and that way I don’t need to wait until parents remember to send it in to me at school
- Bypass the “middle man” and info gets directed quicker to the health office
- Absolutely! Getting them from parents can be lengthy

5/5 that they used the AMP’s routinely to help care for their students
AMP Communication
Survey Results School Nurses

Feedback on Park’s current AMP (information, aesthetics, readability)
- The main page of the AMP is very helpful, trigger page is more informational
- They are straightforward
- I’m in 3 schools part time and the management plan clearly states what “zone” to treat symptoms and what action to take for that zone. That helps school staff who need to make decisions when I am gone

General Feedback and learnings
- Process has uncovered that many kids addition education on properly using inhaler
- Not all kids come with a spacer or chamber
- Per district policy – The AMP’s a doctor’s order is necessary and is supposed to have doctor’s signature and parents signature to be completed at MD’s office, make sure that every AMP is signed by parent is they want child to carry/administer meds.
AMP Communication – Lesson’s Learned

- FERPA and HIPPA compliance can be challenging. Importance of communication between clinic to parent to school.
- Only a minimal amount of time and effort was added to clinic work flow to break down communication barriers.
- Communication to schools from clinic improves patient care overall and is a time saving process, less paperwork for everyone.
- Importance of constant education regarding asthma, action plans, and medication needs for parents and students that is consistent.
KNOWLEDGE CHECK

What type of model for change did our project use for the AMP communication intervention?

A. Advanced training program (ATP)

B. Unfreeze – Change – Refreeze (Lewin)

C. Kotter’s 8 Step Change Model

D. Plan, Do, Check, Act (Deming cycle)
KNOWLEDGE CHECK
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Next Steps

1. Working on building relationships with the districts that have high prevalence of childhood asthma
2. Rollout to Minneapolis district this fall?
3. Identify other areas/conditions to partner with the districts on