

Chicago Asthma Consortium
Emergency Management of Asthma Meeting
Wed, June 4, 2014. 8am-12pm. Chicago, IL.

Meeting Summary

The Chicago Asthma Consortium hosted a meeting on the Emergency Management of Asthma at the University Center in Chicago on June 4, 2014. Over 75 people attended, including physicians, researchers, nurses, respiratory therapists, community asthma educators, program managers and representatives from pharmaceutical and medical device companies. Attendees came from the following institutions and organizations: Cook County Health and Hospitals Systems, Rush University Medical Center, University of Chicago, University of Illinois (School of Public Health, Pharmacy, Chicago Breathe Center, Office of Community Engagement and Neighborhood Health Partnerships), Sinai Urban Health Institute, Suburban Lung Associates, Advocate Children's Hospital, Advocate South Suburban Hospital, Associated Allergists and Asthma Specialists, Osco Drug, Family Health Network, IDHS, Mobile CARE Foundation, Respiratory Health Association, American Lung Association, AstraZeneca, Boston Scientific, Novartis, Genentech, and Monaghan Medical Corporation.

The first presentation discussed Emergency Management of Asthma in the Schools. This was co-presented by Blair Harvey-Gintoft and Nancy Swanson-Lagesse. Ms. Harvey-Gintoft is the Assistant Director of the Chicago Public Schools (CPS) Office of Student Health and Wellness. Ms. Swanson-Lagesse is a National Certified School Nurse at CPS. First they presented data showing that 25% of CPS students have a chronic health condition (asthma, diabetes, food allergies) and 40% had not seen a doctor in the last year. CPS was one of the first school districts in the nation to write policy on asthma; this policy was passed in January of 2012. The policy calls for a 504 plan for every student with asthma, allows students to self carry and administer medications for asthma with just a copy of their prescription and a parent note, and implements a training requirement for school personnel every 2 years. This training is done using online modules and in-person in the schools. Still challenges persist. Schools do not always get proper information and medications from parents. Parents are sometimes uneducated on asthma management and some children have poor medical follow-up. School administrators sometimes are not fully familiar with the asthma policy. CPS has very low documented asthma prevalence due to a lack of parental knowledge about asthma, inadequate communication between parents and schools, and limited school nurse resources.



The second presentation was on Asthma Action Plans by Dr. Aaron Donnell who is an allergist with Chicago Family Asthma and Allergy. Dr. Donnell gave a dynamic review of the data on asthma action plans and asthma self-management education. He began by defining asthma action plans and their origins in the National Heart Lung and Blood Institute Expert Panel Report 3 Guidelines. He reviewed the mixed evidence for efficacy of asthma action plans. Finally he discussed how asthma action plans are used by patients and clinicians to manage asthma and variations related to peak flow monitoring and the short term use of increased doses of inhaled corticosteroids during exacerbations.

Next Dr. Molly Martin and Dr. Sharmilee Nyenhuis from the University of Illinois at Chicago gave a short presentation announcing the CHICAGO Trial which is the result of over 10 years of partnerships in Chicago around asthma. This trial is one of 8 projects across the nation funded by PCORI which aims to improve patient-centered outcomes. The trial includes six clinical centers and numerous partners including the CAC, Respiratory Health Association, Illinois Institute of Technology, Chicago Department of Public Health, and others. The CHICAGO Trial will try to improve asthma outcomes in children ages 5-11 who present to emergency departments; interventions to improve provider care in the emergency department and community health worker home interventions will be tested. Currently, the CHICAGO Trial is conducting formative work to better understand what patients and providers need. They are looking for participants for the Community Advisory Board as well as general assistance with the project.

During a 30 minute break, conference attendees networked with each other.

The final formal presentation was by Dr. Michael McDermott who spoke about the Illinois Emergency Department Asthma Surveillance Project (IEDASP). Dr. McDermott presented statewide data on adult and child asthma characteristics from 2011-2012 as well as data on asthma care in the emergency department during that time. Some of the data regarding discharge practices were startling in light of current recommendations and the degree of variation around the state was significant. Then Dr. McDermott presented emergency department discharge plans and discussed how these could be used in the CHICAGO Trial and elsewhere to improve patient outcomes.

The last hour of the conference was a panel discussion featuring Dr. McDermott, Dr. Donnell, and Maureen Damitz who is an asthma patient advocate and member of the CAC School Asthma Task Force. The conference participants were asked “What do you want to see from the emergency department?” Participants mentioned it would be helpful for outside practitioners to know why patients were in the ED because the patients return to their primary care doctors who do not know the circumstances that prompted the ED visit. The discussion evolved into asking who was responsible for figuring out why patients seek ED care. Sometimes figuring that out is not possible in the ED. Sometimes it is the result of patient education or outpatient clinic access issues. This becomes the role of patients, ED providers, and the outpatient providers/systems to ensure that patients stay properly educated how and when to go to the ED and that they have adequate alternatives (acute care, off hours consults and care) to avoid unnecessary ED visits. The conference participants discussed the need to assess patient knowledge on asthma and medication skills and to tailor education to their knowledge. The conference participants discussed a need for primary care providers to know when their patients go to EDs and which EDs they go to. Currently medical record systems make this difficult and patients do not always provide that information to their primary care provider. The Medical Home Network was described as a potential model for

Asthma

FIRST AID

Steps to Manage an Asthma Episode

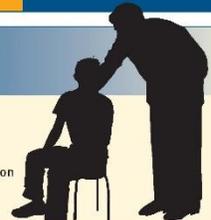
SIGNS OF AN ASTHMA EPISODE:

- + Shortness of Breath
- + Rapid Breathing
- + Coughing
- + Wheezing *(whistling sound)*
- + Chest Tightness

(Child may complain of a stomach ache)

1

Remain Calm



- Speak calmly at all times
- Have person stop all activities
- Help person remain calm and in an upright position
- Stay with the person at all times

2

Use Inhaler



- Have person use his or her quick relief asthma medication
- If no medication is available, call 911

3

Alert Staff



- Notify emergency/medical staff of situation
- Keep a close watch to make sure symptoms are not getting worse

When to Call 911

If you are unsure whether emergency help is needed, call 911 immediately

- Breathing is so difficult that the person has trouble walking or talking
- Lips or nails look pale, blue, or gray
- Breathing does not improve within 15 minutes of the first dose/puff of medication or becomes worse
- No quick relief medication is available



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Funding for this project was made possible through monies received from the Illinois Department of Public Health.

improving that communication among EDs and outpatient providers. A lack of continuity in places like school-based clinics that are not linked to these networks was mentioned. Recommendations were made to look at community assets such as school-based clinics and pharmacists. The next discussion point was around decisions for admission to the hospital. The last discussion was about schools. The group was presented with an emergency action plan poster made by the CAC for schools and a discussion was initiated around the role of schools in the emergency management of asthma. Ms. Damitz discussed the need for a statewide policy around asthma management in schools and that the information on this poster could become the template for schools that do not make their own plans. The CAC is also working on an informational sheet for pediatricians to give to parents that explains what the asthma policies are and what to do when individual schools are out of compliance with these policies. This will be posted soon on the CAC website. The poster and idea for an informational sheet were well received by the group. It was mentioned that perhaps the schools could move toward having stock albuterol to give in emergencies but this was viewed generally by Ms. Damitz as likely not feasible due to individual variations in asthma medications and challenges related to liability.