# Community Health Needs Assessment Implementation Plan Progress Report

**Advocate South Suburban Hospital (ASSH)**  
January through September 2015

<table>
<thead>
<tr>
<th>Priority Area:</th>
<th>Childhood Asthma</th>
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<tbody>
<tr>
<td>Target Population:</td>
<td>Children ages 5 – 17 that reside in the ASSH primary service area.</td>
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## Goal:
To decrease asthma related Emergency Department (ED) visits and/or hospitalizations of children ages 5 – 17 that reside within the ASSH primary service area by developing and implementing programs to increase the knowledge base of the pediatric asthma community that includes asthma management skills, trigger identification, and therapeutic and social interventions that will reduce asthma related complications while establishing self-advocacy skills and ultimately creating a better quality of life for those we serve.

## Performance Measures

### Emergency Department
- 100% of pediatric patients, age 5 – 17 years, with a diagnosis of Asthma in the ED shall be discharged home with an Asthma Action Plan.
- 100% of pediatric patients, age 5 – 17 years, with a diagnosis of Asthma in the ED shall be discharged home with asthma education.
- 100% of eligible pediatric patients with a diagnosis of asthma in the ED shall be discharged home with steroids.
- 100% of patients with a primary diagnosis of asthma in the ED who have filled prescriptions on discharge call.
- Decrease the percentage of ED pediatric readmissions within 12 months by 10%.

### Inpatient
- Decrease the percentage of inpatient pediatric readmissions within 12 months by 10%.

### Community
- Train five community partners on available resources and asthma triggers in the ASSH primary service area.
- Perform sixteen meetings/education hours per year for community partners.

### School
- Develop school-based asthma programs in 80% of schools within ASSH primary service area.
- 100% of students will create an asthma action plan for intervention and maintenance.
- 100% of students will be able to understand asthma, recognize signs/symptoms and triggers.
- Decrease the number of missed school days due to asthma exacerbation in students enrolled in the Asthma Education program by 10%.
## 2015 Implementation Plan Data and/or Updates

**Through September 2015:**
Initiated an evidence-based Pediatric Emergency Department Asthma Treatment Algorithm in April 2014. The algorithm provided ED staff guidance on identification, treatment and follow-up care for a pediatric asthma patient.

- 46% of pediatric patients with a diagnosis of asthma in the ED were discharged home with an Asthma Action Plan, representing an increase of over 29% as compared to 2014. 49% of pediatric patients with a diagnosis of asthma in the ED were discharged home with formal asthma education; a 35% increase over the 2014 rate. 100% of pediatric patients discharged from the ED received a post-discharge call from a respiratory care practitioner to discuss an Asthma Action Plan, medications and to identify if there are any other opportunities for asthma education. The task force identified that pediatric patients were being triaged and treated by the respiratory care practitioner for an initial complaint of cough, shortness of breath or upper respiratory tract infection, but were later coded as an asthmatic patient.

- 90% of eligible pediatric patients with a diagnosis of asthma in the ED were discharged home with steroids.

- 96% of patients with a primary diagnosis of Asthma in the ED filled prescriptions as identified on the post-wellness discharge call. This is indicative of the appropriate use of the asthma ED treatment plan and discharge education.

- ED readmissions from January 2015 – September 2015 were 27% when compared to the readmission rate for the same time period in 2014, which was 18%. Although the percentage of readmissions to the ED increased, the percent of total patients seen in the ED has decreased by 59%, or 226 patients from January-September 2014 as compared to 134 patients seen in the ED from January – September 2015.

- There were no readmissions of inpatient pediatric patients within a 12-month timeframe. The goal was to reduce inpatient pediatric patient readmissions by 10%.

- 100% of students who completed the Kickin’ Asthma program were able to understand their asthma and recognize signs, symptoms and triggers.

- 100% of these students created an asthma action plan for intervention and maintenance which has resulted in improved outcomes thus far.

- Conducted survey of parents of students who completed the Kickin’ Asthma program. 71 students participated and there were 30 respondents, indicating a 42% response rate. Of the 71 students, 3 had visits to the ED. Parents were asked if their child had any subsequent asthma-related absences from school after the education and each parent indicated their child had at least a one day absence. 28 of 30 parents felt that their child was able to manage their asthma with limited restrictions.
2015 Implementation Plan Accomplishments

- 11 community partners were trained on available resources and asthma triggers in the ASSH primary service area.
- ASSH conducted 27 education hours for community partners at various community events from January through September 2015. Event venues included park districts, school programs, community health fairs and churches.
- School Nurse Education was conducted: Identified a community program through the Respiratory Health Association that is approved by the Illinois State Board of Education for one Certified Professional Development Credit (CPDU) for licensed school teachers. Asthma Management targets caregivers and provides education about asthma, symptom severity and recognition, triggers and avoidance, and what to do in the case of an asthma episode. The 1-hour session was adapted to the audience, which can include teachers, nurses, health aides, school support staff, parents and community groups.
- Schools within the hospital’s service area have been extended the opportunity to partner with ASSH and the Kickin’ Asthma program. ASSH provided the school-based asthma program to 26% of the schools within the hospital’s primary service area, including:
  - 2015 school year – Roosevelt, Dolton*
  - 2015 school year – Meadowview, Country Club Hills*
  - 2015 school year – Prairie Hills Jr. High, Markham*
  - 2015 school year – Brookwood School District 167, Glenwood
  * New during 2015
- In an effort to make the community more aware of the hospital’s Kickin’ Asthma program, a premier video featuring students and a nurse from Southwood Jr. High School was filmed and is currently posted on the 2015 Community Album for Advocate Health Care. The video can be viewed at: [http://stream.advocatehealth.com/webFiles/2014/ca/programs.html#asthma](http://stream.advocatehealth.com/webFiles/2014/ca/programs.html#asthma) (click here).
- Currently there have been 125 asthma page views and 62 page views related to asthma triggers totaling 187 page views.
- ASSH Community Asthma Task Force continued to meet every other month during 2015.

Next Steps

- Introduce the Kickin’ Asthma program to Frank Belmonte, D.O., MPH, FAAP, Vice President, Pediatric Population Health and Care Modeling, to assess if this program could be broadened to other Advocate sites and the communities that they serve.
- Invite schools to consider asthma training at PTA meetings, special parent event, and a lecture during a health class or science class along with an invitation to host the Kickin’ Asthma Program.
- Continue outreach efforts with the surrounding community civic organizations (i.e., Park Districts) and church groups.
- Continue alignment of school partnerships.
- Continue the alignment of the Respiratory Health Association and hospital CME department to establish a program that includes continuing education units (CEUs) to garner individual interest in the program.
- Schedule education date for community partners including, although not limited to, nurses, teachers, health aids, school support staff, parents and community members in 2016.
- ASSH Community Asthma Task Force quarterly meetings will continue in 2016.

Date of Data: 11/13/2015