# Asthma Coalition Improving Population Health

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# St. Luke's Cornwall Hospital Who We Are

- SLCH is a 345 bed licensed acute care not-for-profit community hospital
- A member of the Montefiore Healthcare System
- Main campuses in Newburgh & Cornwall
- 2016 SLCH provided services to over 250,000 people
- Designated as a medically underserved area (MUA)
- Primary Service Area, includes the city of Newburgh- 1,500 people per square mile



# Asthma Management – Data 2010-2012 Newburgh, New York

Newburgh, NY has by far the highest asthmarelated Emergency Department visit rate among adults in Orange County and the second highest ED visit rate among children ages 0-17. Newburgh also leads Orange County with the highest rate of asthma-related hospitalizations among children ages 12-17.

NYSDOH, SPARCS data ED and Hospitalizations 2010-2012



# Patient Population Social Determinants



# **Hudson Valley Asthma Coalition**

- Hudson Valley Asthma Coalition is a division of the American Lung Association in New York State and made possible by a grant from the New York State Department of Health. They serve Dutchess, Orange, Sullivan, and Westchester counties in the Hudson Valley, NY.
- Their mission is to work in partnership with health care hospitals, to enhance evidence-based asthma education and treatment to improve asthma outcomes
- National Asthma Education and Prevention Program Expert Panel Report 3- Guidelines for the Diagnosis and Management of Asthma

### **Best Practice in Asthma Care**

# National Asthma Education and Prevention Program Expert Panel Report 3- Guidelines for the Diagnosis and Management of Asthma



Achieving and maintaining asthma control requires:

- Providing appropriate medications
- Addressing environmental factors
- Helping patients learn self management skills
- Monitoring to assess control and adjust therapy accordingly

## **Aim Statement**

From April 1, 2015 to March 31, 2016 the Hudson Valley Asthma Coalition partnered with St. Luke's Cornwall Hospital Emergency Department in Newburgh using a systems approach to incorporate the EPR-3 Asthma Guidelines into care for patients with asthma with an initial focus on 53 asthma patients, ages 5-30, who were seen in the ED two or more times in the past year. We aimed to reduce the number of patients who visit the ED two or more times in the past year by 15%.

# Overall Goal

Collaborate with our community partners to enhance management of asthma in an outpatient primary care setting to decrease the number of patients who seek care in the ED setting.





# Multidisciplinary Asthma Team St. Luke's Cornwall Hospital

St. Luke's Cornwall Hospital enjoys a robust Asthma Team that includes participation from:

- ☐ Emergency Department
- Quality Management
- ☐ Clinical Practice
- □ Case Management
- □ Care Transitions
- Information Technology
- □ Respiratory Therapy
- □ Administration

### Asthma Coalition Team Members

#### St. Luke's Cornwall Hospital

- Susanne Curry, Clinical Educator
- •Margaret Deyo-Allers, VP & CNO
- Scot Hill, Medical Director, ED
- •Renee Feenaghty, Director Case Mgt
- Mary Kelley, VP QM
- Kathy Liston-Scott, Care Transition RN
- •Kathryn Mason, Director Education
- •Liza Mecca, Manager Respiratory
- •Maureen Monahan, Care Transition RN
- Matthew Ocasio, Coord. Respiratory
- •Kathleen Sheehan, Director ED
- Sandy Waters, IT

#### Hudson Valley Asthma Coalition

- Melesha Brissett, Program Manager
- Jacque Rubino, Director

#### Cornerstone Family Healthcare

- Thomas Frederick
- Nicole Harris
- •Christine LaPlante, Director Care Management
- Jessica Miles, Care Coordinator, Pediatrics
- •Stephanie Zambrano, Care Coordinator

#### Orange County Department of Health

- Ann Craig, Division of Intervention Services
- •Sue Chernek, RN
- Bob Deitrich
- Theresa Einertz, Supervising Public Health Nurse
- Linda Jansen, Acting Public Health Educator
- •Mary Marsh, Director of Patient Services
- •Heidi Meehan
- •Eileen Reilly
- •Maureen Sailer, Asst Director Community Health Outreach





### Staff Education

- Two day Asthma Educator's Exam prep course
  - Sponsored by the Hudson Valley Asthma Coalition
  - 10 Hospital staff participated in the course
  - Six / Ten have been successful in passing the National Asthma Educator's Certification Exam (AE-C)
- Education for all ED Nursing Staff and Respiratory staff
- Education for our Emergency Department doctors provided by guest lectures supported by the Hudson Valley Asthma Coalition





# Patient Education

**Asthma Action Plan** 

Use of Controller (Daily) Meds

Use of quick relief or rescue meds

**Emergency Actions** 

Follow-up care



#### Asthma Action Plan Next Physician Visit:

#### Triggers: Things that make asthma worse

- Animal dander
- Dust mites
- Cockroaches
- Indoor mold
- Pollen and outdoor mold
- · Tobacco smoke, smoke, strong odors, sprays
- Vacuum cleaning, sulfites, cold air, other medicines



The Colors of a traffic light will help you use your asthma medicines.

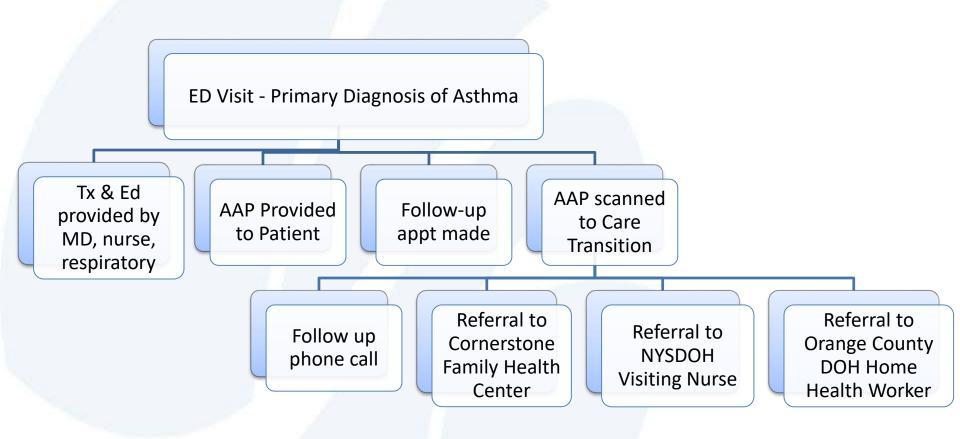
Green means Go Zone!
Use preventive medicine.

Yellow Means Caution Zone!

Add quick-relief medicine. Red means Danger Zone!

| GU  | USE THESE DAILT PREVENTIVE ANTI-INFLAMMATORY MEDICINES:   |          |                |
|---|---|----------|----------------|
| You have <u>all</u> of these:  Breathing is good  No cough or wheeze    | Medicine  | How Much | How Often/When |
|   |   |          |                |
| <ul> <li>Sleep through the night</li> </ul>                             |   |          |                |
| - Can work and play   | For asthma with exercise, take:   |          |                |
|   |   |          |                |
| CAUTION   | CONTINUE WITH GREEN MEDICINES AND ADD:  |          |                |
| Vou have any of these   | Medicine  | How Much | How Often/When |
| You have <u>any</u> of these: First signs of a cold                     |   |          |                |
| <ul> <li>Exposure to known trigger</li> <li>Cough</li> </ul>            |   |          |                |
| Mild wheeze     Tight chest   |   |          |                |
| Coughing at night   | CALL YOUR PRIMARY CARE PROVIDER   |          |                |
| DANGER  | TAKE THESE QUICK RELIEF MEDICATIONS AND CALL YOUR DOCTOR NOW!   |          |                |
| Your asthma is getting<br>worse fast:<br>• Medicine is not helping      | Medicine  | How Much | How Often/When |
|   |   |          |                |
|   |   |          |                |
| <ul> <li>Breathing is hard and fast</li> <li>Nose opens wide</li> </ul> |   |          |                |
| Ribs show     Can't talk well   | GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss.<br>Your doctor will want to see you right away. If you cannot contact your doctor,<br>go directly to the emergency room or call 911. DO NOT WAIT. |          |                |
|   | Make an appointment with your primary care provider within two days of an ED visit or hospitalization.  |          |                |

### Collaborative Process

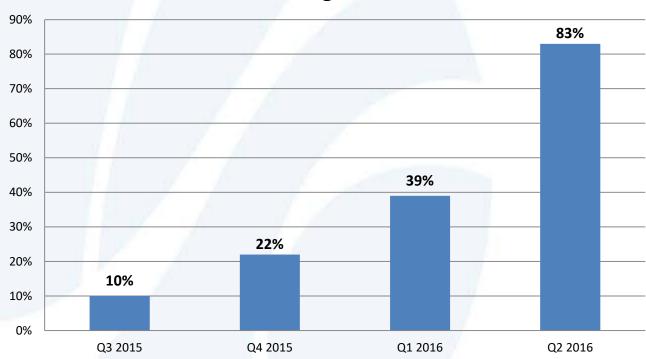






## **Process Measures**

#### **Percent Patients Receiving an Inhaled Corticosteroid**

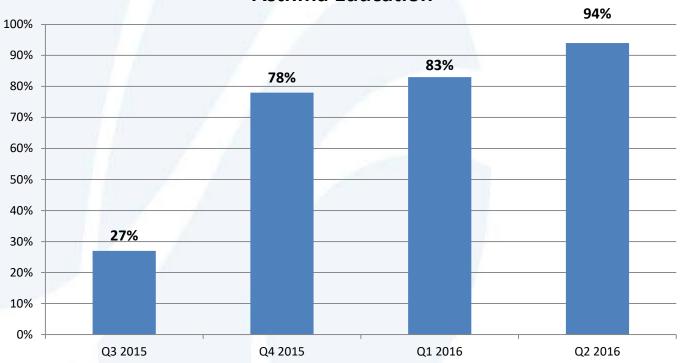






## **Process Measures**

# Percent Patients Receiving Asthma Education

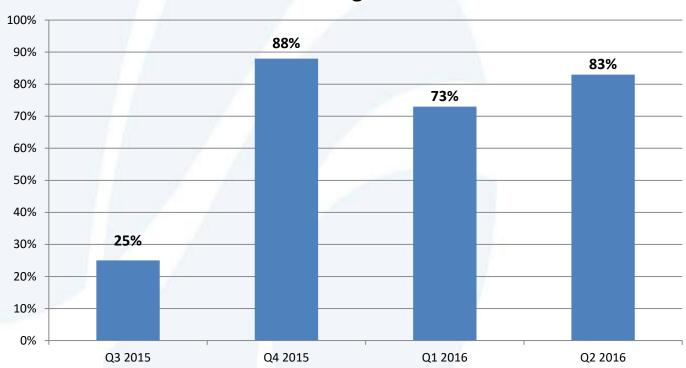






## **Process Measures**

#### **Percent Patients Receiving an Asthma Action Plan**

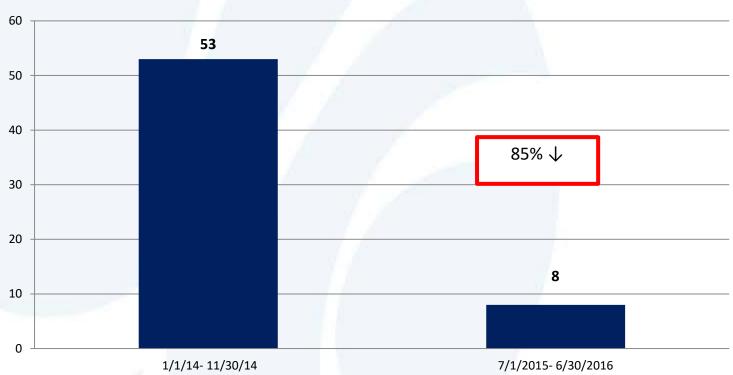






## **Outcomes**

53 Cohort Patients
Number of Patients with 2 or More ED Visits

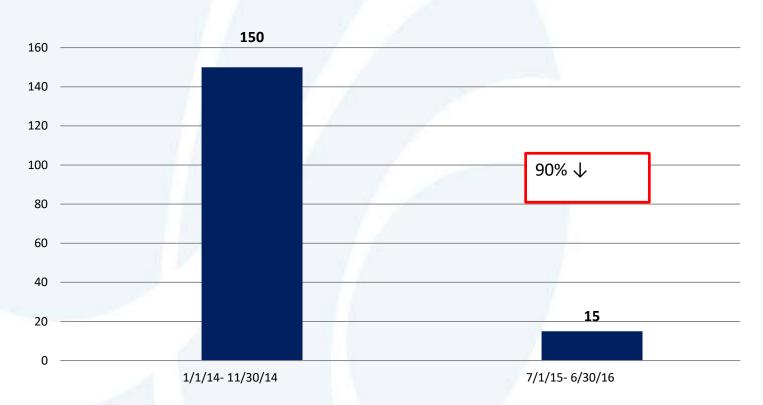






# **Outcomes**

### 53 Cohort Asthma Patients Number of ED Visits







# **Outcomes**

## Number of ED Visits All Patients with Asthma







# Looking Back....

- •By providing knowledge and tools to empower our staff to educate our patients and families we have created a process for how our asthma care is delivered.
- •We have created a comprehensive program that extends to our community partners.
- •Hardwiring the processes (which continues in some areas) requires time, collaboration, and leadership support.





# Next Steps....

Beginning September 1st, 2016 we have expanded the work of the Asthma Coalition to the inpatient setting to meet the requirements of Electronic Clinical Quality Measures (eCQM), Meaningful Use, and the Delivery System Reform Incentive Payment Program (DSRIP).



