

The Evolving Role of the School Nurse in Treating and Managing Childhood Asthma – At School and Home



Live Webinar
Thursday, March 29, 2012

WELCOME



Webinar Instructions and Statements

- Audio: Throughout the webinar, your phone line will be muted.
- Questions: If you have a question during the webinar, please click on the “Notes” tab at the top of your screen and send it to “All Moderators.” If you are directing your question to a specific presenter, please write their name before the question (e.g., Floyd, Susan, Yolanda, Kim). Due to the large number of participants, we will answer as many questions as possible within the timeframe allotted for this webinar. If your question was not answered, we encourage you to reach out to the individual presenter via e-mail following the webinar (email addresses will be provided).
- Continuing Education: This webinar has been approved for one (1) contact hour of continuing nursing education. You will be emailed an evaluation form on April 2 as the final step in receiving credit. You will have one week from the date you receive the evaluation form to complete for credit.
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- Accreditation Statement
The National Association of School Nurses, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.



Webinar Learning Objectives

At the end of this educational activity, the school nurse will be prepared to:

- Understand the high prevalence of asthma among children, as well as the opportunities, barriers and challenges facing school nurses charged with advancing the well-being, academic success and health of students.
- Implement best practices learned from the specialized childhood asthma management program being implemented in the Los Angeles Unified School District (LAUSD) into their own school programs/district.
- Better navigate administrative challenges, as identified from the LAUSD program, when working to implement asthma management programs or expand their role in helping children with asthma and their families.

Today's Agenda and Speakers



- > The Challenges of Childhood Asthma
Dr. Floyd Malveaux, Merck Childhood Asthma Network, Inc.



- > Childhood Asthma: The Evolving Role of the School Nurse
Susan Hoffmann, National Association of School Nurses



- > Lessons Learned from the Nursing Services Asthma Program
Yolanda Cuevas, Los Angeles Unified School District



- > Addressing Administrative Challenges: Key Learnings from LAUSD
Dr. Kim Uyeda, Los Angeles Unified School District



- > Q&A

The Challenges of Childhood Asthma



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MCAN is a 501(c)(3) organization founded in 2005 and funded by The Merck Company Foundation.



Mission

To enhance the quality of life for children with asthma and their families, and to reduce the burden of the disease on them and society.

Strategic Priorities

1. Fund implementation of evidence-based interventions in primary health care settings and communities
2. Advocate for policies that are science-based and cost-effective
3. Enhance awareness and knowledge of quality asthma care

Childhood Asthma is Challenging on Many Levels

Widespread and Serious



- 1 in 7 ever diagnosed
- 9% currently have it
- 60% have had at least one attack in the past year

Costly

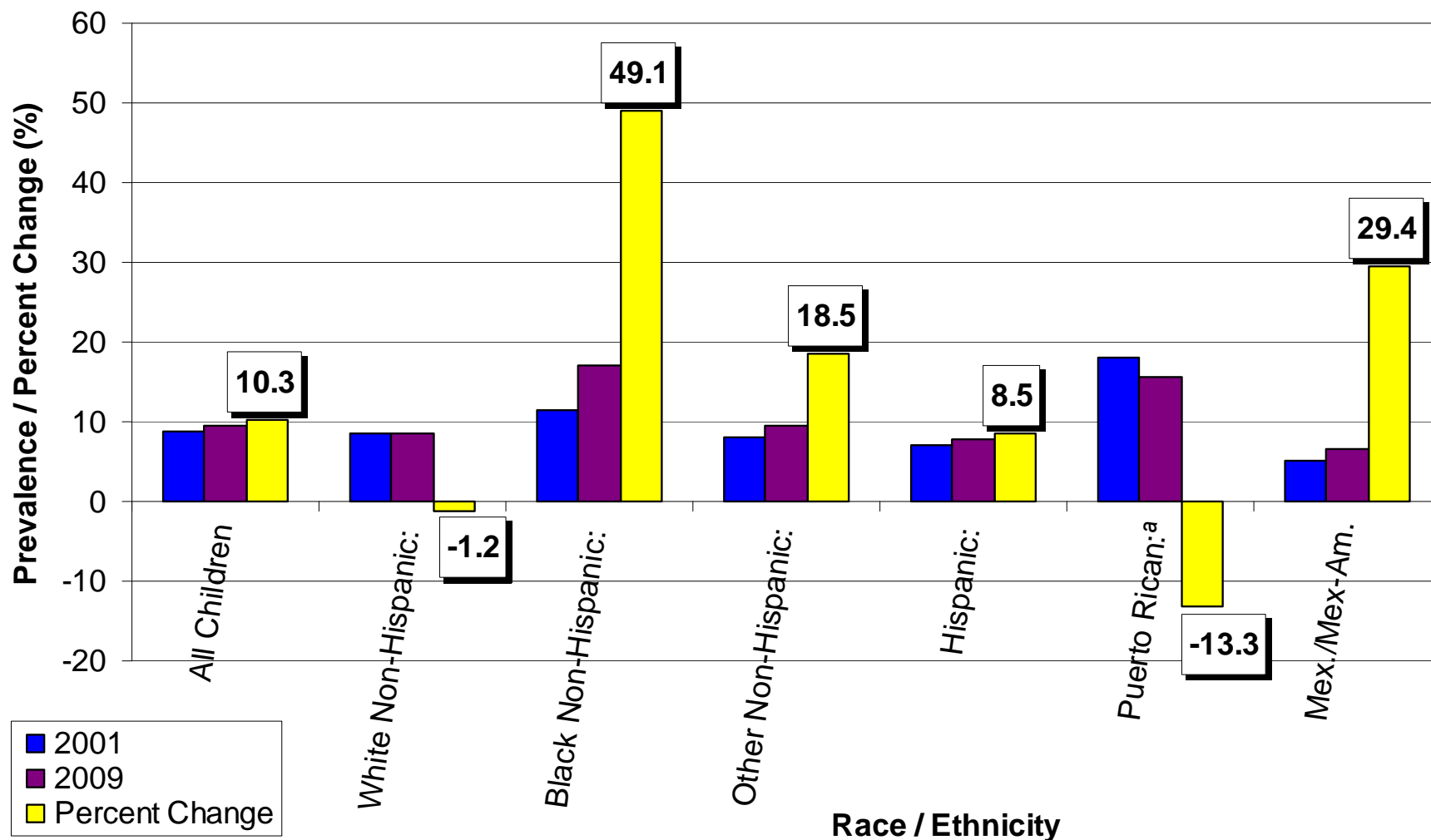


- \$8-10 billion in medical expenditures
- Additional \$10 billion in indirect costs
- 40% higher emergency department costs

Preventable and Avoidable

Asthma Highest Among Minority Children, Prevalence Largely Not Improving Over Time

Current Asthma Prevalence, Children Aged <18, by Race/Ethnicity
United States: National Health Interview Survey, 2001, 2009

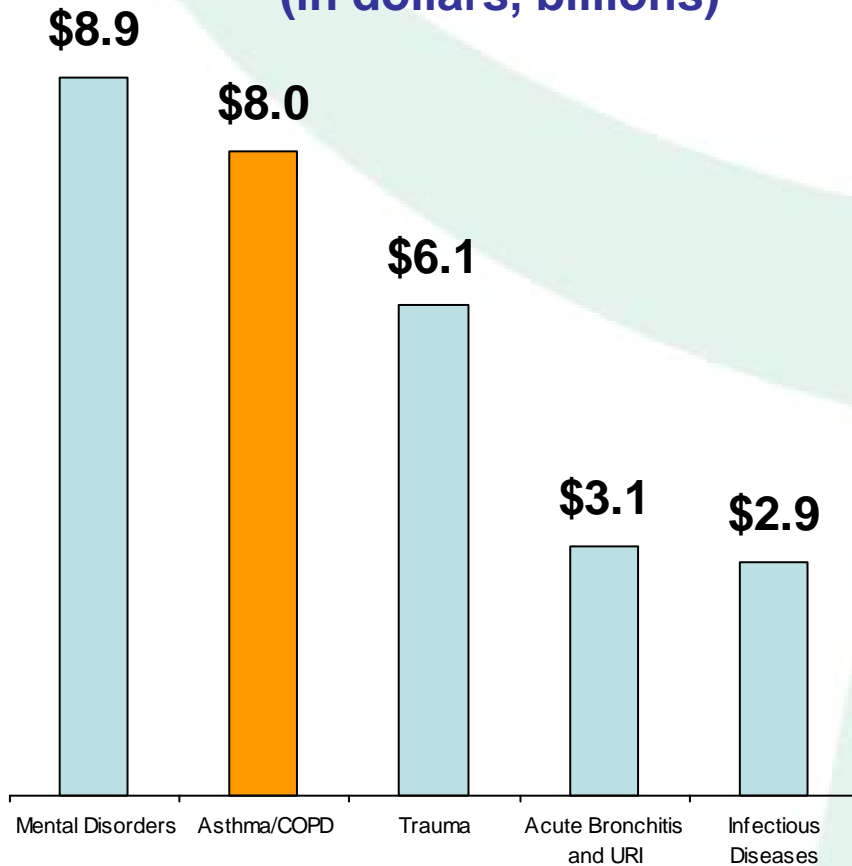


Racial Disparities Exist in Children Treated for Asthma

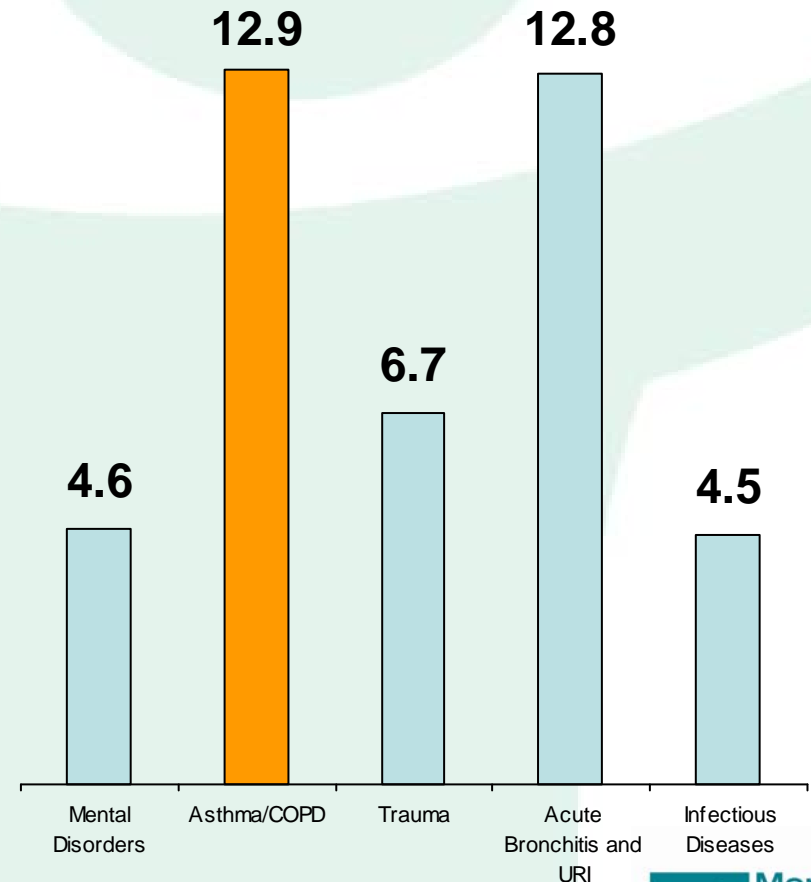
	<i>Current prevalence percent (2004-05)</i>	<i>Ambulatory visits per 1,000 (2003-04)</i>	<i>Emergency dept visits per 10,000 (2003-04)</i>	<i>Hospital discharges per 10,000 (2003-04)</i>	<i>Deaths per 1,000,000 (2003-04)</i>
White	7.9	95	73	17	1.5
Black	12.8	76	265	59	9.0
Hispanic	7.8	83	108	*	1.8
Puerto Rican	19.2	*	*	*	*
Mexican	6.4	*	*	*	1.7
NH white	8.0	100	66	*	1.3
NH black	12.7	72	253	*	9.2
Overall 0-17 years	8.7	90	99	29	2.6

Second Most Costly Condition in Children, with Highest Number of Children Treated in 2006

**Medical Expenditures
(in dollars, billions)**



**Number of Children
(in millions)**



Source: Soni, Anita, Statistical Brief # 242, April 2009, Rockville, MD: AHRQ

There is Help: Evidence-Based Interventions Proven to Improve Care and Lower Costs

**States, communities can
look to EBI for help in:**

- Improving clinical outcomes
- Closing gaps in asthma outcome disparities
- Reducing asthma morbidity and enhancing quality of life

**Evidence-Based
Interventions can:**

- Potentially be “translated” and successfully integrated into healthcare systems and multiple communities
- Enhance empowerment to increase knowledge, change negative lifestyle behaviors
- Help family members participate in treatment decisions and successfully navigate complex health care system

MCAN-Funded Programs Combine EBI, Case Management and Trigger Removal to Improve Health



MCAN programs have been shown to improve asthma management and quality of life for children and families by:

- Decreasing missed school and work days
- Increasing number of families whose children have asthma action plans
- Empowering families to reduce asthma triggers at home
- Decreasing emergency room visits



Implementation Science Has Taught Us Important Lessons

Interventions Often Multi-Level

EBI deemed efficacious within clinical or community-based trials are often multi-level interventions and are not easily translated into routine practice

Variety and Adaptation Important

Context is important and EBI are rarely transferable without adaptations to specific settings; partnerships and varied approaches are essential

Should Address Real World

Implementation research should address the level to which health interventions can be integrated into real-world public health and clinical service delivery systems

Stay tuned to www.mcanonline.org for new reports on MCAN program health outcomes, learnings and research results

Asthma Management and Treatment: The Evolving Role of the School Nurse



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Asthma Affects 10 of Every 100 School Children



Health Conditions
Per 100 U.S. Students
2011 Update



Asthma



COLOR KEY

- Asthma
- Food Allergy
- Seizure
- Hearing Loss
- Vision Deficiencies
- Obesity
- Autism Spectrum Disorders
- Teen Pregnancy
- Tobacco Use
- Mental/Emotional Disorders
- Threatened by Weapon
- Access to Health Care

State Laws Guide the Care Nurses Provide Children at School



- Nurse practice acts vary from state to state
- School nurses practice within these laws
- May or may not be able to delegate care to unlicensed assistive personnel depending on state regulation

The Evolving Role of the School Nurse



Provider

Advocate



Leader

Liaison



School Nurse Now Plays Diverse and Important Role in Asthma Management



Provider

- Administer direct care to children
- Develop Healthcare Plans, with input from the Asthma Action Plan
- Implement school-based asthma education



Advocate

- Works w/ private healthcare provider, asthma specialist and school staff
- Ensures that students have what they need to attend school safely
- Raises awareness of asthma through staff education



Leader

- Promotes effective asthma policies in the school setting
- Establishes a school climate that promotes health
- “How Asthma-Friendly is Your School?” checklist from the National Asthma Education and Prevention Program



Liaison

- Establishes clear communication w/ stakeholders
- Removes barriers, recommends accommodations in educational programs, like PE and field trips

School Nurses Bridge the Gap Between Asthma Management in School and Home



Nurses provide **care coordination** to parents and students, primary healthcare providers, asthma specialists and school staff



Partnering with Parents Key to Successful Asthma Management

School nurses promote parents' self-efficacy to manage their child's chronic illness by teaching and reinforcing necessary skills



Asthma negatively impacts children's functioning, including school attendance and performance

- Parents move through three phases of coping:
 1. Emotional Crisis
 2. Facing Reality
 3. Reclaiming Life
- School nurses can facilitate this process by encouraging parents to discuss their feelings

Successful Asthma Management Includes Addressing Concerns

- Attendance
- Participation in Physical Education, sports and after-school activities
- Health Office Visits
 - Number of Visits
 - Treatment Needed
- Is there an Asthma Action Plan at school?
 - If yes, is it complete?
 - If no, work to get one from provider
 - If unable, school nurse should construct the plan from the provider's orders

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Lessons Learned from the LAUSD Nursing Services Asthma Program



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“You can’t educate children if they are not healthy, and you can’t keep children healthy if they are not educated.”

***Dr. Joycelyn Elders
15th U.S. Surgeon General***



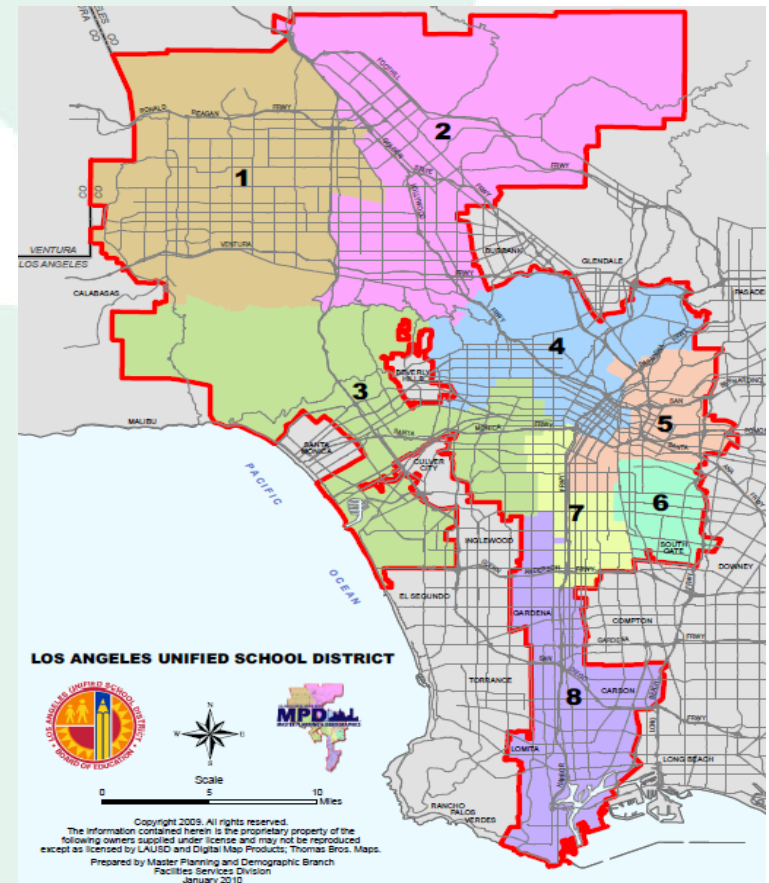
Asthma Program Set in Diverse School District Aims to Improve Health, Education

LAUSD Nursing Services Asthma Program aims to:

- Improve the health and academic achievement of students with asthma by reducing exacerbations
- This is achieved through the education of students, parents and staff on the prevention and management of asthma

Program is set in one of the country's most diverse school districts:

- LAUSD is second largest school district in the United States
- More than 77,000 students in the district have asthma



LAUSD Asthma Program Managed More Than 1,000 Students Over Four Years

Demographics of Participants

71% Hispanic/Latino
22% African American (11% of the District)

Outcomes of Participants

- Improvement in symptoms
- Decreased ER visits
- Increase in appropriate use of asthma medication
- Increased use of an asthma action plan
- Decline in missed days of school: 14 to 5 days/year

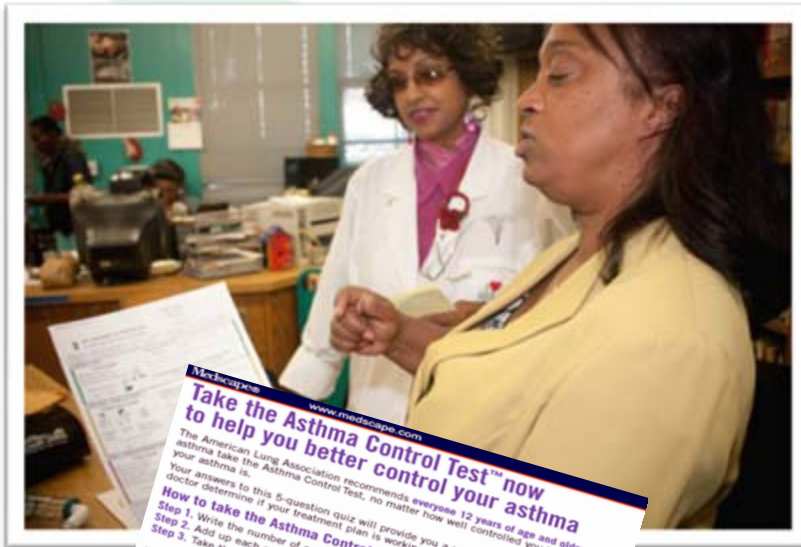


Unique LAUSD Program Combines Education at School and Home to Combat Asthma

- General education for students, parents and staff
- Group education for children with asthma
 - Open Airways for Schools
 - Kickin' Asthma
 - Fight Asthma Now
- Individual education for children with asthma and their families during in-home and school visits



Properly Identifying Students for Asthma Program is Priority



- Engage school personnel to help identify students with asthma
 - School nurses
 - Attendance counselors
 - Administrators
 - Teachers
 - Coaches
- Tools for identifying students include:
 - Screening or control test (e.g., ACT)
 - LAUSD student health office record
 - Medication record

Take the Asthma Control Test™
to help you better control your asthma

The American Lung Association recommends everyone 12 years of age and older with asthma take the Asthma Control Test, no matter how well controlled you think your asthma is.

Your answers to this 5-question quiz will provide you a score that may help you and your doctor determine if your treatment plan is working or if it might be time for a change.

How to take the Asthma Control Test

Step 1. Write the number of each answer in the score box provided.

Step 2. Add up each score box for your total.

Step 3. Take the test to your doctor to talk about your total score.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

All of the time	Most of the time	Some of the time	None of the time
1	2	3	4

2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day	Once a day	2 or 3 times a week	Once a week	Less than once a week	None of the time
1	2	3	4	5	6

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	2 or 3 nights a week	Once a week	Less than once a week	None of the time
1	2	3	4	5

4. During the past 4 weeks, how often have you used your rescue inhaler or reliever medication (such as albuterol)?

3 or more times per day	2 or 3 times per day	Once a day	Less than once a day	None of the time
1	2	3	4	5

5. How would you rate your asthma control during the past 4 weeks?

Not controlled at all	Partly controlled	Controlled	Very well controlled	Completely controlled
1	2	3	4	5

AMERICAN LUNG ASSOCIATION.

Copyright 2002. By Gustafson Incorporated. The Asthma Control Test™ and words everyone 12 years of age and older with asthma to take it. The American Lung Association and Gustafson Incorporated are working together to provide asthma assessments. Gustafson Incorporated is a research-based pharmaceutical company and a world leader in respiratory care.

TOTAL



Fun, Interactive Educational Tools Help Students Better Manage Asthma

- Schools are ideal places to meet children and parents for education
- Classroom presentations, DVDs and story books developed
- Group asthma education classes held to create sense of community
- “Anansi’s Flare-Up” asthma educational DVD



Asthma Action Plan is Essential to Successful In-School Program

- Asthma Action Plans are key health care management plans for students with asthma
- You can obtain one by contacting local coalitions, health providers or accessing on CDC.gov
- The plan should be kept at school for medication and the child should carry one in backpack at all times

Form 33-24 rev 11-08

My Asthma Action Plan
Use traffic light colors to help control asthma.

Asthma Severity: ☐ Intermittent: Symptoms \leq 2 days/wk, \leq 2 nights/mo. ☐ Mild Persistent: Symptoms $>$ 2 days/wk, 3-4 nights/mo.
☐ Moderate Persistent: Symptoms daily, \leq 1 night/mo. ☐ Severe Persistent: Symptoms constant, frequent nights.
* These are partial criteria for Severity Classification. See national guidelines (EPH-3) for complete criteria. www.aadla.org/asthma/asthmaactionplan

Patient Name: _____
 Date of Birth: _____
 Parent Name: _____
 Call Phone: _____
 Home Phone: _____
 School Name: _____

GREEN - GO!
I Feel Good

- Breathing is good, and
- No cough, tight chest, or wheeze, and
- Can work or play as normal

Peak Flow number is: _____ to _____
80% 100%

Every-Day Medicines for Prevention and Long-Term Control at home

Medicine	How Much	When
_____	_____	_____
_____	_____	_____

At 15 to 20 minutes before sports or hard play take: _____ sprays albuterol, using spacer.

YELLOW - TAKE ACTION
I Don't Feel Good

- Cough, or
- Congested/Tight Chest, or
- Trouble breathing, or wheezing

Peak Flow number is: _____ to _____
50% 75%

Continue the Green Zone Every-Day Medicine, and Start Quick-Relief Medicine (albuterol) at home or school to stop your asthma from getting worse.

1. Start albuterol (inhaler with spacer, or by machine) now:
1 spray; then wait 1 minute and repeat.
2. If not improved in 30 minutes, repeat _____ sprays albuterol.
3. If improved, then _____ sprays every _____ hours, as needed until _____

If not improved after taking _____ sprays of albuterol _____ times, or if still in Yellow Zone after _____ days, then start _____ and phone Your Doctor: _____

RED - URGENT-EMERGENCY!
I Feel Awful

- Medicine is not helping, or
- Working hard to breathe, or
- Uncontrolled cough, or
- Severe chest tightness/congestion, or
- Trouble talking or walking (Emergency 911) or
- Blue lips/nails or drooping (Emergency 911)

Peak Flow number is: _____ and _____
0% 40%

Take Quick-Relief Medicine and get help from a doctor, NOW!

1. Take albuterol right away: _____ sprays or by machine and
2. Start corticosteroid: _____ mg, and
3. Repeat albuterol _____ sprays or by nebulizer, if necessary, AND

Go To Emergency Room / Call 911 NOW. Do Not Wait!

If you go to the Emergency Room, make an appointment with your doctor the next day.

Authorization and Disclaimer from Parent/Guardian: I request that the school assist my child with the above asthma medications and the Asthma Action Plan in accordance with state laws and regulations. Yes ☐ No ☐
 My child may carry and self-administer asthma medications and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of asthma medications. Yes ☐ No ☐
 Parent/Guardian Name: _____ Signature: _____
 Health Care Provider: My signature provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. Student may carry and self-administer asthma medications. Yes ☐ No ☐
 (This authorization is for a maximum of one year from signature date.)
 Print Provider Name/Credentials: _____ Signature: _____ Date: _____
 Provider Phone #: _____ Provider Address: _____



Environment Checklists, Other Tools for Schools Help Guide Care

- Tools for School Nurses
 - Asthma Home Environment Checklist (EPA)
- Tools for School Staff
 - Indoor Air Quality Tools for Schools Action Kit (EPA)



Addressing Administrative Challenges: Key Learnings from LAUSD Nursing Services Asthma Program



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Existing Resources, Collaboration and Parental Engagement Key to LAUSD Program Success

LAUSD program was successful for the following reasons:

- Used resources within the school, including key personnel and facilities
- Moved the needle on measures important to district (e.g., attendance, achievement, graduation)
- Extended built-in trust with parents to execute in-home component
- Met students and families where they are (e.g., home, school, community, PTA meetings)
- Program flexible and made tweaks throughout
- Took advantage of opportunities to collaborate with community orgs (e.g., physicians, ALA, AAFA)



Education, Academic Barriers Exist When Implementing In-School Asthma Programs

- Schools are different than healthcare settings
 - Majority of focus is on academics
 - Increasingly “high stakes testing”
 - Less time for health education and health care



At-Home Dynamics, Economic Pressures Make Focus on Children's Health Difficult



- Families have more urgent, pressing needs
 - Time and finances
 - Joblessness
 - Uninsured/ underinsured
 - Lower priority placed on health
- Results in missed appointments or loss to follow-up

Securing and Maintaining Appropriate Funding and Human Resources is Fundamental



- Securing Funding
 - Start up
 - Sustainability
 - Expansion
- Identifying the Right People for the Job
 - Finding professionals with the right skill set and experience
 - Using existing human resources
 - Low-cost training to expand the role of current staff



Overcoming Challenges Can Have Significant Impact on Children with Asthma

Better Attendance, Healthier Students



Reduction in Health Disparities



Cleaner, Safer Homes



Asthma-Friendly Schools



Q&A



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