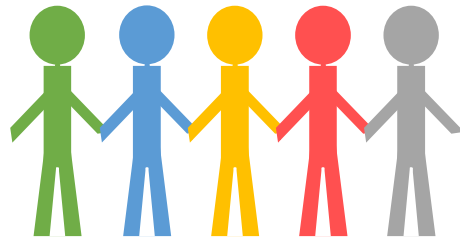


Pediatric Learning Network: Adopting PFE Strategies to Improve Pediatric Asthma Care

Lesson 5:

Connecting patients/families with appropriate supports and services

PCPCC Support and Alignment Network



Quality Improvement Leader:

Ruth S. Gubernick, PhD, MPH, PCMH CE

Collaborative Practice Innovator:

Norah Bertschy, APRN, MSN, PPCNP-BC

PCPCC SAN Facilitator

Liza Greenberg, RN, MPH



Learning Network Goal

Goal: Reduce hospital admissions for asthma by improving quality of care, emphasizing person and family engagement (PFE) strategies.

Today:

- Discuss the goal of the learning network
- Highlight an innovative collaboration testing/using PFE strategies
- Identify partners in your community who can help engage patients with asthma and their families in care management
- Discuss strategies to communicate/coordinate with family supports and services in your community to help engage patients with asthma and their families
- Wrap up and review of several strategies and resources related to achieving PFE metrics shared during previous PLN webinars



Learning Network Plan

1. May: Patient and Family Voices
2. June: Engaging the Patient and Family at the Point of Care (*Part 1 - shared decision-making, patient activation, health literacy, and collaborative medication management*)
3. July: Engaging the Patient and Family at the Point of Care (*Part 2 - shared decision-making*)
4. August: Engaging the Patient and Family at the Point of Care (*Part 3 – e-tools*)
5. Today: Connecting patients/families with appropriate supports and services

Plus! Action steps between each call



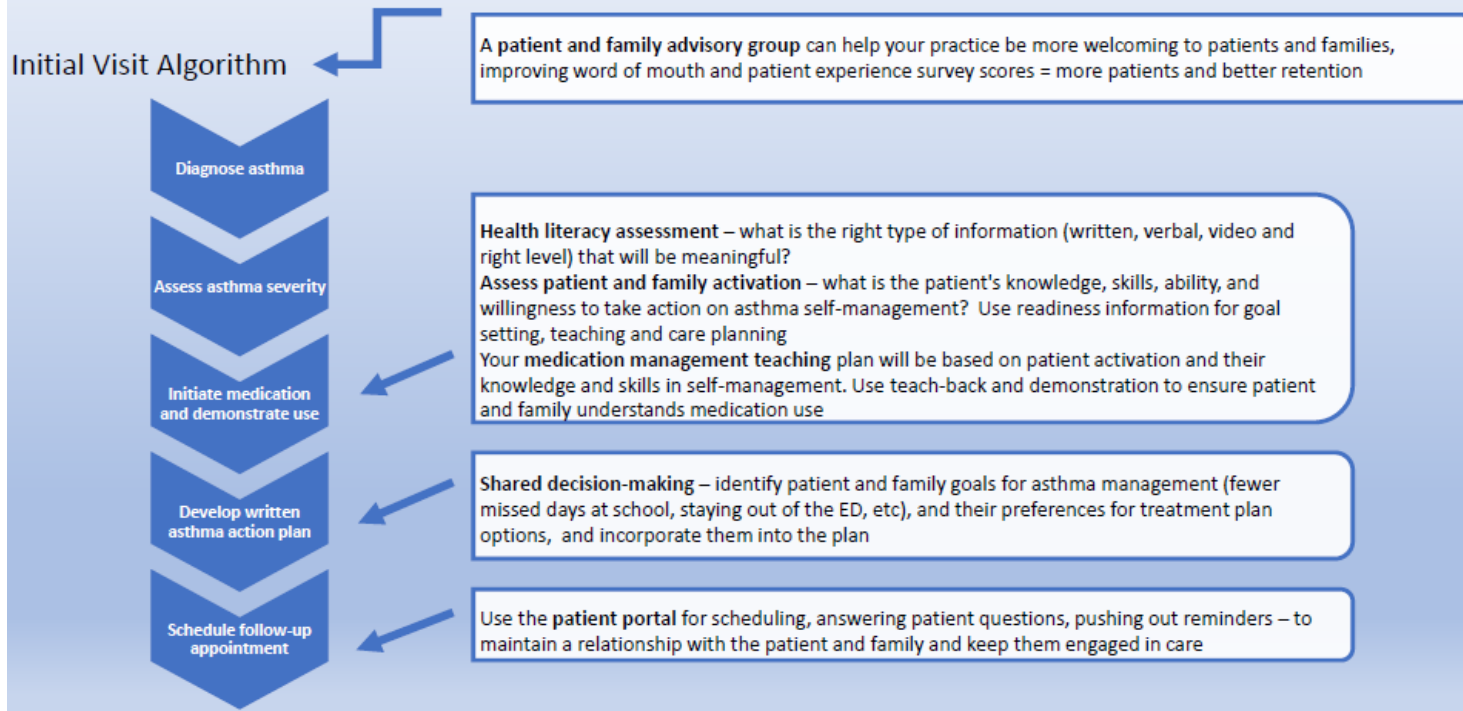
TCPI Person and Family Engagement Performance Metrics

- **PFE Metric 1: Support for Patient and Family Voices**
- **PFE Metric 2: Shared Decision-Making:** Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, and concerns into the treatment plan (e.g. those based on the individual's culture, language, spiritual, social determinants, etc.)?
- **PFE Metric 3: Patient Activation:** Does the practice utilize a tool to assess and measure patient activation?
- **PFE Metric 4: Active e-Tool:** Does the practice use an e-tool (patient portal or other E-Connectivity technology) that is accessible to both patients and clinicians and that shares information such as test results, medication list, vitals and other information and patient record data?
- **PFE Metric 5: Health Literacy Survey:** Is a health literacy patient survey being used by the practice (e.g., CAHPS Health Literacy Item Set)?
- **PFE Metric 6: Medication Management:** Does the clinical team work with the patient and family to support their patient/caregiver management of medications?



QI Opportunities Connected to TCPI PFE Metrics

NHLBI Asthma Care Quick Reference: Diagnosing and Managing Asthma
Initial visit algorithm showing patient and family engagement opportunities



Defining Patient and Family Engagement

An innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families

Engaging patients and families

- In their own care
- In practice improvement
- In policy (practice, hospital, community)



A Collaborative Practice Innovator

Norah Bertschy, APRN, MSN, PPCNP-BC

Nurse Practitioner

Cincinnati Health Department

Cincinnati, OH



Patient-Centered Primary Care

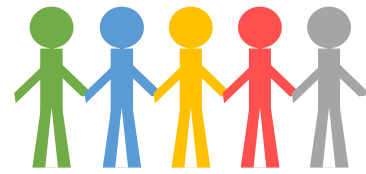


Vision

City of Cincinnati to become the healthiest city in the nation.

Mission

To achieve health equity & improve the health and wellness of all who live, work and play in Cincinnati.



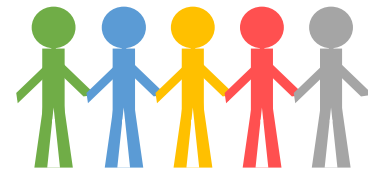
**Patient-Centered
Primary Care**



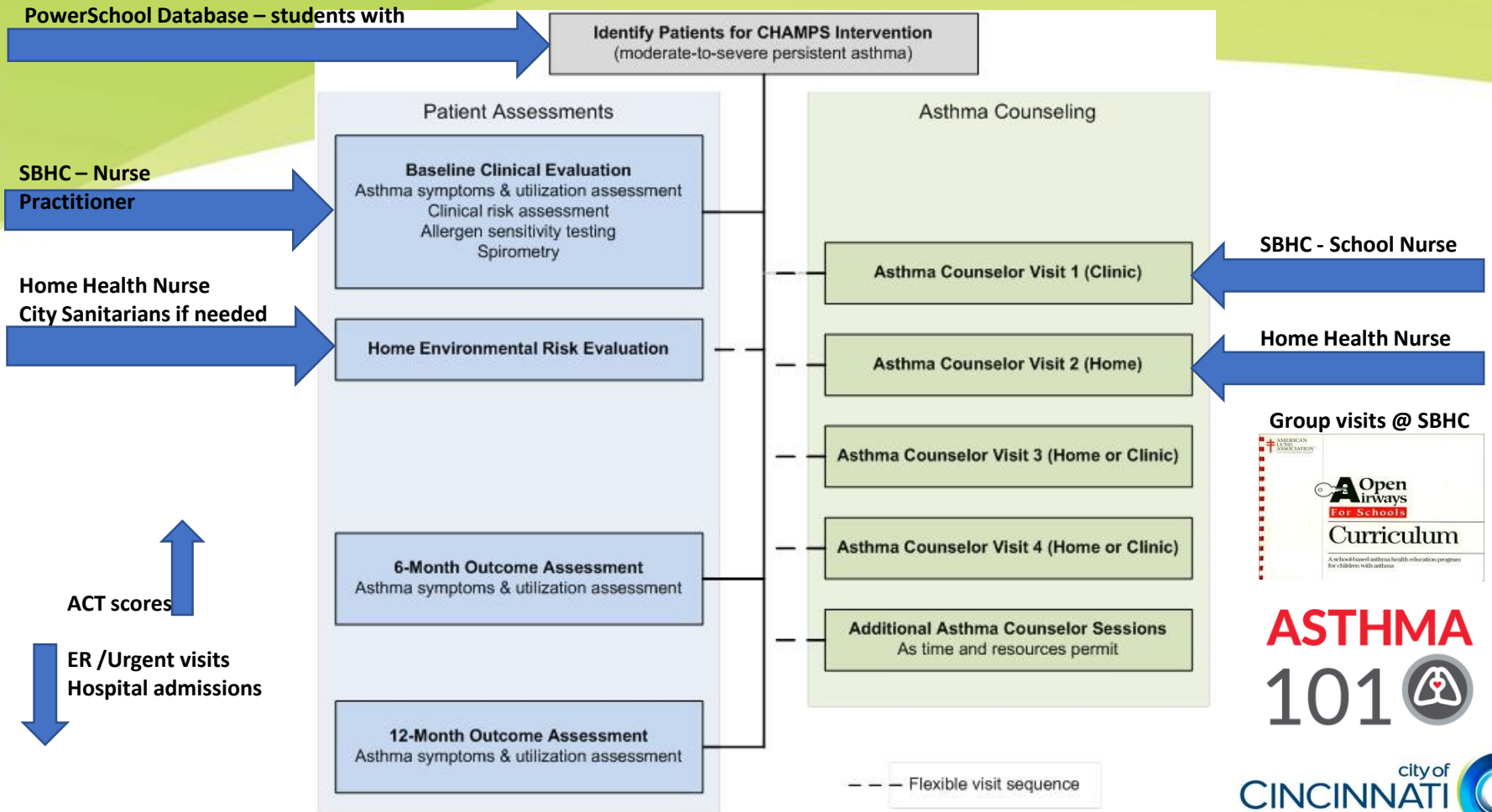
**Community Healthcare for Asthma Management
and Prevention of Symptoms**

**Interprofessional
Collaborative Practice
Team**

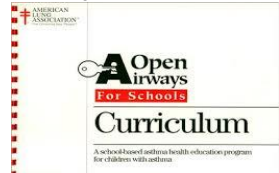
- NPs
- RNs
- MAs
- Case Work Associates
- Pharmacist
- Health Educators



Patient-Centered Primary Care



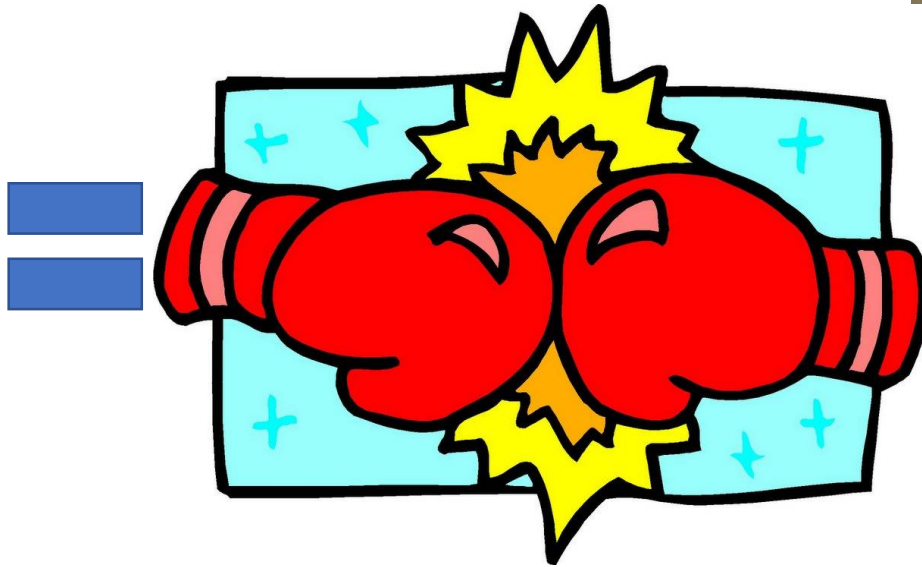
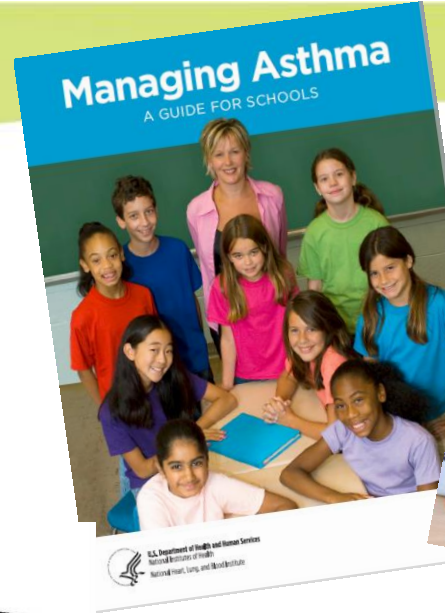
Group visits @ SBHC



ASTHMA
101



Patient-Centered Primary Care



Asthma CHAMPIONS!!!!

- How Asthma Friendly Is Your School?
- Teacher/coach asthma education
- School Staff education
- Building air quality



Polling Question...

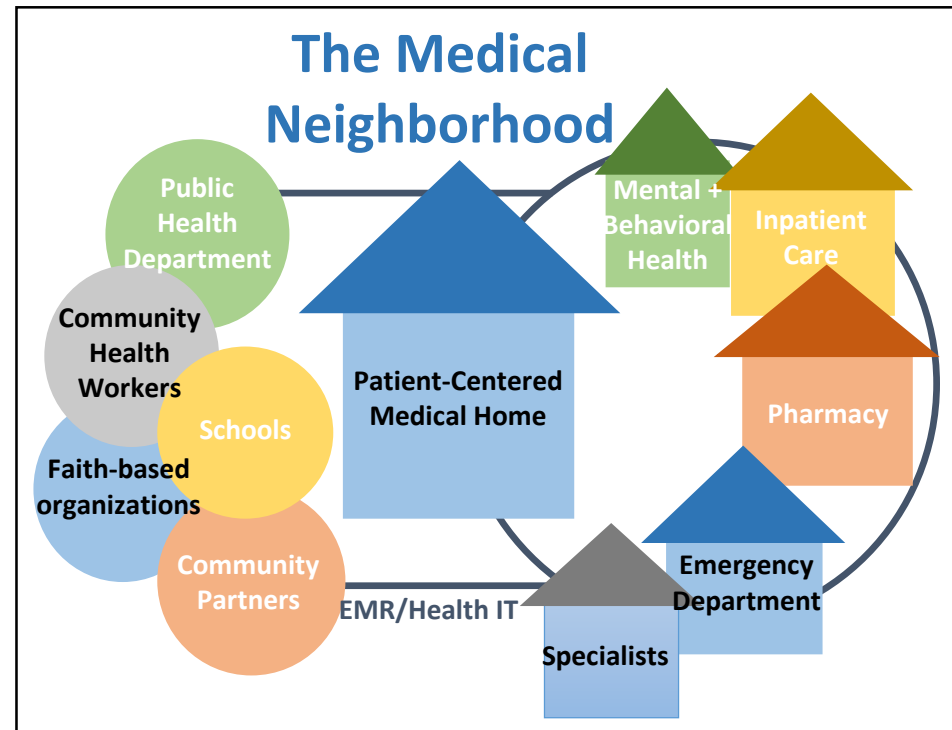
Who do you currently **partner** with in your community, to help connect and engage your patients with asthma and their families with support and services? (Choose all that apply)

- Specialists who are co-managing my patients with asthma and their families
- Emergency Department(s)
- Schools
- Local public health department(s)
- Community-based organizations
- None of the above, as of yet



Coordinated Care Partnerships and Collaboration

Medical Neighborhood
Specialists
Emergency Departments
Inpatient service
Schools
Community organizations



Adapted from www.openmind.com

It takes a Village

Medical Home Coordination

How can we facilitate increased partnership and communication across the medical neighborhood...

How do we facilitate seamless and timely transitions of care...



Co-Management: Specialists

Enhanced communications

- Reasons for referral (PCP)
- Treatment plans (Specialist)
- Sharing information in timely way

Specialists lunch talks

- Meet the specialist
- Evidence-based guidelines
- Medical management support

Closing loops

- Facilitating seamless transition of care
- Patient experiences and perception of the care continuum



qsen-interdisciplinaryteams.wikispaces.com

Medical Neighborhood Building Bridges— ED

Enhanced communications

Identify Care Manager/ Point of contact

Treatment plan (patient care plan card)

Changes to plan

Coordinated care

Patient f/u post ED/Hospital

Symptoms check

Have medications

Review treatment plan

In office follow-up

Closing loops- care management



qsen-interdisciplinaryteams.wikispaces.com

School Partnerships

- Families rely on schools to keep kids safe
- Families rely on medical providers to provide the needed information to schools to keep kids safe
- Safe and effective management require prompt symptom recognition, trained personnel and access to medication
- Strong collaborative partnerships are key



School Partnerships Require:

- Open communications
 - Schools, family, physician office
- Shared goals
- Shared responsibility
- Opportunities for ongoing family participation in decision making and care plans



Community Partnerships

- Food Insecurity
 - WIC, Farmers market, food banks
- Housing
 - Inspectional services
 - Pest management
- Utility assistance programs
 - Local utility companies, heating and fuel assistance
- Parent partners
- Community Health Workers
- Public Health Department



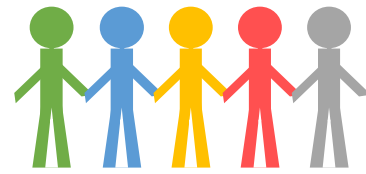
Strategies For Good Partnership

Talk among yourselves...

- What current communication pathways have been developed in the practice to improve asthma management?
 - What opportunities for partnership with...
- Think of your current practice...
 - Is there 1 partnership or process that is working well?
 - Is there 1 partnership/process you would like to improve or make?



Circling back around and
wrapping up...



How Could We Implement a Patient Registry?

- Identify a care coordinator as your Registry “Champion”
- Meet as a practice team
 - Flow charting/process mapping of current care coordination functions
 - Define your registry population (asthma diagnosis)
 - MD recall
 - Diagnosis codes
 - Identify initial data fields
 - Identify available technology (e.g., Excel, Access or other software application; as a function within your EHR)
 - Use PDSA cycles to test “small” changes

Engaging Patients/Families in Conversation Related to Their/Child's Care

- Pre-visit contact/forms (AAP Bright Futures)
- Family Strengths
- **Asthma Control Test (ACT)**

Childhood Asthma Control Test for children 4 to 11 years old. Know the score.

This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.
 How to take the Childhood Asthma Control Test
 Step 1. Let your child answer to the first four questions 1 to 4. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions 5 to 7 on your own and without letting your child's response influence your answers. There are no right or wrong answers.
 Step 2. Write the number of each answer in the score box provided.
 Step 3. Add up each score box for the total.
 Step 4. Take the test to the doctor to talk about your child's total score.

19 or less If your child scores 19 or less, it may be a sign that your child's asthma is not controlled or well controlled. This risk has to be discussed with the doctor to talk about the results.

Have your child complete these questions.

1. How is your asthma today?

1 Very bad	2 Bad	3 Good	4 Very good	SCORE
---------------	----------	-----------	----------------	-------

2. How much of a problem is your asthma when you run, exercise or play sports?

1 It's a big problem. I can't do what I want to do.	2 It's a problem and I don't like it.	3 It's a little problem but it's okay.	4 It's not a problem.	
--	--	---	--------------------------	--

3. Is the cough because of your asthma?

1 Yes, all the time.	2 Yes, most of the time.	3 Yes, some of the time.	4 No, not at all.	
-------------------------	-----------------------------	-----------------------------	----------------------	--

4. Do you wake up during the night because of your asthma?

1 Yes, all the time.	2 Yes, most of the time.	3 Yes, some of the time.	4 No, not at all.	
-------------------------	-----------------------------	-----------------------------	----------------------	--

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

1 Not at all	2 1-3 days	3 4-10 days	4 11-18 days	5 19-24 days	6 Everyday	
-----------------	---------------	----------------	-----------------	-----------------	---------------	--

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

1 Not at all	2 1-3 days	3 4-10 days	4 11-18 days	5 19-24 days	6 Everyday	
-----------------	---------------	----------------	-----------------	-----------------	---------------	--

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

1 Not at all	2 1-3 days	3 4-10 days	4 11-18 days	5 19-24 days	6 Everyday	TOTAL
-----------------	---------------	----------------	-----------------	-----------------	---------------	-------

Take the Asthma Control Test™ (ACT) for people 12 years and older. Know your score. Share your results with your doctor.

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 the doctor to talk about your 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 home?

All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5	SCORE
-----------------	---	------------------	---	------------------	---	----------------------	---	------------------	---	-------

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

More than once a day	1	Once a day	2	2-3 times a week	3	Once or twice a week	4	Not at all	5	
----------------------	---	------------	---	------------------	---	----------------------	---	------------	---	--

3. During the past 4 weeks, how often do your asthma symptoms (sneezing, 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	1	2-3 nights a week	2	Once a week	3	Once or twice a week	4	Not at all	5	
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4. During the past 4 weeks, how often have you used your rescue inhaler or nebulator medication (such as albuterol)?

3 or more times per day	1	1 or 2 times per day	2	2 or 3 times a week	3	Once a week or less	4	Not at all	5	
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5. How would you rate your asthma control during the past 4 weeks?

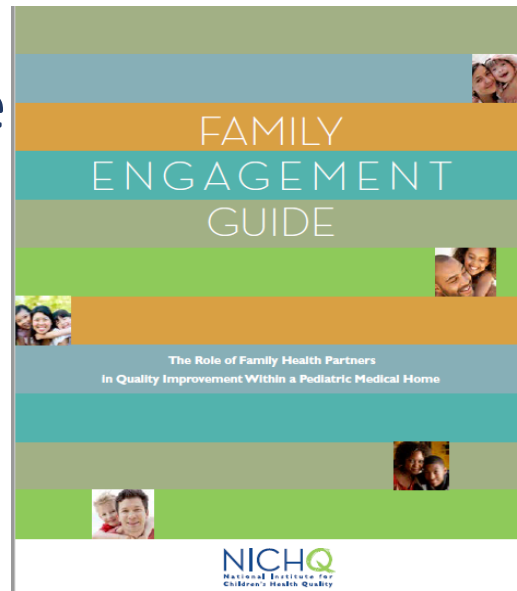
Not controlled at all	1	Not well controlled	2	Well controlled	3	Completely controlled	4	TOTAL
-----------------------	---	---------------------	---	-----------------	---	-----------------------	---	-------

19 or less If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.



Engaging and Partnering with Parents/Caregivers

- In Their Child's Care
- On Your Practice QI
- On Your PFAC



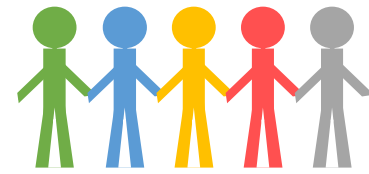
NICHQ

National Institute for Children's Health Quality

Creating a Patient and
Family Advisory Council:
A Toolkit for Pediatric Practices



30 Winter Street, 6th Floor, Boston, MA 02108
Phone 617-391-2700 Fax 617-391-2701 www.nichq.org



Teach-Back Strategy

- Evidence-based Health Literacy Intervention
- Communication approach for shared decision-making
- Ask your patients/parents to “Teach it Back”



Teach-Back A Guide for Staff

What is teach-back?

Teach-back IS a way for you to make sure your patients understand what you tell them.

Teach-back IS NOT a test or a quiz for patients.

How do I use teach-back?

Just ask patients to explain what you have told them using their own words. For example, if you explain what they need to do to prepare for a procedure, ask them if they can *teach back* to you how they are going to prepare.

Why should I use teach-back?

As part of the care team, you have an important safety role in making sure your patients understand all the information they are given during their visit.

Did you know that patients forget up to 80% of what you tell them after a visit?¹ If they do remember, only half of what they remember is correct.²



When should I use teach-back?

Use teach-back whenever explaining important concepts to patients regarding their health care, including:

- Medicines.
- Home care instructions.
- Use of a new device.
- Next steps in their care.
- Anything else that is important for them to understand.

1. Kessels RP. Patients' memory for medical information. J R Soc Med 2003;96(5):219-22. PMID: [PMC539473](#).
2. Anderson JL, Dodman S, Kopelman M, et al. Patient information recall in a rheumatology clinic. Rheumatology 1979;18(1):18-22.



Health Literacy: Confirm Patient/ Family Understanding

- Ensuring agreement and understanding about the care plan is essential to achieving adherence. Examples:
 - “Tell me what you’ve understood.”
 - “I want to make sure I explained your medicine clearly. Can you tell/show me how you/your child will take this asthma medicine?”

- Schillinger, D. Archives of Internal Med, 2003



Patient Activation

MY HEALTH CONFIDENCE

What number best describes your:

Health confidence

How confident are you that you can control and manage most of your health problems?



If your rating is less than "7," what would it take to increase your score?

Health information

How understandable and useful is the information your doctors or nurses have given you about your health problems or concerns?



If your rating is less than "7," what would it take to increase your score?

Family Practice Management

Developed by John Wasson, MD, for HealthConfidence.org. Copyright © 2014 Trustees of Dartmouth College and FNX Corp. Used with permission. Physicians may duplicate for use in their own practices; all other rights reserved. <http://www.aafp.org/fpm/2014/0900/p8.html>.

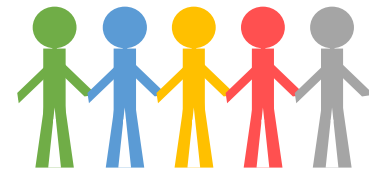
Medication Management Strategy

- Develop a complete & accurate medication list
 - ▶ Patients and family members bring all their medications – OTC and prescriptions
- Complete medication reconciliation using the accurate medication list
 - ▶ Identify & correct safety issues



Asthma Support

Review medication device use with patients/families



The **SHARE** Approach: A Model for Shared Decision Making

The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.



Seek your patient's participation.



Help your patient explore & compare treatment options.



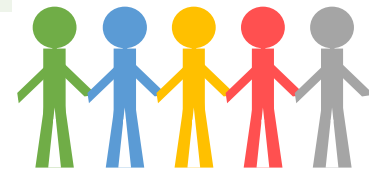
Assess your patient's values and preferences.



Reach a decision with your patient.



Evaluate your patient's decision.





www.idph.state.il.us

(Press Firmly)

Name <i>Katie Miller</i>	Date of Birth <i>10 yrs</i>	Effective Date <i>/ / to / /</i>
Doctor		Parent/Guardian
Doctor's Office Phone Number		Parent's Phone
Emergency Contact After Parent		Contact Phone

The colors of the traffic light will help you use your asthma medicines.



- Green means Go Zone!**
Use preventive medicine.
- Yellow means Caution Zone!**
Add prescribed yellow zone medicine.
- Red means Danger Zone!**
Get help from a doctor.

Pay Attention to Symptoms.

GO (Green)

- You have **all** of these:
- Breathing is good
 - No cough or wheeze
 - Sleep through the night
 - Can work and play

Peak flow from _____ to _____

Personal Best Peak Flow _____

CAUTION (Yellow)

- You have **any** of these:
- First sign of cold
 - Exposure to known trigger
 - Cough
 - Mild wheeze
 - Tight chest
 - Coughing at night

Peak flow from _____ to _____

DANGER (Red)

- Your asthma is getting worse fast:
- Medicine is not helping
 - Breathing is hard and fast
 - Nose opens wide
 - Ribs show
 - Lips blue
 - Fingernails blue
 - Trouble walking and talking

Peak flow from _____ to _____

Use these medicines every day

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
<i>Qvar 40</i>	<i>2 Puffs</i>	<i>Morning and Night</i>
COMMENTS: <i>Don't forget to use your spacer!</i>		

For asthma with exercise, take:

<i>Albuterol</i>	<i>2 Puffs</i>	<i>30 minutes before exercise</i>
------------------	----------------	-----------------------------------

Continue with green zone medicine and ADD:

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
<i>Qvar 40</i>	<i>2 Puffs</i>	<i>Morning and Night</i>
<i>Albuterol</i>	<i>2 Puffs</i>	<i>Every 4-6 hours as needed</i>
COMMENTS:		

IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK THEN CALL YOUR DOCTOR.

Take these medicines and call your doctor

EMERGENCY MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
<i>Orapred</i>	<i>2 tsp</i>	<i>Morning and Night for five days only</i>
<i>Albuterol</i>	<i>2 Puffs</i>	<i>Every 3-4 hours as needed</i>
COMMENTS: <i>Use Orapred only if OK by office.</i>		

Get help from a doctor now! It's important!

Asthma is a potentially life threatening illness. If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.** Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Check all items that trigger your asthma and things that could make your asthma worse:

- Chalk Dust
- Cigarette smoke & Second hand smoke
- Colds/Flu
- Dust mites, dust, stuffed animals, carpet
- Exercise
- Mold
- Ozone alert days
- Pests - rodents & cockroaches
- Pets - animal dander
- Plants, flowers, cut grass, pollen
- Strong odors, perfumes, cleaning products, scented products
- Sudden temperature change
- Wood smoke
- Foods: _____
- Other: _____

- This student is capable and has been instructed in the proper method of self-administering the medications named above (or attached prescription).
- This student is not approved to self-medicate.

Check asthma severity: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

PHYSICIAN SIGNATURE _____
 PHYSICIAN STAMP

Prepared by the Iowa Department of Public Health
 Adapted from the NYC Childhood Asthma Initiative
 Adapted from NHLBI

Funding provided through a cooperative agreement with the Centers for Disease Control and Prevention

Printed 2003

Use of e-Tools (Patient Portals)

The screenshot shows a website header with navigation buttons: PAGE MY DOCTOR, PATIENT PORTAL, PAY MY BILL, FIND US ON (Facebook and Twitter icons), JOIN OUR EMAIL LIST, SEARCH, and a language selection dropdown. The main content area features a 'Patient Portal' section with a background image of a family. It includes text about accessing medical records, a link to a user guide, and instructions for signing up or logging in. A sidebar on the left contains links for 'About WP', 'New Patients', 'Parent Resources', and 'Contact WP', along with a 'What's Going Around?' section with dropdown menus for 'Illnesses and Symptc', 'Medicine Dosages...', and 'Medical Conditions...'. At the bottom of the sidebar are buttons for 'For Teens' and 'For Kids'.

PAGE MY DOCTOR PATIENT PORTAL PAY MY BILL FIND US ON JOIN OUR EMAIL LIST SEARCH Select Language ▼

About WP

New Patients

Parent Resources

Contact WP

What's Going Around?

Illnesses and Symptc ▼
Medicine Dosages... ▼
Medical Conditions... ▼

For **Teens**

For **Kids**

Patient Portal

; Pediatrics provides personal access to your family's medical records though our **Patient Portal**. You can access information such as immunization records, visit summaries, lab results and dates for upcoming appointments.

Click here to learn how to use and navigate the portal with our User Guide!

Sign up is quick and easy by clicking on the link below to send an email with your name, DOB and email address, your children's name(s) and date(s) of birth.

Click here to sign up for the Patient Portal now or directly email **wportal@** **gpediatrics.com** with the subject heading "I want to sign up for the Patient Portal"

If you are already enrolled in the Patient Portal, **click here to log in.**

Join Our Email List

Click **here** to sign up to receive important news and updates about the practice!



Use of e-Tools (Patient Portals)

information about a number of topics.



[Click Here](#)

MAP News & Happenings

- [An Announcement about changes happening at Mt. Airy Pediatrics](#)
- [Flu Vaccine is here! CALL US!](#)
- [NEW!!! Online Self-Checkin prior to your appointment](#)



[More Info](#)

Sick Child?

[Medication Dosing Charts](#)

[Appointment Requests](#)

[Symptom Checker](#)



[Click Here](#)

[Click here to access the](#) [Pediatrics P.C.'s Patient Portal](#)

As always, for **urgent medical matters**, please contact us [\[redacted\]](#)

If your child is experiencing a medical emergency, please call 911 or go to the nearest emergency room. Requests made through the patient portal may take up to 48 hours to be processed.

The Patient Portal gives us a secure and efficient method of providing you with answers and access to your child's personal health information. Our providers and staff will be able to easily access, organize and respond to patient questions and feedback.

Best of all, you will be able to resolve issues online - improving the efficiency of our staff in the office. Of course, the Patient Portal is available to you 24 hours a day, 7 days a week, 365 days per year.

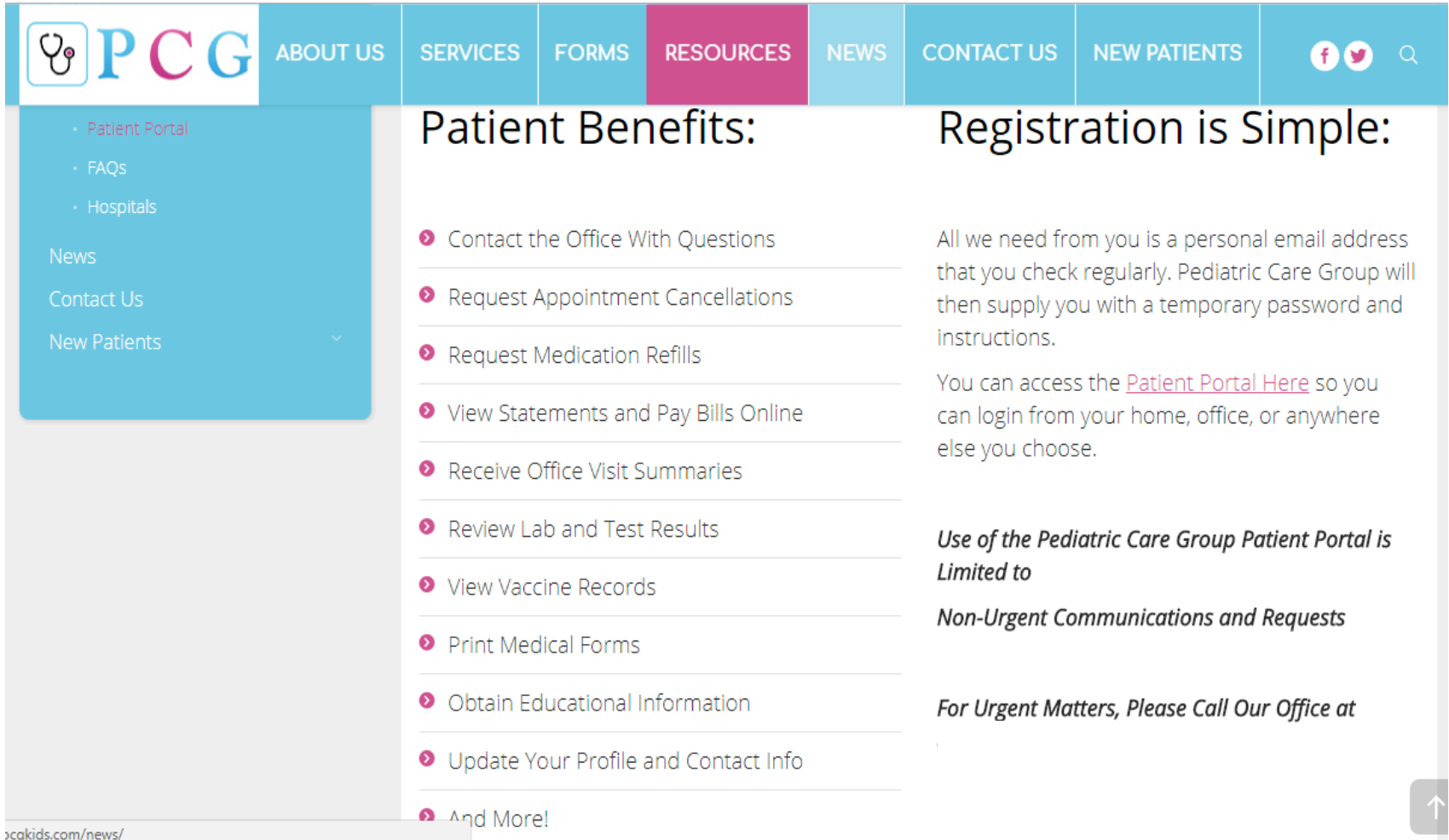
[Click here for a short video about the features and benefits of our patient portal:](#)

- [NEW!!! Check-in or your appointment from home using our self check-in feature](#)
- [Exchange Secure and Compliant Messages with your physician or nurse practitioner, as well as the office staff](#)
- [View Past and Future Appointments](#)
- [Request New Appointments](#)
- [View and Update Personal Demographics](#)
- [View and Print Patient Forms](#)
- [Request insurance referrals](#)
- [View your patient Statements and make secure on-line payments](#)
- [Receive Lab Results](#)
- [Request Prescription Refills](#)

We encourage you to sign up for the portal and use it often. We welcome your feedback about the [Patient Portal](#).



Use of e-Tools (Patient Portals)



The screenshot shows the Pediatric Care Group (PCG) website. The navigation bar includes: ABOUT US, SERVICES, FORMS, RESOURCES (highlighted), NEWS, CONTACT US, and NEW PATIENTS. A dropdown menu under RESOURCES lists: Patient Portal, FAQs, Hospitals, News, Contact Us, and New Patients. The main content area is split into two columns. The left column is titled "Patient Benefits:" and lists: Contact the Office With Questions, Request Appointment Cancellations, Request Medication Refills, View Statements and Pay Bills Online, Receive Office Visit Summaries, Review Lab and Test Results, View Vaccine Records, Print Medical Forms, Obtain Educational Information, Update Your Profile and Contact Info, and And More!. The right column is titled "Registration is Simple:" and contains text about email registration, a link to the Patient Portal, and information about portal usage limitations. A footer contains the URL "pcqkids.com/news/" and a social media icon of five people.

PCG

ABOUT US SERVICES FORMS **RESOURCES** NEWS CONTACT US NEW PATIENTS

- Patient Portal
- FAQs
- Hospitals

News

Contact Us

New Patients

Patient Benefits:

- ▶ Contact the Office With Questions
- ▶ Request Appointment Cancellations
- ▶ Request Medication Refills
- ▶ View Statements and Pay Bills Online
- ▶ Receive Office Visit Summaries
- ▶ Review Lab and Test Results
- ▶ View Vaccine Records
- ▶ Print Medical Forms
- ▶ Obtain Educational Information
- ▶ Update Your Profile and Contact Info
- ▶ And More!

Registration is Simple:

All we need from you is a personal email address that you check regularly. Pediatric Care Group will then supply you with a temporary password and instructions.

You can access the [Patient Portal Here](#) so you can login from your home, office, or anywhere else you choose.

Use of the Pediatric Care Group Patient Portal is Limited to

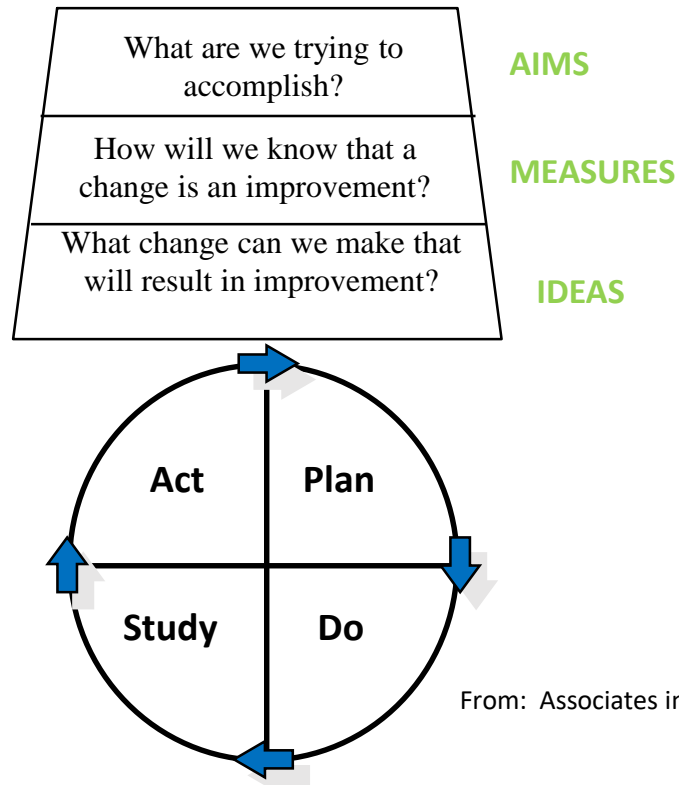
Non-Urgent Communications and Requests

For Urgent Matters, Please Call Our Office at

pcqkids.com/news/



Using QI Methodology (Model for Improvement) to Test Changes



From: Associates in Process Improvement

Planning Tests of Change to Reduce Asthma-related ED Utilization

Determine current asthma-related ED Utilization Rate

Measure it, graphically display it and share it on a monthly basis!

Examples of planned tests of change (the “P” of a PDSA)

- Adding sick visit slots on Mondays and Fridays
- Having more practitioners available to see patients on Friday afternoons
- One practitioner who is “on call” each day to stay and make sure all walk-ins are seen
- Initiating or expanding evening and weekend hours for your practice
- Surveying a sample of patients in your practice to determine their satisfaction with your practice’s ability answer questions after hours (e.g., nurse triage)



Remember...

It Takes an Effective Team to Do QI Work!

- Members representing different kinds of expertise in the practice/organization
 - Clinical Leader
 - Technical Expertise
 - Day-to-Day Leadership
 - Administrative Staff
 - Parent/Caregiver Partner(s)
 - Practice Facilitator/QI Coach



Tips for Sustaining Gains:

- Keep leaders informed
- Systems must be independent of the people involved
- Constantly adapt and create new tools
- Continuously monitor results
- Celebrate successes with staff
- Communicate improvements with patients
- Use data as evidence that change is improvement!



Polling Question...

As a result of your participation in this Pediatric Learning Network, how confident do you feel about being able to keep your patients with asthma out of the ED?

- Very confident
- Somewhat confident
- No change
- Less confident
- Not at all confident



Open Discussion

Please share Action Steps Taken:

- Engaging Patients/Families in Conversation Related to Their/Child's Care
- Planning/Testing an Asthma Support Group
- Creation/maintenance of a Asthma Registry
- Assessment of Patient/Caregiver Activation
- Assessment of Health Literacy
- Use of Teach Back Method
- Use of e-Tools (patient portals)
- Partnering with your community

Thank you for your hard work to transform and improve person and family engagement for children with asthma and their families!

Contact information:
Ruth Gubernick
856-477-2177
gubernrs@hln.com



Technical Support Available from PCPPC SAN and Partners

PCPCC SAN website and PFE Resource Center

<https://www.pcpcc.org/tcpi>

Pediatric Asthma and PFE

<https://www.pcpcc.org/tcpi/learning>

Contact

- Liza Greenberg, Program Director
liza@pcpcc.net

