

NJ DSRIP Learning Collaborative 1

Hospital-Based Educators Teach Optimal Asthma
Care

Rachel Morales, MS, RRT, AE-C

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St. Joseph's Healthcare System

Founded in 1867 by the Sisters of Charity of Saint Elizabeth

Today, **St. Joseph's Healthcare System (SJHS)** operates **St. Joseph's Regional Medical Center** and **St. Joseph's Children's Hospital** in Paterson and **St. Joseph's Wayne Hospital**, a division of the Regional Medical Center located in Wayne, NJ.

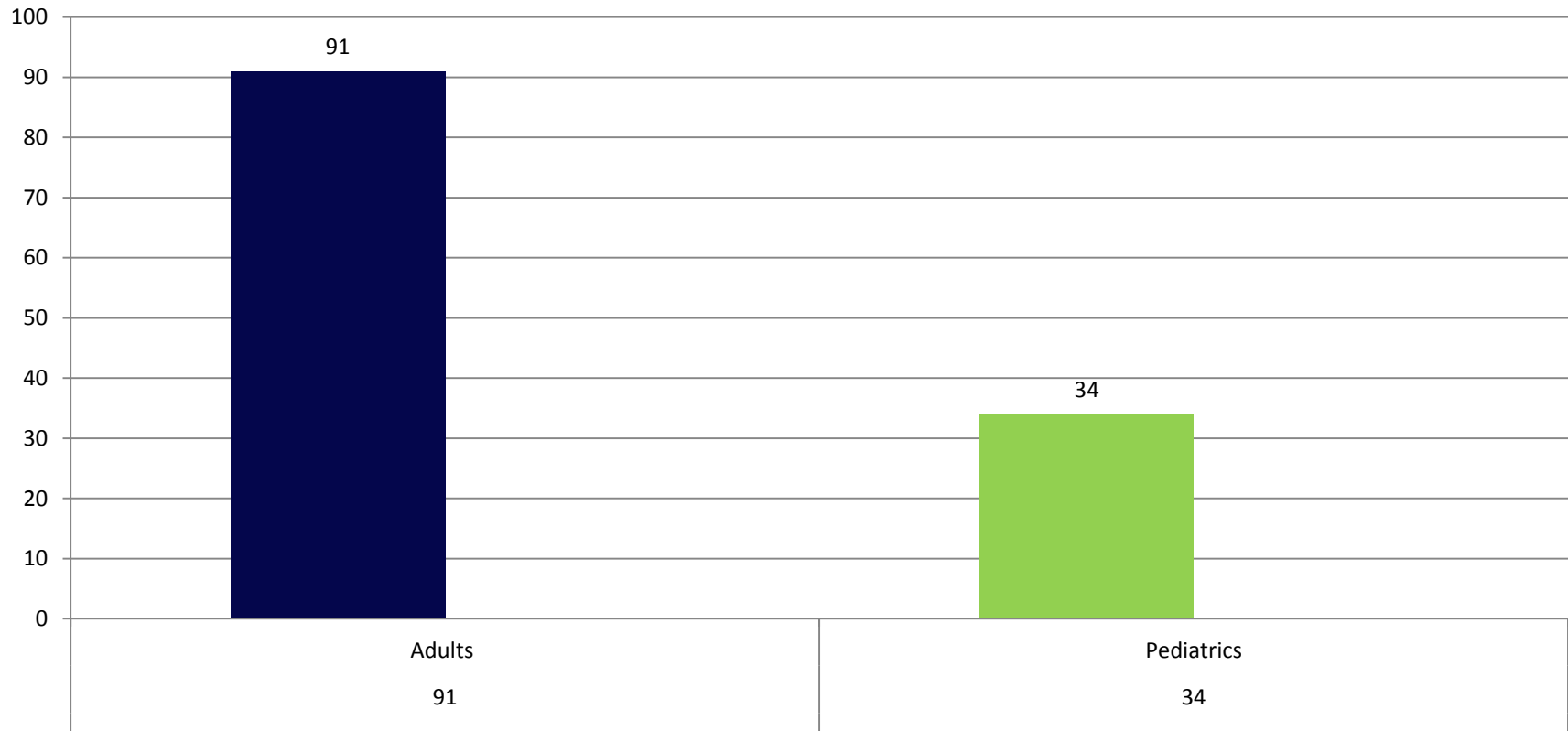
With a “**patients first**” approach to health care excellence, St. Joseph's is fully committed to providing top quality services designed to heal the minds, bodies and spirits of all those in need.

As a Level II Trauma Center, a Level III Neonatal Intensive Care, with 651 beds and 5,100 employees, St. Joseph's is the largest employer in Passaic County and the health care provider of choice in the region.

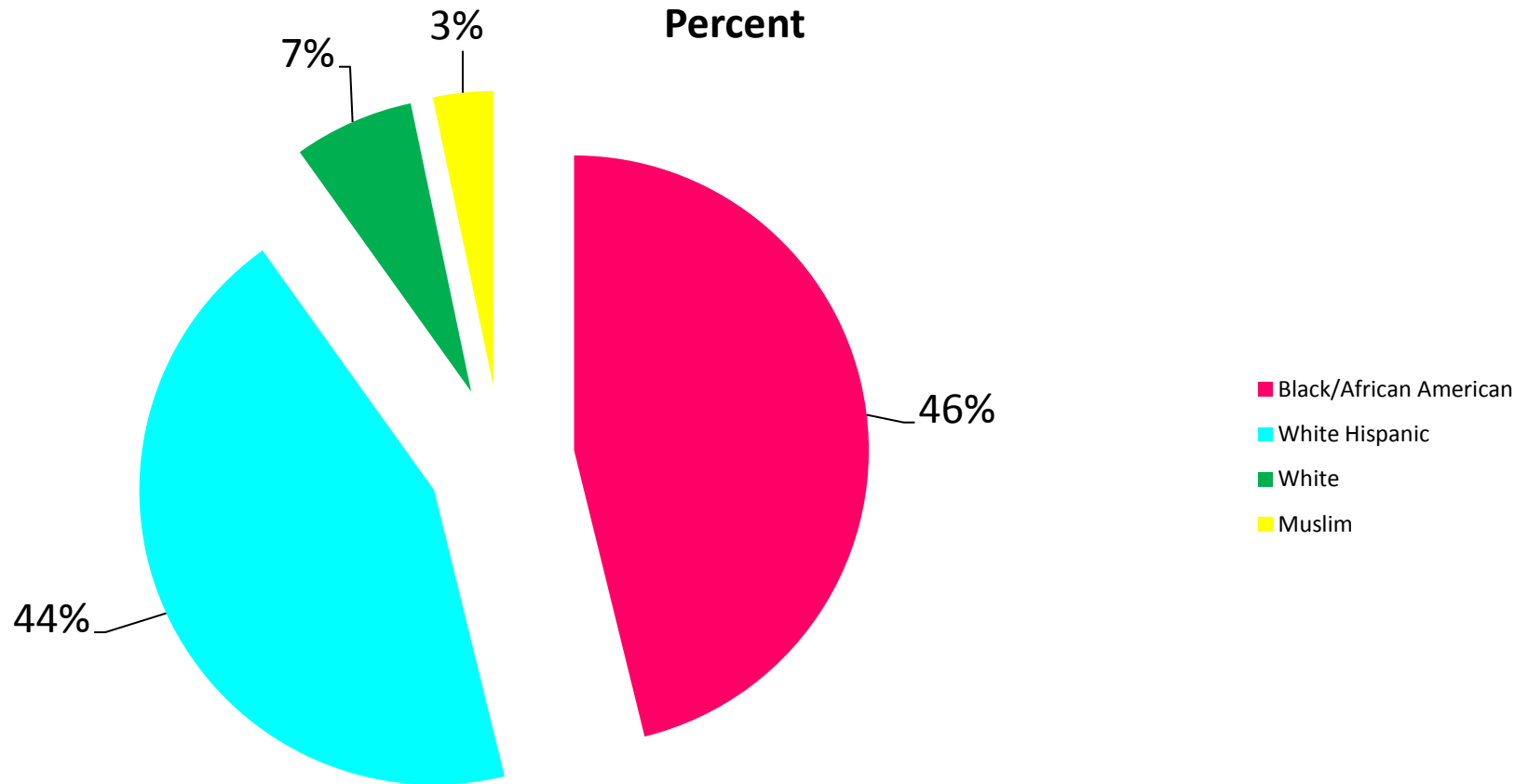
At St. Joseph's, healing is our passion.



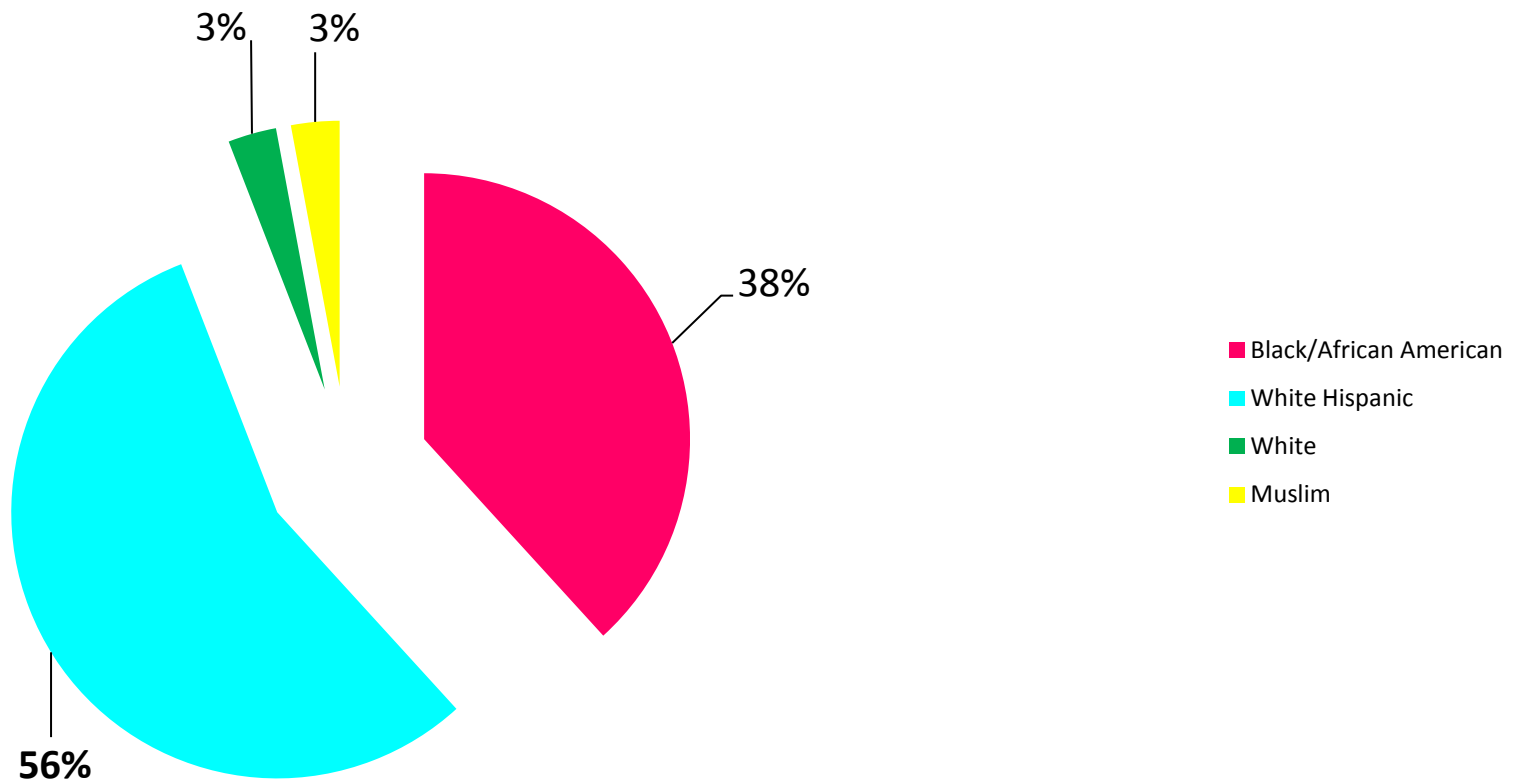
Number of Frequent Asthma Patients 2013



Adult Ethnicity



Pediatric Ethnicity



St. Joseph's Regional Medical Center

Observations

- ❑ St Joseph's Day Care Outreach Program-day care teachers were administering bronchodilator medication with the blow-by method to young children
- ❑ Pediatrics had an asthma protocol
- ❑ The need to have visual asthma education that is easily available



Implementations

- ❑ Changed the RT department current practice based on **AARC Clinical Practice Guideline 2012** (Ari, A and Restrepo, RD. Aerosol Delivery Device Selection for Spontaneously Breathing Patients: 2012. *Respir Care*. April 2012; 57(4): 613-626).
- ❑ An adult bronchodilator was developed, approved, and was implemented on August 4th.
- ❑ An educational channel that views asthma videos 24 hours in English and in Spanish that is viewed on all inpatients' televisions

St. Joseph's Project Achievements

Rachel Morales of St. Joseph's Healthcare System, sent an e-mail, inquiring as to whether a therapist driven protocol approved by St. Joseph's falls within the scope of practice and seeking language from the Board which would approve/support such protocol.

- i. Suggested Statement Supporting Respiratory Therapist-Driven Protocols (TDP).

State Board of Respiratory Care

Statement Supporting Respiratory Therapist-Driven Protocols (TDP)

The Board of Respiratory Care supports the use of Respiratory Therapist-Driven Protocols (TDP) and finds their use consistent and in accordance with the "Respiratory Care Practitioner Licensing Act".

A Respiratory Therapist-Driven Protocol is a documented set of instructions and process which permits the licensed Respiratory Care Practitioner to initiate or modify a patient care plan following a pre-determined and structured set of physician orders. They include instructions or interventions, in which the licensed Respiratory Care Practitioner is allowed to initiate, discontinue, refine, transition, or restart respiratory therapy and associated medications as the patients' medical condition dictates. Protocols are generally written in algorithmic form, are based on scientific evidence and include guidelines and options at decision points along with clearly stated outcome objectives.

St Joseph's Project Achievements

Certified Asthma Educators (AE-C)

- ☐ 4 Respiratory Therapists
- ☐ 1 Registered Nurse
- ☐ 1 Advance Nurse Practitioner
- ☐ 2 Pharmacists

Asthma Staff Education Classes

- ☐ 3 hour classes-offered twice daily
- ☐ January-May 2014
- ☐ Approximately 278 staff employees

Outreach Programs

- ☐ Certified Asthma Educators held 4 outreach program in our community
- ☐ About 350 adults and children were educated about asthma self-management.





Learning Collaborative Monthly Survey

Project Implementation - Support		
Questions		Enter Response Below
1.	Is your hospital's project team in place? <i>If not, briefly explain.</i>	Yes
2.	Is your hospital's quality improvement plan developed? <i>If not, are there challenges to address?</i>	Yes
3.	Briefly describe any activities with your external partner(s) this month.	Last month we held an external partners meeting. During the meeting asthma resource packets were distributed and attendees participated in a brainstorming session on the topic of Asthma Community Resources. This month we had no contact with external partners.
4.	Briefly describe any hospital leadership engagement activities this month.	Our hospital held our DSRIP Asthma Steering Committee and our Outreach/Education Asthma Committee monthly meeting this month.



Learning Collaborative Monthly Survey

Project Implementation - Tracking		
Questions		Enter Response Below
5.	What stage of the PDSA cycle would you consider your project to be in? If you are currently doing more than one PDSA cycle, briefly describe stages for each.	We are currently in the Planning stage for each objective set forth in our program's methodology. The Planning stage is being accomplished via the development of various committees and multidisciplinary teams.
6.	What is the overall estimated completion percentage for your project's Stage 1 activities?	97%
7.	What is the overall estimated completion percentage for your project's Stage 2 activities?	25%
8.	Are there project activities that have changed, or need to change, in order for the project to be successful?	We are distributing satisfaction surveys to the asthma clinic patients. Currently, the response return rate is very low. We are working to improve the rate of return to have data prior to the implementation of the pilot.
9.	Briefly describe how your hospital is tracking DSRIP performance data to date.	St. Joseph's is tracking DSRIP data by developing a multidisciplinary taskforce incorporating physicians, clinicians, IT, quality staff, and administrators to review and capture the measures electronically. HealthStream collects and reports our inpatient patient satisfaction measures; outpatient satisfaction is being collected through paper survey.



Learning Collaborative Monthly Survey

Project Implementation - Observations		
Questions		Enter Response Below
10.	Has your project encountered any implementation challenges to date? <i>If so, briefly describe.</i>	Our project is challenged with the low response rate of outpatient clinic patient satisfaction surveys.
11.	Was your hospital able to overcome these challenges? If so, how? <i>If not, would you like suggestions from your Collaborative?</i>	No, we have not overcome this challenge as of yet. We would like suggestions from my Collaborative.
12.	Has your project encountered any notable successes to date? <i>If so, please describe.</i>	We believe it is too early to tell since we have not proceeded with our pilot.
13.	Has your project team identified any lessons learned or best practices to date? <i>If so, please describe.</i>	Yes, we are in the process of eliminating the flow-by albuterol medication administration delivery method recommended by AARC best practice guidelines. Also, we will be implemented a therapist-driven adult bronchodilator protocol.

Present Challenges

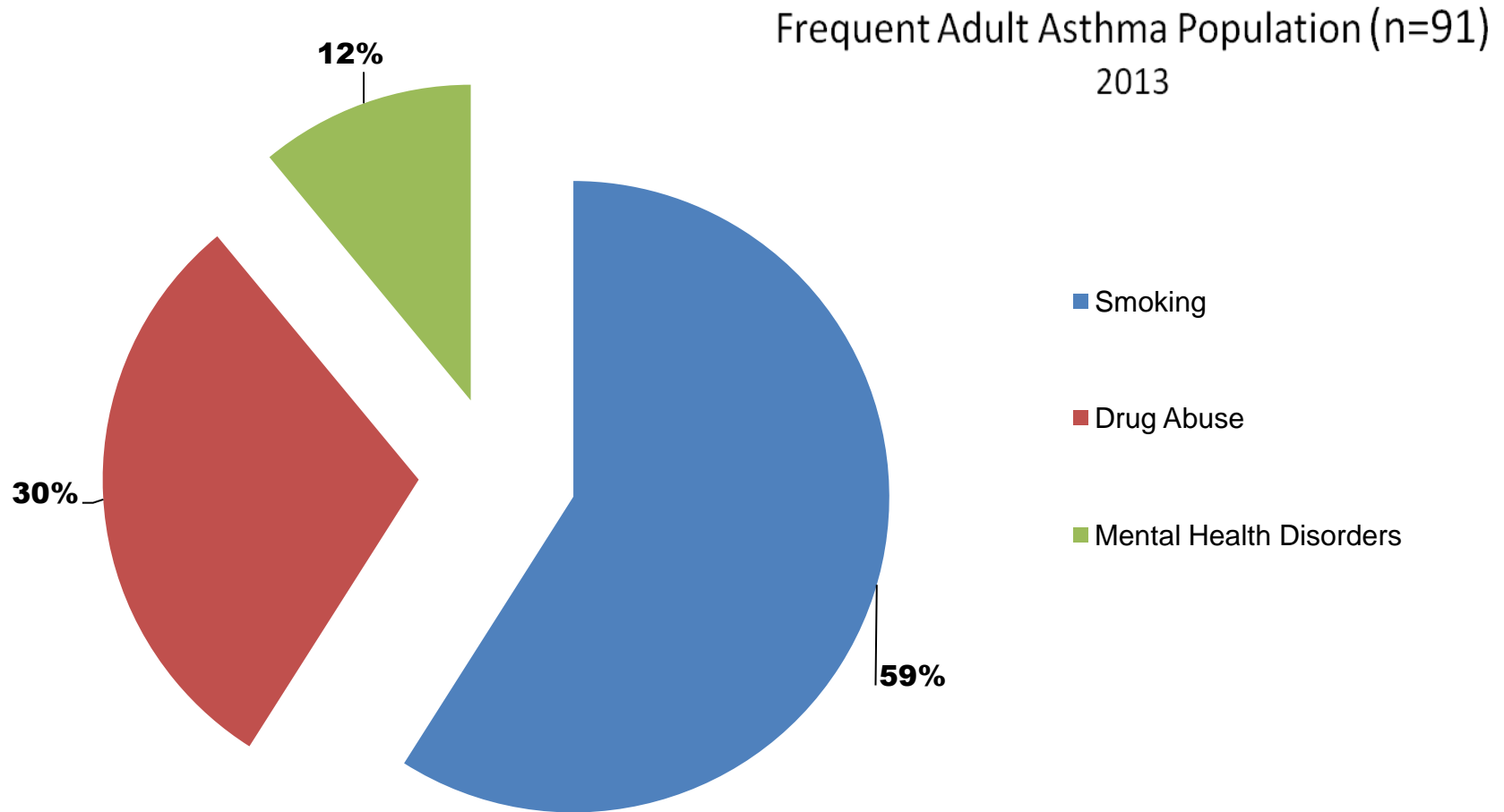
Outpatient Satisfaction Surveys (Clinics)

- Self-return envelope
- Surveys are in paper form. Available in English and in Spanish
- Current response rate very low

Hybrid Hospital Patient's Charts

- Hybrid Hospital Patient's Charts
- Hospital in process of converting to EMR
- Clinic patients are paper only

Present and Future Challenges



This Observation is Our Challenge



Next Steps

- ❑ Pilot start date September 8th
- ❑ Smoking certified treatment Specialist Training
- ❑ Smoking Cessation Program

Any Questions

