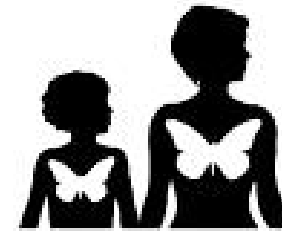


**Evaluating and Sustaining Structural Changes  
Advocated for by the San Francisco Asthma Task  
Force and Its Partners:  
Using Information Technology to Monitor Children  
and Youth with Asthma in an Urban School District**

Gloria Thornton, Blue Cross of  
California State-Sponsored Business

Karen Cohn, San Francisco  
Department of Public Health

Stephanie Manfre, Breathe California

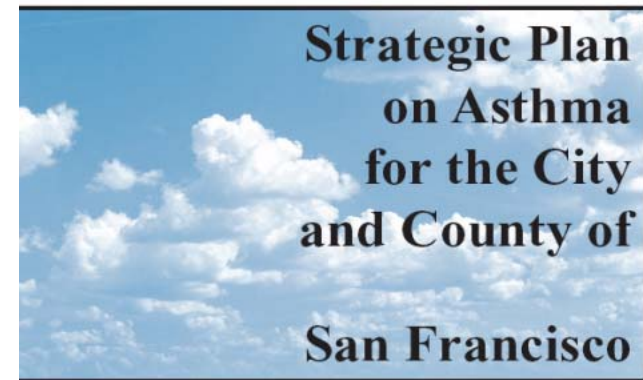


SAN FRANCISCO  
Asthma Task Force

# Background

*June 2003*

- At least 10% students in SFSUD schools (K-12) and Child Development Centers diagnosed with asthma
- 2002: Crisis prompted strategic action for structural change--two tragic deaths of SFUSD students due to asthma
- 2001: SF Board of Supervisors ordinance establishes advisory Asthma Task Force; School Health Programs manager an early partner and member
- 2003: SFATF Strategic Plan identified asthma education and improved facilities as School/ Child Development priorities
- Superintendent creates District Asthma Team (DAT) to work with ATF



**The San Francisco Asthma Task Force**  
A legislated task force under the San Francisco Board of Supervisors

# Learning the Hard Way

A four-year-old child died from asthma while in the care of his SFUSD Child Development Center:

- Staff did not know the child had asthma
- The symptoms were not consistent with what lay persons would easily identify as "an asthma attack"
- The child was young and did not have a lot of expressive language to communicate the nature of his distress

# Call to Action

It became clearer after this tragedy that it was absolutely necessary:

- To identify asthmatic children
- To educate staff about how to respond to an asthma crisis
- To have a treatment plan that could be initiated before the arrival of paramedics
- To use District Asthma Team (DAT) to spearhead action

# Components of the Problem

- Lack of communication about chronic health problems between families and schools
- No formalized protocols for identification of students with asthma or provision of emergency treatment
- Lack of staff training on asthma emergency response
- Absence of linkages with medical providers in the community



# Collaborative Partnership

Asthma Task Force, School Health Programs  
& District Asthma Team (DAT)



- Policy Development: Board of Education Resolution for Emergency Care Plans
- DAT designs Asthma Emergency Care Plan and implementation strategy
- Site-level data entry required to use District-wide Student Info System (SIS)
- Site staff educated on role

# Potential Uses of SIS as a Health Records Technology

- To identify which children have asthma, in case of a medical emergency
- To prioritize schools needing student asthma education, school nursing support and facilities improvement

# Asthma Emergency Care Plan Implementation

- Education of District Administration
- Education of K-12 School Staff and CDC Staff
- Education of Parents and Guardians
- Education of Students
- Education of Community Medical Providers
- Need for Buy-in/Ownership
- Acceptance of Value of Care Plans

**To Be Completed by the Health Care Provider**  
**ASTHMA**  
**EMERGENCY CARE PLAN**

*San Francisco Unified School District  
School Health Programs Department  
1515 Divisadero Street  
San Francisco, CA 94116-1173  
TEL: 415.342.2615 FAX: 415.342.2618*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_  
Parent/Caregiver Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_  
Health Care Provider Treating Student for Asthma: \_\_\_\_\_ Phone: \_\_\_\_\_

**To provide assistance to a pupil experiencing asthma symptoms.**

<p><b>If you see or hear this:</b></p> <ul style="list-style-type: none"> <li>• Noisy breathing (wheezing)</li> <li>• Coughing</li> <li>• Shortness of breath</li> <li>• Complaining of chest tightness</li> <li>• or pressure on chest</li> <li>• Difficulty breathing</li> </ul> <p>OTHER: _____</p> <p>Factors that may cause an asthma episode include: cold weather, cigarette smoke, dust mites, exercise, respiratory infection, strong odor, pollens, mold, foods and/or OTHER: _____</p>	<p style="text-align: center;"><b>Actions to Take</b></p> <ol style="list-style-type: none"> <li>1. Stay with student, speak softly, and stay calm</li> <li>2. Keep person sitting upright and encourage slow deep breathing—in through the nose &amp; out through puckered lips.</li> <li>3. Give quick relief medication: <i>(circle or write in)</i> Albuterol Inhaler 2 puffs with spacer; If symptoms improve, may repeat in 4 hours. Other: _____ Location of med: _____ <small><i>(School to complete)</i></small></li> </ol> <p>If symptoms continue, repeat in 5-10 minutes and have helper call 911. May repeat with 3-4 puffs every 20min x3 until medical help arrives.</p> <ol style="list-style-type: none"> <li>4. Have helper call parents/guardian/ and school nurse or Nurse of the Day (242-2615).</li> </ol> <p><small>*A completed and signed Medication Form must be on file at the school for each medication before medication can be administered at school.</small></p>
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**CALL 911 IF YOU SEE**

<ul style="list-style-type: none"> <li>• Breathing difficulty remains or worsens</li> <li>• Continuous spasmodic coughing</li> <li>• Increasing anxiety or confusion</li> <li>• Stooped body posture</li> <li>• Struggling or gasping for breath</li> <li>• Student having trouble talking or walking</li> </ul>	<ul style="list-style-type: none"> <li>• Skin pulling in around collarbone and ribs with breathing</li> <li>• Student stopping play and not able to start activity again, due to breathing problems</li> <li>• Lips or fingernails turning (darkening) grey or blue</li> </ul>
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**Administer CPR if breathing stops! Continue until paramedics arrive!**

Does student need medicine before PE/ recess? <input type="checkbox"/> No <input type="checkbox"/> Yes	Med Location _____
As Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Always use before exercise? <input type="checkbox"/> No <input type="checkbox"/> Yes
Med: <i>(circle or write in)</i> Albuterol Inhaler – 2 puffs with spacer, 15-20 minutes before exercise	
Other _____	

I authorize school personnel to implement this Asthma Emergency Plan as described.

\_\_\_\_\_  
Health Care Provider Signature Date

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent for school authorities to communicate with the authorized health care provider when necessary.  My child does not need services.

\_\_\_\_\_  
Parent/Caregiver Signature Date

Available @ [http://portal.sfusd.edu/template/default.cfm?page=chiefc\\_dev\\_health/MedicalForm](http://portal.sfusd.edu/template/default.cfm?page=chiefc_dev_health/MedicalForm) 5/05  
SFUSD School Health Programs Department B-21 2005-06 School Health Manual



# Implementation Complexity

- Two Different Forms Required by Regulation
- Concerns about Violation of Privacy
- Concerns about Additional Paperwork
- Concerns about Value and Usefulness
- Concerns about Time for Data Entry
- Parents/Medical Providers had a difficult time following through

**San Francisco Unified School District - School Health Programs Department**

**MEDICATION FORM (One Medication Per Form)**

Dear Parent/Guardian/Caregiver:

California Education Code 49423 provides that students required to take medically prescribed or over-the-counter medications during the school day MAY be assisted by school personnel ONLY if the school district receives a specific written statement from the health care provider AND the parent/guardian/caregiver of the student. Please complete this entire form in and return it to the Principal.

**IF POSSIBLE, PLEASE SCHEDULE MEDICATION OUTSIDE OF SCHOOL HOURS.**

Please print legibly in all sections

Student Name: Last	First	Middle	Date of Birth (Month/Day/Year)
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**HEALTH CARE PROVIDER SECTION**

Health Condition for which medication is prescribed:	Medication: Dose: _____ Frequency: _____ Duration: _____
How is medication to be given? <input type="checkbox"/> By mouth <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/> Topical <input type="checkbox"/> Other: _____	About what time does medication need to be given at school? _____ AM / PM
The medication is to be continued as above until: (please be as specific as possible about date)	Any precautions that school personnel need to know? Contraindications?
What are possible reactions/side effects?	What should be done in the event of reaction/side effect?
<b>Check appropriate boxes below:</b>	
<input type="checkbox"/> I authorize this student to self-administer the above medication.	
<input type="checkbox"/> I authorize designated school personnel to administer the above medication.	
Print name, address & phone number of Health Care Provider	Signature of Health Care Provider

**PARENT / GUARDIAN / CAREGIVER SECTION**

Parent/Guardian/Caregiver Name	Home Language	Daytime Phone	( )
Address - Number and Street	Apt No.	City	Zip Code
School	Children's Center / Elementary / Middle / High	School Hours	( )

**Check appropriate boxes below:**

I permit my child to give himself/herself the above medication.

I permit designated school personnel to give my child the above medication.

- I agree to hold the San Francisco Unified School District (SFUSD) and its employees harmless from any and all liability for the results of taking the medication or the manner in which the medication is given.
- I will reimburse the SFUSD and its employees for any liability arising out of these arrangements.
- I will notify the Principal of the school immediately if there is a change in my child's medication.
- I understand it is my responsibility to send the medication to school in the original pharmacy container labeled with my child's name and the health care provider's instructions.
- I understand that this form automatically expires at the end of each school year.
- I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent/Guardian/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

SFUSD-SHPD MEDICATION FORM Revised 11/4/03

# Opportunities

- Development of Fliers and Posters to Educate and Increase Awareness of Parents, School/CDC Site Staff, Students and Community Medical Providers
- Increased Intensive Targeted Education
- Continual Ongoing Strategy Development with DAT and School Health Program Office Partners

**If your child has**  
**asthma**  
**there are two important forms**  
**your child needs to have at school:**

**An ASTHMA EMERGENCY CARE PLAN** must be on file for all SFUSD students with asthma in K-12th grades. These plans tell school staff about your child's specific asthma triggers, medications, and what to do in an emergency.

**A MEDICATION FORM** is required to allow for your child to carry and use their asthma medicine at school.

**PARENTS OF CHILDREN ATTENDING PRE-SCHOOL** in the SFUSD Child Development Program **MUST** contact their site manager directly to discuss asthma or any other healthcare needs.

**What do you need to do?**

**Step 1** Get copies of the Asthma Emergency Care Plan and the Medication Form. Get the forms from your:  
– School Packet  
– School secretary  
– School principal  
– School nurse  
– Download from [www.sfgov.org/asthma](http://www.sfgov.org/asthma)

**Step 2** Ask your child's medical provider to fill out and sign the forms.

**Step 3** Take the signed forms back to the school OR ask your child's medical provider to fax them in to your school.

**SAN FRANCISCO Asthma Task Force**  
[www.sfgov.org/asthma](http://www.sfgov.org/asthma)

# Challenges

## Site Buy-in and Implementation Vary Widely:

- School secretaries find data entry a serious burden and continue to de-prioritize data entry
- The data component of the goal continues to be elusive; monitoring by District IT shows very little data entry and need to expand data fields for collection

**Conclusion:** Change is a multi-step process in a large system. Evidence of success is needed to sustain programmatic effort

# **Sustainability Strategy: Ownership & Perception of Value are Key**

- Ownership at School Site:
  - ATF posters on the walls
  - Correct forms available to parents
  - Data entered into Student Info System database
  - Inclusion of school nurses in provider outreach
- Ownership at District Level:
  - Centralized data analysis
  - DAT strategy response to data analysis
  - Accountability through periodic reports to Board of Education

# Evaluation of Effectiveness

- Examine assumptions and operational knowledge early on
- Set evaluation criteria early on
- Re-evaluate on a regular basis
- Ensure top down buy-in and have a back up plan for change in personnel
- Do the work to also get buy-in at the site level, from the ground up, and within community
- Be open to continued Learning from on-going challenges

# Having Technology Available Does Not Guarantee Its Use

1. A policy and buy-in at top levels does not guarantee consistent implementation;
2. Implementation is influenced by ownership of process;
3. Implementation is effected by perceived value of intervention;
4. Need to be receptive to concerns and ideas of those essential to the success of the intervention;

5. We cannot use health records technology without data entry resources;
6. Additional data entry resources are crucial;
7. Continual on-going education of all essential partners/audiences is necessary;
8. What seemed like a small intervention is actually a much larger enterprise involving a large multi-component system and several community groups (parents and medical providers) not officially a part of that system;
9. **Change comes slowly and alters the culture of the system and those who interface with it.**

# Our Goal Remains Within Reach

