The problem of asthma in Chicago remains a complex one, and it is too early to know whether any programs and efforts have had a discernible effect, but the Chicago Asthma Consortium continues to expand its membership and to define its mission. The successes have come from harnessing the passion of the individual members to move the projects forward. As the focus of the consortium moves to addressing system-wide problems in asthma care and the delivery of that care, the consortium is undertaking the construction of a guide for future efforts. In this way, the consortium will fulfill its vision of creating a comprehensive, community-wide plan for the management of asthma, impacting on the unacceptable current levels of morbidity and mortality of the disease.

**Abbreviations:** CAC = Chicago Asthma Consortium; CASI = Chicago Asthma Surveillance Initiative; CPS = Chicago Public Schools

The Chicago Asthma Consortium (CAC) was organized in January 1996 in response to the epidemic of asthma in the city of Chicago. The CAC was formed jointly by the American College of Chest Physicians, with enabling support by the Otho S.A. Sprague Memorial Institute. Its charge was to coordinate the efforts of individuals and institutions involved in asthma care. By 1998, the organization included > 350 members with varied backgrounds, including practitioners, asthma educators, asthma patients, local hospitals, clinics, managed care organizations, and industry representatives. The CAC is dedicated to the mission of coordinating the activities of individuals and organizations working in asthma care and advocacy to improve asthma care in the city of Chicago, and thereby, reduce asthma morbidity and mortality. Although numerous efforts to combat asthma have been made in the Chicago area, what makes the consortium unique is the ability to provide synergy among these efforts. The success of this organization provides a model that can be generalized to help combat other chronic diseases.

This integrated approach adopted by the CAC, which involves individuals from a broad range of backgrounds and interests, reflects the belief that asthma presents a complex problem that cannot be solved by isolated focus in a narrow area. The long-range goals of the consortium to meet its mission are the following:

1. Raise awareness of the public, patients, and practitioners that asthma is a serious disease.
2. Ensure the proper diagnosis and treatment of asthma by professionals and foster adherence to the consensus guidelines.
3. Facilitate access to care for asthma patients regardless of income or other factors.
4. Foster partnerships among patients, caregivers, health-care providers, and community organizations to improve care of asthma in Chicago.

Ample evidence of the state of asthma in the Chicago area has demonstrated the need for this organization. The Sprague Institute-funded Chicago Asthma Surveillance Initiative (CASI) demonstrated the wide gaps in the treatment of asthma that exist between the consensus guidelines developed by the National Institutes of Health and actual practice in the community. This disparity is present both in primary care offices and in emergency departments. A survey released by the American Lung Association indicated that patients and caregivers of children with asthma lack knowledge about the disease, its seriousness, and its treatment. The objective consequences of the above were highlighted in two recent data workshops held by the Data Committee of the CAC, which reported that asthma mortality has continued to increase in Chicago despite advances in treatment of the disease. When compared with data from a recent U.S.
of three brief reports detailing specific successes of some of the committees is described below, followed by a series of three brief reports detailing specific successes of some of the committees to date.

ACCESS TO CARE COMMITTEE

The Access to Care Committee, as the name implies, was created to focus on issues related to the delivery of asthma care both at a public policy level and at the individual site level. The work of the Access to Care Committee is closely linked to that of CASI, which has supplied a focus on those areas (both geographically and in practice) in which gaps in care are occurring. In addition, CASI will provide an outcome marker for the CAC to assess the success of its efforts.

Committee accomplishments to date include the creation of the Chicago Emergency Department Asthma Collaborative. Although it is well recognized that the emergency department is far from the ideal site for asthma care delivery, it is, in reality, the only site in which many asthma patients in Chicago receive care. More than 20 hospital emergency department medical directors are collaborating to develop and implement a comprehensive set of protocols for emergency care of patients with asthma. A key component of these protocols, and an initiative for the upcoming year, is a program to ensure linkage with a primary care provider for the patient after being seen in an emergency department.

To extend the same concept to inpatient care, a project is underway to bring together leaders from Chicago hospitals to explore the concept of “Centers of Excellence” for asthma care. Of particular note is the interest shown by a number of managed care organizations to the activities of this committee.

Numerous challenges remain in improving access to quality asthma care in the Chicago community. Various barriers to care including cost, availability of local quality care, transportation, and childcare during visits remain to be explored and may be opportunities for advocacy by the consortium in the future. The role of the consortium in advising public policy remains in evolution.

DATA COMMITTEE

The Data Committee was created to report information and seek out sources of information specific to asthma in Chicago. An additional mission of this committee has been to identify gaps in our current understanding of the disease and to foster interactions between CAC members to fill in those gaps. These goals have been furthered by a number of accomplishments during the past 2 years. A data workshop has been held yearly to bring together researchers and public agencies investigating asthma in a forum of free interchange. This workshop resulted in the production of a monograph on the workshop, which is available through the consortium. Many of the investigators present at the October 1998 workshop have also submitted reports for this monograph. The Data Committee was also responsible for the development of an Internet Web site (www.chicagoasthma.org) for the consortium to aid in the dissemination of data on asthma and the consortium. The Web site also provides links to the American College of Chest Physicians, the American Lung Association, and numerous other asthma-related Web sites.

More recently, the data committee has collaborated with the Environmental Protection Agency to look for links between airborne pollutants monitored by this organization and asthma incidence, morbidity, and mortality throughout the city.

Major challenges remain for the data committee in the future. Many untapped sources of data remain to be investigated. In addition, the role of indoor environment...
and allergens as a cause of the observed increases in asthma continues to be an area of vital interest.

**MARKETING COMMITTEE**

The Marketing Committee has the dual role of increasing public awareness of the severity of asthma in Chicago and of publicizing the CAC and its work to increase its reach throughout the city. The chair of the committee is responsible for organizing press conferences and other media events around the CAC.

Accomplishments of the Marketing Committee include a survey of CAC members to ascertain what information should be presented at the quarterly membership meetings. Through this survey, the membership indicated that there was a great demand for information on local asthma education programs and local health plan initiatives. Refocusing the agenda of the quarterly meetings toward subjects desired by the membership has increased participation in these meetings and served to energize the membership.

The Marketing Committee was also responsible for the Chicago Asthma Resource Directory, which includes information on a variety of programs providing asthma care, education, support groups, professional education programs, and demonstration research programs. More than 7,500 copies of this directory have been distributed to area hospitals, clinics, libraries, patients, and providers. This directory is also available on the CAC Web site in an electronic version.

Also available on the Web site and in printed form is the brochure “Getting Your Asthma Under Control: A Self-Evaluation,” which was created by the Marketing Committee. This brochure is available in English, Spanish, and Polish and represents a component of a broader public awareness program. As part of this drive, CAC members have appeared on a number of television and radio forums discussing asthma, including Chicago Tonight on WTTW and the 848 program on WBEZ (public television and radio stations serving Chicago).

As part of its mission to extend the reach of the CAC, the Marketing Committee held an industry roundtable in early October 1998. The purpose of this meeting was to facilitate partnerships with industries having a natural interest in improved asthma care and to foster their support of the consortium.

Future goals for the Marketing Committee include a public relations campaign to increase asthma awareness in the city of Chicago.

**PUBLIC/PATIENT EDUCATION COMMITTEE**

The mission of this committee is to facilitate improvements in the education of patients and the public as a whole. This committee includes pharmacists, respiratory therapists, physicians, nurses, and community health workers. Major accomplishments of the Public/Patient Education Committee include the development of an evaluation tool to assess the conformity of educational materials with the information contained in the National Heart, Lung, and Blood Institute consensus guidelines. The committee also used this tool to evaluate > 130 individual materials submitted to the consortium. The 20 brochures that best met these criteria were published in the CAC resource directory along with the evaluation tool. The results of this evaluation project were presented at the annual meeting of the American Public Health Association.

Other accomplishments include a survey, conducted among CAC members through the CAC newsletter, that assessed the need for Spanish-language asthma materials. A major challenge for this committee in the coming year is to determine, among the various programs available, such as peer education, what methods are most likely to improve indices of asthma care such as adherence to inhaled steroids or environmental amelioration in the home. In addition, the Public/Patient Education Committee was responsible for the distribution of > 1,000 spacer and peak flow devices to clinics throughout Chicago.

**PROFESSIONAL EDUCATION COMMITTEE**

This committee was formed to undertake one of the most difficult tasks of the consortium: changing physician practices through education to improve asthma care. If the National Heart, Lung, and Blood Institute guidelines are accepted as “best practice,” it is clear from the CASI data available to date that current treatment falls well below this mark. The Professional Education Committee has focused on partnering with professional organizations and evaluating available professional educational programs. The target audience for this process includes physicians, respiratory therapists, nurses, and pharmacists.

This committee has accomplished much to date. The committee organized a CAC presentation at the 1998 Chicago Medical Society Midwest Clinical Conference and hosted two educational sessions as well as a booth during the conference. Because of the initial success of this participation, the CAC will be responsible for five programs at the 1999 conference. In a similar fashion, the CAC participated in the American Lung Association of Metropolitan Chicago Nursing Assembly Conference.

To explore and further a “best practices” approach to professional education itself, the committee has developed a CAC asthma speaker’s kit for use by CAC members for educational programs. An evaluation procedure was also developed to assess the quality and content of professional education programs. Also, at the fall 1998 quarterly meeting, a presentation of problem-based learning was undertaken to expose the membership to this powerful education tool.

Many challenges remain, one of which is to decide on a professional education strategy that is appropriate for the myriad professionals in the Chicago area. As altering physician behavior has repeatedly been demonstrated to be difficult, the Professional Education Committee continues to seek out additional techniques to accomplish this goal.

**SCHOOLS COMMITTEE**

Other fine examples of what can be accomplished by a cooperative effort such as the CAC can be found within the work of the Schools Committee. This committee was
formed to address issues related to asthma in the schools and has been able to form close working relationships with administrators and school nurses in both the public and parochial school settings. A major accomplishment of the Schools Committee has been to effect a change in the Chicago Public School (CPS) medication policies, which previously prevented school children from carrying and using their metered-dose inhalers in class. This major change had been attempted for years without success before the formation of the CAC. Increasing awareness of the policy changes throughout the CPS is an ongoing goal of the Schools Committee. As part of this effort, committee members are creating a pamphlet for parents and teachers describing these changes. Because children spend a large portion of their day in school, maintaining an environment that promotes asthma control has also been part of the agenda of the School Committee. One success so far has been the support of legislation introduced to the Illinois State House requiring 48-h parental notification before spraying pesticides in schools or day-care centers. A number of School Committee members have been involved in a task force organized by Illinois state representatives to review this important legislation. A related effort that remains an ongoing project for the committee is to promote safer pest control within schools, using comprehensive methods that reduce the need for frequent use of insecticides, organized by the Safer Pest Control Project with support from the state of Illinois.

The committee has worked to increase asthma awareness within schools and has organized a presentation to 600 CPS principals to bring asthma-related issues to their attention. A key issue identified was the impact of asthma on a child’s ability to succeed in school. The committee has also reviewed and endorsed a school education program now available to CAC members and has endorsed funding for facilitators to visit schools and present information to faculty about asthma care needs. To address the needs of parents of schoolchildren with asthma, the School Committee is developing a brochure for the CPS Early Childhood Education Department parent’s orientation describing the principles of appropriate asthma management for the parents of incoming students.

A future goal for the Schools Committee is to help formulate a medication policy for younger children (who cannot self-medicate) similar to that of Head Start, and to facilitate its implementation. The Schools Committee has been, and remains, a natural area of collaboration for members of other committees as the schools system has also been, and remains, a natural area of collaboration for the schools system. The committee members have been involved in a task force organized by Illinois state representatives to review this important legislation. A related effort that remains an ongoing project for the committee is to promote safer pest control within schools, using comprehensive methods that reduce the need for frequent use of insecticides, organized by the Safer Pest Control Project with support from the state of Illinois.

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**APPENDIX**

Other members of the Chicago Asthma Consortium Executive Committee include the following: Carol Jackson, RRT, Advocate Health Care, Chicago, IL; Victoria Persky, University of Illinois at Chicago, School of Public Health, Chicago, IL; Sandra Desjardins, MSA, RRT, Resurrection Medical Center, Chicago, IL; William Van De Graff, MD, Department of Medicine, Loyola University Medical Center, Maywood, IL; Peg Dublin, RN, Chicago Health Corps, Chicago, IL; Sandy Cook, PhD, Department of Medicine, University of Chicago, Chicago, IL; Michael Fogg, MD, FCCP, Advocate Health Center, Chicago, IL; Allen Goldberg, MD, FCCP, Department of Medicine, Loyola University Medical Center, Maywood, IL; Ada Gonzalez, RN, MS, CLE, St. Mary of Nazareth Hospital Center, Chicago, IL; Sai Nimmagadda, MD, Department of Pediatrics, Northwestern Medical School, Chicago, IL; and C. Lucy Park, MD, Department of Pediatrics, University of Illinois at Chicago, College of Medicine, Chicago, IL.

**REFERENCES**


**A Collaborative Model to Enhance the Functioning of the School Child With Asthma**

*Lenore Coover, RN, MSN; Charlene Vega, EdD; Victoria Persky, MD; Ella Russell, RN, MSN; Rebecca Blase, RN, MS; Raoul Wolf, MD, FCCP; Myrna Garcia, RN, MSN; Evalyn Grant, MD, and Margaret Dublin, RN*

**Abbreviations:** CAC = Chicago Asthma Consortium; CPS = Chicago Public Schools

The importance of asthma as a major factor affecting the quality of life in Chicago school children has been recognized for many years. The prevalence of asthma is high, with 16% of seventh- and eighth-grade students from 1994 to 1995 having received diagnoses of the disease, 15% having wheezed in the last year, and 11% of students having missed school in the last year because of asthma. Differences exist among groups, with 13% of Catholic school children, 17% of public school children, and 22% of children in school with census tracts with > 40% of families below poverty in Chicago having received diagnoses of asthma. These differences in asthma prevalence, however, are far less than differences in asthma mortality, suggesting that some of the factors affecting asthma may be modifiable.

The school environment is particularly important to chi-
dren with asthma because acute exacerbations can lead to decreased ability to concentrate, decreased participation in activities, and high rates of absenteeism. Identification of children with the disease, communication with parents and health-care providers, removal of triggers in the immediate school environment, and maximization of access to medication when needed are all key factors in managing the disease.

The School Committee is an important component of the Chicago Asthma Consortium (CAC). At its first meeting with the administration of the Chicago Public Schools (CPS) in June 1996, it was determined that the focus of the School Committee should be to make the school environment a place where children with asthma can function and have access to medication that will ensure the child’s safety and where the staff is prepared for emergencies and aware of policies and best practices.

The CPS administration and the CAC outlined their interests and expressed a strong commitment to working together. Areas of need that were identified included the need for a screening instrument to identify children with the disease, increased awareness and information for teachers and school staff, and a resource directory and quick-reference data sheets for school staff. The need to address medication issues was also identified. Several subcommittees were established to address school issues related to data, environmental factors, education, and medication.

**DATA SUBCOMMITTEE**

In 1996, the CPS identified only a small percentage of students with asthma, whereas prevalence studies in Chicago suggested that 16% of students have the disease. One of the key issues was the CPS system for identifying children with chronic disease, which involved obtaining extensive documentation from the child’s physician. The CAC Data Subcommittee of the School Committee recognized that the CPS needed an appropriate screening tool. In August 1996, this subcommittee took the lead in developing a screening questionnaire for the identification of children with asthma. This questionnaire has undergone validation studies and is now in use in many schools throughout the city. During the last 2 years, the subcommittee has also worked with the CPS administration to modify their forms and procedures to allow for more rapid identification and documentation of children with asthma.

**ENVIRONMENTAL SUBCOMMITTEE**

The CAC School Committee recognized that the physical environment is also an important factor in control of asthma. Chicago schools, like many others in the country, are in need of structural repair. Three years ago, the CPS began a large capital improvement initiative. It is anticipated that, in the long run, many of these changes will be beneficial to children with asthma. However, the subcommittee recognized the importance of integrating the needs of children with asthma into the scheduling of repairs. During the past few years, the CAC and the CPS, in collaboration with the Safer Pest Control Project, have been piloting an Integrated Pest Management approach to eliminating cockroaches in schools. The CAC has been working closely with the Safer Pest Control Project to develop legislation that would encourage the use of programs such as Integrated Pest Management in the schools while requiring notification before the use of pesticides. Members of the CAC and the Chicago Health Corps, an AmeriCorps program, are currently testing the effectiveness of the Environmental Protection Agency’s Indoor Air Quality Tools for Schools kit in five schools located in various regions of the city.

**EDUCATION SUBCOMMITTEE**

At the request of the CPS administration, the Education Subcommittee of the CAC School Committee, in conjunction with the American Lung Association of Metropolitan Chicago, gave a half-day presentation on asthma to 350 school nurses. The information presented in the program was based on the National Asthma Education and Prevention Program guidelines and included a packet of information and an asthma video for each nurse. Several groups have subsequently developed educational programs for use in the schools. One program includes a set of visually appealing bilingual slides and transparencies for use in presentation to parents and staff. Other educational programs such as Open Airways for Schools and Asthma Basics provide information specific to the school’s audience (staff, parents, or students). The Education Subcommittee had also established a speaker’s bureau to facilitate requests for individual school presentations.

**MEDICATION SUBCOMMITTEE**

Examination of the school medication policy was a top priority for both the CPS administration and the CAC. In 1996, there was no provision for students to have ready access to their own medication if it were deemed medically necessary. Within the CPS system, nurses are present only 1 day a week in many of the schools. For the child having acute symptoms, it can be a serious issue when their medication is locked in an office with limited access.

The most challenging issue was how to address the child’s need for medication and, at the same time, provide mechanisms to prevent potential misuse of the privilege (ie, sharing of inhalers with other children). Together, the Medication Subcommittee and the CPS drafted an amendment to the overall school medication policy. The amendment states that, with appropriate documentation from a physician verifying the child’s need to have access to medication at school and his or her ability to self-medicate, the child can be allowed to carry medication at school. The medicine must be appropriately labeled, and the child, in conjunction with the school staff, must keep records of the medication use. The privilege is to be revoked if there is an abuse—such as sharing of inhalers. The amendment to the Medication Administration Policy 96–0327-PO4 was approved at the March 1997 CPS board meeting.

Since the adoption of the amendment, both the CPS and the CAC have undertaken major efforts to publicize the change. A presentation was made to school principals at each of the six regional meetings. A brochure outlining general issues of asthma in the schools and describing the change in policy is currently in development. This brochure will be distributed to all Chicago schools. The School Committee is now working with the CPS preschool
program to address the needs of the early childhood population with asthma. They are also working to modify the health information forms to facilitate communication among the school, parents, and health-care providers.

This has been a remarkably successful collaboration, which would not have been possible without the combined knowledge and vision of the current CPS administration in conjunction with the collective experience and commitment of the CAC. All have benefited greatly, not only from a better understanding of the issues facing a large public school system, but in the formation of collaborations and ties that will serve as the infrastructure for initiatives for many years to come.

REFERENCES


Identifying Asthma Patient Education Materials that Support National Heart, Lung and Blood Institute Guidelines*

James B. Fink, MS, RRT

(CHEST 1999; 116:195S–196S)

Abbreviations: CAC = Chicago Asthma Consortium; NHLBI = National Heart, Lung and Blood Institute

In its role as a clearinghouse for high-quality information about asthma, the Chicago Asthma Consortium (CAC) realized that although there was a great deal of literature designed for patient education on asthma, there were no ready standards for differentiating the material’s ability to present and reinforce essential factors for appropriate management. Since the National Heart, Lung and Blood Institute (NHLBI) guidelines for asthma care were first published in 1991, health-care organizations have encouraged adoption of the asthma management and patient education strategies nationwide. Materials are available from a wide variety of sources, including pharmaceutical companies, public organizations, and individual institutions. However, most clinicians are faced with a limited subset of teaching materials and no means to evaluate the quality of the information.

As such, the patient and public education committee of the CAC was charged with conducting a thorough review of the patient education materials currently available to the CAC membership. At the request of the CAC, 236 members submitted their patient education asthma materials for review. It was the committee’s task to determine which of the educational materials effectively incorporated the key elements of the NHLBI guidelines. The ultimate goal was to develop a comprehensive list of appropriate teaching materials that CAC members might use to augment their patient education efforts.

The committee consisted of over 60 members, approximately 15 to 20 of whom attended any monthly meeting. The committee used a modified Delphi technique to identify critical components of the materials that support the national asthma guidelines. They began with a review of the NHLBI guidelines, listing each of the key elements or teaching points. During a period of 6 months and through more than 20 revisions, the committee identified 135 key elements that were then incorporated into a 28-item evaluation tool. Each of the items was to be rated on a scale of 1 (topic not covered) to 5 (exceeds criteria). An item had to receive a rating of > 2.5 to meet the CAC standard of “acceptable.”

Armed with this new tool, 14 committee members, well-versed in the intent of the tool, rated 133 different asthma education materials, each of which was reviewed by at least two members. As the completed evaluations were tallied, materials with widely disparate ratings underwent a third review. Amazingly, the scores of the reviewer pairs were within 20% of each other.

Of the 133 materials reviewed, only the NHLBI guidelines themselves met all of the criteria as determined by the committee. Based on these findings, the committee was concerned that they might have set too high a standard, and raised the question of whether all criteria should be given equal weight. They concurred that it was possible to identify a subset of 10 items that they believed were critical in meeting minimal acceptable standards. When they applied this new subset of criteria, 21 of the patient education materials met minimum acceptable standards.

The committee members were surprised to find that 6 years after the release of the national asthma education guidelines, relatively few of the materials available from advocacy groups, clinicians, or industry effectively taught the key elements of the guidelines.

They believed that they should not only share their
findings with the consortium members, but also offer feedback to other interested organizations. To that end, the committee now offers members and interested parties technical assistance in reviewing their asthma education materials. The committee identifies both strengths and key topic-area deficiencies in existing materials in an effort to promote the development of comprehensive materials and teaching programs for patients, families, and providers.

Since the development of the evaluation tool, several organizations, notably the American Red Cross and the American College of Chest Physicians, have used the committee’s services to modify and develop materials that include all of the key criteria. The committee has also modified the evaluation tool to address single-topic brochures, and will be modifying the criteria to include video materials and program teaching plans.

In conclusion, although many asthma patient education materials endorse the national guidelines, none of the materials supported all 28 key areas of the guidelines. Since this initial effort, new materials have been developed, and several additional companies and organizations have approached the committee for technical assistance in the development of their new or revised materials. The CAC committee on patient and public education hopes that both providers and patients will benefit from selecting asthma education materials that support the national guidelines.

The Chicago Emergency Department Asthma Collaborative*

Michael F. McDermott, MD; James Walter, MD; Cathy Catrambone, MS, RN; and Kevin B. Weiss, MD

(CHEST 1999; 116:196S–197S)

Abbreviations: CEDAC = Chicago Emergency Department Asthma Collaborative; ED = emergency department

Emergency departments (EDs) play a crucial role in the management of asthma, often beyond the treatment of acute exacerbations. Frequently, they are the main or sole source of medical care for certain populations. National surveys have shown that there is considerable variation among EDs in the assessment, treatment, discharge, and follow-up care of persons with asthma. In 1996, the Chicago Asthma Surveillance Initiative conducted a survey of asthma care in the EDs within the Chicago metropolitan area. The results of this in-depth local survey were consistent with the national findings and revealed community-wide variations in many key aspects of asthma care.

In January 1998, the EDs of 28 Chicago-area hospitals (Figure 1) formed a city-wide coalition called the Chicago Emergency Department Asthma Collaborative (CEDAC), in an attempt to reduce variations and improve asthma care.

The primary goal of CEDAC is to reduce unwanted variations in asthma care by employing quality improvement techniques to bring practice patterns into uniform agreement with national guidelines. Initially, the directors of the 89 Chicago-area EDs were invited to a meeting to discuss the results of the Chicago Asthma Surveillance Initiative survey and to develop potential asthma intervention strategies (21% of the ED directors attended this initial meeting). From this initial meeting, 28 EDs agreed to participate in a year-long collaborative effort. To confirm their commitment, each signed a social contract outlining six conditions. Each institution agreed to: (1) constitute a multidisciplinary team of two to three staff members, most commonly a physician, a nurse, and

*From the Departments of Emergency Medicine and Internal Medicine (Dr. McDermott), Cook County Hospital, Chicago, IL; Section of Emergency Medicine (Dr. Walter), University of Chicago Hospitals, Chicago, IL; and the Center for Health Services Research (Dr. Weiss and Ms. Catrambone), Rush Primary Care Institute, Rush-Presbyterian St. Luke’s Medical Center, Chicago, IL.

The Chicago Emergency Department Asthma Collaborative is an activity of the Chicago Asthma Consortium, funded by the Otho S.A. Sprague Memorial Institute.

Correspondence to: Kevin B. Weiss, MD, Director, Center for Health Services Research, Rush Primary Care Institute, Rush-Presbyterian-St. Luke’s Medical Center, 1653 W Congress Pkwy, Chicago, IL 60612

Figure 1. EDs participating in CEDAC.
respiratory therapist; (2) participate in CEDAC for 1 year; (3) dedicate a maximum average of 3 h per week in total project time; (4) select at least one but not more than three of five goals as the focus of their improvement efforts; (5) collect and share data with the other members of CEDAC; and (6) attend and share progress at quarterly conferences.

CEDAC established five goals: (1) near-universal use of peak flow measurement for initial presentation and reevaluation of persons with asthma; (2) appropriate treatment with systemic steroids during ED visits; (3) to discharge patients with systemic steroids; (4) to provide asthma education during the ED stay; and (5) to improve follow-up with primary care physicians after discharge. Each team selected up to three goals for its ED.

At the start of CEDAC, teams received instruction in the methods of quality improvement. These methods emphasized rapid cycles of activity, a method developed by the Institute for Healthcare Improvement. The process is based on a “trial and learning” approach and uses a “plan-do-study-act” cycle as the method for testing small-scale changes in the work setting.

CEDAC also established measurable outcomes in relation to the goals, including the following: (1) percentage of asthma patients receiving peak flow measurements (initially and on discharge); (2) percentage of asthma patients receiving systemic steroids in the ED; (3) percentage of asthma patients discharged with steroids; (4) percentage of asthma patients receiving education prior to discharge; and (5) percentage of asthma patients given a specific follow-up appointment with their primary care provider. Each ED measured the outcomes for its selected goals by conducting a standardized chart audit of 10 randomly sampled charts per month. The chart audits were submitted to the coordinator of CEDAC on a monthly basis and were shared anonymously at quarterly meetings.

To account for influences or changes external to the interventions of CEDAC, CEDAC conducted quarterly surveys of other asthma improvement and/or general quality improvement activities affecting each of the EDs.

The early success of CEDAC can be measured by the ability to systematically collect and submit monthly chart audits. During the first 3 months of CEDAC, 75% of the EDs provided monthly data. In this same time period, 71% of the EDs reported at least one asthma-related quality improvement activity in progress. In the near future, the leadership of CEDAC will conduct a complete evaluation of this project’s impact. It is anticipated that the findings of this community-based experiment will provide new insights into conducting asthma quality improvement within the ED environment as well as how to enlist similar community organizations to work toward common goals of improving asthma care.

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