

Success Stories

The school based clinics implemented Wagner's Chronic Care model in the second quarter of 2014. As part of this program, community health workers were engaged to provide home visits to vulnerable patients with asthma. During these visits, the community health worker identified a family who was striving to provide the proper environment for their asthmatic child. It was noted that the family was cleaning the carpet by mopping instead of vacuuming. Upon further review, it was discovered that the family could not afford a vacuum cleaner. A vacuum was later purchased and presented to the family so they could properly care for their carpet. In addition, other asthma inducing triggers in the home were noted, such as mold and lack of ventilation. The provider furnished a letter to the landlord for repairs citing the home environment was negatively impacting the child's health.

In another case, the program nurse practitioner, clinical pharmacist and school nurse collaborated together to develop a medication management system for a child with severe, uncontrolled asthma. The patient had frequent emergency room visits due to lack of self-management skills and parental asthma education. Due to the child's living situation, medications were not available to each caregiver. In order to properly manage the patient's condition, it was necessary to disburse medication among the three households and the school. The school nurse became the primary source of medication administration during the school week and the remaining households were responsible for medication administration during their visitation weekends. To date, the child has not experienced any further asthma exacerbations requiring emergency care.

Another success story involves a child with uncontrolled asthma whose mother was unable to pay for prescription. The parent had recently lost her job and did not have resources to pay for the medication. A social worker arranged for the patient to receive asthma medication at no cost until the parent could resume financial responsibility for the medication. In addition to providing assistance with medication, a home visit was completed by a community health worker. During the home assessment, the community health worker noted a severe insect infestation. This was reported to the program nurse practitioner who subsequently wrote a letter to the landlord addressing the issue.