**Year 5 CDC 1305 Grant Update August 2017**

**Goal: Improve attendance in students with asthma and chronic absences**:

* Identify students with chronic absences who also have asthma
* Provide professional development and/or technical assistance to school staff, parents and/or student on how to manage student’s asthma
* Increase the number of Asthma Management Plans
* Identify a medical home for the student
* Identify number of students who have chronic absences and asthma-like symptoms who may need referral/evaluation.
* Document health room visits and outcomes in the KSIS for students with asthma.
* Evaluate school policies regarding absences, early dismissal, and strategies to keep students at school

(***All of these goals have been met by our 3 participating schools, SCES, TES and SCMS)***

**Attendance intervention**:

* Students not sent home unless the school nurse makes the determination that a student needs to leave school
* Better tracking of health office visits
* Every health office visit (scheduled or non-scheduled) documented in KSIS
* Outcomes of health office visit reported monthly to local board of education
* All phone calls/emails or letters to parents and/or PCP documented in the KSIS
* Asthma care plan and medication form sent home on all students with noted asthma condition and prescribed inhaler at the end of each school year for completion during the summer
* A follow up letter sent out requesting additional information related to the student asthma condition, with a second round of care plans and medication forms attached to all those with no forms received

**Why the improvement?**

* IHPs and EAPs are in place for students with asthma and chronic absences
* Repeated requests for medications/care plans related to asthma and other chronic conditions
* EAPs communicated via KSIS to teacher and school personnel who “need to know”
* Select staff are trained on administration of emergency medications to students
* Student’s asthma is better controlled at home and at school

**Results: (All 6 pilot schools included)**

* Increased number of students returned to class after health office visit.
* Increased number of inhalers, EpiPens and Emergency Action Plans
* Decrease in the number of days absent
* Baseline: 10.8 days
* EOY4 (end of year): 7.9 days
* For students in pilot schools, this means over 23,000 additional instructional hours.