

Poster Session
HRT1404 – Paediatric Group
Meeting

Melbourne 13th March 2014



Asthma clinical pathway

Presenter Nick Freezer

Hospital Code Name: Achilles

KEY PROBLEM

- ▶ Three emergency departments and associated wards seeing 2300 each year children presenting with asthma
- ▶ High junior medical staff rotation
- ▶ Inconsistencies in practice
- ▶ Variable expertise in the care of sick children for both medical and nursing staff
- ▶ Difficulty integrating pathways into new electronic medical record

AIM OF THIS INNOVATION

- ▶ Consistent high quality care for children presenting with asthma
 - ▶ Supported by evidence
 - ▶ Consistent care in ED and inpatient setting
 - ▶ Same pathway for all staff
 - ▶ Used at all sites in the health network

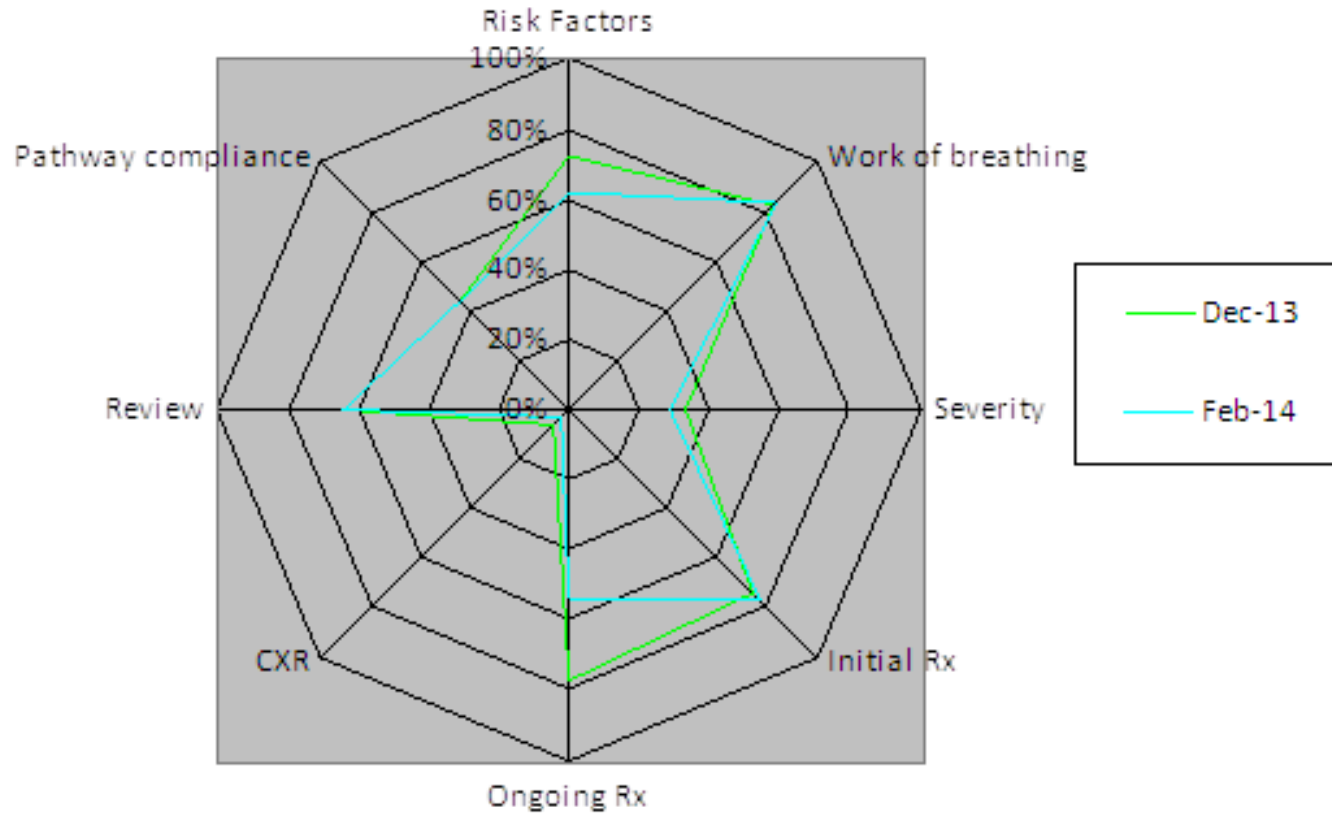
BASELINE DATA

- ▶ Pathways launched in mid 2013
- ▶ Audit in December 2013 of compliance
 - ▶ Pathway compliance 44%
 - ▶ Documentation of:
 - ▶ Risk factors 72%
 - ▶ Vitals signs 37%
 - ▶ Work of breathing 82%
 - ▶ Severity 33%
 - ▶ Correct initial treatment 74% and ongoing treatment 77%
 - ▶ Review 64%
 - ▶ CXR performed in 5.8% of patients with mild or moderate asthma

KEY CHANGES IMPLEMENTED

- ▶ Pathways re-launched December 2013
 - ▶ Available on intranet (PROMPT)
 - ▶ Laminated copies available in ED and on the ward
- ▶ Education package and quiz developed
 - ▶ ED targeted
 - ▶ Distributed to all ED medical and nursing staff
 - ▶ Focus on areas of the pathway most inconsistently followed
 - ▶ Use of inhaled ipratropium + salbutamol in severe asthma
 - ▶ Indications for CXR
 - ▶ Documentation of vital signs, severity

Medical Record Documentation



OUTCOMES SO FAR

- ▶ 50% reduction in CXR performed for mild-moderate asthma
 - ▶ Rate dropped from 5.8% to 3%
- ▶ Improvement in initial treatment adhering to pathway
 - ▶ 74% to 77%
- ▶ Overall guideline adherence unchanged
 - ▶ 44% of cases documented no deviation from guideline pre and post implementation
 - ▶ Most deviation occurred around timing of discharge after burst salbutamol therapy (less than 3 hours later)

LESSONS LEARNT

- ▶ Pathway implementation and medical record documentation needs to be repeatedly reinforced.
- ▶ Access to pathways on the intranet needs to be simple and rapid (2 clicks)
- ▶ Ideally would be part of an electronic medical record to direct staff to document particular assessments
 - ▶ If linked to an eprescribing package treatment could be better standardised
- ▶ Minor variances in pathways between health networks may lead to differences in patient treatment
 - ▶ State wide pathways so that rotating medical staff do not have to change practice.

Contacts for this Innovation

Primary contact

Name: Nick Freezer

Organisation: Monash Children's Hospital

Phone 9594 3635

Email: nick.freezer@monashhealth.org

Backup –

Name: Adam West

Organisation: Director of Paed ED, Monash Children's

Email: adam.west@monashhealth.org.au