

Annex 9

AUDIT AND OUTCOMES

Audit points for asthma care in primary care and hospital respiratory clinics

Organisational level

- Is there a practice nurse with recognised asthma training/diploma?
- How much time has he/she for seeing patients with asthma?
- Do you have a system for identifying:
 - 1 Children having frequent consultations with respiratory infection so that the possibility of asthma can be considered
 - 2 Patients with asthma and psychiatric disease or learning disability for surveillance of asthma control
 - 3 Those requesting β_2 agonists inhalers frequently so that the need for other treatment (usually inhaled steroids) can be reviewed
- How do you identify the following groups of patients in order to optimise their treatment and teach self-management skills?
 - 1 Patients on step 3 or above
 - 2 Those having steroid courses for acute asthma/emergency nebulisation/unscheduled appointments for asthma
 - 3 Patients seen in A&E or hospitalised
 - 4 Patients seeing different doctors
- Do you have a structured record for patients with asthma, that includes symptom questions?
- What is the nature of asthma related CME undertaken by partners in past five years?
- Has an audit of asthma care been completed in the past year?
- Is there any evidence of changes in practice in response to findings?

Audit dataset for asthma care in primary care and hospitals

Audit point	Output from audit
RCP 3 questions – stratify responses as 0-3/3	Distribution of patient scores
Comment on inhaler technique, for all devices in use (within past year)	% patients judged to have satisfactory inhaler technique
PEF when stable (within one year)	Mean (SD) PEF as % predicted or best
FEV ₁ when stable (within three years)	Mean (SD) FEV ₁ as % predicted or best
PEF or FEV ₁ expressed as percentage of above	Mean (SD) PEF or FEV ₁ expressed as percentage of above
Treatment step	Distribution of patients across treatment steps
Number of courses of steroid tablets within past year	% patients having courses of oral steroids in one year
Number of emergency nebulisations within past year*	% patients having emergency nebulisations in one year
Number of A&E attendances or hospitalisations with asthma within past year	% patients seen in A&E or admitted to hospital in one year
Documented asthma action plan	% of patients with action plans
Seen in secondary care respiratory clinic within past year (Y/N)	% patients attending hospital asthma/respiratory clinics

*Denominator = all patients on or above step 3 plus any others who have had an emergency nebulisation, a course of steroid tablets, an A&E attendance or hospital admission with asthma in the past 12 months

Annex 9 (continued)

Audit dataset for acute asthma managed in primary care	
Audit point	Output from audit
Record the following items in patients receiving emergency nebulisation or unscheduled/urgent appointment: <ul style="list-style-type: none"> ● PEF measurement ● Whether or not oral steroids are prescribed ● Whether or not reviewed within two weeks ● Convalescent PEF ● Documented review of action plan 	Proportion of patients for whom these actions were taken

Audit points for A&E asthma management

Organisational level

Structured records for patients with asthma should include information on:

- previous A&E attendances/hospital admissions with asthma/whether currently attending respiratory clinic
- home nebuliser use
- number of courses of systemic corticosteroid within 12 months/currently on long term oral steroids (more than three months)
- admission pulse, PEF, oxygen saturations/gases, if appropriate
- referral to respiratory clinic and/or respiratory nurse specialist
- Is there a policy for referrals, agreed with respiratory physicians and nurse specialists?

Audit dataset for outcomes for A&E asthma management	
Audit point	Output from audit
Triage time and category	Overall % of patients in appropriate triage category* and treated with steroid tablets and % treated within one hour of attendance
Time of administration of systemic corticosteroids taken with time of triage, to allow calculation of the time interval)	
Referral to respiratory clinic	% of cases not already attending, who are referred to respiratory clinic
Referral to respiratory nurse specialist for self management training	% of all cases referred to respiratory nurse specialist for self-management training

* Different departments may use different triage systems; these reports should refer to patients judged to be unwell with acute asthma and should exclude those attending because they have run out of inhaled treatment and who are not judged to have any sign of poorly controlled asthma

Annex 9 (continued)

Audit points for hospital inpatients with asthma

Organisational level

- Are acute asthma patients triaged to the care of respiratory physician, either on admission or within 24 hours?
- If not, is there a hospital wide protocol for the care of asthma patients, agreed with respiratory physicians?
- Is there a respiratory nurse specialist?
- Do they have time to see inpatients before they are discharged?
- Are stamps, proformas or integrated care pathways used to collect relevant details of admission and discharge plans (including dataset items)?
- Is there an outpatient programme for teaching self-management skills to those who have had a recent hospital admission?

Audit dataset for hospital inpatients with asthma

<i>Audit point</i>	<i>Output from audit</i>
See BTS/BPRS audit datasets (www.brit-thoracic.org.uk)	<ul style="list-style-type: none"> ● A comparison of key items of process of care with national data
Hospital activity analysis data on readmission within two months	<ul style="list-style-type: none"> ● % of patients readmitted within two months
% of patients with acute asthma managed by respiratory specialists	<ul style="list-style-type: none"> ● % of patients managed by respiratory physicians