Integrated Asthma service: Assessing the possibility and need for future post emergency department, hospital attendance or walk in centre follow up

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Background

The National Review of Asthma Deaths published in 2015 suggested a high proportion (46%) of asthma deaths were preventable. Certain risk factors were highly associated with asthma mortality: inappropriate medication leading to abrupt asthma attacks, lack of engagement with medical services, lack of specialist input, history of previous emergency asthma admissions and discharge from hospital within 28 days following asthma exacerbations. Access to good quality specialist services needs to be improved to reverse this health inequality as recommended by BTS/sign.

Aim

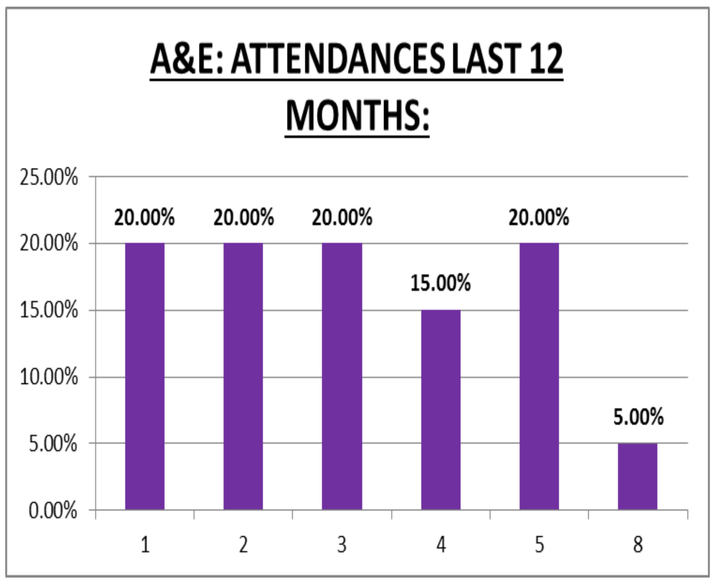
To review the impact of NRAD as part of a scoping process using national guidelines to assess current local standards of asthma care.

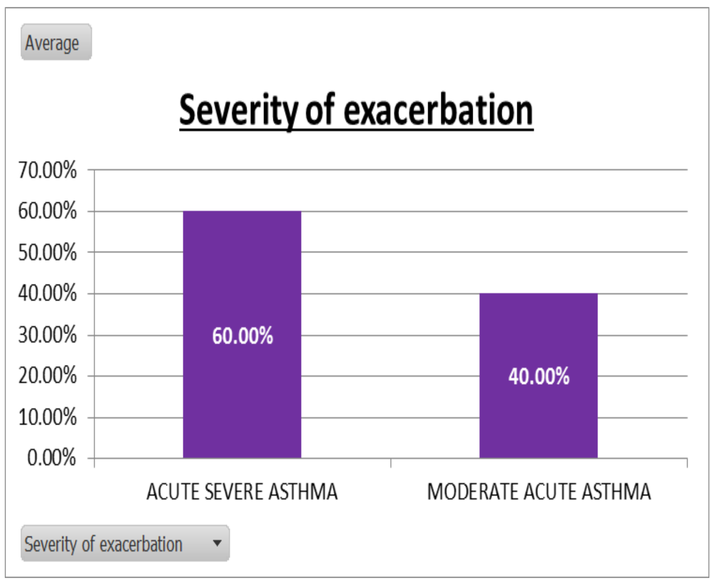
Methods

Emergency department (ED) care notes were reviewed retrospectively at a District General Hospital in the North West of England of patients with an admission code of 'asthma exacerbation' for a 2 week period.

Results

21 patients attended ED during the study period. 60% were defined as having an acute severe asthma attack, 10% of whom received IV magnesium; 40% had a moderate acute asthma attack. 15% of patients had previously been admitted to the intensive care unit. All patients received nebulised therapy; 15% were not prescribed an ICS prior to ED attendance. Where indicated 02 therapy was appropriately administered in all patients. Asthma management plan was fully documented in only 35% of patients. 30% were discharged from ED with PEF<50% predicted. Only 25% of patients were referred to the community for follow up within 24hrs post discharge. Mean ED visits 3.5.



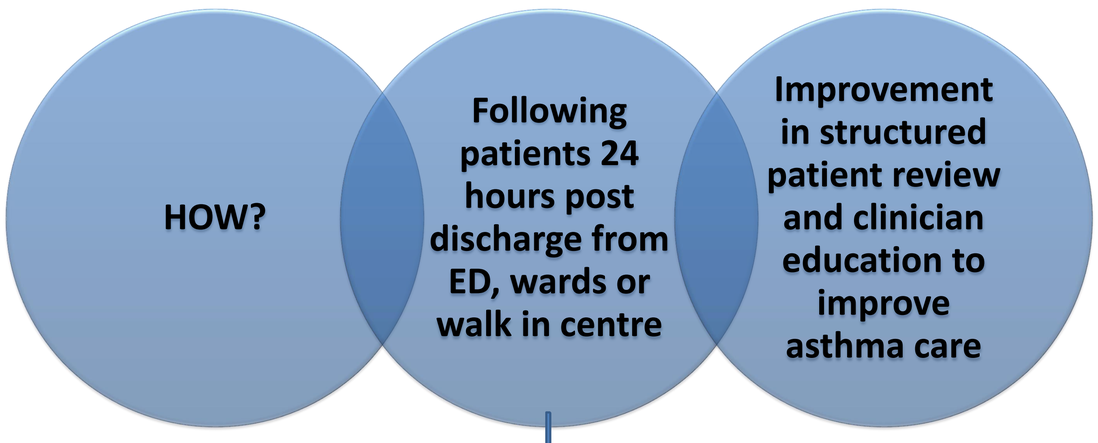


What is next ????

Improve patients care → Reduce mortality and avoidable deaths → Improve Quality of life → Unnecessary hospital and walk in centre attendances

Next steps

The National Institute of Clinical Excellence (2017)
NICE (2017) & BTS (2016) recommend to follow-up all people admitted to hospital within 24- 48 hours of discharge.
It is a grade A recommendation that *"all people with asthma should be offered self-management education including; a written personalised asthma action plan and be supported by regular professional review"*(BTS,2016).
This will be implemented by KCRS, following which a 12 month data comparison will be undertaken to assess efficacy.



Conclusion

Data suggests despite a hard-hitting widely publicised national review into asthma deaths, systems that might improve patients at risk are not in place 3yrs later. This could be improved by adhering to NRAD, BTS (2016) and NICE (2017).

References:
BTS (2016) British Guidelines on the Management of Asthma: A national clinical guideline. Health Improvement Scotland. Edinburgh
(NICE) 2017 Asthma: diagnosis, monitoring and chronic asthma management.
Royal College of Physicians. 2014 Why Asthma Still Kills: the National Review of Asthma Deaths (NRAD) Confidential Enquiry Report. London.

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