

### Background

The Royal College of Emergency Medicine (RCEM) has set 6 standards of good practice that should be met prior to discharge of a patient with an acute exacerbation of asthma. These are:

- Consideration of psychosocial factors
- Checking the inhaler type and technique
- Written advice
- Correct prescription of prednisolone
- Advice to see GP within 2 working days

At Homerton University Hospital, poor performance against these standards had been highlighted by the Care Quality Commission (CQC) and by a 3-month audit into local practice from January to April 2019

### Aim

80% of patients discharged from the Emergency Department will receive the RCEM standards of asthma care by 31 July 2019.

### Methodology

This project used the IHI's Model for Improvement's plan, do, study, act (PDSA) methodology to accomplish the aim. A multi-disciplinary team reviewed the attendances of 5 adult patients (>16 years) who were discharged following an asthma exacerbation per week. Data was entered weekly and 6 PDSA cycles were carried out.

#### PDSA 1

A discharge mnemonic for asthma patients (see box) was derived and introduced via email to all nurses and doctors

#### PDSA 2

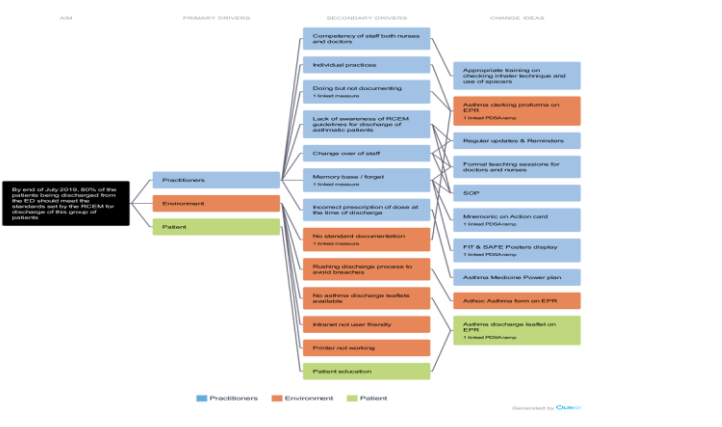
Tailored sessions for doctors and nurses were carried out and important messages stressed at daily afternoon handover for one week.

#### PDSA 3

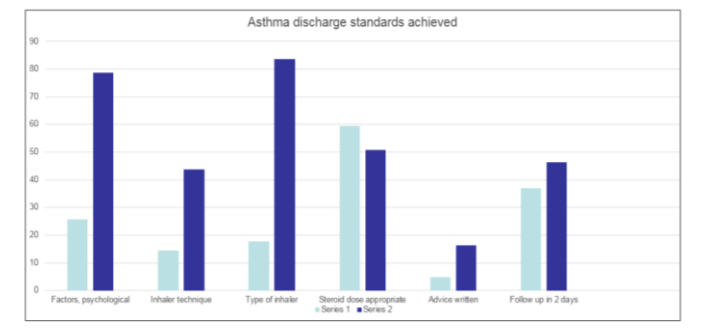
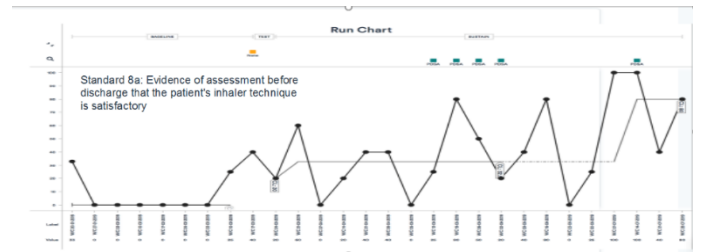
An electronic, asthma clerking pro-forma was created in accordance with best practice guidelines

#### PDSA 4

Embedding changes using social media



### Results



### Conclusion

The project is ongoing, but the results demonstrate a significant progress towards our stated aim 12 weeks after starting. The next challenge of this project is to maintain performance. To this end, we have created a core of permanent staff including an ED consultant and senior nurse practitioner to ensure sustainability.

### Reflections

The key to success in this project was ensuring strict terms of reference around addressing the quality of asthma discharge care. In addition, early planning with a multidisciplinary team meant that there were drastic improvements to care in a relatively short period of time. Sustaining quality initiatives in a health system where care is provided by doctors who change every 6-12 months is challenging. However, by implementing and popularising an easy to use mnemonic (FIT & SAFE) and ensuring senior leadership on the project going forward, we believe that incremental improvements will continue towards realising the original aim.