

Paediatric Asthma: Improving Patient and Staff Experience

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TheKingsFund



Background

For the last 10 years, there have been year-on-year increases in short-stay hospital admissions for children. Asthma is the most common chronic condition in children and a cause for many of these admissions, 90% of which could be avoided with guided self-management by children and their families.

Moreover, asthma management has been recognised locally as an area needing improvement in practise. Following the death of a child from an asthma exacerbation on our ward, a review identified several areas where care could be improved, including being alert to patients anxieties and better communication between staff.

The team joined the Patient Family & Centred Care (PFCC) Programme to improve both staff and patient experience for children with asthma.

Aims and Objectives

- To address fears of children and their families promptly when presenting to the Paediatric Ward with an asthma attack
- To empower children and families to self-care and manage their condition following discharge
- To consistently deliver evidence-based treatment

Objectives were to ensure that by October 2013 for families of asthmatic children arriving on the Paediatric Assessment Unit at Walsall Manor Hospital:

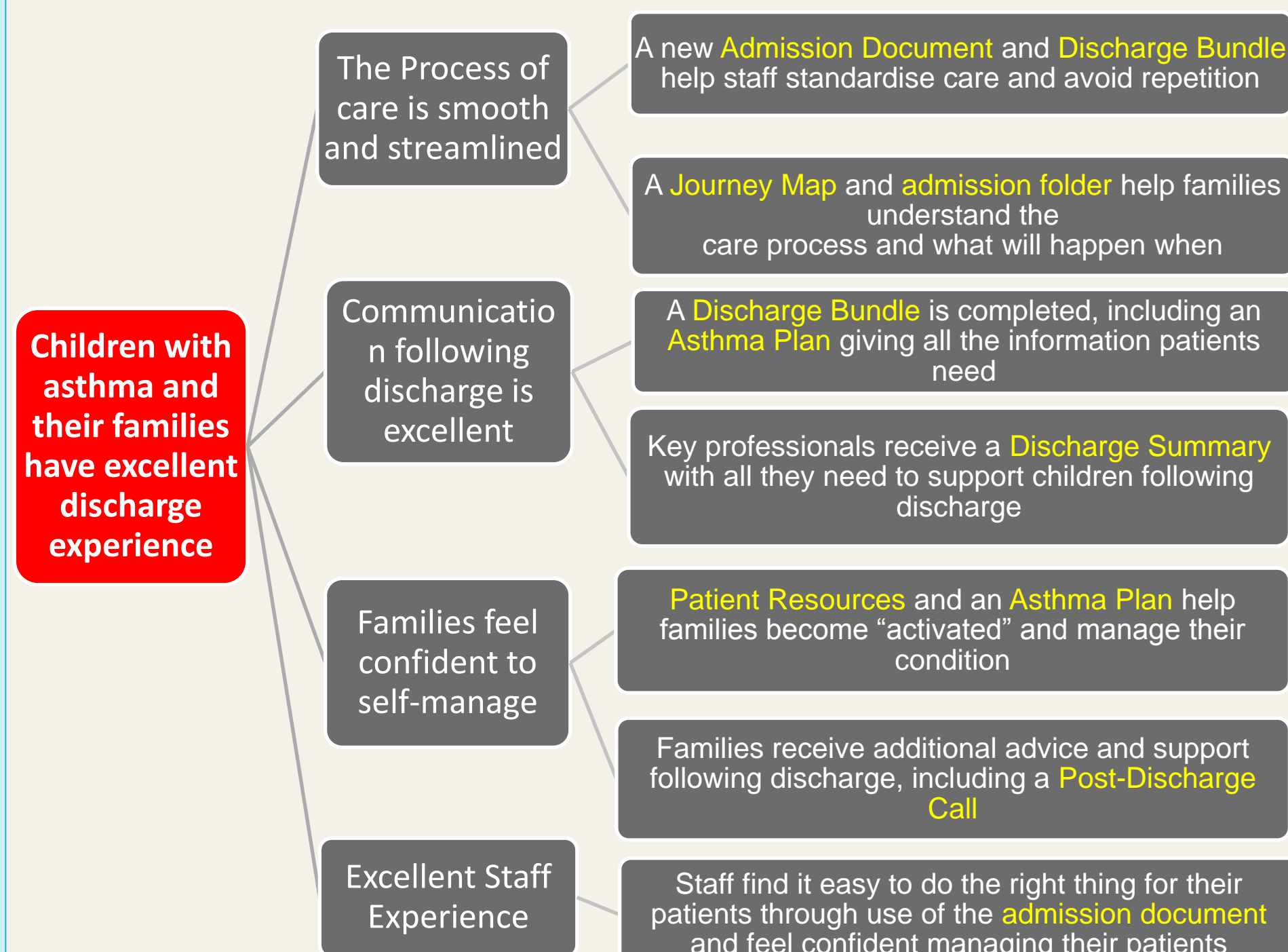
- 80% receive all parts of an evidence-based bundle on discharge
- 80% of carers are fully confident to manage their child's condition on discharge
- 100% of families would recommend our service to another family and child who needed treatment for asthma

Methodology

The Patient and Family Centred Care methodology was used, with quantitative and qualitative data collected on a regular basis. This information was used to inform the guiding council who met on a weekly basis and provided stewardship of the project. The following data collection tools were used:

- Staff engagement sessions
- Staff questionnaires
- Patient Journey Mapping
- Experience based design session
- Patient Shadowing
- Patient questionnaires
- Patient Interviews

A key aim of staff engagement was to understand the drivers for excellent care as described in the following driver diagram.



Baseline State

The Paediatric Unit was described as unwelcoming and overly clinical. Patient shadowing revealed that facilities were poorly sign posted and patient resources not easily accessible.

The experience of patients was sometimes poor. Several patients reported not being listened to, that they were not kept informed during their stay and that on some occasions, their fears were not quickly addressed.

The patient journey was convoluted and confusing for patients with little information provided as to what to expect. Clinical care was inconsistent and poorly correlated with nationally recognised guidance; dependent on clinician preference or availability.

Changes Made

- A four-part discharge Bundle was developed in line with NICE guidance, evidence based to promote self-management and ensure continuity of care with primary care.
- An innovative combined medical and nursing document, exclusively for Asthma/ Viral Induced Wheeze that leads evidence based practice was developed.
- A written asthma plan has been developed collaboratively with patients and staff and then tailored for every discharged child.

My New Asthma Plan

Walsall Healthcare NHS Trust

4. What to do when I go home after an asthma attack

- I should continue to take my preventer treatment as normal throughout.
- On day 1: 10 puffs of my blue reliever inhaler every 4 hours
- On day 2: 8 puffs of my blue reliever inhaler every 4 hours
- On day 3: 6 puffs of my blue reliever inhaler every 4 hours
- After day 3: I should take 4 puffs of my blue reliever inhaler when I wheeze, cough, my chest hurts, or if it is hard to breathe.
- The doctor/nurse may give me a 3 day course of medicine called prednisolone (a type of steroid) & they will tell me how/when to take.

I should go and see my doctor/asthma nurse in 2 working days to have my asthma checked.

If my asthma gets worse again, I should follow the instructions in the amber section (box 2)

My asthma triggers:
List the things that make your asthma worse:

I need to see my nurse at least every 12 months.

I should take my asthma plan with me when I visit the doctor/nurse.

Date I got my asthma plan:

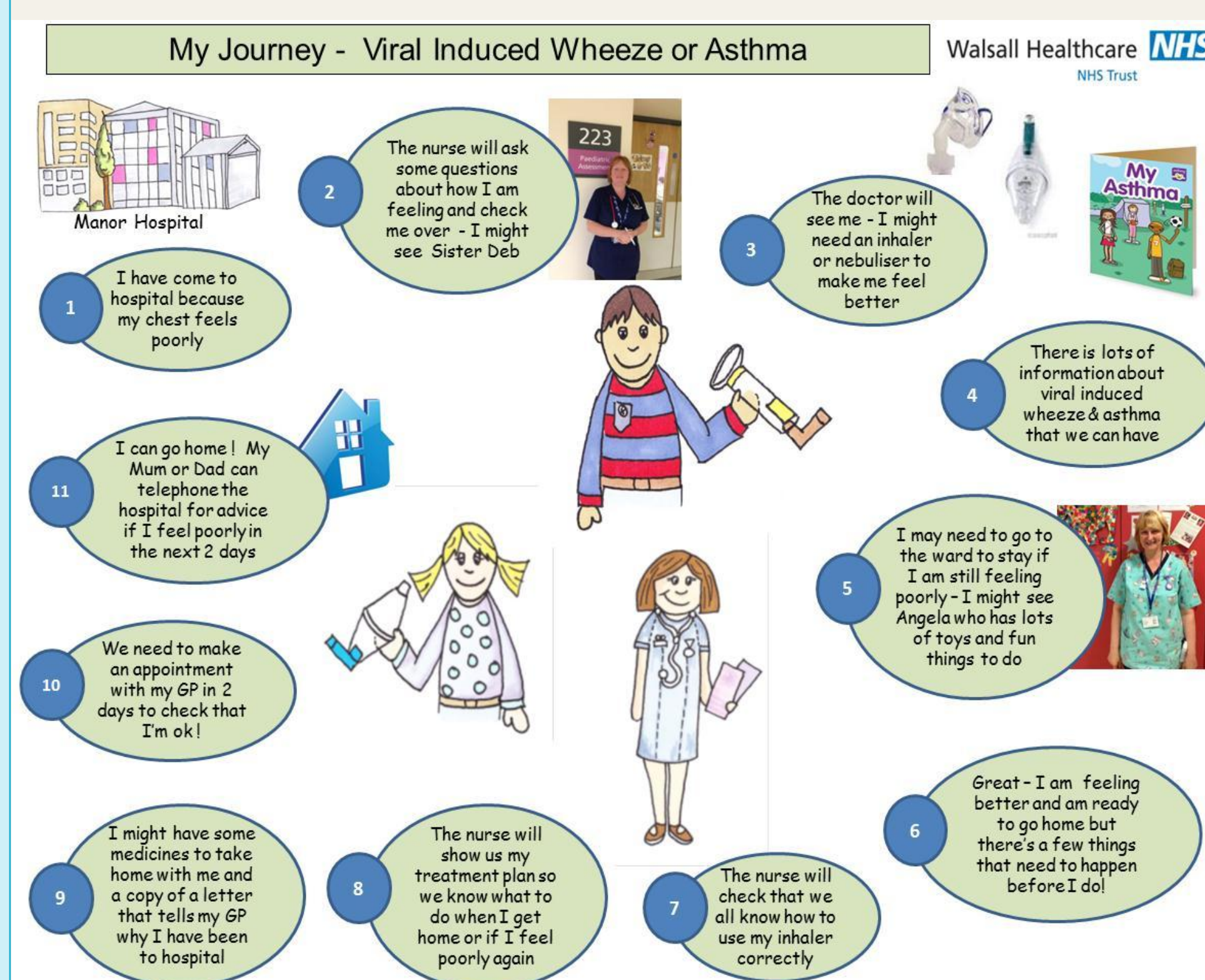
Date of my next asthma review:

Doctor/asthma nurse contact details:

For more information, I can visit:
www.asthma.org.uk, or I can ring Asthma UK Advice line on 0800 121 62 44
Medicines for Children Website
I can also contact the Walsall out of hours service at The Badger Centre on 0300 555 0306

Name: _____

- The department has been decorated to make it more child friendly and clear signage has been introduced, as well as a welcome pack for all families, informing them of available resources.
- Patient resources addressing questions that were commonly asked on interview were produced such as on viral induced wheeze.
- This journey map gives a pictorial representation of what to expect through the department was produced and is issued to patients on arrival.



- A mandatory training session for all nurses and clinical competencies check-list related to asthma have been produced for staff, to ensure that they can confidently manage an asthmatic child.
- Asthma training is also included in the paediatric medical staff induction programme.

Patient Experience Results

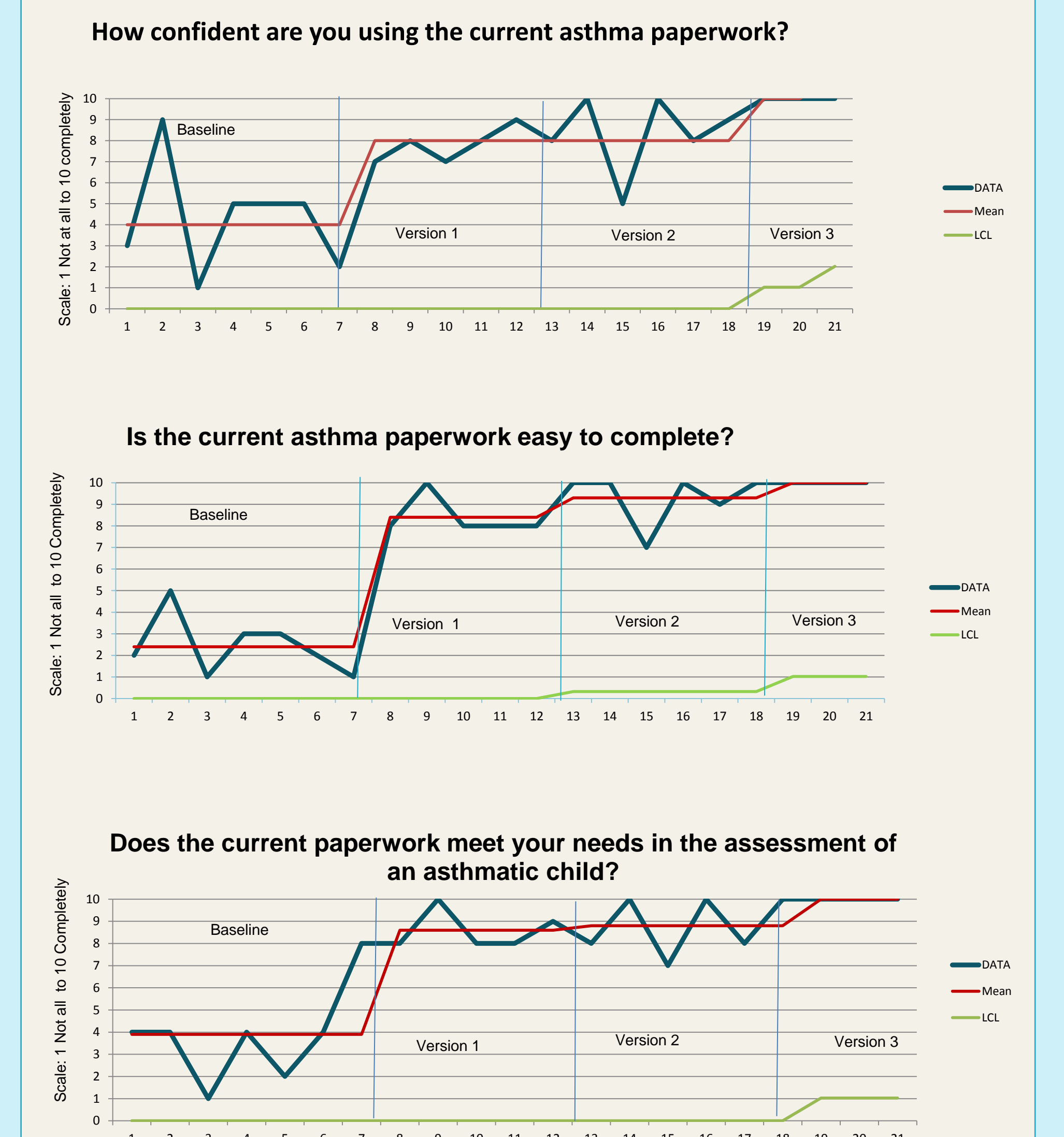
Families now give consistently excellent feedback, with 100% of respondents saying they would recommend the service to friends or family with a similar condition. Comments include:

- *"The department "has exceeded our expectations."*
- *"We are "very happy to look after our daughter now."*
- *"Everything was good- there is nothing I would change."*
- *"I felt very welcomed."*

Staff are enthused by the project, 6 staff members have asked to study towards an asthma diploma and funding has been found for this. Staff also take pride in their environment, with examples of them taking ownership for improving it further and initiating new projects.

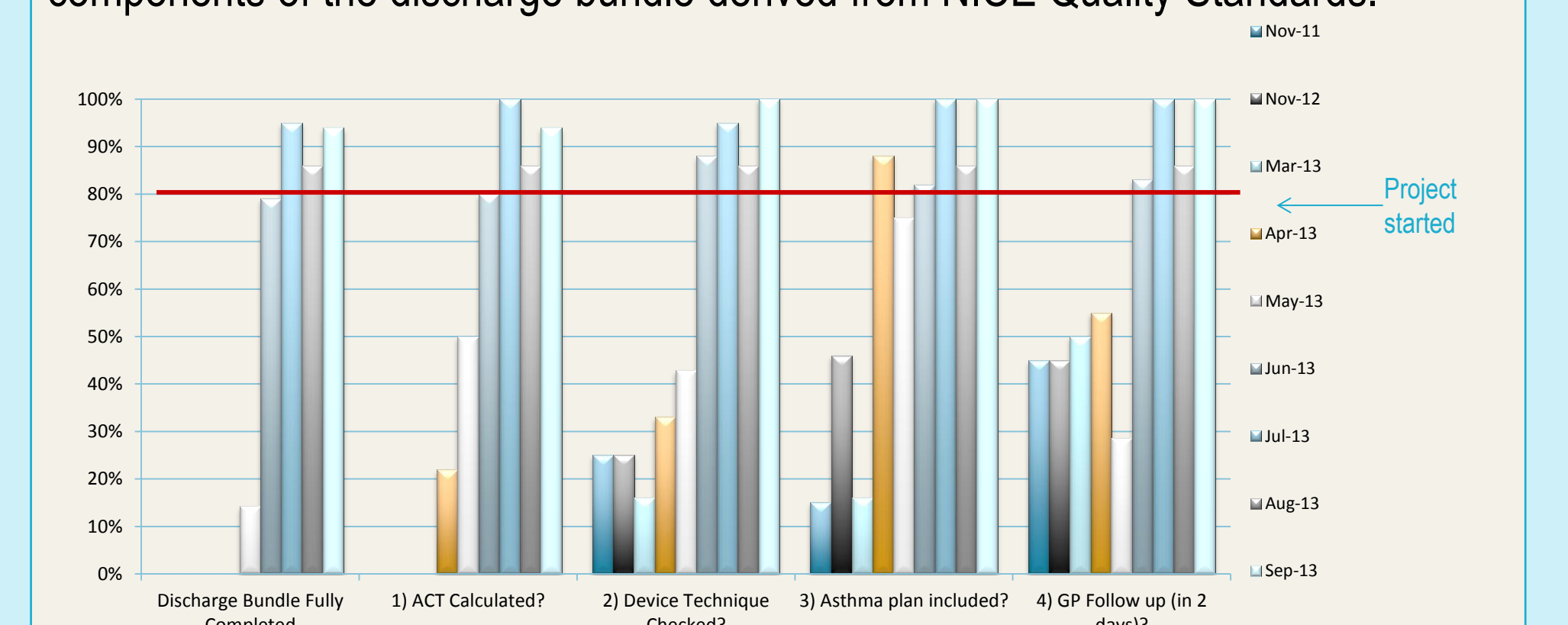
Staff Experience Results

Working collaboratively with staff through several versions, a care pathway document was produced which they are confident using and meets their needs and that of our patients.



Discharge Bundle

We have achieved our target of 80% of patients consistently receiving all four components of the discharge bundle derived from NICE Quality Standards.



Progress

There have been unexpected problems and unforeseen benefits to the programme. For example, the journey map has prompted patients to question when an element of care has not been delivered. Meaning patients are empowered to demand gold-standard care.

Nursing staff also report feeling empowered to challenge practice which is not in-line with recognised guidance as described in the new documentation. For example when a locum consultant introduced aberrant practice, this was quickly identified and addressed.

Paying close attention to regularly collected data has allowed us to identify other flaws in the system. For example, an unexpected drop in compliance for the discharge bundle was tracked back to inadequate training of transient bank staff, which was then addressed.

Conclusions and Future Plans

By all measures, the project has been a success achieving all our objectives and generating benefits to patients and staff. It is still too early to see its impact on the wider paediatric pathway, including on admissions and readmissions.

It is a methodology that will be applied to other care experiences within the organisation such as paediatric day case surgery and A&E discharges.

Contact Information

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