

Asthma Education initiative

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Asthma Education initiative

- Objectives:
 - Outline drivers
 - Outline training plan
 - Describe teaching package
 - Evaluation of training
 - Going forward

Drivers



**Healthy London
Partnership**

1. **National Review of Asthma Deaths (NRAD)(2014)**



2. **Asthma standards for children and young people** (revised February 2016) - Driving consistency in outcomes for children and young people across the capital.

3. **British Thoracic Society BTS National Paediatric Asthma Audit Summary Report (2016)**

4. **Serious incident (SI)(2016) – Royal Free Hospital**

world class expertise  local care

Royal Free London 
NHS Foundation Trust

Summary



- Inadequate recognition of severity of illness by clinicians and families
- Inadequate discharge education
- Inadequate follow-up
- Inadequate clinical management of chronic condition e.g. relievers/preventer ratio
- Inadequate smoking cessation

Asthma Education initiative



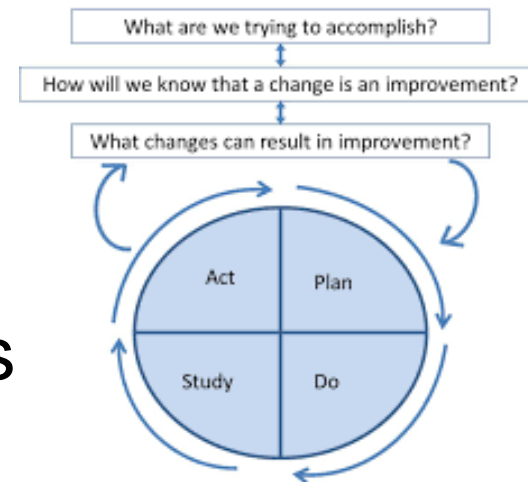
Asthma Education initiative



Aim:

Train 95% of nurses by mid-March in the following:

- PEFR
- Inhaler technique
- Asthma plans
- Follow-up
- Smoking cessation referrals
- Asthma control test



Preparation



- Late Nov - Senior stakeholders discussed asthma standards
- Early Dec – Training stakeholders discussed training plan
- Mid and late Dec – CPE Trainers trained by Asthma CNS
- Late Dec – Training plan written
- Late Dec – Fact-finding, queries, placebos sourced, Lead CPE developed further teaching resources and clinical resources
- Early Jan – Training commenced

Teaching package

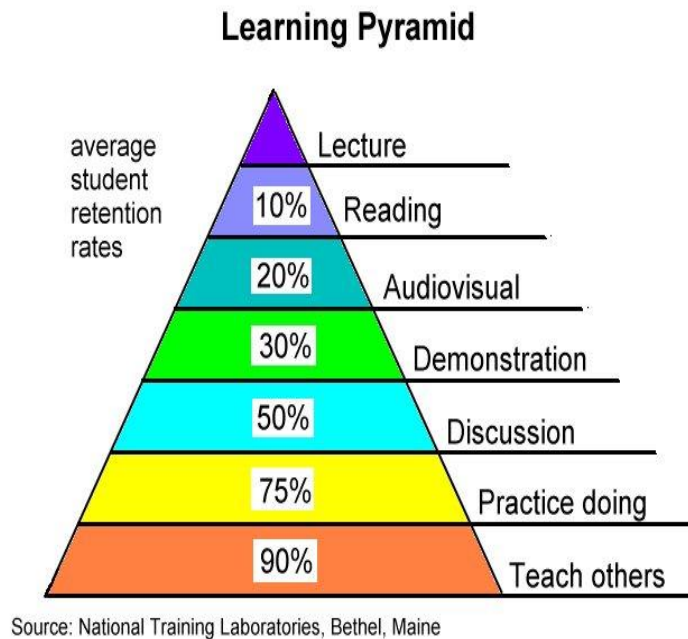
- 45 to 75 minutes
- 1 to 6 people
- Nurses, HCAs, Students
- 66/74 staff trained in 3/12

- Lecture + interactive
- Feedback from hospital teachers (Education project)

1. **Asthma quiz**
2. Asthma and triggers
3. Smoking cessation referrals
4. Assessment
5. **PEFR**

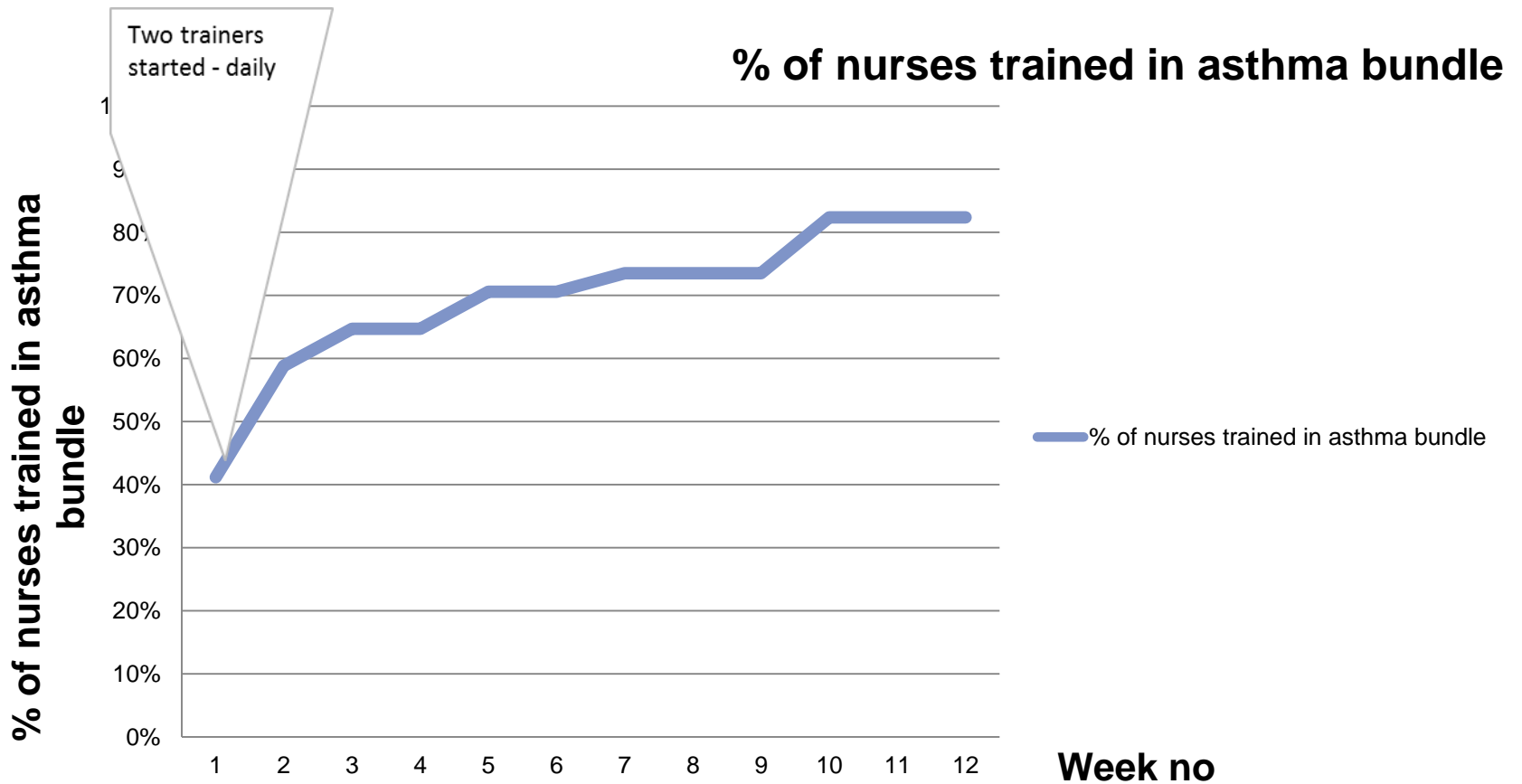
6. ACT
7. Medications
8. **Inhalers and spacers**
9. Asthma plans and discharge
10. **Scenarios**

Education project

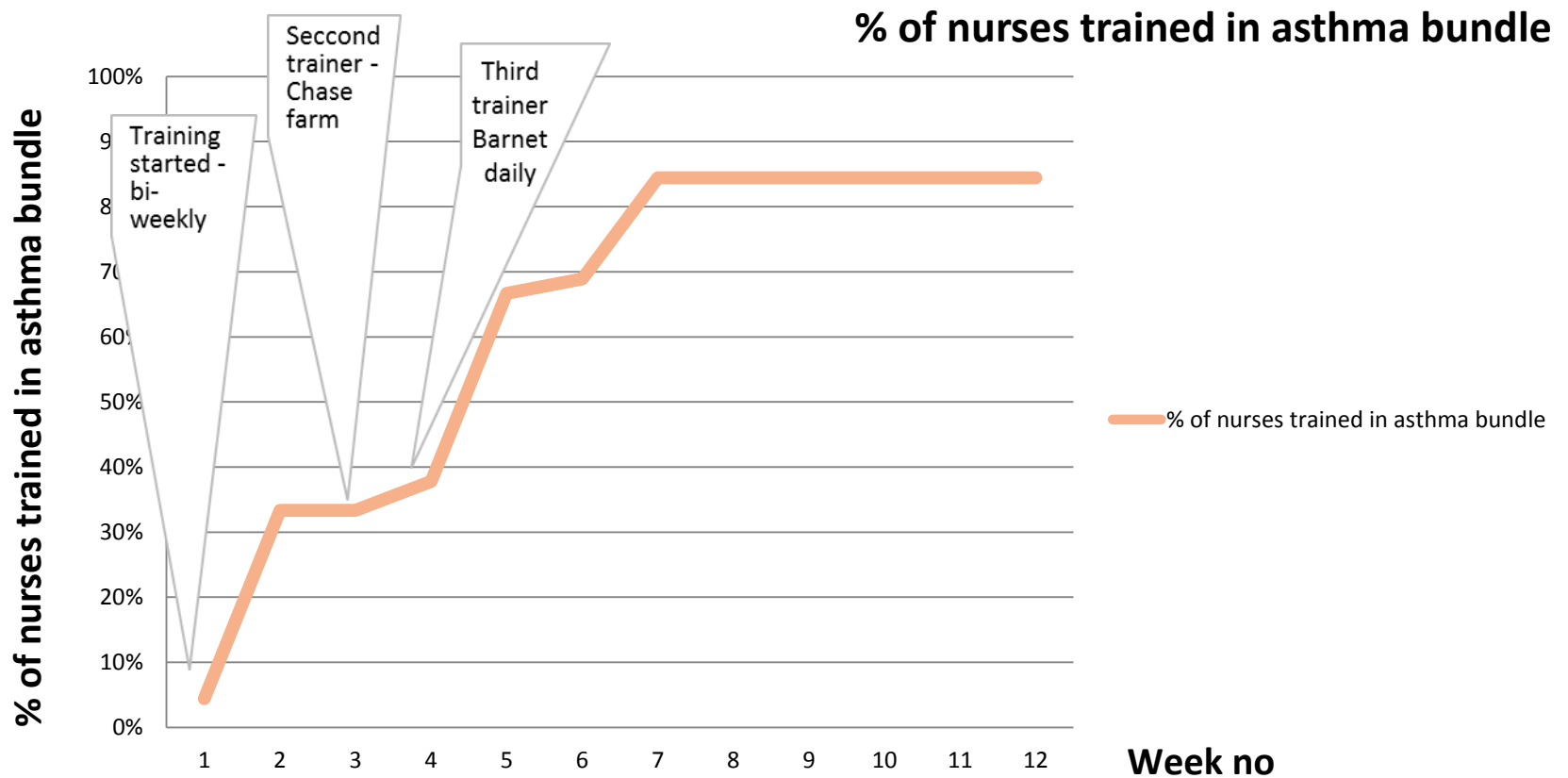


- Improve quality and impact of short small group sessions during clinical shifts
- Use free in-house, at-hand pedagogical expertise
- CPEs observed by hospital schoolteachers
- Verbal and written feedback
- Cross-site
- Multi-centre (UCLH, Barts)

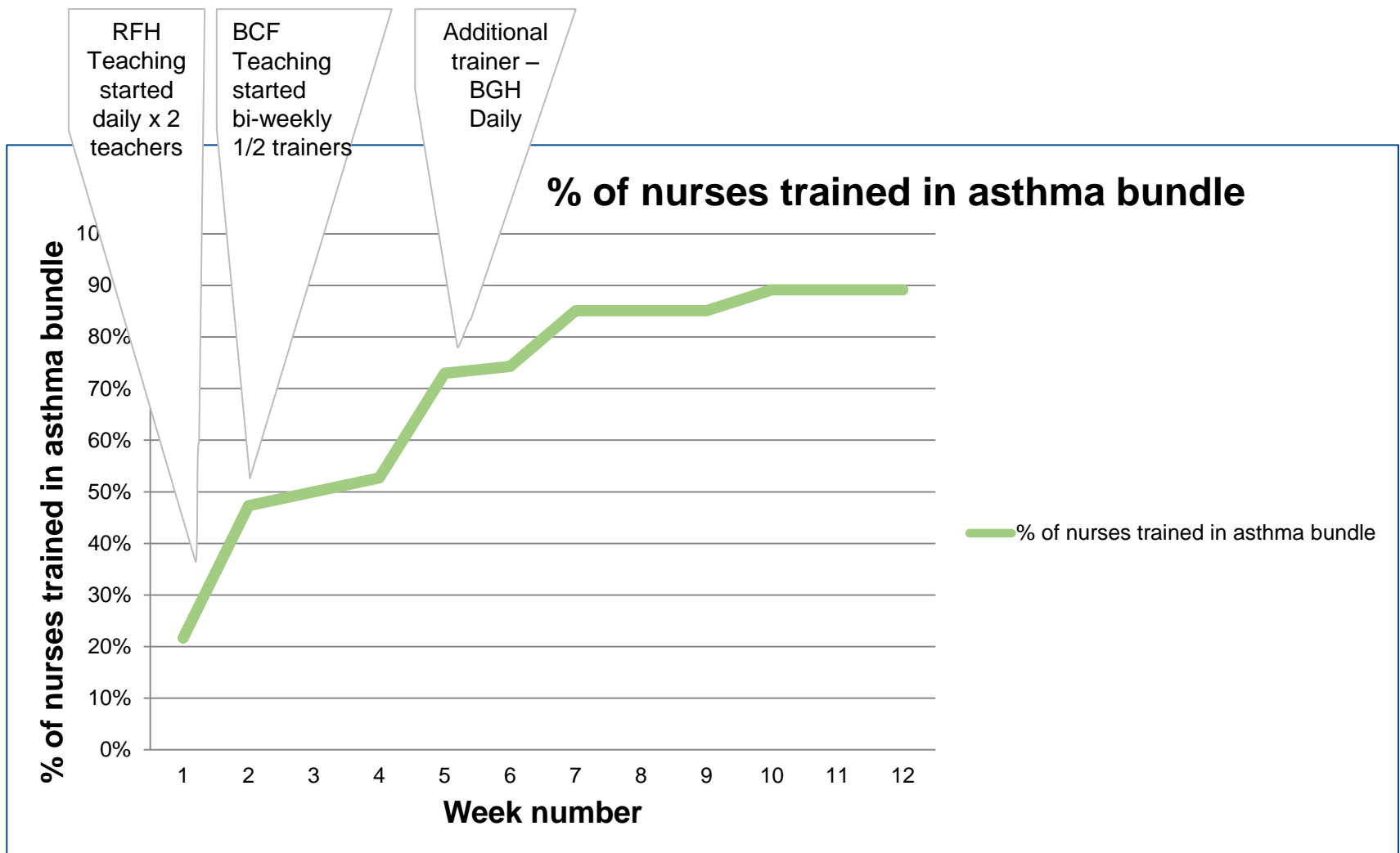
Progress chart – RFH



Progress chart – BCF

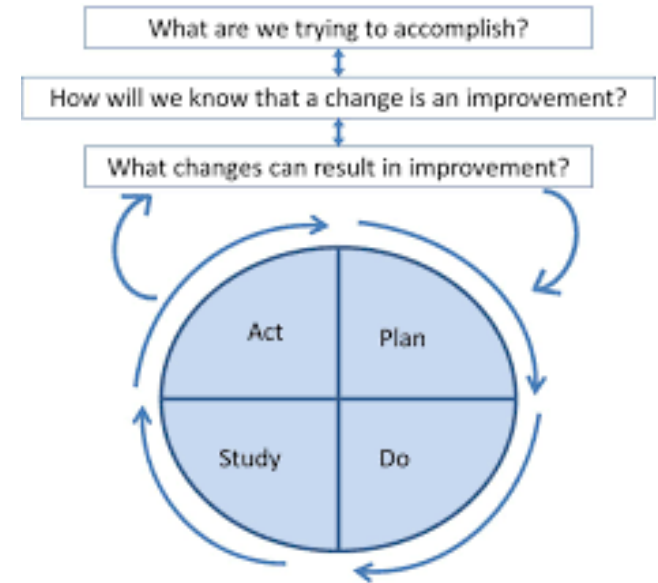


Progress chart – cross-site



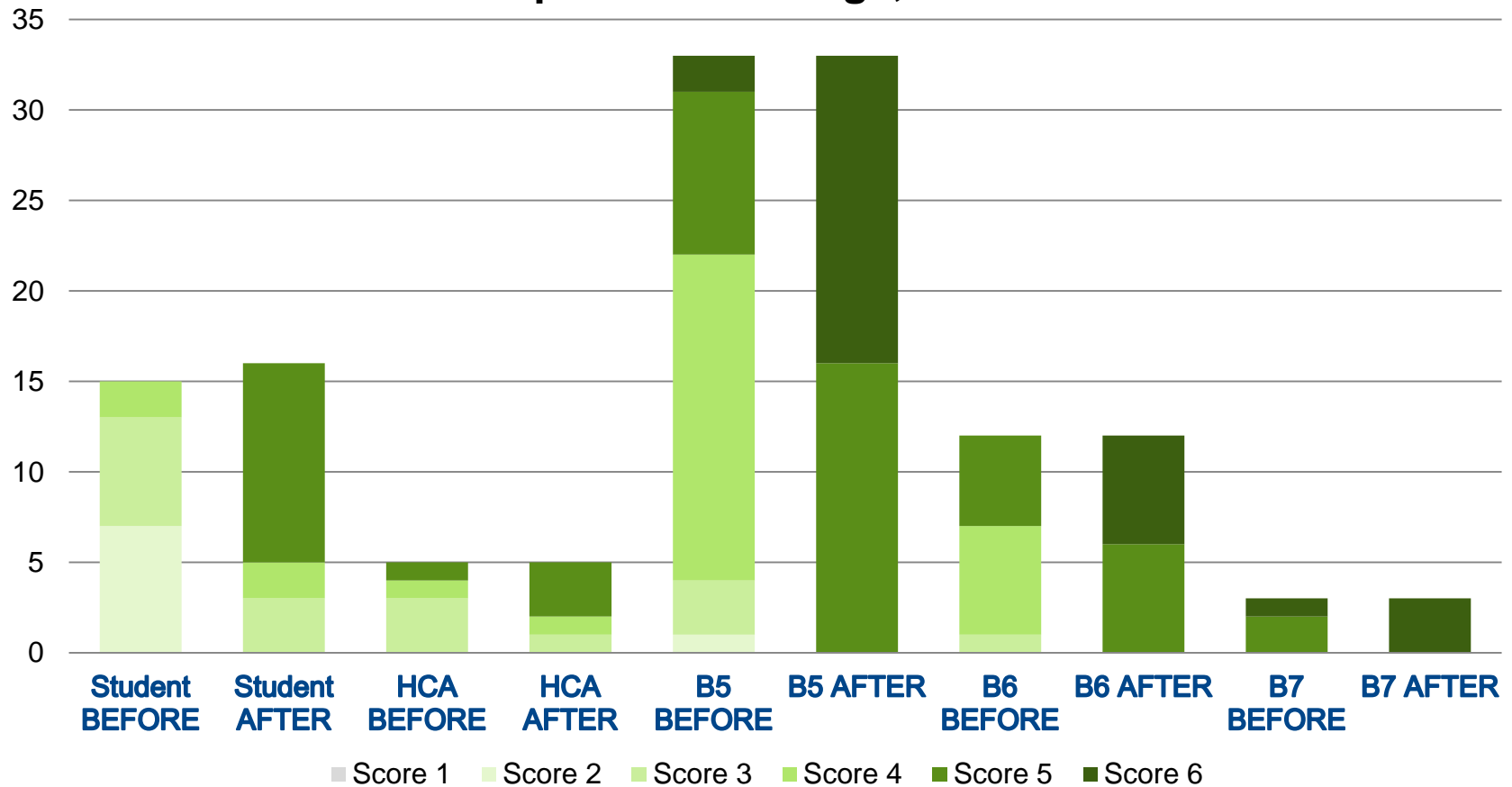
PDSA Improvements

- Improved teaching package
- Improved PEFR chart
- Updated care plan
- PEFR meters and filters stocked - cross-site
- Asthma folders - all clinical areas
- Increase in smoking cessation referrals
- Involved play and school staff in clinical teaching



Quantitative evaluation

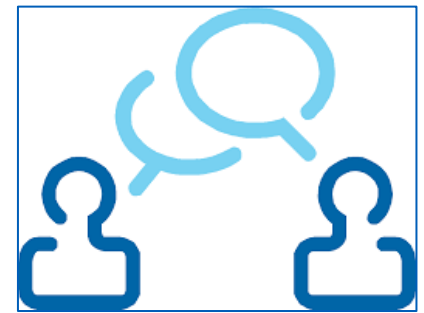
Educational impact - Knowledge, skills and confidence



Qualitative evaluation 1

Trainers	Example feedback
Adama Kargbo, Asthma CNS	"Very good trainer and content was good" Band 6, A&E
Claire O'Sullivan, Clinical Practice Educator	"Enjoyed every bit of it and well presented" Band 6,
Michael Clift, Lead CPE	"Very happy about new asthma folder, feel a lot more confident and competent in having, discharging, discussing and treating asthmatics" Band 5
Kerry Neate, Allergy CNS	"A very enjoyable, interactive session" Band 5
Ronelle' Miguel, Senior Clinical Practice Educator	"Well taught, very informative and interactive. Thank you Ronelle." Band 6
Rachel McCann, Clinical Practice Educator	"felt much more confident now on giving advice to parents/children" HCA

Qualitative evaluation 2



Strengths

- Quizzes +
- Videos +
- Level of knowledge +

Improvements

- More time to practice
- Education board
- HDU asthma training
- Asthma IV meds training
- Rewards
- More examples of medicines and aerochambers

Anecdotal evaluation

- CASE 1- A student nurse independently commenced peak flows on an asthmatic patient overnight
- CASE 2 - Nursing staff challenged SpR to re-assess patient being assessed for discharge post ward round as peak flows 50% of predicted. Patient developed O2 requirement. Required burst therapy

Challenges

- Unclear aim
- MDT meeting and approach needed
- Challenging targets e.g. 48 hr f/u
- Lack of resources at start



Post education audit

- Small sample
- Different start times on both sites
 - Jan – July – RFH
 - Mar – July – BGH
- Findings
 - Inconsistent use of discharge checklist
 - ACT not often done
 - Parent education e.g. Asthma plan and inhaler technique done but not documented?

Post education audit - Plan

- Continue nurse education
- Increase medic/MDT education
- Drive standards with verbal reminders from senior medical and nursing team:
 - E.g. safety huddles, ward meetings, consultant meetings
- Re-audit every 3 months

Strengths

- Cross-site harmonisation
- Improved resources
- Improved MDT communication
- Good nursing engagement
- High-quality, effective, interactive teaching package
- Positive feedback in critical care and asthma peer reviews



Going forward

- Continue nurse asthma teaching to achieve 100%
- Complete training of paediatric A&E nurses
- Competency assess after 3-6 months
- Implement audit plan and re-audit
- Continue education project
- Feed into CPG wheezy child pathway



Questions?



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 - Teaching package
 - Evaluation
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