

Using London Ambulance Service activity as a metric for quality improvement in asthma, Phase 1, Assessment of data.

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AIMS

The Healthy London Partnership (HLP) aims to improve quality of care in the capital, with a focus on children and young people, who face some of the poorest health outcomes compared to the rest of the country. Using the distribution of paediatric asthma emergency calls to London Ambulance Service (LAS) as a metric, and the HLP Asthma toolkit, we can assess the impact of our findings.

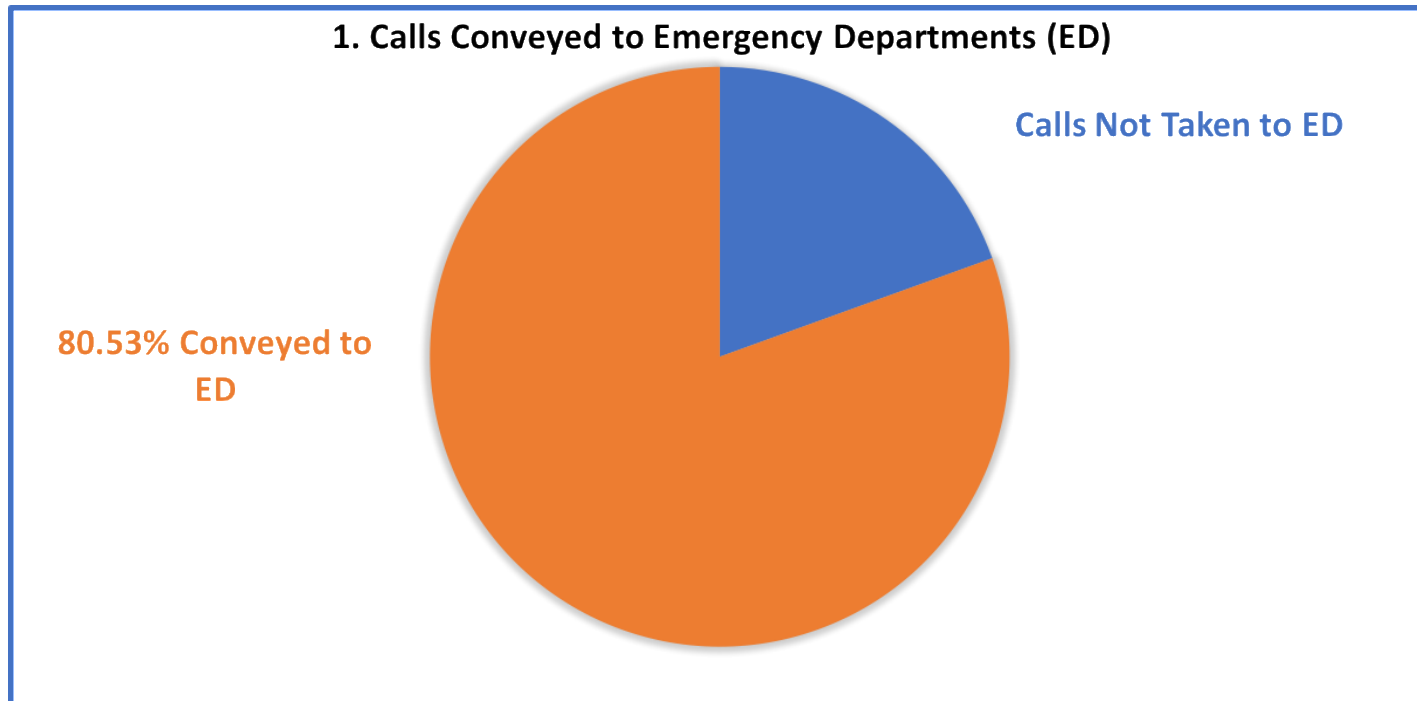
METHODS

We gathered data from the LAS for all asthma related calls during the period of 01/01/2015 to 01/01/2016 regarding paediatric calls, ages 0-19 years. Data was analysed with attention to the distribution of calls against time, gender and conveyance to hospital. The volume and trends in calls to LAS has been used as an indicator for poor asthma control in the capital.

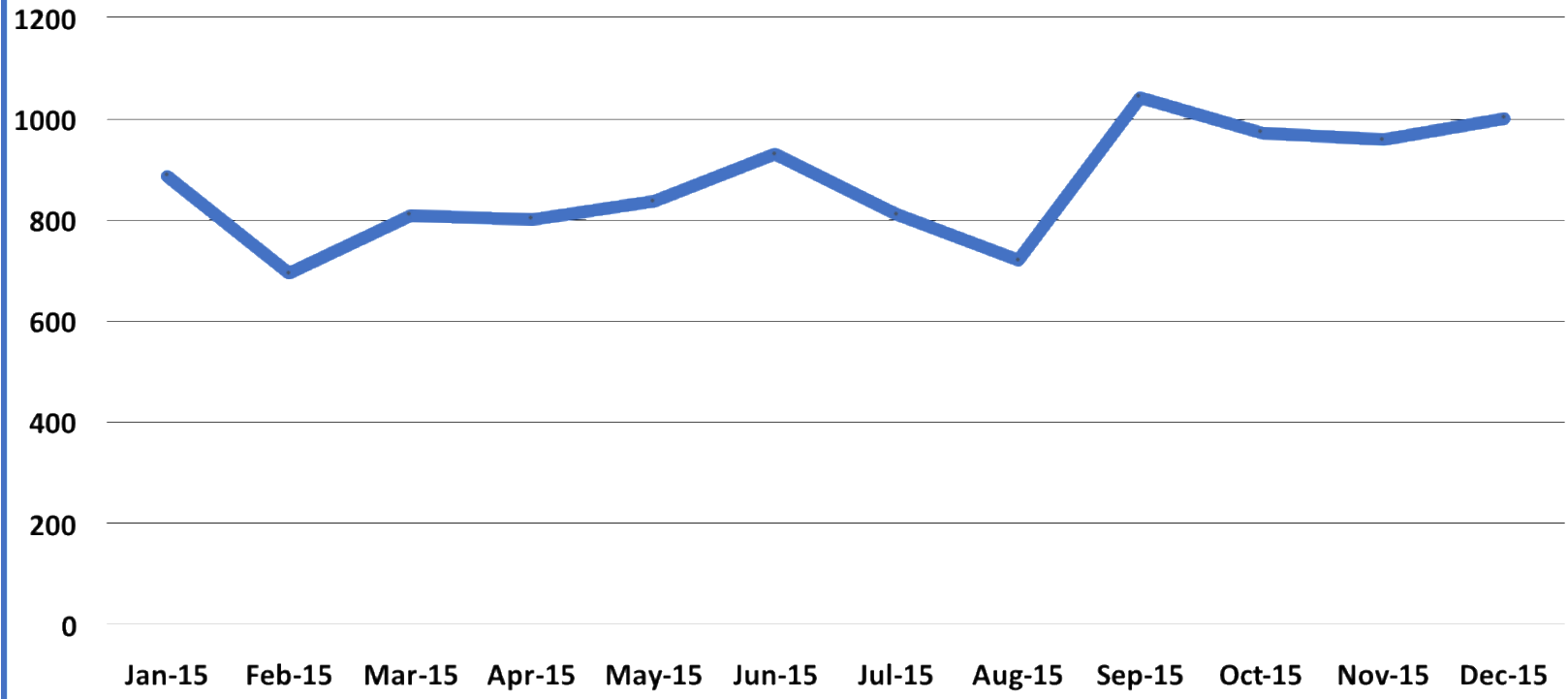
10,498 asthma calls were made to the LAS, where

80.53% of calls were conveyed to Emergency Departments (EDs).

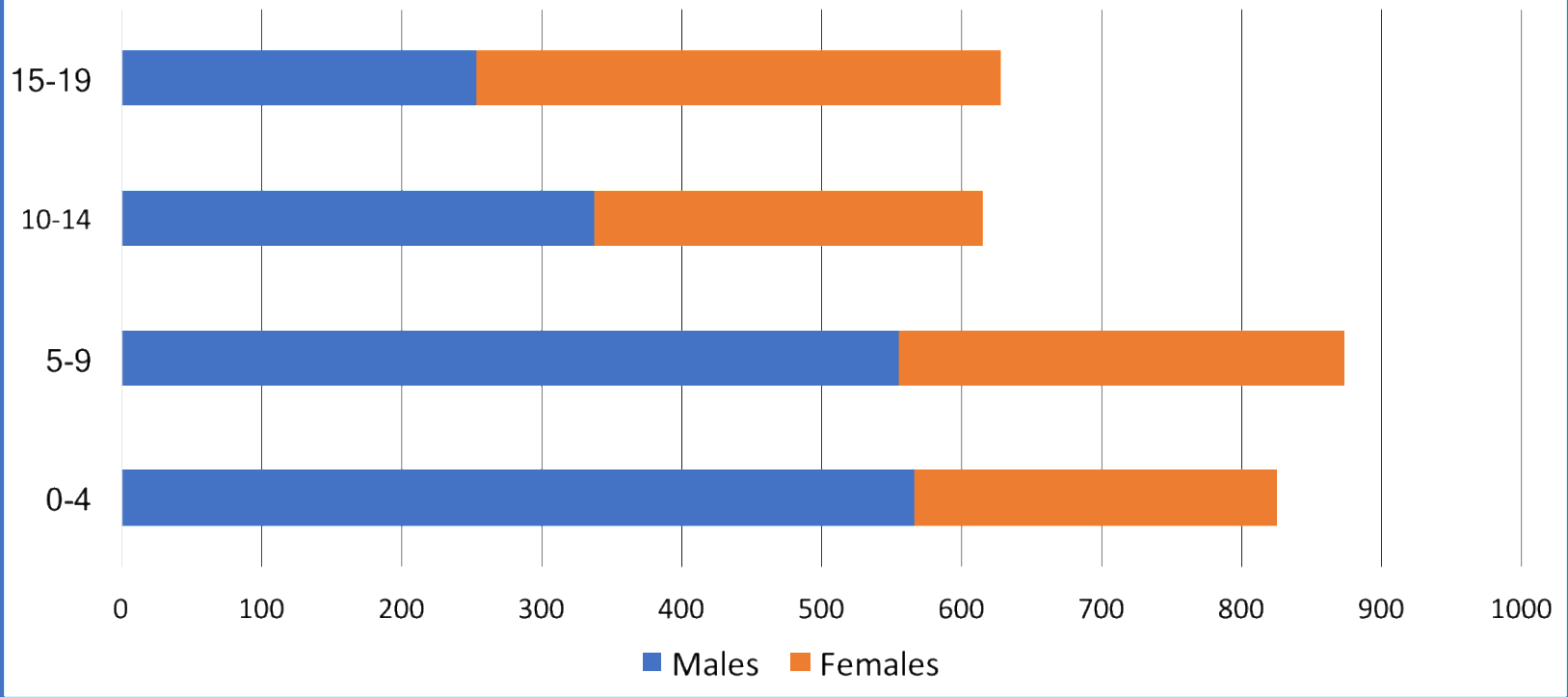
2,946 (28.06%) were made from the 0 to 19-years age group.



3. Calls throughout the Year, 0-19 years



2. Gender Differences in Calls, 0-19 years

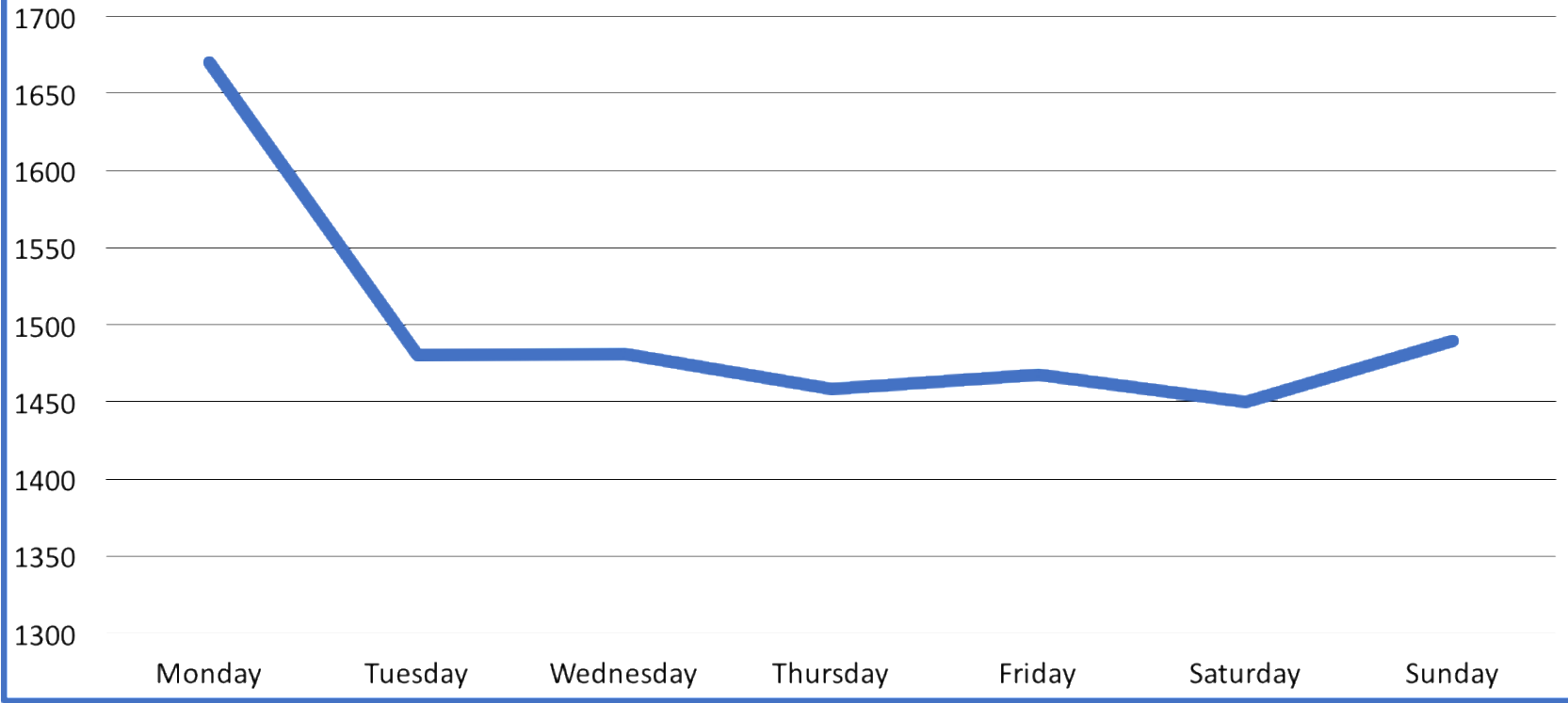


Progressive changes in gender distribution of calls as children get older.

In the 0 to 4-years age group, 68.52% of calls were for males, to 31.48% of females in the same age group (5.39% to 2.47% respectively of all calls).

There is a greater incidence of calls from males until 15-years, later more are from females.

4. Calls During the Week, 0-19 years



DISCUSSION

- Large volume of calls suggests asthma is poorly controlled
- Promote self management amongst both genders as children get older
- Schools need to be included in asthma management
- HLP provides clear strategies needed for asthma management, education and promoting self management
- Year-on-year analysis of data can provide information about the effectiveness of HLP's toolkit and where on going gaps in care delivery exist.

CONCLUSIONS

Age, gender and time distribution of calls to the LAS provide a useful metric to enable strategies for a London-wide system change. This can be assessed using the HLP toolkit, which has provided examples of good practise and audit strategies, accessible to all healthcare providers. The data from our research can improve asthma education to parents, teachers and carers, and highlight areas for improvement. This ensures everyone involved in asthma care can benefit from the findings of our research.