

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



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

2. **London children and young people strategic clinical network**: London asthma standards for children and young people - Driving consistency in outcomes for children and young people across the capital (2015)

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

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

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



world class expertise  local care

Royal Free London 
NHS Foundation Trust

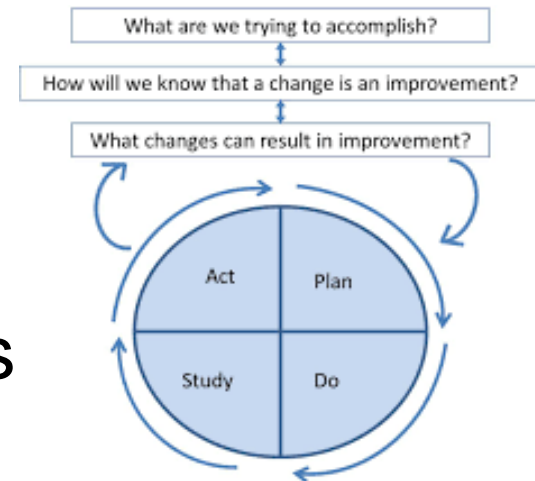
Asthma Education initiative



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

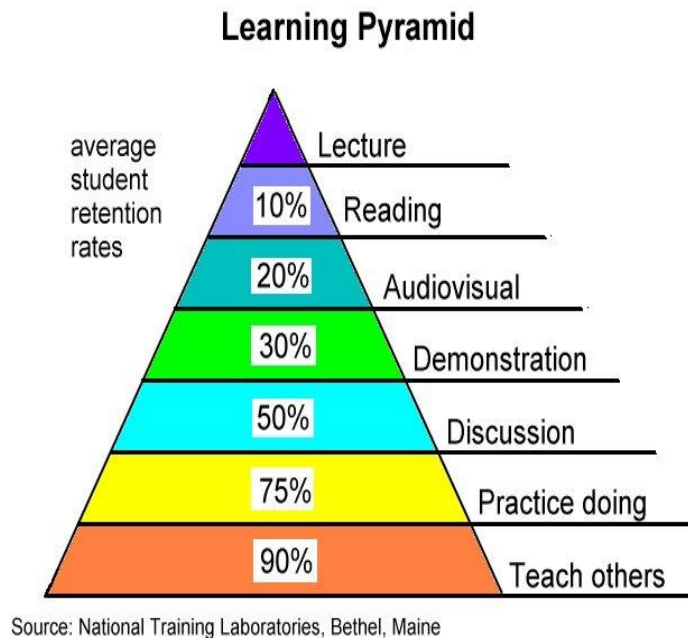
7. Medications

8. Inhalers and spacers

9. Asthma plans and discharge

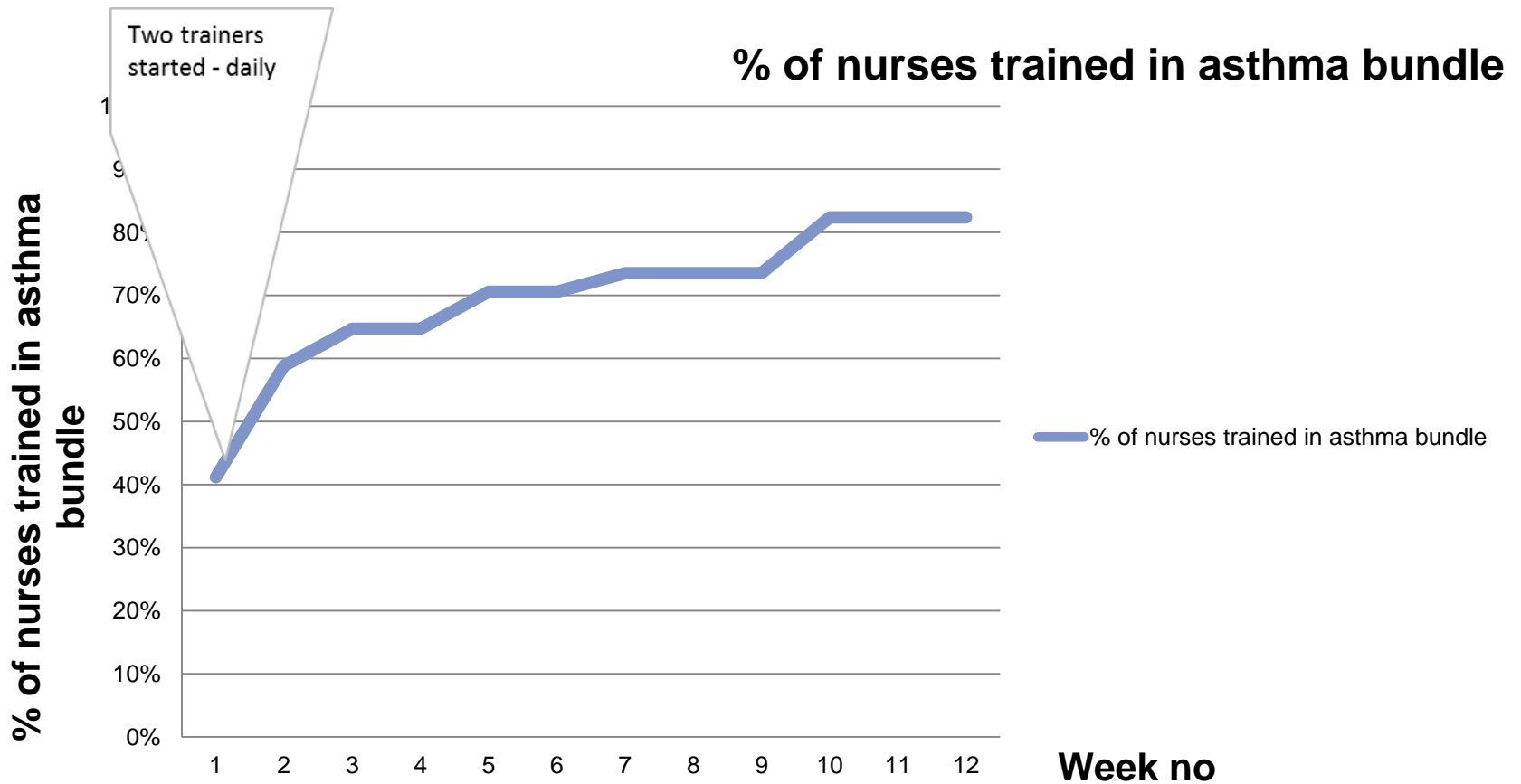
10. Scenarios

Education project

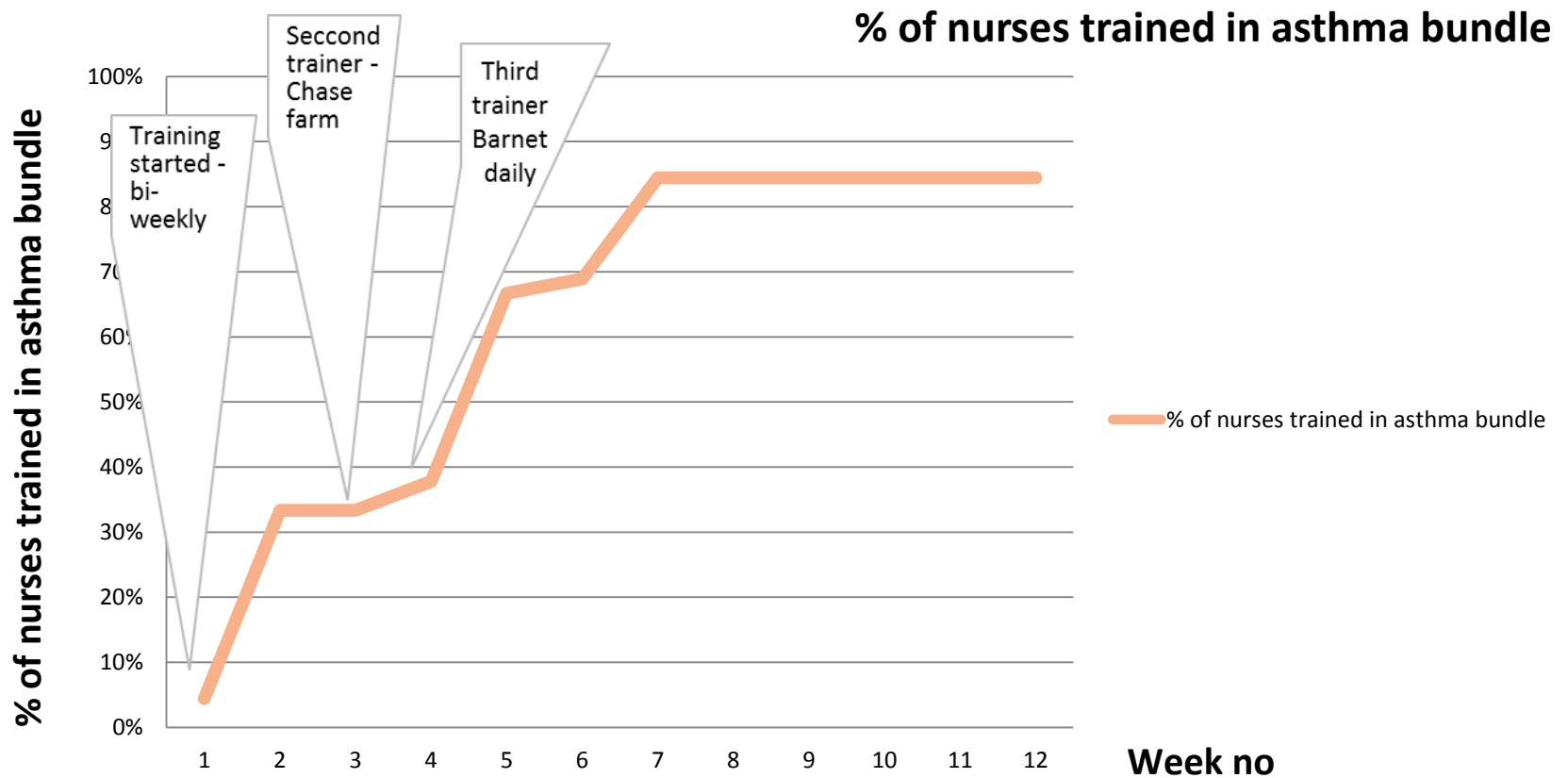


- Improve quality and impact of short small group sessions during clinical shifts
- Use free in-house, at-hand pedagogical expertise
- CPEs observed by hospital schoolteachers
- Verbal and written feedback
- Cross-site
- Multi-centre (UCLH, Barts)

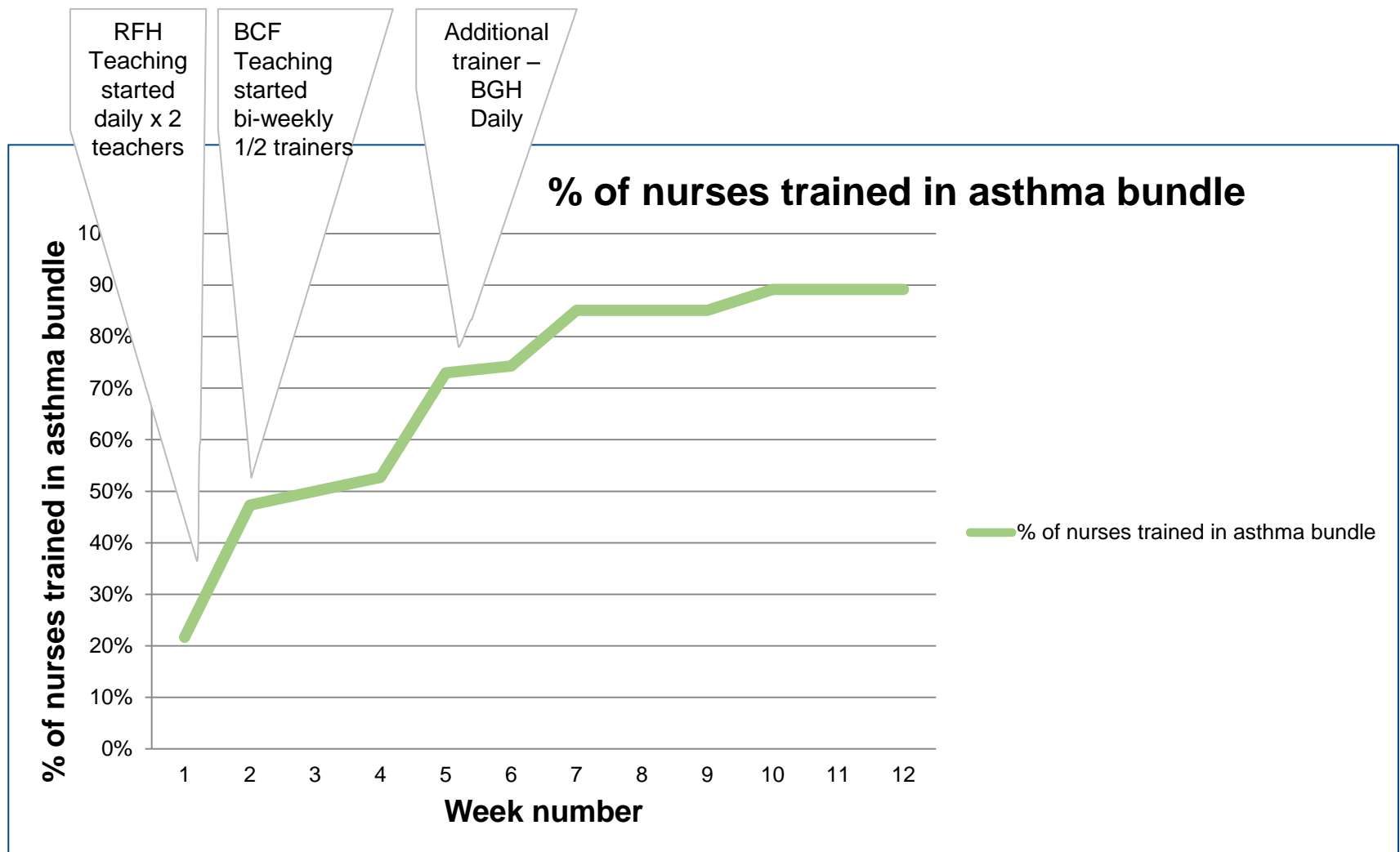
Progress chart – RFH



Progress chart – BCF

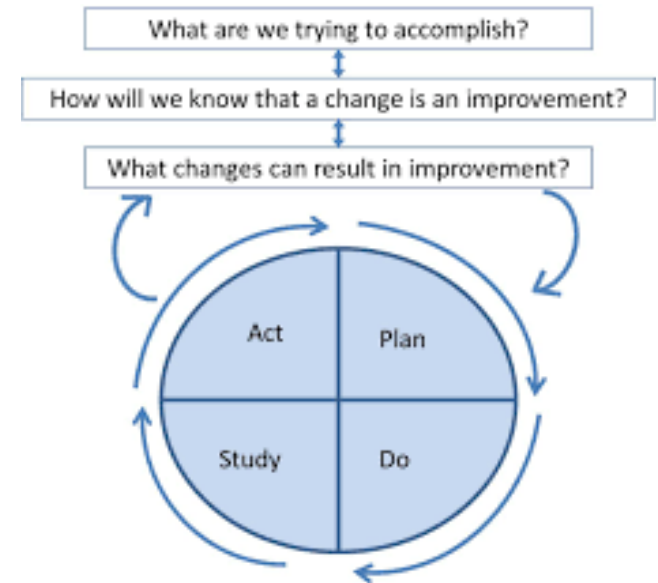


Progress chart – cross-site



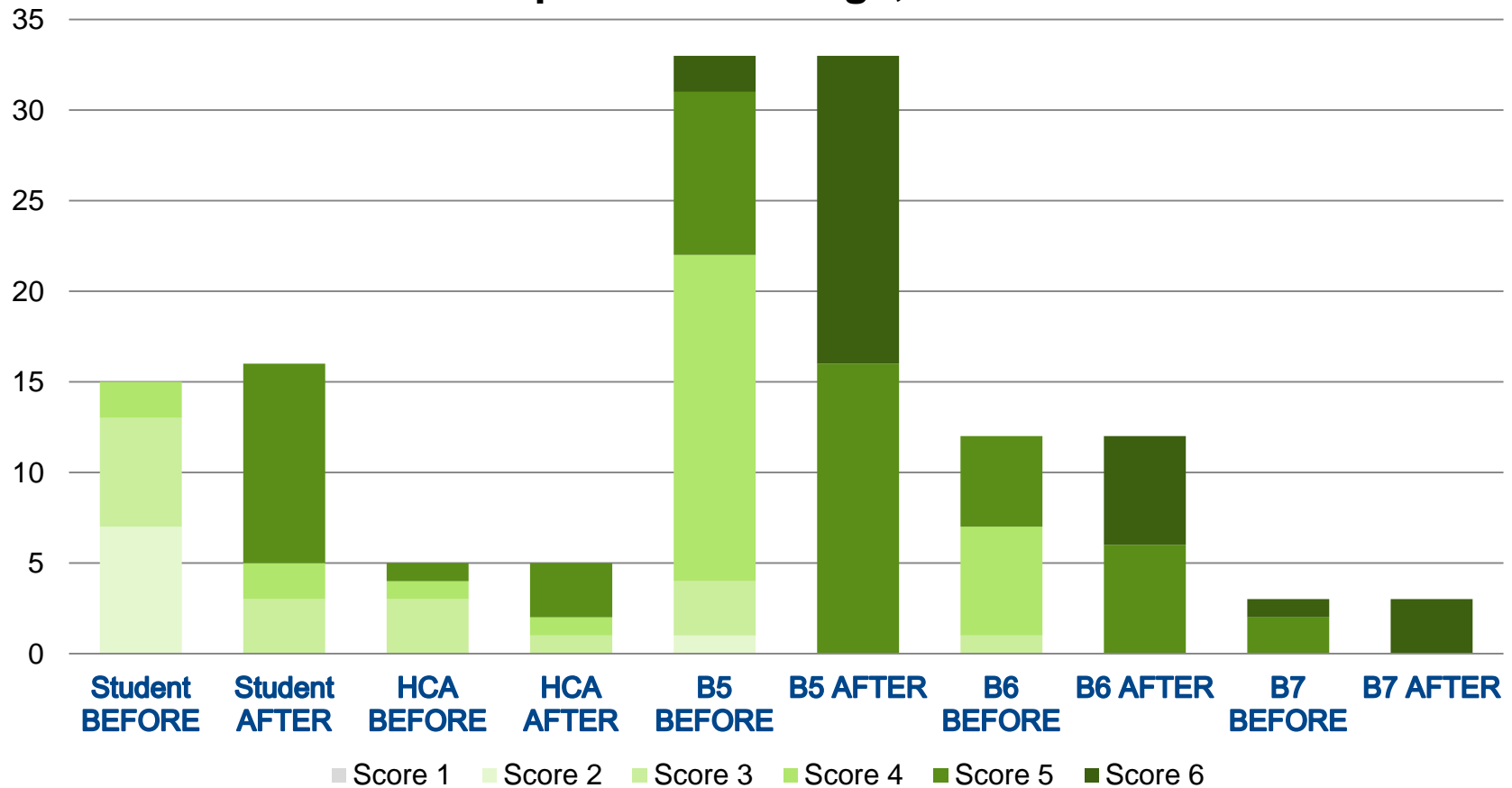
PDSA Improvements

- 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?



Asthma Education initiative

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 - Teaching package
 - Evaluation
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