

European Respiratory Society Annual Congress 2013

Abstract Number: 2518
Publication Number: P4901

Abstract Group: 5.2. Monitoring Airway Disease

Keyword 1: Asthma - management **Keyword 2:** Exacerbation **Keyword 3:** Education

Title: Impact of focussed education on accuracy of acute asthma severity assessment

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Body: Introduction Safe management of acute asthma is based on an objective assessment of disease severity (BTS 2012). We previously identified poor severity assessment as a fundamental issue in acute asthma management (Tsim et al ERS 2012). We sought to improve this through focussed asthma education. Methods Education sessions with interactive cases were provided over 2 weeks. Invitation was extended to Emergency Medicine (EM) and Medical Trainees (MT), but was only accepted by MT. Subsequent asthma admissions were prospectively audited (Aug-Nov 2012). Results Of 34 admissions, accurate assessment was made by 27% junior staff (7/19), 29% middle grade (2/7) and 0% Consultant (0/1); 14% of EM (4/28) and 33% of MT admissions (2/6). Performance did not improve following education (Table 1), with poor PEFR monitoring (Table 2)

Impact of education

	2010/11 (n=72)	2012 (n=34)
Retrospective severity change (when severity assessment made)	(n=11); 10 (91%) upscaled, (1/11) 9% downscaled	(n=5); 5 (100%) upscaled, 0% downscaled
Incorrect Severity	11 (15%)	5 (15%)
No Severity	49 (68%)	23 (68%)
Correct Severity	14 (17%)	6 (18%)
Appropriate ward level based on acuity	58 (78%)	28 (82%)

PEFR data

% of patients with PEFR documented at initial assessment	28/34 (82%)
% with post-bronchodilator PEFR recorded	16/34 (47%)

% with 2 or more PEFR documented in the 24h pre-discharge	22/34 (65%)
% of patients with > 25% diurnal variation in 24h pre-discharge	4/34 (12%)

Conclusions In isolation, focussed education cannot improve performance. A multi-modal approach, targeting broader clinician groups, with an integrated care pathway and multi-speciality clinical governance meetings may improve assessment and reduce potential adverse outcomes.