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**Harrow/London Childhood Asthma Audit**

**Background and instructions for completion**

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Others are welcome to participate.

26.3.2016

**Introduction:**

The National Review of [Asthma Deaths (NRAD)](https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills) identified a number of preventable factors related to the management of people who died from asthma. Some of these related to the management during the final attack.

Asthma attacks are an indication of a failure to control the disease, either by health professionals or patients (& their carers) themselves.

This audit is intended to highlight potential preventable problems related to the management of attacks and also to stimulate change by health professionals in the treatment of attacks; in particular by assessing all patients within a few days of treatment for an attack and optimising treatment and reducing future risk.

**This is an audit with a difference:**

Two stages in one:  a simultaneous **baseline** audit (for a time period ideally, 6 months, last year) and a **prospective** audit (ideally for a year (but you decide on the time period - at least 6 months) of patients soon (within a few weeks) after they are treated for an attack, irrespective of whether this is in the general practice, Accident & Emergency, an Urgent Care Centre or in a hospital.

In doing this audit doctors and nurses will quickly be able to determine whether there were preventable factors that could have helped prevent each patient’s attack.

**Identification of patients:**

All children and Young People (CYP) aged 0-19 (ie <20 years), during the 6 months last year, eg from 1.3.2015 – 30.9.2015) AND then prospectively ideally for a year:

1. Been admitted to hospital for asthma/wheezy attacks, or
2. Been treated for asthma or wheezy attacks:
	* in A&E, or  ED, or
	* in the Urgent Care Centre (UCC), or
	* in the GP practice

For the baseline audit, search your records to identify children and young people (CYP) < 20 years old admitted to hospital or treated for attacks during a six month period last year **(the baseline audit) ;**and at the same time identify patients from now on, prospectively, **(the prospective audit)** who are admitted to hospital or treated for attacks in practice or A&E or UCC/walk-in centre.

**Clinical Audit Standards (based on** [**Global Initiative on Asthma**](http://www.ginasthma.org/) **&** [**BTS/SIGN Asthma Guideline 141**](https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2014/)**,** [**The London Paediatric Asthma Standards**](https://www.myhealth.london.nhs.uk/system/files/London%20asthma%20standards.pdf)**&** [**Recommendations from the National Review of Asthma Deaths(NRAD)**](https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths)**:**

***General Standards:***

* All CYP prescribed more than 6 short acting bronchodilator reliever inhalers (SABAs) in the previous year should also be prescribed inhaled corticosteroids (or another preventer drug)
* All CYP with asthma should have evidence of being provided a Personal Asthma Action Plan (detailing medication administration, trigger factors and their avoidance, identification of danger signs of attacks, and what to do when these occur)
* All CYP over 5 years should have a record of their best Peak Expiratory Flow
* All CYP prescribed inhalers must have evidence in their records of having their inhaler technique assessed

***During attacks:***

* All CYP should have a measurement of oxygen saturation, repeated after treatment if abnormal.
* All CYP over age 5 years should have a measurement of Peak Expiratory Flow (to include one after first dose of oral steroid treatment to assess whether treatment was successful)

***After treatment of the attack:***

* All CYP prescribed oral corticosteroids should be reviewed within 2 working days of starting treatment with oral corticosteroids.
	+ This review should include checking inhaler technique, whether a Personal Asthma Action Plan has been issued or needs modifying, and what triggered the attack
	+ The review should also include optimisation of treatment (we are not measuring this directly in this audit, rather deriving this from your responses to the final ‘reflection’ section of the audit sheet.
* Oral Corticosteroids should be continued until the attack has resolved (as determined by the or health professional)

**Adverse outcome:**

Re-attack within 4 weeks of treatment – this should be a ‘never event’ – if any of your patients satisfy this criterion, it may be advisable to make a referral to a specialist for advice.

Sources of information on treatment of asthma: [**BTS/SIGN Asthma Guideline 141**](https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2014/); the [International GINA Asthma strategy document](http://www.ginasthma.org/); and [NICE Quality Standard 25](https://www.nice.org.uk/guidance/qs25). [Gina Pocket Guide from Amazon](http://amzn.to/1Wd5Qd0).

**Doing the audit:**

For UK practices, use your Practice Code, for others use a self generated personal identification code by starting with your country dialling code and adding your name – eg 44DRMARKLEVY. Also allocate a unique confidential identification number for each patient audited, and keep a log of these, in case you need to contact the patient for asthma review and optimisation of care.

The Baseline and prospective audits are done simultaneously. Download the Data-Collection pro forma **-**[**Asthma Audit Ver 6 26.3.2016**](https://endasthmadeaths.files.wordpress.com/2016/03/asthma-audit-ver-6-26-3-2016.docx)**.** These are word forms which can be completed on your computer and then printed for your records. Alternatively, print these out and complete them manually.

Complete one form for each patient you identify, mark the sheets with either baseline (for patients treated last year) or prospective (for the patients treated for the next 6 months) and then:

Then use the online audit completion tool to copy your audit results into the onlineform at:  [**https://healthylondonpartnership.typeform.com/to/jbWwZr**](https://healthylondonpartnership.typeform.com/to/jbWwZr)

Most average sized practices will have about 10-20 CYP with attacks  in the baseline and prospective audit, however, please enter all those that satisfy the entry criteria. Collecting the data and entering it online should take 10- 15 minutes for each patient.

Remember to :

* click ‘submit’ at the end of each form you enter
* After completing the enter your personal/practice ID on each patient form you complete, and ensure you use the same confidential identifier for those patients who have more than one attack so that we can report on the the incidence of re-attendances, and then audit,
* If you would like a personalised report of your results  (based on the above standards) compared with those of others, please send your Practice Code /personal Identification code and a contact email address to Dr Mark Levy at mlevy1@nhs.net

**Further reading:**

1. [London asthma standards for children and young people](https://www.myhealth.london.nhs.uk/system/files/London%20asthma%20standards.pdf)
2. [**Global Initiative on Asthma**](http://www.ginasthma.org/)**(GINA)**
3. [GINA Pocket Guide for asthma care](http://www.amazon.co.uk/dp/B01CGSC9FM/ref%3Ddp-kindle-redirect?_encoding=UTF8&btkr=1)
4. [**BTS/SIGN Asthma Guideline 141**](https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2014/)
5. [**UK National Review of asthma Deaths (NRAD)**](https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths)

[**Levy, Fletcher & Pederson. Asthma Answers at Your Fingertips**](http://www.classhealth.co.uk/books/asthma-answers-at-your-fingertips-98)**:**