Royal College of Physicians | National Respiratory Audit Programme (NRAP)

# NRAP Good Practice Repository – Adult asthma

## King George Hospital & Queens Hospital, Romford
## Barking, Havering and Redbridge University Hospitals NHS Trust

**KPI1:**
**Respiratory review within 24 hours of admission**

***King George Hospital & Queens Hospital achieved:***

**100% - 2022/23***

***% of patients submitted to the audit.**

## Overview

Asthma discharge care bundles on in-patient admissions across Queens Hospital & King George Hospital are delivered by Asthma Physiotherapist and Clinical Nurse Specialist (CNS).

The IT department has recently set us up with a Qlik Sense dashboard, to track all A&E admissions linked with shortness of breath, wheeze and asthma. This IT system allows us to review all the patients that are in A&E with decision to admit. Asthma physiotherapist/CNS triages this list every morning Monday – Friday 7.30am-9pm depending on the volume of patients to be reviewed, and cross checks with the hospital IT system called Careflow connect live and London care records, to see if a decision has been made to admit these patients. The on-call respiratory consultants who are on-site from 8am-4pm over the weekend review patients who have been admitted and moved to respiratory wards.

This enables us to target patients who have a confirmed diagnosis of asthma, or have a high likelihood of asthma, who may need a full work up with the GP if it's their first admission. If they have had multiple admissions, we will request lung function test, FeNO, allergy blood tests, etc as an out-patient, and patient will remain on our caseload until stable enough to be discharged back to GP. We can also refer patients to the respiratory consultant clinic if further input required, or referred to tertiary severe asthma clinic subject to assessment.

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## Our processes to achieve good practice in KPI 1:

Qlik Sense Dashboard created in partnership with Asthma Physio/CNS regarding fields required and key words like DIB, shortness of breath, wheeze, cough and asthma, decision to admit, which site and ward they have been admitted on etc.

Triage process is now more robust with the new IT dashboard, along with triage cross check with Careflow connect live and the London care records agreement. This allows us to see if diagnostics have been done previously, inhaled therapies, peak flow readings and management plans. We can prioritise formally diagnosed asthma patients and rule out cardiac causes or other conditions that may present like asthma.

Asthma Physio 1 full time equivalent (FTE) and Asthma CNS 0.5 FTE with a plan to have 2.0 FTE to cover both acute hospital sites (Queens Hospital, Romford and King George Hospital, Ilford) sites, and for annual leave.

We then see the patient on the ward:

- complete the asthma care discharge bundle information i.e. inhaler technique, rescue pack use, asthma control, inhaled therapy, adherence and personalised asthma action plan etc
- collect audit data information
- email the patient with asthma inhaler videos and information to be reviewed when feeling better
- patient is flagged for a bed on respiratory ward if needed, reviewed face to face and a follow-up is arranged for 4 weeks post discharge
- patient is informed about the follow up telephone call
- email can be sent to patients who are happy to use this form of communication, or else written information and asthma patient mobile number can be given for those who don't use emails

## What processes we use:

- We use the NELFT asthma guidelines.
- We use the Asthma & Lung UK action plan and personalise this to the patient.
- We use the Asthma & Lung UK living well with asthma booklet, after asthma attack advice and information.
- We send this to patients by email and provide printed copies as an in-patient.
- We use the Asthma & Lung UK inhaler video's and email them to the patient to review post discharge as we have reviewed inhaler technique in-person on the wards when admitted.
- We use Fostair asthma action plans for MART regime.
- We use Symbicort SMART regime asthma action plans.
- Patients that use emails can use us a point of contact at hospital if asthma worsens or need advice.
- Patients are also signposted to Asthma & Lung UK nurse helpline for support as required.
- Patients paying for inhalers are signposted to the NHS pre-payment certificate.
- We document on Careflow connect live for internal handover.
- We also document on EPRO that communicates to GP's and copy of the letter placed in notes and sent to the GP.