Improving our patients’ understanding of their asthma

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BACKGROUND
Asthma UK (Asthma UK, May 2014) highlights that over half of all asthmatics suffer debilitating symptoms, despite being prescribed treatment. Poorly controlled disease leads to frequent exacerbations, necessitating unscheduled care and high-cost medications whilst impairing the patient’s quality of life and increasing the risk of premature death.

AIM
- To ascertain the main gaps in the knowledge of our asthma patients.
- To design and deliver educational resources for patients with asthma.
- To improve our patients’ understanding of their asthma.

MEASURES
Quantitative:
- Confidence scores and asthma control before and after asthma education programme;
- Feedback on educational resources available in the Severe Asthma Service.

Qualitative:
- Patient and relative feedback following asthma education programme.

RESULTS
Quantitative measures: 100% positive feedback following attendance at the education programme from patients and relatives.

Quantitative measures: 6-month results from education programme still pending; results from educational resources difficult to interpret due to potential input errors.

DISCUSSION
Staff enjoyed delivering the programme and it was very well received by patients and relatives. However, due to delays in the final results, including the effects of education on patients’ asthma control, are not yet available. It is hoped that education has been firmly embedded into the care patients receive in the asthma clinic.

SUSTAINABILITY
- A second education programme is being delivered in September, incorporating changes made following patient feedback through a PDSA process.
- Leaflets to remain in clinical areas and further resources are being designed.
- We successfully applied for funding to ensure education programme continues to be delivered in Portsmouth.

IDENTIFYING THE PROBLEM IN PORTSMOUTH
A recent audit of patients with asthma at the Queen Alexandra Hospital in Portsmouth showed that patients continue to present acutely, and on multiple occasions to the Emergency Department (ED), who are not known to the Severe Asthma Service. This indicates that an ‘at risk’ population exists. Meanwhile, an appreciative enquiry exercise undertaken with patients attending the Severe Asthma Service identified that they felt education is often lacking from the care they receive. The age of patients attending the Severe Asthma Service is demonstrated in the chart below:

Development of Asthma educational resources
Together with patients we developed a suite of educational leaflets for patients attending the Severe Asthma Service and those requiring emergency treatment in the Emergency Department. The content and style were heavily influenced by patients from the focus group and those accessing the clinic.

We also designed an educational poster for the clinic waiting room and treatment rooms. It is also displayed in all the respiratory inpatient wards.

Feedback regarding usefulness of resources available to asthma patients has improved since introducing the leaflets, however this is not significant.

LEARNING
I have appreciated the importance of ensuring outcomes are effectively and accurately measured in order to identify if a change has been successful. I have also seen how much patients benefit from taking part in research and Quality Improvement projects.

THANK YOU!
The entire QI project could not have been delivered without the continuous enthusiasm and help from patients, the entire Asthma MDT and the Research Department at PHT, for which I am very grateful! The project will continue to be delivered by the Severe Asthma Service in the future.