

Asthma Quality Improvement Summary for 2007-08

Dr. Thomas Mele

Background

Asthma is a disease with significant morbidity (and even mortality) if not managed correctly. It is also an illness for which excellent consensus guidelines exist. Anecdotally, we believed we were seeing relatively few students with asthma in the SHS. Furthermore, some of us encountered asthma as an “incidental” diagnosis during visits for other reasons, and suspected we were not collecting the appropriate information because it was not an active problem.

Therefore, as a Quality Improvement (QI) exercise, in the spring of 2008, we reviewed all visits to the Student Health Service between May 2007 and January 2008 that had the diagnosis code of Asthma in our Electronic Health Record. The primary goals of this QI were:

1. To evaluate if the diagnosis was documented by accepted standardized criteria
2. To evaluate if medication lists were present as per accepted standardized criteria
3. To ascertain the proportion of acute to chronic visits for asthma
4. To ascertain the flu vaccine coverage in this population

We wanted to know if we were diagnosing and treating asthma correctly, and how we could improve our performance. . We also looked at students who had multiple visits for asthma to determine whether their treatment was appropriate. This helped us see if we were under/over treating the patients who had repeat visits or if they were misdiagnosed.

The summary of our findings were:

1. Total number of individual patients with at least one visit for asthma: 68 (out of 95 total visits)
Acute asthma visits – 2/3 Maintenance visits – 1/3
2. Medication lists were present in 90% of charts reviewed.
3. Three quarters of patients with an asthma diagnosis had severity measured by symptoms or peak flow
4. Peak flows (a measure of lung function and asthma severity) were obtained in 56% of patients and 44% of all visits (including telephone consults)
5. Just over 50% of the asthma patients received a flu shot in the previous year at SHS.
6. In a number of cases asthma was identified as an “incidental” problem, currently inactive, at a visit for other reasons.

From this, we could see where we were doing well, (documenting medications and measuring severity) and places where we could improve (documenting peak flow and ensuring flu shots are given).

Based on this information, we have set the following goals:

1. Obtain a peak flow in at least 90% of those presenting with acute asthma or an asthma maintenance visit.
2. Document current symptoms in at least 90% of those presenting with acute asthma or an asthma maintenance visit
3. Assess peak flow (if known), current symptoms and current medications in all telephone encounters for asthma
4. Achieve an influenza vaccination rate of 90% in all those who have had a visit for asthma in the Student Health Service.

To achieve these goals, we developed an asthma template (containing a standardized list of questions and physical signs) to use for all students presenting for acute or chronic asthma visits. The template prompts us to gather the information above, and thus improves our management of asthma patients. We also developed a standardized list of questions to ask those patients who present for another reason, and for whom an “incidental” diagnosis of asthma is made. To improve our rates of influenza vaccination in students with a diagnosis of asthma, we will send an email reminder to all those who have made a visit for asthma to the Student Health Service, or who have asthma listed as a diagnosis.

We will review our progress again in the upcoming year.