



Implementation Key Driver Diagram

Aim: To Improve the efficiency and effectiveness of asthma care in CHAT hospitals (ED and IP settings)

Goal: To reduce asthma-related length of stay by 20% within 3 months from implementation of the intervention

KEY DRIVERS

Improve timelines of stabilization

Standardize discharge plan

Early discharge

Transition to home/self-care

Prevention and revisit

CHANGE STRATEGIES

Emergency Center:

- Decrease time to first beta-agonist treatment
- Decrease time to first steroid treatment

Inpatient:

- Space beta-agonist treatment aggressively, as patient's respiratory status allows
- Wear oxygen aggressively, as patient's respiratory status allows
- Initiate discharge checklist early

Emergency Center:

- Decrease time to first beta-agonist treatment
- Decrease time to first steroid treatment
- Wear oxygen aggressively, as patient's respiratory status allows
- Team approach to communication (RT, Nursing, and MDs)
- Standardization of severity scoring
- Implement a discharge checklist

Inpatient:

- Space beta-agonist treatment aggressively, as patient's respiratory status allows
- Wear oxygen aggressively, as patient's respiratory status allows
- Asthma action plan written on admission
- Asthma education ordered on admission
- Conditional discharge order with discharge criteria written on admission
- Team approach to communication (RT, Nursing, and MDs)
- Standardization of severity scoring
- Implement a discharge checklist

Emergency Center and Inpatient:

- Assess chronicity /severity
 - Start controller medicine if indicated
 - Refer for Pulmonary follow-up if indicated/available
- Confirm PCP and discuss treatment plan with PCP before DC
- During flu season, administer influenza vaccine or link patient to resources to receive vaccine prior to discharge

Emergency Center and Inpatient:

- Discharge checklist
 - Initiate early education, communication, and discharge goals via multi-disciplinary team approach (RT, Nursing, and MD)
 - Asthma action plan
 - Asthma education: including inhaler techniques, triggers, co-morbid conditions, and treatment plan
 - Medication education: including medication reconciliation and new medication availability, compliance, and cost
 - Have printed resources in various languages
 - Review all resources prior to discharge

Emergency Center and Inpatient:

- Standardization of asthma action plan
- EB order set
- EMR-driven orders (flu)
- Patient navigators/ follow-up, if available