



Children's Hospital Association of Texas

An Association for the Advancement of Children's Healthcare in Texas

Patient and Hospital-Level Interventions	
Key Drivers	Change Strategies
Improve timelines of stabilization	<p>Emergency Center:</p> <ul style="list-style-type: none"> • Decrease time to first beta-agonist treatment • Decrease time to first steroid treatment <p>Inpatient:</p> <ul style="list-style-type: none"> • Space beta-agonist treatment aggressively, as patient's respiratory status allows • Wean oxygen aggressively, as patient's respiratory status allows • Initiate discharge checklist early
Standardize discharge plan	<p>Emergency Center:</p> <ul style="list-style-type: none"> • Decrease time to first beta-agonist treatment • Decrease time to first steroid treatment • Wean oxygen aggressively, as patient's respiratory status allows • Team approach to communication (RT, Nursing, and MDs) • Standardization of severity scoring • Implement a discharge checklist <p>Inpatient:</p> <ul style="list-style-type: none"> • Space beta-agonist treatment aggressively, as patient's respiratory status allows • Wean 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
Early discharge	<p>Emergency Center:</p> <ul style="list-style-type: none"> • Decrease time to first beta-agonist treatment • Decrease time to first steroid treatment

Patient and Hospital-Level Interventions	
Key Drivers	Change Strategies
Early discharge cont.	<ul style="list-style-type: none"> • Wean oxygen aggressively, as patient’s respiratory status allows • Team approach to communication (RT, Nursing, and MDs) • Standardization of severity scoring <p>Inpatient:</p> <ul style="list-style-type: none"> • Space beta-agonist treatment aggressively, as patient’s respiratory status allows • Wean 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
Transition to home/ self-care	<p>Emergency Center and Inpatient:</p> <ul style="list-style-type: none"> • Assess chronicity /severity <ul style="list-style-type: none"> ○ 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 • Discharge checklist <ul style="list-style-type: none"> ○ Initiate early education, communication, and discharge goals via multi-disciplinary team approach (RT, Nursing, and MD) <ul style="list-style-type: none"> ▪ 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
Prevention and revisit	<p>Emergency Center and Inpatient:</p> <ul style="list-style-type: none"> • Standardization of asthma action plan • EB order set • EMR-driven orders (flu) • Patient navigators/ follow-up, if available