



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

Asthma Best Practices Matrix

What (best practice/ strategy)	Brief description	Implementing institution	Identify the roles of the people implementing this best practice	Targeted impact of this practice	How to be achieved (specific steps)?
Rapid delivery of steroid upon arrival in the ED	Triage standing delegation order for nurse to initiate steroid treatment for known asthmatics with current exacerbation	TCH	<ul style="list-style-type: none"> • Nursing • Physician champion • Respiratory care • Epic integration person • Nurse and physician educator 	Who: Nursing	<ul style="list-style-type: none"> • Establish a standing order set for known asthmatics to have steroids delivered at triage • Gain nursing and pharmacy approval • Integrate into workflow (Epic) • Measure steroid time to delivery
				What: Triage order set	
				How: EMR based or paper based with nursing education for when to evoke the standing order	
Resident – driven QI initiatives	Residents to pick metrics to follow from list of CHAT metrics	El Paso Children's Hospital	Residents	Who: Patients	<ul style="list-style-type: none"> • Residents to meet on a quarterly basis and establish a QI project to implement based on CHAT Asthma metrics
				What: Education	
				How: QI projects	
Get Well Network	TV system in patient room that can be pre-loaded or assigned educational videos blocking access to the TV, games, and internet if needed	Cook	<ul style="list-style-type: none"> • Nursing • RT • Care Partner • Education 	Who: Patient	<ul style="list-style-type: none"> • Identify existing video educational modules • Identify needed video educational modules • Gain approval from key stakeholders • Implement standards
				What: Education	
				How: Video modules	

What (best practice/ strategy)	Brief description	Implementing institution	Identify the roles of the people implementing this best practice	Targeted impact of this practice	How to be achieved (specific steps)?
Building a specific pathway for linking a clinical score to an activity (Respiratory Assessment and Management Protocol – RAMP)	Clinical Respiratory Score (CRS) informs asthma management in the RAMP	TCH	<ul style="list-style-type: none"> Physicians Respiratory care Nursing 	<p>Who:</p> <ul style="list-style-type: none"> Physicians Respiratory care Nursing <p>What: Asthma assessment and management protocol / RAMP</p> <p>How:</p> <ul style="list-style-type: none"> Asthma order sets are derived from the RAMP The RAMP is posted on the intranet 	<ul style="list-style-type: none"> Create/adopt scoring system Create EB pathway Management of asthma is informed by the asthma respiratory score (specific scores will inform different levels of asthma management)
MDI administration in the ED	Preference of MDI over Neb for mild patients not requiring ipratropium bromide	TCH	<ul style="list-style-type: none"> Physicians Respiratory care 	<p>Who: Respiratory care</p> <p>What: Asthma protocol / RAMP</p> <p>How:</p> <ul style="list-style-type: none"> Respiratory care workflow Asthma protocol / RAMP 	<ul style="list-style-type: none"> Incorporate MDI practice into revised version of the asthma management protocol Change order set to have only the MDI option Educate ED physicians and respiratory care
Discharge checklist	Checklist initiated on admission and final check done by Charge Nurse before discharge (Lubbock / Dell)	Lubbock / Dell	<ul style="list-style-type: none"> Nursing (Lubbock / Dell) 	<p>Who: Nursing (Lubbock / Dell)</p> <p>What: Discharge checklist (Lubbock / Dell)</p> <p>How:</p> <ul style="list-style-type: none"> Hard copy in front of chart and completed before discharge (Lubbock / Dell) Copy on CPOE (Dell) 	<ul style="list-style-type: none"> Establish discharge requirements at time of admission (Lubbock / Dell) Meets JC requirements (Lubbock / Dell) Double checked and signed by discharge nurse and Charge nurse before discharge (Lubbock / Dell)

What (best practice/strategy)	Brief description	Implementing institution	Identify the roles of the people implementing this best practice	Targeted impact of this practice	How to be achieved (specific steps)?
Standardization of asthma action plan	Create a standardized TCH asthma action plan for use across the IDS	TCH	<ul style="list-style-type: none"> • Physicians • Respiratory care • Asthma educators • Nursing 	Who: <ul style="list-style-type: none"> • Asthma educator • Nursing What: Asthma action plan How: EMR based	<ul style="list-style-type: none"> • Adopt a standardized asthma action plan • Integrate into EMR • Educate: <ul style="list-style-type: none"> ○ Physicians ○ Respiratory care ○ Asthma educators ○ Nursing
Discharge – Q3h x 2	The inpatient weaning strategy of beta-agonists was changed after a successful pilot on two units. Children can now be discharged at a beta-agonist frequency of every 3 hours, after 2 doses at this frequency (previously, 2 every-4-hour doses were required). All other discharge criteria must also be met.	TCH	<ul style="list-style-type: none"> • Physicians • Respiratory care • Nursing 	Who: <ul style="list-style-type: none"> • Physicians • Patients What: Shortening time to discharge/length of stay How: Changing the beta-agonist weaning strategy	<ul style="list-style-type: none"> • Change the final beta-agonist weaning frequency on the RAMP to Q3h X 2 • Send e-mail to all medical staff explaining the change • Educate physicians and staff to new RAMP