



Children's Hospital Association of Texas

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

Post Assessment

1. Your unit

- ED
- IP
- Pulmonary
- A & I

2. Your role in providing care to asthmatic children

- Attendings and trainees
- Nurses
- Respiratory therapists
- Asthma educators
- Pharmacists
- Social workers/ child life specialists/ care coordinators /care management for health plans
- Outside rotators

3. Number of years providing care to asthmatic children

4. I believe that reducing variation in pediatric asthma treatment practices and subsequently in outcomes improves effectiveness and efficiency of patient care

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5. I intend to use the CHAT pediatric asthma evidence-based pathway

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

6. I have identified change strategy (ies) in the CHAT Asthma Safety and Quality Collaborative Intervention Bundle that I intend to pursue in my institution

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Questions for Medical Staff Only

7. Anticholinergic (i.e. Atrovent/Ipratropium Bromide) has been demonstrated to improve outcomes of care in the ED and in the Inpatient unit

- True False

8. Magnesium has been demonstrated to improve outcomes of care in severe patients in the ED

- True False

9. Valve holding chamber for β agonist has been demonstrated to improve outcomes of care in the inpatient unit for children 2-18 years of age

- True False