# Breathe in, Breathe out... Now what? Improved pediatric asthma outcomes through improved inhaler technique

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## **DNP Scholarly Project**

The University of Texas at Tyler

#### **DNP Chair:**

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### **Industry Mentor:**

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# Pediatric Asthma Prevalence, 2017<sup>9,10,24-26</sup>

Asthma Prevalence, 2017 (%)



# **Asthma and Emergency Care in MA**

10% of children in Massachusetts diagnosed with asthma

 13,942 Asthma Related Emergency Room (ER) visits (\$6,041,000)

 Berkshire County 5<sup>th</sup> highest asthma-related ER visit rate in Massachusetts

# Asthma and Missed School 1,9-10,24-26

In the US: 14.4 million days missed from school

1 asthma exacerbation: 4.1 missed school days

Uncontrolled asthma: exhibited learning difficulties and lower standardized testing scores

Pittsfield School District: 1 missed day school: \$72 lost tuition



## Where we were..... Where we are

- In 1996, Major Janet L. Bourne (USAF) wrote her master's thesis in nursing on pediatric inhaler technique:
  - Only 40-45% of patients correctly utilized an inhaler.

- In 2016, at the onset of this DNP scholarly project on pediatric inhaler technique:
  - Only 40-45% of patients correctly utilized an inhaler.

# How does CHP teach inhaler technique?

 CHP Berkshire Pediatrics <u>did not</u> perform hands on or meaningful verbal education of inhaler technique

 60% of patients did not have correct technique

Correct inhaler technique involves 8 steps

## **PICOT Question**

In pediatric patients with asthma (P), how does hands on inhaler education (I) compared to verbal only education (C) affect inhaler technique (O1), follow up clinic visits for exacerbations (O2), ER utilization(O3), school attendance (O4), parent work attendance (O5) over a 3-month period-of-time (T)?

#### **Literature Review**

CINAHL, Cochrane, Pub Med Search, Psych Info, Academic Search Complete, Scholar Works, & Henderson Library

Yield=1334

Keywords: pediatric asthma, inhaler technique, nebulizers/vaporizers,

Emergency room/department, school

Limiters: English, age 5-18, human, peer review

Discarded:

Not scope of project, population: 1,229

Duplicates: 74

Total yield of 31 articles



### **EBP Model & Theoretical Model**

Clinical Scholar EBP Model

Functional Mastery of Health Ownership:
 Maria Donnelley, PhD, BSN.
 The University of Texas at Tyler

## **Synthesis and Recommendations**

- 3 studies had improved inhaler technique with respiratory therapy and pharmacist involvement (inter/intra professional) with health provider team<sup>7,13,17</sup>
- Average length of successful inhaler technique program:
   3 months<sup>1,3-13,16-22,24,30</sup>
- 17 studies with successful IT utilize IT checklist <sup>2,4,6-9,11-14,16-17,19,21-22,26,30</sup>
- 6 studies with successful IT utilize asthma control test (ACT)<sup>2,4,6,10,19-20</sup>
- 5 studies with successful IT utilize asthma action plan (AAP)<sup>2,4,6,13,17</sup>

## **Program Guidelines**

Asthma, age 5-18
Given Asthma Control Test
(ACT); Asthma Quality of Life
(AQOL); ER/urgent care,
missed school days
questionnaire

Provider:
Assess asthma
Asthma Action Plan (AAP)

Patient IT

Re-educate IT

Patient re-demonstrate IT

IT checklist

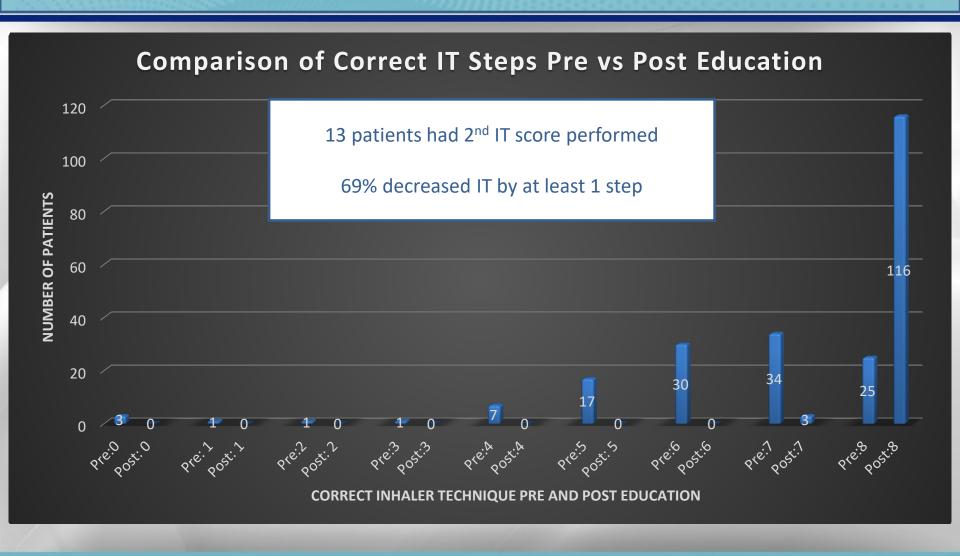
Follow up appointment 6 months; sooner for exacerbation

## Implementation: July-October 2018

 518 patient visits took place during this time (patients with asthma)

25% of patients seen received educational programming

# 119 patients: 25 correct 1st attempt



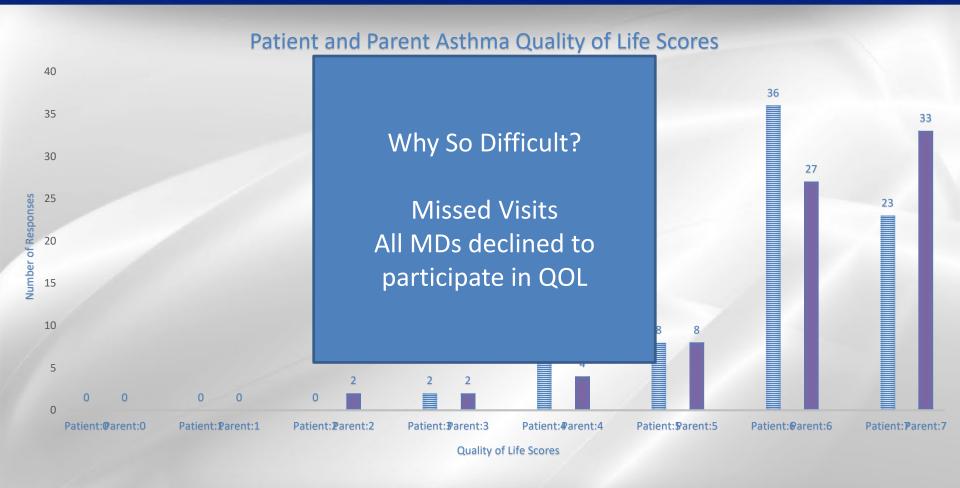
## **Asthma Control Test**

Visit	Mean Score	Range of Scores	Number of Patients
1	21	3-27	93
2	17	7-25	13

22% of patients uncontrolled asthma visit 1

23% of patients uncontrolled asthma visit 2

# **Quality of Life Screen**



## School & Work Absences, ER/UC Visits

- Missed School Days: 0-2 reported
- Missed Days of Work: 0-2 reported
- ER/Urgent Care Visits: None
- ER/Urgent Care Noted in Chart: 36



Why So Difficult?

My methodology for data collection did not work:

"on the spot" parental recall

Number of missed chances

One urgent care in city does not send patient visit alert

## Case Study

#### Patient I

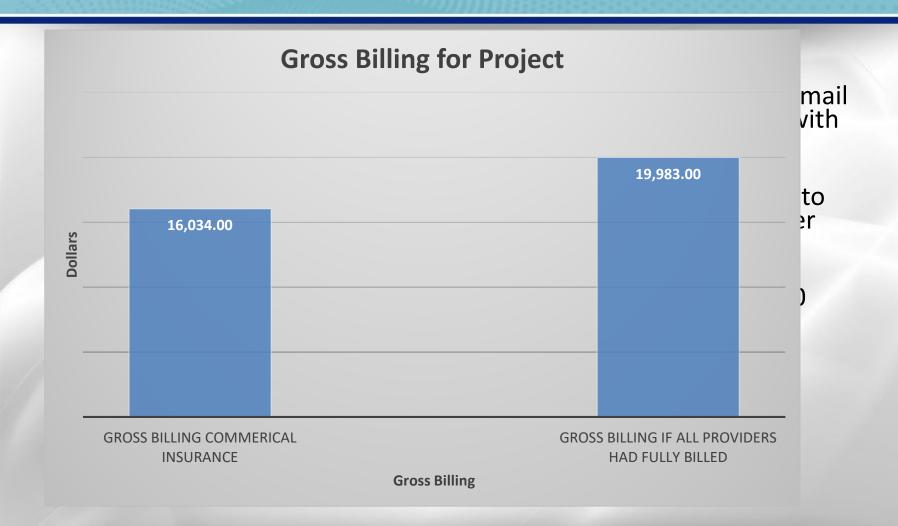
- 3 visits total; received education each visit
- IT: improved by 1 step each visit
- ACT: 17, 19, 16
- QOL patient/parent 5 to 6
- ER: no visits

#### Patient M

- 8 visits total; received education twice. Otherwise missed by staff or declined by provider
- IT: decreased by 1 step
- ACT: 24 to 10
- QOL: 7 to 6; parent 7 to 4
- ER: 2 visits

## PROJECT BUDGET

Activity	Amount	Total
Nursing (time w/RT, GNN, education, and patients)	\$30/hour	\$1,155.00
MA (time with GNN, education and patients)	\$15/hour	\$357.50
MD (education time, time with patients)	\$85/hour	\$1600.80
NP (education time, time with patients)	\$43/hour	\$1,132.50
GNN time with project	\$43/hour	\$5,160.00
Paper/office supplies		\$159.80
Spacers		\$500
Total:		\$10,065.60



## **Barriers and Successes**

#### **Barriers**

- Stakeholder Assessment
- Change of Employment during DNP Program (Clinic)
- Transfer from one DNP program to another
- Data retrieval/EMR
- TIME!!!

#### **Successes**

- QI initiative for office
- Awareness for baseline patient knowledge and asthma outcomes
- Patient and family statements for program
- Inhaler technique improvement!
- Patients and Spacers



## Sustainability

- Address the most significant barrier:
   Time
- See patients on regular/quarterly basis
- Discussion of both physical as well as socio/emotional needs of asthma care
- Continue inhaler technique training

## To my PhD Colleagues:

- Current evidence calls for inhaler technique training at every patient visit. Time is a barrier to this form of care.
- How many visits does it take during a 1 year time to improve IT as well as the outcomes of this stated project?
- Sustainability: None of the evidence noted a sustainability plan
- FMHO model and ownership of care. If a child/teen can own their asthma, does this ownership translate to other areas in their life?

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