5.6 Percentage of patients with asthma that are given a written asthma action plan at discharge AND a copy is communicated to the primary care clinician

Purpose

This indicator assesses the effectiveness of processes intended to ensure that patients and their caregivers receive adequate information for safe and effective medication management after discharge.

Background and evidence

Written individualised asthma action plans form part of patient self-management education and have been shown to improve health outcomes. A written asthma action plan enables patients and/or carers to recognise and respond to worsening asthma symptoms as soon as possible.

A written asthma action plan is an example of a Medication Action Plan (MAP). MAPs are an important tool for educating patients about their medicines and communicating between hospital and community practitioners about medication management. Development of MAPs and communication between hospital and community are guiding principles in the Australian Pharmaceutical Advisory Council Guiding Principles to Achieve Continuity in Medication Management.³ This indicator provides a measure of compliance with these guidelines.

Key definitions

Patients with asthma refers to patients of all ages admitted with asthma as a principle diagnosis.

A written asthma action plan should be individualised to the patient's needs and should cover:²

- details of regular maintenance and preventer medicines
- how and when to adjust treatment in response to signs and symptoms of exacerbations
- how and when to start oral corticosteroids and seek medical advice for increasing asthma severity
- how and when to seek urgent medical help.

A copy of the plan given to the patient should be included in the medical record, or explicit documentation made in the medical record that an individualised plan was given.

A copy is communicated to the primary care clinician means a copy of the plan is sent to the community-based health practitioner nominated by the patient, or included in the discharge summary or discharge letter. Such communication should be explicitly documented in the medical record.

Data collection for local use

Please refer to the section *Using the National Quality Use of Medicines Indicators for Australian Hospitals* for guidance on sample selection, sample size, measurement frequency and other considerations.

Inclusion criteria: Adult and paediatric patients discharged with a principle diagnosis of asthma or asthma exacerbation.

Exclusion criteria: Nil.

Recommended data sources: Medical records and discharge documentation.

The data collection tool for QUM Indicator 5.6 assists data collection and indicator calculation.

Data collection for inter-hospital comparison

This indicator may be suitable for inter-hospital comparison. In this case, definitions, sampling methods and guidelines for audit and reporting need to be agreed in advance in consultation with the coordinating agency.

Indicator calculation

Numerator x 100% Denominator

Numerator = Number of patients with asthma that were given a written asthma action plan at discharge AND a copy was communicated to the primary care clinician

Denominator = Number of patients with asthma in sample

Limitations and interpretation

This indicator does not examine management of patients with asthma who present to the emergency department and are referred back to the community for ongoing management.

This indicator relies on documentation in the medical record that a written asthma plan was provided. Good documentation supports quality patient care⁴ and is a critical component of management of adverse drug reactions. Poor communication can result in adverse drug events.⁵ Thus it is assumed that absence of explicit documentation means no written asthma plan was provided.

This indicator does not measure the quality of the written asthma management plan or whether the patient's primary care clinician actually received a copy of the plan.

Further information

Templates for asthma action plans are available from the Australian National Asthma Council and state Asthma Foundations and are included in general practice management software.

Medication Safety Self Assessment for Australian Hospitals⁶ (MSSA) can help identify potential strategies for improvement with this and other indicators. MSSA encourages development of robust systems for safe prescribing, dispensing, administration and monitoring of medicines. MSSA is available at www.cec.health.nsw.gov.au

This indicator can be used to assist hospitals in meeting the National Safety and Quality Health Service Standard 1 [items 1.2.1, 1.2.2, 1.5.2, 1.6.1, 1.6.2, 1.8.2, 1.18.1], Standard 4 [items 4.2.1, 4.2.2, 4.5.1, 4.5.2, 4.12.4, 4.13.1, 4.13.2, 4.14.1] and Standard 6 [items 6.1.1, 6.2.1, 6.3.1, 6.4.1].

References

- 1. The British Thoracic Society. British Guideline on the Management of Asthma: A National Guideline. Scottish Intercollegiate Guidelines Network, 2012.
- 2. Australian Asthma Handbook Version 1.0 National Asthma Council Australia, Melbourne, 2014. www.asthmahandbook.org.au (Accessed 1 October 2014).
- 3. Guiding Principles to Achieve Continuity in Medication Management. Australian Pharmaceutical Advisory Council, 2005.
- 4. The Good Clinical Documentation Guide. National Centre for Classification in Health, Commonwealth of Australia, 2003.
- 5. MacKinnon NJ, ed. Safe and Effective: The Eight Essential Elements of an Optimal Medication-use System. Canadian Pharmacists Association, 2007.
- 6. Medication Safety Self Assessment for Australian Hospitals: Institute for Safe Medication Practices USA (Adapted for Australian use by NSW Therapeutic Advisory Group and the Clinical Excellence Commission), 2007.
- 7. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. Sydney, ACSQHC, 2012.