

# Improving our patients' understanding of their asthma

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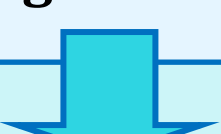
## BACKGROUND

Asthma UK (Asthma UK, May 2014) highlights that **over half** of all asthmatics suffer **debilitating symptoms**, despite being prescribed treatment. Poorly controlled disease leads to frequent exacerbations, necessitating unscheduled care and high-cost medications whilst impairing the patient's quality of life and increasing the risk of premature death.



## AIM

- To ascertain the **main gaps** in the knowledge of our asthma patients.
- To design and **deliver educational resources** for patients with asthma.
- To improve our patients' understanding of their asthma.**



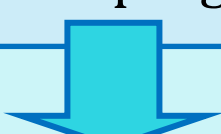
## MEASURES

Quantitative:

- Confidence scores and asthma control before and after asthma education programme;
- Feedback on educational resources available in the Severe Asthma Service.

Qualitative:

- Patient and relative feedback following asthma education programme.



## RESULTS

*Qualitative measures:* 100% positive feedback following attendance at the education programme from patients and relatives.

*Quantitative measures:* 6-month results from education programme still pending; results from educational resources difficult to interpret due to potential input errors.



## DISCUSSION

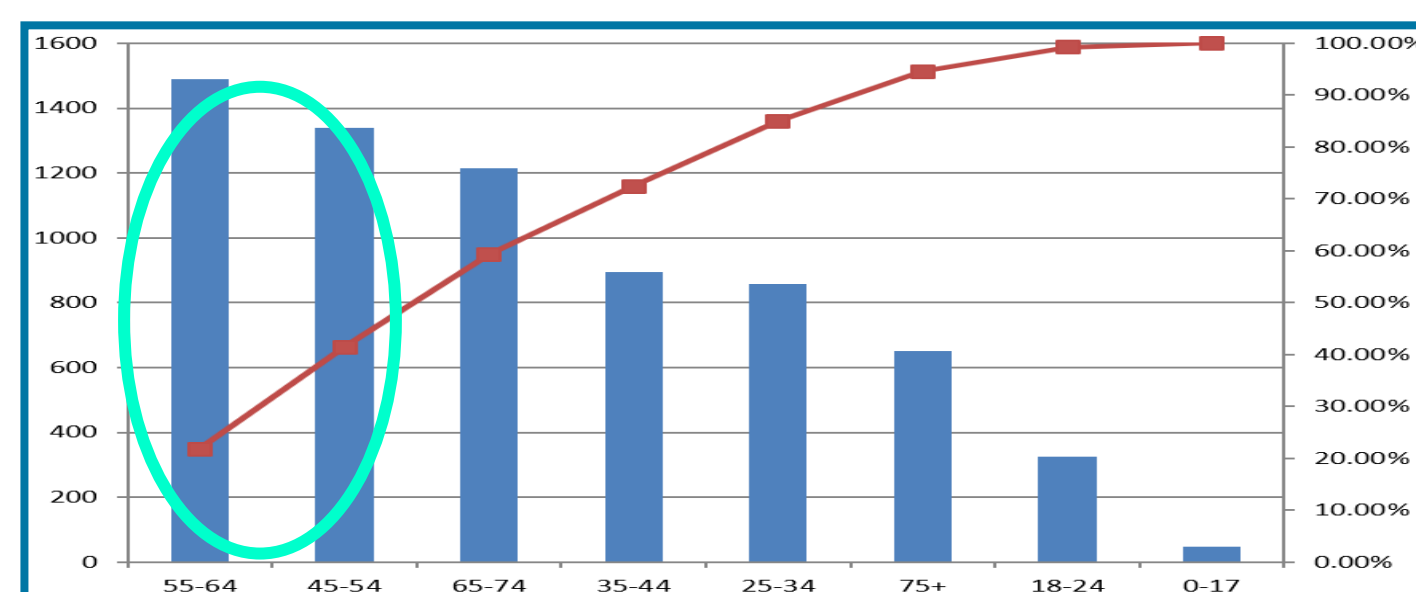
Staff enjoyed delivering the programme and it was very well received by patients and relatives. However, due to delays the final results, including the effects of education on patients' asthma control, are not yet available. It is hoped that education has been firmly embedded into the care patients receive in the asthma clinic.

## SUSTAINABILITY

- A second education programme is being delivered in September, incorporating changes made following patient feedback, through a **PDSA process**.
- Leaflets to remain in clinical areas and further resources are being designed.
- We successfully applied for funding to ensure education programme continues to be delivered in Portsmouth.

## IDENTIFYING THE PROBLEM IN PORTSMOUTH

A recent audit of patients with asthma at the Queen Alexandra Hospital in Portsmouth showed that patients continue to present acutely, and on multiple occasions to the Emergency Department (ED), who are not known to the Severe Asthma Service. This indicates that an 'at risk' population exists. Meanwhile, an appreciative enquiry exercise undertaken with patients attending the Severe Asthma Service identified that they felt education is often lacking from the care they receive. The age of patients attending the Severe Asthma Service is demonstrated in the chart below:



Approximately 50% of asthma patients seen in the Severe Asthma Service are aged between 45-54 years of age.

I asked patients attending the Severe Asthma Service to write down their definition of the word 'Asthma'. These are some of the responses:

- "Frightening and scary"
- "Life threatening and terrifying"
- "It stops me doing what I want to do"

I realised that despite regular appointments at the clinic, most patients were unable to define asthma or explain how it affected their lungs or general health.

I subsequently held a focus group with six patients aged 45-54 who were attending the clinic. The aim was to identify the main gaps in their knowledge and discuss the best approach to delivering asthma education. A few of their thoughts and ideas are displayed below:

*I don't trust the internet for advice about my asthma and would like some information to read in clinic.*



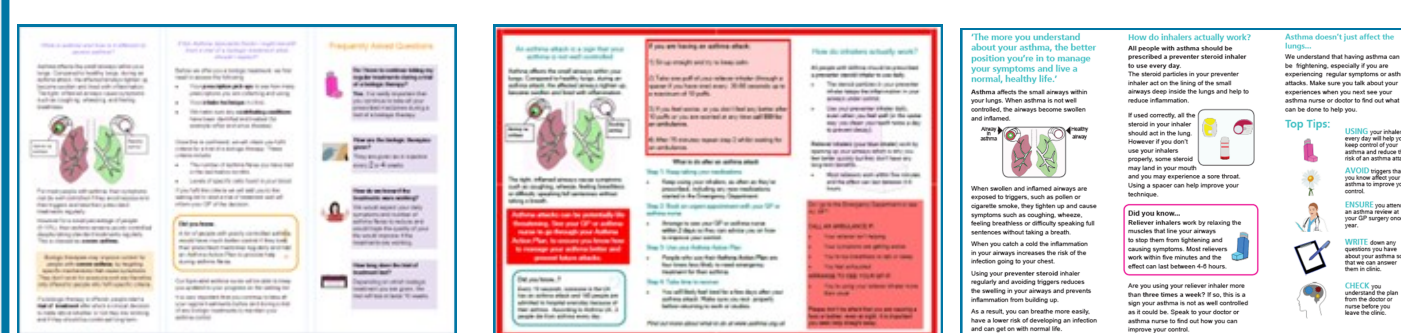
*I worry that my friends and family couldn't help me if I experienced an asthma attack.*

*I don't understand my asthma so I can't make decisions about what to do when my symptoms worsen.*

*I would like some teaching from the experts! I'd like to feel confident to ask questions about my asthma.*

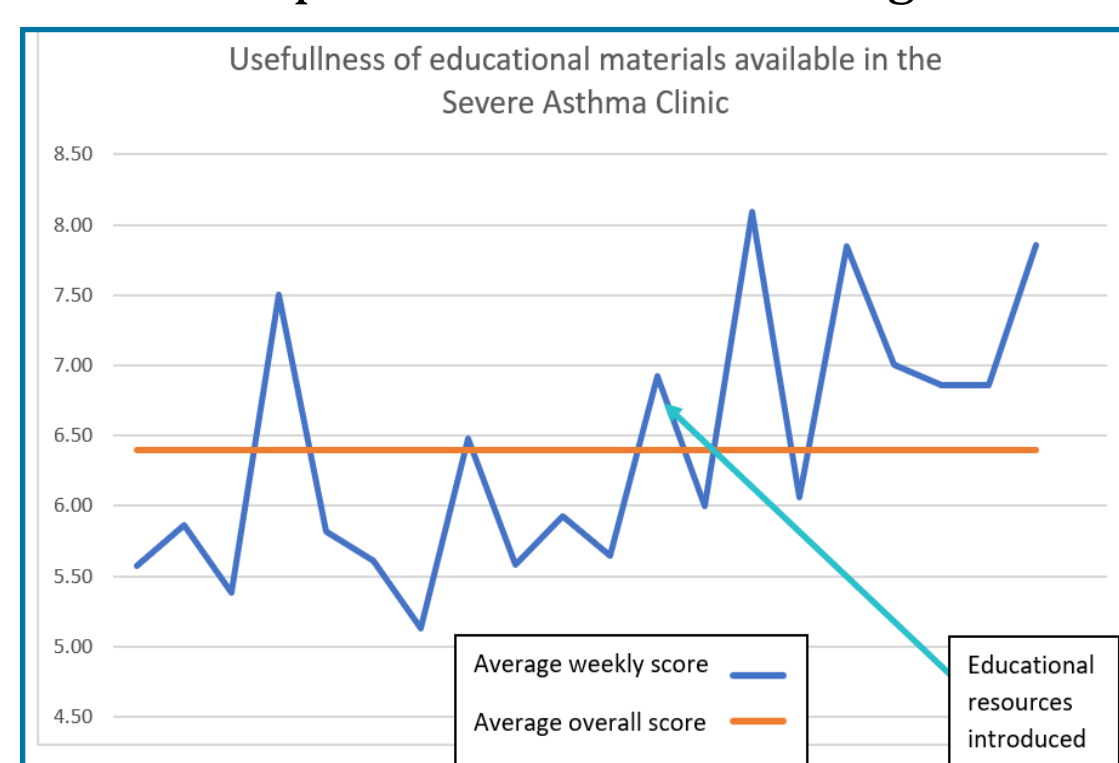
## Development of Asthma educational resources

Together with patients we developed a suite of educational leaflets for patients attending the Severe Asthma Service and those requiring emergency treatment in the Emergency Department. The content and style were heavily influenced by patients from the focus group and those accessing the clinic.



We also designed an educational poster for the clinic waiting room and treatment rooms. It is also displayed in all the respiratory inpatient wards.

Feedback regarding usefulness of resources available to asthma patients has improved since introducing the leaflets, however this is not significant.



## LEARNING

I have appreciated the importance of ensuring outcomes are effectively and accurately measured in order to identify if a change has been successful. I have also seen how much patients benefit from taking part in research and Quality Improvement projects.

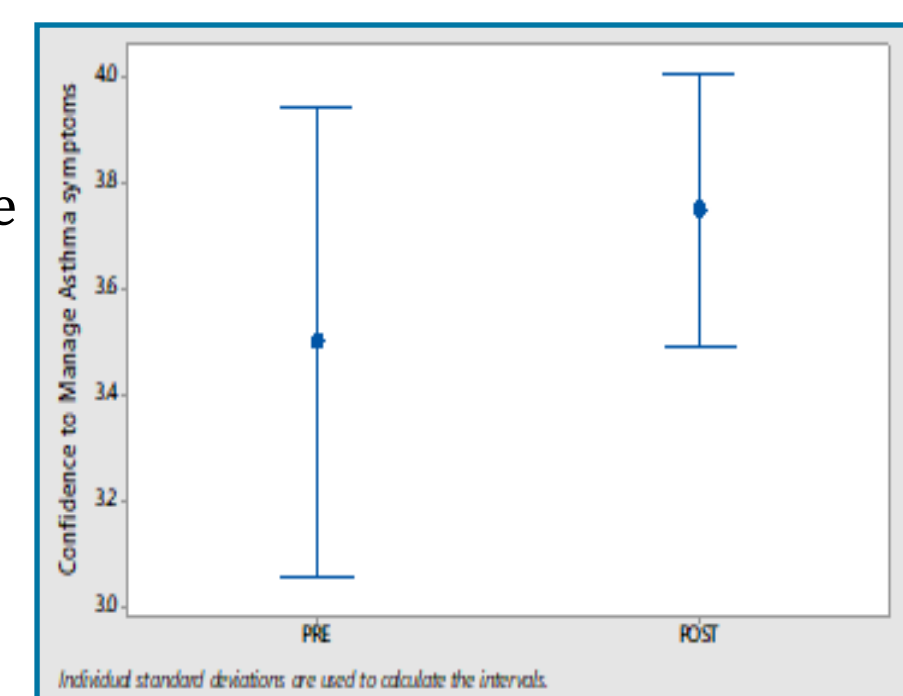
## Development of Asthma Education Programme

A programme of multi-disciplinary education for asthmatic patients was designed with input from patients and clinical staff. The first programme was delivered to 20 patients and their relatives in March '19.



The six-month data from patients who attended the first education programme is currently being collated.

However initial patient self-reported confidence to manage their asthma improved and written feedback was overwhelmingly positive.



## THANK YOU!

The entire QI project could not have been delivered without the continuous enthusiasm and help from



patients, the entire Asthma MDT and the Research Department at PHT, for which I am very grateful! The project will continue to be delivered by the Severe Asthma Service in the future.