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 medicines 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.[1] A written asthma action plan enables patients and/or carers to recognise and respond to worsening asthma symptoms as soon as possible.[2]

A written asthma action plan is an example of a Medication Action Plan (MAP). MAPs are important tools for educating patients about their medicines and communicating between hospital and community practitioners about medicines 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.

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 medications
- 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.

Continued next page

© Copyright NSW Therapeutic Advisory Group Inc

Data collection for local monitoring

Recommended sample selection: Random sample of patients discharged after an admission with asthma. Patients may be identified retrospectively or prospectively using medical records codes or admission lists. Adult and paediatric patients should be included.

Recommended sample size: 30 patients admitted with asthma over a one month period (or all patients if less than 30 patients are identified). Collecting a larger sample where possible will increase the sensitivity of the data.

Methodology: Review of medical records including discharge documentation.

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

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$$

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 care[5] and is a critical component of management of adverse drug reactions. Poor communication can result in adverse drug events.[6] 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.

The *Medication Safety Self Assessment for Australian Hospitals*[7] *(MSSA)* can help identify potential strategies for improvement with this and other indicators. The MSSA encourages development of robust systems for safe prescribing, dispensing, administration and monitoring of medications. The MSSA is available at **www.cec.health.nsw.gov.au**

References

1. British Guideline on the Management of Asthma: Scottish Intercollegiate Guidelines Network. The British Thoracic Society, 2004.
2. Asthma Management Handbook: National Asthma Council Australia Ltd, 2002.
3. Guiding principles to achieve continuity in medication management: Australian Pharmaceutical Advisory Council, 2005:1-55.
4. Specifications Manual for National Hospital Quality Measures (Specifications Manual) version 2.3: Centers for Medicare & Medicaid Services (CMS) and The Joint Commission, 2007.
5. The Good Clinical Documentation Guide: National Centre for Classification in Health, Commonwealth of Australia, 2003.
6. Safe and Effective: The eight essential elements of an optimal medication-use system. In: MacKinnon N, ed: Canadian Pharmacist's Association, 2007.
7. Medication Safety Self Assessment for Australian Hospitals: Institute for Safe Medication Practices (Adapted for Australian use by the NSW Therapeutic Advisory Group and the Clinical Excellence Commission), 2007.

© Copyright NSW Therapeutic Advisory Group Inc