Paediatric Asthma: Improving Patient and Staff Experience

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Background

- For the last 10 years, there have been year-on-year increases in short-stay hospital admissions for children
- Asthma is the most common chronic condition in children and a cause for many of these admission
- The team joined the Care PFCC Programme to improve both staff and patient experience for children with asthma
Aims and Objectives

• To address fears of children and their families promptly when presenting to the Paediatric Ward with an asthma attack

• To empower children and families to self-care and manage their condition following discharge

• To consistently deliver evidence-based treatment
Aims and Objectives

To ensure that by October 2013 for families of asthmatic children arriving on the Paediatric Assessment Unit:

• 80% receive all parts of an evidence-based bundle on discharge

• 80% of carers are fully confident to manage their child’s condition on discharge

• 100% of families would recommend our service
Methodology

Staff engagement sessions
Staff questionnaires
Patient Journey Mapping
Experience based design session
Patient Shadowing
Patient questionnaires
Patient Interviews
Baseline Data

Patients and families

• The Paediatric Unit was described as unwelcoming and overly clinical
• The experience of patients was sometimes poor
• The patient journey was convoluted and confusing for patients with little information provided as to what to expect

Staff

• Clinical care was inconsistent and poorly correlated with nationally recognised guidance; dependent on clinician preference or availability
• Documentation was difficult to complete and didn’t meet their needs in the assessment of an asthmatic child
Changes Made

We have developed:

- A four-part discharge Bundle in line with NICE quality standards
- An innovative combined medical and nursing document, exclusively for Asthma / Viral Induced Wheeze
- A new asthma plan in collaboration with patients and staff and then tailored for every discharged child
Changes Made

• The department has been decorated to make it more child friendly and clear signage has been introduced, as well as a welcome pack for all families

• Patient resources addressing questions that were commonly asked such as on viral induced wheeze

• A journey map giving a pictorial representation of what to expect through the and is issued to patients and families on arrival
Patient Experience Results

Families now give consistently excellent feedback, with 100% of respondents saying they would recommend the service to friends or family with a similar condition.

Comments include:

- The department has “exceeded their expectations”
- They are “very happy to look after her daughter now”
- “Everything was good- there is nothing else I would change”
- “I felt very welcomed”
Staff Experience Results

• Working collaboratively with staff through several versions, a care pathway document was produced which they are confident using and meets their needs and that of our patients. The document has gone through 5 version changes.

• Staff are enthused by the project, 6 staff members have volunteered to do an asthma diploma and funding has been found for this from the organisation. They also take pride in their environment, with examples of them taking ownership for improving it further.
Progress

- There have been unexpected problems and unforeseen benefits to the programme. For example, the journey map has prompted patients to question when an element of care has not been delivered.

- Nursing staff also report feeling empowered to challenge practice which is not in-line with recognised guidance as described in the new documentation.

- Paying close attention to regularly collected data has allowed us to identify other flaws in the system. For example, an unexpected drop in compliance for the discharge bundle was tracked back to inadequate training of transient bank staff, which was then addressed.
Conclusion and Future Plans

• By all measures, the project has been a success and generated benefits to patients and staff. It is still too early to see what difference this will make on the wider paediatric pathway, including on admissions and readmissions.

• The PFCC methodology will be applied to other projects within the organisation such as paediatric pre-operative assessments and A&E transfers / discharges.

• Dissemination to the wider organisation.
Thank you for listening

Any questions?