Partners in improving local health

North of England Commissioning Support

Controlled Copy

27/03/18

Care Bundle

Adult patients with asthma

North of England Commissioning Support
Medicines Optimisation on behalf of Cumbria CCG

Version issue date:	27/03/18
Date of MO Q&G approval:	27/03/18
Date of review:	March 2020

Author Name	**Email Address**

Sandra Wilson	Sandra.wilson@cumbria.necsu.nhs.uk

1. Introduction

1.1. What is a care bundle?

A care bundle is a set of interventions that, when used together, significantly improve patient outcomes. The measures chosen reflect best practice and are based on NICE quality standards or other national guidance. Care bundles have been used extensively and successfully in Secondary Care, their use in Primary Care is more recent. This care bundle is based on the work of Healthcare Improvement Scotland and the Scottish Patient Safety Programme in Primary Care.

Reliability in health care is a failure-free operation over time. This equates to ensuring patients receive all the evidence-based care they are entitled to receive.

A care bundle is a structured way of improving processes of care to deliver enhanced patient safety and clinical outcomes. In relation to care bundles, this means ensuring that patients receive optimum care at every contact. The process for achieving reliability is to implement this set of measures (a care bundle). The key measure in a care bundle is the score which measures the level of compliance with all measures for all patients.

The care bundle data collection tool is a way of sampling whether optimum care is being delivered by applying the bundle to a sample of patients. This approach is therefore very different from traditional auditing approaches that are designed to identify whether individual measures are being implemented.

1.2. What makes up a care bundle?

- 4-5 measures
- All or nothing compliance
- Measurement done by a non-clinician if possible
- Spread over patient's journey
- Evidence based
- Creates teamwork and communication
- Multiple functions of care essential for desired outcome

1.2.1. How should a care bundle be used in practice?

A care bundle is a quality improvement tool which can be used in general practice to identify both where care is in line with best practice and where improvements are needed. Some are disease specific and some are medication specific. The latter may also be known as patient safety bundles if they relate to high risk medication.

Bringing about changes in practice is not easy. To be an effective tool the results of the care bundle measurements must be discussed by ALL members of the team involved in the care of the patient. The practice team then need to take ownership of the issues identified and commit to changing the way care is provided, using tools such as the 'Plan, Do, Study, Act (PDSA) cycle.

Principles of successful measurement:

- The support of all members of the practice team should be obtained
- Data should be collected anonymously
- The results should be discussed by every member of the team
- The results should be used to plan and implement improvement initiatives
- Clinician support may be needed initially by the data collector until they are familiar with the measures.

1.3. Records

The care bundle is not a performance tool and so there is no requirement to report the measures achieved. The practice should keep a reflective log of improvements.

1.4. Resources

This care bundle has the following supporting resources:

- A word document data collection form
- An excel spreadsheet data collection form with a graphing function
- A reflective log template

Further information on Care Bundles and Improvement Models can be found at www.healthcareimprovementscotland.org/pspc.aspx

Further advice can be obtained from the Medicines Optimisation team, and specific queries about this care bundle can be directed to the author (details are on the front page).

2. Adult patients with asthma

2.1. Search Criteria

Please identify a random sample of up to 20 adult patients a month in your practice with a diagnosis of Asthma. Use the data collection form to record the answer to each measure and transfer this to the spreadsheet. This should be repeated over a period of time, and the results discussed by the clinical team at regular intervals. Use of the spreadsheet will enable changes in practice to be monitored and compliance with the care bundle to be measured.

2.2. Measures

01

Measure	**Has the diagnosis been confirmed in accordance with NICE guidance?**
Rationale	All patients should have had objective tests including Exhaled Nitric Oxide testing (FeNO), Spirometry, Bronchodilator reversibility or Peak Expiratory Flow (PEF) diary. In ADULT patients, do not use symptoms alone to diagnosis without an objective test to diagnosis asthma. If objective tests cannot be done immediately, carry them out when acute symptoms have been controlled. Results of spirometry and FeNO tests may be affected by treatment with inhaled corticosteroids Consider occupational asthma in newly diagnosed adults or if asthma is uncontrolled.
Source	NICE Recommendation 2,12,13,14,15: https://www.nice.org.uk/Guidance/NG80 **Phased implementation (**see: https://www.nice.org.uk/guidance/ng80/chapter/Putting-this-guideline-into-practice**)** NICE is recommending objective testing with spirometry and FeNO for most people with suspected asthma. This is a significant enhancement to current practice, which will take the NHS some time to implement, with additional infrastructure and training needed in primary care. New models of care, being developed locally, could offer the opportunity to implement these recommendations. This may involve establishing diagnostic hubs to make testing efficient and affordable. They will be able to draw on the positive experience of NICE's primary care pilot sites, which trialled the use of FeNO. The investment and training required to implement the new guidance will take time. In the meantime, primary care services should implement what they can of the new guidelines, using currently available approaches to diagnosis until the infrastructure for objective testing is in place. BTS/SIGN guidelines: British Guideline on the Management of Asthma 2016 https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2016/

02

Measure	**Has the patient stopped smoking?**
Rationale	All patients should be offered repeated interventions to stop smoking. Direct or passive exposure to cigarette smoke adversely affects quality of life, lung function, need for rescue medications and long term control with inhaled steroids Smoking is a risk factor for death in asthmatics.
Source	BTS/SIGN guidelines: British Guideline on the Management of Asthma 2016 https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2016/ Why asthma still kills. The National Review of Asthma Deaths May 2014 http://www.rcplondon.ac.uk/projects/national-review-asthma-deaths

03

Measure	**Has the patient participated in annual care planning which leads to an individualised comprehensive management plan?**
Rationale	The "Be in Control" asthma action plan from Asthma UK can be downloaded direct from their website www.ashtma.org.uk/control. Written personalised action plans as part of self-management education have been shown to improve health outcomes for people with asthma. In primary care, people with asthma should be reviewed regularly by a nurse or doctor with appropriate training in asthma management. The review should incorporate a written action plan. Patients with asthma should be offered self-management education that focuses on individual needs, and be reinforced by a written personalised action plan. Prior to discharge, in-patients should receive written personalised action plans, given by clinicians with expertise in asthma management.
Source	NICE https://www.nice.org.uk/Guidance/NG80 BTS/SIGN guidelines: British Guideline on the Management of Asthma 2016 https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2016/

04

Measure	**Has the patient had a medication review (including inhaler technique) in the past 12 months to start, review & stop medications in accordance with NICE guidance?**
Rationale	Before initiating a new drug therapy, practitioners should check compliance with existing therapies, inhaler technique and eliminate trigger factors. **Prescribe inhalers only after patients have received training in the use of the device and have demonstrated satisfactory technique.** The choice of device may be determined by the choice of drug • If the patient is unable to use a device satisfactorily, an alternative should be found • The patient should have their ability to use an inhaler device assessed by a competent health care professional • The medication needs to be titrated against clinical response to ensure optimum efficacy • Reassess inhaler technique as part of structured clinical review. Regular review of patients as treatment is stepped down is important. When deciding which drug to step down first and at what rate, the severity of asthma, the side effects of the treatment, time on current dose, the beneficial effect achieved, and the patient's preference should all be taken into account. Patients should be maintained at the lowest possible dose of inhaled steroid. Reduction in inhaled steroid dose should be slow as patients deteriorate at different rates. Reductions should be considered every three months, decreasing the dose by approximately 25-50% each time.
Source	NICE Recommendation 39: https://www.nice.org.uk/Guidance/NG80

05

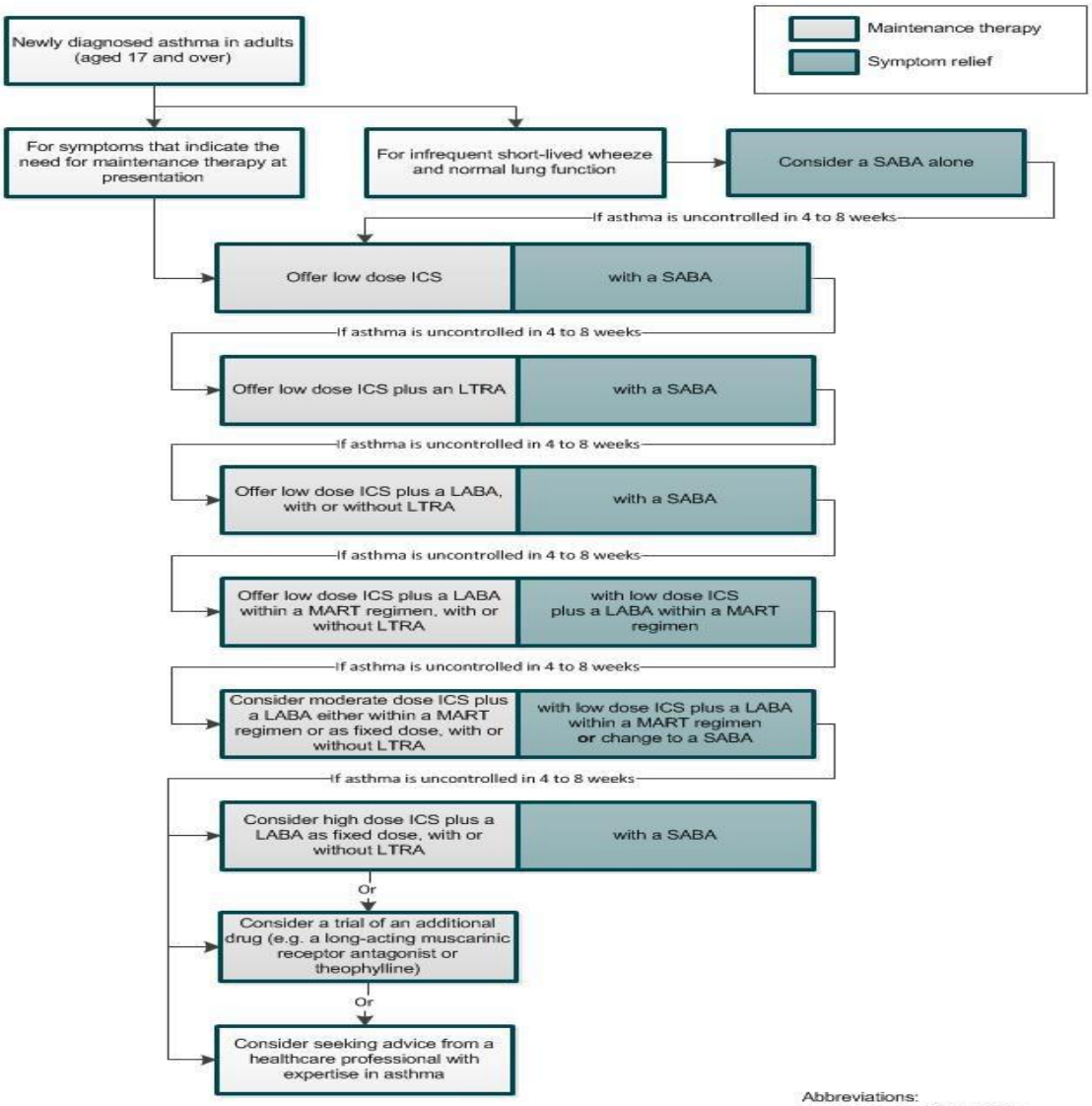
Measure	**If the patient has been admitted to hospital or Out of Hours (OOH) service for an acute exacerbation; has the patient been followed up by the practice within two working days?**
Rationale	For people treated for an exacerbation of asthma in hospital (both in accident and emergency departments and as inpatients) or through out-of-hours services, follow-up appointments are important to explore the possible reasons for the exacerbation and the actions needed to reduce the risk of further acute episodes.
Source	NICE: https://www.nice.org.uk/Guidance/NG80 Why asthma still kills. The National Review of Asthma Deaths May 2014 http://www.rcplondon.ac.uk/projects/national-review-asthma-deaths

Appendix One: Abbreviations

Abbreviation	Definitions
NICE	National Institute for Health and Care Excellence
SPC	Summary of Product Characteristics
NICE CG	NICE Clinical Guideline
NICE QS	NICE Quality Statement
OOH	Out Of Hours
BTS	British Thoracic Society
SIGN	Scottish Intercollegiate Guidelines Network
PEF	Peak Expiratory Flow

Appendix Two: NICE guideline

Algorithm C: Pharmacological treatment of chronic asthma in adults aged 17 and over



Abbreviations:
ICS, inhaled corticosteriod
LABA, long-acting beta agonist
LTRA, leukotriene receptor antagonist
MART, maintenance and reliever therapy
SABA, short-acting beta agonist