Introduction

• Asthma is a chronic inflammatory respiratory condition affecting 8.3% of children in the United States

• Poor asthma control frequently results in ED visits and hospital admissions

• Asthma can be well controlled if practitioners obtain a complete patient history, including identifying barriers to care and triggers for asthma

• Use of a specific and structured H&P template for asthma was shown to be associated with more complete and less variable documentation of important history elements

• Prior to this study, there was no standardized asthma template used by pediatric residents for hospital admission at Norton Children’s Hospital

Methods

• An asthma specific H&P template was created by the Division of Pediatric Pulmonology and reviewed by the NCH Asthma Task Force

• It was released to pediatric wards teams in February 2016

• The template included questions about severity, control, and other key elements suggested by the NHLBI EPR-3 asthma guidelines

• A chart review was done of asthma admissions in September 2015 and September 2016 to analyze documentation of these elements pre- and post-template

• Specific elements of the history reviewed for this study included steroid use, school days missed, exposure to smoke and mold, and asthma score

• Fischer’s exact test was used to determine if there was a statistically significant difference in documentation between the years

Results

• In 2016, the H&P template was used in 53% of encounters

• Documentation improved post-template implementation in every element analyzed

• The categories with the most significant increases were number of school days missed and mold exposure (P<0.0001)

• Documentation of severity classification (p=0.008) and steroid use (p=0.0084) also significantly increased

• There was no statistically significant change in documentation of asthma management or smoke exposure

Discussion

Conclusions

• Implementation of an asthma specific template for inpatient H&Ps leads to improved documentation

• A template will also help practitioners meet the requirements for ICD-10 coding

• Further study is needed to see if improved documentation results in changes to patient care or outcomes

References


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