‘A breath of fresh air’ – initiating a new, nurse led asthma clinic in general practice

CAROLINE MAGUIRE, PRACTICE NURSE, WHEATON HALL MEDICAL PRACTICE, DROGHEDA, CO LOUTH. RGN, H.DIP (PRACTICE NURSING)

- At least one person dies of asthma every week, in Ireland.
- Ireland has the fourth highest prevalence of asthma worldwide, affecting 450,000 people.
- Around 20,000 people attend a hospital ED due to asthma each year
- 1.4 million work days are lost annually due to asthma related illness.

These staggering statistics speak largely for themselves. Unlike other chronic disease, asthma has been without a structured programme of care in general practice. This has prompted the impetus for change in many workplaces. In this article I hope to illustrate the journey of a very simple, but effective nurse-led asthma initiative in my place of work. We have a large, dynamic modern practice comprising of four doctors, three nurses and a very supportive administration staff and practice manager.

Prior to the implementation of our initiative, asthma consultations in the practice were often ad hoc and sometimes inappropriately placed with the GP, consuming valuable appointment time with lengthy education sessions. A frustrating amount of patients were attending with frequent exacerbations, which could easily have been prevented with effective education. From a nursing perspective, a lack of education, an inconsistency in delivery and conflicting advice were also highlighted.

‘A breath of fresh air’ was required and structured nurse led asthma clinics were initiated. The aim of the innovation was to empower patients to manage their own asthma, confidently and effectively, by providing a sound, evidence-based, education programme. The results demonstrated an increased level in control of asthma for our patients, a
The construction and maintenance of a register of patients with asthma is essential initially, to identify patients and invite them for consultation.

Reduced need to visit the GP (with a presumed reduction in cost to the individual patient) and an unexpected increase in financial gain for the practice.

Resources required to set up the initiative

The resources required to implement the structured asthma care were minimal and are easy to replicate in any practice. There were challenges initially and ‘finding the time,’ as always, was quite restrictive, but nevertheless a valuable investment, as the clinic has grown from strength to strength, since its’ inception.

- Prior to implementing the new clinics, I completed the Diploma in Asthma and Respiratory Management in Bradford, PCC, UK. While not essential, it was most definitely an advantage and the catalyst which motivated this initiative.
- More recently I have completed smoking cessation and motivational interview technique training which have proved invaluable when faced with those tricky situations.
- The guidelines used throughout were those adapted by the ICGP from the GINA Global Strategy for Asthma Management and Prevention, namely ‘Asthma Control in General Practice’ (Holohan, Manning and Nolan, 2013). These guidelines facilitated us in producing our own Practice Protocol and templates for consultation and management of control.
- The construction and maintenance of a register of patients with asthma is essential initially, to identify patients and invite them for consultation. This was achieved using a computer search of ‘Health One’ for those coded, diagnosed asthma patients and asthma medications prescribed as filters. Now established, our recall system uses the Plan of Action to review patients.
- The Asthma Control test (ACT) to assess the patients perception of asthma control
- Education literature, courtesy of The Asthma Society of Ireland (www.asthma.ie ).

Commencing the initiative

Once patients were identified, they were invited by letter to attend the practice for an initial education session and assessment of their control. Newly diagnosed patients and those diagnosed for some time were included in this group. Many had never received any formal asthma education previously. Their level of asthma control was assessed using the ICGP/GINA guidelines by recording peak flow, ACT score and symptom history. Each patient was categorised as controlled, part controlled or uncontrolled. Patient recall was based on these results, using the ‘Plan of Action’ facility.

For the purpose of this article I have used the first 50 patients listed on the register as the sample (See chart 1).
- 44% were found to be uncontrolled
- 18% part controlled
- 38% controlled.

Chart 1: Representation of the sample 50 patients.

Overview of consultations

The clinics were held at least weekly, by appointment and with GP support.

- Medical and family history were taken
- Concordance with medication noted
- Inhaler usage, technique and device preference observed, practiced and demonstrated
- Allergies and triggers identified
- Personal Asthma Action Plan constructed and shown how to use
- 5 step rule for emergency discussed
- Smoking status/brief intervention technique if required
- Literature/education booklets – to enhance education at consultation.

Results of programme

The initial assessments took place in June 2013 and were reassessed 12 months later.

In the previously uncontrolled group 86% were now controlled (See chart 2).
The feedback from patients is positive, they really value this initiative, they are happier, feel empowered and are confidently managing their own asthma, with nurse support.

value this initiative, they are happier, feel empowered and are confidently managing their own asthma, with nurse support. Consultations are now shorter and more efficient, all but newly diagnosed patients have received the initial education session. The practice nurse is ideally placed to provide this quality care, within her scope of practice, whilst being an effective use of her time and skills.

Although it was a never a motive for change, on analysis, the unexpected income to the practice was notable and this further enhances the viability of the initiative.

**Future of the programme**

In light of the recent cycle of care for those under 6 with Asthma, our patients are easily identifiable, already have regular structured management and work to their own, individual Asthma Action Plan. Since initiation, we have expanded our cohort of patients with asthma, and have identified 903 patients. They are all invited to attend our structured clinics for initial education and regular review.

My aim for the second year of the initiative was to ensure 90% of all our asthmatics have and are able to use their written personal Asthma Action Plans. Recent figures have shown that we have achieved 93%!

**References**