

Ensuring optimum care in high strength ICS use

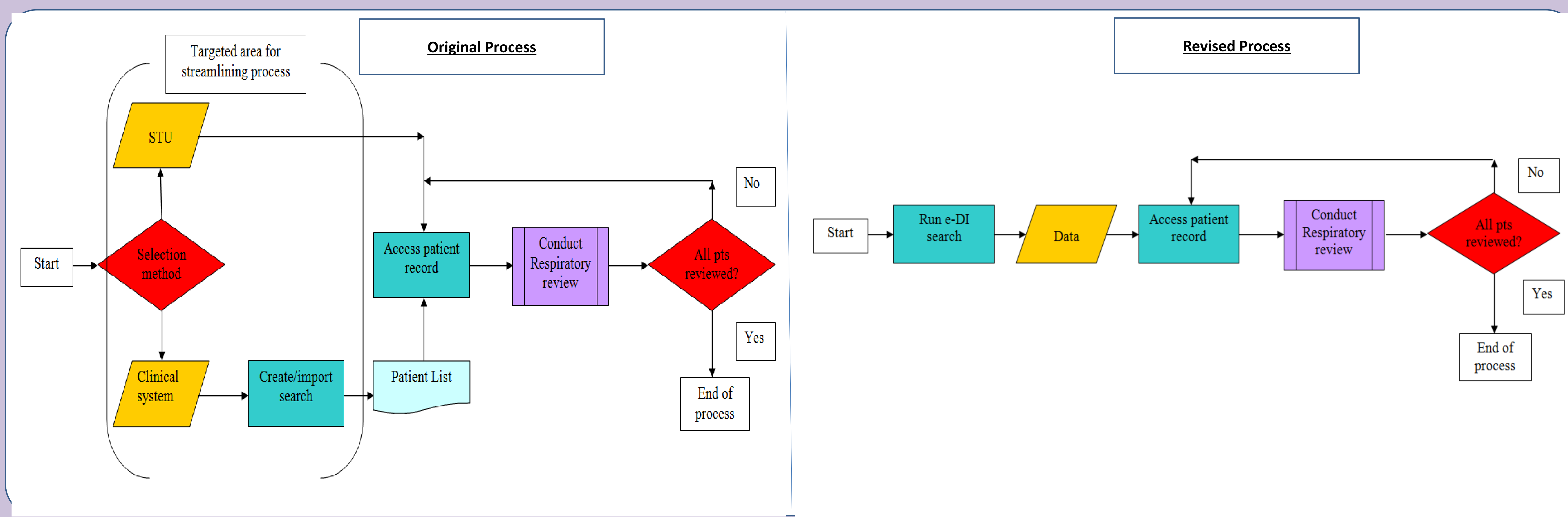
Quality issue / initial problem

Looking to address non-traditional inhaler dosing directions in COPD/Asthma patients with a view to improving patient outcome and formulary adherence and increasing cognizance of dosing regimen amongst prescribers. In particular, long term overdose of inhaled corticosteroid can cause adverse side-effects, including dysphonia, immunosuppression and adrenal suppression.

Specific aim

Ensure COPD/Asthma patients in South West Edinburgh prescribed non-therapeutic dosage of high-strength ICS treatment are receiving the safest most efficient therapy.

Measurement of improvement



Tests of change

- Locality-specific reviews
- Data submission form
- Identification of follow-up locality

Effects of change

- Improved patient outcomes
- Greater awareness from practice staff of unusual dosing regimens
- Increased cognizance of the merits of using data to tackle prescribing issues

Tools

- Cause and effect diagram
- Process map
- Discussion/survey with practice-based staff
- Run Chart

Measurement Family

- Primary Outcome - %age highlighted patients reviewed
- Process Measure – number of patients requiring follow-up appointment
- Process measure – number of pharmaceutical care issues identified
- Process measure – number of pharmaceutical care issues resolved
- Process measure – %age patients attended annual review
- Balancing measure – number of medications commenced
- Balancing measure – number rescue packs prescribed last 12 months

Lessons learned and messages for others

- Top-level engagement/buy-in is crucial
- Clear communication of process and outcome measures with project staff is essential
- Temper expectations – processes may need further refinement