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Abstract Category: DNP in Clinical Leadership

Title: Improving Provider Compliance in the Outpatient Office in The Use of a Symptom Based Individualized Written Asthma Action Plan

Purpose: The purpose of the Quality Improvement project was to improve provider compliance in an outpatient office in the use of a symptom based individualized written AAP.

Objective 1: The learner will be able to describe the evidence in support of an asthma action plan for patients with asthma

Abstract:

Problem: Improved patient asthma outcomes have been demonstrated through the use of an individualized symptom based written asthma action plan (AAP) in reducing acute care visits (Gibson & Powell, 2004; Sarver & Murphy, 2009; Zemek, Bhogal, & Ducharme, 2008). Despite research and guideline recommendations, AAPs are not routinely used by providers and only 25% to 56% of patients receive an AAP (Rank, Volcheck, Li, Patel, & Lim, 2008).

Objective: The purpose of the Capstone project was to improve provider compliance in an outpatient office in the use of a symptom based individualized written AAP.

Design: The Capstone quality improvement project was conducted during a specific two month period (coinciding with the study period in the fall and winter of 2010) in a suburban outpatient allergy and asthma clinic in Glen Burnie, Maryland. The quality improvement project involved the implementation of an educational in-service on the use of an AAP and a system procedural change (placing a blank AAP on each patient's medical record at the time of visit). A retrospective medical record review was conducted from all eligible medical records of patients greater than six years of age diagnosed with asthma that were seen in the office during the two month study period (N = 42). Following an educational in-service, the change in proportion over the two month time frame was evaluated to report the rates of provider compliance in the use of an AAP. The McNemar test was used to test differences in proportions for dependent groups in a 2X2 within subjects design to measure changes in rates of provider compliance of the AAP.

Results: A statistically significant improvement in provider compliance to the use and completion of an AAP was found at eight weeks following an educational in-service and system procedural change. A quality improvement project focused on an educational in-service and system procedural change was shown to increase provider compliance in the use of an AAP.

