Audit on management of patients with asthma in Fanling family medicine clinic

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Introduction

- Asthma is a common disease. In Hong Kong, the prevalence rate of asthma is about 11-14% in children and 6-7% in adults.

- In Fanling family medicine clinic, asthma ranked about 10th of the chronic disease among male patients and it ranked about 8th among female patients.
Objective

To evaluate and improve the quality of management of asthmatic patients in the clinic
Methodology

- In this audit, the criteria for the management of asthma were adopted with small modifications from Eli Lilly National Clinical Audit Centre of the Department of General Practice, University of Leicester. Data was obtained from medical records of these asthma patients that were retrieved from the computerized medical record system of Hospital Authority.
Intervention period was from September 2010 to August 2011. Doctors were encouraged to use asthma management template, including the asthma control test (ACT) score questionnaire, in the follow up management of asthmatic patients.
Results

- There were 146 asthmatic patients in phase I audit and 138 asthmatic patients in phase II audit in Fanling family medicine clinic.
- Phase I results was obtained in September 2010.
- Results showed deficiencies in:
  - documentation included history on nocturnal and daytime symptoms,
  - limitation of daily activities,
  - dosage of bronchodilator,
  - smoking status,
  - checking of inhaler technique and drug compliance.
Phase II results were obtained in September 2011.

Results showed significant improvement in documentation of:

1) nocturnal symptoms (56% to 96%);
2) daily symptoms (67% to 97%);
3) evaluation of asthma symptoms affecting daily activities (29% to 92%);
4) checking of bronchodilator dosages (48% to 96%);
- 5) smoking status (71% to 93%);
- 6) checking of inhaler techniques (8.2% to 80%) and
- 7) drug compliance (60% to 92%).
In Phase I results, 26 patients reported asthmatic attack and 15 patients (10%) visiting Accident & Emergency Department; 8 patients (5.4%) visiting family medicine centre and 3 patients (2%) visiting private doctor. In Phase II results, only about 12 patients (8.6%) reported asthmatic attacks.
Conclusion

- There was significant improvement in the management of asthma through the intervention of this audit, especially in checking ACT scores, PEFR and inhaler techniques. Ongoing intervention and continuing the audit cycles would be necessary for further improvement in the quality of care in the management of asthma patients.