



**Service Priorities and Programmes**  
**Electronic Presentations**

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**The favorable outcomes of collaboration between pharmacists and clinicians in paediatric asthma care**

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**Introduction**

Asthma is a common chronic childhood disease in Hong Kong. An effective asthma control relies on good drug compliance and correct use of inhalation devices. Furthermore, teaching asthmatic patients self-management skills have proven to improve clinical outcomes and reduce emergency room visits and hospital admissions. However, due to time constraint and limited manpower, it is often difficult for clinicians alone to spend much time to provide education on inhaler technique and management for acute asthma attack.

**Objectives**

1. To enhance asthma care for patients at Paediatric Specialist Outpatient Clinic (SOPD) through collaboration between paediatricians and pharmacists. 2. To explore patients' service experience 3. To assess the service impact on clinicians and pharmacists

**Methodology**

A paediatric asthma action plan was designed to guide asthma self-management. A referral system was set up for paediatricians at SOPD to refer patients to pharmacists at outpatient pharmacy for inhaler assessment and/or education about asthma management. All participants were invited to complete a satisfaction survey with a Likert Scale of 1 to 5 (1 = strongly disagree to 5 = strongly agree) at the end of the service. Time spent on each case was documented. Data collected from Oct 2015 to Jan 2018 were evaluated.

**Result**

A total of 88 patients were referred; 82 patients received inhaler assessment and 48 patients received education about asthma management. Seventy eight (89%) satisfaction surveys were collected. Responses to all questions to the service were

favorable. Over 97% agreed/strongly agreed that they felt more confident to manage the illness of themselves/their kids after the service. 97% agreed/strongly agreed the service had improved their knowledge on drugs and inhaler devices and they understood the importance of drug compliance. All respondents were satisfied (78% strongly agreed, 22% agreed) with the service and that pharmacists had explained clearly in an understandable manner (84% strongly agreed, 16% agreed). Average time spent by pharmacist for each patient was 12.3 minutes. No extra manpower was required.

With the collaboration between paediatricians and pharmacists, this multidisciplinary paediatric asthma care service had delivered favorable outcomes in enhancing patients and their carer confidence and knowledge in management of asthma while saving frontline paediatricians consultation time in patient education. We believe that a better education on inhaler technique and self-management skills would lead to a better disease control.