Measure #6: Asthma Discharge Plan

Asthma

Measure Description

Percentage of patients aged 5 years and older with an emergency department visit or an inpatient admission for an asthma exacerbation who are discharged from the emergency department **OR** inpatient setting with an asthma discharge plan

Measure Components

Numerator Statement	Patients discharged from the emergency department **OR** inpatient setting with an asthma discharge plan* *The asthma discharge plan must include: 1. Instructions regarding inhaled corticosteroid use (if inhaled corticosteroids not prescribed, note should document reason prescription not given) **AND** 2. Information regarding discharge medications and how to use them (eg, instruction on inhaler technique) **AND** 3. Referral for a follow-up asthma care appointment OR Instructions to visit a doctor or other health care provider as soon as possible to discuss asthma control and create an action plan **AND** 4. Instructions for recognizing and managing relapse of exacerbation or recurrence of airflow obstruction. See NHLBI/NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma for sample asthma discharge plans
Denominator Statement	All patients aged 5 years and older with an emergency department visit OR an inpatient admission for an asthma exacerbation
Denominator Exclusion(s)	None
Denominator Exception(s)	None
Supporting Guideline	The following evidence statements are quoted verbatim from the referenced clinical guidelines. NHLBI/NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma[4] The Expert Panel recommends that: Clinicians, before patients' discharge from the ED or hospital, provide patients with necessary medications and education on how to use them, a referral for a followup appointment. (Evidence B). Give the patient an ED asthma discharge plan with instruction for medications prescribed at discharge and for increasing medications or seeking medical care if asthma should worsen (Evidence B).

	Review or develop a written plan for managing either relapse of the exacerbation of recurrent symptoms or exacerbations (Evidence B). The plan should describe the signs, symptoms, and/or peak flow values that should prompt increases in self-medication, contact with a health care provider, or return for emergency care.

Measure Importance

Relationship to desired outcome	A visit to the ED or hospitalization is often an indication of inadequate long-term management of asthma or inadequate plans for handling exacerbations. By providing an asthma discharge plan to the patient, the potential for improved asthma management and control and of subsequent emergency department visits or hospital admissions decreases.[4]
Opportunity for Improvement	A 2008 survey reported that about 34% of people with current asthma received an asthma management plan with specific instructions on how to change the amount or type of medicine taken, when to call a doctor for advice, and when to go to the emergency department. Approximately 60% of asthmatics reported that they were taught how to recognize early signs and symptoms of an asthma episode.[16]
Exception Justification	This measure has no exceptions.
Harmonization with Existing Measures	There are no existing endorsed measures that address the provision of an asthma discharge plan in the emergency department or inpatient setting

Measure Designation

Measure purpose	Quality Improvement Accountability
Type of measure	Process
Care setting	Emergency Department Inpatient
Data source	Registry Electronic Health Record System