

A VIP Effort Towards Improving Inpatient Asthma Care

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Over the last two years, I've written a few blogs highlighting *Pediatrics* articles sharing successful, single-institution quality improvement (QI) initiatives related to asthma. And yet, as with most QI, success at one institution does not necessarily translate to success at another. Or does it? In this month's *Pediatrics*, Kaiser et al, in collaboration with the Value in Inpatient Pediatrics (VIP) Network, share their efforts from a multicenter QI initiative aimed at improving care for children admitted with asthma

([10.1542/peds.2019-3026](https://doi.org/10.1542/peds.2019-3026)).

In this initiative, 68 institutions representing a diverse mixture of children's and community hospitals, sizes, and locations were reviewed. A national panel of experts developed a menu of interventions based on available evidence and expert consensus on best practices for asthma care. These interventions focused on guiding the dosing and formulation of asthma medications, titrating bronchodilator medications based on disease severity, providing reminders of evidence-based practices associated with promoting asthma control (e.g. screening for secondhand smoke exposure), and standardizing discharge criteria. Each participating hospital was provided with resources to implement interventions, however the specifics of implementation were at the discretion of each participating site's own interprofessional team. The primary outcome of interest was total hospital length of stay. Secondary outcomes included adherence to evidence-based guidelines for optimal asthma control, including screening for secondhand tobacco exposure, provision of smoking cessation resources, and early administration of metered dose inhalers (MDIs).

Overall, Dr. Kaiser and colleagues were successful in implementing specific interventions in at least 75% of the hospitals, with nearly all implementing interventions related to screening for secondhand tobacco exposure (93%) or referring caretakers to smoking cessation resources when appropriate (91%). Although the initiative did not meet its primary aim of reducing hospital length of stay, it was largely successful in guiding the early administration of MDIs and placing referrals to smoking cessation resources. Success with these latter metrics suggest hospitals are providing higher quality of care that may benefit long-term asthma

outcomes even if hospitalization in the short-term wasn't significantly affected. At the hospital level, 65% of participating institutions appreciated improvement in at least one of the initiative's outcome measures, highlighting the impact a national collaborative can have on a single institution and increasing the generalizability of the interventions to even more institutions. Furthermore, the success of this VIP Network collaborative highlights the ongoing need for the development, implementation, and sharing of single institution QI initiatives necessary for informing successful large-scale efforts. See for yourself in this month's article.

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