

BAMO: Bronchiolitis Admissions Monitoring/Orders Revisiting Guideline Adherence and Order Accuracy



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BACKGROUND

- ➤ Our institution's Bronchiolitis Clinical Practice Guidelines (CPG) recommends:
- intermittent pulse oximetry (SpO2) for patients with no respiratory support or on low flow nasal cannula oxygen (LFNC)
- continuous SpO2 and cardio-respiratory monitoring (CRM) for patients on high flow nasal cannula oxygen (HFNC)
- ➤ Poor adherence to CPG was observed in a sample of children admitted for bronchiolitis during the 2018-2019 respiratory season.

METHODS

- ➤ Stakeholders planned improvement **interventions including**: 1) resident/nursing (RN) education, 2) resident/RN newsletter reminders, 3) development of CPG materials for strategic locations, 4) CRM orders and decision support added to the HFNC and bronchiolitis admission order sets.
- ➤ General care bronchiolitis patients were observed Nov.11, 2019 to Mar. 8, 2020.
 - **Included:** age 4 weeks to 23 months, primary diagnosis of bronchiolitis
 - **Excluded:** born <28 weeks gestation, unrepaired cyanotic congenital heart disease, pulmonary hypertension, tracheostomy, home O2/ventilator, neuromuscular disease, immunodeficiency, cancer and observation within 12 hours.
- ➤ Data collection: Presence of continuous SpO2, CRM and level of respiratory support and were observed day (7am-7pm) and night (7pm-7am). Demographic, clinical status, and active order data were collected from chart review and used to determine adherence to CPG.
- Data were analyzed using statistical process control p-charts.
- This study was exempt by the University of Wisconsin Institutional Review Board.

OBJECTIVE AND MEASURES

- Improve monitoring and monitoring orders of patients admitted to American Family Children's Hospital for bronchiolitis to 85% adherence to CPG by March 2020.
 - Outcome measure: observed monitoring CPG adherence.
 - <u>Process measures:</u> adherence of orders to CPG and concordance between orders and observed monitoring.

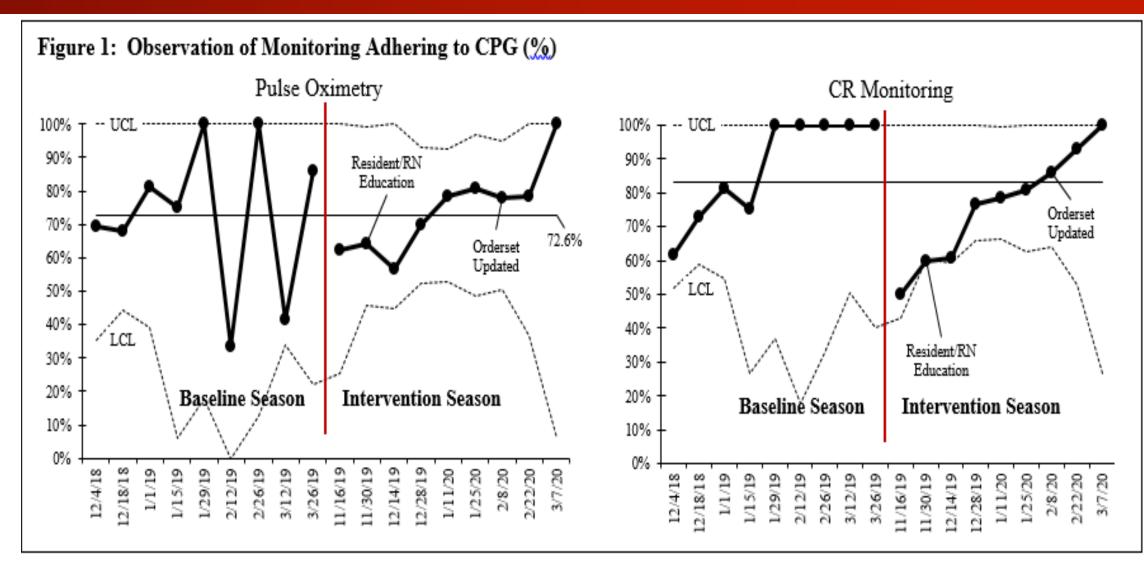
After interventions, there was **no improved adherence** to clinical practice guidelines in
monitoring practices or patients' active orders.

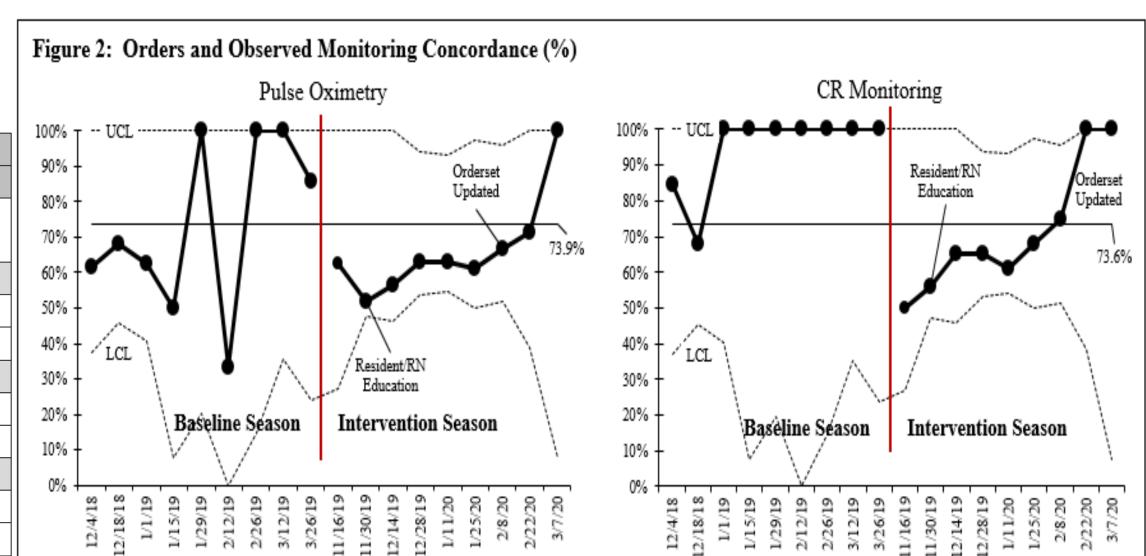
RESULTS

TOTAL n = 230 patients

Table 1: Patient demographics				
Male	56%			
Race				
White	79%			
Black	9%			
Asian	6%			
American Indian or Alaska Native	2%			
Declines to answer	5%			
Ethnicity				
Non-Hispanic or Latino	85%			
Hispanic or Latino	10%			
Declines to Answer	5%			
Admission Unit				
P4	3%			
P5	79%			
P7	12%			
PICU	3%			
NICU	3%			

NICU] 3	3%						
Table 2: Appropriate SpO2 and CRM Observations and Orders								
	OFF		OFF		LF	NC	H	ENC
	2019	2020	2019	2020	2019	2020		
	n=67	n=122	n=6	n=66	n=15	n=42		
Observations								
SpO2 adheres to CPG	90%	75%	17%	52%	100%	100%		
CRM adheres to CPG	65%	81%	100%	67%	67%	76%		
Active Orders								
SpO2 orders adhere to CPG	99%	87%	83%	83%	27%	45%		
CRM orders adhere to CPG	99%	93%	100%	92%	13%	26%		
Matching Orders/Observations								
SpO2	91%	74%	33%	55%	27%	43%		
CRM	99%	76%	100%	62%	47%	50%		





ADDITIONAL KEY INFORMATION

- Thank you to all the dedicated respiratory therapists who performed the observations during this busy respiratory season.
- Respiratory care protocols for management of patients with bronchiolitis can be found on UW Health U-Connect.

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DISCUSSION

> Conclusions:

- Improving adherence to recommended monitoring for patients with bronchiolitis is challenging.
- Further interventions are needed to improve both monitoring and order adherence to clinical practice guidelines.

Limitations:

- 2019 data included only a very small number of patients
- Some planned interventions were implemented late in the season without time to see change

Future directions:

- Further analysis of subsets (OFF, LFNC, HFNC) may yield additional insight into over- and under-monitoring
- Subset analysis may also guide development of further interventions to improve adherence to monitoring CPG
- Additional years of data collection and review are needed to show true trends and improvements