**Initiative Title:** Improving the care of pediatric patients with acute asthma or wheezing exacerbations in the emergency department

**Team Members**
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**Results**
PAS reliably at 100% since February 2016

**Initiative Specific Aims**
1. Assign PAS for 100% of eligible patients
2. Reduce the time to delivery of the first β-agonist to patients 2-18 years of age presenting to the ED with an acute asthma exacerbation to 20 minutes
3. Reduce the time to steroid administration to patients 2-18 years of age presenting to the ED with an acute asthma exacerbation to 60 minutes

**Key Improvement Steps**
1. Implemented and refined ED Pediatric Asthma Pathway and PAS
2. Mapped and revised albuterol administration process
3. Created asthma/wheezing nurse and physician order sets aligned with pathway
4. Clarified roles in continuous Albuterol therapy and provided access to equipment and training for ED nurses
5. Initiated an asthma resident program
6. Revised and implemented the greeter role in identifying potential wheezing patients
7. Incorporated asthma pathway training into monthly resident ED orientation process
Insights and Future Directions

- Working with RT and nursing to identify and eliminate barriers to continuous Albuterol administration
- Current ED triage system for pediatric patients does not consistently result in the timely patient identification needed to achieve delivery of Albuterol within 20” of arrival.
- Sustaining our gains will require frequent monitoring to avoid drift.
- Additional opportunities to improve asthma care are being investigated.
- Plan to create training video for pathway and order sets.
- 12/2015: focus to shift to improving delivery of CAT for PAS 6-10. Currently working on defining challenges and will then develop a key driver diagram and trial changes
- 4/25/16: Working on trial of CAT as second treatment for PAS 6-10