Improving Inpatient Asthma Care: A Quality Report on the Implementation and Evaluation of a Pediatric Asthma Clinical Pathway, First Author: Teresa G. Magruder, MD, MPH

SDC-Figure 1. All Asthma Average Billed Charges
Each dot represents average charges per hospitalization for patients admitted during corresponding month. Numbered dots represent our Plan-Do-Study-Act Cycles. 1. Pathway implementation, 2. Pathway expanded to all general pediatric and pulmonary services on two acute care units, 3. Pathway expanded to two additional acute care units, 4. Pathway expanded to include direct admissions and patients transferred from higher acuity units, 5. Pathway allowed patients who experienced a clinical worsening and improved after ≤4 hours of continuous albuterol to stay on Pathway and restart in Phase 2 as they improved, 6. Pathway expanded to include an intermediate care unit protocol (Phase 1, Severe Asthma) for continuous albuterol therapy.

All Asthma: 2-18 years old, primary diagnosis of asthma, non-ICU patients with no secondary co-morbid respiratory diagnosis, combined Pathway and non-Pathway
All Asthma Baseline n=773, All Asthma (Pathway and non-Pathway) n=3,429
UCL=Upper control limit, LCL=Lower control limit
Two-sample t-test for Average Charges, 95% CI for difference: (-1151, 673) P-Value = 0.595
Data Source: COA Performance Improvement Department, Pediatric Health Information System (PHIS) Database, Children's Hospital Association