



## Assessing the Quality of Hospital Care for Children with Asthma

January 24, 2012 by *Patrick A. Malone*

Every year, more than 1.8 million people find themselves in a hospital emergency room to treat an asthma attack. Children account for nearly half that number, and of asthmatic people who go from the ER to an overnight hospital stay, more than 1 in 3 are kids.

As reported in the [Patient Safety America Newsletter](#), three criteria to analyze the quality of care for children hospitalized for an asthma attack have been defined by the Joint Commission, an agency charged with assessing and regulating [hospital practices](#). It also certifies health-care organizations and programs.

The measures of acceptable emergency treatment for asthma are:

- drugs to relieve the acute symptoms;
- administering corticosteroids to reduce inflammation; and
- development of a complete home management plan.

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These measures were studied and the results published in the [Journal of the American Medical Association](#).

Investigators looked at the records of more than 37,000 children treated in 30 children's hospitals to determine how well those facilities complied with the treatment criteria and whether compliance reduced hospital readmissions or subsequent ER visits.

The news, mostly, was good—the first two measures notched 97% and 90% rates of compliance respectively.

The bad news lay in the follow-up: Compliance with a home management plan averaged only about 4 in 10 cases. But investigators determined that failure to comply with this measure had no effect on the rates of readmission or visits to the emergency room seven, 30 or 90 days after discharge from the hospital. Compliance did increase over the time in which measurements were compiled (early 2008 through the third quarter of 2010), so the state of this art appears to be improving.

But this curious outcome begs the question: If readmission/ER visits didn't appear to be affected by noncompliance, why is No. 3 a quality measure at all?

Study authors offered several possible reasons for the lack of association between home-care follow-up and finding yourself back at the hospital. **1.** The study didn't look at how well the plan was implemented at home, nor could the investigators determine whether asthma patients were admitted to another hospital after their visit to the initial hospital. **2.** Patients or their parents might not have understood the home-care plan and how to implement it. A [commentary on this study](#) noted that there is a "gulf" between patient-centered plans involving coaching and timely follow-up with parents, and often there is no written plan. **3.** Readmission measures might be insensitive to the quality of care a child with asthma receives at home. Is it time to search for other quality measures of care received by hospitalized children with asthma?

So if you're the parent of a child with potentially life-threatening asthma, here's how you can improve the chances of getting the best care should the need for an ER visit arise.

- Identify in advance a nearby children's hospital; it's more likely to follow quality measures than a general hospital.
- When your child is discharged, make sure you understand the follow-up care plan. There is no such thing as a dumb question. If the information isn't offered in printed form, ask for it or take careful notes.
- Get the name and contact information of someone who can answer any questions you have after you leave.
- Inform your pediatrician of the care plan.

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