

Inhaler Failure

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Financial Disclosure

No significant financial or commercial
interest to disclose

What is the Problem?

- ❖ Up to 94% Demonstrate Incorrect Inhaler technique
- ❖ Critical administration errors reported in 14% to 92% of cases
- ❖ 45% of ED visits for asthma were associated with improper inhaler technique
- ❖ ED visits for exacerbation of Asthma and COPD account for 1/3 of cost of care [COPD > \$15 billion/year]
- ❖ CMS monitoring COPD Readmission Rates

Why the Problem?

Allergy & Asthma Network
College of Allergy, Asthma & Immunology

Respiratory Inhalers At a Glance 2010

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Short-acting beta₂-agonist bronchodilators (also known as rescue or reliever inhalers) are used to quickly relieve symptoms such as wheezing, chest tightness, and shortness of breath for 2-4 hours.

Long-acting beta₂-agonist bronchodilators (also known as maintenance or controller inhalers) are used to prevent symptoms such as wheezing, chest tightness, and shortness of breath for at least 12 hours.

Inhaled corticosteroids reduce and prevent swelling of the airways. They do not relieve sudden symptoms of coughing, wheezing or shortness of breath.

Combination medications contain both short-acting beta₂-agonist and long-acting beta₂-agonist (LABA).

Muscarinic antagonist (anticholinergic) bronchodilators

Combination

Allergy & Asthma Network is a national nonprofit organization dedicated to ending asthma death and suffering due to asthma, allergies and related conditions through research, education, advocacy and research.

Learn more at AllergyAsthmaNetwork.org 800.575.4483

Legend: DOSE INDICATOR ASTHMA COPD BOTH (COPD/ASTHMA)

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Why is there a Problem?

MDI



DPI



Handihaler



Why is there a Problem?

RESPIMAT



ELLIPTA



TURBIHALER



Why is there a Problem?



VS



Why is there a Problem?



RISK FACTORS

- ▶ New Diagnosis < 1 year
- ▶ Severity of Disease
- ▶ Irregular clinic / office Follow-up
- ▶ Lack of Education

Why is there a Problem?

ISSUES

- ▶ 39-67% HCP Do Not Train Correctly
- ▶ Lack of Assessment
- ▶ Patients lack Confidence



How Can We Improve?

ACTION PLAN

- ▶ Intra-Professional Education can reduce Readmission rates by 46%
- ▶ Provide Spaces with MDIs
- ▶ Communicate with PCP



How Can We Improve?

In-Person [83%]



Video [58%]



Instruction [51%]

✓	Adequate understanding of asthma, its triggers, signs and symptoms, and when to seek medical attention
✓	Adequate supply of all medications, spacer and mask, and discharge scripts
✓	If preventive medication has been prescribed, patient and parents/careers understand why it has been prescribed and its correct use
✓	WAAAP provided and understand how to use it
✓	Asthma Emergency First Aid (4a/4b) explained
✓	All 'Inpatient Asthma Education' provided is documented in the Education tab in EPIC, along with the outcome
✓	Provide kids health info fact sheets on Asthma and Use of spacers/devices
✓	Kids Health into Asthma videos viewed
✓	Information regarding smoking cessation has been provided, if applicable
✓	Family linked in with a GP and details are correct. Informs family that the GP will receive a discharge letter. Provide 'After visit summary' upon discharge
✓	Follow up appointment arranged (GP/Outpatients/Paediatrician etc.)
✓	Consider referral to Complex Asthma Service or Community Asthma Program if additional asthma education and support is required

How Can We Improve?

Inhaler Device Checklist

- ▶ Prime / Shake Well
- ▶ Order of Administration
- ▶ Activation
- ▶ Breathing / Holding
- ▶ Cleaning
- ▶ Expiration





How Can We Improve?

How often should you prime a MDI?

1. Every Day
2. Once a month
3. Once a week if not used
4. Every 2 weeks if not use
5. Only before the first use

Would you like Counseling?

