

Bronchiolitis initiative

2019 Year in review

In 2019, the Bronchiolitis initiative was added to the Leading Better Value Care (LBVC) program and ACI offered support to all NSW Health LHDs and SHNs to implement changes. The aim of the initiative is to reduce unwarranted clinical variation in the care of infants presenting with symptoms of bronchiolitis by:

- reducing unnecessary investigations
- reducing ineffective treatments.

The *Acute Management of Bronchiolitis Clinical Practice Guideline* (GL2018_001) outlines best practice for the clinical management of bronchiolitis.

SUMMARY



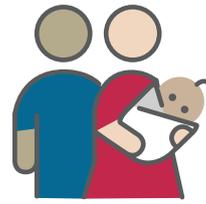
15 LHDs and specialty health networks (SHNs)

across NSW participated in the initiative, in both emergency departments and paediatric wards.



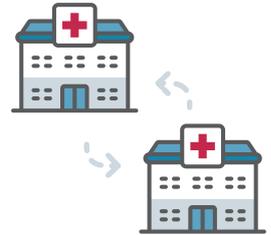
50% of NSW public health facilities

that treat infants with bronchiolitis participated in the initiative.



3,209 families

were asked about their experience during the 2019 bronchiolitis season (April to October).



A Bronchiolitis Community of Practice (CoP)

was established to facilitate statewide knowledge and information sharing.

KEY ACHIEVEMENTS

Working with vulnerable populations

An Aboriginal Health Impact Statement (AHIS) was developed highlighting:

- the disparities in healthcare for vulnerable populations
- how the LBVC Bronchiolitis Initiative aims to reduce these disparities and equalise access to, and treatment from, bronchiolitis.

The [AHIS](#) is available on the LBVC HUB.

Working with families

- In the 2019 season, there were 33 participating facilities across 11 LHDs/SHNs that participated in the collection of patient-reported experience measures (PREMs).
- Overall, 87% of respondents were satisfied with the experience of care provided in the participating public hospitals.
- The response rate from parents and carers was 27%.

Information for families

- 90% of families surveyed understood the information they received in the participating public hospitals.
- Families consistently said they would like increased clarity in the information provided on discharge.

Baseline data collection - diagnostic testing

Participating sites collected baseline data from 2017 and 2018. This has helped to identify improvement strategies, specifically to reduce unnecessary chest x-rays and viral testing, as supported by the clinical practice guideline.

In the investigation of infants with bronchiolitis, the following ranges were identified across participating facilities (the lower the percentage, the better):

- Chest X-ray: 7–33%
- Viral testing: 20–78%

Acute management - the clinical practice guideline

The clinical practice guideline (CPG) provides the management advice for infants presenting with bronchiolitis. The CPG promotes supportive management, rather than active treatments known to provide no benefit in the management of bronchiolitis (such as the use of salbutamol (bronchodilators), steroids and/or new prescription of antibiotics).

Baseline data of infants with bronchiolitis indicated the following ranges for the use of these active treatments across participating facilities (the lower the percentage, the better):

- Salbutamol (bronchodilators): 0–35%
- Steroids: 0–10%
- New prescription of antibiotics: 0–35%

WHAT'S NEXT?

- Re-auditing is required to determine changes from baseline data and to identify exemplar departments/wards sharing their experiences with improvement. The ACI audit team are available to assist sites with audits. Email ACI-Bronch@health.nsw.gov.au
- A formative evaluation is underway to assess the implementation of the initiative to date, and inform the future direction of implementation and approaches for improvement.
- The virtual Bronchiolitis Community of Practice sessions will continue. If you have not received an email invitation and would like to be on the distribution list, or you would like to suggest topics to be covered, please email ACI-Bronch@health.nsw.gov.au. Feel free to forward the calendar invites to your colleagues.
- 2021 will see a transition to a 'business as usual' approach. As the initiative progresses, sites will continue to reduce unwarranted clinical variation and site-based audits. ACI will continue to support LHDs and SHNs as the initiative matures.