An audit of the recording of smoking status of the parents of asthmatic childre

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ABSTRAC

Title An audit of the recording of smoking status o the parents of asthmatic children

Method: Medical audit during January 2000, t determine level of recording of smoking status

Setting: Six partner, computerised, teaching genera practice in South Bristol, where asthma care i shared by an asthma nurse and the doctors.

Results: 164 children out of the total practice population of 9250 met the criteria for inclusion i this audit. A smoking history was recorded in th medical records in 11 of the 29 children seen by th nurse and 37 of the 135 who saw a doctor

Conclusions: The audit identified problems an raised awareness of the need to record parenta smoking status. The 34% rate of recording o parental smoking status in the medical histories o asthmatic children was well below that expected The asthma nurse was more efficient at recordin smoking status, but she only saw 17.7% of the children. The audit revealed shortcomings in th recording systems used, which means that the rate o recording found here can only be used as an estimate

BACKGROUND AND AIM

In 1998 the WHO (World health Organisation) identified the need to reduce parental smoking as key action area in improving the health of children [1] Smoking cessation in parents has been shown t reduce both the prevalence and severity of childhoo asthma [2]

General Practitioners are ideally placed to co-ordinat action to reduce parental smoking: they tend to hav more frequent and long term contact with families involving dialogue and encouraging patient responsibility; and there is usually more access t information about the social circumstances of the family [3,4]. This audit was conducted in a six partne teaching practice in South Bristol during January 200 to assess how effectively this information was recorded

CRITERIA AND METHODOLOG

The following criteria were used to define inclusion i the Audit

1 Only children of school age (5 - 16 years inclusive) were audited, because the diagnosis o asthma in children younger than 5 years of age ca be difficult and less reliable
2 'Asthma' was defined as having a READ* code diagnosis entry of asthma, or having been prescribed asthma medication in the past year
3 A positive outcome was recorded if the parental smoking status was found in either the hand written medical records (Lloyd George System* or EMIS* records
4 A negative outcome was recorded if the convers was true
5 The standard we set was 100% recording

Notes

- READ Codes are used to record morbidity on medical computing systems throughout the Unite Kingdom
- In the United Kningdom, medical records are kept i armanual written format, either utilising A4 files o the Lloyd George - A5, envelopes, as well as a computerised system in the majority of general practices. Records are recorded in both manual an computerised format to varying degrees throughou the country
- EMIS is one of the medical computing systems use in primary care in the United Kingdom

The medical records of each child identified by th EMIS search were examined to verify the diagnosis and cases in which the diagnosis had been refute (seven in this study) were excluded from the audi population studied. Children seen by the asthma nurs had their consultation recorded on a computer template. The records and asthma templates of th children were examined to see whether parental smoking status had been recorded. There were n missing records

RESU

Two shortcomings in the recording of parental smoking status were immediately apparent (see figure 1):

i The audit could not be conducted by examining only single set of records, since the General Practitioner were not using the template and the Asthma Nurse di not always record her findings in the Lloyd Georg notes.

l The computerised asthma template did not include response for "non-smoking", so that it was not possible to tell whether parents were non-smokers o simply had not been asked.

There were no missing medical records. The medical histories of 109 of the 164 children with asthm (66.5%) identified in this audit contained no record o their parents' smoking status. It was notable that 62 of children seen by the asthma nurse had a record o parental smoking status, whereas only 27% of childre reviewed by a doctor had this information recorded

CONCLUSION

1 This audit reveals that rate of recording of parenta smoking status in the medical histories of asthmatic children is only 33.5%. The standar

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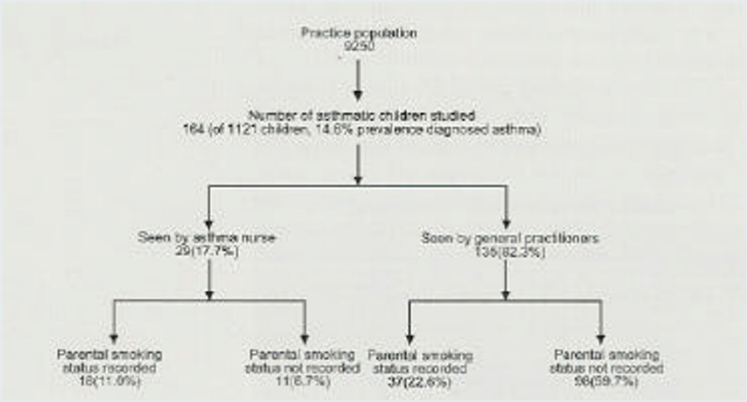
Figure 3. Schematic diagram of the audit result



for this audit was 100%, so this represents a significant shortfall

2 The asthma nurse was more efficient at recordin smoking status, but she only saw 17.7% of the children

3 The audit revealed shortcomings in the recording systems used, which means that the rate of recording found here can only be used as an estimate

4 Audit studies provide primary evidence of curren clinical practice, but these studies are time consuming where General Practice consultatio and Asthma Clinic records are recorded in different forms

5 Existing Information Technologies would allow real-time auditing within General Practice, but thi would require General Practitioners develop strategies for transferring hand-written consultation notes into electronic form, or fo effective, appropriate electronic recording of consultation details during consultation.

RECOMMENDATIONS & DEVELOPMENT

1 Following this audit, the template for asthma wa changed to allow the recording of non-smoking a well as parental and extended family smoking histories, and the practice has begun the process o becoming 'paperless'

2 The practice has since received funding from th Regional Health Authority to allow staff trainin in smoking cessation techniques and to set up services within the practice for individual an group smoking cessation counselling

3 There is ongoing discussion between the practic Information Technology Manager and the health practitioners to develop practice computer system to target at-risk patients (including parents of asthmatic children)

4 The audit raised awareness of the need to recor parental smoking status, and a repeat audit i planned for January 2001 to assess whethe recording rates have improved. ■

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Editors note This audit was awarded the GPIA 2000 Prize for the best project submitted by a general practice registrar.

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