

**Title of Intervention:** Asthma Care Program of the University of Pennsylvania Health System

**Website:** <http://pennhealth.com/lung/services/asthma.html>

**Intervention Strategies:** Individual Education, Supportive Relationships

**Purpose of the Intervention:** To increase participants' knowledge of asthma and management of treatment

**Population:** Adults hospitalized for asthma

**Setting:** Penn Lung Center at University of Pennsylvania Health System in inner city Philadelphia; health care facility-based, home-based

**Partners:** Hospital administrators

**Intervention Description:**

- Individual Education: Participants received tailored instructions, bedside spirometry, assistance with discharge planning, and a scheduled follow up appointment. The goal of these educational sessions was to improve metered dose inhaler administration technique and to stress the chronic nature of asthma. Participants were also taught the early warning signs of asthma and received action plans for appropriate responses to these warning signs.
- Supportive Relationships: Participants received a post-discharge telephone call. The purpose of this contact was to address questions about discharge instructions, medications and asthma symptoms.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Hospital staff
- Training: Not mentioned
- Technology: Spirometers, computers
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Spirometers, educational materials, asthma action plan
- Evaluation: Patient records

**Evaluation:**

- Design: Randomized controlled trial
- Methods and Measures:
  - Computer-based outpatient visit records were examined for all planned visits to determine if participants had seen the physician within one month of the planned visits.
  - Participant health records gathered data on the frequency of emergency room visits and hospitalizations.

**Outcomes:**

- Short Term Impact: Not measured
- Long Term Impact: The participants in the intervention program had a higher follow-up rate compared with outpatient appointments. They also had fewer emergency room visits and hospitalizations.

**Maintenance:** Not mentioned

**Lessons Learned:** An intervention in the treatment of inner-city participants hospitalized with asthma can reduce the need for subsequent emergent care and improve outpatient follow-up in a cost-effective manner.

**Citation(s):**

George, M. R., L. C. O'Dowd, et al. (1999). "A comprehensive educational program improves clinical outcome measures in inner-city participants with asthma." *Arch Intern Med* 159(15): 1710-6.