

## Global Aim

*Improving evidence- based bronchiolitis management in the Pediatric ED.*

## SMART Aim

*To decrease the proportion of infants with bronchiolitis receiving nebulized albuterol from 30% to 15% by Jan, 2024*

*+ Decrease steroids use from 24% to 15%*

## Inclusion/Exclusion Criteria

*Infants 2 to 23 months (excluding: PICU admit; prior wheeze, medical complexity)*

## Key Drivers

- Decreased Parent Preference/perception of need for some type of effective intervention
- Increased Cost of MDI/Spacer/Mask v. Albuterol Neb
- Decreased perception of increased time spent given puffs v. neb?
- Improved provider knowledge gap on use and effectiveness of MDI
- Enhanced provider perception of need to suction
- Modified pervasive cultural preference to give duo-nebs – MD/RN/APP/PMDs
- Recognized challenge of presentation of undifferentiated resp distress

## Interventions

- Parent education/engagement -> New discharge suction device Feb 2024
- Visual Aids for suctioning >> Nebs Jan 2024
- Education/Demos on MDI v. neb -> Targeting RN + MD+ APP
- Encourage Suction first -> visual aids (memes) Jan 2024
- RN education around MDI administration May 2023
- Faculty engagement May, June, August, October 2023, Feb 2024
- RN engagement May & June 2023, Feb 2024
- APP engagement July 2023
- Pre/Post Resp assessment dot phrase creation & dissemination August 2023
- Suctioning Education for providers Oct & Nov 2023
- Resident Engagement & Education Oct & Nov 2023