

Is Inhaler Technique Training for Non-Respiratory Specialist Healthcare Professionals adequate?

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Background: Inhaled respiratory medication for patients with asthma and COPD isbeneficial as it targets lungs, reducing risks of systemic side effects from oral therapy. Used correctly, inhalers can control respiratory symptoms, minimising risks of hospital admission from exacerbations (*Usmani 2018*).

Method:

Questionnaire to 2339 nonrespiratory specialist healthcare professionals over 3 weeks

- 18.7% (439) returns from Pharmacists, Pharmacy Technicians, Registered Nurses, Occupational Therapists and Physiotherapists
- Pharmacy technicians highest respondents 74%
 (14) returns. Fewest returns from Registered nurses 17% (332)

Aim: To Identify
the need for inhaler
technique assessment
training for nonrespiratory specialist
healthcare professionals

Results:

Non-respiratory specialisthealthcare professionals do complete inhaler technique assessments

Results:

Pressurised
Metered Dose
Inhaler (MDI)
v/s Dry Powder
Inhaler (DPI)

- 90% of respondents confirmed they completed inhaler technique assessments either daily, weekly or monthly
- Across all healthcare professions, 36% had received inhaler technique assessment training
- 86% of these received training over 1 year ago

Results: 97%
agreed inhaler
technique
assessment
improves patient
care

- 40% (171) did not know the difference between pMDI and DPI
- Non-respiratory specialists considered themselves more competent than confident completing inhaler technique assessments
- Competence was evidenced by 22% respondents through appraisal or competency document
- 88% agreed if they received training on inhaler technique assessments it would improve patient care
- "Training would increase overall confidence" "I received training over 10 years ago and not sure if I am still using best practice" "Many new devices have become available which I've never been trained to use"

Conclusion: Non-respiratory specialist healthcare professionals do assess inhaler technique. There is a clear need for education as a significant number identified themselves in need of training and were unable to identify the difference between pMDI and DPI. This should be a priority to improve patient care.