INSPIRED COPD Outreach Program

... How It Makes People Breath Easier

COPD

Is the chronic disease most responsible for hospital admissions in Canada

It is also the leading cause for morbidity and mortality in Canada

(according to CIHI in 2012-2013 report)

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NOVA SCOTIA HAS THE 2ND HIGHEST PREVALENCE FOR PEOPLE AFFECTED WITH COPD ACROSS CANADA AT 13.12%

(ACCORDING TO THE GOVERNMENT OF CANADA PUBLIC HEALTH INFOBASE IN 2012)

the population in Nova Scotia is approximately 922 000

therefore approximately

121 000

Nova Scotians have COPD

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History of
the INSPIRED COPD Outreach Program™

2010- Initiated in Halifax, NS at the QEII Health Sciences Center

- Cofounders :
  - Dr. Graeme Rocker- medical Director
  - Dr. Cathy Simpson – advanced care planner facilitator (ACPF)
  - Joanne Young – RRT/ CRE

2012 – Nova Scotia Health Authority (NSHA) funds INSPIRED Program in Central Halifax

2014-2015 – pan- Canadian Quality Improvement Collaborative (QIC) supported the program to spread into 10 provinces with 19 teams

2017- March 2019 – Canadian Foundation for Health Initiatives (CFHI), a non-profit organization, joined the INSPIRED program to do a "Scaling Up"
(this allowed the program to reach 6 jurisdictions in NS)

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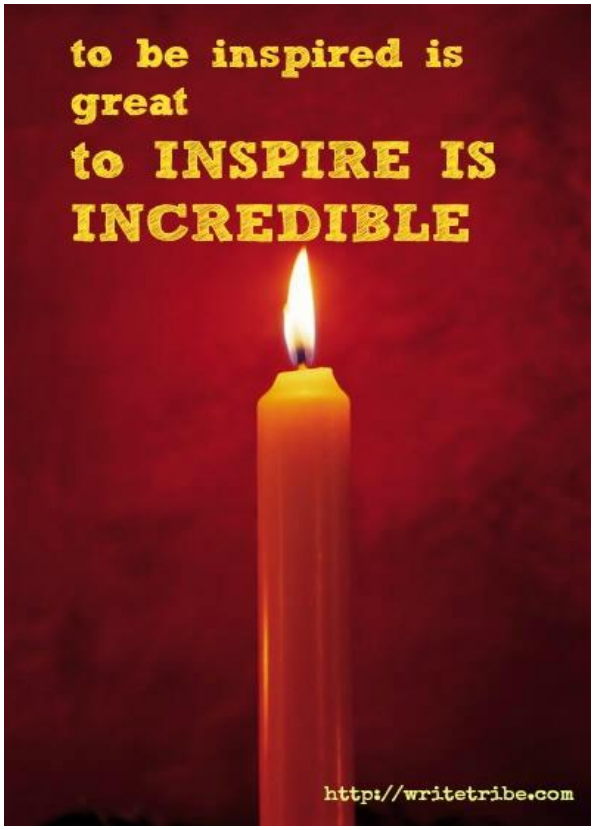
INSPIRED COPD Outreach Program™



Implementing
a
Novel
and
Supportive
outreach
Program
of
Individualized
care for patients and families living with
REspiratory
Disease

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the INSPIRED COPD Outreach Program™ requires these 4 components

1) Self management, education and support

2) Help navigating the healthcare system and gaining access to services that can support them at home (ie home care, Pulmonary Rehabilitation, EHS SPP)

3) COPD Action Plans (when appropriate) and access to a helpline that should improve the early care of a flare up of COPD

4) Psychosocial/ spiritual support with an opportunity to consider advance care planning and document goals of care/ treatment preferences through to the end of life.

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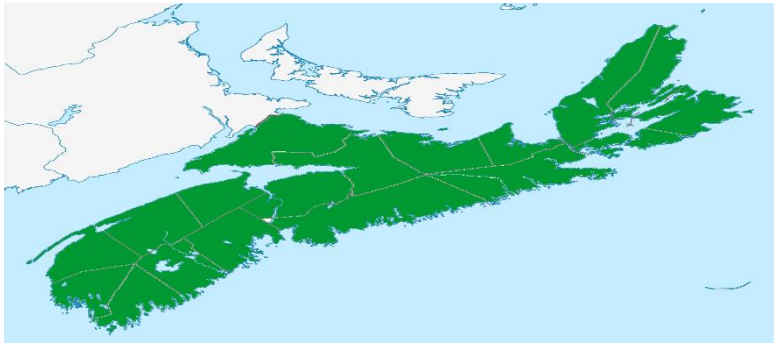
Nova Scotia Criteria for Enrolment

- Lives in catchment area
- Does not live in long term care or residential care unit
- Willingness to be enrolled
- Has had at least one admission to the hospital within the last year with AECOPD

  PLUS

  Greater than 1 ER visit in the last year for an AECOPD (for Halifax, Eastern Shore and Windsor)

- Has a confirmed, pending or suspected diagnosis of moderate to severe COPD
  - Moderate: Stops for breath after walking 100 meters
    Walks slower than others or has to stop to breath when walking at own pace
  - Severe: Too breathless to leave the house
    Breathlessness after dressing/ undressing
    Chronic respiratory failure ($PaCO_2$>45)
    Clinical signs of right heart failure



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How to Refer a Patient

INSPIRED COPD Outreach Program™

Implementing a **N**ovel and **S**upportive Outreach **P**rogram of **I**ndividualized care
for patients and families living with **RE**spiratory **D**isease

☐ **West Hants (Windsor)**	**Ph: (902) 792-2061**	**Fax: (902) 798-5107**
☐ **Cumberland County (Amherst)**	**Ph: (902) 667-5400 x 6110**	**Fax: (902) 667-1882**
☐ **South Shore (Bridgewater)**	**Ph: (902) 523-3880**	**Fax: (902) 527-5099**
☐ **CBRM (Sydney)**	**Ph: (902) 567-0378**	**Fax: (902) 563-7920**

A patient is eligible for INSPIRED if s/he has ALL of the following:

- A confirmed, pending or suspected diagnosis of moderate to severe COPD (*see reverse for details*)
- ≥1 admission to the hospital for AECOPD in the past year
- Not in long-term care or a residential care facility
- Lives in catchment area (see reverse)
- Is willing to be referred

Referral Date: Day/Month/Year: _____/_____/_____

Referral Source (please print):_____ **Contact number:** _____

☐ Please cc correspondence to referring clinician. **Fax:** _____

Notes: _____

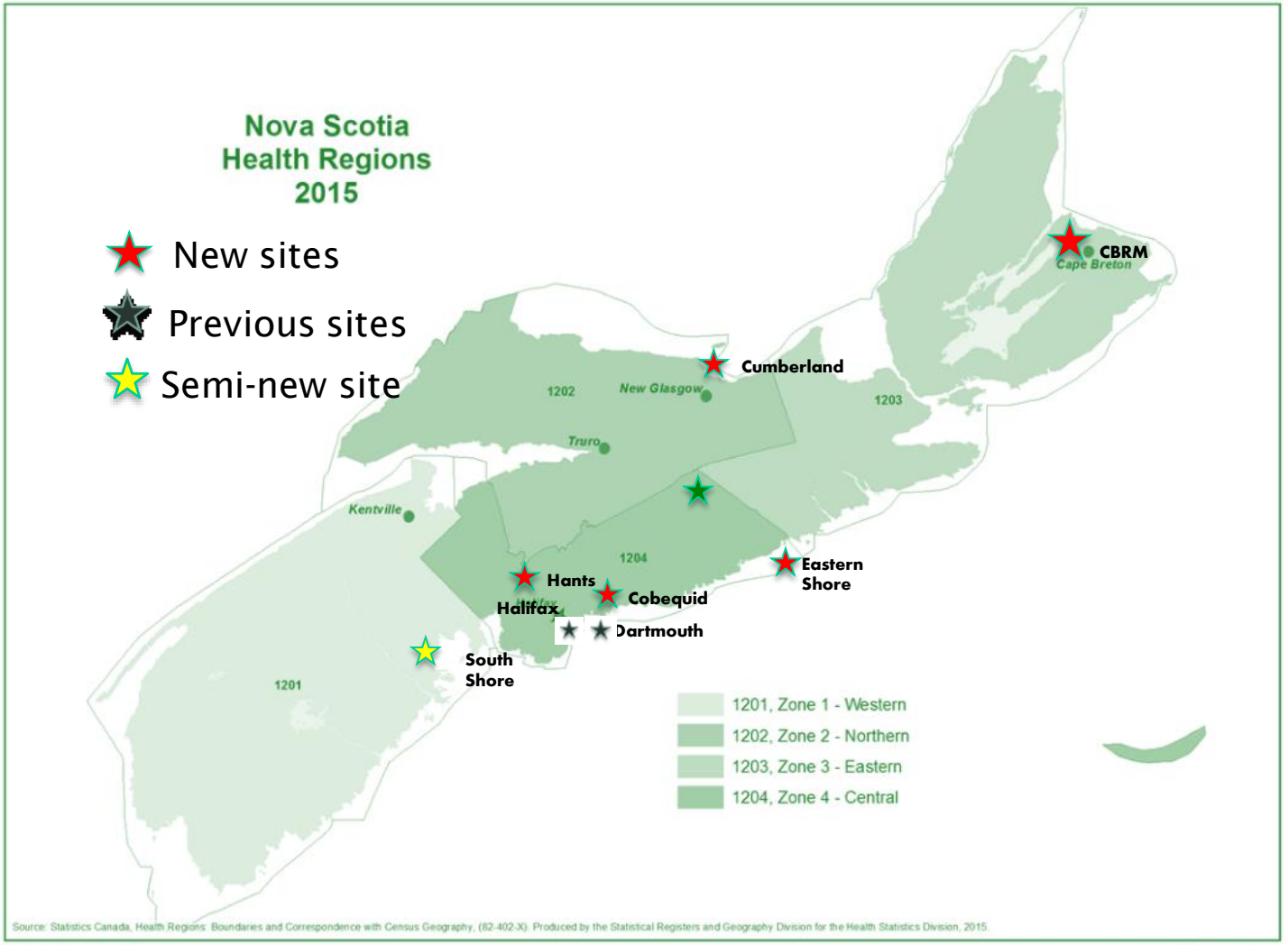
_____

_____

_____

_____

_____



Jan 2018-March 2019

- CBRM 274
- Cobequid 33
- Cumberland 46
- Eastern Shore 41
- Hants 17

Total new sites = 411

Previous Sites

- Halifax 71
- Dartmouth 67

(South Shore 22)

Total all sites =

571

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Does INSPIRED actually work?

Covering 01/01/18 – 26/03/19	Cape Breton (N=71)	Hants (N=6)	Eastern Shore (N=8)	Cumberland (N=18)	Cobequid (N=12)	Dartmouth (N=17)	Halifax (N=18)
ED visits	-76%	-47%	-58%	-54%	-43%	-81%	-91%
Admissions	-82%	-63%	0	-83%	-67%	-70%	-91%
LOS (bed days)	-87%	-52%	-26%	-69%	-66%	-71%	-90%
Enrolled (referred/%)	274 (352/78%)	17 (20/85%)	41 (53/77%)	46 (65/71%)	33 (37/89%)	67 (75/89%)	71 (90/79%)
Target	190	24	17	40	36		

*only patients surviving at least 6 mon post & with admissions/ED visits within 6 mon prior to 1st RT visit

Mean enrolment rate across sites = **81.14%**; predicted rate (MOU) = **80%**

INSPIRED Statistics for Cape Breton

98 patients	6 months Pre INSPIRED	6 months Post INSPIRED	% change
ER Visits	226	50	**-78.8%**
Admissions	144	25	**-82.6%**
Bed Days	1720	225	**-88.7%**

@ approximately $1000/day= **$1,495,000.00**

January 2018- June 2019

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What Do We Do
To Help People Breath Easier?

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Home Visits

within 2 weeks of discharge the patient will be contacted to arrange the first visit
2+ RRT visits
2+ ACPF visits

- Our clients have moderate to severe COPD therefore leaving their home can be challenging to most
- Visits can range from 1-2hours each
- Patients are more at ease in their own environments
- Other family members are available to be at the visits as well
- Can visualize how they are coping with their limitations caused by COPD

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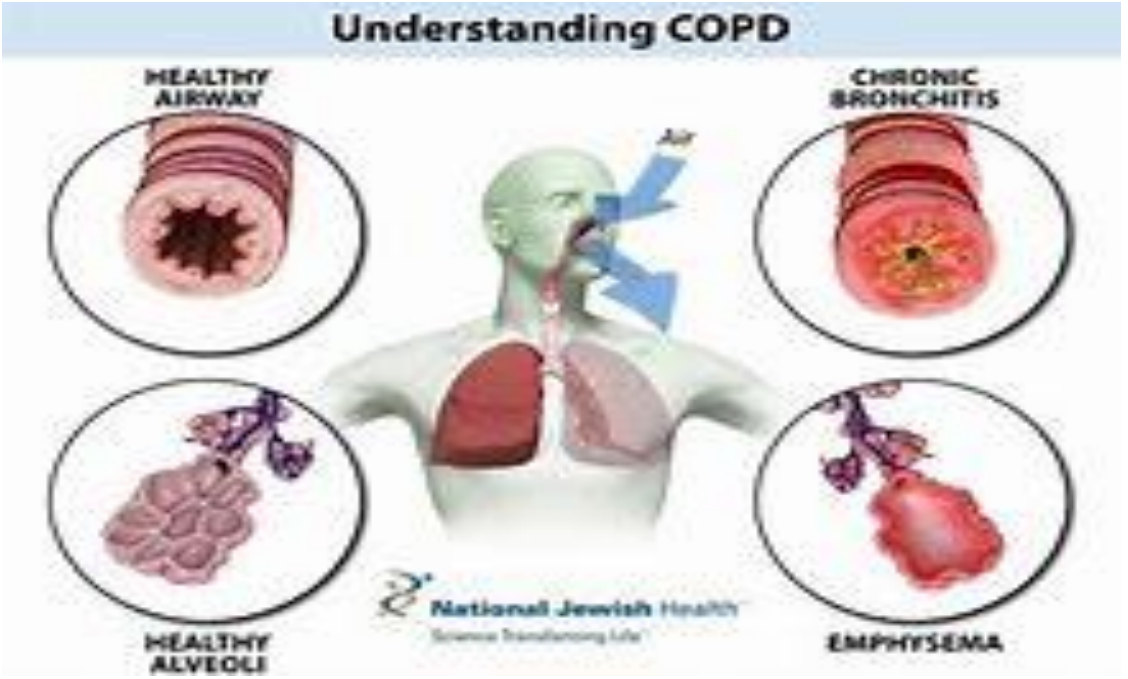
Patient Education

(Spirometry and PFT review)

Arrange for Spirometry if need confirmed diagnosis



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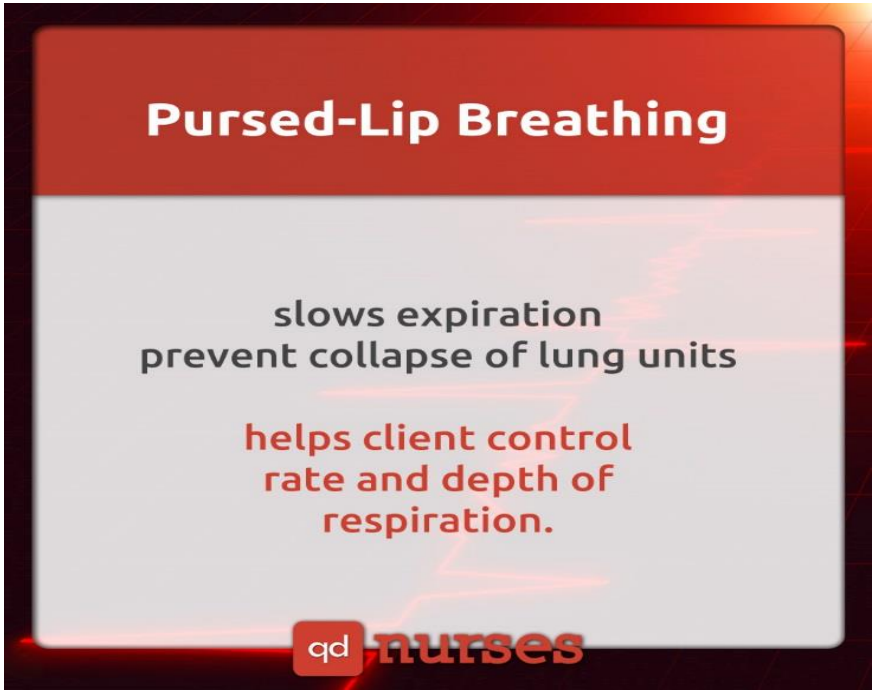
Dyspnea Cycle & PLB



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Exercise Tolerance

- Diaphragm & air trapping
- Accessory muscle use
- SOB with minimal activity

- SOB Scale
- Exercises to strengthen muscles
- Pulmonary Rehab referrals

Perceived exertion in function of breathlessness and fatigue

0	Nothing at all
0.5	Very, very light
1	Very light
2	Light
3	Moderate
4	Somewhat hard
5	Hard
6	
7	Very hard
8	
9	Very, very hard
10	Maximal

Adapted from the Borg scale[1]

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Medication Review

Ensure proper technique

- In-Check Dial
- Aerochamber education

Puffers vs Aerosols

Pharmacare/ Funding

- Compassion programs

Medication reviews

- formulary meds while in hospital vs home meds

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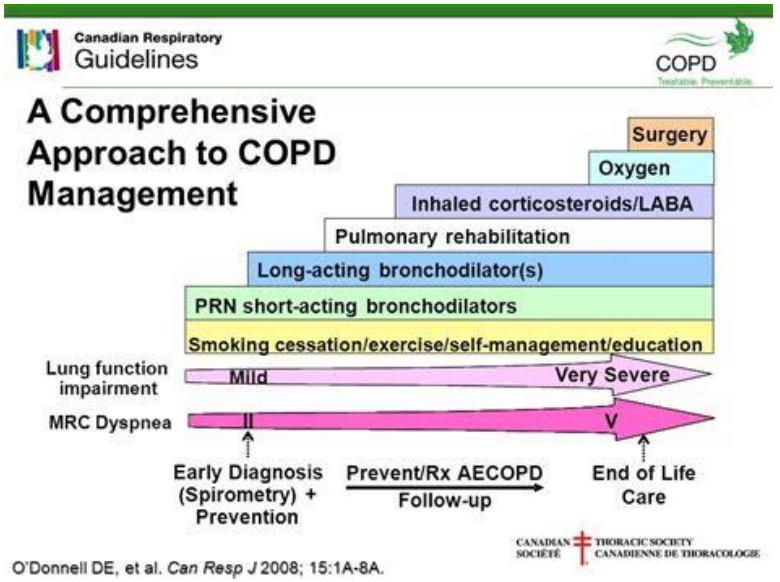
Recommendations to Dr using CTS Guidelines



O'Donnell DE, et al. *Can Resp J* 2008; 15:1A-8A.

Recommendations for optimal pharmacotherapy in COPD

MILD → MODERATE → SEVERE		
	Infrequent AECOPD (<1year)	Frequent AECOPD (≥ 1year)
SABD prn ↓ Persistent Dyspnea LAAC + SABA prn or LABA + SABD prn	LAAC or LABA + SABA prn ↓ Persistent Dyspnea LAAC + LABA + SABA prn ↓ Persistent Dyspnea LAAC + ICS/LABA* + SABA prn	LAAC + ICS/LABA + SABA prn ↓ Persistent Dyspnea LAAC + ICS/LABA + SABA prn ± Theophylline

*Refer to lower dose inhaled corticosteroid/long-acting beta$_2$-agonist (ICS/LABA)

AECOPD: Acute exacerbations of COPD; **ICS:** Inhaled corticosteroids; **LAAC:** Long-acting anticholinergic; **LABA:** Long-acting beta$_2$-agonist; **prn:** As needed; **SABA:** Short-acting beta$_2$-agonist; **SABD:** Short-acting bronchodilator

Reference:

- *O'Donnell DE, Hernandez P, Kaplan A, et al. Canadian Thoracic Society recommendations for management of chronic obstructive pulmonary disease – 2008 update – highlights for primary care. Can Respir J. 2008 Jan-Feb; 15(Suppl A): 1A–8A.*

eDucate™
www.educatehealth.ca

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Action Plans

My COPD Action Plan _____ Date _____
Patient's Copy (Patient's Name)

Canadian Respiratory Guidelines

COPD
Treatable. Preventable.

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

_____

My support contacts are _____ and _____
(Name & Phone Number) (Name & Phone Number)

My Symptoms	I Feel Well	I Feel Worse	I Feel Much Worse URGENT
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for **at least** 2 days. *Yes* ☐ *No* ☐	My symptoms are not better after taking my flare-up medicine for 48 hours.
I feel short of breath.	When I do this: _____ _____	OR More short of breath than usual for **at least** 2 days. *Yes* ☐ *No* ☐	I am very short of breath, nervous, confused and/or drowsy, and/or I have chest pain.
My Actions	**Stay Well**	**Take Action**	**Call For Help**
	I use my daily puffers as directed.	If I checked 'Yes' to one or both of the above, I use my **prescriptions** for COPD flare-ups.	I will call my support contact and/or see my doctor and/or go to the nearest emergency department.
	If I am on oxygen, I use _____L/min.	I use my daily puffers as usual. If I am **more** short of breath than usual, I will take ____ puffs of _____ up to a **maximum** of ____ times per day.	**I will dial 911.**
		I use my breathing and relaxation methods as taught to me. I pace myself to save energy.	**Important information:** I will tell my doctor, respiratory educator, or case manager **within 2 days** if I had to use any of my flare-up prescriptions. I will also make follow-up appointments to review my COPD Action Plan twice a year.
		If I am on oxygen, I will increase it from ___ L/min to ___ L/min.	

Notes:

THE LUNG ASSOCIATION L'ASSOCIATION PULMONAIRE

CANADIAN THORACIC SOCIETY SOCIÉTÉ CANADIENNE DE THORACOLOGIE

Produced in collaboration with the COPD & Asthma Network of Alberta (CANA). The Canadian Thoracic Society (CTS) acknowledges the past contributions of Living well with COPD and the Family Physician Airways Group of Canada. PART 1 OF 2

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“Flare Up” Prevention

Hand Hygeine
Oral Hygeine
Sinus Infections
Vaccinations
Avoidance
Acid Reflux

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Smoking Cessation

Discuss NRT
Champix- pharmacare funding
Addiction Services “Quit Smoking Program”
Discuss:

- increased cough= normal
- Managing withdrawal symptoms
- Avg 15-30 attempts

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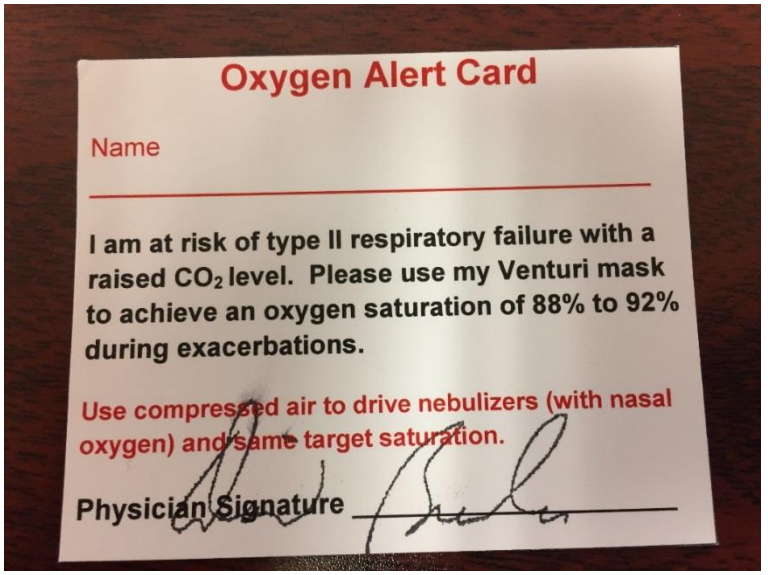
Oxygen Alert

Review ABG and discuss CO2 retention

EHS SPP enrolment



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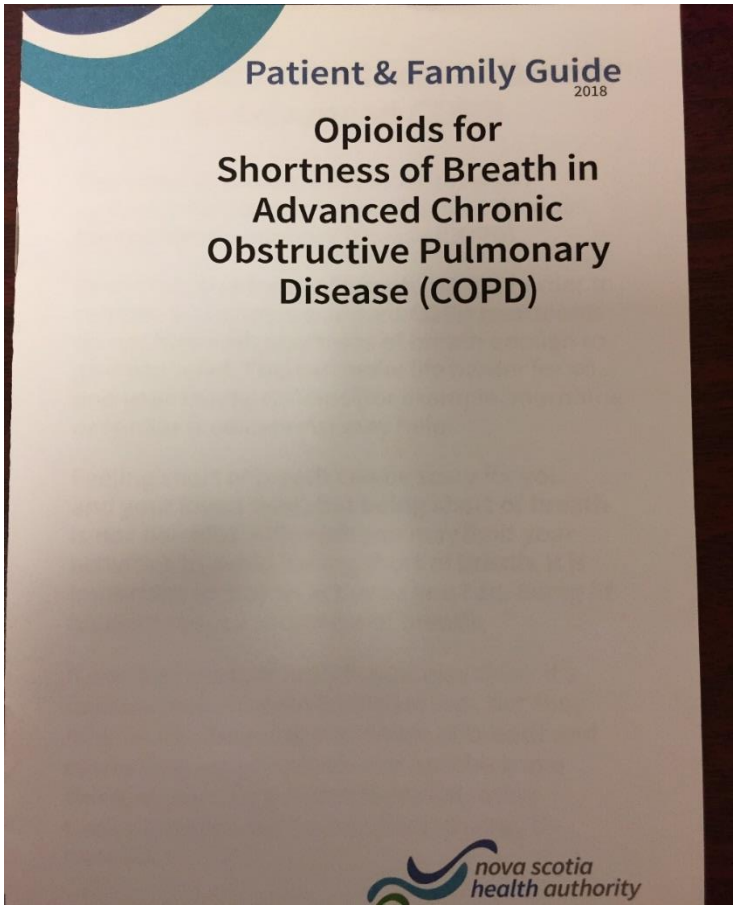
Opioids for Chronic Dyspnea

- Opioids affect the parts of the brain that deal with emotions like fear and anxiety.
- They can change the way a patient experiences SOB.
- This can be done with opioid doses that are much lower than what is needed to control pain. (For example, 1 mg of morphine syrup is similar to 1/4 of a Tylenol® with Codeine No. 3).
- Opioids may help a patient feel SOB less often and make the feeling less intense.



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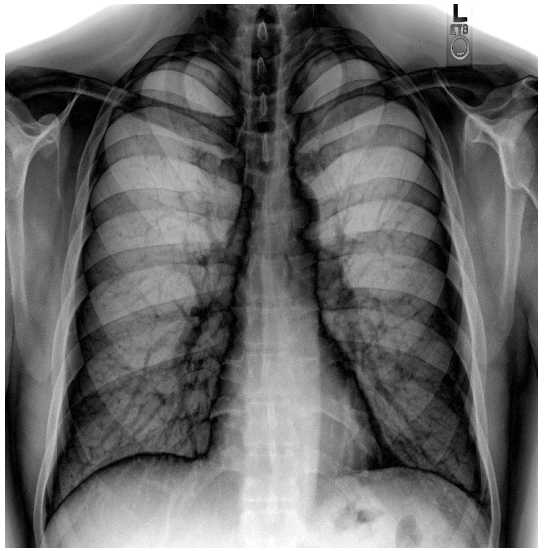
Access to Hospital Resources

Lab results (ABG/ sputum/ etc.)
Imaging results (CT/ x-ray)
Dr reports



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Referrals to other resources

- Expedite Respirology Referrals
- Pulmonary Rehabilitation Program
- Home Care
- Home Oxygen
- Palliative Care
- Dietary Consults
- Community based physiotherapy and occupational therapy consults
- EHS Community Paramedic Program (CPP)-CBRM

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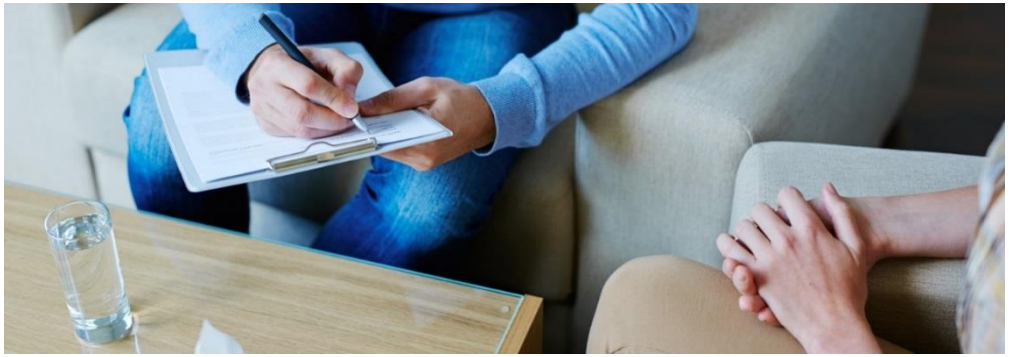
Advance Care Plan Facilitator Visit

Typically consists of 2 visits where we discuss:

- Strategies to cope with stress and anxiety
- Provide supportive and resource counselling
- Discuss/complete Advanced Care Plan
  - Copies to family physician
  - Copy to medical records
  - Copy to patient & whoever else the patient requests
  - Enrole patient with EHS Special Patient Program



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How does the INSPIRED team offer continued support after routine home visits are completed?

- The patient and family have access to team support during work hours (Mon-Fri 8-4)
- Routine phone follow-ups for the first year (can lead to extra home visits)
- If the patient has an ED visit or is readmitted they will receive a phone call &/or a home visit

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"Out of all the resources & programs, this is the one that was most helpful and understood what was needed for my father"

"Why have I never been told this before"

"What all healthcare should be"

Just knowing I have your support has made my breathing feel easier

"YOU ARE MY ANGEL"

"Best thing that has ever happened to me!"

"thank you for finding me in the cracks of the healthcare system"

"A life saver! I would have been in & out of hospital without it"

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Questions or Clarification

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