RESPIRATORY HEALTH STRATEGIC CLINICAL NETWORK

Alberta Health Services

June 2016

Mission:

"The Respiratory Health Strategic Clinical Network (RHSCN) will facilitate optimal respiratory health through implementation of innovative, patient-centered, evidence-informed and coordinated services."

"Patients [with Idiopathic Pulmonary Fibrosis (IPF)] do not have a voice in our system because they are too breathless to speak."

- Darlene, Family Advisor (page 3)

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"Commended for having numerous order sets that provide harmonization and standardization of care."

—Accreditation Canada Surveyor, May 2016

A message from RHSCN Leadership

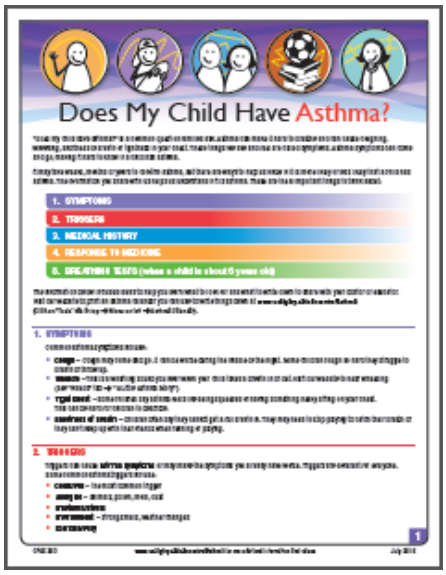
We would like to acknowledge our respiratory medicine community for their very successful Accreditation in May, which marked the first time that respiratory related charts were reviewed for medicine, ambulatory care and home care services. Accreditation Canada Surveyors were impressed with our level of preparation across the province and there were many positives noted in all 14 sites. Important deliverables over the last quarter include:

- Successful implementation of our first phase to mitigate Air Oxygen Misconnects
- Delivery of the first quarterly Q&A teleconference to support frontline clinicians' sustainability of the Alberta Childhood Asthma Pathway practices
- Development of a provincial pharmacy tool supporting Asthma education
- Dissemination of a primary care needs assessment survey for diagnosis and management of Obstructive Sleep Apnea
- Prioritization of quality improvement opportunities related to lung function testing

—Dale, Shelley, Jim, Eileen, Mike, Maria, Lesly, Tracey, Bailey & Liz.

New & Improved Resources:

"Quality is never an accident. It is always the result of intelligent effort." — John Ruskin



"Does My Child Have Asthma?"

A group of Physicians and Certified Respiratory Educators who work together to support pediatric asthma patients and their families by providing asthma education and spirometry, known as iCAN (Control Asthma Now) has launched a new tool for parents, **"Does My Child Have Asthma"**.

The tool provides families with appropriate information to learn about asthma, and the triggers and symptoms that may present. These details can then be more easily shared with their physician or asthma educator to assist in the appropriate diagnosis of Asthma.

Alberta Quits

To better serve those accessing the Tobacco Reduction Program (TRP), Alberta Quits has implemented several new engagement tools, including increased mobility functionality, and an updated 'Quit Plan'. Edits to the Quit Plan were based on patient suggestions to improve its access.

Optimizing Health for Patients with COPD

Our COPD Working Group has several projects identified, all working toward better care for patients living with COPD. One is the provincial spread of the Admission Order Set for patients admitted to hospital with an acute exacerbation of COPD. This work aligns closely with another project of the COPD Working Group, which focuses on a COPD Discharge Package; testing of this package is funded by Alberta Innovates.

The COPD Order Set project has recently received funding to provide enhanced support for provincial implementation and evaluation. This important work has been prioritized by the COPD Working Group and compliments the organizational priority identified last year—to develop a patient focused 'end to end' Clinical Pathway for Albertans with COPD.

Look to your colleagues on the COPD Working Group for additional information, or send questions to COPDPathway@ahs.ca.

Patient Voice: Dave's Story

Darlene, a Family Advisor for our Core Committee came to us to share her late husband Dave's story, to make a difference for patients who are unable to speak for themselves. "Patients with Idiopathic Pulmonary Fibrosis (IPF) do not have a voice in our system because they are too breathless to speak," she notes. IPF is one of the 200 related lung diseases that leave patients in similar circumstances.

After being short of breath for 2 years, multiple physicians and several diagnostic tests, Dave was referred to the Interstitial Lung Disease (ILD) Clinic where he was diagnosed with IPF. Today, Darlene is grateful for a team-approach at the ILD Clinic. She believes their access to a Case Manager (a Respiratory Therapist), Physiotherapist (and assistant), Physician and Home Care Team is what made it possible for Dave to live the life he wished. Having the doctor make home visits was crucial in meeting Dave's expectations – to live at home and live life to the fullest. This team-based care and the easy to follow action plans they provided is what Darlene attributes to the 4-5 ED visits and hospital admissions they avoided. She also believes it was this approach that enabled Dave to attend events and maintain his independence. Dave was fortunate to attend his niece's rodeo event and the day before he died, he was able to attend a hockey game.

> **"A team-based approach eliminated four to five ER visits and hospital admissions."**
> **—Darlene**

Darlene is forever grateful for the care Dave received and feels they are the luckiest people for receiving this level of care. Wishing to give back, in addition to being on our Respiratory Health SCN, she is an IPF support Group Lead and interacts with patients and caregivers. It is in this role that she's learned the care her husband received was an exception and not the norm.

The only hope of survival after receiving this type of diagnosis is a lung transplant. Given that only 5-10% of those diagnosed will receive a transplant, a diagnosis of such is a death sentence. It is this reality that makes end of life care so very important. It was in the last 9 months of Dave's life where home care really became involved in partnership with the physician and care team. If there is one suggestion Darlene could make to better care, it would be patient specific treatment. "The home care team had never worked with someone with IPF, and did not understand that neither a nebulizer nor exercises would allow him to breathe easier. Fortunately, the physician was able to prescribe combinations of medications that would calm his breathing either preventatively or in a crisis."

For more information about Idiopathic Pulmonary Fibrosis.

For more information about a lung transplant patient who founded the "2nd Chance Trail Ride" after receiving the lung transplant that gave him a 2nd chance.

Your Voice Makes a Difference

Currently, our Scientific Office is completing an Environmental Scan of Respiratory research activity in Alberta. The SCN's areas of focus include COPD, Asthma, Tuberculosis, Cystic Fibrosis, Lung Cancer and Interstitial Lung Disease.

It is patient stories such as Dave's above and the impact on their families, that remind us how important this work is.

Message from Dr. Verna Yiu

Healthy Albertans. Healthy Communities. Together.

Interim AHS President and CEO

An excerpt from April 25, 2016:

"I can assure you the Health Plan and Business Plan contains no curveballs. It's built on a conviction I've shared with you before — that if we concentrate on quality; savings will follow. We know this to be true. Our Strategic Clinical Networks (SCNs) have developed many care pathways that are improving the care we deliver to patients and, by doing so, we're avoiding downstream costs by reducing readmission rates and hospital lengths of stay. I encourage you to learn more about some of these exciting projects, such as Enhanced Recovery After Surgery, a chronic kidney disease pathway, and a childhood asthma pathway."

AHS cares

AHS has officially implemented our new values, please see Dr. Verna Yiu's new blog series, At the Core, for more information on our five refreshed values as well as other key messages from our new President and CEO.

Did You Know…Nebulizer Use Requires a Point of Care Risk Assessment?

Much appreciation to all sites for your attention to adapting and putting air flowmeters into inventory control. Our multi-component provincial plan to mitigate air & oxygen misconnects continues with a provincial therapeutic interchange for nebulized medications. Beginning as early as January 2017, certain medications will be delivered using metered dose inhalers with plastic spacers rather than nebulizers. This delivery method is safer, at least as efficacious, causes fewer side effects, and is considered best practice both in the literature and in many jurisdictions. Several sites across Alberta have previously initiated this practice successfully, however there is no standardized approach or dosage interchange across the province. The proposed plan would clearly indicate when nebules remain appropriate, and would provide standardized provincial dosage interchanges. Please watch for opportunities over the summer and/or contact us to provide input on key aspects of this proposed plan.

Contact Us:

If you wish to learn more, visit our website at:
Respiratory Health SCN

To become more involved, please contact us via email at:
RespiratoryHealth.SCN@ahs.ca or telephone via:
Jim Graham at 403-943-1391 or
Bailey Jacobsen at 403-910-1603

Announcements

⇒New Core Committee Members:

◊Marcy Speers
—Manager, Respiratory Therapy, Royal Alex Edmonton

◊Sandra Beida
—Manager, 2N/ICU, Respiratory, Cardiology Grande Prairie