

# Respiratory Health SCN™

Newsletter January 2018



*"It's a New Year. A perfect opportunity to do something new, something bold, something beautiful!" – Unknown*

## Greetings:

Greetings from me, Jim Graham, Executive Director for the Respiratory Health Strategic Clinical Network (RHSCN). A number of exciting things happened over the second half of 2017, but none more gratifying than the recent release of the new standards for sleep medicine accreditation from the College of Physicians and Surgeons of Alberta. These standards set a high bar for sleep medicine in Alberta, and our very own Sleep Disorders Working Group was instrumental in creating these in collaboration with many stakeholders. Sleep care provincially will benefit greatly and patients and families can be confident that all sleep treatment areas in the province will be judged to the same standard. Congratulations to Co-Chairs Dr. Sachin Pendharkar and Ms. Roberta Dubois, and all members of the Sleep Disorders Working Group!

The calendar has turned, and 2018 looks to be another great year for the RHSCN™. One of our signature projects involves Netcare and access to the results of Pulmonary Function Tests (PFT). Soon providers across the province will have PFT results at their fingertips, improving diagnosis and treatment plans. A new working group will soon be launched that will look at airways diseases across the continuum - with a focus still on asthma and Chronic Obstructive Pulmonary Disease, with a mandate to look at other airways diseases. Finally, work continues on a standardized vision for oxygen administration with a focus on appropriate use of oxygen treatment.

We are excited the upcoming year and we look forward to working with our dedicated clinicians and new partners throughout the year.

- Jim Graham.

## Mission Statement:

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

## Research Prioritization Survey

The RHSCN™ has launched a survey to find out about questions you have about respiratory disorders and sleep disorders. By telling us about your experiences, you can help direct research dollars to answer the questions that matter most to you.

Take the [survey](#)



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## A Visual Snapshot of Our Work

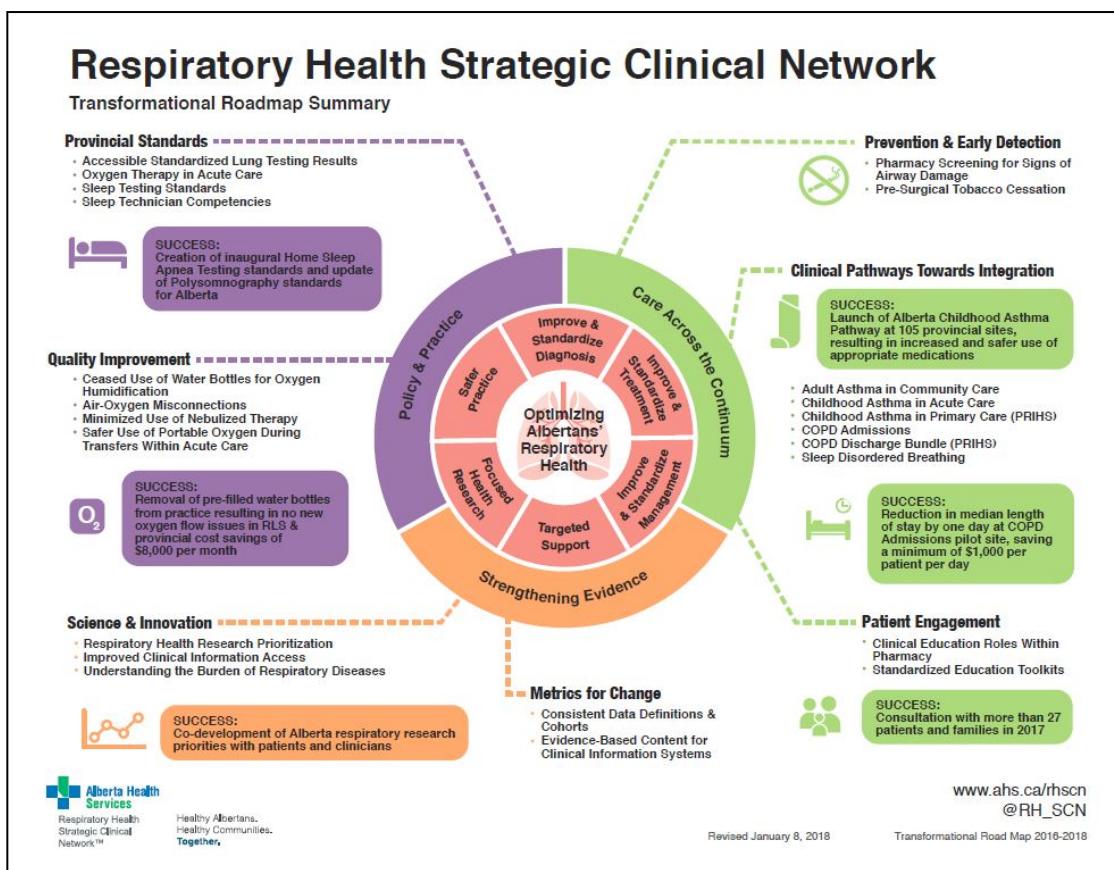
Our network had the opportunity over the summer to create our first [official infographic](#). In December, we had the opportunity to engage our Care Committee in reusing our infographic. Stay tuned for version 2.0.

### Dean's Story (page 3)

**"They [Corticosteroid inhalers] are the reason I am here today."**



Dean's Story



## National Respiratory Care & Education Conference

The Canadian Network for Respiratory Care (CNRC) held its biennial national conference in Calgary this November.

**ACO Notables:** Twenty percent (20%) of those with either Asthma or COPD also have some element of Asthma COPD Overlap (ACO). While previously

called Asthma COPD Overlap Syndrome (ACOS), the preferred term is now ACO. Those with ACO have poorer quality of life, experience more symptoms, and are quicker to exacerbate than those with either disease alone. In the future, we look forward to better defining ACO (there are 7 differing published definitions) and knowing more about how best to treat it.

**Allergy Notables:** Dr. Harold Kim presented the latest evidence on food allergy, suggesting that earlier introduction of food at 3-4 months of age seems to curb development of allergic response. Peanut allergy is the leading cause of death due to anaphylaxis; *Bamba* is a soft peanut snack available in Canada that has been used successfully elsewhere.

## Contact Us



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## Canadian Respiratory Guidelines

Though the Canadian Respiratory Guidelines website is currently under construction, visit the link for all current [Practice Guidelines](#), [Standards](#) and [Position Statements](#).

## Dean's Story

### Before and After Inhaled Corticosteroids

We recently welcomed Dean to our provincial Asthma Working Group. Dean in his own words is a "life-long asthma sufferer". Dean looks at his asthma both before and after medications. He began corticosteroids at the age of 12, which he attributes as the reason he is here today.

Following a lecture his parents attended on asthma treatments, his mom worked diligently with the healthcare team to get his medications right.

After joining our network, Dean heard about the Alberta Asthma Action Plan (AAAP) for the first time and was surprised to learn that such a management tool existed. The Asthma Working Group learned from and applied Dean's perspectives to update the latest version.

The goal is to ensure that all Albertans with Asthma have the support to self-manage their condition and live the most active life possible.



Alberta Asthma Action Plan –  
Updated 2017 Version

## On behalf of Bailey Jacobsen: Thank You!

Nearly three years ago, I joined the Respiratory Health SCN. During that time, I had the opportunity to work with many members of the respiratory community and I'm not sure you can find a better group of people. I leave the network for an exciting opportunity as a part of the Information Technology team. I know I wouldn't have been ready to take this leap without the encouragement and support the network and its members provided.

Thank you all for a wonderful three years and I hope our paths will connect again in the future.

## Welcome!

We would like to welcome Krista Ortman, our new Administrative Assistant. Krista comes with several years of Administrative experience supporting a variety of positions from vice presidents & sr. medical directors to managers. She has worked in healthcare for both the Vancouver Island Health Authority and for Alberta Health Services.

Krista is excited to work with the clinicians and members of the Respiratory Health SCN™. Being involved in an organization and team that has positive outcomes for the community is important to her.

Krista can be reached via email at: [krista.ortman@ahs.ca](mailto:krista.ortman@ahs.ca)

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Edmonton Pulmonary Fibrosis Association receive declaration from Health Minister, Honourable Sarah Hoffman

## Edmonton Pulmonary Fibrosis Association

### September Success

Darlene, a valued Patient and Family Advisor, shared her late husband Dave's story about his journey with pulmonary fibrosis. Using her experience and passion, she and others have created the Edmonton Pulmonary Fibrosis Association to support other patients and families.

This summer over 40 members participated in the Lung Association Walk/Run. In September the Honourable Sarah Hoffman, Minister of Health, declared September 'Pulmonary Fibrosis Month' across Alberta.



The group continued their momentum with several more events in the Edmonton area including:

#### September 11:

CTV Interview

#### September 12-14:

Information Table at University of Alberta

#### September 27:

2017 IPF Patient Forum in Edmonton



Thank you for your hard work and your dedication to patient and family centred care.

## Therapeutic Interchange

### Spacers

As of March 1, 2017, there is a provincial therapeutic interchange (TI) in effect to support safer and more effective delivery of certain respiratory medicines. Patients should generally now receive their inhaled therapy through the use of Metered Dose Inhaler with spacers rather than nebulizers.

This work was led by the Respiratory Health Strategic Clinical Network, Health Professions Strategy and

Practice (HPSP), and Provincial Pharmacy Services, in response to safety concerns brought forward by the Quality Safety Outcomes (QSO) Executive Committee. A provincial recommendation for spacer selection supports the safest and most effective patient care.

Spacers should include all of these three properties:

3. A flow signal whistle, to support proper technique by helping to ensure correct inspiratory flow rate.

For a copy of the Spacer Decision Support Guideline, please contact us at [respiratoryhealth.scn@ahs.ca](mailto:respiratoryhealth.scn@ahs.ca).

1. A one-way valve, to help prevent loss of the medicine before inhalation by the patient.

2. Anti-static properties, to assist with maximal possible delivery of the dose.

