

Hit The Ground Running: Improving Access To Pulmonary Rehabilitation



Case for Change

COPD is very debilitating and places an enormous burden on patients, their carers and families. In Australia it is the second leading cause of preventable hospital admissions (Glover et al 2007). In 2016 there were 465 admissions to Coffs Harbour Health Campus (CHHC) for exacerbation COPD, with average length of stay 5.4 days and average cost per admission \$7951.

There is robust evidence that Pulmonary Rehabilitation (PR) reduces COPD exacerbations and improves breathlessness, health-related quality of life and functional exercise capacity (McCarthy et al, 2013). It has also been shown to decrease COPD hospital admissions and average length of stay; for each four patients who complete PR, one COPD hospital admission will be avoided (Puhan et al, 2011).

Therefore, every spot in Pulmonary Rehabilitation is valuable to our COPD patients and valuable to the organisation. If we improve program efficiency and capacity, we will reduce COPD admissions and bed days.



Goal

Pulmonary Rehabilitation is 'usual care' after admission to Coffs Harbour Health Campus for exacerbation COPD.

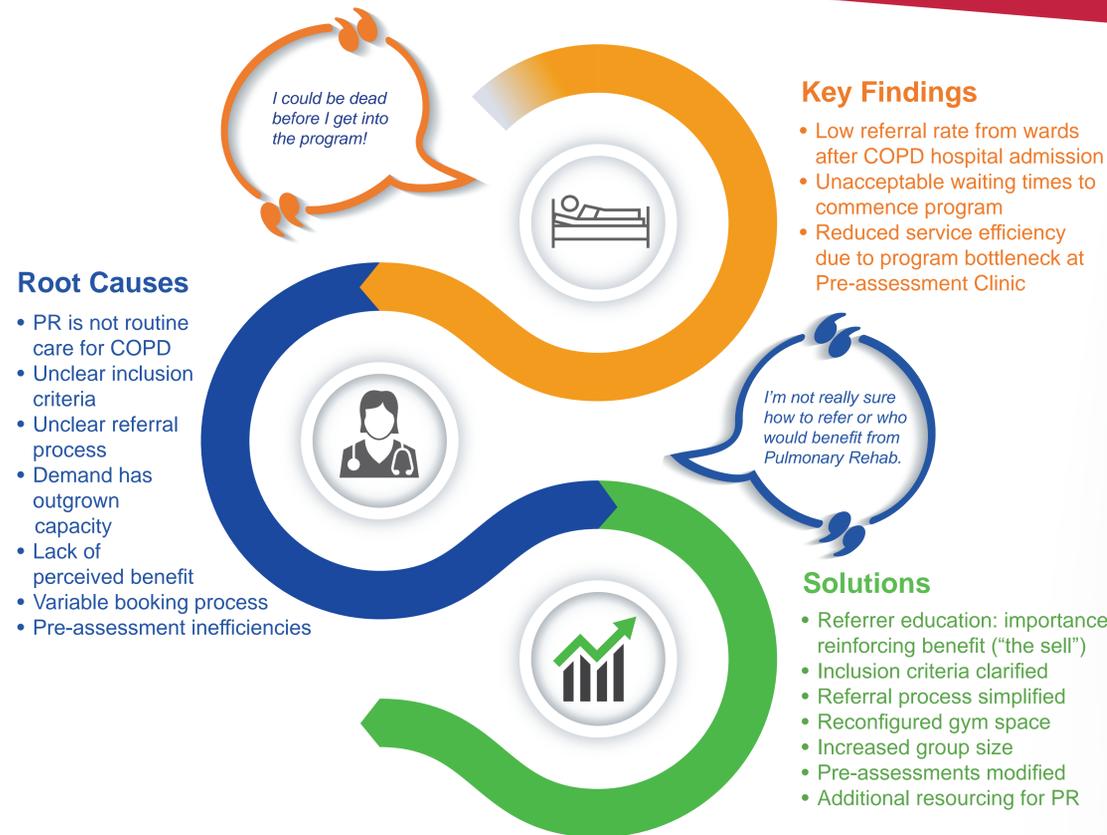
Objectives

- Improve attendance at PR assessment clinic from 77% to 90% by December 2017
- Increase PR service efficiency from 61% to 70% by July 2018
- Increase referrals after CHHC COPD admission from 13% to 50% of suitable patients by July 2018
- Increase the annual number of people completing the CHHC PR program from 55 to 105 by December 2018

Method

This project followed the ACI Clinical Redesign Methodology and utilised a wide range of methods including:

- Patient interviews (n=30)
- Staff interviews (n=22)
- Patient file audits (n=129)
- Data analysis
- Process mapping
- Brainstorm, voting, "Six hats"
- Benchmarking
- Site visits
- Literature review
- Root cause analysis



Sustaining Change

- Referral practices will be monitored and refined as needed
- Regular feedback will be provided to referrers (referral numbers, program outcomes)
- Solutions to improve program efficiency will be embedded as usual practice
- Targets developed for this project will continue to inform program delivery
- Links established with Executive staff, North Coast Primary Health Network, Clinical Data Analyst and Medical Records Department will be maintained

Next Steps



- Transfer program efficiency solutions across to additional PR group commencing in January 2018
- Recommend electronic referrals from inpatient wards to community services in future eMR upgrades.
- Monitor program waiting times and advocate for additional PR program capacity as necessary

Interim Results Aug-Oct 2017

These results indicate that project efficiency targets are achievable.



Referrals from the wards

Increased from 8 (in Aug - Oct 2016) to 40



Pre-assessment Clinic attendance

Increased from 77% to 97% reducing "lost" clinician time from 15 hours per month to 1 hour per month



Program Occupancy Rates

Increased from 52% to 80%

Full evaluation in December 2018 will measure the following:

- Pre-assessment Clinic attendance (Target = 90%)
- Group occupancy (Target = 85%)
- Service efficiency (Target = 70%)
- Referral rate for suitable patients after admission to Coffs Harbour Health Campus for exacerbation COPD* (Target = 50%)
- Annual number of patients completing Pulmonary Rehabilitation (Target = 105)

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