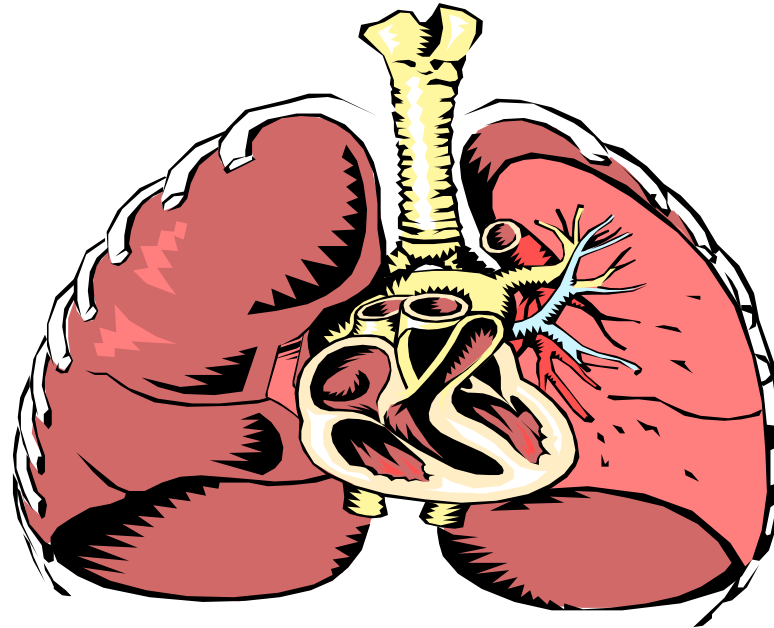


# COPD SERVICE

## Making A Difference



**Deirdre Morgan, Respiratory Specialist Nurse**



**Southern Health  
and Social Care Trust**

*Quality Care - for you, with you*

# Our COPD Journey

- SHSCT COPD team and the service provided
- Regional drivers for COPD service development
- Case study
- Outcomes
- Questions?



# Southern Health & Social Care Trust

Map of N.I showing the Southern Health and Social Care Trust.



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Southern Health and Social Care Trust

- Population 355,000
- Rural Geographical Area
- 6200 of population with COPD
- 347 active clients known to community COPD teams 30/09/2012.



Southern Health and Social Care Trust

# Community COPD Team

Each team consists of:

- Respiratory Specialist Nurse Band 7 x1.0 wte
- Respiratory Nurse Band 6 x 0.53 wte
- Respiratory Specialist Physiotherapist Band 7 x1.0 wte
- Respiratory Physiotherapist Band 6 x 0.53 wte
- Rehabilitation Support Worker Band 3x 0.8 wte
- Clerical Support Band 3 x 0.5 wte



# Strategic Drivers

- Transforming Your Care 2012
- Respiratory Framework 2010
- NICE/British Thoracic Society Guidelines
- Living Matters Dying Matters, Palliative and End of Life Strategy 2010
- Local PFA Targets



# Transforming Your Care

**Transforming  
Your Care**

**Integrated care  
partnerships, self  
management  
assisted by  
teletechnology**

**Home is the  
Hub**

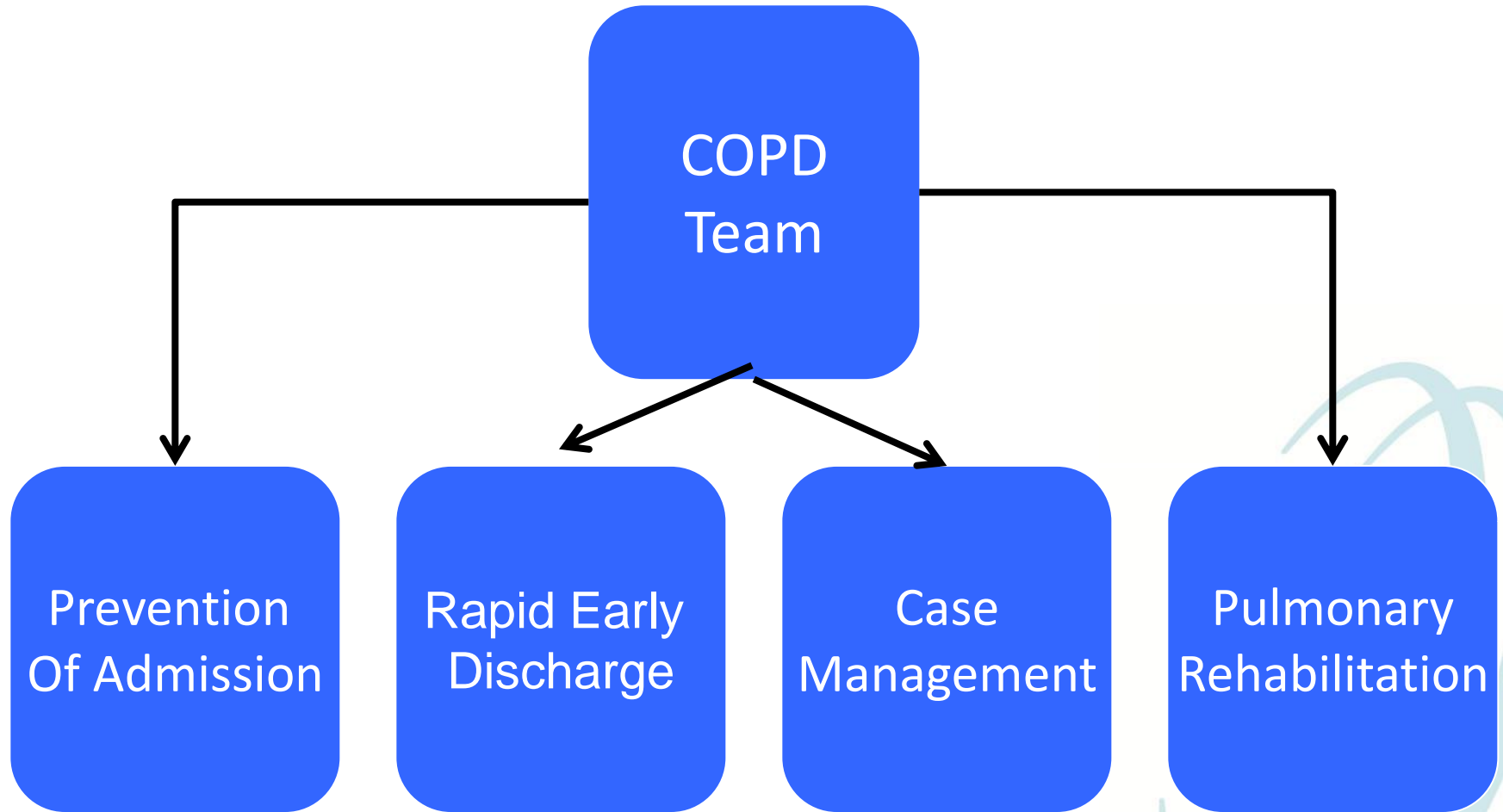
**Supporting People  
with Long Term  
Conditions**

**Individualised  
care and  
reducing  
length of  
hospital stay**



**Southern Health  
and Social Care Trust**

# Strands of the Service



# Who Uses The COPD Service?

- COPD (Moderate & Severe)
- Interstitial Lung Disease
- Bronchiectasis
- Sarcoidosis
- Advice & Support Neurological conditions





# Who refers to the service?

- Patient
- Carers
- GPs
- Practice Nurses
- Consultants
- Acute Respiratory Nurses
- Emergency Department
- Allied Health Professionals
- Other Community Teams



# Prevention Of Admission

- Patient managed at home by a specialist team with close links to GP practices and Respiratory Consultants
- Seen within 1 working day
- Open contact for patients with individualised self management plans
- Remote Tele-health Monitoring
- Risk Stratification



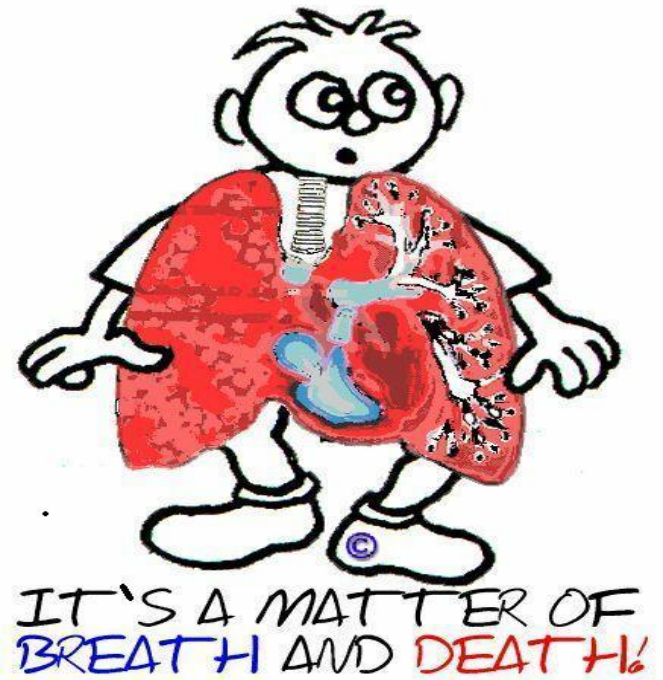
# Process for Managing patients at home

- Multi-disciplinary assessment
- History of Present Condition
- Past Medical History
- Social History
- Medication/Inhalers/Nebulisers Review
- Smoking Status
- Oxygen Status/Need



# Assessment

- Clinical Observations
- Physical Assessment
- Mobility function
- Exercise capacity
- Subjective/Objective measures



# Treatment Intervention

- Medication Initiated
- Nebuliser loan if required
- Oxygen Therapy
- IV Therapy
- Close monitoring, with daily visits
- Good Interface with secondary care
- Sputum/Bloods obtained
- Physiotherapy



# Factors To Consider When Deciding Where To Manage The Patient

Factor	Favours treat at home	Favours treat in hospital
Able to cope at home	Yes	No
Breathlessness	Mild	Severe
General condition	Good	Poor – deteriorating
Level of activity	Good	Poor/confined to bed
Cyanosis	No	Yes
Worsening peripheral oedema	No	Yes
Level of consciousness	Normal	Impaired
Already receiving LTOT	No	Yes
Social circumstances	Good	Living alone/not coping
Acute confusion	No	Yes
Rapid rate of onset	No	Yes
Significant comorbidity (particularly cardiac and insulin dependent diabetes)	No	Yes
Pulse oximetry SaO <sub>2</sub> <90%	No	Yes

# RAPID EARLY DISCHARGE SCHEME (REDS)

- 14 day scheme
- Referred Via Acute COPD Team
- GP Informed by Discharge Letter
- Patient Managed at Home by Specialist Team
- Close Links with GP Practices





# Case Study

## Present case:

- 58 year old married lady
- Diagnosis COPD

## Past Medical History:

- 2 previous Hospital admissions 2008

## Social History:

- Lives with husband & son
- Bungalow
- Working as support worker
- Independently mobile
- 32 pack year history





# Subjective Assessment

- Gradual onset of symptoms
- Generally malaise
- ↑ Fatigue
- ↑ Shortness Of Breath (SOB)
- Recurrent chest infections
- ↑ Anxiety & Poor Coping Skills



# Objective Examination

- Auscultation: Wheeze,
  - Audible creps L>R bibasally
  - Apical breathing
- 
- ↑ RR 24bpm
  - SP02 86% Room Air
  - Modified Respiratory Classification scale Grade 4



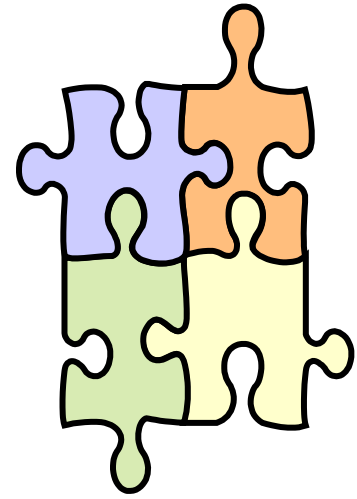
# Problems & Goals

## Problems:

- Bronchospasm
- ↑ Retention of Sputum
- ↑ SOB
- ↓ Exercise Tolerance
- ↓ QOL

## Goals:

- ↓ Bronchospasm
- Aid Sputum Clearance
- ↓ SOB
- ↑ Exercise Tolerance
- ↑ QOL



# Aims of Treatment



- Clear airways of secretions effectively
- ↓ the number of exacerbations/infections
- Improve breathing pattern
- Increase exercise tolerance
- Enhance self Management
- Improve Quality of Life
- Empower the patient to take control



# Treatment Intervention

- Nebulised therapy/Inhaler therapy
- Antibiotics/steroids
- Breathing control / Active Cycle of Breathing Techniques (ACBT)
- Short Burst Oxygen Therapy
- Self Management Plan
- Smoking Cessation Advice and Referral
- Referral to Pulmonary Rehabilitation
- Referral to Chest Heart & Stroke
- Referral to Remote Telehealth Monitoring



# Current Status

- Quality of life
- Psychosocial needs
- More independent
- Better self management
- Awareness and acceptance of condition
- Home visits
- No hospital admissions



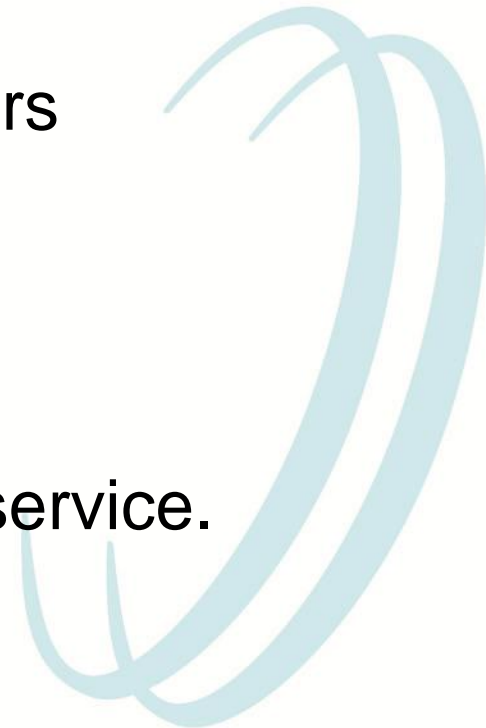
# Outcomes

- Average Length of Stay (SHSCT) from 7 to 5.5 days
- Prevention of Admission by teams 181 patients  
Jan – Sept 2012
- Cost of Bed per day £380.00 approx
- £412,680.00 saved in 9 months
- Remote Telehealth Monitoring 136 patients
- Reduced attendance at GP Practice
- Confident in managing condition



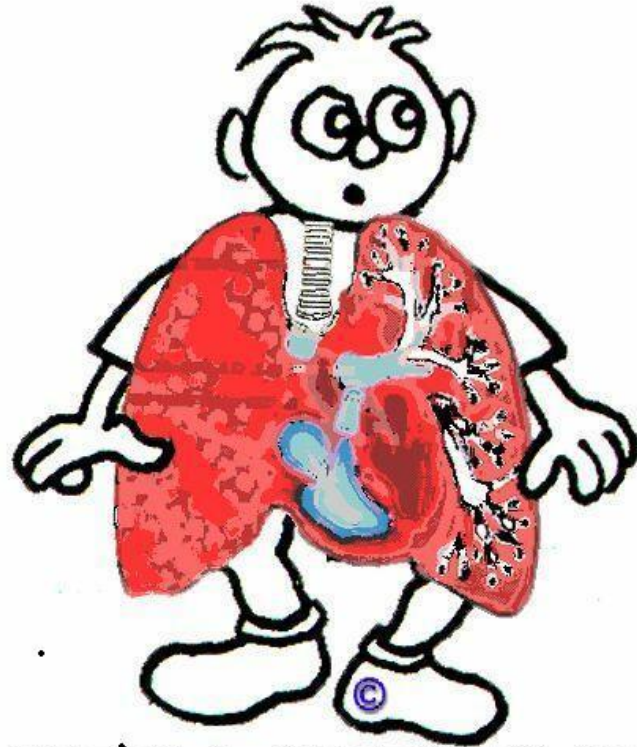
# The Key Criteria for Service Success

- Embed reform for sustainability
- Leadership at all levels in the whole system
- Embrace change to improve service users
- Personal & Public involvement
- Commitment to achieve highest quality service.





# Questions and Answers



IT'S A MATTER OF  
BREATH AND DEATH!



Southern Health  
and Social Care Trust

