Respiratory Service Redesign

Sue Ward – Respiratory CNS
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Hawke’s Bay
Hawke’s Bay Profile

Hawke’s Bay Population by Quintile

Hawke’s Bay Population by Ethnicity

Hawke’s Bay - percentage of the population living in each socio-economic deprivation quintile (NZDep 2013)

Source: University of Otago, Environmental Health Indicators New Zealand

Hawke’s Bay population by ethnicity

Source: NZ Census 2013
What was happening?

- 20% admissions to ED were of a respiratory nature
- Diagnosis was haphazard and reactive to acute presentations.
- Very little guideline led follow up after diagnosis
- Over 600 referrals a year to secondary care for diagnosis
- Average length of stay = 4.84 days (moving average to Nov 2013)
A New Approach was Needed

- Formed a steering group- primary, secondary, PHO, NGO, nursing, medical, Health Intelligence and allied health input.

- Goals.
  - Immediate - remove barrier of access to right services
  - Short term – detection of those at risk, accurate diagnosis, guideline led treatment, education and follow-up, pulmonary rehab for all, decrease length of stay
  - Long term – decrease admission, work towards early supported discharge and admission avoidance
Implementation

- Nurse Led Service driving respiratory management
- Standing orders
- Best Practice guidelines to ensure consistency
- Multidisciplinary team collaboration both within general practice and across services
- Respiratory Nurse Specialist /Educators commitment to primary care
Results

- ALOS down from 4.84 to 3.8 bed days
- Referrals to secondary care for diagnostics down from over 600 to under 100
- All patients have follow up after gaining an ACCURATE diagnosis
- Most patients are offered back pocket scripts
- Quality of life improvements
- Positive feedback from patients and HCPs
- Engagement from ALL
- ACP / smokefree
Decrease in Length of Stay

LOS 2012-2015

Historical Baseline

breathe
HAWKE'S BAY
District Health Board
Whakatane"
With regard to the tasks section of the Long Term Conditions form, which areas do you routinely complete on the first visit? Please tick all that apply.

- Complete care plan
- Arrange SABA prescription
- Refer to pulmonary rehabilitation
- Consider advanced care plan
- Discuss home insulation
- Discuss disability entitlement for WINZ
- Consider Flinders assessment
- Refer to IWI provider
- Enrol in Asthma/COPD support group
- Give green prescription
- Discuss occupational hazards
- Review the inhaler technique
- Provide patient education
- Provide action plan and back pocket script
- Complete the COPD assessment
Outcomes

• 18 Practices have participated, utilising 1566 ‘POC’
• Majority of patients accessing service from quintile 4 & 5
• Low DNA rate – 4%
• Reduction in Length of Stay
• Significant reduction of hospital presentations and referrals
• Increase of referral to Pulmonary Rehab by 300%
• Practice Nurses have taken ownership of the service
• Patient self management evident with improved health literacy
Where to from here?

- Sustainable funding
- Continue to gain accurate diagnosis in primary care – proactive rather than reactive
- Recognise interdependencies eg Pulmonary Rehabilitation, Breathe HB
- Work towards early supported discharge and admission avoidance
Any questions?