

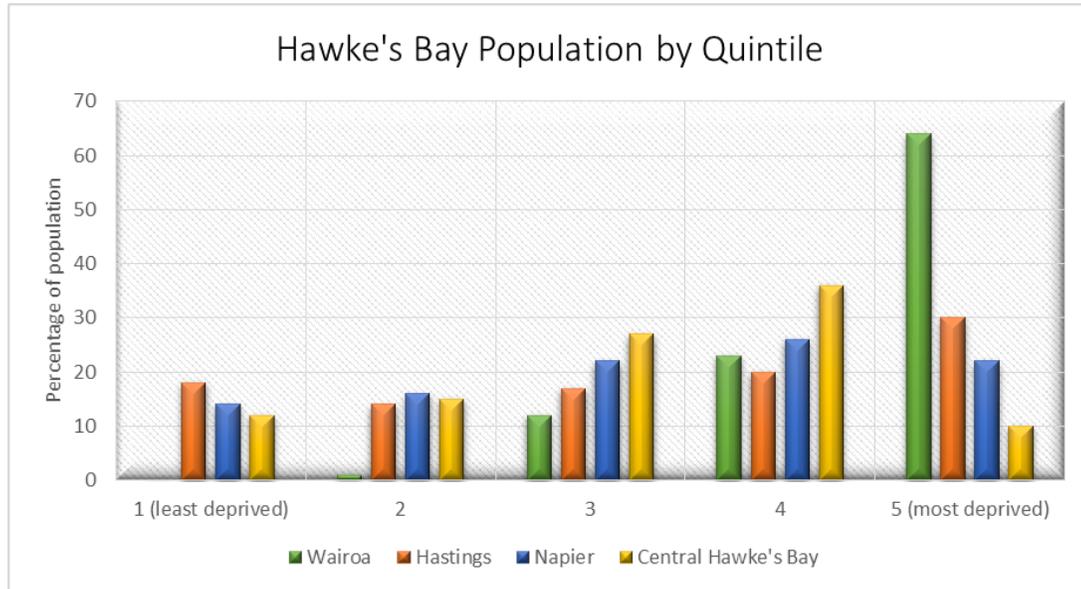
Respiratory Service Redesign

Sue Ward – Respiratory CNS
Julie Shaw – Breathe Hawke's Bay

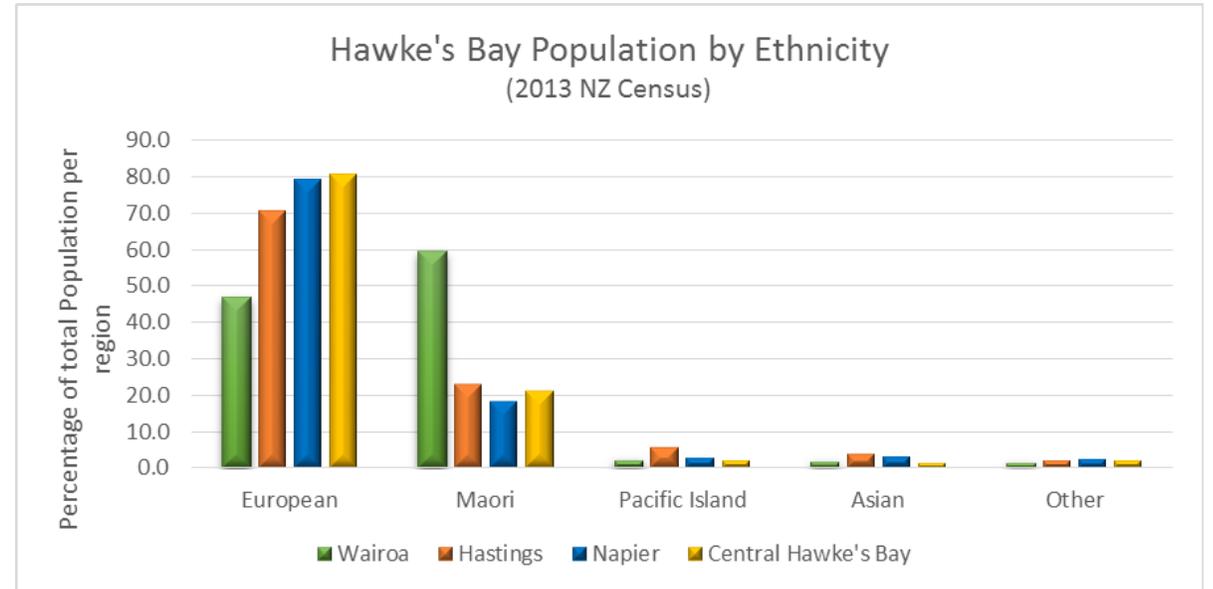
Hawke's Bay



Hawke's Bay Profile



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

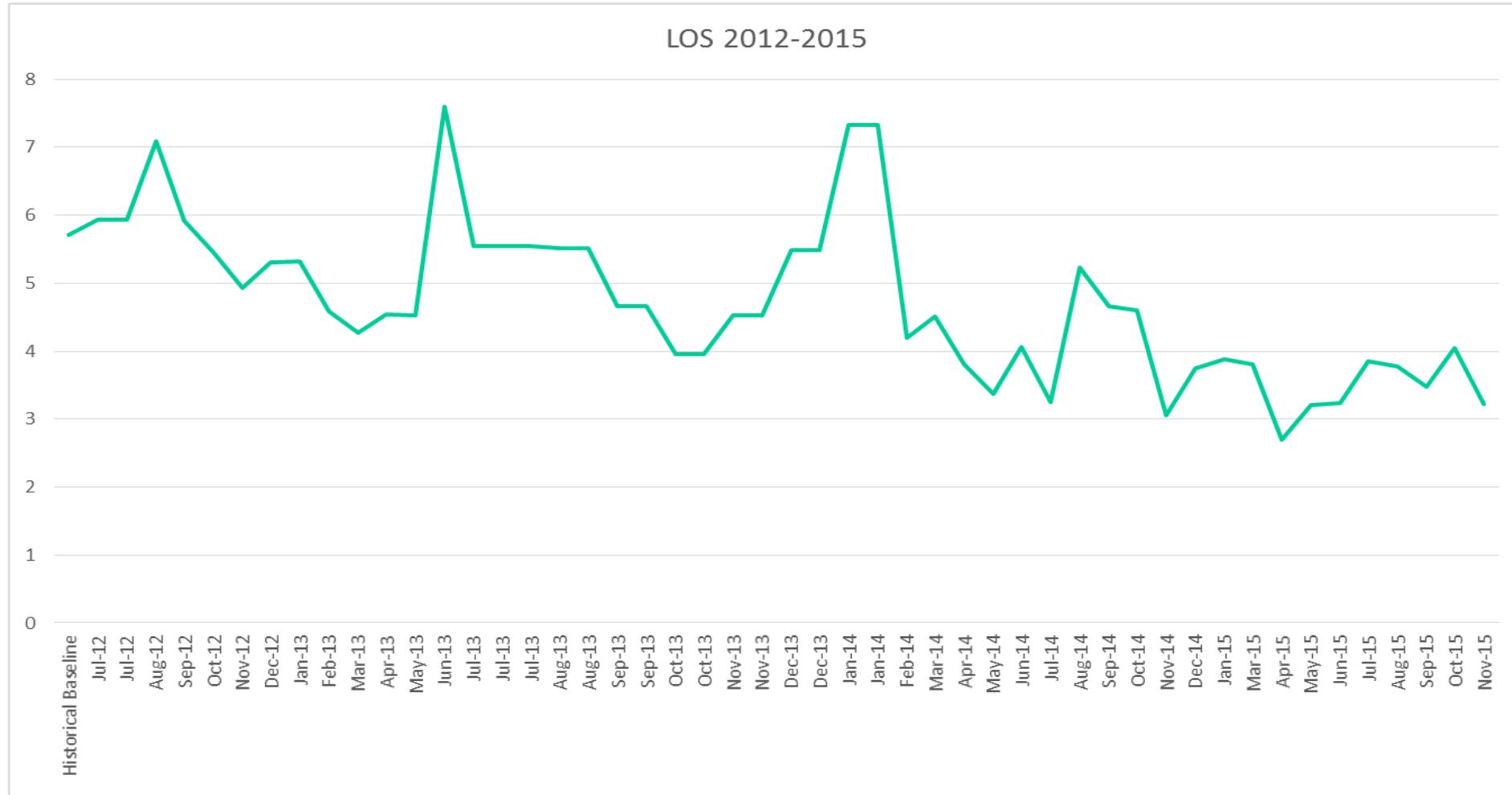
Implementation

- 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

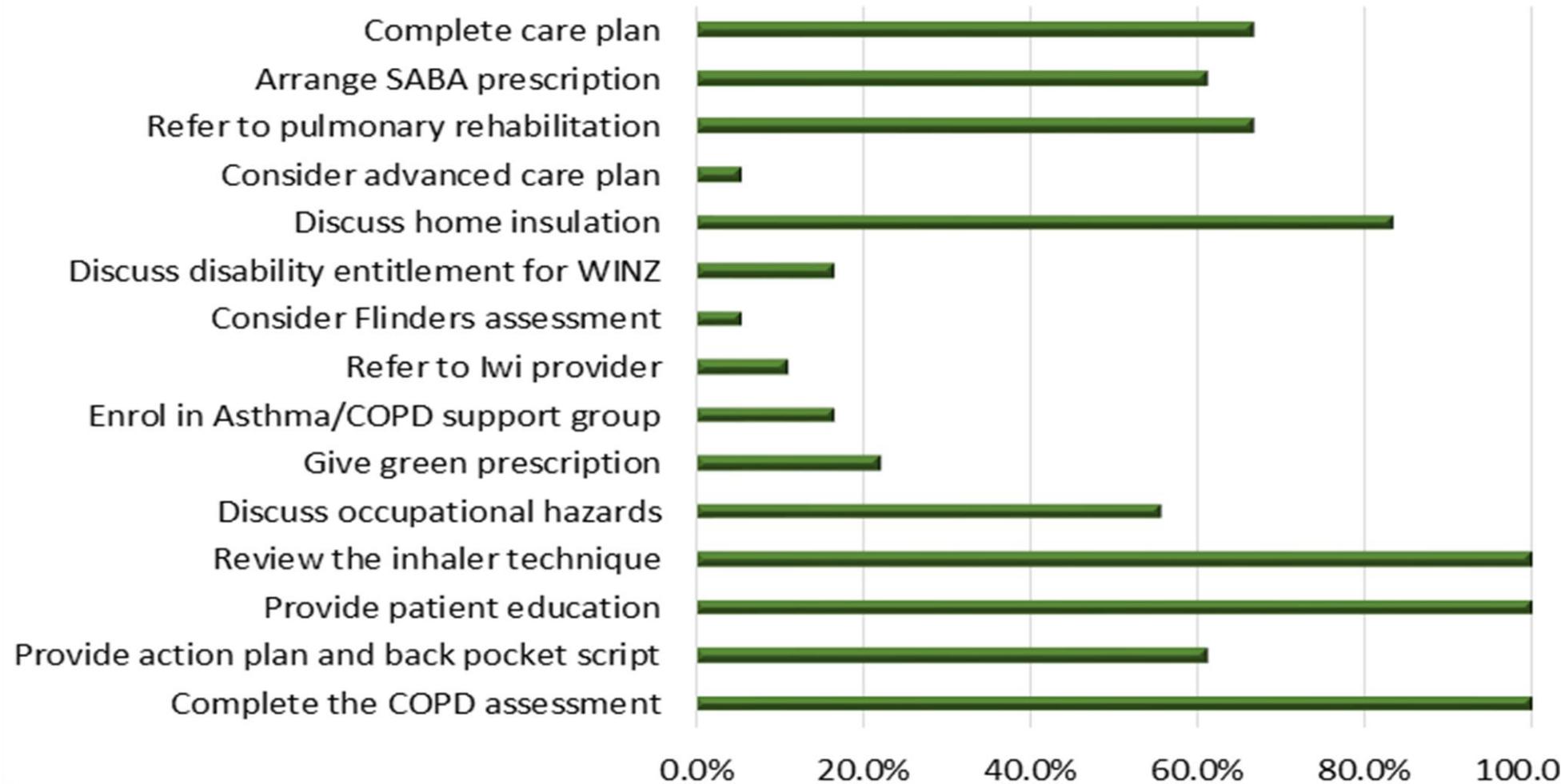
Results

- 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



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.



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?

