

# Respiratory Health SCN™

Newsletter July 2017

## Mission Statement:

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

## Quote of the Month:

“We are only as strong as we are united, as weak as we are divided”

- J.K. Rowling



## A Message from Leadership

Happy 5th Anniversary to the Strategic Clinical Networks™ (SCNs)!

In January 2014, Respiratory Health became the 10th network to join the SCN family. As we reflect on this milestone we have much to be proud of and excited for in the future. Our guiding principles include:

1. Prevention of disease and decreasing specific burdens of illness in Alberta over time
2. Patient outcomes (effectiveness)
3. Patient accessibility and acceptability (Patient satisfaction)
4. Better clinical practices (appropriateness of care)
5. Improved efficiency and reduced provincial variation
6. Improved patient safety
7. Better value for money (will improve sustainability)

Dr. Verna Yiu, AHS President and CEO recently shared, “improvements in the quality of healthcare we provide can be measured in cost savings. The SCNs have made a cumulative impact saving approximately 43,000 bed days or \$28 million”.

We look forward to working together to reach many more milestones and improve care for patients in Alberta.

Thank you to everyone who has and continues to donate their time, energy and expertise.

Respiratory Health SCN™  
Leadership Team



Strategic Clinical Networks™  
Celebrate 5 Years

## In This Issue:

- Asthma Self-Management
- Discontinued Use of Pre-Filled Water Bottles
- Patient’s Voice
- Portable Oxygen
- Senior Analyst, Chantal Kawalilak
- Tobacco Use Taskforce
- Welcome PHCIN
- Working Together



## Senior Analyst

Chantal Kawalilak



We are excited to welcome Chantal Kawalilak to our team in the role of Senior Analyst. Chantal holds a B.Sc. in Biology, Kinesiology (honours), M.Sc. in Kinesiology and a Ph.D. in Kinesiology from the University of Saskatchewan.

She will bring her expertise to our team and will have a primary focus on COPD and Heart Failure with our Clinical Pathway Support Unit.

Chantal shared a favourite quote by Joel Baker, "Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world."



## Discontinued Use of Pre-Filled Water Bottles to Humidify Oxygen in Adults

### Issue



- Risk of misconnection is high
- Use of pre-filled water bottles provides no benefit to adult patients
- Potential for oxygen flow obstruction compromises patient safety

**18**  
**REPORTED**  
[Jun 2011 - Jan 2016]

### Results

**ZERO**



**REPORTED**

[Feb 2016 - Today]

- No operational concerns raised since Mar. 2016
- Zero RLS entries since implementation in Feb. 2016
- Ongoing audits indicate provincial compliance
- Minimum provincial monthly savings of \$8,000 (i.e., product costs)

**Monthly Savings**  
**\$8,000+**

### Resources



TOOLKIT

- Professional Practice Notice
  - FAQs
  - Poster
  - Education Presentation
  - Professional Practice Consultation Service
- Email: [practice.consultation@ahs.ca](mailto:practice.consultation@ahs.ca)

**Questions**

**Contact Us**



- What are the right steps?
- Who do I ask first?
- Where do I go for help?



## Patient's Voice

### Winnie's Story

10 years ago my sleep disordered breathing (SDB) journey began and I still don't feel that I'm receiving proper treatment.

I was caught off guard when my neighbour mentioned she appreciated knowing I was okay when she could hear me snore.

I snored? My grandson who lived with me confirmed this to be true and I would soon go to my first appointment of many.

Since that time, I have struggled with obtaining and following through with testing, treatment, financial support and knowledge around my diagnosis. The process I've gone through has been very disjointed and frustrating. As a patient, I want nothing more than to feel heard, supported and well cared for.

I have heard from others that they have reached success in treating their SDB and I hope to join that group soon.

I'm speaking up because I want to make sure other patients don't have the same experiences I have.

**"As a patient, I want nothing more than to be heard."**

**– Winnie**

[on her Sleep Disorder Breathing Journey]



## Sleep Disordered Breathing

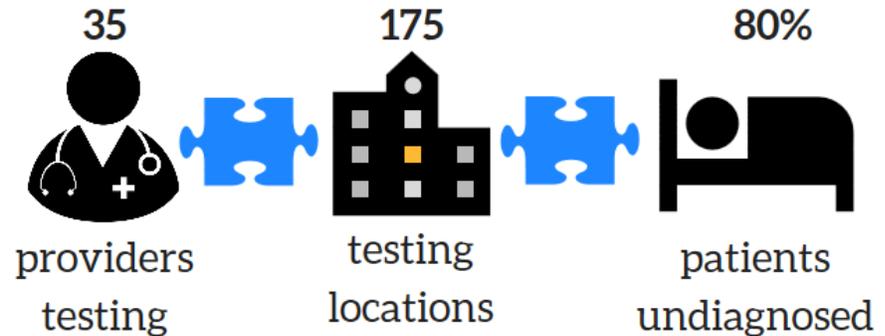
### Working Together

Obstructive Sleep Apnea (OSA) is a common chronic disease with an estimated population prevalence of 10% (about 400,000 Albertans), and evidence suggests that 80% of OSA remains undiagnosed.

OSA is associated with poor quality of life, increased risk of motor vehicle accidents and, in severe cases, increased cardiovascular risk. In addition to these adverse health and public safety consequences, patients with OSA make greater use of the healthcare system. Untreated OSA has irreversible developmental impact on children, and reduces productivity in all ages. Treatment of OSA provides clinical benefit and is cost-effective.

As of May 2017, there are 35 providers offering testing and treatment in approximately 175

## CONNECTING THE PIECES



locations across Alberta. Each of these providers bring something specific and important to sleep disorders care, and we're stronger by working together!

We are presently engaging with patients, private sector partners, front line staff in acute, continuing

care, primary healthcare and Alberta Health to improve the care for all Albertans.

[➤ Get Involved](#)

**TOBACCO**  
DIRECT HEALTHCARE COSTS  
OVER  
**\$470 million**  
A YEAR

## New Working Group

### Tobacco Use

### Taskforce

Tobacco use continues to be the single greatest preventable cause of chronic disease and premature death (World Health Organization, 2001). Tobacco use and exposure to second hand smoke are the most

common risk factor of the four leading causes of death (cancer, chronic lung disease/COPD, heart disease and stroke). Tobacco is responsible for 17% of deaths per year and direct healthcare costs from tobacco in Alberta equals \$470.6 million/year (Baliunas et al., 2007)

This new group led by Darrel Melvin and Doug Kremp will look at a variety of initial priorities: early screening, pre-surgical opportunities and advocating for the reduction of all combustibles.

## Welcome!

A warm welcome to our 15th SCN, the Primary Health Care Integration Network (PHCIN). This launch is exciting as much of our work involves our primary care partners. A mutual goal of bridging the gap from acute care to primary care is aimed at improving care for Albertans.

If your PCN is working on respiratory based projects – let us know!

Are you a patient of a PCN who is interested in sharing your experience? As Winnie, shared her experiences, we want to hear from you!

[➤ Learn more about the 42 PCNs](#)

## Contact Us



Email



Twitter



Telephone

Executive Director  
Jim Graham  
403-943-1391

Admin Assistant  
Bailey Jacobsen  
403-910-1603



## Did You Know?

### Portable Oxygen

Portable oxygen issues account for over 40% of all oxygen related events logged in the AHS Reporting and Learning System. When patients are being transferred for care within facilities, their supply of portable oxygen may not be enough for the time they are away.

Our policy and practice team took note of this and decided we needed to do better so a new provincial policy and associated charting tool (called a Transfer Ticket) were developed. This policy outlines a consistent process for verification of

oxygen supply, assessment of risk and accountabilities for training and documentation. Over the next several months, early adopter sites will be discussing within their teams both the policy and its supporting orientation toolkit.

Full provincial launch is anticipated to be complete early in 2018. Keep an eye out for further details coming through Interchange, on behalf of the Executive Sponsors, Health Professions Strategy and Practice and the RHSCN™.

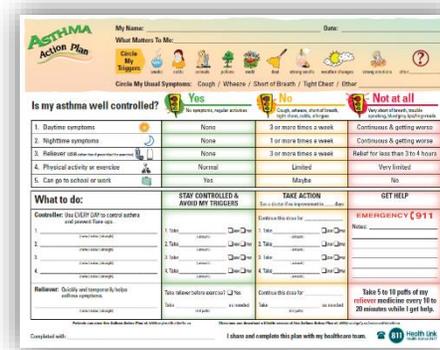
## Asthma Self-Management

### Alberta's Asthma Action Plan

An important tool for the treatment of asthma is the Asthma Action Plan. This self-management 1-pager is a handy guide for keeping symptoms to a minimum leading to a well-controlled and active lifestyle.

This tool is an important link between patient and their healthcare team. Whether co-completed between the patient and their family physician, pharmacist, respiratory educator, or other, the Asthma Action Plan guides the patient to know when and how to take action – including how to adjust their dose of certain medicines - to prevent long term complications and reduce the use of unscheduled emergency care.

This provincial tool is currently being updated, and will offer a fillable version with drop-down menus for clinicians' ease to populate with the desired medicines. Patient resources, including the [Asthma Action Plan](#) can be found on [MyHealth Alberta](#). In addition, once finalized, a new fillable clinician-friendly form will be available



at [iCAN Control Asthma Now](#).

**“Effective health care depends on self-care; this fact is currently heralded as if it were a discovery.”**

– Ivan Illich