

RESPIRATORY HEALTH STRATEGIC CLINICAL NETWORK

March 2016

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

“I believe there needs to be more understanding at a physician level as it relates to the subtypes of asthma and how to judge who requires additional care.”

- Brad, Patient Advisor (page 3)

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Thank You

As we “leap” into 2016 and prepare for the coming year, we also want to take a moment to reflect on the past couple years. On Feb. 16, the RHSCN turned “2”! During that time we have built a strong community of people passionate about improving respiratory health in Alberta. We would like to thank our members, who drive our activity and continue to be engaged in the work within the Respiratory Health SCN. Thank you for your leadership and your commitment to improving quality of care across Alberta!



Looking forward to the year ahead! Dale, Shelley, Jim, Eileen, Mike, Maria, Lesly, Tracey, Bailey & Liz.





Alberta Childhood Asthma Pathway (ACAP)

Trying to catch your breath and finding it difficult can be a scary thing at any age. For the estimated 50,000 children affected by asthma in Alberta this can happen many times throughout the course of a year. Treatment practices varied throughout the province and it was the mission of the ACAP Working Group to improve care and help diminish the anxiety of both parent and child. The chosen method was a clinical pathway, a roadmap to better care aimed at both the emergency department, urgent care and in hospital care. Since 2012, the working group has been involved in provincial implementation of these pathways to all sites providing childhood asthma care. We are pleased to report that most provincial sites are using the pathways to the benefit of both patient and caregiver. The partnership between parent and health staff is crucial to getting kids feeling better and out of hospital quicker. Ongoing evaluation will help us understand successes and challenges so we can continue to reflect best evidence and patient centered care.

Providing flexible and creative teaching opportunities is important. Implementation of ACAP included in-person, Telehealth and online learning for staff. Since the online learning launched, nearly 2,000 clinicians have completed the modules.

Full evaluation is in progress, and includes both quantitative and qualitative measures gathered from a number of sources. Early results indicate substantial improvements in therapies used, and medication is now delivered more safely and efficiently. Several sites have reported 100% adherence to the use of MDIs and spacers where indicated, rather than nebulized therapy. Notably, the use of evidence-based practices rose to 100% in severe presentations at pilot sites.

“Now everyone has the same tools to tackle this condition, and every little piece of the toolkit has been validated and is evidence based. It’s a good feeling that it can only improve the quality of care that patients are receiving.”

**—Dalique van der Nest
Executive Director, Allied Health
(North Zone)**

Announcements

⇒ New Core Committee Members:

- ◇ Darlene Gallant
—Family Advisor
 - ◇ Dr. Doug Faulder
—Medical Director, Continuing Care
 - ◇ Jennifer (Jenny) Shiu
—Clinical Practice Lead, Pharmacy
 - ◇ Jana Ambrogiano
—Executive Director, ED, ICU, Cardiac, Medicine, Respiratory, PLC
- ⇒ Dr. Michael Stickland named official Scientific Director for the RHSCN (5 year term) after an 18 month temporary position. We welcome Dr. Stickland and look forward to the next 5 years.



A total of 51 sites were contacted regarding their experience with implementation of the Childhood Asthma Pathway. 87% of respondents felt that implementing the pathway has made the care of pediatric asthma more consistent at their site.

It has been our great pleasure to partner with staff and physicians; thanks to all for your dedication to this important work.

Provincial Oxygen Projects

Oxygen therapy is used throughout the health system both in facilities and in the home. Many Albertans depend on oxygen and we want to make the use of oxygen as safe as possible for our patients. Our Provincial Oxygen Projects Working Group is developing safer practices regarding humidification of oxygen, transfer of patients on oxygen and mitigating misconnection between oxygen and medical air.

Use of bubble humidifiers involves many connection points, with the possibility of incomplete connection at any point—resulting in the partial or complete obstruction of oxygen flow to the patient. Effective February 2015, all AHS and Covenant Health facilities across the province will no longer use pre-filled bubble humidifier (pre-filled or fillable water bottles) for humidification of oxygen in adults.

Medical air is sometimes used to deliver aerosolized medications. This gas is generally accessed through wall outlets; however, current wall outlet design doesn't adequately deter the connection of unrelated systems. To avoid unintended misconnection between medical air and oxygen, all facilities are currently implementing steps to restrict access to medical air outlets. The system-focused combined solution includes inventory control of air flowmeters converted with AirGuards, along with transition to medication delivery methods that can reduce the need for medical air.



These practice changes have been communicated via Professional Practice Notices, Interchange, and Bulletin Board Network.

Patient Voice : Brad's Story

Brad has had asthma for as long as he can remember. Considering he has lived with the condition for most of his life, he couldn't believe that he was 36 years old when he learned of the seriousness of living with uncontrolled asthma. Growing up, he had become accustomed to not being able to breathe, only used his medication when he remembered, and accepted that being active would be a major challenge. A serious asthma event while overseas led Brad to see a specialist. It was his first specialist appointment that diverted his journey in a different, more positive direction. It was after this that Brad found out that his uncontrolled asthma had led to airway remodeling. It's now two years later and he avoids all triggers and is compliant with his medication plan. Subsequently his lung capacity has improved from 29% to 35%. However, he is unable to simultaneously walk and carry on a conversation without difficulty, and he has been given a poor prognosis over the long term. Brad believes that had he been given more information particularly about the risk of not controlling asthma, he may have made different choices with regards to self-management. He also believes that clinicians need a better understanding of the subtypes of asthma and how to know which patients require additional care. Brad has decided to share his story in hopes of making a difference for others with asthma.

“The amount of information I had never known was astonishing.”
—Brad

Your Voice Makes a Difference

Given such patient journeys, we deeply appreciate the dedication of our professionals across Alberta who are following the Childhood Asthma Pathway. Sustainability of the Pathway practices will help families to avoid irreversible and difficult circumstances. Inspired by Brad's journey, our Adult Asthma Working Group is also taking action. Among other things, work is focused on assisting both patients and community professionals to leverage the power of appropriate and timely self-management education.

Research and Innovation

<http://www.aihealthsolutions.ca/initiatives-partnerships/scns/>

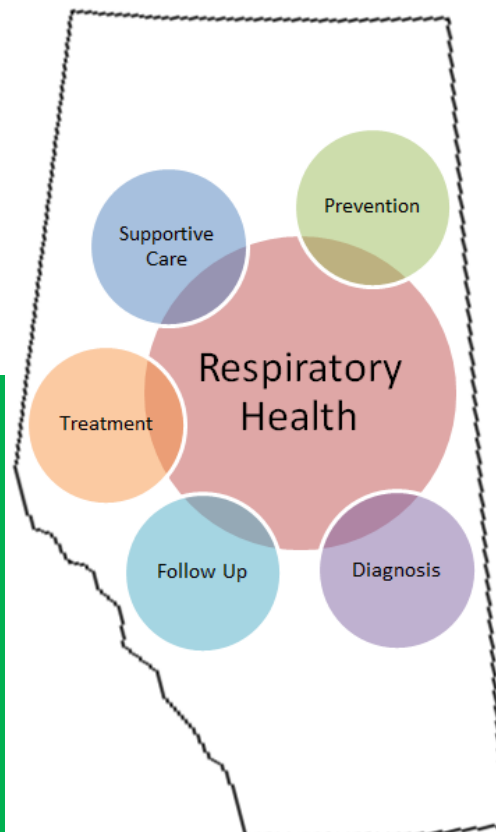
The RHSCN has been the beneficiary of two significant research grants. Through the Partnership for Research and Innovation in the Health System (PRIHS) one team will look to improve the experience of COPD patients after they leave hospital through a post-discharge care bundle. A second team will be working with family physicians to improve the care and diagnosis of childhood asthma in the communities of Alberta. Our RHSCN Scientific Office has two active opportunities: 1. RHSCN Seed and Innovation Grant and 2. RHSCN Summer Studentship Program.

A Word from our Scientific Office:

The Developing and Assessing the Effectiveness of a Post-discharge Care Pathway to Reduce Emergency Department Re-visits and Hospital Re-admission Rates for Patients with COPD project is on track.

We developed a COPD Discharged Care Bundle through an evidence-based consensus-driven process involving systematic review and consultation with clinicians and patients. To recognize and discuss care gaps, barriers, and facilitators for the implementation of the care bundle, we conducted nine focus groups: one with patients and eight with health providers from primary care, in-hospital settings, and emergency departments. On November 16, 2015, we held a face-to-face Consensus Meeting where final list of the discharge care bundle was discussed and decided. We engaged respiratory experts and primary care practitioners from Alberta and members of Canadian Thoracic Association COPD Clinical Assembly.

We are moving to the next step of the project. Within next months, we will continue with the focus groups and will contact sites and stakeholders that were not yet engage and re-connect with sites where focus groups were already conducted to update them with results of the Consensus Meeting. We will also visit sites in which discharge care bundle will be implemented to conduct readiness for change assessment and needs assessment.



Contact Us:



If you wish to learn more, visit our website at:

<http://www.albertahealthservices.ca/scns/Page9823.aspx>

To become more involved, please contact us via email at: RespiratoryHealth.SCN@ahs.ca or telephone via:

Jim Graham at 403-943-1391 or
Bailey Jacobsen at 403-910-1603.