



The OLTCA COPD Protocol

Launch Day, June 2, 2016



- Introductions
- Paving the way together
- Do not have all of the answers, but we will sure get there
- Our team is here to support you
- Yes today may seem overwhelming, but remember it is a pilot
- Enjoy the day. We will accomplish great things together!



Welcome
Glad you're here!

Agenda

1. Welcome & Introduction	Chris Brockington	10:00
2. What is COPD & COPD Exacerbation	Dr. Roger Goldstein	10:30
3. Spirometry Testing (video)	Maria Blouin	11:00
4. COPD Medications	Teresa Furgala	11:30
5. Medication Devices & Techniques	Janet Fraser/Maria	12:00
6. Hands-on Workshop	Janet/Maria	12:30
Lunch		13:00
7. Oxygen Therapy	Nancy Gibson	13:30
8. Physiotherapy Program in LTC & Retirement	Karen Fisher	14:00
9. Nursing & Physician Protocols	Simon Jay	14:30
10. Resident Questionnaires	Maria	15:00
11. Data & Event Capture	Simon	15:15
12. Implementation Steps	Chris & Maria	15:35
13. Closing Remarks/Q & A	Chris	15:55

House Cleaning

- Your toolkit (memory stick) is organized in three folders
 - COPD Clinical
 - COPD Education
 - COPD Clinical
- We will be adding contents (sent to you direct) in addition to posting on copdconnect.ca (coming soon)
- Your own data capture links are contained on one page (on your memory stick)
- Each home has two laminated sheets:
 - Care Giver Action Plan
 - Inhalation Devices Chart
- Forms to complete
 - COPD Connect registration (all)
 - Implementation agreement (one per home)
- We will be video taping sessions today. Please hold your questions until the end
- Learning modules are currently available in presentation format. These will be available as a video within two/three weeks
- It is a full schedule and we will only be breaking for lunch. Please feel free to take a BIO or refreshment break as needed

Your COPD Pilot Toolkit

COPD Pilot Toolkit (memory stick)			
Item	Purpose	When to Use	Responsible
Data Capture Links	Data capture during pilot	See list for details on utilization	COPD Champion
Device Kit	Samples of devices	During staff education and for resident demo	COPD Champion/Nurse
Clinical			
COPD Nursing Protocol	Capture resident profile	On admission & as required	COPD Champion/Nurse
COPD Physician Protocol	On-going management & treatment	As required	MD/Physician
Inhalation Devices Chart	Understand device pro's & con's	As required	All care provider's
Care Giver Action Plan	Reference guideline for COPD management	On diagnosis	Care provider's
Physiotherapy Program Direction (Ret)	Outline of expectations for implementing COPD PT/Nurse Rehab	Immediately at start of pilot	PT/Nurse Rehab Specialist
Physiotherapy Program Direction (LTC)	Outline of expectations for implementing COPD PT/Nurse Rehab	Immediately at start of pilot	PT/Nurse Rehab Specialist
Respiratory medications Chart	Overview of COPD medications	As required	All care provider's
Implementation			
Contact Numbers	Important contact information	As required	COPD Champion
Champion Position Description	Expectation of champion	When recruiting for position(s)	DOC/RCM
COPD Pilot Launch Agenda	Pilot launch activity outline	At pilot launch day	All participants
Pilot Implementation Process Presentation	Implementation process and action plan	At start of pilot and throughout implementation	COPD Champion
Start-up Implementation Checklist	Quick reference to required tasks	At start of pilot and throughout implementation	COPD Champion
COPD Connect Registration Form	Registration for COPDConnect.ca	As staff become engaged in the pilot	COPD Champion
Champion Position Description	Expectation of champion	When recruiting for position(s)	DOC/RCM
Project Launch Presentation	Background on COPD pilot project	Care provider & family education at start of pilot	Designated Educator/Champion
Education			
Education Modules (8)	Education of all staff involved in resident care	Following implementation of the Bristol survey	COPD Champion
Education Modules Overview	Overview of COPD pilot education	For staff and family education	Designated Educator/Champion
Spirometry Testing Video	Understanding of Spirometry testing	Care provider & family education at start of pilot	Designated Educator/Respiratory Therapist
Bristol Survey (hard copy)	Use for pre and post education testing (survey link preferable)	Prior to education and following education	COPD Champion
Dr. Goldstein COPD Presentation	Understand COPD & COPD exacerbation	Care provider & family education at start of pilot	Designated Educator/Respiratory Therapist
Video presentations from Pilot Launch	Education of all staff involved in resident care	As required (for reference purpose)	Designated Educator/Respiratory Therapist
Oxygen Therapy	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapist
COPD & COPD Exacerbation	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapist
Device Workshop	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapist
Medications	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapist
Data & event capture	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapist
Nursing & Physician Protocols	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapist
Implementation	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapist

Getting Started

The complication of managing BIG DISEASES in a senior's care community

Background

- COPD has been identified by Health Quality Ontario as a leading cause for acute care admissions and long term care is a leading factor contributing to patient complexity
- Developing a protocol and resource kit is not only necessary but has been requested by the OLTCA membership
- Sector partners (both in retirement and LTC) have been engaged to develop and pilot a COPD protocol
- Additionally, care teams will be engaged and trained on supporting the roll-out of the program in their homes

Why Big Diseases?

- Big, chronic diseases are the most demanding and tend to need the most support
- Often undertrained or without education/materials specific to the sector
- Significant demand for training and support already existed
- Opportunity to capture performance data was present and confirmation of value was critical

Project Overview

- Our collective purpose is to engage pilot sites in both the retirement and long term care sectors
- The clinical objective of the program is to provide appropriate tools to allow care teams to assess (identify) and manage residents living with COPD. The inevitable goal is to reduce ED transfer's through the reduction of exacerbations and other related complications
- The COPD Advisory Team (CAT) aim is to develop resources and guide the implementation process
- Implementation will involve direct intervention in each community/home commencing in late spring. This stage will be utilized to gather data to drive outcomes

Developing the Protocol



Project Objectives

Awareness

- **Build** awareness to promote change in behaviour, perception and attitude leading to sustained grass-roots penetration

Education

- **Deliver** educational resources to ensure staff, families and stakeholders have the knowledge to impact change

Standards

- **Implement** evidence-based guidelines combined with operational protocol to ensure standards of care are consistent and reliable

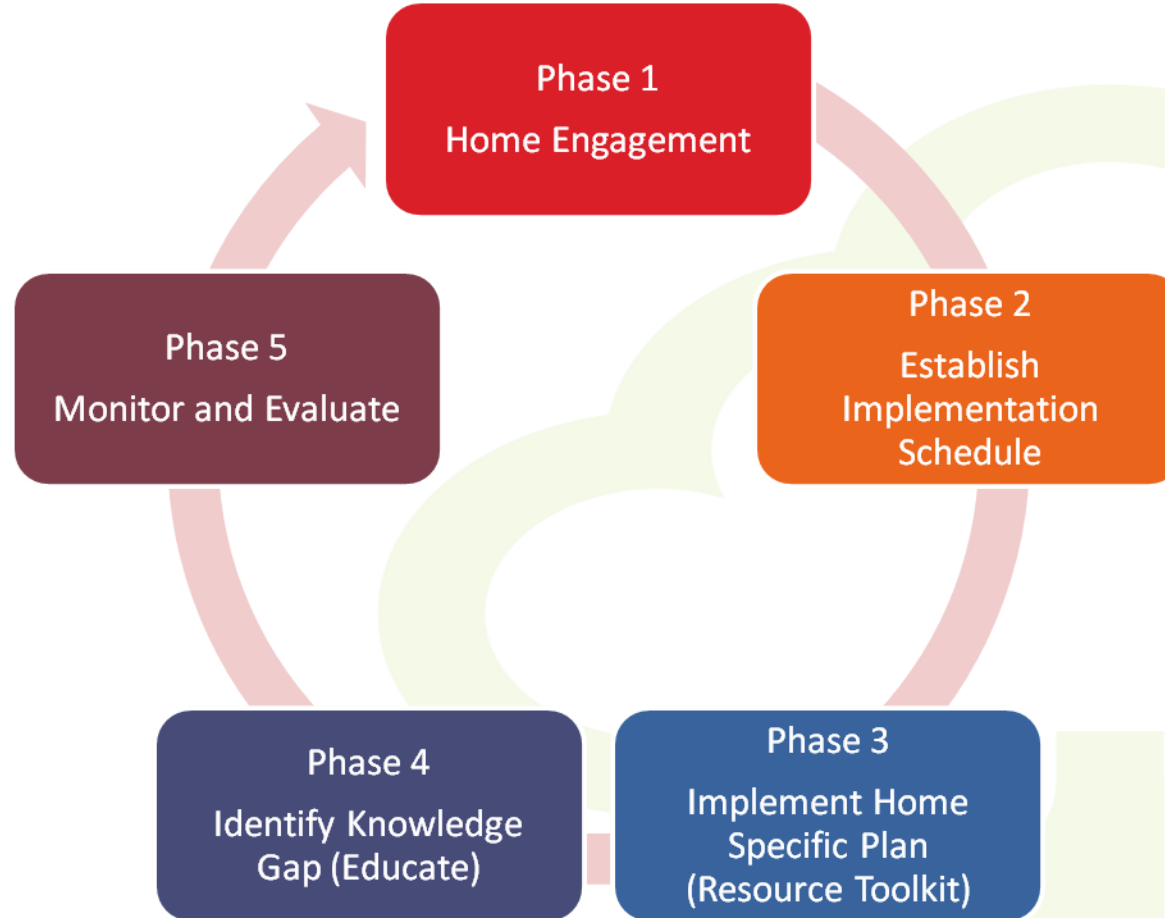
Measurement

- **Identify** outcomes that will accurately assess and measure the effectiveness of the program

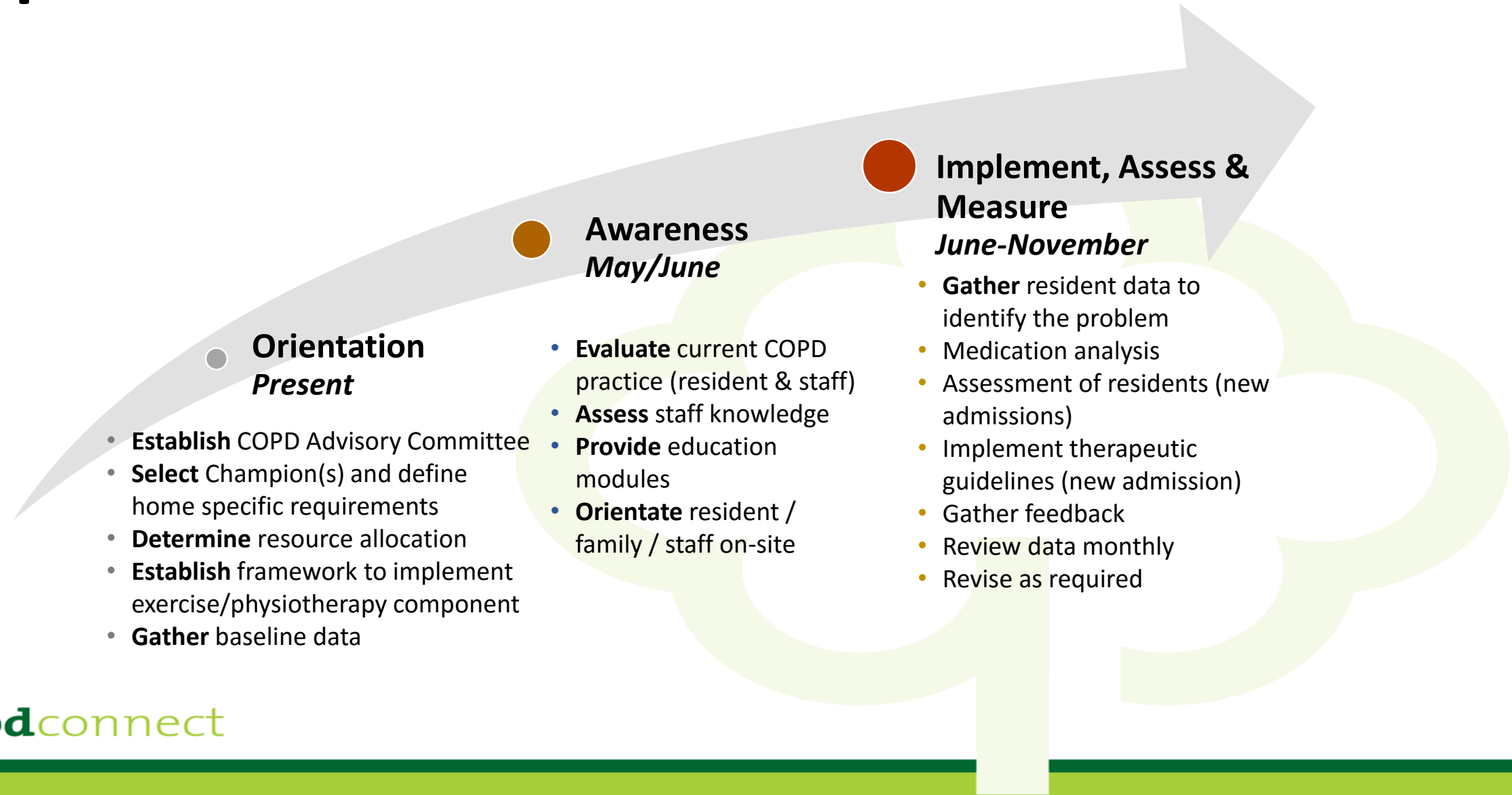
Partnerships

- **Lead** coordination of stakeholder engagement through collaboration with existing programs and networks

Big Picture Thinking



Implementation Timeline



The Future

- Following the initial phase of program implementation, the components will be revised based on home/community feedback
- Spread is the eventual goal – the CAT envisions province wide implementation of the program and adoption as SOP
- COPDConnect.ca will be operational once resources have been vetted
- Electronic adoption will proceed following project trial phase

Lessons Learned

If you build it...

- What we thought in the beginning:
 - It is an implementation fact: all good ideas will be adopted simply because they make sense



WRONG!

- Adoption requires an emotional connection and education-inspired confidence
- We learned this the hard way

Resistance Happens

- No Resistance May Mean You Are Not Accomplishing Anything!
 - Inertia, apathy, and other forms of resistance will all show up somewhere
 - It becomes critical to assess objections and where necessary, adapt
 - Rather than be prescriptive, the best route is to show the best practice but allow leeway to choose how much and how fast to adopt

Embrace Collaboration From The Onset

- “Hug your Stakeholder’s” (enter CAT and DAT)
 - Without the support of the people, representing various disciplines delivering care in LTC, nothing would have been possible
- Look for early adopters, specifically an organization who is willing to take the lead
 - Omni Health Care made it a strategic priority
- Going beyond the kitchen table requires an entirely different level of stakeholder engagement
 - The OLTCA made it possible to extend reach and visibility

“SMALL” ..is where the real work happens

- If big is better, then small is the backbone that drives the process
 - This is where we nurtured champions to take control of well defined tasks and make them accountable
- Smaller working groups ensured we were nimble enough to act/do
 - Decisions should never wait for meetings
 - Creativity stalls otherwise

Show me the money!!!



- How many times, how many different ways have you been told that data is King/Queen
- Prior to what you heard today, our diabetes protocol was anecdotal. We had a broad sense of what could be accomplished
- The results have given the project a platform to inspire trust, persuade and lead change
- The price (\$0) is right

Acknowledgements



It takes a community to fix COPD