



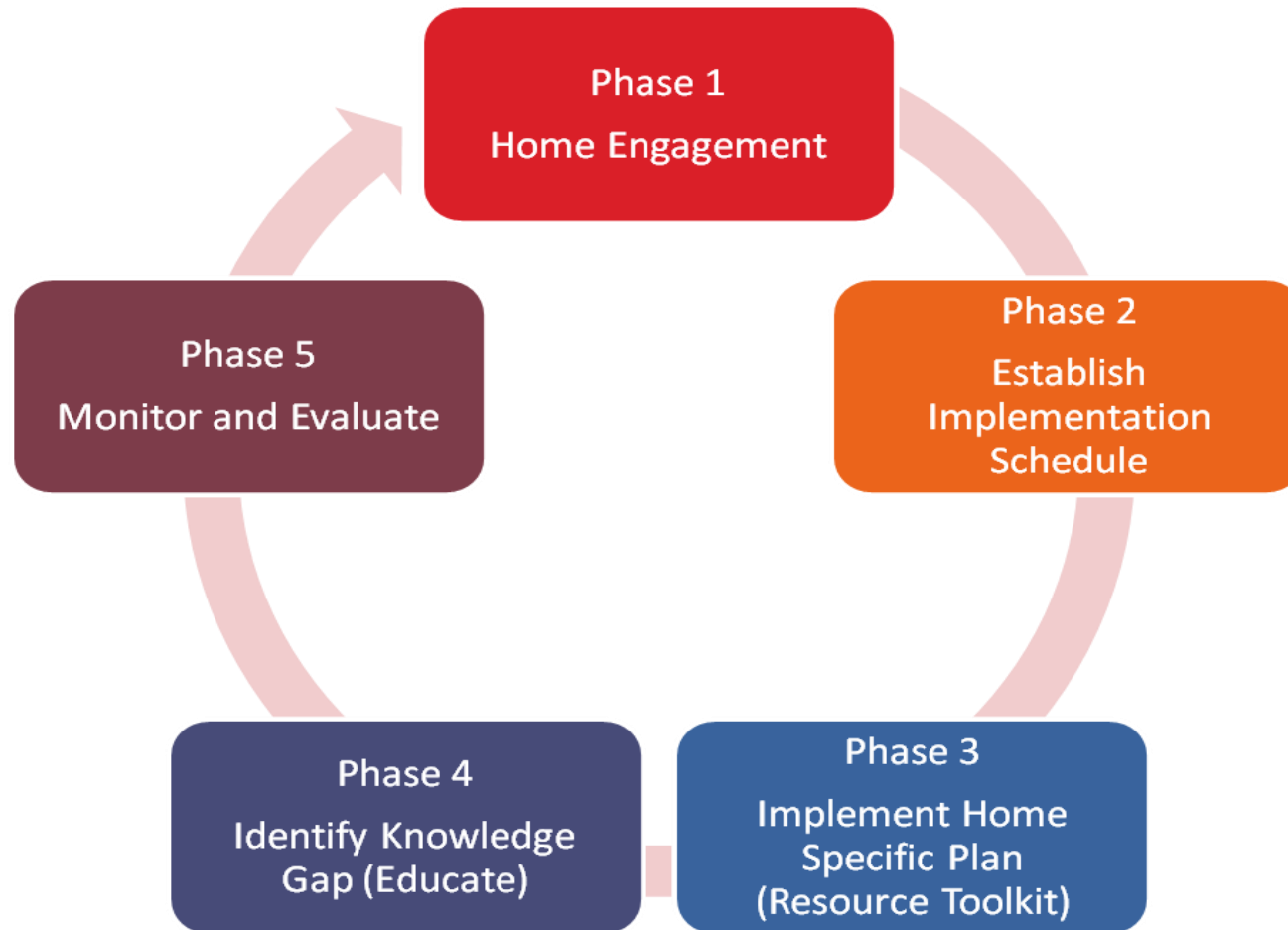
COPD Pilot Project Implementation Process



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

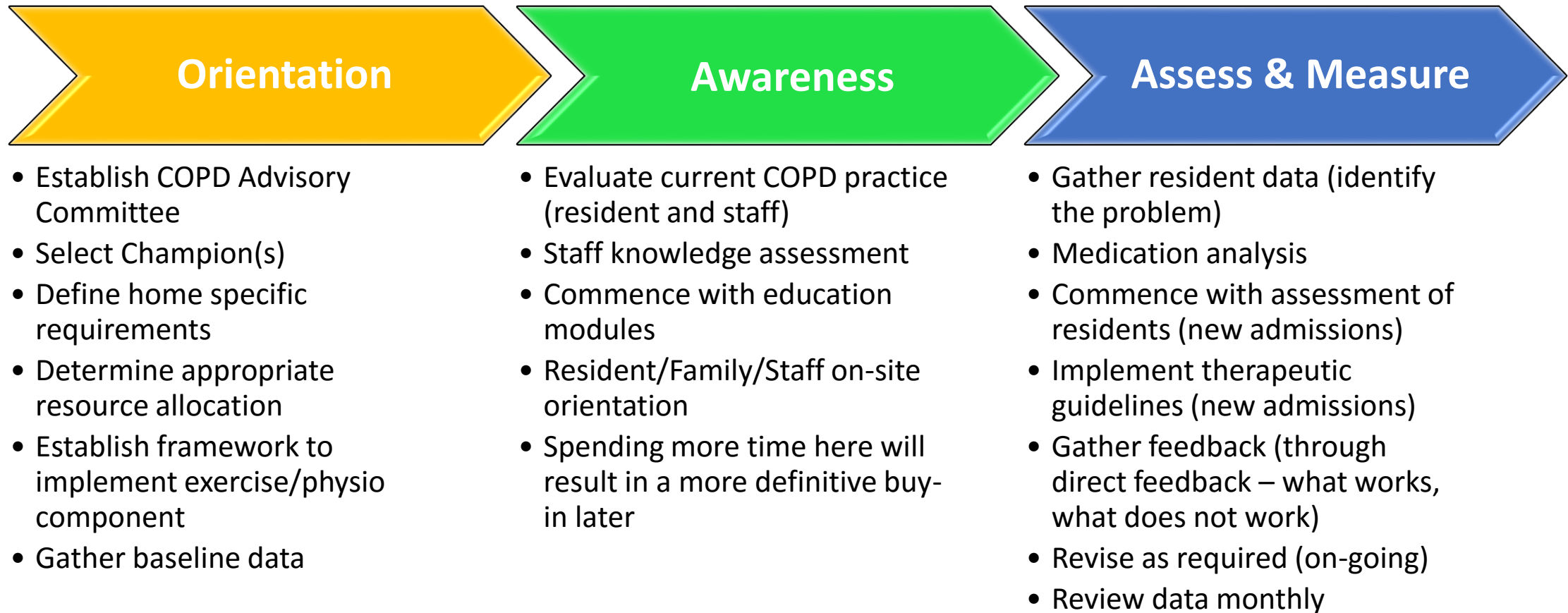
A “Phased” Approach to Implementation



Program 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	Take the lead on coordinating stakeholder engagement through collaboration with existing programs and networks

Timeline (pilot sites)



Action Plan

COPD Caregiver Action Plan

Resident Feels Well

Usual symptoms and activity level

- Feels short of breath when: _____
- Coughs up sputum daily. No Yes, colour: _____
- Coughs regularly. No Yes
- Sleeps, eats well and does usual activities and exercises

Actions to take

Verify that the resident takes medications properly. Educate on general respiratory health (pursed lips breathing, best posture for dyspnea control, relaxation, exercise etc.)

Resident Feels Unwell or Worse

Symptoms change

- Increased shortness of breath, increased coughing and/or new wheezing
- Change in sputum (color, quantity, consistency)
- Reduced activity levels

Actions to take

- Measure vital signs. Check oxygen saturation. Check correct use of oxygen
- Encourage pursed lips breathing, relaxation, best posture for dyspnea control, energy conservation, coughing or huffing techniques
- Exercise as tolerated (symptom tolerance)

Additional treatment plan (physician approved)

- Increased shortness of breath → Give rescue medication (bronchodilators)
- If breathing symptoms do not improve → Give Prednisone
- If there is a change in sputum colour → Give Antibiotics

Resident is Still Unwell or Worse After 48hrs

Symptoms

Increase in shortness of breath, feeling very unwell, not responding to treatment, drowsy or confused

Actions to take

- Measure vital signs and oxygen saturation
- Encourage pursed lips breathing, relaxation, best posture for dyspnea control, energy conservation, coughing or huffing techniques
- Call the healthcare contact (name and phone number): _____
- Send resident to emergency

Your COPD Pilot Toolkit

COPD Pilot Toolkit (memory stick)			
Item	Purpose	When to Use	Responsible
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
Data Capture Links	Data capture during pilot	See list for details on utilization	COPD Champion
Champion Position Description	Expectation of champion	When recruiting for position(s)	DOC/RCM
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
Bristol Survey (hard copy)	Use for pre and post education testing (survey link preferable)	Prior to education and following education	COPD Champion
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
Dr. Goldstein COPD Presentation	Understand COPD & COPD exacerbation	Care provider & family education at start of pilot	Designated Educator/Respiratory Therapist
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
Contact Numbers	Important contact information	As required	COPD Champion
Spirometry Testing Video	Understanding of Spirometry testing	Care provider & family education at start of pilot	Designated Educator/Respiratory Therapist
COPD Connect Registration Form	Registration for COPDConnect.ca	As staff become engaged in the pilot	COPD Champion
Project Launch Presentation	Background on COPD pilot project	Care provider & family education at start of pilot	Designated Educator/Champion
Device Kit	Samples of devices	During staff education and for resident demo	COPD Champion/Nurse
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

Keeping Track



Task	Responsible	Status Update
<i>Establish COPD Advisory Committee</i>		
Select two frontline nurses as COPD Champions		
Your CAC to include: <ul style="list-style-type: none">• Director of Care/Nursing• Medical Director/Physician• Select one (1) additional staff for administrative support• Pharmacy consultant• Community Stakeholder (optional)• Resident/family (optional)		

Keeping Track

Task	Responsible	Status Update
<i>Identify problem in home/community</i>		
<ul style="list-style-type: none">• Resident chart review• Current COPD practice (what is being done)• Med analysis (current medication utilization – request pharmacy to assist)		
Significant COPD issues <ul style="list-style-type: none">• Staff discussion• Resident/family survey		

Keeping Track

Task	Responsible	Status Update
<i>Determine outcomes to be measured</i>		
<ul style="list-style-type: none">• Reduction/elimination of exacerbations• Medication utilization/change• COPD intervention• Reduction in ED transfers• QOL change• Cost savings		
Educational outcomes <ul style="list-style-type: none">• Ability to identify grade of COPD• Knowledge of condition• Ability to manage/care for COPD resident• Knowledge of protocol• Ability to evaluate medication/therapeutic response		

Keeping Track

Task	Responsible	Status Update
<i>Promote program awareness/knowledge transfer</i>		
<ul style="list-style-type: none"> Champions conduct staff presentations (awareness about the problem) 		
<ul style="list-style-type: none"> Test knowledge of staff using COPD Bristol knowledge quiz. Hard copy and survey monkey versions available 		
<ul style="list-style-type: none"> Hold information sessions for residents and staff (presentation and handouts available) 		
<ul style="list-style-type: none"> Conduct education for staff. Required learning: <ul style="list-style-type: none"> Pre test Pilot launch videos (optional) Learning modules (presentation & on-line) Post test Additional education through Living Well with COPD 		

Keeping Track



Task	Responsible	Status Update
<i>Champion learning track</i>		
<ul style="list-style-type: none">• Direct learning intervention directed through the CAT		
<ul style="list-style-type: none">• Monthly learning modules and self directed components with feedback from CAT education lead		
<ul style="list-style-type: none">• Participate in hands-on learning session at Westpark		
<ul style="list-style-type: none">• View pilot launch videos (optional)		
<ul style="list-style-type: none">• Completion of modules from Living Well with COPD		

Keeping Track



Task	Responsible	Status Update
<i>Care team support</i>		
<ul style="list-style-type: none"> Gain MD/Physician and external care team support (invite to CAC) 		
<ul style="list-style-type: none"> MD/lead physician to ensure care team compliance (if others) and awareness of protocol/program 		
<ul style="list-style-type: none"> Develop policy to support COPD protocol 		
<ul style="list-style-type: none"> Care team required to watch Dr. Goldstein presentation video 		
<p>The CAC reviews and understands every aspect of the Protocol including:</p> <ul style="list-style-type: none"> Admissions/Nursing assessment Pharmacist role Physicians Order Set Exercise and physiotherapy program Champions role Outcomes measurement 		

Keeping Track

Task	Responsible	Status Update
<i>Implementation of program/protocol</i>		
<ul style="list-style-type: none">• On admission – new residents		
<ul style="list-style-type: none">• Current resident review		
<ul style="list-style-type: none">• Quarterly review thereafter and as required		
<ul style="list-style-type: none">• Gather results and enter data in the COPD Resident Data Capture link (Champions role – this is to be completed at the beginning and after six months)• Exacerbation data is to be completed using the COPD Exacerbation Event Capture link		

Keeping Track

Task	Responsible	Status Update
<i>Operationalize the program/protocol</i>		
<ul style="list-style-type: none">Review/adopt/alter policy – reinforce program in home/community		
<ul style="list-style-type: none">Champions responsible to ensure staff are aware of policy/adoption and have made this program a part of their everyday practice		
<ul style="list-style-type: none">Champions report on outcomes monthly – in meetings and post on bulletin boards		

Keeping Track

Task	Responsible	Status Update
<i>On-going program management</i>		
<ul style="list-style-type: none"> Conduct meetings with families – ensure they are aware of new COPD care and management procedures 		
<ul style="list-style-type: none"> Complete data collection as required (for province wide COPD data initiative) 		
<ul style="list-style-type: none"> Champion's and staff stay on top of learning requirements 		
<ul style="list-style-type: none"> Champion's participate in CAT meetings as required (for feedback, program improvement) 		
<ul style="list-style-type: none"> Completion of surveys (residents, family and staff) 		

Future

- Following the initial phase of program implementation, the components will be revised based on home/community feedback
- Scope and scale 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

Acknowledgements



It takes a community to fix COPD