



COPD Pilot Project Implementation Process











Overview

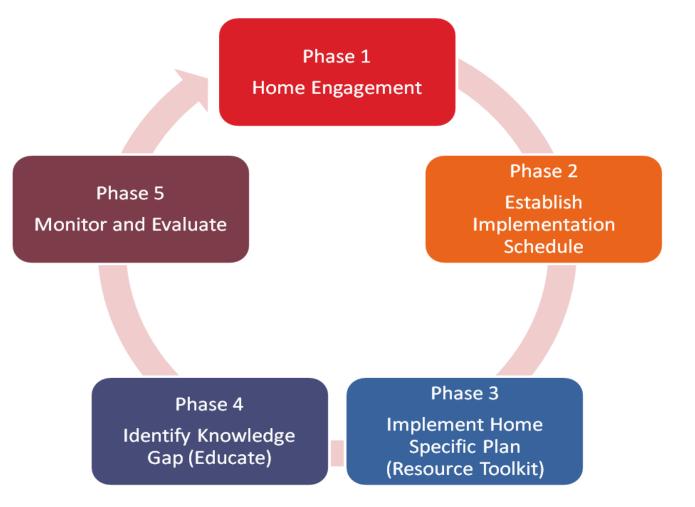
- Our collective purpose is to engage pilot sites in both the retirement and long term care sectors
- The clinical objective of the program is to provide appropriate tools to allow care teams to assess (identify) and manage residents living with COPD. The inevitable goal is to reduce ED transfer's through 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)

Orientation

- Establish COPD Advisory Committee
- Select Champion(s)
- Define home specific requirements
- Determine appropriate resource allocation
- Establish framework to implement exercise/physio component
- Gather baseline data

Awareness

- Evaluate current COPD practice (resident and staff)
- Staff knowledge assessment
- Commence with education modules
- Resident/Family/Staff on-site orientation
- Spending more time here will result in a more definitive buyin later

Assess & Measure

- Gather resident data (identify the problem)
- Medication analysis
- Commence with assessment of residents (new admissions)
- Implement therapeutic guidelines (new admissions)
- Gather feedback (through direct feedback – what works, what does not work)
- Revise as required (on-going)
- Review data monthly







Start-up Implementation Checklist

(Refer to the Implementation Process Presentation for further details)

<u>++</u>	Task	Responsible	Update
	Organize a start-up conference call with the OLTCA COPD project leads (this is to provide direction)		
2	Become familiar with the tools provided to you on the memory stick		
3	Select your COPD Champion(s)		
4	Organize your COPD Advisory Committee		
5	All participating staff take the Bristol pre-test (prior to receiving any education) using the survey link or hard copy		
6	Hold your first CAC meeting (include your MD/physician, pharmacist, champion's, DOC/RCM, others		
7	Identify COPD issue in your home or retirement community (number of residents with diagnosis, number of suspect residents, exacerbations over last 3 – 6 months)		
8	Determine which (or all) residents will participate in the pilot		
9	Hold staff information sessions – inform about the pilot		

10.Hold family information	
sessions – inform about the	
pilot	
11.Commence with education	
modules: 1 – 7, at your desired	
pace	
12.Take Bristol survey using the	
post-test survey link or hard	
copy at the conclusion of	
education (roughly 30 days)	
13.Commence with completion of	
the COPD Nursing Protocol	
(hard copy for resident file).	
Assessment data entered on	
the Resident Data Capture Link.	
This is done at the start of the	
pilot and at six months	
14.Introduce the Physician	
Protocol to your medical lead	
(although they should be aware	
of the protocol at this stage)	
15.Resident completes the CAT	
(LTC) or CRQ (Ret) survey (with	
or without assistance)	
16.Plan of action developed for the	
resident	
17.Capture exacerbation events	
using the link provided	
18.Provide project feedback using	
the using the pilot project	
feedback link	
19.Continue to work with your OLTCA COPD contacts – they	
will arrange a site visit to your	
home in 30 – 60 days	
20.When in doubt contact Maria	
Blouin our Respiratory	
Therapist and Education Lead or	
Chris Brockington, Project Lead	
(see contact list)	

Physician Tasks Task Update Consult the Nurse Protocol Rate the COPD severity using the MRC scale Adjust the therapy Develop a resident action plan in coordination with the care team Participate in CAC meetings Notes



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 \rightarrow 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)			
ltem	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 tesing (survey link prefarable)	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 Therapis
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 Therapis
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 Therapis
Oxygen Therapy	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapis
COPD & COPD Exacerbation	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapis
Device Workshop	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapis
Medications	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapis
Data & event capture	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapis
Nursing & Physician Protocols	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapis
Implementation	Education of all staff involved in resident care	Care provider & family education	Designated Educator/Respiratory Therapis

copdconnect



Task	Responsible	Status Update
Establish COPD Advisory Committee		
Select two frontline nurses as COPD Champions		
 Your CAC to include: Director of Care/Nursing Medical Director/Physician Select one (1) additional staff for administrative support Pharmacy consultant Community Stakeholder (optional) Resident/family (optional) 		







Task	Responsible	Status Update
Identify problem in home/community		
 Resident chart review Current COPD practice (what is being done) Med analysis (current medication utilization – request pharmacy to assist) 		
Significant COPD issuesStaff discussionResident/family survey		







Task	Responsible	Status Update
Determine outcomes to be measured		
 Reduction/elimination of exacerbations Medication utilization/change COPD intervention Reduction in ED transfers QOL change Cost savings 		
 Educational outcomes 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 		







Task	Responsible	Status Update
Promote program awareness/knowledge transfer		
 Champions conduct staff presentations (awareness about the problem) 		
 Test knowledge of staff using COPD Bristol knowledge quiz. Hard copy and survey monkey versions available 		
 Hold information sessions for residents and staff (presentation and handouts available) 		
 Conduct education for staff. Required learning: Pre test Pilot launch videos (optional) Learning modules (presentation & on-line) Post test Additional education through Living Well with COPD 		
RIO TERM CARE CIATION		





Та	sk	Responsible	Status Update
Ch	ampion learning track		
•	Direct learning intervention directed through the CAT		
•	Monthly learning modules and self directed components with feedback from CAT education lead		
•	Participate in hands-on learning session at Westpark		
•	View pilot launch videos (optional)		
•	Completion of modules from Living Well with COPD		







Task	Responsible	Status Update
Care team support		
 Gain MD/Physician and external care team support (invite to CAC) 		
• MD/lead physician to ensure care team compliance (if others) and awareness of protocol/program		
 Develop policy to support COPD protocol 		
Care team required to watch Dr. Goldstein presentation video		
 The CAC reviews and understands every aspect of the Protocol including: Admissions/Nursing assessment Pharmacist role Physicians Order Set Exercise and physiotherapy program Champions role Outcomes measurement 		







Task	Responsible	Status Update
Implementation of program/protocol		
On admission – new residents		
Current resident review		
• Quarterly review thereafter and as required		
 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 		







Ta	sk	Responsible	Status Update
Ор	erationalize the program/protocol		
•	Review/adopt/alter policy – reinforce program in home/community		
•	Champions responsible to ensure staff are aware of policy/adoption and have made this program a part of their everyday practice		
•	Champions report on outcomes monthly – in meetings and post on bulletin boards		







Task		Responsible	Status Update
On-going program management			
•	Conduct meetings with families – ensure they are aware of new COPD care and management procedures		
•	Complete data collection as required (for province wide COPD data initiative)		
•	Champion's and staff stay on top of learning requirements		
•	Champion's participate in CAT meetings as required (for feedback, program improvement)		
•	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

