International Journal of Integrated Care

Freer, T et al 2017 Integration of Respiratory Services. *International Journal of Integrated Care*, 17(3): A125, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3237

CONFERENCE ABSTRACT

Integration of Respiratory Services

4th World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

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Introduction: Key drivers for change: Management of respiratory conditions has historically been by secondary care in response to acute presentations. Chronic Obstructive Pulmonary Disease (COPD) is the 4th cause of death in New Zealand. New Zealand has the 2nd highest prevalence of asthma; high death rates due to this disease; 6 times higher for Pacific, 5 times higher for Maori, and respiratory conditions are responsible for 20% of acute presentations to ED.

Short description of practice change implemented: The Respiratory Project aimed to form an evidence based pathway of integrated care for patients diagnosed or suspected with respiratory disease, encompassing accurate diagnosis, dedicated protected time for patient education enabling self-management and improved quality of life.

Aim and theory of change: A shared passion has driven implementing early intervention lead by primary care, developing a competent workforce and removal of sector boundaries which enable primary care to be clinically responsive.

A Nurse Led service was developed in primary care to support delivery of spirometry across 18 practices. The Respiratory Clinical Nurse Specialist and Breathe Hawke's Bay Educators became mentors for practice nurses, the Respiratory Scientist (secondary) facilitated the upskilling of Practice Nurse Champions, endorsing accreditation of the quality spirometry services and investigation.

The development of an advanced form included a diagnostic support and a care planning tool which is task managed. Nurses and patients facilitated joint care planning. Priority has been given to education of patients enabling good understand of their condition, empowerment to be active partners in their own health and well-being and improving their health literacy.

Targeted population and stakeholders: Risk stratification of practice populations provided an assurance of reaching the most vulnerable.

Patients, Practice Nurse Champions, Specialist CNS, Breathe Nurse Educators, Respiratory Scientist, Health Intelligence Team, all key stakeholders in the success of this programme.

Timeline: Twenty-month pilot, now 'business as usual'.

Highlights: (innovation, impact, outcomes) An obvious growth in patient knowledge and quality of life

Improved quality of services in primary care leading to greater equity of care

Increase in spirometry services of 225%

Decrease in secondary service referrals from 658(2012) to 28(2015)

Decrease in bed days by 740 days

Decrease in LOS, decrease in ED presentations/admissions

Low DNA rate

Comments on sustainability: Additional funding for primary care has removed the barrier of cost of accessing early intervention and protected time for patient education.

Diagnostic software has assisted health practitioners to standardise best practice intervention ensuring accurate diagnosis, and progression to evidence based care planning, optimising medication, and improving quality of life.

Comments: (comprising key findings) Change management drove itself once staff recognised the benefits to all concerned but particularly for patients.

Patient quote: The respiratory service has changed my life and given me back my independence and improved my quality of life. I didn't think I would ever feel this good ever again'.

Discussions: Model of care that is transferable and can be applied to any long term condition

Lessons Learned: Priority of engaging patients as informed partners in their own health care

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Keywords: integration; quality; collaboration; structure; consistency

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