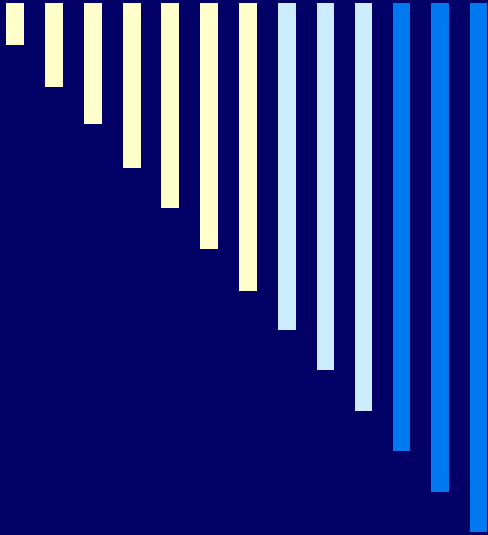


Home Enablement Programme



A community based model of care providing seamless transition from acute care to long term case management for elderly patients with respiratory disease

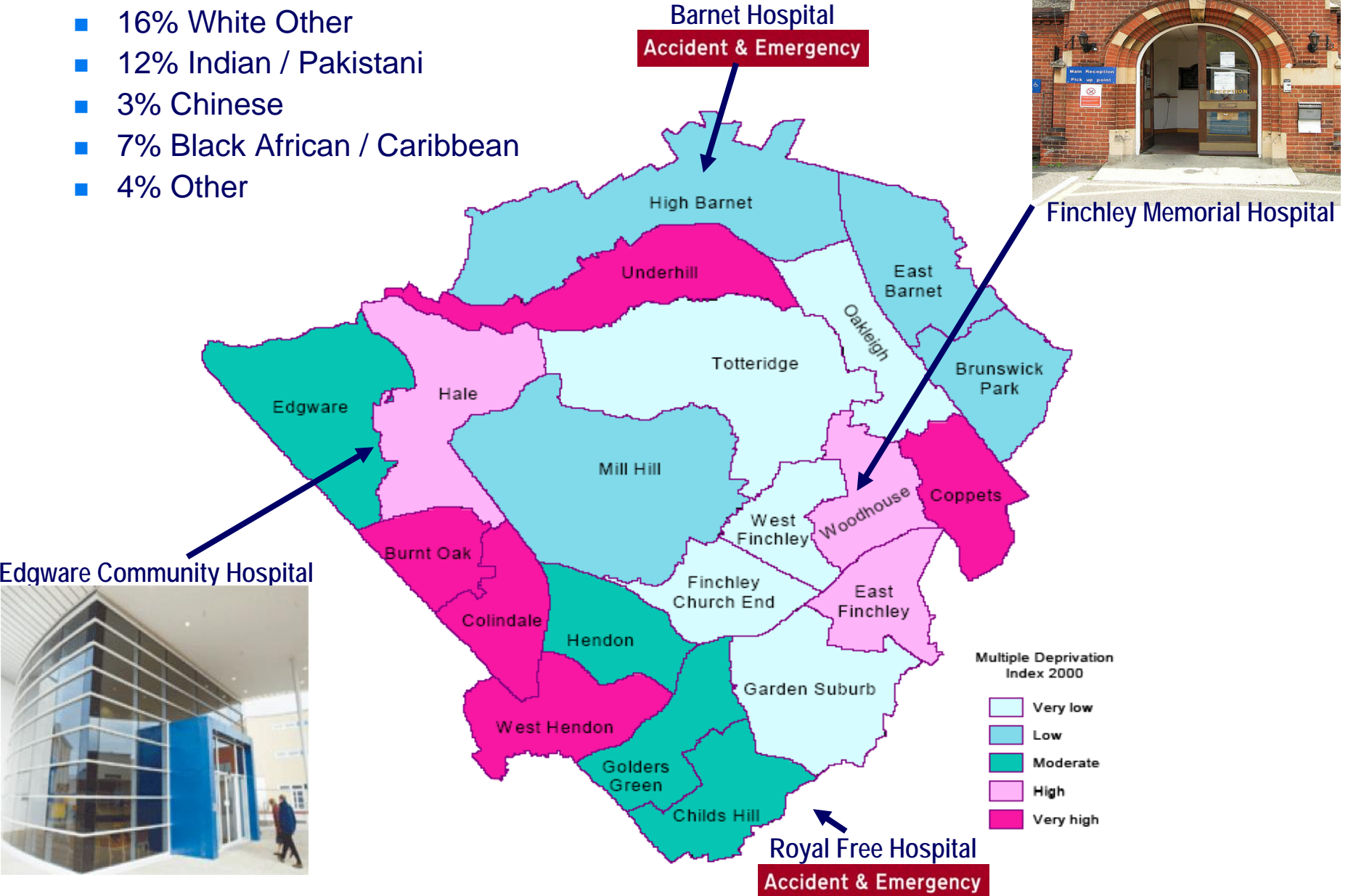
Glenda Esmond
Respiratory Nurse Consultant
Barnet Community Services (Barnet PCT)
London, UK



Barnet Demographics

Population: 340,000

- 58% White British
- 16% White Other
- 12% Indian / Pakistani
- 3% Chinese
- 7% Black African / Caribbean
- 4% Other



Finchley Memorial Hospital

Edgware Community Hospital



Royal Free Hospital Accident & Emergency



Policy Drivers

- Our health, our care, our say: a new direction for community services (2006)
 - Moving care closer to home
 - Integrated health & social care
 - Supporting patients with Long Term Conditions (2005)
 - Case Management
 - Community Matrons
 - Commissioning a patient led NHS (2005)
 - Patient focussed outcomes
 - NHS Improvement Plan (2005)
 - reduce number of emergency bed days by 5%
 - Intermediate Care Team
-



Barnet Community Services Respiratory Team

- Nurse Consultant (1 WTE)
 - Nurse Specialist (1 WTE)
 - Physiotherapist Specialist (1 WTE)
 - Occupational Therapist (0.6 WTE)
 - Clinical physiologist (0.5 WTE)

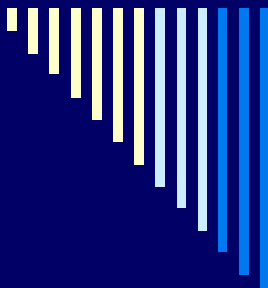
 - Consultant Respiratory Physician (1 session)
-



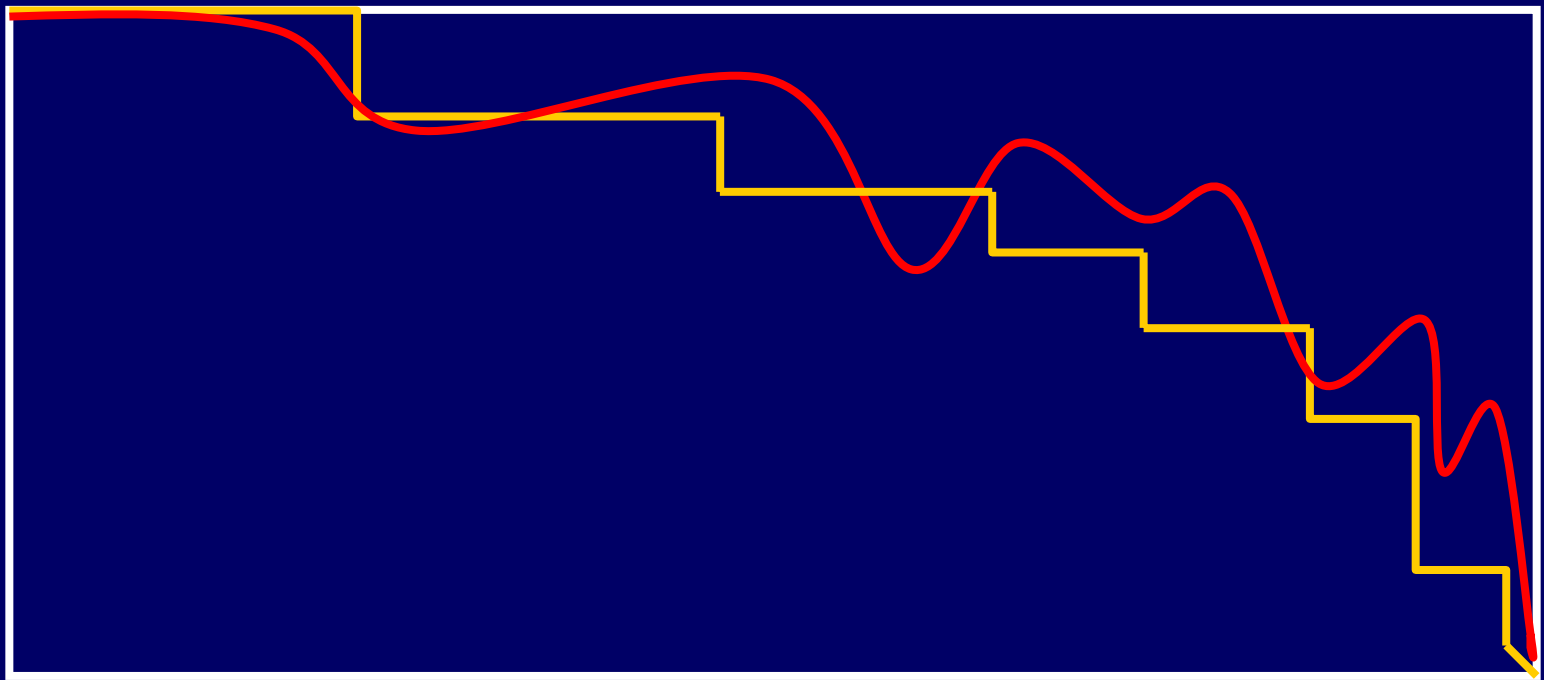
Community Respiratory Team Referrals

Majority of referrals:

- Chronic Obstructive Pulmonary Disease (COPD)
 - 2nd most common reason for emergency admission in Barnet
 - 425 admissions (3295 bed days) for COPD in 2006/07
 - Moderate to severe disease
 - Over 65 years of age
 - Have co-morbidities
 - Have low socio-economic status
-



Chronic obstructive pulmonary disease (COPD) is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the COPD diagnosis. COPD is not simply a "smoker's cough" but an under-diagnosed, life-threatening lung disease.





Pulmonary Rehabilitation

Screening
Linked to
Smoking
Cessation



Spirometry



Home Oxygen

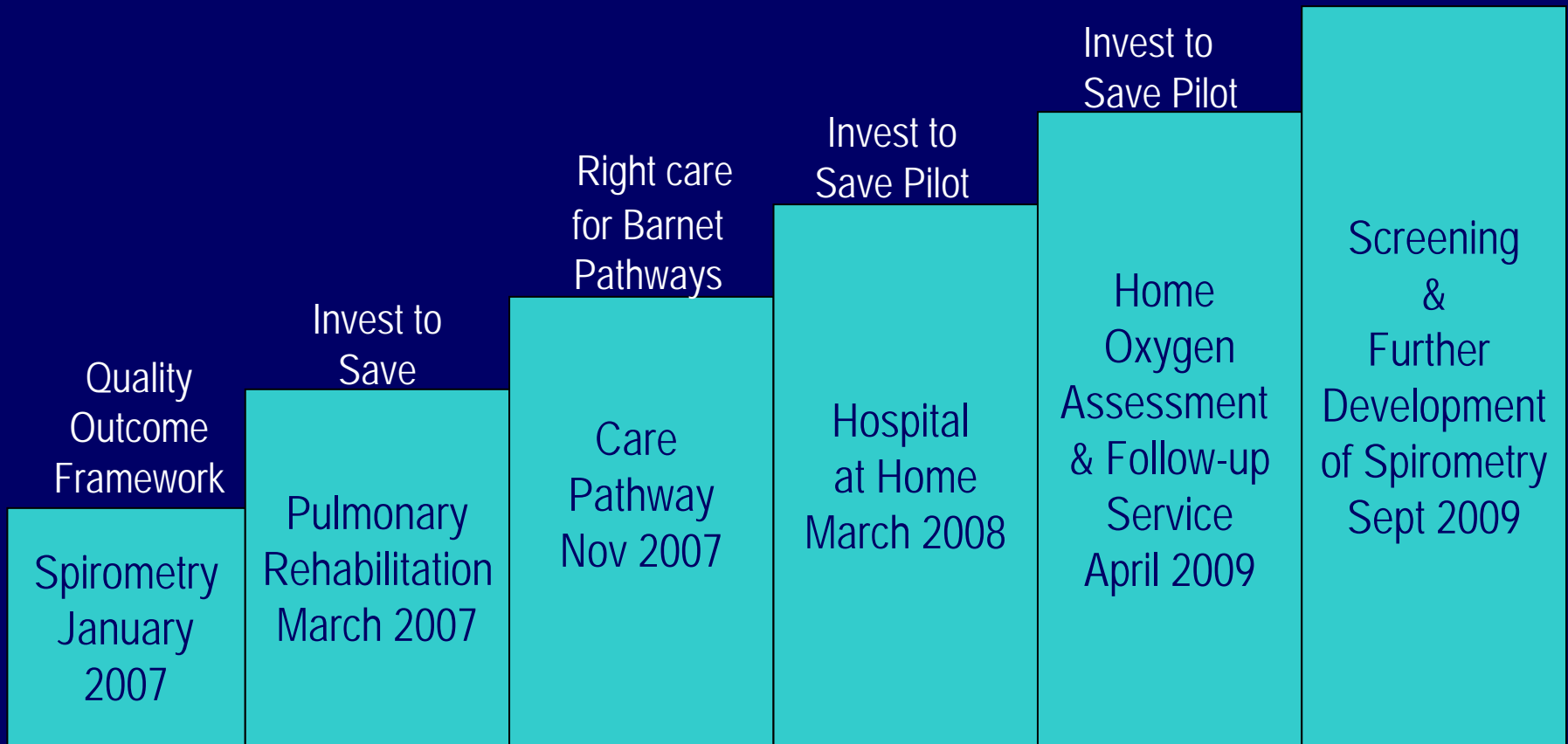


Hospital at Home /
Early Supported Discharge



Step by Step COPD Service Development

Practice Based Commissioning

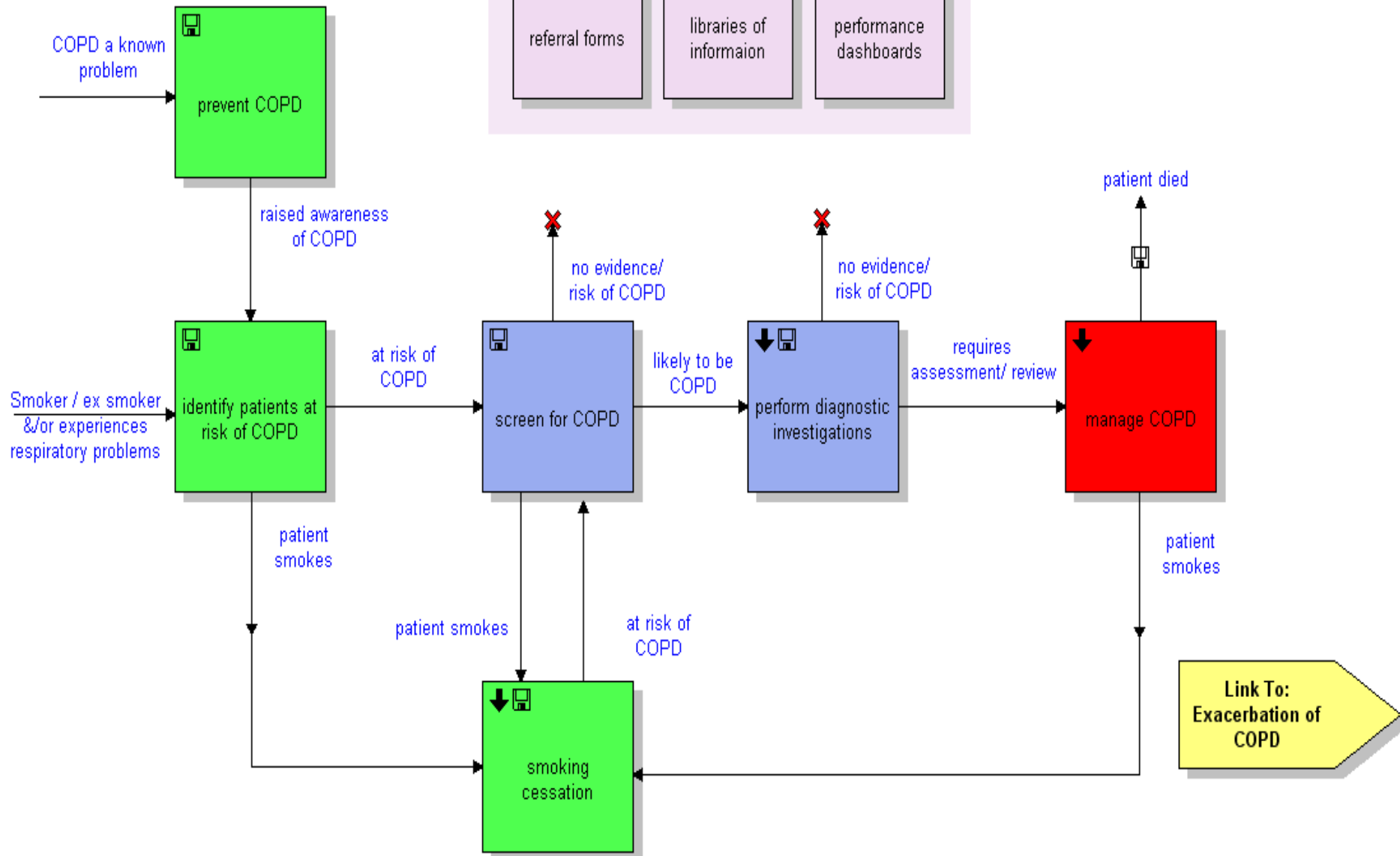


Evaluation

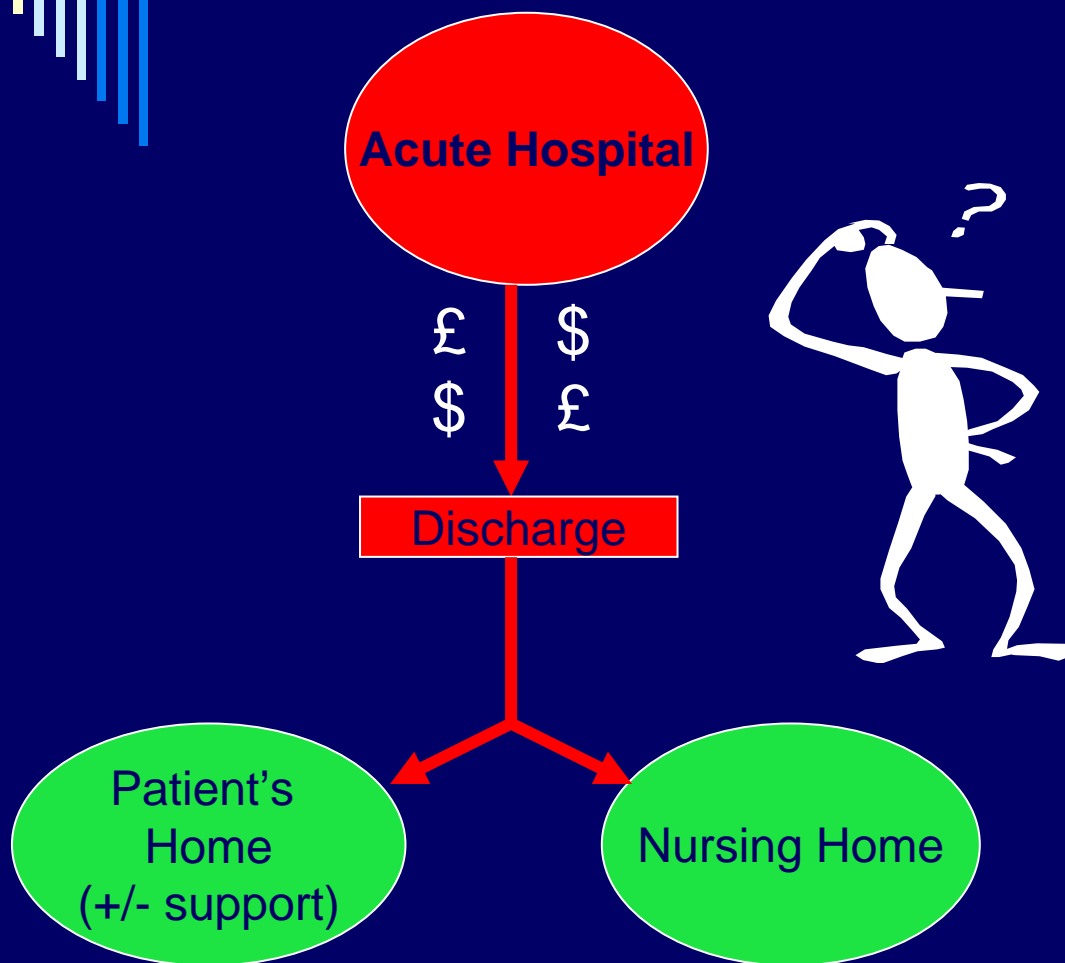
Right Care in Barnet

- Home
- Up A Level
- Previous Diagram
- Next Diagram

referral forms libraries of informaion performance dashboards

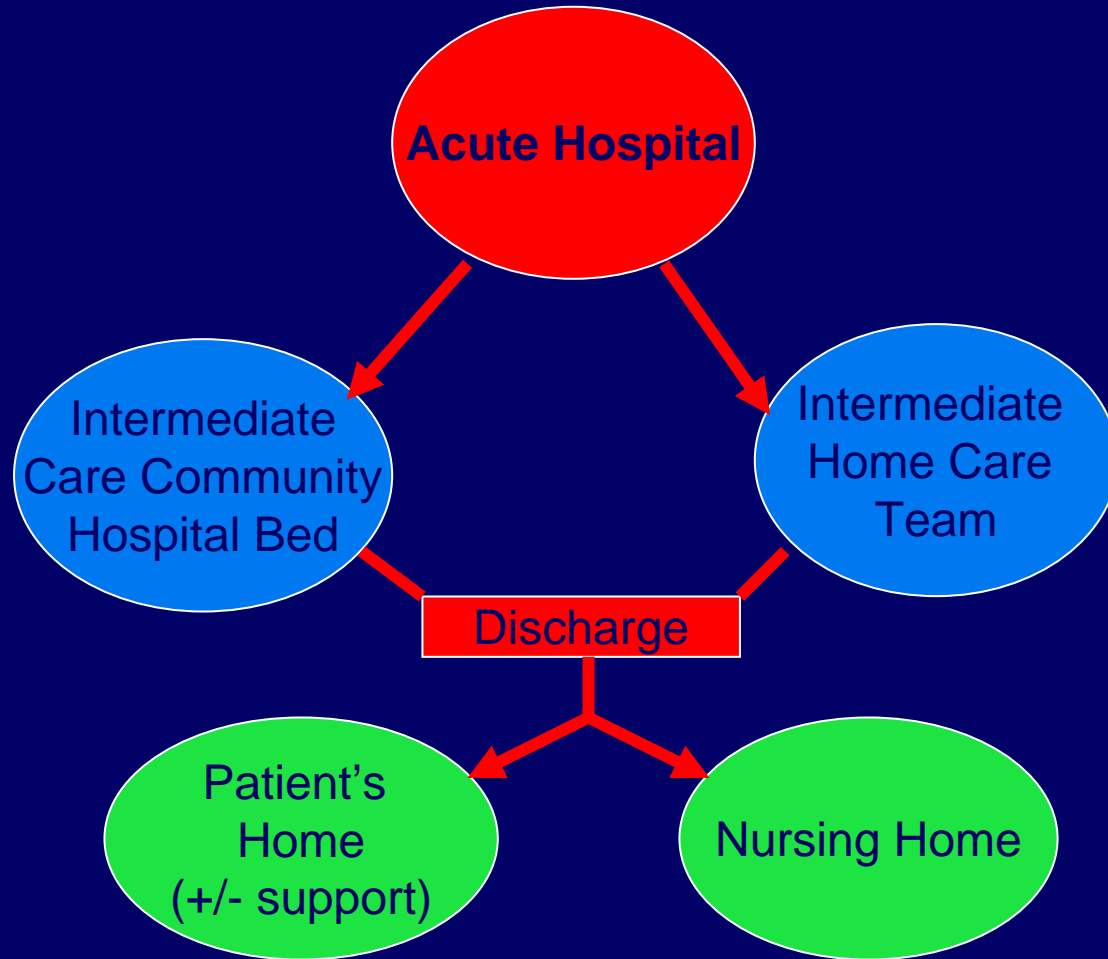


Traditional Care Model



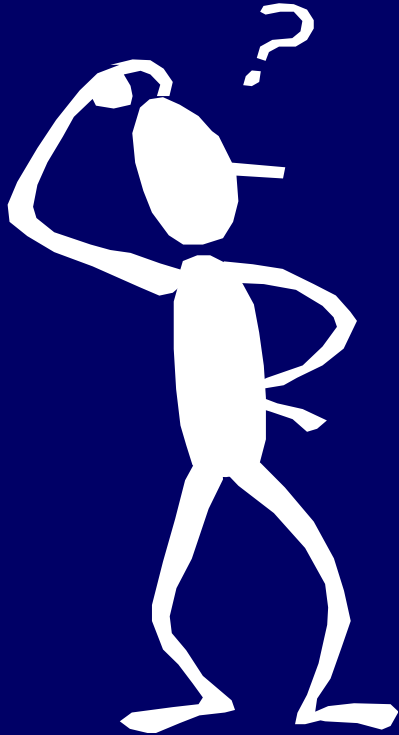
- ❑ Acute bed costly
- ❑ Promotes dependency
- ❑ Patients social needs often not identified
- ❑ Revolving door

Transitional Care Model





Transitional Care Model



- Reduces costs
 - Multi-professional input
 - Time to identify social care needs
 - Rehabilitation approach

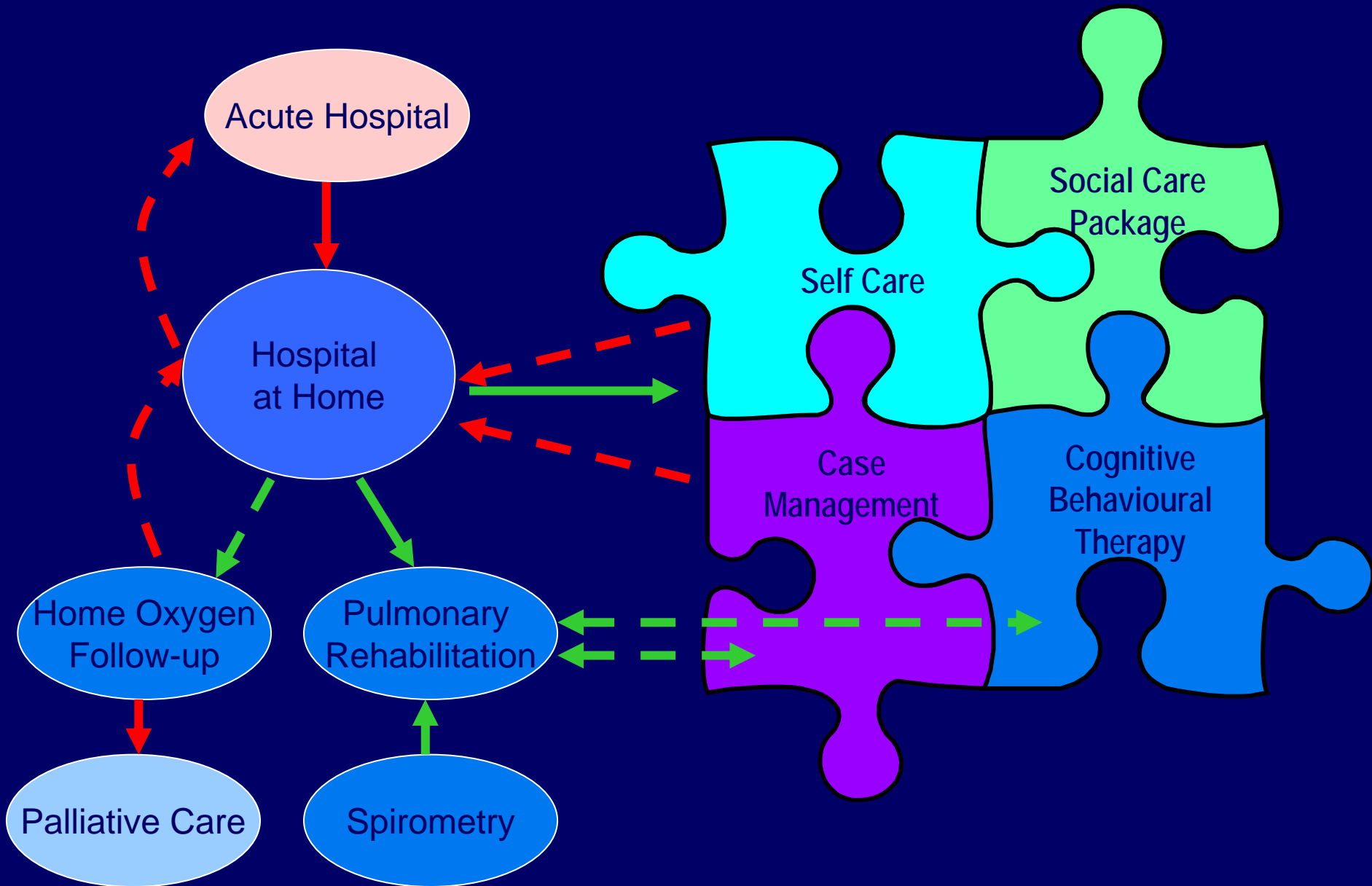
 - Patient needs physiological stability
 - Patient has two transitions to cope with
 - Outpatient referrals for specialist review
 - medication, oxygen, spirometry
 - Generic not pulmonary rehabilitation
-



Respiratory Transitional Care Model

- Specialist care within community
 - Able to manage acute respiratory problems
 - Reduced need for outpatient follow-up
 - Only one transition for patient
 - Integration with other community services
 - Rapid response social care package
 - Case Management – Community matron
 - Promotes self-care through use of action plans
 - Long term care plan implemented to take account of fluctuating health status
-

Respiratory Transitional Care Model





Respiratory Hospital at Home Evaluation 2008/09

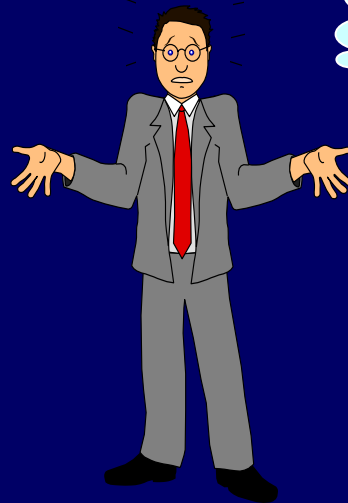
What is Respiratory Hospital at Home?

Admission
avoidance
A&E triage

Admission
avoidance
GP / patient
direct referral

Early Supported
Discharge

Combined
Hospital at Home
Approach



Hospital-at-Home (HaH) is where active treatment is provided by healthcare professionals in the patient's home for a condition that otherwise would require acute hospital care, always for a limited period.

(BTS Guidelines. Thorax 2007;62:200–210)

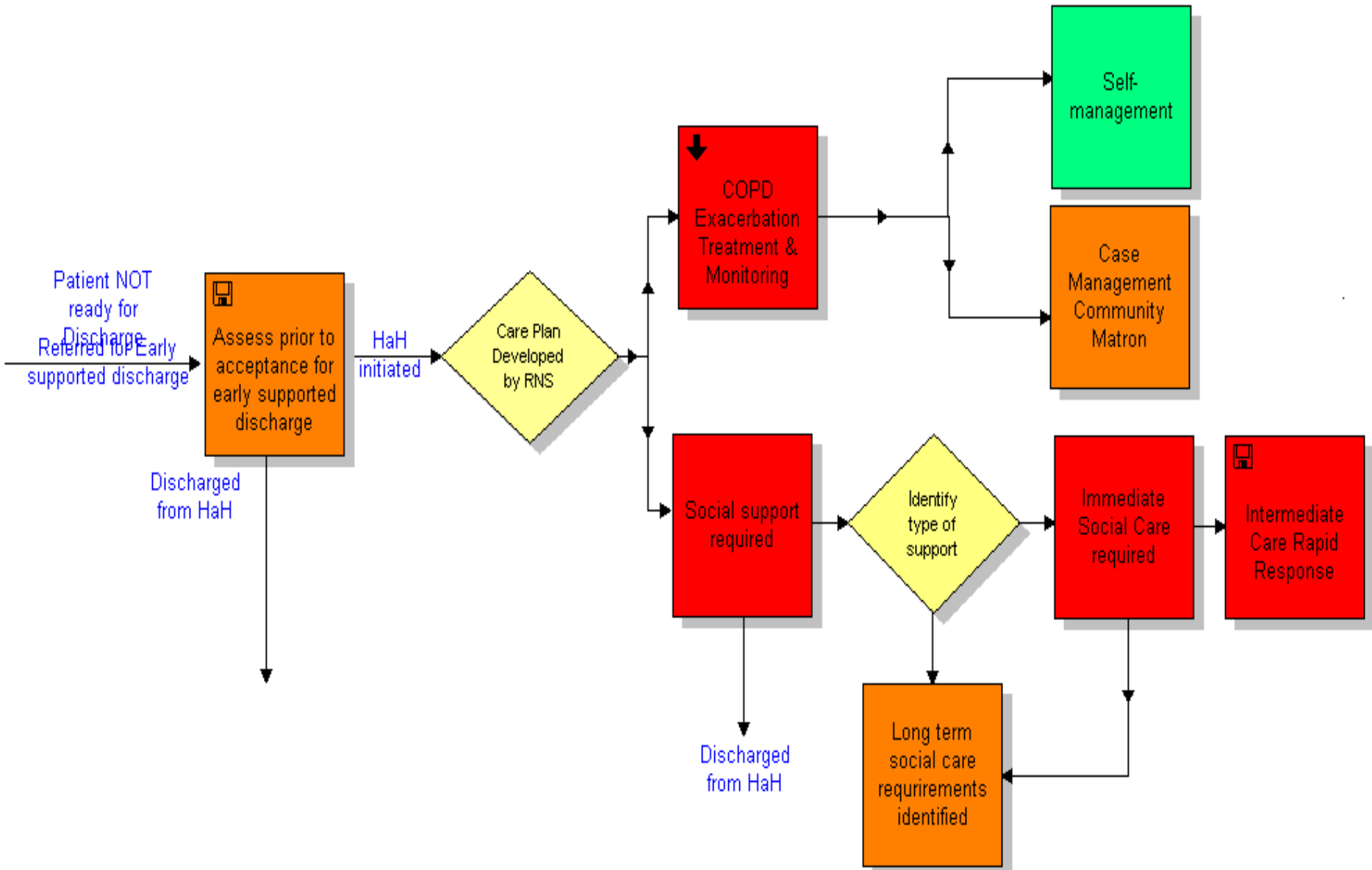


Aims of Hospital at Home (HaH)

- ❑ Reduce the number of acute admissions
 - ❑ Reduce length of stay in hospital
 - ❑ Provide transitional care following acute admission
 - ❑ Provide patients with self management skills to prevent future admissions
 - ❑ Integrate HaH with other health and social care services
 - ❑ Provide patient choice
-

Right Care in Barnet

- Home
- Up A Level
- Previous Diagram
- Next Diagram



Outcomes of Respiratory Hospital at Home?

Mortality Rates

Readmission Rates

Number of patients receiving HaH

Patient satisfaction

Demographics of those receiving HaH



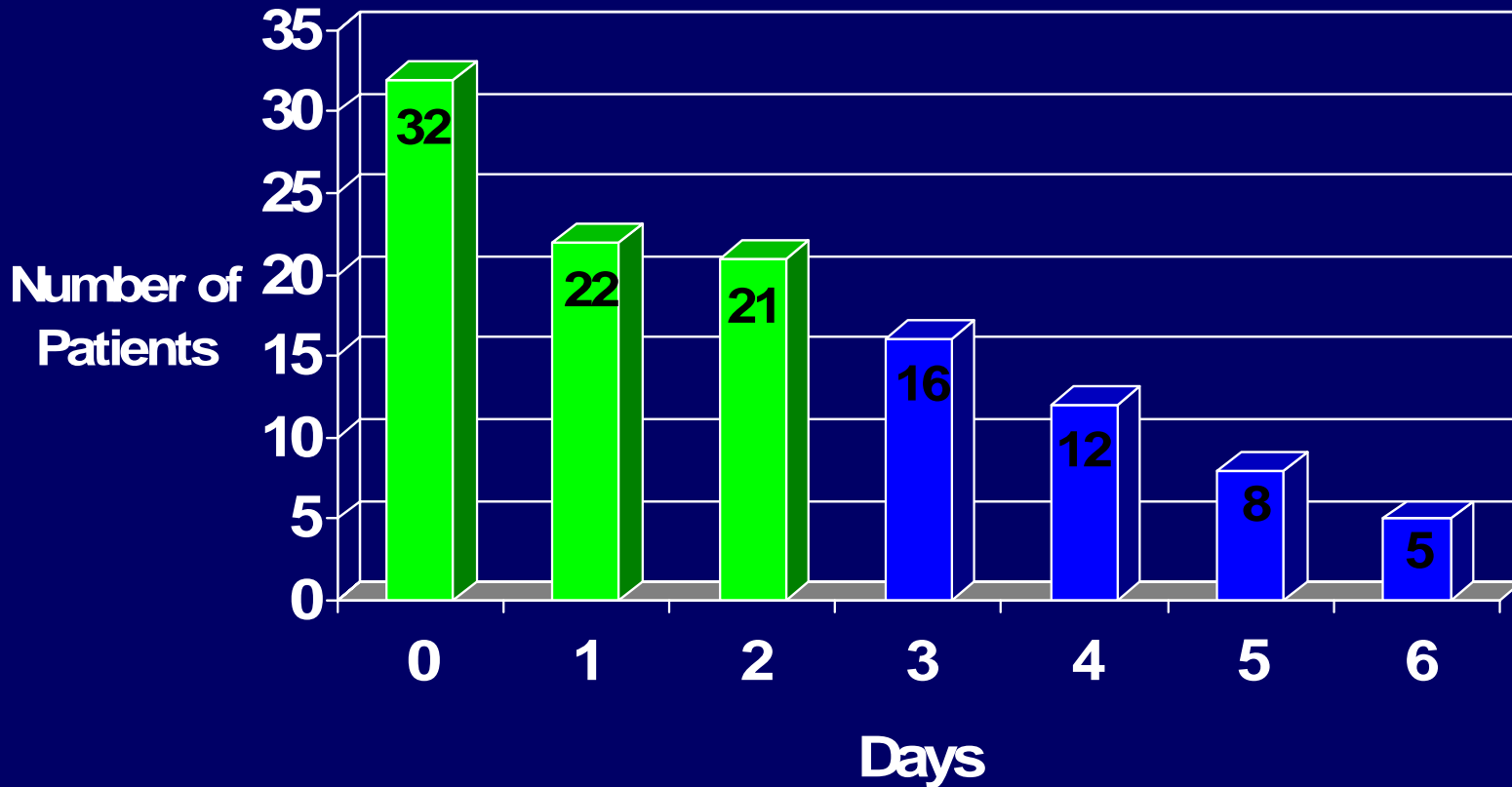
Cost Savings

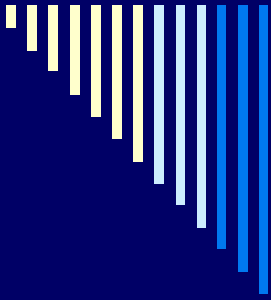


Demographics

- Service started in March 2008
 - 127 patients referred
 - 8 out of area
 - 3 did not fit criteria
 - 116 accepted
 - Mean age 74 years (range 62 – 92)
 - Gender
 - 52 female patients
 - 64 male patients
-

Number of Days in Hospital Prior to HaH



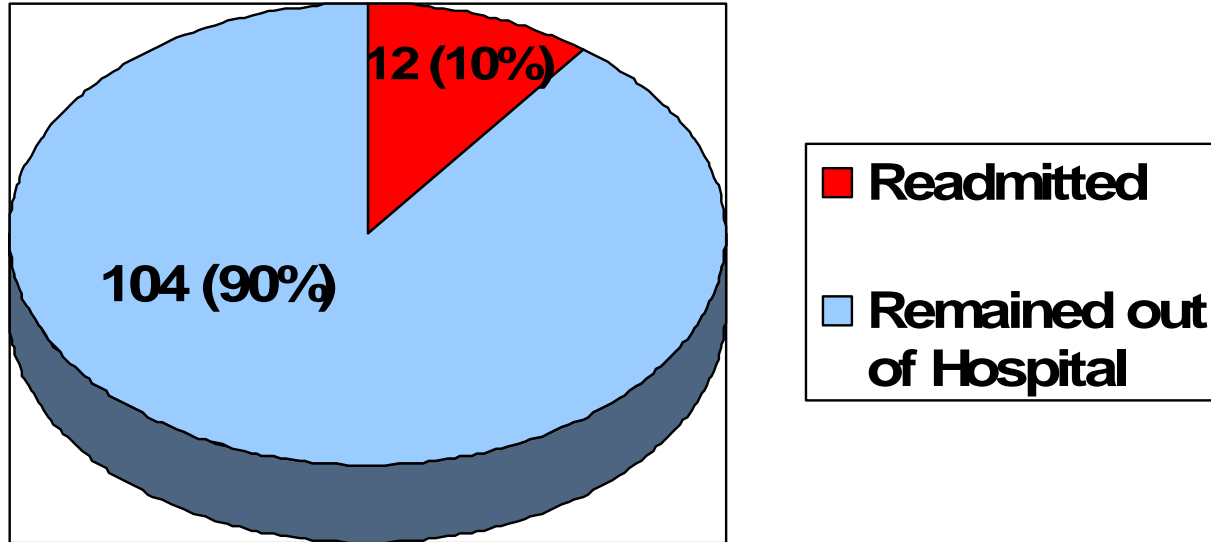


Mortality

- 1 patients has died within 3 months of receiving HaH (0.9%)

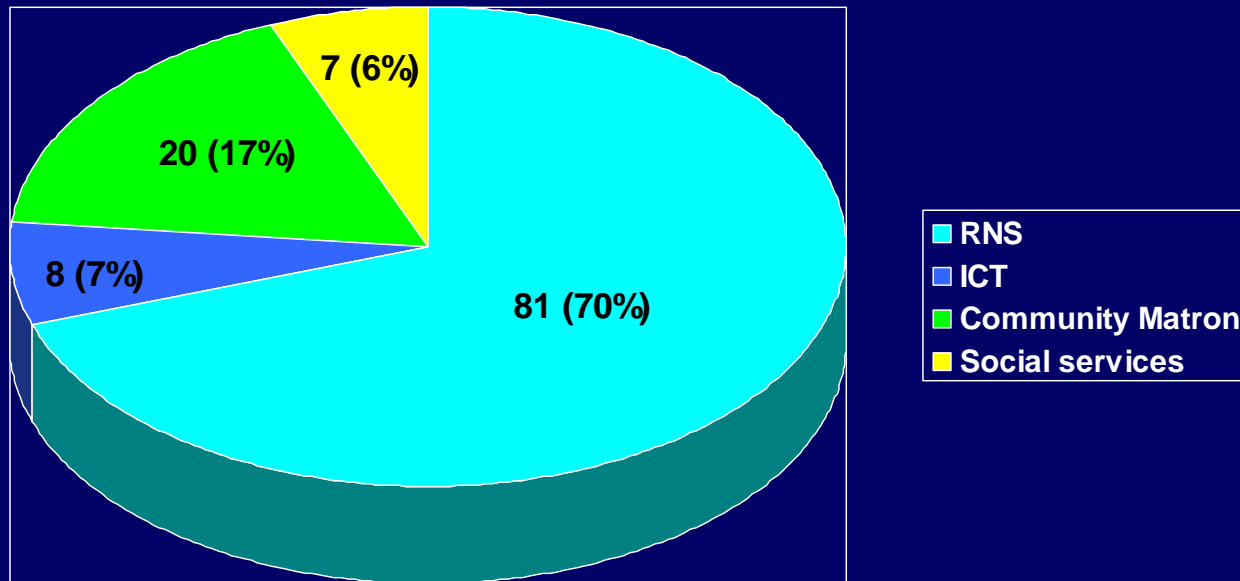
National mortality rate 7%

Readmission Rates at 2 months



National rates for HaH 25%

Care Input from other Community Services





Patient Satisfaction

Excellent	Good	Average	Poor	Very Poor
96%	4%	0%	0%	0%

Comments:

- 'Very very good, I would have it again if possible'
- 'Excellent care received'
- 'Many thanks for all your help and care'
- 'Excellent five star treatment'
- 'Wonderful patient care, she always had a lovely smile which made me feel better. I would recommend to anybody'
- 'I felt very safe and cared for, and knew that the nurse would be back when I was informed she would'.



National 2008 COPD Audit

- 62 patients audited
 - Length of stay
 - Barnet Hospital from 8.1 to 5.8 days
 - Readmission rate
 - Barnet Hospital reduced from 32 (50%) to 22 (35%)
-



Case Study

Daisy aged 76 years with Moderate / severe COPD

Physiological

- Patient admitted to hospital via A&E:
 - Acute exacerbation of COPD
 - Type I Respiratory failure (new)
- Reduced breathe sounds & bi-lateral crackles and wheeze
- CXR showed hyperinflation but no pneumonia.
- ECG showed sinus tachycardia
- Co-morbidities – CHD, mild Parkinson's disease

Psychosocial

- Lives at home with husband who is main carer.
 - Husband says he is 'coping' so not referred to hospital social worker
 - 'Panic attacks' triggered by breathlessness causing anxiety
 - Very rarely goes out which is making her feel depressed
-



Hospital Treatment

- ❑ Oral antibiotics
- ❑ Oral steroids
- ❑ Inhaled bronchodilators qds
- ❑ Oxygen therapy (2 L/min via nasal cannula)
- ❑ Assisted with washing & dressing
- ❑ Using commode
- ❑ Chest physiotherapy

Referred to HaH for discharge on day 2

Respiratory Hospital at Home – Day 2

Observations

- Oxygen saturation at rest
 - 86% on air
 - 92% on 2 litres of oxygen
- Bi-lateral crackles, no wheeze
- Pulse 89; BP 135/92;
- Temp 36.2°C
- BORG 6
- MRC 4
- HAD (Anxiety = 12; Depression = 7)
- Slight ankle oedema
- Sputum light to dark green
- BMI 20

- Husband not able to cope with increased social care needs

Care Plan at Home

- Referral to ICT - rapid response
 - **daily wash and dress**
 - **Put her to bed in evening**
 - **Commode for use at night**
- **Home Oxygen 2 litres / min**
- Inhaled bronchodilators qds
- Oral antibiotics & steroids
(compliance checked & monitored)
- Vital signs monitored daily
- Problem with 'panic attacks'
 - **Breathing control & relaxation**
- Problems with sputum clearance
 - ACBT taught
- Reduced food intake
 - Supplements prescribed
- Poor mobility due to breathlessness
 - **gradual exercises around the home**



Day 3

- Patient was more breathless
 - SpO₂ 90% on 2 litres of oxygen
 - No increase in ankle oedema
 - Bi lateral Crackles
 - Bi lateral Wheeze
 - Sputum yellow / pale green

Care plan changes

- Nebulised bronchodilators qds
- Afternoon visit to review response
 - SpO₂ 93% on 2 litres of oxygen
 - Right sided wheeze

Day 4

- Reported to feeling better
 - less breathless (BORG 4)
 - 94% on 2 litres of oxygen
 - No wheeze
 - Crackles right side
 - Ankle swelling reduced

Care plan changes

- Increase activity around house
- Care package reduced to daily wash
- Alternate day visits from day 5

Day 8

- Continues to improve
 - Less breathless (BORG 3)
 - More mobile
 - 98% on 2 litres of oxygen
 - 94% on air
 - No wheeze or crackles
 - Ankle swelling reduced

Care plan changes

- Discontinue oxygen
- Discontinue nebulisers
- Reinstate inhalers
- Care package no longer required
- Commode no longer required
- Self-management
 - action plan developed

Long Term Care Plan

- Case management
 - Community Matron referral
 - Joint visit with Community Matron
- Pulmonary rehabilitation referral

Discharged from HaH

- Day 12 following CM joint visit
- Discharge summary to GP
- Contact number left with Daisy
 - Able to refer herself to HaH

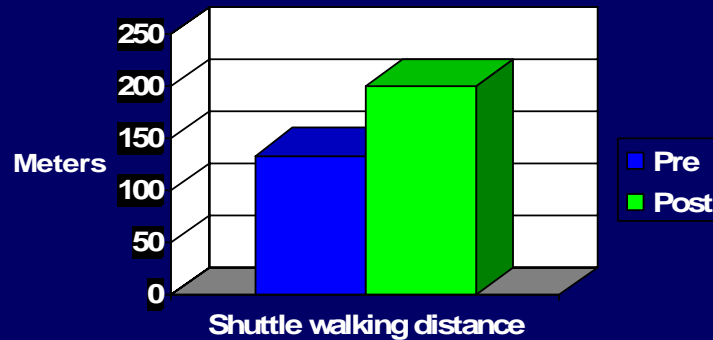
Pulmonary Rehabilitation Programme

- 2 sessions per week for 7 weeks (2 hours / session)
 - 1 hour exercise
 - 1 hour education
 - smoking cessation
 - Medication review & Inhaler technique
 - Management of exacerbations & self-management
 - Breathing control & airway clearance
 - Stress management
 - Relaxation techniques
 - Nutrition & energy conservation

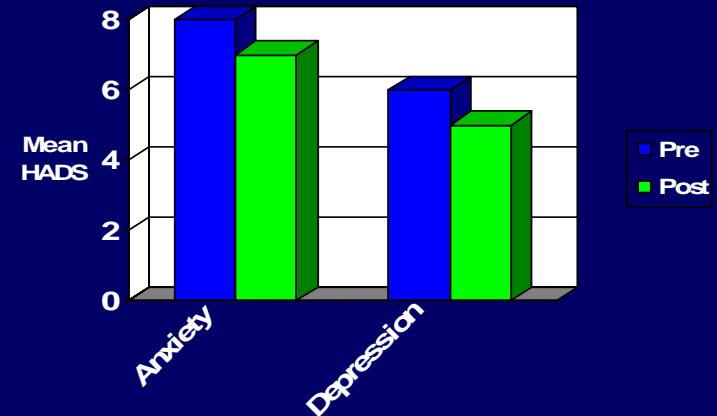


Pulmonary Rehabilitation Outcomes

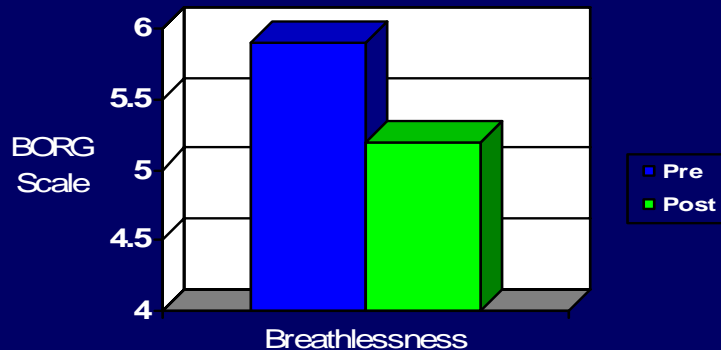
Walking distance pre & post pulmonary rehabilitation



Anxiety & depression scores pre & post pulmonary rehabilitation



Breathlessness score following exercise pre & post PR



- Improvement in QoL scores
 - Fatigue
 - Mastery
 - Emotion
 - Dyspnoea
- High patient satisfaction



Post Pulmonary Rehabilitation

- Occupational therapist follow-up
 - Anxiety management (CBT)
 - Energy conserving

- British Lung Foundation (BLF)
 - Breathe Easy Barnet





Challenges

- ❑ Acceptance for need for specialism within community
 - ❑ Engagement with acute hospital & GP's
 - ❑ Intermittent need for social care package
 - ❑ Commissioners understanding of COPD limited
 - ❑ Ability to demonstrate actual cost savings
 - systems not sufficiently sophisticated
 - Funding based on acute hospital tariff
-



Acknowledgements

Maria Musiska - Respiratory Nurse Specialist

Bunmi Adebajo - Respiratory Specialist Physiotherapist

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Sally Newton - Respiratory Occupational Therapist

