

Nurses Improving Care for Healthsystem Elders

# NICHE



Series Editor: Marie Boltz, PhD, RN  
Managing Editor: Scott Bugg

## NICHE SOLUTION #21 • 2011

### IMPLEMENT A REGIONAL CHRONIC OBSTRUCTIVE PULMONARY DISEASE OUTREACH TEAM

**Authors:**

**Desa Hobbs, RN, BScN, MBA**  
**Kim Kohlberger, CSW, MHSM**  
Halton Healthcare Services  
Mississauga, Ontario, Canada

**PROBLEM:** Chronic Obstructive Pulmonary Disease (COPD) has been identified as a long-lasting condition with a beyond budget length-of-stay, and numerous readmissions and ER visits.

**SOLUTION:** Creation of a tri-hospital initiative to put in place a quality improvement process for treatment of COPD patients across the continuum of care.

**Problem Identified** The World Health Organization indicates that deaths related to COPD will increase by 30% in the next ten years. In 2005 three million people died from COPD, a 30% increase. Extrapolated to 2011 this projects that close to 4 million deaths will be attributed to COPD.

At Halton Healthcare Services, COPD related admissions were found to be highest in the 65-85 age group. Patients with COPD who were 65-and-older were annually readmitted an average of 1.6 times. The average length of stay (LOS) for COPD patients was 9.96 days, which is 3.46 days longer than the average acute LOS.



# Nurses Improving Care for Healthsystem Elders

**Solution Formulated** Halton Healthcare Services took the lead in a six-month tri-hospital initiative to improve the treatment of COPD patients across the continuum of care. A six-week post-acute care path was developed for COPD patients that included in-home care with a disease self-management educational component, breathing exercises, strengthened links to community physicians and referrals to other resources such as smoking cessation programs.

Two COPD outreach nurses were placed at each of the three facilities with the goal of handling 150 post-acute patients each during the pilot program. These nurses completed pulmonary rehabilitation educator certification provided by The Canadian Lung Association within one month of hire.

Other efforts included standardization of follow-up actions in the community and enhanced collaboration with family physicians. Longer-range goals included establishment of COPD/Pulmonary Rehabilitation Coordinator positions across the region, reduced Pulmonary Rehab Program wait times and support for access to community resources to reduce reliance on acute services.

**NICHE Role** The NICHE Geriatric Resource Nurse (GRN) core curriculum is designed for use by those at NICHE sites who train nurses in best practices for hospitalized older adults. GRNs are the foundation of system-wide improvement to achieve positive outcomes for hospitalized older adults. The NICHE program, available to hospitals throughout North America, offers evidence-based, interdisciplinary approaches to promote improved care for the hospitalized older adult.

**Evaluation/Results** Results of the six-month project included:

- Regional standardization of an outreach COPD care path
- Creation of documentation and data collection tools
- Improvement in access to Pulmonary Rehab in areas previously under resourced
- Specialized COPD educator training completed by outreach team and Pulmonary Rehabilitation coordinators
- Enrollment in project and outreach visits reached targets
- Anecdotal impact on readmissions and ED visits
- Decreased LOS for patients with COPD. A fiscal year to date (April to August) comparison from 2010 to 2011 indicates 1.4 day(s) reduction in acute LOS.
- Client Satisfaction Questionnaire administered to 223 patients and 87% of these patients indicated a high level of satisfaction with the outreach service
- Almost 70% of patients who completed the outreach pilot indicated an improvement in their well-being and quality of life as a result of this service

## For more information

1. Bourbeau, et al (2006). *Economic Benefits of Self-Management Education in COPD*, American College of Chest Physicians; 130 (6) 1704-1711
2. Bourbeau, et al (2003). *Reduction of Hospital Utilization in Patients with Chronic Obstructive Pulmonary Disease*, American Medical Association; Vol. 163, March 10 585-591
3. "Living Successfully With Chronic Obstructive Pulmonary Disease" Produced by: Halton Healthcare Services, January 2007, Mississauga Halton Local Health Integration Network (Oakville, Ontario)
4. The Canning Division of General Practice LTD <http://www.canningdivision.com.au/cdsm.html>
5. Tomaszewski, Gina, and O'Callaghan, Christina. (2009). *Self Management in theory and practice*, Southwest Local Health Integration Network (London, Ontario)

## NICHE-related resources

1. Parisi, LL. (2011). Measuring performance, improving quality. In M. Boltz, E. Capezuti, T. Fulmer, & D. Zwicker (eds.) (2011). *Evidence-Based Geriatric Nursing Protocols for Best Practice* (4th ed.) (11-22). New York: Springer.

## About NICHE

NICHE is a national organization designed to help health care professionals in hospitals improve the care of older adults. NICHE hospitals seek to create an environment where older adult patients receive care that results in better outcomes. This climate of success encourages patients and their families to seek NICHE designated hospitals for their medical needs. The NICHE Network now numbers nearly 300 hospitals throughout North America.

NICHE is a program of The Hartford Institute for Geriatric Nursing at NYU College of Nursing funded in part with generous support from Atlantic Philanthropies and The John A. Hartford Foundation. For more information visit [www.nicheprogram.org](http://www.nicheprogram.org).

# NICHE