Person Centred Goal Setting For People with COPD within the Home Setting

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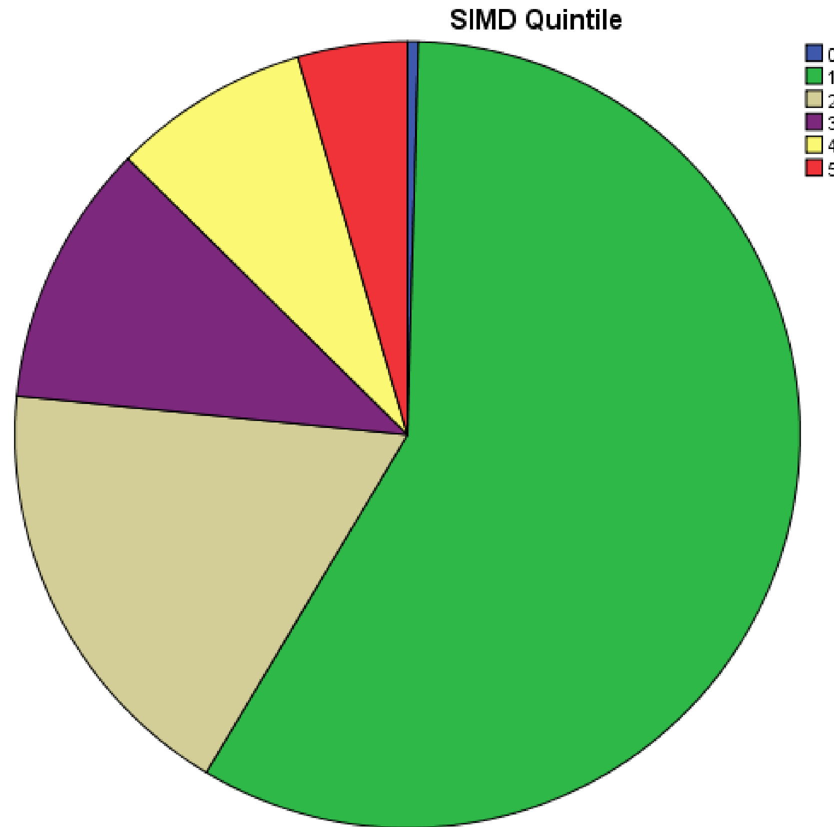
COPD

- Estimated 3 million people have COPD in the UK.
- 100,000 people in Scotland
- 3rd most common reason for hospital admission- highest readmission
- 122,000 bed days annually
- £100 million per annum NHS direct.
- Predictive increase 33% next 20 years.
- Glasgow has 10,000 hospital admissions per year. 600 on SPARRA data NW Glasgow.

NHS QIS (2010)

Deprivation characteristics: NW CRT (n=222)



Scottish Index of Multiple Deprivation

Community Respiratory Team

- Change Fund Pilot - COPD only
- Community Based NW Glasgow
- Physiotherapy lead MDT with input from Pharmacy and Occupational Therapy
- Coordination with Respiratory Nurse Specialists- joint assessments.
- Community Based NW Glasgow

Aims of CRT

- To avoid unnecessary, unscheduled hospital admissions by treatment of the patient suffering from an exacerbation of COPD in the home setting as an alternative to hospital admission.
- To facilitate the early discharge from hospital, working closely with the Early Supported Discharge team to reduce length of inpatient stay.
- Prevent future hospital admissions through anticipatory work

Hospital at Home

- Admission avoidance. Reduction of inpatient beds plus readmission rates.
- Safe and effective treatment approach aimed at reducing acute inpatient beds.
- Patient centred approach. Patient and Carer preference.
- Best Practice – NICE/BTS. NHS QIS Clinical Standards for COPD Services in Scotland.

Davies et al. (2000), Jeppsen et al. (2012), Gravil et al. (1998)
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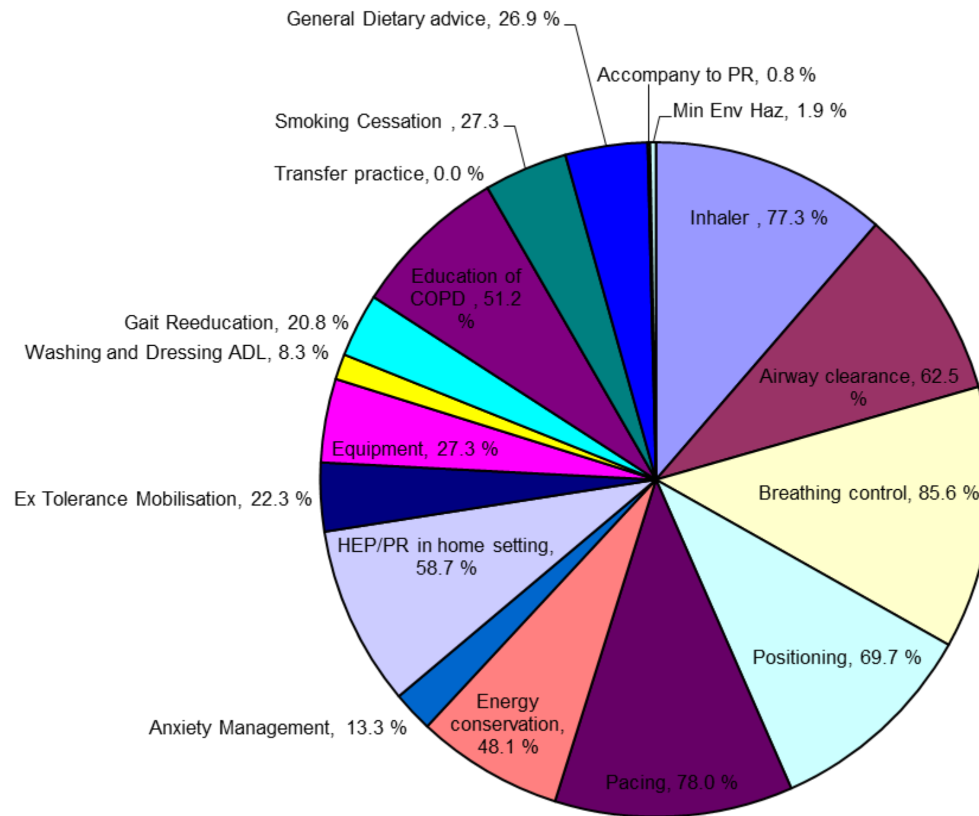
Interventions



Supported Community Self Management

- LTC move acute - chronic care approach
- Demonstrated as most cost effective and successful
- Person centred - active participation
- Education alone is inefficient should be tailored to patient needs, knowledge level and clinical profile through disease spectrum

(NICE, 2010, Bourbeau & Saad, 2013, Cleland et al, 2012, Annandale , 2009, Bucknall et al, 2012, Holland et al, 2013).

Goal setting

- Essential component of rehabilitation (Barnes et al, Wade et al, Siegert et al.)
- Engages active participants in health care and decision making. Patient centred approach (WHO 2004).
- Optimising independence, improves therapy outcomes and patient satisfaction (Parsons,2012)

- Written In persons own language
- Patients scores themselves at end of intervention

SMART GOALS

- S significant, simple,sensible
- M meaningful, managable
- A agreed, attainable, appropriate
- R relevant, reasonable
- T timely, tangible
- E enjoyable, engaging
- R recorded, reviewed,

S SPECIFIC Details exactly what needs to be done
M MEASURABLE Achievement or progress can be measured
A ACHIEVABLE Objective is accepted by those responsible for achieving it
R REALISTIC Objective is possible to attain (important for motivational effect)
T TIMED Time period for achievement is clearly stated

Challenges

- Multiple co morbidities of patients
- Unrealistic expectations
- Difficult to define
- Mental health
- Cognitive impairments
- Communication difficulties

Examples of Goal setting

1) *" To stand and get money out at a cash machine twice a week without panicking"*

1) *"To be able to take a shower without my wean helping me every day"*

Affix addressograph label or complete:

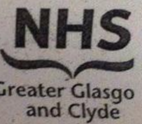
Name: PATIENT X

CHI number:

DOB: ___/___/___

North West Respiratory Team

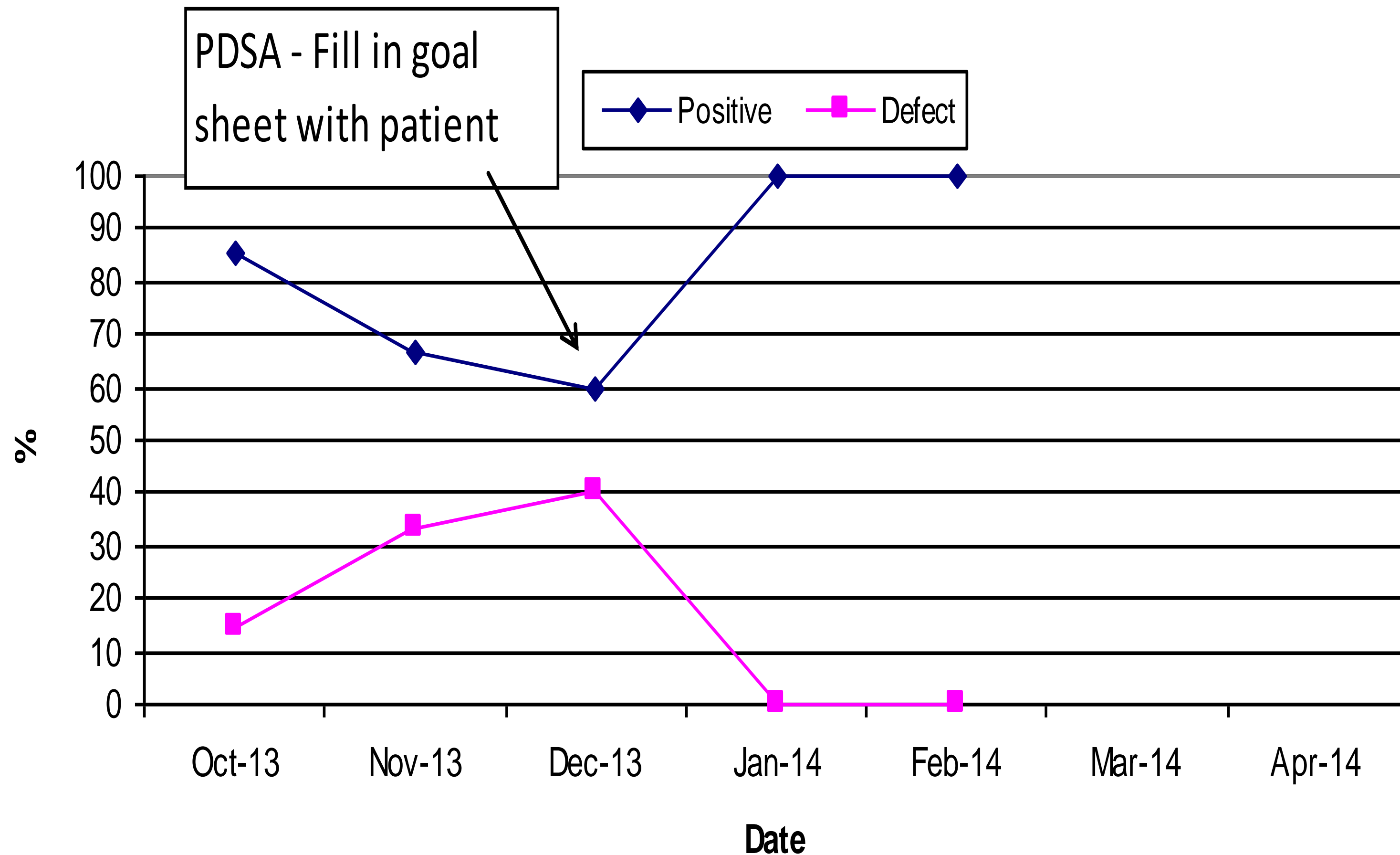
GOAL & ACTION PLAN



Problem score (PmS):	0	1	2	3	4	5	6	7	8	9	10
This problem interferes with my daily activities:	not at all		slightly		definitely			often			severely

Progress score (PrS):	0	1	2	3	4	5	6	7	8	9	10
My progress towards achieving this goal is:	complete success			75%		50%		25%			no success

Date	Issue №	Issue, problem, current status	Patient-centred rehabilitation goal (if required)	Action(s)	Outcome	Ax Date:	D/C Date:
14/4	1	Cannae walk to bookies	I wish to feel more in control when walking to the bookies twice weekly	Learn about breathing control and pacing. Practice with physio and during everyday activities. Complete home exercises with support worker. See occupational therapist about relaxation / how to cope with panic. Practice ~~and~~ improved inhaler technique.	90% - much more confident. Can cope with breathing. Getting out to bookies twice weekly in good weather.	PmS: PrS: Initial:	PmS: PrS: Initial:
						PmS: PrS: Initial:	PmS: PrS: Initial:
						PmS: PrS: Initial:	PmS: PrS: Initia



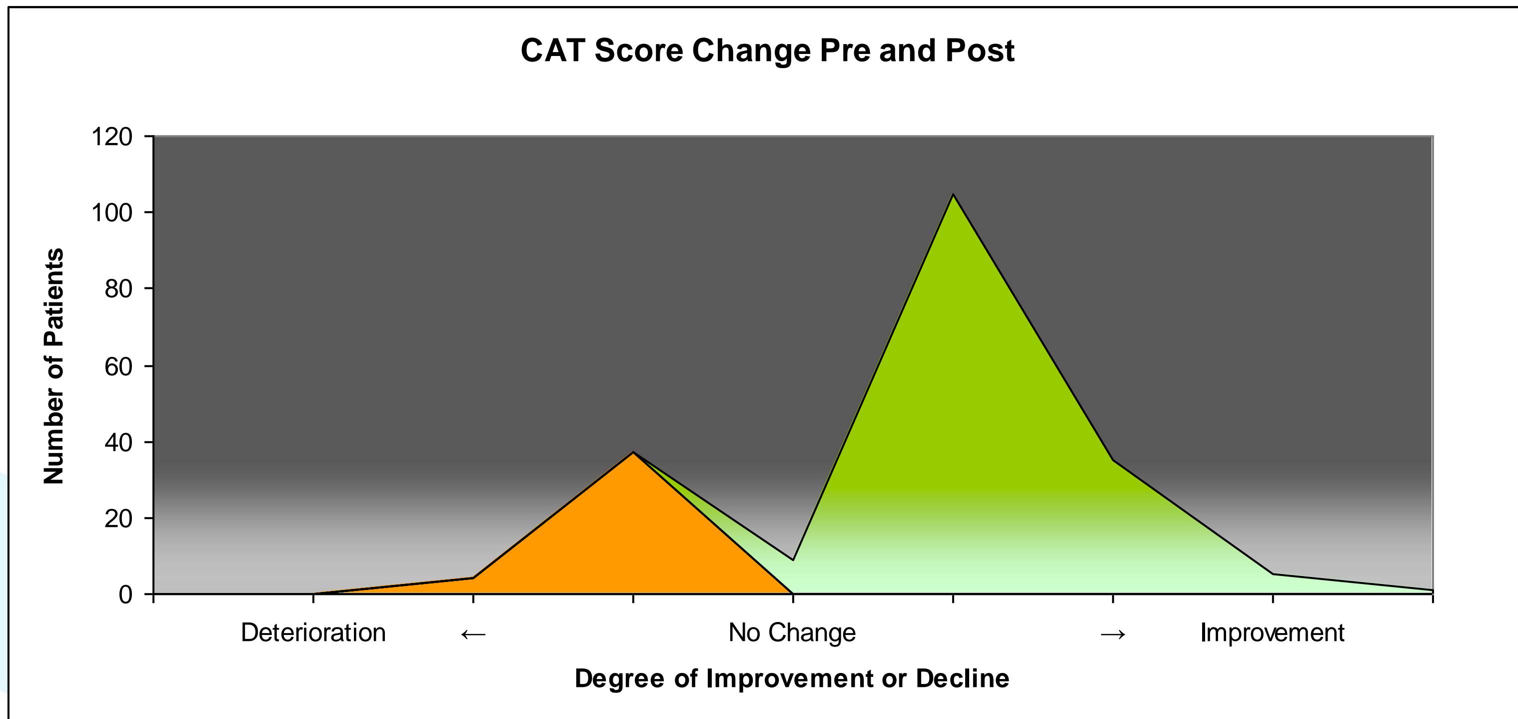
Did you set a goal with the team relating to what you wanted to achieve?
PDSA - Fill in goal sheet with patient
Positive
Defect
100
90
80
70
60
50
40
30
20
10
0
%
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
Date

Results of Outcome Measures

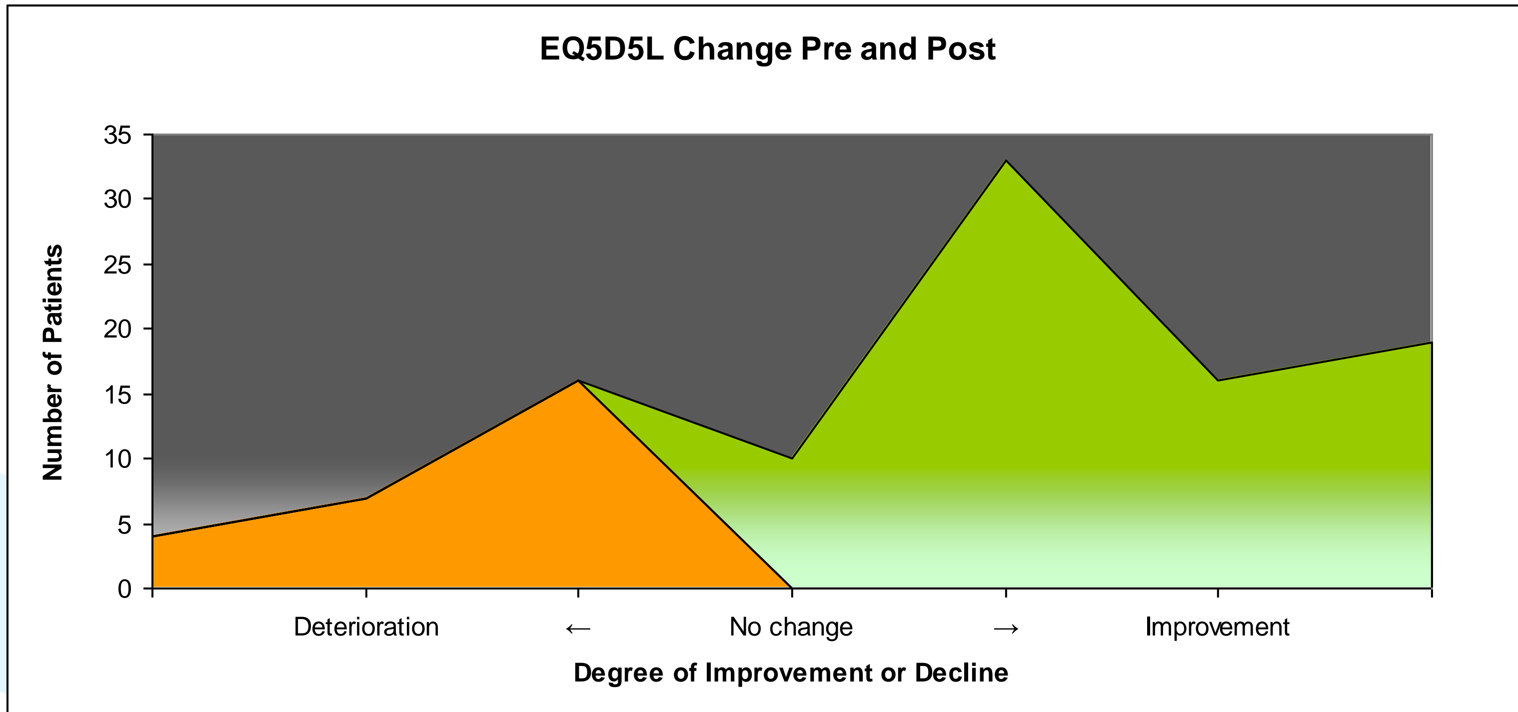
- Pre and Post Intervention demonstrate statistically significant improvements in both impact of disease (COPD Assessment Test) and Quality of Life (EQ5D5L)

- CAT: cough, sputum, activity, mental health.
- EQ5D5L measures: mobility, personal care, mental health, ADLs, overall well being.

Results of CAT



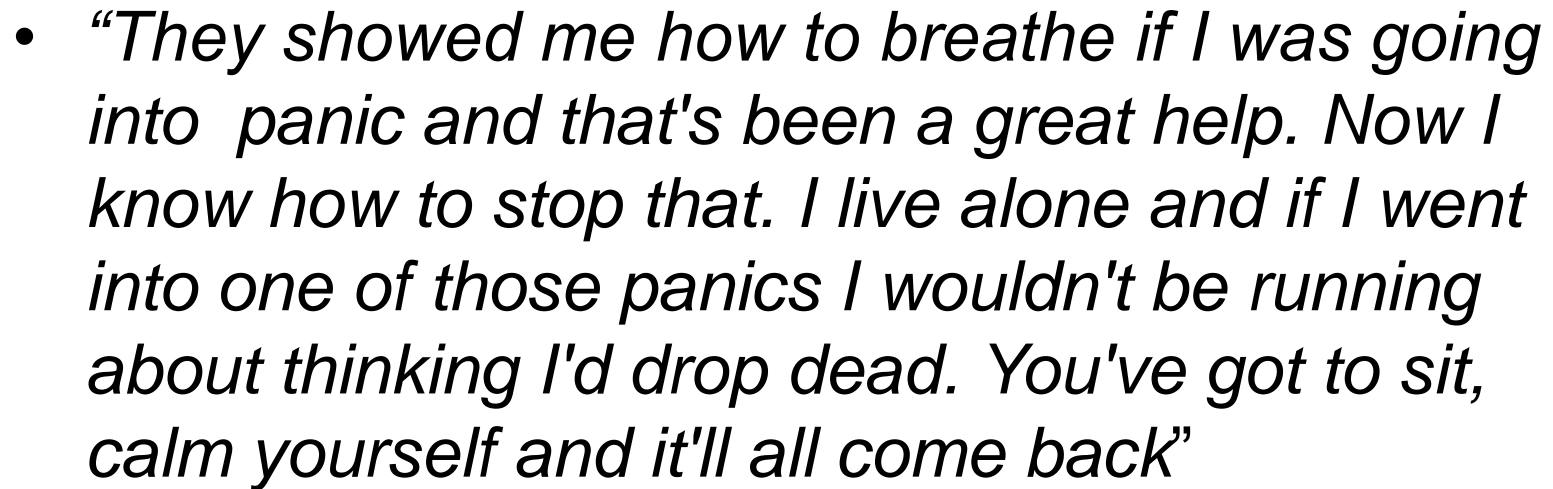
Results of EQ5D5L

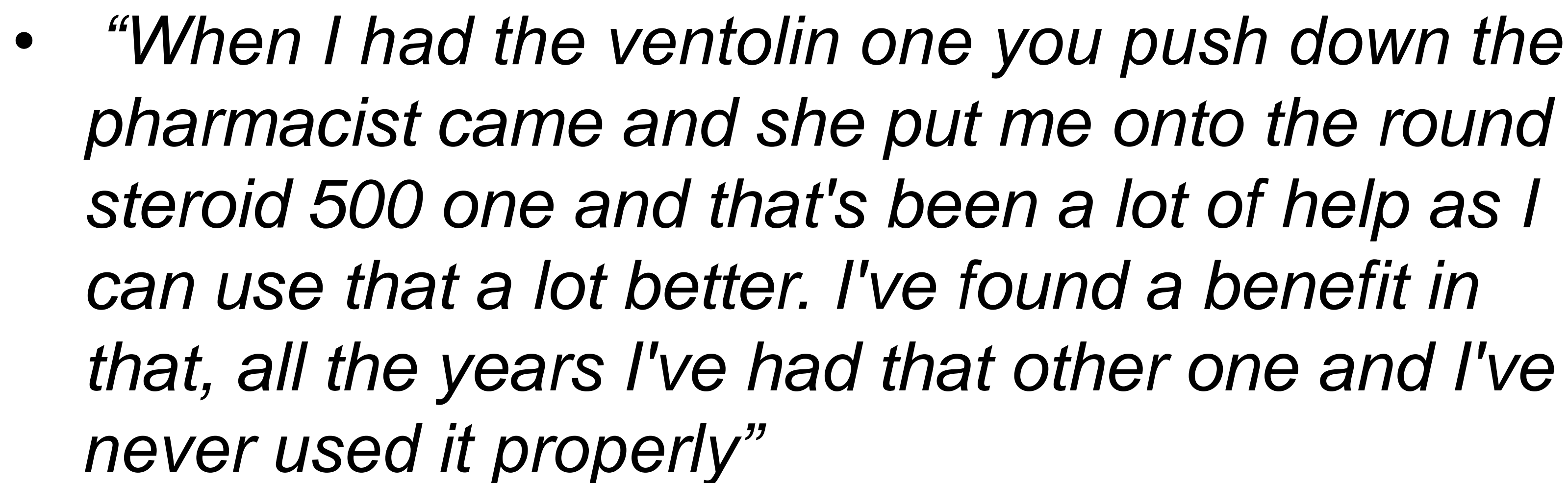


Qualitative Data

- *“The girls were nice really helpful, they said you make a goal. I aimed for 6 weeks and I did it in 3. I wasn't in control of it before and now I'm good. I'm not so hemmed in with it. I've got a bit of my life back. I can get out even without my inhaler always on the go now”.*

- *" Everything possible to be honest with you, they saved me going to the hospital. They showed me my medication I had been taking I was taking wrong. They fixed all that out. I wouldn't have known what to do without the girls. The physiotherapist arranged for me to get a delta and went over my nebulisers. The occupational therapist arranged for a bath thing for my daughter to help me get a bath "*


• *"They showed me how to breathe if I was going into panic and that's been a great help. Now I know how to stop that. I live alone and if I went into one of those panics I wouldn't be running about thinking I'd drop dead. You've got to sit, calm yourself and it'll all come back"*



- *“When I had the ventolin one you push down the pharmacist came and she put me onto the round steroid 500 one and that's been a lot of help as I can use that a lot better. I've found a benefit in that, all the years I've had that other one and I've never used it properly”*

Conclusion

- The Community Respiratory Team is shown to be a viable and beneficial alternative to hospital admission in the treatment of patients with COPD who are unwell.
- Patients demonstrate improved activity levels, independence and self management.
- Improvements in the impact of disease and quality of life is expected to reduce the number and/or length of future impatient stays.