

Poster Session
HRT11420 –Innovation Awards
November 2014 Melbourne



“Punching windows through silos”
Presenter: Franca Facci

Hospital Code Name: Illawarra Shoalhaven

ELEVATOR PITCH

- ▶ We worked with stakeholders outside the hospital to provide exercise programs to people with COPD
- ▶ Those who attended our program improved their fitness* to a much greater degree than if they had continued to exercise at the hospital
- ▶ It freed up capacity in the hospital program by 60% so more patients can attend more frequently
- ▶ This cost us \$2940 per 12 week program
- ▶ \$196 per person

PRESENTER SUMMARY

- ▶ Pulmonary rehab programs were full with no additional funding coming our way
- ▶ We were starting to see a dependency developing...
- ▶ Providing exercise programs to people with COPD away from the hospital
- ▶ Collaborated with a range of stakeholders to fund a 'Lungs in Action' program at a community gym
 - ▶ We got the participants to pay half the cost of the program
 - ▶ Low cost (\$196 per person for 12 weeks)
- ▶ **Significantly*** increased fitness levels and confidence
- ▶ Hospital rehab capacity increased by 60%
- ▶ Excellent up-take and interest from others

KEY PROBLEM

Pulmonary rehab capacity exhausted

- ▶ Ever increasing focus on hospital as the only suitable option for rehabilitation for COPD
- ▶ 4 Programs per year 90% completion
- ▶ No increased resourcing for staff or facilities
- ▶ Once patients had completed pulmonary rehab they could only attend exercise 'maintenance' programs once per month
- ▶ This resulted in declining fitness levels

AIM OF THIS INNOVATION

- ▶ The development of suitable physical activity programs for people with COPD away from the hospital
- ▶ To seek financial contribution from patients attending
- ▶ To increase patient's confidence in activities of daily living
- ▶ To increase or maintain a 'good' level of fitness amongst participants

BASELINE DATA

- ▶ Average referrals to pulmonary rehab 9 per month
- ▶ Patients who had completed pulmonary rehab could only attend exercise program once per month
- ▶ For those who attended once per month, no health improvements were noted and in most cases their fitness declined

KEY CHANGES IMPLEMENTED

- ▶ Development of a collaborative strategy (working across the silos) to provide a physical activity program in the community
- ▶ Liaison with in/outpatient physio, CNC respiratory, Ambulatory Care, Health Promotion, Local Council, NGO
- ▶ Development of a service contract with a council-operated gym to run the 'Lungs in Action' program
- ▶ Trainers completed 'Lungs in Action' online course
- ▶ Supervised by pulmonary rehab and heart failure staff
- ▶ Screening of clients for suitability
- ▶ Up front charge of \$99 for twice weekly 10 – 12 week course

OUTCOMES SO FAR

"I couldn't do stairs, and now I can go up and down the stadium stairs 5 times"

- ▶ Overwhelmingly positive results after one program
- ▶ 23 people attended
- ▶ After 12 weeks statistically significant improvements made to:
 - ▶ 6min walk test (improved 59m vs 7m)
 - ▶ 'mastery' of their condition (clinically significant change)
- ▶ Minimal cost:
 - ▶ \$2940 per program for 12 weeks
 - ▶ \$196 per person for 12 weeks
 - ▶ Less than one NWAU
- ▶ Pulmonary rehab capacity increased by over 60%
- ▶ Anecdotal reports: no re-admissions in 9 months

"After 5 years I played my first game of tennis and better still, I aced my sister"

LESSONS LEARNT

- ▶ Work across the continuum
- ▶ Use your inpatient systems – look at ‘pull’ strategies
- ▶ Collaborate with colleagues outside of the hospital
- ▶ Work with the Medicare Locals or directly with GPs
- ▶ Facilitate referrals for people with complex health and social issues (care coordination)
- ▶ Improve transfer of information to primary care – electronic solutions
- ▶ Standardise processes - in particular pathways to care
- ▶ Look to outsource in areas where others have expertise and capacity (e.g. telephone health coaching/exercise programs)

CONTACTS

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