

Manaaki Hauora-Supporting Wellness
Learning Session 2
Wednesday 24 June 2015

Collaborative Name: Huff and Puff



Organisational “Buy in”

Aim:

The huff and puff collaborative aims to design a reliable screening, referral and intervention pathway for 50 people who smoke aged 35+, in the Manukau Locality, to enable early diagnosis of breathing problems and the support of self management by June 2016.

Buy In:

Consulting widely with stakeholders, respiratory specialists, localities and primary healthcare team and potential businesses. Using existing relationships to create new, dynamic working collaborations with Vodafone and Papakura Marae.



Measures Summary

WHAT?

- **Chronic obstructive pulmonary disease (COPD)** is the third leading cause of mortality worldwide (WHO, 2014). It is considered to be **treatable and preventable**, as it is predominately caused by inhalation of noxious particles, in particular those from **cigarette smoking** (GOLD, 2014).

HOW?

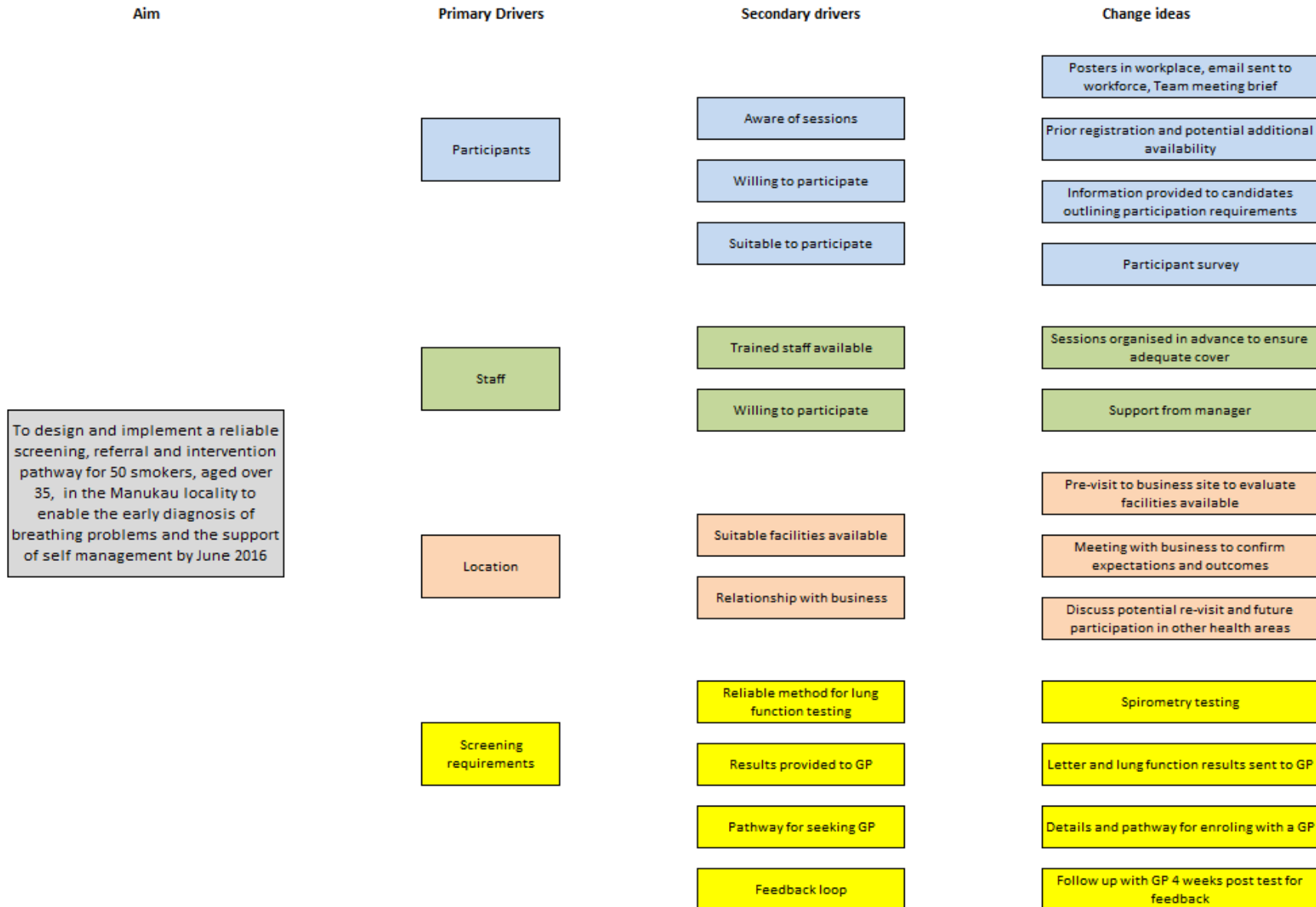
- COPD is **diagnosed** and characterised **using spirometry** by a persistent obstructive pattern associated with chronic pathological changes in the airways. **Smoking cessation advice in combination with spirometric testing** will identify those who require immediate advice to prevent disease progression early on, and to assist in smoking cessation.

WHY?

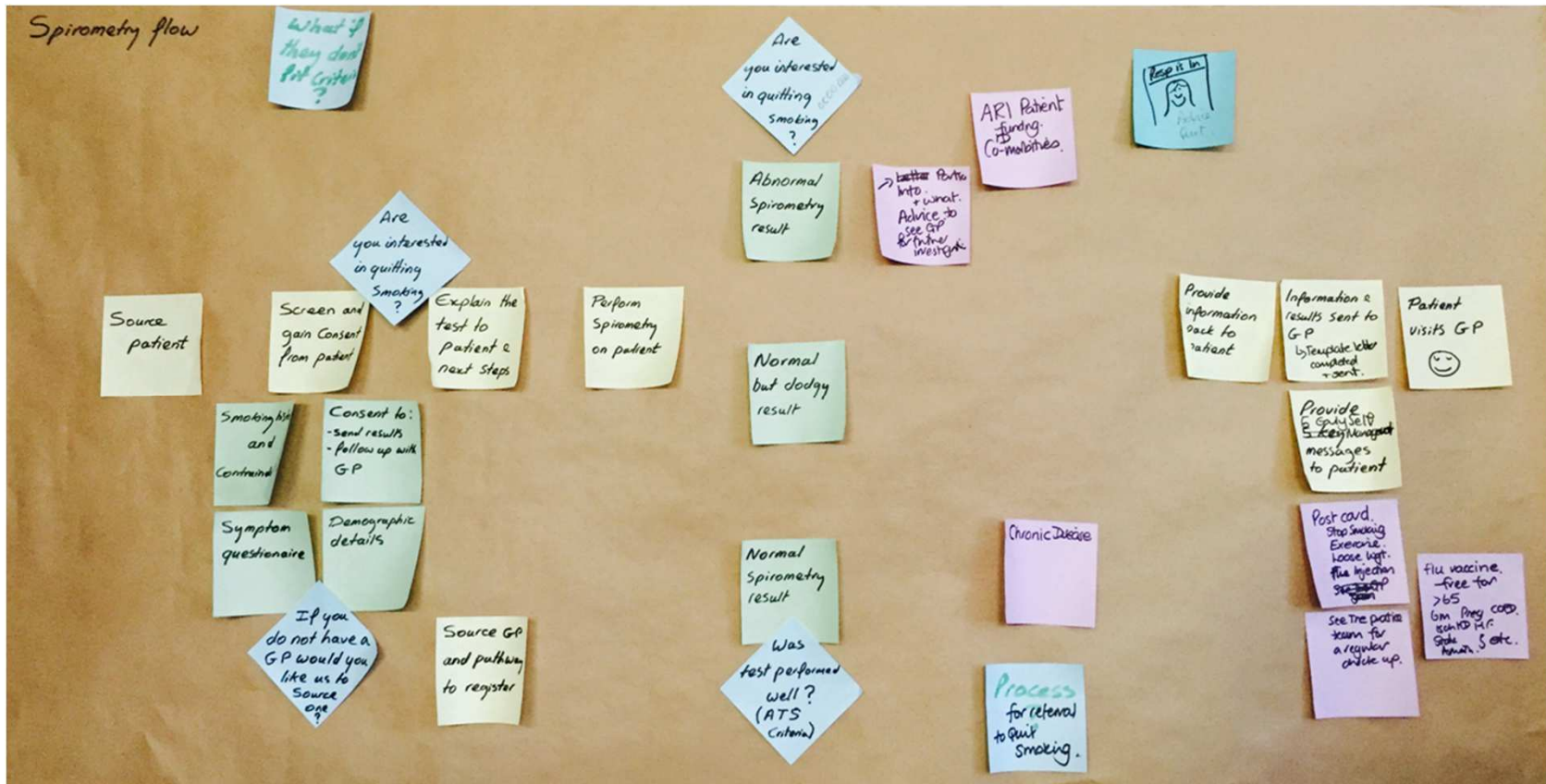
- Access to high quality spirometry is one of the main barriers to diagnosing COPD (GOLD,2014). Not all General Practitioners (GPs) within CMH offer spirometry. Cost is a barrier for many patients accessing their GP.

Driver Diagram

Huff and Puff driver diagram - version 1



Spirometry service design



The team worked together to design a future state map demonstrating the process for undertaking an efficient and un-intrusive spirometry test at Vodafone.

Change Ideas - Themes

Participants	Team Members	Location	Screening Requirements
Posters in workplace, email sent to workforce	On-going support from managers	Pre-visit to business site to evaluate facilities available	Spirometry testing
Prior registration and potential additional availability	Testing sessions organised in advance.	Meeting with business to confirm expectations and outcomes	Letter and lung function results sent to GP
Information provided outlining participation requirements		Discuss potential re-visit and future participation in other health areas.	Details and pathway for enrolling with a GP
Participant survey/consent			Follow up with GP 4 weeks post test for feedback

Most successful PDSA cycles?

KO AWATEA
HEALTH SYSTEM INNOVATION AND IMPROVEMENT

Huff and Puff, Spirometry Testing in our Community

Dear Primary Healthcare Provider

As part of Counties Manukau Health, Manaaki Hauora – Supporting Wellness Campaign, eligible people are being offered free spirometry tests in the community, to help screen for potential lung disease.

A patient, _____ registered with your practice _____, consented to have a lung function test.

Test Date: _____ Test Location: _____

A copy of the spirometry test results are attached for your information and the show:

- abnormal lung function
- signs which may indicate future disease
- normal lung function
- inconclusive test results

Your patient has been advised to:

- arrange a visit with you to discuss the results/repeat the test
- that their lung function is normal and does not require a follow up with their GP
- they are recommended to quit smoking

On the day of the test your patient reported

- being a current smoker, for ___ years
- a smoker that quit ___ years ago, having smoked for ___ years
- wheezing regularly
- coughing up phlegm or mucus regularly
- suffering from more SOB than people of a similar age

At the time of the test your patient indicated an interest in the QUIT smoking programme, and the following was provided:

- QUIT line information
- NET
- Quit card

Our team will contact within 4 weeks to find out whether the patient has been in contact if the results were abnormal to get your feedback. Should you need further information please contact the Huff and Puff team, part of CMH Respiratory Service.


Yours sincerely

Information letter to GP following participants Spirometry test

Date of screening 01/06/15
Meeting room X
For further information please contact Tom on: 0211707167

Free Spirometry screening

Clinicians from Counties Manukau are coming to Lambie Drive to provide free spirometry tests for staff. Spirometry is a blowing test that tells how hard, fast and how much you can blow out.



- Only for smokers or those that have recently quit
- Screening for potential symptoms of Lung disease
- Results will be discussed and then forwarded to your GP
- The whole process will take about 20 minutes
- Results will not be shared with your employer

Lung Disease is the third leading cause of death in the world

Participants should be prepared for results to be shared with their GP regardless of test outcome. If you do not wish for this information to be shared with your GP we are unable to provide the test. If you currently do not have a GP we can assist you in finding one. All discussions will remain confidential.

COUNTIES MANUKAU HEALTH

Poster advertising Spirometry services at workplace

Participant Information Sheet

Huff and Puff Spirometry Screening in our community

What is the purpose of the screening?
Spirometry is a simple kind of lung function test to look for breathing abnormalities in people who currently or have previously smoked.

What does my participation involve?
Performing a lung function test is very safe. The test is non-invasive, and performed seated. Instructions are given on doing a series of different breathing manoeuvres with disposable devices between blows (blowing a deep breath all the way in and then blowing it out until completely empty). It should take no longer than 30 minutes. As well as the data from the actual test, we will ask you for some general information about you and your health, in a questionnaire attached.

What are the possible benefits and risks of this screening?
Your result is a snapshot of your present airways – your 'lung function' and may identify the need to see your GP if your results are identified as abnormal or borderline. Having a normal result as a smoker, should not be considered a green light to carry on smoking, like any test spirometry has limitations, people actually have to take quite a bit of their lung function before we can call someone normal as the normal ranges are quite large (so it is difficult to see early on stage causes by smoking). It should not tell you anything about all the other on stage smoking does to your organs and body).

Consent Form

Please tick to indicate you consent to the following

I have read through the information sheet and clarified any concerns or questions. Yes No

I consent to testing and results being sent to my GP irrespective of outcome. Yes No

I understand I can withdraw my results from the pilot but understand they must still be sent to a GP. Yes No

Declaration by participant:
I hereby consent to take part in the screening programme.

Participant's name: _____

Signature: _____ Date: _____

Participant consent form

Participant Details		Please review and complete		Spirometry Details	
Name: _____	DOB: _____ Gender: _____	Current Respiratory Symptoms <input type="checkbox"/> current smoker, for ___ years <input type="checkbox"/> ex-smoker that quit ___ years ago, having smoked for ___ years, smoking on average ___ per day <input type="checkbox"/> wheezing regularly <input type="checkbox"/> coughing up phlegm or mucus regularly <input type="checkbox"/> suffering from more SOB than people of a similar age <input type="checkbox"/> persistent coughing <input type="checkbox"/> other _____		Attach copy of results? <input type="checkbox"/> abnormal lung function <input type="checkbox"/> borderline lung function <input type="checkbox"/> normal lung function <input type="checkbox"/> inconclusive test results Advice <input type="checkbox"/> arrange a visit with you to discuss the results/repeat the test <input type="checkbox"/> take no further action	
Ethnicity: _____	GP Name: _____	Do you use an inhaler? If so, what type? _____ _____ _____		Follow Up <input type="checkbox"/> Letter to GP <input type="checkbox"/> Confirmed visit with GP <input type="checkbox"/> Referral to QUIT smoking <input type="checkbox"/> QUIT smoking?	
Practice Address: _____	Height: _____	Inclusion Criteria 1. Is over 40 years old and under 75 2. Is a current or ex-smoker 3. Agrees to the sharing of test results with their General Practitioner 4. Has given consent		Exclusion Criteria 5. Has previously been diagnosed with lung disease 6. Has been admitted to hospital in the last week 7. Has been given steroids 8. Is suffering from nausea, vomiting, diarrhoea or a bloodclot	
Date of Spirometry: _____	Venue/Location: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Spirometry Information collection sheet

What Changes have you tested?

	Change Tested	Outcome
1	<p>Poster indicates testing for early signs of COPD. Dummy run (n=1) demonstrated:</p> <ul style="list-style-type: none"> *participant “googled” COPD and had some anxieties related to potentially being labelled long term condition. *participant keen to inform tester that they had quit smoking. 	<p>Group are more prepared when welcoming participants and the potential for anxieties re COPD diagnosis.</p> <p>Group need to verbally acknowledge participants who have stopped smoking.</p>
2	<p>Participant questionnaire requires a height measurement: During the dummy run the group had to rely on google to convert from feet to cm.</p>	<p>Group to take correct measurement tool to site.</p>
3	<p>Quit cards were to be distributed by a registered clinician (FH). Clinician availability was limited.</p>	<p>Group have been informed of the CMH Smokefree Living resource. This can be given by all team members</p>

Highlights and Lowlights

Highlights

Regular weekly team meetings with high engagement ensuring timely progress on deliverables and maintaining momentum

Team members new to improvement have enjoyed learning the improvement methodologies in context of their day to day work

Running mock spirometry tests on staff to identify potential issues and to provide participant insight



Lowlight – the Quit bus not being suitable due to space limitations

Achievements to Date

Agreed Aim	
Driver Diagram	
Individual Responsibilities	
Process Documents	
“Dummy Run”	

Collaborative Team Members

Clinical Lead:

- Fiona Horwood

Expert Group:

- Sophie Ball

Collaborative Team:

- Andrew Collinwood
- Michelle Curtis
- Ron Blazer
- Susan Fryer

Collaborative Support:

- Alison Howitt
- Tom Epps