

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

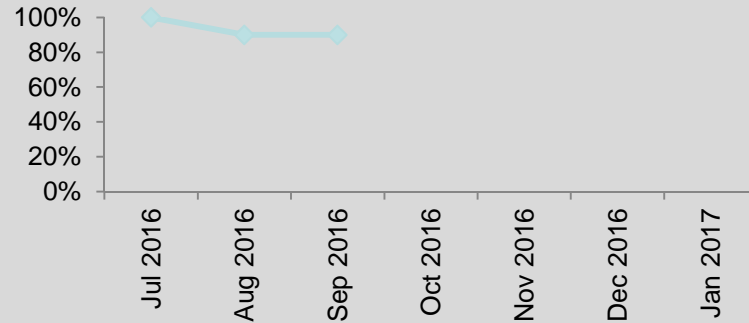
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

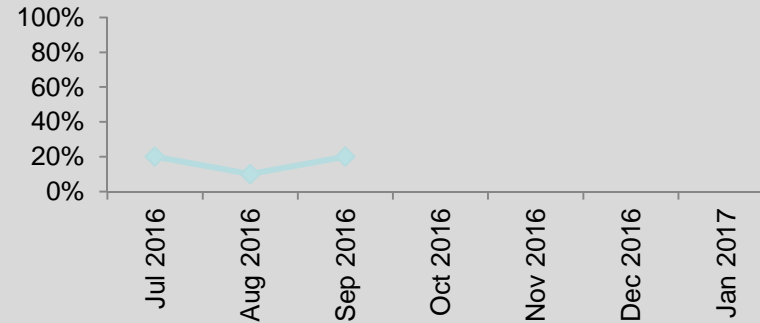
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

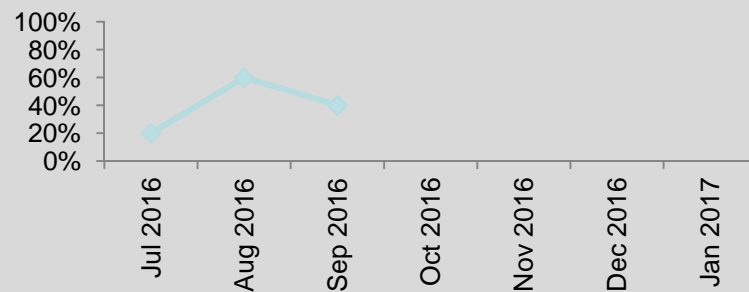
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



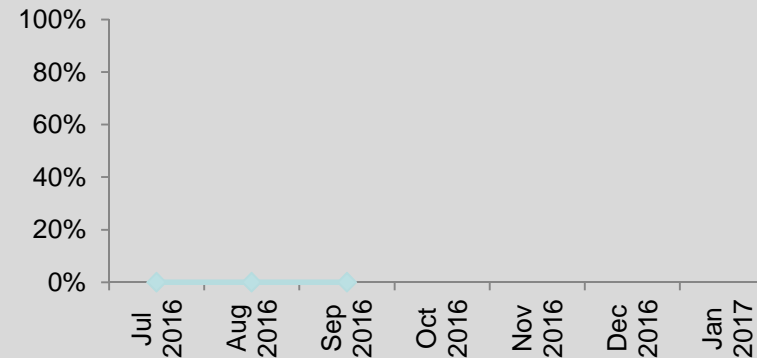
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

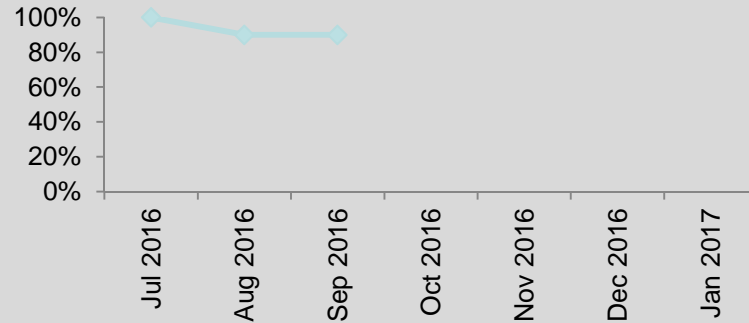
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

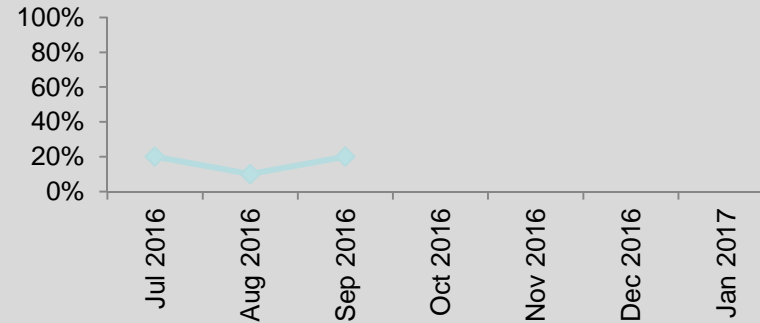
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

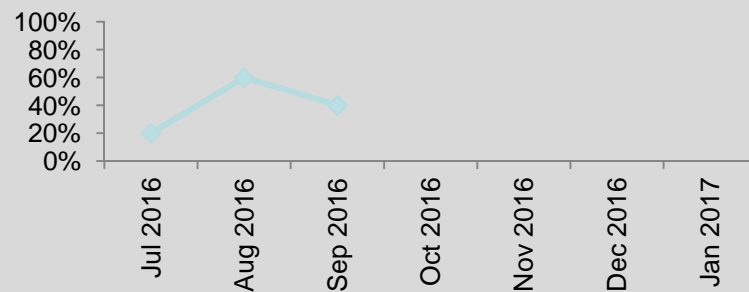
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



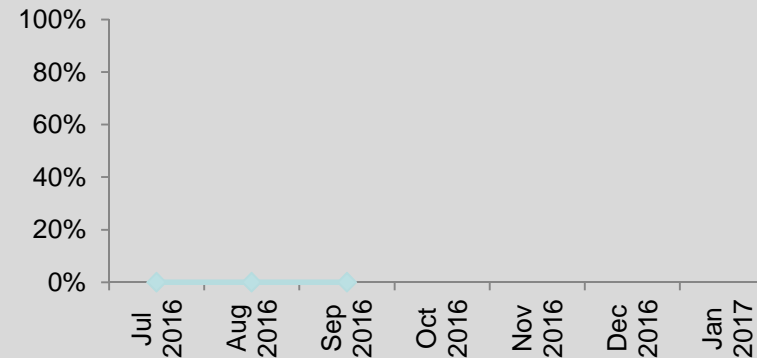
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

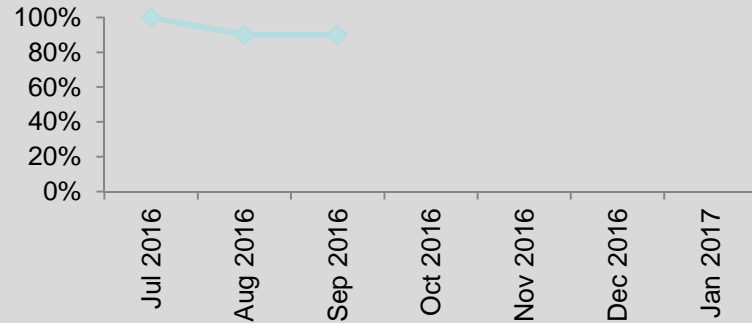
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

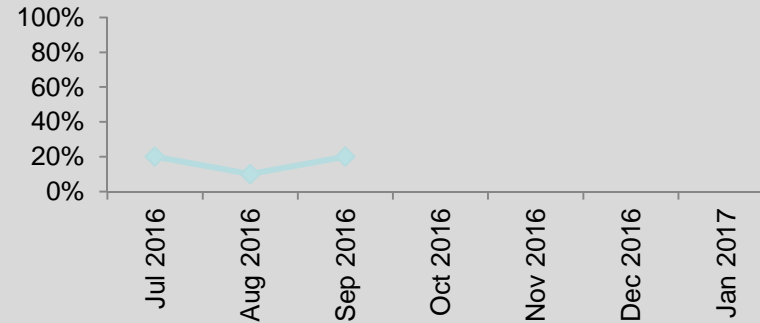
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

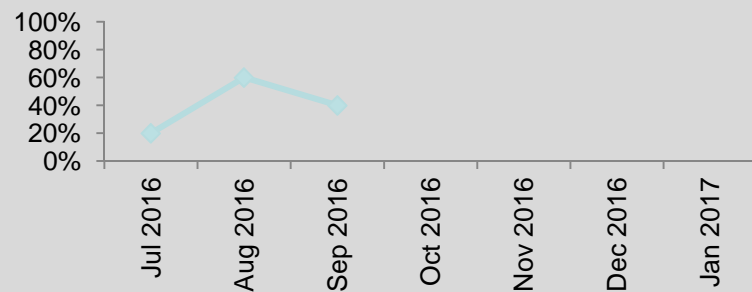
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



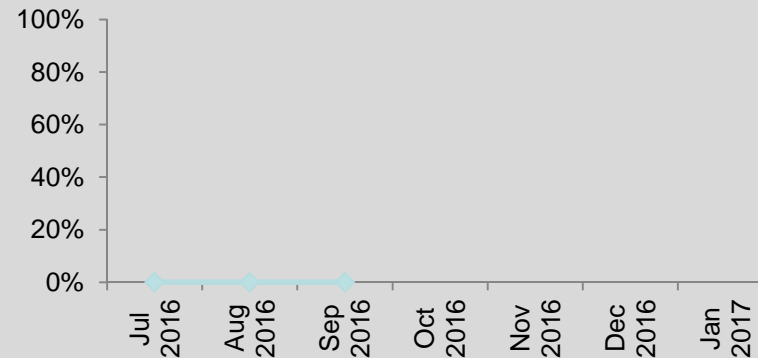
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

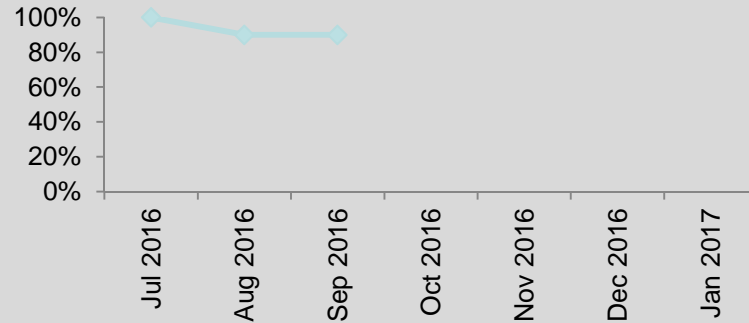
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

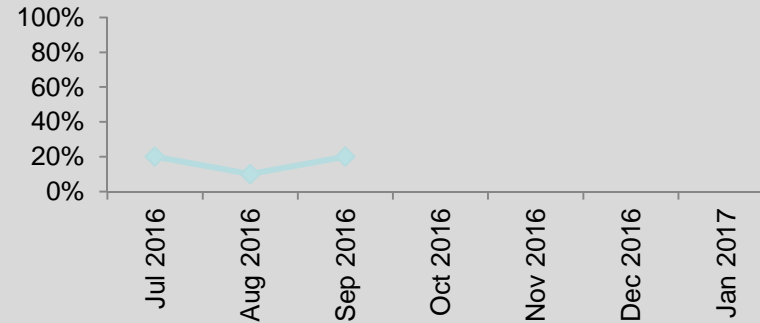
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

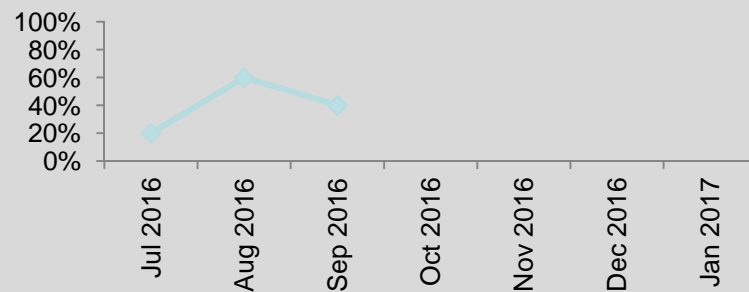
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



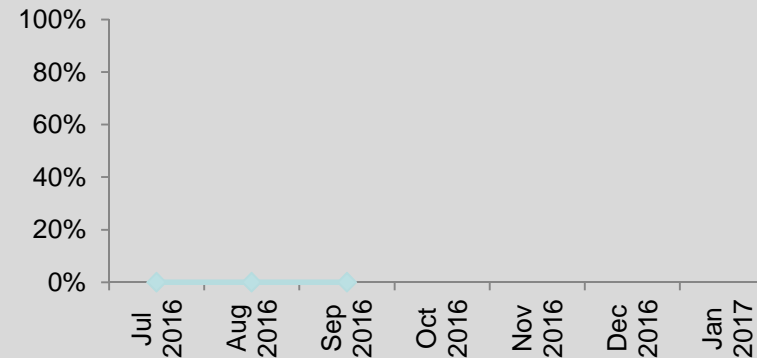
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

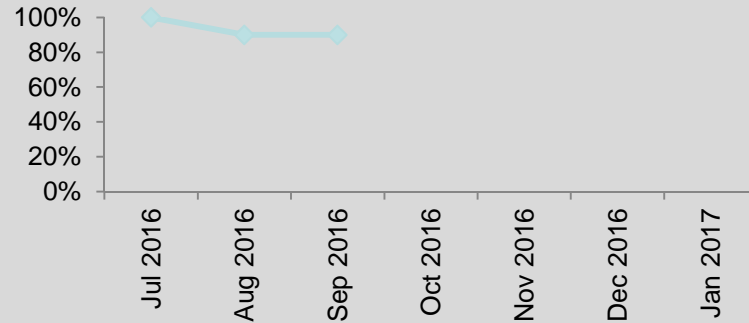
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

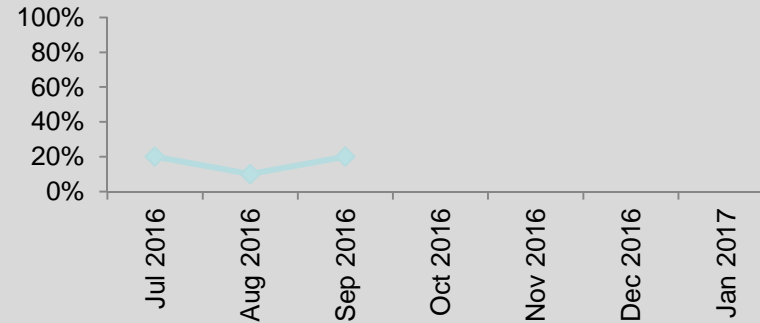
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

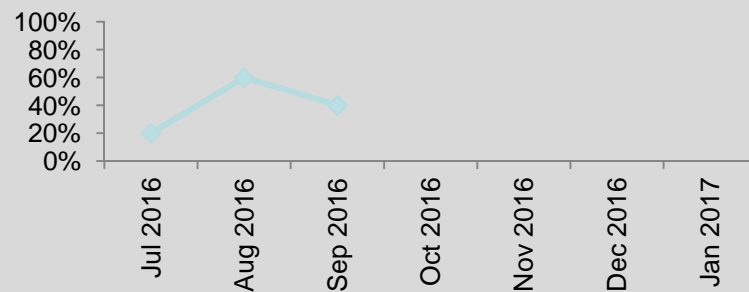
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



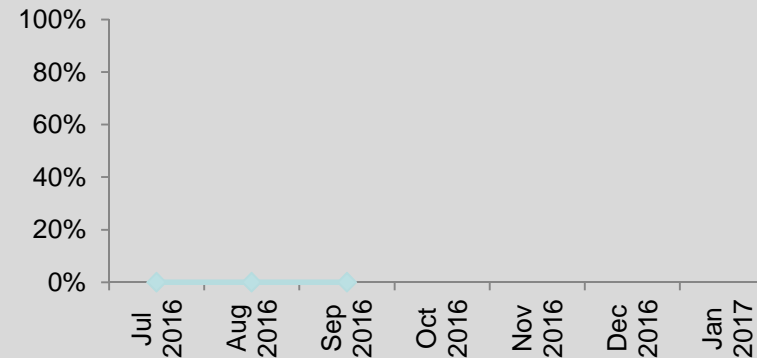
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

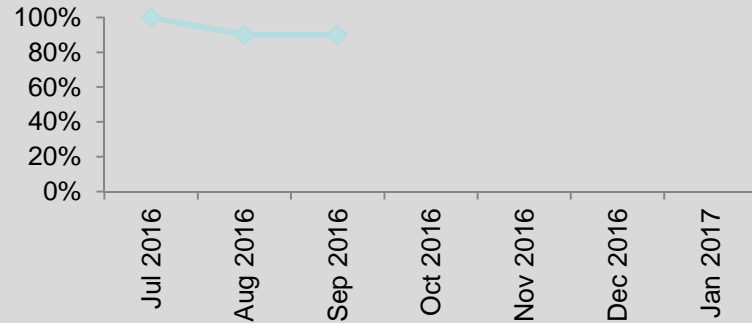
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

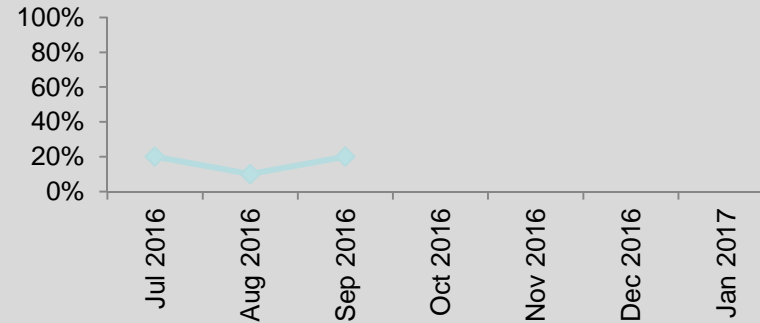
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

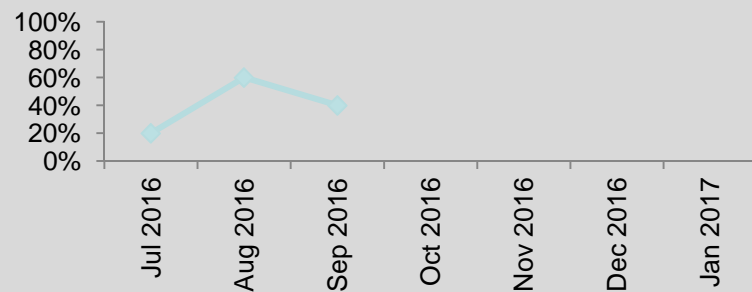
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



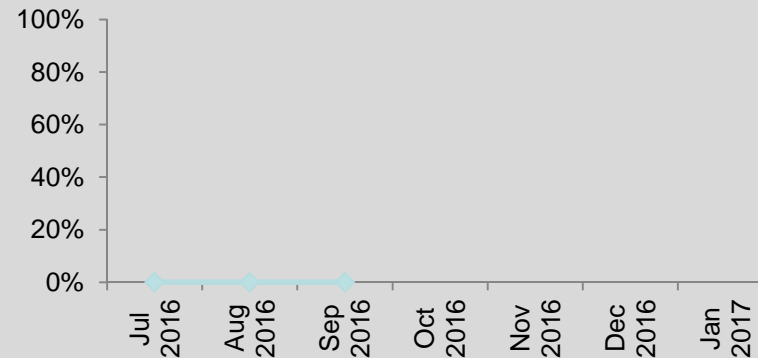
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

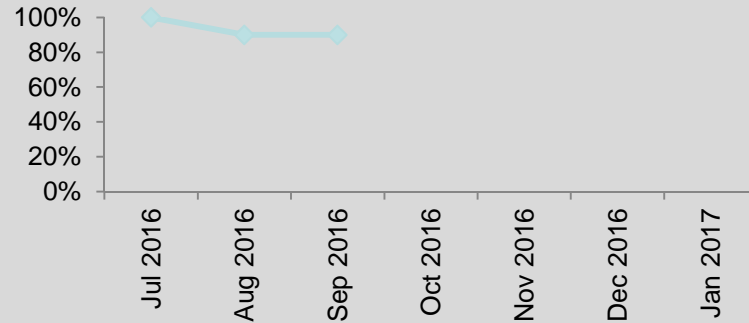
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

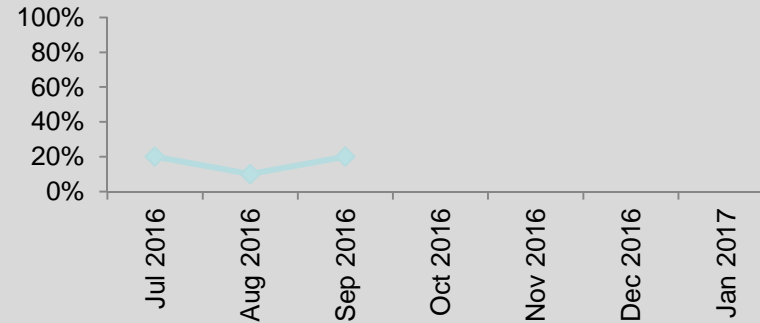
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

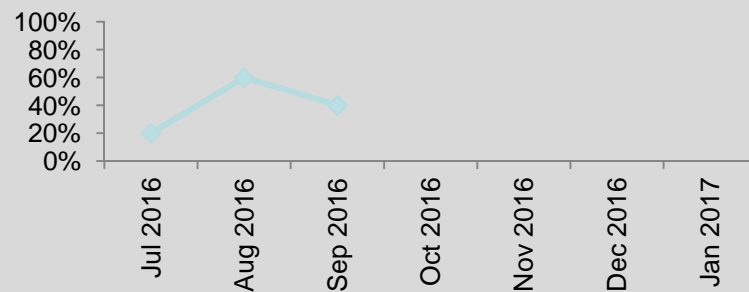
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



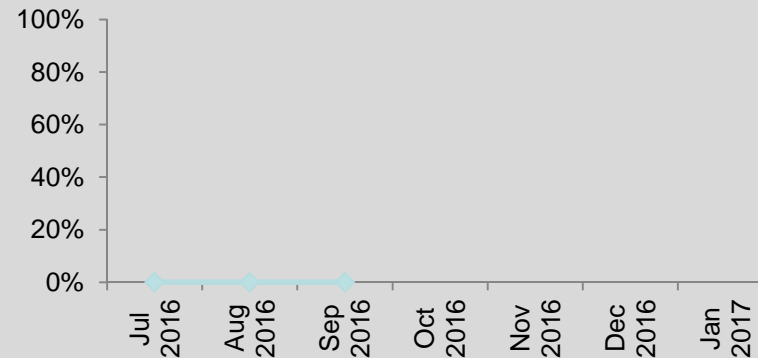
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

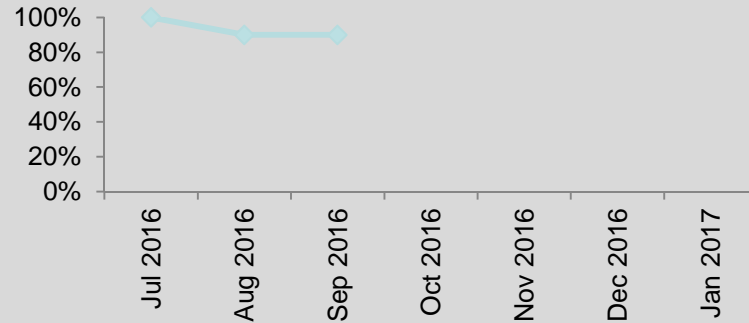
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

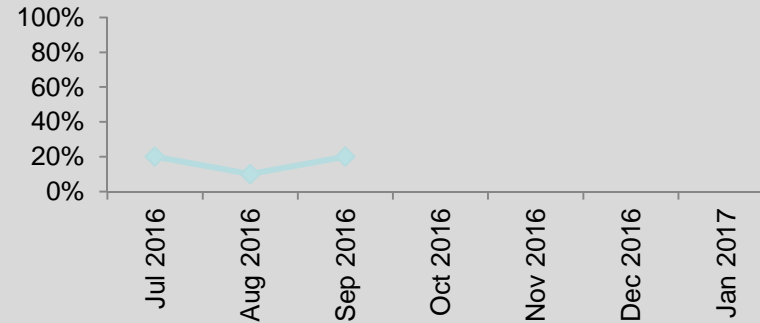
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

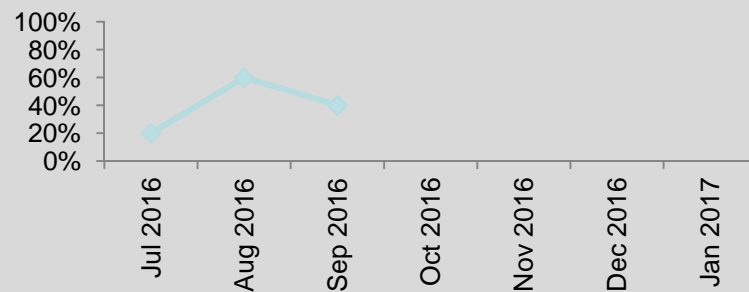
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



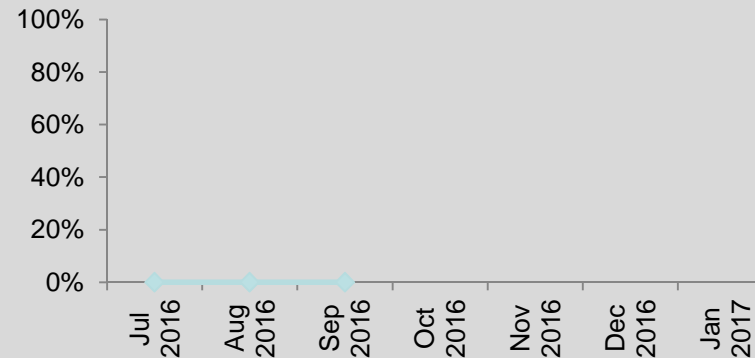
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

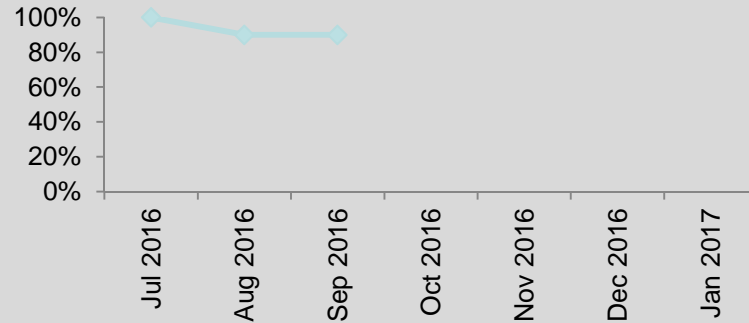
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

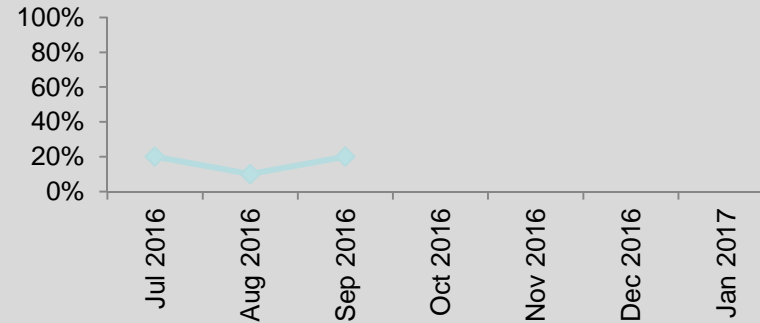
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

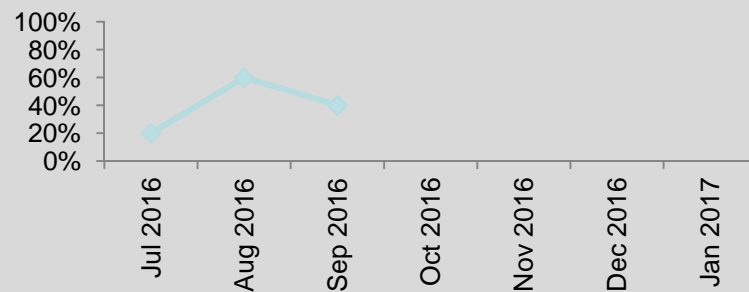
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



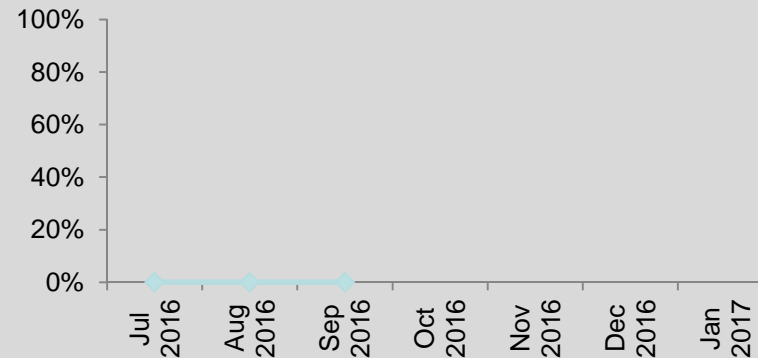
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan

- Those involved in Safety in Practice know their responsibilities and what is expected of them

- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.

Avondale Family Doctor

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

**Gail Osborn, Margaret-Ann Stewart
(Admin)**

APHO Facilitator: Louise Goodall

Organisational “Buy - In”

Aim:

- To identify our COPD patients, code appropriately, and improve care provided.

Buy – in:

- It is an area in which we felt we could improve our knowledge and develop a plan for optimising the care of COPD patients.

Change Ideas

Change concept: 29 - Take Care of Basics

- Review patients who have classification of COPD in PMS system and those who are at risk of having COPD.
- Ex smokers >40 years
Clinical staff to consider COPD when seeing these patients be it for illness, CVD risk assessments and other screening appointments.
- Review inhaler technique of all patients prescribed an inhaler at least once a year, be it for COPD or Asthma.

What changes have you tested?

	Change Tested	Outcome
1	With new inhalers available, is the current treatment the best for the patient?	Rob (Doctor- for those reading this who don't know who Rob is!!!) has put together a one page guide on inhalers now available and has changed at least one patient with good results.
2	All clinical staff have been checking inhalers techniques with patients.	A number of spacers have been given to patients to optimise MDI use.

Most Successful PDSA Cycles?

Most cases of COPD are caused by smoking, resulting in most people diagnosed over the age of 40. COPD is often undiagnosed, and for this reason at least 200,000 (or 15%) of the adult population may be affected. (The Asthma and Respiratory Foundation NZ)

Idea: To identify patients who have classification of COPD in PMS system and those who are at risk of having COPD

Plan: To identify, through a query build, patients with a classification of COPD, are >40 years of age and are current or past smokers

Do: Pam to do query build to identify patients with COPD code H3.00, on Duolin Inhaler, are >40 years with classification of current or ex-smoker - done 15/06/16.

Over the following 3 weeks, Louise and Pam to review notes to identify patients with confirmed or potential COPD

Study: Of the patients who had a COPD classification 32 were confirmed to have a diagnosis of COPD.

Patients on Duolin or Spiriva = 21

Avondale Family Doctor has 204 patients >40 years who are current smokers and 388 ex smokers.

Act: For those patients who have:

Confirmed diagnosis of COPD, when next seen discuss

- i. impact of symptoms on their life ie physical activity, activities of daily living, ability to work. Offer referral to Pulmonary rehab.
- ii. check inhaler compliance and technique.
- iii. smoking status – if current smoker offer NRT
- iv. discuss exacerbations and need to be seen early for treatment, with the aim to avoid admission to hospital.

Risk of becoming COPD patients

- a. Current smokers: Margaret Ann regularly contacts patients and offers smoking cessation support.

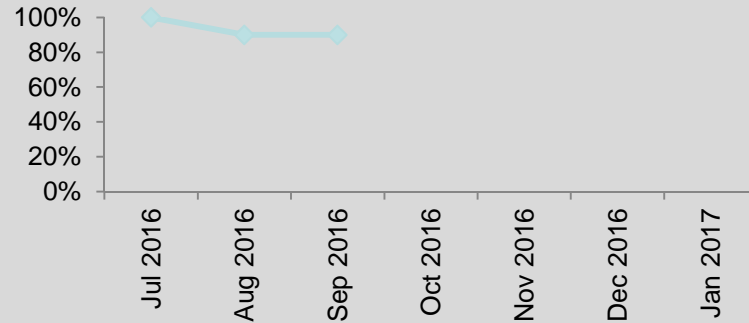
All clinical staff are NRT providers and are to offer brief advice at every opportunity.

- b. Ex smokers >40 years

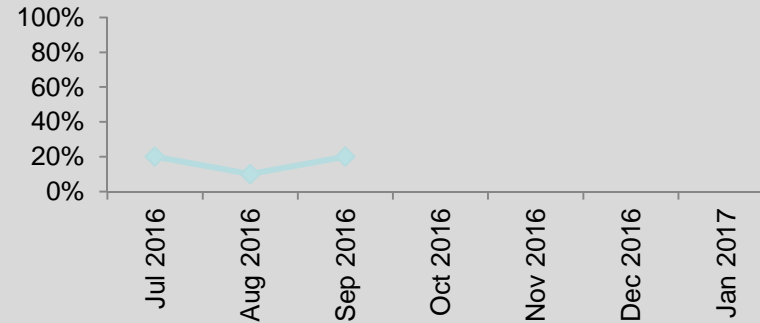
Clinical staff to consider COPD on seeing these patients be it for illness, CVD risk assessments and other screening appointments.

Measures Summary

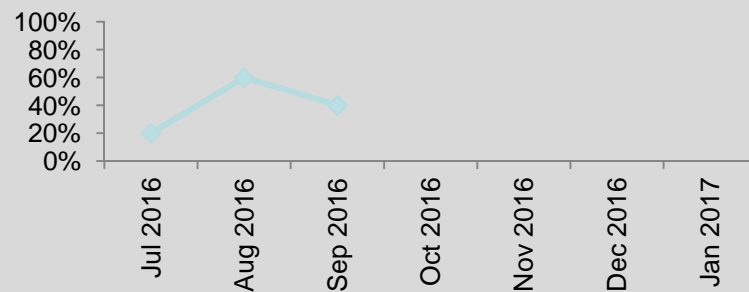
Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?



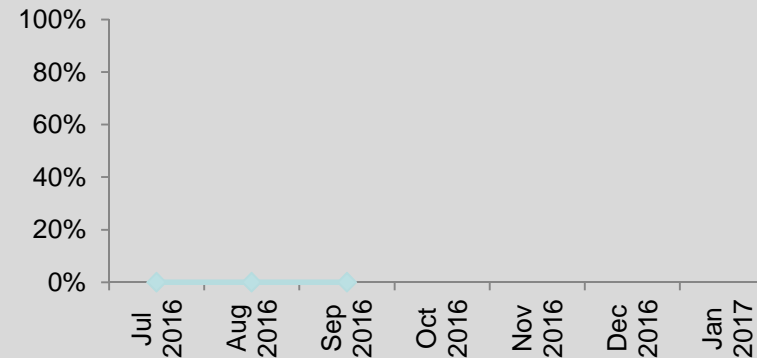
Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?



Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?



COPD Management Overall Compliance



Highlights and Lowlights

Low

- Not being able to source spirometry for patients in timely manner
A specific example of this is a patient referred to Greenlane Clinical Centre in early August is still waiting for an appointment

High

- Clinical staff familiarising themselves with new inhalers available

Achievements to date

- We have an agreed aim
- We have a change package
- We audit monthly as part of our measurement plan
- Those involved in Safety in Practice know their responsibilities and what is expected of them
- COPD is discussed more with patients and inhaler techniques are checked more regularly with the aim of doing that once a year. At this stage it is too early to determine if there are any significant differences.