

IMPACT OF AIRWAY CLEARANCE COMPLIANCE ON PATIENTS ATTENDING THE ONE-STOP BRONCHIECTASIS SPECIALIST OUT-PATIENT CLINIC (SOC)

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Mission Statement

To increase the daily home airway clearance rate of patients at the bronchiectasis clinic from 29 to 50% within 6 months

Team Members

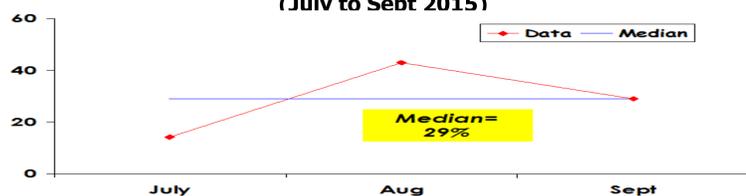
| SN | Name | Designation | Department | Role |
|----|------------------------|---------------------------|--------------------------------------|---------|
| 1 | John Abisheganaden | HOD & Senior Consultant | Respiratory & Critical Care Medicine | Sponsor |
| 2 | Lim Yick Hou Albert | Senior Consultant | Respiratory & Critical Care Medicine | Leader |
| 3 | Jaclyn Tan | Senior Physiotherapist | Physiotherapy | Member |
| 4 | Patricia Wong Lee Fong | Nurse Manager | Clinic 4A | Member |
| 5 | Quek Poh Seo | Advanced Practice Nurse | Nursing Service | Member |
| 6 | Tham Lai Mei | Senior Nurse Clinician | Nursing Service | Member |
| 7 | Mindy Tay | Pharmacist | Pharmacy | Member |
| 9 | Winnie Tan Lay Chin | Patient Service Associate | Clinic 4A | Member |

Evidence for a Problem Worth Solving

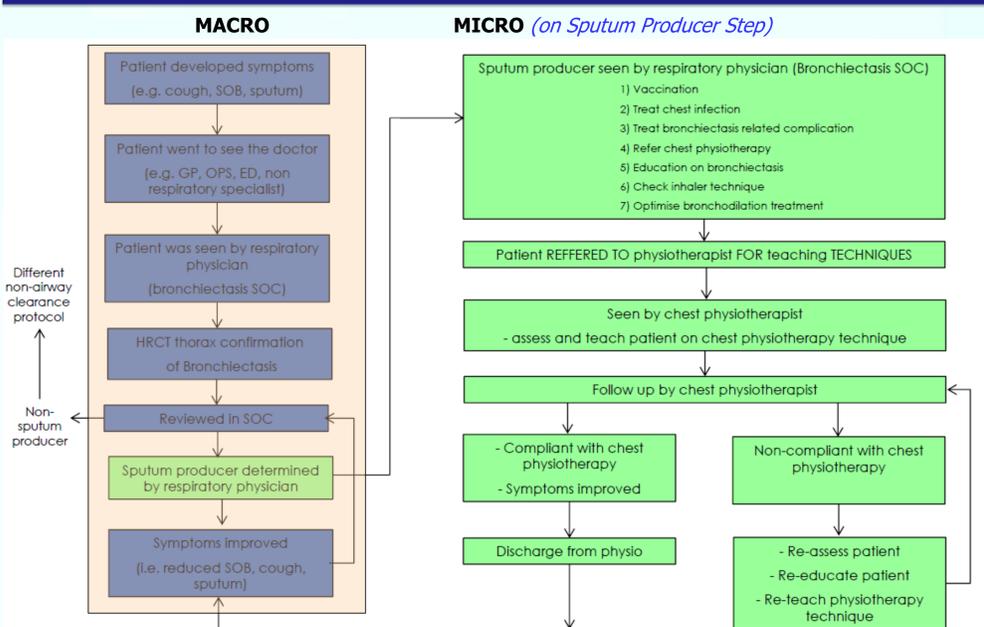
- British Thoracic Society guidelines recommend all patients with bronchiectasis (sputum producers) for daily airway clearance¹
- Evidence suggests airway clearance improves quality of life, reduces respiratory symptoms and pulmonary exacerbations²
- Pulmonary exacerbation is the most important predictor on subsequent exacerbation and death^{3,4,5}

Current Performance of a Process

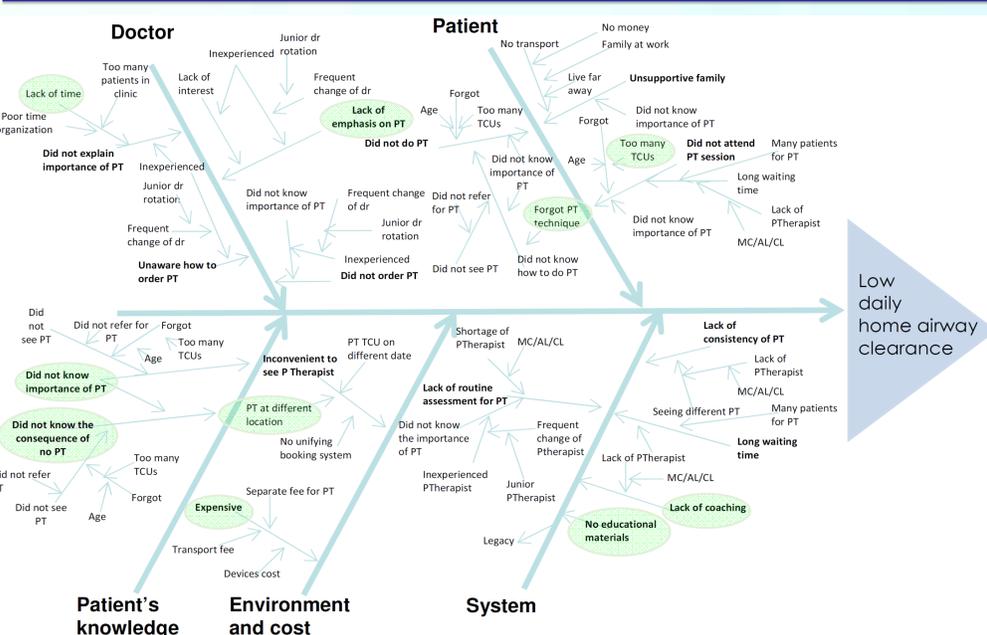
Proportion of the bronchiectasis clinic patients performed daily airway clearance at home (July to Sept 2015)



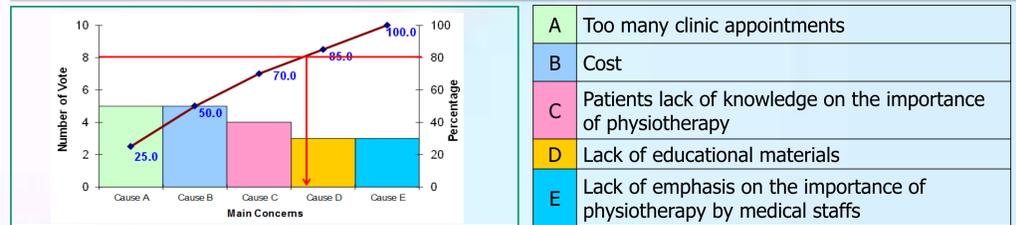
Flow Chart of Process



Cause and Effect Diagram



Pareto Chart



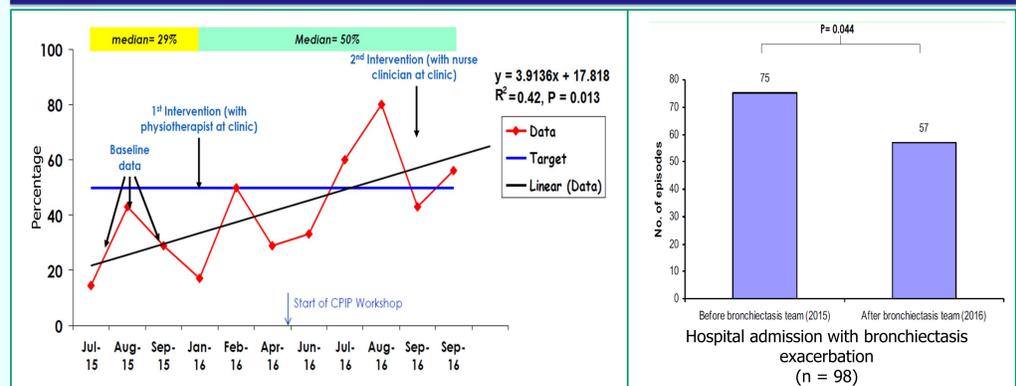
| | |
|---|---|
| A | Too many clinic appointments |
| B | Cost |
| C | Patients lack of knowledge on the importance of physiotherapy |
| D | Lack of educational materials |
| E | Lack of emphasis on the importance of physiotherapy by medical staffs |

Implementation

A work flow was created by the multidisciplinary team to streamline the treatment plan at the one stop SOC on each Friday afternoon

| | 1 st Intervention | 2 nd Intervention |
|--------------|---|--|
| Plan | A bronchiectasis physiotherapist was added to provide on-site service at the one-stop SOC. | A nurse was added to provide education on bronchiectasis management, and life style modification at the one-stop SOC on each Friday afternoon. |
| Do | A dedicated room for bronchiectasis physiotherapist at the one-stop SOC. The work flow was re-evaluated and adjusted accordingly. | Discussion with senior management, re-organization of the existing nursing man power, and allocation of a nurse for the one-stop SOC. The work flow was re-evaluated and adjusted accordingly. |
| Study | A pilot study to assess compliance on daily airway clearance at home. | A study to assess the impact of compliance of daily airway clearance by education provided by nurse. |
| Act | Patients' education, screening and referral for bronchiectasis physiotherapist had been intensified. | Nursing input on education for bronchiectasis patients had been intensified. |

Results



We studied 98 patients. Daily airway clearance at home significantly increased from 29% to 50% ($R^2=0.42$, $p=0.013$). Hospitalisation with exacerbation was significantly reduced after attending the one-stop SOC (0.58/person/year vs. 0.77/person/year; $p=0.04$). A 24% reduction in hospitalization was achieved by this new service. The number of patients needed to treat for averting 1 hospital admission was 4 patients ($NNT=4$).

Cost Savings

- Reduction in hospitalisation:** A 24% of the potential increase in 1 year hospital admissions would be averted if patients in the intervention group follow the same trend as before intervention (75 vs. 57, $p=0.04$). For this study ($n=98$), this is equivalent to 18 patients; $NNT=4$.
- Potential bed day saving:** The median length of stay (LOS) for bronchiectasis is 6 days. A potential of 108 (18×6) bed days would be saved in 1 year if the trend remains unchanged.
- Potential costs saving (patients):** The median bill size for patients admitted with bronchiectasis is SGD1,015 for class C and SGD5,276 for class A wards. The potential cost saving for this study ($n=98$) is in between SGD18,270 (class C) and SGD94,968 (class A) in 1 year.
- Potential costs saving (hospital):** The daily cost per bed in the hospital is SGD1,114. For this study, 18 patients would be averted from hospital admissions. This is equivalent to SGD120,312.

Problems Encountered

- The complexity of managing patients with bronchiectasis - resolved by a dedicated team approach with specific role of each team member.
- Clinical outcomes improvement - achieved by regular assessment and implementation of appropriate measures without incurring additional resources.

Strategies to Sustain

- Re-design the role of bronchiectasis specialist nurse on management of patients (e.g. Nurse led services)
- Easy access for patients to the bronchiectasis specialist team (e.g. telehealth)

References

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- Pamela J, et al. AJRCCM 2013;188(6):647-656
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