

# 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

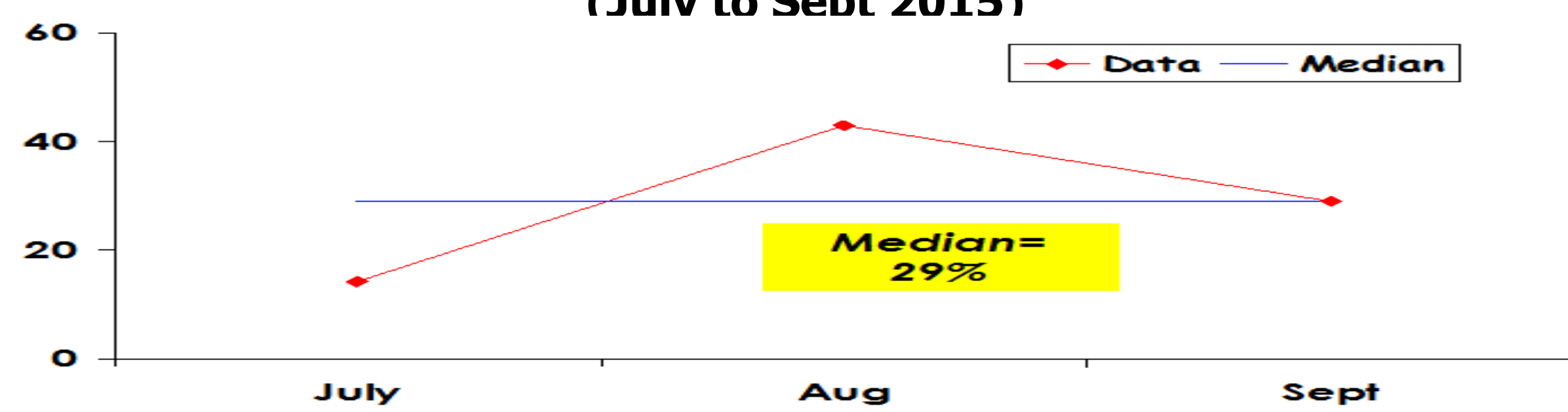
SN	Name	Designation	Department	Role
1	John Abisheganaden	HOD & Senior Consultant	Respiratory & Critical Care Medicine	Sponsor
2	Lim Yick Hou Albert	Senior Consultant	Respiratory & Critical Care Medicine	Leader
3	Jaclyn Tan	Senior Physiotherapist	Physiotherapy	Member
4	Patricia Wong Lee Fong	Nurse Manager	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

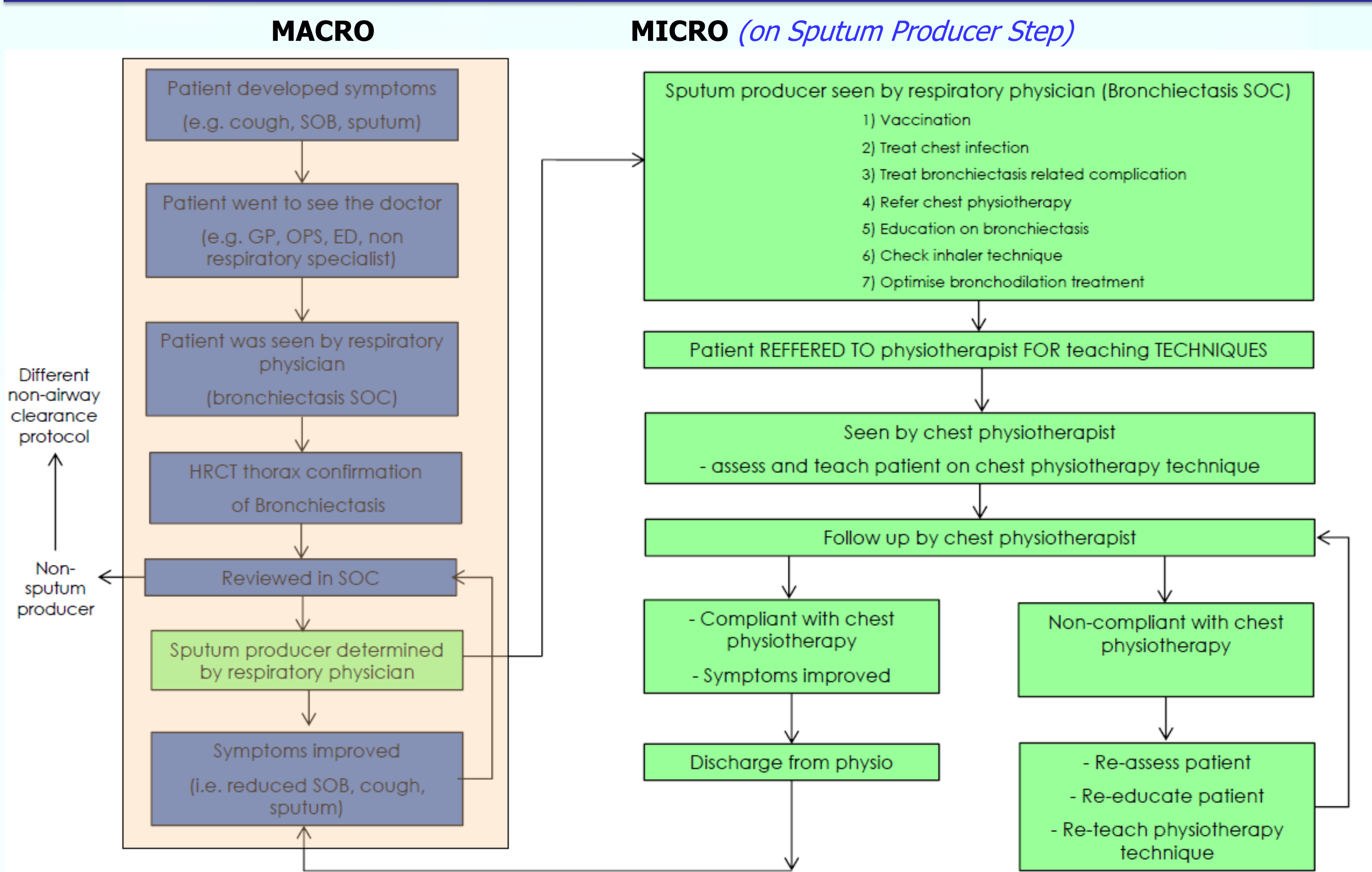
- British Thoracic Society guidelines recommend all patients with bronchiectasis (sputum producers) for daily airway clearance<sup>1</sup>
- Evidence suggests airway clearance improves quality of life, reduces respiratory symptoms and pulmonary exacerbations<sup>2</sup>
- Pulmonary exacerbation is the most important predictor on subsequent exacerbation and death<sup>3,4,5</sup>

## Current Performance of a Process

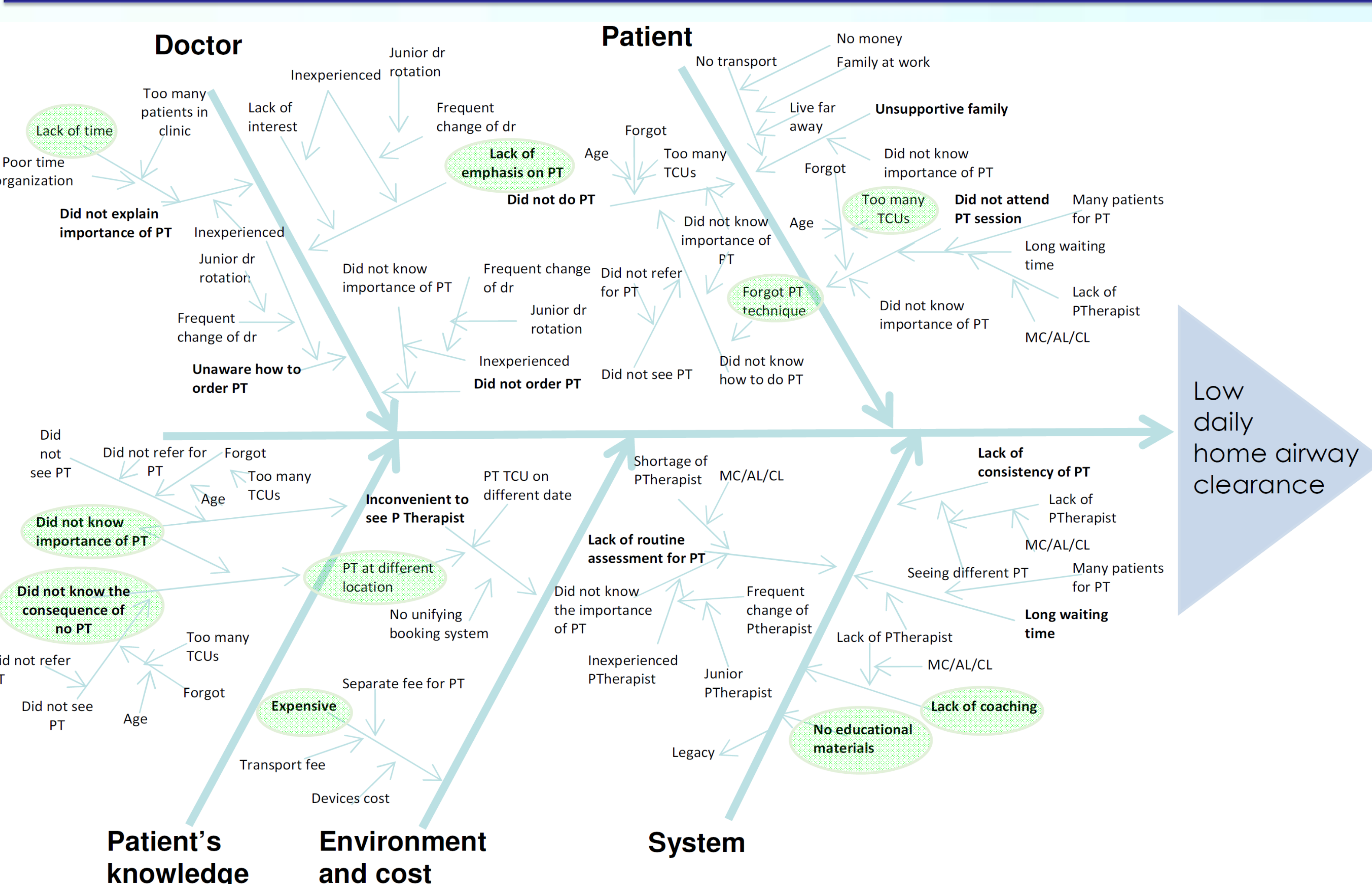
Proportion of the bronchiectasis clinic patients performed daily airway clearance at home (July to Sept 2015)



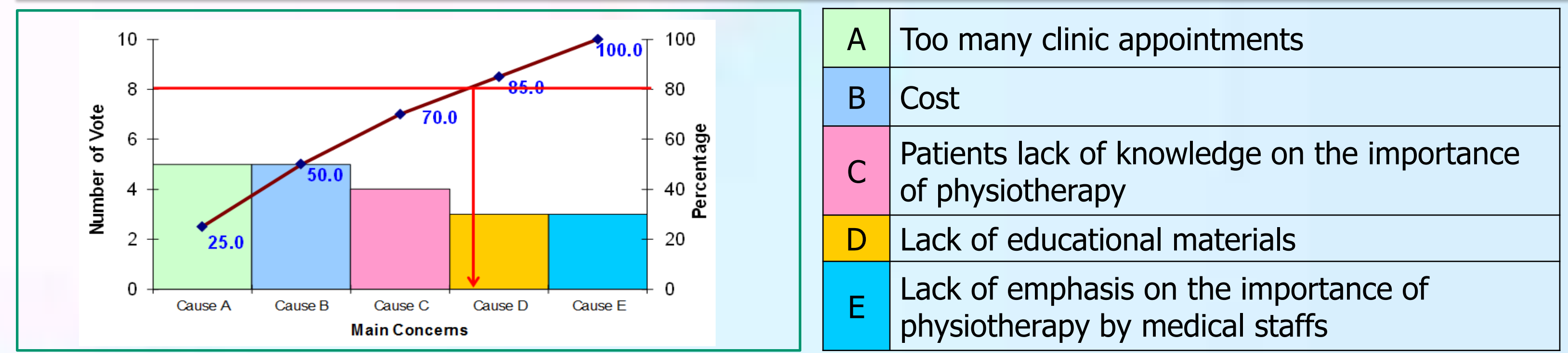
## Flow Chart of Process



## Cause and Effect Diagram



## Pareto Chart

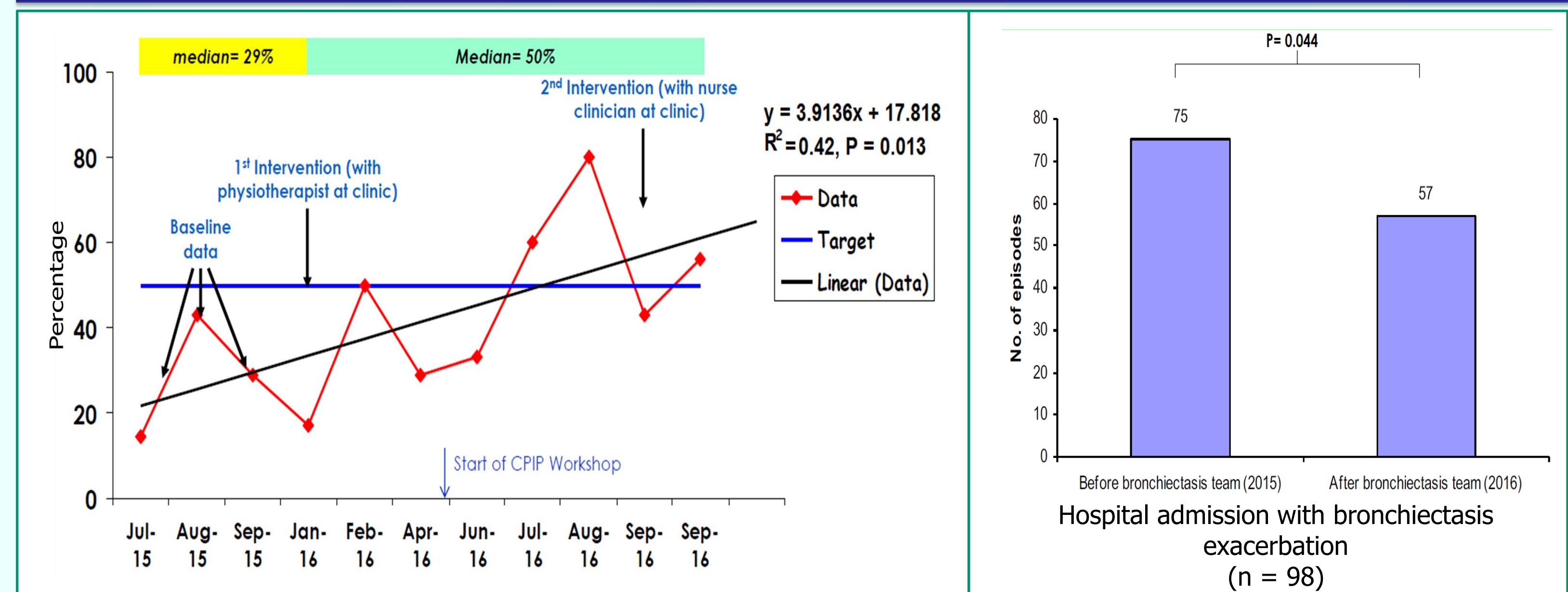


## Implementation

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

	1 <sup>st</sup> Intervention	2 <sup>nd</sup> Intervention
<b>Plan</b>	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.
<b>Do</b>	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.
<b>Study</b>	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.
<b>Act</b>	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 ( $18 \times 6$ ) 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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