

## INSPIRED Approaches to COPD: Improving Care and Creating Value A 12-month Quality Improvement Collaborative



### Facts

- ▶ COPD is the fourth leading cause of death worldwide
- ▶ One in four Canadians over the age of 35 can expect a COPD diagnosis at some point in their life
- ▶ COPD is a primary driver of hospital visits in Canada and second only to chest pain as the medical cause for ED visits
- ▶ In Ontario, the 12% of the population living with COPD account for 24% of hospital admissions
- ▶ It's estimated that Canada spends \$750,000,000 annually on hospital visits for COPD exacerbations alone
- ▶ A nation-wide report card on COPD care gave most Canadian provinces poor or failing grades

### Aims

- ▶ Improve patient and family caregiver education, self-management and self-efficacy, particularly for patients with advanced COPD
- ▶ Improve continuity of care across the hospital-to-home transition
- ▶ Enhance home-based care
- ▶ Facilitate effective advance care planning
- ▶ Reduce reliance on costly hospital-based care including ED visits, hospital admissions and lengths of stay

### Guiding Principles

- ▶ *All teach, All learn* adult-learning style approach
- ▶ All aiming to spread and sustain
- ▶ By working together, we can *leapfrog* common barriers and make best practices common (“If You Want To Go Fast, Go Alone. If You Want To Go Far, Go Together”)
- ▶ Committed to a just-in-time (responsive and developmental) design and delivery
- ▶ Self-reflective, iterative design recognizing that the benefits we aim to achieve should be greater than or equal to the burden of getting there
- ▶ Incorporate patient and family caregiver perspectives as well as case-based examples in all content delivery

### Context

19 teams from healthcare organizations in all 10 provinces are participating in a 12-month improvement collaborative to transform care for people living with chronic obstructive pulmonary disease (COPD) and support their caregivers. The Canadian Foundation for Healthcare Improvement (CFHI), in partnership with Boehringer Ingelheim (Canada) Ltd., pledged \$1 million to support the teams – each are receiving \$50,000 to adapt and implement an approach that reduced by 60 percent emergency department (ED) visits, hospital admissions and days in hospital among participating patients living with COPD in the INSPIRED

COPD Outreach Program™ at the Queen Elizabeth II Health Sciences Centre in Halifax, Nova Scotia. In early 2014, Accreditation Canada recognized *INSPIRED* as a leading practice. In addition to funding, CFHI is providing coaching, educational materials and tools in this quality improvement collaborative aimed at improving the care of people living with moderate to very severe COPD.

Teams involved in the *INSPIRED* collaborative include COPD educators, nurse practitioners, respiratory therapists, physicians, administrators as well as patients and their caregivers.

### References

- CFHI. 2014. “INSPIRED Approaches to COPD: Improving Care and Creating Value.” <http://www.cfhi-fcass.ca/Elearning/spreading-healthcare-innovations-initiative/inspired-approaches-to-copd>
- Rocker, G.M. & Verma, J.Y. 2014. “INSPIRED’ COPD Outreach Collaborative: Doing the Right Things Right.” Clinical and Investigative Medicine. <http://cimonline.ca/>

“Through funding for the Canadian Foundation for Healthcare Improvement, our Government is supporting healthcare partnerships and innovative ways of improving patient care. This collaborative will lead to better care for Canadians struggling with COPD.”

The Honourable Rona Ambrose,  
Minister of Health

“Without the INSPIRED program, I would probably be back in hospital... Before I started this program, I had no idea what was going on with me physically. Now I know what's coming and what to expect. It's been a good program... It's inspiring.”

Mr. David Smith, patient with  
COPD and INSPIRED program participant