INSPIRED COPD Outreach Program^{TM}
INTERVENTIONS Patient Name: ___________________

Visit 1 (in hospital) – Medical Director: __________________/__________________
Date: ________________________

☐ Patient given info re: INSPIRED ☐ Medications optimized as per COPD guidelines ☐ Action Plan completed

First contact (within 48 hours of hospital discharge): By: _______________ Date: _______________

Visits by RRT/COPD Educator
Date: __________________________
Date: __________________________
Date (if more visits required): ______________________

- ☐ Consent signed
- ☐ Patient Assessment
  - o Physical – Chest, SpO2, vitals, cough, SOB (NRS), smoking, review other co-morbid conditions, inquire re: sleep, mobility/ADLs, etc…
- ☐ Psychosocial assessment – discuss "wellness" and link between psychosocial and physical distress
- ☐ Review COPD Action Plan
- ☐ Discuss goals of care (expectations of the program, explore beliefs about disease, "What do you think is in this for you? What's the hardest right now?")
- ☐ Optimize use of respiratory medications/delivery devices
- ☐ Introduce Living Well with COPD education and provide booklet
- ☐ Provide fan + BIS leaflet
- ☐ Discuss value of Pulmonary Rehabilitation and initiate referral where appropriate
- ☐ Provide Venturi mask, oxygen alert card, and info leaflets if presenting ABG was poor
- ☐ Discuss most recent acute exacerbation, leading to beginnings of Advanced Care Planning (ACP) discussions
- ☐ Provide advice/support re: smoking cessation (initiate referral if necessary)
- ☐ Explore palliative care treatments if needed (refer Palliative Care team if req'd)
- ☐ Explore community supports available to patients/families living with COPD
- ☐ Provide numbers for help lines (card and list)
- ☐ Create clinical chart

Visits by Advance Care Planning Facilitator
Date: __________________________ **** Initial visit no later than 6 weeks post-discharge**
Date: __________________________
Date (if more visits required): ______________________

- ☐ Assessment of caregiver experience (specifically potential for vulnerability)
- ☐ Assessment patient and/or caregiver anxiety/depression
- ☐ Advanced Care Planning and goal setting (___ with patient, and/or ___ with caregiver)
- ☐ Complete personal directive (if desired by patient/family) Completed? Yes No (circle)
- ☐ Support for patients and/or caregivers (changing needs) – presence, active listening, identification & mobilization of internal and external resources (social networks, personal faith-related, secular &/or religious/ spiritual community)
- ☐ Liaise with team - sources of existential distress, hope, other relevant spiritual and/or religious issues, potential referral(s)

Phone follow up (by one of the RRT Educators or coordinator)

- ☐ Phone follow up 1 Name of educator: __________________________ Date of call: ______________________
- ☐ Phone follow up 2 Name of educator: __________________________ Date of call: ______________________
- ☐ Phone follow up 3 Name of educator: __________________________ Date of call: ______________________
- ☐ Additional phone f/u, Name of educator: _________________________ Date of call: ______________________
- ☐ Additional phone f/u, Name of educator: _________________________ Date of call: ______________________
- ☐ Additional phone f/u, Name of educator: _________________________ Date of call: ______________________
- ☐ 12 Month follow up Name of educator: __________________________ Date of call: ______________________