

Developing and Delivering a Successful Community Based Home Oxygen Assessment Service

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Community Respiratory Team

*“Change your thoughts
and you change your
world”*

Nelson Mandela



Community Based Home Oxygen Assessment Service (HOAS)

Why we need it?

How we did it?

Benefits (Patients/HCPs/PCT)

Challenges



Where are we now?

WHY?

Benefits of appropriate supplementary oxygen therapy:~

- Ø Only existing approach shown to modify long term decline in lung function associated with COPD
- Ø Increases survival
- Ø Reduces secondary polycythaemia
- Ø Increases cardiac function
- Ø Improves exercise tolerance

WHY?

National Recommendations

Strategy for COPD

Aims:-

- To improve quality of, and access to COPD services
- To reduce inequalities in care
- To decrease health care costs

WHY?

National Recommendations

Strategy for COPD

Recommendations:-

- use innovative technology to deliver and monitor care
- improve support for patients and carers
- pay particular attention to reduce variations in outcomes, particularly those associated with social exclusion

WHY?



County Durham and Darlington
Community Health Services

National Recommendations

- BTS Guidelines (2006)
- NICE Guidelines (2004)

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north east
england

WHY?

Local Provision

No HOAS commissioned in County Durham

∅ No single provider of HOAS

∅ Inequitable service

∅ Oxygen prescribed without formal assessment.

∅ Spasmodic/unstructured.

∅ Follow up did not meet BTS guidelines

WHY?

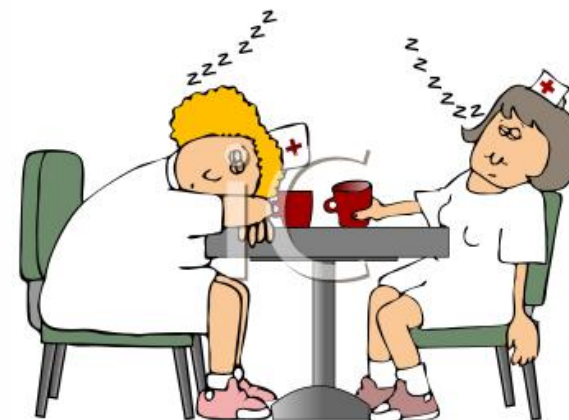
Respiratory Team

Improve experience and journey for service users

Move services closer to home

Provide an equitable service

Job satisfaction



HOW ~ What we did.....

3 month pilot in Derwentside
(Oct 2008-Jan 2009)

(Benchmarked against BTS, NICE and National Strategy)

Existing staff resources
2 Respiratory Nurse Specialists
(1wte & 1 admin support)

Aims of Pilot

County Durham and Darlington
Community Health Services

Ø Streamline service

Ø Patient safety

Ø Cost effectiveness

Ø Education

Ø Awareness

HOW ~ What we did.....

Consultation Process

Patients:~



- Breathe Easy Group
- British Lung Foundation
- Discussions about local service provision

HOW ~ What we did.....

Consultation Process



Commissioners:~

- Service specification was being written at the time of 3 month pilot
- Agreement was obtained from Commissioners to carry out pilot
- Meetings with local PBC group

HOW ~ What we did.....

Consultation Process



Referrers:~

- Respiratory Consultants
- General Practitioners
- Practice Nurses / District Nurses
- Respiratory Physiotherapists
- Community Matrons
- COPD outreach team (ARAS)

HOW ~ What we did.....

Consultation Process



Oxygen Provider (Air Liquide)
Meeting with clinical leads

Respiratory Consultant

HOW ~ What we did.....

- Protocols and Patient Pathways
- Patients were Prioritised for Review
 - previous formal oxygen assessment
 - known to local respiratory service
 - multiple accounts
- New referrals

HOW ~ What we did.....

Equipment

Portable blood gas analyser

Oxygen Concentrators

HOW ~ What we did.....

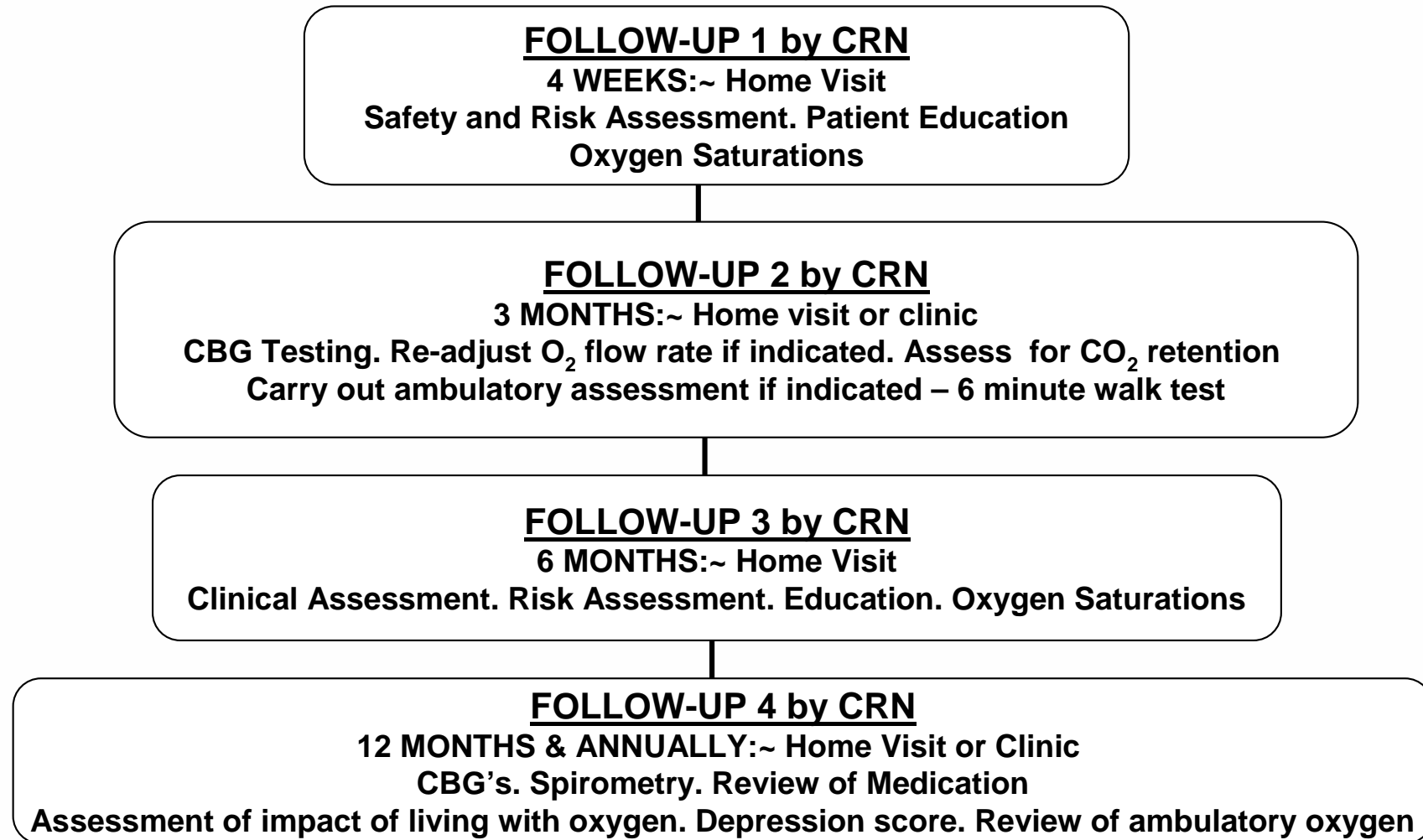
- Training needs analysis.

- Database
 - > number of referrals
 - > consultation outcomes
 - > waiting times
 - > cost savings / expenditure

OXYGEN SERVICE – FOLLOW-UP FOR PATIENT WITH LTOT - (HOAS)



County Durham and Darlington
Community Health Services

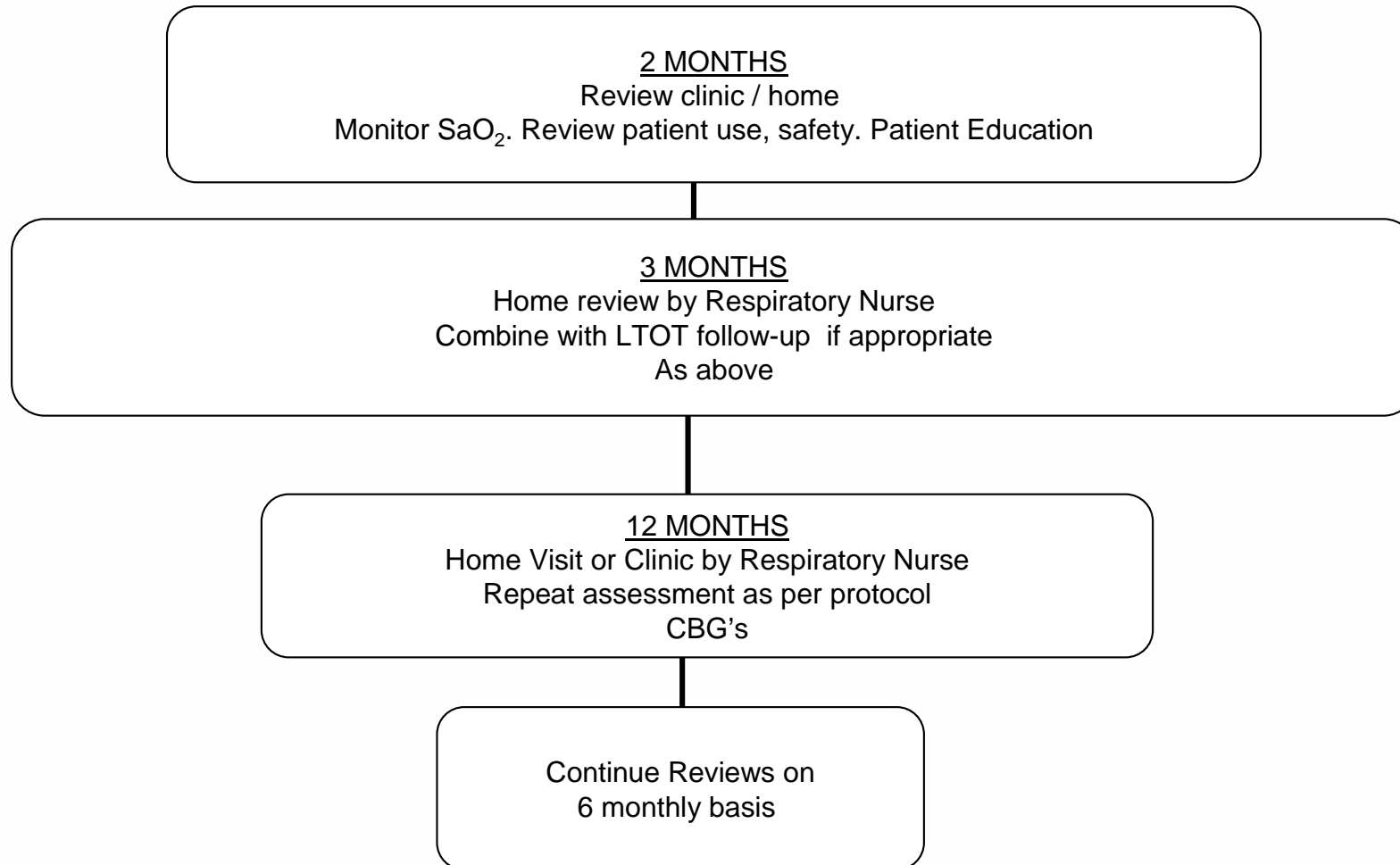


OXYGEN SERVICE – AMBULATORY / SHORT BURST FOLLOW-UP (HOAS)



County Durham and Darlington
Community Health Services

Initial Assessment & Installation of Oxygen



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Results / Findings

- ∅ No. of Patients seen – **72**
- ∅ No. of new patients referred for assessment – **18**
- ∅ No. of patients reviewed from existing O₂ data - **54**

Results / Findings

Changes in service provision

- ∅ No. of patients where O₂ therapy initiated - **5**
- ∅ No of patients where change of O₂ prescription indicated - **29**
- ∅ No. of patients where O₂ removed - **4**
- ∅ No. of patients where removal of O₂ indicated but patients refused - **2**
- ∅ No. of patients where no changes made - **32**

Results / Findings

Costs

- Initiating O₂
(annual cost) **£5,022**

- Purchase of equipment **£11,042**
(i-stat blood gas analyser, test cartridges
and service contract)

£70,000

Results / Findings

Projected Annual Savings (based on savings made during pilot)



- | | |
|------------------------------------------|----------------|
| • Duplicate accounts | £10,593 |
| • Incorrect Geographical Area | £12,267 |
| • Changes to O ₂ prescription | £38,886 |
| • Removal of oxygen | £2,927 |
| • Clinic tariffs(18 new patients x 2) | £5,220 |
| • Potential removal of oxygen | £7,044 |

Results / Findings

Patient survey

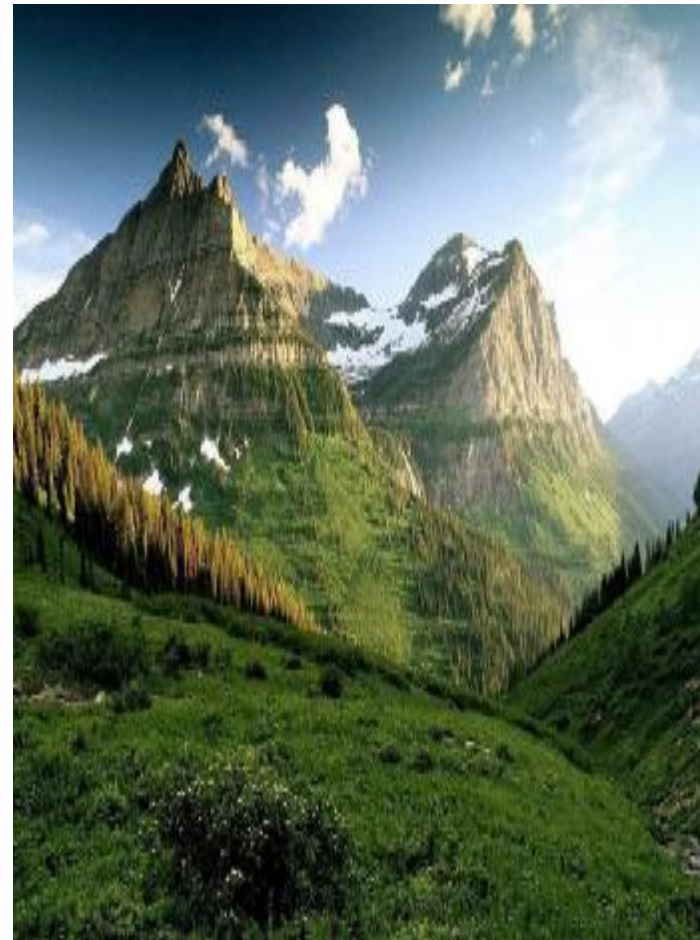
Ø Necessary to contact the service	68%
Ø Contacting the service was easy	82%
Ø Privacy/Dignity/confidentiality protected	100%
Ø Opportunity to ask questions	100%
Ø Felt listened to	95%
Ø Felt more confident with managing condition	90%
Ø Greater understanding of disease	76%

Quote from Elsie

‘I feel much more **relaxed** having the tests at home. It was much **better** than having all the **hassle** of travelling to the hospital, finding a car parking space, and the **cost** of parking. I like seeing the same nurses and feel **re-assured** that I can ring them at any time for **advice**, and if they are not available their secretary will take a message for me. I think having tests this way is an **excellent idea** and the nurses give an **excellent service**’

“ After climbing a great hill, one only finds that there are many more hills to climb.”

Nelson Mandela



Challenges

- Removal of oxygen where used inappropriately
- Changes to oxygen prescription
- Strategies to wean patients off oxygen are time consuming. Let's get it right from the start!
- Health and safety issues
- Lack of service specification
- Obtaining patient data (Air Liquide/PCT)
- Working within existing resources



Benefits

Patients

- Service close to home
- Reduced travel costs
- One point of contact
- No hospital or clinic waiting times
- Immediate decision from outcome of assessments
- Improved care, information and advice
- Reduced anxiety for patients and carers



Benefits

Referrers

- Single point of contact
- Easy referral process
- Access to education programme provided by Respiratory nurses
- Access to results of patient assessments/clinical decisions within 7 days



Benefits

PCT

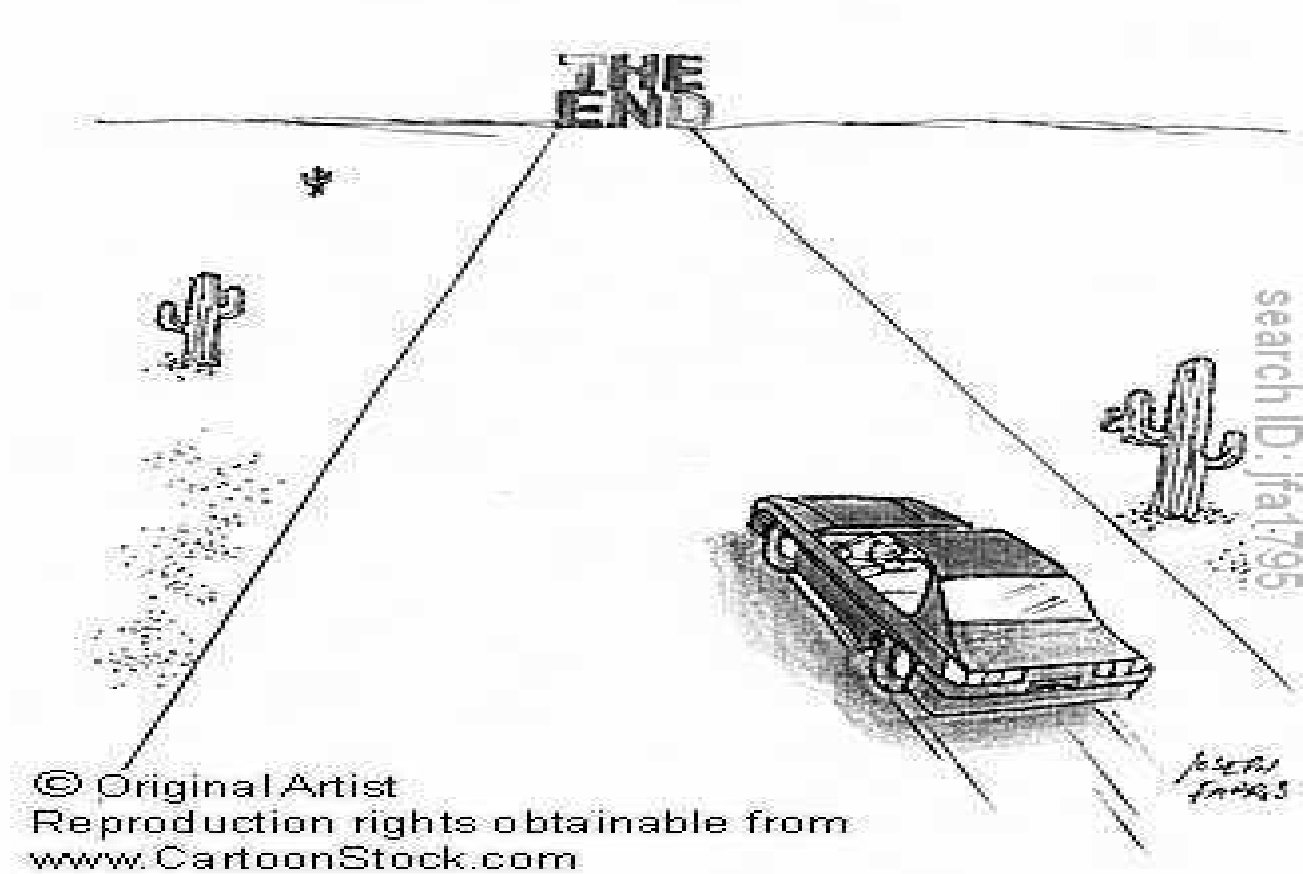
- HOAS helps to meet local and national priorities
- Supporting people with long term conditions
- Implementing reform
- Improving the patient/user experience
- Achieving financial balance

Benefits

Community Respiratory nurses

- Equitable and responsive service
- Clinical consultations carried out in a relaxed environment
- Improved patient/clinician relationship
- Immediate clinical decisions
- Portable easy to use equipment
- Improved job satisfaction





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Where are we now?

- HOAS still not commissioned
- Continuing to provide HOAS within existing resources
- Assistant practitioner

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Conclusion

- Although HOAS pilot was a limited exercise there were clear improvements in patient care, efficiency and cost effectiveness
- Ongoing communication between all stakeholders would need to be an integral part of service provision and development
- Ongoing promotion of the service would be required

- The pilot strongly supports the case for a community based HOAS
- In order to achieve aims and objectives in the long term a community based HOAS should be adequately resourced.

**Cost of doing
nothing**



**Fully
resourced
service**



*“It always seems
impossible until
its done “
Nelson Mandela*