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**COPD PROJECT**  
**&**  
**COMMUNITY PULMONARY REHABILITATION**

# Project Overview



The COPD project is sponsored Margaret Dotchin and Dr Ken Whyte and was first proposed in 2009.

## **The 3 work streams are:**

Community based Spirometry (to improve diagnosis and management)

Establishment of Community Pulmonary Rehab to improve access

Improved COPD Services for patients within the ADHB area  
(but with a regional focus)

## Expected Outcomes

1. Improved access to Community Spirometry
2. Establishment of community based Pulmonary Rehabilitation Programmes
3. Streamlined COPD Services (with regional approach across primary and secondary care and multidisciplinary approach)



# COMMUNITY PULMONARY REHABILITATION

**Paul Birch**

**Physiotherapy Specialist**

# OBJECTIVES



What do we mean when we talk about Pulmonary Rehabilitation?

How is Pulmonary Rehabilitation likely to look in the community?

What can we expect the pay back to be?

# PULMONARY REHABILITATION



**From this.....**



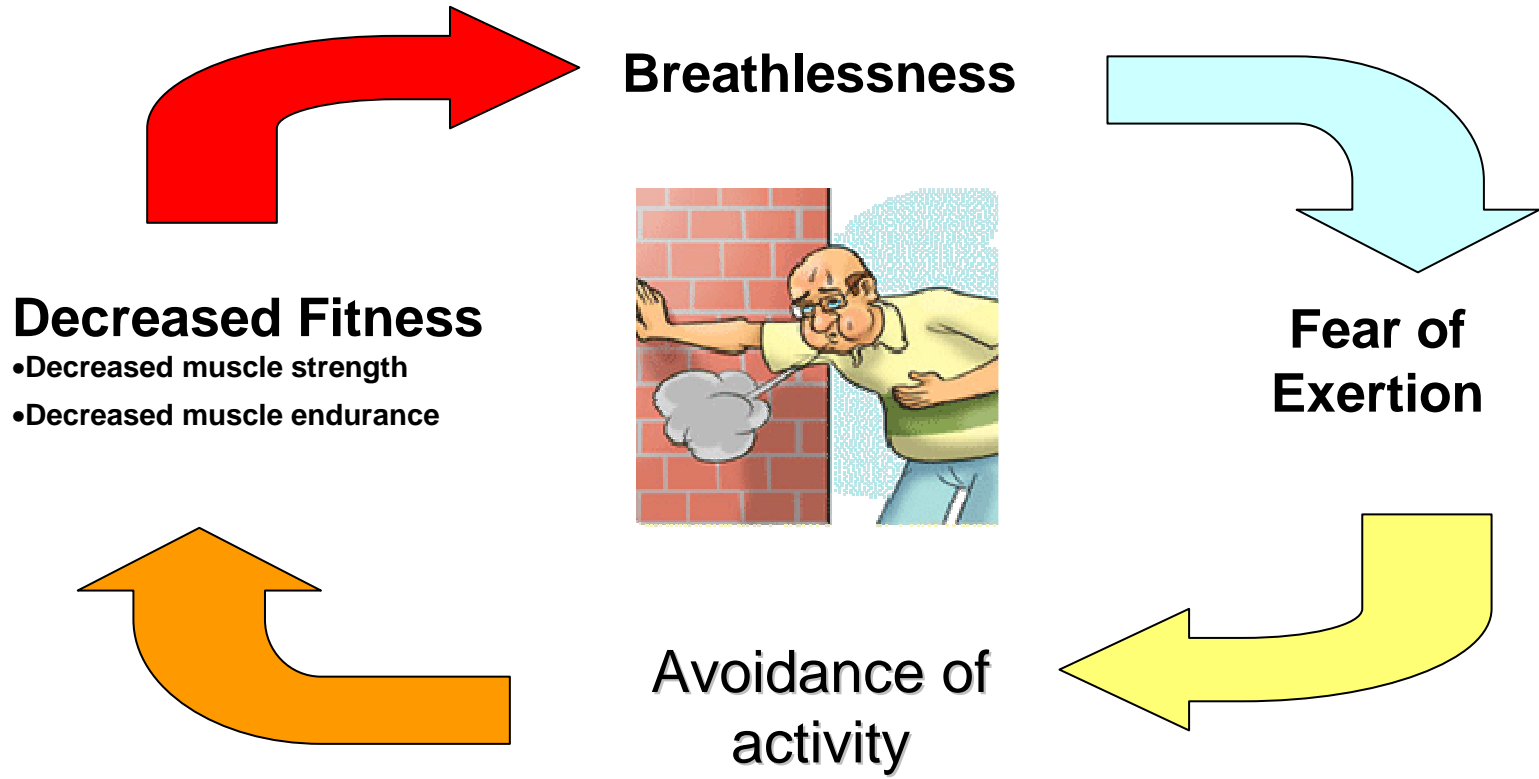
**Sickness Approach**

**To this.....**



**Wellness Approach**

# Cycle of Inactivity and Breathlessness



# PULMONARY REHABILITATION

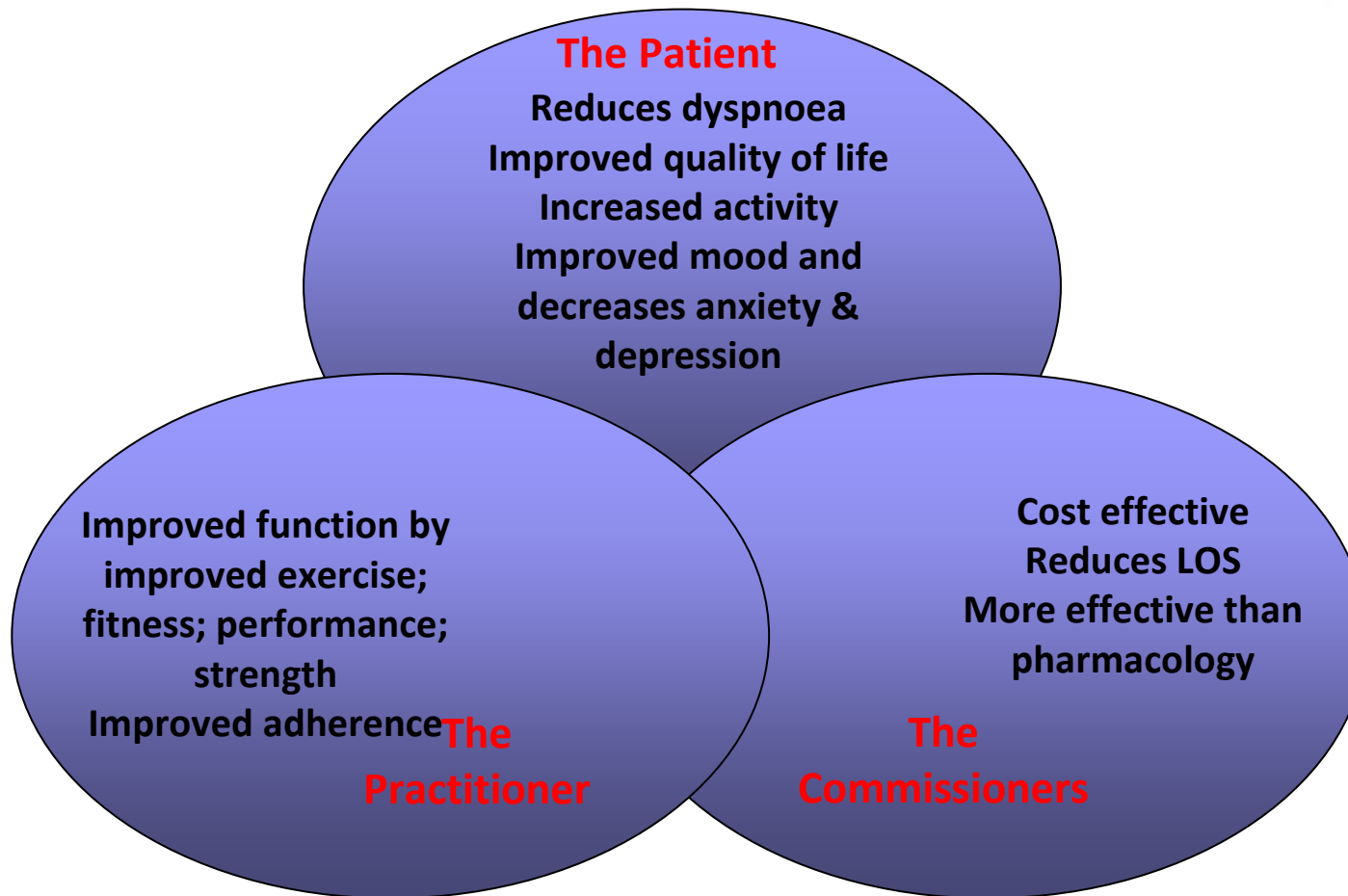


*an **evidence-based**, **multi-disciplinary**, and **comprehensive** intervention for patients with chronic respiratory diseases who are **symptomatic** and often have **decreased daily life activities**. **Integrated** into the **individualised treatment** of the patient, pulmonary rehabilitation is designed to **reduce symptoms**, **optimize functional** status, **increase participation**, and **reduce health care costs** through stabilizing or reversing systemic manifestations of the disease.” **Nici et al 2006; Ries et al, 2007.***

1. The highest outcomes are achieved with a Multidisciplinary Team
2. The programme must be individualised and tailored to individual patients needs.
3. Both physical and psychosocial components and self management strategies are crucial to successful outcomes.

**Grade A - International evidence and multiple International guidelines support the above**

# Benefits of Pulmonary Rehab



# Current Plan

## 1. Two NEW community sites (high need areas)

20 new programs  
400 new patients  
Maori / Pacific Island focus

## 2. Eight week Rolling Program (twice weekly supervised)

## 3. Classes

Exercise based Classes (16-20)  
Self management / education as its core

## 4. Personalised Home Exercise Program

## 4. Ongoing maintenance

Green prescription  
support groups  
Exercise drop in sessions  
Planned reviews

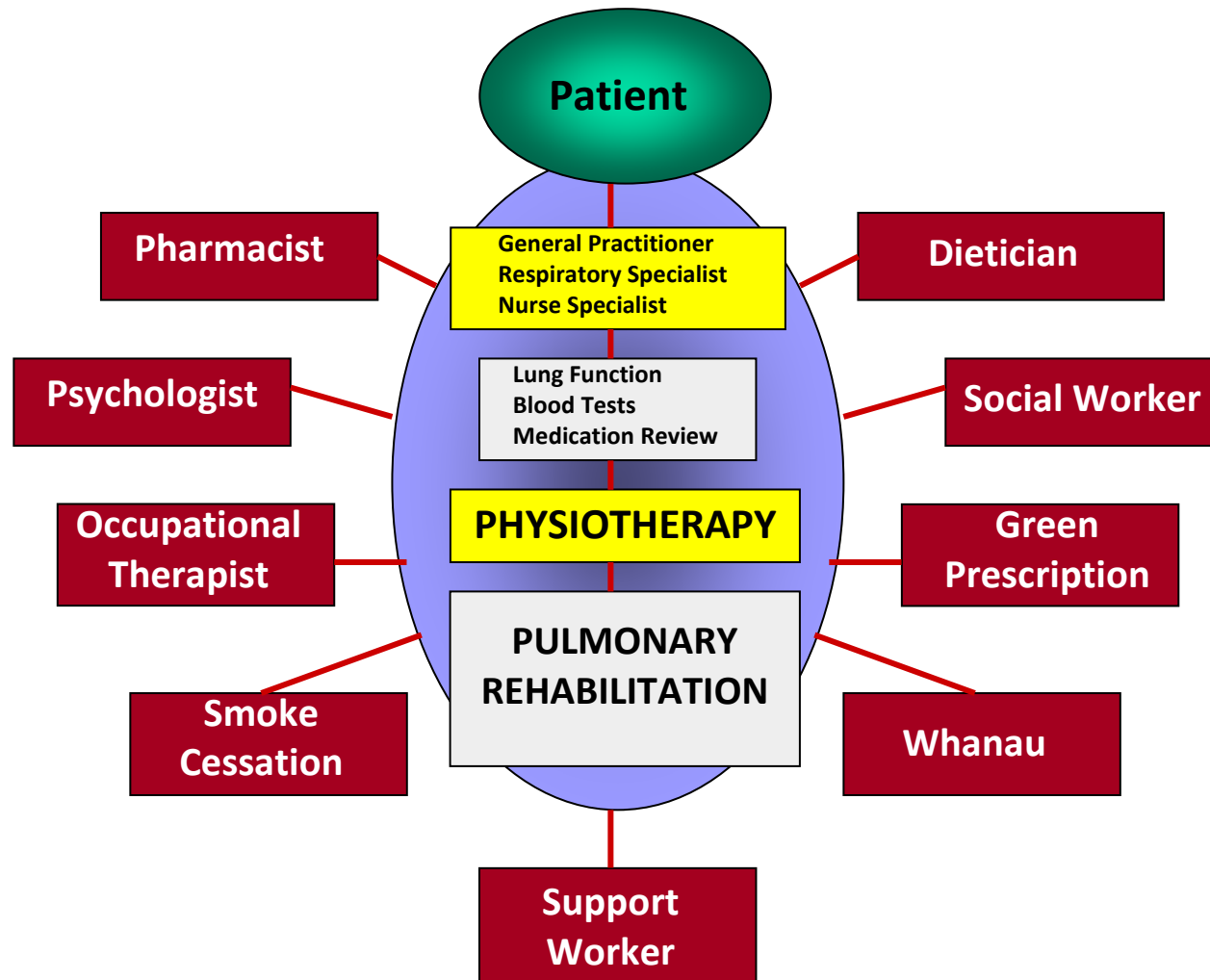
## 5. Evaluation

Referrals / Attendance  
DNA Rates  
CRDQ  
Exercise capacity  
Anxiety & Depression  
Hospital admissions  
Hospital LOS

Locations to  
suit pts need

Multidisciplinary

# Multidisciplinary Team



# Questions & Discussion



# Benefits of Pulmonary Rehab



- **Significantly reduces frequency & severity of dyspnoea (Mannino et al 2009)**
- **Significantly improves health-related quality of life (Ries et al; 2007; Lacasse et al 2009)**
- **Significantly reduces the number of hospital days among patients with COPD and is cost effective (Seymour et al Thorax 2010)**
- **More effective than pharmacology in improving quality of life (Troosters et al 2005; Lacasse et al 2009; COPDX 2010; NCE 2010)**
- **Improves adherence to recommended treatments (Lacasse et al 2006; Morgan et al 2001)**
- **Improves function by improving peripheral muscle strength and function, cardiovascular fitness and exercise endurance (Trooster et al 2005; Chavannes et al 2002)**
- **Reduces the number of urgent and routine clinician visits to GPs (NICE; COPDX).**
- **Provides psychosocial benefits to patients with COPD such as improving mood and motivation and the development of self help strategies (Ries et al 2007)**
- **Reduces dependency on others which causes carer strain (Griffiths et al. 2000).**