

CHANGING LIVES

BREATHE Team – Case studies

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Introduction

- Early supported discharge (ESD)
- Post discharge follow up
- HOT Clinic
- Case management

Case Study 1

Background

- 82 year old with moderate COPD and bronchiectasis
- MRC Score 3
- Ex smoker, 40 pack year history
- Worked in mills and glassworks
- PMH – MI, Hiatus Hernia, Angina, Macular degeneration

Case Study 1

Challenges

- Not improving
- Had a repeat exacerbation
- Patient struggled to administer her own nebulisers due to impaired sight
- 8 hospital admissions in 12 months

Strategy

- Extended ESD and was on ESD for 25 days
- HOT clinic
- Demonstrated how she could administer nebulisers

Case Study 1

Outcome

- Eventually started to improve and able to discharge from ESD
- Not had a hospital admission since December 2017

Feedback

“It is a very good service and I like that I could be at home and didn’t have to stay in hospital. I felt safer with the BREATHE team coming to visit. I wouldn’t have managed without them and would have ended up back in hospital”

Case Study 2

Background

- 74 year old with end stage COPD
- 3L LTOT
- Maximum inhaled therapy and home nebuliser
- Under Community Matron
- Community DNACPR
- PMH – IHD, Angina, MI x3, AAA, Coeliac Disease

Case Study 2

Challenges

- 24 ED attendances in 12 months
- Anxiety
- End stage disease

Strategy

- Enrolled on to ESD then enrolled on to caseload
- Discussed strategies to help manage anxiety
- Started palliative care discussions

Case Study 2

Outcome

- Still receiving continued support from us
- Not attended ED for 3 months
- Attending Hospice for therapy days

Feedback

“It gives me more confidence knowing the BREATHE team are coming. I have got to know all the nurses and trust them. I feel I will be able to die at home comfortably with the BREATHE Team helping me. I use to be terrified of dying at home but now I’m not half as frightened.”

Case Study 3

Background

- 71 year old with end stage COPD
- 1L LTOT
- Chronic T2RF has domiciliary NIV
- Maximum inhaled therapy and home nebulisers
- PMH – AF, CCF
- Very independent around her flat, good support from family
- Well informed about her disease
- Manages her condition well
- 5 exacerbations per year

Case Study 3

Challenges

- Severe life threatening exacerbations
- Increased frequency of exacerbations
- Very limited by breathlessness

Strategy

- Enrolled on to caseload
- Referred for OT + PT assessment
- Started advanced care planning discussions
- Suggested she be discharged home with oramorph

Case Study 3

Outcome

- Remains on caseload
- Not been in hospital since she was discharged beginning of August.

Feedback

“I think the BREATHE Team are marvellous and can’t fault them. When I need them I just have to phone and the next minute they are at the door. It makes life easier not going to the hospital and I feel really comfortable with them. Great idea!”

Case Study 4

Background

- 80 year old lady with severe COPD
- Ex heavy cigarette smoker with 90 pack year history
- Emphysema with lung bullae
- PMH – AF, Angina, MI x3
- Lives alone, good support from daughter

Case Study 4

Challenges

- Anxiety
- New on LTOT
- Felt that having long term oxygen stopped her leading her usual busy lifestyle

Strategy

- Discussed non-pharmacological interventions
- Post installation visit
- Discussed alternative oxygen devices

Case Study 4

Outcome

- Daughter feels they are managing her mum's breathlessness and anxiety well
- Ordered transportable concentrator
- Now able to continue a normal life

Feedback

Patients daughter said "It has made my life easier not having to fetch her for appointments. Finds it easier to contact us rather than GP. Life is much easier now not having to wait in for oxygen. The transportable concentrator is fantastic, it's much easier to carry. The nurse's in the BREATHE Team are fantastic, they are always very helpful and polite and have been able to answer any questions we have had."

Case Study 5

Background

- 64 year old with COPD
- Still smoking
- On maximum inhaled therapy
- PMH – Alcohol dependence, HTN, Colostomy

Case Study 5

Challenges

- 8 hospital admissions in the last 6 months
- 20 ED attendances in the last 12 months
- Difficulty getting him to engage with the service

Strategy

- Enrolled on to ESD
- 2 week post discharge follow up
- Referred to Community Matrons
- Referred to Adult Safeguarding

Case Study 5

Outcome

- Continues to not engage with any service
- Continues to present to ED at least once a month



Thank you

Any questions?



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