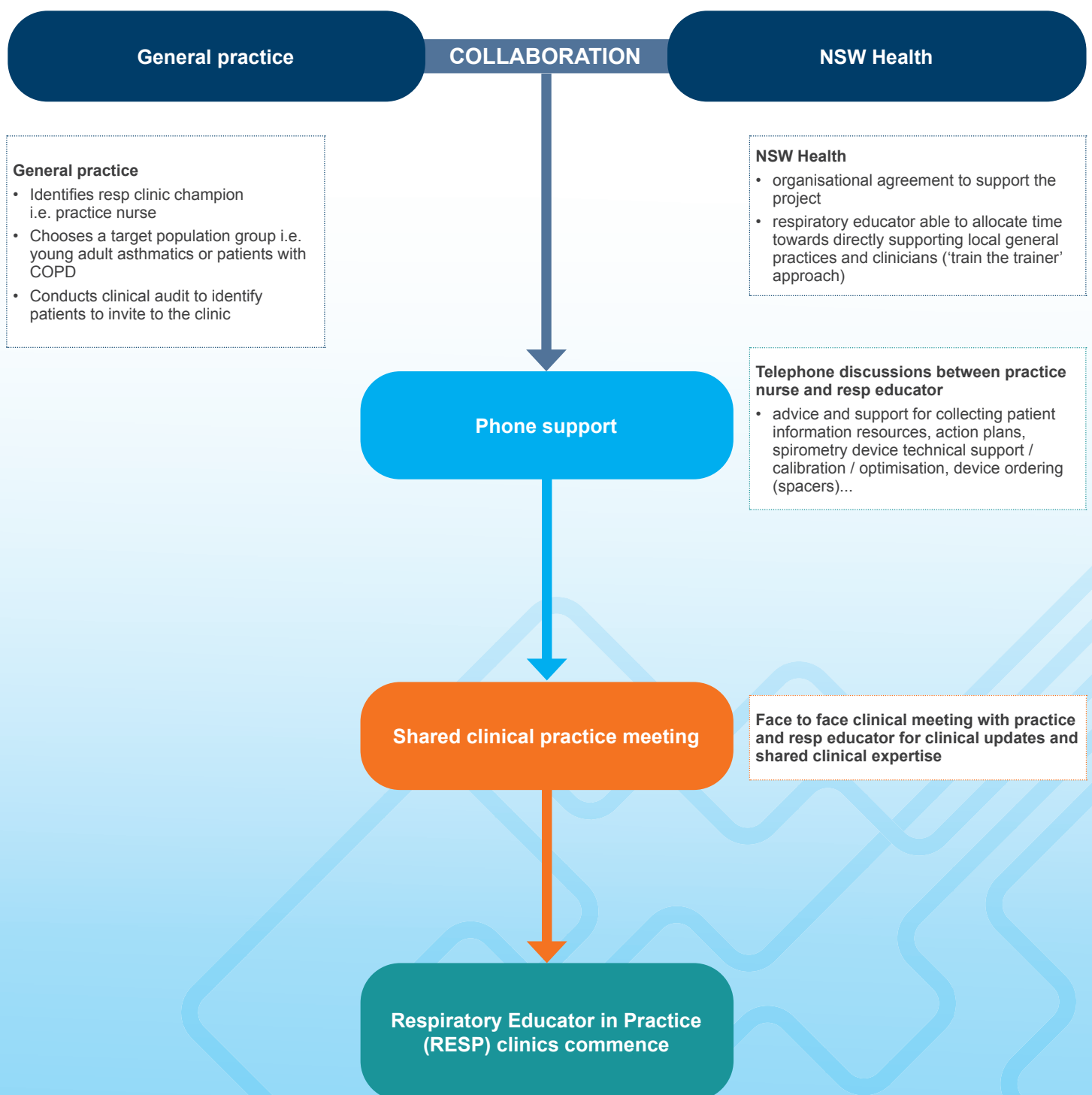




MODEL OF CARE

Respiratory educators in general practice



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Respiratory educators in general practice

ASTHMA CLINIC:

Eligibility: Prior to the clinic, practice nurse completes asthma score by phone.

Invitations: Patients are invited to clinic during same phone call if asthma score is low.

Shared review: Practice nurse and community asthma educator undertake joint review (30-45 min total):

- check on patient's general well-being, level of activity, limitations that could relate to condition (e.g. sport in young asthmatics)
- confirm smoking status
- mental health
- review control of condition (this may include spirometry)
- ensure inhaler technique is effective
- review action plans ready for discussion with GP
- check medication/scripts in date
- create a GP management plan and review need for TCA.

GP will join consultation for:

- summary of issues
- review of spirometry results if done
- completion of care plan
- update of scripts
- further discussion as required.

Reminders: Reminders are sent to patients for ongoing review of action plans and inhaler devices with GP, practice nurse +/- educator if required.

COPD CLINIC:

Eligibility: Practice nurse reviews patient files to confirm accurate diagnosis and spirometry results to confirm the severity. If practice is contemplating starting spirometry they need to have the practice nurse trained to provide accurate & reproducible standard results. Use health pathways as a resource for defining severity.

Invitations: Practice nurse circulates a list of patients to their GP for review regarding suitability for the clinic.

Shared review: Practice nurse and COPD clinical nurse consultant joint review (30-45 min total):

- check on patient's general well-being, level of activity, SOB, use of O2 if applicable, limitations that could relate to condition
- confirm smoking status
- mental health especially in COPD
- review control of condition and severity (this may include spirometry)
- ensure inhaler technique is effective
- review action plans ready for discussion with GP
- check medication/scripts in date including COPD backup scripts for prednisone and antibiotics
- create a GP management plan and review need for TCA.

GP will join consultation for:

- summary of issues
- review of spirometry results if applicable
- completion of care plan
- update of scripts
- further discussion as required.

Reminders: Reminders are sent to patients for regular ongoing reviews of smoking cessation, action plans and inhaler devices with GP, practice nurse +/- educator. Home Health Assessments and Care Plan reviews encouraged regularly to ensure ongoing support and education.