

# IMPROVING THE PATIENT JOURNEY FOR RESPIROLOGY PATIENTS IN THE FRASER NORTHWEST FOR BETTER HEALTH OUTCOMES

A Shared Care Project

## Project Overview

Project Aim: Refresh primary care providers' knowledge regarding pulmonary function testing how to use the right test and guidance on how to make decision, as well as community management of Chronic Obstructive Pulmonary Disease (COPD) and COVID-19 impacts

Project Leads: Dr. John Yap (FP Lead), Dr. Shaun Ong (Respirologist Lead) and Dr. Samir Malhotra (Respirologist Lead)

Target population: Patients requiring a pulmonary function test, and local FPs, NPs and Respirologists in the FNW region

## Project Activities

Reimagining Respiratory Disease  
Ask the Expert (ATE) Event  
**44 Primary Care Providers in Attendance**

October 2021

Project was temporarily on pause for this duration

2022 - 2023

ATE COPD workshop  
**78 Family Physicians in Attendance**

Sept 2023

### Provider Engagement

92

Family Physicians

5

Nurse Practitioners

7

Registered nurses in practice

### ATE: COPD | Event Evaluation

122 Event registrations

78 Attended event

53 Completed Surveys

On a scale from 0 to 10, how informative did you find tonight's event on Chronic Obstructive Pulmonary Disease (COPD)?

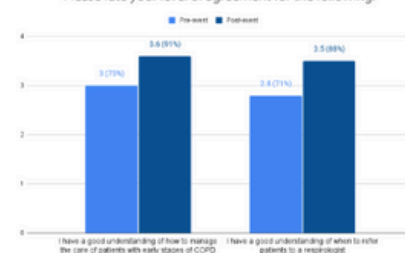


### Impact to Practice

- 91% of members were confident or very confident in determining when to order a full Pulmonary Function Test (PFT) vs. a Spirometry test
- Anticipated benefits:** increased understanding of the environmental impact of MDI's, providing better patient care (i.e. management and diagnosis) and improved understanding and utilization of available resources.
- Anticipated challenges:** Accessing/obtaining PFT testing and long wait times for spirometry tests



Please rate your level of agreement for the following:

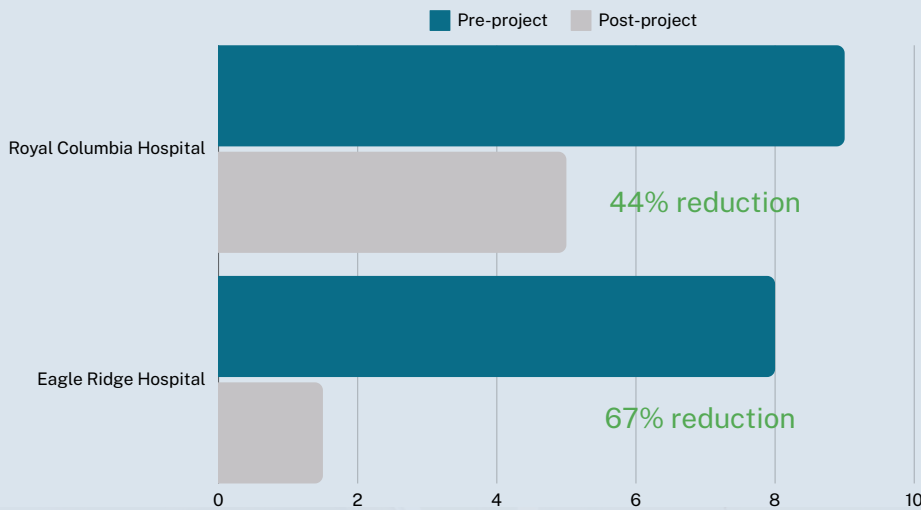


There was a 16% increase in understanding amongst providers as it relates to how to manage the care of patients with early stages of COPD. Similarly, there was an 17% increase in understanding of when to refer patients to a respirologist.

Note: Level of agreement is measured on a scale from 1 to 4

## Other Impacts

### AVERAGE CLINIC WAIT TIME: SPIROMETRY AND PULMONARY FUNCTION TESTING



Note: Although reducing wait times was not the aim of the project, ongoing work from FHA occurred during the project and wait times reduced as a direct result of the re-opening of the services and the increase in service availability after the pandemic.

At the start of the project, baseline wait times at Royal Columbian Hospital was 9 months. Wait times have since decreased to an average of 5 months,

Similarly, Eagle Ridge Hospital had baseline wait times of 8 months, which have now been reduced to an average of 1.5 months.

## Lessons Learned: What worked well?



Increased primary care provider knowledge on how to choose appropriate respiratory function tests



Increased understanding of available resources and therapies amongst PCP's to better support their patients



A reduction in overall wait times for PFT and spirometry testing across both facilities



Engagement from different respirologists, fostering relationships and shared learnings

## Challenges & Gaps

- Lack of established mechanisms to track data from the Pulmonary Function Clinics
- Departure of original members involved in the project, resulting in poor retention of background information

## Next Steps & Opportunities

- Identify opportunities for ongoing information sharing between respirologists and primary care providers
- Future integration of an additional pulmonary function box at Royal Columbian Hospital is expected to improved capacity and timely access to care
- Incorporate patient education

[Scan or click here for the full final report](#)

