



## Alberta Breathes: Proposed Standards for Respiratory Health of Albertans

The concept of *Alberta Breathes* and these standards was developed in consultation with over 150 health professionals and stakeholders province-wide, including all of Alberta's health regions (zones) and many academic and other practitioners. The four founding organizations are: Alberta Asthma Centre (AAC), Alberta Strategy To Help Manage Asthma & COPD (ASTHMA-C), COPD & Asthma Network of Alberta (CANA), and The Lung Association of Alberta/NWT (TLA).

*We aim to improve the lung health of Albertans, decrease use of acute health services, and keep people active at home, school and work.*

Developing with the help of Alberta's professionals and in alignment with provincial and national strategies, the following standards outline what needs to occur to achieve optimal respiratory health in Alberta. These patient-centred standards are one step in the process of working towards a work plan that will lead us to an optimal and coordinated system of respiratory care.

### Standards for Respiratory Health – Prioritization in Progress

*An online survey ran for 6 months to seek help in prioritizing standards for immediate action.*

Respondents considered the following criteria to guide their top 20 selection:

1. Does it support the biggest unmet needs and care gaps?
  2. Does it reach a large vulnerable population?
  3. Does it improve access, quality, and sustainability?
  4. Does it reduce the burden of health on the public and on the system?
  5. Does it promote best practice supported by evidence?
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1. The health system should work in cooperation with voluntary, education, youth, community organisations, and align with other chronic disease strategies to prevent smoking especially in young people. Rank 2 (72 selected = 63%)
  2. All health professionals should identify people who smoke, make them aware of the dangers of smoking, encourage them to quit, provide appropriate support for the person wanting to quit and provide information on cessation support, products and services. Efforts to align with and build on existing strategies should be supported. Rank 7 (61 selected = 53%)

3. The health system should work in cooperation with voluntary and community organisations, government, industry and align with other chronic disease strategies to improve outdoor air quality.
4. The health system should work in cooperation with voluntary, educational, child and community organisations, government, and workplace, plus align with other chronic disease strategies to improve indoor air quality at home, school, work and play.
5. The health system, in alignment with other strategies, should work with pre-school settings, schools, workplaces and communities to promote and support healthy lifestyle options such as breastfeeding, optimum quality sleep, healthy eating and physical activity to prevent obesity and improve respiratory and overall health. Rank 15 (46 selected = 40%)
6. The public and health teams should be aware of ways to reduce the risk of developing respiratory disease.
7. All health professionals should identify inactive individuals and their families and, where appropriate, provide them with advice and support to achieve and maintain activity levels according to current best practice.
8. The health system should align with other chronic disease strategies and voluntary organisations, government, workplace and industry to monitor, control and eliminate exposure to respiratory hazards in the workplace.
9. The health system should work in cooperation with voluntary organisations, government, workplace, industry and align with other chronic disease strategies to strengthen and enforce policies and codes for healthy occupational health and safety exposure limits.
10. All individuals should receive information and support to promote an up to date personal vaccine schedule.
11. Cooperation amongst the health system, voluntary, education, youth and community organisations must support activities to reduce the spread of respiratory infection.
12. All people with suspected chronic respiratory disease should have an accurate and timely assessment and access to quality, objective diagnostic tests (e.g. spirometry/lung-function testing/sleep testing). Rank 1 (88 selected = 77%)
13. Health professionals should have access to appropriate decision support tools and clinical information systems to facilitate rapid and accurate diagnosis. Rank 9 (52 selected = 45%)

14. All people diagnosed with a chronic respiratory disease should have equitable access to patient-centered, evidence-based management. Rank 8 (57 selected = 50%)
15. All people diagnosed with a chronic respiratory disease should have timely access to a primary care practitioner and a coordinated interdisciplinary health team. Rank 3 (72 selected = 63%)
16. All people diagnosed with a chronic respiratory disease should receive regular assessments semi-annually and follow-up visits to review management in primary care with appropriate linkages to specialty care. Rank 20 (41 selected = 36%)
17. All Albertans with a chronic respiratory disease should be on pharmacological therapy/treatment as per treatment guidelines regardless of income, geographic location, literacy or ethnicity. Rank 5 (64 selected = 56%)
18. Health professionals will have access to appropriate decision support tools and clinical information systems to facilitate individualized respiratory disease management.
19. All Albertans with COPD should have appropriate treatment, education, rehabilitation and supportive care in the full continuum from detection to palliative care. Rank 12 (48 selected = 42%)
20. All Albertans with COPD should be offered and have local access to pulmonary rehabilitation (or comparable integrated disease management and risk reduction programs), when rehab is deemed appropriate for that patient according to the current Canadian Guidelines. Pulmonary rehabilitation services may be accessed from an inter-professional perspective and should consider accessibility and the transport needs of individuals and caregivers. Individuals should have access to programs/services that are individually tailored and designed to optimize physical, emotional, and social health. Rank 6 (64 selected = 56%)
21. All Albertans with respiratory diseases attending a pulmonary rehabilitation program should have psychological and learning needs met by appropriately trained staff.
22. All Albertans with COPD, who are hypoxic, should have referral for assessment and prescription for long term oxygen therapy, if appropriate.
23. All Albertans with acute severe respiratory exacerbation should receive a timely assessment of control/severity and evidence-based management and follow-up according to evidence-based guidelines. This includes access to and support for self or provider care at home and management of chronic respiratory illness (including acute exacerbations as appropriate). Rank 13 (48 selected = 42%)

24. All Albertans with COPD with acute and/or chronic type 2 respiratory failure should have timely access to non-invasive ventilator support, if required, in a unit supervised by a knowledgeable physician.
25. All Albertans with acute exacerbations of COPD should be assessed and, if appropriate, considered for home management prior to admission to hospital with adequate medical and home care support.
26. All people with suspected allergies should have timely access to a physician trained in allergy for assessment and testing.
27. No person should have a second unmanaged anaphylactic event.
28. All people with life threatening allergies should have timely and appropriate assessment and medication.
29. All people with suspect work-related respiratory disease should have timely access to quality assessment and testing.
30. All Albertans with respiratory diseases should be provided with information about voluntary groups and networks to which they can turn for ongoing support and social interaction. Community linkages should be made to support physical activity for all Albertans.
31. All people with a clinical suspicion of obstructive sleep apnea should have equitable, accessible, timely and quality sleep testing, accurately assessed for severity and treated in a timely fashion. Rank 4 (71 selected = 62%)
32. All Albertans with more complex obstructive sleep apnea disorders should have timely and appropriate access to polysomnography (PSG). Rank 14 (48 selected = 42%)
33. All Albertans with OSA should have timely and equitable access to noninvasive ventilation treatment (Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BiPAP), review and follow up. Individuals who are unable to tolerate CPAP should have access to assessment for suitability for other interventions. Rank 11 (49 selected = 43%)
34. All Albertans with chronic respiratory disease should be encouraged to strive for optimal management of symptoms and with asthma and sleep apnea, and where possible complete control -a life free of symptoms and limitations. Rank 19 (42 selected = 37%)

35. All Albertans with chronic respiratory disease and their caregivers should be given the opportunity to learn about their condition on each encounter relating to their respiratory health.
36. All Albertans with chronic respiratory disease and/or allergies (and their caregivers) should have access to accurate information, advice, and emotional support on self management; this should include expanded provincial capacity for respiratory educators. Rank 16 (46 selected = 40%)
37. Albertans with respiratory diseases should be able to access respiratory education and/or self-management support throughout all levels of the health system (i.e. primary care, pharmacy, specialty, home care, and acute care) and the community (i.e. home, school, recreation, work, and community organizations). Rank 17 (44 selected = 38%)
38. All Albertans with chronic respiratory disease and/or allergies should be able to access self-management support in method(s), modalities, settings, and locations that reflect their individual needs.
39. All Albertans with chronic respiratory disease (and their caregivers) should have opportunities to engage actively, participate in decisions about their care, and receive decision support tools.
40. Health professionals should have access to integrated educational and decision support tools based on evidence-based guidelines.
41. All Albertans with chronic respiratory disease (and their caregivers) should expect effective communication and patient-centered care, including discussion of personal targets/goals in self management from their health professionals.
42. All Albertans with chronic respiratory disease (and their caregivers) should be empowered to practice self-management and given support to reduce barriers to self-management such as income, language, literacy, and management skills.
43. High risk populations with chronic respiratory disease have specific needs that require access to medications, supports, and services across the spectrum of care and life span irrespective of income, ethnicity, location, language, and literacy.
44. All Albertans with chronic respiratory disease (and their caregivers) should have access to a personalized, written action plan/self-management support tool that is developed collaboratively with their health care team and outlines how to enhance self-management,

minimize impact of triggers, and improve the use of medicines/therapy. Rank 10 (51 selected = 44%)

45. The public and health teams should be aware of indicators that suggest onset of disease or poorly controlled disease and the need for medical assessment and attention.
46. All Albertans with chronic respiratory disease should be provided with information on lifestyle modification and referred to services as appropriate (e.g. weight reduction, tobacco cessation, healthy diet, rehabilitation, etc.).
47. All Albertans with severe respiratory disease (and their caregivers) should have access to a provincially coordinated interdisciplinary team to address physical, emotional, spiritual, and learning needs and be supported to maintain their connections with social networks and community life, in order to promote wellbeing and mitigate the potentially isolating effects of long term disability.
48. A coordinated chronic respiratory disease health system, that includes respiratory health policies, decision support tools, and clinical information systems will be prioritized, planned and organized into an *Alberta Breathes* Framework that will improve chronic respiratory disease services and overall respiratory health for all Albertans. Priorities will be selected based on agreed upon criteria such as current gaps and activities, relevance, evidence, potential for uptake, and alignment with health system priorities. Rank 18 (44 selected = 38%)
49. The *Alberta Breathes* Strategic framework will be supported by leadership and program planners who will organize efforts to improve the health system that include measurable goals, quality improvement trials, and incentives for adherence to evidence-based guidelines.
50. Ongoing guidance should be provided by an interdisciplinary, provincial forum that encompasses adult and paediatric respirology, community groups, and patient representatives. This may possibly be formalized with the *Alberta Breathes* team through the newly established Pulmonary Clinical Network.
51. A formalized accountability structure should be established to prioritize, inform, and monitor the achievement of these Respiratory Standards. Evaluation measures and systems should be in place at both the program and provincial levels.
52. Identify discrepancies between what we know (ie. scientific knowledge and clinical practice guidelines) and what we do (ie. in actual clinical practice). This will include a systematic examination of the motivating forces that lead to practice gaps.

53. Information on practice gaps will inform and motivate reorganization and strategic implementation of priorities, new directions, and subsequent ongoing assessment of performance (dashboard indicators).
54. Evidence-based information, decision and self-management support tools will be integrated into services across the continuum of care including primary, pharmacy, tertiary and community.
55. Existing high quality delivery systems, healthy policies, and community resources that meet pre-determined criteria will be identified, adequately resourced, and replicated throughout the province as needed.
56. Indicators of respiratory health will be identified and defined, so that each zone, sub-group, discipline, or primary care network works towards the same core goals. The indicators should focus on the service goals and inform if, and how well, these goals are being achieved.
57. Clinical quality indicators should reflect evidence-based guidelines and measure the extent to which Albertans with respiratory diseases receive recommended treatment and follow-up.
58. A comprehensive data collection system to identify, investigate, and track work-related respiratory disease should be established.
59. A continual quality improvement process will be established to review progress and indicators.
60. Each zone should set its own targets for improvement based on clinical information systems and regional data, and should seek continued improvement against its own baseline.
61. AHS should continue to develop a clinical information system to facilitate an Alberta-wide electronic patient record system that can monitor any part of the service.
62. Research leads representing diverse disciplines should be established and fiscally supported to formalize links with the Universities and AHS and to facilitate both interdisciplinary collaborative research and community-based intervention research. This will provide evaluative support, integration of best practice, and inform programs and policy.