

The ACT Breathlessness Intervention Service (ABIS) Quality Improvement Project

Background

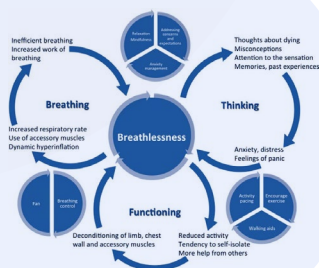


One in 10 Australians has chronic breathlessness. Acute-on chronic 'episodes' cause ED presentations that are not clinically necessary.

Breathlessness intervention services (BIS) 'coach' people to self-manage using non-pharmacological strategies, **targeting breathing, thinking and functioning domains of breathlessness.**

Diagram:

Mooren K, et al. Filling the Gap: A Feasibility Study of a COPD-Specific Breathlessness Service. COPD. 2022;19(1):324-9.



Problem

People with breathlessness and health professionals **lack awareness of non-pharmacological strategies to manage breathlessness.**

There are no BIS in the ACT.



Solution

Capital Health Network (CHN) commissioned University of Technology Sydney to co-design the **ACT Breathless Intervention Service (ABIS)** and Southside Physio to deliver ABIS.

ABIS was the first BIS worldwide to be delivered by a private allied health provider and co-designed through a partnership between **people with lived experience, carers, clinicians and researchers**, based on previous research evidence.

Findings



ABIS supported 140 patients through 1 to 6 (median 4) home visits from a physiotherapist.

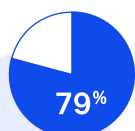
All patients showed improvement on activities of daily living, breathlessness mastery and/or severity. Benefits were usually maintained at 3- and 6-month telephone follow-ups.

ABIS reached **people with high need** – older, less mobile, unable to access rehabilitation services and/or approaching end of life.



21% of patients reported avoiding calling an ambulance on 46 occasions by using ABIS-learned strategies.

79% of carers reported improved confidence in supporting breathlessness episodes.



Recommendations



Evidence-informed co-design offers a solution-based approach to **developing new services that are tailored to local needs.**



BIS should include a **home-based component and engage with carers.**



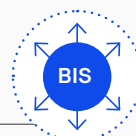
The number of **follow-ups** should be tailored to patient need.



Which disciplines are involved in delivering BIS may be less important than the **coaching approach and content**, except where patients have complex needs.



BIS approach and content should be **integrated across health services and settings** to maximise access.



The ACT has an **opportunity to leverage innovations** prompted by ABIS, including a community of practice, directory of services, and co-ordinated responses by the Community Care and Pulmonary Rehabilitation teams.

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