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**.

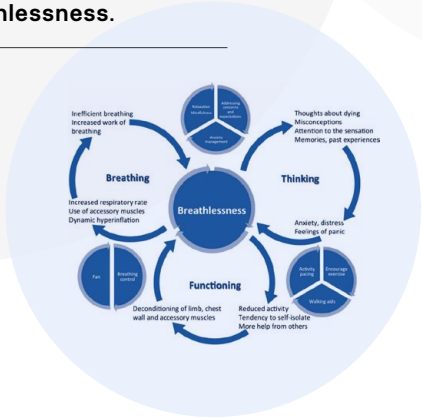


Diagram:
Mooren K, et al. Filling the Gap: A Feasibility Study of a COPD-Specific Breathlessness Service. COPD. 2022;19(1):324-9.

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

140

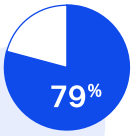
ABIS supported 140 patients through 1 to 6 (median 4) home visits from a physiotherapist.

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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UTS

Centre for Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT)

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The ABIS report is dedicated to the fond memory of Pam Harris as a member of the co-design team.