



Respiratory Health Strategic Clinical Network™

MISSION:

“The Respiratory Health Strategic Clinical Network™ will facilitate optimal respiratory health through implementation of innovative, patient-centered, evidence-informed and coordinated services.”



- Up & Running
- Sleep Disordered Breathing : AB Scan
- Survey: Asthma Control in Canada
- November: Lung Month—Did you take the challenge?
- Did you know? COPD Prevalence is Elevated in Indigenous Populations
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“Coming together is a beginning; keeping together is progress; working together is success.”

Henry Ford



"Tis the Season for reflection and resolutions"

It is hard to believe that we are at the end of the year and quickly approaching our third birthday! With the launch of several new SCN's, we are no longer the new kids on the block and through your hard work and engagement the Respiratory Health SCN™ (RHSCN) has earned recognition as a mature network. We are proud of our successes but know there is many opportunities to improve respiratory care for Albertans and their families. Our shared vision has brought us together as a community and contributed to our growing reputation of leaders in Respiratory care in Alberta.

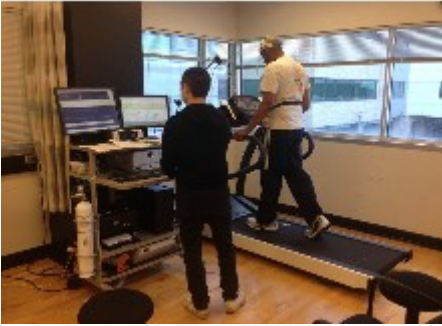
When making your New Year's resolutions this year we truly hope "to remain actively engaged in my RHSCN" makes your list 😊. Wishing you all a healthy and happy 2017!

—RHSCN Leadership Team

“I hope the [Camrose] PCN also feel that their work is a success because they’ve definitely changed my life. I’m eternally grateful to that group.”

-Joe, Patient Voice (page 4)

Up & Running



The [Clinical and Translational Exercise Physiology \(CTEP\) Lab](#), within the Cumming School of Medicine is up and running! The CTEP lab is a state-of-the-art research facility dedicated to health promotion and wellness by advancing and translating knowledge on the role of exercise in the prevention and management of chronic disease. If you or your research group are interested in studying the role of exercise on health, [contact us](#) to discuss opportunities.



Sleep Disordered Breathing: AB Scan

We have completed a Community Care Survey on Sleep Disordered Breathing. The next phase is to better understand the patient experience around diagnosis and treatment of Sleep Disordered Breathing. In November, we began recruiting patients for focus groups to be held in each zone.

[Let us know](#) if we missed you. There are many opportunities to be involved.



[Learn more](#) about the Sleep Disorders Working Group is up to and our areas of focus in 2017.

Survey: Asthma Control in Canada

Asthma affects 2.4 million Canadians and is expected to cost the health care system over \$4 billion per year by 2030. Fortunately, we do know Asthma [control is possible](#) by:

- Working with your health care provider to develop a written action plan
- Understanding your triggers and avoiding them
- Taking precautions to avoid getting the flu or a cold
- Taking medication as prescribed.
- Making appropriate lifestyle choices including regular exercise

The Lung Association completed a survey of 1000 Canadians with asthma in conjunction with family doctors who treat asthma. The survey [report](#) found that 80% of family doctors surveyed believe asthma patients do not take their asthma treatment seriously.

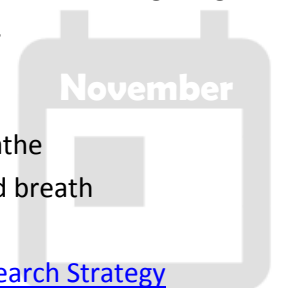
The Asthma Working Group has chosen evidence based priorities to aid in the diagnosis and self-management. The group has developed a [work plan](#) guiding them through the next year.

November was Lung Month: Did you take the challenge?

The Lung Association has a new brand and a challenge for all Canadians—to **#takeabreather!** Launched during Lung Month, the RHSCN is pleased and proud to support the ALA in their pursuit of better lung health.

Don't worry if you missed out, you can still get involved by:

- Participate in **#TakeABreather** and share a photo of yourself and your favourite place to breathe
- Visit the Lung Association [website](#) or [Facebook](#) page and learn how to protect your lungs and breath
- Learn about where donations have made a [difference](#)
- Educate yourself on the new and innovative funding approach, the [National Respiratory Research Strategy](#)
- Donate to this year's [Breathing as One Campaign](#) and make a future for all Canadians to breathe with ease



BREATHE
the lung association

BREATHING *as* ONE.

Did you know? COPD Prevalence Elevated in Indigenous Populations

The [Population, Public and Indigenous Health SCN](#) has recently been launched and we look forward to seeing where opportunities lie in further Pan-SCN Projects. In an age-standardized study between 2002-2013 for First Nations and non-First Nations in Alberta, it was found that the prevalence rate was 5.7 versus 2.1 percent respectively. COPD prevalence has increased for both populations. The prevalence of disease is higher in First Nation females and non-First Nation males.

What's New in COPD?

The RHSCN is working both with Dr. Michael Stickland on his [COPD PRIHS project](#) and our Clinical Pathways Support Unit (CPSU) to implement [standardized order sets](#) for COPD patients in acute care settings. After a successful pilot project at Peter Lougheed Hospital in 2014 and a Calgary wide spread, our next phase of this rollout is in Central Zone. In partnership with [Cardiovascular Health and Stroke \(CvHS\) SCN](#), our CPSU is working together to collectively roll out both a Heart Failure and COPD Order Set. We look forward to share with you the success of this roll out in the upcoming year.

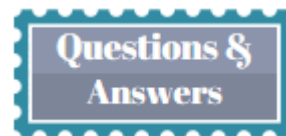


Oxygen Summit 2016

On November 22, the RHSCN brought together provincial stakeholders to discuss use of oxygen in acute care settings.

We were very fortunate to have Dr. Justin Ezekowitz, Doug Kremp, Monique Fernquist and Steen Pedersen as clinician panelists providing Cardiology, Respiratory Therapy, Emergency Care and Emergency Medical Services (EMS) perspectives.

Our Provincial Oxygen Projects Working Group is currently working to implement a plan to address which identified theme (Administration, Assessment, Equipment, Other, Patient Needs, Prescribing) work will be initiated on. If you are interested in being involved with the future of this work, please make sure you contact us.



Alberta Childhood Asthma Pathway Continues Support

Dr. David Johnson and Kathy Courtney, CRE have continued to support our Alberta Childhood Asthma Pathway (ACAP) by hosting Q&A sessions on a quarterly basis. The first two sessions sparked interest from Manning, Alberta to host an in-service with Dr. Johnson and the physicians as well as two Telehealth sessions. If you haven't been receiving these invitations, [sign up](#) today. This group has worked diligently to sustain best practices. Patient and provider education has been key to our success. Kathy completed two more Telehealth sessions in November.

The Alberta Primary Care Pathway for Childhood Asthma is continuing its progress by completing Primary Care recruitment across the province.



Well Done!

Congratulations Maria Ospina, PhD. on the publication of her article, "[A systematic review of the effectiveness of discharge care bundles for patients with COPD](#)" in one of the renowned respiratory medicine journals, Thorax.

The evidence supporting discharge care bundles for adult patients with an exacerbation of COPD to decrease hospital readmissions aligns closely with several projects within our Network.

This network is fortunate to enjoy many partnerships within the research community, working collaboratively to improve patient care in Alberta.

Patient Voice: Joe's Story

Joe, a pilot had mandatory yearly physicals. He was pretty fortunate to always get a clear bill of health. Once dropping his license the physical was no longer mandatory. Joe took a six or seven year break from getting a yearly check-up. In 2008, after experiencing fatigue and difficulty breathing, he thought he was just getting out of shape.

In 2011, Joe's family doctor informed him that following x-rays and blood work a diagnosis of high cholesterol and COPD was made. Things worsened and he found himself unable to walk two to three blocks without breathing difficulty. He soon connected himself with the [Camrose Primary Care Network](#). He was taking charge of his care. He had a test to investigate his lung function and was connected with a physician in Edmonton. He was referred to the Breathe Easy program and started medication.

Joe is a "big proponent of self-help". In his words, "it doesn't have to be expensive and you can easily better yourself". The Breathing Easy Program was pivotal in educating about COPD, it provided activities to maximize ones life with COPD. He was connected with a dietician and supported to quit smoking. Joe is most proud of quitting smoking, "quitting smoking was extraordinarily hard for me, it took about 5 years but it's been 3-4 years and I rarely even think about." Joe connects with the Breathing Easy Program every six months to track his progress and he's doing very well. Adherence to his medication and exercise was crucial. Joe now walks 8-10km/day in the summer and 3.5km in the winter with a pace of about 5km/hour."

Joe lost 15 pounds and leads the healthiest lifestyle he can. In addition to his daily exercise, he watches what he eats and is proud to say his BMI is ideal for his height and age. "I still get to eat whatever I want, just maybe not as much," Joe chuckles.

Joe is very grateful to the Camrose Primary Care Network. He is a role model by taking an active interest in his own health success, acknowledging how important healthy eating and exercise is.

Your Voice Makes A Difference

It's stories like Joe's that has us excited about the future of integrated healthcare in Alberta.

Our Primary Health Care Strategic Clinical Network is working hard to organize their priorities, having recently been involved in an Environmental Scan of Integration Initiatives in Alberta.

By sharing your stories, you have the ability to have your voice heard and share in identifying areas of need and opportunity.

Contact Us

If you wish to learn more, please visit our website or twitter.



To become more involved, please contact us via email or telephone:



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