

CROUSE STREAMLINES CARE FOR NEW WAVE OF LUNG PATIENTS

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Frank Ordonez / The Post-Standard

CROUSE HOSPITAL respiratory consult coordinator Renee Bear guides Pat Hagadorn in using a device that breaks up mucous in her chest. Hagadorn, 59, of Frankfort, has Chronic Obstructive Pulmonary Disease.

SU MANAGEMENT SCHOOL HELPS PREPARE FOR EXPECTED SURGE IN CASES OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

By James T. Mulder
Staff writer

Pat Hagadorn gasps for air when her chronic obstructive pulmonary disease flares up.

“Scary ain’t the word for it,” said the Crouse Hospital patient after getting a treatment to loosen up mucous in her lungs. “You think you are going to die then and there. It’s a horrible feeling.”

Hagadorn, 59, of Frankfort, was diagnosed with COPD, the most common type of lung disease, a year ago.

Crouse has seen a nearly 50 percent increase since 2006 in patients like Hagadorn as the prevalence of COPD grows dramatically worldwide. The hospital is expecting a lot more over the next 10 years as the baby boomers age.

An estimated 24 million Americans have the disease and half of them don’t know it, according to the National Heart, Lung and Blood Institute. The number of COPD deaths is expected to increase by more than 30 percent over the next 10 years.

It is the nation’s fourth-leading cause of death and is expected to move up to third by 2020. The disease is expected to cost the nation more than \$50 billion

COPD PATIENTS AT SYRACUSE HOSPITALS*

The number of patients with Chronic Obstructive Pulmonary Disease in Syracuse has been growing.

2006:	917
2007:	785
2008:	927
2009:	1,143

Source: Hospital Executive Council

*Numbers are for Crouse Hospital, Community General Hospital, St. Joseph’s Hospital Health Center and Upstate University Hospital

Respiratory therapists will take on larger role in care of COPD patients

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this year.

As COPD cases grow, the nation's supply of doctors is expected to shrink. At the same time, hospitals expect to come under increasing pressure to cut costs.

"Who will take care of these COPD patients?" asked Dr. Russ Acevedo, Crouse's director of the intensive care unit and respiratory care.

To prepare itself, Crouse is overhauling the way it cares for COPD patients and has enlisted efficiency experts from Syracuse University's Whitman School of Management to help.

Crouse plans to have respiratory therapists play a much bigger role in patient care. Whitman professor Gary La Point and some of his students are helping Crouse rethink the way it does things so it can deliver better care more efficiently to this growing wave of patients.

COPD is an umbrella term used to describe lung diseases such as emphysema and chronic bronchitis that slowly get worse over time. It is a frequent cause of hospitalizations and hospital readmissions.

Nearly 75 percent of all COPD cases are caused by smoking. Even if everyone stopped smoking today, the effect on the prevalence of COPD would not be seen for up to 20 years, according to a study by the COPD Foundation. That's because many former smokers develop symptoms and are diagnosed a decade or two after they quit smoking.

The care of COPD patients at Crouse is currently managed by hospitalists, doctors who care exclusively for hospital patients. Respiratory therapists will take over most of the work under a new program Crouse is develop-

ing called "Lung Partners." The hospital is testing out the program now and expects to fully implement it by October.

Respiratory therapists are trained to evaluate, treat and care for patients with breathing problems. Crouse has about 35 of them. They spend most of their time giving treatments.

Under the new program, each respiratory therapist will be assigned to specific COPD patients. In addition to giving treatments, the therapists will educate patients about their disease, medications and any devices they need to use, such as nebulizers. They also will be trained to screen patients for depression, an often undiagnosed condition that affects about 35 percent of COPD patients.

These additional tasks are usually offered in pulmonary rehabilitation outpatient programs. St. Joseph's Hospital Health Center operates the only one in Syracuse. "What makes this unique is we are planning on doing this as part of our inpatient respiratory care department," Acevedo said.

The goal of the new approach is to improve and standardize patient care, shorten patient stays, prevent readmissions and save the hospital \$3.2 million a year.

More than 17 percent of COPD patients at Crouse are readmitted within 30 days. COPD patients have the second-highest readmission rate at Crouse after congestive heart failure patients.

The federal government is putting pressure on hospitals to reduce costly readmissions.

To help keep COPD patients out of the hospital, Renee Bear, a Crouse respiratory therapist, has started visiting "Lung Partners" patients when they go home to make sure they are taking medications properly. "If you don't take them every day, you

are opening your lungs to a bad attack which brings you back to the emergency room," Bear said.

Crouse started a similar home visit program in 2007 with congestive heart failure patients.

Some COPD readmissions are unavoidable because of the nature of the disease, Acevedo said. A relatively minor viral or bacterial chest infection can make it extremely difficult for some COPD patients to breathe. COPD patients who are readmitted at Crouse will see the same respiratory therapist who cared for them on their previous visit, providing more continuity of care, Acevedo said.

SU professor Gary La Point and some of his students are helping Crouse figure out how to redeploy its respiratory therapists. La Point teaches a course on Six Sigma, a business management strategy that seeks to improve quality by identifying and removing process defects.

La Point is using those principles to help Crouse revamp its respiratory care department.

For example, the hospital has traditionally provided respiratory treatments during the same three time periods every day.

That's one of the inefficient processes La Point and his group want to weed out. They are analyzing how long it takes to perform a treatment so the work can be scheduled throughout the day.

"That's a radical idea for us as far as scheduling treatments," Acevedo said. "It's more the norm in industry than what we do in health care."

La Point said hospitals often do not have the time or expertise to step back and take stock of the way they do things. Failure to address process problems costs hospitals money, he said.

"Over time, processes change, not necessarily by design,"

La Point said. "People think they are doing the right thing by ... doing something that's outside the normal routine. Over time, those exceptions become the norm. What used to be a simple, straightforward process becomes bogged down with excessive routines, people and steps all consuming additional resources."

La Point believes his group's work on the Lung Partners project could pave the way for redesigning treatment programs for other chronic illnesses.

There is no cure for COPD. But there are increasing numbers of medications and therapies that can help patients manage the disease and improve their quality of life. The most important thing smokers with COPD can do is quit smoking, Bear said.

It's also important for people experiencing shortness of breath to get screened, according to Bear. Early diagnosis and treatment can help patients avoid some of COPD's worst symptoms, she said.

Many people with COPD go undiagnosed because they mistakenly believe their shortness of breath is a sign of aging or they are in a state of denial because they don't want to quit smoking, Bear said.

Pat Hagadorn said she ignored her symptoms - repeated bouts of pneumonia - for a long time even though her mother died of COPD.

Hagadorn, a former smoker, recently learned that in addition to COPD she has lung cancer, a related disease.

"If you are smoking, stop," she said. "COPD is a horrible, horrible disease. It's hard to breathe. You can't do sports. You can't do things with your kids and grandkids. You can't live your life the way you want to."