Pulmonary rehabilitation in country South Australia—a breath of fresh air

Andrea Church¹, Karen Dixon¹
¹Country Health SA Local Health Network

Introduction: Evidence has shown that participation in pulmonary rehabilitation enhances health-related quality of life and self-efficacy, improves exercise performance and mental health, reduces breathlessness, and reduces health utilisation (and associated costs). One of the greatest barriers to participation in pulmonary rehabilitation for country residents, was limited access to programs close to home.

To improve access to pulmonary rehabilitation and experience the benefits of participation, dedicated respiratory nursing roles and multidisciplinary teams providing pulmonary rehabilitation programs were established in 11 locations across country SA.

Method: Clients with history of high hospital utilisation for respiratory related admissions were identified upon presentation to emergency department or admission to hospital and referred to the respiratory nurse for further assessment, and encouraged to participate in pulmonary rehabilitation. Referrals were also received from local GPs.

A number of baseline indicators, including six-minute walk test, were recorded prior to commencement of the program and again at the end of the program to measure improvement. Clients also recorded their duration of exercise and appropriate clinical indicators at each session attended.

In addition to monitoring clinical indicators, pulmonary rehabilitation coordinators worked closely with clients to identify factors that were likely to increase risk of unplanned admissions and helped clients to develop strategies to reduce the likelihood of these risk factors impacting on their health. Examples include anxiety, social isolation, financial or transport issues, carer stress, learned behaviour, dependency on health service, stress, disease progression etc.

Outcome: During 2011–12, approximately 250 clients participated in a pulmonary rehabilitation group, with about one-third of these participants continuing to attend exercise maintenance groups. Data collected by group coordinators demonstrates improvements in fitness and clinical indicators, improved quality of life and a reduction in unplanned hospital presentations or admissions for this cohort of clients.

Conclusion: The employment of dedicated respiratory nursing roles and the establishment of multidisciplinary teams providing pulmonary rehabilitation at country health units have improved access to timely information, support and coordination of care for clients with chronic respiratory conditions. While client engagement in these programs has improved the health of many, resulting in reduced hospital admissions and/or length of stay, more significantly it has provided participants with opportunity to form friendships and networks, reduce social isolation, and support to regain their lives and independence, despite their chronic condition.