

# “The Breath of Life: the Whole Shebang!” A Quality Improvement Project to Develop a Self-Management Programme for Breathlessness.



Sime C<sup>1</sup>, Murray R<sup>2</sup>, Dadd M<sup>2</sup>, Faint L<sup>2</sup>, Leitch E<sup>2</sup>, Park R<sup>2</sup>, Bett P<sup>2</sup>, Milligan S<sup>2</sup>, Mills A<sup>2</sup>, Rooney KD<sup>1</sup>

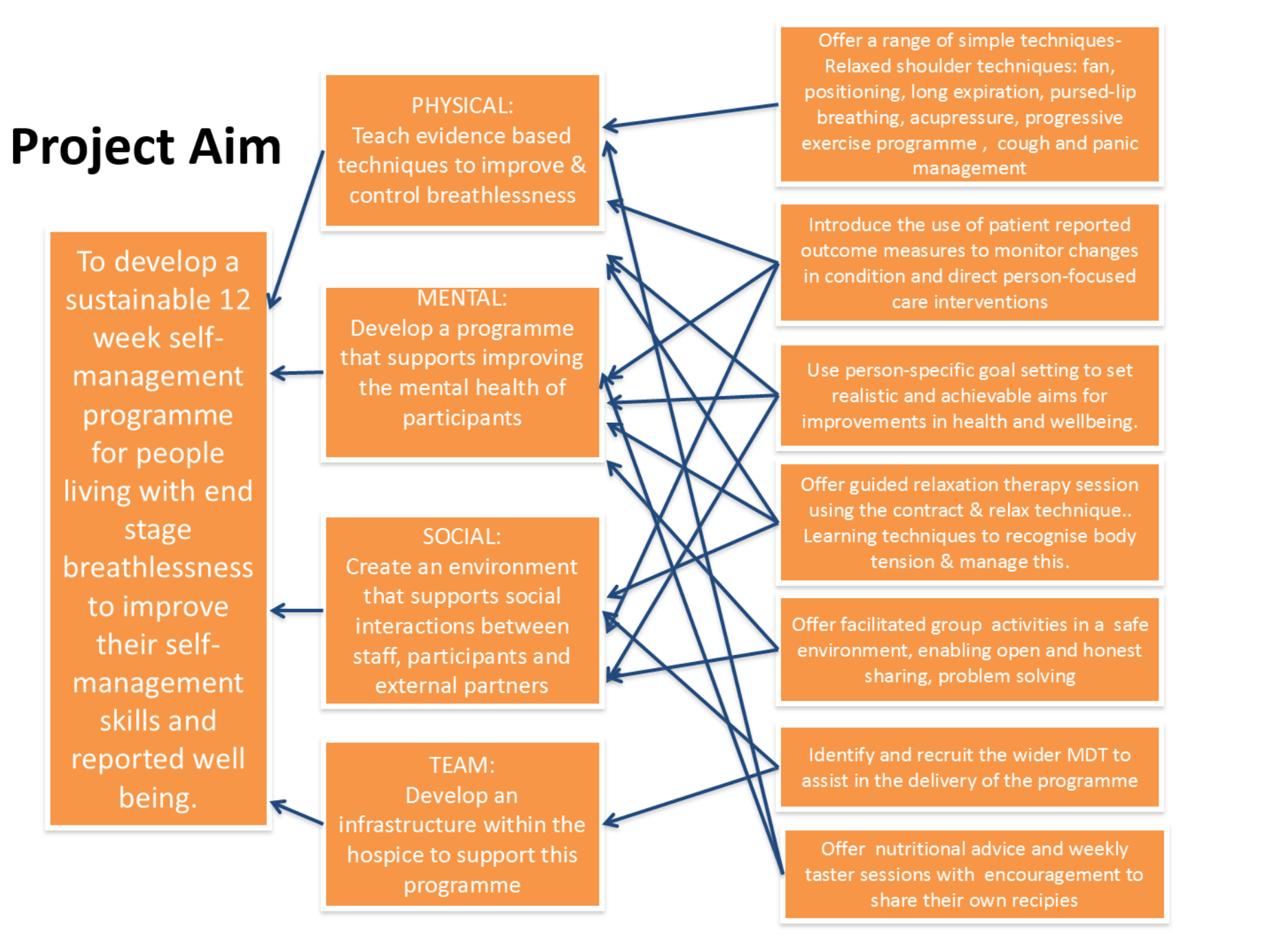
- 1. University of the West of Scotland
- 2. Ardgowan Hospice, Greenock

### Background

Breathlessness is a distressing and complex symptom that can profoundly affect a person’s life, leading to loss of independence, increased distress and reduced quality of life [1]. Evidence suggests that in conjunction with optimised medications, teaching people self-management techniques and offering psychological support can improve physical well-being, personal coping strategies and quality of life [2,3,4].

### Methods

Utilising the model for improvement, the multidisciplinary team set an aim, and developed a change package informed by current evidence. Continuous Plan, Do, Study, Act (PDSA) cycles were used to improve the programme. Twelve potential participants were identified and four accepted the invitation and completed the programme.



A driver diagram detailing ideas identified to develop the programme

### Results

Improvements were identified in participants’ social capital, long-term coping strategies and self-management of their breathlessness. The patient-reported outcome measures reflected the complexity of living with breathlessness and its associated symptoms. Improvements in reported symptoms were often not sustained from week to week, however final analysis at week 12 suggests an overall improvement and reduced symptom burden.



“I[feel] a lot fitter, plus its getting you to move – the whole shebang!”  
(59yrs, COPD)

“Feel fitter, raises mood, enjoy company, love the relaxation session. Go home feeling totally uplifted.”  
(63yrs, COPD)

These quotes were recorded during week 9 feedback, when participants were asked what did they get out of the programme?

### Conclusion

In keeping with current evidence, this project found most people living with breathlessness do not require a self-management programme. However, this pilot confirmed there is a need to provide additional support for some people living with complex symptoms. Furthermore, using a continuous improvement approach facilitated the co-production of a successful self-management programme for these participants.

### References

1. Murray SA, Pinnock H, Sheikh A (2006) Palliative care for people with COPD: we need to meet the challenge. *Primary Care Respiratory Journal* 15(6) 362-364.
2. Casarett D, Pickard A, Bailey FA et al (2008) Do palliative consultations improve patient outcomes? *Journal of American Geriatrics Society* 56(4) 593-599.
3. Bakitas M, Lyons KD, Hegel MT et al (2009) Effects of a Palliative care intervention on clinical outcomes in patients with advanced cancer: the Project ENABLE II randomized controlled trial *JAMA* 302(7)741-749.
4. Greer J, Jackson V, Meier D, Temel J (2013) Early integration of palliative care services with standard oncology care for patients with advanced cancer. *Cancer Journal for Clinicians* 63(5) 350-363.

### Outcome Measures:

- Improvements in patient reported outcome measure scores (VAS scores & IPOS)
- Staff observations in participants physical and mental well being
- Qualitative feedback after each session from participants

### Process Measures:

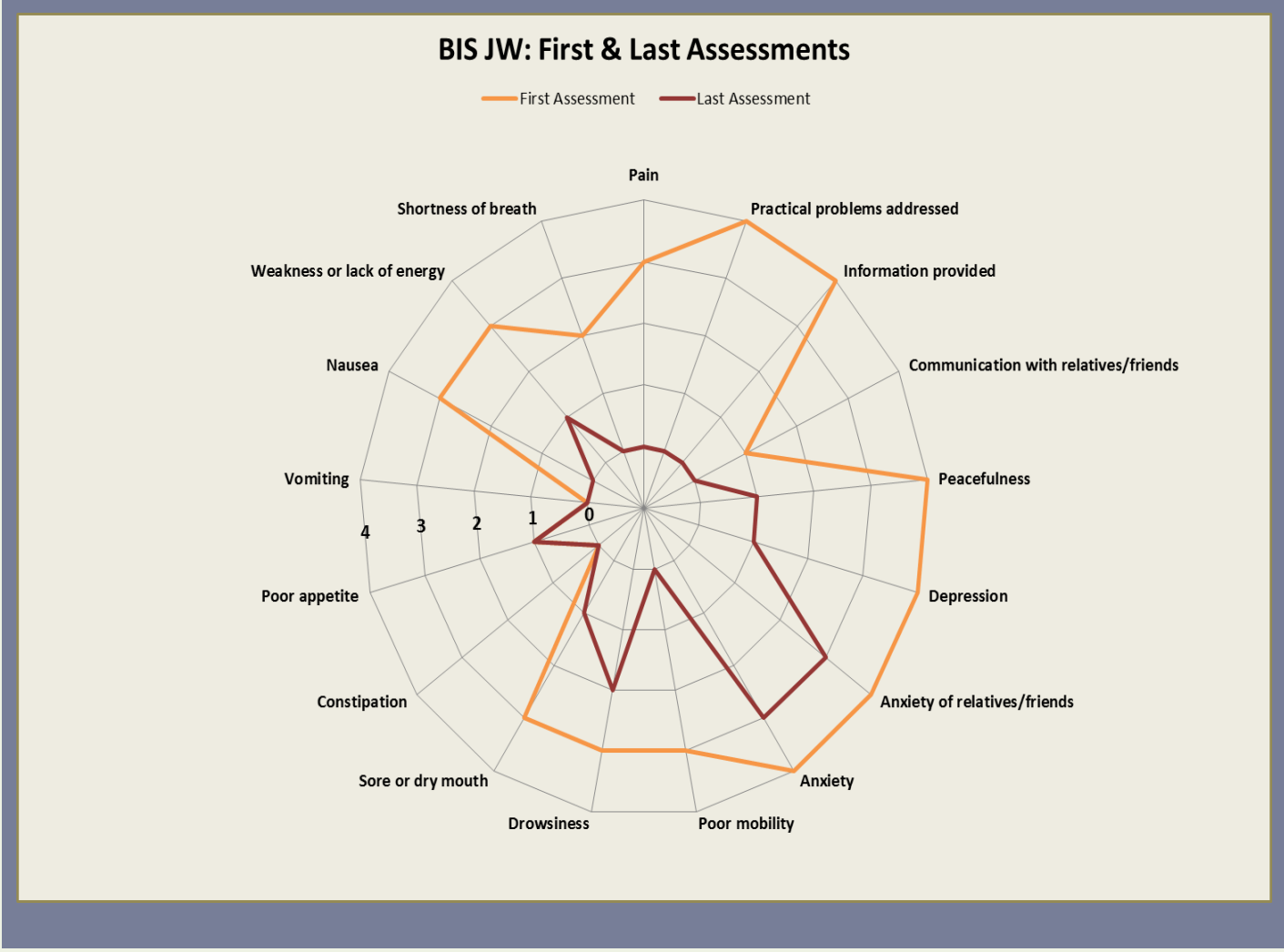
- Number of staff available to deliver the programme each week

### Balancing Measures:

- Staff time spent devising and delivering the programme



This mosaic was created by the participants. The symbols of the mosaic represent the breath of life, living, freedom, love and connections expressed through the cloud, the robin, the heart and the rainbow.



IPOS scores for participant (69yrs, lung cancer) comparing results at week 1 and 12.

