Australian PR Network Meeting March 2022 Minutes

Pulmonary Rehabilitation: Moving into an Endemic World

Date: Tuesday 29th March 2022

Time: 1:00pm to 2:00pm AEDT

Location: Via Video or Teleconference

Invitees: All PR Network Members (102 attendees recorded)

Meeting Chair: Professor Jennifer Alison (JA)

LFA Reps: Emma Halloran (EH)

Video Recording: https://www.youtube.com/watch?v=u3K4Yzq_P54

Meeting Minutes

Welcome and acknowledgement to country - Jennifer Alison

- Jennifer Alison opened the meeting with an acknowledgement to country and a summary of the meeting agenda.

Lung Foundation Update – Emma Halloran

PR Directory

- The PR service directory located on Lung Foundations web site is being updated.
- Consumers and Health Professionals will now be able to search within a 40, 20, 10 and 5k radius from their home and filter the search for online and face-to-face services.
- The network were asked to check their service details and provide updated information via the PR Audit.

- The audit can also be used to request a new service listing.

PR Audit

- The PR Audit was launched. The survey can be used to provide updated details for service directory listings and request new listings.
- Information provided in the audit will be used to strengthen Lung Foundation advocacy strategy for increased state, federal and territory funding for PR.
- Lung Foundation are requesting all PR services to complete the survey.
- Survey link: PR Audit

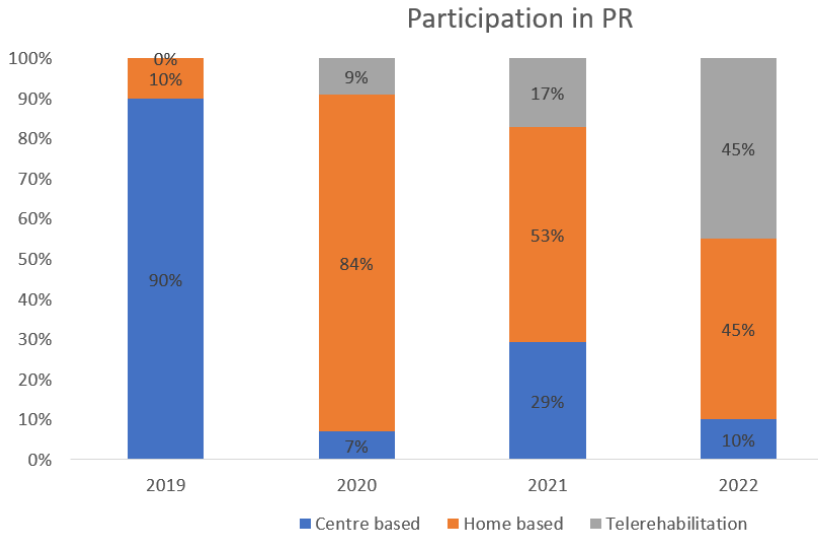
Workplace

- The Workplace Community of practice forum now has over 100 members with 60-70% visiting the forum each month.
- The forum can be used to share information, ask questions and connect with colleagues.
- Network members can request to join the forum via the registration form.

State Representatives Updates

Victoria – Janet Bondarenko

- Victoria experienced 263 days in lockdown since the pandemic began
- The State has seen a vast increase in Telerehabilitation and Home-Based services with only 10% of services returning to face-to-face so far in 2022.



- There is a lack of standardised guidelines for service delivery across organisations with some sites offering telehealth only and others returning face-to-face. Most services are starting a gradual return to face-to-face services with triage systems and hybrid models.

- Barriers returning to face-to-face services include long patient wait times, staffing and recruitment, funding and resources, density limits, mask wearing by staff and patients, the requirement for RAT testing prior to attendance.
- It is expected that a proportion of patients will continue with home-based models of PR into the future.
- The state has been supporting patients with long Covid throughout the pandemic. There are variable rehabilitation needs for this group and program modifications have been required. Patients experience considerable fatigue and abnormal cardio-vascular responses to exercise including postural tachycardia syndrome.
- Janet's full presentation can be viewed **here.**

Queensland – James Walsh

- Mid Dec 2020 to mid-Jan 2021 85% of programs shut down due to Covid impact. Increased Tier responses in each HHS cause services to be re-deployed to other Covid needs.
- In Feb 2022 16 out of 19 HHS sites transitioned to telehealth models once Tier responses and staff re-deployment had been downgraded. There was only one HHS delivering face-to-face services.
- March 2022 Most sites are now attempting to return to face-to-face PR. Some programs are maintaining the telehealth model along with face-to-face models improving access and service offering for patients.
- QLD programs have received referrals into PR for post-Covid patients. There is no standardised state-wide PR post Covid pathway as yet.
- The state has developed a telerehabilitation framework as part of the virtual PR project funded by Clinical Excellence Queensland. 4 Virtual Telehealth Trial regional/remote sites commenced in Feb/Mar 2022. A novel "Hub & Spoke" model between Metro North PR clinicians and Central West HHS is underway. A state-wide PRP dashboard is being tested in 4 PRP programs which will allow PRP to view "real-time" PRP outcomes and compare to state-wide data.
- James's full presentation can be viewed **here.**

NSW – Mary Roberts

- The state experienced the closure of PRP due to Covid restrictions. There is no standardisation in service delivery with some programs reopening, others only running one-on-one sessions and other services running group sessions with negative RA tests required. Some services have lost their dedicated gym and are now required to share spaces. Some services were closed due to staff redeployment.
- Patients are reluctant to return to face-to-face classes as there is remaining anxiety over Covid and concern about needing to wear a mask.
- The state have found patients had poor access to IT and poor IT literacy making it difficult to run virtual classes. However, many centres are undergoing complete redesign and moving forward with hybrid models.
- Many centres are providing support for post Covid patients which is resulting in more long Covid patients. ACI has developed guidance documents with clinicians.
- Long Covid clinics have been established but patients miss out on appropriate follow up due to lack of funding. Patients' issues varied including extreme fatigue,

breathlessness, PTSD, grief and social issues. Patients who return to work have low compliance with training/rehab.
- NSW Health have published guidelines for management of adults with Covid-19 in the post-Acute phase. **View here.**
- The state is using the Post Covid-19 Functional Status scale to assess patients need for post Covid support.
- Mary's full presentation can be viewed **here.**

NT - Coralie Brannelly

- Programs are still on hold due to COVID. They are looking to start back up in May.
- Client referrals continue and they are sent information packs to home exercise prior to program.
- Lungs in Action continues to be well attended.
- Alice Springs now have a dedicated respiratory physio and they are working to restarting pulmonary rehab for the area.

WA - Naomi Chapman and Caitlin Vicary

- Approaching their Covid peak. Only 210 in hospital due to Covid. 98 % double vaccinated state-wide.
- No redeployment of staff.
- Tele-health programs are in operation with a small number of face-to-face services resuming with prior RAT tests. Tele-health model will continue until they are permitted to allow more patients back on site.
- No long Covid referrals as yet.
- Jenny acknowledged Nola Cecins, our former WA state representative, who has recently retired. Lung Foundation would like to thank Nola for her enormous contribution to the PR Network and we wish her a happy retirement.

SA – Paul Cafarella

- Covid peak expected in SA mid-April, so some services have held off returning to face-to-face program until then.
- Some locations have staff redeployment which is holding up re-commencement with a long waitlist and limitations on who can be seen face-to-face.
- Services that have resumed face-to-face are only seeing 1-1 rather than groups which is making the waitlist longer.
- Patients are required to return a negative RA test prior to attendance which puts some patients off attending.
- Executive pushing for more telehealth, but many older clients struggle with technology/ don't have smart phones, tablets, internet.
- There is a slow increase in the number of post Covid referrals but overall low numbers. They are expecting an increase in the next 6-12 months.
- More 'hybrid' programmes are emerging (various types including mixed components of telehealth, F2F, home-based, online, phone calls+++). Some programs reporting that clients struggle to exercise at home and prefer to come to the gym which is increasing the wait list.

- Paul's full presentation can be viewed **here.**

Tasmania – Sophie Mummery

South (regional):

- Main barrier to returning to face-to-face groups is patients having to exercise in masks and patients not being able to tolerate this. We had a >19month waitlist prior December 2022 shut down and so patients tend to be very severe/unwell when they are finally seen. Our Infection Control Unit has made it clear we are unable to offer group exercise in the hospital without masks on.
- Able to offer 1:1 face-to-face training for vulnerable pts (pre/post-Transplant etc) which is less efficient.
- For other clients they are currently using a modified homebased model (telephone initial-> centre-based Obx Ax and HEP prescription-> 7 weekly phone calls- > centre-based review if possible), with home-visiting removed due to limited staffing/resources.
- Noticing some patients not wanting to come into the hospital for face-to-face appointments, but it isn't as big a barrier as we thought it might be.

In the North-West (rural):

- Unable to run PR service at all due to staffing levels. The PR staff member is also the cardiorespiratory inpatient senior and is being pulled towards acute services due to severe short staffing more broadly. Business case initiated for outpatient. Resp serviced but no answers yet.
- Waiting lists are increasing and were already >12 months pre COVID. I'm hoping to re-start my transplant group in April as it only requires 1hr a week.

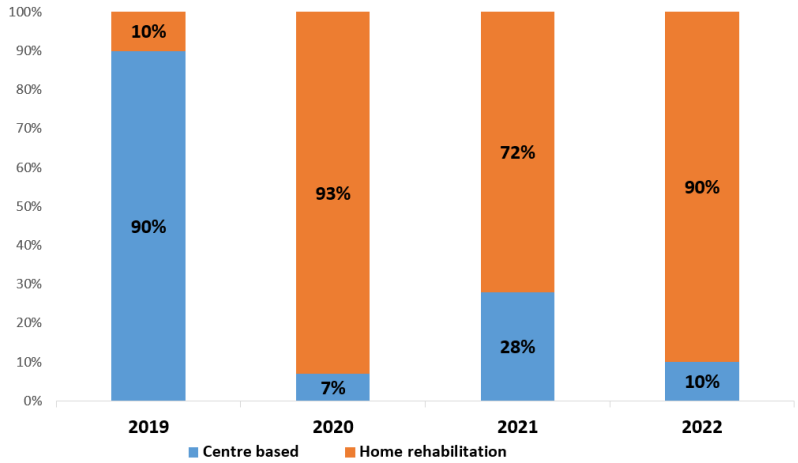
In North (regional):

- Have commenced a homebased model with initial assessment and post assessment conducted face-to-face, with 6-7 weekly MI phone calls. Have also got the okay to start 1:1 exercise sessions soon. Major barriers to being able to restart groups include the wider hospital Tier response remaining escalated due to staffing issues in unrelated clinical areas. Long waitlists will continue to be an issue.

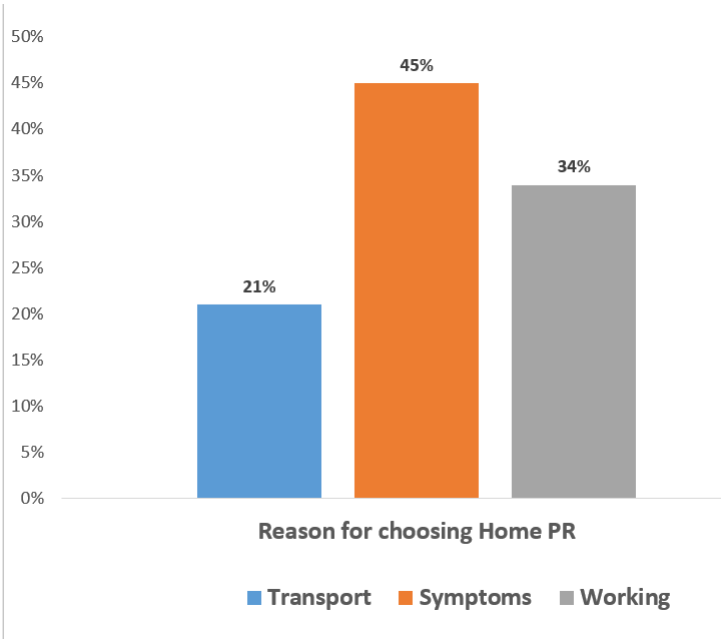
Home-Based PR Update - Janet Bondarenko

- Janet provided an update on the Home Base rehabilitation program.
- There has been a significant increase in the uptake of home rehabilitation since 2020:

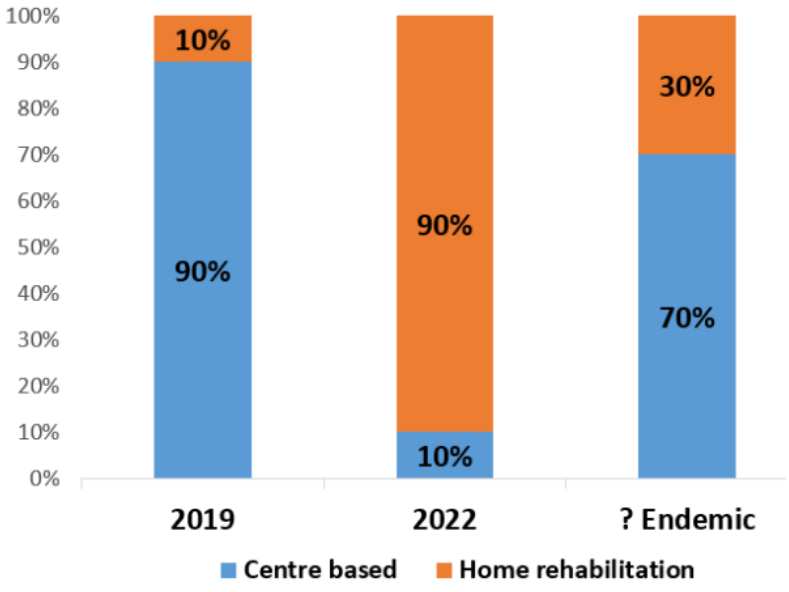
Uptake in home rehabilitation



- There are two models of home rehabilitation including low tech (unsupervised, motivational interviewing) and high tech (supervised and monitored exercise using video conferencing).
- There has always been a requirement for home rehabilitation.
- Pre pandemic:
  - 94% of patients who chose home PR would not do a centre-based program.
  - There are less exacerbations in people who complete home PR.
- During the pandemic it was found that home models were not suitable for approx. 30% of patients



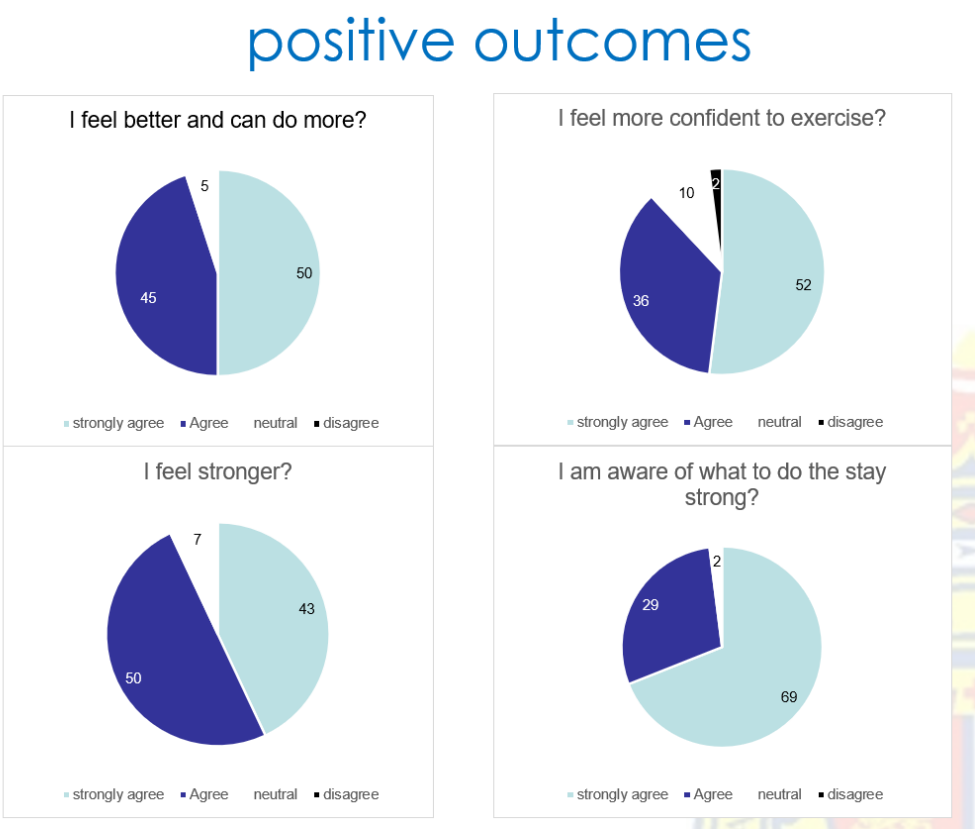
- Post endemic, multiple program models will be needed to maximise patient uptake. Further research is needed to determine the most suitable model for the complexities of patient requirements.



Janet's full presentation is available to view **here.**

Tele-Rehabilitation – The Barriers and Enablers – Lissa Spencer

- Initial barriers included fear of change and technophobia. Patients needed support with the technology.
- Patients undertook a virtual initial assessment 5STS and 1minSTS.
- The hospital used the Zoom platform which had security restrictions. They were not able to exchange any personal detail such as full name or date of birth. They were permitted only to refer to patients by their first name.
- Maximum of 10 patients per virtual class, 2 x 40 min sessions each week over 8 weeks.
- The class format included one person sitting at the screen to assess patient safety and two other staff demonstrating the exercises.
- Education was very successful in a virtual format.
- Patient assessment included 5STS, 1minSTS, SGRQ, CAT and a significant improvement was shown with all patients reaching MCID they would expect from face-to-face programs.
- Patients felt comfortable exercising at home.
- The hospital is now back to running face-to-face classes but will continue to offer tele-rehabilitation as part of their program due to its success.
- ACI have produced guidelines that are near completion. These will be posted on the PR Toolkit in the near future.



Lissa's full presentation is available to view **here.**

Meeting Close

Jennifer asked for expressions of interest from PR Network members to present at future meetings and/or for members to indicate topics of interest that could be addressed at future meetings.

Complete the expression of interest form: **HERE**

Two further network meetings will be held in 2022 on:

Tuesday 19th July 2022 12:30pm and
Tuesday 1st November 1:00pm

Meeting closed: 2pm EST

Q and A on the Home-Based Program

Q How many clients are in the Zoom supervised exercise sessions at a time?
A Up to 6 participants at a time in a Zoom group is usually what we aim for.

Q What was the percentage in uptake of the low versus high tech program options? In your opinion, did one program work better than the other?
A We are currently delivering 50/50 home and tele rehab - this reflects the increased equipment we now have. No information on which program is better, but if a patient completes a program regardless of the model, then that is a success!

Q How many staff supervise the Zoom session at a time?
A 1-2 staff supervising during each session depending on number of participants and their ability.

Q For the tele rehab- did they do walk training if didn't have a treadmill or did they only do cycle training for aerobic sessions?
A Participants were provided with a bike for 8 weeks if they didn't have their own equipment at home to use.

Q During Lock-down in Vic, how did you modify home visit or how did you do an assessment when you are not able to do a home visit?
A If we were unable to conduct as assessment onsite, we conducted 6MWT during the home visit (sidewalk, local park etc.). If an exercise test could not be conducted, we prescribed exercise based on symptoms (aiming for BORG 3) We did remote assessments over the phone or video if a home visit wasn't able to be conducted. Exercise prescription was symptom based for all remote assessments.

Q Hi Janet, did all the therapist receive training in delivering motivational interview?
A Therapists delivering this program have done MI training.

Q How did you get permission from your health service to use zoom?
A We needed to justify to the organisation why we needed to use Zoom - the group capacity, ease of use for the patients. There were specific organisational security measures needed – including locking the meeting, and the need for the host to admit participants.

Q Did you use physitrack program for exercise prescription?
A We used Physitrack for resistance training only. Endurance training based on their initial assessment/exercise test