



**INSPIRED COPD Outreach Program™
REFERRAL FORM**

Implementing a Novel and Supportive outreach Program of Individualized care for patients and families living with Respiratory Disease

<input type="checkbox"/> Amherst	Ph: 902-667-5400 Ext. 6110	Fax: 902-667-1882
<input type="checkbox"/> Antigonish	Ph: 902-870-7581	Fax: 902-867-1085
<input type="checkbox"/> Bridgewater	Ph: 902-523-3880	Fax: 902-527-5099
<input type="checkbox"/> Inverness	Ph: 902-258-7195	Fax: 902-258-3341
<input type="checkbox"/> Kentville	Ph: 902-698-3417	Fax: 902-679-3346
<input type="checkbox"/> New Glasgow	Ph: 902-759-3861	Fax: 833-924-0384
<input type="checkbox"/> Sydney	Ph: 902-567-0378	Fax: 902-563-7920
<input type="checkbox"/> Truro	Ph: 902-324-2694	Fax: 902-893-7908
<input type="checkbox"/> Yarmouth	Ph: 902-740-2881	Fax: 902-742-8418

A patient is eligible for INSPIRED if ALL of the following criteria have been met:

- A confirmed, pending or suspected diagnosis of moderate to severe Chronic Obstructive Pulmonary Disease (COPD) (see page 2 for details)
- In the past year, greater than 1 visit to the ED for Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) OR greater than or equal to 1 admission to the hospital for AECOPD
- Not in long-term care or a residential care facility
- Lives in catchment area (see page 2)
- Is willing to be referred

If a patient can more appropriately be seen in a Respiratory Education Clinic, this referral may be triaged to that service. Please send Pulmonary Function Test (PFT)/Spirometry Test with referral if available.

Patient name: _____ **Address:** _____

Contact number: _____ **DOB:** _____ **HCN:** _____
(YYYY/MON/DD)

Referral: _____
Date (YYYY/MON/DD) Referral source (Please print) (Designation) (Contact number)

Please CC correspondence to referring clinician. **Fax:** _____

Does this patient have a primary care provider? Yes No

Notes: _____





INSPIRED COPD Outreach Program™ REFERRAL FORM

INSPIRED COPD Outreach Program Information

The INSPIRED program spans approximately six (6) months and is arranged as follows:

- 1-4 Visits: Members of the team visit patients/families in their homes or a healthcare facility (when appropriate) to conduct assessments, provide and explain the COPD Action Plan, carry out self-management education, assess coping, provide/arrange for supports according to identified needs, offer an opportunity to talk about advance care planning and complete a personal directive if desired.
- Phone follow-up: A member of the team calls the patient/family periodically for the first year following the program visits to monitor coping, self-management, and the need for additional follow-up, which may result in another home visit or a renewed Action Plan if needed.
- After that, INSPIRED provides additional follow up if requested by the patient or their healthcare team.

Indicators of Moderate and Severe COPD:

- Moderate:
 - Stops for breath after walking 100 meters
 - Walks slower than contemporaries or has to stop for breath when walking at own pace
 - FEV₁ 50-80%, FEV₁ /FEV less than 70%
- Severe:
 - SOB resulting in being too breathless to leave the house
 - Breathlessness after dressing/undressing
 - Chronic respiratory failure (PaCO₂ greater than 45)
 - Clinical signs of right heart failure
 - FEV₁ less than 50%, FEV₁ /FVC less than 70%

INSPIRED Office		Catchment Area
Amherst	902-667-5400 Ext. 6110	Cumberland County
Antigonish	902-870-7581	Antigonish and Guysborough Counties, and 1/2 of Richmond County to St. Peter's, including St. Peter's
Bridgewater	902-523-3880	Lunenburg and Queens Counties
Inverness	902-258-7195	Inverness and Victoria Counties
Kentville	902-698-3417	Annapolis and Kings Counties
New Glasgow	902-759-3861	Pictou County
Sydney	902-567-0378	Cape Breton Regional Municipality including Membertou and Eskasoni, and 1/2 of Richmond County to St. Peter's
Truro	902-324-2694	Colchester County and East Hants Municipality
Yarmouth	902-740-2881	Yarmouth, Digby and Shelburne Countries

- Call if unsure a patient is eligible or lives within catchment.

Current and Previous Patient Readmission or Emergency Department Visits:

- Patients who have completed their visits and scheduled calls are still eligible for additional follow-up.
- It is not necessary to fill out a new referral form. You can just call and leave a voicemail with information about the readmission (e.g. patient's name, location, nature of concern and follow-up requested, your contact number) and INSPIRED will follow up with the patient upon discharge.
- Many INSPIRED patients have Advance Care Planning discussions with family and friends and complete a Personal Directive. If an INSPIRED patient is admitted to your service, please check on the electronic medical record to see if the patient has completed a Personal Directive.

