



Australian PR Network Meeting March 2023

Meeting Minutes

Pulmonary Rehabilitation: A National Pulse Check

Date: Tuesday 21st March 2023 1-2pm AEDT

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

Location: Via Video or Teleconference Zoom

Invitees: All Pulmonary Rehabilitation Network Members

Meeting Chair: Professor Jennifer Alison (JA)

LFA Reps: Emma Halloran (EH)

Video Recording: <https://www.youtube.com/watch?v=SLIOE7iHj2Q>

Meeting Minutes

Welcome and acknowledgement to country

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

Lung Foundation Update

View Emma's slides [HERE](#)

Emma Halloran provided an update on the PR strategy work sponsored by Roche and launched the PR Think Tank event that will run on 17th May in central Sydney.

- The PR strategy project kicked off last November with a Key Opinion Leaders meeting with a panel of PR clinicians from around Australia who managed a range of patient cohorts.
- A survey was issued to PR Network prior to the session to determine the Network members' long standing and emerging priorities for PR.
- The top three long standing priorities were: to improve equity of access of PR, especially in rural and regional areas; to increase access to maintenance programs after PR; and to fund primary care PR programs to increase program availability.
- The top three emerging priorities were: the role of the digital space in expanding access to PR and the safety and quality considerations surrounding this; the alternative methods of delivery of PR; and how to ensure quality and providing rehabilitation for people with long Covid.
- The Key Opinion Leaders session expanded on this feedback to determine the four key action areas for the three-year National Advocacy Action plan; Image and Awareness; Access and Availability; Health Economics and Data; and Engagement.
- A Think Tank workshop will run in central Sydney on 17th May 2023. The session will be from 8am to 12pm and will be a 'breakfast' meeting.

All PR Network members are invited to attend and can register their interest by completing the expression of interest form: <https://forms.gle/QPADexq4Hq1g4kK99>

State Representatives Updates The PR Network state representatives across Australia provided an update focusing on the below questions:

- Have programs fully reopened since Covid-19?
- Have wait lists reduced since the return to service?
- Have services continued to offer a flexible model of care i.e. tele rehabilitation, hydrotherapy, home base pulmonary rehabilitation?
- Do staff and patients still need to wear masks?

Victoria - Janet Bondarenko

View Janet's slides [HERE](#)

- There is an increase in complex patients being seen within services across Victoria.
- Services are seeing a reduction in referrals due to a change in referral pathways or health professionals not aware that programs were running again. Re advertising of services has helped increase referral rates.
- There is good access to care in Victoria. 95% of services are back to running in-person groups. Services are offering hybrid models of care with 71% of programs offering a Homebased option and 57% offering telerehabilitation. Centre-based is still the most utilised service model. Homebased services are preferred over telerehabilitation due to challenges with the technology.
- Generally staff are still wearing surgical or N95 masks. Patients are not required to wear a mask in most sites, but need to maintain social distancing.

- Half of PR programs in Victoria are providing rehabilitation for people with continuing symptoms post-Covid which accounts for 5-10% of patients. The other half of programs are referring these patients onto dedicated post-Covid services or community services.

Tasmania - Jessica Beaman

View Jessica's slides [HERE](#)

- PR programs have resumed services but with reduced group sizes down to 5 per class.
- Northern Tasmania programs are offering home based options, but most people prefer centre-based services.
- There are no PR services running in the Northwest due to staffing issues.
- Patient education has resumed in the North and will start again this week in the South.
- Wait lists are still long and haven't changed since Covid. Can be up to a six to twelve month wait for patients to be seen.
- Staff and patients are still required to wear masks. Patients need to provide a negative RAT to be exempt from this requirement.
- There have only been a few referrals for post-Covid patients where breathlessness is their main symptom.
- Main goal is to improve online education and hybrid model of care offerings.
- Ianthe Boden (North Tasmania) added that patients after an exacerbation can get a fast track to PR in their service.

NSW - Lissa Spencer

View Lissa's slides [HERE](#)

- A survey was issued to PR services within NSW to gain an insight into services within the area. Xx returned surveys.
- 89% of services have reopened since Covid. Some services were re-purposed into a hospital transit lounge or had reduced resources.
- 45% of services said their practice had changed. Some services had smaller class sizes, class times or the venue had changed. There had been an increase in phone reviews and home exercise programs. Some services no longer offer education due to decreased staffing. There is an increase in cleaning, PPE and use of RATs.
- Most programs offer a combination of face-to-face, virtual care and a couple provide water-based services.
- 90% of programs still require mask usage for staff. Only 24% of programs still require mask usage from patients.
- Most important lessons learnt through Covid were an awareness of infection control, the importance of social interaction for patients and providing flexible models of care such as tele rehab and water based rehab. Tailoring the program to suit the

individual was a key learning through Covid. Services learnt how to be flexible and to adapt and change quickly.

- Services are seeing a lot of post Covid patients including patients with dysfunctional breathing.

NT - Coralie Brannelly

View Coralie's slides [HERE](#)

- The Territory has been slow at getting services back up and running again since Covid with only one program which offered PR 3 times in 2022.
- 64 clients are on a wait list with a maximum capacity of 12 in a group.
- There are a small number of long Covid clients coming through to services ranging in ages. Most did not have any prior lung conditions.
- Lungs in Action is still running. 90% of PR graduates join the Lungs in Action class.
- They are looking into introducing a telehealth program to support remote patients.
- Alice Springs have lost their physio, so the program has ceased to run.
- Patients and staff have had to wear masks, but the requirement has recently changed.

WA - Caitlin Vicary

View Caitlin's slides [HERE](#)

- WA recently created a state community of practice forum to offer health professionals a place to ask questions and update service details.
- Waitlists have now settled down across most services with only a 3-6 week wait time.
- Most services are now offering a face-to-face service only. Staffing limitations is the main barrier to offering a hybrid model. One service is offering a tele rehab service due to patient preference but is not a standard service model across the state.
- Most programs in WA are not seeing many post Covid patients. A small number have been referred for dysfunctional breathing.
- Routine wearing of masks is no longer required as of Monday 13th March 2023. A number of patients are still choosing to wear them and masks are still available from the hospital entrance.

SA - Paul Cafarella

View Paul's slides [HERE](#)

- Most services have resumed face-to-face services since mid-2022.
- Referrals have stabilised and are currently around 2 + months.

- There is still a backlog of patients on a waitlist, but they are making progress in reducing these numbers. Two rural sites noted that their waitlists were longer than they had ever been.
- Most sites continue to offer a flexible model including telehealth, hybrid and homebased options. Most patients tend to prefer a centre-based options so the numbers for alternative models are quite low.
- Programs report that they lack resources to offer several PR options.
- There are a small number of post Covid rehabilitation clinics, but the service does not exist in some local health networks.
- PRPs are seeing a small number of post and long Covid patients, but only patients with pre-existing respiratory or cardiac diseases. Referrals tend to be those with a lack of conditioning and breathlessness.
- Most sites report patients are wearing masks for education and exercise, but it is not mandatory. Some sites still perform RATs prior to mask-off exercise sessions. All staff are still wearing surgical masks.
- Clinicians within the area were keen to understand how other states were operating. They would like to gain an understanding of what pre and post exercise tests are being used and what the mask requirements were. One site is looking to improve data collection and wondered if any other sites would share their methods of data collection.

QLD - Nadia Nestor

View Nadia's slides [HERE](#)

- Programs have fully re-opened. At the height of Covid impact in 2022, 75% of programs remained open as they were able to shift to a telehealth service quite rapidly.
- There has been a rationalisation of group sizes due to density and patient safety focus.
- 90% of programs are participating in MARS, the state-wide data collection program which provides real time data.
- An awareness campaign has run which has increased awareness of PR within primary health, specialist, and community care.
- 66% of patients are commencing within 90 days from referral.
- Most services are offering a hybrid or flexible model of care. The preference has been to move back to a centre-based service.
- Some service options are limited due resources (staffing, funding, gym access, capacity etc, etc).
- The PaCT Hub and Spoke Telerehabilitation project is increasing access for rural and remote Queenslanders as well as First Nations.
- Across the state no one is wearing masks.

Panel Questions

Q Any plans for national quality audit of PR programs (as occurs via NACAP in UK) in Australia? We have recently set up a real time document to monitor individual outcomes (CRQ-SR / 6MWT) from our PR program in absence of an Australian audit program.

A The lack of standardised data collection in Australia was identified within our Key Opinion Leader session and will form part of LFA's three-year National Advocacy Strategy Action Plan. LFA will work with key stakeholders to obtain funding to scope a national data collection methodology. As part of this process, we will work with existing providers who have already established an effective data collection solution.

Q Should spirometry be used as part of initial assessment for pulmonary rehabilitation?

A It is valuable to know spirometry prior to PR to be confident that patients symptoms are caused by COPD. Spirometry can give an indication of disease severity but is not a good predictor of exercise capacity. It may be possible to acquire a previous spirometry via a hospital lab or other options. Prof Christine Jenkins would encourage physios to talk to respiratory physician to see what possibilities are if they are un-sure they are able to offer it. Spirometry should be done in a space where there is adequate ventilation/open window etc. Tester should wear a mask and the local requirements for infection control when doing spirometry should be followed. Other considerations: it is important to ensure the patient is vaccinated and has not recently had Covid and encourage use of masks for staff throughout the process.

Q Could Caitlin describe where the WA Pulmonary Network group chat can be accessed?

A Anyone wanting to join the new online WA community of practice should get in contact with Caitlin who will add you to the group. Her email is Caitlin.vicary@health.wa.gov.au.

Q Will there be a teleconferencing option for Think Tank?

A Think Tank will be an interactive workshop, so a teleconferencing option won't be available for this meeting. All State Reps will be attending the session so please contact them or Emma if you have any items you would like to see included in the strategy. LFA plan to host further networking events as part of the strategy which will be held in a variety of states.

Q When will the pulmonary rehabilitation guidelines be updated?

A The American Thoracic Society (ATS) PR Guidelines are currently under review and a symposium to launch the guidelines will be held at the ATS Conference at the end of May 2023. These guidelines will be used to determine if the Australian/NZ guidelines need to be updated. It is likely that there will be a small review needed. As part of the LFA PR strategy there will be discussion on how we promote the implementation of the guidelines.

Q Nurses have been taken out of PR and more Heart Failure patients are attending.. Programs are run in regional and rural locations and allied health professionals are not sure

about safety concerns and when to stop the patient exercising. Are there any guidelines available around PR for heart failure to increase confidence?

A People with heart failure usually attend cardiac rehabilitation. However, their symptoms of breathlessness and exercise limitation are more like those of people with chronic lung disease. NSW Agency for Clinical Innovation have developed a Model of care for Chronic

The NSW ACI document on Model of Care for COPD and Heart Failure patients is a useful resource. You can view this [HERE](#).

Kirsty Hearn commented that all allied health professionals should understand the scope of practice of AHAs and the differences between Grade 2 and Grade 3 AHA scopes. This was a knowledge gap identified within the recent Victorian Allied Health Assistant Workforce project that impacts patient and staff safety.

The delegation of patients to AHAs by AHPs should always be in line with their scope and there are resources within the Victorian Allied Health Assistant Workforce project webpage at [LINK](#) and NSW have a similar resource at [LINK](#) to assist with guiding delegation to AHAs. I am not sure of resource links for other states but theoretically the delegation should be the same.

Meeting Close

Jenny thanked the speakers and asked the Network to get in contact with Emma if they had any topics they would like covered in future Network meetings. Two further Network meetings will run this year, in July and October 2023.

Narelle Cox will be collecting survey data later in the year to evaluate the way home-based and telehealth/telerehab services being delivered for pulmonary rehabilitation, so please support this work.

Jenny advised that there are resources re COVID on the [PR Toolkit](#) and that LFA is developing a Long COVID information document for patients. Emma will provide more details once it has been released.

If you would like to register for the Australian Online PR Workplace Community of Practice, please complete this form: <https://forms.gle/F28cKd2MNVKFCaT66>