BRIDGING HOSPITAL TO COMMUNITY CARE FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENTS

Humber River Health
Lighting New Ways in Healthcare™

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DESCRIPTION

In 2024–2025, Humber River Health (HRH) treated approximately 507 cases of chronic obstructive pulmonary disease (COPD). A 10% increase from previous year, alongside the 7.6% rise in patient acuity. During this time, the acute medicine and respirology units admitted largest number of COPD patients, reflecting the highest volume of COPD admissions across the hospital. As COPD is among the top four readmission diagnoses, HRH collaborated with the North Western Toronto Ontario Health Teams (NWT OHT) to develop a community pathway. This initiative enabled timely referrals and improved access to community healthcare services post-discharge.

OBJECTIVE

To increase patient referrals from HRH to the NWT OHT COPD Pathway to improve post-discharge care.

ACTIONS TAKEN

- Held monthly meetings with NWT OHT stakeholders to present HRH updates.
- Created patient and staff educational resource booklets.
- Presented the COPD Pathway to medicine leadership teams to socialize the initiative.
- Delivered educational sessions across inpatient medicine units during huddles.
- Created a unit level patient audit tool to monitor monthly enrollment volumes (expected versus actual volumes).
- Used daily reports of patients admitted with COPD, generated by the Analytic and Business Insights, to better track COPD patients and facilitate referrals.

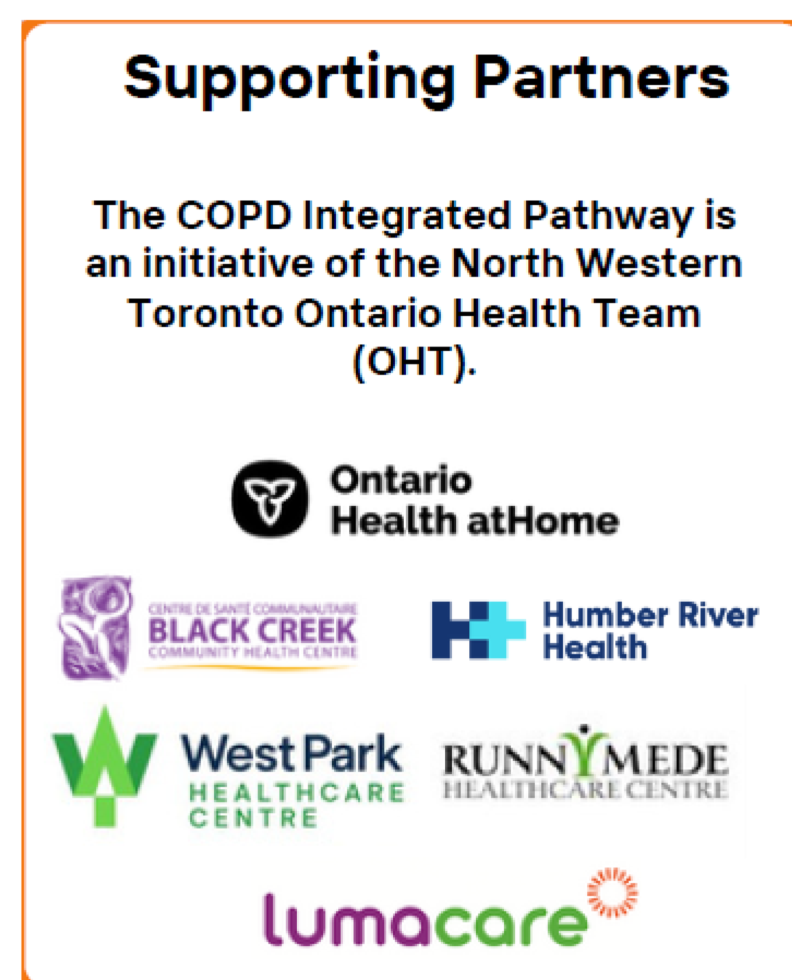

Figure 1. Summary of NWT OHT COPD Pathway Community Partners.

Eligibility Criteria

- Mild, moderate, & severe COPD patients
- Clients/patients with COPD (who may or may not have other comorbidities)
- Clients/patients/families interested in learning more about their condition
- OHIP not required **
- Lives in one of the following postal codes:

M3H	M3J	M3K	M3L
M3M	M3N	M6A	M6B
M6E	M6L	M6M	M9L
M9M	M9N	M9P	

*Access to 24/7 care coordination services dependent on the patient's eligibility for homecare services.
**Certain services may require OHIP coverage, the Care Coordinator will assess for eligibility.
***Exclusion Criteria: Residing in LTC, congregate settings and end stage COPD with prognosis less than 3 months.

Figure 2. Patient eligibility criteria into the NWT OHT COPD Pathway.

SUMMARY OF RESULTS

In collaboration with the NWT OHT, HRH was able to successfully refer patients into the newly established COPD pathway. To optimize workflows and streamline referrals, the pathway was incorporated into the resource management and referral (RMR) which connects patients with community resources. As the pathway evolves, we hope to increase awareness of the pathway to patients and staff with a goal of increasing referrals across all medicine units.

LESSONS LEARNED

Interprofessional stakeholder engagement played a crucial role in supporting the development and utilization of this pathway. Ongoing communication and engagement from all stakeholders plays a pivotal role in maintaining the momentum needed to establish and sustain new clinical pathways.

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