



# A RETROSPECTIVE REVIEW OF Enhanced COPD OUTREACH IN NAAS Community Care GENERAL HOSPITAL

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## BACKGROUND

Chronic Obstructive Pulmonary Disease (COPD) is a heterogeneous lung condition characterized by chronic respiratory symptoms (dyspnoea, cough, sputum production and/or exacerbations) due to abnormalities of the airways (bronchitis, bronchiolitis) and/or alveoli (emphysema) that cause persistent, often progressive, airflow obstruction. An exacerbation of COPD is considered an ambulatory condition as it is an acute or episodic condition where appropriate and timely community care can prevent ED presentation and hospital admission. Patients with severe disease suffer from frequent exacerbations requiring GP services, potential hospitalisation and severe disruption of their quality-of-life. The opportunity to treat suitable patients at home instead of in hospital is beneficial from patients quality of life , economic and hospital perspectives

## AIM

- ◆ To achieve reduce the number of admissions, ED presentations and hospital stays.
- ◆ To provide safe, planned early/ assisted discharge<sup>2</sup>.
- ◆ To educate self-management plans<sup>3</sup>.
- ◆ Facilitate referral to Pulmonary Rehabilitation and smoking cessation
- ◆ To develop integrated care for COPD patients by working with the hub and GPs
- ◆ Referral to Pulmonary Rehabilitation programme

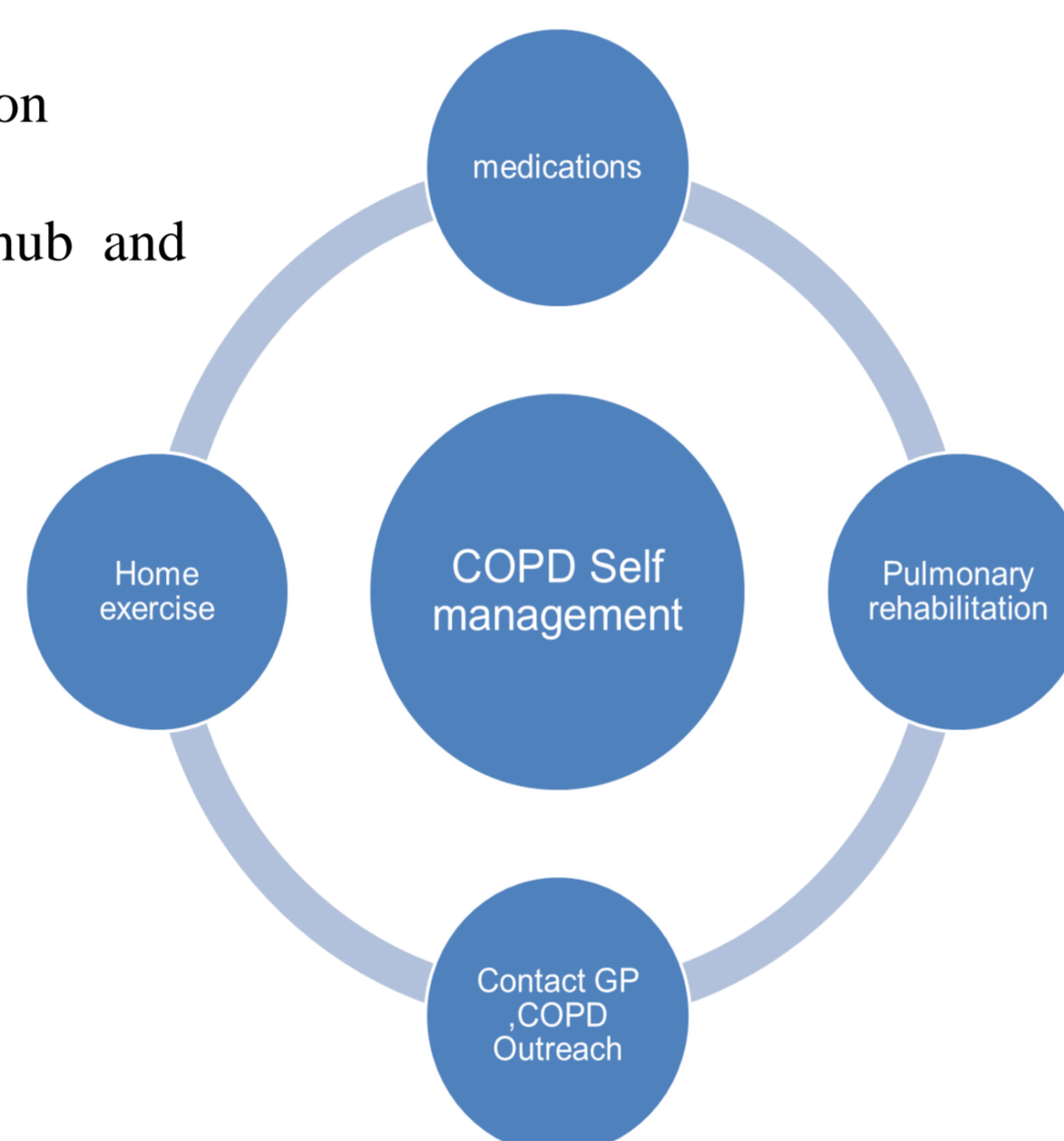


Figure 2: SELF MANAGEMENT

## METHODOLOGY

A retrospective audit was carried out to evaluate the impact of the COPD Outreach programme. The review evaluated the hospital presentations of COPD patients to the ED after COPD Outreach input. Patients were included in the programme based on inclusion and exclusion criteria.

Inclusion	Exclusion
<ul style="list-style-type: none"> <li>➤ Diagnosis of COPD</li> <li>➤ MMSE &gt;7</li> <li>➤ Systolic BP &gt;100mmHg</li> <li>➤ Room air ABG (or prescribed o2 ABG if being discharged on LTOT)</li> <li>➤ PH&gt; 7.35</li> <li>➤ Pco2 &lt;8kpa</li> <li>➤ Po2&gt;7.3kpa</li> <li>➤ Wcc 4-10</li> <li>➤ Home support if living alone</li> <li>➤ Resides in catchment area consent</li> </ul>	<ul style="list-style-type: none"> <li>➤ History of brittle asthma</li> <li>➤ Suspected malignancy/TB</li> <li>➤ Pneumothorax/pneumonia curb3/PE/CCF</li> <li>➤ Uncontrolled LVF/acute ECG changes</li> <li>➤ Requires full time care</li> <li>➤ Poorly controlled psychiatric /drugs/alcohol issues</li> <li>➤ Insufficient home care</li> <li>➤ Requirement for IV therapies (unless CIT available)</li> <li>➤ IDDM (insulin dependent)</li> <li>➤ Cognitive impairment that prevent self-care</li> </ul>

Table 1: INCLUSION EXCLUSION CRITERIA

Self-management support is a systematic provision of education and supportive interventions by healthcare staff to increase patients' skills and confidence in managing their health problems. Self-management support including concerns, fears, learning needs, barriers, facilitators, and goals.

## RESULTS

COPD Outreach reviewed 193 patients to assess the suitability of the programme. 59 patients were included in the programme. Among 59 patients 21(group A) had more than 3 ED presentations in 6 months, 17 patients (group B) had 2 ED presentations and the remaining 21(group C) patients had one presentation prior to COPD Outreach input. Self management action plan optimized during ED presentations. After COPD Outreach input group A showed a 50% reduction in representation (10 return), group B showed an 82% reduction (3 return) in ED presentation and group C shows 90% reduction (3 return).

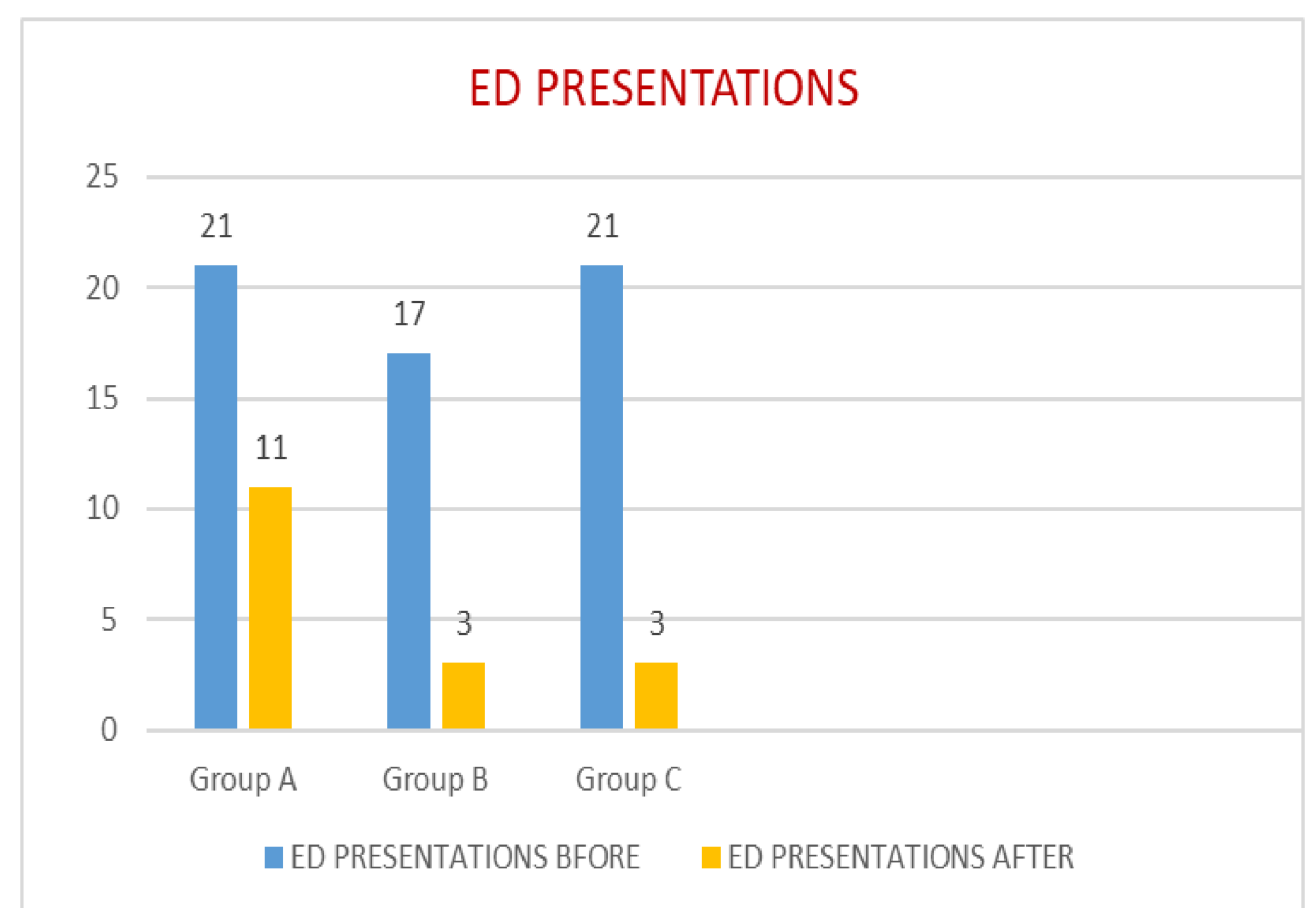


Figure 3: ED PRESENTATIONS

## DISCUSSION

COPD Outreach in NGH has been shown to be a successful service as it has reduced the demand on the emergency departments. Most patients with an exacerbation of COPD can be successfully managed by their GP in the community. Early accessibility to pulmonary rehabilitation provided by the Hub has also improved the self management skills among patients. However other comorbidities may complicate the management of patients with COPD which has an effect on number of hospital admissions. Self-management empowers patients to manage their COPD at home during their exacerbation, which reduces the number of ED presentations.

## CONCLUSION

Chronic obstructive pulmonary disease self-management is a key focus as the disease incidence increases. Collaborative care is required between patients and health providers in order to facilitate patients confidence to manage their condition. Currently the outreach is working at 50% capacity in Naas and adequate staffing will continue to improve accessibility to the service.

### References

- 1.Executive summary of the Global Strategy for Prevention, Diagnosis and Management of COPD 2023: the latest evidence-based strategy document from the Global Initiative for Chronic Obstructive Lung Disease (GOLD)
- 2.HSE End to end model of care for COPD (2019)
- 3.A guidance document for setting up COPD Outreach Services for Healthcare Professionals(2022)