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Title: Recruiting to telehealth has a role during discharge planning in COPD: A feasibility and acceptability study

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Body: Introduction: Current UK guidance encourages out of hospital management of COPD. Telemetric monitoring systems may aid this by allowing remote monitoring, education, and support. There has been relatively slow uptake of the technology within secondary care. This study aims to ascertain the feasibility and acceptability of recruiting COPD patients to this service as part of the discharge planning process. Methods: Eligibility for telehealth was assessed in all patients admitted with an exacerbation of COPD over 1 month using predetermined criteria. Patients were approached by a doctor to check if they were prepared to accept the service. A nurse contacted them after discharge to set it up. Results: 69 patients assessed for eligibility. 48 fitted the criteria and were approached. 22 male. Mean age 68 (49-84). 26 (54.1%) patients gave their consent to receive further information. Of the remaining, 6 (12.5%) already had a telehealth device, 4 (8.3%) were on the waiting list, 8 (16.6%) did not have a landline, 4 (8.3%) did not wish to have telehealth. Of those not wishing to have telehealth, 3 did not like the idea, 1 said he "didn't want to rely on a machine". Conclusions: 69.6% of patients admitted were eligible. 75% of those eligible either agreed to be given the device or were already using it/on the waiting list. Not having a telephone landline at home was the biggest single barrier to being recruited. A small proportion of those approached were opposed to the idea. This data confirms that recruitment to telehealth as part of the discharge planning process in COPD is both feasible and acceptable. This information will be useful for the future service planning.