European Respiratory Society Annual Congress 2012

Abstract Number: 2530

Publication Number: P2289

Abstract Group: 5.2. Monitoring Airway Disease

Keyword 1: Asthma - management Keyword 2: COPD - management Keyword 3: Bronchiectasis

Title: Acute respiratory assessment service

Dr. Naureen 7572 Aslam TWONOOR@GMAIL.COM MD , Dr. Su 7573 Win SUSUWINYANG@YAHOO.CO.UK MD , Ms. Joanne 7574 Thompson JOANNE.THOMPSON@HEY.NHS.UK , Ms. Amanda 18801 Bell AMANDA.BELL@HEY.NHS.UK , Ms. Helena 18802 Cummings HELENA.CUMMINGS@HEY.NHS.UK , Dr. Jaymin B. 18811 Morjaria JAYMIN.MORJARIA@HEY.NHS.UK MD and Dr. Jack 18907 Kastelik JACK.KASTELIK@HEY.NHS.UK MD . ¹ Respiratory Medicine, HEY NHS Trust, Hull, East Yorkshire, United Kingdom, HU3 2JZ .

Body: Background: Acute respiratory disorders are a large burden to the acute medical services in any healthcare system. East Yorkshire has high prevalence of respiratory disorders. There are two large teaching hospitals under one institution providing care to a population of around 600,000 people including a mixture of inner city and rural areas. Aim: To retrospectively review the outcomes of a new nurse-led specialist respiratory assessment service supported by respiratory consultants. Methods: We developed an Acute Respiratory Assessment Service (ARAS); a team of 3 specialist respiratory nurses supervised by 2 consultant respiratory physicians. The ARAS team reviewed on a twice daily basis all acute respiratory admissions to the acute medical specialist unit in our hospitals. They were assessing in-patients on medical wards and intensive care and providing early supportive discharges. The ARAS team worked with community-based respiratory, oxygen, dieticians and smoking cessation services. Results: Over 6 months period a total 606 patients were managed through ARAS; 342 had COPD, 50 asthma, 75 pneumonia, 70 lower respiratory tract infection (LRTI), and 63 with other respiratory conditions. A large proportion of patients were discharged from hospital within 96 hours; 185 (54%) with COPD, 36 (72%) with asthma, 39 (56%) with LRTI, 34 (54%) with pneumonia. ARAS team also supported discharge of patients with longer hospital stay. 13% of patients with COPD and asthma were readmitted within 30 days. Conclusion: A dedicated specialist service provides high standard of care for patients with respiratory problems and works as a link between the acute hospital and community services resulting in a reduction length of hospital stay with low readmission rates.