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**Title:** The impact of implementing a COPD care bundle on the delivery of care to patients admitted with an acute exacerbation of COPD

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**Body:** Aim: To study the impact of implementing a COPD care bundle on the management of patients admitted with an acute exacerbation of COPD. Method. COPD care bundles have been proposed as a method of improving outcomes of patients admitted with COPD. The bundle used in our unit consists of six evidence-based interventions implemented prior to discharge for all patients admitted with COPD (Hopkinson N et al Thorax. 2012. 67(1): 90–92), (1) review by specialist nurse/respiratory team (RN), (2) offer smoking cessation (SC), (3) refer for pulmonary rehabilitation (PR), (4) give written information and self-management booklet (SM), (5) demonstrate satisfactory use of inhaler (IN), (6) follow-up appointment with a specialist (FU). Data was collected prospectively from 1st June to 31st December 2012 and compared with data from previous audits to assess whether improvements in care had occurred. Results. 42 patients (48% male) were included in the study period, mean age 71 years, 26% current smokers years compared to mean age 72 years (50% male), 33% smokers prior to bundle. 100% saw the respiratory team compared to 67% prior to the bundle, 91% were offered SC, 66% PR, increased by 55%, 45% SM, 86% IN and 83% FU. Median stay 6 days and 30 day readmission rate was 21% compared to 8 days and 25% prior to the bundle. 90 day mortality prior was 12% and 25% prior to bundle use. During telephone follow up 12% of patients had intervention targeted at admission avoidance. Conclusion. Implementation of a structured care bundle for patients admitted with exacerbations of COPD resulted in improved healthcare delivery, less utilization of healthcare resources and improved morbidity.