

European Respiratory Society Annual Congress 2012

Abstract Number: 3713

Publication Number: P616

Abstract Group: 1.2. Rehabilitation and Chronic Care

Keyword 1: COPD - management **Keyword 2:** COPD - exacerbations **Keyword 3:** Nursing care

Title: Management of acute exacerbations of COPD (AECOPD); experience from a district general hospital in north west England

Dr. Sharada 26516 Gudur drsgudur@doctors.org.uk MD ¹, RN. Annette 26517 Pilling Annette.Pilling@wwl.nhs.uk ¹, RN. Joanne 26518 Wright Joanne.Wright@wwl.nhs.uk ¹, Dr. Abdul 26519 Ashish Abdul.Ashish@wwl.nhs.uk MD ¹ and Dr. Imran 26520 Aziz Imran.Aziz@wwl.nhs.uk MD ¹. ¹ Department of Respiratory Medicine, Royal Albert Edward Infirmary, Wigan, United Kingdom, WN1 2NN .

Body: Background: Our Trust covers a population of 330,000, with a dedicated nurse-lead COPD unit supported by a respiratory consultant for advice. Patients with AECOPD are assessed following referral, at 2 and 6 weeks. Home visits are undertaken in the first 2 weeks. The main aims are to prevent hospital admission through patient self management, patient / carer education and early supported discharge. Methods: Patient outcomes from April 2010 to March 2011 were reviewed. Exclusion criteria used were asthma, bronchiectasis, pneumonia, confused patients, uncontrolled diabetes, abnormal ECG and lack of social support. Results: Of 636 referred, 497 were suitable. The referral source is shown below.

Referral sources

| | |
|----------------|-----|
| Self | 212 |
| Hospital wards | 198 |
| GP | 41 |
| COPD clinic | 33 |
| Community | 13 |

Unsuitability criteria were Not AECOPD (50%), Lack of social support (20%), too poorly (20%), pneumonia/hypoxia/cardiac (10%). Of the 497 (286 F: 211 M) suitable patients (median age 70 y, IQR 63-76), 293 were ex smokers, 175 current smokers and 29 non smokers. There was a lack of relationship between seasons and admissions. 29 (5.8%) patients were admitted, with a mean length of stay of 4.65 days. So 468 readmissions were avoided, thereby saving 2159.82 bed days. Conclusions: We have shown that within a planned unit with consultant support, COPD patients requiring inpatient management is significantly lower compared to National average (16%). In the current environment of financial austerity we feel that this model of COPD care is effective in saving valuable hospital bed occupancy and also provides

management of patients in their own environment by facilitating self education and personalized care.