Post-acute COPD care bundle

The COPD discharge care bundle is a short list of evidence-based practices which should be implemented prior to discharge for all patients who have been admitted with AECOPD. It is based on a review of national guidelines and other relevant literature, expert opinion and consultation with patients. The bundle is being adopted in various hospitals across the UK and could also be used in practice to follow on from an unscheduled episode of COPD care

This practice improvement worksheet covers the 5 key areas of review.

- ✓ Improved care planning
- ✓ Better anticipatory care
- ✓ Management in line with national guidance
- ✓ Reducing the impact of unscheduled care in the practice

PCRS-UK Resources:

- **PCRS-UK Opinion sheets** - Social and lifestyle impact of COPD, Hospital at home, Exacerbations of COPD, COPD self-management and self care, Smoking cessation, Pulmonary rehabilitation, Inhaler devices, Practical self-management
- **PCRS-UK** Quick Guide to the diagnosis and management of COPD in primary care
- **PCRS-UK** COPD assessment and review protocol
- **PCRS-UK** COPD checklist

Other Resources:

- BLF Patient information COPD
- NHS Shared decision-making programme (COPD)
- National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 101. Management of COPD in adults. http://guidance.nice.org.uk/CG101
- IMPRESS value pyramid
  GOLD – Global strategy for the diagnosis, management and prevention of COPD

Practice Improvement Worksheets, DRAFT version 01, Date of Expiry December 2015

This series of practice improvement worksheets are intended for members to use within their practice. This is a pilot project, prepared in DRAFT format. Please tell us what you think! We would like feedback on the accuracy, completeness, usefulness and outcomes of the resource. To submit your feedback visit https://www.surveymonkey.com/r/EQUIPPIW

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Arrange follow-up 48-72 hours following exacerbation

Smoking cessation advice for smokers

- Consider pharmacotherapy
- Consider referral to specialist service to increase quit rate

Assessment for pulmonary rehabilitation (PR)

- MRC > 3
- Recent admission
- Functionality disabled by breathlessness

There is a strong evidence base to support pulmonary rehabilitation. The post-acute phase is an ideal opportunity to engage patients. Rolling programmes make this easier, and patients should be actively encouraged to attend. Addressing key issues such as transport, patient perceptions of PR, risk factors (rare) and optimal therapy are important. Often, active local patient groups can assist in helping patients understand the benefits of PR and to access their local service

Written COPD patient information provided

- Offer written self-management plan, and also rescue pack to suitable patients
- Assess patient knowledge and address gaps

There are good information resources available from the British Lung Foundation (BLF) Chest and Heart and Stroke Scotland covering both disease education and self-management planning. Practices may wish to develop their own packs that address issues such as access, named first contact, rescue medication and social care contacts

Satisfactory use of inhalers demonstrated and the importance of good adherence discussed

- Patient to demonstrate ability to use inhaler appropriately and this is documented in patient record
- If technique is poor an alternative delivery device that the patient can use should be prescribed

The practice should ensure that those teaching and assessing inhaler technique have the skills to do so. Each inhaler technique event should be documented, remembering that there is a rapid decline in inhaler skill with time, and that dementia, hypoxaemia and manual dexterity have a significant impact on the ability to deliver medicine to the lung. Electronic case records allow for assessment of scripts collected which can be used as a proxy for adherence. This can be backed up where necessary by home assessment of drug over stocking

Arrange appropriate proactive follow-up as indicated

Is this a poor control / high risk patient?

- Review diagnosis and comorbidity
- Consider holistic assessment and review
- Consider referral e.g. if SaO2 <92% 6 weeks post event referral for oxygen assessment