

COPD: bring care to the patient [poster]

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| Authors | O'Toole, P; Mulkerns, A; Johnson, J; O'Doherty, B; Gallagher, J; O'Connor, M; McDonnell, TJ |
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COPD: Bring Care to the Patient

O'Toole P., Mulkerns A., Johnson J., O'Doherty B., Gallagher J., O'Connor M and McDonnell T.J.

COPD Outreach Service and Dept. of Respiratory Medicine, St Michael's Hospital, Dun Laoghaire, Co. Dublin., Gorey Medical Centre, Gorey, Co. Wexford., The Palms Surgery, Gorey, Co. Wexford and the HSE COPD Clinical Programme.



INTRODUCTION

- COPD is the most common chronic respiratory disease in Ireland. There has been a neglect of services in primary care for the management of this disorder as manifest by the fact that hospital admission rates for COPD are 50% higher in Ireland than the UK.
- Exacerbations of COPD are the most common disease related cause of emergency admission of adults in Ireland. Ireland has the 2nd highest rate in OECD for avoidable hospitalisations for COPD.
- To help address this problem a pilot COPD integrated hospital-primary care service was established in 2013 between St Michaels hospital and two GP services in Co. Wexford.

BACKGROUND AND CONTEXT

- The COPD Outreach team (Clinical Nurse Specialist and Senior Physiotherapist) attended one of two GP practices on a monthly basis where they provided diagnostic testing, assessment and education for patients who would normally have travelled to a hospital clinic.
- The patient assessment includes a physical examination, point of care testing such as spirometry with reversibility and a six minute walk test. In addition to this, the patient receives education in relation to their condition, lifestyle and inhalers.
- Patients were referred to the service by the GP on the basis that there was either a lack of definite diagnosis or the patient's symptoms were poorly controlled.
- Subsequently the COPD outreach team discuss each case with a consultant respiratory physician. This information is then discussed with the patient's GP

€139

**Cost per patient seen in
hospital Outpatients Clinic**

**Cost per patient in integrated
COPD satellite Clinic**

€80

AIM

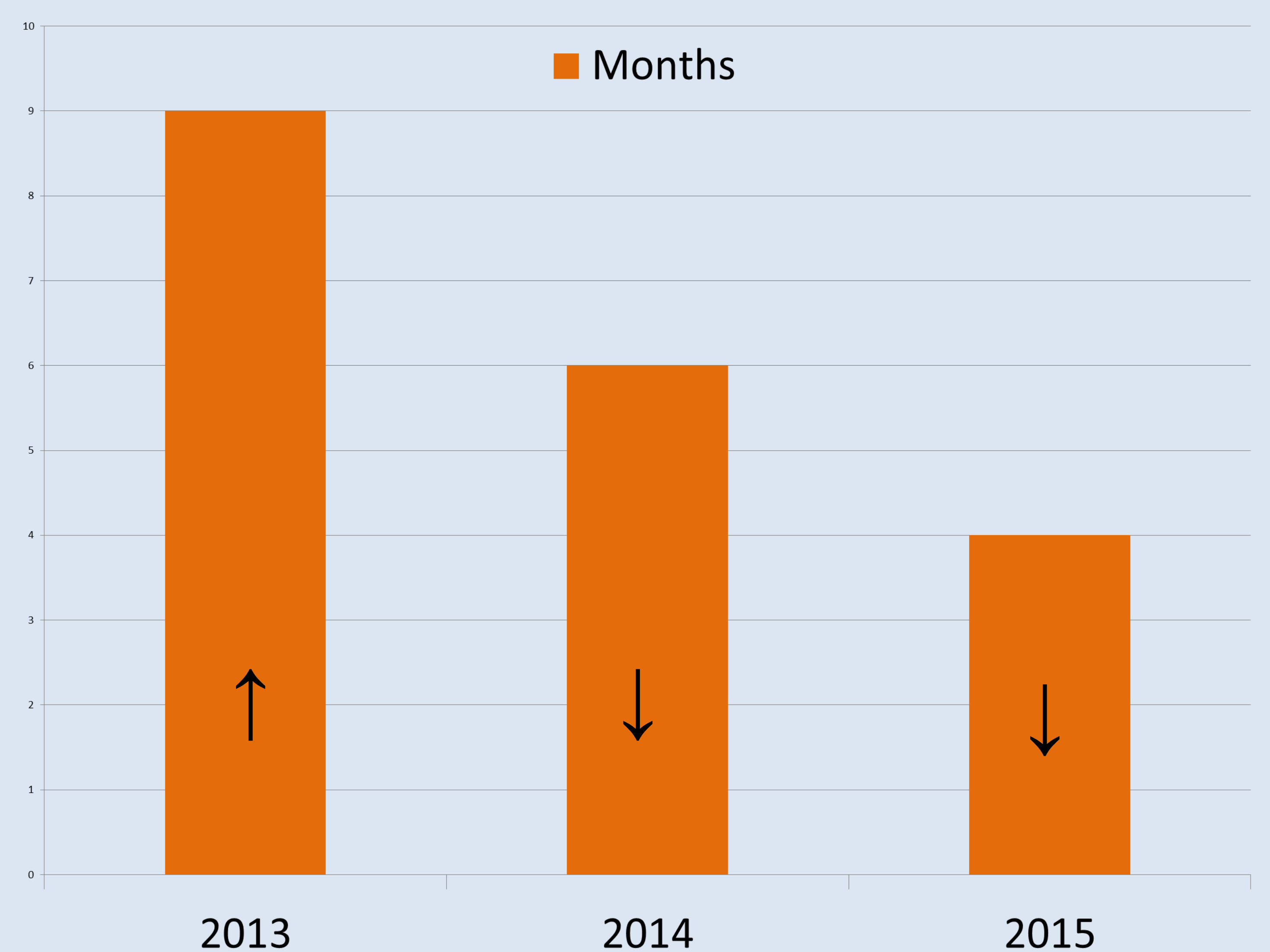
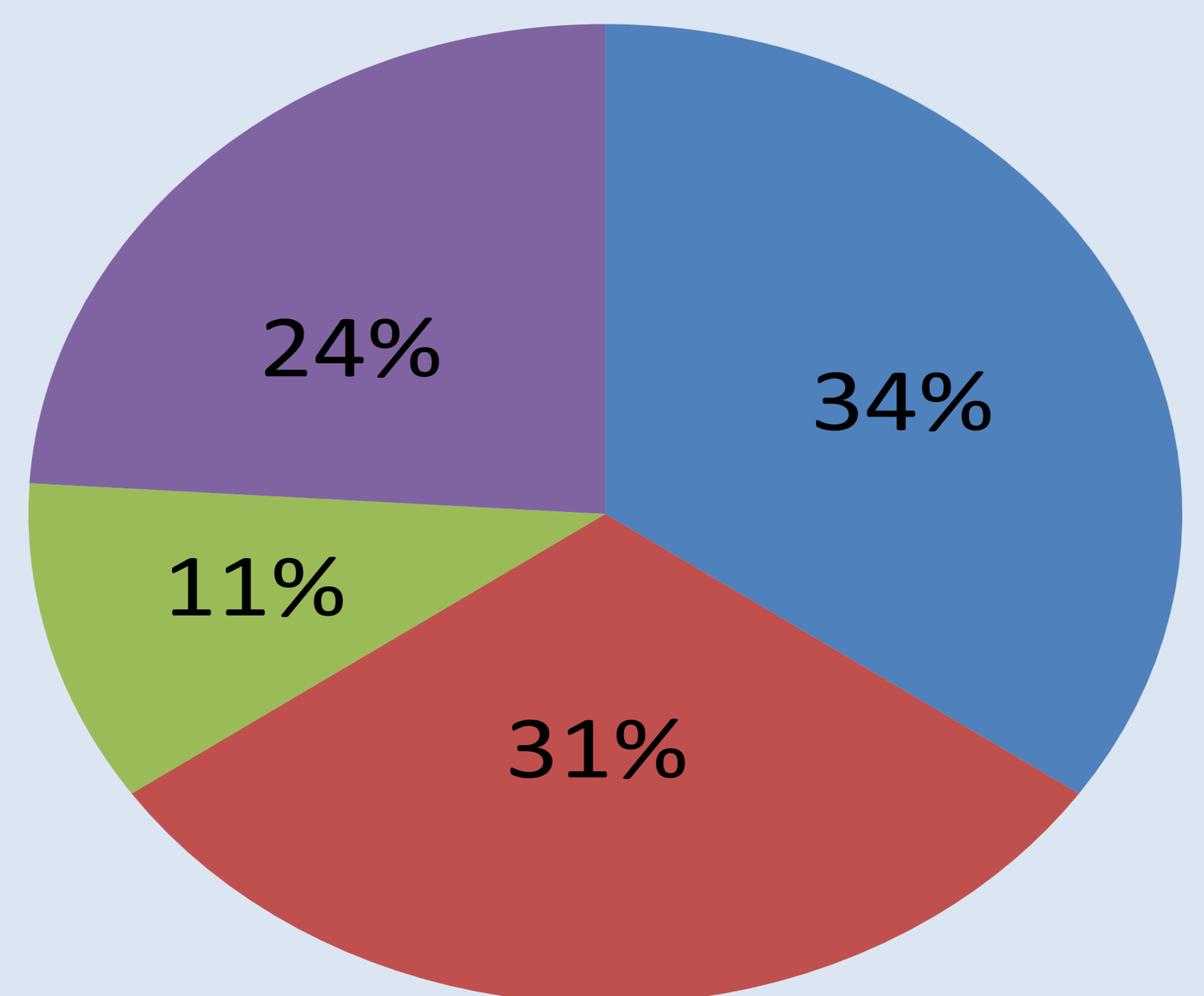
- Our Aim was to bridge the gap between hospital and primary care and thus provide specialist care to the patient and GP that is close to the patient's home and is accessible.
- It was hoped that this would help the patient avoid hospital services and as a result reduce the waiting time within the hospital for the general respiratory service.

RESEARCH METHOD

- A retrospective statistical analysis was carried out on 135 patient records over a 24 month period
- This study evaluates the diagnoses made, costings, hospital waiting times and the number of patients assessed in the integrated clinic within the last 24 months.

RESULTS

■ COPD ■ Asthma
■ Mixed COPD & Asthma ■ No Resp Condition



- Hospital waiting times for new patient respiratory physician review have reduced from 9 months in 2013 to 4 months in 2015.

CONCLUSION

- This study suggests that integrated COPD clinics can effectively provide an alternative to the traditional outpatient clinic for some patients suffering from respiratory symptoms. This in turn will help reduce hospital waiting lists, will provide a local service for patients and will have cost saving benefits for the health service.