

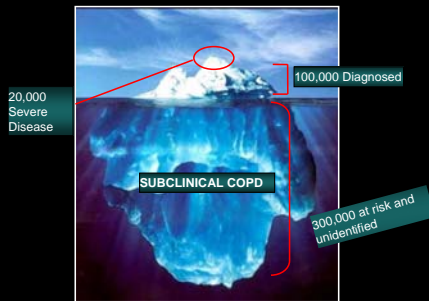
Definition of COPD

Chronic obstructive pulmonary disease (COPD), is a common clinical condition characterised by chronic slowly progressive airway obstruction.

Burden of the disease

- ❑ 13,098 primary diagnosis discharge p.a.
- ❑ 122,263 bed days p.a.
- ❑ Mean Length of Stay of 9.2 days
- ❑ 18,500 exacerbations of COPD in Primary Care p.a.

Clinical Tip of the Ice Berg



Aims and Objectives

Over Arching Aims: To save 50 deaths a year from COPD.

Quality Objectives

- ❑ To decrease morbidity and mortality through:
 - ❑ Correct and early Diagnosis
 - ❑ Correct treatment based on best practice guidelines for treatment (self management, GP and Pharmacy management)

Access Objectives

- ❑ Implementation of COPD outreach programme to decrease admissions
- ❑ Implement COPD pulmonary rehabilitation programme to improve exercise tolerance, quality of life and reduce breathlessness in patients.

Cost Objectives

- ❑ Reduce COPD admissions by 1,500 a year.

Solution Areas

Acute Management of COPD initiatives being implemented in 2011

- ❑ Implement ITS/ICGP/HSE guidelines
- ❑ Patient information online
- ❑ Implement standardised care pathways and bundles for COPD
- ❑ Nationwide COPD Outreach programmes
- ❑ Nationwide COPD Pulmonary Rehabilitation programmes

Primary Care Initiatives in development 2011

- ❑ Implement ITS/ICGP/HSE guidelines
- ❑ Improve access to diagnostic spirometry
- ❑ Nationwide COPD Pulmonary Rehabilitation programmes
- ❑ Patient Guided Self Management programmes

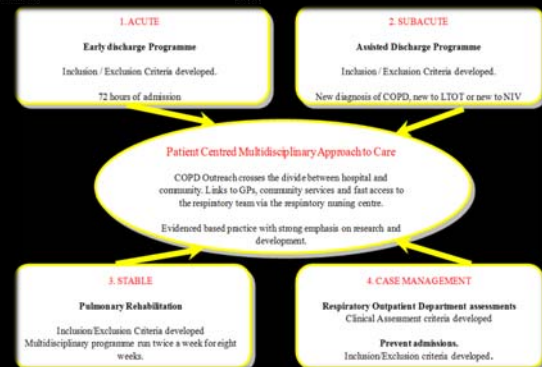
Online Clinical Guidelines

COPD Acute Bundle

COPD Acute Management Bundle		
Patient presents to ED/ AMU following G.P. / Self Referral		
Patient assessed by ED/AMU Clinician and appropriate investigations ordered (CRP, ECU, ABG, Blood Tests, BNP, U&E, LFTs, ECG if available)		
Action	Time completed or reason for Variation	Signed
Administer oral humidified O2 (FIO2 2L via nasal cannula or 28% via mask) (oxygen flow of approx 4L)	On presentation	
Check arterial blood gas and repeat if FIO2 increase is required or hypercapnic. If in respiratory failure with pO2 < 7.35 consider initiation of non-invasive ventilation transfer to respiratory unit.	Within 30 minutes of presentation	
Administer reduced beta 2 agonists and/or anticholinergics	Within 30 minutes of presentation	
Review laboratory results	Within 2 hours of presentation	
Review Chest x-ray	Within 2 hours of presentation	
Administer oral beta 2 agonist via nebulisation or via short acting or long acting beta 2 agonist (SABA or LABA)	Within 4 hours of presentation	
If new or increase in oral or nebulisation (oral or nebulisation) (oral prednisolone 40mg (30mg if old) or oral)	Within 4 hours of presentation	
Refer to respiratory team/ICU	Within 4 hours of presentation	
Consider COPD Outreach (complete inclusion/exclusion criteria)	Within 4 hours of presentation	
Refer to respiratory team/ICU	Within 24 hours of admission	
Send discharge on 1 Month for prophylaxis (if admitted)	Within 4 hours of admission	
Refer to Respiratory Team/ICU	Within 24 hours of admission	
If appropriate refer to AMP (Physio, OT, Dietician, SW, Pharm)		

COPD Outreach Supported Early Discharge
Certain patients will continue to be assessed for suitability for early discharge within 22 hours of presenting to the ED/AMU by the COPD outreach team. Patients who fulfil the criteria, have a diagnosis of COPD and give their CONSENT will be recruited for early supported discharge.
Please refer to patient file inclusion criteria.

Scope of COPD Outreach Services



Proposed locations for COPD Outreach Service 2011



- ❑ Letterkenny General Hospital, Donegal
- ❑ Cavan General Hospital
- ❑ Our Lady of Lourdes, Drogheda
- ❑ Connolly Hospital, Blanchardstown
- ❑ St. Vincent's University Hospital, Dublin
- ❑ St. Michaels Hospital, Dun Laoghaire
- ❑ AMNCH, Tallaght
- ❑ Galway University Hospital
- ❑ Limerick Regional Hospital
- ❑ Kilkenny General Hospital
- ❑ Wexford General Hospital
- ❑ Waterford Regional Hospital
- ❑ Cork University Hospital
- ❑ Mercy University Hospital, Cork

Projected Benefits and Savings

- ❑ 20% reduction in COPD Admissions
- ❑ Reduction in Average Length of Stay of 2 days

Target Savings on COPD Admissions and ALOS	Year 1 2012	Year 2 2013	Year 3 2014	Total Savings over 3 years
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Total Bed Days Saved by 2011 Implementation: 11,547 (Year 1), 15,662 (Year 2), 15,662 (Year 3), 42,871 (Total)