

Chronic Obstructive Pulmonary Disease Clinical Evidence Summary Sheet**Introduction**

The Avoidable Admissions strategy has been developed as a result of extensive research and consultation with key clinicians. The strategy identifies that it may be appropriate for patients with specific medical conditions and DRG categories, to be treated for their conditions as a non in-patient hospital admission.

This paper summarises the clinical evidence for patients with Chronic Obstructive Pulmonary Disease (COPD) without complications with a DRG category- ANDRG E65B to be potentially treated through models other than in-patient admission.

Options for alternative models of care to provide patient centered and non-admitted treatments are required. These models may include the development of "Hospital in the Home " (HITH) and Community Acute Post Acute Care (CAPAC) type services.

There will be an even higher demand for health services in the future with the population aging (1,2). It is therefore important that we start planning and implementing alternative models of care for our patients. Patients' care delivered through CAPAC, or HITH type models has been associated with greater patient satisfaction when compared to hospital care and has been shown to have similar health outcomes to hospital care in selected patients (3,4).

A recent data review found that of patient admissions to EDIS reporting hospitals in NSW during 2005/2006:

- Approximately 5094 patients diagnosed with COPD were admitted to hospital as in-patients through Emergency Departments
- COPD was ranked in the top twenty emergency admissions to hospitals

Smoking cessation is the most effective way to reduce exposure to COPD risk factors and can minimise exacerbations and delay progression of the disease (5). As exacerbations impact on the patient's prognosis and quality of life, prevention combined with early detection and prompt treatment are essential in minimising

disease progress. Using a management plan to treat exacerbations at home and determine when hospital referral is required can further reduce the need for admission (6,7,8).

The most common cause of exacerbation is infection (6) and therefore vaccinations such as annual influenza are beneficial in reducing incidences amongst at risk patients (9,10).

Optimal management of COPD includes assessment of disease severity combined with education, pharmacological treatment, rehabilitation and ongoing monitoring. This can result in reduction in symptoms and deterioration as well as optimised physical function and quality of life (6,9,11,12,13).

Traditional community nursing of these patients alone may not be sufficient to minimize presentations and readmissions (10). Multidisciplinary care however, coordinated by the GP supported by Medicare Enhanced Primary Care Initiatives may be beneficial (14).

Alternative to Hospital Care

Many acute exacerbations of COPD may be effectively managed by services such as CAPAC as an alternative to hospital admission (15,13,16). Greater patient satisfaction has been associated with alternatives to hospital care with patient preference for terminal care in chronic conditions such as COPD not always involving hospitalisation (15,17,18).

A decision to treat a patient with exacerbations of COPD at home might be assessed by reference to Northern Sydney Central Coast Health is one AHS that has developed guidelines for management of COPD in CAPAC. (Refer to Clinical Guidelines - Attachment A).

The purpose of this paper is to assist in bringing evidence into practice within NSW Health Services. There have been a number of local studies suggesting improved resource utilisation for CAPAC type services in South Eastern Sydney and Illawarra Area Health Service (19) and Sydney South West Area Health Service (20).

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References

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Clinical Guidelines - Attachment A

Acute/Post Acute Care (APAC) Northern Sydney Central Coast Health (2007) *APAC Clinical Guidelines For Management Of Chronic Obstructive Pulmonary Disease.* Northern Sydney Central Coast Health