Royal College of Physicians
Setting higher medical standards

Provision of care for acute COPD in UK hospitals: survey of early discharge schemes (EDS) and pulmonary rehabilitation (PR)

Hosker HSR, Lowe D, Buckingham R, Stone R, Roberts CM

NCROP study, CEEU, Royal College of Physicians, UK and The British Thoracic Society

ABSTRACT

Introduction

A UK national audit of acute COPD care in 2003 highlighted deficiencies in resources and organisation of care in some units (refs 1 and 2). A 2nd study (NCROP) in 2007 examined progress in 100 UK units, and looked in more detail at early discharge schemes (EDS), and pulmonary rehabilitation (PR). Change between 2003 and 2007 was assessed in 87 units that participated in both studies. More detailed analyses from 2007 involved 100 units.

Results

EDS: In 2007 63% units had access to EDS for COPD admissions compared with 46% in 2003 (p=0.013). 96% schemes had written criteria for acceptance and 95% had a named clinician responsible for service. 91% had written protocols for managing cases. 74% schemes had continuous data collection and annual audits. In 60% all patients and carers receive information about the EDS in advance of using the service. 91% units with EDS felt there were clear lines of communication between EDS team and primary care.

PR: The number of units offering a formal PR programme increased from 71% in 2003 to 84% by 2007 (p=0.027). 44% are fully funded, with MDT meetings and dedicated sessions etc. 85% have named clinical lead and coordinator. 91% of programmes run for a minimum of 2 sessions per week for 6 weeks, repeated regularly, and 41% have a community based continuation phase. 95% offer written educational resources / leaflets for patients. 70% of units conduct annual audits of Service including outcomes and patient satisfaction. 78% conduct objective measurements (spirometry, exercise, health status) pre and post PR.

Conclusions

EDS and PR schemes in the UK in 2007 are more common than in 2003 and are well organised, although funding issues remain.

BACKGROUND

EDS and PR have an established role in managing patients with COPD. The UK national audit of acute COPD care in 2003 highlighted deficiencies in resources and organisation of care in some units, including limited or no availability of EDS and PR in many units, and inadequate funding in others. The National COPD Outcomes and Resources Project (NCROP) in 2007 examined progress in 100 UK units as part of a peer-reviewed intervention study designed to improve hospital care for COPD patients, and looked in more detail at provision and organisation of EDS and PR schemes.

10 quality markers were derived and assessed for each of EDS and PR, based on UK national guidance from the British Thoracic Society, and National Institute for Clinical Excellence (NICE) consensus documents on EDS and PR.

METHODS

Clinicians from the 100 participating acute units completed a form detailing the EDS and PR service they provided in 10 domains each (table 1). 3 possible responses were allowed for each indicator: fully met; partially met; or not met at all.

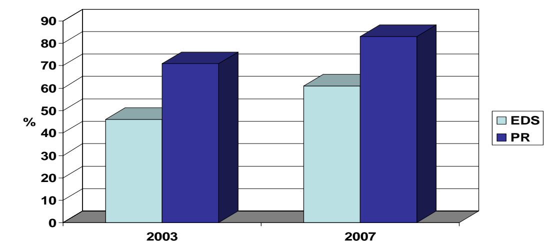
RESULTS

	Quality marker	% met in full	% partially met	% not met at all
EDS1	Written criteria for acceptance	97	3	0
EDS2	Appropriate, trained team	93	7	0
EDS3	Named clinician responsible	95	2	3
EDS4	Written protocols of care	91	9	0
EDS5	Entry into PR scheme afterwards	46	40	14
EDS6	Information for patients and carers	60	30	10
EDS7	Lines of communication with GP etc	95	3	2
EDS8	Communication between EDS and other primary care team members	91	7	2
EDS9	Caters for needs of local population	80	18	2
EDS10	Data collection plus annual audits	74	22	3
PR1	Funded multi-disciplinary team	44	49	7
PR2	Lead clinician and named coordinator	85	11	4
PR3	Minumum twice weekjly for 6 weeks, repeated	92	6	2
PR4	Continuation phase by trained staff	42	28	30
PR5	Comprehensive education package	89	9	2
PR6	Life support equipment and ALS trained staff	53	36	11
PR7	Staff: patient ratio at least 1:8 for exercise	98	1	1
PR8	Written educational resources	95	2	2
PR9	Annual audits incl outcomes and satisfaction	70	19	11
PR10	Spirometry, health status etc pre and post PR	63	17	1

Of 87 units who provided data from both 2003 and 2007 studies, EDS provision increased from 46 to 63% (p=0.013) and PR from 71 to 83% (p=0.027) (figure 1).

Of the 100 units in the 2007 study, 61 offered EDS and 83 offered PR.

EDS: 97% schemes had written criteria for acceptance and 95% had a named clinician responsible for service. 91% had written protocols for managing cases. 74% schemes had continuous data collection and annual audits.
In 60% all patients and carers receive information about the EDS in advance of using the service. 91% units with EDS felt there were clear lines of communication between EDS team and primary care.



PR: only 44% schemes are fully funded, with MDT meetings and dedicated sessions etc. 85% have named clinical lead and coordinator.
92% of programmes run for a minimum of 2 sessions per week for 6 weeks, repeated regularly, but only 41% have a community based continuation phase.
95% offer written educational resources / leaflets for patients.
70% of units conduct annual audits of service including outcomes and patient satisfaction. 63% conduct objective measurements (spirometry, exercise, health status) pre and post PR.

CONCLUSIONS

More UK acute units are providing services for EDS and PR than in 2003, although significant gaps in provision remain.

For EDS, information for carers, and regular data collection remain issues.

For PR, funding, data collection, and provision of a continuation phase could be improved in some units.

The NCROP study was funded by the Health Foundation and was carried out in collaboration with the British Lung Foundation