

## Social care and discharge planning for COPD patients: lessons from the UK 2008 audit?

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This is a short abstract presenting some data obtained in the 2008 UK COPD Audit. It makes the point that patients discharged following COPD exacerbation have severe disease, are elderly and often require assistance. Discharge information is not well-rated by General Practitioners and we advise more care and attention is given to discharge planning in this group.

### Background

As part of the 2008 UK Audit of acute COPD care, we noticed that the readmission rate of cases had increased by 2% since the last audit in 2003 (31% to 33% at 30 days). We wondered whether there might be any relevant factors revealed by surveys of the patients themselves or their General Practitioners that we additionally undertook in the current audit round.

### Findings

It was evident the population was elderly, had severe disease, exacerbated frequently, had multiple contacts within General Practice, oxygen use was common and many patients had co-morbidities (Table 1). 17% of patients stated that they needed extra support at home (Table 2) and General Practitioners expressed concern about the quality of discharge information, 45% rating it as average or below (Table 3).

**Table 1: Some characteristics of audited population**

Patient Characteristics	Median Value	Data Source
Average Age	73 yrs (21% > 80)	Clinical Audit (n=9716 cases)
FEV <sub>1</sub>	38% predicted	Clinical Audit
FEV <sub>1</sub>	0.89L	GPs (n=2521 cases)
Saturation	93%	GPs
Discharged on O2	25%	Clinical Audit
Home O2	31%	GPs
Home O2	32%	Patients (n=2861 cases)
Exacerbations	3 per annum	GPs
Surgery Contacts	12 per annum	GPs
1 or more Co-morbidities	77%	Clinical Audit

**Table 2: What additional support do patients want that they don't already have?**

What do patients want that they don't already have?	N=499
Extra domestic Help and/or home aids	147 (29%)
Would like, or feels they need, oxygen/nebuliser at home	132 (26%)
Increased Clinical Care and Supervision from a healthcare professional	92 (18%)
A personal carer	31
Help with personal care	21
Written advice/plan about what to do when bad	13
A contact number to ring when in difficulty	11
Someone to talk to or some company	8
To be offered rehabilitation or exercise	6
To see own doctor	4
Help with transport to clinic, or parking	3
To be in residential care	2
To be able to self-medicate	2
Left Blank/Don't know	44 (9%)

**Table 3: How do General Practitioners rate discharge information?**

Rating of discharge Information by GP's	n =2384
Excellent	78 (3%)
Very Good	428 (18%)
Good	810 (34%)
Average	763 (32%)
Poor	232 (10%)
Very Poor	73 (3%)

**Comment**

These data serve a timely reminder that we should be planning discharges and thinking more carefully about the support we provide these vulnerable patients when they go home from hospital. There needs to be a significant improvement in the quality of discharge information provided to General Practitioners. We feel these issues are of increasing importance as there is now a sense in the UK that the pattern of admissions comprises patients whose disease is becoming progressively more severe.