

## **322: BUILDING BRIDGES AND CROSSING BOUNDARIES TO PROVIDE QUALITY CARE FOR COPD PATIENTS**

### **Authors:**

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### **Objective:**

To provide optimum care to Chronic Obstructive Pulmonary Disease patients by maximising their full rehabilitation potential through increased collaboration and teamwork between all multidisciplinary team members, patients and their families.

### **Method:**

In June 2000, a multidisciplinary Clinical Pathway for COPD was implemented in the acute medical services of a public hospital following a trial period a few months before. The pathway had a designated time frame of five days in hospital followed by a community pathway of up to five weeks. During this time, both the Community Respiratory Nurse, and the Community Physiotherapist visit the patients at home. This aspect is different to other pathways and in our view has had the biggest impact on patient satisfaction, readmission rates and length of stay, education factors, and provision of increased quality of care.

The objective of this paper is to present the benefits gained for patients and the organization through this quality healthcare initiative.

These will include:

Objectives of the pathway and reasons for implementation;  
Development of community pathway including education for patients and staff.

### **Results:**

Most significantly, the benefits to the patients as shown in a patient satisfaction survey with 31 of 33 returned, as follows:

Bed days have been reduced from 749 days in 2000 to 472 days in 2001.

COPD was the highest cost diagnostic related group, now it does not even feature in the top ten.

The development of this pathway has led to the implementation of nurse clinics and a smoking cessation programme with dramatic results. A trial of Case Management that is being developed further across the continuum of care has also been initiated. Community multidisciplinary health professionals based with General Practitioners have extended this project further.

### **Conclusion:**

Bridges have been built and boundaries crossed by:  
Improvements in patient care, education and satisfaction;  
Collaboration between all health care professionals;  
Reduced length of stay, readmission rates and bed days;  
Dramatic decline in smoking.