Health Plan: Decreasing Readmissions for Patients with COPD

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Chronic Obstructive Pulmonary Disease (COPD)

COPD involves persistent airflow obstruction caused from chronic bronchitis and emphysema. COPD is often caused by smoking but can be from inhaled pollutants as well (Bracken, 2016)

- Progressive Disease
- Exacerbations lead to admissions and readmissions

Statistics:

- COPD affects 15 million people in America
- 3rd leading cause of death in the United States
- Accounts for 800,000 hospitalizations each year

(Fratantoro, 2014)
Readmissions

Readmissions are costly and hospitals are now getting penalized for 30 day readmissions

- COPD readmissions lead to decreased quality of life and outcomes for patients

- 20% of all discharged COPD patients are readmitted within 30 days, but 76% of those readmissions are preventable. (Fratantoro, 2014.)

- COPD rehospitalizations cost the US healthcare system approximately $924 million each year. (Reducing COPD Readmissions, 2016).
Readmissions

- COPD exacerbations and progression of disease lead to readmissions but other factors contributing may include:
  - Low income
  - Lack of social support
  - Comorbid conditions
  - Underlying disabilities
  - Demographic factors (race and ethnicity, language barrier, income, socioeconomic status, and insurance coverage contribute to an increase in readmission rate) (Holt, 2013)
Health Plan Goal

- Health Plan: To decrease the number of readmissions patients with COPD experience.
  - Better Quality of Life
  - Improved Outcomes
  - Decreased Cost
Health Plan Includes:

- Education
- Action Plan
- Pulmonary Rehab
- Follow-up
COPD Coordinators

Who: Respiratory Nurse Clinicians and Respiratory Therapists
What: Coordinate care of COPD patients
When: From admission through follow-up
Where: Inpatient and outpatient
Education

- Education: From beginning of hospitalization and ongoing
- Education will include
  - Disease including symptoms and warning signs
  - Medications and Inhalers
  - Oxygen and other equipment
  - Lifestyle changes
Action Plan

Knowing what to do at first sign of a COPD exacerbation can help keep the patients out of the hospital. Includes:

- Signs of impending exacerbation
- What medications to take, and when
- Who to contact (COPD Coordinator, Physician)

(Holt, 2013)
Pulmonary rehabilitation programs incorporate multidisciplinary interventions, including:

- Physical training
- Disease education
- Medication and nutrition education
- Psychological and behavioral interventions.

(Cope, Fowler, Pogson, 2015)
Follow up

- COPD Coordinators follow-up
  - Call at 48hr and 2 weeks post discharge
  - On call help line 24/7
- Homecare and social services involvement when needed
  - Nurse visits, finances, transportation, insurance etc.
- Assistance with making follow-up appointments
  - Primary Care
  - Pulmonologist
  - Pulmonary Rehab
Sustainability

How do we make this work?

- Support
- Funding and Resources
- Quality and Safety
- Nurses Role
Conclusion

A comprehensive health plan including education, an action plan, pulmonary rehab and follow-up can help decrease COPD readmissions and improve patients quality of life.
References


