Implementation of One-stop multi-disciplinary patient empowerment program (OM-PEP) for COPD patients and carers

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Introduction
Introduction / Background: Patients with COPD are frequent hospital re-admitters. Knowledge deficit and improper management skills of both patients and their carers are the main culprits.

Objectives
Objectives: - Collaborate with multi-disciplines to update and enhance health information for patients and carers to promote patient-centred care - Improve knowledge and management skills on COPD for those patients and carers - Empower patients’ abilities to cope with illness

Methodology
Methodology: A pilot OM-PEP of 6 patients had been conducted in Pulmonary Rehabilitation Unit from Nov. to Dec. 2013 to test the procedures and feasibility of the implementation. Hence, COPD patients admitted to the Unit from Jan. to Dec. 2014 were selected for the OM-PEP. Updated COPD health information was provided to them and their carers by each multi-discipline via weekly group classes, bed-side individual enhancement and evening video education. A designated file with OM-PEP record sheet, related booklets and pamphlets was distributed to individual patient for reference and engagement. GOLD’s combined assessment of COPD (GOLD Classification, mMRC, CAT & FEV1) and HKC-MUST were used to categorize patients’ severity and nutritional risk respectively. Pre and post evaluation on nutritional status, puff technique, COPD knowledge questionnaire and SOBQ were assessed. Feedback from patients / carers was evaluated.
Results: There were 28 patients (74% group D) with mean ages 79.3 selected. They had low to high risk of malnutrition and gained BW with average 0.48kg after individual enhancement. The mean score of puff technique, COPD knowledge questionnaire and SOBQ was improved from 6.9/10 to 8.9/10, 45.5/100 to 69.5/100 and 56.9/120 to 36.4/120 respectively. 34 carers attended video education sessions with total 410 attendances within 14.8 LOS. 100% participants were satisfied and had confidence in managing their illness. Conclusions: The OM-PEP could improve knowledge and management skills of both COPD patients and their carers through multi-disciplinary approach. It became a routine program conducting in Pulmonary Rehabilitation Unit. Implications The OM-PEP could empower patient’s ability to cope with illness, thus reduce the readmission rate.