



Service Priorities and Programmes
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A Self-Management Programme of Rescue Pack for Chronic Obstructive Pulmonary Disease (COPD) Patients

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Introduction

COPD is one of the common causes of morbidity and mortality affecting adults worldwide. This study was to determine if a rescue pack would decrease readmission to the hospital within 30 days of discharge and the length of hospitalization.

Objectives

This study was to determine if a rescue pack would decrease readmission to the hospital within 30 days of discharge and the length of hospitalization.

Methodology

Patients admitted to acute male medical ward of Caritas Medical Centre (Hong Kong) between December 2015 and December 2016 with a diagnosis of COAD were recruited for the study. A respiratory nurse specialist assessed and provided education including inhaler technique, lifestyle modification, breathing technique and smoking cessation to all recruited patients. To compare the effectiveness of rescue pack, patients were assigned to either the control group or the "Rescue Pack" group in which patients kept a course of antibiotics and corticosteroids at home.

Result

In total 63 patients were recruited, 27 (42.9%) to control and 36 (57.1%) to rescue pack group. Majority of patients was married, ex-smoker, living with family members and ADL independence. Most of them was not long-term oxygen users. The average age was 74.7 years. 13 of 27 in the control group (48.1%) and 16 of 36 in the rescue pack group (44.4%) were readmitted within 30 days. The frequency of 30 days readmission was similar between groups. There was not significant association between the rescue pack and readmission ($p=.77$). Patients in the rescue pack group recorded a shorter length of hospitalization. However, a Mann-Whitney U Test revealed no significant difference in the length of hospitalization of control group ($Md = 5, n = 27$) and rescue pack ($Md = 4, n = 36$) ($p = .93$).

Only prescription of rescue pack for patients with COPD was not enough to reduce the 30-day readmission rate. Inhaler technique is also an important factor to affect the readmission rate and hospital stay. Patient with inadequate inhaler technique cannot control their disease well and may increase the chance of exacerbation. In order to

improve the programme, patients will be reassessed to see whether they have any misunderstandings of self-management of rescue pack or they have any other problems leading to readmission when they were readmitted.