



Service Priorities and Programmes Electronic Presentations

Convention ID: 862

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Three Years Retrospective Cohort Service Review on Home Oxygen Therapy Follow Up in Occupational Therapy Department of Kowloon Hospital

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Keywords:

Home Oxygen Therapy Follow up

Occupational Therapy

Kowloon Hospital

Service Review

Retrospective Cohort

Introduction

According to Clinical Practice Guideline, Home Oxygen Therapy (HOT) refers to the setting up of an oxygen system for a patient to be used at home or in residential institution, upon the initiation by a Medical Doctor for continuation of treatment of hypoxia.

Objectives

This review intends to describe the challenges that both patients and therapists encountered in monitoring HOT in the 1st 120 days after discharge from the hospital and to explore areas for improvement.

Methodology

This is a retrospective cohort recruiting patients discharged from respiratory wards from 2014 to 2017, who were recommended to use HOT upon their discharge. All of them were scheduled to be followed up (FU) either at our out-patient clinic or by our community teams within the 1st 120 days of their discharge. In addition to problems related to HOT usage, their survival was investigated.

Result

A total of 301 patients were recruited (73.8% being male, and, average age=77.5). The top 2 diagnostic groups were COPD (n=199 or 66.1%) and Bronchiectasis (n=30 or 10%). Short Term Oxygen Therapy (STOT) was the highest regime being recommended at the time of discharge (n=280 or 93%), which implied that either the medical conditions of the patients were not ready for certification with Arterial Blood Gases (ABG) results or the patients had reservation for long term compliance to HOT. Related to the FU, 23 patients (7.6%) showed improvement and had their HOT off, 6 patients (2.0%) remained using the regime as recommended at the time of discharge, 146 patients (48.5%) changed from STOT to LTOT, 2 patients (0.7%) changed to palliative use, 49 patients (16.3%) were found death, and, 75 patients (24.9%) were lost to be FU. The average survival time for those death cases was 54.7 (sd = 38.4) days. Of those who can be followed-up, around 30% of them did not bring portable

oxygen device for outdoor activities, due to the following concerns: financial subsidy, heavy weight of the portable oxygen devices, worries about safety, etc. To conclude, there were a lot of issues contributing to HOT compliance and outcomes identified, including: communication between therapists and medical doctors for ABG lab test for home oxygen regime recertification, financial support, patients' values, etc. A post-discharge follow-up program was indicated.