



Service Priorities and Programmes
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A Community-Nurse based home care programme for patients with chronic obstructive pulmonary disease (COPD) reduces hospital admissions

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Introduction

COPD is a chronic disease with high burden. Exacerbation and hospitalization are common and each hospitalization will weaken the patient further and increases the chance of another exacerbation and hospitalization in the near future.

Objectives

We investigated whether a community-nurse based home care programme can reduce exacerbations and hospitalizations

Methodology

This is a retrospective study covering the period August 2010 to December 2012. All COPD patients with two or more COPD-related hospitalizations in the previous 12 months and had been referred for CNS care were included. Those who were recruited to other home care programmes during the same period were excluded. Subjects were divided into three groups: Group A: Referred primarily for COPD care. There were seven home visits and two phone visits within 15 weeks; Group B: Referred primarily for other conditions and advice for COPD care also given. No definite number of visits was assigned; Group C: Subject refused CNS service outright or after 2 visits or less. Hospital admissions 12 months prior to CNS referral and 12 months after were compared both within-group and between-group.

Result

There is a total of 173 subjects with 67 in group A, 49 in group B, and 57 in group C. Only 5 patients were females (2.9%) and mean age was 75 years. Mean 12-month admission frequency before CNS referral for groups A, B, C were 4.16, 3.61 and 3.70 respectively, with mean adjusted 12-month admission frequency post CNS referral of 3.01, 3.29, and 4.40 respectively. The corresponding % change was -27.75%, -8.9%,

+18.8%. For total beds days, 12-month before, 12-month post, and % change for groups A, B, C were 30.37, 32.05, +5.5%; 29.43, 27.27, -7.32%; 26.95, 37.85, +40.46% respectively. After multivariate linear regression analysis, Group A has reduction of 1.29 admissions (95% CI 0.50-2.08) and there was significant increases in bed days in group B (9.64 days with 95% CI=2.70–16.57) and C (10.88 days with 95% CI=4.24–17.52). Results of this investigation suggest that addition of a home care programme on top of usual care can reduce hospitalization for COPD.