Enhancement in COPD Care Program (CCP)
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Introduction
Chronic Obstructive Pulmonary Disease (COPD) is a major cause of chronic morbidity and mortality throughout the world. COPD is currently the 3rd leading cause of death worldwide in 2012 and further increases in the prevalence and mortality of the disease can be predicted in the coming decades. In Hong Kong, COPD caused over 27000 hospitalizations in 2014. The effectiveness of a programme advanced at acquiring self-management skills and behavioral change by patients. Thus, the respiratory teams made for enhancement in CCP service to reduce mismatch potential cases to be transferred to convalescence bed and low motivation cases were transferred to CCP bed.

Objectives
CCP is beneficial for COPD patients, which aims to improve patient’s clinical outcome, reduce hospitalization.

Methodology
All male COPD patients admitted from 18/08/2016 to 31/12/2016 were screened. Respiratory team set up screening criteria to stratify cases, prioritize cases to transfer to CCP bed with rehabilitation. Inclusion criteria: 1) male COPD patient in M&G wards, 2) frequent admission due to acute exacerbation, 3) ambulatory status. Exclusion criteria: 1) significant cardiac or other non-respiratory disease that prevent exercise training, 2) poor motivation. Respiratory nurse screens for potential patients daily based on inclusion and exclusion criteria. Respiratory physicians will assess the screening list and select appropriate cases to the waiting list. After participating in CCP, the respiratory nurse assessed on the knowledge of the disease. Education was provided accordingly during the hospital stay. Besides, patients were educated on self-management skills, home oxygen therapy and home non-invasive ventilation in which enhances patient’s knowledge of the disease. Additionally, the healthcare also reassesses to evaluate the program relevant information and reinforcement is
provided upon discharge. In order to assess the effectiveness of the program, healthcare shall check the rate of emergency department attendance and unplanned admission were evaluated after patients discharged.

**Result**
From August 2016 to December 2016, 477 male patients were screened for enhancement in COPD Care Program. The mean age was 72.7 (range 43-95). 215(45%) of patients were recruited to CCP after screening. 262(55%) of patients rejected due to cardiac problem, low rehabilitation potential, poor motivation and mobility. The mean value of waiting time for CCP booking to transferal waiting time was reduced by 46.7%. The unplanned admission was reduced 2% after participating in the program. The CCP screening is effective to reduce mismatch potential cases to CCP bed. Moreover, patients were participated in CCP to have a higher quality of life improvement.