

Decreasing Rate Of Chronic Obstructive Pulmonary Disease(COPD) Readmission In A Rural Health Care Network In Upstate Ny

N. Srivali^{1, 2}, E. Riesenfeld¹, Respiratory group at Bassett Medical Center

¹Bassett Medical Center, Cooperstown, NY, ²

Corresponding author's email: narat.srivali@bassett.org

Rationale:

COPD rehospitalizations within thirty days post discharge in the United States is 21.6% with costs ranging up to fifty million dollars annually. In 2007, the Medicare Payment Advisory Commission (MedPAC) identified seven conditions and procedures that accounted for almost 30 percent of potentially preventable readmissions including chronic obstructive pulmonary disease. In the first quarter of 2012, Bassett hospital had a readmission rate up to 23.5% so we designed a multidisciplinary intervention program to decrease the number of readmissions in our hospital.

Method:

The intervention had multiple components including education regarding COPD management by using the American Lung Association COPD management plan and inhaler instruction handouts. Also a respiratory therapist made phone calls after patient discharge to assess compliance with medications, evaluate for home health care referral, identify of patients who did not have follow up and assist with follow up with home health nursing aide or nurse. In addition, referral to pulmonary rehabilitation was offered when possible. We also had periodic meetings with leaders of the home health care organization, nursing, case management, home supply company, pulmonary and hospital quality staff to review pulmonary rehabilitation and other strategies to improve home care for COPD patients.

161 patients had a documented admission in 2012 with chronic bronchitis, emphysema, or chronic airway obstruction. We started using these interventions and collected data every quarter of 2012 and calculated the COPD readmission rates.

Results:

After analysis, we found the readmission rate dropped from a baseline of 23.5% to 20.6%, 19.6% and 16.7% in each consecutive quarter.

Conclusions:

After the above mentioned interventions were instated, there was a successful decrease in the 30 day rehospitalization rate to less than the national average. Our goal is to continue these interventions or additions if necessary to maintain or improve in COPD readmission rate.

This abstract is funded by: None

Am J Respir Crit Care Med 189;2014:A5463

Internet address: www.atsjournals.org

Online Abstracts Issue

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.