

Every breath you take:

Improving management and mortality in acute exacerbation of COPD (chronic obstructive Pulmonary Disease)

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INTRODUCTION

Exacerbations of COPD impact mortality, morbidity and healthcare costs. Management of exacerbations varied based on clinician experience resulting in inconsistent care. Additionally, initiation of non-invasive ventilation (NIV) was only available 8-5pm Monday-Friday on the wards

METHODS

After a literature review, a COPD pathway was developed (as pictured). Additional NIV machines were purchased and extensive education was given. With 24 hour support from a Respiratory CNS and Respiratory Physician, NIV and the COPD pathway was commenced 24 hours a day in ED and on ward 10.

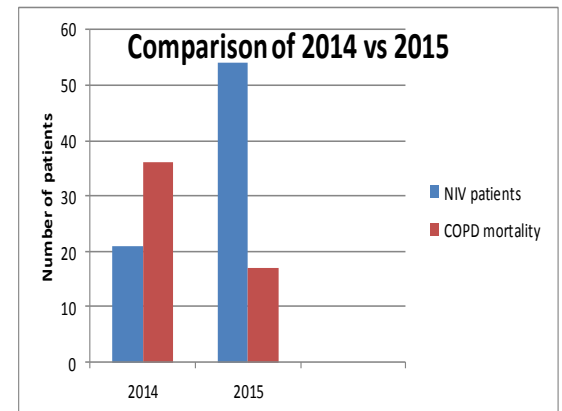
DEMOGRAPHICS

This audit was performed over quarters 2 and 3 of 2015 and compared with the same period in 2014. The average age of patients in the audit was 68. 18% were Maori patients and their average age was 60 years. Given that WDH B have a Maori population of 9%, Maori are overrepresented and present at a younger age .

OBJECTIVES

To develop an evidence based COPD pathway promoting identification and management of respiratory acidosis through the use of arterial blood gases, controlled oxygen and NIV.

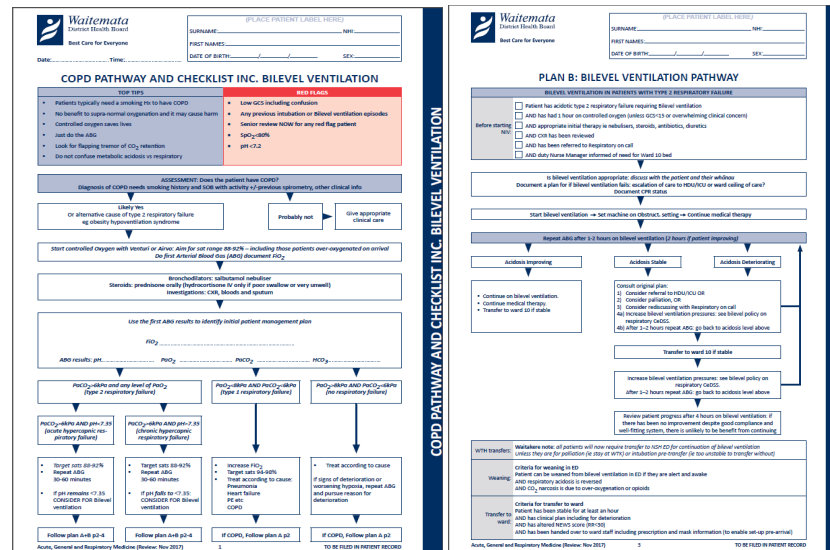
RESULTS



CONCLUSION

The COPD pathway has enabled us to provide international best practice standards of care to COPD patients presenting with Type 2 Respiratory Failure within WDH B. Use of NIV has risen 161% and subsequently COPD mortality has declined by 53%.

By decreasing mortality amongst these Respiratory patients where Maori are overrepresented, we continue to work on decreasing health disparities evident in our community.



24 hour service not limited to ICU/ED



Multidisciplinary Interdepartmental pathway



Decreasing the gap in healthcare disparities



Reduced mortality and reaching best practice standards

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REFERENCES: The Asthma Foundation. (2014) The impact of respiratory disease in New Zealand: 2014 update