



# British Thoracic Society COPD Discharge Audit 2012 (national audit period 1 April – 31 May 2012)

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## Introduction

This is the first BTS National Audit looking at the discharge of patients from hospital following an emergency admission for an acute exacerbation of COPD. Seventy-four acute hospitals in the UK took part and we were able to gather a large sample of 2,428 patients over this two month period. The results allow trusts to compare their results with the National mean, however the results also show very wide variation in discharge practice.

## Discharge results

The NCROP National COPD Admission Audit demonstrated in 2010<sup>1</sup> that readmission within 28 days was not uncommon and following the report several recommendations were made. At that time only about a half of these patients were reviewed by a respiratory specialist. It is therefore of interest that there now appears to be a change and in this audit 81% were reviewed by a respiratory specialist team member prior to discharge (Figure 1).

Other important data were often not recorded, such as inhaler technique in 45%, use of a written action plan in 65% and the supply of emergency medicines for use with an action plan in 33%. However this does not mean that these actions were not done. It is hoped that the publication and use of the BTS 'Care Bundles' for COPD will systematise the care and improve the recording of data.<sup>2,3</sup>

Stopping smoking is the most cost effective treatment that can be achieved in COPD. It is sad that a third of these patients continue to smoke (Figure 2). In these current smokers only 27% were referred for smoking cessation. The BTS Stop Smoking Champions in Trusts have been appointed to improve this figure and to improve links with Stop Smoking Services in the community.

Figure 1: Record of respiratory review

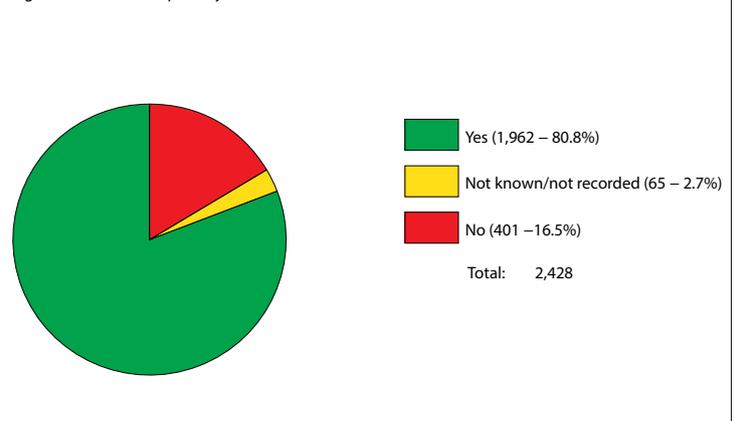
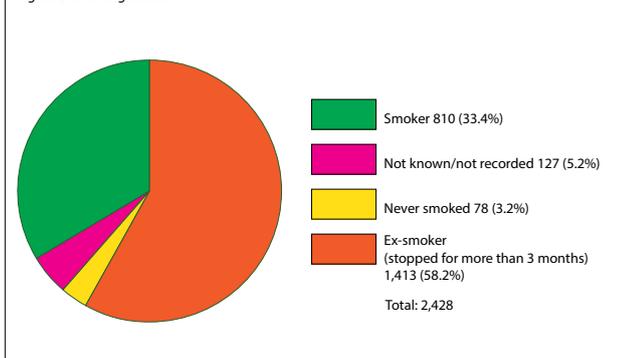


Figure 2: Smoking Status



The audit demonstrated that the majority of patients were now being offered Pulmonary Rehabilitation and that rehabilitation was being considered soon after discharge in 41% of cases.

Another important feature of discharge from hospital is the 'integration' of care with community and social services.<sup>4</sup> Patients with a Long Term Condition, including COPD, require integration of care using a 'Chronic Care Model'. The records here indicate that communication with a community team was not known or made in 86% of discharges. This baseline figure will be useful to build on in future audits.

The National Patient Safety Awards 2011, pointed to the risk involved in giving patients with a history of hypercapnic respiratory failure uncontrolled oxygen therapy.<sup>5</sup> Only a quarter of these patients either had or were given an oxygen alert card.

Finally, studies in primary care have indicated that it is often the case that in about a fifth of patients diagnosed as having COPD, diagnostic spirometry suggests an alternative diagnosis. It appears that this audit also shows that in 36% of cases there was no record of spirometry ever being carried out.

## Conclusion

This first audit of COPD discharge has demonstrated wide variation in practice. There has also been significant change and improvement when results are compared with the NCROP data. The use of BTS 'Care Bundles' will improve data collection and care.

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## References

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