

# Abstract Presentations

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# A comparison of the provision of specialist palliative care to a cohort of patients with GOLD stage D COPD, 2014 and 2016

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# Background

- Approx 400,000 people in the Republic of Ireland have COPD (O'Connor, 2018)
- COPD outreach is a hospital at home service providing supported early discharge for patients experiencing exacerbations of their COPD
- Patients with GOLD stage D COPD (advanced disease) display high levels of symptoms
- GOLD guidelines promote Specialist Palliative Care (SPC) input for people with advanced disease (GOLD, 2020)
- Integrated palliative and respiratory care service for this cohort has been shown to improve quality of life and reduce symptoms (Higginson, 2014)

# Purpose of study

## To establish;

- the number of patients with GOLD stage D referred to a COPD outreach service 2014 and 2016
- how many of these were referred to specialist palliative care (SPC)
- the number of deaths and place of death of those who died

## Aim;

- To compare the provision of palliative care services provided to a cohort of patients with GOLD stage D COPD, 2014 and 2016

# Methodology and intervention

- A retrospective review of patients seen by the COPD outreach team in 2014 and 2016 was conducted
- Demographics and clinical data were recorded by chart review
- Data was analysed using Excel and SPSS
- As a result of the 2014 audit showing low levels of referral, COPD outreach increased rate of referral of GOLD stage D COPD patients to SPC services

# Results

	<b>2014</b>	<b>2016</b>
No. of GOLD D patients	27	36
% referred to SPC	11%	38%
Sex	17M, 10F	22M, 17F
Mean age	72	70
Mean FEV1	31%	31%

	<b>2014</b>	<b>2016</b>
Total % patients died	22% (6)	22% (8)
Ward	50%	37%
ED	16%	0%
ICU	17%	0%
Home	17%	13%
Hospice	0%	50%

# Conclusion and future recommendations

In conclusion, despite difficulties in prognostication, a move towards a more integrated model of care between respiratory medicine and SPC has shown optimal management can be achieved in this cohort of patients.

## Future recommendations:

- - MDT meetings with respiratory and SPC teams
- - SPC presence at outpatient respiratory clinics
- - Respiratory team can be trained in some aspects of palliative care and to recognise when patients need referral to SPC

Thank you!

# References

1. Corcoran, C, Kealy, K, Korn, B, Latham, J, Lynch, M, O'Donnell, R, O'Siorain, White, P. Advanced Respiratory Disease and Palliative Care- summary report. 2012.
2. Higginson IJ, Bausewein C, Reilly CC, Gao W, Gysels M, Dzingina M, et al. An integrated palliative and respiratory care service for patients with advanced disease and refractory breathlessness: a randomised controlled trial. *The Lancet Respiratory Medicine*. 2014;2(12):979-87.
3. O'Connor, M., Hurley, E., McCormack, S., O'Connor, T. Respiratory Health of the Nation, Irish Thoracic Society, 2018 pp. 1-60
4. Global Initiative for Chronic Obstructive Pulmonary Disease, 2019. Global strategy for the diagnosis, treatment, management and prevention of chronic obstructive pulmonary disease. 29/04/2019. Available at <https://goldcopd.org/>

# When to refer to SPC?

Irish Hospice Foundation consensus:

- 1) FEV < 30%,
- 2) Increased hospitalisations,
- 3) Poor functional status
- 4) On long-term oxygen therapy

Surprise question; Would you be surprised if this person dies in the next 12 months?