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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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Aim: The purpose of this study was to compare the provision of Specialist Palliative Care (SPC) to a cohort of patients with GOLD Stage D COPD over a 1 year period in 2014 and 2016.

Method: A retrospective review of GOLD D COPD patients seen by the COPD Outreach (COPDOR) team in 2014 and 2016 was conducted. Demographics and clinical details were recorded by chart review. Data was analysed using Microsoft Excel and SPSS.

Intervention: International GOLD guidelines (GOLD, 2014-2019) suggest that SPC input should be considered for GOLD stage D patients. The result of an audit on COPDOR service in 2014 highlighted that only 11% of patients with GOLD stage D COPD had SPC involvement. The intervention was to increase awareness of the need to consider SPC for patients with GOLD stage D COPD and improve communication between the respiratory and SPC teams to highlight the goal of referring more patients to SPC.

Strategy for change: COPDOR team communicated with both respiratory teams and SPC teams to highlight lack of and importance of referral to SPC for this cohort of patients.

Effect of change: This study found low levels of SPC involvement (pre intervention) in 2014 at 11% compared to 38% SPC involvement (post intervention) in 2016. 50% of patients died in hospice in 2016 compared to 0% in 2014. 5 patients died in acute hospital setting in 2014 compared to only 3 in 2016.

Lessons learnt: Interprofessional communication and awareness of best practice international guidelines for the management of COPD can enhance patient care and improve quality of life.

Message for others: Despite difficulties in prognostication, a move towards a more integrated model of care between Respiratory Medicine and SPC has shown that optimal management can be achieved for this cohort of patients.