

Background

Chronic obstructive pulmonary disease (COPD) is one leading cause of emergency department visits and hospitalizations having considerable impact to patient and healthcare system cost. These impacts have led the implementation of quality based procedures which are inclusive of evidence best practices to treat COPD during hospital stay and ensure community supports are in place to reduce readmission rates.

Purpose

North York General's (NYG) outpatient COPD Clinic was created in January 2014 to provide COPD-specific patient teaching and self-management techniques to reduce length of hospital stay and ED/hospital readmissions.

Methods

LITERATURE REVIEW

- Empirical literature and stakeholders of COPD/respiratory outpatient clinics were reviewed particularly how to build the clinic and services it could offer

COMMUNICATION

- Communication for referrals continues through various means of technology and stakeholder meetings.

COPD CLINIC INCEPTION

- Patients referred to clinic and seen by respirologist and respiratory therapist 1-2 weeks post-discharge and 6 weeks post-discharge for patient teaching: 1-on-1 or group session where the following are measured:
 1. COPD Assessment Test
 2. 6 minute walk test

Results

Empirical literature provided strategies for how to schedule patients, what teaching documents and strategies can be adopted and provided to patients. Since inception thirty one patients (n=31) visited the COPD clinic and have shown the following:.

	February 2014	March 2014	April 2014
Patient Teaching	98%	100%	100%
Walkability	↑	↑	↑
Quality of life	50% ↑	50% ↑	20% ↑
Readmission	0%	3%	0%
# of Patients	6	16	8

Conclusion

Increasing patient referrals and providing patient teaching at COPD clinic will continue to improve walkability scores, quality of life, and ultimately, decrease 28 day readmission rates.

