



www.healthroundtable.org

SPECIAL ROUNDTABLE

REDUCING UNPLANNED AVOIDABLE READMISSIONS

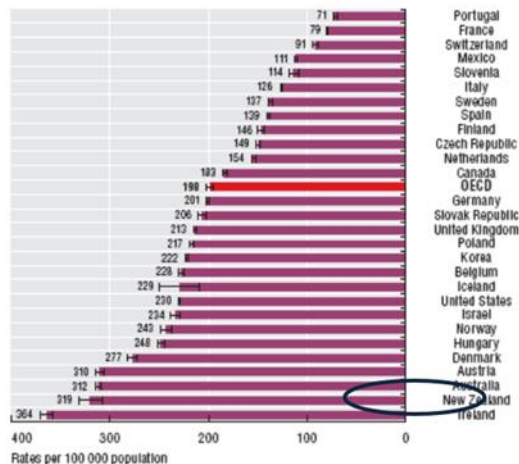
February 19-20 2015, Sydney

Key Problem

We weren't doing very well and we had a sudden, unexpected capacity issue



our health system



COPD Hospital Admission Rates for OECD Countries – 2009 for aged 15 and over

Source – OECD Health Data 2011

Earthquake Issues....

106 hospital beds have been closed

19 community pharmacies and five general practices lost/damaged

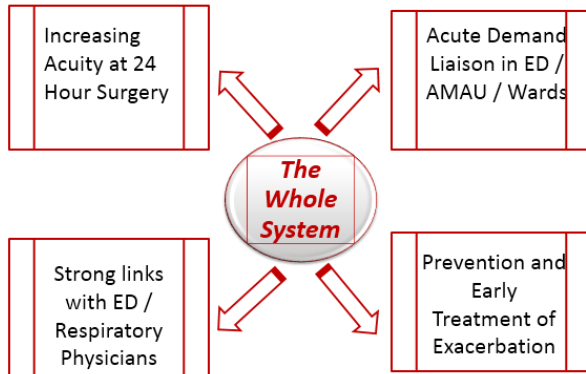
635 rest home beds lost



Aim of this innovation

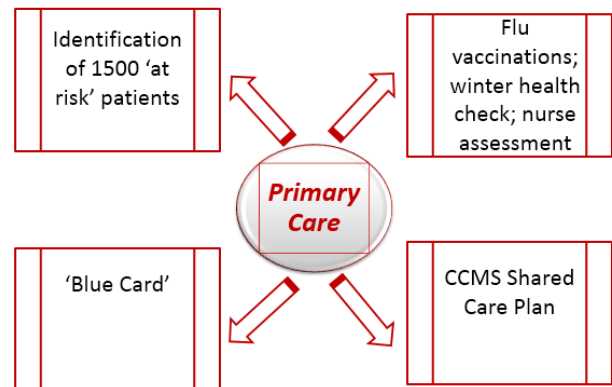


- System wide improvement in the care and treatment of COPD



System wide improvement in the care and treatment of COPD

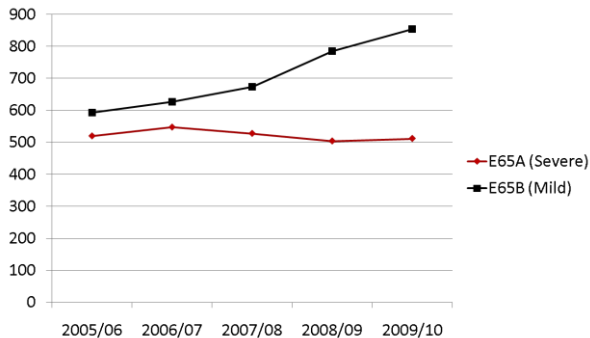
Improving the care of COPD patients in the community and primary care while reducing the demand on secondary resource



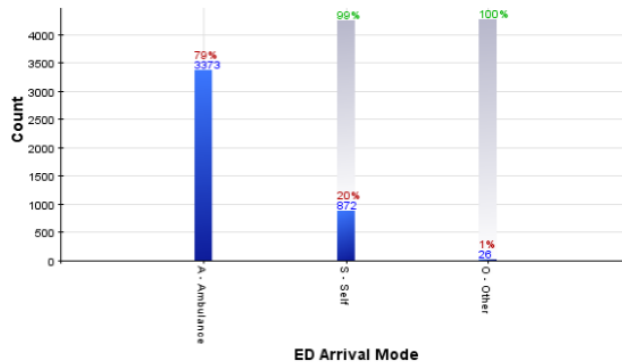
Baseline Data



- In 2011 COPD in Christchurch accounted for:
 - 1,256 admissions (3.5 per day)
 - 5,952 bed days (two wards in winter)
 - 4 out of 5 arriving by ambulance
 - 1 in 4 being readmitted within 28 days



Admissions to CHCH Hospital for COPD – Mild disease increasing



Most COPD patients came in by Ambulance

Key Changes Implemented



What we wanted and needed to change

- COPD patients delay seeking help
- First point of contact often via 111
- “Inflexible” ambulance responses to the breathless patient
- Emergency department pressures
 - 85% of people with COPD who reach the ED will be admitted vs. 50% with asthma
- Once someone is in, very difficult to get out
 - Day stay 4.5 days
 - Biggest driver for day stay is day of week admitted

Key Changes Implemented



What we developed

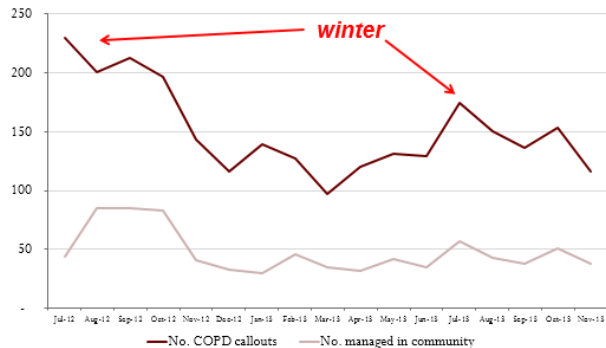
- Ambulance responses - assess severity by agreed criteria, knowing patient prior status
 - Call Practice if well
 - Involve Acute Demand / 24 Hour Surgery if less well
 - Severe exacerbations or uncertain - ED
- Acute Demand nurses in ED and AMAU with skill to treat COPD
- The Blue Plan

Keeping well with COPD Chronic Obstructive Pulmonary Disease	Your COPD Information
<p>Key steps to stay well and keep out of hospital (Keep this in easy reach, eg on the fridge or with your medicines)</p> <p>1. Make sure you do not run out of your medicines</p> <p>2. Watch out for:</p> <ul style="list-style-type: none">• More cough, wheeze or breathlessness than usual• Needing to use inhalers more than usual• Fever or feeling tired and unwell• Change in the amount or colour of your sputum/phlegm <p>3. If you have any of the above problems contact your GP</p> <p>You may need an appointment to be reviewed by your GP. Phone your GP _____</p> <p>4. If you have fever and/or yellow/green phlegm:</p> <p>Don't delay, start antibiotics if you have been prescribed these Name of medicine Dose Prednisone dose</p> <p>5. If you are very short of breath when you are sitting or lying If you are feeling very restless or drowsy</p> <p>Call your GP for an urgent assessment or call 111</p>	<p>If you require medical attention it is very useful for medical and ambulance teams to know how your breathing is when you are well.</p> <p>Name: _____ Address: _____ PO2 when well: _____ Normal exercise tolerance: _____ CO2 retainer: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Special notes or requirements: _____ Date card completed: _____</p> <p></p>
<p>2012 Plan for People with COPD</p>	<p>To learn more about your COPD look at www.healthinfo.org.nz</p>

Outcomes so far



COPD Ambulance Pathway



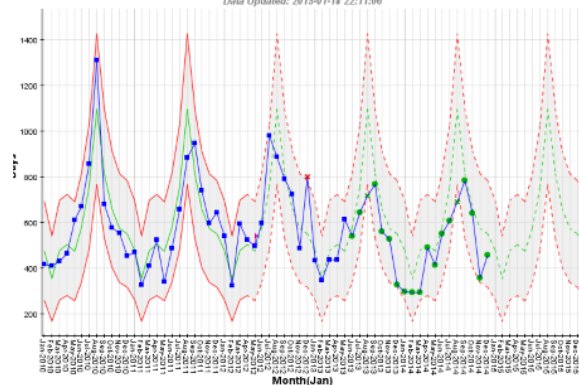
COPD Ambulance Numbers (1st July 2012 – *19th November 2012)

	Kept at Home	GP	24 Hour Surgery	ED	Total	% In Primary Care
July	2	4	38	186	230	19%
August	7	62	16	116	201	42%
Sept	11	60	14	128	213	40%
October	8	57	18	114	197	42%
Nov*	4	34	5	55	98	44%

COPD Bed Days in Hospital – reduced after Blue Card began in July 2012

Occupied Bed Days COPD E65 - Conservative

Date Updated: 2015-01-18 22:11:00



- It's not necessarily about illness severity – more about illness behaviour
 - Behaviour of patient / carer and also health system
 - The behaviours and systems are set up to make admission the “default option”
- Sometimes the route to reducing readmissions is not to have the original admission in the first place