

Chronic Obstructive Pulmonary Disease Discharge Care Bundle: Self-Management Education Kimberly Graham, DNP, MSN, APRN, ACNS-BC,<sup>2</sup> Lenora Smith, PhD, RN, <sup>1</sup> Willie Smith, MD <sup>2</sup> <sup>1</sup>University of Alabama in Huntsville, College of Nursing and <sup>2</sup>Emory University Hospital Midtown - Atlanta, GA

EMORY
UNIVERSITY
HOSPITAL
MIDTOWN

## Introduction

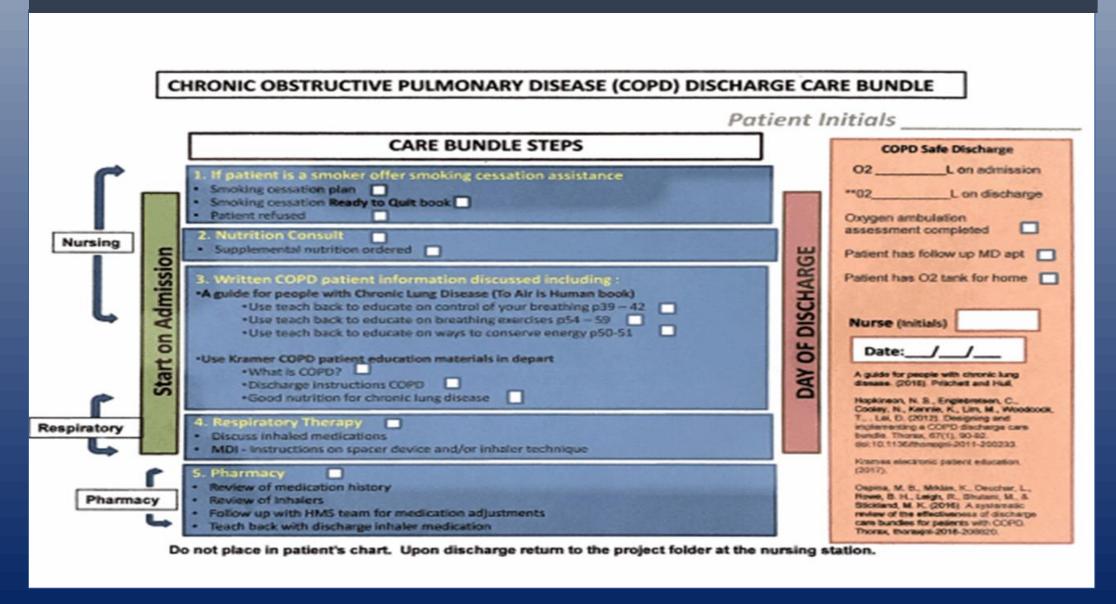
- The impact of chronic obstructive pulmonary disease (COPD) expenditure on the U.S. health system is \$49.6 billion, and 23% accounts for hospital readmission (Harris, 2016).
- COPD readmissions occur due to knowledge deficit and lack of recognition of exacerbation symptoms (Harris, 2016).
- An interprofessional approach and patient partnership are required to achieve improved self-management skills (Lin, Wu, & Huang, 2015; Ospina et al., 2016).
- Hopkinson et al. (2012) study revealed increased COPD bundle compliance with smoking cessation programs (18.2% to 100%), self-management planning (54.6% to 97.9%), and 30%-day readmission rate was reduced to 10.8% from 16.3%.
- The COPD patient population admitted to the participating hospital in the quality improvement project did not have a specific discharge preparation education plan.

The purpose of this project was to develop and implement a COPD discharge care bundle that will increase nursing's effectiveness to prepare the soon-to-be-discharged COPD patient with self-management skills that will reduce readmissions.

### Methods

- Registered nurses (RN) from three medical units completed the pre-test
   Bristol COPD knowledge questionnaire and Nursing COPD Patient
   Discharge Education Survey.
- RNs attended education sessions on COPD and the utilization of the discharge self-management care bundle.
- The COPD discharge bundle was available on the units post completion of all education sessions.
- After eight weeks, the RNs completed the post-knowledge questionnaire and survey.

## Materials



### Results

■ Pre-and post-test Bristol COPD Knowledge Questionnaire results showed significant improvement in knowledge from 62% to 70% (n=21).

# Pre-Nursing COPD Patient Discharge Education Survey Questions -

designed to evaluate the nurses' current practice for discharging COPD patients.

- Respondents revealed that 42% (n-24) occasionally provided education on dyspnea management, breathing exercises, and how to reduce shortness of breath (Q-4 & Q-5).
- 42% of the respondents rarely requested nutritional consult (Q-6).

Pre-Nursing COPD Patient Discharge						Very rarely	
Education Survey Questions	Total	Very frequently (%)	Frequently (%)	Occasionally (%)	Rarely (%)	(%)	Total
How often do you educate COPD patients on							
their disease, and self-management plan within 24							
hours of admission?	24	8%	25%	46%	13%	8%	100%
2. How often do you offer a currently smoking							
COPD patient a cessation plan?	24	17%	21%	33%	25%	4%	100%
3. How often do you evaluate if the COPD patient							
can demonstrate use of inhalers?	24	8%	8%	21%	42%	21%	100%
4. How often do you provide education on dyspnea							
management and breathing exercises?	24	13%	21%	42%	25%	0%	100%
5. How often do you provide education on how to							
reduce shortness of breath?	24	17%	29%	42%	13%	0%	100%
6. How often do you request a nutritional consult for							
COPD patients?	24	0%	13%	25%	42%	21%	100%
7. How often are your COPD patients on home							
oxygen re-evaluated for their oxygen requirements							
during discharge?	24	25%	33%	25%	8%	8%	100%

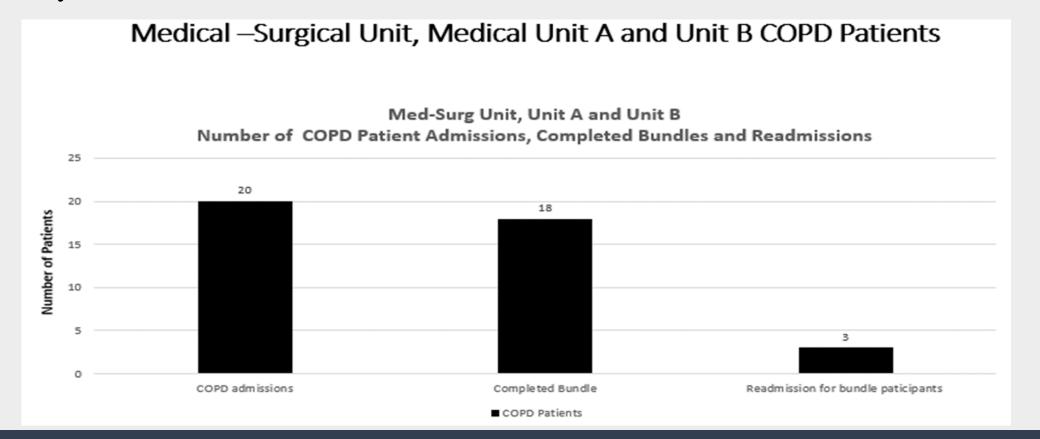
#### **Post-Nursing COPD Patient Discharge Education Survey Questions**

- For question two (Q-2), the nurses' responses showed 65% (n=21) noted they were confident in starting to educate COPD patients on the disease within 24 hours of admission.
- The respondents were 55% confident and 25% very confident with providing (Q-5), dyspnea management, and breathing exercises.
- Respondents for (Q-7) seeking nutritional supplements and consultation were, 40% are confident, and 40% are very confident.

D. (N. ). CODD D. ('. , D'. I Fl. ('		Very confident	Confident (%)	Somewhat	Not confident	
Post -Nursing COPD Patient Discharge Education			Confident (%)			T . 1
Survey Questions	Total	(%)		confident( %)	(%)	Total
2. How confident are you post the COPD bundle						
education in your ability to start educating COPD						
patients on their disease, and self-management plan						
within 24 hours of admission ?	20	15%	65%	20%	0%	100%
3. How confident are you post the COPD bundle						
education to offer a currently smoking COPD patient a						
cessation plan ?	••	200/		2007		2000/
	20	20%	55%	20%	5%	100%
4. How confident are you post the COPD bundle						
education in evaluating a COPD patient can demonstrate						
use of inhalers?	20	10%	50%	35%	5%	100%
5. How confident are you post the COPD bundle		1070	2070	3374	376	10070
education in providing education on dyspnea						
management and breathing exercises?						
management and breathing exercises:	20	25%	55%	15%	5%	100%
6. How confident are you post the COPD bundle						
education providing education on how to reduce						
shortness of breath?						
	20	25%	55%	20%	0%	100%
7. How confident are you post the COPD bundle						
education at requesting a nutritional consult for COPD						
patients?	20	40%	40%	20%	0%	100%
8. How confident are you post the COPD bundle	20	4070	4070	2070	070	10070
education at evaluating if your COPD patients have						
home oxygen requirements during discharge?	20	35%	45%	15%	5%	100%
	20	3370	4570	1376	376	10070

#### **Results Continued**

- The COPD bundle was initiated on 18 patients, and three out of the 18 patients were readmitted.
- The readmission rate for the project was 17%, indicating a clinical significance compared to the national COPD readmission rate of 20% for 30-day readmissions.



#### **Conclusions**

- The bundle will provide the nursing staff with a structured process for COPD self-management education and discharge preparation that will improve patient care outcomes.
- Implementing the bundle will promote interprofessional collaboration, improve COPD knowledge, and reduce readmission rates.

#### References

Harris, S. (2016). Reducing 30-Day Readmissions for Chronic Obstructive Pulmonary Disease. MEDSURG Nursing, 25(6), 403-422.

Hopkinson, N. S., Englebretsen, C., Cooley, N., Kennie, K., Lim, M., Woodcock, T., Lai, D. (2012). Designing and implementing a COPD discharge care bundle. Thorax, 67(1), 90-92. doi:10.1136/thoraxjnl-2011-200233

Lin, I. P., Wu, S.-C., & Huang, S.-T. (2015). Continuity of care and avoidable hospitalizations for chronic obstructive pulmonary disease (COPD). Journal of the American Board of Family Medicine, 28(2), 222-230. doi:10.3122/jabfm.2015.02.140141

Ospina, M. B., Mrklas, K., Deuchar, L., Rowe, B. H., Leigh, R., Bhutani, M., & Stickland, M. K. (2016). A systematic review of the effectiveness of discharge care bundles for patients with COPD. Thorax, thoraxjnl-2016-208820.

Zhang, W., Higgins, M., Wongtrakool, C., Yang, J., & Sadikot, R. (2018). Identifying High Comorbidity Index in COPD Hospital Re-Admission. Medical Research Archives, 6(4).

## Acknowledgements

Thank you to Dr. Hopkinson, who granted permission to use the COPD Discharge Care Bundle Design and Dr. Roger White, who permitted the use of the Bristol COPD Knowledge Questionnaire. Thank you to Rachel Swearingen, PharmD, BCPS Clinical Pharmacist and the executive leaders and nursing leadership at Emory University Hospital Midtown in Atlanta, GA.

Contact information: Kimberly Graham, DNP, MSN, APRN, ACNS-BC elevensix2000@yahoo.com