Early discharge of people with chronic obstructive pulmonary disease

services for COPD in both primary and secondary care. Many new types of services have been developed, including home-care teams and acute respiratory assessment services (ARAS) (Skwarska et al, 2000). These services are almost exclusively designed to prevent hospital admission.

One of the driving forces behind the development of such schemes is that admission to hospital can be prevented and length of hospital stay decreased. These schemes therefore provide a cost-effective answer to the problem of utilising hospital beds (Skwarska, 2000; Conway, 1998).

Cotton et al (2000) described patients who were either discharged early from hospital with support or admitted to hospital to receive all their treatment. This study showed that the average hospital stay could be reduced from six to three days for a patient discharged with support. This was achieved with no increase in readmission rates for the early discharge group.

In line with this national picture, University Hospitals of Leicester NHS Trust developed an acute respiratory assessment service (ARAS) (Conway, 1998), but due to long clinic waiting lists and pressures on GPs’ surgeries, the service became a fast-track outpatient service.

In 2001, an evaluation of the service indicated that a reconfiguration was required and plans were instigated to replace ARAS with an early discharge scheme.

Developing an early discharge scheme
Leicester’s Respiratory Early Discharge Scheme (REDS) differs from the ARAS early discharge scheme in that patients are admitted to hospital, treated initially for as long as required to stabilise their condition and then discharged with support. Patients are assessed by medical staff and then assessed by nurses from the REDS team. All referrals to REDS come from hospital staff, not GPs. The scheme also provides assisted and early discharges. Assisted discharge aims to facilitate the transition from hospital to home for people who have been in hospital for some time. Both of these arms of the service focus mainly on patient education.

Two nurse practitioners work in the medical assessment area and assess all respiratory patients who are admitted to hospital. These patients are assessed for their suitability for REDS and referral to other services, for example tuberculosis nurse specialists or the respiratory consultant nurse. Two nurse specialists work in the REDS team and assess patients on the wards, plan discharge and visit the patients at home.

Medical cover is provided by the consultant in charge of the patient’s care. If there are any medical problems patients are assessed by medical staff and then assessed by nurses from the REDS team. All referrals to REDS come from hospital staff, not GPs. The scheme also provides assisted and early discharges. Assisted discharge aims to facilitate the transition from hospital to home for people who have been in hospital for some time. Both of these arms of the service focus mainly on patient education.

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Medical cover is provided by the consultant in charge of the patient’s care. If there are any medical problems COPD has been thought of as a smokers’ disease, but while most people with COPD have a significant smoking history, the GOLD guidelines note that tobacco is not the only cause of the condition. It can be caused by an abnormal reaction to many different particles, for example, air pollution, or occupational dusts and chemicals (Pauwels et al, 2001).

Many patients with COPD are not diagnosed until their disease is advanced. A reason for this is that a significant amount of lung volume can be lost before symptoms appear. Many people who smoke associate a cough in the mornings accompanied by sputum production as a normal side-effect of smoking – this obscures the breathlessness that accompanies COPD.

The diagnosis of COPD is based mainly on symptoms, but an objective measurement, such as spirometry (a lung-function test), should be used to confirm it.

The British Thoracic Society recommends that GPs screen every patient at risk from COPD, especially smokers older than 40 (British Thoracic Society, 1997).

Services for people with COPD
Patients with COPD often experience frequent acute exacerbations of their disease, occurring on average between one and four times a year, and this can mean frequent hospital admissions (Collet et al, 1997). Hospital at-home schemes enabled patients to receive treatment in a familiar environment and prevented a risk of cross-infection from other patients.

It has been estimated that one in four admissions to hospital are for respiratory disease and over half of these are due to COPD. Inpatient bed days due to COPD are suggested to be over five times higher than that for asthma (British Thoracic Society, 1997). These figures are the impetus for the development of nurse-led schemes to replace ARAS with an early discharge scheme.

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psychological and social requirements are met (British Thoracic Society, 1997) (Box 1).

One of the primary aims of the scheme is to prevent unnecessary admissions in the future by promoting the patient’s independence. This is achieved by education on coping mechanisms and information on practical equipment issues for patients and their families. Many patients have a poor understanding of their diagnosis and treatments, and need advice to help them to cope.

Once a patient is assessed, a discharge date is set and arrangements are made for a nurse to visit the patient at home. The visit occurs within 24 hours of discharge if the patient is discharged during the week, or on Monday morning if discharge is at the weekend. The patients can be visited daily, depending on patient need, for up to one week. Nebuliser compressors and oxygen concentrators are available on short-term loan if they are needed.

The patient’s GP receives a fax explaining how the scheme operates and why a patient may contact them. Armed with this information, patients are more able to cope if the same problems arise again.

Discharge from the scheme When the patient is discharged from the scheme, his or her GP will receive a fax detailing the patient’s medication, the prescribed treatment and the most recent spirometry results. The fax also gives details of the patient’s next outpatient appointment.

**EXCLUSION CRITERIA**
- Confused state of mind
- Patient lives outside Leicestershire
- Chest X-ray shows malignancy or pneumothorax
- Patient disagreement to early discharge

**REFERENCES**


