Case study: BTS COPD care bundle

Pilot project at Royal Liverpool University Hospital

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- Dr Justine Hadcroft is a Respiratory Consultant at Royal Liverpool Hospital and Chair of the BTS Models of Care Committee
- Here she shares her experience of introducing the care bundle as part of the pilot project
- BTS COPD Admission and Discharge Care Bundles aim to improve care and reduce readmissions for patients admitted with acute exacerbations of COPD

Background

The Royal Liverpool Hospital is a large teaching hospital with a busy Accident and Emergency department and an Acute Medical Admissions Unit staffed almost entirely by acute physicians with in-reach from specialist physicians and nurses.

The project ran for 12 months between October 2012 and October 2013, with the first 6 months spent planning and the second 6 months focused on delivery and implementation.

When BTS called for applications to participate in the COPD care bundle pilot, the Royal had already been involved in Advancing Quality (Pneumonia) since its inception, but despite this we continued to have a high pneumonia mortality.

We have an active COPD Early Supported Discharge scheme (ACTRITE) which has recently been extended to provide admission avoidance in addition to its early hospital discharge function. Our COPD mortality and length of stay were lower than the national average, but our readmission rate was high.

Implementation

The first 6 months of the pilot were spent preparing for the introduction of Care Bundles. This included modifying the Care Bundle proformas for ease of use by the admitting doctors and nurses in our trust (who would be the ones administering the admission bundles), educating all those who would come across them, and collecting baseline data.

We launched the Care Bundles exactly half way through the year, on May 1st 2013, and spent the ensuing 6 months trying to encourage use of the bundles, re-educating and collecting data.

Our Accident and Emergency department in particular embraced the Care Bundles, and found them a useful aid to managing patients with COPD and CAP, and the majority of bundles which were completed were started in A&E.

Findings

At the end of the pilot period, we had entered 256 CAP cases, 341 COPD admissions and 237 COPD discharges into the BTS web tool. 70 CAP care bundles, 66 COPD admission care bundles and 69 COPD discharge care bundles were completed.

I encountered various challenges during the project, the hardest of which was trying to encourage care bundle use in the AED and AMU departments in which I did not work. Where I was able to convince an enthusiastic group of doctors and nurses that they were useful, they were used much more often.

Constant education and reminders were necessary.

The BTS's requirement that a senior manager (in our case the Medical Director) agreed to the project gave us the authority to work across departments for the benefit of the trust's patients.

Learnings

After the care bundle project ended, we continued our AQ pneumonia work and, as luck would have it, AQ were just about to launch a COPD project.

The BTS Care Bundle pilot turned out to be an excellent foundation and, having established the groundwork already, our move to AQ was seamless.

My advice to future participants using the care bundle would be:

- Involve the teams who will be responsible for seeing these patients on admission: identify an enthusiastic medic and several enthusiastic nurses in each department
- Allow the departments to develop the bundles to their own requirements
- Find out how to access people to help (Service Improvement was my secret saviour).

Related case studies:

BTS COPD Care Bundle at Birmingham Heartlands Hospital

Preparing for the Best Practice Tariff (BPT), Musgrove Park Hospital

Preparing for the Best Practice Tariff (BPT), Manchester Royal Infirmary

Related links:

BTS Care Bundles for COPD

Thorax article 'A care-bundles approach to improving standard of care in AECOPD admissions: results of a national project'