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Title: Key factors associated with readmission in COPD patients

Debbie 25465 Macfie debbie.macfie@imperial.nhs.uk [1], Prof. Christine 25466 Norton chritine.norton2@imperial.nhs.uk [2,3], Yvonne 32524 Goddard yvonne.goddard@imperial.nhs.uk [1] and Dr. Sarah 32525 Elkin sarah.elkin@Imperial.nhs.uk MD [1]. [1] Respiratory Medicine Directorate, Imperial College NHS Trust, London, United Kingdom, W21NY ; [2] Clinical Nursing and Innovation, Buckingham New University, Bucks, United Kingdom and [3] Nursing, Imperial College NHS Trust, London, United Kingdom .

Body: The aim of this study was to identify which factors are associated with readmission after an exacerbation of COPD. Patients who had more that one admission in a year were identified from a COPD discharge database. Information was collected on smoking status, FEV1 %, co morbidities including congestive cardiac failure, diabetes, cognitive impairment, anxiety and social factors. 332 /951 patients had more than one re admission over 24 months. This project concentrated on 150 randomly chosen patients. The average age of patients was 73 yrs. 79 (53%) female. 60% had very severe(21/150) or severe copd.(69/150).66(44%)were current smokers, 68 (45%)had anxiety, 21/150 (14%)had cognitive impairment. For patients with cardiac failure (38/150) the average number of admissions was 4, cardiac risks, including MI (52/150) 5, diabetes (10/150) 4. Patients with cognitive deficits and/or anxiety experienced 5.8 and 5.1 admissions respectively. 24% of readmissions were in those who lived alone, 40% had a package of care (POC), 12% lived with family with no POC, 8% live with family with a POC, 6% in residential homes. The average LOS for COPD in our trust is 4.6 days. In COPD patients with identified cardiac failure it was 9.9 days, cardiac risks (including MI) 7.9 days, diabetes 6.6 days, cognitive deficits 7.7 days and anxiety 8.3 days. Readmission seems to be driven by myriad causes. Key factors, anxiety and having more than one additional co morbidity and occur more in current smokers. The LOS for patients with cognitive or anxiety issues was equal or greater than other co morbidities. These factors warrant further discharge planning pathways involving social work, mental health facilitators, psychologist and other specialist teams.