NRAP Good Practice Repository – COPD

Queen Elizabeth Hospital, Edgbaston
University Hospitals Birmingham NHS Foundation Trust

> **Overall performance in the COPD audit.**
> *Queen Elizabeth Hospital, Edgbaston achieved:*
> **KPI2 – 99.8%***
> **KPI3 – 65.7%***
> **KPI5 – 81.1%***
> *In the 2022-23 cohort

We have consistently achieved high attainment rates for our COPD best practice tariff (BPT) supported by our clinical team and IT systems. We actively seek out all patients coded for a COPD admission to identify those patients who may have not met BPT, but still achieve good BPT and case ascertainment rates.

Our processes to achieve good practice in the COPD audit:

- Our IT system generates automated referrals to the respiratory support team (RST). We receive these via email to the team's desktops and smartphones when a patient is started on ≥30mg prednisolone AND regular nebulised bronchodilators. This allows a fast and prompt bedside review of patients being treated for acute exacerbations.
- The COPD consultant conducts an early morning remote ward round of all new COPD admissions; patients identified by the alerts. This helps ensure appropriate early, optimal management of these patients including those who may not be on respiratory wards.
- Completion of the COPD bundle automatically admits patients to an in-patient virtual COPD ward.
- Following the consultant's early morning remote ward round there is a daily remote board round with the consultant and RST to review all new COPD admissions, as well as existing patients on the in-patient virtual COPD ward in order to optimise management, identify potential patients for early supported discharge to the Birmingham and Solihull (BSoL) virtual respiratory ward, and to identify blocks to discharges in all admitted COPD patients.

> **Our tailored electronic COPD bundle matches the NRAP dataset as much as possible to make data collection easier.**

Data collection

The in-patient electronic patient record (PICs), and Clinical Portal (all clinic, discharge letters and lung function performed within the trust) give us access to the GP Shared Care Records across Birmingham and Solihull (BSOL) and beyond, so that we can review spirometry performed in primary care. The systems also allow us to access letters and lung function from the other sites that make up our trust (Other acute sites: Birmingham Heartlands Hospital, Good Hope Hospital. Other non-acute sites: Solihull Hospital and Birmingham Chest Clinic).

We collect all data manually from our electronic systems and input this into the NRAP web-based data collection tool. We did try to develop a COPD App which could electronically pull this data, but this was inaccurate. The decision was made to continue with manual collection to ensure the accuracy of the data being submitted.

We have clinicians from RST collecting the data as they are familiar with the systems and medical terminology used and where to find information if it is not readily available on the COPD bundle.

We ensure that we download a list of COPD coded patients which a respiratory registrar goes through to ascertain correctly coded patients to include in the NRAP data submission who did not receive a COPD bundle or were not seen by RST.

Our COPD consultant ensures that all patients have correct oxygen and target saturations prescribed.

We ensure that where possible we include spirometry results on our bundle. If not readily available on our Clinical Portal system we will actively search the GP Shared Care Record, contact GP surgeries, and obtain results from other sites where spirometry has been completed for the patient.

We ensure that we advise and offer a basal/bolus approach to nicotine replacement therapy (NRT) for patients who are current smokers. We also now have a new TACT (tobacco addiction cure team) who we refer to. They can refer patients for ongoing behavioural support with smoking cessation.

There is a daily midday MDT between the COPD consultant, and respiratory AHPs and nurses from across our acute hospitals and the BSol community respiratory teams to discuss COPD patients in hospital pending discharge to the respiratory virtual ward run by the community respiratory team, and those who are already on the virtual ward and/or we have discharged to the community team.

Staffing

Respiratory Support Team:

- Specialist physiotherapists
- Nurses
- Consultants with an interest in airways disease (COPD/asthma)
- Supporting registrars.

COPD Good Practice Repository – case study
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