

COPD Management

Aim

100% of all COPD patients to receive optimal care in a safe standardised process

Background

Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of premature death and impairment in New Zealand after heart disease, anxiety/depression and stroke. It affects approximately one in seven New Zealanders over the age of 40.

Whilst COPD should be considered in adult patients with irritant exposure (e.g. cigarette smoke, or classical COPD symptoms of dyspnoea, cough with or without sputum production), spirometry is needed to confirm the diagnosis.

Smoking cessation, regular exercise, a pneumococcal vaccine and an annual influenza vaccination have been proven to slow the progression of COPD. Individualised pharmacological treatment of COPD coupled with prompt and appropriate treatment of exacerbations is also vital primary care objectives in the treatment of COPD.

Instructions

1. Identify all patients with a diagnosis of COPD. A query has been developed for MedTech and My Practice PMSs to assist with this, which is available online
2. From the identified list, randomly select a sample of 10 patients
3. Print and complete the COPD Bundle Paper Form (included in this spreadsheet)
4. Transfer the data collected to the Data Collection Form in this spreadsheet. Please make sure the date is entered beside each individual record. The data will automatically be collated and displayed on the run charts, which can be printed as needed
5. Save the spreadsheet. Email the completed spreadsheet by or on the 10th of each month (i.e. June data is due on 10 July, July data is due on 10 August). The spreadsheet is to be emailed to your PHO facilitator.

Audit Questions

Updated 18/10/2018

Measures

Is there an up to date smoking history recorded yearly in non-smokers and at every visit in smokers?

Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?

Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?

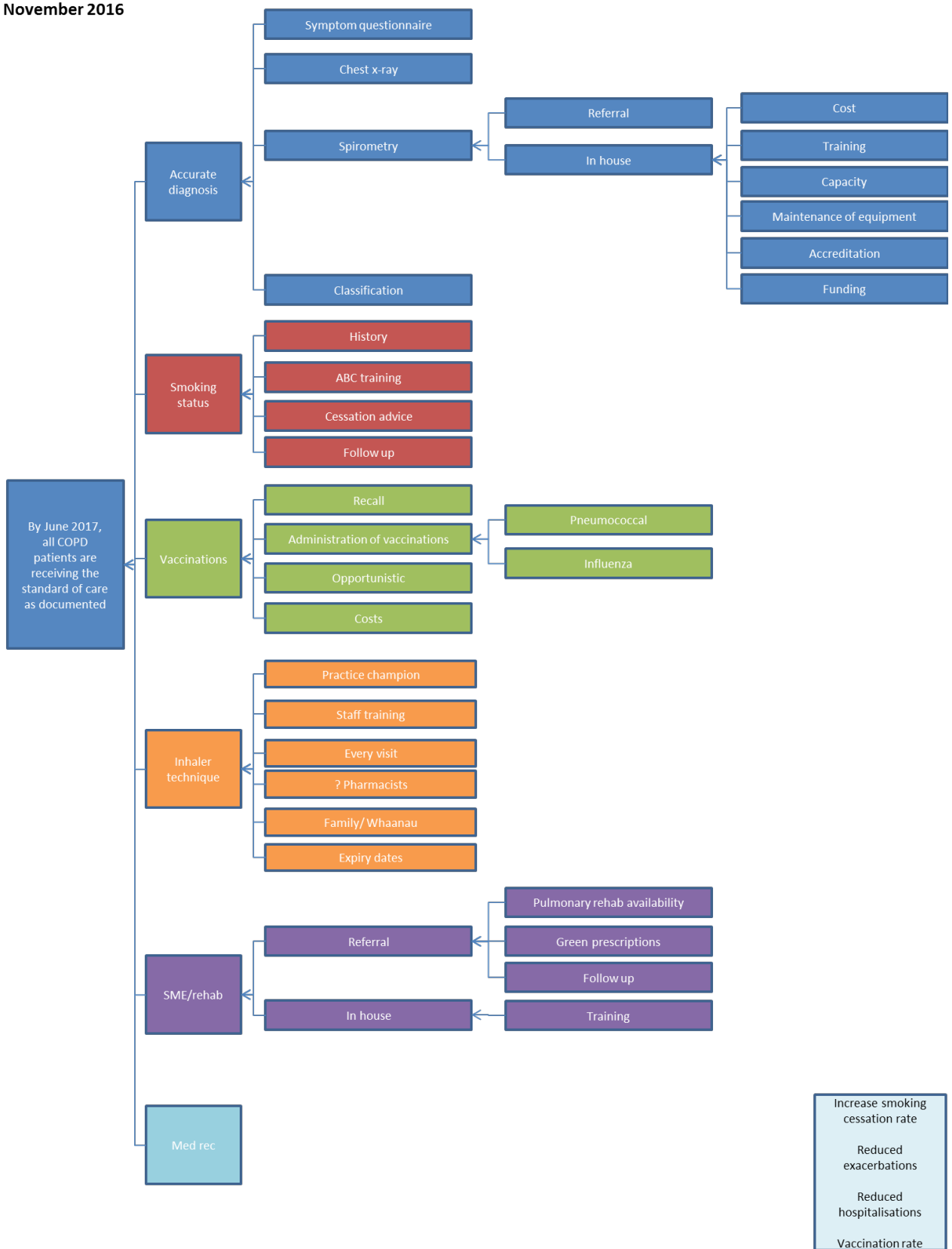
Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?

Is there documented evidence of advice on physical activity including pulmonary rehabilitation and Self Management Education where appropriate?

Is there documentation of Pneumococcal vaccination status and annual influenza vaccinations with appropriate recalls?

Theory of Improvement

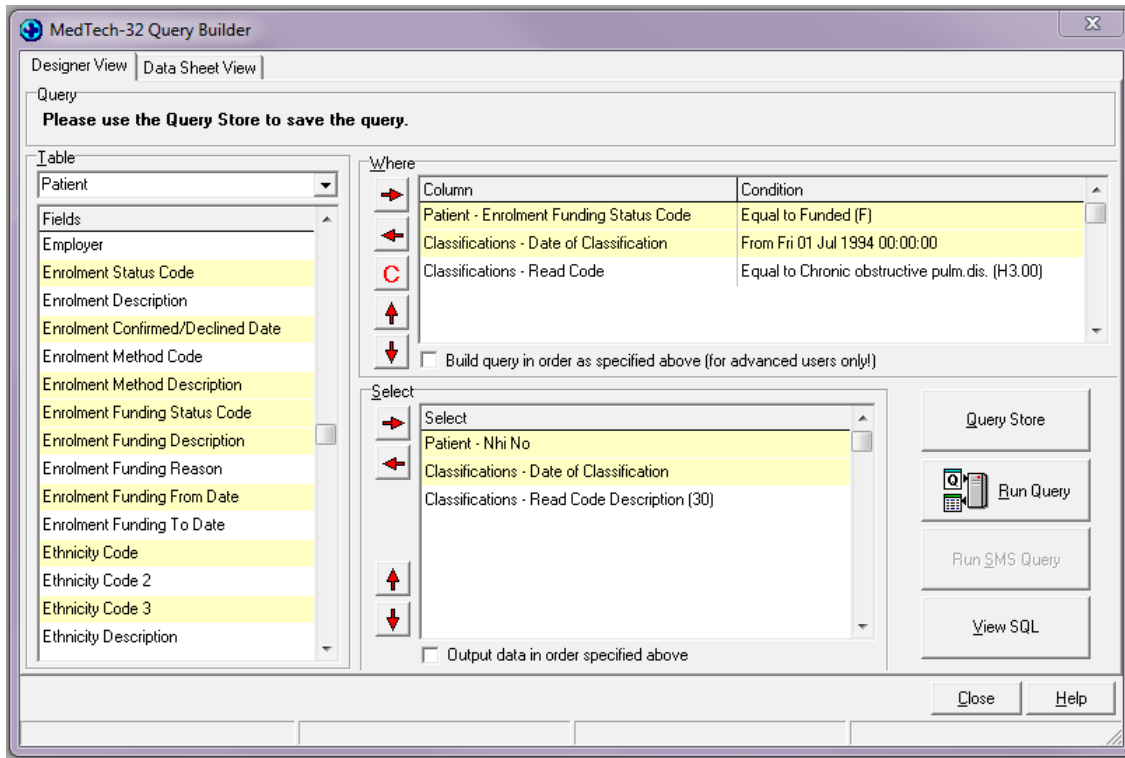
November 2016



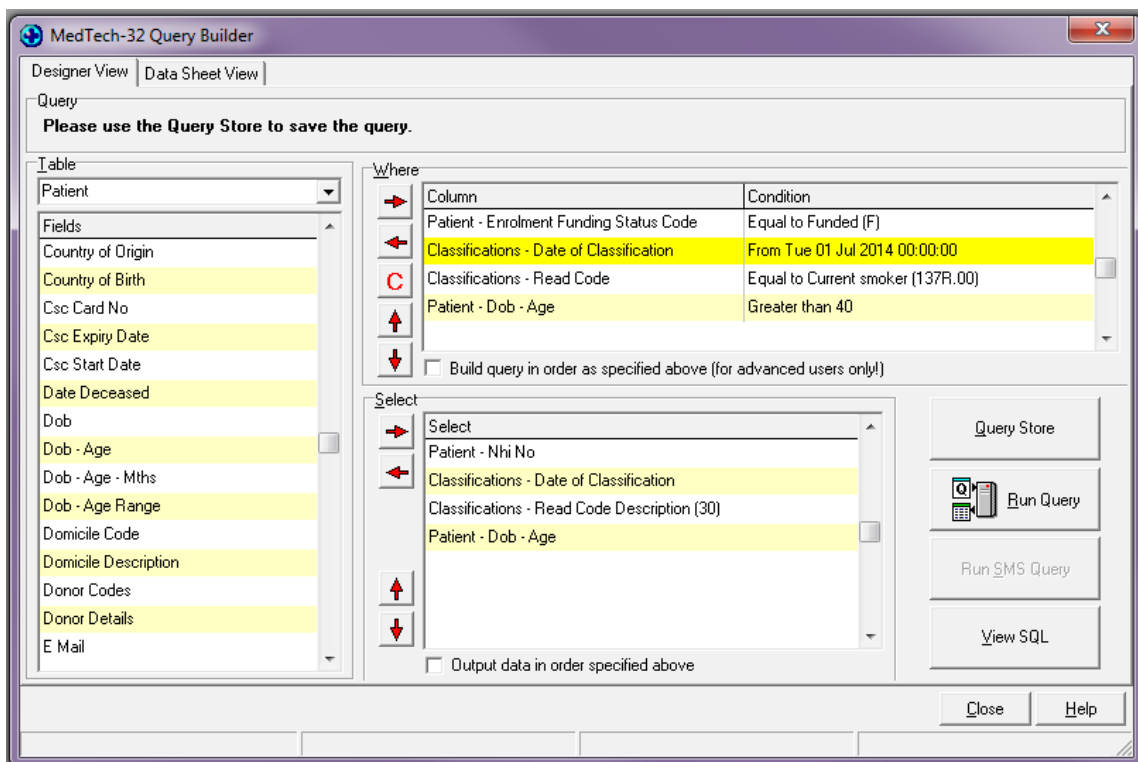
Query Build Example

Updated 18/10/2018

Medtech32 – Diagnosed with COPD



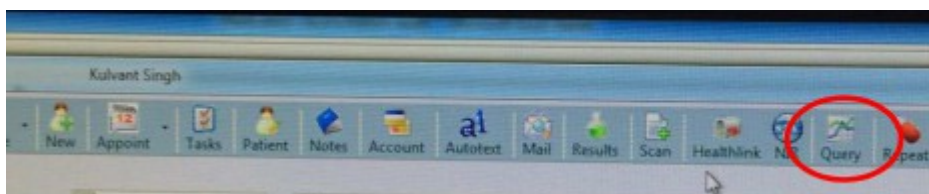
Medtech32 – High risk of COPD



My Practice

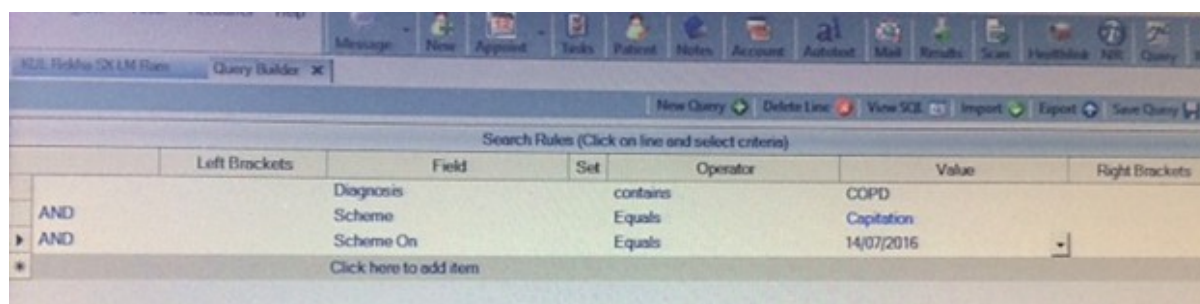
To build a query for Opioids Prescribing in My Practice please follow the below steps

- Click on “Query” link



- Build the query using the following parameters:

- Diagnosis = COPD
- Scheme = Capitation
- Scheme On = *Select date*



Change Ideas Tested by Previous Practices

Practice Processes	<ul style="list-style-type: none"> • Routine and opportunistic screening – smokers, over 42 years – spirometry and CXR. • COPD patients being enrolled onto Planned Proactive Care • COPD nurse lead clinic • COPD register • In-house spirometry – cost, training • COPD template for every visit
Patient education	<ul style="list-style-type: none"> • Information leaflets to patients • COPD book created in-house for target audience • Refer patients to Better Breathing courses

Benefits

- More diagnosis of COPD
- Smoking history 100%

Issues

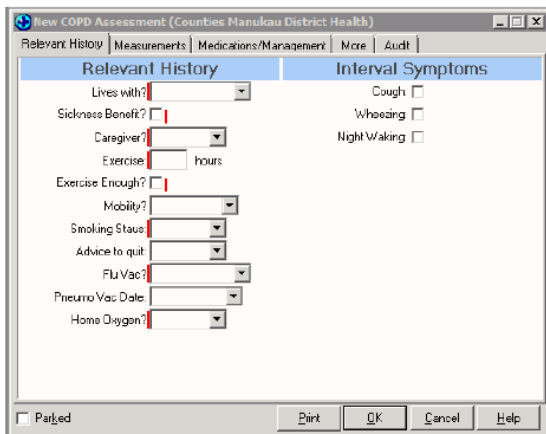
- Initially x-ray and spirometry on COPD patients was 0% now rising

- Inhaler technique check now routine – was initially poor
- Pulmonary rehab and SME referrals now routine
- Shared medical appointment a success
- COPD template a success
- COPD register helps identify patients easily

- Patients not being diagnosed with COPD
- Usually see unwell COPD patients so focus is on acute treatment
- Poor documentation generally
- Majority of patients can be rest home patients.

COPD Assessment Form

This available online to download and import into MedTech.



Relevant History

Lives with?

Sickness Benefit?

Caregiver?

Exercise hours

Exercise Enough?

Mobility?

Smoking Status:

Advice to quit:

Flu Vac?

Pneumo Vac Date:

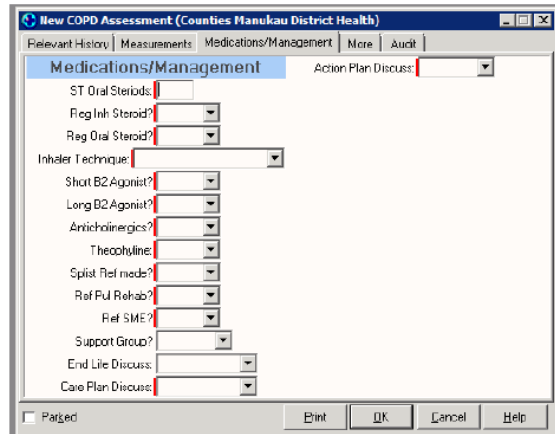
Home Oxygen?

Interval Symptoms

Cough?

Whoezing?

Night Waking?



Medications/Management

ST Oral Steroids?

Reg Inh Steroid?

Reg Oral Steroid?

Inhaler Technique:

Short B2 Agonist?

Long B2 Agonist?

Anticholinergics?

Theophylline?

Split Ref meds?

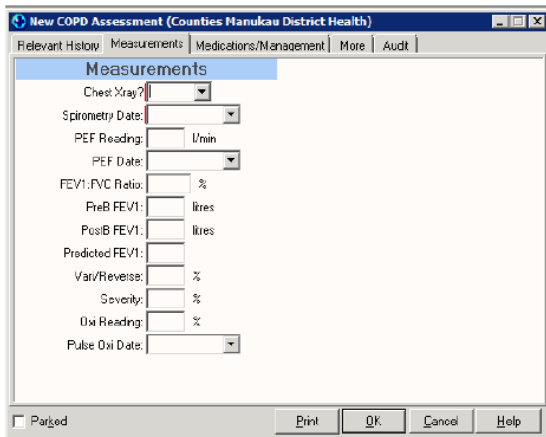
Ref Pul Rehab?

Ref SME?

Support Group?

End Life Discuss:

Care Plan Discuss:



Measurements

Chest X-ray?

Spirometry Date:

PEF Reading: l/min

PEF Date:

FEV1:FVC Ratio: %

PreB FEV1: litres

PostB FEV1: litres

Predicted FEV1:

Var/Revers: %

Severity: %

Oxi Reading: %

Pulse Oxi Date:

New COPD Assessment (Alliance Health Plus)

Main | More | Audit

Relevant History	Measurements	
Exercise: 6 hours	Chest Xray? Yes	Reg Inh Steroid? No
Exercise Enough? <input checked="" type="checkbox"/>	Spirometry Date: 06 Sep 2016	Reg Oral Steroid? No
Mobility? None	PEF Reading: /min	Inhaler Technique: Assessed & advice given
Smoking Status: Yes	PEF Date:	Short B2 Agonist? Yes
Advice to quit: Yes	FEV1:FVC Ratio: %	Long B2 Agonists? No
Smoking Cessation? Referred to Cessation Supp	PreB FEV1: litres	Anticholinergics? Yes
Flu Vac? Yes	PostB FEV1: litres	Theophylline? No
Flu Vac Date: 16 Sep 2016	Predicted FEV1:	Split Ref made? No
Pneumo Vac? Can not afford	Vari/Reverse? %	Ref Pul Rehab? Declined
Home Oxygen? No	Severity: %	Ref SME?
Interval Symptoms	Oxi Reading: %	End Life Discuss: Not Appropriate
Cough: <input checked="" type="checkbox"/>	Pulse Oxi Date?	Care Plan Discuss: Yes
Wheezing: <input type="checkbox"/>	Medications/Management	
Night Waking: <input checked="" type="checkbox"/>	ST Oral Steroids: 2	

Parked

Print | OK | Cancel | Help

Resources

- Auckland Regional Health Pathways <https://aucklandregion.healthpathways.org.nz/>
- The optimal management of patients with COPD - Part 1 – Bpac www.bpac.org.nz/BPJ/2015/February/copd-part1.aspx
- The optimal management of patients with COPD - Part 2: Stepwise www.bpac.org.nz/BPJ/2015/February/copd-part2.aspx
- The COPD-X Plan: Australian and New Zealand guidelines www.copdx.org.au
- COPD Guidelines | Asthma Foundation NZ <https://www.asthmafoundation.org.nz/...guidelines/copd-guidelines>
- BPJ 43: COPD in Māori and Pacific peoples – Bpac www.bpac.org.nz/BPJ/2012/April/copd.aspx
- Essentials for people with COPD - BPJ66 – Bpac www.bpac.org.nz/BPJ/2015/February/copd-essentials.aspx
- Smoking cessation beyond the ABC: Tailoring strategies to ... – Bpac www.bpac.org.nz/BPJ/2014/October/smoking-cessation.aspx
- Pneumococcal vaccine for adults: Pneumovax23 - BPJ Issue 35 – Bpac www.bpac.org.nz/BPJ/2011/april/pneumovax23.aspx
- Influenza Update 2016 - bpac nz www.bpac.org.nz/Supplement/2016/April/flu.aspx

COPD Management Plan

	SYMPTOMS	ACTION	MEDICATIONS
WELL	WHEN I AM WELL I <ul style="list-style-type: none"> • (appetite) _____ • (activity) _____ • (sputum) _____ • (sleep) _____ 	LIFESTYLE TIPS <ul style="list-style-type: none"> • Stop smoking and avoid smoky places • Exercise every day • Always keep enough medicine 	Reliever <input type="text"/> @ <input type="text"/> puffs as required <input type="text"/> @ <input type="text"/> puffs <input type="text"/> Other <input type="text"/> @ <input type="text"/> puffs <input type="text"/> times a day <input type="text"/> @ <input type="text"/> puffs <input type="text"/> times a day <input type="text"/> @ <input type="text"/> times a day <input type="text"/>
WORSENING	BECOMING UNWELL <ul style="list-style-type: none"> • More breathless, wheezy or coughing • Change in amount and/or colour of sputum • Tired, not hungry 	WHAT TO DO <ul style="list-style-type: none"> • If you have a fever and/or yellow/ green sputum start antibiotics and see your doctor • Clear sputum with huff and cough techniques • Eat little and often • Use the breathing tips (in this leaflet) 	Continue your usual medications. Start the following medications: <input type="text"/> times a day <input type="text"/>
SEVERE	REALLY UNWELL If no better in <input type="text"/> days <input type="text"/>	Contact the doctor for an urgent review Daytime tel: <input type="text"/> After hours tel: <input type="text"/>	Continue your usual medications. Start the following medications: <input type="text"/> times a day <input type="text"/>
EMERGENCY	EMERGENCY <ul style="list-style-type: none"> <li style="width: 50%;">• Very short of breath at rest <li style="width: 50%;">• Chest pains <li style="width: 50%;">• A feeling of agitation, fear, drowsiness or confusion <li style="width: 50%;">• High fever <input type="text"/>	<p style="font-size: 1.2em; color: #c00000; margin: 0;">Dial 111 for an ambulance</p>	
			Patient Name: <input type="text"/> Doctor: <input type="text"/> <input type="text"/> Date plan prepared: / / By: <input type="text"/> Review Date: / / By: <input type="text"/>

Your name:

Today's date:



How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

Example: I am very happy (0) **X** (1) (2) (3) (4) (5) I am very sad

		SCORE
I never cough	(0) (1) (2) (3) (4) (5)	I cough all the time
I have no phlegm (mucus) in my chest at all	(0) (1) (2) (3) (4) (5)	My chest is completely full of phlegm (mucus)
My chest does not feel tight at all	(0) (1) (2) (3) (4) (5)	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	(0) (1) (2) (3) (4) (5)	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	(0) (1) (2) (3) (4) (5)	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	(0) (1) (2) (3) (4) (5)	I am not at all confident leaving my home because of my lung condition
I sleep soundly	(0) (1) (2) (3) (4) (5)	I don't sleep soundly because of my lung condition
I have lots of energy	(0) (1) (2) (3) (4) (5)	I have no energy at all
		TOTAL SCORE

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