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Poster

Respiratory hotline – appropriate care where and when patients need it

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Abstract

Introduction: Patients with chronic obstructive pulmonary disease (COPD) have frequent acute exacerbations resulting in increased breathlessness and cough, often resulting in hospitalisation. Early intervention may avoid hospitalisation but accessing medical care is often difficult for the patient. Patients' exercise tolerance is limited and physically getting to a general practitioner (GP) may be impractical. Even if a patient can get to a GP, the surgery is not always open or have appointments available.

Change implemented: Respiratory Ambulatory Care (RAC) established a Respiratory Hotline (24-hrs/7 days) in September 2002 to support early intervention for patients with COPD with direct communication with the GP post-call.

Stakeholders engaged: When developing the service, RAC engaged patient representatives; emergency staff and respiratory specialists ensuring the service would be viable and sustainable with ongoing support.

Patients referred to RAC are given the Hotline number in addition to an individualised COPD action plan, are educated about implementation of the plan and encouraged to call for support if usual medical care is unavailable. Individualised advice is provided to the caller with the options of follow-up calls and home visit. During the calls, patients are supported in disease self-management with the aim of making them more independent over time. All calls are documented in the patient's electronic medical record and GPs are notified when their patient calls the Hotline and advice is sought if they are available.

Aim: To evaluate the usage and efficacy of the Hotline.

Methods: A retrospective review of calls to the Hotline between July 2006 – Dec 2011. Results: During the evaluation period, 1098 calls were received, with 83 (8%) emergency calls averted (patient reported that they would have called 000); 76 (7%) emergency calls made; 23 (2%) admissions planned; COPD action plans implemented on 260 (24%) occasions; home visits or medical review implemented on 172 (16%) occasions; reassurance and general advice provided on 390 (36%) occasions; general medical advice provided on 64 (6%) occasions.

Sustainability and Transferability: The Respiratory Hotline has been running with minimal resources for 12 years with positive outcomes. Similar services for other chronic diseases such as heart failure and diabetes could easily be established improving patients confidence in disease self management and promoting care integration

Conclusion: The Hotline (staffed by experienced nurses) reduces unplanned Emergency Department presentations and assists in the integration of care for patients with COPD providing them with appropriate care at the right time, in the right place at the right time.

Keywords

respiratory hotline; COPD; action plans

PowerPoint presentation

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