



Module 4

Admissions and unscheduled care

✓ Reduce variations in standards of asthma and COPD care

✓ Reduce unscheduled attendances and A&E visits for respiratory conditions

✓ Facilitate improved care planning for asthma and COPD

We know that some factors that influence admission to hospital are beyond the direct or immediate control of primary care. The distance from hospital, number of empty beds, socioeconomic status of the population and the prevalence of respiratory disease all impact on rates of admission. However, there is variation between primary care organisations, and this module provides the materials and audits to help you look in more detail at the factors that might influence admissions.

This module explores the data and tools to help you understand three unscheduled care situations: people with COPD and asthma in children and adults.

How are you doing?

Avoiding unnecessary use of emergency services

The reliability of coding and recording of Accident and Emergency (A&E) attendances is such that aggregate figures and comparison league tables will not tell the whole story, but in England the APHO tool can allow you to compare your organisation's A&E attendances with others. This tool is not disease-specific but, with local knowledge, it can support work to localise better access to primary care as an alternative to A&E.

To understand your asthma and COPD population who attend, you will need to look at their urgent care activity at a more granular level. Consider auditing a cohort of people with asthma and COPD over a period of time. Ask them through questionnaires and discussion what factors influenced their A&E attendance that didn't result in admission and therefore could have been managed in primary care.

In order for patients with acute respiratory needs to be confident that their primary care organisation can provide for them in and out of hours, they will need to experience an appropriate and consistent response when they make contact in and out of hours. Do you have a protocol for emergency management of asthma and COPD? Do you have the right equipment in practice?

COPD patients could be identified in a timely manner by running an admission risk score – DOSE – which stands for Dyspnoea-Obstruction-Smoking-Exacerbation. This calculator takes into account the MRC breathlessness score, percentage predicted FEV1, smoking status and exacerbations in the previous year.

How do you compare?

APHO database – [Click HERE](#)

A&E Attendances – [Click HERE](#)

Structured care in acute respiratory situations

- Management of acute exacerbations of asthma opinion sheet – [Click HERE](#)
- High risk asthma opinion sheet – [Click HERE](#)
- Protocol for the management of acute exacerbations of asthma – [Click HERE](#)
- PGD for the stat dose of oral prednisolone in acute asthma – [Click HERE](#)
- PGD for the administration of salbutamol in acute asthma – [Click HERE](#)
- Management of acute exacerbations of COPD opinion sheet – [Click HERE](#)
- Protocol for the management of acute exacerbations of COPD – [Click HERE](#)
- Pulse oximetry opinion sheet – [Click HERE](#)



Prepare for advanced COPD

Practice improvement worksheet for assessing patients with advanced COPD – [Click HERE](#)

Involve patients in their care planning

Discuss how advanced COPD will be managed – [Click HERE](#)
 Gold Standards Framework advanced care planning – [Click HERE](#)

Understanding the data

APHO database – [Click HERE](#)
 Respiratory Atlas – [Click HERE](#)

Reducing admissions

- Sample referral letter – [Click HERE](#)
- Post-acute care bundle in asthma practice improvement sheet – [Click HERE](#)
- Post-acute care bundle in COPD practice improvement worksheet – [Click HERE](#)
- Identifying high impact COPD improvement sheet – [Click HERE](#)

Evidence-based guidance:

Structured approach to managing difficult asthma – [Click HERE](#)

Increase appropriate admissions

The ideal acute respiratory service would ensure that patients at risk of admission started treatment earlier when they flare with support from knowledgeable and skilled people they know. This would prevent progression in many cases to respiratory failure which then does require admission. The role of the early support team working with the informed patient and carer would also be to identify those developing respiratory failure so that admission happens in good time.

We can use Health Resource Group (HRG) codes to start understanding this data once we know which of our patients have been admitted with asthma or COPD. You can see how you compare for COPD and respiratory admissions in England using the APHO database and Respiratory Atlas and asking your local data providers for your HRG codes. These codes tell us about the complexity of the admission and can help you decide which patients may benefit from better optimisation of disease, breathlessness support and advice, access to telephone or face-to-face support from a community team when needed.

Decrease re-admissions

The quality of an admission and discharge to/from hospital can ensure optimal length of stay and re-admission avoidance. The role of primary care in this process is to ensure excellent coordination and communication between acute and community teams.

When you refer a patient who is unwell, do you provide a referral letter with appropriate detail and a means of communicating with you as referrer if the acute unit needs further information? See this 'ideal' referral letter.

Acute trusts will now use discharge bundles for COPD and will give specific instructions to people with asthma to be followed up within 48 hours of admission. Consider auditing your admitted COPD and asthma patients to see whether their bundle of care was completed and whether they had an asthma review within 48 hours.

EQUIP, DRAFT
 version 01,
 Date of Expiry
 March 2015

This series of modules are prepared in DRAFT format, for commissioning groups and members to use as part of a PILOT test.

Feedback is sought from users of these modules based on effectiveness, accuracy, completeness, usefulness and outcomes.

Please submit your feedback direct to tricia@pcrs-uk.org or submit online [HERE](#)

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The Primary Care Respiratory Society is a registered charity (Charity No: 1098117) and a company limited by guarantee registered in England (Company No: 4298947). VAT Registration Number: 866 1543 09.

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Official Publication: Primary Care Respiratory Medicine <http://www.nature.com/npjpcrm/>

The Primary Care Respiratory Society UK (PCRS-UK) is grateful to AstraZeneca UK Ltd, Boehringer Ingelheim Ltd/Pfizer Ltd, Chiesi Ltd, GlaxoSmithKline, MSD UK, Napp Pharmaceuticals and Teva UK Ltd for the provision of educational grants to establish the development of the PCRS-UK Quality Improvement Programmes and its resources. The PCRS-UK wishes to acknowledge the ongoing support of AstraZeneca UK Ltd, Boehringer Ingelheim Ltd, Chiesi Ltd and GlaxoSmithKline in the continued development of this programme in 2014.

Correct at date of revision: April 2014. Sponsorship details correct at time of publication