COPD: What's the Evidence?

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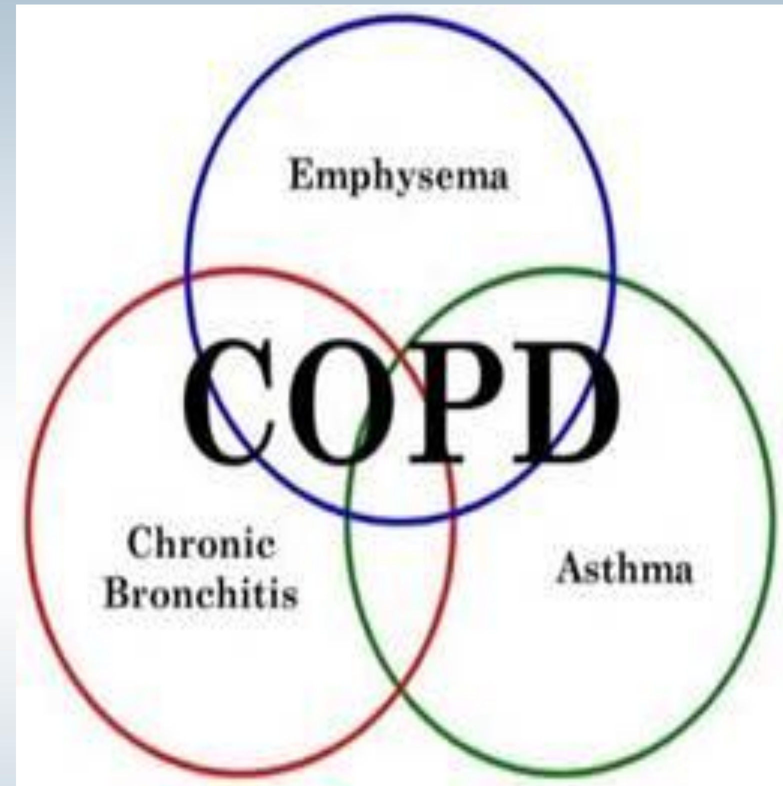
Outline

- The Complexity of COPD
- ED
- Inpatient
- Transition Planning
- Follow Up Care
- Maintenance and Support

The Complexity of COPD

- Risk factors
- Comorbidities
- Drivers of readmissions
- Predictors of readmission



Inpatient Summary:

Replace Custom with Best Practices

- Routine ABGs >Protocol ABGs
- Inpatient PFTs> Outpatient PFTs
- O2 Spot Checks > Oxygen Management
- IS and Mucomyst > OPEP
- Stacking > Effective devices

Transition Planning

- Medication reconciliation
- Financial resources/care plan
- Transportation
- Literacy level
- Zone tool and education materials
- Smoking Cessation
- Match device to patient (MDI, DPI, SVN)

Transition Planning (continued)

- Post Acute Care Venues
  - Home
  - Home Health program/team
  - SNF
  - ALF
  - LTACH
  - Palliative Care/Hospice
- DME
- RT Navigator roles/value

Follow Up

- Physician office visit/coding
- Multidisciplinary team
- PFTs
- Tobacco cessation counseling
- Supplemental oxygen
- Medication reconciliation
- Pulmonary Rehab
- Hand off to PCP
- Collaboration: urgent care, retail clinics, and pharmacies

Maintenance and Support

- Better Breathers
- Faith/Social support
- Demographics
- Hospital team-PCP
- Socio-economic factors

Value Added RT Roles Outside of the Hospital

- ED
- Urgent Care
- Physician Office
- Home Care
- DME
- SNF
- Telehealth

Thank you for being an RT!

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