

# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) COLLABORATIVE

Tackling COPD within primary care in the Nepean Blue Mountains region

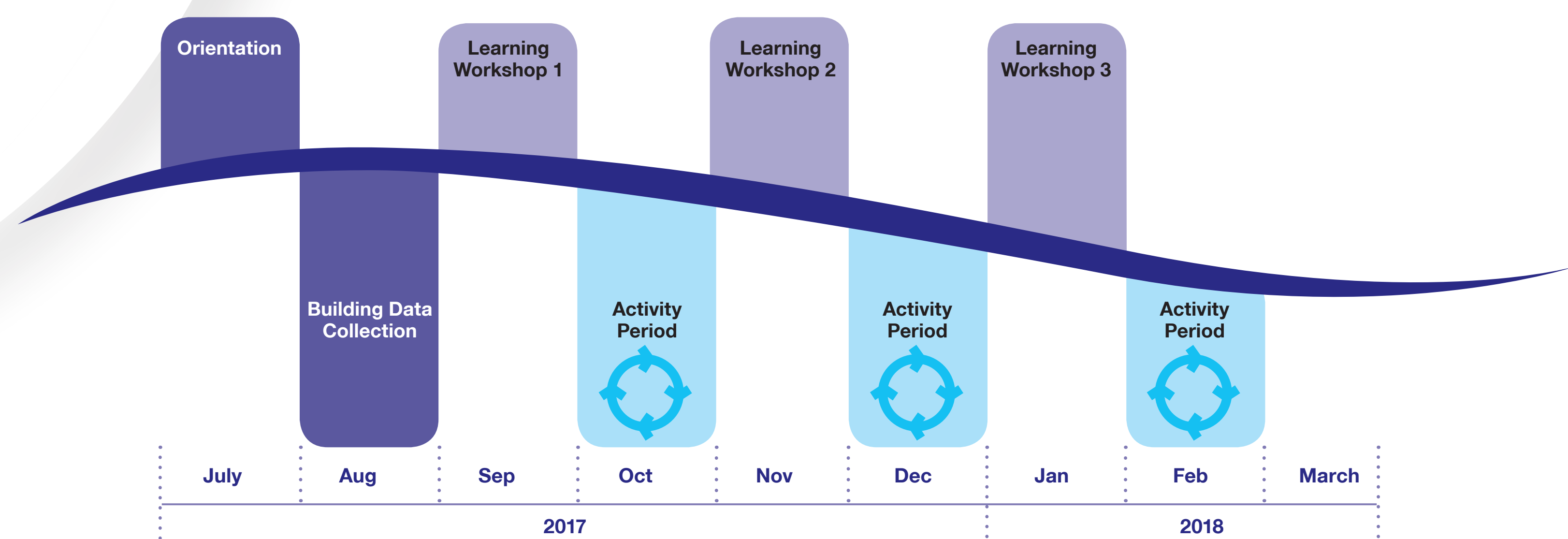
## COPD in our Region

Chronic Obstructive Pulmonary Disease (COPD) is a serious, progressive and disabling condition that limits airflow in the lungs. It is a type of chronic airways disease.

In 2015-16, COPD was the **third** leading cause of death and the **leading** cause of potentially preventable hospitalisations in the Nepean Blue Mountains (NBM)\*.

The Nepean Blue Mountains Primary Health Network (NBMPHN) and the Nepean Blue Mountains Local Health District (LHD) share a joint board directive to reduce the growth in COPD-related emergency department presentations and subsequent hospital admissions.

NBMPHN coordinated a COPD Collaborative to support earlier diagnosis and improved management of patients with COPD within the general practice setting.

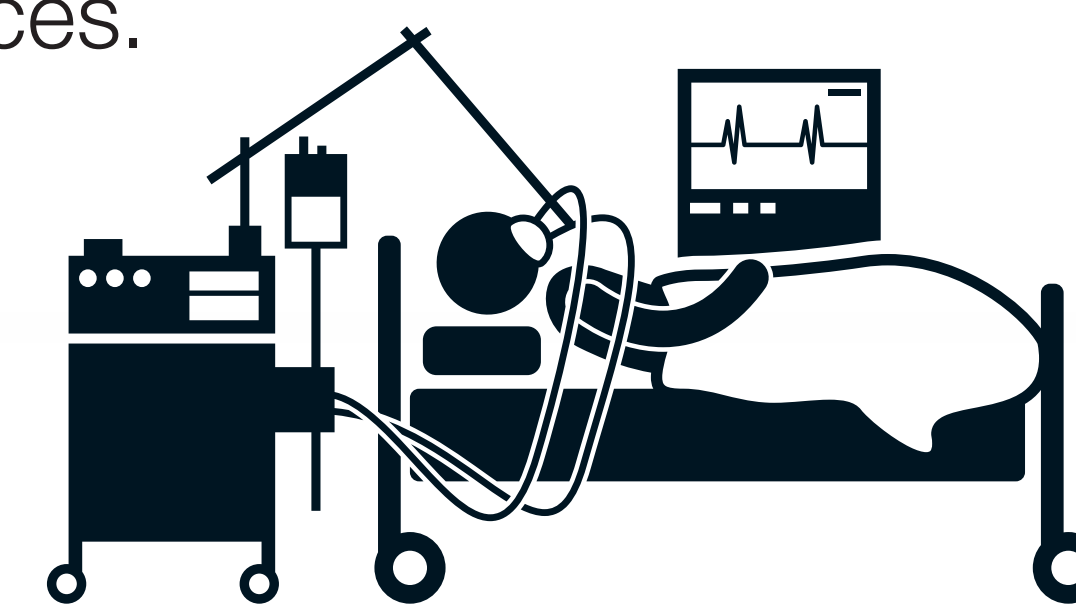


### COPD Collaborative Timeline

The COPD Collaborative followed a 'wave' timeline, with participating practices attending learning workshops, undertaking activity periods to implement 'system change ideas' and conducting clinical audits to track quality improvement in practices.

### Did you know?

The average cost of a single hospital admission for COPD, without any other complication, is approx. **\$5,500**. With complications, it is around **\$9,700** per admission\*\*.



## Key Measures

**Key Measure 1:**  
Number of COPD patients with spirometry results recorded

At baseline, 17.28% of COPD patients had a spirometry result recorded which almost doubled to 33.48% at the final data collection.

Almost **doubled** spirometry results

**Key Measure 2:**  
Number of COPD patients with a GP Management Plan (721)

The rate of COPD patients with a GP Management Plan (GPMP) recorded climbed from 53.55% to 57.85%.

Increased GPMP to **57.85%**

**Key Measure 3:**  
Number of COPD patients with pneumococcal vaccination

In July 2017, 38% of COPD patients were recorded as having a pneumococcal vaccination. This rate increased to 42%.

Vaccinations increased to **42%**

### What worked well for practices:

- Development of register lists and lung function checklists to identify undiagnosed COPD patients
- Upskilling general practice staff through spirometry and inhaler device technique training courses
- 'Data cleansing' activities and revisiting reminder system processes for improved COPD patient management
- Setup of pneumococcal/flu clinic room for GP and practice nurse team collaboration

"The program provided better understanding of COPD diagnosis and use of spirometry."

Participating GP



"Attending the training and learning sessions [during the program] was insightful in comparing our practice to other practices involved."

Participating GP



"[This program] made clinicians more aware of checking immunisations in patient files and improving reminder systems."

Participating Practice Nurse



\* Chronic Obstructive Pulmonary Disease (COPD) Collaborative Program Report 2017-2018 – [www.nbmpnh.com.au/COPDReport](http://www.nbmpnh.com.au/COPDReport)

\*\* Nepean Blue Mountains Primary Health Network Needs Assessment 2017 – [www.nbmpnh.com.au/AnnualReport2017](http://www.nbmpnh.com.au/AnnualReport2017)

For more information visit

[www.nbmpnh.com.au/COPDCollaborative](http://www.nbmpnh.com.au/COPDCollaborative)



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