

NRAP Good Practice Repository – COPD

Calderdale Royal Hospital

Calderdale and Huddersfield NHS Foundation Trust



KPI5:

Respiratory review within 24 hours of admission to hospital.

Calderdale Royal Hospital achieved:

97.7% - 2022-23*

*% of patients submitted to the audit.

Calderdale achieved good practice in respiratory review of patients within 24 hours of admission to hospital due to staffing and routine processes.

COPD Good Practice Repository – case study

National Respiratory Audit Programme

copd@rcp.ac.uk | 020 3075 1526 | www.rcp.ac.uk/nrap

Our processes to achieve good practice in KPI5:

The community specialist respiratory team in-reach to the hospital 7 days a week, 08.00 – 20.00. The team capture all attendances to A&E by monitoring the department remotely via EPR. If a patient attends with any respiratory disease, the team go to A&E to assess the patient.

From this assessment a decision is made to either turn the patient around and discharge them or to admit them.

The data collection proforma is commenced at that point. If the patient is admitted, the team follow the patient's admission and review them daily until they meet the criteria to be discharged.

Those who attend the hospital out of hours are captured the following day by reviewing all the attenders to A&E between 20.00 and 08.00. The team find the patient on the relevant ward and complete assessment and start to complete the data collection sheets for the audit.

The discharge location from A&E and the wards will be dependent upon criteria and individual requirements; some go directly to a respiratory consultant in the Hot Clinic* (5 mornings a week); some will go on to the virtual ward; others will be put on to the respiratory nurse's caseloads. All patients discharged from either A&E or the wards to all discharge destinations will end up on the respiratory nurses caseload for onward, lifelong holistic support.

The team provide a single point of access and all patients are given their number in the form of a business card and advised to contact them for advice, chronic disease management, medication queries, exacerbation management and acute visits if required.

Those who do not recognise their symptoms of an exacerbation and are frequent attenders to A&E are trialled with remote monitoring so the staff can review daily and intervene and advise if necessary, which works well.

The team are commissioned for other aspects of respiratory care such as the home oxygen service, nebuliser service and virtual ward hence the workforce model.

Staffing

The team is made up of band 6 nurses and physiotherapists and a band 4 with a specialist interest with asthma. The workforce model for the service is:

- WTE band 7 (mostly nurses)
- 11.6 WTE band 6 nurses/ physios
- 0.8 WTE band 4

*A rapid response clinic designed to support the community service.

COPD Good Practice Repository – case study

National Respiratory Audit Programme

copd@rcp.ac.uk | 020 3075 1526 | www.rcp.ac.uk/nrap