

30<sup>th</sup> August 2019

Dear Patient Safety Leads

As you may be aware, NIHR recently published a paper on the benefits of discharge bundles in improving outcomes for COPD patients; **'Packages of care interventions 'not effective' to reduce repeat admissions for COPD'**, which questions the effectiveness and practicalities of COPD bundle (both admission and discharge) intervention, as well as their impact on clinical outcomes.

In anticipation that this would be of interest to you and potentially be raised in your engagement and discussions with clinical teams, we wanted to offer a perspective on the findings recently published.

Although evidence in this abstract suggests that the admission care bundle were less well utilised, there were many positive points relating to the COPD discharge care bundle when effectively implemented. The National Patient Safety Improvement Programme's (NPSIP) Adoption & Spread COPD Programme will be supporting delivery of the COPD Discharge Bundle nationally, to support improved COPD discharge bundle adherence, and therefore result in improved patient safety and care.

**These key points provide valuable learning which may help Patient Safety Collaboratives when supporting bundle delivery across their regions, they are largely in relation to reducing re-admissions, which was the focus of the study:**

- Staff perceptions of care bundles were largely positive as a way of standardising working practices and patient care, supporting a clear care pathway for patients, facilitating communication between different teams and individuals responsible for patient care and identifying necessary support required by patients following discharge.
- Embedding reliable, sustainable QI required managerial support, resourcing and regular education and training. Monitoring was also necessary to measure the effectiveness of implementation.
- Greater attention appeared to be focused on the discharge bundle, while the admission process is more complex and was not necessarily in the hands of the respiratory team, making it more difficult to implement and monitor.
- Both patients and their carers require support during admission and following discharge. Community services are an important part of avoiding re-admission, although pressure on these services means that patients can be waiting a long time to access them.
- Communication between multidisciplinary teams involved in COPD patient care can be facilitated by the use of a care bundle, but can also be facilitated by monthly meetings, a thorough discharge checklist and effective follow-up.
- Organisational pressures around patient numbers, resources and staffing mean that it is not always possible for patients to receive the quality and amount of care that health-care professionals would like, particularly in relation to follow-up.
- Data: Data for the study was collected at each implementation site over a minimum 24-month period (12 months immediately preceding the implementation of the COPD care bundle(s) and 12 months after the start of implementation).
- Based on KSS AHSN's experience of delivering the KSS COPD Discharge Bundle locally, a longer timescale was needed to show the outcomes from implementing the COPD discharge bundle through a regional quality improvement approach.
- Study duration: The findings suggest that the NHS trusts were unable to implement care bundles at a level of reliability where a firm conclusion can be drawn as to their efficacy or

efficiency. A longitudinal study could give a more in-depth insight into the QI life cycle and the implementation of care bundles over time. The limited implementation of the bundle elements means that demonstrating an impact on clinical outcomes was unlikely. The negative outcome does not prove that care bundles do not work, but it is clear that implementation was not effective.

**There were several additional positive points associated with COPD Discharge Bundle delivery, including:**

- **Decreased ED attendance:** ... the rate of emergency department (ED) attendances decreased more in implementation sites than in comparator sites implementation
- **Emergency medications widely delivered:** ... The provision of a discharge pack of emergency medications was widely delivered in implementation sites (73.6%) compared with comparator sites (26.4%). It is possible that this difference is associated with the greater reduction in ED attendances in the implementation group.
- **Staff perception – bundles support sustainable QI and a clear care pathway:** Staff perceptions of care bundles were largely positive for standardising working practices and patient care, supporting a clear care pathway for patients, facilitating communication between different teams .. identifying necessary support required by patients following discharge from hospital. Care bundles were also perceived by staff as a means for embedding reliable and sustainable QI. Staff highlighted the need for managerial support, resourcing and regular education and training to facilitate this QI. Monitoring was also necessary to measure the effectiveness of implementation.
- **Part of a wider integrated system for COPD:** It was proposed that discharge bundles are only one component of a wider integrated system of care for COPD and their true value perhaps lies in facilitating better integration between acute and chronic care for this patient population.
- **Care bundles were also perceived as a way of standardising patient care and enabling staff to concentrate on the most important aspects of COPD care.** This was particularly noticeable around handover of patients between wards ... but also in terms of ensuring that patients received specialist respiratory review in a timely manner.
- **Continuity of care was strongest where acute teams had open and frequent channels of communication with community respiratory teams** ...using care bundles to manage the complexity of a patient's COPD helps to ensure not only effective treatment and discharge, but that patients will receive appropriate community support.

#### Staff

Many staff commented that the care bundle approach improved the respiratory team's ability to identify patients with COPD, including those admitted to non-respiratory wards. They also stated that care bundles facilitated improved working practice, enabling staff to take greater ownership of and responsibility for patient care:

- **Care bundles were also a way to manage particular aspects of COPD care (e.g. medicines management).** Staff frequently reported poor compliance with medication and difficulties with inhaler technique. This was also reflected in patient interview and observational data, with patients commenting on confusion around their medication and/or struggling to demonstrate effective inhaler technique. Therefore, the assessment of elements of the discharge care bundle was key to identifying patient issues and an opportunity for engagement and education. ...the discharge bundle served as a tool to improve patient compliance and education.
- **Specialist respiratory review ensured that the patient diagnosis was accurate,** that they had an appropriate treatment plan in place, and would increase their chances of admission onto a respiratory ward, as opposed to a general ward.
- The discharge care bundle, **has the potential to facilitate better communication between primary and secondary care** teams (more thorough knowledge of the patient population)

- **Referral to community services is facilitated by the discharge care bundle** ... This includes referral to smoking cessation teams and to pulmonary rehabilitation ... a respiratory nurse stated that there had been: '... a huge increase in the uptake of pulmonary rehab[ilitation], I think it was something like a 30–70% increase, just from implementing the discharge bundle'.
- **Education and training were also identified as crucial factors to facilitate QI and enact change to approaches to COPD care.** Staff discussed the importance of education and training around the role of the care bundles, as well as around each of the bundle elements. The monitoring of care bundle delivery was also an important element of the training.

#### **Patient/Carer**

The use of a discharge care bundle was perceived as a way to spend time with a patient talking about their condition, about their admission, discussing self-management and a pathway of care post discharge. This was seen as a crucial part of the discharge process by many respondents, giving them a chance to ensure that patients were prepared for discharge and aware of their community care options.

This was particularly important with inhaler technique... During the delivery of the discharge bundle, staff (usually respiratory nurses) would also have the opportunity to ask patients about their living situation and the kind of support they might need in order to be safely discharged home... This conversation served as a valuable opportunity to identify any social care issues that might be relevant to a patient or might impede a successful discharge.

#### **Patient experience**

Patients reported a benefit from receiving a discharge bundle. At the point of discharge many were anxious about their medications and confused about how to use their inhalers. Staff administering care bundles spent between 15 and 60 minutes with the patients... Discharge bundles were generally delivered at the bedside by a single staff member. Patients appreciated this as it allowed them to question a knowledgeable staff member... The qualitative researchers noted that inhalers were frequently changed at the time the discharge because patients were found to be unable to use their inhalers effectively.

We hope this summary of the abstract is helpful to you and your teams. This report highlights the challenges around successful bundle implementation but also raises many positive points for COPD Discharge Bundle use.

With kind regards

Dr Jo Congleton, Clinical Lead  
Ellie Wells, Programme Manager  
Peter Carpenter, Service Delivery Director  
Ursula Clarke, Patient Safety Lead

**On behalf of KSS AHSN Respiratory Network**