National Quality Improvement Conference

Pulmonary Rehabilitation ~ Every breath counts ~

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Problem Statement

Frequent hospital visits is common amongst moderate to severe Chronic Obstructive Pulmonary Disease (COPD) patients. Reasons for readmission are often complex and multifactorial.

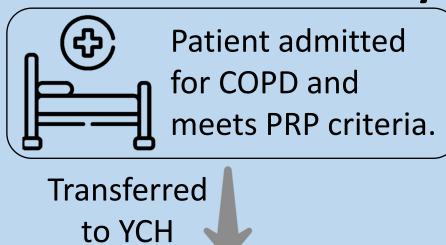
Besides pharmacological treatments, COPD can also be managed with targeted interventions to help patients cope with their symptoms. With appropriate guidance and education, these exercises may reduce patients' anxiety and their exacerbation rates.

Potential Solutions

The Pulmonary Rehabilitation Program (PRP) was initiated in 2019 and resumed in September 2022.

Features of PRP:

PRP Patient Journey

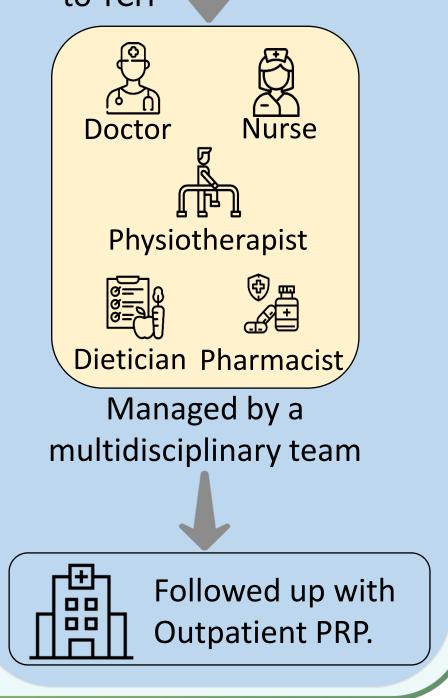


Project Aim

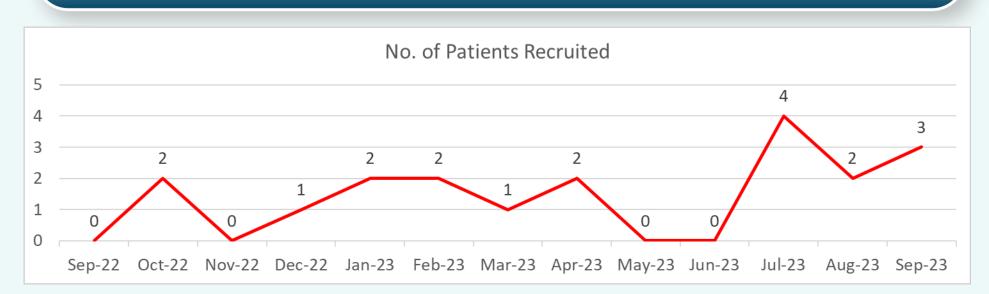
The team aims to reduce COPD-related admissions through multi-pronged approach to target on patients' symptoms of dypsnea, quality of life, and exercise tolerance.

Lessons Learnt

- includes a 2 3 weeks intensive rehab in Yishun Community Hospital (YCH), and 8-weeks outpatient rehab follow up.
- 2) Leverages on group
 therapy during inpatient
 stay to motivate and
 encourage patients to
 undergo rehab.
- Rehab plans tailored
 based on patients'
 capabilities and needs



Outcomes & Impacts



Patients' motivation

Patients might not be inclined to stay for extended period due to various reasons such as work commitment and cost. As it may take time for patients to realise the long-term benefit of PRP, it was crucial to tailor the program accordingly and allow flexibility to keep patients motivated in the short term. For example, patients are allowed to take home leave, or opt for shorter inpatient PRP period (2 weeks).

Selection of suitable patients for inpatient PRP

The eligibility criteria was reviewed to better select patients who can actively participate in PRP. They should be compliant to treatment and have the capacity to participate in group therapy sessions to achieve the best outcome.

- A total of **19 patients** recruited since Sep 2022.
- The recruitment of PRP patients is on a **rising trend**.
- 1 patient passed away 3 months post-PRP
- No patients returned to KTPH after transfer to YCH for PRP

No. of COPD-related admissions within 60 days (Pre vs Post) (n=15)															
Patient	A	В	С	D	Е	F	G	Η		J	К	L	Μ	Ν	0
Pre-PRP	-	3	-	-	1	-	-	1	-	1	-	I	I	-	-
Post-PRP	-	1	-	-	0	-	-	0	-	0	-	-		-	_

Note: only patients who have completed inpatient PRP for more than 60 days are included.

- Pre-PRP, the number of COPD-related admissions ranged between 0 to 3. This reduced to less than 1 admission post-PRP.
- For patients who did not have COPD-related admission pre-PRP, there were **no readmissions** post-PRP.