Outcome Of Nurse Based Review Using A Computer - Guided Consultation In COPD, [Publication Page: A1499]

R.M. Angus[1], A. Trusdale[2], L. Davies[2], E. McKnight[2], C. Hodgson[2], E. Thompson[2], M.G. Pearson[2]

1 Liverpool/UK, 2 Dartford/UK

Background:

Guided reviews support clinicians in providing chronic disease management. We have developed a computer-guided consultation with algorithms based on UK NICE guidelines that can facilitate COPD review and prompt clinical decision-making.

Patients and methods:

983 COPD patients (mean age 70 (11) yrs, 47% male) were indentified from 5 GP practice systems using the "Points" system miquest type review. 92 patients (mean age 70 (10) yrs, 47% male) were randomly selected and attended for nurse review. Only 29% had COPD severity previously recorded. A computer guided consultation was undertaken with the laptop screen placed between the practice nurse and patient. Changes and recommendations for interventions were recorded. Nurse opinion of the system was canvassed using 4 point Likert Scales.

Results:

Of the 92 reviewed, 86 performed spirometry [inadequate in 2]. 18.6% had normal spirometry and were removed from the COPD register. 17.4% were GOLD STAGE 1, 37% had moderate COPD, 19.7 % severe and 4.6% very severe COPD. The consultations prompted a significant number of interventions which included: smoking cessation recommended for 17 (18%) but declined by all, referral for oxygen assessment 2 (2%) and a recommendation of pulmonary rehabilitation for 24 (26%) of whom 19 declined.

Altered prescribing included addition of short-acting beta agonist 7% long-acting bronchodilator (LAB or LAM) 5%, adding or increasing long-acting beta agonist/inhaled corticosteroid (LABA/ICS) 17 (18%) patients, change of device 21 (23%) patients. Reductions in therapy were prompted in 14% patients: LAB or LAM 5, LABA/ICS 6, and ICS 2. **A recommendation for a change of management was suggested in 78 (84%) of the 92 patients.**

For the nurse evaluation of the system 4 questions were used:

Q1. Use of the software will help standardise patient care?   6/7 agree: 1/7 tend to agree.

Q2. The flow ensures no aspect of assessment is omitted?   5/7 agree: 2/7 tend to agree.

Q3. Using the software will aid accurate diagnosis?   4/7 agree: 3/7 tend to agree.

Q4. I would need the following training to use the software: 7/7 ticked the lowest option 1-2 days

Discussion:

A COPD computer-guided consultation review by non COPD trained practice nurses is feasible and results in a number of actions that support the implementation of guideline based management.

Am J Respir Crit Care Med 183;2011:A1499