AECOPD TRANSITIONS IN CARE

Highlights

This project created a care pathway that improves COPD patient transitions through emergency, hospital wards and back to the community, and resulted in reducing readmissions for patients suffering from acute exacerbations of COPD.

Pathway and care model included pre-printed order forms and special authority forms, which have been shared provincially.

The pathway includes:

- COPD education in hospital
- Standardized medical treatment
- Follow-up from a respiratory therapist by phone or home visit
- Family physician follow-up
- Involvement in community respiratory programs

Project Complete: 2012 — 2015

South Okanagan Similkameen Division of Family Practice
A GPSC initiative

SharedCare Partners for Patients

British Columbia doctors of bc