

COPD Teaching Bundle

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Chronic obstructive pulmonary disorder, COPD, affects many people throughout the world, ranking second as the most common reason for an emergency room visit (Gomez-Angelats & Sanchez, 2018). Although patient teaching is not new to the nursing profession, the use of teaching bundles is, specifically a bundle for the care of COPD patients. A teaching bundle combines years of evidence-based research into a streamlined, patient-centered teaching technique to reduce hospital readmissions and improve patients' quality of life (Michas et al., 2020).

Description and Connection to Nursing

Care bundles are becoming increasingly popular as evidence-based practice evolves. Three to five interventions are included in a bundle for a particular condition, such as preventing ventilator-acquired pneumonia or pressure injuries (Press et al., 2021). These interventions are followed for each person fitting the criteria of the bundle. Nurses have an important responsibility in carrying out interventions and teaching patients. Bundling cares and teaching criteria will help guide nursing actions and improve patient outcome by standardizing care for those with similar disease processes or risks.

The COPD teaching bundle includes reconciliation of respiratory medications and teaching about inhalers (Michas et al., 2020). Then, written information, such as a pamphlet, is given and discussed. With this information, an action plan is formed with patient input that will be given to the patient and their family. A referral is made for a smoking cessation program. Pulmonary rehabilitation is offered if the patient qualifies. Finally, a discharge summary is sent to the patient's primary care provider and a follow-up appointment is made before the patient

leaves the hospital. Although many of these topics are already covered by nurses, this bundle makes it easier to teach everything a patient needs to know without the risk of forgetting teaching points or presenting misinformation.

Role of the Critical Care Nurse

Nurses are primarily responsible for discharge teaching. Along with reiterating doctors' instructions, nurses teach about new medications, treatments, and ways to prevent exacerbations of COPD. These aspects of COPD teaching have existed for many years, however, there are many inconsistencies in the education patients are receiving. Early readmission was found to be increased due to lack of patient and family education on the disease process and misunderstanding of new medications, specifically inhaler use (Gomez-Angelats & Sanchez, 2018). For this reason, a teaching bundle was created specifically for COPD patients to make teaching more consistent and effective.

This teaching bundle provides specific topic checklists and patient goals that must be met before discharge. The nurse can begin this teaching process as soon as a COPD patient is admitted to the hospital. As the items are covered and patients teach back through verbalization and demonstration, this teaching bundle can be submitted as documentation. Nurses will show through the bundle that each topic was covered, and patients met specific goals before discharge. Studies show that almost a third of COPD readmissions can be prevented if proper education is given (Gomez-Angelats & Sanchez, 2018). Nurses can teach with more confidence and guidance than before as teaching is approached in this new, systematic way.

Nursing Interventions

To implement the COPD teaching bundle effectively, COPD patients with exacerbations must be identified quickly, and discharge teaching must begin as soon as possible, at least within twenty-four hours (Vang, 2021). Once that patient is identified, an online or paper version of the teaching bundle is accessed and used throughout care of this patient to document teaching and patient goals (Oxford Academic Health Science Network, 2022). One of the most important items to cover with a patient before discharge is their medications. Evidence shows that COPD patients are often confused about the wide variety of inhalers and their purposes. During medication rounds, nurses teach the patient about the inhaler and ask for a return demonstration. Any time the patient needs to use an inhaler while in hospital, the patient should give it to themselves with the nurse's supervision. To optimize inhaler teaching and medication effectiveness, respiratory therapy should be consulted. Inhaler teaching and return demonstration has been shown to be one of the most effective ways to prevent early readmissions (Press et al., 2021). Using the teaching bundle to document how well the patient used the inhaler and show their current understanding about its use can help guide other medical goals, like readiness for discharge or ability to cope.

One tendency of health-care providers is to give written information and not go over it with the patient. Patients leave without reading the material or not understanding what it is saying. Evidence shows that many COPD readmissions were unable to identify concerning symptoms versus normal symptoms of COPD or recall any action plan being established (Vang, 2021). After covering written material and answering any questions, nurses collaborate with the patient to make an individualized action plan (British Thoracic Society, 2022). This plan should include which emergency medications to take and when. It also includes instructions about oxygen use, the importance of breathing exercises during flare-ups, and when to come to the

hospital. This plan should be simple, concise, and printed for the patient and their family to have. A copy of this action plan can be submitted with the teaching plan for documentation and reference for the patient's future needs.

An important intervention to decrease complications of COPD is smoking cessation. However, many patients do not know where to begin to quit smoking. Assessment of a patient's readiness to quit smoking and prompt referral to a smoking cessation program is integral in preventing frequent hospitalizations of COPD patients (Gomez-Angelats & Sanchez, 2018). Patients must also be assessed to see if they qualify for pulmonary rehabilitation. The COPD teaching bundle includes the criteria for pulmonary rehab which includes patients who report walking slower than others or experience dyspnea when walking for less than fifteen minutes (British Thoracic Society, 2022). Referrals are critical in helping patients with COPD live a fuller life with fewer exacerbations requiring hospitalization. These referrals are often overlooked to quickly discharge a patient. With the COPD teaching bundle, it is mandatory to offer these referrals before discharge and helps care providers coordinate their efforts to help COPD patients long-term.

Finally, a discharge report should be sent to the patient's primary care provider (British Thoracic Society, 2022). Collaboration between caregivers helps provide the patient with support. A follow-up appointment must be set before the patient leaves the hospital. It is clear while these interventions are not new by themselves, applying them in this order with increased emphasis on each aspect of necessary COPD teaching increases patients' confidence in handling exacerbations without hospitalization.

Patient and Family Education

According to multiple studies and patient anecdotes, it was found that many patients are dissatisfied with the education they received while in the hospital. When asked about whether a teaching bundle would make a difference, many said that having that checklist would help them understand exactly what they needed to know (Michas et al., 2020). Even more effective was when the nurses worked with the patient to achieve the goals listed on the teaching bundle. Nurses have a vital role in caring for those who are sick, but the importance of health promotion has recently been emphasized. It is easier to prevent exacerbations than treat them. To do that, education needs to be better than what it currently is. For that reason, implementing the COPD teaching bundle is very important in helping patients and their family members understand the disease process and proactively help prevent hospitalizations.

Research Effect on Patient Goals/Outcomes

A goal of those struggling with chronic illnesses is to be able to complete their day-to-day tasks without flare-ups of the disease. Because COPD patients are especially prone to flare-ups, especially ones that land them in the hospital, a major goal is to cope effectively when it becomes difficult to breathe. Research has shown that early use of the COPD teaching bundle has decreased the number of patients being readmitted to the hospital because it increases the patient's ability to manage their disease (Michas et al., 2020). They learn coping skills, such as breathing techniques and emergency medications, as part of their hospital stay. Patients also have a written action plan that can be referenced in times of respiratory distress. Meeting the goal of coping with a chronic illness is met through implementation of the COPD teaching bundle.

Conclusion

As the popularity and use of care bundles increase, the effectiveness of the COPD teaching bundle should not be overlooked. By combining multiple evidence-based interventions and teaching aspects, patient care is improved by reducing readmissions related to exacerbations. As this bundle is further explored, nurses will find that teaching is more systematic and less prone to variations in content and effectiveness. This is another step towards promoting health and quality of life, not just treating illness.

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