

## COPD updates

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### Abstract

**Rationale:** Acute exacerbations of chronic obstructive pulmonary disease (AECOPD) challenge pulmonologists and the greater health care system alike. The aim of this discussion is to outline our experience in creating a dedicated ambulatory COPD clinic at New York City Hospital.

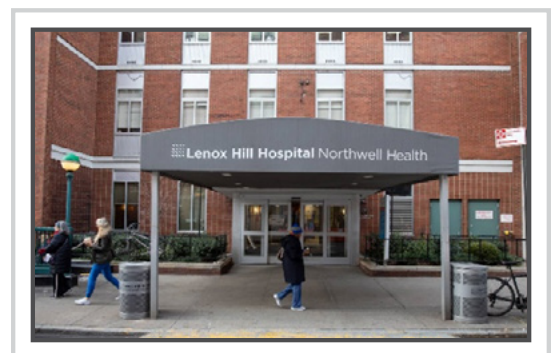
**Methods:** Over a two-year period all patients admitted with AECOPD were logged into a quality improvement database. Baseline demographics, severity of COPD, medication compliance, CAT score, and peak inspiratory flows were among the many data points collected. Areas of priority in the outpatient setting to help prevent readmissions were identified. A weekly interdisciplinary COPD clinic was created and included pulmonology fellows, palliative care physicians, smoking cessation specialists, physical therapists, and respiratory therapists.

**Results:** Support from hospital administration was paramount in the acquisition of specialty support such as palliative care and tobacco cessation. Clear objectives were established, focusing on improving quality of life, patient education, and decreasing emergency department (ED) utilization. Communication and follow-up were enhanced by a clinic specific email, and a direct phone line connecting the ED for appointment scheduling. Quality measures including patient satisfaction, admission rate, COPD exacerbation rate, and rate of follow up, among others were collected. Emphasis was made that our COPD clinic can be a complementary tool to the services they already provide. Lastly streamlining workflow of the interdisciplinary team involved was also key.

**Conclusion:** With AECOPD being such a large burden on the health care system, in addition to the penalties enforced by CMS, establishing a targeted and comprehensive approach to reduce readmissions due to this specific disease state is in high demand. In order to meet the needs of our patient population and to help with unburdening our hospital, we have established a dedicated COPD clinic. We hope that sharing our experience creating this clinic may help other centers achieve the same goal.

### Biography

Bushra Mina is Director of the Pulmonary Critical Care Fellowship Program, and Section Chief for Pulmonary Medicine at Lenox Hill Hospital. He is an Assistant Clinical Professor at Zucker Scholl of Medicine at Hofstra. He is a key faculty member in the department of Internal Medicine and Vascular Surgery Fellowship Program. He is a graduate of Medical School, Alexandria University. He finished his Critical Care fellowship at Memorial Sloan Kettering Cancer Center, and Pulmonary Critical Care Fellowship at St. Vincent Hospital and Medical Center in New York. Other degrees include European Diploma of Intensive Care Medicine, and Diploma of Tropical Diseases, Royal College of Surgeons, Dublin, Ireland. Main Research interest include noninvasive ventilation, thromboembolic disease, and COPD. His research experiences include multiple presentations, publication of abstracts, papers, and book chapters that address different topics of pulmonary and critical care medicine.



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