8.11 Implementation of the Chronic Obstructive Pulmonary Disease (COPD) bundle into the South West Acute Hospital (SWAH).

<u>Dr Cathal Gorman</u>¹, Dr Chara Banks-McGovern¹, Prof Terence McManus², Dr Manar Alyusuf¹ ¹NIMDTA, Belfast, United Kingdom. ²WHSCT, Enniskillen, United Kingdom

Background: COPD affects approximately one in four individuals. Studies consistently link acute exacerbations of COPD resulting in hospitalisations to higher mortality rates. Immediate period post discharge is highly influential on these rates. The COPD discharge bundle was designed to gather evidence-based practice into one organised document to maximise post discharge care. The COPD bundle was introduced into SWAH as part of a Quality Improvement (QI) project in January 2022. The aim was to increase incidence of patients discharged with the COPD bundle to 60%. **Methods**: The bundle was implemented into the SWAH using QI methodology focusing on the Plan, do study act cycle. The proportion of patients being discharged is consistently analysed and new interventions incorporated accordingly. **Results**: Data analysis shows progressive increase in proportion of patients discharged with the COPD bundle with a median of 43%. The exponential point (March 2023) correlates with a small sample size therefore has been removed from the trend. A plateau was reached in August 2023 prompting PDSA 2.

Discussion: The bundle has been increasingly used in practice with the target of 60% being reached in January 2023. The project is still ongoing and we hope to increase and maintain implementation of the bundle. **Conflict of Interest:** The authors declare that they have no conflict of interest.