OPTIMISE

COPD Patient Care

RACGP CPD Approved Activity

Educational Activities	Measuring Outcomes	Reviewing Performance
0 hours	8 hours	2 hours

Activity number: 403189

ACRRM CPD ACCREDITED ACTIVITY 2023-2025

Activity number: 29150

First Name: _____

Surname: _____

RACGP QI&CPD number: _____

Email Address: _____

State: _____

HOW TO SAVE AND SUBMIT THIS BOOKLET

SAVE: To save the Module as you go, click File > Save as > choose folder or desktop > Save

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lateral connections

This organisation is a CPD education provider under the RACGP CPD Program.

GSK

This educational activity was developed by Lateral Connections at the request of and with funding from GSK.

Date of preparation: May 2023. NX-AU-CAU-BKLT-230001

This program has been developed based on best practice and driven by a guideline management approach to improving patient outcomes in chronic obstructive pulmonary disease (COPD).

The guideline for management of COPD, in the Australian and New Zealand context, COPD- X, is updated every quarter after a systematic literature search and critical appraisal by the Guidelines Committee of Lung Foundation Australia. Following a comprehensive approval process the updated guideline is published **(https://copdx.org.au/copd-x-plan).**

The COPD-X Concise Guide (initially published in 2014 as COPD-X Concise Guide for Primary Care) was reviewed and updated in 2021 and can be found here: **https://lungfoundation.com.au/resources/copd-x-concise-guide/**

Lung Foundation Australia offers a range of evidence-based resources for health professionals, patients and their carers to support early diagnosis and best practice management of COPD.

OPENING REFLECTION

1. What do you hope to achieve by completing this program?
2. Identify your individual learning goals in relation to managing COPD patients.
3. How do you currently manage COPD patients?
4. What resources do you currently use to assist with managing patients with COPD? Are there any COPD resources or patient care plans you would like more information on?
5. What areas of COPD care would you specifically like to focus on?
6. What management strategies for patients with COPD would you like to learn more about?

LEARNING OUTCOMES

- Evaluate the gaps between your practice and recommendations from the updated COPD-X Guidelines.
- Determine appropriate non-pharmacological strategies (including pulmonary rehabilitation) to provide optimisation of therapy in patients with moderate COPD.
- Determine appropriate pharmacological strategies to provide optimisation of therapy in patients with moderate COPD.
- Identify suitable resources for patients with COPD to enhance their ability to self-manage their condition.
- Review changes that are required to improve the quality of care for patients with COPD in your practice.

CASE FINDING ACTIVITY

Identify five patients with moderate to severe COPD on regular maintenance treatment, who have been treated by you or within your practice in the past 24 months.

REVIEW CURRENT PATIENT RECORDS

Review and record the management plans for the five patients with COPD from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Provide summary notes for each of the five COPD patients (de-identified and unidentifiable). Include comments on the current management plans for each patient.

PATIENT RECALL CONSULTATION NOTES

Following consultation with each of the five patients you identified earlier, record any changes made to their management based on the new COPD-X guidelines.

Identify five patients with moderate to severe COPD on regular maintenance treatment, who have been treated by you or within your practice in the past 24 months.

Note that in a patient with respiratory symptoms the diagnosis of COPD requires spirometry to confirm airflow limitation that is not fully reversible when, after administration of bronchodilator medication, the ratio of FEV_1 to forced vital capacity (FVC) is <70% and the FEV_1 is <80% of the predicted value.*

COPD-X defines moderate and severe COPD according to FEV_1. The likely symptoms and complications are shown below although not all patients with moderate and severe COPD will have all these symptoms.*

MODERATE	SEVERE
Breathless walking on level ground	Breathless on minimal exertion
Increasing limitation of daily activities	Daily activities severely curtailed
Recurrent chest infections	Exacerbations of increasing frequency and severity
Exacerbations requiring oral corticosteroids and/or antibiotics	
FEV_1 ≈ 40-59% predicted	FEV_1 < 40% predicted

Therefore, you will need to have a record of both spirometry and symptoms to confirm the diagnosis of COPD and determine if the grade of severity is moderate or severe.

PRACTICE SYSTEMS AND PROCESSES

Use your practice systems and processes (e.g. search tools and databases) to access patient data for five patients with moderate COPD on regular maintenance treatment. Make notes on your ability to search and collate data on COPD patients.

Examples of search filters used on Medical Director are found in the Appendix. The success of such a search will depend on the information in the database to begin with.

*COPD-X Concise Guide. Available from: https://lungfoundation.com.au/resources/copd-x-concise-guide/

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Provide summary notes for each of the five COPD patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:

PATIENT 1

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation)

What are the patient's current inhaled pharmacological treatments?* (tick box)

- ☐ Long-acting β_2-agonist (LABA)
- ☐ Long-acting muscarinic antagonist (LAMA)
- ☐ LABA/LAMA
- ☐ Inhaled corticosteroid (ICS)/LABA
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)

*Short-acting 2-agonist (SABA) as a reliever is assumed to be prescribed for use as needed.

PATIENT 1 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

Review and record the management plans for the five patients with COPD from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Provide summary notes for each of the five COPD patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:

PATIENT 2

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation)

What are the patient's current inhaled pharmacological treatments?* (tick box)

- ☐ Long-acting β_2-agonist (LABA)
- ☐ Long-acting muscarinic antagonist (LAMA)
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PATIENT 2 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

Review and record the management plans for the five patients with COPD from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Provide summary notes for each of the five COPD patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:

PATIENT 3

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation)

What are the patient's current inhaled pharmacological treatments?* (tick box)

- ☐ Long-acting β_2-agonist (LABA)
- ☐ Long-acting muscarinic antagonist (LAMA)
- ☐ LABA/LAMA
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- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)

*Short-acting 2-agonist (SABA) as a reliever is assumed to be prescribed for use as needed.

PATIENT 3 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

Review and record the management plans for the five patients with COPD from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Provide summary notes for each of the five COPD patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:

PATIENT 4

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation)

What are the patient's current inhaled pharmacological treatments?* (tick box)

- ☐ Long-acting β_2-agonist (LABA)
- ☐ Long-acting muscarinic antagonist (LAMA)
- ☐ LABA/LAMA
- ☐ Inhaled corticosteroid (ICS)/LABA
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)

*Short-acting 2-agonist (SABA) as a reliever is assumed to be prescribed for use as needed.

PATIENT 4 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

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Provide summary notes for each of the five COPD patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:

PATIENT 5

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation)

What are the patient's current inhaled pharmacological treatments?* (tick box)

- ☐ Long-acting β_2-agonist (LABA)
- ☐ Long-acting muscarinic antagonist (LAMA)
- ☐ LABA/LAMA
- ☐ Inhaled corticosteroid (ICS)/LABA
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)

*Short-acting 2-agonist (SABA) as a reliever is assumed to be prescribed for use as needed.

PATIENT 5 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

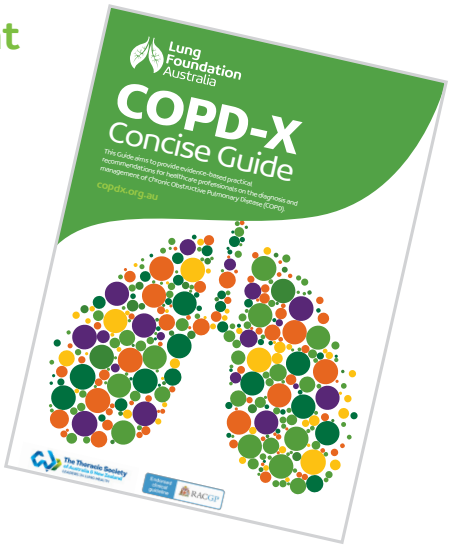
Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

Access and download the COPD-X Concise Guide, with a primary objective of reviewing your practice approach to managing COPD patients. This is available from Lung Foundation Australia website:
https://lungfoundation.com.au/wp-content/uploads/2018/09/Book-COPD-X-Concise-Guide-Nov2021.pdf

Key Aspects of Management



N.B. Pulmonary rehabilitation programs involve patient assessment, supervised exercise training, education, behaviour change, nutritional intervention and psychosocial support.

The following self-assessment is an opportunity to benchmark your own practice and COPD patient management against Lung Foundation Australia's current COPD-X guidelines.

Please rate the following statements (tick), taking into consideration your own practice systems and processes, and the patient cases that you have selected.

KEY: 1=Never; 2=Seldom; 3=About half the time; 4=Usually; 5=Always

Symptomatic patients are referred to pulmonary rehabilitation.	1☐ 2☐ 3☐ 4☐ 5☐
The COPD Assessment Test (CAT) is used with our patients to determine the impact of COPD symptoms on wellbeing and daily life.	1☐ 2☐ 3☐ 4☐ 5☐
The modified Medical Research Council (mMRC) Dyspnoea Scale is used with our patients to determine the impact of COPD symptoms on wellbeing and daily life.	1☐ 2☐ 3☐ 4☐ 5☐
The COPD-X Concise Guide (Lung Foundation Australia) is used as a supporting reference when assessing our patients with COPD.	1☐ 2☐ 3☐ 4☐ 5☐
The 'Stepwise Management of Stable COPD' guide (Concise Guide page 31, https://lungfoundation.com.au/wp-content/uploads/2018/09/Book-COPD-X-Concise-Guide-Nov2021.pdf) is used as a supporting reference when assessing our patients with COPD.	1☐ 2☐ 3☐ 4☐ 5☐
Medicines are introduced using this stepwise approach.	1☐ 2☐ 3☐ 4☐ 5☐
Dual therapy with LAMA/LABA is considered for patients with ongoing symptoms despite treatment with either of the monotherapies.	1☐ 2☐ 3☐ 4☐ 5☐
Triple therapy (ICS/LABA/LAMA) is considered for patients with moderate to severe COPD ⩾1 severe exacerbation requiring hospitalisation or ⩾2 moderate exacerbations in the previous 12 months and significant symptoms, despite LAMA/LABA or ICS/LABA therapy.	1☐ 2☐ 3☐ 4☐ 5☐
Patient support tools are used • NPS/NAC inhaler checklists • Inhaler online videos • Lung Foundation Australia website • COPD Action Plan	1☐ 2☐ 3☐ 4☐ 5☐

NAC: National Asthma Council; NPS: National Prescribing Service.

UPDATED COPD ACTION PLAN – REVIEW

OPTIMISE COPD PATIENT CARE

Lung Foundation Australia released an updated COPD Action Plan to ensure best practice for patients to self-manage exacerbations.

Please see the latest version of the COPD Action Plan here: **https://lungfoundation.com.au/resources/copd-action-plan**

Describe how to optimise the use of the COPD Action Plan with your patients. Think about where you might store the electronic template on your medical record software, how to tie in a discussion about the Action Plan in your routine reviews with your patients and how best to support the continued use of this Action Plan by your patients.

Where might you store the electronic template of the Action Plan on your medical record software?

How could you tie in a discussion about the Action Plan in your routine reviews with your patients?

How could you support the continued use of this Action Plan by your patients?

This section will assist you in the planning and coordination of health care for patients with COPD, and assist with implementing any changes to treatment based on the latest COPD-X guidelines.

Please review these resources which will assist in preparing for patient consultations:

- COPD-X Concise Guide – **https://lungfoundation.com.au/resources/copd-x-concise-guide/**
- How to write a COPD Action Plan – **https://lungfoundation.com.au/resources/copd-action-plan-for-hps/**
- Stepwise Management of Stable COPD – **https://lungfoundation.com.au/resources/stepwise-management-of-stable-copd/**
- NAC/NPS Inhaler Technique Checklists – **https://d8z57tiamduo7.cloudfront.net/resources/Inhaler-technique-checklist_NPS-Medicinewise_2020.pdf**
- Have the CHAT Checklist – **https://lungfoundation.com.au/wp-content/uploads/2018/09/DL-Have-the-CHAT-checklist-HP-Apr2018.pdf**
- Managing COPD Exacerbation Checklist – **https://lungfoundation.com.au/resources/managing-copd-exacerbation-checklist/**

Please see support resources below that can be provided to the patients during their appointments:

- My COPD Action Plan – **https://lungfoundation.com.au/resources/copd-action-plan/**
- My COPD Checklist – **https://lungfoundation.com.au/wp-content/uploads/2018/09/Information-Paper-My-COPD-Checklist-Nov2021.pdf**
- COPD Factsheet – **https://lungfoundation.com.au/resources/copd-fact-sheet/**
- COPD The Basics Booklet – **https://lungfoundation.com.au/resources/copd-the-basics-booklet/**
- Pulmonary Rehabilitation Factsheet – **https://lungfoundation.com.au/resources/pulmonary-rehabilitation-fact-sheet/**
- Better Living with Exercise booklet – **https://lungfoundation.com.au/resources/better-living-with-exercise-booklet/**
- Better Living with COPD Booklet – **https://lungfoundation.com.au/resources/better-living-with-copd-booklet/**
- Understanding COPD (video) – **https://youtu.be/ivxRiso2XXA**
- Videos for different inhaler techniques – **https://lungfoundation.com.au/patients-carers/after-your-diagnosis-title/inhaler-devices/**

After reviewing these resources, identify three quality improvements in your care plan process which you will be able to implement with the five patients you identified earlier.

1.

2.

3.

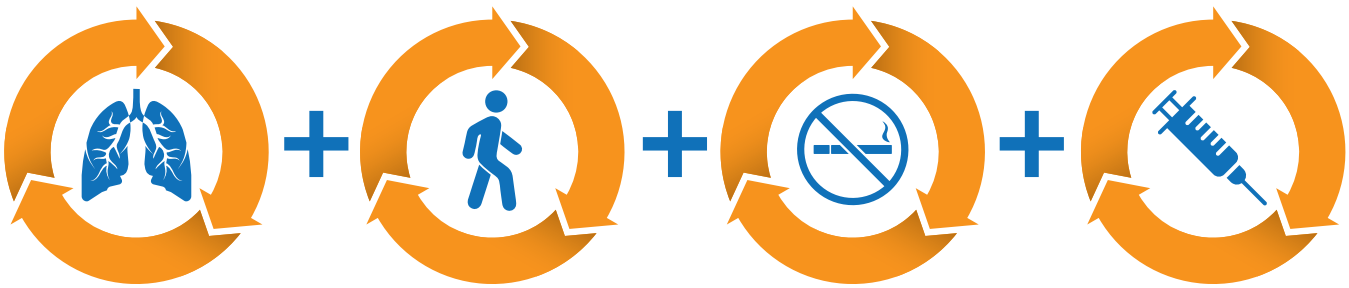
SOME RECOMMENDATIONS TO REMEMBER:

COPD-X Guidelines

MILD	MODERATE	SEVERE
START with short-acting relievers: (used as needed) **SABA** (short-acting β_2 –agonist) OR SAMA (short-acting muscarinic antagonist)		
ADD Long Acting bronchodilator **LAMA** (long acting muscarinic antagonist) OR **LABA** (Long acting β_2 –agonist) OR **Consider need for combination LAMA/LABA depending on symptomatic response**		
	CONSIDER adding ICS (inhaled corticosteroids): **Single inhaler triple therapy (ICS/LABA/LAMA) may be suitable***	
	***In patients with ≥1 severe exacerbation requiring hospitalisation or ≥2 moderate exacerbations in the previous 12 months, AND significant symptoms despite LAMA/LABA or ICS/LABA therapy OR patients stabilised on a combination of LAMA, LABA and ICS.**	
ASSESS AND OPTIMISE INHALER DEVICE TECHNIQUE AT EACH VISIT. MINIMISE INHALER DEVICE POLYPHARMACY		

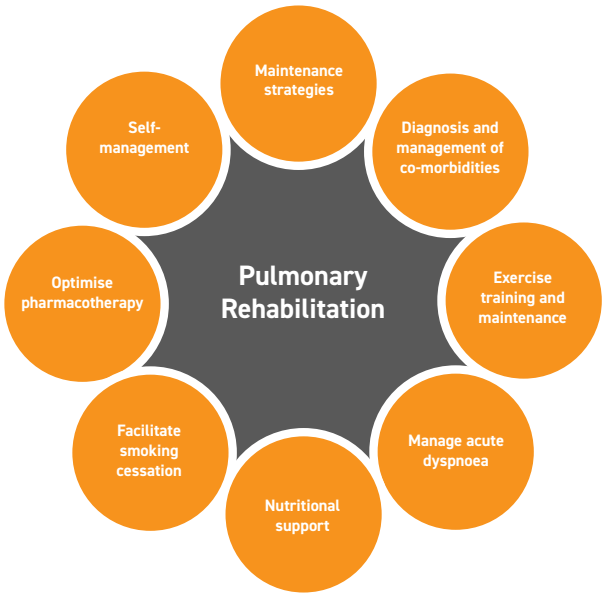
Adapted from COPD-X Guidelines 2022.

Key non-pharmacological interventions in the management of COPD



Pulmonary rehabilitation + **Regular exercise** + **Quit smoking** + **Vaccination**

Adapted from COPD-X Guidelines 2022.



Consider pulmonary rehabilitation at any time, including during the recovery phase following an exacerbation

1. COPDX Guidelines – 2.66 (April 2022).
2. Hill K et al. The importance of components of pulmonary rehabilitation, other than exercise training, in COPD. *Eur Respir Rev.* 2013;22:405-13.
3. Bernard S et al. Prescribing exercise training in pulmonary rehabilitation: a clinical experience. *Rev Port Pneumol.* 2014;20:92-100.

Following consultation with each of the five patients you identified earlier, record any changes made to their management based on the new COPD-X guidelines.

PATIENT 1

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation [refer to: https://pulmonaryrehab.com.au/])

What are the patient's inhaled pharmacological treatments now?* (tick box)

- ☐ Long-acting β_2-agonist (LABA)
- ☐ Long-acting muscarinic antagonist (LAMA)
- ☐ LABA/LAMA
- ☐ Inhaled corticosteroid (ICS)/LABA
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)

*Short-acting 2-agonist (SABA) as a reliever is assumed to be prescribed for use as needed.

PATIENT 1 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

PATIENT RECALL CONSULTATION NOTES

OPTIMISE COPD PATIENT CARE

Following consultation with each of the five patients you identified earlier, record any changes made to their management based on the new COPD-X guidelines.

PATIENT 2

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation [refer to: https://pulmonaryrehab.com.au/])

What are the patient's inhaled pharmacological treatments now?* (tick box)

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- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)

*Short-acting 2-agonist (SABA) as a reliever is assumed to be prescribed for use as needed.

PATIENT 2 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

Following consultation with each of the five patients you identified earlier, record any changes made to their management based on the new COPD-X guidelines.

PATIENT 3

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation [refer to: https://pulmonaryrehab.com.au/])

What are the patient's inhaled pharmacological treatments now?* (tick box)

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*Short-acting 2-agonist (SABA) as a reliever is assumed to be prescribed for use as needed.

PATIENT 3 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

Following consultation with each of the five patients you identified earlier, record any changes made to their management based on the new COPD-X guidelines.

PATIENT 4

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation [refer to: https://pulmonaryrehab.com.au/])

What are the patient's inhaled pharmacological treatments now?* (tick box)

- ☐ Long-acting β_2-agonist (LABA)
- ☐ Long-acting muscarinic antagonist (LAMA)
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PATIENT 4 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

Following consultation with each of the five patients you identified earlier, record any changes made to their management based on the new COPD-X guidelines.

PATIENT 5

Functional status assessment of patient (e.g. via traditional history taking / symptom checklists or using a validated assessment tool such as the COPD Assessment Test [CAT] and/or modified Medical Research Council [mMRC] Dyspnoea Scale)

Non-pharmacological strategies (e.g. smoking cessation, physical activity, nutrition, vaccination status, pulmonary rehabilitation [refer to: https://pulmonaryrehab.com.au/])

What are the patient's inhaled pharmacological treatments now?* (tick box)

- ☐ Long-acting β_2-agonist (LABA)
- ☐ Long-acting muscarinic antagonist (LAMA)
- ☐ LABA/LAMA
- ☐ Inhaled corticosteroid (ICS)/LABA
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)

*Short-acting 2-agonist (SABA) as a reliever is assumed to be prescribed for use as needed.

PATIENT 5 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. hyperglycaemia, atherosclerosis, hypertension, dyslipidaemia, osteoporosis, mental health)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information, support group)

DEVELOPING A SYSTEMS-BASED APPROACH TO PATIENT SAFETY

Now that you have completed the program, what approach to patient safety will you implement to improve the quality of patient care in your practice in future (e.g. checklists, timeframes for recall and ongoing patient review)?

Identify three areas of improvement which are most important for your practice to address in regards to care of patients with COPD, and include the following actions:

Three areas of improvement which are most important for your practice to address:

How will these occur?

Who is responsible?

How will these be reviewed?

How will success be measured?

EVALUATION OF PROGRAM

OPTIMISE COPD PATIENT CARE

Please rate to what degree the learning outcomes of the program were met:

Evaluate the gaps between your practice and recommendations from the updated COPD-X Guidelines.	Not met ☐	Partially met ☐	Entirely met ☐
Determine appropriate non-pharmacological strategies (including pulmonary rehabilitation) to provide optimisation of therapy in patients with moderate COPD.	Not met ☐	Partially met ☐	Entirely met ☐
Determine appropriate pharmacological strategies to provide optimisation of therapy in patients with moderate COPD.	Not met ☐	Partially met ☐	Entirely met ☐
Identify suitable resources for patients with COPD to enhance their ability to self-manage their condition.	Not met ☐	Partially met ☐	Entirely met ☐
Review changes that are required to improve the quality of care for patients with COPD in your practice.	Not met ☐	Partially met ☐	Entirely met ☐

Please rate to what degree this CPD activity met your expectation about:

Content: Current, contemporary, evidence-based, and relevant to general practice	Not met ☐	Partially met ☐	Entirely met ☐
Delivery: Engaging/interactive, e.g., with opportunity for questions and feedback.	Not met ☐	Partially met ☐	Entirely met ☐

Comments:

Would you likely recommend this CPD activity to a colleague?

☐ Yes ☐ No Why?

Would you likely change anything in your practice as a result of this CPD activity?

☐ Yes ☐ No Why?

Are more/different resources required for care of patients with COPD?

General comments and feedback:

Quality improvement is an integral component of the RACGP CPD Program. If you have a concern about the quality of this activity, please submit your feedback online to your local RACGP office.

HOW TO SAVE AND SUBMIT THIS BOOKLET

SAVE: To save the Module as you go, click File > Save as > choose folder or desktop > Save

SUBMIT: Once the Module is completed, click the 'SUBMIT' button at the bottom corner of this page. Your responses will attach within your email browser ready to send.
If you have any queries, please email **education@lateralconnections.com.au**

Lateral Connections is the education provider. At Lateral Connections we comply with the National Privacy Principles. We may collect and store your personal information for the purposes of collating responses to the OPTIMISE program which may include disclosure to program sponsors, GSK or third parties for the purpose of processing and collating the information. This information will be used and disclosed only in accordance with our Privacy Policy and not for any other purpose unless required to do so by law. By registering for OPTIMISE, you consent to the use of your information in this manner.

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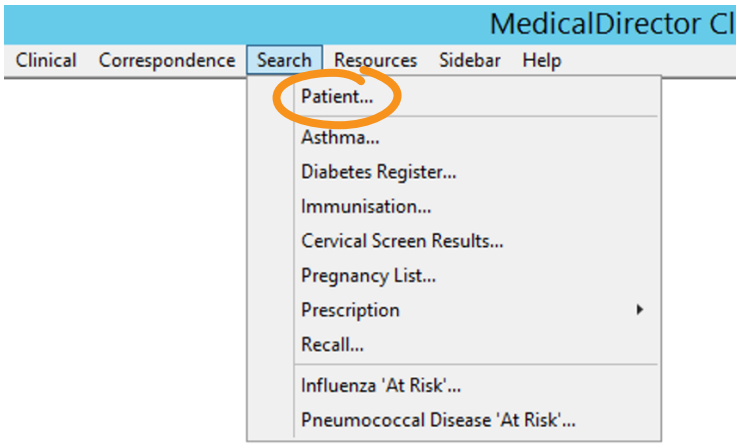
lateral connections

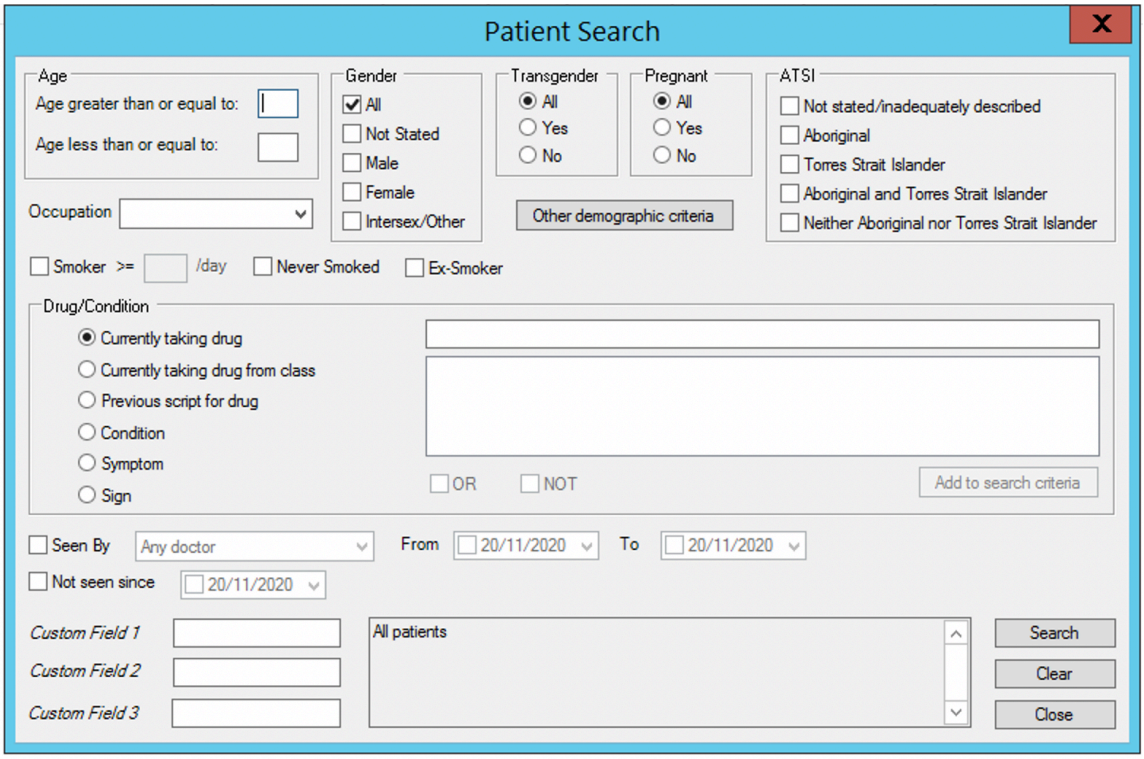
This organisation is a CPD education provider under the RACGP CPD Program.

SUBMIT

Examples of search filters used on Medical Director:

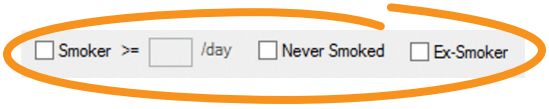


Click on "Patient"



This is the screen that pops up.

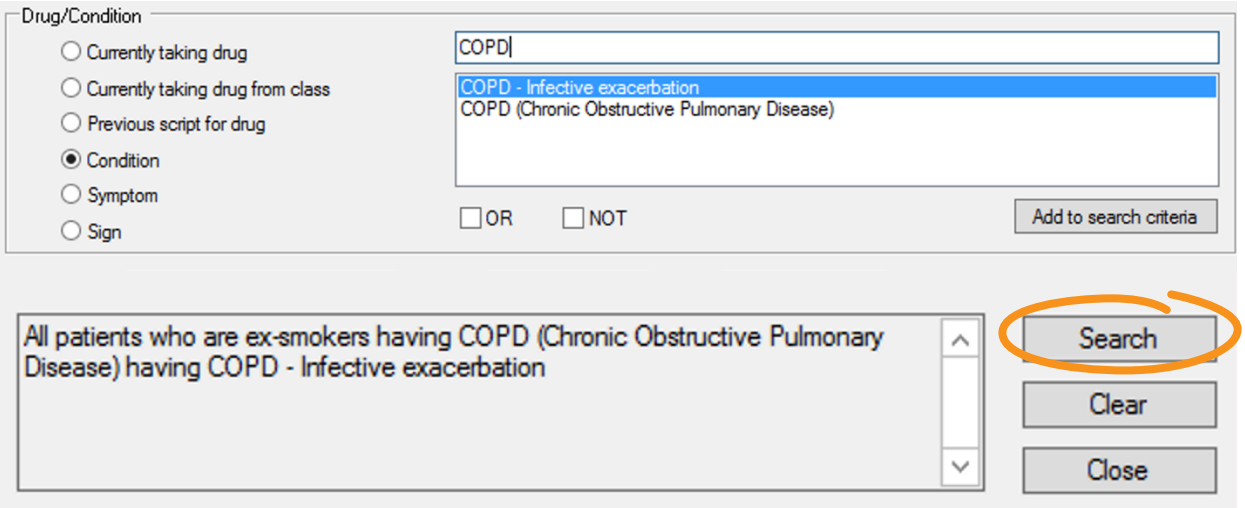
You can select "Ex-Smoker" AND/ OR "Smoker" OR leave blank. You can run more than one search by varying these terms.



Examples of search filters used on Medical Director:

Then select "Condition" and click on "COPD", AND then click on "COPD – INFECTIVE EXACERBATION"

Asthma can also be selected due to potential for overlap with COPD.
To exclude these overlap patients – select NOT "asthma" into the search fields.



It may look like above – then click "Search".

You can refine your search by including patient age range.
Or you can add medications to your search function.