

# SCREENING FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN GOSFORD HOSPITAL ADMISSIONS, USING THE NSW CLINICAL SERVICE FRAMEWORK GUIDELINES (CSF)

Dana Anquetil<sup>1,2</sup>, BMedSc, Gary Nolan<sup>1,2</sup>, MAppSc, Debbie Burton<sup>1</sup>, PhD

1. School of Biomedical Science, Charles Sturt University, Wagga Wagga

2. Respiratory Investigation Unit (RIU), Central Coast Health, Gosford

**Method:** NSW Department of Health published COPD CSF guidelines in 2003. For a three-month period the RIU followed these guidelines, performing spirometry on 100% of all Gosford hospital admissions with a >15pky smoking history. A report was generated and explained to the patient, with a copy sent to their nominated GP. At the conclusion of the testing period, analysis was performed assessing how effectively this 100% target was met, the capture rate of COPD cases found in this population and the impact of these spirometry results on the management of the patients' lung health by surveying the patients local GP.

**Results:** Using 120 hours of RIU staff 88 (44M) inpatients performed spirometry during the three-months of testing. Of those, 74 (84%) were diagnosed with COPD by CSF criteria (FEV1%P <80%), which increased to 79 (90%) if COPD-X criteria are applied. Pack year history (mean 45pky) did not correlate with COPD severity. Of GP's receiving spirometry reports 96% (n=24) indicated the result we provided to them prompted a discussion of their patient's lung health, and was clinically useful information.

**Conclusion:** COPD screening using CSF guidelines is clinically worthwhile, however not the most efficient use of RIU resources. Modification of CSF guidelines with COPD-X staging criteria could detect COPD with greater accuracy. Spirometry screening results provided a useful prognosis for both the individual and health planners by assessing the burden of disease in the Central Coast community.

**Key Words:** COPD, Screening Spirometry, Hospital Inpatients'