

## Evidence-Based Practice and Case Management: Chronic Obstructive Pulmonary Disease

Student's Name

Institutional Affiliation

## **Evidence-Based Practice and Case Management: Chronic Obstructive Pulmonary Disease**

Evidence-based practice is crucial in improving healthcare quality and quality patient outcomes. Evidence-based health care practices exist for various illnesses such as cancer, diabetes, and chronic obstructive pulmonary disease (COPD). In evidence-based practice, current and best available practices, clinical expertise, and patient value are integrated to inform care (Abu-Baker et al., 2021). Regardless of the setting, most healthcare providers have translated

[REDACTED]

will improve the quality of care to reduce readmissions, improve clinical patient outcomes and minimize healthcare costs.

### **Current Best Practice**

In a healthcare environment, evidence-based practice (EBP) is widely recognized for its role in transformative care. Management of chronic obstructive pulmonary disease can thus utilize EBP to aid in early prevention, identification, treatment, and management. Statistics show that COPD is the third leading cause of death worldwide (WHO, 2021). Furthermore, studies show that COPD is a progressive disease that causes a significant health burden, reduces life expectancy, has a prolonged duration, high mortality, and has high incidence and prevalence hence calling for best practices in its management (Li et al., 2020). Despite the fact that COPD

has no cure, early diagnosis and management is crucial in slowing down the progression of symptoms and minimizing the risk of flare-ups.

Management of chronic obstructive disease first calls for strategies to prevent acute exacerbations. There is evidence to show the effectiveness of non-pharmacological and pharmacological interventions in reducing occurrences of acute exacerbations. Research indicates that bronchodilators are key management of exacerbation at all levels of severity. The

[REDACTED]

and long-term oxygen. A study carried out by Tashikin (2015) found conclusive evidence to suggest the effectiveness of smoking cessation in slowing down COPD progression.

Individualized pulmonary rehabilitation has been found to be effective in reducing the occurrence of dyspnea, reduction in hospitalization, improved muscle strength and endurance and generally improved quality of life in COPD patients (Corhay et al., 2015). Influenza vaccine for protection against seasonal flu, pneumonia vaccine to protect against serious pneumococcal disease (Ozlu et al., 2019). Research suggests lung transplants for people with end-stage lung illnesses such as COPD, which is untreatable.

### **Importance of Basing Case Management on Current Evidence**

Effective case management process requires identification of sources and assessing their utilization, thus the need to base case management on current evidence. Essentially, all the care

nurses provide should be based on current best evidence to aid decision-making. The two top reasons we use case management is first because it is a method for determining individualized service plan for patients and monitoring that plan for effective execution. Secondly, case management is used to ensure that the money being spent on individual services is spent effectively and efficiently. In this case, the case manager is responsible for decision-making

[REDACTED]

management on current evidence to ensure that they are well informed prior to decision making.

Case management entails various processes such as assessment, planning, linking, monitoring, advocacy, and service coordination. As explained by Summers (2015), starting with assessment, case management obtains an accurate profile of the individual to help in establishing the chief complaint. This process requires current evidence to ensure that a case manager

[REDACTED]

monitoring.

## Published Guidelines

Various evidence-based guidelines have been developed to ensure quality care for COPD patients. Guidelines related to COPD include screening, preventing tobacco use, and smoking

[REDACTED]

predicts future mortality risk. For mild COPD exacerbations that require additional therapy, the guideline is to use only short-acting bronchodilators (SABDs) in treatment. SABDs should be combined with antibiotics and/or corticosteroids for moderate acute exacerbations.

For management of COPD exacerbations among hospitalized patients, oral corticosteroids are recommended over intravenous corticosteroids by the European Respiratory Society/American Thoracic Society (ERS/ATS). Following the negative impact of cigarette smoking on COPD patients, GOLD standards recommend using nicotine replacement products

[REDACTED]

receive influenza vaccine, SARS-Cov-2 and 23-valent pneumococcal polysaccharide vaccines.

The stipulated guidelines have been backed up with extensive current evidence suggesting their validity.

## Clinical Pathways and Relation to COPD

Clinical pathways are important in quality patient care delivery. Clinical pathways are defined as tools that guide evidence-based healthcare to translate clinical practice guidelines into clinical practice. Clinical pathways (CPW) are vital in COPD management because it requires a

care in a plan which is very important in the management of COPD. Additionally, CPW standardizes care for particular health issues and populations, which is also important in addressing COPD's worrisome prevalence and incidence (Rotter et al., 2019).

### Conclusion

Quality patient care outcomes require implementing evidence-based research to aid in clinical decisions. Evidence-based practice enables the utilization of current and best available practices, clinical expertise, and patient value are integrated to inform care decisions. Chronic obstructive pulmonary disease patients experience various complications and are associated with a high disease burden, thus the need to use evidence-based practice for improved outcomes. Evidence

coordination hence the need to base case management on current evidence. The GOLD standard has published various guidelines that are supported by evidence for COPD diagnosis,

management and prevention. Another important area in COPD management is clinical pathways which are essential tools in guiding evidence-based healthcare delivery.

香港醫療論文轉導中心 HKMTGC 版權所有 All Rights Reserved

## References

- Abu-Baker, N. N., AbuAlrub, S., Obeidat, R. F., & Assmairan, K. (2021). Evidence-based practice beliefs and implementations: a cross-sectional study among undergraduate [redacted]
- Bollmeier, S. G., & Hartmann, A. P. (2020). Management of chronic obstructive pulmonary disease: a review focusing on exacerbations. *American Journal of Health-System Pharmacy*, 77(4), 259-268.
- Corhay, J. L., Dang, D. N., Van Cauwenberge, H., & Louis, R. (2014). Pulmonary rehabilitation and COPD: providing patients a good environment for optimizing therapy. *International journal of chronic obstructive pulmonary disease*, 9, 27.
- [redacted]
- [redacted]
- Li, X., Cao, X., Guo, M., Xie, M., & Liu, X. (2020). Trends and risk factors of mortality and disability-adjusted life years for chronic respiratory diseases from 1990 to 2017: systematic analysis for the Global Burden of Disease Study 2017. *bmj*, 368.
- Ozlu, T., Yildiz Bulbul, D. A., Tatar, D., Kuyucu, T., Erboy, F., Koseoglu, H. I., ... & RIMPACT Study Investigators. (2019). Immunization status in chronic obstructive pulmonary disease: A multicenter study from Turkey. *Annals of thoracic medicine*, 14(1), 75.
- Rotter, T., de Jong, R. B., Lacko, S. E., Ronellenfitch, U., & Kinsman, L. (2019). Clinical pathways as a quality strategy. *Improving healthcare quality in Europe*, 309.



Summers, N. (2015). *Fundamentals of case management practice: Skills for the human services*. Cengage Learning.

Tashkin, D. P. (2015, August). Smoking cessation in chronic obstructive pulmonary disease. In *Seminars in respiratory and critical care medicine* (Vol. 36, No. 04, pp. 491-507). Thieme Medical Publishers.

香港醫療論文轉導中心 HKMTGC 版權所有 All Rights Reserved