Background and importance Chronic obstructive pulmonary disease (COPD) is a highly prevalent chronic disease partly characterised by the occurrence of exacerbations. The main treatment goal for COPD consists of reduction of symptoms and future risk and severity of exacerbations. A part of the hospital admissions for COPD exacerbations could theoretically be preventable with timely and appropriate outpatient care or self-management. It is important to consider and understand patients’ and health care providers’ (HCP) perspectives on potential preventability of hospitalisations to implement strategies directly influencing underlying factors. Different perspectives and beliefs between patient and HCP about the potential preventability can affect treatment efficacy.

Aim and objectives The aim of this study was to explore patients’ perspectives on the potential preventability of their hospital admission for an acute exacerbation of COPD (AECOPD) and to compare these with their HCPs’ perspectives.

Material and methods Semi-structured interviews were conducted with patients admitted for a COPD exacerbation (N=11), their HCP on the respiratory ward (N=11) and their treating pulmonologist (N=10). Interviews were transcribed verbatim and analysed using thematic content analysis.

Results The results of the perspectives on the potential preventability of AECOPD hospitalisation are shown in Table 1.

Different patient and caregiver factors for optimisation were identified: calling help, recognition and taking action on symptoms and instruction on COPD, treatment and action plans. Furthermore, treatment adherence and inhalation technique were not frequently assessed. However, both HCPs and patients felt the need for regular feedback.

Conclusion and relevance Patients and their HCPs have different beliefs about the potential preventability of AECOPD hospitalisation. Although not all patients and HCPs believed that hospitalisation was preventable, most did mention factors that could have led to a different outcome for the current exacerbation or for the patient’s health status and treatment of exacerbations in the future. The factors show that shared decision-making is crucial to bring to light the perspective of the patient and their individual needs to timely treat or even prevent AECOPD and thereby decrease admission rates.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest