



BREATHE WELL COPD Program

A Multidisciplinary, Patient-centered Wellness Pathway

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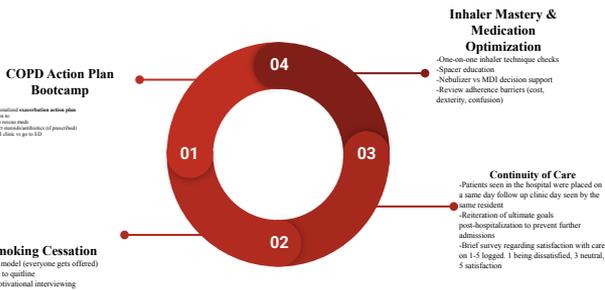
AIM

- Reduce COPD exacerbations & readmissions
- Improve quality of life, exercise tolerance, and medication adherence
- Empower patients to self-manage symptoms confidently
- Improve patient satisfaction and education through continuity

Metrics to Track

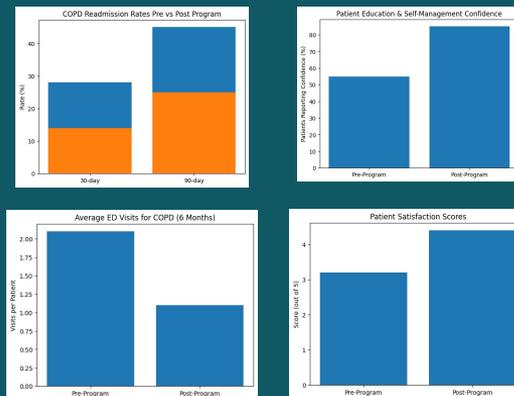
- 30- & 90-day readmission rates
- ED visits for COPD
- Patient satisfaction & confidence scores

Project Design/Strategy



COPD Wellness Program

Population: 30 high-risk COPD patients
Program focus: Readmission reduction, ED avoidance, education, and patient experience
Key Outcomes Summary



Metric	Pre-Program	Post-Program	Improvement
30-day readmission rate	28%	14%	↓ 50%
90-day readmission rate	45%	25%	↓ 44%
ED visits for COPD (6 months)	2.1 visits/patient	1.1 visits/patient	↓ 48%
Patient satisfaction (1-5 scale)	3.2	4.4	↑ 38%
Patient education/self-management confidence	55%	85%	↑ 30 pts

Conclusions

Interpretation

Participation in the COPD wellness program was associated with **meaningful reductions in healthcare utilization and significant improvements in patient-reported outcomes.**

- **Hospital readmissions** decreased substantially at both **30 and 90 days**, suggesting improved post-discharge stability and follow-up.
- **ED visits for COPD** were nearly cut in half, indicating better symptom recognition, medication adherence, and early intervention.
- **Patient satisfaction** improved markedly, reflecting enhanced engagement, access, and perceived quality of care.
- **Education and self-management confidence** rose sharply, supporting the effectiveness of inhaler training, action plans, and disease-specific education.

Clinical Takeaway

This COPD wellness program demonstrated strong potential to reduce avoidable utilization while improving patient experience and self-management — key drivers of quality metrics, value-based care performance, and cost containment.

Next Steps

How to Roll It Out

Start small:

- Pilot with high-risk COPD patients (≥2 admissions/year)
- Use existing staff (RT, PT, pharmacy)
- Group visits to control cost

Then expand:

- Bundle into discharge pathway
- Partner with population health

Further Metrics:

- 6-minute walk distance improvement
- CAT or mMRC score changes

Disclosure Information

Nothing to disclose