
The Respiratory Acute Discharge (RADS) during COVID

Initiative Type

Model of Care

Status

Deliver

Added

26 August 2021

Last updated

09 January 2025

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/respiratory-acute-discharge-rads-during-covid>

Summary

Respiratory Acute Discharge (RADS) is an early discharge and hospital avoidance service for patients who have chronic lung disease, particularly Chronic Obstructive Pulmonary Disease (COPD). It is a service that cares for patients who are experiencing these exacerbations and rarely need hospital care. The treatments are very simple – medications that can be given and monitored at

home.

During the pandemic this service became even more important. Outpatients with COPD present at hospitals with breathlessness and respiratory symptoms that mirrors those of Covid-19 and therefore they require isolation, which puts more pressure on bed stock.

With RADS the patients are encouraged to call when they notice a deterioration of respiratory condition.

Key dates

Jun 2020

Implementation sites

Sunshine Coast HHS

Partnerships

Sunshine Coast University Hospital, Nambour General Hospital, Caloundra Hospital

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Aim

RADS aim is always to keep patients who have COPD at home by giving them the tools, education, and support to manage their exacerbations in a timely manner. However, during the pandemic bed availability became essential, and avoiding patients who have respiratory symptoms, requiring isolation was of up-most importance.

Benefits

- bed days saved
- bed availability freed
- recouping of funds
- patient satisfaction is high.

Background

Patients who have COPD are known to have a higher morbidity or mortality risk if they are admitted to hospital with an exacerbation, at any time, not just during a pandemic. Being nursed at home maintains independence and lessens the chance of hospital acquired infection. The cost benefits are considerable within this model of care.

Solutions Implemented

At the start of the pandemic the RADS team contacted all patients known to them, the Respiratory Nurse Practitioners updated their action plans and provided patients with stand by antibiotics and prednisolone to manage their exacerbations. Patients were educated when they needed to start their medications, to avoid a decline worthy of hospital admission. At this point patients who were not at risk for an infection were asked to contact the RADS service. Where patients attended hospital with an exacerbation, they were discharged at the first opportunity into the care of RADS, rather than taking up a hospital bed that potentially may have been required for a COVID patient.

Evaluation and Results

Patient satisfaction:

- only two patients out of 38 surveyed preferred hospital care
- six patients commented on the benefits of home care.
- it shortens hospital stay and allows patients to come home, yet they know they will be seen and any concerns will be addressed
- the factors relating to why patients preferred early supported discharge were mainly due to transport to the hospital for family and friends.

Number of patients:

- number of individual patients who have received care from RADS this financial year = 333
- number of patients seen last financial year = 3174
- average number of individual patients cared for on RADS each week = 12
- average number of individual patients receiving Hospital Avoidance support seen each week = 15
- average number of patients visits a week overall per week = 63. Bed days
- number of bed days saved, utilising RADS, during the 2020/21 financial year was 1,518
- number of bed days saved, utilising RADS during the 2020/21 financial year was (based on patients spending less than average length of stay (LOS) 5.8 bed days) was 2,467
- actual LOS in hospital for patients who have COPD and are cared for by RADS was 3.0 days
- average length of care from the RADS nurses per case was 4.0 days

Lessons Learnt

Patients are not afraid of trying new ideas. There is a misconception that patients who have chronic respiratory disease feel safer in hospital, however our study disputes this. Education is a slow process - seeing patients at home allows them to absorb information without the stress of the hospital environment.

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