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**Clinical Practice**

**Chronic Obstructive Pulmonary Disease (COPD) Programme**

An Integrated Chronic Obstructive Pulmonary Disease (COPD) Programme, and the initiatives implemented in NUH have resulted in positive outcomes that are reflected in shorter length of stay translating into smaller bill size for patients and fewer hospital admissions. Death rate from COPD dipped from 7.4% to 2.7% in NUH.

Good organizational practice has offered this potential for improved outcomes for hospitalized COPD patients. The practices mainly focused on patient education, optimized drug treatment, a written AE COPD action plan, non-invasive ventilation (NIV) program in medical intensive care unit (MICU) and emergency medicine department, (EMD), hospital at home and Extended Diagnostic and Treatment Unit (EDTU).

For patients who are medically stable based on strict clinical criteria who present with gastrointestinal (GI) bleeding (hematemesis or melena), we are able to avoid admission by means of the next available gastroscopy assessment. These patients are scoped that same day or the very next morning of their presentation. Where there are no serious findings on the endoscopy, patients are discharged from the emergency department with medical advice. There have been no reattendances or readmissions from this early discharge and we are able to transfer the cost savings to patients.

We also have a Hepatitis B care programme which is a comprehensive holistic practice aiming to reduce the avoidable complications of this disease, where we review our chronic Hepatitis B patients as well as provide regular reminders and educational updates and reviews for such patients.