P74 WHY DO PATIENTS WITH COPD DECLINE POST EXACERBATION PULMONARY REHABILITATION?

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Background Despite the known benefits of post exacerbation Pulmonary Rehabilitation (PR), recruitment can often be difficult. A greater understanding of the reasons why patients hospitalised for an Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) declined the offer of PR is important.

Methods Patients (n=76) admitted to hospital with an AECOPD received a COPD care bundle delivered by COPD specialist nurses. From July to December 2015 patients receiving the care bundle who declined a referral to PR were asked for their reasons for declining. Hospital records were followed up in January 2017 to record admissions and mortality data since the first data collection.

Abstract P74 Table 1 Demographic Characteristics of patients who declined PR

Characteristics	76 participants		
Gender	25 female; 51 male		
Age	70.82 (8.78)		
Mean (Standard Deviation (SD))			
Smoking pack years (PY)	50 (50)		
Median (Inter Quartile Range (IQR))			
MRC (IQR)	4 (1.00)		
Reasons given as to why participants declined PR	Reason given	Number of people who gave this reason for declining PR	Number people who died since data collection to January 2017 in these different reasons
	Previously done PR	14	6
	Not interested in doing the programme	13	5
	Do not feel they need PR	11	1
	Too unwell	9	5
	Other Co-morbidities	6	5
	Other	6	1
	Doesn't feel able to manage it	4	3
	Mental Health Reasons	3	1
	Transport	3	2
	Work	2	0
	Commitments		
	Would like to do PR elsewhere	1	1
	No reason given	1	1

Results Mann Whitney U Tests were carried out to see if there were any differences between the main reasons (Table 1) for declining referral and age, MRC, pack years (PY) and/or co-morbidities. Participants who reported that they were not interested in doing PR had a statistically significantly higher PY history (60 vs. 43; p=0.02) compared to patients that chose another reason to decline PR. There was a significant difference between participants MRC scores and the reason they did not want to do PR. Those who did not feel they needed PR reported a lower MRC score range (2–4), compared with the participants in the other options for declining PR; MRC range (3–5);(p=0.005). Patients who gave the reason that felt they did not need PR had a statistically significantly lower number of admissions between their data collection periods (median 2.00 vs. 0.00; p=0.02). Patients who declined PR because they had previously completed the programme compared with those who gave other reasons, had a significantly higher number of hospital admissions during the follow up period (median 4.00 vs. 1.00 p=0.008). There was no statistically significant difference between the number of co-morbidities that patients had and the three main reasons given by patients for declining PR.

Conclusions This data has demonstrated that there are some consistent reasons why people decline PR. Further research is required to identify whether changing how PR is discussed with patients may encourage and help us recruit these types of patients into the PR.

P75 SELF-REPORTED STAFF KNOWLEDGE, CONFIDENCE AND SKILLS TO DELIVER PATIENT EDUCATION IN PULMONARY REHABILITATION

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Introduction and Objectives Education is considered integral to a comprehensive pulmonary rehabilitation (PR) programme, intended to provide the underpinning knowledge base for behaviour change to improve and maintain positive outcomes. We aimed to explore staff perceptions of their knowledge, skills and confidence to deliver education topics to identify training needs if re-designing PR education.

Methods 15 hospital-based (n=9) and community-based (n=6) multidisciplinary PR staff in Leicestershire completed a qualitative and quantitative questionnaire. The questionnaire comprised items relating to professional background and formal experience/training in delivering education. Likert scales (1=low level, 5=high level) were used to assess knowledge, skills and confidence in delivering 12 PR education topics (Exercise, Diet, Managing Breathlessness, Avoidance and Exacerbations, Signposting, Anxiety Management, Medication, Disease Education, Chest Clearance, Energy Conservation, Relaxation and Question and Answer) alongside open response questions. A 'Yes/No' item asked about skills to deliver more unstructured sessions. Mean rank was calculated using the frequency of 'high-level' scores across knowledge, skills and confidence (1=highest and 12=lowest). Friedman tests with post-hoc Wilcoxon Sign Rank tests compared knowledge, skills and confidence between education topics. Free text responses were also examined.

Results The majority of staff were physiotherapists (73.3%) and had previous formal education training (66.7%). PR staff