What Is the Effectiveness of a COPD Transition Bundle, With and Without a Care Coordinator?

**STUDY DESIGN**

Multicenter cohort study with a nested randomized controlled trial in patients with COPD

- **Usual care** (n=3,106)
- **AECOPD transition bundle** (n=604)
  - Care coordinator (n=320)
  - No care coordinator (n=284)

**RESULTS**

The transition bundle cohort was **less likely to be readmitted** within 7 days and 30 days of discharge, but 90-day readmissions unchanged

- 7 - Days: RR 0.17 (0.07-0.35)
- 30 - Days: RR 0.74 (0.60-0.91)
- 90 - Days: RR 1.05 (0.93-1.18)

The **transition bundle** was also associated with

- 7.3% relative increase in LOS (RR 1.07; 1.0-1.15)
- 76% greater risk of a 30-day ED revisit (RR 1.76; 1.53-2.02)

The care coordinator did not influence readmission or ED revisits.

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The COPD transition bundle reduced 7- and 30-day hospital readmissions, while increasing LOS and ED revisits. The care coordinator did not improve outcomes.

Atwood CE, et al. *CHEST* August 2022  |  @journal_CHEST  |  https://doi.org/10.1016/j.chest.2022.03.047
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