



Rapid Access Rehabilitation after exacerbations of COPD – A qualitative study

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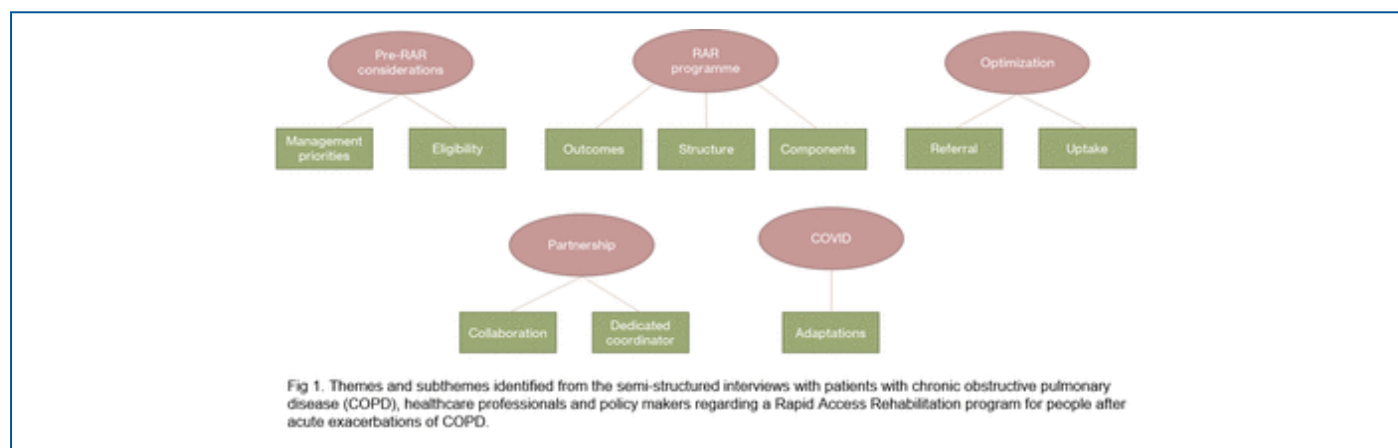
Abstract

Rehabilitation after exacerbations of chronic obstructive pulmonary disease is beneficial, but its feasibility is questionable. Feasibility is potentiated by stakeholder involvement throughout program development. We explored the perspectives of different stakeholders towards a rapid access rehabilitation (RAR) program after acute exacerbations.

Semi-structured interviews were conducted with 3 patients (62-89y; GOLD D), 10 health professionals (HP, 31-71y) and 3 policymakers (38-55y). Thematic analysis was performed.

Themes and subthemes are in Fig. 1. Pre-RAR considerations were clear eligibility criteria (e.g., ability to safely ambulate) and management priorities (e.g., pharmacological optimization). It was suggested that RAR should begin immediately after discharge and its frequency/duration depended on the RAR setting. Tailored exercise and education were prioritized. Outcomes included exacerbations, exercise, functionality, knowledge and mental wellbeing. Referral and uptake optimization of the RAR included standardization of the referral process and increasing awareness about RAR programs. Partnership among HP and care settings was deemed essential for the RAR sustainability and the need for a coordinator to manage the communication process was highlighted. COVID adaptations through remote access were mentioned.

A RAR program was well accepted by different stakeholders who reported similar perspectives for its implementation.



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