

10.04 An evaluation of patient outcome measures comparing hospital based pulmonary rehabilitation (PR) with virtual pulmonary rehabilitation at Tallaght University Hospital (TUH)

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Pulmonary rehabilitation (PR) is the most cost effective intervention for reducing exacerbations and hospital admissions in COPD and other respiratory conditions. Studies which have compared virtual PR to traditional face to face (F2F) hospital based classes have found virtual PR to have similar clinical improvements in the 1 minute Sit To Stand (1 min STS) and disease specific outcome measures. Virtual PR was introduced in TUH in June 2020 as a response and solution to Covid 19 restrictions, and F2F PR was reintroduced in Sep 2021 when restrictions were eased. A comparison of patients who completed greater than 12 classes of F2F PR (n=28) and virtual PR (n=43) in TUH found that patients who completed F2F PR had a greater improvement in outcome measures when compared against the minimal clinical importance difference (MCID) than those who completed virtual classes. Ninety-six per cent of F2F participants achieved the MCID for 1min STS test, compared with 79% in virtual PR. Further, 59% of F2F participants achieved the MCID in the COPD Assessment test, compared with 50% in virtual PR. Moreover, 52% of F2F participants achieved the MCID improvement in the Modified Medical Research Council Dyspnoea Score in the F2F class, compared with 29% improvement in virtual PR.

Conflict of Interest: None to declare