National Asthma and COPD Audit Programme (NACAP)

COPD and adult asthma organisational audit: Frequently asked questions (FAQs)

Version 1.7: March 2019

Guidance is also available for the technical aspects of the organisational audit data entry area of the web tool.

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General Information

Overview

- The COPD and adult asthma secondary care organisational audit is a snapshot audit of how your hospital is staffed and organised to care for adults with COPD and asthma.
- The organisational audit dataset, technical guidance and uses of data document can be accessed via any of the below options:
  - On access to the audit (https://www.nacap.org.uk) please log in either through your COPD or adult asthma log in details, and select the ‘Downloads’ tab on your web tool homepage where the available resources can be found.
  - These documents can be found publically on the NACAP COPD and adult asthma audit resources webpages.
- The data submitted will be published at national level and hospital level. For further details on the types of outputs that will be produced for the organisational audit please read the organisational audit ‘Uses of data’ document.
- Only one organisational audit needs to be completed per hospital, rather than per audit. This organisational audit is to be completed at hospital level, not Trust or Health Board level.

Timelines

- Data collection will take place over a three month period between Monday 1 April 2019 and Monday 1 July 2019.
- The deadline to complete the organisational audit dataset is Monday 1 July 2019 at 6pm.
- Please note that data must be submitted by this deadline via the online audit web tool in order to be included in analysis and reporting.

Managing the audit

- Colleague(s) at your hospital entering organisational audit data will need to have access to the COPD audit or adult asthma audit web tool. Please note that access to both web tools is not necessary in order to enter and submit the organisational audit data for the hospital; access to one of these web tools is sufficient.
- Organisational audit data entered via the COPD audit web tool will be automatically populated into the equivalent online pro forma in the adult asthma audit web tool and vice versa for the relevant hospital.
- We advise that one member of the team leads on coordination of data collection. However, please note that multiple people are able to enter the data, provided they are registered to either the COPD audit or the adult asthma audit.
- This team member(s) should familiarise themselves with the questions being asked and where this data will be sourced from as early as possible, as some data may need to be requested from your Trust/Health Board management.
Access to the organisational audit

Login and registration

- To enter data, please go to https://www.nacap.org.uk.
- The organisational audit can be accessed via either your COPD audit web tool login or adult asthma web tool login.
- If your hospital is registered, any of the existing web-tool users are able to create a new log-in for additional users who may support data entry for the organisational audit. However, only the lead clinician for the COPD audit or the adult asthma audit at the hospital can approve these additional users.
- Please note colleagues granted access to the web tool must have the appropriate organisational authority to view patient level information as the clinical audit and organisational audit are both accessible via the same web tool portal.
- Please contact the NACAP team (details are provided in footer of this document) if you are unsure whether you or your hospital are registered to the COPD and/or adult asthma secondary care audits.

Using the web-tool

- Once you are logged in to the web-tool, select ‘COPD & adult asthma organisational audit’ from the left side banner of the homepage. This will take you to the online organisational audit pro forma which requires completion. You will need to select ‘Edit’ from the top right hand corner of the pro forma to be able to add your data.
- Make sure that you select ‘Save’ in the top right hand corner of the pro forma to save what you have entered. Any data you have added, or edited, will thereafter be updated within both the COPD audit web tool and adult asthma audit web tool for the hospital.
- When you have answered all questions, please select the ‘Mark as complete’ button in the top right hand corner of the pro forma. This function performs as a validation check to ensure all questions have been answered and if so, locks the pro forma from further editing.
- Any areas of the pro forma which are incomplete or require your attention to complete will be flagged by the web tool in yellow.
Organisational audit dataset
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Admissions

- My hospital has High Dependency Unit (HDU) beds situated in the Intensive Care Unit (ICU). Can these be included in the total number of HDU beds? *(Question 1.5a How many HDU beds are there in your hospital to which COPD and asthma patients can be admitted?)*
  
  o HDU beds situated on ICU should be included in the total number of HDU beds for this question.

- My hospital only has a speciality Intensive Care Unit (ICU). Can I answer ‘Yes’ for question 1.6? *(Question 1.6 Does your hospital have an Intensive Care Unit (ICU) to which respiratory patients can be admitted?)*
  
  o Please only answer ‘Yes’ for this question if the ICU accepts respiratory patients.
  o Please select ‘No’ if the hospital only has a speciality ICU that would not admit respiratory patients (such as a neurological ICU).

Staffing levels

- We have team members who may care for COPD and/or adult asthma patients, but they do not have time specifically devoted to these patients. How should we record the Whole Time Equivalent (WTE) for these staff posts? *(Question 2.1 How many of each of the following staff posts (filled and unfilled) are there in your respiratory team?)*
  
  o If COPD/adult asthma patients have routine access to respiratory or generic staff members please include these in the WTE provided for the relevant posts. For example, if COPD and asthma patients have access to two nurse consultants as and when required, and these nurse consultants are employed on a full time basis, please enter 2.00 WTE.
  o However, if you have staff assigned specifically for treating respiratory patients, please only include the WTE assigned to this service. For example, if two nurse consultants have half of their time assigned to respiratory patients, please enter 1.00 WTE, to represent 0.50 WTE per post.

Access to specialist staff and services

- Who do you define as a senior decision maker? *(Question 3.6 How often are patients with COPD and asthma on the admissions ward reviewed by any senior decision maker (ST3 or above)?)*
  
  o A ‘senior decision maker’ does not just refer to respiratory physician review and can include acute physicians as well as on call general physicians.
  o We suggest that you answer this question based on the usual practice which occurs on the admissions ward. This usually includes a combination of acute physician reviews, or in some cases, a dedicated acute physician system alone for the usual pattern of patient review.
7-day working week

- How do you define out of hours and weekends for questions in the 7-day working week section of the organisational audit dataset?
  
  o For the purposes of distinguishing between weekend cover and weekday evening/night cover we use the following definitions:
    o Out of hours is defined as between 18:30 hrs and 08:00 hrs on weekdays.
    o Weekends are defined as 18:30 hrs on a Friday until 08:00 hrs on a Monday.

Management of care

- We have an Electronic Patient Record (EPR) system, but we continue to use a paper based record system as well. Can I select ‘Yes’ for question 5.1? (Question 5.1 Does your hospital have an Electronic Patient Record (EPR) system?)
  
  o If you have an EPR system capable of holding electronic case records which is designed to replace use of paper records, but have not migrated to this system yet, or have only partially migrated to using this, please still answer ‘Yes’.
  o If your hospital only has patient administration systems that hold some patient data, but could not be used alone without paper records, or you only have electronic test requesting or results systems, please answer ‘No’ for this question.

Integrated care

- We run a Multi-Disciplinary Team (MDT) meeting for COPD patients that need intervention procedures. Can I select ‘Yes’ for question 6.3? (Question 6.3 Is there a regular MDT meeting between hospital and community teams for patients with COPD?)
  
  o You should select ‘No’ if your MDT meetings run only for a very small number of patients, such as patients referred for intervention procedures alone. This question also excludes MDT meetings run specifically for research purposes.
  o You should answer ‘Yes’ for this question if you run MDT meetings to discuss complex cases in order to improve communication and care integration.

Patient and carer engagement

- Could you provide an example of what you define as ‘patient representation’ on the strategic group for respiratory services? (Question 7.2 Does this group have patient representation?)
  
  o You should select ‘Yes’ for this question if your strategic group for respiratory services includes attendance from at least one patient or carer and/or includes patient organisation representation (ie British Lung Foundation (BLF) Breathe Easy or Healthwatch group representation) to champion the service user perspective.