National Asthma and COPD Audit Programme (NACAP)

Pulmonary rehabilitation (PR) organisational audit: Frequently asked questions (FAQs)

Version 2.0: June 2019

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

Contents

This contents page is navigable. Please click on any of the below headings and subheadings to take you to the relevant section of the FAQ document.

NACAP: Pulmonary rehabilitation

General Information

Back to contents

Overview

- **What information is collected in the PR organisational audit?**
  - The PR organisational audit is a snapshot of how your service is staffed and organised.
  - The organisational audit dataset, technical guidance and uses of data document can be accessed via:
    - The audit web tool (https://www.nacap.org.uk). Please log in using your PR login details, and select the 'Downloads' tab on your web tool homepage where the available resources can be found.
    - The NACAP PR audit resources webpage.
  - The data submitted will be published at national level and service level. For further details on the types of outputs that will be produced for the organisational audit please read the 'Uses of data' document.
  - Only one organisational audit needs to be completed per service.

Timelines

- **What are the audit timelines?**
  - Data collection will take place over a 12-week period between Friday 5 July 2019 and Monday 30 September 2019.
  - The deadline to complete the organisational audit dataset is **Monday 30 September 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 the combined clinical and organisational audit report in Spring 2020.

Managing the audit

- **How should the audit be managed by our service?**
  - Colleague(s) at your service entering organisational audit data will need to have access to the PR audit web tool.
  - 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 the PR audit.
  - This (these) 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/Organisation's management.

National Asthma and COPD Audit Programme
pulmrehab@rcplondon.ac.uk | 020 3075 1526
www.rcplondon.ac.uk/nacap

Page 2 of 6

Access to the organisational audit

Back to contents

Login and registration

- **Where do I go to enter data for the PR organisational audit?**
  - To enter data, please go to https://www.nacap.org.uk.
  - If your service is registered, any of the existing web tool users are able to create a new login for additional users who may support data entry for the organisational audit.
  - 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 service is registered for the PR audit.
  - Once you are logged in to the web tool, select '2019 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 the PR audit web tool for the service.
  - Further information can be found in the audit's technical guidance document.

Using the web tool

- **When will site level and national reports for this audit be published?**
  - Following completion of data entry and analysis by the audit team, you will receive an organisational site-level report with data for your service benchmarked against national data. A national combined clinical and organisational report will also be published. Site-level and national reports will be published in Spring 2020. Please check the National Asthma and COPD Audit Programme website for exact publication dates.

National Asthma and COPD Audit Programme
pulmrehab@rcplondon.ac.uk | 020 3075 1526
www.rcplondon.ac.uk/nacap

Page 3 of 6

Organisational audit dataset

Back to contents

Referrals and Assessments

- **What does 'started a PR programme' mean?** *(Question 1.1b: How many patients started a PR programme in the financial year 1 April 2018 to 31 March 2019?)*
  - o 'Started PR' is defined as anyone who attended at least the first session of their PR programme.

- **If a patient has been referred, assessed, enrolled onto a PR programme and completed a discharge assessment more than once within the financial year of 1 April 2018 and 31 March 2019 how should this be recorded in section 1 of the dataset?**
  - o If the same patient receives multiple treatment episodes within one financial year then each episode should be counted as distinct e.g. two referrals, two starts etc.

- **Why is the audit not collecting data regarding how many patients completed a PR programme in section 1 of the dataset** *(Section 1: Referrals and assessments)?*
  - o We are collecting information about the number of patients completing a discharge assessment, which is an objective measure of patients completing a PR programme.

Audit participation

- **What is the first reporting period for the clinical audit?** *(Question 2.1: How many patients were eligible for inclusion in the first reporting period for the clinical audit?)*
  - o The first reporting period for the clinical audit for patients who were assessed on or after **1 March 2019** and were discharged by **31 August 2019**

- **Should services keep a record of the patients that do not give their consent to take part in the PR audit?**
  - o Yes, services should be collecting dissent to enable them to answer section 2 of the organisational pro forma. In addition, this needs to be recorded as part of the clinical audit to ensure that no patient data is included in the clinical audit without written consent from the patient.
  - o The three questions in section 2 enable us to see the percentage of patients inputted into the clinical audit versus the number of eligible patients for the clinical audit (case ascertainment).
  - o This is the only way we are able to collect dissent data from services as the clinical audit web tool only captures data from patients that have consented to take part in the audit. This does not reflect the patients who were either not approached for consent or those that dissented. Furthermore, there is no third party database for this information yet as there is in other audits such as the secondary care COPD audit.

Structure and content of programme

- **Our service runs home-based PR sessions as well as supervised centre-based sessions. Where would we record the number of supervised home-based sessions in the dataset?** *(Question 4.7: How many supervised centre-based sessions do patients usually attend per week?)*

- We are only collecting information about supervised centre-based session frequency in this organisational audit, in line with the [BTS Quality Standards for Pulmonary Rehabilitation in Adults.](#)
- We are, however, collecting information about home-based PR programmes in the clinical audit.

- **The duration of our centre based PR programme varies from site to site. Which option should we select in Question 4.3** *(Question 4.3: What is the typical duration of your centre based PR programme?)*
  - If you run multiple PR programmes differently at different sites, please select all options that apply

- **Our service measures 'Physical activity' in different ways depending on the patient. Sometimes we use devices, sometimes we use questionnaires. How should our service answer question 4.11a** *(Question 4.11a: If 'Physical activity' is measured, please select how this is done.)*
  - We would ask that you select the method that your service uses the most often.

Programme provision

- **We have two different contracts for the same service. One service has a fixed term funding and one does not. Which option should be selected in question 5.3?** *(Question 5.3: What type of funding does your service have?)*
  - If your service holds both fixed-term and a non-fixed term contracts for the same service, select both options and record the number of years of future funding your service has in question 5.3a.

Staffing

- **Who do you define as the clinical lead?** *(Question 6.1: Is there a named clinical lead for the service?)*
  - A clinical lead is someone who takes overall responsibility for the organisation and delivery of the service. This will include at least partial responsibility for quality assurance, safety and staff line management. They may hold one of the following job titles:
    - **Doctor:** includes GP and any secondary care physician.
    - **Exercise practitioner:** exercise instructor, exercise physiologist.
    - **Qualified nurse**: specialist nurse, nurse practitioner, consultant nurse.
    - **Qualified occupational therapist**: clinical specialist occupational therapist.
    - **Qualified physiotherapist**: including specialised physiotherapist, consultant physiotherapist, and senior physiotherapist.

- **What does 'funded' refer to in questions in section 6 of the dataset?** *(Question 6.4: What are the designations of the staff who contribute, but are non-funded, to the service?)*
  - 'Funding' refers to the proportion of an individual's job plan that has been agreed with the provider to allow the individual to work in the service.

National Asthma and COPD Audit Programme
pulmrehab@rcplondon.ac.uk | 020 3075 1526
www.rcplondon.ac.uk/nacap

Page 5 of 6

Record keeping

- **Should we only select what is actually in the departmental Standard Operating Procedure (SOP) or what information is available more generally i.e. at a Trust level?** *(Question 7.1a: What does the Standard Operating Procedure include?)*
    - The information relates specifically to the SOPs that are developed and held within the PR department. The information can come from trust wide SOPs but they must be incorporated into the departmental SOP and implemented at the PR service.

Definitions

- **Service** means a pulmonary rehabilitation service with a shared pool of staff and central administration where referrals are received. A service may operate at several sites.
- **Programme** means the course of classes that the patient is referred to.