











Only one week until the organisational audit closes

The organisational audit will close at **5pm on Friday 28 April 2017.** Please make sure that you have completed your entry for your service and have selected the **'Mark as complete'** button on the web-tool (you will need to be in 'Edit' mode in order to do this). Services yet to start their organisational audit will have already received emails regarding this.

The clinical audit will close on **Monday 31 July 2017**. Please remember that only eligible, consenting patients assessed **between 3 January and 31 March 2017** should be included in the audit. Any patients assessed **after** 31 March should not be included.

Data entry update

Thank you to all services that have entered data on the web-tool. So far, **2997** patient records have been entered and **121** services have started their organisational audit. The interactive map currently has **600** PR sites entered.

The services with the most clinical records entered so far are:

- Norfolk Community Pulmonary Rehabilitation Service (Norfolk Community Health and Care NHS Trust) have entered 125 clinical records.
- Glenfield and Leicester Hospitals PR Programme (University Hospitals of Leicester NHS Trust) have entered 96 clinical records.
- Cambridgeshire Pulmonary Rehabilitation Programme (Provide CIC) have entered 84 clinical records.

Spotlight

This month's spotlight service is Glenfield and Leicester Hospitals PR Service (University Hospitals of Leicester NHS Trust.



Following the 2015 audit, the team implemented some quality improvement measures. Recent achievements include:

 Median number of days to enrolment. The team have worked to re-arrange their assessment clinics to take advantage of the on-site COPD specialist nurses and have also increased capacity

- to help reduce waiting times.
- Practice walking test performed at assessment. The team used the 2015 audit data to
 educate and reinforce with clinical staff the importance of performing practice tests. In situations
 where clinicians judge this to be inapplicable, the reasons why are clearly documented.
- Written discharge plan provided to the patient. The local rehabilitation paperwork has been
 updated to include clear documentation of a written discharge plan being provided to the patient.
- Muscle strength measured at initial assessment. Equipment has been repaired so that muscle strength testing can be conducted, and the correct equipment is now provided at all PR sites.
 Routines have been adjusted so that all new starters can be tested.

Remember that if you would like to submit anything to be considered for inclusion in these newsletters, then please contact the audit team at copd@rcplondon.ac.uk

FAQs

You can view the full version of our FAQs <u>here</u>. Below are some examples of our popular organisational audit questions.

Is question **4.6** (How many 'Did Not Attends' (DNAs) were recorded by your service in the financial year April 2015 to March 2016?) regarding DNAs for assessment only, or for assessment and group attendance combined?

- Please only enter the number of DNAs for the pulmonary rehabilitation assessment. If a patient has attended at least one session of PR, they do not count as a DNA.
- If a patient attends their assessment and agrees a start date for PR, but then fails to attend any
 sessions, they should be classed as a DNA.

For question **5.3** (What are the number of grades and WTE of the staff who are funded to deliver the PR service?), should I enter the WTE of staff overall or just their time spent on PR?

Please record the time that staff members spend on the PR service only (i.e. proportion of WTE).

The next newsletter will be on Friday 26 May 2017.





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