



Pulmonary rehabilitation quality improvement via a regional network

The KSS Respiratory Network aims to improve the quality of respiratory services and reduce unwarranted variation in the management of patient care pathways.

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Introduction

Our region runs a Pulmonary Rehabilitation (PR) Clinical Network. The aim being to reduce variation in, and improve standards of, care. It provides an opportunity for sharing good practice, including around national British Thoracic Society (BTS) PR Guidelines and Standards of Care, discussion of challenges, problem solving, and facilitates and supports quality improvement (QI) and capability building.

Clinicians are encouraged and supported to participate in the National Asthma and COPD Audit Programme (NACAP) PR audits, including a collaborative approach with the national PR audit Project Manager. Open sharing of data is encouraged, and analysis of regional data and trends is used to support and identify areas for quality improvement.

Method

In order to establish the KSS regional baseline and compare to the national average, the NACAP 2017 PR snapshot audit data were analysed. Analysis included comparing the mean of key identified outcomes of the region's 15 providers against the national mean (184 providers). The percentage mean for each provider was first calculated individually, before a mean of the findings was calculated as the overall for each metric and area. Thus, percentages stated do not add for the n=enrolled/completed & referred/assessed as these represent the totals of all services. A Mann Whitney U test was utilised due to the non-parametric data and difference in sample sizes between the groups.

Results

The region's providers demonstrate a 9% higher mean conversion of referral to assessment rate than national average (76% [5362/7002] vs 67% [42752/68073], $p=0.26$) and a 7% higher mean completion rate (69% [393/564] vs 62% [4396/7480], $p=0.202$) (Fig1). The large difference in sample size between national and the region's providers, along with the limited sample size of the region, contributes to a lack of statistical significance; despite this a meaningful clinical difference is observed.

The region's PR providers also greatly exceed the national average on the number of patients completing a practice walk for tests of exercise tolerance (86% vs 54%) and have 10% more patients receiving a written programme of exercise at discharge (91% versus 81%) (figure 2).

Future direction

To gain further regional improvements, and in light of the prominence of PR in the NHS Long Term Plan (LTP) and the move to the requirement for evidence of competence, the

Fig 1: National and regional PR patients referred, enrolled, assessed and completed

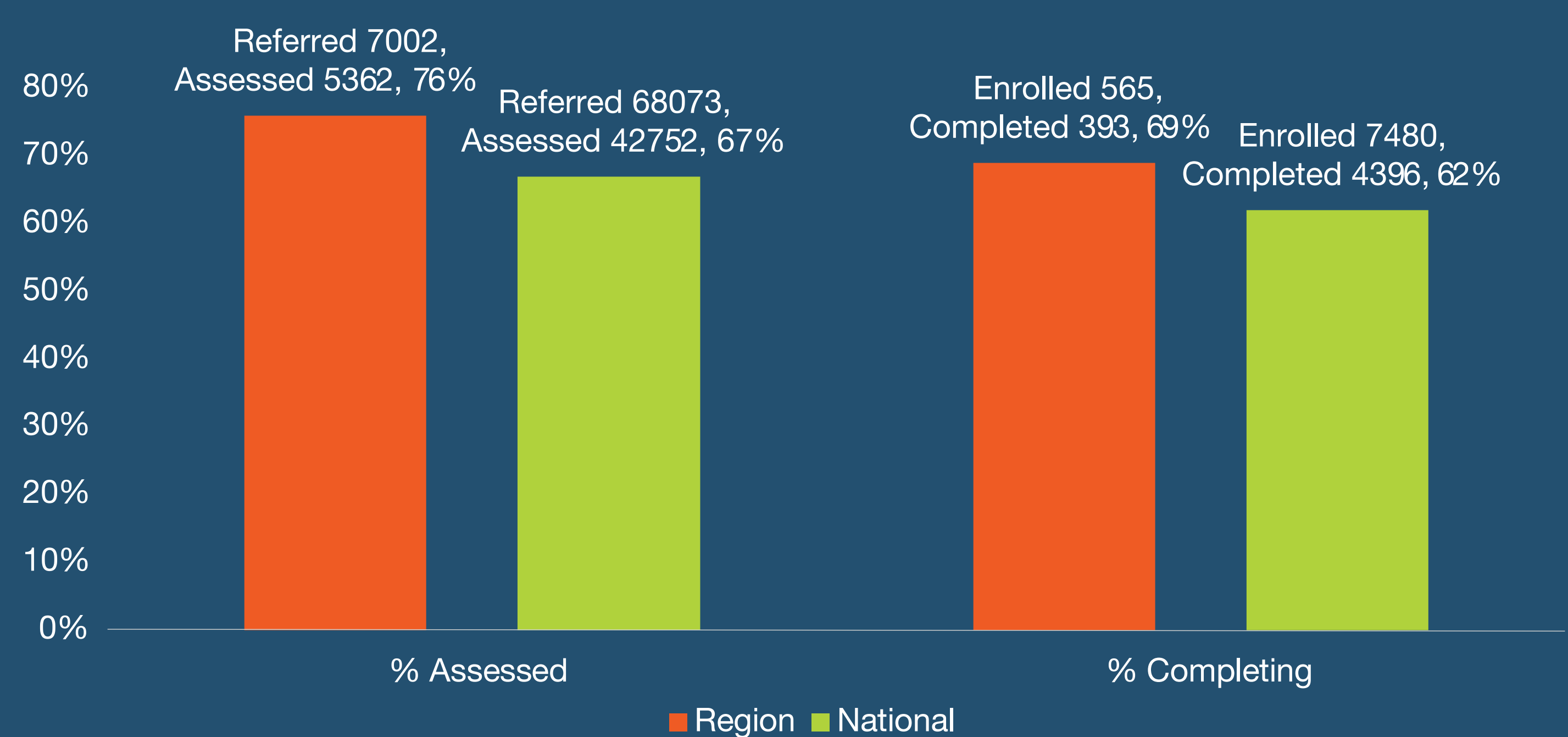
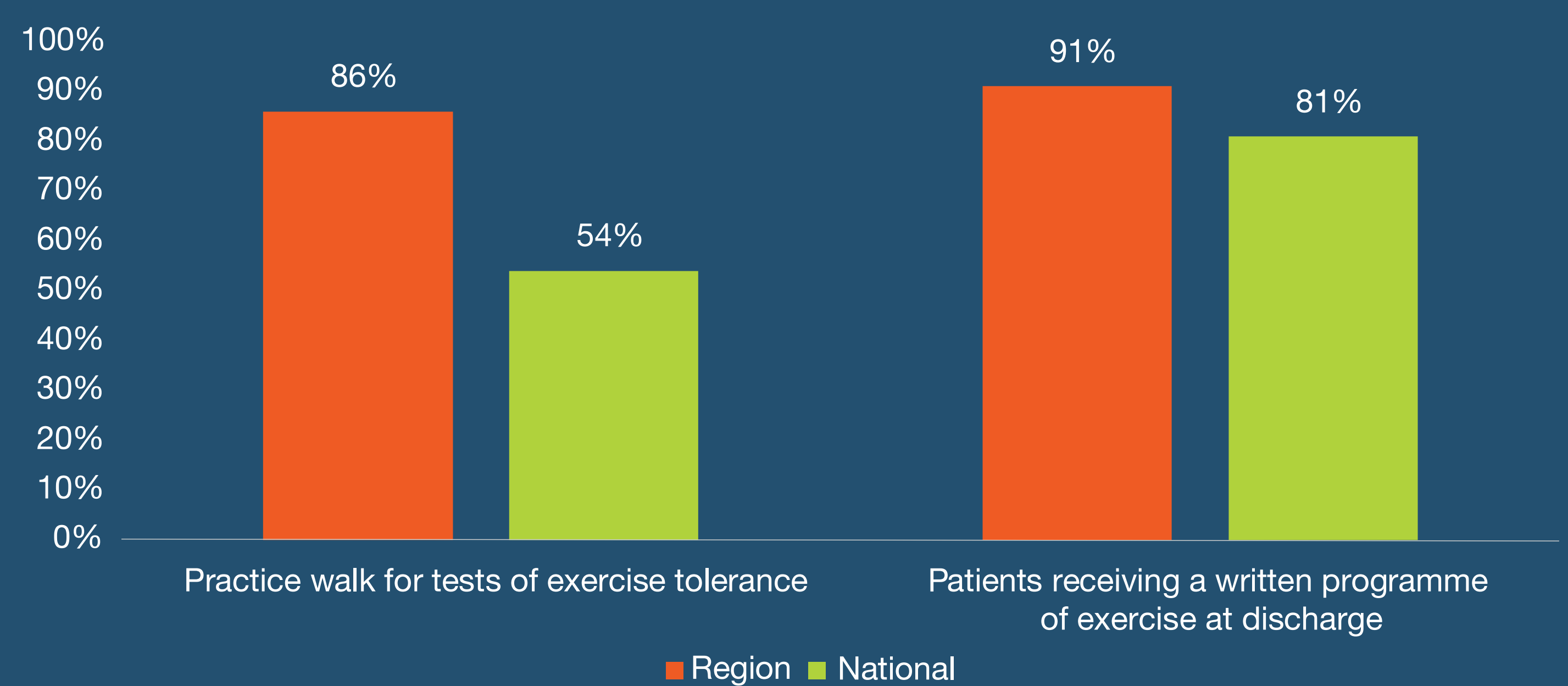


Fig 2: National and regional practice walk tests and exercise plan at discharge



network has decided to apply as a group for accreditation through the Royal College of Physicians (RCP) Pulmonary Rehabilitation-Services Accreditation Scheme (PRSAS). Going through the PRSAS as a region means:

- **Reduced cost:** cost will be lower since group training can be provided
- **Enhanced support:**
 - Services will have access to support of the PRSAS team and the KSS Respiratory Programme
 - Peer support: The Network provides a peer support environment and the opportunity for learning from colleagues undergoing the same process

- **Clinical leadership:** dedicated experience, support and guidance from the KSS PR Clinical Lead.

Conclusion

Our Network's PR programmes are all participating in the national audit and the region is generally performing well compared with the national average, and exceeding that in some key metrics. We will continue to work with providers, and the NACAP PR Audit and PRSAS team, on improving service issues and outcomes highlighted from the audit.