

National Respiratory Audit Programme (NRAP)

National Respiratory Audit Programme (NRAP)

COPD secondary care audit - clinical audit dataset Version v6.0: March 2025

Contents

(you can navigate this data set using the interactive menu below)

2
4
10
17
18
20
22
25
28
-

Arrival in	Arrival information						
ltem No.	Question	Text under question	Pop-up help note		Validation		
	Inclusion and exclusion criteria	 Include patients: who are 35 years and over on the date of admission, who have been admitted* to hospital adult services, who have a primary diagnosis of COPD exacerbation, where an initial, or unclear, diagnosis is revised to an acute exacerbation of chronic obstructive pulmonary disease (AECOPD). 	We suggest that cases should b prospectively. Any gaps should then be checked by checking all cases which hav the following ICD-10 codes in th secondary position (as per the the first episode of care: Patients with the following ICD- positions in the first episode of for inclusion in the audit:	ked retrospectively ve been coded with the primary or table below) of D-10 codes and			
		 Exclude patients: In whom an initial diagnosis of an AECOPD is revised to an alternative at a later stage. Who have had a stay in hospital of less than 4 hours (who would be classed as a non-admission). With COPD who are being managed for 	J44.0 - COPD with acuteAnylower respiratoryinfectionJ44.1 - COPD with acuteAny	tions: d position y code y code			
	 With COPD who are being managed for pneumonia, not AECOPD. *Where admission is an episode in which a patient with an AECOPD is admitted to a ward and stayed in hospital for 4 hours or more (this includes Emergency Department, Medical Admission Units, Clinical Decision Units, short stay wards or similar, but excludes patients treated transiently before discharge from the Emergency Department (ED)). 		COPDJ44.9 - COPD unspecifiedAnyJ43.9 - emphysemaAnyJ22 - unspecified acuteJ44.0lower respiratoryor J4infectionR06.0 - dyspnoeaKortness of breath)or J4J96.0 - acute respiratoryJ44.0	y code y code y code 0 or J44.1 or J44.8 J44.9 or J43.9 0 or J44.1 or J44.8 J44.9 or J43.9 0 or J44.1 or J44.8 J44.9 or J43.9			

Arrival i	Arrival information						
ltem No.	Question	Text under question	Pop-up help note		Validation		
			J96.1 – chronic respiratory failure J96.9 – respiratory failure J10.1 – influenza due to other identified influenza	J44.0 or J44.1 or J44.8 or J44.9 or J43.9 J44.0 or J44.1 or J44.8 or J44.9 or J43.9 J44.0 or J44.1 or J44.8 or J44.9 or J43.9			
			virus with other respiratory manifestations				
1.1	Date and time of arrival at your hospital	Please record the date and time the patient arrived at your hospital. It is important to record the arrival time because this is the first point of contact with the organisation.	The point of arrival is often the ED or MAU, though patients occasionally come from home/elsewhere into other wards. These cases must also be included.				
			Time is best determined f transfer sheet, the A&E/E arrival record.				
1.1a	Date of arrival	dd/mm/yyyy			Look of answer option: // Earliest date allowed 01/01/18, Latest date = Today		
1.1b	Time of arrival	24hr clock 00:00			Look of answer option: : Cannot be a time in the future.		

Patient				
ltem No.	Question	Text under question	Pop-up help note	Validation
Patient	information			
2.1	NHS number	The field will accept valid NHS number which are ten digits long. Optionally, you can use spaces or dashes or 3-3-4 format.	 Permission has been granted to use the NHS number as a patient identifier. This will be used to determine: case-mix, length of stay, readmission rate, mortality, and the timing of key care processes. The NHS number is essential to create a Patient Record. It should only consist of digits. It may be formatted as 000 000 0000 (spaces) or 000-000-0000 (dashes) It should contain exactly 10 digits. NHS Numbers start with a 4, 6 or 7 A warning will be given if the number appears invalid. Use '[NONNHS]' for patients that reside in the UK, but do not have an NHS number. 	Look of answer option: or Must be a 10 digit number.
2.2	Date of birth	dd/mm/yyyy	Date of birth may be entered numerically e.g. 01/03/1957 can be inputted as 1 3 57.	Look of answer option: // or The web-tool only allows patients that are: o aged 35 years and over o aged under 115 years old. Cannot be a future date.
2.3	Gender identity:	Please enter the patient's gender as it	If the gender for the patient cannot be determined 'Not recorded/Preferred not to say' should be selected.	 Radio buttons <u>five</u> options: Male (including trans man)

Patient	Patient						
ltem No.	Question	Text under question	Pop-up help note	Validation			
		appears in the notes/referral information.		 Female (including trans woman) Non-binary Not known (not recorded/asked) Not stated (person asked but declined to provide a response) Can select <u>one</u> option only. 			
2.3a	Is the patient's gender identity the same as birth indicator?	Please enter the patient's gender as it appears in the notes/referral information.	If the gender for the patient cannot be determined 'Not stated' should be selected.	 Radio buttons <u>four</u> options: Yes – the person's identity is the same as their gender assigned at birth No – the person's identity is not the same as their gender assigned at birth Not known (not recorded/asked) Not stated (person asked but declined to provide a response) Can select <u>one</u> option only. 			
2.4	Home postcode	Please enter the full postcode. For patients with no fixed abode use 'NFA'.	Permission has been given to facilitate case-mix adjustment and understand local referral trends.	Allows 'NFA' for patients with no fixed abode.			
2.5	Ethnicity	Please enter the patient's ethnicity as it appears in the notes.	It is not expected that services ask patients about their ethnicity. Please answer this question based on the information recorded in the patient notes.	 Drop down list <u>eighteen</u> options: White British White Irish Any other White background White and Black Caribbean White and Black African White and Asian Any other mixed background 			

Patient	Patient						
ltem No.	Question	Text under question	Pop-up help note	Validation			
2.6	Does this patient have a current mental illness or cognitive impairment recorded?	Select all answers or 'No/None' or 'Not recorded'. Please answer this question based on the information recorded in the patient notes.	It is not expected that services ask patients about their mental health status. Please answer this question based on the information recorded in the patient notes. 'Other' should be used where the patient is considered to have a mental health illness or cognitive impairment but this does not appear in the options given.	 Indian Pakistani Bangladeshi Any other Asian background Caribbean African African Any other Black background Chinese Any other ethnic group Not known Not recorded Can select <u>one option only</u> Radio button nine_options No/None Anxiety Depression Severe mental illness (e.g. schizophrenia, bipolar disorder) Dementia Delirium Mild cognitive impairment Other Not recorded 			

Patient								
ltem No.	Question	Text under question	Pop-up help	note	Validati	on		
Smokin	g status							
2.7	Does the patient currently smoke, or have they a history of smoking any of the following substances? Tobacco (including manufactured or rolled cigarettes, pipe, cigars or shisha) or Cannabis	Please select never, ex or current based on the smoking status recorded in the patient notes. Patients that vape but do not smoke traditional tobacco are not classified as smokers. If the patient stopped smoking at least 4 weeks prior to the admission, please enter 'Ex-smoker'.	to Stop) QS https://ww statement- BTS Clinical inpatients v NICE 2019 (2S 10, NICE 2023 (Smoking: Supporting People 8c. w.nice.org.uk/guidance/qs10/chapter/Quality 8-Hospital-discharge-care-bundle Statement on Medical Management of vith Tobacco Dependency (2024) Guideline (NG115) Chronic obstructive disease in over 16s: diagnosis and	-			
	Califiabis	enter LX-Smoker.			Never	Ex	ons – select <u>all</u> Current	Not
		If the patient has			NUVU		current	recorded
		stopped within 4		2.7a) Tobacco (including manufactured or				
		weeks, mark as a		rolled cigarettes, pipe, cigars or shisha)				
		'Current smoker'.		2.7b) Cannabis				
2.8	Was the patient reviewed by a	Please select the answer based on the				reyed out smokers	if 2.7 is not cu	rrent for

Patient	atient						
ltem No.	Question	Text under question	Pop-up help note	Validation			
	tobacco	information in the		Radio button <u>4</u> options			
	dependence	patient notes.		• Yes			
	specialist during			• No - service not available at this			
	their inpatient			hospital			
	admission?			• No - service available at hospital but			
				patient not reviewed			
				No - patient declined			
2.8a	Was the patient	Please select the		To be greyed out if 2.7 is not current for			
	prescribed	answer based on the		tobacco smokers			
	nicotine	information in the		Radio button 3 options			
	replacement	patient notes.		Prescribed			
	therapy during			• Yes			
	their inpatient			• No			
	admission?			Patient declined			
				Can select <u>one</u> option only			
2.8b	Was the patient			To be greyed out if 2.7 is not current for			
	prescribed other			tobacco smokers			
	pharmacotherapy			Radio button 4 options			
	during their			Varenicline			
	inpatient			Cytisine			
	admission?			• None			
				Patient declined			
				Can select <u>one</u> option only			

Patient	Patient					
ltem No.	Question	Text under question	Pop-up help note	Validation		
2.9	Does the patient	Patients that vape but		Radio button <u>four</u> options		
	currently use a	do not smoke tobacco		Never		
	vape or electronic	are not smokers.		• Ex		
	cigarette?			Current		
				Not recorded		
				Can select <u>one</u> option only		

NEWS2	EWS2						
ltem no.	Question	Text under question	Pop-up help note				
	National Early Warning Score (NEWS) 2	This is to be reintroduced into the dataset be able to measure COPD severity and ensure accurate case fix adjustment for all necessary reporting.	The NEWS2 is based on the aggregate scoring of six simple, and routinely collected, physiological parameters. Find out more here.				
3.1	What was the patient's first recorded NEWS 2 score for this admission?	Please enter the recorded score or choose 'Not recorded' or 'Calculate score' and record the first observations in the NEWS2 calculator below, every question must be answered in order for the score to be calculated. This should be the first recorded observations on arrival to hospital.		Drop down list <u>twenty-three</u> options Score not available Calculate score 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			

NEWS2	NEWS2						
ltem no.	Question	Text under question	Pop-up help note				
				 16 17 18 19 20 Can select <u>one</u> option only 			
3.1a	What was the first recorded respiratory rate for the patient following arrival at hospital?	Record as a whole number, within the range of 0-60 BPM.	Enter a percentage as a whole number in the range 0 to 60 breaths per minute. Respiratory score: Respiration Rate Score <= 8	Look of answer option: BPM Whole number. Must be a maximum of 2 digit number between 0-60 only. Greyed out if 3.1 has numeric value entered or if 'Score not available' checked. Please note 3.1a-3.1h must all be completed in order to generate a score.			
3.1b	What was the first recorded NEWS 2 SpO ₂ Oxygen Scale?	SpO ₂ Scale 2 is for patients with a target oxygen saturation of 88– 92%. Refer to help note for details.	SpO2 Scale 2 is for patients with a prescribed oxygen saturation requirement of 88–92%. This should only be used in patients confirmed to have hypercapnic respiratory failure on blood gas analysis on either a prior, or their current, hospital admission. The decision to use Scale 2 should be made by a competent	Greyed out if 3.1 has numeric value entered or if 'Score not available' checked. Please note 3.1a-3.1h must all be completed in order to generate a score. Radio button <u>two</u> options			

NEWS2				
ltem no.	Question	Text under question	Pop-up help note	
			clinical decision maker and should be recorded in the patient's clinical notes. In all other circumstances, SpO2 scale 1 should be used.	 Scale 1 Scale 2 (hypercapnic respiratory failure) Can select <u>one</u> option only
				Greyed out if 3.1 has numeric value entered or if 'Score not available' checked. Please note 3.1a-3.1h must all be completed in order to generate a score.
3.1c	What was the first recorded SpO ₂ Oxygen saturation?	Record as a whole number percentage, within the range of 50%- 100%.	Enter a percentage as a whole number in the range 50% to 100%. Oxygen saturation depends on both the 'scale' and supplemental air/oxygen given:	Greyed out if 3.1 has numeric value entered or if 'Score not available' checked. Please note 3.1a-3.1h must all be completed in order to generate a score. Look of answer option: $\frac{\%}{2}$
			Scale 1 Score:Scale 2 Score:Scale 2 Score onOxygen saturationScore Respiration RateScore Respiration Rateoxygen: Respiration Rate<= 91	

NEWS2	1							
ltem no.	Question	Text under question	Pop-up help n	ote				
			94 - 95 1 >= 96 0	86 - 87 88 - 92 or >= 93 on air	1 0	93 - 94 95 - 96	1 2	
3.1d	What was the first recorded any supplemental oxygen?			Please indicate if the patient was on room air or oxygen Choose 'None' if this was not given as part of the NEWS scoring				Greyed out if 3.1 has numeric value entered or if 'Score not available' checked. Please note 3.1a-3.1h must all be completed in order to generate a score.
								Radio buttons <u>two</u> options: • Air
			Oxygen	2				 Oxygen Can select <u>one</u> option only
3.1e	What was the first recorded systolic	mmHg	Enter the systolic range 50 to 250 m		as a whc	ole number in	the	Greyed out if 3.1 has numeric value entered or if 'Score not available' checked.
	blood pressure?		Respiratory score					Please note 3.1a-3.1h must all be completed in order to generate a score.
			Systolic blood pressure	Score	Look of answer option: mmHg			
			<= 90 91 - 100					1000016
			101 - 110	1				
			111 - 219	0				

NEWS2	2				
ltem no.	Question	Text under question	Pop-up help note		
			>= 220 3		
3.1f	3.1f What was the first Beats/min recorded pulse? Heart rate is an		Enter the pulse rate as a who beats per minute.	le number in the range 0 to 180	Greyed out if 3.1 has numeric value entered or if 'Score not available' checked.
		acceptable alternative if	Pulse rate Score		Please note 3.1a-3.1h must all be completed in order to generate a score.
		no pulse rate is available. If you have	<= 40 3		
		both please record the	41 - 50 1		Look of answer option:
	higher of the two readings.		51 - 90 0		BPM
		91 - 110 1		Whole number. Must be a maximum of 3	
			111 - 130 2		digit number between 0-200 only.
			>= 131 3		
3.1g	What was the first recorded level of consciousness?	Alert, Voice, Pain, Unresponsive (AVPU) Score.	Choose if the patients consci	ousness elements:	Greyed out if 3.1 has numeric value entered or if 'Score not available' checked.
			Consciousness Sco	pre	Please note 3.1a-3.1h must all be
			Alert)	completed in order to generate a score. Radio button <u>five</u> options, select all that
			Voice Pain Unresponsive Confusion	3	 apply: Alert Voice Pain
			Note: Any or all non-alert conditions count as a single score of 3.		UnresponsiveConfusion

NEWS2	EWS2										
ltem no.	Question	Text under question	Pop-up	help no	ote						
3.1h	What was the first recorded temperature?	Enter the patient's temperature as a number rounded to one decimal place in the range 30.0 to 45.0 degrees Celsius.	Temperat <= 35.0 35.1 - 36 36.1 - 38 38.1 - 39 >= 39.2	0 1 5.0 1 3.0 1 0.0 1		ore 3 1 0 1 2					Greyed out if 3.1 has numeric value entered or if 'Score not available' checked. Please note 3.1a-3.1h must all be completed in order to generate a score. Look of answer option: (°C)
3.2	NEWS2 overall total		This numb element o						given	to eac	Ach Greyed out if 3.1 has numeric value entered or if 'Score not available' checked. Please note 3.1a-3.1h must all be completed in order to generate a score.
			Physiological parameter Respiration rate (per minute) SpO2 Scale 1 (%) SpO2 Scale 2 (%) Air or oxygen? Systolic blood pressure (mmHg) Pulse (per minute) Consciousness Temperature (*C)	3 <8 <s91< p=""> <s83< p=""> <s90< p=""> <s40< p=""> <s35.0< p=""></s35.0<></s40<></s90<></s83<></s91<>	2 92-93 84-85 0xygen 91-100	1 9-11 94-95 86-87 101-110 41-50 35.1-36.0	 Score 0 12–20 ≥96 88–92 ≥93 on air Air 111–219 51–90 Alert 36.1–38.0 	93–94 on oxygen 91–110	21–24 21–24 95–96 on oxygen 1111–130 ≥39.1	3 ≥25 ≥97 on oxygen ≥220 ≥131 CVPU	

Admission	Admission							
Item No.	Question	Text under question	Pop-up help note	Validation				
4	Admission	We measure both arrival and admission times as there is usually a delay between the two for those patients who need to stay in hospital.						
4.1	Date and time of admission	Please record the date and time as noted on the initial admission clerking record, in the ED, MAU or other admission ward. You may use the nursing record or time of initial observations if you are unable to find a time on the medical clerking sheet.		Warning flag to be added if admission date/time is more than 24 hours after arrival.				
4.1a	Date of admission to hospital	dd/mm/yyyy		Look of answer option: // Warning flag to be added if admission date/time is more than 24 hours after arrival.				
4.1b	Time of admission to hospital	24hr clock 00 : 00		Look of answer option:				

Admission							
Item No.	Question	Text under question	Pop-up help note	Validation			
				Warning flag to be added if admission date/time is more than 24 hours after arrival.			

Review				
ltem No.	Question	Text under question	Pop-up help note	Validation
5	Respiratory specialist review		This measures whether a respiratory specialist has reviewed the patient within 24 hours of admission. This is also a Best Practice Tariff item.	
5.1	Was the patient reviewed by a member of the respiratory team during their admission?		Respiratory team members may be defined locally to include respiratory health professionals deemed competent at seeing and managing patients with acute exacerbation of COPD. These staff members might include: a respiratory consultant, a respiratory trainee of ST3 or above, a respiratory specialist nurse or physiotherapist, specialist COPD pharmacist, COPD nurse or physiotherapist.	 Radio buttons <u>two</u> options: No Yes Can select <u>one</u> option only
5.1a	Date of first review by a member of the	dd/mm/yyyy		Greyed out if previous question was 'no'. Look of answer option:

Review	Review							
Item No.	Question	Text under question	Pop-up help note	Validation				
	respiratory team			// Must be the same as or after date and time of arrival but on or prior to				
5.1b	Time of first review by a member of the respiratory	24hr clock 00 : 00		discharge/death. Greyed out if previous question was 'no'. Look of answer option:				
	team			: Must be the same as or after date and time of arrival but on or prior to discharge/death.				

Oxygen	Oxygen							
Item No.	Question	Text under question	Pop-up help note	Validation				
6	Oxygen		This question assesses the adequacy of oxygen therapy. It aligns with NICE QS10, statement 3 and statement 6, 2023 and the BTS Emergency oxygen guideline.					
6.1	Was oxygen administered to the patient at any point during this admission?			 Radio buttons <u>two</u> options: No Yes Can select <u>one</u> option only 				
6.2	Did the patient have a target oxygen saturation range set?	All patients should have a target oxygen range stipulated.		 Radio buttons <u>two</u> options: No Yes Can select <u>one</u> option only 				
6.2a	If yes, what was the target oxygen saturation range?			 Radio buttons four options: 88-92% 94-98% Target range not stipulated Other target range stipulated – Allows free text (50 characters limit) Can select one option only 				

Oxygen				
ltem No.	Question	Text under question	Pop-up help note	Validation
6.2b	If 'Other', please specify:			Look of answer option: Allows free text (50 characters limit)
6.3	Was oxygen prescribed for the patient at any point during their admission?		Patients likely to require oxygen at any point during their admission should have it formally prescribed. This is to ensure that all patients admitted with an acute exacerbation of COPD have a prescription of oxygen available to them at all times during their in-patient stay and includes patients who do not use the prescription. NRAP advocates a prescription being written for ALL patients hospitalized with COPD exacerbation.	Radio buttons <u>two</u> options: • No • Yes Can select <u>one</u> option only
6.3a	If yes, was oxygen prescribed to a stipulated target range?			 This question is greyed out if 'No' selected for 6.3 Radio buttons four options: 88-92% 94-98% Target range not stipulated Other target range stipulated – Allows free text (100 characters limit) Can select one option only
6.3b	lf 'Other' - please specify:			Look of answer option: Allows free text (50 characters limit)

Oxygen	Oxygen							
Item No.	Question	Text under question	Pop-up help note	Validation				
6.3c	If yes, was the			Radio buttons <u>two</u> options:				
	correct target			• No				
	oxygen			Yes				
	saturation range			Can select <u>one</u> option only				
	prescribed for							
	the patient?							

ΝΙν								
Item No.	Question	Text under question	Pop-up help note	Validation				
7	NIV		This question allows us to determine the number of patients who receive NIV acutely during their exacerbation and how rapidly they are treated. <i>This aligns with NICE</i> <i>QS10, statement 7, 2023, BTS NIV quality</i> <i>standard and the NCEPOD NIV report.</i>					
7.1	Was an arterial blood gas measurement taken?			 Radio buttons two options: No Yes Can select one option only 				
7.1a	Date of 1 st arterial blood gas	dd/mm/yyyy		Look of answer option: // Must be the same as or after date and time of arrival but on or prior to discharge/death.				
7.1b	Time of 1 st arterial blood gas	24hr clock 00 : 00		Look of answer option:				

NIV				
Item No.	Question	Text under question	Pop-up help note	Validation
				Must be the same as or after date and time of arrival but on or prior to discharge/death.
7.2	Did the patient receive a diagnosis of persistent acidotic hypercapnic ventilatory failure according to their blood gases at any point during admission?	Acidotic hypercapnic ventilatory failure is defined as an arterial partial pressure of carbon dioxide (PaCO ₂) of >6.5 kPa (>50 mmHg) with blood pH <7.35. A diagnosis of persistent acidotic hypercapnic ventilatory failure means that it has not improved after one hour of optimal medical therapy.		 Radio buttons <u>two</u> options: No Yes Can select <u>one</u> option only
7.2a	Date of arterial blood gas measurement demonstrating persistent acidotic hypercapnic ventilatory failure.	dd/mm/yyyy		Look of answer option: // Must be the same as or after date and time of arrival but on or prior to discharge/death.
7.2b	Time of arterial blood gas measurement demonstrating persistent acidotic hypercapnic ventilatory failure	24hr clock 00 : 00		Look of answer option: : Must be the same as or after date and time of arrival but on or prior to discharge/death.
7.3	Did the patient receive acute	Option of "NIV not clinically appropriate" should be selected for those patients in whom NIV was deemed clinically inappropriate as		 Radio buttons <u>three</u> options: No Yes

NIV	V				
ltem No.	Question	Text under question	Pop-up help note	Validation	
	treatment with NIV?	part of a shared decision making or advance care planning process.		 NIV not clinically appropriate Can select <u>one</u> option only 	
7.3a	Date NIV first commenced	dd/mm/yyyy		Look of answer option: // □ Not recorded Can enter numeric value <u>OR</u> select 'Not recorded' NIV values allowed only on or post arrival and on or prior to discharge/death.	
7.3b	Time NIV first commenced	24hr clock 00 : 00		Look of answer option: 	
7.3c	Where was NIV commenced?			Radio buttons eight options: Emergency department Acute medical unit Respiratory support unit ICU High dependency unit Respiratory ward General ward Other Can select one option only	

Spirometry	pirometry					
Item No.	Question	Text under question	Pop-up help note	Validation		
8	Spirometric evidence of COPD		This question allows us to determine whether the patient actually has airflow obstruction. <i>The question aligns with NICE</i> <i>QS10, statement 1, 2023.</i>			
8.1	Was the patient previously known to have COPD prior to this admission?			 Radio buttons <u>two</u> options: Yes No Can select one option only 		
8.1a	If yes, was this previous COPD diagnosis confirmed by obstructive spirometry?	COPD diagnosis is confirmed by post- bronchodilator spirometry demonstrating airflow obstruction as defined as: •FEV1/FVC ratio <0.7 or •in accordance with z (SR) values and LLN for FEV1/FVC ratio.		This question is greyed out if 'Not recorded' is selected for 8.1 Radio buttons three options: • Yes • No • Result not accessible • Not known Can select <u>one</u> option only		
8.2	What was the patient's most recently recorded FEV1 % predicted?	Please enter a percentage between 15 and 125.		Look of answer option: % D Not recorded Can enter numeric value <u>OR</u> select 'Not recorded'		

Spirometry	pirometry				
Item No.	Question	Text under question	Pop-up help note	Validation	
				 Numeric option must be a: percentage maximum of 3 digits to 1 decimal place (values more than 1 decimal place will round up or down) number between 15 and 125. 	
8.2a	Date of last recorded FEV1 % predicted	Please enter the date of the last recorded FEV1 % predicted. dd/mm/yyyy		This question is greyed out if 'Not recorded' is selected for 8.2 Look of answer option: // □ Not recorded Can enter numeric value <u>OR</u> select 'Not recorded' Spirometry values must be on or after patient's 35 th birthday.	
8.3	What was the patient's most recently recorded FEV1/FVC ratio?	Please enter a value between 0.20 and 0.95.	FEV1/FVC ratio can be calculated by dividing the FEV1 by the FVC. If you only have the ratio recorded as a percentage, please divide this figure by 100 to convert it to a decimal.	Look of answer option: 	

Spirometry	pirometry				
ltem No.	Question	Text under question	Pop-up help note	Validation	
				decimal place will round up or down)	
8.3a	Date of last recorded FEV1/FVC ratio	Please enter the date of the last recorded FEV1/FVC ratio. dd/mm/yyyy		This question is greyed out if 'Not recorded' is selected for 8.3 Look of answer option: // D Not recorded Can enter numeric value <u>OR</u> select 'Not recorded'	
				Spirometry values must be on or after patient's 35 th birthday.	
8.4	Where was the patient's most recent spirometry performed?			This question is greyed out if 'Not recorded' is selected for both 8.2 AND 8.3 • Secondary care • Primary care or community • Not known	
				Can only choose one answer	

Discharge	Discharge					
Item No.	Question	Text under question	Pop-up help note	Validation		
9	Discharge					
9.1	Was the patient alive at discharge from your hospital?			 Radio buttons <u>two</u> options: Alive Died as inpatient Can select <u>one</u> option only 		
9.2	Date of discharge/death	Please enter the date of discharge/death. dd/mm/yyyy	The date of discharge is to be found usually at the end of the admission record, or on the discharge summary. If the patient is discharged onto another hospital, an early discharge scheme, hospital at home or community COPD scheme, please give the date of discharge from your hospital and not the scheme. If the patient self-discharged, use date of self- discharge.	Look of answer option: // Must be the same as or after date of arrival.		
9.3	Did the patient self-discharge?			 This question is greyed out if 'Died as inpatient' is selected for 9.1. Radio buttons two options: Yes No 		
9.4	Which of the following specific elements of the	The mandatory elements of a discharge bundle are linked to the evidence-based items listed within the best practice tariff guidance (BPT).	This question aligns with NICE QS10, statement 8, 2023 and the BTS Intermediate Care guidance. This is also a Best Practice	This question is greyed out if 'Died as inpatient' is selected for 9.1		

Discharge	ischarge				
Item No.	Question	Text under question	Pop-up help note	Validation	
	discharge bundle were undertaken as part of the patient's discharge?	If any of the good practice discharge bundle elements have not been completed please select no/not done	 Tariff (BPT) item. The BPT is structured way of improving discharge processes and care leading to improved patient outcomes. Based on evidence based clinical interventions or actions. A discharge bundle should include: Review of medication, specifically review and optimisation of inhaler technique and choice, and understanding of medication use. Provision of a co-produced written or digital self-management plan and where appropriate an emergency drug pack. Evidence based tobacco dependence advice and treatment with offer of onward referral as appropriate. Assessment for suitability for referral to pulmonary rehabilitation and referral if appropriate. Ensuring appropriate follow up arrangements are in place prior to discharge. 	Bold text should be headers with the checkboxes underneath each header.	
	Inhaler technique and medication review	All three review options can and should be selected for the discharge bundle element to be completed.		Check boxes, four options: - Inhaled therapy reviewed and optimised - Inhaler technique checked	

Discharge	scharge				
Item No.	Question	Text under question	Pop-up help note	Validation	
				 Medication use and understanding reviewed No elements completed Can select all three review options or no elements. 	
	Self-management plan	A self-management plan should be completed as part of the discharge bundle.		Check box, two options: - A written or digital self- management plan agreed and provided or reviewed - Not done Can only select one option	
	Emergency drug pack	Patients should be considered for discharge with an emergency drug pack, if clinically appropriate, as part of the discharge bundle.		Check boxes, three options: - Yes, emergency drug pack provided - No, emergency drug pack not provided as not appropriate - Not done Can only select one option	
	Tobacco dependency treatment and support on discharge	Patients who are current smokers must be offered both NRT and/or other pharmacotherapy and behavioural support as part of the discharge bundle.		Validation: this option is enabled for current tobacco smokers only - question 2.7a='Current' Check boxes, three options: - Offered NRT and/or other pharmacotherapy on discharge - Offered onward referral for behavioural support on discharge	

Discharge	scharge				
ltem No.	Question	Text under question	Pop-up help note	Validation	
				- No elements completed Can/should select both	
	Pulmonary rehabilitation	Patients should be assessed for suitability and referred for PR, if appropriate, as part of the discharge bundle.		Check boxes, four options: Assessed and referred for PR Assessed and patient declined referral for PR Assessed and not suitable for referral for PR No elements completed 	
	Follow up requests	A follow up should be requested as part of the discharge bundle; this should ideally be done within 72 hours.		Check boxes, two options: - Follow up has been requested which should occur within 72 hours of discharge by person or by phone Not done Can only select one option	
9.5	What was the patient's discharge plan?			This question is greyed out if 'Died as inpatient' is selected for 9.1. Can choose more than one option • Hospital at home • Virtual ward • COPD community clinic • COPD secondary care clinic • Patient declined • None	

Discharge	Discharge				
Item No.	Question	Text under question	Pop-up help note	Validation	
				• Other	