



## NRAP Good Practice Repository – Pulmonary Rehabilitation

### Rushcliffe Cardiorespiratory Service Nottinghamshire Healthcare NHS Foundation Trust



#### KPI1:

Start date for PR within 90 days of referral for patients with  
stable COPD

*Rushcliffe Cardiorespiratory Service achieved:*  
**98 % - 2022-23 | 100 % - 2023-24\***

\*% of patients submitted to the audit.

*Our QI project served to identify points in the patient journey that potentially delayed the commencement of Pulmonary Rehabilitation allowing for implementation of change ideas.*

#### PR Good Practice Repository – case study

National Respiratory Audit Programme

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## Our processes to achieve good practice in KPI1:

Rushcliffe Cardiorespiratory Team actively participates in the Pulmonary Rehabilitation audit in the National Respiratory Audit Programme, contributing patient data from the service.

This case study is based on the 2019 Pulmonary Rehabilitation Clinical Audit Data providing a national picture and an individual breakdown of how services are performing against national priorities.

KPI 1: start date for PR within 90 days of referral for patients with stable COPD was an improvement priority identified by the Pulmonary Rehabilitation Clinical Audit 2019, published December 2020\*.

The audit report indicated that, nationally, 54% of patients with stable COPD commenced PR within 90 days of receipt of referral against the national QI aim of 85%.

Rushcliffe Cardiorespiratory Team were aware that achievement of the KPI 1 quality indicator varied within the service markedly pre-COVID and even more so post-COVID due to national and local restrictions.

A QI project was therefore set up to investigate the potential barriers to achieving this national priority and see if a change in working processes could increase / maintain the percentage of patients starting Pulmonary Rehabilitation within 90 days of referral.

Data collection during the eight months span of the project served to monitor the effect of the change process with the overall outcome being an increase in the percentage of patients commencing Pulmonary Rehabilitation within 90 days of referral.

Success prompted ongoing data collection, allowing for the change ideas to become embedded and to collate evidence on how the presence of external factors, mostly beyond the control of the team, can be influential in the attainment of the 90-day target.

*\* At the time of commencing the QI project this provided us with the most up to date information.*

## Key changes / Staff and resources

The Rushcliffe Cardiorespiratory Service is community-based, providing Pulmonary Rehabilitation for the Rushcliffe area of South Nottinghamshire.

The Pulmonary Rehabilitation team currently consists of 1.5 WTE Physiotherapists, 1.0 WTE Pulmonary Rehabilitation Nurse, 0.75WTE Assistant Practitioner.

The QI project was initiated in Jan 2022 with the end evaluation taking place in Sept 2022.

The process involved the following:

- Formation of an aim statement
  - Identification of current position and individual service achievement against KPI 1.
  - Generation of a SMART goal.

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- Process map from referral to commencement of Pulmonary Rehabilitation
  - A log of the patient's journey from referral to commencing the first session of Pulmonary Rehab analysing each step of the journey and potential causes of delay.
  - Use of both clinician and patient experience to generate actions for change.
- Driver diagram
  - Collation of themes influencing the patient's journey placed into first and secondary drivers depending on impact.
  - Summary of change ideas to action including review of work force planning, implementation of electronic letters to save administration time, reallocation of some administration tasks.
- Action of projects with the use of a PDSA cycle
  - Individual change projects undertaken, with regular feedback / progress reports.

One of the main projects to impact access to Pulmonary Rehabilitation was the introduction of a re-referral route for patients, if their journey was suspended at any point prior to attending their first Pulmonary Rehabilitation class.

Patients require an initial referral into the Pulmonary Rehabilitation service by a health care professional.

If an issue is identified that delays the commencement of PR and if appropriate, the patient is discharged with an open appointment allowing the patient to contact the team within a 3-month window and their referral is re-instated.

This has gained positive benefits in managing the PR wait list. A patient referral may previously have remained open on the wait list during any delays.

**Introducing the re-referral route has facilitated a timely wait list for recruitment to PR classes, reducing the number of clinical reviews required and releasing staff time.**

If the patient is deemed not appropriate for an open appointment, clinician led monitoring is still an alternative option within the service to minimise health inequalities.

- Run Chart to track progress against KPI 1
  - Ongoing collection of data to identify the impact of change ideas and any influencing factors.
- Benefits and Challenges



- A peer review of what the team had gained from the experience and how to build on this.

**For patients, the transfer of ownership and increase in control of accessing PR has been a positive gain, alongside reducing the barriers to re-entering the service as a further health care professional referral is not required.**



Aim Statement.docx



Process Map.docx



Driver Diagram Case  
Study A3.docx



QI project run chart  
Jan to Oct 2022 Case