Royal College of Physicians

British Thoracic Society

Feedback form

Pulmonary Rehabilitation Standards

About this document

This document has been designed to support the development of a new standards framework for Pulmonary Rehabilitation through a systematic review of the standards.

The standards have been developed by the Pulmonary Rehabilitation Accreditation scheme clinical advisory body and the British Thoracic Society's Pulmonary Rehabilitation Quality Improvement Advisory Group, using evidence from the *British Thoracic Society Pulmonary Rehabilitation Quality Standards for Pulmonary Rehabilitation In Adults* (May 2014) and the *British Thoracic Society's Guidelines for Pulmonary Rehabilitation in Adults* (2013).

How to use this document

Read through the document methodically. For each domain, review each standard and then complete the relevant columns. If you wish to comment on the evidence requirements and the guidance notes, then you can do so, but the emphasis is on the standards.

- If a standard does not apply, tick the first column and enter the reasoning behind the response in the comments section.
- If a standard does apply but needs to be reworded, then either note this or suggest alternative wording for discussion with the working group.
- If a new standard is required, then note the suggested new measure for discussion with the working group.

Summary of outcomes

The review of each standard and statement will reach one of the following outcomes:

1. None, the item can remain as is.
2. The standard can remain with edits (e.g. change a word or the quoted reference document).
3. The item is not relevant and should be removed.
4. The item is not relevant but should be replaced in its entirety by a more appropriate statement.

The review will also identify any underpinning policies that exist that are vital to add backing to the standards.

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Before you begin

Following are some additional important points to consider when reviewing and developing a new standards framework.

1. The standards should provide a clear roadmap showing how to improve the quality and performance of a Pulmonary Rehab service by emphasising a patient-centred approach.
2. The standards should have levels of achievement to enable teams to progress from a minimum level to one where the service might share their learning and practices with others.
3. The standards should be challenging without being a huge burden. Balance is important without making it too easy.
4. The development and support of the workforce is paramount in achieving standards.
5. It is important to consider the evidence requirements for each standard.
6. The standards must stand the test of time and not alter frequently.

When completed:

Please return this form to Juliana.Holzhauer-Barrie@rcplondon.ac.uk, marking it as '*PR Accreditation Standards feedback form*' in the subject line. The deadline is **Friday 8th January 2016**.

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PR Standards Review Tool

STANDARDS		Is this standard applicable and relevant?	Enter: Proposed changes, below.
No.	Title		
A	**Leadership and Organisation**		
A1	There is a clear leadership and accountability structure for the service.	None, the item can remain as is	
A2	There is a description of the extent of the service including the full range of services provided including linked and associated services (for referrers, patients and carers).	The standard can remain with edits	The extent of the service including the full range of services provided should be specified. Centres providing a wider range of options (for treatment, monitoring and assessment) should be qualified higher. This information should be specified to facilitate the qualification process of the centres.
A3	There is a communications structure and processes to support the organisation and delivery of the service (e.g. operational and governance meetings).	None, the item can remain as is	
A4	The leadership team has appropriate managerial, administrative and technical support (such as IT) to plan, organise and deliver the service.	None, the item can remain as is	
A5	There are defined processes to review and maintain all policies and standard operating procedures.	None, the item can remain as is	
B	**Clinical Care (*includes QS 1,2, &3*)**		

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B1	People with COPD and self reported exercise limitation (MRC dyspnoea 3-5) are accepted and offered pulmonary rehabilitation.	The item is not relevant and should be removed	This item is redundant with item B3
B2	People referred for pulmonary rehabilitation (If accepted) are assessed within 3 months of receipt of referral.	None, the item can remain as is	
B3	Pulmonary rehabilitation programmes accept and enroll patients with functional limitation described as COPD MRC dyspnoea 2.	The standard can remain with edits	Item B1 and B3 should be merged and state that "People with COPD and self reported exercise limitation (MRC dyspnoea 2 or above) are accepted and offered pulmonary rehabilitation.
B4	Pulmonary rehabilitation programmes accept and enroll patients with functional limitation due to other chronic respiratory diseases (for example IPF, bronchiectasis, ILD and asthma).	The standard can remain with edits	Other chronic respiratory conditions may benefit from PR therefore we would suggest that the item reads as: Pulmonary rehabilitation programmes accept and enrol patients with functional limitation due to other chronic respiratory diseases such as IPF, bronchiectasis, ILD and asthma but not limited to these (e.g. cystic fibrosis, neuromuscular disease, pulmonary hypertension, lung cancer, lung volume reduction surgery, lung transplant)
B5	Referral for pulmonary rehabilitation after hospitalisation for acute exacerbations of COPD: People admitted to hospital with acute exacerbations of COPD (AECOPD) are accepted for pulmonary rehabilitation at discharge.	The standard can remain with edits	Referral for pulmonary rehabilitation during or after hospitalisation for acute exacerbations of COPD: People admitted to hospital with acute exacerbations of COPD (AECOPD) are accepted for muscle reconditioning during AECOPD or pulmonary rehabilitation at discharge.

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B6	People referred for pulmonary rehabilitation following admission with AECOPD are offered rehabilitation to commence within one month of leaving hospital.	The standard can remain with edits	People referred for pulmonary rehabilitation following admission with AECOPD are offered rehabilitation to commence as soon as possible and no later than one month after leaving hospital.
B7	The service implements and monitors systems to minimise clinical risk and manage incidents and errors arising from clinical activity.	The standard can remain with edits	Minimum requirements for high quality standards should be specified.
C	**Patient Education, Exercise & Information (*inc audit) (QS 4,5 & 7) (A, 8 & 9)***		This section should be more specific and include a mention of the strategies of training the centre provides (endurance training, interval training, resistance/strength training, upper limb training, flexibility training, neuromuscular electrical stimulation, inspiratory muscle training, physical activity coaching), the monitoring strategies during rehabilitation to allow inclusion of a broad spectrum of patients and comorbidities (e.g. heart failure, patients who desaturate with exercise). These include, for example, heart rate monitoring during exercise, oxygen saturation monitoring during exercise. Also ability to provide oxygen during exercise is needed.
C1	People attending pulmonary rehabilitation have the outcome of treatment assessed using as a minimum, measures of exercise capacity, dyspnoea and health status.	The standard can remain with edits	But not limited to this: other assessments can be very important and, although a minimum can be established, others should be considered (e.g. peripheral and respiratory muscle strength measurements, physical activity levels [and difficulty]).

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C2	Baseline assessment must include objective assessment of exercise capacity following recommended SOPs (international).	None, the item can remain as is	
C3	Baseline assessment must include objective assessment of lower limb strength (quadriceps) following recommended SOPs (international).	None, the item can remain as is	
C4	Pulmonary rehabilitation programmes include supervised, individually tailored and prescribed, progressive aerobic exercise training.	None, the item can remain as is	
C5	Pulmonary rehabilitation programmes include supervised, individually tailored and prescribed, progressive resistance exercise training.	None, the item can remain as is	
C6	People completing pulmonary rehabilitation are provided with an individualised structured, written plan for on-going exercise maintenance.	None, the item can remain as is	
C7	Pulmonary rehabilitation programmes conduct an annual audit of individual outcomes and process.	None, the item can remain as is	
C8	Pulmonary rehabilitation programmes include a defined, structured education programme.	None, the item can remain as is	
D	**Patient Experience**		
D1	The service implements and manages systems for patients to be treated fairly and equally.	None, the item can remain as is	
D2	The service implements and monitors systems to ensure the respect and dignity of patients are respected throughout contact with the service.	None, the item can remain as is	
D3	The service has a facility to support private conversation if the patient requires it.	None, the item can remain as is	
D4	The service has a policy and process to manage and learn from complaints.	None, the item can remain as is	

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D5	The service has systems in place to ensure patient feedback on is measured, reported and auctioned.	None, the item can remain as is	
D6	The service meets the geographical needs of the community.	None, the item can remain as is	
D7	The service is offered in an accessible venue with appropriate parking and access.	None, the item can remain as is	
E	**Facilities and equipment**		
E1	Facilities in all settings must be adequate for the needs of the pulmonary rehabilitation service.	None, the item can remain as is	
E2	There are defined roles and responsibilities for each patient area.	None, the item can remain as is	
E3	There are systems in place to ensure equipment is appropriate for patients, staff, those with particular needs.	None, the item can remain as is	
E4	There are systems in place to ensure maintenance and quality assurance of all equipment with corresponding records.	None, the item can remain as is	
E5	There are systems in place to ensure that equipment is adequate and replacement is planned.	The standard can remain with edits	Equipment should include: heart rate monitors, defibrillator, muscle strength assessment tool. Equipment could include physical activity monitors.
F	**Workforce**		
F1	The workforce requirements are clearly defined to deliver the service described.	None, the item can remain as is	
F2	There are policies and systems in place to ensure there are sufficient competent staff within the service with an appropriate mix of skills to enable delivery of the service.	None, the item can remain as is	

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F3	The service implements and monitors systems to train staff to deliver the service.	None, the item can remain as is	
F4	There is an effective appraisal system in place for all professionals in the service that is able to identify learning needs, and changes in behaviour and practice required on the basis of performance metrics and other relevant information (such as patient and staff concerns or complaints).	None, the item can remain as is	
F5	The workforce engages in service review, planning and development.	None, the item can remain as is	
F6	Engagement/Volunteers etc.	None, the item can remain as is	
F7	The workforce at adequate levels to deliver a safe and effective service and reflects the complexity of the participants and the venue.	None, the item can remain as is	

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