

## National Respiratory Audit Programme (NRAP)

## **National Respiratory Audit Programme (NRAP)**

COPD secondary care audit - clinical audit dataset Version v5.2: July 2024

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Arrival i	Arrival information					
Item 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,	We suggest that cases sho prospectively.			
		<ul> <li>who have been admitted* to hospital adult services,</li> <li>who have a primary diagnosis of COPD exacerbation,</li> <li>where an initial, or unclear, diagnosis is revised to an acute exacerbation of chronic obstructive pulmonary disease</li> </ul>	Any gaps should then be of by checking all cases which the following ICD-10 code secondary position (as pethe first episode of care:  Patients with the following the by checking all cases which the following ICD-10 codes are the first episode of care:	th have been coded with es in the primary or r the table below) of		
	(AECOPD).	positions in the first episo for inclusion in the audit:	de of care are eligible			
		Exclude patients:	Inclusion criteria codes and	positions:		
		<ul> <li>In whom an initial diagnosis of an AECOPD is revised to an alternative at a later stage.</li> <li>Who have had a stay in hospital of less than 4 hours (who would be classed as a</li> </ul>	1st position  J44.0 – COPD with acute lower respiratory infection	2nd position Any code		
		<ul><li>non-admission).</li><li>With COPD who are being managed for pneumonia, not AECOPD.</li></ul>	J44.1 – COPD with acute exacerbation J44.8 – other specified	Any code Any code		
			COPD	·		
		*Where admission is an episode in which a patient with an AECOPD is admitted to a ward and	J44.9 – COPD unspecified J43.9 - emphysema	Any code Any code		
	stayed in hospital for 4 hours or more (this includes Emergency Medicine Centres, Medical Admission Units, Clinical Decision Units, short stay		J22 – unspecified acute lower respiratory infection	J44.0 or J44.1 or J44.8 or J44.9 or J43.9		
	wards or similar, but excludes patients treated transiently before discharge from the Emergency Department (ED)).	R06.0 – dyspnoea (shortness of breath) J96.0 – acute respiratory failure	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			

Arrival in	Arrival information						
Item 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 virus with other respiratory manifestations	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			
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.  The arrival time will be used as the start-point when determining the time to acute treatment with NIV for those who receive it. Time is best determined from the ambulance transfer sheet, the A&E/ED record or MAU/ward 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.		
1.2	Which	Please record the area of the hospital in which the			Radio buttons <u>five</u> options:		

Arrival information						
Item No.	Question	Validation				
	department did the patient receive their first review and treatment in?	patient underwent their first review and treatment.		<ul> <li>Emergency department</li> <li>Medical admissions unit</li> <li>Direct respiratory admission</li> <li>Direct admission to other department</li> <li>Admission from hospital outpatients</li> </ul> Can select one option only.		

Patient	atient						
Item 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:	Look of answer option:or Must be a 10 digit number.			

Patient				
Item No.	Question	Text under question	Pop-up help note	Validation
			<ul> <li>It may be formatted as 000 000 0000 (spaces) or 000-000-000-0000 (dashes)</li> <li>It should contain exactly 10 digits.</li> <li>NHS Numbers start with a 4, 6 or 7</li> <li>A warning will be given if the number appears invalid.</li> <li>Use '[NONNHS]' for patients that reside in the UK, but do not have an NHS number.</li> </ul>	
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	Please enter the patient's gender as it appears in the notes/referral information.	The 'Other' should be used for patients who do not recognise themselves as either male, female, or transgender.  If the gender for the patient cannot be determined 'Not recorded/Preferred not to say' should be selected.	Radio buttons five options:  Male Female Transgender Other Not recorded/Preferred not to say Can select one 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.	<ul><li>Drop down list eighteen options:</li><li>White British</li></ul>

Patient	Patient						
Item No.	Question	Text under question	Pop-up help note	Validation			
				<ul> <li>White Irish</li> <li>Any other White background</li> <li>White and Black Caribbean</li> <li>White and Black African</li> <li>White and Asian</li> <li>Any other mixed background</li> <li>Indian</li> <li>Pakistani</li> <li>Bangladeshi</li> <li>Any other Asian background</li> <li>Caribbean</li> <li>African</li> <li>Any other Black background</li> <li>Chinese</li> <li>Any other ethnic group</li> <li>Not known</li> <li>Not recorded</li> <li>Can select one option only</li> </ul>			
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.	<ul> <li>Radio button six options</li> <li>No/None</li> <li>Anxiety</li> <li>Depression</li> <li>Severe mental illness</li> <li>Dementia / mild cognitive impairment</li> </ul>			

Patient	t								
Item No.	Question	Text under question	Pop-u	ıp help note		Validation			
Smokir	ng status					Oth    Not Select all the	recorded		
2.7	Does the patient currently smoke, or have they a history of smoking any of the following substances?  Tobacco (including cigarettes (manufactured or rolled), pipe or cigars), shisha, cannabis or other	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	<ul> <li>NICL</li> <li>to Si</li> <li>http</li> <li>stat</li> <li>BTS,</li> <li>and</li> <li>NRA</li> </ul>	stion aligns to: E 2011 QS 10, NICE 2023 (Smoking: Supportop) QS8c. ps://www.nice.org.uk/guidance/qs10/charement-8-Hospital-discharge-care-bundle /SIGN 2016 (Management of asthma) guidance/ 7.2.6 AD 2014 (Why asthma still kills), recomment factors and perception of risk.	apter/Quality-				
	illicit substances?	weeks prior to the admission, please enter 'Ex-smoker'.  If the patient has stopped within 4 weeks, mark as a		rent based on the smoking status recorde	Never ed in the patier	Ex nt notes.	Current	Not recorded	help Please never,

Patient	Patient						
Item No.	Question	Text under question	Pop-up help note	Validation			
		'Current smoker'.	Tobacco (including cigarettes (manufactured or rolled), pipe or cigars)				
			Shisha				
			Cannabis				
			Other illicit substance				
2.8	Was the patient reviewed by a tobacco dependence specialist during their inpatient admission?	Please select yes, no, declined or not known based on the information in the patients notes.		Radio button 4 options  No Yes Declined Not known			
2.8a	Was the patient offered nicotine replacement therapy during their inpatient admission?	Please select yes, no, declined or not known based on the information in the patients notes.		Radio button 4 options  Offered  No Yes Declined Not known			
2.8b	Was the patient prescribed nicotine replacement	Please select yes, no, declined or not known based on the information in the		Radio button 4 options  Prescribed  No Yes			

Patient	Patient					
Item No.	Question	Text under question	Pop-up help note	Validation		
	therapy during	patients notes.		Declined		
	their inpatient			<ul> <li>Not known</li> </ul>		
	admission?					
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 one option only		

NEWS2	NEWS2					
Item no.	Question	Text under question	Pop-up help note			
	National Early Warning Score	This is to be reintroduced into the	The NEWS2 is based on the aggregate scoring of six simple, and routinely collected, physiological parameters. Find out more			

NEWS2	EWS2					
Item no.	Question	Text under question	Pop-up help note			
	(NEWS) 2	dataset be able to measure COPD severity and ensure accurate case fix adjustment for all necessary reporting.	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.		<ul> <li>Score not available</li> <li>Calculate score</li> <li>0</li> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>10</li> <li>11</li> <li>12</li> <li>13</li> <li>14</li> <li>15</li> <li>16</li> </ul>		

NEWS2						
Item no.	Question	Text under question	Pop-up help	note		
						<ul> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>Can select one option only</li> </ul>
3.1a	What was the first recorded respiratory rate for the patient following arrival at	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:		Look of answer option:  BPM  Whole number. Must be a maximum of 2 digit number between 0-60 only.	
	hospital?		Respiration Rate	Score		
			<= 8 9 - 11	3		
			12 - 20	0		
			21 - 24 >= 25	2		
3.1b	What was the first recorded NEWS 2 SpO <sub>2</sub> Oxygen Scale?	SpO <sub>2</sub> Scale 2 is for patients with a target oxygen saturation of 88–92%. Refer to help note for details.	SpO2 Scale 2 is for requirement of 8 This should only hypercapnic responder, or their cu	or patients with a 38–92%. be used in patier piratory failure or rrent, hospital aduse Scale 2 should	a prescribed oxygen saturation ats confirmed to have a blood gas analysis on either a amission.  d be made by a competent d be recorded in the patient's	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 two options  • Scale 1

NEWS2				
Item no.	Question	Text under question	Pop-up help note	
			In all other circumstances, SpO2 scale 1 should be used.	<ul> <li>Scale 2 (hypercapnic respiratory failure)</li> <li>Can select one option only</li> <li>Greyed out if 3.1 has numeric value entered or if 'Score not available' checked.</li> <li>Please note 3.1a-3.1h must all be completed in order to generate a score.</li> </ul>
3.1c	What was the first recorded SpO <sub>2</sub> 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:%
			Scale 1 Score:Scale 2 Score:Scale 2 Score onOxygen saturationScore Respiration RateScore Respiration Score Rate<= 91	

NEWS2	NEWS2									
Item no.	Question	Text under question	Pop-up help no	Pop-up help note						
			94 - 95 1 >= 96 0	86 - 87 88 - 92 or >= 93 on air	0	93 - 94 95 - 96 >= 97	2 3			
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 assessment.				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.			
			Room air or oxyge	en Scor	е			Radio buttons two options:		
			None or Air	0				• Air		
			Oxygen	2				Oxygen Can select one option only		
3.1e	What was the first recorded systolic blood pressure?	mmHg		Enter the systolic blood pressure as a whole number in the range 50 to 250 mmHg.  Respiratory score:				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.		
			Systolic blood pressure	Score				Look of answer option:		
			<= 90	3				mmHg		
			91 - 100	2						
			101 - 110	1						
			111 - 219	0						

NEWS2	EWS2								
Item no.	Question	Text under question	Pop-up help no	ote					
			>= 220	3					
3.1f	What was the first recorded pulse?	Beats/min  Heart rate is an acceptable alternative if no pulse rate is available. If you have both please record the higher of the two readings.	Enter the pulse rat beats per minute.  Pulse rate <= 40 41 - 50 51 - 90 91 - 110 111 - 130 >= 131	Score 3 1 0 1 2	nber in the range 0 to 180	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:BPM  Whole number. Must be a maximum of 3 digit number between 0-200 only.			
3.1g	What was the first recorded level of consciousness?	Alert, Voice, Pain, Unresponsive (AVPU) Score	Choose if the patie		ss elements:	Greyed out if 3.1 has numeric value entered or if 'Score not available' checked.			
			Consciousness	Score		Please note 3.1a-3.1h must all be			
			Alert	0		completed in order to generate a score.  Radio button five options, select all that			
			Voice Pain Unresponsive Confusion	3	<ul><li>apply:</li><li>Alert</li><li>Voice</li></ul>	apply:  • Alert			
			Note: Any or all no	y or all non-alert conditions count as a single score of		<ul><li>Unresponsive</li><li>Confusion</li><li>Can select one option only</li></ul>			

NEWS2				
Item no.	Question	Text under question	Pop-up help note	
3.1h	What was the first recorded temperature?	Celsius	Enter the patient's temperature as a number rounded to one decimal place in the range 33.0 to 45.0 degrees Celsius.	Greyed out if 3.1 has numeric value entered or if 'Score not available' checked.
			Temperature Score	Please note 3.1a-3.1h must all be completed in order to generate a score.
			<= 35.0	completed in order to generate a score.
			35.1 - 36.0 1	Look of answer option:
			36.1 - 38.0 0	(°C)
			38.1 - 39.0 1	
			>= 39.1 2	
3.2	NEWS2 overall		This number is derived from the answers given to each	Greyed out if 3.1 has numeric value
	total		element of the 'NEWS2' scoring system:	entered or if 'Score not available' checked.
				Please note 3.1a-3.1h must all be
				completed in order to generate a score.
				Updated after saving

NEWS2	NEWS2									
Item no.	Question	Text under question	Pop-up	help n	ote					
			Physiological parameter	3	2	1	Score 0	1	2	3
			Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
			SpO <sub>2</sub> Scale 1 (%)	≤91	92–93	94–95	≥96			
			SpO <sub>2</sub> Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
			Air or oxygen?		Oxygen		Air			
			Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
			Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
			Consciousness				Alert			CVPU
			Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

Admission				
Item No.	Question	Text under question	Pop-up help note	Validation
4	Admission	We measure both arrival and admission times		

Admission				
Item No.	Question	Text under question	Pop-up help note	Validation
		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.  Patients must be admitted within 72 hours of arriving.		Must be the same as or within 72 hours of the date and time of arrival.
4.1a	Date of admission to hospital	dd/mm/yyyy		Look of answer option:// Must be the same as or within 72 hours of the date and time of arrival.
4.1b	Time of admission to hospital	24hr clock 00 : 00		Look of answer option::_  Must be the same as or within 72 hours of the date and time of arrival.

Review				
Item No.	Question	Text under question	Pop-up help note	Validation

Review				
Item No.	Question	Text under question	Pop-up help note	Validation
5	Respiratory specialist review		This question aligns with NICE QS10, statement 10, 2013. It 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, COPD nurse or physiotherapist	Radio buttons two options:  No Yes Can select one option only
5.1a	Date of first review by a member of the respiratory team	dd/mm/yyyy		Greyed out if previous question was 'no'.  Look of answer option:   Must be the same as or after date and time of arrival but on or prior to discharge/death.
5.1b	Time of first review by a member of the respiratory team	24hr clock 00 : 00		Greyed out if previous question was 'no'.  Look of answer option: _::

Review	Review								
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.					

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 two options:  No Yes Can select one 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 two options:  No Yes Can select one option only					
6.2a	If yes, what was the target oxygen saturation range?			<ul> <li>Radio buttons four options:</li> <li>88-92%</li> <li>94-98%</li> <li>Target range not stipulated</li> <li>Other target range stipulated –</li> </ul>					

Oxygen	Dxygen				
Item No.	Question	Text under question	Pop-up help note	Validation	
				Allows free text (100 characters limit)  Can select one option only	
6.2b	If 'Other', please specify:			Look of answer option:  Allows free text (100 characters	
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 two options:  No Yes Can select one 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	

Oxygen	Dxygen				
Item No.	Question	Text under question	Pop-up help note	Validation	
6.3b	If 'Other' - please specify:			Look of answer option:  Allows free text (100 characters	
	16			limit)	
6.3c	If yes, was the correct target			Radio buttons <u>two</u> options:  No	
	oxygen saturation range prescribed for			<ul> <li>Yes</li> <li>Can select one option only</li> </ul>	
	the patient?				

NIV	NIV					
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. This aligns with NICE QS10, statement 7, 2023, BTS NIV quality standard and the NCEPOD NIV report.			
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 <sup>st</sup> arterial	dd/mm/yyyy		Look of answer option:		

NIV				
Item No.	Question	Text under question	Pop-up help note	Validation
	blood gas			_/_/
				Must be the same as or after date
				and time of arrival but on or prior to
				discharge/death.
7.1b	Time of 1 <sup>st</sup> arterial	24hr clock 00 : 00		Look of answer option:
	blood gas			: Must be the same as or after date
				and time of arrival but on or prior to
				discharge/death.
7.2	Did the patient	Acidotic hypercapnic ventilatory failure is		Radio buttons two options:
7.2	receive a	defined as an arterial partial pressure of		• No
	diagnosis of	carbon dioxide (PaCO <sub>2</sub> ) of >6.5 kPa (>50		• Yes
	acidotic	mmHg) with blood pH <7.35		Can select one option only
	hypercapnic			_ ,
	ventilatory failure			
	according to their			
	blood gases at any			
	point during			
7.2a	admission?  Date of arterial			Look of anguer antique
7.Zd	blood gas	dd/mm/yyyy		Look of answer option: / /
	measurement			
	demonstrating			Must be the same as or after date
	acidotic			and time of arrival but on or prior to
	hypercapnic			discharge/death.
	ventilatory failure.			
7.2b	Time of arterial	24hr clock 00 : 00		Look of answer option:
	blood gas			_:_
	measurement			
	demonstrating			Must be the same as or after date

NIV					
Item No.	Question	Text under question	Pop-up help note	Validation	
	acidotic hypercapnic ventilatory failure			and time of arrival but on or prior to discharge/death.	
7.3	Did the patient receive acute treatment with NIV?			Radio buttons <u>two</u> options:  No Yes 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 OR 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::  Not recorded Can enter numeric value OR select 'Not recorded'  NIV values allowed only on or post arrival.	
7.3c	Where was NIV commenced?			Radio buttons two options:	

NIV	NIV				
Item No.	Question	Text under question	Pop-up help note	Validation	
				<ul> <li>High dependency unit</li> <li>Respiratory ward</li> <li>General ward</li> <li>Other</li> </ul> Can select one option only	

Spirometry	Spirometry					
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. The question aligns with NICE QS10, statement 1, 2023.			
8.1	What was the patient's most recently recorded FEV1 % predicted?	Please enter a percentage between 15 and 125.		Look of answer option: %  Not recorded Can enter numeric value OR select 'Not recorded'  Numeric option must be a:  percentage		
				<ul> <li>maximum of 3 digits to 1         decimal place (values more         than 1 decimal place will round         up or down)</li> <li>number between 15 and 125.</li> </ul>		

Spirometry				
Item No.	Question	Text under question	Pop-up help note	Validation
8.1a	Date of last recorded FEV1 % predicted	Please enter the date of the last recorded FEV1 % predicted.		This question is greyed out if 'Not recorded' is selected for 8.1
		dd/mm/yyyy		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 <sup>th</sup> birthday.
8.2	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:  Not recorded Can enter numeric value OR select 'Not recorded'  Numeric option must be a:  maximum of 1 digit to 2 decimal places, between 0.20 and 0.95 (values more than 2 decimal place will round up or down)
8.2a	Date of last recorded FEV1/FVC ratio	Please enter the date of the last recorded FEV1/FVC ratio.		This question is greyed out if 'Not recorded' is selected for 8.2  Look of answer option:
		30,1111,7,9,9,9		

Spirometry	Spirometry					
Item No.	Question	Text under question	Pop-up help note	Validation		
				☐ Not recorded  Can enter numeric value OR select  'Not recorded'  Spirometry values must be on or after patient's 35 <sup>th</sup> birthday.		
8.3	Where was the patient's most recent spirometry performed?	<ul><li>Secondary care</li><li>Primary care or community</li><li>Not known</li></ul>		This question is greyed out if 'Not recorded' is selected for 8.1 or 8.2  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 two options:  Alive  Died as inpatient  Can select one 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	Look of answer option:// Must be the same as or after date of arrival.			

Discharge				
Item No.	Question	Text under question	Pop-up help note	Validation
			the patient self-discharged, use date of self-discharge.	
9.3	Was a discharge bundle completed for this admission?		discharge.  This question aligns with NICE QS10, statement 8, 2023 and the BTS Intermediate Care guidance. This is also a Best Practice Tariff item.  A 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 selfmanagement plan and where appropriate an emergency drug pack.	This question is greyed out if 'Died as inpatient' is selected for 9.1  Radio buttons three options:  • Yes  • No  • Self-discharge Can select one option only
			<ul> <li>Evidence based Smoking cessation advice and treatment with offer of onward referral as appropriate.</li> </ul>	
			- Assessment for suitability for	

Discharge	Discharge					
Item No.	Question	Text under question	Pop-up help note	Validation		
			referral to pulmonary rehabilitation and referral if appropriate Ensuring appropriate follow up arrangements are in place prior to discharge.			
9.4	Which of the following specific elements of a discharge bundle were undertaken	If any of the good practice care elements have not been completed and/or are not applicable please do not select them. If no elements have been completed please select 'None'.	Follow up requests Communication directly with a named individual responsible for COPD care within the practice, by means of fax or email counts as a request for follow-up.	This question is greyed out if 'Died as inpatient' is selected for 9.1  Checkboxes eight options select all that apply:		
	as part of the patient's discharge:	The elements of a discharge bundle listed are linked to the evidence-based items listed within the best practice tariff guidance.	If the patient has been asked and/or been provided with the necessary information they need to make/request the follow up appointment(s) themselves within the recommended timeframe please select that the component was completed.	Inhaler technique and medication review     Inhaled therapy reviewed and optimised; inhaler technique checked; medication use and understanding reviewed		
				Self-management plan     Self-management plan agreed     and provided or referred to     community respiratory team for     plan.		
				Smoking cessation     Evidence based smoking     cessation advice given; NRT or     other pharmacotherapy		

Discharge					
Item No.	Question	Text under question	Pop-up help note	Validation	
				treatment offered, and onward referral for behavioural support offered.  (Validation: this option is enabled for current tobacco smokers - question 2.7a='Current')	
				Pulmonary rehabilitation     Assessed for suitability for     pulmonary rehabilitation and     referred to pulmonary     rehabilitation if appropriate.	
				Follow up requests     Follow up has been requested     which should occur within 72     hours of discharge by person or     by phone.	
				Emergency drug pack     Emergency drug pack provided     or referred to community     respiratory team for pack if     appropriate.	
				Emergency drug pack not provided     Emergency drug pack not	

Discharge						
Item No.	Question	Text under question	Pop-up help note	Validation		
				provided as assessed as unsuitable		
				None		
9.5	Which additional elements of good practice where undertaken as part of the patient's discharge:	If any of the good practice care elements have not been completed and/or are not applicable please do not select them. If no elements have been completed please select 'None'.		This question is greyed out if 'Died as inpatient' is selected for 9.1  Checkboxes four options select all that apply:  Oxygen alert Oxygen alert (electronic or paper) provided, if appropriate  Multidisciplinary team meeting (MDT) Patient discussed at an MDT with a community and/or primary care team.  COPD clinic follow up organised  None		