



NRAP Good Practice Repository – Pulmonary Rehabilitation

Medway Community Respiratory Team
Medway Community Healthcare



KPI2:

People undertake a practice exercise test (for incremental shuttle walk test (ISWT) or six-minute walk test (6MWT)) %

Medway Community Respiratory Team achieved:

99 % - 2022 -23 | 100 % - 2023-24*

*% of patients submitted to the audit.

Medway Community Respiratory Team has consistently performed well against KPI 2: People undertake a practice exercise test (for incremental shuttle walk test (ISWT) or six-minute walk test (6MWT)) at initial assessment.

Our processes to achieve good practice in KPI2:

We run a rolling programme pulmonary rehabilitation (PR) course at 2 sites in Medway each week. After each 2-hour exercise session we run assessments for pre and post PR. We have a 1:8 ratio, so a maximum of 16 patients with 1 Respiratory Assistant and 1 Respiratory Physiotherapist running each session.

PR Good Practice Repository – case study

National Respiratory Audit Programme

praudit@rcp.ac.uk | 020 3075 1526 | www.rcp.ac.uk/nrap



Patients are invited to a pre-assessment after an initial assessment with the respiratory clinician who has identified them as safe and appropriate to exercise

Patients are given approximately a 1-hour assessment appointment. On arrival, they will initially commence questionnaires (CAT, PHQ- 9, GAD 7, CRQ) while recovering from walking into the assessment room. Observation (vitals) are taken by a respiratory assistant (bands 2-4) and a brief history is taken to rule out contraindications to exercise. If observations are stable, the patient is then instructed on how to complete a 10 metre ISWT test by playing the instructions provided with the download.

The 10m walking area is already marked out with 2 x cones (9m apart). The clinician (Band 5-7) or assistant then takes the patient to the starting cone and advises they will complete the first 3 shuttles with the patient to enable them to appreciate the pace required. Observations are taken pre-commencing test and recorded on the shuttle walk test record sheet. Each shuttle completed is marked off. The patient is given 1 warning if they do not fully complete a shuttle, if this happens again (or patient requests to stop) the test is completed. Observations are repeated and the recovery time is noted.

If any desaturation occurs, this is then discussed with the patient. We have a team prescription for ambulatory oxygen cylinders and we take this with us to each session; this can be used where indicated for patient assessment. We are able to assess, prescribe and order ambulatory cylinders for patients where indicated. This is then reviewed at the end of the PR course to either remove or extend the prescription as indicated.

The patient then sits and rests for 30 minutes, during which time they complete the rest of their questionnaires. They also have a pre-assessment interview with the clinician in charge of the session to ensure there have been no changes since their new patient assessment. This includes ensuring PMH, DH are still up to date and explaining the set up and purpose of PR.

Full observations will be completed including height/weight/BMI and any dietetic support needed will be addressed. A 1RM for bicep strength will be completed so that we can advise what weight dumb-bell patient will need to use on the programme. We review any significant scores on GAD/PHQ and address any treatment needed where indicated for these.

After a 30-minute rest (time started first test completed on test record sheets) the patient will complete a second walk test. The instructions are not repeated. The assistant/clinician repeats the process as above.

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The clinician guides the patient through the Home Exercise Programme (HEP) which is to be completed on the days they are not at PR.

After completion of second walk, if all questionnaires are complete and pre-assessment has been carried out, the patient is free to go home. They will have a booklet of information on the education talks we offer each session as a reference guide, a HEP booklet to remind them of exercise, safety, and a record sheet of reps completed each day, and either a date when to start the course or advice when we will contact regarding a start date (within 4 weeks of assessment). The patient will also be provided with the team contact details in case any issues arise.