Royal College of Physicians | Pulmonary Rehabilitation Services Accreditation Scheme

The impact of the Pulmonary Rehabilitation Services Accreditation Scheme on key performance indicators

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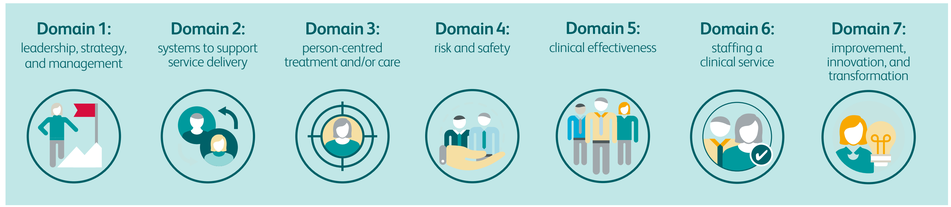
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Background

In 2018, the Royal College of Physicians launched the Pulmonary Rehabilitation Services Accreditation Scheme, PRSAS (www.prsas.org), to improve the quality of UK pulmonary rehabilitation (PR) services.

- PRSAS uses a framework set out by the British Standard Institution's specification for accreditation of clinical services.
- PRSAS measures PR services in line with British Thoracic Society national guidance.



The aim of this study was to determine the impact of accreditation on key performance indicators (KPIs).

Method

- National Respiratory Audit Programme 2022–23 *Breathing well* report service-level data were used (www.nrap.org.uk).
- Services were grouped by accreditation status as of January 2025.
- Data were analysed using a one-way ANOVA.
- For accredited services, comparisons of KPIs from the 2019 PR clinical audit report and the 2022–23 *Breathing well* report were made using a paired t-test.

Results



176

services were included in the analysis:

- **24 (13%)** accredited
- **18 (10%)** undergoing assessment
- **34 (18%)** not registered
- **100 (54%)** registered only, not yet assessed.

Number of patients enrolled per service

There were statistically significant differences in favour of accredited services (mean [SD] 143 [110]) compared with those not registered (71 [83]) and registered-only services (85 [70]), p<0.01.

Mean number of patients enrolled



Accredited services: 143



Registered-only services: 85



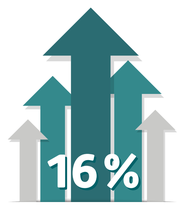
Not registered services: 71

Time to starting PR

The mean [SD] number of days from assessment to commencing PR in patients with stable COPD was 108 [82] accredited services, 126 [62] undergoing assessment, 130 [109] registered only and 164 [118] not registered, however, this was not statistically significant.

There was no statistical difference for other KPIs, including completion of a discharge assessment, written discharge plan, and performing a practice 6-minute or incremental shuttle walk test (6MWT/ISWT).

Comparisons of KPIs



- There was a statistically significant improvement in the percentage of people enrolled from the 2019 to 2022/23 audit in accredited services with a mean [SD] improvement of 16 [31] %, p=0.03.
- The percentage of patients completing a practice 6MWT changed from 60 [41] to 86 [12] (n=4) and from 87 [26] to 80 [32] in those completing a practice ISWT (n=12), though this was not statistically significant.

Conclusions

Accredited services enrol a larger number of patients into PR.

Improved waiting times, written discharge plans and practice 6MWT were observed in accredited services, but the differences were not statistically significant.

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