National Audit of Cardiac Rehabilitation
WHAT WE USE

The information below outlines the data fields primarily used for NACR reporting (NHS/Networks/ICBs/Certification/Annual and Quarterly Report/Uptake)

Patient Record:

Recording demographic information about the patient.
(**NB:** we don't receive any patient identifiable data at NACR)
This is a 'shared' record - ie. all those programmes who have rehab input with the patient have access to it.

We use:

DOB to receive 'age at initiating event'.

Gender, Marital Status and Ethnic Category.

The Postcode and GP Practice Code are also used, to map patients to ICBs and LSOA/Areas of Deprivation.

NHS No. and DoB are mandatory fields

Initiating Event Record:

Information on reason for referral, treatment, previous events/co-morbidity etc. This is a shared record ie. all programmes that have input with the patient for this Initiating Event and associated rehab access it.

We primarily use:

Initiating Event, Initiating Event Date, Treatment, Previous Events and Comorbidity. We are also increasingly reporting on Source of Referral, Referred by and Referring Trust Code

Initiating Event and Initiating Event Date are mandatory fields

Rehab Record:

Rehab activity can be recorded using the Phase structure or Commissioning Pack Structure (Early Rehab & Core Rehab) and there will often be more than one rehab record per initiating event. This record shows which part of rehab you have given to the patient, start/end dates, reasons for not starting/completing (where appropriate), no. of sessions, mode of Rehab Delivery etc. This is **not** a shared record, and you should always add your own rehab records, as the activity 'counts' come from these records.

We use all the fields on this record *(apart from 'How likely are you to recommend').*

Phase ID (Phase No./Early or Core) is a mandatory field.

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Assessment Record:

There is facility to record three assessment records.

Assessment 1 is done pre-rehab programme (Core/Phase 3) to measure baseline;

Assessment 2 is at the end of the Core/Phase 3 rehab programme;

Assessment 3 is at 12 months (not all programmes do this assessment).

As a minimum, patients should receive an assessment before and after rehab (Ass 1 and 2), and recording the same fields as much as possible so that change and outcomes can be seen. The Assessment record is a combination of data collected from the clinical 'assessment' a member of the CR team does with the patient, and the NACR Questionnaire (if they have completed this). It includes:

Fitness level, exercise, smoking, BMI, anxiety and depression, quality of life, BP/Cholesterol.

The Assessments are generally completed by the programme delivering Core/Phase 3 rehab to the patient.

The assessment record holds a lot of data, but it is unlikely that you would complete all the data fields – it will depend on what you measure as a team, and on the patient (see the *BACPR Standards* for information on what constitutes a full assessment).

***We use:**

As much as possible - but what is filled in will depend on what you measure at your rehab assessment. We are starting to report on three main Assessment components so data input should include measures from the three categories below:
1. Risk Factors (BMI, Smoking, BP, Cholesterol, Physical Activity, Alcohol Consumption)

2. Psychosocial Wellbeing measure (HADs, PHQ9, GAD7, Dartmouth, Minnesota)

3. Exercise testing/Fitness (ISWT, 6MWT, METs)

You should aim to measure the same at Ass 1 and Ass 2 to give outcomes measures, show patient's their progress, and help set longer term goals. We currently report on Smoking / Physical Activity (150 mins week) / BMI / Psychosocial measures / Cholesterol / Blood Pressure / Waist / Alcohol / Functional Capacity (ie. ISWT, 6 min walk or other MET measure).

Assessment Number and Assessment Date are mandatory fields.

Certification:

Staffing - from the staffing survey sent round annually (not from the NACR database)

Priority Groups - from Initiating Event and Treatment information (Heart Failure also comes from 'previous event' information).

Duration - Start Date to End Date for Core/Phase 3 rehab

Ass 1 and Ass 2 percentages - from the number of patients starting Phase 3/Core with a valid (ie with assessed data) Assessment 1 and/or 2 record.

Wait Times - uses Referred Date in Phase 2/3 or Core records (ie. post-discharge referral) to Start Date for Phase 3/Core.

Certification 'Ghost' measures:

(reported, but not currently part of the Certification KPIs)

Multi-mode of delivery – from the Rehab record, is your patient cohort receiving a multi-mode offer (ie. Group and Home-Based, or a Hybrid of both

Assessment 2 percentage of completers – From the Assessment 2 and Core/Phase 3 rehab records, percent of patients who complete Core/Phase 3 with an Ass 2 record

Completion rate – From the Core/Phase 3 rehab record, what percent of starters had a completion date/Ass 2 date (with no Reason for not Completing)

Comprehensive Baseline Assessment - from the Assessment 1 record, Percentage of Assessment 1 records with measures for all three core components (ie. Risk Assessment, Psychosocial Health, Exercise Testing/FCT)

Uptake:

As part of our ongoing and regular reporting, NACR is providing national and region uptake in the Quality and Outcomes report as well as on FutureNHS and Model Health System (MHS) dashboards (England only – equivalent data can be provided for N Ireland and Wales).

At present uptake is presented for ACS (MI with and without revascularisation) and Heart Failure. In future the audit will also report on PCI and CABG alone patients.

Regional and local reporting of uptake is based on where the patient is registered as living (postcode).

Eligible Patients (Denominator)-
Data for the eligible population comes from country specific databases: HES/SUS for England, Department of Health Statistics for Northern Ireland and The Digital Health Care team for Wales.
Patients are eligible if they are admitted with an ICD-10 code or operation code specific to the subgroups.

Starting/Accessing Patients (Numerator) –
This data comes from the data submitted to NACR. Patients need to have started core rehabilitation (start date within the Phase 3 or Core rehabilitation record with no 'reason for not taking part). Without complete and timely data from services Uptake is run quarterly so complete and timely data from services is important to accurately show uptake. Missing data for those starting CR will impact uptake activity reported in local areas.

We use:
Patient Record: Postcode is used to assign patients locally.
Event Record: Initiating event, treatment groups, previous events and acute events during rehab to assign patients to the diagnosis/treatment groups.
Rehabilitation Record: start date at Core/Phase 3 is used to identify if a patient has started CR.