AACVPR Outpatient Pulmonary Rehabilitation Registry Data Elements

Updated January 18, 2013

The following is a list of data elements contained in the Registry. Please note that this list is subject to change. Participating members will be notified if there are any major changes to this list.

**Demographic Information**
- Registry ID (system)
- Record creation date (system)
- Program ID (system)
- *Hospital medical record ID
- *Last name
- Gender
- *DOB
- Health insurance plan
- Health insurer(s)
- Race
- Ethnicity
- ZIP Code
- Education level
- Social support/living arrangement

**Medical History Information**
- PR admission diagnoses
- Comorbid conditions
- Revised Charlson Comorbidity Index (calculated)
- Tobacco use status:
  - Packs/day
  - Years of use
  - Pack-year history (calculated)
  - Quit date

**PR Intake Information**
- *Referral date
- *Enrollment date
- Age at enrollment (calculated)
- # of prescribed sessions/week
- # of education sessions
- # of exercise sessions

**Pre/Post Clinical Assessments**
- Height
- Weight
- BMI (calculated)
- Fat-free mass/method used
- BODE Index (calculated)

**Spirometry**
- FEV₁ (actual, % predicted)
- FVC (actual, % predicted)
- FEV₁:FVC
- DLCO (actual, % predicted)
- FRC (actual, % predicted)
- Obstruction/restriction and severity

**Functional Capacity Measures**
- 6-Minute Walk Test parameters:
  - Distance (feet/meters)
  - Test type
  - METs (calculated)
  - Borg Rating of Perceived Exertion
  - Borg Dyspnea Rating
  - MET-mins per week (IPAQ)

**Supported Assessment Tools**

**Dyspnea Symptoms**
- Modified Medical Research Council Dyspnea Scale
- UCSD Shortness of Breath Questionnaire

**Depression/Psychosocial Risk**
- Center for Epidemiologic Studies-Depression
- Patient Health Questionnaire
- Psychosocial Risk Factor Survey
- Hospital Anxiety and Depression Scale
- Geriatric Depression Scale (15- or 30-point)

**Health-related Quality of Life**
- Chronic Respiratory Disease Questionnaire
- St. Georges Respiratory Questionnaire
- Medical Outcomes Trust-Short Form 36-v2 (Standard)
- Ferrans & Powers Quality of Life Index-Pulmonary
- Dartmouth COOP
- COPD Assessment Test
**Oxygen Usage**
Nasal cannula and/or mask usage at rest, ADLs, exercise, and sleep
Oxygen percent at rest, ADLs, exercise, and sleep (for mask usage)
Oxygen delivery system used

**Healthcare Utilization**
Exacerbations
Adverse events

**Discharge information**
Completion status
Non-completion reasons
Program discharge date
Number of exercise sessions completed

**Information Relating to Participating Program**
Health Care System (HCS) ID (System)
Health Care System Name
HCS address
HCS city
HCS state
HCS ZIP code

*Participating program name
*Address
*City
*State
* ZIP code
*Type of program

Referrals/year
*Hospital bed number
Profit status of hospital/clinic
Maintenance program offered
Number of full-time staff equivalents
*Principal User name
*Principal User telephone number
*Principal User e-mail address
*Program Director name
*Medical Director name
*AACVPR certified/date of certification

* “Required” fields
# Fields will be provided for scores. AACVPR will not provide actual tools. Program may choose one or more tools for assessment purposes.

**Note:** Some of the definitions for the above data elements are unique and have been standardized specifically for the Registry. They may be different than what you are currently using. The definitions and timing of data collection will be reviewed during the Principal User training sessions.