

Practice Enhancement Program GUIDELINES FOR CHART REVIEW

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Diagnosis

1. Is there Spirometry confirmation of diagnosis? Always Mostly Sometimes Never
2. Have relevant co-morbidities been considered & documented Always Mostly Sometimes Never

Monitoring

Does the physician document:

3. Evidence of ongoing monitoring with spirometry (every 2-3 years as indicated) Always Mostly Sometimes Never
4. Severity of airflow limitation (post-bronchodilator FEV1) Always Mostly Sometimes Never
5. Functional Status (eg mMRC Dyspnea scale) Always Mostly Sometimes Never

Symptoms / Activity

Does the physician document existence/changes to:

6. Cough / Wheeze? Always Mostly Sometimes Never
7. Sputum volume / colour? Always Mostly Sometimes Never
8. Weight loss / gain? Always Mostly Sometimes Never
9. Sleep disturbance? Always Mostly Sometimes Never
10. Current physical activity? Always Mostly Sometimes Never

Exacerbations / Lifestyle

11. Is the date of the last ER / Hospital visit recorded? Always Mostly Sometimes Never
12. AECOPD since last visit? Always Mostly Sometimes Never
13. Is there a documented COPD Action plan? Always Mostly Sometimes Never
14. Is the average number of exacerbations/year documented? Always Mostly Sometimes Never
15. Is there documentation of smoking status/ quit date/cessation advice? Always Mostly Sometimes Never

Medications / Vaccines

16. Appropriate use of medication based on severity Always Mostly Sometimes Never
17. Ensure proper inhaler technique Always Mostly Sometimes Never

Screening

18. Have patients been screened for Obstructive Sleep Apnea (OSA)? Always Mostly Sometimes Never
19. Are vaccines for Influenza recorded? Always Mostly Sometimes Never
20. Are vaccines for Pneumococcus recorded? Always Mostly Sometimes Never
21. Are patients screened for depression / anxiety / other stressors?
(By use of e.g. PHQ-9, GAD-7) Always Mostly Sometimes Never

Management Plans

Has the physician discussed with the patient ...

22. Possible referral to Pulmonary Rehab Program? Always Mostly Sometimes Never
23. Patient goals / self-management? Always Mostly Sometimes Never
24. End of life / Advanced care directive where appropriate? Always Mostly Sometimes Never

Is there documentation of referrals made to ...

25. Certified Respiratory Educator? Always Mostly Sometimes Never
26. Respiriologist? Always Mostly Sometimes Never

*Source: SK CDM-QIP COPD Flow Sheet (Sask Ministry of Health, SMA, eHealth Sask)
Developed and reviewed by the Practice Enhancement Program October 2017*