Persistent Asthma Survey

- ***All persistent asthmatics ages 5-18***
- ***Data entry will be every month starting on February 1, 2018***
- ***QIDA will close every month on the 15th***

1. Has the patient been in the hospital or ER in the past year to be treated for asthma?

What Counts:

- This may be a difficult question as not all hospitalizations or ER visits may be recorded in the patient chart. You may skip this question if answering "not a practice priority".
- Different practices may use different criteria, for instance you may only be able to determine ER visits or hospitalizations at one hospital among several.
- Using the partial measure is ok, as our goal is to measure change, and measuring visits at one institution will allow us to know if functional asthma control is ok.

2. Is there documentation that the child/adolescent is on a controller agent?

What Counts:

- Usually controller agents are steroids, but ask the chief clinician if there is a question.

3. Is there documentation in the medical record that the child/adolescent was seen for a scheduled visit in the past 3 months?

What Counts:

- QTIP recommends visits at least every 3 months for children with moderate to severe asthma.
- Was one recorded within the past 3 months prior to the visit the child is being seen for this time?

4. Is there documentation in the medical record that the child has a current asthma action plan?

What Counts:

- Is there a copy of an up to date asthma action in the patient's record.

5. Is there documentation in the medical record indicating an asthma functional status was checked with ACT, spirometry or peak flow meter within the past 12 months?

What Counts:

- Documentation of a functional status check in the medical record either at the most recent visit or in the past 12 months.

6. Is there documentation in the medical record indicating a flu shot was given within the last 12 months?

What Counts:

- Documentation in the record that a flu shot was given in the past 12 months.

7. Was the patient screened for tobacco use and/or exposure in the last year?

Why:

- Smoking an important cause of child disease and morbidity

What counts:

- Any evidence of smoking screening or discussion in the chart

7B. Was the family given advice to quit?

What counts:

- Documentation that the family or teen was warned against the health effects of smoking, second and third hand smoke.
- Evidence that the family or teen was advised to quite using tobacco products

7C. Were cessation strategies discussed? (Including referral to the SC quit line)

What counts:

- Documentation that the family was given strategies to quit using tobacco, referral to the quit line or other strategies can count for this measure.

8. Is there documentation in the medical record that the child had a well child visit in the past year?

What Counts:

- A well child visit within the past year recorded in the chart.
- If the chart being audited was last seen for a well child visit, that visit counts.

9. Was the patient's BMI over the 85th percentile?

Why:

- Outcome measure. Hopefully eventually our efforts will result in an improvement
- Important cause of non-communicable disease mortality

What counts:

- BMI recorded at last well child visit
- Follow-up questions on whether elevated BMI was noted and acted upon.