Improving Asthma Care in Pediatric Practice

QI BASICS

CNHN Childhood Asthma MOC QI Learning Collaborative

Kick-Off Learning Session
October 3, 2012
Childhood Obesiy QI Collaborative: 
CME Learning Objectives

- **Learning Objectives:** At the conclusion of this learning collaborative, participants should demonstrate their ability to improve the identification and management of children with asthma in their practice setting.

- **Participants will be able to:**
  1. Identify “best practice” recommendations & guidelines for practice management of childhood asthma.
  2. Identify opportunities to implement clinical “best practices” in your practice setting.
  3. Conduct PDSA cycles within a practice setting to measurably improve childhood asthma identification and management.
Today’s Presenters:
Have no conflicts to disclose

Mark Weissman, MD
Tamara John, MPH
Stephen Teach, MD, MPH
Rhonique Shields-Harris MD,MHA, FAAP

• All presenters have signed disclosure statements indicating:
  • No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
  • No unapproved or investigational use of any drugs, commercial products or devices
CME Accreditation

ACCREDITATION:
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The George Washington University School of Medicine and Health Sciences and Children’s National. The George Washington University School of Medicine and Health Sciences is accredited by the ACCME to provide continuing medical education for physicians.

PHYSICIAN CME CREDIT:
The George Washington University School of Medicine and Health Sciences designates this continuing medical education activity for a maximum of 30 AMA Physician Recognition Award Category 1 Credits™.
Participants will be required to certify attendance or participation on an hour-for-hour basis.
Are we ready to begin to improve our care?
QI Home for the region’s pediatricians

- DC PICHQ
  - DC Partnership for Children’s Healthcare Quality (2005)
  - Based in Children’s National’s Goldberg Center for Community Pediatric Health
  - Part of evolving National Improvement Partnership Network (NIPN) (CHIPRA funded)

- Key regional QI projects with measurable improved outcomes
  - DC EPSDT (2005-2009)
  - DC Immunizations (2007-2011)
    - ABP MOC Accredited
  - NCQA PCMH (2010-2011)
  - Childhood Obesity (2011-2012)
    - ABP MOC Accredited
  - Childhood Asthma (2012-2013)
    - ABP MOC pending
MOC: From Obesity to Asthma

- CNHN completed successful **Improving Childhood Obesity in Practice** QI-MOC program
  - 30 practices, 150 pediatricians in DC, MD and VA-improved care together
  - ABP MOC Part 4 credit (25 points) & CME credit (up to 30 hours)
  - High provider satisfaction scores
- Now launching new QI-MOC program: **Improving Asthma Care in Pediatric Practice**
  - 50 practices, 250 pediatricians in DC, MD and VA
  - Partnered with: Maryland & DC AAP, ImpactDC
  - October 2012 – June 2013
Why do a QI project on Childhood Asthma?

- Widely prevalent chronic condition across our region & diverse practice sites
- Gap between “best practice” and real world care
- Pediatrician asthma care is already being profiled by payers (HEDIS)
- Improving asthma care can improve clinical outcomes and reduce cost-positioning for new payment models
- Successful asthma QI projects to guide us
Partners in Improvement

- **Children’s National Health Network**
  - *Funding & member benefit*

- **DC PICHQ**
  - *QI expertise & infrastructure*

- **ImpactDC & local asthma experts**
  - *Clinical asthma expertise*

- **American Academy of Pediatrics**
  - **Maryland & DC Chapters**
    - *Practice recruitment & support*
    - *AAP Asthma Champions*
Special recognition to Maryland AAP Chapter

• Maryland AAP chapter interested in building statewide *quality improvement partnership* with key government, payer & provider stakeholders

• Partnering with our QI MOC project to:
  • Recruit & engage Maryland pediatricians in regional QI initiatives
  • Assist with practice QI coaching
  • Develop experience and infrastructure to sponsor & support future Maryland QI activities
Map of Participating Practices

- Children’s National Medical Center
- Capital Area Pediatrics
- Children’s Pediatrician’s and Associates
- Northern Virginia
- Maryland
- District of Columbia
Web-based QI Learning & Participation

- Permits regional multi-practice learning
  - Live web/audio conference or recorded
  - Internet access is required
  - If you are reading these slides- you can do it!

- Support data entry and sharing of QI performance data & resources
  - Benchmark your practice performance vs group

- CME credit for participation (hour for hour)
Patient & practice privacy

- We do not request, report or share any patient-identified data.
  - We can complete & sign a Business Associate agreement if requested.
- We do share practice data in blinded, de-identified fashion so you can compare (& improve) your practice performance to all other participating practices
  - We will invite high-performing practices to share tips & successes for key measures
  - We will invite practices to share PDSA cycle successes & failures- and invite comments from colleagues
- We will be aggregating unique reporting cohorts:
  - Children’s National practices
  - Maryland AAP practices
ABP MOC Part 4: Quality Improvement

- Now **required** for Maintenance of Certification
- Part 4:

Established QI Projects. Structured QI projects that involve *physician teams collaborating across practice sites* to implement strategies carefully designed to improve care. Experienced coaches guide these multi-practice improvement projects in clinical improvement.
CNHN-DC PICHQ Regional MOC QI Project: Improving Asthma Care in Pediatric Practice

- Multi-practice QI Learning Collaborative
  - 9 months: October 2012-June 2013
  - ABP MOC Part 4 QI credit: 25 points (approval pending)
What is a “learning collaborative”?

- A **learning collaborative** is a model for conducting a targeted quality improvement project with a defined *improvement aim, outcomes measures and timeframe.*
Asthma QI Aim Statement (preliminary)

- During our learning collaborative (September 2012–June 2013), participating pediatricians will improve their office management of childhood asthma, achieving the following measures for 90%* of office asthma visits:
  - Asthma identification, severity classification and assessment of control
  - Assessment and counseling of asthma triggers
  - Asthma controller therapy for persistent asthma
  - Written asthma action plan
  - Scheduled follow-up asthma visits
- *QI project measures & aims will be finalized based on benchmark practice chart audits
  - Alternate: 20% improvement from baseline
National Recommendations for Asthma Care

- Inhaled corticosteroids
- Asthma action plan
- Asthma severity
- Asthma control
- Follow-up visits
- Allergy and irritant control
And local asthma experts

- Children’s National: Impact DC
- AAP: Chapter Asthma Champions
- University of Maryland
- Other interested participants
What is a “learning collaborative”? 

- Practice teams meet regularly to implement and measure small improvement pilots in their practice
  - Practice-based QI is augmented by periodic web-based “learning sessions” (CME accredited) and monthly conference calls—where colleagues share solutions and best practices.
- Each practice is required to regularly collect and report a small amount quality data for the practice and each participating pediatrician
  - Your practice improvement will be benchmarked against all practices participating in the QI learning Collaborative
QI Learning Collaborative model

• Do QI as practice team- get individual MOC & CME credit
  • 9 month “virtual” project (October – June)
  • Web-based learning conferences (live or recorded)
  • Baseline and monthly chart audits to measure asthma care & improvement
  • Monthly practice team meeting to look at data & implement mini-improvements
  • Monthly team leader project calls with other practices to share data & tips
  • Hands-on QI coaching in your practice & by phone
To receive ABP MOC credit...

- Pediatricians & practices must demonstrate *active participation* in:
  - Kick-off & web-based **learning sessions**
    - QI basics and office management of childhood asthma
  - Baseline and monthly pediatrician/practice **chart audits**
  - Three (3) **practice mini-improvement cycles**
  - Brief monthly practice **team meetings** to review your practice QI data & progress
  - **Monthly QI project conference call** with QI team & participating practices
  - CNHN QI practice coaching office visit (as needed)

- CNHN will make your required ABP MOC QI as *user-friendly* as possible
QUALITY IMPROVEMENT IN PRIMARY CARE PRACTICE

The MOC Version…

Mark Weisman, MD
Chief, Division of General Pediatrics & Community Health
Executive Director, Children's National Health Network
DC Partnership to Improve Children's Health Care Quality
How does a Learning Collaborative work?

- Pediatric practices participate with other practices to improve the quality of care they deliver.

- **Key components:**
  - Initial objective assessment of current practice (chart audits)
  - Participation in kick-off Learning Session to hear the evidence & “best practices” and learn how to implement process improvement in your practice
  - Ongoing follow-up and technical assistance, including periodic assessments (chart audits to assess whether improvement is happening), conference calls (to get questions answered and learn from other practices)
  - An end-of-collaborative assessment to measure your improvements, allow comparisons with other practices, and guide your next efforts
  - A formal or informal wrap-up session to help you organize your thoughts and to provide advice on maintaining the improvements in the future
"Model for Improvement"

<table>
<thead>
<tr>
<th>Aim</th>
<th>Measures</th>
<th>Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are we trying to accomplish?</td>
<td>How will we know that a change is an improvement?</td>
<td>What change can we make that will result in improvement?</td>
</tr>
</tbody>
</table>

From: Associates in Process Improvement

Childhood Asthma MOC QI Learning Collaborative
Use ideas for change to plan PDSA cycle:
Plan-Do-Study-Act

- **Plan**: Decide on small, well defined change in the way you do something that you think will move you toward the desired improvement (something you can accomplish in a day or two)

- **Do**: Implement your plan for a short period of time (think days, not weeks/months)

- **Study**: while implementing the change, measure the impact of the change and monitor for unexpected consequences. Review with the rest of the team your ideas for an improvement or revised strategy

- **Act**: decide what to do next
  - You might want to make the change permanent (and look for additional ways to improve in the future) or
  - You might want to revise or modify the change slightly because it didn’t work like you planned, or
  - You might want to try another approach altogether because your change did not work at all.

- The PDSA cycle is meant to be used repeatedly and continuously to result in on-going quality improvement
Implement and measure test of change in your practice to improve asthma care

- Three PDSA cycles over 9 months

**Plan**
- Plan a Change
  - Identify opportunity
  - What is the problem
  - Suggest the causes
  - Design the change

**Do**
- On a small scale implement change
- Where you can control setting

**Study**
- Collect data
- Analyze data

**Act**
- Did your change make a positive or negative change?
- If positive Standardize within your practice
- Monitor your change over time
- What will you work on next?
Remember: Keep it simple!

- PLAN and DO a change (for the next 5-10 patients, for one week) and then STUDY (measure) what works/doesn’t, then adjust and ACT (try again) until successful.

- Then implement more broadly in practice and measure (again)

- Participating practices will design and measure simple PDSA cycles (and share results)- move incrementally toward overall goal(s)
PDSA cycle - Case example

- Your benchmark chart audit data shows low completion of written asthma action plans.
- You discuss your practice data & ideas for improvement at a practice team meeting.
- Providers think they would take the time to complete asthma action plans if readily available but can’t find the form when they need them.
- The practice decides to pre-print copies of asthma action plan and have nurses clip to chart for all visits where parent states child has asthma.
- The practice implements for one week and then studies how many asthma visits (493.xx) had written asthma action plan.
  Based on data, the practice then decides to...
Repeated Use of the PDSA Cycle:
Small scale pilots ⇒ spread success practice-wide

- Hunches
- Theories
- Ideas

Very Small Scale Test
Follow-up Tests
Wide-Scale Tests of Change

Implementation of Change

Changes That Result in Improvement

DATA

Children's National Health Network
Childhood Asthma MOC QI Learning Collaborative
Implement & measure tests of change in your practice to improve asthma care

- After benchmarking practice data (chart audit), each practice will be required to develop PDSA pilots
- Moves practice closer to shared goal- improving asthma care in practice
- **Measure results of PDSA**
  - Limited monthly chart audit to measure success/impact
  - Review results and make adjustments to improve
- **ABP:** document three PDSA cycles over 9 months
  - You will likely do more…
Who is your practice “Asthma Champion”?  

- Qualities of a team leader?  
  - Is the practice champion  
    - Most often a physician  
  - Is able to lead practice change  
  - Is computer literate  
  - Is organized  
  - Is able to submit the required reports on or before the stated due dates  

- Even though you submit your data as a team, each provider earns MOC credit individually.  
- It is the providers responsibility to ensure that their participation and documentation requirements have be met and submitted
HOW TO EARN MOC CREDIT

✓ As a Practice Team
✓ As a Provider
How to earn credit as a Practice Team

1) Providers can only earn MOC part 4 credit if all chart audits and reports are submitted to QI Team Space by June 30, 2011.

2) For chart review and team meeting requirements, please review: How to earn MOC part 4 credit as a provider.

3) Submit your PDSA and Progress Reports by the end of the following months (Due dates are subject to change): December, February, April, and June.

Providers are now eligible for MOC part 4 credit if all individual provider requirements are met. Please refer to: “How to earn MOC Part 4 credit as a Provider” to confirm that all requirements are met before data submission.
Team Activities

- **Chart Audits:**
  - Submit 1 baseline chart audit report - 30 charts
  - Three month review - July/August 2012 - October 2012 (asthma sick, follow-up, or well-child visit)
  - Due by October 31st
  - Submit monthly chart audit reports - 10 charts, 8 reports
  - Due by the 5th of every month

- **Team Meetings:**
  - Submit monthly team meeting reports - 9 reports
  - We can provide team meeting agenda tools
  - Dedicate at least 15 minutes a month to discuss your teams Asthma LC activities
Team Activities Continued

- **QI Conference Calls:**
  - Attend monthly conference calls with the QI team-8 calls
  - Held the **Second Thursday** of the every month
    - At least one member from each team should be on every call
    - Most times this is your Asthma Champion/Team Leader
    - Others welcome! (for added CME credit)

- **PDSA Cycles:**
  - Conduct at least 3 PDSA Cycles over the course of the learning collaborative
  - Submit 3 PDSA Reports to QI TeamSpace
How to earn Credit as a Provider

Watch the live webinar

Option 1

Kick-off webinar

Option 2

Watch the recorded webinar

Submit a signed presentation attestation form:

Yes

No

I cannot receive credit

Yes

Mandatory Provider Activities

You are the documented provider for a minimum of 12 patients over the course of the entire project
Minimum of 1 chart per provider per audit report:

Yes

Your initials are documented monthly on the practice chart audit tool for at least 12 patients over the course of the project

Yes

Your name is documented on at least 5 submitted team meeting forms

Yes

Team requirements are completed

Yes

If you did not meet the minimum requirements for any of the mandatory activities, your participation will be reviewed on a case by case basis.

No

I do not receive credit

Yes

I receive MOC Credit

You attended a minimum of 5 out of 8 team meetings

Yes

Submitted a signed presentation attestation form for each webinar*

Yes

*Rules for submitting webinar attestation forms:

- All forms should be submitted by June 30, 2011
- 3 out of 5 submitted attestation forms must be submitted within 30 days from the day the recorded webinars are posted.
Provider Activities

- Chart Audits
  - Team members who are working towards MOC credit must be the documented provider for at least 12 patients over the course of the entire project
  - Minimum of 1 chart per provider per audit report
    - Very part-time providers- must demonstrate active participation in: chart audit, data review, practice team meetings, improvement planning, measurement

- Monthly Meetings:
  - Each provider must attend a minimum of 5 out of 9 team meetings

- Webinars:
  - Must attend & watch at least 4 learning sessions
  - Submit a CME/Webinar attestation form for each learning session
Asthma Learning Sessions (CME accredited)

• Quality Improvement Basics

• Asthma Best Practices
  • Introduction to pediatric asthma, NHLBI guidelines, primary care asthma management

• The Planned Asthma Visit
  • Office assessment of severity & control, barriers to optimal management, medication & device technique, environmental assessment, key educational messages

• Advanced Asthma Management
  • Severe or complex asthma cases, common asthma co-morbidities, role of the subspecialist, pulmonary function testing

• Effective Asthma Education
  • Asthma and health literacy, partnering with families, advanced inhalation device training, practical counseling to reduce environmental triggers, tools and resources

• Practice and Population Management of Asthma
  Creating and using an asthma registry, coding to improve reimbursement
MOC & CME credit

• We are submitting our application within a month & anticipate ABP MOC Part 4 approval for 2012-2013
  • Typically 25 points
  Note: If you need MOC Credit by December 2012 this project will not meet December 2012 deadline!

• We are additionally approved for up to 30 hours of CME credit by GWUMC CME office
  • Approved activities
    • Monthly Chart audits (up to 1 hr each)
    • Monthly Practice team meetings (up to 1 hr each)
    • Monthly conference calls (up to 1 hr each)
    • Learning session webinars (1 hr each)
  • Must submit attestation forms/documentation of participation
    • CME workbook
QI TEAM SPACE

Tamara John, MPH
Quality Improvement Practice Coach
Benefits Of Using QI TeamSpace

- Automated process for:
  - Data entry
  - Data validation
  - Report generation and publishing

- Increased efficiency
- Reduced errors
QI TeamSpace

- **Access**
  - Practice materials
  - National Guidelines

- **Watch**
  - Recorded webinars

- **Complete and submit data reports/forms:**
  - Chart Audit
  - Monthly Meeting
  - PDSA Cycle
QI TEAMSPACE WEBSITE

The Basics
How to Access QI TeamSpace Login and password

- **Website:** [https://cnhnqi.childrensnational.org](https://cnhnqi.childrensnational.org) – Use Google Chrome, Safari, or Fire Fox web browsers to sign in to QI TeamSpace
  - You should receive an email from: “User Account Information for CNHN QI Project Collaboration Workspaces” with your login name (the email given to me at the start of the project)
    - Check your junk mail if you do not receive an email before Tuesday, October 9th.
    - The email will ask you to click on a link to set up your password
      - Make sure your password is something easy for you to remember
      - The link expires 8 days from the time the email was sent

- If you do not access the link within the 8 day period
  - You can always return to our webpage and ask to reset your password through the log in button
  - **Do not try to re-register yourself because you will not gain access to your team folder.**
QI TeamSpace: Logging-in
https://cnhnqi.childrensnational.org

Click the log-in tab

Click here if you forgot your password
Access to Project Folder

Your name should appear here once you log-in

Click here to access your project folder.

If you can not access this folder, please let me know.
QI TeamSpace Navigation

• The Left Navigation Toolbar:
  • Access the recorded webinar
  • Access obesity-related articles
  • Access all of your practice materials
  • Access local Community Resources
    • If you know of any asthma-related resources in your area, please let me know
  • Access your Team Folder
Practice Materials

• Access links to Patient Handouts
• Access links to Parent Handouts
• Access links to Practice Assessment Tools
• Access to Asthma Action Plans
  • Maryland
  • DC
  • Virginia

Practice Handouts

Asthma Action Plans

- DC Asthma Action Plan
- Maryland Asthma Action Plan
- Virginia Asthma Action Plan

- Asthma Action Plan English
- Asthma Action Plan Spanish

National Resources and Guidelines

- National Asthma Guidelines
- National Organizations
- Environmental Information

- NHLBI Guidelines
- AAAH Homepage
- Environmental Protection Agency Resources

Guidelines Implementation Panel Report
- Asthma & Allergy Network/Nurses of Asthmatics
- Asthma Community Network
- National Environmental Education Foundation Pediatrics Asthma Initiative

- American Lung Association
- Asthma and Allergy Foundation of America
- Smoke Free Kids

- Centers for Disease Control and Prevention (CDC)
- National Asthma Control Initiative (NACI)
- Air Quality Index Forecast

Local and Regional Resources

- Field Counts
Practice Team Folder

- Access your Chart Audit forms
  - Chart Audit practice workbook
- Access your PDSA/Progress Form
  - Blank PDSA Cycle form
- Access your Monthly Meeting reports

- You can only see your assigned practice folder & aggregate “all practice” data.
Patient & practice privacy

- We do not request, report or share any patient-identified data.
  - We can complete & sign a Business Associate agreement if requested.
- We do share practice data in blinded, de-identified fashion so you can compare (& improve) your practice performance to all other participating practices
  - We will invite high-performing practices to share tips & successes for key measures
  - We will invite practices to share PDSA cycle successes & failures- and invite comments from colleagues
- We will be aggregating unique reporting cohorts:
  - Children’s National practices
  - Maryland AAP practices
Accessing Your Forms/Reports

- Click on your team folder in the left navigation tool bar
- Click on the report you want
- Under the “Upcoming Forms” header on the main page, all available/reports forms will be available
- Select the form/report you want based on the month
  - If you want to submit your December chart audit data- select the report that corresponds to that month.
How to Enter Data

• Once you have opened the form you want

• Click on “Form Entry” at the top of the team page
  • Chart Audits- enter the number of rows you want added (30 for baseline, 10 for monthly audit), hit the “Add Rows” button
    • Each row represents a new chart
  • Team Meetings- follow the prompts on the page
  • PDSA/Progress Reports-Follow the prompts on the page

• Enter your data

• Once you have completed the form click “Save as draft or the Save and submit” button at the bottom of the page.
Don’t freak out!

• We are here to help
  • Office coaching visit in October 2012
  • Phone or email consultation

• Tamara John
• 202-476-5481
• tjohn@childrensnational.org
WHAT ARE YOUR PRACTICE’S NEXT STEPS?
Practice Next Steps
What should happen at the team level before the end of October 2012

• Kick-Off Webinar
  • Complete the CME Attestation form for CME credit.
    • The recorded webinar will not be available for at least a week
• Schedule a 45-60 minute site visit with the QI coach
  • During the month of October (The earlier the better).
  • Email Tamara John @tjohn@childrensnational.org
    • The visit will focus on
      • Practice and provider responsibilities
      • QI TeamSpace
      • Chart Audits, Monthly Meeting reports & PDSA Cycles
      • Any Questions you or your team may have regarding the project

• A scheduled team meeting to discuss the QI project within your practice
  • This should be documented in QI TeamSpace
Baseline Chart Audit - Start to work on this

- Baseline Chart Audit
  - 30 patient charts

- Monthly Chart Audit
  - 10 patient charts

- Inclusion criteria for chart audits
  - Patients who are between 2-18 yrs old
  - Asthma visit: sick, follow-up or well-child visit where asthma identified/addressed
  - How are you going to find your patients with asthma?
    - Billing: ICD9 = 493.xx
    - EMR registry
    - Stack of flagged charts
Asthma QI Aim Statement (preliminary)

• During our learning collaborative (September 2012–June 2013), participating pediatricians will improve their office management of childhood asthma, achieving the following measures for 90%* of office asthma visits:
  • Asthma identification, severity classification and assessment of control
  • Assessment and counseling of asthma triggers
  • Asthma controller therapy for persistent asthma
  • Written asthma action plan
  • Scheduled follow-up asthma visits

• *QI project measures & aims will be finalized based on benchmark practice chart audits
  • Alternate: 20% improvement from baseline
Project Measures-
Should be documented at all Well, Sick & planned asthma visits

KEY ASTHMA MOC MEASURES
1. An asthma diagnosis was documented in the patient chart or problem list
2. Asthma severity was documented in the patient's chart at this or at a prior visit
3. The patient's asthma severity was classified as persistent
4. Inhaled corticosteroids were prescribed if the patient's asthma was classified as persistent
5. Asthma control was assessed at this visit
6. The patient's exposure to allergens and irritants was assessed and addressed
7. The patient was given an updated Asthma Action Plan during their visit
8. The patient has a scheduled or recommended follow-up visit documented in their chart
Project Measures-
Should be documented at all Well, Sick & planned asthma visits

ADDED ASTHMA MOC MEASURES
9. The patient's use of asthma inhalation device(s) was assessed and proper technique reviewed
10. The influenza vaccine was recommended for the 2012-2013 flu season
11. The influenza vaccine was administered to the patient according to CDC guidelines during the 2012-2013 flu season
# Chart Review Worksheet

Each practice will have access to an excel chart review workbook

## CNHN Asthma Work Sheet

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
<th>O</th>
<th>P</th>
<th>Q</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
</tbody>
</table>

- **Chart**: Provider Name
- **Provider**: Patient Initials
- **Patient**: Patient age in years at time of visit
- **Date of Visit**: (01/01/01)
- **Type of Visit**: (Well, sick, planned)
- **An asthma diagnosis is documented in patient chart on problem list**: 
- **Asthma severity is documented in patient chart at this visit**: 
- **The patient’s asthma severity was classified as persistent**: 
- **Inhaled corticosteroids were prescribed if asthma classified as persistent**: 
- **Asthma control was assessed at this visit**: 
- **The patient’s exposures to allergens and irritants were assessed and addressed**: 
- **The patient was given an updated asthma action plan during their visit**: 
- **The patient has a scheduled or recommended follow-up visit documented in their chart**: 
- **The patient’s use of asthma inhalation device(s) was assessed and proper technique reviewed**: 
- **The influenza vaccine was recommended for the 2012–2013 flu season**: 
- **Patient received influenza vaccine according to CDC guidelines (applies during flu season)**:

---

**Children’s National Health Network**

**Childhood Asthma MOC QI Learning Collaborative**
If you want to erase a row of data use the (x) at the top of each chart audit row.

All project measures are "Yes" or "No" responses.

Click here to add your rows.

Make sure to save your form from time to time.
Don’t worry about baseline results!

- Don’t worry if your baseline data isn’t great- that leaves more room for improvement!
- Helps target where your practice can focus improvement
Questions & discussion