EQIPP: Asthma (Hospitalist)

Patient name: _____Age of patient: __ years __ months

Directions: Use this data collection tool for the next 10 to 20 patients seen in your office for treatment of asthma.

Note: EQIPP does not record any patient identifying information. You may enter it here on the printed copy of the data collection tool for your own record-keeping purposes, for example, to attach to the patient chart.

Data Collection Questions		Answer Options		
1	Was a focused patient history obtained and documented that includes **all** of the following? • Present illness, including current triggers • Current management plans for chronic and acute asthma, including adherence to the medication regimen • Previous inpatient history and risk factors for sudden death from asthma • Other relevant medical problems	Yes	No	
2	Was a physical examination completed and documented for this patient that includes the following? • Full vital signs • General assessment • Head, eyes, ears, nose, and throat • Cardiac examination • Respiratory examination, including pulse oximetry and degree of dyspnea • Abdominal examination • FEV1or PEF measurements, as appropriate	Yes	No	
3	Was the severity of the patient's current asthma exacerbation classified and documented according to NHLBI guidelines or according to a hospital-based order set that aligns with	Yes	No	
4	Was therapy initiated based on the severity classification of the patient's current asthma exacerbation and documented in the patient's chart? This includes appropriate dose and frequency of: • Short-acting beta2-agonist • Systemic corticosteroids • Oxygen, if needed	Yes	No	
5	Was the patient's response to therapy monitored with serial assessments and documented in the patient's chart by a hospital care team member?	Yes	No	
	5a. *If yes:* Were the assessment results reviewed by the attending physician?	Yes	No	

Data Collection Questions		Answer Options		
6	Were asthma self-management education and materials (in conjunction with the discharge plan and asthma action plan) provided and explained to the patient and family? *(Examples: proper spacer technique, tips for smoking cessation, and control of environmental factors that trigger asthma. To qualify, education and materials should extend beyond the asthma action plan and discharge plan.)*	Yes	No	
7	Was an influenza vaccine administered or recommended and documented for the patient within the past 12 months?	Yes	No	NA - Patient younger than 6 months, has other contraindications, or vaccine unavailable
8	Was a written asthma action plan created with input from the patient and family and primary care physician (PCP), as available, and explained before discharge?	Yes	No	
9	Was a written discharge plan provided and explained to the patient and family?	Yes	No	
10	Was a follow-up appointment with a PCP or asthma clinic recommended to monitor asthma control?	Yes	No	
11	Were the patient's discharge and asthma action plans transmitted to the PCP or asthma clinic?	Yes	No	