EQIPP: GERD (Generalist) Data Collection Tool

> **Directions**: Pull 10 or more charts of patients seen by your practice with the diagnosis of GER or GERD.
> **Answer the questions based on actual documentation and not on memory or inference**

PATIENT DEMOGRAPHICS

1. Age: [ ] <1 year of age   [ ] 1 year of age or older

DIAGNOSIS

2. What diagnosis is documented in the patient's chart at the most recent visit?

   [ ] GER   [ ] GERD

3. Were one or more GERD symptoms/signs documented in this patient's chart? *(See list below)*

   [ ] Yes   [ ] No

Signs:		*Symptoms:*		
wheezing	weight loss or poor weight gain	persistent irritability in infants	feeding refusal	sour taste in back of mouth
stridor	Sandifer's syndrome	heartburn or chest pain	hoarseness	arching in infants
cough		dysphagia or odynophagia	persistent regurgitation	

TESTING

4. Was testing ordered?

   [ ] Yes   [ ] No

TREATMENT

5. Is there documentation in the patient's chart that lifestyle issues were discussed with the patient/family?

   [ ] Yes   [ ] No

6. What treatment, if any, was initiated or continued (*Select all that apply*)?

   [ ] Acid suppression medication

   [ ] Other treatments/interventions (include, but are not limited to: nasogastric tubes, continuous or transpyloric feeds, maternal elimination diet, hypoallergenic formula, surgical referral)

   [ ] No treatment initiated or continued

REFERRAL

7. Was this patient referred to a subspecialist for evaluation?

   [ ] Yes   [ ] No

   If yes to question 7:

   7a. Was **all** of the following information (*See list below*) sent or made available to the subspecialist with the referral?

   [ ] Yes
   [ ] No

☐ History/Physical exam	☐ Any lifestyle changes attempted	☐ Summary of case (ie, impression of concern)
☐ Growth charts	☐ Laboratory and imaging results, if any	☐ Contact information for the referring physician
☐ Medications, if any	☐ Any psychosocial concerns	☐ Contact information for the patient/family

EDUCATION

8. Is there documentation in the patient's chart that anticipatory guidance regarding pediatric gastroesophageal reflux was provided to the family and/or patient?

   [ ] Yes   [ ] No

FOLLOW-UP AND COMMUNICATION

9. Is there documentation in the patient's chart that a follow-up plan (ie, appointment, phone call) was established?

   [ ] Yes   [ ] No

10. Did you obtain the patient's care plan from the subspecialist? *(It is the PHP's responsibility to obtain and support the care plan and communicate important health status changes. It is the subspecialists' responsibility to communicate essential care and management parameters.)*

    [ ] Yes   [ ] No   [ ] N/A, patient was never referred

APPENDIX

Lifestyle issues/changes:

> *Infant*
> - *Avoid overfeeding*
> - *Thickened formula (including rice-added formula)*
> - *Trial of hypoallergenic formula*
> - *Positioning – upright for 30 minutes after meals*
> - *Avoid car seats at home*
> - *Avoid exposure to smoke*

> *Child/Adolescent*
> - *Eat smaller, more frequent meals*
> - *Avoid eating or drinking 2 to 3 hours before bedtime*
> - *Elevate the head of the bed to 30° if having nocturnal symptoms*
> - *Sleep in the left lateral decubitus position*
> - *Limit or avoid foods and drinks that provoke symptoms, including carbonated drinks, chocolate, caffeine, and fatty, spicy, and acidic foods*
> - *Avoid large meals before exercise*
> - *Lose weight if overweight*
> - *Avoid smoking and exposure to smoke*
> - *Avoid drinking alcohol*

Anticipatory Guidance:
Patient/family counseling which includes information, advice and suggestions about expected health related occurrences, health maintenance and preventative plans.

Examples would be discussing the natural history of GER of infancy with expected gradual resolution, discussing expected outcomes of treatment for GERD, discussing warning signals that should alert the parent/patient to seek medical care, providing handouts that list reflux precautions, etc.

Pediatric Primary Healthcare Provider (PHP):
PHP refers to pediatric primary healthcare providers, which include pediatricians, physicians, nurse practitioners, physician assistants, and others who care for children.