

EQIPP: GERD (Subspecialist) 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

DIAGNOSIS

1. After evaluation, what was your diagnosis for this patient?
 GER GERD
2. Were one or more GERD symptoms/signs documented in this patient's chart? (See *list below*)
 Yes No

Signs:

wheezing weight loss or poor weight gain
 stridor Sandifer's syndrome
 cough

Symptoms:

persistent irritability in infants
 heartburn or chest pain
 dysphagia or odynophagia

feeding refusal
 hoarseness
 persistent regurgitation

sour taste in back of mouth
 arching in infants

TESTING

3. Was testing ordered by your practice?
 Yes No

TREATMENT

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

Yes No

If yes to question 4:

- 4a. Did you recommend lifestyle changes?

Yes No

If yes to question 4a:

- 4b. Is there documentation in the patient's chart that you followed up to ensure the patient implemented the recommended lifestyle changes (ie, phone call, email, follow up visit, etc)?

Yes No Not applicable, too soon for follow up

5. Is there documentation in the patient's chart that metoclopramide was initiated by your practice?

Yes No

6. If this patient came to your practice on metoclopramide did your practice recommend discontinuing?

Yes No Not applicable, patient never prescribed metoclopramide

EDUCATION

7. Is there documentation in the patient's chart that anticipatory guidance regarding pediatric gastroesophageal reflux was provided to the family and/or patient? (ie, what to expect, warning symptoms/signs to look for, etc)?

Yes No

FOLLOW-UP AND COMMUNICATION

8. Is there documentation in the patient's chart that a care plan was established/updated/maintained?

Yes No

If yes to question 8:

- 8a. Was the care plan developed with input from the patient and family?

Yes No

- 8b. was the current care plan shared with the patient/family?

Yes No

REFERRAL

9. Are both the patient's pediatric healthcare provider (PHP) and subspecialist identified in the patient's chart?

Yes No

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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.