Month/Year ____________________
Chart Number _______ (number sequentially 1-20)

The first three questions are the same for BOTH the Inpatient and ED chart review tools.

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age &lt; 24 completed months</td>
<td>• Born at &lt; 35 completed weeks of gestation</td>
</tr>
<tr>
<td>• Primary diagnosis of acute viral bronchiolitis due to RSV or due to other viruses (ICD9: 466.11 or 466.19; ICD10: J21.x)</td>
<td>• Hemodynamically significant congenital heart disease (for example, you may not need to exclude isolated ASD or VSD if patient on no cardiac medications)</td>
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<td>• For ED patients: Include patients discharged from the ED and patients admitted to the hospital inpatient ward from the ED.</td>
<td>• Bronchopulmonary dysplasia or chronic lung disease</td>
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<td>• For inpatients: Include both inpatient or observation status</td>
<td>• Other genetic, congenital, chromosomal or neuromuscular abnormality that is felt by chart reviewer to significantly complicate the respiratory illness</td>
</tr>
<tr>
<td></td>
<td>• Admitted to the PICU from the ED or receive any PICU care at any point during admission.</td>
</tr>
</tbody>
</table>

1. I certify that I have reviewed the inclusion/exclusion criteria and this patient does meet the criteria
☐ Patient meets criteria

2. What is the patient's age in months? ________
(Please use whole integers and round down for months, for example if 12 months and 2 weeks then please document 12 months)

3. Please indicate in which date range the admission occurred:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>December 1-7</td>
<td>March 1-7</td>
<td>Nov 29-Dec 5</td>
<td>Feb 28-Mar 5</td>
</tr>
<tr>
<td>December 8-14</td>
<td>March 8-14</td>
<td>December 6-12</td>
<td>March 6-12</td>
</tr>
<tr>
<td>December 22-28</td>
<td>March 22-28</td>
<td>December 20-26</td>
<td>March 20-26</td>
</tr>
<tr>
<td>Dec 29 - Jan 3</td>
<td>Mar 29 - April 3</td>
<td>Dec 27-Jan 2</td>
<td>Mar 27 - April 2</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>January 4-10</td>
<td>January 3-9</td>
</tr>
<tr>
<td>January 11-17</td>
<td>January 10-16</td>
</tr>
<tr>
<td>January 18-24</td>
<td>January 17-23</td>
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<tr>
<td>January 25-31</td>
<td>January 24-30</td>
</tr>
<tr>
<td>February 1-7</td>
<td>Jan 31-Feb 6</td>
</tr>
<tr>
<td>February 8-14</td>
<td>February 7-13</td>
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<td>February 14-20</td>
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<td>February 22-28</td>
<td>February 21-27</td>
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</table>
ED MEASURES

CHEST RADIOGRAPHY UTILIZATION

4. Was this patient evaluated with any chest radiograph at this ED visit?
   ☐ Yes
   ☐ No

VIRAL TESTING

5. Was this patient tested for any viral respiratory infections besides influenza? (Include bedside tests, other rapid tests, and PCRs).
   ☐ Yes
   ☐ No

BRONCHODILATOR UTILIZATION & USE OF A SCORE
(Bronchodilators include: albuterol, xopenex, epinephrine, racemic epinephrine)
Hypertonic saline nebulizer treatments should NOT be counted here.

6. Was a respiratory score documented on this patient?
   ☐ Yes
   ☐ No

7. Were any bronchodilators administered while the patient was in the ED?
   ☐ Yes
   ☐ No (skip to 7c)

7a. [SKIP LOGIC If YES on 4], Was a respiratory score used as a threshold (i.e. documented prior to bronchodilator administration) prior to bronchodilator administration?
   ☐ Yes
   ☐ No

7b. [SKIP LOGIC If YES on 6], Was a respiratory score documented after bronchodilator administration to assess response?
   ☐ Yes
   ☐ No

7c. How many doses of bronchodilator did the patient receive in the ED? Answer “0” if no bronchodilators were given. _______

SYSTEMIC CORTICOSTEROID UTILIZATION
(Systemic corticosteroids include: dexamethasone, prednisone, prednisolone, methylprednisolone)

8. Was this patient given any dose of systemic corticosteroid during the ED visit?
   ☐ Yes
   ☐ No

ANTIBIOTIC UTILIZATION

9. Was this patient given any dose of antibiotics during the ED visit?
   ☐ Yes
   ☐ No

THROUGHPUT/ED LOS

10. How long was this patient in the ED? Calculate in minutes. (See help sheet for suggested calculation).
DISCHARGE COMMUNICATION

11. Was there any communication (such as an after visit summary) sent back to the primary care physician regarding care in the emergency department that included information about evidence-based bronchiolitis care and treatment or the AAP Bronchiolitis Clinical Practice Guideline?
   - Yes
   - No

INPATIENT MEASURES

BRONchodilATOR UTILIZATION & USE OF A RESPIRATORY SCORE
(Bronchodilators include: albuterol, xopenex, epinephrine, racemic epinephrine)
Hypertonic saline nebulizer treatments should NOT be counted here.

4. Was a respiratory score performed and documented on this patient during or after admission?
   - Yes
   - No

5. Were any bronchodilators administered during or after the patient was admitted?
   - Yes
   - No (skip to 5c)

5a. If YES on 2, was a respiratory score used as a threshold (i.e. documented prior to bronchodilator administration) prior to bronchodilator administration?
   - Yes
   - No

5b. If YES on 2, was a respiratory score documented after bronchodilator administration to assess response?
   - Yes
   - No

5c. If YES on 2, how many doses of bronchodilator did the patient receive during or after admission? Answer “0” if no bronchodilator were given. ________

SYSTEMIC CORTICOSTEROID UTILIZATION
(Systemic corticosteroids include: dexamethasone, prednisone, prednisolone, methylprednisolone)

6. Was this patient given any dose of systemic corticosteroid during or after admission?
   - Yes
   - No

SHS (SECOND HAND SMOKE EXPOSURE)

7. Is there documentation that the patient was screened for household caretakers who smoke cigarettes?
   - Yes
   - No (skip to #9)

8. Did the patient screen positive for second hand smoke exposure (household caretakers who smoke cigarettes)?
   - Yes
   - No

8a. If SHS screening was positive, is there documentation that smoking cessation counselling or a recommendation for smoking cessation was provided to household caretakers?
8b. If SHS screening was positive, is there documentation that referral information for smoking cessation resources (i.e., recommendation for the state quitline, tobacco consult, follow-up with PCP) was provided?
☐ Yes
☐ No

8c. If SHS screening was positive, is there documentation that a recommendation for household caretakers who smoke to use Nicotine Replacement Therapy (NRT) for smoking cessation or to discuss NRT with their PCP?
☐ Yes
☐ No

LOS
9. Please calculate length of stay in hours rounded to the nearest hour.________
(See help sheet for suggested calculation)

DISCHARGE COMMUNICATION
10. Was there any communication (such as a discharge summary) sent back to the primary care physician regarding care in the inpatient unit that included information about evidence-based bronchiolitis care and treatment or the AAP Bronchiolitis Clinical Practice Guideline?
☐ Yes
☐ No
Guidance on pulling charts
- It will be helpful to pull the first 25 eligible charts from the first day of the month.
- In order to reduce errors or potential duplicate entries in the entry of data collection, please feel free to use the “Chart Review Log Sheet for SIB.”

Data Cycles in QIDA
- It is important that you manually “close” each data cycle when you have reached the 20 charts for that month or data cycle. If the data cycle is not closed, the subsequent data cycle cannot be entered separately.

Inclusion Criteria:
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PICU transfers:
- Example: You are scoring your 3rd chart. You discover this child was transferred to the PICU after being admitted to the ward on his second hospital day. Put that chart away and go to the next chart in the sequence which will become chart number 3.

Calculating the number of doses of bronchodilator/steroid or chest radiograph:
- 1 dose = one discreet treatment or medication administration (regardless of the number of puffs or mg of medication).
- These should be expressed in whole numbers and may be zero.
- Please include only therapies or chest radiographs that were ordered in the relevant unit. Reviewers in the ED should exclude therapies or diagnostics that occurred in outside EDs, and reviewers in the inpatient unit should include only therapies and diagnostics that occurred after the patient’s care was transferred to the admitting team.

Scoring after bronchodilators:
- The intention of this measure is to assess use of an objective assessment of response to bronchodilator therapy. For this project we use a respiratory score as our objective measurement. If the patient received a score after receiving a bronchodilator in order to assess response to the bronchodilator, choose yes.

Calculating ED LOS:
- Suggestions for how to calculate LOS: ED length of stay may be considered as time from arrival in the ED to time to disposition. Some facilities may have the capability for more difficult to obtain measures such as time from placement in an ED room to time to disposition decision which may be utilized according to availability and site preference. Whatever metric you choose, it is important that you adopt one method and use it continuously throughout the project.
- The intention of this measure is to reflect the amount of time the Emergency medicine physician is directly responsible for the patient.
- It is more important to be consistent rather than exact, and you may use whatever determination of admission and discharge time that are easiest to calculate given your particular medical record.

Calculating Inpatient LOS:
- Suggestions for how to calculate LOS: Time of admission may be considered the time the admission order is written or the time of first vital signs upon arrival to the floor. Time of discharge may be time of discharge order written or time patient leaves the floor.
• The intention of this measure is to reflect the amount of time the hospitalist team is directly responsible for the patient.
• It is NOT important to be exact here and you may use whatever determination of admission and discharge time that are easiest to calculate given your particular medical record.
• It IS important that you adopt one method and use it continuously throughout the project.