

# Proper Documentation and Diagnosis of COPD and Utilization of EMR Problem

## List: a Quality Assessment Study

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### Background

As recommended by the Global Initiative for Chronic Obstructive Lung Diseases (GOLD), the diagnosis and management of Chronic Obstructive Pulmonary Disease (COPD) should be predicated on the results of pulmonary function testing (PFT). Whether these guidelines were followed for the patients seen at the University Hospital Ambulatory Care Center (ACC) is of interest from a quality assessment and improvement perspective. Here, we present retrospective chart review of patients who presented to the ACC within the last year.

### Materials and Methods

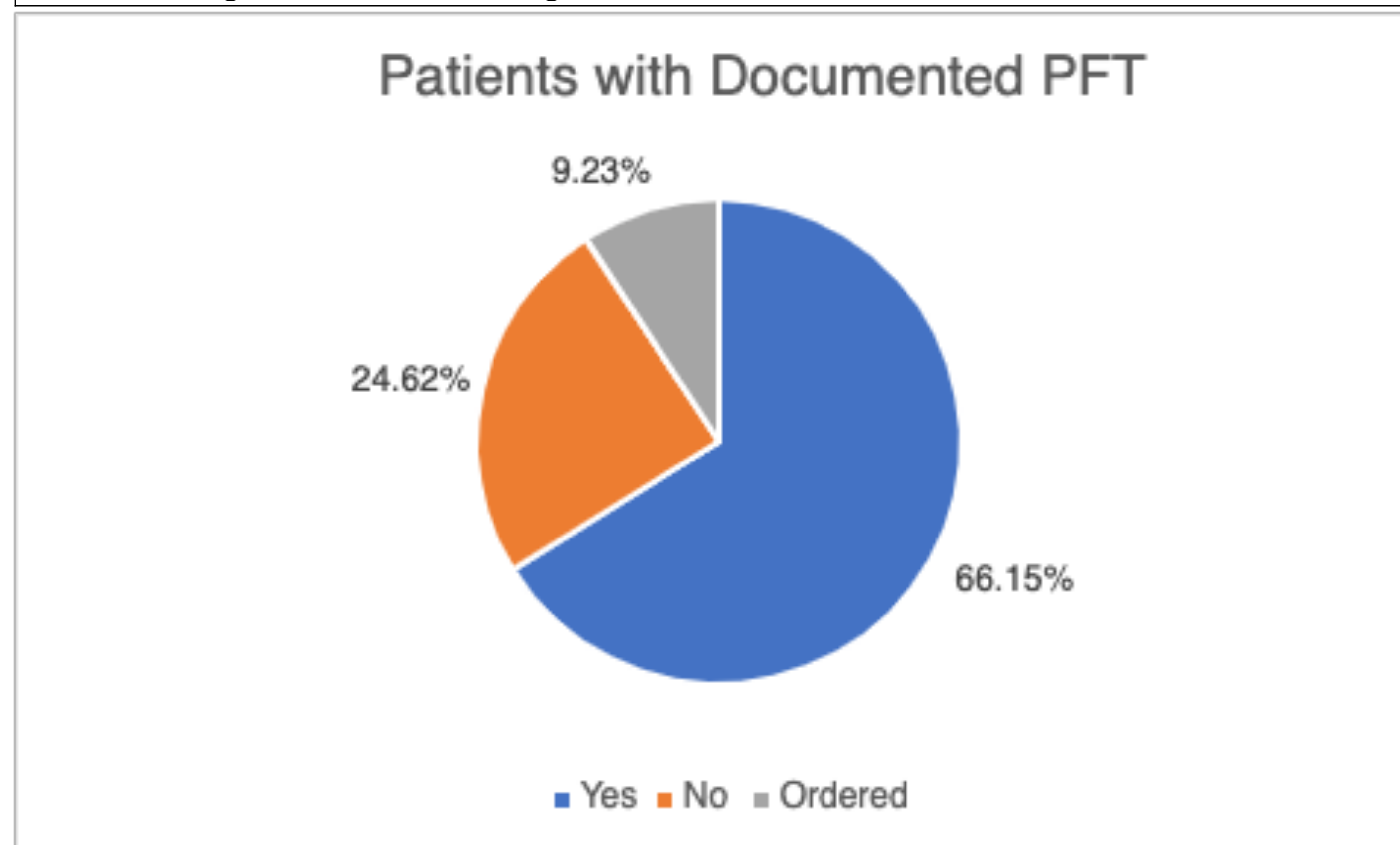
Patient charts within the 2021-2022 year with a visit diagnosis of COPD were abstracted. Selection was randomized to include every sixth chart in the search to arrive at a convenience sample size of 65. Charts were reviewed to ascertain whether a pulmonary function test was ordered or had been done as part of the diagnostic work-up and management of COPD. In addition, we evaluated for the presence of COPD in each patient's active problem list, a tool within the EPIC electronic medical record (EMR) that may prove useful in streamlining key information in chronic disease management.

### Results

Age Mean (SD)	63.9 (11.3)
Sex No. (%)	
Male	34 (52.3%)
Female	31 (47.7%)

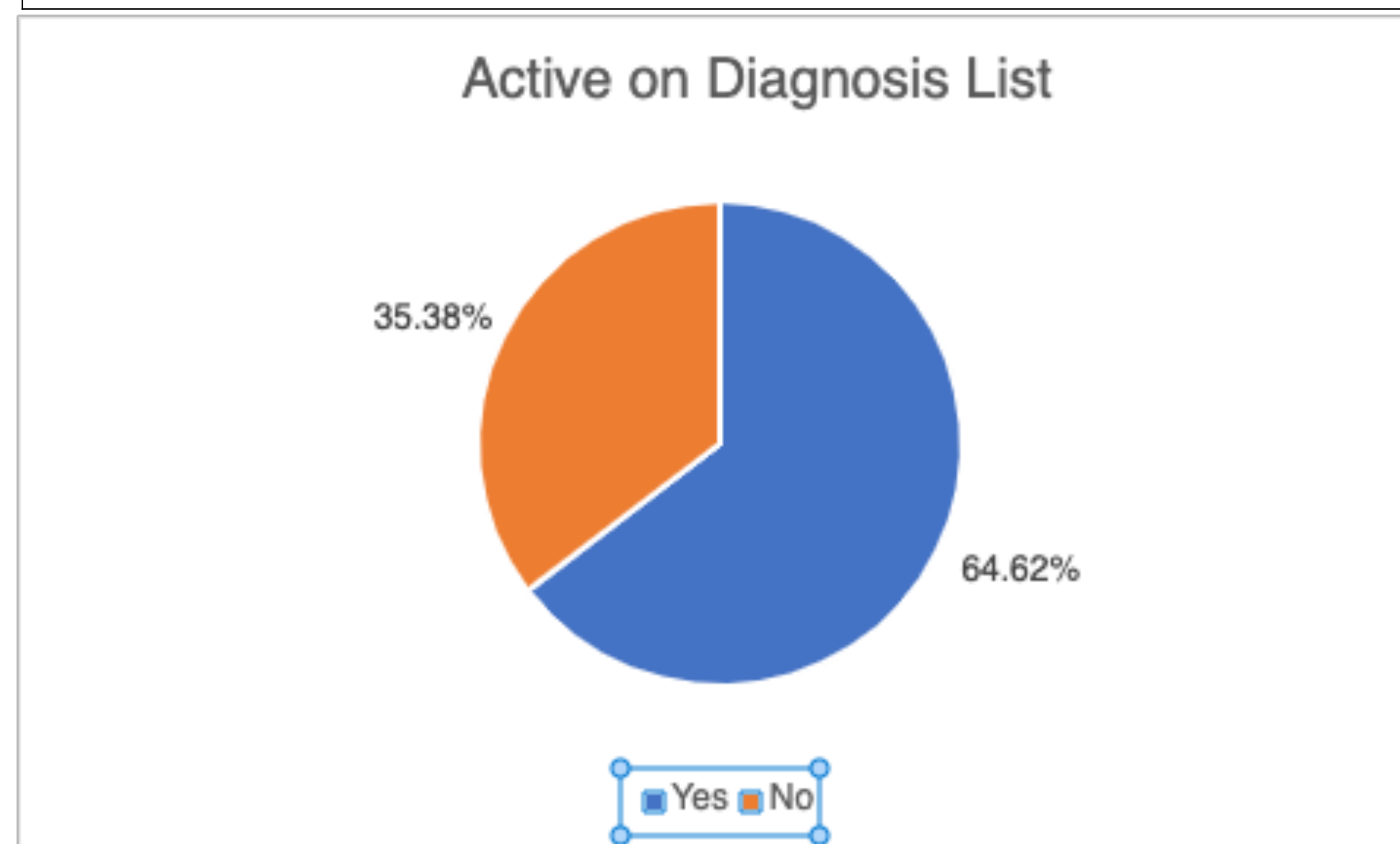
**Table 1** shows the baseline demographics among the sample group. The majority of the patients seen during this period were male.

**Figure 1.** Percentage of Patients with Documented PFT



**Figure 1** Percentage of patients with a visit diagnosis of COPD with a PFT or spirometry documented in the chart

**Figure 2.** Percentage of Patients with Active Diagnosis on EMR Problem List



**Figure 2** Percentage of patients with an active diagnosis of COPD on the EPIC EMR

### Conclusion

Our assessments demonstrates that, while the majority of patients with a visit diagnosis of COPD have documented, about a third of patients who presented during this time frame have no recorded PFT or spirometry. Potential limiting factors may have been incomplete data transfer from previous EMRs to EPIC and possible outside hospital PFTs. Within our system, PFTs were previously recorded in the Logician EMR. Incomplete data transfer between the two medical records may account for the lack of documented PFT. Additionally, new and old diagnoses of COPD were not compared. It is possible some of these patients had a PFT at an outside hospital and the records were not entered or transferred. Irrespective of this, it is important to have documented PFTs in order to treat COPD as per guidelines.

We also reviewed what percentage of patients have a documented diagnosis of COPD in the EPIC EMR problem list. Similarly, we found about a third of patients did not have a diagnosis listed despite a visit diagnosis of COPD. Proper inclusion in the EMR problem list would facilitate chronic disease management and make providers aware of this history even if they are not actively managing. Additionally, adequate documentation may assist with further analysis and study.

### References

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