



DIAGNOSTIC ACCREDITATION PROGRAM

College of Physicians and Surgeons of British Columbia

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Initial Assessment Data Submission for Community Spirometry Testing

TECHNICAL COMPONENT

CHECKLIST
Data from a single biologic control (BioQC)
BioQC report printouts from five separate test events, which include the following: <ul style="list-style-type: none"><input type="checkbox"/> Numerical data: FEV1, FVC, FEV1/FVC, PEF and % predicted for each tracing<input type="checkbox"/> Graphical data: spirograms (flow-volume and volume-time graphs)<input type="checkbox"/> Patient demographics: age, height, weight, race<input type="checkbox"/> Therapist comments: "effort and performance" <p>Note: ATS/ERS states that a minimum of three acceptable and repeatable trials should be completed for a testing event. This generally requires greater than three trials in most patients. The average number of trials to obtain three acceptable trials is five to six. The BioQC subject should be tested once on each of five days, or no greater than two times in one day (i.e. morning and afternoon).</p>
Calibration report for each BioQC tracing (for instructions, see Spirometry Quality Control Plan – Calibration)
<ul style="list-style-type: none"><input type="checkbox"/> Raw data: numerical and/or graphical data<input type="checkbox"/> Weather station: temperature, barometric pressure, relative humidity (clearly indicated on calibration report)<input type="checkbox"/> Final report: include date and time of calibration
Data from syringe linearity (for instructions, see Spirometry Quality Control Plan – Linearity Testing)
Tracings from the following flows: <ul style="list-style-type: none"><input type="checkbox"/> Less than 2 L/second<input type="checkbox"/> 4 to 6 L/second<input type="checkbox"/> Greater than 8 L/second Raw data should include: <ul style="list-style-type: none"><input type="checkbox"/> Numerical and graphical data<input type="checkbox"/> Temperature (clearly indicated on calibration report)

Initial Assessment Data Submission for Community Spirometry Testing *continued***MEDICAL REVIEW COMPONENT**

This section is to be completed after provisional accreditation is granted.

CHECKLIST
Data from five random patients
<p>Report printouts from five separate patients (all trials), which include the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Numerical data: FEV1, FVC, FEV1/FVC, PEF and % predicted for each tracing <input type="checkbox"/> Graphical data: spirograms (flow-volume and volume-time graphs) <input type="checkbox"/> Patient demographics: age, height, weight, race <input type="checkbox"/> Therapist comments: "effort and performance" <input type="checkbox"/> Medical interpretation provided by physician <input type="checkbox"/> Patient identifiers are removed (e.g. name, personal health number) <input type="checkbox"/> Patients are numbered for your reference <p>Note: ATS/ERS states that a minimum of three acceptable and repeatable trials should be completed for a testing event. This generally requires greater than three trials in most patients. The average number of trials to obtain three acceptable trials is five to six.</p>
Calibration report for patient (for instructions, see Spirometry Quality Control Plan – Calibration)
<ul style="list-style-type: none"> <input type="checkbox"/> Raw data: numerical and graphical data <input type="checkbox"/> Weather station: temperature, barometric pressure, relative humidity (clearly indicated on calibration report) <input type="checkbox"/> Final report: include date and time of calibration

Please return the completed form by email at ptqc@cpsbc.ca.

The information on this form is collected under the authority of section 5-21 of the Bylaws under the *Health Professions Act*, RSBC 1996, c.183. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver BC V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll-free in BC).