



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

Independent Health Facilities

Assessment Protocol for Pulmonary Function Studies- Physician Assessor

INSTRUCTIONS:

Please complete (✓) the attached protocol during the assessment. Ensure that all the questions have been answered, please do not leave any questions blank. A space has been provided at the bottom of each section for your comments.

FACILITY NAME/NO.:

Date:

STAFF	Meets	Meets with Recommendations	Does not Meet	N/A	Comments
Do the physicians providing interpreting services meet the qualifications as outlined on Pg 6 of the CPP&FS?					
Do the medical staff ensure: <ul style="list-style-type: none"> ➤ The safe, accurate and reliable performance of those tests which the physician will be interpreting? 					
<ul style="list-style-type: none"> ➤ Prompt communication of test results to the referring physician? 					
<ul style="list-style-type: none"> ➤ Preparation of written reports for the Quality Advisor detailing any concerns the physician may have as to the safe and proper conduct of the facility? 					
Are written job descriptions available for all physicians?					
Are continuing professional development activities documented by physicians?					

ENVIRONMENT, EQUIPMENT AND SUPPLIES	Meets	Meets with Recommendations	Does not Meet	N/A	Comments
Are the physicians familiar with the current recommendations of the ATS/ERS regarding pulmonary function standards?*					
Are the physicians familiar with the Clinical Practice Parameters and Facility Standards?					

RECORDS	Meets	Meets with Recommendations	Does not Meet	N/A	Comments
Are written requisitions completed for all pulmonary function tests?					
When an order for a test(s) has been dictated over the telephone, is the following written on the requisition by the person to whom the order was dictated? <ul style="list-style-type: none"> ➤ Test(s) 					

➤ Name of requisitioning physician					
➤ Date and time of order					
➤ Signature of person receiving the order					
Does the report contain the following information?					
➤ Personal data sufficient to identify the patient, the patient's age, height and weight; the referring and reporting physicians, the name of the facility performing the test and the test date?					
➤ The technologist's comments as to the reliability of the patient's performance during the test, where necessary					
➤ A summary of the original data obtained, the calculations made during the test and graphic records					
➤ The reporting physician's interpretation of the original data as well as where appropriate comments as to the relevance of the results to the patient's presenting problem or suggestions as to patient management arising from the results					
Does the facility maintain a log of activities that include but are not limited to:					
➤ All maintenance, repair and calibration procedures performed (including biologic controls), results obtained, and where appropriate, corrective action taken					
Are copies of all reports retained with the requisition and original data for the period of time as specified by the IHFA Regulations?					

QUALITY MANAGEMENT PROGRAM	Meets	Meets with Recommendations	Does not Meet	N/A	Comments
Has a Quality Advisory Committee been established as outlined in the IHF Act?					
Do quality management activities include the following? <ul style="list-style-type: none"> • Establishing a mechanism for periodic review of selected original data for all types of tests performed by the facility to establish that tests are properly performed and reliable 					
<ul style="list-style-type: none"> • Regular review of calibration and validation data on equipment, noting any deviations from accepted norms and recording corrective action taken, if required 					
<ul style="list-style-type: none"> • Reporting and review of all adverse health effects occurring during testing, the action taken, the outcome achieved and documentation of recommendations made for future prevention, if required 					
<ul style="list-style-type: none"> • Establishing a mechanism for periodic review of the pattern of tests that the facility is requested to perform. This review includes but is not limited to: <ul style="list-style-type: none"> ➤ Whether the tests ordered are appropriate to the presenting clinic problem 					
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ➤ Whether effective use of the facility is being made in assessing these various clinical problems 					
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ➤ Whether results of these reviews are used to further educate referring physicians and facility staff? 					
<ul style="list-style-type: none"> • Periodic review of reports issued to ensure that: <ul style="list-style-type: none"> ➤ Test results are issued within two weeks accurately? 					
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ➤ Physicians interpret the studies accurately? 					
<ul style="list-style-type: none"> • Periodic surveys of patients to determine their satisfaction with the services 					

<ul style="list-style-type: none"> Periodic surveys of referring physicians to determine their satisfaction and whether results have influenced patient outcomes. 					
Do staff participate in planning strategies to overcome any deficiencies and to continuously improve the services provided?					
Based on the information above, has the facility established a quality management program appropriate for its volume and types of services provided?					

QUALITY ADVISOR	Meets	Meets with Recommendations	Does not Meet	N/A	Comments
Is there a designated Quality Advisor?					
Is there a formal written agreement for the Quality Advisor to advise the facility owner/operator with respect to the quality of services provided?					
Does the Quality Advisor fulfill the responsibilities of the appointed role which include but are not limited to the following:					
<ul style="list-style-type: none"> ➤ The qualifications and work performed by other physicians employed in the facility? 					
<ul style="list-style-type: none"> ➤ The qualifications and work performed by pulmonary function technologists employed in the facility and where the nature and size of the facility warrants the appointment of a chief technologist and office support staff? 					
<ul style="list-style-type: none"> ➤ The accuracy and reliability of the equipment used in performing pulmonary function tests? 					
<ul style="list-style-type: none"> ➤ Whether the tests performed by the facility are done accurately and reliably? 					
<ul style="list-style-type: none"> ➤ Whether the tests performed by the facility are conducted safely, and whether procedures and equipment are available within the facility to manage any adverse reaction that may occur? 					
<ul style="list-style-type: none"> ➤ The appropriate design, staffing, and equipping of the facility so as to ensure patient comfort and safety and the proper performance and reporting of pulmonary function tests? 					
<ul style="list-style-type: none"> ➤ The proper design of pulmonary function test requisitions and reports? 					
<ul style="list-style-type: none"> ➤ The maintenance of all necessary records? 					

➤ Whether the pulmonary function test results are properly interpreted and promptly communicated to the referring physician?					
➤ The establishment of a quality assurance program for the facility, including matters related to maintenance of a safe work environment?					
Based on the information above, has the Quality Advisory fulfilled his/her role as Quality Advisor for the facility?					

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

Tests Ordered by Referring Physician (please check as applicable) : Oxygen Saturation by Oximetry (J323, J332, J334) Non-specific Bronchial Provocative Test (J333) Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing (J315, E450, E451) Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry <ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary <ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry <ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry <ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of ventilatory abnormality expected 				
<i>For J330, J315, E450, E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely. <ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the ventilatory response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

Tests Ordered by Referring Physician (please check as applicable) : Oxygen Saturation by Oximetry (J323, J332, J334) Non-specific Bronchial Provocative Test (J333)
 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of ventilatory abnormality expected 				
<i>For J330, J315, E450, E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the ventilatory response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

Tests Ordered by Referring Physician (please check as applicable) : Oxygen Saturation by Oximetry (J323, J332, J334) Non-specific Bronchial Provocative Test (J333)
 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of ventilatory abnormality expected 				
<i>For J330, J315, E450, E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the ventilatory response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

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 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of ventilatory abnormality expected 				
<i>For J330, J315, E450, E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the ventilatory response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

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 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
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7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of ventilator abnormality expected 				
<i>For J330, J315, E450, E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the ventilator response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

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 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of 18entilator abnormality expected 				
<i>For J330, J315, E450,E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the 18entilator response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

Tests Ordered by Referring Physician (please check as applicable) : Oxygen Saturation by Oximetry (J323, J332, J334) Non-specific Bronchial Provocative Test (J333)
 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of ventilatory abnormality expected 				
<i>For J330, J315, E450, E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the ventilatory response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

Tests Ordered by Referring Physician (please check as applicable) : Oxygen Saturation by Oximetry (J323, J332, J334) Non-specific Bronchial Provocative Test (J333)
 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of ventilatory abnormality expected 				
<i>For J330, J315, E450, E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the ventilatory response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

Tests Ordered by Referring Physician (please check as applicable) : Oxygen Saturation by Oximetry (J323, J332, J334) Non-specific Bronchial Provocative Test (J333)
 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of 24entilator abnormality expected 				
<i>For J330, J315, E450,E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the 24entilator response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

Tests Ordered by Referring Physician (please check as applicable) : Oxygen Saturation by Oximetry (J323, J332, J334) Non-specific Bronchial Provocative Test (J333)
 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of 26entilator abnormality expected 				
<i>For J330, J315, E450,E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the 26entilator response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments:

PULMONARY FUNCTION STUDIES – CHART REVIEW FORM

FACILITY NAME/NO. _____

PATIENT IDENTIFIER (Note: either a chart # or patient initials) _____ Date of Test: _____

Tests Ordered by Referring Physician (please check as applicable) : Oxygen Saturation by Oximetry (J323, J332, J334) Non-specific Bronchial Provocative Test (J333)
 Carbon Monoxide Diffusing Capacity (J309, 310) MIPs & MEPs (J340) Function Residual Capacity (J311, 307) Stage 1 Exercise Testing(J315, E450, E451)
 Exercise Challenge Testing for Asthma (J330) Other

TESTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
1. Does the requisition include: patient demographics; clinical information; working diagnosis or reason for test; referring physician's name and signature				
2. Are the clinical indications for the procedure in compliance with those listed in the parameters?				
3. Are these studies directly related to the patient's clinical condition?				
4. Are these confirmed by the information documented in the patient's chart?				
5. Was informed consent obtained from the patient based on the test being performed?				
6. Are the pre-requisites met: Is spirometry properly performed?				
• Are spirometry results known prior to the test?				
7. Are the test results reproducible as outlined in the parameters and standards for:				
➤ J323, J332, J334				
➤ J333				
➤ J309, J310				
➤ J340				
➤ J311, J307				
➤ J315, E450, E451				
➤ J330				
8. For J309,310 -Do the acceptable tests reported meet ATS standards for reproducibility; collection volumes; breath hold time; inspiratory volume; inspiratory & expiratory times?				
9. For J315, J330, E450, E451 Is a resting ECG done and results known? (exception young healthy individuals)				
10. For J330, J315, E450, E451: Is blood pressure taken at 1-2 minute intervals during exercise & recovery from exercise?				
• Are flow-volume loops pre-and post exercise properly performed and reported.?				
• Is a physician in attendance at all times during the test?				

REPORTING GUIDELINES	Meets	Meets with Suggestions	Does not Meet	Not Applicable
11. Does the report include the following:				
<ul style="list-style-type: none"> • Patient demographics • Interpretation of the data, and where appropriate comments as to the relevance of the results to the patient's presenting problem 				
<i>For J323, J332, J334</i> – Interpretation of the data taking into account the limitations of the study				
<i>For J333</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Summary of the data and calculations made • If the study is positive, provision of some quantification of hyperactivity 				
<i>For J309, J310</i> – Technologist's comments as to the reliability of patient's performance where necessary				
<ul style="list-style-type: none"> • Summary of the original data and calculations made during test and where feasible, of the graphical records. 				
<i>For J340</i> –Results of baseline spirometry				
<ul style="list-style-type: none"> • Technologists comments as to the reliability of patient's performance where necessary • Comparison of patient measurement to predicted normal value • Suggestions as to patient management 				
<i>For J311, J307</i> – Results of baseline spirometry				
<ul style="list-style-type: none"> • Comparison of patient measurement to predicted normal values • In the case of abnormal results, type of ventilatory abnormality expected 				
<i>For J330, J315, E450, E451</i> – Description of the exercise study protocol completed or when and why the test was stopped prematurely.				
<ul style="list-style-type: none"> • Symptoms reported by patients • Presence or absence of clinically significant changes in BP or heart rate or rhythm • Evaluation of exercise performance and the ventilatory response to exercise • Precise identification of the factor(s) that limit(s) exercise performance • Results of baseline spirometry and changes seen 				

Comments: