

CYCLE 1

	Patient Identifier	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Score out of 10 for Number of patient files compliant with COPD Audit Protocol
1. COPD properly coded for in medical record, including severity mild/moderate/severe (Y/N)												
2. Smoking status documented (current, former, never) (Y/N)												
3. Has the patient’s eligibility been checked for the National Lung Cancer Screening Program? (Y/N)												
4. Have the patient’s symptoms and impact on daily life been assessed using the COPD Assessment Test (CAT) or modified Medical Research Council (mMRC) dyspnoea scale within the last 12 months? (Y/N)												
5. Is the patient’s last spirometry result documented and dated within the last 12 months? (Y/N)												
6. Last influenza immunisation (MM/YY)												
7. Last pertussis immunisation (MM/YY)												
8. Last pneumococcal immunisation (MM/YY)												
9. Last COVID19 immunisation (MM/YY)												
10. Is there documentation of a written COPD action plan in the patient’s record? (Y/N)												
11. Is there evidence that the patient’s inhaler technique was discussed and checked? (Y/N)												
12. Is there a GPCCMP or GPMP / TCA documented within the last 2 years? (Y/N)												
13. Is there documentation of referral to or discussion of pulmonary rehabilitation? (Y/N)												
14. Has a discussion regarding comorbidities, such as heart failure or depression, been documented? (Y/N)												
15. Has the patient been given resources for self-management, such as from the Lung Foundation Australia, or SMOCC telephone service? (Y/N)												
If no evidence of spirometry within last 12 months, specify the most likely reason?												

Other comments (e.g. current smoker and expressed not wanting to quit)

Proportion of patient compliance with the COPD audit protocol (out of 15)

Top 3 Issues identified from Cycle 1 results

- 1)
- 2)
- 3)

Patient Identifier #1 #2 #3 #4 #5 #6 #7 #8 #9 #10



RACGP

CPD

Approved Activity

Reviewing Performance

3

hours

Measuring Outcomes

7

hours

CYCLE 2

	Patient Identifier	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Score out of 10 for Number of patient files compliant with COPD Audit Protocol
1. COPD properly coded for in medical record, including severity mild/moderate/severe (Y/N)												
2. Smoking status documented (current, former, never) (Y/N)												
3. Has the patient’s eligibility been checked for the National Lung Cancer Screening Program? (Y/N)												
4. Have the patient’s symptoms and impact on daily life been assessed using the COPD Assessment Test (CAT) or modified Medical Research Council (mMRC) dyspnoea scale within the last 12 months? (Y/N)												
5. Is the patient’s last spirometry result documented and dated within the last 12 months? (Y/N)												
6. Last influenza immunisation (MM/YY)												
7. Last pertussis immunisation (MM/YY)												
8. Last pneumococcal immunisation (MM/YY)												
9. Last COVID19 immunisation (MM/YY)												
10. Is there evidence that the patient’s inhaler technique was discussed and checked? (Y/N)												
11. Is there evidence that the patient’s inhaler technique was discussed and checked? (Y/N)												
12. Is there a GPCCMP or GPMP / TCA documented within the last 2 years? (Y/N)												
13. Is there documentation of referral to or discussion of pulmonary rehabilitation? (Y/N)												
14. Has a discussion regarding comorbidities, such as heart failure or depression, been documented? (Y/N)												
15. Has the patient been given resources for self-management, such as from the Lung Foundation Australia, or SMOCC telephone service? (Y/N)												

If spirometry has still not been performed within the last 12 months (as per cycle 1), consider whether a spirometry test is clinically indicated and, if so, document reasons for non-completion:

Other comments (e.g. current smoker and expressed not wanting to quit)

	Patient Identifier	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Proportion of patient compliance with the COPD audit protocol (out of 15)											



RACGP

CPD

Approved Activity

Reviewing Performance

3

hours

Measuring Outcomes

7

hours