OMPA PROGRAM 52
SPIROMETRY

Date

Assessment Date

Date of Command Brief

Command Name

Assessment completed by

Clinic Name

Program Purpose

Spirometry is the most basic test utilized to measure the ventilatory function of the respiratory system. It plays an important part in prevention of respiratory disease in the workplace. A respiratory medical surveillance program requires that a baseline is established at time of hire and that periodic re-testing occurs based on OSHA regulations or mandates, and Navy requirements. The most important component to the testing sequence is the technician performing the test , that person must be able to guide the worker through the process, obtain the best results on every maneuver and be able to judge the workers effort and cooperation. Without these skills, the test results will be useless and may convey erroneous information that could harm the worker.

Program Goals

The goals of a successful Navy Command or Medical Treatment Facility (MTF) Spirometry Program have many interrelated components between Industrial Hygiene, Safety, and Occupational Medicine. In accordance with references (a) through (f) below, the successful assessment of the medical components:

1. Use Standardized methods to obtain acceptable and reproducible spirograms
2. Maintain a successful Quality Assurance program.
3. Have understanding of and use correctly predicted reference values.
4. Knowledge of types of spirometry machines and understand the standards for equipment.
5. Documenting and maintaining proper records of exams.
6. Counseling/educations concerning identified health risks

SUPPORTING DATA

Regulations, Instructions, and References
Select which type of access you have for each of the references listed

(a) Pulmonary Function Standards for Cotton Dust Standard (2019) *"Pulmonary Function Standards for Cotton Dust Standard"*	☐ Hardcopy	☐ Electronic	☐ None
(b) Recommendations for a Standardized Pulmonary Function Report, (10/17) *"Recommendations for a Standardized Pulmonary Function Report"*	☐ Hardcopy	☐ Electronic	☐ None
(c) Standardization of Spirometry 2019 Update, (2019)	☐ Hardcopy	☐ Electronic	☐ None
(d) Spirometry in Occupational Health—2020, (2020)	☐ Hardcopy	☐ Electronic	☐ None
(e) Impact of New Occupational and Clinical Standards on Spirometry, (5/2020)	☐ Hardcopy	☐ Electronic	☐ None
(f) DOD Instruction 6055.05M, (8/18) *"Occupational Medical Examination and Surveillance Manual"*	☐ Hardcopy	☐ Electronic	☐ None
(g) NMCPHC TM OEM 6260.9A, (4/17) *"Occupational Medicine Field Operations Manual (FOM) "*	☐ Hardcopy	☐ Electronic	☐ None
(h) OPNAV 5100.23 series, (6/20) *"Navy Safety and Occupational Health (SOH) Program Manual"*	☐ Hardcopy	☐ Electronic	☐ None
	☐ Hardcopy	☐ Electronic	☐ None
	☐ Hardcopy	☐ Electronic	☐ None

Tracking and Program Management Tools
INSTRUCTIONS

This Occupational medicine Program Assessment tool is designed as an interactive self-assessment picture of the program being review. Using the color coded scoring range of 1/RED (absolute system failure and noncompliance) to the highest score 5/GREEN (perfect compliance and best practice methods). Any score 3 or lower will require a validation comment in the space provided. This does not mean you cannot add comments of your choice .

#	Assessment Questions	Response
52.01	Are spirometers meeting current equipment standards? 1. Screen provides both Flow volume and Volume - time graphs in real time in a size sufficient to enable effective coaching. 2. Printout must have Flow-volume, Volume-time, LLN, FVC, FEV1, FEV1/FVC, MEXT/VEXT (back extrapolation), PEF.	
52.02	How many employees are tracked in the Spirometry Program? List programs/stressors where spirometry is required.	
52.03	Describe below how you do quality controls on the Spirograms? What errors do you see? What abnormals do you see? What percent of total Spirograms did you review?	
52.04	Are abnormal results followed up by a Provider? Abnormal results such as: poor results although valid test, not repeatable results, excessive rate of decline in FEV1 >15% decline from baseline, any values below LLN, or any other abnormal results.	
52.05	Is Spirometry data being captured in SPIROLA on all new visits requiring spirometry? (explain why not below)	
52.06	Does calibration syringe have current calibration verification sticker/report from Manufacturer or BioMed Repair? Validate calibration syringes every 1-3 years. Are calibration checks being performed daily when in use and results falls between 2.91 L and 3.09 L? Is the Daily calibration information printed on the Spirometry report and retained in the workers record or retained for 30 years with the ability to retrieve calibration data?	
52.07	Does the technician recognize Sensor errors and deletes if they occur? 1. Sensor contamination/Blockage by condensation/mucus fingers or 2. Zero-flow error, air moving through the sensor due to movement of sensor, fans in room or overhead air system. (list any other errors below and corrective action)	
52.08	Has the technician attended a NIOSH approved Spirometry certification or recertification course? (Certificates are current for 5 years? List certified technicians and dates of expiration.2020 COVID pandemic NIOSH extended 18 months Spirometry expiration,)	

#	Assessment Questions	Response
52.09	Are technicians following the NIOSH and ACOEM procedure for performing Occupational spirometry, and using proper techniques? Is there an Annual Competency policy for each Spirometry qualified technician including reviewing Spirometry reports and actual observations while performing Spirometry.?	
52.10	The technician ensures a valid test, which is composed of at least 3 acceptable maneuvers with at least 2 ("repeatable") results for both FVC and FEV1. Check the MEXT (back extrapolation) to ensure no excessive hesitation less than 100ml for FVCs <= 2L or 5% criteria for FVC > 2L.	
52.11	The technician checks for repeatability between the largest and second largest FVC and FEV1 and keeps those with a difference of greater or equal to 150 ml between two highest FVC, and greater or equal to 150 ml between the two highest FEV1. (If not repeatable, why :"Variable effort, Poor effort, Fatigued, Syncope during attempt").	

ADDITIONALCOMMENTS:

Provide specific information to support your responses from the questions above in the space provided below

DASHBOARD REPORT

The importance of assessing and scoring your program for successes and challenges cannot be underestimated in value. The scoring results of this assessment will be reviewed by your program manager or regional nurse to better assist, support and mentor your clinic as needed. If during the self-assessment process above you have determined that your program needs improvement (or you have a total program score or 3,2, or 1) you must compete the performance Improvement plan section of this OMPA Tool.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

YOUR SCORE	0

General Color Dashboard Definitions

Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period
(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)

Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period.
(Performance improvement plan (PIP) for this program is required to bring program to green)

Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.
*(Performance improvement plan (PIP) **and** a support/assist visit from program manager/regional nurse **and** CO notification is required for this program)*

SUBMISSION and PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.
REMEMBER!! *If your program has a <3 you must complete the PIP portion at the end of this tool before submitting your document.*

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 52
SPIROMETRY

PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated:

Describe your plan including steps for success in the box below then proceed to submission section:

Date of PIP update #1

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO >3?
(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

☐ YES ☐ NO

Date of PIP update #2

HAS YOUR PROGRAM IMPROVED TO >3?
(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

☐ YES ☐ NO

Date of PIP update #3

HAS YOUR PROGRAM IMPROVED TO >3?
(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)

☐ YES