PHASES

MINI AUDIT / AUDIT
ACTIVITY TEMPLATE

Use this template to record your mini audit or audit cycle

A mini audit or audit is a planned activity that systematically reviews aspects of GPs' clinical or practice performance against established best practice guidelines or standards.

This activity can be undertaken by an individual GP, a group of GPs, practice or multidisciplinary team. It requires completion of the five steps audit cycle.

A Mini Audit (steps 1 – 4) concludes at the data analysis and implementation of change stage. A full audit (steps 1 – 5) includes monitoring of progress and sustaining improvement by repeating steps 3 and 4 and concludes after a suitable period monitoring progress of the changes and consideration of sustainability of the improvements. We recommend a minimum of 6 hours for a mini audit and 10 hours for a full audit.

Linking your activity to the new CPD types

For an activity to be recognised as satisfying the chosen activity type, it should be a minimum of 30 minutes in duration and meet the criteria below. Some examples are provided for guidance.

Educational activities: Activities that expand general practice knowledge, skills and attitudes.	Reading, viewing and listening to educational material in the form of lectures, courses, workshops, forums, panel and small group sessions.
Reviewing performance: Activities that require the general practitioner (GP) to reflect on feedback about their work.	Self-evaluation and reflection activities including direct observation of practice by colleagues and case discussions with peers.
Measuring outcomes: Activities that use GP work data to ensure quality results.	Assessing incident reports, undertaking practice audits, root cause analysis, quality improvement projects and including Morbidity and Mortality meetings and case conferences.

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This template is based on the RACGP clinical audit template and has been developed in accordance with the requirements for clinical audit. PHASES is being delivered by Country to Coast Queensland in partnership with Queensland Primary Health Network (PHNs) and is co-funded by the Australian and Queensland Governments. **phasesqld.com**

Your audit or mini audit details

Title	Clinical audit: Optimising the care of patients with prior CVD AND patients at high CVD		
Name of GP lead (main contact for the group)			
Start date		**End date**	

Mini audit / audit cycle

Step 1: Identification of need (what's the subject of the study?) (minimum 1 hour)

- **Identify a need or topic for mini audit / audit**
- **Define the activity aim and learning needs – what are we trying to accomplish?**

This audit will target patients with:
1) Prior CVD not on guideline-recommended therapy.
2) Patients at high CVD risk (including those with prior CVD) on guideline therapy, but treatment targets not met.

CVD is responsible for significant morbidity and premature mortality in Australia. Practices will identify a lead GP and someone to organise the audit. The Primary Sense CVD Risk Screening, Recall and Treatment report will be utilised to identify patients who:

- Have prior CVD, but are not on complete guideline-recommended therapy and missing one or more of the three recommended medications (antiplatelet + lipid- + blood-pressure lowering therapy), to reduce the risk of another cardiovascular event.
- Are at high CVD risk (including those with prior CVD), are receiving guideline-recommended medications, but their treatment targets are not met e.g. with regard to BP, LDL, or smoking cessation.

	This activity is an internal quality improvement under RACGP Standards and does not require patient consent under "improvement of direct care" scope. All analysis remains within the clinical governance framework of the practice. ***Patients with nursing home MBS items or recorded as palliative are excluded.

Step 2: Describe the method (how will the audit be done?) (minimum 1 hour)

Audit criterion/criteria	Guidelines/standards	Data to be collected (by whom, when, where and how)
Managing high cardiovascular disease risk: GPs are to review each of the guidelines provided with the intent of ensuring the audit is incorporating these as the standard. The practice data as described in Step 1 will be provided to the GP and practice nurse.	The practice will follow the best-practice guidelines outlined for assessing and managing CVD detailed in the listed resources: • 2023 Australian Guideline for assessing and managing cardiovascular disease risk CVD Risk Guideline • Australian CVD Risk Calculator • RACGP Red Book 10th Edition – RACGP Guidelines for Preventative Activities in General Practice recommendations for assessing cardiovascular disease risk RACGP - Guidelines for preventive activities in general practice.	Guidelines/standards use to measure the audit should be collected by the GP and practice nurse and discussed during this time. Primary Sense will be used to generate the CVD Risk Screening, Recall and Treatment report. Data will be extracted by the practice nurse or delegated administrative staff, supervised by the lead GP. **Table 2 – Patients with prior CVD not on guideline–recommended therapy** The table lists patients with prior CVD who are missing one or more of the three recommended medications to reduce the risk of another cardiovascular event.

Table 3 – Patients at high CVD risk (including prior CVD) on complete guideline-recommended therapy, but treatment targets not met

Patients listed are receiving appropriate medications, but their treatment targets – such as smoking, are not met.

Consider ethical, privacy (Privacy Act 1988) and confidentiality issues relating to patient information, where applicable.

How will patient privacy, confidentiality and consent be addressed? (where applicable)

No identifiable data will be shared with the PHN. The patients "usual GP" and the practice clinical data manager/practice manager will only have access to the identifiable data of the patients.

Step 3: Data collection (minimum 2 hours)

Undertake data collection:

- How many patients are part of the audit and how were they selected? (where applicable)
- Collect the required data or information (e.g., patient, systems or processes) relevant to the audit.

- GPs or practice nurse to identify patients with high CVD risk not on optimal therapy by running the Primary Sense CVD Risk Screening, Recall and Treatment report and referring to Tables 2 and 3 of this report.
- Initial expected cohort size 80-150 patients depending on practice size.
- GPs or practice nurse to review patients' eligibility by confirming inclusion criteria:
  - active patient status (RACGP criteria 3 or more visits in last 2 years).
- GPs or practice nurse to review patients' eligibility by confirming exclusion criteria:
  1) palliative care patients
  2) patients with an already established CVD risk score of low or intermediate risk.

Clinical Record Review by GP

The GP will conduct a targeted review of 10–15 patient records identified in the PHASES report to

	ensure quality and accuracy of cardiovascular risk management. The review should address the following key points: • **Validation of risk assessment**: Confirm whether the classification of high CVD risk is accurate based on clinical data. • **Patient communication**: Check if the high-risk status has been clearly communicated to the patient. • **Lifestyle discussion**: Determine whether the patient has had a documented discussion about lifestyle modifications (e.g., diet, exercise, smoking cessation). • **Pharmacotherapy appropriateness**: Assess whether lipid-lowering medication and antihypertensive therapy have been considered or prescribed appropriately according to guidelines, and whether the patients are meeting targets for blood pressure and lipid levels.
Step 4: Data analysis and implementation of change (minimum 2 hours)	
• Analyse the data and compare against the best practice guideline/s or standard/s from Step 2. • Identify changes or improvements to meet the best practice guideline/s or standard/s based on data analysis from Step 3. • Implement changes or improvements. Describe the process in the opposite box.	Data from the Primary Sense CVD Risk Screening, Recall and Treatment report will be analysed by the treating GP to determine whether: 1) patients identified with prior CVD not on guideline-recommended therapy (Table 2 of the report), and 2) patients at high CVD risk (including prior CVD) who have not achieved treatment targets (Table 3 of the report). are receiving optimal clinical care including: • a management strategy developed including lifestyle modification • appropriate pharmacotherapy prescribed including anti-platelet, lipid- and blood-pressure lowering medication • analysis of whether patients are meeting targets for blood pressure and lipid levels.

	The de-identified results of an initial review of 10-15 patients will be discussed in a team meeting to: 3) Develop a plan to implement changes based on the results. This may include staff education on Heart Health Assessments, a recall system created for patients identified as high cardiovascular risk, software prompts enabled for missing CVD risk medication and a recall system created to regularly review patients' response to therapy. Conduct a practice meeting to review gaps in CVD risk assessment and management, develop agreed strategies to address identified deficiencies, and implement practice-level system improvements to optimise CVD preventive care.
Audit **Step 5 is for a full audit only. If doing a mini audit, skip Step 5 and move onto the group reflection section below.**	
Step 5: Monitor progress and sustain improvement by repeating Steps 3 and 4 (minimum 4 hours)	
• Outline strategies or steps on how to monitor progress. • Describe how to sustain improvement.	At **3-6 months post intervention** the steps outlined above including generating the Primary Sense CVD Risk Screening, Recall and Treatment report will generate: • The latest number and proportion of patients at high CVD risk receiving complete guideline-recommended therapy and meeting treatment targets will be provided for practice team review. • The uptake of the patient recall process will be reviewed by the practice by assessing the number and proportion of patients reviewed as part of the CVD management recall strategy. • The practice team will conduct a reflection session as part of a quality improvement team meeting to review barriers and successful strategies, confirm changes and refine further improvements to incorporate into business as usual for the practice.

Group reflection – please indicate:

The degree to which the learning needs were met:

- ☐ Not met
- ☐ Partially met
- ☐ Entirely met

To what degree this activity was relevant to your practice:

- ☐ Not met
- ☐ Partially met
- ☐ Entirely met

What did you learn?
Type your response here

What changes are you going to make to your practice as a result?
Type your response here

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