## GP Full Audit or Mini Audit

## GUIDE & Audit / Mini Audit TEMPLATE

## Measuring outcomes for CPD Hours

|  |
| --- |
| **Use this guide to help complete your audit or mini audit.** |
| Audits (full audit or a mini audit) are a planned activity that will contribute to the general practitioner's (GP’s) continuing professional development (CPD) hours in their CPD Home. The audit should be activities that systematically review an aspect of the Practice or GP’s performance against respective standards or guidelines for best practice. |

|  |  |
| --- | --- |
| **An audit is done to improve patient outcomes and practice policies and procedures, there are two areas for review:** | |
| A clinical evaluation of the care that a GP/group of GP’s provide patients or a review of a practice-based process or system/procedure. | As a quality improvement (QI) activity. |

*A mini audit or audit must consider ethical, privacy (Privacy Act 1988) and confidentiality issues around patient information, as required.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The recommended minimum time allocation per audit type by RACGP.** | | | | | | |
| **Mini Audit** | | **Audit** | | Audit types can be fixed by time or patient numbers (min 5 patients), depending on the audit subject. Audits can be in person, via telephone or video conference. | | |
| Min 6 hours | | Min 10 hours | |
| **Participants of an audit activity can be a compilation of below but must have an overall GP Lead on the activity.** | | | | | |
| * Individual GP * A group of GPs * Combination of GP and Specialists. | | | * Practice Manager * Practice Nurse * Practice Reception | | * Allied Health providers * Hospital |
| **MINI AUDIT – Mini audits are made up of 4 steps** (Full audits have an additional step) | | | | | |
| **Step 1** | Identification of audit needs -   1. Identify the GP lead and the person to organise the group (this can be the same person) 2. Identify the aim of the mini audit (SMART goal) 3. Agreeance from the audit team to identify and reflect on their individual learning needs in relation to the group. | | | | |
| **Step 2** | Method / How will the mini audit be measured –   1. Define the best practice guideline(s) or standard/s to be met. 2. Define the criteria of the mini audit 3. Identify the data that will need to be collected –    * 1. What data will be collected, who will collect, when will it be collected, where and how.      2. How will the privacy and confidentiality be maintained?      3. How will consent be obtained, if required. | | | | |
| **Step 3** | Data Collection – Collect the required data, information regarding subject matter (patients / processes / policy / etc.) relevant to the mini audit. | | | | |
| **Step 4** | Data analysis and implementation of changes –   1. Analysis of the data against the guidelines / standards of measure (step 2) 2. Identification of improvements/changes required to policies or procedures by the GP / group / practice to meet the guidelines / standards selected. 3. Implementation of the improvements / changes identified as required for quality improvement. 4. Reflection of the outcomes for the GP / group / practice using the questions provided in the mini audit / full audit PDSA (Plan Do Study Act) template (see template on page 3) 5. Submit your reflections - if a group audit, reflections must be submitted to your CPD home as a group. | | | | |

|  |  |
| --- | --- |
| **FULL AUDIT – Full audits are made up of 5 steps** (mini audits have 4 steps) | |
| **Step 1** | Identification of audit needs -   1. Identify the GP lead and the person to organise the group (this can be the same person) 2. Identify the aim of the full audit (SMART goal) 3. Agreeance from the audit team to identify and reflect on their individual learning needs in relation to the group. |
| **Step 2** | Method / How will the full audit be measured –   1. Define the best practice guideline(s) or standard(s) to be met. 2. Define the criteria of the full audit, 3. Identify the data that will need to be collected –    * 1. What data will be collected, who will collect, when will it be collected, where and how.      2. How will the privacy and confidentiality be maintained?      3. How will consent be obtained, if required. |
| **Step 3** | Data Collection – Collect the required data, information regarding subject matter (patients / processes / policy / etc.) relevant to the full audit. |
| **Step 4** | Data analysis and implementation of changes –   1. Analysis of the data against the guidelines / standards of measure (step 2) 2. Identification of improvements/changes required to policies or procedures by the GP / group / practice to meet the guidelines / standards selected. 3. Implementation of the improvements / changes identified as required for quality improvement. 4. Reflection of the outcomes for the GP / group / practice using the questions provided in the mini audit / full audit PDSA template (see template on page 3) 5. Submit your reflections to CPD home - if a group audit, reflections must be submitted to your CPD home as a group. |
| **Step 5** | Continual review of progress and sustained improvement by repeating Steps 3 and 4 –   1. Detailed strategies or processes on how to monitor progress, 2. Description of sustainable improvement procedures 3. Lead GP is to submit the full audit / audit application via their CPD home on behalf of the group / practice. |

### Use this template to help complete your full audit or mini audit.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Start Date:** | **26 March 2024** | | | **Finish Date:** | | **26 May 2024** |
| **Audit Subject /Title:** | **Cardiovascular Disease Prevention** | | | | | |
| **Audit Type:** | **Audit Mini Audit**  r | | | **CPD Home:** | | **RACGP Member # 123123** |
| **Audit / Mini Audit Cycle** | | | | | | |
| **Step 1 –**  Identify audit needs and / or subject matter, the aim of the audit / mini audit e.g. SMART goal, and desired learning outcomes. (min 1hr) | | | | | | |
| **Needs assessment:**  The Royal Australian College of General Practitioners (RACGP) defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of healthcare delivered to patients. Through the Australian Government’s Practice Incentives Program (PIP) Quality Improvement (QI) incentive, general practices can choose to implement activities based on the specified Quality Improvement Measures (QIM) as listed by the Department of Health to improve patient outcomes and deliver best practice care. Implementing systematic absolute cardiovascular disease (CVD) risk assessments for eligible patients via Heart Health Checks is measured by QIM 8, The proportion of regular patients with the necessary risk factors recorded to enable a CVD assessment.  With CVD being the single leading cause of death in Australia, and growing evidence that COVID-19 is associated with worse cardiovascular outcomes 12 months post-infections, general practitioners play a vital role in delivery of routine CVD risk assessment and management for at-risk patients. Of the approximately 1 million people living in the North Brisbane PHN region, only 43.2% of eligible patients have the necessary risk factors recorded to enable an assessment for CVD.  **Learning Outcomes**:   * Identify eligible at-risk patients for a heart health check * Implement a heart health check quality improvement activity. * Measure heart health check quality improvement activity using Primary Sense   **SMART Goal**: Within the next 3 months, our team will use the Primary Sense to identify 10 patients with a calculated cardiovascular disease (CVD) risk greater than 15% and engage with them in a Heart Health Assessment (MBS item 699).  Discuss with other practice team members the potential opportunity to improve CVD risk as a practice. (Other GPs in your practice may also need CPD hours). If working with others in the team, form a QI team within your practice and schedule meetings to discuss options and strategies. **Please note GPs can do this activity independently.**  Suggested team members include:   1. General practitioner (GP) 2. Practice manager 3. Practice nurse 4. Receptionist 5. Practice QI Lead   Refer to the [practice team](https://www.heartfoundation.org.au/Bundles/Heart-Health-Check-Toolkit/Roles-and-responsibilities) roles and responsibility for ideas.    *TIP: Specify roles and delegate responsibilities for each team member and ensure these are documented in the* [*PDSA*](https://partners4health.sharepoint.com/:w:/g/programs/PrimaryCareLiaison/Edzl6j8f3rVBm5pvO74b-l0BABNslvLJbOBIOuG-UwIXKA?e=3dIZai)*.* | | | | | | |
| **Step 2 –**  Method how will the audit / mini audit be measured (min 1hr) | | | | | | |
| **Audit Subject / Criteria** | | **Guidelines / Standards to be met** | | | **Data to be collected.**  **(Who, when, where, how)** | |
| **Subject**: Cardiovascular Disease Prevention  **Criteria:**  Patients who are eligible for this clinical audit are adults who are:   * aged 45 to 79 years (or 35 to 79 years for people with diabetes, or 30 to 79 years for First Nations people) * have no history of CVD * have not had another health assessment in the last 12 months e.g. MBS items 701, 703, 705, 707 or 715 (in order to claim the Heart Health Check under the MBS) | | The practice will follow the best practice guidelines outlined for managing cardiovascular disease risk detailed in the listed resources.  Practice Incentives Program Quality Improvement Incentive Guidelines, Commonwealth of Australia, 2019 Available at <https://www.health.gov.au/sites/default/files/2022-12/practice-incentives-program-quality-improvement-incentive-guidelines_0.pdf>  Practice Incentives Program Quality Improvement Measures, Commonwealth of Australia, 2019 <https://www.health.gov.au/sites/default/files/2022-12/practice-incentives-program-quality-improvement-measures_0.pdf>  Royal Australian College of General Practitioners. Guidelines for preventative activities in general practice. 9th edition, 2016, East Melbourne, VIC. <https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Red%20Book/Guidelines-for-preventive-activities-in-general-practice.pdf>  Royal Australian College of General Practitioners. Standards for General Practices. 5th Edition, 2020, East Melbourne, VIC. Available at <https://www.racgp.org.au/getattachment/ece472a7-9a15-4441-b8e5-be892d4ffd77/Standards-for-general-practices-5th-edition.aspx>  Heart Foundation, Heart Health Check Toolkit, <https://www.heartfoundation.org.au/bundles/heart-health-check-toolkit/templates-for-use-during-appointmenthttps:/www.heartfoundation.org.au/bundles/heart-health-check-toolkit?selectedfilter=The%20Toolkit>  Royal Australian College of General Practitioners. "Cardiovascular Disease Prevention." National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People, 2020, [www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide/chapter-11-cardiovascular-disease-prevention](http://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide/chapter-11-cardiovascular-disease-prevention).  Commonwealth of Australia as represented by the Department of Health and Aged Care. Australian Guideline for assessing and managing cardiovascular disease risk. 2023. <https://d35rj4ptypp2hd.cloudfront.net/pdf/Guideline-for-assessing-and-managing-CVD-risk_20230522.pdf> | | | Guidelines / Standards use to measure the mini audit should be collected by the GP and Practice nurse and discussed during this time.  Primary Sense will be used to prepare a report per participating GP “Cardiovascular Disease Risk Factors” which identifies patients who may be at increased risk of developing CVD and have potentially modifiable risk factors.  It is suggested the practice nurse check HPOS for any Heart Health Check completed outside of the practice and updating the clinical software prior contacting the patients.  Primary Sense reports will provide baseline data to the practice clinical data manager / practice manager for review and discussion of –  Quality Improvement Measure 8: Proportion of eligible regular clients with a record of the necessary risk factors in their GP record for CVD risk assessment  GPs, Practice nurses and Practice managers will be required to complete a pre-project and post-project data review. | |
| **Ensure ethical, privacy and confidentiality issues relating to patient information is considered and addressed.** | | | | | | |
| How will you address these issues?  No identifiable data will be shared with the PHN while they are supporting the CVD project. 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 (min 2hrs) – Data collection for the audit / mini audit around number of patient and why they were selected (as applicable) and / or collection of the required data or information (policy, procedures, patients, etc.) relevant to the audit / mini audit. | | | | | | |
| 1. GPs or Practice Nurse to identify patients eligible for a heart health check using the Primary Sense report “Cardiovascular Disease Risk Factors. and “Patients missing PIP QI or accreditation measures with appointments booked in the next 2 weeks”. It is suggested that you start with 10-15 initially. 2. GPs or Practice Nurse to review patients’ eligibility status for a Heart Health Check (item 699) as per criteria above. 3. For identified patients you may choose to:    1. Recall as per practice recall and reminder policies and procedures and further assess their risk, or    2. Engage in heart health check and associated risk reduction activity/ activities and then re-measure their CVD risk after 6 months. 4. Discuss and document your approach, targets, and expected outcomes of your QI activity. If you are working with other GPs, you can all work on the same documentation.    1. Document agreed strategies, actions, baseline data, timeframes and targets in PDSA template. 5. If you need any patient resources, please order. Include resources available in languages other than English.  Refer to [HealthPathways](https://brisbanenorth.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f)     TIP: Consider potential factors that may negatively impact the activity and factor these into timelines. (e.g. accreditation, staff leave,).  PDSA examples are available on Brisbane North PHN [website.](https://practicesupport.org.au/toolbox/projects-toolkits-and-clinical-audits/cardiovascular-disease-cvd-cqi-initiative)    TIP: Completing a PDSA template will also form part of the evidence that is required to ensure your practice meets the criteria and is eligible for the PIP QI payment. | | | | | | |
| **Step 4 –**  Data analysis and implementation of changes (min 2hrs) – Describe the review and analysis of the data process against the guidelines / standards of measure, identify changes and improvements and implement the changes to policy or procedure to meet the standards / guidelines. | | | | | | |
| 1. Review PDSA and targets to assess progress or success. Consider:    1. What worked?    2. What needs more work?    3. What did you learn on the way?    4. What have you updated or changed to support this activity? 2. Share your results with the practice team.    1. Communicating the results of your QI activity with your whole team is important. Display results in a staff common area, discuss at a staff meeting or send an email. 3. Completion is a success whether outcome is achieved or not.    1. Celebrate all achievements, big or small.    2. Get in touch with the Quality Improvement team via email: [practicesupport@brisbanenorthphn.org.au](mailto:practicesupport@brisbanenorthphn.org.au) about your activity. 4. Log your hours and supporting documentation with your CPD home.    1. It is important to self-report the hours and supporting documentation (PDSA, meeting minutes, certificate etc), to your CPD home. 5. Determine if this activity needs to continue as is or requires changes.    1. If you have achieved your outcomes, consider reviewing more patients for CVD risk.    2. Consider options for a new activity. Contact the QI&D Engagement team for support and guidance.   TIPS:   * Conducting a review of your process and data forms part of the requirements for PIP QI. * Ensure you document your findings to continue to meet the PIP QI guidelines. * If you have changed your systems and processes ensure these are documented in your practice policy & procedure manual. | | | | | | |
| **Group Reflection** | | | | | | |
| **Where the learning needs met?**  **Not met –**  **Partially met –**    **Fully met -** | | | **Was this audit subject relevant to your practice?**  **No –**  **Partially –**    **Yes -** | | | |
| **What was learnt from the audit / mini audit?** | The audit/mini-audit on our approach to cardiovascular disease (CVD) management revealed several key insights:   1. **Educational Tools**: We learned that visual tools significantly enhance patient understanding of CVD, emphasizing the importance of educational resources in patient care. 2. **Behaviour Change Resistance**: Despite available resources like "My Health for Life," there's noticeable resistance to adopting healthier behaviours, highlighting the need for more engaging and effective intervention strategies. 3. **Need for Proactive Measures**: Our current approach tends towards being reactive. The audit highlighted the essential need for a shift towards preventive care to address CVD more effectively. 4. **Emphasis on Prevention**: There's a clear necessity for increased preventive activities, suggesting that our efforts should be more focused on early intervention and risk factor management. | | | | | |
| **What changes or improvements will be implemented as a result of the audit /mini audit?** | Following the audit, we're implementing a new process to improve the recording of cardiovascular disease (CVD) risk factors. The key improvement involves using the Primary Sense report titled "patients booked in with missing PIP QI measures" to actively identify and flag patients with incomplete CVD risk factor records. The Practice Manager will oversee this, ensuring that all patients, regardless of their appointment reasons, have their CVD risk factors assessed and documented. This initiative aims to enhance patient care by ensuring early identification and management of CVD risks, improving both the accuracy of our medical records and the overall health outcomes for our patients. | | | | | |