

This audit tool is designed to be used with the accompanying protocol

Section 1 General information

1.1	Client ID	---
1.2	Current Medicare number documented	1-Yes 0-No
1.3	Date of birth	<input type="text" value=" / /"/>
1.4	Age at date of audit	<input type="text"/>
1.5	Gender	1-Male 2-Female
1.6	Indigenous status	1-Aboriginal 2-Torres Strait Islander 3-Both Aboriginal and Torres Strait Islander 4-Neither Aboriginal or Torres Strait Islander 5-Not stated
1.7	Auditor's initial and surname	<input type="text"/>
1.8	Audit date	<input type="text" value=" / /"/>

Section 2 Attendance at health centre

2.1	Date last attended	<input type="text" value=" / /"/>
2.2	Reason for last attendance	1-Acute care 2-Benzathine penicillin injection 3-ARF/RHD prophylaxis with oral medication 4-Well person's check 5-Specialist review 6-Other
	If reason for last attendance is 'Other' please provide description:	<input type="text"/>
2.3	First seen by	1-Aboriginal &/or Torres Strait Islander Health Worker 2-Nurse 3-General Practitioner 4-Specialist 5-Allied health professional 6-Other 7-Not stated
2.4	If client not seen in the last 12 months, is there any record of unsuccessful follow-up attempt since last attendance?	1-Yes 0-No 9-N/A

Section 3 Key information in client medical record summaries

3.1	On the health summary, is there a documented diagnosis of:				Date of diagnosis
	Definite or suspected acute rheumatic fever (first episode)?	1-Yes	0-No		/ /
	Recurrent or suspected recurrent acute rheumatic fever?	1-Yes	0-No		/ /
	Rheumatic heart disease?	1-Yes	0-No		/ /
3.2	If not recorded on health summary, then elsewhere in the medical record, is there a documented diagnosis of:				
	Definite or suspected acute rheumatic fever (first episode)?	1-Yes	0-No	9-N/A	/ /
	Recurrent or suspected recurrent acute rheumatic fever?	1-Yes	0-No	9-N/A	/ /
	Rheumatic heart disease?	1-Yes	0-No	9-N/A	/ /
3.3	Where in the medical record is the client's RHD classification documented?	1-Health summary 0-elsewhere in the medical record or not recorded			
3.4	What is the documented RHD classification?	1- Priority 1 Severe RHD 2- Priority 2 Moderate RHD 3- Priority 3 ARF/Mild RHD 4- Unable to determine 6- Not recorded			
3.5	Is there a current and complete ARF/RHD management plan in the medical record?	1-Yes	0-No		
3.6	What is the documented smoking status (in the last 12 months)?	1-Smoker 2-Non-smoker 4-Not-recorded			
3.7	What is the documented alcohol use (in the last 12 months)?	1-Higher risk 2-Low risk 3-Alcohol use but risk level not stated 4- No alcohol use 9-Not recorded			
3.8	If the RHD classification is priority 1, is there documentation in the medical record that indicates that the client has had cardiac surgery?	1-Yes	0-No	9-N/A	

3.9	If the RHD classification is priority 1 , is there documentation in the medical record that indicates that the client is waiting for cardiac surgery?	1-Yes	0-No	9-N/A						
3.10	If the RHD classification is priority 1 or priority 2 , is there documentation in the client record that indicates the client is currently prescribed Warfarin ?	1-Yes	0-No	9-N/A						
3.11	If the client is classified priority 1 or 2 and is prescribed Warfarin, record the two most recent INRs including results and dates of these tests.									
				<table border="1"> <thead> <tr> <th>result</th> <th>date</th> </tr> </thead> <tbody> <tr> <td></td> <td>/ /</td> </tr> <tr> <td></td> <td>/ /</td> </tr> </tbody> </table>	result	date		/ /		/ /
result	date									
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	Most recent INR, result and date	1-Yes	0-No	N/A						
	Next most recent INR, result and date	1-Yes	0-No	N/A						

Section 4 Penicillin use and recurrent rheumatic fever

If client has documented record of ARF/RHD, then in the last 12 months:				
4.1	Is the client prescribed regular Benzathine penicillin injections ?	1-Yes	0-No	
4.2	If the client is not prescribed Benzathine penicillin injections, is the client prescribed oral antibiotic prophylaxis ?	1-Yes	0-No	9- N/A
4.3	If the client is prescribed regular injections, is there a current pharmaceutical prescription for Benzathine penicillin injections?	1-Yes	0-No	9- N/A
4.4	Where in the medical record is the planned frequency of injections documented?	1-Current prescription 2-Non-current prescription 3-Elsewhere in medical record 4-Not recorded 9-N/A		
4.5	Is the planned frequency of injections documented systematically, eg on a clinic master chart ? (see protocol for definition)	1-Yes	0-No	9- N/A
4.6	If planned frequency is documented in both medical record and clinic master chart , are the records consistent?	1-Yes	0-No	9- N/A
4.7	If medical record and clinic master chart are not consistent , which one is currently used?	1-Medical Record	0-Clinic master chart	9- N/A

4.8	What is the planned frequency of injections?	1- Monthly (12) 2- 4 Weekly(13) 3- 3 weekly (17) 4- Other 5- No record 9- N/A					
4.9	Record the number of injections given in the last 12 months						
4.10	If injections commenced in the last 12 months , record the date of first injection	/ /					
4.11	Percentage of prescribed injections that were given in the last 12 months. (See Protocol)	%					
4.12	If the client has received less than 80% of planned Benzathine injections, is there documented follow up actions?						
	An attempt at active recall for BPG injections	1-Yes	0-No	9-N/A			
	An attempt to contact the relevant health centre to arrange for Benzathine penicillin to be given if the client is known to be out of the community	1-Yes	0-No	9-N/A			
	Advice about importance of preventing recurrent ARF	1-Yes	0-No	9-N/A			
	A family meeting	1-Yes	0-No	9-N/A			
	An action plan made	1-Yes	0-No	9-N/A			
	Other appropriate action	1-Yes	0-No	9-N/A			
	Details of other appropriate action:						
4.13	Number of documented episodes of recurrent rheumatic fever in the last 12 months:	0	1	2	3	4	>4
4.14	If 1 or more episodes of recurrent rheumatic fever were documented in the last 12 months, despite good delivery of Benzathine penicillin , (80% or more of scheduled injections given), indicate if any of the following actions are documented:						
	a change to more frequent Benzathine penicillin injections	1-Yes	0-No	9-N/A			
	advice on the role of throat and skin infections in leading to ARF	1-Yes	0-No	9-N/A			
	advice on the role of overcrowding in predisposing ARF	1-Yes	0-No	9-N/A			
	an action plan made	1-Yes	0-No	9-N/A			
	referral to support services (for example, environmental health services, housing services)	1-Yes	0-No	9-N/A			
	Other appropriate action	1-Yes	0-No	9-N/A			
	Details of other appropriate action:						

Section 5 Scheduled services

Recommended routine review and management plan (RHDA, 2012)			
	Priority 1	Priority 2	Priority 3
Doctor Review	3-6 Monthly	6 monthly	Yearly
Cardiologist/Physician/ Paediatrician review	3-6 Monthly	Yearly	As referred with new symptoms
Echocardiogram	3-6 Monthly	Yearly	Children: 2 yearly Adults: 2-3 yearly
Influenza vaccination	Yearly	Yearly	
Dental Review	6 monthly	Yearly	Yearly
Polysaccharide pneumococcal vaccination (pneumovax)	5-Yearly (max 3 doses)	5-Yearly (max 3 doses)	

5.1	Indicate if there is documentation of each of the following scheduled services been provided within the timeframes shown:				
					Date
	Doctor review (in the last 2 years)	1-Yes	0-No		/ /
	Specialist review (Cardiologist/physician/paediatrician) (in the last 2 years)	1-Yes	0-No	9-N/A	/ /
	Echocardiogram (in the last 3 years)	1-Yes	0-No		/ /
	Influenza vaccination (in the last 2 years)	1-Yes	0-No	9-N/A	/ /
	Dental review (in the last 2 years)	1-Yes	0-No		/ /
	Polysaccharide pneumococcal vaccination (Pneumovax 23)	1-Yes	0-No		/ /
	Record 3 most recent immunisations				/ /
5.2	Is there documentation of the following education about rheumatic fever having been provided (in the last 12 months)?				
	Watched DVD or video	1-Yes	0-No		
	Given written materials	1-Yes	0-No		
5.3	Is there documentation of brief intervention for the following risk factors (in the last 12 months)?				
	Smoking	1-Yes	0-No	9-N/A	
	Nutrition	1-Yes	0-No		
	Alcohol	1-Yes	0-No	9-N/A	
	Physical activity	1-Yes	0-No		