

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 | Sex                                | 1-Male 2-Female  |
| 1.5 | Indigenous status                  | 1-Aboriginal<br>2-Torres Strait Islander<br>3-Both Aboriginal and Torres Strait Islander<br>4-Neither Aboriginal or Torres Strait Islander<br>5-Not stated |
| 1.6 | Auditor's initial and surname      | <input type="text"/>   |
| 1.7 | Audit date                         | <input type="text" value=" / /"/>  |

## Section 2 Attendance at health service

|   |   |  |
|---|---|--|
| 2.1   | Date of last attendance   | <input type="text" value=" / /"/>  |
| 2.2   | Location of record of date last attended:   |  |
|   | Paper   | 1-Yes 0-No   |
|   | Computer  | 1-Yes 0-No   |
| 2.3   | If the client has NOT attended in the last 24 months is there any documentation of an unsuccessful follow up attempt since last attendance? | 1-Yes 0-No 9-N/A   |
| 2.4   | Reason for last attendance  | 1-Well person's check<br>2-Acute care<br>3-Mental health<br>4-Immunisation<br>5- Antenatal<br>6-Sexual health<br>7-Other<br>9-N/A  |
|   | If reason for last attendance is 'Other' please provide description   | <input type="text"/>   |
| 2.5   | At the last attendance, which health professional did the client see first?   | 1-Aboriginal &/or Torres Strait Islander Health Worker<br>2-Nurse<br>3-General Practitioner<br>4-Specialist<br>5-Allied health professional<br>6-Other<br>7-No record<br>9-N/A |
| <p><b>If date of last attendance is more than 24 months before the audit date:</b></p> <ul style="list-style-type: none"> <li>audit ceases here, only complete section 1 and 2.</li> </ul> <p><b>When entering answers into the website</b></p> <ul style="list-style-type: none"> <li>N/A will be preselected for the remaining questions</li> <li>complete sections 1 and 2, then go to the end of section 7 and select 'finish' to save the audit</li> </ul> |   |  |

## Section 3 Key information in client medical record summaries

|     |  |       |      |       |
|-----|--|-------|------|-------|
| 3.1 | In a medical/health summary, is there documentation of <b>any chronic or recurrent medical conditions</b> for which he/she should attend the health service regularly (see protocol for examples)? | 1-Yes | 0-No | 9-N/A |
| 3.2 | If yes, list condition(s)  |       |      |       |
| 3.3 | Is an <b>up to date health summary</b> present?  | 1-Yes | 0-No | 9-N/A |
| 3.4 | Is an <b>up to date immunisation record</b> present?   | 1-Yes | 0-No | 9-N/A |
| 3.5 | Is an Adult Health Check MBS item 715 (completed in the last 24 months) present?   | 1-Yes | 0-No | 9-N/A |
| 3.6 | Is an alternative Adult Health Check (completed in the last 24 months) present (similar to MBS item 715)?  | 1-Yes | 0-No | 9-N/A |

## Section 4 Risk factors and brief intervention

|     |   |  |      |       |
|-----|---|--|------|-------|
| 4.1 | What is the documented smoking status (in the last 24 months)?  | 1-Smoker<br>2-Non-smoker<br>3-No record<br>9- N/A  |      |       |
| 4.2 | Where is smoking status documented?   |  |      |       |
|     | Paper   | 1-Yes  | 0-No | 9-N/A |
|     | Computer  | 1-Yes  | 0-No | 9-N/A |
| 4.3 | If smoking status is smoker, where is there documentation that the client has received <b>brief intervention</b> for smoking (in the last 24 months)?                 |  |      |       |
|     | Paper   | 1-Yes  | 0-No | 9-N/A |
|     | Computer  | 1-Yes  | 0-No | 9-N/A |
| 4.4 | What is the documented <b>alcohol use</b> (in the last 24 months)?  | 1-Higher risk<br>2-Low risk<br>3-Alcohol use but risk level not stated<br>4-No alcohol use<br>5-No record<br>9-N/A |      |       |
| 4.5 | If alcohol use is documented as higher risk, is there documentation that the client has received a <b>brief intervention</b> for alcohol use (in the last 24 months)? | 1-Yes  | 0-No | 9-N/A |
| 4.6 | If alcohol use is documented as higher risk, is there documentation that the client has received a <b>referral</b> to an alcohol program (in the last 24 months)?     | 1-Yes  | 0-No | 9-N/A |
| 4.7 | Is there documentation of organic complications of alcohol misuse?  | 1-Yes  | 0-No | 9-N/A |
| 4.8 | Where is the <b>weight</b> documented (in the last 24 months)?  |  |      |       |

|   |   |  |                   |       |
|---|---|--|-------------------|-------|
|   | Paper   | 1-Yes  | 0-No              | 9-N/A |
|   | Computer  | 1-Yes  | 0-No              | 9-N/A |
| <b>4.9</b>  | Is body mass index (BMI) documented (in the last 24 months)?  | 1-Yes  | 0-No              | 9-N/A |
| <b>4.10</b>   | BMI result  | <input type="text" value=""/>  | kg/m <sup>2</sup> |       |
| <b>4.11</b>   | Is waist circumference recorded (within 24 months)?   | 1-Yes  | 0-No              | 9-N/A |
| <b>4.12</b>   | Waist circumference result  | <input type="text" value=""/>  | cm                |       |
| <b>4.13</b>   | If BMI is $\geq 25$ or if waist circumference is $\geq 94$ cm (males), $\geq 80$ cm (females), is there documentation that the client has received <b>brief intervention</b> for overweight/ obesity (in the last 24 months)?       | 1-Yes  | 0-No              | 9-N/A |
| <b>4.14</b>   | If BMI is $\geq 25$ or if waist circumference is $\geq 94$ cm (males), $\geq 80$ cm (females), is there documentation that the client has received <b>a referral</b> for weight management advice /support (in the last 24 months)? | 1-Yes  | 0-No              | 9-N/A |
| <b>4.15</b>   | Which standard tool is used to calculate <b>absolute cardiovascular risk (CVR)</b> assessment (in the last 24 months)?  | 1 -Heart Foundation<br>2- Framingham<br>3- New Zealand<br>4- WHO<br>5- Other<br>6- Not assessed<br>9- N/A        |                   |       |
| <b>4.16</b>   | If assessed, what is the recorded <b>absolute cardiovascular risk (%)</b>   | 1- <5%<br>2- 5 to 9%<br>3- 10 to 15%<br>4- 16 to 19%<br>5- 20 to 24%<br>6- 25 to 29%<br>7- $\geq 30$ %<br>9- N/A |                   |       |
| <b>Regardless of other risk factors is there documentation of brief intervention (in the last 24 months) for:</b> |   |  |                   |       |
| <b>4.17</b>   | Nutrition?  | 1-Yes  | 0-No              | 9-N/A |
| <b>4.18</b>   | Physical activity?  | 1-Yes  | 0-No              | 9-N/A |
| <b>4.19</b>   | Family relationships?   | 1-Yes  | 0-No              | 9-N/A |
| <b>4.20</b>   | Substance use?  | 1-Yes  | 0-No              | 9-N/A |
| <b>4.21</b>   | Environmental and living conditions?  | 1-Yes  | 0-No              | 9-N/A |
| <b>4.22</b>   | Urinary continence?   | 1-Yes  | 0-No              | 9-N/A |

## Section 5 Scheduled services

| Is there documentation of the following in the last 24 months? |                                      |       |      |       |
|--|--------------------------------------|-------|------|-------|
| <b>5.1</b>   | <b>Pulse, rate and rhythm</b>        | 1-Yes | 0-No | 9-N/A |
| <b>5.2</b>   | <b>Pap smear</b> (women only)        | 1-Yes | 0-No | 9-N/A |
| <b>5.3</b>   | <b>Mammography</b> (women >50 years) | 1-Yes | 0-No | 9-N/A |

|      |   |       |      |                   |
|------|---|-------|------|-------------------|
| 5.4  | <b>Sexual and reproductive health discussion</b>        | 1-Yes | 0-No | 9-N/A             |
| 5.5  | <b>STI: NAAT for gonorrhoea &amp; chlamydia test</b>    | 1-Yes | 0-No | 2- Declined 9-N/A |
| 5.6  | <b>STI: Syphilis serology test</b>                      | 1-Yes | 0-No | 2- Declined 9-N/A |
| 5.7  | <b>Oral health check</b> (including gums and dentition) | 1-Yes | 0-No | 9-N/A             |
| 5.8  | <b>Ears and hearing screening</b>                       | 1-Yes | 0-No | 9-N/A             |
| 5.9  | <b>Trichiasis screening</b>                             | 1-Yes | 0-No | 9-N/A             |
| 5.10 | <b>Visual acuity</b> (>40 years age)                    | 1-Yes | 0-No | 9-N/A             |
| 5.11 | <b>Skin check</b>                                       | 1-Yes | 0-No | 9-N/A             |

## Section 6 Evidence of follow-up of abnormal findings

|  |  |          |       |        |
|--|--|----------|-------|--------|
| <b>Blood Pressure</b>                                    |  |          |       |        |
| 6.1  | Where is there documentation of blood pressure (BP) in the last 24 months?                                       |          |       |        |
|  |  | Paper    | 1-Yes | 0-No   |
|  |  | Computer | 1-Yes | 0-No   |
|  |  |          |       | 9-N/A  |
| 6.2  | Is the most recent BP reading (in the last 24 months) $\geq 140/90$ ?  | 1-Yes    | 0-No  | 9- N/A |
| 6.3  | If yes, is there a documented management plan including repeat BP reading?                                       | 1-Yes    | 0-No  | 9- N/A |
| <b>Urinalysis</b>  |  |          |       |        |
| 6.4  | Is there documentation of a urine dipstick test in the last 24 months?   | 1-Yes    | 0-No  | 9-N/A  |
| 6.5  | Is the most recent dipstick test positive protein (1+ or more)?  | 1-Yes    | 0-No  | 9- N/A |
| 6.6  | If yes, was a sample for urine ACR collected OR is there a documented plan to collect ACR sample?                | 1-Yes    | 0-No  | 9- N/A |
| <b>Blood glucose level: finger prick or venous blood</b> |  |          |       |        |
| 6.7  | Is there documentation of a blood glucose test in the last 24 months?  | 1-Yes    | 0-No  | 9-N/A  |
| 6.8  | Is the most recent Glucose test result $\geq 5.5$ mmol?  | 1-Yes    | 0-No  | 9- N/A |
| 6.9  | If yes, is there a documented management plan including repeat glucose test?                                     | 1-Yes    | 0-No  | 9- N/A |
| <b>Lipid profile</b>                                     |  |          |       |        |
| 6.10   | Is there documentation of a lipid profile test in the last 24 months?  | 1-Yes    | 0-No  | 9-N/A  |
| 6.11   | LDL-C $>2.5$ mmol  | 1-Yes    | 0-No  | 9- N/A |
| 6.12   | HDL-C $<1.0$ mmol  | 1-Yes    | 0-No  | 9- N/A |
| 6.13   | Triglycerides $>1.5$ mmol  | 1-Yes    | 0-No  | 9- N/A |
| 6.14   | If yes to <i>any of the above</i> , is there a documented management plan including repeat blood lipids profile? | 1-Yes    | 0-No  | 9- N/A |

## Section 7 Emotional wellbeing screening and care

|            |  |              |  |                               |
|------------|--|--------------|--|-------------------------------|
| <b>7.1</b> | <b>Is there a record of screening for emotional wellbeing using a standard tool in the last 24 months?</b>   | 1-Yes        | 0-No                                       | N/A                           |
| <b>7.2</b> | <b>What was the score of the most recent screening?</b>  |              |  |                               |
|            | <b>Tool</b>  | <b>Score</b> | <b>Risk categories for this tool</b>       | <b>Is the client at risk?</b> |
|            | K5   |              | At risk $\geq$ 12                          | 1-Yes    0-No    9- N/A       |
|            | K6   |              | At risk $\geq$ 12                          | 1-Yes    0-No    9- N/A       |
|            | K10  |              | At risk $\geq$ 22                          | 1-Yes    0-No    9- N/A       |
|            | PHQ2+  |              | At risk=Yes to either 1 or 2 PLUS Yes to 3 | 1-Yes    0-No    9- N/A       |
|            | PHQ9   |              | At risk $>$ 5                              | 1-Yes    0-No    9- N/A       |
|            | EPDS   |              | At risk $>$ 10                             | 1-Yes    0-No    9- N/A       |
|            | Other tool   |              | Name of other tool:                        | 1-Yes    0-No    9- N/A       |
| <b>7.3</b> | <b>If a standard tool has not been used, is there any other documented concern about emotional wellbeing in the last 24 months?</b>  | 1-Yes        | 0-No                                       | 9-N/A                         |
| <b>7.4</b> | <b>If assessed 'at risk', using a standard tool and/or there is any other recorded concern about emotional wellbeing in the last 24 months, is there a record of the following actions within 3 months of assessment/recorded concern?</b> |              |  |                               |
|            | Referral to external services  | 1-Yes        | 0-No                                       | 9- N/A                        |
|            | Action/s by health centre team:  |              |  |                               |
|            | Brief intervention   | 1-Yes        | 0-No                                       | 9- N/A                        |
|            | Counselling  | 1-Yes        | 0-No                                       | 9- N/A                        |
|            | Cognitive behavioural therapy  | 1-Yes        | 0-No                                       | 9- N/A                        |
|            | Medication   | 1-Yes        | 0-No                                       | 9- N/A                        |
|            | Other action   | 1-Yes        | 0-No                                       | 9- N/A                        |
|            | Action:  |              |  |                               |
| <b>7.5</b> | <b>If action taken by health centre team is there a record of subsequent review within 1 month of action taken?</b>  | 1-Yes        | 0-No                                       | 8-N/R    9- N/A               |
| <b>7.6</b> | <b>If referred to external services, is there a record of a report from the external services within 6 months of referral.</b>   | 1-Yes        | 0-No                                       | 8-N/R    9- N/A               |