

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

Indicate in the check box, which clinical audit report(s) this record is associated with

T2DAudit CHDAudit CHFAudit CKDAudit HTAudit

Section 1 General information

- | | | |
|-----|----------------------------------|--|
| 1.1 | Client ID | |
| 1.2 | Current Medicare number recorded | 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
2-Torres Strait Islander
3-Both
4-Neither
5-No Record |
| 1.6 | Auditor | |
| 1.7 | Audit date | <input type="text" value="/ /"/> |

Section 2 Diagnosis information and audits of care

- | | | | |
|---|---|-----------------|----------------------------------|
| 2.1 | Is this an audit of type 2 diabetes (T2D) care? | 1-Yes 0-No | |
| 2.2 | Is T2D diagnosis and date of diagnosis recorded on the client's medical summary? | 1-Yes 0-No | <input type="text" value="/ /"/> |
| <i>If auditing T2D care (2.1=1-Yes), answer questions marked T2D</i> | | | |
| 2.3 | Is this an audit of coronary heart disease (CHD) care? | 1-Yes 0-No | |
| 2.4 | Is CHD diagnosis and date of diagnosis recorded on the client's medical summary? | 1-Yes 0-No | <input type="text" value="/ /"/> |
| <i>If auditing CHD care (2.3=1-Yes), answer questions marked CHD</i> | | | |
| 2.5 | Is this an audit of chronic heart failure (CHF) care? | 1-Yes 0-No | |
| 2.6 | Is CHF diagnosis and date of diagnosis recorded on the client's medical summary? (for diagnosis of CHF refer to protocol) | 1-Yes 0-No | <input type="text" value="/ /"/> |
| <i>If auditing CHF care (2.5=1-Yes), answer questions marked CHF</i> | | | |
| 2.7 | Is this an audit of chronic kidney disease (CKD) care? | 1-Yes 0-No | |
| 2.8 | Is CKD diagnosis and date of diagnosis recorded on the client's medical summary? | 1-Yes 0-No | <input type="text" value="/ /"/> |
| <i>If auditing CKD care (2.7=1-Yes), answer questions marked CKD</i> | | | |
| 2.9 | Is this an audit of hypertension care? | 1-Yes 0-No | |
| 2.10 | Is hypertension diagnosis and date of diagnosis recorded on the client's medical summary? | 1-Yes 0-No | <input type="text" value="/ /"/> |
| <i>If auditing hypertension care (2.9=1-Yes), answer questions marked HT</i> | | | |

Section 3 Co-morbidities, complications and procedures

Is there a record that the client has or has had any of the following co-morbidities and complications?
(as recorded on clients *medical summary*)

3.1	Asthma/Chronic obstructive pulmonary disease (COPD)	1-Yes	0-No	
3.2	Dyslipidaemia	1-Yes	0-No	
3.3	Depression	1-Yes	0-No	
3.4	Other mental illness	1-Yes	0-No	
3.5	Acute Myocardial Infarction (acute myocardial infarction)	1-Yes	0-No	
3.6	T2D Gastroparesis	1-Yes	0-No	9-N/A
3.7	T2D Retinopathy	1-Yes	0-No	9-N/A
3.8	T2D Neuropathy	1-Yes	0-No	9-N/A
3.9	T2D Foot ulcer	1-Yes	0-No	9-N/A
3.10	T2D Amputation/s (toes, partial foot, feet, leg/s)	1-Yes	0-No	9-N/A
3.11	CKD Anaemia	1-Yes	0-No	9-N/A
3.12	CHD HT Cerebro vascular accident (CVA)	1-Yes	0-No	9-N/A
3.13	CHD Coronary artery bypass graft (CABG)	1-Yes	0-No	9-N/A
3.14	CHD Percutaneous coronary intervention (PCI)	1-Yes	0-No	9-N/A
3.15	CHF CKD Pulmonary oedema	1-Yes	0-No	9-N/A

Section 4 Attendance at health centre

4.1	Date of last attendance	/ /		
4.2	If the client has NOT attended within 6 months is there any record of an unsuccessful follow up attempt since last review?	1-Yes	0-No	9-N/A
4.3	Reason for last attendance	1-Chronic disease 2-Acute care 7-Other		
	If Other, state reason:	_____		
4.4	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-No record		

Section 5 Management plan and scheduled services

Is there a record of a current:

5.1	MBS item 721 GPMP CD Management Plan (can include MBS item 732)?	1-Yes	0-No		9-N/A
5.2	Alternative GPMP CD Management Plan?	1-Yes	0-No		9-N/A
5.3	MBS item 723 TCA CD Management Plan (can include MBS item 732)?	1-Yes	0-No		9-N/A
5.4	Alternative TCA CD Management Plan?	1-Yes	0-No		9-N/A
5.5	Is there a record of Clinical goals ?	1-Yes	0-No		9-N/A
5.6	Is there a record of Self management goals ?	1-Yes	0-No		9-N/A
5.7	Is there a record that chronic disease management and medications have been discussed with the client (within the last 12 months)?	1-Yes	0-No		9-N/A
5.8	Is there a record of Absolute cardiovascular risk (CVR) assessment (within last 12 months)?	1-Yes	0-No	8-N/D	9-N/A
5.9	T2D Is there a record of Visual acuity check (within last 12 months)?	1-Yes	0-No		9-N/A
5.10	T2D HT Is there a record of Dilated eye check (within last 12 months)?	1-Yes	0-No		9-N/A
5.11	T2D Is there a record of Foot check (within last 12 months)?	1-Yes	0-No		9-N/A
5.12	Is there a record of Influenza vaccination (within last 12 months)?	1-Yes	0-No	8-Decl	9-N/A
5.13	Is there a record of Pneumococcal vaccinations ?	1-Yes	0-No	8-Decl	
	Record the most recent date of vaccination first:	Date 1	/ /		
		Date 2	/ /		
		Date 3	/ /		
5.14	Blood pressure (BP) (within last 6 months)?	1-Yes	0-No		9-N/A
5.15	BP (between 6 and 12 months)?	1-Yes	0-No		9-N/A
5.16	Record the most recent BP reading and date (within the last 12 months)		/	/ /	

**Best practice guidelines for BP control in clients with chronic disease state
BP greater than 130/80 is abnormal. However, for clients with CKD, BP greater than 125/75 is abnormal**

5.17	Is the most recent BP reading abnormal ?	1-Yes	0-No		9-N/A
If abnormal,					
5.18	Is there a record of a plan made for follow up within 2-4 weeks of abnormal result?	1-Yes	0-No		9-N/A
5.19	Is there a record that medication was adjusted ?	1-Yes	0-No		9-N/A
5.20	Is there a record that medication was reviewed, but not adjusted ?	1-Yes	0-No		9-N/A

Section 6 Risk factors, brief interventions and referral

Recorded within the last 12 months (unless otherwise stated)

6.1	What is the recorded tobacco use ?	1- Smokes tobacco 2- Chews tobacco 3- No tobacco use 4- No Record			
If smokes or chews tobacco:					
6.2	Is there a record that the client has received brief intervention for smoking/ chewing tobacco?		1-Yes	0-No	9-N/A
6.3	Is there a record of referral to a quit program		1-Yes	0-No	8-Decl 9-N/A

6.4	What is the recorded alcohol use ?	1- Higher risk 2- Low risk 3- Alcohol use but risk level not stated 4- No alcohol use 5- No Record			
If higher risk alcohol use:					
6.5	Is there a record that the client has received brief intervention for alcohol use?		1-Yes	0-No	9-N/A
6.6	Is there a record of referral to an alcohol program?		1-Yes	0-No	8-Decl 9-N/A

6.7	What is the recorded drug use ?	1- Current use 2- No drug use 3- No Record			
If current use of drugs (see protocol for definition of 'current'):					
6.8	Is there a record that the client has received brief intervention for drug use?		1-Yes	0-No	9-N/A
6.9	Is there a record of referral to a drug program?		1-Yes	0-No	8-Decl 9-N/A

6.10 Is there a recorded **weight** (within last 6 months)? 1-Yes 0-No 9-N/A

6.11	Is there a record of Waist circumference (within last 6 months)?		1-Yes	0-No	9-N/A
	What is the recorded waist circumference measurement and date ?	cm	/	/	
6.12	Is there a record of Body Mass Index (BMI) ?		1-Yes	0-No	9-N/A
	What is the recorded BMI result and date ?		/	/	
If BMI is ≥ 25 or if waist circumference is ≥ 94cm (males) or ≥ 80cm (females) :					
6.13	Is there a record that the client has received brief intervention for overweight/ obesity?		1-Yes	0-No	9-N/A
6.14	Is there a record of referral for weight management advice/ support?		1-Yes	0-No	8-Decl 9-N/A

Regardless of weight and waist circumference,

6.15 Is there a record of brief intervention advice regarding **nutrition**? 1-Yes 0-No 9-N/A

6.16 Is there a record of brief intervention advice regarding **physical activity**? 1-Yes 0-No 9-N/A

Section 7 Emotional wellbeing screening and care

7.1 Is there a record of **screening for emotional wellbeing using a standard tool** within the last 12 months? 1-Yes 0-No 9-N/A

7.2 If yes, what was the **score of the most recent screening?**

Tool	Score	Risk categories for this tool	Is the client at risk		
			1-Yes	0-No	9-N/A
K5		At risk=>12	1-Yes	0-No	9-N/A
K6		At risk=>12	1-Yes	0-No	9-N/A
K10		At risk=>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		Please specify tool:	1-Yes	0-No	9-N/A

7.3 If a standard tool is not used, is there a record of **discussion about emotional wellbeing** in the last 12 months? 1-Yes 0-No 9-N/A

7.4 If yes, is there **any other recorded concern about emotional wellbeing** in the last 12 months? 1-Yes 0-No 9-N/A

7.5 If assessed 'at risk', using a standard tool and/or there is any other recorded concern about emotional wellbeing in the last 12 months, is there a **record of the following actions within 3 months** of most recent assessment/recorded concern?

Referral to external services 1-Yes 0-No 8-Decl 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

If an *Other action* is recorded please provide a brief description: _____

7.6 If action taken by health centre team is there a **record of subsequent review within 1 month of action taken?** 1-Yes 0-No 8-N/R 9-N/A

7.7 If referred to external services, is there a **record of a report from the external services within 6 months of referral?** 1-Yes 0-No 8-N/R 9-N/A

Section 8 Current treatment

Is there a current prescription for the following medication in the client's record?

8.1	T2D Metformin	1-Yes	0-No	9-N/A	
8.2	T2D Other oral hypoglycaemic drugs	1-Yes	0-No	9-N/A	
8.3	T2D Insulin	1-Yes	0-No	9-N/A	
8.4	Angiotensin converting enzyme (ACE) inhibitor drugs	1-Yes	0-No	9-N/A	
8.5	T2D CHD CKD HT Angiotensin II receptor blocker drugs	1-Yes	0-No	9-N/A	
8.6	Number of other antihypertensive drugs	0	1	2	3
8.7	Lipid lowering drugs	1-Yes	0-No	9-N/A	
8.8	Aspirin or other anti-clotting drug	1-Yes	0-No	9-N/A	
8.9	Antidepressant drugs	1-Yes	0-No	9-N/A	
8.10	CHD CHF HT Beta blockers	1-Yes	0-No	9-N/A	
8.11	CHF Digoxin	1-Yes	0-No	9-N/A	
8.12	CHF CKD Diuretics	1-Yes	0-No	9-N/A	
8.13	CHD CHF CKD Nitrates: short acting	1-Yes	0-No	9-N/A	
8.14	CHD CHF CKD Nitrates: long acting	1-Yes	0-No	9-N/A	
8.15	CKD Erythropoietin	1-Yes	0-No	9-N/A	

Section 9 Investigations

9.1 Is there a record of **Albumin/creatinine ratio (ACR)** (within last 12 months) 1-Yes 0-No 9-N/A

Record the most recent ACR result and date

mg/mmol	/	/
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9.2 Is there a record of **Estimated glomerular filtration rate (eGFR)** (within last 12 months) 1-Yes 0-No 9-N/A

Record the most recent eGFR result range

- 1- ≥ 60
- 2- 30 to 59
- 3- 15 to 29
- 4- <15
- 5- No record

Record the date of most recent eGFR

/	/
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9.3	CHD CHF CKD HT Is there a record of a Blood glucose level (BGL) (finger prick or venous) (within last 12 months)?	1-Yes	0-No	9-N/A
9.4	CHF Is there a record of an Echocardiogram (within last 12 months)?	1-Yes	0-No	9-N/A
9.5	Is there a record of a Full lipid profile (within last 12 months)?	1-Yes	0-No	9-N/A
9.6	Is there a record of a Total cholesterol/HDL (high density lipoprotein) ratio (within last 12 months)?	1-Yes	0-No	9-N/A
9.7	Record the most recent total cholesterol/HDL ratio and date (within last 12 months)	/ /		

Best practice guidelines for total cholesterol/ HDL ratio control in clients with V&M conditions state a ratio equal to or greater than 4.5mmol/L is abnormal.

9.8	Is the most recent total cholesterol/ HDL ratio abnormal? If abnormal,	1-Yes	0-No	9-N/A
9.9	Is there a record of a plan for follow up ?	1-Yes	0-No	9-N/A
9.10	Is there a record that medication was adjusted ?	1-Yes	0-No	9-N/A
9.11	Is there a record that medication was reviewed, but not adjusted ?	1-Yes	0-No	9-N/A

9.12	T2D Is there a record of a glycosylated haemoglobin (HbA1c) (within last 6 months)?	1-Yes	0-No	9-N/A
9.13	T2D Is there a record of a HbA1C (between 6 and 12 months)?	1-Yes	0-No	9-N/A
9.14	T2D Record the most recent HbA1c readings (% and/or mmol/mol) and date (within last 12 months)	% and/or mmol/mol	/ /	

Best practice guidelines for HbA1c control in clients with T2D state HbA1c greater than 7% or greater than 53mmol/mol is abnormal.

9.15	T2D Are either of the most recent HbA1c readings abnormal? If abnormal,	1-Yes	0-No	9-N/A
9.16	T2D Is there a record of a plan for follow up ?	1-Yes	0-No	9-N/A
9.17	T2D Is there a record that medication was adjusted ?	1-Yes	0-No	9-N/A
9.18	T2D Is there a record that medication was reviewed, but not adjusted ?	1-Yes	0-No	9-N/A