

# Using the Clinical Audit Tool



Recalling for Risk

# Risk Register

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- ❑ There are a number of ways that the clinical audit tool can assist you in risk reduction
  - Finding missing data including pathology and measures.
  - Cross referencing co-morbidities
  - Cross referencing medications taken where a diagnosis is not present
  - Cross referencing conditions with medications that patients should be taking to manage condition and medications which may have contraindications that can cause or exasperate a condition
  - Measures/ pathology results showing need for medication but not prescribed

Practice Area: Risk Alert Summary

	No.	Indicator	Comments
The following risk groups are identified using the CAT			
No allergy recorded		✘	At risk data missing
No BP recorded		✘	At risk data missing
No weight Measurement		✘	At risk data missing
No Height Measurement		✘	At risk data missing
No smoking details recorded		✘	At risk data missing
No social history recorded		✘	At risk data missing
No Diabetes diagnosis but on an anti-diabetic agent		✘	Are they diabetic? If yes code them appropriately.
No Diabetes diagnosis, not on anti-diabetic but have recorded HBA1c		✘	Are they diabetic? If yes code them appropriately.
No RD but on RD medication		✘	Do they have Asthma/COPD? If yes code them appropriately.
Patients who do not have CKD but a high microalbuminuria		✘	Do they have CKD and are not diagnosed?
Patients who have CKD, are on NSAIDs, diuretic and ACEI		⚠	Triple Whammy is very dangerous for CKD patients
Patients aged 50-70, who smoke, are obese and have high BP		⚠	At risk for CKD
Patients with CKD, and Diabetes on an anti-diabetic agent		⚠	Possibility of affected eGFR reading
Patients who have CKD but no eGFR tested		⚠	Possibility of slipping through management net.
Patients who have CKD but no diagnosis of CHD		⚠	Check for CHD as 10-20 fold risk of CHD related death
Patients who have CKD and not on ACEI		⚠	Guidelines recommend as initial therapy
patients who smoke, obese, have high BP aged 50-70 and have diabetes		⚠	At risk for CHD
Patients with CKD not on Statin		⚠	Guidelines recommend
Patients with CHD that are not on aspirin		⚠	Guidelines recommend
Patients with CHD that are not on ACEI		⚠	Guidelines recommend
Patients with CHD that have not had Pneumonvax		⚠	Guidelines recommend that high risk pt's should have this
Patients with CHD that have not had Fluvax		⚠	Guidelines recommend that high risk pt's should have this
Patients with CHD that are not diagnosed as diabetic		⚠	Screen for Diabetes as similar at risk groups
Patients who are diagnosed with hypertension and not on ACEI		⚠	Guidelines recommend
Patients who have BP 140/80 and are not diagnosed with hypertension		⚠✘	Do they have hypertension? If so code appropriately
Patients who have CVD and Diabetes but not on a Statin		⚠	Guidelines recommend
Pt's who has MI but are not on warfarin		⚠	Guidelines recommend
Pt's who has MI but are not on a beta-blocker		⚠	Guidelines recommend
Pt's with CHD and no depression diagnosed		⚠	Patients with chronic conditions are at higher risk of developing depression.

# Missing Data

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## □ Allergy

- If allergy data is missing the GP will not see automated pop up warnings when prescribing drugs containing allergen

## □ Measures and Social and Family History

- When we have all the information we can search a number of factors e.g. Patients at risk (or who may have) CKD can be found by searching those aged 50-70, who smoke are obese and have a high BP.

Let's see MD do that!!!

# Missing Pathology and Measures

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- ❑ CKD – No eGFR recorded
- ❑ CKD – No MALB recorded
- ❑ Diabetes- No HbA1c
- ❑ Hx of Hypertension no BP recorded
- ❑ Hx of Hyperlipidemia no cholesterol recorded

(If you have recently changed over to HL7 format- check records prior to the changeover date if less than 12mths ago, put results manually into the diabetes record which will populate CAT)

# X referencing conditions with medications

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## On Medications but not diagnosed...

- ❑ Taking any asthma inhaled or COPD medication but not diagnosed with respiratory disease
- ❑ Taking antipsychotics but not diagnosed as having MH condition
- ❑ Taking NSAIDS but not diagnosed with osteo or rheumatoid arthritis.
- ❑ Taking ADA but not diagnosed with PCOS, IGT or Diabetes.

# X referencing conditions with medications

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## Diagnosed but not taking recommended medications

- ❑ Diabetics not taking ADA
- ❑ CKD not taking a statin/ ACEI
- ❑ CVD & DIAB not taking a statin
- ❑ CVD not taking aspirin
- ❑ Hypertension not taking ACEI
- ❑ Hyperlipidemia not taking LMA
- ❑ CKD, Diabetes, CHD not had pneumonia/ flu vaccine
- ❑ Have had a myocardial infarction not on warfarin or Beta blocker.
- ❑ The Kidney “Triple Whammy” NSAID, ACEI and Diuretic

Maybe a medication review is in order?

## Measures/ Pathology results showing need for medication but not prescribed


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- Highly elevated HbA1c not taking ADA
- Highly elevated MALB not taking ACEI
- Highly elevated Cholesterol not taking LMA
- Patients with CKD and Diabetes who are taking an ADA may have a skewed result on their eGFR reading.

## Risk of developing other Chronic Diseases

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- Diagnosed with
  - Diabetes = High Risk of CKD
  - Diabetes = High Risk of CVD  
(highly likely to already have CVD)
  - CKD = 10-20 fold Risk of Cardiac Death
  - CKD and CVD = High Risk Depression



# WHAT DO I SEARCH FOR?

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# Maintenance

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- Repeat the searches quarterly
- Once your systems improve you can reduce to bi annually
- Once clean the lists will be very small and not a lot of effort
- Use the CD reporting tool to track your progress.

## Saved Filters

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- ❑ When we create a search that we will need to repeat over again it is a good idea to save the search or filter so in the future it is a one click process
  - Do your search as normal- check it is correct on the filter line.
  - Saved filter Tab- Save new filter
  - Name the filter e.g.- “CKD at risk Dr Bob”

# Acronyms

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- BP .....Blood Pressure
- DIAB.....Diabetes
- CKD.....Chronic Kidney Disease
- CVD.....Cardiovascular Disease
- Hyperlipidemia.....High Cholesterol
- HbA1c.....Glycosylated Haemoglobin (3mth average BG)
- eGFR.....Glomerular Filtration Rate (glo-mary-ular)
- MALB.....Microalbumin
- ADA.....Anti-diabetic Agent
- NSAID.....Non steroidal anti-inflammatory
- ACEI.....Angiotensin-converting enzyme inhibitors cardiac, renal or HT
- LMA.....Lipid Modifying Agent (lowers lipids)
- Beta Blocker .....Beta-adrenergic blocking agents (remodel cells, slows & regulates, ↓ ch
- STATIN..... HMG-CoA reductase inhibitors (reduce cholesterol)