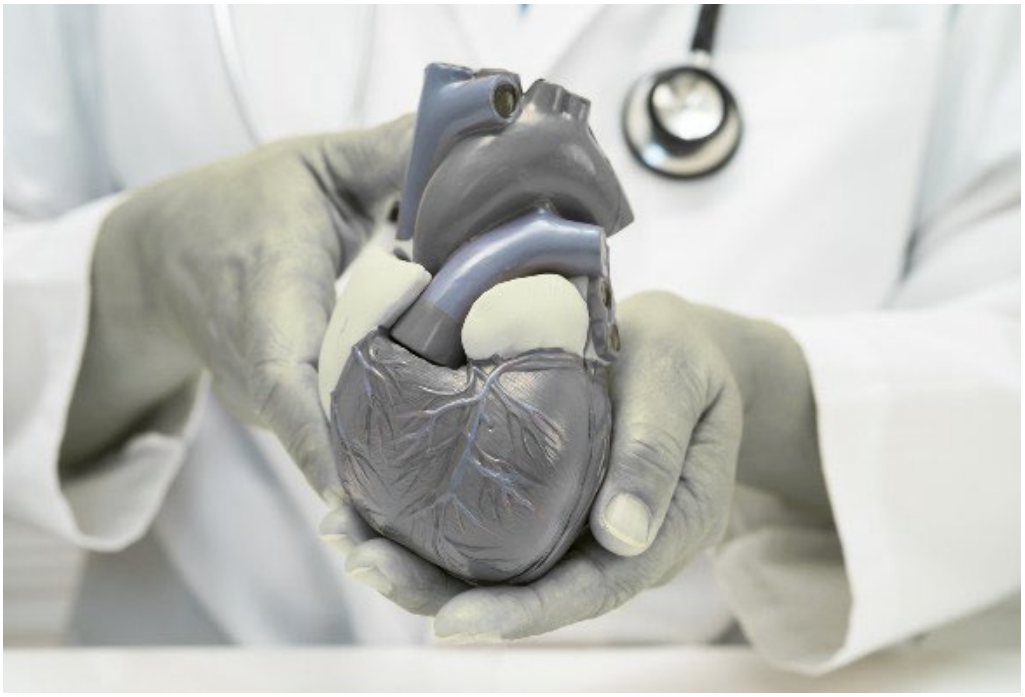
Optimising the Care of Patients with Cardiovascular Disease – A Clinical Audit



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Please download and SAVE this document to your computer before filling in your details. Once you have completed this document, retain a copy for your records and submit it to the Gold Coast Primary Health Network (GCPHN) team at practicesupport@gcphn.com.au for review and approval so your CPD hours can be uploaded to the RACGP dashboard. Retain a copy of your **CVD Clinical Audit – Compliance Tool** for your own records.

Activity ID: 1575189

Part A: Instructions and Reflective Questions

Learning outcomes

By the end of this clinical audit, GPs will be able to:
1. Assess patient data to identify individuals with prior cardiovascular disease (CVD) or high CVD .
2. Apply current Australian best practice guidelines to assess cardiovascular risk and optimise management strategies.
3. Evaluate practice-level performance in CVD risk management by analysing whether high-risk patients are receiving guideline-recommended pharmacotherapy and achieving treatment targets.
4. Implement and sustain evidence-based improvements in cardiovascular preventive care by using audit findings to optimise pharmacotherapy, strengthen patient recall and follow-up systems, support lifestyle interventions, and embed quality improvement processes within routine practice.

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Mandatory pre-reading and resources

1. 2023 Australian Guideline for assessing and managing cardiovascular disease risk – **Overview | CVD Risk Guideline**
2. RACGP Red Book 10th Edition – RACGP Guidelines for Preventative Activities in General Practice recommendations for assessing cardiovascular disease risk **RACGP - Guidelines for preventive activities in general practice**
3. Primary Sense – **CVD Risk Screening, Recall and Treatment** report (including Table 2: patients with prior CVD not on guideline-recommended therapy).

This clinical audit includes 4 components:

- **PART A:** Instructions and Reflective Questions (this booklet)
- **PART B:** Clinical Audit Checklist - Optimising the Care of Patients with Cardiovascular Disease (your working document for each patient; retain for your records)
- **Pre-evaluation survey**
- **Post-evaluation survey**

Before you start

1. Practice Manager to ensure Primary Sense is installed on your workstation and is functioning.
2. Using Primary Sense, prepare an initial list "Patients with prior CVD not on guideline-recommended therapy" (Table 2 of the CVD Risk Screening, Recall and Treatment report). **If you don't have enough patients identified, you can also use Table 4 – High CVD Risk (including Prior CVD). Not at Target to identify additional patients who may benefit from review.**
3. From this list, each GP will select a cohort of 15 active patients to include in the audit. Where helpful, use the "Last Visit" field to prioritise regular patients seen in the past two years or those who have an upcoming appointment, use the "existing appointment" column.
4. Ensure all work is conducted within the practice's clinical governance framework. No identifiable data will be shared outside the practice.

Cycle 1

1. GP identifies 15 patients with prior CVD who are missing one or more components of guideline-recommended therapy using Primary Sense (Table 2).
2. For each patient, the GP completes the ** PART B: Clinical Audit Checklist ** (one per patient).
3. Record eligibility and gaps in care, including medication optimisation opportunities and follow-up needs.
4. GP completes Cycle 1 reflection questions (see page below).
5. Present findings at a practice meeting with at least one other GP and a practice manager and/or practice nurse. Document agreed changes and responsibilities in meeting minutes.
6. Implement agreed changes at the practice level (e.g., recalls, prescribing prompts, protocol updates). Recall identified patients as per practice policy.

Cycle 1: Post-audit reflection questions

1. Were there any unexpected gaps in how CVD risk factors were coded or how disease severity was documented?
2. Were there challenges in applying the CVD Clinical Audit – Compliance Tool? How were these addressed?
3. Were lifestyle aspects (e.g., smoking cessation, physical activity and nutrition) addressed effectively?
4. What common barriers prevented optimal therapy or follow-up?
5. Which areas from this audit should be prioritised for improvement before Cycle 2?
6. What immediate changes can be implemented to address identified gaps?

Cycle 2 (post-intervention)

1. Re-run Primary Sense and review the same 15 patients to compare baseline and follow-up data.
2. For each patient, the GP completes a second **CVD Clinical Audit – Compliance Tool** (one per patient) and documents changes and outcomes.
3. Recall and review patients requiring further action in line with practice policy and procedure.
4. GP completes Cycle 2 reflection questions (see below).
5. Present overall Cycle 2 results at a practice meeting with clinical and non-clinical colleagues. Document decisions and further system improvements in meeting minutes.
6. Sustain improvements by embedding changes into practice systems (e.g., templates, recall rules, clinical decision support).

Cycle 2: Post-audit reflection questions

1. How effective were the changes made in addressing the gaps identified in Cycle 1?
2. Were discussions about smoking cessation, physical activity and CVD risk more consistent?
3. Did new challenges arise after implementing changes? If so, what are they?
4. How has completing both cycles contributed to optimising the care of patients with CVD?
5. What lessons can be applied to other chronic conditions?
6. How will these improvements be sustained in the practice going forward?

Submission and CPD evidence

- Complete the Pre-evaluation survey before commencing Cycle 1 and the Post-evaluation survey after completing Cycle 2.
- Submit this Part A booklet to practicesupport@gcphn.com.au as RACGP evidence.
- Retain all completed CVD Clinical Audit documentation in the practice as part of your internal Quality Improvement records and PIP QI/accreditation evidence.

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Cycle 1: Post-Audit Reflection Questions

1. Were there any unexpected gaps in how CVD risk factors were coded or how disease severity was documented?

2. Were there challenges in applying the CVD Clinical Audit – Compliance Tool? How were these addressed?

3. Were lifestyle aspects (e.g., smoking cessation, physical activity and nutrition) addressed effectively?

4. What common barriers prevented optimal therapy or follow-up?

5. Which areas from this audit should be prioritised for improvement before Cycle 2?

6. What immediate changes can be implemented to address identified gaps?

7. Is there anything else you'd like to share about the audit experience, or any other feedback you have?

Cycle 2: Post-Audit Reflection Questions

1. How effective were the changes made in addressing the gaps identified in Cycle 1?

2. Were discussions about smoking cessation, physical activity and CVD risk more consistent?

3. Did new challenges arise after implementing changes? If so, what are they?

4. How has completing both cycles contributed to optimising the care of patients with CVD?

5. What lessons can be applied to other chronic conditions?

6. How will these improvements be sustained in the practice going forward?

7. Any further comments?