# Clinical audit: Improving ADHD management in children

GP Evidence Booklet


## CPD outcomes

Educational Activities (EA)

1 hour

Measuring Outcomes (MO)

6 hours

Reviewing Performance (RP)

3 hours

## About

This clinical audit supports GPs to review and improve their management of children with ADHD. Using the Primary Sense Clinical Audit Tool, participants will assess their current practice against AADPA guidelines, identify gaps in diagnosis, management, and implement targeted improvements to enhance patient outcomes and access to care.

### Step 1: Self-directed learning

Participants will review the mandatory readings prior to auditing 10 patients using the Primary Sense Clinical Audit Tool to identify patients 4-17 years coded with ADHD in the last 2 years.

### Step 2: Clinical audit

Participants will analyse the data collected, compare clinical care against a checklist (adapted from the AADPA guidelines) and identify the top three areas that require the greatest improvement following a series of reflection questions.

### Step 3: Reflective practice

On completion of the reflective questions, participants are encouraged to implement any changes to improve ADHD management at a practitioner and/or practice level.

The reflective questions will need to be submitted to GCPHN for review and to log completion of this activity.

Participants may also re-analyse the same 10 patients after a period of three months to evaluate the changes made or re-analyse the success of their improvement plan.

The "usual GP" and the practice clinical data manager/practice manager will be the only people accessing individual patient details for the purpose of the audit. No patient information is distributed to the Gold Coast PHN who are supporting the "whole of practice" approach to the audit.

The GP responsible for the patient's usual care will review patient records. Confidentiality will be maintained by documenting audit protocols in patient notes and recording only patient ID in the ADHD Clinical Audit – Compliance Tool. Audits will be conducted during protected time to ensure privacy. Only patients who have consented to their information being in the primary database will be audited.

# Instructions

Please download and SAVE this document to your computer first before filling in your details.

Once this document has been completed, retain a copy and submit this back to the Gold Coast PHN team at practicesupport@gcphn.com.au to review and approve your submission for your CPD hours to be uploaded to the RACGP dashboard.

Retain a copy of your ADHD Clinical Audit – Compliance Tool for your own record.

**The following resources need to be reviewed prior to commencing the audit**

# Step 1: Self-directed learning

**Mandatory: Prior to auditing 10 patients, review the mandatory readings:**

- RACGP Paediatric ADHD in general practice video
- 2022 AADPA Australian Evidence Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder
- Flowchart - ADHD Guideline Recommendations and Decision-Making Flowchart for Clinicians
- Factsheet - ADHD & Aboriginal & Torres Strait Islander Peoples

**Optional: Useful resources on best practice clinical guidelines for ADHD:**

- 2024 ADHD Prescribing Guide for Australian Health Professionals (payment required)
- General page - Factsheets - Australian ADHD Clinical Practice Guideline
- Article - Could it be ADHD? Recognising ADHD in youth and adults | Medicine Today
- DSM-5 Criteria
- Gold Coast Health Pathways

# Step 2: Clinical audit

## Step 2.1

Run a baseline report using Primary Sense Clinical Audit Query (see page 181). Filter the report by using following parameters:

- GP name: e.g. “Dr Jane Doe”
- Description: “attention deficit hyperactivity disorder”, “ADHD” or “chronic ADHD”.
    - If there are less than 10 results for this diagnosis, GP will try searching with the alternate diagnosis of “ADD”, “attention deficit disorder” or “Hyperactivity disorder” until 10 results are reached.

This task can be delegated to the practice manager.

## Step 2.2

From the report, GP will sort and select the **10 patients** for the audit by clicking the “last visit” heading.

If the GP doesn’t have access to Primary Sense, they can use their Clinical Information System search query function to run reports to find their usual patients with ADHD to identify the 10 patients with the most recent visits.

## Step 2.3

Complete audit by reviewing each patient’s clinical record and documenting alignment with audit protocol in the ADHD Clinical Audit – Compliance Tool.

# Step 3: Reflective practice

Analyse audit data to determine the top 3 areas that require greatest improvement and complete the following questions:

## Cycle 1 reflective practice questions

**Question 1. Reflecting on your individual and compiled audit results, how do you plan to change your management?**

*Consider:*

- *What patterns did you notice across the 10 patients*
- *Which steps were consistently missed*
- *Which steps were done well*
- *What surprised you*

**Question 2. Are there particular interventions that you could use for this group of patients that would get better outcomes?**

*For example, better outcomes could be achieved if you:*

- *Do more of the following: (e.g. more education)*
- *Do less of the following: (e.g. relying on unstructured or unscheduled follow up)*
- *Start doing: (e.g. documenting of functioning)*
- *Stop doing: (e.g. assuming school supports are in place)*

**Question 3. Are there any educational activities that would help you achieve the changes you outlined above?**

*Examples to consider:*

- *ADHD-specific CPD modules on RACGP GP Learning*
- *Exploring memberships with ADHD special interest groups*
- *Attend local events (GC PHN, GCHHS) that deliver ADHD specific learning activities*
- *Cultural safety training*
- *Awareness of local parent-training programs or local support services*

**Question 4. How will you monitor the changes you plan to implement?**

# Step 4: Secondary audit (3 months post initial audit)

## Repeat Step 2: Clinical audit (3 months post initial audit)

As an **optional** activity, GPs can complete a second audit 3 month after the initial audit by reviewing each patient's clinical record and documenting alignment to the AADPA guidelines using the ADHD Clinical Audit – Compliance Tool. *Refer to step 2 for instructions*.

## Repeat Step 3: Cycle 2 reflective practice (data analysis and review of change)

*What methodology will be used to analyse the data and compare against best practice guidelines/standards?*

Compare results of baseline audit data and new audit data and complete the ADHD Evidence Booklet Cycle 2 reflective practice questions below (this booklet will be required to be submitted to GCPHN for evidence of completion of the activity).

## Cycle 2 reflective practice questions

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

**Question 2. Were parents of the children living with ADHD offered coaching for a child and/or their family recommended?**

**Question 3. Did any new challenges arise after the changes were implemented?**

**Question 4. How has completing both cycles of the audit contributed to improving the approach to ADHD management?**

**Question 5. Are there any lessons from this audit that could be applied to the management of other neurodevelopmental conditions?**

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

## Submission

After this document has been completed, please follow the steps to submit your clinical audit:

1. GP to provide evidence of completion for this clinical audit to GCPHN via email practicesupport@gcphn.com.au (submit this document – ADHD Evidence Booklet)
2. GP to complete the post activity evaluation form via the link or QR Code below
3. GCPHN will submit record of participation to RACGP, upload your hours and provide you with your 'certificate of completion'.