

Data sheet – cycle 1

Audit: Renal function testing in people taking dabigatran

Patient	Reason for requiring monitoring (i.e. > 75 years or moderate renal impairment)	Was their renal function checked in last 12 months (i.e. creatinine clearance or eGFR)?	
		Yes	No
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total Yes			
% Yes			

Please retain this sheet for your records to provide evidence of participation in this audit:

Data sheet – cycle 2

Audit: Renal function testing in people taking dabigatran

Patient	Reason for requiring monitoring (i.e. > 75 years or moderate renal impairment)	Was their renal function checked in last 12 months (i.e. creatinine clearance or eGFR)?	
		Yes	No
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total Yes			
% Yes			

Please retain this sheet for your records to provide evidence of participation in this audit:

RNZCGP Summary Sheet – CQI Activity

DOCTORS NAME

The activity was designed by (please tick appropriate box):

- RNZCGP
- Organisation e.g. IPA/PHO/BPAC (name of organisation)
- Individual (self)

bpac^{nz}

TOPIC

Renal function testing in people taking dabigatran

Describe why you chose this topic (relevance, needs assessment etc):

FIRST CYCLE

1. DATA

Information collected

Date of data collection:

Please attach:

- A summary of data collected **or**
- If this is an organisation activity, attach a certificate of participation.

2. CHECK

Describe any areas targeted for improvement as a result of the data collected.

3. ACTION

Describe how these improvements will be implemented.

4. MONITOR

Describe how well the change process is working. When will you undertake a second cycle?

Please retain this sheet for your records to provide evidence of participation in this audit:

SECOND CYCLE

1. DATA

Information collected

Date of data collection:

Please attach:

- A summary of data collected or
- If this is an organisation activity, attach a certificate of participation.

2. CHECK

Describe any areas targeted for improvement as a result of the data collected.

3. ACTION

Describe how these improvements will be implemented.

4. MONITOR

Describe how well the change process is working. Will you undertake another cycle?

COMMENTS