

## Data sheet – cycle 1 Reviewing SSRI use in older patients

Patient taking a SSRI	A. Evidence in patient's notes of an indication for the pharmacological treatment of depression?	B. Evidence in patient's notes of a discussion about non-pharmacological strategies for managing depression?	If no tick in either <b>column A</b> or <b>column B</b> : flagged for review?
Patient	✓ / ✗	✓ / ✗	Yes / No
1			
2			
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28			
29			
30			
<b>Total:</b>			

**AUDIT RESULT:** Tick in either column A or column B, divided by number of patients audited:

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

## Data sheet – cycle 2 Reviewing SSRI use in older patients

Patient taking a SSRI	A. Evidence in patient's notes of an indication for the pharmacological treatment of depression?	B. Evidence in patient's notes of a discussion about non-pharmacological strategies for managing depression?	If no tick in either <b>column A</b> or <b>column B</b> : flagged for review?
Patient	✓ / ✗	✓ / ✗	Yes / No
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30			
<b>Total:</b>			

**AUDIT RESULT:** Tick in either column A or column B, divided by number of patients audited:

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



## SUMMARY SHEET

### Audit of medical practice (CQI activity)

Topic:

Reviewing SSRI use in older patients

Date:

Activity designed by (name of organisation, if relevant):

Bpac<sup>nz</sup>

Doctor's name:

Results discussed with peer group or colleagues?

Yes

No

Date:

### FIRST CYCLE

**DATA:** Date of data collection:

**CHECK:** Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

**ACTION:** Describe how these improvements will be implemented.

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

## SECOND CYCLE

**DATA:** Date of data collection:

**CHECK:** Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

**ACTION:** Describe how these improvements will be implemented.

**MONITOR:** Describe how well the process is working.

**COMMENTS:**