

## Data sheet – cycle 1 Identifying patients who may benefit from “stepping down” PPI treatment

| Patient taking a PPI | A. Evidence in patient’s notes of a current indication for continued PPI use | B. Evidence in patient’s notes of a discussion about stepping down the dose or stopping PPI treatment | If no tick in either column A or column B: flagged for review |
|----------------------|--|---|---|
| 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                   |  |   |   |

**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 Identifying patients who may benefit from “stepping down” PPI treatment

| Patient taking a PPI | A. Evidence in patient’s notes of a current indication for continued PPI use | B. Evidence in patient’s notes of a discussion about stepping down the dose or stopping PPI treatment | If no tick in either column A or column B: flagged for review |
|----------------------|--|---|---|
| 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                   |  |   |   |

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



## SUMMARY SHEET

### Audit of medical practice (CQI activity)

Topic:

Identifying patients who may benefit from "stepping down" PPI treatment

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:**