

EPiC Reflect & Audit: Asthma

EPiC Reflect guides you through the process of reviewing your own/practice EPiC data*, comparing it to national data, and considering the evidence for best practice. The notes and associated resources can help you to set actions to address inequities, create changes to your current practice and plan quality improvements. Reflecting in this way may help you to incorporate your learning into your everyday practice and to have more effective conversations with colleagues and patients. **The EPiC dashboard shows subsidised prescriptions that have been dispensed in the community (ie, it is not a record of prescriptions written).*

Meeting your CPD requirements

EPiC Reflect activities can be included in a health professional's CME. Many of the elements involve reflecting on learning and fit with the goals of the [RNZCGP Te Whanake CPD programme](#) (medical education, patient outcomes, reviewing practices, and cultural safety and equity).

Foundation Standard and Cornerstone applications

If you repeat the EPiC Reflect cycle after a specified time and document the changes that occurred, you will have completed an audit or continuous quality improvement (CQI) activity – see page 6. The activity can be incorporated into your practice's Quality Plan (RNZCGP [Foundation Standard indicators 8.1 and 8.2](#)). For a more intensive focus, use your activities for the RNZCGP [Cornerstone CQI](#) project or as a CQI initiative to improve equitable health outcomes for the [Cornerstone Equity](#) module.

How to complete EPiC Reflect

This activity encourages you to reflect on your current practice and to set goals and establish the actions you will take to achieve these goals. You can do these activities as an individual or as a practice team.

1. Download this document and save it to your device, then work your way through each of the reflection examples and type your notes in the spaces provided in the editable table.
2. For each of the four data stories listed in the table below for Asthma (**Prevalence, SABA-only use, Total SABA inhaler use, and Maintenance therapy**)
 - in the first column of the table, think about the points to consider (or make up your own)
 - in the second column, type in what the data show you (use your own data if you are a prescriber or use national data if you're not)
 - in the third column, record your learning notes, reflection notes, and your proposed actions.

You will see that we have provided example answers to help you formulate your notes. You can use these and/or add your own thoughts.

3. To continue the process and complete a practice audit or CQI activity, work through the Audit section from page 6.
4. Upload this document to your professional development learning record upon completion.

Points to consider for each data story	What do the data show? View the EPiC data displays and write notes for yourself and/or your practice in this column, as per the examples below.	Your learning, reflections, and actions Write your notes in this column, using the examples below as prompts. Learning notes: What are possible conclusions I can draw from the data? Reflection notes: What do the data make me think and feel about my current practice eg, might any internal bias be shown in the data? Actions: Are there are any changes I could make to my practice in response to these data?
Prevalence		
<p>How many of my patients have asthma? What percentage of my patients does this represent and how does this compare with our practice and national data?</p> <p>Are any population groups over-represented when filtering the data by age, gender, ethnicity or socioeconomic deprivation quintile?</p>		

SABA-only use

What percentage of my patients received SABA alone (without maintenance therapy) in the last 12 months?

Of the people who received SABA alone, how many had oral corticosteroids dispensed? What percentage of SABA-only patients was this?

What variations are apparent in SABA-only and oral corticosteroids dispensings for different demographic groups (eg, when filtering by ethnicity or age)?

How does our practice and my patients compare with national patients?

Total SABA inhaler use

How many of my patients have been dispensed ≥ 6 SABA inhalers over a 12-month period?

What percentage of my patients and patients at our practice are dispensed ≥ 6 SABA inhalers – and how does this compare with national patients?

How do different demographic groups compare when looking at people dispensed ≥ 6 SABA inhalers?

Of those patients dispensed ≥ 6 SABA inhalers over 12 months, which maintenance therapy are they predominantly dispensed?

Maintenance therapy

What percentage of my patients and patients at our practice are dispensed ICS, ICS/LABA, AIR /SMART, or no maintenance therapy?

How does this compare with national data?

How do different demographic groups compare in prescribing of maintenance treatment?

Turn your reflections into a formal practice audit or CQI activity

- Using findings from some of your reflections above, and using data from EPiC Asthma, create a plan to implement some changes or improvements in your practice.
- Record data from a first cycle (data capture one) in the table below and then re-examine your data over a subsequent timeframe and record in the second cycle (data capture two) table below.
- We have provided examples in the tables to help guide you with your data entry, but you may wish to choose other measures for your data capture and different change/improvement ideas.

Your completed activity can be incorporated into your practice's Quality Plan ([Foundation Standard indicators 8.1 and 8.2](#)) or incorporated into your RNZCGP [Cornerstone CQI project](#) or [Cornerstone Equity module](#).

Audit/CQI activity: Asthma			
Date of audit:			
Data year-end date (Show the EPiC data end date for initial data capture)	Data capture <u>one</u> (Select measures from the EPiC dashboard – we have provided some examples below)	Change/improvement ideas (Consider your data in the previous column; are there any potential implications for health equity? Select change ideas that will work for your community, they can be small or large changes – we have provided some examples below)	Complete by (date) (Add the date by when you plan to complete the change ideas)

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Data year-end date (Show the EPiC data end date for initial data capture – pick a capture date at least six months after data capture one)	Data capture <u>two</u> (Select the same measures from the EPiC dashboard that you used in data capture one – we have provided examples below)	Percentage change (Record the percentage change between the first and second data captures)	Outcomes/lessons learned (Write a statement about your audit and data – do you think your changes made an impact? What learning has come from the activity? Will you implement any of the changes?)

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* Definitions for ‘your patients’ and ‘your practice patients’

Your Patients

'Your patients' refers to anyone who has had a medicine dispensed from a prescription you provided. This includes patients in your regular practice and will also include any patients who had a medicine dispensed from a prescription that you provided in any other location, such as at an afterhours healthcare setting.

Patients in your practice

'Patients in your practice' or 'your practice patients' refers to any dispensing for patients registered at the practice where most of your prescriptions are written. These medicines will include those dispensed from prescriptions provided by other prescribers working at your regular practice, as well as medicines dispensed to patients enrolled at this practice but provided by prescribers working in other settings, such as specialists, in secondary care or in afterhours settings.



PHARMACEUTICAL SOCIETY
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This activity has been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for CME credits for continuing professional development purposes (1 credit per learning hour). To claim your CPD credits, log in to your Te Whanake dashboard and record these activities under the appropriate learning category.

This activity has been endorsed by the PSNZ as suitable for inclusion in a pharmacist's CE records for CPD purposes.

Nurses may also find that completing this activity and reflecting on their learning can count as a professional development required by the Nursing Council of New Zealand.

This EPiC Reflect audit/CQI activity has been reviewed by Ben Firestone. Ben is a pharmacist and has a role as Population Health Clinical Pharmacist Pou Rongoā Matū with Health Hawke's Bay – Te Oranga o Te Matau-a-Māui.