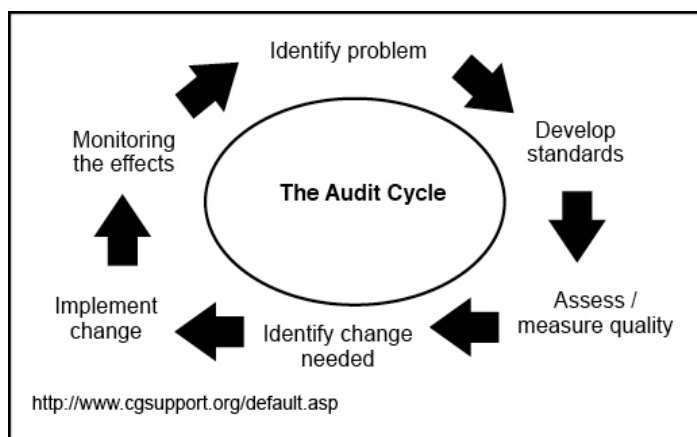


# THE AUDIT CYCLE - CHF EXAMPLE

Remind yourself about Clinical Audit and the Audit Cycle by referring to your Phase III handbook for the General Practice, Public Health and Occupational Medicine attachment.



Complete the following sections of the Audit Cycle in relation to a small audit your tutor would like carried out or an area of your own interest.

Your answers should be brief and to the point. We do not expect a full audit report.

1. Identify the problem and select an appropriate audit topic.

How/why did you choose this topic?

All patients diagnosed with LVF should be considered for treatment with an ACE inhibitor.

Chosen because - of interest to me and also is a QoF indicator so of interest to the practice. It is an important guideline and can improve the mortality of patients with CHF.

2. Choose appropriate criteria and standards.

We do not expect a literature review. Simply find appropriate criteria/standards for your audit.

How did you do this? Give a reference(s) for these criteria/standards.

Criteria:

All patients with heart failure should be considered for treatment with ACE inhibitors (or ARBs). This is a grade A recommendation from SIGN 95: Management of Chronic Heart Failure, Feb 2007.

Standard:

SIGN guidance suggests all patients i.e 100% unless contraindicated.

Are the criteria and standards evidence-based?

Yes criteria and standards are evidence based.

If so, what is the source and quality of the evidence?

Grade A evidence as listed in SIGN 95: evidence taken from meta-analyses to show ACE inhibitors increase survival in patients with heart failure

3. Assess/measure quality by collecting and analysing the data.

What data did you collect for this audit?

All patients coded for heart failure were targeted. From this list a further list of patients for whom no prescription of an ACE inhibitor or ARB was collated. The notes of these patients were checked to see if there was a reason documented for not being on either an ACEi or and ARB.

What was the source of this data and how did you retrieve it?

The source of this data was the practice computer system (e.g EMIS). One of the practice partners helped me using the audit system to compile the list of patients.

How did you analyse the data?

EMIS provided the list of patients with CHF and no prescription for ACEi or ARB. On looking at the notes I recorded the number of patients without a documented contraindication to starting an ACEi or ARB.

Give a brief summary of the results.

E.g ?? patients had a diagnosis of CHF. Of these ?? (??%) had a prescription for ACEi or ARB. Of the patients that did not have an appropriate prescription ??(%) had no documented contraindication. This does not meet the 100% standard SIGN would suggest.

4. Identify the change needed.

If the standards are not met what changes need to be implemented in the practice?

More patients with a diagnosis of CHF should receive treatment with ACEi or ARB, or should have a contraindication documented in the notes.

5. Implement the change.

Practically, how might these changes be introduced in the practice?

The patients that did not appear to be on appropriate therapy could be sent a letter and invited to attend the practice to discuss treatment with their GP.

6. Monitor the effects/Closing the audit loop.

When would you want to re-audit this topic?

To allow for letters to be sent, patients to attend and treatment to be implemented it might be sensible to conduct a re-audit in 6months to 1year.