FORM C

SAMPLE AUDIT PROJECT REPORT

Audit Project: Secondary Prevention of Ischaemic Heart Disease

Practice: McKowie & Partners

Population: 3,425

Address: 75 Highland Way, Paislarbert.

Date of Completion: March 2003

1. Reason for the Audit

Ischaemic heart disease (IHD) is a major cause of morbidity and mortality throughout the UK, but especially in west central Scotland. Secondary prevention of IHD is a national health care priority and a clinical guideline containing evidence-based recommendations has been developed to assist clinical staff take appropriate measures. IHD is also a priority audit area for the local primary care trust. Our practice contains a large number of patients who have had an MI but we have yet to adequately monitor how we are dealing with this patient group. We believe there is the potential to make substantial improvements to the way we monitor and treat these patients within the practice, leading to demonstrable improvements in the care of this important patient group.

2. Criteria to be Measured

Based on the evidence-based recommendations contained in the relevant SIGN guideline [1], we agreed to measure performance with regard to the following 3 criteria:

- Patients post MI should be taking an anti-platelet, unless contraindicated.
- Patients post MI should be prescribed beta-blockers, unless contraindicated.
- Patents post MI should have a cholesterol <5mmol/l.

3. Standards Set

We agreed the following standard levels were attainable within a 6-month period:

- 90% of patients post MI should be taking an anti-platelet, unless contraindicated.
- 70% of patients post MI should be taking beta-blockers, unless contraindicated.
- 70% of patents post MI should have a cholesterol <5mmol/l.

We chose these particular standards because it should be quite straightforward to ensure that the majority of patients are taking an anti-platelet. However, more patients are likely to have contra-indications to taking beta-blockers, be non-compliant or potentially suffer side effects.

4. Preparation and Planning

The decision to undertake the audit was discussed and agreed at a practice team meeting involving all three partners, the practice nurses and the practice manager in September 2002. The practice manager undertook to identify all post MI patients on the practice computer system and this was cross checked against those who were on repeat prescriptions for the 3 drugs outlined. A copy of the relevant section of the appropriate SIGN guideline had been circulated for comment. The casenotes of patients who were not on one or more of the relevant drugs were pulled and reviewed by a designated practice nurse.

5. Data Collection (1)

In total 60 post MI patients were identified from the computer search. A review of the casenotes of those not prescribed the relevant drugs found two patients who were consistently non-compliant in attending practice appointments and a number who had contra-indications.

Criterion	Standard	Contraindications	Currently Prescribed?
		(n)	n(%)
Patients post MI should be taking an Anti-platelet	**90%**	0	40/60 **(67%)**
Patients post MI should be prescribed Beta-blockers	**70%**	6	30/54 **(56%)**
Patients post MI should have a cholesterol <5mmol/l	**70%**	0	32/60 **(53%)**

It is clear from the results that all three criteria were not meeting the standards set and that practice in this area could be improved.

6. Implementation of Change

The practice nurse presented the results of the first data collection at the team meeting in October 2002. The team agreed the results were disappointing but were confident that improvements could be made. In the short term, the following measures were agreed:

- To immediately write to all post MI patients not on the relevant drugs or without a cholesterol level asking them to attend the surgery for a review of their medication and/or cholesterol.
- To look at the potential of developing a nurse-led protocol for managing patients with both IHD and cebrovascular disease.
- To repeat the data collection in 3-months time and on an annual basis for the next 3 years.

7. Data Collection (2)

In total 58 patients were identified from the practice computer system. Two patients had died in the intervening period since the first data collection.

Criterion	Standard	Contraindications	1st Data Collection	2nd Data Collection
		(n)	n(%)	n(%)
Patients post MI should be taking an Anti-platelet	**90%**	0	40/60 **(67%)**	56/58 **(97%)**
Patients post MI should be prescribed Beta-blockers	**70%**	0	30/54 **(56%)**	37/52 **(71%)**
Patients post MI should have a cholesterol <5mmol/l	**70%**	0	32/60 **(53%)**	43/58 **(74%)**

The figures from the second data collection clearly show that the results have improved since the initial data collection and that the various standards set have now been reached within the time-scale specified.

8. Conclusions

The audit has shown some marked improvements in the way we manage our patients post MI. It was initially disappointing that we did not come closer to the standards we first set ourselves. However, the changes we introduced and evaluated through a second data collection have shown us that we can measurably improve the care we provide to this patient group by using the audit process, at least in the short term. The challenge for the practice is to set up an evidence-based protocol-based system for these patients that can be managed by the practice nurse with complementary input from the practice medical staff. We will repeat this audit on an annual basis in the immediate future in order to monitor the care we provide in this area.

REFERENCES

1 Scottish Intercollegiate Guidelines Network (SIGN) Guideline Number 41. Secondary Prevention of Coronary Heart Disease following Myocardial Infarction, January 2000.

Please see section 3A(1b) Prescribing for an example of a completed management plan and case report.