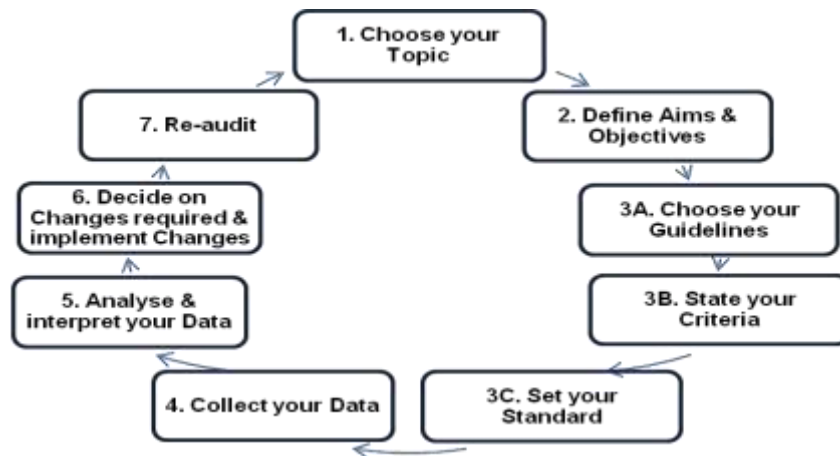




## Cardiovascular Disease Sample Audit



### **ICGP QUALITY IN PRACTICE COMMITTEE**

#### AUTHORS

Dr. John Cox Dr. Maria O'Mahony

Reviewed July 2019 by Dr John Cox

## **Purpose of ICGP sample audits on specific topics**

The purpose of the ICGP sample audit for each topic area is to provide practitioners with audit topic proposals and related tools in order to aid them in carrying out a clinical audit in this topic area. For each topic, a specific guideline is chosen which identifies best practice for the relevant topic. Following this, examples of the elements of care or activity that could be measured are provided – these are referred to as “criteria”. Finally, examples of the type of data that is required in order to audit the sample criteria are provided. A separate document, the ICGP Audit Toolkit, provides detailed generic instructions on how to carry out and report your audit and is available at [www.icgp.ie/audit](http://www.icgp.ie/audit)

**Sample Audit Topic:** Cardiovascular Disease

### **Disclaimer**

In all instances where ‘your patients’ are referred to, this can be taken to mean the patients you see. Where ‘your practice’ is mentioned, this refers to the work you do, not necessarily that you need to be based in one particular practice.

### **Evidence:**

ICGP Cardiovascular Disease Quick Reference Guide –2013  
“Cardiovascular Disease Prevention in General Practice”  
Authors: Dr John Cox, Professor Ian Graham

### **Professional Competence Domains:**

Clinical Skills  
Management  
Patient Safety and Quality of Care

### **Sample Criteria**

1. A general practitioner should assess CVD risk in men  $\geq 40$  years, and in women  $\geq 50$  years, or if postmenopausal.
2. A general practitioner should assess CVD risk when one or more of the following risk factors are present: smoking, overweight, hyperlipidaemia, hypertension or diabetes mellitus.
3. Stage 1 hypertension is present when the clinic blood pressure is 140/90 mmHg or higher and subsequent ABPM daytime average (or HBPM average) blood pressure is 135/85 mmHg or higher.

In those with stage 1 hypertension, antihypertensive drug treatment is recommended for people aged under 80 years who have one or more of the following:

- Target organ damage (e.g. left ventricular hypertrophy, hypertensive retinopathy)
- Established cardiovascular disease (e.g. ischaemic heart disease or cerebrovascular disease)
- Renal disease e.g. chronic kidney disease stage 1 to 5 as diagnosed by eGFR
- Diabetes (See Section 3.6)
- 10-year cardiovascular risk equivalent to 20% or greater, (Joint British Societies Cardiovascular Disease Risk Assessment Charts) which would be equivalent to a 10 year risk of fatal CVD of 5% or greater using HeartScore

4. Stage 2 hypertension is present when clinic blood pressure is 160/100 mmHg or higher and subsequent ABPM daytime average (or HBPM) average blood pressure is 150/95 mmHg or higher. Antihypertensive drug treatment is offered to people of any age with stage 2 hypertension.

5. Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) should not be combined.

Choose the criteria (criterion) from the above on which to conduct your audit and then set your standard (sometimes known as your target). This is your desired level of performance and is usually stated as a percentage. Beware of setting standards of 100%; standards should be realistic for your practice (perfection may not be possible).

There is no minimum or maximum number of patients stipulated, however your sample should include current/recent patients. In general if you have a very small number of patients with the condition being considered, it is recommended that you examine a greater number of criteria in these patients. By contrast in an audit of a very large number of patients it may only be necessary to examine one criterion.

**The aim of a Data Collection tool is** to provide examples of the types of data that are required in order to audit each sample criteria.

**Criteria 1:**

"A general practitioner should assess CVD risk in men  $\geq 40$  years, and in women  $\geq 50$  years, or if postmenopausal."

**Data Collection Tool:**

- Number of patients reviewed for this audit (to include only men  $\geq 40$  years, women  $\geq 50$  years, or postmenopausal women)
- Number of these patients who have CVD risk documented

**Criteria 2:**

"A general practitioner should assess CVD risk when one or more of the following risk factors are present: smoking, overweight, hyperlipidaemia, hypertension or diabetes mellitus."

**Data Collection Tool:**

- Number of patients reviewed for this audit (one or more of the following risk factors must be present: smoking, overweight, hyperlipidaemia, hypertension or diabetes mellitus).
- Number of these patients who have CVD risk documented

**Criteria 3:**

"Stage 1 hypertension is present when the clinic blood pressure is 140/90 mmHg or higher and subsequent ABPM daytime average (or HBPM average) blood pressure is 135/85 mmHg or higher.

In those with stage 1 hypertension, antihypertensive drug treatment is recommended for people aged under 80 years who have one or more of the following risk factors:

- Target organ damage (e.g. left ventricular hypertrophy, hypertensive retinopathy)
- Established cardiovascular disease (e.g. ischaemic heart disease or cerebrovascular disease).
- Renal disease e.g. chronic kidney disease stage 1 to 5 as diagnosed by eGFR.
- Diabetes (See Section 3.6)
- 10-year cardiovascular risk equivalent to 20% or greater, (Joint British Societies Cardiovascular Disease Risk Assessment Charts) which would be equivalent to a 10 year risk of fatal CVD of 5% or greater using HeartScore"

**Data Collection Tool:**

- Number of patients reviewed for this audit (to include only patients aged under 80 yrs)
- Number of these patients whose clinic blood pressure was 140/90 mmHg or higher and subsequent ABPM daytime average (or HBPM average) blood pressure was 135/85 mmHg or higher
- Number of these patients who are documented as having Stage 1 Hypertension
- Number of these patients with Stage 1 Hypertension who have one or more of the above risk factors
- Number of these patients taking antihypertensive medication
- Number of these patients not taking antihypertensive medication

**Criteria 4:**

"Stage 2 hypertension is present when clinic blood pressure is 160/100 mmHg or higher and subsequent ABPM daytime average (or HBPM) average blood pressure is 150/95 mmHg or higher. Antihypertensive drug treatment is offered to people of any age with stage 2 hypertension."

**Data Collection Tool:**

- Number of patients reviewed for this audit
- Number of these patients whose clinic blood pressure is 160/100 mmHg or higher and subsequent ABPM daytime average (or HBPM) average blood pressure is 150/95 mmHg or higher
- Number of these patients who are documented as having Stage 2 Hypertension
- Number of these patients taking antihypertensive drug treatment
- Number of these patients not taking antihypertensive drug treatment

**Criteria 5:**

"Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) should not be combined."

**Data Collection Tool:**

- Number of patients with Hypertension reviewed for this audit
- Number of these patients taking Angiotensin-converting enzyme (ACE) inhibitors
- Number of these patients taking Angiotensin II receptor blockers (ARBs)
- Number of these patients taking both Angiotensin-converting enzyme (ACE) inhibitors and Angiotensin II receptor blockers (ARBs) in combination

The next steps are to:

- Analyse and interpret your data via comparison with your target
- Decide on what changes need to be made and implement these changes
- Re-audit your practice

A detailed explanation of all of these steps can be found in the ICGP Audit Toolkit, which is available on the ICGP Website at: [www.icgp.ie/audit](http://www.icgp.ie/audit)