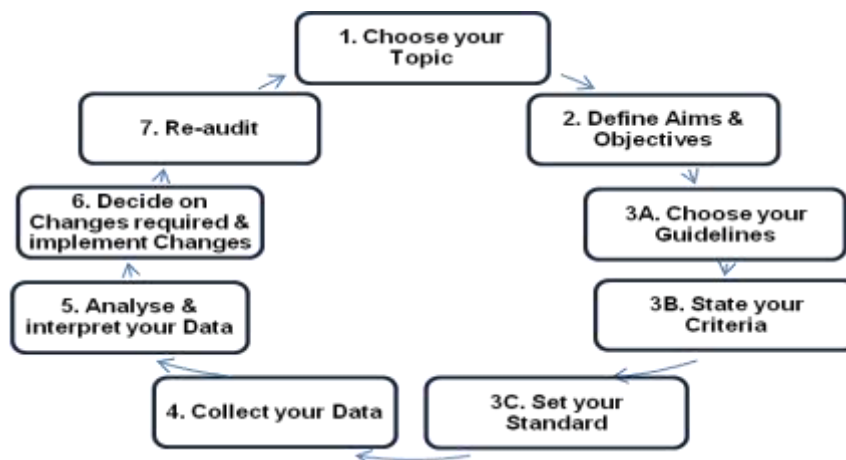




Cardiovascular Disease Prevention Sample Audit



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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.

Sample Audit Topic: Cardiovascular Disease Prevention.

Evidence: 2016 ESC Prevention Guidelines

<https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/CVD-Prevention-in-clinical-practice-European-Guidelines-on>

Professional Competence Domains: Clinical Skills
Management
Patient Safety and Quality of Care

Sample Criteria

1. Smoking – no exposure to tobacco.
2. BMI target is < 25kg/m
3. Blood Pressure target is <140/90 mmHg

4. Lipids

LDL is the primary target: Very high-risk: <1.8 mmol/L (<70 mg/dL); High-risk: <2.6mmol/L (<100 mg/dL), Low to moderate risk: <3.0 mmol/L (<115 mg/dL).

HDL - no target but >1.0 mmol/L (>40mg/dL) in men and >1.2 mmol/L (>45 mg/dL) in women indicate lower risk.

Triglycerides - no target but <1.7 mmol/L (<150 mg/dL) indicates lower risk and higher A view was expressed that primary care physicians might prefer a single general.

5. CKD is associated with an increased risk of CVD, independent of conventional CVD risk factors. Based on the evidence, the Task Force decided to classify patients with severe CKD (GFR,30 mL/min/1.73 m²) as 'very high risk' and those with moderate CKD (GFR 30 –59 mL/min/1.73m²) as 'high risk'.

Choose the criteria 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 ICGP/SURF uploader tool available at the time of writing in the Socrates system will assist you to undertake this audit by extracting the relevant data for you and returning your own practice based report.

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 criterion.

Criteria 1

Smoking – no exposure to tobacco.

Data Collection Tool (*the 'recorded' aspect of the criteria*):

- Number of patients at risk of CVD included in this audit
- Number/percentage of these patients who have their smoking status recorded
- Number/percentage of the above who are smokers

Criteria 2

BMI target is < 25kg/m

Data Collection Tool (*the 'recorded' aspect of the criteria*):

- Number of patients at risk of CVD included in this audit
- Number/percentage of these patients who have their BMI recorded
- Number/percentage of the above whose BMI is ≥25kg/m

Criteria 3

Blood Pressure target is <140/90 mmHg

Data Collection Tool (*the 'recorded' aspect of the criteria*):

- Number of patients at risk of CVD included in this audit
- Number/percentage of these patients who have their BP recorded
- Number/percentage of the above whose BP is >140/90 mmHg

Criteria 4

LDL is the primary target: Very high-risk: <1.8 mmol/L (<70 mg/dL); High-risk: <2.6mmol/L (<100 mg/dL), Low to moderate risk: <3.0 mmol/L (<115 mg/dL). HDL - no target but >1.0 mmol/L (>40mg/dL) in men and >1.2 mmol/L (>45 mg/dL) in women indicate lower risk.

Triglycerides - no target but <1.7 mmol/L (<150 mg/dL) indicates lower risk and higher A view was expressed that primary care physicians might prefer a single general.

Data Collection Tool (*the 'recorded' aspect of the criteria*):

- Number of patients at risk of CVD included in this audit
- Number/percentage of these patients who have their LDL recorded
- Number/percentage of the above whose LDL > 3.0 mmol/L
- Number/percentage of these patients who have their HDL recorded
- Number/percentage of the above males whose HDL \leq 1.0 mmol/L and females whose HDL \leq 1.2 mmol/L
- Number/percentage of these patients who have their Triglycerides recorded
- Number/percentage of the above whose Triglycerides \geq 1.7 mmol/L

Criteria 5

CKD is associated with an increased risk of CVD, independent of conventional CVD risk factors. Based on the evidence, the Task Force decided to classify patients with severe CKD (GFR,30 mL/min/1.73 m²) as 'very high risk' and those with moderate CKD (GFR 30 –59 mL/min/1.73m²) as 'high risk'.

Data Collection Tool (*the 'recorded' aspect of the criteria*):

- Number of patients at risk of CVD included in this audit
- Number/percentage of these patients who have their CKD recorded
- Number/percentage of these patients who have an eGFR <30
- Number/percentage of these patients who have an eGFR 30-59

The next steps are to:

- Analyse and interpret your data via comparison with your target
- Decide on what changes need to be made and to implement these changes
- Re-audit your (individual) 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: <http://www.icgp.ie/audit>