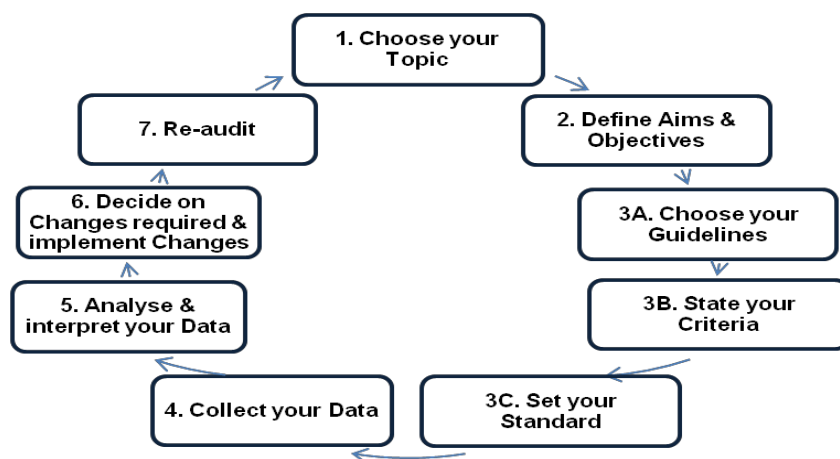




Heart Failure Sample Audit



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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: Heart Failure

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:

2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) European Heart Journal 37, 2129-2200 <https://academic.oup.com/eurheartj/article/37/27/2129/1748921>

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

Sample Criteria

Criteria 1: Patients with suspected heart failure should have an objective assessment of cardiac function, such as echocardiography.

Criteria 2: Unless contraindicated or not tolerated, an ACE inhibitor should be used in all patients with symptomatic HF and a LVEF <40%.

Criteria 3: Unless contraindicated or not tolerated, a β -blocker should be used in all patients with symptomatic HF and an LVEF <40%.

Criteria 4: It is recommended that patients receive support and advice and be motivated to stop smoking.

Criteria 5: Pneumococcal vaccination and annual influenza vaccination should be considered in patients with symptomatic HF without known contraindications.

Criteria 6: Systolic and diastolic blood pressure should be carefully controlled with a therapeutic target of $\leq 140/90$.

Criteria 7: An MRA (Mineralocorticoid receptor antagonist) is recommended for all patients with persisting symptoms and an LVEF $\leq 35\%$ despite treatment with an ACE inhibitor (or an ARB if an ACE inhibitor is not tolerated) and a beta-blocker to reduce the risk of HF hospitalisation and the risk of premature death.

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).

Please note if you are a Socrates user, and have used the ICPRN Heart Failure audit tool, the data for criteria 5 and 6 is contained within the practice report you received. For the other criteria, you will need to review your patient files.

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 criterion.

Criteria 1

Patients with suspected heart failure should have an objective assessment of cardiac function, such as echocardiography.

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

- Number of patients with suspected heart failure
- Number of patients with suspected heart failure who have had an objective assessment of cardiac function, such as echocardiography

Criteria 2

Unless contraindicated or not tolerated, an ACE inhibitor should be used in all patients with symptomatic HF and a LVEF <40%.

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

- Number of patients with symptomatic Heart Failure
- Number of these patients who have a LVEF <40%
- Number of these patients on an ACE inhibitor

Criteria 3

Unless contraindicated or not tolerated, a β -blocker should be used in all patients with symptomatic HF and an LVEF <40%

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

- Number of patients with symptomatic Heart Failure
- Number of these patients who have a LVEF <40%
- Number of these patients on a β -blocker

Criteria 4

It is recommended that patients receive support and advice and be motivated to stop smoking.

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

- Number of patients with heart failure
- Number of these patients who have their current smoking status documented
- Number of these smokers who have had been received or referred for smoking cessation advice

Criteria 5

Pneumococcal vaccination and annual influenza vaccination should be considered in patients with symptomatic HF without known contraindications.

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

- Number of patients with symptomatic Heart Failure
- Number of patients with symptomatic Heart Failure with no known contraindications for vaccination
- Number of these patients who have ever had pneumococcal vaccination
- Number of these patients who had an influenza vaccination in the last 12 months

Criteria 6

Systolic and diastolic blood pressure should be carefully controlled with a therapeutic target of $\leq 140/90$

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

- Number of patients with Heart Failure
- Number of these whose blood pressure is $\leq 140/90$

Criteria 7

An MRA (Mineralocorticoid receptor antagonist) is recommended for all patients with persisting symptoms and an LVEF $\leq 35\%$ despite treatment with an ACE inhibitor (or an ARB if an ACE inhibitor is not tolerated) and a β -blocker to reduce the risk of HF hospitalisation and the risk of premature death

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

- Number of patients with symptomatic Heart Failure
- Number of these patients who have a LVEF $\leq 35\%$
- Number of these patients on an ACE inhibitor (or ARB) and a β -blocker
- Number of these patients on a MRA

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>