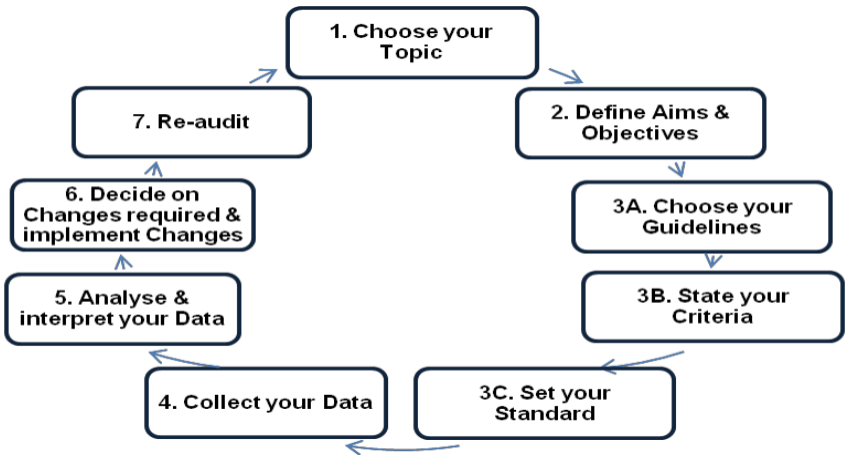
May 2019

Direct Oral Anticoagulant (DOAC) Sample Audit



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: Direct oral anticoagulants

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:

2018 European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist oral anticoagulants in patients with atrial fibrillation

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

Sample Criteria

Criteria 1: Patients taking a DOAC should have the indication for, and duration of, taking the DOAC clearly recorded on their file.
Criteria 2: Patients on a reduced DOAC dose should have a clear indication of why a reduced dose is being used
Criteria 3: Patients on a DOAC should have a haemaglobin, liver function test and renal profile recorded every 12 months at a minimum.
Criteria 4: Patients on a DOAC should have a creatinine clearance calculated using the Cockcroft Gault formula
Criteria 5: Patients taking a DOAC and an antiplatelet agent should have a clear indication for taking both agents recorded on their file.

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 member of IPCRN and have sent data via the heart failure uploader, 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 taking a DOAC should have the indication for and duration of taking the DOAC clearly recorded on their file.

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

- Number of patients currently taking a DOAC
- Number of patients currently taking a DOAC who have the indication for and duration of taking the DOAC clearly recorded on their file

Criteria 2

Patients on a reduced DOAC dose should have a clear indication of why a reduced dose is being used

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

- Number of patients currently taking a DOAC
- Number of patients currently taking a DOAC at a reduced dose
- Number of patients currently taking a DOAC at a reduced dose with a reason recorded for the reduced dose

Criteria 3

Patients on a DOAC should have a haemaglobin, liver function test and renal profile recorded every 12 months at a minimum.

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

- Number of patients currently taking a DOAC
- Number of patients currently taking a DOAC who have add all of a haemaglobin, renal profile and liver function test recorded on file in the last 12 months
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Criteria 4

Patients on a DOAC should have a creatinine clearance calculated using the Cockcroft Gault formula

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

- Number of patients currently taking a DOAC
- Number of patients currently taking a DOAC who have a creatinine clearance calculated using the Cockcroft Gault formula recorded on file

Criteria 5

Patients taking a DOAC and an antiplatelet agent should have a clear indication for taking both agents recorded on their file.

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

- Number of patients currently taking a DOAC
- Number of patients currently taking a DOAC who are also currently taking an antiplatelet agent
- Number of patients currently taking a DOAC who are also currently taking an antiplatelet agent and have a clear indication for taking the antiplatelet agent recorded.

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