

CLINICAL AUDIT TO IMPROVE THE MANAGEMENT OF SYSTOLIC CHRONIC HEART FAILURE (CHF) IN AUSTRALIAN GENERAL PRACTICES

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Introduction: GPs compared their management of systolic chronic heart failure (CHF) with national guidelines by participation in a clinical audit. The audit was part of a multi-faceted intervention program.

Method: GPs were invited to review the management of 10 patients with systolic CHF i.e. left ventricular ejection fraction (LEVF) < 40% during May to July 2008. The audit assessed the use of relevant investigations, the choice and dosing of drug therapies and drugs that exacerbate CHF. Individual and aggregate feedback based in clinical indicators with expert commentary was provided. Participants completed a second data collection to review investigations and appropriate dosing of evidence-based drug therapies and reflect on changes in practice.

Results: Data from 673 GPs for 5512 patients with systolic CHF was aggregated (data for patients with diastolic CHF was excluded). 85% of patients had their diagnosis confirmed by an echocardiogram, only 38% by echocardiogram plus electrocardiogram plus chest x-ray. 90% of patients were using an ACE inhibitor or angiotensin-II receptor antagonist unless contraindicated. 61% of patients using an ACE inhibitor had their dose increased since initiation and 71% were within recommended target daily dose range. 68% of patients used a heart failure-specific beta blocker unless contraindicated however only 43% achieved recommended target daily dose. 20% of patients use medications that may exacerbate CHF.

Conclusion: This clinical audit has identified gaps in current practice that need to be improved. An increase in the uptake of the use of evidence based drug therapies and their appropriate dosing will improve/optimize overall management of CHF.