
154. Can quality improvement interventions optimise practice? The Discharge Management of Acute Coronary syndromes (DMACS) initiative

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Objective:

The Discharge Management of Acute Coronary Syndromes (DMACS) project aimed to optimise: prescription of guideline-recommended (1) medications ; education on lifestyle modifications; and communication with patients and general practitioners (GP). We describe changes in practice in the discharge management of patients with a discharge diagnosis of ACS, after targeted intervention.

Methods:

49 Australian hospitals participated in a drug use evaluation cycle (audit, feedback, intervention and re-audit) from June 2008 until November 2009. Process-of-care measures included guideline-recommended medications prescribed at discharge; referral to cardiac rehabilitation (CR); documentation of an ongoing ACS management plan and its communication to patients and GPs. Interventions included feedback of hospital (compared with state and national) results at educational meetings, academic detailing and point-of-care reminders.

Results:

1545 and 1589 patients were included in the pre- and post-intervention audits respectively. 1383 nurses, 951 prescribers, and 408 pharmacists participated in the academic detailing and/or educational meetings. After the intervention, more patients received all four classes of cardiovascular medications (a combination of an antiplatelet agent, angiotensin-modifying drug, beta blocker and a statin) at discharge (57% v 69%; $p < 0.0001$), short-acting nitrate (56% v 68%; $p < 0.0001$), documented referral to CR (57% v 68%; $p < 0.0001$), documented discharge medication counselling (64% v 75%; $p < 0.0001$), and documented smoking cessation counselling for current smokers (59% v 77%; $p < 0.0001$). The number of patients/carers receiving an ACS management plan increased (88% v 95%; $p < 0.0001$), with more GPs receiving the ongoing management plans in discharge summaries (74% v 80%; $p = 0.0001$).

Conclusion:

Feedback of comparative process-of-care measures combined with targeted education of hospital personnel was efficacious in enhancing adherence to guidelines in the discharge management of patients with ACS.

(1) The Acute Coronary Syndromes Guidelines Working Group. Med J Aust 2006;184:s1-s30