



131. Clinical e-Audit: an effective quality improvement activity to optimise treatment of ischaemic heart disease

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Purpose: To improve treatment of ischaemic heart disease (IHD) by GPs in Australia and review the acceptability and effectiveness of Clinical e-Audit as a method to implement changes to practice.

Methods: GPs were invited to review treatment of 20 patients with ischaemic heart disease using Clinical e-Audit (an electronic product that manages the audit-feedback-review cycle, developed in-house by NPS) during March to November 2007. The aim was to reduce risk of future cardiovascular events, optimise symptom control, and assess and manage coexisting conditions and adherence to medicines. Immediate patient specific feedback based on clinical indicators was provided to identify where changes in practice were required. GPs reflected on changes in practice and provided feedback on usability of Clinical e-Audit.

Results

279 GPs reviewed the treatment of 5580 patients with IHD and 221 completed the review phase. There was an increase in use of; antiplatelet agents (94% to 97.7%), beta blockers (66.1% to 75%) and statins (83.5% to 91%). Increases in achievement of total cholesterol of < 4 mmol/L (43.2% to 65.5%) and recommended target BP (64.1% to 88.5%) were also found. Use of nitrates and ACE inhibitors was already high, 96.3% and 98.9% respectively, but showed some improvement.

95% of GPs agreed that participation had assisted their review of clinical management for IHD. 98% were satisfied with their results. 64% stated that the audit had helped to identify sub-optimal adherence.

Most GPs were positive about the activity; adequacy of instructions, ease of navigation and minimal technical difficulties experienced. 83% preferred the electronic over paper formats and future participation was considered by 94%.

Conclusion

Clinical e-Audit is an effective and well accepted tool to assist in identifying and improving gaps in current practice. Measurement and review of evidence based clinical indicators improves quality of treatment for patients with IHD.

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Paper Abstract