

Ready-to-go series

**Aspirin audit - OTC sales TOPIC AUDIT
SECONDARY PREVENTION OF MI & Stroke**

INTRODUCTORY WORK BOOK: Optional Baseline

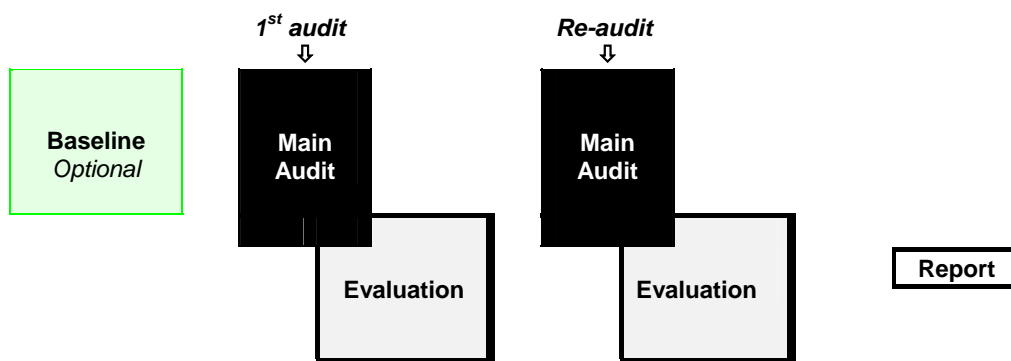
Review date: June 2007

Introduction

How often do we do something and think of ways that it could be improved if only....? In a busy practice it is all too easy to continue dealing with the same problems time and time again without stopping to think of solutions. The solutions often require the co-operation of others, and this may be time consuming. But if we do stop and think, a small investment of several people's time may be fruitful in the longer term.

The **Ready-to-go** series has been developed by the Royal Pharmaceutical Society to support quality improvement in Pharmaceutical Care by encouraging the adoption of evidence based practice and supporting established good practice. Audit is used as a tool to deliver quality improvements and encourage the evaluation of interventions. The **Ready-to-go** series is designed for ease of use by busy practitioners in their work place through the use of *Work Books*. A *Resource Pack* provides a reference source for the series.

The Work Books that support Topic Audits are shown in the diagram below.



This baseline survey is optional: it is designed for pharmacists who want to establish whether or not there is a problem that needs to be addressed in their own practice and to think about possible interventions before proceeding with a full audit. It is also a good starting point for those understanding an audit for the first time.

This programme has been designed to ensure that changes effected though audit are evidence based where ever possible, and reflect the standards and good practices set by the health professions.

Baseline Survey

This baseline survey will give you some information about over-the-counter sales of aspirin. The survey will provide you with some information that may be helpful when setting standards for a full audit designed to increase the appropriate use of low dose aspirin for the prevention of CHD. The information might also form a starting point for discussions with GPs and practice staff who share your interest and concern in achieving quality improvements, and delivering better patient care. It is important that the survey shows what your "normal" practice is. So we suggest that you resist the temptation to make any changes to your practice during the survey period.

Is there a problem?

Do you know if the people who are purchasing low dose aspirin have been advised to do so by a doctor or have informed their doctor they are taking it? Do they have a condition that warrants taking aspirin, have a contra-indication to it or realise the long-term benefits? Do you make a note that they are taking it in your PMR, if they are a regular customer?

When people purchase aspirin do you advise them to tell their doctor?

What are the consequences for the patient and others if their doctor does not know they are taking it or if it is contra-indicated?

How big an issue is it?

There is considerable evidence^{1 2} that the use of low dose aspirin in patients at high risk reduces the incidence of heart attacks (MI) or stroke. Research has shown that patients who should be receiving long term low dose aspirin therapy include people who have previously had a myocardial infarction (MI), angina, stroke, transient ischaemic attacks, and arterial bypass surgery or angioplasty and this is confirmed in the NSF for CHD.

An audit undertaken by community pharmacists in Ealing, Hounslow and Hammersmith³ showed that up to a quarter of customers took aspirin as a result of advice from a friend or relative, or from a magazine.

How frequently do you think people ask you for aspirin when their doctor doesn't know they are taking it?

never

rarely

sometimes

frequently

don't know

¹ Aspirin and myocardial infarction. Effectiveness Matters. Vol 1 Issue 1, April 1995.

² Antiplatelets Trialists' Collaboration. Collaborative overview of randomised trials of antiplatelet therapy. I. Prevention of death, myocardial infarction, and stroke by prolonged antiplatelet therapy in various categories of patients. BMJ 1994; **308**: 81-106

³ Ealing, Hammersmith & Hounslow Clinical Audit Centre, 1998

What can be measured?

- Information that you can easily collect might include:
- How many requests for aspirin do you receive each month?
 - What proportion of aspirin requests are for counter sales?
 - What is the most popular strength requested by Rx and OTC?
 - Do you record the OTC sales of aspirin in your PMR for regular customers?

What might be learned

- You might find out for example
- that your customers generally buy aspirin 75mg rather than get it on prescription
 - that your pharmacy PMR gives a complete/incomplete picture of aspirin use by regular customers

Data to be collected

- Number of aspirin sales (OTC)
- Number of aspirin prescriptions
- Strength of aspirin supplied for both OTC and prescription supplies
- For regular customers - if sales are recorded in PMR

Planning data collection

Before you start to collect data you need to familiarise yourself with the data collection form. The data collection forms can be removed from this Work Book and placed next to the work area where the data is collected.

You should take into consideration the variations in daily workload and staffing, and avoid starting the collection at the busiest part of the week/month/year.

Remember your staff will be involved in dealing with requests for aspirin. Involving them at this stage will provide a good introduction to the audit process.

This is a baseline survey only, so we suggest you collect data for one month, but this may be less if you have a high prescription turnover / sales in your pharmacy. If you wish to collect more data, you should photocopy the data collection form before you start.

Planned start date:

Key to baseline results

A	No of prescriptions for aspirin 300mg
B	No. of prescriptions for aspirin 75mg
C	No. of purchases of aspirin 300mg
D	No. of purchases of aspirin 75mg
E	No. of regular customers
F	No. where aspirin supply recorded on PMR

Aspirin supply - Baseline Data Collection

Selection Criteria	Aspirin supply	⇒ in response to customer request ⇒ on pharmacist recommendation ⇒ in response to a prescription
Data collection period	One month(month/year)

	Prescription supply		Over-the counter (OTC) sale			
	300mg	75mg	300mg	75mg	Regular Customer Y/N	PMR of aspirin supply Y/N
e.g.				✓	✓	<i>n</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
TOTAL						
	A	B	C	D	E	F

**Baseline
audit results**

Total number of customers receiving aspirin on Rx	A+B		=V
Total number of customers purchasing aspirin	C+D		=W
Number of customers receiving aspirin 300mg	A+C		=X
Number of customers receiving aspirin 75mg	B+D		=Y
Number of customers receiving aspirin	X+Y		=Z

Number of customers receiving aspirin (300mg and 75mg)/month

Z	
----------	--

Number of customers *purchasing* aspirin in one month (OTC sales)

W	
----------	--

Proportion of customers *purchasing* aspirin out of total

$(W \div Z) \times 100$	%
---	----------

Proportion of customers *prescribed* 300mg aspirin

$(A \div V) \times 100$	%
---	----------

Proportion of customers *prescribed* 75mg aspirin

$(B \div Z) \times 100$	%
---	----------

Proportion of customers *purchasing* 300mg aspirin

$(C \div W) \times 100$	%
---	----------

Proportion of customers *purchasing* 75mg aspirin

$(D \div W) \times 100$	%
---	----------

Proportion of customers receiving aspirin 300mg (Rx and OTC sales)

$(X \div Z) \times 100$	%
---	----------

Proportion of customers receiving aspirin 75mg (Rx and OTC sales)

$(Y \div Z) \times 100$	%
---	----------

Proportion of regular customers whose aspirin purchases are recorded on PMR

$(F \div E) \times 100$	%
---	----------

Conclusions

What does your
dose aspirin?

baseline audit tell you about use of low

What does this tell you about your own practice?

Preparing to change

Seeking further information from the customer may raise some practical issues:

- *How will you identify people at risk?*
- *What if they don't know why they are taking it?*
- *Do you have any leaflets you can give them?*
- *Where might you obtain a supply?*

You now have some information on the numbers of people that obtain aspirin from you and the proportion of these that are OTC sales. You also have some information on the most popular strength of aspirin supplied by each method.

If you decide to use your position as a pharmacist to more actively promote the use of aspirin in the secondary prevention of coronary heart disease (CHD) you will need to spend some time preparing to change.

To make a successful intervention you will

- a) need to find out why the person is taking aspirin
- b) decide how you will deal with queries
- c) need to have thought through the type of information and advice you can give
- d) need to be sure that the advice you are giving does not conflict with other advice the customer is receiving
- e) have discussed your approach with local GPs and invited them to help you

Practical Help

The next section of this Work Book provides you with some practical support to help you think through the issues *before* you try to bring about change. These exercises will also be good preparation if you chose to undertake the full audit in the **Ready-to-go** series.

These exercises have been designed for use by individual pharmacists, groups of pharmacists working together, or pharmacists working with GPs.

Plan your approach

For the best results it is important to think through the change process and plan your approach - so before making any intervention based on evidence you should consider:

- the opportunities you have to bring about change
- suitable interventions
- any ethical dilemmas you may face
- your motivation to implement change
- gaining support for your planned intervention/s
- your measure of 'success'

Opportunities to bring about change

List the opportunities that arise during the course of your daily practice to improve customer understanding of aspirin use in secondary prevention e.g. requests for aspirin (on prescription or OTC sale), request for nitrates

Do you have a protocol for the OTC sale of aspirin?

How could this be altered to reinforce the secondary prevention message to people who may be at high risk of MI or stroke?

Do all the pharmacy support staff use the protocol as intended?

Suitable interventions

List the types of intervention that you might make e.g.

- Find out more about why customers say they purchase aspirin - provide further information if required
- Advertise the use of low dose aspirin to reduce risk of MI and stroke

Reactive interventions i.e. responding each time a problem arises can be time consuming. Taking a more proactive approach depends on investing some time and developing relationships with other practitioners that will help you to provide better care to your patients

List the information you would normally need to identify patients / customers who might benefit from the interventions you can offer

Ethical issues

Responding to further information gained from the patient may raise ethical issues

- If you have any concerns regarding a customer's use of aspirin (purchased OTC) can you discuss them with the customer's GP without their permission?
e.g. a customer has purchased aspirin and left the shop when you remember they are also taking warfarin. Their GP subsequently pops in for something - do you ask if he/she knows that the customer is taking aspirin as well as warfarin?
- Might information you give conflict with information provided by the customer's doctor or practice nurse?
e.g. have you recommended 75mg, when the GP practice recommends 300mg for secondary prevention?
- Do you have the full picture?
e.g. has the customer's consultant said it's OK to take low dose aspirin even though they have asthma?

**Your
motivation to
implement
change**

Note any benefits for you personally to become involved in promoting the use of low dose aspirin by those at risk of CHD.

**Gaining
support**

Interventions will often be more successful if you have gained the support and co-operation of GPs, practice nurses, managers and receptionists. Remember this is a two way process. The support of others e.g. Local Pharmaceutical Committee (LPC), Pharmacy Development Group (PDG), Local Medical Committee (LMC), PCO etc. may also be useful if you require guidance.

Does your local health authority have a strategy for the prevention of coronary heart disease?

Ask your local pharmaceutical adviser, ring the PCO and ask to speak to someone in public health or ask for a copy of the most recent local development plan

Is there a scheme to promote the use of aspirin in secondary prevention already developed for use by other practitioners e.g. GPs , nurses, health promotion specialists, local stroke unit, nearest coronary care unit?

Ask your local GP or your pharmaceutical adviser

Do you have a local health promotion unit?

Ask if they are involved or know of anyone else who is actively promoting the use of aspirin for secondary prevention, do they have any locally developed leaflets and posters?

Think about how you might discuss your ideas with your local GP or practice nurse

You might want to

- *ask about the ways in which they are trying to promote the use of aspirin*
- *raise their awareness of the numbers of people who purchase aspirin OTC, particularly the lower 75mg strength*
- *explain the opportunity to deliver the secondary prevention message to customers do not visit the doctor regularly but who may be at risk (the walking well)*
- *explain that a number of your customers may be taking low dose aspirin without their GPs knowledge*

Next Steps

When you have done this list the interventions that you would most like to make, the people who can support you, and the issues that you need to address before you start.

Intervention e.g. change to OTC protocol, supporting leaflet	Support e.g. co-operation of GP, nurse, local health promotion unit	Issues to address e.g. how will I 'sell' the idea to the GP?, how can I get the leaflets that I need?

Your own measure of 'success'

Describe ways in which you might obtain evidence for your success in promoting the use of low dose aspirin for the prevention of CHD
e.g. audit, patient questionnaires, feedback from local practices

Ready-to-go series

Aspirin audit - OTC sales TOPIC AUDIT SECONDARY PREVENTION OF MI & Stroke

This Baseline Survey forms an optional starting point for a full Topic Audit in the ***Ready-to-go*** series. Supported by Main Audit and Evaluation Work Books, the full evidence based audit provides you with the means of evaluating intervention/s to increase awareness of the use of low dose aspirin for the secondary prevention of coronary heart disease. The activities described in the audit help to identify consistent messages, provide proactive advice to people about the use of aspirin and to increase the accuracy of medication records. Completion of the full audit cycle allows you to measure progress and demonstrate your commitment to quality. It also highlights the added value of pharmacist interventions.

Further audits in this series are available from:

**David Pruce
Director of Practice and Quality Improvement
Royal Pharmaceutical Society
1 Lambeth High Street
London
SE1 7JN**

☎ 020 7572 2358

✉ David.Pruce@rpsgb.org.uk

They can also be down loaded from our web site
www.rpsgb.org.uk/members/audit/index.html