

Ready-to-go series

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

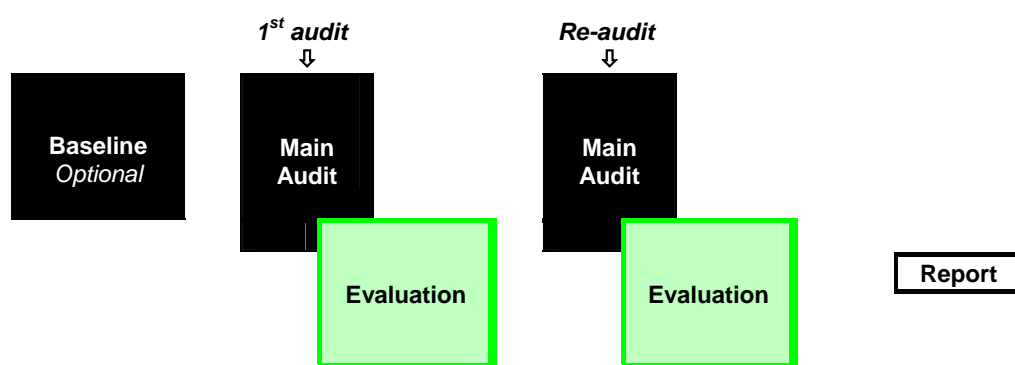
EVALUATION

Review date: November 2007

Introducing the *Ready-to-go* series

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.



The use of low dose aspirin for secondary prevention of coronary heart disease is the subject of a Topic Audit that will allow you to ensure, where possible, that:

- people are aware of the long term benefits of this treatment
- people are taking an appropriate dose of aspirin
- people tell their GP they are taking aspirin
- people are aware if aspirin is not an appropriate treatment for them

Potential benefits

Pharmacist

Ability to counsel / advise patient or carer
Opportunity to routinely deliver health gain
Demonstration of good practice
Application of evidence based interventions
Opportunity to work closely with local practices

Purchasers

Opportunity to reach people who rarely visit GP
Opportunity to deliver within LDP
Greater involvement of pharmacists in prevention
Assurance of quality and evidence based practice
Dialogue on quality improvement

Patient / carer

Potential reduction in fatal / non-fatal vascular events
Improved understanding of benefits of aspirin and the need to continue therapy
Understanding of risks/benefits in 1^o prevention

Prescriber

A more complete picture of aspirin use by their patients
Better understanding of aspirin use by patients
An opportunity to collaborate with local pharmacists on a quality initiative

Summary of findings

___(A) customers purchased aspirin during a _____ period

Of these ___ % (P) of customers were purchasing it for their own use

The reasons given for aspirin being taken were as follows

Heart Attack (MI)	(%)	Pain Relief (PR)	(%)
Heart (H)	(%)	Blood Pressure (BP)	(%)
Blood (B)	(%)	Don't Know (?)	(%)
Angina (A)	(%)	State other	(%)
Stroke (S)	(%)	TOTAL	(100%)

After excluding customers who purchased aspirin for pain relief (PR) or who did not know the reason for its use (?)

___(Z) customer sales were included in this audit

___% (R) of customers said they expected to take aspirin long term

The proportion of customers reporting a previous coronary event or current condition was ___% (T)

In ___% (U) of sales the pharmacist assessed that the aspirin was being taken for the major risk criteria listed for CHD

In ___% (Q) of sales the reported daily dose of aspirin fell within the range recommended for secondary prevention of CHD

___% (S) of customers said that the GP was unaware of that aspirin was being taken

In ___% (X) of sales the pharmacist advised the customer of the importance of informing their GP about the use of aspirin

In ___% (V) of sales the pharmacist gave verbal advice about the use of aspirin for secondary prevention of CHD

In ___% (W) of sales the pharmacist offered the customer a leaflet on CHD

In ___% (Y) of sales the pharmacist discussed the customer's use of aspirin directly with the customer's GP after obtaining the customers consent

The most popular strength/type of aspirin purchased was ___mg (β)

EVALUATION

Do not jump to conclusions about your findings, seek help with the interpretation if you are unsure -
The effectiveness of your evaluation and action plan will depend on this
For further information see the *Audit Resource Pack*

Questions to ask

In response to WHY questions think about the 'type' of problem you have identified

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This will help you to think about WHAT changes you might make

Problem Types

- a) the way the pharmacy or practice is managed e.g. company policy, staffing structure
- b) the systems used or working practices e.g. computer software, ordering method for repeat prescriptions
- c) individual knowledge or attitudes

1. What are your initial reactions to your findings?

2. Are there any patterns or trends that are immediately obvious?

e.g. customers whose reported a previous or current coronary condition knew more/less about the benefits of aspirin use than customers who did not report any risk factor?

Can you think of any reasons why this might be?

e.g. they were more likely to have received counselling/advice in the past from a healthcare professional

3. For customers that you think are taking aspirin and meet the risk criteria for CHD is the proportion taking an appropriate daily dose of aspirin for prevention greater or less than the standard that you set at the start?

✓ If you have met the standard, do you think you can

- maintain it?
- improve on it

X If you haven't met the standard

List reasons WHY this might be

Think about how this affects

- your ability to meet your own professions guidance for good practice
- the ability of other professions caring for the customer to perform their job well

Do you think it is still important to try and achieve it?

△ What steps could you and others take to increase the proportion taking an appropriate dose of aspirin?

4. Are all customers aware of the importance of their GP knowing that aspirin is being taken?

✓ If you have met the standard, do you think you can

- maintain it?
- improve on it?

X If you haven't met the standard

List reasons WHY this might be

Think about how this affects

- your ability to meet your own professions guidance for good practice
- the ability of the other professions caring for the customer to perform their job well

Do you think it is still important to try and achieve it?

△ What steps could you and others take now to increase the proportion of customers who inform their GP that they are taking aspirin?

5. Are you surprised by the proportion of customers who say they will take aspirin long term?

Does this suggest that a number of customers are unaware of the long-term benefits of aspirin use?

△ What steps could you or others take to address these issues?

6. Have you needed to refer anyone to their GP to discuss the use of aspirin in primary prevention of CHD?

√ If you have met the standard, do you think you can

- maintain it?
- improve on it?

X If you haven't met the standard

List reasons WHY this might be

Think about how this affects

- you/your own profession e.g. opinion of you/your surgery/practice
- other professions caring for the patient e.g. community nurse
- the customer e.g. could discourage use of own initiative to look after themselves, make the customer more dependant on healthcare professionals.

Do you think it is still important to try and achieve it?

△ What steps might you and others be able to take to educate customers on the risks and benefits of aspirin in primary prevention? e.g. how can you raise these issues with people who might think they are doing some thing to help themselves?

7. Have you been able to offer leaflets to all customers who would benefit from additional information on the use of aspirin in CHD?

√ If you have met the standard, do you think you can

- maintain it?
- improve on it?

X If you haven't met the standard

List reasons WHY this might be

Think about how this affects

- you/your own profession e.g. missed opportunity to highlight your professional role
- other professions caring for the patient
- the customer e.g. may not retain advice given verbally

Do you think it is still important to try and achieve it?

△ What steps might you and others be able to make to have leaflets available for all customers who purchase aspirin or have queries about it's use in preventing MI or stroke in those at risk?

8. If you have had difficulty identifying the reasons for failing to meet some or all of the standards, have a look at one or two case studies in more detail. *NB these might also be a useful way of describing the issues to people who can help you implement change.*

9. Look back at steps you have already identified for change (△) and list them here in order of priority. As well as thinking about the type of change you will need to manage consider the impact of each change on customer outcome.

△
△
△
△
△

10. Before completing your action plan reflect on some aspects of continuing professional development.

What skills and knowledge have you learnt so far from this audit

- personally
e.g. about the evidence for aspirin in secondary prevention and about guidelines used by my local GPs
- through working with your staff/local practice
e.g. that my OTC protocol needs updating and staff need regular training
- in relation to your practice?
e.g. that recording OTC sales on my system is not very easy

Your ability to carry out change will depend on a number of things

Change factors

- support of others
- impact of outcome
- personal preferences
- other people's views
- time and money

Opportunities

Barriers

Consider the problem type when thinking about HOW to effect change
~
reflect this in your ACTION PLAN

Conclusions

When you have completed your evaluation note your key conclusions here

-
-
-

Action Plan

Remember
even small tasks
make a
contribution to
achieving your
action plan

From your evaluation you should now be able to write an action plan. A suggested outline is provided in the *Resource Pack*. Break the tasks / goals down into small achievable activities including details of how you will try and implement change, the people who will help you do it / do it themselves, the person responsible for ensuring it happens, and your time scale. If possible allow each person involved in the audit to be the responsible person for at least one task.

Monitoring progress

To get the most from the audit, you will need to monitor progress to ensure that planned changes are in fact implemented. If the action you described could not be put into practice or did not have the desired effect you may need to make some adjustments to your plan. If this is the case, make a note of it so that you can learn from it.

Re-audit

The audit cycle is a continuous process of improvement, but at the very least you should always complete one full cycle. This means repeating your audit after enough time has passed for your initial changes to be fully implemented. You can use the same Work Books for the re-audit or order new ones before going on to complete the additional evaluation questions provided in the last section of the Evaluation Work Book.

Recognising success

When you have completed your Topic Audit you may feel relief, elation, pride and / or satisfaction at the outcome. Feeling a sense of achievement or reward for your effort may motivate you to undertake another Campaign or Topic Audit in ***the Ready-to-go*** series.

Writing the report

There are other rewards that you might wish to consider: writing a short report not only provides a concise summary of your Audit, but also offers a way of *showing others* your commitment to improving the quality of your service and the benefits to the people you serve. You might describe this as the added value you have given to your patients / customers. It can also be included as part of your Continual Professional Development (CPD) portfolio. Sending the report to others is a way of disseminating good practice and encouraging others to adopt evidence based practice.

FURTHER EVALUATION (re-audit)

The strength of re-audit lies in confirming whether or not the changes brought about had the desired effect, and the opportunity to further refine the changes. The process therefore provides quality assurance of ones ability to detect and rectify a problem and provide a better quality of care.

Ideally some time should elapse between the first audit and the re-audit to allow changes that have been made to become established. A period of between at least 6 months is often thought to be reasonable, although this does depend to some extent on the Topic. When you are ready to undertake the re-audit you can order an extra copy of the Main Audit and Evaluation Work Books or just follow the steps in the books you already have and make a record of your results and findings elsewhere. When you have completed the evaluation of your re-audit go on to the section below to complete the audit cycle.

Maintaining change

Δ What steps could you and others take in the longer term to increase the proportion of people taking aspirin safely and effectively?

List simple measures you can introduce to monitor ongoing progress

X If you haven't met all the standards despite the changes you have made the first time round list reasons WHY this might be

Reflecting on change

Look back at the changes that you tried to implement (Δ)
Which were *easiest* to implement and why?

Which were most *difficult* to implement and why?

Which had the most *positive impact* on patient care and why?

Which were you *unable* to implement and why?

**Use of
resources**

Consider the things you needed to complete this Topic Audit e.g. the evidence for good practice, the Work Books, support from your colleagues, local health professionals and GPs, local audit group, leaflets/posters, and of course your own time:

How effectively did you use them - were any of them unnecessary?

Was there anything else that you needed, but didn't have?

**Wider
issues**

Thinking about some of the wider issues:

How have your views changed towards the use of aspirin in secondary prevention?

How have professional relationships changed as a result of the Topic Audit? e.g. new ones established, strengthening of existing ones

Have the changes that you introduced addressed the *real cause* of any problems? e.g. You have revised the over-the counter sales protocols as a result of your audit but the counter staff have not taken the changes on board as they see no reason to.

**Continuing
Professional
Development**

What further training needs have you identified for yourself?

What further training needs have been identified for your staff?

What further training needs have been identified for those outside of your team? e.g. dispensary staff, GPs, practice staff, nurses

What areas/issues would you like to consider next?

Notes

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Details of other audits in the ***Ready-to-go*** series can be down loaded from our web site www.rpsgb.org.uk/members/audit/index.html

