

Ready-to-go series

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

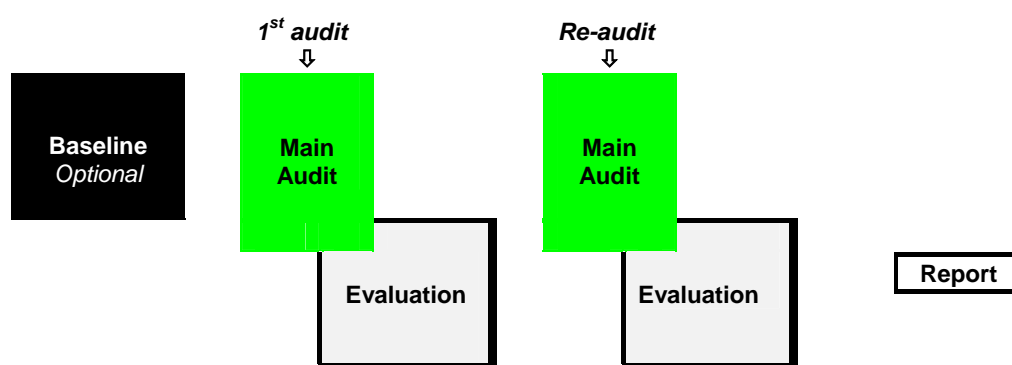
MAIN AUDIT

Review date: November 2007

Introduction

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 this audit are shown in the diagram below.



Auditing the use of low dose aspirin for secondary prevention of coronary heart disease will allow you to ensure, 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

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

Purchasers

Opportunity to reach people who rarely visit GP
Opportunity to deliver within LDP
Greater involvement of pharmacists in prevention of secondary coronary events
Assurance of quality and evidence based practice

Prescribers

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

EVIDENCE AND GOOD PRACTICE

Coronary Heart Disease is one of the key health gain areas identified in *Our Healthier Nation* and a major element in local development plans. This report provides a summary of an audit carried out to utilise the opportunities presented daily in pharmacies to improve awareness and understanding of the benefits of aspirin amongst people at high risk of MI or stroke.

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:

- Previous myocardial infarction (MI)
- Transient Ischaemic Attacks (TIA)
- Arterial bypass surgery / angioplasty
- Angina
- Stroke

The following table indicates to what extent aspirin therapy might be expected to reduce the risk of heart attack, stroke or vascular death in the above patients.

<u>Patient history</u>	<u>Approx reduction in risk</u>
Previous myocardial infarction	25%
Unstable & stable angina, angioplasty, atrial fibrillation	33%
Valvular disease, peripheral vascular disease	20%
Previous stroke or TIA	22%

GP aspirin audits have become popular in recent years, often focusing on patients with known risk factors as indicated by prescription for nitrates, or by their medical history. Some practices have been more successful than others in meeting the targets they have set themselves. Many GPs remain unaware of the proportion of their patients that purchase aspirin over the counter, and some assume that all these patients are acting on their GP's advice despite evidence to suggest that up to a quarter of customers may take aspirin as a result of advice from a friend or relative, or from reading an article in a magazine³.

Pharmacists are well placed to work together with local GPs and practice staff to support health gain. Using a Topic Audit in the **Ready-to-go** series is one way of introducing change and evaluating outcomes.

References

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

Key words: aspirin, audit, evidence, good practice, GP, prescribing, prescription, over-the counter, standards, myocardial infarction, stroke, coronary heart disease

Preparing for Audit

Preparing to audit

If you have identified this topic as a priority, you may already have ideas about the standards you wish to set, and the type of actions you might take to improve the situation. If, however, you would like to explore the topic more generally before embarking on a full Audit there is an optional Baseline Work Book available to support you (see back page for details).

Clinical Governance

Demonstrating a commitment to quality improvement through audit is recognised as an important element of Clinical Governance. This Topic Audit is structured to provide a learning opportunity with the completed audit contributing towards your Continuing Professional Development (CPD).

Involving Others

Whilst the Main Audit can be undertaken as a uni-professional activity, the exercises included in the Baseline Work Book illustrate some of the issues that you should address by way of preparation.

It is particularly important to work with your local practices and to discuss the types of interventions you might make and the reasons you might have for referring patients to the practice for review. Such discussions will help to ensure that you give consistent messages.

Although the data collection form for this audit is designed for use by pharmacists, GPs and / or practice staff may also wish to collect similar information and / or see the information that you collect. If you are able to work with them at this early stage, they may be happy to discuss the evaluation and action plan with you. Where possible opportunities for multi-professional interaction are highlighted throughout this Work Book.

For pharmacists and doctors a Topic Audit offers the opportunity to develop a professional working relationship with a clear focus on improving patient care. Practice staff and pharmacy support staff can be involved, bringing with it the advantages of sharing the workload and introducing staff to the concepts of audit and good practice.

Resources Required

Basic resources include the *Resource Pack*, a pen, calculator, and of course your time. Avoid hectic times e.g. the Christmas period. A little or a lot of help with audit can be found from a number of sources, many of which are listed in the *Resource Pack*.

Audit Plan

Anticipated start date

NETWORKS

*People who can provide me with support
See suggested networks and hints in the Audit Resource Pack*

Action

MENTOR/TUTOR

*An individual who can encourage me
This can be another pharmacist you know and respect, perhaps
someone you have learnt from in the past*

Action

INVOLVING OTHERS

*People I should involve / inform of audit
Consider your own staff, your local GP and practice staff, your
pharmaceutical adviser etc.*

*Will I do this audit by myself, with other pharmacists or with
my local GP?*

Action

RESOURCES

*I require:
e.g. Time, a calculator etc..*

Action

DISSEMINATION: People who should see the results

*Ask yourself if they should really be contacted now to inform them
of your intention to audit*

Action

Aims & Objectives

Purpose

- To provide GPs and pharmacists with a more complete picture of aspirin use amongst their local population
- To utilise the opportunities presented daily in pharmacies to improve awareness and understanding of the benefits of aspirin amongst people at high risk of MI, CHD or stroke
- To increase the proportion of people at high risk of MI, CHD or stroke taking an appropriate daily dose of aspirin
- To promote a multi-professional approach to secondary prevention of MI, CHD and stroke

Criteria

- People taking aspirin for secondary prevention of MI, CHD or stroke should be taking an appropriate dose (75-325mg)
- People taking aspirin for secondary prevention of MI, CHD or stroke should be advised to inform their GP, if they have not already done so
- People taking aspirin (low dose) should know why they are taking it (secondary prevention of MI, CHD or stroke)
- People taking aspirin for primary prevention should be encouraged to discuss this use with their GP
- People taking aspirin without their GP's knowledge, and with any of the conditions listed under contra-indications, should be referred to their GP

Data to be collected

Data used to measure standards set:

- Total number of customers purchasing aspirin (cases)
- Strength and type of aspirin purchased
- Number of customers purchasing aspirin for own use
- Reason for taking aspirin
- Daily dose
- Numbers taking aspirin long term
- GP awareness of aspirin use
- Details of previous coronary event or existing condition
- Assessment of use for secondary prevention
- Type of action taken by pharmacist

Instructions

Suggested duration of audit: 1 month

(follow up on outcomes may continue for longer)

Select sample

People to be included:
Anyone purchasing aspirin

Standards set

Based on evidence of risk and your own professional judgement

- At least ___% of people taking aspirin for secondary prevention of MI, CHD or stroke should be taking an appropriate dose (75-325mg/ local guidelines)
- Everyone purchasing aspirin will be advised of the importance of the GP knowing it is being taken
- Everyone taking aspirin will be advised of the *long term* benefits, if they are not already aware of them
- People purchasing aspirin for use in primary prevention should be advised to discuss this use with their GP
- Leaflets will always be offered to reinforce the indications, contra-indications and benefits of aspirin use
- Where there is concern that a significant contra-indication exists, the pharmacist will contact the GP directly

Action points

Although this audit is based on the available evidence, your actions will, to some extent, need to reflect local custom and practice. Based on the information gathered in preparation for this audit list any amendments to the suggested action points and / outcomes shown on the data collection form as well as recording them in the box below.

Collect data

Using the accompanying flow chart, familiarise yourself with the data collection form. The form can be adapted to reflect action points you have noted on the previous page and / or outcomes that are more suited to your own practice. The data collection forms can be removed from this Work Book and placed next to the work area where the data is collected.

Case studies

Describing detailed examples or *Case Studies* of the interactions you have had with patients / customers and the interventions you made is a helpful way of illustrating to others the added value of your professional input. Such examples can also be a useful reference point when completing the Evaluation Work Book. For further guidance on the use of *Case Studies* and examples of the type of information to collect see the *Resource Pack*.

Key to data collection

Number of custors included in audit	A
Product type/strength	B
Number of customers purchasing for own use	C
Reason given for taking aspirin (code replies)	D
Daily dose of aspirin taken	E
Numbers of customers taking aspirin long term	F
GP awareness of low dose aspirin use	G
Numbers with previous coronary event or existing condition	H
Details of previous coronary event or existing condition	I
Assessment of use for secondary prevention (by pharmacist)	J
Action points	
Numbers where verbal counselling given	K
Numbers where leaflet offered	L
Numbers where customer advised to inform GP of aspirin use	M
Numbers where GP contacted directly to discuss aspirin use (e.g. significant interaction likely)	N

Transfer data

Transfer totals from the data collection form to the results table.

Data analysis

Use the formulas shown in the results table to perform the calculations on your data. The letters used in the formulas indicate the column on the data collection form where the correct figures can be found. Some ideas for presenting your results graphically are described in the *Resource Pack*.

Results

Number of customers purchasing aspirin during the month of	A	
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Reason for taking aspirin		Condition ÷ A x100	
Heart Attack (MI)	(%)	Pain Relief (PR)	(%)
Heart (H)	(%)	Blood Pressure (BP)	(%)
Blood (B)	(%)	Don't Know (?)	(%)
Angina (A)	(%)	State other	(%)
Stroke (S)	(%)	TOTAL	(100%)

Number of purchases (by strength) column B	75mg	
	75mg EC	
	300mg	
	300mg dispersible	
Most popular strength/type purchased		mg (β)

	Calculation	Results	
Proportion of purchases for own use	(C ÷ Z) x 100		P

Number of customers purchasing aspirin for pain relief (PR) or did not know reason (?)	PR + ? (from D)		α
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Number of customers included in the audit findings	A - α		Z
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Proportion of customers taking aspirin at a dose recommended for 2^o prevention	(E ÷ Z) x 100		Q
Proportion of customers who expect to take aspirin long term	(F ÷ Z) x 100		R
Proportion of customers who report that GP is unaware that aspirin is being taken	(G ÷ Z) x 100		S
Proportion of customers who reported a previous or current coronary event	(H ÷ Z) x 100		T
Proportion of sales where aspirin use is assessed by the pharmacist to be for secondary prevention	(J ÷ Z) x 100		U
Proportion of sales where verbal counselling given	(K ÷ Z) x 100		V
Proportion of sales where leaflet offered	(L ÷ Z) x 100		W
Proportion of sales where customer is advised to inform GP of aspirin use	(M ÷ Z) x 100		X
Proportion of sales where pharmacist discussed aspirin use directly with GP	(N ÷ Z) x 100		Y

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)

Notes

Further information

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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

