

175: CLINICAL AUDIT OF INPATIENT INVESTIGATIONS AND DISCHARGE MEDICATION IN PATIENTS' WITH ACUTE CORONARY SYNDROME

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Objective:

Acute coronary syndrome manifests in variable clinical presentations. The early recognition of this diagnosis together with appropriate therapeutic measures is clearly proven to reduce the morbidity of these patients.

The objective of the audit was to assess patient investigations, discharge medications and the quality of documentation on the discharge letter and compare these with evidence based guidelines

Methods:

A retrospective audit was carried out between the 1st January 2001 and 31st December 2001 on patients who were admitted and discharged home with a diagnosis of acute coronary syndrome in the Midland Regional Hospital at Tullamore, Ireland. The laboratory provided a printout of all patients with a raised troponin T. This was used to identify the patients and a total of 102 patients were identified fitting the pre-set criteria. The clinical audit team and the medical registrar examined the medical notes, using a tick box questionnaire to collect the data. Data was entered into SPSS Version 10 for analysis.

Results:

Eighty four percent were discharged home on aspirin, 53% discharged home on β -blockers, 46% discharged home on ACE-inhibitors and 57% discharged home on a statin.

Eighty eight percent had a cholesterol check with only 20% having a full lipid profile. Fifty one percent had an echocardiogram, 33% had an ETT and 53% had a coronary angiogram, 74% of these were done on an inpatient basis. Of those who had an angiogram 66% required further intervention. A significant number of patients received prompt access to coronary angiography despite the lack of a local catheterisation facility.

Documentation on the initial discharge letter was found to be of a poor quality with important information often not recorded.

Conclusions:

The observed rate of prescribing of secondary preventative therapies for patients with Coronary heart disease in this audit were variable but by and large comparable to those observed in other studies e.g. EUROSPIRE II. Areas for improvement identified were numbers of patients discharged on statins and ACE-inhibitors. The medical and nursing team have revised their medication protocols.

Poor documentation emerged as an area for improvement from the audit and both the medical and nursing team recognises its significance in terms of continuity of care and risk management. Recommendations have been made and actioned upon by the relevant medical and nursing teams.