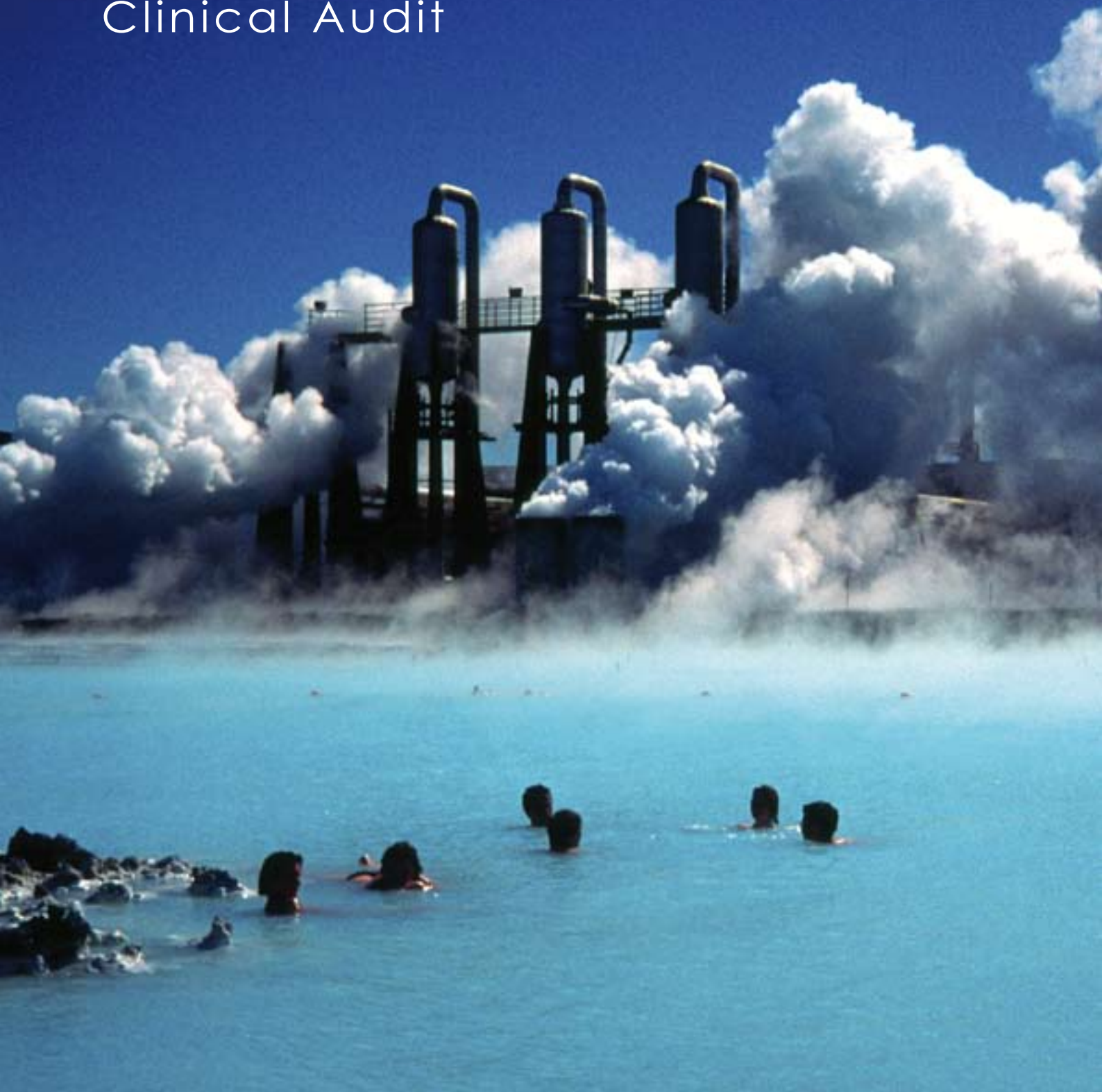


Dyspepsia and Heartburn Clinical Audit



Clinical Audit

Dyspepsia management

Claiming MOPS credits

The RNZCGP has endorsed this audit as a CQI Activity for the allocation of MOPS credits.

General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until May 2010.

To claim MOPS points you can indicate completion of the audit on the annual claim sheet or alternatively you can claim them through 'MOPS online' on the RNZCGP web site, www.rnzcgp.org.nz

Retain the following documents as evidence of participation in the audit:

1. A summary of the data collected (Appendix one).
2. A Practice Review Activity summary sheet (Appendix two).
3. If this is an organisation activity a certificate of participation.

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Dyspepsia management

This audit is designed to:

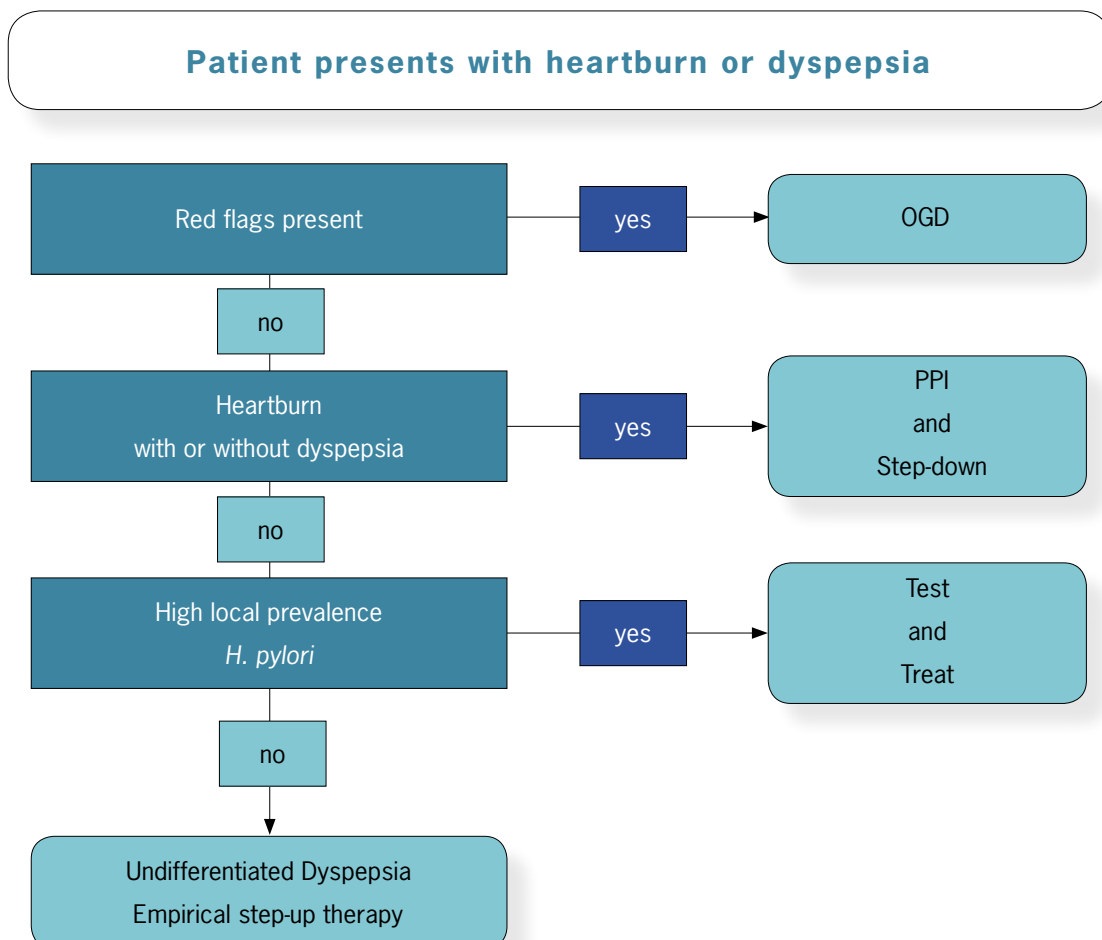
- Stimulate reflection on the quality of your management of people with dyspepsia on proton pump inhibitors (PPIs),
- Provide a benchmark of your management of these people, and
- Identify ways in which your management of these people can be improved.

Background

Dyspepsia is a range of symptoms, which may indicate significant organic disease but most people with dyspepsia have no underlying pathology and do not seek medical advice.

The three key features which determine the management of dyspepsia are:

- The presence or absence of red flags
- The presence or absence of heartburn
- The local prevalence of *H. pylori*



Red flags indicate the need for oesophago-gastro-duodenoscopy (OGD), heartburn the likelihood of a good response to PPIs and high local prevalence of *H. pylori* the likelihood of a good response to a test and treat approach.

Red Flags in dyspnoea presentations

Adapted from NZGG and Prodigy

The following increase the likelihood of significant organic disease:

- Aged 50–55 years or older at first presentation
- Aged 40–45 years or older at first presentation for people of Maori, Pacific Island or Asian descent*
- Family history of gastric cancer with onset age <50 years
- Severe or persistent dyspepsia
- Previous peptic ulcer disease, particularly if complicated
- Ingestion of NSAIDs including aspirin (check OTC use), particularly those at increased risk
- Chronic gastrointestinal bleeding
- Unexplained weight loss
- Difficulty in swallowing
- Persistent or protracted vomiting
- Iron deficiency anaemia
- Palpable abdominal mass
- Coughing spells or nocturnal aspiration

*Gastric cancer tends to occur a decade earlier in these peoples.

Heartburn in dyspepsia

Heartburn with or without dyspepsia is usually related to lower oesophageal dysfunction and the presence of Gastro-Oesophageal Reflux Disease (GORD). The recommended treatment for this is lifestyle modification plus PPIs until symptoms are under control, followed by step-down therapy or reversion to intermediate use.

Local Prevalence of *H. pylori* infections

If a person has no red flags but there is a high (> 30%) local prevalence of *H. pylori* it is worth testing for *H. pylori*. If infection is found, eradication treatment usually relieves the symptoms without the need for maintenance therapy.

Review for patients on acid suppression therapy

It is recommended that people who have been on acid suppression therapy for more than six weeks be reviewed for:

- Presence of red flags
- Continuation of symptoms despite full dose PPI therapy for more than three to six months; consider for OGD
- Discussion of lifestyle factors, such as stress, or drugs, such as NSAIDs; may reveal opportunities for change
- Good control of symptoms; may be suitable for step-down therapy

Audit criteria

The following have been selected as indicators for this audit. They are representative of good management of dyspepsia.

Indicators

1. Search for red flags in people with dyspepsia
2. Enquiry about heartburn in people with dyspepsia
3. Knowledge of local prevalence of *H. pylori*
4. Review performed for people on PPIs for more than three months

Criteria

1. For people taking PPIs for more than three months, the presence or absence of red flags for dyspepsia has been recorded in their notes.
2. For people taking PPIs for more than three months, the presence or absence of heartburn has been recorded in their notes.
3. Practice clinicians know the local incidence of *H. pylori* infection.
4. For people taking PPIs for more than three months, a review, performed after initiation of PPIs, has been recorded in their notes in the previous six months.

Standards

For people who have been on PPIs for more than three months:

1. 100% have an indication that they have or do not have red flags, recorded in their notes
2. 80% have indication that they have no or do not have heartburn, recorded in their notes
3. 80% have had a review since starting PPIs, recorded in their notes in the six months before the audit
4. Practice clinicians know the local incidence of *H. pylori* infection

Standards should be set during discussion between practice members and take into account the context of the practice.

Data

Eligible patients

Eligible patients are those who have been taking PPI therapy for more than three months.

Identifying Patients

Identify patients taking PPIs from clinical prescribing records.

Sample size and type

Numbers of eligible patients will vary according to your practice demographics. We suggest that at least 25 patients are selected for this audit.

What data should be collected?

See recording sheet at Appendix one.

Taking Action

The first step in taking action is to identify the criteria where gaps exist between expected and actual performance and decide on priorities for change.

Once priority areas for change have been decided on, an action plan should be developed to implement any changes.

The plan should assign responsibility for various tasks to specific members of the practice team and should include a timeline.

It is important to include the whole practice team in the decision-making and planning process.

It may be useful to consider the following points when developing a plan for action: (RNZCGP 2002)

1. Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

2. Overcoming barriers

- Identifying barriers can provide a basis for change
- What is achievable – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting
- Identify the barriers
- Develop a priority list
- Choose one or two achievable goals

3. Effective interventions

- No single strategy or intervention is more effective than another and sometimes a variety of methods are needed to bring about lasting change
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour

Review

Monitoring change and progress

It is important to review the action plan against the timeline at regular intervals with the practice team. It may be helpful to discuss the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals that have been set?

Following the completion of the first cycle it is recommended practices complete the first part of the clinical audit summary sheet (a copy of which is attached as Appendix two).

Undertaking a second cycle

In addition to regular reviews of progress with the practice team a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle.

The second cycle should begin at the data collection stage.

Following the completion of the second cycle it is recommended practices complete the remainder of the clinical audit summary sheet.

General Practitioners claiming credits towards MOPS will be required to complete the summary sheet (Appendix two). Those undertaking this audit but not claiming credits towards MOPS are strongly recommended to complete the summary sheet as it will provide them with a succinct review of the audit process.

Appendix One: data recording sheet

Dyspepsia management

For patients who have been on PPIs for more than three months.

Patient number	Absence or presence of red flags recorded in notes	Presence or absence of heartburn recorded in notes	Patient has had a review in previous 6 months
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
Total			
Percent	%	%	%

Number of clinicians in practice: _____

Number of practice clinicians who know the local prevalence of *H. pylori* infection: _____

Appendix two: RNZCGP Summary Sheet

RNZCGP Summary Sheet CQI activity – Dyspepsia management

Doctor's name: _____

The activity was designed by, please tick appropriate box:

- RNZCGP
- Organisation e.g. IPA (name of organisation) _____ **bpac**
- Individual (self)

Topic: Dyspepsia management

Describe why you chose this topic (relevance, needs assessment): _____

First cycle (15 credits)

Data: Information collected.

Date of data collection:

Please attach:

- A summary of data collected **or**
- If this is an organisation activity, attach a certificate of participation.

Check: Describe any areas targeted for improvement as a result of the data collected: _____

Action: Describe how these improvements will be implemented: _____

Monitor: Describe how well the process is working. When will you undertake a second cycle? _____

Second cycle (15 credits)

Data: Information collected.

Date of data collection:

Please attach:

- A summary of data collected **or**
- If this is an organisation activity, attach a certificate of participation.

Check: Describe any areas targeted for improvement as a result of the data collected: _____

Action: Describe how these improvements will be implemented: _____

Monitor: Describe how well the process is working. Will you undertake another cycle? _____

Additional comments: _____



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