

## Quick guide for the GRASP-HF quality improvement tool

GRASP-HF is a free, easy-to-use tool that assists GP practices to interrogate their clinical data enabling them to improve the management and care of patients with heart failure (HF) with left ventricular systolic dysfunction (LVSD). The tool also assists with casefinding activity, helping practices to establish more accurate prevalence rates within the practice population.

GRASP-HF uses the CHART software tool to create a highly visual practice-level summary in the form of a dashboard, as well as allowing practices to drill down to examine detailed patient care at an individual level.

CHART Online provides the ability for practices to benchmark themselves securely and anonymously against others both locally and nationally.

### Obtaining the GRASP-HF quality improvement tool

Use of GRASP-HF is FREE to practices in England registered with the PRIMIS Hub service.

Join now for free at [nottingham.ac.uk/primis/joinus](https://nottingham.ac.uk/primis/joinus)

### Contacting PRIMIS

#### Helpdesk

[helpdesk@primis.nottingham.ac.uk](mailto:helpdesk@primis.nottingham.ac.uk)

0115 846 6424

#### Web

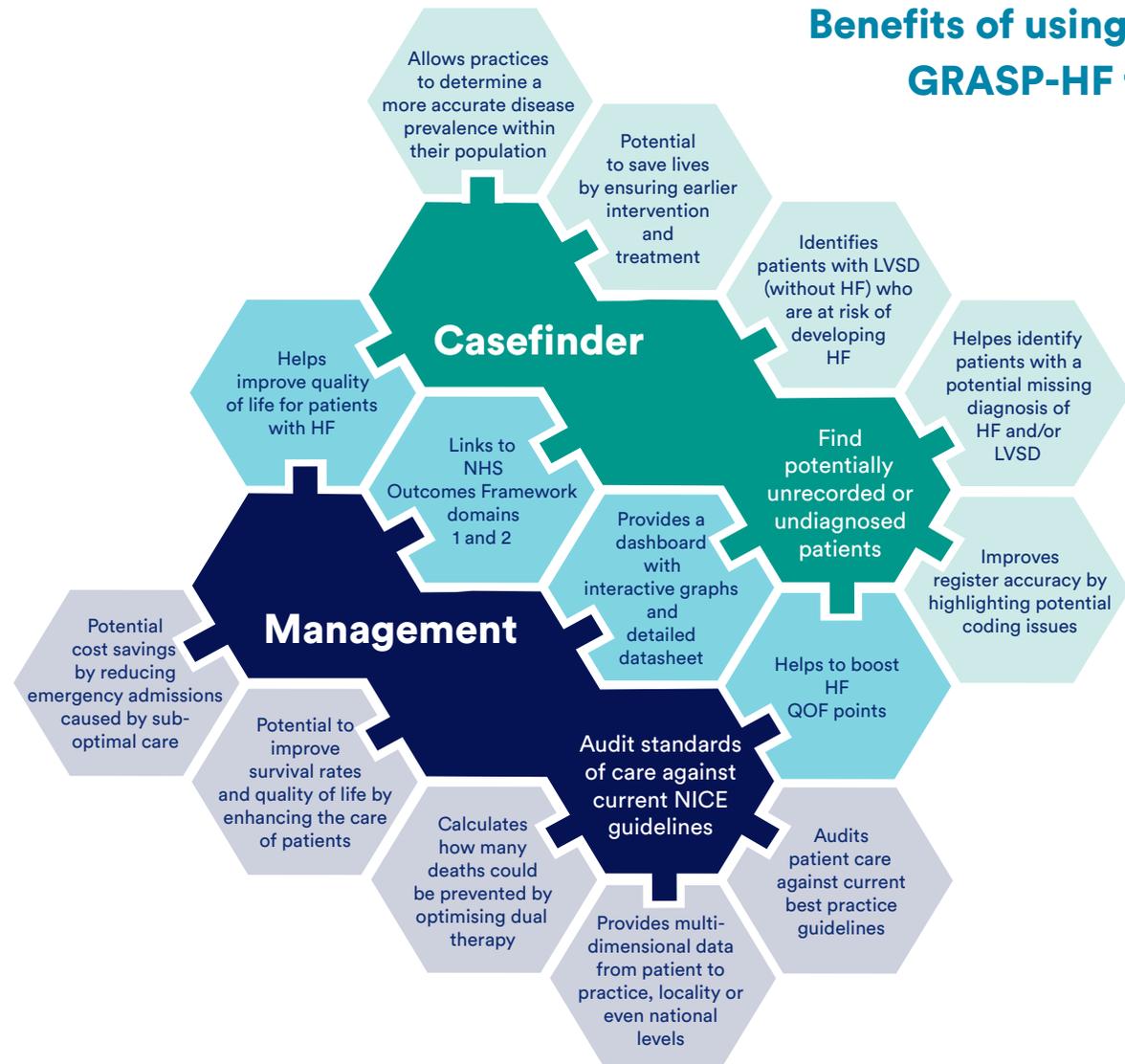
[nottingham.ac.uk/primis](https://nottingham.ac.uk/primis)

#### General enquiries

[enquiries@primis.nottingham.ac.uk](mailto:enquiries@primis.nottingham.ac.uk)

0115 846 6420

## Benefits of using the GRASP-HF tool



# HF with LVSD management - CHART dashboard summary

The CHART dashboard provides practices with an instant visual snapshot of their clinical data. This allows the following key aspects of HF management to be evaluated:

## Practice overview data

Examine key statistical information, such as up-to-date practice population figures and prevalence rates of heart failure and LVSD

## Aetiology

Examine the aetiology or possible 'causes' of heart failure within the patient group

## NYHA classification

Compare the numbers of patients in each NYHA (New York Heart Association) score group in order to determine functional capacity of patients. Highlight patients with no record of NYHA classification

## Co-morbidities

Examine data on key co-morbidities and plan care accordingly

## Drug treatment

Assess the accuracy of patients' treatment pathways and monitor practice progress

## Outcomes

Reveal the number of lives that could be saved by optimising dual therapy in patients with heart failure due to LVSD

## Management of HF with LVSD patients

Monitor care provision through key aspects, such as review rates, vaccination uptake and cardiac rehabilitation

# Five key actions following use of the GRASP-HF tool

## Run the casefinder to identify patients with missing diagnoses

Using the casefinder, create the following lists of patients and target them for review:

- those with only HF recorded
- those with only LVSD recorded
- those with neither HF nor LVSD, but who have indicative items recorded that suggest HF

Compare practice prevalence with local and national rates in CHART Online. A low practice rate may suggest patients with missing diagnoses. Consider why codes are missing and adjust data recording processes accordingly

## Ensure that patients are on the most effective treatment regime

Patients with HF due to LVSD are recommended to use both ACE inhibitors and beta blockers. Use the tool to monitor practice performance and identify patients who need a medication review. Ensure contraindications or patient refusals are recorded correctly

## Undertake regular reviews of patients

The dashboard shows the number reviewed in the last six months. NICE guidelines recommend at least six monthly monitoring for stable patients and more frequently for those whose condition or medication has changed. Ensure reviews are coded correctly

## Target HF patients with these cost effective strategies

- annual 'flu vaccination
- helping smokers to quit

## Upload data to CHART Online for benchmarking and comparison

Repeated uploads allow practices to track improvements in patient care. Practices can anonymously benchmark themselves against others locally or nationally and plan improvements accordingly. CCGs can monitor care provision at an aggregated level within their locality

