**CT coronary angiography in patients with stable chest pain - a referral audit**

**Descriptor:**

An audit of whether requesting of CT coronary angiography in investigating patients with stable chest pain met NICE clinical guidelines [1].

**Background:**

CT coronary angiography is increasingly used to investigate people with suspected stable coronary artery disease. NICE clinical guidelines recommend CT coronary angiography as first-line diagnostic investigation in patients whose stable angina cannot be diagnosed or excluded based on clinical assessment alone and an estimated likelihood of coronary artery disease (CAD) of 10-29%.

## The Cycle

**The standard:**

Patients referred to for CT coronary angiography should have been assessed accurately by physicians and meet the NICE criteria for referral (Estimated risk of CAD 10-29%).

**Target:**

90% compliance.

## Assess local practice

**Indicators:**

Proportion of patients referred for CT coronary angiography who have a10-29% risk of coronary artery disease.

**Data items to be collected:**

- Use Radiology Information Systems to identify patients who were referred for CT coronary angiography

- Use referral and clinic letters to find:

   • Age

   • Gender

   • Risk factors for ischemic heart disease (diabetes, smoking, hyperlipidaemia and hypertension)

   • Type of chest pain (constricting, related to exertion, relieved by rest)

   • Presence of atypical features of chest pain (prolonged, non-exertional)

   • Family history of premature Coronary Artery Disease and any documented relative investigations like myocardial perfusion scans

**Suggested number:**

30- 50 patients.

**Suggestions for change if target not met:**

• Create mandatory fields on electronic requests to ensure all risk factors are entered by clinicians

• Risk stratification confirmed by the accepting radiologist and discussion with the clinicians on alternative tests when appropriate

**Resources:**

• Questionnaire to collect data

• Excel spreadsheet to analyse data

• 6 hours work

• Estimated CAD risk is calculated using the table attached and recommended by NICE guidelines

[**254\_table.doc**](https://www.rcr.ac.uk/sites/default/files/audit_template/254_table.doc)WORD - 188 KB

**References:**

1. NICE clinical guideline 95 “Assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin”, March 2010 updated November 2016  <https://www.nice.org.uk/guidance/cg95>

**Editor's comments:**

If other radiological investigation (such as myocardial perfusion scans or Magnetic Resonance imaging) data is collected then it can be used to further assess the impact on the service of radiology department.

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