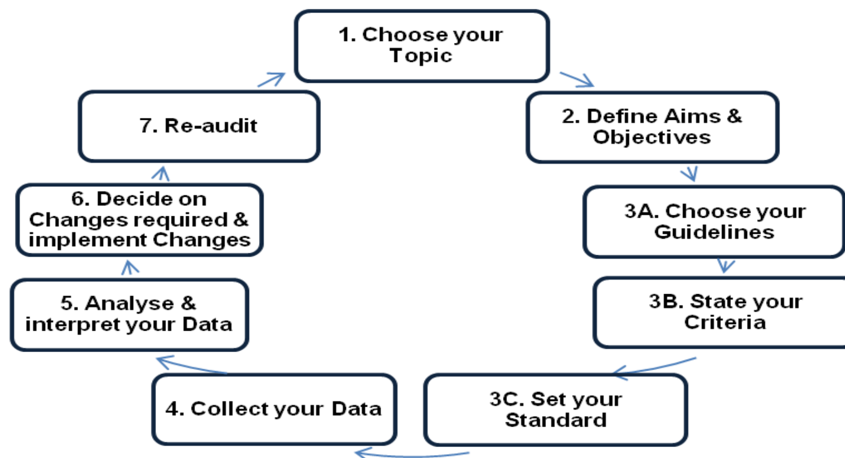
December 2018

Familial Hypercholesterolaemia
Sample Audit



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Purpose of ICGP sample audits on specific topics

The purpose of the ICGP sample audit for each topic area is to provide practitioners with audit topic proposals and related tools in order to aid them in carrying out a clinical audit in this topic area. For each topic, a specific guideline is chosen which identifies best practice for the relevant topic. Following this, examples of the elements of care or activity that could be measured are provided – these are referred to as "criteria". Finally, examples of the type of data that is required in order to audit the sample criteria are provided. A separate document, the ICGP Audit Toolkit, provides detailed generic instructions on how to carry out and report your audit.

Sample Audit Topic: **Familial Hypercholesterolaemia.**

Evidence: https://www.nice.org.uk/Guidance/CG71

Professional Competence Domains: Clinical Skills
Management
Patient Safety and Quality of Care

Sample Criteria

1. All patients who have ever had a LDL of 5.0mmol/l or more should have their family history of cardiovascular disease (if any) recorded on their file with the age of onset in first degree relatives.
2. All patients who have ever had a LDL of 5.0mmol/l or more should have a Dutch Lipid Clinic Network Score (DLCNS) recorded.
3. All patients who have ever had a LDL of 5.0mmol/l or more and a relevant family history should be coded with ICD-10 code E78.0 – Pure hypercholesterolaemia.

Choose the criteria from the above on which to conduct your audit and then set your standard (sometimes known as your target). This is your desired level of performance and is usually stated as a percentage. Beware of setting standards of 100%; standards should be realistic for your practice (perfection may not be possible).

There is no minimum or maximum number of patients stipulated, however your sample should include current/recent patients. In general if you have a very small number of patients with the condition being considered, it is recommended that you examine a greater number of criteria in these patients. By contrast in an audit of a very large number of patients it may only be necessary to examine one criterion.

The aim of a Data Collection tool is to provide examples of the types of data that are required in order to audit each sample criterion.

Criteria 1

All patients who have ever had a LDL of 5.0mmol/l or more should have their family history of cardiovascular disease (if any) recorded on their file with the age of onset in first degree relatives.

Data Collection Tool (*the 'recorded' aspect of the criteria)***:**

- Number of patients who have ever had a LDL >4.9mmol/l
- Number of these patients who have family history of cardiovascular disease recorded in their file

Criteria 2

All patients who have ever had a LDL of 5.0mmol/l or more should have a Dutch Lipid Clinic Network Score recorded.

Data Collection Tool (*the 'recorded' aspect of the criteria)***:**

- Number of patients who have ever had a LDL >4.9mmol/l
- Number/percentage of these patients who have ever had a Dutch Lipid Clinic Network Score undertaken and recorded [https://www.fhscore.eu]

Criteria 3

All patients who have ever had a LDL of 5.0mmol/l or more and a relevant family history of premature cardiovascular disease should be coded with pure hypercholesterolaemia (ICD-10 code E78.0).

Data Collection Tool (*the 'recorded' aspect of the criteria)***:**

- Number of patients who have ever had a LDL >4.9mmol/l
- Number of these patient who are coded with pure hypercholesterolaemia (ICD-10 code E78.0)

If you have a large number of patients who ever had a LDL >4.9mmol/l, then take a sample of these to look at. In this scenario, we would suggest that you review the charts of at least 30 patients to establish if they have a Dutch Lipid Clinic Network Score, family history record and if coded as pure hypercholesterolaemia.

The next steps are to:

1. Analyse and interpret your data via comparison with your target – what % of your patients had each of the above recorded compared to the target you set yourself?

2. Decide on what changes need to be made and to implement these changes.
For example, for all patients who attend the practice (for any reason) over the next six months who have had a LDL >4.9mmol/l recorded in their notes, ask and record their family history of cardiovascular disease in first degree relatives and if premature or not (premature is defined as a first degree relative with coronary or vascular disease in men age <55 years and women age <60 years) and add as a coded note in their file,

3. Re-audit your (individual) practice by reviewing the above criteria again after this quality improvement activity. Again, this may be in all your patients or a sample. If choosing a sample, it should not only be the sample of patients included in the first data collection in order to show that the improvement is across the practice and not just in this group of patients.

A detailed explanation of all of these steps can be found in the ICGP Audit Toolkit, which is available on the ICGP Website at: http://www.icgp.ie/audit

NOTE ON CODES

ICPC2

Y93 Lipid disorder

K22 Risk factor for cardiovascular disease

ICD-10

E78.0 Pure hypercholesterolaemia (best for familial hypercholesterolaemia or those with significant hyperlipidaemia and a family history of premature cardiovascular disease)

E78.5 Hyperlipidaemia, unspecified (best for elevated lipids but unclear diagnosis)

NOTE ON RELATED IPCRN AUDIT TOOL

At the time of release, there is an IPCRN audit tool of CVD risk available in Socrates which could be used to assist you to undertake an audit. That audit tool reports on patients coded with K22 (i.e. having a risk factor for CVD). If you additionally code patients with high LDL or hypercholesterolaemia with K22, you could use this tool to assist you to undertake an audit on some of the criterion above.