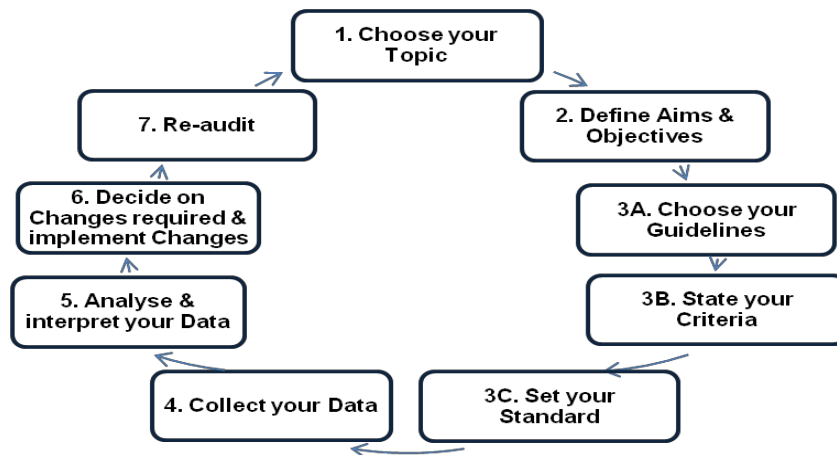




Haemochromatosis Sample Audit



ICGP QUALITY IN PRACTICE COMMITTEE

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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 and is available at www.icgp.ie/audit

Sample Audit Topic: Haemochromatosis

Disclaimer

In all instances where ‘your patients’ are referred to, this can be taken to mean the patients you see. Where ‘your practice’ is mentioned, this refers to the work you do, not necessarily that you need to be based in one particular practice.”

Evidence: ICGP Haemochromatosis Quick Reference Guide – 2nd Edition 2013

“Hereditary Haemochromatosis – Diagnosis and Management from a GP perspective”

Author: Dr Ann Nicholson

Professional Competence Domains: Clinical Skills

Management

Patient Safety and Quality of Care

Communication and Interpersonal Skills

Relating to patients

Sample Criteria

1. If Ferritin levels are elevated greater than 300Ng/MI for men and post-menopausal women, and greater than 200Ng/MI for pre-menopausal women, Transferrin saturation should be measured. Fasting levels of Transferrin saturation and Ferritin are recommended at present.
2. If Iron studies are positive then genetic testing should be performed for C282Y and H63D mutations, following appropriate counseling and discussion re; the implication of the result of the genetic test.

3. Liver biopsy is recommended for those who are likely to have significant liver damage i.e. those who have one or more of the following:
 - Abnormal transaminases, Ferritin > 1000 Ng/ML, Alcohol abuse
4. Where cirrhosis is present, the patient needs to be monitored for the development of hepatocellular cancer by liver ultrasound and estimation of serum alpha feta protein levels 6-monthly.
5. A DEXA scan needs to be performed and repeated at regular intervals as determined by the findings of the DEXA scan and the future risk of Osteoporosis as HH is a known risk factor for Osteoporosis.
6. The patient should be advised that their first degree relatives should be screened i.e. parents and siblings. Screening should include fasting iron studies and genotyping.

Choose the criteria (criterion) 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 criteria.

Criteria 1:

"If Ferritin levels are elevated greater than 300Ng/ML for men and post-menopausal women, and greater than 200Ng/ML for pre-menopausal women, Transferrin saturation should be measured. Fasting levels of Transferrin saturation and Ferritin are recommended at present."

Data Collection Tool:

- Number of patients reviewed for this audit
- Number of patients whose fasting Ferritin levels were elevated greater than 300Ng/ML for men and post-menopausal women, and greater than 200Ng/ML for pre-menopausal women
- Number of these patients who had fasting Transferrin saturation measured

Criteria 2:

"If Iron studies are positive then genetic testing should be performed for C282Y and H63D mutations, following appropriate counseling and discussion re; the implication of the result of the genetic test."

Data Collection Tool:

- Number of patients who had positive Iron studies
- Number of these patients who had genetic testing performed for C282Y and H63D mutations
- Number of these patients with evidence of having received appropriate counseling and discussion re; the implication of the result of the genetic test

Criteria 3:

"Liver biopsy is recommended for those who are likely to have significant liver damage i.e. those who have one or more of the following:

- Abnormal transaminases, Ferritin > 1000 Ng/ML, Alcohol abuse."

Data Collection Tool:

- Number of Haemochromatosis patients who have one or more of the following: Abnormal transaminases, Ferritin > 1000 Ng/ML, Alcohol abuse
- Number of these patients who have had a liver biopsy

Criteria 4:

"Where cirrhosis is present, the patient needs to be monitored for the development of hepatocellular cancer by liver ultrasound and estimation of serum alpha feta protein levels 6-monthly."

Data Collection Tool:

- Number of Haemochromatosis patients with cirrhosis
- Number of these patients who have liver ultrasound and estimation of serum alpha feta protein levels 6-monthly

Criteria 5:

"A DEXA scan needs to be performed and repeated at regular intervals as determined by the findings of the DEXA scan and the future risk of Osteoporosis as HH is a known risk factor for Osteoporosis."

Data Collection Tool:

- Number of Haemochromatosis patients reviewed for this audit
- Number of these patients who have had a DEXA scan performed
- Number of these patients who have had a DEXA scan repeated at regular intervals as determined by the findings of the DEXA scan

Criteria 6:

"The patient should be advised that their first degree relatives should be screened i.e. parents and siblings. Screening should include fasting iron studies and genotyping."

Data Collection Tool:

- Number of Haemochromatosis patients reviewed for this audit
- Number of these patients with evidence of having been advised that their first degree relatives should be screened i.e. parents and siblings.
- Number of these patients with evidence of having been advised that screening should include fasting iron studies and genotyping

The next steps are to:

- Analyse and interpret your data via comparison with your target
- Decide on what changes need to be made and implement these changes
- Re-audit your practice

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