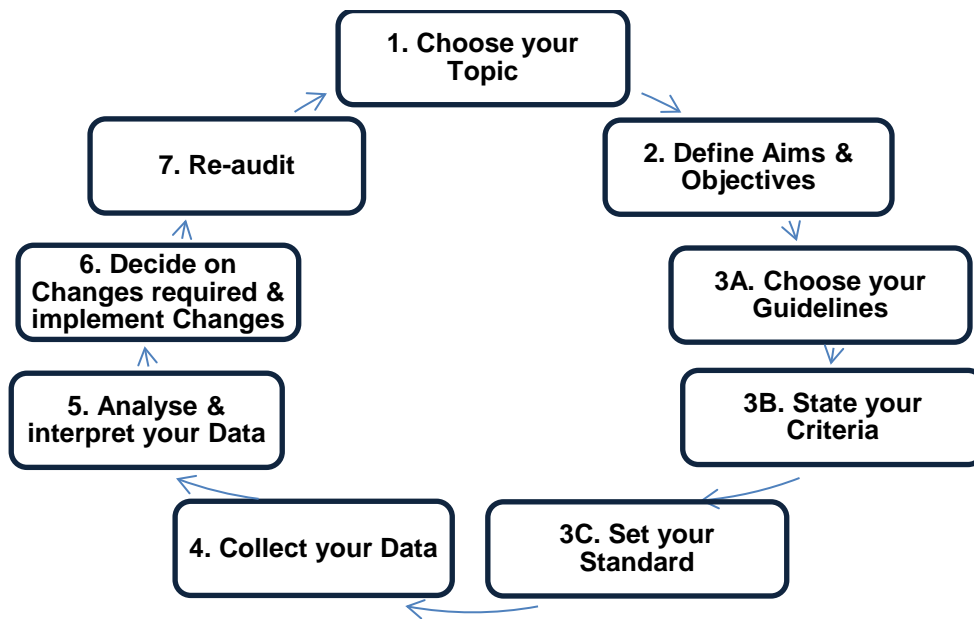




Coeliac Disease Sample Audit



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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: Coeliac Disease

Professional Competence Domains:

- Clinical Skills
- Management
- Patient Safety and Quality of Care

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.”

Original Publication: 2015 Next Review Date: 2018

Evidence:

1. **ICGP Coeliac Disease Quick Reference Guide – 1st Edition 2015**
Diagnosis and Management of Adult Coeliac Disease Authors: Dr Audrey Russell, Dr Eamonn Shanahan, Professor Eamonn Quigley available at www.icgp.ie/QIPCoeliac
2. **National Immunisation Guidelines** - National Immunisation Advisory Committee (NIAC) available at www.immunisation.ie
3. Rubio-Tapia A, Hill ID, Kelly CP, Calderwood AH, Murray JA. **ACG Clinical Guidelines: Diagnosis and Management of Celiac Disease.** The American Journal of Gastroenterology. 2013 May; 108 (5): 656-76.
4. Primary Care Society for Gastroenterology. **The Management of Adults with Coeliac Disease in Primary Care.** London: Primary Care Society for Gastroenterology; May 2006, updated September 2012.
5. Ludvigsson JF, Bai JC, Biagi F, et al. **Diagnosis and management of adult coeliac disease: guidelines from the British Society of**

Gastroenterology. Gut. 2014 Aug;63(8):1210-28. Available at <http://www.bsg.org.uk/clinical-guidelines/small-bowel-nutrition/guidelines-on-the-diagnosis-and-management-of-adult-coeliac-disease.html>

Aims & Objectives: Establish the current standard of care provided to patients with Coeliac Disease. Initiate a range of changes to enhance care where necessary. Demonstrate improvements in patient care.

Sample Criteria

1. Patients with symptoms, signs or laboratory evidence suggestive of malabsorption such as chronic diarrhoea or steatorrhea should be tested for coeliac disease.
2. Patients with a first degree relative with coeliac disease should be considered for testing even if they are asymptomatic.
3. People with newly diagnosed coeliac disease should be tested for B12/folate/iron deficiency. Vitamin D testing should also be considered.
4. All patients should have a DXA scan at presentation. Females with normal bone mineral density at presentation should be reassessed after the menopause and males at age 55 years.
5. Patients with coeliac disease should have an annual review.
6. Patients with coeliac disease should receive vaccination against encapsulated organisms.
7. All patients with coeliac disease should be referred to a Dietician.

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 criteria.

Data Collection Tools

Criterion 1:

Patients with symptoms, signs or laboratory evidence suggestive of malabsorption such as chronic diarrhoea or steatorrhea should be tested for coeliac disease.

(As per American College Gastroenterology Clinical Guidelines 2013 ³)

Data Collection Tool:

- number of patients reviewed for this audit
- number of patients who presented with chronic diarrhoea or steatorrhea
- number of these patients who were tested for coeliac disease

Criterion 2:

Patients with a first degree relative with coeliac disease should be considered for testing even if they are asymptomatic.

(As per American College Gastroenterology Clinical Guidelines 2013 ³)

Data Collection Tool:

- number of patients who have documented family history of coeliac disease
- number of these patients with a positive family history who have been screened for coeliac disease with anti TTG blood test

Criterion 3:

People with newly diagnosed coeliac disease should be tested for B12/folate/iron deficiency. Vitamin D testing should also be considered.

(As per American College Gastroenterology Clinical Guidelines 2013 ³)

Data Collection Tool:

- number of patients diagnosed with coeliac disease
- number of these patients who were tested for B12/folate/ferritin at diagnosis
- The number of patients diagnosed with coeliac disease who were tested for Vitamin D levels.
- The number of patients diagnosed with coeliac disease who had a documentation of consideration of Vitamin D testing

Criterion 4:

All patients should have a DXA scan at presentation. Females with normal bone mineral density at presentation should be reassessed after the menopause and males at age 55 years.

(As per UK Primary Care Society for Gastroenterology Guidelines on The Management of Adults with Coeliac Disease in Primary Care 2006. ⁴)

Data Collection Tool:

- the number of patients diagnosed with coeliac disease
- the number of these patients who had a bone density DXA scan at diagnosis
- for those who had normal bone density at presentation, the number who had a repeat DXA when they reached the menopause in the case of females and at 55 years in the case of males

Criterion 5:

Patients with coeliac disease should have an annual review.

(As per UK Primary Care Society for Gastroenterology Guidelines on The Management of Adults with Coeliac Disease in Primary Care 2006. ⁴)

Data Collection Tool:

- the number of patients with coeliac disease
- the number of these patients who had an annual review
- the healthcare professional who conducted the review

Criterion 6:

Patients with coeliac disease should receive vaccination against encapsulated organisms.

(As per immunisations.ie² and UK Primary Care Society for Gastroenterology Guidelines on The Management of Adults with Coeliac Disease in Primary Care 2006. ⁴)

Data Collection Tool:

- number of patients diagnosed with coeliac disease
- number of those patients who have a documentation of discussion regarding immunization
- number of patients who received PCV13, PPV, Hib, Men ACWY, Men B and annual influenza vaccines

Criterion 7:

Patients with coeliac disease should be referred to a dietician.

(As per American College Gastroenterology Clinical Guidelines 2013 ³ and The British Society of Gastroenterology : Management of Adults with Coeliac Disease 2010 ⁵)

Data Collection Tool:

- number of patients with coeliac disease
- number of these patients who have been referred to a dietician
- number of these patients who have been advised to attend a dietician privately

The next steps are to:

- Analyse and interpret your data in comparison with your targeted standard
- 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

- Consider sharing your outcomes within your practice.
- Consider sharing your outcomes with colleagues to disseminate enhanced care.