Improving Primary Care Screening for Familial Hypercholesterolemia

Mary Nametka
Brenda Senger
Providence Sacred Heart, brenda.senger@providence.org

Follow this and additional works at: https://digitalcommons.psjhealth.org/prov_rn_conf_all

Part of the Cardiology Commons, and the Nursing Commons

Recommended Citation
Nametka, Mary and Senger, Brenda, "Improving Primary Care Screening for Familial Hypercholesterolemia" (2021). View all. 6.
https://digitalcommons.psjhealth.org/prov_rn_conf_all/6

This Conference Proceeding is brought to you for free and open access by the Providence Nursing Research Conference at Providence St. Joseph Health Digital Commons. It has been accepted for inclusion in View all by an authorized administrator of Providence St. Joseph Health Digital Commons. For more information, please contact digitalcommons@providence.org.
Familial Hypercholesterolemia (FH) is the most common genetic condition resulting in cardiovascular disease, a leading cause of death in the United States. An estimated 90% of individuals with FH remain undiagnosed.

The purpose of this quality improvement project was to increase provider awareness and promote screening for FH among adults ages 20 years and older by: 1) educating providers about FH; 2) evaluating lipid screening practices on admission and every five years; 3) evaluating treatment status for clients exceeding the LDL-C 190 mg/dl cut-point; and 4) evaluating program impact on lipid screening practice.

Outcome measures of FH knowledge were reported using descriptive statistics. An independent samples t-test showed no statistically significant change in screening practices pre/post-intervention (p = 0.976), with a mean interval of 2.09 years between initial and subsequent testing. Regression analysis yielded a medium correlation effect between age and lipid testing intervals, decreasing by .028 years for every one-year increase in age.

The proportion of clinic patients exceeding the expected population estimate for FH was significant (p < .001). Return of clinical impact survey data did not occur.

The Electronic Medical Record (EMR) based data collection process and online education delivery methods were a good fit for this project because they were low-cost, non-intrusive, and did not require participant cooperation from patients. Lipid screening was found to be done more frequently with increased age. Since FH increases risk from birth, this data might prompt a screening protocol discussion.

Opportunities for quality improvement have been identified at the study site for improved awareness and screening for FH. The prevalence of patients at high-risk for FH has been reported. Continued data collection, benchmarking and process improvement efforts can help prevent the premature morbidity and mortality associated with familial hypercholesterolemia.

References