

Setting up a Coronary Heart Disease Register (CHD Register)

The NPCC extraction tool will identify all patients in your clinical software who have a coded diagnosis of Angina, Myocardial Infarction, Angioplasty (+/- stent), and CABG (and associated codes of these). It will not find patients who DO NOT have one of these diagnosis coded. It is advisable to run a few searches on your clinical software to verify that all your patients with coronary heart disease are found.

The easiest way to find this group of patients collectively is to assign all patients with one of the above diagnoses with a diagnosis of Ischaemic Heart Disease (IHD) in their past medical history. This will assist you to quickly identify these patients in the future when you are trying to search for specific items relating to your CHD patients.

To get a rough idea of the number of CHD patients in your practice population, run the NPCC extraction tool and print out the number and list of patients it identifies. Then start searching each of the individual diagnoses angina, MI, angioplasty and CABG, add IHD to each of these patients and run the tool again to determine if the numbers have increased.

The following examples can be conducted on Medical Director.

Search 1

1. Select “condition” and type in “Angina” and double click to add this to the search query. Then select “condition” again and type in Ischaemic Heart Disease , tick the box “as a NOT condition” and then double click Ischaemic Heart Disease to add it to the search query. The query (in the box at the bottom of the page) should read “All patients having Angina., not having Ischaemic Heart Disease”
2. This should identify all patients with the coded diagnosis of angina (and associated codes in MD) who do not have a code for Ischaemic Heart Disease.
3. Open the Past Medical History tab and add Ischaemic Heart Disease from the coded list. To assist the functionality of the NPCC Extraction Tool ensure the Year of Diagnosis is also completed (this date should coincide with the year in which the primary diagnosis was made eg Angina).

Search 2

1. Repeat this search for Myocardial Infarction, Angioplasty and CABG, adding the Ischaemic Heart Disease diagnosis to the Past Medical History and including the year of diagnosis.
2. When you are satisfied you have identified and labeled all appropriate patients with IHD, run a search on MD for all patients with IHD, and then run the NPCC extraction tool and compare the results. They should be similar.

Search 3

1. Select “Currently taking drug from class” and type in “lipid reducing agents” add to search criteria, then choose “Condition” and type in “IHD” and mark the “as a NOT condition” box, and then add to search criteria. The query (in the box at the bottom of the page) should read “All patients using hypolipidaemic agents not having IHD”.
2. This will find all people prescribed this medication, who do NOT have a coded diagnosis of IHD.
3. A GP will need to go through the list and identify those people who should be on the CHD register (not all people identified in this search will have CHD).
4. Add the primary diagnosis (angina, MI, angioplasty, CABG) and also add IHD to the past history and include the year of primary diagnosis.



Search 4

1. Select “Currently taking drug from class” and type in “anti-angina agents” add to search criteria, then choose “Condition” and type in “IHD” and mark the “as a NOT condition” box, and then add to search criteria. The query (in the box at the bottom of the page) should read “All patients using anti-angina agents not having IHD”.
2. This will find all people prescribed this medication, who do NOT have a coded diagnosis of IHD.
3. A GP will need to go through the list and identify those people who should be on the CHD register (not all people identified in this search will have CHD).
4. Add the primary diagnosis (Angina, MI, Angioplasty, CABG) and also add IHD to the past history and include the year of primary diagnosis.

Search 5

1. Go to Medical Director Maintenance
2. Click on Diagnosis Coder
3. There will be a list of diagnoses that have been entered via free text in the left hand column
4. Look down for the list for any that relate to CHD (Heart attack, chest pain, etc)
5. Highlight the item and then in the column on the right side type the correct coded diagnosis and a coded list of diagnoses will appear. Scroll down the list until you find the correct coded diagnosis for the patient and highlight this.
6. Select “Correct” and this will change the free text diagnosis to a coded diagnosis.
7. Continue this process for all diagnoses in the free text column.
8. Encourage the GPs to use a consistent coding format and add IHD to new diagnoses of Angina, MI, Angioplasty and CABG.

Search 6 – Tidy up your register

1. Scroll down the list of patients on the register – there are probably people on the list who have not attended in the past two years.
2. Consider limiting your register to patients who have attended the practice in past two years (if appropriate inactivate these records).
3. In MD go to Files and then select Patients – this will open the Patient Database.
4. Highlight the name of the patient who has not attended for more than two years.
5. Select the Delete button at the bottom of the page, this will give you 4 options – choose Mark as Inactive.
6. Check register for deceased patients.
7. If deceased patients are identified on the register ensure they are marked as deceased in your software.
8. In MD go to Files and then select Patients – this will open the Patient Database.
9. Highlight the name of the deceased person.
10. Select the Delete button at the bottom of the page, this will give you 4 options – choose Mark as Deceased.

You have just completed 9 PDSA cycles. Make sure you document what you found ie how many patients were found on each search, the number of records you updated etc, and record it on the online-reporting system (ORS). Your Collaborative Program Manager (CPM) can assist you with this.

Also, ensure the “Reason for Prescription” box is enabled and pops up each time a medication is prescribed. Enter the reason for prescription in the “Pick from List” box or double click on reason from Past Medical History, if already present. If this is a medication that will be prescribed regularly for an ongoing medical condition then untick the “Save in PMH” box to avoid the condition being printed as individual diagnoses on referral letters or other correspondence.

