

# QIM 3 – BMI



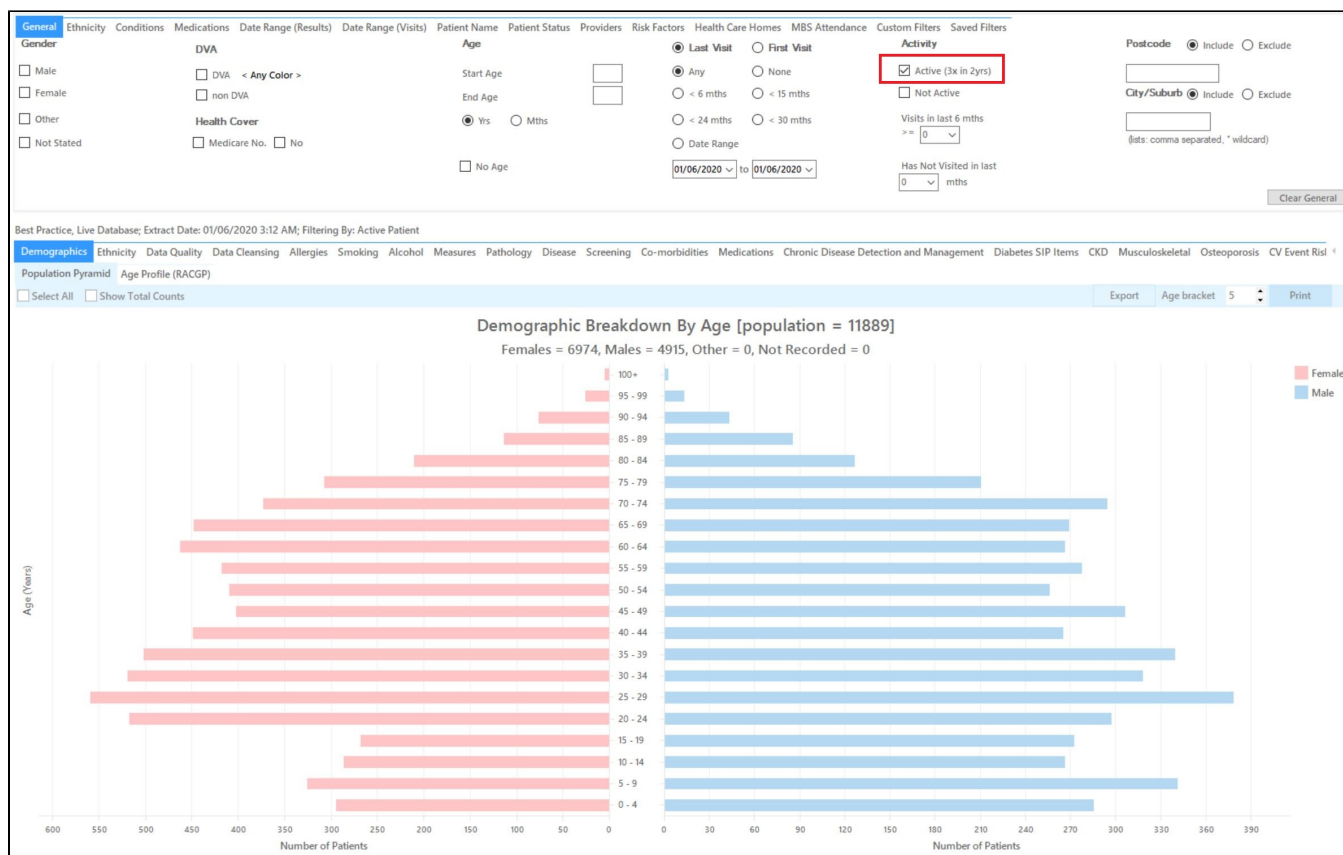
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<b>R e c i p e N a m e:</b>	QIM 3 – BMI
<b>R a t i o n a l e:</b>	Being overweight, obese or underweight is associated with higher rates of morbidity and overweight and obesity is now a major public health issue in Australia. Being overweight and obese is a risk factor for Type 2 diabetes, cardiovascular disease, hypertension, osteoarthritis, some cancers and gallbladder disease. Being overweight or obese is also associated with certain psychosocial problems, functional limitations and disabilities. Being underweight means you may be malnourished and develop compromised immune function, respiratory disease, digestive diseases, cancer and osteoporosis. Australia's obesity rate now ranks fifth among Organisation for Economic Co-Operation and Development (OECD) countries (OECD 2017). BMI continues to be a common measure to identify adults who may be at an increased risk of morbidity and mortality due to their weight.
<b>T a r g e t:</b>	<p>Proportion of regular clients who are aged 15 years and over and who have had their BMI classified as obese within the previous 12 months, where obese is classified as a BMI score of 30 or over.</p> <p>Proportion of regular clients who are aged 15 years and over and who have had their BMI classified as overweight within the previous 12 months, where overweight is classified as a BMI score of 25 to less than 30.</p> <p>Proportion of regular clients who are aged 15 years and over and who have had their BMI classified as healthy within the previous 12 months, where healthy is classified as a BMI score of 18.5 to less than 25.</p> <p>Proportion of regular clients who are aged 15 years and over and who have had their BMI classified as underweight within the previous 12 months, where underweight is classified as a BMI score of less than 18.5.</p> <p>If the client has had their BMI recorded more than once within the previous 12 months, only the most recently recorded result is included in this calculation. Only include those client's whose BMI was classified using a height measurement taken since the client turned 15 and a weight measurement taken within the previous 12 months.</p>
<b>C A T S t a r t i n g P o i n t:</b>	<ol style="list-style-type: none"> <li>1. CAT Open - CAT4 view (all reports) loaded</li> <li>2. Population Extract Loaded and Extract Pane "Hidden" <ol style="list-style-type: none"> <li>a. Filter Pane open and under the 'General' tab 'Active Patients' (3x &lt;2 years) selected</li> </ol> </li> </ol>



The current CAT4 BMI report uses a slightly different definition for a valid height from the PIP QI measure definition. The steps shown below will still highlight missing BMIs and, if taken as a guide for quality improvement activities, will ensure more complete patient records.

## CAT4 starting point



#### RECIPE Steps Filters:

- In the "General" Tab, enter Start Age = 15

General Ethnicity Conditions Medications Date Range (Results) Date Range (Visits) Patient Name Patient Status Providers Risk Factors Health Care Homes MBS Attendance

Gender: ☐ Male ☐ Female ☐ Other

DVA: ☐ DVA < Any Color > ☐ non DVA

Health Cover: ☐ Medicare No. ☐ No

Age: Start Age  End Age  ☒ Yrs ☐ Mths ☐ No Age

Activity: ☒ Last Visit ☐ First Visit ☒ Active (3x in 2yrs) ☐ Not Active

Visits in last 6 mths: >=  0

Has Not Visited in last:  0 mths

01/06/2019 to 01/06/2019

Then select the 12 month date range result filter, to only show results that were entered in the last 12 months:

General Ethnicity Conditions Medications **Date Range (Results)** Date Range (Visits) Patient Name Patient Status Providers Risk Factors Health Care Homes MBS Attendance Custom Filters

**Date Range for Last Recorded Result or Event**

The date range selected will filter out results or events that are not within the selected period and treat them as not recorded. This filter is not applicable to graphs that display time periods.

☐ All  
☐ <= 6 mths ☒ <= 12 mths ☐ <= 15 mths ☐ <= 24 mths  
☐ Date Range (from -to)  
 01/06/2019 01/06/2019

Use for:  
 Measurements  
 Pathology  
 MBS Items  
 Maternal Health (birth date/weight)  
 Visit Types  
 Digital Health (SHS/ES uploads)  
 Smoking/Alcohol  
 Influenza

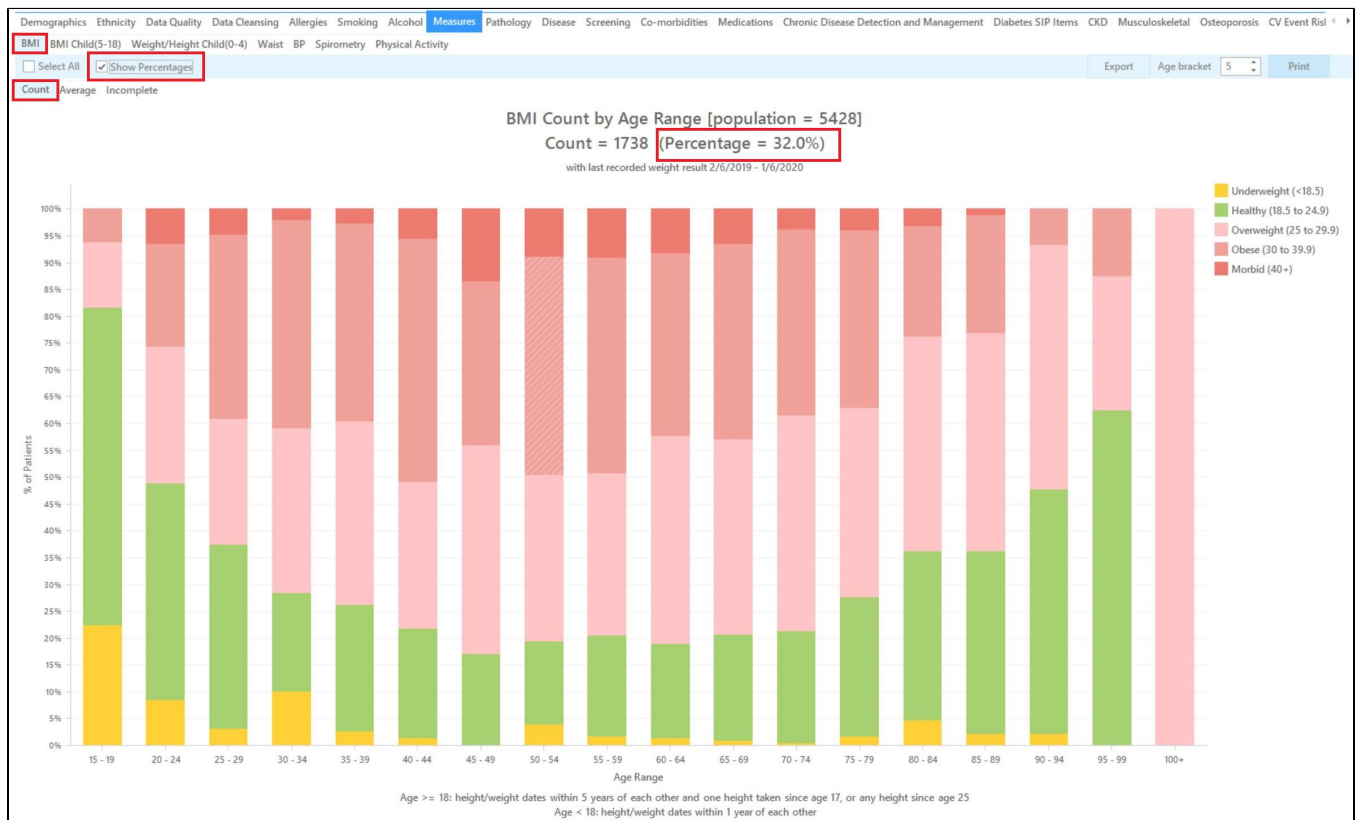
Clear Results

- Click "Recalculate"
- Click 'Hide Filters'

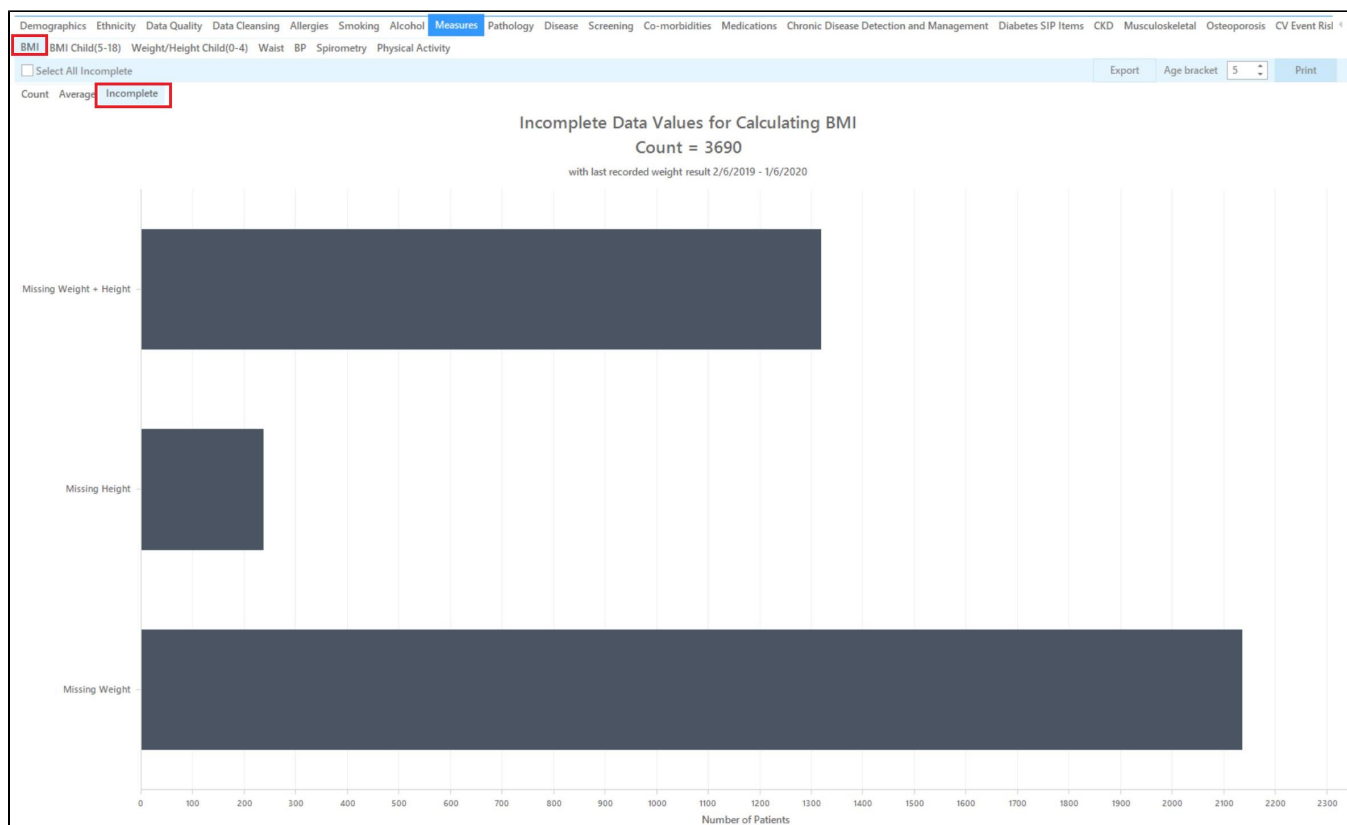
### Report Steps

- Select the "Measures/BMI" tab

This report will show you the BMI status of your selected patient group and will allow you to measure improvement over time by comparing your reports. The report title shows the percentage of patients where a BMI could be calculated as they had a weight and height recorded.



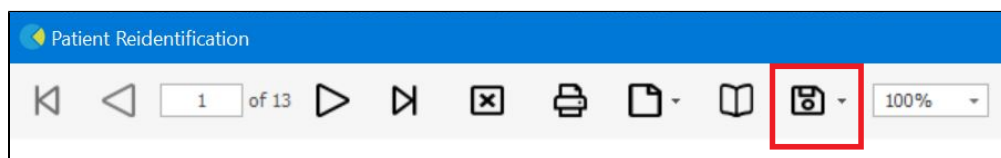
The 'Incomplete' report will show what is missing in the patient records to calculate the BMI:



The report above will make it easy to see which results are missing and what will be most effective in raising the number of patients with a current BMI result.

#### To Export Patient List to Microsoft Excel:

1. Click on the "Export Icon" at the top of the Patient Reidentification window.



2. Click on "Excel"
3. Choose a file name and a location to save to (eg. Create a folder C:/ClinicalAudit/CAT Patient FollowUp)
4. Click "Save"

The steps above will produce a list of patients with contact details in MS Excel which can then be used to:

1. Go back through the individual patient records in the GP Clinical Desktop System (CDS) and update known records
2. Phone patients to update their record
3. Produce a mail merge to recall patients for follow up

### Optional: Use Recall CAT SMS and voice messages for patient recall

Full details are here: [Recall CAT](#)


**CAT Starting Point:**  
The Patient Reidentification window displays your list of filtered patients



 Refine Selection
  Add/Withdraw Patient Consent
  GoShare Plus
  SMS Recall
  Voicemail Recall
  Topbar Prompt

- Patients who have opted out of receiving SMS from your clinic are removed by default
- Linking your online booking system to the SMS recall
- Include the opt-out message in the SMS for patient to "STOP" receiving SMS notifications sent through CAT4

Clicking on "Send" will send the message to all patients with a valid mobile phone number in their record. A confirmation message will prompt you with the number of messages to be sent and the required credits. Click yes to send the SMS recall.



## SMS Recall

**SMS Text:**

From Pen CS Pty Ltd: test message

Click here to book appointment <http://www.pencs.com.au/support/>

To opt-out reply STOP

Characters Remaining: 39

**Inclusion Criteria:**

Filtering By: None

Selected: Disease (Diabetes Type II)

Send

Cancel

☐ Remove patients who have opted out to receive SMS from your clinical

Credits Required: 1

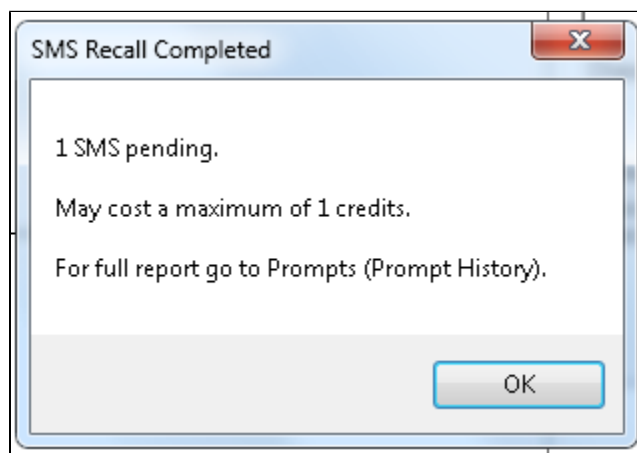
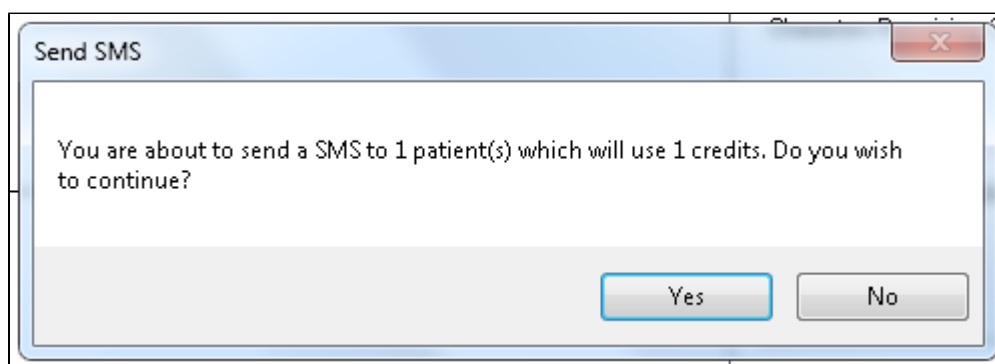
☒ Include Online Appointment Book Link

Credits Available: 2547

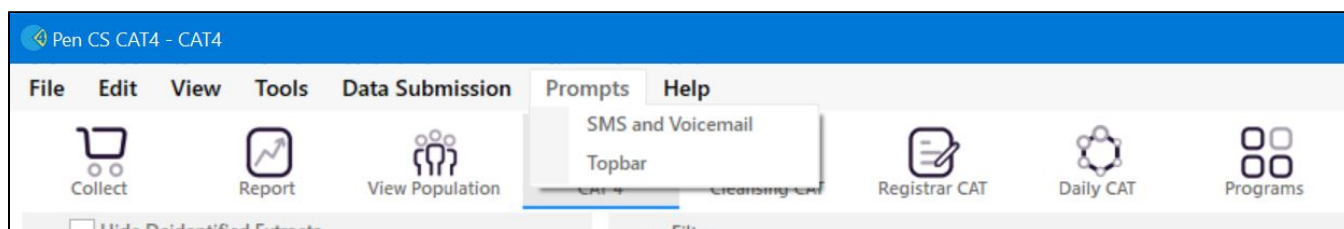
☒ Include opt-out message at the end of the SMS message

Auto Top-Up Enabled

After sending a SMS or Voice Message you will see a message like this one (for SMS)



For full details on the prompt history, click on 'Prompts' and select 'SMS and Voicemail'



Recall CAT - Message History: <http://help.pencs.com.au/display/CG/Recall+CAT++Message+History>

## Optional: Create a prompt to display in Topbar



Remember you need to be in the CAT4 Daily View to be able to create prompts. Other pre-requisites are:

- Topbar is installed
- CAT4 is linked to Topbar via Edit/Preferences/Topbar - check here for details: [Linking CAT to Topbar](#)

To start click on the 'Daily View' icon on the top of your CAT4 screen:



Once you have applied the filter(s) and displayed the patients of interest as described above, you can create a prompt that will be shown to all clinicians using Topbar if a patient meeting the prompt criteria is opened in their clinical system. The full guide is available at [CAT PLUS PROMPTS](#) and a short guide on how to create prompts in CAT4 can be found at [Creating a Prompt in CAT4](#)

To start you have to use the drop-down menu at the bottom of the patient details report and select "Prompt at Consult - Topbar" then click on "Go" to give the new prompt a name.



The name you enter is the prompt text displayed in Topbar, so choose a simple but clear name that tells the clinician seeing the prompt what should be done.

