## **CAT QAIHC Indicator Quick Reference Guide v3-4**

Int ro du cti on	The Queensland Aboriginal and Islander Health Council (QAIHC) have developed a set of core indicators, funded through the Health Information Prodesigned to support quality improvement initiatives. A subset of these indicators is provided in the CAT QAIHC Indicators report.
	The CAT HFL Indicators module is available for clinical systems where the CAT data extract meets the CAT data specifications version 1_6 or higher
	MBS Item Indicators in the report (indicators 10, 12, 14 and 20) are available where the clinical and billing systems are provided by the same vendor.
Ab ou t thi s Gu ide	This guide provides a description of each indicator in the report. The 'CAT User Guide Appendices Data Mappings' provides an explanation of where most of the data items are collected from in each clinical system. This guide provides any additional explanations required and details of any calculati used.  Notes:  1) Indicators report data for Recent Attenders, Active and Recent Attendees, and All Patients From June 2012 MD and BP users are able to extract archived and deceased patients that have had a visit in the last 2 years. Refer to "Extracting Additional Patients Quick Reference Guide". If the pract has elected to include archived patients then these will be included in the above populations provided they still meet the visit criteria. Hence the patient totals will vary depending on your preference selection.
	Recent attenders are patients that have had a visit in the last 6 months.  Active attenders are patients that have had 3 visits in the last 2 years.  From June 2012: All Patients is restricted to patients that have had a visit in the last 2 years.  2) Visit Definition - check the Clinical Audit Tool User Guide Mappings Appendix for your clinical system.  3) In this report a child is 0-14 years and an adult >=15 years.  4) To maximise your service's performance, all clinical staff or clinical service providers should have their own log ins for the clinical system and make record of client or patient visits or consultations in progress notes and other parts of the clinical record as appropriate.
Q AI H C Re po rt	The Report is available under Standard Reports > Indicator Sets
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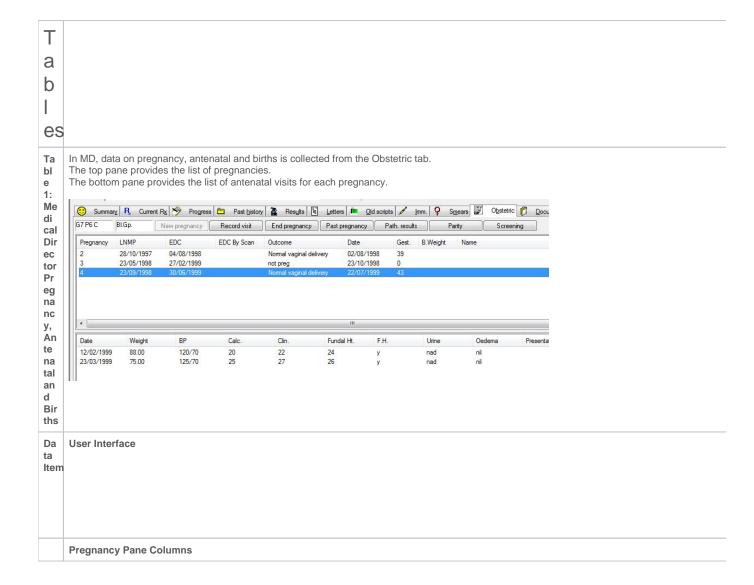
Pa The number of patients seen in the last 6 months tie Total nt · Breakdown by adults and children De m og ra ph ics 1. The number of service contacts in the last 6 months Se rvi Total • Breakdown by the provider who has recorded the visit ce Co nt ac ts This indicator provides the Adult smoking status breakdown. 6. S m ok ing 7. This indicator provides the Adult alcohol consumption status breakdown. ΑI A drinker is at risk if they СО drink > 2 drinks on a regular occasion hol • binge drink (MD only which is currently recorded as >= 6 drinks on any occasion) A drinker is low risk if they drink but do not meet the at risk criteria 8. a) Waist b) BMI Ob esi This indicator looks at Adult measurements taken in the last 12 months. ty It provides the breakdown of waist and bmi measurements by gender. an d Ov er we ig ht Pr ev ale nce This indicator looks at Adult physical activity assessment recorded in the last 2 years. A patient meets the physical activity guidelines if they are assessment recorded in the last 2 years. 9. Ph with a moderate/high level of activity. ysi Medical Director: cal In MD a physical activity assessment is done by clicking on the 'running man' icon or choosing 'Assessment > Physical Activity' from the menu. A Ac physical activity assessment is deemed as done if either an assessment or a prescription is recorded. tiv Where an assessment has been done, if the score is > 5 the patient meets the physical activity guidelines, otherwise they do not meet the guidelines ity In BP a physical activity prescription is done by selecting the 'Clinical > Physical Activity Prescription' menu option. The prescription must be printed f to be saved. A selected 'current physical activity level' of moderate or active meets the physical activity guidelines, otherwise they do not meet the guidelines

10. Ad ult He alt h Ch ec ks (Pr e Ma y 10 : M BS 70 66, 71 0; Po st Ma y 10 : M BS 71 5)	Adult patients who have had an adult health check done in the last 2 years  15-54 years  > = 55 years  Note: MBS Item Indicators in the report are available where the clinical and billing systems are provided by the same vendor.
11. Di ab eti c Cli en t Co ve ra ge	The number of Adult patients with a diagnosis of Diabetes. This is compared with the expected % of 15%.
12. Di ab eti c Pa tie nt s on G P M P (M BS 72 1)	The number of Adult Diabetic Type II patients who have had a GP Management Plan done in the last 12 months.  Note: MBS Item Indicators in the report are available where the clinical and billing systems are provided by the same vendor.
13. Di ab et es Hb A1 c Re co rd ed	The number of Adult Diabetic Type II patients who have had an HbA1c recorded in the last 12 months.

14.	The number of Adult CHD patients who have had a GP Management Plan done in the last 12 months.
C H D Pa tie nt s on G P M P (M BS 72	Note: MBS Item Indicators in the report are available where the clinical and billing systems are provided by the same vendor.
15. Hy pe rte ns io n Pr ev ale nc e an d Sc re en ing	a) BP < 12 mths b) Patients with Hypertension c) Patients with Hypertension and BP < 6mths  The risk of cardiovascular diseases increases as BP increases. These indicators look at the level of BP recording in the Adult patient population with Hypertension. a) The number of adult patients in the population who have had a BP recorded in the last 12 months b) The number of adult patients with a diagnosis of Hypertension This is compared with an expected % of 10%. c) The of adult patients with a diagnosis of Hypertension who have had a BP recorded in the last 6 months
16. Hy pe rte ns io n co rre ct Me di ca tion	The number of Adult Hypertension patients currently on an ACE or A2 medication.
17. An te na tal Ca re Co ve ra ge	The Proportion of Indigenous women who gave birth in the last 6 months who attended antenatal care.  Refer to the tables at the end of this guide for data item explanations.  Count Date of birth <= 6mths  Antenatal pane with any visit for this pregnancy is an antennal attendance

18. The Proportion of Indigenous women who gave birth in the last 6 months who attended their first antenatal care visit Ti • < 13 wks m • 13wks - <20 wks ely • >=20 wks An Not recorded te na tal Refer to the tables at the end of this guide for data item explanations. Ca Count Date of birth <= 6mths re Antenatal pane with any visit for this pregnancy is an antennal attendance Antenatal visit date for this pregnancy is compared to the gestation to determine the number of weeks where the first visit falls. The Proportion of babies born to Indigenous women\* whose weight was 19. Lo • < 2500 grams W • 2500 – 4499 grams an • >= 4500 grams d Hi gh Refer to the tables at the end of this guide for data item explanations. Bir Count Date of birth <= 6mths th we \* includes live births only, excludes births <= 20 weeks gestation ig ht Ba bi es 20. Indigenous children who have had a child health check done in the last 2 years In <=5 years di • >5 and < 15 years ge no us Note: MBS Item Indicators in the report are available where the clinical and billing systems are provided by the same vendor. Ch ild He alt h Ch ec ks (Pr е Ma 10 M BS 70 8; Po st Ma 10 M BS

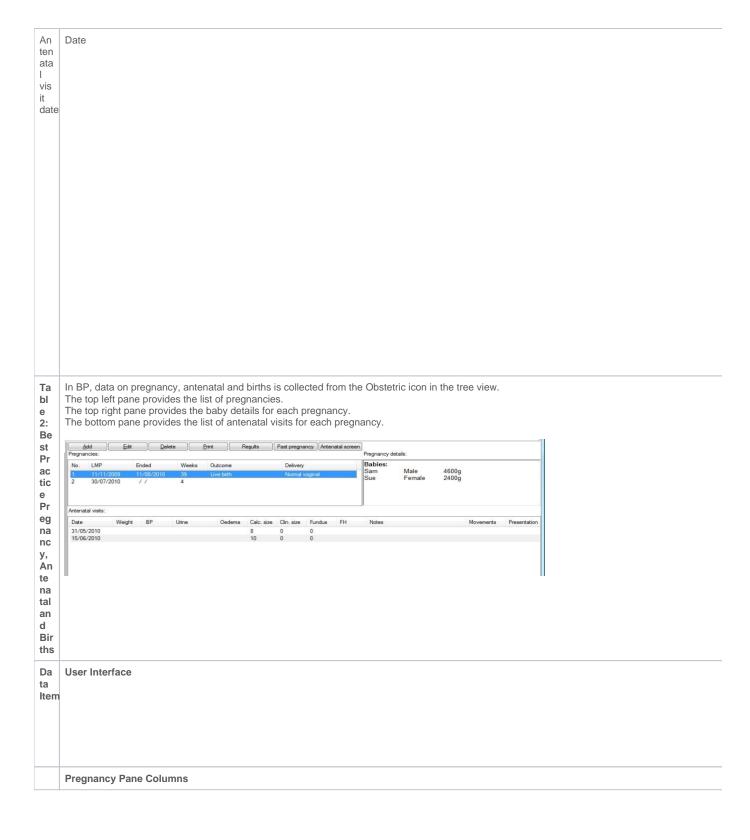
71 5) 21. a) < 5years b) 5-14 years Un de This indicator looks at childrens measurements taken in the last 6 months. a) Children < 5 yrs - weight and height an b) Children >=5, < 15 - bmi d Ov The indicator compares the measurements against the 5<sup>th</sup> and 95<sup>th</sup> percentile of the WHO growth charts. These are available at http://www.who.int er we /childgrowth/standards/en/index.html iq ht Ch ild ren 26. The Proportion of Indigenous women who gave birth in the last 6 months who attended antenatal care Ad >= 4 visits eq <= 3 visits</li> ua • No visit recorded te An te Refer to the tables at the end of this guide for data item explanations. na Count Date of birth <= 6mths tal Antenatal pane with any visit for this pregnancy is an antennal attendance Ca re 27. The Proportion of Indigenous women who gave birth in the last 6 months\* who were <= 36 weeks gestation. Pr Refer to the tables at the end of this guide for data item explanations. op Count Date of birth <= 6mths ort io \* includes live births only, excludes births <= 20 weeks gestation n of Pr et m Bir ths This indicator provides a breakdown of Adults patients who have had a creatinine or ACR measurement recorded in the last 6 months. 28. Ri sk Creatinine is used to calculate the eGFR using the revised MDRD formula: of Re GFR (mL/min/1.73 m<sup>2</sup>) = **175** x (S<sub>cr</sub>)<sup>-1.154</sup> x (Age)<sup>-0.203</sup> x (0.742 if female) na Di Patients are reported for: se ase • eGFR > 90mls/min • eGRR <= 90mls/min, >= 60mls/min • eGR < 60 mls/min ACR (mg/mmol) = microalbumin (mg/L) / urinary creatinine (mmol/L) Refer to the 'CAT User Guide Appendices Data Mappings' for your clinical system for an explanation of how ACR, microalbumin and urinary creatinine are collected. Patients are reported for: ACR > 3.5 mg/mmol Further information is available from QAIHC: Fu rth PHMO, Dr Katie Panaretto on KatiePanaretto@qaihc.com.au er Inf or Health Informatics Project Officer, Melvina Mitchell on MelvinaMitchell@ga m c.com.au on



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