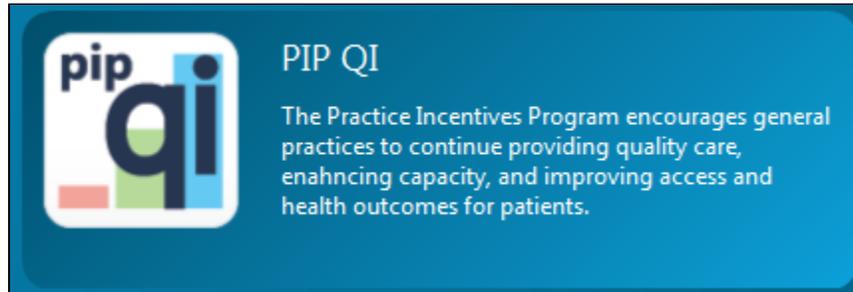


# PIP QI Improvement Measures

CAT4 can report on the new ten improvement measures for the PIP QI through the normal user interface by following the recipes detailed here: [PIP QI Improvement Measures](#). However some of the indicators have slightly different definitions and/or calculations so PEN CS has developed this report showing the ten measures exactly as specified by the Department of Health for the PIP QI. No filters are required and you can access the new reports through the dashboard/programs or find it under under 'Standard Reports/Indicator Sets/PIP QI'. For full details on how to access programs in CAT4, see this page: [Programs](#). Once you have access the programs view, you can select the PIP QI program icon:



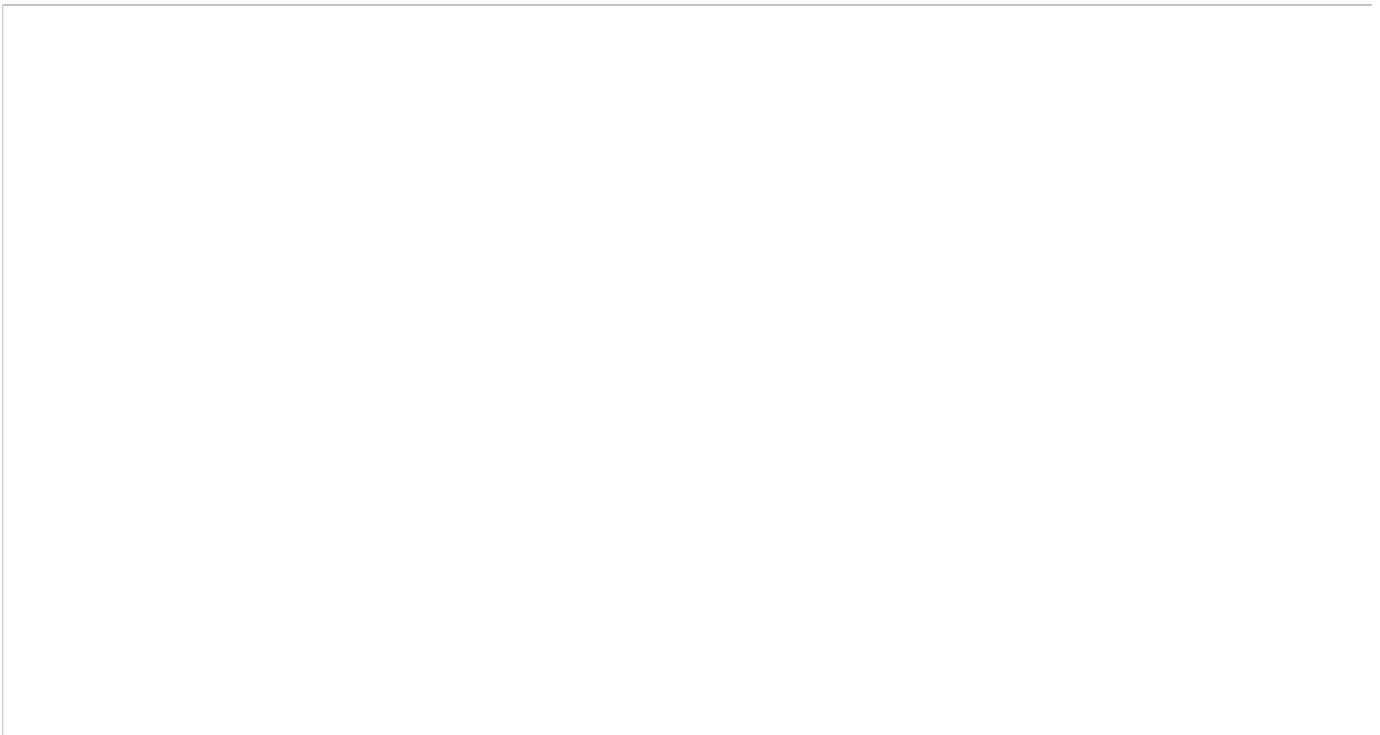
After loading your latest (or any other) data extract, you will be able to see the new PIP QI indicator set with the ten indicators as well as a summary report. Each report tab is pre-filtered to the specifications defined in the PIP QI and doesn't require any additional filtering. You can however apply additional filters if required.

 All details on the calculation and definitions are provided in the header/footer of the report graphs.

To create a JSON file to upload PIP QI aggregated data to your PHN, follow the steps in this guide: [Create a PIP QI Aggregate Report from CAT4 in JSON Format](#)

Here are the details of the reports available:

- PIP QI report - summary of all indicators in aggregate format



**PIP QI: Quality Improvement Measures**

**Report Date: 01/06/2019 3:14 AM**

**Practice Name: Deidentified Practice**

**Standard Report - Regular clients (3 visits in the last 2 years)**

The patient population in this report is patients who have had 3 visits in the last 2 years and who are not archived or deceased.

**QIM 01: Proportion of patients with diabetes with a current HbA1c result**

**Calculation A: Regular clients who have Type 1 diabetes**

Proportion of regular clients who have Type 1 diabetes and who have had an HbA1c measurement result recorded within the previous 12 months

	Recorded		Not Recorded		Total
	Number	%	Number	%	
Number of regular clients who have Type 1 diabetes	19	76%	6	24%	25

**QIM 01: Proportion of patients with diabetes with a current HbA1c result**

**Calculation B: Regular clients who have Type 2 diabetes**

Proportion of regular clients who have Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous 12 months

	Recorded		Not Recorded		Total
	Number	%	Number	%	
Number of regular clients who have Type 2 diabetes	250	83%	50	17%	300

**QIM 02: Proportion of patients with a smoking status**

Proportion of regular clients aged 15 years and over whose smoking status has been recorded as one of the following: current smoker; ex-smoker; or never smoked (with result in the past 12 months where age < 30)

	Recorded		Not Recorded		Total
	Number	%	Number	%	
Number of regular clients aged 15 years and over	3696	82%	787	18%	4483

**QIM 03: Proportion of patients with a weight classification**

Proportion of regular clients aged 15 years and over and who have had their Body Mass Index (BMI) classified as obese, overweight, healthy, or underweight within the previous 12 months (height recorded at age >= 15 years)

	Morbid (BMI >=30)		Overweight (25 <= BMI <30)		Healthy (18.5 <= BMI <25)		Underweight (BMI <18.5)		Recorded
	Number	%	Number	%	Number	%	Number	%	
Number of regular clients aged 15 years and over with a BMI classification	539	36%	492	33%	428	29%	35	2%	1494

**QIM 04: Proportion of patients aged 65 and over who were immunised against influenza**

Proportion of regular clients aged 65 years and over who were immunised against influenza in the previous 15 months and who are not recorded as declined

	Immunised		Not Immunised		Total
	Number	%	Number	%	
Number of regular clients aged 65 years and over	1131	78%	321	22%	1452

**QIM 05: Proportion of patients with diabetes who were immunised against influenza**

Proportion of regular clients with diabetes who were immunised against influenza in the previous 15 months and who are not recorded as declined

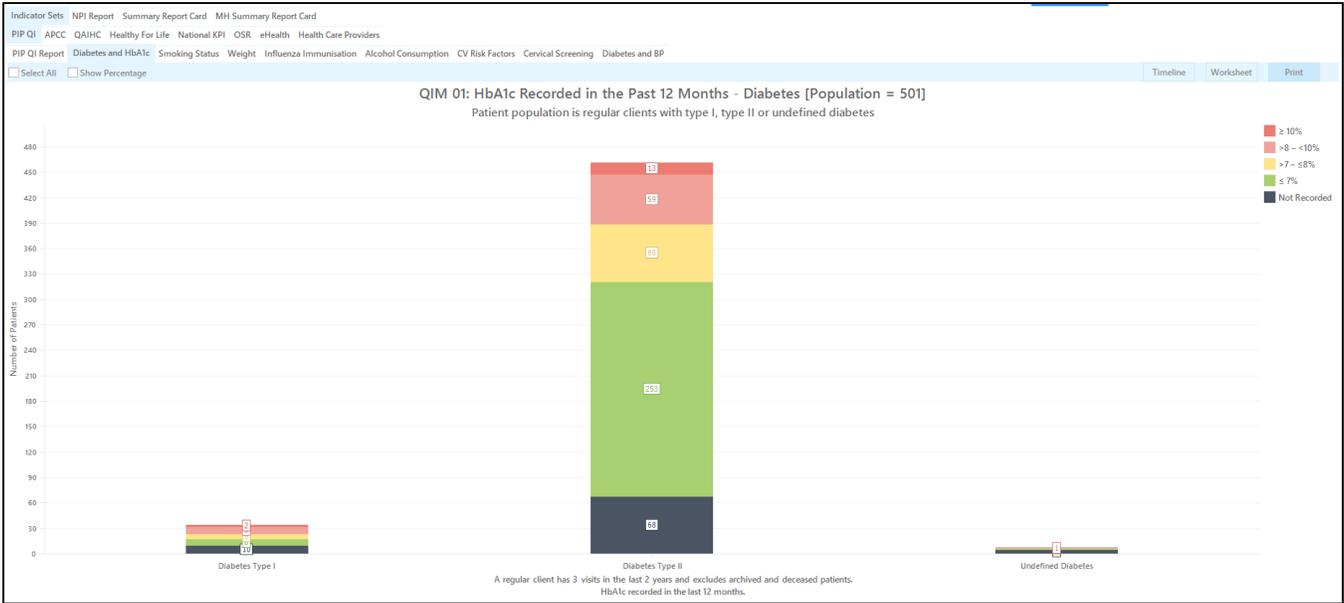
	Immunised		Not Immunised		Total
	Number	%	Number	%	
Number of regular clients with diabetes	238	74%	85	26%	323

**QIM 06: Proportion of patients with COPD who were immunised against influenza**

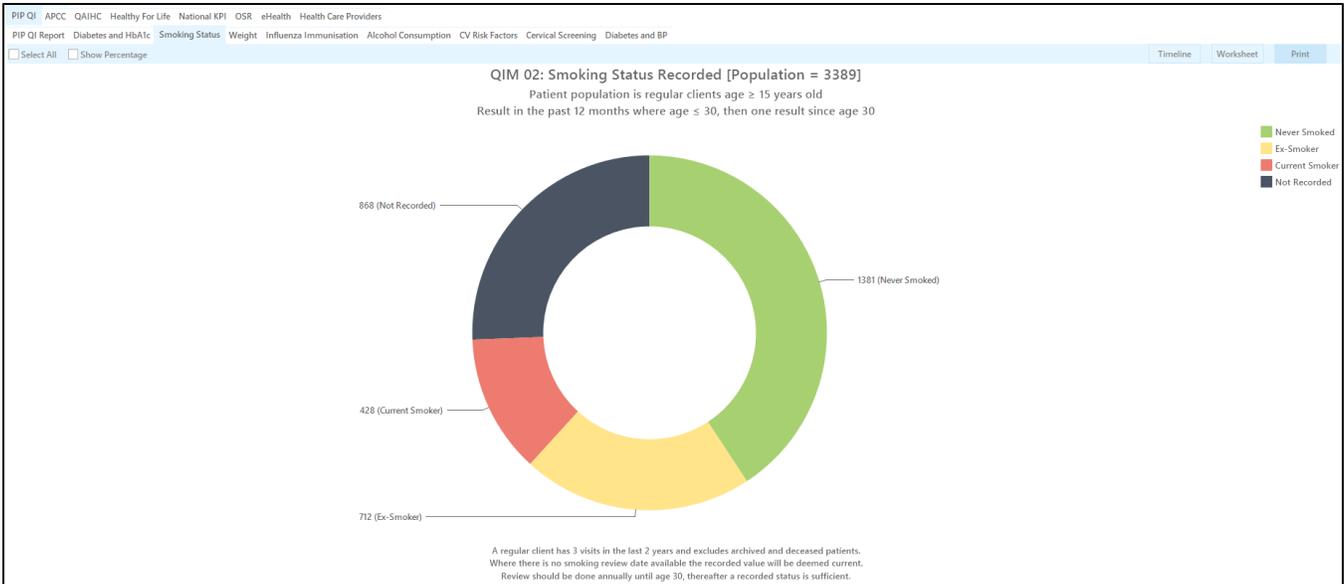
Proportion of regular clients who are aged 15 years and over, are recorded as having chronic obstructive pulmonary disease (COPD), and were immunised against influenza in the previous 15 months and who are not recorded as declined

	Immunised		Not Immunised		Total
	Number	%	Number	%	
Number of regular clients aged 15 years and over	69	80%	17	20%	86

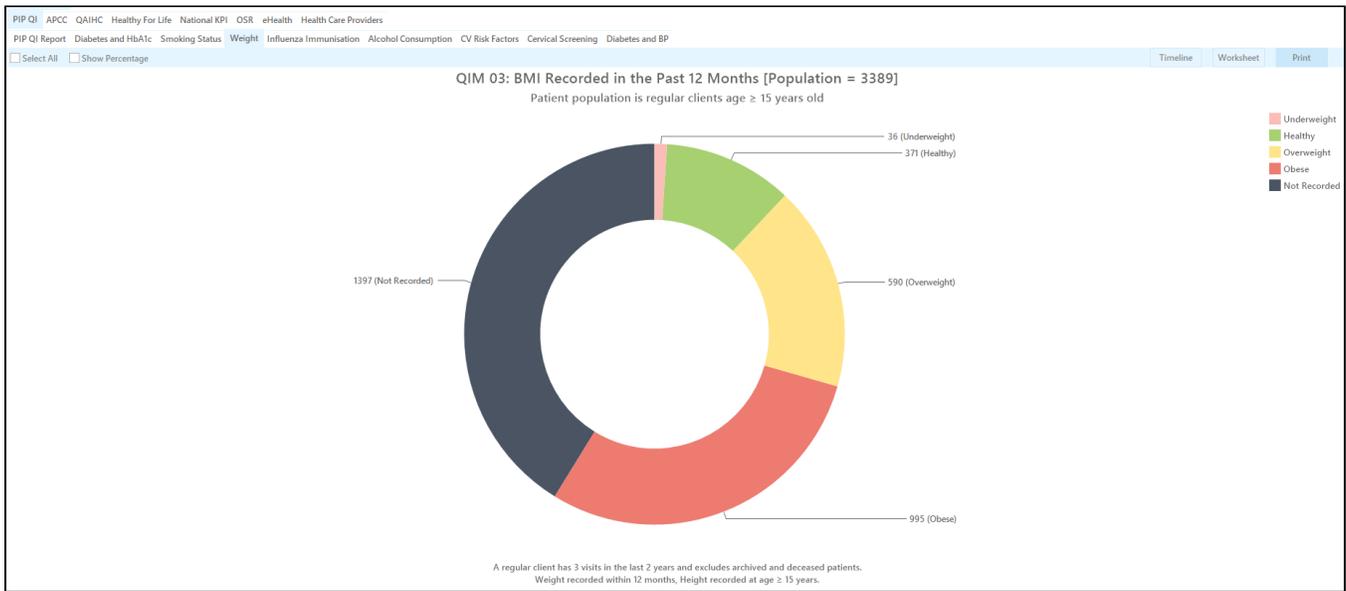
QIM01: Diabetes and HbA1c - regular patients with diabetes type 1 or type 2 and their HbA1c results in the last 12 months.



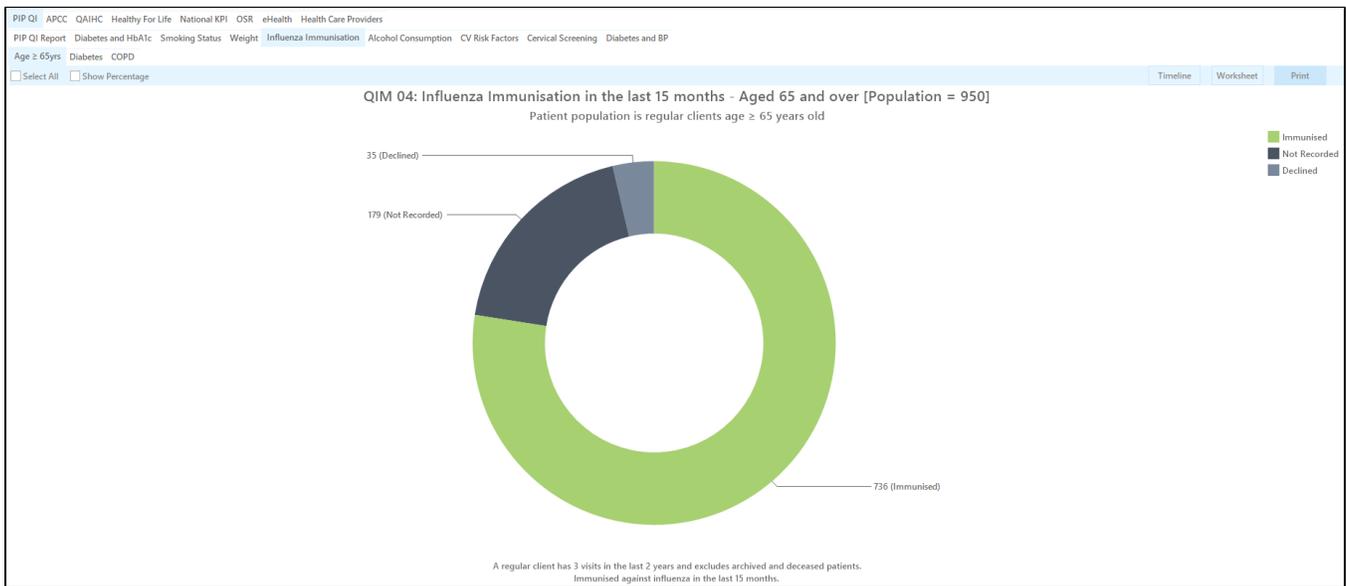
QIM02: Smoking Status



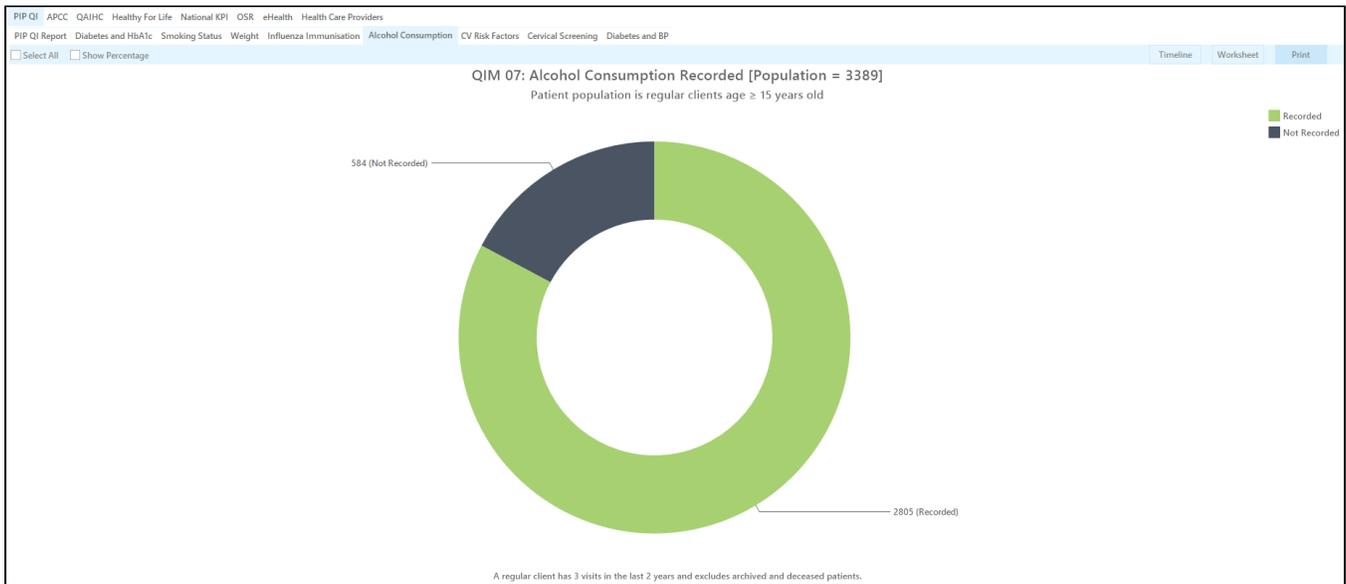
QIM03: Weight/BMI



QIM04/05/06 Influenza Immunisation - please note that there are three tabs to show reports for patients aged >=65, patients with diabetes and patients with COPD



QIM07: Alcohol

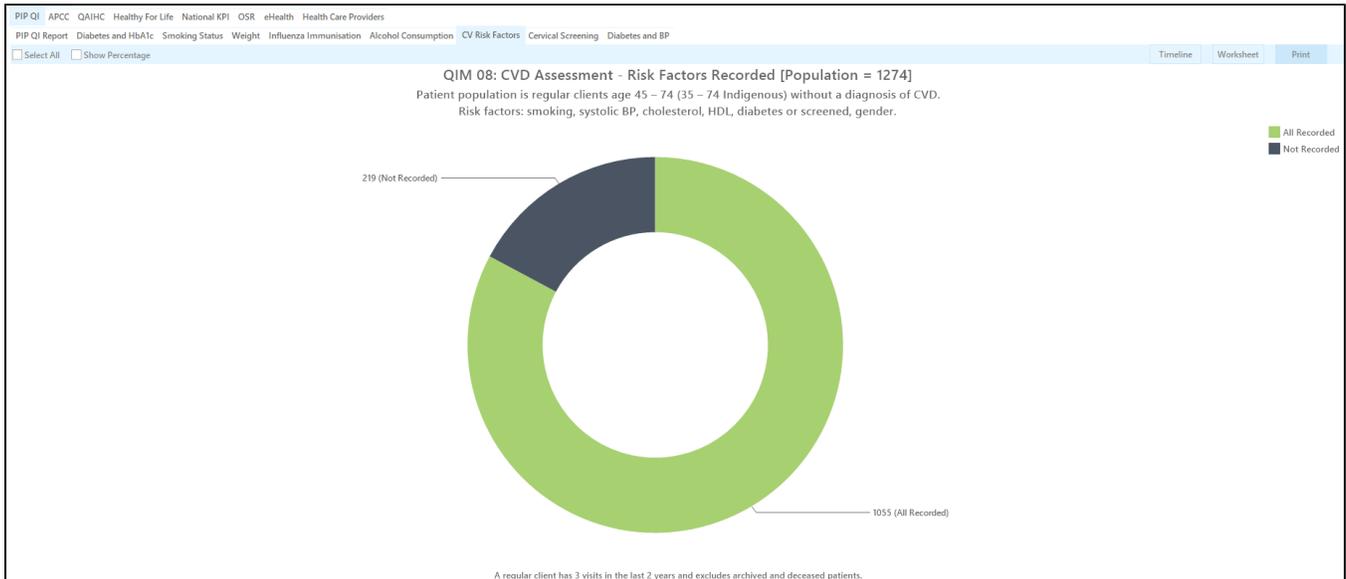


### QIM08: CV Risk Factors

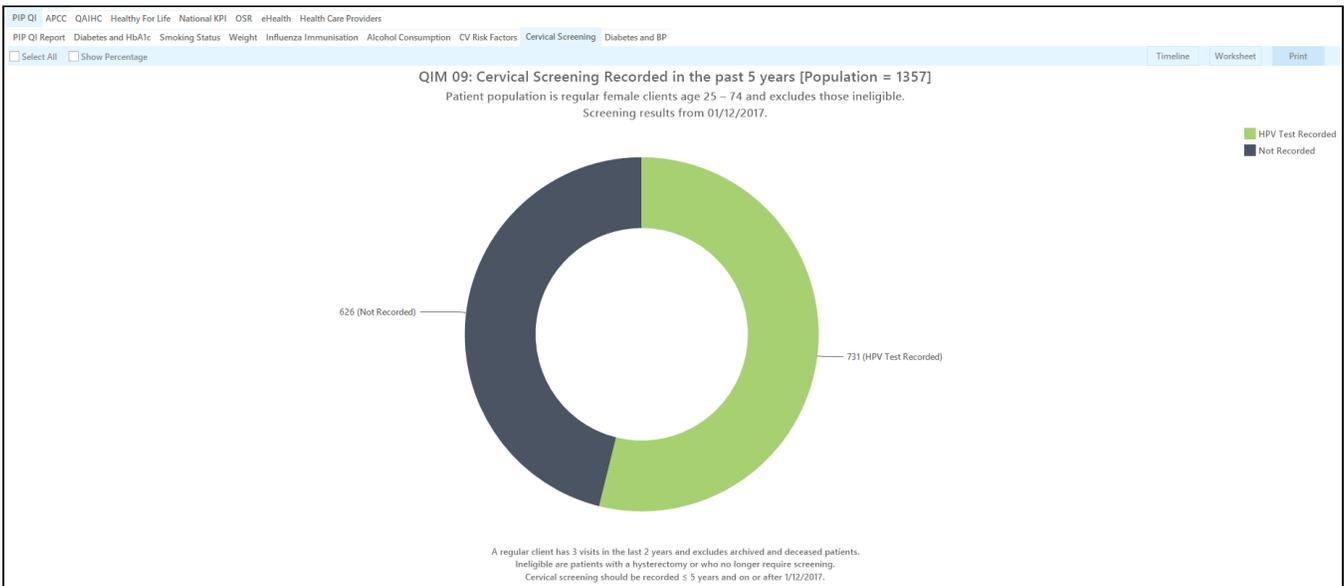
This report using the following criteria provided by the Department of Health:

Proportion of regular clients aged 45 to 74 years, who have had all of the following information recorded:

- Tobacco smoking
- Diabetes
  - Diabetes status: Type 1 or Type 2 Diabetes OR
  - Diabetes risk: Fasting Glucose Test result, or a screening for glycosylated haemoglobin (HbA1c test result)
  - Systolic blood pressure
- Total cholesterol and HDL cholesterol levels
- Age
- Sex



### QIM09: Cervical Screening



### QIM10: Diabetes and Blood Pressure

