

Data

Tony Lembke
RMA, Melbourne
21st October 2017

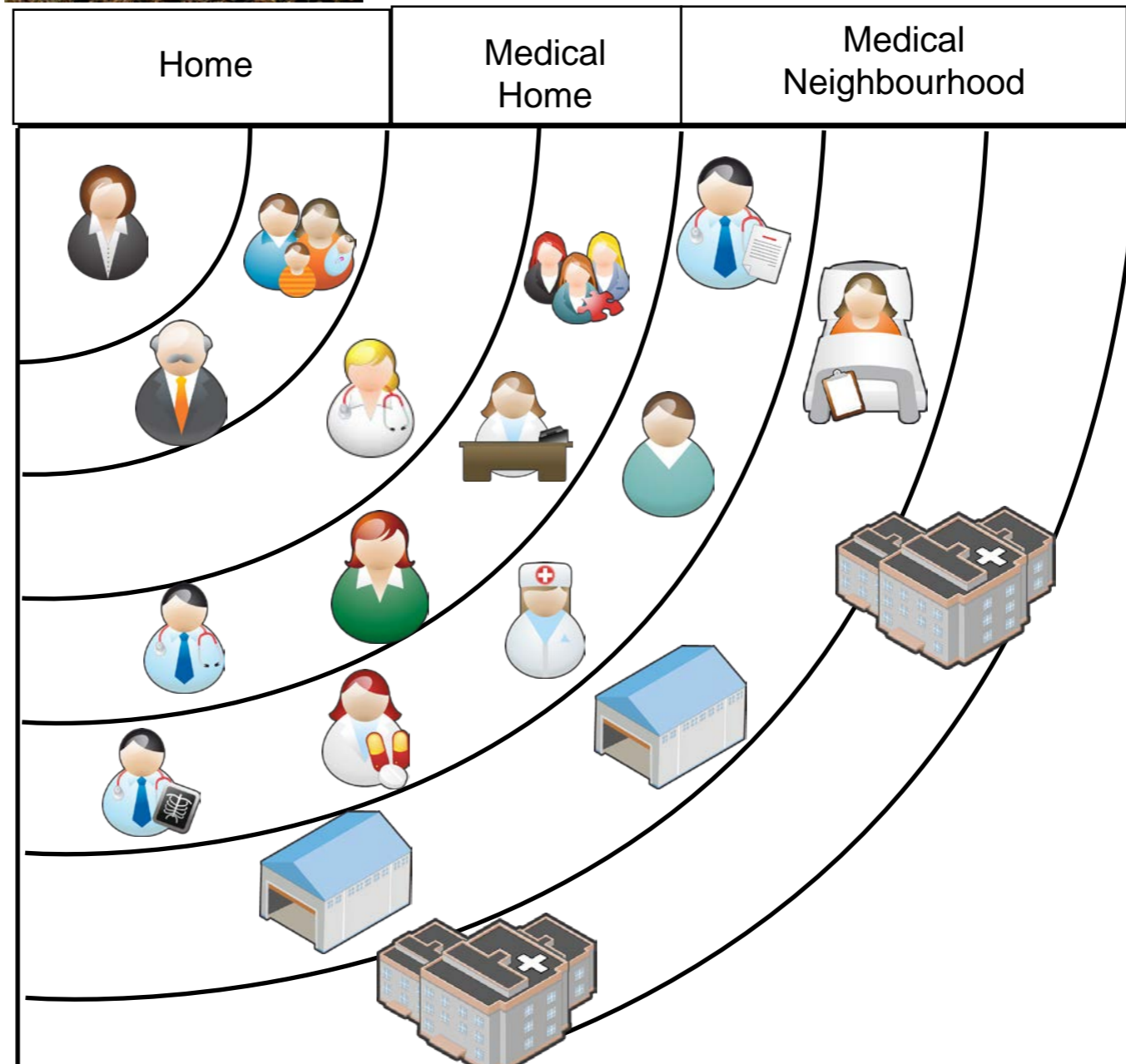


**“In God we trust.
All others must bring data.”**

- Dr. W. Edwards Deming





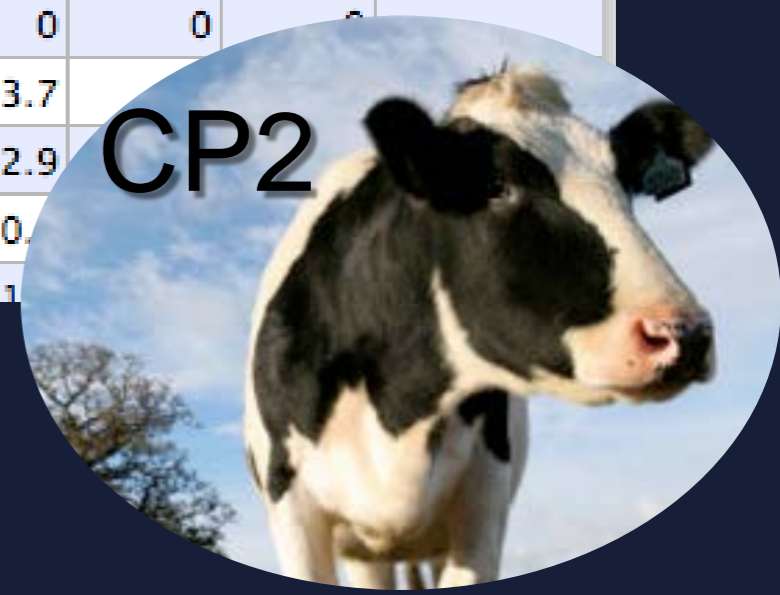




First Name	Age	Sex	Last Visit	Provider	Next Appt	Last 721	Last 723	SIP Trigger	Eye Exam	Foot Exam
William	69	M	6/1/06	*Paul Earner				21/2/05		
Hazel	93	F	17/10/05	*Michael Leslie	10/4/06					
Arthur	79	M	7/2/06	*Jimmy Chiu						
Marjorie	66	F	9/2/06	*Tony Lembke	8/3/06	14/12/05	14/12/05			
Karen	41	F	24/2/06	*Nicholas De Marco				18/3/05		
Alan W	75	M	25/2/06	*Michael Leslie						

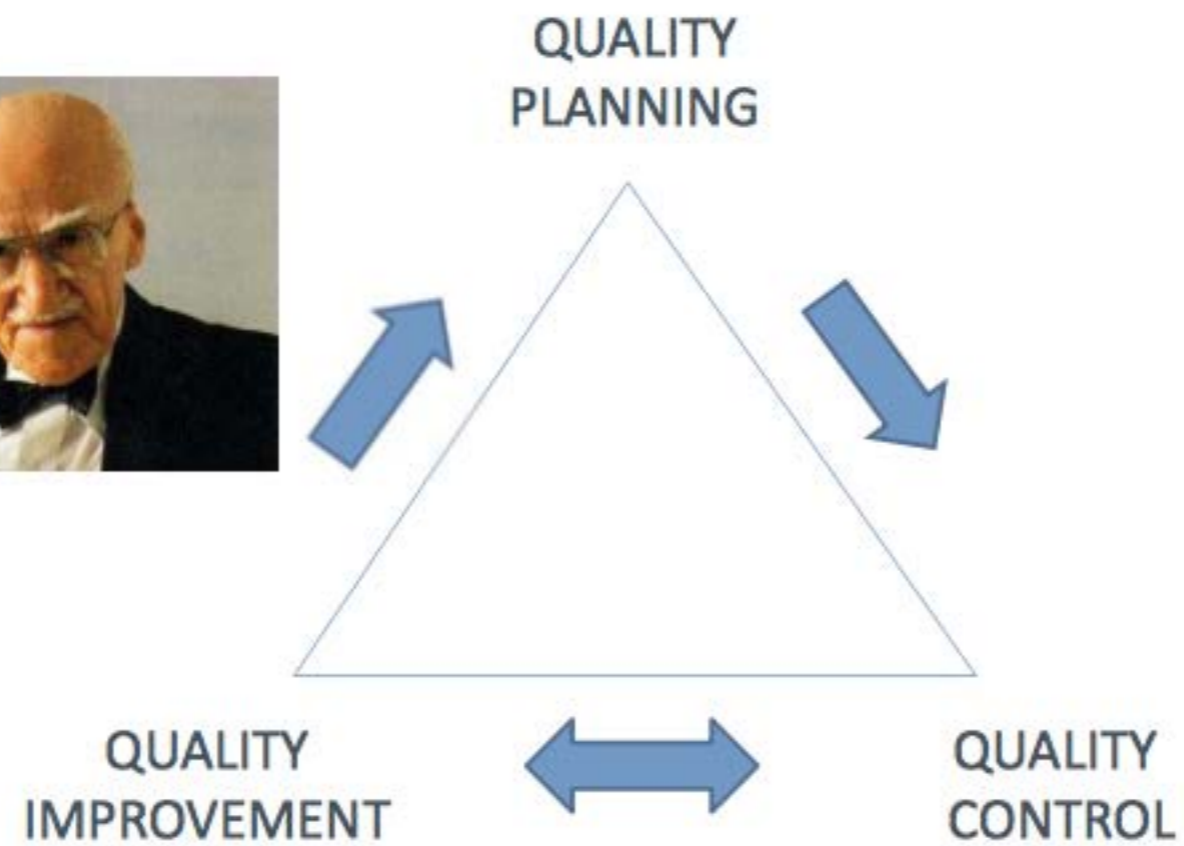
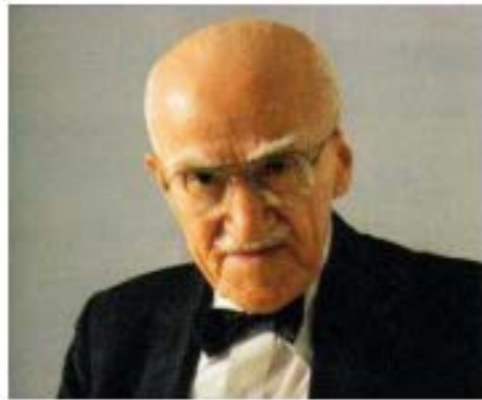
Statin	ACE-I	Insulin	Sulfonyl	Metform	Thiaz	Last BP	BP Date	BMI	Date	W-Hip %	Hb
		Yes				140/70	6/1/06	0		0	
	Yes		Yes			90/70	17/10/05	0		0	
						150/70	22/9/05	0		0	
						132/80	9/2/06	32.3	9/2/06	0	
Yes		Yes				130/80	18/3/05	0		0	
						1200/65	18/4/05	0		0	
								0		0	
						150/85	17/11/05	0		0	

HbA1C	Date	Creat	GFR	Date	Microalb.	Date	Chol.	Trigs	LDL	HDL	Date
8.9	11/11/05	80	0	11/10/01	0		4.3	1.1	1.5	1.5	8/2/05
6.9	11/10/05	0	0		0		0	0	0	0	
0		0	0		0		0	0	0	0	
7	30/1/06	70	130.19	30/1/06	0		5.1	3.7			
9.8	16/2/06	71	0	27/2/06	0		5.8	2.9			
6.5	9/11/05	80	0	25/2/06	0		3.8	0.			
0		60	0	18/9/01	0		5.4	1			

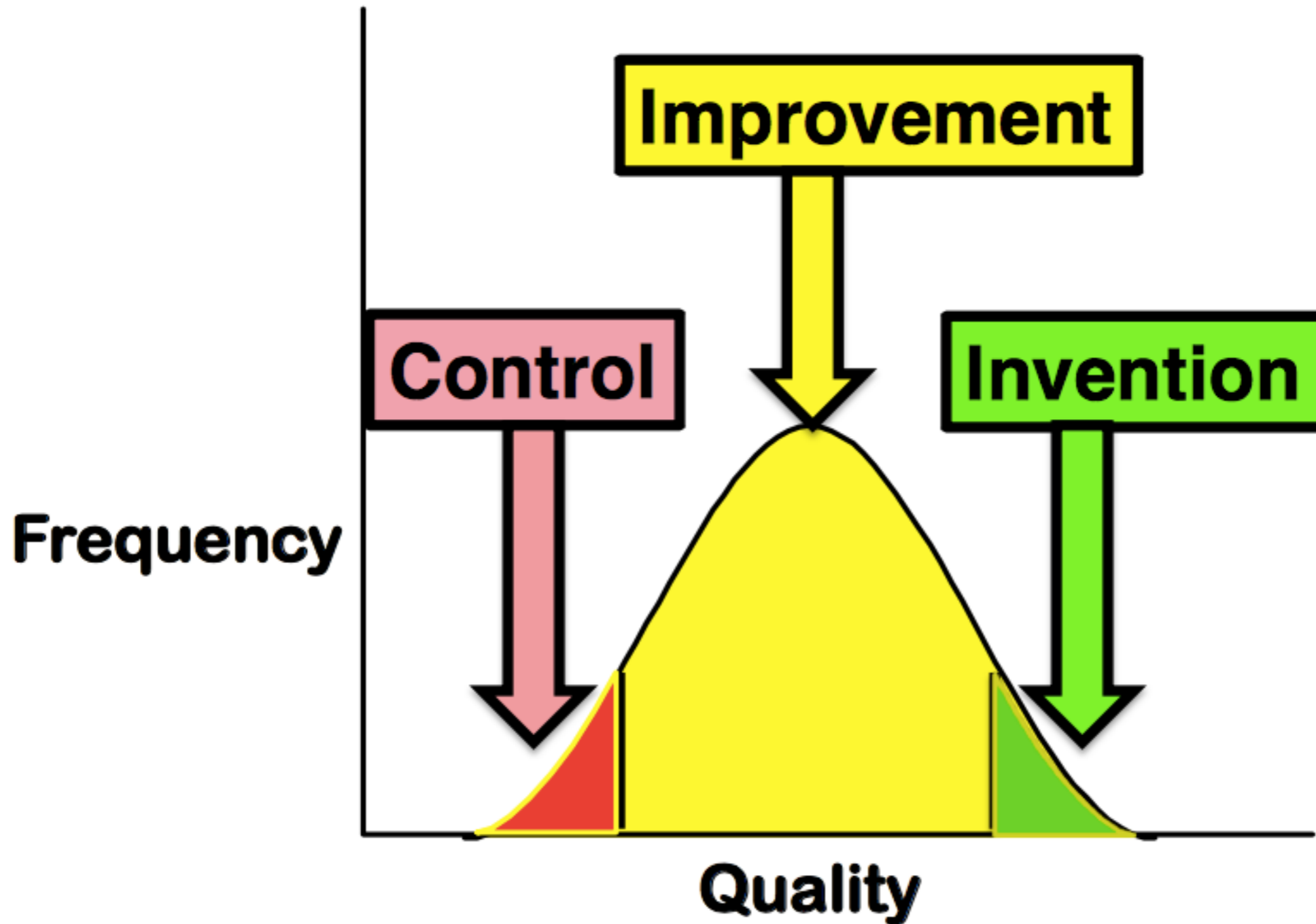




Dr. Joseph M. Juran's "Trilogy"



Three Populations: “The Trilogy”



Improvement Measures

NCPHN MEASURING FOR IMPROVEMENT DATA OVERVIEW [AUGUST 2017]



This data dashboard is provided by NCPHN to General Practice as part of the Quality Improvement Program - Measuring for Improvement. The reports use PATCAT data which is a point-in time snapshot of a practice.

DEMOGRAPHICS

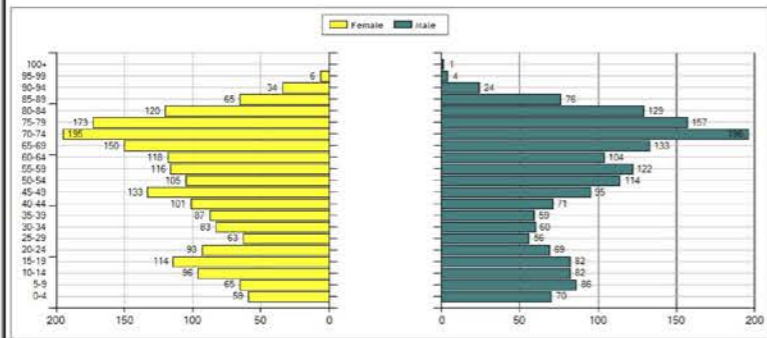
TOTAL
3766

ABORIGINAL AND/OR TORRES STRAIT ISLANDER
150 [4 %]

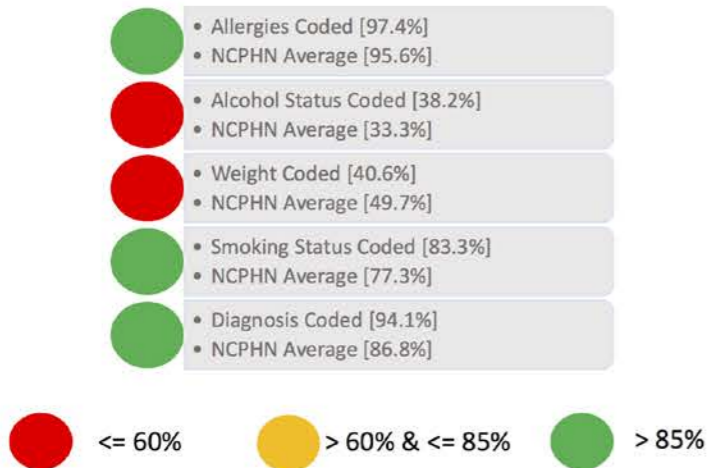
F
1976 (52.5%)

M
1790 (47.5%)

Other
0 (0%)

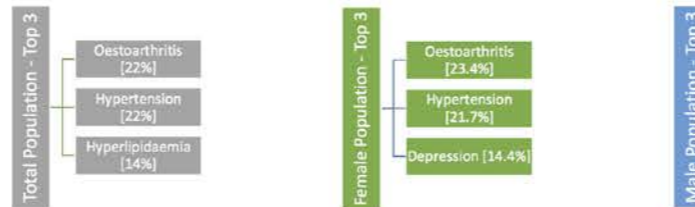
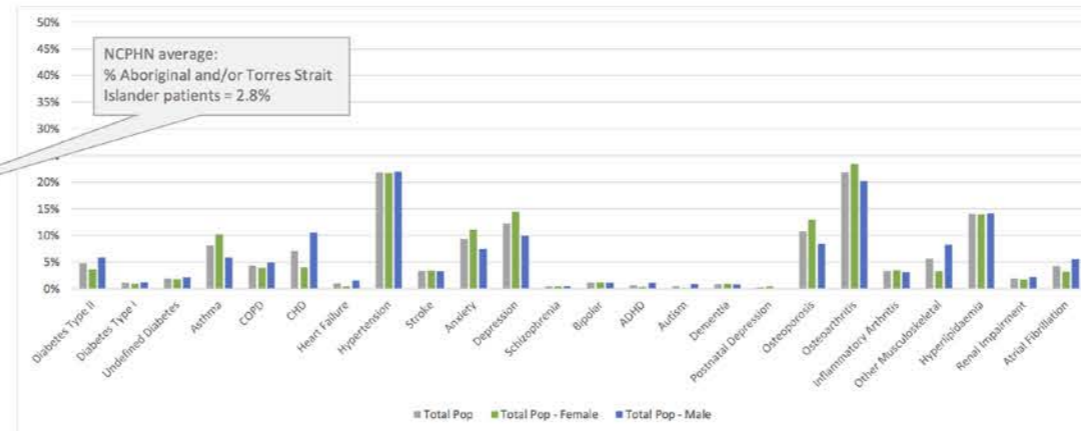


DATA QUALITY

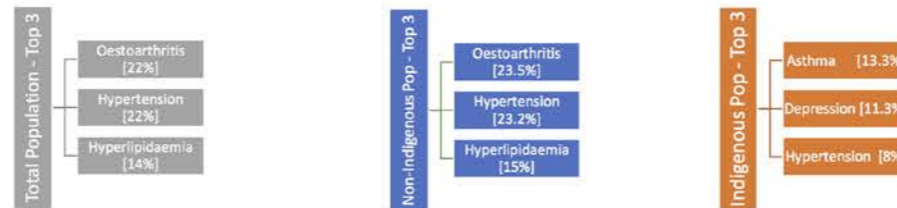
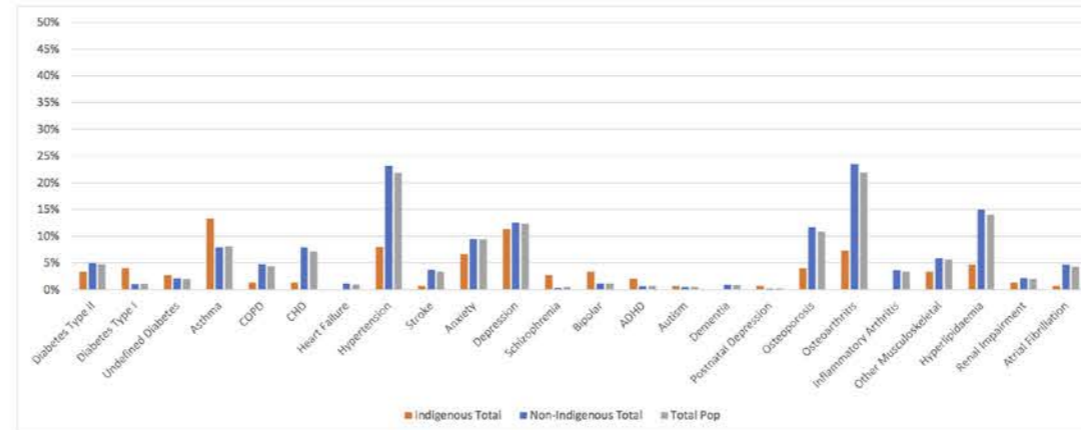


DISEASE PREVALENCE

The disease prevalence graphs provide the % of disease prevalence against a population total. Graph 2 represents the % disease prevalence for the total practice population, total female population and total male population.



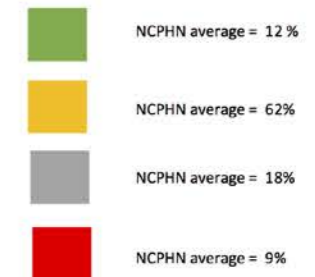
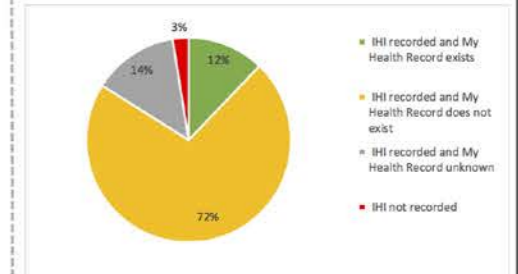
Graph 3 represents the % disease prevalence for the total practice population, total Indigenous population and total non-Indigenous



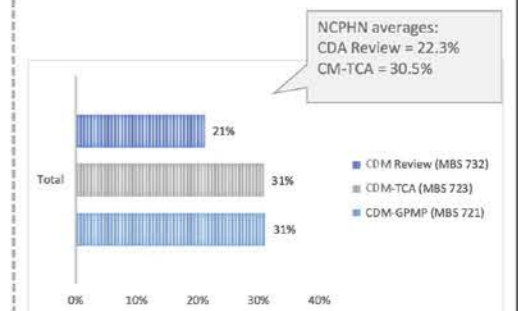
GENERAL PRACTICE: 23

* NCPHN average is based on those practices who submitted data for the month of August

DIGITAL HEALTH



CDM SUMMARY



% of patients with particular diagnosis who have a CD GPMP or TCA



NCPHN averages:
% Diabetes w/ CDM GPMP = 73.3%
% Asthma w/ CDM GPMP = 44.7%
% CVD w/ CDM GPMP = 65.4%

This dashboard has been created using August 2017 deidentified PATCAT practice data. NCPHN takes no responsibility for the quality of data presented in the reports. The intention of this data report is to assist with QI Activities, not clinical decisions. It is a point in time extract from your practice's CIS. If you feel there is an issue with data quality, please speak with your Practice Support Officer. As per the MI Program Data Agreement, this practice specific report is only available to the practice specified and is not shared with any external parties. **** All reports use the Active patients definition as per RACGP definition - patients who have had 3 or more visits in the last 2 years**



USE 26AUG 2024

100% FARMER OWNED
AN AUSTRALIAN FARMER OWNED DAIRY CO-OPERATIVE

Norco
SINCE 1951

fresh milk
FULL CREAM PERMEATE FREE



2L

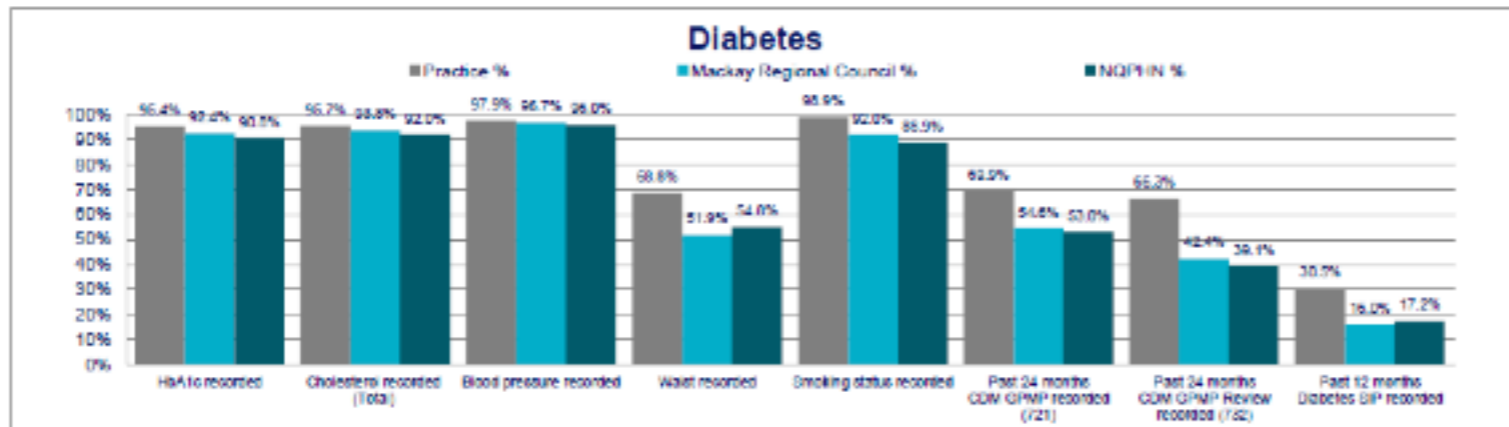


Practice data quality benchmark report

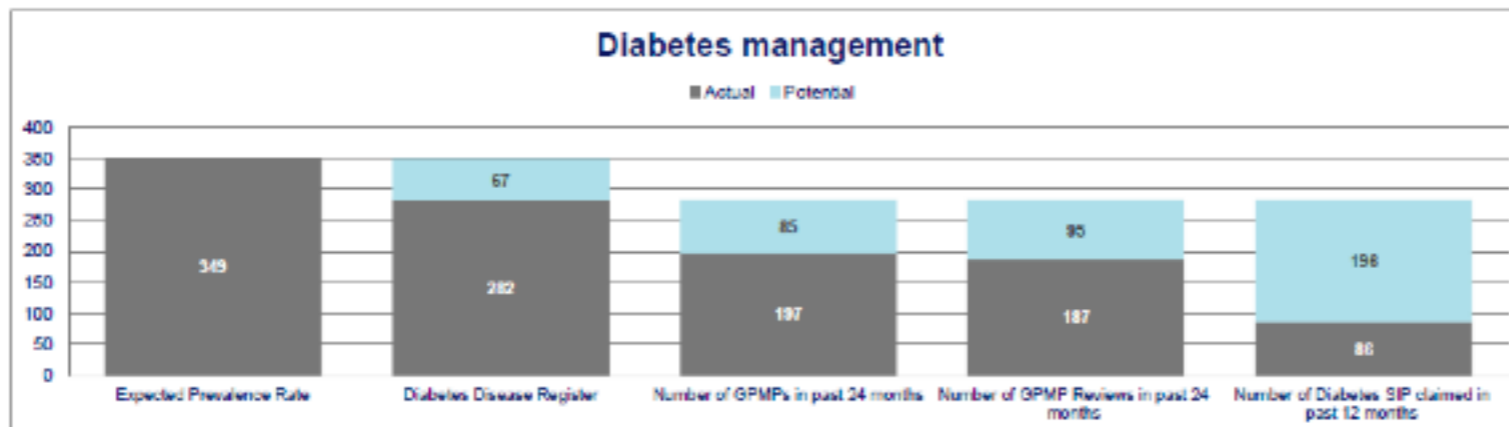


Diabetes

Measure	Practice #	Practice %	Mackay Regional Council	Mackay Regional Council %	NQPHN #	NQPHN %
Number of patients with diabetes	262	4.9%	6771	5.4%	25912	5.5%
HbA1c recorded	269	95.4%	6254	92.4%	23529	90.8%
Cholesterol recorded (Total)	270	95.7%	6351	93.8%	23848	92.0%
Blood pressure recorded	278	97.9%	8548	96.7%	24874	96.0%
Waist recorded	194	68.8%	3514	51.9%	14203	54.8%
Smoking status recorded	279	98.9%	6227	92.0%	23038	88.9%
Past 24 months CDM GPMP recorded (721)	197	69.9%	3696	54.6%	13725	53.0%
Past 24 months CDM GPMP Review recorded (732)	187	68.3%	2874	42.4%	10141	39.1%
Past 12 months Diabetes SIP recorded	86	30.5%	1086	16.0%	4457	17.2%



Observations: The above indicates active patients coded with diabetes who have had these measures recorded. Recording many of the above measures is a requirement as part of a complete diabetes cycle of care.





qi PIP



“Without data
you’re just
another person
with an opinion.”

- W. Edwards Deming,
Data Scientist