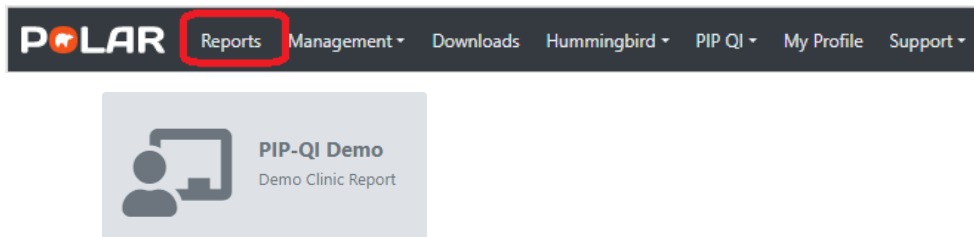


POLAR Walkthrough

PIP-QI Quality Improvement Measures (QIM)

This walkthrough will help you identify patients who do NOT meet a QIM - Diabetes, Smoking, BMI, Influenza, Alcohol, CVD, Screening

1. Log in to **POLAR** > Click **Reports** > Click **PIP-QI report**



2. You will see a page like this with your Practice's data:

KPI_Group	KPI_Name	Patient Counts	Current Proportion	Trend
Diabetes	QIM_1.1	31 / 64	48.44%	[Trend]
	QIM_1.2	497 / 545	74.68%	[Trend]
	QIM_1.3	227 / 329	69.00%	[Trend]
	QIM_1.8	399 / 686	65.84%	[Trend]
Smoking	QIM_2.1	1346 / 13382	10.06%	[Trend]
	QIM_2.2	1914 / 13382	14.30%	[Trend]
BMI	QIM_2.3	4979 / 13382	37.18%	[Trend]
	QIM_3.1	1315 / 13370	7.59%	[Trend]
	QIM_3.2	884 / 13370	6.61%	[Trend]
	QIM_3.3	983 / 13370	7.36%	[Trend]
Influenza	QIM_3.4	54 / 13370	0.40%	[Trend]
	QIM_4	2347 / 3320	70.57%	[Trend]
CVD	QIM_5	378 / 566	66.78%	[Trend]
	QIM_6	214 / 300	71.33%	[Trend]
Screening	QIM_8	1582 / 6589	24.30%	[Trend]
	QIM_9.1	1434 / 5881	24.38%	[Trend]
	QIM_9.2	1438 / 5881	24.45%	[Trend]

QIM 1.2 - Type 2

QIM 1.2 - Proportion of regular clients who have Type 2 diabetes and who have had a HbA1c measurement result recorded within the previous 12 months.

Use this button to select the patients that did not satisfy this Quality Improvement Measure (QIM)

Not Included

78.0%

76.0%

74.0%

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19

76.8% 76.2% 75.8% 75.7% 75.7% 76.7% 76.8% 75.2% 74.7%

QIM 1.2
Numerator:
RACGP active patients
Have an ACTIVE type 2 diabetes diagnosis
SNOMED codes: 4405-4006
Have had a HbA1c recorded in the previous 12 months
LOINC codes: 17050-6, 4548-4, 5014-4

Denominator:
RACGP active patients
Have an ACTIVE type 2 diabetes diagnosis
SNOMED codes: 4405-4006

Note: If a practice uses a billing/clinical system combination not supported by POLAR we use the equivalent number of progress note entries to calculate RACGP Active (3 or more visits in the last 2 years)

Patient List

Please add at least one cohort to the output list

Clear the Patient List

1 - QIM results:

Displayed as patient counts (numerator and denominator, proportion %, scaled trend line)

2 - QIM navigation:

Measures are divided into general topics

3 - Individual QIM performance tracking:

Percentage trend graph of performance against an individual measure over time

4 - Selected QIM numerator/denominator calculations

Displays the calculation description for the selected measure

5 - Patient selector:

Used for identifying patients who do not meet the numerator criteria but are in the denominator

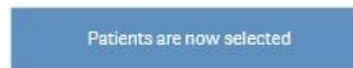
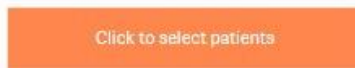
3. Select a QIM you wish to focus on.

For example, Type 2 Diabetes patients who have had their HbA1c measured in the last 12 months.

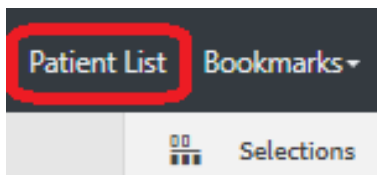


To identify patients who have **NOT** had their HbA1c measured in the last 12 months, click on the **orange button** (which will turn blue once selected).

Use this button to select patients that did not satisfy this Quality Improvement Measure (QIM)



4. Click on **Patient List**



5. Click on **Export to Excel** to save Patient List as an Excel file.



6. More information about this report is available on the data mapping page:

