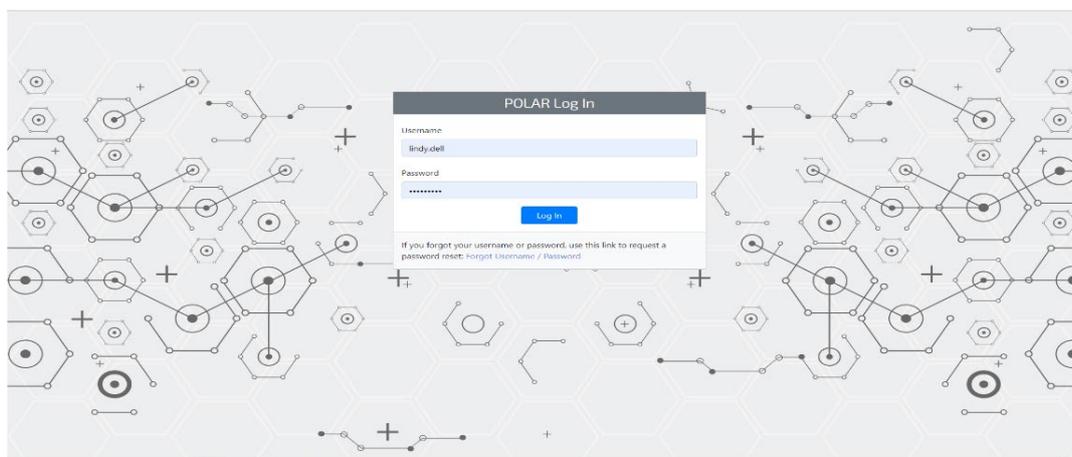
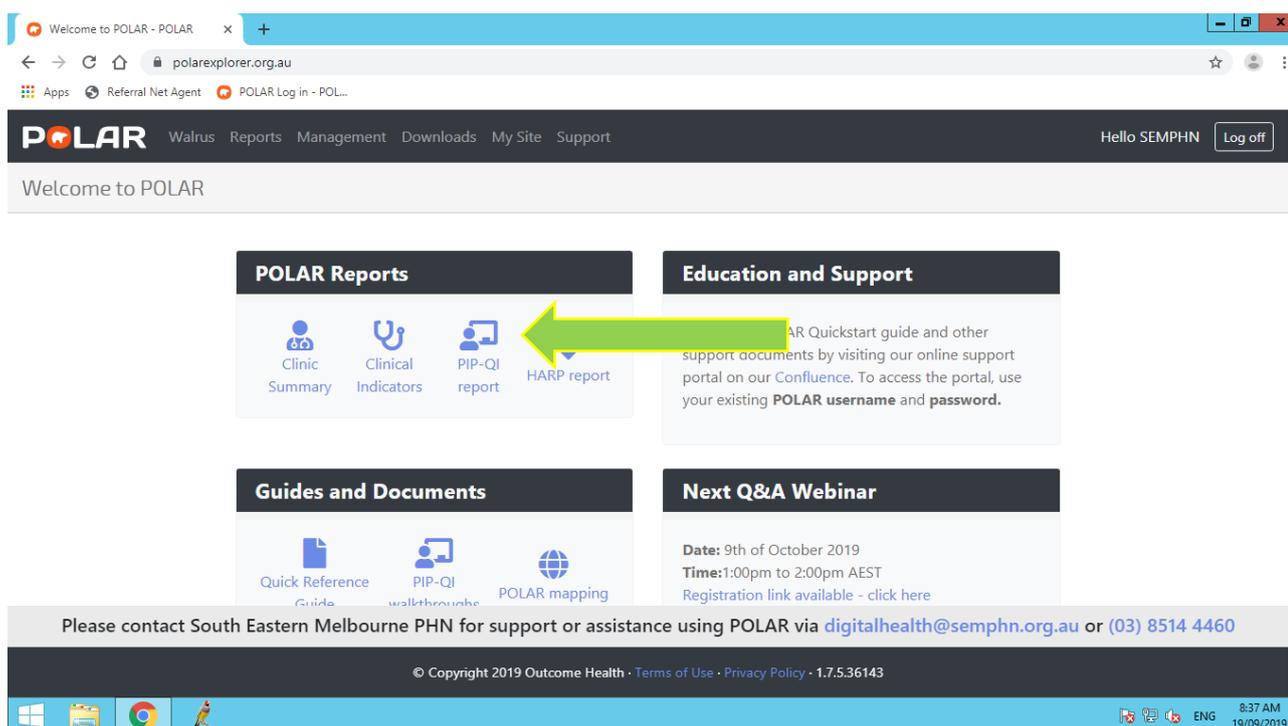


Go to a Chrome or Firefox browser. Search [www.polarexplorer.org.au](http://www.polarexplorer.org.au)

Log in with username (usually your firstname.surname) and password, if you don't have a password contact your CESP HN Digital Health Team on [digitalhealth@cesphn.com.au](mailto:digitalhealth@cesphn.com.au)



Select PIP QI report from the POLAR Welcome page.



**Overview**

KPI_Group	KPI_Name	Patient Counts	Current Proportion	Trend
Diabetes	QIM_1.1	31 / 64	48.44%	
	QIM_1.2	407 / 545	74.68%	
	QIM_1.3	227 / 329	69.00%	
	QIM_1.0	399 / 606	65.84%	
Smoking	QIM_2.2	1914 / 13382	14.30%	
	QIM_2.3	4976 / 13382	37.18%	
BMI	QIM_3.1	1915 / 13370	7.59%	
	QIM_3.2	804 / 13370	6.01%	
	QIM_3.3	503 / 13370	3.76%	
	QIM_3.4	54 / 13370	0.40%	
Influenza	QIM_4	2343 / 3326	70.57%	
	QIM_5	378 / 566	66.78%	
CVD	QIM_6	214 / 300	71.33%	
	QIM_8	1582 / 6509	24.30%	
Screening	QIM_9.1	1434 / 5881	24.38%	
	QIM_9.2	1438 / 5881	24.45%	

Diabetes | Smoking | BMI | Influenza | CVD | Screening

QIM\_1.1 - Type 1 | QIM\_1.2 - Type 2 | QIM\_1.3 - Unknown | QIM\_1.0 - BP 6/12

QIM\_1.1 - Proportion of regular clients who have Type 1 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**

QIM\_1.1  
**Numerator:**  
 RACGP active patients  
 Have an ACTIVE type 1 diabetes diagnosis  
 SNOMED codes: 46635009  
 Have had a HbA1c recorded in the past 12 months  
 LOINC codes: 17856-6, 4548-4, 59261-6

**Denominator:**  
 RACGP active patients  
 Have an ACTIVE type 1 diabetes diagnosis  
 SNOMED codes: 46635009

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**

**Notes:** The size of your screen will depend on what you can see, you may have to scroll down.

The screen shots in this document show dummy data, your screen will show different data.

The data used for PIP QI is based on your RACGP active patients (three or more visits in 2 years) the report calls them 'regular clients'

QIM stands for Quality Improvement Measure.

We have broken the page down into two sections.

First section:

On the left side of the report is Overview and shows QIM groups 1 to 10.

The first group is **Diabetes** (image below shows corresponding numbers)

1. The QIM 1.1
2. The description of QIM 1.1
3. The patient counts show patients eligible for the QIM criteria (64) and patients that meet the QIM criteria (31)
4. Current proportion of patients meeting the criteria of QIM 1.1
5. Group is highlighted – Diabetes, QIM 1.1 Type 1 is highlighted. Click next tab to see QIM 1.2 Type 2 details.
6. Click the orange button to get a list of patients who do not meet the criteria of QIM 1.1. see no. 9.

Overview

KPI\_Group

Diabetes

KPI_Name	Patient Counts	Current Proportion	Trend
QIM_1.1	31 / 64	48.44%	
QIM_1.2	407 / 545	74.68%	
QIM_1.3	227 / 329	69.00%	
QIM_1.0	399 / 606	65.84%	

Diabetes | Smoking | BMI | Influenza | CVD | Screening

QIM\_1.1 - Type 1 | QIM\_1.2 - Type 2 | QIM\_1.3 - Unknown | QIM\_1.0 - BP 6/12

QIM\_1.1 - Proportion of regular clients who have Type 1 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**

Second section:

7. A graph to show the trend over the last 12 months.
8. A definition of the patient counts and filters applied.
9. Refer no. 6, click the orange button to select the patients that did not meet the criteria. The patient list will show the patient names in your practice.
10. Press to clear patient list prior to looking at next QIM.



8. QIM\_1.1  
**Numerator:**  
 RACGP active patients  
 Have an ACTIVE type 1 diabetes diagnosis  
 SNOMED codes: 46635009  
 Have had a HbA1c recorded in the past 12 months  
 LOINC codes: 17856-6, 4548-4, 59261-8  
**Denominator:**  
 RACGP active patients  
 Have an ACTIVE type 1 diabetes diagnosis  
 SNOMED codes: 46635009

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)

9. Patient List

Patient ID	QI	Count
<b>Totals</b>		<b>138</b>
38		1
54		1
77		1
78		1
89		1
91		1
96		1
100		1
116		1
117		1
118		1
122		1
127		1
129		1
130		1
132		1
134		1
139		1
140		1
143		1
153		1
161		1
162		1
...		...

10. Clear the Patient List

To look at the next Group - **Smoking**

1. Click on the Smoking tab
2. Click on QIM 2.1–Current Smoker, QIM 2.2–Ex-Smoker or QIM 2.3- Non-Smoker
3. The description of QIM 2.1

QIM	Count	Percentage	Chart
QIM_2.1	1346 / 13382	10.06%	[Bar Chart]
QIM_2.2	1914 / 13382	14.30%	[Bar Chart]
QIM_2.3	4976 / 13382	37.18%	[Bar Chart]

1. QIM\_2.1 - Current Smoker

2. QIM\_2.1 - Ex-Smoker

3. QIM\_2.1 - Proportion of regular clients who are aged 15 years and over and whose smoking status has been recorded as 'current smoker'

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

Not Included

Apply the same steps to see BMI, Influenza, CVD and Screening.

There is a series of PIP QI Walkthroughs on the POLAR Welcome page under Guides and Documents that show step by step instructions on how to find patient lists for the QIMs.

