

PRACTICE 9 FEEDBACK REPORT

PART 1

This report summarises the audit results for your practice and allows you to compare yourself to other HIUG practices and to other primary care diabetes audits

Audit '09 – refers to the average HIUG results

DIG (Diabetes Interest Group) is a Cork diabetes audit project amongst participating practices with an interest in diabetes care

Midlands audit is a HSE financed Primary care diabetes program

England and Wales is a large national UK audit

Table 1 shows the percentage of patients with the item (in left hand column) recorded in their file in the past 12 months. Comparison with 3 other audit sites (Type 2 diabetes for Audit 2009 and DIG Audit 2008; Type 1 and Type 2 diabetes combined for the remaining 2 audit sites):

Process of care	Practice	Audit '09	DIG Audit '08	Midlands Audit '03	England & Wales Audit '05-'06
		%	%	%	%
Blood pressure	90	83	82	99	86
HbA1c	93	83	73	95	82
Total Cholesterol	97	88	79	96	81
LDL Cholesterol	91	70	65	61	-
HDL Cholesterol	-	-	61	63	-
Triglycerides	97	88	64	90	-
Creatinine	97	90	77	82	83
BMI	65	58	38	55	-
Smoking	94	66	50	74	79

Table 2 shows the percentage of patients falling into each risk category for HbA1c. Comparison with 3 other audits (Type 2 diabetes for Audit 2009 and DIG; Type 1 and Type 2 diabetes combined for the 2 remaining audit sites):

HbA1c Categories	Practice	Audit '09	DIG Audit '08	Midlands Audit '03	England & Wales Audit '05-'06
	%	%	%	%	%
low risk (<6.5%)	26	28	27	27	24
medium risk (6.5%-7.5%)	49	38	44	27	37
high risk (>7.5%)	25	34	29	46	40

Table 3 shows the percentage of patients falling into each risk category for Lipid profile comparison with DIG audit (for Type 2 diabetes patients)

Lipid Profile	Practice	Audit '09	DIG Audit '08
	%	%	%
Total Cholesterol mmol/L			
low risk <5	81	72	79
medium risk 5-6	16	19	16
high risk >6	3	9	5
LDL Cholesterol mmol/L			
low risk <3	74	72	82
medium risk 3-4	24	22	16
higher risk >4	2	6	3
Triglycerides mmol/l			
low risk <1.7	68	59	56
medium risk 1.7-2.2	17	19	19
high risk >2.2	16	22	26

Table 4 shows the percentage of patients falling into each risk category for Blood Pressure comparison with DIG audit (Type 2 diabetes patients)

Blood Pressure (mmHg)	Practice	HIUG Audit '09	DIG Audit '08
	%	%	%
≤130/80	33	31	34
>160/100	11	10	10

Table 5 shows the percentage vaccination rates in your practice by comparison with the average HIUG practice

	Influenza vaccine in past 15 months	Pneumococcal vaccine ever	Total diabetes patients
	N (%)	N (%)	N
Total HIUG	1010(54)	796(43)	1869
Practice	74(65)	93(82)	113

PART 2

This is a summary of the percentage patients in your practice in the high risk category for each major target.

This is followed by instructions on how to analyse your population to find these patients and various options on how to best use the software to tag or recall these patients.

% of practice patients in high risk categories

Hba1c	25%
Cholesterol	3%
LDL	2%
Triglycerides	16%
BP	11%
Due Flu Vaccine	35%
Due Pneumo Vaccine	18%

Finding High Risk Patients

If you do not already have these analyses you can get them by download them from the web update page and import them to your population analyses. Open the group analysis called “Diabetes high risk categories”. This will contain a series of analyses to find the high risk patients for each target eg Hba1c. You can choose to run only the ones you feel most useful to your practice.

When you run one of these analyses it will produce a list of High Risk patients. At the top left of this list of patients are a series of icons. There are 2 main relevant options here.

Create an Action Plan – this allows you to insert an action plan into the file of each of these patients – for instance you could add “review Hba1c in next 3 months” and date it for 3 months time – this reminder would be in each file and if not acted on within 3 months would become overdue then triggering a popup box when the file is opened and if the practice were organised the nurse might also review all overdue actions and recall the patient/

Mail-merge – this allows you to automatically create an advice or recall letter to all of these patients.

It is also possible to do the mail-merge as well as creating the action plan to pick up those not responding to the letter at a later stage.