

# QP11 PHO Results Report

## Turanganui PHO



**PINNACLE**  
General Practice Network

### DOCUMENT PROPERTIES

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### CHANGE RECORD

<b>VERSION/UPDATED ON</b>	<b>REASONS FOR CHANGE</b>

## Preamble

QP11 consisted of ten goals, five of which related to population health and disease coding targets, and five other objectives including Clinical Audit, Professional Development, Cornerstone™ Self-assessment, Harm Reduction and Recording Nurse Consults.

Of the 95 practices across the Pinnacle network eligible to complete QP11, 34 (36%) achieved a 100% score. Within Turanganui PHO, 2 of the 6 eligible practices (33%) achieved 100% as listed below: -


Mangapapa Medical Centre  
The Village Clinic

This report summarises the QP11 practice results by PHO. For population health data (2yr immunisation, influenza vaccination, breast and cervical screening) and disease coding, comparison with QP10 results is also included.

Analysis of Clinical Audit and Harm Reduction activities and feedback relating to the PHO activities specified in the Quality Plan and supported by Pinnacle is also included in the report.

## GOAL 1: Child Health

### Target:

 90% of registered population of 2 year olds will be fully immunised.

### Outcome:

#### 2yr Olds Fully Immunised


	Eligible Population	Completed	Declined	Result*		Pure Percentage**
Turanganui PHO	522	450	23	90.2%	[89.0]	86.2%

\* Result % has been calculated using the formula:  
completed / target – declines.

\*\* Pure % has been calculated using the formula:  
completed / target.

QP10 rates are shown in [ ].

### Target:

 Practice reports on non-responders, by ethnicity and percentage referred to immunisation outreach services.

### Outcome:

#### Non Responders to Immunisation

	Total NR	NR as % of eligible popn	NR - Māori	NR- PI	NR - Other	Total OR	OR - Māori	OR - PI	OR - Other
Turanganui PHO	13	2.5%	10	0	3	7	4	0	3

NB The definition of a non-responder for QP11 was registered patients between 2 and 4 yrs of age with an incomplete 2 year old immunisation record.

### Key:

NR = Non Responder

OR = Patients referred to Outreach services

PI = Pacific Island patients

Other = All other ethnicities

## Goal 2 Influenza Vaccination

### Target:

- 80% of practice's registered population of those aged 65 and over will be vaccinated against influenza by 30-06-08.

### Outcome:

#### Over 65 yr olds vaccinated

	Eligible Population	Completed	Declined	Result*		Pure Percentage**
Turanganui PHO	4059	2730	931	87.3%	[78.9]	67.3%

\* Result has been calculated using the formula:  
completed / target – declines.

\*\* Pure % has been calculated using the formula:  
completed / target.

QP10 rates are shown in [ ].

### Target:

- Practice reports on number of registered population aged under 65 eligible for free influenza vaccination who have been vaccinated by 30-06-08.

### Outcome:

#### Influenza Vaccination Chronic Under 65yrs

	Total eligible popn vaccinated	
Turanganui PHO	898	[953]

QP10 rates are shown in [ ].

### Goal 3 Cervical Screening

**Target:**

75% of eligible women will have a current cervical screening result.

**Outcome:**

**Eligible Women with a current screening result**

	Eligible Population	Completed	Declined	Not Required	Result*		Pure Percentage**
Turanganui PHO	9874	5999	446	963	70.9%	[69.7]	60.8%

\* Result has been calculated using the formula:  
completed / target – declines and not required.

\*\* Pure % has been calculated using the formula:  
completed / target.

QP10 rates are shown in [ ].

**Target:**

All smear takers provide consent for Pinnacle to access adequacy reports directly from the National Cervical Screening Programme.

**Outcome:**

- Smear takers provided consent to access adequacy reports.

**Target:**

Practice reports on non-responders by ethnicity.

**Outcome:**

	Total NR		NR as % of eligible popn	NR - Māori	NR- PI	NR - Other
Turanganui PHO	1228	[1410]	12.4%	694	27	507

NB The definition of a non-responder was any eligible woman recorded as a non-responder to cervical screening

**Key:**

NR = Non Responder  
PI = Pacific Island patients  
Other = All other ethnicities  
QP10 rates are shown in [ ].

## Goal 4 Breast Screening

### Target:

- Practice reports on percentage of registered population of eligible women aged 50 – 69 years with a current breast screening result.

### Outcome:

#### Eligible population with current screening result

	Eligible Population	Completed	Result*	
Turanganui PHO	3468	2328	67.1%	[75.5]

\* Result has been calculated using the formula:  
completed / target.

QP10 rates are shown in [ ].

## Goal 5 Disease Coding

### Target:

- Specified coding targets for asthma, diabetes, hypertension, disorders of lipid metabolism, smoking status, ischaemic heart disease, heart failure and chronic obstructive airways disease will be met.

### Outcome:

#### Coding rates across specified area

Disease Code (target %)	Turanganui PHO
Asthma (10%)	11.9%[10.3]
COAD (1.5%)	2.7%[2.1]
Diabetes (3.5%)	3.9%[3.7]
Disorder of lipid metabolism (2.5%)	6.1%[4.5]
Heart Failure (1%)	3.1%[2.8]
Hypertension (5%)	10.5%[9.0]
Ischaemic Heart Disease (5%)	7.1%[6.9]
Smoking Target combined (90%)	92.8%[87.7]

QP10 rates are shown in [ ].

## Goal 5 Disease Coding contd.

### Target:

- Practice provides anonymised line data regarding patients with the specified conditions above.

### Outcome:

- Diabetes line data was extracted via PNET where possible and has been utilised in the production of the annual diabetes report.

### Target:

- Practice commences recording CVD risk.

### Outcome:

- Practices commenced recording CVD risk informally. Training in electronic decision support has now commenced and a more formal objective has been included in QP12.

### PHO Level Activity:

- Turanganui PHO, in collaboration with Pinnacle, will support disease coding by:

Establishing the capacity to report on CVD risk. This will entail trialling electronic decision support tools, identifying a preferred tool and seeking to provide all general practice teams with access to this.

Adding value to the recording of smoking status by exploring mechanisms to enhance the availability and effectiveness of smoking cessation services.

### Comment:

Over the course of the year ongoing activity has occurred, which has resulted in *Best Practice* being selected as the electronic decision support tool of choice. Roll out to general practices has occurred in consultation with the PHO.

## Goal 6 Clinical Audit

### Target:

- Every GP completes a Diabetes clinical audit:

### Outcome:

- 100% of practices successfully completed a two pass clinical audit.
- Practitioners have received feedback related to their audit.

### Comment:

#### Diabetes Audit

Of the patients in the audit, a low percentage of both Māori and Non Māori patients had had a cardiovascular risk assessment that was recorded in their notes - this has increased from the 1<sup>st</sup> pass audit in both populations (16% for Māori populations and 5% for Non Māori). The audit data shows that there is still room to improve the control of diabetes for patients across most measures used, including blood pressure and cholesterol levels. Feedback from the majority of GPs around this audit was positive, although some GPs spoke about the difficulty getting some of their patients in for the reviews and the potential for using other appointments to opportunistically target these patients.

With the introduction of decision support software targeting diabetes and cardiovascular disease initially, a cardiovascular risk score will be calculated automatically at the time of annual review of patients with diabetes. This may encourage increased emphasis on 'treating to target' with respect to clinical outcome measures but it needs to be acknowledged that these measures reflect a variety of factors in addition to clinical practice. Where psychosocial factors are impacting on outcomes the additional support that the Healthright chronic condition management programme, once implemented across the PHO, might offer could also improve these outcome measures.

## Goal 7 Professional Development

### Target:

- 🛡️ GPs: Current practising certificate and current CPR certificate
- 🛡️ Practice Nurses: Current practising certificate and current CPR certificate
- 🛡️ Practice Managers: 5 hrs relevant education
- 🛡️ Receptionists & Other non-clinical staff: 4 hrs relevant education
- 🛡️ Practice team to attend the following sessions organised collaboratively by Turanganui PHO and Pinnacle:
  - Chronic Care Management training - minimum of 1 GP, 1 Practice Nurse and 1 member of Administration Team
  - Training in the use of Electronic Decision Support tools - minimum of 1 GP, 1 Practice Nurse and 1 member of Administration Team
  - Change management workshop - minimum of 1 GP, 1 Practice Nurse and 1 member of Administration Team

### Outcome:

- 50% of practices fully achieved all professional development requirements.

### Comment:

Actions agreed following the Change Management workshop series have been implemented as follows:

- “The practice that did” - practice solutions around the key themes of recruitment, retention, collaborative teams and models of care are regularly showcased through the quarterly practice newsletter.
- Regional CVRA Symposia – a series of one day symposia were offered to practice teams to cover various topics around CCM.

## Goal 8 Cornerstone™ Self-assessment

### Target:

- ☞ Practice completes a self-assessment against the Cornerstone™ “Aiming for Excellence” standards.
- ☞ Practice has an action plan in place to address any unmet criteria.

### Outcome:

- 100% of practices completed a self assessment and action plan against the Cornerstone™ Aiming for Excellence criteria.
- Feedback reports have been sent back to practices.

### Comment:

Practices continue to be motivated to maintain standards achieved when they participated in Cornerstone Accreditation. There is evidence that many practices have adopted and/or maintained continuous quality improvement processes and have continued to work on non-essential accreditation criteria.

Examples of areas of improvement generally noted are the introduction of document control processes, more robust IT security procedures and introduction of healthy workplace policies.

### PHO Level Activity:

- ☞ Turanganui PHO, in collaboration with Pinnacle, will introduce auditable quality standards for other providers by: Phasing in defined quality standards, based on the Health & Disability Sector Standards. This will be achieved via the OnTrack™ programme provided by Health and Disability Auditing New Zealand (HDANZ). This programme is aligned to, and complements, the general practice Cornerstone™ accreditation programme.

### Comment:

Pinnacle has provided project management, facilitation and resources to Turanganui PHO in preparing them for HDANZ certification. It is envisaged that the PHO will have achieved certification by the end of 2008.

## Goal 9 Harm Reduction

### Target:

- Practice completes an audit of 15 repeat prescriptions per GP against their Repeat Prescribing Policy. Practices will be contacted on a Monday during Quarter 2 and advised to complete the audit based on 15 repeat prescriptions generated the previous week per GP.
- Practice submits a register of all incidents relating to Repeat Prescribing during the week of 11<sup>th</sup>-15<sup>th</sup> February 2008.

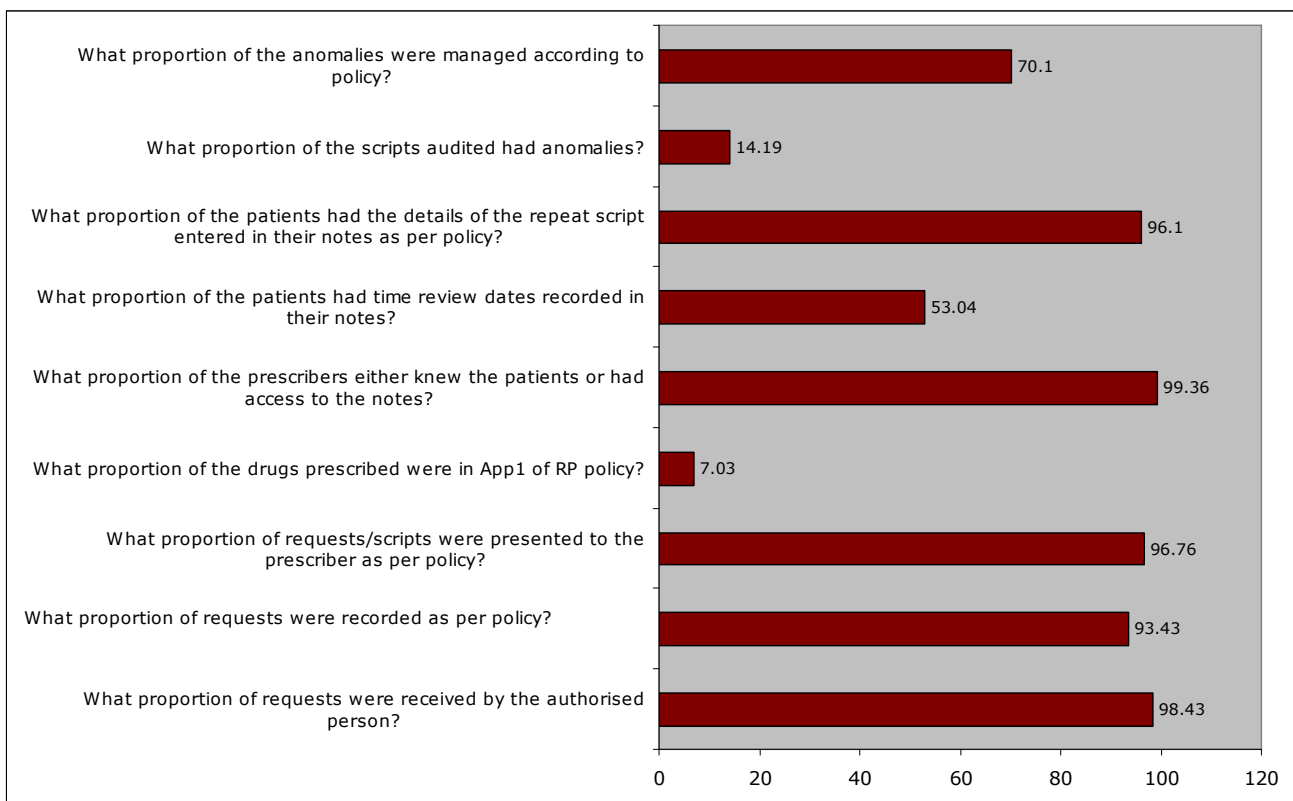
### Outcome:

- 100% of practices achieved this goal.

### Comment:

A total of 3359 prescriptions were audited by GPs in 95 practices across the network.

Results are as follows:



## Goal 9 Harm Reduction contd.

General comments from GPs in their audit reports indicate that almost all practices were positive about the audit, and felt it to be a useful experience. Many stated that it provided an opportunity to reflect on their procedures, and highlighted areas for improvement. Some of the issues encountered were attributed to insufficient training in the repeat prescription policy (for example, individual practices found that the prescribing practice of locums and new doctors was less likely to comply with the policy). Many practices stated they were encouraged by the audit results which confirmed processes were being adhered to within their practices.

**Incident Management** In addition to auditing their repeat prescribing policy practices also submitted a page from their Harm Reduction Register that outlined the incidents that related to Repeat Prescribing during a designated week. A total of 312 repeat prescribing incidents were reported by the same practices.

Comment: Incidents occurred at a range of different stages in repeat prescribing from incorrect dose, frequency, drug and patient name through to scripts not being ready on time, medication changes from specialists not communicated to general practice and dispensing errors. Three specific areas of error noted were; 6 incidents related to the wrong patient, 10 incidents related to the wrong drug, 25 incidents related to the wrong dose.

A poster presentation detailing the results of this goal was recently given at the Australasian Association of Quality in Health Care Annual Conference. An electronic version of the poster is available on request.

## Goal 10 Recording Nurse Consults

### Target:

- Practice continues invoicing all nurse consults.

### Outcome:

- 100% of practices achieved this goal.

### PHO Level Activity:

- Turanganui PHO, in collaboration with Pinnacle, will support nurse consults by:  
Undertaking a project to develop a standardised approach to coding nurse consultations.

### Comment:

The recording of nurse consults has gained momentum over time as the understanding of the purpose of this project has increased. Practice nurses across the network are eager to move on to the next phase which will move the project from volume based data collection to beginning to code nursing activities. Progress has been deliberately slow due to the need to prioritise the introduction of programmes like Healthright, B4 School and significant and complex changes to the immunisation schedule.

The work to move the project forward has been carried out by practice nurses supported by IT expertise and will in the first instance introduce coding for activities like cervical screening, immunisation, CVD risk assessment and mammography. More activities will be added over time.