

# Get ahead, get a CAT

Managing clinical data is easier with a new computerised audit tool.

**T**HE CAT is out of the bag! Last year a decision-support tool for clinical software, the Pen Computer Systems Clinical Audit Tool (CAT), was launched and since then the roll-out to practices has gained momentum.

The take-up has been particularly high in Victoria, SA, and Tasmania, where state-based organisations have encouraged divisions of general practice to buy an annual licence on behalf of their member practices.

What does this mean for general practices? Your division will probably offer the CAT to your practice at no cost and provide additional support with the installation and training. It is currently available for MD2, MD3, Genie and Best Practice, and Pen Computer Systems is working with other interested practice software vendors.

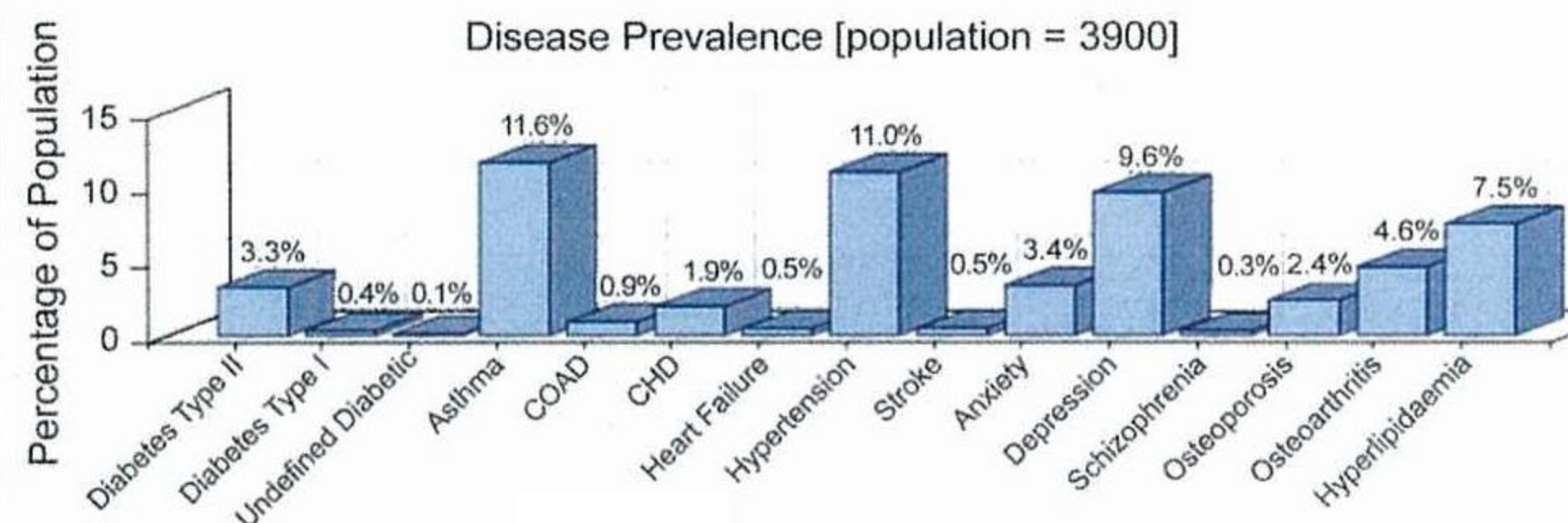
The CAT identifies patient demographic and clinical cohorts and produces pie and bar charts according to the criteria you select (see above right). By clicking on a wedge or bar of the chart you can view a list of patient

names that can be printed or exported as a PDF file or an Excel spreadsheet.

It is an extraction tool that takes a 'snapshot' of your clinical data and allows you to analyse that data. It can highlight areas where improvements are needed (such as better recording of allergy or smoking status) or where data needs to be 'cleansed' (such as where no DOB or gender is recorded) as well as allowing you to cross-reference diseases, medications and particular demographic groupings.

A recent addition has been a medication count where you can identify patients on a certain number of medicines. For example, it is easy to identify all patients aged over 60 on five or more medications. These patients can then be targeted, if appropriate, for a Home Medicines Review.

Since September 2007 the CAT has been installed in more than 30 practices in the North East Valley Division of General Practice in Victoria, and it's hoped this will increase to more than 50 practices by July.



The illustrated example (see below right) shows how the data quality can improve. The first extract, taken in October 2007, highlighted deficiencies in the recording of allergy and smoking status and possible under-recording of Aboriginal and Torres Strait Islander patients and diabetes prevalence.

The practice manager printed the names of patients with 'Nothing recorded' for allergies and smoking. These patients were contacted by appropriately trained staff who updated the patient record. The patient records with 'Nothing recorded' for allergies have been reduced from 14% to 8.7%. For smoking, 'Nothing recorded' has been reduced from 33.8% to 17.4%.

This is still a work in progress. For patients that have not been contacted, an 'Outstanding action' was added to the patient record to prompt the GPs to com-

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plete the record when the patient presents.

The practice manager also created lists of overweight and obese patients aged 45-49 years and sent recall letters for a 717 health check. She has also used the clinical software to 'inactivate' patients who have not been seen in the previous three years.

The second extract taken in March 2008 illustrates the improvements in data quality. The next step is to involve the doctors to use the CAT to analyse their clinical records.



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### xxx Medical Centre - First & Second Reports using Clinical Audit Collection Date: 3/3/2008

Total population = all patients		Active population = seen 3 times in last 2 years	
<b>1. Allergy Recorded</b>	<b>October 2007</b>	<b>March 3 2008</b>	
<b>Total population</b>	<b>7127</b>	<b>6993</b>	
Allergy recorded	20.6%	21.9%	
No Known Allergy recorded	56.9%	63.3%	
Nothing recorded	22.6%	14.8%	
<b>Active population</b>	<b>5439</b>	<b>5530</b>	
Allergy recorded	24.2%	25.20%	
No Known Allergy recorded	60.3%	66.1%	
Nothing recorded	15.5%	8.7%	
<b>2. Gender not recorded</b>			
<b>Total population</b>	84	0	
<b>Active population</b>	26	0	
<b>3. Smoking - nothing recorded</b>			
<b>Total population</b>	42.8%	33.3%	
<b>Active population (Active (3x &gt; 2 years))</b>	37%	27.3%	
<b>Active population over 16 (Active (3x &gt; 2 years))</b>	33.8%	17.4%	
<b>4. Recording of ATSI patients</b>			
<b>Total population</b>	3	3	
<b>Active population (Active (3x &gt; 2 years))</b>	2	3	
<b>5. Diabetes Prevalence</b>			
<b>Total population</b>	4.5%	4.8%	
<b>Active population (Active (3x &gt; 2 years))</b>	5.8%	6.0%	
<b>% Diabetes in postcode area</b>	5.6%	5.6%	

This data was analysed in conjunction with the NEVDGP courtesy of Noel Stewart.