1. **Choose the indicators your practice will work on improving or enter your own**
2. **Enter a practice target and baseline measure for each indicator in the list**
3. **Track your progress over time by entering a result for each quarter.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Practice Target** | **Practice Baseline** | **Q1**  **Result** | **Q2 Result** | **Q3**  **Result** | **Q4**  **Result** |
| 1. Proportion of patients with smoking status recorded | 90% | 44% | 46% | 49% | 52% | 56% |
| 1. Proportion of patients with alcohol status recorded | 75% | 23% | 24% | 24% | 26% | 27% |
| 1. Proportion of patients with weight classification recorded |  |  |  |  |  |  |
| 1. Proportion of patients with up-to-date cervical screening. |  |  |  |  |  |  |
| 1. Proportion of patients with diabetes with blood pressure recorded |  |  |  |  |  |  |
| 1. Proportion of patients with diabetes with current HbA1c result |  |  |  |  |  |  |
| 1. Patients with diabetes immunised against influenza |  |  |  |  |  |  |
| 1. Proportion of patients with COPD & immunised against influenza |  |  |  |  |  |  |
| 1. Proportion of patients over 65 immunised against influenza |  |  |  |  |  |  |
| 1. Proportion of patients with necessary risk factors to enable CVD assessment |  |  |  |  |  |  |
| 1. Proportion of patients aged 75+ with a Health Assessment in < 12 months | 50% | 2% | 3% | 6% | 6% | 8% |
| 1. Proportion of patients > 50 years with bowel screening test done in last 2 years | 65% | 1% | 3% | 7% | 10% | 16% |

**Note:** Measures 1-10 (above) are specified improvement area identified by Dept of Health that each participating practice is required to submit on a quarterly basis. Measures 11 & 12 (above) are examples of customised metrics that practices may choose to focus on to suit the local needs of their patients and their own practice improvement goals as informed by their clinical information system data.