50 Potentially preventable hospitalisation clinical indicator of Osteoporosis or Treatment Effective L - Musculoskeletal
P - Psychological
P - Psychological
P - Psychological
P - Psychological
P - Psychological
P - Psychological
Acute / Treatment Effective U - Urological
1. Histories of diabetes, 2. Microalbuminuria and plasma creatinine not monitored in the previous 12 months, 3. Patient not on ACEI or ARB

74 Creation of a mental health plan
Process D - Disease state management and treatment
P - Psychological
Length continuity pharmacy

45 Register of all serious mental illness patients
Process D - Disease state management and treatment
P - Psychological
Continuous service can produce register of all serious mental illness patients

52 Description of longitudinal follow-up of treatment
Process D - Disease state management and treatment
P - Psychological

48 Antidepressant treatment
Process D - Disease state management and treatment
P - Psychological
Paroxetine antidepressant treatment

67 Adherence to antipsychotic treatment
Process D - Disease state management and treatment
P - Psychological
Dosage of antidepressants

38 Self-care and self-management
Process D - Disease state management and treatment
P - Psychological

94 Hospital staff satisfaction with service conditions
Process D - Disease state management and treatment
P - Psychological
Process D - Disease state management and treatment
P - Psychological
Process D - Disease state management and treatment
P - Psychological

59 Adherence to antihypertensive treatment
Process D - Disease state management and treatment
P - Psychological
Dosage of antidepressants

61 Treatment change
Process D - Disease state management and treatment
P - Psychological
Number of psychiatric changes

Patient: Effective

A - General and unspecified


Patients on an angiotensin-converting-enzyme inhibitor or angiotensin II receptor blocker are at increased risk of hyperkalemia when taking nonsteroidal anti-inflammatory drugs (NSAIDs) for longer than 2 weeks, not including low-dose aspirin.

Concurrent use of two or more NSAIDs is not recommended due to the risk of increased adverse effects. If patients cannot be switched to alternative medications, close monitoring is recommended.

Concomitant use of two or more NSAIDs is not recommended for patients with impaired renal function.

Co-prescription of a phosphodiesterase type-5 inhibitor, for example sildenafil, to a patient who is also receiving a nitrate or nicorandil may be associated with a risk of serious adverse effects, including hypotension.

Co-prescription of metformin and a statin may be associated with an increased risk of lactic acidosis, particularly in patients with underlying renal impairment.

Co-prescription of metformin and a sulfonylurea may be associated with an increased risk of hypoglycemia, particularly in patients with underlying renal impairment.

Co-prescription of metformin and a thiazolidinedione may be associated with an increased risk of fluid retention, particularly in patients with underlying renal impairment.

Co-prescription of metformin and an insulin may be associated with an increased risk of hypoglycemia, particularly in patients with underlying renal impairment.

Co-prescription of metformin and an alpha-glucosidase inhibitor may be associated with an increased risk of gastrointestinal side effects, particularly in patients with underlying renal impairment.

Co-prescription of metformin and a sodium-glucose cotransporter 2 (SGLT2) inhibitor may be associated with an increased risk of diabetic acidosis, particularly in patients with underlying renal impairment.

Co-prescription of metformin and a dipeptidyl peptidase-4 (DPP-4) inhibitor may be associated with an increased risk of hypoglycemia, particularly in patients with underlying renal impairment.

Co-prescription of metformin and a glucagon-like peptide-1 (GLP-1) receptor agonist may be associated with an increased risk of hypoglycemia, particularly in patients with underlying renal impairment.

Co-prescription of metformin and anagliptin may be associated with an increased risk of gastrointestinal side effects, particularly in patients with underlying renal impairment.
Embrace: To follow up the outcomes of the medicines use review.

Process: All

Follow up and follow up and follow up and process all treatment safe R - Respiratory

Selects patients for medicines use review appropriately (e.g. focuses on asthma patients).

Uses appropriate wording for the General Practice (i.e. providing suggestions rather than instructions).

Pharmaceutical documents including medicines (e.g. provision of information).

Provides a clear hierarchy of clinical priorities (i.e. all high priority issues presented first).

Provides issues without causing unnecessary anxiety to the patient.

Provides issue without causing the patient's confidence in their General Practitioner.

Provides no more than four issues and recommendations per patient.

Presents no more than four issues and recommendations per patient.

Prescribes in accordance with the patient's confidence in their General Practitioner.

Provides a clear hierarchy of clinical priorities and the problem (i.e. prioritisation presented).

Provides a clear hierarchy of clinical priorities and the problem (i.e. prioritisation presented).

Presents no issues to the patient that may be inappropriate (e.g. focus on asthma patients).

Presents no issues to the patient that may be inappropriate (e.g. focus on asthma patients).

Presents issues without causing unnecessary anxiety to the patient.

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Follow up and


Whether the primary care discipline is officially recognized as a separate

Structure All All Effective Not Defined

Not Defined Proportion of patients that is satisfied with the quality of contact with his care giver(s).

Efficient


All

Safe K - Cardiovascular Monitoring warfarin therapy

Patient-


Proportion of patients that is satisfied with the quality of contact with his care giver(s).

Patient-

Not Defined Patient satisfaction with the organization of primary care

3 281 Skill-mix of primary care providers Structure All All Effective Not Defined Skill-mix of primary care providers

3 276 Professional associations Structure All All All Not Defined The organization of professional associations for the primary care workforce

3 265 Governance: Health (care) system goals Structure All All All Not Defined The vision and direction of a primary care system depend on explicit health or health care goals at national level

3 258 Efficiency in performance of primary care workforce Structure All All Efficient Not Defined

3 256 Development of the primary care workforce Structure All All All Not Defined Development of the primary care workforce

3 255 Availability of primary care services Structure All All Effective Not Defined Availability of primary care services

3 253 Allocative and productive efficiency Structure All All Efficient Not Defined Respectively, minimizing patient's opportunity cost of time spent in treatment; maximizing the patient's outcome, minimizing the cost per patient

3 251 Accommodation of accessibility Process All All Accommodation of accessibility

3 250 Acceptability of primary care services Process All All Acceptability of primary care services


Effective Communication of increased CV risk in RA: IF a patient has RA, THEN the treating rheumatologist should communicate to the primary care physician (PCP), at least


Compliance to guidelines.


Systemic Lupus Erythematosus: Use of bone mineral density testing in patients under corticosteroid therapy


Corticosteroid therapy to prevent organ damage in patients under corticosteroid therapy


Nutritional education about sun avoidance


Drug toxicity monitoring


Diagnosis and analytic study

Percentage of patients with diabetes with blood pressure 150/90 mmHg or less

The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 75 mmol/mol or less in the preceding 12 months.

The percentage of patients with heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment.

The percentage of patients with COPD and Medical Research Council dyspnoea grade 3 at any time in the preceding 12 months, with a record of oxygen saturation value.

Percentage of patients with heart failure taking angiotensin-converting-enzyme inhibitors or angiotensin II receptor blockers.

Percentage of patients with severe Chronic Obstructive Pulmonary Disease.

The percentage of patients with peripheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-platelet is being taken.

Screening and treatment of smoking.

Percentage of patients with diabetes with glycosylated haemoglobin 64 or less.

The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses.

The percentage of patients with diabetes with glycosylated haemoglobin 75 or less.
Having long-term relationships between primary care providers and their patients in their practice beyond specific episodes of disease or illness, and the quality of care provided to them.

Effective in diabetes care:


2. Cantrill JA, Sibbald B, Buetow S. Indicators of the appropriateness of long-term care.


