

1 Appendix A: Standard Feedback Report



SENTINEL FEEDBACK REPORT



Sentinel:	Clinic:	Data Up To:
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*** All reported data is based on patients seen at least once in the last 18 months***

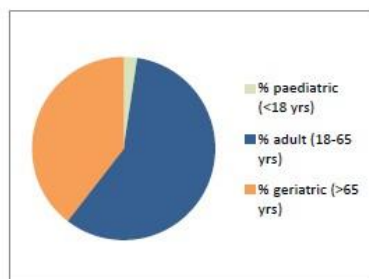
A. DEMOGRAPHICS

Patients

Gender Distribution:

% Males	
% Females	
% Unknown	

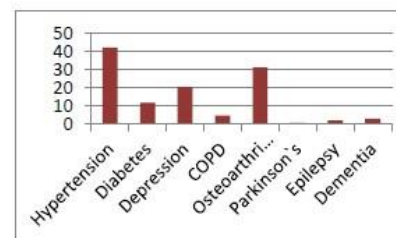
Age Distribution: **EXAMPLE**



Indicators	MaPCReN	RHA	Site	Sentinel
Age (mean years)				
% Pediatric (<18 yrs)				
% Adult (18-65 yrs)				
% Geriatric (>65 yrs)				
N				

B. PREVALENCE

Number of Patients with Selected Conditions in Sentinel's Patient Population - **EXAMPLE**



% of Patients with Selected Conditions in Sentinel's Patient Population

Conditions	MaPCReN	RHA	Site	Sentinel
Hypertension				
Diabetes				
Depression				
COPD				
Osteoarthritis				
Parkinson's				
Epilepsy				
Dementia				
N				

Sentinel:

Clinic:

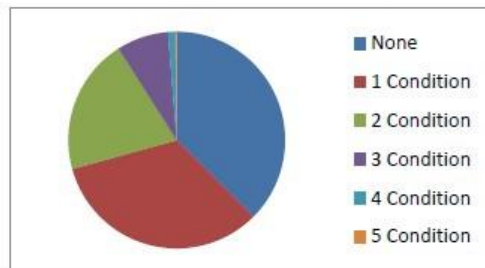
Data Up To:

*** All reported data is based on patients seen at least once in the last 18 months***

C. CHRONIC CONDITIONS

% of Sentinel's Patients with Chronic Conditions:

EXAMPLE



Conditions (%)	MaPCReN	RHA	Site	Sentinel
None				
1 Condition				
2 Conditions				
3 Conditions				
4 Conditions				
5 Conditions				
N				

D. RECORDS

Records (%)	MaPCReN	RHA	Site	Sentinel
Smoking Status				
Weight				
Height				
Blood Pressure				
N				

E. INDICATORS

HYPERTENSION	MaPCReN	RHA	Site	Sentinel
Total with HTN (n)				
# HTN with BP (n)				
% systolic BP<140				
% diastolic BP <90				
Missing BP (n)				

DIABETES	MaPCReN	RHA	Site	Sentinel
Total with DM (n)				
HbA1C # DM with HbA1C (n)				
% HbA1C <7				
% HbA1C 7-8				
% HbA1C >8				
Missing % HbA1C (n)				
BP # DM with BP (n)				
% systolic BP<130				
% diastolic BP <80				
Missing BP (n)				
LDL # DM with LDL (n)				
% LDL <2				

COPD	MaPCReN	RHA	Site	Sentinel
Total with COPD (n)				

Notes:

Section E provides a condition "N" (ie. Total w/HTN) as well as a target "N" (#HTN w/BP). The target "N" plus the "missing n" added together is equal to the condition "N". Detail report (ie. % sbp <140) percentages are based on the target "N".

Appendix B: Choosing Wisely Canada Recommendations Summary



Are You Choosing Wisely?

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.

- **Don't routinely measure Vitamin D in low risk adults.**

Because Canada is located above the 35° North latitude, the average Canadian's exposure to sunlight is insufficient to maintain adequate Vitamin D levels, especially during the winter. Therefore, measuring serum 25-hydroxyvitamin D levels is not necessary because routine supplementation with Vitamin D is appropriate for the general population. An exception is made for measuring Vitamin D levels in patients with significant renal or metabolic disease.

- **Don't do annual screening blood tests unless directly indicated by the patient risk profile.**

There is little evidence to indicate there is value in routine blood tests in asymptomatic patients; instead, this practice is more likely to produce false positive results that may lead to additional unnecessary testing. The decision to perform screening tests, and the selection of which tests to perform, should be done with careful consideration of the patient's age, sex and any possible risk factors. **PSA Screening.** Prostate-specific antigen (PSA) screening is currently not advised for any male without a previous diagnosis of prostate cancer.



- **Don't use antibiotics for upper respiratory infections that are likely viral in origin, such as influenza-like illness, or self-limiting, such as sinus infections (<7 days of duration).**

Bacterial infections of the respiratory tract, when they do occur, are generally a secondary problem caused by complications from viral infections such as influenza. While it is often difficult to distinguish bacterial from viral sinusitis, nearly all cases are viral. Though cases of bacterial sinusitis can benefit from antibiotics, evidence of such cases does not typically surface until after at least seven days of illness. Not only are antibiotics rarely indicated for upper respiratory illnesses, but some patients experience adverse effects from such medications.



- **Don't use antipsychotics as first choice to treat symptoms of dementia.**

People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviours. In such instances, antipsychotic medicines are often prescribed, but they provide limited benefit and can cause serious harm, including premature death. Use of these drugs should be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behaviour change can make drug treatment unnecessary.

For more information on Choosing Wisely Canada or to see other lists of Five Things Clinicians and Patients Should Question, visit www.choosingwiselycanada.org

Appendix C: Modified Feedback Report

Sentinel:	Clinic:	Data Up To:
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C. ARE YOU CHOOSING WISELY?

Antibiotic Prescriptions

Prescriptions (n)	MaPCReN	RHA	Site	Sentinel
Sinusitis				
Upper Respiratory Tract Infections				
Otitis Media				
N				



Vitamin D Testing

Number of Tests (n)	MaPCReN	RHA	Site	Sentinel
Vitamin D				
N				

Antipsychotics in Dementia

Prescriptions (#)	MaPCReN	RHA	Site	Sentinel
Antipsychotics				
N				

PSA Screening

Number of Tests (n)	MaPCReN	RHA	Site	Sentinel
PSA Screening				
N				

