

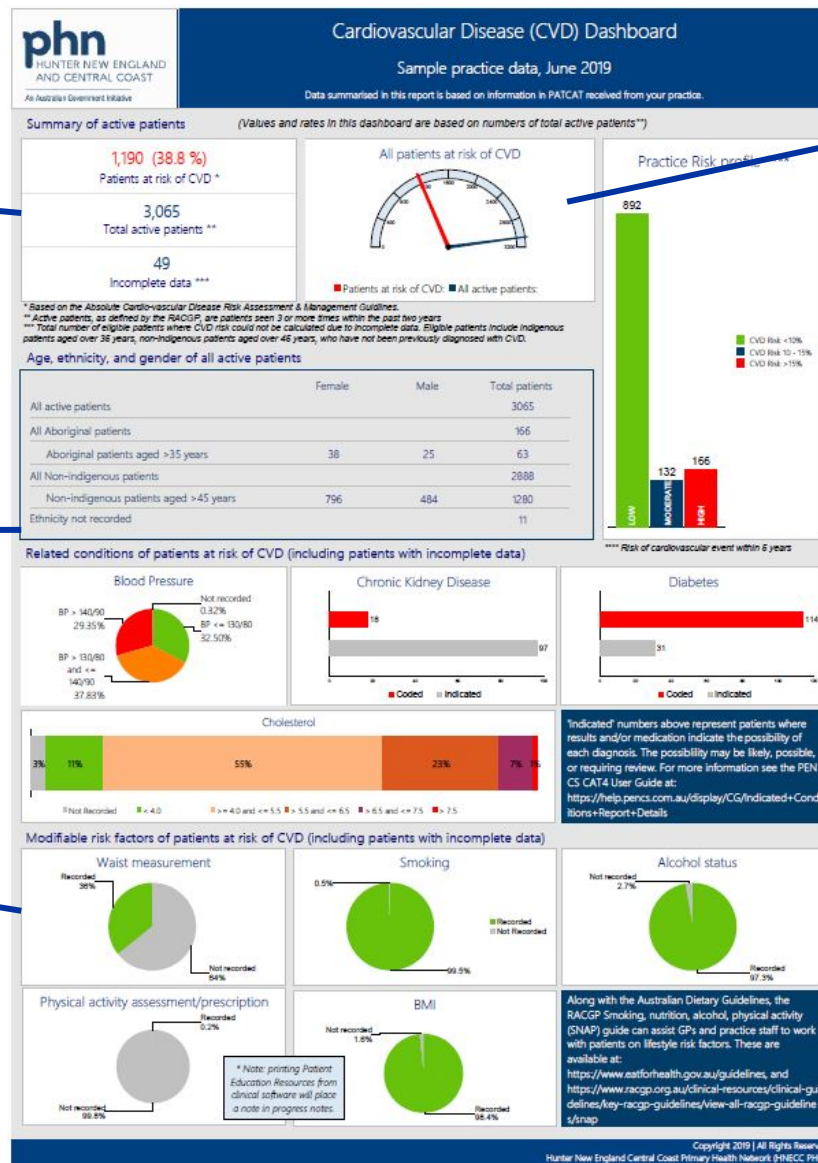


ACTIVE PATIENTS: The top number in red highlights the number of active patients that are at risk of Cardiovascular Disease using the Framingham Risk Equation. (eligible patients are described below as part of the ***).

The number of incomplete data indicates patients that have not got a coded ACR score in the medical software.

PATIENT DEMOGRAPHICS: The grey shaded area is a breakdown of the patient demographics by age, gender, and ethnicity. It also highlights the number of patients without an ethnicity recorded.

MODIFIABLE RISK FACTORS: The modifiable risk factors feature the number of patients at risk of Cardiovascular Disease who have modifiable risk factors. The green in the pie graphs demonstrate the number of those patients who have a coded status of these risk factors. The grey shade illustrates the number of patients who have not had their risk factors recorded e.g., smoking status. This is key in ensuring that the patient details are current and identifying risk factors that are relevant to the patient to then create targeted goals e.g., smoking cessation. These modifiable risk factors are part of the "SNAP" Data/Guidelines as per the RACGP Guidelines.



NUMBER OF AT RISK PATIENTS: This is a visual representation of the numbers in the top left-hand corner. It visually represents the number of eligible active patients that are at risk of Cardiovascular disease.

LEVEL OF RISK: The column graph breaks down the number of eligible active patients at risk of Cardiovascular Disease into levels of risk (Low, Moderate, and High). This can assist in identifying priority population groups.

CO MORBIDITIES: The related conditions section highlights the number of patients that are at risk of CVD who have another chronic disease i.e., Diabetes, Chronic Kidney Disease, and Hypertension.

These graphs also highlight in grey an "indicated diagnoses". The indicated diagnoses are to do with clinical coding and data cleansing. It is the software suggesting based on pathology, and other clinical factors that the patient may have that diagnoses but it is not coded as that under the patients diagnoses/history. This is common with free texting in the clinical software as opposed to selecting a coded diagnosis. It could also identify a patient's diagnosis that has been missed or overlooked. It is a great quality check feature.