



Data for Decisions Patron Databook 4.0

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CATEGORY	DESCRIPTION	EXAMPLE DATA AVAILABLE
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PATIENT DETAILS		
Patient Details	This category stores the main demographic information about the patient	• Birth Year • Death Year (if applicable) • Gender Code (this is Sex at birth) • ATSI status • Ethnicity
SEIFA	Socio-Economic Indexes for Areas	• Indexes based on postcode

CLINICAL INFORMATION		
General	General clinical information	• Marital status • Sexuality • NKA (no known allergies) • Alcohol non-drinker flag
Alcohol	Alcohol Consumption (AUDIT-C)	• Assessment Date • AUDIT-C score • Alcohol frequency • Standard drinks per day • Binge drinks flag
Allergies/Reactions	Allergy and adverse reaction records	• Allergy /reaction type • Allergy reaction name • Allergy/reaction severity
Cervical screening	Result of Papanicolaou test or cervical screening (HPV) tests	• Date • Result • HPV 16, 18 or other result • Pap Smear or Cervical Screen flag • Screening no longer required or patient screening opt out
Immunisations	Vaccination type and administration information	• Date administered • Immunisation name • Batch • Sequence • Administration site • Route • Vaccination provided at clinic or elsewhere

CLINICAL INFORMATION <i>continued</i>		
Observations	Observation information	• Observation Date • Observation name • Observation value
Smoking	Smoking information	• Assessment Date • Smoking status • Smoking frequency • Smoker per day • Smoking cessation (if applicable)

MEDICAL HISTORY		
Medical History	Medical conditions or symptoms which have been recorded in the patient medical history.	• Condition name/description • Condition code • Onset & Diagnosis date • Active/inactive condition • Provisional/Confirmed flag

ENCOUNTER CHARACTERISTICS		
Clinical encounter characteristics	Clinical characteristics of encounters	• Visit Date • Visit Type • Duration • Worker type who recorded the encounter • Non visit flag (if encounter is a non-clinical encounter)
Encounter Reason	Reason for encounter	• Visit Date • Visit Reason • Visit Reason Code

MEDICATIONS		
Active Prescription List	List of currently prescribed medications.	• Date first prescribed • Date last Prescribed • Deleted/ceased date and reason • Medication prescribed details ○ Generic, Trade, Brand names ○ Strength ○ Quantity ○ Dose ○ Frequency ○ Formulation ○ Route • Repeats • Instructions • Reason for prescription • Reason Code

MEDICATIONS <i>continued</i>		
Prescriptions Issued	Record of all prescriptions that have been printed.	• Prescription Date • Printed status • Age at Prescription • Medication prescribed details ○ Generic, Trade, Brand names ○ Strength ○ Quantity ○ Dose ○ Frequency ○ Formulation ○ Route • Repeats • Instructions • Reason for prescription • Reason Code

INVESTIGATIONS		
Returned Test Names	Test Names and dates that have been imported from pathology organisations.	• Test name or grouped Test name (e.g. Lipid Panel) • Request date • Collected date • Report Date • Import Date • Checked Date
Returned Test results	Pathology results that have been imported from pathology companies or have been manually added.	• Individual result name (e.g. HDL/LDL/Sodium) • Report Date • Result value • LOINC Code • Unit • Range
Investigations Requested	Requested pathology and imaging results	• Request date • Request type i.e. Pathology or Imaging • Name(s) of tests requested • Fasting Flag

DOCUMENTS		
Documents In	Documents received by the practice such as referrals in, letters and discharge summaries	• Document Date • Document Type, Category, Subject
Documents Out	Documents that have been sent by the practice such as Referrals out, Care plans, and Medical Certificates	• Document Date • Document Type, Category, Subject
Document MyHR	Shared health summaries and event summaries that have been uploaded to MyHealthRecord	• Document Date • Document Type, Category, Subject

FAMILY HISTORY		
Family History	Family information	• Maternal & Paternal death details • Family condition history

MBS BILLING		
MBS Billing items	Record of the MBS item numbers billed by a health professional working at the clinic.	• Date of Service • MBS Item Number • MBS Item Description • Service Status (e.g. Paid, Cancelled) • Provider Type that was billed to

PRACTICE		
Practice Profile	An overview profile of the practice data.	• Latest Exported Date • Source System • MMM classification • PHN Code • Active patient counts
Clinic Worker	De-identified information about clinic workers, including role	• Worker type (e.g. GP, Practice nurse) • Provider flags (if worker has a provider number, prescriber number and/or registration number)
Appointments	Record of appointments booked at the practice.	• Appointment Date • Appointment Type • Appointment Booking Length • Appointment Reason • Provider Type that appt is booked with • Appointment Status • Arrival Date/Time • Visit ID (if can be linked to a visit)

MATERNAL OBSTETRICS		
Pregnancies	Current and historical pregnancy information	• Pregnancy Number • Pregnancy Start Date (calculated) • Pregnancy End Date (calculated) • LMP • EDC • Delivery Date • Delivery Outcome • Baby birth gender • Baby birth weight
Antenatal Visits	Pregnancy observation details that are recorded at each antenatal visit.	• Antenatal observations (eg. BP, weight, foetal size and presentation)

PATIENT ADJUNCT		
Patient pre-mapped data	The Adjunct table implements clinical phenotype mapping that will lead to consistency in research and time saving for researchers in leveraging existing work.	Phenotypes include • Demographics such as: ○ Last Visit Date ○ Visit Count last 12 mths ○ RACGP Active flag ○ Currently Pregnant ○ Last Delivery Date • Conditions • Pathology • Observations • Medications • Allergies • Immunisations • MBS item categories • Calculations such as: ○ Framingham Risk Score ○ CHADS2VA Score <i>New phenotypes are continuously being added</i>