This document outlines the beginning clinical indicators or health outcomes for clients receiving care from any Physician Member in any of the seven Primary Care Networks in the Calgary Zone. Criteria and benchmarks for these measures are listed to guide and improve clinical practice within the Calgary Zone PCNs.
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**BLOOD PRESSURE SCREENING - PROCESS**

**Indicator:** Percentage of eligible patients from a sample of the provider’s panel with a current, documented blood pressure measurement.

**Definitions:**
- **Blood pressure measurement** is expressed as a fraction with the systolic pressure over the diastolic pressure. Where possible, measurements should be taken after the patient has rested for a few minutes after entering the exam room or office.
- **Current** means within the last 24 months from the end of the CDA cycle timeframe. The measurement is taken from the most recent visit if there is more than one visit in two years.
- **Documentation** is tangible proof available in the patient’s record to the data collectors at the time the CDA is conducted. The measurement itself must be present in the record. Clinics should indicate the prescribed location for such evidence in their patient record.

**Eligible:** All patients aged 18 years and older.

**Excludes:**
- Patients under the age of 18 years.
- Patients with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in a Palliative Care Program.

**Percentage:**
- **Numerator:** Number of eligible patients in the sample drawn from the provider’s panel with a documented, current blood pressure measurement.
- **Denominator:** Number of eligible patients in the sample drawn from the provider’s panel.

**Methodology:**
- Define the provider’s panel from the EMR or the most current version of AHW Billing Data.
- Randomly select 200 patient records from the panel.
- Calculate the required sample size for statistical significance.
- Select all eligible patients in the sample and review their records for exclusions.
- If required, randomly select further eligible patients from the panel until the appropriate sample size is achieved.
- Audit these records to verify if documentation confirms that a current blood pressure measurement was performed.

**Benchmark:** 99% within 2 years (PPRN, 2007)*

BLOOD PRESSURE SCREENING - OUTCOME

Indicator:  Percentage of screened patients in a provider’s sample with a current blood pressure measurement where both systolic and diastolic results respectively are <140/90, i.e. within normal range.

Definitions:
- Blood pressure measurements are expressed as a fraction with the systolic pressure over the diastolic pressure. Where possible, measurements should be taken after the patient has rested for a few minutes. For healthy individuals, a normal range extends up to 140 Systolic and/or 90 Diastolic.
- Current means within the last 24 months from the end of the CDA cycle timeframe. The measurement is taken from the most recent visit if there is more than one visit in two years.
- Documentation is tangible proof available in the Patient Record to the data collectors at the time the CDA is conducted. The measurement itself must be present. Clinics should indicate the prescribed location for such evidence in their Patient Record.

Eligible:  All patients aged 18 years and over with a current, documented blood pressure measurement.

Excludes:
- Patients under 18 years of age
- Patients without a current, documented blood pressure
- Patients with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in the Palliative Care Program.

Percentage:
- Numerator: Number of eligible patients in the sample drawn from the provider’s panel with a blood pressure measurement <140/90.
- Denominator: Number of eligible patients in the sample drawn from the provider’s panel.

Methodology:
- Using the cases already selected for the Blood Pressure Screening - Process Indicator from the provider’s panel, select all cases with a current, documented blood pressure measurement recorded in the patient record.
- Review the most recent recorded measure within 24 months and sort for over or under both 140 systolic and 90 diastolic.

Benchmark:  None found at this time. Suggest 75% due to newly diagnosed cases, immediate exertion and white coat syndrome.
**BLOOD SUGAR SCREENING - PROCESS**

**Indicator:** Percentage of eligible patients on a provider’s panel with a:
- a) current blood sugar test result done by glucometer in the provider’s office; or
- b) current fasting or random blood sugar test done by a certified Laboratory.

**Definitions:**
- **Blood sugar test** is a blood test that is done in the provider’s office using a glucometer or done in a Laboratory by requisition. It indicates blood sugar levels at the time of the test only.
- **Current** means within the last 12 months from the end of the CDA timeframe. The measurement is taken from the most recent test if there is more than one in the year.
- **Documentation** is tangible proof available to the data collectors from an Alberta Health Services report or result found in the Patient Record at the time the CDA is conducted.

**Eligible:** All patients 18 years of age or over.

**Excludes:**
- Patients under 18 years of age.
- Patients identified as having diabetes by established guidelines†
- Patients with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in the Palliative Care Program.

**Percentage:**
- **Numerator:** Number of eligible patients in the sample from the provider’s panel with a current, documented blood sugar result.
- **Denominator:** Number of eligible patients in the sample from the provider’s panel.

**Methodology:**
- Define the provider’s panel from the EMR or the most current version of AHW Billing Data.
- Randomly select 200 patient records from the panel.
- Calculate the required sample size for statistical significance.
- Select all eligible patients in the sample and review their records for exclusions.
- If required, randomly select further eligible patients until the appropriate sample size is achieved.
- Audit these records to verify if documentation confirms that a current blood sugar screening test was performed.

**Benchmark:** None at this time

†Building Healthy Lifestyles Vascular Protection: Diabetes Clinical Guide.
BREAST CANCER SCREENING - PROCESS

Indicator: Percentage of eligible women on a provider’s panel who have documented evidence of a: 
   a) completed, current mammography report; or 
   b) current order/requisition for a mammogram; or 
   c) refusal by the patient to get a mammogram done

Definitions:
- **Screening** for breast cancer is defined as having a current, documented mammogram.
- **Current** is defined as within the last two years. For the CDA, current is within the 24 month period prior to the end of the CDA timeframe.
- **Documentation** is defined as tangible proof available to the data collectors doing the CDA, such as downloaded or scanned reports, text within a visit commentary or subsequent report in the Patient Record or within a report retrieved directly from Alberta Health Services. Clinics should indicate the prescribed location for such evidence in their Patient Records.
- **Physician Adherence** is demonstrated by (a) offering/ordering the mammogram.
- **Patient Adherence** is demonstrated by (b) the completion of the mammogram.
- **Refusals** should be documented in the Patient Record in the prescribed location.

Eligible: Women on a provider’s panel between ages of 50-69 years of age.

Excludes:
- Women under 50 years of age or 70 and over.
- Women who have had bilateral mastectomy.
- Women with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in the Palliative Care Program.
- Women undergoing current treatment for breast cancer.
- Women with a previous diagnosis of breast cancer.

Percentage: **Numerator:** a) The number of eligible women in the sample with a documented offer/order/referral for a current mammogram but with no result. 
   b) The number of eligible women in the sample who have a current, documented mammogram result.

**Denominator:** The number of eligible women in the sample from the physician’s panel.

Methodology:
- Define the provider’s panel from the EMR or the most current version of AHW Billing Data.
- Randomly select 200 patient records from the panel.
- Calculate the required sample size for statistical significance.
- Select all eligible females in the sample and review their records for exclusions.
- If required, randomly select further eligible females until the appropriate sample size is achieved.
- Audit these records to verify if documentation confirms that a current mammogram was offered, ordered and/or performed.

Benchmark: 79% (PPRN, 2007)*

CERVICAL CANCER SCREENING - PROCESS

**Indicator:** Percentage of eligible women on a provider’s panel who have documented evidence of a:

a) current offer/referral for a Pap test; and/or
b) completed, current Pap test report.

**Definitions:**

- **Screening** for cervical cancer is defined as having a current, documented Pap test.
- **Current** is defined as at least every three years. For the CDA, current is within the 36 month period prior to the end of the CDA timeframe.
- **Documentation** is defined as tangible proof available to the data collectors doing the CDA, such as downloaded or scanned reports, text within a visit commentary or subsequent report in the Patient Record or within a report retrieved directly from Alberta Health Services. Clinics should indicate the prescribed location for such evidence in their Patient Record.
- **Physician Adherence** is demonstrated by (a) offering/ordering/referring for the Pap test.
- **Patient Adherence** is demonstrated by (b) the completion of the Pap test.

**Eligible:** All women on a provider’s panel aged 21 to 69 years.

**Excludes:**

- Women under 21 years of age or 70 and over.
- Women with previous hysterectomy in which cervix was removed.
- Women with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in the Palliative Care Program.

**Percentage:**

- **Numerator:** a) The number of eligible women in the sample with a documented offer/order/referral for a current Pap test. b) The number of eligible women in the sample, who have a current, documented Pap result.
- **Denominator:** The number of eligible women in the sample.

**Methodology:**

- Define the provider’s panel from the EMR or the most current version of AHW Billing Data.
- Randomly select 200 patient records from the panel.
- Calculate the required sample size for statistical significance.
- Select all eligible females in the sample and review their records for exclusions.
- If required, randomly select further eligible patients until the appropriate sample size is achieved.
- If applicable, match the selected eligible women against the Alberta Health Services report.
- Review the Patient Records of patients with no direct Alberta Health Services documentation to verify if documentation of a completed Pap exists from another source.
- Review the Patient Records of those with no Pap results from any source to ascertain if a current Pap test was offered, ordered or a referral made.

**Benchmark:** 76% (PPRN, 2007)*

COLORECTAL CANCER (CRC) SCREENING - PROCESS

**Indicator:** Percentage of eligible patients on a provider’s panel who have documented evidence of:

a) current offer/referral for CRC screening test; and/or
b) completed, current CRC screening test report.

c) refusal to complete the test.

**Definitions:**

- **Screening** for CRC is defined as having a current, documented fecal occult blood test (FOBT) where three samples have been submitted as required, sigmoidoscopy, colonoscopy or double contrast barium enema.

- **Current** is defined as every two years for FOBT; every 5 years for sigmoidoscopy and double contrast barium enema and every 10 years for colonoscopy. For the CDA, current is within the acceptable time period retrospective from the end of the CDA timeframe. For colonoscopies not documented in the prescribed location in the Patient Record, or located only in archived records, credit is not given.

- **Documentation** is defined as tangible proof available to the data collectors doing the CDA, such as downloaded or scanned reports, text within a visit commentary or subsequent report in the Patient Record or within a report directly from Alberta Health Services. Clinics should indicate the prescribed location for such evidence in their Patient Record.

- **Physician Adherence** is demonstrated by (a) offering/ordering or referring for the screening test.

- **Patient Adherence** is demonstrated by (b) the completion of the screening test, regardless of provider or location.

**Eligible:** All patients aged 50-74 on the provider’s panel.

**Excludes:**

- Patients under 50 years of age or 75 and over.
- Patients who submit fewer than the required three FOBT panels unless one of the first panels returns with a positive result.
- Patients whose sample was gained from a digital exam regardless of the result returned.
- Patients with previous colectomy and/or colostomy surgery
- Patients currently undergoing treatment for colorectal cancer.
- Patients with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in the Palliative Care Program.

**Percentage:**

- **Numerator:** a) The number of eligible patients with a documented offer/order/referral for a current CRC screening test. b) The number of eligible patients in the sample who have a current documented CRC screening result.

- **Denominator:** The number of eligible patients in the sample.

**Methodology:**

- Define the provider’s panel from the EMR or the most current version of AHW Billing Data
- Randomly select 200 patient records from the panel
- Calculate the required sample size for statistical significance.
- Select all eligible patients in the sample and review their records for exclusions.
- If required, randomly select further eligible patients until the appropriate sample size is achieved.
- Audit these records to verify if documentation confirms that a current CRC screen was offered, ordered and/or performed.

**Benchmark:** 67% (PPRN, 2007)*

DIABETES MELLITUS - PROCESS

Indicator: Percentage of eligible patients on a provider’s panel with a current, documented HgbA1C test that has been:
   a) ordered within the past 6 months, and/or
   b) completed within the last six months

Definitions:
- **Eligible** refers to a patient 18 years of age or older diagnosed as a diabetic
- **Diabetic** refers to patients who have been diagnosed with this chronic disease following the clinical guidelines† as evidenced through reports available in the EMR.
- **HgbA1C** is a blood test that indicates trends in blood sugar levels over time. Tests should be completed every six months on patients diagnosed with diabetes†. For healthy individuals, a normal result is 7.0 or less.
- **Current** means within any six month period the last 12 months from the end of the CDA timeframe. The measurement is taken from the most recent test if there is more than one in the year.
- **Documentation** is tangible proof available to the Data collectors from a Alberta Health Services report for the time the CDA is conducted.

Eligible: All patients 18 years of age or over and identified as having diabetes mellitus by the established formula†

Excludes:
- Patients under 18 years of age.
- Patients not identified as having diabetes by established guidelines†
- Patients with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in the Palliative Care Program.

Percentage:
- **Numerator**: Number of eligible patients in the sample from the provider’s panel with a current, documented HgbA1C a) ordered and/or b) completed.
- **Denominator**: Number of eligible patients in the sample from the provider’s panel.

Methodology:
- Define the provider’s panel from the EMR or the most current version of AHW Billing Data
- Randomly select 200 patient records from the panel
- Calculate the required sample size for statistical significance.
- Select all eligible patients in the sample and review their records for exclusions.
- If required, randomly select further eligible infants and children until the appropriate sample size is achieved.
- Audit these records to verify if documentation confirms that a current HgbA1c was ordered and/or performed.

Benchmark: 79% completed (PPRN, 2007)*

†Building Healthy Lifestyles Vascular Protection: Diabetes Clinical Guide.
DIABETES MELLITUS RESULTS

Indicator: Percentage of diabetic patients 18 years of age and over in a provider’s sample with a current HgbA1c test result of 7.0 or less. HgbA1c results between 7.1 – 7.9 and ≥ 8.0 will be reported separately.

Definitions:
- **HgbA1C** is a blood test that indicates trends in blood sugar levels over time. Tests should be completed every six months on patients diagnosed with diabetes\(^1\). For diabetics under good control, a normal range is <7.0. For patients with medical complexities, a HgbA1c between 7.1 to 8.0 is also acceptable.
- **Current** means within any six month period the last 12 months from the end of the CDA timeframe. The measurement is taken from the most recent test if there is more than one in the year.
- **Documentation** is tangible proof available to the Data collectors from a Alberta Health Services report for the time the CDA is conducted.

Eligible: All patients aged 18 years and over with a diagnosis of diabetes mellitus and who had at least one HgbA1c test completed within the past 6 months

Excludes:
- Patients under 18 years of age
- Patients not identified as having diabetes by established formula
- Patients without a current, documented HgbA1C within the last six months
- Patients with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in the Palliative Care Program.

Percentage:
- **Numerator**: Number of eligible patients in the sample from a provider’s panel with a current, documented HgbA1C result of ≤ 7.0 and 7.1 to 8.0
- **Denominator**: All eligible patients in the sample from the provider’s panel

Methodology:
- Using the cases selected for the Diabetes Mellitus – Process Indicator, select all cases with a current, documented HgbA1C
- Review the patient record for HgbA1c the latest HgbA1c results
- Review the recorded results and sort for over or equal to/under 7.0.

Benchmark: 76% (PPRN, 2007)*

\(^1\)Building Healthy Lifestyles Vascular Protection: Diabetes Clinical Guide.

WEIGHT CLASSIFICATION SCREENING

Indicator: Percentage of eligible patients on a provider’s panel with a current, documented waist measurement and BMI calculation.

Definitions:
- **Obesity** is a waist circumference in males of over 102 cm. (40 in.) and in females over 88 cm. (35 in.), combined with a BMI $\geq 30\%$. ¹
- **Overweight** is a waist circumference close to 102 cm. (40 in.) for males and 88 cm. (35 in.) for females plus a BMI $\geq 25\%$. ¹
- **Current** is within the last 12 months from the end of the CDA timeframe.
- **Documentation** is defined as tangible proof available to the Data collectors doing the CDA, such text within a visit commentary or dated entry in the problem list. Clinics should indicate the prescribed location for such evidence in their Patient Record.

Eligible: All patients on provider’s panel 18 years of age and over.

Excludes:
- Patients under 18 years of age.
- Patients with a terminal illness, as documented in their medical record, i.e. with a life expectancy of less than 6 months or designated as palliative or documented as registered in the Palliative Care Program.

Percentage:
- **Numerator**: Number of eligible patients in the random sample from the provider’s panel with current screening for weight classification.
- **Denominator**: Number of eligible patients in the sample from the provider’s panel.

Methodology:
- Define the provider’s panel from the EMR or the most current version of AHW Billing Data.
- Extract a random sample of charts from the provider’s panel.
- Identify the eligible patients from the sample.
- Review these patient records for a current, documented waist measurement and BMI.
- Calculate the percentage screened for weight classification.

Benchmark: None at this time.

APPENDIX A

CLINICAL INDICATORS SUMMARY

Blood Pressure Screening - Process
Percentage of eligible patients in a provider’s panel sample with a:
   a) Current, documented blood pressure measurement.

Blood Pressure Screening - Outcome
Percentage of screened patients in a provider’s panel sample with a:
   a) Current blood pressure measurement where both systolic and diastolic results respectively are <140 and <90, i.e. within normal range.

Blood Sugar Screening - Process
Percentage of eligible patients on a provider’s panel with a:
   a) Current blood sugar test result done by glucometer in the provider’s office; or
   b) Current fasting or random blood sugar test done by a certified Laboratory.

Breast Cancer Screening - Process
Percentage of eligible women on a provider’s panel who have documented evidence of a:
   a) Completed, current mammography report; or
   b) Current order/requisition for a mammogram; or
   c) Refusal by the patient to get a mammogram done.

Cervical Cancer Screening - Process
Percentage of eligible women on a provider’s panel who have documented evidence of a:
   a) Completed, current Pap test report; or
   b) Current offer/referral for a Pap test; or
   c) Refusal by the patient to have a Pap test done.

Chronic Obstructive Pulmonary Disease (COPD) Screening - Process
Percent of eligible patients on a provider’s panel who, annually:
   a) Complete the Canadian Lung Health Test questionnaire or equivalent, and
   b) Have a referral for spirometry if any questions in part a) are positive.

Colorectal Cancer Screening - Process
Percentage of eligible patients on a provider’s panel who have documented evidence of a:
   a) Completed, current eligible CRC test report; or
   b) Current requisition/referral for a CRC test; or
   c) Refusal by the patient to have a CRC test done.

Congestive Heart Failure – Outcome
Percentage of eligible clients on a provider’s panel

Depression Screening - Process
Percent of eligible patients on a provider’s panel who, annually:
   a) Complete the PHQ questionnaire or equivalent.

Developmental Screening - Process
Percentage of children between 30 and 48 months of age on a provider’s panel with a documented 18-month developmental assessment
   a) completed by the physician, or
   b) by another provider and reported to the physician
Diabetes Mellitus - Process
Percent of diabetic patients over 18 on a provider’s panel with an HgbA1C:
   a) Ordered within the past 6 months
   b) Completed within the last six months

Diabetes Mellitus - Outcome
Percent of diabetic patients 18 years of age and over on a provider’s panel with a current HgbA1c result of:
   a) 7.0 or less; or
   b) 7.1 to 7.9; or
   c) 8.0 or greater

Influenza Immunization - Outcome
Percent of patients 18 years of age and over on a provider’s panel with a:
   a) Current influenza immunization documented in the EMR

Pneumococcal Immunization - Outcome
Percent of patients on a provider’s panel aged 65 years and older with a:
   a) Current pneumococcal immunization documented in the EMR

Time to Third Next Available Appointment (TTTN) Short - Process
Percentage of compliance with accurately doing and documenting TTTN Short every week for each provider.

Time to Third Next Available Appointment (TTTN) Short - Result
Calculated average of TTTN Short for every provider.

Time to Third Next Available Appointment (TTTN) Long - Process
Percentage of compliance with accurately doing and documenting TTTN Long every week for each provider.

Time to Third Next Available Appointment (TTTN) Long - Result
Calculated average of TTTN Long for every provider.

Tobacco Use Screening - Process
Percent of patients on a provider’s panel aged 18 years and older with a
   a) Current tobacco use status documented in the patient’s record.

Tobacco Use Screening - Counselling
Percentage of eligible patients who currently smoke on a provider’s panel with a:
Current, documented tobacco use intervention

Weight Classification Screening - Process
Percentage of patients aged 18 years and older on a provider’s panel with a:
   a) Current, documented waist measurement; and
   b) BMI calculation.
## BENCHMARKS AND CRITERIA

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REFERENCES


Dr. M. Murray & Dr. M. Berwick, 2003