

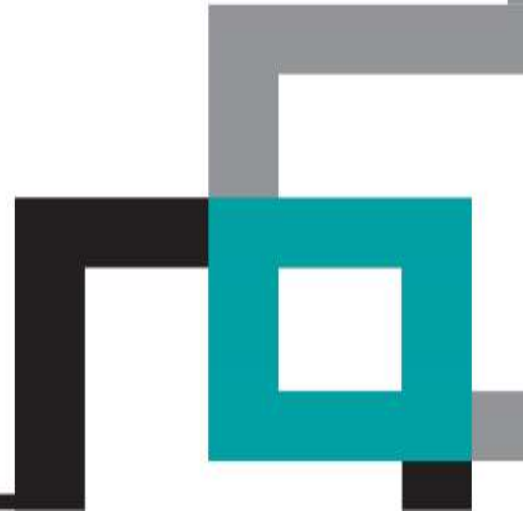


Train IT Medical
Leading Your Practice Into The Digital Future

phn
CENTRAL AND
EASTERN SYDNEY
An Australian Government Initiative

My Health Record Enablement

Presented by Katrina Otto
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katrina@trainitmedical.com.au



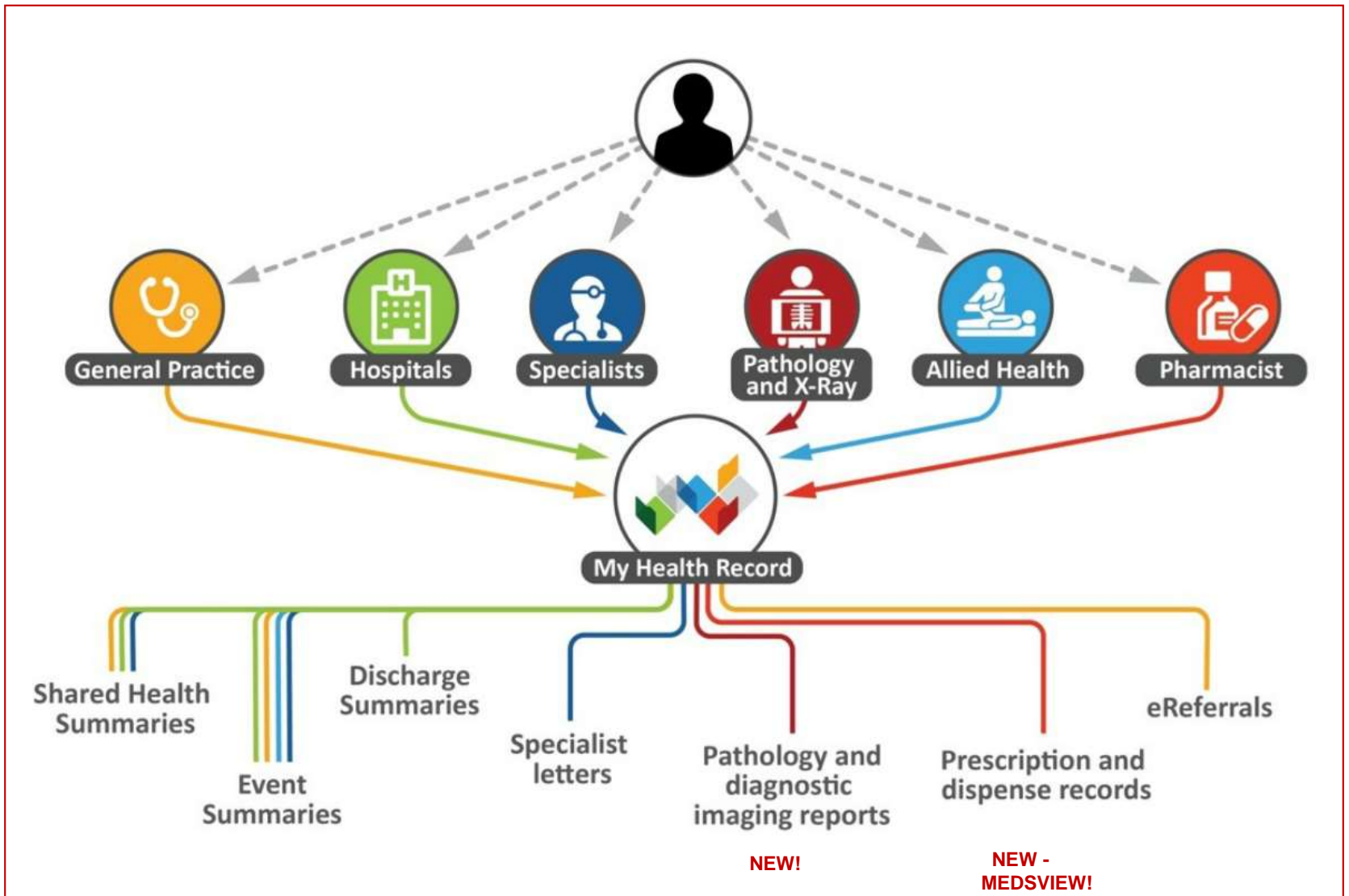
Learning Objectives:

1. Use software as a tool for practice improvements and data analytics
2. Identify ways to ensure compliance with standards for essential demographic and clinical data entry.
3. Design a systematic approach to data quality improvements.
4. Develop an understanding of new technologies and 3rd party tools available to patients and clinicians for improved sharing of quality clinical data.

“30% of GPs have accessed a patient’s health information through My Health Record that would not have otherwise been available to them.

RACGP, February 2019





www.digitalhealth.gov.au

www.myhealthrecord.gov.au

My Health Records Amendment (Strengthening Privacy) Bill 2018

These changes:

- Allow people to permanently delete their records.
- Prohibit by law access for insurance or employment purposes.
- Strengthen privacy for teenagers 14 years and over.
- Strengthen protections for people at risk of family and domestic violence.
- Require law enforcement and other government agencies to produce an order from a judicial officer to access information in a My Health Record.

[Read more.](#)

New Stronger My Health Record Privacy Laws



Watch the youtube your patients may see: <https://youtu.be/BusMRjuHlhk>

“..use consistent **coding** of diagnoses.....so that continuous improvement of clinical care and patient outcomes can be achieved.”



Past History List [coding]

Past History

Date: / / 2013 9/12/2017

Condition:

Condition

- Total knee replacement
- Total knee replacement revision

Left Right Bilateral

Acute Chronic

Mild Moderate Severe

Active Inactive

Provisional diagnosis

Fracture:

Displaced Undisplaced

Compound Comminuted

Spiral Greenstick

Further detail:

Send to My Health Record

Confidential

Include in summaries

✓ Only for chronic conditions & significant events

✓ Significant active or inactive conditions

✓ Add detail

Data Quality Checklist for all 'active' patients

- 1 Demographics – are the contact details up-to-date?**
 - Double-click on the patient's telephone number to check and update details
- 2 Medication List – is the Current Meds list accurate?**
 - Right click to delete/cease medications no longer relevant [they can then be found in the Old/Past Scripts thereafter]
 - If none, tick No medications
- 3 Past History List – does it contain only significant conditions that a hospital or specialist would need to know?**
 - Right click to edit, delete or add new
 - If none, tick No significant past history [PMH] box
- 4 Allergies – have you also recorded adverse reactions?**
 - Double-click in allergies box and Add, Edit, Delete
 - If none, tick No Known Allergies/Adverse Reactions/Nil Known
- 5 Immunisations – have immunisations been recorded?**

www.myhealthrecord.gov.au www.digitalhealth.gov.au

[Download the 'Data Quality' Checklist](#)

– GP Consultation Checklist

WORKFLOW & MINIMUM CLINICIAN DATA ENTRY

- Review previous consultation notes
- Review or collect history
- Current Medications
- Recent side effects/allergies
- Check Result/Documents and MARK AS NOTIFIED
- Examination & Management
(enter all observations BP, pulse etc in correct fields)
- Findings/Diagnosis
- Patient Education
- Add/Remove Recall or make next appointment
- Reason for contact
- MBS item/voucher

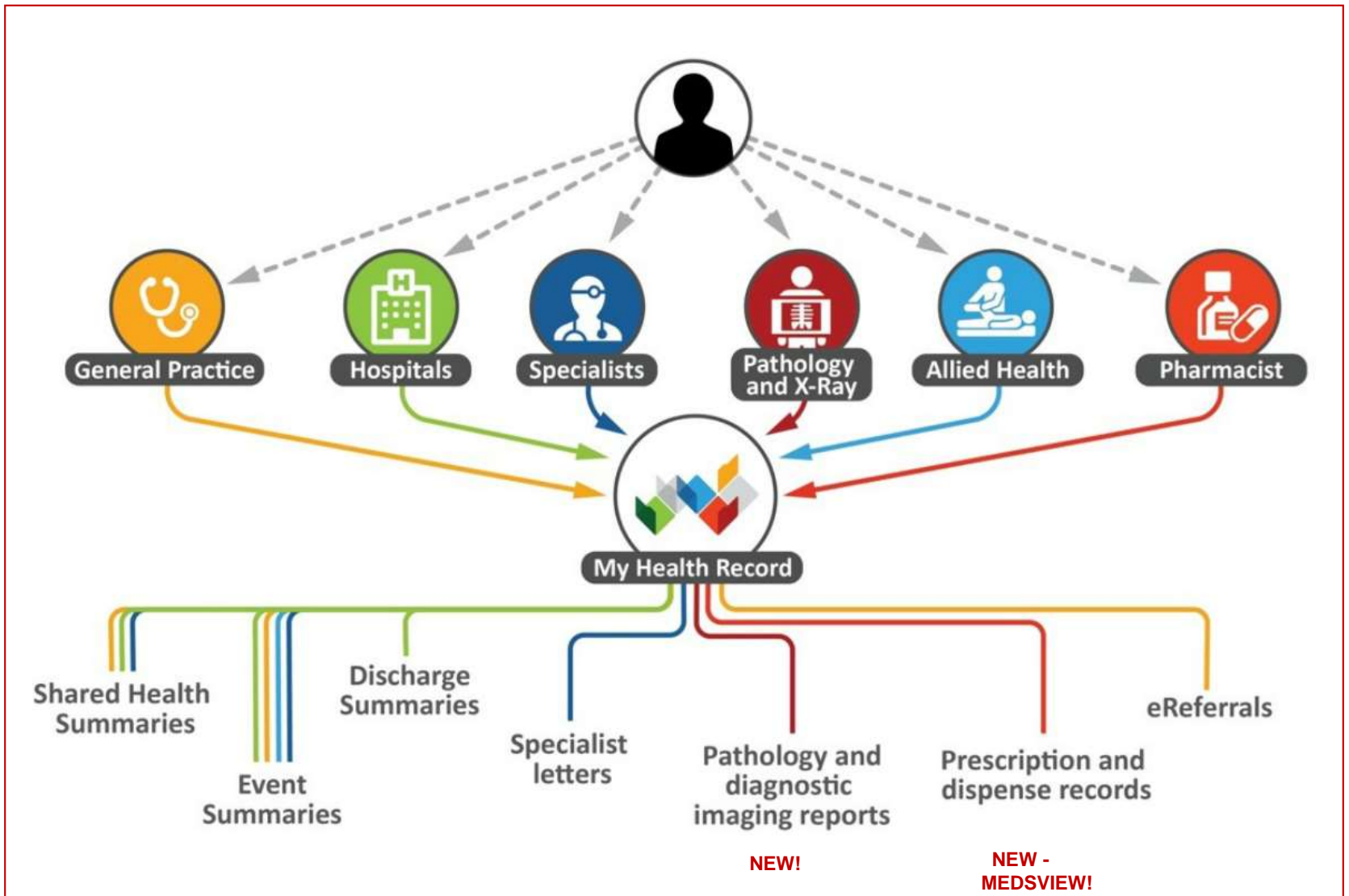
Final step – do I need to update SHS and send to My Health Record?

Standard 1.3 “Expect to Share”

“Health Professionals should expect to share their health information with colleagues and with patients to facilitate safe and effective health care”

RACGP Quality Health Records in Australian Primary Healthcare





www.digitalhealth.gov.au

www.myhealthrecord.gov.au

My Health Record



Practise in the 'On Demand' test environment

See what My Health Record looks like from a consumer perspective.




ON DEMAND TRAINING

Our digital health training tool – no booking required.

Learn how to use the My Health Record system in real time using a simulated version of your clinical software.

You can upload a Shared Health Summary, view a My Health Record, and more!



| | | | |
|-------------------|----------------------|---------------------|-------------------|
| Best Practice ODT | Communicare ODT | Consumer Portal ODT | Fred Dispense ODT |
| Genie ODT | Medical Director ODT | Zedmed ODT | |

[Go to On Demand Training Environment](#)

Most of your patients will now have a My Health Record

The screenshot shows the Bp Premier software interface for a patient named Mrs Gert Fourie. The menu bar includes 'File', 'Open', 'Request', 'Clinical', 'View', 'Utilities', 'My Health Record', and 'Help'. The 'My Health Record' menu item is highlighted with a red box. The patient's record view shows the following information:

- Name: Gert Fourie
- D.O.B.: 10/10/1979
- Age: 36 yrs
- Sex: Male
- Address: 1 Xanthoehoea Trk Chemsid West 4032
- Phone: [blank]
- Mobile: 0425 583 333
- Work: [blank]
- Medicare No.: 2950143711 - 1
- Record No.: [blank]
- Pension No.: [blank]
- Comment: 5 patients with same name
- Occupation: [blank]
- Tobacco: Smokes 10 cigarettes/day
- Alcohol: [blank]
- Elite sports: [blank]
- Ethnicity: Australian
- Blood Group: [blank]
- Advance Health Directive: [blank]

A red arrow points to the 'My Health Record' button in the patient's record view.



View your patient's My Health Record



MedicalDirector

aries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Window Help

BP Ph: Record No: ATSI: Aboriginal
DOB: 15/03/1979 Gender: Male Occupation: On 10s
Pension No: Ethnicity: Australian Aboriginal
Smoking Hx: ? Smoker IHI No: 8003 6081 6669 0511
MyHealthRecord: Exists with access permission as of 26/02/2017

- **Exists requires access code as of DD/MM/YYYY:** The patient has a My Health Record record but it requires an access code. The patient has setup the access code for his/her My Health Record.
- **Exists with access permission as of DD/MM/YYYY:** The patient has a My Health Record record and you may access the patient's My Health Record.
- **Does not exist or not disclosed as of DD/MM/YYYY:** The patient either does not have a My Health Record or the My Health Record record is hidden.
- **IHI not recorded as of DD/MM/YYYY:** The patient does not have an IHI recorded.

Access information

eg Discharge Summary or Health Summary

Discharge Summary
23 Dec 2014

Mr Caleb **DERRINGTON** DoB 15 Jun 1933 (81y) SEX Male IHI 8003 6080 0004 5922

START OF DOCUMENT

Hospital

Author Dr. Chris Craig (Specialist Medical Practitioner)
Phone 3553-6666
Discharge To Other/Home
Discharge From Orthopaedic Unit

Health Profile

This section may contain the following subsections Adverse Reactions and Alerts.

Adverse Reactions (Health Profile > Adverse Reactions)

Adverse Reactions

| Substance/Agent | Manifestations |
|------------------------|----------------|
| Phenoxyethylpenicillin | • Urticaria |

Event

This section may contain the following subsections Problems/Diagnoses This Visit, Clinical Interventions Performed This Visit and Clinical Synopsis and Diagnostic Investigations.

Clinical Synopsis (Event > Clinical Synopsis)

Patient was brought in following a fall at home. Upon examination patient found to have mild concussion and a fractured neck of femur (left leg). Admitted for pin and plate surgery and rehabilitation for two weeks before discharge.

Problems/Diagnoses This Visit (Event > Problems/Diagnoses This Visit)

| Type | Description |
|-------------------|------------------------------|
| Problem Diagnosis | Fractured neck of left femur |
| Problem Diagnosis | Mild concussion |

File:///C:/Users/Administrator/AppData/Local/Genis/Solo_2122187938/TempDocs/CDA_69_2_25_173366225455623862818303389193566077302/DHE_XDM/SUBSET01/CDA_ROOT.html
Stylesheet Version: 1.2.7

Go Back View Stylesheet Update Stylesheet Print XML Cancel **Save**

Access information eg MBS info



Medicare Services - MBS and DVA Items

| Date | Number | Description | Service Provider | In Hospital? |
|------------------------|---------|--|---------------------|--------------|
| 26 Oct 2018 11:00+1100 | 0069333 | Urine Examination | IAN CHAMBERS | No |
| 26 Oct 2018 11:00+1100 | 0000023 | CONSULTATION AT CONSULTING ROOMS - LEVEL 'B'. | CAROLINE ROGERS | No |
| 19 Oct 2018 11:00+1100 | 0055113 | M-MODE and 2 DIMENSIONAL real time Echocardiographic examination of the Heart from | GEORGE RUDAN | No |
| 19 Oct 2018 11:00+1100 | 0010910 | COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS LESS THAN 65 YEARS OF AGE | COLLEEN SKIFFINGTON | No |
| 18 Oct 2018 11:00+1100 | 0000036 | CONSULTATION AT CONSULTING ROOMS - LEVEL 'C'. | CAROLINE ROGERS | No |
| 18 Oct 2018 11:00+1100 | 0073070 | HPV test for Cervical Screening - liquid based specimen. | IAN CHAMBERS | No |

Privacy Controls and Patient View

The screenshot displays the 'My Health Record' patient portal interface. At the top, the Australian Government logo and 'My Health Record' branding are visible on the left, and the user's name 'BRIANNA CURTIN' and birth date 'Born 20-May-1998' are on the right. A navigation bar includes 'RECORD HOME', 'DOCUMENTS' (highlighted), 'PRIVACY & ACCESS', and 'PROFILE & SETTINGS'. Search and help icons are also present. The main content area is titled 'Clinical Records' and includes a sub-header 'These are documents with clinical information entered by healthcare providers in My Health Record.' Below this, six categories of records are listed in a grid:

- Diagnostic Imaging Reports**: Imaging results, such as scans and x-rays.
- Discharge Summaries**: Records of hospital stays and any follow up treatment required.
- e-Referrals**: Referrals from one treating healthcare provider to another.
- Event Summaries**: Information about healthcare events or consultations.
- Pathology Reports**: Test results, such as blood tests.
- Shared Health Summaries**: Summaries of your health status added by healthcare providers.

My Health Record – Medicines Preview

Available medicines in this My Health Record - sorted by Date
22 Nov 2017

Caleb **DERRINGTON** DoB 15 Jun 1933 (84y) SEX Male IHI 8003 6080 0004 5922

[Allergies and Adverse Reactions](#)
Penicillin, Penicillins

[Medicines Preview](#)
22-Nov-2017 (now)

[Shared Health Summary](#)
22-Nov-2017 (now)
Author: Dr Terrance Walker
[Own Organisation](#)
tel:0455555555

No Discharge Summary found

[\[Back to top\]](#) [\[<<\] First](#) [\[<<\] Previous](#) [\[Help\]](#)

Medicines Preview - Latest Documents - sorted by descending event date.
22-Nov-2017 (now)

| Source/Author | Date | Medicine - Active Ingredient(s) | Medicine - Brand | Directions |
|--|------------------------------|---|---|----------------------------------|
| Event Summary by Own Organisation | 22-Nov-2017 (now) changed | | Monodur 120mg Tablet | 1 Tablet Daily for 0 |
| Shared Health Summary by Own Organisation | 22-Nov-2017 (now) | | Actonel EC 35mg Tablet | 1 Tablet Once a week for 0 |
| | | | Avanza 30mg Tablet | 1 Tablet Before bed for 0 |
| | | | Avapro HCT 300/12.5 300mg;12.5mg Tablet | 1 Tablet Daily for 0 |
| | | | Crestor 20mg Tablet | 1 Tablet Daily for 0 |
| | | | Madopar 200mg;50mg Tablet | 1 Tablet Three times a day for 0 |
| | | | Monodur 120mg Tablet | 1 Tablet Daily for 0 |

Navigation panel

Provides access to each section within the view and also to the most recent Shared Health Summary and Discharge Summary (if available).

The blue underlined hyperlinks can be used to navigate between the sections

Pathology and Diagnostic Imaging included

My Health Record Document List - Mr Caleb Derrington

DocumentType: All Show last 3 months only

Exclude Medicare documents Exclude prescription and dispense records Exclude superseded or removed documents

Current filter: Excluding Medicare documents; Excluding prescription and dispense records; Excluding superseded or removed records

| Document Date | Service Date | Document | Organisation | Organisation Type |
|---------------|--------------|---------------------------|-------------------------------|--|
| 22/11/2017 | | Medicines View | | Local Government Healthcare Administration |
| 22/11/2017 | | Event Summary | Medical Center | Local Government Healthcare Administration |
| 22/11/2017 | | Shared Health Summary | Medical Center | Local Government Healthcare Administration |
| 03/04/2017 | | Shared Health Summary | Medical Center | General Practice |
| 03/04/2017 | | e-Referral | Medical Center | General Practice |
| 03/04/2017 | | Specialist Letter | Medical Center | General Practice |
| 03/04/2017 | | Discharge Summary | Medical Center | General Practice |
| 27/03/2017 | | Pathology Report | Sullivan Nicolaides Pathology | Pathology and Diagnostic Imaging Services |
| 27/03/2017 | | Diagnostic Imaging Report | Imaging Queensland | Pathology and Diagnostic Imaging Services |
| 17/03/2017 | | Diagnostic Imaging Report | Wesley Medical Imaging | Pathology and Diagnostic Imaging Services |
| 17/03/2017 | | Pathology Report | Mater Pathology | Pathology and Diagnostic Imaging Services |
| 10/03/2017 | | Pathology Report | Pathology Queensland | Pathology and Diagnostic Imaging Services |
| 10/03/2017 | | Diagnostic Imaging Report | Brisbane Diagnostics | Pathology and Diagnostic Imaging Services |
| 01/03/2017 | | Diagnostic Imaging Report | Queensland Diagnostic Imaging | Pathology and Diagnostic Imaging Services |
| 01/03/2017 | | Pathology Report | QML Pathology | Pathology and Diagnostic Imaging Services |

Prepare for patients seeing their own results

Now might be a good time to start to explain to your patients:

- doctors will still receive results first. Detail your practice process for follow-up.
- just because a result is marked red/‘abnormal’/outside the value range doesn’t mean the result is not normal for them.
- just because a result is marked ‘normal’ doesn’t mean further discussion or investigations are not necessary.
- patients can let the doctor know if they do not want a specific result uploaded to their My Health Record.

▶ D. Our practice team can describe how patients are advised of the process for the follow up of results.

▶ E. Our practice team can describe how we follow up and recall patients with clinically significant tests and results.

[Factsheet: Pathology Reports for Clinicians](#)

www.racgp.org.au

Quality patient information



Lab Tests Online^{AU}
EXPLAINING PATHOLOGY

<https://www.labtestsonline.org.au>



<https://www.insideradiology.com.au/>

Apps that connect to My Health Record:

| | | |
|---|--|--|
|  | HealthEngine HealthEngine Pty Ltd | More information about HealthEngine |
|  | Healthi Chemonix Health Solutions Pty Ltd | More information about Healthi |
|  | HealthNow HealthNow | More information about HealthNow |
|  | My Child's eHealth Record The Australian Digital Health Agency | More information about My Child's eHealth Record |
|  | Tyde Tyde Australia Pty Ltd | More information about Tyde |

<https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/appconnect>

Accreditation: Quality Improvement (QI) Module



Criterion QI1.1 – Quality improvement activities

Indicators

QI1.1▶A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

QI1.1▶B Our practice team internally shares information about quality improvement and patient safety.

QI1.1▶C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1▶D Our practice team can describe areas of our practice that we have improved in the past three years.

<https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/racgp-standards-for-general-practices-5th-edition.pdf>

*Evidence has shown
that quality
improvement activities
lead to positive change
in practices,
particularly when a
whole practice team
approach is adopted.*

Accreditation Compliance

Data Quality Report Card ie Allergies, Smoking Status etc

Pen CS CAT4 - Cleansing CAT

File Edit View Tools Data Submission Prompts Help

Collect View Extracts View Filter Report View Population Dashboard CAT4 Cleansing CAT Registrar CAT

Medical Director 3, HCN Sample Data; Extract Date: 12/02/2015 9:57 AM; Filtering By: Conditions (Asthma - Yes)

Data Cleansing

Missing Demographics Missing Clinical/Accreditation Items Indicated CKD with no diagnosis Indicated Diabetes with no diagnosis Indicated Mental Health with no diagnosis Indicated COPD with no diagnosis Medication Review

Patient List [count = 4] Show/Hide Columns Export

Double-click a patient to open it in your clinical system (MD,BP,Zedmed) Page No. Go

| | Surname | Firstname | Date of Birth | Sex | Allergies | Height | Weight | Alcohol | Smoking | Assigned Provider |
|--|---------|----------------|---------------|-----|-----------|--------|--------|---------|--------------|-------------------|
| | Sumame | Firstname_1442 | 12/02/1955 | M | Recorded | 171.5 | 115 | | Ex smoker | Sumame |
| | Sumame | Firstname_184 | 12/02/1934 | F | NKA | 152 | 102.9 | | Smoker | Sumame |
| | Sumame | Firstname_385 | 12/02/1941 | F | Recorded | 166.5 | 100 | | Ex smoker | Sumame |
| | Sumame | Firstname_858 | 12/02/1949 | M | Recorded | 182 | 88 | | Never smoked | Sumame |

Create an Improvement Culture

Example of coding improvement activity:

- Generate Data Quality Dashboard in data extraction tool e.g. POLAR for individual providers (evidence based approach showing real data rather than assumption).
- Create QI/PDSA to support Quality Improvement Activity (and prepare for QIPIP)

| | | |
|---------------------------------|---|--------|
| Allergies and adverse reactions | ● | 89.24% |
| Medicines | ● | 48.03% |
| Medical History | ● | 88.56% |
| Health Risk Factors | ● | 68.34% |
| Immunisations | ● | 64.45% |
| Relevant Family History | ● | 54.30% |
| Relevant Social History | ● | 93.52% |
| Non-Duplicate Patients | ● | 99.22% |

PDSA/QI sample related to clinical coding

| What is our GOAL (what are we trying to accomplish) | | Raise Awareness of Clinical Coding <ul style="list-style-type: none"> Code diagnoses Enter reason for visit Enter for reason for medication Maintain updated allergy detail | | |
|---|--|--|-------------------------|-------------------------------|
| What measures will we use? (i.e. data) | | Data Extradition Tools e.g. Pen CAT | | |
| What ideas can we use? (how are we going to achieve our goal) | | <i>List ideas here to work on in table below</i> Start a Quality improvement folder Team meeting Attend education e.g. webinars / face to face sessions Post-education follow-up team discussion GP & RN team review of clinical documentation (opportunistic or planned) Pen CAT / Polar Data Quality Audit | | |
| IDEAS | PLAN How will we do it – who, what, where and when? | DO Did we do it | STUDY What happened? | ACT What is our next step? |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Measuring progress towards the goal

To measure the effectiveness of improvement activities it will be helpful to use available data analysis tools to track results and progress towards the goal of increased coding of clinical data.



My Health Record Report



Clinic Summary Demo - POLAR x +

https://polarexplorer.org.au/Reports/ShowQap/4121?reload=1#

POLAR Clinic Summary - MHR Reports Dashboard Patients Clinical MBS Practice Help Patient List Bookmarks

No selections applied

Double click to view list

Patient Count
12,869 5,996 active

Uploaded SHS

105

UPLOADED SHARED HEALTH SUMMARIES

| PIP Year | PIP Quarter | Uploaded SHS |
|---------------|-------------|--------------|
| Totals | | 105 |
| 2018 | 2018 - Q3 | 7 |
| 2018 | 2018 - Q2 | 12 |
| 2018 | 2018 - Q1 | 18 |
| 2017 | 2017 - Q4 | 16 |
| 2017 | 2017 - Q3 | 11 |
| 2017 | 2017 - Q2 | 9 |

2017

UPLOADED SHARED HEALTH SUMMARY PATIENT ACTIVITY

| Patient ID | Full Name | Last SHS Access Date | SHS Accou Cou |
|---------------|-------------------|----------------------|---------------|
| Totals | | 27/06/2018 | 14 |
| 1573 | Adrio, Amantina | 27/06/2018 | |
| 1368 | Amoraga, Christof | 19/06/2018 | |
| 2877 | Adamsen, Alexey | 1/06/2018 | |
| 24958 | Astor, Florita | 1/06/2018 | |

UPLOADED SHARED HEALTH SUMMARIES

| Year-Quarter | Count |
|--------------|-------|
| 2013-Q3 | 2 |
| 2014-Q3 | 1 |
| 2015-Q1 | 1 |
| 2016-Q2 | 2 |
| 2016-Q3 | 5 |
| 2016-Q4 | 8 |
| 2017-Q1 | 13 |
| 2017-Q2 | 9 |
| 2017-Q3 | 11 |
| 2017-Q4 | 16 |
| 2018-Q1 | 18 |
| 2018-Q2 | 12 |
| 2018-Q3 | 7 |

FILTERS

- Patient
- Activity
- Provider
- Diagnosis
- Medications
- Pathology
- Radiology
- Immunisation

Windows Taskbar: ENG 9:46 AM

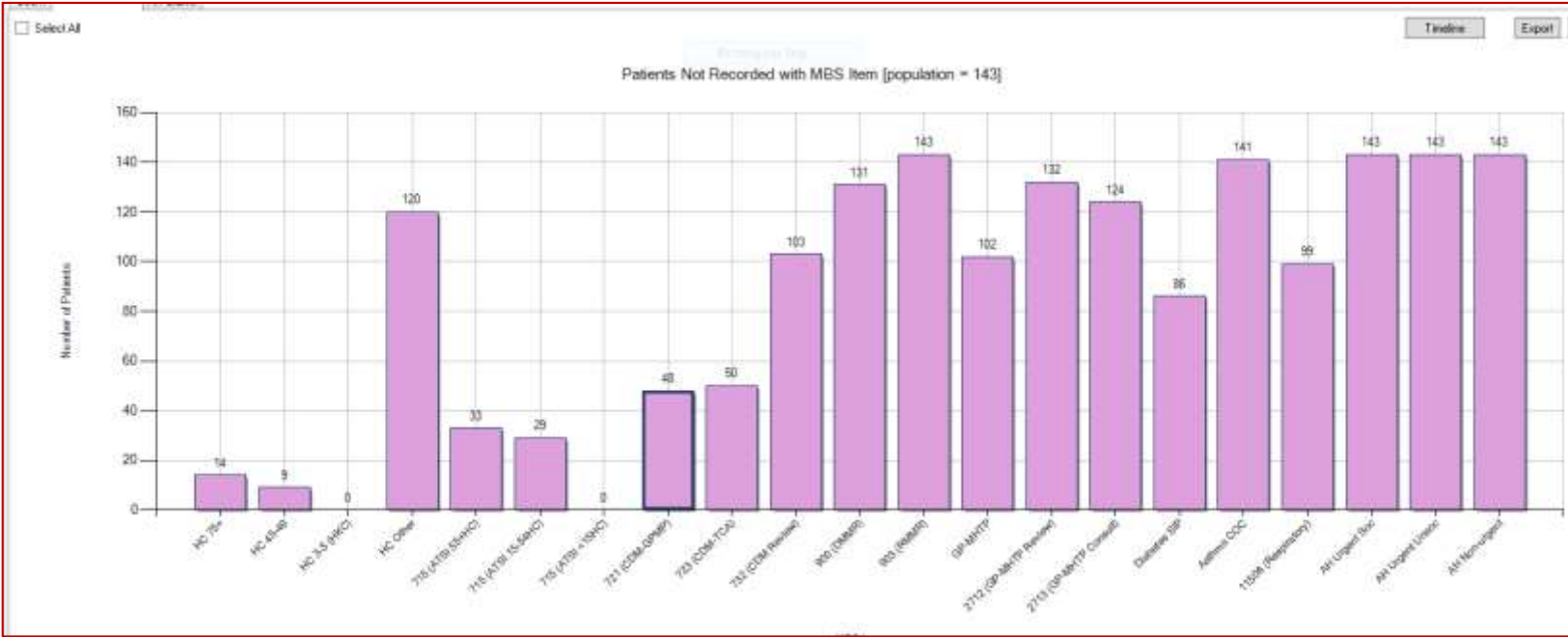
Data Improvements

- ✓ Aboriginal and Torres Strait Islander health
- ✓ Smoking status
- ✓ Alcohol
- ✓ BMI
- ✓ Blood Pressure
- ✓ Kidney function test recorded
- ✓ Diabetes
 - HbA1C
 - ✓ - ACR
- ✓ Cardiovascular Disease
- ✓ Chronic Kidney Disease
 - eGFR
- ✓ GPMP and TCAs
- ✓ Cervical Screening



Business Process Improvements

Identify all patients with a chronic condition without a GP Management Plan



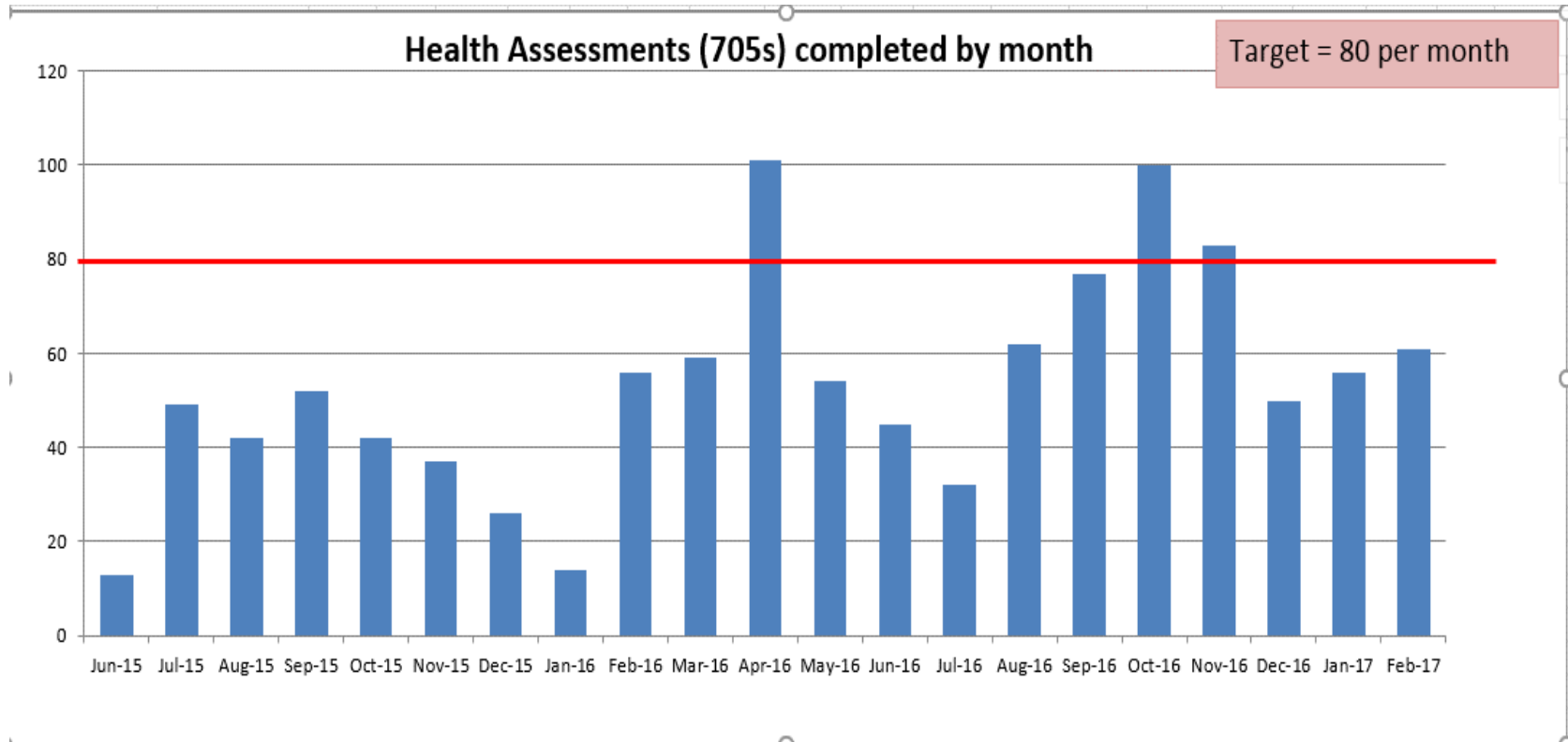
| | Whole Practice | GP 1 | GP 2 | GP 3 | GP 4 | GP 5 | GP 6 | GP 7 | GP 8 | GP 9 |
|---|----------------|------|-------|-------|-------|-------|-------|------|-------|------|
| 1. Allergy Recorded | | | | | | | | | | |
| <u>Total population</u> | 13697 | 2488 | 1996 | 921 | 1718 | 1839 | 936 | 604 | 686 | 43 |
| Nothing recorded | 28.8% | 16.4 | 36.5 | 28.1 | 51.2 | 9.4 | 21.5 | 24.3 | 4.1 | 30.2 |
| <u>Active population</u> | 9576 | 1866 | 1628 | 684 | 1192 | 1445 | 795 | 397 | 514 | 30 |
| Nothing recorded | 17.7 | 29.5 | 28.5 | 19.7 | 39.9 | 4.2 | 13.8 | 14.9 | 01.0 | 10.0 |
| 2. Gender not recorded | | | | | | | | | | |
| <u>Total population</u> | 141 | 28 | 11 | 13 | 21 | 6 | 12 | 5 | 6 | 0 |
| <u>Active population</u> | 35 | 5 | 2 | 3 | 11 | 2 | 7 | 0 | 3 | 0 |
| 3. Smoking – nothing recorded | | | | | | | | | | |
| <u>Active population over 16</u> (Active (3x > 2 years)) | 27% | 15.7 | 63.9 | 60.4 | 76.4 | 11.5 | 44.6 | 41.0 | 21.2 | 39.7 |
| 4. Recording of ATSI patients | | | | | | | | | | |
| <u>Total population</u> | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| <u>Active population</u> (Active (3x > 2 years)) | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Diabetes Prevalence | | | | | | | | | | |
| <u>Total population</u> | 3.5% | 2.9 | 2.8 | 1.4 | 8.8 | 5.1 | 2.5 | 1.2 | 4.2 | 4.7 |
| <u>Active population</u> (Active (3x > 2 years)) | 4.6% | 3.8 | 3.2 | 1.9 | 11.7 | 6.2 | 2.9 | 1.8 | 5.5 | 6.7 |
| <u>Diabetics 65+, 8+ medications</u> | 60.9 % | 61.4 | 74.2% | 50% | 77.8% | 63.6% | 81.3% | 60% | 62.5% | 100% |
| <u>Diabetics 65+, 5+ medications</u> | 90.9% | 88.7 | 93.6% | 83.4% | 92.9% | 90.8% | 100% | 80% | 75% | 100% |
| 6. Diabetes “at risk” * | | | | | | | | | | |
| <u>40-49 year olds</u> | 94 | 5 | 2 | 3 | 0 | 12 | 2 | 1 | 2 | 0 |
| <u>50+ year olds</u> | 288 | 29 | 55 | 6 | 8 | 131 | 10 | 6 | 17 | 1 |

How do you lead your team?



Practice Manager Champion Initiative: Sue & Greenmeadows Medical, Port Macquarie, NSW

Your KPIs – track performance



Tips: Encourage a team effort to achieve the goals by setting a target on the graph & place graph in the staff room/noticeboard to encourage a proactive approach.

MANAGING COMPLEX CHANGE



VISION



SKILLS



INCENTIVES



RESOURCES



= False Starts



VISION



SKILLS



INCENTIVES



RESOURCES



ACTION PLAN

= CHANGE!

Extra Resources

RACGP

[RACGP Standards for General Practices 5th edition](#)
[Using Data for Better Health Outcomes](#)

[PIP eHealth Incentive](#)

Australian Digital Health Agency & My Health Record

[New legislation](#)

[My Health Record: Frequently Asked Questions](#)

[Importance of Data Quality](#)

[Data Cleansing & Clinical Coding](#)

[Data Quality Checklist](#)

[My Health Record Opt-out](#)

Train IT Medical

[Data Aggregation using Pen Clinical Audit Tools](#) (blog)

[Cancer Screening & Prevention – Free Resources](#) (blog)

[5 Steps to Data Quality Success](#) (blog)

[Pen CAT4 summary sheet](#)

Other

[CAT4 Recipes](#)

[‘A quality improvement tool for primary health care’](#) Crossland, Upham, Janamian and Jackson



IT ALWAYS SEEMS
IMPOSSIBLE UNTIL
IT'S DONE.

Nelson Mandela

Thank you for inviting us

katrina@trainitmedical.com.au

Twitter: trainitmedical

Facebook: trainitmedical

www.trainitmedical.com.au

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& blog posts

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Keep in touch! With best wishes, Katrina Otto