Train IT Medical
Leading Your Practice Into The Digital Future

Effective Uses of Practice Management Software

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Train IT Medical Pty Ltd
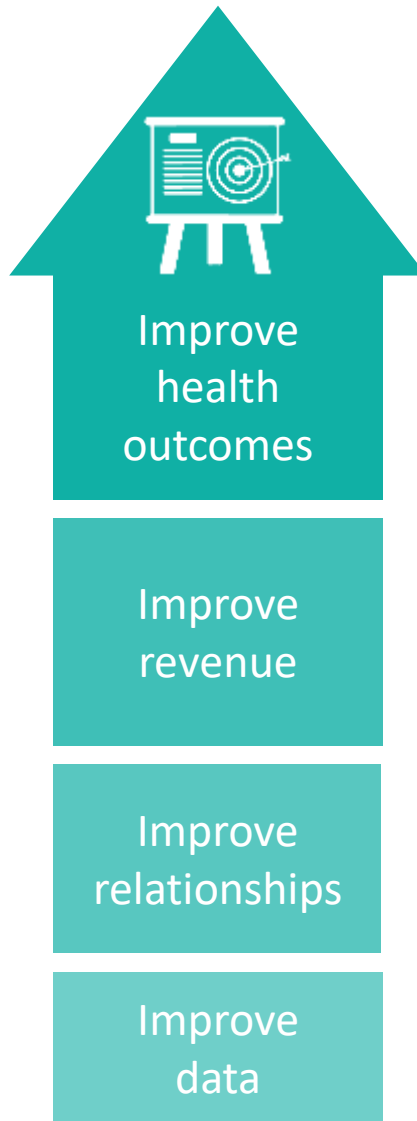**www.trainitmedical.com.au**
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"You can use any software badly. Whichever one you choose, use it well".

WHY

Improve
health
outcomes

Improve
revenue

Improve
relationships

Improve
data

WHO

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Shortcuts

Example of shortcut with carets:

.PCH

Punch biopsy to ^.
Cleansed with Betadine.
Local xylocaine ^ given.
Cleansed again with Betadine.
^ mm punch biopsy performed.
^ sutures with ^.
For review and removal of sutures on ^.

MedicalDirector   Shortcut samples & instructions

Bp Premier   Shortcut samples & instructions

Use Shortcuts in Letters

eg. We prefer to communicate electronically.
We use [insert secure messaging provider & details]

Environmentally responsible, private AND a huge time-saver.

Top 5 tips for Templates

- Referral
- Referral - Allied Health
- Referral - Emergency Dept
- Referral - Obstetric & Gynae
- Referral - with today's notes & results

1. Label well & keep control
2. Import fields & results
3. Modify others, don't reinvent
4. Use shortcuts
5. Backup

- GPMP - * generic plan with review columns
- GPMP - CVC
- GPMP - Diabetes
- GPMP - Heart Disease
- GPMP - Osteoporosis
- GPMP - review columns (generic)
- Health Assessment - 45-49 years
- Health Assessment - 75 years
- Health Assessment - ADF
- Health Assessment - Aged Care
- Health Assessment - ATSI
- Health Assessment - Heart check (699)
- Health Assessment - Intellectual Disability
- Health Assessment - Refugees
- Health Assessment - Type 2 Diabetes Risk
- Referral
- Referral - Allied Health
- Referral - Emergency Dept
- Referral - Obstetric & Gynae
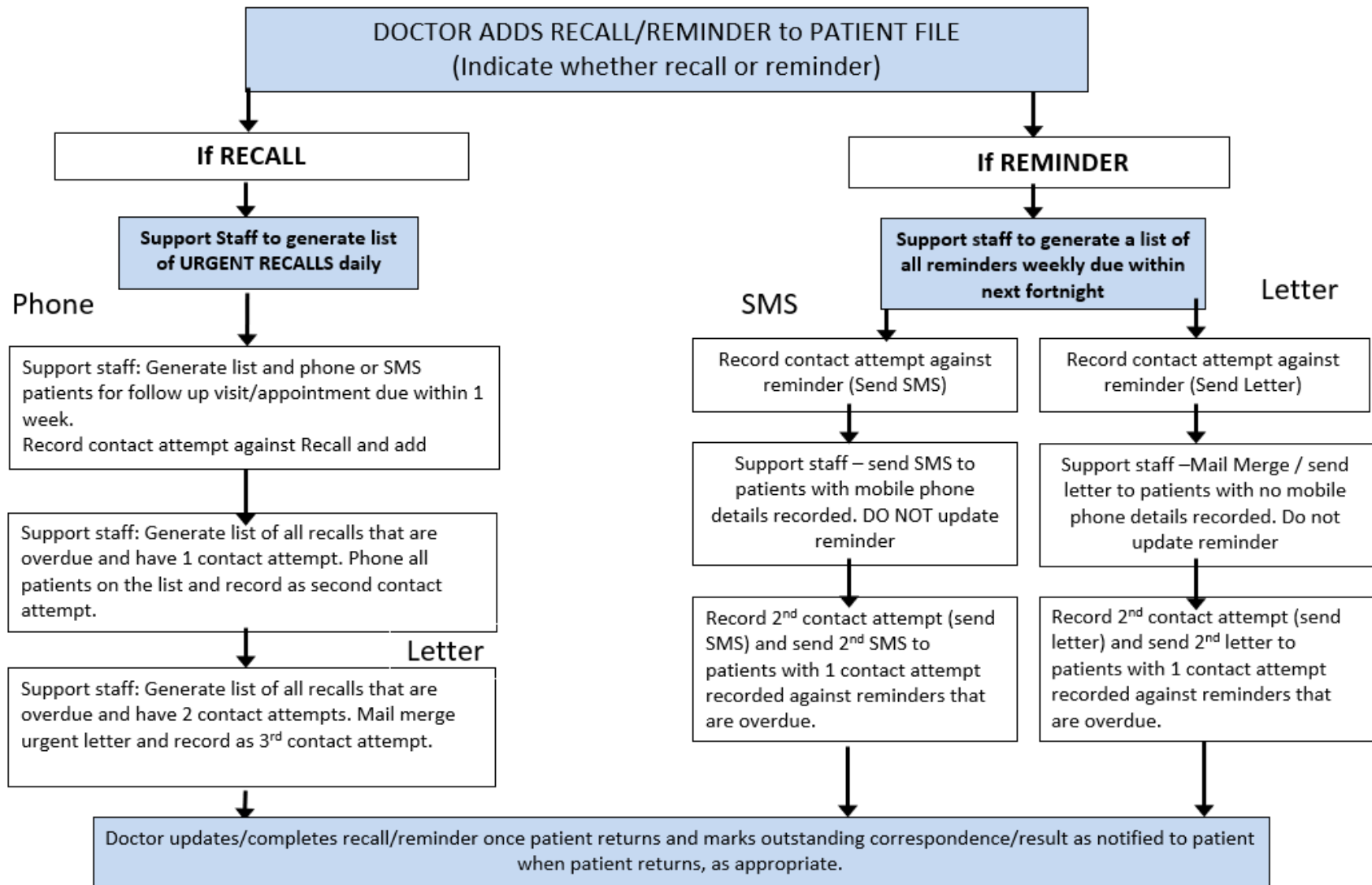- Referral - with today's notes & results

GP Consultation Checklist - Diabetes

WORKFLOW & MINIMUM CLINICIAN DATA ENTRY

- ➤ Reason for contact eg Diabetes Review ☐
- ➤ Review previous consultation notes ☐
- ➤ Review or collect history ☐
- ➤ Review current medications ☐
- ➤ Recent side effects/allergies ☐
- ➤ Examination & Management
  (enter all observations BP, pulse etc in correct fields) ☐
- ➤ Clinical > Diabetes Record > Add Values & Review dates ☐
- ➤ Document Patient Education ☐
- ➤ Organise pathology – set up favourites ☐
- ➤ Check Diabetes Register for outstanding items ☐
- ➤ Add/Remove Recall or make next appointment ☐
- ➤ MBS item/voucher ☐

Final step – do I need to upload an Shared Health Summary or Event Summary and to My Health Record?
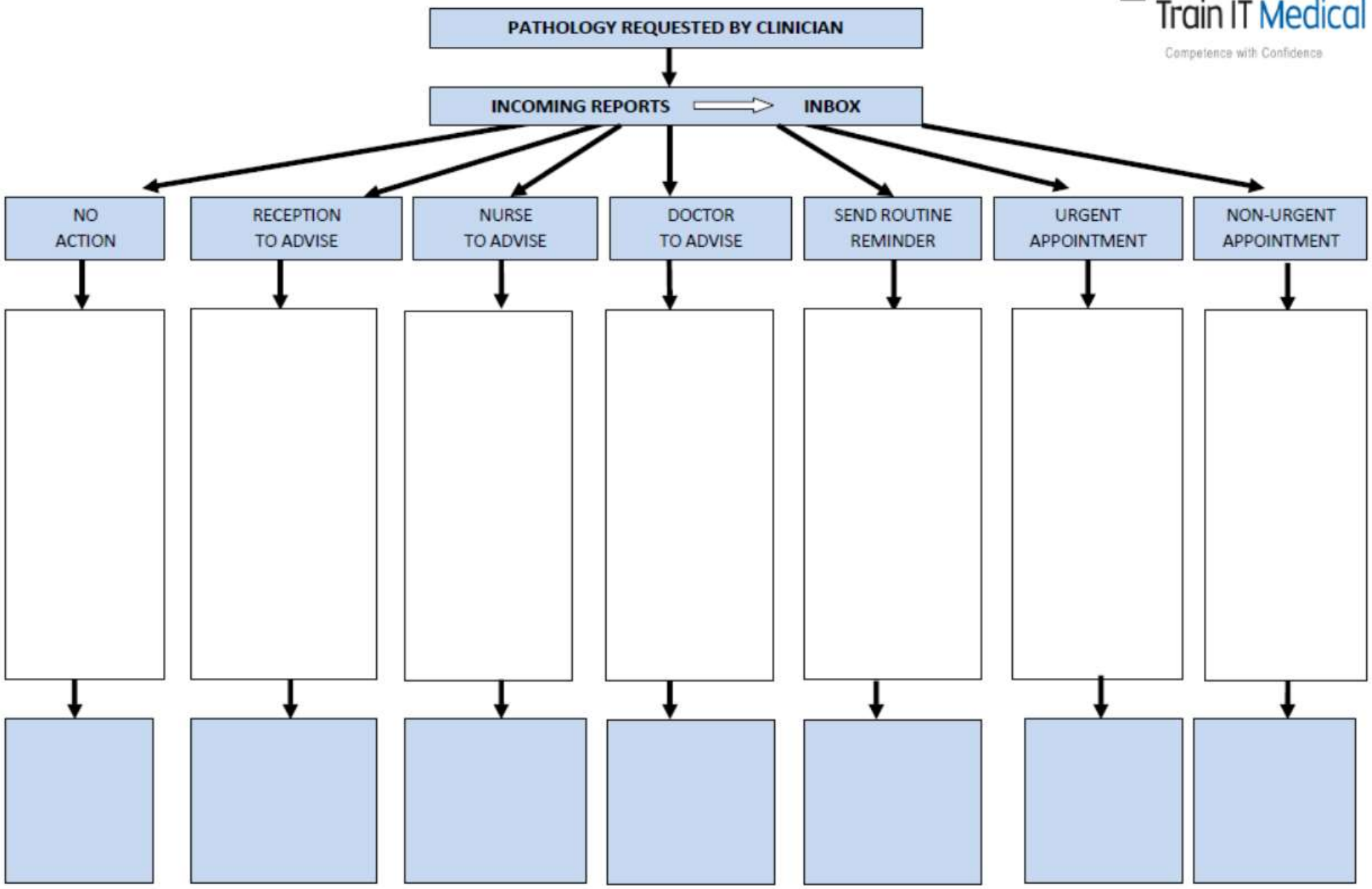
SAMPLE RECALL/REMINDER MANAGEMENT PROTOCOL

DOCTOR ADDS RECALL/REMINDER to PATIENT FILE
(Indicate whether recall or reminder)

If RECALL

If REMINDER

Support Staff to generate list of URGENT RECALLS daily

Support staff to generate a list of all reminders weekly due within next fortnight

Phone

Support staff: Generate list and phone or SMS patients for follow up visit/appointment due within 1 week.
Record contact attempt against Recall and add

Support staff: Generate list of all recalls that are overdue and have 1 contact attempt. Phone all patients on the list and record as second contact attempt.

Letter

Support staff: Generate list of all recalls that are overdue and have 2 contact attempts. Mail merge urgent letter and record as 3rd contact attempt.

SMS

Record contact attempt against reminder (Send SMS)

Support staff – send SMS to patients with mobile phone details recorded. DO NOT update reminder

Record 2nd contact attempt (send SMS) and send 2nd SMS to patients with 1 contact attempt recorded against reminders that are overdue.

Letter

Record contact attempt against reminder (Send Letter)

Support staff –Mail Merge / send letter to patients with no mobile phone details recorded. Do not update reminder

Record 2nd contact attempt (send letter) and send 2nd letter to patients with 1 contact attempt recorded against reminders that are overdue.

Doctor updates/completes recall/reminder once patient returns and marks outstanding correspondence/result as notified to patient when patient returns, as appropriate.

This is not a system!

COIL REMOVAL
COLON
COLONO
COLONOSC
COLONOSCO
COLONOSCOP
COLONOSCOPE
COLONOSCOPY
COLONOSCOPY AND ENDOSCOPY
COLONOSCOPY REPORT AND REVIEW
COLONSCOPY
COLPOSCOPY

With a list like this how do you identify true recalls
ie. Clinically significant/probability of harm/must follow-up/medico-legal/
keep the doctor informed & document every single contact attempt?

PATHOLOGY REQUESTED BY CLINICIAN

INCOMING REPORTS ⟹ **INBOX**

| NO ACTION | RECEPTION TO ADVISE | NURSE TO ADVISE | DOCTOR TO ADVISE | SEND ROUTINE REMINDER | URGENT APPOINTMENT | NON-URGENT APPOINTMENT |

Sample flowchart to be used as a team worksheet to assist in the design of suitable individual practice protocols

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RECALLS

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

Know your population

Diabetes *n* =

Arthritis *n* =

Cardiovascular disease *n* =

Kidney disease *n* =

Gout *n* =

Osteoporosis *n* =

Asthma *n* =

'The data' [coding]

ONLY for Chronic conditions & significant active or inactive 'events' eg cabg

BEST TIP!!

Add detail/comment

eg Care team involved

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?**

☐

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

73%

of people self-checking in identified **incorrect** demographic information in their patient record

Data from Jayex

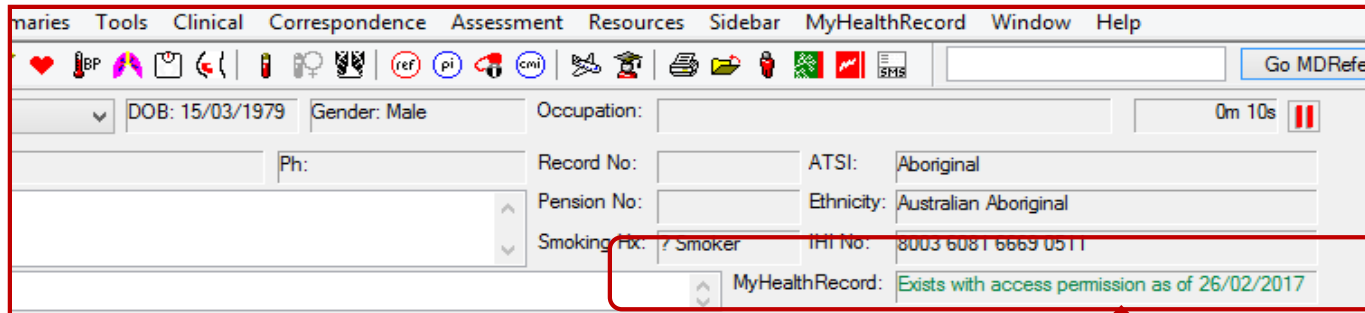|	Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
1. Allergy Recorded										
Total population	13697	2488	1996	921	1718	1839	936	604	686	43
Nothing recorded	28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
Active population	9576	1866	1628	684	1192	1445	795	397	514	30
Nothing recorded	17.7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

Motivate your team

Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW

Change = engagement

Approx 90% of your patients now have a My Health Record

[Learn more](#)

PIP QI – 10 measures

Smoking status
Alcohol status
Weight

Cervical screening

Diabetes:
-   with blood pressure recorded
-   with current HbA1c result
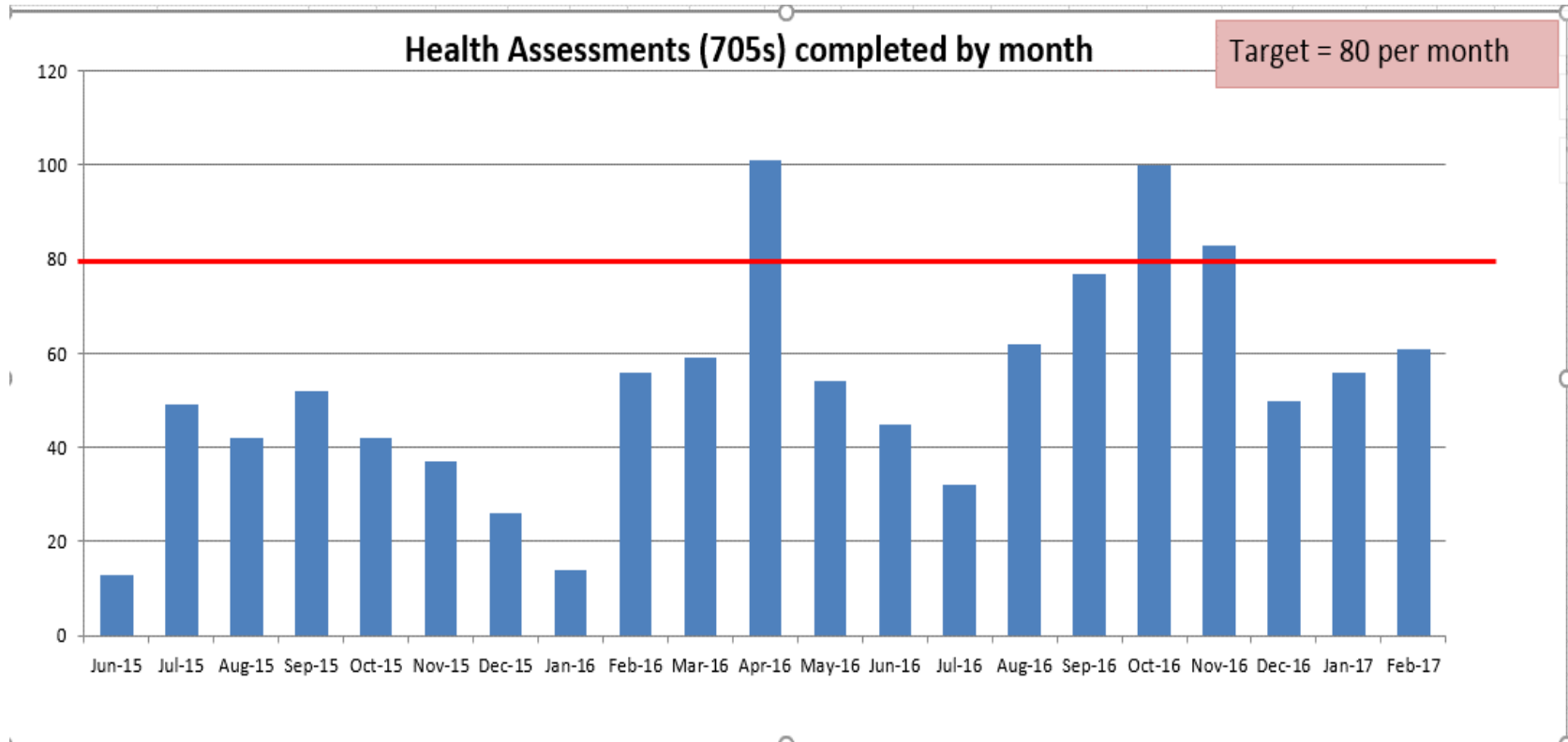-   Immunised against influenza

COPD:
- Immunised against influenza

Patients over 65 immunised against influenza

CVD: Necessary risk factors recorded to enable CVD assessment eg.

Your KPIs – track performance

Health Assessments (705s) completed by month

Target = 80 per month

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

VISION + SKILLS + INCENTIVES + RESOURCES + ACTION PLAN = CHANGE!

PDSA/QI sample related to clinical coding

WHEN

What is our GOAL (what are we trying to accomplish)	**Raise Awareness of Clinical Coding** • 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)	*List ideas here to work on in table below* 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.				

Katrina's top 10 tips for improving use of practice software:

1. Re-evaluate (or implement use of) shortcuts for clinical notetaking with medico-legal focus.
2. Use a shortcut with letters to promote secure message use.
3. Review & improve your 'systems' ie. recalls and reminders, correspondence management, & scanning.
4. Use digital health eg secure messaging, ePrescribing etc.
5. Use My Health Record to minimise exceptions.
6. Clean up templates and improve labelling.
7. Update & improve your patient-centred communication & consent for contact processes – think devices!
8. Extract data regularly to provide visual evidence to inform improvement plans.
9. Use every new release as an opportunity to raise awareness of new (and existing unused) features!
10. Routine individual health identifier & Medicare validation.

Celebrate each improvement

Improve
health
outcomes

Improve
revenue

Improve
relationships

Improve
data

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Extra learning resources

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Practice Management Free Resources

Digital Health Free Resources (including Pen CAT4)

Train IT Medical – Importing templates cheatsheet

Train IT Medical – Creating a reminder template

RACGP

Using Data for Better Health Outcomes

Australian Digital Health Agency:

Importance of Data Quality

Data Cleansing & Clinical Coding

My Health Record:

Data Quality Checklist

Pen Clinical Systems

CAT4 Recipes

Topbar Youtube video

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Keep in touch! With best wishes, Katrina Otto