

# Practice Improvements & Team Based Care

Presented by Katrina Otto  
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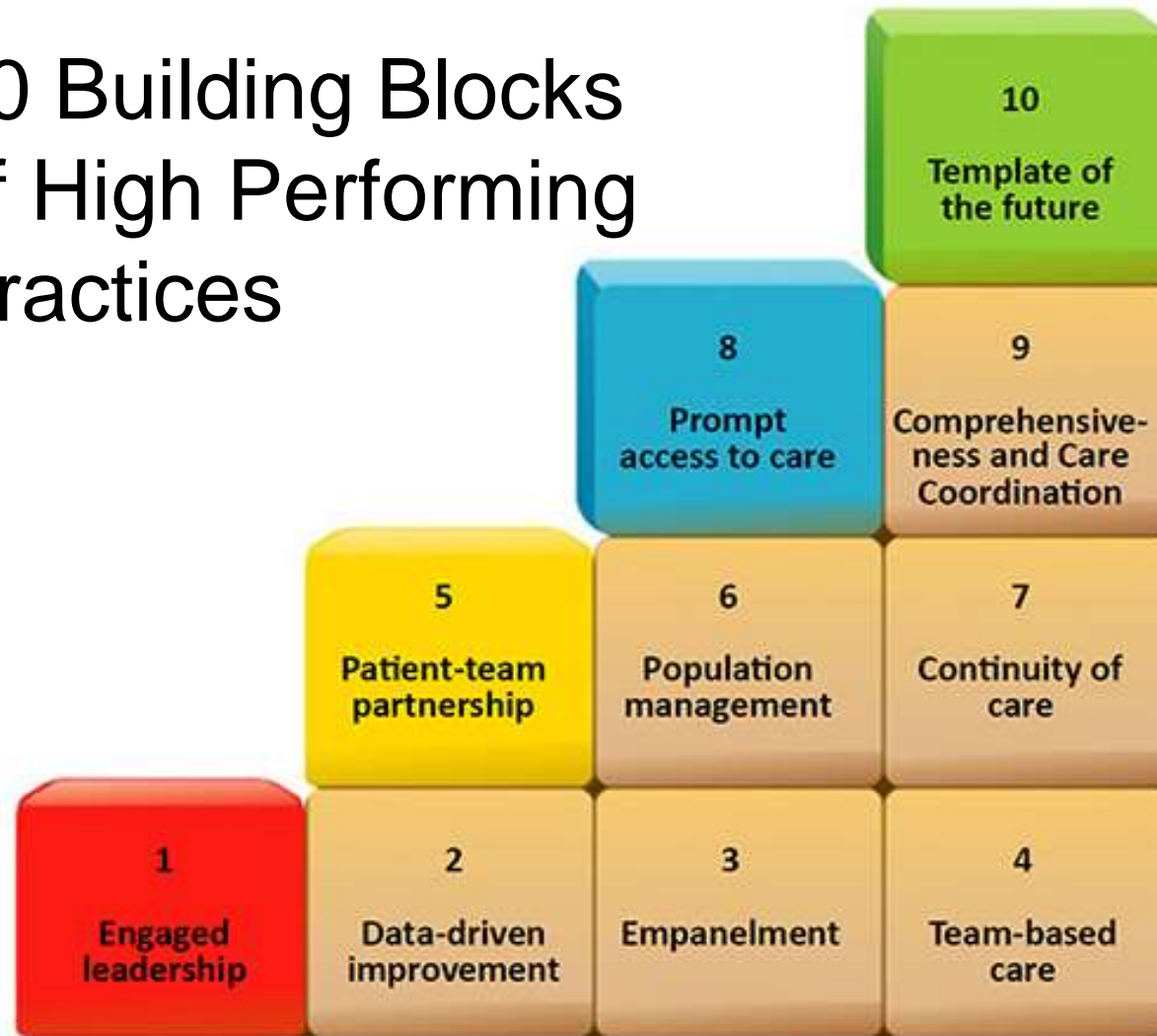
## Learning Objectives:

1. Learn to interpret practice data using practice software and third-party data analytic tools.
2. Use data to identify and track areas for improvement.
3. Design improvements and develop PDSAs relevant for PIP QI eligibility.
4. Identify data driven improvements relevant to various practice roles.
5. Develop a data quality practice plan to meet accreditation standards and ePIP requirements.

# Your practice of the future



# 10 Building Blocks of High Performing Practices



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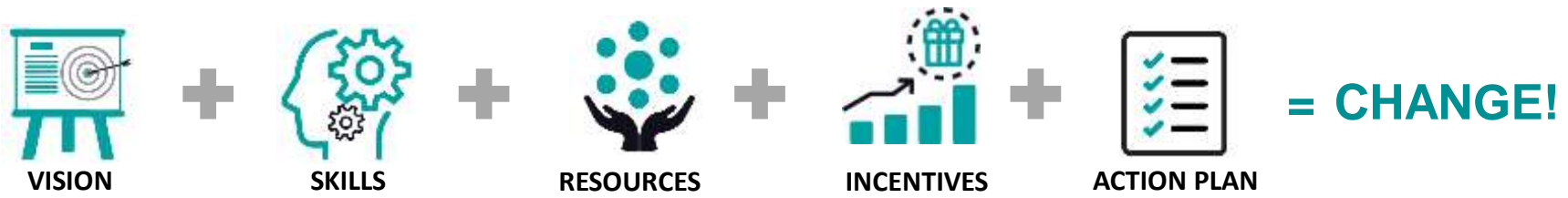
Standard 1.3 “Expect to Share”

**“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



## Leading Improvements:



# 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>

Explain the new Practice Incentive Payment Quality Improvement (PIP QI)







**“The PIP QI Incentive will give practices increased flexibility to improve their detection and management of a range of chronic conditions & to focus on issues specific to their practice population”**



# Practice Incentive Payments

1. PIPQI – *started 1 August 2019*
2. eHealth Incentive
3. After Hours Incentive
4. Rural Loading Incentive
5. Teaching Payment
6. Indigenous Health Incentive
7. Procedural General Practitioner Payment
8. General Practitioner Aged Care Access Incentive



## QUESTION 1:

When did PIP QI start?







## PIP QI from 1 August 2019

- First quarter payments (covered 1 August to 30 October)
- General practices complete an annual confirmation statement each year declaring compliance.
- Must maintain evidence of compliance for 6 years (not PHN responsibility)
- Dept Health conducts audits & compliance checks of payments made under the Practice Incentives Program

*Katrina's tip: Document every improvement activity you do & celebrate each achievement*



# PIPQI Preparation Checklist

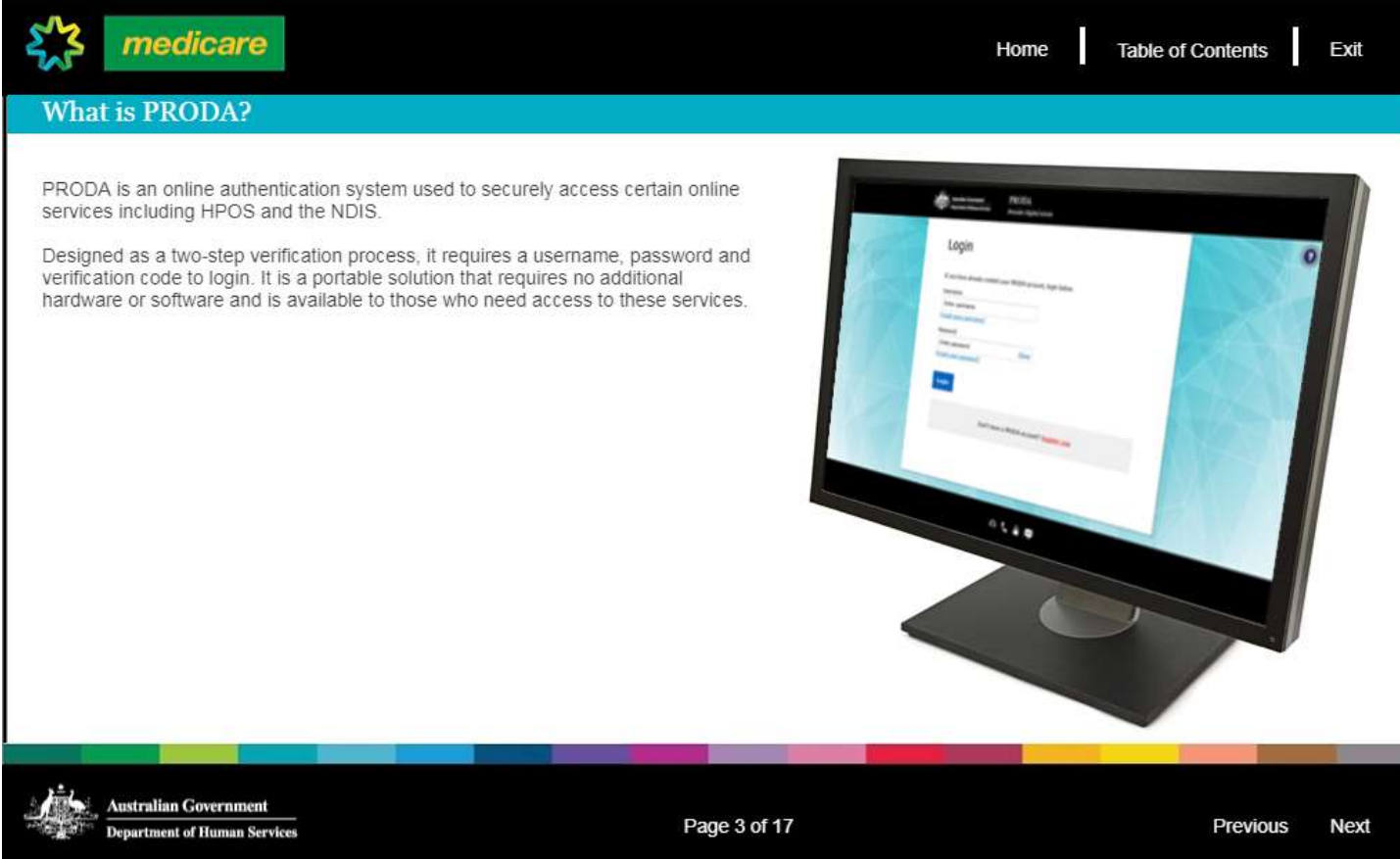
## DO NOW

- Practice accreditation
- Review data sharing agreement with WAPHA
- Set up PRODA so you can apply online for

## DO NEXT

- Install & learn Pen CS (data extraction tools)
- Review the Improvement Measures
- Start Implementing Quality Improvement Activities

# PRODA? Provider Digital Access



The screenshot shows the Medicare PRODA website. At the top left is the Medicare logo and the word "medicare" in a green box. To the right are navigation links for "Home", "Table of Contents", and "Exit". Below this is a teal header with the text "What is PRODA?". The main content area contains two paragraphs of text and a photograph of a computer monitor displaying the PRODA login page. The text describes PRODA as an online authentication system for HPOS and NDIS, and details its two-step verification process. The footer includes the Australian Government logo, the text "Australian Government Department of Human Services", the page number "Page 3 of 17", and "Previous Next" navigation links.

**What is PRODA?**

PRODA is an online authentication system used to securely access certain online services including HPOS and the NDIS.

Designed as a two-step verification process, it requires a username, password and verification code to login. It is a portable solution that requires no additional hardware or software and is available to those who need access to these services.

Australian Government  
Department of Human Services

Page 3 of 17

Previous Next

**Used to securely access government online services**





## QUESTION 2:

What are the prescribed targets for PIP QI?







## PIP QI – Eligible data set - Improvement measures

1. Proportion of patients with **smoking** status recorded
2. Proportion of patients with **alcohol** status recorded
3. Proportion of patients with **weight** classification.
4. Proportion of patients with up-to-date **cervical screening**.
5. Proportion of patients with **diabetes with blood pressure recorded**
6. Proportion of patients with **diabetes with current HbA1c result**
7. Patients with **diabetes immunised against influenza**
8. Proportion of patients **COPD & immunised against influenza**
9. Proportion of patients **over 65 immunised against influenza**
10. Proportion of patients with **necessary risk factors to enable CVD assessment**






## QUESTION 3:

Do you have to focus your quality improvement activities on the 10 Improvement Measures?





***Practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meets the needs of their practice population.***



70%

1. Patient with Type 1 or Type 2 Diabetes, and a HbA1c result recorded within the last 12 months



Missing

Previous: 5.8% (29 Oct 1996)



2. Smoking status recorded in the last 12 months (age 15+yo)



Smoker

(22 Aug 2019)



3. BMI recorded in the last 12 months (age 15+yo)



14.3

(22 Aug 2019)



8. CVD Risk Factors recorded (45-74yo)

This patient does not meet the eligible criteria.

4. Patient aged 65 and over, and Immunized for Influenza in the last 15 months



Missing

Previous: 20 Feb 2013



5. Patient with Diabetes, and Immunized for Influenza in the last 15 months



Missing

Previous: 20 Feb 2013



6. Patient with COPD, and Immunized for Influenza in the last 15 months (age 15+yo)



This patient does not meet the eligible criteria.

7. Alcohol consumption recorded (age 15+yo)



Light



9. Female patient, with a Cervical Screening recorded in the last 5 years (age 25-74yo)



This patient does not meet the eligible criteria.

10. Patient with Diabetes, and with Blood Pressure recorded in the last 6 months



130/80mmHg (10 Oct 2019)





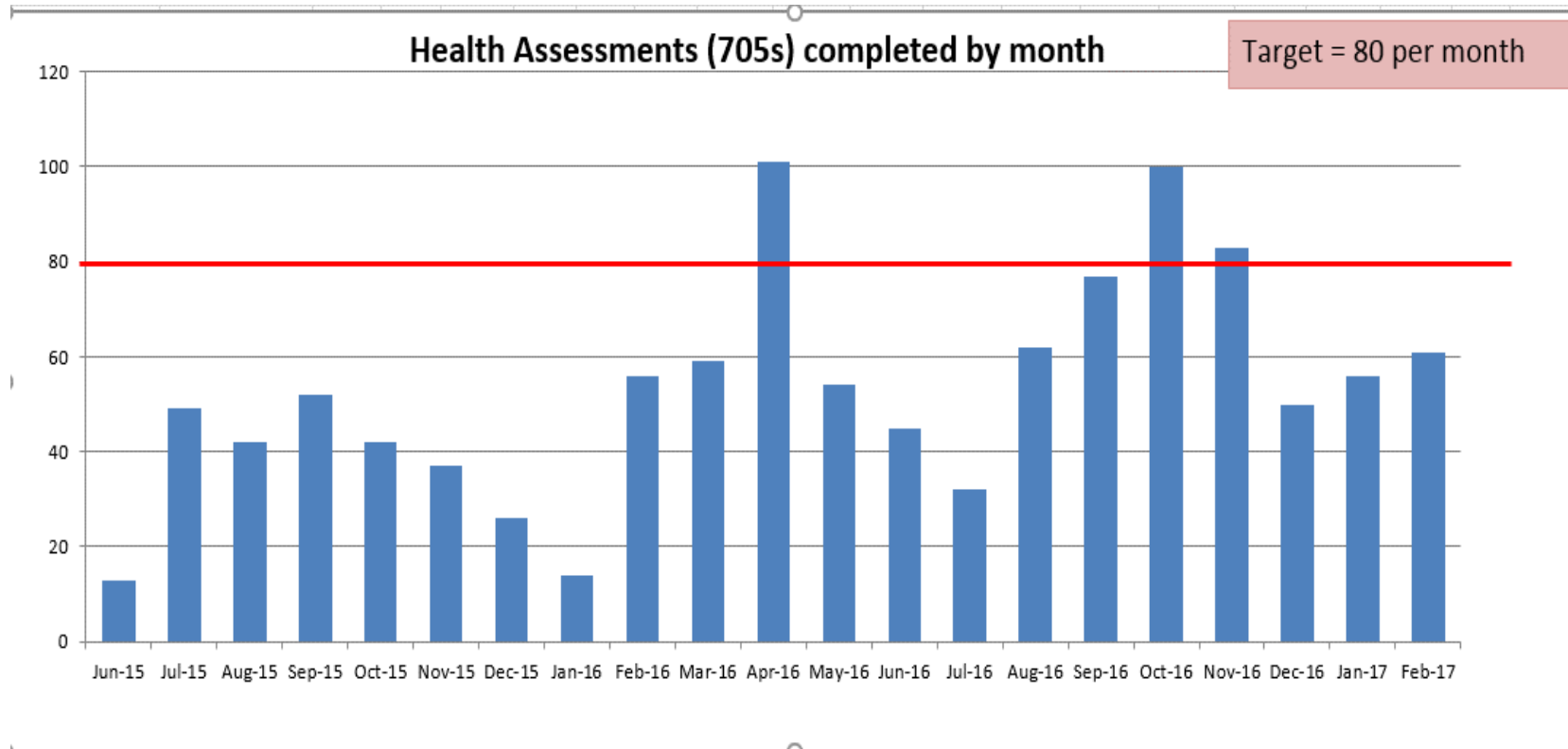
# Lead improvements, lead your team



Example from the outstanding 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.

Measure
1. Proportion of patients with smoking status recorded
2. Proportion of patients with alcohol status recorded
3. Proportion of patients with weight recorded
4. Proportion of patients with up-to-date cervical screening.
5. Proportion of patients with diabetes with blood pressure recorded
6. Proportion of patients with diabetes with current HbA1c result
7. Patients with diabetes immunised against influenza
8. Proportion of patients with COPD & immunised against influenza
9. Proportion of patients over 65 immunised against influenza
10. Proportion of patients with necessary risk factors to enable CVD assessment

Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
13697	2488	1996	921	1718	1839	936	604	686	43
28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
9576	1866	1628	684	1192	1445	795	397	514	30
17.7	29.5	28.5	19.7	39.9	4.2	13.8	14.9	01.0	10.0
141	28	11	13	21	6	12	5	6	0
35	5	2	3	11	2	7	0	3	0
27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
0	0	0	1	0	0	0	0	0	0
1	0	0	1	0	0	0	0	0	0
3.5%	2.9	2.8	1.4	8.8	5.1	2.5	1.2	4.2	4.7
4.6%	3.8	3.2	1.9	11.7	6.2	2.9	1.8	5.5	6.7
60.9 %	61.4	74.2%	50%	77.8%	63.6%	81.3%	60%	62.5%	100%
90.9%	88.7	93.6%	83.4%	92.9%	90.8%	100%	80%	75%	100%
94	5	2	3	0	12	2	1	2	0
288	29	55	6	8	131	10	6	17	1

# Use Pen CS data analytic tool to identify & track improvements

The screenshot displays the Pen CS data analytic tool interface. The menu bar includes File, Edit, View, Tools, Data Submission, Prompts, and Help. The toolbar contains icons for Collect, View Extracts, View Filter, Report, View Population, Dashboard, CAT4, Cleansing CAT, and Registrar CAT. The main content area shows the following information:

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]**

Double-click a patient to open it in your clinical system (MD,BP,Zedmed)      Page No. [ ] [Go]      Show/Hide Columns      Export      Prev Page      Next Page

	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

[Link to PIP QI recipes](#)

# Data Quality Dashboard









Data Quality Dashboard | Data Completeness Report | Data Completeness Patient Graph | Duplicate Number Patient Report | Duplicate

1 of 1 | 100% | Find | Next

**Data Quality Dashboard** **Report Date: 12/02/2015 9:57 AM**

**Practice Name: Deidentified Practice**

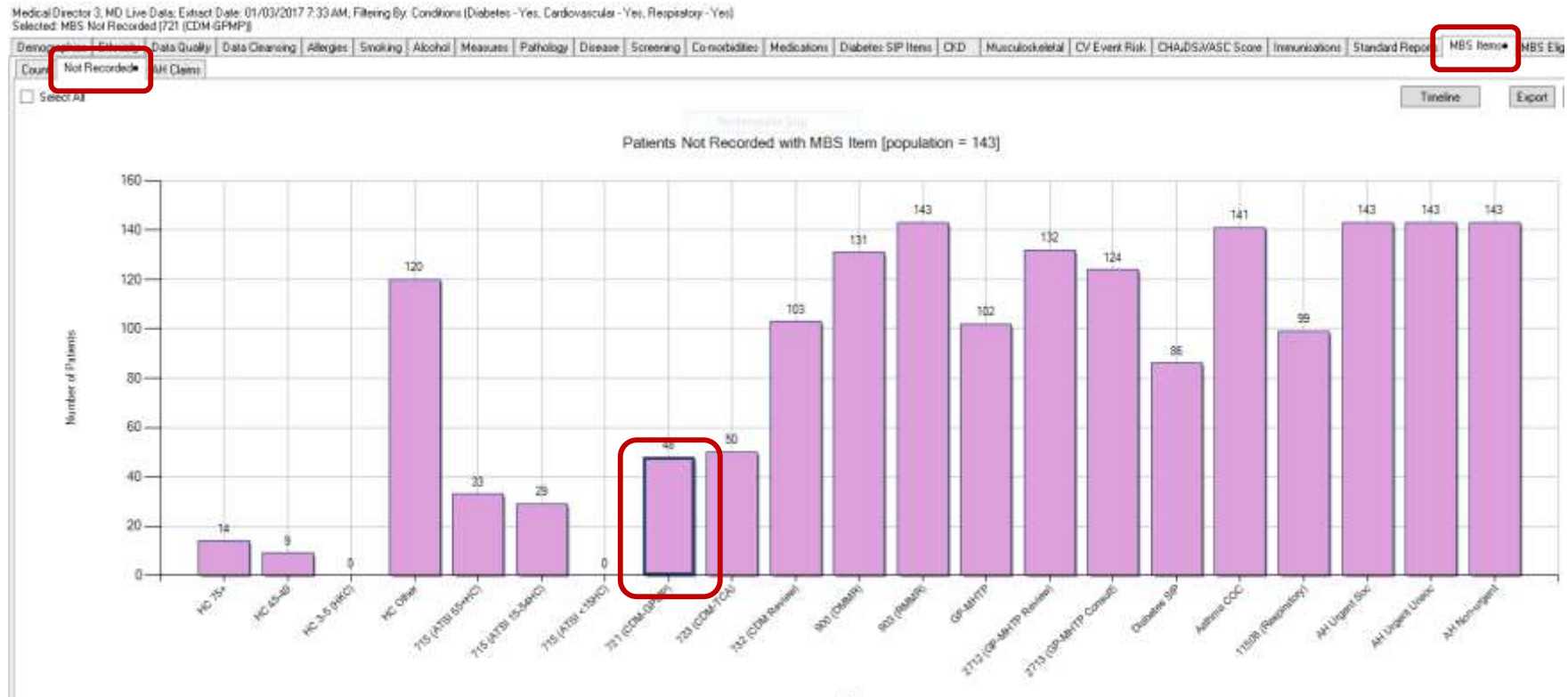
Data is taken from the Data Completeness Report and Duplicate Patients Report.

Allergies and adverse reactions		72.33 %	<a href="#">View Guidelines</a>
Medicines		24.40 %	<a href="#">View Guidelines</a>
Medical History		87.67 %	<a href="#">View Guidelines</a>
Health Risk Factors		57.54 %	<a href="#">View Guidelines</a>
Immunisations		61.59 %	<a href="#">View Guidelines</a>
Relevant Family History		44.54 %	<a href="#">View Guidelines</a>
Relevant Social History		73.80 %	<a href="#">View Guidelines</a>
Non-Duplicate Patients		0.00 %	



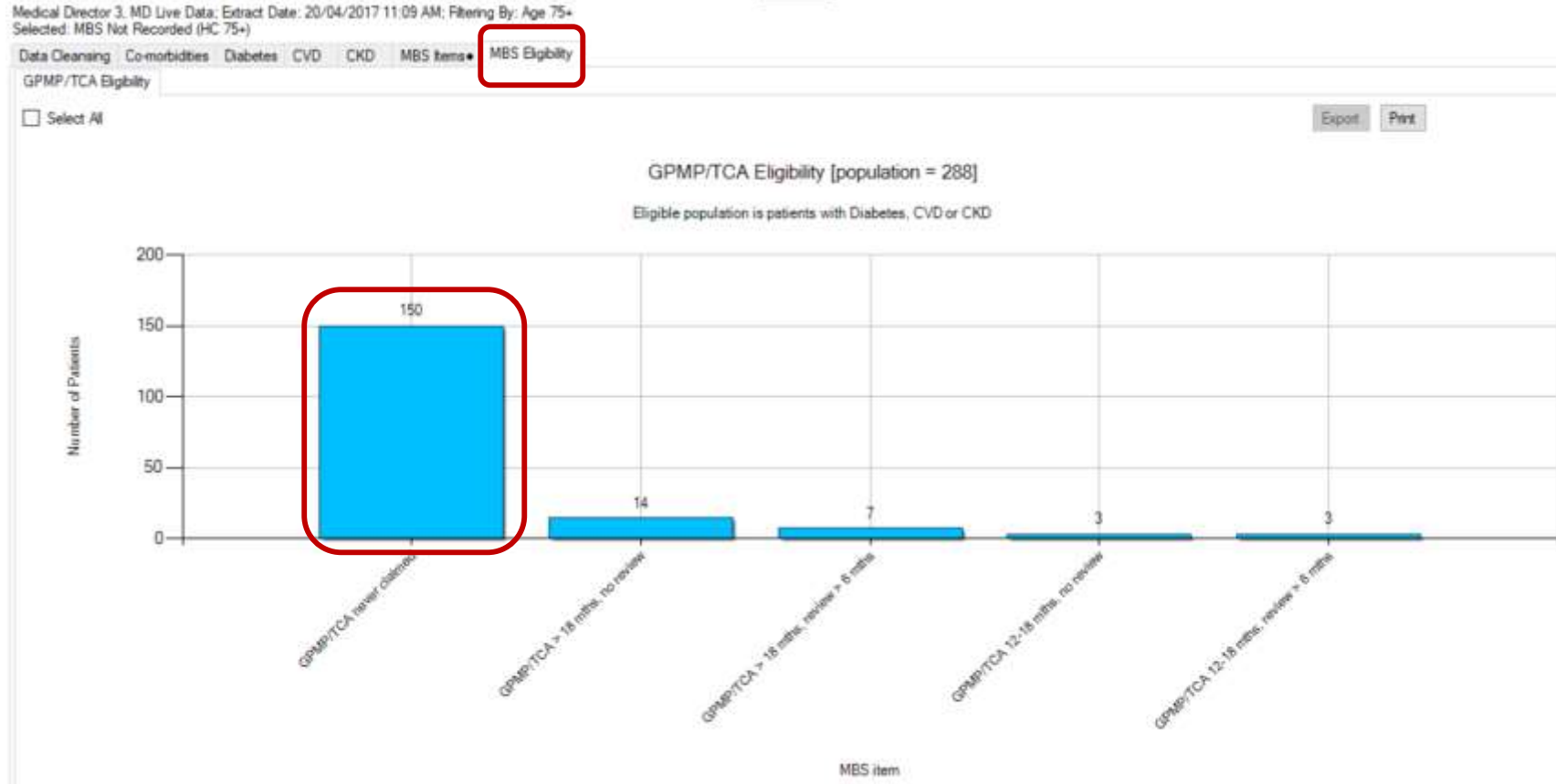
# Business Process Improvements

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



# Improve Revenue

Identify patients with chronic conditions for whom a GPMP/TCA has never been claimed



# Topbar – part of a suite of tools



- Links to Clinical Information System
- Single sign-on
- Minimalistic look
- Uses a series of apps (icons)
- Actions notify of missing information or prompt to take action
- Highly configurable to suit your practice

# Proactive reminders (filters)



topbar cleansing<sup>6</sup> waiting room<sup>2</sup> phs mbs<sup>4</sup> MR GERT FOURIE feedback

Data Cleansing DEMOGRAPHIC<sup>3</sup> CLINICAL<sup>5</sup> INDICATIONS FILTERS

Cleansing & Waiting Room Filters [hide](#)

Modify the below filters to exclude items from the Cleansing and WaitingRoom apps.

<input type="checkbox"/> Demographic Items	<input checked="" type="checkbox"/> Clinical Items	<input type="checkbox"/> Indicated Conditions
<input checked="" type="checkbox"/> Date of birth	<input checked="" type="checkbox"/> Allergies	<input checked="" type="checkbox"/> CKD
<input checked="" type="checkbox"/> Gender	<input checked="" type="checkbox"/> Allergy Reaction	<input checked="" type="checkbox"/> Mental Health
<input checked="" type="checkbox"/> Address	<input checked="" type="checkbox"/> Height	<input checked="" type="checkbox"/> Diabetes
<input checked="" type="checkbox"/> Suburb	<input checked="" type="checkbox"/> Weight	<input checked="" type="checkbox"/> Chronic Obstructive Pulmonary Disease
<input checked="" type="checkbox"/> Postcode	<input checked="" type="checkbox"/> Smoking	
<input checked="" type="checkbox"/> Contact	<input checked="" type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> First Name	<input checked="" type="checkbox"/> Family History	
<input checked="" type="checkbox"/> Last Name	<input checked="" type="checkbox"/> Immunisations	
<input checked="" type="checkbox"/> Ethnicity	<input checked="" type="checkbox"/> Physical Activity	
<input checked="" type="checkbox"/> Next of Kin	<input type="checkbox"/> Diagnosis Coded	
<input checked="" type="checkbox"/> Medicare Number	Start Date	
<input checked="" type="checkbox"/> Emergency Contact	<input type="radio"/> All Time	
<input checked="" type="checkbox"/> Private Health	<input type="radio"/> Last 3 months	
	<input type="radio"/> Last 6 months	
	<input type="radio"/> Last Year	
	<input type="radio"/> Last 2 years	
	<input type="radio"/> Fixed Date	
	27/12/2016	





# How do we remember to enter the data?

---



## 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](#)

# Coding is essential!

Past History

Date: [ ] / [ ] / 2013 [ 5/12/2017 v]

Condition: Total knee replacement

Keyword search Synonyms

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:

Dr May Smith - St George Hospital

Send to My Health Record

Confidential

Include in summary

Save Cancel

**BEST TIP!!**

Add detail/comment  
eg Care team involved

In 'Past History' ONLY include chronic conditions & significant active or inactive 'events' eg cabg

Edit History Item

Year: 2017 Date: 05/10/2017

Condition

Pick from list (coded)

CKD (Chronic Kidney Disease) Stage 2

CKD (Chronic Kidney Disease) Stage 2

Free text (uncoded)

Left  Active problem

Right  Confidential  Summary

Comment:

Under care of Dr Rayna Simpson, Renal Physician

OK Cancel

# Zedmed - 'coded' conditions

**BEST TIP!!**

Add detail/comment  
eg Care team involved



Define Problem/RFE

### Ischaemic Heart Disease (Existing Problem)

Problem/RFE Selection  
Selection Method  
 Existing Problems  My Recent Problems  Predictive Search (ICPC and Common)  ICPC Search  Common Problems  Free Text  Problems / Symptoms Only

Current						Resolved				
Problem Text	L/R	Onset	First Encounter	Problem Code	Last Encounter	Problem Text	L/R	Onset	First Encounter	Problem Code
Depression		Dec 2013		P76 001						
Hyperlipidaemia		Mar 2013		T93 008						
Ischaemic Heart Disease		Mar 2013		K76 014						
Parkinsons Disease		May 2012		N87 001						
Cataract	Bi...	Oct 2010		F92 001						
Loss of Memory - Mild Short Term		Mar 2009		P20 013						
Osteoporosis		Feb 2009		L95 001						
Diabetes Mellitus - Type II		2009								
Hypertension		Oct 2008		K86 005						

Problem: ischaemic heart disease    Extra Text:    ICPC Code: K76 014   

Include in Correspondence  
Problem Details for - Ischaemic Heart Disease (Existing Problem)  
Onset Date: 03/2013    Accurate To:  Day  Month  Year  Other    Criticality: Not Set     Left  Right  Current

Comments and Management Plan  
Managed by endocrinologist - Dr Havvat

ICPC-2 Plus has expired please register with the National Centre for Classification in Health (NCCH) to receive updates.



Smokers?  $n =$

Alcohol  $n =$

Overweight  $n =$

Immunised against influenza?  $n =$

At risk of CVD  $n =$



# How do we identify areas for practice improvement?

- Data quality dashboard
- Financial reports
- Patient surveys
- Happy or not
- Staff feedback
- Near misses
- Patient complaints
- PREMS and PROMS





# Set prompts for Topbar in CAT4



Patient Reidentification

1 of 58 100% Find | Next

**Reidentify Report [patient count = 2422]**  
Selected: Allergies (Not recorded)

ID	Surname	First Name	Known As	Sex	D.O.B (Age)	Address	City	Postcode
798	Surname	Firstname_0	Firstname_0	M		12 Jogger St	Suburb Town	5911
2377	Surname	Firstname_1	Firstname_1	M	01/08/2012 (5)	12 Jogger St	Suburb Town	4893
9086	Surname	Firstname_2	Firstname_2	F	01/04/1984 (34)	12 John St	Suburb Town	3890
5708	Surname	Firstname_3	Firstname_3	M	01/04/1987	12 Jogger St	Suburb	4173

Refine Selection    Add/Withdraw Patient Consent    SMS Recall    Voicemail Recall    **Topbar Prompt**



# CAT Plus prompts - example



## CAT Plus Prompts

[NOTIFICATIONS](#)<sup>1</sup> [SETTINGS](#)<sup>2</sup> close

Action Required [hide](#)

PROMPT TEXT	GENERATED BY	ACTION
high risk respiratory patient, please do spirometry	CAT 4	<a href="#">DISMISS</a> <a href="#">DEFER</a>

Deferred [hide](#)  
No deferred prompts.

Dismissed [hide](#)  
No dismissed prompts.

### Prompt Text

high risk respiratory patient, please do spirometry

### Filters Used

Has Asthma | Asthma  
Smoking | Daily Smoker

### Reports Used

Last Spirometry : Nothing Recorded

### Prompt History

Creation Date: 5/3/2016 2:26:49 PM  
Created By: Matthias



# PATIENT DATA: WHO DOES WHAT

## DOCTOR

(Progress Notes) SHS  
ALLERGY BP/HEIGHT  
CLINICAL DIAGNOSIS - COED  
FAMILY HISTORY -> RECENT  
MEDICATIONS TEST RESULTS

## NURSE

ALLERGY STATUS  
BP/HEIGHT/WEIGHT  
WAIST SHS SPIRO.  
ECG  
FAMILY HISTORY  
CARE PLANS/HEALTH ASSESSMENT  
IMMUNISATIONS

## RECEPTION

DEMOGRAPHICS - NCR  
PHONE/ADDRESS - EC.  
MEDICARE ETHN.  
PRIVATE HEALTH  
NON-URGENT RECALLS.  
-> APPTS  
DATA QUERY LISTS  
FOR HEALTH ASSESS MTS

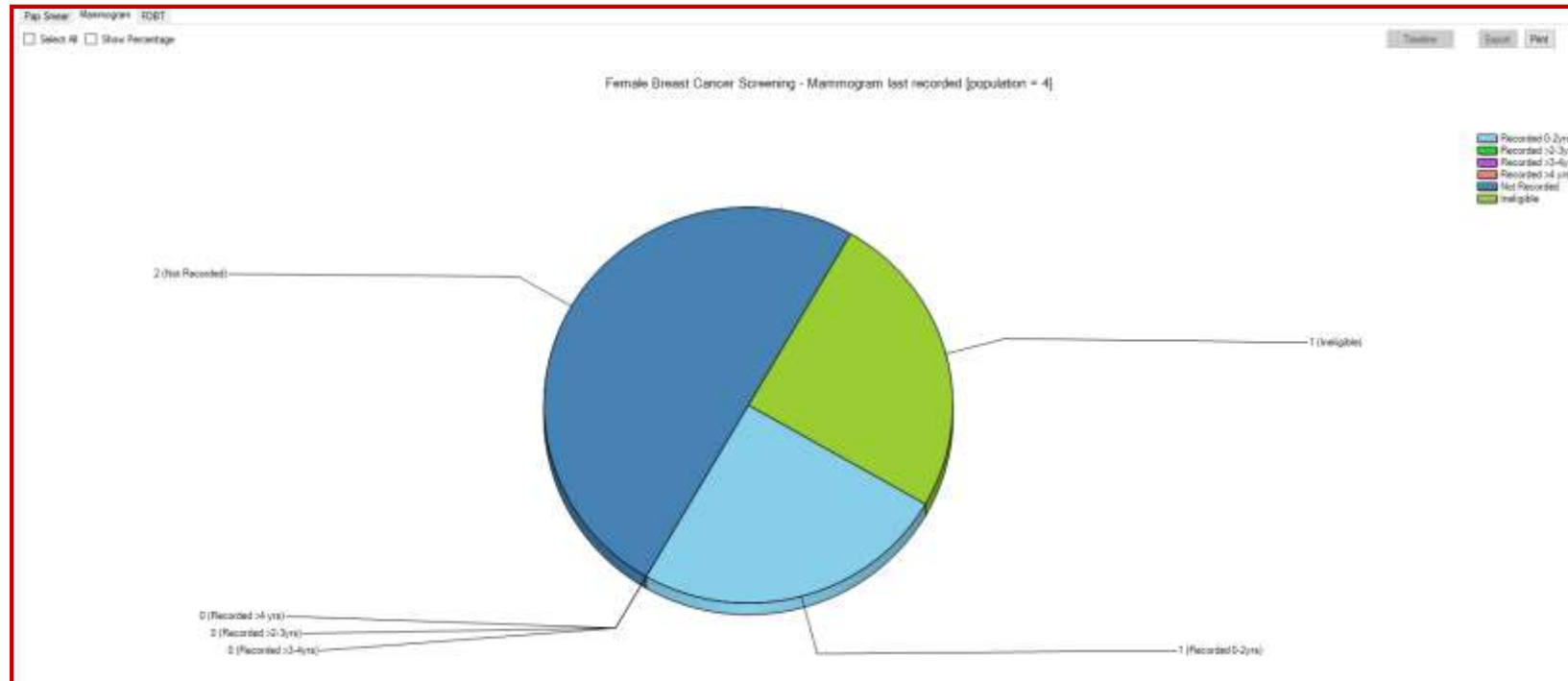
## MEDICAL PRACTICE ASSISTANT (MPA)

ALLERGY STATUS  
SMOKING/ALCOHOL  
HEIGHT/WAIST/BMI  
RECALLS SPIRO + ECG  
DATA QUERY -> HEALTH ASSESSMENT



# Cancer Screening: care gaps!

Identify all eligible patients NOT screened for FOBT, Cervical Screening (CST) or Mammograms



# Where's your evidence?



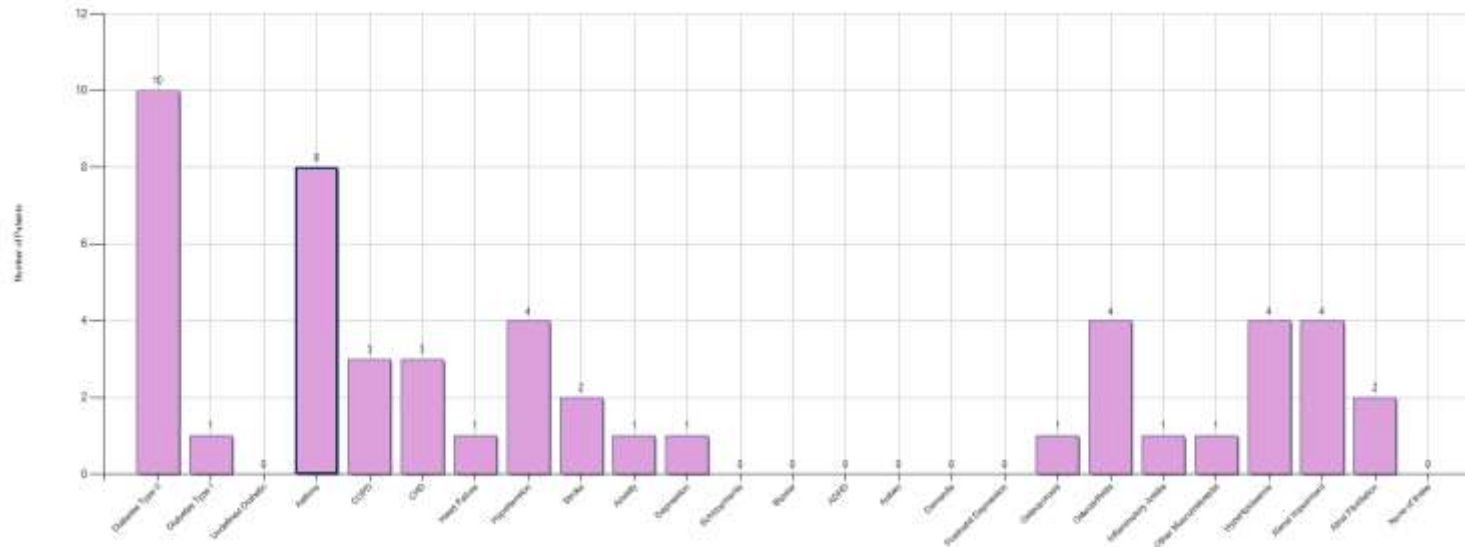
Build a Register of patients with a particular condition e.g. Diabetes etc

General Ethnicity Conditions Medications Date Range (Results) Date Range (Visits) Patient Name Patient Status Pr

Chronic Mental Health Other

<b>Diabetes</b>		<b>Respiratory</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Type II	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> No
<input type="checkbox"/> Type I	<input type="checkbox"/> No	<input type="checkbox"/> COPD	<input type="checkbox"/> No

Total Count of Disease Cases [population = 10]





**“The Health Summary is a window into the medical record.”**

- Dr Suzanne Williams, Inala Primary Care



**PEER LEADERSHIP**

**“I update the health summary every time I see the patient.”**

Dr John Aloizos,  
Garden City Medical Centre Principal &  
Clinical Lead,  
Australian Digital Health Agency



# PathWest begins uploading community ordered reports to MyHR

Written by Kate McDonald on 31 October 2019.

WA pathology provider PathWest is now uploading pathology reports to the My Health Record from its community collection centres as well as the state's hospitals.

[Pulse IT](#)



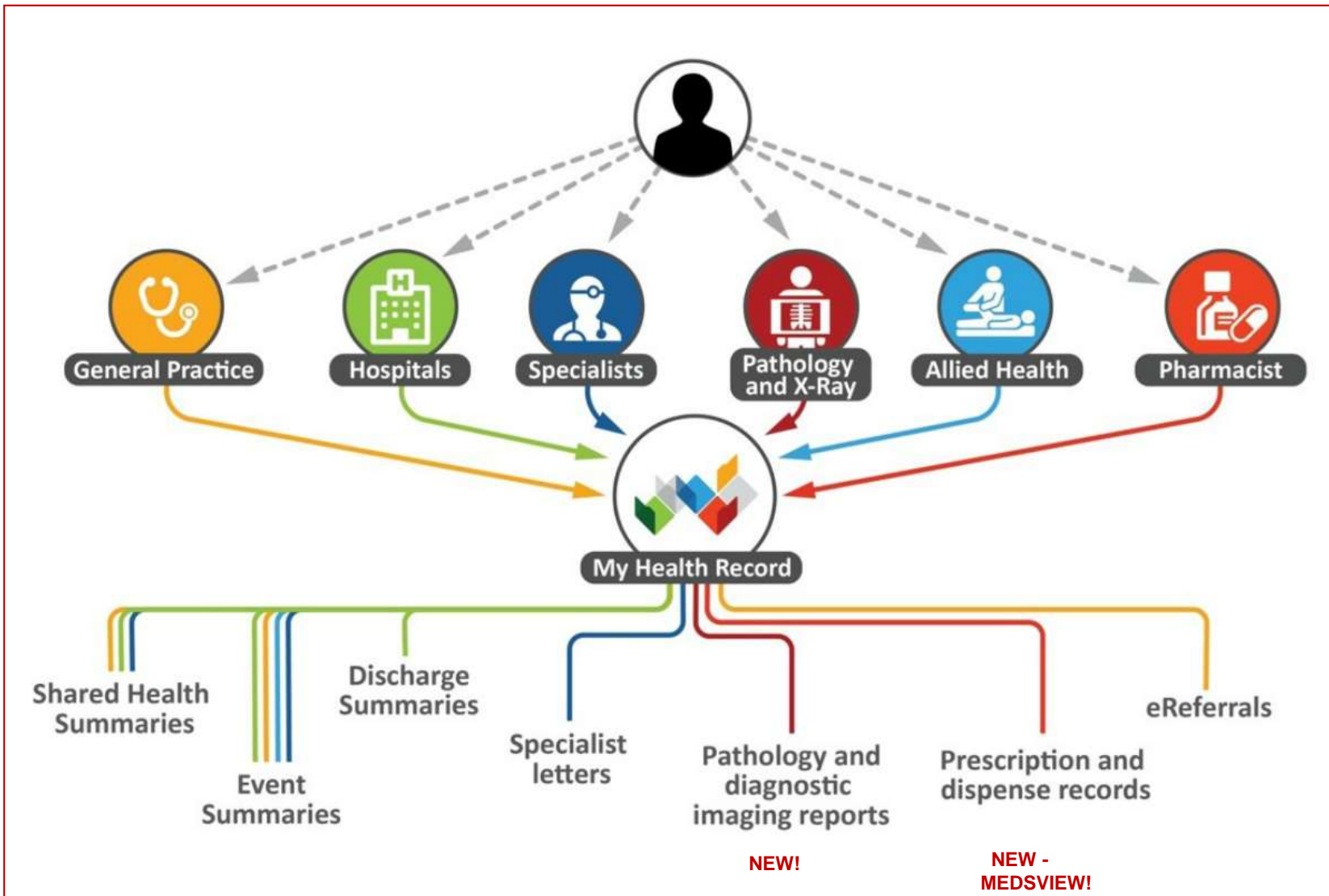
# Privacy Controls and Patient View

The screenshot displays the 'My Health Record' patient interface. At the top, the Australian Government logo and 'My Health Record' branding are on the left, and the user's name 'BRIANNA CURTIN' and birth date 'Born 20-May-1998' are on the right. A navigation bar below the header includes 'RECORD HOME', 'DOCUMENTS' (highlighted with a red arrow), 'PRIVACY & ACCESS', and 'PROFILE & SETTINGS'. On the right side of the navigation bar are 'SEARCH' and 'HELP' icons. The main content area starts with a '< Back' link. The title 'Clinical Records' is prominently displayed, followed by a descriptive sentence: 'These are documents with clinical information entered by healthcare providers in My Health Record.' Below this, there are six categorized boxes: '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), and 'Shared Health Summaries' (Summaries of your health status added by healthcare providers).

# Apps that connect to My Health Record:

	<b>HealthEngine</b> HealthEngine Pty Ltd	<a href="#">More information about HealthEngine</a>
	<b>Healthi</b> Chemonix Health Solutions Pty Ltd	<a href="#">More information about Healthi</a>
	<b>HealthNow</b> HealthNow	<a href="#">More information about HealthNow</a>
	<b>My Child's eHealth Record</b> The Australian Digital Health Agency	<a href="#">More information about My Child's eHealth Record</a>
	<b>Tyde</b> Tyde Australia Pty Ltd	<a href="#">More information about Tyde</a>

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



[www.digitalhealth.gov.au](http://www.digitalhealth.gov.au)

[www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au)



## More Australians can access diagnostic test results online

“Nearly all public providers are already uploading and the number of private providers registering, and uploading is accelerating.”

**850,000** diagnostic reports uploaded each week!

<https://www.myhealthrecord.gov.au/news-and-media/media-releases/diagnostic-test-results-online>

# 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](http://www.racgp.org.au)

# 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

Log Off

Reset

[Go to On Demand Training Environment](#)

# Quality patient information



**Lab Tests Online**<sup>AU</sup>  
EXPLAINING PATHOLOGY

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



**Diagnostic Imaging Pathways**

<http://www.imagingpathways.health.wa.gov.au/index.php/consumer-info>



# 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	<a href="#">Medicine - Active Ingredient(s)</a>	Medicine - Brand	Directions
<a href="#">Event Summary</a> by <a href="#">Own Organisation</a>	22-Nov-2017 (now) changed		Monodur 120mg Tablet	1 Tablet Daily for 0
<a href="#">Shared Health Summary</a> by <a href="#">Own Organisation</a>	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

## – 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



# Clinical Note-taking

- Date of consultation
- Clinician conducting the consultation
- Method of consultation eg. face to face, phone
- Reason for consultation
- Relevant clinical findings
- Follow-up of matters raised in previous consultations.
- Recommended management plan & preventive care
- Expected process of review (if necessary)
- Consent (if necessary eg. care plan, uploading health summary, medical student, procedure).

**Progress notes for PATIENT**

Tuesday March 15 2016 11:21:02  
Dr A Practitioner  
**Visit type:**  
Surgery Consultation

**History:**  
Review diabetes  
Well from this [point](#) - BSLs mostly within target range 4-10 although no monitor with her today  
Sleepy during the day - has not been given an appointment [as yet](#) by the sleep clinic

Trying to be active - mows the lawn  
Trying to walk the dog every day

First time ACR elevated- need to have repeated to confirm

hair loss noted over last month  
Patient says falling out in clumps and feels has bald patches

**Examination:**  
Blood Glucose: 7.8mmol/L  
BP (Sitting): 132/88  
Pulse (Sitting): 60  
Height: 183 cm  
Weight: 108 Kg slight gain  
BMI: 40.6

Scalp examination - no visible abnormality skin, no bald patches  
Hair shafts appear normal and visible new hair growth

**Reason for contact:**  
Diabetes Mellitus - Type II

**Management:**  
Chase appointment with sleep clinic  
Continue same insulin for the moment  
Repeat ACR to confirm elevation  
Discussed hair loss - no clear patches - likely diffuse loss secondary to severe stress few months ago (ICU admission)  
- review if not settling

**Review:**  
2/12 or earlier if necessary

**Actions:**  
Biochemistry notified by Dr A Practitioner - VITAMIN D 16/02/2016  
Biochemistry notified by Dr A Practitioner - MULTIPLE BIOCHEM ANALYSIS 16/02/2016  
Biochemistry notified by Dr A Practitioner - LIPID STUDIES 16/02/2016  
Biochemistry notified by Dr A Practitioner - MICROALBUMIN 16/02/2016  
Pathology requested: Urine ACR  
Biochemistry notified by Dr A Practitioner - GLYCATED HB 16/02/2016  
Letter Created - re. GPMP/TCA updated [to](#) -  
Action performed for Recall - PATHOLOGY TEST, due on 11/02/2018.

**Medicare item:**  
36, 10987

# Smoking, Alcohol, BMI – Identify Care Gaps!

Per patient | per provider | per practice population

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

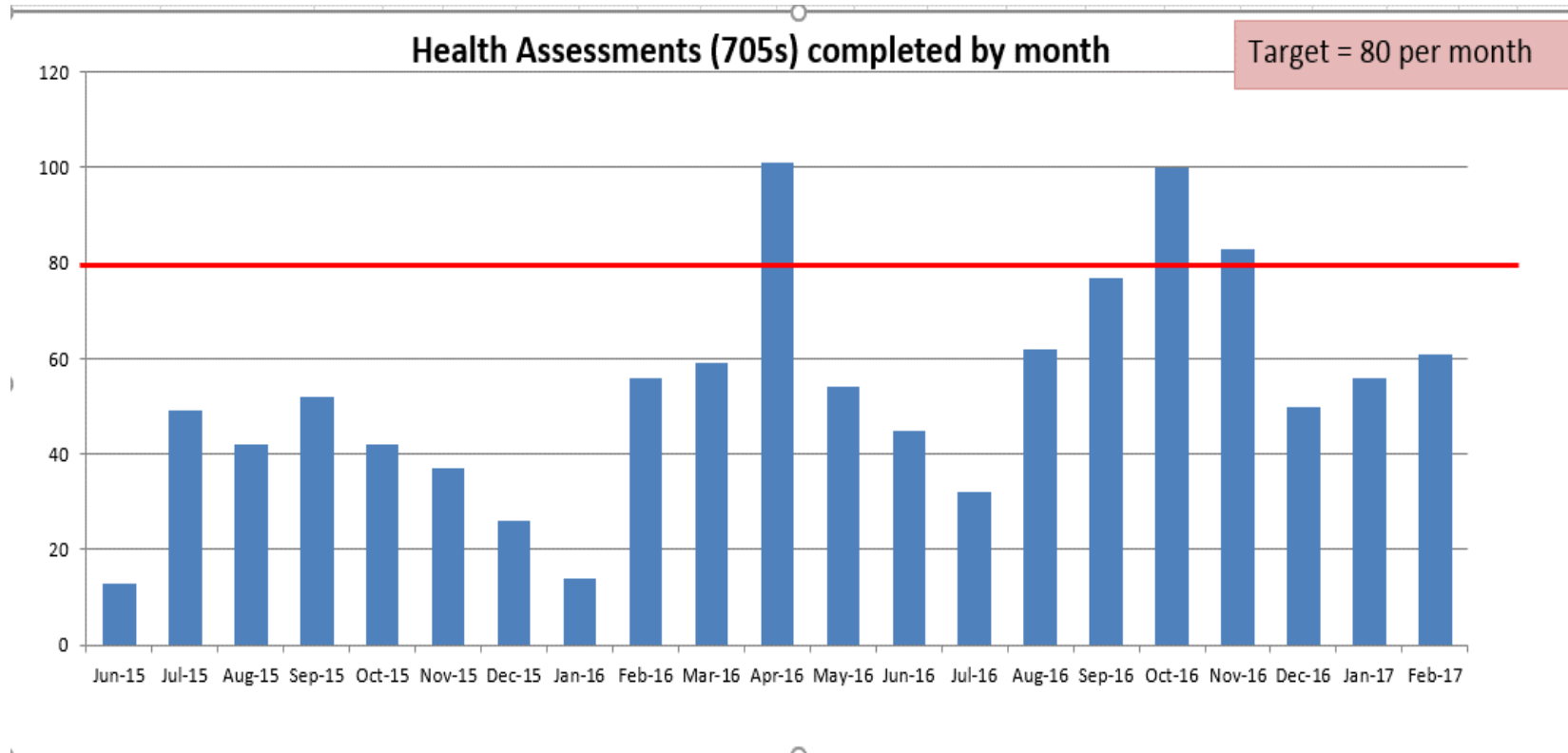
**Patient List [count = 4]** Show/Hide Columns Export

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

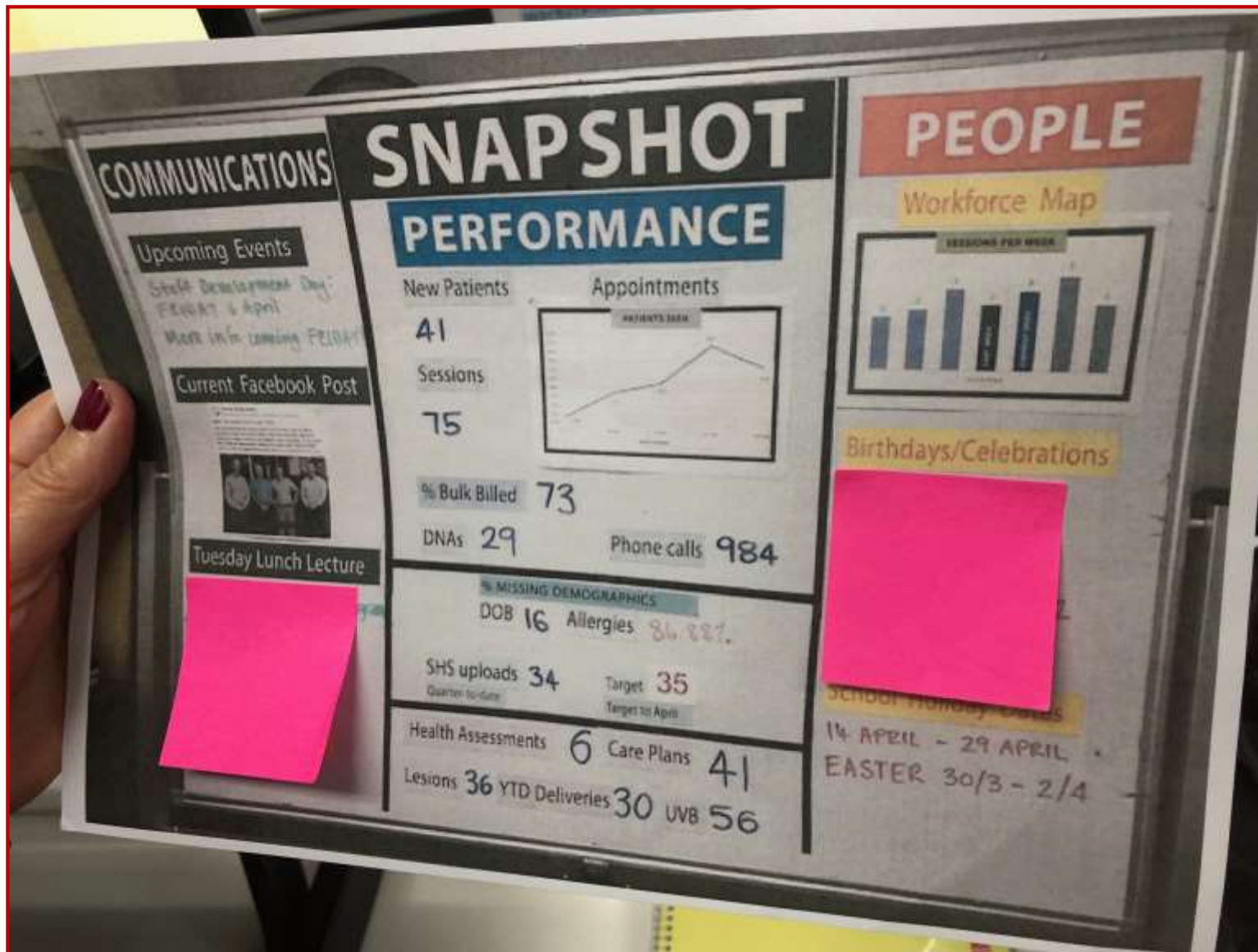
Surname	Firstname	Date of Birth	Sex	Allergies	Height	Weight	Alcohol	Smoking	Assigned Provider
Sumame	Firstname_1442	12/02/1955	M	Recorded	171.5	115		Ex smoker	Sumame
Sumame	Firstname_184	12/02/1934	F	NKA	152	102.9		Smoker	Sumame
Sumame	Firstname_385	12/02/1941	F	Recorded	166.5	100		Ex smoker	Sumame
Sumame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



# 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.




Example from rural WA

PDSAs			WINS / Good news	
AREA	FOCUS	By WHEN		
Admin	Allocating patients to 'usual' diff BP software	Ongoing	Happy Or Not 88% 😊	<p><small>I absolutely love the memory of Leschenault Medical Centre. Dr Simpson is the go to doctor but I have never met the others and they are so lovely. They care, they listen and they enter their notes. It's something you can't get.</small></p> <p><small>Not only are the doctors great, but the reception staff and nurses. They go above and beyond for patients. They make you feel welcome and appreciated. The girls are gorgeous and they are such the most hard-working team.</small></p> <p><small>Thanks to all the staff!</small></p>
Clinical	CKD GPM/PCA template review	End of October	Ethnicity 88% recorded	
			Uncoded diagnoses - down to 3%	
			MyHR: 49% SHS uploaded (May/June/July)	
			New patients this month: 140	
Chronic Disease Management			WHAT?	
DM	with HbA1c in past 12/12	June 88% July 89%	We are part of the Urgent Care Clinic Pilot (Phase 1)	
COPD	with spirometry	June 7% July 6%	1 <sup>st</sup> info session Feb 23/24 - Candice, Tommy, Jackie attending	
CKD	Diabetics coded & CKD	9	CP Urgent Care Skills Workshop SAT 30 <sup>th</sup> November Candice & Fawcett, Ken, Chris	
CHD	120pts; Smoking Status	97%; BP 98%		
PREVENTATIVE HEALTH			IMPROVEMENT OPPORTUNITY	
75+ HAx	June 11 July 6		Waist circ. 18%	
45-49 HAx	June 0 July 1		HMMR 373 pts have 2 or more chronic conditions and are on >5 medications	
CV RISK (Item 699)	June 0 July 0		Record all spirometry in Best Practice Software (and not just scanned)	
HMMR	June 1 July 1			

Example from Leschenault Medical, Bunbury, WA





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



# PDSA station



Example from Leschenault Medical Centre, WA



VISION



SKILLS



INCENTIVES



RESOURCES



ACTION PLAN

= CHANGE!

# Katrina's tips for a successful, happy practice of the future:

- Set small (achievable) clean-up goals (eg coded diagnosis, alcohol status)
- Focus on key data items
- Celebrate progress – no matter how small
- Document and review improvement activities
- Train all staff on software & new processes
- Create a team spirit
- Monitor and communicate performance
- Celebrate progress (yes – again!)





# Improving health record quality in general practice

How to create and maintain health records that are fit for purpose

[Access RACGP resource](#)

## 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](#)





# Available Courses Page 1

## Free CSIRO Data Quality Courses


**Free**  

**CSIRO Primary Care Data Quality Education Package Using MEDICAL DIRECTOR CLINICAL SOFTWARE**

An educational learning video by:  
Katrina Otto  
Train IT Medical Pty Ltd  
[www.trainitmedical.com.au](http://www.trainitmedical.com.au)  
[katrina@trainitmedical.com.au](mailto:katrina@trainitmedical.com.au)  
Designed in collaboration



  This Primary Care Data Quality Education Project is designed to improve patients' electronic health records in primary health care services and received funding from the Australian Government Department of Health.

CSIRO Primary Care Data Quality Education Package –



**Free** 

**CSIRO Primary Care Data Quality Education Package Using COMMUNICARE**

An educational learning video by:  
Train IT Medical Pty Ltd  
[www.trainitmedical.com.au](http://www.trainitmedical.com.au)  
[katrina@trainitmedical.com.au](mailto:katrina@trainitmedical.com.au)  
Designed in collaboration



  This Primary Care Data Quality Education Project is designed to improve patients' electronic health records in primary health care services and received funding from the Australian Government Department of Health.

CSIRO Primary Care Data Quality Education Package –

**Free**  

**CSIRO Primary Care Data Quality Education Package Using BP PREMIER SOFTWARE (BP)**

An educational learning video by:  
Katrina Otto  
Train IT Medical Pty Ltd  
[www.trainitmedical.com.au](http://www.trainitmedical.com.au)  
[katrina@trainitmedical.com.au](mailto:katrina@trainitmedical.com.au)  
Designed in collaboration

  This Primary Care Data Quality Education Project is designed to improve patients' electronic health records in primary health care services and received funding from the Australian Government Department of Health.

CSIRO Primary Care Data Quality Education Package – Bp Premier



Keep up to date by connecting with us:

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**Thank you! With best wishes, Katrina Otto**

Register your interest for our new 2020 Improvement Leader education:



# PRACTICE COACH SUMMIT

Coaching High Impact High Quality General Practice

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