

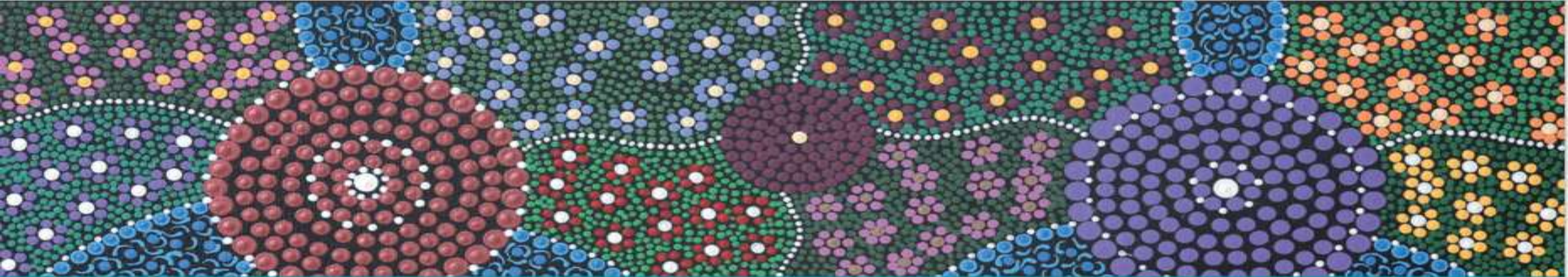


Train IT **Medical**
Competence with Confidence

Leading Quality Improvements

Presented by:
Katrina Otto
Train IT Medical Pty Ltd
katrina@trainitmedical.com.au
www.trainitmedical.com.au






Acknowledgement of Country

Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

We wish to pay our respects to Aboriginal and Torres Strait Islander elders past, present and future.



Further learning:



PIPQI & Quality (Data Driven) Improvements

As of 1 August 2019 if you work in general practice a new: **Practice Incentives Program (PIP) for Quality Improvement (QI)**.

Train IT Medical Principal Katrina Otto has now facilitated 24 PIP QI workshops or webinars specifically on PIP QI – for over 1000 GPs, nurses, practice managers and administration staff across Australia.

[View Katrina's 2019 roadshow presentation here.](#)

[Read HotDoc's PIP QI Q&A interview with Katrina Otto.](#)

Check out our [checklist](#) to be eligible for PIP QI:



PIPQI Preparation Checklist

DO NOW	IMMEDIATE
<input checked="" type="checkbox"/> Practice accreditation.	<input checked="" type="checkbox"/> Install & learn how to use CS, Data or SDO Insights (data extraction tools).
<input checked="" type="checkbox"/> Review data sharing agreement with your Primary Health Network (PHN).	<input checked="" type="checkbox"/> Review the Improvement Measures.
<input checked="" type="checkbox"/> Set up PIPQI so you can apply online for PIPQI.	<input checked="" type="checkbox"/> Start implementing Quality Improvement Activities.



We share because we care

Over our years of presenting, training & consulting to medical practices, we have collated thousands of learning resources.

And now we want to share them with you – for **FREE**.

Our resources includes useful links, news articles, helpful documents, checklists, and much more.

[TRAIN IT MEDICAL](https://courses.trainitmedical.com.au)
[trainitmedical.com.au](https://courses.trainitmedical.com.au)
<https://courses.trainitmedical.com.au/>





Learning Objectives:

1. Describe and understand the benefits of QI methodology and how it effects system change and health outcomes for patients.
2. Learn tips for effective change management and team building.
3. Introduce patient reported measures and link to quality improvement activities.



Learning Objective 1:


Describe and understand the benefits of Quality Improvement (QI) methodology and how it effects system change and health outcomes for patients.

What is QI?

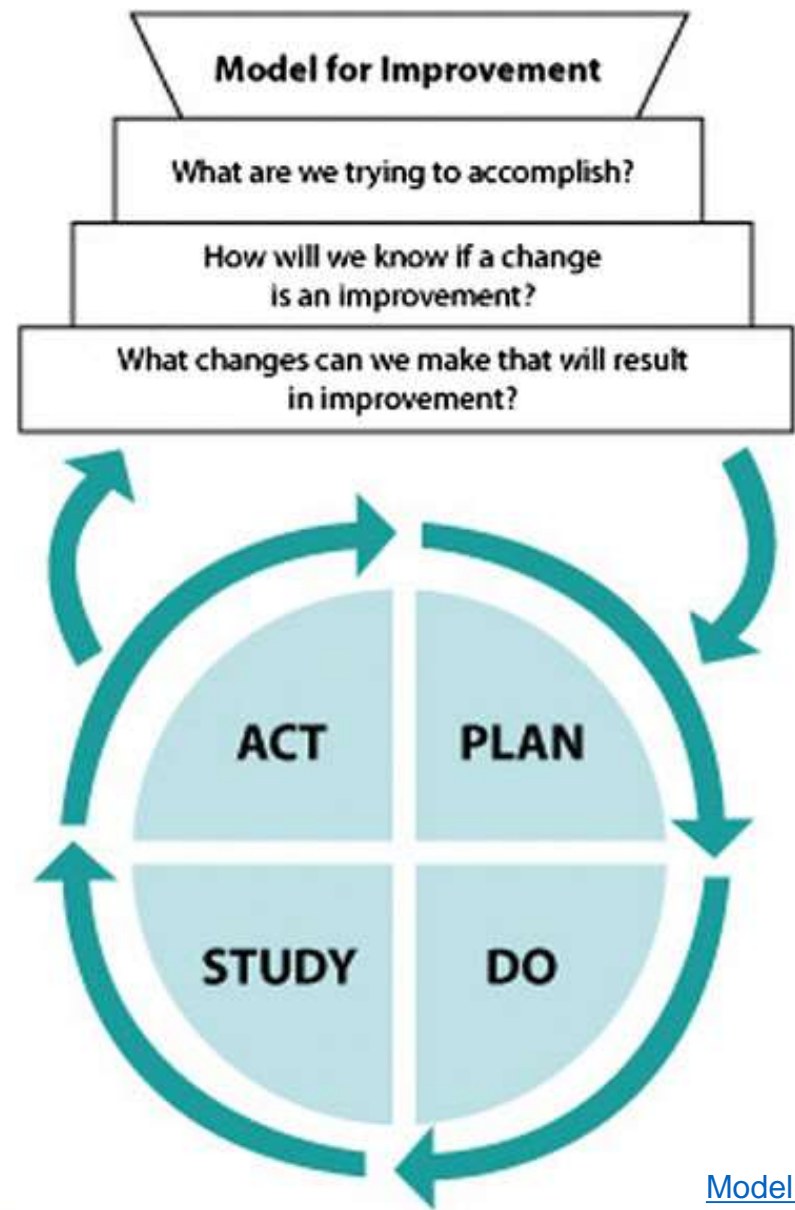
- Quality Improvement (QI) is a systematic, formal approach to analysing and improving practice and team performance.
- Essential for improving efficiency, patient safety or clinical outcomes.
- Will prepare your practice/business for a successful future.



[WentWest QI](#)



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



[Model for Improvement \(Plan-Do-Study-Act \[PDSA\] cycles\)\(www.ihl.org\):](http://www.ihl.org)



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**

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 %	View Guidelines
Medicines		24.40 %	View Guidelines
Medical History		87.67 %	View Guidelines
Health Risk Factors		57.54 %	View Guidelines
Immunisations		61.59 %	View Guidelines
Relevant Family History		44.54 %	View Guidelines
Relevant Social History		73.80 %	View Guidelines
Non-Duplicate Patients		0.00 %	

SAMPLE Quality Improvement (QI) Activity **- Improve recording of Aboriginal and/or Torres Strait Islander status**

What is our GOAL? (what are we trying to accomplish)	Improve identification and focused health improvement initiatives for patients who identify as Aboriginal and/or Torres Strait Islander. <ul style="list-style-type: none">▪ Record Aboriginal and/or Torres Strait Islander status.
What measures will we use? (i.e. data)	% of patients with Aboriginal or Torres Strait Island status recorded in the coded section of their medical record.
What ideas can we use? (how are we going to achieve our goal)	<u>List ideas here to work on in table below</u> <ul style="list-style-type: none">• Pen CAT / Polar Data Quality Audit of records to measure baseline.• Assess current waiting room and process.• Learn correct place to enter information in software.• Attend education e.g. webinars / face to face sessions• Post-education follow-up team discussion• Team meeting to discuss the issue, benefits & any current barrier.

Possible ideas from brainstorming at team meeting:

Prioritise on patient registration form.

Double-check details are being transposed from patient registration form.

Attend cultural competency training.

Put up self-identification posters in waiting room.

Have focus groups and include existing patients so staff can learn how best to ask.

Design culturally appropriate 'dialogue' for front desk staff for how to ask based on recommended guidelines.

Model how to ask with all front desk staff.

Increase aboriginal artwork on walls.

Put up Aboriginal and Torres Strait Islander flags.

Hire an Aboriginal Health Worker

Start an Aboriginal Health Clinic



Add information relating to relevant services offered on our website.

Rapid-cycle improvement is a “quality improvement method that identifies, implements and measures changes made to improve a process or a system”.



Key points for discussion at team meeting:	
<ul style="list-style-type: none"> • • • • • • 	
2. Daily Team Meeting:	
Attendance:	
Actions from yesterday's meeting:	Key Points
What's changed since yesterday:	
What's on today:	
Issues, concerns, or WHS risks raised:	
Improvement suggestions (CQI):	
3. Update whiteboards, notice boards, and communication books with any new information	
4. Ensure all PPE stocks are replenished, including hand sanitiser and soap dispensers	
5. Review appointment book to ensure all telehealth bookings include all necessary details	
6. Wipe down the waiting room chairs and reception surfaces with disinfectant wipes at lunch time and any other time as required following infection control standards	
7. Check pathology and PPE stocks and reorder as necessary	
8. Check in with staff members on their mental health and wellbeing Are you OK? If not, to follow up Are you using the appropriate infection control techniques and staff PPE? Are there any practice issues or concerns? If yes, to follow up	
9. Today's good news story:	
10. Provide feedback to your PHN coordinator on any good news stories, issues, or concerns	



PDSAs			WINS / Good news	
AREA	FOCUS	By WHEN		
Admin	Allocating patients to 'usual' GP in BP software	ongoing	Happy Or Not 88% 	<p><small>I absolutely love the doctors at Leschenault Medical Centre. Dr Simpson is my go to doctor but I have seen most the others and they are just as fantastic. They care, they listen and they argue their work, it's something you can't find. Not only do the doctors work, but the reception staff and staff. They go above and beyond for patients. They make you feel welcome and appreciated. The girls are genuine and they are just the reason I keep attending Leschenault. 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:  495 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 st info session Feb 23/7 - Candice, Tommy, Jackie attending	
CKD	Diabetics coded & CKD	9	CP Urgent Care Skills Workshop SAT 30 th November Candice & Fawcett, Ken, Chris	
CHD	120pts; Smoking Status	99%, BP 98%		
PREVENTATIVE HEALTH			IMPROVEMENT OPPORTUNITIES	
75+ HAx	June	11	July	6
45-49 HAx	June	0	July	1
CV RISK (Item 699)	June	0	July	0
Hmmr	June	1	July	1
			Waist circ. 18%	
			Hmmr 373 pts have 2 or more chronic conditions and are on >5 medications	
			Record all spirometry in Best Practice Software (and not just scanned)	

Example from Leschenault Medical, Bunbury, WA

Accreditation – Quality Improvement 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.

[RACGP Standards](#)





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.

Where's your evidence?

Alan Abbott, 48 yrs, M

PIP QI 10 Measures

20%

Measure	Status
1. Patient with Type 1 or Type 2 Diabetes, and a HbA1c result recorded within the last 12 months	Missing
2. Smoking status recorded in the last 12 months (age 15+yo)	Missing
3. BMI recorded in the last 12 months (age 15+yo)	Missing
4. Patient aged 65 and over, and Immunized for Influenza in the last 15 months	This patient does not meet the eligible criteria.
5. Patient with Diabetes, and Immunized for Influenza in the last 15 months	Missing
6. Patient with COPD, and Immunized for Influenza in the last 15 months (age 15+yo)	Missing
7. Alcohol consumption recorded (age 15+yo)	Missing
8. CVD Risk Factors recorded (45-74yo)	Partial (5/7 factors met)
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	Missing

Measure 8: CVD Risk Factors recorded (45-74yo)

Factor	Status
Smoking Status	Missing
Diabetes Diagnosis	Type 2 Diabetes
Systolic Blood Pressure	120/90mmHg (13 Nov 2018)
Cholesterol	Missing
HDL	Missing
Age	48
Gender	Male

PIP QI Measures Worksheet – sample

1. Choose the indicators your practice will work on improving or enter your own
2. Enter a practice target and baseline measure for each indicator in the list
3. Track your progress over time by entering a result for each quarter.

Measure	Practice Target	Practice Baseline	Q1 Result	Q2 Result	Q3 Result	Q4 Result
1. Proportion of patients with smoking status recorded	90%	44%	46%	49%	52%	56%
2. Proportion of patients with alcohol status recorded	75%	23%	24%	24%	26%	27%
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						
11. Proportion of patients aged 75+ with a Health Assessment in < 12 months	50%	2%	3%	6%	6%	8%
12. Proportion of patients > 50 years with bowel screening test done in last 2 years	65%	1%	3%	7%	10%	16%



The Royal Australian
College of General
Practitioners

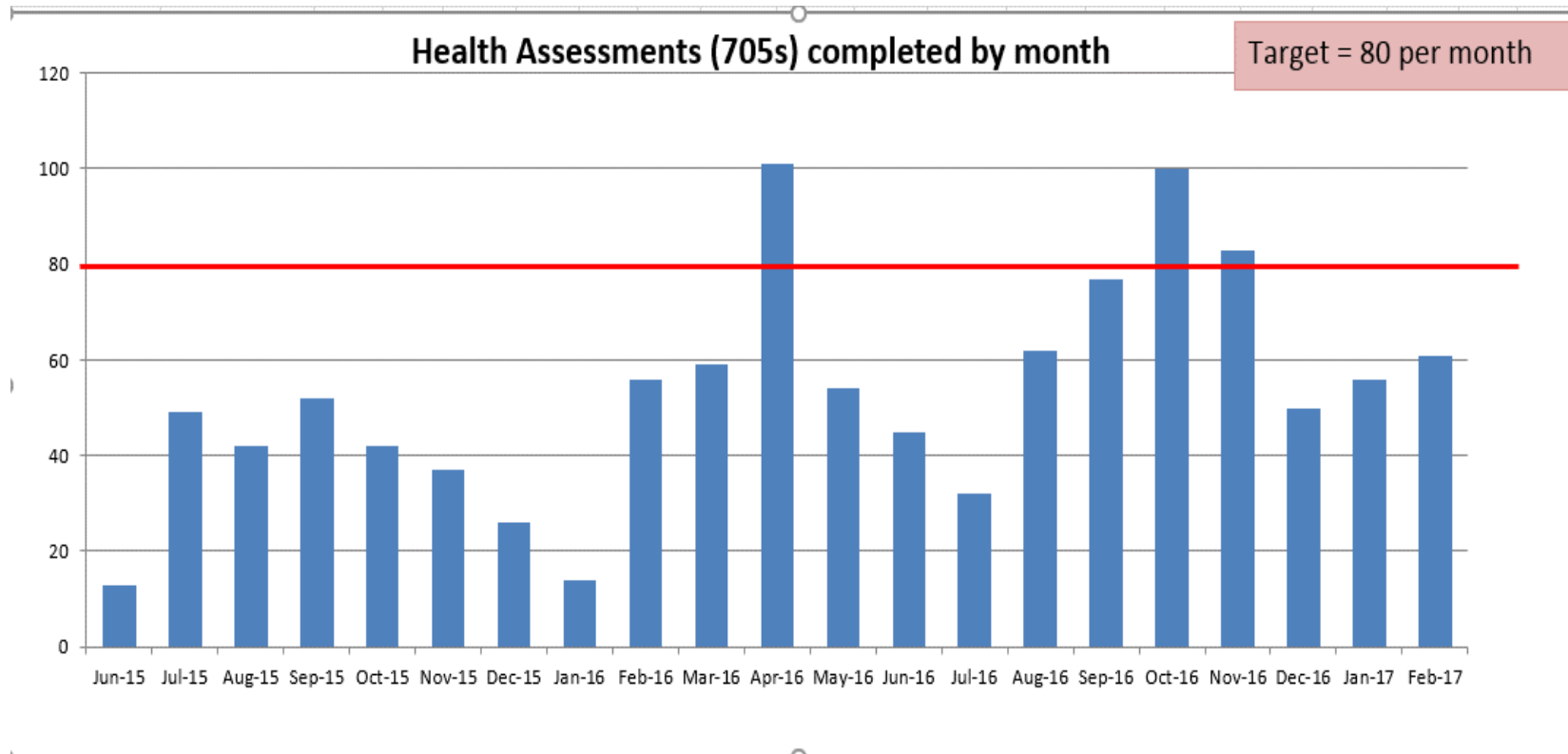
QA&CPD Category 1 activity

*Rapid PDSA cycles – improving
practice processes for the care of
patients with diabetes*

[RACGP Guidelines for Rapid PDSA cycles - Diabetes](#)



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.

PDSA

Vulnerable patients

ePrescriptions

- mobile phone
- email
- carer details

Appendix B: PDSA Template			
Idea		Date	
Increase the number of patients who have their email address recorded and ensure mobile phone numbers are recorded and current for each patient. Checked for both over the phone and face-to-face presentations. If the practice has a self-check-in ensure these are set to ask for current details.			
PDSA Number:			
Plan			
Briefly describe exactly what you will do?			
List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
Meet with staff to discuss activity			
Run POLAR searches for baseline data			
Run POLAR search monthly for comparison			
What do you predict will happen?			
The number of patients with email addresses recorded will increase. Mobile numbers will be current.			
Do: Was the cycle carried out as planned? Yes No, if not why?			
Study: Record, analyse and reflect on the results. Did the results match your predictions?			
Act: Decide to adopt, adapt or abandon.			
Select	Describe		
Adopt	Select changes to implement on a larger scale and develop		

Identify opportunities

1. Identify patients overdue for regular tests, scripts
2. GPMP reviews for vulnerable patients
3. Follow up outstanding reminders – diabetes review, CST, immunisations
4. Flu clinics
5. Proactive communication – Facebook, SMS, letters, phone calls, newsletter, email



Name of your Quality Improvement Activity:

Which area of your practice might benefit from a QI Activity – Administrative or Clinical?	Administrative /Clinical
QI Activity Description	Capture those patients that do not have an alcohol recording Ensure every patient that is between the ages of 48-49 has had their 45-49 Health Assessment
What will a successful outcome look like (10-word elevator pitch)?	Lifestyle risk factors such as smoking, nutrition, alcohol and physical activity are associated with many diseases. Our practice routinely measures and records each patient (C7.1G flagged) helps provide the most appropriate care This group is an at-risk group
How will you measure success?	See increase in the number of patients with recorded alcohol and increase in the 45-49 H/A before these patients are no longer eligible for this check Improvement in our practice data
What is your initial benchmark?	Practice bench mark report POLAR June 18 identified 210 patients aged between 48-49 and of these patients only 18.6% have alcohol recorded. This probably means that most of these patients have not had a 45-49 HA
Who will be leading this activity?	Practice Manager and Practice Nurse
Who will be on the team?	All admin team, nurses and doctors
How long will the activity need?	When all identified patients have had a 45-49 Health Assessment (6months)
What additional resources will be required?	Marketing to patients that there is an opportunity to have this health check before they turn 50 when they visit the practice. Give the doctor a list of their patients that fall into this category Practice nurse to perform Health Assessment Opportunity to claim Health Assessment item numbers 703,705



Quality Improvement Activity Process

Step	What	Who	When
1	Next team meeting all staff training around the importance of collecting appropriate information from patients	Practice Manager to organise training at next meeting and discuss at next clinical meeting	July
2	Initial bench mark report from PHN and use POLAR Resources that the practice may need	CS to work with practice	July
3	Nurse and Practice Manger to meet to discuss how this will take place and resources needed to promote to patients	Practice manager and Practice nurse	July
4	Develop a policy to address the management of patient health information.	Practice Manager	July
5	RACGP Standard for General practice 5 th Edition https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)/	reference	
6	Link RACGP Guidelines for preventive activities in general practice 9th edition (Red Book) https://www.racgp.org.au/your-practice/guidelines/redbook/	reference	

Upon completion

1. What are the lessons learnt from this Quality Improvement Activity?
2. Do we need to review or extend the activity?
3. Is this Quality Improvement Activity completed?



Learning Objective 2

Learn tips for effective change management and team building.

Engage your team



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



Identify patients with a chronic condition without a GPMP

Medical Director 3, MD Live Data; Extract Date: 01/03/2017 7:33 AM; Filtering By: Conditions (Diabetes - Yes, Cardiovascular - Yes, Respiratory - Yes)
Selected: MBS Not Recorded (721 (CDM-GPMP))

Demographics Ethnicity Data Quality Data Cleansing Allergies Smoking Alcohol Measures Pathology Disease Screening Co-morbidities Medications Diabetes SIP Items CKD Musculoskeletal CV Event Risk CHA₂DS₂-VASC Score Immunisations Standard Reports **MBS Items** MBS Elig

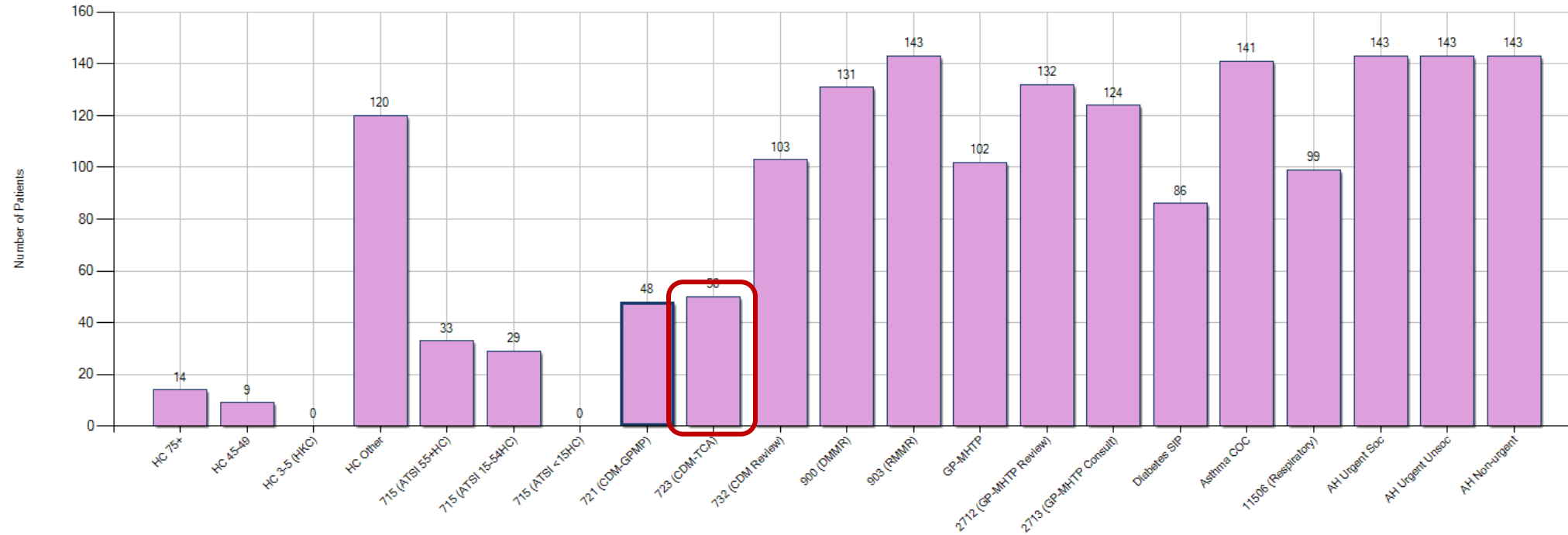
Count Not Recorded AH Claims

Select All

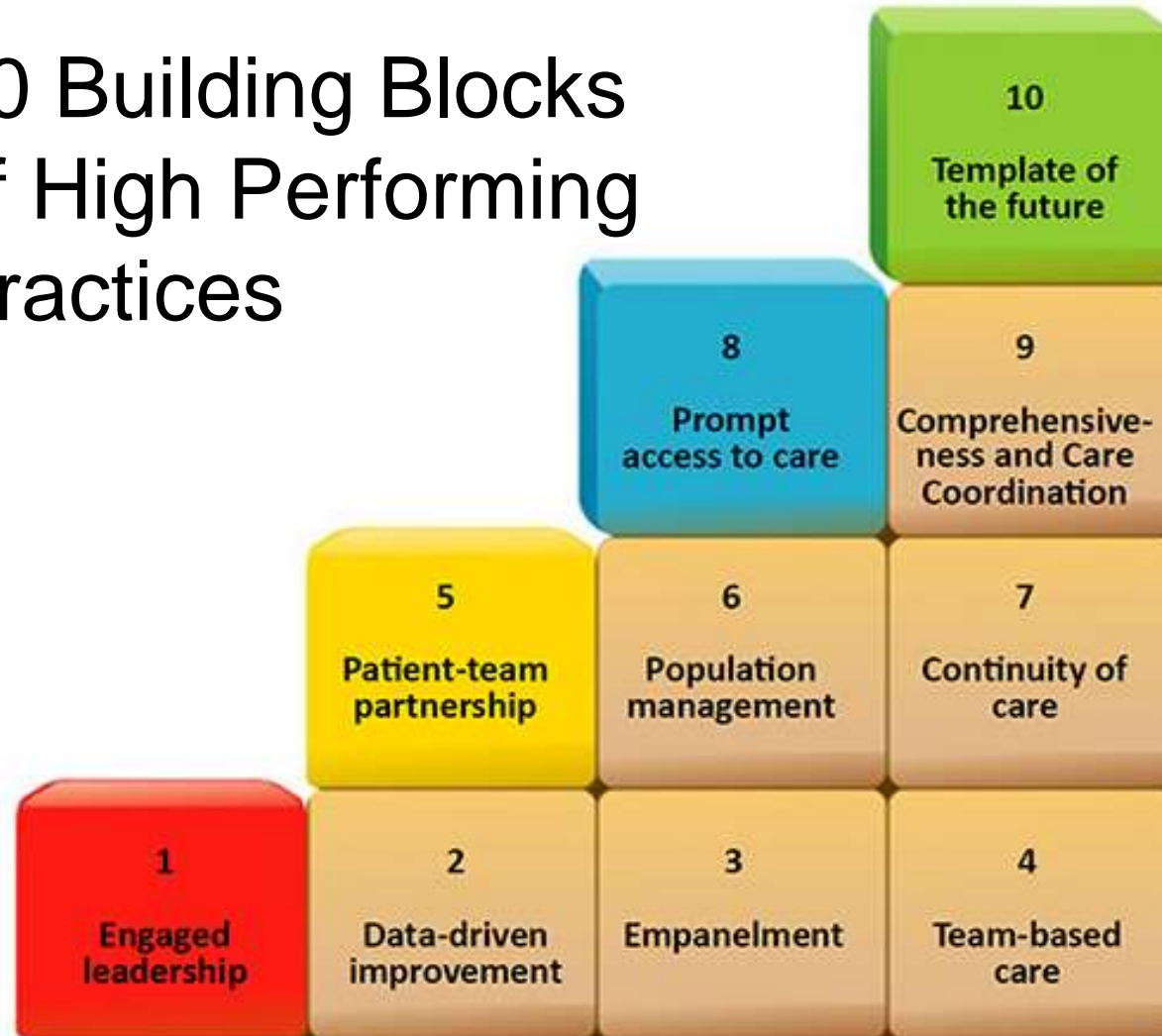
Timeline

Export

Rectangular Snip
Patients Not Recorded with MBS Item [population = 143]

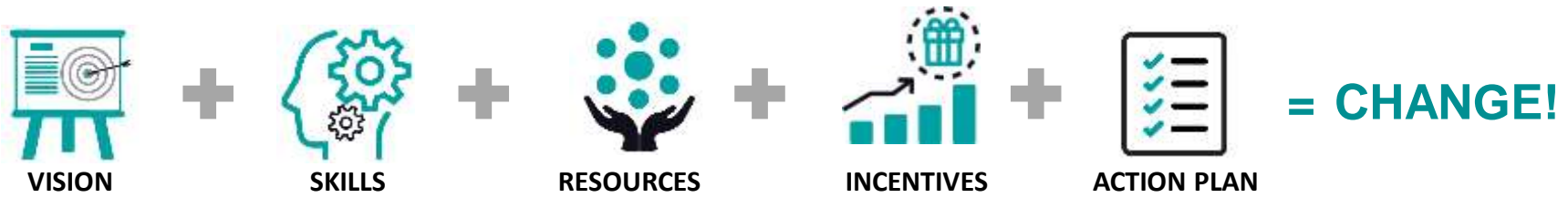


10 Building Blocks of High Performing Practices



© The Center for Excellence in Primary Care

Leading Improvements:





PEER LEADERSHIP

- Dr Suzanne Williams, Inala Primary Care

“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

PDSA station



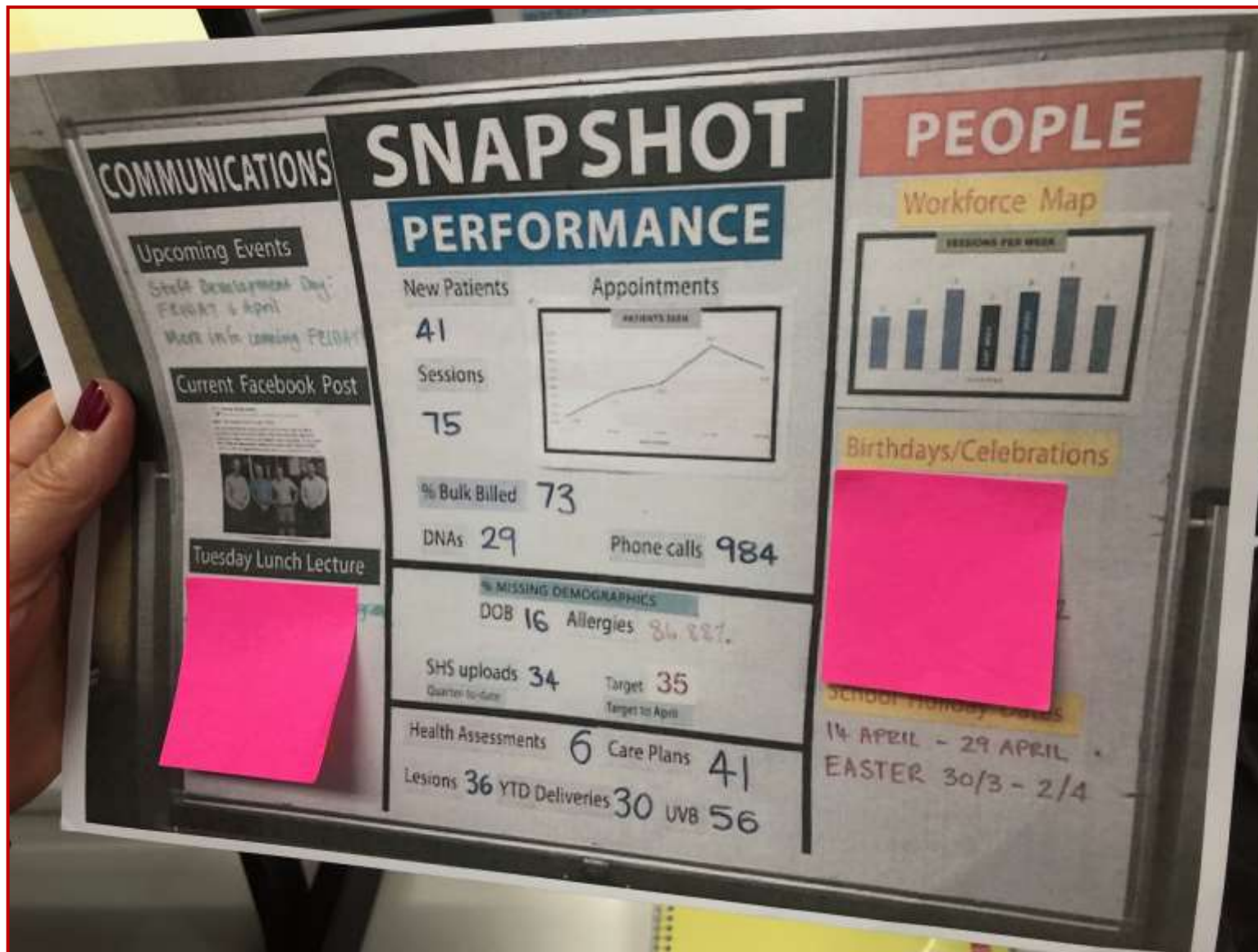
Example from Leschenault Medical Centre, WA



How do we identify areas for practice improvement?

- Data quality dashboard
- Financial reports
- Staff feedback
- Near misses
- Patient surveys
- Patient complaints
- Patient Reported Experience Measures (PRMS)





Example from rural WA

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

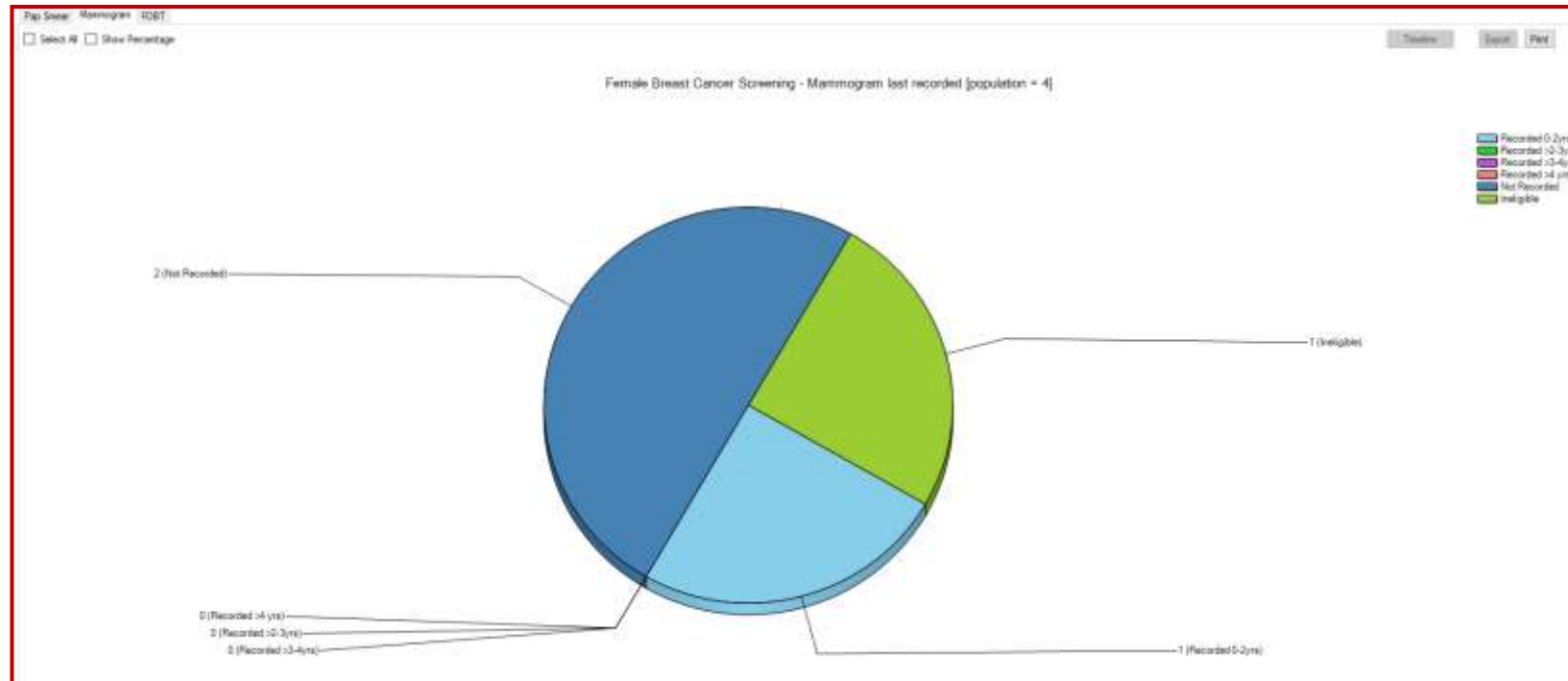
Patient List [count = 4] Show/Hide Columns Export

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

Cancer Screening | Care Gaps

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



Cancer Screening

What's new:

['Just Checking' – Cancer Screening for people with intellectual disabilities – Family Planning NSW](#)

Recommended resource for patients:

[A guide to understanding your Cervical Screening Test Results](#)

	MedicalDirector	BP Premier
Enter cervical screening result	Summary Sheet	Summary Sheet
Enter bowel screening result	Summary Sheet	Summary Sheet
Enter breast screening result	Summary Sheet	Summary Sheet

BP Premier – Extracting Cancer Screening Metrics – [ask us for our specially written SQL queries to assess your patient's screening history.](#)

[Access Train IT Medical cheatsheets & SQL queries.](#)



Who are your most vulnerable patients?

Patients aged over 65?

At risk of influenza?

Patients who smoke

Aboriginal and Torres Strait Islander people

Patients with COPD



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**

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Window Help

Go MD

Mrs Laura Curtin (83yrs 2mths) | DOB: 05/03/1937 | Gender: Female | Occupation: | 0m 59s

87 Chapman Ave. Gurnang. Nsw 2787 | Ph: 0455555555 (mobile) | Record No: | ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: Nil known | Pension No: | Ethnicity:

Warnings: | Smoking Hx: Never smoked | IHI No: 8003 6085 0004 5331

MyHealthRecord: Exists with access permission as of 17/05/2020

Summary | **Rx** | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm. | Cervical Screening

Consultation date: 17/05/2020 | Previous visits: ALL

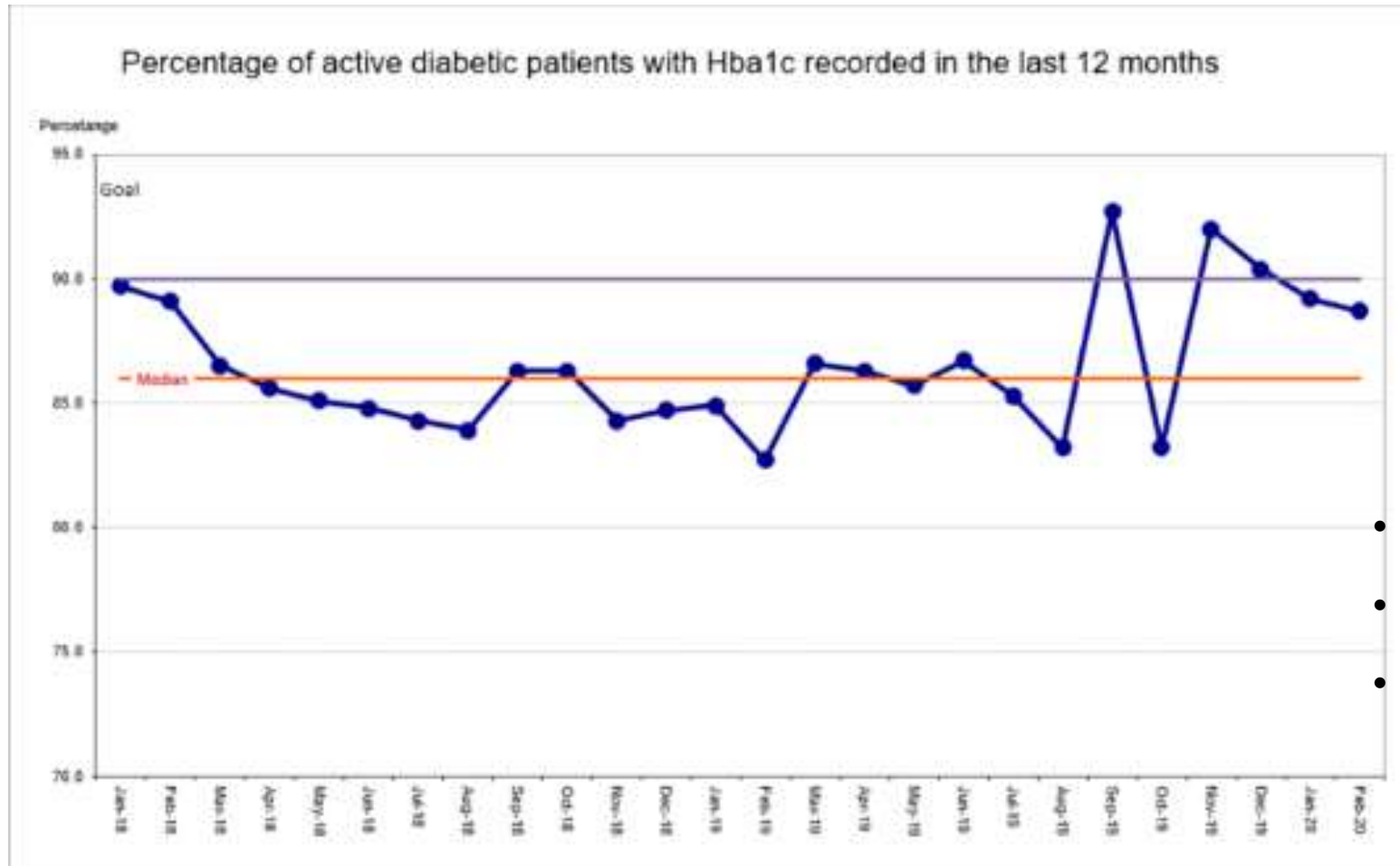
Visit type: Surgery Consultation

Sunday May 17 2020 14:43:37
 Dr Phillip Lang
Visit type:
 Surgery Consultation

Date	Recorded by:	Visit type	Reason for contact
07/08/2018	Dr Phillip Lang	Surgery Consultation	
17/05/2020	Dr Phillip Lang	Surgery Consultation	



Sharing data with your patients



- PIPQI data
- Clinical outcomes focus
- Tracking changes over time

[Hills Family General Practice](#)



Our Virtual Waiting Room

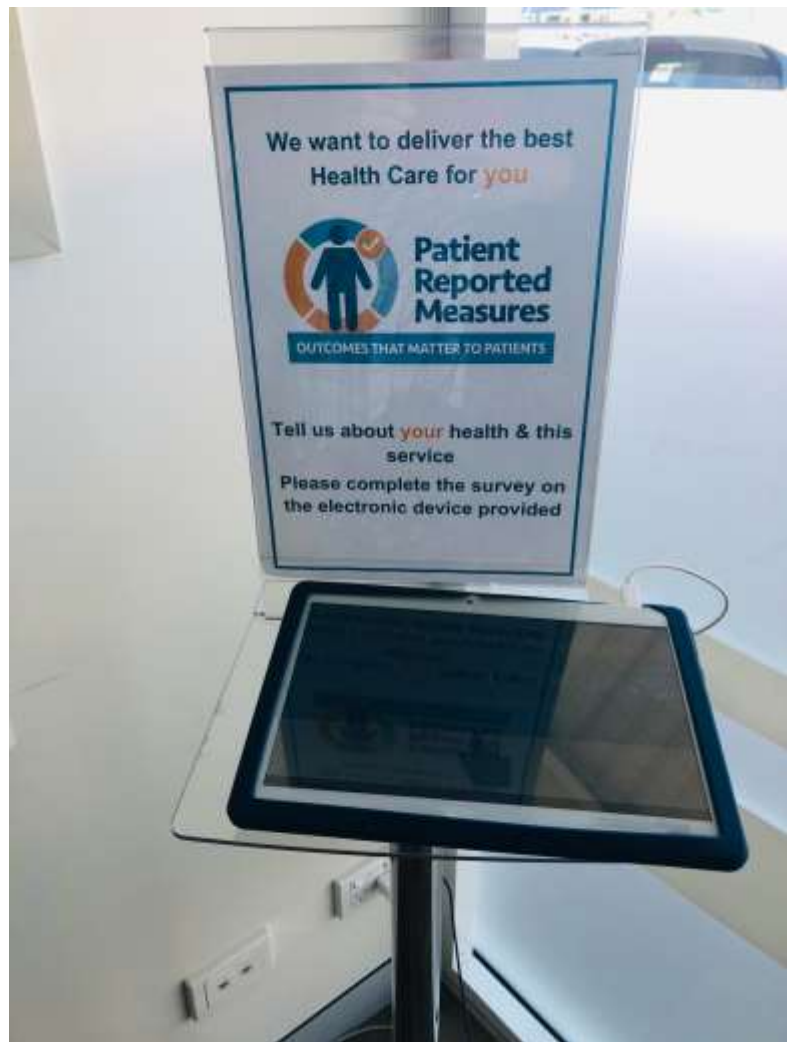
Thank you for your interest in our Video Telehealth services.

Please read the information below if this is the first time you are using our video consultation services. If you already have an appointment for a video consultation, please enter our virtual waiting room by clicking the button below. Please note that you must have an appointment in order to be greeted. If you are not attended to within 15 minutes please call the practice on 02 8850 0488.

ENTER WAITING ROOM

<https://hillsfamilygeneralpractice.com/telehealth-at-our-practice>







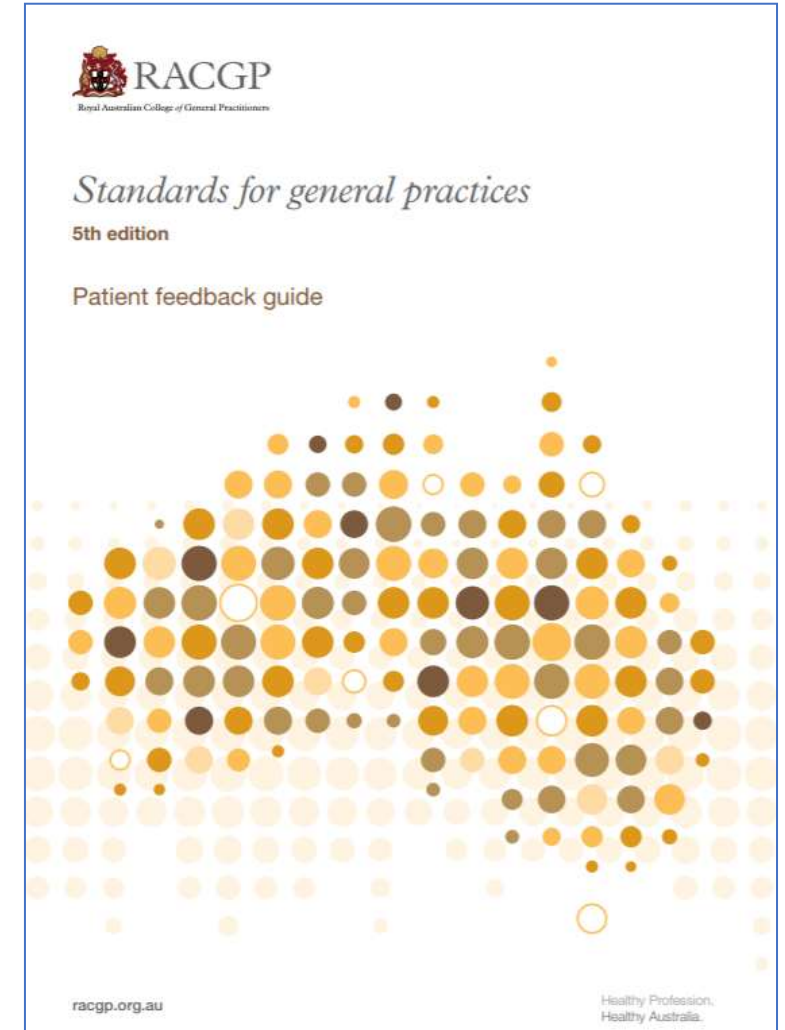
Learning Objective 4

Introduce patient reported measures and link to quality improvement activities.

PREMs for your practice

RACGP 5th Edition standards specify:

- Practices must use an approved questionnaire to collect patient feedback
- Include questions from all 6 domains
- Provide quantitative AND qualitative data
- Use a representative patient sample
- Survey patients at least once every 3 years



Mental Health PROM

DASS21

Name:

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree or a good part of time
- 3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3



Patient / Team Collaboration

We value your input!

Which of our recent changes worked well for you?

1. Telehealth
2. Infection control measures (separate dedicated area in waiting room for those with symptoms of infection)
3. Screening process when booking
4. Scrubs
5. Patient focus group meetings via zoom platform
6. Dedicated flu clinics
7. Triage station at entrance to clinic

Anything we can do better?

Get some inspiration!



Quinns Mindarie Super Clinic
April 8 at 9:51 PM · 🌐

What's On @ QMSC?

Last week saw further planning around the greater choice for at home palliative care + quality improvement planning with our new non dispensing pharmacist + discussing ethical dilemmas with our clinical team + our reception team working closely with our patients to complete our feedback survey + mini-CEX time for our GP registrars + our first infant RSV immunisation clinic + delivery of some new equipment to improve infection control + review of our wound ca... See more



[Dr Lyn Wren](#) – Quinns Mindarie Super Clinic

Teamwork | Engagement



We're here to help you!

katrina@trainitmedical.com.au

Twitter: [trainitmedical](https://twitter.com/trainitmedical)

Facebook: [trainitmedical](https://www.facebook.com/trainitmedical)

www.trainitmedical.com.au

Access more free practice resources

& [blog posts](#)

[Subscribe to our blog](#)



© Train IT Medical Pty Ltd. All information was provided in good faith and (to our knowledge) accurate as at 1/2/2020. No responsibility is taken for actions resulting from this learning. Screenshots may vary according to software versions. This video or Train IT Medical free resources should not be on sold or used as part of any business eLearning/LMS without the prior permission of Train IT Medical Pty Ltd.