

# Practice Improvements & Team Based Care

Presented by Katrina Otto  
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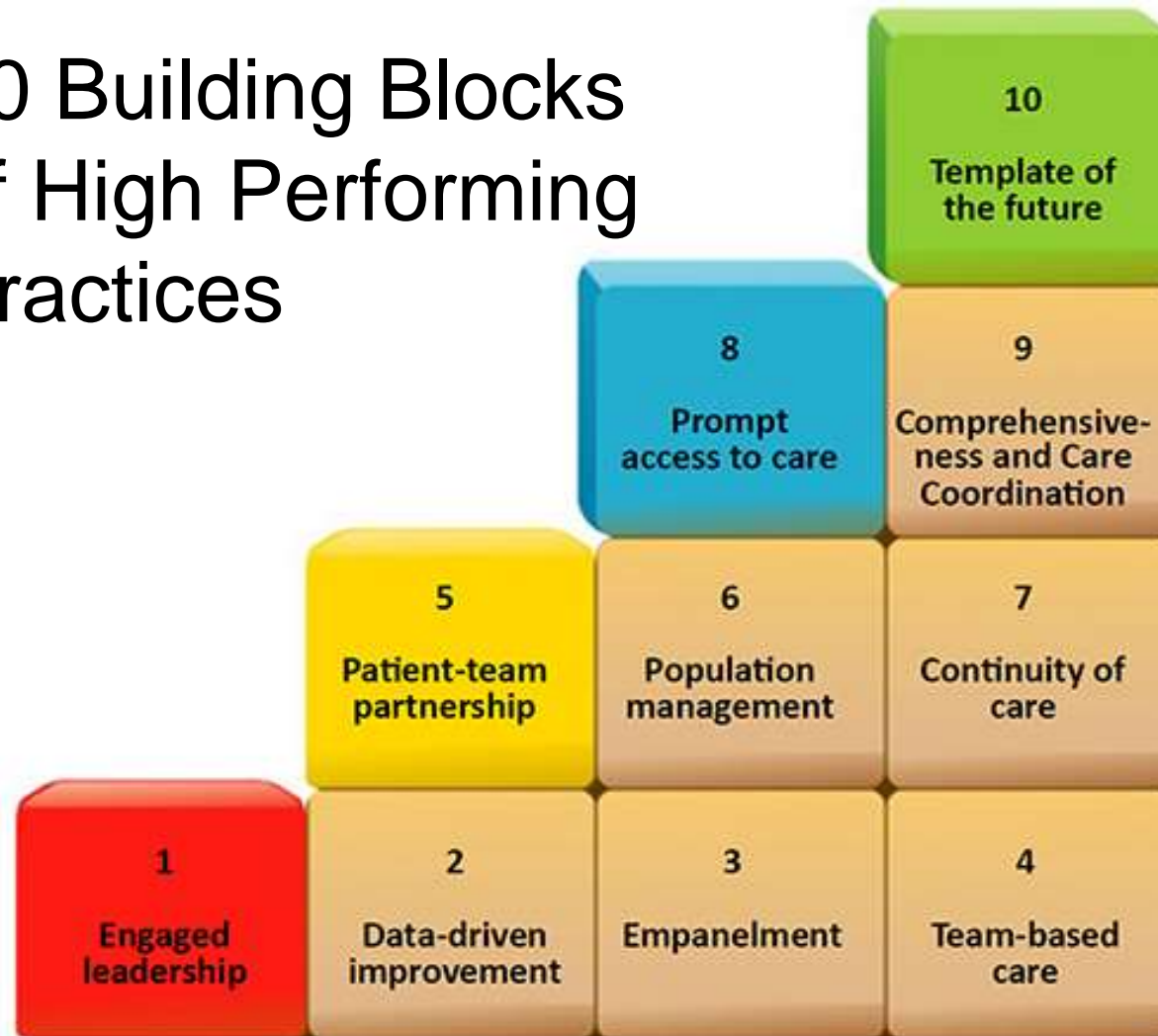
## Learning Objectives:

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



© The Center for Excellence in Primary Care

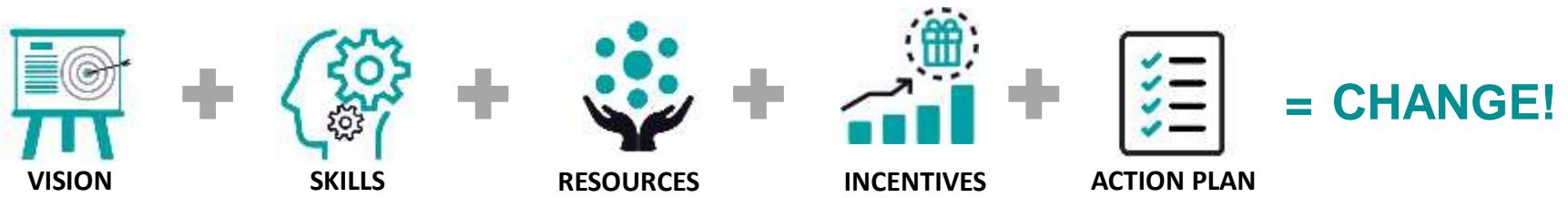
Standard 1.3 “Expect to Share”

**“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


**medicare**


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## 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

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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.***

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)

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)

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

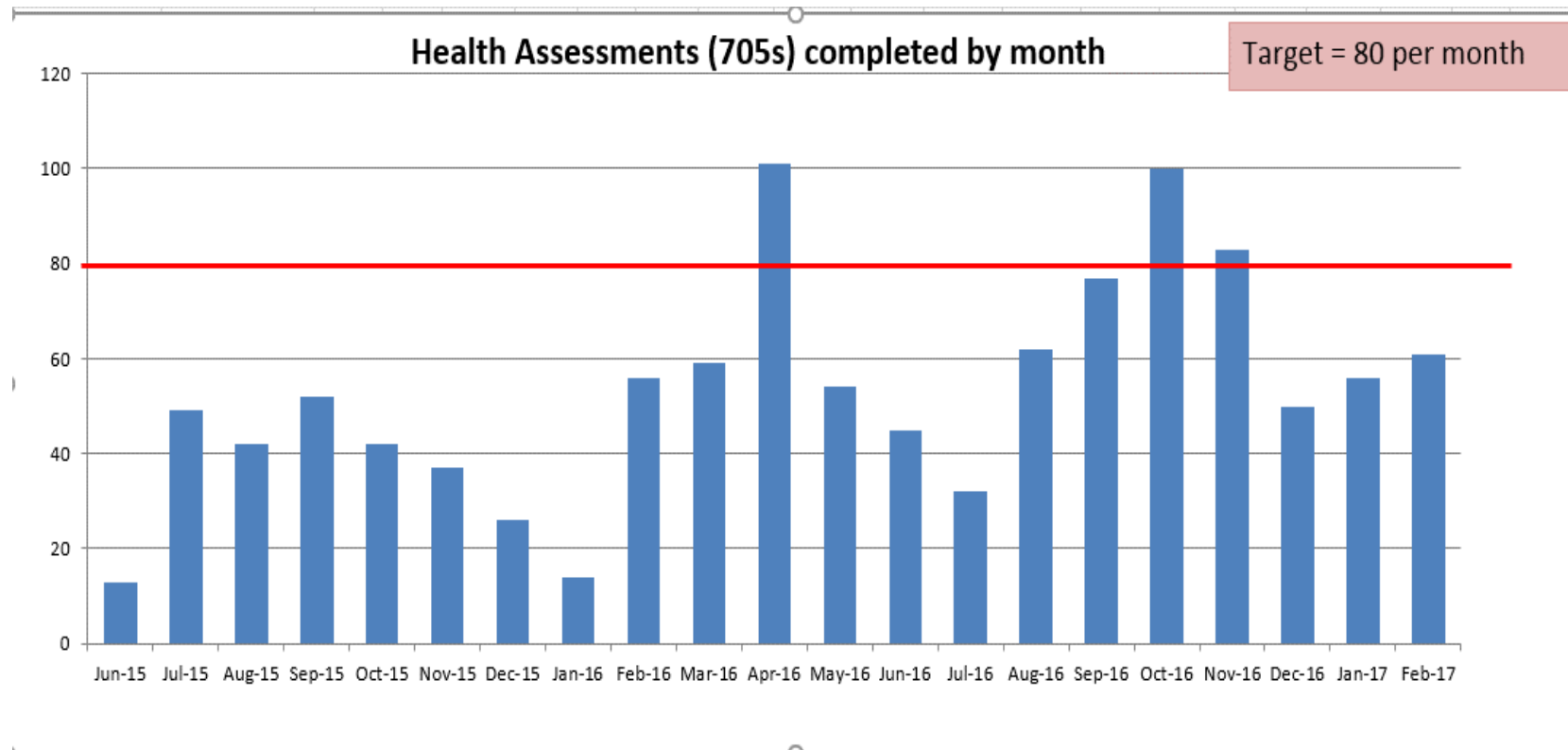
This patient does not meet the eligible criteria.

# 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


FileEditViewToolsData SubmissionPromptsHelp


Collect


View Extracts

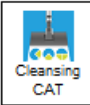
View Filter


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 DemographicsMissing Clinical/Accreditation ItemsIndicated CKD with no diagnosisIndicated Diabetes with no diagnosisIndicated Mental Health with no diagnosisIndicated COPD with no diagnosisMedication Review

Patient List [count = 4]

Show/Hide ColumnsExport

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

Prev PageNext Page

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

[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

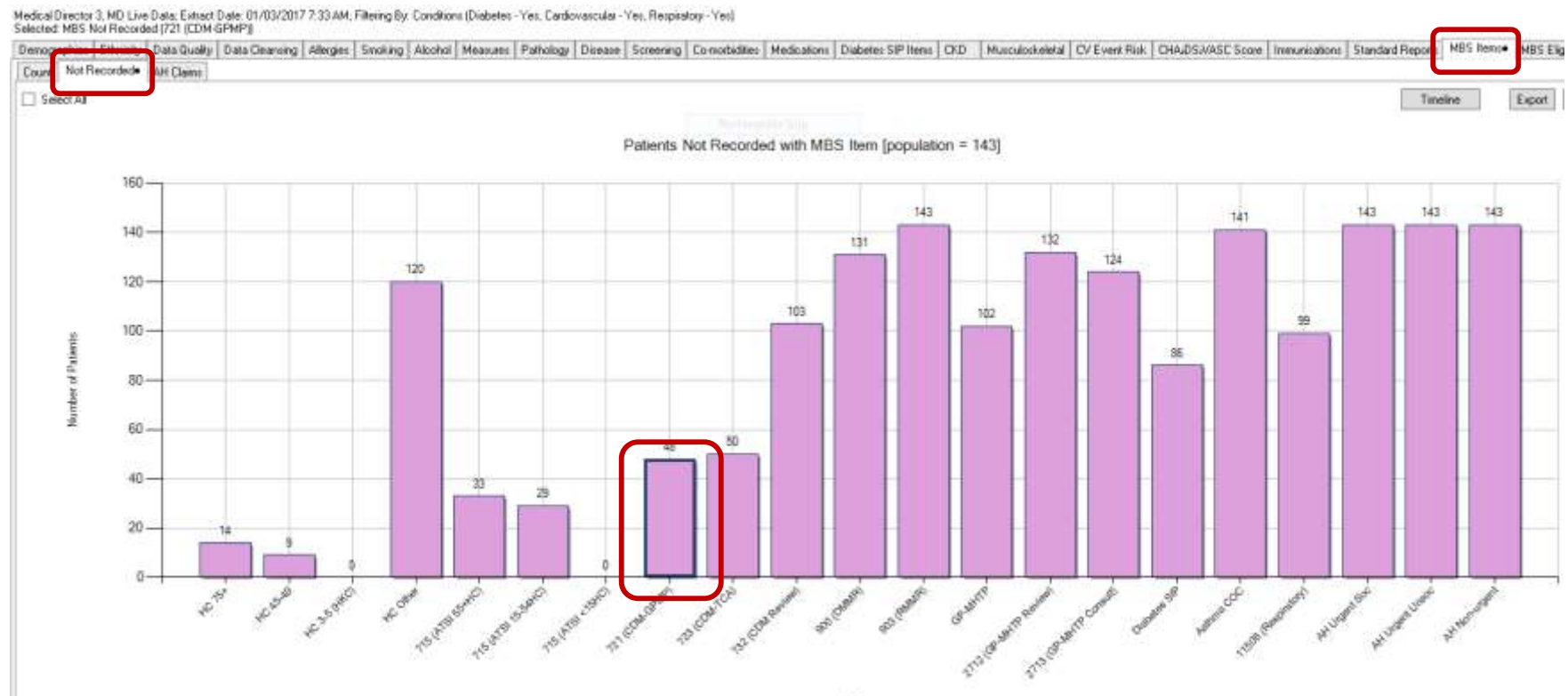
Practice Name: Deidentified Practice

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 %	

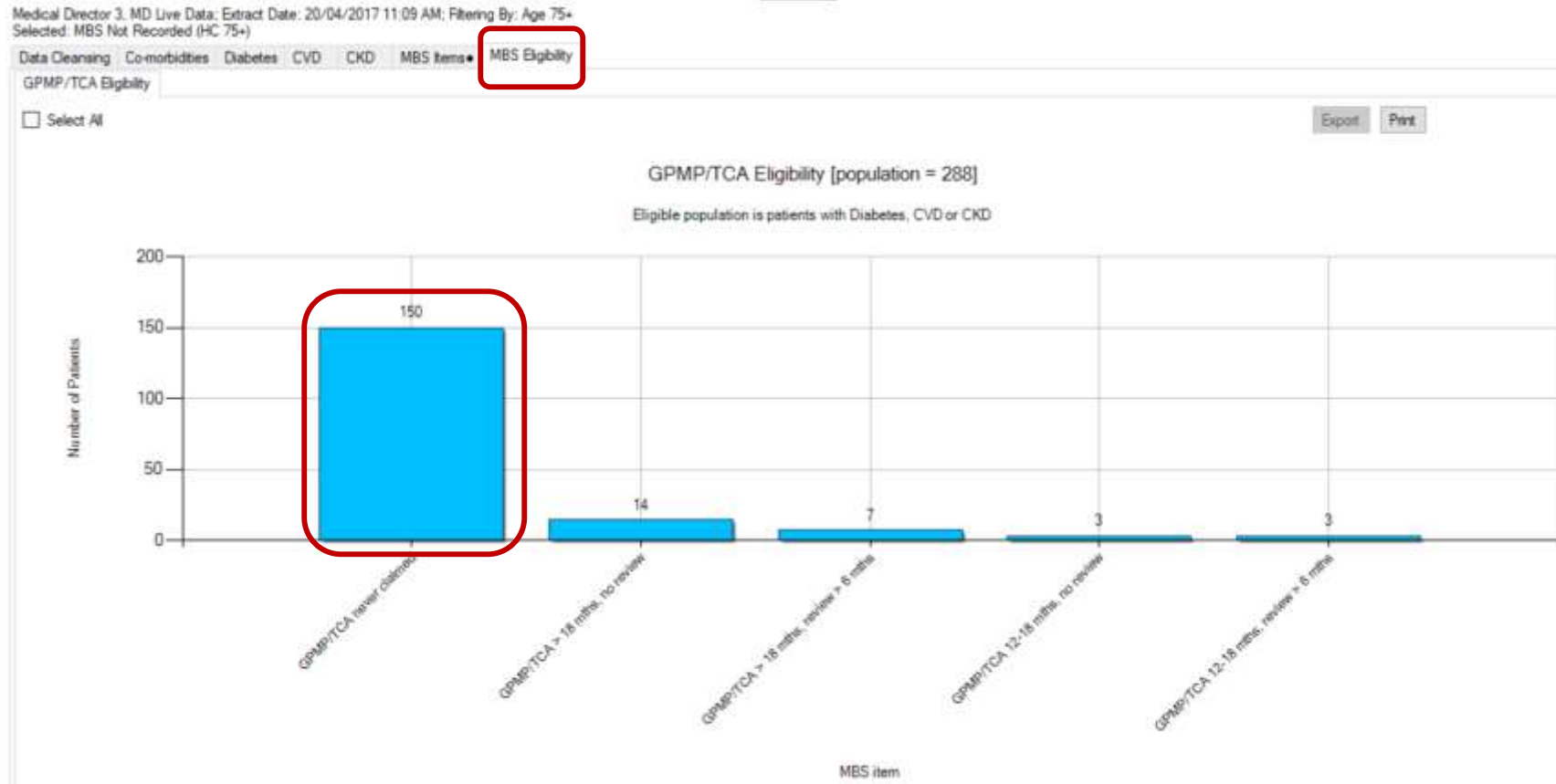
# Business Process Improvements

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> pbs<sup>4</sup> mbs<sup>4</sup> MR GERT FOURIE feedback

## Data Cleansing

DEMOGRAPHIC<sup>3</sup> CLINICAL<sup>3</sup> INDICATIONS FILTERS

### Cleansing & Waiting Room Filters [hide](#)

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

<input type="checkbox"/> <b>Demographic Items</b>	<input checked="" type="checkbox"/> <b>Clinical Items</b>	<input type="checkbox"/> <b>Indicated Conditions</b>
Date of birth	Allergies	CKD
Gender	Allergy Reaction	Mental Health
Address	Height	Diabetes
Suburb	Weight	Chronic Obstructive Pulmonary Disease
Postcode	Smoking	
Contact	Alcohol	
First Name	Family History	
Last Name	Immunisations	
Ethnicity	Physical Activity	
Next of Kin	<input type="checkbox"/> <b>Diagnosis Coded</b>	
Medicare Number	<b>Start Date</b>	
Emergency Contact	<input checked="" type="radio"/> All Time	
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?** ☐

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

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

# Coding is essential!

Past History

Date:  /  / 2013  5/12/2017

Condition: Total knee replacement

Keyword search

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 Mary Smith - St George Hospital

☒ Send to My Health Record

☐ Confidential

☒ Include in summary

**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

# 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

Problem Text	L/R	Onset	First Encounter	Problem Code	Last Encounter
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	

Resolved

Problem Text	L/R	Onset	First Encounter	Problem C
--------------	-----	-------	-----------------	-----------

Include Deleted ☐

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 (NCH) 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 58100%FindNext

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  
BP/HEIGHT

ALLERGY  
CLINICAL DIAGNOSIS  
→ RECENT

FAMILY HISTORY  
MEDICATIONS  
TEST RESULTS

## NURSE

ALLERGY STATUS  
BP/HEIGHT/WEIGHT  
WAIST SHS  
SPIRO.  
ECG

FAMILY HISTORY  
CARE PLANS/HEALTH  
ASSESSMENT  
IMMUNISATIONS

## RECEPTION

DEMOGRAPHICS - EC.  
PHONE/ADDRESS  
MEDICARE  
NON-URGENT RECALLS.  
→ APPTS

DATA QUERY LISTS  
FOR HEALTH ASSESS<sup>MTS</sup>

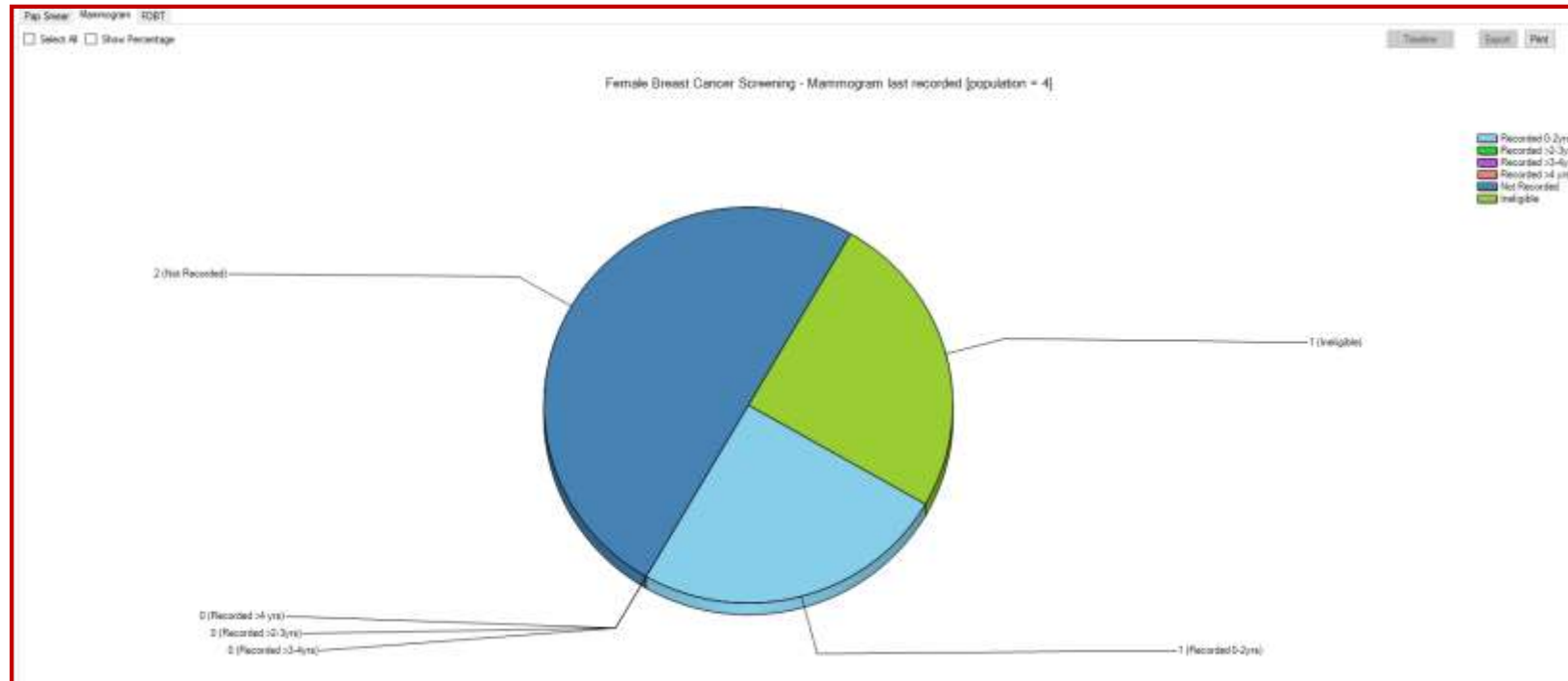
## MEDICAL PRACTICE ASSISTANT (MPA)

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

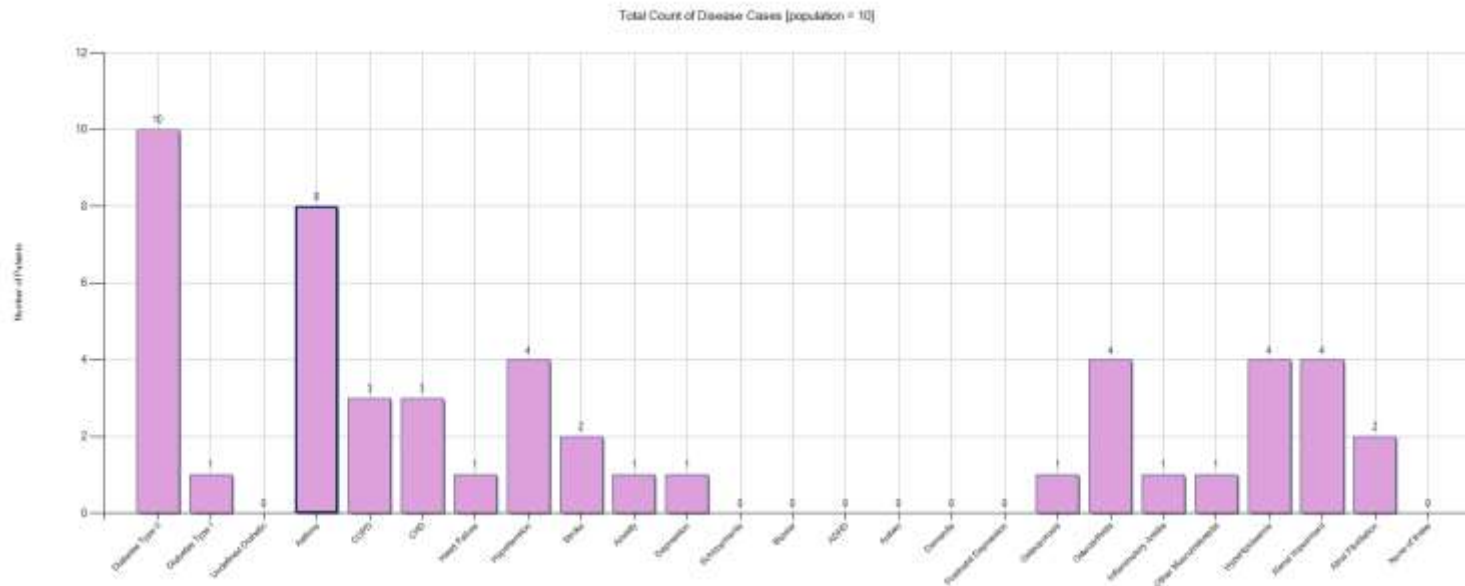


# Where's your evidence?



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



**“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

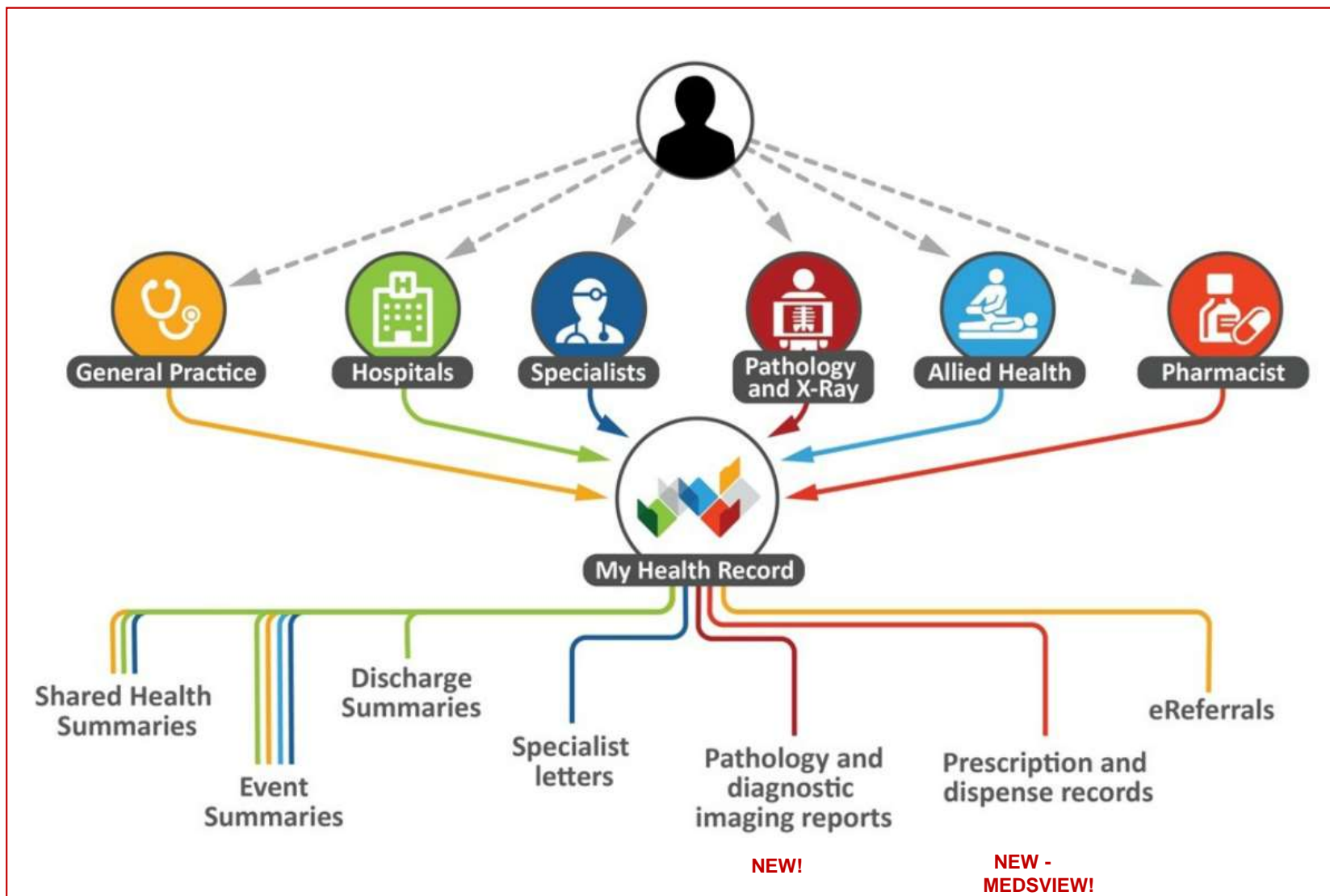
The screenshot displays the 'My Health Record' patient portal interface. At the top, the header includes the Australian Government logo, the 'My Health Record' logo, and a user profile for 'BRIANNA CURTIN' (Born 20-May-1998). Below the header is a navigation bar with links: 'RECORD HOME', 'DOCUMENTS' (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 arranged in a 2x3 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.

# Apps that connect to My Health Record:



<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!

[Go to On Demand Training Environment](#)

Best Practice ODT

Communicare ODT

Consumer Portal ODT

Fred Dispense ODT

Genie ODT

Medical Director ODT

Zedmed ODT

# 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	Medicine - Active Ingredient(s)	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: 163 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

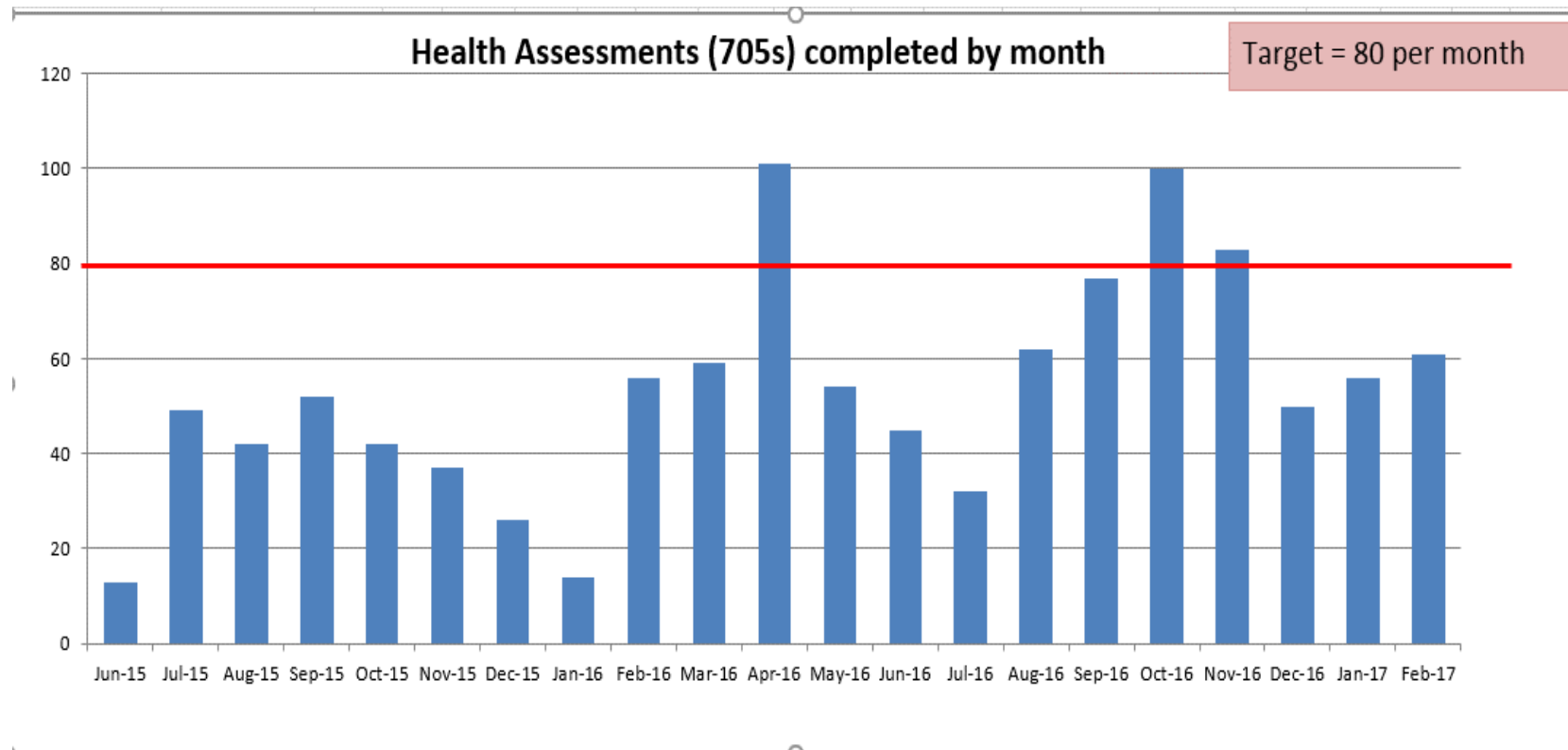
Missing Demographics Missing Clinical/Accreditation Items Indicated CKD with no diagnosis Indicated Diabetes with no diagnosis Indicated Mental Health with no diagnosis Indicated COPD with no diagnosis Medication Review

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

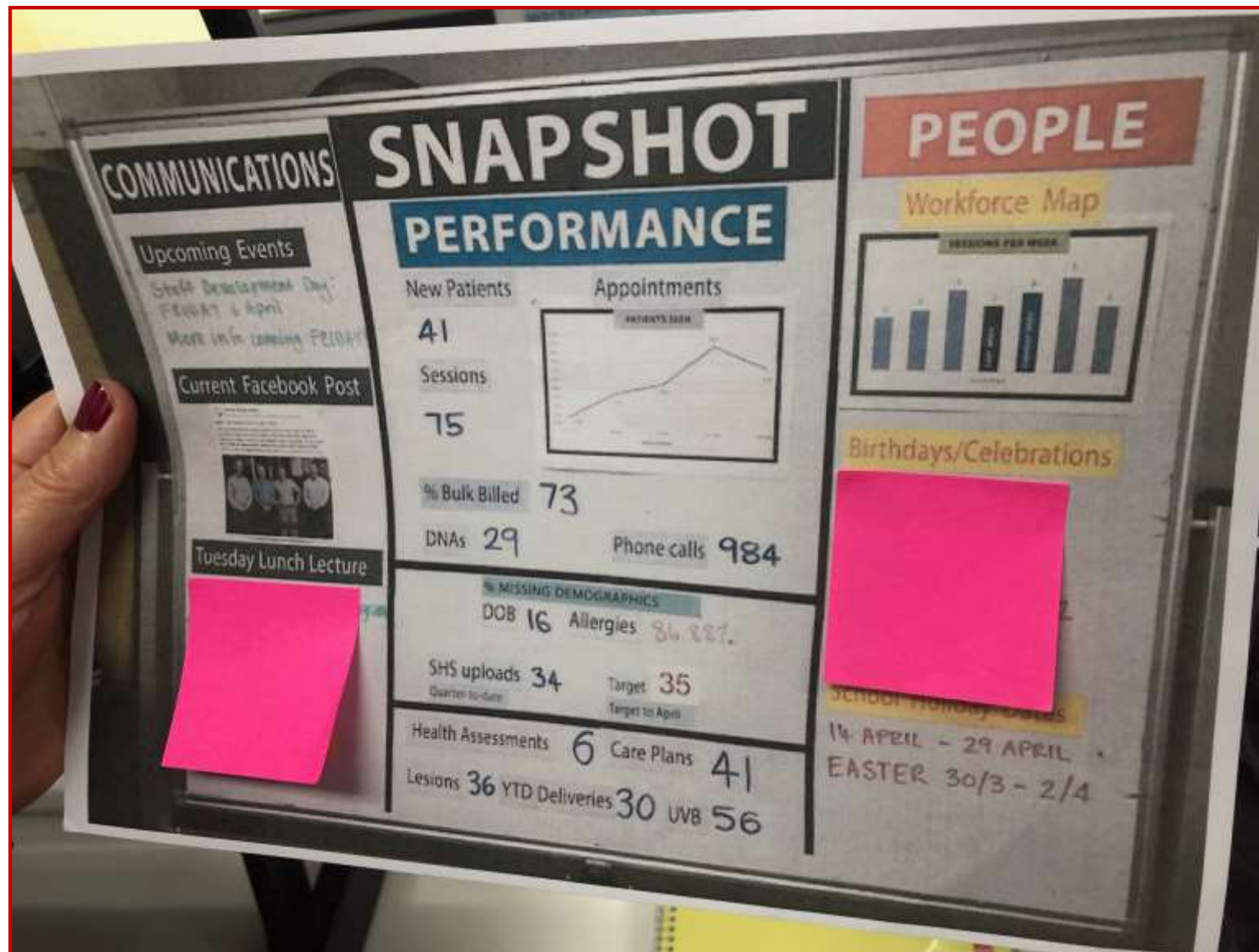
Double-click a patient to open it in your clinical system (MD,BP,Zedmed) Page No.  Go

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

# 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' clin BP software	ongoing	Happy Or Not 88 %	<p>I absolutely love the doctors at Leschenault Medical Centre. Dr Simpson is the go to doctor but I have seen most the others and they are just as fantastic. They care, they listen and they smile their work. It's something you can't tell.</p> <p>Not only are the doctors great, but the reception staff and guard they go above and beyond for patients. They make you feel welcome and appreciated. The girls are gorgeous and they are such the nicest, hard-working ladies.</p> <p>Thanks to all the staff ☺</p>
Clinical	CKD GPM/ICA template review	End of October	Ethnicity 88% recorded	
			Uncoded diagnoses - down to 3%	
			MyHR: 49% SHS uploaded (May/June/July)	
Chronic Disease Management			New patients this month: 140	
DM	with HbA1c in past 12/12	June 88% July 89%	WHAT	
COPD	with spirometry	June 7% July 6%	We are part of the Urgent Care Clinic Pilot (Phase 1)	
CKD	Diabetics coded & CKD	9	1 <sup>st</sup> info session Feb 23/24 - Candice, Tommy, Jackie attending 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 OPPORTUNITIES	
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



# 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**  **ain IT Medical**  
Competence with Confidence


 **MedicalDirector**

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

An educational learning video by:  
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[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**  **ain IT Medical**  
Competence with Confidence


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

An educational learning video by:  
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CSIRO Primary Care Data Quality  
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Competence with Confidence

 **Bp Premier**

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

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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**

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