



Fact Sheet V1 / April 2022

# Archiving patients Best Practice software

To ensure high quality data, it is essential to maintain your patient database with archiving practices designed to keep health records accurate and current.

Please note: This fact sheet is current within the software as of April 2022.

## How to Inactivate Patients

#### How to Inactivate Patients - bulk inactivation

- 1. From the main screen, ensure no patient files are open, click Utilities and select Search
- 2. Select Visits
- 3. Select dates from & to, and tick NOT (meaning not seen during that period)
- 4. Click Add and then OK



#### 5. Select Run query

Demographics Drugs Conditions Visits Immunisations Cervical screening Observations		Family/Social
SELECT * A	(	Run query
MHERE StatusText = 'Active' AND NOT InternalID IN (SELECT InternalID FROM Visits WHERE VisitDate <= '20190412' AND RecordStatus = 1)		Load query
ORDER BY surname, firstname		Save query
× •		New query

- 6. Review result and action as appropriate. You can remove patients individually from the list so that they are not marked as inactive.
- 7. From File, select from the menu Mark as inactive

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WAPHA RURAL	Practice Assist
WEST	Strengthening general practice in WA

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File	Help	
_	Open	
	Save	
	Import	
	Print	F9
	Labels	
	Mail merge	
	Add to reminders	
	Mark as inactive	
	Close	Ctrl+F4

8. Select Yes to confirm that all patients on this list will all be inactive



### How to inactivate patients individually

- 1. Select File, then Open patient
- 2. Search for the patient, highlight the patient, right click, and select View details

			0	pen patient			
Sea	arch for:	DERR		Name/DOB	⊖ Medicare	No. 🔿	Record No.
		Show inacti	ve patients	Show decease	d patients		
Name		Age	Address		-		ecord No.
Derrington, Caleb		Open recom View details Add new pa Add to fam	d atient	ld Road, Paddys Flat. 2	15	//06/1933	
/lark as Ir	nacti			122 V			
Health Ins. No.:	nacti		Save	Cor	ntact Notes	Comms Cor	nsent
Health Ins. No.: Religion:	nacti			SMS: N	lot Enabled		nsent
Health Ins. No.: Religion: Head of family:			piry: 14/04/2	SMS: N	lot Enabled alth App: Not Er		nsent
Health Ins. No.: Religion: Head of family: Next of kin:	Self		piry: 14/04/20	SMS: N Best He	lot Enabled alth App: Not Er	rolled Deceased	
	Self		piry: 14/04/20 Set Set	SMS: N Best He Reg	lot Enabled ealth App: Not En tive	rolled Deceased	
Health Ins. No.: Religion: Head of family: Next of kin: Emergency contact:	Self		piry: 14/04/20 Set Set Set	SMS: N Best He Inac Reg Verified	lot Enabled ealth App: Not En tive	rolled Deceased	relief
Health Ins. No.: Religion: Head of family: Next of kin: Emergency contact: Occupation:	Self	Ex	piyy: 14/04/20 Set Set Set Set Set	SMS: N Best He Inac Verified:	lot Enabled ealth App: Not Er tive istered for CTG F Not yet verified dicare/DVA	rolled Deceased 'BS Co-payment	relief
Health Ins. No.: Religion: Head of family: Next of kin: Emergency contact: Occupation: Health Care Home:	Self	Ex	piry: 14/04/20 Set Set Set Set 14/04/2022	SMS: N Best He Vinac Verified: Verified: Verified: Date of	lot Enabled ealth App: Not Er tive istered for CTG F Not yet verified dicare/DVA	rolled Deceased 'BS Co-payment	relief
Health Ins. No.: Religion: Head of family: Next of kin: Emergency contact: Occupation: Health Care Home:	Self	Ex	piry: 14/04/20 Set Set Set Set 14/04/2022	Verified:	lot Enabled walth App: Not Er tive istered for CTG F : Not yet verified dicare/DVA death:	rolled Deceased 'BS Co-payment Concessi	relief

# Further information

3.

There are many ways of identifying patients to archive. Please visit the BP Knowledge Base, accessed via the help menu in your software for details on stored SQL searches and creating searches bespoke to your practice needs.

If you would like further support with this important data-driven quality improvement (QI) activity, contact **<u>Practice Assist</u>**.

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