PracSavvy

Clinical Systems Support and Training

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March 2018 — Newsbrief

A topic of discussion over recent weeks has been the Notifiable Data Breaches Scheme, which came into effect on the 22nd February. Whilst it is outside my scope to go into the full detail of these changes to law, it is worth mentioning a couple of key points.

1) The new scheme doesn't represent any new security requirements for the practice per se', but rather it changes the requirement to report a notifiable Data Breach from *voluntary* to *mandatory*.

2) This increase in reporting obligations, should an issue occur, really heightens the importance of information and technology safeguards that practices *should already have in place*.

3) Not all data breaches are notifiable. Assessment on whether the breach represents the prospect of serious harm to the affected party or parties, and whether the practice feels they can remedy the situation, is part of the evaluation process.

I'm sure practices have received detailed information around this from various bodies including Medico-Legal advisors, GP Colleges and possibly your IT support companies. I do think that when it comes to IT systems, there has been an element of "fingers crossed" for many practices, as well as in some cases, a genuine fear of what the future may hold, as things like the MyHr and other technologies become a regular feature of General Practice.

I would love to see some practices shake off the fear of consequences and catastrophe that inhibit the uptake of genuinely useful and possibly even life-saving systems and technologies.

"The best way to predict the future is to create it"

I 'm not even going to apologise for the cliché, but rather than worrying about what might happen, let's put in place the practices that will ensure that it won't. There are some IT measures in particular that have been recommended in the standards for over 15 years, and are still disregarded in some practices. Human nature being what it is, if a practice was going to have a data or security catastrophe, I've no doubt many of the recommended security measures would be adopted immediately *after the event*.

So in the spirit of being proactive, how about a little random goal list of things that you might want to commit to doing:

1) Unique passwords for all clinicians by May 1st, (we've had long enough!)

2) Practice protocols written on MyHr access and general Data Breach procedures.

3) Compulsory refresher on MyHR usage and access (vested interest declared!)

4) Periodic audit on user accounts in the clinical software, inactivating ceased employee's etc

5) Periodic Audit of Clinical and MyHr permissions on user accounts.

6) Staff refresher on email usage and safe internet behaviours.

There is plenty of good reference material to help you deal with the February changes as well as security and privacy topics in general. Avant's data breach resources page is worth looking at , as well as RACGP guides to both Information Security Standards and Privacy and Managing Health information.

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eReferral

Continuing along the lines of information security, I find it disappointing that some specialists indicate that they don't accept electronic referrals, despite using the same technology themselves to send their correspondence out. It is also occasionally the case that the GP practice is told to "just email" it, despite this being completely against the recommended information security standards that General Practice is asked to aspire to*

> ***RACGP Computer and information security standards***
>
> Minimum compliance with Standard 6 .5 requires that:
>
> *No confidential information sent via unencrpted email*

There is no doubt that effective health care is facilitated by technology in the form of shared records and speedy electronic communications between the different arms of the health sector. Might we possibly get to the stage where GPs give preference to electronically referrable specialists?

The other furphy that thankfully only occasionally get's thrown up, is that there must be a written or scanned signature at the bottom of a referral letter. There are of course, thousands of referrals being sent electronically every day without this endorsement. The simple truth is that an "electronic" scanned signature is considered the same as a typed name, or written signature, and is in no way considered an indicator of security or proof of origin.

What is considered secure is documents that are considered *Digitally Signed,* and this is provided by your messaging software, (predominantly Healthlink in Tasmania). As well as being digitally signed, the message is also encrypted with the sending organisations encryption certificates, as well as being verifiable through the relevant software audit trails.

Occasionally someone might quote legislation from the 1970's (in the same way some in the US quote The Second Amendment!), but the more pertinent and modern take on this can be found through the Electronic Transactions Act of 1999 , alluded to, if only briefly at the Human Services page here.

Templates

The following new templates were created during the previous month and are available at my website here:

- MyAgedCare Referral*
- Carers Australia - Tasmania Referral
- Community Health Social Work Referral -THS North

If you need any assistance importing or would like other templates created, please let me know.

* The MyAgedCare people would encourage you to use the web referral mechanism found here. However if you prefer to generate the referral from within your clinical software, and keep a copy there, the template I have provided above, generates a document that is pretty much identical to the hard copy/fax alternative that the agency provides.

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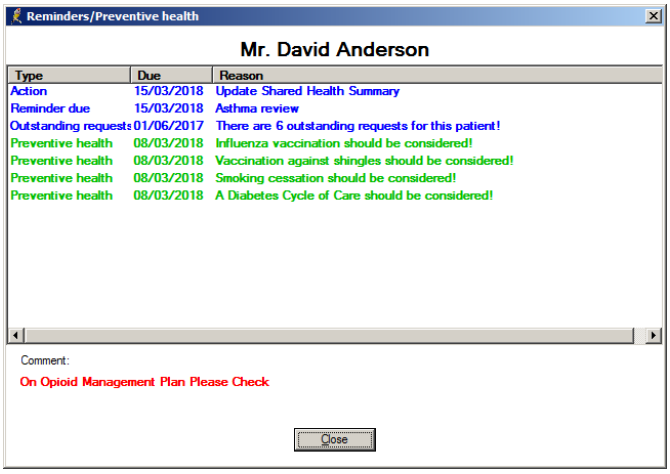
BP

A couple of one-percent type tips, that some people might be interested in, relating to settings under *Setup..Preferences..Clinical*.

1) ☑ Popup Preventive Health list when opening patient record

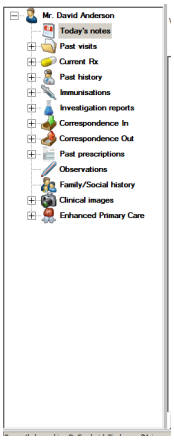
Ticking the box above, ensures that *all* of the relevant Patient reminders (not just Preventative Health) , pop up in a single window when you open the patient record.



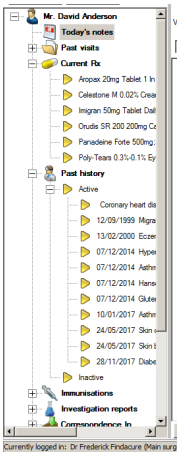
Note that this more prominent reminder also includes in red type, whatever you have got set as an onscreen warning or comment. Once you close the box, the reminders pane will be visible in the standard position.

2) ☐ Expand Current Rx and PMH in tree view

This is one that I would probably change to unchecked, as shown above. If the box is checked, then the *Past History* and *Current RX* branches in the Patient Explorer Tree are expanded by default when you open the record. If you are dealing with patients on only a couple of medications, and a small history, it is handy to have those items clearly visible while you are using the record. On the other hand if you are dealing with a complex patient, the expanded tree means that you will have to scroll down to access the lower menu items.



<---- Unexpanded Expanded ------->

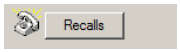


You may choose your setting based on the average complexity of your patients, and/or the size and resolution of the screen you are using.

When I am demonstrating or supporting BP, I actually never expand the tree items, rather I select the information category from the tree on the left, but work with the detail on the right-hand side of the patient record. (not shown)

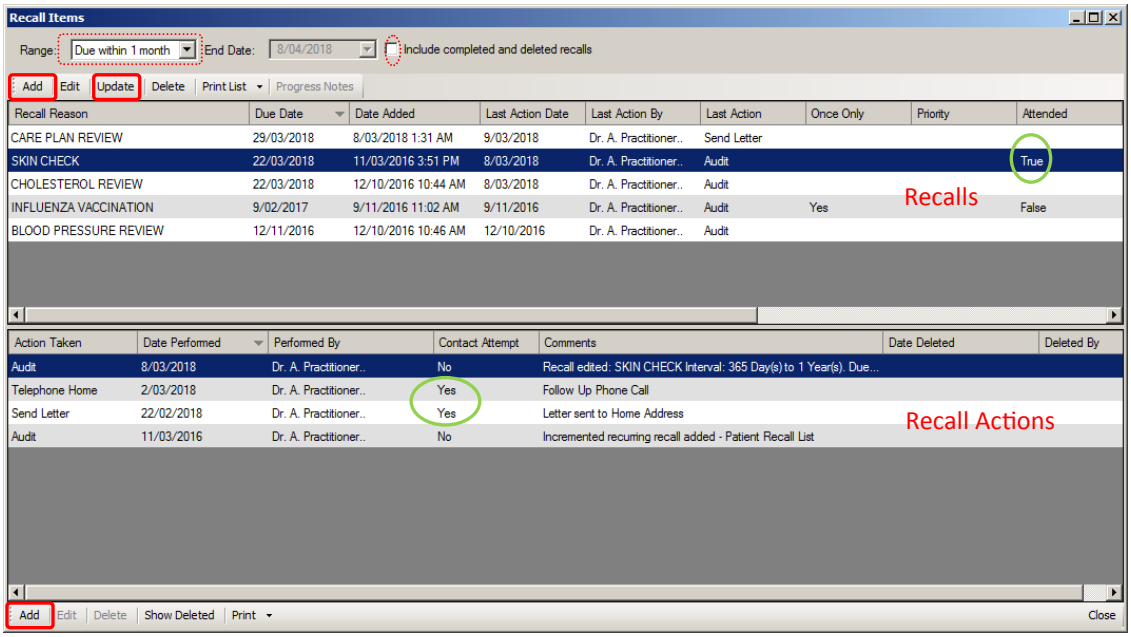
The right side contains all the instances of an item, where-as the left hand side shows the last 20 occurrences.

MD



We add recalls all the time, but do we fully understand the screen we are looking at and it's functionality ? The first thing to mention is the flashing telephone icon. This icon indicates that the patient has a recall due in 30 days or overdue.

On clicking the *Recalls* button, we are presented with the following screen. Note that the default setting is for Recalls due in the next month, but you can change that to show all future recalls for the patient.



The main thing to understand about the above screen is that it is split into 2 halves, namely *Recalls* and *Recall Actions.* Recall Actions are activities that relate to a Recall. They are both automatic system generated ones, and manually recorded ones. The great advantage of recording recall actions is that the detail is retained, *attached* to the recall, rather than being located in different progress notes.

The Recall Actions displayed in the lower pane directly relate to the Recall selected in the upper pane. In the above example, I have selected a Skin Check Recall that is due on 22/3/18. In the lower pane there are 4 actions that relate to the Recall .

They are (from bottom to top):

1) The one auto-generated when the Recall is created
2) The manual logging of an action to indicate that a letter has been sent.
3) The manual logging of an action to indicate a phone call was made.
4) The auto-generated one when the Recall Due Date was modified.

If this Recall is eventually *Updated,* i.e. completed, a final completion action will be generated. Even though the Recall and it's associated actions will disappear from this initial screen, they will both be viewable via the check box at the top of the screen.

In the top pane, note the *Attended* field. Whilst really badly named, a positive value in this field indicates that a patient has an appointment booked that relates to this Recall.

In the bottom pane, note the *Contact Attempt* field. This field *is* accurately named, and staff generating Recall lists can see the number of contact attempts for each Recall.

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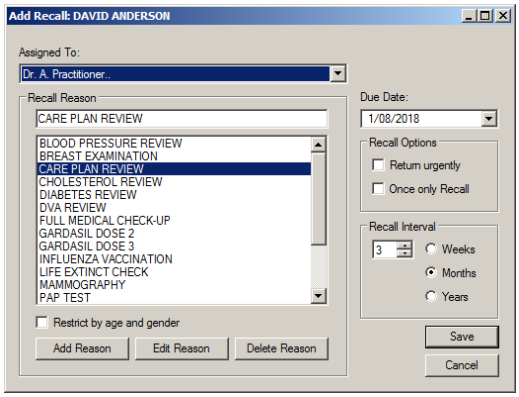
MD

Add a Recall



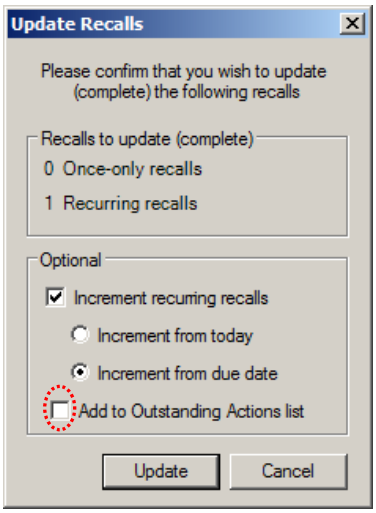
Notes:

Always try and pick from the list rather than free-typing. Extra reasons can always be added to the list, but free-texting here makes recall list generation so much more difficult

If you don't select *Once Only Recall*, the system will presume it is a recurring recall, and automatically create a new one when this one is completed.

Selecting *Return Urgently,* just means that the recall will show in red when the list is generated.

Complete a Recall



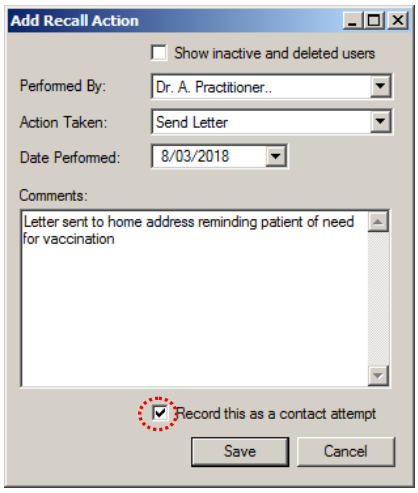
Notes:

The correct way to complete a recall is by *Updating* it, rather than *Deleting* it. If you delete a recurring recall, the future one will not be created.

Note the ability to increment a recurring recall from either the date the recall was due, or from today.

Unless you have a specific practice protocol that removes some recalls to *Outstanding Actions,* you should try and remember to uncheck this box when you Update your recall. Unfortunately the MD default is for this box to be ticked.

Add a Recall Action



Notes:

The Add Action box is pretty self-explanatory, simply select an action type, the date it happened and write any extra details in the text box.

These actions can also be generated in bulk from the Recall List screen.

Note the ability to record your action as an attempt to contact the patient.

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