

PracSavvy

Clinical Systems Support and Training

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October 2018 — Newsbrief

Welcome to the October newsletter.

I saw a quote I really liked this last month, by the author of a recently released [book](#).

"In a world where we are deluged by irrelevant information, clarity is gold"

I doubt if people have ever had more information directed at them. Certainly much of it is superficial or irrelevant, or at least not relevant at the time it is being received. I have to admit to being guilty of trying to impart too much on occasions, when the request for information was a fairly narrow one. In my defence, my mentality when working over the last 15 years or so in this sector was that I may only get one opportunity with this doctor, nurse, practice manager, so try and impart maximum value so that the relationship may be a continuing one.

Personal *Mea culpa* aside, the clarity message should be heeded by all trainers and support organisations. In the practice environment the [Doctor's Control Panel](#) software reviewed in the [last issue](#) has a stab at helping with this. In our medical records this should certainly be striven for when maintaining history and medication lists, the idea that the information should be presented with the goal of maximum clarity for the future reader, whoever that may be.

MyHR

It feels like a bit of a lull with the My Health Record as we wait for the end of the opt-out period on November 15th. Nevertheless there are over [6 million Australians](#) with a MyHR now and Tasmania is level with the national average of about 25% of the population. In terms of consumer information, new videos are being added [here](#) on a regular basis.

Templates

The following new templates were created during the previous month and are available at my website [here](#):

Sleep Better Again Referral (North) *Updated*

St Giles DAT Team Referral (North) *Updated*

As always, let me know if you would like a template created or need assistance in locating one. PHT has just updated it's [website](#), so templates should be easier to find. 😊

eReferral

Please note the following eReferral addition:

New

Tasmanian Lung Service - Hobart

Sth taslungs*

* MD Users only. The Lung Service in Hobart uses a program called HLConnect to connect to the Healthlink network. As such, the MD address book entry is done a little differently. You have to look up the EDI *hmsweber*, and add that to your address book. When you rename the address book entry to Tasmanian Lung Service, you need to then specify the actual EDI in brackets after his surname. i.e. Tasmanian Lung Service Hobart (*taslungs*).

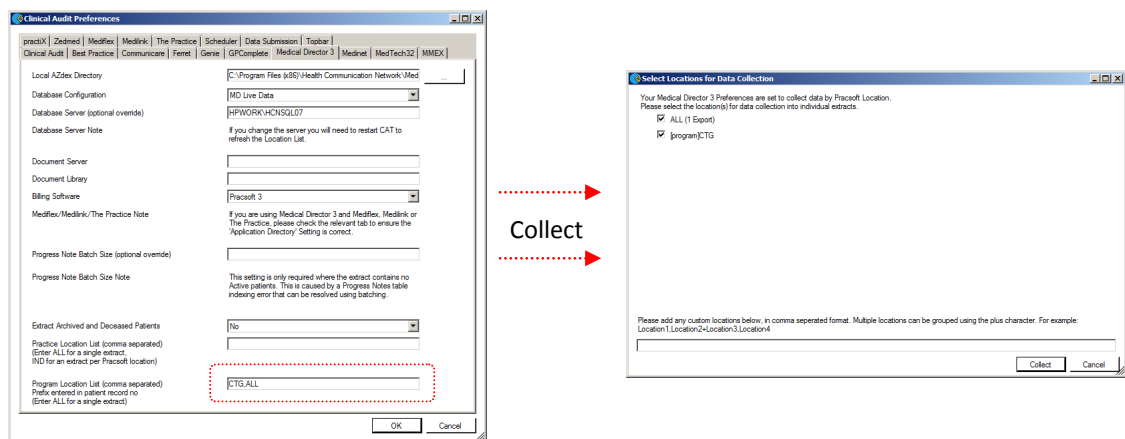
PenCat

We are used to doing our PenCat data extracts, and then filtering the whole of practice information down to the patient lists that we need. This works well for most tasks, but PenCat also gives us some other choices that we can make before we do the actual extract.

1) Extract by Patient Record grouping.

Imagine that a GP wants to participate in a research study on their indigenous patients. However not all of the 70 odd patients want to participate, and in the end a list of 30 is agreed upon. We can collect a separate PenCat extract for just these patients, all we need to do is decide upon a specific tagging prefix that we can attach to the beginning of the patient's record number in MD. (Note that unless your practice has a specific protocol in place, the record number can be whatever you want it to be)

Once we have tagged our 30 patient's with an appropriate prefix, (in this example CTG), all that remains is to go to the Medical Director 3 tab under Edit..Preferences in PenCat, and complete the *Program Location List* field as is illustrated below.



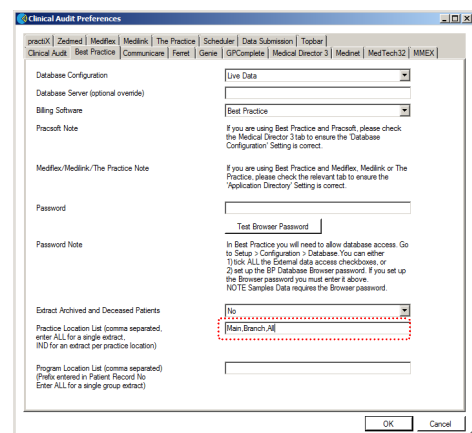
So with the notation "CTG,ALL" I am telling PenCAT that next time I do a data collection I want a separate extract for my CTG study group as well as a normal one for the entire practice. When I do click collect, I will get a confirmation dialogue as shown above. In this dialogue, if I wanted to I could unclick "ALL" and just get the CTG extract. The method also works with Best Practice, remembering to configure the Best Practice preferences tab, rather than the MD one.

2) Extract by Practice Location

This will be of particular interest to practices who share their billing systems across multiple physical locations.

Within your BP or Pracsoft you will have these locations set up with billing providers linked to them. This enables you to generate a data extract specifically for patients who are billed at that location.

In the example at right, the practice uses BP and has a *Main* location and a *Branch* location. By using the syntax as depicted, when the *Collect* button is clicked, you will see a confirmation screen similar to the illustration above right, and there will be an extract done for each location as well as one for the organisation as a whole. This functionality gives you a more reliable way to isolate patients who attend one branch of your organisation.



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MD

I've become more aware recently of the different medico-legal expectations applicable to the follow up of returned test results as opposed to what is expected for preventative type reminders.

Basically whilst practices are expected to make real efforts to contact patients for pathology follow-up, there is no compulsory emphasis on practices to contact patients around preventative type issues. Most practices will continue to follow up preventative reminders of course, but this does reinforce my view that there is no need at all to drop pathology follow-up into MD's preventative reminder system. (confusingly MD's reminder system is called *Recalls*, unlike elsewhere in general discussion these items would be referred to as *Reminders*, with *Recalls* being used for test result follow-up).

All you need for the identification of pathology follow-up items and documentation of related activities is located in the *Actioned Items* screen. Not only do you not need to move items into the MD *Recall* system, but being adept with this screen means that you don't even have to print anything out.

I've mentioned it in [other articles](#), but just to recap the key fields:

Notation	The basic classification for follow up is found here, <i>Discuss, Return Urgently</i> etc. Everyone involved in the process should have an identical understanding of what these terms mean, and your GPs should be forbidden for using an alternative phrase that isn't an agreed practice protocol.
Comments	Hopefully GPs will be using this field to include useful instructions to be viewed in conjunction with the <i>Notation</i> classification.
Date Notified	A blank value means there is follow-up outstanding, (Unless the notation was <i>No Action</i>). A date means that no further follow-up is required.
Document Actions	This button found at the foot of the screen is the facility to document your various contact attempts and if appropriate the details of the subsequent booked appointment. It means you don't need to make a progress notes entry or print anything out.
Audit History	Also found at the bottom of the screen and in the <i>Results</i> area of the patient record, this button allows a staff member to view the entire history of the pathology result including manual entries done via <i>Document Actions</i> .

These fields give you everything you need to identify items and document your activities. Don't forget that this screen has built in SMS functionality, so sending a generic "please call the practice to discuss your test results" type message is very time efficient. If you select all the messages you sent the SMS for, you can also use *Document Actions* to make a bulk entry to record the SMS message being sent.

Please Note that contrary to what I mentioned at the start of this article, if you are using [HotDocs](#) to send SMS messages for pathology follow-up, then you will need to create a recall for these items.

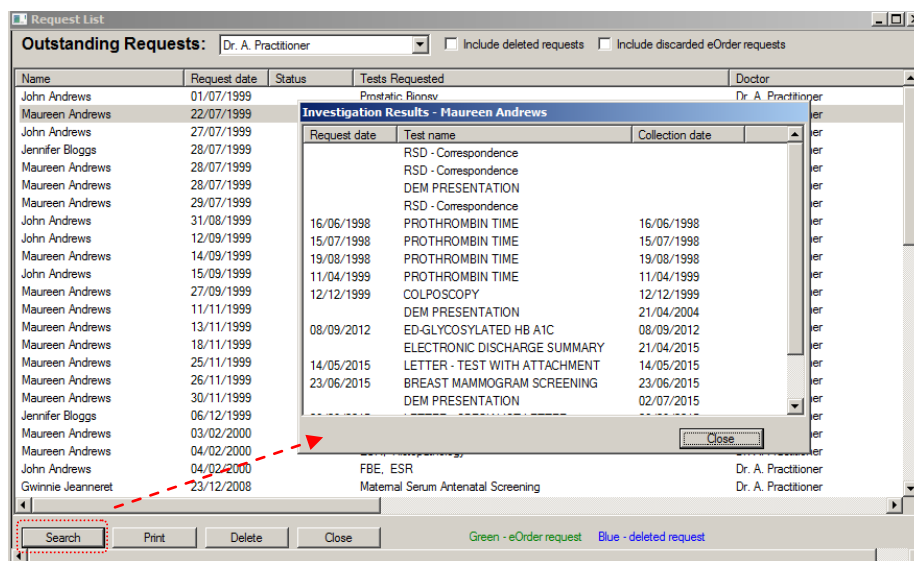
Outstanding Requests

In general terms most of the accreditation requirements around these systems focus on the practice being able to demonstrate that it has a system and that the staff are conversant with it, and also that any activities are documented within the patient record. Whilst the above processes certainly tick these boxes, the missing bit of the puzzle is ensuring that a patient has actually gone and had an important blood test as directed by the GP.

The answer to this is dealt with (rather averagely) by MD in it's *Outstanding Requests* system. The bad news is that because one test request may encompass several tests, clinical systems are currently incapable of marking off test results automatically when they are returned electronically, so all test requests will show in *Outstanding Requests* unless they have been manually marked off.

You can access the Outstanding Requests via:

- ◆ Correspondence..Outstanding Requests from the Medical Director front screen,
- ◆ Correspondence..Outstanding Requests from the patient record to view a patient-specific list.
- ◆ File..Outstanding Requests from both the Holding File and Actioned Items screens



You can view a list of returned patient results by using the *Search* button or double-clicking on the patient name. If you can see that the test has come back then simply delete the request using the *Delete* button or key. Some things to bear in mind when deleting Outstanding Requests.

- ◆ Returned tests may not reflect the exact name of the requested test.
- ◆ A single request may encompass multiple tests
- ◆ A single request may encompass multiple tests done over a period of time.

In my estimation the Outstanding Requests system provided by MD make it highly unlikely that every returned result will be marked off. It may be that if a GP is worried that a patient may not attend for an important test, they may choose to create a reminder for themselves by way of the *Outstanding Actions* system. This would then prompt the GP to check for the return of the test result and possibly mark off the *Outstanding Request* as well.

BP

In the previous two pages I mentioned that there are greater medico-legal requirements for following up patients after adverse test results than there are for preventative health reminders. For me this reinforces the idea that pathology follow-up and preventative reminders can be dealt with completely separately in Best Practice.

The previous article summarised the MD tools for pathology test follow-up, Best Practice has everything required for follow-up and documentation in the *Follow Up Inbox* screen.

Here is a summary of the key fields on the screen:

Action	The basic classification for follow up is found here, Urgent Appointment, Non-Urgent Appointment etc.. Everyone involved in the process should have an identical understanding of what these terms mean.
Comments	Hopefully GPs will be using this field to include useful instructions to be viewed in conjunction with the <i>Action</i> classification.
Status	A blank value means there is follow-up outstanding. A value of <i>Contacted</i> will generally mean that the practice has reached the patient, but they haven't been informed fully about the test outcome. A value of <i>Given</i> means that no further follow-up is required. (your practice may have a protocol that varies the meaning of <i>Contacted</i>)
Record Note	This button found at the top of the screen is the facility to document your various contact attempts and if appropriate the details of the subsequent booked appointment. It means you don't need to make a progress notes entry or print anything out. Everything you do with regards to follow-up can be documented here, with the details also visible in the patient record by right-clicking on the pathology result and selecting the <i>View Notes</i> menu item.

People often talk about pathology items being taken off the list once they are marked as either *Contacted* or *Given*. This isn't strictly true, as essentially the results will always remain here. What changes is your view of the results table, and this is governed by the *filter* buttons you have set.

Filter by Action	This filter lets you choose the category of results that you want to look at. <i>All Unactioned</i> is a good practice level one as it shows all results that are Not classified as <i>No action</i> and have not yet been marked as either <i>Contacted</i> or <i>Given</i> . So this is a list of items that require attention. If you wanted to generate a list of results classified as <i>Non-Urgent Appointment</i> , you would also want to make a selection from the Status filter documented below.
Filter by Status	This filter allows you to narrow down the list of items that you specified in the action filter. So a status of <i>Nil Status</i> narrows the list down to items that have been neither marked as <i>Contacted</i> or <i>Given</i> . As you would imagine a status of <i>Contacted</i> means just that, with the final follow-up action still pending.

So everything that you require is available on this screen, with no need to create a separate reminder or even print anything off. The accreditation requirement is that the practice can demonstrate a system that its staff are familiar with and that the follow-up activities are documented in the patient record.

See over the page for information on *Outstanding Requests*

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BP

Outstanding Requests

The last thing to talk about is ensuring that a patient has actually gone and had an important blood test as directed by the GP. Best Practice keeps a record of all pathology or imaging requests, in order to keep track of whether these requests are carried out. Because some requests encapsulate multiple tests, Best Practice is unable to “mark off” *requested* tests with *returned* tests. You can view *Outstanding requests* in a number of ways in Best Practice:

By double-clicking on the prompt in the patient record, (*Allergies and Reminders* panel)

Notifications:

Type	Due	Reason
Action	15/05/2018	Test
Reminder due	29/08/2018	Care plan
Reminder sent	14/06/2018	Hep C Treatment Monitor Sent on 14/05/2018.
Outstanding requests	01/06/2017	There are 6 outstanding requests for this patient!
Preventive health	03/10/2018	Influenza vaccination should be considered!
Preventive health	03/10/2018	Vaccination against shingles should be considered!
Preventive health	03/10/2018	Smoking cessation should be considered!

There are unchecked reports for this patient!

Outstanding requests

The following requests have not been marked as received:

Request date	Action	Ordered by
<input type="checkbox"/>	06/12/2014 FBE, Alpha-1-Antitrypsin	Dr F. Findacure
<input type="checkbox"/>	29/05/2017 E/LFTs; FBE	Dr F. Findacure
<input type="checkbox"/>	01/06/2017 E/LFTs; Histology; PSA	Dr F. Findacure
<input type="checkbox"/>	01/06/2017 Amylase; ANA	Dr F. Findacure
<input type="checkbox"/>	01/06/2017 Amylase; Anti-cardiolipin Antibodies; Asper...	Dr F. Findacure

Tick the requests that are to be marked or removed.

Lookup Mark as received Delete Close

By checking the requests through the *Inbox* at the time of checking the returned result.

Anderson, David

- 08/09/2012 ED-GLYCOSYLATED HB /
- 08/09/2012 ED-FBE

Outstanding requests - tick if returned:

<input type="checkbox"/>	29/05/2017	E/LFTs; FBE
<input type="checkbox"/>	01/06/2017	E/LFTs; Histology; PSA
<input type="checkbox"/>	01/06/2017	
<input type="checkbox"/>	01/06/2017	Amylase; ANA
<input type="checkbox"/>	01/06/2017	Amylase; Anti-cardiolipin Antibodi...

When checking results, the *Outstanding Requests* box is shown directly below. If you can see that a request has been completed, simply tick the box alongside the request.

By selecting *View..Investigation Requests* from the menu on the main screen.

Investigation requests

Requested on or after: 20/08/2011 Requested on or before: 20/08/2015 By doctor: All Include already returned

Date	Patient	Requested tests	Ordered by	Status	Provider
29/07/2013	John Smith	FBC: RULE 3 EXEMPTION (E); IMMUNOFIXATION	Dr. F. Findacure	Outstanding	Best Pathology Service
03/04/2014	Heather Andrews	ABGs; AFBS	Dr. F. Findacure	Outstanding	Network Pathology
03/04/2014	Heather Andrews	ABDOMINAL PAIN (FBC, E/LFT, LIPASE, U-MCS);	Dr. F. Findacure	Outstanding	Best Pathology Service
03/04/2014	Heather Andrews	ABDOMINAL PAIN (FBC, E/LFT, LIPASE, U-MCS);	Dr. F. Findacure	Outstanding	Best Pathology Service
03/04/2014	Heather Andrews	Alpha-1-Antitrypsin; Amiodarone	Dr. F. Findacure	Outstanding	Best Pathology Service
03/04/2014	Maureen Andrews	ABGs; AFP; Anti-cardiolipin Antibodies	Dr. F. Findacure	Outstanding	Network Pathology

The screen above shows all tests that have not been shown as returned for all patients at the practice. If Best Practice can determine from the result details that the test has at least been *partially* completed, these requests will be shaded green. All other requests will be shown in pink. Either way the requested test has to be marked by the practitioner, using the icon at top of screen.