

PracSavvy

Clinical Systems Support and Training

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August 2020 — Newsbrief

Tasmania continues to do well in this (hopefully) post-covid period for the state, with only one new case in the last 70 odd days. Unfortunately the vics have been doing it tough with some pretty scary numbers coming from there in recent times, and you have to feel sorry for their general practices in this phase of big lockdowns and compulsory masks. Of course we have to temper this sympathy with the knowledge that the Victorians are a little prone to hyperbole and exaggeration. I mean, I don't know if anyone has counted the [12 apostles](#) recently? (There's 8) And as to where they are, well let's just say the *Good Ocean Road* would be a more accurate description.

I firmly believe that every issue or deficit can present opportunities in other areas, and as been mentioned on multiple occasions recently the Covid pandemic has stimulated practices into getting comfortable with other models of care like telehealth, as well as speeding the development of e-scripts etc. 'Chaos is a ladder' as someone once said, possibly no better example than the guy below who may well have cornered the t-shirt market for the next couple of years.



At the time of writing, Best Practice has just released it's [Service Pack 3 for Jade](#). Aside from the much awaited e-scripts functionality (next issue) this update contains Immunisation schedule changes that came in on July 1st, some MBS updates and a fix for the problems with TopBar and Doctors Control panel. So it may be worth installing even if you are not ready to start spraying script tokens everywhere yet.

Whilst pharmacy capability around e-scripts seems to be the biggest unknown at the moment, if you want to immerse yourself in knowing the process there is a good online CPD incentivised course [here](#).

Templates

The following new or updated templates are now available on my website [here](#):

- ◆ Child and Mental Health Services (CAMHS) North/NW referral
- ◆ Health Dynamics (*Southern address change*)

eReferral

Please note the following providers that can now be corresponded with via healthlink. The full listings are available on my website [here](#):

Dr Andrew Jones	Ophthalmology	<i>preeyecl</i>	
Dr Zoe Gao	Ophthalmology	<i>preeyecl</i>	
Dr Nathan Nielsen	Ophthalmology	<i>preeyecl</i>	
Dr George Smith	Ophthalmology	<i>hobareye</i>	<i>Delete taseyecl</i>
Dr Charles Lee-Archer	Neurology	<i>heartctr</i>	N
Wendy Gall	Psychology	<i>lmc32lmc</i>	N

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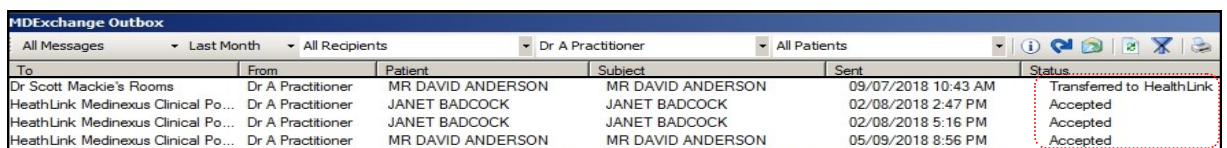
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MD

It feels like well over a year since HCN has released any kind of an update to it's MD software. I imagine most of their resources have been consumed in trying to get their Helix product up-to-scratch. Ironically they recently released an article on escripts, entitled [Why getting it right is better than doing it fast](#). Fair enough, I'm just not sure that they have always followed their own advice.

The product may not have changed, but the way it is used possibly has, especially in regard to electronic correspondence. With that in mind, I thought I'd rehash some of the information around Sent items and document status. I'm sure there is no need for me to emphasise again the need to monitor the sent documents, so I will just talk about what the screen means.



To	From	Patient	Subject	Sent	Status
Dr Scott Mackie's Rooms	Dr A Practitioner	MR DAVID ANDERSON	MR DAVID ANDERSON	09/07/2018 10:43 AM	Transferred to HealthLink
HealthLink Medinexus Clinical Po...	Dr A Practitioner	JANET BADCOCK	JANET BADCOCK	02/08/2018 2:47 PM	Accepted
HealthLink Medinexus Clinical Po...	Dr A Practitioner	JANET BADCOCK	JANET BADCOCK	02/08/2018 5:16 PM	Accepted
HealthLink Medinexus Clinical Po...	Dr A Practitioner	MR DAVID ANDERSON	MR DAVID ANDERSON	05/09/2018 8:56 PM	Accepted

The key indicator is contained in the *Status* column. As there are a few values that display here as the document travels towards it's destination, I have listed the common ones below:

- ◆ Awaiting Transmission – The message is in the local practice database, waiting to be sent.
- ◆ Sent – The message has been uploaded to the MDExchange Servers in the data centre. The message no longer resides at the practice.
- ◆ Transferred to Healthlink The message has been transferred from MDExchange to the Healthlink Network
- ◆ Received – The recipient practice has downloaded the message successfully.
- ◆ Accepted – The recipient practice has successfully parsed the HL7 message.
- ◆ Read – The message has been viewed and actioned in the receiver's Clinical holding file.
- ◆ Recipient Not Found – The recipient the message was addressed to could not be found as a user at the practice.
- ◆ Expired On Server – The recipient practice never downloaded the message from the server.

The vast majority of the time the final status will be *Received* or *Accepted*, indicating successful arrival at destination. If all systems at both ends (and in the middle) are working properly then the document journey should be completed within 2 hours. A document that is dated before today and is showing *Sent* or *Awaiting Transmission*, is one that needs looking into.

A couple of things to note:

- 1) You will only see a final status of *Read* if the recipient also uses MD.
- 2) The *Accepted* or *Received* statuses are triggered by acknowledgement messages from the receiving clinical systems. Some systems generate an acknowledgement that MDExchange can not make sense of, or in-fact do not generate acknowledgements. In the case of these documents, the final status you will see is *Transferred to Healthlink*. These documents have mostly likely arrived correctly, but you won't see the usual completed status message. The Icon health group is currently one in this category. Noting which specialist systems do not return confirmations will make it easier for you to keep an eye on things.
- 3) If you have documents stuck in the *Awaiting Transmission* state, getting your IT support to restart the *MDXI* service on the server may be all you need to do.

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BP

Sometimes practices struggle with wanting to show a column for a nurse or a nursing group in the BP Appointment book. People either don't know, know how to do it or come up with a work-around. The other bone of contention is sometimes where the column appears in the appointment book.

The following tips may help.

1) If you just want to have an appointment book column for a nurse, it's as simple as going into their *User Details* and ticking the *Has Appointments* box.

2) If you want the nurse appointment column to always appear at the far right of the appointment book, whilst you can't change the order in the default appointment book, you can make your own layout by going to *Setup..Configuration..Appointments..Appointment Book Layout* and moving the practitioners into the order you want using the buttons provided.

Name	Location
Dr Ivor Cure	Main surgery
Dr Adonis Lanver	Main surgery (Usual Location)
Dr Frederick Findacure	Main surgery (Usual Location)
Ms. Nadine Nurse	Main surgery (Usual Location)

People can then select the customised layout from the drop-down in the *Appointment Book* screen. Practices may find this less restrictive than only employing nurses called Ziegler or Zabarowski.

3) If you want to have a Treatment Room or Flu Clinic column, then the optimum way to do this is to create a user labelled as *Flu Clinic* for instance and make sure it is created with a category of *Resource* and has the *Has Appointments* box ticked.

Category: Resource

Has appointments

For this to work optimally, under *Setup Configuration Appointments*, make sure you have the *Allow users to open patient records from other people's appointments* ticked

What I like about these methods is that we then don't need nurses to sign in with a generic login, in order to work with the appointment book. It is always preferable for obvious medico-legal reasons for someone to sign in with their proper name.

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BP

It seems that using the Cardiovascular Risk Assessment (available under the Clinical menu in the patient record) is a little, well risky. Only to a minor degree it must be said, but it does seem to return a misleading result if the patient has moderately high/high cholesterol.

I can send more detailed information for anyone that wants it, but the bottom line is that if you are claiming a [Heart Check Item number](#) and want to be guaranteed of full compliance, you should probably use the online checker available [here](#).

My understanding is that if you are running the Doctor's Control Panel, it's algorithm matches that used by the online version. Best Practice are also aware of the issue, and whilst I haven't seen anything official, it wouldn't surprise me to see this fixed in a future update.

When I'm training, I usually mention that most clinicians can get whatever they need to populate the Past History and and/or label the visit through the *Reason for Visit* button. It contains the same lookup tables as the *Diagnosis* and *Procedure* buttons as well as the ability to decide whether something warrants an update to the patient's *Past History*.

There is a bit of functionality that I have previously overlooked though, namely the ability to flag a diagnosis as *Provisional*. This is something that you cannot seamlessly do through the Reason for Visit button. It's as simple as ticking the box.

Diagnosis dialog box showing search results for 'GAST'. The selected diagnosis is 'Gastric lymphoma'. The 'Provisional diagnosis' checkbox is checked. Other options include 'Add to Past History', 'Active', 'Confidential', 'Save as Reason for visit', and 'Send to My Health Record'. The 'Further details' section is also visible, containing a text area for additional information.

Note that you don't have to save the entry to the *Past History* to mark it as provisional, but if you do you will have access to the Further details box, where you can enter some more information. (This box is always available when making a history entry)

The provisional status of the diagnosis will be reflected in the *Past History* section as well as any referral letters that are sent or *Shared Health Summaries* that are uploaded.

08/2017	Anxiety	Yes	No	No	
12/06/2020	Abdominal bloating	Yes	No	Yes	
23/07/2020	Gastric lymphoma (Provisional)	Yes	No	Yes	More information can be shown here.

I also understand the extra emphasis of using the *Diagnosis* dialogue as a way of emphasising *when* something was first *formally* diagnosed.

As has been mentioned here previously, Best Practice and some 3rd Party products like TopBar and Doctor's Control Panel have not been playing nicely together. There was a fix for that mentioned in the last issue, but this fix has apparently been [included as a default configuration](#) with the release of Jade SP3 in the last week of July. So it's not just access to e-scripts that you will gain by installing SP3.

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MyHR

So I got Covid tested at the beginning of the month. I had a bit of a cold, but had some in-practice stuff to do, so I figured any toey GPs would be reassured by my negative test result. The testing down at Salamanca went fine, and yes, someone *getting up my nose* was a nice role-reversal for me!

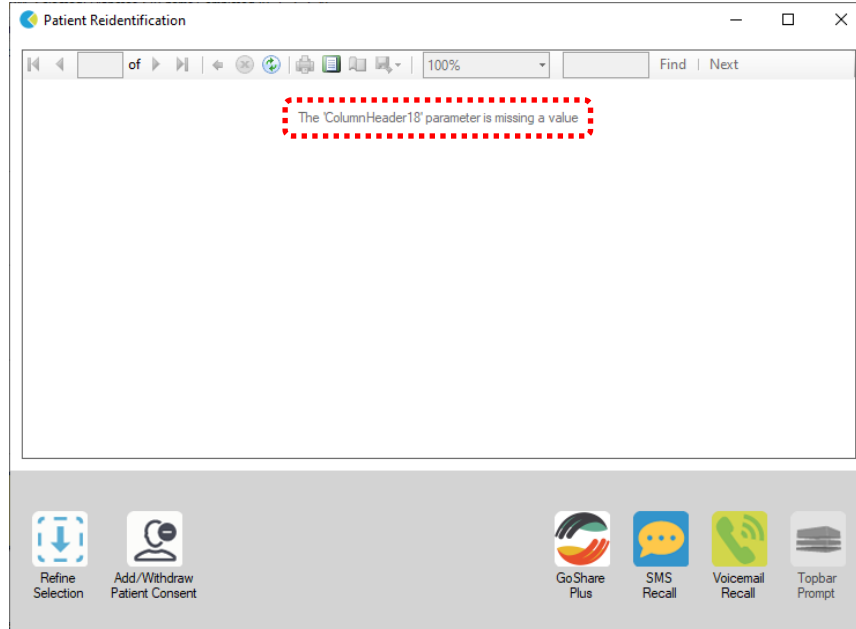
I was very pleased to see that within a day or so of getting tested, the result was available on my MyHR. In accordance with how things are supposed to work, there was a little padlock icon next to it, denoting that from a patient perspective I was not allowed to open it for another 7 days. But any Doctor involved in my care could access it now. Exactly how it is supposed to work, and yet another example of how even the patient's usual GP can benefit from this system.

There are still naysayers around the country who wouldn't be impressed by this or even the fact that during the last month Sonic laboratories started uploading National Bowel Screening results to the system. Pathology results are actually a popular item, with [175,000 results](#) viewed in May alone.

It's also worth a mention to remind practices that their software still allows them to sign patients up, it's the easiest way for patients to get a MyHR if they don't already have one. I am hearing stories of people changing their mind after initially opting out, pre January 2019.

PenCat

Nothing to report on the CAT4 front this month, apart from mentioning that the *Diabetes SIP Items - Items Completed Per Patient* worksheet continues to be broken. This is a shame as it's one of my favourite reports to show people.



Largely pointless graphic, but I had some space at the end of the newsletter. I reported the error to PenCS a few weeks ago. Hopefully it will be fixed soon.