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Clinical Systems Support and Training

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MD

This last fortnight or so, thanks to some diligent information gathering and co-operation by an Eastern Shore Drs GP, I was able to identify a problem that I had only occasionally heard about anecdotally.

As we know, specialists are increasingly sending correspondence through electronically, which has great advantages in terms of cost and efficiency. However to do this, we are using a mechanism that was designed with investigation results in mind, rather than letters. So there will sometimes be glitches.

In this instance we established that a high proportion of Specialist letters and a small proportion of DEM Presentation messages, have a blank "Date Collected" value in the Message Header. (Note that the Message Header is created by the software being used, and is not something the sender can really change) The problem is, in the Patient record, under the *Documents* Tab, MD uses the *Date Collected* as the default sort order, so in a nutshell:

A blank *Date Collected* field, will result in the document being sorted in the earliest position on the list, rather than where chronologically appropriate.

This may even explain some "lost document" type situations. What is also interesting, is that selecting one of these documents and clicking on *Document Details*, will actually show a Date Collected of 1/1/1753 !

This date is actually the earliest allowable date in the Microsoft database engine that underpins MD, and for those of a historical/trivial mindset was the start of the first full year using the Gregorian Calendar in Britain!

There is an easy workaround for this though, and it involves setting the *Date Created* column in the *Document* tab as the field that you sort by. The *Date Created* reflects the date that the document was added to MD. Simply click and drag the *Date Created* column to the first position in the *Documents* tab, and then click on it once to sort the documents in chronological order.

Date Created	Date Collected	Subject	Sender/Provider	Description
24/10/2017		RSD - Correspondence	Dr A Practitioner	letter
24/10/2017		RSD - Correspondence	Dr A Practitioner	Referral Letter
22/05/2017	22/05/2017	RSD - General Referral	DR Frederick Findacure	Letter
22/05/2017	22/05/2017	RSD - General Referral	DR Frederick Findacure	
22/05/2017	22/05/2017	RSD - General Referral	DR Frederick Findacure	
22/05/2017	22/05/2017	RSD - General Referral	DR Frederick Findacure	
27/10/2016		RSD - Correspondence	Dr A Practitioner	

This solution is enabled by the fact that you can drag columns to any position you want, click on the column you want sorted, and MD will remember your choices until you change them. As we can see above, our blank *Date Collected* fields are no longer a problem as *Date Created* has become our key date.

But wait there's more ! The layout above helps us deal with the annoying MD behaviour of putting RSD-etc in the subject field. Some GPs manually edit this, but having the *Sender/Provider* column in this early position, means that the sending Specialist name will be prominent and thus the nature of the document will be evident. If you really want to de-clutter your view, right-click on the column heading and select *Show/Hide* columns to do just that.

If you want things to stay really neat, you can fix your missing dates, by just right-clicking on an offending message and selecting *Document Details*, where you can change the date to something other than the displayed 1/1/1753.

Hopefully this article as well as illustrating an effective workaround, will remind you that your document views in MD are completely customisable to your preference. You can manipulate the *Documents/Letters/Results/Correspondence* tabs in the Patient Record, as well as the *Holding File* and *Actioned Items* screens. All choices will only affect your login.

MyHR

You may or may not have noticed that the MyHr has recently incorporated a feature concerning a patient's medications. This takes the form of a new document view called the **Medicines Information** view. This view assembles medication information from different parts of the MyHR and displays it all in summary form in chronological or alphabetical order.

The screenshot shows the 'Available medicines in this My Health Record - sorted by Date' view for patient VIJAY ENGINEER, born 25 Sep 1958. The page title is 'Available medicines in this My Health Record - sorted by Date' with a sub-header '15 Jun 2017'. Below the patient details, there are three summary boxes: 'Allergies and Adverse Reactions' (listing TEST, Latex, Morphia, Morphine, Nickel, etc.), 'Medicines Preview' (05-Mar-2017 to 02-Jun-2017), and 'Shared Health Summary' (05-Mar-2017 to 3 months ago). A table titled 'All available Allergies and Adverse Reactions' is shown below, with columns for Source/Author, Date, Substance/Agent, and Manifestation(s). The table lists three entries: TEST (02-Jun-2017), Panadol (02-Jun-2017), and Seafood (02-Jun-2017). A fourth entry, Penicillin allergy (23-May-2017), is listed as an event summary.

Source/Author	Date	Substance/Agent	Manifestation(s)
Patient-entered information	02-Jun-2017 (13 days ago)	TEST	
Patient-entered information	02-Jun-2017 (13 days ago)	Panadol	
Patient-entered information	02-Jun-2017 (13 days ago)	Seafood	Hives
Event Summary by Own organisation	23-May-2017 (3 weeks ago)	Penicillin allergy	Urticaria

As mentioned the information is gathered from several sources in the MyHR, namely:

- ◆ the patient's most recent (and up to two years') Prescription and Dispense records and other PBS claims information
- ◆ the patient's most recent Shared Health Summary and Discharge Summary
- ◆ recent Event summaries, Specialist Letters and e-Referral Notes uploaded to the patient's record since their latest Shared Health Summary, and
- ◆ the patient's Personal Health Summary that may include any Allergies or Adverse Reactions and other key information

This gives the clinician the ability to compare notes between the MyHr and the local record, and make any appropriate adjustments. It's again easy to see how information gathered and presented in this form would be invaluable to clinicians seeing a patient for the first time in a General Practice, Hospital or after-hours setting.

Web

A couple of websites that you might find useful include the recently launched [Head to Health](#) site. Aimed at patients and their families and carers, this really well put together collection of mental health resources and links is well worth bookmarking.

On a more local note the front page of the [Tasmanian Health Pathways](#) site has had an overdue makeover, with some genuinely useful functionality added, as well as better highlighting of recent updates. It's definitely worth a revisit if you haven't been there for a while.

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Bits

A couple of tidbits that are outside my usual brief, but this one in particular, well worth a read if you have children or teenagers or are treating them. [Have Smartphones destroyed a Generation ?](#)

There is still sometimes angst over what documents need to be physically signed. The following is a good indicator of how things are changing. [Unsent SMS counts as last will and Testament!](#)

BP

In the last issue we mentioned that Best Practice includes some modules under the *Enhanced Primary Care* menu that can assist with Health Assessments and Care Plan activities. These modules provide an alternative to the word processing templates that are often used.

One of the advantages of doing Care Plans or Team Care in this modular way, is that you can create templates for the different plan types, and load them when required. The difference in this case is that the templates don't really affect the appearance of the final document, but give you a way to create disease specific templates, populated with the appropriate *goals* and *tasks* and the providers that will generally assist with the various tasks.

To create a Care Plan template, from the front screen in BP, go to *Setup..Configuration..Care Plans*. (If you can't see these menu options talk to your practice manager about modifying your user permissions)

The initial screen you see, gives you the ability to create extra goals and tasks, but what we are interested in here is accessed by clicking the *Setup Care Plan templates* button. After you have clicked this button, click the *Add* button and you will see an "empty" version of the screen depicted below:

Problem	Problem	Goal	Goal
Asthma		Improve compliance with medications Improve respiratory function Prevent smoking related disease	

Task	Provider	Date due	Task
Smoking cessation	Quit Tasmania	05/05/2018	
Supervision of medications	Ms. Mary Collins	06/06/2018	
Weight loss	Mr. Jack Black	04/06/2018	

Provider	Category	Phone	Fax	Address
Quit Tasmania	Smoking Cessation	6245 3210	6245 1230	235 Brown Street, Sandy Bay, 70...
Ms. Mary Collins	Pharmacist	6234 4201	6234 1501	12 Green Street, Sandy Bay, 7005
Mr. Jack Black	Physiotherapy	6210 0234	6241 2255	55 Regent Street, Sandy Bay, 70...

The above is a very approximate example of a Care Plan. The main thing to note is that you can preload all the goals and tasks that may theoretically be required for the plan, as well as appropriate providers from the address book if it is a Team Care Plan. After you have saved the template, it will be available from the *Care Plan* section of *Enhanced Primary Care*, by clicking *Add* and then the *Template* button.

Once the template is loaded, you can very easily delete any unnecessary goals and tasks, by selecting and hitting the *Delete* key. You will need to change the default *Date Due* for the various tasks, this is done by double-clicking on the task and editing it, including changing the provider if you need to. If you need to add extra goals or tasks that were not included in the template, simply use the appropriately labelled buttons on the right hand side of the module.

Another nice thing about the module is that when you print a Team Care Plan, you can specify which of the other providers needs a copy. The required Medicare referral form is also printed by default.