

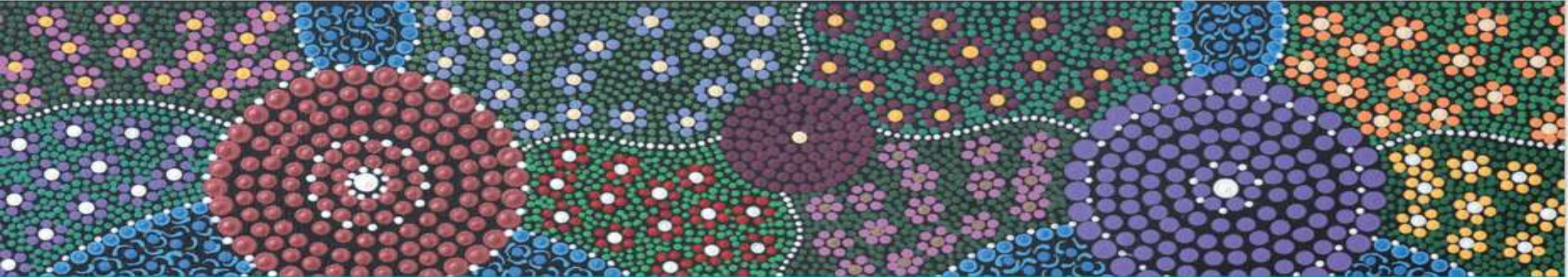
# Cervical Screening Saves Lives!

A systematic approach to prevention  
using MedicalDirector Clinical

Presented by:  
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[www.trainitmedical.com.au](http://www.trainitmedical.com.au)







# ***Acknowledgement of Country***

Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

We wish to pay our respects to Aboriginal and Torres Strait Islander elders past, present and future.





Keep up-to-date with the latest health information on COVID-19

Home ▶ Health Professionals ▶ Programs and Priorities ▶ Cancer Screening ▶ Cervical Cancer Screening

## Cervical Cancer Screening

Cervical cancer is one of the most preventable cancers. Routine cervical screening is your best protection against cervical cancer. The Cervical Screening Test is expected to protect up to 30% more women.

### Cervical Screening has Changed

In December 2017, a number of changes were introduced to the [National Cervical Screening Program \(NCSP\)](#). These included:

- ▶ Replacing the Pap test with the Cervical Screening Test, which detects infection with human papillomavirus (HPV)
- ▶ Women whose Cervical Screening Test shows that they do not have oncogenic HPV are classed as 'low risk' and are advised to screen every five years
- ▶ Women will be invited to start screening at 25 years of age and should have a final (exit) test when they are between 70 and 74 years of age
- ▶ Establishing the National Cancer Screening Register (NCSR)

### Resources

We support GPs with a range of primary care quality improvement activities.

# Access webinars and courses

<https://courses.trainitmedical.com.au/>

**PHN Enrolment Code: p8GsSTHo**

PHN Key Required

phn

WESTERN SYDNEY

An Australian Government Initiative

WentWest

Progressing Health, Now

WENTWEST

See more...

Course Content

Expand All

✓ WEBINAR RECORDINGS

10 Lessons

Collapse

Section Content

50% Complete | 5/10 Steps

✓ 1 - Nurse Connect - Covid19 - 9 April 2020

2 - Telehealth with HealthDirect Australia - 21 April 2020

3 - Telehealth & MBS Item Numbers - 19 May 2020

4 - Advanced Telehealth and Digital Health Improvements - 27 May 2020

5 - Telehealth for Specialists & Specialist Practice Managers - 3 June 2020

✓ 6 - ePrescribing, Results and My Health Record - 10 June 2020

✓ 7 - Electronic transfer of prescriptions using MedicalDirector Clinical - 17 June 2020

✓ 8 - Electronic transfer of prescriptions using Bp Premier - 8 July 2020

✓ 9 - Maximise Benefits of Digital Health Changes - 16 July 2020

10 - Leading Quality Improvements during Covid 19 - 23 July 2020



# Further learning:

Cancer Screening

	MedicalDirector	BP Premier
	<div><div></div><div>Clinical By MedicalDirector</div></div>	<div><div></div><div>Bp Premier</div></div>
Enter cervical screening result	<a href="#">Summary Sheet</a>	<a href="#">Summary Sheet</a>
Enter bowel screening result	<a href="#">Summary Sheet</a>	<a href="#">Summary Sheet</a>
Enter breast screening result	<a href="#">Summary Sheet</a>	<a href="#">Summary Sheet</a>

BP Premier - Extracting Cancer Screening Metrics - ask us for our specially written SQL queries to assess your patient's screening history.

PenCS

CAT4 and Cancer Screening Webinars | Pen CS | Video

Cancer Screening Guides | Pen CS | pdf

How to Use CAT Plus to better manage cancer | Pen CS | pdf

[TRAIN IT MEDICAL | trainitmedical.com.au](http://trainitmedical.com.au)





NATIONAL  
**CERVICAL SCREENING**  
PROGRAM

A joint Australian, State and Territory Government Program



**Quality Framework**

[Download National Cervical Screening Program – Quality Framework](#)





## Learning Objectives:

1. Develop a systematic approach to cervical screening using MedicalDirector Clinical.
2. Build advanced understanding of features within MedicalDirector Clinical & Pen CS relevant to cervical screening.
3. Differentiate between preventive health reminders and clinically significant recalls.
4. Use actions for proactive preventive health management.



All News Health

# Australia May Become First Country to Eliminate Cervical Cancer – Rate Drops From 22% to 1%

[Learn more](#)







“Western Sydney has one of the lowest screening rates in Australia.

Unusually large number of advanced cancer diagnoses recorded over the past 12 months

72% increase in stage III and stage IV diagnoses

More than 50% of these cases originated  
from foreign-born parents or disadvantaged communities”

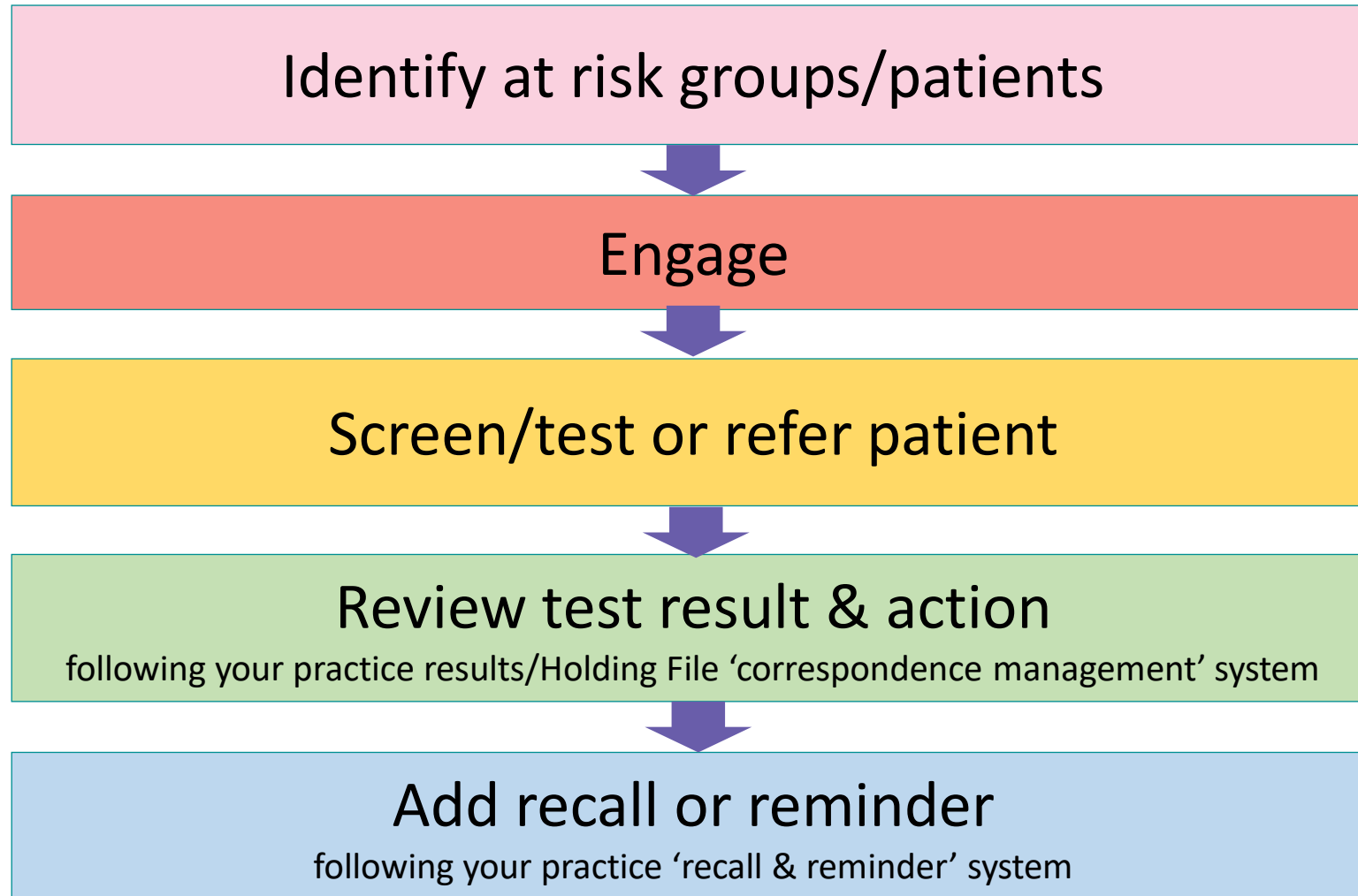
[Read more: Cervical screening rates in Western Sydney](#)

# Learning Objective 1:

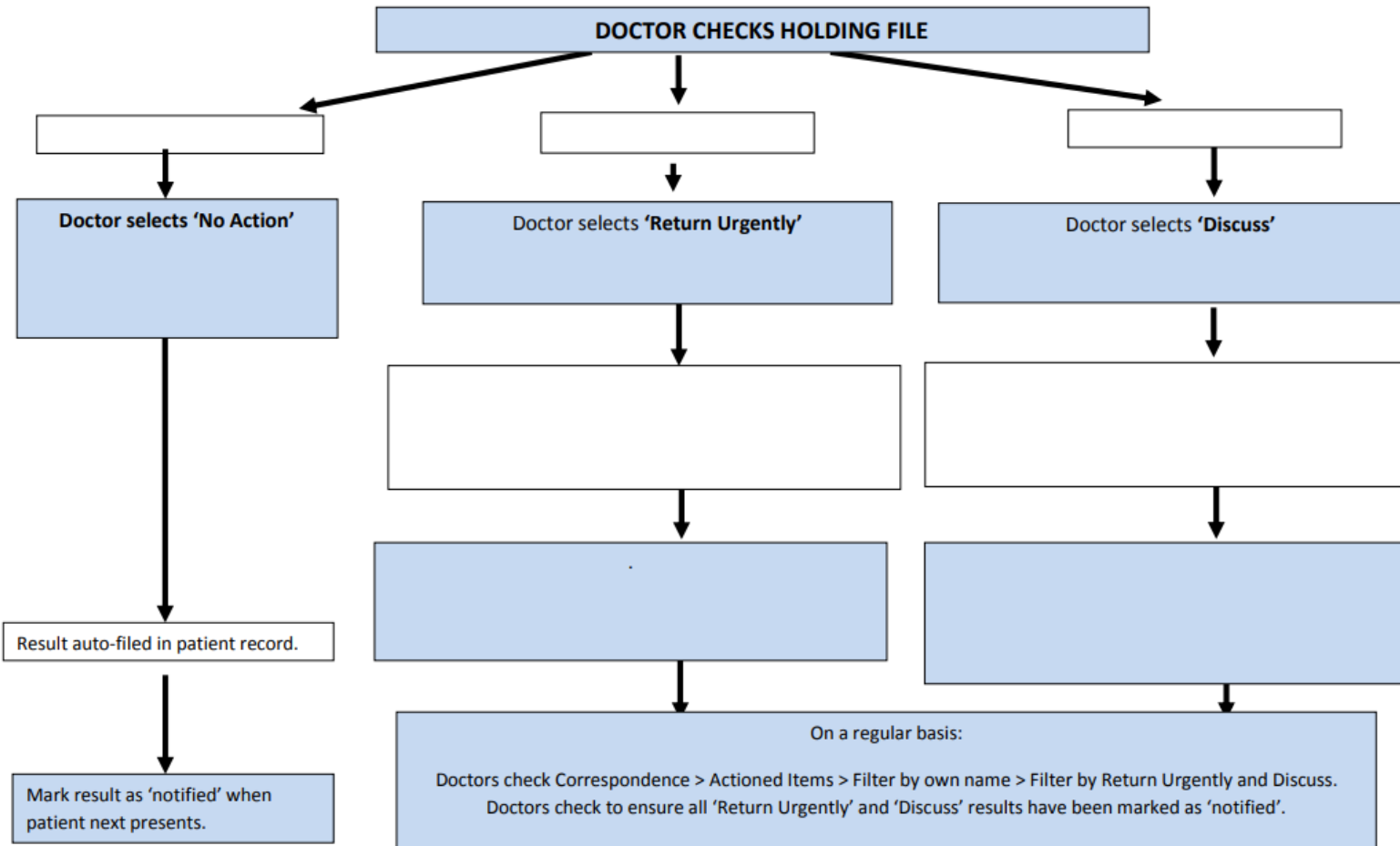
Develop a systematic approach to preventive health management and cancer screening.



# Searches, screening and systems



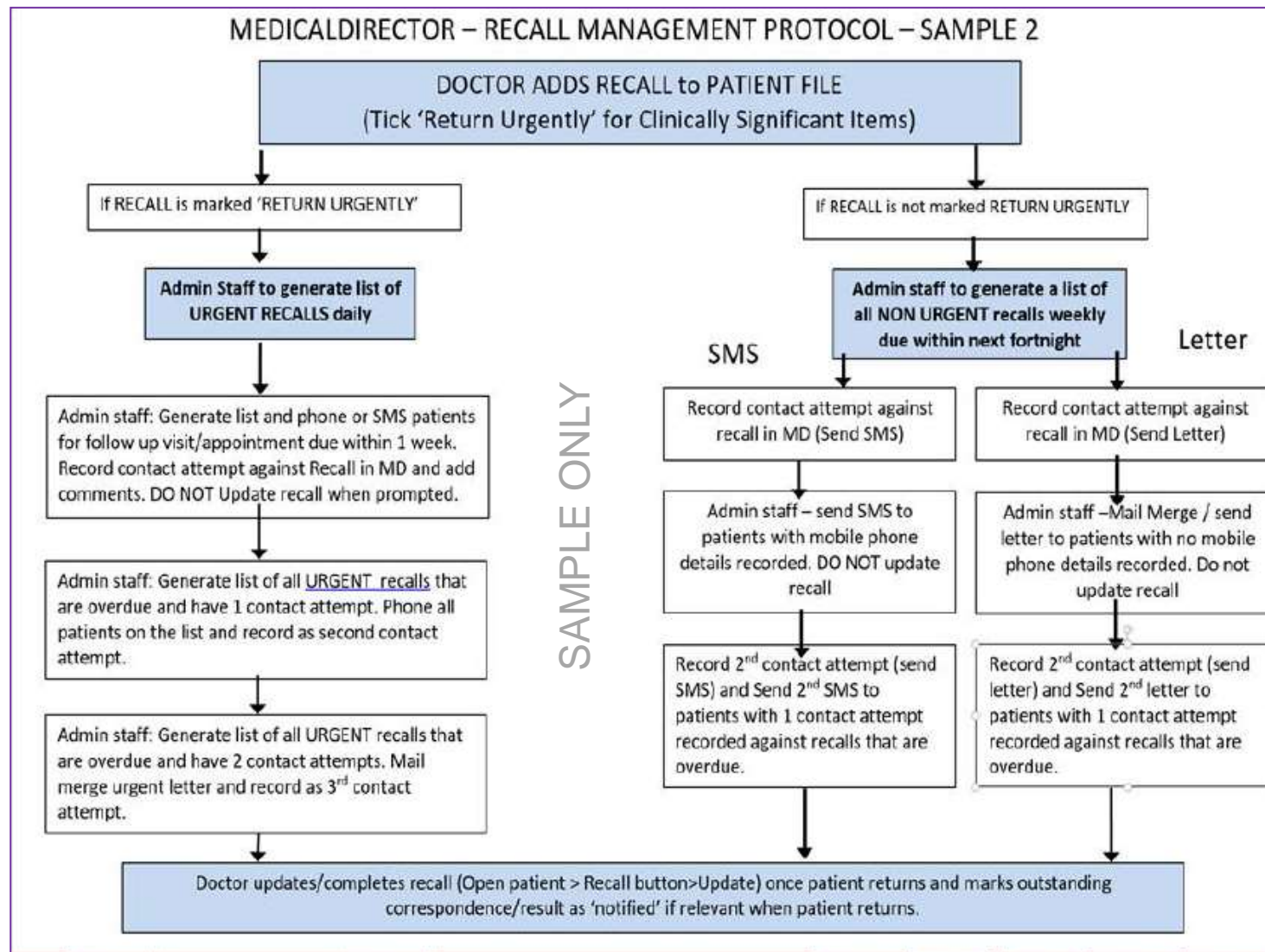
## MEDICALDIRECTOR - SAMPLE CORRESPONDENCE MANAGEMENT PROTOCOL



[Download blank flowchart](#)



## MEDICALDIRECTOR – RECALL MANAGEMENT PROTOCOL – SAMPLE 2



[Train IT Medical Free Sample Flowcharts](http://TrainITMedical.com.au)



# Identify at risk groups/patients > Preventive Health Searches

Under screened? Never screened? Hard to reach groups?

A group of approximately ten young adults are sitting in a circle on a lush green lawn. They are dressed in casual summer attire like t-shirts, jeans, and shorts. Some are looking towards the center of the circle, while others are looking at their smartphones. The background features a clear blue sky with some clouds, palm trees, and a distant shoreline with buildings. The overall atmosphere is relaxed and collaborative.

Education & Engagement - what works?





## PIP QI – Eligible data set - Improvement measures

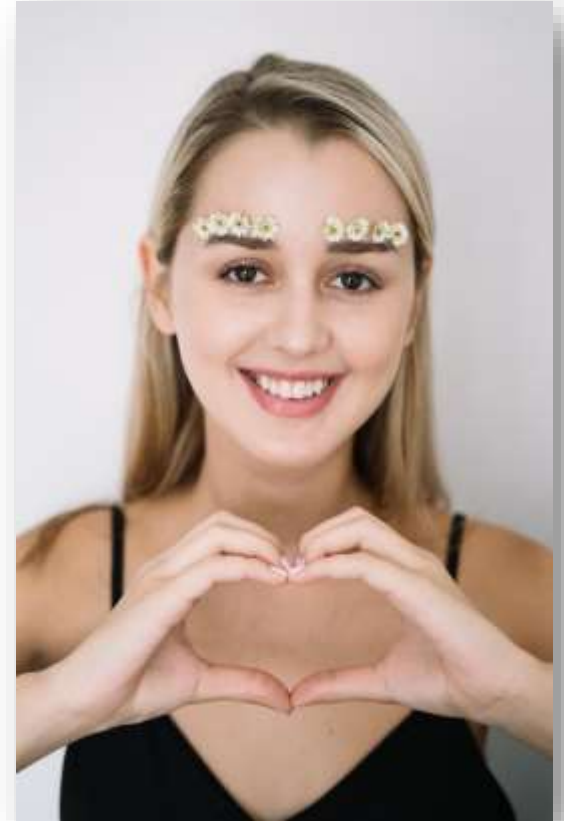
1. Proportion of patients with **smoking** status recorded
2. Proportion of patients with **alcohol** status recorded
3. Proportion of patients with **weight** classification.
- 4. Proportion of patients with up-to-date cervical screening.**
5. Proportion of patients with **diabetes with blood pressure recorded**
6. Proportion of patients with **diabetes with current HbA1c result**
7. Patients with **diabetes immunised against influenza**
8. Proportion of patients **COPD & immunised against influenza**
9. Proportion of patients **over 65 immunised against influenza**
10. Proportion of patients with **necessary risk factors to enable CVD assessment**

## Criterion C4.1 – Health Promotion & Preventive Care

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Adopting a **systematic** approach to health promotion and preventive care can include:

- reviewing and understanding the practice's patient population and their healthcare needs.
- establishing a reminder system
- maintaining a disease register
- conducting patient prevention surveys
- maintaining a directory of local services that offer programs to help patients modify their lifestyle.



[RACGP Standards](#)



# Criterion C4.1 – Health Promotion & Preventive Care

- maintain a directory of local services

Community HealthPathways | Western Sydney

Welcome

Sign in to HealthPathways

Username:

Password

[Forgot password?](#)

☐ Show

☒ Remember me

Sign In

Username: health  
Password: w3stern

Western Sydney

HealthPathways

Western Sydney

Surgical

Women's Health

Breastfeeding

Contraception and Sterilisation

Gynaecology

Amenorrhoea

Cervical Polyps

Cervical Shock

Cervical Screening

Endometrial Cells on Cervical Smears

HPV Vaccination

Dysmenorrhoea

Endometrial Cancer Low Risk Follow-up

Pipelle Biopsy Procedure

Female Genital Mutilation (FGM)

Abnormal Uterine Bleeding

Search HealthPathways

Home / Women's Health / Gynaecology / Cervical Screening

Cervical Screening

See also:

- Endometrial Cells on Cervical Smears
- HPV Vaccination

COVID-19 note

During the COVID-19 outbreak, it is important to offer and encourage routine screening and follow-up where possible. If it is not possible to continue usual cervical screening, general practitioners should follow guidance from the [National Cervical Screening Program](#) about when it may be suitable to defer screening appointments.

New screeners who have recently turned age 25 years will continue to receive letters to start cervical screening. It may be suitable to delay screening by 3 to 6 months in this cohort as it is thought to be low-risk.

Higher-risk patients should continue to be reviewed without delay including:

- women who present with symptoms of cervical cancer,
- women who are overdue for screening or over age 30 years and never been screened,
- women who are on the Test of Cure pathway after treatment for HSIL (CIN 2/3), and
- women who are due for follow up after an intermediate result (12-month follow up of human papillomavirus (HPV) non-16/18 positive with negative or low-grade cytology). Although it is preferable for these women

# RACGP 5<sup>th</sup> Standards Criterion

## C4.1 - Health promotion and preventive care



“Some information may also be transferred to national state-based registers (eg cervical screening etc)

Remind patients when they need to have another screening  
(do not rely on patients receiving reminders from these registers).”

[Read RACGP 5<sup>th</sup> standards](#)

[National Cancer Screening Register](#)



## Learning Objective 2:

Build advanced understanding of features within  
MedicalDirector Clinical & Pen CS relevant to cervical screening.



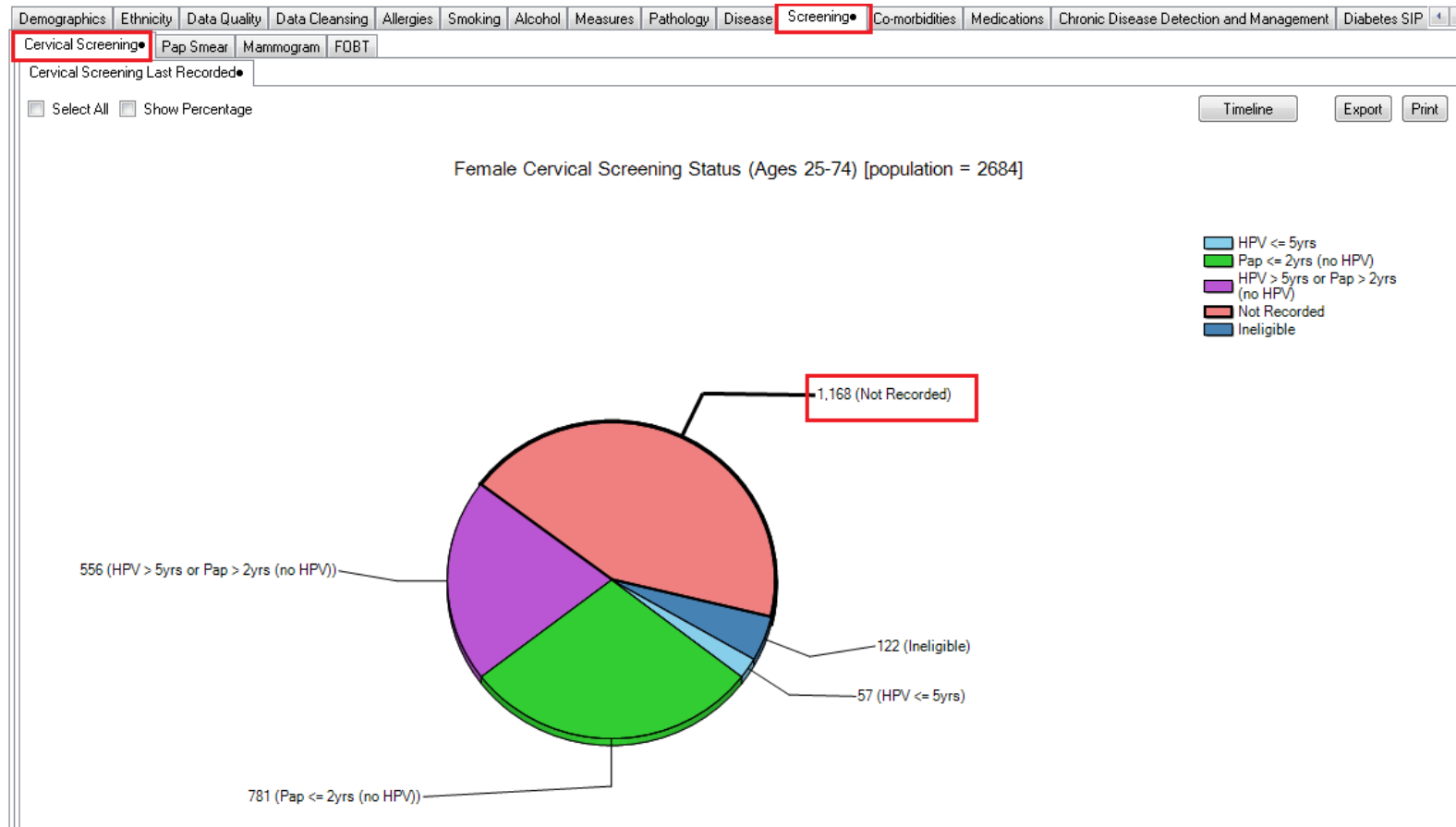
# Pen Clinical Systems

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# Screening and Prevention

Easily identify all eligible patients who have NOT had a Cervical Screening Test (CST)



[Find patients eligible for cervical screening](#)

# Topbar Apps

1. Patient with Type 1 or Type 2 Diabetes, and a HbA1c result recorded within the last 12 months



This patient does not meet the eligible criteria.

4. Patient aged 65 and over, and Immunized for Influenza in the last 15 months



This patient does not meet the eligible criteria.

7. Alcohol consumption recorded (age 15+yo)



Moderate

2. Smoking status recorded in the last 12 months (age 15+yo)



Never Smoked  
(22 Aug 2020)



3. BMI recorded in the last 12 months (age 15+yo)



Missing  
Previous: 20.9  
(17 Aug 2012)



6. Patient with COPD, and Immunized for Influenza in the last 15 months (age 15+yo)



This patient does not meet the eligible criteria.

10. Patient with Diabetes, and with Blood Pressure recorded in the last 6 months



This patient does not meet the eligible criteria.

9. Female patient, with a Cervical Screening recorded in the last 5 years (age 25-74yo)



Missing



8. CVD Risk Factors recorded (45-74yo)



Smoking Status:  
Never Smoked  
(22 Aug 2020)



FBG Screening:  
4.2mmol/l  
(17 Aug 2012)



Systolic Blood Pressure:  
115/65mmHg  
(17 Aug 2012)



Cholesterol:  
6.3mmol/l  
(17 Aug 2012)



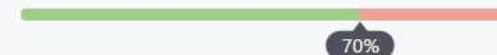
HDL:  
Missing



Age:  
50



Gender:  
Female





MBS2

pip3

Jennifer Andrews, 50 yrs, F


↺

≡


—

Topbar Apps ×

9. Female patient, with a Cervical Screening recorded in the last 5 years (age 25-74yo)



Missing





# Cervical Screening searches

Open File Patient User Tools Clinical Correspondence Search Resources Sidebar Help

Patient...  
Asthma...  
Diabetes Register...  
Immunisation...  
Cervical Screen Results...  
Pregnancy List...  
Prescription  
Recall...  
Influenza 'At Risk' ...  
Pneumococcal Disease 'At Risk'...



## Cervical Screening Result Search

Search for

- ☒ Last cervical screen > 1 year ago ☐ Last cervical screen > 5 years ago  
☐ Last cervical screen > 2 years ago ☐ No recorded cervical screens  
☐ Last cervical screen > 4 years ago ☐ Custom search

Born between  and

### Custom Search Criteria

Result

☐ Select All

Abnormal  
Low Risk  
Intermediate Risk  
Higher Risk  
Unsatisfactory  
Atrophic  
Possible low-grade squamous intraepithelial lesion  
Low-grade squamous intraepithelial lesion (LSIL)  
Possible high-grade squamous intraepithelial lesion  
High-grade squamous intraepithelial lesion (HSIL)  
Squamous cell carcinoma (SCC)  
Atypical endocervical cells of undetermined significance  
Atypical glandular cells of undetermined significance  
Possible high-grade glandular lesion  
Endocervical adenocarcinoma in situ (AIS)  
Adenocarcinoma  
Adenocarcinoma - endocervical  
Adenocarcinoma - endometrial  
Adenocarcinoma - extrauterine  
Low Grade abnormality  
High Grade abnormality  
Inconclusive  
Inflammatory  
Atypia  
C.I.N. 1

Endocervical cells present

☐ Yes ☐ No ☒ All

HPV changes present

☐ Yes ☐ No ☒ All

Time interval

☐ >  Months  
☐ <

To add or remove items from the selection, click on them with the mouse.

[View AMBS 2004 Comparison Table](#)

Search

Cancel





# Inbuilt Prompts



Summary

Current Rx

Progress

Past history

Results

Letters

Documents

Old scripts

Imm.

Cervical Screening

Obstetric

Correspondence

MDExchange

HL

Investigation results and documents have been added to the file since the last visit!

Family History

Mother: Hashimoto's Disease  
Father: Deceased car accident aged 35  
Brother: Down's Syndrome

Social History

Helps care for brother (lives in group home) and mother

Past History

Year	Date	Condition	Side
1996	12/02/1996	Acne Vulgaris	
2003	04/11/2003	Post Natal Depression	
2012	17/08/2012	Asthma	

Immunisations

Date	Immunisation
20/04/2000	DTPA
22/03/2007	FLUARIX
30/08/2007	DTPA
17/08/2012	DTPA

Medications

Drug name	Strength	Dose	Freq	Instructions
-----------	----------	------	------	--------------

Preventive health

Item

Diphtheria-and-tetanus-containing vaccination is recommended!  
Consider screening for Thyroid Disease with a TSH.  
A weight has not been recorded in MD for over a year!  
A Blood Pressure reading has not been recorded in MD for over a year!  
A Blood Glucose level has not been recorded in MD for over a year!  
A cervical screening has not been recorded in MD for over 2 years!

Preventive Health

The following preventive health suggestions have been identified for this patient:

Diphtheria-and-tetanus-containing vaccination is recommended!  
Consider screening for Thyroid Disease with a TSH.  
A weight has not been recorded in MD for over a year!  
A Blood Pressure reading has not been recorded in MD for over a year!  
A Blood Glucose level has not been recorded in MD for over a year!  
A cervical screening has not been recorded in MD for over 2 years!

Customise patient prompts

☐ Exclude this patient from future Preventive health prompts

Close



**Tip:** Customise what screen your MD opens on via Main Screen: *Tools > Options > Clinical > Open Patient In*



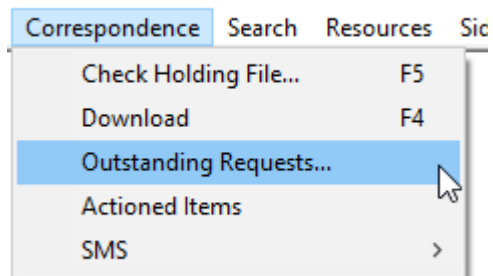
# Ordering CST



Ordering a test will always add an 'Outstanding Request' to your list.

Remove 'outstanding requests' when results are received.

Access via Main Screen >



Important to track 'clinically significant' requests. Consider 'Actions' for this.

Cervical Cytology Request

Provider

- ☒ Demotown Pathology
- ☐ Network Pathology
- ☐ Womens & Childrens Hospital
- ☐ Sds Pathology

Cytology Tests

- ☒ CST Routine
- ☐ CO-TEST (HPV + LBC)
- ☐ Self Collect HPV
- ☐ HPV
- ☐ LBC

Site

- ☐ Cervix
- ☐ Vaginal

Clinical History

- ☐ Post Natal
- ☐ Post Menopausal
- ☐ HRT or OCP
- ☐ IUD
- ☐ PCB - single episode
- ☐ PCB - recurrent
- ☐ PMB
- ☐ Unexplained Bleeding
- ☐ Previous AIS
- ☐ DES exposed
- ☐ Immune Deficient
- ☐ Suspicious Cervix
- ☐ Hysterectomy
- ☐ Radiotherapy

LMP: / / ☐ Pregnant EDC: / /

Comment:

Last Result: 12/08/2020 Negative

Open Gynae Notes ☐ Include Gynae notes on request

MyHealthRecord consent

☐ Do not send reports to My Health Record

Reprint Prev eOrders Other Print Close

Copy to

- ☐ Dr. Mary Bloggs
- ☐ Dr. Susan Charlton
- ☐ Dr. Thomas Davison
- ☐ Demotown Imaging
- ☐ Demotown Pathology
- ☐ Dr. David Mac Donald
- ☐ Maternity & Antenatal Services
- ☐ Dr. Michael Moore
- ☐ Network Pathology
- ☐ Sds Pathology
- ☐ Dr. Paul Shepherd

Other Doctor



# Process when receiving results into the Holding File

The screenshot shows a medical software interface. The 'File' menu is open, and 'Add Cervical Screen Result...' is selected. The main window displays a table of test results for 'ANDREWS, John' and a detailed view of a patient's test history for 'INTERNATIONAL NORMALISED PROTHROMBIN RATIO'.

**File Menu:**

- Add Cervical Screen Result...
- Mark for Recall... (Alt+E)
- Outstanding Requests... (Ctrl+R)
- Print (Alt+P)
- View (Alt+V)
- View Signature (Alt+I)
- Close (Alt+C)

**Table of Test Results:**

Patient	Subject	Description	Recipient/Doctor	Sender/Provider	Location	Type	Date Created	Source
ANDREWS, John	INR		Dr A Practitioner	SDS PATHOLOGY	Result	Pathology	28/06/2018	SDI
ANDREWS, John	INR		Dr A Practitioner	SDS PATHOLOGY	Result	Pathology	28/06/2018	SDI

**Patient Details:**

Name: PATIENT, TEST32E  
Address: 10 LYON PARK RD  
NORTH RYDE, 2113  
D.O.B.: 19/02/1960 Gender: F  
Medicare No:  
IHI No:  
Lab Reference: 06-1290-INR-0  
Date Requested: 01/05/2006

**Test Details:**

Subject: INR  
Lab Reference: 06-1290-INR-0  
Requested: 1/09/2006 Complete: Final  
Performed: 1/09/2006  
Sender/Provider: SDS PATHOLOGY

**INTERNATIONAL NORMALISED PROTHROMBIN RATIO**

Date	I.N.R.	
34/05/06	1.4 *	1226
36/05/06	2.5 *	1227
08/06/06	2.3 *	1244
08/08/06	1.2	1813
18/08/06	1.2	1268
18/08/06	2.2 *	1269
24/08/06	pending	1286
01/09/06	1.1	2787001
01/09/06	1.2	1290

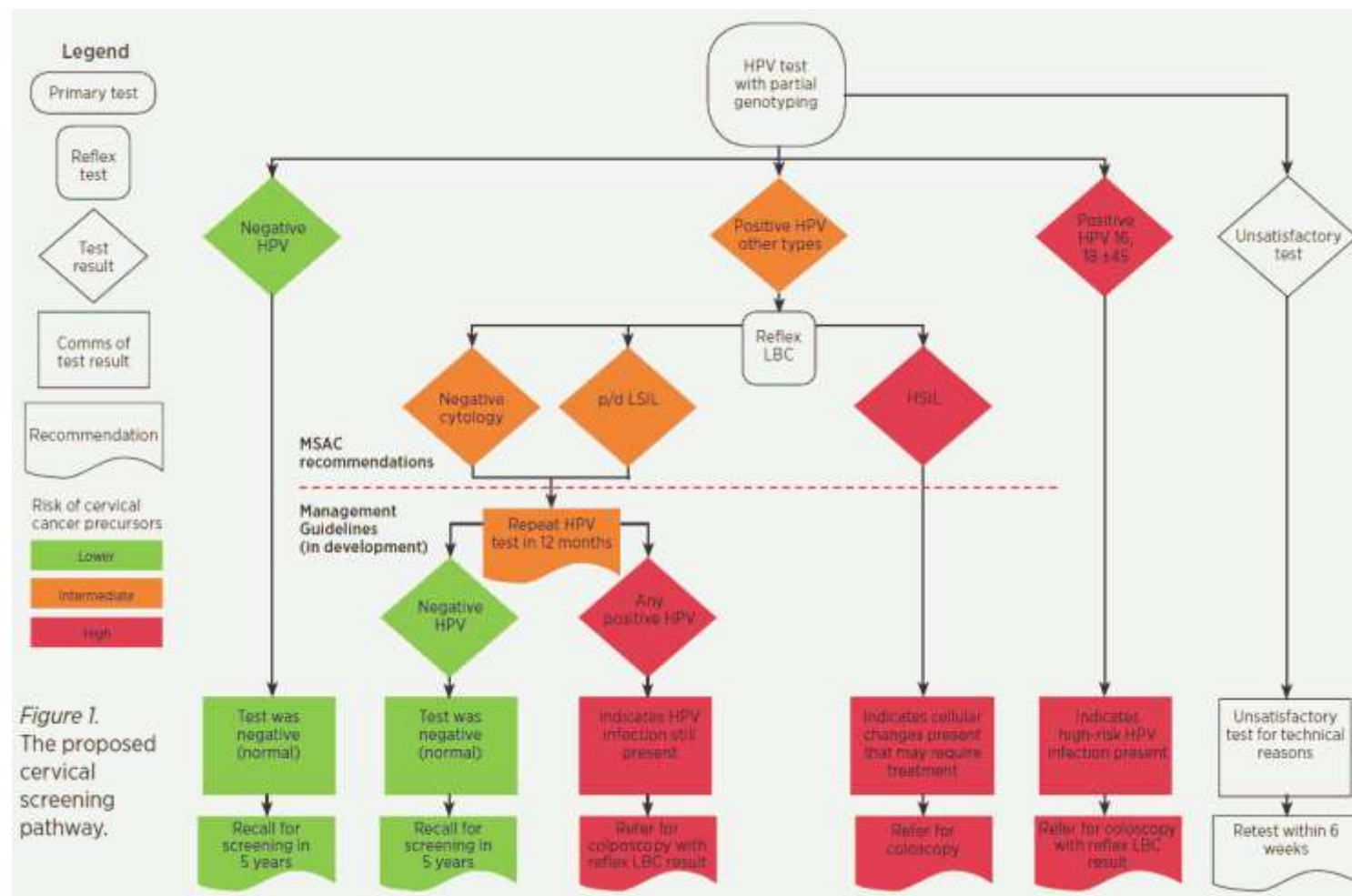
Recommended therapeutic ranges for INR:  
[2.0-3.0] Treatment of DVT, PE and TIA

**Buttons:** Previous, Next, Reassign Patient, Reassign Recipient, Action, No Action, Discuss, Return Urgently, Add Recall, Edit Patient, Open Patient, View Signature, Audit History, Close

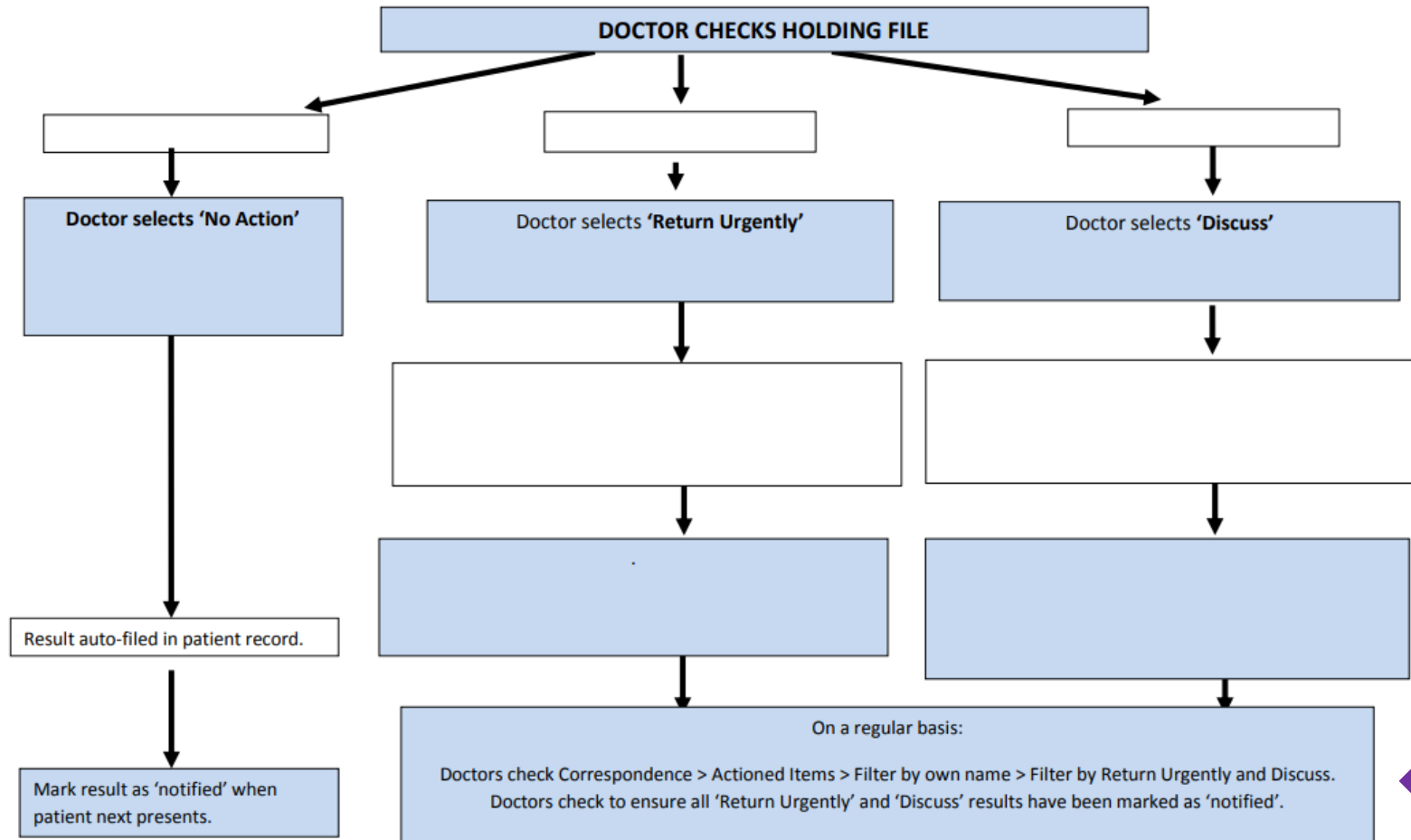
Step 1:  
File > Add Cervical Screen Result.

Step 2:  
Action result - following your practice protocol.

# Screening Pathway




## MEDICALDIRECTOR - SAMPLE CORRESPONDENCE MANAGEMENT PROTOCOL

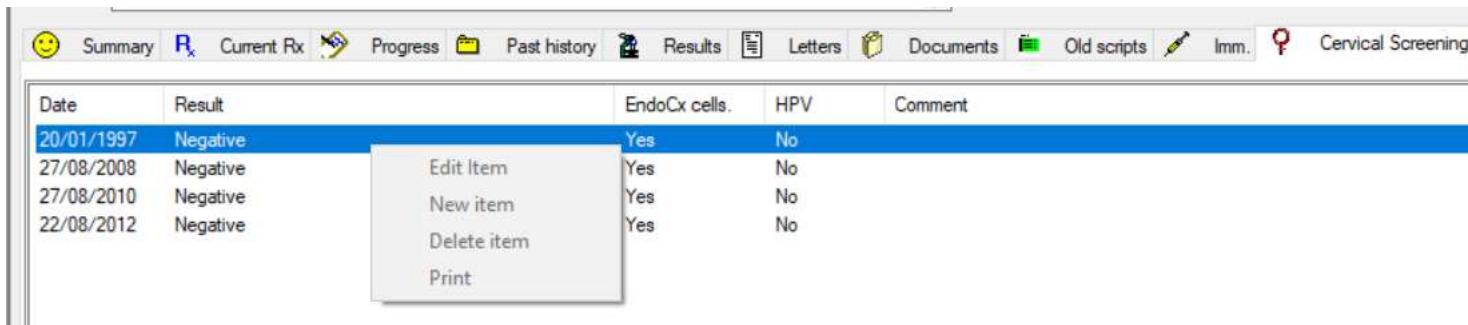


[Download blank flowchart](#)



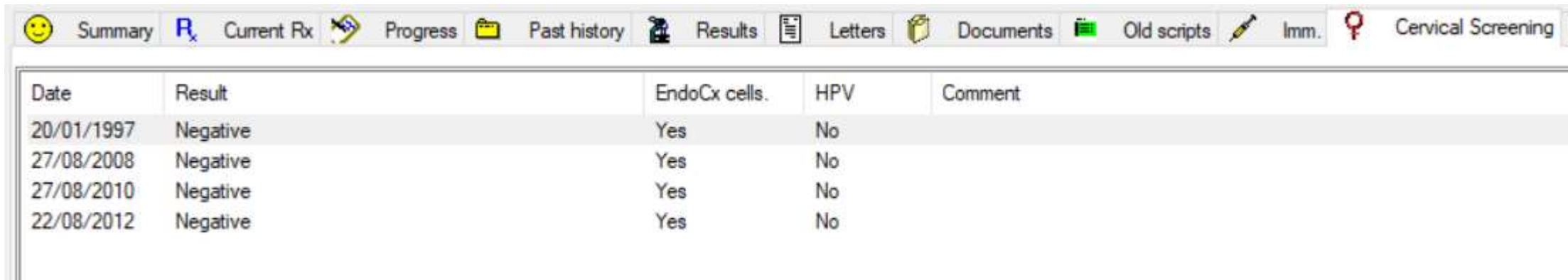
# Cervical Screening

Right click > or 



Date	Result	EndoCx cells.	HPV	Comment
20/01/1997	Negative	Yes	No	
27/08/2008	Negative	Yes	No	
27/08/2010	Negative	Yes	No	
22/08/2012	Negative	Yes	No	

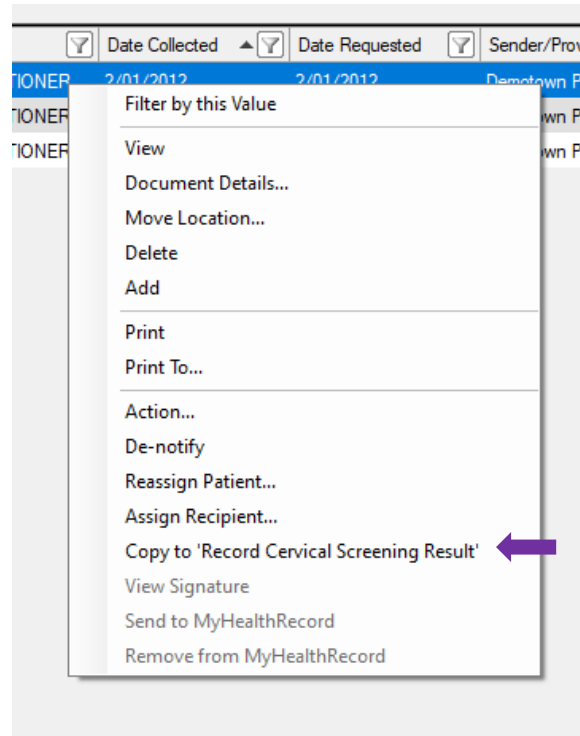
- Edit Item
- New item
- Delete item
- Print



Date	Result	EndoCx cells.	HPV	Comment
20/01/1997	Negative	Yes	No	
27/08/2008	Negative	Yes	No	
27/08/2010	Negative	Yes	No	
22/08/2012	Negative	Yes	No	

# Coding cervical screening results from the patient record

Right click on result



Record Cervical Screening Result

Donna Andrews  
DOB: 12/12/1980      Record No:

Screening Result

Date: 25/11/2017      Result: Negative

☐ Endocervical cells present?

Comment:

[View AMBS 2004 Comparison Table](#)

Negative  
Low Risk  
Intermediate Risk  
Higher Risk  
Unsatisfactory  
Atrophic  
Possible low-grade squamous intraepithelial lesion  
Low-grade squamous intraepithelial lesion (LSIL)  
Possible high-grade squamous intraepithelial lesion  
High-grade squamous intraepithelial lesion (HSIL)  
Squamous cell carcinoma (SCC)  
Atypical endocervical cells of undetermined significance  
Atypical glandular cells of undetermined significance  
Possible high-grade glandular lesion  
Endocervical adenocarcinoma in situ (AIS)  
Adenocarcinoma  
Adenocarcinoma - endocervical  
Adenocarcinoma - endometrial  
Adenocarcinoma - extrauterine  
Low Grade abnormality  
High Grade abnormality  
Inconclusive  
Inflammatory  
Atypia  
C.I.N. 1  
C.I.N. 2  
C.I.N. 3  
Invasive Ca.

[Download the cheatsheet for entering breast, bowel and cervical screening results](#)

# Cervical Screening



Summary
 Current Rx
 Progress
 Past history
 Results
 Letters
 Documents
 Old scripts
 Imm.
 Cervical Screening

Date	Result	EndoCx cells.	HPV	Comment
20/01/1997	Negative	Yes	No	
27/08/2008	Negative	Yes	No	
27/08/2010	Negative	Yes	No	
22/08/2012	Negative	Yes	No	

Last result date

22/08/2012

☐ Exclude this patient from future cervical screening prompts / recalls



Excluding patients



# Add recalls from Holding File or patient record

Patient	Subject	Description	Recipient/Doctor	Sender/Provider	Location	Type
ANDREWS, Heather	FBI	HELLO COMPUTER	SOS PATHOLOGY	Result	Pathology	
HAWKES, Janice	HPV DNA	HELLO COMPUTER DEP.	SOS PATHOLOGY	Result	Pathology	
HAWKES, Janice	HPV DNA	HELLO COMPUTER DEP.	SOS PATHOLOGY	Result	Pathology	
ANDREWS, Heather	INR	HELLO COMPUTER DEP.	SOS PATHOLOGY	Result	Pathology	
ANDREWS, Heather	INR	HELLO COMPUTER DEP.	SOS PATHOLOGY	Result	Pathology	
ANDERSON, David	Sleep GP referral (MD)	Dr A Practitioner		Document	Report	

Subject: HPV DNA  
Lab. Reference: 04-400-001-0  
Requested: 23/07/2004  
Performed: 23/07/2004  
Sender/Provider: SOS PATHOLOGY

Complete:

using the Digene Hybrid Capture II  
V types 16, 18, 31, 33, 35, 39, 45,  
distinguish between the viral types  
as supplementary finding, immediate

Recall Reason

HPV DNA  
ANNUAL HEALTH ASSESSMENT  
ASTHMA REVIEW  
BLOOD PRESSURE REVIEW  
BOWEL SCREENING  
CERVICAL SCREENING TEST  
CHOLESTEROL REVIEW  
COLONOSCOPY  
DEPO RALOVERA  
DIABETES REVIEW  
FULL MEDICAL CHECK-UP  
GARDASIL DOSE 2  
GARDASIL DOSE 3  
GENERAL CHECK-UP

☐ Restrict by age and gender

Add Reason Edit Reason Delete Reason

Due Date: 25/11/2017

Recall Options:  
☐ Return urgently  
☒ Once only Recall

Recall Interval:  
☒ Weeks  
☐ Months  
☐ Years

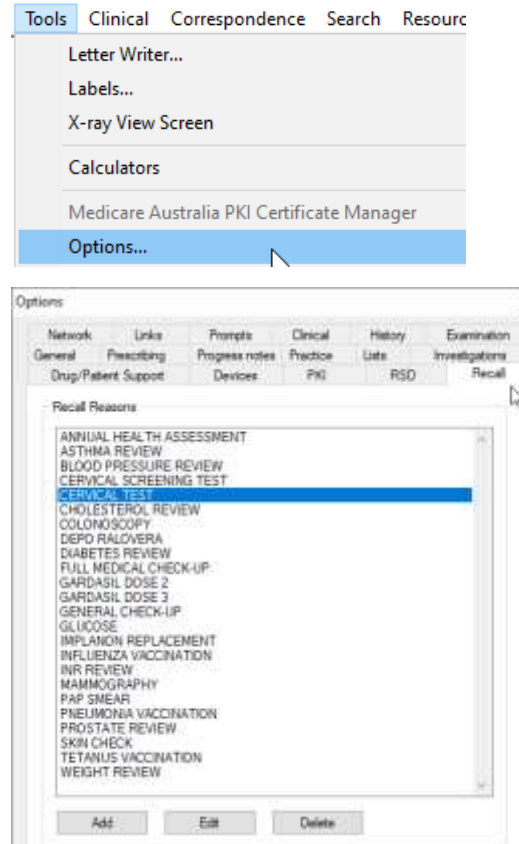
Save Cancel

CONTROL YOUR LIST!

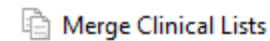
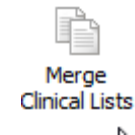
COIL REMOVAL  
COLON  
COLONO  
COLONOSC  
COLONOSCO  
COLONOSCO  
COLONOSCOPE  
COLONOSCOPY  
COLONOSCOPY AND ENDOSCOPY  
COLONOSCOPY REPORT AND REVIEW  
COLONOSCOPY  
COLPOSCOPY

## 2 Stages to clean up

### Add/Edit/Delete to create your Recall list



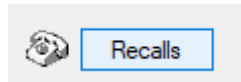
### Merge duplicate reasons



Show Clinical List for:

Recall List

# Add, view and modify patient recalls & reminders



Add Recall: Maureen ANDREWS

Assigned To:  
Dr A Practitioner

Recall Reason

CERVICAL SCREENING TEST

ANNUAL HEALTH ASSESSMENT  
ASTHMA REVIEW  
BLOOD PRESSURE REVIEW  
BOWEL SCREENING  
CERVICAL SCREENING TEST  
CHOLESTEROL REVIEW  
COLONOSCOPY  
DEPO RALOVERA  
DIABETES REVIEW  
FULL MEDICAL CHECK-UP  
GARDASIL DOSE 2  
GARDASIL DOSE 3  
GLUCOSE

☐ Restrict by age and gender

Add Reason Edit Reason Delete Reason

Due Date:  
23/06/2019

Recall Options

☒ Return urgently  
☐ Once only Recall

Recall Interval

1 | Weeks  
Months  
☒ Years

Save  
Cancel

Tick 'Return Urgently' if 'clinically significant' eg Unsatisfactory test, for retest within 6 weeks.



## Learning Objective 4:

Differentiate between preventive health reminders and clinically significant recalls.

# Generate Recall and Reminder Lists

Recall Search Criteria

Recall Reasons: 1 of 20 selected

☐ Show only reasons from active recalls

☐ All Reasons

GENERAL CHECK-UP  
GENERAL CHECKUP  
IMMUNISATION  
IMMUNISATION - 18 MONTH  
IMMUNISATION - 2 YEAR  
IMMUNISATION - 4 MONTH  
IMMUNISATION - 4 YEAR  
IMMUNISATION - 6 MONTH  
INFLUENZA VACCINATION  
INR REVIEW  
PAP SMEAR  
SKIN CHECK  
URGENT TEST RESULT

Assigned To: All Users

☐ Show only users with active recalls

☒ All Users   ☒ Show 'Unknown' User

Name	Status
Unknown	Active
Dr A Practitioner	Active
Registered Nurse	Active

Status

☐ Include deleted recalls   ☐ Include completed recalls

Patient Contact

☐ Attempted to contact patient at least

☐ Only show patients that have attended in response to a recall

Date Range

Due within 2 weeks

Start: 3/01/2014

End: 4/12/2017

Saved Searches

Default Search	Search Name
<input checked="" type="checkbox"/>	Diabetes Reviews
<input type="checkbox"/>	Immunisations
<input type="checkbox"/>	Pap Smear

Load

Save

Rename

Delete

Search

Cancel

# Following up 'Clinically Significant' Recalls

Recall Search Criteria

Recall Reasons: 1 of 20 selected

☐ Show only reasons from active recalls

☐ All Reasons

- BLOOD PRESSURE REVIEW
- BLOOD TEST
- CERVICAL SCREENING TEST
- DIABETES REVIEW
- GENERAL CHECK-UP
- GENERAL CHECKUP
- IMMUNISATION
- IMMUNISATION - 10 YEAR
- IMMUNISATION - 12 MONTH
- IMMUNISATION - 18 MONTH
- IMMUNISATION - 2 YEAR
- IMMUNISATION - 4 MONTH

Assigned To: All Users

☐ Show only users with active recalls

☒ All Users ☐ Show 'Unknown' User

Name	Status
Dr A Practitioner	Active
Registered Nurse	Active

☐ Include inactive patients

Status

☐ Include deleted recalls ☐ Include completed recalls

Patient Contact

☐ Attempted to contact patient at least

☐ Only show patients that have attended in response to a recall

Date Range

Due within 1 month Start: 26/08/2021 End: 26/09/2020

Saved Searches

Default Search	Search Name
----------------	-------------

Load Save Rename Delete

Search Cancel



# Display Actions Pane (Audit Trail)

Search Recalls

Select None

Search

Refresh

Add Recall

Open Patient

Export

Mail Merge

Print List

Update

Send SMS

Clear Filters

Reset Window Settings

Surname

First Name

Recall Reason

Due Date

Preferred Contact

Mobile Phone

Address

Assigned To

Priority

ANDREWS

Heather

PAP SMEAR

3/01/2014

SMS

0424583333

234 George Stree...

Dr A Practitioner

Action Taken	Date Performed	Performed By	Contact Attempt	Comments	Date Deleted	Deleted By
Audit	3/01/2012	Dr A Practitioner	No	Created after updating previous recall.		
Telephone Mobile	31/03/2016	Dr A Practitioner	Yes	Made appointment for 1/4/16 at 9am		
Send Letter	27/04/2016	Dr A Practitioner	Yes	Registered letter		
Consultation	27/04/2016	Dr A Practitioner	Yes	Regular post		
Audit	4/07/2016	Dr A Practitioner	No	Letter printed.		
Send Letter	10/05/2017	Dr A Practitioner	Yes	Registered letter		
Telephone Home	10/05/2017	Dr A Practitioner	No	Rang patient on home phone - disconnected		

Print

Add

Edit

Delete

Show Deleted

Hide Actions Panel

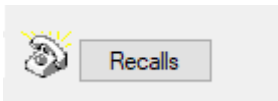
Show Details Panel

Close

Currently Loaded Search: New recall search Recall Count: 1 Unique Patient Count: 1



# When patient returns: delete recall



Recall Items

Range: All End Date: 31/12/9998 ☐ Include completed and deleted recalls

Add | Edit | Update | Delete | Print List | Progress Notes

Recall Reason	Due Date	Date Added	Last Action Date	Last Action By	Last Action	Once Only	Priority	Attended	Date
PAP SMEAR	3/01/2014	3/01/2012 2:41 ...	10/05/2017	Dr A Practitioner	Telephone Home				
INFLUENZA VACCINATION	18/02/2014	18/02/2013 11:2...	4/07/2016	Dr A Practitioner	Audit				

< >

Action Taken	Date Performed	Performed By	Contact Attempt	Comments	Date Deleted	Deleted By
Audit	3/01/2012	Dr A Practitioner	No	Created after updating previous recall.		
Telephone Mobile	31/03/2016	Dr A Practitioner	Yes	Made appointment for 1/4/16 at 9am		
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Telephone Home	10/05/2017	Dr A Practitioner	No	Rang patient on home phone - disconnected		

Add | Edit | Delete | Show Deleted | Print

Close

Audit trail of contact

# RECALLS

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.





## Learning Objective 4:

Use actions for proactive preventive health management.

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# Plan | Do | Study | Act

**DO**

With assistance from practice staff, implement the recall/reminder (or other) strategy designed in Cycle 2 to encourage identified patients to make an appointment to discuss or participate in cervical screening.

Record any practice strategies and recall/reminder actions each GP took with their identified twenty patients in the tables below.

Tick any practice strategies that were applied		
Waiting room patient education resources	Opportunistic conversation with other eligible patients	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	

Identified patients were reminded via (tick all that apply)				
Letter from practice	Phone call from GP/ practice nurse	SMS from practice	Face-to-face conversation with GP/ practice nurse	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





# Ideas for engagement

- Display materials in waiting room.
- Opportunistic education including data on effectiveness.
- Culturally and linguistically appropriate information

Consumer resources are available and have been translated into 24 languages including Mandarin, Vietnamese, Cantonese, Arabic, Korean, Greek, Thai, Khmer, Italian, Spanish, Turkish, Persian, Macedonian, Dari, Japanese, Serbian, Assyrian, Nepali, Croatian, Samoan, Gujarati, Sinhalese, Urdu and Bengali.

Resources have also been developed specifically for Aboriginal and Torres Strait Islander people in English and translated into six indigenous languages: Alyawarra, Arrernte, Luritja, Pitjantjatjara, Torres Strait Creole and Warlpiri.

- Work with small group of patients to co-design.
- GP recommendation
- Practice Nurses / Special clinics
- Follow up any literature with phone call.
- Allow time to discuss and address concerns.
- Add promotion to website/facebook etc





**Australia  
is on track to  
eliminate cervical  
cancer by 2035**

# Access webinars and courses

<https://courses.trainitmedical.com.au/>

PHN Enrolment Code: p8GsSTHo

PHN Key Required

phn

WESTERN SYDNEY

An Australian Government Initiative

WentWest

Progressing Health, Now

WENTWEST

See more...

Course Content

Expand All

✓ WEBINAR RECORDINGS

10 Lessons

Collapse

Section Content

50% Complete | 5/10 Steps

✓ 1 - Nurse Connect - Covid19 - 9 April 2020

○ 2 - Telehealth with HealthDirect Australia - 21 April 2020

○ 3 - Telehealth & MBS Item Numbers - 19 May 2020

○ 4 - Advanced Telehealth and Digital Health Improvements - 27 May 2020

○ 5 - Telehealth for Specialists & Specialist Practice Managers - 3 June 2020

✓ 6 - ePrescribing, Results and My Health Record - 10 June 2020

✓ 7 - Electronic transfer of prescriptions using MedicalDirector Clinical - 17 June 2020

✓ 8 - Electronic transfer of prescriptions using Bp Premier - 8 July 2020

✓ 9 - Maximise Benefits of Digital Health Changes - 16 July 2020

○ 10 - Leading Quality Improvements during Covid 19 - 23 July 2020



# Further Information

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[National Cancer Screening Register \(NCSR\) & Cervical Screening Program](#)

[Cervical Cancer Screening](#) | WentWest

[Cheatsheets for entering cervical screening results in MedicalDirector](#) | Train IT Medical  
[Cancer Screening & Prevention – Free Resources](#) | Train IT Medical

[Cervical Screening Results](#) | MedicalDirector  
[Cervical Screening](#) | Pen CS

[Guidelines for Preventive Activities – Cervical Screening – The Red Book](#) | RACGP

[Cancer Institute NSW 'Information for Health Professionals'](#)

[Untold Stories – Culturally diverse women share their stories of cervical cancer screening](#) | Youtube | Family Planning NSW

Arabic, Assyrian, Dari, French, Hindi, Karen, Khmer, Mandarin, Nepalese & Vietnamese.

# We're here to help you!

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