Train IT Medical
Competence with Confidence

Leading Change

Presented by:
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Learning Objectives:

1. Learn strategies for leading change and creating a practice of the digital future.
2. Discuss SWOT analysis to identify opportunities for improvement.
3. Identify ways to improve team engagement.
4. Understand rapid CQI (adapting to new ways of working and doing things instantly on some occasions) and the importance of whole team approach to quality improvement.
5. Create a culture of improvement.
6. Use data to engage practice teams in continual quality improvements.

INTRODUCTION

The 8 Step Process for Leading Change

Devised by Professor John Kotter - http://www.kotterinternational.com/the-8-step-process-for-leading-change/

8 Steps to Managing Transformational Change

1. Create a sense of urgency
2. Build a guiding coalition
3. Form a strategic vision and initiatives
4. Empower others to act on the vision
5. Enable action by removing barriers
6. Generate short-term wins
7. Consolidate improvements and produce still more change
8. Institutionalise change

Devised by Professor John Kotter - http://www.kotterinternational.com/the-8-step-process-for-leading-change/

1 Create a Sense of Urgency

Leading change in Covid times

Change brings opportunity

List changes in our industry post Covid you can now use to drive continual data improvements:

Understand the Challenges

2 Build a Guiding Coalition

Display strong leadership with inclusivity

Westside Medical

Quinns Mindarie Super Clinic

Lead your team with positivity

3. Form a strategic vision and initiatives

Our vision of change

Improve health outcomes

Improve revenue

Improve relationships

Improve data

Stay genuine

How do you know what to prioritise?

- Government driven changes
- New technology
- Data dashboards
- Financial reports
- Staff feedback
- Near misses
- Patient complaints
- Patient reported measures – PRMS

SWOT ANALYSIS

Worksheet

SWOT Analysis

For instructions on using SWOT Analysis, visit www.mindtools.com/rs/SWOT.

Strengths	Weaknesses
What do you do well? What unique resources can you draw on? What do others see as your strengths?	What could you improve? Where do you have fewer resources than others? What are others likely to see as weaknesses?
Opportunities	**Threats**
What opportunities are open to you? What trends could you take advantage of? How can you turn your strengths into opportunities?	What threats could harm you? What is your competition doing? What threats do your weaknesses expose you to?

www.mindtools.com/rs/SWOT

15 reasons why patients would choose our practice?

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

15 reasons why we are no. 1	
1	Competent
2	Organised
3	Traditional role with the hospital
4	Continuity
5	Respectful
6	High level of patient care
7	Patient-centred care
8	Practice of Integrity
9	Good communication
10	98% patient satisfaction rating on surveys
11	Access to care – can get an appointment on same day
12	Technology (both keeping up & patient-centred technology approach)
13	Preventive health focus, not just reactive care
14	Empathic
15	Fewer hospital admissions/re-admissions

4. Empower others to act on the vision

High performing practices & high performing leaders

Bianca Wilson & Michelle Horswood

"Our clinical model is already as it should be so for us the trial is purely about the financial modelling, working out for example time and dollar amounts for each activity
eg. uploading a shared health summary."

"Every time we see a patient we update their health summary information."

Who’s on your team?

Know your own strengths and weaknesses

Understand and support your team

Personal SWOT Analysis Worksheet

- For instructions on using Personal SWOT Analysis, visit www.mindtools.com/personalswot.

Strengths	**Weaknesses**
What do you do well? What unique resources can you draw on? What do others see as your strengths?	What could you improve? Where do you have fewer resources than others? What are others likely to see as weaknesses?
Opportunities	**Threats**
What opportunities are open to you? What trends could you take advantage of? How can you turn your strengths into opportunities?	What threats could harm you? What is your competition doing? What threats do your weaknesses expose you to?

https://www.mindtools.com/worksheets/Personal_SWOT_Analysis_Worksheet.pdf

Communication

Key points for discussion at team meeting:	
•	
•	
•	
•	
•	
•	
2. Daily Team Meeting:	
Attendance:	
Actions from yesterday's meeting:	
What's changed since yesterday:	
What's on today:	
Issues, concerns, or WHS risks raised:	
Improvement suggestions (CQI):	
3. Update whiteboards, notice boards, and communication books with any new information	
4. Ensure all PPE stocks are replenished, including hand sanitiser and soap dispensers	
5. Review appointment book to ensure all telehealth bookings include all necessary details	
6. Wipe down the waiting room chairs and reception surfaces with disinfectant wipes at lunch time and any other time as required following infection control standards	
7. Check pathology and PPE stocks and reorder as necessary	
8. Check in with staff members on their mental health and wellbeing Are you OK? If not, to follow up Are you using the appropriate infection control techniques and staff PPE? Are there any practice issues or concerns? If yes, to follow up	
9. Today's good news story:	
10. Provide feedback to your PHN coordinator on any good news stories, issues, or concerns	

Credit Marg Windsor, DARTA Medical

Support change with gratitude tree

INDIVIDUALLY
we are
Special
TOGETHER
we are
Spectacular
Cindy
Valarie
JoAnn
Joyce
Addie
Roderick
Vanessa
Felicia
Rachael
Alisha
Tracie
Kia
Jalyce
Kostadin
Michelle
Nafiyyah
Ego
Respiratory Therapy

5. Enable action by removing barriers

https://www.youtube.com/watch?v=AZVn3MQCEC0

Pre-empt barriers:

Dr Gaj Panagoda,
Paediatric Rehabilitation Physician &
General Paediatrician,
Institute for Urban Indigenous Health

"General assumption is that you lose rapport but that is the opposite of what I've found over the past 2 years of doing telehealth".

Listen to RACP podcast: The Art of Telehealth

PEER LEADERSHIP

- Dr Suzanne Williams, Inala Primary Care

“I update the health summary every time I see the patient.”

Dr John Aloizos,
Garden City Medical Centre Principal & Clinical Lead,
Australian Digital Health Agency

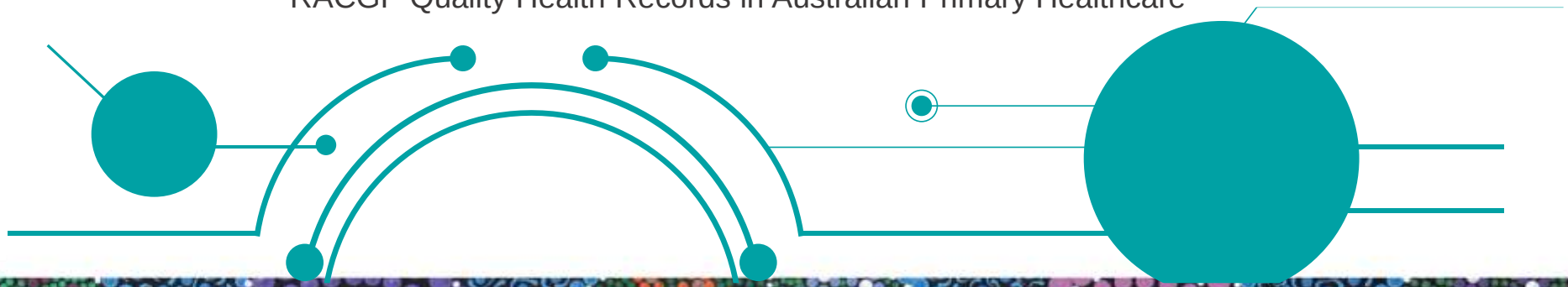
"The worst way to do this is to think about telehealth is installing a piece of technology.

The best way to do it is to think of it as improving a service.

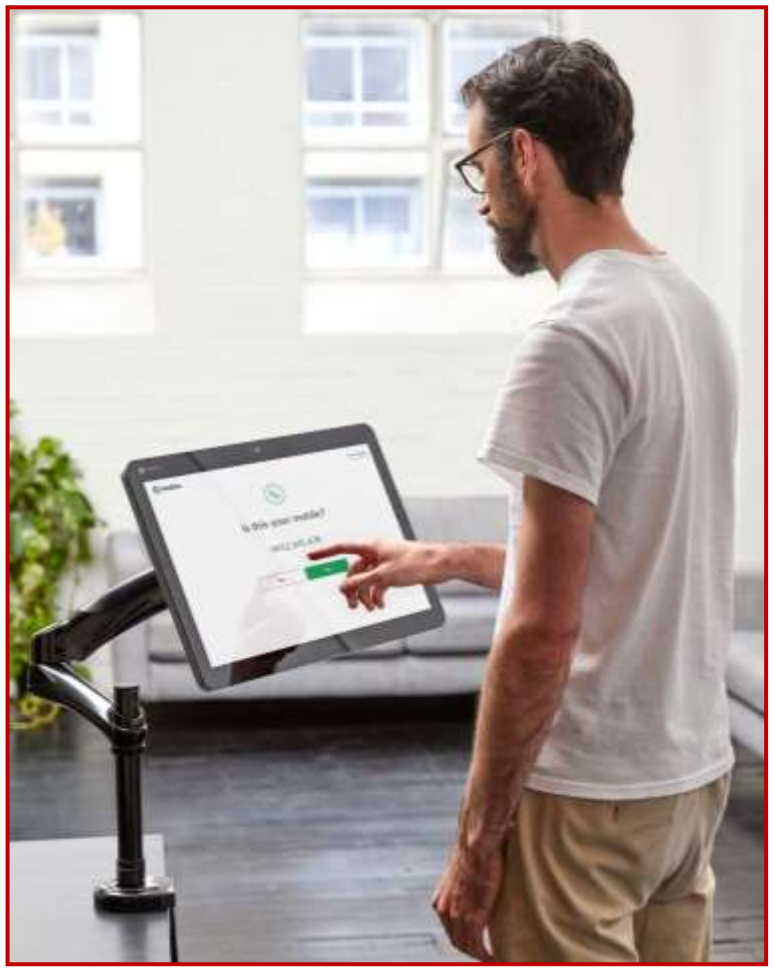
Prof Trish Greenhalgh: Webinar, Oxford University – COVID-19 and Digital Technology…

“Health Professionals should **expect to share their health information** with colleagues and with patients to facilitate safe and effective health care”

RACGP Quality Health Records in Australian Primary Healthcare



6. Generate short-term wins



73%

of people self-checking in identified **incorrect** demographic information in their patient record

Data from Jayex

As reported from Jayex kiosks

7. Consolidate improvements and lead continual change

“I was more relaxed about telephone versus video, less likely to run to time. With video I have the link set up for a certain time. I am more mindful of time than even in my consulting room.

Dr Gaj Panagoda, Paediatric Rehabilitation Physician & General Paediatrician,
Institute for Urban Indigenous Health

What technology changes have you implemented lately?

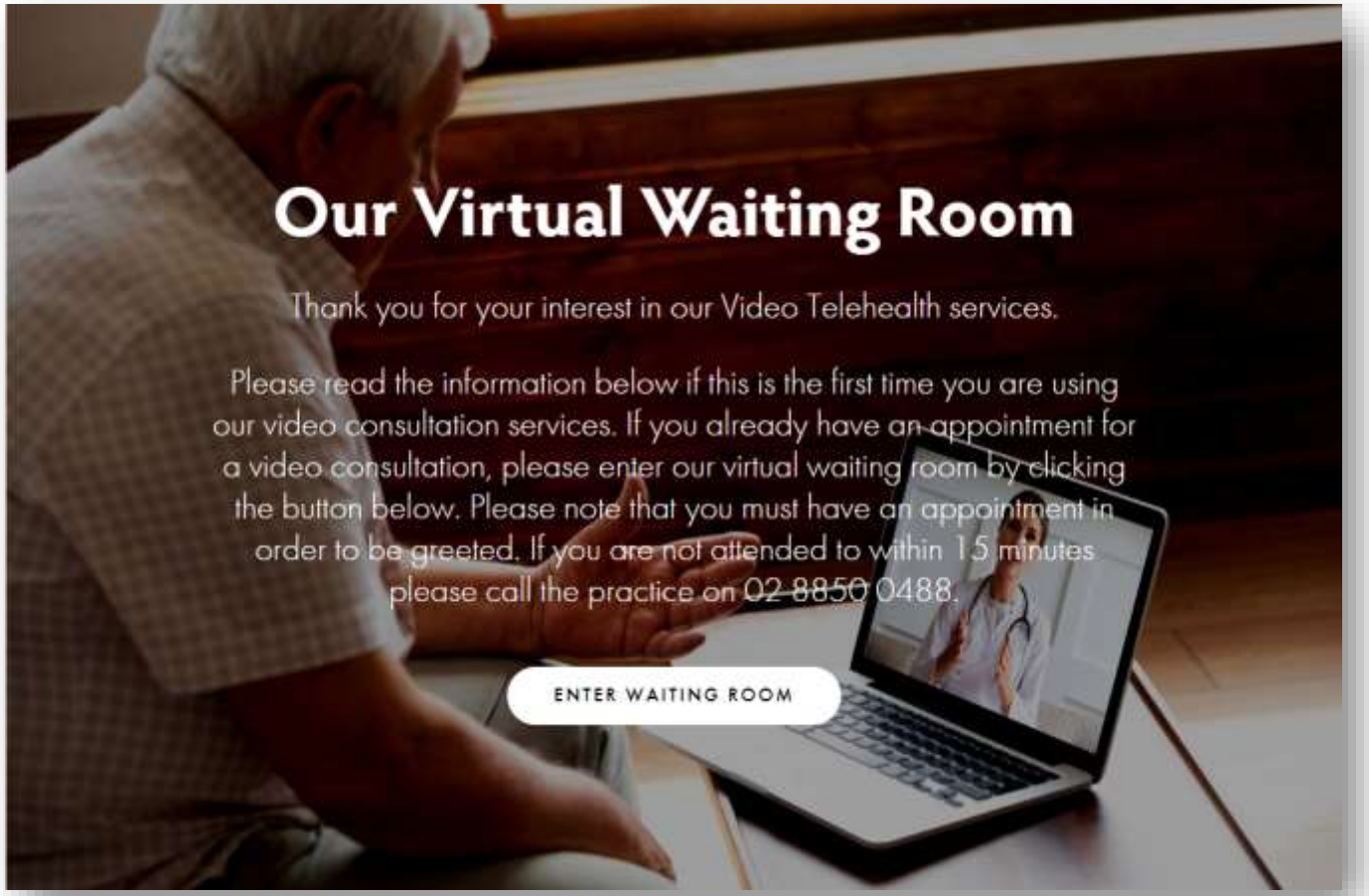
- Remote access?
- Telehealth/video consults?
- Data analytic tools?
- Vaccine management tools?
- Electronic forms?
- Data dashboards?
- Electronic Prescribing?
- ?
- ?
- ?

What changes should we keep?

1. Telehealth
2. Hand sanitising stations
3. Social distancing in waiting room
4. Separate areas for patients who are unwell or attending for preventive health consultations
5. Triage questions from front desk staff
6. Doctors wearing scrubs
7. Zoom focus group meetings
8. Dedicated flu clinics
9. Triage station with temperature checking on entry to clinic.
10. Facebook communication

Listen to Dr Lyn Wren talking about patient/team collaboration.

8. Institutionalise new approaches



Telehealth

ePrescriptions

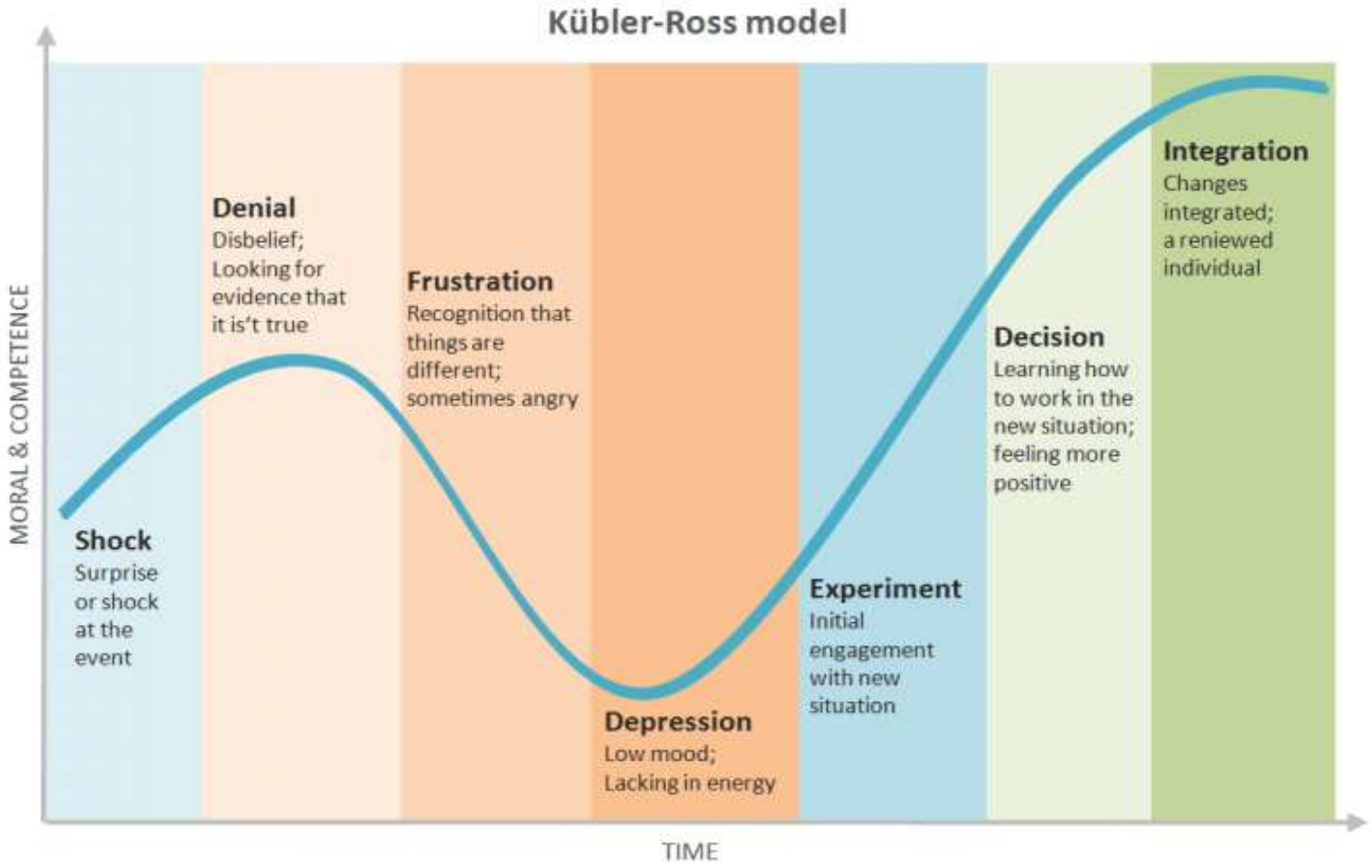
Customised sms

Remote Monitoring

And so much more

https://hillsfamilygeneralpractice.com/telehealth-at-our-practice

Change Management is a process



Keep it real - show patient benefit, clinical benefit

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Window Help

Go MD

Mrs Laura Curtin (83yrs 2mths) | DOB: 05/03/1937 | Gender: Female | Occupation: | 0m 59s

87 Chapman Ave. Gurnang. Nsw 2787 | Ph: 0455555555 (mobile) | Record No: | ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: Nil known | Pension No: | Ethnicity:

Smoking Hx: Never smoked | IHI No: 8003 6085 0004 5331

Warnings: | MyHealthRecord: Exists with access permission as of 17/05/2020

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

Consultation date: 17/05/2020 | Previous visits: ALL

Visit type: Surgery Consultation

Sunday May 17 2020 14:43:37
Dr Phillip Lang
Visit type:
Surgery Consultation

Date	Recorded by:	Visit type	Reason for contact
07/08/2018	Dr Phillip Lang	Surgery Consultation	
17/05/2020	Dr Phillip Lang	Surgery Consultation	

Where will our patient be in 1 year?.....5 years?

Summary General Practice MBS Items (to be used in conjunction with MBS Desktop Guide)

Where will this patient be in one year? Five years?

EACH VISIT: Quality Records - Demographics; Medications; Allergies; Family and Social History; Correspondence marked as Notified;

Consultation	Prevention	Aboriginal and Torres Strait Islander Patients	Chronic Disease Management	Mental Health	My Health Record
Item Numbers: Level A (3) : Brief – see MBS for complexity of care requirements Level B (23): < 20 min – see MBS for complexity of care requirements Level C (36): ≥ 20 min - see MBS for complexity of care requirements Level D (44): ≥ 40 min - see MBS for complexity of care requirements Item 10991: bulk billing incentive Medicare co-payment for DVA, under 16's and Commonwealth Concession Card holders. Can be claimed concurrently for eligible patients	➢ Family and social History ➢ Life Style ➢ Height, weight, Blood Pressure ➢ AusDRisk Calculator (diabetes risk) 40 - 49 high risk Eligible for Health check Item 701,703,705,707 ➢ Cardiovascular Risk calculator Indigenous over 35yrs Non-Indigenous over 45yrs ➢ Screening – Family History. Bowel Breast Skin Prostate ➢ Items 701,703,705,707 Health checks (see eligibility overleaf) ➢ Item 900 Medication Review	➢ Register patient for Close The Gap (See Over Leaf) ➢ At risk – CTG Pharmaceutical benefits program ➢ Item 715 Health Check all ages. Annually with a Minimum period of 9 months ➢ Item 721, 723, 732 for patients with chronic disease ➢ Item 10987 Follow-up visit with PN/AHW on completion of 715. 10 visits per year ➢ Item 10997 Follow-up visit with PN/AHW on completion of 721. 5 visits per year.	➢ A chronic medical condition which has been present or likely to be present for six months or longer ➢ Item 721 GP management plan ➢ Item 723 Team Care Arrangement ➢ Item 732 Review of GPMP or TCA. Both can be billed on same day. ➢ Item 10997 Follow-up visit with PN/AHW on completion of 721. 5 visits per year. ➢ Item 2517/2521/2525 Diabetic Cycle of Care ➢ Item 2546/25552 Asthma cycle of Care	➢ Item 2700/2701/2715/2717 GP Mental Health treatment Plan (time and skill based) ➢ Item 2712 Review GP Mental Health Treatment Plan ➢ Item 2713 Mental Health Consultation.	➢ Item 3/23/36/44 can be claimed for preparation and uploading of My Health Record summary. ➢ Target ▪ Aboriginal and Torres Strait Islander persons ▪ Patients with a chronic condition ▪ Children ▪ Pregnant women

Credit Marg Windsor, DARTA Medical

Leading Change

= CHANGE!

Leading Change

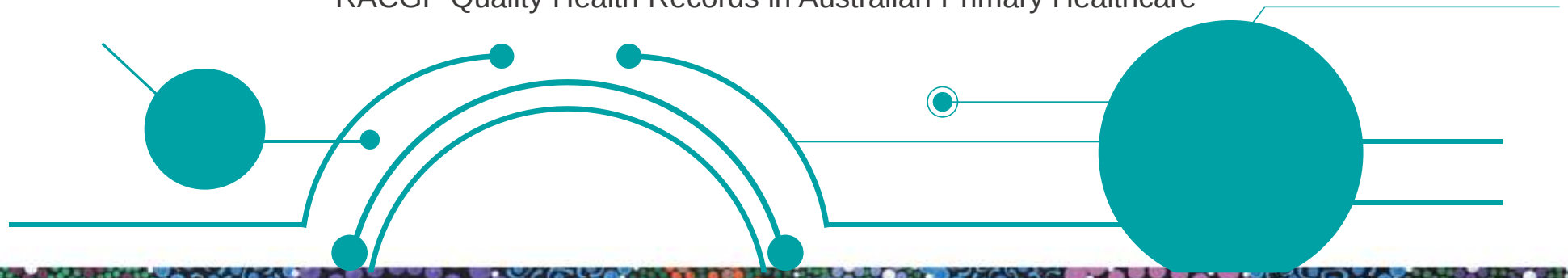
Change Management Power Tools

Motivation Tool

General Practice Standards & Accreditation

“Health Professionals should **expect to share their health information** with colleagues and with patients to facilitate safe and effective health care”

RACGP Quality Health Records in Australian Primary Healthcare



Motivation Tool

Financial benefit

Motivation Tool

Competition

Hunters Hill Medical Practice

Motivation Tool

Medico-legal protection

Greenmeadows Medical, Port Macquarie

TV screen showing patients how many patients are before them

→ coffee shop while they wait

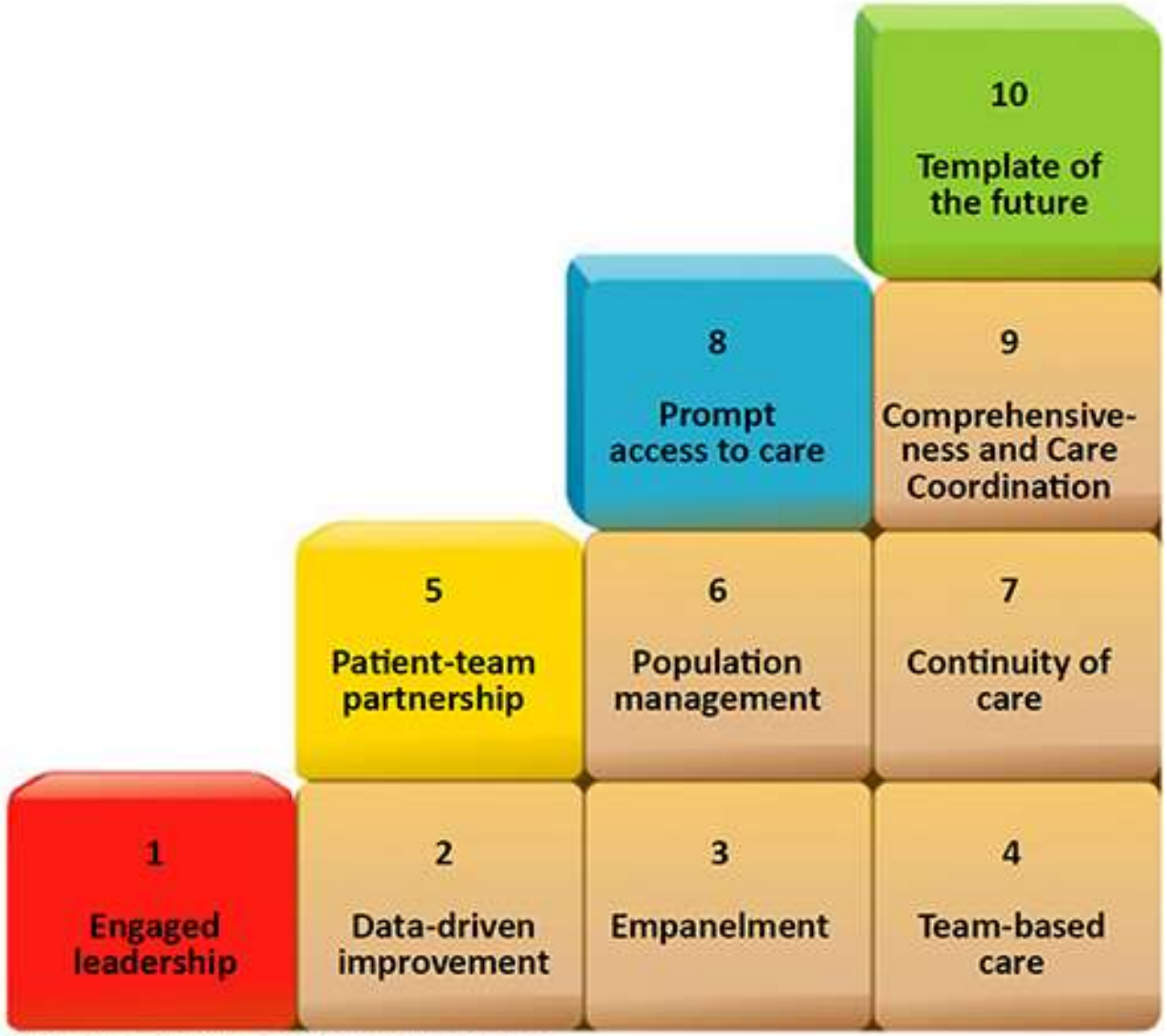
Change Champions

Dr Steve Hambleton writes on his patient letters:
“This patient has an active ‘My Health Record’.
You may be able to access this through your clinical information system or the provider portal”.

When doctors ring asking for his patients’ health summaries he tells them to look on the patient’s My Health Record.

So how do you get your staff to see that change is part of maintaining a successful practice of the future?

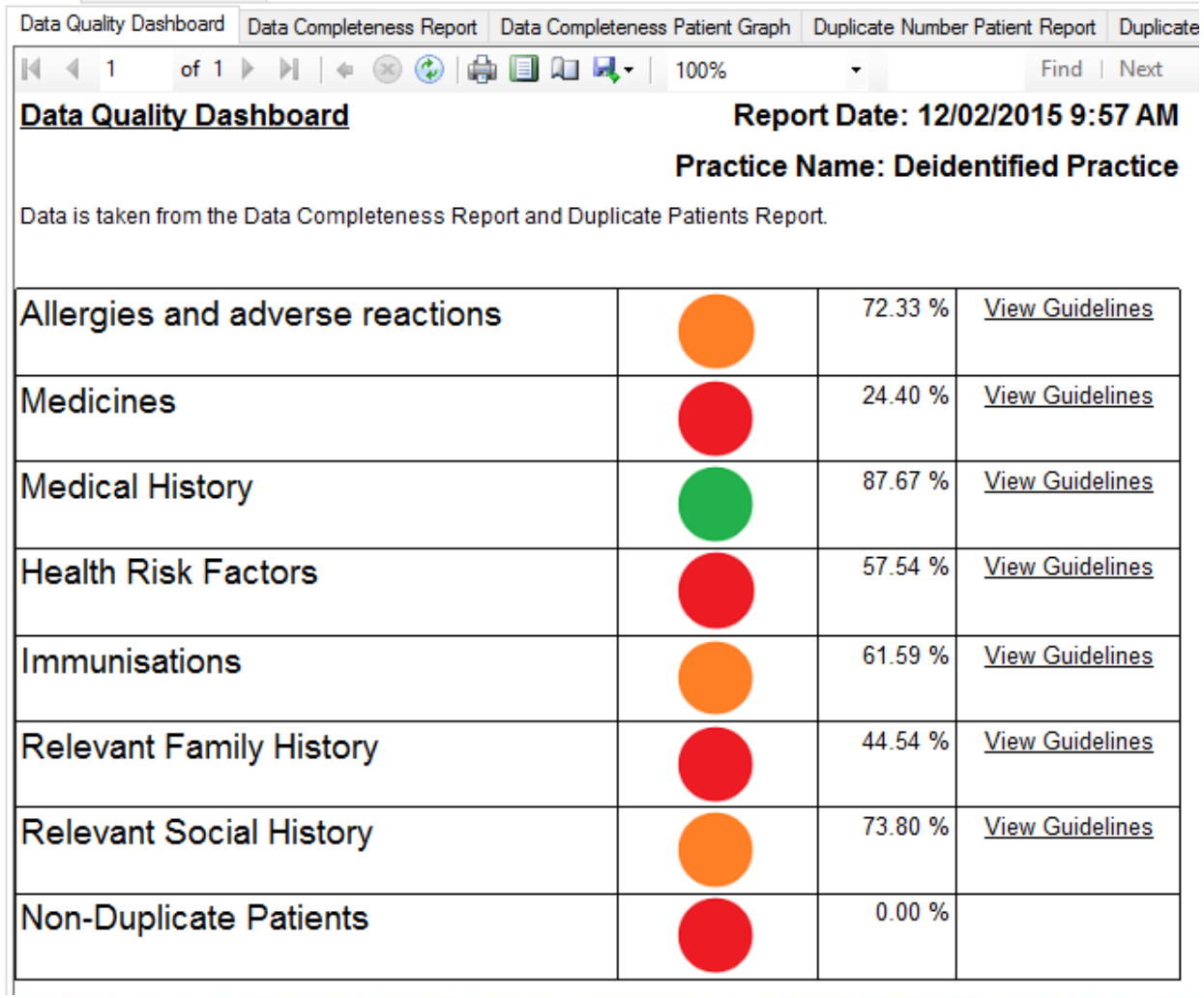
LEADING DATA & TECHNOLOGY IMPROVEMENTS



© The Center for Excellence in Primary Care

If you can’t measure it,
you can’t improve it.
Peter Drucker
Traffic Sources Overview
Direct Traffic
3,097.00 (40.49%)
Search Engines
2,910.00 (38.04%)
Referring Sites
1,642.00 (21.47%)
Map Overlay
Visitors Overview
Visitors
2,958
Content Overview

What does the evidence say?



Data Quality Dashboard

Report Date: 12/02/2015 9:57 AM

Practice Name: Deidentified Practice

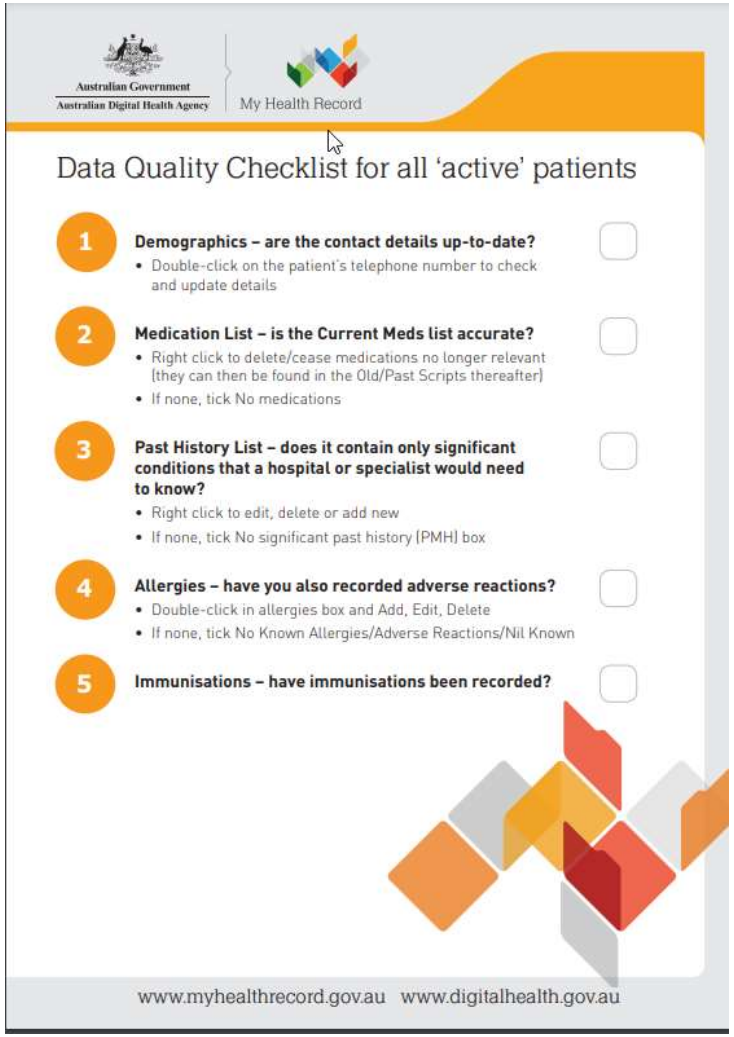
Data is taken from the Data Completeness Report and Duplicate Patients Report.

Allergies and adverse reactions	72.33 %	View Guidelines
Medicines	24.40 %	View Guidelines
Medical History	87.67 %	View Guidelines
Health Risk Factors	57.54 %	View Guidelines
Immunisations	61.59 %	View Guidelines
Relevant Family History	44.54 %	View Guidelines
Relevant Social History	73.80 %	View Guidelines
Non-Duplicate Patients	0.00 %	

Why Improve Data Quality?

1. For analysis and to identify risks and exceptions.
2. Improve patient safety
3. Streamline sharing of important patient clinical data eg eReferrals
4. Proactive population vs episodic care
5. For analysis and to identify risks and exceptions.
6. Improve process quality
7. Reduce waste.
8. Improve financial opportunities.

‘Essential’ clinical data starting point:



Australian Government
Australian Digital Health Agency

My Health Record

Data Quality Checklist for all ‘active’ patients

1. **Demographics – are the contact details up-to-date?**
   - Double-click on the patient’s telephone number to check and update details
2. **Medication List – is the Current Meds list accurate?**
   - Right click to delete/cease medications no longer relevant (they can then be found in the Old/Past Scripts thereafter)
   - If none, tick No medications
3. **Past History List – does it contain only significant conditions that a hospital or specialist would need to know?**
   - Right click to edit, delete or add new
   - If none, tick No significant past history (PMH) box
4. **Allergies – have you also recorded adverse reactions?**
   - Double-click in allergies box and Add, Edit, Delete
   - If none, tick No Known Allergies/Adverse Reactions/Nil Known
5. **Immunisations – have immunisations been recorded?**

www.myhealthrecord.gov.au www.digitalhealth.gov.au

Download checklist

Data is Powerful

96,000

fewer GP visits

Heart Foundation data

When caught early over

90% of those diagnosed with bowel cancer

will beat it.

Analyse for improvements

Total Patients seen		1652	1749	1771	1798	1720	1735	1339	1490	1811	1866
705	Long Health Assessment (45-60 mins) Non-ATSI	0	0	42	52	42	37	26	14	40	50
715	ATSI Health Assessment	13	49	0	0	0	5	19	22	25	23
721	Prepare GPMP	12	23						70	80	105
723	Prepare TCA	12	23						9	12	40
732	Review of GPGMP/TCA	0	4						5	8	2
739	Organise CC 20-40 mins								0	0	3
743	Organise CC > 40 mins								1	0	1
3	short consult	9	21						15	21	28
23	< 20 mins consult	522	1174						900	816	667
36	>20 mins consult	304	497						350	339	279
44	>40 mins consult	52	112						74	76	56
52	Brief consult (non VR GP's)										
53	Standard consult (5-25 mins) (Non-VR)										
54	Long Consult (25-45 mins) (Non-VR)										
57	Prolonged consult (>45 mins) (Non-VR)										
10962 (Podiatry)											
10988	Immunisation	1	7						41	42	
10989	Wound care	0	2						43	26	
10990	Under 16 YO OR Concession Card Holder Add on Fee	619	1316						1088	1036	
2700	GP Mental Health Care Plan (not trained) > 20 mins		4								
2701	GP MH Plan > 40 mins										
2712	GP MH Plan review		7								
2713	MH Surgery Consult > 20 mins		10								
2715	Prep GP MH Plan > 20 mins	5	9								
2717	Prep GP MH Plan > 40 mins	8	8								
2504 (PAP > 4 years)	PAP > 4 years since last, Level C	0	1								
2521	Annual C of C Level C										
2525	Annual C of C Level D										
30026	(sutures)										
30061	(removal foreign body)										
11506 (Spirometry)			6								
11700 (ECG)											

Income Estimator

Condition	MBS Item #	Description	Item price	Total Active Patients	Predicted occassions of service	Potential income	Comments
Patients >= 5 meds	900	Domicilliary Medication Management Reviews	$154.80	446	446	$69,040.80	* All patients, not just active
Mental Health	2717	Assessment and development of GPMHTP	$134.10	433	228	$30,574.80	53% of All Active patients diagnosed with a mental health condition - no GP MT Plan
	2712	Review of GPMHTP	$71.10		290	$20,619.00	67% of Active patients diagnosed with a mental health condition but no review of their GP MHTP
Diabetes	721	Preparation of GPMP	$144.25	74	9	$1,298.25	
	723	Coordination of TCA	$114.30		9	$1,028.70	
	732	Review of GPMP	$72.05		62	$4,467.10	
	732	Coordinate review of TCA	$72.05		62	$4,467.10	
CHD	721	Preparation of GPMP	$144.25	112	13	$1,875.25	
	723	Coordination of TCA	$114.30		13	$1,485.90	
	732	Review of GPMP	$72.05		102	$7,349.10	
	732	Coordinate review of TCA	$72.05		102	$7,349.10	
COPD	721	Preparation of GPMP	$144.25	53	18	$2,596.50	
	723	Coordination of TCA	$114.30		20	$2,286.00	
	732	Review of GPMP	$72.05		47	$3,386.35	
	732	Coordinate review of TCA	$72.05		47	$3,386.35	
Asthma	721	Preparation of GPMP	$144.25	269	231	$33,321.75	There are 269 patients in your Asthma Profile, which represents 15% prevalence by age group of your active (3 x visits in 2 years) patient population. (National Benchmark: 10%)
	723	Coordination of TCA	$114.30		231	$26,403.30	
	732	Review of GPMP	$72.05		263	$18,949.15	
	732	Coordinate review of TCA	$72.05		263	$18,949.15	
Health Checks	705	Health check taking ≥45 mins, ≤60 mins (75+ age)	$190.30	210	188	$35,776.40	Doesn't include any risk factors
	705	Health check taking ≥45 mins, ≤60 mins (45-49YO)	$190.30	186	175	$33,302.50	Doesn't include any risk factors
	705	Health check (≥45 mins, ≤60 mins) (HKids Check 4YO)	$190.30	64	28	$5,328.40	Doesn't include any risk factors
ATSI	715	Aboriginal / TSI health check	$212.25	7	1	$212.25	
	10987	Follow up to 715 by nurse or Aboriginal health worker	$24.00	7	1	$24.00	

Total potential income **$264,436.40**

Sample

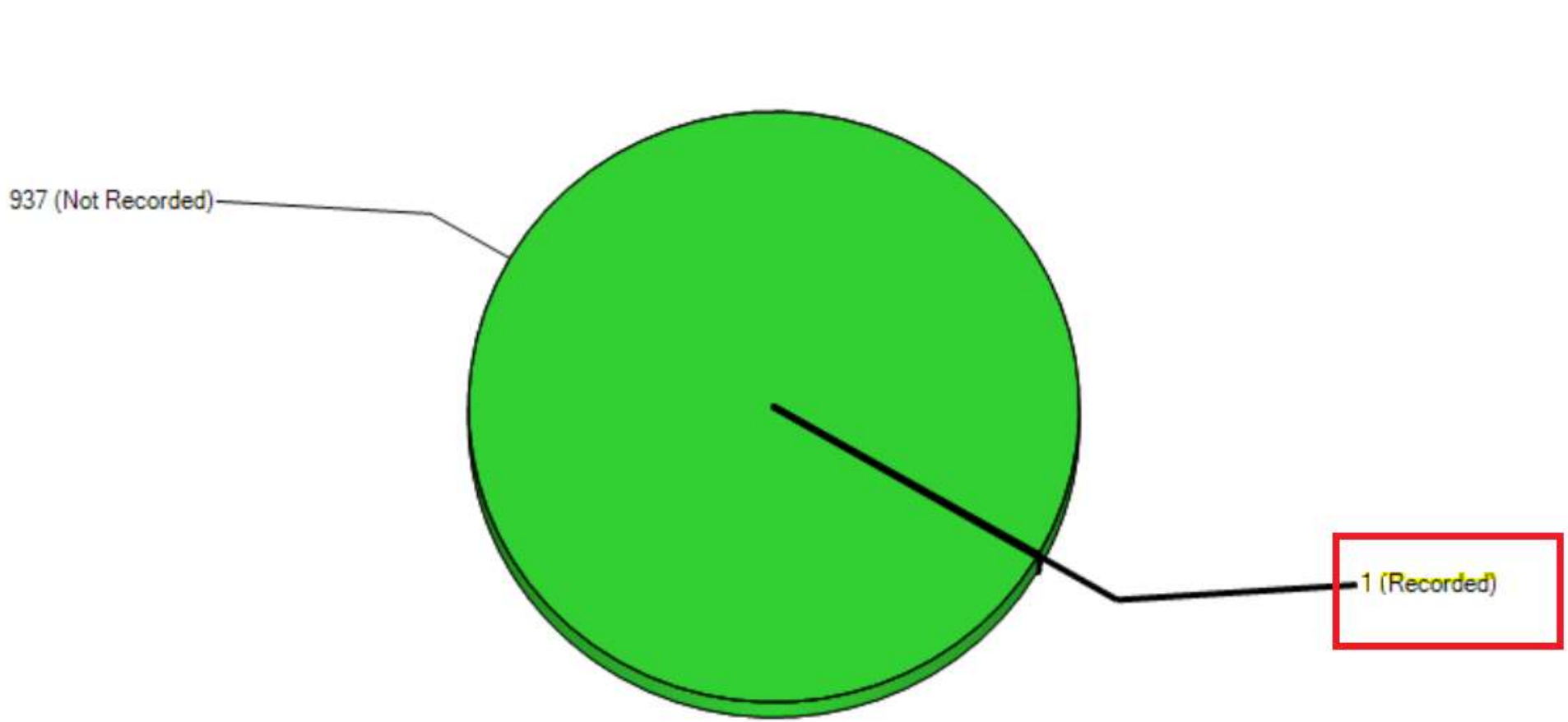
Demographics | Ethnicity | Data Quality | Data Cleansing | Allergies | Smoking | Alcohol | Measures | Pathology | Disease | Screening | Co-morbidities | Medications | Diabetes SIP Items | CKD | Musc

Lipids | eGFR | ACR | Microalbumin | HbA1c | FBG | RBG | INR | Creatinine Serum | Covid -19 Serology | Covid -19 PCR

Select All | Show Percentage

Timeline | Export | Print

Covid -19 Serology Status [population = 938]



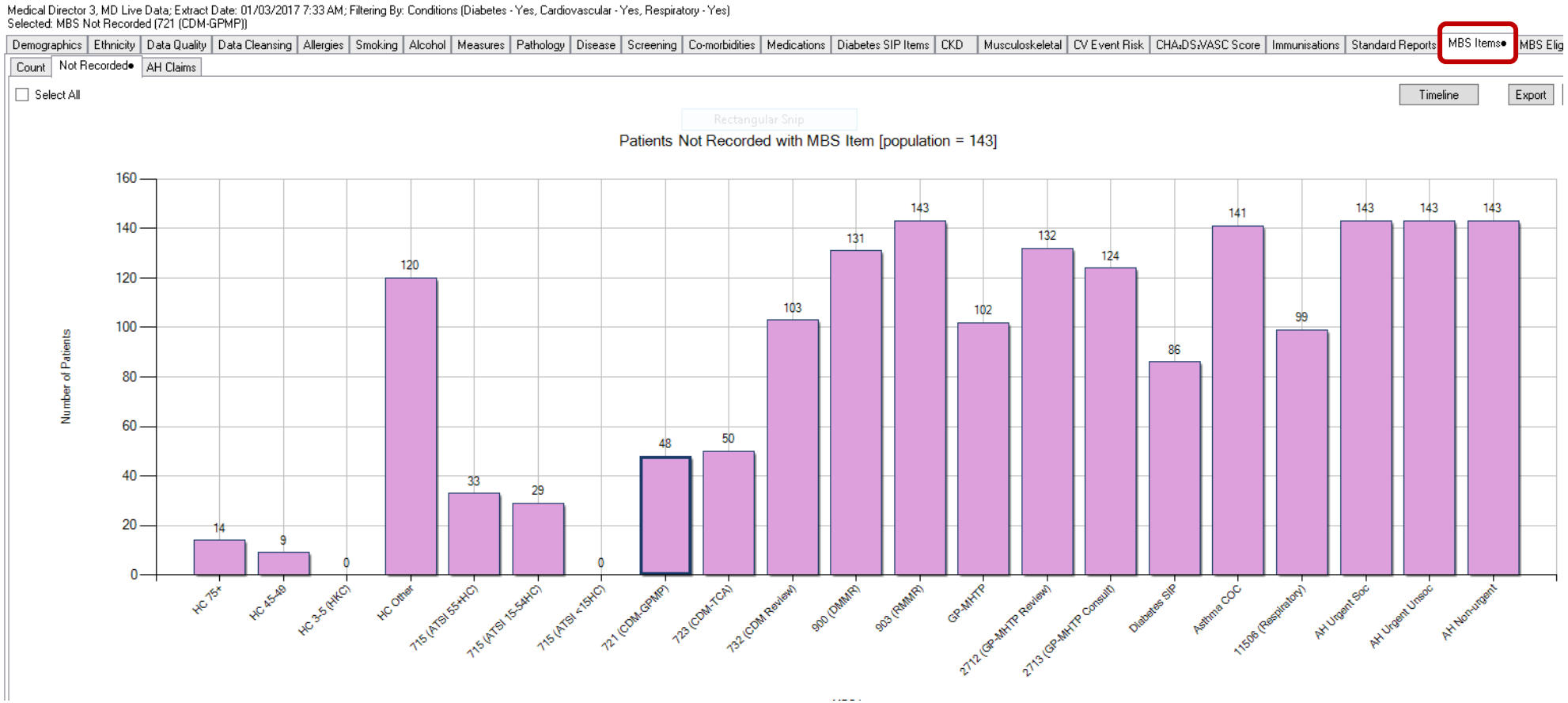
Analyse | de-identify | report | improve

	Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
1. Allergy Recorded										
Total population	13697	2488	1996	921	1718	1839	936	604	686	43
Nothing recorded	28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
Active population	9576	1866	1628	684	1192	1445	795	397	514	30
Nothing recorded	17.7	29.5	28.5	19.7	39.9	4.2	13.8	14.9	01.0	10.0
2. Gender not recorded										
Total population	141	28	11	13	21	6	12	5	6	0
Active population	35	5	2	3	11	2	7	0	3	0
3. Smoking – nothing recorded										
Active population over 16 (Active (3x > 2 years)	27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
4. Recording of ATSI patients										
Total population	0	0	0	1	0	0	0	0	0	0
Active population (Active (3x > 2 years)	1	0	0	1	0	0	0	0	0	0
5. Diabetes Prevalence										
Total population	3.5%	2.9	2.8	1.4	8.8	5.1	2.5	1.2	4.2	4.7
Active population (Active (3x > 2 years)	4.6%	3.8	3.2	1.9	11.7	6.2	2.9	1.8	5.5	6.7
Diabetics 65+, 8+ medications	60.9 %	61.4	74.2%	50%	77.8%	63.6%	81.3%	60%	62.5%	100%
Diabetics 65+, 5+ medications	90.9%	88.7	93.6%	83.4%	92.9%	90.8%	100%	80%	75%	100%
6. Diabetes "at risk" *										
40-49 year olds	94	5	2	3	0	12	2	1	2	0
50+ year olds	288	29	55	6	8	131	10	6	17	1

trainitmedical.com.au

Improve Business & Health Outcomes

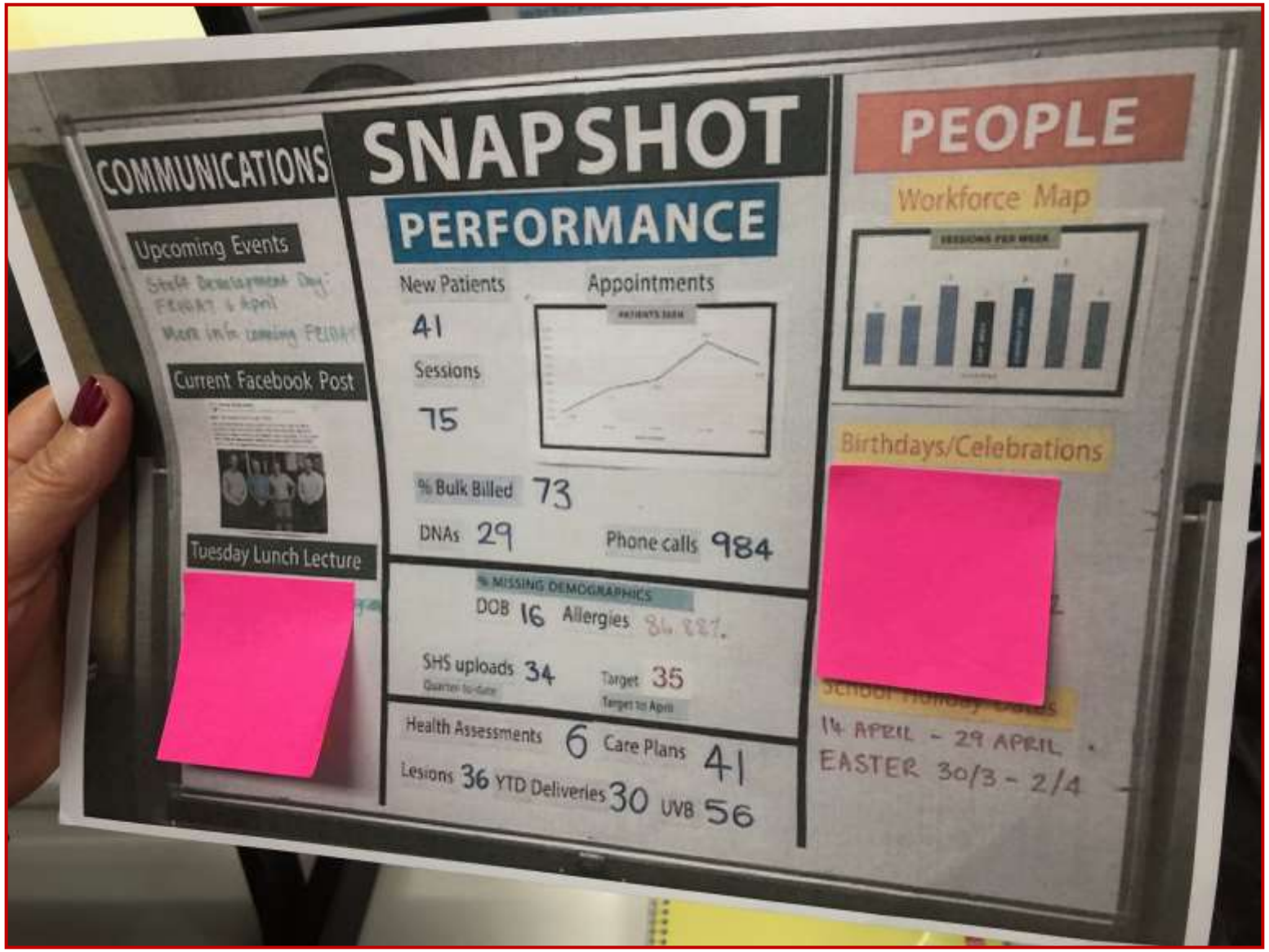
Identify all patients with a chronic condition without a GP Management Plan



Demographics Ethnicity Data Quality Data Cleansing Allergies Smoking Alcohol Measures Pathology Disease Screening Comorbidities• Medications Chronic Disease Detection and Management Diabetes SIP Items CKD Musculoskeletal Osteoporosis CV
BMI BMI Child (5 – 18) Weight/Height Child (0 – 4) Waist BP Spirometry Physical Activity
Select All Show Percentage
Export Age bracket 5 Print
Count Average Incomplete
BMI Count by Age Range [Population = 11889]
Count = 6406 (Percentage = 53.9%)
Morbid (40+)
Obese (30 to 39.9)
Overweight (25 to 29.9)
Healthy (18.5 to 24.9)
Underweight (<18.5)
Number of Patients
0 - 4
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85 - 89
90 - 94
95 - 99
100+
Age Range
Age ≥ 18: height/weight dates within 5 years of each other and one height taken since age 17, or any height since age 25
Age < 18: height/weight dates within 1 year of each other

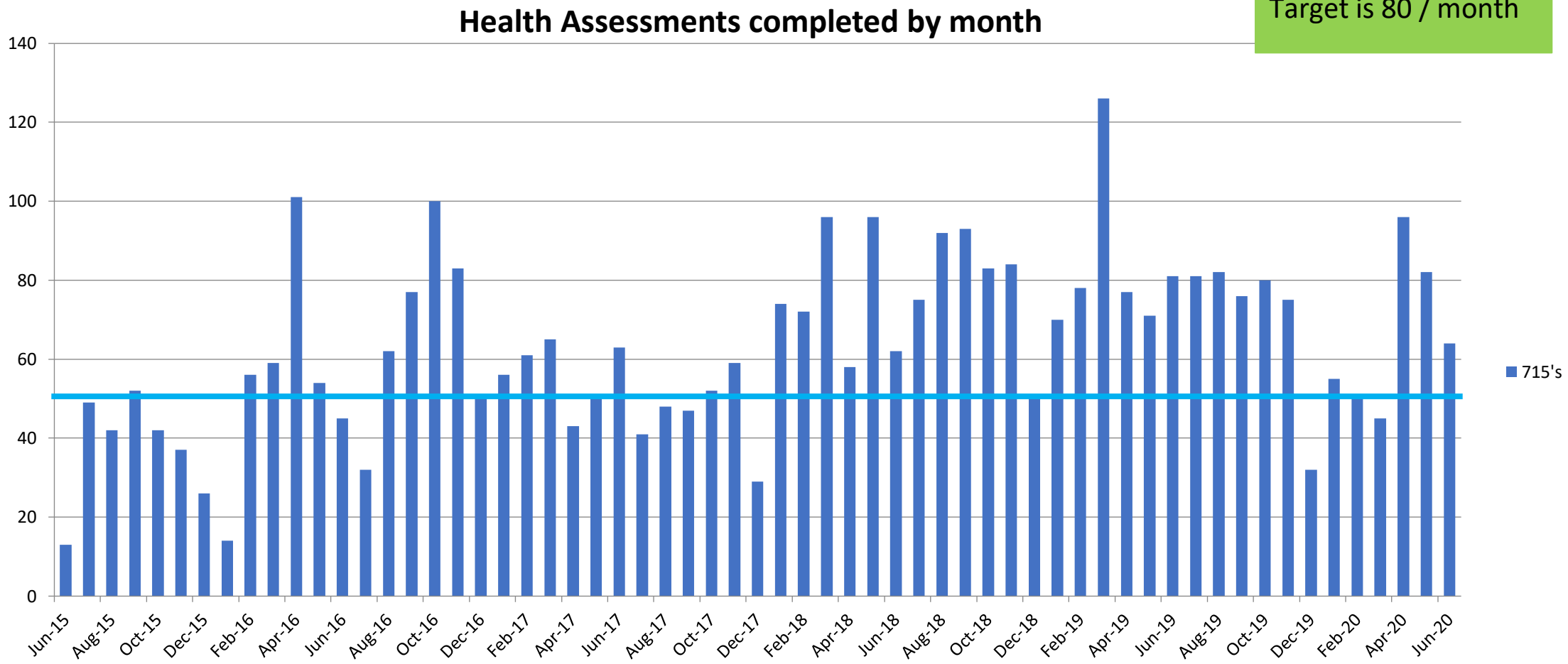
What will engage your team?

Greenmeadows Health Centre



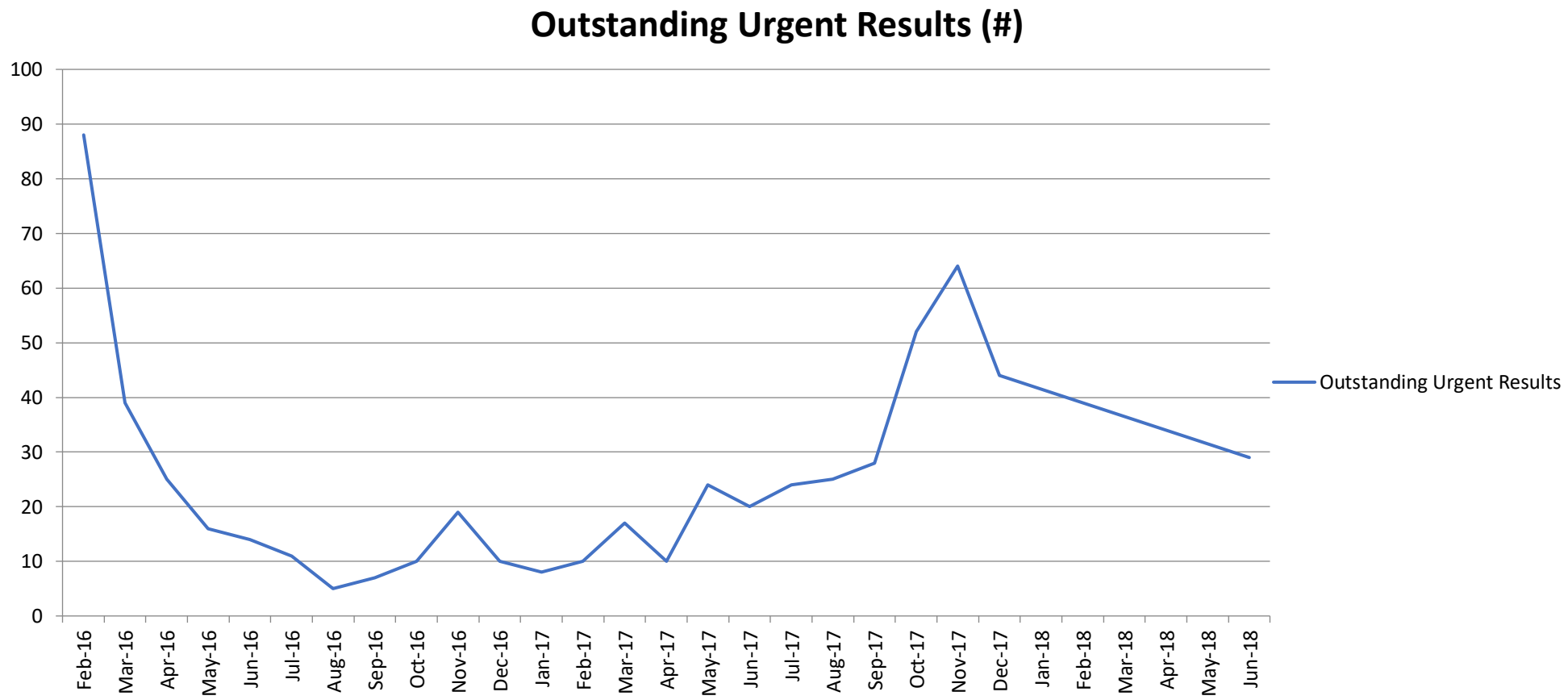
Example from rural WA

Target is 80 / month

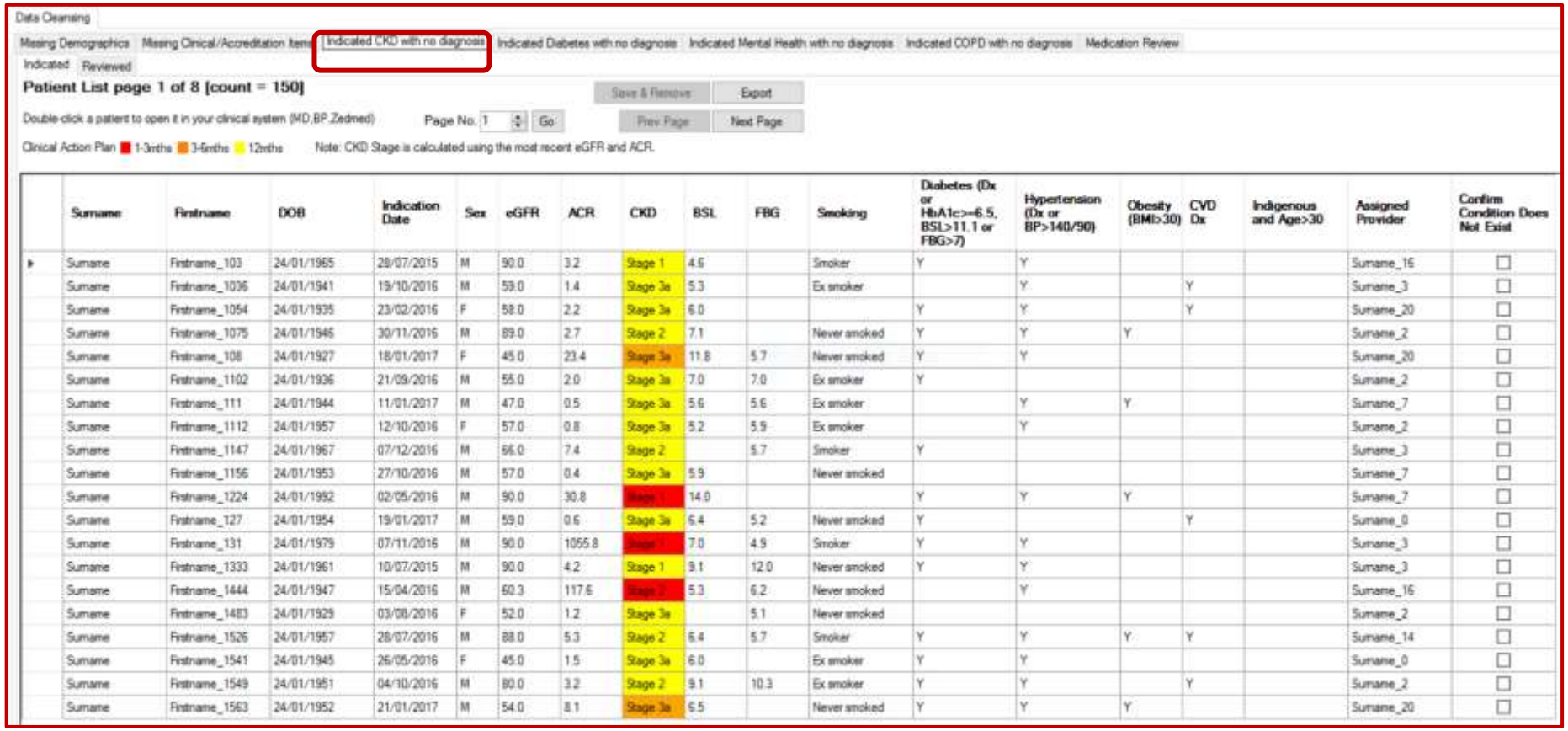


Tips: Encourage a team effort to achieve the goals by setting a target on the graph & place graph in the staff room/noticeboard/on the fridge to encourage a proactive approach.

What are you trying to change?



Use data to show ‘at risk’ patients



Data Cleansing

Missing Demographics | Missing Clinical/Accreditation Items | Indicated CKD with no diagnosis | Indicated Diabetes with no diagnosis | Indicated Mental Health with no diagnosis | Indicated COPD with no diagnosis | Medication Review

Indicated | Reviewed

Patient List page 1 of 8 [count = 150]

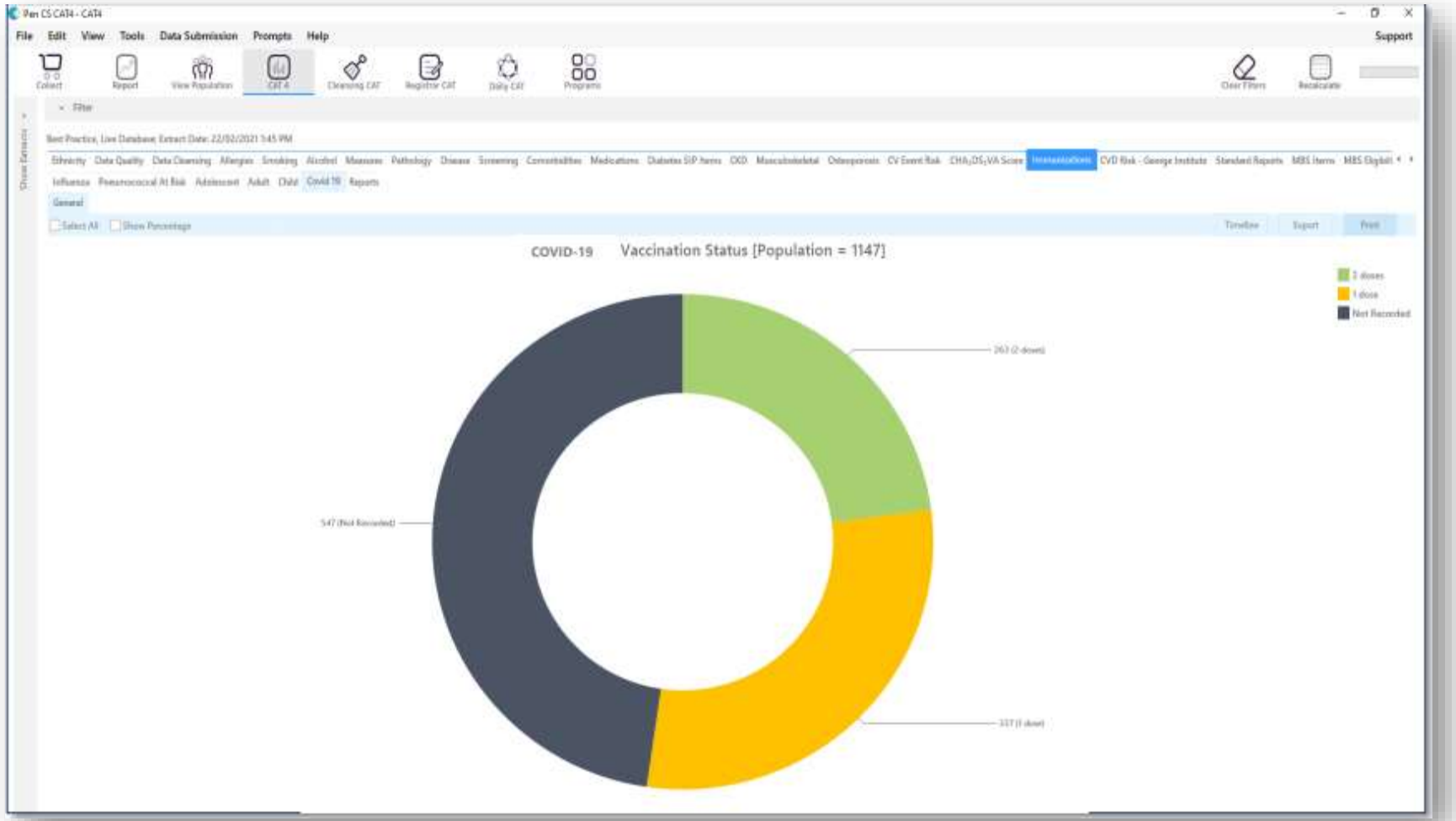
Save & Remove | Export

Double-click a patient to open it in your clinical system (MD.BP.Zedmed) Page No. 1 Go Prev Page Next Page

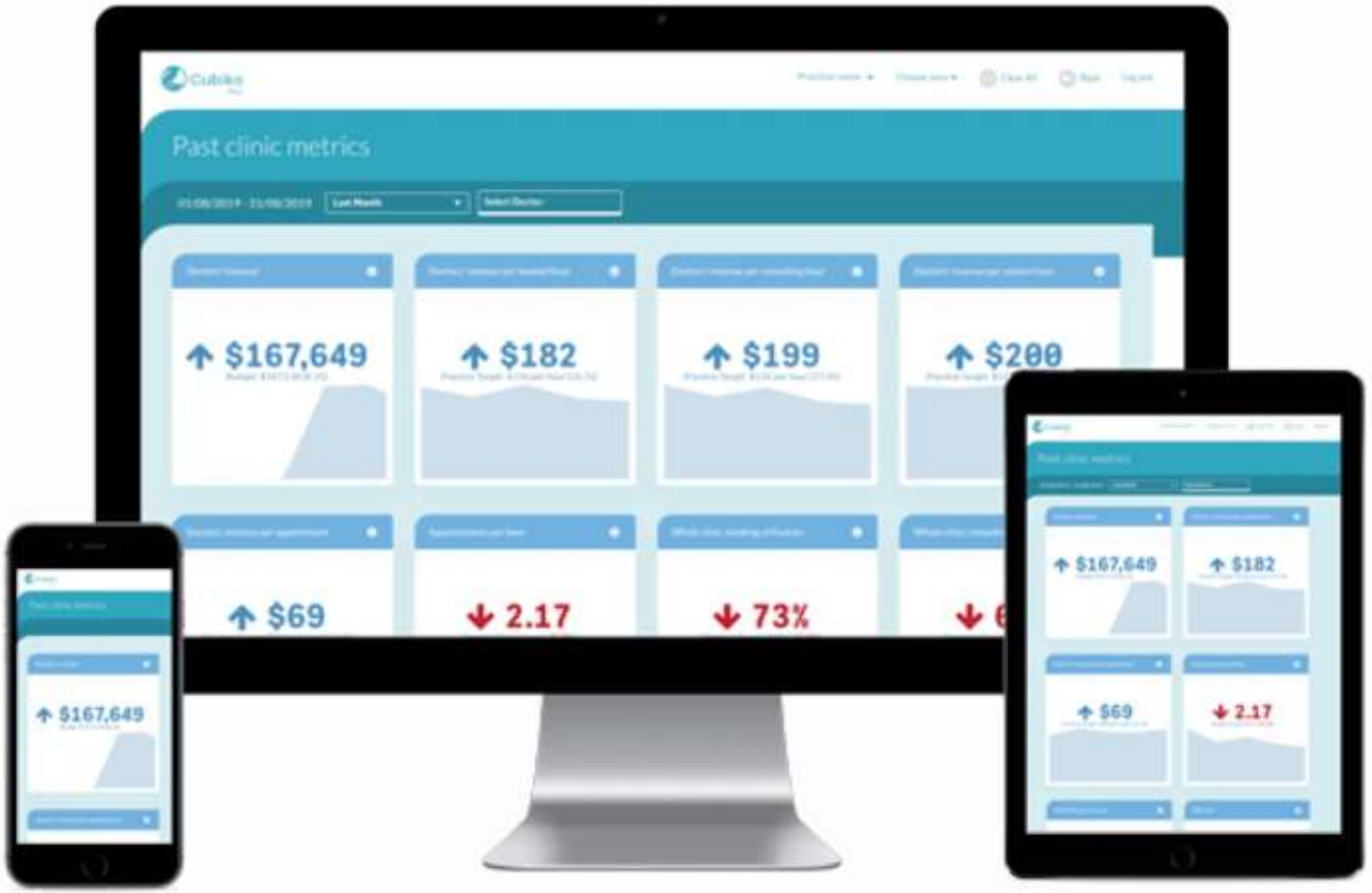
Clinical Action Plan 1-3mths 3-6mths 12mths Note: CKD Stage is calculated using the most recent eGFR and ACR.

Surname	Firstname	DOB	Indication Date	Sex	eGFR	ACR	CKD	BSL	FBG	Smoking	Diabetes (Dx or HbA1c>=6.5, BSL>11.1 or FBG>7)	Hypertension (Dx or BP>140/90)	Obesity (BMI>30)	CVD Dx	Indigenous and Age>30	Assigned Provider	Confirm Condition Does Not Exist
Surname	Firstname_103	24/01/1965	28/07/2015	M	90.0	3.2	Stage 1	4.6		Smoker	Y	Y				Surname_16	☐
Surname	Firstname_1036	24/01/1941	19/10/2016	M	59.0	1.4	Stage 3a	5.3		Ex smoker		Y		Y		Surname_3	☐
Surname	Firstname_1054	24/01/1935	23/02/2016	F	58.0	2.2	Stage 3a	6.0			Y	Y		Y		Surname_20	☐
Surname	Firstname_1075	24/01/1946	30/11/2016	M	89.0	2.7	Stage 2	7.1		Never smoked	Y	Y	Y			Surname_2	☐
Surname	Firstname_108	24/01/1927	18/01/2017	F	45.0	23.4	Stage 3a	11.8	5.7	Never smoked	Y	Y				Surname_20	☐
Surname	Firstname_1102	24/01/1936	21/09/2016	M	55.0	2.0	Stage 3a	7.0	7.0	Ex smoker	Y					Surname_2	☐
Surname	Firstname_111	24/01/1944	11/01/2017	M	47.0	0.5	Stage 3a	5.6	5.6	Ex smoker		Y	Y			Surname_7	☐
Surname	Firstname_1112	24/01/1957	12/10/2016	F	57.0	0.8	Stage 3a	5.2	5.5	Ex smoker		Y				Surname_2	☐
Surname	Firstname_1147	24/01/1967	07/12/2016	M	66.0	7.4	Stage 2		5.7	Smoker	Y					Surname_3	☐
Surname	Firstname_1156	24/01/1953	27/10/2016	M	57.0	0.4	Stage 3a	5.9		Never smoked						Surname_7	☐
Surname	Firstname_1224	24/01/1952	02/05/2016	M	90.0	30.8	Stage 1	14.0			Y	Y	Y			Surname_7	☐
Surname	Firstname_127	24/01/1954	19/01/2017	M	59.0	0.6	Stage 3a	6.4	5.2	Never smoked	Y			Y		Surname_0	☐
Surname	Firstname_131	24/01/1979	07/11/2016	M	90.0	1055.8	Stage 1	7.0	4.9	Smoker	Y	Y				Surname_3	☐
Surname	Firstname_1333	24/01/1961	10/07/2015	M	90.0	4.2	Stage 1	9.1	12.0	Never smoked	Y	Y				Surname_3	☐
Surname	Firstname_1444	24/01/1947	15/04/2016	M	60.3	117.6	Stage 2	5.3	6.2	Never smoked		Y				Surname_16	☐
Surname	Firstname_1483	24/01/1929	03/08/2016	F	52.0	1.2	Stage 3a		5.1	Never smoked						Surname_2	☐
Surname	Firstname_1526	24/01/1957	28/07/2016	M	88.0	5.3	Stage 2	6.4	5.7	Smoker	Y	Y	Y	Y		Surname_14	☐
Surname	Firstname_1541	24/01/1945	26/05/2016	F	45.0	1.5	Stage 3a	6.0		Ex smoker	Y	Y				Surname_0	☐
Surname	Firstname_1549	24/01/1951	04/10/2016	M	80.0	3.2	Stage 2	9.1	10.3	Ex smoker	Y	Y		Y		Surname_2	☐
Surname	Firstname_1563	24/01/1952	21/01/2017	M	54.0	8.1	Stage 3a	6.5		Never smoked	Y	Y	Y			Surname_20	☐

Pen CS – Covid Vaccination status per practice population

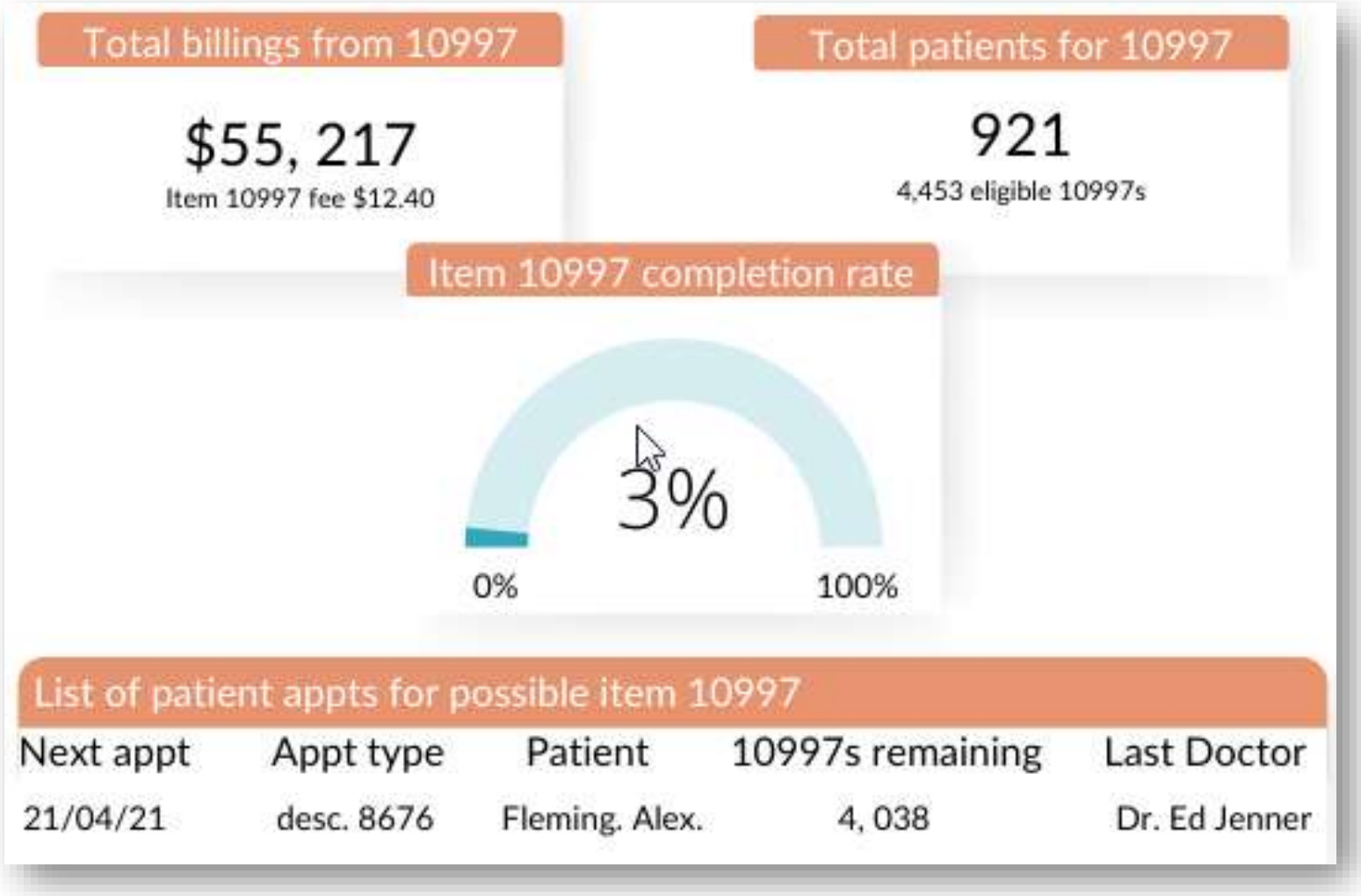


Use data to show profitability, sustainability



https://www.cubiko.com.au/

Cubiko



[Cubiko]

Change Scenario: Patients can see their own results!

Ideas for dialogue to explain to patients:

- doctors will still receive results first. Detail your practice process for follow-up.

- just because a result is marked red/‘abnormal’/outside the value range doesn’t mean the result is not normal for them.

- just because a result is marked ‘normal’ doesn’t mean further discussion or investigations are not necessary.

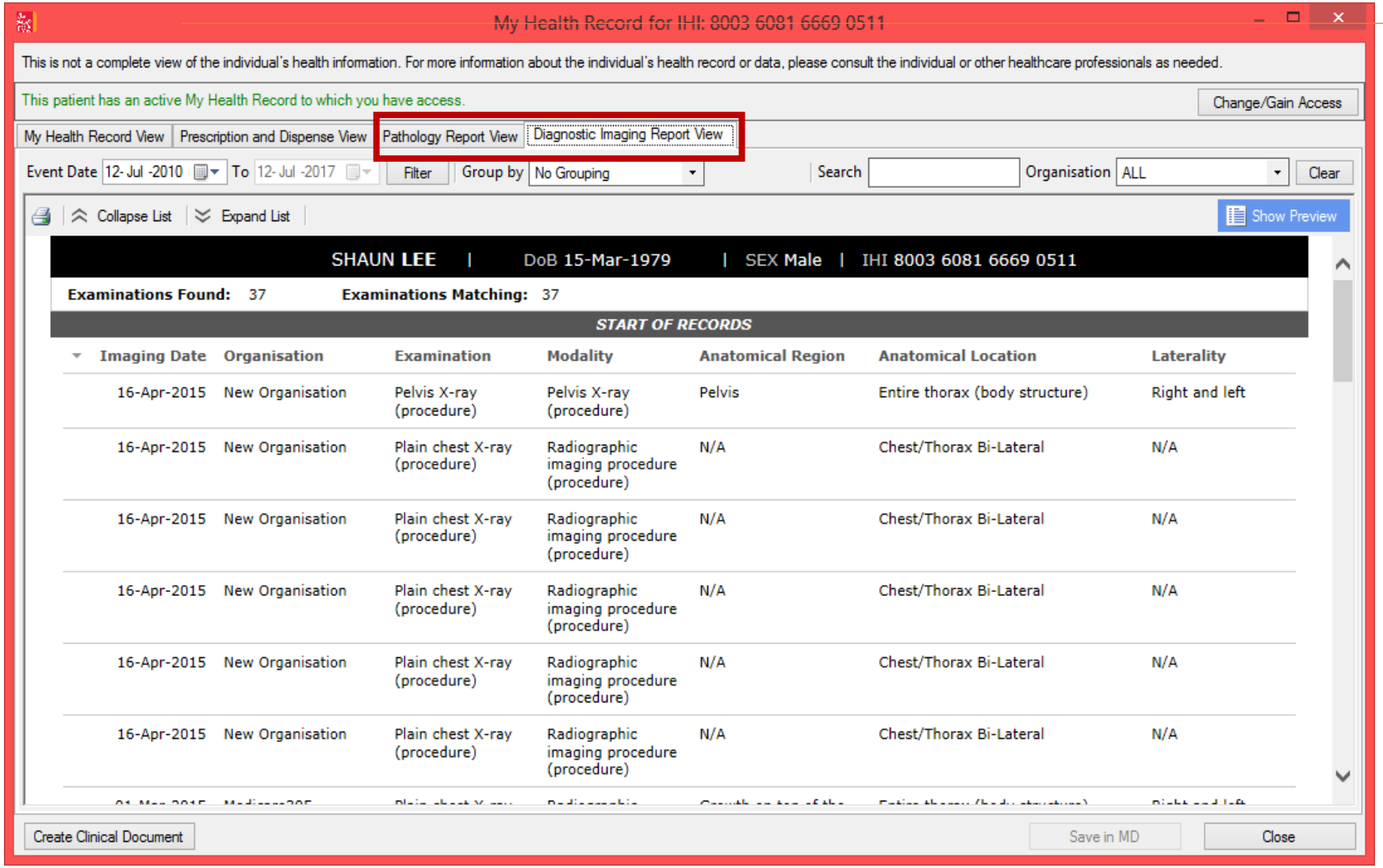
- patients can let the doctor know if they do not want a specific result uploaded to their My Health Record.

▶ D. Our practice team can describe how patients are advised of the process for the follow up of results.

▶ E. Our practice team can describe how we follow up and recall patients with clinically significant tests and results.

RACGP - http://www.racgp.org.au/standards/153

Work to the positives – you can see results!



Immunisation Consolidated View

NEW

Bp Premier

View generated on 05-May-2021 17:27

Click here for **Australian Immunisation Register** Displays all the immunisation information recorded in the Australian immunisation register	Click here for **Immunisations** All the immunisations recorded in both the Australian immunisation register and this My Health Record	Click here for **Shared Health Summary** 02-Jun-2017 (4 years ago) **Author:** Dr Catherine Lau Appletree Family Practice tel:0249226400 fax:0249209073	No Event Summary with immunisations found

Next immunisation/s due	Date due
COVID-19 Vaccine AstraZeneca	05 Jul 2021

Notice/s

[Back to top] [>>] Next [>] Last

Immunisations recorded in the Australian Immunisations Register

11-Apr-2019 to 04-May-2021 (1 day ago)

Source/Author	Date	Dose number	Immunisation - Brand	Disease/Indication
Australian Immunisation Register	04-May-2021 (1 day ago)		FluQuadri UJ607AA	Influenza
Australian Immunisation Register	12-Apr-2021 (3 weeks ago)		COVID-19 Vaccine AstraZeneca 301778P	COVID-19
Australian Immunisation Register	20-Mar-2020 (13 months ago)		FluQuadri UJ345AB	Influenza
Australian Immunisation Register	11-Apr-2019 (2 years ago)		Afluria Quad 02703	Influenza

End of Section - Immunisations recorded in the Australian Immunisations Register

Australian Government
Australian Digital Health Agency

My Health Record

Medical Director
Summary Sheet

Access immunisation information

Note: These steps assume that your software is connected to the My Health Record system, the patient has a My Health Record and their Individual Healthcare Identifier (IHI) has been validated in your system.

While some immunisation information may be available in the patient's shared health summary or an event summary, this may not include vaccinations provided at other sites or clinics. For a more complete list of immunisations, access the Australian Immunisation Register via the Medicare Overview.

1. To access the patient's My Health Record, select **MyHealthRecord** from the top menu

2. Click on the **Document filter** button and select **Medicare Overview – all**, then click OK

Note: filter preferences can be saved by right- clicking on this **Document filter** button and selecting **Save Current Filters**

[Access Immunisation Information using MyHR using MedicalDirector]

Australian Government
Australian Digital Health Agency

My Health Record

Best Practice
Summary Sheet

Access immunisation information

Note: These steps assume that your software is connected to the My Health Record system, the patient has a My Health Record and their Individual Healthcare Identifier (IHI) has been validated in your system.

While some immunisation information may be available in the patient's shared health summary or an event summary, this may not include vaccinations provided at other sites or clinics. For a more complete list of immunisations, access the Australian Immunisation Register via the Medicare Overview.

1. To access the patient's My Health Record, either:
   - select **My Health Record > View Document list** from the drop-down menu; or
   - click on the **My Health Record** button

2. Go to the **Document List**

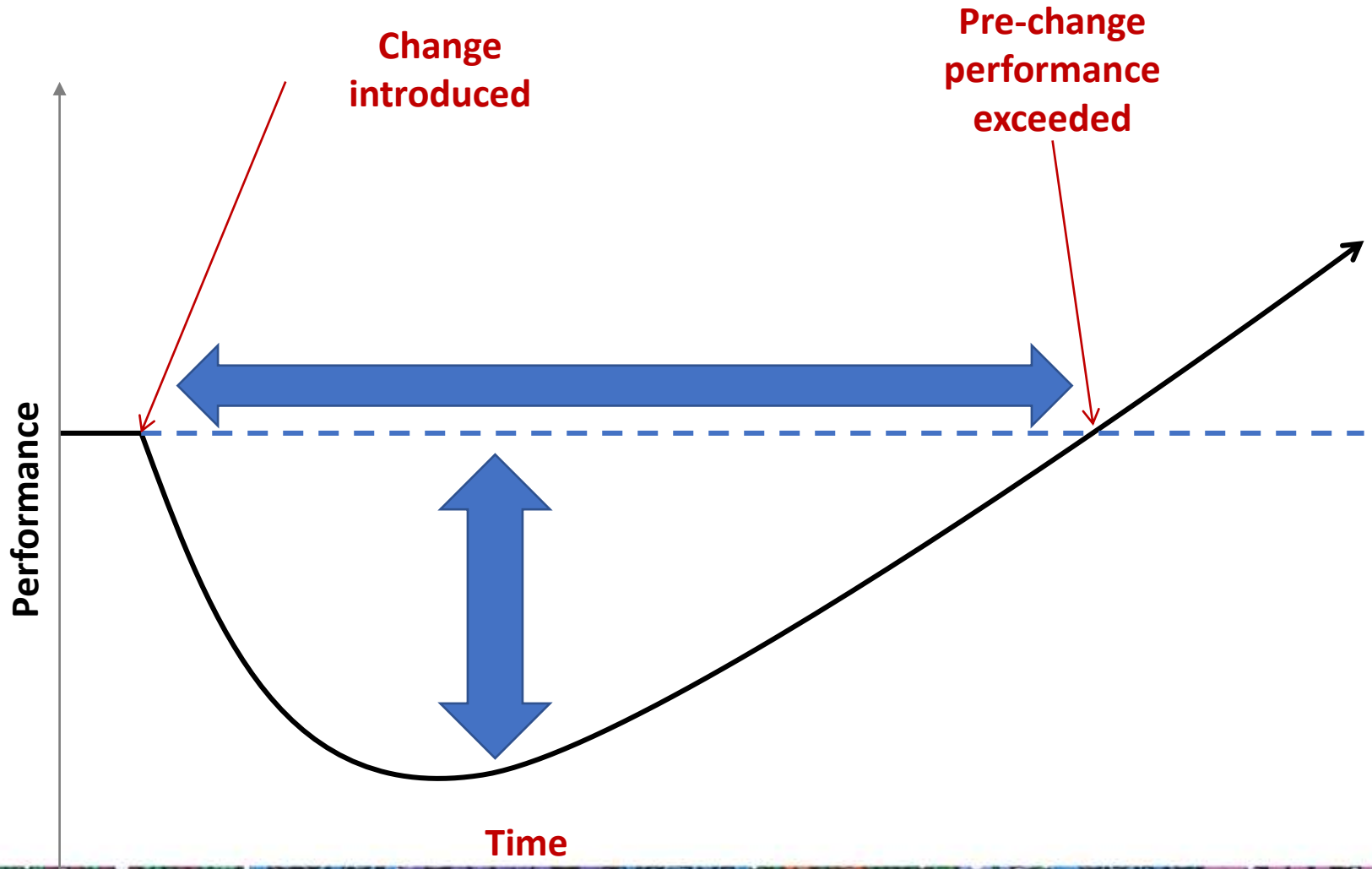
3. Untick **Exclude Medicare documents**
4. Then **Update** to refresh selection

[Access Immunisation Information via MyHR using Bp Premier]

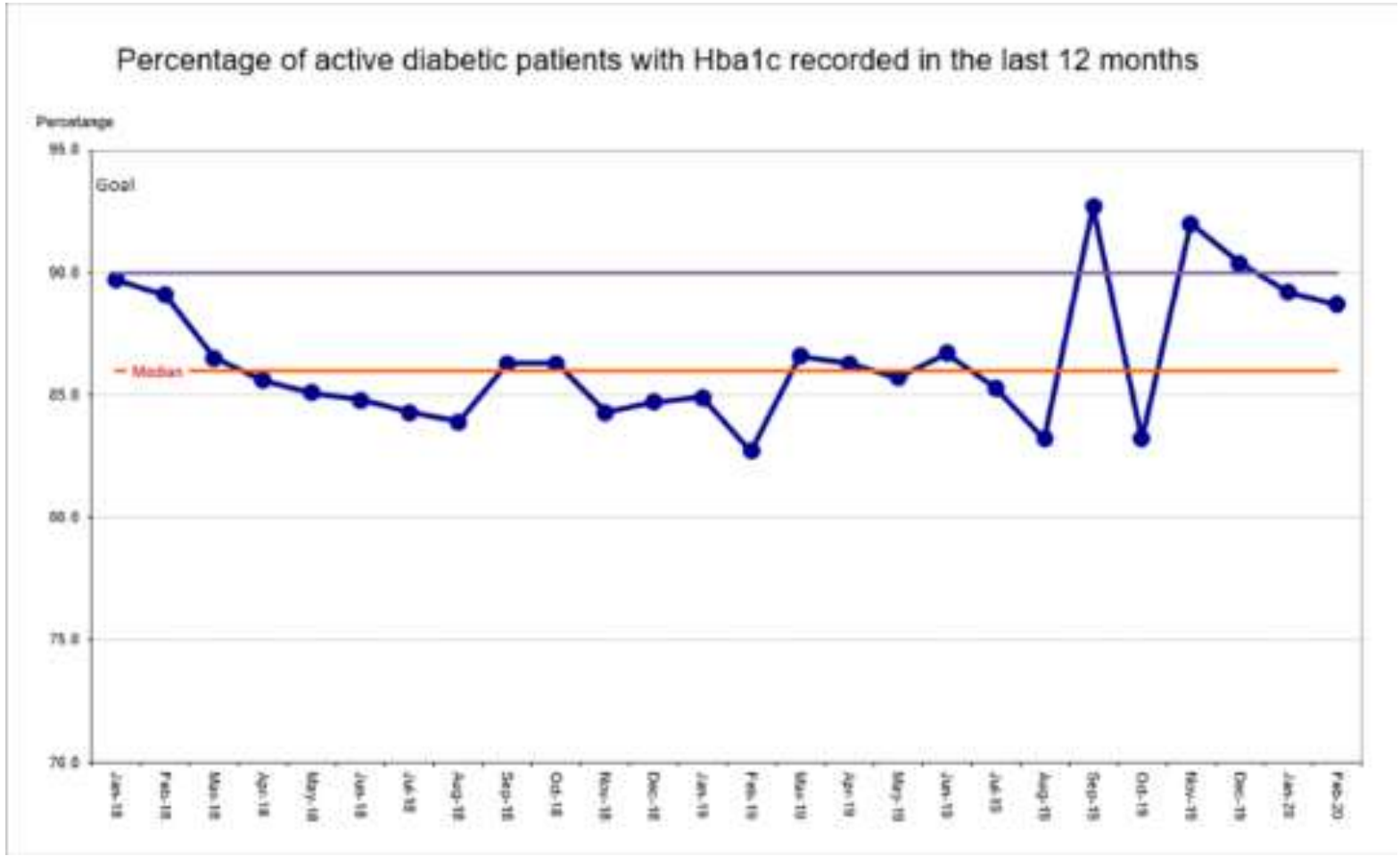
Training is important – Prepare for success

- Training is important!
- Upskill yourself so you feel confident.
- Think of training as a process not an event.
- Provide a *variety* of training opportunities for ***all*** staff.
- Encourage a super-user on your admin team.
- Find a champion doctor in your practice.
- Have the answers ready – you know they'll ask!
- Source reliable information for your answers

Change Management is a process



Practices are sharing data with patients

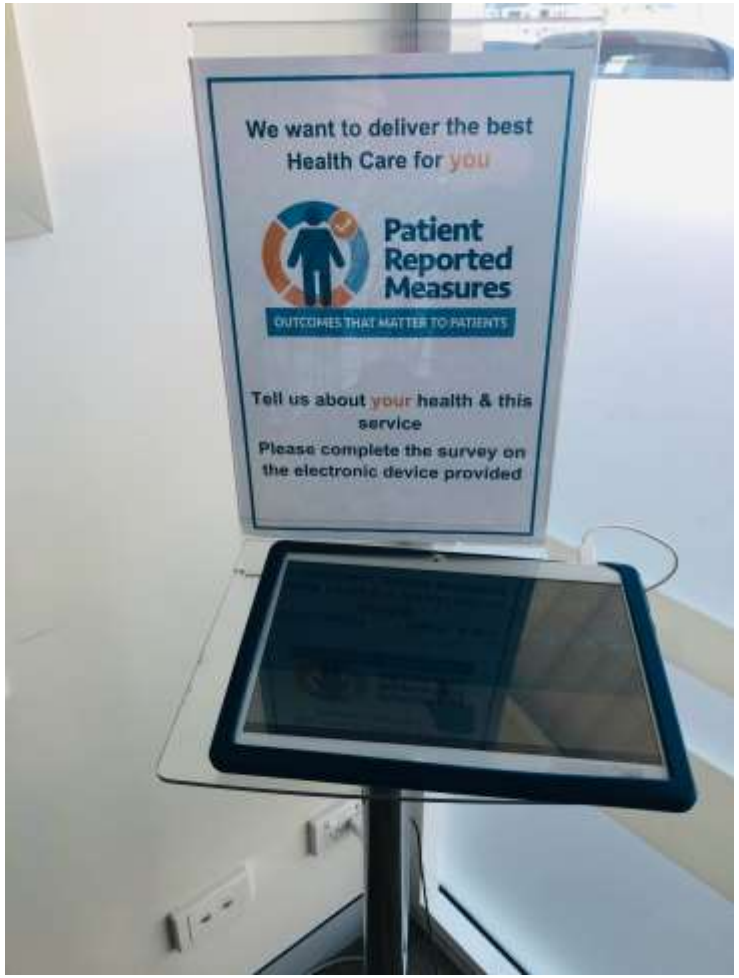


- Clinical outcomes focus
- Tracking changes over time
- PIPQI data

[Hills Family General Practice]

Plan for your practice of the future

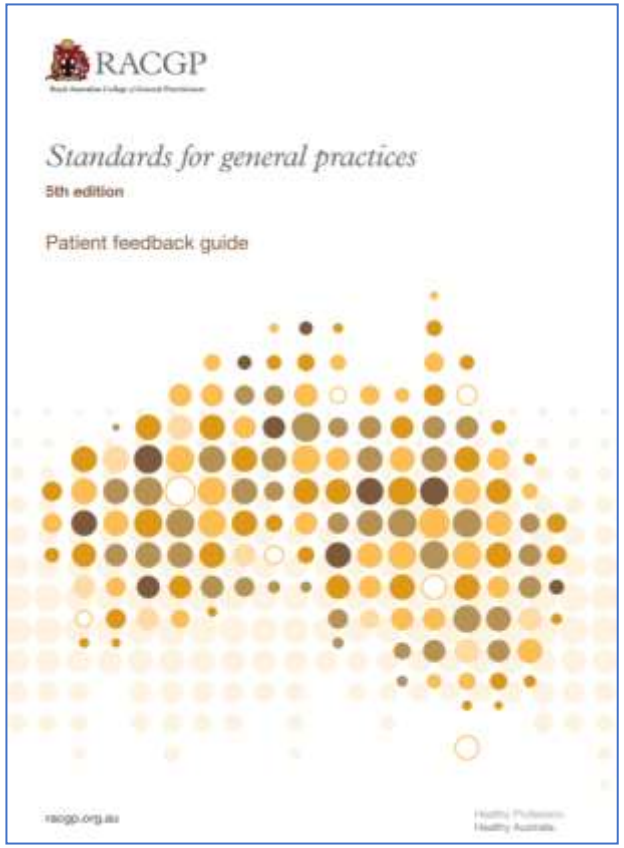
[Care Monitor]



Remote Monitoring

Patient Reported Measures (PRMS)

Mental Health PROM



DASS21

Name: Date:

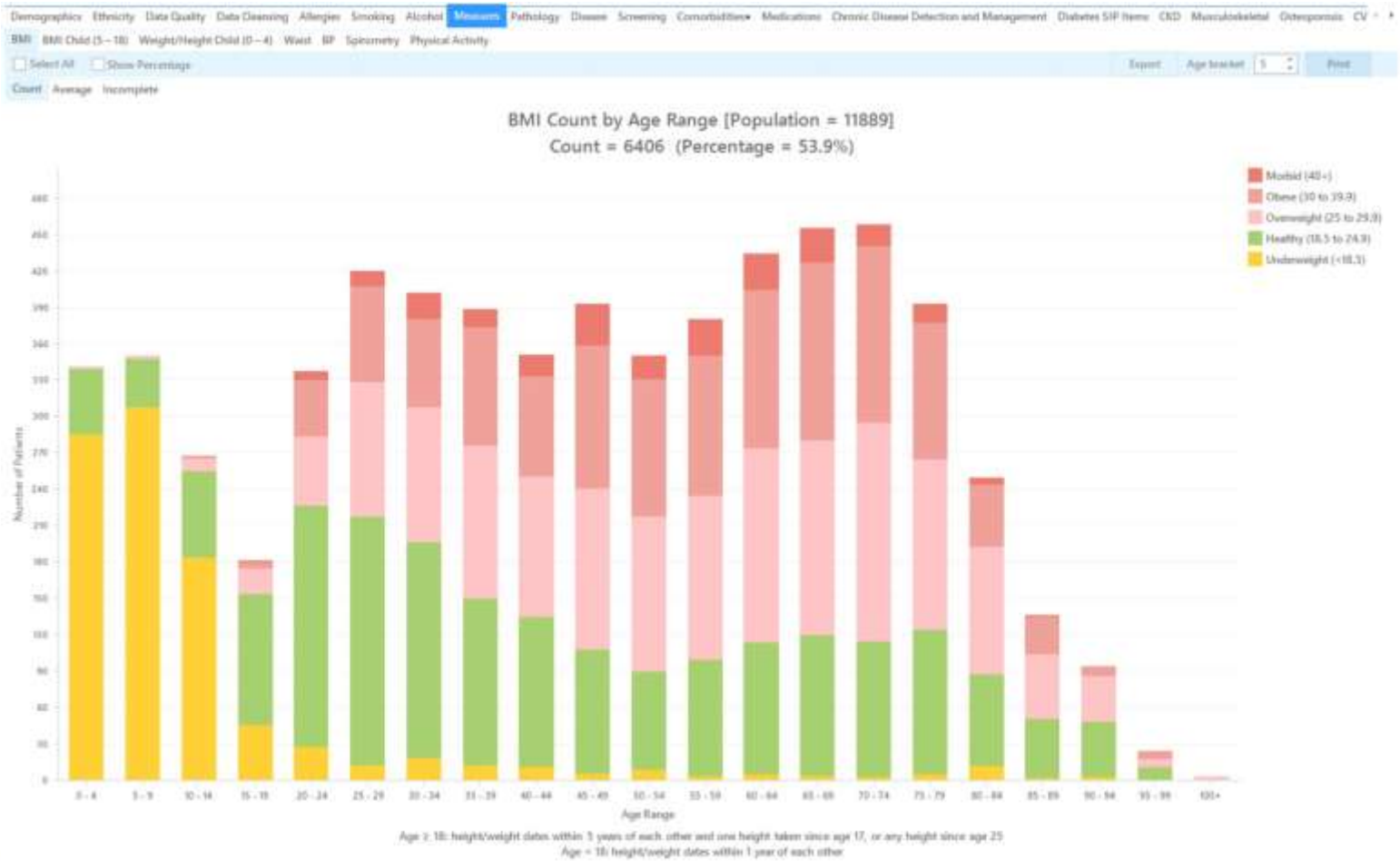
Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statemer applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

We get paid to change - PIPQI



“Practices may focus their quality improvement activities on areas which meets the needs of their practice population and as informed by their clinical information system data”

Criterion QI1.1 – Quality improvement activities

Indicators

QI1.1►A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

QI1.1►B Our practice team internally shares information about quality improvement and patient safety.

QI1.1►C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1►D Our practice team can describe areas of our practice that we have improved in the past three years.

Read RACGP Standards for general practices (5th edition)

Train IT Medical
Leading your practice into a digital future

QUALITY IMPROVEMENT ACTIVITY / PDSA

Recalls & Reminders

What is our Goal?				
What measures will we use?				
What ideas can we use? (How are we going to achieve our goal?)				
The idea we agreed to try first is:	How will we do it - who, what, where and when? **PLAN**	Did we do it? **DO**	What happened? **STUDY**	What is our next step? **ACT**

What is our GOAL (what are we trying to accomplish)	**Raise Awareness of Clinical Coding** ▪ Code diagnoses ▪ Enter reason for visit ▪ Enter for reason for medication ▪ Maintain updated allergy detail
What measures will we use? (i.e. data)	**Data Extraction Tools eg. Pen CAT or POLAR**
What ideas can we use? (how are we going to achieve our goal)	*List ideas here to work on in table below* Start a Quality improvement folder Team meeting Attend education eg. webinars / face to face sessions Post-education follow-up team discussion GP & RN team review of clinical documentation (opportunistic or planned) Pen CAT / Polar Data Quality Audit

IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				

Access free eLearning from: courses.trainitmedical.com.au. Search for CSIRO

The PDSA

SAMPLE Quality Improvement (QI) Activity - Improve recording of Aboriginal and/or Torres Strait Islander status

What is our GOAL? **(what are we trying to accomplish)**	Improve identification and focused health improvement initiatives for patients who identify as Aboriginal and/or Torres Strait Islander. ▪ **Record Aboriginal and/or Torres Strait Islander status.**
What measures will we use? (i.e. data)	% of patients with Aboriginal or Torres Strait Island status recorded in the coded section of their medical record.
What ideas can we use? **(how are we going to achieve our goal)**	*List ideas here to work on in table below* • Pen CAT / Polar Data Quality Audit of records to measure baseline. • Assess current waiting room and process. • Learn correct place to enter information in software. • Attend education e.g. webinars / face to face sessions • Post-education follow-up team discussion • Team meeting to discuss the issue, benefits & any current barrier.

Possible ideas from brainstorming at team meeting:	*Prioritise on patient registration form.* *Double-check details are being transposed from patient registration form.* *Attend cultural competency training.* *Put up self-identification posters in waiting room.* *Have focus groups and include existing patients so staff can learn how best to ask.* *Design culturally appropriate 'dialogue' for front desk staff for how to ask based on recommended guidelines.* *Model how to ask with all front desk staff.* *Increase aboriginal artwork on walls.* *Put up Aboriginal and Torres Strait Islander flags.* *Hire an Aboriginal Health Worker* *Start an Aboriginal Health Clinic* *Add information relating to relevant services offered on our website.*

Women's Cancer Screening Collaborative

phn NORTH COAST
An Australian Government Initiative

Example 'Plan Do Study Act' ideas to develop and maintain an effective recall and reminder system

Erin Shannon, Practice Manager at Five Star Medical in Port Macquarie did a great job of breaking down the goal of creating a recall and reminder list into multiple, small, easy to implement ideas.

You might like to try some of these ideas yourself:

Goal: Create an accurate recall and reminder list by 30 April 2017

Idea #1: Appoint a staff member who is responsible for creating and maintaining a database, add this role to their job description

Idea#2 Draft a written procedure for our recall and reminder system

Idea# 3 Get the procedure approved

Idea# 4 Add the procedure to our policy and approvals manual

Idea# 5 Search our BP database for women aged between 50-74;

clean data - inactive or merge where needed; remove women who have a breast cancer diagnoses

Idea# 6 Create a recall /reminder system

Ideas# 7 Inform staff about the recall/reminder system

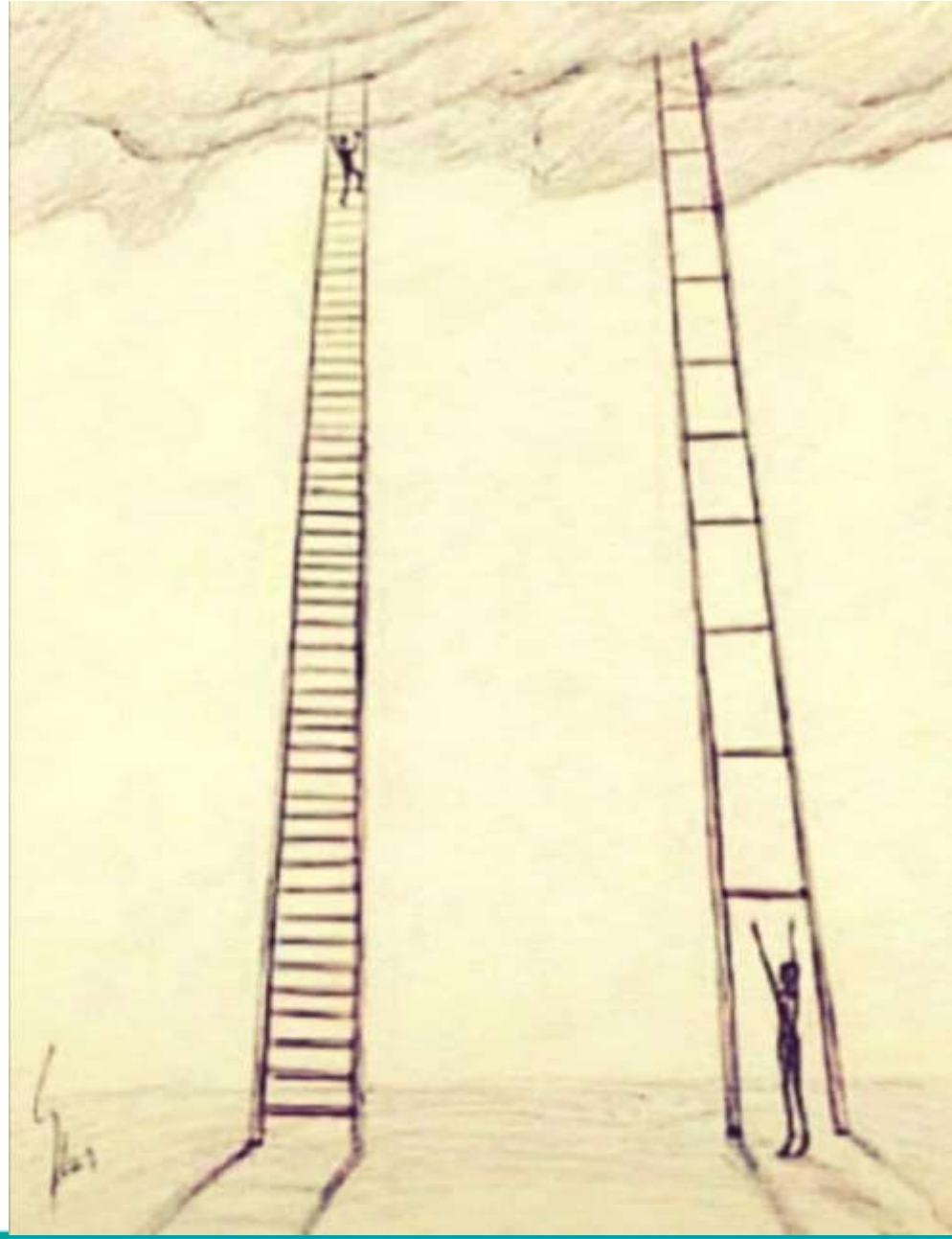
Idea# 8 Review the recall/reminder system after 6 months

Download this case study

MORE TIPS FOR LEADING POSITIVE CHANGE

Katrina's tips for a successful, happy practice of the future:

1. Set small achievable goals
2. Document and review improvement activities
3. Train all staff on software & new processes
4. Create a team spirit
5. Celebrate progress – no matter how small
6. Monitor and communicate performance
7. Celebrate progress (yes – again!)



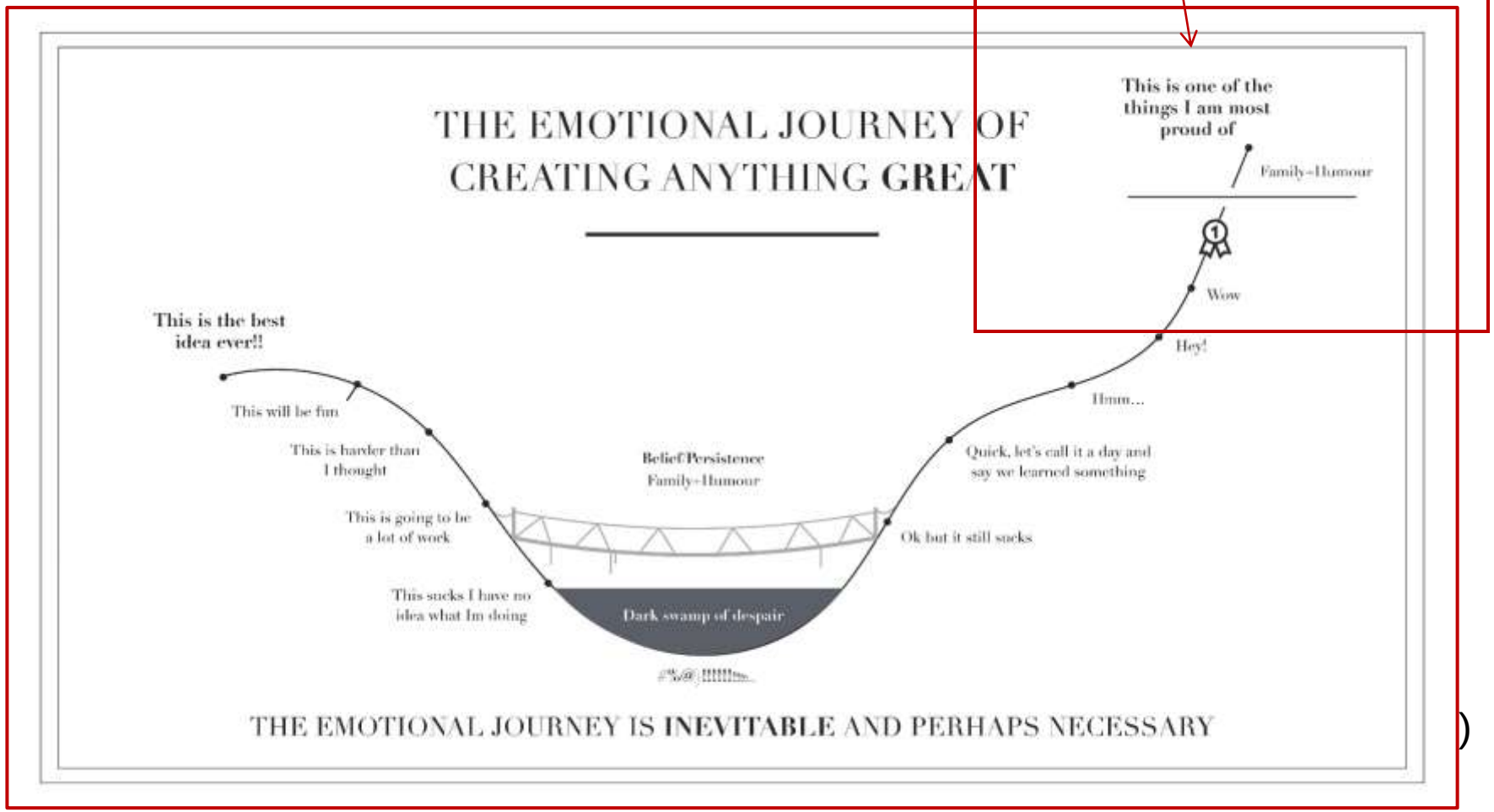
Managing Complex Change

= False Starts

= CHANGE!

Share success stories

Celebrate your success!



IT ALWAYS SEEMS
IMPOSSIBLE UNTIL
IT'S DONE.
Nelson Mandela

Change is the only constant in life.
Let’s embrace it!

Celebrate each improvement

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