

Tips & Tricks

- using Best Practice Software -

Presented by:
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Configuration Tips

- **Enable Online Directory**
- **Lists** including Clean Up
- **Reminders:**
 - Cleanup list
 - Untick allow free text reminders
 - Tick to allow free text **comments**
- **Care Plans** – Setup Care Plan Templates (EPC)
- OR Use Autofill shortcuts in Care plans
- **Messages** – Set up Groups
- **Appointments:** - Include Inactive patients in appointment searches
- **Appointment Reminders:** Exclude appointments with one reminder sent
- **Invoice Notes** – add your common direct billing explanatory notes
- Enable National Cancer Screening Register (NCSR) access

Set your preferences

User preferences [Close]

User name:

Today's notes font:

Usual visit type:

Default temperature site:

Initial focus in Observations window: Pulse Sitting BP

Allow blank notes

Prompt if no notes recorded

Enforce entry of Reason for Visit when closing patient record

Prompt for Reason for Visit when closing patient record

Don't start timer on opening record.

Don't record visit length.

Reason for visit at top of notes

Use SOAP headings for History and Examination

Load SOAP headings on opening notes

Display a My Health Record prompt in the Reminders box

Send reminder for influenza vaccination

Show 'Non visits' in Past Visit list

Display Outstanding requests in patient record

Use bold font for Allergies and On screen comment

Load PMH favourites on opening New PMH window

Expand Current Rx and PMH in tree view

Separate PMH into Active and Inactive in tree view

Expand Inactive PMH in tree view

Open the PMH window with the cursor in the date field

Popup Preventive Health list when opening patient record

Mark new PMH to be included in Shared Health Summaries

Diagnosis window:

Always 'Add to Past history'

Always 'Save as Reason for Visit'

Procedure window:

Always 'Add to Past history'

Always 'Save as Reason for Visit'

Reason for Visit window:

Always 'Add to Past history'

Past History window:

Always 'Save as Reason for Visit'

General

Letters

Prescribing

Clinical

Pathology

Imaging



Tips for Preferences

- **General**

- open patient in Today's notes
- Enable HealthShare Factsheets

- **Prescribing**

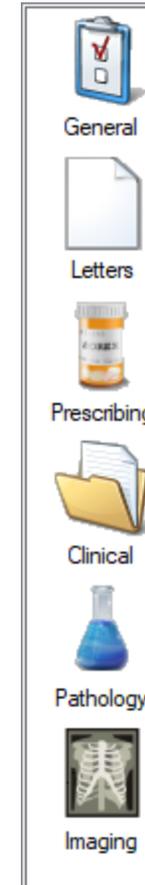
- Routinely prescribe repeats for once only medications

- **Clinical**

- Untick 'Always Add to PMH'

- **Pathology**

- Set up 'Favourite tests'
- Clone to other users



Word Processor

- ✓ Template Favourites
- ✓ Importing Templates
- ✓ Editing Templates & inserting fields
- ✓ Care Planning
- ✓ Autofill
- ✓ Label clearly
- ✓ Customise system templates
- ✓ Sending documents using Email

Template Favourites

F4

Add > Select Template

Template favourites:

- Template name
- Asthma referral template
- Australian Hearing referral
- Care Plan
- Case Conference
- EPC Referral
- Specialist referral

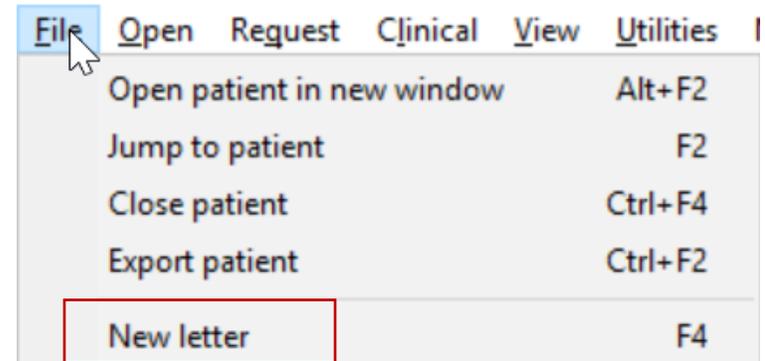
Add Delete

Templates

✓ Design an efficient labelling 'system'

eg.

Referral – Sydney Breast Clinic
Referral – Sydney Eye Hospital
Referral – Sydney Day Surgery
Referral – Sydney Hospital



✓ Restrict access

✓ Back up to hard drive

Turn paper forms into templates

Any form can become a template with 'custom' fields.

Double click on an item in the list to insert it into the document.

- + General
- + Current user
- + Doctor
- + Addressee
- + Referring Dr
- + Other contact
- + Patient
- + Clinical
- + Reminder letters
- Custom
 - Custom field
 - Counter field

Custom field

Field name: Reports preferred by:

Field type:

Data type

- Short text
- Long text
- Numeric
- List
- Drop down
- Date
- Logical
- Checkbox

Field length: 10

Add Edit Delete

Fax Only
Fax
Fax and Email
Email Only - we prefer a paperless syst

Default value: Email Only - we prefer a paperless syst

Formatted date Allow multiple selection

Save value Use last saved value

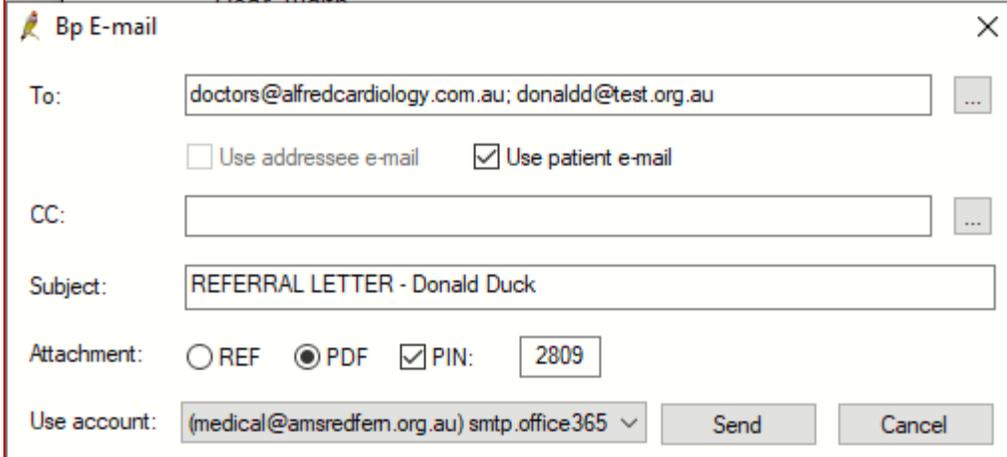
Insert Cancel

Sending documents via Email



From Wordprocessor

- Use a template to create a document
- Select Email symbol 
- Enter an email address or select a recipient 
- **Send**



The screenshot shows a dialog box titled "Bp E-mail" with a close button (X) in the top right corner. The "To:" field contains the email addresses "doctors@alfredcardiology.com.au; donaldd@test.org.au" and a "..." button to its right. Below the "To:" field are two checkboxes: "Use addressee e-mail" (unchecked) and "Use patient e-mail" (checked). The "CC:" field is empty with a "..." button to its right. The "Subject:" field contains the text "REFERRAL LETTER - Donald Duck". The "Attachment:" section has three radio buttons: "REF" (unchecked), "PDF" (checked), and "PIN:" (checked) with a text box containing "2809". The "Use account:" dropdown menu shows "(medical@amsredfem.org.au) smtp.office365" with a downward arrow. At the bottom right are "Send" and "Cancel" buttons.

Send using electronic fax service to a fax number e.g. (fax number@fax.net.au)

Default PIN = DDMM (patient DOB)

Can enter multiple email addresses, separate by a semi colon (;)

Add email addresses to frequently used contacts and patient records

Note: Send via PDF and untick PIN if you don't want to restrict access to the attachment

Creating specialist list for patients

From Wordprocessor

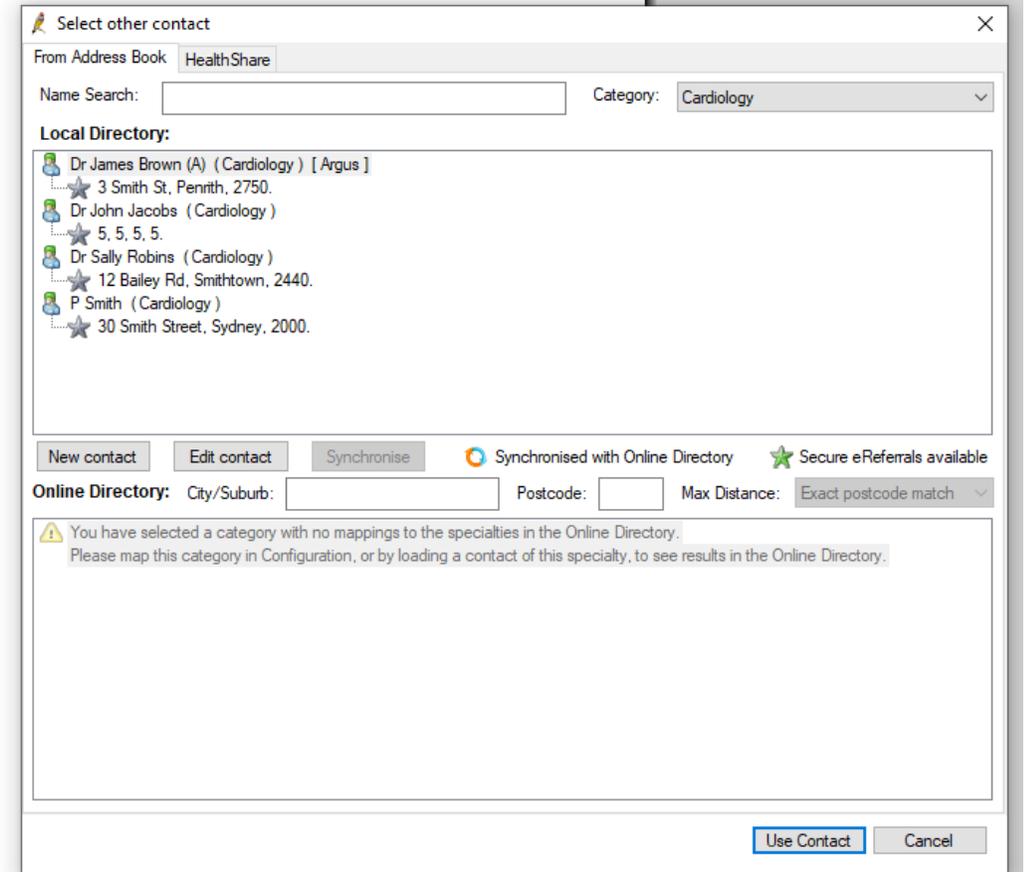
- Open Blank Document
- Select Other Contact > Full details
- Filter by category
- Select each specialist
- Save and print

Cardiologists

Dr James Brown (A)
3 Smith St
Penrith 2750
Phone: 0298997688
Fax: 02 98767655

Dr John Jacobs (H)
5 Pond Rd
Sylvania 2760
Phone: 5987 9988
Fax: 5987 6767

Dr Penelope Smithson (H)
30 Smith Street
Sydney 2000
Phone: 0459898776
Fax: 98987766



Adding an eSignature to a document

The first step is to create an electronic signature file (**.PNG**) and save to a secure location such as your desktop.

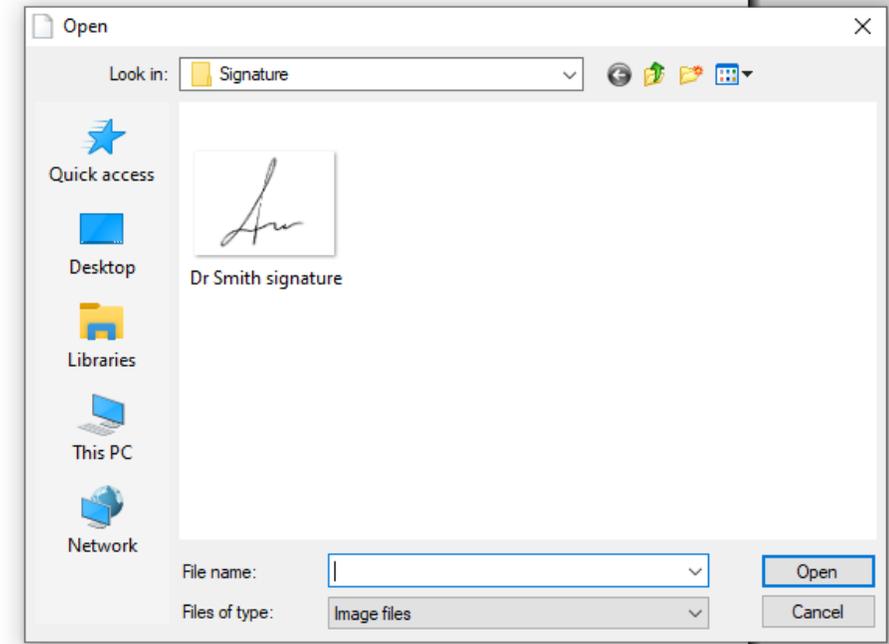
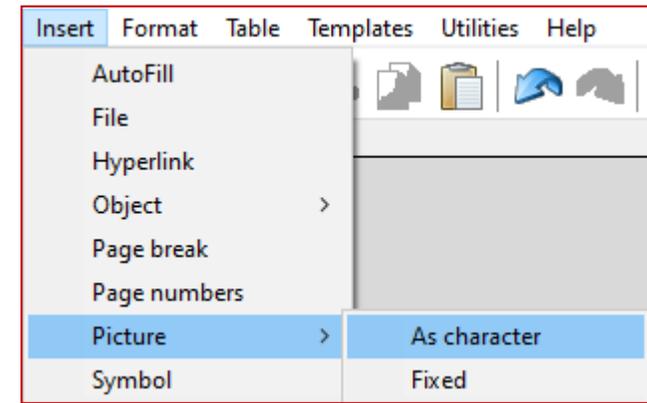
1. Go to Bp Wordprocessor
2. Create a new document (Template > Use template)
3. Move the cursor to the position in the document where the signature should be inserted
4. Select Insert > Picture > As Character
5. Select your signature file (from Desktop)

Smokes 5 cigarettes/day. Started 2000.

Yours faithfully,



Dr Frederick Findacure
MBBS
2411401F



Letterwriting: Use Shortcuts & Secure Messaging

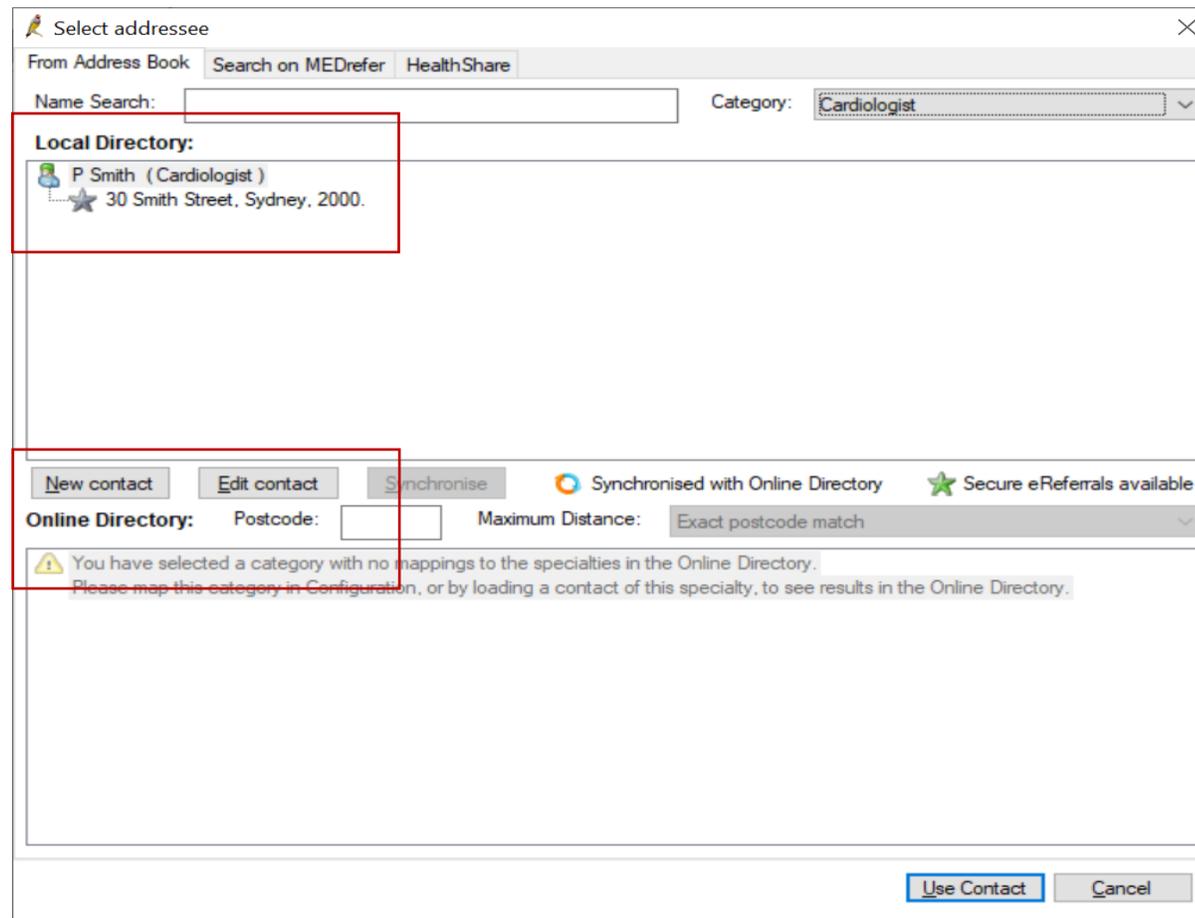
eg. We prefer to communicate electronically.

We use **[insert secure messaging provider & details]**



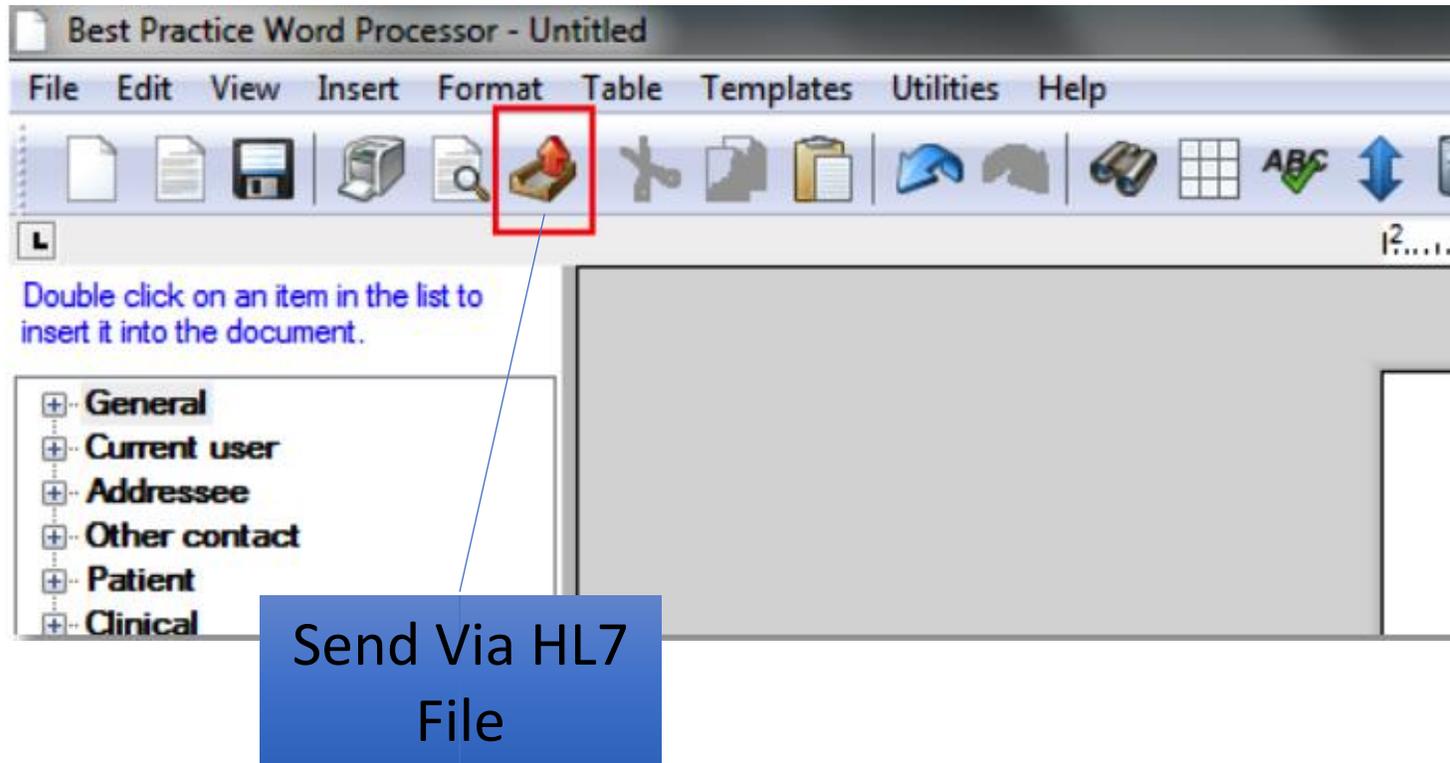
Environmentally responsible, private AND a huge time-saver.

Online and Local Directories



Indicates the contact is able to receive eReferrals

Sending Documents

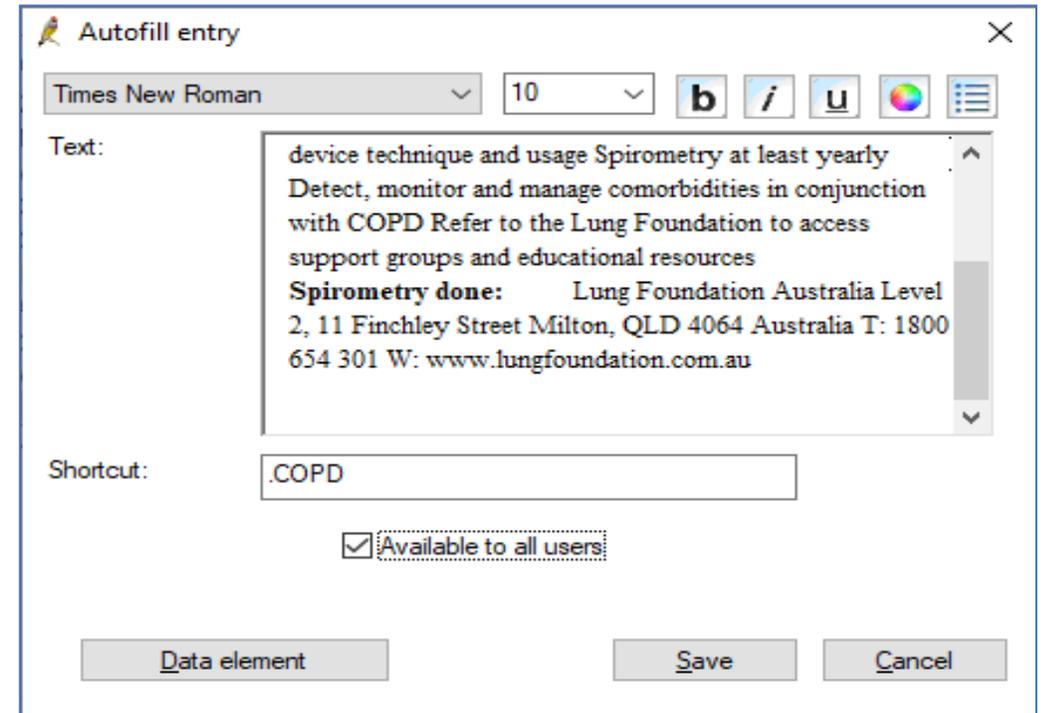


 Indicates CDA Capable

Autofill Shortcuts for care plans

To add an autofill shortcut in Bp Premier:

- Copy (Ctrl+C) a single row from the table below
- Open Wordprocessor (F4)
- Select Insert > Autofill
- Add
- Paste (Ctrl+V) the row into the 'Text' field
- Name the shortcut (always use a symbol before the shortcut name e.g. '.COPD')
- Tick to make available to all users
- Save



The screenshot shows the 'Autofill entry' dialog box. At the top, there are font settings: 'Times New Roman', size '10', and buttons for bold (b), italic (i), underline (u), color, and list. The 'Text' field contains the following text:
device technique and usage Spirometry at least yearly
Detect, monitor and manage comorbidities in conjunction
with COPD Refer to the Lung Foundation to access
support groups and educational resources
Spirometry done: Lung Foundation Australia Level
2, 11 Finchley Street Milton, QLD 4064 Australia T: 1800
654 301 W: www.lungfoundation.com.au

The 'Shortcut' field contains '.COPD'. Below it is a checked checkbox labeled 'Available to all users'. At the bottom, there are three buttons: 'Data element', 'Save', and 'Cancel'.

Autofill Shortcut samples for use in care plans

| Patient problems / needs / relevant conditions | Goals - changes to be achieved | Required treatments and services including patient actions | Arrangements for treatments/services (when, who, contact details) |
|--|---|--|---|
| ATRIAL FIBRILLATION | <ol style="list-style-type: none"> 1. Determine cause and treat appropriately 2. Restore heart to normal rhythm and reduce heart rate 3. Blood clot prevention 4. Manage risk factors for Stroke 5. Prevent additional heart rhythm problems 6. Prevent heart failure | Pharmacological treatment Encourage healthy weight Encourage smoking cessation if required Encourage avoidance of alcohol and other drugs ECG annually and PRN Cardiologist review annually and PRN | ECG done Echo: Cardiologist: |
| Alcohol Use Disorder/ Dependence | Reduce risk of alcohol related harm over a lifetime by having no more than 2 standard drinks per day Reduce the risk of injury while drinking by drinking no more than 4 standard drinks on one occasion Aim to have alcohol free days or Abstinence from alcohol use | Outpatient or residential detoxification and rehabilitation Counselling: individual or Group support such as Alcoholics Anonymous , SMART Recovery or other groups Referral to Addiction specialist | Alcohol and Drug Foundation (list of services) https://adf.org.au/help-support/support-services-directory/ |

Using Healthlink SmartForms



Transport for NSW

NSW Fitness to Drive Medical Assessment [Submit](#) [Preview](#) [Park](#) [Help](#) ▾

Medical Assessment ⚠
Information Required

Attachments / Reports
No reports selected
No files attached

Patient Information
Donald Duck
No patient ID available
28/09/1963

Recipient / Referrer ⚠
Sue Cummins

▼ **Driver Licence Verification**

Driver licence number Customer number

Driver licence number* Patient surname

[Patient consent](#) obtained* Date of birth

| | |
|--|---------------------------|
| Current medical assessment information | Address |
| Name <input type="text"/> | <input type="text"/> |
| Date of birth <input type="text"/> | |
| Licence number <input type="text"/> | |
| Licence class <input type="text"/> | Reason for medical |
| Field of practice* <input type="text" value="General Practitioner"/> | <input type="text"/> |
| Medical standard* <input type="text"/> | |
| Assessing medical standard* <input type="text" value="Please Select"/> | |

<https://au.healthlink.net/products/smart-forms/>

Sending pathology request forms to a patient

From: DoNotReply@clinicallabs.com.au <DoNotReply@clinicallabs.com.au>
Sent: Thursday, 9 June 2022 2:30 PM
To: Sue Cummins <scummins@amsredfern.org.au>
Subject: Telehealth pathology referral form for Donald Duck

Dear Donald Duck,

This is an email to notify you that your doctor, Dr. Sue Cummins has requested you visit a Collection Centre for pathology testing.

Please find attached to this email your electronic referral form created by your doctor.

Please bring an A4 print-out of this form with you to the collection centre.

To find your nearest Clinical Labs collection centre, please feel free to view our location finder [using this link](#).
If you have any questions or concerns please call our patient call centre on [1300 453 688](tel:1300453688) and one of our operators will be happy to help.

Kind regards

Australian Clinical Labs

T: [1300 453 688](tel:1300453688)

1. Generate pathology request
2. Enter 'telehealth' in clinical details
3. Make sure the patients email address is recorded on their Bp profile
4. Select 'Print and Send'

Practice must be set up to use ePathology

Each lab may have a slightly different process so check details before sending

Today's Notes



- ✓ Use **Autofill** button to create shortcuts to save typing time.

Excision lesion ^- performed under sterile conditions

Local anaesthetic: ^% xylocaine with adrenaline

Instruments Sterilisation No: ^

Lesion Size: ^

Suture Material: ^

Number of sutures: ^

Removal of Sutures in ^ days

Education re care of wound given

Specimen sent to ^

Use Shift + F5 to move
between carats.

[Download samples](#)

Past History List [coding]

Past Medical History

Date: / / 2016 Today

Search:

Condition:

- Shoulder reconstruction
- Shoulder replacement

Condition:

- Left Right Bilateral
- Acute Chronic
- Mild Moderate Severe
- Active Inactive
- Provisional diagnosis

Fracture:

- Displaced Undisplaced
- Compound Comminuted
- Spiral Greenstick

Further details:

- Send to My Health Record
- Confidential
- Include in summaries
- Save as reason for visit

Save this condition in favourites list



✓ Only for chronic conditions & significant events

✓ Significant active or inactive conditions

[Criterion C7.1 – Content of patient health record, RACGP Standards for general practices 5th edition.](#)

Time for quality, time for coding



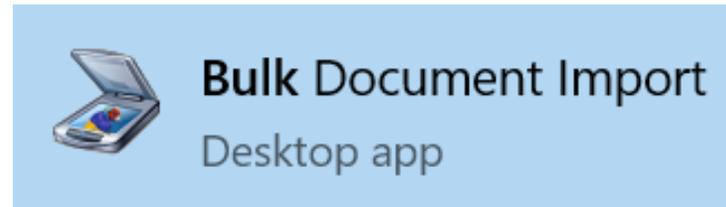
- 1 Demographics – are the contact details up-to-date?**
 - Double-click on the patient’s telephone number to check and update details
- 2 Medication List – is the Current Meds list accurate?**
 - Right click to delete/cease medications no longer relevant (they can then be found in the Old/Past Scripts 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?**

Tip: Recall regular patients and make appointment for a health check to update and upload their health summary.

Correspondence Management

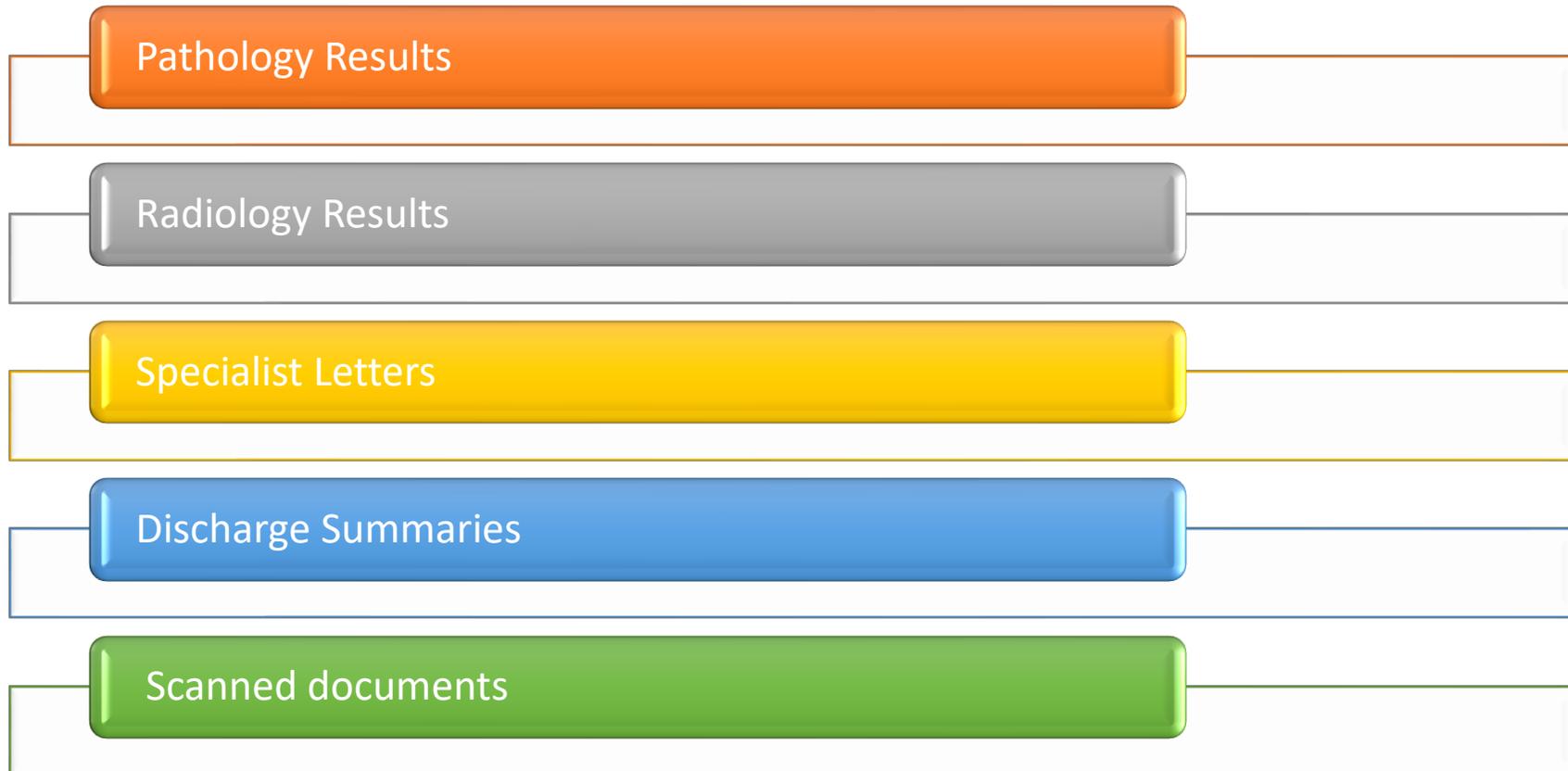


- ✓ Scan from the Bulk Document Import Tool



- ✓ Design a 'document management' and labelling 'system'

The Inbox

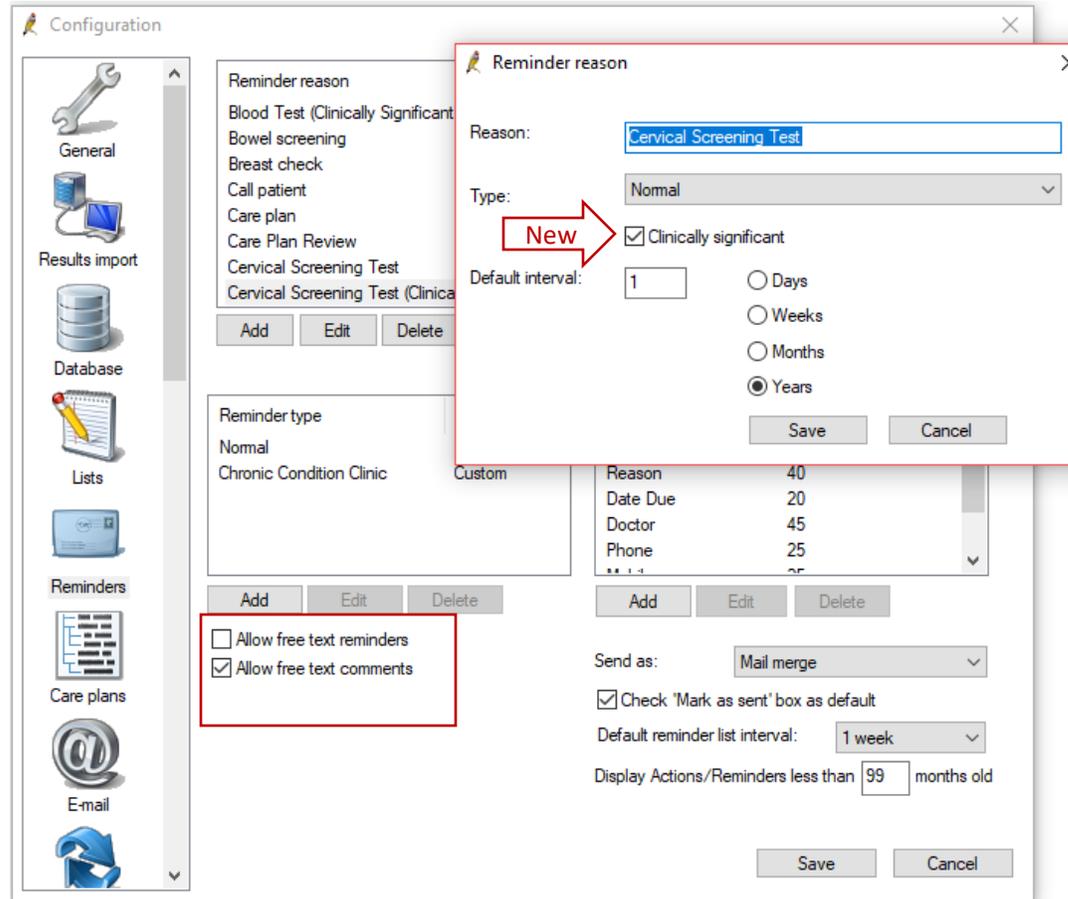


Setup Pathology Favourites

1. Setup > Preferences > Pathology
2. Add
3. Create Group tests
4. Clone to other users as required.

The screenshot displays the 'User preferences' window for Dr. Frederick Findacure. The sidebar on the left shows the 'Pathology' category selected. The main area is divided into 'Custom tests' and 'Favourite tests' sections. The 'Favourite tests' section shows a list of tests under the 'Generic' group, with '12 month follow up' highlighted. A sub-dialog titled 'Favourite tests' is open, showing a list of test names with '12 month follow up' selected, and a list of tests included in the group: '123', 'ADF', 'Amylase', 'Anti-cardiolipin Antibodies', 'B12', 'BSL', 'Carbamazepine', and 'FBC'. The 'Default billing' section at the bottom is set to 'Direct Bill'.

Clinically Significant Tickbox



Label so patients don't stress if they receive a sms or letter with the reason.

Receiving Documents



View Inbox (F3)

Inbox
File Edit Utilities View Help

Ahern, Jason
09/03/2011 SE_ROUTINE CHEMISTRY

Allen, David
27/10/2008 SE_PSA
27/10/2008 _THYROID FUNCT. TEST
20/11/2009 SE_ROUTINE CHEMISTRY

Allen, Fay
20/10/2003 MODIFIED RAST

Allen, Janelle
02/12/2009 CI-COAG
15/10/2009 CI-COAG

AHERN, JASON
SONIC PATHOLOGY, BURNIE. 7320
Birthdate: 31/05/1977 Sex: M Medicare Number:
Your Reference: Lab Reference: 14551995-C-C140
Laboratory: SONIC PATHOLOGY
Addressee: DR FREDERICK FINDACURE Referred by: SONIC PATHOLOGY

Name of Test: SE_ROUTINE CHEMISTRY
Requested: 09/03/2011 Collected: 09/03/2011 Reported: 26/08/2011 16:24

Clinical Notes: 24HRS REIGERATED

Check Unallocated Correspondence



View and allocate regularly to minimize risk

Incoming reports

File Edit View Help

Find patient: Show unallocated only

| Date | Patient name on report | Test | Addressed to | Allocated to patient | Allocated to user |
|------------|------------------------|-----------------------|------------------------|----------------------|------------------------|
| 17/01/2012 | ANASTASIA ABBOTT | U-*Microbiology PCR | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | SE-.SEROLOGY | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | SE- HIV SEROLOGY ARC | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | GENERAL M,C&S 1 | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | U-URINE M,C&S | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | GENERAL M,C&S 1 | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | U-URINE M,C&S | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | U-URINE M,C&S2 | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | SALMONELLA ID | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | ANASTASIA ABBOTT | HE-TROPONIN T. | DR IVOR CURE | Anastasia Abbott | Dr Ivor Cure |
| 17/01/2012 | MAREE ACKERMANN | SE-_ROUTINE CHEMISTRY | DR IVOR CURE | Maree Ackemann | Dr Ivor Cure |
| 17/01/2012 | MAREE ACKERMANN | CI-COAG | DR IVOR CURE | Maree Ackemann | Dr Ivor Cure |
| 17/01/2012 | MAREE ACKERMANN | ED-FBE | DR IVOR CURE | Maree Ackemann | Dr Ivor Cure |
| 17/01/2012 | MAREE ACKERMANN | _ROUTINE CHEMISTRY | DR IVOR CURE | Maree Ackemann | Dr Ivor Cure |
| 17/01/2012 | MAREE ACKERMANN | SE-_ROUTINE CHEMISTRY | DR IVOR CURE | Maree Ackemann | Dr Ivor Cure |
| 26/08/2011 | JASON AHERN | SE-_ROUTINE CHEMISTRY | DR FREDERICK FINDACURE | Jason Ahern | Dr Frederick Findacure |
| 26/08/2011 | DAVID ALLEN | SE-_ROUTINE CHEMISTRY | DR FREDERICK FINDACURE | David Allen | Dr Frederick Findacure |
| 26/08/2011 | DAVID ALLEN | SE-_PSA | DR FREDERICK FINDACURE | David Allen | Dr Frederick Findacure |
| 26/08/2011 | DAVID ALLEN | _THYROID FUNCT. TEST | DR FREDERICK FINDACURE | David Allen | Dr Frederick Findacure |
| 09/11/2003 | FAY ALLEN | MODIFIED RAST | DR FINDACURE | Fay Allen | Dr Frederick Findacure |
| 26/08/2011 | JANELLE ALLEN | CI-COAG | DR FREDERICK FINDACURE | Janelle Allen | Dr Frederick Findacure |
| 26/08/2011 | JANELLE ALLEN | CI-COAG | DR FREDERICK FINDACURE | Janelle Allen | Dr Frederick Findacure |

Allocated to user:

Patient details: Miss Anastasia Abbott
Date of birth: 25/02/2004
12 John St, Albany Creek, 4035.

View Atomised Results

- From GRAPH button via Inbox
- From ATOMISED VALUES on patient record (Investigations tab)

Mr David Anderson - Atomised result values

File View Help

| | 16/06/2001 | 16/06/2002 | 16/06/2003 | 16/06/2004 | 16/06/2005 | 16/06/2006 |
|------------|------------|------------|------------|------------|------------|------------|
| CHOL | 4.3 | 7.9 | 6 | 5.1 | 3.9 | 4 |
| CREATININE | 60 | 75 | 64 | 70 | 74 | 67 |
| HbA1c (SI) | | | | | | |
| HDL | 1.3 | 1.6 | 2.92 | 1.7 | 1.5 | 1.15 |
| LDL | 2.5 | 5.7 | 2.14 | 2.7 | 1.9 | 1.68 |
| TRIG | 1.2 | 1.4 | 0.5 | 1.5 | 1 | 1.2 |

Currently logged in: Dr Frederick Findacure (Main surgery) Tuesday 05/07/2022 02:17:36 PM

This result is:
 Normal
 Abnormal
 Stable
 Acceptable
 Unacceptable
 Being treated
 Under specialist care

Action to be taken:
 No action
 Reception to advise
 Nurse to advise
 Doctor to advise
 Send routine reminder
 Non-urgent appointment
 Urgent appointment

Store result in:
 Investigations
 Correspondence in
 Clinical Images

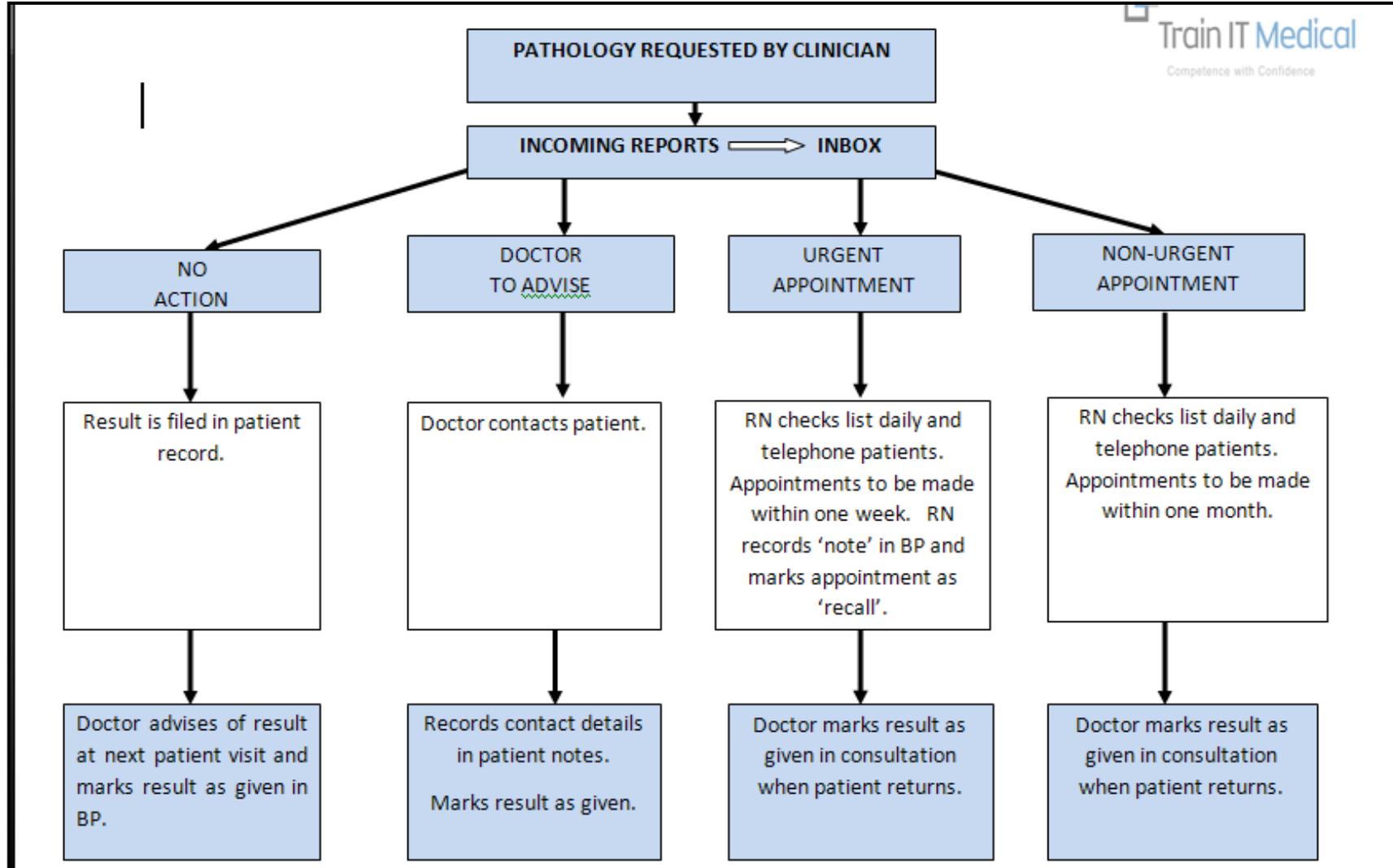
Store for location: Main surgery
 Include header
Details

Send Message
Add Reminder Add Past History Add INR
Add Action Add CST result
< Previous Next > Skip Finish

Graph

10 tips for Pathology & Radiology

1. View and re-use previous requests
2. View previous results
3. Clean up Outstanding requests
4. Design a practice 'system'
5. Add custom notations eg. under Specialist care
6. Use filters in Follow Up Inbox
7. Add an entry to the actions database
8. Enter cervical screening from Inbox
9. Enter FOBT and mammography
10. Change test details from Inbox



[Download samples](#)

CREATE YOUR OWN

Enter CST result from the Inbox

Add CST result

Add a result from the Inbox or from the Cervical Screening area of the patient record

Cervical screening result

Date performed: 27/11/2018

Performed by: Dr F. Findacure Include inactive providers

Cervical Screening Test Pap smear

Unsatisfactory specimen

HPV PCR: HPV 16 Detected Not detected
HPV 18 Detected Not detected
HPV not 16/18 Detected Not detected

LBC Result:

Other information:

- Negative
- Unsatisfactory
- Possible low-grade squamous intra-epithelial lesion
- Low-grade squamous intraepithelial lesion
- Possible high-grade squamous intraepithelial lesion
- High-grade squamous intraepithelial lesion
- Atypical endocervical cells of undetermined significance
- Atypical glandular cells of undetermined significance
- Possible high-grade glandular lesion
- Endocervical adenocarcinoma in situ
- Adenocarcinoma of the cervix

Mark results as 'given'

Mark result as given

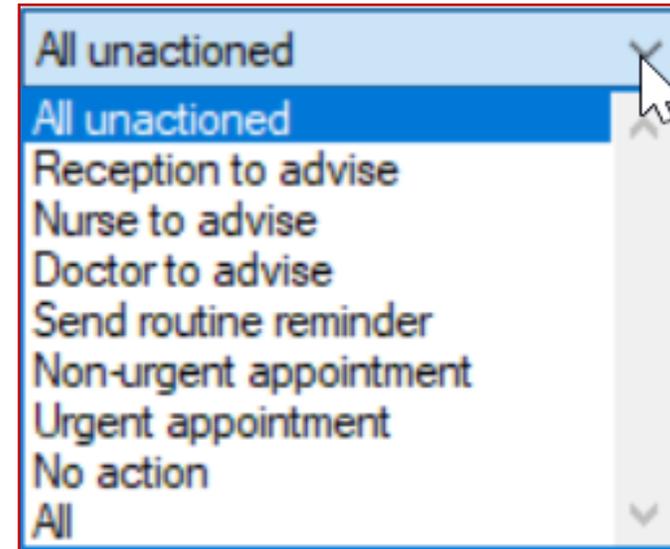
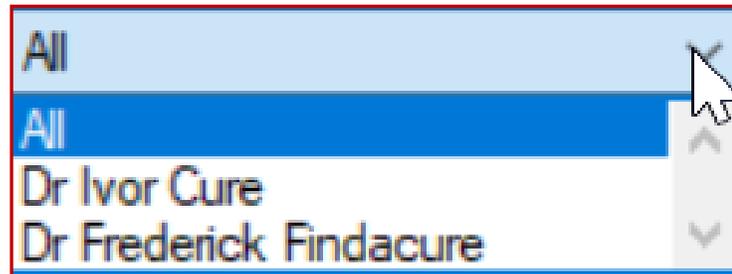
Filter:

| Date | Test name | Checked by | Date checked | Action | Status | Comment | Provider |
|-------------------------------------|----------------------------|------------------------|--------------|------------------|--------|----------|----------------|
| <input type="checkbox"/> 01/09/2006 | ED-GLYCOSYLATED HB A1C | Dr Frederick Findacure | 27/10/2011 | Doctor to advise | / / | Abnormal | PATHOLOGY F |
| <input type="checkbox"/> 14/11/2018 | breast Mammogram screening | Dr Ivor Cure | 14/11/2018 | | | Normal | Best Pathology |

- Add
- Delete
- Open
- Mark as given
- Move to Correspondence in
- View notes

View contact notes from test results using **right click**

Use filters in Follow Up Inbox to find outstanding items



National Cancer Screening Register (NCSR Hub)

- View test results and screening histories
- View screening status and alerts
- Submit information and forms to the Register
- View and update patient details
- Manage screening participation
- Cease correspondence for the cervical screening program
- Nominate others to assist your patient (e.g personal representative or another Healthcare Provider).

Notifications

| Type | Due | Reason |
|-------------------|------------|--|
| NCSR (Bowel) | | Overdue for bowel cancer screening |
| NCSR (Cervical) | | Follow up action required |
| Preventive health | 28/08/2020 | A smoking history should be recorded! |
| Preventive health | 28/08/2020 | There is no record of any cervical screening for this patient! |
| Preventive health | 28/08/2020 | Vaccination against shingles should be considered! |

Best Practice - NCSR Hub

Patient Name: Isabelle Spears
 Patient Medicare No: 3572255890

Choose a Form

| Program | Alerts | Status | Last Screening Date | Screening Action |
|----------|--------|--------------------|---------------------|---|
| Bowel | 1 | Actively Screening | 1/08/2019 | Skipped Round (eligible on 27 Jul 2023) |
| Cervical | | New to Screening | | NOW DUE |

Patient NCSR History

Show: Bowel Cervical Correspondence

| Program | Date | Description | Outcome | Action | Status |
|----------|------------|------------------------------|--------------------------|---|--------|
| Cervical | 31/08/2020 | Cervical Screening History | | Open Delete | |
| Bowel | 31/08/2020 | NBCSP - GP Assessment Report | Referred for Colonoscopy | Open Delete | |
| Bowel | 18/08/2020 | NBCSP - Colonoscopy Report | Cancer/Suspected Cancer | Open Delete | |

Open patient record (F2)
View > NCSR hub

[Bp Premier Quick Reference Guide](#)



Access AIR (from patient record)

View AIR | Check AIR Access

| Date | Status | Vaccine | Diseases |
|------------|--------|----------------------|-----------|
| 23/03/2021 | Given | COVID-19 VACCINE AST | |
| 18/06/2021 | Given | COVID-19 VACCINE AST | |
| 17/12/2021 | Given | Pfizer Comimaty | COVID-19 |
| 12/04/2022 | Given | Vaxigrip Tetra | Influenza |



Australian Government
Services Australia

medicare

Immunisation history statement

As at: 05 July 2022
 For: SUZANNE L CUMMINS
 Date of birth: 05 October 1965
 Individual Healthcare Identifier (IHI): 8003 6011 8269 2694

| Date given | Immunisation | Brand name given |
|-------------|--------------|--------------------------|
| 23 Mar 2021 | COVID-19 | AstraZeneca Vaxzevria |
| 18 Jun 2021 | COVID-19 | AstraZeneca Vaxzevria |
| 17 Dec 2021 | COVID-19 | Pfizer Comimaty |

Next NIP immunisation/s due | **Date due**
 No vaccines due.

View AIR - Ms Suzanne Louise Cummins

NEWS

General

History

STOP

Medical Contraindications

Natural Immunity

Vaccine Trials

Get Individual Immunisation History Statement

Immunisation History:

| Date | Vaccine Brand | Dose | Status | Editable | Action Req | Reason Code | Mess |
|------------|----------------------|------|--------|----------|------------|-------------|------|
| 17/12/2021 | Pfizer Comimaty | V | Valid | N | N | | |
| 18/06/2021 | AstraZeneca Vaxze... | V | Valid | N | N | | |
| 23/03/2021 | AstraZeneca Vaxze... | V | Valid | N | N | | |

Save to patient record

Close

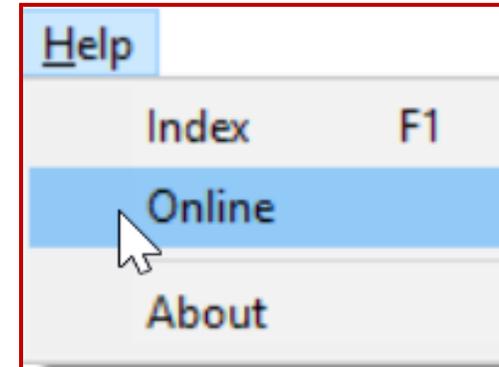


Tips & timesaving shortcuts - General

1. Use Head of Family to link family members
2. Jump to open another family members record during a consultation.
3. Finalise visit to add to appointment book.
4. View previous patients list (Shift + F2)
5. Move quickly through lists by clicking on the first name in the list then type the first few letters of the name you are searching for.
6. Use 'Link to Patient' in Messages for audit trail.
7. Keep patient data up-to-date and clinically relevant.
8. Export daily appointment list to USB for paperless backup.
9. Keep a charged laptop handy.
10. Perform regular backups and test them.

More shortcuts

| Key | |
|-----|--|
| F2 | Open patient |
| F3 | New record (for item selected in patient tree) |
| F4 | Word processor |
| F5 | Refresh screen |
| F6 | To Do List |
| F7 | Allergies and adverse reactions |
| F8 | Internal messages |
| F9 | Print current open record |
| F10 | Edit patient details |



Data cleansing

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

- ✓ Reminder lists > merge
- ✓ Use reminders with 'Clinically Significant' labels to separate recalls from reminders.

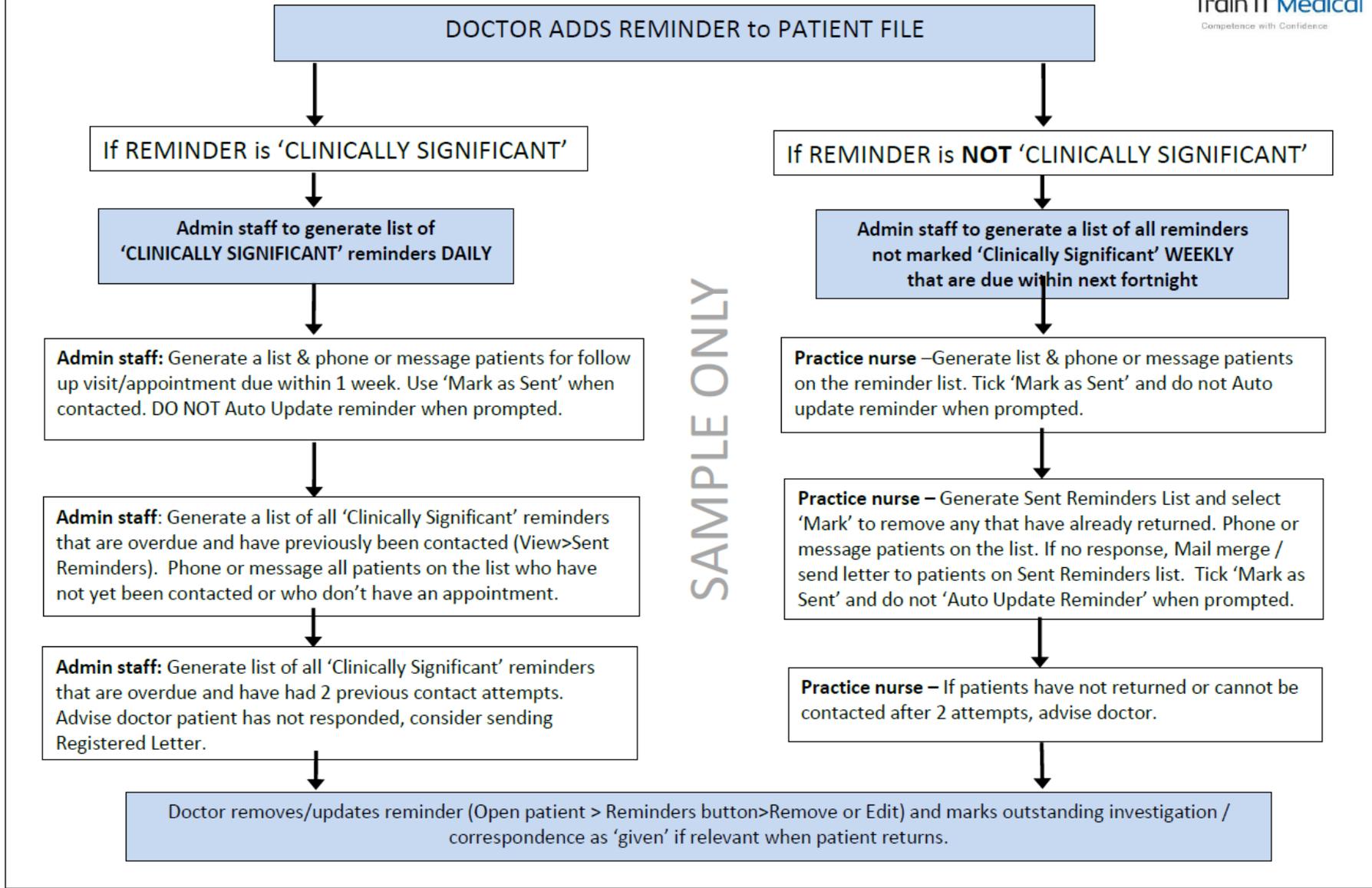
Actions, Recalls and Reminders

- **RECALLS** (ie clinically significant/medico-legal)
eg previous melanoma, inconclusive CST
- **REMINDERS** eg. immunisation, skin check, routine Cervical Screening Test (CST)
- **ACTIONS** eg check blood pressure

TIPS:

- ✓ Define *your* reminder list
- ✓ Label your reminders simply so patients don't stress if they receive a notification or letter with the reason
- ✓ Keep your list tidy
- ✓ Delete reminders

BEST PRACTICE – REMINDER MANAGEMENT PROTOCOL – SAMPLE



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.

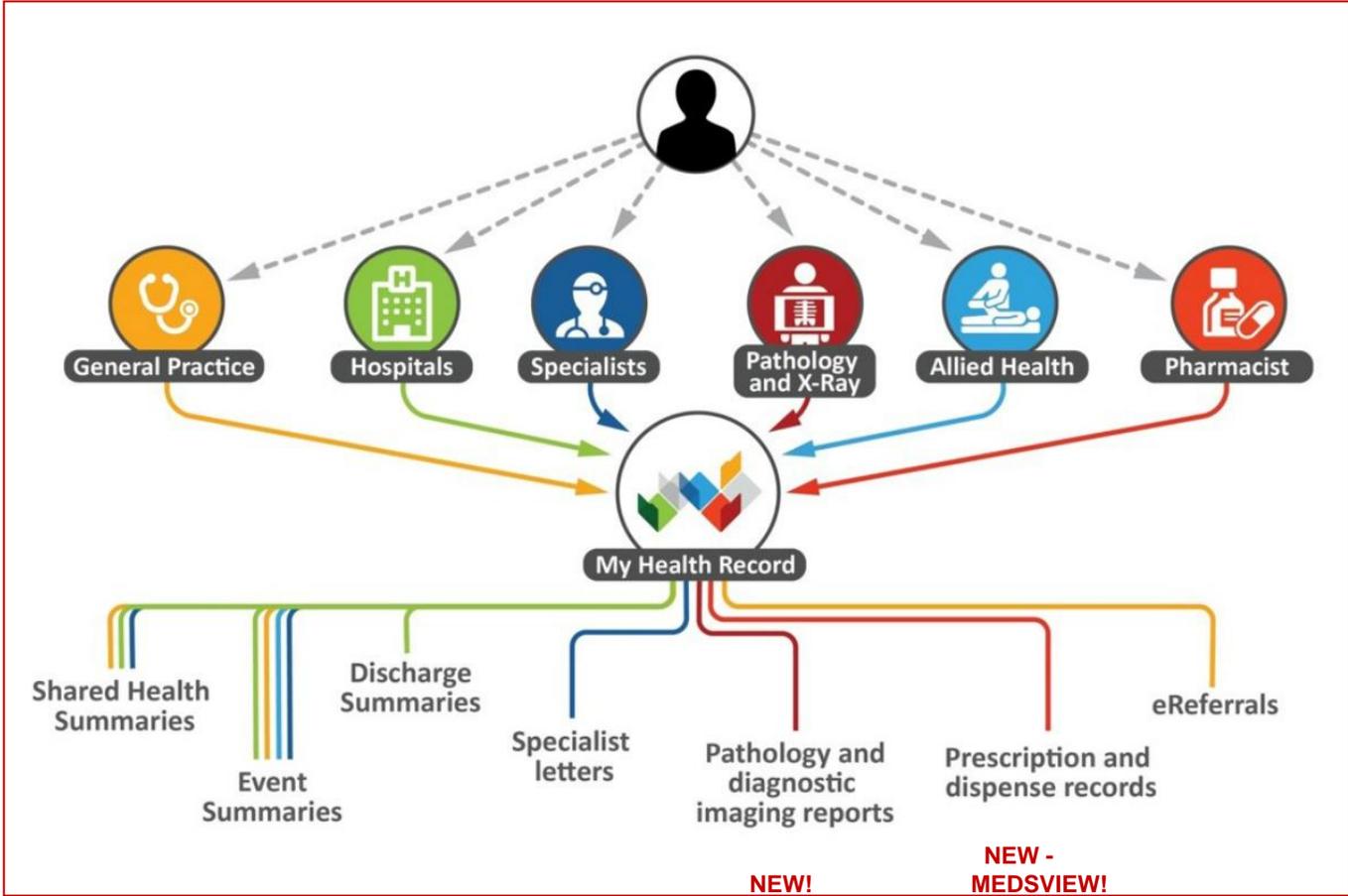
I will remember to remove the recall. I will remember to remove the recall.

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.



My Health Record



www.digitalhealth.gov.au

www.myhealthrecord.gov.au

View My Health Record through Bp Premier



4 yrs Sex: Male 0m 9s Finalise visit My Health Record

Mobile: 0455555555 Work:

Comment:

Alcohol: Ethnicity: Non Aboriginal/Torres Strait Islander

Advance Health Directive:

My Health Record Document List - Mr Caleb Derrington

DocumentType: All Show last 3 months only Update

Exclude Medicare documents Exclude prescription and dispense records Exclude superseded or removed documents Reset

Current filter: Excluding Medicare documents; Excluding prescription and dispense records; Excluding superseded or removed records

| Document Date | Service Date | Document | Organisation | Organisation Type |
|---------------|--------------|---------------------------|-------------------------------|--|
| 22/11/2017 | | Medicines View | | Local Government Healthcare Administration |
| 22/11/2017 | | Event Summary | Medical Center | Local Government Healthcare Administration |
| 22/11/2017 | | Shared Health Summary | Medical Center | Local Government Healthcare Administration |
| 03/04/2017 | | Shared Health Summary | Medical Center | General Practice |
| 03/04/2017 | | e-Referral | Medical Center | General Practice |
| 03/04/2017 | | Specialist Letter | Medical Center | General Practice |
| 03/04/2017 | | Discharge Summary | Medical Center | General Practice |
| 27/03/2017 | | Pathology Report | Sullivan Nicolaides Pathology | Pathology and Diagnostic Imaging Services |
| 27/03/2017 | | Diagnostic Imaging Report | Imaging Queensland | Pathology and Diagnostic Imaging Services |
| 17/03/2017 | | Diagnostic Imaging Report | Wesley Medical Imaging | Pathology and Diagnostic Imaging Services |
| 17/03/2017 | | Pathology Report | Mater Pathology | Pathology and Diagnostic Imaging Services |
| 10/03/2017 | | Pathology Report | Pathology Queensland | Pathology and Diagnostic Imaging Services |
| 10/03/2017 | | Diagnostic Imaging Report | Brisbane Diagnostics | Pathology and Diagnostic Imaging Services |
| 01/03/2017 | | Diagnostic Imaging Report | Queensland Diagnostic Imaging | Pathology and Diagnostic Imaging Services |
| 01/03/2017 | | Pathology Report | QML Pathology | Pathology and Diagnostic Imaging Services |

Superseded Removed

Open Save History Supersede Access Code Close

Save a document to
Correspondence In

To enable faster retrieval of relevant documents change the filters



My Health Record - Mr Caleb Derrington

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professionals as needed.

View Latest Shared Health Summary

Document List

Filters

Reset Filter

From: 28-Nov-2017

To: 28-Nov-2018

Document Type: All

Saved Status: All

Exclude Medicare documents

Exclude prescription and dispense records

Exclude superseded or removed documents

Update

Current filter:
From 28-Nov-2017; To 28-Nov-2018; Excluding Medicare documents; Excluding prescription and dispense records; Excluding superseded or removed records

| Document Date | Service Date | Document | Organisation | Organisation Type | Saved |
|---------------|--------------|---------------------------|-------------------------------|---------------------------------|-----------|
| 28/11/2018 | | Medicines View | | Provision and administration of | Not Saved |
| 22/11/2017 | | Shared Health Summary | Medical Center | Local Government Healthcare | Not Saved |
| 22/11/2017 | | Event Summary | Medical Center | Local Government Healthcare | Not Saved |
| 03/04/2017 | | e-Referral | Medical Center | General Practice | Not Saved |
| 03/04/2017 | | Specialist Letter | Medical Center | General Practice | Not Saved |
| 03/04/2017 | | Discharge Summary | Medical Center | General Practice | Not Saved |
| 03/04/2017 | | Shared Health Summary | Medical Center | General Practice | Not Saved |
| 27/03/2017 | | Diagnostic Imaging Report | Imaging Queensland | Pathology and Diagnostic Imag | Not Saved |
| 27/03/2017 | | Pathology Report | Sullivan Nicolaides Pathology | Pathology and Diagnostic Imag | Not Saved |
| 17/03/2017 | | Pathology Report | Mater Pathology | Pathology and Diagnostic Imag | Not Saved |
| 17/03/2017 | | Diagnostic Imaging Report | Wesley Medical Imaging | Pathology and Diagnostic Imag | Not Saved |
| 10/03/2017 | | Diagnostic Imaging Report | Brisbane Diagnostics | Pathology and Diagnostic Imag | Not Saved |
| 10/03/2017 | | Pathology Report | Pathology Queensland | Pathology and Diagnostic Imag | Not Saved |
| 01/03/2017 | | Pathology Report | QML Pathology | Pathology and Diagnostic Imag | Not Saved |
| 01/03/2017 | | Diagnostic Imaging Report | Queensland Diagnostic Imaging | Pathology and Diagnostic Imag | Not Saved |

Superseded Removed

Open Save History Supersede Access Code

Close

Patient Education

- ✓ Custom handouts
- ✓ HealthShare



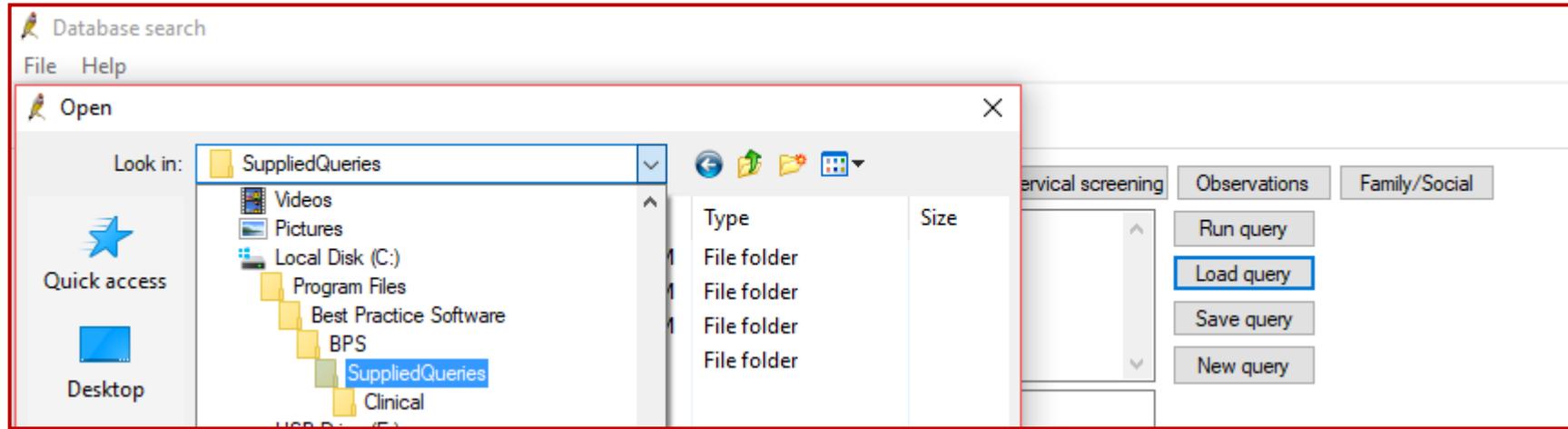
Enable HealthShare Fact Sheets at Setup > Preferences > Enable HealthShare Fact Sheets
Remember to document patient education in Today's Notes (using Autofill?)

Database Searches in Bp Premier

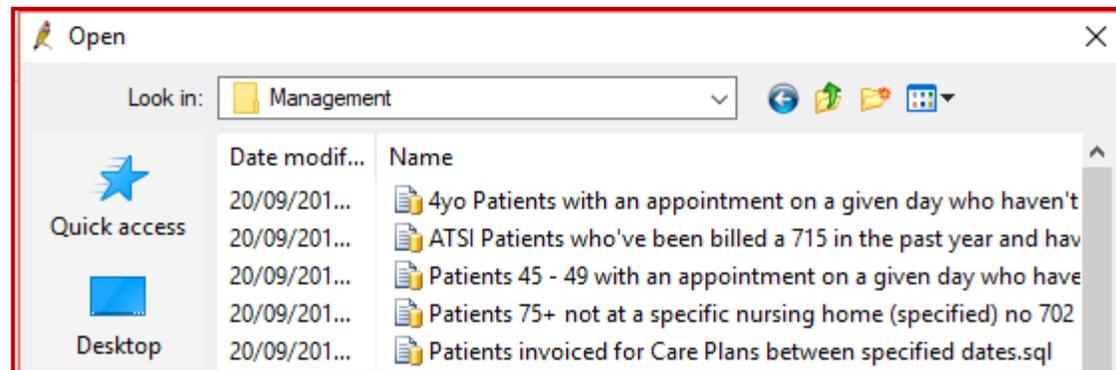
4 Steps

1. Select **Utilities > Search** (from drop down menu)
2. Select **Load Query** button
3. Select a query from the list and select **Run Query**
4. Print, export, mail merge or add a reminder to the result file

Access SQL queries in Bp Premier



Set the above file path to access BP's Supplied Queries.



“If you can’t measure it, you can’t improve it” *Peter Drucker*



BEST PRACTICE SOFTWARE DATA COLLECTION – GP Consultation Checklist



WORKFLOW & MINIMUM CLINICIAN DATA ENTRY

- Review last visit/past visits
- Review or collect history
- Current Medications
- Recent side effects/allergies
- Check Result/Documents and MARK AS GIVEN
- Examination & Management
(enter all observations BP, pulse etc in correct fields)
- Findings/Diagnosis
- Patient Education
- Add/Remove Reminder or make next appointment
- Enter Reason for visit
- MBS item/voucher

1. DATABASE MANAGEMENT

- Inactivate, debase or merge duplicate patient records as appropriate.
- Enter Aboriginal/Torres Strait Islander status/ethnicity for all patients.
- Are clinicians adding allergies, family and social history, alcohol and smoking information?
- Are doctors regularly checking patients' medication and past history lists for currency?

2. DIGITAL HEALTH

- Register with one or more approved secure messaging providers
- Activate ePrescribing.
- Connect to My Health Record system and import Individual Health Identifiers (IHIs) for patients when presenting for consultation
- Educate practice team about My Health Record
- Actively perform data cleansing including clinical coding of diagnoses.
- Design and document practice policies including collecting patient consent.
- Upload Shared Health Summaries

3. CORRESPONDENCE MANAGEMENT

- Can all doctors describe the practice Correspondence Management System and are they happy/confident with it?
- Is there a clear practice protocol for scanning documents?
- Are results and correspondence being marked as 'Notified'?
- Check Outstanding Requests lists regularly (at least monthly).

4. RECALL & REMINDER SYSTEM

- Check Outstanding Actions list.
- Check Recall protocols list.
- Search for Recalls – is everything on that list current and appropriate?
- Are your staff aware of the expectations/roles regarding Recalls?
- Are all staff confident with the current Recall and Reminder system?

5. PREVENTIVE HEALTH MANAGEMENT

- Ensure chronic conditions are coded.
- Build chronic conditions register through proactive searches.
- Follow-up patients who have not presented for review.
- Organise health assessments as appropriate.
- Maximise reminder systems to assist doctors to know when review is due.

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?**



[Download the 'Data Quality' Checklist](#)

3.

Clinical Note-taking

- Date of consultation
- Clinician conducting the consultation
- Method of consultation eg. face to face, phone
- Reason for consultation
- Relevant clinical findings
- Follow-up of matters raised in previous consultations.
- Recommended management plan & preventive care
- Expected process of review (if necessary)
- Consent (if necessary eg. care plan, uploading health summary, medical student, procedure).

Criterion C7.1 – Content of patient health records

Indicators

C7.1▶A Our practice has an individual patient health record for each patient, which contains all health information held by our practice about that patient.

C7.1▶B Our active patient health records contain, for each active patient, their identification details, contact details, demographic, next of kin, and emergency contact information.

C7.1▶C Our patient health records include records of consultations and clinical related communications.

C7.1▶D Our patient health records show that matters raised in previous consultations are followed up.

C7.1▶E Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health record.

C7.1F Our practice routinely records the cultural backgrounds of our patients in their patient health record.

C7.1▶G Our patient health records contain, for each active patient, lifestyle risk factors.

[RACGP Standards](#)

BEST PRACTICE SOFTWARE DATA COLLECTION

– GP Consultation Checklist



WORKFLOW & MINIMUM CLINICIAN DATA ENTRY

- Review last visit/past visits
- Review or collect history
- Current Medications
- Recent side effects/allergies
- Check Result/Documents and MARK AS GIVEN
- Examination & Management
(enter all observations BP, pulse etc in correct fields)
- Findings/Diagnosis
- Patient Education
- Add/Remove Reminder or make next appointment
- Enter Reason for visit
- MBS item/voucher

Upload a Shared Health Summary to My Health Record (if any changes)



Sample Progress Note

- Standardise format and headings
- Record observations in correct fields
- Use Autofill for efficiency

Progress notes for PATIENT

Tuesday March 15, 2016 11:21:02

Dr A Practitioner

Visit type:

Surgery Consultation

History:

Review diabetes

Well from this point - BSLs mostly within target range 4-10 although no monitor with her today
Sleepy during the day - has not been given an appointment as yet by the sleep clinic

Trying to be active - mows the lawn

Trying to walk the dog every day

First time ACR elevated- need to have repeated to confirm

hair loss noted over last month

Patient says falling out in clumps and feels has bald patches

Examination:

Blood Glucose: 7.8mmol/L

BP (Sitting): 132/68

Pulse (Sitting): 60

Height: 163 cm

Weight: 108 Kg slight gain

BMI: 40.6

Scalp examination - no visible abnormality skin, no bald patches

Hair shafts appear normal and visible new hair growth

Reason for contact:

Diabetes Mellitus - Type II

Management:

Chase appointment with sleep clinic

Continue same insulin for the moment

Repeat ACR to confirm elevation

Discussed hair loss - no clear patches - likely diffuse loss secondary to severe stress few months ago (ICU admission)
- review if not settling

Review:

2/12 or earlier if necessary

Actions:

Biochemistry notified by Dr A Practitioner - VITAMIN D 16/02/2016

Biochemistry notified by Dr A Practitioner - MULTIPLE BIOCHEM ANALYSIS 16/02/2016

Biochemistry notified by Dr A Practitioner - LIPID STUDIES 16/02/2016

Biochemistry notified by Dr A Practitioner - MICROALBUMIN 16/02/2016

Pathology requested: Urine ACR

Biochemistry notified by Dr A Practitioner - GLYCATED HB 16/02/2016

Letter Created - re. GPMP/TCA updated to

Action performed for Recall - PATHOLOGY TEST, due on 11/02/2016.

Medicare item:

36, 10987



4.

Observations & results

- Enter all observations in relevant section:
Bp, BSL, spirometry, height, weight, etc
- Enter screening results – CST, FOBT, Mammogram
- Mark results as given
- Delete recalls when complete



| | 01/04/2004 | 09/06/2004 | 27/10/2004 | 31/12/2004 | 07/01/2005 | 22/09/2011 | 13/10/2011 | 27/10/2011 | 13/01/2012 | 08/08/2016 | 07/08/2017 | 09/12/2017 |
|---------------------|------------|------------|------------|------------|------------|------------|-----------------|---------------|-----------------|------------|---------------|-----------------|
| Temp | | | | | | | 35 Oral | | 35 Oral | | | |
| Pulse | 72 | | 92 Regular | | | | | | | 75 | 80 Regular | 75 Regular |
| BP | 140/88 | | | | | 150/100 | 130/90 | 130/90 | 130/90 | 120/80 | 130/90 | 125/88 |
| BP (Standing) | | | | | | | 135/93 | | 135/93 | | | |
| BP (Lying) | | | | | | | | | | | | |
| Resp | | | | | | | | | | | | |
| BSL | | | | | | | 8.7 Non-fasting | 7 Non-fasting | 8.7 Non-fasting | | 9 Non-fasting | 8.5 Non-fasting |
| Height | | 175 | 175 | 175 | 175 | | 184 | 185 | 184 | | 175 | |
| Weight | | | | | | | 115 | 98 | 115 | | 109 | |
| BMI | | | | | | | 34.0 | 28.6 | 34.0 | | 35.6 | |
| Head Circ. | | | | | | | | | | | | |
| Waist | | | | | | | 87 | 93 | 87 | | | |
| Hips | | | | | | | 94 | | 94 | | | |
| Waist/Hip | | | | | | | | | | | | |
| Chest (Inspiration) | | | | | | | | | | | | |
| Chest (Expiration) | | | | | | | | | | | | |
| MMSE | | | | | | | | | | | | |
| K10 | | | | | | | | | | | | |
| Diabetes risk | | | | | | | | | | | | |
| O2 Saturation | | | | | | | | | | | | |
| PEFR | | | | | | | | | | | | |
| CV risk | | | | | | | | | | | | |



Add values into Diabetes Record in EPC section to populate Diabetes Cycle of Care

Diabetes Cycle of Care

Every 6 months:

| Date | BP | Weight | Height | BMI |
|------------|--------|--------|--------|------|
| 07/08/2017 | 130/90 | 109 kg | 175 cm | 35.6 |
| 09/12/2017 | 125/88 | | | |

Foot examination:

| Date | Deformity (R) | Ulcers (R) | Neuropathy (R) | Pulses (R) |
|------------|---------------|------------|----------------|------------|
| 24/11/2016 | | | Yes | |

Every 12 - 24 months:

Fundus examination:

| Date | Right | Left |
|------|-------|------|
| | | |

Investigations every 12 - 24 months:

| Date | HbA1C | Cholesterol | HDL | LDL | Trig |
|------|-------|-------------|-----|-----|------|
| | | | | | |

Last visit to:

Endocrinologist: Dietitian:

Ophthalmologist: Podiatrist:

Diabetes Educator:

Date that the last cycle of care was completed: 24/11/2016 Next review date: 9/03/2018 Send reminder

Diabetes Cycle of Care

Observations: 9/12/2017 BP: 125 / 88 Weight: Height: Waist: BSL: 8.5 Fasting

Foot examination: 9/12/2017

Right: Left:

Deformity Yes No Deformity Yes No

Ulcer Yes No Ulcer Yes No

Neuropathy Yes No Neuropathy Yes No

Pulses Present Absent Pulses Present Absent

Fundus examination: 9/12/2017

Investigations:

HbA1C: 9/12/2017 mmol/mol

Total Cholesterol: 9/12/2017 Triglycerides: 9/12/2017

HDL Cholesterol: 9/12/2017 LDL Cholesterol: 9/12/2017

Creatinine: 9/12/2017 eGFR: 9/12/2017

Albumin/Creatinine ratio: 9/12/2017

Micro-albuminuria: 9/12/2017 mcg/min

Last visit to:

Endocrinologist: 9/12/2017 Dietitian: 9/12/2017

Ophthalmologist: 9/12/2017 Podiatrist: 9/12/2017

Diabetes Educator: 9/12/2017



Enter screening results

Add

- Current Rx
- Past history
- Immunisations
- Investigation reports**
- Correspondence In
- Correspondence Out
- Past prescriptions
- Observations
- Family/Social history
- Clinical images
- Enhanced Primary Care
 - Health assessments
 - Medication reviews
 - Care plans
 - Diabetes Cycle of Care
 - Dementia Assessment

Investigation report

Provider: Best Pathology Service Date of test: 9/12/2017

Test name: FOBT Confidential

Notation: Normal Action to be taken: No action Has been actioned

Checked by: Dr Frederick Findacure Date checked: 9/12/2017

Negative

Save Cancel

Enter screening results from Inbox



Add CST result

Cervical screening result [Close]

Date performed: [Calendar] [Lookup lx]

Performed by: [Dropdown] Include inactive providers

Cervical Screening Test Pap smear

Unsatisfactory specimen

HPV PCR: HPV 16 Detected Not detected
HPV 18 Detected Not detected
HPV not 16/18 Detected Not detected

LBC Result: [Dropdown]

Endocervical cells present

Other information:

[Add reminder] [Save] [Cancel]

Mark results as given



| Date | Test name | Checked by | Date checked | Action | Status | Comment | Provider |
|-------------------------------------|------------|------------------------|------------------------|------------|---------------------|----------------------|--------------------------------------|
| <input type="checkbox"/> | 28/03/2004 | BIOCHEMICAL PROFILE | Dr Frederick Findacure | 23/02/2006 | Urgent appointment | Given 24/07/2017 | PATHOLOGY REPORTS |
| <input type="checkbox"/> | 19/05/2006 | SE-.SEROLOGY | Dr Frederick Findacure | 02/04/2017 | Doctor to advise | Given 24/07/2017 | Abnormal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 19/05/2006 | SE-.HIV SEROLOGY ARC | Dr Frederick Findacure | 25/05/2017 | Reception to advise | Given 24/07/2017 | Abnormal Must s... PATHOLOGY REPORTS |
| <input type="checkbox"/> | 19/05/2006 | U-URINE M,C&S | Dr Frederick Findacure | 20/06/2017 | No action | // | Abnormal In hos... PATHOLOGY REPORTS |
| <input type="checkbox"/> | 19/05/2006 | GENERAL M,C&S 1 | Dr Frederick Findacure | 25/05/2017 | Doctor to advise | Given 24/07/2017 | PATHOLOGY REPORTS |
| <input type="checkbox"/> | 31/07/2006 | GENERAL M,C&S 1 | Dr Frederick Findacure | 19/06/2017 | Doctor to advise | Given 20/06/2017 | Normal As expe... PATHOLOGY REPORTS |
| <input type="checkbox"/> | 31/07/2006 | U-URINE M,C&S | Dr Frederick Findacure | 20/06/2017 | Doctor to advise | Given 20/06/2017 | Abnormal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 31/07/2006 | SALMONELLA ID | Dr Frederick Findacure | 29/06/2017 | No action | // | Abnormal Norma... PATHOLOGY REPORTS |
| <input type="checkbox"/> | 31/07/2006 | HE-TROPONIN T. | Dr Frederick Findacure | 24/07/2017 | Doctor to advise | Contacted 20/10/2017 | Abnormal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 31/07/2006 | U-URINE M,C&S2 | Dr Frederick Findacure | 25/05/2017 | No action | Given 20/06/2017 | Normal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 17/02/2010 | SE-PREGNANCY TEST | Dr Frederick Findacure | 20/05/2011 | No action | Given 20/06/2017 | Normal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 17/02/2010 | SE-QUANTITATIVE HCG | Dr Frederick Findacure | 20/05/2011 | No action | Given 20/06/2017 | Normal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 29/06/2010 | CI-COAG | Dr Frederick Findacure | 27/10/2011 | Doctor to advise | Given 20/06/2017 | Acceptable PATHOLOGY REPORTS |
| <input type="checkbox"/> | 17/03/2011 | SE-_ROUTINE CHEMISTRY | Dr Frederick Findacure | 20/05/2011 | No action | Given 06/04/2017 | Normal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 17/03/2011 | SE-_ROUTINE CHEMISTRY | Dr Frederick Findacure | 20/05/2011 | No action | Given 06/04/2017 | Normal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 26/08/2011 | SE-_ROUTINE CHEMISTRY | Dr Frederick Findacure | 27/10/2011 | Doctor to advise | Given 06/04/2017 | Abnormal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 26/08/2011 | SE-LIPIDS WITH LDL | Dr Frederick Findacure | 27/10/2011 | No action | Given 06/04/2017 | Normal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 26/08/2011 | U-MICROALBUMIN | Dr Frederick Findacure | 27/10/2011 | Doctor to advise | Given 06/04/2017 | Abnormal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 26/08/2011 | ED-GLYCOSYLATED HB A1C | Dr Frederick Findacure | 27/10/2011 | Doctor to advise | Given 06/04/2017 | Abnormal PATHOLOGY REPORTS |
| <input type="checkbox"/> | 26/08/2011 | PAP SMEAR | Dr Frederick Findacure | 27/10/2011 | Doctor to advise | Given 06/04/2017 | Abnormal PATHOLOGY REPORTS |
| <input checked="" type="checkbox"/> | 25/05/2017 | Mammogram | Dr Ivor Cure | 25/05/2017 | No action | // | Normal Best Pathology Service |
| <input checked="" type="checkbox"/> | 25/05/2017 | fobt | Dr Ivor Cure | 25/05/2017 | No action | // | Normal Best Pathology Service |

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.



Data Quality Report Card ie Allergies, Smoking Status etc



Pen CS CAT4 - Cleansing CAT

File Edit View Tools Data Submission Prompts Help

Collect View Extracts View Filter Report View Population Dashboard CAT4 Cleansing CAT Registrar CAT

Medical Director 3, HCN Sample Data; Extract Date: 12/02/2015 9:57 AM; Filtering By: Conditions (Asthma - Yes)

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

Patient List [count = 4] Show/Hide Columns Export

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

| | Surname | Firstname | Date of Birth | Sex | Allergies | Height | Weight | Alcohol | Smoking | Assigned Provider |
|--|---------|----------------|---------------|-----|-----------|--------|--------|---------|--------------|-------------------|
| | Sumame | Firstname_1442 | 12/02/1955 | M | Recorded | 171.5 | 115 | | Ex smoker | Sumame |
| | Sumame | Firstname_184 | 12/02/1934 | F | NKA | 152 | 102.9 | | Smoker | Sumame |
| | Sumame | Firstname_385 | 12/02/1941 | F | Recorded | 166.5 | 100 | | Ex smoker | Sumame |
| | Sumame | Firstname_858 | 12/02/1949 | M | Recorded | 182 | 88 | | Never smoked | Sumame |



Data Quality Dashboard

Demographics Ethnicity Data Quality Data Cleansing Allergies Smoking Alcohol Measures Pathology Disease Screening

CDSA Patient Data Report

Data Quality Dashboard Data Completeness Report Data Completeness Patient Graph Duplicate Number Patient Report Duplicate

1 of 1 100% Find | Next

Data Quality Dashboard **Report Date: 01/10/2018 3:04 AM**

Practice Name: Deidentified Practice

Data is taken from the Data Completeness Report and Duplicate Patients Report. [View 5th Edition Guidelines](#)

| | | | |
|---------------------------------|---|--------|---|
| Allergies and adverse reactions |  | 79.68% | View 4th Edition Fact Sheet |
| Medicines |  | 18.16% | View 4th Edition Fact Sheet |
| Medical History |  | 74.41% | View 4th Edition Fact Sheet |
| Health Risk Factors |  | 67.35% | View 4th Edition Fact Sheet |
| Immunisations |  | 66.46% | View 4th Edition Fact Sheet |
| Relevant Family History |  | 58.49% | View 4th Edition Fact Sheet |
| Relevant Social History |  | 41.49% | View 4th Edition Fact Sheet |
| Non-Duplicate Patients |  | 0.00% | |



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Please leave feedback & connect with us.
With best wishes, Sue Cummins
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