

Accreditation using Bp Premier

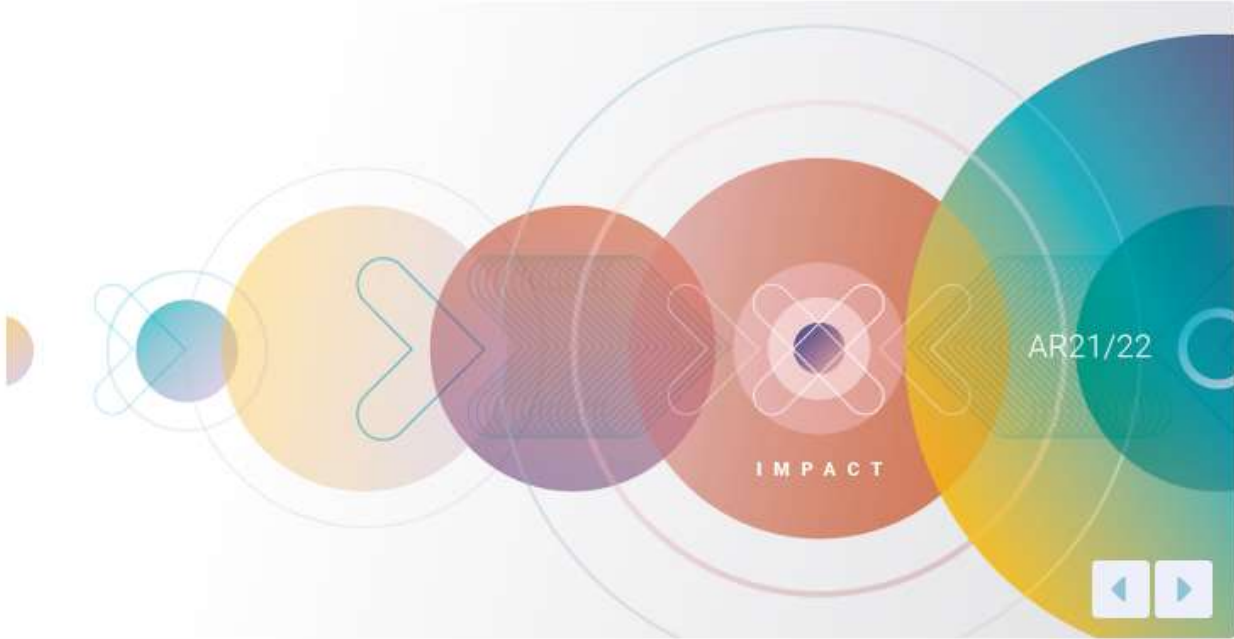
- WentWest -

Presented by:
Katrina Otto
Train IT Medical Pty Ltd
katrina@trainitmedical.com.au
www.trainitmedical.com.au



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Enrolment Code: WSPHN-2023

The screenshot shows a LinkedIn Learning course page for 'Western Sydney PHN - Webinars'. The page header includes the course title, 'Active 5 weeks ago', and 'Organizers: WentWest'. Below the header is a navigation bar with options: 'Feed', 'Documents', 'Send Messages', 'Courses', 'Send Invites', and 'Manage'. The main content area displays a grid of 12 course cards. Each card features a thumbnail image, a title, a subtitle, and completion progress. The cards are arranged in three rows and four columns. The first row includes 'WentWest Webinars by Train IT Medical...', 'Advanced Telehealth and Digital Health...', 'Telehealth for Specialists & Specialist Practice...', and 'Maximise Benefits of Digital Health Changes...'. The second row includes 'ePrescribing, Results and My Health Record for...', 'Electronic transfer of prescriptions using MedicalDirector Clinical', 'Electronic transfer of prescriptions using Bp Premier', and 'Leading Quality Improvements during Covid19'. The third row includes 'Cervical Screening Saves Lives!', 'Cervical Screening Saves Lives!', 'Immunisations - Who needs them?', and 'Immunisations - Who needs them?'. Each card also shows the completion percentage and the last activity date.





[RACGP – Standards for General Practice \(5th Edition\)](#)



[RACGP – Standards for General Practice \(5th Ed\) Resource Guide](#)



Learning Outcomes:

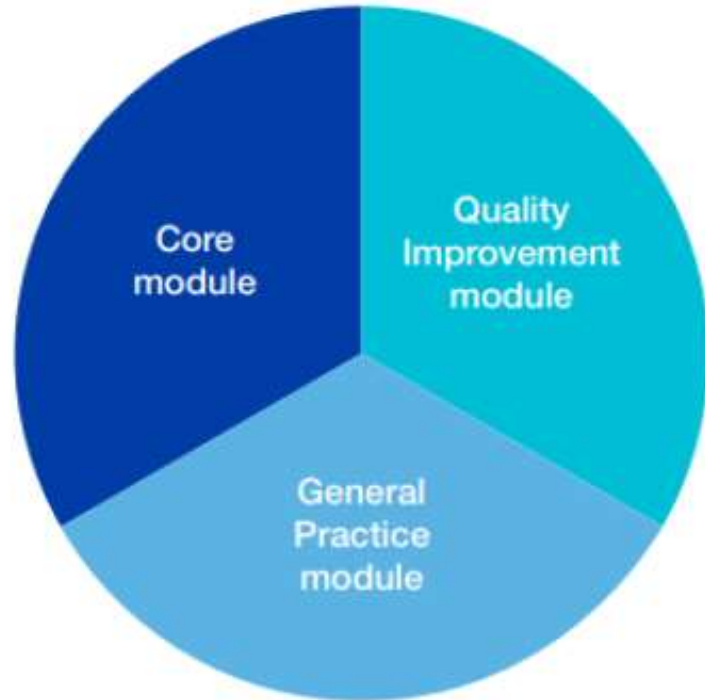
1. Understand the benefits of accreditation for your practice.
2. Discuss your practice system for access to records as well as security, storage, retention & destruction.
3. Analyse data for health improvements and practice management using Bp Premier.
4. Lead data driven improvements with confidence.



Top 7 Benefits of Accreditation

1. Indicates the practice meets high standards of clinical governance, patient care and safety.
2. Recognition from patients, insurers, peak bodies, enhances your practice reputation.
3. Gives you a competitive advantage and may help attract doctors, NPs, nurses to your practice
4. Encourages continual team collaboration and improvement of systems and processes.
5. Improved patient safety and health outcomes.
6. Provides a framework for effective risk management (think Pandemic policy!)
7. Access to funding and Initiatives – Practice Incentives Program (PIP), Quality Incentives, grants.

Standards for general practices
(5th edition)



3 modules

17 standards
42 criteria
123 indicators

Accreditation format

Criterion C6.1 – Patient identification

Indicator

C6.1▶A Our practice uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information.

You must:

- use a minimum of three approved patient identifiers to confirm a patient's identity each time they attend or call the practice.

You could:

- keep a prompt sheet at reception to remind reception staff to ask for approved patient identifiers
- explain to patients the reasons for identifying them at each visit (eg safety reasons, keeping accurate patient details), particularly if you have a small practice or have patients well known to the practice team members.

1. Full name
2. Date of birth
3. Address

Accreditation for Practice Manager

- ✓ Clear policies and procedures to follow
- ✓ Consistently review our business processes.
- ✓ We create and work to a business plan
- ✓ Can review performance against procedures.
- ✓ Team meetings
- ✓ Include all staff to collaborate and share ideas for improvements.
- ✓ Consider all patient feedback and include evidence based surveys



<https://www.5thmap.com.au/>

Learning Objective 2:

Discuss your practice system for access to records as well as security, storage, retention & destruction.



Medical records

✓ Medical records

- Your practice must ensure the health information it collects, uses or discloses is relevant, accurate, up-to-date and complete.
- Your practice must ensure health information that is no longer practically or legally needed is destroyed or de-identified.
- Medical records are usually owned by the practice, not the patient.

<https://www.racgp.org.au/running-a-practice/security/managing-practice-information/privacy-of-health-information/information-management-for-gp/medical-records>

Criterion C6.4 – Information security

Indicators

C6.4▶A Our practice has a team member who has primary responsibility for the electronic systems and computer security.

C6.4▶B Our practice does not store or temporarily leave the personal health information of patients where members of the public could see or access that information.

C6.4▶C Our practice's clinical software is accessible only via unique individual identification that gives access to information according to the person's level of authorisation.

C6.4▶D Our practice has a business continuity and information recovery plan.

C6.4▶E Our practice has appropriate procedures for the storage, retention, and destruction of records.

C6.4▶F Our practice has a policy about the use of email.

C6.4▶G Our practice has a policy about the use of social media.



C6.4▶F Our practice has a policy about the use of email.

You must:

- maintain an email policy.

You could:

- put your email policy on your website
- have an automated response to patient emails that advises them of when they are likely to receive a response.



C6.4▶G Our practice has a policy about the use of social media.

You must:

- maintain a social media policy.

You could:

- put your social media policy on your website.



Let's discuss:

- Staff access to records within Bp Premier
- Access to clinical records
- Permission settings
- Tips for managing a hybrid system
- Storage of your hard copy documentation
- Protecting confidentiality
- Patient access to own records
- Email feature within Bp!



Retention of Records



In general, adult patient records are typically retained for a minimum of **7 years** from the date of the last entry or, **if a minor, until the patient turns 25.**

Destruction of Records



- Secure destruction methods may include **shredding physical records** or **secure deletion** and disposal of electronic records.
- Destruction should follow applicable privacy and data protection laws and guidelines to prevent unauthorized access or misuse of patient information.

Confidentiality, Security, Access to records

- Practices should implement appropriate security measures, including **password-protected** electronic systems, **restricted physical access** to records, and **staff training** on privacy and security protocols.
- **Encryption and secure transmission** of electronic records are essential to maintain data security.
- Personal health information must be protected from unauthorized access, use, or disclosure. **It's your responsibility!**

Do patients own their record?

- No, however patients have a legal right to access their medical records under the Privacy Act 1988 and the Australian Privacy Principles (APPs).
- General practices should have processes in place to provide patients with access to their records upon request.
- Access can be provided electronically or in hard copy, depending on the practice's capabilities and patient preferences.
- Practices may charge a reasonable fee for providing access to records, as permitted by the APPs.

Learning Objective 3

Analyse data for health improvements and practice management using Bp Premier



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.

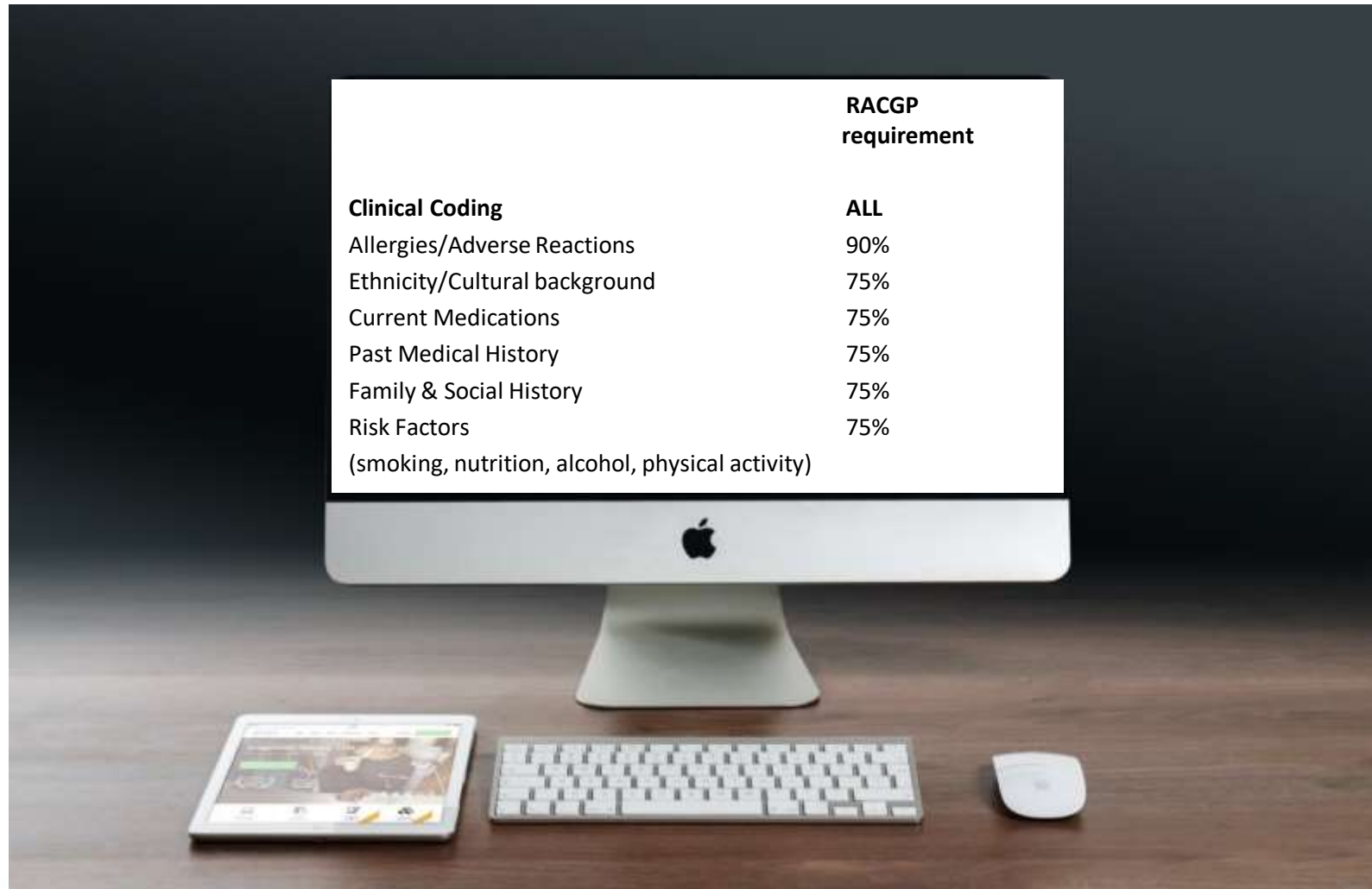
C7.1F Our practice routinely records the cultural backgrounds of our patients in their patient health record.

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

[RACGP Standards](#)



Do you meet the RACGP Standards for 'active' patients?



Data Quality Dashboard









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: 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 %	

Quality Improvement (PDSA) – PLAN, DO, STUDY, ACT

Allergies & Adverse Reactions



PLAN: What are our goals: IMPROVE PATIENT SAFETY																																					
<ol style="list-style-type: none">1. Routinely record 'type of reaction' in relation to allergies and adverse reactions.2. Meet RACGP standards by ensuring high quality data collection and routine questioning.																																					
IMPROVEMENT IDEAS from the team: <i>Keep the ideas coming 😊</i>																																					
<ol style="list-style-type: none">1. Clinicians to routinely ask and record allergies/ adverse reactions and type of reaction in medical records.2. Change the patient registration form to enable patients to record type of reaction.3. Provide education on allergies versus adverse reactions.4. Provide case studies.5. Add to agenda to discuss at next staff meeting.																																					
DO: Which ideas will we try in an attempt to reach our goals:																																					
<ol style="list-style-type: none">1. Clinicians to routinely update allergies and adverse reactions in medical records and add 'type of reaction'.2. Update patient registration forms (manual and electronic).	All doctors, nurses & MPA Managers																																				
STUDY: How will we measure our progress:																																					
Improve the recording of 'nature of reaction' for active patients with allergies/adverse reactions recorded by 20% by end of December.																																					
<table border="1"><caption>% of active patients with allergies or adverse reactions recorded and % with nature of reaction recorded</caption><thead><tr><th>Month</th><th>No. of active patients with no allergies recorded</th><th>No. of active patients with no reactions recorded</th><th>% with nature of reaction recorded</th></tr></thead><tbody><tr><td>Feb-22</td><td>95</td><td>28</td><td>28</td></tr><tr><td>Mar-22</td><td></td><td></td><td></td></tr><tr><td>Apr-22</td><td></td><td></td><td></td></tr><tr><td>May-22</td><td></td><td></td><td></td></tr><tr><td>Jun-22</td><td></td><td></td><td></td></tr><tr><td>Jul-22</td><td></td><td></td><td></td></tr><tr><td>Aug-22</td><td></td><td></td><td></td></tr><tr><td>Sep-22</td><td></td><td></td><td></td></tr></tbody></table>		Month	No. of active patients with no allergies recorded	No. of active patients with no reactions recorded	% with nature of reaction recorded	Feb-22	95	28	28	Mar-22				Apr-22				May-22				Jun-22				Jul-22				Aug-22				Sep-22			
Month	No. of active patients with no allergies recorded	No. of active patients with no reactions recorded	% with nature of reaction recorded																																		
Feb-22	95	28	28																																		
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May-22																																					
Jun-22																																					
Jul-22																																					
Aug-22																																					
Sep-22																																					
ACT (Reflection): Is the change working? If not what else could we try to make this work more effectively:																																					










Please tell us your ideas and thoughts.

All feedback gratefully received 😊

Bp Queries | PEN CAT4 | Cleansing CAT | Cubiko

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]

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



Clean up before you analyse your database:

1. Mark deceased patients as 'deceased'.
2. Inactivate patients by searching for patients not seen for two years.
3. Delete Sample patients.
4. Delete records with no clinical data.
5. Merge duplicate patient records
(and if you have a lot of duplicate records evaluate your processes)



Database search

File Help

Setup search: Demographics Drugs Conditions Visits Immunisations Cervical screening Observations Family/Social

SQL Query:


```
SELECT *
FROM BPS_Patients
WHERE StatusText = 'Active'
ORDER BY surname, firstname
```


Include inactive patients
 Include deceased patients

Run query
Load query
Save query
New query

Name	Address	D.O.B.	Age	Medicare No.	Medicare expiry	File No.	Home phone



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



Evidence has shown that
quality improvement activities lead
to positive change in practices,
particularly when a
whole practice team
approach is adopted.

Accreditation – Quality Improvement Module

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 shares information internally 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.

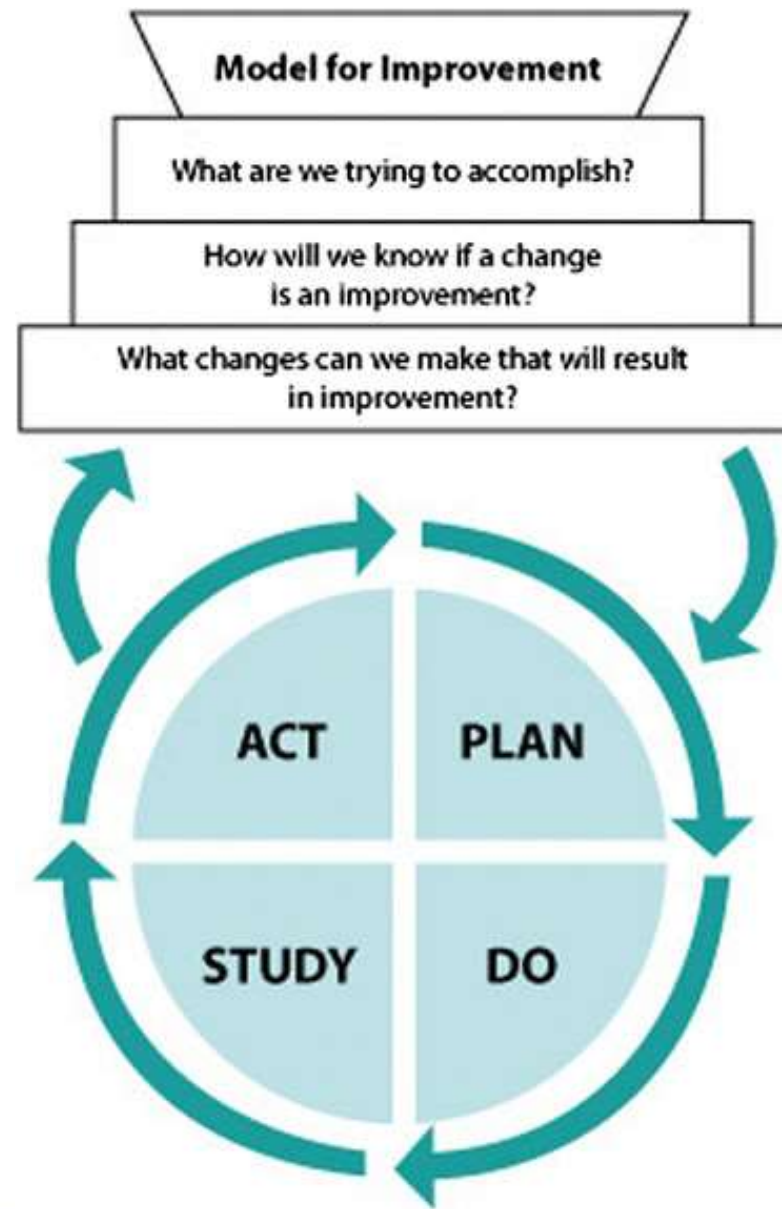
QI1.1▶D Our practice team can describe areas of our practice that we have improved in the past three years.

[RACGP Standards](#)



PDSAs			WINS / Good news	
AREA	FOCUS	By WHEN		
Admin	Allocating patients to 'usual' GP in BP software	ongoing	Happy Or Not 88 % 😊	<p><small>I absolutely love the doctors at Leschenault Medical Centre. Dr Simpson is my go to doctor but I have seen most the others and they are just as fantastic. They care, they listen and they argue their work, it's something you can't find. Not only do the doctors work, but the reception staff and staff. They go above and beyond for patients. They make you feel welcome and appreciated. The girls are genuine and they are just the reason I keep attending Leschenault. Thanks to all the staff. ☺</small></p>
Clinical	CKD GPM/PCA template review	End of October	Ethnicity 88% recorded	
			Uncoded diagnoses - down to 3%	
			MyHR:  SHS uploaded (May/June/July)	
			New patients this month: 140	
Chronic Disease Management			WHAT	
DM	with HbA1c in past 12/12	June 88% July 89%	We are part of the Urgent Care Clinic Pilot (Phase 1)	
COPD	with spirometry	June 7% July 6%	1 st info session Feb 23/7 - Candice, Tommy, Jackie attending	
CKD	Diabetics coded & CKD	9	CP Urgent Care Skills Workshop SAT 30 th November Candice & Fawcett, Ken, Chris	
CHD	120pts; Smoking Status	99%, BP 98%		
PREVENTATIVE HEALTH			IMPROVEMENT OPPORTUNITY	
75+ HAx	June	11	July	6
45 → 49 HAx	June	0	July	1
CV RISK (Item 699)	June	0	July	0
Hmmr	June	1	July	1
			Waist circ. 18%	
			Hmmr 373 pts have 2 or more chronic conditions and are on >5 medications	
			Record all spirometry in Best Practice Software (and not just scanned)	

Example from Leschenault Medical, Bunbury, WA



[WentWest QI](#)

mobile phone numbers
 emails
 carer details
 NOK

Appendix B: PDSA Template			
Idea		Date	
Increase the number of patients who have their email address recorded and ensure mobile phone numbers are recorded and current for each patient. Checked for both over the phone and face-to-face presentations. If the practice has a self-check-in ensure these are set to ask for current details.			
PDSA Number:			
Plan			
Briefly describe exactly what you will do?			
List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
Meet with staff to discuss activity			
Run POLAR searches for baseline data			
Run POLAR search monthly for comparison			
What do you predict will happen?			
The number of patients with email addresses recorded will increase. Mobile numbers will be current.			
Do: Was the cycle carried out as planned? Yes No, if not why?			
Study: Record, analyse and reflect on the results. Did the results match your predictions?			
Act: Decide to adopt, adapt or abandon.			
Select	Describe		
Adopt	Select changes to implement on a larger scale and develop		



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. <ul style="list-style-type: none">▪ 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)	<u>List ideas here to work on in table below</u> <ul style="list-style-type: none">• 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.

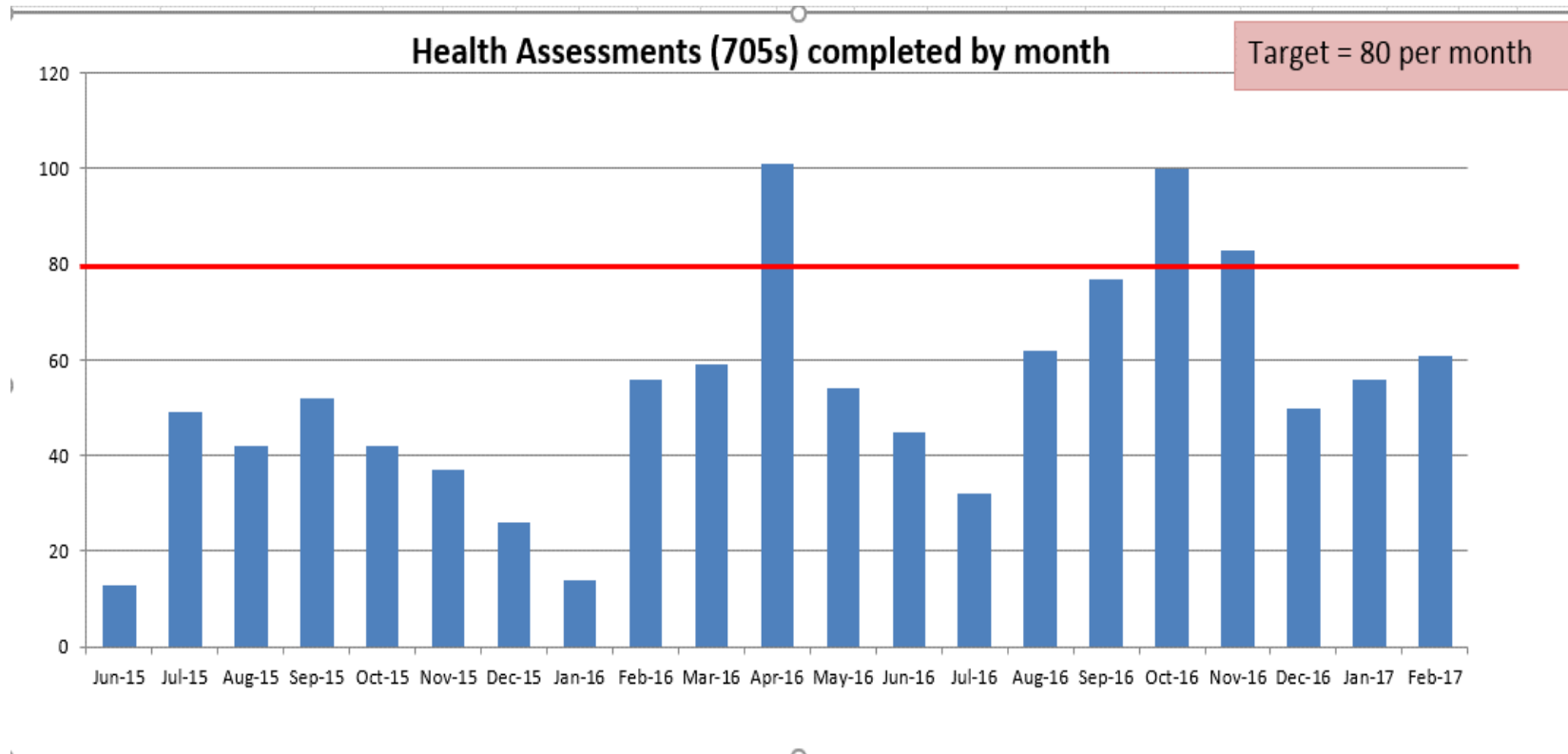
Put up Aboriginal and Torres Strait Islander flags.

Hire an Aboriginal Health Worker

Start an Aboriginal Health Clinic

Add information relating to relevant services offered on our website.

Your KPIs – track performance



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

Identify patients with a chronic condition without a GPMP

Medical Director 3, MD Live Data; Extract Date: 01/03/2017 7:33 AM; Filtering By: Conditions (Diabetes - Yes, Cardiovascular - Yes, Respiratory - Yes)
Selected: MBS Not Recorded (721 (CDM-GPMP))

Demographics Ethnicity Data Quality Data Cleansing Allergies Smoking Alcohol Measures Pathology Disease Screening Co-morbidities Medications Diabetes SIP Items CKD Musculoskeletal CV Event Risk CHA₂DS₂-VASC Score Immunisations Standard Reports **MBS Items** MBS Elig

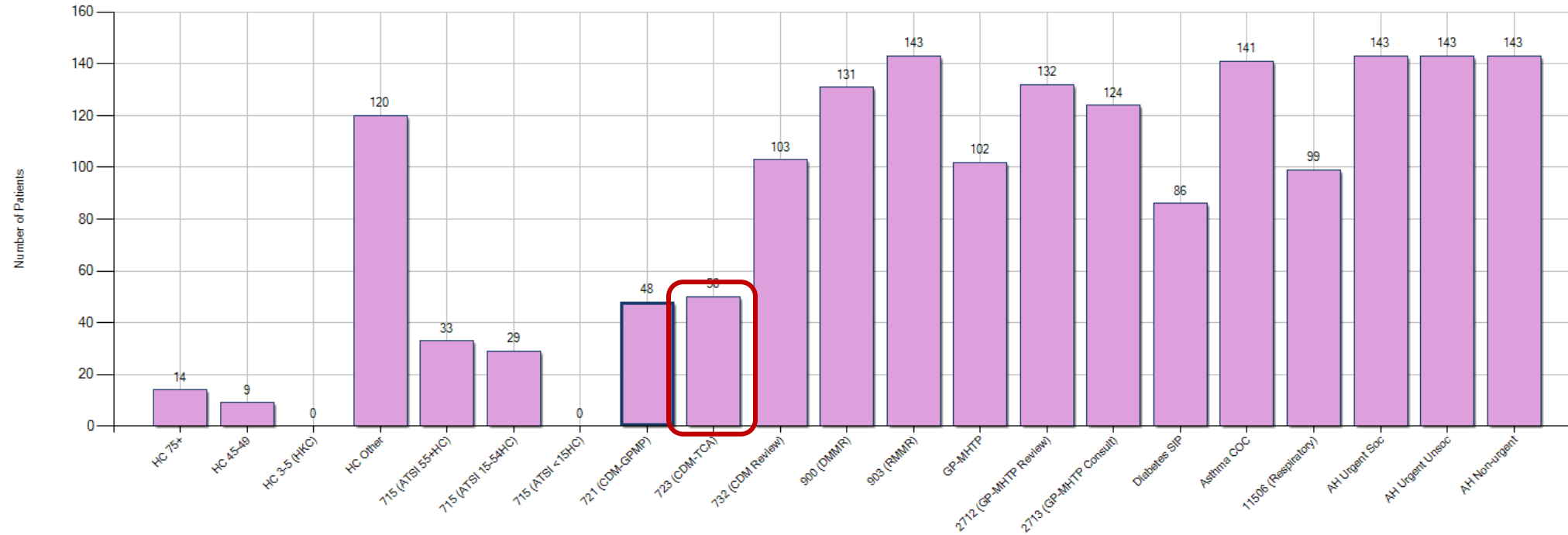
Count Not Recorded AH Claims

Select All

Timeline

Export


Rectangular Snip
Patients Not Recorded with MBS Item [population = 143]





PIP QI – Eligible data set - Improvement measures

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



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

Use your evidence to focus your improvements

Alan Abbott, 48 yrs, M

PIP QI 10 Measures

20%

Measure	Status
1. Patient with Type 1 or Type 2 Diabetes, and a HbA1c result recorded within the last 12 months	Missing
2. Smoking status recorded in the last 12 months (age 15+yo)	Missing
3. BMI recorded in the last 12 months (age 15+yo)	Missing
4. Patient aged 65 and over, and Immunized for Influenza in the last 15 months	This patient does not meet the eligible criteria.
5. Patient with Diabetes, and Immunized for Influenza in the last 15 months	Missing
6. Patient with COPD, and Immunized for Influenza in the last 15 months (age 15+yo)	Missing
7. Alcohol consumption recorded (age 15+yo)	Missing
8. CVD Risk Factors recorded (45-74yo)	Smoking Status: Missing Diabetes Diagnosis: Type 2 Diabetes Systolic Blood Pressure: 120/90mmHg (13 Nov 2018) Cholesterol: Missing HDL: Missing Age: 48 Gender: Male
9. Female patient, with a Cervical Screening recorded in the last 5 years (age 25-74yo)	This patient does not meet the eligible criteria.
10. Patient with Diabetes, and with Blood Pressure recorded in the last 6 months	Missing Previous: 120/90mmHg



Learning Objective 4

Lead data driven improvements with confidence.

Keys to success are:

1. Idea sharing
2. Teamwork
3. Energy



How do we identify areas for practice improvement?

- Data quality dashboard
- Financial reports
- Staff feedback
- Near misses
- Patient surveys
- Patient complaints
- Patient Reported Experience Measures (PRMS)



PDSA station

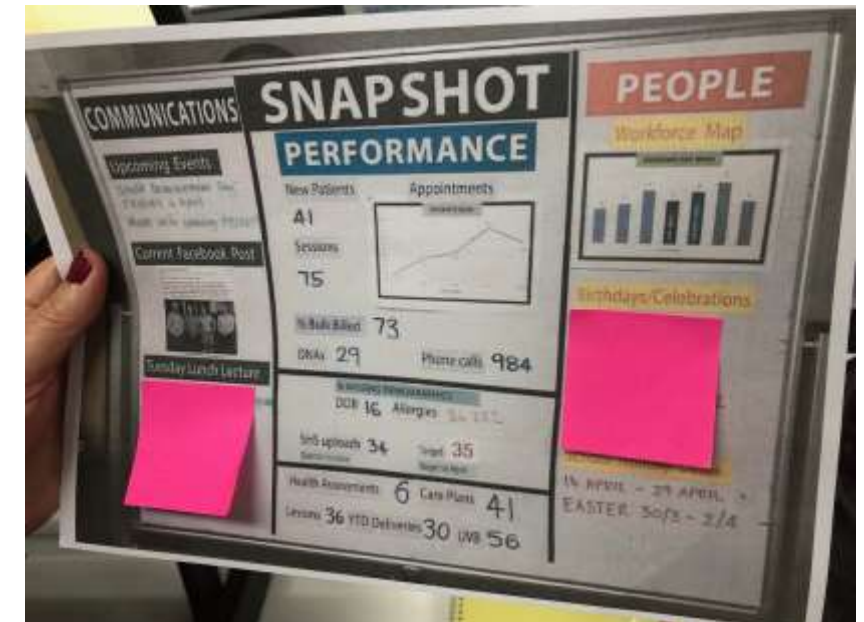


Example from Leschenault Medical Centre, WA



Engage your team

- Create a culture of quality
- Clear constant communication (try huddles)
- Lead with positivity



Access our webinars:

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

Enrolment Code: WSPHN-2023



Course Materials

Western Sydney PHN – Webinars

Active 5 weeks ago

Organizers: [Icons]

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WentWest Webinars by Train IT Medical...
0% Complete
0/0 Steps

Advanced Telehealth and Digital Health...
0% Complete
Last activity on October 16, 2020

Telehealth for Specialists & Specialist Practice...
0% Complete
0/1 Steps

Maximise Benefits of Digital Health Changes ...
0% Complete
0/1 Steps

ePrescribing, Results and My Health Record for...
100% Complete
Last activity on December 30, 2020

Electronic transfer of prescriptions using...
0% Complete
Last activity on November 12, 2020

Electronic transfer of prescriptions using Bp...
100% Complete
Last activity on January 7, 2021

Leading Quality Improvements during...
0% Complete
0/1 Steps

Cervical Screening Saves Lives!
A systematic approach to prevention using Bp Premier

Cervical Screening Saves Lives!
A systematic approach to prevention using MedicalDirector Clinical

Immunisations – Who needs them?
Immunisation decision tool using Bp Premier

Immunisations – Who needs them?
Immunisation decision tool using MedicalDirector Clinical



Further learning:

www.trainitmedical.com.au

PIPQI & Quality (Data Driven) Improvements


As of 1 August 2019 if you work in general practice a new: [Practice Incentives Program \(PIP\) for Quality Improvement \(QI\)](#).

Train IT Medical Principal Katrina Otto has now facilitated 24 PIP QI workshops or webinars specifically on PIP QI – for over 1000 GPs, nurses, practice managers and administration staff across Australia.

[View Katrina's 2019 roadshow presentation here.](#)

[Read HotDoc's PIP QI Q&A interview with Katrina Otto.](#)

Check out our checklist to be eligible for PIP QI:



PIPQI Preparation Checklist

DO NOW	NOT NOW
<input checked="" type="checkbox"/> Practice accreditation	<input checked="" type="checkbox"/> Install & learn PIP QI, Pile or MD Insights (data extraction tools)
<input checked="" type="checkbox"/> Review data sharing agreement with your Primary Health Network (PHN)	<input checked="" type="checkbox"/> Review the Improvement Measures
<input checked="" type="checkbox"/> Set up PIPQI so you can apply online for PIPQI	<input checked="" type="checkbox"/> Start implementing Quality Improvement Activities



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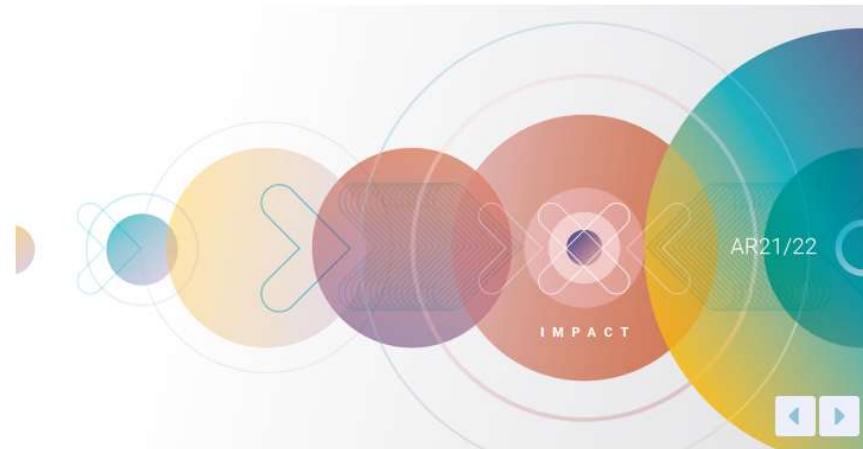
PRACTICE DEVELOPMENT & QUALITY IMPROVEMENT FRAMEWORK

We are committed to working with primary care and key partners to achieve our vision of healthier communities, empowered individuals and a sustainable primary health care workforce and system.



- About Us
- Health Professionals
- Community
- Events
- News and Resources
- Work with Us
- Research

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



- WentWest Stories
- Mental Health
- Residential Aged Care Facilities
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