

Practice Management Beyond the Basics

- WentWest -

Presented by:

Katrina Otto

Train IT Medical Pty Ltd

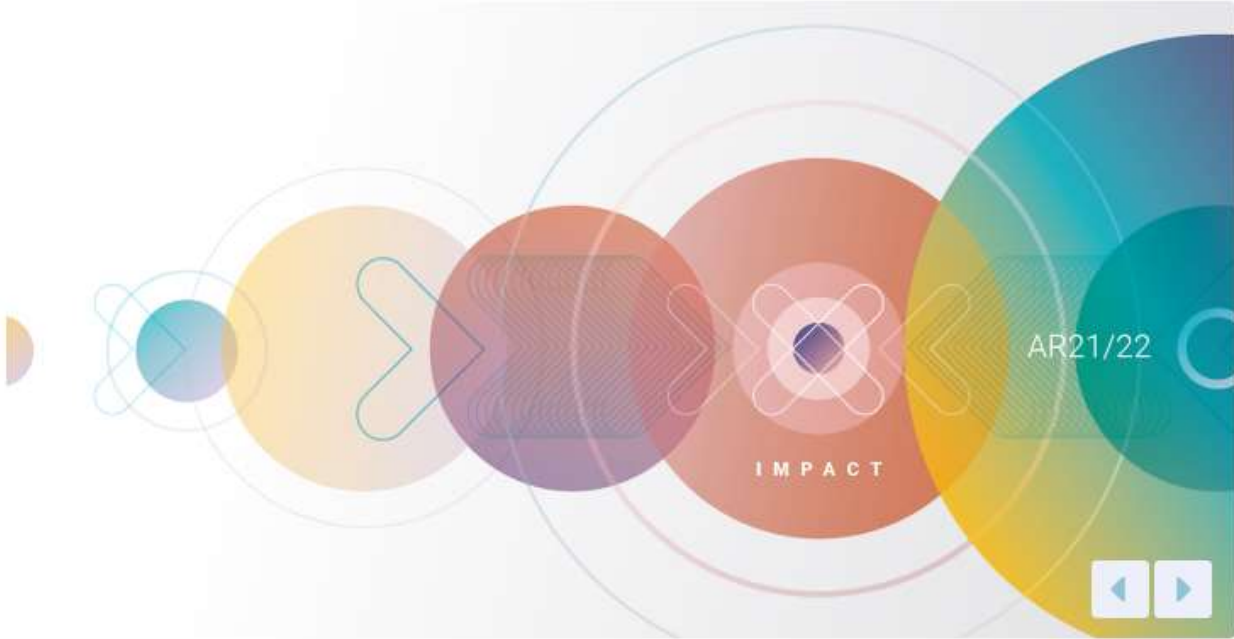
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Katrina Otto

**Bachelor's degree in Adult Education,
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Certificate IV Training & Assessment
Certificate – Social Welfare**

Managing Director, Train IT Medical Pty Ltd
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30 years experience in wide variety of medical
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25 years experience as a TAFE teacher of medical
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Approved trainer for Dept of Health, Best Practice,
Medical Director. Australian Digital Health Agency,
AAPM, APNA, RACGP, ACRRM, PEN CS, Polar,
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Access our webinars:

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

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 with a thumbnail image, title, and completion status. 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 shows the completion percentage and the last activity date.

Course Title	Completion Status	Last Activity
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!	0% Complete	0/1 Steps
Cervical Screening Saves Lives!	0% Complete	0/1 Steps
Immunisations – Who needs them?	0% Complete	0/1 Steps
Immunisations – Who needs them?	0% Complete	0/1 Steps



Core Principles of Healthcare Practice Management:

1. Financial management
2. Human Resource Management
3. Planning and Marketing
4. Information Management
5. Risk Management
6. Governance and Organisational dynamics
7. Business and Clinical Operations



<https://www.aapm.org.au/Your-Profession/Definition-of-a-Practice-Manager>

<https://www.aapm.org.au/>



Learning Outcomes:

1. Understand Audit & Compliance Processes.
2. Increase use of digital technologies for automating processes.
3. Improve communication with providers, patients & staff.
4. Discuss strategies for conflict management.
5. Explore ideas for optimising business and patient care opportunities.

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1.

Understand Audit & Compliance Processes.



Audit and Compliance Processes

Audits are essential for ensuring quality of care and adherence to regulations.

An audit is a systematic and independent examination of practice processes, protocols and outcomes to determine whether they conform to established standards, guidelines and regulations.

- Regulatory Audit
- Accreditation Audit
- Clinical Audit
- Financial Audit



Compliance Processes

Compliance processes involve:

- ongoing monitoring
- training
- documentation

With corrective action to address any identified non-compliance issues and improve practice performance.

5th Standards for general practices



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



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

RACGP Compliance Checklist

When considering hardware and software for your practice, you need to consider if what you are purchasing complies with a range of legislative and professional requirements. This will ensure your practice provides high quality, safe and effective care to your patients. You should comply with the following.

Australian Privacy Principles

For more detailed information on the Australian Privacy Principles, refer to the Australian Government Office of the Australian Information Commissioner at www.oaic.gov.au/privacy/privacy-act/australian-privacy-principles

For information on privacy in general practice, refer to the RACGP's Digital Business Kits Topic 3.2 at www.racgp.org.au/digital-business-kit/privacy/

RACGP accreditation standards and resources, including:

- *Computer and information security standards* (4th edition)
- *Standards for general practices* (4th edition)

Computer and information security standards (4th edition) is available at <http://www.racgp.org.au/your-practice/standards/computer-and-information-security-standards/>

Standards for general practices (4th edition) is available at www.racgp.org.au/your-practice/standards/standards4thedition/

Ethical and legal requirements, including:

- Australian Medical Association (AMA) code of ethics
- Australian Health Practitioner Regulation Agency (AHPRA) code of conduct for registered health practitioners
- *Health Insurance Act 1973*

AMA code of ethics is available at https://ama.com.au/sites/default/files/documents/AMA_Code_of_Ethics_2004_Editorialy_Revised_2006.pdf

AHPRA code of conduct for registered health practitioners is available at www.ahpra.gov.au/

Health Insurance Act 1973 is available at www.comlaw.gov.au/Series/C2004A00101

Government programs, including:

- Medicare

Medicare www.humanservices.gov.au/customer/dhs/medicare

Healthcare Identifiers Service is available at www.humanservices.gov.au/customer/services/medicare/healthcare-identifiers-service

National eHealth requirements, including:

- Healthcare Identifiers Service
- National eHealth record system

It is recommended that you contact an IT professional for specific advice on hardware and software compliance.

Compliance in general practice checklist

Date of completion

Name of practice

When purchasing hardware and software for our practice we have made checks to ensure that goods purchased comply with a range of legislative and professional requirements. We have also contacted our medical defence organisation for further guidance and consulted with an IT professional. Checks have been made to comply with:

Australian Privacy Principles

RACGP accreditation standards and resources, including:

Computer and Information Security Standards (4th edition)

Standards for General Practices (4th edition)

Ethical and legal requirements:

AMA code of ethics

AHPRA code of conduct for registered health practitioners

The Health Insurance Act 1973

Government programs:

Medicare

National eHealth requirements, including:

- Healthcare Identifiers Service
- National eHealth record system

Notes

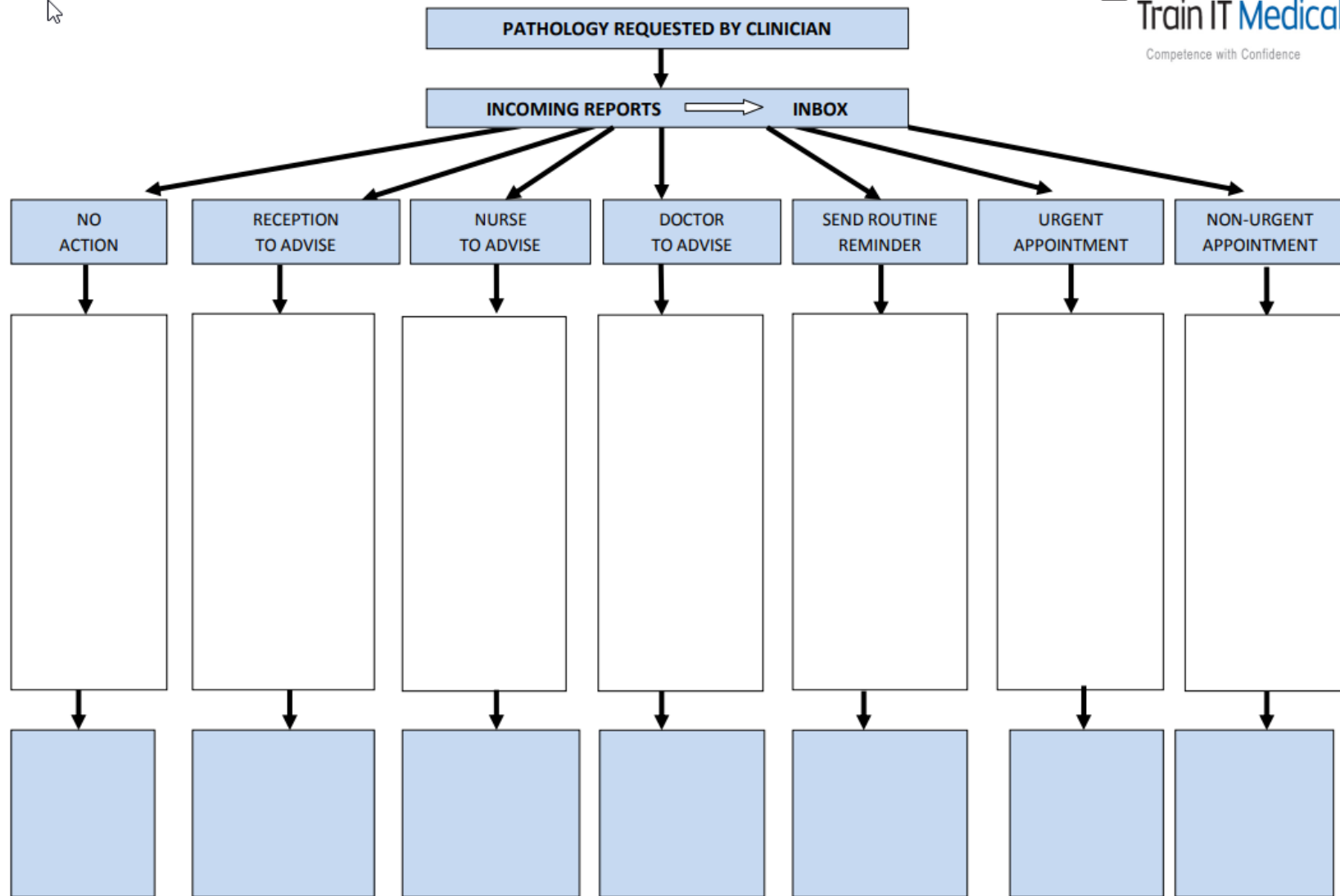
Activity: What are 10 tools to help you manage risk?

1. -
2. -
3. -
4. -
5. -
6. -
7. -
8. -
9. -
- 10.-

<https://www.practiceassist.com.au/PracticeAssist/media/ResourceLibrary/General%20Practice%20Accreditation/Clinical-Risk-Management-System-Template-V1-200910-Editable.pdf>



DESIGN YOUR PATHOLOGY PROTOCOL FOR BEST PRACTICE



www.trainitmedical.com.au

Sample flowchart to be used as a team worksheet to assist in the design of suitable individual practice protocols

General Practice Clinical Risk Management System

Practice name: _____ Date: _____

The Royal Australian College of General Practitioners (RACGP) Standards for general practices, 5th edition, indicators state:

- G3 1A - Our practice monitors, identifies, and reports near misses and adverse events in clinical care.
- C3 1D - Our practice team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care.

The aim of this policy is to accomplish the requirements of the above indicators and provide a systematic decision-making process to efficiently plan, assess, handle, monitor and document clinical risk. This will enable our practice to reduce patient safety incidents and deliver consistent quality care.

Clinical risk management is defined as the act of identifying perceived risks in medical practices, establishing the extent of the potential risk, planning possible responses to reduce or eliminate the risk and monitoring or evaluating the risk management process for continuous improvement.

Our practice's clinical risk management system is the responsibility of the following staff member:

This person will call on other staff members and subject matter experts to contribute to the practice's clinical risk management strategies.

Our practice nurtures a culture of open communication to identify, monitor and reduce clinical risk. All staff are encouraged to report mistakes or near misses and make suggestions to improve clinical risk management.

Clinical risk management is a standing agenda item at our practice staff meetings. Identified risks are recorded in the risk register for further consideration to develop strategies to reduce or eliminate the risk.

All staff will be made aware of the clinical risk management system as part of their induction.

Defining mistakes and near misses

- Mistakes are errors or adverse events that result in harm.
- Near misses are incidents that did not cause harm but could have.

Potential clinical risk areas

Clinical knowledge and skill

Potential clinical risks can be the result of:

- not keeping up to date
- not taking a thorough history and not conducting a thorough examination
- not documenting thoroughly in the patient's health record
- not being aware of personal limitations and referring patients appropriately
- not investigating further if treatment isn't working
- not making use of protocols, checklists and diagnostic support aids
- not providing self-care
- not preventing and dealing with fatigue
- not reporting concerns when unsafe work practices are in place

12 ways to Assess Risk

1. Checklists.
2. Flow charts.
3. Subject matter expertise.
4. Surveys.
5. Incident analysis.
6. Brainstorming.
7. Audit processes.
8. Data trends.
9. Functional/failure analysis.
10. Patient feedback.
11. Staff feedback.
12. Staff performance reviews.

<https://www.practiceassist.com.au/PracticeAssist/media/ResourceLibrary/General%20Practice%20Accreditation/Clinical-Risk-Management-System-Template-V1-200910-Editable.pdf>

PATHOLOGY REQUESTED BY DOCTOR & OTHER INCOMING CORRESPONDENCE

DOCTOR CHECKS HOLDING FILE DAILY

NO ACTION REQUIRED

Doctor selects 'No Action'.
 Result is auto-filed in patient record on closing.

When patient returns, mark result as **NOTIFIED** in MD

RETURN URGENTLY

1. Doctor selects **ACTION > RETURN URGENTLY** for all patients who need to return within 1-3 days
 2. Add a **comment** for further detail.
Note: if a result/document requires immediate action, doctor is to contact patient.

3. **RETURN URGENTLY** list reviewed **DAILY** by nurse.
In MD (Actioned Items) Patients contacted by phone call (3 attempts, 3 different times) to make an urgent appointment within 1 week.

Contact attempts are documented in Actioned Items

4. If unable to contact patient by phone, alternative methods to contact patient should be made (e.g registered mail letter, emergency contact).

When patient returns: Doctor marks result/s as '**NOTIFIED**' in MD

MANAGED BY 3RD PARTY PROGRAM

DISCUSS

1. Doctor selects **ACTION > DISCUSS** for all patients who need to return within 4 days-3 weeks
 2. Optional to add or select a **comment** for further detail. (Result is auto filed in patient record)

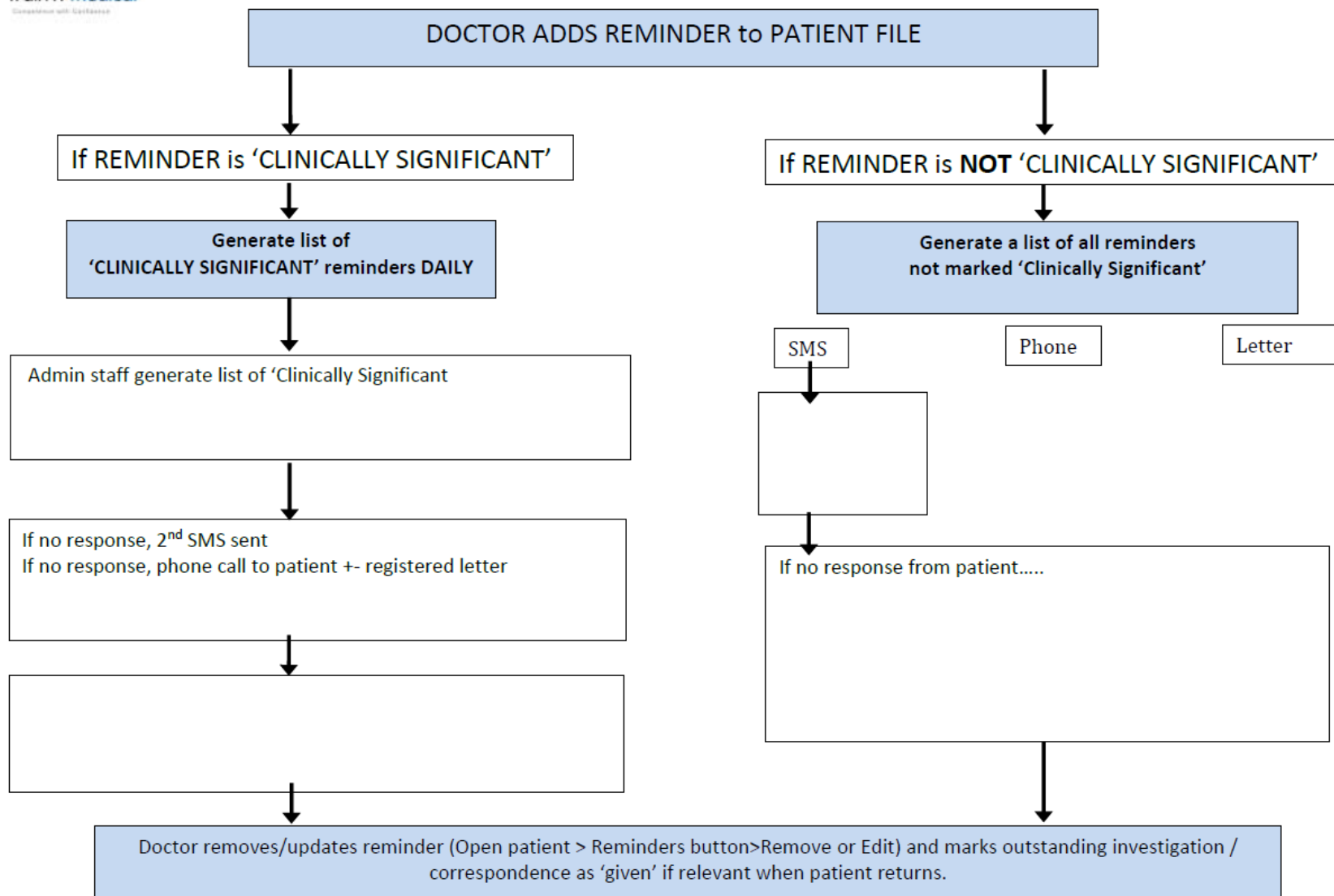
3. Patient is sent SMS via Hotdoc OR flagged for follow-up by phone / email / letter (No comments are sent to the patient).
 If the patient has a future booked appointment, no SMS will be sent (unless appt is cancelled). 3 x SMS sent 2 days apart.

4. Patient books **RECALL** appointment.

When patient returns, mark result as '**NOTIFIED**' in MD

Risk Management: A list of all unactioned results marked 'Return Urgently' is generated at the end of each month and reviewed by each doctor to determine if further contact attempts needed or to remove the result from the follow up list by changing notation to 'Discuss' and adding explanatory comments.

BP PREMIER – DRAFT BLANK REMINDER MANAGEMENT PROTOCOL



Data and Privacy Compliance

Information to be included	Yes/No	Comments
What a data breach is and how staff can identify one		
Clear escalation procedures and reporting lines for suspected data breaches		
Members of the data breach response team, including roles, reporting lines and responsibilities		
Details of any external expertise that should be engaged in particular circumstances		
How the plan will apply to various types of data breaches and varying risk profiles with consideration of possible remedial actions		
An approach for conducting assessments		
Processes that outline when and how individuals are notified		
Circumstances in which law enforcement, regulators (such as the OAIC), or other entities may need to be contacted		
Processes for responding to incidents that involve another entity		
A record-keeping policy to ensure that breaches are documented		
Requirements under agreements with third parties such as insurance policies or service agreements		
A strategy identifying and addressing any weaknesses in data handling that contributed to the breach		
Regular reviewing and testing of the plan		
A system for a post-breach review and assessment of the data breach response and the effectiveness of the data breach response plan		



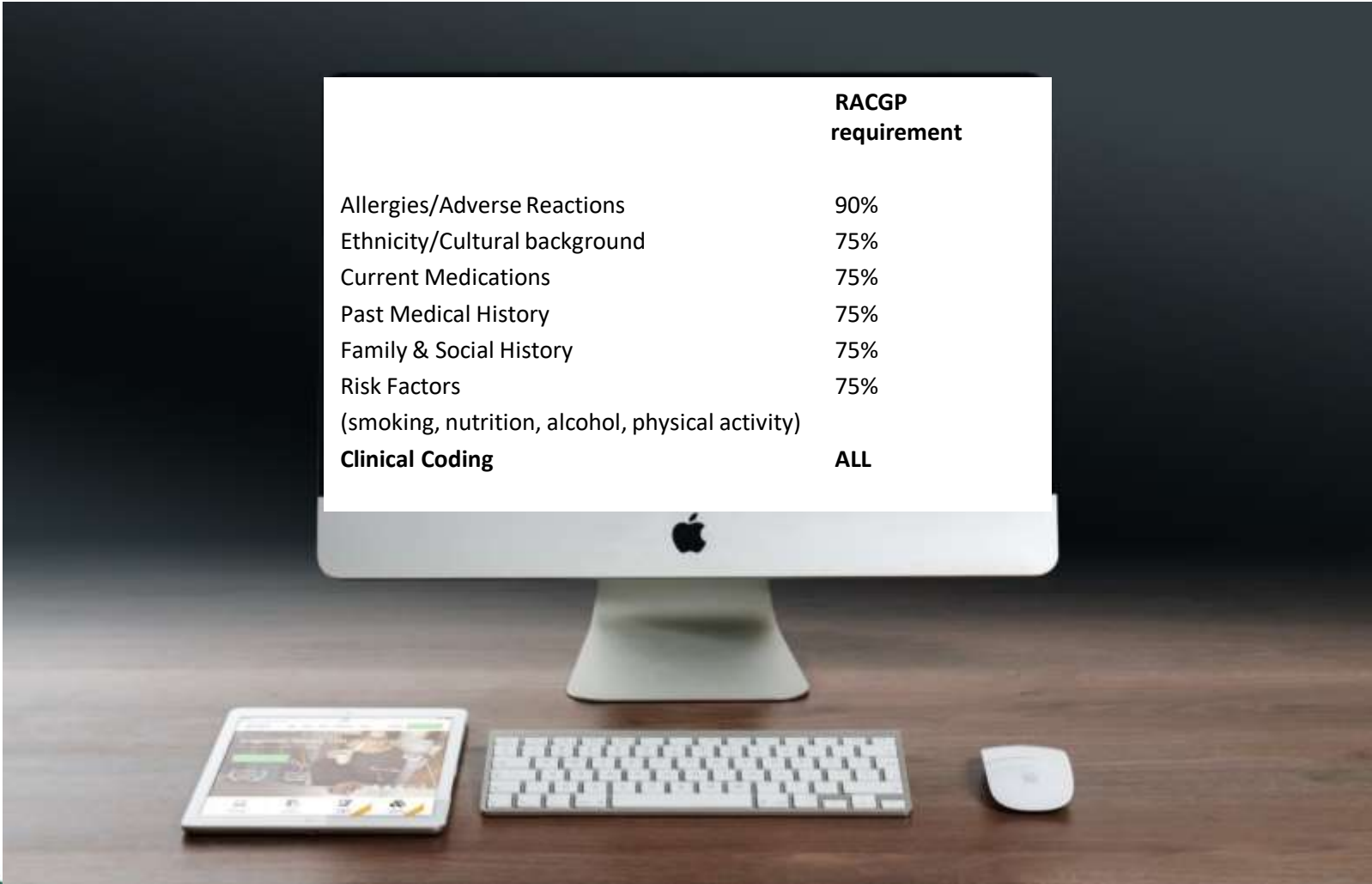
Independent Practice Assessment

System/Process Name	Who is responsible?	Documented Process?	Documented policy?	Metric
Appointment Book				
Appointment Booking process				
Walk in process				Average wait times
Appointment reminders				% of appointments with reminders sent
Appointment Attendance				
Waiting list management				DNA rate
Appointment book management				No of patients in waiting list, length of time on list
				Completed appointments rate
Billing processes				
OPV check				No. of Medicare rejections per day
Finalise Billing				No of uncompleted appointments per day
Institutional Billing				Outstanding debt - third party
Day sheets - billing verification process				100% reports verified each day
End of day protocol				
IHI verification - bulk				Bulk verification process completed each day
Patient item no. eligibility check				No of 10997's and 10998's claimed each month
Aboriginal Health Payments				Proportion of total patients calimed in last 12 months
Other				
New patient registration				No. of new patient registered per month
Archiving inactive / deceased patients				Total number of active patients
PIP registrations				% of patients registered for PIP, registrations per month
Correspondence Management				No. of outstanding overdue recalls (urgent and non-urgent)
Reminder Management				No. of overdue reminders
Duplicate patients				No. of duplicate patients - report
Faxing/scanning processes				No. of outstanding documents to be scanned
ePIP - SHS Uploads				No of SHS uploads per PIP quarter/per clinician
eScripts				No of eScripts generated per month



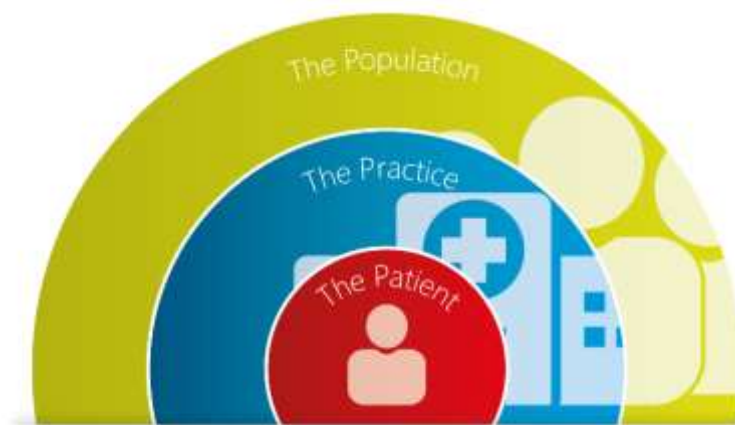
RACGP Accreditation Standards

	RACGP requirement
Allergies/Adverse Reactions	90%
Ethnicity/Cultural background	75%
Current Medications	75%
Past Medical History	75%
Family & Social History	75%
Risk Factors (smoking, nutrition, alcohol, physical activity)	75%
Clinical Coding	ALL



Clinical Audit Tool

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 %	



2.

Increase use of digital technologies for automating processes.



Technology

- QR Codes
- Electronic forms
- ePrescribing
- Online appointments
- Telehealth
- Go Share
- Cubiko
- Pen CS
- Practice Intranets
- Practice Management Software
- Artificial Intelligence
- Wearable Technology



3.

Improve communication with providers, patients & staff.



Understand each other's roles

What does your team look like?

GP's?
GP Registrars?
Medical Students?
Non-GP Specialists?
Pharmacists?
RN's?
EN's?
Nurse Practitioners?
Medical Practice Assistants?
Admin Staff?
Management?
Allied Health?



Meetings & Business Planning

Clear Form

COVID-19 Daily Management Plan

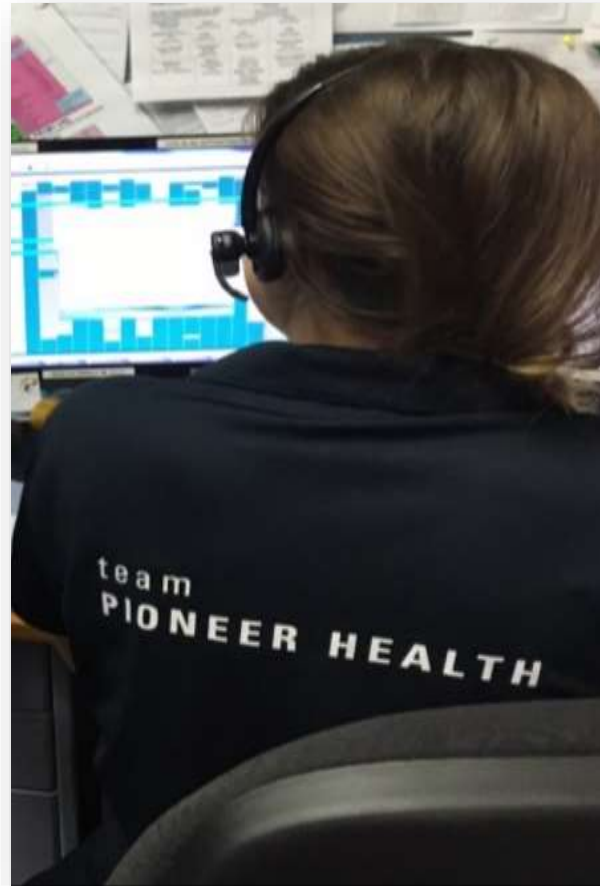


Day: Date:

1. Visit key websites for updates	
a.	www.wqphn.com.au/news-events/coronavirus
b.	https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/current-status-and-contact-tracing-alerts
c.	https://www.health.qld.gov.au/news-events/doh-media-releases
d.	https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert
Key points for discussion at team meeting:	
<ul style="list-style-type: none"> • <input type="text"/> • <input type="text"/> • <input type="text"/> • <input type="text"/> • <input type="text"/> • <input type="text"/> 	
2. Daily Team Meeting:	
Attendance:	<input type="text"/>
Actions from yesterday's meeting:	<input type="text"/>
What's changed since yesterday:	<input type="text"/>
What's on today:	<input type="text"/>
Issues, concerns, or WHS risks raised:	<input type="text"/>
Improvement suggestions (CQI):	<input type="text"/>
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: <input type="text"/>
10.	Provide feedback to your PHN coordinator on any good news stories, issues, or concerns



Create an empowered team culture



What are other practices doing?

Medical

Clinical Meeting Agenda

Item	AG/DF Number	Presenter	Present/Attend
M		Practice Manager	Present
Dr B	801684	GP	Present
Dr F	333312	GP	Present
Dr L	300999	GP	Apologies
NP G		Nurse Practitioner	Present
S		Psychologist	Apologies
KM K		KM	Present
KM S		KM	Apologies
I		MFA	Present
A		Admin Co-Ordinator	Apologies

Item #	Item for Discussion	Outcomes/Notes
1.	Minutes previous meeting	• Minutes accepted as correct.
2.	Item Not discussed	<ul style="list-style-type: none"> • Dr x raised that there are no Practice fees for some item numbers. Discussion about what should be billed for specific items: - 2715 - Preparation of GP Mental Health Treatment Plan - \$180 - 2712 - Review of a GPMP - \$120 - 2713 - GP Mental Health care consultation - \$110 - 2706 - Initial GP management plan without mental health training - \$110 - 2726 - GP Mental Health Treatment Focused Psychological Strategies - \$180
3.	Reception meeting	<ul style="list-style-type: none"> • Rep from CHS Segura • I advised that the rep from CHS Segura came to the practice and discussed a few things: • They now have Telehealth • CDF opportunity <ul style="list-style-type: none"> - Course re pain management - Discussion with doctors to decide if they would like to go - Dr Blake - Yes, Dr Stephenson - Yes, Dr Liao - Yes - Approx. 1.5 hrs and they will bring the book • See CDF opportunity below
4.	Forms	<ul style="list-style-type: none"> • RACV • RMA • MFA
5.	Baby Health Clinic	<ul style="list-style-type: none"> • Baby Health Clinic • RACV • RMA • MFA
6.	Children vaccinations with nurses	<ul style="list-style-type: none"> • RACV • RMA • MFA
7.	NPV Year	<ul style="list-style-type: none"> • RACV • RMA • MFA

Orthopaedic patients discharged on tapentadol were up to 49% less likely to develop persistent postoperative opioid use

In a new Australian study of 1881 orthopaedic surgery patients (6.3 months, vs. 6 months) in

PALEXIA
Your choice of opioid matters

- 2.7M SURGICAL PATIENTS
- UP TO 10% LESS LIKELY TO DEVELOP PERSISTENT POSTOPERATIVE OPIOID USE
- UP TO 49% LESS LIKELY TO DEVELOP PERSISTENT POSTOPERATIVE OPIOID USE

1.	CDF record issue	<ul style="list-style-type: none"> • Dr B has a patient that notified her that she received a CDF reminder letter from the cancer screening register. • M called CHM to clarify why this was not on the cancer screening register or not on the patients MyHealth record. • CHM investigated and advised that the whole batch had not been sent. • They have now sent the batch to the register.
12.	RAI	<ul style="list-style-type: none"> • Rapid Response Tests are no longer being supplied to us • We will need to source them from the distributor now. • Question to Practitioners to see if they would like them stocked in the practice and if they want just the rapid test or the AccuCheck? <ul style="list-style-type: none"> - Dr B - Yes, Dr S - Yes, Dr L - Yes • Reminder for reception to ask patients with cougyl to wear a mask.
13.	Nurse Billings	<ul style="list-style-type: none"> • I raised a question to see if all the doctors were still happy to: <ul style="list-style-type: none"> - Have the treatment nurse billed for sessions with the nurse unless the pt saw a GP/FP in the practice on the day. Then the billing will go under the GP/FP they have seen - Billings shouldn't be put through for 2 different practitioners. - \$3644 - could vaccination be billed to 2 different doctors. - GP/FP should only be billed if available. • 2676 vs 5033 <ul style="list-style-type: none"> - 2575 is when GP/FP has seen the patient for majority of visit. eg Full consult and then 2 mins with nurse. - 5033 - when nurse spends majority or same amount of time with pt as GP/FP - 2575 will not show up on Nurse Billings. If seen please let M know to rectify the issue. • NP - O's Billings with Nurse <ul style="list-style-type: none"> - 30644 cannot be billed to O, a short consult will need to be billed instead - NP's do not get Medicare bulk bill incentive - Please see list of NP billing item numbers below

10. Rep from CSL Seqirus
- K advised that the rep from CSL Seqirus come to the practice and discussed a few things:
 - They now have **ferinject**
 - CPD opportunity:
 - Course re pain management
 - Discussion with doctors to decide if they would like to **participate**
 - Dr Bosky – Yes, Dr Stephens – Yes, Dr Lieb – Yes
 - Approx. 1.5 hrs and they will bring the food.
 - See CPD opportunity below:

From:
 Sent: Tuesday, January 23, 2024 10:32 AM
 To: Nurse <nurse@brontemedical.com>
 Subject: Fwd: Education offerings for 2024 -

Good morning,
 Thanks for your time today.
 During 2024 we will continue to offer CPR courses for all staff. Please reach out if you'd like this setup for your clinics.
 We'll also be offering 8 hours of CPD for the doctors. This course focuses on pain management.

- Breakdown of CPD hours:**
- Outcome Measurement 5 hrs
 - Performance Review 2 hrs
 - Educational Activity 1 hr

- How it works:
- The course will run for 1 hour over a lunch break or after hours conducted by one of our pain specialist doctors.
 - Lunch or dinner will be provided.
 - On completions 8 hours will be award to the doctors.
 - The course can be completed at the clinic or at a nearby venue.

FYI 8 hours of CPD is a lot for only 1 hour of study. There's no pre work required.

Please let me know if your clinics are interested.

Any questions please reach out at any stage.

Orthopaedic patients discharged on tapentadol were up to 49% less likely to develop persistent postoperative opioid use at 3-months, vs. oxycodone IR*

In a new Australian study of 19,832 orthopaedic surgery patients'

LESS LIKELY | OXYCODONE IR | MORE LIKELY

PALEXIA® IR, opioid naive patients
 (DR=0.51, 95% CI:0.33,0.88)
 p<0.01

49% LESS LIKELY

PALEXIA® IR, opioid experienced patients
 (DR=0.61, 95% CI:0.45, 0.9)
 p<0.02

37% LESS LIKELY

PALEXIA®
 tapentadol immediate release (IR)
 tapentadol sustained release (SR)

Your choice of opioid matters

~ 2.7M SURGERIES are conducted in Australia each year and ~ 70% of surgical patients are prescribed postoperative opioids*

UP TO 11% of previously opioid-naïve patients discharged on an opioid after surgery will still be taking an opioid after 3 months*

PERSISTENT OPIOID USE is associated with increased risk of fractures, hyperalgesia and risk of overdose*

Post-surgical orthopaedic patients discharged on **PALEXIA® IR** were

UP TO 49% LESS LIKELY TO DEVELOP PERSISTENT OPIOID USE*


at 3-months, vs. oxycodone IR*

*Retrospective, observational data linkage study. Results specific to sub-group analysis (n=19,832) after adjusting for covariates. Primary hypothesis not met: Opioid naive patients defined as not having received any opioids in the 90-day period before discharge.

Learn 2022 >>>

1. CST record issue
- Dr B has a patient that notified her that she received a CST reminder letter from the cancer screening register.
 - M called DHM to clarify why this was not on the cancer screening register or not on the patients MyHealth record.
 - DHM investigated and advised that the whole batch had not been sent.
 - They have now sent the batch to the register.
12. RAT
- Rapid Antigen Tests are no longer being supplied to x
 - We will need to source them from the distributor now.
 - Question to Practitioners to see if they would still like them stocked in the practice and if they want just the covid test or the A+B+Covid?
 - Dr B – Yes, Dr S – Yes, Dr L – Yes
 - Reminder for reception to ask patients with cough's to wear a mask.
13. Nurse Billings
- K raised a question to see if all the doctors were still happy to:
 - Have the treatment room doctor billed for sessions with the nurse unless the pt saw a GP/NP in the practice on the day. Then the billing will go under the GP/NP they have seen.
 - Billings shouldn't be put through for 2 different practitioners.
 - 93644 – covid vaccinations can be billed to 2 different doctors.
 - GP/NP should only be billed if onsite.
 - 25/75 vs 50/50
 - 25/75 is when GP/NP has seen the patient for majority of visit. eg Full consult and then 5 min vax with nurse.
 - 50/50 – when nurse spends majority or same amount of time with pt as GP/NP.
 - 25/75 will not show up on Nurse Billings. If seen please let M know to rectify the issue.
 - NP – D'S Billings with Nurse
 - 93644 cannot be billed to D, a short consult will need to be billed instead.
 - NP's do not get Medicare bulk bill incentive.
 - Please see list of NP billing item numbers below:
- | Service | Existing Items | Telehealth Items | Telephone Items |
|-----------------------------------|----------------|----------------------|-----------------|
| | Face to face | via video-conference | |
| Attendance for an obvious problem | 82200 | 91192 | 91193 |
| Attendance less than 20 minutes | 82205 | 91178 | 91189 |
| Attendance at least 20 minutes | 82210 | 91179 | 91190 |
| Attendance at least 40 minutes | 82215 | 91180 | 91191 |



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

Bingo Cards

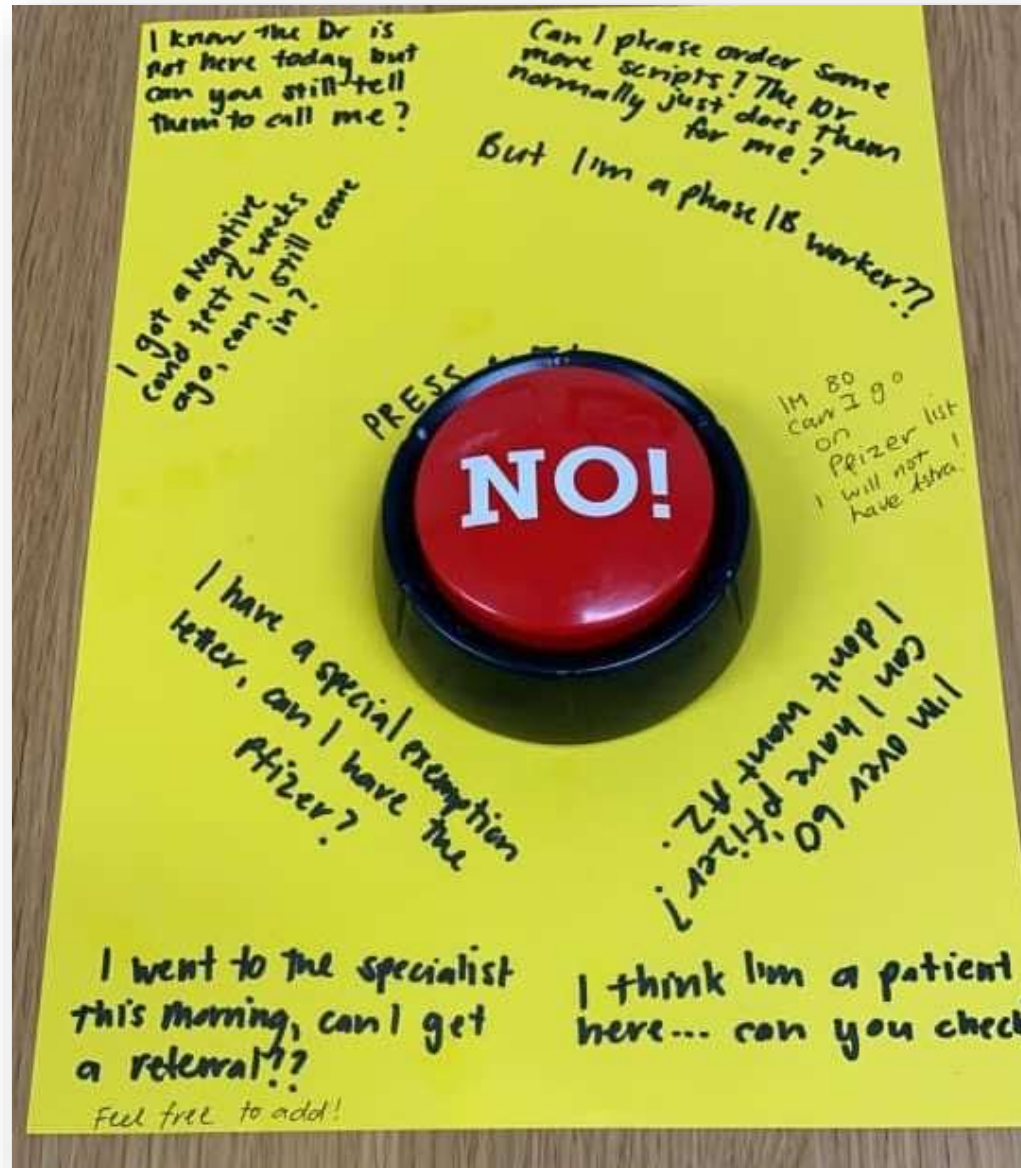
Patient drops off food	"Just get him to call me"	<i>I'm a regular Will fit me in got x</i>	"I missed my Telehealth"	"No, you're here to see the nurse"	
"Is pathology in today?"	"The government says I can get the AZ vaccine"		"Do you have Pfizer?"	"I thought it was bulkbilled"	"Cancel my Careplan, I don't need it"
Mum/wife books appt for incapable men	<i>annoying regular caller</i>	"Do I call him or does he call me?"	The doctors don't see medical reps"	"I really need a doctors appt today...no it can't be another doctor"	
I'm at the pharmacy, they don't have my script"	"Mary?"	<i>annoying regular caller #2</i>	<i>serial pest caller</i>	"How much longer is the wait?"	
"I need to speak to <i>Dr X</i> "	"I need to book an appt for mum/dad"	"Have my results come in yet?"	"I got a missed call" "Was it a call or a text?"	Symptomatic – hasn't had COVID test yet :-)	



Credit: Karlene Jeffery, PM



Humour & Support



Credit: Patricia Rigg, PM

4.

Discuss strategies for conflict management.

Create the vision and build your TEAM



A very basic lesson on brain structure

HIGHER FUNCTIONS

CALMS THE SURVIVAL CENTRE

- Focus
- Concentrate
- Decision making
- Problem solving
- Evaluation
- Reasoning
- Reflection
- Planning
- Organising



SURVIVAL SYSTEM
FIGHT / FLIGHT / FREEZE

Instinctual
Reactive

References:

- Dan Siegel Hand Model of the Brain
- Pic adapted from the Australian Childhood Foundation

Executive Functioning Challenges on a Daily Basis

©Pathway 2 Success · www.thepathway2success.com

Trouble keeping materials organized

Misplacing and losing materials

Forgetting directions or instructions easily

Difficulty starting assignments or tasks

Trouble with changes to the schedule or plan

Trouble refocusing after an interruption

Trouble completing multi-step tasks and directions


Impulsive in the moment

Difficulty switching from one task to another

Difficulty paying attention



Graphics by PhotoGitz



We have a lot to explain and angry people often see explaining as a way of fighting back.

The importance of emotions in healthcare practices



[Watch animated short video by Dr Brené Brown](#)

Emotional preparation

Emotional debrief



Youtube: Brene Brown, Empathy

CPR for Conflict

- Start with the facts, paint a picture
- Say what's happening, using a CPR approach:

C – Content

P – Pattern? – How it repeats

R – Relationships? – the impact on others



You may have to dig deeper...

Known vs Unknowns

- **Known**
- **Known Unknowns**
- **Unknown Unknowns**

Things I can ignore?

- using mobile phone at front desk?
- occasional gossip?
- untidy desk?
- swearing?

Things I can't ignore

- gossiping?
- swearing in front of patients?
- swearing at other staffmembers

Content – The Facts

Paint a picture

eg I saw, I noticed, it was reported

Pattern – How it repeats

eg The last 3 shifts...

3 days you left...

Relationship – the impact on others

Eg patients privacy was breached

CPR for Conflict Preparation

CONTENT:

State the facts of the matter. Paint a picture. Use words like “I noticed”, “I observed”, “It was reported to me.” List facts

PATTERN:

State how often this has been occurring and under what circumstances. “This has happened 3 times this week”

RELATIONSHIP:

How is what they are doing affecting others. State the visible and invisible consequences.



5 tips for Self-care



1. If it gets overwhelming practice some belly breathing.
2. Have a code word with co-worker if you are getting overwhelmed/scared.
3. Support each other, ensure everyone has a break from the phones.
4. Close the conversation if unhealthy.
5. Have a contract with your co-worker and go for a walk.

HOW MUCH YOU CAN CONTROL?

I CAN'T CONTROL

Other people's actions
How others behave
The past
How others live their lives
Whether others like me
What others say
Other people's choices
The future
Other people's reactions
What others think

I CAN CONTROL

My actions
My behavior
The present
How I live my life now
The way I behave
My words
The choices I make
Where I devote my focus
How I see others
Who I spend time with



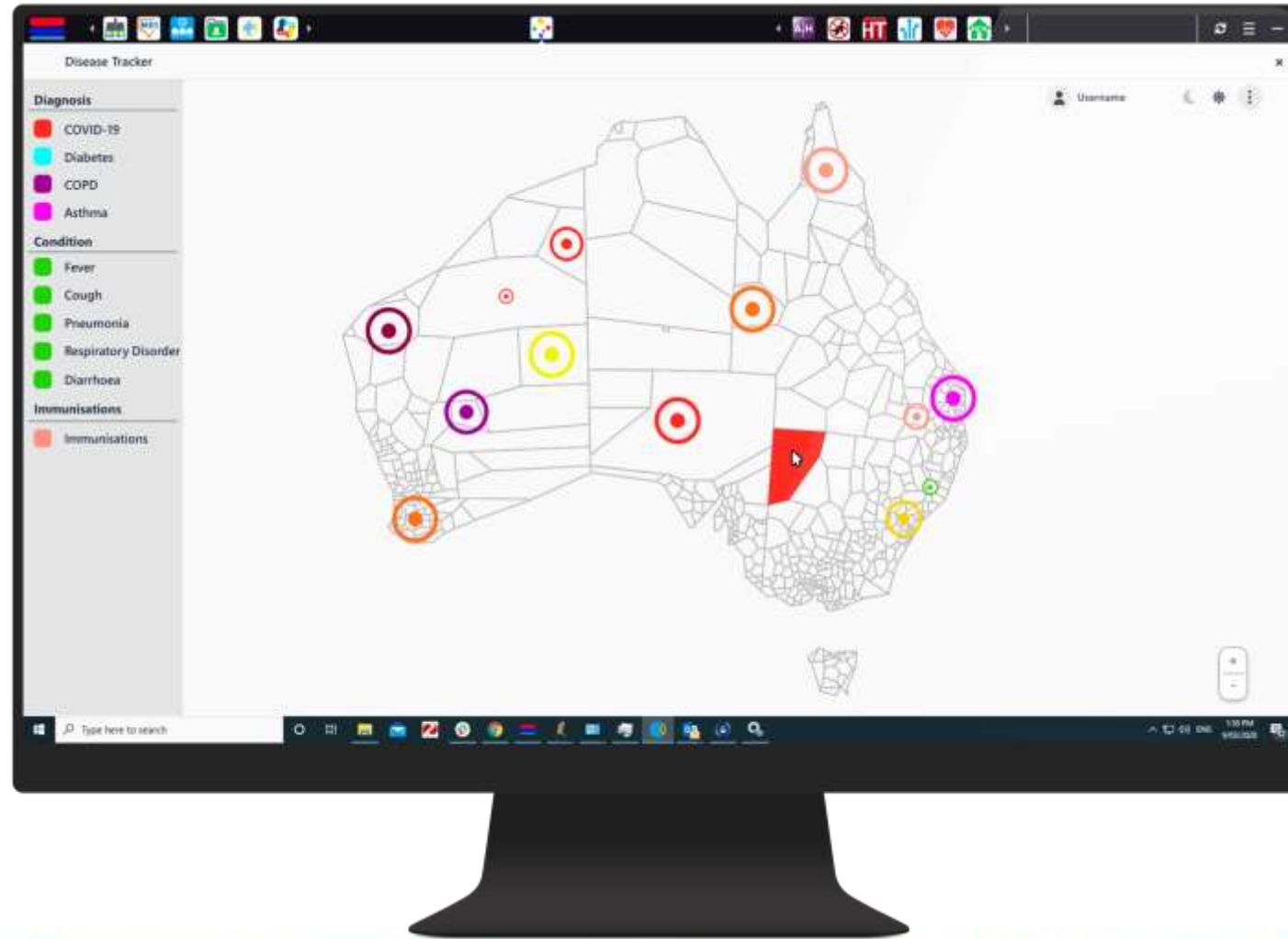
5.

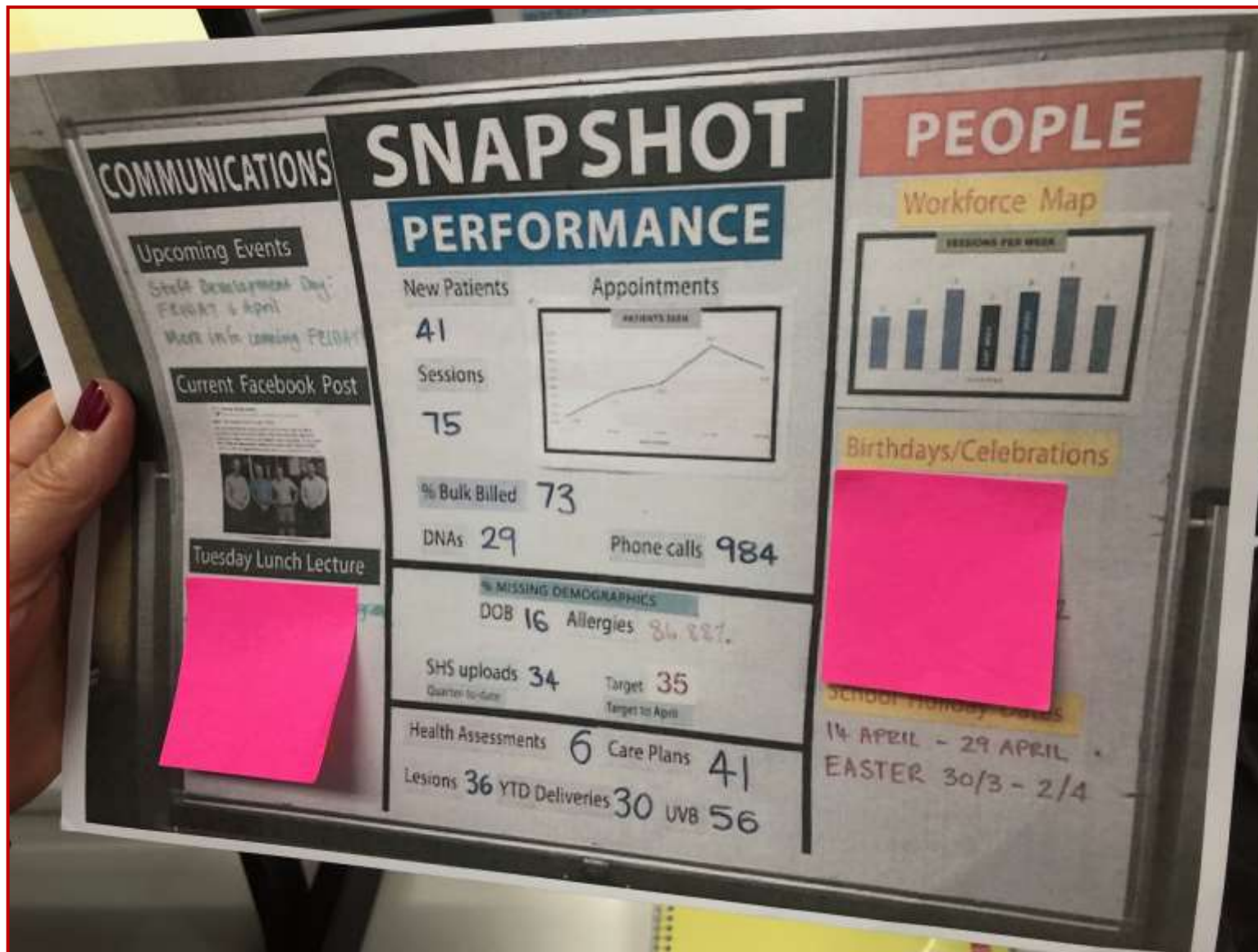
Explore ideas for optimising business and patient care opportunities.

Activity: How do you get patient input?



What does your data tell you?





Example from rural WA



CKD Quality Improvement Activity /PDSA - Sample



I

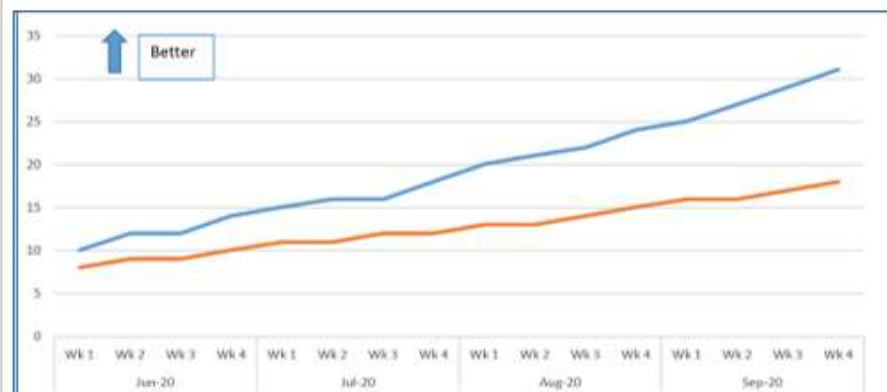


1. What is our goal?

Improve the ongoing management of patients with chronic kidney disease (CKD) through a patient centred, team-based approach.

2. How will we measure our progress?

1. Identify regular patients in with uncoded kidney disease...
2. Increase the number of patients with kidney disease who have a management plan.....



Next steps:

- Build a register of patients with kidney disease (look for indicated diagnosis).
-

Team members

Data collection/reporting:
Updating data in Bp:

1. How big a problem is this?
2. How do you measure?
3. How do you improve?
4. How do you lead improvement?



Engage your team



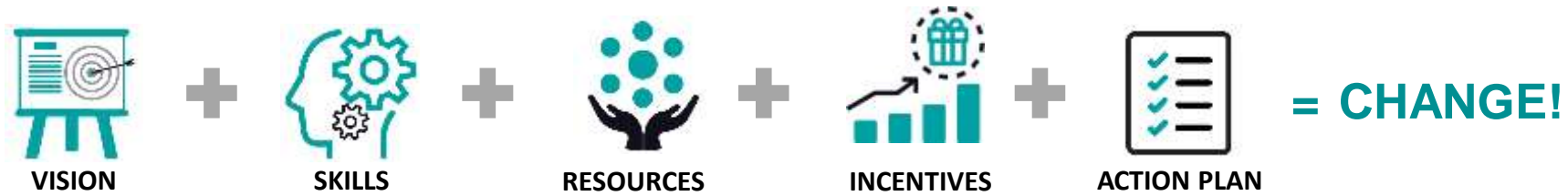
PDSA station

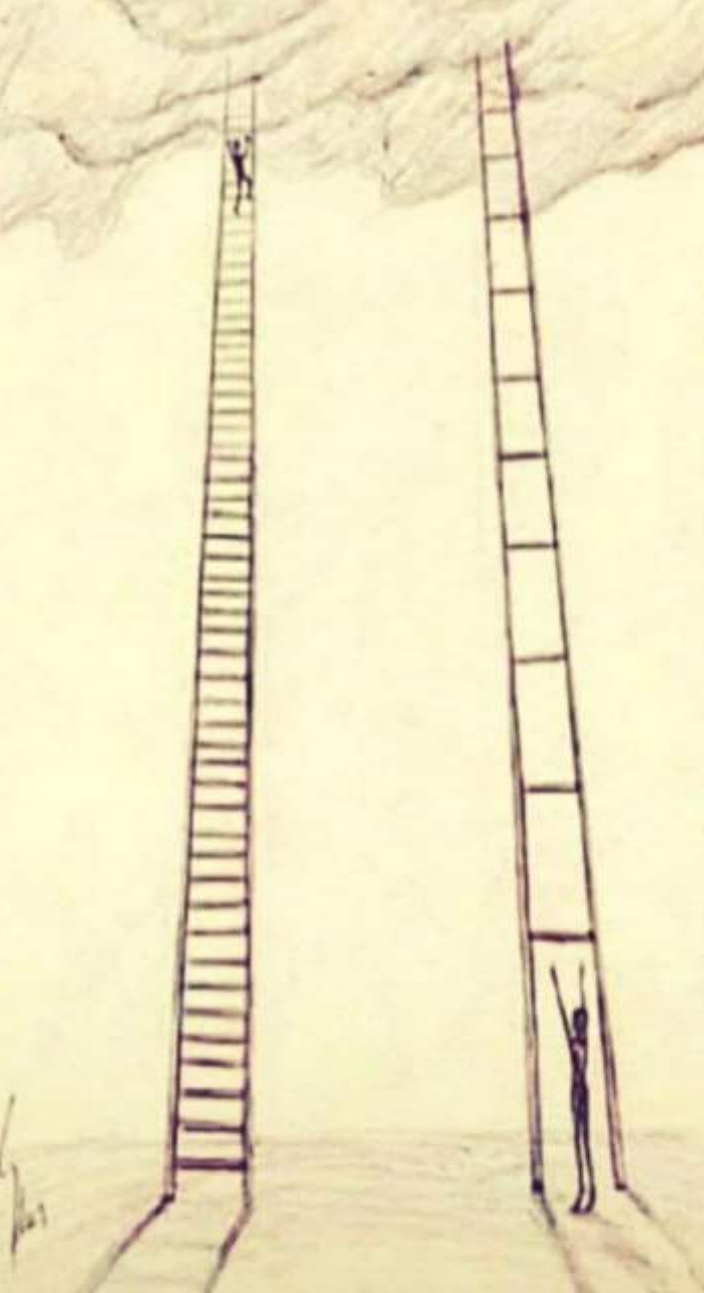


Example from Leschenault Medical Centre, WA



Keep developing your Change Management skills





My top tips:

1. Document and review improvement activities
2. Set small achievable goals
3. Adopt an infinite mindset
4. Collaborate and train new processes
5. Implement ideas to build a team spirit
6. Monitor and communicate performance
7. Celebrate progress – no matter how small.



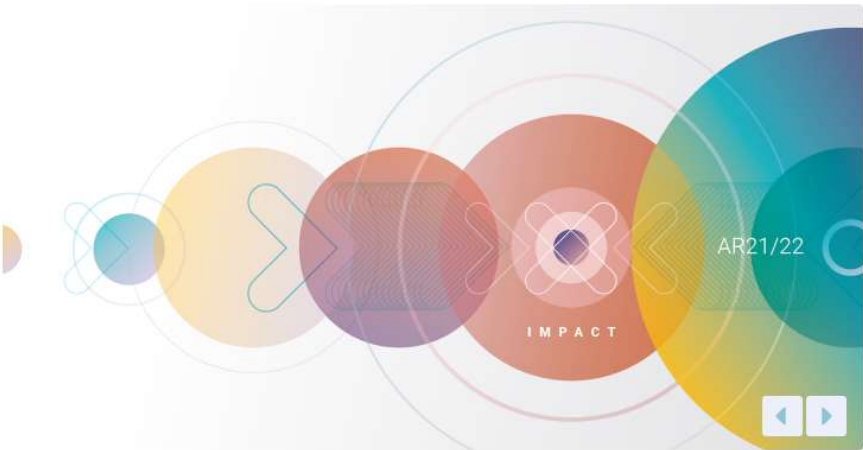
PRACTICE DEVELOPMENT & QUALITY IMPROVEMENT FRAMEWORK

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.



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support@wentwest.com.au



Email katrina@trainitmedical.com.au
or www.trainitmedical.com.au/contact

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 for CS, 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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Contact us or your PHN support person for your enrolment code.



Course Materials

The screenshot shows a Moodle course page for 'Western Sydney PHN - Webinars'. The course is active and was last updated 5 weeks ago. It is organized by 'WentWest'. The course content is displayed in a grid of 12 modules, each representing a webinar. The modules are:

- 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 multidisciplinary care (100% Complete, Last activity on December 30, 2020)
- Electronic transfer of prescriptions using MedicalDirector Clinical (0% Complete, Last activity on November 12, 2020)
- Electronic transfer of prescriptions using Bp Premier (100% Complete, Last activity on January 7, 2021)
- Leading Quality Improvements during Covid19 (0% Complete, 0/1 Steps)
- Cervical Screening Saves Lives! (0% Complete, Last activity on November 12, 2020)
- Cervical Screening Saves Lives! (0% Complete, Last activity on November 12, 2020)
- Immunisations - Who needs them? (0% Complete, Last activity on November 12, 2020)
- Immunisations - Who needs them? (0% Complete, Last activity on November 12, 2020)



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Scan the QR code above and tell me what you need. I'd love to hear from you!
Thank you and best wishes, Katrina Otto, Train IT Medical.

