UPDATING PATIENT INFORMATION TO MEET ACCREDITATION, ENSURE ACCURACY AND BETTER PATIENT CARE

East Geelong Medical Centre, Victoria

GP Association of Geelong

ACCESS & CARE REDESIGN CHANGE PRINCIPLE 2.1

Know your Business

Summary

East Geelong Medical Centre analysed their smoking and allergy status records and could see they needed improving. They decided that to improve the accuracy of these records, and to meet the QIP/AGPAL accreditation standards, they would need to develop a patient information form that included not only general contact and patients details, but smoking and allergy status.

Background

East Geelong Medical Centre (MC) is located in East Geelong, Victoria. The practice is serviced by a part time dietician, a part time podiatrist, and four practice nurses; one of whom is a credited diabetes educator who supports the General Practitioners. There are eight GPs at the practice, and nine full and part time receptionists. The practice joined the APCC Program in October 2009, with the goal of increasing patient access to their practice and providing more systematic care for their patients with chronic disease.

After attending a Pen Clinical Audit Tool (PenCAT) training session, run by their Division – the GP Association of Geelong, East Geelong MC developed a 'Pen plan' based on a template created by the Division. The pen plan template* aims to help practices cleanse their data; starting by addressing general missing information such as patient date-of-birth and gender, and then working more specifically on smoking and allergy records, before addressing chronic disease data. Analysis of their smoking and allergy status records showed a high percentage of 'nothing recorded', which encouraged the practice to address this information gap. This gap also meant that the practice would not meet the 90% record required for accreditation standards.

Process

Catherine is one of the practice's nurses who is employed one day per week to update the clinical database, search the PenCAT to pro-actively target specific patient groups, to manage the recall and reminder system, and to focus on the work required for the APCC Program. As part of her role, Catherine undertook the task of getting to know the business and it's 'customers' better, by working on updating and improving the smoking and allergy status recording.

The first step to improving the data and the patient records as a whole, was for the practice to decide how to reach their goal. The practice nurses had a meeting and worked closely with their Collaboratives Program Manager (CPM) at the Division. They decided to implement an updating patient information form, to be filled out by patients while waiting for their appointment. The CPM provided the practice with a template, to help them with the development of their own*. The form was adapted by the practice nurse to include questions about the patients' contact details as well as

"Developing and implementing the updating patient information form as part of the APCC Program was a great way to improve smoking and allergy status...which benefits in the accreditation process."

smoking status

Process continued

and known allergies. Once the practice staff had reviewed and come to a consensus, the form was finalised and given to reception staff to distribute to patients.

To collect the updated patient information, the receptionists hand each patient the form upon entering the practice, requesting them to fill it out while waiting for their appointment and return it via the secure box. The response from patients so far has been very positive, with an average return of approximately 200 forms per month.
GPs are also reminded by sticky notes left on their computers, to check smoking and allergy status during consultations. The extra check by GPs has been an effective way of capturing data from those patients who chose not to complete the information form.

Each week, Catherine enters all of the information collected from the forms into the patient's files in both the clinical and billing software. To ensure a patient only completes the information form once, the practice nurse created a system of adding the @ symbol in the 'special comments' section of the patient's file on Mediflex (billing software).

The smoking and allergy status records are monitored via PenCAT and through the APCC's monthly online data submission. In 2008, the practice had a patient population of 44,288, with 88.7% having no smoking status recorded, and 85% with no allergy status recorded. At 1 December 2009, the active patient population was 10,289. Of these, only 53% of patients had no smoking status recorded and 36.4% had no allergy status recorded.

Outcomes

By implementing the patient information form and increasing their knowledge about their patients, the practice gained a variety of positive outcomes, including increased knowledge about their business, its records and their patient demographic.

Some of the outcomes the practice identified are:

- Improved smoking and allergy status recording assists in meeting accreditation.
- The information collected on the form has improved the accuracy of the practice's Coronary Heart Disease (CHD) and diabetes registers. Prior to the use of the form many of the patients on these registers did not have smoking or allergy status recorded.
- Improved patient demographic information.
- Reduced 'did not attends' as patients are easier to contact. Phone numbers have been updated, mobile numbers added and next of kin information recorded.
- Practice nurses and GPs have been able to provide better care to their patients by using the smoking status records to proactively identify eligible patients and discuss smoking cessation.

Looking forward

East Geelong MC intends to continue distributing the patient information form for up to a year so as to capture a large portion of the practice's active population. Their goal is to continue making improvements in the accuracy of their smoking and allergy status records, and to keep their patient's files and registers accurate. This will ultimately lead to more proactive patient care, spawning from a better knowledge of patient's health and background.

Conclusion

The practice's decision to introduce a new patient information form had a flow-on effect and provided unexpected and positive outcomes. While the process was driven mainly by the practice nurse, the whole team had input and continue to be involved.

Practice X

12 Month Practice Team Plan

Data Cleanup and Chronic Disease Management

AIM: To assist [Practice Name] to achieve optimal care for patients with chronic disease

Objectives:

- To assist the Practice to achieve improved integrity of clinical data
- To embed systems to achieve efficient and reliable recall systems
- To embed processes to achieve optimal financial outcomes

Timelines: May 2009 – May 2010

BROAD STRATEGY	SPECIFIC TASKS	PRACTICE STAFF MEMBER ALLOCATED TASK	GP ASSOCIATION STAFF MEMBER ASSISTING	DATE COMMENCED	DATE TO BE COMPLETED BY
Buy in by whole Practice	At a Practice meeting, the practice use of the Pen Clinical Audit Tool explained				
Establishing Baseline data	Print off summary report card in pen Clinical Audit. Copy to Practice and copy to GP Association				
Integrity of database	**INACTIVATION OF OLD FILES:**				
	→Forming a definition				
	→Procedure of inactivation				
	→Document in policy and procedure manual				
	→Identify person responsible for quarterly inactivation and include in position description				
	→ Train all staff on how to re-activate a file				
	DUPLICATE FILES:				
	→Process of conducting search for duplicates				
	→Procedure of merging identical files				
	DEMOGRAPHICS:				
	→Missing genders				
	→Missing D.O.B				
	→Recording ATSI				
BROAD STRATEGY	**SPECIFIC TASKS**	**PRACTICE STAFF MEMBER ALLOCATED TASK**			

Accreditation Requirements (Use Active Visit Filter in Pen)	→Smoking – Nothing Recorded				
	→Allergies – Nothing Recorded				
Recording of clinical data	→BP				
	→BMI				
Diabetes Diagnosis Codes	Establishing Naming Conventions				
	Recoding				
Diabetes Register	**REGISTER CREATION:**				
	→Pen search for missing diabetics				
	→Checking download format of pathology results is HL7 atomic. If format not HL7 atomic format, requesting change and requesting last 2 years of HBA1C requests and results from Practice				
	→Cross check this list with diabetes register. Add codes where necessary and add in all results in individual patient files.				

BROAD STRATEGY	SPECIFIC TASKS	PRACTICE STAFF MEMBER ALLOCATED TASK	GP ASSOCIATION STAFF MEMBER ASSISTING	DATE COMMENCED	DATE TO BE COMPLETED BY
Diabetes Register	**REGISTER MAINTENANCE:**				
	→ Delegate responsibility for register maintenance to a staff member. Indicate in policy and procedure manual and in position description				
	→Train delegated staff member on all maintenance tasks, including: →Individual inactivation →Deceasing a file →Merging duplicates →Pen search for missing diabetics →Editing or adding a code				
Recall & Reminders	→Deciding Reason Menu				
	→Cleaning up future reminders				
	→Deleting unwanted reasons and adding agreed recall reasons to recall menu				
	→Consider removing free text facility				
	→Discuss with GPs & Nurses importance of 'Marking as performed'				
	→Discuss including 'already recalled' in monthly searches				
	→Document recall and reminder protocol and process in policy and procedures manual				

BROAD STRATEGY	SPECIFIC TASKS	PRACTICE STAFF MEMBER ALLOCATED TASK	GP ASSOCIATION STAFF MEMBER ASSISTING	DATE COMMENCED	DATE TO BE COMPLETED BY
Conducting diabetes searches in Pen now data is clean	Run relevant searches to find the patient population you need to review. See below for example searches.				
Embedding diabetes MBS items	→Discuss ways of embedding diabetes GPMP/TCA & review item numbers in practice billing and recall system				
	→Discuss what resources the practice needs to support this process				
CPD points allocation to small group learnings	Record small group learning's held at Practice involving GPs &/or practice nurse for CPD (eg medical software training, Pen clinical audit) and submit to GP Association CPD officer 6 monthly				

Example Diabetes Searches:

1. Filter: Yes Diabetes; No insulin therapy- look at patients with a high HBA1C and consider insulin initiation
2. Filter: Yes Diabetes- Look at patients with both a high HBA1C and high BP and consider recalling
3. Filter: Yes Diabetes- Look under immunisation tab and see which of your diabetics missed out on Fluvax and Pneumovax
4. Filter: Yes Diabetes- generate a report on all diabetic patients with a high BMI and greatly increased waist measurement
5. Filter: Yes Diabetes- generate a report on all diabetic patients who smoke and have high lipids
6. Filter: Yes Diabetes- generate a report on all diabetic patients on multiple medications and consider HMR
7. Filter: Yes Diabetes- check the status of your diabetes SIP and see who is ready/almost ready for a SIP claim
8. Filter: Yes Diabetes- check which of your diabetics are on a current GP Management Plan

Practice X

Patient Information Update Form

Dear patient,

We are currently in the process of updating our existing patient records. The new system will be computer based and will help us to continue to offer high quality medical services to you. To assist us in this process, we appreciate if you could complete this form and return it to the box at the front reception prior to your appointment.

Name: ....**Date of birth:** ....

Address: ....

....

....

Phone: .... Mobile: ....

Next of Kin:

Name: .... Phone: ....

Mobile: ....

Emergency Contact: (important, please fill out)

Name: .... Phone: ....

Mobile: ....

Do you have any known allergies? Y / N
If yes, please provide details of the allergy and your reaction to it, in the box below.

Are you a (please circle) Smoker? ex-smoker? non-smoker?

If you are an ex-smoker, when did you stop? ....

If you are a smoker, how many cigarettes do you smoker per day? ....

Would you like to quit? Y / N Are you currently taking Asprin? Y / N

Are you Aboriginal or Torres Strait Islander? Y / N

Thank you for your assistance. Please return to the box at reception.