

Data Cleansing

Quality Improvement Toolkit for General Practice

Acknowledgement of Country

Eastern Melbourne PHN acknowledges the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present EMPHN is committed to the healing of Country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

Disclaimer

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Resources included in this toolkit not developed by EMPHN have been referenced throughout and these organisations retain copyright over their original work.

About this toolkit - Data Cleansing

In this quality improvement toolkit, general practice teams will be provided strategies to update and maintain quality clinical records to offer a better understanding of patient cohorts and enable extraction of reliable data to manage patient populations.

Outcomes of this activity	<ul style="list-style-type: none"> • Implement data cleansing activities to keep your clinical information system up to date by archiving patients. • Setting up user preferences so every reason for visit or medication does not appear in your past history. • Implement use of coded lists in clinical information system and cleaning up uncoded lists. • Increase accurate recording of demographic data and lifestyle risk factors for active patients.
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How to use this toolkit

The steps in this toolkit are examples of practical ideas to assist with accurate and reliable recording of clinical data within your clinical software.

Starting point

Identify your QI team and QI activity communication processes

Step 1

Review data cleansing training videos and resources

Step 2

Archiving patients

Step 3

Setting up software preferences for clinicians

Step 4

Cleaning up uncoded diagnosis

Step 5

Accurate recording of demographic and lifestyle risk factors

Finishing point

Sustainability check list

Recording your improvement for this activity

It is recommended to review each improvement step and select what may be appropriate for your general practice to consider undertaking and test using Plan Do Study Act (PDSA) cycles to make sustainable changes and record key learnings for your practice team. Use the following template to record your activities.



PDSA Example: Data Cleansing PDSA Example Template

Where to get help?

EMPHN general practice improvement & digital enablement: digitalhealth@emphn.org.au

EMPHN practice support: practicesupport@emphn.org.au

HealthPathways Melbourne: info@healthpathwaysmelbourne.org.au

Starting point:

Identify your QI team and QI activity communication processes

Identify your change team	<ul style="list-style-type: none"> Identify the lead and practice team members to drive quality improvement work Assign roles and responsibilities according to staff skill, interest and position. Allocate protected time for the QI team to perform required tasks e.g. 1hr per week in calendar. Plan frequency of meetings for QI team. Provide access to project files and related policy and procedures
Communication with the practice team	<ul style="list-style-type: none"> Identify who will need to be kept informed. Identify the method(s) that will be used to inform and update all staff of any changes as a result of the QI activity e.g. staff/Clinical/Admin/Nurse meetings, email, noticeboard, group chat. Ensure all staff are advised of the chosen communication(s) method. Provide monthly updates to all staff of ongoing changes e.g. add QI to staff/Clinical/Admin/Nurse meetings. Allow staff to contribute ideas and provide opportunities for staff feedback. Distribute minutes/action points following any meetings held and ensure staff are aware of any follow-up needed.

Step 1: Review data cleansing training videos and resources

Learn the essential steps on data cleansing by watching our specialised EMPHN webinars:

- EMPHN Introduction to data quality video (7.59min length):
<https://vimeo.com/307398482/1421c5e4b4>
- EMPHN Quality Improvement Activity Webinar – Data Cleansing (5.04min length):
<https://www.youtube.com/watch?v=VSt9tWussWM>

Key resources	Details
RACGP: Improving health record quality in general practice	Resource: https://www.racgp.org.au/running-a-practice/practice-resources/general-practice-guides/improving-health-record-quality/introduction
RACGP: High-Quality Health Records	Education toolkit: https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/education-toolkits/high-quality-health-records/the-purpose-of-this-resource

Did you know?

Undertaking data cleansing activities will assist your practice with meeting:

- PIP QI activity requirements [Practice Incentives Program Quality Improvement Incentive – Guidance | Australian Government Department of Health and Aged Care](#)
- [RACGP Standards for general practices 5th edition](#)
- PIP eHealth incentive (ePIP): [Requirement 3](#)
- Australian Commission on Safety and Quality in Healthcare [Healthcare records, Action 1.16](#)

Step 2: Archiving patients

The aim of this activity is to archive inactive patients to create an accurate and up to date clinical system of active patients.



Tracking your improvement for this activity

List the number of active patients you have in your database. Record your baseline and end of activity active patient numbers here.

Data report to use	Walkthrough: Active Patients Refer to Appendix 3
Baseline Measurement:	End of activity Measurement:
<i>Active patient count:</i>	<i>Active patient count:</i>
<i>Date:</i>	<i>Date:</i>

Tasks to complete this activity:

Review your policy and procedure for deactivating past patients (non-attending and deceased) to ensure it is appropriate and being used routinely.

It is good practice to inactivate patients regularly (the inactivation timeframe they haven't been seen for is a clinical decision, but commonly it can be 2 or 3 years). Commonly this task is done 3-6 monthly by the Practice Manager or Practice Nurse. It should go into their calendar and their job description, so if there is staff turnover, it gets handed on to the new staff member and it is not forgotten. Remind reception staff to always check "all patients" when they are looking for patients.

You may consider archiving or inactivating patients one-by-one who do not fit within the practice's active patient definition. This may include:

- Archiving deceased patients.
- Merging duplicate patients.
- Archiving patients with a postcode not relevant to your areas/state.
- Archiving patients that have moved away or no longer attend the clinic.
- Archiving patients that have never attended the clinic e.g. those patients that have registered for an appointment but have never turned up (e.g. online bookings).

Key resources	Details
Steps to inactivate patients in clinical software	Best Practice Bulk inactivating patients Refer to Appendix 1 Medical Director Bulk inactivating patients Refer to Appendix 2



Activity Check in

Did you complete this activity? If yes, document your completed activity using the PDSA template

Step 3: Setting up software preferences for clinicians

The aim of this activity is to create accurate and up to date patient records by adding only relevant items that are recorded in the patient’s past history, and items are made inactive when no longer relevant.



Tracking your improvement for this activity

Note: you cannot track data on this activity

Tasks to complete this activity:

Ensure all clinical users have user options set up in the Clinical Information System to assist with maintaining data quality to only enter chronic conditions and significant events in ‘Past Medical History’.

To implement clinical user options, consider the following tasks to complete this activity:

- Meet with all clinicians and discuss changing any preferences in the software (if applicable) and how to manage keeping Past History lists up to date and relevant.
- Change the default option of when adding Reason for visit and Reason for Prescription so it does not automatically add every detail to Past History (Note this needs to be performed for each user)

Key resources	Details
Configuring user options in clinical software	Best Practice - Configuring user options to help maintain data quality. Refer to Appendix 4 Medical Director Configuring user options to help maintain data quality. Refer to Appendix 5



Activity Check in

Did you complete this activity? If yes, document your completed activity using the PDSA template

Step 4: Cleaning up uncoded diagnosis – Activity for clinical staff

The aim of this activity is to improve the coding of diagnoses (reduce/eliminate free text diagnoses) in your clinical information system.



Tracking your improvement for this activity

List the number of uncoded diagnosis in your database. Record your baseline and end of activity number of uncoded diagnosis in your database here.

Data report to use	Walkthrough: Recording of uncoded diagnosis Refer to Appendix 8
Baseline Measurement:	End of activity Measurement:
<i>Uncoded diagnosis count:</i>	<i>Uncoded diagnosis count:</i>
<i>Date:</i>	<i>Date:</i>

Tasks to complete this activity:

To clean up uncoded diagnosis and replace with coded diagnosis, consider the following tasks to complete this activity:

- Discuss the implementation at a practice meeting to ensure you tackle this as a practice.
- Encourage your Clinicians to use the coded lists whenever possible and to use the notes feature to add additional notes as needed.
- Develop a no free text diagnosis policy.

Key resources	Details
Clean up un-coded Past History items	Best Practice Clean up un-coded Past History items Refer to Appendix 6 Medical Director Clean up un-coded Past History Refer to Appendix 7



Activity Check in

Did you complete this activity? If yes, document your completed activity using the PDSA template

Step 5: Accurate Recording of Demographic Data and Lifestyle Risk Factors

The aim of this activity is to increase accurate recording of demographic data and lifestyle risk factors for active patients.



Tracking your improvement for this activity

List the number of recorded demographic and risk factor data in your database. Record your baseline and end of activity numbers in your database here.

Data report to use	Walkthrough: Recording of demographic and risk factor data Refer to Appendix 9
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<i>Baseline Measurement:</i>	<i>Baseline Percentage %</i>	<i>End of Activity Percentage %</i>
% recorded RACGP Active patients Aboriginal and Torres Strait Islander status		
% recorded RACGP Active patients Allergy status		
% recorded RACGP Active patients BMI status		
% recorded RACGP Active patients Ethnicity status		
% recorded RACGP Active patients Alcohol status		
% recorded RACGP Active patients Family History status		
	Date:	Date:

Tasks to complete this activity:

Incorporate use of Walrus notification tool to identify active patients that require an update to recording of demographic data and lifestyle risk factors.

Installation or Walrus Notification tool to assist with opportunistic data cleansing activities.

- Install Walrus Notification tool on each computer used by the clinical team
Video: [How to set up and use Walrus](#)
Walkthrough: [Installing Walrus on your practice](#)
- Provide training for clinical teams on how to use Walrus to prompt to update missing information using the 'clipboard' icon
Video: [Walrus introduction](#)
Walrus demonstration video - Length 3.02minutes.
- Clinical team to use Walrus notification tool to opportunistically update missing demographic data at point of care.



Activity Check in

Did you complete this activity? If yes, document your completed activity using the PDSA template

Finishing point: Sustainability check list – maintaining the change

Document	<ul style="list-style-type: none"> • Have you recorded your completed activities? • Resource: PDSA Template
Action	<ul style="list-style-type: none"> • Adopt: excellent work, embed that change. • Adapt: determine if a change is needed to the plan and start a new PDSA. • Abandon: Rethink the next PDSA • Lessons can be learned from PDSAs that are abandoned. Keep a record of learnings.
Sustaining project outcomes	<p>Consider which practice documentation may need to be updated to include the change:</p> <ul style="list-style-type: none"> • Updates to Policy and Procedure manual. • Specific task procedures. • Local signs or instructions. • Staff work practices. • Position descriptions. • Staff induction. • Staff skills development or education.
Communicate	<ul style="list-style-type: none"> • QI project outcome feedback to staff. • Present project strengths and challenges.
Celebrate	<ul style="list-style-type: none"> • Celebrate your outcomes and achievements by sharing a with a morning tea with your team.
Reflect and review	<ul style="list-style-type: none"> • Discuss project strengths and challenges. • Annually review the PDSA outcomes to ensure activities are still being adhered to and completed • Annually review your topic specific activity results. Identify gaps, areas for improvement and set new activity targets if applicable. • Where to next on your continuous QI journey? • Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective

Appendix 1: Best Practice - Bulk Inactivating Patients

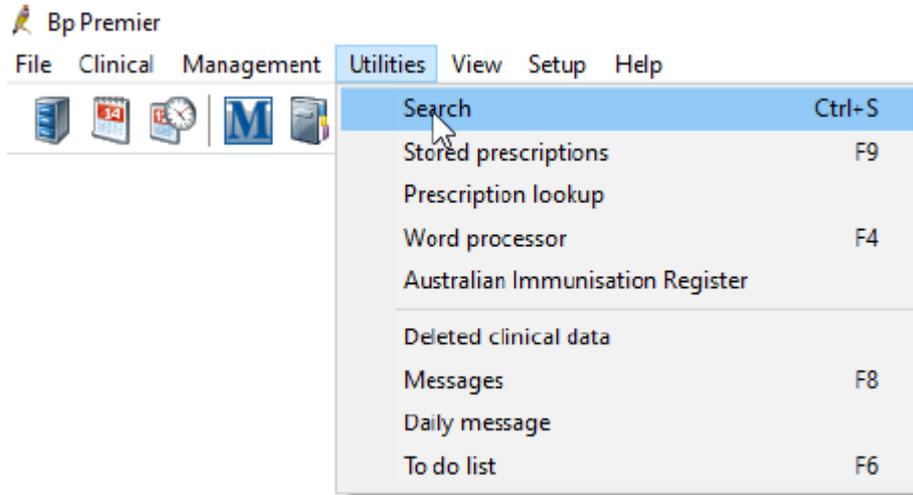
Step 1

Back up your current data before running this utility

Note before starting

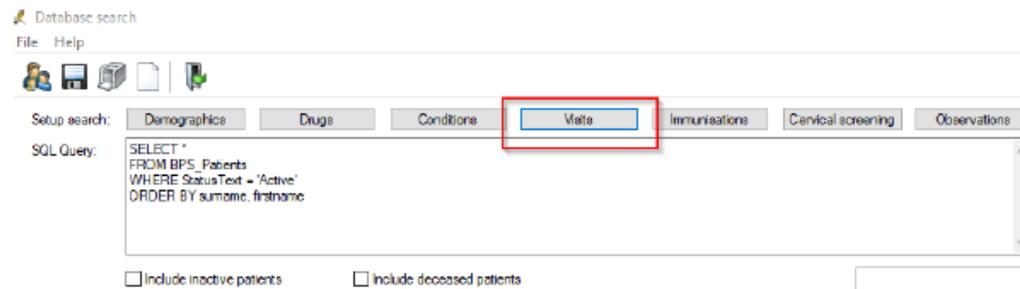
Step 2

From the main screen (not within a patient record), select **Utilities>Search**



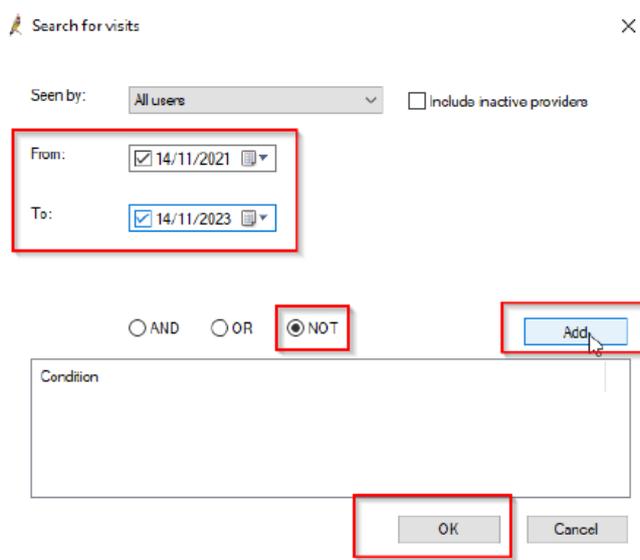
Step 3

Select Visits



Step 4

Select **Seen by (all users)**. Select dates **from** and **To**. Tick **“NOT”**. Click **Add >Ok**



Step 5

Select Run query

The screenshot shows a software window with a menu bar (File, Help) and a toolbar. Below the toolbar are tabs for 'Demographics', 'Drugs', 'Conditions', 'Visits', 'Immunisations', 'Cervical screening', 'Observations', and 'Family/Social'. The 'Visits' tab is selected. A text area contains an SQL query: `SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND NOT InternalID IN (SELECT InternalID FROM Visits WHERE VisitDate >= '20211114' AND VisitDate <= '20231114' AND RecordStatus = 1) ORDER BY surname, firstname`. Below the text area are checkboxes for 'Include inactive patients' and 'Include deceased patients'. On the right side, there is a vertical menu with buttons: 'Run query' (highlighted with a red box), 'Load query', 'Save query', and 'New query'.

Step 6

Use the Shift key to highlight all the patient records then go to File>Mark as Inactive

The screenshot shows the same software window as in Step 5, but with the 'File' menu open. The 'Mark as inactive' option is highlighted with a red box. The main window shows a list of 30 matching records with columns: Name, Address, D.O.B., Age, Medicare No., Medicare expiry, File No., Home phone, Work phone, and Mobile. The records are displayed in a table format.

Name	Address	D.O.B.	Age	Medicare No.	Medicare expiry	File No.	Home phone	Work phone	Mobile
Abbott, Benjamin James	12 John St. Albany Creek, 4035	26/01/2003	20 yrs	4133180467-3	31/12/2007	103	07 50905050		
Abbott, Madeline Jane	12 John St. Albany Creek, 4035	14/02/1978	45 yrs	4133180467-2	31/12/2007	102	07 50905050		09789751131
Ackerman, Ashley Francis	71 Blairinger Road, Wilwong, 4110	10/07/1980	43 yrs	4133178947-1	31/10/2006	7893	07 78845787		087543154564
Ackermann, Mateo Nicolas	71 Blairinger Road, Wilwong, 4110	05/02/1991	42 yrs	4133178947-2	31/10/2006	7894	07 78845787		097897502531
Adams, Tola Rosemarie	35 Yarrabee Road, Landsborough, 4550	20/12/1928	94 yrs	4133180466-1	31/01/2005	245	07 24856387		
Ahew, Jason Patrick	17 Seymour Ave, Berleigh, 3204	31/05/1977	46 yrs	3900158284-3	31/03/2007	967	03 49788795		
Ahew, Rhonda Joan	17 Seymour Ave, Berleigh, 3204	05/05/1938	85 yrs	3900158284-2	30/05/2008	966	03 49788795		
Airds, Alfred Charles	Lazy Lakes Nursing Home, 4 King St, Launceston, 724	24/01/1908	115 yrs	590064971-1	31/07/2007	781	03 96781810		
Airndt, David Charles	481 Spence St, Oakley, 4075	19/02/1933	93 yrs	4133180466-1	30/11/2006	9781	07 48729254		
Airnds, Oswald Elizabeth	481 Spence St, Oakley, 4075	16/02/1933	90 yrs	4133180466-2	30/11/2006	9782	07 48729254		
Allen, David Charles	22 Star Street, Fremantle, 6160	05/10/1960	63 yrs	2234567891-1	30/05/2004	6748	08 99905050	0645673412	08523135542
Allen, Fay Ellen	8 Gray St, Fremantle, 6160	12/07/1940	83 yrs	2234567891-1	30/05/2005	3346	08 99905050		
Allen, Janette	22 Star Street, Fremantle, 6160	24/01/1965	59 yrs	2234567891-1	30/05/2004	6750	08 99905050	1306999787	097951238
Allen, Jessica Catherine	22 Star Street, Fremantle, 6160	03/01/1992	31 yrs	2234567891-4	30/08/2004	6781	08 99905050		
Allen, Kenneth	8 Gray St, Fremantle, 6160	10/05/1928	95 yrs	2234567891-1	30/05/2005	3345	08 99905050		
Allen, Michael Owen	22 Star Street, Fremantle, 6160	15/03/1988	35 yrs	2234567891-3	30/05/2004	6752	08 99905050		
Amos, Tapan	1/239 Roda Road, Chomakilla, 4032	11/04/1984	39 yrs	3900158361-1	31/10/2005	154	07 53798496	0789431238	040906030621
Barrett, Frances Ann	22 Gregory Street, Wilmam, 4174	15/09/1972	51 yrs	2294247001-1	31/04/2006	374481	4567 3948	057841554	0971231142
Bethelmeier, Raymond	354 Main Road, Bridgman Downs, 4039	27/11/1928	94 yrs	4133180466-1	31/01/2006	789465	07 82578666		
Bhappu, Pooja	89 Gaven Street, Rutherford, 2320	24/01/1926	97 yrs	2294247001-1	31/12/2004	789464	02 42658795		
Byard, Leonard	32 Lonsay Lane, Bankstown, 2200	05/05/1956	67 yrs	2294260071-1	30/05/2006	68684	02 70005050	0278801919	
Castello, Kathleen	35 Reed Street, Bendigo, 3552	03/11/1962	61 yrs	3900158281-2	31/10/2005	789462	03 12345678		
Castello, Terence	35 Reed Street, Bendigo, 3552	28/10/1961	63 yrs	3900158281-1	///	///	03 12345678		
Jones, Anita	123 East St, Newcastle, 2300	12/05/1982	41 yrs	///	///	///	03 88885625		
Jones, Catherine	5/173 Queen Street, Bendigo, 3552	10/10/1959	62 yrs	4133180457-2	///	///	03 88885625		
Jones, Debra Ann	5/173 Queen Street, Bendigo, 3552	12/10/1959	65 yrs	4133180457-1	///	///	03 88885625		
Jones, Walter	2 Odham Road, Kenmore, 4069	02/02/1936	87 yrs	3900158282-1	///	///	07 34894564		
Marshall, Elizabeth Jean	10 Albert St, St Pater, 3969	02/11/1948	75 yrs	690016902-2	///	///	08 99905050		
Marshall, Sandra	450 Richard St, Kings Cross, 2011	12/02/1972	51 yrs	590064971-1	///	///	02 99905050	02 99906178	
Moore, Mandy	58 Bridge Road, Noosa Heads, 4556	11/04/1966	57 yrs	4122401287-1	///	///	07 46899341313		

Appendix 2: Medical Director - Bulk Inactivating Patients

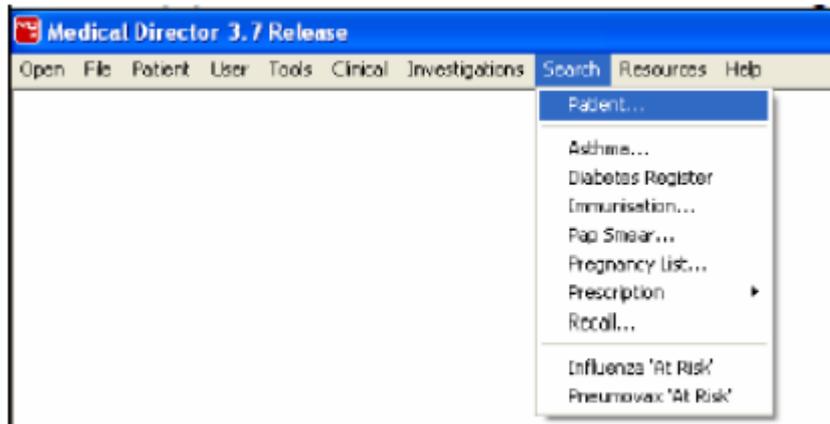
Step 1

Note before starting

Back up your current data before running this utility

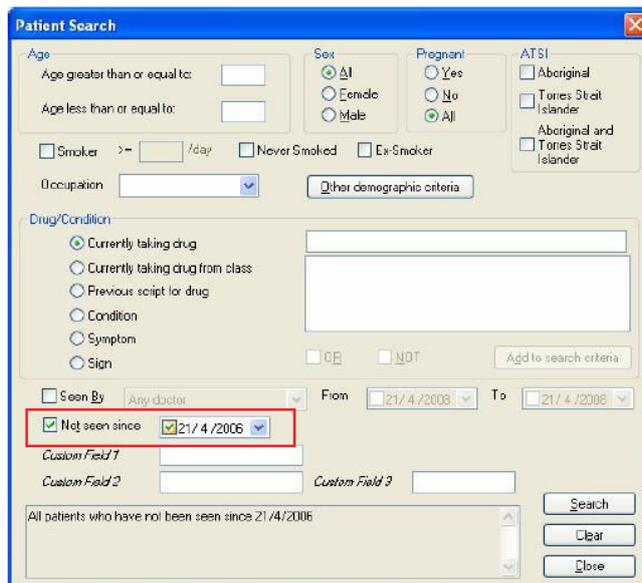
Step 2

From the main screen (not within a patient record), select **Search> Patients**



Step 3

In the Patient Search window, tick **Not seen since**, enter the relevant time period then click on **Search**



Patient Search

Age greater than or equal to: Age less than or equal to:

Sex: All Female Male

Pregnant: Yes No All

ATSI: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Smoker >= /day Never Smoked Ex-Smoker

Occupation:

Drug/Condition:

 Currently taking drug

 Currently taking drug from class

 Previous script for drug

 Condition

 Symptom

 Sign

Seen By: Any doctor From: 21/4/2006 To: 21/4/2006

Not seen since 21/4/2006

Custom Field 1: Custom Field 2: Custom Field 3:

All patients who have not been seen since 21/4/2006

Step 4

The patient list will appear. Select inactive patients to deactivate all patients

Surname	First name	Address	D.O.B.	Sex	Phone	Bus. Phone	Medicare No.	Personal No.	Chg
Andrews	Salv	21 DEET ST. BULL LIND 3122	12/05/1990	F	0102 2185				
Andrews	Norman J.	368 ST. ST. KILMA 3107	02/05/1986	M	0182 5634		1284724171	01128221	3648
Andrews	Jerrisa S.	2 KENNEDY RD. DEMO TOWN 4523	20/01/1970	F	91 234967	02 234 1254	350125511		107
Andrews	Julie	5 JEFFERSON ST. PARKVILLE 3056	03/01/1956	F	234 6785	234 6789	350122521		3452
Andrews	Maureen	368 ST. ST. KILMA 3107	23/05/1927	F	0182 5634		1284724171	501 368 9024HL	3456
Basch	Bass	00 BALMORAL DR. BALMORAL VIC.	21/11/1982	M					
Chauhill	Coline	450 CENTENAL AVE. CARFARVON 8701	12/04/1948	F					
Connolly	Corne	54 CAMBERWELL BLVD. CRAIGIE 9205	05/07/1965	F					
Connolly	George	43 MAIN ST. ADELAIDE 5070	02/07/1922	M	234 6789	234 8006	1284724441	01121 011	112
Dusk	Donald	12 DISNEY STREET. DISNEYLAND		M					
Dunning	Deyl	327 DARLING HURST BLVD. DANDARA.	05/05/1965	M					
Dwyer	Elaine	304 EDWARD ST. EMBLETON 3082	17/11/1923	F					
Dwyer	Elaine	415 EZZERAL CLOSE. EZZERAL 3719	01/11/1962	F					
Foster	Frances	44 FORREST PLACE. FORRESTFIELD	14/05/1921	M					
Foster	Francis	44 FORREST PLACE. FORRESTFIELD	06/04/1927	F					
Flampton	Frank	80 FLIGHT ST. FALCON 6210	03/07/1936	M					
Flathurst	Ritz	75 FALLINGHAY. FORRESTFIELD 611	15/01/1944	M					
Fleet	Frances	1150 FREEMAN RD. FORRESTDALE 51...	15/05/1922	F					
Flonberg	Roger	1444 FORREST ST. FOREST 6014	19/03/1972	M					
Folton	Hanna	10 ARLINGTON ROAD. HARVEY 8220	29/04/1945	F					
Fraser	Janie	215 LANE BAY ROAD. HULKA 3029	02/05/1927	F					
James	Jane	29 JARVIS COURT. JANE BROOK 4096	29/11/1969	F					
Jardenski	Julie Ann	556 JUNIPER WAY. JERRAMUNGUP 5...	25/04/1960	F					
Jarke	Jelena	312 STERLING ST. SHARK BAY 4537	31/01/1979	F					
Jarline	Jean-Paul	44 JACARANDA DRIVE. JANDARUP 4036	27/11/1946	M					
Jellician	Julie	10 JERVIS WAY ROAD. JOLIMONT 6014	23/03/1904	F					
Jennings	Jones	2 JONAS WAY. JERRAMUNGUP 5337	30/05/1966	M					
Janson	Joseph	1 JAMES ST. JANDARUP 4036	03/01/1871	M					
Jarosh	Josephine	24 JIMBLEE RD. JOLIMONT 6014	24/05/1978	F					
Jarshon	Jennie	1345 JOURNAL DRIVE. JONCALU...	14/04/1962	F					
James	Joan	33 JUMP BOWERS CLOSE. JANDARUP	11/12/1940	F					
Lalje	Olle	EASY STREET. HOME TOWN 4444		M			350125511		
Mingus	Nylie	193 BLUFF ROAD. BENTLEY 5102	30/03/1966	F					
Mingus	Michael	193 BLUFF ROAD. BENTLEY 5102	04/07/1938	M					
Mingus	Rodney	193 BLUFF ROAD. BENTLEY 5102	19/03/1960	M					
Mingus	Denise	193 BLUFF ROAD. BENTLEY 5102	04/01/1950	F					

Step 5

Note final pop up screen

Before completing bulk inactivation, review final pop up screen to ensure you are happy to proceed with action.

Appendix 3: Walkthrough – Active Patients

Step 1

Open POLAR and Select Clinic Summary Report from Reports

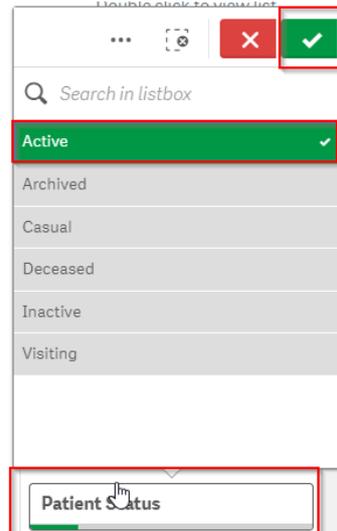


Clinic Summary

Clinic Summary report including CLINICAL INDICATORS

Step 2

Using the filters down the left select patient status then Active and confirm the selection
The Patient Count is your baseline data.
Repeat 48 hours after you have made patients inactive via the instructions this is your new number of active patients.



Appendix 4: Best Practice - Configuring user options to help maintain data quality



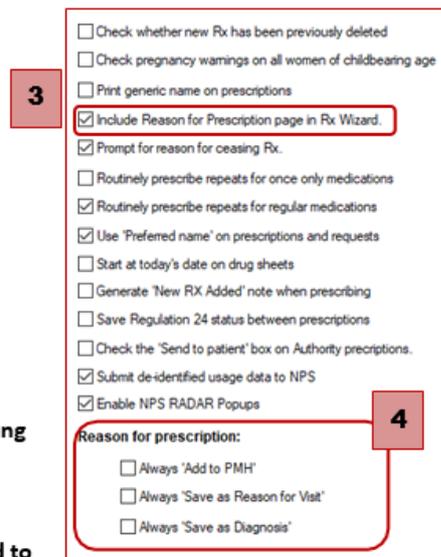
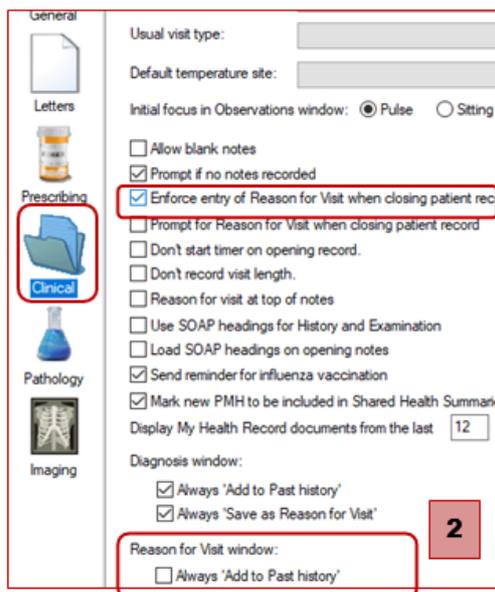
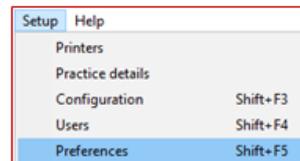
Summary Sheet

Individual users can change their default setting 'preferences' in Bp Premier to assist with data collection & quality.

Change default option to mandate an entry of 'Reason for Visit' that does not automatically add to 'Past History':

1. From the **main screen** select the **Setup** menu
2. Select **Preferences** from the drop-down list.
3. Select **Clinical** from the icons on the left
4. Tick '**Enforce entry of Reason for Visit when closing patient record**'
5. Under 'Reason for Visit window:' **untick 'Always Add to Past History'** & **Save**.

(NB. If reason for visit is a new diagnosis it will need to be added to the Past History list).



Entering Reason for Prescription

1. From within Setup>Preferences select the **Prescribing icon**.
2. Tick '**Include Reason for Prescription page in Rx Wizard**'.
3. Under 'Reason for prescription' **untick 'Always Add to PMH'**

Appendix 5: Medical Director - Configuring user options to help maintain data quality

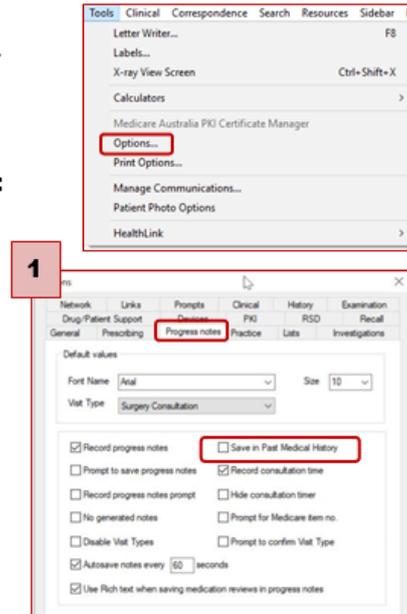


Summary Sheet

Individual users can change their default settings 'Options' in MedicalDirector Clinical to assist with data collection & quality.

Changing default option so that 'Reason for Contact' does not automatically add to 'Past Medical History':

1. From the **main screen** (not from within a patient record), select the **Tools** menu
2. Select **Options** from the drop-down list.
3. Select the **Progress Notes** tab.
4. Untick **'Save in Past Medical History'** & **Save**.
(NB. If reason for contact is a new diagnosis it will need to be added to the Past History list).

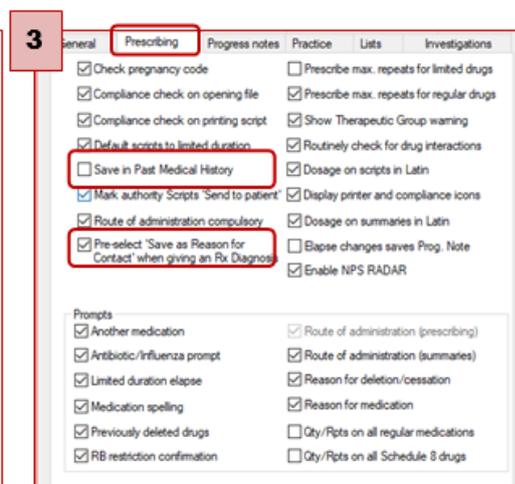
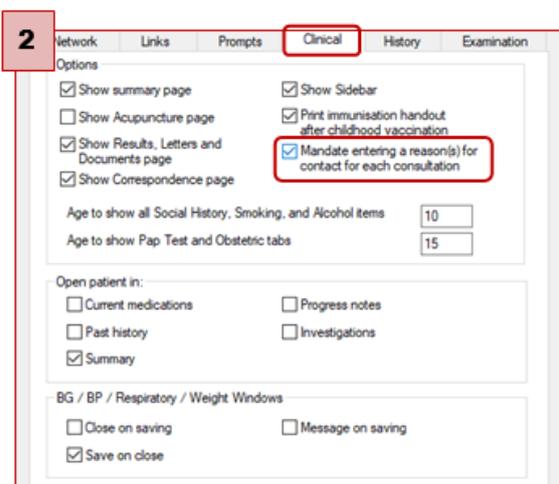


Mandating 'Reason for Contact' & 'Reason for Medication':

Mandating 'reason for contact' & 'reason for medication' means a prompt will appear when the patient record is closed if this information has not yet been entered.

1. Select **Tools > Options > Clinical** tab
2. Tick **'Mandate entering a reason(s).....'**

1. Select **Tools > Options**
2. **Prescribing** tab > Tick **'Reason for medication'**
3. **Prescribing** tab > untick **'Save in PMH'**



Appendix 6: Best Practice – Clean up un-coded Past History items

Step 1

Open BP Utilities (note this is not the main BP APP)

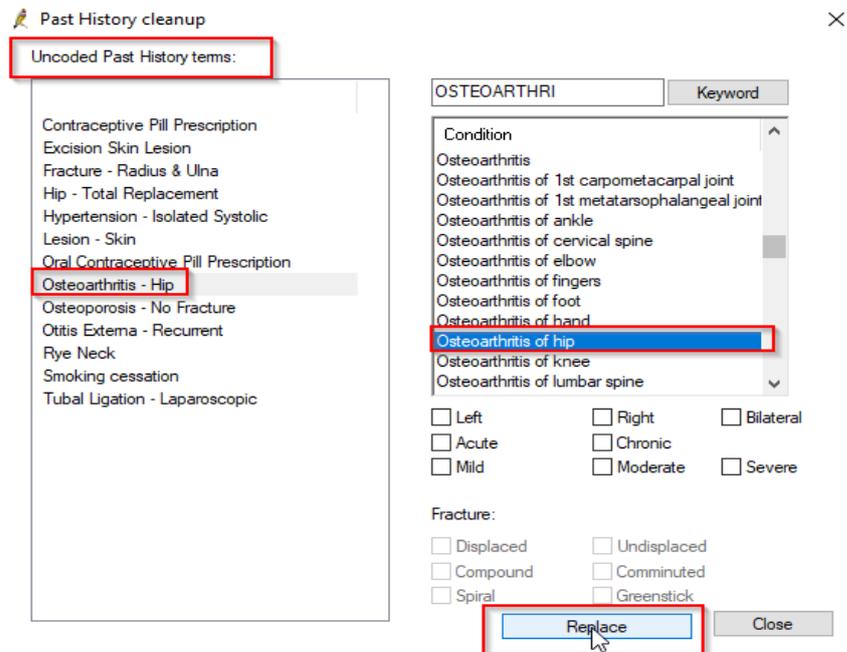


Step 2

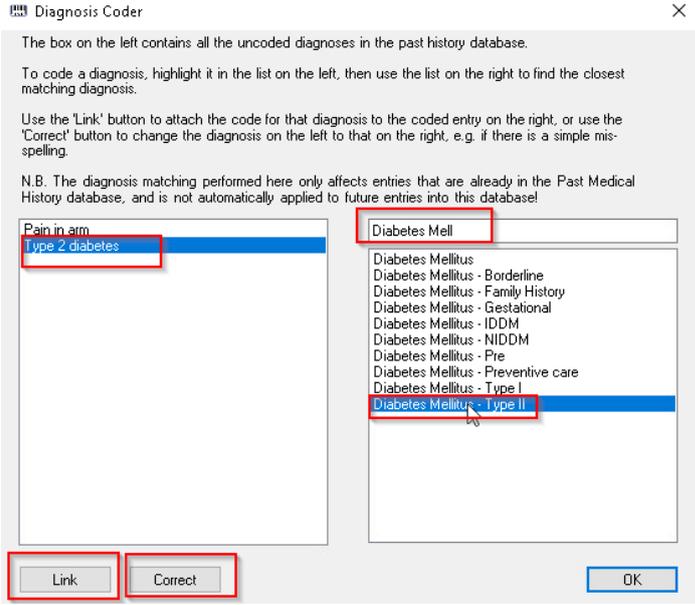
Login and select Cleanup history

The Un-coded Past History Items list shows all past history entries entered into the database, from a conversion or free text. The Conditions list is the list of coded conditions entered into Best Practice.

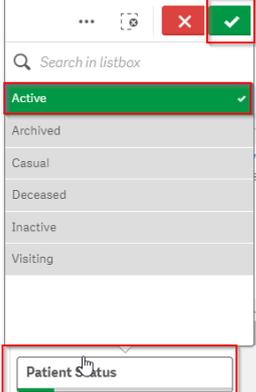
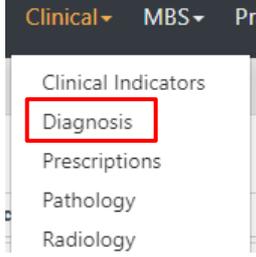
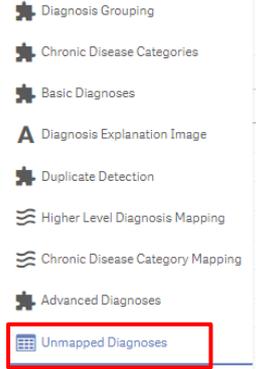
From here you can replace the uncoded items with coded items.



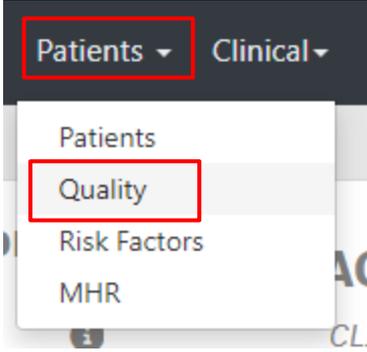
Appendix 7: Medical Director – Clean up un-coded Past History items

<p>Step 1</p> <p>Open Medical director Maintenance APP</p>	
<p>Step 2</p> <p>Select Database Tasks>Medical Director Clinical>Diagnosis Coder</p>	
<p>Step 3</p> <p>The left box has the uncoded diagnoses in the Past Medical History to code highlight the diagnosis in the left column and use the list on the right to find the matching diagnosis and link or use the correct button to correct.</p>	 <p>The box on the left contains all the uncoded diagnoses in the past history database.</p> <p>To code a diagnosis, highlight it in the list on the left, then use the list on the right to find the closest matching diagnosis.</p> <p>Use the 'Link' button to attach the code for that diagnosis to the coded entry on the right, or use the 'Correct' button to change the diagnosis on the left to that on the right, e.g. if there is a simple misspelling.</p> <p>N.B. The diagnosis matching performed here only affects entries that are already in the Past Medical History database, and is not automatically applied to future entries into this database!</p>

Appendix 8: Walkthrough – Recording Uncoded Diagnosis

<p>Step 1</p> <p>Open POLAR and Select Clinic Summary Report from Reports</p>	 <p>Clinic Summary Clinic Summary report including CLINICAL INDICATORS</p>				
<p>Step 2</p> <p>Using the filters down the left select patient status then Active and confirm the selection</p>	 <p>Double click to remove</p> <p>Search in listbox</p> <ul style="list-style-type: none"> Active ✓ Archived Casual Deceased Inactive Visiting <p>Patient Status</p>				
<p>Step 3</p> <p>Select Clinical then Diagnosis</p>	 <p>Clinical MBS Pra</p> <ul style="list-style-type: none"> Clinical Indicators Diagnosis Prescriptions Pathology Radiology 				
<p>Step 4</p> <p>Select Unmapped Diagnosis</p>	 <ul style="list-style-type: none"> Diagnosis Grouping Chronic Disease Categories Basic Diagnoses Diagnosis Explanation Image Duplicate Detection Higher Level Diagnosis Mapping Chronic Disease Category Mapping Advanced Diagnoses Unmapped Diagnoses 				
<p>Step 5</p> <p>Total of Unmapped diagnosis provides your baseline</p>	 <p>Unmapped Diagnoses</p> <table border="1"> <thead> <tr> <th>Diagnosis</th> <th>No. of Diagnoses</th> </tr> </thead> <tbody> <tr> <td>Totals</td> <td>11416</td> </tr> </tbody> </table>	Diagnosis	No. of Diagnoses	Totals	11416
Diagnosis	No. of Diagnoses				
Totals	11416				

Appendix 9: Walkthrough – Recording demographic data and lifestyle risk factors

<p>Step 1 Open POLAR and Select Clinic Summary Report from Reports</p>	 <p>Clinic Summary Clinic Summary report including CLINICAL INDICATORS</p>
<p>Step 2 Select Patients then Quality</p>	
<p>Step 3 Select RACGP Accreditation Standards and ensure box is ticked green to provide demographic and risk factor data for Active patients</p>	
<p>Step 4 Percentage recorded for each demographic data and risk factor graph is now available</p>	<p>e.g.</p>  <p>Alcohol* 59.40% recorded / Minimum RACGP Standard of 75%</p> <p>Click measure to select missing patients</p>