

How can DRINFO help enhance the data quality of our practice database?

DRINFO helps you make sure that data is entered in the correct place in your PMS, where you will get recognition for the work your practice team has done. DRINFO provides a cross check for you to:

- Cross check medications prescribed against READ codes in classifications (e.g.: helping you to correctly code for patients with a long term chronic condition, such as diabetes or ischaemic heart disease)
- Cross check that inbox results such as a cervical smear or mammogram have all been entered onto screening and that they have a recall set.

Who in the practice uses DRINFO?

DRINFO is used by the whole practice team.

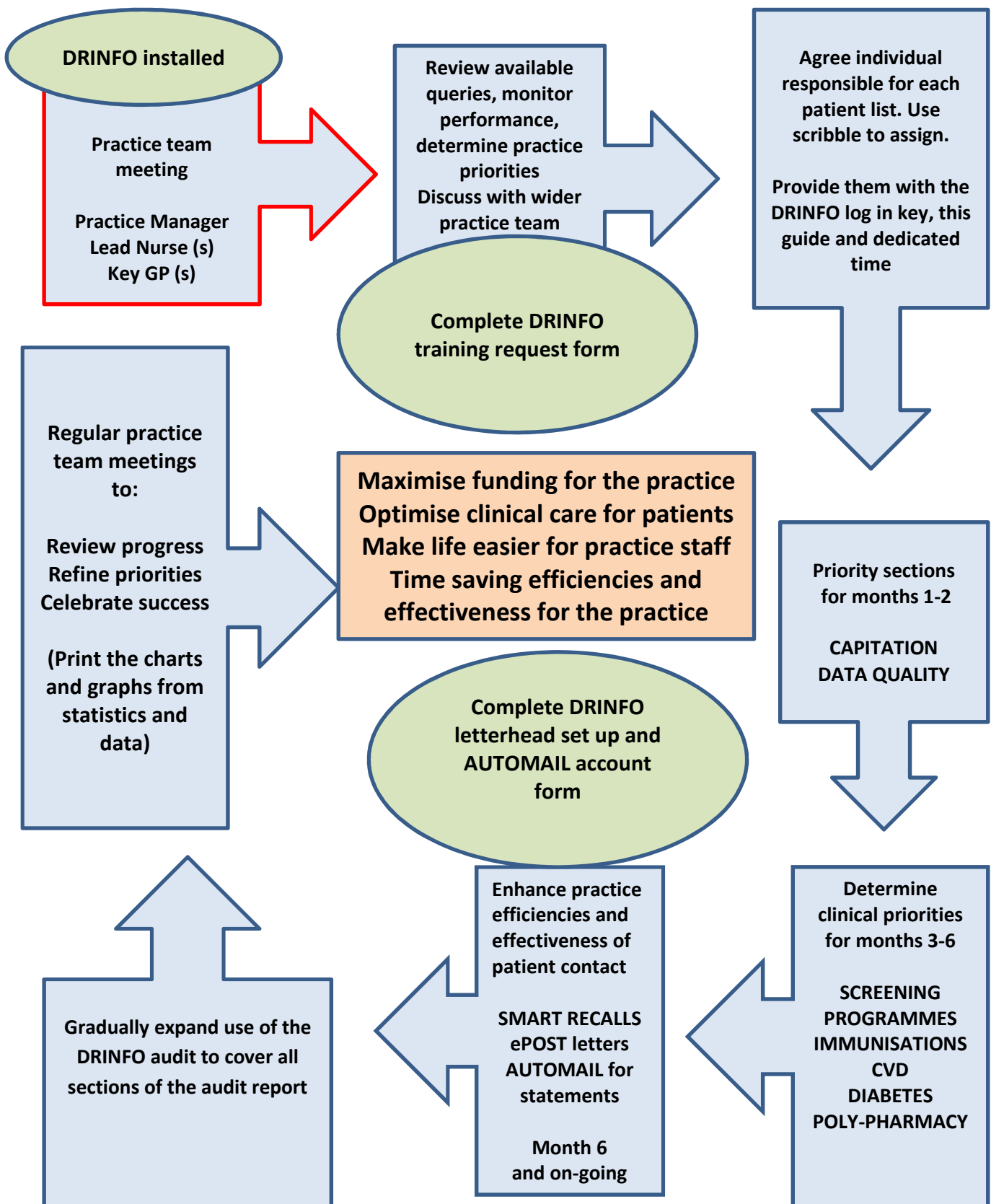
Section of the DRINFO audit report	Used by
CAPITATION	Practice Manager & Admin/Reception team
PROGRAMMES	Nurses
SCREENING	Nurses
FLU VACCINE	Nurses
(CHILDHOOD) IMMUNISATIONS	Nurses
DATA QUALITY	Doctors & Nurses
CLINICAL CVD	Doctors (& Nurses)
CLINICAL DIABETES	Doctors (& Nurses)
POLY-PHARMACY	Doctors & Clinical Pharmacists

Tips for success – sharing what works well

DRINFO was launched in 2007 and is now installed in over half of the practices in New Zealand. Experiences from these practices have enabled us to identify what works well and share these tips for success:

- Engage with your PHO business facilitator and clinical facilitator – they can support you and assist you to maximise specific PHO funded programmes (use the *filters* in the patient lists to prioritise target populations)
- Assign responsibility for specific audit queries to individual team members so they can take leadership for that area (use *scribble* to communicate with rest of practice team who is responsible for which patient lists)
- Dedicate ring-fenced time for DRINFO each week. We realise this can be a challenge but time invested each week to review and ‘action’ patient lists, but it makes patient contacts and consultation visits more effective by enabling several areas to be addressed at once
- Hold regular practice team meetings to review priorities, monitor progress and celebrate success (print the ‘view all’ version of the *charts and graphs* – display in your staff lunch room, present at practice meetings)
- Months 1-2 focus on fine tuning your database to ensure it is up-to-date and accurate (use the *capitation* and *data quality* sections)
- Month 3-6 onwards, define clear practice clinical priorities for using the audit and build into practice processes. Start with a few clinical priorities and expand later.
- Months 6 onwards, start to incorporate SMART RECALLS to make patient contact more efficient and effective. NB: This is likely to require some change management the practice team. DRINFO will be pleased to assist you in that process if you require
- On-going: Gradually expand the practice team use of the audit to cover all queries.
- If something does not look right, or you need help, please do contact the DRINFO team – we are here to help you get the most out of your DRINFO audit tool

A successful practice team approach



Practice priorities for the first 1-2 months

The first priorities are to make sure your practice database is as accurate and up-to-date as it can be. This is done by reviewing the patient lists in **CAPITATION** and **DATA QUALITY**.

Practice team priorities - months 1-2 (then monthly review):

GOAL: Ensure PMS database is as accurate and up-to-date possible and that information is entered in the correct place for the practice to get recognition for the work done

RECEPTION/ADMIN TEAM:

CAPITATION (page 1) – Patient register is accurate and up-to-date, no missing data

CAPITATION (page 2) – Patients who visit your practice regularly are ENROLLED (capitation \$)

NURSES:

DATA QUALITY (page 1) – Clinical data is accurately recorded in the right place and up-to-date: screening results, recalls, smoking status recorded

DOCTORS:

DATA QUALITY (page 2) – Patients are accurately READ coded in classifications: Ischaemic heart disease, diabetes

There may be quite a bit of data clean up in the first couple of months. These audit queries will help you refine your internal practice systems and processes and make sure everyone is aware of where to record data. The data quality lists act as an on-going 'safety net' to identify anyone who has fallen through the gaps in the system.

Practice priorities for months 3-6

Once the patient register and clinical data is accurate and up-to-date, it is really up to the practice team to determine which sections to review next. Most practices quickly move to **SCREENING** and **PROGRAMMES** as the next priorities, followed by **IMMUNISATIONS** and clinical management of **CVD** and **DIABETES**

Practice team priorities – From months 3-6 (then monthly review):

GOAL: Determine which clinical areas are the highest priorities and assign responsibilities of who will review the patient lists and action them each month.

NURSES:

SCREENING: Mammograms, Cervical smears, CVD risk assessment, smoking status

PROGRAMMES: Diabetes annual review, Care Plus etc.

IMMUNISATIONS (CHILDHOOD): Find your children up to 2 years who are missing any immunisations, also find children missing certain antigens such as MMR



FLU VACCINE (March-July): Find all your over 65 year olds, 15-64 year olds who may be eligible for funded vaccine, pregnant women, children potentially eligible for funded flu vaccine

DOCTORS:

CVD Management: Review patient's management compared with national guidelines

DIABETES Management: Review patient's management compared with national guidelines

Poly-Pharmacy: Review patient on 5 or more drug groups, for drug interactions etc.

<p>Inaccurate?</p> 	<p>Report a problem</p> <p>If any of the patient lists do not look correct, it is important that you let us know so we can help you to work out why and find a solution.</p>
<p>Questions?</p> 	<p>Keep a note</p> <p>Keep a note of any questions you have so we can go through these in your practice training & facilitation session</p>

Practice priorities from month 6 and then on-going

Once your practice database is as clean and tidy as possible and your team are confident that DRINFO is accurately identifying patients who require review, the priority is to streamline your system for patient contact and consider making it more effective and efficient by using the mailing technologies which DRINFO offers.

SMART RECALLS™

ePost™

AUTOMAIL™ printer for statements

Practice team priorities - month 6 and then on-going monthly review

GOAL: Help your practice to become more efficient and effective with patient recall letters and to save time in sending statements by using these new technologies:

SMART RECALLS™

A fast and effective system applying a patented weighted formula to identify patients who most need your attention, so you can contact them as a priority.

SMART RECALLS then combines the selected recalls into a single letter and mails the letters to patients on your behalf – saving the practice time and money!

SMART RECALLS is most frequently used for the 'Top 100' patients and Nurse Clinics for long-term conditions, or PHO funded initiatives.

ePOST™

ePost™ gives you the ability to send single recall letters from the DRINFO system where you want to send a letter to patients with detailed information on a single topic. You also have the option to add a bullet point list of all recalls relevant for the patient.

ePost™ SINGLE RECALL is most frequently used for *flu recall letters* (letter template from the national 'Flu kit').

AUTOMAIL™ printer for statements.

Print and post all your statements in just a few minutes each month. Gives you the flexibility to include separate letters with the 30, 60 and 90 day statements, the option to include general information (such as a practice newsletter), and even adds 'stamps' (such as 'urgent', 'any reason', or 'final reminder').

AutoMail™ printer for statements is most frequently used by practices that regularly mail over 500 statements per month, but also used by some small practices at busy times.