



Data cleansing check list in MD2 and MD3

As part of good clinical record keeping the following checklist is provided to assist you to keep your data “clean”. This is particularly important for the extraction of accurate information from your Medical Program. It is also essential if you are in the process of migrating to another program, such as: MD2 → MD3 or MD2 → Best Practice or from MD to other programs.

Problem area	Nature of problem	How to fix	Comments
Medication List	Inaccurate list of the CURRENT medication list	Click once on the medication that the patient is no longer taking and tap the delete key on the keyboard.	Inaccurate medication lists results in complaints about quality of referrals
Past History	Inaccurate list of the Past Medical History lists. Many items duplicated.	Delete duplicates. Edit history items and click on Summary box for important history items. For minor history items remove the tick from the summary checkbox. Keep Active and Inactive items up-to-date.	See “Building accurate summaries...” cheatsheet at: http://www.nevdgp.org.au/?content=14#CheatSheets Only history items that have the summary box checked will appear in the history list in printed summaries and referrals.
Results	Results are not being “Marked as Notified”	After having discussed result with patient click on the “Mark as Notified” button in the Investigations screen.	See “Notifying Patients of their results” cheatsheet at: http://www.nevdgp.org.au/?content=14#CheatSheets
Recalls	The recall drop down list has badly expressed items, duplicates and rarely used items. Time is wasted scrolling through a long list.	<ul style="list-style-type: none"> MD2 click once on item and tap the delete key on the keyboard. MD3 click on Recall reason, hold down mouse button and tap the delete key on the keyboard. 	HCN is currently reviewing MD3 Recall system so that both versions work the same.
Recalls	Recall reasons have been typed in (rather than choosing from a drop down list) resulting in typos, duplicates (and worse).	Use the maintenance program to rename your recall reasons. <ul style="list-style-type: none"> MD2 – Maintenance/Data Management/Merge Search Lists/Recalls MD3 – HCN Maintenance/Medical Director/Merge Search Lists/Recall Lists 	The recall reasons should be in “patient speak” as they appear on the recall letter sent to the patient. Immunisation lists and scanned Document types can be remedied here as well.
Recalls - Outstanding Actions	The Outstanding actions list is huge. Outstanding actions are created in 3 ways: <ol style="list-style-type: none"> After you print a an Urgent or Discuss Investigation list Once you Save, Print or Mail Merge a recall list and click on Update or Delete In patient record you select Clinical/Actions/Add to List 	<ul style="list-style-type: none"> MD2 you are able to delete a few files from the MD directory to completely clear the Outstanding Actions List – Contact HCN. MD3 you are unable to fix this. 	Medico-legal implications See cheatsheet on controlling Outstanding Actions at: http://www.nevdgp.org.au/?content=14#CheatSheets



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Problem area	Nature of problem	How to fix	Comments
Results - Outstanding Requests	The Outstanding Requests list is huge.	<ul style="list-style-type: none"> MD2 you are able to delete a few files from the MD directory to completely clear the Outstanding Requests list from the MD2 folder – Contact HCN. MD3 you are unable to fix this. 	Medico-legal implications See cheatsheet on controlling Outstanding Actions at: http://www.nevdgp.org.au/?content=14#CheatSheets This sheet also deals with how to remove Outstanding Requests.
Address Book	Different spellings for Address Book categories. More than 1 way of expressing same thing, e.g. RHEUMATOLOGY and RHEUMATOLOGIST	Edit each item in the address book and use the Category drop down list to change the incorrect category. Use Options editing to set up new address book categories.	Train staff correctly on entering new address book contacts.
Patient Database	Patients have no clinical data, probably not seen since MD patient database was first populated from HCN or path lab.	You can inactivate (1 step) or remove (2 steps) the patients. <ul style="list-style-type: none"> MD2 Maintenance: Data Recovery/Inactivate/Activate patients MD3 HCN Maintenance: Database Tasks/Medical Director/Inactivate/Activate patients 	If you want to delete (remove) the patients you must inactivate them first. Once that is complete you then “remove” all inactive patients with no clinical data.
Patient Database	Patients not deceased in MD	In MD2 and 3 - from Front screen (no patient record open) select patient and press Delete key. Click on “Mark as deceased”. This has to be done in MD2 even if patients have been deceased in Practice Management Program.	Recalls get sent out to deceased patients, active database not accurate. Must be “deceased” in MD as well as Practice Management program in MD2
Patient Database	Patient gender not recorded	<ul style="list-style-type: none"> MD2 use Maintenance/Data Manipulation/Update Patient Sex. MD3 use HCN Maintenance/database Tasks/Common/Patients Manager – this updates patient Gender and also allows you to rectify upper/lowercase issues. 	The gender is matched to the patients title – Mr, Mrs, Miss or Ms.
Patient database	Duplicate patients	Use MD Maintenance program to remove duplicates	
Documents	The “Document Category” of scanned or imported documents have specific names rather than broad categories	Use the Maintenance program to rename your Document Categories. <ul style="list-style-type: none"> MD2 – Maintenance/Data Management/Merge Search Lists/ Document types. MD3 – HCN Maintenance/Medical Director/Merge Search Lists/ Document types 	Staff need to be trained on naming protocols for scanned and imported documents: Document category: no more than 5-6 broad categories e.g. letter Description – this is where you type the specifics of the file e.g. mole scan John Smith 050806
History	Uncoded Diagnoses	<ul style="list-style-type: none"> MD 2 use Maintenance/Data Management/Diagnosis Coder. MD3 use HCN Maintenance/Medical Director/Diagnosis Coder. 	Uncoded diagnoses may be unsearchable and don’t become part of the disease/drug interaction alerts. Only use uncoded diagnoses on the rare occasion.