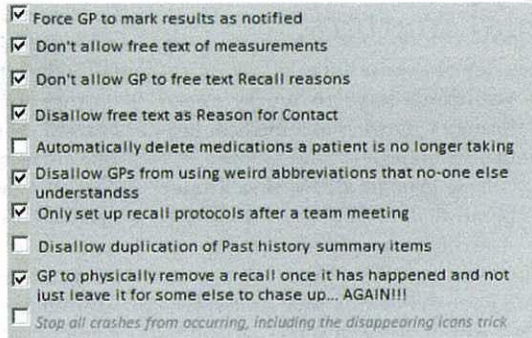


# Don't blame the software

The need for accurate electronic records is no joke.



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**E**ACH week in my division's electronic newsletter a computer hint is published. On 1 April, I wrote about some new clinical software options under an 'Accurate Recording' tab.

The 'Accurate Recording' options listed get more absurd as you go down the list and no clinical software could resolve any of them. I added a line under the options which said: "Please note: The 'Stop all crashes ...' is greyed out but the developers say that this feature is due for release by 1 April next year."

The listed options are really a wish list of what GPs could and should be doing. Most readers got the joke but, surprisingly, a few didn't. Two practice managers thought it

was for real and contacted me because they couldn't find the 'Accurate Recording' tab in the April upgrade. They must live in hope that the software can force GPs to accurately record clinical information.

The point of my April Fool's joke was the problem with inaccurate recording of clinical information has nothing to do with clinical software.

There are many reasons why GPs don't accurately record information, but the main ones are:

- Waiting-room pressure and GPs not having enough time.
- Doctor shortage — a non-compliant GP is tolerated because the practice doesn't want to lose a doctor just because of their poor record-keeping.

- Lack of education in correctly using clinical software.
- Individual GPs not being team players in a group practice, with a "Why should I bother?" attitude.

The overall quality of electronic record-keeping in general practice is not as good as it should be. It causes many headaches for practice managers, practice nurses and GPs, not to mention the recipients of GP referrals. What is required is an attitudinal change among non-compliers.

A clinical record that is shared with other health providers must be accurate and it is not fair to colleagues who have to 'data cleanse' the poor records of non-compliers. With the move towards a shared clinical record between GPs, hospitals, specialists and other health providers, it will become even more critical that records are accurate.

There are two questions each practice should ask:

- Are you satisfied that the medications list is accurate for all patients?
- Are you satisfied that history lists are up-to-date and non-repetitious?

If the answer is "no" for one or both questions, then a review of practice procedure and recording is needed.

Apart from those practices involved in the Australian Primary Care Collaboratives program, change often takes place at an agonisingly slow pace.

Look at where you were five years ago to appreciate the big changes that have taken place with computerisation in general practice. In five years from now things will be much better — and maybe all the options under the 'Accurate Recording' tab above will have been achieved. ●

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