

It's never too late

After 50 years in practice, a solo GP embraces electronic records.

WHILE in the past I have bemoaned GPs who say they don't have the time to maintain accurate electronic clinical records and keep up with data cleansing, many GPs must be commended for making a big effort to move from paper to electronic record keeping.

It can be a difficult task for GPs who trained and started general practice well before computerisation. In this respect, I have to admire the efforts of Dr Selvanayagam Selvendra, a solo practitioner working in Melbourne's western suburbs.

Dr Selvendra has just celebrated 50 years working as a medical practitioner.

He qualified in 1960 in Ireland and, after practising in England and Ireland from 1960-1967, completed his postgraduate training in surgery, receiving surgical fellowships in England, Ireland and Edinburgh.

After a stint in Sri Lanka, he came to Australia in 1974 and started work in a general practice in



Dr Jim Kollios (left), chair of PivotWest, presents Dr Selvendra with a certificate recognising his 50 years of outstanding service to the medical profession.

Melbourne, where he continues to work today. Dr Selvendra says he has been a GP for so long because he is faithful to his patients, and his patients have been faithful to him.

While I've been working with Dr Selvendra, he has transferred his well-organised paper-based record system into one that is electronically based. This has been extremely hard work because, initially, Dr Selvendra had no keyboard skills.

In the beginning, the progress was

quite slow and Dr Selvendra said he couldn't see the light at the end of the tunnel. How many other GPs feel like that?

But perseverance started to pay dividends, particular this year. Not only has Dr Selvendra been busy with re-accreditation and joining the Australian Primary Care Collaboratives Program, he has started using the Pen Computer Systems Clinical Audit Tool (installed by his local division, PivotWest).

Together we tackled the job of installing the audit tool, which helped him get the most information from his newly robust data.

My role was to conduct Medical Director training sessions every 3-4 weeks using a set of dummy patients. At each session we concentrated on a particular area for improvement.

During consultations, Dr Selvendra used his new skills to improve the clinical data of his patients. Once



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the audit tool was installed, Dr Selvendra generated statistical reports each month on various clinical measurements. In this way, he was able to measure data quality improvements over a five-month period.

With his improved electronic records system, Dr Selvendra was able to reduce the patient database by one-third by inactivating patients not seen for three years; he greatly reduced the number of records where the patient's allergies had not been recorded; he reduced instances where smoking status was not electronically recorded; he made his diabetes records more specific by recording whether a patient was type 1 or type 2; and his recording of BP and BMI for patients has shown steady improvement.

Such improvements do not take place without enormous time and effort.

Dr Selvendra now enjoys the challenges that each development brings and he provides a wonderful example for the younger doctors on how to make the change to electronic records.

The next big step for him is to set up an electronic pathology system. I am sure he will be successful. ●

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