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Medical Director - Clean up your act!!

- a guide to recording accurate clinical information and “cleaning up” those areas of past neglect



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Part 1 – Introduction

Aims of this book

As part of good clinical record keeping this training manual is provided to assist you to keep your data “clean”. This is particularly important for the extraction of accurate information from your Medical Director 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. In other words, clean up before you migrate – the program to which you are migrating may not allow you to do this easily.

Importantly, once you have cleaned up your clinical records, don't fall back to the bad habits of old.

The book will cover:

- identifying those areas where there is a strong likelihood that patient information has been badly recorded, incorrectly recorded or not recorded at all
- how to recover from the above by “cleansing” the data or removing it so you can start over afresh
- more efficient methods of recording patient information to ensure accuracy of electronic data, making sure that the data retrieved is accurate as well.



Part 2 – Problems with prescribing – inaccurate list of CURRENT medications

The medication list in Medical Director must reflect the patient’s current medication, including the correct strength, dosage, frequency, instructions and number of repeats. One of the most common complaints from specialists is how often they receive inaccurate medication lists in GP referrals.

While you do get prompted to update/remove the “limited elapse” medications you must manually remove the longer term medications. You should check the accuracy of the medication each time a patient presents.

Deleting medications

Click once on the medication you wish to delete – this will highlight it. Press the **Delete** key on the keyboard, OR right click on the item and select **Delete item**. This change will be reflected in your Progress Notes.

Changing a strength of a medication

All too often a GP will delete a medication and then re-prescribe the same medication with a different strength. If you want to change the dose of Viagra from 25 Mg to 50 Mg you simply double click on the 25 Mg in the Strength column. An alternative strength dialogue box appears; simply double click on the 50 Mg. Then print the script. This change will be reflected in your Progress Notes.

Changing the Quantity and/or the number of Repeats

You should do this before tagging for printing. When in the medication screen, find the medication that you wish to change the number of repeats. Double click on the number in the **Qty.** or **Rpts.** Column. This will take you to the **Drug Quantity and Repeats** dialogue box. Simply overwrite with the correct number.

Drug Quantity & Repeats

Quantity: 100 Default = 100

Repeats: 5 Default = 5

Days between repeats: [] Default = 20

Anticipated duration of prescription (days): 300 Default = 300

Use defaults?

Ok Cancel

Prescribing from old scripts (March 23, 2006)

You may have taken a patient off a particular medication and you have correctly deleted that medication from the patient’s current medication list.

At a later date you may wish to re-prescribe that drug. Simply click on the **Old Scripts** tab (it’s the green one), click once on the desired medication and then click on the **Prescribe** button. This will place that medication back into the current medication screen and this change will be reflected in your Progress Notes.



Adding extemporaneous preparations to the Medication list (March 3, 2005)

You can use the **Recipes** function in Medical Director to enter recipes for preparations into the drug database. This is especially useful for adding extemporaneous preparations and keeping a record of complementary medicines in the patient's current medication screen.

Adding user-defined Preparations (recipes)

1. MD2 - **File** (or **Files**) menu select **Recipes**.
MD3 – **Clinical/Recipes...**
2. The **User Defined Preparations** window is displayed. Click the **Add** button to display the Extemporaneous Preparations window.
3. Enter the appropriate information for this recipe and click **Save**.
The Recipe is saved into the Medical Director drug database and when prescribing it can be added to the current medication list.
4. Prescribe as you normally would by typing in the first few letters of the recipe and selecting it from the displayed list.
5. In the case of complementary medicines you can mark the item *product advised or prescribed elsewhere* when prescribing.



Part 3 – Building accurate Histories and Summaries and recording visits in Progress Notes

Reason for Prescription

Use when prescribing – this allows you to build up your history list and add to the Reason/Type list in the previous visits of Progress Notes

Save in PMH

This will add the item to the history list in Past History

Reason for contact

Use when in Progress Notes - the item is added to the Reason/Type of visit list in the previous visits of Progress Notes

Summary

Tick the summary box for “major” history items – they will then be listed in Summaries and in referral letters to specialists – a Yes appears in the Summary column of the Past History items

New History item

Use when in Past History to record retrospective items that are added to the history list in chronological order

Save as reason for visit

Add the item to the Reason/Type of visit list in the previous visits of Progress Notes

Year	Date	Condition	Side	Status	Summary	Confidential	Coded
1990		GLUTEN ENTEROPATHY		Inactive	Yes	No	Yes
1990		ARTHROSCOPY OF KNEE	Right	Inactive	Yes	No	Yes
1996		E30 VIRAL MENINGITIS		Inactive	Yes	No	Yes
1999	12/09/1999	MIGRAINE		Active	Yes	No	Yes
2000	13/02/2000	ECZEMA		Inactive	No	No	Yes
2002		HIATUS HERNIA		Active	Yes	No	Yes
2003	24/07/2003	DIABETES		Active	Yes	No	Yes
2003	19/11/2003	ERYTHEMA		Active	Yes	No	Yes
2003	19/11/2003	PARKINSONIAN GAIT		Inactive	No	No	Yes
2003	01/12/2003	URTI - BACTERIAL		Active	No	No	Yes
2004	29/03/2004	ECZEMA		Inactive	No	No	Yes
2004	05/08/2004	REFLUX - GASTRO-DESOPHAGEAL		Active	Yes	No	Yes

Date	Recorded by	Reason/Type of visit
07/12/1999	Dr. A. Practitioner	
04/02/2000	Dr. A. Practitioner	
04/02/2000	Dr. A. Practitioner	Pain - arm
05/02/2000	Dr. A. Practitioner	
05/02/2000	Dr. A. Practitioner	Pain - arm
13/02/2000	Dr. A. Practitioner	
23/07/2003	Dr. A. Practitioner	
24/07/2003	Dr. A. Practitioner	Diabetes
06/08/2003	Dr. A. Practitioner	
Monday August 30 2004 12:00:52		
Dr. A. Practitioner		
Actions:		
Letter written re Care plan Diabetes		

Why record Reason for visit, reason for prescription

Filling out the *Reason for prescription*, (or the *Reason for visit* in Progress Notes) allows for a patient history and accurate summaries to be steadily built up. This is an example of good record keeping. It also directly impacts on your ability to use some of the other powerful features of Medical Director. Once your history summaries are up to date it makes electronic referrals, Care Plan and other templates much quicker to use as these types of templates gather the data directly from the database. You don't have to type in much of the information.

When you use the *Search database* feature, such as creating a list of all your diabetics or asthma patients, this is much more accurately achieved if the information is entered accurately in the first place. If this is not done it is known as *Rubbish In, Rubbish Out* (RIRO).

Why choose from a picklist

The pick list of DOCLE terms covers a broad range of terms used in general practice. The *picklist* is coded, meaning that you can use the *search database* function more efficiently. Free-type entries (uncoded) can still be used but limit the ability to cross reference and search, e.g.

- Drug-disease interactions need a disease to operate. Free text entries may not be recognised for interaction checking.
- Using consistent terms allows for better searching and summarizing of the patient database
- Choosing from a list means less typing (and more accurate).

Save in the PMH – this will be saved in Past History as part of the Patient's medical history.

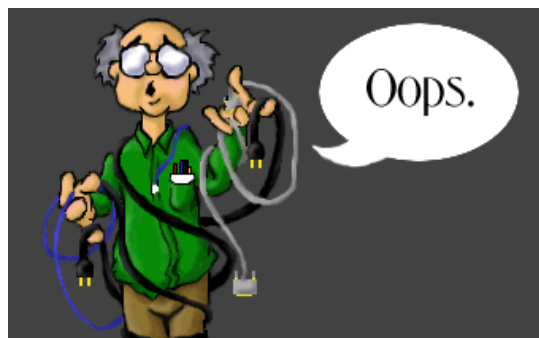
Save as reason for visit – this indicates the primary reason for a visit and will be recorded as the reason for visit in your Progress Notes

Summary – this reason will appear on printed summaries and referral letters. You would check the summary box for major history items.

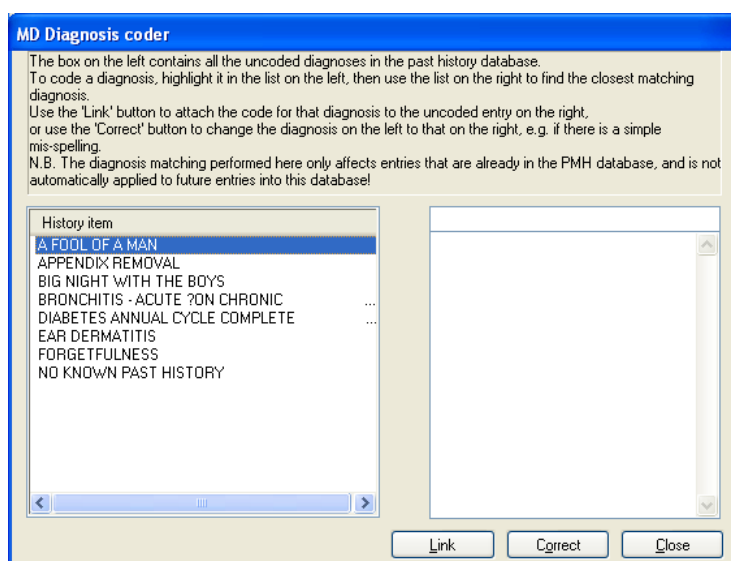
Changing uncoded diagnoses

There is a simple utility built into the MD Maintenance that allows you to change “uncoded” diagnoses into coded ones.

1. Make sure Medical Director is not open on any computer.
 - MD2 Maintenance/Data Management/MD Diagnosis Coder
 - MD3 HCN Maintenance/Medical Director/MD Diagnosis coder.



2. Click on the uncoded diagnosis you wish to change in the left panel.
3. Type the first few letters of the coded diagnosis in the right panel and when the list appears select the appropriate diagnosis.
4. If you wish to replace the diagnosis in the patients' files click on **Correct**.



If you wish to leave your “uncoded” diagnosis intact but want it to be coded click on **Link**. This leaves your original uncoded diagnosis in the patients' files but treats it as being coded by linking it to a coded item.

Note: By selecting **Link** this only links past diagnoses to the coded item and if you use the same description in the future it will be uncoded.



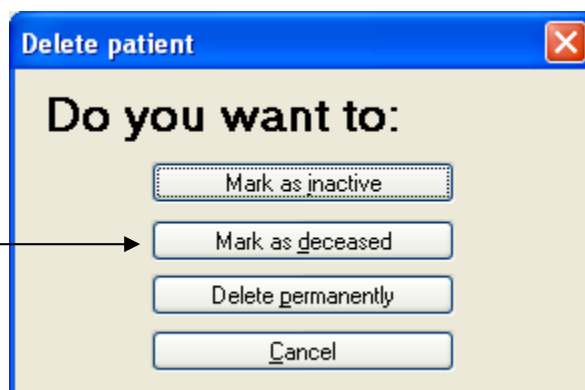
Part 4 – Cleaning up the database

The patient database must be up-to-date by deceasing or inactivating patients as appropriate. In this way you will not be sending letters to deceased patients or those patients who have moved away from your practice. Also for the accuracy of data (such as disease registers) you don't want deceased or inactive patients included.

“Deceasing” patients

Even if you “decease” a patient in your practice management software they also need to be deceased in Medical Director (except MD3/Pracsoft 3).

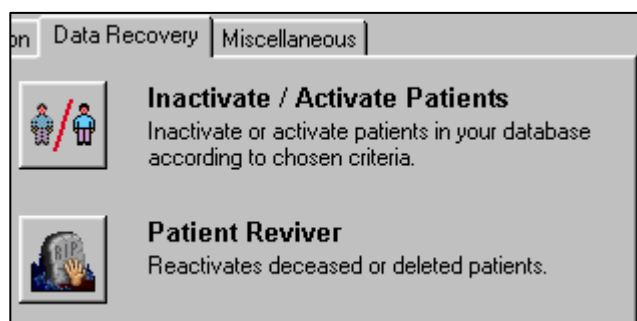
1. Call up the list of patients (press <F2> if necessary).
2. Type in the first few letters of the deceased's surname and select the name from the list. Click on the **Delete** button (or press the Delete key on the keyboard). Click on the *Mark as deceased* button.



3. Type in the date of death (if known) and click **OK**.

To view a deceased patient's record

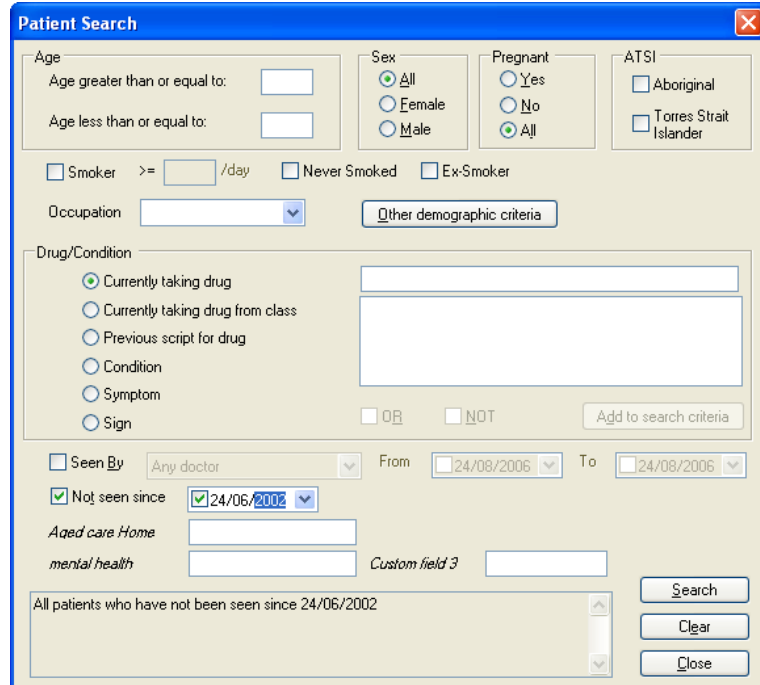
1. MD2 - From the Main menu: Files – Patients – View menu and select Deceased - Patients.
MD3 - From the Main menu: Patient – List... – View menu and select Deceased - Patients.
2. Highlight the patient whose record you wish to view and from the **File** menu select **Open**.



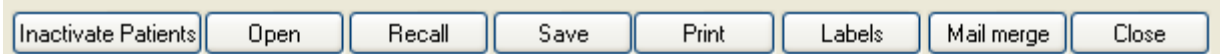
Make patients inactive

If a patient hasn't visited the clinic for a number of years (say 3 or 4) it is best to make them inactive so they do not affect statistics and accurate data retrieval. You can do this opportunistically but once a year you should also do a database search for those patients who haven't presented in the last *x* number of years.

1. Close any patient record.
 - MD2 – **Search/Databases**
 - MD3 – **Search/Patient...**
2. Click in the **Not seen since** box and then click on the box next to today's date. Click on the 4 digit year and overtype the current year type in 2004 for example.
3. Click on the **Search** button.



4. **MD3** - click on the **Inactivate patients** at the bottom of the screen. You will be given a warning "Do you wish to continue?" Click **Yes**.

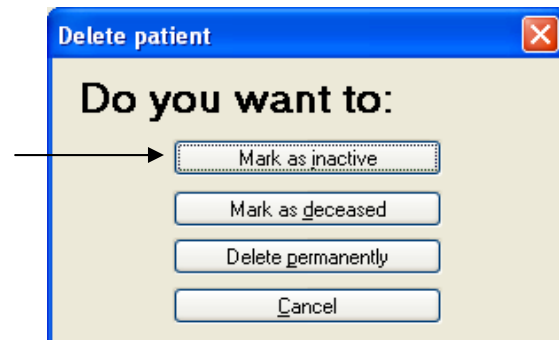


This method is infinitely quicker than printing a list and then manually deleting them one by one as you need to in MD2

MD2 - once the list is displayed click on the **Print** button - you now have the task of going through the list and recording each patient in MD as inactive (you can't do a bulk inactivation). **There is no "Inactivate Patients" button in MD2.**

Call up the list of patients (press <F2> if necessary).

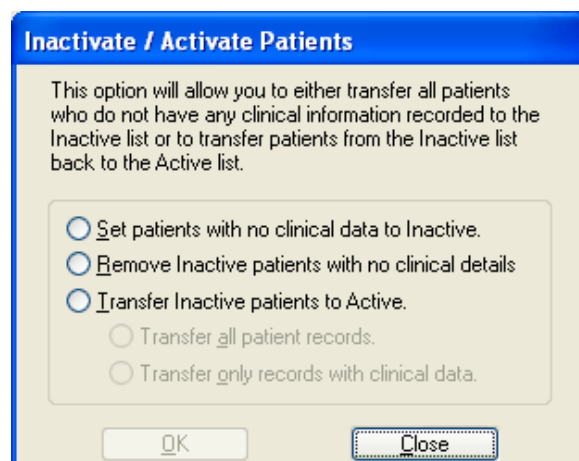
Type in the first few letters of the patient's surname and select the name from the list. Click on the **Delete** button (or press the **Delete** key on the keyboard). Click on the **Mark as inactive** button.



Remove or inactivate patients with no clinical data

This is a function of the Maintenance Program. You can inactivate the patients and this is a one-step process. To remove them is a two-step process – step 1 inactivate, step 2 remove.

1. Close Medical Director.
 - MD2 Maintenance: **Data Recovery/Inactivate/Activate patients**
 - MD3 HCN Maintenance: **Database Tasks/Medical Director/Inactivate/Activate patients**
2. Click on the “**Set patients with no...**” button. And then click **OK**.
3. Once this is completed you can remove the patients completely by clicking on the second radio button – “**Remove Inactive...**”

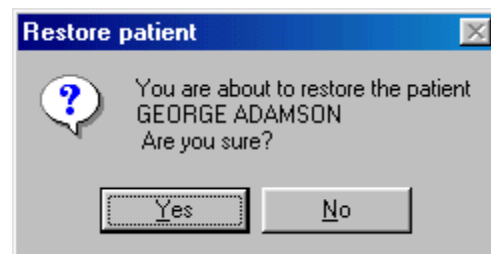


To retrieve deceased or deleted patients

The Maintenance program of Medical Director allows you to reactivate both deceased and deleted patients.

1. Open the Maintenance program
 - MD2 - **Data Recovery/Patient Reviver**
 - MD3 Database tasks/Common/**Patient Reviver**

Select the patient you wish to “*bring back to life*” and select the **Restore** button. Click on the **Yes** button when prompted.



To reactivate an inactive patient (MD)

1. MD2 Main menu: **Files/Patients**
MD3 Main menu: **Patient/List...**
2. Click on the **View** menu and select **Inactive Patients**.
3. Highlight patient you wish to retrieve and then click on the **Retrieve** button.



Removing duplicate patients



Your patient database will be full of duplicates especially if you have populated the data bases from different sources, such as a pathology provider and the HIC. Duplicates can be removed by using the **Merge Duplicate Patients** utility program in the **Medical Director Maintenance** program.

How to do it

1. Make sure that Medical Director is not running on any computer on the network.
2. Double click on the **Maintenance** icon on the desktop to open the Medical Director Maintenance program
3. Click on the **Data Management** tab.
4. Click on the **Merge Duplicate Patients** button and then follow the onscreen directions.



This will not remove all duplicates as it is dependent on your duplicates having the same birth dates and other criteria. To complete the operation you will have to manually go through your patients and delete the duplicates one by one.

Removing tutorial patients

You may have installed the tutorial files when you first installed Medical Director – these are the Andersons and the Andrews. There will also be some dummy specialists and maybe even Doctor Practitioner. All of these can be removed by using the **Remove Samples** utility program in the **Medical Director Maintenance** program.

How to do it

1. Make sure that Medical Director is not running on any computer on the network.
2. Double click on the **Maintenance** icon on the desktop to open the Medical Director Maintenance program
3. Click on the **Data Management** tab.
4. Click on the **Remove Samples** button and then follow the onscreen directions to remove **All Patients** and **All Specialists**.

Patient gender not recorded

The gender is matched to the patient's title – Mr, Mrs, Miss or Ms. In MD2 use Maintenance/Data Manipulation/Update Patient Sex. In MD3 use HCN Maintenance/database Tasks/Common/Patients Manager – this updates patient Gender and also allows you to rectify upper/lowercase issues.

Part 5 – Investigation Results

There are 3 main problems area with results:

1. Quite often the GPs will not mark a result as “Notified” when they have discussed a result with a patient. This leads to a severe backlog of “unnotified” patients. This lack of correct recording, in many cases, goes back for several years. Cleaning up this backlog one by one is an arduous task that takes many hours. A practice may decide to “draw a line in the sand” and mark them all as “notified” and start again, using the correct procedures.
2. The printed “**Urgent**” and “**Discuss**” lists often end up in the Outstanding Actions and the Outstanding actions are not followed up.
3. The Outstanding requests list is huge as no-one has used this facility – this will be covered in Section 7, page 21.

In order to clean up these problems you need to have a clear understanding of how pathology management works in Medical Director, especially the interaction with Recall and Outstanding Actions.

A 2 sided pathology management cheatsheet including a flowchart can be found on the North East Valley Division of General Practice’s website at: <http://www.nevdgp.org.au/?content=14#CheatSheets>. The North East Valley Division of General Practice also has available a comprehensive training manual on pathology management in Medical Director.

Checking to see if patients have been marked as notified

1. With no patient record open;
 - in MD2 **Files/Investigation Results**
 - in MD3 **Investigations/Results**
2. This will show a list of all the results that have been downloaded and filed. It is important to scroll back through the list and check the “Notified” column. Those **URGENT** and **DISCUSS** results that have been correctly marked will be date stamped with the date of when they were notified.

You would expect that the most recent results (the last few days) would not have been notified, but as you scroll further back and there are still no dates in the “Notified” column this is telling you that the doctors have not clicked on the “Mark as Notified” button when telling patients of their results.

- MD3 has the big advantage that it has a drop down window allowing you to choose the results from: last month, last 2, 3, 6 or 12 months or all.
- MD2 does not have this facility, it lists all results

Your decision now is whether to:

- ignore the problem
- opportunistically correct the problem
- laboriously go back through past results and mark them as notified
- draw a line in the sand and mark all past **DISCUSS** and **URGENT** as notified.

Opportunistically marking as notified

If you have a manual system that effectively follows up results then this may be the solution for you. Just make sure that from now on you click on the “Mark as notified” button when discussing a current result with a patient. This however, date stamps the result with today’s date – you may wish to add a note in the progress notes (and/or the Policies and Procedures manual) that although the notification date is incorrect for past results this is part of a data cleansing process.

If you wish to electronically manage pathology MD2 users would need to use one of the methods below. MD3 users can “ignore” the past non recording of “Mark as notified” by only printing recent results (Past month, past 2 months).

Marking all past results as “notified”

This task could appear quite daunting and should only be attempted if:

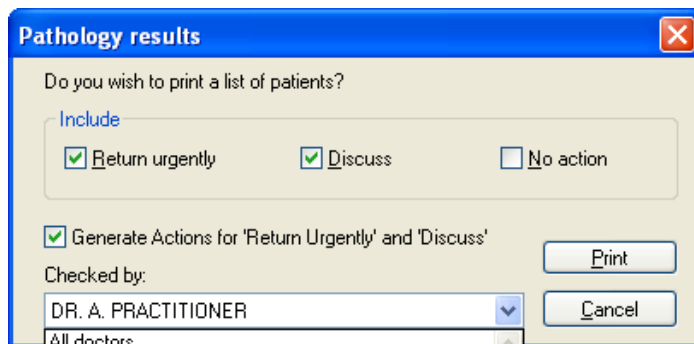
- you intend to use a “paperless” solution once the results list has been cleaned
- you clearly understand how the “paperless” solution works in MD

The following process also allows all results to be checked, and medico-legally is the best solution to ensure that no results have been missed.

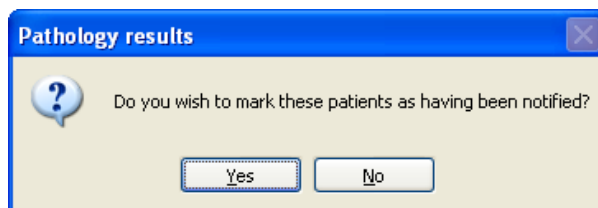
1. With no patient record open;
 - in MD2 **Files/Investigation Results**
 - in MD3 **Investigations/Results**
2. This will show a list of all the results that have been downloaded and filed. In MD3 you can be more selective in the past timeframe you wish to display (last month, last 2 months...)

Investigation results:		Requested				
Date checked	Patient name		Requested	Action	Test name	Notified
01/08/2006	ANDERSON, DAVID	All	Return urgently		MAMMOGRAM	
01/08/2006	ANDREWS, HEATHER	Last month	Return urgently		BIOCHEMICAL PROFILE	01/08/2006
07/03/2006	ANDERSON, DAVID	Last 2 months	Return urgently		MODIFIED RAST	
07/03/2006	ANDREWS, MAUREEN	Last 3 months	Return urgently		PROTHROMBIN TIME	07/03/2006
14/10/2005	ANDREWS, HEATHER	Last 6 months	Discuss		HAEMATOTOLOGY	
14/10/2005	ANDREWS, HEATHER	Last year	Discuss		HAEMATOTOLOGY	

3. Click on the **Print lists** button at the bottom of the screen.
4. Select an individual doctor from the “Checked by:” drop down list.



5. Select “Return urgently” and click on **Print**.
(You may wish to combine the “Return urgently” and “Discuss” lists OR do a second print run with the “Discuss” patients.)



6. When prompted to mark the result as notified, click on **No**.

- Give the printed “Urgent” and “Discuss” (or the combined) lists to the doctor who then has to go into each patient’s record and click on the “Mark as notified” button for each result.

Note:

There is no need to do anything with the “No action” results – these can be opportunistically marked as “notified” as the patient presents. If the printed lists are just too big and would take vast quantities of paper, you may wish to consider the next option.

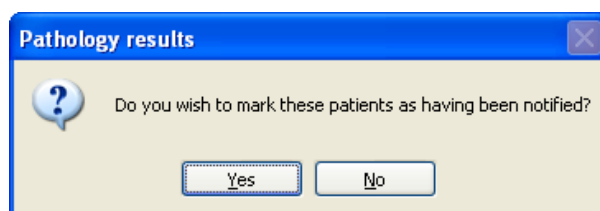
Marking all past DISCUSS and URGENT results as “notified” (radical solution)

If you are sure that all patients have been correctly notified of their results, i.e. you have had a manual checking system in place, then you may wish to have all the patient records marked as “notified”. Once done, you can then start an electronic system with a clean sheet.

- With no patient record open;
 - in MD2 **Files/Investigation Results**
 - in MD3 **Investigations/Results**
- This will show a list of all the results that have been downloaded and filed. In MD3 you can be more selective in the past timeframe you wish to display (last month, last 2 months...). Select **All** from the **Requested** drop down list.

Investigation results:		Requested	Requested	Rotation	Test name	Notified	Comment
01/08/2006	ANDERSON, DAVID	All	No action		MAMMOGRAM		
01/08/2006	ANDREWS, HEATHER		Return urgently		BIOCHEMICAL PROFILE	01/08/2006	
07/03/2006	ANDERSON, DAVID		No action		MODIFIED RAST		
07/03/2006	ANDREWS, MAUREEN		Return urgently		PROTHROMBIN TIME	07/03/2006	
14/10/2005	ANDREWS, HEATHER		Discuss		HAEMATOTOLOGY		
14/10/2005	ANDREWS, HEATHER		Discuss		HAEMATOTOLOGY		

- Click on the **Print lists** button at the bottom of the screen.
- Select “All doctors” from the “Checked by” drop down list.
- Select “Return urgently” and click on Print.
- When prompted to mark the result as notified, click on **Yes** – this will date stamp the result with today’s date.
- Repeat the process with the “Discuss” results.



Warning 1 – if there is a huge backlog of unnotified results the list can take a long time to appear and it can slow your system down. It is much better to do this exercise from the server when no-one else is using Medical Director.

Warning 2 – if the list is huge quite a lot of paper can be wasted in printing them before you get to the “Do you wish to mark these patients as notified?” dialogue box.

Tip – you can save paper and “trick” the program into thinking that the list has been printed. Once the print run has commenced, remove the paper from the tray. Often the computer keeps processing and sending the information to the printer and eventually you get the “Do you wish to mark these patients as notified?” dialogue box. You can then click on the Yes button



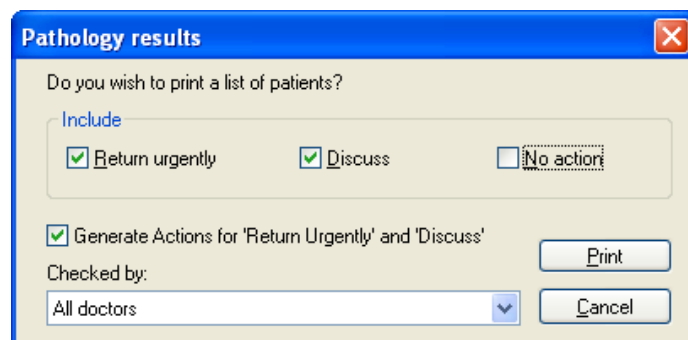
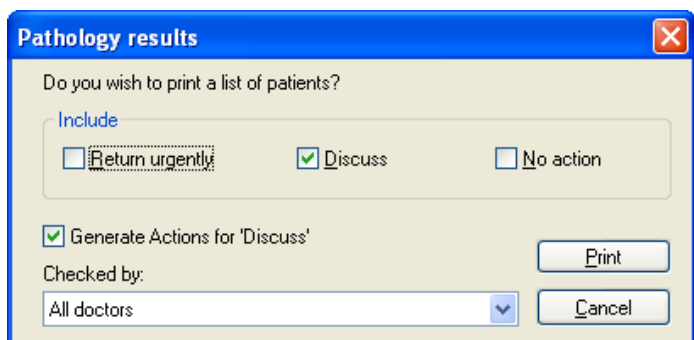
Stopping Discuss and/or Urgent results from going to Outstanding actions (MD2)

When printing lists in MD2 of **Urgent** and **Discuss** results you are given the option of stopping them from being transferred to the Outstanding Actions list.

Note: IN MD3 the printed **Urgent** lists are automatically transferred to the Outstanding Actions – you do not get the tick box choice of “Generate Actions for...”.

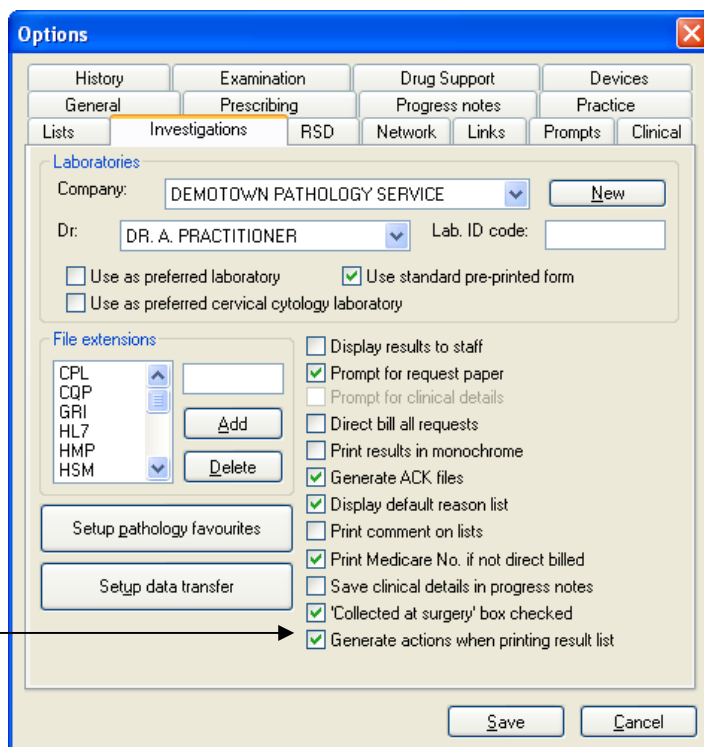
When printing Urgent and Discuss lists

1. With no patient record open go to the **Files** menu and select **Investigation Results**.
2. Click on the **Print Lists** button at the bottom of the screen.
3. Remove the tick from the “Generate actions...” box before you print the lists. (Using this method you need to change the check box each time)



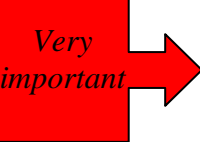
Using Options to prevent all Printed results from going to the Outstanding Actions (MD2 only)

1. From the **Tools** menu select **Options** and then click on the **Investigations** tab.
2. Remove the tick from the “Generate actions when printing result list” box (using this method you need to change the check box once only).



Marking results as notified – how it should be done

Many practices adopt a management process of creating printed lists of their *urgent* and *discuss results* patients and using these lists to notify patients and where necessary, make appointments.



Once a patient has discussed the results with the doctor, the doctor must then mark the results as *notified* so that those patients do not appear on subsequent daily/weekly printed lists.

For this to work efficiently patients must be marked as “Notified” whenever a patient is informed of their result. A doctor is able to do this (and should be encouraged to do so) when in the *Investigations page* of the patient record (*clinical screen*) or in the *Investigation results (main screen)*,

Marking patients as *Notified* (Patient’s clinical screen)

1. Open a patient’s record (one that has some investigation results).
In the Medical Director tutorial files select Maureen Andrews.
2. Click on the **Results** tab.
3. Click on an “*unnotified*” result to highlight the record.
4. Click on the **Mark result as notified** button above the results – this will add today’s date to the Notified column.



Clicking on the **Mark result as Notified** button will place today’s date in the Notified column

Date performed	Test name	Checked by:	Date checked	Notation	Notified
20/10/1999	MODIFIED RAST	DR. A. PRACTITION	01/04/2004	Return	12/08/2004
21/06/2004	PAP SMEAR	DR. A. PRACTITION	21/06/2004	Discuss	/ /

Marking patients as *Notified* (main screen)

1. With no patient record open click on the **Files** menu and select **Investigation results**.
2. Click on an “*unnotified*” patient to highlight the record.
3. Click on the **Notified** button at the bottom of the screen.



Date checked	Patient name	Phone	Chart no.	Notation	Test name	Notified
20/10/1998	ANDREWS, MAUREEN	8182 5634	345644	No action	PROTHROMBIN TIME	/ /
20/10/1998	ANDREWS, MAUREEN	8182 5634	345644	No action	PROTHROMBIN TIME	/ /
20/10/1998	ANDREWS, MAUREEN	8182 5634	345644	No action	PROTHROMBIN TIME	/ /

Clicking on the **Notified** button will place today’s date in the Notified column

Part 6 – Recalls

The Recall and reminder system is probably the main area, along with investigations follow-up, where problems occur. The 2 main problem areas are where recalls aren't followed up and the lack of consistency of approach by the different doctors of a practice.

Put simply an efficient recall system is this:

1. a GP or nurse (and sometimes staff) enter a recall into the system
2. the patient is notified by phone or letter to make an appointment
3. the patient returns and sees the doctor or nurse
4. no-shows are followed up and are contacted at least 3 times

A double sided recall management cheatsheet including a flowchart can be found on the North East Valley Division of General Practice's website at:

<http://www.nevdgp.org.au/?content=14#CheatSheets>. The North East Valley Division of General Practice also has available a comprehensive training manual on recall and reminder management in Medical Director.

You need to clearly understand that the recall system in Medical Director can operate in 2 ways:

Once recall lists are saved, printed or mail merged you can:

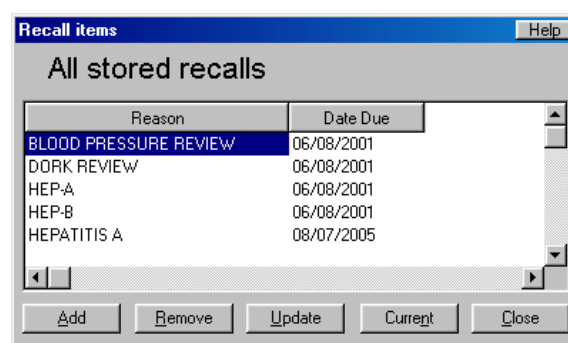
1. Shift the recalls to the Outstanding Actions database (by clicking **Update** or **Remove**)
2. Leave recalls in the Recall database (by clicking **Cancel**)

If you choose the first method you must realise that printed **Urgent** and **Discuss** lists are also sent to the Outstanding Actions. When the Outstanding Actions are not followed up, which is often the case, the system falls down and you are running the risk of negative clinical/legal outcomes.

Cleaning up the recall drop down list

The recall drop down list often has badly expressed items, duplicates and rarely used items. Time is wasted scrolling through a long list.

1. Open any patient's record and from the **Clinical** menu select **Recall** (or press Control + R).
2. Once the **Recall items** window opens, click on the **Add** button.
3. The **Add Recall** window now opens.
MD2 - Click once on the unwanted recall reason and press the **Delete** key on the keyboard. Continue the process until all unwanted recall reasons are deleted.



MD3 - Left click on the reason you want to remove, hold down the mouse button and hit the **Delete** key on the keyboard.

4. Press **Cancel** after you have cleaned them all up.

Setting up recall protocols

Once you have deleted the unwanted recall reasons as in the exercise above a team meeting would decide which recall items it wants to appear in the list. To do this you set up your own recall protocols. The recall protocol is:

- the name (or reason) of the recall
- the interval, or time when the recall is due
- whether it's a "once only" or an "ongoing" recall.

1. Open any patient's record.
2. From the **Clinical** menu select **Recall**.
3. Once the **Recall items** window opens, click on the **Add** button to open the **Add Recall** window now opens.
4. Type in the reason for recall (such as MEN'S HEALTH REVIEW).
Make the Interval 1 Year and remove the tick in the **Once only** recall box.
5. Click on the **Save Protocol** button – this will make this recall reason available for all patients. **DO NOT** click on the **Save** button as this would add a recall for the patient whose record you presently have open.
6. Add other recall reasons as appropriate, remembering to click on the **Save protocol** button after each new recall reason.
7. Click on **Cancel** when finished.

Finding old recalls

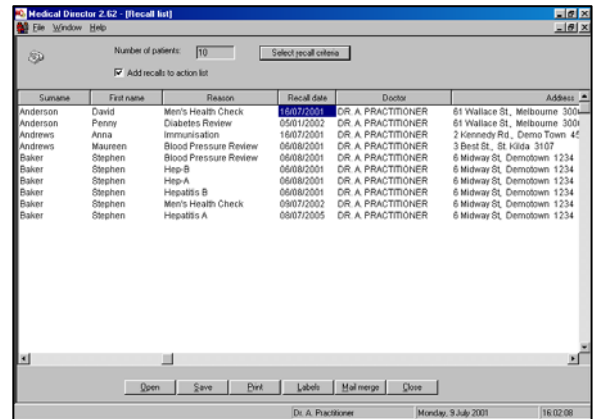
You can clean up old recalls by selecting a date range in the past, e.g. from 1/1/1999 to 1/1/2004. Once this list appears you can check it and delete the redundant recalls.

1. With no patient record open, from the **Search** menu select **Recalls**.
2. Click on "**Select all reasons**" and in a group practice select an individual doctor from the **Select Doctor** drop down list.
3. From "**Select interval**" click on "**Other**".
4. Overtyping the current date range:
From: 1/1/1999 **To:** 1/1/2004.
5. Once you click **OK** all the recalls for that particular doctor for that period will be displayed.

It may be worthwhile to print the list and let that doctor check the list. Repeat the exercise for the other doctors. Once you

have gone through all the doctors under Select Doctor click on **All** – this will pick up those recalls attached to doctors and staff who have left the practice.

6. To delete the recalls click on the unwanted recall to highlight it, and then press the **Delete** key on the keyboard. Click on **Yes** when prompted to permanently remove the recall from the list.
7. Once complete you may wish to select a more recent date range and follow the same process as outlined above.



The screenshot shows a window titled "Medical Director 2.62 - (Recall list)". It contains a table with columns: Surname, First name, Reason, Recall date, Doctor, and Address. The "Recall date" column is highlighted in blue. Below the table are buttons for "Open", "Save", "Print", "Labels", "Mail merge", and "Close". The status bar at the bottom shows "Dr. A. Practitioner", "Monday, 9 July 2001", and "16:02:08".

Surname	First name	Reason	Recall date	Doctor	Address
Anderson	David	Men's Health Check	08/07/2005	DR. A. PRACTITIONER	61 Wallace St., Melbourne 3204
Anderson	Penny	Diabetes Review	05/11/2003	DR. A. PRACTITIONER	61 Wallace St., Melbourne 3204
Andrews	Anna	Immunisation	16/07/2001	DR. A. PRACTITIONER	2 Kennedy Rd., Dromo Town 45
Andrews	Maureen	Blood Pressure Review	06/08/2001	DR. A. PRACTITIONER	3 Best St., St Kilda 3107
Baker	Stephen	Blood Pressure Review	06/08/2001	DR. A. PRACTITIONER	6 Midway St., Demotown 1234
Baker	Stephen	Hep-B	06/08/2001	DR. A. PRACTITIONER	6 Midway St., Demotown 1234
Baker	Stephen	Hep-A	06/08/2001	DR. A. PRACTITIONER	6 Midway St., Demotown 1234
Baker	Stephen	Hepatitis B	06/08/2001	DR. A. PRACTITIONER	6 Midway St., Demotown 1234
Baker	Stephen	Men's Health Check	08/07/2003	DR. A. PRACTITIONER	6 Midway St., Demotown 1234
Baker	Stephen	Hepatitis A	08/07/2005	DR. A. PRACTITIONER	6 Midway St., Demotown 1234



Part 7 – Cleaning up outstanding Requests and Outstanding Actions

Outstanding Actions

Outstanding actions are created in 3 ways:

1. After you print an **Urgent** or **Discuss** Investigation list
2. Once you **Save, Print** or **Mail Merge** a recall list and click on **Update** or **Delete**
3. When in a patient record you select **Clinical/Actions/Add to List**

In MD2 you are able to delete a few files from the MD directory to completely clear the Outstanding Actions List (see below), but in MD3 you are unable to fix this. There are possible medico-legal implications in deleting the Outstanding Actions.

Checking the Outstanding Action list

If this file is huge, as it often is, it will take considerable time for the list to appear on the screen.

1. From the main screen:
 - MD2 **Files/Outstanding Actions**
 - MD3 **Clinical/Outstanding Actions.**
2. You are able to select each individual doctor's outstanding actions by selecting the doctor from the **Filter by doctor** drop down list.

When should you clear this file

Each doctor should check a printed list of their outstanding actions and can delete them one by one. If the task is too great you may consider deleting the lot in one action, rather than one by one deletion.

Outstanding Requests

The Outstanding Requests is a record of all Pathology, Imaging and Cytology requests that have been printed.

Requests WILL NOT be removed automatically from this list when a matching result is found.

This feature is handy for checking if a patient's results have been returned (downloaded). This record can be viewed to ensure that the results from the ordered requests have been received.

Outstanding requests have to be removed manually by clicking on the Delete button after the Outstanding request has been checked.

You may find that hundreds, if not thousands of Outstanding Requests have accumulated over the years. There are medico-legal implications involved in removing them, but it can be done in one action, rather than one by one deletion. For information on how to do this it is recommended you contact the Medical Director Helpline on 1300 788 802.

Medical Director Warning in the Help File

Requests will NOT be removed automatically from this list when a matching result is received.

It is very difficult to reliably ensure a true correlation between requests and results automatically.

Because of the potential danger of trying to do so, there is no automatic matching and removing of requests by Medical Director.

This resource is provided to assist you in managing investigation requests and it is your responsibility to do so.

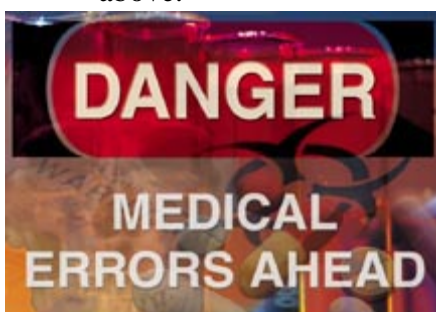
Removing Outstanding Actions and Outstanding Requests

The procedure detailed below will only work in Medical Director 2, NOT Medical Director. This procedure should only be used to clear old requests and actions from the Outstanding Requests window and the Outstanding Actions Window to allow a clean start. **Please read these instructions through completely before commencing the procedure and call MD Technical Support if you need clarification, Tel: 1300 788 802.**



Important Note: This procedure will remove ALL Outstanding Requests and Outstanding Actions from Medical Director – **DO NOT proceed if you have any doubts. Ring HCN technical assistance on 1300 788 802 for clarification.**

1. Close down MD on the server and all workstations.
2. As a precaution that should be taken when working on your Medical Director data, make an MD Backup.
3. Start 'My Computer' or 'Windows Explorer'.
4. Locate and open the MDW2 folder on the server. This is most frequently on the C:\ drive but may vary in different installations.
5. Locate and delete the following index file:
REQUESTS.CDX
ACTIONS.CDX
6. Locate and rename the following files by adding the word 'old', as shown here:
REQUESTS.DBF to REQUESTSOLD.DBF
REQUESTS.FPT to REQUESTSOLD.FPT
ACTIONS.DBF to ACTIONSOLD.DBF
ACTIONS.FPT to ACTIONSOLD.FPT
 - a. Right-click the filename.
 - b. Select Rename.
 - c. Use the arrow keys to position the cursor and edit the name.
 - d. Press Enter to confirm the new name.
7. Close 'My Computer' or 'Windows Explorer'.
8. Start MD and check Outstanding Requests. New, empty files will be created to replace the above.



Part 8 – Managing Lists

Cleaning up recall reasons

Recall lists can be messy because:

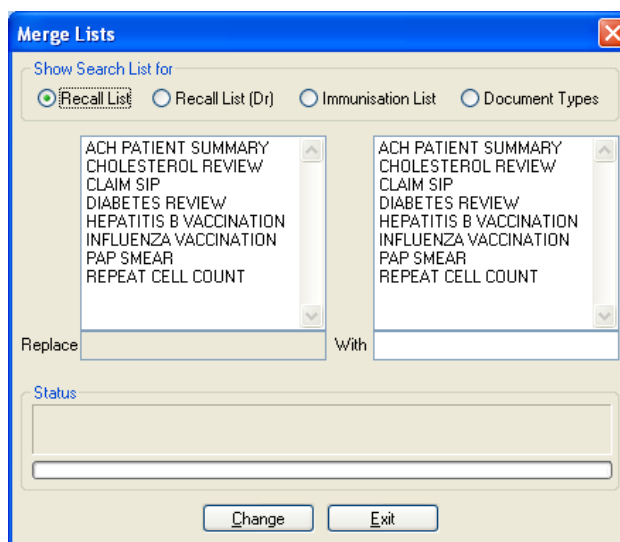
- they have been typed in (using uncoded free text rather than choosing from a drop down list) resulting in typos, duplicates or worse.
- they have been abbreviated or in “doctor speak” rather than a language the patient understands - the reasons appear on the recall letter sent to the patient
- earlier versions of Medical Director allowed you type in partially completed diagnoses (such as DIA instead of DIABETES) and these could still be in your recall system.

The MD Maintenance programs allows you to rename these recall reasons and so add consistency to your naming of recalls. Make sure that Medical Director is not open on any computer before starting

1. In MD2 – **Maintenance/Data Management/Merge Search Lists/Recalls**
In MD3 – **HCN Maintenance/Medical Director/Merge Search Lists/Recall Lists.**

2. Click the **Recall List** option button.

3. Click once on the item in the left search list and this will be displayed in the **Replace** box. Click once on the item in the right search list and this will be displayed in the **With** box. You can also type in text to replace the search item in the **With** box.



4. Click the **Change** button and the **Status** box will display that the action has been completed.

Changing Recall doctors

A doctor may leave a practice and you wish give that doctor’s recalls to another doctor.

1. Click the **Recall List (Dr)** button – you can select which doctor or staff you wish to replace.
2. Click the **Change** button to complete the action.



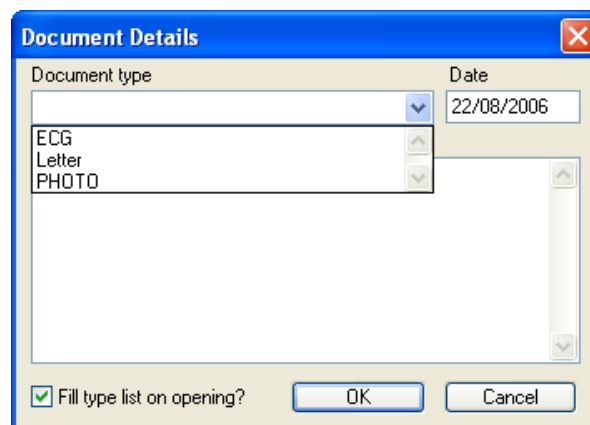
Changing immunisation lists

1. Click the **Immunisation List** button to display or replace the items search lists for Immunisation types.
2. Use the same method as described in the “Changing recall lists” above.

Changing Document types

When scanning or importing documents into the Documents section of Medical Director you need to fill in 2 areas when saving:

- **Document type** – this should only be a very short list of broad categories
- **Description** – this is where you type in the specifics of the document



Unfortunately when naming documents staff have used the

Category section to type in the specifics of the scanned item (e.g. Letter from Dr So and so about such and such) rather than the **Description** where you would type this information. Instead of a few categories such as Letter, ECG, Photo there can be hundreds, if not thousands of Categories. Until recently you were stuck with this problem. Now there is a utility in the MD maintenance program.

1. Click on the **Document type** button.
2. Use the same method as described in the “Changing recall lists” above.



Part 9 – Address Book

Address books in Medical Director can become very messy, especially when staff (and doctors) type in their own categories, rather than choose from a drop down list. This leads to inconsistencies and spelling mistakes. It is much better to use one of the **Options** to create **Address Book categories** rather than type in the category name of specialists or institutions.

Checking your address book for inconsistencies

Use the following process to evaluate the tidiness of your address book. This will give you an idea of the enormity of the task.

1. With no patient record open the Address book
 - MD2 **Files/Address Book**
 - MD3 **File/Address Book**.
2. Click on the drop down arrow in the **Filter by category box** and this will show you the categories that have been supplied with Medical Director PLUS any that the practice has added using the Tools/Options/Lists/Address book categories.
3. Type an “E” into the Filter by category box – you may notice a lot of categories in the name list that mean the same thing, e.g. ENT, E.N.T., ent, E N & T.
4. Scan through the names in the address book and you may also notice duplicates.

Removing duplicates

1. Click once on the duplicated name.
2. Press the **Delete key** on the keyboard or click on the **Delete Entry** button at the bottom of the screen.
3. Confirm the deletion when prompted.

Adding address book categories

After looking at the inconsistencies from the exercise above, the practice doctors and nurses (at a team meeting?) may decide which categories to include in the address book.

1. From the **Tools** menu select **Options** and then **Lists**.
2. Click on **Address book categories**.
3. Type in the category and then click on the **Add** button.

Tidying up the address book categories

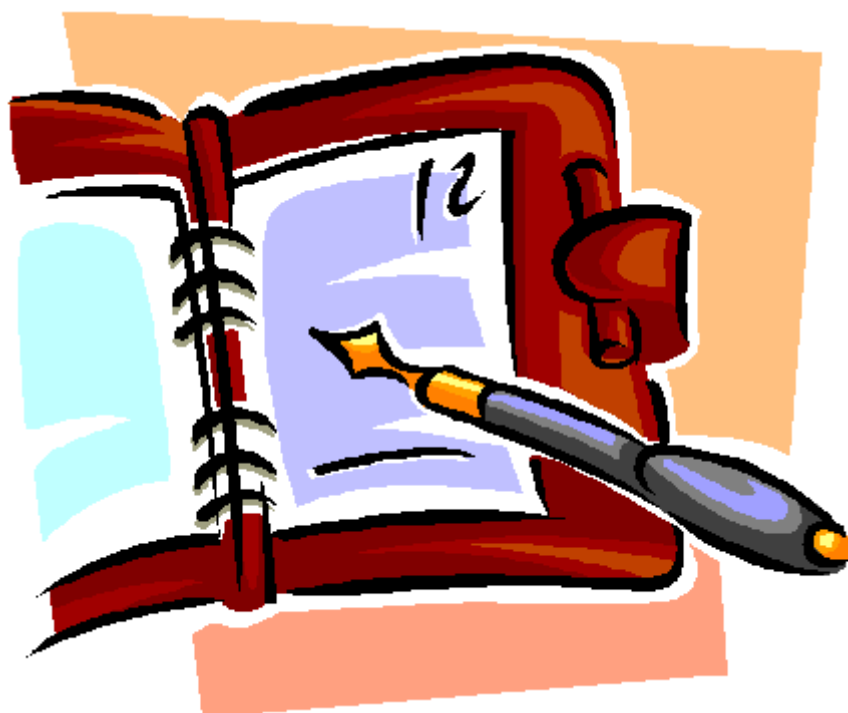
The process to do this can be quite time consuming as you have to edit each “errant” address entry to change the category.

1. Open the address book.
2. Type an “A” into the Filter by category box – scan through then name list to seek out misspellings or undesired categories.

4. Double click on the person or institution you wish to edit.
5. Once the details are displayed you will see the incorrect entry next to the Category drop down list. Click on the drop down list and select the correct category.
6. Repeat this process for each of the “A” names.
7. Once the “A’s are complete move onto the “B’s”, then “C’s” etc.

Correctly adding new address book entries

1. Click on the **New Person** button at the bottom of the screen (MD2) – this will allow you to enter a specialist’s (or other health practitioner’s) details. In MD3 you switch between **Person** and **Company** with a button in the **Edit addressee** or **New addressee** dialogue box.
2. Add the Specialists details and make sure you select the category from the drop down list – **DO NOT TYPE IN THE CATEGORY.**
3. Click on **Add** when finished.
4. Adding a Company works the same way – in MD2 click on **New Company**, in MD3 click on **New Entry** and when the dialogue box opens click on the Company button.



Part 10 – Various cleaning up options

In MD2 these are found under Data Manipulation of the MD Maintenance program. In MD3 open HCN Maintenance and select Common/Patients Manager.

Update Phone numbers

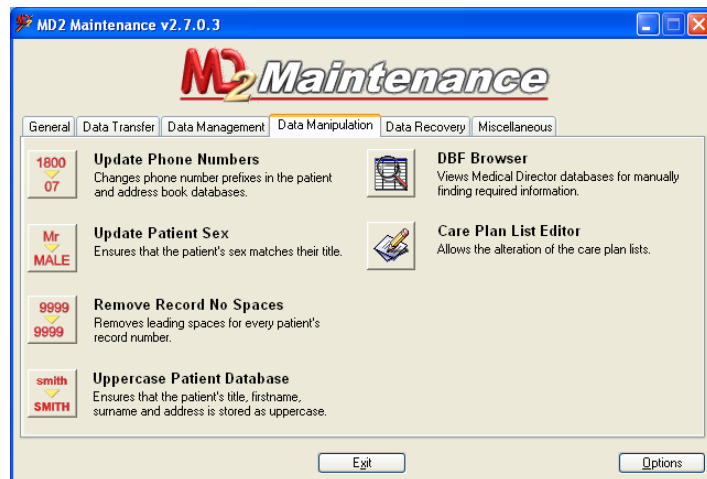
Change phone number prefixes in the patient and address book databases

Update patient sex

Ensures the patient's gender matches their title (Mr, Mrs, Miss, Ms etc.)

Remove record number spaces

Removes spaces in front of any record number.



Uppercase patient database

Ensures the patient's title, names and address is in uppercase.

MD pre-migration check (MD2)

In MD2 Maintenance click on Data Transfer/Pre-Migration check – this will check that the MD2 database is ready to migrate to MD3.

Other useful utilities in MD2



Part 11 - Data cleansing check list in MD2 and MD3

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

Data cleansing checklist

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 an imported documents: Document category: no more that 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.