

## Tips for process to minimise data errors

As we move away from the acute stages of the pandemic, some practices are starting to tidy up some processes. Cambridge Medical has spent some time looking at their recalls and screening services to tidy up their data and ensure it is accurate. As a result, we have developed some useful tips for practices.

### Diabetes annual reviews (DAR)

Issue found	Comment
Clinician has not always completed the full components in the DAR or they haven't populated the common form and have written the DAR information in the notes instead.	<p>The DAR common form needs to be saved once all components are completed. If not fully completed, the clinician should set up a task to remember to complete.</p> <p>If the clinical staff are awaiting one or more components to complete the DAR, e.g., lab results, they may choose to add a task as a reminder to go back and complete this information. Each practice will have a process for how this is managed within their diabetes recall/management protocol.</p> <p>It is a good idea to have a practice champion for DARs, cervical screening and immunisation. The practice "champion" for DARs should be checking the patient notes along with the common form if a DAR has been done but is still showing as incomplete.</p>
Diabetes monitoring recall is not set up properly and is displaying as a 2-month recall date instead of 3 months.	<p>BPAC has chosen a set recall as a 'happy medium' for recall follow up, as each practice has a different timeframe, they would like this recall to be set as. The recall can be changed to the appropriate timeframe for follow up by the clinical staff on completion of the DAR.</p> <p>This recall timeframe will be dependent on how well controlled diabetes is and aims of treatment, which is decided by clinician.</p>
Diabetes annual review recalls are not always coming through correctly when a patient transfers from another practice.	Every practice under indicator 5.2 of Foundation Standard will have a process when a patient transfers from another practice to ensure new patients' notes are reviewed by clinicians. Most practices are

	<p>using nurses as part of the process to ensure the correct recalls are in place for the patient.</p> <p>You can also filter prompts to show recalls recommended which will pick up patients where there is no recall.</p>
When using the common form (on both indici and Medtech) to complete a DAR, sometimes the CVRA is not saving.	<p>The common form is a tool used to record both DAR and CVRA. If a patient is coded as having diabetes, this will contain fields to complete relevant to diabetes. If not, it will contain fields to complete a CVRA. The clinician will need to check that all components of the common form have saved.</p>

## Cervical screening

Issue found	Comment
Some women were staying on the lists after they reach 70 years.	<p>Nurses (cervical screeners) have a process to look at the results of previous smears to determine whether the woman has completed lifetime screening (as per NCSP guidelines). If this has occurred, they will need to add an outcome code denoting this.</p> <p>If a patient is 68+ and has completed their screening you need to put two measurements in. The first one being the result from the screening e.g. 'normal' and then a second measurement with the 70+ outcome code.</p>
A cervical screen has been completed, recall added and failed to enter the outcome measurement.	<p>If, for example, a non-regular cervical screener inserts the recall but not the result, they may require reminding on what the correct process is. This may be done in several ways including inhouse training or a one-on-one discussion around the correct process with an experienced cervical screener.</p> <p>You can search in the notes for cytology to check if screening has been completed by another provider. You would search inbox for cytology result. This would only show if</p>

	<p>another in-house provider completed the cervical screening. If screening done elsewhere, this would be reflected on cervical screening data match report and then result needs to be accessed via NCSP.</p>
<p>Women having cervical screening by another provider including specialists.</p>	<p>Women who have seen specialists will have letters coming through the inbox. Have a practice process to ensure that all results etc are picked up through this process. This should also be picked up through the data matching report that practices are using if the woman has consented to being on the national screening programme. Ensure there is a process in the practice to share the data match report with the cervical screeners and champions within the practice.</p>
<p>Recalls not coming through for patients transferring from other practices.</p>	<p>Every practice under indicator 5.2 of Foundation Standard will have a process when a patient transfers from another practice to ensure new patients' notes are reviewed by clinicians. Most practices are using nurses as part of the process to ensure the correct recalls are in place for the patient.</p> <p>You can also filter prompts to show recalls recommended which will pick up patients where there is no recall.</p> <p>If your PMS has an auto recall function on enrolment, then it is important to check the date of the recall as it may not match the actual due date.</p>
<p>Expired enrolments change the patient to casual which means the practice assumes the patient is enrolled elsewhere.</p>	<p>Practice needs to contact the patient to re-enrol. Practices will have a regular process to identify patients who have moved from enrolled to casual as their 3-year enrolment has elapsed.</p>
<p>Patients who do not meet the eligibility criteria for health funding due to visa status show as casual patients but are still eligible for cervical screening.</p>	<p>Practice needs to ensure they are treated the same as a registered patient with the only difference they will not be eligible for any funding.</p>

## Some additional thoughts around cervical screening

### Process to check

- What is the prompt saying?
  - Is there an accurate last cervical screen date or is it saying date unknown?
- Do the measurement records match the inbox documents for screening? If not, check what is missing and add measurements and outcomes.
- Search cytology and/or cervical in the timeline to see if any measurements have been missed.
- Check hysterectomies have been coded correctly.
- Has the patient declined cervical screening?
  - Check there is a signed letter on file – record in patient alerts.
  - Ensure recall is coded as declined.
  - Ensure recalls are still added.
  - Note: a clinician or patient can inform the NCSP register if further cervical screening is declined. This will result in the register no longer sending reminders. If the patient wishes to withdraw completely from the register, they must inform the register herself in writing.
- The clinical staff member responsible for cervical screening recalls should not assume that the recall is correct. Check the above to ensure that the screening is due or overdue before sending out the recall.
- Note: Indici does have the capability to send bulk recalls to an assigned group. Technical guidelines around this are available from Indici.
- The Pinnacle nurse leads are happy to work with any nurses to help them around any clinical issues and processes. Contact them at [nursing@pinnacle.health.nz](mailto:nursing@pinnacle.health.nz).