



RECALL AND REMINDER TOOLKIT

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INTRODUCTION

HNECC PHN: Recall and reminder Systems

With this, the HNECC PHN Primary Care Improvement Team delivers support within various services, including:

- Education
- Professional Development
- Preventative Health
- Immunisation
- Workforce support
- Chronic Disease management
- Quality Improvement/Accreditation
- Digital Health
- Practice Management

To support both general practice and health professionals in delivering high quality, evidence informed care, and to maximise their practice's efficiency and sustainability.

At a glance:

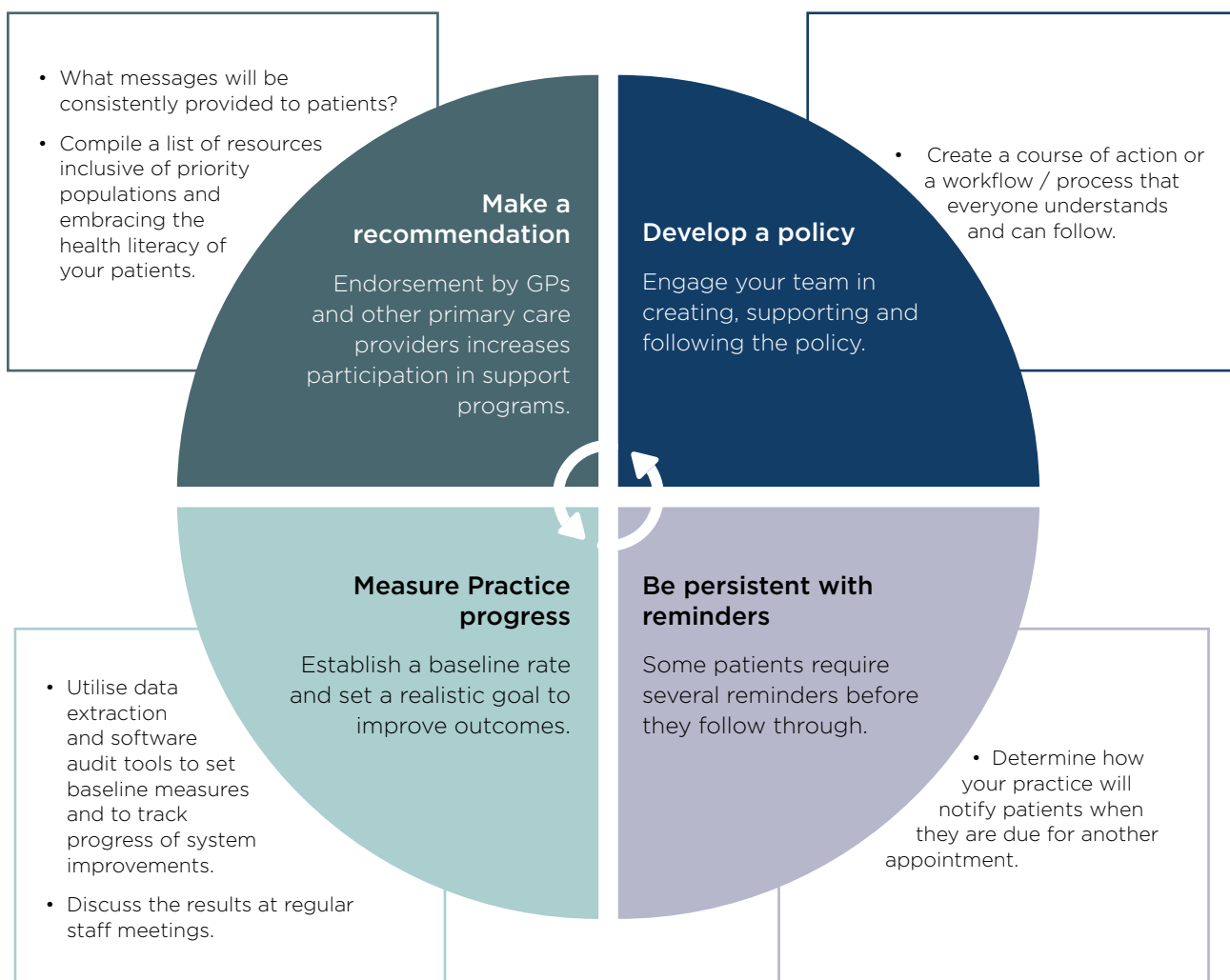
Recall and reminder systems are vital within the business model of private practice and delivery of chronic disease management. A recall refines a follow-up of a clinically significant event (important that the patient attends the practice), and a reminder refines the routine or regular notification for prevention or management purposes.

It is important to have a robust reminder and recall process because policy supports safe, high quality care to patients, provides a mechanism for Quality Improvement of patient care and outcomes. It also underpins and meets Quality Improvement Accreditation Standards.



Four essentials to improving Recall and Reminder systems in Primary Care

1. Implement practice changes.
2. Take a person-centred approach.
3. Involve staff and put office systems in place.
4. Follow a continuous improvement model to develop and test the changes.



DEVELOPING A SYSTEMATIC APPROACH

Data cleansing

The information available in clinical software is invaluable when developing streamlined practice systems and providing quality patient care. For practice data to be useful, information within your clinical database must be accurate and up to date.

Ensuring electronic results are received correctly is key to providing effective and efficient patient care.



HELPFUL TIPS

- Regularly mark patients as 'inactive'
- Merge duplicate patient records
- Ensure pathology results are received in the correct format
- Develop and agree on processes to ensure data quality is maintained
- Clean up reminder lists: Ask your Primary Care Improvement Officer for instructions on 'Bulk Reminder Clean Up'
- Document processes clearly in your Policy and Procedure Manual
- Regularly discuss clinical coding in team meetings to develop clear standards and requirements for patient files.

Work flow

Work flow is defined as a series of steps, frequently performed by different staff members that accomplishes a task. Work flows represent how work gets done, not the protocols that have been established to do the work.

Work flow mapping is a way of making the invisible "visible" to a practice to improve processes to increase efficiency, reduce errors, and improve outcomes.

Work flow mapping is the process of documenting the specific steps and actions that take place in completing a task. Creating a work flow map allows the opportunity to see what is currently happening, identify opportunities for improvement or change, and design new, more effective processes. It is helpful to consider workflows associated with the following three processes:

1. Perceived process (what we think is happening)
2. Reality process (what the process is)
3. Ideal process (what the process could be).



HELPFUL TIPS

Important rule of mapping: the person who controls the process controls the pen. Meaning whomever carries out the process, maps the steps.

- Be realistic: map what is happening not what is desired.
- Identify each step of the activity and person responsible.
- Communicate: ensure all team members involved understand how the activity is executed.



HELPFUL LINKS & RESOURCES

Train IT Medical have sample workflows for:

[Correspondence Management](#)

[Inbox Management](#)

[Train IT Medical Practice Management resources](#)



Implementing robust recall and reminder systems

The RACGP Standards for General Practice view a **reminder** as an offer to provide patients with systematic preventative care. A **recall** is when it is paramount for a patient to attend the clinic, usually in the instance of an abnormal result. A recall is further defined as a system to make sure patients receive further medical advice on matters of clinical significance.

Clinical significance is determined by:

- the probability that the patient will be harmed if further medical advice is not obtained
- the likely seriousness of the harm.

It will be up to each practice to design a system which effectively differentiates between their general preventive reminders and their true recalls (RACGP, 2017).



HELPFUL TIPS

- Ensure there is a written policy which is communicated to the practice team which outlines a consistent and validated process for recording results, entering recalls and sending reminders
- Define roles and responsibilities for individual team members
- Review systems for managing overdue patient recall and reminders.



HELPFUL LINKS & RESOURCES

Speak to your Primary Care Improvement Officer to gain access to best practice resources:

[Medical Director: Recall, Reminders Action Fact Sheet](#)

[The Dos and Don'ts of Patient SMS](#)

[AMA Recall Systems and Patient Consent](#)

It is recommended that GPs who are coordinating patient centred care should not assume that clinically significant test results ordered by others have been adequately followed up.

Clear and agreed systems for receiving and following up on test results are needed to ensure safe and effective continuity of patient care. For further information regarding RACGP's position on non-GP initiated testing [click here](#).

How can PEN CS support patient-based outcomes in General Practice?

When leading change in a General Practice, you will require data to help guide your thinking, discussions and planning.

PEN CS's Clinical Audit Tool 4 (CAT4) is a user-friendly software tool that interrogates the data contained within GP clinical and management software. The extracted data can be then filtered to select a specific target group and viewed through a range of clinically relevant patient reports to support quality improvement.

PEN CS and your Practice

A significant number of General Practices across the HNECC PHN already use CAT4 to investigate and report against their patient data. Using CAT4 to extract relevant data provides practices a range of benefits including:

- Improving the quality of patient care by identify patients requiring periodic screening and ensuring the appropriate treatment or referral is delivered proactively
- Identifying patients “at risk” of developing certain diseases or conditions and offering preventative treatment.



HELPFUL TIPS

- Use current data by performing monthly data collection
- Ensure correct coding principles are implemented to ensure data can be extracted
- Upskill; participate in PEN CS and [Topbar webinars](#) and speak with your Primary Care Improvement Officer to assist in understanding your practice data.



HELPFUL LINKS & RESOURCES

PEN CS has developed 'recipes' which are simple step by step guides to extract meaningful data correctly.

Visit www.pencs.com.au to source recipes.



WHAT IS QUALITY IMPROVEMENT?

The RACGP Standards for General Practice describes quality activity undertaken within a general practice where the primary purpose is to monitor, evaluate or improve the quality of health care delivered by the practice. The Standards recommend practices engage in quality improvement activities that review structures, systems and processes to aid the identification of required changes to increase the quality of healthcare delivery and safety of patients.

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Engaging in quality improvement activities is an opportunity for the practices' GPs and other staff members to come together as a team to consider quality improvement. Quality improvement can relate to many areas of a practice and achieving improvements will require the collaborative effort of the practice team.

Standards for General Practice - 5th Edition

The RACGP 5th Edition Standards have been released with a new module specifically identified for quality improvement. Criterion QI 1.1 identifies four indicators that relate to practice-based activity around quality improvement and reference a team-based approach. The criterion recommends having at least one team member responsible for leading quality improvement in the practice, which establishes clear lines of accountability. Please refer to the guidelines.

Criterion QI 1.3 relates to improving clinical care, specifically practice use of relevant patient and practice data to improve clinical practice. Establishing and utilising robust reminder and recall systems could be a focus under this criterion.

The Quality Improvement process is divided into two manageable steps, the "thinking" and "doing" part. This process allows ideas to be broken down into management sections which can be tested and reviewed to determine whether improvement has been achieved prior to implementing on a larger scale.

The 'Thinking' part

The thinking part consists of three fundamental questions that are essential for guiding improvement.

1. What are we trying to accomplish?

By answering this question, you will develop your aim for the activity.

Consider exactly what it is you are seeking to change.

- Define the problem. Success comes through preparation Understanding what the problem is and thinking about why there is a problem helps in developing your aim.
- Set realistic objectives which are specific, have a defined timeframe and are agreed (SMARTA). Use plain language and avoid jargon so that the meaning is clear to everyone.
- Include information that will help keep the team focused.

2. How will we know that change is an improvement?

By answering this question, you will develop measures for tracking your goal.

Without measuring, it is impossible to know whether the change you are testing is an improvement.

- Communicate to the team what you are measuring, how, when and who is responsible (see 'Measuring Success').
- Make the measurement as simple as possible.
- Only collect the data that is required.

3. What changes can we make that will result in an improvement?

By answering this question, you will develop ideas for change.

Encourage the whole team to contribute ideas. Be creative. Think outside the box.

- You know your General Practice and your patients best. Keep this in mind and use your knowledge and experiences to guide your ideas.
- Adapt from others.
- Think small and test. Think about testing a change with one GP or a select group of patients. This will assist in determining if the change had the desired effect and suitable for wider implementation.

FOR EXAMPLE - your General Practice may decide to focus on Aboriginal Health Assessments.

You may have an aim like this:

To increase the number of health assessments completed and claimed for Aboriginal patients attending our practice by 15% by December 2019 by implementing a recall and reminder system.

Your response may be:

We will measure through CAT4:

- The number of Aboriginal patients in our practice
- The number of those patients who have had health assessments in the past 12 months.

Your outcome may include:

- Use CAT4 to extract the number of active Aboriginal patients.
- Provide training to ensure both clinicians and non-clinicians are aware of Aboriginal health assessment RACGP and MBS guidelines and requirements.
- Review recall and reminder process in practice.
- Create prompts on eligible patient files.
- Send reminder/invitation letters to eligible patients.

The 'Doing' part

The doing part is made up of rapid, small Plan, Do, Study Act (PDSA) cycles to test and implement change in real work settings.

Not every change is an improvement, but by making small changes you can test the change on a small scale and learn about the risks and benefits before implementing change more widely. Several PDSA cycles may be required to achieve your improvement goal.

You will find through PDSA cycles some changes lead to improvements. If so, these improvements can be implemented on a wider scale. You may also find that some improvement ideas are not successful. Analyse why they didn't work and learn from this. By carrying out small tests in PDSA cycles, you have avoided implementing unsuccessful change on a wider scale.

Step One: Plan

A well-developed plan includes what, who, when, where and your predictions and what data is to be collected.

Make your plan as clear and as detailed as possible:

- What exactly will you do?
- Who will carry out the plan?
- When will it take place?
- Where will it take place?
- What do you predict will happen?
- What data/information will we collect to know whether there is an improvement?

Step Two: Do

Write down what happens when the plan is implemented (both negative and positive) and other observations.

Collect any data you identified in the plan phase.

Step Three: Study

Reflect on what happened.

Think about and summarise what you have learnt. Analyse the data collected and compare with your initial predictions. If there is a difference in the data and predictions, consider what happened and why.

Step Four: Act

Considering the results from your tests; will you implement the tested change or amend and test or try something else?

Write down the next idea you will test. Be sure to start planning the next cycle early to keep up the momentum of change.



FOR EXAMPLE - your General Practice may decide to focus on Recall and Reminder system to increase the number Aboriginal Health Assessments.

Idea	Use CAT4 to extract the number of Aboriginal patients in the practice who are due for a health assessment (MBS Item 715).
Plan	<p>What: Use CAT4 to extract data</p> <p>Who: Practice Manager</p> <p>When: Wednesday 20 February 2019</p> <p>Where: General Practice</p> <p>Data to be collected: Extract or record the number of aboriginal patients who have not had a health assessment in the last 9 months.</p> <p>Prediction: Expect 30% of eligible patients will have had a health assessment completed.</p>
Do	Practice Manager extracted data as planned using a CAT4 Recipe to ensure correct data was extracted.
Study	Percentage of patients with health assessment completed status was significantly lower than expected.
Act	Data presented to practice team to discuss weight management strategies that could be implemented within the practice. Data presented to practice team to discuss current health assessment rates and how to increase the number of health assessments for aboriginal patients by implementing a reminder system for Aboriginal patient health assessment.



HELPFUL TIPS

- Practices need to engage in quality improvement activities to improve quality and safety for patients in areas such as practice structures, systems and clinical care
- Decisions on changes should be based on practice data (PEN CS and clinical database audits, near misses and patient and/or staff feedback)
- Achieving improvements requires the collaborative effort of the practice team and all members of the team should feel empowered to contribute
- Utilise the Readiness Tool to assist identify ideas and areas for improvement
- No PDSA cycle is too small; keep it simple
- You may complete a series of PDSA cycles to achieve your goal. Results will be achieved through building on previous cycles
- Set aside protected time to complete the agreed upon tasks
- Document your PSDA cycles and present findings at team meetings
- Improvement is a team effort.

See Criterion C4.1 – [Health Promotion and Preventative Care RACGP 5th Standards](#)



READINESS TOOL

This Readiness Tool is designed as a starting point to encourage General Practice to generate ideas and strategies in chronic disease prevention that may be applied to a quality improvement activity. This may assist with the 'thinking part' of the quality improvement cycle.

In working through the Readiness Tool, start by identifying if the practice or clinicians are undertaking activity in the identified area. In the action column you could document any ideas or processes that may need to be introduced or changed.

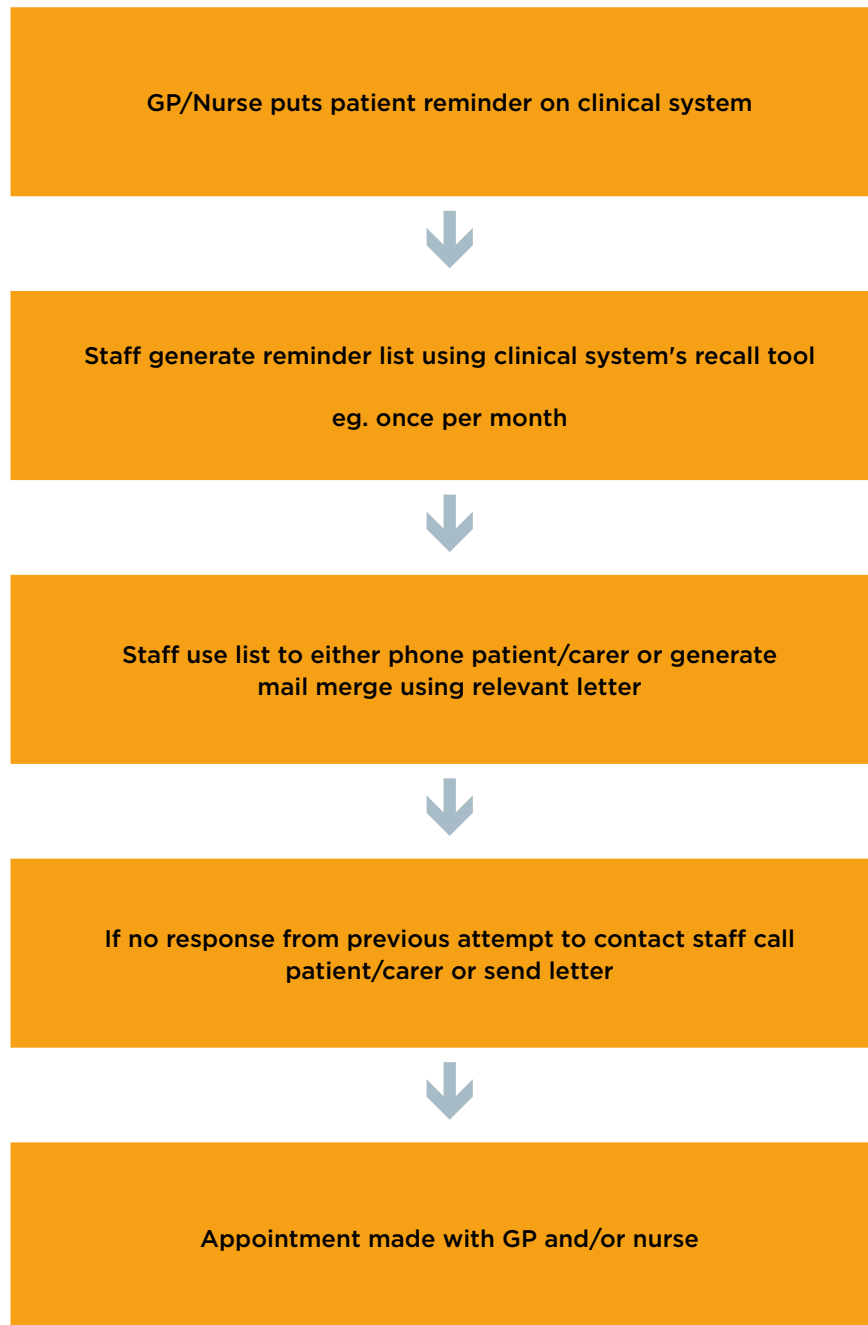
Recall and Reminder Quality Improvement Readiness Tool

General Practice Name:	
Completed by:	
Team Leader:	

AREA: Quality Improvement Change Readiness	Yes/No	Action/Comment (what, when, who)
1. There is an active focus on prevention or management of patient care (Chronic Disease Management, Indigenous Health, Cancer Screening).		
2. You/your practice currently provide recall and reminder systems for patient care.		
3. Within your patient population, priority populations have been identified for each process.		
4. Clinicians have indicated they would like to access education and training in relation to areas considered appropriate for a recall and reminder system to be implemented.		

AREA: General Practice Systems	Yes/No	Action/Comment (what, when, who)
5. You/your practice utilise a standard family history template inclusive of chronic disease history.		
6. The "New patient form" requests consent for recalls (including appropriate screening and SMS).		
7. Regular data cleansing activities are undertaken to establish up to date lists (registers) of patients using CAT4 or the practice's EMR.		
8. Practice software is utilised for actions/prompts for the GP/Nurse to ask about clinical items appropriate to that patient.		
9. There are policies and procedures in place that include reminders and recalls for patient care. (review/develop policy for recall/reminders)		
10. The practice sends targeted reminders to patients (eg. letters, SMS, email or phone calls) for routine patient care follow-up.		
11. The practice has a workflow to manage and monitor cancer screening and chronic disease management. Designated roles have been allocated in workflows.		
9. The practice has put in place strategies to address the requirements of the PIP QI. E.g. Quality Improvement Strategic 12 month plan, protected time for QI activity, patient and staff education etc.		
10. Clinicians receive test results electronically.		
11. Clinicians access HealthPathways and Patient Info for clinical guidelines, assessment, management and referral information and patient information.		

Reminder Process Flow Chart:



CHANGE IDEAS TO CONSIDER

These ideas are suggestions only, with the concept adaptable across the Recall and Reminder Systems.

Idea: Encourage person centred care by encouraging patients to discuss recall and reminder systems management with their GP.

- Display promotional material in the waiting room
- Have the reception team give eligible patients a flyer asking them when they were last assessed. The patient can then take the flyer into their appointment with them, opening the door for a discussion with their Doctor or Nurse about relevant programs to assist.

Idea: Engaging the General Practice Team - Develop and maintain an effective recall and reminder system: staff education.

There is often a lot of work that needs to be done to improve how practices use software to maintain effective recall and reminder systems. Staff education is the first step towards improvement. Ask your Primary Care Improvement Officer to provide a short information session to staff and provide reminder and recall resource manuals.

Idea: Appoint a staff member who is responsible for creating and maintaining a recall and reminder Systems register, add this role to their job description.

This staff member may become the Practice Champion for recall and reminders. Providing professional development opportunities to this staff member will assist with rewarding and recognising this person's contribution to the team.

Idea: Have a team meeting to brainstorm how recall and reminder systems could improve income generation and patient care.

(eg. by linking together multiple recalls such as GP management plans, health assessments, recall and reminder systems etc.)

Dedicate some time at a staff meeting to discuss how health assessments can include: exercise, nutrition, social situation and isolation, home safety, alcohol issues as well as mental health. Review health assessment templates to ensure that the above questions are included.

Idea: Draft a written procedure for recall and reminder systems.

If your practice has a policy/procedure for recalls and reminders. If there is not a current policy, contact GPA or AGPAL as a starting point to generate conversation and development of a policy.

Idea: Send reminder letter to eligible patients due for assessment

- Following the establishment of your recall and reminder systems patient register, identify patients due for assessment.
- The recall and reminder systems initiative suggest two key times where practice reminders can really add value:
 1. For patients who have never been assessed.
 2. On a patient's actual re-screen due date.
- Utilise the suggested template reminder letter available through your Primary Care Improvement Officer.

RESOURCES FOR UNDERTAKING QUALITY IMPROVEMENT

Quality Improvement Goal Setting

1. What are we trying to accomplish?

By answering this question, you will develop your goal for improvement.

2. How will we know that a change is an improvement?

By answering this question, you will develop measures to track the achievement of your goal.

3. What changes can we make that can lead to an improvement?

List your ideas for change. By answering this question, you will develop the ideas you would like to test towards achieving your goal.

IDEA 1.

IDEA 2.

IDEA 3.

IDEA 4.

Quality Improvement Action Worksheet

PLAN, DO, STUDY, ACT

Please complete a new worksheet for each change idea you have documented on the previous page.

Where there are multiple change ideas to test, please number the corresponding worksheet(s).

Describe the idea you are testing.

IDEA

Must include what, who, when, where, predictions & data to be collected.

What:

Who:

PLAN

When:

Where:

Data to collect/record:

What do we think will happen?

Was the plan executed? Document any unexpected events or problems.

DO

Record, analyse and reflect on the results.

Extract same data to measure for improvement:

STUDY

What will you take forward from this cycle (next step or next PDSA cycle)

ACT



Measuring Success

The overall aim of undertaking a recall and reminder systems quality improvement activity is to increase participation in recall and reminder systems.

Choosing an activity or idea to explore will have its own measure of success. It is important to identify in each activity what you are wanting to change and how you will know when the change has occurred.

Applying a SMARTA (Specific, Measurable, Attainable, Realistic, Timebound and Agreed) goal setting process will assist you.¹

SMARTA Goal Setting

- **Specific.** Goals that are too vague and general are hard to achieve, for example 'be a better parent'. Goals that work include specifics such as 'who, where, when, why and what'.
- **Measurable.** Ideally goals should include a quantity of 'how much' or 'how many' for example drinking 2 litres of water per day. This makes it easy to know when you have reached the goal.
- **Achievable.** Goals should be challenging, but achievable. Goals work best when they are neither too easy or too difficult. In many cases setting harder goals can lead to better outcomes, but only if the person can achieve it. Setting goals which are too difficult can be discouraging and lead to giving up altogether.
- **Relevant.** The goal should seem important and beneficial to the person who is assigned the goal.
- **Time-related.** 'You don't need more time, you just need a deadline.' Deadlines can motivate efforts and prioritise the task above other distractions
- **Agreed.**

Reflect on the Recall and Reminder Systems activity identified on page 12. Here you have undertaken a data analysis using CAT4 and this has shown the percentage of active patients who have had an Aboriginal Health Assessments (Item 715). This forms your baseline measure.

The next step is to decide on an activity and set a goal. For this example, you may like to set a goal to increase the number of Aboriginal Health Assessments (Item 715) by 15%>. When this has been implemented within a set time frame, you can then repeat the data analysis to see the change in status has increased.

¹Health Direct November 2016 <https://www.healthdirect.gov.au/smart-goals>

An Example of Measuring Success Aboriginal Health Assessments (Item 715)

Practice X has 600 active Aboriginal patients. Of these patients, following the use of CAT4, 50 Aboriginal patients have had an Aboriginal Health Assessment (Item 715) in the last 12 months.

Numerator: The number of Aboriginal patients with 3 or more visits in the previous 2 years, who have had an Aboriginal Health Assessment (Item 715) in the last 12 months.

Denominator: The number of active Aboriginal patients.

$$[\text{Numerator of 100}] \div [\text{Denominator of 600}] = 15\%$$

Practice X then decides as a QI activity to undertake a data cleansing and improvement activity for Aboriginal Health Assessment (Item 715). The measurement of change will be the increase in recording of 15%. This could be a measure after 9 months as this is a measurement of data management and system change.

Measurement for Aboriginal Health Assessments (Item 715)

Aboriginal Health Assessments Measure

NUMERATOR

DENOMINATOR

Aboriginal Health Assessments Measure

NUMERATOR

DENOMINATOR

Aboriginal Health Assessments Measure

NUMERATOR

DENOMINATOR

Aboriginal Health Assessments Measure

NUMERATOR

DENOMINATOR

Addendum:

- Ret 1/2/19: <https://www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf>

Useful Links:

Patient Information - Healthshare:	https://www.healthshare.com.au/
Data Extraction - PEN CS Recipes:	http://help.pencs.com.au/display/CR/CAT+RECIPES
Clinical Software Training:	https://trainitmedical.com.au/
HNECC PHN website:	https://hneccphn.com.au/
Medicare HPOS:	https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/hpos
AGPAL website:	https://www.agpal.com.au/
QPA website	https://www.gpa.net.au/
RACGP website:	https://www.racgp.org.au/

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