



# *Orientation*

## *Participant*

### *Handbook*

#### *Part 2—Clinical Support*

*Name* \_\_\_\_\_

*Community* \_\_\_\_\_

*Site* \_\_\_\_\_

*Position* \_\_\_\_\_

*Date Completed* \_\_\_\_\_





## PaRROT Orientation Handbook, Part 2

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## Welcome

Welcome to the Clinical Support Module of the Pathways to Rural and Remote Orientation and Training (PaRROT) program. This program is available as an e-learning program through [www.health.qld.gov.au/parrot](http://www.health.qld.gov.au/parrot) or as a workshop delivery mode. This handbook – which is the second of three, can be used as a guide for the e-learning program, or as a record for the workshop delivery program.

Documents associated with this program can also be accessed and completed electronically.



# *Orientation*

## *Unit 5*

# *Evidence Based Guidelines*



# Pathways to Rural and Remote Orientation and Training

a Primary Health Care approach to Chronic Disease





## Session 1

Welcome to the third unit of the PaRRROT Program. This unit looks at the evidence based guidelines used to support the implementation of chronic disease care in rural and remote areas.

One of the major supports required for the implementation of chronic disease care is access to current evidence based guidelines and the CaSS site at <http://qheps.health.qld.gov.au/pathology/>. In rural and remote areas the documents used are:

- [Chronic Disease Guidelines](#) [1]
- [Primary Clinical Care Manual](#) [2]
- [Immunisation Handbook](#) [3]

The first two listed are updated every 2 years by the Office of Rural and Remote Health – this is to ensure consistency with changes to policy and evidence based practice.

The Immunisation Handbook is reviewed and updated every two years or as needed by Australian Technical Advisory Group on Immunisation (ATAGI). It provides clinical guidelines for health professionals on

- Safest and most effective use of vaccines
- Clinical recommendations based on evidence

All of these guidelines need to be easily accessible and used by practitioners working in rural and remote primary health care settings. If you don't have access to one, please discuss with your manager.

In order to complete this unit you will need access to all of the publications,

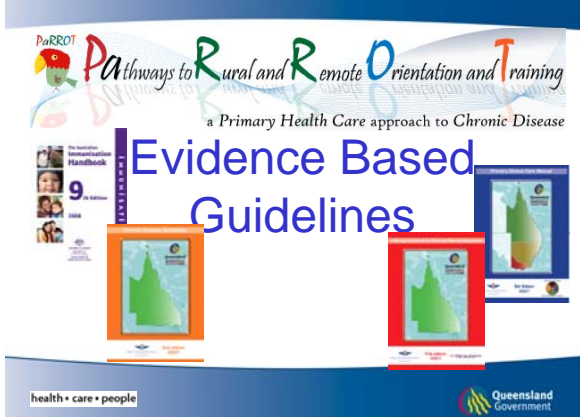
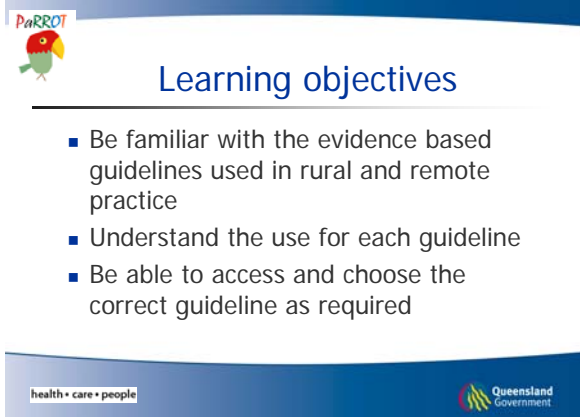
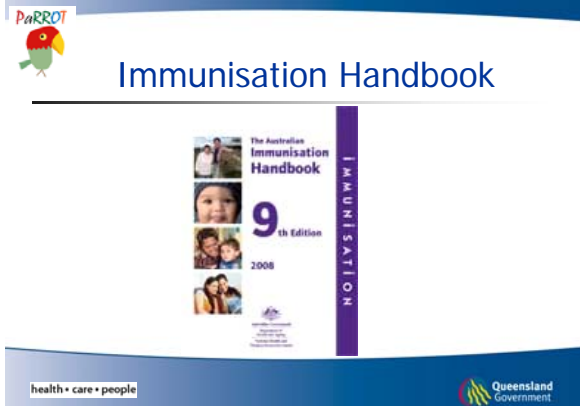








**Presentation**

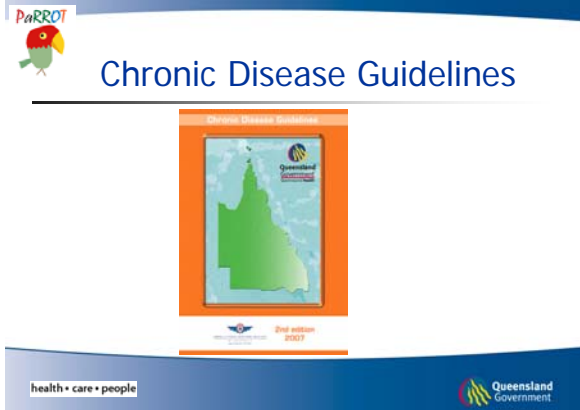
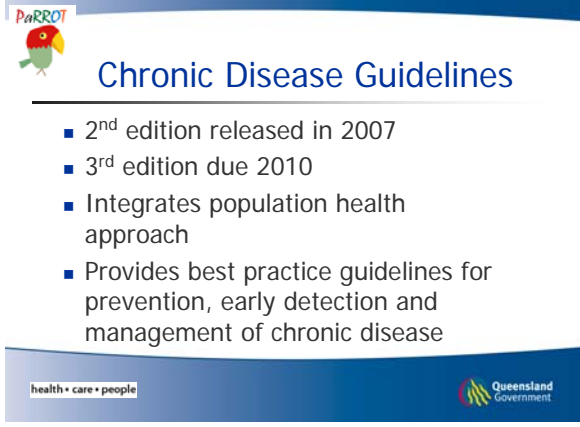
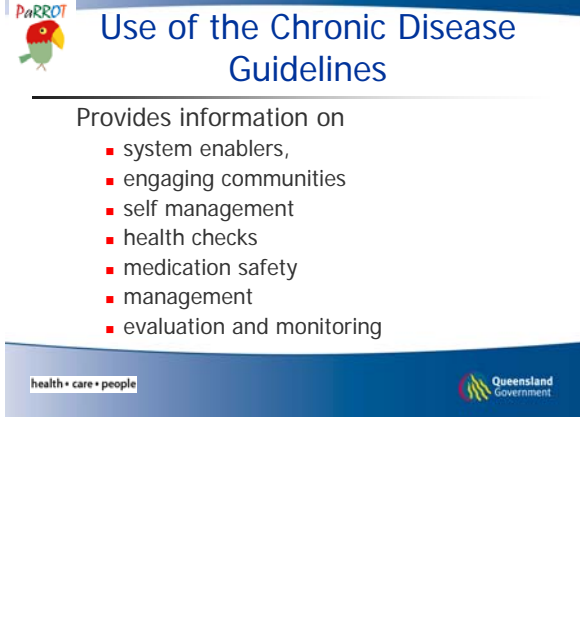
**Evidence Based Guidelines**

health • care • people

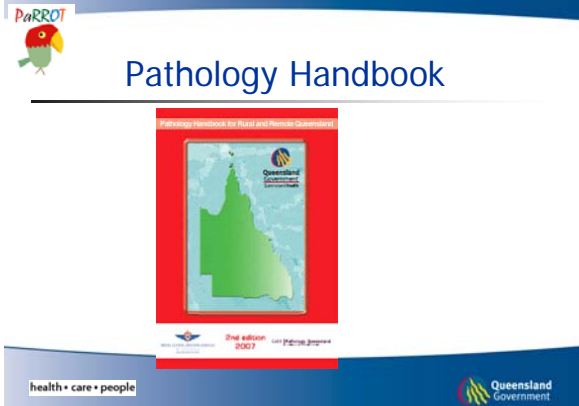
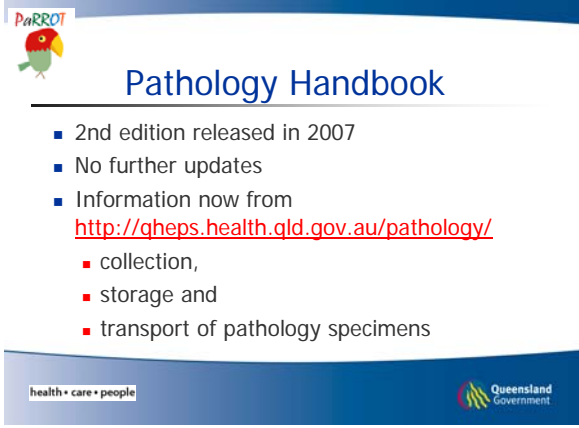
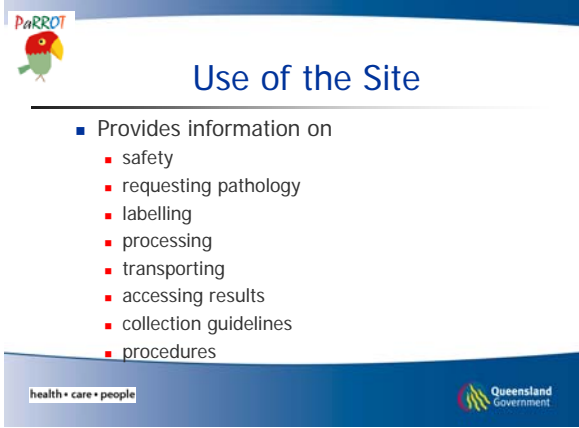
Queensland Government


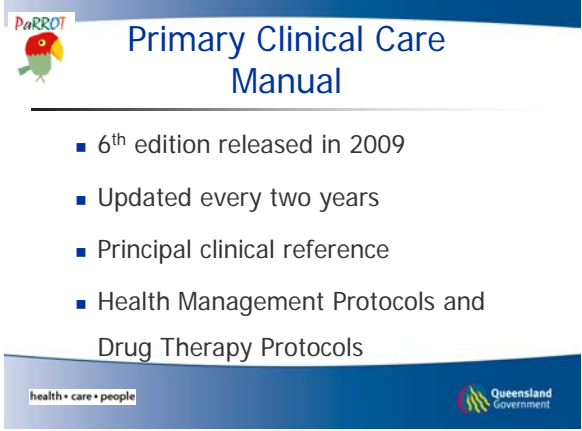
<p><b>Slide 1</b></p>		<p>Notes:</p>
<p><b>Slide 2</b> <b>Learning objectives</b></p>	 <ul style="list-style-type: none"> <li>■ Be familiar with the evidence based guidelines used in rural and remote practice</li> <li>■ Understand the use for each guideline</li> <li>■ Be able to access and choose the correct guideline as required</li> </ul>	<p>Notes:</p>
<p><b>Slide 3</b> <b>Immunisation Handbook</b></p>		<p>Notes:</p>

<p><b>Slide 4</b> <b>Immunisation Handbook</b></p>	 <h3>Immunisation Handbook</h3> <ul style="list-style-type: none"> <li>■ 9<sup>th</sup> edition released in 2008</li> <li>■ Updated every 2 years or as required</li> <li>■ Provides clinical guidelines for health professionals on             <ul style="list-style-type: none"> <li>■ safest and most effective use of vaccines</li> <li>■ clinical recommendations based on evidence</li> </ul> </li> </ul>  	<p><b>Notes:</b></p> <p>The Australian Immunisation Handbook 9<sup>th</sup> edition was released in 2008</p> <p>The handbook is updated every 2 years by the Australian Technical Advisory Group on Immunisation (ATAGI) and endorsed by the National and Medical Research Council (NHMRC) – both are national expert groups on vaccination and research.</p> <p>The handbook is designed to provide clinical guidelines on safe and effective use of vaccines for individual practitioners and recommendations for vaccination based on the best available current evidence.</p> <p>Recommendations on certain vaccines may vary between the product literature and the handbook – the reasons for this are clearly explained in the relevant chapters of the hand book.</p>
<p><b>Slide 5</b> <b>Use of the Handbook</b></p>	 <h3>Use of the Handbook</h3> <ul style="list-style-type: none"> <li>■ Developed to provide standards for all vaccine providers</li> <li>■ Provides information for non endorsed health practitioners</li> <li>■ Can be used as a reference for health practitioners</li> <li>■ Provides information on the most current immunisation schedule</li> </ul>  	<p><b>Notes:</b></p> <p>The Immunisation Handbook was developed to provide national standards for ALL vaccine providers – including Registered Nurses, Medication Endorsed Enrolled Nurses and Authorised Aboriginal and Torres Strait Islander Health Workers who have been trained, to a level within their scope of practice, to provide an immunisation program.</p> <p>Non endorsed Registered Nurses, Medication Endorsed Enrolled Nurses and Authorised Aboriginal and Torres Strait Islander Health Workers must have a Medical Officers instruction prior to administering a vaccine. They can, however, use the book to get information about vaccines and the schedule if they need it.</p> <p>The Handbook provides information on the most current immunisation schedule which changes as research evolves and new vaccines are developed.</p>

<p><b>Slide 6 Chronic Disease Guidelines</b></p>		<p>Notes:</p>
<p><b>Slide 7 Chronic Disease Guidelines</b></p>	 <ul style="list-style-type: none"> <li>■ 2<sup>nd</sup> edition released in 2007</li> <li>■ 3<sup>rd</sup> edition due 2010</li> <li>■ Integrates population health approach</li> <li>■ Provides best practice guidelines for prevention, early detection and management of chronic disease</li> </ul>	<p>Notes:</p> <p>The Chronic Disease Guidelines 2<sup>nd</sup> Edn was released in 2007. The guideline is due to be updated in 2010 by the Office of Rural and Remote Health, Clinical Support Unit. It integrates a population health approach to chronic disease care, includes health promotion, community empowerment and self management, and provides practice guidelines for the prevention, early detection and management of chronic disease.</p>
<p><b>Slide 8 Use of the Chronic Disease Guidelines</b></p>	 <p>Provides information on</p> <ul style="list-style-type: none"> <li>■ system enablers,</li> <li>■ engaging communities</li> <li>■ self management</li> <li>■ health checks</li> <li>■ medication safety</li> <li>■ management</li> <li>■ evaluation and monitoring</li> </ul>	<p>Notes:</p> <p>The CDGs were developed to provide support for all health professionals working in chronic disease care. It provides information on: system enablers which support chronic disease care; engaging communities and health promotion; self management of chronic conditions; health checks for adults and children; medication safety; management of diagnosed conditions including care plans, and information of evaluation and monitoring using the ABCD quality improvement program, Healthy for Life evaluation and Northern Area chronic disease indicators.</p>

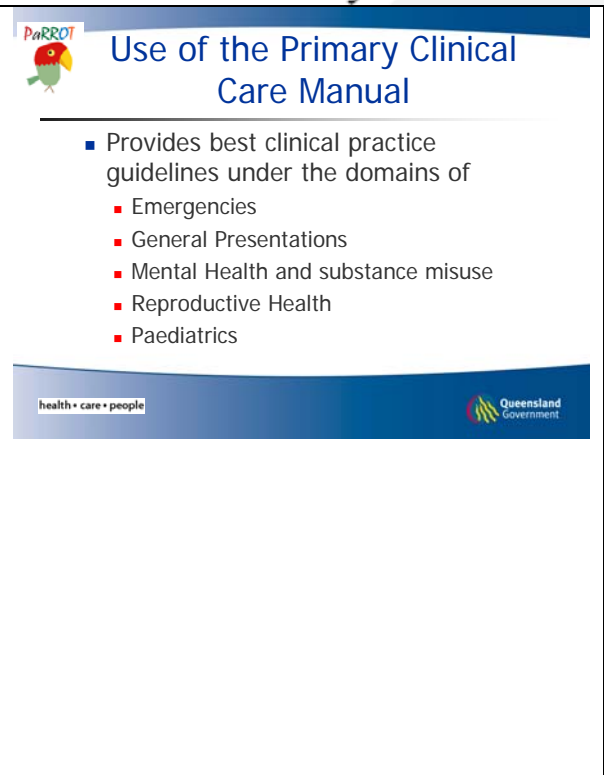



<p><b>Slide 9</b>  <b>Pathology Handbook</b></p>		<p>Notes:</p>
<p><b>Slide 10</b>  <b>Pathology Handbook</b></p>		<p>Notes:</p> <p>The Pathology Hand Book 2<sup>nd</sup> edition for Rural and Remote Queensland was released in 2007</p> <p>The hand book will no longer be updated with information now to be sourced from <a href="http://qheps.health.qld.gov.au/pathology/">http://qheps.health.qld.gov.au/pathology/</a></p> <p>It is companion information for the Chronic Disease Guidelines and Primary Clinical Care Manual</p> <p>The Hand Book was developed to provides information on the collection, storage and transport of pathology specimens in rural and remote Queensland</p>
<p><b>Slide 11</b>  <b>Use of the Site</b></p>		<p>Notes:</p> <p>Developed for use by all health professionals involved in the collection, packing and transport of pathology specimens in rural and remote areas.</p> <p>It provides information on:              safety, including confidentiality and standard precautions              how to request pathology and who is authorised to do this              specimen labelling including when, where and how              processing the specimens correctly prior to transportation              transporting including packaging, safety procedures and labelling              accessing results using Auslab, the Pathology Information System collection guidelines including use of correct</p>

		<p>tubes, volumes of blood to be drawn, use of swabs and Polymerase Chain reaction processes.</p> <p>Procedures including recommendations on specimens that should be collected for specific presentations, the reasons for this, the procedures for obtaining and processing the specimens.</p>
<p><b>Slide 12</b>  <b>Primary Clinical Care Manual</b></p>		<p>Notes:</p>
<p><b>Slide 13</b>  <b>Primary Clinical Care Manual</b></p>		<p>Notes:</p> <p>The Primary Clinical Care Manual (PCCM) 6<sup>th</sup> edition was released in 2009. The PCCM will be updated every two years by the Office of Rural and Remote Health, Clinical Support Unit.</p> <p>It has been developed as the principal clinical reference tool and policy document for Health Workers, Registered Nurses, Medical Officers and other Health Professionals working in rural and remote Queensland.</p> <p>The manual supports best clinical practice for endorsed Registered Nurses and Authorised Health Workers under Health Management protocols and in accordance with the Health (Drugs and Poisons) Regulation 1996</p>




**Slide 14**  
**Use of the Primary Clinical Care Manual**




**Use of the Primary Clinical Care Manual**

- Provides best clinical practice guidelines under the domains of
  - Emergencies
  - General Presentations
  - Mental Health and substance misuse
  - Reproductive Health
  - Paediatrics

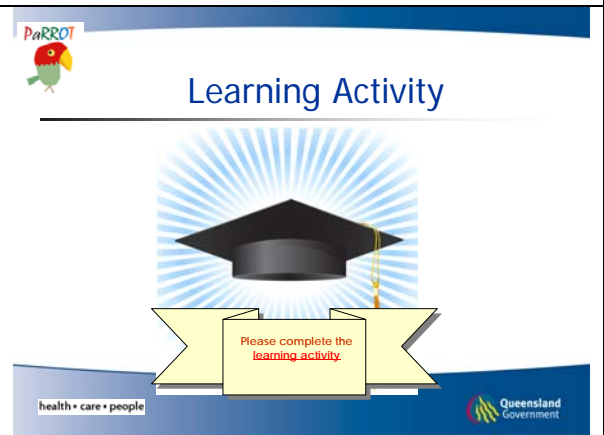
health • care • people 


**Notes:**  
 Developed for use by all health professionals working in rural and remote areas including Isolated Practice endorsed and authorised health professionals and nurse practitioners.

It provides best clinical practice guidelines under the domains of:  
 Patient assessment and transport  
 Emergencies  
 General Presentations  
 Mental Health  
 Sexual and reproductive health  
 Paediatrics


And includes information on  
 History taking  
 Clinical Assessment  
 Communication  
 Procedural interventions  
 Management of presenting conditions  
 Basic and advanced life support

**Slide 15**  
**Learning Activity**




**Learning Activity**

Please complete the learning activity

health • care • people 

**Notes:**



## Learning Activity

### Information for participants


This activity can be conducted in small groups or large group brainstorming. Please record your answers on your activity sheet, and submit to your facilitator who will copy, scan and email it to [parrot@health.qld.gov.au](mailto:parrot@health.qld.gov.au) or fax it to 4033 3040 and keep a copy for your records.

### Quiz Settings


Property	Setting
Total Number of Questions	4
Total Number of Questions to Ask	All

1. Have a look at each of the publications and think about what situations you might use them in?

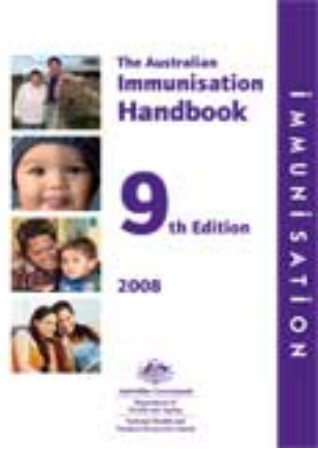
### 1. Chronic Disease Guidelines - choose more than one answer.

Correct	Choice	
	Immunisation advice to a parent or client	
	Information on Schedules	
	Chronic disease information	
	Self management	
	Health Checks	
	Emergency treatment	
	Accessing results	


**2. Primary Clinical Care Manual - choose more than one answer.**

Correct	Choice	
	Treatment of presenting conditions	
	Mental health emergency response	
	Treatment protocols	
	Information on vaccines	
	Brief intervention	
	Specimen collection and labelling guidelines	
	Information on drug therapy protocols	

**3. The Australian Immunisation Handbook - choose more than one answer.**

Correct	Choice	
	Information on vaccine preventable disease	
	Vaccination procedures	
	Information on schedules	
	Immunisation advice to a parent or client	
	Safety procedures around body fluid handling	
	Emergency treatment	
	Information on drug therapy protocols	

4. <http://qheps.health.qld.gov.au/pathology/> - choose more than one answer.

Correct	Choice	
	Information on catch up programs	
	Quality Assurance	
	Safety procedures around body fluid handling	
	Transporting specimens	
	Processing specimens	
	Information on drug therapy protocols	
	Client assessment and treatment	





## Session 2

This unit has provided a brief introduction to the main evidence based guidelines used in the provision of primary health and chronic disease care in rural and remote areas. It is important for health practitioners working in these areas to be familiar with the publications and to ensure the copies they used are the most current.

For more information and to order the Primary Clinical Care Manual, the Chronic Disease Guidelines and the Pathology Handbook follow the link  
<http://www.health.qld.gov.au/orrh/html/publications.asp>

For more information on the Immunisation Handbook follow the link  
<http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

In the induction module of the PaRROT program, the publications will be looked at in much more detail. Nurses working in the areas can get also more information and practical application of the publications in the Rural and Remote Nurses online training program, "From the Burbs to the Bush" which can be found at

[http://cdes.learning.medeserv.com.au/portal/index\\_qldhealth\\_cdp.cfm](http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm)

This portal is only available to Queensland Health staff and requires an employee name and password to access.







## Quiz

### Information for Participants

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide and answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to [parrot@health.qld.gov.au](mailto:parrot@health.qld.gov.au) or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

### Quiz Settings

Property	Setting
Passing Score	50% or 7/14
Total Number of Questions	7
Total Number of Questions to Ask	All

### Questions

1. What evidence based guideline guides the delivery of primary health care and chronic disease prevention, detection and management of chronic disease? *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	Immunisation Hand book
	<a href="http://qheps.health.qld.gov.au/pathology/">http://qheps.health.qld.gov.au/pathology/</a>

2. Which evidence based guideline provides clinical guidelines for health professionals on the safest and most effective use of vaccines? *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	Immunisation Handbook
	<a href="http://qheps.health.qld.gov.au/pathology/">http://qheps.health.qld.gov.au/pathology/</a>

3. Which evidence based guideline guides the response to acute presentations?  
 (2 points)

Correct	Choice
	Primary Clinical Care Manual
	Immunisation Hand Book
	<a href="http://gheps.health.qld.gov.au/pathology/">http://gheps.health.qld.gov.au/pathology/</a>
	Chronic disease guidelines

4. Which evidence based guideline provides information on collection, storage and transport of pathology specimens? (2 points)

Correct	Choice
	<a href="http://gheps.health.qld.gov.au/pathology/">http://gheps.health.qld.gov.au/pathology/</a>
	Immunisation Hand Book
	Chronic Disease Guidelines
	Primary Clinical Care Manual

5. You are doing an assessment on a well adult who has presented at the clinic with a splinter in their finger. What guideline/s will you use to support you in your practice? (2 points)

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	Immunisation Hand book
	<a href="http://gheps.health.qld.gov.au/pathology/">http://gheps.health.qld.gov.au/pathology/</a>
	A and B
	A and C
	A, B and C
	All of the above

6. You are doing a child health check and are looking for information on immunisation programs which guidelines will you find this information in? (2 points)

Correct	Choice
	Chronic Disease Guidelines
	Immunisation Hand book
	Primary Clinical Care Manual
	<a href="http://qheps.health.qld.gov.au/pathology/">http://qheps.health.qld.gov.au/pathology/</a>
	A and B only
	A, B and D only
	A, B and C only
	None of the above

7. A 45 year woman with type one diabetes presents to your clinic. You conduct an assessment and find her blood glucose level is high. What evidence based guidelines will provide you with information on how to proceed? (2 points)

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	<a href="http://qheps.health.qld.gov.au/pathology/">http://qheps.health.qld.gov.au/pathology/</a>
	Immunisation Hand book
	A, B and C only
	A, B, C and D
	A and C only
	A and B only



## Bibliography

1. Queensland Health and the Royal Flying Doctor Service (Queensland Section), *Chronic Disease Guidelines*. 2nd ed. 2007, Cairns.
2. Queensland Health. Royal Flying Doctor Service, *Primary Clinical Care Manual*. 5 ed, ed. W.D.-N.A.H. Service. 2007, Cairns: Workforce Directorate - Northern Area Health Service.
3. Australian Government. Department of Health and Aging. National Health and Research Council, *The Australian Immunisation Handbook*. 9 ed. 2008, Canberra: Australian Government.
4. Queensland Health, *Pathology Handbook for Rural and Remote Queensland*. 2007, Cairns: Queensland Health.

# *Orientation*

## *Unit 6*

### *Clinical Information Systems*





## Introduction Clinical Information Systems

The use and knowledge of clinical information systems continues to evolve in the health care industry. Every health related organisation will have systems in place to record activity, client care, best practice approaches to care, patient safety and incident reporting and electronic communication systems.

The Office of the Chief Nursing Officer has developed an on line training program for Nurses going to work in rural and remote areas in Queensland. Much of this PaRROT unit, is adapted from the clinical information module in “From the 'Burbs to the bush': orientation of nurses and midwives to rural and remote area practice” online training program which can be accessed at

[http://cdes.learning.medeserv.com.au/portal/index\\_qldhealth\\_cdp.cfm](http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm)

you will need a user ID which is your payroll number and a password to get any further. Once in find the course [Essential guides: supporting clinical practice](#) and click onto it.

An alternate route is to click onto

[http://cdes.learning.medeserv.com.au/portal/index\\_qldhealth\\_cdp.cfm](http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm) and under the programs button click onto the orientation – rural and remote nursing and midwifery and then onto [QLTH5203 Essential guides: supporting clinical practice](#).

Access to the training site will require access to the QH Clinical Development and Education Service (CDES) which is only available to Queensland Health Staff – using your employee number as your unique identifier. Queensland Health Nurses can choose to complete the module of the Nurses orientation course rather than this one – which has very similar information.







## Session 1

Adapted from “From the 'burbs to the bush': orientation of nurses and midwives to rural and remote area practice”

Most health systems today emphasise 'best practice', 'evidence based practice', and 'quality' in an effort to improve overall performance in terms of organisational efficiency and effectiveness. These types of initiatives require the optimum use of information and communication technologies. Health is a knowledge industry with information being central to all aspects of care planning, management and delivery. However, clinical information systems appear to be under-utilized compared to other sectors, such as business and finance, and this leads to errors involved when using paper, pen and even human memory to manipulate the information [1, 2].

Clinical information systems (sometimes called 'clinical informatics') can assist health care providers to deliver quality services by allowing information to be collected into databases and retrieved as needed. Additionally, the statistical information in the database can be used to support integrated practice and to improve decision making and patient care[3].

Data management is equally important in metropolitan, rural and remote practice. In all areas it can be used to track patient safety concerns, identify treatment outcomes, and compile health statistics and much more. There is increasing evidence that electronic health records can improve the efficacy, safety and quality of care when compared to paper-based systems.

Queensland Health has many information systems, some of which are used across many areas, others only in specialty areas. When you move into rural and remote practice, you may find that different key clinical information systems are used – although many will be familiar. [4] Information on the systems commonly used within Queensland Health is available on the [systems information sheet](#)

This unit looks at the Queensland Health systems, some of which can be accessed externally and some which can't. Non Queensland Health staff should complete the unit, knowing that the systems may not be available to them however; every health service provider will have a set of systems which workers need to be familiar with and to use as required.

The activity for this unit sets the scene for workers to be familiar with their systems and to have a plan to access information and training as required. The check list you are asked to develop is not for submission, it is for your own information and should be kept handy.

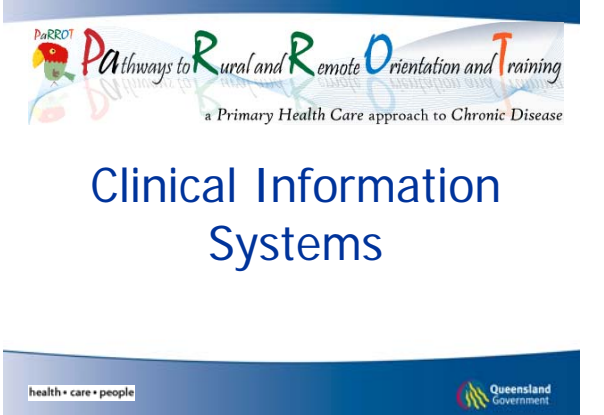
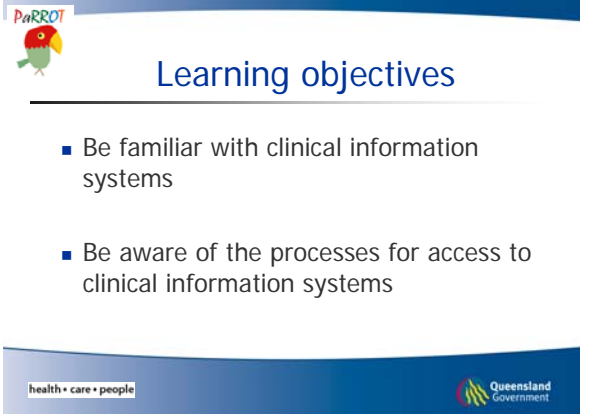
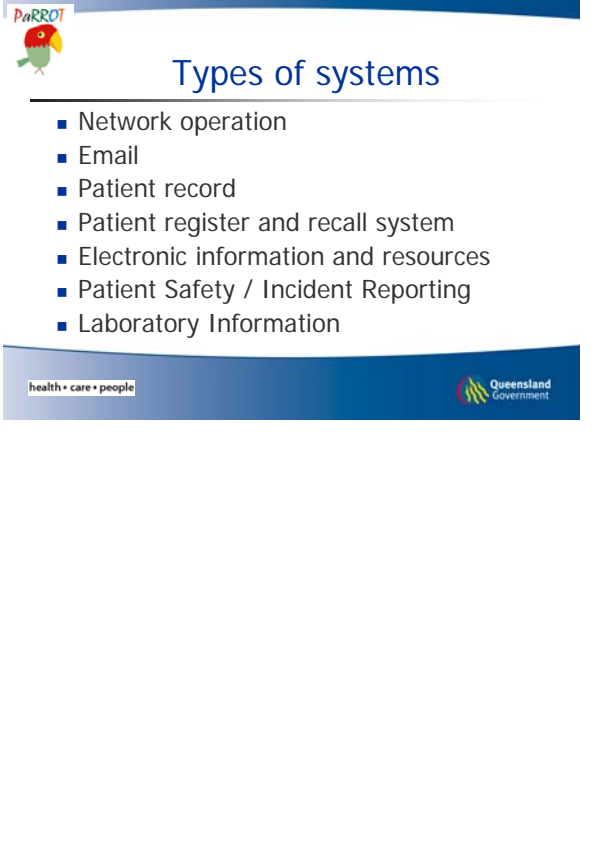



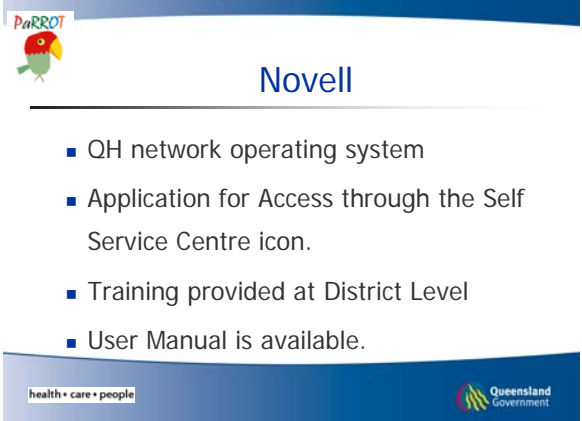








# Clinical Information Systems

health • care • people

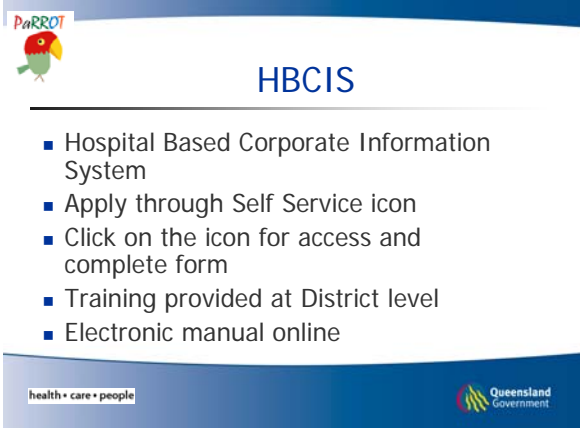

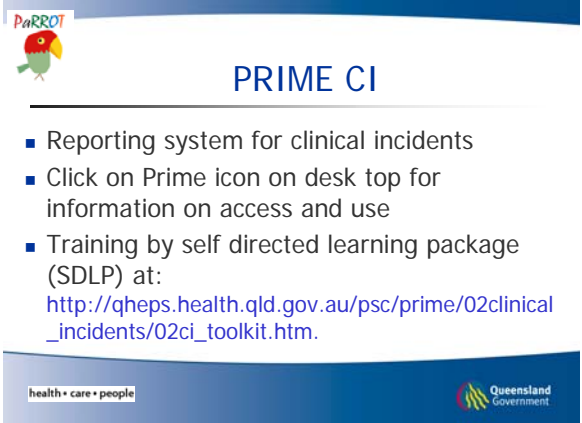









<p><b>Slide 1</b> <b>Clinical Information Systems</b></p>		<p>Notes:</p>
<p><b>Slide 2</b> <b>Learning objectives</b></p>		<p>Notes: The objectives of this unit are to: Be familiar with clinical information systems Be aware of the processes for access to the clinical information systems.</p>
<p><b>Slide 3</b> <b>Types of systems</b></p>		<p>Notes: All health services will have their own clinical information systems which would broadly come under the following types.  Network operation – the main system used by the organisation for access to all applications Email - organisations' main electronic communication system Patient record – used to record client contact and clinical notes – in some organisations this replaces a paper based system Patient register and recall system – used as an electronic reminder system for follow up appointments for patients Electronic information and resources – provides access to electronic information and resources required by health staff Patient Safety / Incident Reporting – allows the monitoring of clinical incidents including near misses. Information collated, analysed and used to develop systems to reduce the risk of reoccurrence</p>

		<p>Laboratory Information – electronic record of pathology results.</p>
<p><b>Slide 4</b> <b>Access and Training</b></p>		<p><b>Notes:</b>        Initial access to the system in Queensland Health, requires your line manager to log on initially and you complete the application process. Application for access and training for electronic systems needs to be completed as soon after commencement as possible. Your team leader or manager has responsibility to organise this. Access can be requested on-line through the Self Service Centre and Help Desk which is used to register computer requests, faults and advice via an icon on all desktops.</p> <p>Organisations outside of Queensland Health would have their own access procedures. Staff working in these organisations need to familiarise themselves with their local process.</p>
<p><b>Slide 5</b> <b>Novell</b></p>		<p><b>Notes:</b>        Novell - Queensland Health (QH) network operating system. Every QH employee will require a NOVELL login and password to access ALL applications available on the QH network, including e-mail access.</p>








<p><b>Slide 6</b> <b>GroupWise</b></p>	 <h2 style="text-align: center;">GroupWise</h2> <ul style="list-style-type: none"> <li>■ QH email system</li> <li>■ Application for Access through the Self Service Centre icon.</li> <li>■ Training provided at District Level</li> <li>■ User Manual is available.</li> </ul> <p style="text-align: center;">health • care • people </p>	<p><b>Notes:</b> GroupWise – Queensland Health email system</p>
<p><b>Slide 7</b> <b>QHEPS</b></p>	 <h2 style="text-align: center;">QHEPS</h2> <ul style="list-style-type: none"> <li>■ <a href="#">Queensland Health Electronic Publishing System</a></li> <li>■ Access through the internet icon on the desktop.</li> <li>■ Self help site at: <a href="http://qheps.health.qld.gov.au/training/home.htm">http://qheps.health.qld.gov.au/training/home.htm</a></li> <li>■ User guide on QHEPS site.</li> </ul> <p style="text-align: center;">health • care • people </p>	<p><b>Notes:</b> QHEPS – Queensland Health Electronic Publishing System is the Queensland Health intranet site and is only accessible to QH employees.</p> <p>QHEPS Provides resources, policies and procedures, and clinical information for all staff and links to access reference materials, including links to all QH enterprise systems. Users will require a Novell log in and password to access QHEPS</p>
<p><b>Slide 8</b> <b>Ferret</b></p>	 <h2 style="text-align: center;">Ferret</h2> <ul style="list-style-type: none"> <li>■ <a href="#">Electronic patient information, reminder and recall system</a></li> <li>■ Information available from <a href="http://qheps.health.qld.gov.au/nahs/clinical/phis/prim_hth_info_sys.htm">http://qheps.health.qld.gov.au/nahs/clinical/phis/prim_hth_info_sys.htm</a></li> <li>■ Access request forms on website</li> <li>■ Training provided on application</li> </ul> <p style="text-align: center;">health • care • people </p>	<p><b>Notes:</b> Ferret is an electronic patient information, reminder and recall system. The system supports the delivery of healthcare, including primary prevention, early detection and management of chronic disease. Information is entered by medical practitioners, nurses, health workers, allied health staff and administration staff. Staff are expected to enter data following each client consult. Ferret is not used in all QH primary health care settings and is only accessed by non QH staff if they have service agreements with QH.</p> <p>An electronic manual can be found on website and a paper based manual is available at each centre. Website on QHEPS with User Guides, Resources and Quick Reference Sheets. Website address: <a href="http://qheps.health.qld.gov.au/nahs/clinical/phis/prim_hth_info_sys.htm">http://qheps.health.qld.gov.au/nahs/clinical/phis/prim_hth_info_sys.htm</a></p> <p>Access requests need are signed by supervisor and faxed to PHCIS team. FERRET users are encouraged to visit the website and access the learning</p>



		<p>tools.</p> <p>Both production (live system) and training require user name and password which is allocated with access. Training database allows learners to practice with non-essential data. Trainers in each area provide training. A user manual is available on website and a paper manual located in clinics.</p>
<p><b>Slide 9 HBCIS</b></p>	 <p><b>HBCIS</b></p> <ul style="list-style-type: none"> <li>■ Hospital Based Corporate Information System</li> <li>■ Apply through Self Service icon</li> <li>■ Click on the icon for access and complete form</li> <li>■ Training provided at District level</li> <li>■ Electronic manual online</li> </ul> <p>health • care • people </p>	<p><b>Notes:</b></p> <p>HBCIS - Hospital Based Corporate Information System. Is a patient record system for hospital administration? Information entered includes patient details, diagnosis, procedures preformed, length of stay, bed and menu assignment etc. In some areas, accident and emergency presentations (outpatients) may be tracked through HBCIS Triage.</p> <p>In metropolitan hospitals, data entry clerks often enter some/many of the details. In many rural and remote hospitals however, nursing staff may do this.</p>
<p><b>Slide 10 PRIME CI</b></p>	 <p><b>PRIME CI</b></p> <ul style="list-style-type: none"> <li>■ Reporting system for clinical incidents</li> <li>■ Click on Prime icon on desk top for information on access and use</li> <li>■ Training by self directed learning package (SDLP) at:  <a href="http://qheps.health.qld.gov.au/psc/prime/02clinical_incidents/02ci_toolkit.htm">http://qheps.health.qld.gov.au/psc/prime/02clinical_incidents/02ci_toolkit.htm</a> </li> </ul> <p>health • care • people </p>	<p><b>Notes:</b></p> <p>Prime CI is a reporting system for clinical incidents. Clinical incidents comprise adverse events (harm caused) and near misses (no harm caused). It is the responsibility of everyone involved in or aware of any clinical incidents or risks, to record the details into PRIME CI.</p>

<p><b>Slide 11</b> <b>Auslab</b></p>	 <h3 style="text-align: center;">Auslab</h3> <ul style="list-style-type: none"> <li>■ Queensland Health Pathology and Scientific Services Laboratory Information System</li> <li>■ Application for access through Self Service icon</li> <li>■ Training provided in Brisbane</li> <li>■ Training manuals available on the website</li> </ul> <p style="text-align: center;"> <small>health • care • people</small>  </p>	<p><b>Notes:</b>        Auslab is the Queensland Health Pathology and Scientific Services Laboratory Information System. Clinicians with a username and password can access results of all pathology tests. Results are accessed by searching under the patient's UR number or surname. Information is entered by laboratory staff. Training manuals Getting Started for Laboratory Users and Getting Started for Non-Laboratory Users available on website</p>
<p><b>Slide 12</b> <b>EDIS</b></p>	 <h3 style="text-align: center;">EDIS</h3> <ul style="list-style-type: none"> <li>■ Emergency patient clinical system</li> <li>■ Access form available from <a href="http://qheps.health.qld.gov.au/id/id_a_to_z_access.htm#e">http://qheps.health.qld.gov.au/id/id_a_to_z_access.htm#e</a></li> <li>■ Training provided at District level – organised by line managers</li> <li>■ Manuals available on line</li> </ul> <p style="text-align: center;"> <small>health • care • people</small>  </p>	<p><b>Notes:</b>        EDIS is an emergency patient clinical system used in larger Accident and Emergency Departments to track a patient's condition, treatment and movement through the department. Patients are not tracked after they leave the department. In smaller centres, similar information is entered into the HBCIS Triage system. Information entered and accessible by all emergency department staff.</p>
<p><b>Slide 13</b> <b>Clinicians Knowledge Network - CKN</b></p>	 <h3 style="text-align: center;">Clinicians Knowledge Network - CKN</h3> <ul style="list-style-type: none"> <li>■ No username or password required for QH staff</li> <li>■ External staff apply for access at <a href="http://qheps.health.qld.gov.au/ras/ea/ea_apply.htm">http://qheps.health.qld.gov.au/ras/ea/ea_apply.htm</a> and log in at <a href="http://ckn.health.qld.gov.au/">http://ckn.health.qld.gov.au/</a></li> <li>■ Online assistance and user support available on the website.</li> </ul> <p style="text-align: center;"> <small>health • care • people</small>  </p>	<p><b>Notes:</b>        CKN – Clinical Knowledge Network provides all health professionals with evidence based information via eJournals, eBooks and databases. Management of CKN is undertaken by the Central Library, access is through the QHEPS home page. On line assistance regarding CKN is available from the Tutorials menu on the CKN homepage. Queensland Health libraries can arrange training if needed. Staff need to know where their local library is located.</p>



<p><b>Slide 14</b> <b>eLMS</b></p>	 <h3 style="text-align: center;">eLMS</h3> <ul style="list-style-type: none"> <li>■ Enterprise wide Liaison Medication System</li> <li>■ eLMS program training is required before access is granted.</li> <li>■ Training is conducted face to face or via video conference and online</li> </ul> <p style="text-align: center;">health • care • people </p>	<p><b>Notes:</b> eLMS is the Enterprise wide Liaison Medication System - A central repository of patient specific medication information, used state-wide, to facilitate the continuity of medicine management across the community-hospital interface. The system enables sufficient information for patients and their carers to safely manage their medications at home. Nursing staff input data and summaries are printed for the patient, GP and/or community pharmacist.</p>
<p><b>Slide 15</b> <b>iPharmacy</b></p>	 <h3 style="text-align: center;">iPharmacy</h3> <ul style="list-style-type: none"> <li>■ <a href="#">Software application used by QH Hospital Pharmacies.</a></li> <li>■ Uses Secure Transfer to transfer sensitive information to Medicare Australia.</li> </ul> <p style="text-align: center;">health • care • people </p>	<p><b>Notes:</b> iPharmacy is a software application used by QH Hospital Pharmacies.  iPharmacy uses Secure Transfer to transfer sensitive information to Medicare Australia.</p>
<p><b>Slide 16</b> <b>Learning Activity</b></p>	 <h3 style="text-align: center;">Learning Activity</h3> <div style="text-align: center;">  <p style="border: 1px solid black; padding: 5px; display: inline-block;">Please complete the learning activity</p> </div> <p style="text-align: center;">health • care • people </p>	<p><b>Notes:</b></p>



## Learning Activity

### Introduction

In this activity you will be required to consider what systems you may need to be aware of when you start work in a rural or remote location and whether or not you will need training in any of the systems.

Please work through the following steps.

#### Step 1

Click on the link below to access and print the clinical information systems record.

[Clinical information systems tool QH \(Queensland Health staff\)](#)

#### Step 2

In the 'Clinical information systems record', record any training you have already received or mark off any information systems that you are already competent at using. You can use the sheet to record any usernames and passwords and any technical support contacts - but ensure you keep it in a secure place.

#### Step 3

Prioritise training for the remaining clinical information systems that you are not competent at using. Talk with your line manager or supervisor to identify the key clinical information systems that you need to be familiar with in your rural or remote location. Use this information to set training priorities and timelines for completion of training. Enter this into the 'Clinical information systems record'.

Find out what training is available and how to access it. You might consider the following questions:

- Is there formal training in these systems, and who can I talk to about this?
- Is the training held in a physical location, or can I train online?
- Do I need access forms, and if so, where can I obtain these?

#### Step 4

Organise training for your highest priority clinical information system. Put the training date in your diary, or if it is self-directed training, set aside some time in your diary to complete it.

Thank you

Now that you have completed the tool, please keep it in a safe place with your other training documents and update it as you complete all the training.





## Session 2

Best practice requires us to use clinical information systems, and although we may find this tedious and time consuming, we really need to access and utilise the systems to the best of our abilities. Each health organisation will have its own set of systems, but they all have similar roles to play in the recording of information. Organisations have spent considerable time and effort into the development of clinical systems to assist with service delivery, but despite this they are still not well utilised.

Clinical information systems support the collection of information which can be retrieved, collated and analysed and used to further develop systems and services. They can be used to support integrated practice and to improve decision making and patient care and to track patient safety concerns, identify treatment outcomes, compile health statistics and much more. [1, 2]

Queensland Health has many information systems, some of which are used across all areas, others only in specialty areas. Although you may already be familiar with many of them, you may find that in rural and remote practice different key clinical information systems are used; for example, the FERRET system is used in some places to support chronic disease management and prevention. [2]

It is important to familiarise yourself with the systems within your organisation and ensure you not only know how to use them, but to also use them. This unit has looked briefly at the broad types of systems that are likely to be available; systems found in Queensland Health and set you on the path of familiarisation and developing plans to access training and resources to support you in their use.





## Quiz

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide and answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to [parrot@health.qld.gov.au](mailto:parrot@health.qld.gov.au) or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

### Quiz Settings

Property	Setting
Passing Score	50% or 16/32
Total Number of Questions	3
Total Number of Questions to Ask	All

### Questions

**1. Why is it important for health staff to know of and how to use clinical information systems? (6 points,)**

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.....

**2. Please match the type of system with its role (14 points 2 points per correct answer,)**

Correct	Choice
Email	Main system for access to all applications
Patient recall	Organisations' main electronic communication system
Patient safety / incident reporting	Records client contact and clinical notes
Electronic information and resources	Electronic reminder system for follow up appointments
Patient record	Provides access to electronic information and resources
Laboratory information	Allows the monitoring of clinical incidents including near misses
Network access	Electronic record of pathology results.

**3. What steps will you take to ensure you have access to the clinical information systems used by your organisation? (12 points)**

**Steps**

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## Bibliography

Office of the Chief Nursing Officer. MedEServ. (2009). From Burbs to the Bush. Orientation for Rural and Remote Nurses. Retrieved 26/08/2009, 2009, from [http://cdes.learning.medeserv.com.au/portal/index\\_qldhealth\\_cdp.cfm](http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm)

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# *Orientation*

## *Unit 7*

### *Patient*

### *Information*

### *Recall Systems*





## Session 1

Most health systems today emphasise 'best practice', 'evidence based practice', and 'quality' in an effort to improve overall performance in terms of organisational efficiency and effectiveness. These types of initiatives require the optimum use of information and communication technologies. Health is a knowledge industry with information being central to all aspects of care planning, management and delivery. However, clinical information systems appear to be under-utilized compared to other sectors, such as business and finance, and this leads to errors involved when using paper, pen and even human memory to manipulate the information [1]

Clinical information systems (sometimes called 'clinical informatics') can assist health care providers to deliver quality services by allowing information to be collected into databases and retrieved as needed. Additionally, the statistical information in the database can be used to support integrated practice and to improve decision making and patient care[2].

Data management is equally important in metropolitan, rural and remote practice. In all areas it can be used to track patient safety concerns, identify treatment outcomes, and compile health statistics and much more. There is increasing evidence that electronic health records can improve the efficacy, safety and quality of care when compared to paper-based systems.

Most health organisations will have a health information system in some form, which is used to track client interventions. Some of those systems are limited to a electronic medical record type of system, with others having a much greater range of uses, including the collection of population health data and electronic appointment systems.

This unit will look specifically at Ferret®, the Patient Information Recall System used by Queensland Health and partners providing services in Queensland health facilities. Ferret® was originally developed as a recall system but now has greater applicability for data collection and incorporation of evidence based practices as it aligns closely to the Primary Clinical Care Manual and Chronic Disease Guidelines.

Whilst Ferret® has considerable applicability in the primary health care setting, it is important to clarify that it provides an electronic client chart (which is a recorded series of interventions, appointments etc) **BUT is not** an electronic client record which is a legal document used to write up client notes – this still has to be done, at this stage manually even if a service is using Ferret®.

Although this unit will focus on Ferret®, most of the information will be applicable to other primary care health information systems that may be in use in health service delivery in Queensland.





## Presentation



# Patient Information Recall Systems




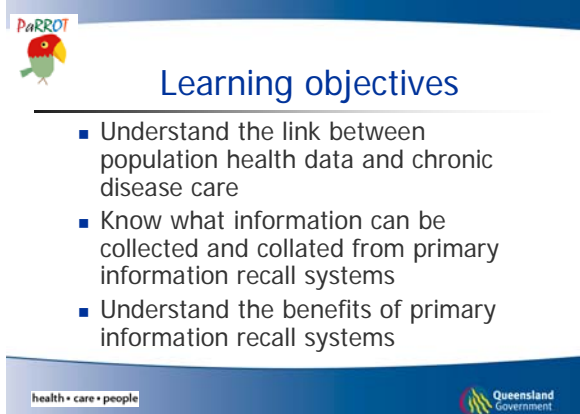

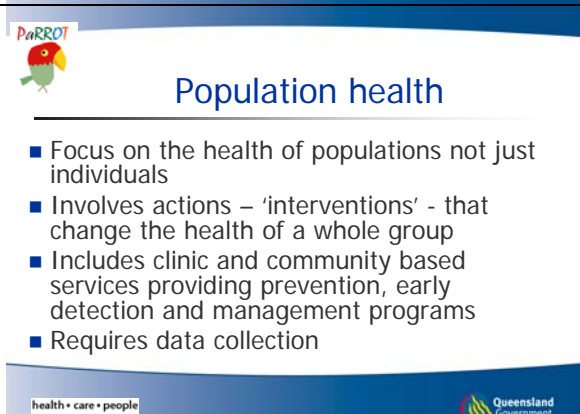

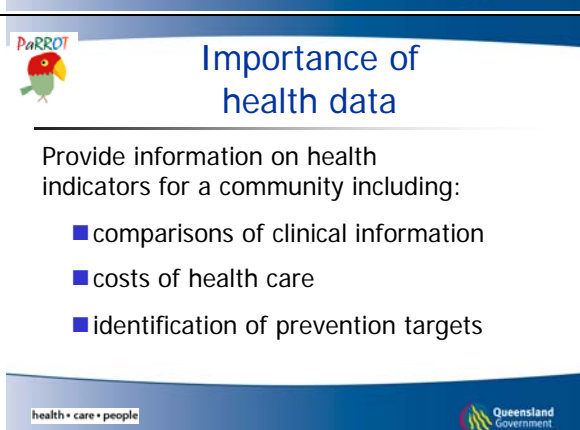
health • care • people




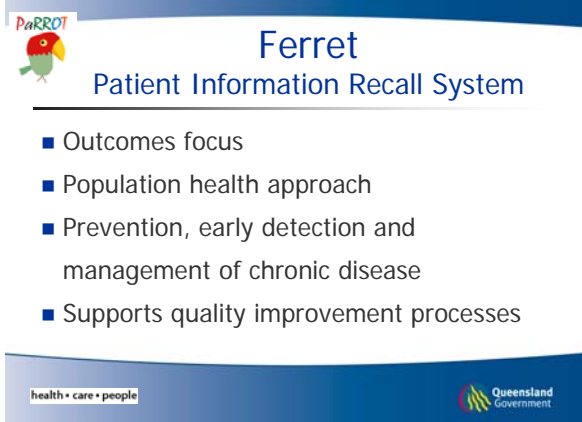

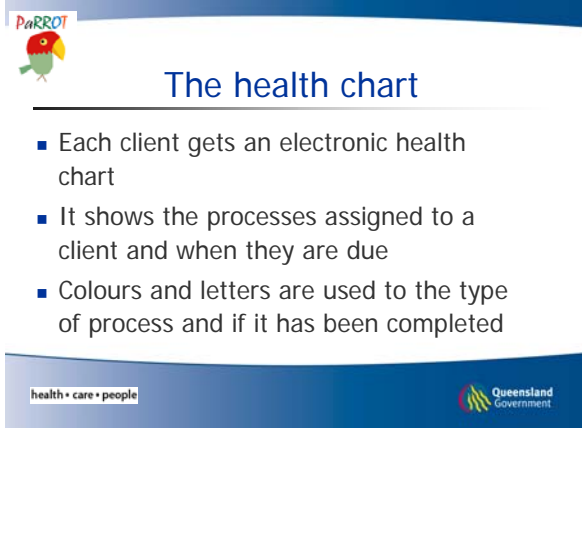

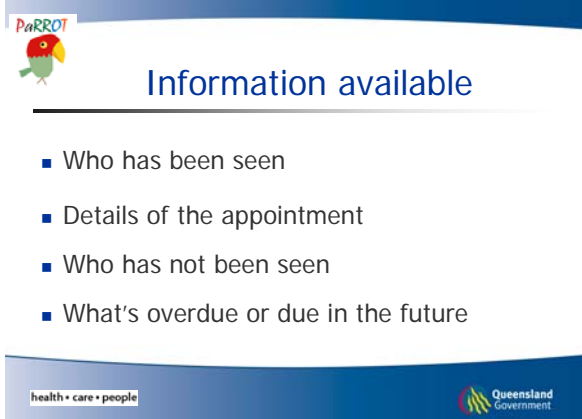
### Presenter Details:










**Name:** David Woodman









**Title:** Training and Resource Coordinator, PHCIS

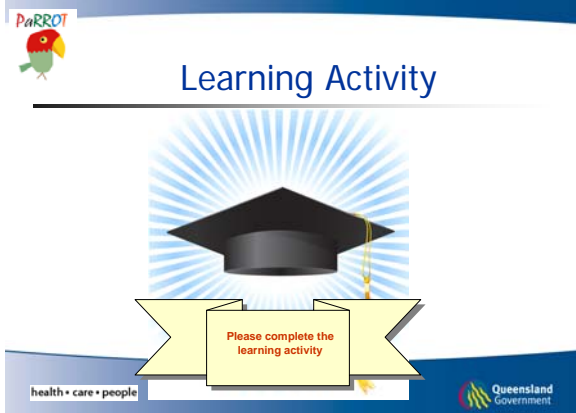
<p><b>Slide 1</b> </p> <p><b>Patient Information Recall Systems</b></p>		<p><b>Notes:</b> Hello and welcome to the Patient Information Recall Systems unit of the Pathways to Rural and Remote Orientation and Training program. My name is David Woodman and I am the Training and Resource Coordinator for the Primary Health Care Information Systems &amp; Support team. We are often referred to as PHCIS.</p>
<p><b>Slide 2</b> </p> <p><b>Learning objectives</b></p>		<p><b>Notes:</b> The Learning Objectives for this unit are: Understand the link between population health data and chronic disease care Know what information can be collected and collated from primary information recall systems Understand the benefits of primary information recall systems</p>
<p><b>Slide 3</b> </p> <p><b>Population health</b></p>		<p><b>Notes:</b> 'Population health' and 'public health' often mean the same thing. Both concepts involve actions or 'interventions' aimed not just at individuals, but at groups of people or whole communities. They include work in and outside of the clinic. Evidence-based interventions, regular data collection and analysis, and evaluation are important components of this approach</p>
<p><b>Slide 4</b> </p> <p><b>Importance of health data</b></p>		<p><b>Notes:</b> Health statistics and data are important in population health because they measure a wide range of health indicators for a community or population. Measuring these indicators can:  <ul style="list-style-type: none"> <li>• provide comparisons of clinical information</li> <li>• be used to assess the costs of health care</li> <li>• help identify prevention targets</li> <li>• and provide a baseline against which to evaluate the success of</li> </ul> </p>



		<p>health care programs          In Queensland Health, health statistics and data are captured through a Patient Information Recall System.</p>
<p><b>Slide 5</b>   <b>Ferret Patient Information Recall System</b></p>		<p><b>Notes:</b>          Ferret is the enterprise Queensland Health patient information recall system. It has a focus on achieving health outcomes for clients rather than just monitoring inputs and activities related to client care. It also supports a population health approach and a focus on prevention, early detection and management of chronic disease. It can also be used for quality improvement purposes.</p>
<p><b>Slide 6</b>   <b>The health chart</b></p>		<p><b>Notes:</b>          In Ferret each client gets an electronic health chart. This chart maps the processes a person is due and when. Colours and letters are used to indicate the status of processes including whether it is done, if it is overdue or if a clinician has assigned additional processes to a client. All processes entered are scheduled to occur at preset intervals however these can be altered if necessary. For example, if an infant is having trouble feeding, a clinician could schedule infant feeding checks to be carried out every week, instead of every month. This is called 'user defining' to meet a particular client need.</p>
<p><b>Slide 7</b>   <b>Information available</b></p>		<p><b>Notes:</b>          Information that can be collected in Ferret includes:          The clients that have been seen          Where and when a client has been seen          how often they were seen and who by          - what health checks were completed -          the results of health checks          why they presented          Clients who have not been seen          and What processes are overdue or due in the future for clients</p>

<p><b>Slide 8</b> </p> <p><b>Information searches</b></p>	 <h3>Information searches</h3> <ul style="list-style-type: none"> <li>■ Who</li> <li>■ What interventions</li> <li>■ Rates / coverage, trends, outcomes</li> <li>■ Health status of individuals and population</li> <li>■ Demographic data</li> <li>■ Reports for the community</li> </ul> <p>health • care • people </p>	<p><b>Notes:</b></p> <p>The information within Ferret can be used to create groups to monitor clients who share similar characteristics or health conditions within a community. Examples of information that can be found include:</p> <ul style="list-style-type: none"> <li>o Who in the population group has processes due, overdue or had particular health checks</li> <li>o Who is on what care plan</li> <li>o Who has had adverse results</li> <li>o Who has not been seen, was seen, when, where, and by whom</li> </ul> <p>Reports for the community can be produced, and analysed by the PHCIS team, and made available to workers in the community. These reports include:</p> <ul style="list-style-type: none"> <li>o What health checks were carried out</li> <li>o Rates, coverage, trends, outcomes relating to health indicators</li> <li>o The health status of individuals in light of greater population and demographic data</li> </ul>
<p><b>Slide 9</b> </p> <p><b>Activity data</b></p>	 <h3>Activity data</h3> <ul style="list-style-type: none"> <li>■ Ferret also allows collection of activity data which shows what processes are being carried out in a clinic in a day, week, month or year</li> <li>■ It allows service providers to determine             <ul style="list-style-type: none"> <li>■ How many clients were seen</li> <li>■ What they were seen for</li> <li>■ How long a consult took etc</li> </ul> </li> </ul> <p>health • care • people </p>	<p><b>Notes:</b></p> <p>Collecting activity data is important for health services to determine workloads, how busy a service is, how many people are being seen, what they are being seen for and how long. This information can be collected from Ferret and is important for providing the evidence to make a business case for more resources.</p>
<p><b>Slide 10</b> </p> <p><b>Benefits for clinical staff</b></p>	 <h3>Benefits for clinical staff</h3> <p>Central register which provides and assists with:</p> <ul style="list-style-type: none"> <li>■ collection of client information</li> <li>■ organisation of workloads</li> <li>■ Standardisation of data collection</li> <li>■ quality improvement processes</li> </ul> <p>health • care • people </p>	<p><b>Notes:</b></p> <p>The use of a Patient Information Recall System provides a number of benefits for clinical staff including:</p> <ul style="list-style-type: none"> <li>- A central register which provides client information</li> <li>- Access to timely client information</li> <li>- Identification of high risk groups</li> <li>- Work organisation including organisation of workloads, clinics and service planning</li> </ul> <p>v Resource development and better use of existing resources</p>

		<ul style="list-style-type: none"> <li>- Assisting continuous quality improvement</li> <li>- Evidence based guidelines and decision support</li> <li>- Standardised data collection, evaluation and monitoring of service provision</li> </ul>
<p><b>Slide 11</b> </p> <p><b>Benefits for managers</b></p>	 <h3>Benefits for managers</h3> <ul style="list-style-type: none"> <li>■ Reporting</li> <li>■ Service activity</li> <li>■ Population health</li> <li>■ Workforce information</li> <li>■ Standardising data collection</li> <li>■ Continuous quality improvement</li> </ul> <p>health • care • people </p>	<p><b>Notes:</b> Managers also benefit from the use of a patient information recall system as it simplifies their reporting processes and allows them to collect and collate data on services, staff, and population health information and ensure continuous quality improvement processes are in place.</p>
<p><b>Slide 12</b> </p> <p><b>Benefits for clients and community</b></p>	 <h3>Benefits for clients and community</h3> <ul style="list-style-type: none"> <li>■ Promotes self management</li> <li>■ Increased continuity of care</li> <li>■ Decreased duplication of services</li> <li>■ Access to population health data</li> <li>■ Participation in improved health outcomes</li> <li>■ Development of community groups</li> <li>■ Continuous quality improvement</li> </ul> <p>health • care • people </p>	<p><b>Notes:</b> Clients and the community benefit from the use of a Patient Information Recall System because it promotes and enhances a client's ability to manage their own health care.</p>
<p><b>Slide 13</b> </p> <p><b>System effectiveness</b></p>	 <h3>System effectiveness</h3> <p><b>Remember</b></p> <p>A data collection system is only as good as it's users and the quality and quantity of information entered.</p> <p>Electronic Health Information Systems are here to stay</p> <p>health • care • people </p>	<p><b>Notes:</b> <b>Remember</b> A data collection system is only as good as its users and the quality and quantity of information they enter. Electronic Health Information Systems are an important part of client care is here to stay.</p>

<p><b>Slide 14</b> <b>Learning Activity</b></p>	 <p>PaRRROT</p> <h3>Learning Activity</h3> <p>Please complete the learning activity</p> <p>health • care • people</p> <p>Queensland Government</p>	<p>Notes:</p>
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## Learning Activity

### Information for participants

This activity can be conducted in small groups or large group brainstorming. Please record your answers on your activity sheet, and submit to your facilitator who will copy, scan and email it to [parrot@health.qld.gov.au](mailto:parrot@health.qld.gov.au) or fax it to 4033 3040 and keep a copy for your records.

### Questions

This activity requires you to identify the patient information recall system or electronic medical record system you will be using and prompts you to take the steps you need to ensure you have access and have received appropriate training in the use of the system. Please complete the following questions:

**1. What is the system name?**

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**2. What training is required to use the system?**

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**3. What, if any, issues are you having using the system?**

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**4. How does the system assist with your job?**

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**5. How does using the system impact on your role?**

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**6. How does using the system benefit your community?**

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**7. What steps do you take in order to plan clinics using the system?**

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**8. How does the system assist you to run programs?**

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## Session 2

The use of Patient Information Recall Systems such as Ferret® provides a number of benefits for clinic staff including:

- Individual client services recorded on their electronic health chart
- Access to timely client information
- Identifying high risk groups

Work organisation including

- Organising workloads
- Organisation of clinics/ Service Planning
- Resource Development
- Better use of existing resources

Continuous Quality Improvement including

- Use of evidenced Based Guidelines
- Standardising Data collection
- Evaluation and monitoring of service provision

Information collected on Ferret® is aligned with the Chronic Disease Guidelines, the Primary Clinical Care Manual and the Pathology Handbook for Rural and Remote Queensland. This allows evidence based services to be recorded electronically and keeps processes standardised. Any primary health service using the evidence based guidelines would benefit from the extra support offered through Ferret®.

Ferret® provides Individual client information including appointments, interventions and outcomes and information on current or overdue interventions. It allows for the collection of activity data which allows monitoring of health services and data collected within system allows for the collation of population health information including disease prevalence.

There are a number of Patient Information Recall Systems now available, some of which will provide a similar function as Ferret® and others which look quite different. Systems that best meet an individual organisation's need are chosen by the organisation, so people working in rural and remote areas may be using any range of systems. The important point is that they are necessary and rural and remote workers need to be comfortable using them.

You can get more information on Ferret® by following the link [http://qheps.health.qld.gov.au/nahs/clinical/phs/prim\\_hth\\_info\\_sys.htm](http://qheps.health.qld.gov.au/nahs/clinical/phs/prim_hth_info_sys.htm) or emailing the Ferret® support team on [ferret@health.qld.gov.au](mailto:ferret@health.qld.gov.au).





## Quiz

### Information for Participants

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide an answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to [parrot@health.qld.gov.au](mailto:parrot@health.qld.gov.au) or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

Property	Setting
Passing Score	50% or 21/42
Total Number of Questions	5
Total Number of Questions to Ask	All

### Questions

1. Identify the examples of how a primary health information system can assist with the provision of client information (8 points,)

Correct	Choice
	Individual client services
	Access to timely client information
	Identification of high risk groups
	Provide a client record
	Provide a client health chart
	None of the above

2. Select the examples of how using a primary health information system assists with continuous quality improvement. (6 points,)

Correct	Choice
	Supports the use of evidence based guidelines
	Standardises data collection
	Allows for evaluation and monitoring of service provision
	None of the above

3. Information that should be able to be collected and collated from primary health information systems include (8 points,)

Correct	Choice
	Activity data
	Individual client information
	Client appointments
	Client interventions
	Client outcomes
	Disease prevalence in a population
	Record of client interventions
	Record of overdue interventions

4. Select the correct examples of how a primary health information system assists with work organisation (10 points,)

Correct	Choice
	Organising workloads
	Organisation of clinics
	Service planning
	Resource development
	Better resource utilisation
	None of the above

5. What is the relationship between Ferret and primary health care services in Queensland? (10 points)

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## Bibliography

Hovenga EJS. (2001). Nursing information and the use of electronic health records.  
*Australian Nursing Journal*, 8(11), 39-40.

Queensland Nurses Union. (2009). *Informatics role for nurses*: Queensland Nurses Union.



# *Orientation*

## *Unit 8*

# *Medicare*





## Session 1

Medicare ensures that all Australians have access to free or low-cost medical, optometrical and hospital care while being free to choose private health services and in special circumstances allied health services. It provides access to free treatment as a public client in a public hospital and free or subsidised treatment by practitioners such as doctors, specialists, participating optometrists and dentists (specified services only).

Australia's public hospital system is jointly funded by the Australian Government and state and territory governments and is administered by state and territory health departments. The Australian Government's funding includes three major national subsidy schemes

- Medicare,
- Pharmaceutical Benefits Scheme and
- 30% Private Health Insurance Rebate.

The contribution to the health care system is based on individual income and is made through taxes and the Medicare levy. Medicare funds are allocated to all Australian states and territories to provide health services via the National Healthcare Agreement. The agreement is valid until 2013.

Medicare funds to Queensland Health have been extended under section 19(2) of the Health Insurance Act which allows Queensland Health to bill Medicare Australia direct for the delivery of eligible medical services provided by staff employed by Queensland Health at approved rural and remote sites. There are two schemes, one is the Rural and Remote Medical Benefits Scheme (RRMBS) or at some clinics, as "Medicare Money" which is provided in Aboriginal and Torres Strait Islander communities. The other is COAG, which provides funds to small, under resourced rural and remote communities. Links to information sheets and web pages with more information can be found in session 2.

Queensland Health receives this extra funding is because the Federal Government acknowledges that Aboriginal and Torres Strait Islander people and those living in small rural or remote communities, do not enjoy the same health outcomes as people living in regional and metropolitan areas, and suffer from more complex and chronic health problems (AIHW, 2008).

Aboriginal and Torres Strait Islander people and those who live in rural and remote communities sometimes are unable to access the National Medicare system because GPs do not work in or operate private practices in these areas. This is where Queensland Health and Medicare can assist.

Medicare money is a way of raising revenue that goes back into the health services in the community. This can then be spent on programs, infrastructure or extra positions in the community, which benefits both the community and the health team.



**PaRRROT** Pathways to Rural and Remote Orientation and Training  
a Primary Health Care approach to Chronic Disease

This unit will look at the Rural and Remote Medical Benefits the Medicare COAG and the S100 schemes and explain the process for services in rural and remote areas to access Medicare funding. It will reinforce the importance of health practitioners following the process in order to maximise the Medicare income, which will in turn assist in the funding of programs and services.



## Presentation 01 - RRMBS

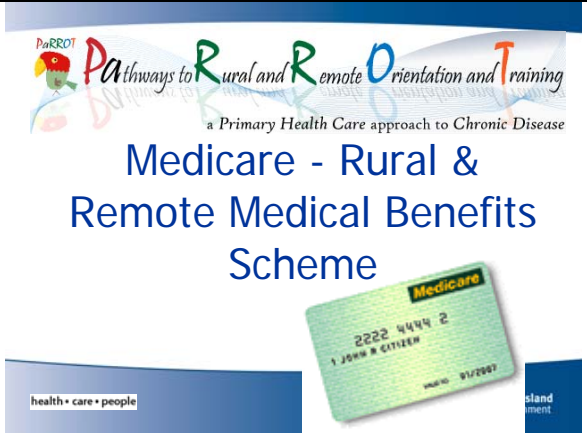
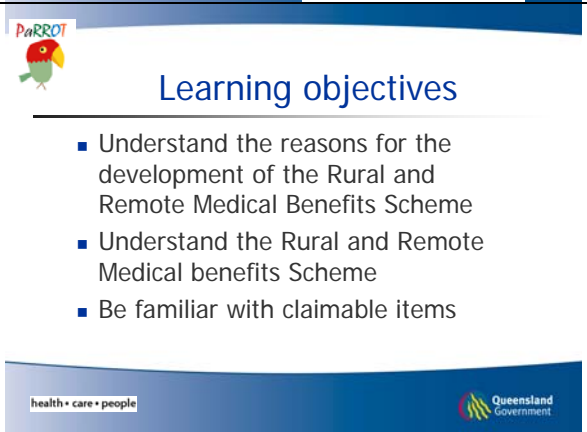
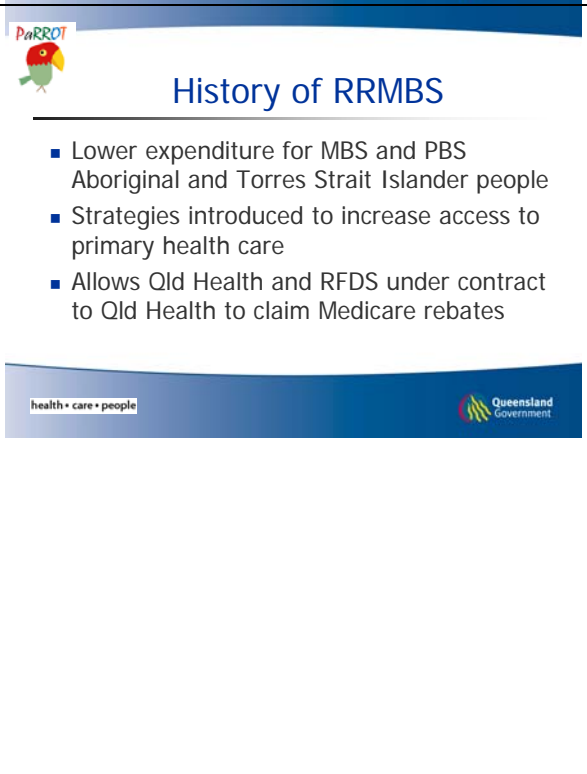








# Medicare - Rural & Remote Medical Benefits Scheme








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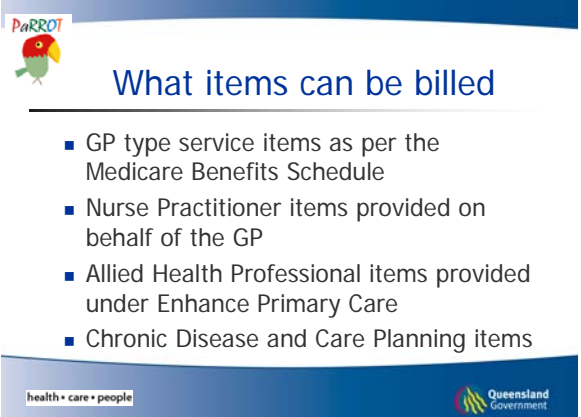
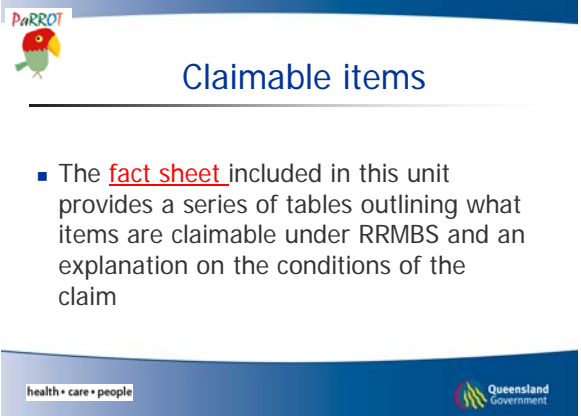
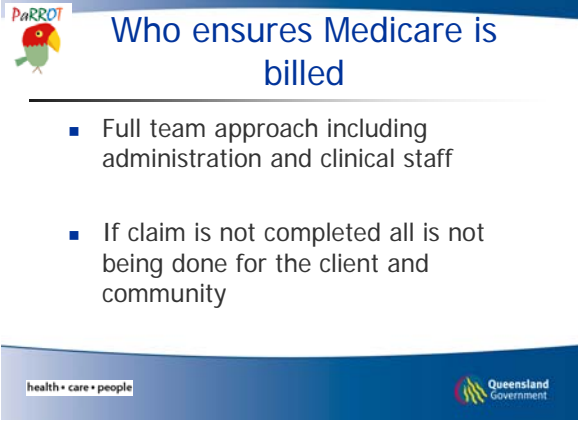
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<p><b>Slide 1</b>  <b>Medicare - Rural &amp; Remote Medical Benefits Scheme</b></p>		<p>Notes:</p>
<p><b>Slide 2</b>  <b>Learning objectives</b></p>		<p>Notes:</p>
<p><b>Slide 3</b>  <b>History of RRMBS</b></p>		<p>Notes:          The Rural and Remote Medical Benefits Scheme was developed in response to recognition of much lower MBS and PBS expenditure rates for Aboriginal and Torres Strait Islander people. Following negotiation with the States, the Commonwealth has introduced a number of strategies to increase access to primary health care. This exemption under section 19(2) of the Health Insurance Act 1973 allows the following staff to claim Medicare rebates in specified communities, where access to GPs is not available, or there is a shortage: Qld Health salaried Medical Officers, Practice Nurses and Allied Health Professionals and Medical Officers employed by RFDS under contract to Qld Health.</p>

<p><b>Slide 4</b> <b>History</b></p>	 <h3>History</h3> <ul style="list-style-type: none"> <li>■ In Qld, (apart from Inala), the first exemption granted in 1997</li> <li>■ Initially the funding was known as the North Qld Bulk Billing project</li> <li>■ It has been extended and there are now 58 eligible communities in Queensland (however not all are accessing funds under the scheme)</li> </ul> <p>health • care • people </p>	<p>Notes:</p>
<p><b>Slide 5</b> <b>Aims and policy of the scheme</b></p>	 <h3>Aims and policy of the scheme</h3> <ul style="list-style-type: none"> <li>■ Increase and improve access to primary health care services</li> <li>■ No out of pocket expenses for clients</li> <li>■ To work within Medicare guidelines and comply with audit requirements</li> </ul> <p>health • care • people </p>	<p>Notes:</p> <p>The aim of the RRMBBS is to increase and improve access to primary health care services for rural and remote Aboriginal and Torres Strait Islander communities.</p> <p>This is achieved by optimising Queensland Health's capacity to access Medicare Funds. All clients seen by a Medical Officer in an approved RRMBBS site can be bulk billed. Services must be bulk billed to Medicare Australia i.e the client cannot be billed for any service and has no out of pocket expenses.</p> <p>The services funded, however, must work within Medicare guidelines and comply with audit requirements.</p>
<p><b>Slide 6</b> <b>Intent of the scheme</b></p>	 <h3>Intent of the scheme</h3> <p>Funds generated are to be directed to the community where they were generated and can:</p> <ul style="list-style-type: none"> <li>■ Be used for additional positions</li> <li>■ Spent on local health priorities</li> </ul> <p>health • care • people </p>	<p>Notes:</p> <p>The main intent of the scheme is to provide increased funding to the community or area for additional primary health services.</p> <p>Funds generated are to be directed to the community where they were generated and can be used for additional positions so access to primary health care services is improved.</p> <p>Excess funds can be spent on local health priorities after consultation with District CEOs and local advisory committees/councils.</p>



<p><b>Slide 7</b> Criteria for access to RRMBS</p>	 <h3>Criteria for access to RRMBS</h3> <ul style="list-style-type: none"> <li>Community has limited access to services which would normally be provided by Medicare</li> <li>Agreement is required if an Aboriginal Medical Service is providing Medicare services to a community</li> </ul> <p>health • care • people </p>	<p><b>Notes:</b> Access to RRMBS is based on certain criteria including: The community is disadvantaged in terms of access to GPs, allied health and dental services which would normally be provided by Medicare Where an Aboriginal Medical Service is providing Medicare services to a community there needs to be agreement with Qld Health, Commonwealth and the service for a RRMBS site</p>
<p><b>Slide 8</b> Revenue</p>	 <h3>Revenue</h3> <ul style="list-style-type: none"> <li>In 1997 when the program was established it was estimated that Medicare billing in the sites would generate approximately \$3M</li> <li>Recent revenue – less than \$3M (approx \$2.8M 08/09)</li> </ul> <p>health • care • people </p>	<p><b>Notes:</b> One of the intents of the RRMBS was to generate revenue to ensure additional primary health services for communities – in some areas (e.g. chronic disease) this has been problematic. The scheme continues and people working at the sites are encouraged to fully access the funding they are eligible for.  Some recent strategies have been put in place to ensure what can be claimed is claimed.</p>
<p><b>Slide 9</b> RRMBS eligible districts</p>	 <h3>RRMBS eligible districts</h3> <ul style="list-style-type: none"> <li>Cape York</li> <li>Cairns</li> <li>Central Queensland</li> <li>Darling Downs</li> <li>Metro South</li> <li>Mt Isa</li> <li>West Moreton</li> <li>South West</li> <li>Torres &amp; NPA</li> <li>Townsville</li> </ul> <p>health • care • people </p>	<p><b>Notes:</b> Districts eligible for RRMBS under the Office of Rural and Remote Health are Cape – Aurukun, Coen, Cooktown, Hopevale, Kowanyama, Laura, Lockhart River, Mapoon, Napranum, Pormpuraaw, Weipa, Wujal Wujal Cairns – Yarrabah, Jumbun Central Qld – Woorabinda Darling Downs-West Moreton – Cherbourg, Goondiwindi Metro South – Stradbroke Island Mt Isa – Burketown, Camooweal, Cloncurry, Dajarra, Doomadgee, Gregory Downs, Gunpowder, Julia Creek, Karumba, Mornington Is, Normanton South West – Charleville, Cunnamulla Torres – TI Hospital, TI PHCC, Outer Islands, Bamaga &amp; NPA Townsville – Ayr, Home Hill, Palm Island</p>

<p><b>Slide 10</b> <b>What items can be billed</b></p>		<p>Notes:</p>
<p><b>Slide 11</b> <b>Claimable items</b></p>		<p>Notes:</p>
<p><b>Slide 12</b> <b>Who ensures Medicare is billed</b></p>		<p>Notes: A “team approach” is required to ensure all billable services are identified and recovered from Medicare Australia. The administration staff, RRMBS officer, health worker, nurse, doctor and client are all members of “the team” and by NOT completing the claim form Queensland Health Employees are NOT ensuring full access to services for clients.</p>




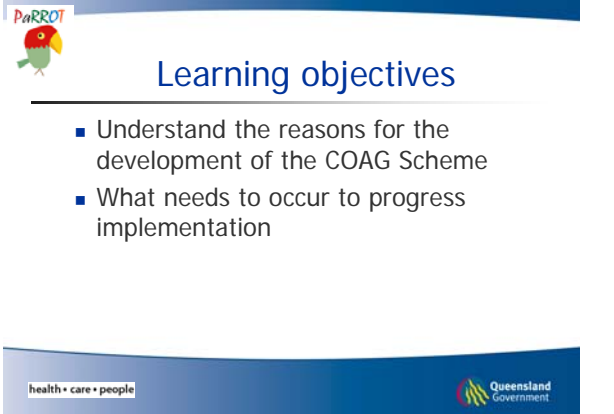
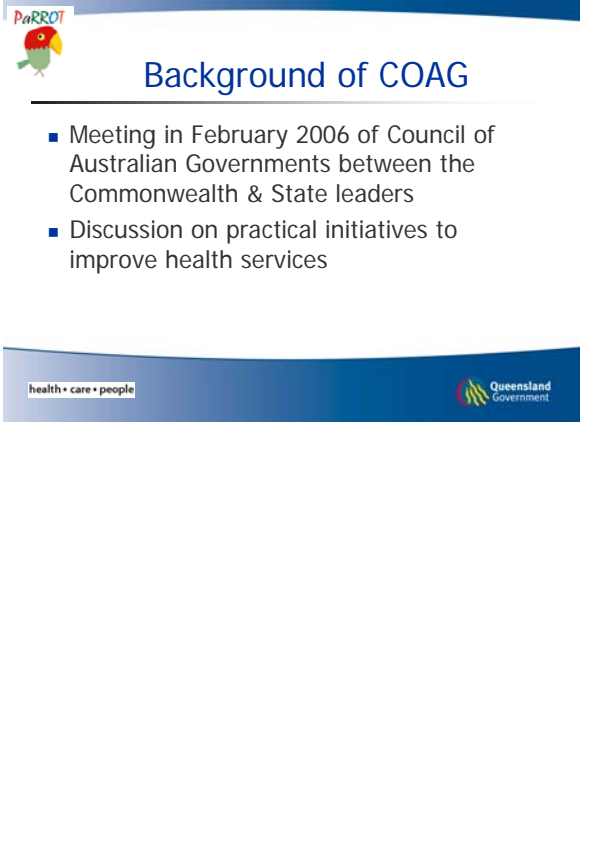


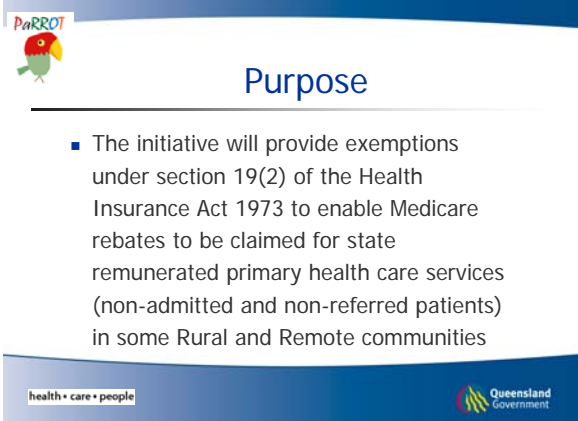
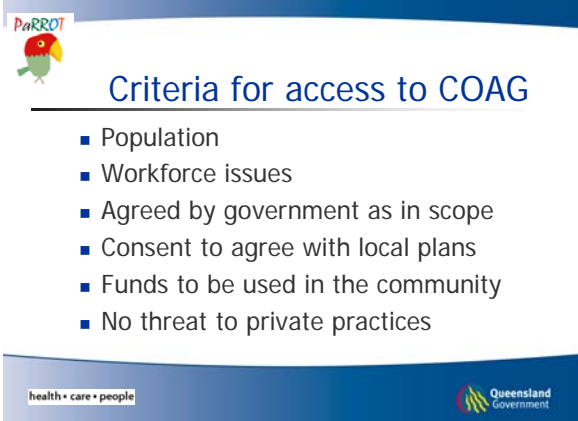








## Presentation 02 - COAG







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<p><b>Slide 1</b>  <b>Medicare - COAG Scheme (Council of Australian Governments)</b></p>		<p>Notes:</p>
<p><b>Slide 2</b>  <b>Learning objectives</b></p>		<p>Notes:</p>
<p><b>Slide 3</b>  <b>Background of COAG</b></p>		<p>Notes:</p> <p>From 1 July 2006 a range of measures were introduced to improve access to primary care services in small rural and remote towns.</p> <p>These initiatives include an offer to grant an exemption to Section 19 (2) of the Health Insurance Act 1973 that enable Medicare rebates to be claimed for state-remunerated primary health care services (for non-admitted and non-referred patients) in some rural and remote communities of less than 7,000 people.</p> <p>A memorandum of understanding was signed between the Commonwealth and the States in relation to the cooperative implementation of the COAGs 'Better Access to Primary Care Services in Rural Areas' Initiative – the 19 (2) exemption initiative. The Memorandum of Understanding expires on 1 July</p>

		<p>2010.</p> <p>This COAG Section 19 (2) exemption is similar to but separate from the following Section 19(2) exemptions:</p> <ul style="list-style-type: none"> <li>• Inala Indigenous Health Service</li> <li>• Rural and Remote Medical Benefits Scheme (RRMBS) - specific to rural and remote Indigenous communities.</li> </ul>
<p><b>Slide 4 Purpose</b></p>		<p>Notes:</p>
<p><b>Slide 5 Criteria for access to COAG</b></p>		<p>Notes:</p> <p>Communities must meet a number of criteria in order to access COAG. They include Rural or remote community of less than 7,000 people          Community must have a workforce shortage (specifically a GP – 1 per 1,400 people)          Community must be agreed by the State and Commonwealth as in scope          All parties must provide written consent to the agreement with a local implementation plan          Once exemption granted it continues regardless of changes in service          Funds generated must be used to enhance primary health care in community          Must not threaten the sustainability and viability of private practice</p>

<p><b>Slide 6</b> <b>Negotiations</b></p>	 <h3 style="text-align: center;">Negotiations</h3> <ul style="list-style-type: none"> <li>■ Extensive negotiations with stakeholders has occurred</li> <li>■ Local flexibility with arrangements are necessary. Consideration should be given to equity between communities and parties involved.</li> </ul> <p style="text-align: center;"> <small>health • care • people</small>  </p>	<p><b>Notes:</b>        Extensive negotiations have occurred with State and Commonwealth Private GP's QH Staff        Aboriginal Medical Services        Royal Flying Doctor Service        Divisions of GP's        Local flexibility with arrangements is necessary. Consideration should be given to equity between communities and parties involved.        The intention is not to set up a duplicate bulk billing service or to threaten the viability of private practice.        All local private practitioners and division of general practice to be included along with local staff.        Where there are concerns with viability the community may consider arrangements that include limit the billing to out of hours.</p>
<p><b>Slide 7</b> <b>Implementation Process</b></p>	 <h3 style="text-align: center;">Implementation Process</h3> <ul style="list-style-type: none"> <li>■ Identify site</li> <li>■ Information package</li> <li>■ Negotiate with all stakeholders</li> <li>■ Support in writing</li> <li>■ Intended enhancement to services</li> <li>■ Timeframe</li> <li>■ Local communication plan</li> </ul> <p style="text-align: center;"> <small>health • care • people</small>  </p>	<p><b>Notes:</b>        Identified sites are currently on file with the Strategic, Policy and Funding Unit Corporate Office        Template available for implementation plan        Once exemption granted it will remain until such time as circumstances change eg: arrival of new practitioners. All parties will need to agree to new arrangements.</p>
<p><b>Slide 8</b> <b>Application of Funds</b></p>	 <h3 style="text-align: center;">Application of Funds</h3> <ul style="list-style-type: none"> <li>■ Funds generated must be used in communities eg           <ul style="list-style-type: none"> <li>■ Support for locum cover</li> <li>■ Employing additional doctors/nurses/allied health and other supporting staff</li> <li>■ Chronic Disease initiatives</li> <li>■ Professional development</li> </ul> </li> </ul> <p style="text-align: center;"> <small>health • care • people</small>  </p>	<p><b>Notes:</b>        Funds generated under the exemption must be used to enhance primary health care in communities eg        Support for locum cover        Employing additional doctors/nurses/allied health and other supporting staff        Chronic Disease initiatives        Professional development</p>

<p><b>Slide 9</b> <b>Revenue Raised</b></p>	 <h3>Revenue Raised</h3> <ul style="list-style-type: none"> <li>■ Not to be considered the most significant benefit</li> <li>■ Some financial recognition should be given to the person/organisation doing the Medicare billing</li> <li>■ Mechanisms need to be in place to oversee the use of the funds</li> </ul> <p>health • care • people </p>	<p>Notes:</p>
<p><b>Slide 10</b> <b>What items can be billed</b></p>	 <h3>What items can be billed</h3> <ul style="list-style-type: none"> <li>■ GP type service items as per the Medicare Benefits Schedule</li> <li>■ Nurse Practitioner items provided on behalf of the GP</li> <li>■ Allied Health Professional items provided under Enhanced Primary Care</li> <li>■ Chronic Disease and Care Planning items</li> </ul> <p>health • care • people </p>	<p>Notes:</p> <p>A “team approach” is required to ensure all billable services are identified and recovered from Medicare Australia. The administration staff, Medicare officer, health worker, nurse, doctor and client are all members of “the team” and by NOT completing the claim form Queensland Health Employees are NOT ensuring full access to services for clients.</p>
<p><b>Slide 11</b> <b>Reporting</b></p>	 <h3>Reporting</h3> <ul style="list-style-type: none"> <li>■ Annually to the Commonwealth to indicate how much revenue was claimed and how the revenue was used to enhance primary health care in the community</li> </ul> <p>health • care • people </p>	<p>Notes:</p>







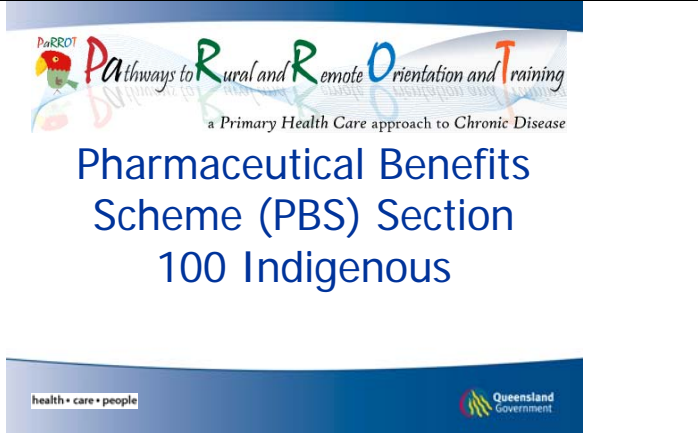
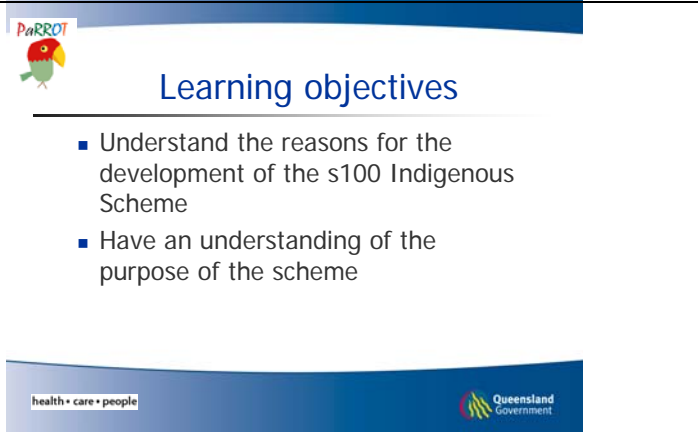
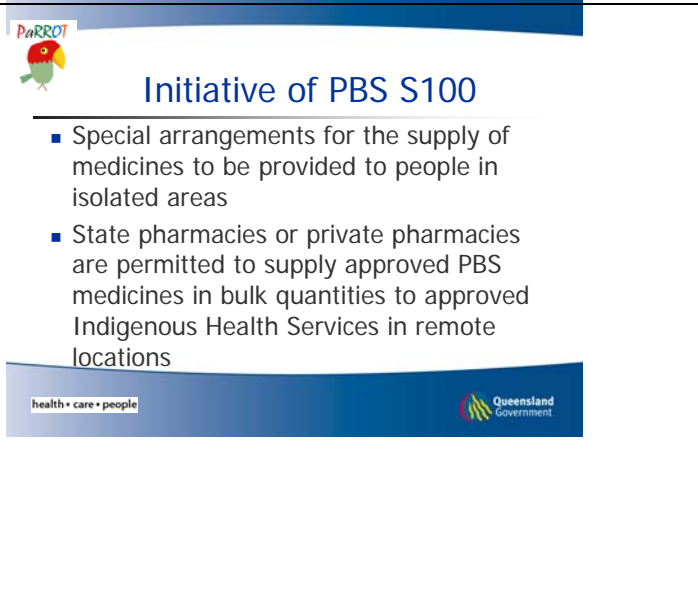
## Presentation 03 – PBS S100










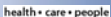




# Pharmaceutical Benefits Scheme (PBS) Section 100 Indigenous

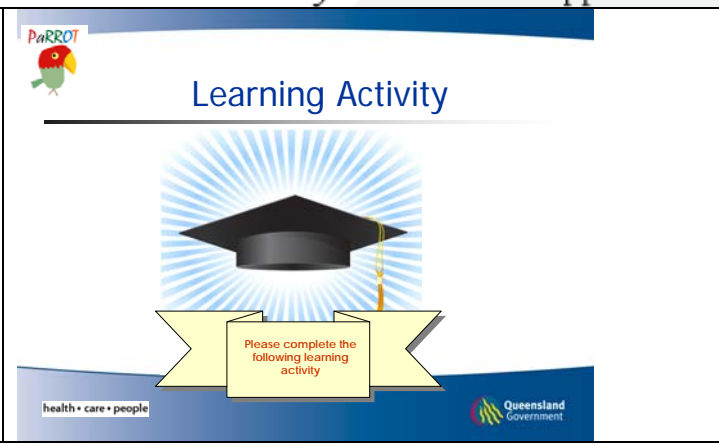
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<p><b>Slide 1</b>  <b>Pharmaceutical Benefits Scheme (PBS) Section 100 Indigenous</b></p>		<p>Notes:</p>
<p><b>Slide 2</b>  <b>Learning objectives</b></p>		<p>Notes:</p>
<p><b>Slide 3</b>  <b>Initiative of PBS S100</b></p>		<p>Notes:  MOU signed by the Commonwealth and Queensland Health in May 2001 to ensure the supply of PBS medicines to remote indigenous health services. Patients receive these medicines without the need of a prescription and at no cost – a co-payment is not charged even though under normal arrangements these medicines would attract a co-payment. The Commonwealth reimburses the pharmacy for the cost of the pharmaceuticals plus a small handling fee through Medicare Australia. Only a small number of PBS items are excluded from this program.</p>



<p><b>Slide 4</b> <b>Purpose</b></p>	 <h3>Purpose</h3> <ul style="list-style-type: none"> <li>■ Improving access to approved PBS medicines for Aboriginal and Torres Strait Islander</li> <li>■ Help encourage patient compliance with prescribed treatment regimes</li> <li>■ Invest savings made by Queensland Health into local community health service improvements</li> </ul>  	<p><b>Notes:</b> The invested savings into service improvements are determined collaboratively by Queensland Health, Aboriginal and Torres Strait Islander Health Partnership, local Health action groups and local communities and authorities</p>
<p><b>Slide 5</b> <b>Calculation of Savings</b></p>	 <h3>Calculation of Savings</h3> <ul style="list-style-type: none"> <li>■ Originally calculated by doubling the charge out value of the medicines ordered and supplied in the first 6 months of the arrangement</li> <li>■ Since then it is indexed annually by CPI to end of March across the eight weighted capital cities</li> </ul>  	<p><b>Notes:</b></p>
<p><b>Slide 6</b> <b>Reporting Requirements</b></p>	 <h3>Reporting Requirements</h3> <p>Queensland Health is required to report to the Commonwealth and the Queensland Aboriginal and Islander Health Council about the application of savings arising from S100</p>  	<p><b>Notes:</b></p>
<p><b>Slide 7</b> <b>Key Issues</b></p>	 <h3>Key Issues</h3> <ul style="list-style-type: none"> <li>■ Current MOU extended to 31 Dec 2009. Waiting on notification</li> <li>■ Handling fee is being reviewed</li> <li>■ Access eligibility criteria to include other Indigenous communities not than just remote communities</li> </ul>  	<p><b>Notes:</b> Access by Indigenous people to PBS medicines could be improved by changing the eligibility criteria to include other Indigenous communities that have poor access to PBS medications rather than just remote communities</p>

<p><b>Slide 8</b> <b>Learning Activity</b></p>	 <p><b>PaRRROT</b></p> <h3>Learning Activity</h3> <p>Please complete the following learning activity</p> <p>health • care • people</p> <p>Queensland Government</p>	<p>Notes:</p>
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## Learning Activity

### Information for participants

This activity can be conducted in small groups or large group brainstorming. Please record your answers on your activity sheet, and submit to your facilitator who will copy, scan and email it to [parrot@health.qld.gov.au](mailto:parrot@health.qld.gov.au) or fax it to 4033 3040 and keep a copy for your records.

Property	Setting
Total Number of Questions	9
Total Number of Questions to Ask	All

### Questions

1. A 45 year old Torres Strait Islander woman has presented for a check up - you decide to do an adult health check with her. Which Medicare item would it come under?

Choice	
Aboriginal and Torres Strait Islander Adult Health Check (15-54 years)	<input type="checkbox"/>
45 - 49 Health Check (Non-Aboriginal and Torres Strait Island Peoples)	<input type="checkbox"/>
45 - 49 Health Check (Non-Aboriginal and Torres Strait Island Peoples)	<input type="checkbox"/>
75+ years (Non Aboriginal and Torres Strait Islander)	<input type="checkbox"/>

2. An elderly woman with an infected wound has been instructed by the local GP to go to the hospital and have the wound cleaned and dressed every second day for the next two weeks by a nurse. What item can be claimed?

Choice	
Provision of monitoring and support of a person with a chronic disease by a practice nurse (Item 10997)	<input type="checkbox"/>
Treatment of a persons wound (other than normal aftercare) provided by a practice nurse (Item 10996)	<input type="checkbox"/>

3. You notice that an elderly female patient has not had her annual flu injection. You ask her if she would like to have the injection and his response is yes. What item can be claimed?

Choice	
Immunisation service provided by a practice nurse (Item 10993)	<input type="checkbox"/>
Taking of a cervical smear and a preventive check by a practice nurse (item 10994)	<input type="checkbox"/>

A pregnant woman with no previous medical history of high risk pregnancies has been to the GP and he has advised that her ante natal checks can be done at the hospital by a midwife. How many times can the woman see the midwife?

Choice	
9	<input type="checkbox"/>
10	<input type="checkbox"/>
18	<input type="checkbox"/>
6	<input type="checkbox"/>

4. A man with pains in his chest has arrived at the hospital. You advise him that he will have to have an ECG. What item can be claimed?

Choice	
Twelve lead electrocardiography - tracing only (Item 11702)	<input type="checkbox"/>
Twelve lead electrocardiography - tracing & report (Item 11700)	<input type="checkbox"/>

5. The purpose of the S100 initiative is to

Choice	
Improve access to approved PBS medicines for Aboriginal and Torres Strait Islander	<input type="checkbox"/>
Help encourage patient compliance with prescribed treatment regimes	<input type="checkbox"/>
Invest savings made by Queensland Health into local community health service improvements	<input type="checkbox"/>
Improve access to PBS medicines for people in regional areas	<input type="checkbox"/>
Provide more revenue for the government	<input type="checkbox"/>

6. You notice a 47 year old woman pap smear for five years, so you refer her to the Women's Health Registered Nurse who does a pap smear and sexual health check. Which Medicare item will it be?

Choice	
Cervical Smear (MO Advised)	<input type="checkbox"/>
Cervical Smear (Women 20 to 69 years who have not had a smear in the last 4 years. MO advised)	<input type="checkbox"/>
Cervical Smear (Include one preventative check associated with sexual and reproductive health. MO advised)	<input type="checkbox"/>
Cervical Smear (include one preventative check for women between 20 and 69 years who have not had a smear in the last 4 years. MO advised)	<input type="checkbox"/>

7. A 10 year old that, as part of their health check, is identified as having problems hearing. You refer her to the visiting audiologist who has a provider number. What Medicare item number would this be?

Choice	
Allied Health - Aboriginal Health Worker	<input type="checkbox"/>
Allied Health - Audiologist	<input type="checkbox"/>
Allied Health - Follow up Allied Health Service for Indigenous Australians	<input type="checkbox"/>

8. A 49 year old Indigenous man presents with recently diagnosed diabetes, and renal disease, and requires the development of a management plan, a visit to the diabetes educator and dietician. Which Medicare items could be claimed?

Choice	
Aboriginal and Torres Strait Islander Adult Health Check (15-54 years). Item Number 710 every 18 months.	<input type="checkbox"/>
Allied Health - Diabetes Educator. Item Number 10951 5 per calendar year	<input type="checkbox"/>
Allied Health - Dietician. Item Number 10954 5 per calendar year	<input type="checkbox"/>
45-49 Health Check (Non-Aboriginal and Torres Strait Island Peoples). Item Number 717 every 12 months.	<input type="checkbox"/>
Allied Health - Aboriginal Health Worker. Item Number 10950 5 per calendar year	<input type="checkbox"/>





## Session 2

This unit has discussed the Medicare Rural and Remote Medical Benefits Scheme which is in use in ten Health Service Districts in Queensland. The important thing to understand about this scheme is its relevance in raising revenue for Queensland Health and some partner services in areas which traditionally suffer from insufficient funds and infrastructure.

All staff are involved in the process of claiming the items, and like all processes, it involves a number of steps which can be time consuming. The final outcome however, will benefit the community as it will result in increased funding for health services. This extra funding can then be used to employ more staff and to further develop services in consultation with the community.

It will be beneficial if all health service staff familiarise themselves with the claimable items and the processes for lodging a claim, and incorporate them into routine practice – this way all is being done to ensure clients are getting the best possible service in areas that are often under funded and under resourced.

For more online education services go to:

<http://www.medicareaustralia.gov.au/provider/business/education/index.jsp>

For other information please go to:

<http://www.medicareaustralia.gov.au/>

<http://www.medicareaustralia.gov.au/about/whatwedo/pbs.jsp>

<http://www.health.gov.au/pbs>

<http://www1.hic.gov.au/>

[http://www.health.qld.gov.au/orrh/html/fin\\_resources.asp](http://www.health.qld.gov.au/orrh/html/fin_resources.asp)

[http://qheps.health.qld.gov.au/medicines/documents/general\\_policies/pbs\\_business\\_rules.pdf](http://qheps.health.qld.gov.au/medicines/documents/general_policies/pbs_business_rules.pdf)





## Quiz

### Information for Participants

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide an answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to [parrot@health.qld.gov.au](mailto:parrot@health.qld.gov.au) or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

Property	Setting
Passing Score	60% or 28/46
Total Number of Questions	8
Total Number of Questions to Ask	All

#### Questions

1. Why was Medicare RR&MBS developed? (6 points)

Choice	
Increase and improve access to primary health care services	<input type="checkbox"/>
No out of pocket expenses for clients	<input type="checkbox"/>
To work within Medicare guidelines and comply with audit requirements	<input type="checkbox"/>

2. What were the aims of the Medicare RR&MBS scheme? (6 points)

Choice	
Improve access	<input type="checkbox"/>
Reduce costs for clients	<input type="checkbox"/>
Comply with audit requirements	<input type="checkbox"/>
Make more money for the government	<input type="checkbox"/>
Make clients use the public health system	<input type="checkbox"/>

3. The intent of the Medicare system is: (8 points )

Correct	Choice
	To ensure that all Australians have access to free or low-cost medical, optometrical and hospital care
	Provide free treatment as a private patient in a private facility
	Provide free or subsidised treatment by private practitioners for specified services only
	Provide services only to low income Australians
	To allow Australians to choose private health services
	Replace the private health service system
	Provide free treatment to a public patient in a public facility
	All of the above
	None of the above

4. Queensland Health can receive extra funding because Aboriginal and Torres Strait Islander people do not enjoy the same health outcomes as non Indigenous Australian's and die some 15-20 years younger and suffer from more complex and chronic health problems. (2 points)

Correct	Choice
	True
	False

5. Which of the following health service providers are able to provide services under the Rural and Remote Medical Benefits Scheme? (12 points)

	Choice	Correct
A	Queensland Health salaried medical officers	
B	Practice nurses	
C	Allied health professionals	
D	Health workers	
E	Medical officers employed by RFDS under contract to Queensland Health	
F	Medical officers employed by community controlled organisations	
G	A, E and F only	
H	B,C, E and F only	
I	A, B, C and D only	

6. Which of the following are permitted to provide PBS medications in bulk under the S100 scheme? (6 points)

	Correct	Choice
A		State pharmacies
B		Private pharmacies
C		Medical officers in eligible areas
D		Registered Nurses in eligible areas
E		A and B only
F		C and D only
G		All of the above

7. Funds generated from the Medicare COAG initiative must be used to enhance primary health care services in the community (2 points)

Correct	Choice
	True
	False

8. Which of the following meet the criteria for access to the Medicare COAG initiatives (4 points)

Correct	Choice
	Rural community with 10,000 people
	Community of 7,000 people with 6 GPs
	Remote community with 1,000 people and 1 GP
	Rural community with 6000 people and 2 GPs
	All of the above
	B, C and D only
	None of the above



## Appendix 1

### Medicare User Guide

COAG / RRMBBS

Section 19(2) Exemption

MEDICARE BILLING

Nurse Provided Services



**Your role in the Medicare billing process is:**

- To ensure there is a Medicare billing voucher for each Nurse Provided service.
- To check all vouchers for completeness in accordance with Medicare Australia requirements.





## **Introduction to Scheme**

The following guidelines are a shortened version of the COAG/RRMBS Manual which can be located on the following website

[http://www.health.qld.gov.au/orrh/html/fin\\_resources](http://www.health.qld.gov.au/orrh/html/fin_resources).

Medicare payments have been extended to Queensland Health staff delivering medical services to approved Rural and Remote sites under section 19(2) of the Health Insurance Act. The aim of the schemes (COAG & RRMBS) is to increase and improve access to primary health services in rural and remote areas and to improve quality care within Aboriginal and Torres Strait Islander communities. Revenue generated from the Scheme is to be directed to the community/area where it was generated. This is to occur in consultation with District CEO's and local advisory committees as per the directive.

## **Policy**

To maximise revenue and to standardise procedures for COAG & RRMBS bulk billing within the designated and approved sites within Queensland Health Districts always complying with Medicare Australia guidelines and following District business rules and audit requirements. All patients seen by a Medical Officer in an approved Rural and Remote site are to be bulk billed. Nursing and Allied Health services being provided on behalf of or under referral from the Medical Officer can also be billed.

## **Who can complete Medicare vouchers**

The medical officer/nurse/allied health professional must fill out the item number details and may complete other details. The administration/billing officers, indigenous health worker or nurse can assist with the completion of the assignment voucher. All information on the voucher must be completed prior to the patient signing the voucher.

## **Who can be billed?**

All non-admitted, non-referred patients for Medical services listed in the Medicare Benefits Schedule.

## **How are claims made**

### **Procedure**

All Medical Staff to enter appropriate Medicare items numbers by one of three means:-

- Directly onto Electronic System
- Directly onto voucher or
- By use of MICC (Medicare Item Clinical Check)

Vouchers / MICC are to be given to patient to take to reception after consultation. Administration staff will enter information into Electronic system and print voucher for patient to sign.

### **Manually**

All vouchers (DB2GP) must be collated and batched on a weekly basis. The medical officer must sign the DB1N (Claim Header). The Allied Health Professional must sign the DBAH1N (Claim Header).  
1 Claim Header for 50 Vouchers.

### **Electronically**

Via HIC Online – FERRET, Practix, Pracsoft etc.



Bulk billing claims sent to Medicare Australia for payment.

### Billing Information

Bulk billing is the process where the doctor and health service accepts a Medicare benefit as full payment for medical services provided to a patient.

Information on the assignment form (DB2-GP) voucher is required by regulation under section 19(6) of the Health Insurance Act.

- The patient's Medicare number & ID Number must be on all vouchers for the patient.
- All details on the assignment form must be completed before the \*patient signs.
- The patient must be offered a copy of the voucher after they have signed it.

\* If the patient is unable to sign the voucher, the signature of the patient's parent, guardian or other responsible person is acceptable. **Under no circumstances is a member of QLD Health Service to sign on behalf of the patient (unless they are the parent, guardian or responsible person).** A Medical reason should be stated in the "Practitioner Use" section, if no responsible person is available to sign.

### Billing Procedure

1. Ask patient for current **Medicare or DVA card, Concession card or Private Health card** to allow for HBCIS/FERRET or other On-Line Claiming system to be updated.
2. Update all details on HBCIS/FERRET Patient Registration screen or Patient Registration Details in Medical Chart. (Address, phone number, contact data, ethnicity, current GP etc.)
3. Ask if this visit is a **work related injury, motor vehicle accident or overseas person**. These are **NOT** funded by Medicare but by other sources. Please follow the appropriate Links below.

Workers Compensation:- [http://qheps.health.qld.gov.au/rspu/docs/pubs/wc\\_pol\\_new1.0.pdf](http://qheps.health.qld.gov.au/rspu/docs/pubs/wc_pol_new1.0.pdf)

Motor Vehicle Accident:- <http://www.maic.qld.gov.au/>

Overseas Person:- [http://qheps.health.qld.gov.au/rspu/docs/rrc/rrc\\_1.6.pdf](http://qheps.health.qld.gov.au/rspu/docs/rrc/rrc_1.6.pdf)

- 4.
5. **All Afterhours** patients that consult with the Medical Practitioner must have signed a completed Medicare Voucher for services rendered. Item numbers are to be included on the voucher or MICC (Medicare Item Clinical Check) attached to signed voucher.
6. Vouchers will be collected daily by Administration staff.



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 a Primary Health Care approach to Chronic Disease

PLEASE COMPLETE THIS FORM IN BLACK BALLPOINT PEN -

REF. No. **81** ASSIGNMENT FORM (This form is the approved form as prescribed under section 21A of the Health Insurance Act 1973) DB2-GP

PATIENT REF. No. **2** DATE OF SERVICE DD / MM / YY **01 / 02 / 08**

DATE OF BIRTH **02-02-1990**

FIRST NAME **JAMES** SURNAME **CITIZEN**

RESIDENTIAL ADDRESS

**WEIPA 4874** VALID TO DATE CHECKED

MEDICARE NUMBER IF IMPRINTER NOT USED  
**1 2 3 4 5 6 7 8 9 1**

PRACTITIONER USE  
**LSPN 2007**

I assign my right to benefits to the practitioner who has rendered the service(s).  
**James Citizen** **01/02/08**  
 SIGNATURE OF PATIENT DATE

DESCRIPTION OF SERVICE ITEM NO. X BENEFIT ASSIGNED

CONSULTATION: LEVEL A	<b>3</b>	<input checked="" type="checkbox"/>	
CONSULTATION: LEVEL B	<b>23</b>	<input checked="" type="checkbox"/>	<b>32-80</b>
CONSULTATION: LEVEL C	<b>36</b>	<input checked="" type="checkbox"/>	
STANDARD CONSULTATION	<b>10991</b>	<input checked="" type="checkbox"/>	<b>8.25</b>
<b>XRAY (R) HAND</b>	<b>57506</b>	<input checked="" type="checkbox"/>	<b>25.30</b>
	<b>64991</b>	<input checked="" type="checkbox"/>	<b>8.25</b>

NAME & PROVIDER No. OR ADDRESS OF PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S)  
**DR. C. CAINE 1234567A.**

No. OF PATIENTS ATTENDED

MEDICARE COPY **BT78249** Designed 03/06 Printed 01/07

**Medicare Cards**



If patient does not have a Medicare Card with them:

**Indigenous** - Indigenous Access hotline **Ph: 1800 556 955**

**Non-Indigenous** - Medicare Australia **Ph: 132150**

Medicare Australia will ask you if this for bulk-billing (Yes) and if you are directly involved with the claim (Yes), they will ask you for the Doctors' provider number.

If patient is not registered with Medicare, but is eligible:

**Indigenous** – Complete the Aboriginal & Torres Strait Islander Medicare enrolment and amendment form  
**Fax to:** 40151766 (Duplicate cards, expired cards, lost or damaged cards)

**Non-Indigenous** – Complete a Medicare enrolment and amendment form. (Copy of Photographic ID or Birth Certificate is required.) (Duplicate cards, expired cards, lost or damaged cards)  
**Post to:** Medicare Australia, GPO Box 9822, Brisbane QLD 4001.

A card will be posted to the current address with 21 days.

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Department of Veteran Affairs



- Gold Cards:** Covers 115% of MBS for all medical care.
- White Cards:** Covers 115% of MBS for a specific condition only.
- Orange Cards:** Covers for pharmaceuticals only.

If patient does not have a DVA card with them:  
 Department of Veteran Affairs - Ph: 1300 551 918

**Centrelink Cards**

Centrelink Cards are to be sighted and noted on patient record to be able to claim for the Concession Items 10991, 64991 & 74991.

Please note that the Expiry date is not required, but you are encouraged to update this on every presentation.

If patient does not have their card on them they are to be advised to bring it in with them for each presentation. If their card is expired they are required to contact their nearest Centrelink office.

**Health Care Card (HCC)**



**Pensioner Concession Card (PCC)**



**Commonwealth Seniors Health Card (CSHC)**





## Reference Tools

Medicare Benefits Schedule Book (MBS – On-Line)

MBS Downloads:- <http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Downloads-200911>

MBS Search:- <http://www9.health.gov.au/mbs/search>

On-Line Education:- <http://www.medicareaustralia.gov.au/provider/business/education/index.jsp>

Chronic Disease Management:- <http://www.health.gov.au/mbsprimarycareitems>

Pathways to Rural and Remote Orientation Training:- <http://www.health.qld.gov.au/parrot/>

## Phone Numbers


Indigenous Access hotline	<b>1800 556 955</b>
Medicare Australia	<b>132 150</b>
Medicare On-Line Billing	<b>1800 700 199</b>
Assessing & Benefits Help Desk	<b>132 150</b>
Providers – Medicare	<b>3004 5980</b>





Debbie Lock – Office of Rural & Remote Health  
 Andrea Atkin – Senior Project Officer 19(2) Scheme  
 Private Practice Support Services

4033 3016  
 0409 919 880  
<http://qheps.health.qld.gov.au/sspd/ppss/home.htm>




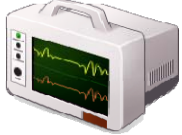



# Medicare


## Items claimable by Remote Area Nurses and Practice Nurses in Queensland Health sites under 19(2) exemptions

	711	Health Check for patient receiving their 4 yr old immunisation	<p>Consent to be noted in patient chart</p> <p>Rebate payable once only (not an annual health check)</p> <p>The health check must include</p> <p>Eyesight, Hearing, Oral health (teeth and gums), Toileting, Allergies</p> <p>Additional Matters for consideration)</p> <p>The health check may include the following matters, at the discretion of the GP/practice nurse, according to his or her clinical judgement</p> <p>Diet, Physical activity, Lifestyle risk factors, Developmental milestones, Speech and language, Fine and gross motor skills, Behaviour and Mood</p>
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	10987	Follow up service	<p>Provided to an Indigenous person who has received a health check (either adult or child) if the service is consistent with the needs identified through the health check</p> <p><b>Maximum of 10 services per patient per calendar year</b></p> <p>Item may be used to provide</p> <ul style="list-style-type: none"> <li>• Examinations/interventions as indicated by the health check</li> <li>• Education regarding medication compliance and associated monitoring</li> <li>• Checks on clinical progress and service access</li> <li>• Education, monitoring and counselling activities and lifestyle advice</li> <li>• Taking a medical history</li> </ul> <p>Prevention advice for chronic conditions, and associated follow up</p>
	10993	Immunisation	<p>Per presentation not per immunisation</p> <p>Covers all the 0-24mth schedule JE, Fluvax, Hep B etc for adults</p>
	10994	Cx Smear and preventative checks	<p>Check for</p> <ul style="list-style-type: none"> <li>• Sexually transmitted infections (including chlamydia)</li> <li>• Taking of a sexual and reproductive history</li> <li>• Advice on contraception</li> <li>• Breast awareness education</li> <li>• Advice on post natal issues</li> <li>• Continence advice and education</li> </ul>
	10995	Cx Smear and preventative checks (patient is a woman, between the ages of 20 and 69 inclusive who has not had a Pap smear in the last 4 years)	As above
	10996	Wound Management	<p>Other than normal aftercare</p> <p>The medical practitioner does not need to be present during the treatment of the wound. However the medical practitioner must conduct an initial assessment of the patient (including under a distance supervision arrangement if the medical practitioner is not physically present) in order to give instruction in relation to the treatment of the wound</p>



	10997	Chronic Disease Review	<ul style="list-style-type: none"> <li>the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place</li> <li>the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan</li> </ul> <p>Can only be claimed after a doctor has claimed a care plan  <b>Maximum of 5 services per patient per calendar year.</b></p>
	10998	Cx Smear	Taking of pap smear only
	10999	Cx Smear (patient is a woman, between the ages of 20 and 69 inclusive who has not had a Pap smear in the last 4 years)	As above
	10991	Medicare incentive (Procedural Items)	<b>Can be added to every Medicare item listed above if the client is under 16 years of age or holds a Commonwealth Concession Card</b>
	11702	Twelve Lead ECG – Tracing only	Item 10991 can also be claimed with this item refer above
	73805	Urine Catalase test	Urinalysis by dipstick
	73806	Urine Pregnancy Test	
	74991	Medicare Incentive Item (Pathology Items)	Item can be claimed with pathology items above (similar to 10991)

	16400	Antenatal Care	Cannot be claimed in conjunction with another antenatal attendance eg item 16500 (medical officer) on the same day  Can only be claimed <b>10 times per pregnancy</b>  The bulk billing incentive item <b>cannot</b> be claimed with this item
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### Simple Basic Pathology Tests

<u>Item</u>	<u>Description</u>
73801	Semen examination for presence of spermatozoa
73802	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count, haemoglobin, haematocrit or erythrocyte count – 1 test
73803	2 tests described in item 73802
73804	3 or more tests described in item 73802
73805	Microscopy of urine, whether stained or not, or catalase test
73806	Pregnancy test by 1 or more immunochemical methods
73807	Microscopy for wet film other than urine, including any relevant stain
73808	Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807
73809	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method
73810	Microscopy for fungi in skin, hair or nails – 1 or more sites
73811	Mantoux test
74991	<b>Concession item (claim for each Pathology test)</b>

### 19(2) Exempt Sites - District Information Pathology/Radiology

- With increasing demand on health services and limited public funding available it is becoming increasingly important for districts in Queensland Health to identify and collect '**own source revenue**' to continue to better fund patient care.
- Members of the following group who are Medicare eligible can be billed through Medicare for pathology and radiology services:  
 Private **inpatients** who consent to being admitted as private and  
 Patients in 19(2) exempt sites

It is imperative that x rays are reported on and that correctly completed pathology request forms are used (see following example).

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a Primary Health Care approach to Chronic Disease

It is the responsibility of all staff to ensure that patients are identified correctly on presentation to our hospitals and clinics.

## Other billable patient groups are:

- Overseas patients excepting those from countries that have reciprocal health care rights (UK, NZ, Sweden, Netherlands, Belgium, Finland, Ireland, Malta, Italy, Norway)
- Interstate patients
- Workers' compensation – interstate but not Qld residents (payment for this group is managed through the corporate Finance Office)
- Motor vehicle accidents interstate but not Qld residents (payment for this group is managed through the corporate Finance Office)
- Department of Veteran Affairs patients

## How To Fill Out A Pathology Request Form For Faster Results

### Help Us To Help You

All patient details (including Medicare numbers) must be visible with a patient identification sticker and barcode for speedy turn around time. This also prevents test cancellation due to incorrect patient details.

The Ward Consultant and Requesting Doctor and signature are essential.

Indicate extra copies with complete name and address.

Collector's name and signature is mandatory along with time and date of collection.

If results are to be phoned, please provide pager or extension number.

If known, provide patient's billing financial category and indigenous status.

All tests need to be written legibly to ensure that the correct test is performed without time-consuming confirmation calls.

Clinical notes provide an important insight into patient conditions and are essential for diagnosis and crucial for crossmatching.

**Additional information required for PRIVATE or VETERAN AFFAIRS patients:**

1. Ensure doctor's supplied provider number is current for facility
2. Provide patient signature