



North Rockhampton Medical Centre Clinical Meeting

MINUTES

Date:	10 April 2017
Chairperson:	PM
Minutes:	PM
Present:	Drs: Mahmood, Arshad, Adda, Bontula, Paula Tyler-Hartley
Apologies:	Dr Kamal

Items of Discussion:

1.	Previous Minutes
	ACTION: No outstanding actions from previous minutes – Minutes Accepted as true and correct.
2.	Practice Manager Update Membership of AAPM <i>PM advised that she has renewed her membership of the Australian Association of Practice Managers which provides significant information and support for PMs nationally and will be invaluable in the management of the practice.</i> Accreditation Questionnaire <i>All doctors were advised that the upcoming accreditation process involves a lengthy questionnaire (approx. 214 pages) which is required to be completed prior to the survey. Doctors were also reminded that all information relating to the patient is required to be completed on the electronic patient record as this will be viewed throughout the audit. Another issue is care plans and completion of the cycle of care for patients being kept up to date.</i> Monthly updates of staff requirements in relation to accreditation <i>The PM advised all doctors that as part of the preparation for all staff the PM will include/provide the RACGP Fact Sheets and documented processes each meeting until the audit commences to ensure staff are aware of our processes and how to access them.</i> Finance report (March / April) <i>Copy of comparative report for the periods Feb/Mar 16 and Feb/Mar 17 were provided to the doctors which clearly shows significant increases in revenue despite two doctors absences combined totaling 16 shift absences.</i> Balancing Clinical Patient Care and Finance (Revenue) <i>The PM advised that there has been robust discussion nationally in relation to appointment timings particularly of note to us is the argument for 15 minute appointments vs 10 minute appointments. The PM asked the doctors if they thought the 10 minute schedule was appropriate for our practice. Discussion revealed that on the whole they agreed with the appointment timings as double/triple appointments would be appropriate for more complex cases.</i>



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<p>Principal GP Update</p> <p>Doctors Weekend Rosters</p> <p><i>Dr Mahmood advised the PM that the rosters should now be structured as follows:</i></p> <p><i>Dr Mahmood – every 2nd weekend, alternate with Dr Bontula</i></p> <p><i>Dr Bontula – every 2nd weekend, alternate with Dr Mahmood</i></p> <p><i>Dr Ali to be used as the alternative to either Drs Mahmood or Bontula</i></p> <p><i>Drs Kamal and Adda should not be rostered together due to limited patient load on weekends</i></p> <p>Type 2 Diabetes Patients</p> <p><i>Dr Mahmood advised the doctors that he believed that they were not utilizing medications properly particularly Metformin, which is particularly effective for treatment in the first 10 years. He directed them to look at this medication when treating Type 2 Diabetic patients.</i></p> <p>Scripts</p> <p><i>Dr Mahmood advised all doctors to ensure the date of scripts on BP is accurate. If providing a script that is owing ensure the past date is inserted and if providing an advance script ensure that the future date is inserted. Communication with the relevant pharmacist/chemist is required.</i></p> <p><i>Patients travelling overseas requiring a full 12 months of medication scripts can be accommodated under Regulation 24 however two appointments are required on different days to enable the treating doctor to provide two scripts each for 6 months of required medication.</i></p> <p>Extension of Opening Hours Post Flood</p> <p><i>Dr Ali advised that he had been contacted by Qld Health/PHN in relation to the possibility of the practice extending operating hours post flood. The discussion undertaken revealed that unless PHN could provide compensation for this activity that it is financially unfeasible for the surgery.</i></p> <p>Sending Medical Reports to other Surgeries.</p> <p><i>Dr Arshad checks all reports going outside the surgery, he raised a number of areas of concern including that doctors are mindful of sending complete information including history, results, patient demographics etc. There was considerable discussion around being able to send Specialist Reports. Dr Bontula indicated that at a recent ACCRM workshop they were informed that they were not to send specialist reports without the express permission of the author..</i></p>	<p>ACTION:</p> <p><i>PM to structure July to December 2017 roster as indicated above.</i></p> <p><i>All Doctors to review their approach to medication in relation to Type 2 Diabetic patients.</i></p> <p><i>All Doctors to ensure the date of all scripts is accurate and note process in relation to scripts for patients travelling overseas requiring 12 months of medication/scripts.</i></p> <p><i>Dr Ali to enquire if there is any compensatory funding through PHN for extended operating hours.</i></p> <p><i>PM to find out process for sending Specialist Reports from the RACGP.</i></p>
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3.	Policy and Procedure Review	
	a.	<p>Changes to Procurement Procedure <i>PM advised all Doctors of changes to the procurement procedure and provided a Purchase Requisition Form. Whilst they are likely to never require it they must be aware of the process for future requirements. The PM advised that if any Doctor required a purchase to be made they should advise the PM who will arrange the purchase.</i></p>
	b.	<p>Changes to Nurses Daily Checklist <i>The PM advised that she has amended the Nurses Daily Checklist and Duties. This form will be released at the staff meeting on Wednesday.</i></p>
	c.	<p>Changes to RACGP Standards <i>There are no current changes to the RACGP Standards</i></p>
		<p>ACTION: <i>No action required.</i></p>
4.	Administrative Matters	
	a.	<p>IT Issues / Updates <i>PM advised that there is a significant failure of QLD Health reports in Medical Objects. The PM has contacted Medical Objects and allocated a Work Reference No by MO, hopefully this issue can be resolved quickly and without significant workload to Doctors. PM will advise as required.</i></p>
		<p>ACTION: <i>PM to work through the issues with Medical Objects staff.</i></p>
	a.	<p>Complaints & Compliments <i>No Complaints received in the months of Feb and March. A total of 16 compliments were received via Health Engine with ratings from Good to Excellent in all areas of the patient experience.</i></p>
	b.	<p>Appointment Books <i>The PM queried if the Doctors were experiencing any issues associated with the Appointment Books. The doctors were happy with the current situation.</i></p>
		<p>ACTION: <i>No action required</i></p>
5.	Work, Health & Safety	
	a.	<p>WH&S incidents/accidents <i>Nil to report during this period.</i></p>
	b.	<p>Clinical Near misses, lapses or mistakes – (Cold Chain Breaches) <i>There have been a few incidents resulting in the PM reporting them to the Public Health Nurse at QLD Health. Fortunately we were not required to report a Cold Chain Breach which would result in any live vaccines being discarded.</i></p>
		<p>ACTION: <i>PM to raise this issue in the Staff Meeting on 12 April 2017.</i></p>



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6.	Continuous Improvement	
	a.	<i>Practice Improvement Ideas</i> <i>All Doctors were asked to have a think about their experiences at the surgery and provide the PM with any suggestions for improvement.</i>
	b.	Small Business Digital Smart Grant Application <i>The PM advised that she had submitted the application for the Small Business Digital Smart Grant which is intended to enable purchase of a patient kiosk for self-check-in, updating information, advertising current and upcoming events, and items of interest for the patients.</i>
		ACTION: <i>No action required.</i>
7.	Clinical Review/s	
	a.	<i>Retirement Village Patients</i> <i>PM advised of the influx of patients from the Retirement Village on Dean Street. Discussions included the need for more welfare/community care agency involvement as issues were not confined to medical/health issues alone.</i> <i>PM advised that the Manager of the Village intends to hold a meeting with all relevant stakeholders including NRMHC in the near future.</i>
		ACTION: <i>PM to advise when the meeting is to be held.</i>
	b.	Specific patient consultations <i>PM advised that she would move this agenda item to the last as it is not appropriate for her to be present during these specific clinical discussions.</i>
		ACTION: <i>PM to amend future agenda.</i>
	c.	Clinical guidelines / advise <i>No updates received.</i>
		ACTION: <i>No action required.</i>
	d.	<i>Patient urgent recalls-results/follow up for part time GPs</i> <i>Dr Bontula advised that he checks for urgent recalls etc whilst not in the Practice and forwards any urgent recalls directly to Drs Mahmood or Arshad.</i>
		ACTION: <i>No additional action required</i>
8.	General Business	
	a.	Recruitment - RN Senior Practice Nurse <i>PM advised that a RN is to be interviewed on Tuesday 11/4/2017 at 5pm.</i>



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	b.	Patient Fees <i>PM advised that she and Dr Adda had reviewed her Patient Fees and Dr Adda now understands the reasons for subtractions and additions to her claims.</i>
		ACTION: <i>PM to monitor Patient Fees / Claims</i>
	c.	New Doctors <i>PM advised that we are looking to recruit additional doctors for the practice.</i>
		ACTION: <i>No further reportable actions required.</i>
9.	Upcoming Dates	
	a.	<i>School Holidays 1– 18 April 2017</i>
	b.	<i>Easter 2017 – 14 – 17 April 2017</i>
	c.	<i>ANZAC Day – 25 April 2017</i>
	d.	<i>Labour Day QLD – 1 May 2017</i>
	e.	<i>Accreditation Survey Visit - TBA</i>
		ACTION: <i>No action required. For noting only.</i>
10.	Next meeting: 8 st May 2017 as 1 st May is a Public Holiday (Labour Day)	
		ACTION: <i>PM to amend Meeting Schedule</i>
11.	Meeting concluded at 14:30hrs	