

Cleaning up your cancer screening data for Best Practice Software

Updated: September 2018

How to improve cancer screening data management in Best Practice to ensure accurate PenCAT information Information for clinical staff, reception and health service managers

- The most effective and quick way is to ensure that **results are sent to you electronically**. This way PenCAT will automatically recognise the HL7 items, with no further action required.
- Ensure all your doctors are set up **with each** pathology and radiology company for receiving **electronic results**, and confirm this is in your orientation package.
- **Encourage patients** to list you as their **preferred GP** when having services provided elsewhere (Breastscreen Victoria or the National Bowel Cancer Screening Program).

If you receive results via **paper/fax/scan/email**, please ensure the following steps are done:

Bowel Screening – Faecal Occult Blood Test (FOBT)

To enter the results manually in BP: (this can be done WITH or WITHOUT the scanned document)

1. When scanning a document, it must be an **“investigation”** and enter one of the test names below:

Faecal Occult Blood ,Faecal occult blood screening ,Faecal Occult Blood Test, FOB, FOBT, Occult blood – faeces, Stool occult blood test, OCCULT BLOOD, faecal human haemoglobin, Insure FOBT, FOBT1, FOBT2, FOBT3, FOB1, FOB2, FOB3, BOW, OCCULT BLOOD (OCB-0), OCCULT BLOOD (OCB-1), OCCULT BLOOD (OCB-2)

We would advise selecting ONE of these only for your clinic, to keep it simple. For example, ask all staff to only write:

FOBT

2. For clinicians to add results manually, select **‘Investigation reports’** from within the patient’s file. (Nb. PenCAT will NOT read if this is only in ‘Past History’ or ‘reason for visit’)
3. Add a new investigation by clicking on **‘Add’** (see below), with a free text option to write the result.
4. It will ask for the **date of test** to be entered. This is translated to the report.

Screenshot for entering **manual FOBT (or any pathology) results;**

The screenshot displays the patient profile for Jason Ahern. The 'Investigation reports' dialog box is open, showing the 'Add' button and the 'Test name' field. The 'Date of test' is set to 8/02/2017. The 'Test name' field is highlighted with a red circle, and a blue callout bubble points to it with the text: "Enter the test name exactly as one of the names listed above. Eg. 'FOBT'".

Breast Screening - Mammogram

When **scanning** a paper report, or if manually adding result to **investigation reports**, you must use the name:

“Breast Mammogram Screening” or “Bilateral Mammography”

We would advise selecting ONE of these only for your clinic, to keep it simple. For example, ask all staff to only write:

Breast Mammogram Screening

Cervical Screening – Cervical Screening Test (CST)

Electronic results will be detected by PenCAT through HL7 coding. PenCAT will map the following terms from Best Practice: *HPV, %HPV%, Human Papillomavirus, Cervical Screening Test, Cervical Screening*

This is the same terminology required if document is scanned into investigation reports.

However, clinically it is strongly recommended that every cervical screening test is **also entered manually into the “cervical screening” tab by the doctor** when results are received.

1. When results are in the “inbox”- select **“Add CST result”** at the bottom of the inbox.

This result is:	Action to be taken:	Store result in:	Store for location:
<input type="radio"/> Normal	<input type="radio"/> No action	<input checked="" type="radio"/> Investigations	Main surgery
<input type="radio"/> Abnormal	<input type="radio"/> Reception to advise	<input type="radio"/> Correspondence in	<input checked="" type="checkbox"/> Include header
<input type="radio"/> Stable	<input type="radio"/> Nurse to advise	<input type="radio"/> Clinical Images	Details
<input type="radio"/> Acceptable	<input type="radio"/> Doctor to advise		
<input type="radio"/> Unacceptable	<input type="radio"/> Send routine reminder	Add Reminder	Add Past History
<input type="radio"/> Being treated	<input type="radio"/> Non-urgent appointment	Add Action	Add INR
<input type="radio"/> Under specialist care	<input type="radio"/> Urgent appointment	Add CST result	

< Previous Next > Skip Finish

OR In the patient file, click **“cervical screening”** tab in the left hand menu. Select **“add”** (as below, circled in red)

2. The date and clinicians name will automatically appear if the result is electronic, but the results (HPV PCR results +/- LBC) need to be selected. There is also a space for other information to be written, as required.
3. ***REMEMBER TO ADD A REMINDER FOR THEIR NEXT SCREENING (eg 5 years)*** This can be done directly from cervical screening results (as below, circled in blue), in the inbox, or on the patient home screen.

NB. Cervical screening exclusions are done when either: (1) “no longer requires cervical screening” or “opt out of cervical screening” tick-box (as below, circled in green) or (2) Coded condition of “hysterectomy” has been recorded in past history (not free text)

Expand Collapse Add Edit Delete Print

No longer requires cervical screening Opt out of cervical screening Reason: _____

Mrs. Madeline Jane Abbott

- Today's notes
- Past visits
- Current Rx
- Past history
- Immunisations
- Investigation reports
- Correspondence In
- Correspondence Out
- Past prescriptions
- Observations
- Family/Social history
- Clinical images
- Obstetric history
- Cervical screening**
- Enhanced Primary Care

Screen Date	Smear Result	Endocervical cells	HPV changes	Performed by
07/09/2016	Negative	Yes	No	Ms. N. Nurse

Cervical Screening Tests

Screen Date	HPV 16
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Cervical screening result

Date performed: 20/09/2018 Lookup bx

Performed by: Dr F. Findacure Include inactive providers

Cervical Screening Test Pap smear

Unsatisfactory specimen

HPV PCR: HPV 16 Detected Not detected

HPV 18 Detected Not detected

HPV not 16/18 Detected Not detected

LBC Result: _____

Endocervical cells present

Other information: _____

Add reminder Save Cancel

Any questions? Please contact us at healthevidence@vaccho.org.au or 03 9411 9411

