Whither the GP Record?

Dr Paul Miller

SCIMP Clinical Lead

Whither

whither

/ˈwɪðə/ 🔊

archaic   literary

adverb

1. to what place or state.
   "whither are we bound?"

adverb

1. to which (with reference to a place).
   "the barbecue had been set up by the lake, whither Matthew and Sara were conducted"

Not Wither…

wither on the vine

wither on the vine and **die on the vine**

1. *Lit.* [for fruit] to shrivel on the vine or stem, unharvested. *If we don't get out there into the field, the grapes will wither on the vine. The apples will die on the vine if not picked soon.*

2. . Fig. [for someone or something] to be ignored or neglected and thereby be wasted. *I hope I get a part in the play. I don't want to just die on the vine. Fred thinks he is withering on the vine because no one has chosen him.*
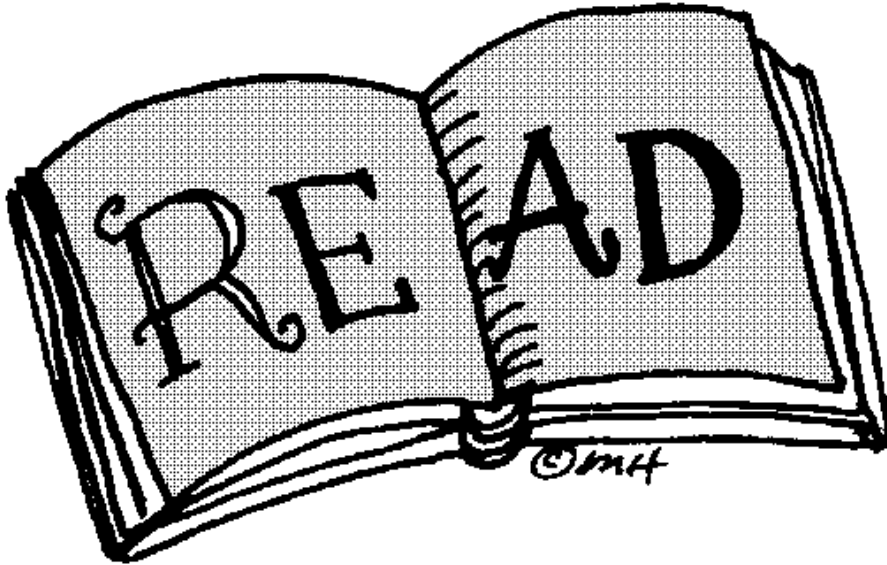
Whither the GP Record?
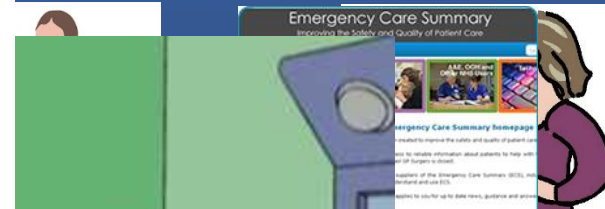
To what state are we bound?

Hopefully not:

…to be ignored or neglected and thereby be wasted…

Is the GP Record fit for all these purposes?

Hippocrates of Kos

"*...record their findings...in a very clear and objective manner, so their records may be... employed by other physicians.*"

many symptoms including complexion, pulse, fever, pains, movement, and excretions.[31] He

"*Keeps accurate contemporaneous records sufficient for another clinician to effectively take over care of the patient.*"

Royal College of General Practitioners

GPC General Practitioners Committee

July 2008

2.2 Non-clinical purposes

Health organisations also need a patient record system that can be used to meet administrative and contractual obligations by:

- Providing medico-legal evidence (e.g. to defend against claims of negligence)
- Providing legal evidence in respect of claims by a patient against a third party

"…will require health professionals to think in new ways about clinical record keeping …"

- Support clinical governance activities

2.4 Emerging purposes

Health records created in one health environment are increasingly likely to be accessed for viewing and/or editing in other health environments for example:

- A read-only shared record following an act of publication (e.g. the Summary

SPECIAL ARTICLE

MEDICAL RECORDS THAT GUIDE AND TEACH

Lawrence L. Weed, M.D.

"… a more positive attitude … medicine."

it will be necessary to develop a more positive attitude about the computer in medicine.

https://youtu.be/qMsPXSMTpFI

"The practice of medicine is the way you handle data and how you think with it, and the way you handle it determines the way you think."

"I'm a doctor Jim, not an engineer!"

Mirror, Mirror (episode)

For the CCG expansion, please see CCG: Mirror, Mirror.

A transporter malfunction sends Kirk, McCoy, Scotty, and Uhura into a parallel universe where the Federation is replaced by an evil Empire, Kirk is a despot, and Spock is a cunning pirate.

Contents [show]

Summary Edit

Teaser Edit

An *Enterprise* landing party comprised of Captain Kirk, Scotty, Dr. McCoy, and Uhura are on the Halkan homeworld, attempting to gain rights for the Federation to mine dilithium on their planet. The Halkan leader, a man named Tharn, tells Kirk that while they find him to be believable, it does not change their overall position and that the Halkan

"Mirror, Mirror"

TOS, Episode 2x10
Production number: 60339
First aired: 6 October 1967
Remastered version aired: 11 November 2006
40th of 80 produced in TOS
33rd of 80 released in TOS
10th of 80 released in TOS Remastered
33rd of 728 released in all

38,937 pages on this wiki

DATE			CLINICAL NOTES	DIAGNOSIS
29			[illegible] Tendent (36) [illegible] going into life - [illegible] [illegible] Bor (156) [illegible] Bertingen (10)	[illegible] Measles
34/~ 17/?				
15/?			Dermatitis due in chemical he is working with [illegible] very slight.	Betnovate
28.11			U.R.T.I Aureol ointment Betnovate [illegible]	
21.?				
18.1				
7.2			APP NOT KEPT	
1.10			Recent admission to [illegible]	
			? abd pains and diarrhea Had sigmoidoscopy and is to have Ba enema.	

Date	*	Clinical Notes	Diagnosis
2/.. PP			
	1)	scaley (2) ear. p̄ moisturiser.	
	2)	C inguinal hernia	R/ surgeon
	3)	Diabetes ✓	
11/8		'allergic to something in sheets at hospital. Rx Emovate Cr	
		Constipⁿ - (& NAD) Rx Lactulose (300ml)	
29/9	TC	Constip since pancreas surgery (no letter yet) Have 2 wks. Tried manual evac.	Her monitor B.d. + dialysis on - CD
11/10	Te	Hernia. Saw this AM has been lumpy + analgen + gen	
5/11		U, dure y apt. Thomas Royal Infirmary re: Follow up s/today have been followed up by R.A.H. They will contact them now get R.A.H sent for review There	

-	----
05/0 ▓▓▓	▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓
History	1. Sore R ear on and off for 3 weeks or so. Persistent cough, green spit in the mornings for few weeks. No chest pain. DX otitis media at OOH but not given abx. Otoscopy R TM dullness at top of drum. L NAD. throat NAD. Chest clear. Try abx given persistent symptoms. 2. Twisting injury to R kene 8 weeks ago when getting out of a car. Swollen at the time. No bruising. Still sore especially medially. Tender medially no effusion. Ligs intact. ?sprain. Refer PT
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
	Co-Codamol 8/500 Tablets *64 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*
	Ketoprofen Gel 2.5 % *100 gram APPLY THREE TIMES DAILY*

-	----
12/0 ▓▓▓	▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓
History	Ringing, pain and a feeling of blockage R ear for 1m. No response to amoxicillin. No itch/DC. No rpevious problems with ear.
Examination	No change OE. Dullness top of R TM. ?Glue ear. Try as px. If not settling, for ENT referral
Medication	Xylometazoline Hydrochloride Nasal spray 0.1 % *1 SPRAY USE ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED FOR A MAXIMUM OF SEVEN DAYS*
	Otomizo Spray *1 SPRAY ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY*

Symptom

H_s Stress at home Child food intolerant, partner shift worker

H_s Weight symptom NOS worried cannot lose weight

Examination

H_e Laboratory test requested Please do the following tests:

    FBC, ESR
    Glucose, U&E, LFTs, Thyroid Function Tests, HbA1C
    Fasting sample is not required
    Clinical Indication: Recurrent cold sores

Diagnosis

H_d [X] Herpes labialis very large lesion (L) lower lip. Says gets annually

H_d Clinical management plan agreed Has previously been given antibiotics but to hold off and see if resolves as usual after 10 days

H_d Advice to patient - subject re cold sores / stress / effects on immune system

Intervention

H_i Deferred antibiotic therapy

Health ed. - diet Advice given on Diet

Advice about weight Advice

Administration

Occupation: Laboratory technicians

Who decides?

Core clinical headings for electronic health records

Heading	Description

Reasons for contact

Field	Description
Reason for contact	Coded expression(s), which may include disease state, medical condition, responses and reactions to therapies. For example, colles fracture and lives alone without social support; elective left hip replacement, etc. The intent is to use codes wherever possible but can be free text. To include the reason for contact and the owner of the reason (ie the patient's reason for contact/professional's reason for contact)
Contact type	Admission, referral, handover, discharge, outpatients, etc
Investigations and results	where present. This includes the result value, with unit of observation and reference interval, where applicable.
Current problems and issues	Problems requiring health or social care services or carer attention.
Patient and carers concerns	The record of the patient's comments related to their perceptions of their symptoms, their wishes and goals related to their health and their perceptions of their anticipated treatment (which may influence treatment).

Medical Admission Proforma

Patient demographics

Mrs Daphne Smith	N129686
124 Mulberry Drive, London, N1 2AA	
12th September 1937	Female
75 years old	454 123 4567

GP practice

Dr Adrian Barker
Hollybush GP Surgery, High Street, London, N1 1AA
W09567

Admission details

Date of admission	12th July 2013
Time of admission	1845hrs
Admission method	Ambulance via A&E
Referrer details	
Source of admission	Usual place of residence
Responsible consultant	Dr Alice Murray
Specialty	Acute Medicine
Service	
Seen by	Dr Louise Jones, Medical CT2 on call, Bleep 5678
Patient location	Acute Medical Unit
Person accompanying patient	Husband

Special requirements

Hard of hearing

Allergies and adverse reaction

Trimethoprim causing a rash. Event >10 years ago. High probability of recurrence.

History

Reason for admission	Progressively unwell
Presenting complaints or issues	Shortness of breath
	Productive cough
	Fever
	Dizziness on standing
History of each presenting complaint or issue	Progressively more breathless for past 3 days. Now breathless at rest with severe dyspnoea on minimal exertion. Also feels very light-headed when standing and walking. No vertigo or headache. Cough with green purulent sputum and small streaks of blood. Feeling hot and sweaty with ?rigors for past 24 hours. No chest pain. No recent travel. No history of respiratory disease.
Relevant past medical, surgical and mental health history	Hypertension
	Depression
	Cholecystectomy

Review of systems

Weight loss of approximately half a stone in weeks preceding admission.

Medications and medical devices

Hypertension	Amlodipine 5mg OD	Suspended as BP low
Hypertension	Ramipril 2.5mg OD	Suspended as BP low
Depression	Citalopram 20mg OD	

This doc...
of patie...
clerking,...
outpatie...
evidenc...
allied he...
fit for pu...
of Medi...

Reas...
Subhe...
Reason...
Reason...
Reason...
Patient...
Prese...
or issu...
Subhe...
Presen...
issues

"Speed up data entry"

"Ensure consistent structure and coding"

"ensure information available in computable form"

6.3.1 Coding

Computer syste[...] [...]ctured and coded recording of information an[...] [...] tools are designed to speed data entry and [...], which will help ensure that information is [...] [...]putable form (see specifically Chapter 9.6.2 [...] [...]perless Practice) usable by automated facilities in the system.

However, it is not always possible to ex[...] [...]ll held information, in certain [...]mply as a list of structured codes and in t[...] [...]e to express information as a clinical narrati[...] [...]e the primary requirement is that it should con[...] [...]ather than support automated processes.

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Create account

GPASS

From Wikipedia, the free encyclopedia

GPASS, **General Practice Administration System for Scotland**, is a clinical record and practice administration software packag... Scottish general medical practitioners, but had largely been replaced by 2012.

GPASS was established in 1984, building upon software originally developed by Dr David Ferguson, a general practitioner (GP) i... was owned by the Scottish Government and developed and supported by the NHS Common Services Agency of Scotland. Origina... redeveloped in UNIX and then moved in the mid-1990s as *NewGPASS* onto a Windows platform. Version 5.7 of the software was *GPASS Clinical*, is in active development. It came to be widely used with 800 Scottish general medical practices (around 80% of t... using it as a clinical record and practice administration software.[2]

Its development has often been criticised as sluggish and lagging behind other more sophisticated systems like EMIS and Vision. public ownership as a positivum.
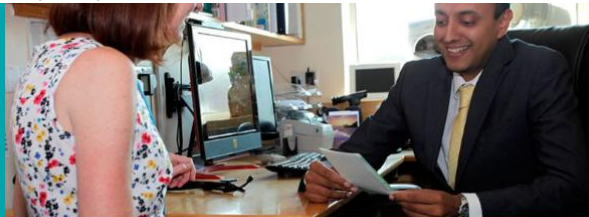
...tive clinical

...Easy to use appointment booking, enhanced safety warnings, population reporting and much more.

PRIMARY CARE

DEFENCE

VISION | emis

VISION

- Consultation Headings / Problem list
- **Clinical Notes**
- Attached by Read + free text (sometimes) / Medication (Read) + Chat (text)
- Active + (Read user)
- Inactive
  - Administration
  - Diagnosis
  - Examination
  - Intervention
  - Management
  - Presenting Complaint
  - Symptom

emis

- Consultation Headings / Problem list
- **Clinical Notes** / Less optional – by user (and sometimes system)
- Text – Terms (optional) (+ Text)

	Active	Past
Significant	Significant Active / Problem	Significant Past / New Referral
Minor	Minor Active / History	Minor Past / Social

- Examination
- Comment
- Medication
- Test Request
- Result
- Follow up (Diary dates)

- Family History
- Allergy
- KIS
- Referral Activity
- Follow Up (free text)

FV BP.

Systolic blood pressure [　　　] mm Hg   130 mm Hg   23/08/2013

Diastolic blood pressure [　　　] mm Hg   80 mm Hg   23/08/2013

133/80 mmHg   [OK]   [Cancel]

Blood Pressure - Add

Date Measured: Clinician: ☐ Private
[23 September 2011]   [Dr Paul Miller ▼]   ☑ In Practice

Read Term for Characteristic:
[246..00 O/E - blood pressure reading ▼]

Systolic: Diastolic: Korotkoff: Time:
[|　　　]   [　　　　]   [　　]   [12:54pm]   [OK]

Laterality: Position: Cuff: [Cancel]
[<None> ▼]   [Sitting ▼]   [Standard ▼]
                                                                         [Help]

Who decides?

The trouble with Terminology

- Occupations
- History / symptoms
- Examination / Signs
- Diagnostic procedures
- Laboratory procedures
- Radiology/physics in medicine
- Preventive procedures
- Operations, procedures, sites
- Other therapeutic procedures
- Administration
- Infectious and parasitic diseases
- Neoplasms
- Endocrine, nutritional, metabolic and immunity disorders
- Diseases of blood and blood-forming organs
- Mental disorders
- Nervous system and sense organ diseases
- Circulatory system diseases
- Respiratory system diseases
- Digestive system diseases
- Genitourinary system diseases
- Complications of pregnancy, childbirth and the puerperium
- Skin and subcutaneous tissue diseases
- Musculoskeletal and connective tissue diseases
- Congenital anomalies
- Perinatal conditions
- [D]Symptoms, signs and ill-defined conditions
- Injury and poisoning
- Causes of injury and poisoning
- [X]External causes of morbidity and mortality
- Unspecified conditions

Double Click below to enter Consultation Notes . Priorities pre-set to 3

Consultation
Patient reviewed
Telephone encounter
Home visit
Seen in nursing home
Administration NOS

Intervention

H: GIFT Box of chocolates

SNOMED CT design and development

Total
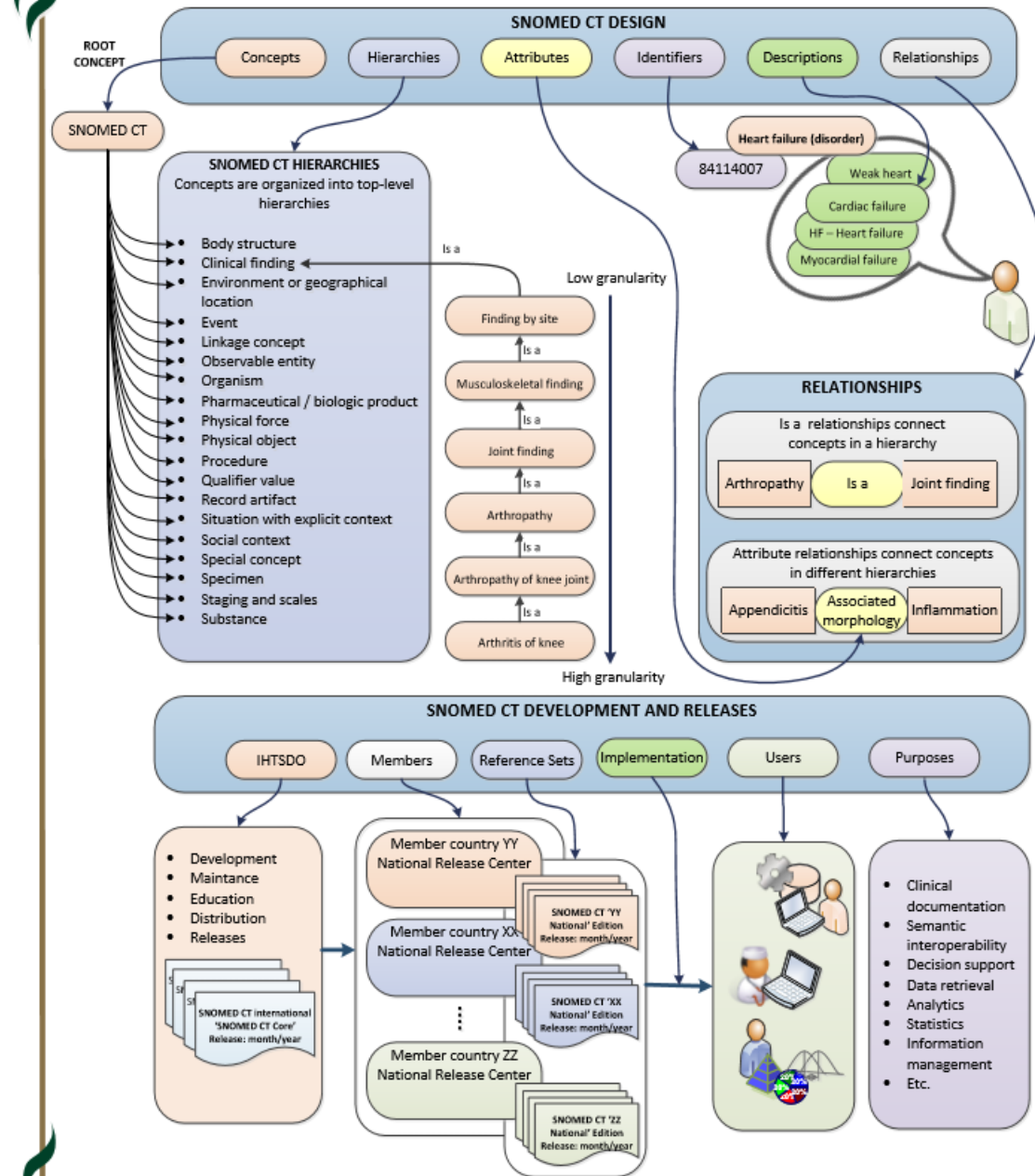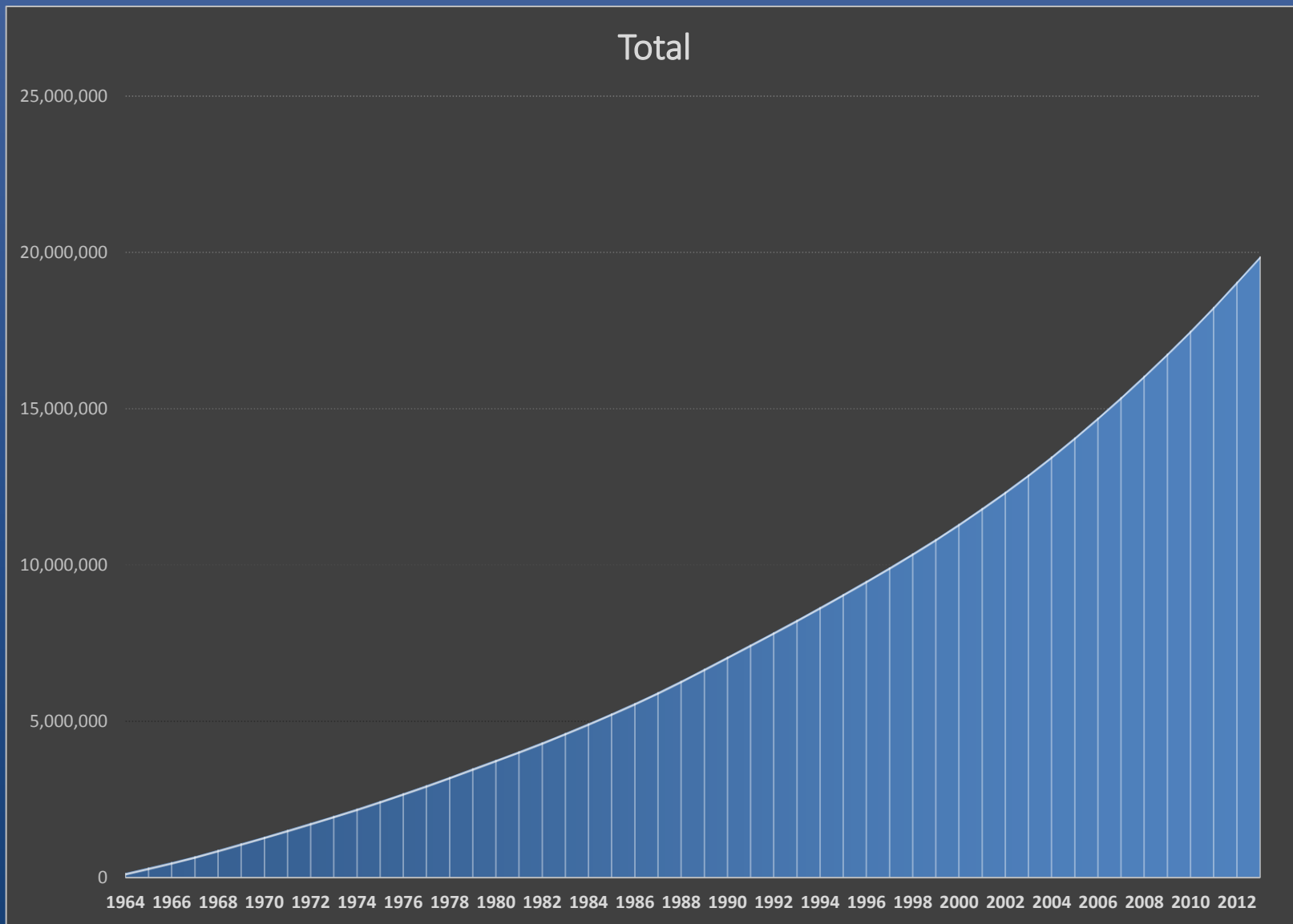
https://www.nlm.nih.gov/bsd/medline_cit_counts_yr_pub.html
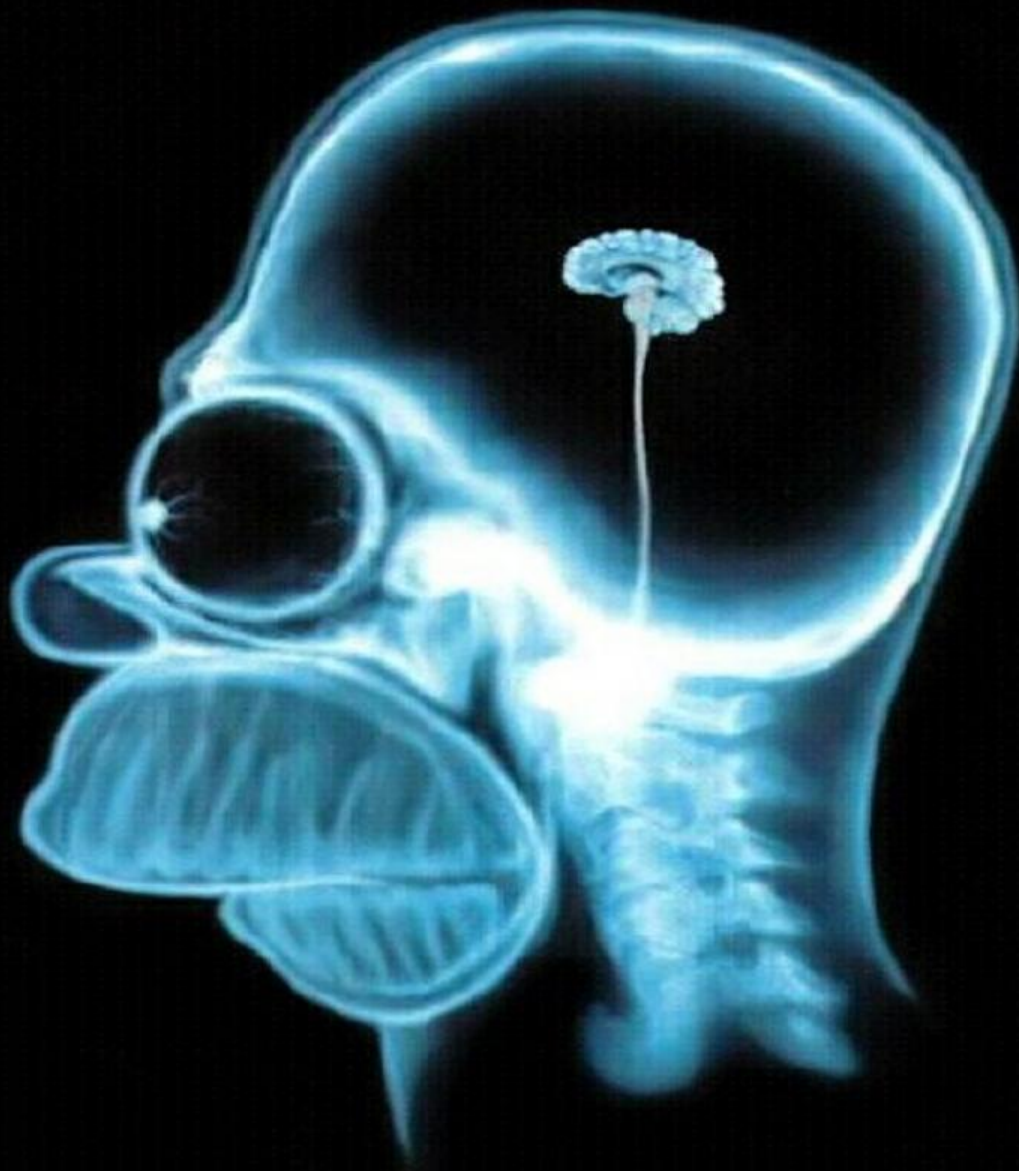
So who is going to fix all this??!!

"I don't know, Jim. This is a big ship. I'm just a country doctor."

"Not in the gift of IT."

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Health Science Center at Houston

National Center for Cognitive Informatics & Decision Making in Healthcare

HOME

NCCD

SAFETY ENHANCED DESIGN

EHR USABILITY

Designing for Usability

Interface design in modern health IT has come to mean **User-Centered Design (UCD)**. In this iterative approach to design, the user is a major part of the process from first to last. The product life cycle starts with an understanding of users and their working environment, then proceeds through design, development and evaluation. Designers and engineers don't simply make assumptions about how users are likely to use a product, they use scenarios, create **use cases** and test their predictions with actual users, with formative assessment techniques.

https://sbmi.uth.edu/nccd/ehrusability/design/

over, the more it is free." If we accept the limits of discipline and form as we keep data in the medical records the physician's task will be better defined, the role [...] [...]r will be [...] [...]n freedom [...] [...]- leased fr[...] [...]- sion alw[...]

"If we accept the limits of discipline and form as we keep data in the medical record... the art of medicine will...be released from the constraints that disorder and confusion always impose."

www.justgiving.com/SCIMPGP/