


CANNING DIVISION
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The Canning Data Extraction Tool Tips & Trick


The Canning
Data Extraction Tool




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Introduction

You have *The Canning* Data Extraction Tool.....
NOW WHAT?????




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Overview


Tips & Tricks





- Steps to take prior to installing
- ??? WHY FACTOR
- Anticipate Challenges
- DOs & DON'Ts




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Steps to Take Prior to Installing




- Navigate** around the tool / Get to know the tool
- Practice** installation prior to first installation at a practice (creates ↑ in confidence for both installer and practice)
- Research** the practice or person you are meeting with:
 - Identify the “driver / change-maker” of the practice
 - Identify the ??? WHY FACTOR (why would the practice/individual want to use this?)
 - Identify what motivations, programs, initiatives practice is currently involved in
- Create links** with the  and research results

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Tips & Tricks:

???
WHY
FACTOR


❑ **Identifying the** ???
WHY
FACTOR


❑ Monica's definition:


The ???
WHY
FACTOR is the focus, motivation and purpose behind the practice or individual that helps them answer the question "Why should I?" or "Why would I?". It is important to get this right if you want to ensure the extraction tool and/or initiative is successful.

❑ Examples:

- ❑ GP doesn't properly code data. ???
WHY
FACTOR could be income, patient care, correct data, etc. Your job is to figure out what that specific GP's ???
WHY
FACTOR
- ❑ Practice Manager doesn't have time to utilise the tool. ???
WHY
FACTOR Could be identification of missed Item #s to claim, possible PIP incentives, tool to motivate GPs and Nurses, etc.

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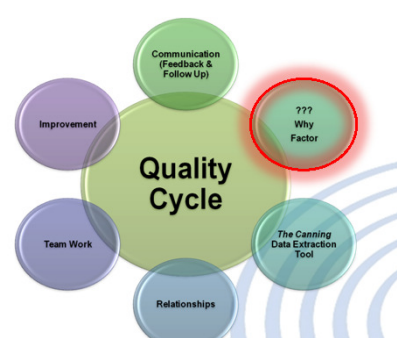






Tips & Tricks:


???
WHY
FACTOR

- **Varies** from practice to practice, and individual to individual. We all have different reasons that drive us and finding ???
WHY
FACTOR identifies those reasons.
- ???
WHY
FACTOR is part of the Quality Cycle



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Anticipate Challenges


- Confidentiality, transfer of patient data, etc


Exported from Canning Data Extraction Tool v4.7	Practice Name	7/01/2011	412	MD3	0:02:19		
NPCC DIA	Practice Name	7/01/2011	69	13	18.80%	15	21.70%
NPCC HbA1c	Practice Name	7/01/2011	13	18.80%	3	4.30%	4
NPCC CHD	Practice Name	7/01/2011	89	36	40.40%	68	76.40%
NPI DIA	Practice Name	7/01/2011	13	3	4	4	45
NPI CHD	Practice Name	7/01/2011	14	11	64	89	15.70%
NPI PAP	Practice Name	7/01/2011	28	144	172	16.30%	83.70%

- Computer competency
- Challenges will vary from practice to practice and person to person (part of preparation)



More prepared you are the more successful you will be!









DOs & DON'Ts



- **DO** load  onto more than one computer
- **DO** mention the automatic upgrading for future versions
- **DO** identify a 'champion user'
- **DO** teach more than one person how to utilise 
- **DON'T** do it for them....**TEACH THEM!**
 - to share information & instructions with other team members (e.g. Meetings, memos, notice boards)
- **DON'T** overwhelm (focus on one section at a time)
- **DO** highlight easy step by step features
- **DO** provide information document / agreement (manual)






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DOs & DON'Ts

- **DO** link  with other programs, initiatives, incentives (e.g. APCC, PIP, etc)
- **DO** incorporate  with Quality Cycle



The diagram shows a central green circle labeled 'Quality Cycle' surrounded by six other circles: 'Communication (Feedback & Follow Up)', '??? Why Factor', 'The Canning Data Extraction Tool' (highlighted with a red border), 'Relationships', 'Team Work', and 'Improvement'. The 'The Canning Data Extraction Tool' circle is highlighted with a red border.

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Quality Cycle



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Relationships


- Utilise** existing relationships
- Build** relationships (investments)
- Trust** is created through relationships
- Relationships will make it easier for practice/individual to be on board with your ideas, trust you and be prepared to spend time with you




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TIME IS PRECIOUS IN GENERAL PRACTICE






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Team Work

- Approach** any program initiative such as  in a team approach
- Break** the 'silo effect'
- Look** for opportunities to incorporate  with other improvement initiatives and co-workers
 - Accreditation (Clinical Data to improve patient management)
 - APCC
 - PIP




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Improvement

- Create** goals, action plans, PDSAs, etc to ensure improvement occurs
- Continuous** improvement is key
- Demonstrate** how  can assist in improvements
- Provide** APCC tokens to all practices and utilise webportal


Improvement is a network of ideas, approaches, systems and the quality cycle. Approach improvement as a whole, don't separate it!




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Communication (Feedback & Follow Up)


- Continuous** communication will keep motivation alive and is a key factor for successful  implementation
- Provide Feedback**
 - **Meaningful** data (specific to practice, comparative, etc)
 - **Create** initiatives involving feedback
 - **Eg.** Quality Clusters Strategy (quarterly data, comparison graphs, 40 practices, focus on one area, improvement strategy suggestions, revisit on a regular basis)




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Communication (Feedback & Follow Up)


- **Provide Feedback**
 - **Quarterly Newsletter** (acknowledge high achievers, provide suggestions and strategies)
 - **Weekly Bulletins**
 - **Link** feedback to bigger picture (e.g. other programs, incentives, etc)
 - **Provide** feedback from variety of data sources: and show correlation
 -  Aggregation Tool
 - Atlas, LGA data, etc



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Communication (Feedback & Follow Up)


- **Follow Up**
 - **Continuously**
 - **Promptly** with any issues or requests
 - **Information** on new initiatives, versions, features, etc



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Conclusion


- There are a lot of valuable approaches out there (most are common sense – we just have to pay attention to them)
- Tailor approaches to your local area
- Talk with other divisions / networks, share ideas

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Conclusion


The Canning Data Extraction Tool is valuable for practices, programs, improvements and overall to improve patient care.

We just need to utilise this tool in the best approach possible to ensure the best possible outcome.




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THANK YOU TO:

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