

Coroner David Ryan
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK, VIC 3006

Court ref: COR 2023 002843

Dear Coroner,

Thank you for your correspondence regarding your investigation into the death of Denise Roberts. I convey my sincere condolences to Denise's family for their loss.

In response to the findings and recommendation made under section 72(2) of the Coroners Act 2008 (Vic), I can confirm that North Richmond Community Health has **implemented** the recommended intervention as follows:

1. Policy Amendment

In 08/07/2024 NRCH amended our internal policies to ensure that any arrangements made between clinicians and a patient's next of kin regarding notification in the event of the patient's non-attendance at appointments are recorded in the patient's medical records. These changes have been documented in our updated **client access to care work instruction**, which is now in full effect across all departments. This policy is subject to regular audits to ensure compliance. A copy of the amended policy is attached.

2. Staff and Clinician Education

Alongside the policy amendment, training and instruction was provided to the medical services team of the updated policy on 19/07/2024, a copy of the meeting agenda and minutes are attached

3. Monitoring and Review

To ensure the continued effectiveness of this intervention, we have also established a regular **audit process**, starting in **August 2024**, to review patient records for compliance with the new policy. These audits will be conducted quarterly, with results reported to senior management to address any gaps in adherence.

These actions directly address the recommendation from the Coroner and aim to improve communication with the next of kin in the event of a patient's non-attendance. I believe this will strengthen our commitment to patient care and safety. Should you require any further details or documentation regarding these implementations, please do not hesitate to reach out.

Thank you for your attention to this matter.

Simone Heald
CEO, North Richmond Community Health

Client Access to Care

Program / Service:	Clinical Services /Medical Services	Author (Position):	Program and Practice Manager Medical Services
Date Published:	<#revision_issue_date>	Next Review Date:	<#next_review_date>
Scope (Area):	Medical Services	Scope Staff:	Medical Services Staff

Purpose

The purpose of this work instruction is to provide staff with clear guidance on how the service manages and provides clients¹ access to care. This work instruction will support Medical Services staff (Staff) to effectively manage service demand and client need in a way that is both person-centred and safe.

Scope

This work instruction covers how the service:

- Schedules and manages access to appointments,
- Facilitates and manages home and other visits,
- Manages clients and visitors on site,
- Provides access to care afterhours.

¹While it is recognised that different sectors/professions within health use different terms, for consistency, in general, users of North Richmond CH services are referred to as “clients” across all organisational policies and procedures. Where the policy/policies apply to General Practitioners working within NRCH, the term “client” can be taken to refer to “patient”. At times throughout this procedure document, depending on the context, the terms are used interchangeably (see Definitions section below).

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Definitions

Term	Definition
Best Practice	Clinical Client Management System used by the medical service to manage client information, clinical files and communication.
F8	Internal messaging function in Best Practice.
HotDoc	Online appointment booking system.
Triage	Conduct a preliminary assessment of (clients or casualties) to determine the urgency of their need for treatment and the nature of treatment required.
Medical Deputising Service	The term reflects the idea that doctors working in the afterhours are 'deputising' for daytime doctors. Medical Deputising Services provide urgent, after-hours primary health care to clients at home and in aged care facilities, on behalf of the clients' regular doctor.
Afterhours	After normal working or operating hours
Clients	While it is recognised that different sectors/professions within health use different terms, for consistency, in general, users of North Richmond CH services are referred to as "clients" across all organisational policies and procedures. Where the policy/policies apply to General Practitioners working within NRCH, the term "client" can be taken to refer to "patient". At times throughout this procedure document, depending on the context, the terms are used interchangeably (see Definitions section below).

1. Appointments

Medical appointments can be made either via telephone or via HotDoc. Appointments are recorded electronically in the service's client management system, Best Practice. This system supports the provision of a flexible and person-centred approach to appointments and the delivery of client care.

1.1 Appointment System

- NRCH uses an electronic client management system, Best Practice, to manage appointments for clients. The scheduling functionality has the flexibility to accommodate urgent, non-urgent, complex and planned chronic care, and preventative needs appointments.
- The individual preferences of doctors and other clinicians are accommodated; and members of the clinical team are consulted about the length and scheduling of appointments.
- The length of clinical consultations will vary according to individual client needs. NRCH aims to provide enough time for adequate communication between clients and their doctors to facilitate preventative care, effective record keeping and client satisfaction. Clients are encouraged to ask for a longer appointment if they think it is necessary.
- Staff will be provided with training and support in scheduling appointments and are expected to have the knowledge to assist clients in determining the most appropriate length and timing of consultations and to recognise and act accordingly for clients with urgent medical matters.

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1.2 Scheduling Appointments

- Each doctor and clinician have specific times allocated to their consulting sessions. The sessions are set up to include interval times, short and long consultations, on the day appointments, diagnostic tests, procedures etc.
- A standard appointment time is 15 minutes. ***The service aims to schedule no more than 4 appointments in any 60-minute period nor to schedule appointments that are less than the standard appointment time.***
- Longer appointments are available if required. These are allocated based on the advice of the doctor or clinician; following an assessment of the needs of the client; or at the request of the client.
- If a client is unsure about the duration of appointment required, Staff will assist in determining the most appropriate length and timing of the appointment.
- One appointment is required for each individual attending the service. If a family attends, NRCH requires that individual appointments are made for each family member.
- Our aim is that clients wait less than 30 minutes for their scheduled appointment. Clients are advised of any delays on attendance for their appointment. Wherever possible scheduled clients are called at home to advise delay.

1.3 Client Identification

- Correct client identification is vital for client safety and the maintenance of client confidentiality (***see procedure on Client Identifiers***)
- Clients are correctly identified at each encounter using 3 approved client identifiers. All staff are trained in how to correctly identify a client using 3 identifiers.
- Approved client identifiers include:
 - ✓ client name (Family and given name)
 - ✓ date of birth
 - ✓ gender (as identified by the client themselves)
 - ✓ address
 - ✓ client record number (where it exists)
 - ✓ mobile phone number
 - ✓ Individual Health Identifier (IHI)

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- NRCHS approved client identifiers are:
 - ✓ client name (Family and given name)
 - ✓ date of birth
 - ✓ address
- When asking for client identification, Staff should ask the client to state their name, date of birth and address.

Staff should not volunteer the information from the records and ask the client to confirm as nervous or hearing-impaired clients may agree and verify incorrect information.

- When clients are noticed to have similar names or other identifiers (e.g. DOB), Staff are required to enter a notation in the demographics section of the client’s medical record.
- Should any errors occur in client identification, full open disclosure should be followed (**see protocol on Open Disclosure: Principles and Process**). The Practice Manager should be informed; an incident must be logged on VHIMS and a note of the incident must be recorded on the client’s medical record (**see procedure on Incident Reporting, Management and Investigation**).

1.4 Clients’ Needs and Preferences

- NRCH celebrates and respects diversity (**see guideline on Diversity and Inclusion**). It strives to provide care that is safe and responsive to all. In line with this, the medical services will endeavour to meet the needs and preferences of individual clients including, but not limited to, any preference for a doctor or clinician.
- All clients can request to see their preferred doctor or clinician. Staff will endeavour to ensure that clients see the same doctor to support continuity of care. However, if clients are unable to obtain an appointment with the doctor of their choice they should be advised of the availability of other doctors at this time.
- The Medical Service Program strives to accommodate clients with urgent medical matters even when fully booked. Clients will be triaged by the Administrative Staff in the first instance and then escalated to the Nursing staff to ensure that an informed decision is made, based on the client’s immediate care needs.
- NRCH respectfully manages clients and others in distress. All staff involved in responding to distressed clients receive appropriate training to support them in this role. Clients who present distressed are supported and triaged by the Nursing Staff who will determine appropriate next steps. If necessary, staff will engage the support of NRCHs Emergency Response Teams to facilitate a resolution (**see Emergency Management Plan**).

1.5 Third Party Attendance at Consultations

- If a third party is to be present during an examination, whether requested by the doctor or accompanying the client, consent from the client will be obtained prior to the consultation. Presence of the third party will be documented in the client’s medical record (**see procedure on Informed Consent and guideline on Privacy and Confidentiality Client and Staff Information**).

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1.6 Clients Who Fail to Attend

- A client is a “Failure to Attend” (FTA) when they have failed to attend the clinic for their scheduled appointment and have not notified Staff at least 2 hours prior that they will not be able to attend the appointment.
- A client is also considered a “Failure to Attend” when they cancel their appointment less than 2 hours prior to the scheduled appointment.
- When a patient fails to attend an appointment and has not notified the staff must contact the patient by phone or their Emergency Contact and/or Next of Kin where client has consented to notify Emergency Contact and/or Next of Kin. Staff must check this information in the demographics section of the client’s medical record.
- An out-of-pocket fee of \$41.40 will be charged to clients who fail to attend their appointment or have cancelled their appointment less than 2 hours prior to their scheduled appointment (at doctors’ discretion). An invoice will be issued to the client with letter advising client payment must be made before future can be made.
- Staff are required to advise the client of outstanding debt when makes an appointment via telephone or via HotDoc.
- Clients who repetitively fail to attend appointments (3 or more times) will have this notation in the demographics section of their medical record – *DO NOT book appointments until debt is paid* (at doctors’ discretion).
- Staff are required to document all communication with clients in the clients’ medical record.

Appointment FTA Type	Action
Cancellation	<ul style="list-style-type: none"> ✓ More than 2 hours’ notice – Client offered next available appointment ✓ Less than 2 hours’ notice – client marked as FTA and Client charged cancellation fee (at doctors’ discretion).
Routine appointment FTA	<ul style="list-style-type: none"> ✓ Client marked as FTA. ✓ Follow-up courtesy call to client. ✓ Doctor advised of FTA via F8 message. ✓ FTA fee review with doctor.

Appointment FTA Type	Action
	<ul style="list-style-type: none"> ✓ Staff to contact Emergency Contact and/or Next of Kin where client has consented to notify Emergency Contact and/or Next of Kin. ✓ Invoice issued to client ✓ All attempts to contact the client will be documented in the medical record.
Recall or review appointment FTA	<ul style="list-style-type: none"> ✓ Flagged in client management system. ✓ Contacted by Staff and another appointment scheduled. ✓ If unable to contact, doctor or clinician advised. ✓ For significant appointments, 3 attempts will be made to contact the client via telephone. If this is not possible, a letter will be sent via registered mail asking the client to contact NRCH. ✓ All attempts to contact the client will be documented in the medical record.

1.7 Confirmation of Appointments

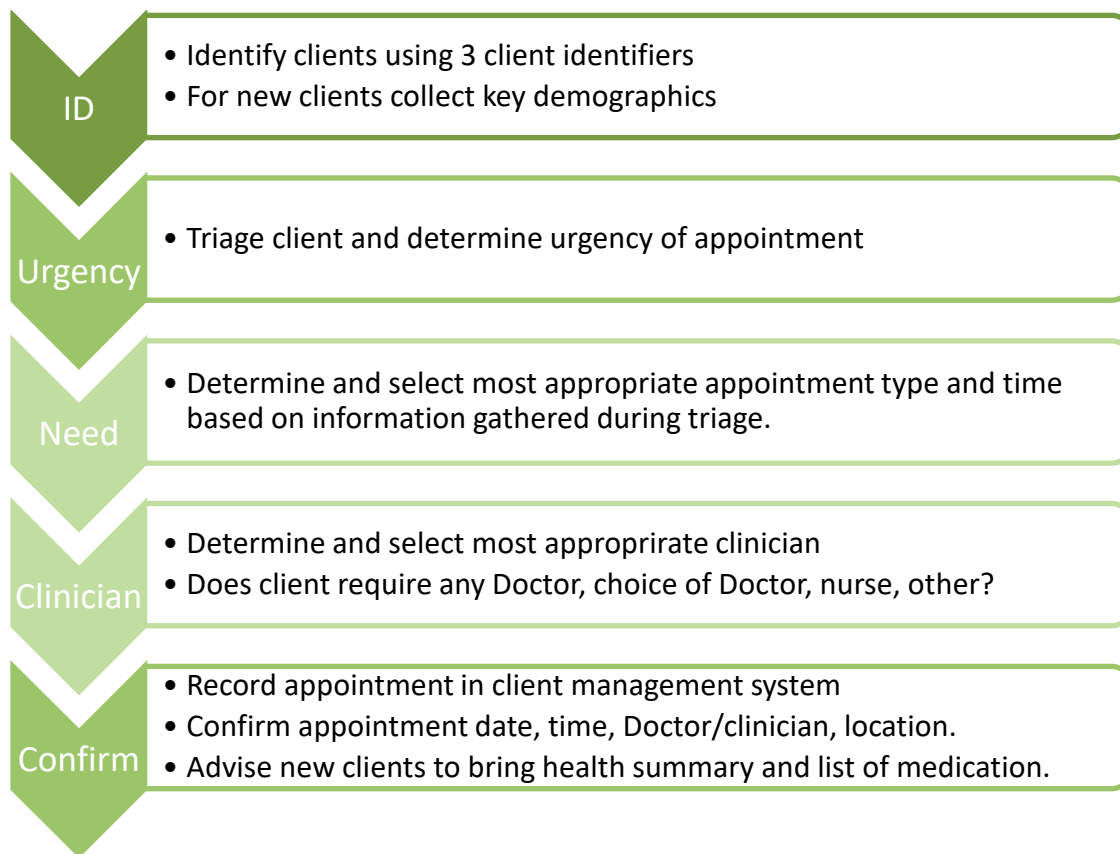
- All appointments are confirmed prior to them taking place.
- A range of appointments are confirmed by the Administration Team via telephone. These are:
 - ✓ Long appointments
 - ✓ Recalls
 - ✓ Reviews
 - ✓ Care plans
 - ✓ Non-urgent results
 - ✓ Specialist appointments
- All standard appointments receive a confirmation via SMS.

1.8 Determining Priorities

- Staff must be vigilant to the needs of clients. They must prioritise urgent callers or walk in clients for immediate or earlier attention by a doctor.

- All clients enquiring about the availability of an appointment should be triaged using the Poppuns triaging methodology to determine their level of risk and priority (**see work instruction *Triaging and Managing Medical Emergencies and Urgent Enquiries***) All clients contacting the service via telephone must be asked if the matter is urgent prior to being put on hold and/or triaged.
- Urgent clients must be accommodated even if the service is fully booked. Should the matter be triaged as urgent, staff should follow the instructions set out in the work instruction ***Triaging and Managing Medical Emergencies and Urgent Enquiries***.

1.9 Procedure for Making in Clinic Appointments



Note: appointments made for a periodic review (e.g. blood pressure check) or medical recall (e.g. abnormal pathology result) should be flagged so follow up procedures can be initiated if the client does not attend.

2. Home and Other Visits

2.1 Provision of Home and Other Visits

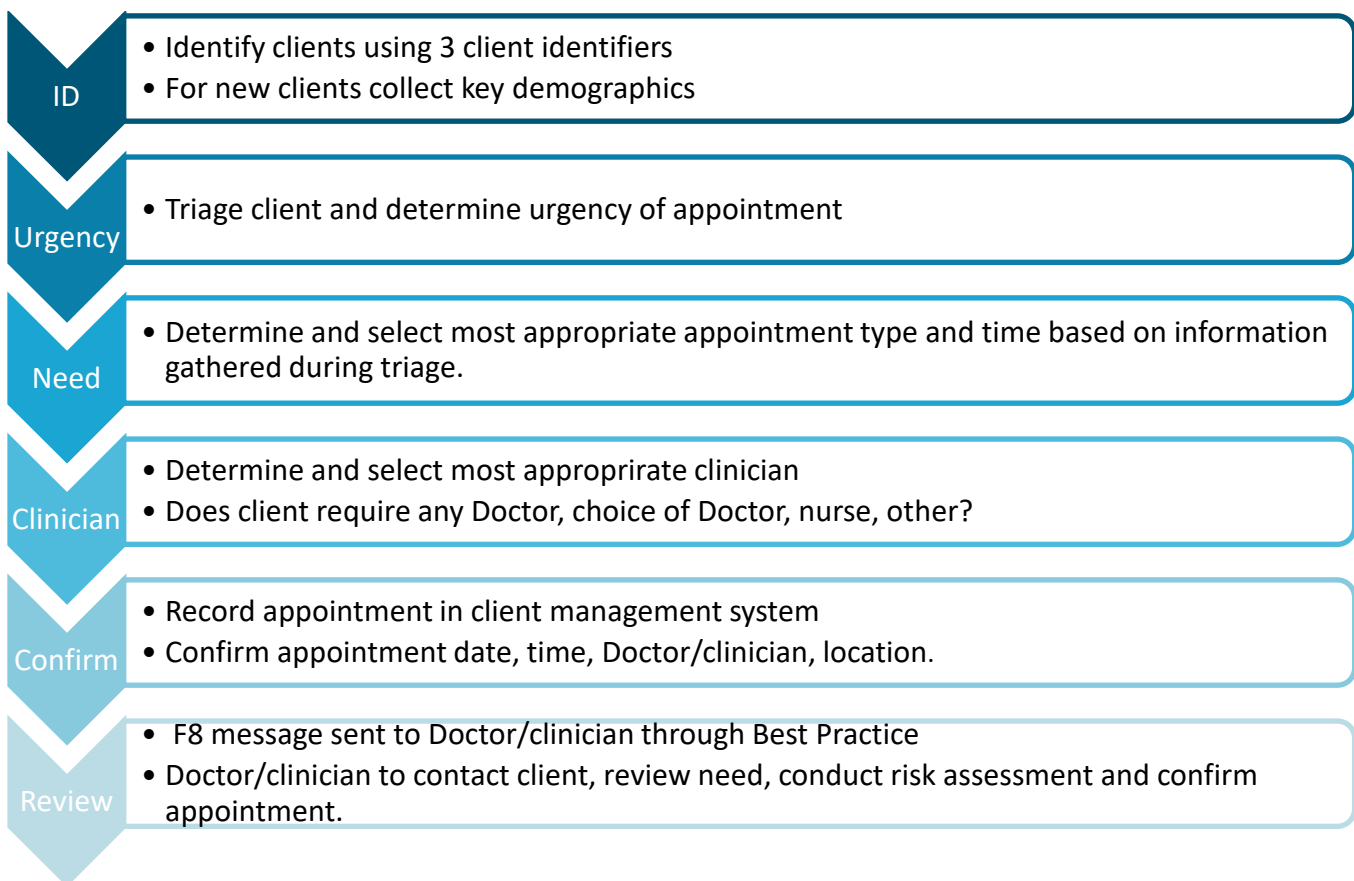
- In addition to in clinic consultations, the medical service offers consultations in the home and other residential care settings (**see procedure *Home Visits and Community Outreach***)
- Home and other visits are available to clients who:

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- ✓ Currently attend or have attended the service regularly.
 - ✓ For who NRCH is their primary medical service.
 - ✓ Have a medical condition which prevents them from being able to attend the service.
 - ✓ Are immobile, acutely ill or elderly.
- Home and other visits are provided by appropriately qualified health professionals who have received and assessed information and advice regarding safety and security when conducting the required visit.

2.2 Procedure for Arranging Home and Other Visits

- The requirement for a home or other visit is most often determined by the doctor, Nurse or other clinician responsible for the care of the client. Where this occurs, the Administration Team would be requested to make the appropriate appointment type.
- If a client contacts the service and requests a home or other type of visit, the Administration Team will follow steps set out below:



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2.3 Managing Safety on Home and Other Visits

- All home and other visits are subject to a risk assessment. This must be completed prior to the visit and recorded in the client’s medical file
- All home and other visits must be correctly identified in the doctor/clinicians appointment schedule using the correct appointment type (e.g. Home Visit, Hospital Visit, Nursing Home (RACF) Visit).
- To ensure the safety of doctors/clinicians the following notification process is in place:

Situation	Process
Doctor/clinician on site prior to or following a home or other visit	<ul style="list-style-type: none"> • Notify Reception at time of leaving • Notify Reception at time of returning
Doctor/clinician off site prior to or following a home or other visit	<ul style="list-style-type: none"> • Text message Practice Manager when attending appointment • Text message Practice Manager when appointment is completed, and doctor/clinician has left appointment

(see Procedure on Home Visits and Community Outreach and Home and Community Risk Assessment form)

3. Management of Clients and Visitors Attending our Service

NRCH respects and celebrates diversity and strives to ensure that every person attending the centre is dealt with in a manner that is safe and appropriate to their needs.

All staff at NRCH are responsible for ensuring that clients, members of the community and visitors are welcomed to the organisation and are shown friendly, courteous recognition and assistance.

3.1 Clients Presenting to Reception

- All clients presenting to the reception desk for a service must be identified using the 3 approved client identifiers **(see section 1.3 above)**.
- Once identified clients are marked as ‘arrived’ in the appropriate client management system.
- If a client presents at the reception desk and indicates they are unwell, or members of the Staff are concerned for the health and wellbeing of a client, the client will be triaged **(see work instruction for *Triaging and Managing Medical Emergencies and Urgent Enquiries*)**

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- If a medical emergency occurs at reception desk or in the waiting area, a Code Blue will be called and attended by the organisations Emergency Response Coordinator and medical team (***see Emergency Management Plan***). All Reception staff are trained to call a Code Blue.
- At Reception, every effort should be made to prioritise interactions with the person who is presenting for an appointment; representing to make a follow up appointment or for support following an appointment. Where possible telephone calls should be taken in the administration area, behind Reception. If this is not possible, telephone calls should be answered by staff and triaged prior to being put on hold (***see work instruction Managing Telephone and Electronic Communication***)

3.2 Visitors Presenting to Reception

- Staff working at Reception are responsible for the management of a wide range of visitors, including but not limited to:
 - ✓ Pathology services
 - ✓ Facilities and maintenance contractors
 - ✓ Delivery drivers
 - ✓ Visitors attending meetings, workshops, interviews etc.
- Staff working at Reception will ensure those expecting visitors are informed of their attendance at Reception; signpost visitors and issue temporary resources to support access around the building if required.
- Any visitor who needs to move through the building independently, are required to sign the Contractors/Visitors Book. Visitors' lanyards, access passes and keys are supplied to these individuals whilst on the premises. These are issued and collected by staff at Reception.

4. Care Afterhours

The Medical Services Program has in place reasonable arrangements for medical care outside normal operating hours, this care includes the follow up of pathology results.

Arrangements for medical care outside of normal operating hours and how to access this care is communicated clearly to clients.

When clinic doctors are unable to deliver care outside normal operating hours, timely, safe and reliable care is provided by doctors of a similar speciality through a formal agreement with an accredited deputising service.

Any consultations conducted outside of normal operating hours by or on behalf of our service, are documented in the client's medical record.

4.1 Medical Deputising Service

- When the clinic doctors cannot deliver care outside normal operating hours a formal arrangement exists with an *accredited medical deputising service*.

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- NRCH has an agreement with National Home Doctor Service and receives electronic records of consultations outside of normal operating hours. National Home Doctor Service is available to all clients and those contacting the clinic for care. They can be contacted on 13 74 25.
- Any correspondence or notification received about care provided to a client by the medical deputising service is documented in their medical record.

4.2 Contacting Clinic Doctors Afterhours

- Arrangements are in place that enable designated providers of afterhours care or pathology providers to contact a client’s doctor, or in that person’s absence, the person who is caring for that absent team members clients.
- Pathology providers and the medical deputising service are provided with a list of the afterhours contact numbers of clinic doctors, and in the event, they cannot be contacted an alternative person to contact in their absence.
- Each organisation is aware that these numbers are for “exceptional circumstances” and do not constitute an “on call” contact should they need to use them. This list is reviewed and updated on an annual basis to ensure the numbers and contacts remain current. A date of last update is inserted in the footer to designate the most recent version (*see Updated List of Contacts*)

4.3 Informing our Clients about Care Afterhours

- Details of afterhours care arrangements are provided on the NRCH website; in the service brochure; on voicemail messages and displayed prominently on the front door to the facility. Business cards for the service are also available to all clients.
- Should the client, arrangements can be made for the doctor or clinician to contact the client afterhours. These arrangements are facilitated by the individual Doctor at their discretion.
- Outside of normal hours service has a comprehensive message on the answering machine, via our main telephone number (*see work instruction Managing Telephone and Electronic Communications*). This message includes recommending clients call 000 if the matter is an emergency and also includes the details for care afterhours. This is maintained for all incoming calls when this Centre is closed.

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Key aligned NRCH documents

- Client Registration Form
- Open Disclosure Protocol
- Incident Reporting, Management and Investigation Procedure
- Informed Consent Procedure
- Guideline Privacy and Confidentiality Client and Staff Information
- Work Instruction: Managing Telephone and Electronic Communication
- Work instruction: Triage and Managing Medical Emergencies and Urgent Enquiries
- Home Visit and Street Outreach Procedure and Home and Community Risk Assessment form)
- Emergency Management Plan
- Diversity and Inclusion Guideline
- Incident Reporting, Investigation and Management Procedure

Legislation and Compliance

- RACGP Accreditation Standards fifth Edition

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Agenda

GP Administrative Meeting

Friday 19 July 2024, Room 157, 8:00am to 9:00am

Link:

Item	Description	Link/Papers
1.	<p>Acknowledgement to the Country</p> <p><i>I would like to respectfully acknowledge the Traditional Owners of the land on which we meet today, the Wurundjeri Woi-wurrung people of the Kulin Nation.</i></p> <p><i>I recognise the ongoing spiritual and physical connection that our Traditional Owners have with the land, waters, and communities.</i></p> <p><i>We honour and pay our respects to Elders, past, present, and emerging, and all Indigenous people present today in this gathering and in our organisation.</i></p> <p><i>NRCH is committed to creating a safe and welcoming environment that embraces all backgrounds, cultures, sexualities, genders, and abilities.</i></p>	Clara
2.	Apologies:	Clara
3.	<p>Business Review</p> <p>Action Plan progress</p> <p>MyMedicare Registration (for discussion)</p> <p style="margin-left: 20px;">1. Eligibility criteria for claiming 91790, 91800, 91801, 91802, 91920, 91900, 91910</p> <p>Recruitment</p>	Clara Clara
4.	<p>Change in workflow process</p> <p>Fee for Service Policy</p> <p>Key principles:</p> <ul style="list-style-type: none"> Fees is not a barrier to access services. Fees will be charged in accordance with State and CW funding guidelines. Priority access group identified. Clients that meet the Priority Access Group eligibility will not incur any out-of-pocket expenses for NRCH services provided. Financial Hardship process to be developed. <p>Seeking Feedback</p> <p>FTA/DNA Work Insttuerction Update:</p> <p style="margin-left: 20px;">1. Recording of consent to notify NOK or EC of routine FTA</p> <p style="margin-left: 20px;">2. FTA and Cancellation Fees</p> <p>Feedback required:</p>	Clara



Agenda

GP Administrative Meeting

Friday 19 July 2024, Room 157, 8:00am to 9:00am

Link:

	Item	Description	Link/Papers
		<ul style="list-style-type: none">• Frequent offenders - is 3 times the clinic limit and then no more appointments?• Should both non-concession card holder and concession card holders be charged DNA/Cancellation Fees?	
5.	OHS	Nil	
6.	Incidents	Clinical Incident: Open Disclosure	Clara
7.	Meeting closed	9am	
8.	Next Meeting:	Friday 16 August 2024	



Previous Actions/Minutes

Item	Description	Who	When
	Explore patient self-check in options. Findings: Hotdoc has a self-check in feature which the clinic can utilize. Additional costs: <ul style="list-style-type: none"> - 2x iPads - Hotdoc self-check in license - Logistics to support clients checking in 	Clara	24/05/2024
	Verify with Medicare if Health Assessment can be co-billed standard consultations	Clara	
	Raise BP Ticket re. <ol style="list-style-type: none"> 1. BP crashing while inputting patient information, printing radiology results. 2. PDF documents slow to load Resolved: <ul style="list-style-type: none"> - Permissions in the antivirus software expanded to allow Cubiko to extract data for the clinic dashboard. 	Clara	
	Review Code Blue Response Guideline Outcome: <ul style="list-style-type: none"> - Reviewed by Emergency Response WG on 28/05/2024. Phil will distribute to the team for further review from GPs. 	Emergency Response WG	24/05/2024
	OHS – Raise ticket re. foul odor in consulting room 26 Resolved: <ul style="list-style-type: none"> - Odor absorbers placed in air vents to absorb the smell. 	Clara	
	Seek Clarification re. billing Chronic Disease Management items for patients not registered with MyMedicare. PHN response: From 1 November 2024 <ul style="list-style-type: none"> - Chronic disease management items will be linked to a patient’s registration in MyMedicare to support continuity of care. - Patients who are not registered will still be able to receive these items from their usual GP. - Removal of item 723 - Removal of red tape (for example, fax back) - Rebalancing of items 721 and 732 (significant increase in item 732 and slight drop in item 721). 	Clara	24/05/2024