

Accreditation Report for (practice name)

An accreditation visit was conducted on (date) at the practice with (name practice members involved). Please be advised that this mock accreditation visit in no way guarantees your practice success in achieving re-accreditation status, it merely gives you an indication of what standards need to be addressed and suggestions for improvement.

Summary of main areas discussed regarding the RACGP 3rd edition standards

Medical Safety Data Sheets

- Medical Safety data sheets for all main chemical cleaning products need to be kept at the practice (E.g. Sonidet, Clinidet). It is suggested that these are kept in a plastic sleeve on the shelf with the chemical cleaning products, for quick access in case needed. **Some Safety sheets provided.** These can also be easily found on the internet.

Documentation

- Ensure all documentation has been reviewed and updated and the date specified on all (including new letters / contracts from outside service providers).

Policies and Procedures Manual

- The policy and procedures manuals will also need to contain a policy for autonomous medical decision making, continuity of care and presence of third party consultations.
 - The practice needs to develop a policy that confirms that the GPs can exercise **autonomy in decisions** that affect clinical care. This means that the GPs are free to determine the specialists they refer to, pathology, diagnostic imaging or investigations they order and how they schedule follow up appointments with individual patients.
 - **Continuity of care** is about patients developing a relationship with the practice, GPs and staff members and encompasses two core elements – care over time and the focus on each patient. The practice needs a policy (to be included in the policy and procedures manual) which details your continuity of care provided by the practice.
 - The practice needs to include a policy about having a **third party present during consultations**. A sign should also be displayed in the waiting room to inform patients.

Cold Chain Management

- Cold chain process is well managed with temperature being recorded twice daily. Ensure that if the temperature is ever outside 2-8 degrees (for an unknown reason) the Public Health Unit should always be called for advice. If you ever need help regarding cold chain management, contact your immunisation program officer at the division.

After Hours Arrangements

- The practice has adequate after hours arrangements to ensure patients have access to care outside of normal opening hours. The practice needs to have documentation to support the after-hours care arrangement such as a letter from Sutherland Hospital. The practice will have a letter most likely from the last time it went through accreditation, however, this should be updated. The division can help with this if required.

Computer Security

- The practice needs to have a computer security manual which details the practice policies for computer security. This includes documentation for
 - Personal computer password management
 - Use of screensavers/automated privacy protection
 - Arrangements for backups
 - Antivirus software
 - Firewall software

For computers, you should have a tried and tested Disaster Recovery Plan, which include testing the backup data and provision for stationary that will allow the practice to operate in the case of a computer meltdown or power failure e.g.: scripts, letterheads, Medicare forms. Your IT contractors should be able to help you with this. Ensure that you have a contract with them regarding privacy and confidentiality of patient information. Password protected screen saver should be on GP computer screen for privacy and security reasons i.e. if a patient is left alone in the consulting room, this will ensure they will have no access to files. This information can be kept as a section in the policies and procedures manual. **Template and checklist included.**

Maintenance of Clinical Equipment

- A schedule of clinical equipment must be kept in some form, to ensure that the practice is aware when each piece of equipment is due for maintenance. The RACGP recommends that each piece of equipment needs to be maintained according to the manufacturer's instructions. **Template included.**

Infection Control

- The practice has very good infection control strategies with the practice being cleaned daily with surfaces wiped down morning and afternoon. The practice should have a cleaning schedule which lists all the cleaning tasks, how often they are completed and who the nominated person(s) is to complete it. **Cleaning schedule template included.** As discussed, the practice should have a spills kit readily available in the event of a blood and body fluid spill. It may also be a good idea to include alcohol hand rub at reception. I have also included some additional signage for use if you don't already have them – How to hand wash poster (for next to sinks), how to hand rub poster (next to alcohol rub) and needle stick injury sign (placed next to yellow sharps bins).

Triage

- Reception staff need to understand the processes of an urgent medical situation which may occur and follow appropriate triage procedures. Included are 2 wall charts and a triage manual which can be kept on hand at reception. **Triage wall chart and manual included.**

Practice Signage / Patient Information

- The practice has good signage and includes relevant brochures and posters which can provide patients with information. Extra signage for the waiting room could include how patients can contact the health care complaints commission. **Sign Included.**

Job Descriptions

- On accreditation day, the practice members involved will be asked to describe and explain their roles within the practice. It is a good idea for each person to have a job description included in their staff file which is a guide for them to follow. **Example job descriptions for practice members included, make changes to these as needed.**

Waiting room

- The practice has a great waiting room, with adequate seating for the usual number of patients, a television for enjoyment and privacy, and toilets with appropriate signage. Other signage in the waiting room is also visible including privacy of health information, the practice information sheet, notification of recall/reminder register and schedule of fees. Other signage which should be included is a sign about how to contact the Health Care Complaints Commission. The inclusion of a toys corner meets the requirement that the practice caters for the specific needs of children. As discussed, children's toys should be added into the cleaning schedule. A suggestion box at the reception desk is a good inclusion to have to show quality improvement in the practice.

Staff meetings

- It is a requirement that clinical staff (GPs) have regular meetings, and recommended that all staff also meet regularly. Although informal meetings take place every day, a formal meeting should be held at least quarterly between clinical staff to discuss patient care and other clinical issues. All staff could also meet quarterly to discuss whole of practice issues and flag actions to follow up. The practice has a good system of conducting and documenting staff meetings.

Appointment Schedule

- Surveyors will look for evidence of appointment flexibility for emergency appointments, longer consultations etc. As the practice allows for walk in patients, it is recommended that the staff should keep gaps in the appointment book each day, to make this system more efficient (e.g. 2 x 10 min appointment slots kept free in the morning / afternoon for urgent patients). The practice could review how many urgent patients they generally slot in each day and determine the amount of appointments that could be kept open.

Patient Feedback Survey

- It is a requirement under the 3rd edition accreditation standards that a practice gain patient feedback. As from 1 May 2007 the RACGP has mandated that feedback must be collected from a minimum of:
 - 30 surveys/1 FTE GP,
 - 60 surveys/2 FTE GPs,
 - 90 surveys/3 FTE GPs, and
 - 100 surveys if more than 3 FTE GPs.

Please note that there are changes to patient feedback under the RACGP 4th edition standards. The above relates to the 3rd edition standards.

FTE (Full time equivalent) calculation depends on the organisation asking for it. Contact the accreditation provider to ask how this should be done and hence how many surveys are required. Once the required amount is collected, surveys are collated (using a survey collation tool from your accreditation provider). Hard copies of the surveys should also be kept as surveyors will have a quick look through them on the survey visit.

Patient follow up for clinically significant test results

- If a patient is being followed up for a clinically significant test result, it is best practice that at least three phone calls are made at different times in the day (e.g. one morning, afternoon and evening) and notation made. If the phone calls are not successful, a **registered** letter should be sent so that it can be tracked and the patient must sign for it. If still no contact can be made with the patient, contact the medical defence organisation for advice. I have included a template for this tracking system which you can modify / simplify if you wish however the practice nurses have a system for follow up which is quite good already.

Human resource management

- The practice needs to have a documented induction process for new staff. Evidence of GPs involvement in the RACGP QA&CPD program (or equivalent) and practice nurse CPD should be kept in their file. The RACGP generally send out a summary sheet of an individual GPs attendance at CPD and nurses should have current certificates of courses attended.

Risk management

- It is important that general practices have systems in place to identify and minimise potential risks. These systems should be documented and regularly reviewed. Slips, lapses and mistakes in patient care, which are not appropriately dealt with, may expose patients to an increased risk of adverse outcomes, and practitioners to an increased risk of medico-legal action. An example was discussed regarding changed packaging of a vaccine which led to improper preparation of the vaccine. This was remedied by informing all clinical staff regarding the new packaging and preparation requirements and signs being placed on the box to alert clinical staff. This is an excellent example of responding to risk management, however incidents such as this should be documented.

Other

- MD3/Best Practice has many patient education brochures available to print off.
- Make sure all drugs and vaccines are checked and no drugs are out of date
- The list of interpreter services is available at the front desk for people who do not speak the primary language of the general practice.
- Keep a record at the practice of the registration and qualifications of all clinical staff, and evidence of attendance at continuing professional development events.

Good luck with your accreditation!

If you require templates or resources please contact me, or alternatively visit AGPAL website at www.qjp.com.au or GPA plus at www.gpa.net.au

Kind regards,