

Accreditation report for (Practice Name)

An accreditation visit was conducted on (date) with (Practice team members involved). Please be advised that the advice given in this visit in no way guarantees you practice success in achieving accreditation, it merely gives you an indication of the standards and suggestions for what needs to be addressed

Summary of the main points discussed:

1. Sterilisation

The practice sterilises instruments at the practice. On the accreditation visit, the staff member responsible for sterilisation will be asked to give a demonstration and explain the cleaning and recording procedures. The practice has a good sterilisation process, however it was advised to review the sterilisation and infection control guidelines before the survey visit. An apron also needs to be worn as personal protective equipment.

REVIEW: Section Four RACGP Infection control guidelines

Resource given: Two-sink process & instrument cleaning procedure

2. Policy and Procedures

The practice needs to have a record of all policy and procedures required. A policy and procedure manual is a good place to store these. Make sure to put a date on the manual as to when it is completed, to have evidence to show surveyors that the manual is current.

Resource given: Policy and procedure checklist, template for a policy and procedure manual

3. After hours telephone message

The recorded after hours message contains good information however it is recommended that it includes "If this is an emergency, hang up and call 000" at the beginning of the message.

4. Practice information sheet

The information in the sheet was excellent aside from two missing elements:

- Process for requesting a longer consultation
- Information about complaints e.g.

*This practice aims to provide you with the best possible care. If you have any concerns regarding our practice or your patient care, please let our friendly staff know and we will seek to attend to the issue promptly. However if you still like to take your concerns to an outside body, please contact: **Health Care Complaints Commission Locked Mail Bag 18, STRAWBERRY HILLS NSW 2012** hccc@hccc.nsw.gov.au
Telephone (02) 9219 7444*

5. Follow up of test results

Patients are to be made aware of policy for follow up of test results (via practice info sheet or sign in waiting room). The surveyors will review documentation to ensure there is system in place for review and follow up of tests results.

For **clinically significant** test results, as a minimum, a practice should attempt to contact the patient via the following methods:

- 3 phone calls at different times of the day (recorded in a book at reception is advised)
- If the patient has not responded – a letter sent via registered post asking the patient to contact our practice & document.

If the patient has not responded to these communication attempts, the GP must be notified. The medical defence organisation should also be contacted for advice. **All communication attempts must be documented in the patient health record.**

6. 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. For example, a patient is not appropriately contacted regarding a clinically significant test result, or the wrong vaccine is given. Accreditation surveyors will ask clinical staff if there has been any incidences of this at the practice, and what steps were taken to improve it. This may not have happened, but you should be able to explain what the procedure would be if it did happen.

Resource given: Templates for risk management

7. Appointment book

Surveyors will look for evidence of appointment flexibility for emergency appointments, home visits, longer consultations etc. Currently there is no system for urgent or walk in appointments, patients are just slotted in where possible. It is recommended that the staff should keep gaps in the appointment book each day, to make this system more efficient (eg 2 x 15 min appointment slots kept free in the morning / afternoon for urgent patients). The practice could review how many walk in patients they generally slot in each day and determine the amount of appointments that could be kept open.

8. Cleaning / maintenance schedule

A cleaning schedule must be kept at the practice to ensure staff are aware of what needs cleaning at what time (daily/weekly/monthly etc). Ensure that every cleaning product used in the practice has a safety data sheet available. These generally can be found on the manufacturers website or by calling the company. An equipment maintenance schedule must also be kept for any key clinical equipment.

REVIEW page 38 of the RACGP infection control guidelines for appropriate products

Resource given: Maintenance log, RACGP guidelines, cleaning schedule

9. Inactivating health records

The following is advice from the RACGP 3rd Edition accreditation guidelines. *“In the case of patient health information collected for the purpose of providing medical advice or treatment, it may be appropriate to*

*retain this information indefinitely so that it is available, if necessary, to assist with the patient's future diagnosis and treatment. At the very least, it is recommended that individual patient health records be retained for a **minimum of 7 years from the date of last contact, or until the patient has reached the age of 25 years, whichever is the longer.** The practice must also ensure that inactive patient health information/records are kept and stored securely. An inactive patient health record is a record of a patient who has not attended the practice for **more than 2 years.** It is acceptable to store such records in the main filing system where space permits, although culling may be recommended for efficient management of information."*

Electronic health records can be reviewed annually to inactive patients or cull records. Medical records may be kept for over the recommended 7 (or 25) years however ensure that these files remain inactive so that patient records are up to date.

Resource given: Instructions on how to inactivate patients in Medical Director

10. Refusal of treatment policy

Include a policy regarding situations where the practice will refuse to treat a patient eg threatening & aggressive conduct towards the GPs or staff

11. Practice Equipment

The equipment that is required to be at the practice which currently is not includes; eye examination equipment (fluorescein eg), monofilament for sensation testing and a spills kit (pg 42 RACGP infection control guidelines)

12. Staff files

Each staff file should include; Position descriptions, confidentiality agreements, current clinical registration (if applicable), evidence of continuing professional development, record of immunisation status

Resource given: Staff immunisation log

Good luck on the day! If you have any questions before then please contact me

Kind regards,