

1.5 CONTINUITY OF CARE

Criterion 1.3.1 Health promotion and preventive care

Our practice provides health promotion and illness prevention services that are based on best available evidence.

Indicators

- ☐ A. There is evidence that our practice provides information about health promotion and illness prevention to patients (health records review, document review).
- ☐ B. There is a range of posters, leaflets, and brochures about health issues relevant to the community available or on display in the waiting area or consulting areas (direct observation).
- ☐ C. Our GP(s) and staff who provide clinical care can describe how they provide information to patients on issues relating to health promotion and illness prevention, including issues relevant to common patient presentations (interview).
- ☐ D. Our practice uses one or more of the following:
 - flagging of patient health records for opportunistic preventive activities
 - paper or electronic system showing due dates for preventive activities (subject to informed patient consent)
 - paper or electronic reminder system with appropriate informed patient consent (health records review, document review).
- ☐ E. Our practice participates in national/state or territory reminder systems/registers (subject to informed patient consent) (document review).
- ☐ F. Our practice has used patient feedback to establish whether our GP(s) discuss health promotion and illness prevention with patients (patient feedback).

Review your practice health promotion and illness prevention information and strategies.

13. How does your practice provide recall or reminders to patients: (please tick)

- a. Flagging of patient medical record?
- b. Paper or electronic system with dues dates?
- c. Paper or electronic reminder system?
- d. Other? Please describe.

14. Is health promotion material available in the practice sufficient and appropriate to cover the patients needs and support the clinical relationship?

Your questions / comments:

Criterion 1.5.4 System for follow up of tests and results

Our practice has a system for the follow up and review of tests and results.

Indicators

☞ A. Our patient health records contain evidence that pathology results, imaging reports, investigation reports and clinical correspondence received by our practice have been:

- reviewed by a GP
- initialled, and
- where appropriate, acted upon in a timely manner (health records review).

☞ B. Our GP(s) and staff can describe the system by which pathology results, imaging reports, investigation reports, and clinical correspondence received by our practice are:

- reviewed
- signed or initialled (or the electronic equivalent)
- acted on in a timely manner, and
- incorporated into the patient health record (interview).

☞ C. Our practice has a written policy describing the review and management of pathology results, imaging reports, investigation reports and clinical correspondence received by our practice (document review).

☞ D. Our GP(s) and staff can describe how patients are advised of the process for the follow up of results (interview).

☞ E. Our GP(s) and staff can describe the procedure for follow up and recall of patients with clinically significant tests and results (interview).

☞ F. Our practice has a system to recall patients with clinically significant tests and results (document review).

☞ G. Our practice has a written policy to follow up and recall patients with clinically significant tests and results (document review).

Examine the practice system for review and follow up of investigations and results.

18. Is this system documented and explicit?

19. Do you review this system to ensure that the recall of patients with clinically significant results attend a follow up appointment?

20. Does the system cover responsibilities when referring practitioners are away?

21. Can you describe the role you play in this system?

Your questions / comments:

1.7 CONTENT OF PATIENT HEALTH RECORDS

Criterion 1.7.3 Consultation notes

Each of our patient health records contains sufficient information about each consultation to allow another doctor to carry on the management of the patient.

Indicators

☞ A. Our patient health records document consultations – including consultations outside normal opening hours, home or other visits, telephone or electronic consultations where clinically significant – comprising:

- date of consultation
- patient reason for consultation
- relevant clinical findings
- diagnosis
- recommended management plan and where appropriate expected process of review
- any prescribed medicine (including medicine name, strength, directions for use/dose frequency, number of repeats, and date medicine started/ceased/changed)
- any relevant preventive care undertaken
- documentation of any referral to other health care providers or health services
- any special advice or other instructions
- identification of who conducted the consultation, eg. by initial in the notes, or audit trail in electronic record (health records review).

☞ B Our patient records show evidence that problems raised in previous consultations are followed up (health records review).

Review the progress notes.

25. Are all encounters or consultations with nurses entered in the patient record?

Your questions / comments:

2.1 COLLABORATING WITH PATIENTS

Criterion 2.1.1 Respectful and culturally appropriate care

Our practice provides respectful and culturally appropriate care to patients.

Indicators

- ☞ A. Our practice does not discriminate against patients on the basis of their gender, race, disability, Aboriginality, age, sexual preference, beliefs or medical condition (interview).
- ☞ B. Our GP(s) and staff who provide clinical care can describe how they provide care for a patient who refuses a specific treatment, advice or procedure (interview).
- ☞ C. Our GP(s) can describe what they do when a patient informs them that they intend to seek a further clinical opinion (interview).
- ☞ D. Our GP(s) can describe what they do to transfer care to another GP in our practice or in another practice when a patient wants to leave the GP's care (interview).
- ☞ E. Our GP(s) can describe arrangements for managing the transfer of care of a patient whom a GP within our practice no longer wishes to treat (interview).
- ☞ F. Our GP(s) and staff can describe how our practice provides privacy for patients and others in distress (interview).
- ☞ G. Our practice has used patient feedback to establish whether patients of our practice are treated respectfully by our GP(s) and staff (patient feedback).
- ☞ H. Our GP(s) and staff can identify important/significant cultural groups within our practice, and outline the strategies we have to meet their needs (interview).

Review the practice policies in regard to discrimination and respectful care.

26. Have important / significant cultural groups within the practice been identified?

27. Are you satisfied these policies are documented and explicit?

28. Are all nurses familiar with your practice policies and procedures in relation to:

- a. Patients seeking a further clinical opinion either from a consultant, another doctor within the practice or in another practice?

and

- b. Patients that clinical staff no longer wish to treat?

Your questions / comments:

4.1 PRACTICE SYSTEMS

Criterion 4.1.1 Human resource system

Our practice has a system to manage its human resources.

Indicators

- ☞ A. Our GP(s) and staff can describe their roles within our practice (interview).
- ☞ B. Our practice can identify the person/people who coordinate the seeking of feedback, and the investigation and resolution of complaints (interview).
- ☞ C. Our practice can identify the person/people leading its clinical improvement (interview).
- ☞ D. Our staff are able to discuss administrative matters with the GP(s), practice directors and/or owner(s) when necessary (interview).
- ☞ E. Our practice has an induction program for new GPs and new staff (document review).
- ☞ F. Our employed GP(s) and staff have position statements/job descriptions (document review).
- ☞ G. We have a regular staff meeting (interview or document review).

In relation to the practice human resources system.

38. Do you have a written position statement or job description?

39. Is there an orientation / induction program for new staff involved in clinical care?

40. Does your practice human resources system nominate individuals or position responsible for: (please advise)

- a. Handling feedback and complaints from patients?
- b. Handling staff grievances?
- c. Clinical improvement and quality assurance within the practice?
- d. Coordinating orientation / induction program for new nurses?

41. Do you participate in regular staff meetings / clinical meetings?

Your questions / comments:

Criterion 4.2.2 Information security

The security of patient health information in our practice is maintained.

Indicators

- ☒ A. Patient health information in our practice is neither stored nor left visible in areas where members of the public have unrestricted access, or where constant staff supervision is not easily provided (interview, direct observation)
- ☒ B. Our facsimile machines, printers and other communication devices are only accessible to authorised staff (direct observation).
- ☒ C. Our GP(s) and staff can describe how they ensure security of patient health records (interview).
- ☒ D. If our practice uses computers to store patient health information, our practice ensures that:
 - our GP(s) and staff have personal passwords to authorise appropriate levels of access to health information
 - screensavers or other automated privacy protection devices are enabled
 - backups of electronic information are performed at a frequency consistent with a documented information disaster recovery plan
 - backups of electronic information are stored in a secure offsite environment
 - antivirus software is installed and updated
 - all internet connected computers have hardware/software firewalls installed (document review).
- ☒ E. If our practice uses computers to store personal health information, our practice has an information disaster recovery plan that has been developed, tested and is documented (document review).

Where relevant, review the security of the practice computer based or hybrid system for storing patient health information.

45. Can you outline whether the system has provision for: (please tick)

- a. Personal password for each authorised user?
- b. Screensavers enabled?
- c. Backup system meets the requirements outlined in 4.2.2D?
- d. Current antivirus software installed (where necessary)?
- e. Internet connected computers have firewalls?

Your questions / comments:

Criterion 5.1.1 Practice facilities

Our practice facilities are appropriate for a safe and effective working environment for patients, staff and GPs.

Indicators

☞ A. Our practice has at least one dedicated consulting/examination room for every GP working in our practice at any time (interview, direct observation).

☞ B. Each of our consultation rooms (which may include an attached examination room/area):

- is free from excessive extraneous noise
- has adequate lighting
- has an examination couch
- is maintained at a comfortable ambient temperature
- has facilities to protect patient privacy when patients need to undress for a clinical examination (provision of an adequate curtain or screen, and gown or sheet) (direct observation).

☞ C. Our practice has a waiting area sufficient to accommodate the usual number of patients and other people who would be waiting at any time (direct observation).

D. Our practice waiting area caters for the specific needs of children (direct observation).

E. Our practice has toilets and hand cleaning facilities readily available for use by patients and staff (direct observation).

☞ F. Where appropriate, our practice has heating and/or air conditioning (direct observation).

☞ G. Our practice has a telephone system with sufficient inward and outward call capacity (staff interview, direct observation).

☞ H. Our practice has the capability for electronic communication by facsimile or email (direct observation).

☞ I. Prescription pads, letterhead, administrative records and other official documents stored in our practice are accessible only to authorised persons (direct observation).

☞ J. Our practice can demonstrate that we ensure there is no smoking in our practice (interview, document review, direct observation).

☞ K. Our practice has used patient feedback to establish whether patients of our practice find it is easy to contact our practice by telephone (patient feedback).

☞ L. Our practice has used patient feedback to establish whether patients of our practice are satisfied with facilities in our consultation area(s) (patient feedback).

Questions to follow.

5.2 EQUIPMENT FOR COMPREHENSIVE CARE

Criterion 5.2.1 Practice equipment

Our practice has access to medical equipment necessary to ensure comprehensive primary care and resuscitation.

Indicators

☞ A. Equipment for comprehensive primary care and resuscitation is available within our practice, including:

See list in standards book pages 69 -70

☞ B. Our practice has timely access to the following equipment:

- spirometer
- electrocardiograph (direct observation, interview).

☞ C. Our GP(s) can list procedures commonly performed within our practice and can demonstrate that available equipment is sufficient for these procedures (interview).

☞ D. Our practice has a schedule for the maintenance of our key clinical equipment (document review).

Undertake an audit of medical equipment in your practice.

50. Does your practice have the following equipment onsite (please tick)?

- Spirometer?
- Electrocardiograph?

51. If the practice does not have this equipment onsite how is this equipment obtained in a timely manner when needed?

52. Does your practice have a maintenance schedule for clinical equipment?

53. How often is the maintenance schedule implemented?

54. If there is no maintenance schedule, how do you determine when equipment needs maintenance?

55. Whom (and what position) in the practice is responsible for maintaining clinical equipment?

Your questions / comments:

Criterion 5.2.2 Doctor's bag

Our practice ensures that each GP has access to a doctor's bag.

Indicators

- ☞ A. Each of our GP(s) has access to a doctor's bag (interview, direct observation).
- ☞ B. When in use, our doctor's bag(s) contains:
 - auriscope
 - disposable gloves
 - equipment for maintaining an airway in both adults and children
 - in-date medicines for medical emergencies
 - ophthalmoscope
 - practice stationery (including prescription pads and letterhead)
 - sharps container
 - sphygmomanometer
 - stethoscope
 - syringes and needles in a range of sizes
 - thermometer
 - torch (direct observation).

Review the practice doctor's bag.

56. Whom (and what position) within the practice is responsible for checking that the Doctor's bag contains all the required items?

57. Whom (and what position) within the practice is responsible for checking that all stock in the Doctor's bag is still in date?

Your questions / comments:

Criterion 5.3.4 Infection control

Our practice manages the risk of cross infection in accordance with the current edition of the RACGP Sterilisation/disinfection guidelines for general practice.

Indicators

☞ A. Our GP(s) and staff can describe how our practice ensures that, where necessary, sterile equipment is used in clinical procedures (interview).

☞ B. Our GP(s) or staff members with designated responsibility can describe in detail how the use of sterile equipment is assured, including where relevant:

- provision of an adequate range of disposable equipment
- procedures for having instruments sterilised off-site
- procedures for on-site sterilisation of equipment
- monitoring the integrity and validation of the whole sterilisation process and steriliser maintenance
- procedures for safe storage and stock rotation, and
- education and training of staff involved (interview).

☞ C. Our GP(s) and staff can describe how risks of potential cross infection are managed within our practice, including procedures for:

- hand hygiene
- managing a sharps injury
- safe storage and disposal of clinical waste including sharps
- managing blood and body fluid spills
- monitoring ongoing adherence to these processes (interview).

☞ D. Our GP(s) and staff can describe:

- the routine used by our practice for cleaning, disinfecting and decontaminating the clinical and non-clinical areas of our practice
- standard precautions
- additional precautions (interview).

☞ E. Our practice has a written policy that outlines our practice's infection control procedures (document review).

☞ F. Subject to their informed consent, the immunisation status of our staff is known and staff members are offered immunisation appropriate to their duties (document review, interview).

☞ G. The induction of new staff to our practice ensures they are familiar with standard precautions against infection and other issues appropriate to their duties (document review, interview).

Questions to follow.

