

1.1 ACCESS TO CARE

Criterion 1.1.1 Scheduling care in opening hours

Our practice has a flexible system that enables us to accommodate patients with urgent, non-urgent, complex, planned chronic care, and preventive health needs.

Indicators

☞ A. There is evidence that our practice has a flexible system to accommodate patients with urgent, non-urgent, complex and planned chronic care, and preventive health needs (document review).

☞ B. Our practice informs patients that longer consultations are available on request (document review).

☞ C. Our practice staff can describe the way in which they identify urgent medical matters and their procedures for obtaining urgent medical attention (interview).

☞ D. Our practice has a written policy for dealing with urgent medical matters (document review).

☞ E. Our practice has used patient feedback to establish whether patients of our practice are aware of the availability of longer consultations (patient feedback).

☞ F. Our practice has used patient feedback to establish whether patients telephoning our practice have the urgency of their needs determined promptly (patient feedback).

Review your practice triage and appointment systems.

1. How do you accommodate patients with urgent appointment requirements?
2. How do you accommodate patients requiring longer consultations?
3. Would you be able to describe how you determine these needs?
4. Can you describe how you triage patients?
5. Are there areas in which you would like training or explanation provided?

Your questions / comments:

Criterion 1.1.4 Care outside normal opening hours

Our practice ensures reasonable arrangements for medical care for patients outside our normal opening hours.

Indicators

☞ A. There is evidence of one (or a combination) of the following for our patients:

- i) our practice's GP(s) provide(s) their own care for patients outside normal opening hours of the practice either individually or through a roster, or
- ii) formal arrangements for cooperative care outside the normal opening hours of our practice exist through a cooperative of one or more local practices, or
- iii) formal arrangements exist with an accredited medical deputising service, or
- iv) formal arrangements exist with an appropriately accredited local hospital or an after hours facility, in the circumstances where we do not use an accredited medical deputising service or cooperative.

Where a practice is providing care as indicated by A ii, A iii, or A iv, then the documentation of the arrangement must include:

- reference to the timely reporting of the care provided back to the patient's nominated practice, and
- a defined means of access for the deputising practitioner to patient health information and to our practice GP(s) in exceptional circumstances, and
- assessment by our practice that the care outside normal opening hours will be provided by appropriately qualified health professionals (document review).

☞ B. Patient health records contain reports or notes of consultations occurring outside normal opening hours by or on behalf of our practice (health records review).

☞ C. A message on our practice's telephone answering machine, call diversion system or paging system, and a sign visible from outside our practice, provide information to patients on how to obtain care outside our practice's normal opening hours (direct observation).

☞ D. Our practice has a written policy for the provision of medical care outside its normal opening hours (document review).

☞ E. Our practice has used patient feedback to establish whether patients of our practice are aware of our arrangements for medical care outside our practice's normal opening hours (patient feedback).

Questions to follow.

1.2 INFORMATION ABOUT THE PRACTICE

Criterion 1.2.1 Practice information

Our practice provides patients with adequate information about our practice to facilitate access to care.

Indicators

☞ A. Our practice information sheet is available to patients and contains at a minimum:

- names of the GP(s) working in our practice
- names of staff providing clinical care to patients (subject to their consent)
- our practice address and telephone numbers
- our consulting hours and arrangements for care outside our practice's normal opening hours including a contact telephone number (document review).

☞ B. Our staff can describe how essential practice information is provided to patients who are unable to read or understand our written practice information sheet (interview).

☞ C. Our practice can demonstrate how it makes patients aware of our practice's policy for the management of patient health information (document review).

D. If our practice has a website, the information is accurate and meets standards of the AMA's current Code of Ethics (document review).

Review the practice information system.

10. Does the practice have:

- A written policy for the management of patient health information?
and,
- A written privacy policy available for patients on request?

11. Can you describe how you give patients information about the practice when they can't read or don't understand the information? (e.g. if they can't understand English.)

Your questions / comments:

1.3 HEALTH PROMOTION AND PREVENTION OF DISEASE

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.

14. Does your practice have a range of posters, leaflets and brochures about health issues on display available for patients?
15. Whom (and what position) within the practice is responsible for ensuring that stock is maintained and kept tidy?

Your questions / comments:

1.5 CONTINUITY OF CARE

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.

19. What role, if any do you play in the system?

20. Have you had any problems with the recall system? Please explain.

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.

22. Do you have a good understanding of these policies?

23. Are you aware of the practice arrangements for patients who are in pain or distressed? Please explain.

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).

Review your employment details.

37. Do you have a position statement or job description?
38. Whom (and what position) within your practice, handles patient feedback or complaints?
39. If you started within the last 12 months, did you have an orientation / induction program when you started at the practice?
40. If you have been with the practice for longer than 12 months, is there an orientation / induction program for new medical receptionists to undertake?
41. Do you participate in a regular staff meeting?

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.

46. 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 guidelines?
- d. Current antivirus software installed (where necessary)?
- e. Internet connected computers have firewalls?

Your questions / comments:

5.1 FACILITIES AND ACCESS

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.

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.

