

RACGP 4th Edition Standards for General Practice Accreditation

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The Royal Australian College of General Practitioners (RACGP) has issued the draft 4th edition of the *Standards for general practices* for public consultation. The second round of public consultation runs from April to June and the draft Standards are now available at www.racgp.org.au/standards. The college needs feedback from practices trying to meet these standards. The online survey and more information is available at www.racgp.org.au/standards. Written submissions can be emailed to standards@racgp.org.au or sent by post to RACGP, National Expert Committee on Standards for General Practices, 1 Palmerston Crescent, South Melbourne, Vic 3205. The deadline for submissions is 30 June 2010.

Key changes include:

- Fewer criteria and indicators
- Practices have more choice in demonstrating to surveyors how they implement the *Standards* in their practice
- Explanatory material is summarised

- New criteria to cover:
 - Clinical handover
 - Clinical leadership
 - Patient identification
 - Safe and quality use of medicines
 - Practices will need to use a patient satisfaction survey approved by the RACGP
 - Height adjustable bed, ECG (electrocardiogram) and spirometer have been added to the list of essential equipment

The RACGP received 20 written submissions from individuals (patients and carers) and disability advocate groups (including the Disability Discrimination Commissioner, and Women with Disabilities Australia) supporting the inclusion of height adjustable beds in the *Standards*. Submissions can be viewed at www.racgp.org.au/standards.

Dr Lynton Hudson, Chair of the RACGP National Expert Committee on Standards for General Practices (NECSGP), said that although there may be understandable concerns from practices about the cost of new equipment included in the *Standards*, access to this equipment is important to deliver care to our communities and that the RACGP will continue to advocate with government for better infrastructure support for general practices.

“In the 4th edition, we are adapting the *Standards* to changes that are occurring in primary care. We have addressed issues surrounding managing team-based care and part time GP workforce; more complex medication lists, more sophisticated information technology and the availability of better and more affordable equipment. For example, the cost of a height adjustable bed is less than \$2,000 but the benefits to patients with mobility difficulties and improvement for occupational health and safety is huge,” he said.

“Despite some new indicators in this edition of the *Standards*, there will be fewer indicators overall in comparison with the 3rd edition. The committee has spent considerable time looking at what can be removed or simplified.

Dr Hudson said that feedback from practice teams, consumers, accrediting agencies and other college stakeholders was crucial in determining what changes needed to be made to the *Standards*.

“This enables us to produce a new set of standards that are achievable, feasible and acceptable.”

“GPs are at the forefront of primary health care in Australia. The vision of the college is that the *Standards* and their assessment is an education process that allows general practice to move forward in continuous quality improvement,” Dr Hudson concluded.

Key Changes in Criterion & Indicators

Section One - PRACTICE SERVICES

Criterion	Indicator
1.1.2 Telephone and electronic communications	C. Our practice's 'on hold' message (if we have one) provides advice to call 000 in case of emergency.
1.2.1 Practice information	☞ C. If our practice has a website, the information is accurate, contains, at a minimum, the information included in its practice information sheet and meets the advertising requirements of the AMC Code of Conduct.
1.2.4 Costs associated with care initiated by the practice	Our practice informs patients of the potential for out of pockets expenses for health care provided within our practice and for referred services.
1.3.1 Health promotion and preventive care	Our practice provides health promotion, illness prevention and a reminder system that are based on patient need and best available evidence.
1.4.1 Consistent evidence based practice	☞ D. Our clinical team can demonstrate how we communicate about clinical issues and support systems. For example: <ul style="list-style-type: none"> - regular clinical team meetings - use of communication book - electronic notice board.
1.5.2 Clinical handover	☞ A Our practice team can demonstrate how we ensure an accurate and timely handover of patient care.
1.6.2 Referral documents	☞ A. Our practice can demonstrate that referral letters are legible and where appropriate: <ul style="list-style-type: none"> ▪ the patient is identified using at least three approved patient identifiers ▪ the doctor making the referral is appropriately identified. ▪ the health care setting, from which the referral has been made, is appropriately identified. ▪ if the referral is transmitted electronically then it is done in a secure manner
1.7.1 Patient health records	☞ B. Where our practice has an active hybrid medical record system, for each consultation / interaction, our practice can demonstrate that there is a record made in each system indicating where the clinical notes are recorded.
1.7.1 Patient health records	☞ D Our practice can demonstrate how we routinely record the following information in our active health records: <ul style="list-style-type: none"> ▪ self identified Aboriginal and Torres Strait Islander status ▪ the person that the patient wishes to be contacted in an emergency
1.7.2 Health summaries	☞ B. Our practice can demonstrate that at least 75% of our active patient health records contain a health summary. A satisfactory summary includes, where appropriate: <ul style="list-style-type: none"> • adverse reaction to medicines • current medicines list • current health problems • relevant past health history • health risk factors e.g. SNAP • immunisations • relevant family history • relevant social history.
1.7.2 Health summaries	C. Working towards recording preventive care status.
1.7.2 Health summaries	D. Our practice team uses and has documented standardised clinical terminology (such as coding) that enables data collection for review of clinical practices.

Section Two - RIGHTS AND NEEDS OF PATIENTS

Criterion	Indicator
2.1.2 Patient-centred feedback	⌘ C. Our practice actively seeks patient feedback about our practice and undertakes patient feedback survey (with process and content approved by the RACGP) of patients of the practice.
2.1.2 Patient-centred feedback	E. Our practice provides information to patients about the practice improvements made as a result of their input to the patient feedback received

Section Three - SAFETY, QUALITY IMPROVEMENT AND EDUCATION (CLINICAL GOVERNANCE)

Criterion	Indicator
3.1.1 Quality improvement activities	⌘ B. Our practice uses relevant patient and practice data for quality improvement, e.g. scheduling, access, hypertension, diabetes, lipid management, smoking
3.1.2 Clinical risk management systems	⌘ A. Our practice team can demonstrate the procedures for managing: - unjustified variations in practice that may result in patient harm
3.1.2 Clinical risk management systems	⌘ B. Our practice has documented systems for dealing with near misses and mistakes
3.1.2 Clinical risk management systems	⌘ D. Our practice monitors improvements to ensure successful implementation of changes made to our clinical risk management systems.
3.1.2 Clinical risk management systems	⌘ E. Our practice has a continuity plan of action for the practice in case of adverse and unexpected events (e.g. natural disasters, pandemic, sudden unexpected deaths, computer crash).
3.1.3 Clinical leadership	⌘ A. Our practice has leader(s) who have designated areas of responsibility for safety and quality improvement.
3.1.3 Clinical leadership	⌘ B. Our practice has strategies that facilitate sharing information about quality improvement and patient safety.
3.1.4 Patient Identification	⌘ A. Our practice has a patient identification matching system using three approved patient identifiers and the practice team can describe how it is applied.
3.2.2 Clinical staff qualifications	⌘ A. All our nurses and allied health professionals have: <ul style="list-style-type: none"> • current national registration • appropriate credentialing and competence • work within their current scope of practice • actively participate in continuing professional development relevant to their position in accordance with their professional organisation's requirements
3.2.3 Training of staff who have nonclinical roles	⌘ B Our administrative staff have CPR training at a minimum every 3 years

Section Four - PRACTICE MANAGEMENT

Criterion	Indicator
4.1.1 Human resource system	☒ C. Our practice team can identify the person/s who is responsible for leading our practice's quality improvements and risk management processes.
4.1.1 Human resource system	☒ F. Our practice has a system to monitor staff members' progress against their position descriptions.
4.1.1 Human resource system	☒ G. Our practice can show evidence of regular practice discussions that encourage involvement and input from all staff e.g. staff meetings, with documentation of: <ul style="list-style-type: none"> • actions and outcomes • the person(s) responsible for implementing decisions.
4.2.1 Confidentiality and privacy of health information	☒ F. Our practice team can demonstrate how we facilitate the timely transfer of patient health information in relation to valid requests.
4.2.2 Information security	☒ B. Our practice ensures that our practice computers and servers comply with the RACGP computer security checklist
4.2.2 Information security	☒ D. Our practice has a designated person(s) who is/are responsible for the practice electronic systems and the name and contact details of that person(s) are documented.
4.2.2 Information security	☒ G Our practice has an appropriate method of destruction of health records before disposal, e.g. shredding of paper records, removal and destruction of hard drives

Section Five - PHYSICAL FACTORS

Criterion

Indicator

5.1.1 Practice facilities	☞ H. Our practice has a height adjustable bed.
5.2.1 Practice equipment	☞ A. Our practice has equipment for comprehensive primary care and resuscitation is available within our practice, including: <ul style="list-style-type: none"> • surgical masks • spirometer • ECG
5.2.1 Practice equipment	B. Our practice has a pulse oximeter.
5.3.1 Safe and quality use of medicine	☞ A. Our clinical team can provide evidence that our patients are informed about their medication options, benefits and risks, and patient responsibilities.
5.3.1 Safe and quality use of medicine	☞ B. Our practice can demonstrate how we review our prescribing habits to support best practice treatment.
5.3.1 Safe and quality use of medicine	☞ C. Our clinical team can demonstrate how we ensure patients and other health providers to whom we refer, receive an accurate, current medication list.
5.3.2 Vaccine potency	☞ B The person(s) responsible for cold chain management in our practice can describe the process used for cold chain management, which accords with the current published edition of the National Vaccine Storage Guidelines
5.3.2 Vaccine potency	☞ C. Our practice can demonstrate how we review our processes to ensure potency of our vaccine stock including: <ul style="list-style-type: none"> ▪ Ordering protocols ▪ Maintenance of equipment ▪ Annual audit of our vaccine storage procedures ▪ Continuum of management of cold chain, including handover process ▪ Assessment of the accuracy of our vaccine refrigerator(s) thermometer
5.3.3 Health care associated infections	☞ A. Our practice team can identify the person/s in the practice with the responsibility for the coordination of infection control processes (defined in the job description of the appointed staff member/s).
5.3.3 Health care associated infections	☞ B. The person/s responsible for coordinating the infection control processes within our practice (and other relevant practice staff) can describe in detail how sterile procedures are undertaken, including where relevant: <ul style="list-style-type: none"> • Provision of an adequate range of sterile reprocessed or disposable equipment • Procedures for having instruments sterilised off-site including documentary evidence of assurance of a validated process • Procedures for on-site sterilisation of equipment including monitoring the integrity of the whole sterilisation process, validation and steriliser maintenance • Safe storage and stock rotation of sterile products
5.3.3 Health care associated infections	☞ C. Our practice team members can demonstrate how risks of potential cross infection within our practice are managed including procedures for: <ul style="list-style-type: none"> • Utilisation of triage policy
5.3.3 Health care associated infections	☞ D. Our practice is visibly clean and our practice team can demonstrate the process for the routine environmental cleaning of all areas of the practice and provide documentation outlining the process for those responsible for cleaning.
5.3.3 Health care associated infections	☞ E. Our practice has a written practice specific policy that outlines our practice's infection control plan, procedures staff education and assessment of competency.
5.3.3 Health care associated infections	☞ G. . Subject to their informed consent: <ul style="list-style-type: none"> • the natural immunity to vaccine preventable diseases or immunisation status of our practice team is known • staff members are offered NHMRC recommended immunisations, as appropriate to their duties • their post-immunisation immunity is assessed and documented
5.3.3 Health care associated infections	☞ H. Our practice team can demonstrate how patients are educated in respiratory etiquette, hand hygiene and isolation techniques to prevent the transmission of communicable diseases.