

COMMON ACCREDITATION NON- CONFORMITIES

CAT RYAN



YOU MUST VS YOU COULD... ▶ MANDATORY/ OPTIONAL

Criterion C1.1 – Information about your practice

Indicator

C1.1▶A Our patients can access up-to-date information about the practice.

At a minimum, this information contains:

- our practice's address and telephone numbers
- our consulting hours and details of arrangements for care outside normal opening hours
- appointment types
- our practice's billing principles
- a list of our practitioners
- our practice's communication policy, including when and how we receive and return telephone calls and electronic communications
- our practice's policy for managing patient health information (or its principles and how full details can be obtained from the practice)
- how to provide feedback or make a complaint to the practice
- details on the range of services we provide.

Meeting each Indicator

C1.1▶A Our patients can access up-to-date information about the practice.

You must:

- make practice information available to patients
- update practice information if there are any changes.

You could:

- create and maintain an up-to-date information sheet that contains all the required information in language that is clear and easily understood
- create and maintain an up-to-date website that contains all the required information about the practice in clear, simple language
- provide alternative ways to make the information available to patients who have low literacy levels (eg provide versions in languages other than English, and versions including pictures)
- provide brochures and/or signs in the waiting room, written in English and languages other than English, explaining
 - the practice's policy regarding its collection, storage, use, and disclosure of personal and health information
 - the practice's fees
 - available services
 - after-hours services
- display a list of names of the practice's team members on duty
- make contact details of interpreters available
- train practice team members so that they can use the interpreter service.

PRACTICE EQUIPMENT & RISKS

GP3.1▶C Our clinical team is trained to use the practice's equipment that they need to properly perform their role.

You must:

- be able to demonstrate that the practice team has been provided with training on the safe use of equipment.

You could:

- keep training logs that record training that practitioners have completed, particularly in the use of specialist or emergency equipment
- keep a training and development calendar, showing when refresher training needs to be completed
- conduct annual performance reviews that identify learning and development goals
- store documents that record training needs and completed training of each member of the practice team
- educate clinical team members so they know how to use the practice equipment relevant to their role.

GP3.1▶D Our clinical team is aware of the potential risks associated with the equipment they use.

You must:

- be able to demonstrate that the clinical team has been educated on the safe use of equipment.

You could:

- keep a register of issues, near misses, or adverse events related to the use of equipment.

- Maintenance schedule - cross reference to ensure all clinical staff trained on equipment
- Specific (i.e. GP & ECG's)
- Medico-legal risk
- Aware or associated risks – name top 3
- Inhouse training session & document
 - Use for new staff or registrars

MAINTENANCE SCHEDULE

- GP5.2B
- All equipment must be in good working order in accordance with manufactures recommendations

MAJOR CHANGES TO 5TH EDITION STANDARDS

- Three modules – Core, Quality Improvement & General Practice
- Focus on Quality Improvement & Risk Management
- Outcome focused Indicator – outcome or intent rather than the process
- Patient centred Indicator – what the patient receives rather than what the practice does
 - Practice has greater ownership of your processes and systems
 - More flexibility to develop systems and processes that reflect how you work (& meet the Indicators)
 - Need to provide evidence of how to meet the Indicator – interview or documentation
- 14 fewer Indicators – remove duplication
- Speak with your Accreditation body for further advice to help you achieve accreditation!

COLD CHAIN

Criterion GP6.1 – Maintaining vaccine potency

Indicators

GP6.1▶A Our practice has at least one team member who has primary responsibility for cold chain management in the practice.

GP6.1▶B The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the *National vaccine storage guidelines: Strive for 5*.

GP6.1▶C The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:

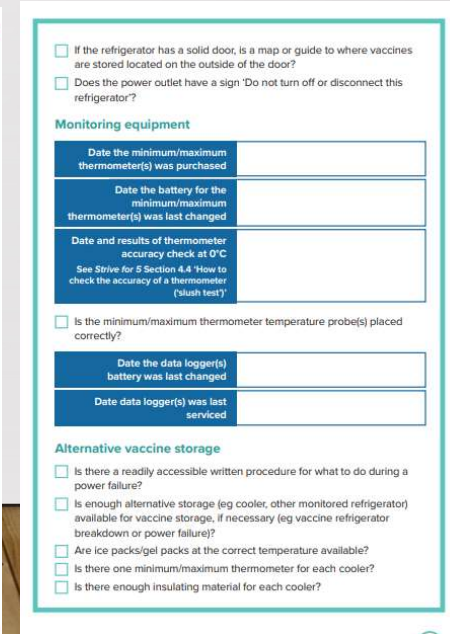
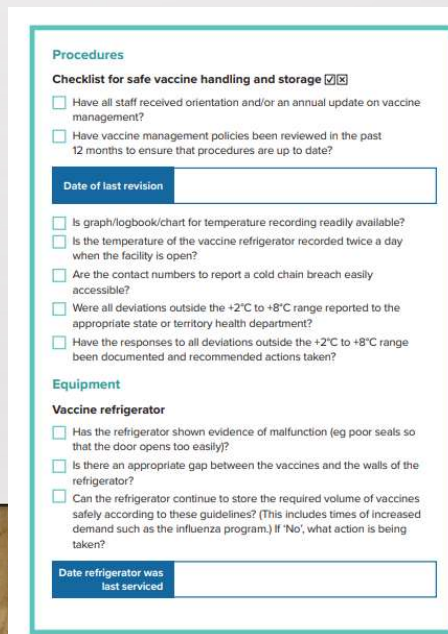
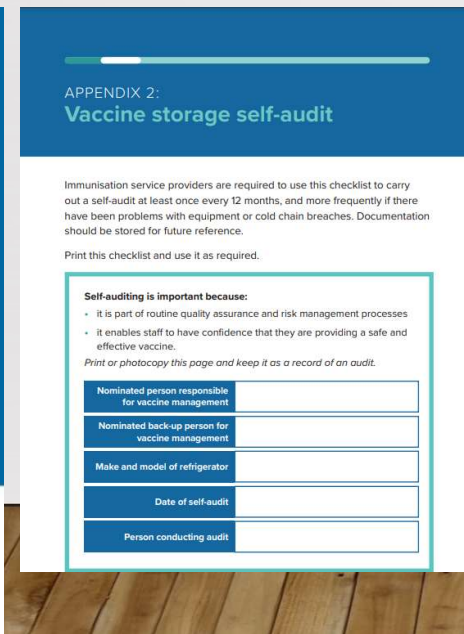
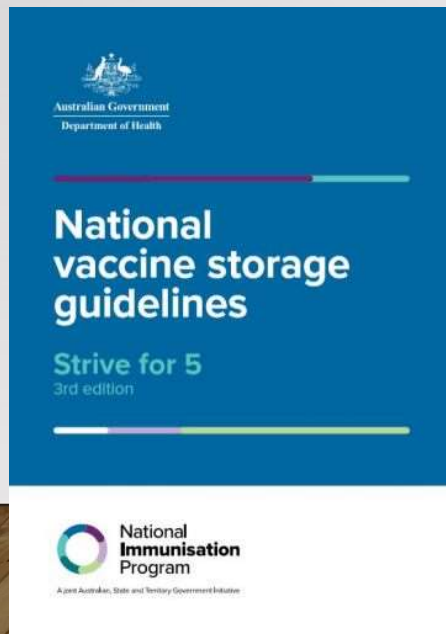
- Ordering and stock rotation protocols
- Maintenance of equipment
- Annual audit of our vaccine storage procedures
- Continuity of the cold chain, including the handover process between designated members of the practice team
- Accuracy of our digital vaccine refrigerator thermometer

GP6.1▶D Our practice has a written, practice-specific policy that outlines our cold chain processes.

- Cold chain breach
- Data logger – once weekly, Monday AM
- Not serviced
- Responsibility not documented in job description
- Over packed / no airflow
- Expired stock

COLD CHAIN

- HETI training eLearning Module –Vaccine Storage and Cold Chain Management
- Vaccine storage self-audit p.75 (Strive for 5)



NSW HEALTH VACCINE STORAGE – COLD CHAIN AUDIT

- <https://www.coordinare.org.au/assets/Main-Site/Uploads/Resources/resources/Cold-Chain-Dec-2020.pdf>



STERILISING

- GP4.1F Our practice records the sterilisation load number from the sterile barrier system in the patient's health record when sterile items have been used, and records the patient's name against those load numbers in a sterilisation log or list.
- You could:
 - show evidence that sterilisation load numbers are recorded in the patient's health record when sterile items have been used
 - have a log or list that records the patient's name against sterilisation load numbers.

ETHICAL DILEMMAS

- C2.1 E Our clinical team considers ethical dilemmas.
- Needs a system to document situations that present ethical dilemmas and actions taken
- Document a discussion, outcome or solution – clinical team, colleague, MDO

<https://gpsupervisorsaustralia.org.au/product/shades-of-grey-ethical-dilemmas/>

SHADES OF GREY
Ethical Dilemma Scenarios

1
Brian, a 13 year old adolescent male presents to your practice with his mother, Mrs C. When you ask him what the matter is, his mother interrupts. She says her son is impossible to live with and has angry outbursts. Last evening he hurt his brother and his mother says she is fearful of her safety. He spends long periods in his bedroom and Mrs C. reports that sometimes Brian says he wishes he were dead. When Brian is questioned he doesn't make eye contact but grudgingly admits his mother's recount is true.

2
Simon, a 17 year old male, has been brought in by his parents. He has been in trouble at school and been given internal suspension. His grades have been falling over the past year from B+ to D-. Taking a case history was difficult with Simon's mother answering most of the questions and Simon withdrawing or making remarks about his mother's responses. Six months later Simon's behaviour has deteriorated to a point where he is frequently extremely agitated, hardly coherent, very angry, frustrated and irrational. He has been heard threatening harm to his teachers and himself. Do you medicate him against his will?

3
Jason, a 22 year old unemployed male, presents at 4.30pm on a busy Friday. He is not local and says he is travelling to get to a remote town 80 kilometres away to get away from his friends with whom he has been "chasing the dragon". Over the past year he has been using 4 or 5 times daily but plans to go "cold turkey". Simon is requesting just one script for MS Contin which he knows will help his withdrawal symptoms in the first couple of days.

OPEN DISCLOSURE FRAMEWORK

- Q13.2A Our practice follows an open disclosure process that is based on the Australian open disclosure framework.
- Open disclosure is defined in the Australian open disclosure framework as, 'an open discussion with a patient about one or more incidents that resulted in harm to the patient while they were receiving healthcare'.



PATIENT FEEDBACK & FEEDBACK FROM YOUR TEAM

- QI. 2A/B/C
- Formal feedback at least once every 3 years
- Needs to be collected, analysed and considered
 - Practices have not completed feedback surveys
 - Have received reports – not discussed with practice team or patients
 - Have not made a quality improvement in relation to feedback received from patients

EMERGENCY RESPONSE PLAN VS BUSINESS CONTINUITY PLAN

Criterion C3.3 – Emergency response plan

Indicator

C3.3▶A Our practice has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or unplanned absences of clinical team members.

C6.4▶D Our practice has a business continuity and information recovery plan.

You must:

- operate a server backup log
- maintain up-to-date antivirus protection and hardware/software firewalls
- maintain and test a business continuity plan for information recovery
- maintain a privacy policy
- store backups offsite in a secure location.

You could:

- maintain a policy for the management of patient health information
- undertake regular privacy training

BUSINESS GOALS

Criterion C3.1 – Business operation systems

Indicators

C3.1▶A Our practice plans and sets goals aimed at improving our services.

C3.1B Our practice evaluates its progress towards achieving its goals.

C3.1▶C Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice.

C3.1▶D Our practice has a complaints resolution process.

- Need a business plan
- Need to set goals
- Need to be able to monitor goals and plans
 - PDSA
 - Action plan
 - Who's responsible, timelines, review
- *Refer to end slide for Business Plan template ideas

ATSI / ETHNICITY RECORDING

- Routinely recording Aboriginal and/or Torres Strait Islander status
- Routinely recording cultural background – Ethnicity
- QI activity - if you are not routinely recording!

CPR & CPD

- C8.1B & GP3.1A CPR | C8.1A & GP3.1A CDP
- No CPR &/or CPD training – new staff
- Out of date CPR certificates (last 3 years)
- ALL staff need current CPR & CPD
- Enrol staff in CPR prior to site visit
- Inhouse or online training

QUESTIONS

- What do you want to see next time?
- **Want more?? 23 & 24 June – Bateman's Bay & Goulburn – PM Education Day**
 - Risk Management
 - How to implement robust risk management systems
 - Quality Improvement
 - How are you maintaining CQI within the practice
- How to build a Risk Management and Quality Improvement focused practice
 - Build a QI culture
 - QI PDSA Cycle

RACGP 5TH EDITION STANDARDS

<https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed>

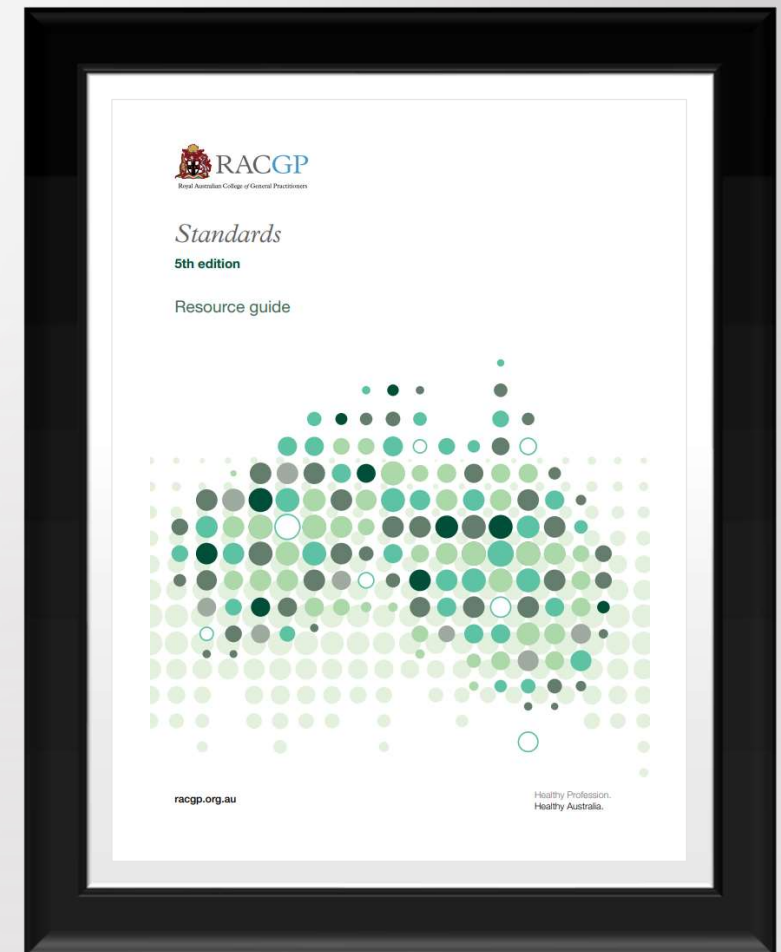
Copy of the standards



RACGP 5TH EDITION STANDARDS – RESOURCE GUIDE

<https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/resource-guide>

Supporting information to help meet indicators in the Standards 5th edition



BUSINESS PLAN TEMPLATES

Refer to Standard 3

RACGP 5th Edition Standards – Resource Guide

Standard 3

Practice governance and management

Indicators in this section of the Standards address the overall structures, systems and processes that help practices provide high-quality, safe care.

CRITERION C3.1

Business operation systems

Practices may find the following resources and links useful when meeting this Criterion:

- The RACGP's *General practice business toolkit*, available for members to download at www.racgp.org.au/running-a-practice/practice-resources/practice-tools/general-practice-business-toolkit
The toolkit consists of six modules:
 - Module 1: Becoming an owner of a general practice
 - Module 2: Your practice premises
 - Module 3: Marketing your practice
 - Module 4: Your practice finances
 - Module 5: Your practice team
 - Module 6: Closing, relocating, merging and selling your practice
- Business Victoria has a resource to assist practices to prepare and create a meaningful business plan, available at www.business.vic.gov.au/setting-up-a-business/how-to-start-a-business/write-a-business-plan
- business.gov.au is an online government resource providing information on planning, starting and growing a business. Information on risk management is available at www.business.gov.au/risk-management
- Business Queensland has developed a suite of resources to help businesses identify, analyse, evaluate and treat risks, available at www.business.qld.gov.au/running-business/protecting-business/risk-management
- Business Victoria has developed resources to assist businesses in developing a risk management plan, available at <https://business.vic.gov.au/business-information/protect-your-business/risk-management/prepare-a-risk-management-plan>
- CPA Australia has published a *Risk management guide for small to medium businesses*, available at www.cpaaustralia.com.au/search?q=risk%20management&first=1&sort=relevancy&numberOfResults=20