



RACGP

ACCREDITATION FOR NURSES CLINICAL FOCUS

5TH EDITION STANDARDS FOR GENERAL PRACTICES



MEDICAL BUSINESS SERVICES

Accreditation overview

Core Module

- WHS & Staff Immunisation
- Ethical Dilemmas
- Other clinical indicators

Quality Improvement

- Clinical QI & QI-PIP
- Errors & near misses
- Risk management
- Open disclosure

AGENDA



General Practice Module

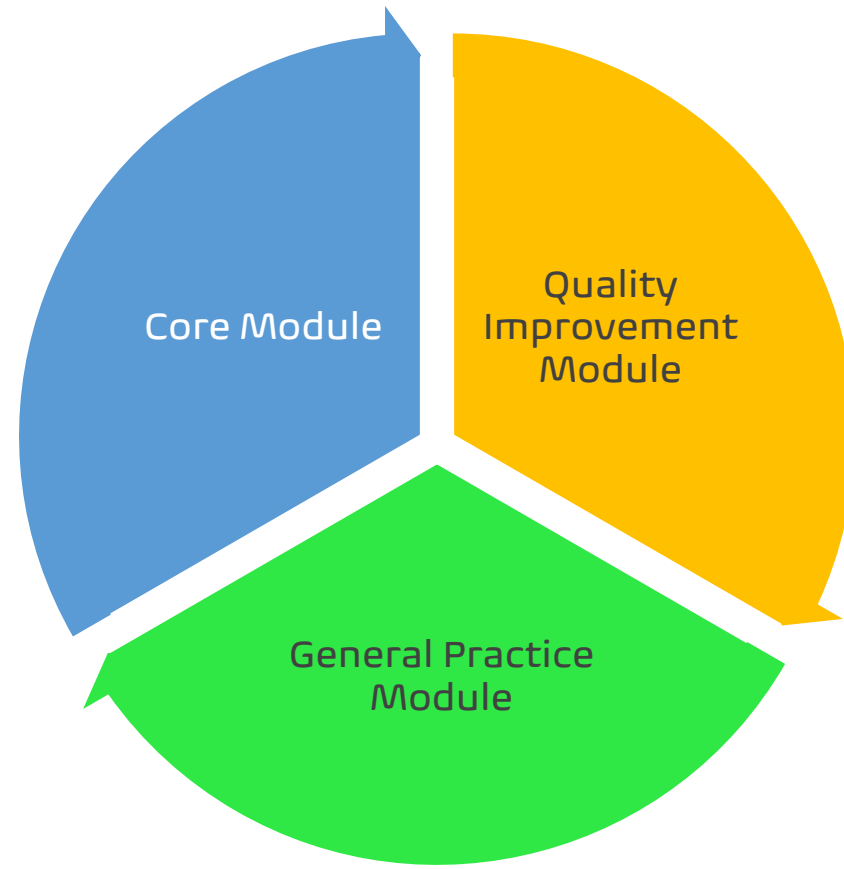
- Reminders & recalls
- Reducing risk of infection
- Vaccine management
- Equipment maintenance
- Doctor's bag

Q & A

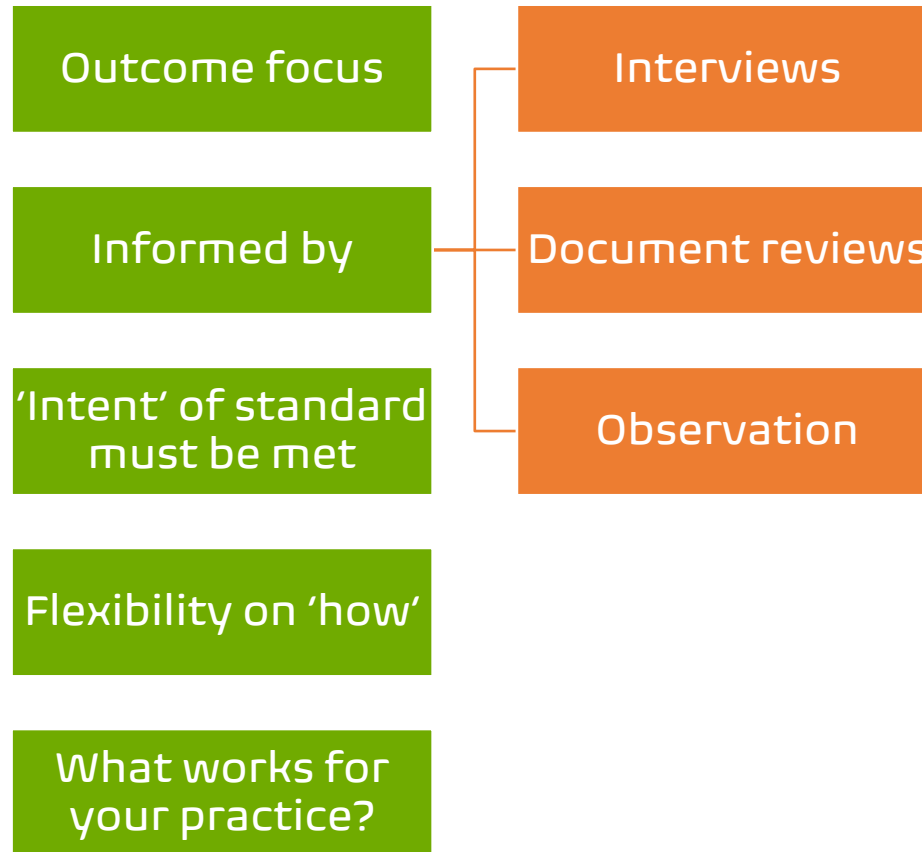
AGENDA



STRUCTURE OF THE STANDARDS



DEMONSTRATING COMPLIANCE



'MUST' & 'COULD'



'MUST' - MANDATORY



'COULD' - OPTIONAL



ACCREDITATION – THE 'LIVED' EXPERIENCE

- Question how you do what you do
- Policies & procedures must be customized to YOUR PRACTICE
 - Describe your systems & processes
 - Ensure the team adheres
- Quality improvement is dynamic – it never stops
- Involve your team!
- Training, training, training....
 - Orientation & induction
 - Ongoing



CORE STANDARD 3 – PRACTICE GOVERNANCE & MANAGEMENT

C3.5 – Work health & safety

C3.5A ► Our practice supports the safety, health and wellbeing of the practice team

C3.5B ► Our practice team is encouraged to obtain immunisations recommended by the current edition of AIH based on their duties and immunization status



**THINK
SAFETY**
it couldn't hurt



CORE STANDARD 3 – PRACTICE GOVERNANCE & MANAGEMENT

C3.5A  Our practice supports the safety, health and wellbeing of the practice team

- Staff numbers appropriate
- After hours safety
- Duress alarms, cameras?
- Sufficient breaks, buddy systems
- Zero tolerance policy



STAFF IMMUNISATION



With
informed
consent

- Immunity to vaccine preventable diseases or immunisation status of practice team members is known
- Offered recommended immunisations, appropriate to duties
- Think of all team members, not only employees



RECOMMENDED IMMUNISATION

In accordance
with NHMRC
guidelines -
Immunisation
Handbook

All healthcare
workers directly
involved in
patient care or
handling tissue

Think of specific
risks that may
warrant other
vaccinations eg
Hep A, BCG
(Tuberculosis)

Covax!

Hep B

Influenza

Pertussis (dTpa if
not given
previously)

MMR if not
immunized


Varicella (if sero-
negative)



C2.1E ETHICAL DILEMMAS

- Must document ethical dilemmas that have been considered and the outcome or solution
- Could;
 - Develop a policy/procedure that explains how the clinical team must manage ethical dilemmas
 - Discuss at team meetings
 - Buddy/mentoring system
 - Group communication to pose common ethical dilemmas and solutions
 - Inform patients where relevant
 - Keep separate from clinical file










EXAMPLES OF ETHICAL DILEMMAS

- Staff refusing Covax
- Gifts from patients
- Staff attending clinic as patients
- Management of cultural/religious dilemmas | services offered | not offered
- Relationships at work
- Conflicts of interest
- Fitness to drive
- Medical certificate issue where Dr does not believe it is warranted





OTHER IMPORTANT CORE INDICATORS

- C1.3B  Patients receive info to support the diagnosis, treatment & management of their conditions
- C3.4C  Our clinical team discusses the practice's clinical issues and support systems
- C5.1B  Our clinical team supports consistent diagnosis & management of our patients
- C5.3A  Our practice manages the handover of patient care both within the practice to other members of the clinical team and to external care providers
- C7.1G  Our patient health records contain, for each active patient, lifestyle risk factors



QUALITY IMPROVEMENT MODULE SUMMARY



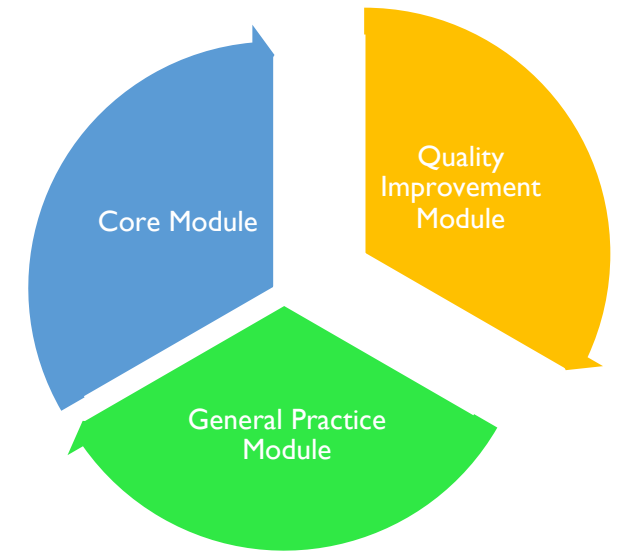
QI Standard 1 – Quality improvement



QI Standard 2 – Clinical indicators



QI Standard 3 – Clinical risk management



QI ACTIVITIES

- Changes to day-to-day operations of the practice designed to improve clinical care
- May be in response to
 - Feedback from patients
 - Feedback from staff
 - Audit of clinical databases
 - Analysis of errors/near misses
 - Informed from Risk Register
- Relevant to QI-PIP



SMART GOALS



Specific



Measurable



Achievable

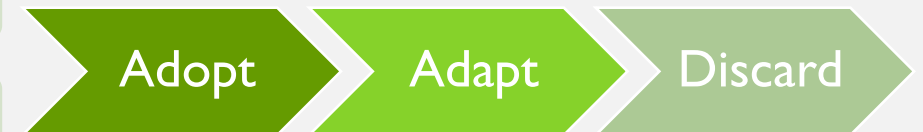


Realistic (rate chance of success!)

Score >7/10 – go for it!



Time specified



SMART GOAL EXAMPLE

Strategy: Targeting interventions to meet our community's greatest health needs

Goal 1 : We aim to improve our care to patients with asthma by ensuring all active patients have an asthma management plan that is regularly reviewed

Activity: Using practice data extraction, we will identify all active asthma patients and recall all patients without a current management plan (expand activity description). This activity will be undertaken by the practice nurse.

Performance Measure: 85% of active patients with asthma will have a management plan in place by (insert date)



QI 1.1 QUALITY IMPROVEMENT

QI 1.1 C  Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems

- Regular agenda item for meetings
- Other forms of feedback (evidence!)



PATIENT FEEDBACK

QI 1.2  B Our practice analyses, considers and responds to feedback

Continuous
activity

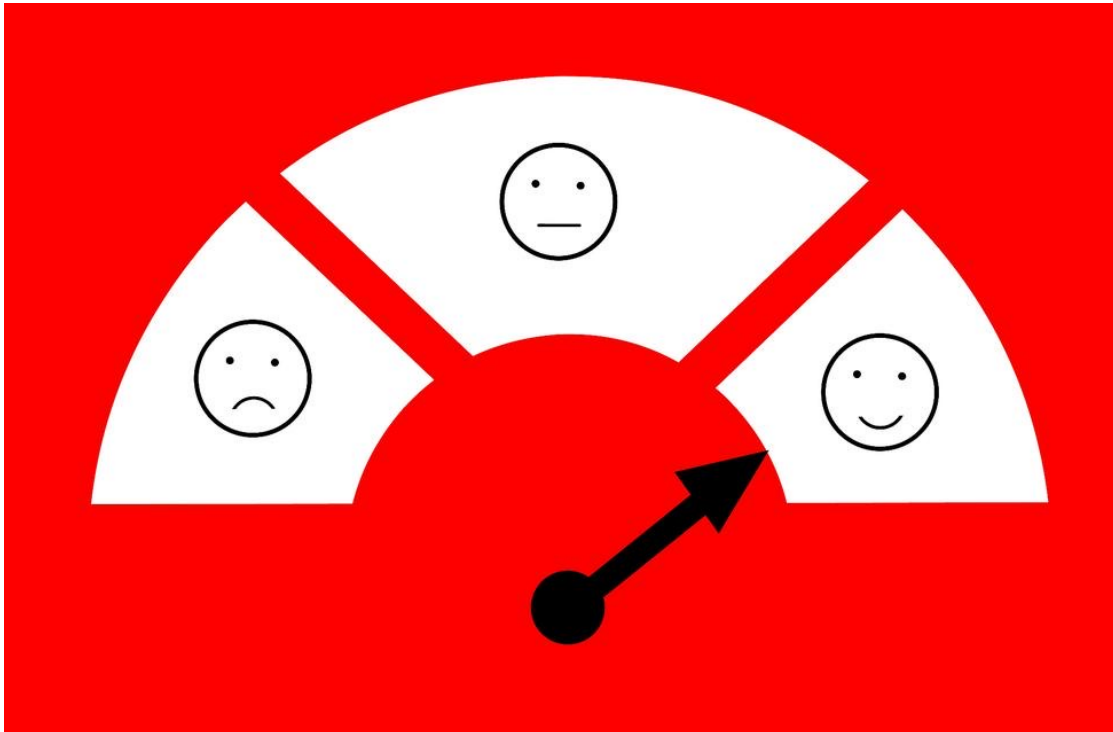
Informs
professional
development

Identify
trends

See RACGP
Feedback
guide



PATIENT FEEDBACK



- More flexibility
- Can use validated tool
- Can develop own questionnaires
- Can use focus groups/interviews
- Ongoing/ continuous or once every 3 years
- Share outcome with team and patients



- Record of known allergies for at least 90% of active patient health records
- Current health summary for at least 75% of active patient health records
- Dashboard reports PMS
- Data extract

Q12.1 HEALTH SUMMARIES





Q13.1 MANAGING CLINICAL RISK

Systematic processes & care

Monitor, identify & report near misses & adverse events in clinical care

Improvements implemented to prevent such events



CLINICAL RISK MANAGEMENT OPEN DISCLOSURE

Australian Open Disclosure Framework

Better communication,
a better way to care

- QI 3.2A Our practice follows an open disclosure process that is based on the Australian Open Disclosure Framework
- When things go wrong
- Open & honest communication
- Develop & implement policies & guidelines
- Embed in practice (induction, meetings)
- Keep record






OPEN DISCLOSURE - PROCESS

- Apology, expression of regret (is NOT admission of liability)
- Factual explanation of what happened
- Provide opportunity for patient (& others if relevant) to relate their experience
- Discuss potential consequences of adverse effect
- Explanation of steps taken to manage the adverse event and prevent recurrence
- Potential harm or event that patient may not be aware of
- Seek advice from Medical Defense if unsure



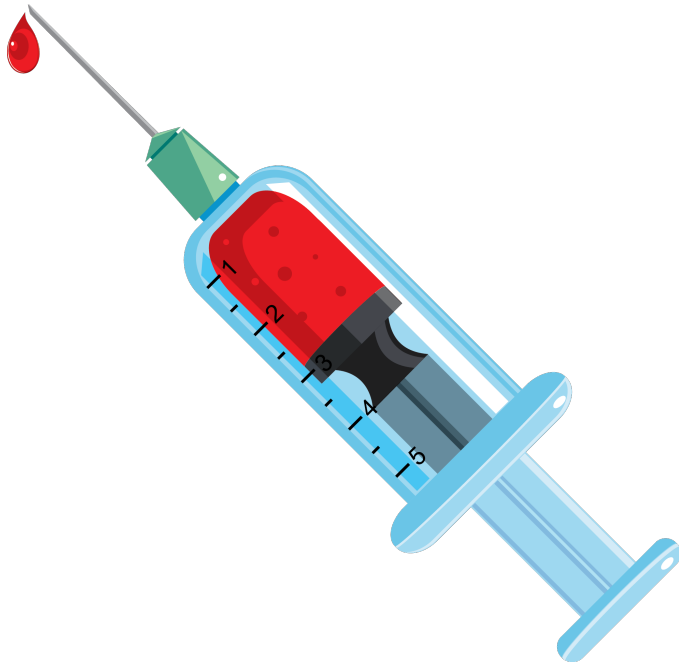
OTHER IMPORTANT Q1 INDICATORS



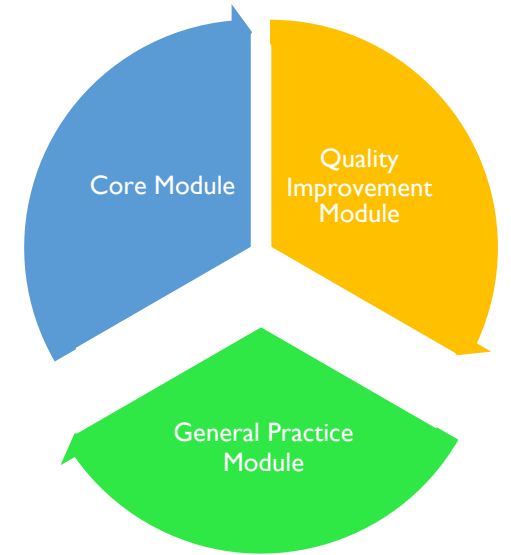
- 2.2E  Medicines, samples, consumables are acquired, stored, administered, supplied & disposed of in accordance with manuf. Directions/laws
- 3.1 A  Our practice monitors, identifies & reports near misses & adverse events in clinical care.
- 3.1 B  Our practice team makes improvements to our clinical risk management systems in order to prevent near misses & adverse events in clinical care



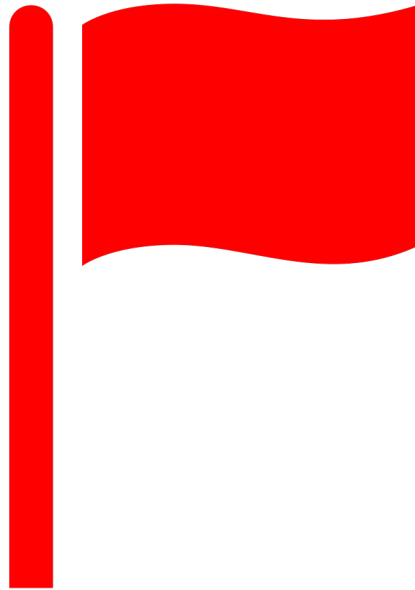
GENERAL PRACTICE MODULE SUMMARY



- GP Standard 1 – Access to care
- GP Standard 2 – Comprehensive care
- GP Standard 3 – Qualifications of our clinical team
- GP Standard 4 – Reducing the risk of infection
- GP Standard 5 – The medical practice
- GP Standard 6 – Vaccine potency



GP 2.2 FOLLOW UP SYSTEMS



- GP 2.2A Pathology results, imaging reports, investigation reports & clinical correspondence is
 - Reviewed
 - Electronically notated (signed/initialled)
 - Acted on where required
 - Incorporated into health record
- GP 2.2B. Recall patients with clinically significant results
- GP 2.2C Patients are advised of the process for follow-up of tests and results




Comprehensive CARE



GP 2.2D Our
practice initiates and
manages patient
reminders



GP 2.2 E  High risk
(seriously abnormal and
life threatening) results
identified outside
normal opening hours
are managed by our
practice




GP 3 QUALIFICATIONS OF OUR CLINICAL TEAM

- GP3.1C Our clinical team is trained to use the practice's equipment that they need to properly perform their role
- GP3.1D Our clinical team is aware of the potential risks associated with the equipment they use.



GP4.1 INFECTION PREVENTION & CONTROL

- GP 4.1A  Clinical team member with primary responsibility for
 - Coordinating
 - infection control
 - Provision of adequate range of sterile equipment
 - Procedures for instrument reprocessing (if relevant) including monitoring & validation
 - Safe storage & stock rotation of sterile products
 - Waste management





GP4.1 INFECTION PREVENTION & CONTROL

GP4.1B Written, practice specific policy outlining infection control processes

GP4.1C Clinical team member with primary responsibility for educating the practice team about infection prevention & control

GP4.1D All members of the practice team manage risks of potential cross infection including;

- Hand hygiene


- Use of PPE

- Triage of patients with potential communicable diseases

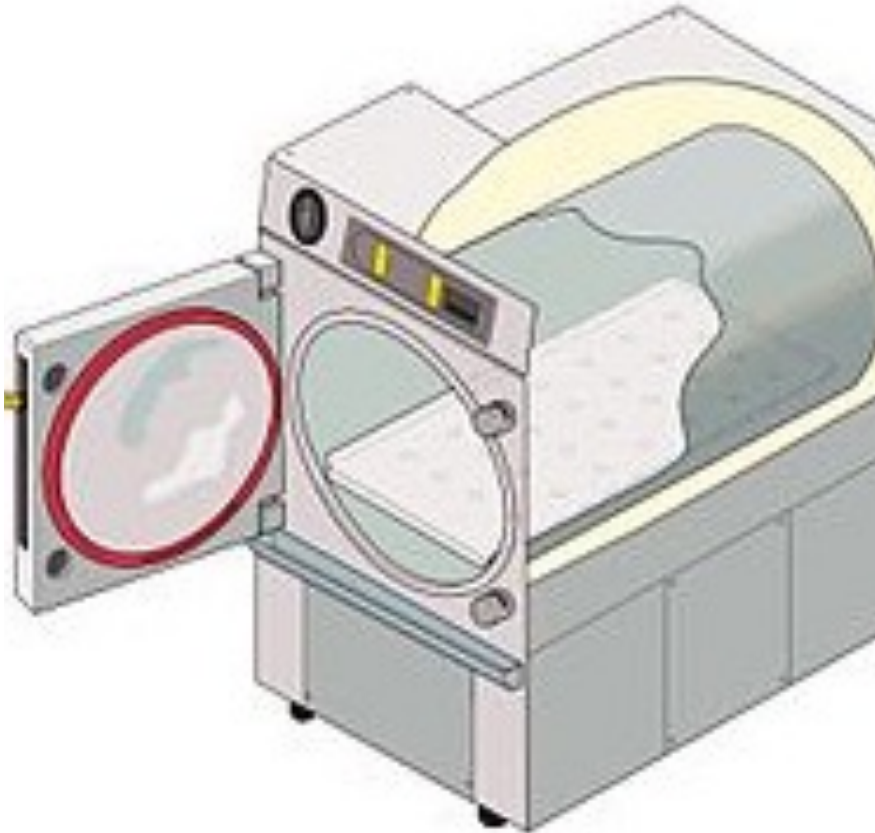
- Safe storage & disposal of clinical waste including sharps

- Safe management of blood & body fluid spills

GP4.1 INFECTION PREVENTION & CONTROL

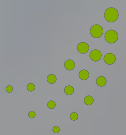
GP4.1E  Patients are informed about respiratory etiquette, hand hygiene & precautionary techniques to prevent the transmission of communicable diseases

GP4.1F Our practice records the sterilization 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 sterilization log or list



GP5 THE MEDICAL PRACTICE

GP5.2E Our practice has
a defibrillator




GP5.3 DOCTOR'S BAG

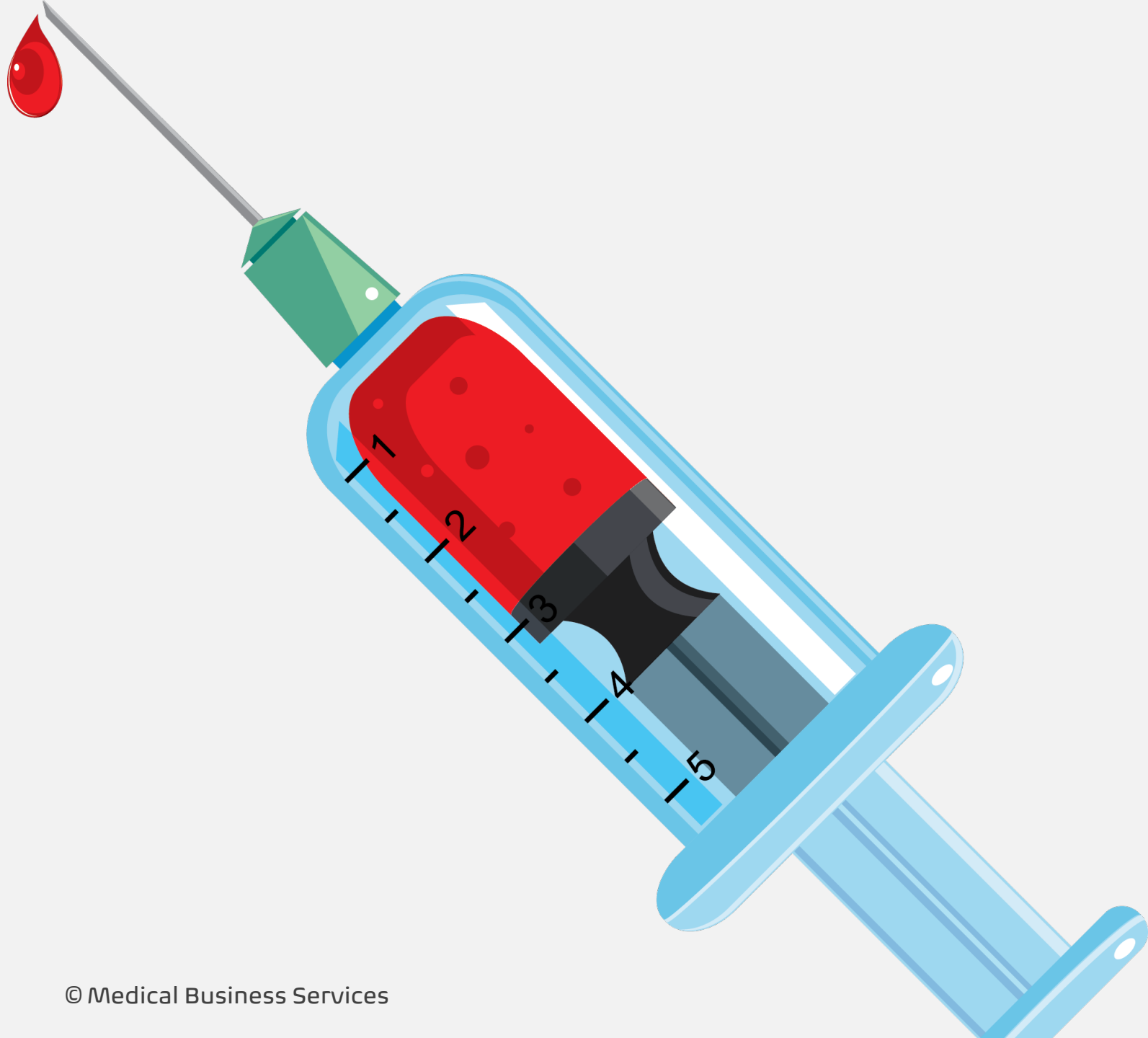
“Each of our GPs has access to a fully equipped doctor’s bag for emergency care and routine visits and the bag contains (minimum requirement for accreditation):”

Equipment Checklist
✓ 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
✓ Tongue depressors
✓ Torch



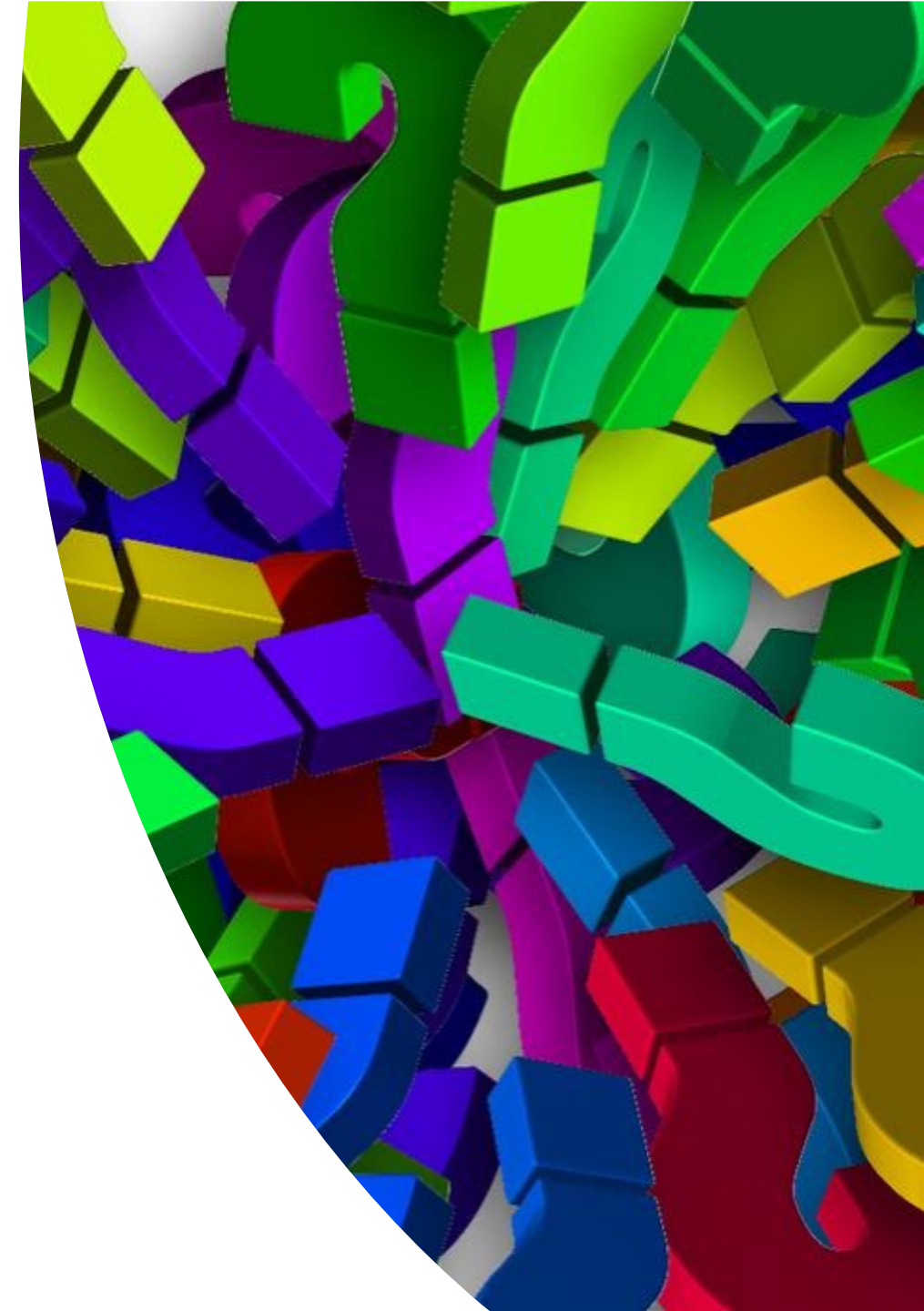
GP6 VACCINE POTENCY

- GP 6.1D  Our practice has a written, practice-specific policy that outlines our cold chain processes



AND FINALLY...

- We have NOT covered every indicator
- Start preparing early!
- Accreditation readiness is a whole-of-team activity



RESOURCES

- <https://www.medicalbusiness.services/accreditation-resources-nursing-request>
- Webinar slides
- RACGP 5th Edition Standards
- FAQs
- RACGP Patient Feedback Guide
- More information
 - Practice Management Register
 - Risk Register
 - eLearning modules
 - Additional support

