

Accreditation tips



Abnormal Tests

- Doctors will be asked to describe the procedure for follow up and recall of patients with abnormal test results
- Results need to be initialled or signed by doctor and appropriate action taken

After hours care

- There is documented evidence (ie must be written and stored in practice to show surveyors) of one of the following:
- Doctors provide their own 24 hour care either individually or by roster
- An agreement with nearby practice
- Formal collaboration with the local hospital
- Appropriate arrangement with a deputising service

Appointments

- There is a flexible appointments system to accommodate patients with urgent problems or patients who need longer consultations (doctors and staff should be able to describe this system)
- Patients who are waiting are advised of delays that may be experienced in seeing a doctor
- Patients are able to obtain information or advice by telephone
- Patients are able to obtain home visits
- Practice provides reasonable after hours care
- Average number patients seen per hour is no more than 6 – evidence of this will be obtained by viewing daybook, schedule, appointment book or if need be – HIC data,
- Patients can see GP of their choice if available
- Patients can obtain an appointment within 2 working days (staff are able to confirm this) for non-urgent medical problems

Autonomy of GPs

- Doctors can exercise full autonomy in decisions that effect clinical care eg choosing consultants, pathology, diagnostic services, scheduling follow up, and accepting new patients.
- Doctors are satisfied with equipment and supplies the practice orders.

Cleaning disinfection and decontamination

- Staff and doctors will be asked to describe procedures for cleaning disinfection and decontamination of surfaces
- Practice is clean and well maintained
- Procedure for dealing with spillage of blood or body fluids including: safe work practices, protective barriers and disposal of body substances and soiled material (assume all blood or body substances are potential source of infection)
- Doctors and staff wash hands before and after any procedure which involves direct contact physical contact with patient, blood or body fluids
- Hand washing facilities are available in each consulting room
- Lockable dedicated cleaning area for storage of equipment, products and accessories if cleaning is done in house
- Practice should use appropriate alkaline detergent
- Practice should not use cleaning agents that are toxic to user and damaging to surfaces
- If external cleaning contractor is used cleaning requirements for the contractor should be documented
- Personal protective equipment eg gloves, apron, goggles etc is available and used when dealing with blood or body fluids (GP Network provides spills kits free of charge)
- Staff should wear heavy-duty gloves, (plus any other appropriate protection eg eye protection, fluid resistant gowns and masks) when preparing instruments for reprocessing.

CPD

- Administrative staff participate in on-going training
- Clinical staff eg GP, Nurse or Allied Health are qualified and participate in CME
- Practice has a range of current medical and surgical texts, including clinical practice guidelines

Consultation room

- Free from extraneous noise
- Adequate lighting
- Examination couch
- Hand washing facilities in every consultation room
- Practice has at least one dedicated consulting room for every doctor working in the practice at any one time.
- Screen or curtain in consulting room
- Ambient temperature

Doctors

- Can describe procedures for interaction with local medical services, allied health and community services.
- Can state that they take or return phone calls from patients when appropriate (staff responsible for answering telephones can describe the doctor's policy on receiving and returning phone calls from patients and can describe how phone calls are triaged).
- Can describe how they manage patients who can't speak English eg allowing patients to choose between interpreter and family or friend.
- Have knowledge of and use other health and community services in area.
- Can describe practice policy for dealing with complaints
- Can describe consistency within practice of diagnosis and management of common serious conditions.
- Participation in local health promotion programs eg GP Network's Diabetes Shared Care Program
- Inform and encourage participation of patients in relevant local health promotion programs
- Regular clinical meetings are held at the practice
- Participation in public health programs (eg: local breast screening / mammography program)

Doctors Bag:

- Each GP in the practice has access to a doctor's bag
- Doctors bag should include
 - Record book for of dangerous drugs dispensed (if dispensed)
 - Airway maintaining equipment eg guedels airways, ideally there should be both adults and children sizes but the standards do not specify this.
 - Prescription pads and practice letterhead
 - Torch
 - Syringes and needles (various sizes)
 - Stethoscope
 - Auriscope
 - Ophthalmoscope
 - Sphygmomanometer
 - Drugs for medical emergencies
 - Gloves



Equipment:

- Need:
 - Stethoscope
 - Auriscope
 - Ophthalmoscope
 - Sphygmomanometer
 - Peak flow meter
 - Vaginal speculum
 - Thermometer
 - Scales
 - Urine testing strips
 - Patella hammer
 - Eye chart
 - Equipment for maintaining an airway in both adults and children (eg: Guedel airways)
 - Equipment to assist ventilation eg AMBU bag or similar
 - Disposable syringes and needles
- Doctors can list common procedures and demonstrate available equipment is sufficient for these procedures



Informing patients

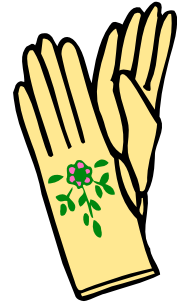
- Doctor will be asked to describe the way patients are informed of purpose, benefits and risks of proposed treatments and investigations
- GPs need to inform patients of costs before treatments, investigations or procedures are performed and when patients are referred
- Doctors consultation fees (including home and after hours visits) are clearly displayed in surgery or in practice information sheet
- Practice has an up to date practice information sheet which is readily available to patients. This sheet should contain as a minimum:
 - Names of doctors working in the practice
 - Practice address and phone number/s
 - Consulting hours
 - After hours care arrangements, including after hours telephone number
- Consent is obtained from a patient prior to consultation if a 3rd party is to be present during their consultation
- Patient consent is obtained if the practice participates in research projects using identified personal health data

Medical records

- Should NOT be accessible by other patients or visitors.
- Need to incorporate health summaries (current problems, past problems, allergies and sensitivities, risk factors, medications, immunisations, management, social and family history)?
- Should include copies of significant referral documentation and response to referrals (these should be legible, contain relevant social information, problems, findings and treatments, reason for referral, expectations and be on practice stationary)
- Notate home and after hours visits
- Contain evidence detailing significant telephone contact
- Must be legible
- Need to be comprehensive and well organised eg encounter date, encounter reason, problem managed, management plan, prescribed medication, referral documentation evidence of referral to health and community services (could a locum take on the care of your patient from your notes?)
- Should be free from prejudicial statements
- Are kept until the patient has reached 25 or for a minimum of 7 years from the time of last contact with the patient whichever is longer.
- Doctors and staff will be asked to describe procedure for transferring patient medical information to another practice.
- Patient feedback survey (or other evidence) should show at least 25% of patients have attended practice for more than 2 years
- Medical records should show evidence of screening, health promotion and preventative care activities eg immunisation, pap smears, breast examination
- Test results are signed or initialled by doctor and appropriate action taken
- Patients are informed of and offered enrolment in reminder systems
- Subject to consent of patients the practice should use **one** of the following reminder systems:
 - Card based system showing due dates for preventive activities
 - Systematic flagging of medical records for opportunistic preventive activities
 - A register of patients for reminders for preventive activities
 - A computerised reminder system
 - A reminder system offered by other agencies eg local pathology companies or government pap smear register
- It is a good idea to have examples of all of these so you can show surveyor

Occupational Health and Safety

- Practice provides training re risk of infection to staff
- All staff are offered immunisation
- Practice has a sharps injury protocol
- Practice implements standard precautions for control of infections eg wearing gloves when taking blood samples



Pharmaceutical's

- Are there any expired drugs in the surgery or doctors bags? (you need to have a policy to ensure that there are no out-of-date pharmaceuticals, vaccines or medical consumables in use in the practice or in the doctor's bag)
- Drugs of dependency need to be safely secured (eg locked cupboard or safe dedicated to this purpose and not storing other practice goods eg tissues etc) and other drugs are safely stored. The boot of your locked car is okay.
- Dangerous drugs are appropriately documented as required by state legislation
- The key to the dangerous drugs cupboard should only be in possession of doctor or registered nurse.
- Record book should be stored with dangerous drugs, and only ink or black biro used, a bound book is acceptable. No changes to records should be made without appropriate signature and details of the change.

Policies

- Written policies for:
 - home and other visits
 - procedure for dealing with spillages of blood and body fluids
 - procedure for pre-cleaning instruments prior to sterilisation
 - disposal of contaminated waste
 - disposal of sharps and sharps containers
 - offering staff immunisation
 - sharps injury protocol
 - the management of personal health information in the practice
 - appropriate occupational health and safety policies (eg: manual handling) are implemented in the practice
- The GP Network has a Practice Policy and Procedure Manual available for members. This manual was developed by Murray Plains Division of General Practice and has been approved by AGPAL. Manuals are available free of charge to Division members as a hard copy or on computer disk so that you can adapt it to your surgery. For more information please call **Maria** at the Sydney South-West GP Network on **(02) 9726 1663**

Telecommunication

- Sufficient inward and outward call capacity (patients report it is not difficult to contact practice by phone)
- After hours message, call diversion or mobile phone



The Building

- Sign outside stating after hours care arrangements and after hours telephone number
- Sign stating smoking is not permitted in any area of the practice
- There is wheelchair access to the practice and its facilities (or offsite visits are offered)
- Practice is clean and well maintained
- Staff can easily access medical records
- Records, prescription pads, and letterhead are not accessible to unauthorised people

Toilets

- Toilet and hand washing facilities are readily available for use by patients and others
- Sign to indicate where toilets are located

Vaccine storage

- Log is kept showing temperature of vaccine refrigerator (at least twice per week for old standards and daily for new standards. It is not expected that temperature be charted on the weekend if the surgery is closed.)
- Stored in a dedicated (or infrequently used) refrigerator
- Stored between 2 and 8°C
- Gaps to allow air to circulate between vaccines
- Plastic bottles filled with salt water in door and lower draws will help to stabilise temperature of refrigerator.
- Sign on power point saying "don't switch off" is also a good idea
- As with drugs do not keep out of date vaccines. Placing older vaccines at front of storage area can help to avoid vaccines becoming out of date.
- Establish a protocol for when the temperature range is NOT between 2 and 8°C – who is notified and action to be taken. eg contact the South Western Sydney Public Health Unit on (02) 9828 5944. They will advise you on what procedures you need to follow with regard to your vaccines.

- established protocol for cleaning the sink prior to use as a hand washing facility)
- Documented training for staff responsible for pre-cleaning should be available
- **Ultrasonic cleaning**
 - As soon as possible after use, instruments should undergo preliminary cleaning
 - Authorised staff member should describe operational use to surveyors
 - Surveyors will ask staff to describe the risks associated with submersion
 - Surveyors will ascertain if the machine is tested weekly with an alfoil test
- **Packaging of items ready for sterilisation**
 - Packaging materials and unwrapped instruments should incorporate a chemical indicator
 - If textiles are mixed with instruments in one pack the practice should have protocols to validate this type of load
 - Each package should be sealed with autoclave tape completely across the double fold, or heat sealed or self sealed
 - Packaging must be dry when emerging from a completed sterilising cycle
 - Each item should be clearly labelled including batch number and date of sterilisation
- **Correct sterilising techniques need to be implemented**
 - Correct loading techniques
 - Operating manual close to machine
 - Remove items in a way that maintains sterility
 - Wrapped items must emerge dry at end of cycle
 - Unwrapped items- disinfected/decontaminated NOT sterile
 - Each item should be clearly labelled including batch number and date of sterilisation
- **Monitoring System**
 - Calibrated at least once yearly
 - Colour change on packaging or tape needs to be monitored and recorded
 - Printouts should be checked and filed after every load on all sterilisers capable of producing printouts
 - Biological indicators or rapid enzyme indicators need to be used weekly and results logged
- **Log book**
 - Record load details, colour change of indicator tape or packing materials and integrity of packaging
 - Results of biological or rapid enzyme indicators
 - Include information on maintenance and calibration
 - A maintenance program should be in place
 - Printouts should be checked and filed after every load on all sterilisers capable of producing printouts

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- Storing vaccines in plastic baskets, one for each type of vaccines can help practice staff to find and remove vaccines easily. However this is not essential for accreditation.
- Practice staff will be asked how to use the max-min thermometer (remember it is important to reset it after recording the temperature)
- The Sydney South-West GP Network provides a variety of resources including temperature recording charts, trouble shooting guides, and max-min thermometers. For more information on immunisation contact GP Network on (02) 9726 1663.

Waiting area

- Is adequate to accommodate usual number of patients and accompanying persons
- Space and toys are available to meet needs of children where appropriate
- Resources available and used by GPs eg posters and brochures. Where appropriate, these should be available in more than one language
- Consultation fees are clearly displayed
- Practice provides privacy to patients and other in distress
- There is auditory privacy (eg: consultations cannot be heard in the waiting room)
- If the practice is involved in teaching programs a sign is displayed in the waiting area giving details of the practice's involvement



If you have any questions regarding this information sheet or for further information on accreditation please contact our Accreditation Officer at the Sydney South-West GP Network on (02) 9726 1663.

References

AGPAL Information sheets, 2000.
 Entry Standards for General Practice, RACGP, 1996 and 2000
 GPA Selfcheck Modules, 2000

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