



Demystifying Accreditation Under 5th Edition Standards

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Magali De Castro
Clinical Director, HotDoc

Demystifying Accreditation Under 5th Edition Standards

This session will cover:

- Overview and purpose of the accreditation process
- The most commonly missed or misunderstood indicators under the RACGP 5th edition standards
- How to make the most of your accreditation journey and set up your practice for long-term success
- Best tools and resources for staff training and for policy and procedure manual documentation

Purpose of Accreditation Standards

The Accreditation standards were developed with the purpose of **“protecting patients from harm by improving the quality and safety of health services.**

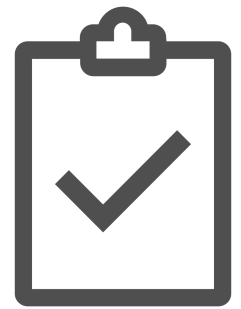
The Standards also **support general practices in identifying and addressing any gaps in their systems and processes.”**

- RACGP Standards for General Practice 5th Ed

What is Accreditation?



- **Voluntary process**
- An **estimated 90%** of practices in Australia are accredited ¹
- **Ensure practice services are in line with best available evidence** and peer-reviewed guidelines
- Assessed against the **Royal Australian College of General Practitioners (RACGP) Standards, 5th Ed**
- **Three-year cycle** (but don't let processes and documentation fall by the wayside along the way!)
- **The better you maintain your systems and team training, the easier and less stressful re-accreditation will be**



Benefits of Accreditation

- Ensure **policies and procedures** are in line with best practice
- **Protects** your clinic, your staff and your patients
- Provides an **opportunity** for the practice to **reflect on current systems and explore** areas for **quality improvement**
- Serves as a **prompt** to review, update or upgrade systems, procedures and equipment
- Professional **recognition among peers**
- **Financial incentives:** Practice Incentive Program (PIP) & Practice Nurse Incentive Program (PNIP) (Workforce Incentive Program)

The Process of Accreditation



1. Practice **registers** for accreditation with an approved accreditation agency:

www.safetyandquality.gov.au/our-work/generalpractice-accreditation

2. Allocated a **key contact/support** at the accreditation agency to assist with accreditation questions and requirements

3. Practice **completes a self-assessment** questionnaire and supplies preliminary documentation

4. **Site visit** is scheduled to interview team members, go through additional documentation and review practice processes

5. If needed, changes or additional evidence may have to be submitted after the visit for any standards not yet demonstrated as met

Accreditation Survey Visit



Surveyors will:

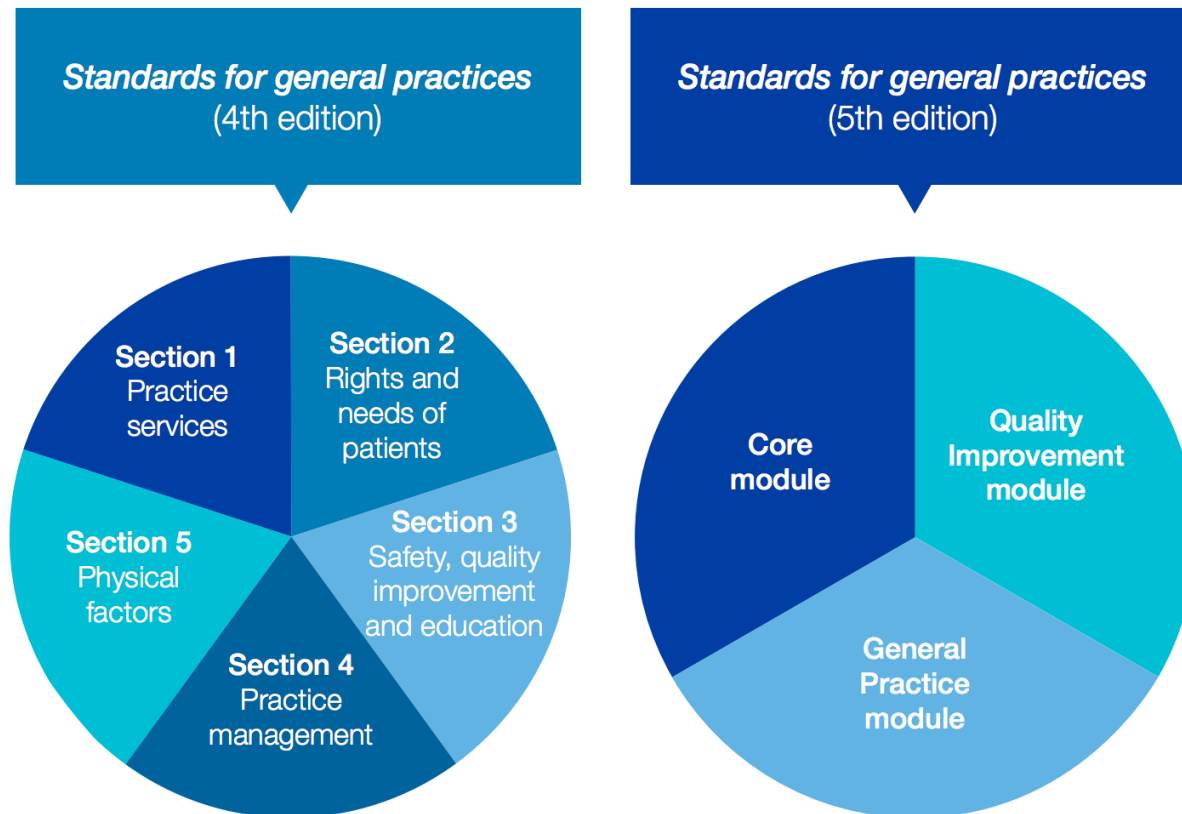
- Interview practice staff
- Review practice documentation
- Audit patient health records
- The surveyors compile a report of their findings to be reviewed by the accreditation agency
- Accreditation is granted or a request is issued for the practice to supply additional evidence if any mandatory indicators were not met

RACGP Standards for General Practice 5th Ed



What changed with the 5th edition?

New adaptable structure of 3 modules



Mandatory vs Aspirational Indicators



Indicators marked with ► are mandatory

You **must meet** these Indicators in order to achieve accreditation

Criterion GP1.1 – Responsive system for patient care

Indicators

GP1.1►A Our practice provides different consultation types to accommodate patients' needs.

GP1.1►B Our practice has a triage system.

GP1.1C Our recorded phone message advises patients to call 000 in case of an emergency.

Indicators that are **not marked** are **aspirational**, meaning they are **encouraged, but not essential** to achieve accreditation

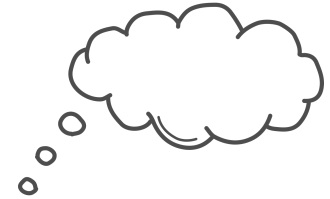
Patient feedback options

Table 2. Patient feedback methods

Method	Work/time required (indicative)	Advantages	Disadvantages	RACGP approval required?
Commercially available questionnaire	Minimal	<ul style="list-style-type: none"> Providers collate and analyse results You can conduct one large questionnaire every three years Pre-approved by the RACGP 	<ul style="list-style-type: none"> Cost for the purchase of the questionnaire and associated services 	No
RACGP questionnaire with no changes	Minimal	<ul style="list-style-type: none"> Less expensive than commercially available questionnaires You can conduct one large questionnaire every three years You can use this guide to support the process 	<ul style="list-style-type: none"> You need to collate and analyse the results yourself 	No
Your own questionnaire (even if it is based on RACGP questions)	Moderate to significant	<ul style="list-style-type: none"> You can use/modify some or all of the questions from the RACGP questionnaire, and/or develop your own Can be practice-specific You can conduct one large questionnaire every three years The RACGP can provide support and guidance throughout the process 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires more time than the use of readily available questionnaires Requires significant MS Office skills You need to collate and analyse the results yourself Requires RACGP approval required (approximately 1–3 months from application, depending on how many questions you develop yourself) 	Yes
Interviews	Significant	<ul style="list-style-type: none"> Can be practice-specific You can explore more sensitive issues privately Patients can express their views in their own words 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires significant time Requires significant expertise in social research methods Requires RACGP approval (approximately 1–3 months from application) 	Yes
Focus groups	Significant	<ul style="list-style-type: none"> Can be practice-specific Group settings can provide significant feedback in a single session Patients can discuss their experiences with other patients 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires significant time Requires significant expertise in social research methods Requires RACGP approval (approximately 1–3 months from application) 	Yes
Other methods	If you want to use any other methods of collecting feedback, contact the RACGP to discuss the advantages and disadvantages and what you will need to do in order to gain RACGP approval			

* The RACGP's administrative fee is \$150

New aspirational indicators



C1.4C Our patients can access resources that are culturally appropriate, translated, and/or in plain English

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

QI3.2A Our practice follows an open disclosure process that is based on the Australian open disclosure framework

GP2.2D Our practice initiates and manages patient reminders

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

Now mandatory

C5.2 ► A Our **clinical team can exercise autonomy**, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care

You must:

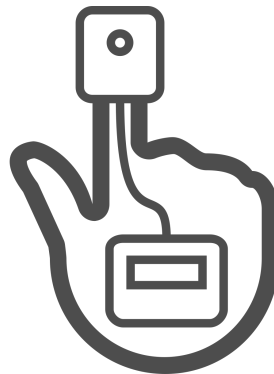
- Give practitioners autonomy in relation to
 - Overall clinical care of their patients
 - Referrals to other health professionals
 - Requesting investigations
 - Duration and scheduling of appointments



Now mandatory

GP5.2 ► A Our practice has **equipment that enables us to provide comprehensive primary care** and emergency resuscitation, including:

Pulse Oximeter





Now mandatory

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

You must:

- Maintain a cold chain management policy and procedure

You could:

- Review the cold chain management policy once a year
- Discuss the cold chain management policy in team meetings

New mandatory indicators

Criterion C1.5 – Costs associated with care initiated by the practice

C1.5 ►A Our patients are informed about out-of-pocket costs for healthcare they receive at our practice

C1.5 ►B Our patients are informed that there are potential out-of-pocket costs for referred services





New mandatory indicators

C2.1 ►E Our clinical team considers ethical dilemmas

Examples of situations that might create ethical dilemmas in a practice include:

- Patient–practitioner relationships (familial relationships, friendships, romantic relationships)
- Professional differences
- Patients giving gifts to the practitioner
- Emotionally charged clinical situations (eg unwanted pregnancy, terminal illness, or wishes to discuss euthanasia)
- Reporting to the state’s driver licensing authority that a patient is unfit to drive
- A patient’s request for a medical certificate if the practitioner does not believe that the patient’s condition warrants one



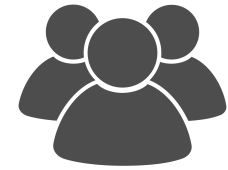
New mandatory indicators

You must:

- Document any ethical dilemmas that have been considered, and the outcome or solution.

You could:

- Develop a **policy** that explains how the team must manage ethical dilemmas
- **Discuss** ethical dilemmas at clinical **team meetings**
- Provide a **mentoring** system where ethical dilemmas can be discussed
- Use an **intranet or group email** to pose common ethical dilemmas and solutions for the clinical team to consider and discuss
- Display a **notice in the waiting room listing ethical dilemmas** that practitioners encounter, and how they generally deal with them



New mandatory indicators

C2.2 ►A Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation

You could:

- Maintain a **policy** about the presence of a third party during a consultation
- Place signs in the waiting room when medical or nursing students are at the practice and observing consultations
- **Document the identity of a chaperone**
- **Inform patients at the time of booking the appointment and/or when they arrive and before they are brought into the consulting room**

New mandatory indicators

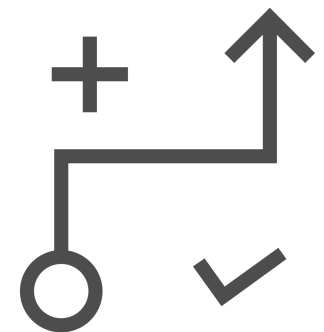
C3.1 ► A Our practice plans and sets goals aimed at improving our services

You must:

- Plan and set business goals (eg service quality, staff retention, growth, efficiency, staff skills, new services, etc.)

You could:

- Write a statement of the practice's ethics and values
- Maintain a business strategy
- Maintain an action plan



New mandatory indicators

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

You could:

- Maintain a risk register (eg risks associated with poor record keeping, IT system failures, inadequate systems for updating patients' details and following up test results, etc)
- Maintain a log of risks if you are a small practice
- Keep a record of meetings where risks have been identified and actions agreed on to manage those risks



New mandatory indicators



C4.1 ► A Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care

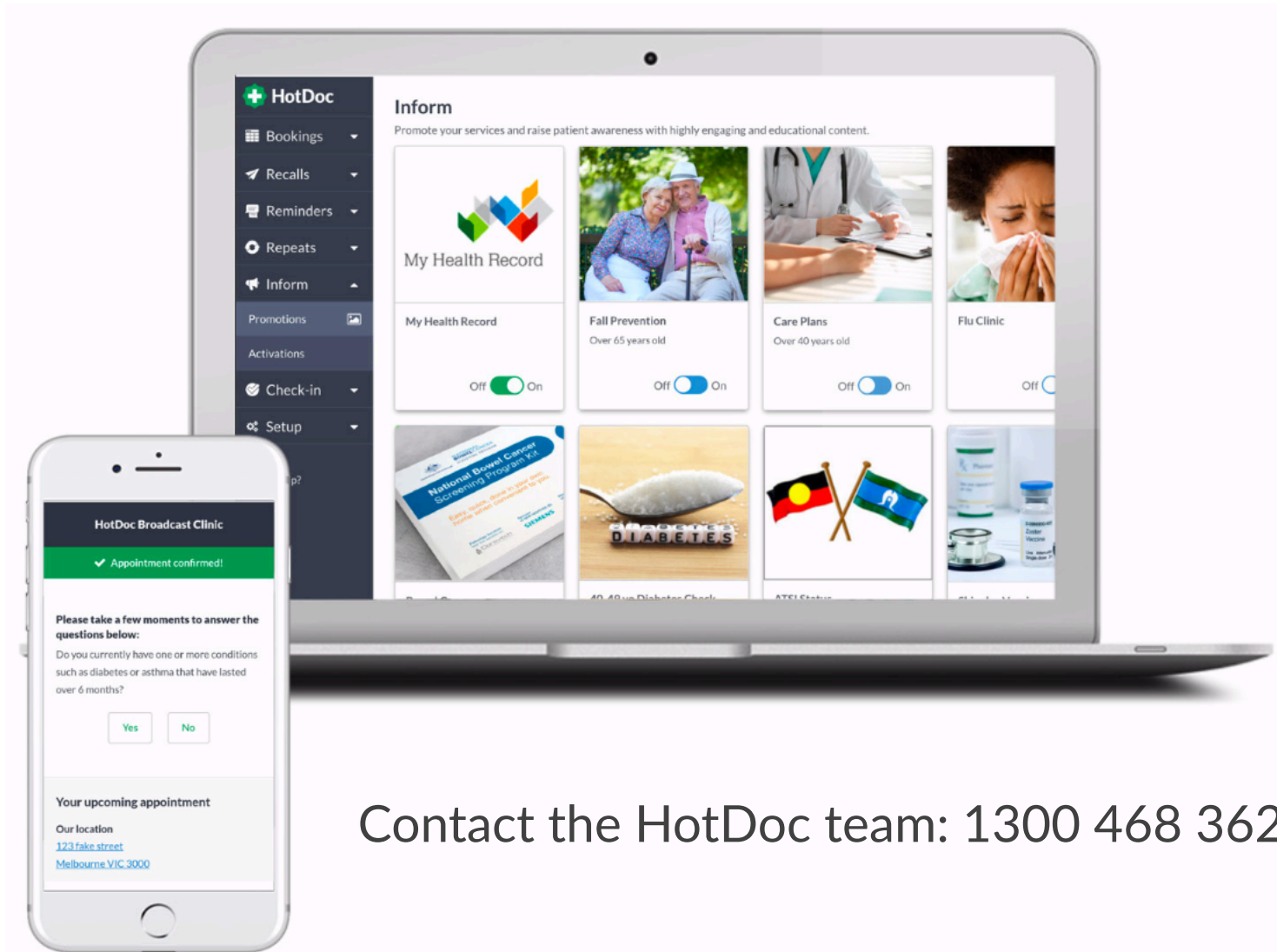
You must:

- Document in the patient's health record **discussions or activities relating to preventive health**

You could:

- Use **preventive health guidelines** and resources
- Hand out up-to-date pamphlets and brochures
- Provide information on the practice's website
- Run **preventive health activities**, such as diabetic education groups and groups to help patients quit smoking
- Have a **reminder system** to prompt patients of screening activities

HotDoc Inform

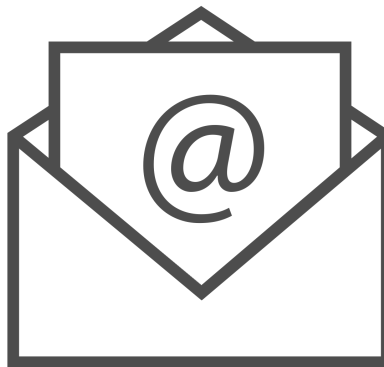


Contact the HotDoc team: 1300 468 362

New mandatory indicators

C6.4 ► F Our practice has a policy about the use of email

C6.4 ► G Our practice has a policy about the use of social media





New mandatory indicators

QI1.1 ►C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems

You must:

- **Keep a record of feedback** from the practice **team** about quality improvement systems.

You could:

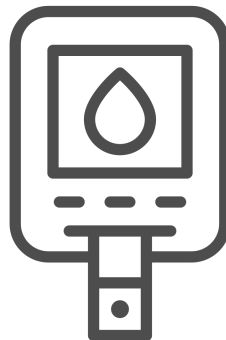
- Have notice boards or **suggestion boxes** the team can use to contribute their ideas
- Create **short surveys** for the team to complete that are incorporated into a quality improvement plan

New mandatory indicators

QI1.3 ► B Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health).

You must:

- Show evidence that you have conducted a **quality improvement activity**, such as a **PDSA cycle** or **clinical audit**, at least once every three years.



New mandatory indicators

GP2.2 ► E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice

You must:

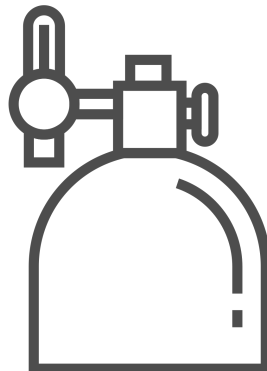
- **Give diagnostic services the contact details of the practitioner who ordered the investigation**
- **Have a process for managing high-risk results identified outside of normal opening hours.**



New mandatory indicators

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

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



Key areas surveyors will check

The surveyor conducts a review of:

- Doctor bag (s)
- Schedule 8 Drug records and storage
- Medical records
- Doctors' CPD and current registration
- Practice Information Sheet
- Practice collecting all essential information for patients



Health Summaries

Must meet the following:

At least 90% of active records have allergies recorded

At least 75% contain a current health summary including:

- Adverse drug reactions

- Current medicines list

- Current health problems

- Relevant past health history

- Health risk factors

- Immunisations

- Relevant family and social history



Areas frequently missed

Consultation notes

- Include consultations outside normal opening hours
- Home or other visits
- Telephone or electronic communications

Should include:

- Date of consultation
- **Reason for visit**
- Clinical findings and diagnosis
- **Management and process of review**
- Medicines prescribed
- Any preventive care or referral to other providers
- **Problems raised in previous consultations are followed up**



Key areas surveyors will check

The following documentation should be ready for review on the day:

- **Current registrations:** GPs and nurses
- Current **CPD** activity statement for all **doctors and nurses** in the practice and evidence of continuing education for the past 3 years for **other staff**
- **CPR certificates** for GPs, nurses and staff
- **Induction/orientation program** for new GPs and staff
- **Job descriptions/position descriptions** for all staff
- **Immunisation status** of staff



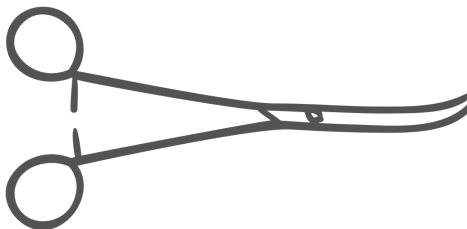
Key areas surveyors will check

- Agendas or minutes of staff and clinical meetings
- After-hours arrangements/rosters (where applicable)
- Contract for disposal of sharps, biohazards and confidential waste
- Vaccine fridge cold chain audit (eg Data logging & audit check list)
- Evidence or schedule of maintenance of key equipment
- Schedule for routine cleaning



Sterilisation process

- Sterilisation process & machine calibration certificate
- Packing, loading and validation process for steriliser
- Sterilisation log book
- Hardest pack to sterilise and steriliser instruction manual



Key areas surveyors will check

- **Patient feedback** collected and analysed as per the RACGP patient feedback guide
- **Computer security checklist**
- **Disaster contingency**
- **Business continuity and information recovery plan**
- **List of improvements to the clinic in the last 3 years**
- **Review the slips and near misses register**



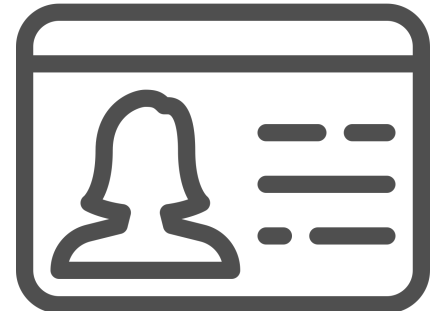
Key areas surveyors will check

Patient identification used routinely by all staff

- 3 patient identifiers
- Applied when making appointments, at arrival, before the start of a consult, when writing prescriptions or referrals, when giving results or entering correspondence into a patient file

Most common identifiers are:

- Patient name
- Date of birth
- Address
- Gender (as identified by the patient).



Key areas surveyors will check

Healthcare associated infections

- Describe the process for the **routine cleaning of the practice**
- Demonstrate **how patients are educated in respiratory etiquette and hand hygiene**



Top Resources for Accreditation

Free online staff training & CPD Certificates with HotDoc Webinar Recordings

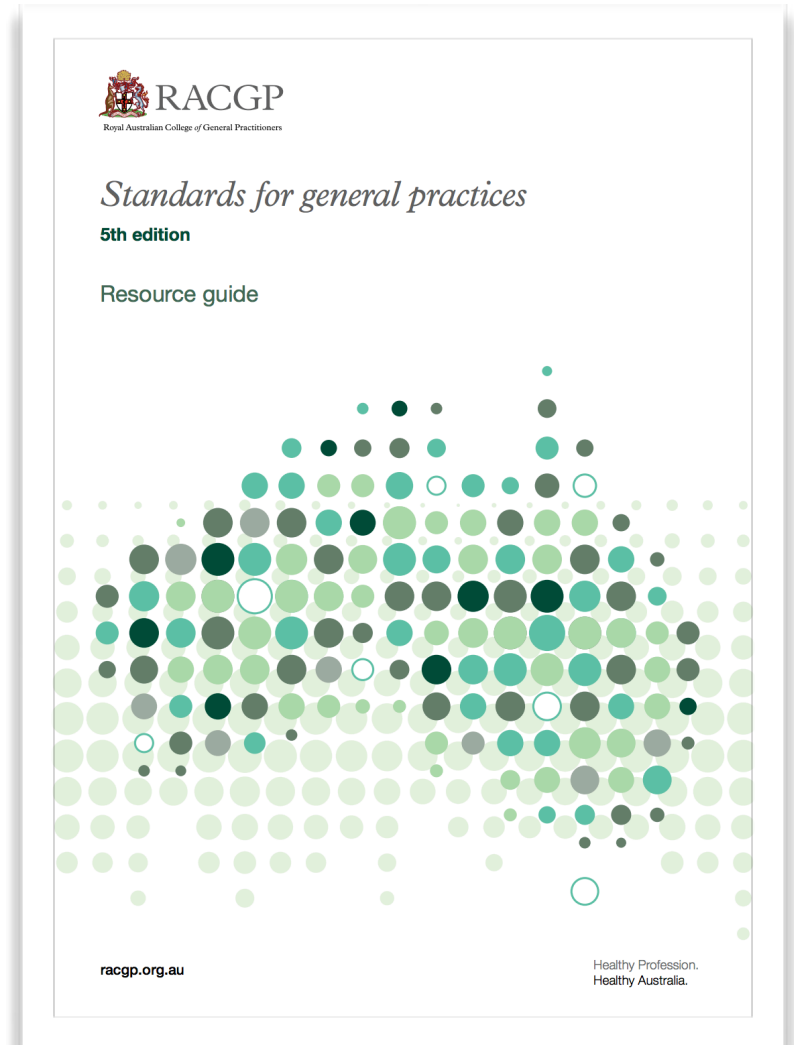
- **Triage**
hotdoc.com.au/practices/blog/triage-update-2019/
- **Infection Control**
hotdoc.com.au/practices/blog/infection-control-2019/
- **Privacy & Patient Data**
hotdoc.com.au/practices/blog/privacyrequirements-patientdatacompliance/
- **Cold Chain and Vaccine Management**
hotdoc.com.au/practices/blog/vaccine-storage-cold-chain/

Resources

RACGP Standards 5th Edition



Resource Guide



Resources

Patient Feedback Guide



Standards for general practices

5th edition

Patient feedback guide



racgp.org.au

Healthy Profession.
Healthy Australia.

RACGP Questionnaire

2 Toolkit for developing
practice-specific questionnaires

Q1. Making an appointment and waiting to see a clinician at your last visit

Please rate each statement

Statements	Poor	Good	Fair	Very good	Excellent	N/A	Don't Know
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A = Not applicable

Q2. Your experience with reception staff at your last visit

Please rate each statement

Statements	Poor	Good	Fair	Very good	Excellent	N/A	Don't Know
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A = Not applicable

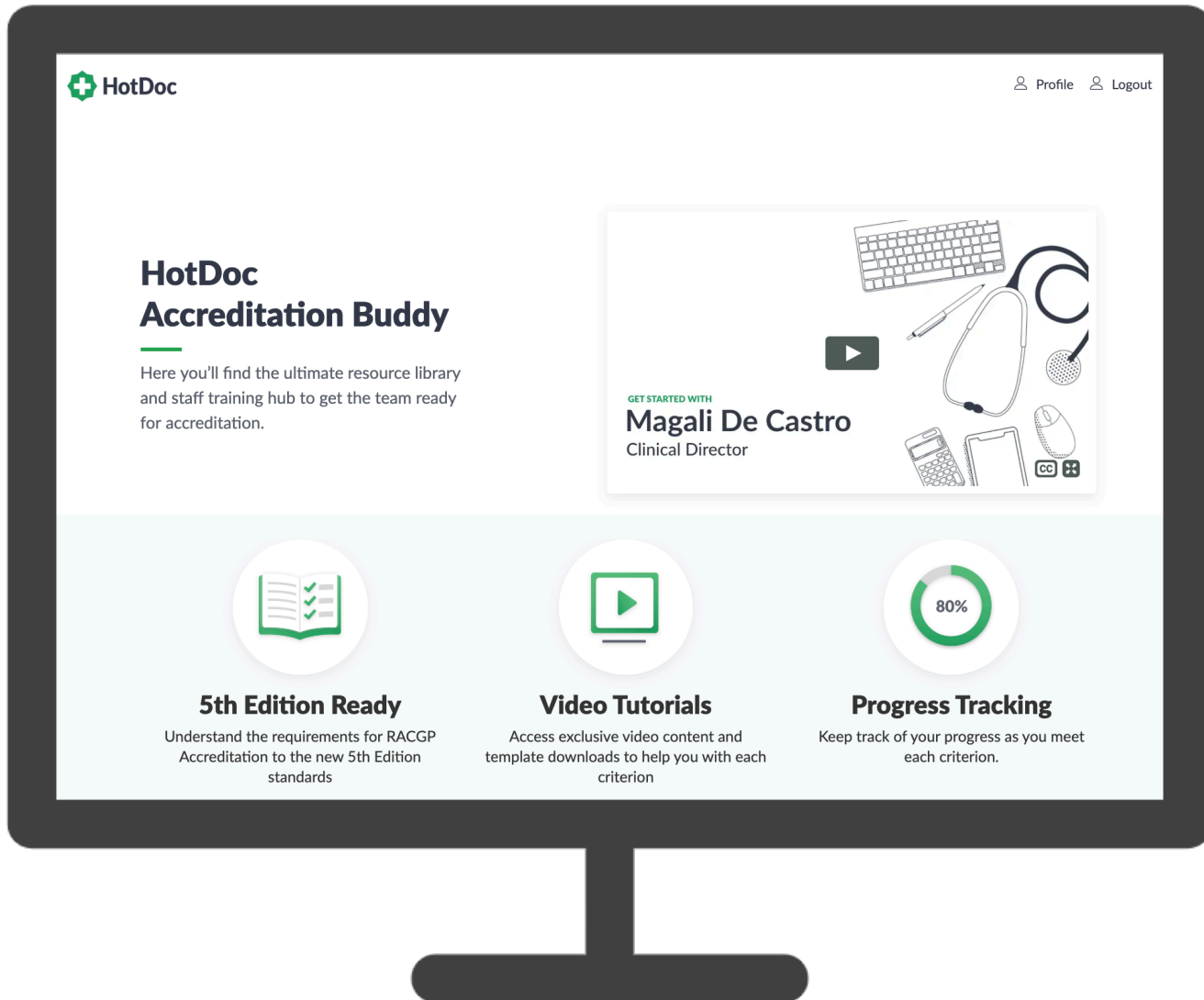
Q3. Your experience of the interpersonal skills of the clinician at your last visit

Please rate each statement

Statements	Poor	Good	Fair	Very good	Excellent	N/A	Don't Know
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A = Not applicable

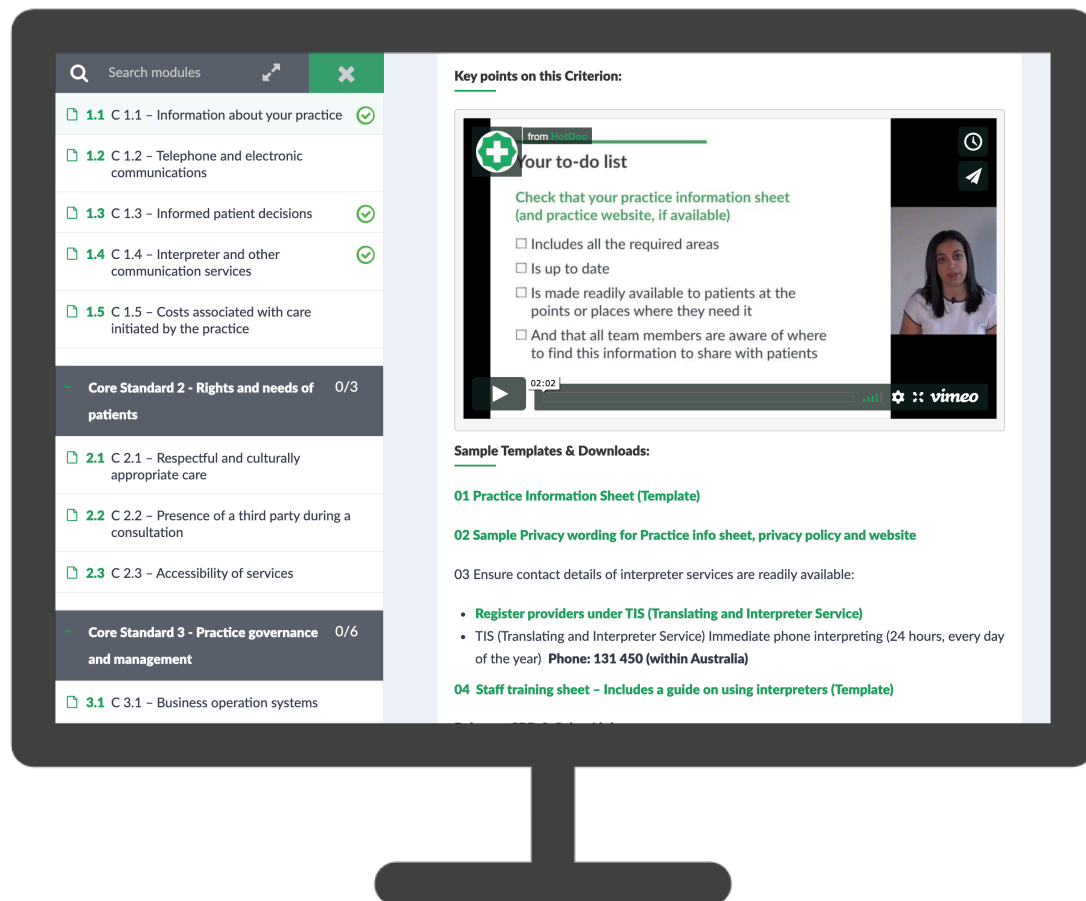
HotDoc Accreditation Buddy



HotDoc Accreditation Buddy

For each criterion we include:

- A short video covering aim and purpose
- To-do list to meet the criterion
- Relevant templates, downloads and staff training



Continue the conversation....

There will be a hot Topic post in the group's feed to ask further questions



Join our Facebook Group **“For the Love of Healthcare”**

Request to join here <https://www.facebook.com/groups/346537095914349/>

Thank you for participating!

Got a question?
Email: md@hotdoc.com.au