



AGPAL Accreditation Report

Practice Name:	Berwick Healthcare
Practice ID:	GP9159
Practice Details:	76 Clyde Road BERWICK VIC 3806
Survey Date:	18 Mar 2016

This report provides you with feedback and an accreditation outcome. It reflects the process of continuous quality improvement that you have been implementing. The report provides ratings of met, not met or not applicable. It also provides suggestions for continuous improvement and required actions where appropriate.

Overall assessment of standards

Standard	Met/Not Met/Not Applicable
1.1 ACCESS TO CARE	Met
1.2 INFORMATION ABOUT THE PRACTICE	Met
1.3 HEALTH PROMOTION AND PREVENTION OF DISEASE	Met
1.4 DIAGNOSIS AND MANAGEMENT OF HEALTH PROBLEMS	Met
1.5 CONTINUITY OF CARE	Met
1.6 COORDINATION OF CARE	Met
1.7 CONTENT OF PATIENT HEALTH RECORDS	Met
2.1 COLLABORATING WITH PATIENTS	Met
3.1 SAFETY AND QUALITY	Met
3.2 EDUCATION AND TRAINING	Met
4.1 PRACTICE SYSTEMS	Met
4.2 MANAGEMENT OF HEALTH INFORMATION	Met
5.1 FACILITIES AND ACCESS	Met
5.2 EQUIPMENT FOR COMPREHENSIVE CARE	Met
5.3 CLINICAL SUPPORT PROCESSES	Met



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Detailed description of performance

A detailed description of your practice's performance against the criteria is as follows:

Standard 1.1 ACCESS TO CARE

Our practice provides timely care and advice

Criterion:	1.1.1 Scheduling care in opening hours	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.1.1 A ►	Met	Review of the practice's appointment scheduling methods and records indicated that there is an effective system for determining the order in which patients with different needs are seen.
1.1.1 B ►	Met	Reception staff were able to describe how life threatening and urgent medical matters are triaged. A triage flowchart is located at the reception desk for staff reference.

Criterion:	1.1.2 Telephone and electronic communications	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.1.2 A ►	Met	All practice team members interviewed were able to describe the practice's process for receiving and returning telephone calls and/or electronic messages from patients. The practice has an internal messaging system linked to the medical record ensuring all messages and the response to those messages are included. Urgent calls are attended to at the time. Electronic messaging is available and calls are also triaged by the Practice Nurse.
1.1.2 B ►	Met	Review of a sample of patient health records showed examples of important patient/practice communications recorded.
1.1.2 C	Met	The practice's 'on hold' message was confirmed to advise callers to contact '000' in case of an emergency.

Criterion:	1.1.3 Home and other visits	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.1.3 A ►	Met	Review of a sample of patient health records showed examples of home and other visits both within and outside normal opening hours, with after hours services provided by an accredited medical deputising service.
1.1.3 B ►	Met	



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		All practice team members confirmed that patients of the practice have access to home and other visits and were able to describe the circumstances under which home and other visits would be accommodated. Not only do the practice GPs provide home visits to the elderly and those patients unable to attend the practice, but the practice nurse has attended Palliative care patients in their homes to provide support and to assist the families.
1.1.3 C ►	Met	Review of practice policies showed that a documented policy in relation to home and other visits, both within and outside normal opening hours, is in place. The policy includes information about the circumstances under which home and other visits are undertaken.
Criterion:	1.1.4 Care outside normal opening hours	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.1.4 A ►	Met	Review of the practice's contract or other documented agreement for the provision of care outside normal opening hours showed that care is provided by an accredited Medical Deputising Service.
1.1.4 B ►	Met	Review of a sample of patient health records found examples of reports or notes of consultations occurring outside normal opening hours.
1.1.4 C ►	Met	Information on how to obtain care outside the practice's normal opening hours was noted to be available via the practice's telephone answering machine, prior to the day of the accreditation survey. The message provides the caller with the instruction to hang up and dial '000' if the call is of an urgent nature. The practice opening hours and the direction to make an appointment on line is made available. Details of non urgent medical attention is explained and the after hours locum service contact details are provided. A sign that provides information to patients on how to obtain care outside normal opening hours was noted to be present and visible from outside the practice.
1.1.4 D ►	Met	The GP and reception staff interviewed were able to describe the practice's arrangements for providing medical care outside normal opening hours.



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Standard 1.2 INFORMATION ABOUT THE PRACTICE

Our practice provides sufficient information to enable our patients to make informed decisions regarding their care

Criterion:	1.2.1 Practice information	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.2.1 A ►	Met	Review of the Practice Information Sheet showed that it contains all the required information. A supply of Practice Information Sheets are available in the waiting room for reference of patients. A monthly updated newsletter is also provided with new services offered, staff changes and other interesting snippets for patients to take away with them.
1.2.1 B ►	Met	Reception staff indicated that they would explain information provided via the Practice Information Sheet verbally to patients who are unable to read or understand the Practice Information Sheet.
1.2.1 C ►	Met	Review of the practice's website showed that the information provided via the website is accurate (to the extent that could be determined) and consistent with the Practice Information Sheet. The website complies with the requirements of the MBA Code of Conduct. The practice website is well designed and informative. There is opportunity to make appointments via the website.

Criterion:	1.2.2 Informed patient decisions	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.2.2 A ►	Met	The GP and clinical staff interviewed indicated that they routinely inform patients about the purpose, importance, benefits, risks and possible costs of proposed investigations, referrals or treatments.
1.2.2 B ►	Met	The GP and clinical staff interviewed were able to provide examples of the leaflets, brochures and other information that they use to support their explanation of management of conditions. Desktop and internet resources are readily accessible with printouts available.
1.2.2 C ►	Met	The GP and clinical staff interviewed were able to provide examples of information that they routinely provide to patients about medicines and medicine safety.

Criterion:	1.2.3 Interpreter and other communication services	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings



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1.2.3 A ►	Met	The GP and clinical staff interviewed were able to describe appropriate strategies for communicating with patients who do not speak the primary language of our staff or who have a communication impairment. The practice has a patient who is unable to read or write and they provide pictures to assist in communication and the patient family member communicates with the patient by sign language.
1.2.3 B ►	Met	Contact details for interpreter and other communication services including the Translating and Interpreter Service (TIS) were noted to be readily available for reference of practice staff. The practice provides cards for assistance with language barriers, the cards ask "which language do you speak". This ensures when the Interpreter Service is required to be contacted, the correct person providing the communication is available.

Criterion:	1.2.4 Costs associated with care initiated by the practice	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.2.4 A (NS) ►	Met	<p>The GP and clinical staff interviewed were aware of out of pocket costs and indicated that they routinely advise patients about the potential for out of pocket costs that may be incurred by patients.</p> <p>Documented information about out of pocket costs was noted to be available in the waiting room for the reference of patients and included in the patient information leaflet.</p> <p>Information about out of pocket costs for services provided within the practice was noted to be available in the waiting room.</p>



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Standard 1.3 HEALTH PROMOTION AND PREVENTION OF DISEASE

Our practice provides health promotion and illness prevention services that are based on patient need and best available evidence

Criterion:	1.3.1 Health promotion and preventive care	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.3.1 A (NS) ►	Met	<p>The GP interviewed was aware of the practice's health promotion and illness prevention activities and the reminder system used by the practice.</p> <p>Review of the practice's reminder system showed that patients are encouraged to participate in preventative care and health promotion. Patients are 'tagged' in the medical records recall system and the practice nurse produces and actions the recall list each month. Database search by disease state and recall as indicated, occurs at intervals.</p>



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Standard 1.4 DIAGNOSIS AND MANAGEMENT OF HEALTH PROBLEMS

In consultation with the patient, our practice provides care that is relevant and in broad agreement with best available evidence

Criterion:	1.4.1 Consistent evidence based practice	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.4.1 A ►	Met	The GP and clinical staff interviewed were able to identify the clinical guidelines used to assist in the diagnosis and management of patients. This includes both hard and soft copy references.
1.4.1 B ►	Met	The GP and clinical staff interviewed were able to describe a range of strategies to ensure consistency of diagnosis and management of patients in their care (as appropriate to their role).
1.4.1 C ►	Met	The GP and clinical staff interviewed were able to describe how the clinical team communicate about clinical issues. The practice holds clinical meetings involving the nursing staff and the GPs.
1.4.1 D ►	Met	The GP and clinical staff interviewed could identify specific clinical guidelines used to support their management of patients who identify as Aboriginal or Torres Strait Islander.

Criterion:	1.4.2 Clinical autonomy for general practitioners	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.4.2 A (NS) ►	Met	The GP interviewed indicated that they are free to manage patient's clinical needs within the parameters of evidence based practice, without undue influence or constraint.



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Standard 1.5 CONTINUITY OF CARE

Our practice provides continuity of care for its patients

Criterion:	1.5.1 Continuity of comprehensive care and the therapeutic relationship	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.5.1 A ►	Met	Reception staff confirmed that patients are able to request their preferred GP when making an appointment or attending the practice.
1.5.1 B ►	Met	The GP and clinical staff interviewed were able to describe a range of strategies for facilitating continuity of care.

Criterion:	1.5.2 Clinical handover	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.5.2 A ►	Met	<p>The GP and clinical staff interviewed were able to provide examples of clinical handover relevant to their role and the procedures they use for ensuring accurate and timely handover. GPs ensure that follow up of patient care and follow up of test results when they go on leave is assigned to the next senior GP. Both nursing staff and GPs communicate with internal email as well as verbally.</p> <p>Review of a sample of patient health records demonstrated accurate and timely handover of patient care.</p> <p>Review of practice policies showed that a documented procedure is in place in relation to clinical handover.</p>

Criterion:	1.5.3 System for follow up of tests and results	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.5.3 A ►	Met	Review of a sample of patient health records confirmed that pathology results, imaging reports, investigation reports and clinical correspondence received or performed by the practice are reviewed, initialled and acted upon in a timely manner.
1.5.3 B ►	Met	The GP interviewed indicated that they view and initial pathology results, imaging reports, investigation reports and clinical correspondence ordered by them and respond to results as appropriate.
1.5.3 C ►	Met	



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		The practice has a documented policy about the management of pathology results, imaging reports, investigation reports and clinical correspondence.
1.5.3 D ▶	Met	The GP and reception staff indicated that patients are advised to contact the practice by telephone for test results. Patients may be asked to ring for results or return for review if such need is anticipated. Patients are contacted about urgent results.
1.5.3 E ▶	Met	The GP and reception staff interviewed were able to describe their role in the recall of patients with significant test results, including further follow up where patients do not respond to recall activities. The nurses provide follow up of significant test results and the appointment system is flagged with a "red star" to ensure that the patient has attended.
1.5.3 F ▶	Met	<p>The survey team sighted documented records of patients recalled, which indicated that the recall process is effective and in accordance with the practice's policy.</p> <p>Review of recall records showed a system to identify, follow up and recall patients with clinically significant results.</p>



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Standard 1.6 COORDINATION OF CARE

Our practice engages with a range of relevant health and community services to improve patient care

Criterion:	1.6.1 Engaging with other services	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.6.1 A ►	Met	<p>Review of a sample of patient health records confirmed that the practice routinely engages with a range of other health services, community and disability services to plan and facilitate optimal patient care. The range of locally accessible services is extensive.</p> <p>The GP and practice manager interviewed were able to list the services and providers that the practice interacts with to provide comprehensive care. The practice is at the forefront with their health promotion, with involvement in the Relay for Life, a "Health and Wellness Expo", free flu clinics for Monash University students and provide a service for patients with eating disorders.</p>

Criterion:	1.6.2 Referral documents	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.6.2 A ►	Met	<p>Review of a sample of patient health records confirmed that referral letters are legible; contain at least three approved patient identifiers, state the purpose of the referral and any other important information required. The standard of referral letters is high.</p>



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Standard 1.7 CONTENT OF PATIENT HEALTH RECORDS

Our patient health records contain sufficient information to identify the patient and to document the reason(s) for a visit, relevant examination, assessment, management, progress and outcomes

Criterion:	1.7.1 Patient health records	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.7.1 A ►	Met	Review of a sample of patient health records confirmed that each patient has a legible, individual patient health record containing all health information held by the practice about that patient.
1.7.1 B ►	Not applicable	The patient health records are fully computerised, therefore, this indicator is not applicable to the practice.
1.7.1 C ►	Met	Review of a sample of patient health records confirmed that three approved identifiers, contact and demographic information are routinely recorded.
1.7.1 D ►	Met	Review of a sample of patient health records confirmed that the person to be contacted in an emergency is routinely recorded.
1.7.1 E ►	Met	Review of a sample of patient health records confirmed that practice has commenced collecting information about the Aboriginal and Torres Strait Islander status of new patients since the implementation of the 4th edition Standards. This information was recorded in the majority of files reviewed.
1.7.1 F	Met	Review of a sample of patient health records confirmed that the practice has commenced collecting information about the cultural and ethnic status of patients. This information was recorded in the majority of files reviewed.

Criterion:	1.7.2 Health summaries	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.7.2 A ►	Met	Review of a sample of patient health records confirmed that a record of known allergies (or a notation that the patient has no known allergies) is present in 100% of records reviewed.
1.7.2 B ►	Met	Review of a sample of patient health records confirmed that at least a satisfactory health summary is present in at least 75% of records. Further improvement could be made by recording family history details more regularly.
1.7.2 C	Met	Review of a sample of patient health records showed that the practice is implementing a standardised clinical terminology (such as coding) to enable data collection for review of clinical practice.



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Criterion:	1.7.3 Consultation notes	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.7.3 A ►	Met	Review of a sample of patient health records confirmed that consultations are comprehensively documented in accordance with specified requirements, including consultations that occur outside normal hours and for telephone consultations.
1.7.3 B ►	Met	Review of a sample of patient health records confirmed that problems raised in previous consultations are routinely followed up.
1.7.3 C ►	Met	Review of a sample of patient health records confirmed that the clinical team have commenced recording preventative care status.



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Standard 2.1 COLLABORATING WITH PATIENTS

Our practice respects the rights and needs of patients

Criterion:	2.1.1 Respectful and culturally appropriate care	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
2.1.1 A ►	Met	The GP interviewed demonstrated an inclusive approach to care provision so as not to discriminate or disadvantage patients in any aspect of access, examination or treatment.
2.1.1 B ►	Met	The GP interviewed was able to describe how they would respond if a patient refused a specific treatment, advice or procedure, including documenting the refusal in the patient health record and advising the patient about any risks associated with not having the treatment or procedure.
2.1.1 C ►	Met	The GP and clinical staff interviewed were able to describe how they would respond to a patient who informed them that they intended to seek a second opinion, including documenting the event in the patient's health record.
2.1.1 D ►	Met	The practice manager was able to describe the practice's procedure for ensuring timely transfer of care, including a copy of the patient health record, when care is transferred to another GP.
2.1.1 E ►	Met	The GP interviewed was able to describe how care of a patient they no longer wish to treat is transferred and how the patient is informed about this.
2.1.1 F ►	Met	Reception staff interviewed were able to describe how they provide for the privacy and dignity of patients and others in distress.
2.1.1 G	Met	The GP interviewed was able to identify specific cultural groups represented in the practice's patient population and outline strategies for meeting the needs of these groups. Such groups include Muslim women and Seikhs.

Criterion:	2.1.2 Patient feedback	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
2.1.2 A ►	Met	The practice manager was able to describe the practice's procedure for seeking and responding to feedback from patients. A suggestions box is available with feedback forms in the waiting area. Review of practice policies showed a documented policy is in place that describes how patient feedback is managed within the practice.
2.1.2 B ►	Met	



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		<p>Review of complaint records showed that the practice has a complaint resolution process, including logging, investigating and responding to complaints. The practice has the Health Engine online appointment booking system, which also provides the opportunity for patients to comment on their experience with the practice.</p> <p>The practice manager was able to describe the practice's complaints management procedure. The practice also has Health Engine appointments online and this provides the patients the opportunity to provide feedback regarding the practice and the services offered.</p>
2.1.2 C ▶	Met	Review of the practice's patient feedback methodology and report, showed that the practice seeks feedback about patients' experience by using the South East Health Providers Association validated patient experience questionnaire approved by the RACGP.
2.1.2 D ▶	Met	The practice manager was able to describe improvements implemented in response to patient feedback. For example: after hours availability was identified as an area needing improvement. The practice has a contract with a medical deputising service.
2.1.2 E	Met	The practice manager was able to describe the information that is available or provided to patients about improvements that have resulted from their feedback.
Criterion:	2.1.3 Presence of a third party	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
2.1.3 A ▶	Met	Review of consent records showed that the practice seeks consent in advance from patients for a third party to be present during a consultation.



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Standard 3.1 SAFETY AND QUALITY

Our practice is committed to quality improvement

Criterion:	3.1.1 Quality improvement activities	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.1.1 A ►	Met	All practice team members interviewed were able to provide examples of specific improvement implemented by the practice during their current period of accreditation. For example: employed a new nurse, additional GPs have been employed, the practice has commenced providing Iron Infusions, developed Travel First Aid packs for patients, installed a new computer projector in the conference room, the premises now has a larger car park, waiting room upgrade with television screens displaying health messages, purchased a defibrillator, baby scales have been purchased, practice opening hours have been extended, updates of the practice security system, a mental health nurse has commenced at the practice, all GPs have completed mental health training, a new baby change table has been installed in the disabled toilet facility and an emergency assistance button has been installed in the pathology room.
3.1.1 B ►	Met	The practice manager advised that the practice uses patient and practice data for quality improvement. For example: the Best Practice clinical data is extracted for quality improvement.

Criterion:	3.1.2 Clinical risk management systems	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.1.2 A ►	Met	The practice manager was able to describe the practice's procedures for monitoring, identifying and reporting near misses and mistakes in clinical care.
3.1.2 B ►	Met	The practice manager and clinical staff were able to describe how near misses and mistakes are documented within the practice. For example: the practice has an adverse outcome folder ready for use.
3.1.2 C ►	Met	The practice manager was able to describe an improvement the practice has made to prevent near misses and mistakes in clinical care. For example: the wrong vaccinations were opened in the treatment room and left on the bench with syringe/needles. GPs and staff were educated to be conscious of sharps disposal.
3.1.2 D ►	Met	



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		The practice manager was able to describe how improvements are monitored and evaluated and provided an example of the evaluation process in relation to specific improvement. For example: all improvements to reports of adverse events are discussed in meetings and remedial action documented.
3.1.2 E ▶	Met	Review of the practice's contingency plan showed that appropriate contingency arrangements are in place in the event of natural disaster, pandemic disasters or the sudden, unexpected absence of clinical staff.

Criterion:	3.1.3 Clinical governance	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.1.3 A ▶	Met	The practice manager was able to provide an overview of their responsibilities in relation to safety and quality improvement.
3.1.3 B ▶	Met	The practice manager was able to describe the information that has been provided to the practice team about improvements implemented within the practice.

Criterion:	3.1.4 Patient identification	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.1.4 A ▶	Met	<p>All practice team members interviewed demonstrated an understanding of the circumstance under which they identify patients and a patient identification procedure using three approved identifiers.</p> <p>The practice has established and implemented a patient identification procedure. The procedure requires that patients are identified using three approved identifiers: when patients contact the practice to make an appointment, when patients present at the practice for appointments, when clinical staff retrieve patients from the waiting room, before procedures are performed/medicines are prescribed and whenever care of a patient is handed over.</p> <p>Review of practice policies and procedures showed that a documented patient identification procedure is in place and includes the requirement for patient identification using three approved identifiers.</p>



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Standard 3.2 EDUCATION AND TRAINING

Our practice supports quality improvement through education and training

Criterion:	3.2.1 Qualifications of general practitioners	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.2.1 A ►	Met	Review of Australian Health Practitioner Regulation Agency (AHPRA) professional registration records showed that all practice GPs have current medical registration.
3.2.1 B ►	Met	
3.2.1 C ►	Met	Review of CPD records showed satisfactory participation in CPD by all GPs, through either RACGP or ACCRM.
3.2.1 D ►	Met	Review of cardiopulmonary resuscitation (CPR) training certificates showed that all GPs have undertaken training in CPR in accordance with RACGP QI&CPD recommendations.

Criterion:	3.2.2 Qualifications of clinical staff other than medical practitioners	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.2.2 A ►	Met	Review of personnel files showed that nurses and allied health staff have current registration with the Australian Health Practitioner Regulation Agency (AHPRA) and participate in continuing professional development relevant to their role. Review of personnel files showed that nurses and allied health staff have current registration with the AHPRA and participate in continuing professional development.
3.2.2 B ►	Met	Review of personnel files and training records showed that clinical staff providing care within the practice have appropriate qualifications or training and participate in continuing education relevant to their role. Clinical support staff have attended a wide variety of educational sessions including: Immunisation updates, Injury Prevention and Safety promotion, Safety and Security in Primary Health Care, hand hygiene and wound management updates and Responding to Behaviours of Concern.
3.2.2 C ►	Met	Review of cardiopulmonary resuscitation (CPR) training certificates showed that nurses, allied health staff and other team members involved in clinical care have undertaken training in CPR within the last three years.



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Criterion:	3.2.3 Training of administrative staff	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.2.3 A ►	Met	Review of training records showed that administrative staff have attended training relevant to their role(s) within the accreditation period. Reception staff have been involved in training in hand hygiene, infection control, blood collection, cultural safety, triage, leadership training, risk management, and Responding to Behaviours of concern. The practice manager has also attended the AAPM conference in Tasmania.
3.2.3 B ►	Met	Review of cardiopulmonary resuscitation (CPR) training certificates showed that all administrative staff have completed CPR training within the last three years.



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Standard 4.1 PRACTICE SYSTEMS

Our practice demonstrates effective human resource management

Criterion:	4.1.1 Human resource system	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
4.1.1 A ►	Met	Review of position descriptions showed that a documented position description is in place for all members of the practice team/staff category.
4.1.1 B ►	Met	Review of induction records showed that an induction system is operational and effective.
4.1.1 C ►	Met	The practice manager indicated that they in conjunction with the principal GP have primary responsibility for quality improvement and risk management processes.
4.1.1 D ►	Met	The practice manager indicated that they have primary responsibility for managing administrative feedback and complaints.
4.1.1 E ►	Met	The practice manager indicated that administrative matters are routinely discussed with the principal GP/owners.
4.1.1 F ►	Met	Review of the minutes of team meetings indicates that regular practice discussions occur that are open to all members of the practice team.
4.1.1 G	Met	Review of staff performance appraisal records showed that the practice has an effective system for monitoring the performance of all members of the practice team, including GPs, other staff providing clinical care and administration staff.

Criterion:	4.1.2 Occupational health and safety	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
4.1.2 A ►	Met	Clinical staff interviewed indicated that another member of the practice team is present at the practice at all times when they are providing care. The GP interviewed indicated that another member of the practice team is present at the practice at all times when they are in consultation.
4.1.2 B ►	Met	



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All practice team members interviewed were able to provide examples of strategies the practice has implemented that supports their safety, health and wellbeing. For example: Workplace Health and Safety issues are well adhered to, panic buttons are in all consultation rooms, security cameras and a "back to base" security monitoring system is being installed, the practice supports staff by offering counselling sessions for those having had to deal with aggressive or mental health/disturbed patients, flexible working hours are available, immunisations are offered and comfortable reception chairs are provided. The practice provides a very friendly working environment.



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Standard 4.2 MANAGEMENT OF HEALTH INFORMATION

Our practice has an effective system for managing patient information

Criterion:	4.2.1 Confidentiality and privacy of health information	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
4.2.1 A ►	Met	All practice team members interviewed were able to describe the practice's procedures for ensuring that the confidentiality of patient health records is maintained, including how records are stored and accessed.
4.2.1 B ►	Met	Clinical staff interviewed indicated that they are able to gain timely access health records as required for care provision. The GP interviewed indicated that they are able to gain timely access to health records as required for consultations. Reception staff interviewed indicated that they are able to gain timely access to health records as required for administrative purposes.
4.2.1 C ►	Met	All practice team members interviewed could describe the procedure they would follow where a patient requested access to their health information.
4.2.1 D ►	Met	The practice manager and reception staff interviewed were able to describe how patients are informed about the practice's policy regarding management of their personal health information.
4.2.1 E ►	Met	The practice manager was able to describe the practice's procedure for transferring patient health information to another service provider.
4.2.1 F ►	Met	Information provided by the practice manager indicates that effective procedures are in place for authorising and securely transferring patient health information, where a valid request is received.
4.2.1 G ►	Met	The practice manager was able to describe the practice's procedure for management of patient health information collected for the purpose of the quality improvement or professional development activities, including how consent is obtained prior to transfer of identifiable information to a third party.
4.2.1 H ►	Not applicable	The practice is not involved in research involving patients, therefore, this indicator is not applicable.

Criterion:	4.2.2 Information security	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
4.2.2 A ►	Met	



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		Inspection of the practice showed that personal health information is neither stored nor left visible in areas where members of the public have unrestricted access or where constant supervision is prevented.
4.2.2 B ►	Met	<p>The IT coordinator demonstrated how the practice complies with the requirements of the RACGP Computer Security Checklist including: how computers are accessible only via individual passwords linked to levels of access appropriate to each member of the practice team; screensavers to prevent unauthorised access to computer; records of the backup of server (that is consistent with the practice's business continuity plan); secure storage of back up data off site; antivirus software, including updates and firewall hardware/software.</p> <p>Interview with the designated IT coordinator, indicated that computer security is managed in accordance with the RACGP Computer Security Checklist.</p>
4.2.2 C ►	Met	Review of the practice's business continuity plan indicated that the practice has established appropriate contingency arrangements for all key areas of the practice's operations in the event of loss of computer access or data. The practice's business continuity plan has been tested in consultation with the practice team and shown to be effective.
4.2.2 D ►	Met	The practice has designated responsibility for the practice's electronic systems and computer security to the practice manager in conjunction with Computer Initiatives an external IT company.
4.2.2 E ►	Met	Inspection of the location of the practice's communication devices, including telephones, facsimile machines, photocopiers and work stations confirmed that they are accessible only to authorised staff. Communication devices are located in a back office area.
4.2.2 F ►	Met	The practice manager was able to describe the practice's procedure for secure transmitting of patient health information; data is encrypted before being transmitted.
4.2.2 G ►	Met	The practice uses the following method for destroying paper and electronic health records before disposal: the practice has an agreement with a confidential document shredding disposal company.



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Standard 5.1 FACILITIES AND ACCESS

Our practice provides a safe and effective environment for our practice team and patients.

Criterion:	5.1.1 Practice facilities	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.1.1 A ►	Met	Inspection of the practice's environment confirmed that at least one dedicated consultation/examination room is available for each member of the clinical team working in the practice at any time.
5.1.1 B ►	Met	The practice's consultation rooms were noted to be free from excessive noise and have adequate lighting and an examination couch. Further consultation rooms are maintained at a comfortable temperature and provide for patient privacy for clinical examinations.
5.1.1 C ►	Met	The patient waiting area was noted to have sufficient space to accommodate the usual number of patients and other people who attend the practice at any time. There are two large waiting areas available.
5.1.1 D ►	Met	Inspection of practice amenities showed that toilets and hand cleaning facilities are readily accessible for use of both patients and staff.
5.1.1 E ►	Met	Prescription pads, letterhead, administrative records and other official documents were noted to be accessible only to authorised persons on the day of the accreditation survey.
5.1.1 F ►	Met	Inspection of the practice's administrative equipment showed that it is safe, functional and fit for purpose.
5.1.1 G ►	Met	Three height adjustable beds were noted to be present in the practice and to be safe and functional.
5.1.1 H	Met	The practice's waiting area was noted to cater for the specific needs of children. For example: toys and books and children's furniture in a designated area is provided for visiting children.

Criterion:	5.1.2 Physical conditions conducive to confidentiality and privacy	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.1.2 A ►	Met	The physical facilities of the practice were noted to provide for privacy and confidentiality of patients. The waiting areas have wall mounted televisions to assist in masking conversations in reception.
5.1.2 B ►	Met	Consultation rooms were noted to provide adequately for the visual and auditory privacy of patients.



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Criterion:	5.1.3 Physical access	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.1.3 A ►	Met	The practice was noted to be wheelchair accessible and to provide for the needs of patients with disabilities, physical limitations or other special needs. Wheelchair access is well provided with provision of disabled parking, a ramped entrance and automatic entrance doors. Wide corridors and large consulting rooms and height adjustable beds are available.
5.1.3 B ►	Met	All practice team members interviewed were able to describe how patients with disabilities or special needs are able to access to the practice (or to consultations in their home). The practice is well designed and provides excellent disabled access.



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Standard 5.2 EQUIPMENT FOR COMPREHENSIVE CARE

Our practice provides medical equipment and resources that are well maintained and appropriate for comprehensive patient care and resuscitation.

Criterion:	5.2.1 Practice equipment	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.2.1 A ►	Met	Inspection of specified clinical equipment showed that required clinical equipment is present, accessible, safe, functional and in reasonable repair.
5.2.1 B ►	Met	Spirometry equipment was noted to be present in the practice, safe and functional. An electrocardiograph machine is readily available via an onsite pathology service.
5.2.1 C ►	Met	The practice was noted to have an adequate and appropriate range of equipment for procedures commonly performed within the practice. Clinical staff interviewed confirmed that clinical equipment available in the practice is sufficient for the procedures they commonly perform.
5.2.1 D ►	Met	Review of the practice's equipment maintenance schedule showed that key equipment used by the practice is recorded on the schedule; and that required maintenance is undertaken in accordance with the manufacturer's recommendations. A 'test and tag' service visits annually.
5.2.1 E	Met	A pulse oximeter was noted to be present within the practice and functional.

Criterion:	5.2.2 Doctor's bag	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.2.2 A ►	Met	Inspection of the doctor's bag confirmed that all specified equipment and supplies are present, in date, functional and in reasonable repair.



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Standard 5.3 CLINICAL SUPPORT PROCESSES

Our practice has processes that support safety and the quality of clinical care

Criterion:	5.3.1 Safe and quality use of medicines	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.3.1 A ►	Met	The GP and clinical staff interviewed were able to describe how they inform patients about the purpose, importance, benefits and risks of their medicines and about the patient's responsibility to comply with the recommended treatment plan.
5.3.1 B ►	Met	The GP and clinical staff interviewed were able to provide examples of medicines information they routinely access.
5.3.1 C ►	Met	Review of a sample of health records showed that referral letters include an accurate and current medicines list.
5.3.1 D ►	Met	The practice's processes for medicines management are consistent with manufacturer's directions and jurisdictional requirements.

Criterion:	5.3.2 Vaccine potency	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.3.2 A ►	Met	All practice team members interviewed were able to identify which member of the practice team performs the function of cold chain coordinator.
5.3.2 B ►	Met	<p>Interview with the cold chain coordinator indicated that effective processes are in place for ordering, stock rotation, equipment maintenance, annual audit of vaccine storage procedures, cold chain handover processes and refrigerator temperature monitoring procedures.</p> <p>Review of practice policies showed that documented policies and procedures are in place as required by the National Vaccine Storage Guidelines: Strive for Five.</p> <p>Review of the position description of the cold chain coordinator showed that it includes vaccine management responsibilities.</p> <p>Inspection of the practice's vaccine refrigerator and discussion with the cold chain coordinator indicated that cold chain management is undertaken in accordance with the National Vaccine Storage Guidelines: Strive for Five.</p>
5.3.2 C ►	Met	



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Interview with the cold chain coordinator indicated that effective processes are in place for ordering, stock rotation, equipment maintenance, annual audit of vaccine storage procedures, cold chain handover processes and refrigerator temperature monitoring procedures.

Criterion:	5.3.3 Healthcare associated infections	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.3.3 A ►	Met	<p>All practice team members interviewed were able to identify which member of the practice team coordinates the infection control program.</p> <p>Review of position descriptions showed that the responsibilities of the infection control coordinator are documented in their position description.</p>
5.3.3 B ►	Met	<p>Review of practice policies showed that a documented and practice specific infection policy or manual is in place. Policy guidelines are in place in relation to staff immunisation, standard and transmission based precautions, sharps injury management, blood and body substance spills management, hand hygiene, environmental cleaning (clinical and non clinical areas), waste management (including clinical waste and sharps), and use of personal protective equipment (PPE).</p>
5.3.3 C ►	Met	<p>The practice uses single use disposable instruments.</p>
5.3.3 D ►	Met	<p>All practice team members interviewed were able to describe infection control strategies, including hand hygiene, use of personal protective equipment (PPE), management of patients with potential communicable disease, sharps management, spills management and waste management.</p>
5.3.3 E ►	Met	<p>The practice environment and facilities were noted to be visibly clean on the day of the accreditation survey.</p>
5.3.3 F ►	Met	<p>The practice team member with designated responsibility for environmental cleaning was able to describe procedures for the routine cleaning of all areas of the practice and provided documented cleaning schedules.</p> <p>Review of the practice's cleaning schedules confirmed that the practice has a planned approach to ensuring that all areas of the practice environment are routinely cleaned.</p>
5.3.3 G ►	Met	<p>The infection control coordinator was able to describe how the practice's infection control policies and procedures are incorporated in the induction program of new staff and provided examples of ongoing staff education sessions and competency assessment activities provided in relation to infection control.</p>
5.3.3 H ►	Met	



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		<p>All practice team members interviewed confirmed that they were invited to have their immunity assessed and offered immunisation (subject to their consent) on commencement with the practice.</p> <p>Review of employee records showed that the immunity status of practice staff is known. Consent/refusal forms were available for all staff members.</p>
5.3.3 ►	Met	<p>The practice staff member with designated responsibility for infection control was able to describe how the patients are educated about respiratory etiquette, hand hygiene and precautionary techniques to prevent the transmission of communicable diseases.</p>



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Accreditation Decision

I, Linda Deacon, have decided to accredit Berwick Healthcare against the RACGP Standards for General Practices Ed 4 (GP Ed 4).

The practice is required to maintain compliance with these standards throughout the accredited period.

Date of Commencement: 2/01/2016

Date of Expiry: 2/01/2019

Surveyors/Auditors Dr Scott Fifield Ms Stephanie Relph

Decision Maker: **Date:**