

Australian General Practice Accreditation Limited Accreditation Report



Assessment Details

Practice Name	Berwick Healthcare
Practice ID	GP9159
Accreditation Contact	Ms Catherine Hermans
Standards	RACGP Standards 5th Edition

Surveyors	Mrs Carolyn Johansson Dr David Oberklaid
Onsite Assessment	Tuesday, 4 December 2018
Onsite Assessment Locations	76 Clyde Road BERWICK VIC 3806

Accreditation Status

Accreditation Decision	Accredited
Accreditation Decision Maker	Hafsa Mahomed
Decision Maker Signature	
Date	
Accreditation Period	2 January 2019 – 2 January 2022

This assessment was conducted according to the requirements of the RACGP Standards 5th Edition and Accreditation Program. The practice is required to maintain compliance with these standards throughout the accredited period.

Disclaimer

The information contained in this report is based on evidence provided by the participating organisation and its representatives at the time of the accreditation assessment and where applicable any further subsequent information that the organisation supplied through the reporting process. Accreditation issued by Australian General Practice Accreditation Limited (AGPAL) does not guarantee the safety, quality or acceptability of a participating organisation or its services or programs, or that legislative and funding requirements are being, or will be, met.



Foreword

Accreditation is independent recognition that an organisation, practice, service, program or activity meets the requirements of defined criteria or standards. Accreditation provides quality and performance assurance for owners, managers, staff, funding bodies and consumers.

The achievement of accreditation is measured against the sector specific Standards which have been set as the minimum benchmark for quality. Compliance with the Standards is demonstrated through an independent assessment.

Accreditation can help an organisation to:

- Provide independent recognition that the organisation is committed to safety and quality
- Foster a culture of quality
- Provide consumers with confidence
- Build a more efficient organisation using a systematic approach to quality and performance
- Increase capability
- Reduce risk
- Provide a competitive advantage over organisations that are not accredited, and
- Comply with regulatory requirements, where relevant.

Continuous quality improvement (CQI) underpins all AGPAL/QIP accreditation programs and the organisation/practice/service through:

- Looking for ways to improve as an essential activity of everyday practice
- Consistently achieving and maintaining quality care that meets consumer/patient needs
- Monitoring outcomes in consumer/patient care and seeking opportunities to improve both the care and its results.
- Constantly striving for best practice by learning from others to increase the efficiency and effectiveness of processes

The following report is based on an independent assessment of the service's performance against RACGP Standards 5th Edition. The report includes compliance level ratings for each indicator, criteria and standard and includes explanatory notes for key findings. Where an indicator is not rated as 'met', corrective action is specified.

Assessment Ratings

The following levels of attainment are used consistently throughout this report to give an overall rating for each Standard. The levels of attainment are:

- Met
- Not Met
- Not applicable

In order to meet accreditation requirements all the mandatory Standards must be met.

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Summary of Ratings

Overall Assessment of Standards

Standard	Rating
C 1 Communication and patient participation	Met
C 2 Rights and needs of patients	Met
C 3 Practice governance and management	Met
C 4 Health promotion and preventive activities	Met
C 5 Clinical management of health issues	Met
C 6 Information management	Met
C 7 Content of patient health records	Met
C 8 Education and training of non-clinical staff	Met
QI 1 Quality improvement	Met
QI 2 Clinical indicators	Met
QI 3 Clinical risk management	Met
GP 1 Access to care	Met
GP 2 Comprehensive care	Met
GP 3 Qualifications of our clinical team	Met
GP 4 Reducing the risk of infection	Met
GP 5 The medical practice	Met
GP 6 Vaccine potency	Met

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C 1 Communication and patient participation

Our practice provides timely and accurate communications that are patient-centred.

Criterion:	C 1.1 Information about your practice Information about your practice			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 1.1 A ►	<p>Our patients can access up-to-date information about the practice. At a minimum, this information contains:</p> <ul style="list-style-type: none"> - our practice's address and telephone numbers - our consulting hours and details of arrangements for care outside normal opening hours - our practice's billing principles - a list of our practitioners - our practice's communication policy, including when and how we receive and return telephone calls and electronic communications - our practice's policy for managing patient health information (or its principles and how full details can be obtained from the practice) - how to provide feedback or make a complaint to the practice - details on the range of services we provide 	Met	Practice Information Sheet / other: Review of consumer documents showed a practice information sheet with up to date information is available for patients.	Met

Criterion:	C 1.2 Telephone and electronic communications Telephone and electronic communications			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 1.2 A ►	Our practice manages telephone calls, telephone messages, and/or electronic messages from patients.	Met	Staff Interview: Practice staff interviewed were able to describe how all patient messages are managed.	Met

Criterion:	C 1.3 Informed patient decisions Informed patient decisions			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 1.3 A ►	Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.	Met		Met
C 1.3 B ►	Our patients receive information to support the diagnosis, treatment, and management of their conditions.	Met	Health Records Review / Interview: Review of health records showed treatment options, risks and side effects have been documented.	Met

Criterion:	C 1.4 Interpreter and other communication services Interpreter and other communication services			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 1.4 A ►	Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.	Met	Health Records Review / Interview: Review of health records showed details of any translation services used for that patient.	Met
C 1.4 B ►	Our practice endeavours to use appropriate communication services to communicate with patients who have a communication impairment.	Met	Health Records Review / Interview: Review of health records showed details of any communication services used.	Met
C 1.4 C	Our patients can access resources that are culturally appropriate, translated, and/or in plain English.	Met		Met

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Criterion:	C 1.5 Costs associated with care initiated by the practice Costs associated with care initiated by the practice			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 1.5 A ►	Our patients are informed about out-of-pocket costs for healthcare they receive at our practice.	Met		Met
C 1.5 B ►	Our patients are informed that there are potential out-of-pocket costs for referred services.	Met		Met

C 2 Rights and needs of patients

Our practice respects the rights and needs of patients

Criterion:	C 2.1 Respectful and culturally appropriate care Respectful and culturally appropriate care			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 2.1 A ►	Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.	Met	Management Interview: Management staff interviewed could explain how the practice considered patients' rights, beliefs, religious and cultural backgrounds when providing patient healthcare.	Met
C 2.1 B ►	Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.	Met	Health Record Review / Interview: Review of health records showed details of any discussions regarding risks from refusing specific treatments, advice or procedures.	Met
C 2.1 C ►	Our practice acknowledges a patient's right to seek other clinical opinions.	Met	Health Record Review / Interview: Review of health records showed documentation of a patient's decision to seek another clinical opinion.	Met
C 2.1 D ►	Our patients in distress are provided with privacy.	Met	Distressed patient privacy area: Inspection of the practice environment showed a room is available for patients in distress.	Met
C 2.1 E ►	Our clinical team considers ethical dilemmas.	Met	Practitioner Interview: Practitioners interviewed could explain how they manage ethical dilemmas within the practice. The clinical team has discussed ethical issues at their practice meetings.	Met

Criterion:	C 2.2 Presence of a third party during a consultation Presence of a third party during a consultation			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 2.2 A ►	Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation.	Met	Health Record Review / Interview: Review of health records showed consent to the presence of a third party arranged by the practice.	Met

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Criterion:	C 2.3 Accessibility of services Accessibility of services			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 2.3 A ►	Our patients with disabilities or special needs can access our services.	Met	Disability access: The practice is wheelchair accessible and there is a disabled toilet. Three of the GPs have done home visits in the last 12 months.	Met

C 3 Practice governance and management

Our practice has integrated governance and management systems that maintain and improve the quality care provided to patients.

Criterion:	C 3.1 Business operation systems Business operation systems			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 3.1 A ►	Our practice plans and sets goals aimed at improving our services.	Met	Business goals / other: Review of governance documents showed the practice has plans and set business goals. Management Interview: Management staff interviewed could explain how the practice plans and sets goals.	Met
C 3.1 B	Our practice evaluates its progress towards achieving its goals.	Met	Management Interview: Management staff interviewed could explain how business goals are evaluated.	Met
C 3.1 C ►	Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice.	Met	Management Interview: Management staff interviewed could explain how they identify, monitor and mitigate business risks in the practice. Risk management process / other: Review of risk management documentation showed the practice has a risk management process in place.	Met
C 3.1 D ►	Our practice has a complaints resolution process.	Met	Complaints process: Review of evaluation and feedback documents showed the practice maintains a complaints resolution process. Management Interview: Management staff interviewed could explain how complaints are managed.	Met

Criterion:	C 3.2 Accountability and responsibility Accountability and responsibility			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 3.2 A ►	All members of our practice team understand their role in the practice.	Met	Education records / other: Review of human resource management documents showed members of the practice team are educated about their role when they commence working at the practice.	Met
C 3.2 B ►	Our practice has performance discussions with each team member.	Met	Management Interview: Management staff interviewed could explain how the performance of the practice team is monitored.	Met
C 3.2 C ►	Our practice inducts new members of the practice team and familiarises them with our systems and processes.	Met		Met
C 3.2 D ►	Our practice has at least one team member who has the primary responsibility for leading risk management systems and processes.	Met	Management Interview: Management staff interviewed could explain how risk management systems and processes are supported. Risk management education records / other: Review of human resource management documents showed one team member is educated on risk management.	Met
C 3.2 E ►	Our practice has at least one team member who coordinates the resolution of complaints.	Met	Complaints records / other: Review of evaluation and feedback documents showed records of how complaints are managed. Management Interview: Management staff interviewed could explain who is responsible for complaints and how complaints are managed.	Met

Criterion:	C 3.3 Emergency response plan Emergency response plan			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 3.3 A ►	Our practice has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or unplanned absences of clinical team members.	Met	Emergency response plan / other: Review of governance documents showed the practice maintains an emergency response plan. Management Interview: Management staff interviewed could explain their emergency response plan.	Met

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Criterion:	C 3.4 Practice communication and teamwork Practice communication and teamwork			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 3.4 A ►	Our practice team has the opportunity to discuss administrative matters with the principal practitioners, practice directors, practice management, or owners when necessary.	Met	Management Interview: Management staff interviewed could explain the process for practice staff to escalate any issues they have.	Met
C 3.4 B ►	Our practice encourages involvement and input from all members of the practice team.	Met	Staff Interview: Practice staff interviewed were able to explain how they provide input into the practice business operations.	Met
C 3.4 C ►	Our clinical team discusses the practice's clinical issues and support systems.	Met	Practitioner Interview: Practitioners interviewed could explain when they discuss clinical issues with other clinical staff. The clinical team has regular meetings to discuss clinical issues.	Met

Criterion:	C 3.5 Work health and safety Work health and safety			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 3.5 A ►	Our practice supports the safety, health, and wellbeing of the practice team.	Met	Management Interview: Management staff interviewed could explain how the practice team are supported with work health and safety requirements. Staff Interview: Practice staff interviewed confirmed they are supported with work health and safety requirements.	Met
C 3.5 B ►	Our practice team is encouraged to obtain immunisations recommended by the current edition of the Australian Immunisation Handbook based on their duties and immunisation status.	Met	Review of human resource management records confirmed immunisation records are retained for all members of the practice team.	Met

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Criterion:	C 3.6 Research Research			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 3.6 A ►	Our practice has all research approved by an ethics committee and indemnified.	Met	Ethics approval records / other: Review of governance documents showed the practice has research approved by an ethics committee.	Met
C 3.6 B ►	Our practice only transfers identified patient health information to a third party for quality improvement or professional development activities after we have obtained the patient's consent.	Met	Health Records Review / Interview: Review of health records showed the patient's consent to transfer their health information to a third party to conduct quality improvement activities. Privacy policy (required): Review of governance documents showed the practice has a privacy policy in place.	Met

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C 4 Health promotion and preventive activities

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

Criterion:	C 4.1 Health promotion and preventive care Health promotion and preventive care			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 4.1 A ►	Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.	Met	Health Records Review / Interview: Review of health records showed discussions or activities relating to preventive health.	Met

C 5 Clinical management of health issues

Our practice provides care that is relevant to the patient and consistent with best available practice.

Criterion:	C 5.1 Diagnosis and management of health issues Diagnosis and management of health issues			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 5.1 A ►	Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.	Met		Met
C 5.1 B ►	Our clinical team supports consistent diagnosis and management of our patients.	Met	Clinical guidelines / other: Inspection of the practice environment confirmed the practice has current, best evidence and accurate clinical guidelines available in electronic and/or hard copy for the practice team to access. Practitioner Interview: Practitioners interviewed could explain how they provide consistent diagnosis and management of patients.	Met

Criterion:	C 5.2 Clinical autonomy for practitioners Clinical autonomy for practitioners			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 5.2 A ►	Our clinical team can exercise autonomy, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care.	Met	Practitioner Interview: Practitioners interviewed confirmed they can exercise autonomy when making clinical care decisions.	Met

Criterion:	C 5.3 Clinical handover Clinical handover			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 5.3 A ►	Our practice manages the handover of patient care both within the practice to other members of the clinical team and to external care providers.	Met	<p>Health Record Review: Review of health records showed copies of referrals to allied health services and practitioners.</p> <p>Practitioner Interview: Patients are encouraged to see the same GP. A number of GPs have worked at the practice for a number of years. The clinical notes are generally of a high standard and this facilitates handover. The practice has a buddy system for clinical handover.</p>	Met

C 6 Information management

Our practice has an effective system for managing patient information

Criterion:	C 6.1 Patient identification Patient identification			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 6.1 A ►	Our practice uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information.	Met	Clinical Interview: Clinical staff interviewed could describe how they confirm a patient's identity each time the patient attends the practice	Met

Criterion:	C 6.2 Patient health record systems Patient health record systems			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 6.2 A ►	Our practice has a system to manage our patient health information.	Met	Patient health information system / other: Review of the IM/IT processes showed a system to manage patient health information is in place.	Met
C 6.2 B ►	If our practice is using a hybrid patient health record system, a note of each consultation/interaction is made in each system, and that record includes where the clinical notes are recorded.	Not applicable	Health Record Review: Review of health records showed the practice does not keep a hybrid record system, therefore, this indicator is not applicable.	Not applicable

Criterion:	C 6.3 Confidentiality and privacy of health and other information Confidentiality and privacy of health and other information			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 6.3 A ►	Our patients are informed of how our practice manages confidentiality and their personal health information.	Met	Privacy policy (required): Review of governance documents showed the practice has a privacy policy in place.	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 6.3 B ►	Our patients are informed of how they can gain access to their health information we hold.	Met	Privacy policy available to patients: Review of patient resources showed the privacy policy is available to access.	Met
C 6.3 C ►	In response to valid requests, our practice transfers relevant patient health information in a timely, authorised, and secure manner.	Met	Privacy policy (required): Review of governance documents showed the practice has a privacy policy in place.	Met
C 6.3 D ►	Only authorised team members can access our patient health records, prescription pads, and other official documents.	Met	Stationery securely stored: Inspection of the practice environment confirmed all official documents are stored securely.	Met

Criterion:	C 6.4 Information security Information security			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 6.4 A ►	Our practice has a team member who has primary responsibility for the electronic systems and computer security.	Met	Management Interview: Management staff interviewed could explain who has responsibility for the electronic systems and computer security.	Met
C 6.4 B ►	Our practice does not store or temporarily leave the personal health information of patients where members of the public could see or access that information.	Met	Access to personal health information: Inspection of the practice environment confirmed personal health information is not stored or temporarily left where members of the public could see or access that information. Privacy policy (required): Review of governance documents showed the practice has a privacy policy in place.	Met
C 6.4 C ►	Our practice's clinical software is accessible only via unique individual passwords that give access to information according to the person's level of authorisation.	Met	Privacy policy (required): Review of governance documents showed the practice has a privacy policy in place.	Met
C 6.4 D ►	Our practice has a business continuity and information recovery plan.	Met	IT systems, back up, antivirus, continuity plan / other: Review of the IM/IT documents showed a business continuity and information recovery plan in place. Privacy policy (required): Review of governance documents showed the practice has a privacy policy in place.	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 6.4 E ►	Our practice has appropriate procedures for the storage, retention, and destruction of records.	Met	Privacy policy (required): Review of governance documents showed the practice has a privacy policy in place.	Met
C 6.4 F ►	Our practice has a policy about the use of email.	Met	Email policy (required): Review of the IM/IT documents showed an email policy is in place.	Met
C 6.4 G ►	Our practice has a policy about the use of social media.	Met	Social media policy: Review of the IM/IT documents showed a documented and practice specific social media policy is in place.	Met

C 7 Content of patient health records

Our patient health records contain an accurate and comprehensive record of all interactions with our patients

Criterion:	C 7.1 Content of patient health records Content of patient health records			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 7.1 A ►	Our practice has an individual patient health record for each patient, which contains all health information held by our practice about that patient.	Met	Health Records Review / Interview: Review of health records showed all required health information.	Met
C 7.1 B ►	Our active patient health records contain, for each active patient, their identification details, contact details, demographic, next of kin, and emergency contact information.	Met	Health Records Review: All health records reviewed confirmed that three approved identifiers, emergency contact and demographic information and personal contact details are routinely recorded.	Met
C 7.1 C ►	Our patient health records include records of consultations and clinical related communications.	Met	Review of health records showed they contained all required consultation information and clinical related communication. Dr Chris Kozlovski: Progress notes are generally adequately documented. However, some clinical encounters are very briefly documented. For example, a patient presenting with a cough has very limited documentation of the presenting symptoms, no clinical findings and no management plan. The surveyors recommend all consultations should be comprehensively documented.	Met
C 7.1 D ►	Our patient health records show that matters raised in previous consultations are followed up.	Met	Review of health records showed matters raised have been followed up.	Met
C 7.1 E ►	Our practice routinely records the Aboriginal and Torres Strait Islander status of our patients in their patient health record.	Met		Met
C 7.1 F	Our practice routinely records the cultural backgrounds of our patients in their patient health record.	Met	Health Records Review: Review of health records showed cultural backgrounds are recorded.	Met
C 7.1 G ►	Our patient health records contain, for each active patient, lifestyle risk factors.	Met	Review of health records showed information relating to lifestyle risk factors are recorded.	Met

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C 8 Education and training of non-clinical staff

Our non-clinical staff are appropriately qualified and trained to perform their role

Criterion:	C 8.1 Education and training of non-clinical staff Education and training of non-clinical staff			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
C 8.1 A ►	Our non-clinical staff complete training appropriate to their role and our patient population.	Met	Review of human resource management documents showed non-clinical staff are provided with relevant training.	Met
C 8.1 B ►	Our non-clinical staff complete CPR training at least every three years.	Met	Review of human resource management documents showed non-clinical staff complete CPR training every three years.	Met

QI 1 Quality improvement

Our practice undertakes quality improvement activities to support the quality of care provided to our patients.

Criterion:	QI 1.1 Quality improvement activities Quality improvement activities			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
QI 1.1 A ►	Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.	Met	Management Interview: Management staff interviewed could identify who has responsibility for quality improvement activities in the practice.	Met
QI 1.1 B ►	Our practice team internally shares information about quality improvement and patient safety.	Met	Quality improvement records / other: Review of quality improvement records shows there is a system to identify quality improvements and this information is shared within the practice.	Met
QI 1.1 C ►	Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.	Met	Feedback on QI systems / other: Review of quality improvement records showed feedback from the practice team about quality improvement systems. Management Interview: Management staff interviewed could explain how they seek feedback from the practice team regarding their quality improvement system.	Met
QI 1.1 D ►	Our practice team can describe areas of our practice that we have improved in the past three years.	Met	Management Interview: Management staff interviewed could explain the improvements that have been made to the practice or practice systems in the last three years. QI in response to feedback, complaints / other: Review of quality improvement records shows improvements are made in the response to feedback or complaints.	Met

Criterion:	QI 1.2 Patient feedback Patient feedback			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
QI 1.2 A ►	Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's Patient feedback guide.	Met	Patient feedback / other: Review of evaluation and feedback documents showed feedback is collected in line with the requirements of the RACGP's Patient feedback guide.	Met
QI 1.2 B ►	Our practice analyses, considers, and responds to feedback.	Met	Feedback improvements / other: Review of evaluation and feedback documents showed issues raised by patients are considered and improvements have been made.	Met
QI 1.2 C ►	Our practice informs patients, carers and other relevant parties about how we have responded to feedback and used feedback to improve quality.	Met		Met

Criterion:	QI 1.3 Improving clinical care Improving clinical care			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
QI 1.3 A	Our practice team uses a nationally recognised medical vocabulary for coding.	Met		Met
QI 1.3 B ►	Our practice uses relevant patient and practice data to improve clinical practice (e.g. chronic disease management, preventive health).	Met	QI activity / other: Review of quality improvement records showed clinical improvement activities have been undertaken in the last three years.	Met

QI 2 Clinical indicators

Our practice records and uses patient data to support quality improvement activities.

Criterion:	QI 2.1 Health summaries Health summaries			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
QI 2.1 A ►	Our active patient health records contain a record of each patient's known allergies.	Met	Review of health records showed allergies are recorded.	Met
QI 2.1 B ►	Each active patient health record has the patient's current health summary that includes, where relevant: <ul style="list-style-type: none"> • adverse drug reactions • current medicines list • current health problems • past health history • immunisations • family history • health risk factors (e.g. smoking, nutrition, alcohol, physical activity) • social history, including cultural background. 	Met	Most of the patients have seen a number of the doctors, so these comments apply to all GPs. Generally, summaries are well documented. However, some regular patients do not have alcohol intake, social history and family history documented. The surveyors recommend all regular patients have a comprehensive documentation of their medical summaries. Some of the GPs are entering the reason for each visit in past history. Accordingly non significant items such as script renewal and results discussed are documented in past history. Only significant medical issues should be documented in the past history.	Met

Criterion:	QI 2.2 Safe and quality use of medicines Safe and quality use of medicines			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
QI 2.2 A ►	Our patients are informed of the purpose, importance, benefits, and risks of their medicines and treatments.	Met		Met
QI 2.2 B ►	Our patients are made aware of their role in their own treatment.	Met		Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
QI 2.2 C ►	Our clinical team accesses current information on medicines, and reviews our prescribing patterns, in accordance with best available evidence.	Met	Health Record Review / Interview: Review of health records showed information given to the patient about the purpose, importance, benefits and risks of their medicines.	Met
QI 2.2 D ►	Our clinical team ensures that patients and other health providers to whom we refer them, receive an accurate and current medicines list.	Met	Health Records Review: Review of health records showed current medicines lists and referral letters.	Met
QI 2.2 E ►	Our clinical team ensures that medicines, samples, and medical consumables are acquired, stored, administered, supplied, and disposed of in accordance with manufacturers' directions and relevant laws.	Met	Clinical Staff: Clinical staff interviewed could describe how they ensure medicines are managed according to relevant laws. Medicines Safety: Review of the practices medicines showed they are managed according to relevant laws. Practitioner Interview: Practitioners interviewed could describe how they ensure medicines are managed according to relevant laws.	Met

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QI 3 Clinical risk management

Our practice has clinical risk management systems to improve the safety and quality of our patient care.

Criterion:	QI 3.1 Managing clinical risks Managing clinical risks			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
QI 3.1 A ►	Our practice monitors, identifies, and reports near misses and adverse events in clinical care.	Met	Clinical Interview: Clinical staff interviewed could describe how they identify, monitor and report near misses and adverse events in clinical care. Practitioner Interview: Practitioners interviewed could describe how they identify, report and monitor near misses and adverse events.	Met
QI 3.1 B ►	Our practice team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care.	Met	Practitioner Interview: Practitioners interviewed could describe improvements made to clinical risk management systems.	Met

Criterion:	QI 3.2 Open disclosure Open disclosure			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
QI 3.2 A	Our practice follows an open disclosure process that is based on the Australian Open Disclosure Framework.	Met	Practitioner Interview: Practitioners interviewed confirmed they follow an open disclosure process. The open disclosure process has been discussed at a clinical meeting.	Met

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GP 1 Access to care

Our practice provides timely care and advice.

Criterion:	GP 1.1 Responsive system for patient care Responsive system for patient care			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 1.1 A ►	Our practice provides different consultation types to accommodate patients' needs.	Met		Met
GP 1.1 B ►	Our practice has a triage system.	Met		Met
GP 1.1 C	Our recorded phone message advises patients to call 000 in case of an emergency.	Met	Recorded phone message - call 000: Review of the recorded telephone message confirmed patients are advised to call 000.	Met

Criterion:	GP 1.2 Home and other visits Home and other visits			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 1.2 A ►	Our patients can access home and other visits when safe and reasonable.	Met	Health Records Review / Interview: Review of health records showed home and other visits have occurred. Three of the GPs have done home visits in the last 12 months.	Met

Criterion:	GP 1.3 Care outside normal opening hours Care outside normal opening hours			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 1.3 A ►	Our patients are informed about how they can access after-hours care.	Met	Staff Interview: Practice staff interviewed were able to describe how patients are informed about after-hours care.	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 1.3 B ►	Our patients can access after-hours care.	Met	Health Records Review: Review of health records showed after hours-care has occurred. Management Interview: Management interviewed could describe how their patients access after-hours care.	Met

GP 2 Comprehensive care

Our practice provides comprehensive care to our patients.

Criterion:	GP 2.1 Continuous and comprehensive care Continuous and comprehensive care			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 2.1 A ►	Our patients can request their preferred practitioner.	Met		Met
GP 2.1 B ►	Our practice provides continuity of care and comprehensive care.	Met	Practitioner Interview: Practitioners interviewed could describe their clinical handover processes.	Met

Criterion:	GP 2.2 Follow up systems Follow up systems			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 2.2 A ►	Pathology results, imaging reports, investigation reports, and clinical correspondence that our practice receives are: <ul style="list-style-type: none"> • reviewed • electronically notated, or, if on paper, signed or initialled • acted on where required • incorporated into the patient health record. 	Met	Health Records Review: Review of health records showed details of a GP's review of pathology results. Practitioner Interview: Practitioners interviewed could describe their process for reviewing and managing results.	Met
GP 2.2 B ►	Our practice recalls patients who have clinically significant results.	Met	Practitioner Interview: Practitioners interviewed could describe their process for recalling patients who have clinically significant results.	Met
GP 2.2 C ►	Our patients are advised of the practice's process for follow-up of tests and results.	Met		Met
GP 2.2 D	Our practice initiates and manages patient reminders.	Met	Practitioner Interview: Practitioners interviewed could describe their process for managing patient reminders.	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 2.2 E ►	High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice.	Met	Practitioner Interview: Practitioners interviewed could describe their process for managing high-risk results that have been identified outside of normal opening hours.	Met

Criterion:	GP 2.3 Engaging with other services Engaging with other services			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 2.3 A ►	Our practice collaborates with other health services to deliver comprehensive care.	Met	Practitioner Interview: Practitioners interviewed could describe how they collaborate with other health services.	Met
GP 2.3 B ►	Our practice's referral letters are legible and contain all required information.	Met	Health Records Review: Review of health records showed referral letters contain all required information.	Met

Criterion:	GP 2.4 Transfer of care and the practitioner-patient relationship Transfer of care and the practitioner-patient relationship			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 2.4 A ►	Our practice team transfers care to another practitioner (in our practice or in another practice) when a patient requests the transfer.	Met	Health Records Review: Review of health records showed details of a patient's decision to cease receiving care.	Met
GP 2.4 B ►	Our practice facilitates the transfer of care of a patient when the practitioner requests transfer of care.	Met	Health Records Review: Review of health records showed details of the practitioner's decision to cease providing care.	Met

GP 3 Qualifications of our clinical team

Our practice team is appropriately qualified and trained to perform their role.

Criterion:	GP 3.1 Qualifications, education and training of healthcare practitioners Qualifications, education and training of healthcare practitioners			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 3.1 A ►	<p>Members of our clinical team:</p> <ul style="list-style-type: none"> • have current national registration where applicable • have accreditation/certification with their relevant professional association • actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements • have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation, or at least every 3 years 	Met	Review of human resource management documents showed practitioners and clinical team members have current national registration, actively participate in continuing professional development (CPD) and have undertaken CPR training in the current and/or previous continuing professional development (CPD) triennium in accordance with the requirements of their professional organisation (RACGP/ACRRM).	Met
GP 3.1 B ►	<p>GPs working in our practice are one or more of the following:</p> <ul style="list-style-type: none"> • a vocationally registered (VR) GP • a medical practitioner on a pathway to general practice Fellowship • a GP registrar under appropriate supervision from a qualified VR GP • are working under an approved workforce program. <p>Where recruitment of recognised GPs or doctors on a pathway to Fellowship have been unsuccessful, our practice ensures doctors have the qualifications and training necessary to meet the needs of patients.</p>	Met	Review of human resource management documents showed practitioners are suitably qualified.	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 3.1 C ►	Our clinical team is trained to use the practice's equipment that they need to properly perform their role.	Met	Clinical Interview: Clinical staff interviewed could describe the training they received to use the practice's equipment. Safe use of equipment training records / other: Review of training records shows the clinical staff have been trained to use the practice's equipment.	Met
GP 3.1 D ►	Our clinical team is aware of the potential risks associated with the equipment they use.	Met	Clinical Interview: Clinical staff interviewed could explain the potential risks associated with the equipment they use. Practitioner Interview: Practitioners interviewed could explain the potential risks associated with the equipment they use.	Met

GP 4 Reducing the risk of infection

Our practice has systems that reduce the risk of infections.

Criterion:	GP 4.1 Infection prevention and control, including sterilisation Infection prevention and control, including sterilisation			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 4.1 A ►	Our practice has at least one clinical team member who has primary responsibility for: <ul style="list-style-type: none"> • coordinating prevention and control of infection • coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable) • where relevant, having procedures for reprocessing (sterilising) instruments on or off site, and ensuring there is documentary evidence that this reprocessing is monitored and has been validated • safe storage and stock rotation of sterile products • waste management. 	Met	<p>Infection prevention and control management interview: Management staff interviewed could explain who has primary responsibility for infection control and sterilisation and how they ensure they meet relevant guidelines.</p> <p>Reprocessing equipment procedures and monitoring / other: Review of infection control documents showed the practice monitors and validates their sterilisation process.</p>	Met
GP 4.1 B ►	Our practice has a written, practice-specific policy that outlines our infection control processes.	Met	<p>Clinical Interview: Clinical staff interviewed could describe how they ensure infection control processes are up to date with current practices.</p> <p>Infection Control Policy (required): Review of infection control documents showed an infection control policy is in place.</p> <p>Management Interview: Management staff interviewed could explain how infection control processes are kept up to date with current practices.</p>	Met
GP 4.1 C ►	Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.	Met	<p>Clinical Interview: Clinical staff interviewed could describe how all members of the practice team receive appropriate education about infection control and sterilisation.</p>	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
			Management Interview: Management staff interviewed could identify the person responsible for educating the practice team about infection prevention and control.	
GP 4.1 D ►	All members of our practice team manage risks of potential cross-infection in our practice by methods that include: <ul style="list-style-type: none"> • good hand hygiene practices • the use of personal protective equipment (PPE) • triage of patients with potential communicable diseases • safe storage and disposal of clinical waste including sharps • safe management of blood and body fluid spills. 	Met	Management, practitioners, clinical and practice staff interviewed could describe how they manage the risks of cross infection in the practice.	Met
GP 4.1 E ►	Our patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.	Met		Met
GP 4.1 F	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.	Met	Sterilisation tracking records / other: Review of the sterilisation tracking records shows the practice has a system in place to track the sterility of medical instruments to individual patients.	Met

GP 5 The medical practice

Our practice's facilities and medical equipment are appropriate for providing comprehensive patient care.

Criterion:		GP 5.1 Practice facilities		
Rating:		Met		
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 5.1 A ▶	Our practice's facilities are fit for purpose.	Met	Facilities are fit for purpose: The practice has a purpose built facility which was constructed seven years ago. There are seven GP consulting rooms and a two bed treatment room. Monash Hospital have six consulting rooms located in the practice. There is a large meeting room.	Met
GP 5.1 B ▶	All face-to-face patient consultations in our practice take place in a dedicated consultation or examination space.	Met	Dedicated consultation space: Inspection of the practice environment confirmed dedicated consultation spaces are available.	Met
GP 5.1 C ▶	Our consultation spaces permit patient privacy and confidentiality.	Met		Met
GP 5.1 D ▶	Our practice has a waiting area that accommodates the usual number of patients and other people who would be waiting at any given time.	Met	Adequate seating: Inspection of the practice environment confirmed there is a dedicated patient waiting area with adequate seating for the practice's usual number of patients.	Met
GP 5.1 E ▶	Our practice has access to toilets and hand-cleaning facilities.	Met		Met
GP 5.1 F ▶	Our practice is visibly clean	Met	Regular cleaning: The practice is very well maintained.	Met

Criterion:		GP 5.2 Practice equipment		
Rating:		Met		
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 5.2 A ▶	Our practice has equipment that enables us to provide comprehensive primary care and emergency resuscitation, including:	Met	Required equipment: Inspection of the practice equipment confirmed that all required equipment to provide comprehensive primary care is available. The treatment room is well organised to manage the full	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
	<ul style="list-style-type: none"> • auriscope • blood glucose monitoring equipment • disposable syringes and needles • equipment for resuscitation, equipment for maintaining an airway (for children and adults), equipment to assist ventilation (including bag and mask) • intravenous access • emergency medicines • examination light • eye examination equipment (e.g. fluorescein staining) • gloves (sterile and non-sterile) • height measurement device • measuring tape • equipment for sensation testing • ophthalmoscope • oxygen • patella hammer • peak flow meter • personal protective equipment (PPE) • pulse oximeter • scales • spacer for inhaler • specimen collection equipment • sphygmomanometer with small, medium and large cuffs • stethoscope • surgical masks • thermometer • torch • tourniquet • urine testing strips, including pregnancy testing kits • vaginal specula • visual acuity charts 		range of general practice presentations.	

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
	<ul style="list-style-type: none"> the ability to view x-rays. 			
GP 5.2 B ▶	Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.	Met	Clinical equipment working order: Inspection of the practice environment confirmed that all clinical equipment is in good working order.	Met
GP 5.2 C ▶	Our practice has one or more height-adjustable beds.	Met	One height adjustable bed: The practice has two height adjustable beds in the treatment room and there are height adjustable beds in some of the consulting rooms as well.	Met
GP 5.2 D ▶	Our practice has timely access to a spirometer and electrocardiograph.	Met	Access to spirometer and electrocardiograph / other: The practice has a spirometer and electrocardiography can be accessed through the co-located pathology collection centre.	Met
GP 5.2 E	Our practice has a defibrillator.	Met	Defibrillator / other: Inspection of the practice environment showed the practice has a defibrillator.	Met

Criterion:	GP 5.3 Doctor's bag Doctor's bag			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 5.3 A ▶	Each of our GPs has access to a fully equipped doctor's bag for routine visits and emergency care, containing: <ul style="list-style-type: none"> • auriscope • disposable gloves • equipment for maintaining an airway in adults and children • in-date medicines for medical emergencies • practice stationery (including prescription pads and letterhead) • sharps container • sphygmomanometer • stethoscope • syringes and needles in a range of sizes 	Met	Doctors bag: Inspection of the practice environment showed each practitioner has access to a fully equipped doctor's bag. The practice has a fully equipped doctor's bag, but there is no otoscope. GPs are expected to take their own otoscope. On the day of the accreditation survey, a sign was placed on the doctor's bag, reminding GPs to take their own otoscope.	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
	<ul style="list-style-type: none">• thermometer• tongue depressors• torch.			

GP 6 Vaccine potency

Our practice maintains the potency of vaccines.

Criterion:	GP 6.1 Maintaining vaccine potency Maintaining vaccine potency			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
GP 6.1 A ►	Our practice has at least one team member who has primary responsibility for cold chain management in the practice.	Met	Clinical Interview: Clinical staff interviewed could describe the training they received on cold chain management and who is responsible for cold chain when they are not at the practice. Management Interview: Management staff interviewed could identify the person responsible for cold chain management in the practice.	Met
GP 6.1 B ►	The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the National Vaccine Storage Guidelines – Strive for 5.	Met	Clinical Interview: Clinical staff interviewed could describe how the practice ensures compliance with the current edition of the National Vaccine Storage Guidelines - Strive for 5. Management Interview: Management staff interviewed could explain how the practice ensures compliance with the current edition of the National Vaccine Storage Guidelines - Strive for 5.	Met
GP 6.1 C ►	The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock: <ul style="list-style-type: none"> • ordering and stock rotation protocols • maintenance of equipment • annual audit of our vaccine storage procedures • continuity of the cold chain, including the handover process between designated members of the practice team • accuracy of our digital vaccine refrigerator thermometer. 	Met	Cold Chain Management Interview: Clinical staff interviewed could describe their cold chain management processes. Refrigerator monitoring procedure / other: Review of the practice vaccine management processes showed the potency of vaccine stock is maintained through the monitoring of refrigerator temperatures.	Met
GP 6.1 D ►	Our practice has a written, practice-specific policy that outlines our cold chain processes.	Met	Cold Chain Management Interview: Clinical staff interviewed could describe how they ensure cold chain management policy and	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
			<p>procedures are aligned to current best practice.</p> <p>Cold chain policy (required): Review of vaccine management documents showed the practice maintains a cold chain management policy and procedure that complies with the current edition of the National Vaccine Storage Guidelines - Strive for 5.</p>	