

RACGP *Standards for general practices* (4th edition)

Key differences



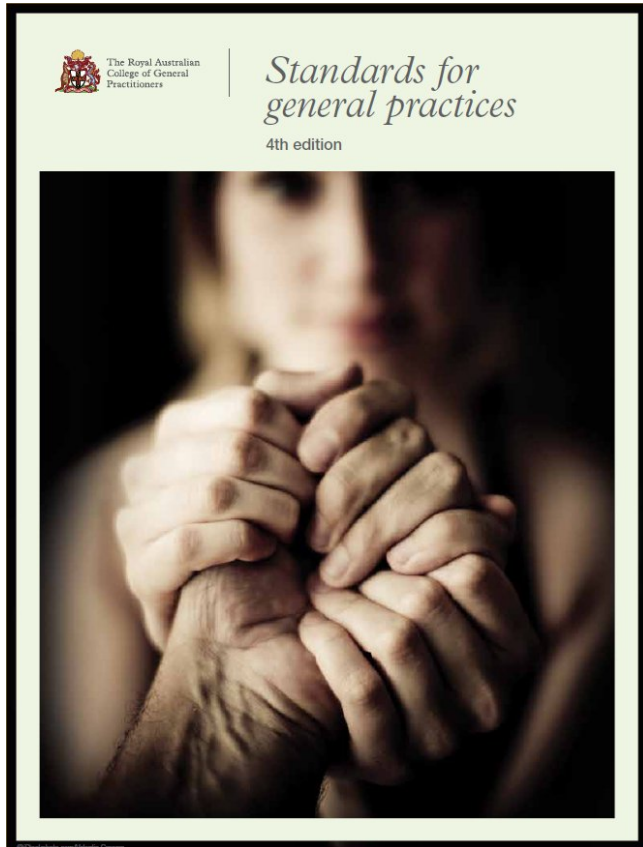
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Outline

- Transition timelines
- Core principles of RACGP Standards
- New drivers for 4th ed Standards
- New criteria
- New indicators
- New resources



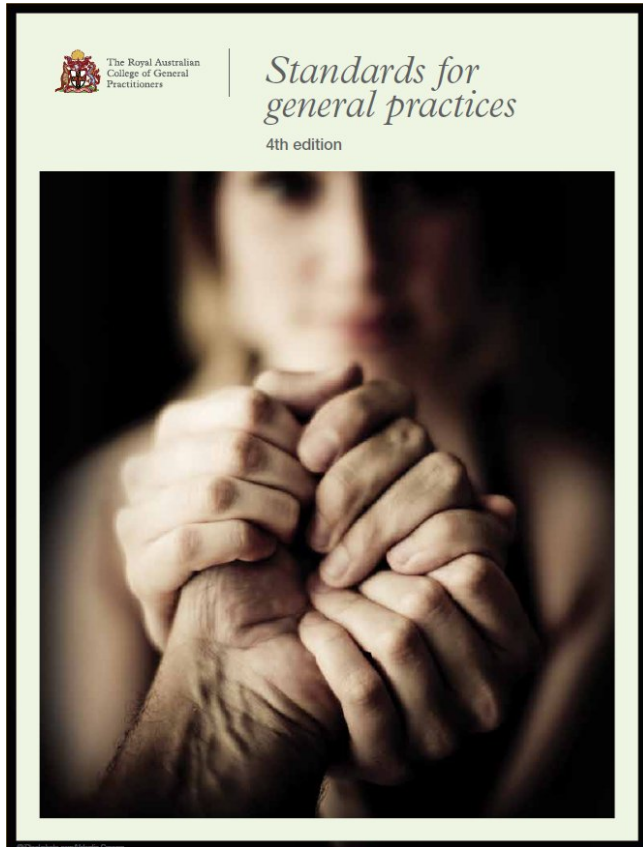


A template for
quality care and
risk management
in contemporary
Australian general
practices



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Accredited by
ISQua with
recommendations
for further
development



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Transition timelines

- 4th edition from 1 November 2011 for new accreditation cycles
- 3rd or 4th edition into 2012 for completing accreditation cycles (check with your agency)



Core principles

- Patient safety
- Risk management
- Person centred care
- Quality improvement



Development Process

- Overseen by National Standing Committee
- Feedback on Standards 3rd edition
- Development of draft Standards 4th edition
- Feedback on draft Standards 4th edition
- Field trial of draft Standards 4th edition
- Approved by RACGP Council Sept 2010
- Launched GP10



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New drivers



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ACSQHC National Safety and Quality Health Service Standards

- Clinical Governance
- Healthcare associated infection
- Medication safety
- Patient identification
- Clinical handover
- Consumer engagement



e-health initiatives

- Patient identifiers
- Clinical audit tools
- e-Guidelines
- e-Medicines Handbook
- e-red book
- Computer and information security standards



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Indigenous status

- AIHW Guidelines for Indigenous status
- Standard Indigenous status question
- Address known health risk factors
- Close the gap in health outcomes



New-look practice teams

- Multidisciplinary
- Practice managers
- Broader accountability (safety and quality)



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Key features



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Structure

- Same 5 sections of Standards
- No new Standards
- 3 less criteria
- 38 less indicators



Editorial features

- Remove references to legislation
- Clarify language
- Remove assessment methods
- Streamline
- Improve explanations



New criteria

- Criterion 1.5.2 Clinical handover
- Criterion 3.1.3 Clinical governance
- Criterion 3.1.4 Patient identification
- Criterion 5.3.1 Safe and quality use of medicines



Criterion 1.5.2

Clinical handover

Our practice has an effective clinical handover system that ensures safe and continuing health care delivery for patients.



Criterion 1.5.2

Clinical handover

- Accurate and timely handover
- Within the team
- Outside the team
- Common cause of adverse events



Criterion 3.1.3

Clinical governance

Our practice has clear lines of accountability and responsibility for encouraging improvement in safety and quality of clinical care.



Purpose of clinical governance

To make people accountable for the delivery of safe and effective health care.



Indicator A: Leaders

- Promote a team approach where **everybody** is involved in safety and quality
- Delegate areas of responsibility
- Hold staff accountable
- Solve problems, don't blame



Indicator B: Share information

- Engage the whole team in safety and quality
- Just and open team discussions
- Collaborate on QI



Clinical Governance Framework

1. Clinical effectiveness
2. Risk management
3. Provider education and development
4. Clinical audit and Quality Improvement
5. Research and development



Clinical Governance Culture

- Respectful working relationships
- Open communication
- Mentoring and nurturing
- Self discipline and the willingness to be responsible for one's actions
- Mindfulness of risk and opportunity



Clinical governance

Keys for Success

- Designated leaders
- Responsibilities in staff PDs
- Whole team involved
- Openness and mutual respect
- Information sharing
- Build on what you are doing already!



Criterion 3.1.4

Patient identification

Our patients are correctly identified at each encounter with our practice team.



Criterion 3.1.4

Patient identification

- 3 approved patient identifiers
- Patient name, DOB, gender, address, patient record number (if it exists)
- Not Medicare number
- Ask patient for information don't confirm information



Criterion 5.3.1

Safe & quality use of medicines

Our clinical team prescribes, dispenses and administers appropriate medicines safely to informed patients.



Criterion 5.3.1

Safe & quality use of medicines

- Inform patients
- Review prescribing patterns
- Keep accurate and current medicines lists
- Follow manufacturers directions and jurisdictional requirements



New indicators

Summary of new flagged and unflagged indicators on RACGP website



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Indicator 2.1.2C

Patient feedback

- Seek structured patient feedback at least once every 3 years
- Seek feedback on patient experience
- Use validated questionnaire approved by RACGP *or*
- Use practice specific method approved by RACGP
- Use *reliable* patient feedback to initiate practice improvements



RACGP Patient feedback guide



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RACGP Patient feedback guide

- Practical advice based on scientific literature, conventions in the social sciences, pragmatism
- Advice on using a validated questionnaire
- Advice on using a practice specific method
- Advice on using patient information to drive QI



Domains for patient feedback

1. Access and availability of care
2. Information provision to patients
3. Privacy and confidentiality of care
4. Continuity of care
5. Communication skills of clinical staff
6. Interpersonal skills of clinical staff



Validated questionnaires

- 2 validated questionnaires approved by RACGP
- commercial products that include questionnaire, data analysis and report
- www.racgp.org.au/standards/fourthedition/patientfeedback



Options for practice specific method

- Questionnaire
- Focus groups
- Patient interviews
- Requirements specified in Patient Feedback Guide



Rationale for practice specific method

- eg. more culturally appropriate
- eg. patients unable to respond to questionnaire
- eg. feedback on sensitive issues

Practice can use validated questionnaire *plus* extra questions or focus group or patient interviews without extra RACGP approval



Indicator 2.1.2D

Patient feedback

Our practice can demonstrate improvements we have made in response to analysis of patient feedback.



New flagged indicators

3.2.1D, 3.2.2C, 3.2.3B

All staff require CPR training at least once every 3 years

(Annual training suggested by many practices in focus group testing of draft Standards)



Indicator 4.1.1A

HR system

All members of the practice team have position descriptions and can describe their role in the practice.



Indicator 5.1.1G

Practice facilities

The practice has one or more height adjustable beds.



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New resources



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New resources

- RACGP *Patient feedback guide*
- RACGP *Computer and information security standards(4th edition)*



More information

- RACGP website:
www.racgp.org.au
- Phone: 03 8699 0410
- Email: standards@racgp.org.au



Feedback

We welcome your feedback!

Please email:
standards@racgp.org.au

