  

**Good practice table: Five steps towards excellent Aboriginal and Torres Strait Islander healthcare**

**Step 5: Use appropriate clinical guidelines and programs to enhance access and quality of care**

Good practice example Yes No Activity needed By whom? By when? Accreditation – Standards (5th edn)\*

First steps

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The practice is aware of Aboriginal and Torres Strait Islander-specific programs, and local health and social services (eg housing, legal and family support services) |  |  |  |  |  | C2.1, C4.1, GP2.1, GP2.3, C1.4 |
| The practice team is familiar with and has access to the NACCHO/RACG[P *National guide to a preventive*](http://www.racgp.org.au/national-guide)[*health assessment for Aboriginal and Torres Strait*](http://www.racgp.org.au/national-guide)[*Islander people*](http://www.racgp.org.au/national-guide) (National Guide) |  |  |  |  |  | C2.1, C4.1, C5.1, C8.1 |
| The purpose of the National Guide, and how it can support a high-quality MBS item 715 health check, are understood |  |  |  |  |  | C1.4, C5.1, QI1.3 |
| The practice team has access to other clinical guidelines relevant to your local area and population, and understands specific recommendations for Aboriginal and Torres Strait Islander people |  |  |  |  |  | C2.1, C3.4, C4.1, C5.1 |
| All members of the practice team are aware of the MBS item 715 health check and follow-up items |  |  |  |  |  | C7.1, GP2.1, GP2.2 |

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**Step 5**

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Good practice

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Practice team has completed the [Medicare online eLearning](http://medicareaust.com/MODULES/IHS/IHSM05/index.html) program and education guide |  |  |  |  |  | C8.1 |
| Practice team is familiar with specific pathways in and out of hospital, including for admission, and dedicated services such as antenatal clinics,hospital-based cultural liaison programs, outpatientservices and discharge processes |  |  |  |  |  | GP2.3, C2.1 |
| There is effective referral to programs for Aboriginaland Torres Strait Islander people |  |  |  |  |  | GP2.3, C1.4, C1.5, C5.3 |
| Practice staff have met with providers of local care coordination and brokerage services |  |  |  |  |  | GP2.3 |
| Practice staff have liaised with local PHNs to understand programs available to support Closing the Gap |  |  |  |  |  | C2.1 |
| Aboriginal and Torres Strait Islander patients have the opportunity to provide meaningful feedback on their experience |  |  |  |  |  | QI1.2 |

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**Step 5**

Good practice example Yes No Activity needed By whom? By when? Accreditation – Standards (5th edn)\*

Best practice

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Feedback from Aboriginal and Torres Strait Islander patients is specifically sought and reported on as part of practice accreditation |  |  |  |  |  | QI1.2 |
| The practice aims for and achieves high-quality clinical care that is recognised by peers and Aboriginal and/or Torres Strait Islander patients, and is supported by regular quality improvement activities |  |  |  |  |  | QI1.1, QI1.3, C5.1 |
| Clinical audits inform quality assurance and quality improvement and include:* specific clinical targets
* MBS item 715 health checks completed and

followed up |  |  |  |  |  | C4.1, C7.1, QI1.1, QI1.3 |
| There are effective partnerships and collaboration with programs for Aboriginal and/or Torres Strait Islander people |  |  |  |  |  | C1.3, C2.1, GP2.1, GP2.3 |
| There are effective working relationships with people at local clinical services that support patient-centred continuity of care (eg hospital staff) |  |  |  |  |  | C4.1, GP2.3 |

Good practice table: Five steps towards excellent Aboriginal and Torres Strait Islander healthcare | 3

**Step 5**

Good practice example Yes No Activity needed By whom? By when? Accreditation – Standards (5th edn)\*

Best practice

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Aboriginal and Torres Strait Islander patients and community reported experience has been used to improve the quality and experience of care |  |  |  |  |  | QI1.2 |

Note – Standards (5th edn): C = Core module, GP = General Practice module, QI = Quality Improvement module

*MBS, Medicare Benefits Schedule; NACCHO, National Aboriginal Community Controlled Health Organisation; PHN, Primary Health Network; RACGP, Royal Australian College of General Practitioners*

\*The Royal Australian College of General Practitioners. Standards for general practices. 5th edn. East Melbourne, Vic: RACGP, 2017. Available at [www.racgp.org.au/running-a-practice/practice-standards/standards-](http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition)

[5th-edition](http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition) [Accessed 4 September 2019].

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