



AGPAL Accreditation Report

Practice Name:	High Street Medical Clinic
Practice ID:	GP3143
Practice Details:	Level 1 139 High Street PRAHRAN VIC 3181
Survey Date:	17 Apr 2015

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



AGPAL Accreditation Report

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	
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.
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.
1.1.3 B ▶	Met	All practice team members interviewed were able to describe the circumstances under which home and other visits are provided.
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.



AGPAL Accreditation Report

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 MDS/AHMS, Australian Locum 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 on the day of the accreditation survey visit. 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	All practice team members interviewed were able to describe the practice's arrangements for providing medical care outside normal opening hours.



AGPAL Accreditation Report

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.
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	<p>Review of the practice's website showed that the information provided via the website is not accurate. For example, review of the practice's website showed that a link titled 'Recommend Family & Friends' is displayed on the home page. As per advertising requirements of the MBA Code of Conduct it would be recommended that this be removed or amended to 'Follow us on Facebook' as opposed to 'Recommend us to family and friends'.</p> <p>The practice is required to ensure information provided via its website is accurate.</p> <p>Subsequent to the accreditation survey, the practice advised that this was explained to the surveyors on day of survey that recommend Family & Friends linked to Facebook – which is how the site was intended to work. The practice confirmed that the website has now been changed to 'Follow us on Facebook' www.hsmc.com.au</p>

Criterion:	1.2.2 Informed patient decisions	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.2.2 A ▶	Met	The GP 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 the clinical staff members interviewed were able to provide examples of the leaflets, brochures and other information used to support their explanation of management of conditions.
1.2.2 C ▶	Met	The GP and the clinical staff members interviewed were able to provide examples of information that they routinely provide to patients about medicines and medicine safety.



AGPAL Accreditation Report

Criterion:	1.2.3 Interpreter and other communication services	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.2.3 A ►	Met	The GP and the clinical staff members 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. For example, the Translating and Interpreter Service is used and the practice has a staff member whom speaks Greek of which can assist with patients who also speak Greek.
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.

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	The GP and clinical staff members 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. Documented information about out of pocket costs was noted to be available in the waiting room for the reference of patients.



AGPAL Accreditation Report

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 practices reminder system showed that patients are encouraged to participate in preventative care and health promotion. For example, the patient reminder lists are initiated by the GPs. A reminder list is generated fortnightly by the nurses and a reminder letter is sent to the patients. Patients remain on the reminder list until they have been seen by the GP. The practice manager oversees this process.</p>



AGPAL Accreditation Report

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 members interviewed were able to identify the clinical guidelines used to assist in the diagnosis and management of patients.
1.4.1 B ►	Met	The GP and clinical staff members interviewed were able to describe a range of strategies to ensuring consistency of diagnosis and management of patients. For example, clinical meetings are held three to four times per year.
1.4.1 C ►	Met	The GP and clinical staff members interviewed were able to describe how the clinical team communicate about clinical issues. For example, clinical meetings are held regularly and informal discussions occur on a daily basis. The practice manager sends email updates.
1.4.1 D ►	Met	The GP and clinical staff members interviewed were able to identify appropriate clinical guidelines to support their management of patients who identify as Aboriginal or Torres Strait Islander. Dr Joy Allinson has completed training in this area.

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.



AGPAL Accreditation Report

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 members 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	The GP and clinical staff members interviewed were able to provide examples of clinical handover relevant to their role and the procedures they use for ensuring accurate and timely handover. Review of a sample of patient health records demonstrated accurate and timely handover of patient care.

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	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 interviewed indicated that they routinely advise patients about how to follow-up test results.
1.5.3 E ►	Met	



AGPAL Accreditation Report

		<p>The GP and reception staff members interviewed were able to describe how they follow-up and recall patients with clinically significant tests and results, including procedures for continuing follow-up where the patient is not initially able to be contacted.</p>
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>



AGPAL Accreditation Report

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.</p> <p>The GP interviewed was able to describe the health services and practitioners to whom they routinely refer patients.</p> <p>The practice manager was able to list the services and providers that the practice interacts with to provide comprehensive care.</p>

Criterion:	1.6.2 Referral documents	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.6.2 A ►	Met	



AGPAL Accreditation Report

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 practice is 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 the practice has commenced collecting information about the Aboriginal and Torres Strait Islander status of new patients since the implementation of the 4th edition Standards.
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.

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 90% of records reviewed.
1.7.2 B ▶	Met	
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.



AGPAL Accreditation Report

Criterion:	1.7.3 Consultation notes	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
1.7.3 A ▶	Met	Dr Joy Allinson: 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	Dr Joy Allinson: Review of a sample of patient health records confirmed that problems raised in previous consultations are routinely followed up.
1.7.3 C ▶	Met	



AGPAL Accreditation Report

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 members interviewed were able describe their approach to managing a patient that informed them that they intended to seek a second opinion, including documenting in the patient 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	<p>Clinical staff interviewed were able to identify important/significant cultural groups within the practice and describe the strategies they use to identify and meet the needs of these groups. The practice has large numbers of Greek patients as well as a significant LGBTI community. The senior receptionist, Helen Kargas, speaks Greek.</p> <p>The GP and practice manager interviewed were able to identify specific cultural groups represented in the practice's patient population and outline strategies for meeting the needs of these groups. For example, the practice manager and one of the GPs have undertaken cultural awareness training as the practice has an increasing number of Aboriginal and Torres Strait Islander patients.</p>

Criterion:	2.1.2 Patient feedback	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings



AGPAL Accreditation Report

2.1.2 A ▶	Met	The practice manager was able to describe the practice's procedure for seeking and responding to feedback from patients.
2.1.2 B ▶	Met	Review of complaint records showed that the practice has a complaint resolution process, including logging, investigating and responding to complaints. The practice manager was able to describe the practice's complaints management procedure.
2.1.2 C ▶	Met	The practice does not collect patient feedback using a patient experience questionnaire approved by the RACGP. The practice is required to establish a patient feedback methodology that includes the use of a patient experience questionnaire approved by the RACGP. The practice confirmed that they have been approved by the RACGP however no evidence to support this approval was available for review. Subsequent to the accreditation survey, the practice advised that this was an oversight on the part of the practice having come off the back of RACGP 3rd edition where surveys were routinely conducted using RACGP Toolkit. We used the AGPAL/QIP site to navigate to the toolkit for the copy of the survey (as has been the case for the last 2 surveys over preceding 6 years) not realising the need to have the survey lodged with RACGP for approval and payment of a fee. The practice further advised that they have conducted the surveys over the period Dec 14 – Mar 15. The practice advised that a comprehensive report was provided and that they are working towards any actions that were identified as a result. Further to this a number of exhaustive hours have now been spent in submitting a report to the RACGP to seek retrospective approval for the survey. The practice advised that the surveyors were provided a copy of this comprehensive report on the day of survey. A copy of the report and a copy of the letter of approval from the RACGP dated 28 May 2015 was also provided for review demonstrating that the practice's patient feedback questionnaire has now been validated.
2.1.2 D ▶	Met	The practice manager was able to describe improvements implemented in response to patient feedback.
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	



AGPAL Accreditation Report

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	<p>Clinical staff interviewed were able to provide examples of specific improvement implemented by the practice during their current period of accreditation. For example, a trolley has been purchased to hold items to make it easier to restock GPs rooms, bedding supplies have been increased and an improved ordering system for stock has been introduced.</p> <p>The GP interviewed was able to identify improvements that had been implemented in the practice within the accredited period. For example, the mole scanning machine has been updated and the cameras now have better definition, new computer screens have been added and the practice has new carpet. The nurses have new auroscopes.</p> <p>The practice manager was able to describe improvements that had been implemented in the practice within the accredited period. For example, care planning systems have been implemented to improve patient health outcomes.</p> <p>Reception staff were able to provide examples of an improvement made by the practice during the accredited period. For example, an improved messaging system for urgent results has been introduced.</p>
3.1.1 B ►	Met	The practice manager advised that the practice uses patient and practice data 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 GP and clinical staff members interviewed were able to describe how near misses and mistakes are documented within the practice. For example, an incident report system is used.
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.



AGPAL Accreditation Report

3.1.2 D ▶	Met	The practice manager was able to describe how improvements are monitored and evaluated.
3.1.2 E ▶	Met	

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>



AGPAL Accreditation Report

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	
3.2.1 B ▶	Met	<p>Dr Audrey Ting: Review of employee records showed that not all doctors providing care at the practice are vocationally registered (beyond than those that are exempt from the vocational registration requirement). For example, Dr Audrey Ting.</p> <p>The practice is required to ensure that are required to, are vocationally registered.</p> <p>Subsequent to the accreditation survey, the practice advised that Dr Ting was on extended leave and provided a copy of Dr Ting's medical registration certificate for review demonstrating Dr Ting is vocationally registered.</p>
3.2.1 C ▶	Met	<p>Dr Audrey Ting: Review of continuing professional development (CPD) records showed that not all GPs providing care within the practice participate satisfactorily in CPD, through either RACGP or ACCRM. For example, Dr Audrey Ting.</p> <p>The practice is required to ensure all doctors are actively engaged in CPD as required by their vocational registration.</p> <p>Subsequent to the accreditation survey, the practice provided a copy of Dr Ting's QI&CPD points statement for the 2014-16 Triennium for review demonstrating that 83 Points had been accumulated as at May 2015.</p>
3.2.1 D ▶	Met	<p>Dr Sue Cherian: Review of cardiopulmonary resuscitation (CPR) training certificates showed that not all GPs have undertaken training in CPR in accordance with RACGP QI&CPD recommendations.</p> <p>The practice is required to ensure that all GPs have completed a CPR training course in accordance with the RACGP QI&CPD program requirements. Dr Sue Cherian is booked to complete this in May 2015</p> <p>Subsequent to the accreditation survey, the practice advised that the surveyors were provided with a receipt of booking for Dr Cherian on the day of accreditation. Certification is yet to come through. Of note, HSMC provides all employees and tenants access to free annual CPR training. For those that miss training they are required to undertake this at their own expense. The practice provided a copy of the event registration confirmation for review to demonstrate this.</p>



AGPAL Accreditation Report

Whilst this documentation is acknowledged it does not demonstrate that Dr Cherian has completed CPR training and therefore, this indicator could not yet be assessed as met.

The practice was contacted regarding this and has since provided for review a copy of Dr Cherian's CPR certificate dated 3 June 2015. Review of the certificate confirms CPR training was undertaken in accordance with RACGP QI&CPD requirements.

Criterion:	3.2.2 Qualifications of clinical staff other than medical practitioners	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.2.2 A ▶	Met	
3.2.2 B ▶	Not applicable	The practice does not have team members involved in clinical care, therefore this indicator is not applicable to the practice.
3.2.2 C ▶	Met	

Criterion:	3.2.3 Training of administrative staff	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
3.2.3 A ▶	Met	
3.2.3 B ▶	Met	



AGPAL Accreditation Report

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	
4.1.1 B ▶	Met	<p>The practice was unable provide evidence of an induction system or records of induction for individual members of the practice team.</p> <p>The practice is required to ensure that GPs and other staff members are provided with an induction program.</p> <p>Subsequent to the accreditation survey the practice advised all employees are inducted as per Policy and Procedure manual and as GPs are not employees but tenants they do not fall under this jurisdiction. However, an induction is provided for GPs, on practice billing protocols, appointment types, duration, key specialist contacts etc. The practice provided a copy of the documented induction system established that incorporates the use of a checklist to orientate new GPs and other members of the practice team to practice specific systems.</p>
4.1.1 C ▶	Met	The practice manager indicated that she has 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 practice team meetings indicates that regular practice discussions occur that are open to all members of the practice team.
4.1.1 G	Met	

Criterion:	4.1.2 Occupational health and safety	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
4.1.2 A ▶	Met	The GP and clinical staff members interviewed indicated that another member of the practice team is present at the practice at all times when they are consulting and all rooms have an alarm button.
4.1.2 B ▶	Met	



AGPAL Accreditation Report

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, emergency call buttons are available, practice staff are supported by the medical staff and are encouraged to discuss problems or issues as they arise and appropriate vaccinations are offered.



AGPAL Accreditation Report

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 members interviewed were able to describe how patients are informed about the practice's policy on management of 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 ▶	Not applicable	The practice is not involved in the transfer patient health information, therefore this indicator is not applicable.
4.2.1 H ▶	Not applicable	The practice is not involved in research involving patients this indicator is therefore not applicable.

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



AGPAL Accreditation Report

		The practice manager 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.
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.
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.
4.2.2 F ▶	Met	
4.2.2 G ▶	Met	The practice uses the following method for destroying paper and electronic health records before disposal; a commercial secure shredding company is used.



AGPAL Accreditation Report

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 consulting/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.
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.
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.
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	Two height adjustable bed were noted to be present in the practice and to be safe and functional.
5.1.1 H	Met	<p>The practice's waiting area was noted not to cater for the specific needs of children. For example, the practice provides two 'pay for view' story time units. It is recommended that the practice considers providing books or toys for children's parents whom are not in a position to pay for their child's entertainment.</p> <p>It is recommended that the practice consider catering for the specific needs of children.</p> <p>Subsequent to the accreditation survey, the practice advised as discussed with the surveyors there are books and toys in the waiting area in the units provided along with Storytime Pods®. The pods provide educational story times to help us and parents distract, engage and entertain children. They are extremely high quality and minimise the risk of OHS incident with toys spread around on floors, and are easily maintained from an infection control point. Notwithstanding if parents are unable to fund the minimal spend, in some instances the clinic will pay for the experience. The clinic does not derive revenue from the use, it is purely there as an innovative way to provide some educational input and keep children occupied. The practice provided photographic evidence for review to demonstrate this.</p>



AGPAL Accreditation Report

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.
5.1.2 B ►	Met	Consultation rooms were noted to provide adequate visual and auditory privacy of patients.

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.
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 the practice. For example, elevators, automatic doors at the practice entrance and disabled toilets are available to patients.



AGPAL Accreditation Report

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	Electrocardiograph and spirometry equipment was noted to be present in the practice, safe and functional.
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. The GP and clinical staff members 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.
5.2.1 E	Met	The practice has a pulse oximeter however it was not functional due to the battery being flat at the time of the accreditation survey visit. A new battery was on order. Subsequent to the accreditation survey, the practice advised that Batteries were supplied on the day (delivery was late). Subsequent to the accreditation survey, the practice confirmed that the batteries were delivered on the day of the accreditation survey.

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. The GP interviewed indicated that they have access to a doctor's bag when required.



AGPAL Accreditation Report

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 interviewed was able to describe their procedures for engaging patients in the management of their medications, including explaining the purpose, importance, benefits and risks of medicines and ensuring that patients understand their responsibility to comply with the recommended treatment plan.
5.3.1 B ▶	Met	Clinical staff interviewed were able to provide examples of medicines information they routinely access. The GP interviewed was able to describe the resources and information sources they routinely access to ensure their prescribing patterns are consistent with best available evidence.
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. The senior practice nurse has this role.
5.3.2 B ▶	Met	Review of practice policies showed that documented policies and procedures are in place as required by the National Vaccine Storage Guidelines: Strive for Five. Please refer to 5.3.2 C regarding the recording of vaccine refrigerator temperature. Inspection of the practice's vaccine refrigerator and discussion with the practice nurse indicated that cold chain management is undertaken in accordance with the National Vaccine Storage Guidelines: Strive for Five.
5.3.2 C ▶	Met	



AGPAL Accreditation Report

Interview with the cold chain coordinator indicated that the practice's vaccine management processes are not in all cases appropriate. For example, the vaccine refrigerator is continually monitored by a data logger which is downloaded to a computer each month. The logger flashes red if there has been a temperature breach and green if the temperature has been maintained within current guidelines. The practice does not manually check minimum and maximum temperatures twice daily as required by Strive for 5 Guidelines.

The practice is required to record the minimum and maximum temperature twice daily. The practice is required to review cold chain (vaccine) management processes (as outlined above).

Subsequent to the accreditation survey, the practice advised that this was discussed with the surveyors on day of survey and that the protocols for strive for 5 are as follows:

1. The purpose built vaccination fridge has its own temperature control which is viewed and recorded daily.
2. A manual temperature probe is also located in the fridge and checked daily
3. A data log tag – which takes temperatures at 5 min intervals records the vaccine fridge temperature continually 24/7.
4. The data log tag alarms (red) when and if there is a breach at which time a download is required to identify time of breach, length of breach and time fridge returned to operational state.
5. Data Log downloads are performed monthly and retained for referencing purposes.
6. And reintroduction of min/max temperatures will be added until such time as this protocol is changed to better reflect changes in technology.

Whilst this practice response is acknowledged, documentary evidence demonstrating temperatures are now being recorded appropriately is required for review before this indicator can be assessed as met.

The practice was contacted regarding this and has since provided a copy of the vaccine refrigerator temperature chart for April - June for review demonstrating that the minimum and maximum temperatures are recorded twice daily.

Criterion:	5.3.3 Healthcare associated infections	
Criterion Rating:	Met	
Indicator	Rating	Assessment Findings
5.3.3 A ►	Met	



AGPAL Accreditation Report

		All practice team members interviewed were able to identify which members of the practice team coordinates the infection control program. Registered nurses, Ms Jenna Gamage and Ms Jackie Morris, have this responsibility listed in their position description.
5.3.3 B ▶	Met	
5.3.3 C ▶	Met	The practice sterilises equipment on site. The nurse interviewed was able to describe procedures for ensuring that an adequate range of sterile products are available; procedures for on site sterilisation of equipment, including monitoring the integrity of the whole sterilisation process, validation of the sterilisation process and steriliser maintenance; and safe storage and stock rotation of sterile products.
5.3.3 D ▶	Met	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.
5.3.3 E ▶	Met	The practice environment and facilities were noted to be visibly clean on the day of the accreditation survey.
5.3.3 F ▶	Met	<p>The practice's documented cleaning schedule was not available on the day of the accreditation survey visit.</p> <p>The practice is required to provide a documented cleaning schedule.</p> <p>Subsequent to the accreditation survey, the practice advised that Cleaning schedule was in folder behind the confidential agreement on the day of the survey and provided a copy of the cleaning schedule for review to demonstrate this.</p>
5.3.3 G ▶	Met	The nurse interviewed was able to describe how the practice's infection control policies and procedures are incorporated in the induction program of new staff.
5.3.3 H ▶	Met	<p>The GP interviewed indicated that they were not invited to have their immunity assessed nor offered immunisation on commencement with the practice.</p> <p>The practice is required to offer doctors staff NHMRC recommended immunisations.</p> <p>Subsequent to the accreditation survey, the practice advised that the GP interviewed was the medical coordinator and is well aware of immunity status (having provided his own for accreditation) and immunisations. The practice advised that all vaccinations are recorded in medical records for legal /recall purposes and the doctors past immunity Hep B Serology records were available on day of accreditation. Further all staff and tenant GPs are offered flu vaccinations noted in medical records and will be advised of changes to NHMRC recommendations. The practice provided a copy of a completed immunisation consent/refusal record form for review demonstrating the immunisation status of staff is known and that staff are offered immunisations as appropriate to their duties.</p>



AGPAL Accreditation Report

	<p>The clinical and reception staff 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 did not show the immunity status of practice staff is known. Practice staff interviewed did not confirm that they are offered/provided with immunisation and provided consent for immunity checks. Vaccination records were incomplete for some staff and unavailable for both practice nurses, Ms Jenna Gamage and Ms Jackie Morris.</p> <p>The practice is required to record the immunity status of employee's and offer immunity checks, as appropriate to their duties.</p> <p>Subsequent to the accreditation survey, the practice advised that Admin staff (practice staff non clinical) offered routine flu vaccination. Nursing staff are offered flu and Hep B immunisations. Records available in the medical records files again for legal/recall purposes.</p> <p>The practice provided a copy of a completed immunisation consent/refusal record form for review demonstrating the immunisation status of staff is known and that staff are offered immunisations as appropriate to their duties.</p>
5.3.3 ► Met	<p>The practice nurse interviewed 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>



AGPAL Accreditation Report

Accreditation Decision

I, Renee Andrews, have decided to accredit High Street Medical Clinic 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: 6/07/2015

Date of Expiry: 6/07/2018

Surveyors/Auditors Dr Patrizia Boetto Ms Lyn Foden

Decision Maker: **Date:**