

RACGP Standards for General Practices (5th Edition) and SWSPHN Quality Improvement in Primary Care Program (QIPC)

The purpose of this document is to demonstrate how practices may meet areas of the RACGP 5th Edition Standards by participating in QIPC.

Notes: ► indicates a mandatory indicator
Step-by-step guides mentioned below are available on [PHN website](#) for MD & BP only.

Criterion	C3.1 – Business operation systems
Indicator	C3.1 B Our practice evaluates its progress towards achieving its goals.
Evidence	QIPC reports: <ul style="list-style-type: none"> • Baseline and latest data benchmarked against SWS region and RACGP standards in QIPC reports • Action plan to improve is initiated quarterly and followed up 6-weekly

Criterion	C4.1 – Health promotion and preventive care
Indicator	C4.1 ► A Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.
Evidence	<ul style="list-style-type: none"> • Recall & reminder training • Clinicians directed to Health Resources Directory • Quarterly newsletters to practice with links to patient resources • Action plan guides with links to patient support/resources including South Western Sydney HealthPathways

Criterion	C7.1 – Content of patient health records
Indicator	C7.1 ► B Our active patient health records contain, for each active patient, their identification details, contact details, demographic, next of kin, and emergency contact information. C7.1 ► E Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health record. C7.1 F ► Our practice routinely records the cultural backgrounds of our patients in their patient health record. C7.1 ► G Lifestyle risk factors
Evidence	<ul style="list-style-type: none"> • PenCAT Software can identify missing information as per indicator C7.1 B allowing for staff to review missing patient information • TopBar can alert and be used to update missing information during patient visit. Admin staff to update demographic, emergency contact and next of kin. GP or PN to update lifestyle risk factors. • QIPC reports displays accreditation health record items including ethnicity and lifestyle risk factors • PHN staff work with QI champion to set action plans which focus on new methods to improve data input and correct coding within patient files

Criterion	C8.1 – Education and training of non-clinical staff
Indicator	C8.1 ► A Our non-clinical staff complete training appropriate to their role and our patient population.
Evidence	<ul style="list-style-type: none"> PHN train non-clinical staff to use PenCAT and TopBar to update patient information

Criterion	QI1.1 – Quality improvement activities
Indicator	QI1.1 ► A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.
Evidence	<ul style="list-style-type: none"> QI champion is trained by PHN about their role in the program, whereby they will formulate action plans and teach and delegate tasks to practice staff
Indicator	QI1.1 ► B Our practice team internally shares information about quality improvement and patient safety.
Evidence	<ul style="list-style-type: none"> Practices are encouraged to include QI as a standing agenda item during internal practice meetings QI champion shares QIPC report in team meetings and outlines the action plan for that quarter QI champion will delegate tasks to individual team members to ensure tasks are completed and improvements are successfully implemented by the next quarter Action items and minutes are recorded and circulated post meeting
Indicator	QI1.1 ► C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.
Evidence	<ul style="list-style-type: none"> QI champions are encouraged to seek feedback during staff meetings, from all team members and discuss barriers Feedback is then discussed with PHN team who can facilitate with change management and suggest ways to overcome barriers
Indicator	QI1.1 ► D Our practice team can describe areas of our practice that we have improved in the past three years.
Evidence	<ul style="list-style-type: none"> Data is collected and reported to the practice every 3 months (quarterly), showing change in focus areas over time (within QIPC program scope) QIPC folder should contain all quarterly reports – keep this for accreditation surveyors

Criterion	QI1.3 – Improving clinical care
Indicator	QI1.3 A Our practice team uses a nationally recognised medical vocabulary for coding.

Evidence	<ul style="list-style-type: none"> • Step-by-step guides demonstrate how to code a diagnosis/ reason for medications and conditions within Medical Director and Best practice • Practice can use CAT4 software to show levels of improvements in coded diagnosis
Indicator	QI1.3 ► B Our practice uses relevant patient and practice data to improve clinical practice (e.g. chronic disease management, preventive health).
Evidence	<ul style="list-style-type: none"> • Tier 3 practices focus on improving clinical practice for chronic diseases and the prevention of them. Formal PDSA cycles developed/reviewed 6 weekly where target clinical areas are identified from clinical data • Benchmark Report data is colour coded reflecting practice data to the RACGP standards. Results highlighted yellow or red fall below The Standards, indicating areas for improvement in clinical practice • QI champion identifies 1-3 areas of improvement and develops action plans to assist the practice in working towards the Standards requirements

Criterion	QI2.1 – Health summaries
Indicator	QI2.1 ► A Our active patient health records contain a record of each patient’s known allergies.
Evidence	<ul style="list-style-type: none"> • Benchmarking reports contain data on % active patients with allergy status recorded. This is benchmarked against the RACGP guidelines (90% active patients) using a traffic-light system
Indicator	QI2.1 ► 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 (eg smoking, nutrition, alcohol, physical activity) • social history, including cultural background.
Evidence	<ul style="list-style-type: none"> • QIPC program highlights missing items of the health summaries via the CAT4 and/or Topbar tool • Topbar flags missing patient health summary items during visit. Simple alerts are flagged with the appropriate member of staff to input the missing details • QIPC benchmark reports contain health risk factors (alcohol, smoking, blood pressure, BMI, waist circumference and physical activity) • QI champions can identify other health summary items, using PenCAT

Criterion	QI2.2 – Safe and quality use of medicines
Indicator	QI2.2 ► D Our clinical team ensures that patients and other health providers to whom we refer receive an accurate and current medicines list
Evidence	<ul style="list-style-type: none"> • Education and step-by-step guides available demonstrate how to correctly code 'patient conditions' and 'reason for prescribing' within clinical software. This minimises gaps and reduce errors when referring patients to other clinicians or uploading patient My Health Record information • Tier 3 practices also focus on identifying patients suitable for medication review (5+ medications). This enables the care team to review and inactivate of non-current medications

Criterion	GP2.1 – Continuous and comprehensive care
Indicator	GP2.1 ► B Our practice provides continuity of care and comprehensive care.
Evidence	<ul style="list-style-type: none"> • PenCAT can identify patients who are eligible, but have not completed/billed Cycles of Care, GP Management Plans, Team Care Arrangements, Health assessments and/or Domiciliary Medication Reviews referrals. • Practice can then recall patients, refer patients to allied health providers and/or refer for appropriate tests. Step-by-step guides to retrieve these lists are available • Data cleansing actions of the program also promote the sharing of accurate patient data when creating care plans and sending referrals

Criterion	GP3.1 – Qualifications, education and training of healthcare practitioners
Indicator	GP3.1 ► C Our clinical team is trained to use the practice's equipment that they need to properly perform their role.
Evidence	<ul style="list-style-type: none"> • PHN staff provide face to face educational sessions and step-by-step guides to practice staff for the following; generating PenCAT reports, Topbar use, Clinical coding and some Clinical Software demonstrations • PHN can provide a letter of attendance for these demonstrations