

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

Criterion	C3.1 – Business operation systems
Indicator	C3.1 B Our practice evaluates its progress towards achieving its goals.
Evidence	<ul style="list-style-type: none"> POLAR QIPC report presents up-to-date practice data vs SWS region data against RACGP Standards Model for Improvement (MFI) plan to improve the identified areas is initiated quarterly and followed up 6 weekly with Quality Improvement (QI) champion

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 Quarterly QI newsletter to practice – links to patient resources Action plan guides – links to patient support/resources

Criterion	C7.1 – Content of patient health records
Indicator	<p>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.</p> <p>C7.1 ► E Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health record.</p> <p>C7.1 F ► Our practice routinely records the cultural backgrounds of our patients in their patient health record.</p> <p>C7.1 ► G Lifestyle risk factors</p>

Evidence	<ul style="list-style-type: none"> • POLAR QIPC report displays accreditation health record items • Practice can access data from POLAR reports 24/7 which identify missing information, allowing staff to view the missing items • PHN staff work with the QI champion to set the MFI plan quarterly, focusing on new methods to improve data input and correct coding within patient files • Walrus can be used by all staff 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
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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 staff train non-clinical staff to use POLAR and Walrus 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 MFI 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"> • QI standing agenda item in internal practice meetings • QI champion outlines the MFI 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 the PHN staff 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 presented to the POLAR reports • Baseline and latest data will be documented in the MFI plan quarterly showing changes in focus areas over time (within QIPC program scope) • QIPC folder should contain all quarterly MFI plans – 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 conditions within Medical Director and Best Practice • Practice can get data from POLAR reports to show levels of improvements in coded diagnosis
Indicator	QI1.3 ► B Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health).
Evidence	<ul style="list-style-type: none"> • Benchmark data in POLAR QIPC report is colour coded reflecting practice data to the RACGP standards. Results highlighted yellow or red fall below the Standards, indicating areas for improvement in the practice • QI champion identifies 1-2 areas of improvement and develops MFI plans to assist the practice in working towards the Standards requirements • Tier 3 practices also focus on improving clinical practice for chronic diseases and the prevention of them. Formal MFI plans

	developed/reviewed quarterly where target clinical areas are identified from clinical data in POLAR reports
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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"> POLAR QIPC report contains 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 POLAR reports and Walrus tool Walrus flags missing patient health summary items during the patient’s visit. Simple alerts are flagged with the appropriate member of staff to input the missing details POLAR QIPC report contains health risk factors (alcohol, smoking, blood pressure, BMI, waist circumference etc.) QI champions can identify other health summary items, using other reports in POLAR

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 reduces 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 will allow for the review and inactivation 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"> POLAR reports can identify patients who are eligible, but have not completed/billed Cycles of Care, GP Management Plans/Review, Team Care Arrangements/Review, Health assessments and/or Domiciliary Medication Reviews referrals (data only according to the practice’s billing, not from Medicare). Step-by-step guides to retrieve these lists from POLAR are available Practice can then recall patients, refer patients to allied health providers and/or refer for appropriate tests

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/remote educational sessions to practice staff for the following: the use of POLAR reports and Walrus tool, clinical coding and some clinical software demonstrations Step-by-step guides available on website