

Quality Improvement Toolkit for General Practice



Staff roles and responsibilities

MODULE

Version 1

2020

PRACTICE TEAM

Introduction

The Quality Improvement (QI) toolkit

This QI toolkit is made up of modules that are **designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients.** The toolkit will help your practice complete QI activities using the Model For Improvement (MFI).

Throughout the modules you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the MFI.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- A simple approach that anyone can apply
- Reduced risk by starting small
- It can be used to help plan, develop and implement change that is highly effective.

The MFI helps you break down your change into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted.

There is a staff ongoing training example using the MFI and a blank template for you to complete at the end of this module.

If you would like additional support in relation to quality improvement in your practice please contact Brisbane South PHN on support@bsphn.org.au.



This icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Brisbane South PHN if you have any feedback regarding the content of this document.

Acknowledgements

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General practice staff

Medical practices are complex small business enterprises. To be successful as a business, good people management skills are required. ¹ High performing practice teams require clear roles and responsibilities, good culture and engaged leadership in order to coordinate effectively to deliver quality services.

Employing the right staff mix of skills, knowledge and competency will have a major influence on the quality of service provided to patients in your practice. Building a cohesive and high performing multidisciplinary team is essential to achieving your practice's objectives. Remember, the first impression for patients will be your staff. Having a considered approach to staff selection that includes understanding what skill mix and values are needed in the organisation, by identifying the right person and the right distribution of resources to support the position, is a powerful component of providing quality person centred care.

You will need to think about and prepare a comprehensive list of all the primary care services which your practice may deliver, and the tasks that need to be performed in the practice to deliver the services.

Further information on team tasks and performance is available via the Brisbane South PHN PCC program – Module 4 – Engaged Leadership. To access this module please contact the PCC team on support@bsphn.org.au.

General Practice Team Toolkit for General Practice

This toolkit is designed to assist you to review your practice team. Key topics include:

- Practice teams
- Recruitment
- Position descriptions
- Staff induction
- Staff documentation
- Staff qualifications
- Privacy and confidentiality
- Staff training and development
- Staff performance appraisals
- Occupational health and safety
- Practice communication
- Clinical handover

¹ <u>https://www.racgp.org.au/running-a-practice/practice-management/business-operations/general-practice-management-toolkit/managing-people</u>

How to use this toolkit

There are checklists included below that will guide you and your practice.

- use this toolkit to guide you along the journey
- set yourselves timelines to achieve your goals
- consider potential internal or external factors that could impact the activity and factor these into your planning e.g. accreditation preparation, staff leave (planned or unplanned), global pandemic, influenza vaccination season
- review your progress regularly
- if you find your process is not working and you are not seeing improvements, then review your process and start again.

For more support





Activity 1 - General practice teams

An effective way to deliver quality care is through GP led multidisciplinary care teams. Planned multidisciplinary team-based care has been demonstrated to improve outcomes for patients with chronic disease, in primary care. Multidisciplinary team care involves professionals from a range of disciplines working together to deliver comprehensive care that addresses as many of the patient's needs as possible. The team can be comprised of professionals working within a single organisation, such as a general practice, or professionals working together from a range of organisations. The composition of the team may change over time, in response to the changing needs of the patient.²

Below is an example of a practice team.

Example: practice team

PRACTICE SERVICES	ROLE/TITLE
Clinical services	General practitioners
	Practice nurses, nurse assistants, medical assistants
	Allied health professionals
Business support & administrative services	Receptionists
	Accounts manager
	Payroll officer
	Book keeper
Business services	Business manager
Operational services	Practice manager
IT/software services	IT consultant
Multicultural services	Multicultural health workers and/or indigenous health workers*

*Depending on qualifications, these staff may also deliver clinical services

² <u>https://ama.com.au/position-statement/general-practice-primary-health-care-2016</u>

The RACGP have a <u>Starting a medical practice toolkit</u> available to assist with understanding roles and responsibilities in general practice.

Definition of a clinical team for the purposes of accreditation

The RACGP Standards for general practice (5th edition) define <u>clinical teams and members</u> as:

ROLE/TITLE	DESCRIPTION
CLINICAL TEAM	All members of the practice team who have health qualifications that qualify them to perform clinical functions
CLINICAL TEAM MEMBER	An individual member of the practice team who has health qualifications that qualify them to perform clinical functions
PRACTICE TEAM	All people who work or provide care within the practice (e.g.: GPs, receptionists, practice managers, nurses, nurse practitioner, allied health professionals, pharmacist etc)

Relevant RACGP Accreditation Standard indicators

The definition of a clinical team relates to Criterion GP3.1- Qualifications, education and training of healthcare practitioners.

Indicator GP3.1 ► A requires members of the clinical team to:

- have current national registration where applicable;
- have accreditation/certification with their relevant professional association;
- actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements;
- have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation or at least every three years.

In addition to Criterion GP3.1, the definition of a clinical team may have broader implications for assessing systems and processes such as:

- immunisation status (C3.5 ► A)
- access to relevant clinical guidelines (C5.1►A)
- supporting consistent diagnosis and management of patients (C5.1►B)
- exercise of autonomy (C5.2►A)
- prescribing patterns (QI2.2 ► C)
- referrals (GP2.3 ► B).

Activity 1 - Roles & Responsibility of each member of your team within the practice

Making your team work

- One person in the Practice needs to take the lead! Each project or priority a practice is working on needs an appropriate lead. Depending on the priority, or task the lead could be the Practice Manager, Practice Owner, Practice Nurse and/or one of the GP's. They will have clear responsibilities such as facilitating team meetings, ensuring effective communications and supporting staff. For Quality Improvement specific activities, the Person-Centred Care Toolkit can teach you more about a QI team and assigning QI team lead.
- **Regular Practice Meetings with an Agenda**. Meetings are so important even if they last only 15 minutes. They help with staff engagement and are excellent for developing and agreeing policies within the practice. All staff members should contribute to the agenda and minutes should be taken and recorded. Module 1 and 2 of the Person Centred Care Toolkit steps through the important elements of successful team meetings, agenda templates, assigning roles to meeting members and how to use a variety of meeting types to achieve the best out of team meetings
- **Consider if your Practice is prepared to innovate**. Are you making the most of all your resources in order to maximise income for your Practice? Facilitate monthly brainstorming meetings with all team members and agree actions from these.
- What are your individual **team members greatest strengths**. How can this benefit the practice and other members of the team?
- **Encourage flexibility**. This is key to effective teamwork! Staff may need additional support and training in some tasks however, this is a very worthwhile exercise.
- Effective Communication: Use practice meetings to invite Feedback from Practice Staff or use the Practice Software. The Communication features have improved greatly in all of these. Send out regular internal emails and consider a suggestion box.
- **Appraisals/Feedback:** All members of the team should be individually appraised at least once a year but more regularly for new members of a Team. The appraisal should give staff information on practice performance, so they can see how they and their teams are performing. This knowledge can be a powerful tool in motivating staff.

Working as a team video

There are two short videos that talk about the benefits of working as a team.

- <u>How team-based care can improve joy in work</u> Institute for Healthcare Improvement (2.06)
- Working as a team Health Care Homes (2.14)

"Coming together is a beginning, Keeping together is a progress, Working together is a success – Henry Forde" It is important to achieve practice goals and objectives and that all staff are aware of their roles. It can be a challenging job if there are no clearly defined responsibilities. It is therefore important to complete this activity so each team member can gain clarity around what they are required to do. It also helps to ensure that all aspects of patient care are attended.

Consider how your team currently operates. Is your team working together effectively & efficiently?

It's not unusual for practice teams to be working in silos, which can lead to gaps, errors, assumptions, duplication and other inefficiencies. To achieve sustainable improvement, you will likely need to do some work on achieving a whole of team approach.

Below is an example of how responsibilities could be shared across your practice team. This *example is based on the Diabetes Cycle of Care*. It is important that your practice team discusses the range of actions or tasks that are needed in your practice and who in the team performs those actions.

Note - Document each person's responsibilities in the table below.

GP:

- Prepares for, attends and participates in team meetings and huddles
- Collaborates in developing team priorities, patient goals and management plans
- Completes appropriate referrals and investigation request forms
- Reviews nurse consultation notes and assessment
- Completes medical health assessment as per appropriate guidelines
- Reviews, adjusts and/or reinforces self-management plan developed by nurse
- Advises patient on importance of review and encourages patient to book review appointment at reception
- Review patient medications and device usage and ensure medication list is up to date
- Sends MBS billing recommendation to reception

Practice Nurse:

- Prepares for, attends and participates in team meetings and huddles
- Collaborates in developing team priorities, patient goals and management plans
- Work with reception staff to promote diabetes cycle of care screening within the practice.
- Respond to recall/reminder systems and engage in opportunistic discussions to encourage participation with eligible patients.
- Refer patients of any age with diabetes symptoms or family history to a GP for further investigation.
- Check eligibility for item number claiming
- On day of appointment patient sees nurse, who:
 - Takes detailed patient and medication history





- Takes height, weight and blood pressure
- Completes any other tests as appropriate
- Provides appropriate education and discusses self-management plan
- Records in clinical notes details of consultation for GP
- Update patient reminder system to reflect upcoming appointments

Practice Manager:

- Prepares for, attends and participates in team meetings and huddles
- Collaborates in developing team priorities, patient goals and management plans
- Patient identified as being eligible for Diabetes Cycle of Care using:
 - CAT4 search or
 - Practice clinical software or
 - GP recommendation based on at risk patients or hospital discharge

You may wish to ask a receptionist to perform these searches

- Check eligibility for item number claiming
- Establish and oversee recall/reminder systems
- Support GPs with the flow of information to and from the practice register
- Support/manage nurse reception staff responsibilities
- Document policy & procedures for diabetes cycle of care
- Evaluate process to determine effectiveness and outcome. This includes reviewing practice data to inform effectiveness of process.

Medical Receptionist:

- Prepares for, attends and participates in team meetings and huddles
- Recall letter, optometrist referral and pathology form sent to eligible patient
- Suggestions for Recall letter:
 - Information on why they should attend for (insert relevant appointment type)
 - How long the appointment will take and if they will be required to see both the nurse and GP
 - That they should advise reception of the appointment being for a (insert relevant appointment type) at time of booking or select (insert relevant appointment type) if using an online booking system
 - A reminder that the appointment will be specifically for (insert appointment type) and that they should make another appointment if they have other issues to discuss with GP
- Reception reminds patient of longer appointment time and requirement to see nurse prior to GP (if required)
- Receptionist books in long appointments with nurse followed by longer appointment with GP (if required)
- Patient sent a reminder prior to appointment to improve attendance rates (outline how this is to be done)

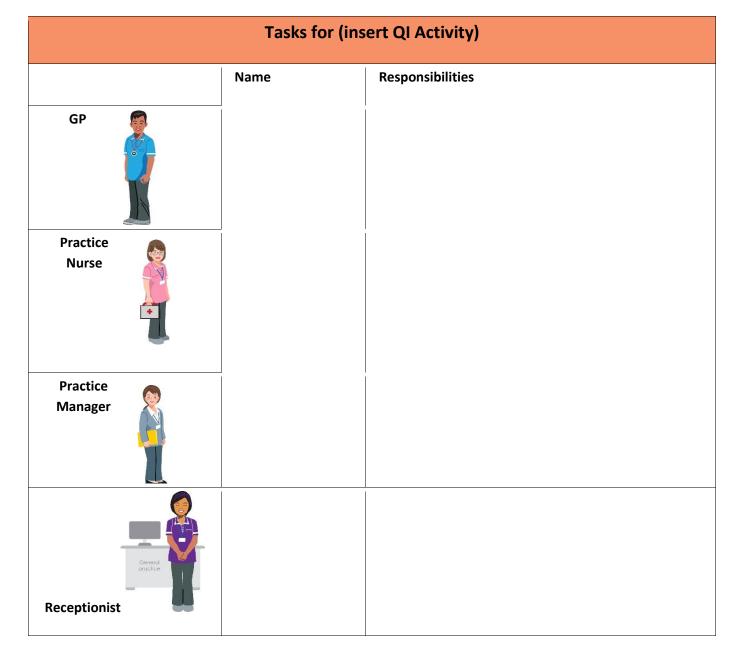




- Reminds patient to ensure bloods or tests are done prior to appointment (if required)
- Reception ensures results/specialist reports are available prior to appointment time, (if required)
- Patient billing based on GP recommendations
- Books patient for review appointment with GP &/or nurse
- Display brochures, flyers, and posters in the practice

Activity 1.1 – General practice team roles in the Quality Improvement Activity

Based on the example above, identify the person responsible for each part of the process required to complete the Quality Improvement Activity (for e.g.: improve cervical cancer screening, prevention of osteoporosis in General Practice etc). Document each person's responsibilities in the table below.



Activity 1.2 – Review task allocation

The aim of this activity is to review task allocation in your practice

Description	Status	Action to be taken
After completing activity 1.1 have you considered how the bookings will be made?	 Yes: continue with activity. No: see action to be taken. 	Please explain: (e.g. receptionist will phone each patient to make the appointment or patient will be sent a reminder letter and they will need to contact the practice to make an appointment). How will this information be communicated to the practice team?
Have you considered how long to allocate for each appointment (for GP and nurse time)?	 Yes: continue with activity. No: see action to be taken. 	Consider holding a team meeting to decide on the length of time for each clinician – will this be on the same day or separate days? How will this information be communicated to the practice team?
Have you included how all the practice team (admin, nurse & GP) will be able to identify the nature of the appointment in the appointment book?	 Yes: continue with activity. No: see action to be taken. 	Please explain: (e.g. our practice will use appointment icons to identify patient attending for a reminder or we will type in the appointment comments what the appointment is for). How will this information be communicated to the practice team?

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Description	Status	Action to be taken
Have you included who will update the patient reminder system to ensure continuity of the patient?	 Yes: continue with activity. No: see action to be taken. 	Outline who has the responsibility to update reminder system – is it GP, Practice Nurse, Manager or receptionist.
		How will this information be communicated to the practice team?
Do all team members understand their roles and responsibilities?	 Yes: continue with activity. No: see action to be taken. 	Provide training to individuals or groups within your practice.
After reviewing your practice roles and responsibilities, are there any changes you would like to implement in the	Yes, see actions to be taken to help set you goals.	Refer to the MFI and the <u>Thinking</u> <u>part</u> at the end of this document.
practice, to help manage patients, over the next 12 months?	No, you have completed this activity.	Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 2 - Position descriptions

Practice team members need clarity regarding their role and responsibilities. A position description is developed to clearly communicate the responsibilities and expectations of the position and to establish the role of that person within the team and broader organisation. A position description also documents the parameters of the responsibilities and duties associated with that position and form the basis for evaluation and lines of accountability. Recruitment, training and development, performance evaluation, remuneration management and succession planning are all based on the parameters of the position description.

RACGP 5th Edition Accreditation Standards & position descriptions

Criterion C3.2 – Accountability and responsibility		
C3.2 A. All members of our practice team understand their role in the practice.		
C3.2 D.	Our practice has at least one team member who has the primary responsibility for leading risk management systems and processes.	

According to the <u>RACGP 5th edition accreditation standards</u>, having clear lines of accountability and responsibility is part of good clinical governance. It encourages continuous improvement in safety and patient care. When specific roles and responsibilities are agreed to and documented (e.g. in position descriptions):

- the practice can monitor each team member's performance against their role's requirements, and determine whether any support and training is required
- each team member knows who they are reporting to for each duty or responsibility
- each team member knows who is responsible for each aspect of the practice's operations.

Activity 2.1 – Review practice position descriptions

The aim of this activity is to review and ensure all your practice team members have position descriptions relevant to their role

Description	Status	Action to be taken
Do all team members have a current position description relevant to their role?	□ Yes: continue with activity.	Ensure all team members have a position description.
(Including GPs, Nurses, Manager, Administration, Cleaner, Allied health professional etc.)?	□ No: see action to be taken.	Obtain position description template.

QUALITY IMPROVEMENT TOOLKIT

Description	Status	Action to be taken
Is the position description relevant to their role?	 Yes: continue with activity. No: see action to be taken. 	If staff are required to do specific roles, make sure they are included in their individual position description? (for e.g.: computer security co- ordinator, quality improvement role).
Do all team members understand their roles?	Yes: see action to be taken.	How do you ensure the team understand their role?
	□ No: see action to be taken.	Arrange an appointment with the team member to identify any areas of their role they do not understand and implement a training plan.
Does your practice have a clearly defined organisational chart identifying each person in the practice?	 Yes: continue with activity. No: see action to be taken. 	See sample organisational chart at appendix 1.
After reviewing your practice position descriptions, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	 Yes, see actions to be taken to help set you goals. No, you have completed this activity. 	Refer to the MFI and the <u>Thinking</u> <u>part</u> at the end of this document. Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 3 - Recruitment

Undertaking recruitment is an important step when starting or growing your business. When you decide to employ someone, you need to determine what you want the employee to do and what skills you require from them. Also consider:

- Employment conditions and entitlements
- level of pay, often based on employee awards and agreements
- other costs of employment, including skills and training needs, new equipment and facilities
- offering flexible work arrangements

Before you decide to advertise the job, prepare a job description that defines the responsibilities and functions of the job. This will help you identify the knowledge, experience and skills required for the job as well as the interview questions you might ask.

How to advertise the job

You can advertise the job in a variety of ways. These may include:

- placing the Ad on your website
- local newspapers
- online through a recruitment website
- in a trade or industry magazine
- through social media
- word of mouth

You may also choose to use a recruitment agency to assist you in the process.

Other ways to find staff

Aside from finding staff through advertising, other methods you can use include:

- searching for job seekers with the skills you need through professional networks or communities
- finding workers through your family and friend networks
- taking on employees through programs such as Australian Apprenticeships.

Conduct an interview

Before conducting an interview, you'll need to shortlist applicants based on their application. You will also need to decide if you will have anyone helping you in the interview process.

When interviewing for the position, ensure that the questions you ask are related to the position advertised. You will want to ask questions that help you understand the skills, qualifications and experience of potential applicants as well as their fit within the team, and alignment with your practice's vision, values and culture. Just as when you advertised the job, you must not use discriminatory language or questions within the interview.

When conducting the interview, use a standard set of questions for each applicant. This will help you and your interview panel members when comparing and selecting the right applicant for your business. Having a scribe or person recording the responses during this interview may help you when reviewing later.

Select the right applicant

Following the interview, consider contacting the applicant's referees to check any claims made during the interview. This may help in gaining you get a better understanding on the person's abilities and past experience within the workplace.

The referees may have been supplied by the applicant at interview, but it's always a good idea to contact the applicant to confirm that you wish to contact their referees and that you have the correct contact details.

Once you have decided on the right applicant, you will need to contact them directly to offer them the position. If not previously discussed, you may discuss the salary, conditions and workplace benefits and entitlements as part of employment. If the employee accepts your offer for the position, you can then go ahead with preparing the formal documentation and offer of employment.³

More information about recruitment

More information on recruitment can be found:

- Taking on an employee checklist
- Fair Work Australia Hiring employees
- Business Queensland Taking on staff

Activity 3.1 – Review practice recruitment process

angle The aim of this activity is to review your practice's recruitment process

Description	Status	Action to be taken
After reviewing your practice's recruitment process, does it include the importance of conducting referee checks?	 Yes: continue with activity. No: see action to be taken. 	Update the policy and procedure manual to ensure referee checks are included as part of the recruitment process.
		Create/obtain a referee check template to either email to appropriate person or to make it easier to record feedback.
Does your recruitment process ensure applicant has appropriate qualifications for the role (if applicable)?	 Yes: continue with activity. No: see action to be taken. 	Update the policy and procedure manual to ensure qualification checks are included as part of the recruitment process.
		Ensure applicants provide evidence of qualifications.

³ https://www.business.gov.au/people/hiring/recruitment-process-how-to-hire-staff-for-your-business

Description	Status	Action to be taken
Does your recruitment process ensure applicants have appropriate registration (if applicable)	 Yes: continue with activity. No: see action to be taken. 	For health professionals – check the <u>Australian Health Practitioner</u> <u>Regulation Agency</u> .
After reviewing your practice recruitment process, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	 Yes, see actions to be taken to help set you goals. No, you have completed this activity. 	Refer to the MFI and the <u>Thinking</u> <u>part</u> at the end of this document. Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 4 - Staff induction

Induction is the process of introducing and integrating a person into the workplace so they can perform their role effectively and safely. Usually, a new job in a new workplace is stressful until the induction process has been completed. The lack of an appropriate induction process increases staff turnover and results in lower productivity.

An induction process should be documented and a checklist created to ensure all aspects are covered and signed off by the employee at the completion of the induction.

The process of induction can be considered to go through four phases:

- pre-arrival
- the first day
- the first week
- the first month.⁴

Pre-arrival

Before the new team members commences it is suggested that:

- the new team member accepts the position and terms of employment in writing,
- copies of qualifications are provided to the practice (if relevant),
- ensure the new team member has a dedicated work area,
- organise ID badge, keys, telephone and IT access as required,
- provide a copy of the orientation checklist, to allow time to start to understand more about the practice,
- provide an organisational chart with all other team members names included,
- advise the current team members about the person who is starting,
- appoint a mentor and discuss orientation requirements for existing team members (if relevant).

The first day

Welcome the new employee and introduce them to their co-workers. The success of the first day will strongly influence the employee's work and job satisfaction.

On the first day, ensure that you:

- check all staff forms provided are completed and signed,
- discuss job description and work hours to confirm understanding,
- take the person on an 'orientation tour' that includes toilets, staff amenities, work areas,
- advise on the expected behaviour and appearance of staff, and tea room 'norms', e.g. washing
- your own cups,
- demonstrate how to use office equipment such as telephones, IT systems, photocopier,

⁴ <u>https://www.racgp.org.au/running-a-practice/practice-management/business-operations/general-practice-management-toolkit/managing-people</u>

- explain procedures to create a safe working environment and what to do in an emergency,
- explain the confidentiality requirements of the practice.

The first week

The program for the first week should provide the employee with initial training so they can effectively perform their job. At the end of the first week, the manager/employer should develop a training plan that identifies the needs of the new employee and the activities that will be used to address these.

The first month

Good communication between the manager/employer and the employee is essential for an efficient and productive workplace. Starting the relationship in a positive and enthusiastic manner will provide long-term benefits. Ask the employee for feedback on the induction process and encourage them to regularly ask questions about their work.

Meet on a weekly basis during the first month to discuss progress and address any issues quickly. Relevant RACGP Accreditation Standard indicators

Criterion C3.2 – Accountability and responsibility

C3.2 C. Our practice inducts new members of the practice team and familiarises them with our systems and processes.

According to the <u>RACGP 5th edition accreditation standards</u>, an induction program must be a routine part of employment, so that all new practitioners and other practice team members understand:

- the principles and policies under which the practice operates
- the day-to-day operations of the practice
- workplace health and safety issues
- the processes for maintaining the privacy and confidentiality of patients' health information
- the systems used to identify and manage emergency patients who come to, or contact, the practice.

Activity 4.1 – Staff induction processes

The aim of this activity is to review the practice induction processes and documentation.

Description	Status	Action to be taken
Does the practice have a documented induction program?	□ Yes: continue with activity.	Update the practice policy & procedure manual.
program.	□ No: see action to be taken.	Obtain <u>induction and orientation</u> program checklist template.

Description	Status	Action to be taken
Does the induction checklist cover pre-arrival, on the day, the first week and the first month?	 Yes: continue with activity. No: see action to be taken. 	Update induction and orientation template to ensure these are included. More information can be found <u>here.</u>
After reviewing your practice induction processes, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	 Yes, see actions to be taken to help set you goals. No, you have completed this activity. 	Refer to the MFI and the <u>Thinking</u> <u>part</u> at the end of this document. Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 5 - Staff documentation

A personnel file is a paper or electronic folder for storing HR and payroll documents related to new, existing, or past employees. It should include basic employee and compensation information in compliance with federal and state laws.

Fair Work Information Statement

Employers have to give every new employee a copy of the Fair Work Information Statement (the Statement) before, or as soon as possible after, they start their new job.

The Statement provides new employees with information about their conditions of employment.

The Statement has information on:

- the National Employment Standards
- right to request flexible working arrangements
- modern awards
- making agreements under the Fair Work Act 2009
- individual flexibility arrangements
- freedom of association and workplace rights (general protections)
- termination of employment
- right of entry
- the role of the Fair Work Ombudsman and the Fair Work Commission.

The statement can be obtained from Fair Work.

Personnel file documentation

As part of the staff personnel file the following documentation is recommended:

- Employee information including address, contact phone, email, emergency contact information,
- Tax declaration form
- <u>Superannuation choice form</u>
- Bank details form,
- Signed contract/letter of offer,
- Position description,
- Completed induction checklist,
- Health practitioner registration from <u>AHPRA</u> (if relevant),
- Qualification and professional indemnity (if relevant),
- Signed confidentiality agreement,
- Employee immunisation records,
- Records of continual professional development,

Please note: additional forms for GPs are required to be completed on commencement. A template to assist with these forms can be found <u>here</u>.

Activity 5.1 – Staff documentation

The aim of this activity is to review the practice's system for keeping staff documentation.

Description	Status	Action to be taken
Does your practice keep <i>individual</i> files for every team member?	□ Yes: see action to be taken. □ No: see action to be taken.	Are these: Paper based Electronic Create individual files for all team members. This can be either paper based or electronic (decide on a
		system that works for your practice). Update practice policy & procedure.
After reviewing your practice staff documentation	Yes, see actions to be taken to help set you goals.	Refer to the MFI and the <u>Thinking</u> part at the end of this document.
processes, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	No, you have completed this activity.	Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 6 - Privacy and confidentiality

Protecting patient privacy and confidentiality pertaining to medical records and health information is essential, and as a practice you need to ensure it adheres to legislation outlining privacy requirements.

Medical practices and medical practitioners in all states and territories must comply with the <u>Commonwealth's</u> <u>Privacy Act 1988</u>, the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u> and the <u>Australian Privacy</u> <u>Principles (APPs)</u>.

How to improve your practice

The practice should aim to ensure that health and other sensitive personal information collected during the course of a patient's relationship with the practice and its staff remains secure and is used and disclosed for any primary or secondary purpose for which it was collected.

- All employees and contractors should sign a confidentiality agreement with the practice to ensure they are aware of their obligations around confidentiality and provide the practice with protection should a breach occur.
- A social media policy should be in place to protect the staff privacy and potential employment issues.
- The Australian Privacy Principles should be included in the induction program for all practitioners and staff in the practice.
- You should implement practices, procedures and systems that reflect the following five parts:
 - 1. Consideration of personal information
 - 2. Collection of personal information
 - 3. Dealing with personal information
 - 4. Integrity of personal information
 - 5. Access to and correction of personal information⁵

Relevant RACGP Accreditation Standard indicators

Criterion C6.3 – Confidentiality and privacy of health and other information

According to the <u>RACGP 5th edition accreditation standards</u>, you must collect personal health information and then safeguard its confidentiality and privacy in accordance with:

- the Australian Privacy Principles (APPs) contained in the Privacy Act 1988
- long-standing legal and ethical confidentiality obligations
- other relevant state or territory laws (which may or may not be health specific)

You are subject to stringent privacy obligations because your practice provides health services and holds health information. Health information is a subset of personal information. Personal information is, by definition,

⁵ <u>https://www.avant.org.au/PracticeManager/Protect-Your-Practice/Risk-management/Privacy-and-</u> <u>confidentiality/</u>

sensitive; it requires more rigorous protection than non-sensitive information. Personal information can include any information collected in order to provide a health service.

Information security in general practice

Information security is critical to the provision of safe, high-quality healthcare and the efficient running of a general practice. It is a fixed cost of doing business, and requires adequate allocation of financial and human resources to ensure business continuity and the protection of information assets.

Information security involves prevention of inappropriate access, protection of personal information and preservation of practice data.

Patient or practice team data that is lost, stolen, inappropriately used or accessed can result in identity theft or privacy breaches that could ultimately place your practice at risk of incurring substantial fines or penalties.

Patient or practice team data that is lost, stolen, inappropriately used or accessed can result in identity theft or privacy breaches that could ultimately place your practice at risk of incurring substantial fines or penalties.⁶

For more information on ensuring your practice meets the information security in general practice standards please refer to: <u>Information security in general practice</u> and <u>Computer and information security templates</u>

Privacy action plan for your health practice

The *Privacy Act 1988* (Privacy Act) requires you to be proactive in establishing, implementing and maintaining privacy processes in your practice.

The Office of the Australian Information Commissioner's *Guide to health privacy* sets out the key practical steps you should take to meet your privacy obligations and protect the personal information you hold:

⁶ <u>https://www.racgp.org.au/running-a-practice/security/protecting-your-practice-information/information-</u> <u>security-in-general-practice</u>



⁷ <u>https://www.oaic.gov.au/privacy/guidance-and-advice/privacy-action-plan-for-your-health-practice/</u>

Activity 6.1 – Practice privacy and confidentiality

The aim of this activity is to review the practice's privacy and confidentiality processes.

Description	Status	Action to be taken
Does your practice have a confidentiality agreement?	☐ Yes: continue with activity.	Obtain <u>confidentially agreement</u> and implement at your practice.
	□ No: see action to be taken.	
Does your practice have a designated team member who	Yes: see action to be taken.	Who is responsible?
ensures all employees have a signed confidentiality agreement?		Is this role documented in their position description?
		🗆 Yes 🛛 No
	□ No: see action to be taken.	Appointment a team member to be responsible for this and ensure it is in their position description
Does your practice have a documented privacy action plan?	□ Yes: continue with activity.	Refer to the <u>privacy action plan for</u> your health practice
	□ No: see action to be taken.	RACGP privacy policy template for General Practices
After reviewing your practice	□ Yes, see actions to be taken	Refer to the MFI and the <u>Thinking</u>
privacy and confidentiality processes, are there any	to help set you goals.	part at the end of this document.
changes you would like to implement in the practice, to help manage patients, over the next 12 months?	No, you have completed this activity.	Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 7 - Practice team qualifications

Our practice team members involved in the medical and clinical care of patients have the responsibility to maintain their relevant national registrations, have proof of their credentialing, and comply with their ongoing continuing professional development requirements. All medical, clinical and other healthcare providers must:

- Have appropriate current national medical or nursing registration
- Be suitably qualified and trained
- Maintain the knowledge and skills that enable them to provide quality clinical care
- Comply with the professional development requirements and code of conduct of the relevant professional organisation, regardless of whether they are a member of the organisation, and
- Work within their scope of practice and competencies.

Copies of records showing current registration (where required), training and qualifications, competency and continuing professional development activities for each member of the practice team (including general practitioners) are provided to the practice to be retained in the team member's employment or contract file.

Our practice encourages team members to maintain their knowledge, skills and a professional attitude by maintaining membership with their professional specialty organisations (e.g. RACGP, AMA, APNA, AAPM).

Relevant RACGP Accreditation Standard indicators

Criterion GP3.1 – Qualifications, education and training of healthcare practitioners

According to the <u>RACGP 5th edition accreditation standards</u>, GP3.1 A Members of our clinical team:

- have current national registration where applicable
- have accreditation/certification with their relevant professional association
- actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements
- have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation or at least every three years.

GP3.1 B GPs working in our practice are one or more of the following:

- A vocationally registered (VR) GP
- A medical practitioner on a pathway to general practice Fellowship
- A general practice registrar under appropriate supervision from a qualified VR GP
- Working under an approved workforce program

Activity 7.1 – Practice team qualifications & registration

Å

The aim of this activity is to review the qualifications and registration of your practice team.

Description	Status	Action to be taken
Do all of your clinical team have current national registration?	☐ Yes: continue with activity.	Refer to <u>Australian Health</u> <u>Practitioner Regulation Agency</u> to obtain current registration certificates.
	No: see action to be taken.	
Do all of your clinical team have accreditation/certification with their professional	☐ Yes: continue with activity.	Ask all team members to provide evidence of this.
association?	□ No: see action to be taken.	
Do all of your clinical team have adequate professional indemnity insurance?	□ Yes: continue with activity.	Ask all team members to provide evidence of this.
	□ No: see action to be taken.	
Do you have a system for ensuring you obtain updated documentation (registration, certification and insurance),	☐ Yes: continue with activity.	Consider setting a reminder in calendar to review this on an annual basis.
on an annual basis?	□ No: see action to be taken.	
After reviewing your practice qualification and registration processes, are there any	Yes, see actions to be taken to help set you goals.	Refer to the MFI and the <u>Thinking</u> <u>part</u> at the end of this document.
changes you would like to implement in the practice, to help manage patients, over the next 12 months?	No, you have completed this activity.	Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 8 - Practice team training and development

It is important for all team members to participate in ongoing training and professional development. This training may be delivered at your practice or via external training programs. Practice team members should obtain a certificate of attendance or evidence of participation and completion for all training (including informal training sessions) undertaken, allowing for this information to be retained on file.

It is acknowledged that some crucial areas for training exist, depending on the team member's role and responsibilities. These training requirements should be met according to the team member's training schedule.

Education is not limited to professional technical skill updates, but includes a variety of training and educational activities in areas of need as they arise.

All members of the practice team should be encouraged to identify any professional development needs they may have and seek opportunities to meet these needs. Usually, this occurs in consultation with the team member's supervisor and this process should be documented. An ongoing agenda item is a good way to ensure professional development needs do not get forgotten about and empowers the staff member to identify and participate in training and development opportunities

Training opportunities may include:

- Education at formal institutions
- Attendance of educational seminars
- Online training including webinars
- In-service education given by company sales representatives or other team member, and
- Reading of journals, evidence-based guidelines or researching information for the practice.

Relevant RACGP Accreditation Standard indicators

Criterion GP3.1 – Qualifications, education and training of healthcare practitioners

According to the <u>RACGP 5th edition accreditation standards</u> GP3.1 A Members of our clinical team:

- actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements
- have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation or at least every three years.

Activity 8.1 – Practice team training & education

The aim of this activity is to review the ongoing education requirements of your practice team.

Description	Status	Action to be taken
Are all team members supported to participate in ongoing professional development?	Yes: see action to be taken to outline ongoing training types.	Select the type of training that team members participate in: in house training
	□ No: continue with activity.	 external education events webinars online learning modules other
Do you have a policy and procedure in relation to ongoing training and education?	 Yes: continue with activity. No: see action to be taken. 	Update policy and procedure manual.
Do all team members have a training and education plan?	 Yes: continue with activity. No: see action to be taken. 	Arrange one-on-one meetings with all team members to identify training needs and develop a plan for the upcoming 12 months.
Do you keep a copy of attendance certificates for any training completed?	 Yes: continue with activity. No: see action to be taken. 	Obtain from team members any training they have participated in and keep in their individual file.
Do you keep a record of any training completed in house? (for e.g. Medicare item number training, spills kit training etc.)	 Yes: continue with activity. No: see action to be taken. 	Include a template in each team member's file that you can easily document when in house training is completed.
Do you know Brisbane South PHN have an online education	□ Yes: continue with activity.	Refer to the Brisbane South PHN calendar of events.
calendar outlining and upcoming events?	□ No: see action to be taken.	Subscribe to Brisbane South PHN <u>eBlast</u> mailing list to be emailed upcoming events.
After reviewing your practice training and education processes, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	 Yes, see actions to be taken to help set you goals. No, you have completed this activity. 	Refer to the MFI and the <u>Thinking</u> <u>part</u> at the end of this document. Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 9 - Staff performance appraisals

Performance monitoring

Performance appraisals are conducted to ensure continuing high levels of work performance and to assist in job enrichment. The review is part of a continuous process of feedback to individual practice team members on their work performance and is extended to include performance improvement and career development.

Performance appraisals benefit the practice and its team members by:

- Ensuring all practice team members know what is expected of them and how their work is important to the practice.
- Providing practice team members with formal recognition and appreciation for their work.
- Providing an opportunity to review goals, celebrate achievements and set objectives for the future.
- Helping practice team members to develop their skills and performance to achieve practice goals and further their own career.
- Reviewing management of issues and grievances.

A review involves identifying, evaluating and developing the work performance of the practice team so that practice goals are more effectively achieved and at the same time benefit the practice team in terms of recognition, receiving feedback, catering for work needs and offering career guidance and support.

The relevant position description forms the basis for evaluation and lines of accountability.

The performance appraisal document, including comments concerning current progress and future goals, needs to be signed by both parties, with a copy retained by the practice team member; the original is filed in their employment or contact record.

Performance appraisals are not directly linked to salary reviews, nor are they the forum for seeking a pay increase. The performance appraisal should also not be the forum for managing issues which have occurred over the previous year – any such issues which may arise should be addressed immediately.

Frequency of performance reviews

It is suggested that a performance review is conducted 3 months after commencement of the position and at least annually thereafter.

Relevant RACGP Accreditation Standard indicators

Criterion C3.2B – Our practice has performance discussions with each team member

According to the <u>RACGP 5th edition accreditation standards</u> one way that managers can monitor a team member's performance is to have regular meetings where issues can be raised and addressed before they become a problem. This is particularly useful in smaller practices where informal processes generally work better than formal processes.

If you decide to introduce formal performance discussions, consult with your practice team to ensure that the process is practical and fair. Organisations that spend a substantial amount of time training the managers and practice team about the process are generally more successful at implementing effective performance discussions. The performance monitoring system could cover:

- setting standards for performance
- assessing performance against the standards
- providing and receiving feedback about performance
- agreeing on actions to further improve performance.

Activity 9.1 – Performance appraisals

The aim of this activity is to review the practices processes for completing performance appraisals.

Description	Status	Action to be taken
Are teams and individuals encouraged to monitor their own performance to identify any further development needs?	 Yes: continue with activity. No: see action to be taken. 	Review the practice team performance strategies and identify solutions for encouraging improved performance.
Does your practice conduct performance discussions with each staff member?	Yes: see action to be taken.	How often are performance discussions conducted? Quarterly Annually Other (please give details):
	□ No: see action to be taken.	You could: Implement a formalised performance monitoring process.
		Have regular catch-ups between managers and their practice team members.
		Establish development goals for members of the practice team.

Description	Status	Action to be taken
Does your practice have one team member who has the primary responsibility for leading risk management systems and processes?	Yes: see action to be taken. No: see action to be taken.	Who has this responsibility? Is this role included in their position description? Yes No Do they require any further training? Yes No Discuss this with the practice decision makers, and decide who should be appointed as responsible for leading risk management systems and processes. Include this role in their position description. Provide any relevant training.
Are completed performance appraisal forms stored in the individuals HR file?	 Yes: continue with activity. No: see action to be taken. 	Ensure completed forms are stored in the team members file. This can either be electronically or paper based.
After reviewing your practice performance review processes, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	 Yes, see actions to be taken to help set you goals. No, you have completed this activity. 	Refer to the MFI and the <u>Thinking part</u> at the end of this document. Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 10 - Occupational health and safety

Employers have a responsibility to provide a safe workplace for staff. This is legislated under state jurisdiction. In comparison to many workplaces, medical practices are by their nature relatively safe. However, hazards include:

- risk of infection,
- dangerous substances and
- office activities.

Practice owners are liable and managers can also be held liable for harm that may occur to an employee.

Employers are required to provide insurance cover for employees under a workers' compensation scheme. (<u>www.worksafe.qld.gov.au</u>) When a work injury or accident occurs, it must be recorded and managed to rehabilitate the person to their usual occupation, where possible.

Best practice requires all organisations to adopt a formal approach to managing workplace safety through a systematic assessment and minimisation of risk, consultation and appropriate training of staff. A safety manual is a useful way of documenting and implementing an occupational health and safety (OH&S) policy for the practice.

Relevant RACGP Accreditation Standard indicators

Criterion C3.5 – Work health and safety & Criterion GP4.1 – Infection prevention and control, including sterilisation

According to the <u>RACGP 5th edition accreditation standards</u> the following criterion apply to occupational health and safety.

C3.5A Our practice supports the safety, health and wellbeing of the practice team

C3.5B Our practice team is encouraged to obtain immunisations recommended by the current edition of the Australian Immunisation handbook based on their duties and immunisation status.

- GP4.1A Our practice has at least one clinical team member who has primary responsibility for:
 - coordinating prevention and control of infection
 - coordinating the provision of an adequate range of sterile equipment
 - where relevant, have procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated
 - safe storage and stock rotation of sterile products
 - waste management
- GP4.1B Our practice has a written, practice-specific policy that outlines our infection control processes.
- GP4.1C Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.
- GP4.1D All members of our practice team manage risks of potential cross-infection in our practice by methods that include:
 - good hand hygiene practices
 - the use of PPE

- triage of patients with potential communicable diseases
- safe storage and disposal of clinical waste including sharps
- safe management of blood and body fluid spills.
- GP4.1E Our patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.
- GP4.1F Our practice records the sterilisation load number from the sterile barrier system in the patient's health record when sterile items have been used, and records the patient's name against those load numbers in a sterilisation log or list.

Workplace inspections

Workplace Health and Safety Queensland (WHSQ) and the Electrical Safety Office (ESO) inspectors visit workplaces to respond to health and safety incidents, electrical safety incidents and to monitor and enforce compliance with the:

- <u>Work Health and Safety Act 2011</u> (the WHS Act)
- Electrical Safety Act 2002 (the ES Act)
- Safety in Recreational Water Activities Act 2011 (the SRWA Act)

Inspectors undertake workplace visits using observation, discussion and review of documents to assess the level of risk and extent of compliance. These visits may be initiated by state-wide compliance campaigns (e.g. safety blitzes), workplace assessments (e.g. audits and inspections) or in response to incident notifications or complaint.

More information about workplace inspections can be found <u>here</u>.

Activity 10.1 – Workplace health and safety

The aim of this activity is to review the ongoing education requirements of your practice team.

Description	Status	Action to be taken
Do you conduct a self assessment on workplace health and safety?	 Yes: continue with activity. No: see action to be taken. 	Refer to the Workplace Safety inspection c <u>hecklist.</u>
Do you obtain immunisation immunity &/or status for all team members?	 Yes: continue with activity. No: see action to be taken. 	Refer to the <u>providing evidence</u> from the Queensland Health.
Do you have at least one team member responsible for coordinating prevention and control of infection?	Yes: see action to be taken.	Who is this person?

Description	Status	Action to be taken
		 Yes No Does this person require any training? Yes No
	□ No: see action to be taken.	Appoint a team member responsible for coordinating prevention and control of infection in the general practice. Once appointed, include in position description and organise any required training.
Do you have an infection control policy & procedure manual?	☐ Yes: see action to be taken.	Is the manual up to date? Do all team members have access to this?
	□ No: see action to be taken.	Obtain an infection control policy & procedure manual and customise to suit your practice.
Are all areas of infection control (blood and body fluid spills, hand hygiene, chemical use, instruments, waste	□ Yes: continue with activity.	Update orientation checklist to include all infection control items.
management, laundry, PPE, pathology specimens and immunisation status) included in the staff induction process?	□ No: see action to be take.n	More information on orientation can be found <u>here.</u>
Is training on all areas of infection control completed on an annual basis?	☐ Yes: continue with activity.	Ensure infection control training is included and conducted as part of each team members <u>performance appraisal.</u>
	□ No: see action to be taken.	

Description	Status	Action to be taken
After reviewing your practice occupational health and safety	Yes, see actions to be taken to help set you goals.	Refer to the MFI and the <u>Thinking</u> <u>part</u> at the end of this document.
processes, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	No, you have completed this activity.	Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.

Activity 11 - Practice communication

Regular discussions where all members of the practice team are encouraged to have input are important in building a high performing team. The practice should aim to cultivate a just, respectful, open and supportive culture where individual accountability and integrity is preserved, but there is a whole-of-team approach to the quality of patient care.

Practice meetings should be conducted on a regular basis to facilitate the exchange of practice news, other general administration and protocol issues, complaints and to discuss risk management issues arising out of the practice. Matters pertaining to clinical care may be discussed at these meetings if appropriate, or during clinical meetings.

Urgent daily notices and other general items for immediate attention need to be provided to team members as soon as possible. This could be done via email, internal messaging program, staff notice board or written in a communication book. All members of the practice team should be required to read the daily notices and to acknowledge they have read this information during each work session.

Types of practice meetings

The practice could convene a number of types of meetings. This could depend on the size of your practice and/or the structure of your practice. These meetings could include:

- Daily huddle this is a routine daily meeting to align the team to focus on today's assignments, post the daily labor plans, discuss the previous day's performance, today's plan and any issues. It is suggested to keep this meeting to 10-15 minutes maximum and to make it visual, simple and meaningful.
- Management meeting during this meeting, the practice owner, practice manager & other relevant people could discuss updates on policy matters, business operations, systems and procedures, financial matters, patient throughput statistics, practice layout and image, human resource management and any other issues which requires the attention of the management team.
- Administration staff meeting the staff meeting is an ideal forum in which to discuss day-to-day office procedures, staff education, grievances, rosters, staff training program, conditions of employment and other administrative matters
- Nursing staff meeting the meeting is an ideal forum in which to discuss policy & procedures, treatment room flow, staff education, grievances, rosters, the staff training program, conditions of employment and other clinical matters.
- Clinical meeting this meeting is an opportunity for all the clinical team to report on clinical issues, clinical
 or pharmaceutical updates, case studies, report on continuous quality improvement activities, complaints
 and incident reviews to identify and prevent a slip, lapse or mistake in clinical care. It may also be an
 opportunity to invite other health professionals to provide appropriate education.
- All practice team meeting these meetings are designed to review processes, look at opportunities to improve practice efficiency, discuss continuous quality improvement activities, review patient feedback, and any other items suitable to the practice.

Relevant RACGP Accreditation Standard indicators

C3.4A – Our practice team has the opportunity to discuss administrative matters with the principal practitioners, practice directors, practice management or owners when necessary.

C3.4B – Our practice encourages involvement and input from all members of the practice team.

C3.4C – Our clinical team discusses the practice's clinical issues and support systems.

According to the <u>RACGP 5th edition accreditation standards</u> the most common way for practices to build teamwork is to schedule regular meetings where all members of the practice team are encouraged to contribute to discussions. For small practices, this can be an informal discussion at regular intervals, such as at the end of every week.

It is a good idea to document the decisions made at team meetings and the names of those responsible for implementing related actions. This can be done through the meeting minutes/register. Where relevant, provide all members of the practice team with the opportunity to discuss administrative issues with the practice directors and/or owners when necessary.

When the practice owner is not a member of the practice, the practice team could develop systems for discussing administrative matters with the owner. Although these discussions do not necessarily need to occur as a formal meeting, formal meetings are recommended, particularly for medium and large practices.

Good communication between the manager/employer and the practice team will help to create an efficient and productive workplace where there are positive working relationships. This will result in long-term benefits for the practice, the practice team and patients.

Good communication between members of the clinical team can be achieved with face-to-face meetings. Communication tools such as message systems and notice boards can be used to record clinical issues and ideas. The clinical team must have access to up-to-date resources on a range of clinical issues in order to improve the treatment of patients and for their own professional development.

Activity 11.1 – Practice team meetings

The aim of this activity is to review the communication strategies of the practice.

Description	Status	Action to be taken		
Are a variety of communication	□ Yes: see action to be taken.	List the methods of communication used within your practice:		
methods (written, electronic, one-on-one) used in your practice?)	Communication Type	Works well	Needs improving

Description	Status	Action to be take	n		
Does your practice have team meetings?	☐ Yes: see action to be taken.	List the type and practice.	frequency of	meeting	s held at your
		Meeting Type	Frequency	Works well	Needs improving
	□ No: see action to be taken.	Huddle			
		Administration			
		Nurse			
		Clinical team			
		All practice			
		Management			
		Other			
Are decisions, which are critical to the practice and its direction communicated to all practice staff?	 Yes: see action to be taken. No: see action to be 	Outline how this the practice team			
Are practice meetings documented with an	taken.	identify solutions	for improved	ł commu	nication.
agenda and meetings?	No: see action to be taken.				

Description	Status	Action to be taken
After reviewing your practice communication	Yes, see actions to be taken to help set you goals.	Refer to the MFI and the <u>Thinking part</u> at the end of this document.
strategies, are there any changes you would like to implement in	□ No, you have	Refer to the <u>Doing part - PDSA</u> of the MFI to test and measure your ideas for success.
the practice, to help manage patients, over the next 12 months?	completed this activity.	

Activity 12 - Clinical handover

Clinical Handover is one of the most important to consider when ensuring the continuity of patient care. In the face of the changing work patterns of the medical workforce, clinical handover is an increasingly essential practice. Health administrators, and medical and nursing professionals must work together to ensure good clinical handover practices are developed and maintained. Staff must be supported in their endeavours to achieve this – and this means having dedicated time and resources. ⁸

Clinical handover is defined in the *RACGP Standards for general practices 5th edition* as 'the transfer of professional responsibility and accountability for some or all aspects of a patient's care, from one professional person or group to another'.

Failure or inadequate handover of care is a major risk to patient safety and a common cause of serious adverse patient outcomes. It can lead to delayed treatment, delayed follow up of significant test results, unnecessary repeat of tests, medication errors and increased risk of medico-legal action.

Clinical handover communications can be face-to-face, written, via telephone and also by electronic means.

Relevant RACGP Accreditation Standard indicators

C5.3A – Our practice manages the handover of patient care both within the practice to other members of the clinical team and to external care providers.

According to the <u>RACGP 5th edition accreditation standards</u> clinical handover needs to occur whenever there is a transfer of care from one provider to another.

For example, when:

- a practitioner is covering for a fellow practitioner who is on leave or is unexpectedly absent,
- a practitioner is covering for a part-time colleague,
- a practitioner is handing over care to another health professional, such as a nurse, physiotherapist, podiatrist or psychologist,
- a practitioner is referring a patient to a service outside the practice,
- there is a shared-care arrangement (e.g. a team is caring for a patient with mental health problems),
- there is an emergency, such as handover to hospitals or ambulance,
- the patient makes a request (e.g. to upload their health summary to a shared electronic health record).

Whenever clinical handovers occur due to the absence of a regular practitioner, it is good practice to:

- tell the patient who will take over their care,
- pass on information about the patient's goals and preferences,

⁸ <u>https://ama.com.au/sites/default/files/documents/Clinical_Handover_0.pdf</u>

• support patients, carers and other relevant parties who will be involved in the clinical handover, according to the wishes of the patient.

Meeting each accreditation indicator

You must:

- keep copies of referrals to allied health services, other practitioners, specialists and ambulance staff in the patient's health record
- have a process for handover of care in the event of unexpected or expected leave.

You could:

- keep records of any breakdowns in the clinical handover system that were identified and addressed,
- use a clinical software program to generate referrals that are automatically populated with a health summary. The referral must be accompanied by a statement written by the GP giving the reason for the referral,
- have a policy explaining how to conduct internal and external handovers, including to locum practitioners,
- have a standard form to be used for ambulance transfers,
- conduct face-to-face handovers, unless it is not possible,
- maintain service-level agreements with medical deputising services and after-hours cooperative arrangements, clearly setting out the responsibilities of all parties,
- have a shared-care arrangement when appropriate,
- create and document a buddy system,
- use internal messaging or internal email for clinical team members to communicate with each other,
- use software, such as patient information and management systems, that enables you to upload a patient's shared health summary/record or event summary to the patient's national shared electronic health record when the patient requests it.

Activity 12.1 – Clinical handover

The aim of this activity is to review the clinical handover processes in your practice.

Description	Status	Action to be taken
Does your practice have a documented policy and procedure that includes managing clinical handover?	 Yes: continue with activity. No: see action to be taken. 	Update policy and procedure to reflect clinical handover practices.

Description	Status	Action to be ta	iken	
Does your practice have a buddy system?	□ Yes: continue with activity.	-	ement meeting t will work in your	
	□ No: see action to be taken.	More informat	ion can be found	d <u>here.</u>
Does your practice have internal	□ Yes: see action to be taken.	List the methods of internal messaging used within your practice		
messaging system to communicate amongst the team?	□ No: see action to be taken.	Messaging Type	Works well	Needs improving
After reviewing your practice clinical handover processes, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	 Yes, see actions to be taken to help set you goals. No, you have completed this activity. 	end of this doo Refer to the <u>Do</u>	1FI and the <u>Thinl</u> cument. <u>Ding part - PDSA</u> ure your ideas fo	of the MFI to

Resources & training

Survey Templates

• <u>Survey Monkey – Employee Engagement Survey Template</u>

Resources

- <u>RACGP Toolkit Practice teams & leadership</u>
- <u>RACGP Toolkit Managing the wellbeing of staff and self</u>
- <u>A Guide for the general practice team Australian College of Nursing</u>
- The Nursing Role in General Practice Accreditation checklist
- Avant How to manage your risk when employing staff
- Avant Staff risk management
- <u>Brisbane South PHN website</u> has a number of resources available in a variety of topics

Staff Training

- Brisbane South PHN medical receptionist online learning modules
- Medicare online learning modules
- Brisbane South PHN education events

Associations

- <u>Australian Association of Practice Management</u>
- <u>Australian Primary Health Care Nurses Association (APNA)</u>

Brisbane South PHN QI toolkits

- Brisbane South PHN have a number of QI toolkits available. These can be accessed via the <u>website</u>.
- PDSA template if you would like to complete your template electronically click <u>here</u> to access a PDF fillable version

Train IT Resources

• Brisbane South PHN have a library of webinars and resources from Train IT that guide your practice through QI activities. Please contact the Digital Health team by email ehealth@bsphn.org.au or phone 1300 467 265 to gain access to these resources.

Quality Improvement Activities using The Model for Improvement and PDSA

After completing any of the workbook activities above you may identify areas for improvement in the management of your practice team. Follow these steps to conduct a Quality Improvement Activity using The Model for Improvement and PDSA. The model consists of two parts that are of equal importance.

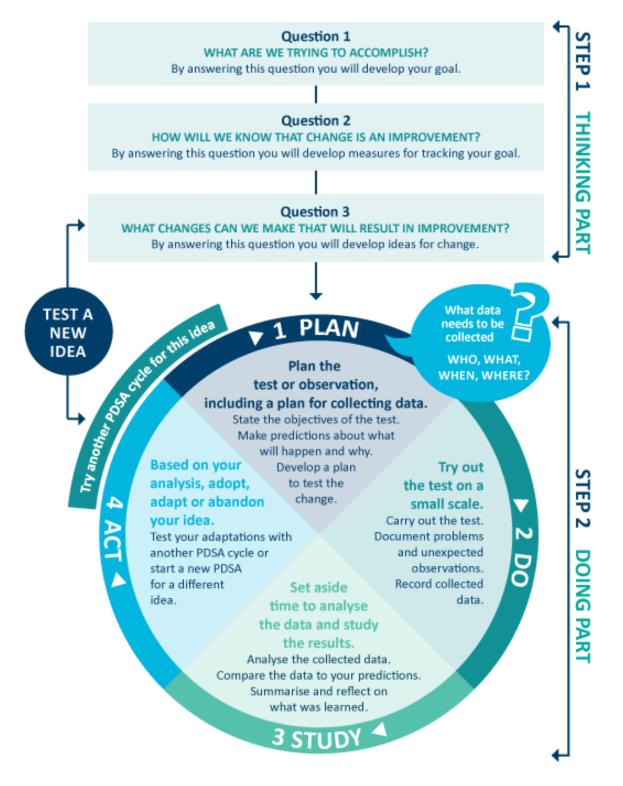
Step 1: The **'thinking'** part consists of three fundamental questions that are essential for guiding improvement work:

- What are we trying to accomplish?
- How will we know that the proposed change will be an improvement?
- What changes can we make that will lead to an improvement?

Step 2: The **'doing'** part is made up of Plan, Do, Study, Act (PDSA) cycles that will help to bring about rapid change. This includes:

- Helping you test the ideas
- Helping you assess whether you are achieving your desired objectives
- Enabling you to confirm which changes you want to adopt permanently.

Model for Improvement diagram



Source: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx_

MFI and PDSA template EXAMPLE

Step 1: The thinking part - The 3 fundamental questions

Practice name:	Date:
Team members:	
Q1. What are we trying to accomplish?	(Goal)
By answering this question, you will develop your GOAL for improvement. Record this as a S.M.A.R.T. goal (S pecific, M easurable, A chievable, R elevant, T ime bo	und).
Our goal is to: Ensure all staff participate in ongoing training relevant to their role at the practice. This is a good start, but how will you measure whether you have achieved this goal? to embrace change if the goal is more specific and has a time limit. So, for this example, a better goal statement would be: Our S.M.A.R.T. goal is to ensure all employees have participated in 3 training opporte by 20 th December.	
Q2. How will I know that a change is an improvement?	(Measure)
By answering this question, you will determine what you need to MEASURE in order of your goal. Include how you will collect your data (e.g. CAT4 reports, patient survey your baseline measurement to allow for later comparison.	
 We will: Review employee files to identify who has completed ongoing training in the Identify the number of training sessions required for each staff member. 	past 12 months.
BASELINE MEASUREMENT:6 team members have done 3 training sessions, 4 tosession and 7 team members have completed no trainingDATE:	eam members 1 training
Q3. What changes could we make that will lead to an improvement?	(List your IDEAS)
By answering this question, you will generate a list of IDEAS for possible changes you with achieving your S.MA.R.T goal. You will test these ideas using part 2 of this templ Act (PDSA)' cycle. Your team could use brainstorming or a driver diagram to develop	ate, the 'Plan, Do, Study,
IDEA: Identify training opportunities that are available including face-to-face, webina	rs, in house upskilling etc.
IDEA: Manager to meet with each staff member to identify training requirements.	
IDEA: Create an ongoing system to ensure staff members participate in training regul	arly.
IDEA: Management meet to discuss and finalise process for applying for training (will applying, will practice pay for training etc). Ensure this is documented in the policy & employment manuals.	•
IDEA: Practice team decides on the best way to communicate upcoming education of invitations place on pinboard etc).	oportunities (is it via email,
Note: Each new GOAL (1st Fundamental Question) will require a new MFI plan.	

MFI and PDSA template

Step 2: The doing part - Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the 3rd fundamental question in step 1. You will use this template to test an idea. Ensure you communicate the details of the plan to the entire practice team.

Record the change idea you are testing		
Which idea are you going to test? (Refer to Q3, step 1 above)		
meet with each team member individually to identify training requirements.		
Record the details of how you will test your change idea		
What exactly do you plan to do? Record who will do what; when they will do it (day, time etc) and for how long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and predictions about the outcome.		

VVHAT:

Sally will develop a staff training template and meet with all team members to discuss training needs. Sally will also identify current training opportunities. Sally is going to create a folder on her computer called staff training and then have sub folders for each team member. All training certificates will then be scanned and saved electronically. A spreadsheet will be created to easily be able to identify the number of training sessions each person has completed. Each team member will have a meeting with Sally to review completed and future training opportunities.

WHO/WHEN/WHERE:

When: Begin 15th July Where: Practice manager office. Who: Practice manager

DATA TO BE COLLECTED: Number of certificate of attendances for all team members.

PREDICTION: All team members will participate in 3 training sessions in the past 12 months.

DO	Run the test, then record your actions, observations and data
Run the test on a small scale	What did you do? Were there any deviations from the original plan? Record exactly what you did, the data collected and any observations. Include any unexpected consequences (positive or negative).

Done – completed 20th December – Sally developed a staff training template and met with all team members to discuss training needs. Sally also identified current training opportunities. Sally created a folder on her computer called staff training and then sub folders for each team member. All training certificates were scanned and saved electronically. A spreadsheet was created to easily be able to identify the number of training sessions each person has completed. Each team member had a meeting with Sally to review completed and future training opportunities.

Most staff reported that they felt because of COVID restrictions that they would not be able to participate in faceto-face training but Sally was able to provide staff with options for webinars and online sessions.

STUDY	Analyse the data and your observations
Analyse the results	Was the plan executed successfully? Did you encounter any problems or difficulties?
and compare them	What worked/didn't work? What did you learn on the way? Compare the data to your
to your predictions	predictions. Summarise and reflect on what was learned.

At the end of the focus on staff training, 10 team members have done 3 training sessions, 4 team members have completed 2 training sessions and 3 team members have completed one training session.

Results have been shared with the whole practice team.

Communicate the results of your activity with your whole team. Celebrate any achievements, big or small.

АСТ	Record what you will do next
Based on what you learned from the test, record what your next actions will be	Will you adopt, adapt or abandon this change idea? Record the details of your option under the relevant heading below. <i>ADOPT: record what you will do next to support making</i> <i>this change business as usual</i> ; ADAPT: <i>record your changes and re-test with another PDSA</i> <i>cycle; or ABANDON: record which change idea you will test next and start a new PDSA</i> .

ADOPT:

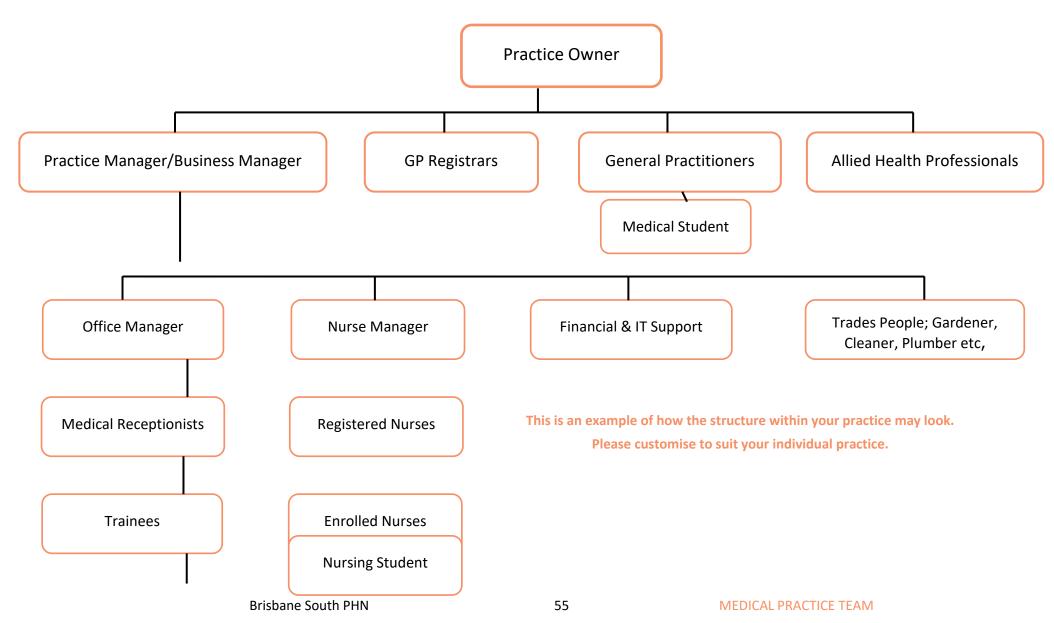
ADAPT: Sally felt this was a great opportunity to review training requirements for team members. However, this will be done as part of the annual performance review.

ABANDON:

Repeat step 2 to re-test your adapted plan or to test a new change idea

Appendix 1

Organisational Chart for General Practice



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