

The Nursing Role in General Practice Accreditation

Healthy Practices

APNA has produced a suite of resources to help general practices employ nurses and optimise their role in the general practice setting. Fulfilling these aims will help build Healthy Practices that deliver positive outcomes for their communities through nursing skills and expertise.

General practice accreditation is independent recognition that your practice is committed to delivering high quality and safe healthcare to patients in compliance with the Royal Australian College of General Practitioners (RACGP) Standards for General Practices.

Nurses working in general practice play an important role in many aspects of the accreditation process in the clinical areas of the practice, in quality and safety, in policy and procedures and leadership. Below are some of the ways nursing staff may contribute.

Area of accreditation	Standard/criterion	Actions required
Vaccine and cold chain management	5.3.2 A, B, C	<p>A nurse in a practice is able to take primary responsibility for the management of vaccines and ensuring the maintenance of cold chain principles:</p> <ul style="list-style-type: none"> <input type="checkbox"/> twice daily monitoring and logging of fridge temperatures <input type="checkbox"/> ensuring annual service of fridge <input type="checkbox"/> ordering of appropriate levels of vaccine according to fridge capacity <input type="checkbox"/> ensuring cold chain maintained on all deliveries <input type="checkbox"/> training of staff on 'Strive for 5' guidelines.
Clinical storage resource management (stock control)	5.3.1 D	<p>Nurses in a practice are well positioned to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ensure medication (including samples) is acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and jurisdictional requirements <input type="checkbox"/> ensure clinical consumables are acquired, stored and used in accordance with manufacturers' directions.
Sterilisation	5.3.3 C	<p>Nurses in a practice will have delegated responsibility for the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> sterilisation process and can describe in detail how sterile procedures are undertaken <input type="checkbox"/> provision of an adequate range of sterile reprocessed or disposable equipment <input type="checkbox"/> procedures for having instruments sterilised offsite, including documentary evidence of a validated process <input type="checkbox"/> procedures for onsite sterilisation, including monitoring the integrity of the whole sterilisation process, validation of the sterilisation process, and steriliser maintenance <input type="checkbox"/> safe storage and rotation of sterile products <input type="checkbox"/> procedure for the tracking of sterile equipment.

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Infection control	5.3.3 A, B	<p>Nurses in a practice can be responsible for:</p> <p>Hand hygiene:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ensuring adequate equipment and facilities available for hand hygiene <input type="checkbox"/> staff training on hand hygiene. <p>Standard precautions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> provision of spill kit for practice <input type="checkbox"/> staff training on use of spill kit <input type="checkbox"/> provision of personal protective equipment (PPE) <input type="checkbox"/> training of staff in PPE <input type="checkbox"/> formulating policy and action plan in the event of infectious disease outbreaks, e.g. influenza, measles, SARS, Ebola.
Practice physical environment	5.3.3 E	<p>Nurses in a practice may be instrumental in the process of ensuring:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the practice is visibly clean <input type="checkbox"/> provision of Material Safety Data information.
Quality improvement	3.1.1	<p>Nurses in a practice may contribute to quality improvement through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the use of relevant patient and practice data for quality improvement (e.g. patient access, chronic disease management, preventive health) <input type="checkbox"/> reviewing processes and improvement cycles in areas such as practice structures, systems and clinical care with members of the general practice team.
Staff health	5.3.3 H	<p>Primary health care nurses are often in a good position to monitor and assist with staff health. Normal consent and privacy procedures apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> staff immunisation and infectious disease review <input type="checkbox"/> developing and monitoring workplace health and safety process to protect staff from work related injuries <input type="checkbox"/> developing sharps management processes <input type="checkbox"/> managing blood and body fluids exposure processes <input type="checkbox"/> induction process regarding infection control for new staff <input type="checkbox"/> developing near miss and hazard reporting processes and follow up.
Health promotion	1.3.1 Cross reference 1.4.1 1.7.1	<p>Nurses in a practice are well positioned to ensure the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> practice has a systematic approach to health promotion, preventive care and early detection and intervention <input type="checkbox"/> provision of information to patients regarding health promotion and illness prevention <input type="checkbox"/> practice has access to up-to-date resources for both patients and clinical staff.

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Health records and documentation	1.7 A, B, C, D, E, F 4.22 1.1.2	<p>Nurses in a practice can be instrumental in contributing to patient health records and data integrity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> each patient has a legible individual patient health record containing all health information held by the practice <input type="checkbox"/> if a hybrid system exists, the practice can demonstrate there is a record made in each system indicating where the clinical notes are recorded <input type="checkbox"/> that active patient health records include patient identification, contact and demographic information (where appropriate) including: the patient's full name, date of birth, gender, and contact details <input type="checkbox"/> routine recording of the person the patient wishes to be contacted in an emergency <input type="checkbox"/> routine recording of Aboriginal and Torres Strait Islander status in active patient health records <input type="checkbox"/> working towards the routine recording of cultural background of patients in active patient health records <input type="checkbox"/> compliance with computer and information security policy and use of individual staff password access <input type="checkbox"/> adherence to privacy considerations regarding patients' clinical records and information <input type="checkbox"/> management and documentation of telephone and electronic communications with patients <input type="checkbox"/> routine updating and recording of the preventive care status (e.g. currency of immunisation, smoking, nutrition, alcohol, physical activity, blood pressure, height, and weight).
Follow-up tests and results	1.5.3	Nurses can be instrumental in contributing to, developing and delivering systems that ensure all patients with abnormal results and/or who require follow-up are contacted for attendance thus ensuring best patient care and mitigating medico-legal risk for the doctor and practice.
Policy and procedure manual (nurse contribution)		Nurses in a practice contribute and participate in the development, implementation and evaluation of relevant policies and procedures.

Further information see **Resource 16 Achieving and Maintaining RACGP Accreditation.**

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