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.

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| Vaccine and cold chain management      | 5.3.2 A, B, C      | A nurse in a practice is able to take primary responsibility for the management of vaccines and ensuring the maintenance of cold chain principles:  
|                                        |                    | - twice daily monitoring and logging of fridge temperatures  
|                                        |                    | - ensuring annual service of fridge  
|                                        |                    | - ordering of appropriate levels of vaccine according to fridge capacity  
|                                        |                    | - ensuring cold chain maintained on all deliveries  
|                                        |                    | - training of staff on ‘Strive for 5’ guidelines.                                                                                              |
| Clinical storage resource management   | 5.3.1 D            | Nurses in a practice are well positioned to:  
| (stock control)                        |                    | - ensure medication (including samples) is acquired, stored, administered, supplied and disposed of in accordance with manufacturers’ directions and jurisdictional requirements  
|                                        |                    | - ensure clinical consumables are acquired, stored and used in accordance with manufacturers’ directions.                                      |
| Sterilisation                          | 5.3.3 C            | Nurses in a practice will have delegated responsibility for the:  
|                                        |                    | - sterilisation process and can describe in detail how sterile procedures are undertaken  
|                                        |                    | - provision of an adequate range of sterile reprocessed or disposable equipment  
|                                        |                    | - procedures for having instruments sterilised offsite, including documentary evidence of a validated process  
|                                        |                    | - procedures for onsite sterilisation, including monitoring the integrity of the whole sterilisation process, validation of the sterilisation process, and steriliser maintenance  
|                                        |                    | - safe storage and rotation of sterile products  
|                                        |                    | - procedure for the tracking of sterile equipment.                                                                                           |
## The Nursing Role in General Practice Accreditation

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| Infection control     | 5.3.3 A, B         | Nurses in a practice can be responsible for:  
Hand hygiene:  
☐ ensuring adequate equipment and facilities available for hand hygiene  
☐ staff training on hand hygiene.  
Standard precautions:  
☐ provision of spill kit for practice  
☐ staff training on use of spill kit  
☐ provision of personal protective equipment (PPE)  
☐ training of staff in PPE  
☐ 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 | Nurses in a practice may be instrumental in the process of ensuring:  
☐ the practice is visibly clean  
☐ provision of Material Safety Data information. |
| Quality improvement   | 3.1.1              | Nurses in a practice may contribute to quality improvement through:  
☐ the use of relevant patient and practice data for quality improvement (e.g. patient access, chronic disease management, preventive health)  
☐ 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            | Primary health care nurses are often in a good position to monitor and assist with staff health. Normal consent and privacy procedures apply:  
☐ staff immunisation and infectious disease review  
☐ developing and monitoring workplace health and safety process to protect staff from work related injuries  
☐ developing sharps management processes  
☐ managing blood and body fluids exposure processes  
☐ induction process regarding infection control for new staff  
☐ developing near miss and hazard reporting processes and follow up. |
| Health promotion      | 1.3.1 Cross reference 1.4.1 1.7.1 | Nurses in a practice are well positioned to ensure the:  
☐ practice has a systematic approach to health promotion, preventive care and early detection and intervention  
☐ provision of information to patients regarding health promotion and illness prevention  
☐ practice has access to up-to-date resources for both patients and clinical staff. |
# The Nursing Role in General Practice Accreditation

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| Health records and documentation           | 1.7 A, B, C, D, E, F, 4.22, 1.1.2 | Nurses in a practice can be instrumental in contributing to patient health records and data integrity:  
- each patient has a legible individual patient health record containing all health information held by the practice  
- if a hybrid system exists, the practice can demonstrate there is a record made in each system indicating where the clinical notes are recorded  
- 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  
- routine recording of the person the patient wishes to be contacted in an emergency  
- routine recording of Aboriginal and Torres Strait Islander status in active patient health records  
- working towards the routine recording of cultural background of patients in active patient health records  
- compliance with computer and information security policy and use of individual staff password access  
- adherence to privacy considerations regarding patients’ clinical records and information  
- management and documentation of telephone and electronic communications with patients  
- 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](#).