

Aiming for Excellence 2016 Standard - Alignment of CPD and Safety in Practice

Section 1 – Patient Experience and Equity

	Criteria	CPD alignment <input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice <input checked="" type="checkbox"/> Cultural Competency	SiP alignment	Comment
1.2	The practice has a policy that describes how The Code is implemented.			Agree N/A
1.3	The general practice team has received training to implement the Code of Rights.			Agree N/A
2.1	The practice has a Privacy policy that complies with the Privacy Act 1993 and Health Information Privacy Code 1994.			Agree N/A
2.2	The general practice team has received training on the requirements of the Privacy Act 1993 and Health Information Privacy Code 1994.			Agree N/A
3.1	The practice has a policy that describes how complaints will be managed by the practice team.			Agree N/A
3.2	The practice has a designated Complaints Officer responsible for the implementation and management of the practice's complaints policy.			Agree N/A
3.3	Complaints and their resolution are used to look for opportunities for learning and quality improvement .	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review	Safety Culture Tool – Significant Event Analysis	Complaints may be related to an incident – so could be used for the Significant Event Analysis section of the Safety Culture Tool work (if practices have undertaken this section)
3.4 ★	The practice team works with its Primary Health Organisation/Network to share learnings from complaints.			PHO facilitators are usually involved with SIP programme and attend and assist in the learning session discussions such as SEA

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4.4	Informed consent is obtained from a patient or legally designated representative when agreeing to a treatment or procedure.			Agree N/A
5.1	The practice has a documented Māori Health Plan .			(Probably currently would not be applicable but as we are reviewing each of the modules we are also looking at them from an equity point of view. Practices could be including specific comparisons with the audit data for Maori to non-Maori for example, to check that processes are being applied safely across the board. Maori often have complex health problems and so are more at risk of errors around such things as results handling, medication reconciliation and prescribing complexities. Not fully developed yet however.)
5.2	The general practice team are trained in Te Tiriti o Waitangi/The Treaty of Waitangi including the principles of "Partnership, Participation and Protection".			Agree N/A

5.3	The practice addresses the health needs of its enrolled and geographic Māori population to reduce health inequalities.			(Probably currently would not be applicable but as we are reviewing each of the modules we are also looking at them from an equity point of view. Practices could be including specific comparisons with the audit data for Maori to non-Maori for example, to check that processes are being applied safely across the board. Maori often have complex health problems and so are more at risk of errors around such things as results handling, medication reconciliation and prescribing complexities. Not fully developed yet however.)
6.1	The general practice team are trained in cultural competence and cultural safety.		SIP does not provide any specific training in cultural competence	Practices can apply their cultural competence and cultural safety skills particularly in the areas where there is patient experience focus or feedback. These areas are also currently in more of a development phase but can be included as a particular focus in their audits - we would often encourage this when practices are doing well with the basis audit questions / processes and want to look for further areas in which they might improve.
6.5	The practice implements specific practice wide activities to identify and address the needs of significant cultural groups within the practice		This is not a specific area covered in SIP but practices could choose to audit and apply their findings in this way	A/a - currently not well developed but for practices that are large enough they can choose to check in their audits that they are performing as well for specific groups as compared to the practice as a whole.
8.1	The clinical team can demonstrate relationships and linkages with other organisations and community services to coordinate patient care.		This is not a specific area covered in SIP	

9.1	The practice includes feedback from patients when making decisions about the services provided in the practice.		<p>Not specifically covered in SIP but can be part of the following modules:</p> <p>Results Handling Module</p> <p>Medication Reconciliation Module</p> <p>Warfarin Monitoring Module</p> <p>DMARDs Monitoring Module</p> <p>Opioid Prescribing Module</p>	<p>There are suggestions in some of the modules that getting patient feedback on their experience of the practices processes (such as in the Results Handling module around how patients being informed of their results, or in the Medication Reconciliation module how patients medication changes have been discussed with them, or in the Warfarin module around how the practice communicates with the patient around their results and patient education given.</p> <p>Several of the modules include sections on education having been given to the patient so these are opportunities practices can use to get feedback on how that works for patients and practices could use these as documentation for this criterion.</p>
9.2	The practice informs patients and the general practice team about changes to services resulting from patient feedback.		This is not a specific area within SIP	Where changes have been made to processes, practices could use these as examples for this criterion.

Section 2 – Practice Environment and Safety

	Criteria	CPD alignment <input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice <input checked="" type="checkbox"/> Cultural Competency	SiP alignment	Comment
12.2	The practice can demonstrate implementation of its policy for security of electronic health information.			Agree N/A
15.1	The practice has infection control policies and procedures that align with the AS/NZS 4815: 2006 Standard.			Agree N/A
???	The practice undertakes , at a minimum, an annual medical emergency drill			Agree N/A
18.1	The practice has an Evacuation Scheme in accordance with the Fire Safety and Evacuation of Buildings Regulations 2006.			Agree N/A
18.2	The practice has a business continuity plan that prioritises support and recovery of critical and non-critical functions.			Agree N/A
18.3	The practice has a documented plan for providing assistance during emergencies which is explained to the general practice team.			Agree N/A
19.1	The general practice team is able to demonstrate how they comply with the Health and Safety at Work Act 2015.			Agree N/A

19.2	The practice has a designated Health and Safety Officer responsible for the Health and Safety at Work Act 2015.			Agree N/A
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Section 3 – Clinical Effectiveness Process

	Criteria	CPD alignment <input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review Audit of Medical Practice <input checked="" type="checkbox"/> Cultural Competency	SiP alignment	Comment
21.1	Patient records contain information to identify the patient and document: the reason(s) for the visit, relevant examination and assessment, management, progress and outcomes (management/risk factors screening/continuity/referral/tests/investigations).		SIP does not cover all aspects of patient records so probably not contribute to this section	SIP does look at very specific parts of records relating to very specific situations e.g. notification of test result as arranged, changes to long term medications from discharge summaries etc but they are better covered in other areas as are so specific.
21.2	All incoming clinical records are reviewed by a practice clinician for identification of key clinical issues as soon as possible upon receipt of the records.		Not covered by SIP as this is about transfer of notes from another practice when they enrol from what I can understand from Aiming for Excellence	
22.1	Non-medical team members responsible for first-line interaction with patients are trained to identify and respond appropriately to patients with urgent medical conditions			Agree N/A
22.3	There is a triage system to manage patients with urgent medical needs			Agree N/A

22.4	All practice team members who may be required to administer CPR must have current certification to an appropriate level from certified trainers.			Agree N/A
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23.1	There is a policy describing how laboratory results, imaging reports, investigations and clinical correspondence are managed.	<input checked="" type="checkbox"/> CME writing of policy	Results Handling Module	As practices work on this module they are recommended to update their policy and processes to reflect the updated processes they put in place. Practices are also prompted to consider what happens when they have locums working and how they inform them of their processes, as well as managing results when doctors work part time or are away on holiday.
23.2	All incoming test results or other investigations are sighted and actioned by the team member who requested them or by a designated deputy	This should be included in the policy for 23.1 <input checked="" type="checkbox"/> Audit of Medical Practice	Results Handling Module	The first audit measure in this module specifically checks that EVERY result has a definitive decision recorded by a clinician within 7 calendar days of result being received.

23.3	Patients are provided with information about the practice procedure for notification of test results	This should be included in the policy for 23.1 <input checked="" type="checkbox"/> Audit of Medical Practice	Results Handling Module	This is not a specific audit measure, but practices are prompted to check how patients receive information about the process and also to consider getting patient input/feedback about the practices processes for this.
23.4	The practice can demonstrate how they identify and track potentially significant investigations and urgent referrals	This should be clearly outlined in the policy for 23.1 <input checked="" type="checkbox"/> Audit of Medical Practice	Results Handling Module	This is not a specific audit measure, but practices are prompted to check and reflect on how they identify and tract significant tests within the practice and are provided suggestions as to how they can do this within their PMS.
23.5	A record is kept of communications with patients informing them about test results	This should be included in the policy for 23.1 <input checked="" type="checkbox"/> Audit of Medical Practice	Results Handling Module	The third audit measure is specifically checking that “the patient was informed as instructed”, which relies on this being documented.
23.6	The practice has a clinical governance process to ensure all clinical correspondence has been actioned.	This should be clearly outlined in the policy for 23.1 ?	Medication Reconciliation Module Results Handling Module	Medication Reconciliation Module looks specifically at whether discharge summaries have been reviewed and medication changes updated in the PMS, and patients informed so if there are gaps in the correspondence management processes these may be highlighted. Results Handling Module looks at whether test results have had decisions recorded, required actions completed and patients informed so again gaps might be highlighted. The benefits of doing each module extend to all of the other aspects that are highlighted and that practices have to discuss and address that are in addition to the actual audit measure questions.

	Criteria	CPD alignment <input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice <input checked="" type="checkbox"/> Cultural Competency	SiP alignment	Comment
24.1	Prescriptions of all medicines including controlled drugs are recorded in the electronic record and comply with all legislative and regulatory requirements.	Refer to policy for 24.2	Not specifically covered in SIP	

24.2	The practice has a documented policy for repeat prescribing	<input checked="" type="checkbox"/> CME policy review or development	Not specifically covered in SIP	There is some tie in with the clinical module areas of NSAID, DMARD's, opioids and warfarin, as these medicines can be risky if not monitored appropriately. Issues with repeat prescribing practices may be highlighted but the audits in these areas.
24.3	Where utilised, Standing Orders are in place and comply with Ministry of Health Guidelines.	<input checked="" type="checkbox"/> CME standing orders	Warfarin Monitoring Module	Practices may choose to use standing orders if nurses are managing warfarin adjustments according to INR's - these are currently practice specific until regional SO are agreed – warfarin SO are a high priority for completion in the Auckland region and when completed will be embedded in the Auckland Regional Health Pathways platform which will make it much easier for practices to be sure they are compliant.
24.4	Prescriptions of all medicines including controlled drugs (including those generated by the practice team outside the practice) are recorded in the electronic record and comply with all legislative and regulatory requirements.	Refer to 24.2 policy	Not specifically covered in SIP	If prescriptions were not compliant this would be likely to be evident during process of SIP audits, although is not specifically checked.
24.5 ★	The practice audits prescribing to ensure that medicines, including controlled drugs, are prescribed in compliance with legislative requirements and practice policy.	<input checked="" type="checkbox"/> Audit of Medical Practice NSAID High Risk prescribing is accredited for MOPS audit	NSAID High Risk prescribing audits Opioid Prescribing Module DMARD's Monitoring Module	The NSAID audit work provides information back to practices and clinicians on prescribing of NSAID that is outside general clinical recommendations. Practices and clinicians then reflect on this information and make changes for improvement.

24.6	The practice audits prescribing appropriateness and patterns in comparison to regional and/or national prescribing.	<input checked="" type="checkbox"/> Audit of Medical Practice	Opioid Prescribing Module NSAID High Risk prescribing audits	Practices doing the Opioid Prescribing Module could use this work to provide documentation around appropriateness of prescribing although it does not look at comparative data. The NSAID audit work provides information back to practices and clinicians on prescribing of NSAID that is outside general clinical recommendations. Practices and clinicians then reflect on this information and make changes for improvement. Can compare to other practices within SIP.
24.7	Results of practice audits are shared with the practice team to identify and action improvements in prescribing practice.	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice	Opioid Prescribing Module NSAID High Risk prescribing audits	Part of the process practices undertake in the modules is to share with the practice team and identify and action improvements so could be used as evidence in this criterion.
24.8	The practice identifies opportunities to improve prescribing and patient safety by developing relationships with pharmacists .	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice	NSAID High Risk prescribing audits Opioid Prescribing Module Medication Reconciliation Module Warfarin Monitoring Module	These 4 modules each have a corresponding module that the Pharmacies involved with Safety in Practice are doing. The SIP provides the opportunity for GP practices to become aware of these and to build some relationships with pharmacies in their areas. This is going to be one of the main focuses of the last Learning Session for this year in June 2018.
24.9 ★	The practice utilises the New Zealand ePrescription Service.		Not specifically covered in SIP	

<p>24.11 ★</p>	<p>The practice develops a partnership with patients to identify ways to improve safety and adherence to prescribed medications.</p>	<p><input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review</p>	<p>The following modules and audits provide opportunity to develop and demonstrate partnerships with patients for improving safety and compliance</p> <p>Medication Reconciliation Module</p> <p>Warfarin Monitoring Module</p> <p>DMARDs Monitoring Module</p> <p>Opioid Prescribing Module</p> <p>NSAID High Risk prescribing audits</p>	<p>Each of these modules provides opportunities for this which can be documented and used as evidence for Cornerstone.</p>
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25.1	The practice demonstrates the system used to identify patients eligible for screening and recall		Not specifically covered in SIP	In undertaking various of the SIP audits, practices may become aware of gaps in their recall processes, although it is not a specific focus in itself
25.2	The practice regularly audits screening and recall activities to review its effectiveness in reaching eligible target populations			

28.1	The practice has an Incident Management Policy		Policy not specifically part of SIP	Processes that practice's use should be included in their policy.
28.2	The Incident Reporting Register records incidents and near misses	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review	Safety Culture Tool – Significant Event Analysis	Significant Event Analysis is one of the Safety Culture Tools that is available for practices to undertake as part of SIP.
28.3	Adverse reactions to medicines and immunisations are recorded in the PMS and reported to the Centre for Adverse Reactions Monitoring (CARM)			
28.4	Incidents and their review are used for learning and quality improvement.	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review	Safety Culture Tool – Significant Event Analysis	Significant Event Analysis is one of the Safety Culture Tools that is available for practices to undertake as part of SIP. Practices are required to reflect on the causes and then discuss with their practice team and outline what learnings and changes they have made as a result.

28.5 ★	The practice team works with its Primary Health Organisation/Network to share learnings from the review of incidents.			<p>PHO facilitators are usually involved with SIP programme and attend and assist in the learning session discussions such as SEA.</p> <p>They can be involved to assist with discussing as a practice if requested.</p> <p>Cases and learnings are shared at the SIP Learning Sessions.</p>
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29.1	The general practice team can provide examples of how their practice has improved in the past year.	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice	<u>CLINICAL MODULES:</u> Results Handling Module Medication Reconciliation Module Warfarin Monitoring Module DMARDs Monitoring Module Opioid Prescribing Module NSAID High Risk prescribing audits <u>SAFETY CULTURE TOOLS:</u> Safety Climate Survey Trigger Tool Significant Event Analysis	The different modules and audits within SIP provide clear evidence of quality improvement work being done in the practice. Areas under development for 2018/19 year include <ul style="list-style-type: none"> - Reducing Acute Kidney Injury - Monitoring of higher risk medication audits (extension of NSAID work)
29.2	The general practice team has clinical goals for the year	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Audit of Medical Practice	Each of the areas of SIP can be incorporated into the clinical goals for the year, and provides documentation for the work that has been undertaken.	

29.3	The practice has a strategic plan that outlines service and clinical goals.	<input checked="" type="checkbox"/> CME	SIP can be one of the overall goals that practices take part in.	
29.4	The practice has identified leadership responsible for practice improvements in the safety and quality of clinical care.	<input checked="" type="checkbox"/> CME	SIP champions within the practice	
29.5	The practice undertakes quality improvement activities related to the management of targeted priority areas of clinical care	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice	Any of the modules	<p>Practices are encouraged to choose a module with particular relevance to them. In the first 2 years it is encouraged to do at least one of Results Handling or Medication Reconciliation modules, as these ones involve more of the practice team, and international and local evidence supports that they are common areas of risk for harm.</p> <p>The trigger tool can be used to identify useful areas for focus within the practice</p>

Section 4 – Professional Development

Nil identified

Section – Advanced and Aspirational only Indicators

	Criteria	CPD alignment <input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice <input checked="" type="checkbox"/> Cultural Competency	SiP alignment	Comment
32.1	The practice has a medicines reconciliation policy .	<input checked="" type="checkbox"/> CME	Medication Reconciliation Module	
32.2	The practice undertakes regular reconciliation of prescribed medicines in accordance with practice policy.	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice	Medication Reconciliation Module	
32.3	The practice audits patient records to ensure that: <ul style="list-style-type: none"> prescribed medicines are current and complete new or changed medicines are accurately recorded including reasons for alteration or discontinuation any notification of medicines prescribed outside the practice have been recorded and reconciled in the PMS. 	<input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice	Medication Reconciliation Module	The audits in this module would satisfy this criterion. Improvement work can be focused on the areas that are highlighted by the audit. The change package provides ideas and resources to support improvement.

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33.1	Practices can provide information on the prevalence of chronic or long-term conditions recorded and classified on the database			Agree N/A
33.2	The clinical team audits its management of patients in the practice to align care with current health targets for chronic and long-term conditions			Agree N/A
33.3	The practice demonstrates use of evidence-based electronic clinical decision support			Agree N/A
33.4	Electronic clinical decision support tools are integrated into the practice management system (PMS).			Agree N/A

34.1	The practice has a process to identify patients who would benefit from a shared care plan			Agree N/A
34.2	The clinical team using the shared care process can demonstrate use of the shared care tools.			Agree N/A
34.3 ★	The clinical team have received training in shared care principles such as person-focused goal setting and action planning, behaviour change, health literacy and self-management support.			Agree N/A
34.4 ★	Interdisciplinary electronic shared care plans are developed collaboratively with both patient and family (as appropriate)			Agree N/A

	Criteria	CPD alignment <input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice <input checked="" type="checkbox"/> Cultural Competency	SiP alignment	Comment
35.5	A wide range of current health promotion material is available to patients in printed and/or electronic form.	<input checked="" type="checkbox"/> CME	Resources and educational material being given to patients are aspects of several of the modules Warfarin Monitoring Module DMARDs Monitoring Module Opioid Prescribing Module	Further resources will be available in relation to the new modules under development for 2018/19 year include <ul style="list-style-type: none"> - Reducing Acute Kidney Injury - Monitoring of higher risk medication audits (extension of NSAID work)
38.1	The practice undertakes a regular assessment of the team culture and approach to patient safety.	<input checked="" type="checkbox"/> CME	Safety Climate Survey is endorsed by RNZCGP as fulfilling this criterion.	

38.3	There is a resource with information about the practice available to new practice team members and locums	<input checked="" type="checkbox"/> CME	Results Handling Module Medication Reconciliation Module Warfarin Monitoring Module DMARDs Monitoring Module Opioid Prescribing Module NSAID audits	Having a brief outline of agreed practice processes with which locums can easily be brought up to speed is a frequent area of focus that comes up from work in the modules. These can provide evidence for this criterion.
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Section – Advanced and Aspirational only Indicators

	Criteria	CPD alignment <input checked="" type="checkbox"/> CME <input checked="" type="checkbox"/> Peer Review <input checked="" type="checkbox"/> Audit of Medical Practice <input checked="" type="checkbox"/> Cultural Competency	SiP alignment	Comment
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40.2	The general practice team receives education and training on use of their patient portal system.	<input checked="" type="checkbox"/> CME	Results Handling Module	Transitioning or utilising a portal for communication around results is a common reason that encourages practices to undertake the Results Handling Module.
40.3	The practice has a policy on general practice staff access to patient portals which is compliant with the Privacy Act 1993 and Health Information Privacy Code.			Agree N/A