This policy is applicable to: all Bendigo and District Aboriginal Cooperative employees/volunteers

DOCUMENT CONTROL

REVISION RECORD

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Table of Contents

32. patient health records

Rights and needs of patients

33. respectful and culturally appropriate care
34. patient feedback
35. third party presence

Quality Improvement and Education

36. Quality improvement
37. Risk management
38. Qualifications
39. Induction of new staff
40. Aboriginal health workers / practitioners
41. Child at risk and mandatory reporting
42. Elder's Abuse
43. Staff as patients

Practice Management

44. Human resources
45. Staff code of conduct
46. Occupation health and safety- separate document
47. Incidents and injuries- separate document
48. Violence in the work place
49. Security
50. Confidentiality and privacy of health information
51. Information security
52. Disaster recovery plan
53. Transfer of patient health information
54. Request for personal health information
55. Retention and destruction of patient health information
56. Physical factors
57. Practice facilities
58. Access and parking
59. Practice equipment
60. Doctors bag
61. drugs of addiction – separate document
62. Cold Chain – separate document
63. Perishable materials/ infection control
64. Administration of Medication By nurses.
65. Storage of Medications.

General Practice Information:

Background:

The Bendigo and District Aboriginal Co-operative has been in operation since 2001 and has developed this manual to comply with particular regulations, and to help in the efficient running of this Health Practice.

Aboriginal culture

The term Aboriginal refers to a person who is of Aboriginal or Torres Strait Islander descent, who identifies as such, and/ or who is accepted as such by the community in which s/he lives. Aboriginality is a social term and has nothing to do with genetic factors.

Contemporary Aboriginal culture is extremely diverse. It is important that Aboriginal people be given choices where possible rather than health service staff assuming that all Aboriginal people will share the same attitudes and opinions.

Aboriginal Community Controlled
The definition of 'community control' in the National Aboriginal Health Strategy (1989) is as follows:
"Community control is the local community having control of issues that directly affect their community. Implicit in this definition is the clear statement that Aboriginal people must determine and control the pace, shape and manner of change and decision-making at local, regional, state and national levels."

Implicit in this definition is the clear statement that Aboriginal people must determine and control the pace, shape and manner of change and decision making at [all] levels. Essentially, community control is the process through which the community determines the nature of the health and medical service, and is able to participate in the planning, implementation, and evaluation of those services.

Community control has been widely accepted as a key requirement in strategies to overcome Aboriginal health disadvantage. Implicit in this is the understanding that much of the morbidity and premature mortality experienced by Aboriginal people is not amenable to medical or other interventions imposed from outside the community.

Aboriginal Definition of Health
The concept, perception and definition of health from the National Aboriginal Health Strategy (NAHS, 1989) is a key concept in Aboriginal health:
"Health' to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of their dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicine or the absence of disease and incapacity."

Health is "not just the physical wellbeing of an individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life."

If only one person is sick, the whole community hurts.

Cultural Environment
The Bendigo & District Aboriginal Cooperative (BDAC) is an ACCO (Aboriginal Community Controlled Organisation) registered as a member under the Umbrella of VACCHO (Victorian Aboriginal Community Controlled Health Organisation) and represented nationally through NACCHO (National Aboriginal Community Controlled Health Organisation).

BDAC was founded to represent and provide services to the Dja Dja Wrung community (Jaara people) and Aboriginal residents living in the Dja Dja Wrung Boundaries. BDAC has a responsibility to ensure growth of services, development of our Aboriginal community, better and improved health outcomes for our people, improved quality of life and be a lead agency in providing employment and career pathways for Aboriginal people.

We will consider and incorporate the way we do business practices to reflect our; Cultural Safety, Cultural Respect, Cultural Affirmation, Cultural Heritage, Cultural Practices and Cultural Knowledge by the following behaviours:

Contact details:

The Bendigo & District Aboriginal Co-operative
119 Prouses Rd, North Bendigo, Victoria, Australia 3550
PO Box 75, North Bendigo, Victoria, Australia 3552
Phone: (03) 5442 4947
Fax: (03) 5444 2400
Email: reception@bdac.com.au

Vision statement

The Vision of the Bendigo and District Aboriginal Co-operative is:

> **"Empowered generations belonging to strong families, culture and community"**

Health Services Coordinator
Christine Gibbins

Practitioner details
General Practitioners:

- Dr Thileepan Naren
- Dr Saira Baloch
- Dr John Togno
- Dr Michael Pearson
- Dr Gary Bourke
- Dr Natalie Barrington

Practice Nurses:

- Kate O'Callaghan (RN)
- Heather Gale (RN)
-

Aboriginal Health Workers/ Practitioners:

- Jaydene Burzacott (Aboriginal Health Practitioner)
- Crystal Williams (Trainee Aboriginal Health Practitioner)
- Charlie Knight (Aboriginal Health Worker)
- Darcy McGauley – Bartlett (Trainee Aboriginal Health Practitioner)

Reception
Hannah McCormick, Nyleeta Jeanes, Michele Cooper

Transport Driver:
Matt Crook

Practice services:

Operating hours
BDAC's operating hours are 9 am till 5 pm Monday to Thursday and 9am till 4 pm Fridays. The General Practitioner's hours are as follows:

General Practitioners:

Monday	Dr Thileepan Naren Dr Natalie Barrington Dr Saira Baloch Dr Mike Pearson	9am – 4:20 pm 9am – 4:20 pm 9am – 4:20 pm 9:30am – 12:40 pm
Tuesday	Dr Thileepan Naren Dr Natalie Barrington Dr Saira Baloch Dr John Togno	9am – 4:20 pm 9am – 4:20 pm 9am – 4:20 pm 9am- 11:40pm
Wednesday	Dr Thileepan Naren Dr Natalie Barrington Dr Gary Bourke	9am – 4:20 pm 9am – 4:20 pm 9am – 12:20 pm
Thursday	Dr Thileepan Naren Dr Natalie Barrington	9am – 4:20 pm 9am – 4:20 pm
Friday	Dr Thileepan Naren Dr Natalie Barrington	9am – 4:20 pm 9am – 4:20 pm

Pre-screening / Triage

Our current process for patients utilising the BDAC Medical Clinic is:

- To be pre-screened where possible prior to consultation (this is done by a AHW/ AHP/ Nurse).
- The pre-screen may include – height, weight, BMI, Urine screening, patient history, family history, social history and medical concerns.
- Patients seeking consultation are seen in order of urgency, in case of an emergency the patient will be seen as priority.
- If a patient is in need of urgent attention, they are to be taken to the emergency department at Bendigo health by either a staff member of the medical clinic or ambulance.
- To determine with the patient has urgent medical needs the question, "is it and emergency?" May be asked when they request and appointment.
- Medical clinic staff also observe the patient's status by looking, listening and monitoring weather they are in distress.

All BDAC medical staff are required to regularly update CPR and other First Aid skills.

New patients

- All new patients are required to complete a new patient form at reception prior to their appointment, they are asked to arrive 5 minutes early to their appointment to ensure enough time to complete the form.

- All new patients require a double appointment for their first consultation (20 mins). The patient must fill out all areas of the new patient form and reception and /or other staff in the medical building can be called upon to support the patient to fill the form in.

- the form must be signed by the new patient and scanned into the new patients file. It is the responsibility of the receptionists to have new patient form available at the reception desk.

- Reception may also offer new patient a consent to release information to gain a patient health summary from previous Medical practice.

Urgent medical matters

- All urgent medical matters take priority in the clinic and all persons who present physically to the clinic will be seen by a health professional and directed to the appropriate care.

- When urgent medical matters are received on the phone the triage guide will be used to determine the appropriate care at reception, if a receptionist is unsure of the course of action to be taken then they will transfer the call to the practice nurse, Aboriginal health Worker/ practitioner.

A Triage Guide has been developed to show the categories of urgency. (Please see Appendix 1)

Distressed patients

- A patient in distress may feel more comfortable in a private area than in a public waiting area. Distress may be physical such as bleeding or vomiting, or emotional such as crying.

- To respect a patient's rights and dignity, our medical practice provides privacy for such patients such as allowing them to sit in an unused room, or other private area. Once transferred to a private area, they are not left unattended or unobserved. Depending on the patient's condition, a receptionist or clinical person such as a nurse will stay with the patient, or the doctor may be interrupted to view the patient's condition.

appointment management

A flexible appointment system with the ability to accommodate patients with urgent, non-urgent, complex, planned chronic care and preventive health care is essential in our practice. All person(s) seeking scripts must have a standard (20 minute) appointment. No scripts are given over the phone or without consultation.

Non-attendance

- Our practice has systems in place to track and if necessary follow up patients that cancelled or did not attend (DNA) a scheduled appointment.

- Not every cancellation or DNA must be followed up – it is dependent on the clinical significance of the appointment, and notably, this is something that only the Doctor or Nurse can decide.

- Cancellations and missed appointments need to be marked accordingly in the health record of the patient. All attempts to contact patients that cancel and/or DNA must also be clearly documented. (See Recall and Reminders policy and procedure)

No Doctor in the practice

- From time to time there will be no doctor present in the practice. When this occurs, all phone calls that come in requesting appointments are to be triaged through an RN or AHW/AHP.

- RN's and AHW/AHP's are to direct patients to the Emergency department (if applicable) or to another Practice, by giving the patient the contact details of other practices at their request.

- BDAC does not make appointments at another practice for any patient, unless the patient has asked the staff member for help with this.

- BDAC does not provide transport to other General practices under any circumstance (if patient is referred to another service from a BDAC GP, they can be supported only under this circumstance with transport).

Consultation times

- The Medical Staff who are making appointments are to ask the patients if they require a standard consultation (20 minutes) or if they require a longer consultation (40 minutes).

- When a new patient is accessing the services, we allow a long consultation as medical history needs to be gathered, majority of this will be done by the nurse, Aboriginal Health worker (AHW) or Aboriginal Health Practitioner (AHP) during pre-screening.

- The Paediatrician's standard consultations (45 minutes) and long consultation/ assessments are made longer as required due to the time required to fulfil the assessments of the children.

Appointment	Types of issues	Length (minutes)
Standard	Routine care, preventive care, chronic care, referral letters to new specialists	20 minutes
Long	New patients, excisions, complex conditions	40 minutes
Extra Long	Full medical check-ups, counselling, patient's carer or translator is present	60 minutes

Interpreter services

- Our Health Service accommodates a diverse multicultural population including those with disability.

- Patients who do not speak English or who are more proficient in another language can choose to have an Interpreter present. Under no circumstances are family or

friends to be used to interpret for a patient. Our Health Service encourages patients to utilise the free Translating and Interpreting Service (TIS)

- A free interpreting service is available for patients who are deaf and use Australian Sign Language (AUSLAN). Contact the National AUSLAN Interpreter Booking and Payment Service (NABS) on 1800 246 945.

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  ..\Procedures\clinical sinage\Interpreter services available_V1_April 2015_A.Clark.docx

Waiting Times

- On arrival for their appointments, patients need to be informed if there is a significant waiting time. If the waiting times are expected to be extremely long, patients should be offered to reschedule appointment.

- Waiting patients need to be frequently monitored by reception staff in case their condition deteriorates. Waiting patients also need to be informed periodically of any further delays.

Telephone and Electronic Advice

- It is at the discretion of the Doctor to provide information to the patients over the phone, if the information needs further explanation or if it is not clinically safe to inform the patient over the phone then the patient will need to have a face to face consultation.
- To ensure effective patient telephone contact, reception staff need to be trained:

  1) To ask callers for their permission before placing them on hold in case of an emergency
  2) To identify situations when it is appropriate to transfer telephone calls to clinic staff
  3) In each Doctor's policy with regards to returning patient phone calls
  4) To identify situations where it is appropriate to interrupt patient consultations

- Clinic staff need to make time to return phone calls during the day, and where 'clinically significant' information is discussed, a note must be made in the patient's health record.

- When a call comes into reception and the patient wants to talk to the Doctor, the receptionist will forward to call on to the Nurse or AHW/AHP to triage the call. The nurse or AHW/AHP with delegate and manage the call appropriately.

- When the patient is contacted via the phone the Doctor/Nurse documents phone conversations in the patient's electronic health record.

- Electronic advice is given between Doctors and Nurse in regards to patients; however patients are at present unable to obtain information via electronic form.

- Communication with patients via telephone must be conducted with appropriate regard to the privacy and confidentiality of the patient and their health information.

- If personal and health information needs to be discussed or collected over the phone, the call is transferred to a private room or area so that other patients and persons cannot hear the conversation.

- If a person calls to ask if a family member or friend is or has been at our practice, they must be advised that our practice abides by a strict privacy and confidentiality policy and therefore no such information is disclosed. If the query is pursued, the caller must be advised that a message will be taken and a Doctor will return their call as soon as convenient.

Incoming Mail

- Correspondence relating to a patient needs to be seen by the treating Doctor or in their absence, another nominated Doctor. All incoming mail with relating to a patient must be scanned to the Doctor's inbox as soon as possible.

- Where a treating Doctor is away, another nominated Doctor will check their incoming mail for any urgent matters.

- All correspondence that comes into BDAC medical clinic must be stamped with the date received.

- Patient correspondence must be scanned to the treating doctors inbox and the appropriate action recorded through the inbox. They must be recorded with "no action", "non urgent appointment", "urgent appointment".

Home Visits

Employee's must abide by the BDAC home visit policy found- S:\5. Policy, Procedure & Guidelines\3. Service Delivery\3.1 Duty of Care\SD004-1.2 Home Visit.docx

- Home visits are available for regular patients who have a chronic illness, live a distance away and have limited transport, elderly patients, and under other circumstances as recommended and approved. (usually conducted by RN's or AHW/AHP's).

- The safest way to conduct home visits is to work in pairs. Two or more people must be present for all clinical home visits with all patients, including when the patient has a history of behavioural issues, or covering issues that may be considered as provocative.

- Employees have the right to refuse a home visit to any patient who has a history of aggressive behaviour, violence or sexual harassment.

Home visits Outside Normal Hours

Home visits that are to be outside normal working hours are to be approved prior to commencement. For safety reasons, a contact person needs to be available for the time you are out doing the home visit and be available to contact you after a specified time to ensure that you are safe.

After Hours

- Our current policy on After Hours Care Arrangements is a formal partnership with Bendigo Primary Care Centre and the Accident & Emergency Department with the Bendigo Health Care Group.

- When a patient has accessed care after hours with the Hospital the information is shared with our Doctors and a copy of treatment given will be sent to the relevant Doctor and a copy will be placed in the patient's health record.

- Where a patient attends Bendigo Primary Care Centre, a consent to release information in required to share patient information.

- If a patient contacts our service after hours, the phone message provides contact details for Primary Care and Accident and Emergency. The signage at the front of the building stipulates the operational hours of the clinic and after hours contact numbers for Accident and Emergency.

Appendix 3 signage on door

Medical Transport
Medical Transport Policy.docx

Practice Information

There are up to date brochures relevant to each area of the organisation, a specific Health Information Brochure is available.

Patient Health Information

- The Clinic will not use or disclose information of a personal nature without the consent of the patient, except to the extent that this is required, authorised or permitted under law.

- The Clinical staff are required to be trained to understand their obligations under the laws relating to maintaining privacy.

- The Clinic will only collect information that is necessary to perform its functions. We will always try to do so in a fair, lawful and non-intrusive way. Wherever possible, we will collect information directly rather than from third parties. Except in an emergency situation, we will do our best to advise patients if we collect information about them from a third party.

- When the Clinic collects information we will advise the patient why we are collecting it, draw their attention to any law that requires it to be collected, the organisations or

type of organisations to whom we usually would disclose it and the consequences for the patient if the information were not provided.

- The Clinic may disclose information to another health care provider as necessary for the provision of emergency treatment.

- In a situation, which is not an emergency, the Clinic will follow the patient's instructions provided at admission regarding the release of health information. Unless the patient has instructed the Clinic not to do so, the Clinic may disclose patient information to other health care providers for the purpose of providing further treatment.

- The Clinic is permitted by law to provide health information to appropriate authorities to prevent a serious and imminent threat to the life, health or safety of an individual or a serious threat to public health, public safety or public welfare.

- The Clinic is permitted by law to undertake quality assurance activities in order to measure and improve services provided to patients. Quality assurance reports contain no personal identifying information.

- The Clinic will ensure that patient information is accurate, complete and up to date. Retention of patient records is in accordance with relevant legislation such as the *Public Records Act 1973 (Vic), Freedom of Information Act 1982 (Vic)* and accreditation guidelines

- The Clinic is required to hold some records for extended periods. From time to time, the Clinic will conduct audits of patient records and databases to ensure that the information held is accurate and up to date.

Informed Patient Decisions

- All patients are involved in the decisions regarding their health and no decisions will be made unless the patient is well informed and agreeable. If a patient does not agree with the decisions made regarding their health then no formal referrals or actions are to be taken.

- All clinical staff must inform patients of the purpose, benefit and risks of proposed treatment or investigations. It is crucial that patients receive sufficient information to allow them to make informed decisions about their care. This must be documented in the patient’s health record.

- Information provided must be clear and given in a form that is easy to understand, whether it be verbally, in a diagram with explanation, brochure, other handout/leaflet or poster.

- Clinical staff must take into consideration the patient’s ethnicity and principal language spoken. Steps should be taken to ensure an interpreter is utilised where necessary and at the patient’s request. Issues of personality, personal fears and expectations, beliefs and values also need to be considered.

Costs within our Practice

This Clinic is a Bulk Billing Clinic, there are no fees applied with accessing services within the Bendigo & District Aboriginal Co-operative Health Service.

Although BDAC refer to a number of external services which may incur fee's.

Health Promotion and Preventative Care

- At BDAC we have a health promotion officer who runs group health promotions and initiatives. The health promotion officer's role is to promote health to the community through activities, information sessions, information kits and general discussions.

- Within our medical clinic our Aboriginal Health Workers, Aboriginal Health Practitioners, Nurses, GP's and Allied health staff provide one on one and opportunistic health promotion during consultations.

- When a patient is after specific information in relation to preventing an illness the Aboriginal Health Workers/Nurse/Doctors/ allied health staff will provide the relevant information they require and discuss with them any concerns they may have.

- There are a range of health brochures, pamphlets and information sheets available at the clinic.

- Our Clinic utilises an Electronic Reminder system which flags the Doctors/Nurses/ Aboriginal health workers/ Aboriginal Health Practitioners of upcoming preventative health initiatives such as cervical screening, immunisations and bowel screening. Patients are advised of the reminder system in use upon joining the clinic and is welcome to decline being part of the reminder system.

Evidence Based Practice

References in regards to current general practice are available to Doctors with resources held at the clinic and via the internet. The clinic has numerous resources available in regards to Aboriginal specific health and access to more generic health is also available.

Clinical Autonomy

Doctors in our Clinic are free to make decisions that affect the management of their patients, in accordance with accepted clinical practice and Within the BDAC medical clinic's Policies.

In particular, Doctors need to be able to exercise full autonomy in determining

- the consultants to whom they refer;
- the pathology, diagnostic imaging or other investigation they order and the provider they use;
- what type and frequency of follow-up appointments are made for patients and the scheduling of such appointments;
- whether to accept new patients provided that this action is non-discriminatory.

Doctors and clinical staff of our Health Service are consulted prior to the scheduling of appointments and the purchase of new equipment and supplies. Our Health Service seeks feedback from clinical staff concerning the use of this equipment both formally (in staff or clinical meetings) and informally.

Continuity of Care

- Our clinic is often run on a sessional basis and due to the shortage of Doctor's in the area there is a different Doctor for each session.

- Patients attending the Clinic are able to see the Doctor of their choice, if available. If the wait to see their Doctor is significant they are able to see another Doctor within the clinic if they so choose.

- Our clinic adopts a consistent approach to the diagnosis and management of common and serious conditions of individual patients, the information given to patients in regards to their condition is consistent with the best available evidence.

- Care Plans and Health Checks are an important part of consistent care for individual patients within our clinic.

- It is essential that the Clinical Staff who are providing clinical care to patients implement a consistent approach and make detailed notes in the health record to ensure up to date information is available for all staff caring for the patient.

- The Nurse and Doctors have regular informal meetings in regards to patients care, the process of pre-screening patients prior to consultations allows for better sharing of information and up to date information on the patients care between the Nurse and Doctors.

- Our appointment management enables patients to develop an ongoing relationship with our clinic staff, including Doctors, Nurses and Aboriginal Health Workers/ Practitioners of their choice.

Follow Up of Tests and Results/ Recall and Reminder systems
recall and reminder policy.docx

Engaging with other services

Our practice has readily accessible information about local health, disability and community services available via written or electronic means. Where applicable Murray Primary Health pathways are utilised.

Our practice engages with the following services:

- medical services such as diagnostic services, hospitals and specialist consultant services
- allied health services
- disability and community services
- health promotion and public health services and programs.

Our practice is aware of different referral arrangements for public and private providers. Copies of important, non-routine referrals to local health, community or disability services are kept in the patient health record.

Our practice has the following health and community information available for staff members:

- community resource directory
- details on local allied health professionals
- details on local diagnostic services

- details on local pathology services
- Doctors/specialists listings
- local Pharmacists
- yellow pages
- local medical specialist centres and hospitals

Referral Documents

Referral documents (i.e. letters and pre-printed forms) to other health care providers must contain only relevant and sufficient information to facilitate optimal patient care.

Patients must be made aware that patient health information is being disclosed in the referral documents. The patient must be given information about the purpose, importance, benefits and risks associated with investigations, referrals or treatments proposed by their Doctor to enable the patient to make informed decisions

Letters of referral may be paper or computer based (BPAC) and in the case of an emergency or other unusual circumstance, a telephone referral may be appropriate. Plain paper with the clinics details in the header is considered appropriate stationery.

Referral letters are documented in the patient's health record and where appropriate:

- be legible
- be on appropriate clinic stationery
- include the purpose of the referral
- include the relevant history, examination, findings and current management
- include the list of allergies and current medicines.

Patient Health Records

For every patient we have an individual patient health record containing all clinical information held by our practice relating to the patient. The records should contain:

- all clinical information relating to the patient
- contact and demographic information including the patient's full name, date of birth, gender and contact details
- self-identified cultural background (e.g. Aboriginal and Torres Strait Islander)
- the preferred contact in an emergency

Section 2 Rights and Needs of patients

Respectful and Culturally Appropriate Care

Our Health Service identifies the cultural background of our patients to assist with disease prevention and delivering culturally appropriate care.

To do this, our Health Service does the following activities:

- encourage and record self-identification of whether a patient is Aboriginal, Torres Strait Islander or of another cultural background. A patient registration form is useful in assisting with 'self-identification' of cultural background.
- identify important/significant cultural groups within the Health Service to meet their needs.

All patients who utilise these services have the right to refuse a service or advice from the Doctor, it is our duty of care to provide the right information and appropriate service, and if it is refused then we will give the patient the appropriate contact information for other local services that they can utilise as they please.

It is at the discretion of the patient to seek a second opinion from another Doctor; our Doctors are very open to patients seeking alternate advice.

If a patient wants to change to another external Doctor's, the patient must sign a consent form for the Doctor to send their relevant health record and summary to their new Doctor.

It is at the discretion of the Doctor on whether they will continue to treat a patient if the behaviour of the patient is inappropriate.

Cultural Roles

Non-Aboriginal staff working in the clinic can ask AHWs or AHPs to act as cultural brokers or interpreters if they require assistance. In some cases it may be inappropriate for AHWs and AHPs to see particular patients because of socio-cultural factors (for example, avoidance relationships), or to discuss particular issues (for example, sexual health issues with someone of the opposite gender) because of cultural factors.

Occasionally non-Aboriginal staff are faced with difficult clinical situations that cultural factors make even more complex. When staff are unsure of what to do because of cultural issues, they should always discuss the situation with a senior Aboriginal staff or other community leaders.

Other staff, particularly those who have been long experience working in Aboriginal health, may have had similar experiences and can often provide helpful advice in these situations. Ethical and management dilemmas can frequently be resolved by working through the issues with the patient, appropriate members of their family, and appropriate Aboriginal staff. In any discussions, clinical details about identified patients should only ever be discussed with other people with the patient's knowledge and consent.

Patient Feedback

Our practice provides opportunities for, and responds to, patient feedback on an ongoing basis.

We are open to positive feedback and constructive criticism as it gives the practice and staff an opportunity to know they are doing a good job and to know what areas of service may need improvement.

We have a 'Your Rights and Responsibilities' brochure available to patients which has the contact information for Consumer Affairs Victoria for patients who may want to take a complaint further.

Third Party Presence

At times, a third party may be requested to attend a clinical consultation. Some reasons include:

- Clinic worker may feel more comfortable having a third party present during an examination, such as the attendance of a nurse (chaperone);
- Doctor registrar, medical, AHW/AHP's or Nursing student observing for training purposes;
- patient may be accompanied by a third person such as a carer or family member.

For each of the above reasons, consent must be obtained from the patient whether this is implied or expressed and recorded in the patients file.

If a medical student or other person is observing, interviewing or examining for education and training purposes, it is preferred that the patient is advised at the time of making an appointment, or at the very least, when they arrive at reception. Clinic staff must not ask in the consulting room, as the patient may feel too awkward or uncomfortable to refuse.

Appendix 4 – consent for student to be present in consultation.

SAFETY, QUALITY IMPROVEMENT AND EDUCATION

Quality Improvement

Our practice runs continuous quality improvement initiatives and has a CIC Steering Committee with the managers from each unit, this committee meet on a bimonthly basis.

The capturing of data is an important process in improving the quality of services as the demographic area we service is substantial. It is imperative that we collect relevant information on the population in regards to gender breakdown, age, growth, dispersion, disease and access to services.

This data can be utilised to support submissions, future planning, future funding and services. It is important to ensure that the data that the clinical staff input into the patient's health records is correct and that data is easily accessible.

Risk Management

S:\5. Policy, Procedure & Guidelines\5. OH&S and Risk Managment\5.2 Risk Management\RSK001-1.0 Risk Management.docx

In our practice, it is the responsibility of Health service coordinator and Executive Management to undertake a regular formal risk assessment and management in the areas of financial services, human resources, clinical services and patient services.

Action following an event
Our practice implements and maintains a safety management system to promote safety and high quality in patient care. Slips, lapses and mistakes, which are not appropriately dealt with, may expose patients to an increased risk of adverse outcomes, and practitioners to an increased risk of medico-legal action.

Following an emergency or exceptional situation, in our practice we:

- detail comprehensive notes in the patient's record, even if the patient has not presented to our practice before
- contact Executive Management to make sure that the emergency has been handled correctly
- organise a formal debrief with all staff to discuss how the situation was handled and whether or not it could have been better handled and whether the current policies and procedures are adequate and if they require alteration.

The last step in this process is to record everything that has happened in the register including:

- what happened
- why it happened
- how it was handled
- if it could have been handled better
- how it could be prevented
- actions to take to prevent recurrence, when they should be completed and by whom

Qualifications

- All General Practitioners in our practice are appropriately qualified and trained, have current registration, and participate in continuing professional development. Our doctors are either vocationally registered or have Fellowship of the RACGP/ACRRM. These documents are located in the HR Office in the Personnel Files.

- Doctors must provide evidence of current State or Territory based medical registration upon commencement of employment and annually as required.

- This practice supports and hosts general practice registrars (GPR). These practitioners although not vocationally registered have access to vocational item numbers whilst within the training program. Their qualifications are vetted both by BDAC as well as the regional training program Murray City Country Coast (MCCC).

- Our clinical staff include nurses, allied health professionals or other staff members who provide clinical care. All non-medical staff involved in clinical care need to be appropriately trained for their role, including training in the use of any clinical equipment required for their role. Training may be gained through participation in external courses or 'on the job' training at the practice.

- All clinical staff must provide evidence of qualifications and current registration upon commencement of employment and annually as required. These documents are located in the HR Office in the personnel files.

Continuing Professional Development:

- Our practice ensures the Doctors maintain and improve the quality of care they provide to their patients by participating in the RACGP QI&CPD Program.

- Where this is not the case, our practice must be able to provide evidence that doctors participate in quality improvement and continuing professional development to at least the same standard as the RACGP QI&CPD Program.

- In our practice, records of CPD point details for doctors and ongoing education and training for all other staff members are located in the HR Office in the Personnel Files.

- Knowledge and skills need to be updated for equipment, drug, vaccine use and storage together with mandatory government information requirements.

- To maintain skills, all staff should undertake training in cardiopulmonary resuscitation (CPR) annually, all clinical staff are trained in Level 2 First Aid copies of training are located in their personnel files in the HR Office.

- Our practice has a policy of training all staff members to be competent in the performance of all their assigned duties.

- Our practice also endeavours to provide each member of our practice team with opportunities for personal and professional development on a regular basis.

- Our practice relies on a variety of inputs to identify staff training needs such as regular performance appraisals. All education sessions are recorded in each staff member's personnel file and a training register/database.

Induction of New Staff

New staff are inducted to BDAC through our generic induction process and then inducted to the medical clinic following that.
T:\Health_Wellbeing\ACCREDITATION MC and HM\Procedures\BDAC GP and health staff induction checklist_V2_17092015.docx

Child at Risk and Mandatory Reporting

Reporting children at risk is a legal requirement of any services dealing with children. Certain groups of people are required by law to report to the Department of Human Services (DHS) if they suspect (using their professional judgment and training), on reasonable grounds, that a child or young person is at risk of harm.
More on mandatory reporting can be found below:
Children, youth and families Act 2005 (as amended 2014)
http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/4322E8395E14B750CA257D4E001B87EF/$FILE/14-061aa%20authorised.pdf

Elders Abuse

There are no mandatory reporting laws for elder abuse anywhere in Australia. Rather, the law assumes adults can make their own decisions about whether or not to do anything about the abuse that they experience.

The only time it would be appropriate to take action without the consent of the older person, is in circumstances where they are unable to make their own decisions as determined by a General Practitioner, Geriatrician or Psycho geriatrician.

Staff as Patients

All staff and their families can access services if they choose to.
All consultations, whether they are with a staff member, their family or anyone else, will be conducted in a clinic room, and all must be documented in the patient's file. "Corridor consultations" are not good health care for anyone, including staff. When taking time out for medical appointments staff are to use their designated break time, time in leiu, annual leave, personal leave or unpaid leave.

Medical Certificates for Health Service Staff

Staff may avail themselves of the doctors' services for consultations and health care. Workers compensation related consultations however, are to be managed by an independent medical practitioner not employed by the Health Service. The rationale for this is to negate any potential compromise of the professional working relationship between medical practitioners and staff.

4.1 PRACTICE MANAGEMENT

Human Resources

All staff employed within the practice has a position description and work plan, these documents give an insight into the role of the worker and the goals set for them to achieve annually.

We hold weekly clinical staff meetings, and clinical Data meetings that consist of a small group of staff from various areas of the clinic come together to discuss clinical quality matters. All of these meetings are documented with either meeting minutes or action list.

In relation to any administrative, feedback and clinical improvement issues the matter is dealt with by the health services coordinator and relevant staff.

Staff Code of Conduct
S:\5. Policy, Procedure & Guidelines\Policy Managment\Superceded Policies and Procedures\HR003-1.2 Code of Conduct.docx

Occupational Health and Safety – create own doc

BDAC medical clinic follow the BDAC organisational OH&S policy found at: *S:\5. Policy, Procedure & Guidelines\5. OH&S and Risk Managment\5.1 OH&S\HR-1.0 OHS Policy.docx*

In addition to the BDAC policy:

Occupational Health and Safety.docx

Security

Responsibility for opening and closing procedure is given to authorised staff only:

- Health and wellbeing general manager
- Health service coordinator
- ITC manager

All staff members who commence work with the Health Service are given sufficient training in opening and closing the Health Service.

Door keys and codes to the security system is given to appropriate staff members. The security system codes are also noted and filed in a safe and locked location. The Health Service has a copy of the code off the premises.

When an employee leaves, their key is returned and security code is changed. All employees are informed of any changes to their code.
Following any unexplained false alarm, a maintenance check is required on the system. regular maintenance checks are also carried out on the system.

All systems have back up batteries, and will continue to function during power outages. There is a system in place with the security company (Bendigo Security) that monitors battery levels and alerts the security company when batteries reach a low level.
There are currently no formal agreements with the security company.

Confidentiality and Privacy of Health Information

The maintenance of privacy requires that any information regarding individual patients, including staff members who may be patients, must not be disclosed in any form (verbally, in writing, electronic forms inside/outside our practice) except for strictly authorised use within the patient care context at our practice or as legally directed.

Health records must be kept where constant staff supervision is easily provided. Personal health information must be kept out of view and must not be accessible by the public.
Each staff member must sign a confidentiality agreement on commencement of employment. In addition to Federal legislation, our practice also complies with Victorian legislation.
BDAC clinical staff are required to follow the Privacy Act 1988 found below:

https://www.legislation.gov.au/Details/C2017C002

BDAC Employees are also required to complete annual Privacy and Confidentiality training.

Information Security- REVIEW WITH MAXSUM

S:\5. Policy, Procedure & Guidelines\4. Information & Communication Technology\4.1 Information Security\ICT001-1.3 Information Security Backup.docx

When not in attendance, staff must ensure that prescription pads, prescription computer generated paper, letterhead, scripts, medications, health records and related patient information are out of view. They must also be stored in areas only accessible to authorised persons.
Facsimile, printers and other electronic communication devices must only be accessible to authorised staff.

In our practice we have systems in place to protect the privacy, security, quality and integrity of the data held. Appropriate staff are also trained in computer security policies and procedures.

Our practice has the following areas documented in the computer security policy:

- Doctor's and staff have personal passwords to authorise appropriate levels of access to health information
- screensavers or other automated privacy protection devices are enabled
- backups of electronic information are performed at a frequency consistent with a documented information disaster recovery plan
- backups of electronic information are stored in a secure offsite environment
- backups are tested
- antivirus software is installed and updated
- all internet connected computers have hardware/software firewalls installed
- disaster recovery plan that has been developed, tested and documented
- data transmission of patient information over a public network is encrypted

Our practice has different levels of access to patient health information for different staff members appropriate to their duties.

Data security in the consulting room is more about Doctor activities than technical matters. For example, some Doctor's like their computer screens to be clearly visible to their patients during consultations.

Doctor's consider if there might be sensitive information on the screen which should not be seen. Examples include parents seeing a sensitive past history of their teenage child such as a sexually transmitted disease, or patients viewing the clinical record of the person previously consulted.

receptionists are careful that patients do not have visual access to confidential information on computer screens at the 'front desk'.
There are various methods by which the information can be kept confidential. Some have to do with screen positioning, but screensavers and closing down screens.

Backup and Restore

To avoid loss of data BDAC has an "Offsite data replication service " contract with an IT company named Maxsum. This saves our folders 8 times a day and holds the information at a secure off site location. Agreement found hyperlink.

Our practice backups all data files (including clinical, financial and administrative data) and system data on to removable media. Our practice uses a system of daily, fortnightly and annual backup.

Antivirus

Anti-virus software is updated and distributed promptly. The frequency of updates will depend on the software manufacturer's releases, but are kept up-to-date to prevent or minimise damage and data loss to our practice's systems and prevent computer viruses from spreading to other systems via infected email or media.
Any removable media (floppy disks, tapes and hard disk drives) must be scanned with up-to-date anti-virus software to ensure that it is clear of viruses. It should be the responsibility of all staff to scan removable media before using on other PCs within our practice.
All email attachments must be scanned for viruses using up-to-date anti-virus protection before opening.

Firewall

Our practice has a disaster recovery plan in place in the event of an emergency such as power failure to ensure the information on the computers is saved and protected.

Some of the functions which need to continue when a computer 'disaster' occurs are:

- making appointments for patients
- giving patients invoices and receipts
- allowing Doctors to provide adequate clinical care while not having access to electronic health records
- knowing who to phone for technical advice on getting the system operational again
- knowing how to restore data using the backup medium, and, together with technical support, ensuring that computer hardware and software are restored to normal working conditions
- outlining any of the additional roles that staff might need to undertake during the disaster.

To ensure that quality consultations continue in the event of computer failure, our practice prints templates from the clinical software program and stores in a central location. These can then be used as part of the consultation with hand written notes scanned or entered into the clinical software when the computers come online.

Computer System Maintenance

Electrical surge protection filters are used to protect our Health Service's PCs and other hardware from power fluctuations and failures.

Disks and computer equipment is positioned away from environmental hazards such as extreme heat or cold, direct sunlight, high or low humidity and magnetic fields.

All staff members exercise care to safeguard any electronic equipment and data assigned to them, as if reasonable care is not taken, they may be accountable for any loss or damage that occurs.

Computer equipment is maintained on a monthly basis including:

- checking remaining hard disk drive capacity
- checking logs for errors
- checking for the installation of unauthorised programs

- reviewing anti-virus scanning software to ensure it is working effectively and to make sure that the latest update is installed on all machines
- defragmenting the hard drive
- deleting temporary files

Disaster Recovery Plan

Step 1 Switch to manual procedures for critical practice functions

For each critical function in the practice there should be a contingency plan so that the practice can continue to operate in the event of a disruption to computer systems. This is the 'business continuity' part of the plan. Critical functions can be divided into administrative and clinical ones.

Function 1 e.g. billing patients	
Contingency Plan e.g. □□□Swipe Medicare cards □□□Issue manual receipts □□□Retain copies of all receipts to be entered into the system later	
Person responsible e.g. receptionists	

Function 2	
Contingency Plan	
Person responsible	

Function 3	
Contingency Plan	
Person responsible	

Step 2 Make an assessment of the computer problem

Examples might include:

- Writing down any error messages
- Noting anything that has changed since the system last worked correctly
- Checking that all power and network connections are plugged in.

Step 3 Perform remedial action (with or without technical support)

This step might involve the restoration of data from the most recent back-up.

Step 4 Test the functionality of all systems

Step 5 Return to normal practice procedures and enter data recorded manually during downtime

Step 6 Assess the reason for the problem, how the recovery was done, update the computer setup and document any important lessons.

Remedial action for 'disasters'

Server failure

Immediate action Implement contingency plan	
Recovery procedure e.g. Write down any error messages Check that no computers are accessing the server Reboot the server If the server does not reboot correctly: • Write down any error messages • Call technical support If the server does reboot correctly: • Check that the last transactions entered are correctly recorded on the system	
Person responsible e.g. practice computer security coordinator	

Virus detected

Immediate action Contact Maxsum	
Recovery procedure Follow Maxsum instructions	
Person responsible Maxsum	

Power failure

Immediate action Employee, patient and other personnel safety Vaccine fridge	

Recovery procedure OH&S rep coordinate safety procedures Cold chain procedures implemented	
Person responsible Health services coordinator RN on duty	

File corruption or loss

Immediate action Report to Maxsum	
Recovery procedure Follow Maxsum instructions	
Person responsible Maxsum	

Network problem

Immediate action Report to Maxsum	
Recovery procedure Follow Maxsum instructions	
Person responsible Maxsum	

Transfer of Patient Health Information

When a patient requests for their health records to be transferred to a Doctor outside of our practice, the Doctor has an obligation to provide a copy or summary of the patient health record in a timely manner to facilitate care of the patient.

Transfer of health records from our practice can occur in the following instances:

- when a patient asks for their health record to be transferred to another practice
- for legal reasons, e.g. record is subpoenaed to court
- where an individual health record report is requested from another source.

Practice staff must notify the Doctor about all requests for patient health information. Our practice records the request by the patient to transfer patient health information on the health record, and this needs to include details as to the date, where and when the information was sent and who authorised the transfer. The patient must provide written consent to the transfer.

For medico-legal reasons, our practice retains the original record and provides the new Doctor with a summary or a copy. If a summary of the patient's health record is provided to the new Doctor, a copy of the summary should be kept on file for record purposes.

Transfer from another Practice

It is necessary for a doctor to become familiar with a new patient's medical history via their health record from a previous practice. If a copy or summary of a health record is required, written patient consent must be provided to the former practice by the patient. Our practice assists new patients by providing a consent form and posting to the former practice.

Request for Personal Health Information

Patients of our Clinic have the right to access their personal health information under the Privacy Amendment (Private Sector) Act 2000.
On request for access to personal health information, our Clinic documents each request and endeavours to assist patients in granting access where possible and according to the privacy legislation.

Retention and Destruction of Patient Health Information

Our practice refers to Victorian and Federal legislation regarding the length of time patient health records must be kept. This includes those that are inactive and when the patient is deceased.

At a minimum, patient health records must be kept until the patient is 25 years of age, if a child, or a minimum of 7 years following the last year of the patients attendance, whichever is greater.

Our practice has a process in place to allow for identifying, culling, storing and retrieving inactive patient health records. 'Active health records' are records of patients who have attended our in the past 2 years.

- In our practice, the length of time inactive medical records are kept is seven years
- In our practice, the length of time Medicare records are retained is seven years.

5.1 PHYSICAL FACTORS

Practice Facilities

- Our practice facilities are appropriate for a safe and effective working environment for patients, staff.

- Our practice premises, including the facilities and equipment, are adequate for the needs of the staff and patients, is well maintained and visibly clean with surfaces accessible for cleaning.

- Every effort should be made to make the environment safe and comfortable for staff, patients and visitors to our practice. Our practice has where possible heating and/or air conditioning to assist in the comfort of staff, patients and visitors.

- There are two designated smoking areas within our organisation which are of a distance from the patient waiting area and consulting rooms. Signage is visible for directions to smoking areas.

Consulting rooms

Our practice has at least one dedicated consulting or examination room for every Doctor working at any one time. They must be well-maintained and clean at all times.

Visual privacy is afforded to patients during clinical examinations and in treatment rooms by the use of a curtain, screen, gown or sheet positioned in such a way as to maximise the privacy, respect and dignity of the patient. This includes situations in which there is a door opening to an area where the public may have access, and when patients are required to undress/dress in the presence of the Doctor or the general practice nurse.

Hand Washing facilities

Dedicated hand washing facilities with hot and cold water, liquid soap and single use paper towel are readily available in every consulting room, which has a basin dedicated for the purpose of washing hands.

Waiting Area

Our practice is able to provide appropriate care for patients and others in distress. Strategies are in place to deal with distressed patients, ie vomiting, upset or in severe pain.

Privacy for such patients can be provided by allowing them to sit in an unused room, staff room or other designated area, rather than waiting in the general waiting area. Patients should be not left unattended or unobserved.

Our practice waiting area must:

- be sufficient to accommodate the usual number of patients and others who would be waiting at any one time with appropriate seating

- have auditory privacy which can be enhanced by using background music or a television to mask conversations
- have furniture and toys that are in good condition and without sharp edges
- have a sign indicating the location of toilets
- be maintained in a clean and tidy state with surfaces easily accessible for cleaning

Our practice waiting area should:

- provide a range of posters, leaflets or brochures
- have a space or defined area to meet children's needs, with play equipment or toys that can be washed regularly

Telecommunications – REVIEW WITH MAXSUM

Our Clinic has a telecommunication system:

- that is well maintained and appropriate for comprehensive patient care
- that adequately meets the needs of our patients
- with sufficient inward and outward call capacity
- with a dedicated telephone line should staff need to summon assistance in an emergency

The telecommunications needs of our Health Service may change over time, in line with staffing changes and growth of our services. Strategies are in place to monitor, review and make the appropriate changes to the telecommunications system.
Patient feedback should be sought on an ongoing basis to ensure that 'access' to our Clinic facilities and services is easily available by telephone.
Our Clinic has a facsimile machine or other capability for electronic transmission.

Toilets

Our practice has toilets and hand washing facilities readily available for use by patients and others, so that they don't have to walk through consulting rooms or upstairs. Liquid soap and paper towel or hand air dryers are available and wash basins situated in close proximity to the toilets, to minimise the possible spread of contamination.

The toilets are well maintained and visibly clean with surfaces accessible for cleaning and if a baby change room is available then that also must be kept adequately maintained.
There is a disabled unisex toilet available in the reception waiting area.

Access and Parking

Patients with a disability are able to park in close proximity to the BDAC medical clinic entrance, these patients need to be able to park their vehicles within a reasonable distance to our practice.

Physical access is possible in our clinic with all of our consultation rooms being on ground floor, there is a lift accessible to any staff or visitor with a disability to gain access to the upper level (this is a non-clinical area).

We have a specific disabled toilet available within our practice.

Practice Equipment

Our practice has access to medical equipment necessary to ensure comprehensive primary care and resuscitation.

Our practice has all the basic equipment and emergency drugs expected in a general practice. This equipment is maintained to a safe and serviceable condition at all times.

Emergency and Doctor's Bag

In the event of an emergency Our clinic has a red 'Emergency' bag located in the storage nook outside consults 4 and 5. It has general equipment needed in the event of an emergency. Further to the "emergency bag" medication that may be used in a emergency situation are stored in the "doctor's bag" in the locked storage cupboard (located between rooms 6 and 7).

Drug of Addiction

drugs of addiction policy V1.0 11.2017.docx

Cold Chain

Cold Chain Policy V1.docx

Perishable Materials/ Infection Control

infection control clinical policy (1).docx

Administration of medications by nurses
Under the drugs, poisons and controlled substances regulations 2017 , Nurses can administer medications as found below:
https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/regulation-guidance

Storage of medications

Medication held onsite at BDAC medical clinic are stored in the locked stock cupboard between consults 6 & 7. Limited access is granted to the cupboard with only RN's and registered Aboriginal health practitioners having access.