



# North Rockhampton Medical Centre Clinical Meeting

## MINUTES

<b>Date:</b>	24 May 2017
<b>Chairperson:</b>	PM
<b>Minutes:</b>	PM
<b>Present:</b>	<i>Drs: Kamal Mahmood, Arshad, Paula Tyler-Hartley, Ann-Marie Ireland, Bree Wiltshire, Julia Clarke, Lynda Butt, Peter Archer</i>
<b>Apologies:</b>	Chloe Moor, Amber Smith, Natalie Hams

### Items of Discussion:

<b>1.</b>	<b>PREVIOUS MINUTES</b>
	<b>ACTION:</b> No outstanding actions from previous minutes – Minutes Accepted as true and correct.
<b>2.</b>	<b>PRACTICE MANAGER UPDATE</b>  <b>Hails &amp; Farewells</b> <i>PM and Dr Mahmood welcomed Julia Clarke to the team. Team advised that Julia is from Dysart and is working with us to gain additional skills and experience in a medical setting.</i>  <i>Also welcomed was our new Senior Practice Nurse (SPN), Jacinta Betteley, Jac is from Cleremont and will be employed 9 days per fortnight taking every second Friday off to travel home.</i>  <b>Accreditation</b> <i>PM advised that all staff are required to prepare for the accreditation and are required to read RACGP Standard 1.1 – Access to Care. Available at <a href="http://RACGP.org.au/yourpractice/standards/standards4thedition">RACGP.org.au/yourpractice/standards/standards4thedition</a></i>  <i>All staff were advised that the upcoming accreditation process involves a lengthy questionnaire (approx. 214 pages) which is required to be completed prior to the survey.</i>  <b>Monthly updates of staff requirements in relation to accreditation</b> <i>The PM advised that as part of the preparation for all staff the PM will include/provide the RACGP Fact Sheets and documented processes each meeting until the audit commences to ensure staff are aware of our processes and how to access them.</i>  <i>Staff were also reminded that all information relating to the patient is required to be completed on the electronic patient record as this will be viewed throughout the audit.</i>  <i>Another issue is care plans and completion of the cycle of care for patients being kept up to date. The rates of completion for the practice is not as high as it should be, there should be on average 10 Care Plans/Reviews/Assessments being completed Monday to Friday.</i> <i>Further discussions lead to a decision that each day: Mornings – patients booked for PM appointments should be called for confirmation of attendance. Afternoons – the next working days AM patients should be called for confirmation of attendance.</i>  <i>Discussions revealed that the nurses generally were not consistent in their approach to Care Plans and that it would be beneficial to have a Nurse Educator conduct training session on Care Plans and Patient Assessments. It was decided to approach Jenny Brandon of the Gracemere Clinic in the first instance. Training will be conducted on a weekend to enable full participation.</i>



# North Rockhampton Medical Centre Clinical Meeting

## MINUTES

	<p><b>Balancing Clinical Patient Care and Finance (Revenue)</b>  <i>The PM advised that the issue raised in relation to the completion rates for Care Plans/Cycle of Care/Assessments/ATSI 715 etc. is critical to the success and longevity of the practice. PM explained that whilst revenue generation is essential, this should not impede clinical accuracy &amp; efficiency. It is important to retain high standards of care whilst maintaining revenue rates.</i></p> <p><b>PRINCIPAL GP UPDATE</b>  <i>Dr Mahmood raised the issue of poor attendance at our staff meetings. Full attendance is required if we are to ensure that accurate communication is to be realized. Reading minutes post meeting is not truly reflective of discussions held. He also raised the issue of loyalty and achieving a cultural alignment towards the Medical Centre and other staff. Full attendance is required at all meetings in the future.</i></p> <p><i>Time Management by staff was raised as a concern as many staff are not controlling the patient interactions appropriately and are spending valuable time 'chatting' with the patient. Whilst it is important for us to develop relationships with our patients we must also stay focused on all the patients booked to see us. If we get behind it is difficult to make up that time and ensure a consistent level of healthcare. It also increases waiting times for other patients which can affect patient retention and practice finances. This is particularly important given the increases in patients due to the relocation of the practice and flu season.</i></p> <p><i>Care Plans – Time management is equally important when conducting care plans. A care plan should not take any more than 30 minutes to complete. Patients who are "controlled" do not require as much time as a patient who is not controlled. It is more valuable to that patient to spend more time educating them in relation to their condition.</i></p> <p><i>Cancellation of appointments, particularly care plans – Staff (nurses or admin) are to notify the treating GP to ensure that the cancellation is appropriate. These appointments are booked and cancelled by the patient or the treating Doctor only.</i></p>
	<p><b>ACTION:</b>  <i>PM to ensure attendance by all staff at monthly meetings.  Staff to adhere to the directions above in relation to time management and maintain awareness of their appointment bookings.  All staff are to ensure that authorization for cancellation or rescheduling of care plans is received by the treating GP prior to administrative actions.  PM to approach Jenny Brandon re: nurse training.</i></p>
3.	POLICY AND PROCEDURE REVIEW
a.	<p><b>Changes to Procurement Procedure</b>  <i>PM advised all staff of changes to the procurement procedure and will provide an example Purchase Requisition Form with guide with these minutes. All staff must be aware of the process for future requirements. The PM advised that if any Doctor required a purchase to be made they should advise the PM who will arrange the purchase.</i></p> <p><i>Staff were also advised to ensure that Consignment Notes and Invoices attached to delivery items must be given to the PM as soon as practicable. This includes back orders etc.</i></p>
b.	<p><b>Changes to Nurses Daily Checklist</b>  <i>The PM advised that she initiated the Nurses Daily Checklist and Duties on 13 April 2017 and to date is satisfied with the level of completion. Also advised that the SPN will be monitoring staff.</i></p>



## North Rockhampton Medical Centre Clinical Meeting

### MINUTES

	c.	<b>Changes to RACGP Standards</b> <i>PM advised that there were no changes/amendments to the RACGP Standards in the previous month.</i>
		<b>ACTION:</b> <i>No action required.</i>
<b>4.</b>	<b>ADMINISTRATIVE MATTERS</b>	
	a.	<b>IT Issues / Updates</b> <i>PM advised that QML have implemented new software that makes ordering tests easier for the GPs. Data Collection by MedicineInsight has commenced with the initial report being released during a meeting with practice staff.</i> <i>There are issues with the installation of the widget/shortcut for MedicineInsight, they are investigating and will remediate.</i> <i>Vaccine recording on the AIR is now working correctly and is being monitored by Ann-Marie.</i>
		<b>ACTION:</b> <i>PM to liaise with MedicineInsight regarding remediation of widget issue.</i> <i>Ann-Marie to continue monitoring AIR input and advise PM if any further issues arise.</i>
	a.	<b>Complaints &amp; Compliments</b> <i>No Complaints received in the month of April.</i> <i>A total of 10 compliments were received via Health Engine with ratings from Good to Excellent in all areas of the patient experience.</i>
	b.	<b>Appointment Books</b> <i>PM queried if anyone else was having difficulties – staff indicated that they were happy with the bookings.</i>
		<b>ACTION:</b> <i>No action required</i>
<b>5.</b>	<b>WORK, HEALTH &amp; SAFETY</b>	
	a.	<b>WH&amp;S incidents/accidents</b> <i>Nil to report during this period.</i>
	b.	<b>Clinical Near misses, lapses or mistakes – (Cold Chain Breaches)</b> <i>There has been a Cold Chain Breach which the PM reported to Public Health, this meant we had to dispose of all vaccines stored in the fridge at that time. We also have to recall patients affected by the breach for additional vaccines. We are waiting for Public Health to identify those patients and notify us formally. A new data logger has been purchased and software updated. This is a significant element of the Accreditation Audit and as such we must demonstrate our adherence to legislation.</i>  <i>Staff were reminded that when they are accessing the fridge that they need to remain mindful of closing the door as quickly as possible to retain temperature range. The only personnel who should be accessing the fridge are clinical staff and the PM. Overall responsibility of the fridge will now be with the Senior Practice Nurse.</i>
		<b>ACTION:</b> <i>All staff accessing fridge are to place vaccines back in the correct section of the fridge as per plan. They should also be mindful of how long the door is open and are to be as efficient as possible in</i>



# North Rockhampton Medical Centre Clinical Meeting

## MINUTES

		relation to this task SPN to continue to monitor.
		<b>ACTION:</b> SPN to continue to monitor
6.	CONTINUOUS IMPROVEMENT	
	a.	<b>Practice Improvement Ideas</b> All staff were again asked to have a think about their experiences at the surgery and provide the PM with any suggestions for improvement. No suggestions provided.
	b.	<b>Small Business Digital Smart Grant Application</b> The PM advised that she had submitted the application for the Small Business Digital Smart Grant which is intended to enable purchase of a patient kiosk for self-check-in, updating information, advertising current and upcoming events, and items of interest for the patients.
		<b>ACTION:</b> No action required.
7.	CLINICAL	
	a.	<b>Infection Control</b> PM requested that all staff are mindful of infection control within their work areas, including Reception. Dr Adda was identified as the Infection Control Officer for NRMC.
		<b>ACTION:</b> For information and appropriate intervention or reporting to Dr Adda as the Practice Infection Control Officer, Practice Principal or PM
	b.	<b>Patient Records</b> When entering data to patient records ensure notes are relevant, timely and logical. Take the time to complete the record during or immediately following consultation, don't leave it to later as you may not remember all details and may miss vital information. This will reduce the possibility of legal action.  Dr Mahmood raised the issue of requests for medical records from external agencies such as law firms etc. He stated that we should be discussing this with the patient despite a signed release from the legal firm. This will ensure the patient is aware of the request and it is a valid request.
		<b>ACTION:</b> All staff to ensure that patient records are completed, entries should be relevant, accurate and timely.
	c.	<b>Changes to Nurses Checklists</b> PM advised there have been some minor changes to the Nurses Checklist, they are all aware of these changes.
		<b>ACTION:</b> Nil
	d.	<b>Time Management</b> PM advised that she has observed interactions which were drawn-out by conversations between staff and patients which were not relevant to the presentation. It is important for us to develop



# North Rockhampton Medical Centre Clinical Meeting

## MINUTES

		<p>relationships with our patients but we must stay focused on all our patients booked to see us. If we 'get behind' it is difficult to make up that time and ensure a consistent level of healthcare. It also increases waiting times for other patients which can affect patient retention and practice finances.</p> <p>Dr Kamal commented on staff not adhering or looking at the booking system. She stated that she is constantly referring to the booking system to ensure she is not running behind and that all staff should have the system open and be constantly referring to it. All agreed.</p>
	e.	<p><b>Communication with PM and Doctors</b> PM advised that there have been incidents recently that she was unaware of until much later. This is very frustrating for the PM as this information is sometimes critical to the efficient operation of the Practice. Please ensure that the PM is 'kept in the loop'. Similarly if appointments have to be changed for any reason please advise the doctors as they may need to see the patient or have time to complete a health care plan etc. themselves. This increases revenue for the practice and has the potential to diminish patient care, it will also prevent inconvenience for our patients.</p> <p>Dr Mahmood raised the issue of communication with our patients, that first impression to the completion of the appointment and hand over to practitioner or delivery to the waiting room. Ensure that patients are aware of what they must do, what is happening next etc. Also when we have student nurses or work experience participants we should firstly introduce them and secondly ask their permission for a third person in the consult. If the patient does not want a third person there they must withdraw.</p>
		<p><b>ACTION:</b> All staff are to ensure the PM is informed of any issues affecting the operation of the Practice, if in doubt inform the PM. Ongoing communication between PM, Staff, Doctors and patients.</p>
	F.	<p><b>Clinical guidelines / advise</b> No updates received.</p>
		<p><b>ACTION:</b> No action required.</p>
	g.	<p><b>Patient urgent recalls-results/follow up</b> PM advised all nursing staff to remain vigilant in relation to Urgent Recalls and action early each morning as per the Nurses Duties Checklist. Peta stated that she is very concerned about missing a patient however Lynda will take her through the process again to confirm knowledge.</p> <p>Doctors were requested to remove 'aged' recalls that had been actioned or had been completed by the Recall Administrative Process.</p> <p>Nurses are to call patients in the morning for PM appointments and in the afternoon for AM appointments to confirm attendance.</p>
		<p><b>ACTION:</b> Nurses to action the Urgent Recalls each morning as per the Nurses Duties Checklist. Doctors to remove 'aged' recalls.</p>
8.	GENERAL BUSINESS	
	a.	<p><b>Recruitment</b> No outstanding actions at this time.</p>



# North Rockhampton Medical Centre Clinical Meeting

## MINUTES

	b.	<p><b>Tea Room</b> PM advised that the Tea Room Roster has been incorporated into our primary Roster for ease of use for staff.</p> <p>Please remember that whilst we have a roster this does not mean that staff are not responsible for cleaning up after themselves.</p>
		<p><b>ACTION:</b> PM to monitor.</p>
	c.	<p><b>Customer Service</b> PM advised that from her observations, customer service standards are increasing and is evident by the positive on-line surveys being received. Remember our patients are not an interruption to our work, they are the reason for it.</p>
		<p><b>ACTION:</b> PM to continue monitoring and advising.</p>
<b>9.</b>	UPCOMING DATES	
	a.	15 June 2017 – Rockhampton Show Day Holiday
	b.	Accreditation Visit – October 2017
	c.	Linda Weber on leave – 12 June – 10 July 2017 (RTW)
		<p><b>ACTION:</b> No action required. For noting only.</p>
<b>10.</b>	Next meeting: 21 June 2017	
		<p><b>ACTION:</b> All staff are directed to attend.</p>
<b>11.</b>	Meeting concluded at 18:00hrs	

I certify that this document is an accurate record of the North Rockhampton Medical Centre Staff Meeting held on 24<sup>th</sup> May 2017.

**PAULA TYLER-HARTLEY**  
Practice Manager