

# Quality in Family Practice Assessment Tool: Overview of Sections, Indicators & Criteria in Assessing Family Practice

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## Mission Statement

To recommend a programme in Ontario which promotes and celebrates a culture of continuous quality improvement in family practice.

## Vision Statement

All family practices in Ontario will voluntarily participate in the *Quality in Family Practice* programme to demonstrate their excellence.

## Introduction

Generally, family practitioners, primary health care professionals and other family practice staff strive to deliver quality care to their patients. However, there is currently no yardstick for a practice to measure how effectively they are performing this task. As the health care system increases in complexity, and the health care needs of patients also becomes more complex, a quality framework that supports this challenging environment is vital.

The *Quality in Family Practice (Quality)* project is an exploratory study designed to recommend an interdisciplinary assessment programme for use by family practice offices in Ontario. Several Canadian studies are working on quality indicators; some provinces have started to implement quality programmes. The *Quality* project has reviewed the national and international literature on quality assessments in family practice/primary care, conducted focus group interviews, environmental scans, and teleconferences with patients and practitioners, and visited sites in the United Kingdom (UK), Australia, New Zealand and Toronto, Canada that operate quality programmes. This information, together with input from a Steering Committee composed of primary care providers, administrative staff and consumers, and an Advisory Committee of key stakeholders, have provided the Project Management Team with information for developing a process for achieving excellence in Ontario family practice settings.

### **What the *Quality* Assessment Tool is About**

Assessment is essential to evaluate the performance of family practices' level of quality. This Assessment Tool describes the complex scope of assessing: (1) whether family practices fulfil the legal and clinical standards that guide the family physicians and other primary health care professionals and (2) whether family practices implement quality processes in running the family practice.

The *Quality* programme identifies the key areas in family practice that can assist practice teams to provide the right environment for patients. The combined indicators and criteria in each of the five key areas define the standard for accessible, safe and effective family practice care in Ontario. Some of these indicators and criteria are outcome driven; others are process driven.

The Assessment Tool contains 80 indicators. Family practices should not be overwhelmed by the number of indicators and criteria. The intent of these indicators is to capture the complex nature of the work that is done in family practice. However, the list of indicators is not exhaustive and may not include all of the elements that important and relevant for individual practices. Practice team members should not feel limited by the *Quality* indicators in assessing quality. Rather, the *Quality* programme is meant to be expansive and inclusive. The assessment process is one of self reflection and continuous quality improvement. Therefore, practices are encouraged to add their own indicators.

The Assessment Tool is a web-based instrument. Further information, in the form of web links, is provided following each indicator and criteria. These Internet resources can be accessed directly from the electronic document.

The Assessment Tool provides a useful basis for practices to measure the level of care provided and identifies areas for improvement or developing practice systems. There is no “pass or fail” for family practices that undergo the *Quality* programme. Also, *Quality* is not meant to provide a comparison of family practices in Ontario. Rather, the assessment will allow the practice itself to interpret its current standing in terms of providing quality patient care and how the team functions (“where you are”). The assessment provides an opportunity for the practice to determine its strengths and improvement needs. The practice is encouraged to focus improvement activities on those areas which the practice team identifies as relevant and important for the services they provide (“where you want to be”). Practices should strive to achieve improvements between the pre-assessment and final assessment.

### **Assessment Tables for Practices and Assessors**

The *Quality in Family Practice* Assessment Tables for Practices and Assessors contain tables designed to assist the practices and the assessors to conduct the assessment of the family practice. The practices will complete the tables as part of their self-assessment and to demonstrate what they have accomplished. The practices will also be able to measure their improvement over time. The assessment tables contain all of the indicators and criteria found in the Assessment Tool. The tables are designed to rank each criterion on a Likert scale from 1 (Not met) to 5 (Fully met) for each criterion. The practice can supply additional evidence to substantiate its adherence to each criterion, and what systems are in place to ensure consistent adherence to those criteria. This evidence might be in a number of forms such as a descriptive report, a summary of an audit, a patient questionnaire, etc. If the practice does not have a system in place to ensure the criterion will be consistently maintained, the practice should consider what action is needed to rectify this.

It is expected that most family practices will be unable to meet many of the “desirable” criteria on the preliminary assessment. The focus will be a continuous quality improvement (CQI) process. The practice must demonstrate what steps are being taken and what systems and procedures are being implemented in order to demonstrate quality improvement.

# Continuous Quality Improvement

The *Quality* programme has adopted a continuous quality improvement (CQI) approach. CQI is the process of collecting data about a particular practice or service to benchmark performance, track and validate indicators that affect outcomes, and recognise problems in processes of care and practice management. CQI is a culture of never-ending improvement of the whole system as part of normal daily activity, continually striving to act according to the best available knowledge. The assumption behind quality measurement is that unless we learn something about what we are doing, we are unlikely to know it needs improving or how to improve it. However, measurement alone is not useful – it must be associated with a CQI approach.

## Model for Improvement

A number of models and cycles can be used in an ongoing way in order to apply CQI. The Model for Improvement is a simple yet powerful tool for accelerating improvement. It was developed by Associates in Process Improvement (API), which is based in the United States (US) and helps organisations improve their products and services and build their capability for on-going improvement. The Model for Improvement has been used very successfully by hundreds of health care organizations in many countries to improve many different health care processes and outcomes.

The model has two parts:

- Three fundamental questions:

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in an improvement?

- The Plan-Do-Study-Act (PDSA) cycle for testing a change on a small scale:

**Plan** the change strategy including who will be involved, what data will be collected, how and when the data will be collected, and when the data will be considered adequate to study.

**Do** the intervention.

**Study** the results.

**Act** on the knowledge you gain from the data (maintain the plan, modify the plan, add to the plan, abandon it, execute the cycle again under different conditions).

The PDSA cycle guides the test of a change to determine if the change is an improvement. Improvement is based on building knowledge (of what works and does not work) and applying it appropriately. This is the scientific method used for action-oriented learning.

# Guiding Principles

The following resources provided the guiding principles for the content of this document:

**1. The Canada Health Act**

<http://www.hc-sc.gc.ca/medicare/Canada%20Health%20Act.htm>

**2. Professional Codes of Ethics:**

**Canadian Medical Association (CMA) Code of Ethics (2004)**

[http://www.cma.ca/index.cfm/ci\\_id/2419/la\\_id/1.htm](http://www.cma.ca/index.cfm/ci_id/2419/la_id/1.htm)

**Code of Ethics for Canadian Pharmacists**

<http://www.napra.org/pharmacists/code.html>

**Canadian Nurses Association Code of Ethics for Registered Nurses**

[http://www.cna-nurses.ca/cna/documents/pdf/publications/CodeofEthics2002\\_e.pdf](http://www.cna-nurses.ca/cna/documents/pdf/publications/CodeofEthics2002_e.pdf)

**Code of Ethics for the Dietetic Profession in Canada**

<http://www.dietitians.ca/career/i2.htm>

**Canadian Association of Social Workers Code of Ethics**

[http://www.umanitoba.ca/faculties/social\\_work/code\\_ethics/code\\_ethics\\_full.html](http://www.umanitoba.ca/faculties/social_work/code_ethics/code_ethics_full.html)

**3. The Four Principles of Family Medicine**

<http://www.cfpc.ca/English/cfpc/about%20us/principles/default.asp?s=1>

**4. The Hippocratic Oath**

<http://duke.usask.ca/~porterj/DeptTransls/HippOath.html>

**Declaration of Geneva 1948 World Medical Association**

<http://www.donoharm.org.uk/gendecl.htm>

**5. Provincial Co-ordinating Committee on Community and Academic Health Science Centre Relations (PCCCAR) Basket of Services**

<http://www.ocfp.on.ca/local/files/FMFProceedings/Summary%20of%20the%20Proceedings%20of%20FMF%20III.pdf>

**6. The *CanMEDS 2000* Project commissioned by the Royal College of Physicians and Surgeons of Canada**

[http://rcpsc.medical.org/canmeds/canmed\\_e.html](http://rcpsc.medical.org/canmeds/canmed_e.html)

## Acknowledgements

### RNZCGP, RACGP, RCAGP and other international quality tools

The *Quality in Family Practice* project team is grateful for permission to use the Royal New Zealand College of General Practitioners' (RNZCGP) *Aiming for Excellence – An Assessment Tool for General Practice*. The tool is the Standard for General Practice Care, and provided the model for the original draft of this document.

Components of the following international tools were also incorporated into this assessment manual: *Standards for General Practices* from the Royal Australian College of General Practitioners (RACGP), the *Quality Practice Award* (QPA) and *Quality Team Development* (QTD) from the Royal College of General Practitioners (RCGP) in the UK, and the *Accreditation Handbook for Ambulatory Health Care* from the Accreditation Association for Ambulatory Health Care (AAAHC) in the US. Other quality indicators were also incorporated into the *Quality Assessment Tool*, including the British Medical Association (BMA) quality indicators, the *European Practice Assessment* (EPA) research project, indicators from other Primary Health Care Transition Fund projects, and indicators from Manitoba.

## Project Coordination

### Project Investigators

Cheryl Levitt, Principal Investigator  
Linda Hilts, Co-Investigator  
M. Janet Kasperski, Co-Investigator  
Ruth Morris, Co-Investigator  
David Price, Co-Investigator

### Quality Project Management Team

Cheryl Levitt, Project Leader  
Angela Barbara, Project Manager & Researcher  
Linda Hilts, Nursing Consultant  
David Price, Medical Consultant  
Colin McMullan, Research Coordinator

### Steering Committee Members

Anne Barber, Nurse Representative  
Elizabeth Beader, Executive Director of North Hamilton Community Health Centre  
Janie Bowles-Jordan, Pharmacist Representative  
Jennifer Frid, Receptionist Consultant  
Carol Hayter, Patient Representative

M. Janet Kasperski, OCFP Representative  
Jennifer McGregor, Dietitian Representative  
Ruth Morris, Family Physician Consultant  
Mari Rainer, Receptionist Representative  
Carol Ridge, Manager Representative  
David Smith, Social Worker Representative

## **Consultants**

Alan Abelsohn, Consultant on Tool Development  
David Chan, IT Consultant  
Michael Mills, Australian & New Zealand Site Visitor  
Chris Woodward, Research Consultant

## **Past Project Members**

Jack Azulay, Patient Representative  
Eileen Hanna, Project Manager  
Michelle Martin, Patient Representative  
Tammy Villeneuve, Administrative Assistant

# Glossary

## Advisor

An advisor is someone who has the formal role of providing mentor support to a family practice undertaking the *Quality* assessment. The advisor provides guidance when required on any questions the practice may have about the Assessment Tool, process or project; and encourages a team approach to working towards the practice self-assessment.

## Assessor

An assessor is someone who has the formal role of undertaking the assessment for the *Quality* process. Assessors attend training workshops and are expected to demonstrate a working knowledge of the assessment tool, the assessment process, gathering evidence, assessing evidence, facilitation, giving useful and positive feedback to the practice team, and writing a report on the findings of the visit.

## Audit

An audit is an official, systematic examination of the record of all aspects of patient care. A clinical audit is conducted by a family practice in order to identify opportunities for improving the medical care provided for patients and to provide a mechanism for realising those improvements.

## Community Care Access Centres

Community Care Access Centres (CCACs) provide a simplified service access point. They are responsible for: determining patient eligibility for services, and buying on behalf of consumers highest quality best priced visiting professional and homemaker services provided at home and in publicly-funded schools; determining eligibility for, and authorizing all admissions all long-term care facilities (nursing homes and homes for the aged); service planning and case management for each client; and providing information on and referral to all other long-term care services, including volunteer-based community services.

<http://oaccac.on.ca/>

## Community Health Centres

Community-based organisations that provide high quality, cost-effective primary care, health promotion, illness-prevention, public health education, community support, and episodic care. Services are provided by multidisciplinary staff such as physicians, nurses, social workers, mental health workers, public health nurses, dieticians, physiotherapists, etc. Community Health Centres (CHCs) work with other community organizations including schools, housing developments and employers to promote healthy activities and lifestyles.

## Community Health Contracts

Community-based contracts with local governments and non-profit organizations that provide a wide range of support services to low income individuals and families (includes home energy assistance, weatherisation, homemaker, adult day care, emergency assistance, nutrition programs, employment activities, and income management services).

## Continuous Quality Improvement (CQI)

CQI is the process of collecting data about a particular practice or service to benchmark performance, track and validate indicators that affect outcomes, and recognise problems in

processes of care and practice management. The culture of CQI is never-ending improvement of the whole system as part of normal daily activity, continually striving to act according to the best available knowledge.

## Criteria

Criteria are the elements of care that can be counted or measured in order to assess the indicator. They are discrete, definable, measurable and explicit. A criterion is so clearly defined that we can say whether it is present or not.

**There are three types of criteria:**

★★ **Legal and Safety**

These criteria are required by law.

★ **Essential**

These criteria may be considered a “Must” for family practice.

☆ **Desirable**

Desirable criteria describe performance which may not be attained at the first practice assessment. These could be considered something to aim for, as part of CQI.

## Family Health Group

Introduced in Ontario in July 2003, the Family Health Group model rewards fee-for-service physicians for the provision of comprehensive medical care and offers family doctors and general practitioners improved access to primary care renewal funding. The model was designed to provide better access to care for patients in smaller communities.

## Family Health Network

A group of family doctors working together with other health care professionals to provide accessible, coordinated care to enrolled patients. A feature benefit of Family Health Networks (FHNs) is guaranteed after-hours care made possible by a combination of on-call arrangements and a telephone health advisory service.

[http://www.health.gov.on.ca/ofhn/ofhn\\_mn.html](http://www.health.gov.on.ca/ofhn/ofhn_mn.html)

## Family Health Team

An approach to primary health care that brings together different health care providers to co-ordinate the highest possible quality of care for patients. Designed to give doctors support from other complimentary professionals, most Family Health Teams consist of doctors, nurses, nurse practitioners and other health care professionals who work collaboratively.

[http://www.health.gov.on.ca/transformation/fht/fht\\_understanding.html](http://www.health.gov.on.ca/transformation/fht/fht_understanding.html)

## Family Practice

A family practice consists of the physical space and the human resources (health care providers and staff) who provide family medicine/primary care services in one location. The interdisciplinary primary care professionals who work in the family practice include family physicians, nurse practitioners, family practice nurses, registered practical nurses, social workers, dietitians and pharmacists. The staff members who work in the family practice include receptionists, practice managers and administrative support.

## **Fee-For-Service**

The method of billing for health services whereby a physician or other practitioner charges the payer (whether it be the patient or his/her health insurance plan) separately for each patient encounter or service rendered.

## **Guidelines**

Guidelines are a set of steps to be taken in performing a task or implementing a policy, programme or activities and the manner of doing so. They assist health care professionals and patients make decisions prospectively for specific clinical circumstances. Guidelines are more specific and more detailed than guiding principles, on which they are based.

## **Health Service Organization**

The Health Service Organization (HSO) Program is an alternative payment program for primary care practices. HSOs are funded on a capitation basis to provide primary health care services to roster members and are intended to encourage a multi-disciplinary approach to care with an emphasis on health promotion and illness prevention. HSOs operate under the terms of a contract with the Minister of Health and Long-Term Care (MOHLTC). Each HSO signs its own contract and all contracts are based on the same template.

## **Indicator**

The indicators in the *Quality Assessment Tool* provide markers for best practice. They identify elements of practice performance for which there is evidence or consensus that can be used to assess and produce a change in the quality of care provided. Indicators describe what you would expect to see in place.

## **Indicator Groups**

In order to organize the indicators into a framework and ensure that they are user friendly, logical and take into account the systems and functions in the practice, the indicators in the *Quality Assessment Tool* are organized into five sections with 16 indicator groups.

## **Interview**

An interview is two-way conversation started by an interviewer with members of the practice team in order to gather information about the practice. Interviews may be done with individuals or with groups of people. An interview involves a series of orally-delivered questions designed to elicit responses concerning attitudes, information, interests, knowledge, and opinions.

## **Monitor**

Monitoring is the systematic and continuous collecting and analysing of information about the progress of a piece of work over time.

## **Northern Group Funding Plan**

Alternate payment intended to rectify the shortage of primary health care services in northern Ontario by providing community members with access to primary health care services 24 hours/7 days a week and promoting group practice amongst physicians and other health providers, while providing predictable financial support for doctors.

<http://srpc.ca/librarydocs/ngfpsummary.html>

## **Observe**

Direct observation is a less obtrusive method to gather information about things that can be observed. Assessors may observe the following: practice facilities, processes, information resources, procedures, equipment, and written evidence, e.g. medical records, policies, manuals, audits, questionnaires.

## **Outcome**

Outcomes are all possible demonstrable results that stem from casual factors or activities.

## **Patient**

A patient is someone who interacts with a clinician regarding illness or health promotion and disease prevention.

## **Patient Questionnaire**

A questionnaire is used to assess patient satisfaction with different aspects of their health care.

## **Performance**

Performance denotes what an individual actually does in a real life situation.

## **Plan, Do, Study, Act (PDSA)**

The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

[http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/Tools/Plan-Do-Study-Act+\(PDSA\)+Worksheet.htm](http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/Tools/Plan-Do-Study-Act+(PDSA)+Worksheet.htm)

## **Primary Care Network**

Instead of receiving fee-for-service payments for patients, Primary Care Networks (PCNs) receive a monthly capitation budget based on the age and sex of the patient. In 2001, the Ontario Health Network was created to oversee the implementation and expansion of PCNs across the province. PCNs are now called Family Health Networks.

## Section

The five sections in the *Quality* Assessment Tool are key areas in family practice that can assist practice teams to provide the right environment for patients.

The five Sections are as follows:

Section A: Factors Affecting Patients

Section B: Physical Factors Affecting the Practice

Section C: Clinical Practice Systems

Section D: Practice and Patient Information Management

Section E: Continuous Quality Improvement and Continuing Professional Development and Quality of Work Life

## Team

A team is a group of people with different skills and different tasks, who work together on a common project, service, or goal, with a meshing of functions and mutual support.

# Practice Summary

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**In addition to the practice assessment of how it is meeting the criteria listed in the following sections, the practice is required to submit the following:**

A short summary description of the practice, which will include:

- A description of the premises
- Any mission or vision statement of the practice and details of any agreed practice objectives or plans
- A profile of each of the health care professionals who work in the practice, their roles responsibilities and any areas of special interest or expertise
- A list of staff who work in the practice including a description of their roles and responsibilities
- A description of the demography of the practice including the practice size and any special features of the practice populations, such as age, social status or ethnicity which could be relevant to the planning and delivery of care
- A list of services provided with an assessment of how these are designed to meet the needs of the patient population within the practice
- A description of how the practice provides comprehensive care in accordance with the PCCCAR Basket of services
- A list of agencies linked with the practice
- A list of hospitals that accept the practice's patients and the level of involvement of the providers, including privileges in hospital-based care
- A list of community referral services
- A copy of the contractual agreement with the Ministry of Health (if applicable)
- Copies of up-to-date certificates of registrations, licenses, certifications, revalidation, CMPA, etc.
- Copies of patient questionnaires that have been used by the practice
- Copies of audits or quality assessments

# Section A

## Factors affecting patients

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Indicator Group 1      Respecting the needs and rights of patients

Indicator A.1.1      **The practice demonstrates its commitment to respecting the needs and rights of its practice population**

- Criteria      A.1.1.1      ★★      The practice has a written policy that describes how it provides services to patients
- A.1.1.2      ★★      The practice team is familiar with the Canada Health Act, Professional Codes of Ethics, Geneva Declaration and Four Principles, of Family Medicine
- A.1.1.3      ★★      The practice team is familiar with its contractual requirements (the model of practice of family medicine)
- A.1.1.4      ★      The patient has the right to have someone else in the room during an examination or consultation
- A.1.1.5      ☆      The practice demonstrates its dedication to comprehensive care by providing the full basket of services as outlined in the PCCCAR Report
- A.1.1.6      ★      The practice complies with guidelines regarding new patients
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## Section A: Factors affecting patients

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Indicator Group 1      Respecting the needs and rights of patients

Indicator A.1.2      **The practice maintains the privacy of patient information in accordance with Bill 31**

- Criteria A.1.2.1    ★ ★    The practice team have had training to implement Bill 31- the Health Information Protection Act and the Quality of Care Information Protection Act
- A.1.2.2    ★ ★    The practice has a designated contact person responsible for monitoring privacy issues
- A.1.2.3    ★ ★    Patient consent is obtained and recorded for the disclosure of personal information and the release of notes to another party
- A.1.2.4    ★ ★    The practice follows reasonable steps to ensure records are protected
- A.1.2.5    ★ ★    The practice has established and maintains appropriate information practices and informs its patients about these practices
- A.1.2.6    ★ ★    The practice has a written statement and/or privacy policy
- A.1.2.7    ★ ★    The practice collects and stores patients' personal information in compliance with the law
- A.1.2.8    ★ ★    The practice takes reasonable steps to protect personal health information that is transferred to others
- A.1.2.9    ★ ★    Members of the practice team who have access to medical records have signed a confidentiality agreement
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## Section A: Factors affecting patients

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Indicator Group 1      Respecting the needs and rights of patients

Indicator   A.1.3      **The practice encourages patient suggestions and feedback into service planning**

- Criteria    A.1.3.1    ☆    The practice encourages patient suggestions and feedback on services provided
- A.1.3.2    ☆    Suggestions, feedback and follow-up changes and improvements are incorporated in the practice quality improvement process
- A.1.3.3    ☆    Information about use of patient suggestions and feedback is communicated back to the practice team and patients
- A.1.3.4    ☆    The practice has carried out a patient satisfaction questionnaire within the last three years
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## Section A: Factors affecting patients

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Indicator Group 1      Respecting the needs and rights of patients

Indicator   A.1.4      **The practice respects patients' rights to formally complain**

- Criteria    A.1.4.1    ★      The practice has a documented complaints protocol
- A.1.4.2    ★      There is a designated practice complaints officer
- A.1.4.3    ★      Practice team members are familiar with the practice complaints protocol
- A.1.4.4    ☆      Complaints and their resolutions are incorporated in the practice quality improvement process
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## Section A: Factors affecting patients

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Indicator Group 1      Respecting the needs and rights of patients

Indicator   A.1.5      **The practice honours its commitment to recognising the diversity of its patients**

- Criteria   A.1.5.1      ★ ★      Patients are not discriminated against based on diversity
- A.1.5.2      ★      The practice team is trained to provide services that are sensitive to diversity
- A.1.5.3      ☆      The complaints officer or a designated person is responsible for monitoring and documenting discrimination
- A.1.5.4      ☆      The practice demonstrates evidence of linkages to diverse groups that make up the practice population
- A.1.5.5      ★      Patients with disabilities are consulted about any particular needs they may have in order to meet obligations for full information
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## Section A: Factors affecting patients

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Indicator Group 1      Respecting the needs and rights of patients

Indicator   A.1.6              **Mandatory reporting occurs in accordance with  
legislation in the family practice**

Criteria    A.1.6.1    ☆      Providers have training in mandatory reporting

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## Section A: Factors affecting patients

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### Indicator Group 2      Access and availability

#### Indicator   A.2.1                      **Information about practice services is available for patients**

- |                 |                |   |  |
|-----------------|----------------|---|--|
| <b>Criteria</b> | <b>A.2.1.1</b> | ★ | Practice information is displayed where it can be read   |
|                 | <b>A.2.1.2</b> | ★ | Practice information is routinely given to new patients  |
|                 | <b>A.2.1.3</b> | ☆ | Information about the practice is available for all patients to take away  |
|                 | <b>A.2.1.4</b> | ☆ | Information about practice services is available on request in languages other than English and other formats if necessary |
|                 | <b>A.2.1.5</b> | ☆ | Information about practice services is regularly reviewed and updated  |
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## Section A: Factors affecting patients

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### Indicator Group 2      Access and availability

**Indicator A.2.2      The practice makes provision to ensure patients are able to access 24-hour care, 7 days a week**

- Criteria      A.2.2.1      ★★**      The practice population is provided with information about access to 24-hour medical cover
- A.2.2.2      ★**      Patients can access the after hours service via two telephone calls
- A.2.2.3      ☆**      The on-call physician has access to core patient information – Cumulative Patient Profile (CPP)
- A.2.2.4      ☆**      A record of the patient after hours visit to the on-call service is sent back to the patient's practice (★ for PCNs, FHNs, special contracts with Telehealth Ontario)
- A.2.2.5      ☆**      There is feedback, review and response from and about access to the after hours service
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## Section A: Factors affecting patients

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Indicator Group 2      Access and availability

Indicator   A.2.3                      **The practice has an effective system to monitor waiting times for investigations and referrals to ensure that patients are receiving them in a timely manner**

Criteria    A.2.3.1    ☆      Patients, who have, or who are suspected of having serious conditions, such as cancer, are referred promptly for both investigations and referrals, according to national and local guidelines and procedures

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## Section A: Factors affecting patients

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Indicator Group 2      Access and availability

Indicator    **A.2.4**                      **The practice uses a system that assists the practice team to identify and provide an appropriate response to emergencies/urgent medical conditions**

- Criteria    **A.2.4.1**    ☆      All members of the practice team have undergone training to recognise and respond appropriately to emergencies/urgent medical conditions
- A.2.4.2**    ☆      The reception team/person can access practice nurses or doctors if immediate attention is required for patients
- A.2.4.3**    ☆      Members of the practice team have current CPR/BCLS certificates from certified trainers
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## Section A: Factors affecting patients

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### Indicator Group 2      Access and availability

**Indicator A.2.5      The practice team ensures that patients are provided with information to enable them to make informed decisions about their care**

- Criteria      A.2.5.1      ★★**      There is evidence that patients are provided with the information they need to make informed decisions about their medical care; every effort is made to communicate with patients to exchange information; and their questions are answered to the best of the provider's ability
- A.2.5.2      ★★**      Where required by law, explicit informed consent is obtained
- A.2.5.3      ★**      Respect the rights of competent patients to accept or reject any medical care recommended
- A.2.5.4      ★**      Respect patients' reasonable request for a second opinion
- A.2.5.5      ☆**      Ascertain wherever possible and recognise patients' wishes about initiation, continuation or cessation of life-sustaining treatment and respect the intentions of an incompetent patient as they were expressed in advanced directives
- A.2.5.6      ★**      Members of the practice team are trained and can demonstrate that specific education and support is made available or obtained, to help patients understand choices about their treatment
- A.2.5.7      ★**      Support is available, or obtained, to assist patients to make informed choices and give formal consent about management or treatment
-

## Section A: Factors affecting patients

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<b>Indicator Group 2</b>	<b>Access and availability</b>	
<b>Indicator A.2.6</b>	<b>The practice provides educational information on health promotion and disease prevention to patients</b>	
<b>Criteria</b>	<b>A.2.6.1</b>	★ There is a wide range of current health promotion materials available and accessible in the practice
	<b>A.2.6.2</b>	☆ The practice provides health education and support for prevention activities
	<b>A.2.6.3</b>	☆ All members of the clinical team have had training in prevention and health promotion
	<b>A.2.6.4</b>	☆ The team works closely with the Public Health Department

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## Section A: Factors affecting patients

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Indicator Group 2      Access and availability

Indicator    A.2.7                      **Initial and repeat prescribing in the absence of a visit is accurate, appropriate and timely**

- Criteria    A.2.7.1      ★★    The legal requirements of an initial and repeat telephone prescription have been met
- A.2.7.2      ★      The practice has a policy for handling prescriptions and repeat prescriptions resulting from a telephone call, fax or email
- A.2.7.3      ☆      The practice can fax prescriptions when required
- A.2.7.4      ☆      The practice will have systems in place to ensure the appropriate care and follow-up of patients who are on medications which require regular review is occurring in the absence of a visit (e.g. lithium and wafarin)
-

## Section A: Factors affecting patients

---

Indicator Group 3      There are no barriers to access

Indicator    **A.3.1**                      **Patients can easily access the practice using the telephone system**

- Criteria**    **A.3.1.1**    ☆      Patients are able to access the practice telephone system for appointments, advice or information, and leave messages
- A.3.1.2**    ☆      The practice has a system for telephone answering and for leaving messages when the receptionist is on the line or out of the office
- A.3.1.3**    ☆      The practice has systems for hearing, sight or speech impaired people to communicate with the practice
-

## Section A: Factors affecting patients

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Indicator Group 3      There are no barriers to access

Indicator   **A.3.2**                      **Patients can access the practice for advice or appointments appropriately**

- Criteria    **A.3.2.1**    ☆      Patients in the practice are able to book a visit for an urgent medical problem with a physician or team member as required
- A.3.2.2**    ☆      The practice has a flexible appointment system to accommodate patients with urgent problems or patients who need a longer/shorter appointment
- A.3.2.3**    ☆      Continuity of care is supported by the practice appointment system
- A.3.2.4**    ☆      The practice provides telephone/electronic advice for patients who might not need an appointment
-

## Section A: Factors affecting patients

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Indicator Group 3      There are no barriers to access

Indicator   **A.3.3**                      **Patient visits are effective and efficient**

Criteria    **A.3.3.1**    ☆      Consultation times are long enough to allow quality care

**A.3.3.2**    ☆      The practice endeavours to be on time for patient visits

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## Section A: Factors affecting patients

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Indicator Group 3      There are no barriers to access

Indicator A.3.4      **The practice premises are clearly signposted and physically accessible**

- Criteria      A.3.4.1      ☆      Practice signs are clear, visible and well placed to read from a distance
- A.3.4.2      ☆      There is access to practice premises for all people with mobility problems, or if physical access is limited, the practice provides off-site visits to patients with disabilities
- A.3.4.3      ☆      The practice has railings, ramps and other relevant equipment to assist people with disabilities
- A.3.4.4      ★ ★      The waiting area has appropriate seating for disabled and elderly patients
- A.3.4.5      ★ ★      The waiting area can accommodate wheelchairs and walkers
- A.3.4.6      ☆      There is adequate parking close to the practice with dedicated parking for disabled drivers
-

## Section A: Factors affecting patients

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### Indicator Group 4 Promoting patient-centredness

#### Indicator A.4.1 **The practice promotes quality provider-patient relationships**

- |                 |                |   |  |
|-----------------|----------------|---|--|
| <b>Criteria</b> | <b>A.4.1.1</b> | ★ | Members of the practice team have appropriate interpersonal and communication skills for working in a family practice                                      |
|                 | <b>A.4.1.2</b> | ★ | Providers understand boundary issues inherent in the provider-patient relationship   |
|                 | <b>A.4.1.3</b> | ★ | The practice has procedures in place for initiating and dissolving a provider-patient relationship   |
|                 | <b>A.4.1.4</b> | ★ | The provider's obligation is to the best interests of patients and this interest must not be in conflict with financial or other interests of the provider |
-

## Section A: Factors affecting patients

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Indicator Group 4      Promoting patient-centredness

Indicator   A.4.2                      **The practice is patient-centred**

- Criteria    A.4.2.1    ☆      The practice team promotes patient self-care, education and involvement
- A.4.2.2    ☆      The practice promotes family-centred care where appropriate
- A.4.2.3    ☆      The practice team has a strategy for managing care for patients with multiple/complex problems
-

# Section B

## Physical factors affecting the practice

Indicator Group 5	Practice's physical facilities and safety	
Indicator B.5.1	<b>The practice waiting area is comfortable and sufficient to accommodate patients and their family members who wait for services</b>	
Criteria	B.5.1.1	★ The waiting area has adequate space, seating, heating, lighting and ventilation
	B.5.1.2	☆ The waiting area meets the needs of children
	B.5.1.3	☆ The waiting area has current materials

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## Section B: Physical factors affecting the practice

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Indicator Group 5      Practice's physical facilities and safety

Indicator B.5.2      **Examination areas for assessment and management ensure patient comfort, safety and privacy**

- Criteria    B.5.2.1    ★    Examination couches are safe, accessible and visually private
- B.5.2.2    ☆    Each examination room is maintained at a comfortable temperature and has adequate lighting, including task lighting
- B.5.2.3    ☆    Each examination room is free from excessive, external noise
- B.5.2.4    ★    Patients are assured of auditory privacy during visits
-

## Section B: Physical factors affecting the practice

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### Indicator Group 5 Practice's physical facilities and safety

**Indicator B.5.3 The practice has appropriate disinfection and sterilisation facilities available for infection control and follows appropriate infection control procedures**

- Criteria B.5.3.1 ★ ★** There is a policy and procedure for infection control
- B.5.3.2 ★ ★** There are facilities to ensure hand hygiene in all patient contact areas
- B.5.3.3 ★ ★** There are documented policies and procedures for cleaning, disinfection and sterilisation of equipment and facilities
- B.5.3.4 ★ ★** The practice correctly uses appropriate chemical solutions, a steam steriliser or autoclave for sterilisation of non-disposable instruments and materials
- B.5.3.5 ★ ★** Sterile or surgically clean instruments are stored in a manner that ensures maintenance of their sterility or surgical cleanliness
- B.5.3.6 ★ ★** Appropriate members of the practice team are trained in cleaning, disinfection and sterilisation of equipment
-

## Section B: Physical factors affecting the practice

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### Indicator Group 5 Practice's physical facilities and safety

#### Indicator B.5.4 The practice safely disposes of sharps and biomedical waste

- |                 |                |    |  |
|-----------------|----------------|----|--|
| <b>Criteria</b> | <b>B.5.4.1</b> | ★★ | Biomedical waste (includes anatomical waste, blood, non-anatomical waste and other waste) is safely disposed of in accordance with local regulations |
|                 | <b>B.5.4.2</b> | ★★ | The practice has appropriate leak proof containers/bags for safe disposal of biomedical waste  |
|                 | <b>B.5.4.3</b> | ★★ | Biomedical waste is stored and collected separately from other waste where required  |
|                 | <b>B.5.4.4</b> | ★★ | The practice has appropriate puncture-resistant sharps containers displaying a biohazard symbol, placed in all areas where sharps are used           |
|                 | <b>B.5.4.5</b> | ★★ | Sharps containers are kept out of reach of children  |
|                 | <b>B.5.4.6</b> | ★★ | The practice has a protocol/policy and procedures in case of an accidental needle-stab or other type of exposure                                     |
-

## Section B: Physical factors affecting the practice

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### Indicator Group 5 Practice's physical facilities and safety

**Indicator B.5.5**                      **The practice has appropriate vaccine storage and maintains the Cold Chain in line with provincial guidelines**

- |                 |                |           |   |
|-----------------|----------------|-----------|---|
| <b>Criteria</b> | <b>B.5.5.1</b> | <b>★★</b> | There is a designated vaccine refrigerator for the storage of vaccines  |
|                 | <b>B.5.5.2</b> | <b>★★</b> | A daily log is kept showing effective monitoring of the temperature within the refrigerator                           |
|                 | <b>B.5.5.3</b> | <b>★★</b> | A maximum/minimum thermometer is kept in the fridge at all times  |
|                 | <b>B.5.5.4</b> | <b>★★</b> | Vaccine expiry dates are current  |
|                 | <b>B.5.5.5</b> | <b>★★</b> | National/provincial guidelines are used to preserve the Cold Chain during storage, offsite immunisation and transport |
-

## Section B: Physical factors affecting the practice

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### Indicator Group 5 Practice facilities

**Indicator B.5.6**      **The practice ensures that only authorised people have access to prescription medications**

- Criteria B.5.6.1**    ★★ Medications and pharmaceutical products are only accessible to authorised people
- B.5.6.2**            ☆ The practice has a method for communicating with the pharmacy when the practice uses samples for dispensing
- B.5.6.3**            ☆ The practice safely disposes of outdated drugs
- B.5.6.4**            ★★ A log is maintained for restricted medications as required by regulations
- B.5.6.5**            ☆ Doctor's bags are not accessible to unauthorised persons
- B.5.6.6**            ★ Prescription pads are not accessible to unauthorised persons
-

## Section B: Physical factors affecting the practice

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Indicator Group 5      Practice's physical facilities and safety

Indicator B.5.7      **The practice demonstrates a commitment to the Workplace Safety and Insurance Act 1997**

- Criteria      B.5.7.1      ★ ★      The practice team complies with Workplace Safety and Insurance Board (WSIB) policies and identifies and manages WSIB procedures
- B.5.7.2      ★ ★      WSIB accidents and incidents are recorded, investigated and followed up
- B.5.7.3      ★ ★      The practice reviews WSIB procedures annually, making amendments, additions or alterations as necessary
- B.5.7.4      ☆      The practice can demonstrate WSIB in action
-

## Section B: Physical factors affecting the practice

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### Indicator Group 5 Practice's physical facilities and safety

**Indicator B.5.8 Fire Risk is minimised by demonstrating a commitment to relevant legislation and Codes of Practice relating to fire safety, disaster or other emergencies**

- Criteria**
- B.5.8.1 ★★** The practice has an identified fire warden
  - B.5.8.2 ★★** There is an evacuation plan approved by the Ontario Fire Marshall with which all team members are familiar
  - B.5.8.3 ★★** The practice has a Fire and Emergency Code of Practice
  - B.5.8.4 ★★** The practice team is trained to evacuate the practice by participation in regular fire drills
  - B.5.8.5 ★★** The practice undertakes a six-monthly audit of the evacuation procedures in line with the regulations
  - B.5.8.6 ★★** The practice undertakes a regular audit of its fire protection equipment
-

## Section B: Physical factors affecting the practice

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Indicator Group 5      Practice's physical facilities and safety

Indicator B.5.9      **The practice demonstrates a commitment to an eco-efficient or Green Office**

- |          |         |   |  |
|----------|---------|---|--|
| Criteria | B.5.9.1 | ☆ | There is a plan describing eco-efficient policies and practices                    |
|          | B.5.9.2 | ☆ | There are sustainable purchasing and procurement policies                          |
|          | B.5.9.3 | ☆ | The practice is energy efficient   |
|          | B.5.9.4 | ☆ | Recycling of paper and other products, as available in the community, is practised |
|          | B.5.9.5 | ☆ | There are no mercury thermometers or sphygmomanometers                             |
|          | B.5.9.6 | ☆ | The practice is accessible via public transport                                    |
-

## Section B: Physical factors affecting the practice

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Indicator Group 5      Practice's physical facilities and safety

Indicator B.5.10      **Office procedures are only performed after suitable training and in accordance with accepted guidelines**

- Criteria    B.5.10.1    ★    There is a list of approved procedures performed in the practice and who may perform them
- B.5.10.2    ★    Practice staff is trained to perform the listed procedures
- B.5.10.3    ☆    The practice has appropriate equipment and facilities for the procedures that are performed
- B.5.10.4    ★    Patients who require procedures are routinely asked for consent
- B.5.10.5    ★    The practice keeps a record or log of their minor procedures
-

## Section B: Physical factors affecting the practice

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### Indicator Group 6      Medical equipment

**Indicator B.6.1                      Medical equipment and resources are appropriate, available and maintained**

- |                 |                |   |   |
|-----------------|----------------|---|---|
| <b>Criteria</b> | <b>B.6.1.1</b> | ★ | Medical equipment and resources are available and maintained  |
|                 | <b>B.6.1.2</b> | ★ | All essential basic equipment is available  |
|                 | <b>B.6.1.3</b> | ★ | All essential emergency equipment is available and in good working order  |
|                 | <b>B.6.1.4</b> | ★ | All essential emergency drugs are available in stock and/or in the doctor's bag                                   |
|                 | <b>B.6.1.5</b> | ★ | There is a system for drug maintenance and checking expiry dates of drugs (including samples from drug companies) |
|                 | <b>B.6.1.6</b> | ★ | There is a system to maintain the contents of the doctor's bag  |
-

# Section C

## Clinical practice systems

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**Indicator Group 7**      Screening (early detection), surveillance and audit of clinical systems and implementation of clinical practice guidelines (for the identification and management of patients at risk for preventable diseases, with chronic diseases, with cancers and with mental health problems)

**Indicator C.7.1**      **The practice has agreed policies for screening, surveillance and audit**

**Criteria C.7.1.1**    ★      There is a practice screening (early detection), surveillance and audit programme

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## Section C: Clinical practice systems

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Indicator Group 7			Screening (early detection), surveillance and audit of clinical systems and implementation of clinical practice guidelines (for the identification and management of patients at risk for preventable diseases, with chronic diseases, with cancers, and with mental health problems)
Indicator	C.7.2		<b>The practice has an effective database of registered patients for screening, surveillance and audit</b>
Criteria	C.7.2.1	☆	The practice has an effective system for maintaining an accurate patient database
	C.7.2.2	☆	The practice uses a disease identifying coding system which is compatible with other commonly used data transfer systems

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## Section C: Clinical practice systems

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**Indicator Group 7**      Screening (early detection), surveillance and audit of clinical systems and implementation of clinical practice guidelines (for the identification and management of patients at risk for preventable diseases, with chronic diseases, with cancers, and with mental health problems)

**Indicator C.7.3**      **The practice uses evidence-based clinical practice guidelines to ensure consistent high quality health care**

- Criteria**
- C.7.3.1**    ☆    The practice uses evidence-based guidelines in its clinical practice systems
  - C.7.3.2**    ☆    The practice has links with community resources to enhance implementation of guidelines
  - C.7.3.3**    ☆    The practice has links with family resources to enhance implementation of guidelines
-

## Section C: Clinical practice systems

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**Indicator Group 7**      Screening (early detection), surveillance and audit of clinical systems and implementation of clinical practice guidelines (for the identification and management of patients at risk for preventable diseases, with chronic diseases, with cancers, and with mental health problems)

**Indicator C.7.4**      **The practice has a regular appropriate review of prescription medications**

- Criteria C.7.4.1**    ☆    There is a system in place for reviewing prescription medications regularly
- C.7.4.2**            ☆    There is an audit of medication reviews
- C.7.4.3**            ★    There is a policy on reporting adverse drug reactions
-

## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.1**      **Smoking cessation**

- |                 |                 |   |   |
|-----------------|-----------------|---|---|
| <b>Criteria</b> | <b>C. 8.1.1</b> | ★ | The practice has reviewed the evidence-based clinical practice guidelines for smoking cessation                                     |
|                 | <b>C.8.1.2</b>  | ★ | There is a register of patients' smoking status   |
|                 | <b>C.8.1.3</b>  | ★ | The practice actively promotes smoking cessation strategies and provides educational intervention programme information to patients |
|                 | <b>C.8.1.4</b>  | ☆ | The practice has access to specific programmes that assist patients with smoking cessation  |
|                 | <b>C.8.1.5</b>  | ☆ | There is an audit of policy and charts  |
|                 | <b>C.8.1.6</b>  | ☆ | There is a follow-up of patients involved in smoking cessation intervention programmes  |
-

## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.2**      **Diabetes mellitus**

- |                 |                |   |   |
|-----------------|----------------|---|---|
| <b>Criteria</b> | <b>C.8.2.1</b> | ★ | The practice has reviewed the evidence-based clinical practice guidelines for diabetes mellitus |
|                 | <b>C.8.2.2</b> | ★ | The practice can produce a register of patients with diabetes mellitus                          |
|                 | <b>C.8.2.3</b> | ★ | The practice actively promotes lifestyle modification to reduce the risk of type 2 diabetes     |
|                 | <b>C.8.2.4</b> | ☆ | The practice has access to specific programmes that assist patients with diabetes mellitus      |
|                 | <b>C.8.2.5</b> | ☆ | There is an audit of policy and charts  |
|                 | <b>C.8.2.6</b> | ☆ | There is a follow-up programme for diabetic patients  |
-

## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.3**      **Hypertension**

- |                 |                |   |   |
|-----------------|----------------|---|---|
| <b>Criteria</b> | <b>C.8.3.1</b> | ★ | The practice has reviewed the evidence-based clinical practice guidelines for hypertension      |
|                 | <b>C.8.3.2</b> | ★ | The practice can produce a register of patients with established hypertension                   |
|                 | <b>C.8.3.3</b> | ★ | The practice actively promotes lifestyle modification to reduce the risk of high blood pressure |
|                 | <b>C.8.3.4</b> | ☆ | The practice has access to specific programmes that assist patients with high blood pressure    |
|                 | <b>C.8.3.5</b> | ☆ | There is an audit of policy and charts  |
|                 | <b>C.8.3.6</b> | ☆ | There is a follow-up programme for hypertensive patients  |
-

## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.4**      **Stroke or transient ischaemic attacks (TIAs)**

- |                 |                |   |  |
|-----------------|----------------|---|--|
| <b>Criteria</b> | <b>C.8.4.1</b> | ★ | The practice has reviewed the evidence-based clinical practice guidelines for stroke or TIAs |
|                 | <b>C.8.4.2</b> | ★ | The practice can produce a register of patients with stroke or TIAs                          |
|                 | <b>C.8.4.3</b> | ★ | The practice actively promotes lifestyle modification to reduce the risk of stroke and TIAs  |
|                 | <b>C.8.4.4</b> | ☆ | The practice has access to specific programmes that assist patients with stroke or TIAs      |
|                 | <b>C.8.4.5</b> | ☆ | There is an audit of policy and charts   |
|                 | <b>C.8.4.6</b> | ☆ | There is a follow-up programme for patients with stroke or TIAs                              |
-

## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.5**      **Secondary prevention in coronary heart disease (CHD)**

- |                 |                |   |   |
|-----------------|----------------|---|---|
| <b>Criteria</b> | <b>C.8.5.1</b> | ★ | The practice has reviewed the evidence-based clinical practice guidelines for CHD |
|                 | <b>C.8.5.2</b> | ★ | The practice can produce a register of patients with CHD                          |
|                 | <b>C.8.5.3</b> | ★ | The practice actively promotes lifestyle modification to reduce the risk of CHD   |
|                 | <b>C.8.5.4</b> | ☆ | The practice has access to specific programmes that assist patients with CHD      |
|                 | <b>C.8.5.5</b> | ☆ | There is an audit of policy and charts  |
|                 | <b>C.8.5.6</b> | ☆ | There is follow-up programme for patients with CHD                                |
|                 | <b>C.8.5.7</b> | ☆ | There is a follow-up programme for patients with left ventricular dysfunction     |
-

## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.6**      **Anticoagulation medication**

- |                 |                |   |   |
|-----------------|----------------|---|---|
| <b>Criteria</b> | <b>C.8.6.1</b> | ★ | The practice has reviewed the evidence-based clinical practice guidelines for anticoagulation medication                                      |
|                 | <b>C.8.6.2</b> | ★ | The practice can produce a register of patients who are on anticoagulation medication   |
|                 | <b>C.8.6.3</b> | ★ | The practice actively promotes understanding of the complications and side effects of anticoagulation treatment to patients on blood thinners |
|                 | <b>C.8.6.4</b> | ☆ | The practice has access to specific programmes that assist patients with anticoagulation  |
|                 | <b>C.8.6.5</b> | ☆ | There is an audit of policy and charts  |
-

## Section C: Clinical practice systems

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### Indicator Group 8      Applying surveillance and audit to outcome indicators

#### Indicator C.8.7      Mental health

Criteria	C.8.7.1	★	The practice has reviewed the evidence-based clinical practice guidelines for mental health
	C.8.7.2	★	The practice can produce a register of patients with severe long-term mental health problems who require and have agreed to regular follow-up
	C.8.7.3	★	The practice actively promotes understanding of mental health to patients
	C.8.7.4	☆	The practice has access to specific programmes that assist patients with mental health disorders
	C.8.7.5	☆	There is an audit of policy and charts
	C.8.7.6	☆	There is a follow-up programme for patients with mental health problems

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## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.8**      **Benzodiazepines for older patients**

- |                 |                |   |  |
|-----------------|----------------|---|--|
| <b>Criteria</b> | <b>C.8.8.1</b> | ★ | The practice has reviewed the evidence-based clinical practice guidelines for prescribing benzodiazepines for older patients |
|                 | <b>C.8.8.2</b> | ★ | There is a register of older patients who have been prescribed benzodiazepines   |
|                 | <b>C.8.8.3</b> | ★ | The practice actively promotes understanding of the complications and side effects of benzodiazepines in older patients      |
|                 | <b>C.8.8.4</b> | ☆ | There is an audit of policy and charts   |
|                 | <b>C.8.8.5</b> | ☆ | There is follow-up of older patients prescribed benzodiazepines  |
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## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.9**      **Postmenopausal bleeding**

**Criteria C.8.9.1**    ★      The practice has reviewed the evidence-based clinical practice guidelines for postmenopausal bleeding

**C.8.9.2**    ☆      There is an audit of policy and charts

**C.8.9.3**    ☆      There is a follow-up of women with postmenopausal bleeding

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## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.10**      **Asthma care (patients diagnosed with asthma - defined as those who had one repeat prescription of a beta 2-agonist in the past year, who filled a prescription for long-term control of asthma)**

- Criteria**
- C.8.10.1** ★ The practice has reviewed the evidence-based clinical practice guidelines for asthma
  - C.8.10.2** ★ The practice can produce a register of patients with asthma
  - C.8.10.3** ★ The practice actively promotes lifestyle modification to reduce the risk of asthma
  - C.8.10.4** ☆ The practice has access to specific programmes that assist patients with asthma
  - C.8.10.5** ☆ There is an audit of policy and charts
  - C.8.10.6** ☆ There is a follow-up programme for asthmatic patients
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## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.12**      **Epilepsy**

- Criteria**
- C.8.12.1** ★ The practice has reviewed the evidence-based clinical practice guidelines for epilepsy
  - C.8.12.2** ★ The practice can produce a register of patients with epilepsy
  - C.8.12.3** ★ The practice actively promotes lifestyle modification to reduce the complications associated with epilepsy
  - C.8.12.4** ☆ The practice has access to specific programmes that assist patients with epilepsy
  - C.8.12.5** ☆ There is an audit of policy and charts
  - C.8.12.6** ☆ There is a follow-up programme for patients with epilepsy
-

## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.13**      **Hypothyroidism**

- Criteria**
- C.8.13.1** ★ The practice has reviewed the evidence-based clinical practice guidelines for hypothyroidism
  - C.8.13.2** ★ The practice can produce a register of patients with hypothyroidism
  - C.8.13.3** ☆ There is an audit of policy and charts
  - C.8.13.4** ☆ There is a follow-up programme for patients with hypothyroidism
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## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.14**      **Cancer**

- Criteria**
- C.8.14.1** ★ The practice has reviewed the evidence-based clinical practice guidelines for cancer
  - C.8.14.2** ★ The practice can produce a register of all cancer patients
  - C.8.14.3** ☆ The practice has access to specific programmes that assist patients with cancer
  - C.8.14.4** ☆ There is an audit of policy and charts
  - C.8.14.5** ☆ There is a follow-up programme for patients with cancer
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## Section C: Clinical practice systems

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**Indicator Group 8**      **Applying surveillance and audit to outcome indicators**

**Indicator C.8.15**      **Sore throat**

- Criteria**
- C.8.15.1** ★ The practice has reviewed the evidence-based clinical practice guidelines for sore throat management
  - C.8.15.2** ★ Patients who present with sore throats are screened for antibiotic management according to guidelines
  - C.8.15.3** ★ The practice actively promotes appropriate treatment of sore throats to reduce inappropriate antibiotic use
  - C.8.15.4** ☆ There is an audit of policy and charts
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## Section C: Clinical practice systems

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**Indicator Group 9**      **Clinical practice systems and life cycle issues**

**Indicator C.9.1**      **The practice provides comprehensive care for children**

- Criteria**
- C.9.1.1**    ★    Early childhood development is assessed at the intervals agreed in local guidelines, and problems are followed up
  - C.9.1.2**    ★    Well-baby visits include the following key items
  - C.9.1.3**    ★    Training in Children's Aid is updated a minimum of once every three years
  - C.9.1.4**    ★    The practice refers appropriately to Children's Aid
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## Section C: Clinical practice systems

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Indicator Group 9      Clinical practice systems and life cycle issues

Indicator C.9.2      **The practice has an effective system to identify and record childhood and adolescent immunisations**

Criteria C.9.2.1    ★      The practice has a system to identify and recall all children and adolescents requiring immunisation

C.9.2.2    ☆      The practice has a system for review of immunisation procedures in accordance with the Ontario guidelines on childhood and adolescent immunisation

C.9.2.3    ☆      The practice has a system for recording and reporting adverse reactions to immunisations

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## Section C: Clinical practice systems

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Indicator Group 9      Clinical practice systems and life cycle issues

Indicator C.9.3      **The practice has an effective system to identify and record adult immunisations, including flu vaccine**

Criteria C.9.3.1    ★      The practice has a system to identify and recall all adults requiring immunisation

C.9.3.2    ☆      The practice has a system for review of immunisation procedures in accordance with the Ontario guidelines on adult immunisation

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## Section C: Clinical practice systems

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Indicator Group 9      Clinical practice systems and life cycle issues

Indicator C.9.4      **The practice provides comprehensive care for cervical screening**

Criteria C.9.4.1    ★      The practice has a policy on how to identify and follow-up on cervical smears of women ages 18 to 65 who have been sexually active (past or present)

C.9.4.2    ☆      The practice has a policy for auditing its cervical screening services

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## Section C: Clinical practice systems

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Indicator Group	9		Clinical practice systems and life cycle issues
Indicator	C.9.5		The practice provides comprehensive care for chlamydia
Criteria	C.9.5.1	★	The practice has a policy on how to identify and follow-up on women ages 18 to 25 who have been sexually active for chlamydia screening
	C.9.5.2	☆	The practice has a policy for auditing its chlamydia screening services

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## Section C: Clinical practice systems

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**Indicator Group 9**      **Clinical practice systems and life cycle issues**

**Indicator C.9.6**      **The practice provides comprehensive care for breast cancer screening**

**Criteria C.9.6.1**    ★      The practice has a policy on how to identify and follow-up on women ages 50 to 65 for breast cancer screening

**C.9.6.2**            ☆      The practice has a policy for auditing its breast cancer screening services

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## Section C: Clinical practice systems

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Indicator Group 9	Clinical practice systems and life cycle issues	
Indicator C.9.7	<b>The practice provides comprehensive care for family planning</b>	
Criteria C.9.7.1	☆	The practice ensures that family planning services are accessible and acceptable to teenagers
C.9.7.2	☆	The practice has a policy for prevention, investigation, management and referral of sexually transmitted diseases (STDs)
C.9.7.3	☆	The practice has a policy for providing pre-conception counselling
C.9.7.4	☆	The percentage of women of childbearing age rubella immune status is recorded

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## Section C: Clinical practice systems

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<b>Indicator Group 9</b>	<b>Clinical practice systems and life cycle issues</b>	
<b>Indicator C.9.8</b>	<b>The practice provides comprehensive care for maternity services</b>	
<b>Criteria C.9.8.1</b>	☆	The practice provides antenatal care and screening according to current local guidelines
<b>C.9.8.2</b>	☆	The practice regularly reviews and audits its antenatal records
<b>C.9.8.3</b>	☆	The practice has a policy for how it provides maternity services to its patients
<b>C.9.8.4</b>	☆	The practice provides information to patients on their option for care providers, family physicians, midwives, obstetricians

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## Section C: Clinical practice systems

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**Indicator Group 9**      **Clinical practice systems and life cycle issues**

**Indicator C.9.9**      **The practice provides comprehensive care for adult patients**

**Criteria C.9.9.1**    ☆      The practice provides routine care for all adult patients

**C.9.9.2**    ☆      The practice provides follow-up care for adult patients

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## Section C: Clinical practice systems

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Indicator Group 9      Clinical practice systems and life cycle issues

Indicator C.9.10      **The practice provides palliative end of life care to patients**

- Criteria      C.9.10.1      ☆      The practice has a policy for palliative end of life care
- C.9.10.2      ☆      The practice team has links with home care services in the community
- C.9.10.3      ☆      The practice team has links with palliative care services in the community
- C.9.10.4      ☆      The practice's approach to palliative care includes a system for out of hours service
- C.9.10.5      ☆      The practice's approach to palliative care includes a system for communicating to the practice team
- C.9.10.6      ☆      Bereavement support is made available to relatives of the patient
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# Section D

## Practice and patient information management

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Indicator group 10      Content of medical records

Indicator    D.10.1                      **Records are sufficient to meet the requirements for describing and supporting the management of health care provided**

- Criteria**    **D.10.1.1**    ★      Audit of medical records in accordance with CPSO guidelines – *A guide to medical record keeping practices 2002*
- D.10.1.2**    ★      A report of the audit findings is prepared by each family physician
- D.10.1.3**    ★★     The practice maintains a daily diary of appointments
- D.10.1.4**    ★      There is a patient record system
- D.10.1.5**    ★      The practice makes proper use of the Cumulative Patient Profile (CPP)
- D.10.1.6**    ★      Telephone conversations are identified and the content recorded in the medical records
- D.10.1.7**    ★      Notification to patients of recalls, results, referrals and other contacts are recorded in the medical records
- D.10.1.8**    ★      Clinical management decisions made outside the visit are routinely recorded
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## Section D: Practice and patient information management

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### Indicator group 11 Information management

**Indicator D.11.1**                      **Medical records and documents are stored or filed safely and securely**

**Indicator D.11.1**                      **Medical records and documents are stored or filed safely and securely**

- Criteria D.11.1.1 ★★** The content of medical records and documents (paper or computer) are not visible in public areas
- D.11.1.2 ★★** Identifiable records/documents (paper or computer) are not visible in consulting rooms
- D.11.1.3 ★★** Non-lockable files (or non secure computer) are in working areas only
- D.11.1.4 ★★** The practice team is aware of the practice policy on the storage and safety of documents
- D.11.1.5 ★★** The practice complies with the law in regards to electronic medical record and files are secure or password protected (computers), unless in active use by the practice team
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## Section D: Practice and patient information management

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### Indicator group 11 Information management

**Indicator D.11.2**                      **There is a system to manage patient test results and medical reports**

- Criteria**
- D.11.2.1** ★      There is a system to track and manage patient test results, medical reports, investigations and follow up missing results
  - D.11.2.2** ★      There are procedures to ensure that all laboratory results and other reports are seen and acted on by the appropriate member of the practice team who requested them or a designated alternate (locum, partner, NP)
  - D.11.2.3** ★      The practice has a policy and patients are provided with information about the practice procedure for notification of test results
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## Section D: Practice and patient information management

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### Indicator group 11 Information management

#### Indicator D.11.3 Registration of new patients and transfer of medical records is patient-friendly

- Criteria**
- D.11.3.1** ★ There is a patient registration process for collecting personal and health information that is patient-friendly
  - D.11.3.2** ★ New patients have provided written consent to enable the practice to obtain previous medical records, and the records are reviewed and summarised when they are obtained
  - D.11.3.3** ☆ Details of the transfer of medical records to and from the practice are recorded according to CPSO guidelines
  - D.11.3.4** ☆ Requests for the transfer of medical records are acted on promptly
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## Section D: Practice and patient information management

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### Indicator Group 12    Integration and continuity of care

**Indicator D.12.1                    The practice provides care that is integrated with other care agencies and community services to improve individual patient care**

- Criteria    D.12.1.1    ★**    Resources about community or provincial health agencies are available in the practice
- D.12.1.2    ★**    There is a directory or checklist of other primary care agencies, services available locally, and services provided by local hospitals
- D.12.1.3    ☆**    Networking occurs with other local agencies or services as required
- D.12.1.4    ☆**    Practice team members access local resource people when appropriate
- D.12.1.5    ☆**    There are opportunities for other agencies, Public Health, disability, community services, or different providers to work closely with the practice
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## Section D: Practice and patient information management

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### Indicator Group 12 Integration and continuity of care

**Indicator D.12.2**      **The practice provides services to patients with complex needs (high users, regular emergency users, patients often in crisis, and patients with multiple problems) and their families**

- Criteria D.12.2.1 ★**      The practice has a system for patients with complex needs
- D.12.2.2 ★**      The patient and/or caregiver have access to the doctor (or doctor on call) after hours
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## Section D: Practice and patient information management

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### Indicator Group 12 Integration and continuity of care

**Indicator D.12.3 The practice provides continuity of care to patients**

- Criteria D.12.3.1** ☆ Continuity of care is supported by the practice
- D.12.3.2** ☆ The practice has a shared care model in psychiatry, obstetrics and chronic disease management promotes continuity of care
- D.12.3.3** ☆ All members of the practice involved in clinical care have a consistent and coherent approach to the management of individual patients
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## Section D: Practice and patient information management

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### Indicator Group 13 Human Resource Management

**Indicator D.13.1 All members of the practice team are qualified or trained for their position**

**Criteria D.13.1.1 ★** Information about Certification, Licenses, Registration, Maintenance of Certification, and Medical Protective Insurance (CMPA) is available in the practice and checked annually

**D.13.1.2 ★** All members of the practice team have been oriented and trained in procedures relevant to their position

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## Section D: Practice and patient information management

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### Indicator Group 13 Human Resource Management

**Indicator D.13.2 All members of the practice team have contracts and current job descriptions, and management structures are in place**

- Criteria**
- D.13.2.1** ★ There are written and signed employment contracts with terms and conditions
  - D.13.2.2** ★ All members of the practice team have job descriptions that include key tasks, functional relationships and annual review dates
  - D.13.2.3** ☆ Performance reviews are conducted annually for all practice team members, including practice partners
  - D.13.2.4** ☆ The practice has documented workplace policies, including recruitment and appointment criteria, and disciplinary procedures
  - D.13.2.5** ☆ Information from annual reviews is used to determine individual and practice team training needs
  - D.13.2.6** ☆ There is an office procedures manual covering the administrative procedures and systems in the practice to which the staff have access
  - D.13.2.7** ☆ The Hepatitis B and C statuses of all clinical staff are recorded, and immunisations recommended if required
  - D.13.2.8** ☆ Screening for TB status, and immunisation status for measles, rubella, polio, influenza, tetanus, diphtheria and pneumococcus is reviewed on a regular basis, according to CPSO Infection Control Guidelines section 1.4
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## Section D: Practice and patient information management

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### Indicator Group 13 Human Resource Management

**Indicator D.13.3 The practice continuously improves team functioning**

- Criteria D.13.3.1** ☆ The practice promotes team functioning
- D.13.3.2** ☆ The practice has evidence of regular, recorded, minuted meetings involving the whole practice team
- D.13.3.3** ☆ Extraordinary meetings are held in the practice to address urgent matters
- D.13.3.4** ☆ The practice team report that their input is valued during team meetings
- D.13.3.5** ☆ There are clear documented lines of accountability and reporting structures
- D.13.3.6** ☆ The practice team reports that it works well together with a minimum of conflict or friction between team members
- D.13.3.7** ☆ The practice team report that their abilities are recognised and there are opportunities to take responsibility and work independently
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## Section D: Practice and patient information management

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### Indicator Group 13 Human Resource Management

**Indicator D.13.4**      **The role/scope of primary care providers (RN(EC)s, social workers, pharmacists, dietitians, family practice nurses, etc.) are clearly understood/articulated by the practice team in prescribing, diagnosing, investigations, and referral for consults**

**Criteria D.13.4.1 ★**      There is a practice policy for that recognises scope for prescriptions, diagnosing, investigations and referrals for consults of primary care providers

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## Section D: Practice and patient information management

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### Indicator Group 13 Human Resource Management

**Indicator D.13.5**                    **There are active contacts with local family physician organisations, e.g. PCNs, FHNs, LHINS, hospital family medicine department**

**Criteria D.13.5.1**    ☆            The practice maintains relationships with family physician organisations (local, provincial and national organisations, hospital and university departments of family medicine, and planning bodies such as LHINS)

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## Section D: Practice and patient information management

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### Indicator Group 14 Out of office care

**Indicator D.14.1 The practice has a policy for out of office care**

- Criteria**
- D.14.1.1** ☆ The practice has a system to keep track of and manage patients that are hospitalised, in rehabilitation, and following discharge
  - D.14.1.2** ☆ Regular patients of the practice are able to obtain visits from a provider in their home
  - D.14.1.3** ☆ Regular patients of the practice are able to obtain visits from a provider in long-term care facilities
  - D.14.1.4** ☆ Community-based care
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# Section E

## Continuous quality improvement and continuing professional development and quality of work life

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Indicator group	15		Continuous quality improvement and continuing professional development
Indicator	E.15.1		<b>The practice promotes continuous quality improvement (CQI)</b>
Criteria	E.15.1.1	☆	There is a designated person responsible for coordinating CQI activities in the practice
	E.15.1.2	☆	Within the last year, the practice team has identified areas for improvement as a result of analysis
	E.15.1.3	☆	There is documented evidence of a CQI action plan that has a timeline with identifiable and measurable points for interim achievements to allow monitoring of progress

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## Section E: Continuous quality improvement and continuing professional development and quality of work life

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Indicator group 15      Continuous quality improvement and continuing professional development

Indicator E.15.2      **The practice promotes continuing professional development (CPD)**

- Criteria E.15.2.1 ☆      All practice team members participate in CPD
- E.15.2.2 ☆      There is planned professional development (learning plans) including structured peer review
- E.15.2.3 ☆      Funds are allocated for CPD
-

## Section E: Continuous quality improvement and continuing professional development and quality of work life

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Indicator group	15		Continuous quality improvement and continuing professional development
Indicator	E.15.3		<b>The practice has a morbidity and mortality management system to address serious or potentially serious problems (adverse incidents, near misses, etc.)</b>
Criteria	E.15.3.1	★	The practice has a morbidity and mortality system in place
	E.15.3.2	☆	The morbidity and mortality process is used for potential incidents as well as actual incidents
	E.15.3.3	☆	The morbidity and mortality process has been tested in the last year
	E.15.3.4	☆	The practice has a policy regarding the disaster plan

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## Section E: Continuous quality improvement and continuing professional development and quality of work life

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Indicator group 15      Continuous quality improvement and continuing professional development

Indicator E.15.4      **A range of educational resources and materials are available for reference purposes to members of the practice**

- Criteria      E.15.4.1      ☆      Resources available in the practice are current
- E.15.4.2      ☆      The range of journals and resources are accessible to all practice members
- E.15.4.3      ☆      Internet access is available in the practice to access reference material
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## Section E: Continuous quality improvement and continuing professional development and quality of work life

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Indicator group	15		Continuous quality improvement and continuing professional development
Indicator	E.15.5		<b>The practice is aware of their contractual obligations and makes every effort to avoid financial mishaps</b>
Criteria	E.15.5.1	☆	Contractual documents are available
	E.15.5.2	☆	The practice has defined levels of financial responsibility and accountability for staff undertaking financial transactions (accounts, payroll, signing cheques, petty cash, etc.)

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## Section E: Continuous quality improvement and continuing professional development and quality of work life

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Indicator group 15      Continuous quality improvement and continuing professional development

Indicator E.15.6      **The practice has a documented strategic plan**

- Criteria E.15.6.1 ☆      The practice has a documented strategic plan
- E.15.6.2 ☆      The practice has a documented annual business plan
- E.15.6.3 ☆      All members of the practice team have input into the strategic plan
- E.15.6.4 ☆      Patient input is gathered for strategic and annual planning purposes and used in the planning process
- E.15.6.5 ☆      The strategic plan is reviewed every three years
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## Section E: Continuous quality improvement and continuing professional development and quality of work life

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Indicator group 15

Continuous quality improvement and continuing professional development

Indicator E.15.7

**The practice has a system in place for undertaking research**

Criteria E.15.7.1 ☆

The practice has a system for undertaking any research

E.15.7.2 ☆

The practice has a system for undertaking research where a member of the practice is a principal investigator

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## Section E: Continuous quality improvement and continuing professional development and quality of work life

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Indicator group 16      Quality of work life

Indicator    E.16.1                      **The practice promotes a health balance between work and home life**

Criteria     E.16.1.1    ☆      The practice has a policy of promoting a healthy balance between work and home life

                 E.16.1.2    ☆      The practice regularly monitors provider and staff satisfaction and well-being

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