

# Foundation Standard certificate – Smartsheet checklist

## Foundation Standard checklist: Tasks

This checklist is based on the Foundation Assessment AND Guidance sections on the RNZCGP Quality website and is intended to assist practices in completion of evidence for their Smartsheet prior to 3 yearly Foundation Assessment. Acknowledgement goes to the quality team at Te Awakairangi Health Network who originally developed several resources for Foundation Standard preparation from which this checklist has been amended and developed.

The checklist is meant to be a living document. As practices work with it, users may identify gaps, for example where subsequent updates and amendments to the Foundation Standard and associated Guidance sections by the RNZCGP occur. Please notify your Foundation Standards facilitator of any improvements you make to these checklists so the template can be updated accordingly for posterity.

It is designed to be printed out and scribbled on – and to make nice big, satisfying TICKS next to each item as you work your way through it all. ✓

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## Patient info

(Signage / brochures etc.)

- 1.1 HDC Posters: English + Māori +? other languages.
- 1.1 Poster and/or brochures: Right to have a support person with you.
- 1.1 Local health advocacy resources.
- 1.1 Interpreter info/resources.
- 1.2 Practice's services and fees – info.
- 2.4 How patients will be informed about test results - options: leaflet, poster, notice on practice portal, practice website.
- 2.5 Photos or information about maintaining privacy in the physical environment – e.g. reception area, curtaining in consult rooms.
- 3.3 Te reo Māori signage and resources.
- 6.2 Signage about what to do if waiting patients have urgent situations.
- 6.3 Signage / brochure about how to access after-hours care.
- 13.4 Photos of practice premises – safe and accessible.

## Patient Portal / website material

- 2.6 How patients are notified of/can access test results.
- 6.3 How to access after-hours care.

## Forms

- 1.2 Written consent form(s).
- 1.3 Complaint form.
- 2.4 Patient enrolment form and privacy statement.
- 13.3 Incident reporting and recording forms.
- 13.2 Hazardous Substances Inventory.

## Equity and diversity

- 3.1 Māori Health Plan.
- 3.1 + 8.1 Designated equity champion.
- 3.3 Activities/resources to assist staff to use correct Te Reo Māori pronunciation, particularly Māori patients' names.
- 4.1 Examples of practice-wide initiatives to embrace diversity, inclusion and equity.
- 7.2 Description of efforts to ensure equitable screening for under-screened populations (Māori / Pasifika).
- 8.2 PES (patient experience survey): Explanation of methods used to obtain feedback from all groups in patient population, especially under-represented groups.

## Audits and data

- 7.1 and 7.2 Screening and immunisation data - rates achieved recorded by main ethnicity groups and including Māori compared to non-Māori.
- 8.2 Patient experience feedback/data.
- 9.1 Repeat prescribing audit.
- 9.2 Standing orders audit/review of countersigning process.
- 9.3 Medicine reconciliation audit.
- 10.1 Management of controlled drugs and stock take records.
- 11.2 Records of annual equipment servicing, calibration and verification.
- 11.6 Electrical safety and RCD annual checking.
- 12.1 Steriliser cycle monitoring records.
- Note the RNZCGP guidance resources that recommend an audit process for ensuring compliance with various practice policies and including infection control and waste management policies.

## Clinical Governance (CG)

- 8.1 Documented CG roles and responsibilities, written into role descriptions – e.g. clinical leads, complaints officer, equity champion, Health and safety coordinator, workforce lead etc.
- 8.2 CG Policy and procedures.
- 8.2 CG Meeting agendas, minutes and actions.
- 8.2 CG Annual Quality Plan.

## Regular events (e.g. exercises / drills / PES)

- 6.3 Clinical emergency drill (annual) + documented debrief – whole team involvement.
- 8.1 Quarterly PES.
- 16.1 Fire evacuation drill (six monthly).

## Training records

- 1.1 HDC - Patient rights (all staff, once only).
- 2.1 Privacy ABC and Health ABC (all staff, once only) – Also Privacy 2020 **IF previous training before 2020.**
- 3.2 Treaty of Waitangi training (all staff, at least once – but more is better, especially for equity champion).
- 4.1 Cultural competence and diversity (“regular” professional development, all staff, must cater for).
- 6.1 First-aid training and monitoring waiting patients training (non-clinical staff – annual).
- 6.2 CPR training for doctors and nurses (upload ALL current CPR certificates for clinical staff).
- 7.4 Current vaccinator authorisation.

- 10.3 Standing order training for each nurse (annual – every nurse who works with standing orders).
- 12.1/12.2 Infection control and healthcare waste management.
- 12.1 Sterilisers / autoclave (effective use and calibration) (as recommended by manufacturer).
- 13.1 Health and safety training (and certification, if required).
- 13.1 Induction plan/checklist.
- 15.1 Childrens Act - Child safety training.

### **Authorisations / certifications**

- 13.2 Immunisers / vaccinators: current authorisations from a medical officer of health.
- 13.2 Cold Chain Accreditation (CCA) (See guidance) - valid up to three years.
- 14.1 FENZ approval for emergency evacuation scheme.
- 15.2 APCs for all GPs and nurses.
- 17.2 System for monitoring clinicians practicing under conditions on APC and ensuring clinicians are working within their scopes of practice.

### **Policies and procedures**

- 1.1 Open disclosure.
- 1.3 Complaints.
- 2.1 Privacy and health info security.
- 2.3 Records transfer policy and procedure.
- 5.1 Clinical correspondence, test results and investigations policy (get clinician oversight).
- 5.2 Documented process for transfer of clinical responsibility – to specialists or internally e.g. locums.
- 8.1 Clinical Governance policy and procedures.
- 9.1 Repeat prescribing policy.

- 9.2 Standing orders policy and procedures.
- 9.3 Medicines reconciliation policy.
- 10.1 Policy and procedure for management and storage of controlled drugs.
- 12.1 Infection control policies and procedures aligned with standards.
- 12.2 Health care waste management policy and procedures.
- 13.1 Health and safety policy and Hazard and risk register.
- 13.3 Incident / Adverse event risk management policy.
- 15.1 Child protection policy and safety checking procedure.

## Plans

- 3.1 Māori Health Plan.
- 8.2 CG Quality Plan.
- 12.1 Outbreak management preparedness plan (epidemic / pandemic plan) – included in infection control.
- 14.2 Practice emergency response plan (available off-site too) and Business continuity plan.

## Have ready for inspection during on-site assessment

- 2.5 Appropriate privacy requirements.
- 11.1 Required medical equipment (Appendix 1 on Online Foundation Standard – College website).
- 11.2 Required medicines (Appendix 1).
- 11.4 Show where medicines are kept and that they are secure and out of unauthorised persons.
- 11.5 Show portable emergency equipment and medicines - stored in single, secure and accessible location.
- 11.6 Show RCDs everywhere where electrical medical devices are used (and that the RCDs are safe).

- 12.2 Puncture-resistant sharps containers.
- 12.1 Sterilisers / autoclaves - (e.g. printouts of every cycle, chemical indicator for every load, data logged directly to the computer).
- 13.2 Hazardous substances: safety sheets – (i.e. how to use the substance safely) displayed where the substance is accessed / used.
- 13.1 Health and safety-related signage is clear, visible, well-placed and readable from a distance.
- 13.4 Adequate space, seating, heating, lighting and ventilation.
- 13.4 Appropriate seating for patients with mobility and/or other needs.
- 13.4 Accessible entrances and doorways.
- 13.4 Examination couches are accessible and safe.
- 13.4 Accessible toilet.