



## Urgent Care Standard 2015

## URGENT CARE STANDARD: 2015

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Accident Compensation Corporation

Jon Gaupset

Kristin Good

Mike Thornber

Angelika Weinheimer

Royal New Zealand College of Urgent Care  
110 Lunn Ave  
Remuera  
Auckland 1072  
T / F (09) 5277966  
E [admin@rnzcuc.org.nz](mailto:admin@rnzcuc.org.nz)  
[www.rnzcuc.org.nz](http://www.rnzcuc.org.nz)

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## **1. Preface**

### **1.1 Background**

The urgent care standard (UCS) was developed by the Royal New Zealand College of Urgent Care (RNZCUC) using a committee of experts who provided a balanced representation of significantly-interested parties. RNZCUC owns the UCS and the urgent care certification scheme (UCSS) referred to herein.

The need for the set of generic urgent care standards was highlighted by individual service providers experiencing difficulties in meeting the varying requirements of RNZCUC and auditing agencies providing certification services to urgent care clinics. NZS 8151:2004 Accident and Medical Clinic Standard is no longer relevant because there have been significant changes in urgent care practice since 2004. In addition, quality management system standards have evolved during this time. The UCS captures these changes.

### **1.2 Urgent care standard**

The UCS has been specifically designed by the urgent care sector for the urgent care sector. It is an outcome-based service standard and focuses on the key requirements for delivery of high-quality urgent care in an urgent care clinic, with reference made to management system requirements. Achieving RNZCUC –endorsed certification to the UCS is a rigorous undertaking that requires service providers to demonstrate robust urgent care processes within appropriate clinic facilities and to achieve safe and quality outcomes for service users.

### **1.3 Development of the urgent care standard**

Development of a totally new and updated UCS was managed by RNZCUC and Health Audit NZ Ltd. Development involved consultation with significantly-interested parties including the Accident Compensation Corporation (ACC), urgent care clinics, RNZCGP, consumers of urgent care services, auditing agencies, iwi, Ministry of Health and District Health Boards. The development process was managed stepwise through the creation of UCS drafts, circulation to interested parties for feedback, testing of an UCS draft via trial audits in clinics, and review by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) prior to finalization and publication.

In parallel with the development of the UCS, an urgent care certification scheme (UCCS) was developed by RNZCUC. JAS-ANZ approval is pending. The UCCS is used by RNZCUC to manage the UCS audit and certification process.

## **1.4 Relationship to other requirements**

Certain parliamentary acts and regulations apply to urgent care service providers. Organizations that fund urgent care services have contractual requirements to be met by urgent care service providers. When implementing the UCS, consideration should be given to relevant legislation and funding requirements.

## **1.5 Scope of the urgent care standard**

RNZCUC defines urgent care as primary care services that are episodic, with a no-appointments system, covered by RNZCUC's training programme, and are delivered from a RNZCUC-approved urgent care facility. Key features that distinguish an urgent care clinic are the presence of x-ray on-site or within (covered) wheelchair distance and extended hours, typically at least 8am – 8pm seven days. Other services, such as general practice, radiology, orthopaedic surgery and plastic surgery, may be provided from an urgent care facility. These services are outside the scope of the UCS.

## **1.6 Certification to the urgent care standard**

An urgent care service provider may seek RNZCUC-endorsed certification to the UCS via a JAS-ANZ accredited certification body or ISQua accredited certification body. RNZCUC-endorsed certification signifies that a service provider has met the requirements of the UCS. For further information regarding RNZCUC-endorsed certification, refer to the urgent care certification scheme (UCCS).

## **1.7 Urgent care standard framework**

The urgent care standard (UCS) is divided into four parts:

Part One	Consumer Rights
Part Two	Organizational Management
Part Three	Service Provision
Part Four	Facilities and Environment

Each part has standards to be considered and met in order to achieve appropriate outcomes. The standards have criteria that, when met, are expected to result in the achievement of the outcome. The criteria requirements provide the basis for assessing levels of achievement or compliance.

## **Important Note**

The urgent care standard (UCS) has generic criteria that are applicable to the provision of urgent care services in New Zealand. Some criteria have particular requirements that are stipulated as part of the urgent care certification scheme (UCCS). Particular requirements are subject to periodic review and amendment by RNZCUC. Particular requirements of the UCS are published on the RNZCUC web site, [www.rnzcuc.org.nz/clinicaudits.aspx](http://www.rnzcuc.org.nz/clinicaudits.aspx).

## 2. Definition of terms

The definitions listed are specific to the urgent care standard. Alternative definitions may be used by different service providers and funders and under legislation.

<b>Adverse Event</b>	An unplanned and untoward occurrence that has unwanted consequences for the quality and/or safety of the service provided. An adverse event can be an accident or an incident and may be clinical or non-clinical in nature.
<b>Advocacy</b>	Independent provision of information, advice and support to individual service users.
<b>Assessment</b>	Collection and interpretation of information with service user involvement to determine the individual's need for urgent care.
<b>Audit</b>	A systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled. Internal audits are conducted by, or on behalf of, the organization. External audits are conducted by an independent auditing agency.
<b>Competence</b>	Demonstrated ability to apply knowledge and skills.
<b>Complaint</b>	An expression made by a service user, in verbal or written form, of dissatisfaction with an urgent care service.
<b>Continual Improvement</b>	Recurring activity to increase the ability to fulfil requirements.
<b>Corrective Action</b>	Action taken to eliminate the cause of a detected nonconformity or other undesirable situation.
<b>Document</b>	The action of writing down the details of a system, for example as a documented policy, procedure or work instruction. A document can be in hard copy or in electronic medium.
<b>Environment</b>	The setting within a clinic necessary to meet requirements for safe urgent care services of adequate quality.
<b>Facilities</b>	The infrastructure necessary to provide urgent care services including: clinic building, workspace and associated utilities; medical equipment and supplies; equipment for supporting services, both hardware and software.
<b>Induction</b>	Process to assist new personnel to obtain any site-specific skills and knowledge needed to perform tasks competently.

<b>Management</b>	Implementing and overseeing the policies and procedures determined by the governing body and coordinating the day-to-day service activities.
<b>Nonconformity</b>	Nonfulfillment of a requirement.
<b>Outcome</b>	In the context of the UCS, the result of the urgent care service provided to satisfy the standards within each part of the UCS.
<b>Orientation</b>	Familiarising personnel with the organization.
<b>Personnel</b>	The people who undertake activities within the urgent care service, including medical practitioners, nurses and administrators. Personnel can be employed by, or can be contracted to, the service provider organization.
<b>Policy</b>	An operational statement of intent that guides sound decision-making and results in action that is legal and consistent with the aims of the service.
<b>Preventive Action</b>	Action taken to eliminate the cause of a potential nonconformity or other undesirable potential situation.
<b>Procedure</b>	The actions necessary to implement a policy.
<b>Process</b>	Set of interrelated or interacting activities which transforms inputs into outputs.
<b>Quality Management System</b>	Management system to direct and control an organization with regard to quality.
<b>Quality Plan</b>	Document specifying which procedures and associated resources shall be applied, by whom and when, to a specific project, service, process or contract.
<b>Record</b>	Document stating results achieved or providing evidence of activities performed. A record can be in hard copy or in electronic medium.
<b>Risk</b>	The chance of something happening that may have an impact on objectives.
<b>Service Provider</b>	Organization accountable for the provision of urgent care services.
<b>Service User</b>	The patient, consumer or person receiving the services.
<b>Standard</b>	A grade or level of excellence, achievement or advancement, taken by general consent as a basis for comparison.



### **3. Urgent care standard**

#### **Part One Consumer Rights**

##### **Standard 1.1 Consumer rights**

Outcome – Service users receive services in accordance with the Code of Health and Disability Services Consumers' Rights (the Code).

- 1.1.1 The service provider shall document policy and/or procedure that addresses how the requirements of the Code are met and how implementation of the Code shall be verified.
- 1.1.2 The service provider shall display and make available to service users information about the Code and about advocacy.
- 1.1.3 Service provider personnel shall be familiar with their obligations specified by the Code.

##### **Standard 1.2 Service user information and communication**

Outcome – Service users are kept informed, and enabled to give informed consent, through appropriate communication channels.

- 1.2.1 The service provider shall inform service users of their right to have a support person or chaperone present during a consultation.
- 1.2.2 Service provider personnel shall communicate in a manner appropriate to the needs of the service users, their family/whanau and any accompanying support person.
- 1.2.3 The service provider shall make available to service users, in a format and languages suited to the needs of the local community, information about services provided by the clinic, including associated costs. The service provider shall make available information about services provided within the local community.
- 1.2.4 The service provider shall define a process to access interpreters when needed for service users with limited English proficiency.
- 1.2.5 Service provider personnel shall give service users, or their legally designated representatives, full and frank information and practise open disclosure in a manner that is appropriate to the needs of the service user and family/whanau.

- 1.2.6 Service provider personnel shall communicate to service users, or their legally designated representatives, their choices with respect to treatment, in order to make an informed decision.

### **Standard 1.3 Complaints management**

Outcome – Service users can access and use an effective complaints management system.

- 1.3.1 The service provider shall maintain a documented complaints management process that is displayed in a manner that is accessible to service users, responsive and complies with Right 10 of the Code. One of the service provider's personnel shall be designated as responsible for monitoring implementation of the complaints management process.
- 1.3.2 Service provider personnel shall be familiar with the complaints management process.
- 1.3.3 The service provider shall maintain a complaints register that includes all complaints, investigation, resolution and communication of outcome to the complainant.
- 1.3.4 The service provider shall manage complaints using a process that is linked to the quality management system for corrective action and continual improvement.

### **Standard 1.4 Maori values and beliefs**

Outcome – Service users who identify as Maori receive services in a manner that takes account of cultural values and beliefs.

- 1.4.1 Service provider personnel shall ensure service users who identify as Maori receive services that take account of needs and are in accordance with a documented Maori Health Plan.
- 1.4.2 Service provider personnel shall demonstrate competency in meeting the principles of the Treaty of Waitangi and in providing services that are consistent with Maori cultural values and beliefs.
- 1.4.3 The service provider shall consult with tangata whenua and other Maori organizations, provider groups and whanau when planning initiatives that may have significant impact on the needs of Maori service users.

## **Standard 1.5 Individual values and beliefs**

Outcome – Service users receive culturally safe services that take account of individual values and beliefs.

- 1.5.1 Service provider personnel shall collect, collate and analyse service user ethnicity data in order to make provision for the needs of the community served.
- 1.5.2 Service provider personnel shall consult with service users, their family/whanau and any accompanying support person in a manner that takes account of individual cultural needs, values and beliefs.

## **Part Two Organizational Management**

### **Standard 2.1 Quality and risk management**

Outcome – The service provider documents and implements a quality and risk management system for safe and effective management of urgent care processes.

- 2.1.1 The service provider shall maintain a documented management system of policies, procedures and other documents that reflects best practice for urgent care and is implemented by clinical and non-clinical personnel. The documented management system shall be reviewed at stipulated intervals and updated as required to improve service delivery.
- 2.1.2 The service provider shall maintain a document control system to manage policies, procedures and other documents to ensure all controlled documents are approved, current, available to personnel, and managed to preclude the use of obsolete documents.
- 2.1.3 The service provider shall collect, collate and analyse data obtained from annual service user experience surveys (minimum sample size of 35 service users).

**Particular requirement** – the survey shall measure survey user experience with respect to:

- (a) Interaction with service provider personnel;
  - (b) Service received;
  - (c) Service environment.
- 2.1.4 The service provider shall maintain a programme of internal audits of its policies and processes relating to consumer rights, organizational management, service provision, facilities and environment.

**Particular Requirement:** The programme of internal audits shall:

- (a) Include, but not be limited to:
  - i. Obligations with respect to the Code of Rights;
  - ii. Control of documents and of service user information;
  - iii. Human resource management of recruitment, orientation and induction, credentialing, and training and competency assessment;
  - iv. Management of adverse events and complaints;
  - v. Triage system;
  - vi. Test tracking system and transfer of information;
  - vii. Medical records;
  - viii. Urgent care facilities and equipment;
  - ix. Fire safety precautions;
  - x. Infection prevention and control.
- (b) Address and take account of:
  - i. A history of conformity with quality requirements;
  - ii. The introduction of new and amended processes;
  - iii. Systems with known problems and / or significant associated risks.

2.1.5 The service provider shall identify, analyse, prioritize, control and mitigate risks, including organizational, financial and occupational risks, as well as risks associated with service delivery.

2.1.6 The service provider shall maintain a programme of continual improvement through:

- (a) Corrective action that addresses identified systemic deficiency;
- (b) Preventive action that responds to analysis of quality and risk related data;
- (c) Implementation of quality plans with measurable objectives for systemic improvement and achieving clinical and non-clinical goals;
- (d) Follow-up to internal audit findings;
- (e) Follow-up to service user experience surveys.

## **Standard 2.2      Adverse events**

Outcome – The service provider systematically records adverse events and near misses. These are managed by a quality and risk management system that meets any requirements for essential notification.

2.2.1 The service provider shall record adverse events and near misses in order to manage risk and to identify opportunities to improve urgent care processes.

2.2.2 The service provider shall manage the adverse event reporting system using a process that is linked to the quality management system for corrective action and continual improvement.

2.2.3 The service provider shall ensure the adverse event reporting system meets any statutory requirements for essential notification.

**Particular requirement:** The system for essential notification shall include, but is not limited to, reporting:

- (a) Adverse reactions to medicines and immunizations to the Centre for Adverse Reactions Monitoring (CARM);
- (b) Infectious diseases to the Ministry of Health;
- (c) Health and safety to the Ministry of Business Innovation and Employment;
- (d) Death to the coroner;
- (e) Suspected child abuse to Child, Youth and Family Services.

### **Standard 2.3 Information management**

Outcome – The service provider management system ensures service user information is uniquely identifiable, accurate, current, confidential, and accessible when required.

2.3.1 The service provider shall maintain the confidentiality of service user information through a system for control of access, storage, retrieval, retention, back-up, archiving and disposition of service user data and records. The system shall include service user information in either electronic or hard copy medium.

### **Standard 2.4 Human resource management**

Outcome – The service provider manages human resources to ensure competent personnel deliver safe urgent care services of acceptable quality.

2.4.1 The service provider shall document the skills and knowledge required of each position, including any necessary clinical competency, together with the responsibilities, authority and accountability of each position. The service provider shall maintain signed current contracts for all personnel.

**Particular requirement:** Human resource management system documentation shall include employment processes and agreements that identify pertinent legislative and industrial requirements for pay, conditions, recruitment, selection, dispute resolution and resignation.

2.4.2 The service provider shall ensure a doctor and a registered nurse are on-site during the clinic hours of operation.

**Particular requirement:** Both doctor and nurse shall have current ACLS to the standard (refer to 2.4.7 and 2.4.8)

2.4.3 The service provider shall employ a Medical Services Coordinator (Medical Director).

**Particular requirement:** The Medical Services Coordinator (Medical Director) shall be:

- (a) Either a Fellow of the Royal New Zealand College of Urgent Care;
- (b) Or an urgent care vocational programme trainee whom the Royal New Zealand College of Urgent Care has approved in writing as medical director;
- (c) Or another doctor approved as Medical Director by RNZCUC.

The Medical Services Coordinator (Medical Director) position holder shall:

- i. Be responsible for clinical oversight including medical records review, performance appraisal, and clinical performance review of medical personnel, adverse event review and ongoing training of clinic medical personnel;
- ii. Document any required collegial relationships of medical personnel;
- iii. Have a current New Zealand Annual Practising Certificate;
- iv. Work on-site a minimum of 20 hours per week.

2.4.4 The service provider shall employ a Nursing Services Coordinator (Charge Nurse).

**Particular requirement:** The Nursing Services Coordinator (Charge Nurse) shall:

- i. Be a registered nurse with experience and training in urgent care and/or other associated specialities (such as emergency medicine, primary health care, orthopaedic surgery, plastic surgery);
- ii. Be responsible for providing clinical leadership of urgent care services, including coordination of ongoing education of nurses, in accordance with New Zealand Nursing Council guidelines and directives, and in collaboration with the Medical Services Coordinator and/or other management personnel;
- iii. Have a current New Zealand Annual Practising Certificate;
- iv. Work on-site a minimum of 20 hours per week.

2.4.5 The service provider shall maintain a recruitment process that verifies the professional qualifications, curriculum vitae and references of personnel prior to commencement of employment.

2.4.6 Prior to commencement of independent practice, the service provider personnel shall undertake a recorded programme of recruitment, orientation to the organization and induction based on the skills and responsibilities of the position. The programme of orientation and induction shall be undertaken again by personnel after an absence greater than 12 months. The content of the programme of orientation and induction shall be pertinent to the urgent care skills required of the position holder.

**Particular requirement:** The recruitment process shall include verification of the professional qualifications, experience and references of personnel prior to commencement of employment.

2.4.7 The service provider shall maintain a system to identify, plan, facilitate and record the training needs of the organization and of individual personnel.

**Particular requirement:** Training of personnel, to the extent and as determined necessary through competency assessment, shall be undertaken and shall include but is not limited to:

- (a) Implementation of requirements of the Code of Health and Disability Services Consumers' Rights (The Code);
- (b) The documented procedure that defines how the service provider implements the requirements of the Privacy Act 1993 and Health Information Privacy Code 1994;
- (c) The Treaty of Waitangi including the principles of partnership, participation and protection;
- (d) Cultural competence and cultural safety;
- (e) Urgent care service skills including:
  - i. Triage with competency assessment that shall include review of the results of the triage internal audit programme (applicable to all personnel);
  - ii. Receptionist first aid (receptionists shall have a documented guideline for identifying life-threatening conditions);
  - iii. X-ray interpretation (applicable to medical personnel);
  - iv. ECG interpretation (applicable to medical personnel);
  - v. Slit lamp use (applicable to equipment users);
  - vi. IV cannulation (applicable to clinical personnel);
  - vii. Plastering (applicable to nursing personnel);
  - viii. Wound care (applicable to nursing personnel);
  - ix. Burns management (applicable to nursing personnel);
  - x. Procedural sedation (using clinic guidelines that reflect best practice) if applicable;
  - xi. Closed reduction (applicable to medical personnel);

- xii. Advanced cardiac life support certification (applicable to all clinical personnel) that includes, but is not limited to:
  - Basic cardiopulmonary resuscitation;
  - Airway management including use of LMA;
  - Use of defibrillator, automatic and manual;
  - Use of emergency drugs during resuscitation;
  - Understanding of ECG rhythms that require urgent intervention.
- (f) Infection control practices for sterilization and disinfection, for personnel responsible for managing infection control;
- (g) New procedures and equipment.

2.4.8 The service provider shall maintain a system to credential clinic personnel.

**Particular requirement:** The credentialing system shall include:

- (a) Currency of practice certification/registration;
- (b) Currency of medical indemnity for each clinical staff member;
- (c) Currency of advanced cardiac life support (ACLS) certification criteria, as defined by the Royal New Zealand College of Urgent Care as mandatory, or as endorsed by the Royal New Zealand College of General Practitioners;
- (d) Documentation of training and supervisory arrangements required by MCNZ and administered through colleges and other professional bodies;
- (e) Recorded review of clinical competency for all clinical personnel including identification of training needs.

2.4.9 The service provider shall document and implement a process that determines personnel levels and skill mixes in order to provide safe service delivery.

2.4.10 The service provider shall document a service continuity plan.

**Particular requirement:** The service continuity plan shall include:

- (a) Delegation of responsibilities and authority to competent personnel who will perform nominated functions in the absence of the usual position holder;
- (b) The role of the clinic in the event of a civil emergency;
- (c) Management of workloads to ensure capacity and capability to provide safe and timely services.



## **Part Three Service Provision**

### **Standard 3.1 Accessibility**

Outcome – Service users can access urgent care during hours that meet the needs of the community served.

#### **Particular requirement:**

3.1.1 The service provider shall open the clinic every day including public holidays from 8am to 8pm, unless the service provider has written approval to do otherwise from RNZCUC with an accompanying rationale for the approval decision.

### **Standard 3.2 Triage**

Outcome – Service users undergo an initial assessment of the severity of their condition in order to determine priority of treatment.

3.2.1 The service provider shall document a triage system based on the Australasian College for Emergency Medicine (ACEM) triage scale, or an equivalent that is approved by the Royal New Zealand College of Urgent Care. The system shall include guidelines for:

- (a) Identifying life-threatening conditions when a service user arrives at the clinic;
- (b) Directing reception personnel not to give medical advice or make clinical decisions unless specified in the guidelines;
- (c) Directing reception personnel to alert clinical personnel immediately when a service user presents with life-threatening symptoms;
- (d) Directing service users to telephone for an ambulance when they telephone for advice about life-threatening symptoms;
- (e) Appropriate triage decision-making, categorization and waiting times.

3.2.2 The service provider shall maintain a signage system that:

- (a) Directs service users to the reception area on arrival;
- (b) Informs service users about a triage process that prioritizes urgent cases;
- (c) Lists life-threatening symptoms and informs service users that they should advise clinic personnel immediately when they present with life-threatening symptoms.

- 3.2.3 The service provider shall implement the triage system including:
- (a) Informing service users on request about the waiting time or general waiting times or a change in waiting time, for example by a displayed notice that shows the current waiting time;
  - (b) Ensuring a member of the service provider's personnel is in the reception area at all times during opening hours and is monitoring the waiting area regularly;
  - (c) Seeing service users according to the triage priority rating.

3.2.4 The service user shall maintain a programme of internal audits of the triage system.

**Particular requirement:** The program of internal audits of the triage system shall include:

- (a) Minimum sample size of 50 service users selected across the opening hours;
- (b) Verification that triage has taken place, or if no triage occurred, that absence of triage is appropriate;
- (c) Assessments and measurements of time from presentation to triage and from presentation to treatment;
- (d) Assessment of the appropriateness of triage decisions, categorization and waiting times;
- (e) The frequency of audit shall be not less than six-monthly;
- (f) When an assessment finds nonconformity with triage system requirements:
  - i. The frequency of audit shall be increased;
  - ii. A review and corrective action process shall be implemented.

### **Standard 3.3 Service user information**

Outcome – Service users receive information regarding their diagnosis and are involved in planning of their treatment, referral and follow-up.

- 3.3.1 The service provider shall implement a process that gives a service user the option of being notified of all test results, or of being notified only of test results that need follow-up. The process shall include recording of communications with service users about notification options and safe handling and follow-up of test results.
- 3.3.2 The service provider shall inform service users, through displayed notices and/or information sheets, that they can access information about test results, public health information, injury prevention and treatment, and community services.

### **Standard 3.4 Service user follow-up**

Outcome – Service provider has a process for timely follow-up of diagnostic reports.

3.4.1 The service provider shall maintain a test tracking system.

**Particular requirement:** the test tracking system shall include:

- (a) Tests that have been ordered and not performed;
- (b) Diagnostic reports including laboratory results, imaging reports, investigations, and relevant clinical referral letters;
- (c) Timely follow-up of diagnostic reports, and immediate and appropriate actions to give assurance of patient safety.

3.4.2 A clinic doctor shall take responsibility for:

- (a) Review and action of all diagnostic reports within 48 hours of receipt;
- (b) Annotating as suitable for filing all diagnostic reports prior to filing.

### **Standard 3.5 Collection and transfer of information**

Outcome – Service users' information is sent to their usual primary care provider or general practitioner unless the service user specifically requests otherwise.

3.5.1 The service provider shall maintain a service user registration process that collects demographic and essential health information.

**Particular requirement** – the system for collection of health information shall include, where available:

- (a) Name
- (b) Address
- (c) Date of birth
- (d) Contact phone number
- (e) NHI number
- (f) CSC number and expiry date
- (g) Date of last visit
- (h) HUHC number and expiry date
- (i) Gender
- (j) Ethnicity
- (k) Medical alerts and drug allergies
- (l) Preferred primary care provider, lead maternity carer or GP

3.5.2 The service provider shall ensure information is transferred to the primary care provider or general practitioner within the next working day. If electronic medical

note transfer is not possible, a hard copy of the medical notes shall be given to the service user for the attention of the primary care provider or general practitioner and the action shall be recorded. The information transferred shall include case notes, laboratory referrals and tests requested.

- 3.5.3 The service provider shall, when seeing service users in the clinic, give the option of not disclosing their consultations to their usual primary care provider or general practitioner. The chosen option shall be recorded.

### **Standard 3.6 Referrals**

Outcome – The service user has referrals made through effective links with other health and disability service providers.

- 3.6.1 The service provider shall maintain a contact list and referral details for other health and disability service providers.

**Particular requirement** – the contact list and referral details shall include and are not limited to:

- (a) Tertiary referral centres including hospitals and outpatient clinics;
- (b) Clinic support services including pharmacy, laboratory, radiology, physiotherapy, dentist and podiatry;
- (c) Government and community agencies including health advocates, translation services and social welfare.

### **Standard 3.7 Medical records**

Outcome – The service user medical records detail each consultation episode in accordance with best practice and statutory requirements.

- 3.7.1 The service provider shall maintain a medical record of each consultation episode with sufficient information to describe the consultation and meeting current best practice and legislative requirements.

**Particular requirement:** The details within medical records shall include:

- (a) History of presenting complaint;
- (b) Relevant past medical history;
- (c) Known drug allergies and other allergies and sensitivities;
- (d) Examination findings including system relating to presenting complaint, and other systems that support diagnosis;

- (e) Differential diagnosis, working diagnosis and rationale for working diagnosis if clinically appropriate;
- (f) Treatment including drugs and advice given;
- (g) Follow-up including whom to see, when, and criteria for attending.
- (h) Additional information if relevant;
  - i. Consent(s);
  - ii. Diagnostic tests ordered and results;
  - iii. Referrals made;
  - iv. Progress;
  - v. Unique ID alerts;
  - vi. Surgical record(s);
  - vii. Transfer letter(s);
  - viii. Letters from secondary care providers;
  - ix. Letters from referrers.
- (i) Prescriptions of all medicines including controlled drugs, recorded in the electronic record and complying with pertinent legislative and regulatory requirements;
- (j) Repeat prescribing in conformance with documented clinic policy;
- (k) Any actions under Standing Orders, in conformance with Ministry of Health Guidelines;
- (l) Disease classification.

3.7.2 The service provider shall maintain a programme of internal audits of medical records in order to verify;

- (a) Requirements for medical records of criteria, 3.5.1 and 3.7.1 are being met;
- (b) Competency of clinical-decision making;

The frequency of audit shall be not less than six-monthly. When an audit finds nonconformity with medical record system requirements and/or evidence of inappropriate clinical-decision making, the frequency of audit shall be increased, and a review and corrective action process shall be implemented.

## Part Four Facilities and Environment

### Standard 4.1 Facilities

Outcome – Service users receive urgent care within and using facilities that are fit for purpose.

4.1.1 The service provider shall maintain urgent care facilities that include:

- (a) A treatment area with auditory and visual privacy;
- (b) A designated resuscitation area with defibrillator, airway management equipment, ECG machine, mobile bed, IV fluid resuscitation equipment, and emergency medications;
- (c) A designated area for plaster application and removal;
- (d) A designated area for nappy-changing;
- (e) A private area that can be used for breast-feeding;
- (f) Medicine, medical equipment and medical supplies, stored according to the supplier's directions, inaccessible to unauthorized persons, and sufficient to provide safe treatment of service users;
- (g) An alert system for identifying and managing service users who are seeking drugs of addiction;
- (h) Secure storage for medicines and accessible only to designated personnel;
- (i) An x-ray facility on-site or with short covered access suitable for a wheelchair trip
- (j) An x-ray image is made available to the attending doctor immediately after the x-ray is taken and the clinic doctor records a reading.
- (k) An x-ray report made available by a radiologist within 72 hours.
- (l) A clinic with a current building warrant of fitness.

**Particular requirement:** Essential equipment facilities shall include:

#### General

- i. Computerized consumer register
- ii. Phone and fax
- iii. Photocopier

#### Sterilisation

Autoclave sterilization with equipment for pre-treatment cleaning and sterile packaging that states the expiration date. If autoclave has print-outs that demonstrate a desired sterilization temperature with each cycle, then there is no need for a biological indicator test. Otherwise, it must have weekly testing with a biological indicator.

#### Diagnosis

- i. Blood taking equipment
- ii. Syringes and needles
- iii. Spatulas
- iv. Blue light
- v. Fluorescein
- vi. Ophthalmoscope
- vii. Otoscope earpieces, child and adult sizes
- viii. Reflex hammer
- ix. Scales
- x. Snellen eye chart
- xi. Sphygmomanometer with a full range of cuffs and connections
- xii. Stethoscope
- xiii. Tape measure
- xiv. Tuning forks, 256 Hz and 512 Hz
- xv. Thermometer
- xvi. Eye local anaesthetic

### **Resuscitation**

- i. Airway suction
- ii. Bag-mask ventilators
- iii. Laryngoscope / laryngeal masks – all sizes
- iv. Oro-pharyngeal airways – all sizes
- v. Oxygen supply with regulator, tubing, nebulisers and masks

### **Cardiac**

- i. 12-lead ECG machine
- ii. 3-lead ECG monitor/recorder
- iii. Manual defibrillator or an automatic electronic defibrillator (AED) with manual function. Note: an AED alone without a three lead ECG monitor is inadequate.

### **Shock**

- i. IV administration sets – includes pump sets and metrisets
- ii. IV fluids – 0.9% saline
- iii. IV luer plugs
- iv. IV set-up and infusion, 14-26 gauge

### **Wound care**

- i. Adhesive dressings
- ii. Angle poised lamp
- iii. Fine needles
- iv. Lignocaine

- v. Local anaesthetic
- vi. Monofilament nylon sutures, 3/0 – 6/0
- vii. Skin closures
- viii. Suturing equipment
- ix. Wound glue

### **Fracture management**

- i. Crutches
- ii. Electric plaster saw
- iii. Mallet finger splints (all sizes)
- iv. Plaster scissors
- v. Plaster splitter
- vi. POP splints
- vii. Wrist, hand and thumb splints – all sizes
- viii. Moonboots – all sizes
- ix. Rigid neck collars (all sizes)
- x. Ring cutter
- xi. Wheelchair
- xii. X-ray viewer/spotlight for x-ray
- xiii. Knee splints or Robert Jones bandaging materials.

### **Emergency drugs and antidotes**

- i. Adrenaline
- ii. Amiodarone
- iii. Aspirin
- iv. Atropine
- v. Glucagon
- vi. 10 % glucose (injectable)
- vii. Glyceryl trinitrate
- viii. Oral and injectable corticosteroids
- ix. Naloxone hydrochloride
- x. Benztropine
- xi. Narcotic (injectable)
- xii. Salbutamol

### **Essential drugs**

- i. Antibiotics (injectable)
- ii. Antiemetic
- iii. Antihistamine
- iv. Benzodiazepine (injectable/rectal)
- v. Fentanyl



- vi. Frusemide
- vii. Local anaesthetic
- viii. Paracetamol
- ix. Sterile water for injection
- x. Vitamin K for injection

### **Miscellaneous**

- i. Blood glucose testing equipment
- ii. Cricothyroidotomy set
- iii. Immunoglobulin (readily available if not on-site)
- iv. Nasal packing equipment including lighting, speculae, forceps and suitable packing
- v. Packs for delivery of babies
- vi. Peak flow meters and mouthpieces – all ranges and sizes
- vii. Placebo inhalers
- viii. Spacer devices
- ix. Pregnancy testing kits
- x. Urinary catheterization sets and catheters
- xi. Sponge forceps for vaginal examination
- xii. Tetanus toxoid
- xiii. Midazolam
- xiv. Proctoscope
- xv. Ultrasound for foetal heart beat detection
- xvi. Urinalysis testing equipment
- xvii. Vaginal speculae
- xviii. Ear syringing apparatus
- xix. Mobile bed or trolley
- xx. Pulse oximeter
- xxi. Slit lamp

### **For intravenous sedation if used;**

- i. Midazolam
- ii. Flumazenil
- iii. A current guideline or protocol that reflects best practice for using intravenous sedation

**Particular requirement:** An internal audit shall be performed annually to verify:

- i. For each piece of medical equipment:

- a. Documented instructions where necessary for use are readily available;
  - b. Servicing and maintenance requirements are being met;
  - c. Pertinent regulatory requirements for electrical safety are being certified as met;
- ii. Medicines and medical supplies stock levels are being maintained and are within expiration date.

**Particular requirement:** Controlled drugs facilities shall include:

- i. Controlled drugs shall be stored in a controlled drugs safe;
- ii. A controlled drugs register shall be maintained.

**Particular requirement:** The x-ray facility shall open on weekdays for 6 hours per day, as a minimum;

4.1.2 The service provider shall maintain clinic facilities that include:

- (a) Prominent external signage.

**Particular requirement:**

- i. Signage does not use the words 'emergency', 'casualty' or any other term commonly used in hospital emergency department signage;
- ii. All new or replacement signage shall include the term 'Urgent Care', and not 'Accident and Medical', 'Casualty', the word 'Emergency' or any other term commonly used in hospital emergency department signage. For these purposes, 'new' is defined as 'installed or changed after a facility's first audit under the 2015 urgent care standard'.
- iii. Signage that indicates opening hours;
- iv. Signage that indicates services available (such as laboratory, pharmacy, podiatry, dental, physiotherapy, audiology, optometry);
- v. Signage that indicates how to access urgent care services (including other urgent care providers and after-hours telephone services) when the clinic is closed.

- (b) Prominent internal signage.

**Particular requirement:** Prominent internal signage that displays:

- i. Clinic opening hours;
- ii. Consultation fees;

- (c) Facilities for service users with disability or mobility limitations.

**Particular requirement:** Facilities for service users with disability or mobility limitations shall include:

- i. Designated car parking with adequate night time lighting;
- ii. Clinic external approaches and interior areas that are accessible by wheelchair;
- iii. Waiting area with specialized seating (elevated and with arms);
- iv. A toilet with mobility access.

(d) Conformity with requirements for health and safety in the workplace.

**Particular requirement:** Health and safety in the workplace shall include:

- i. A documented policy / procedure that defines how the service provider complies with requirements under the Health and Safety in Employment Act 1992;
- ii. A member of personnel shall be designated as responsible for monitoring implementation of the documented policy / procedure.

(f) A designated area for ambulances to stop and obtain ready access to the resuscitation area;

(g) Medical equipment that is managed by a certification programme covering functional testing, calibration, validation, maintenance and repair, and electrical safety;

(h) Clinic floor surfaces that are non-slip, impermeable to water and body fluids, easy to clean, and have no abrupt change in level or gradient between surfaces or coverings;

(i) Hand-washing facilities including hands-free taps, liquid soap dispenser, hot air drier or disposable towels, and vinyl glove dispensers;

(j) Area and room lighting adequate for examination and treatment processes and task lighting such as an angle-poised table lamp or theatre light;

(k) Residual current devices in procedure areas with mains operated equipment for service user treatment and diagnosis;

(l) A documented contingency plan in the event that urgent care equipment and supplies are unavailable when required.

## **Standard 4.2      Environment**

Outcome – Service users receive urgent care services within a safe clinic environment.

4.2.1 The service provider shall manage fire safety within the clinic area.

**Particular requirement:** Fire safety management shall include:

- (a) An evacuation plan approved by the New Zealand Fire Service;
- (b) Periodic fire evacuation drills with records that include any follow-up actions;
- (c) An internal audit of the fire safety precautions installed within the clinic facilities and taken by personnel, as stipulated in the documented health and safety management system.

4.2.2 The service provider shall maintain a smoke-free environment within the clinic building.

4.2.3 The service provider shall maintain an infection prevention and control programme.

**Particular requirement:** The infection prevention and control programme shall include:

- (a) Cleaning, disinfection and sterilization of medical and surgical equipment;
- (b) A documented procedure that defines categorization, safe storage, collection and disposal of waste and hazardous substances;
- (c) Storage of used sharps in clearly-marked designated puncture-resistant containers that are out of reach of children;
- (d) Management of laundry;
- (e) A certified cold chain system;
- (f) Regular and incidental cleaning of the clinic using appropriate cleaning agents;
- (g) Identification of contributory factors responsible for spread of infection such as water, air, vermin and other environmental factors;
- (h) Safety of all patients and staff members when managing patients with serious highly infectious diseases.

4.2.4 The service provider shall have arrangements for the security of service users, personnel and the clinic facility, including a system to summon timely emergency assistance.

