How you become a quality general practice in the New Zealand setting

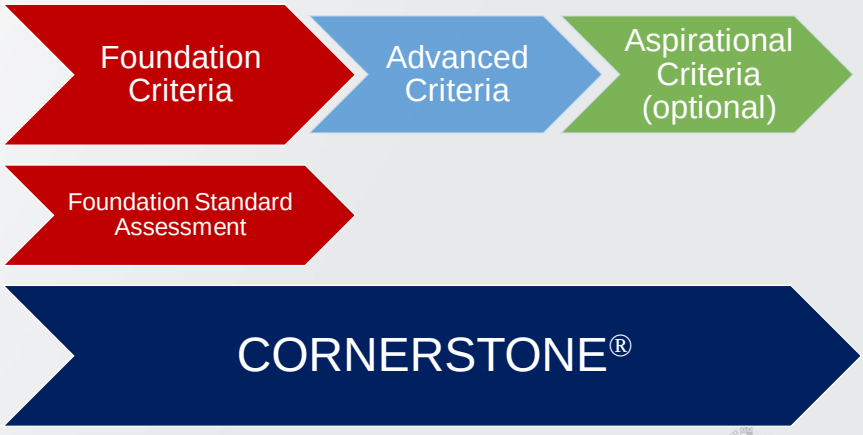
Kate Wang, General Manager, Quality
Rosemary Gordon, Principal Advisor, Quality

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

The ***Aiming for Excellence*** **Standard** provides a recognised set of measurements for practices to demonstrate that their administrative and clinical structures and processes meet consistent, evidence-based criteria. This helps practices provide a safer, more effective, high quality service to patients.

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

The 2016 Standard comprises



The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

The following is based on the 2011–2014 Standard over the period 2014–2016

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

How the data were collected

- Data extracted from the Ex IT platform GDSL
- Just under 4,000 criteria were analysed
- Only ‘ Not met’ and ‘Partially met’ criteria were selected
- Only top 3 ‘Not met’ and ‘Partially met’ criteria discussed

Top 3 ‘not met’ criteria

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 35.1

The practice undertakes a regular assessment of team functionality

Criteria 35.1

Issues:

- Access to a tool to complete
- How to promote this with staff to keep it anonymous, staff not feeling a safe culture to speak up in team culture and functionality an issue

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 35.1

Positives:

- Staff and management have found it a very useful criteria to promote honest discussion
- Use the results for quality improvement and team planning and teamwork activities

Criteria 35.1

Ways to meet criteria / helpful hints:

- Team work survey (TCAM)
- Safety in Practice
- Healthy Practice
- Develop your own
- No names on survey form, confidential envelope, get an independent person to collate results

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 18.2

Residual Current Devices (RCDs) are used to protect patients and members of the practice team in accordance with the Electrical (Safety) Regulations 2010

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 18.2

Issues:

- Lack of understanding of the process / what is required
- Cost
- Still some variances on knowledge and industry debate

Positives:

- The RNZCGP developed the criteria and produced a easy to follow guidance in the 2016 Standard
- Patients and staff safety in place

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 18.2

How to meet this criteria / helpful hints:

- Printed resource available
- RCDs (10mAmps) only for what you need, but overall 30mAmps for general use electrical equipment
- Newer equipment (ECG, diathermy) have inbuilt RCD – so check

Criteria 19.2

The practice team is trained to evacuate the practice by participating in fire drills every six months

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 19.2

Issues:

- Lack of knowledge regarding the requirements under the Fire Evacuation Scheme (Fire Act)
- Change in requirements for Fire Evacuation Scheme (all practices)
- Required 6 monthly

Positives:

- Changes to Fire Scheme means it is mandatory for all practices to do drills 6 monthly

Top 3 ‘partially met’ criteria

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 36.6

Performance reviews are conducted annually and used to guide continuing education for all practice team members

Criteria 36.6

Issues:

- Often a difficult one when it comes to GPs
- What tool to use
- Current trends are moving to more regular, less formal process

Positives:

- Majority of staff appreciate feedback and opportunity to have formal time for review and reflection and goal setting with their Manager
- Staff feel valued

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 36.6

How to meet this criteria / helpful hints:

- Use this time for purpose, not just to tick the box
- Use applicable tools
- GPs: see handout for guidance from Healthy Practice

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 36.4

Each member of the clinical team is insured to cover liability

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 36.4

Issues:

- Bit of a surprise when this criteria came up
- Often not on file but at home
- NZNO do not provide evidence

Positives:

- Must be current for obvious reasons
- Good systems with PMS keep track and monitor and remind GPs and nurses

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 36.4

How to meet criteria:

- Evidence of current indemnity insurance must be sighted
- PM: keep good system for reminders and filing

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 18.10

Medicines, pharmaceutical products and emergency equipment are stored so that they are not accessible to unauthorised people

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Criteria 18.10

Why do you think this is one of the top 3 only partially met at assessment visit?

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Ways to reduce the duplication and save time

Some helpful hints for practice teams

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Plan, organise, delegate, simplify

- **Plan**: if you take time to plan you will save yourself twice as much time
- **Organise**: CORNERSTONE® is a four-year programme with annual requirements – organise who and what and keep your eye on what others are responsible for and keep it up to date: nothing worse that cramming at the end
- **Delegate**: you cannot do it all by yourself and don't be territorial about it
- **Simplify**: do not reinvent the wheel

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Documentation

- **Standardise your documents / policies**: the way they are presented / formatted – makes it easier for staff to follow and also makes it easier to review as often some of the content is generic but the main aspect of the document is in the 'policy' section and that is what needs the time and energy
- **Control your documents**: set timeframes for review
- **Share the load**: allocate people and documents over an acceptable timeframe, set alerts and reminder
- **Look at web-based systems** to support you / get rid of the paper

Writing up the QA2QI self-assessment

- **Read the criteria**: there are **key words** there, make sure your self assessment document tells how and what you do in your practice to meet the criteria – be clear and specific – this will assist the assessor for prep work and make the assessment day much easier and then less post assessment to do
- **Attached evidence**: Not all criteria needs an attachment
- **Do not repeat the attachment** in the same indicator: not required and this will same you time and energy

Writing up the QA2QI self-assessment

- **Clinical staff should write up** the clinical self-assessment (or at least give you the detail)
- Save your **self-assessment documentation into a Word document**, so you can copy, paste and update for your next self-assessment

Let's look at an example of joining the dots

- Indicator 22: The practice team identifies and responds to patients with clinically urgent health needs
- What are the other linkages here?
  - 22.1 – non clinical staff trained
  - 22.3 – respond to emergency
  - 22.4 – CPR
  - 31.4 – CPD / training
  - 18.5 – medical scenario drill
  - 29 – organisational planning – quality goals, improvements

Involvement in a quality initiative

Two quality initiatives are:

- Safety in Practice
- HQSC's primary care improvement challenge

Participating in the above may cover off some of the criteria in *Aiming for Excellence* indicators as follows:

- 9, 23, 24, 25, 29, 31, 32, 33, 34, 35, 38

You need to get a picture of how one activity that you are involved in may save time in other areas.

CPD for GPs and nurses, and admin staff education

- For any quality initiatives / audits, look to see what can be added to staff education and development requirements
- GPs: for CPD (MOPS) these programmes cover CME, peer review and audit
- Claim the hard work from CORNERSTONE® / Foundation through PDRP, CPD (MOPS), training records – write it down! You have done the quality / learning work

What's next

- Foundation Standard next step
- CORNERSTONE® communication and marketing strategy
- Health Care Home standard development
- Prioritisation tool for updating *Aiming for Excellence*

Questions

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Thank you

Kate Wang
kate.wang@rnzcgp.org.nz

Rosemary Gordon
rosemary.gordon@rnzcgp.org.nz

The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa