

# AIMING HIGH

## Implementing a Quality Framework



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# DEFINING QUALITY



**Quality is the degree to which health services for individuals increase the likelihood of desired health outcomes and are consistent with current professional knowledge.**



Institute of Medicine

# OVERVIEW OF QUALITY SCENE



## History:

- General Practice Strategy 1991-92
- General Practice Practise Strategy Review 1997-98
- Review of the Role of Divisions of General Practice 2003-04

## • Establishment of a Quality System:

- Identify - Standards/Key performance indicators
- Measure/Audit
- Recognise and Reward



# GP STRATEGY REVIEW 1997-1998



26/174 recommendations specific to Quality

- Quality Doctors
- Quality Practices
- Quality Services
- Overall quality framework



# QUALITY DOCTORS



## RACGP/ACRRM responsibility

- Formalised training program
  - FRACGP/FACRRM exam
  - GPET
- Mandatory CME/PD activities
  - Vocational Recognition



# QUALITY PRACTICES



- RACGP Standards for General Practices
- Accreditation Agencies – AGPAL, QPA
- Accreditation of general practices  
85% uptake  
Role of Divisions
- Accreditation of deputising services





# HISTORY

- 1997 Company's incorporation
- 1998 (Feb) Open head office in Brisbane (April) practice accreditation offered
- 1999 70 practices AGPAL Accredited
- 2000 1485 practices AGPAL Accredited
- 2000 Quality in Practice born (QIP)

2001 2892 practices AGPAL Accredited – A2 starts

2002 4272 practices AGPAL Accredited

2004 4703 practices registered with AGPAL & A3 commences

170 Optometry practices registered with QIP





## WHERE IS AGPAL NOW?

- 4703 practices registered with AGPAL
- 70 Aboriginal Medical Services (50 accredited)
- 33 Medical Deputising Services (23 accredited)
- 5 Royal Flying Doctor Services (5 accredited)
- 2291 practices have achieved reaccreditation
- 4305 practices have achieved accreditation
- QIP has registered 170 optometry practices, accredited 34



**INSIST** on quality

## Trend Data: The positives



- At A2 (compared to A1)
  
- Recording doctor/patient phone contacts +5.5%
- Information about consultation costs +11.8%
- Reminder system +3.7%
- Training and office manuals +5.4%
- Follow up and recall +10.1%
- Practices with systems for follow up & recall +6.2%
- Containers for disposing of waste +4.1%
- Sterilisation (underreported) +5.4%
- Receiving reminders + 9.3%
- dedicated toilets & hand washing + 6.3%
- Disabled access + 10%

# THE NEGATIVES ....RISKY BUSINESS



-At A2 (compared to A1)

- Medical records (health summaries) -4.1%
- Quality of consultation notes -5.6%
- QA&CPD -7.1%
- Vaccine storage -4.7%
- Health summaries -4.1%



## TOP 10 ISSUES A1 / A2



- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>➤ S8 drug security – 83%</li><li>➤ Sterilisation</li><li>➤ After Hours</li><li>➤ Checking of perishables</li><li>➤ Follow up abnormal</li><li>➤ OHS of doctors and staff</li><li>➤ Referrals</li><li>➤ Confidentiality communi</li><li>➤ MR Confidentiality</li><li>➤ Cleaning, disinfection 92.8%</li></ul> | <ul style="list-style-type: none"><li>➤ Sterilisation – 82.9%</li><li>➤ S8 drug security</li><li>➤ Review of results</li><li>➤ After hours care</li><li>➤ Health summaries</li><li>➤ QA&amp;CPD</li><li>➤ Confidentiality of comm.</li><li>➤ Vaccine storage</li><li>➤ Pre-cleaning</li><li>➤ Cleaning, disinfection 92.5%</li></ul> |
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# Review of the Role of Divisions 2003



**Recommendation 11: That a national performance system be established by the Commonwealth, in consultation with the Divisions network, to include:**

- **National KPIs for all organisations**
- **Flexibility – add additional PIs for local priorities**
- **System of rolling audits for all**
- **The “earned autonomy” concept to reward strong performance**
- **Arrangements for managing underperformance**
- **If appropriate, the quality framework of ADGP, including standards, and an accreditation based on those standards**



# Quality Framework for Divisions

## Considerations



- An ability to demonstrate to stakeholders and the wider community the Divisional commitment to best practice and accountability
- Establish a continuous quality improvement framework to be applied nationally
- Full stakeholder engagement
- Relevant set of standards
- Consistent assessment process with an educational focus
- Ability to access resources – human and other- to assist



**INSIST** on quality

# Quality Framework for Divisions



## How do we sustain improvement?

- Education and resources
- Registry of Resources (ROR)
- Use of peers as educators > assessors
- Have a standardised approach which allows data to be compared and contrasted
- Provide education more than investigation and arbitration

Ensure those who drive the process are the participants themselves



# CURE THE SYSTEM NOT THE SYMPTOM



Never doubt that a small group of committed people can change the world – indeed it's the only thing that ever has!

Margaret Mead

