

Practice accreditation across a network; enabling practices

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Denise Ward has led Pinnacle's quality team since October 2003. Latterly this role has encompassed managing the network-wide Cornerstone™ practice accreditation project. Previous experience in quality management has included 18 months as Quality Development Leader for NZ Blood Service, and six years as Quality Manager for Hamilton Health Management Limited. Denise also has more than 10 years' experience conducting accreditation surveys of health care facilities, for Quality Health New Zealand.

Hayley Lord joined Pinnacle's quality team in 2001 and currently works part-time as a Quality Facilitator. During the accreditation project she acted as Key Quality Support person for a group of 26 practices. Hayley has also played a key role in analysing evaluation data received from practices after they have achieved accreditation.

Introduction

Over a 14-month period, 93 out of 97 general practices who are part of the Pinnacle General Practice Network completed the Cornerstone™ accreditation process. This paper will discuss key success factors from the perspective of an organised general practice network in achieving this outcome together with observation and reflection on events that had the potential to adversely affect the outcome. This paper will be the first of three reports detailing the project; the second paper will detail the experience of the RNZCGP and the third will present project evaluation data.

Background

The Pinnacle General Practice Network spans five Primary Health Organisations (PHOs) in the Midland region: Waikato Primary Health, Pinnacle Taranaki PHO, Lake Taupo PHO, Turanganui PHO and Kawerau PHO. Collectively these practices encompass some 425 000 enrolled service users, 300 general practitioners, 350 practice nurses and 95 practice managers. As a management services organisation, Pinnacle has, since inception, maintained a strong focus on quality initiatives at the practice level. Early negotiations with the appropriate Regional Health Authorities (the funding body at the time) had resulted in a shared vision concerning quality initiatives in general practice and dedicated funding to support these. With the emergence of PHOs, further support was gained from these organisations for continu-

ing and developing quality initiatives. The most prominent of these quality initiatives is the annual quality plan.

Quality plans

Historically, a Quality Committee, composed of general practitioners, practice nurses and practice managers from across the network, has been charged with the responsibility of devising each quality plan. The concept of practice accreditation and the likely format of such a process had been discussed by the committee as early as five years ago, with the clear vision of gradually introducing those aspects of practice accreditation that would be common to any accreditation process. Quality Plan 5 introduced the concept of practice accreditation and sign-posted to the network that this was the direction future plans would take.

An important part of the path to achieve the generic outcomes of practice accreditation was introducing the concepts of clinical governance to the practices. This provided a framework of responsibility for outcomes at a practice level that was shared by all members of the practice team. Risk management and safety of practice are valuable concepts that were introduced as part of the clinical governance process. Subsequent quality plans, Quality Plans 6 to 8, continued this theme and included other criterion from the *Aiming for Excellence* standard in preparation for the inevitability of practice accreditation. Achieving Corner-

stone™ accreditation was the main goal of Quality Plan 9, each of the preceding quality plans marking a year of progress.

Practice accreditation

The Cornerstone™ accreditation process measures the systems and processes within a general practice against the criteria set out in *Aiming for Excellence – NZ Standard for General Practice*. The standard, developed by the RNZCGP for general practice, is comprised of 50 legal and safety criteria which must be met to obtain accreditation, 102 criteria considered essential by the RNZCGP which must be met to obtain accreditation, and 77 criteria which the RNZCGP considers reflect best practice, but which do not have to be met to achieve accreditation. The first step in the process involves a self-assessment against *Aiming for Excellence* by the practice. Next gaps are identified and actions taken by the practice, improvements made as required. Then an assessment visit is booked and the practice is visited by RNZCGP assessors.

The assessment team report back to the practice the outcome of the assessment visit, identifying those criteria that remain unmet. The practice must then make improvements in the areas stipulated by the assessors to achieve accreditation. When the assessors are satisfied

the necessary criteria have been met, the RNZCGP sends the report to Health and Disability Auditing New Zealand (HDANZ) for certification. Accreditation is awarded by the RNZCGP on the recommendation of HDANZ.

Strategic fit

The governing bodies of the management services organisation and as-

sociated PHOs all articulate strong messages around the importance of quality as a strategic priority. The further step of external accreditation was embraced as a sound and desirable concept. Discussions with various DHBs also indicated strong support. Achieving practice accreditation had a good fit with the philosophy of the network – building a continuous quality improvement framework rather than one of quality assurance and focusing on professionalism as a driver for change.

Key success factors

Several themes emerged from the experience of network wide practice accreditation that were pivotal to the outcome and are worthy of further discussion.

Gap analysis

In order to more accurately project the internal resource requirements to support an entire network through practice accreditation, a gap analysis was completed. Criteria from past quality plans and the Cornerstone™ ac-

creditation programme standard *Aiming for Excellence* were compared. A self-assessment using the criteria from *Aiming for Excellence* was completed with two practices in the network. Practices were also surveyed to gauge their perceived readiness for accreditation. The results of the gap

analysis were encouraging. There were few differences between the criteria of past quality plans and the *Aiming for Excellence* standard. Of the self-assessments conducted in two practices, one had four legal and safety criteria not met and eight essential criteria not met, the other practice had one legal and safety criteria not met and eight essential criteria not met.

Results of the practice survey indicated practices in all stages of readiness with some eager to book their assessment early and others happy to wait until the following year; most practices were familiar with the Cornerstone™ accreditation programme. This information allowed for better planning of the direct practice support which was to be a critical factor in the success of the project. However, the gap analysis was also misleading in some respects and this will be discussed below.

Practice motivation

Undoubtedly the high level of commitment and effort of the practice teams within the network was the most important factor in determining the success of the project. Practices allocated many hours on top of already pressured workloads to review and update policies and procedures, conduct audits, attend training sessions and update practice resources – to mention a few of the tasks required to achieve accreditation. Support from the management services organisation and peers were important, but professional pride and a patient focus remained foremost for the majority.

Direct practice support

Each practice in the network was allocated a Key Quality Support Person. The roles of this position were to:

- facilitate the initial practice self-assessment (an informal stock take of the practice's systems and processes against the *Aiming for Excellence* criteria)
- support the completion of the actions required to meet the criteria necessary to gain accreditation
- assist practices prepare for the external assessment by the RNZCGP Assessors, and
- assist with the post-assessment requirements.

The Key Quality Support Person provided both practical and emotional support for practice staff to complete the accreditation process. This support was tailored to meet the needs of indi-

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vidual practices and included practice visits, phone, fax and email contact.

Additional assistance included pre-populating the self-assessment tool with criteria that had been known to be completed through previous quality plans. Another key resource was the Quality Plan 9 folder developed for practices to include generic templates for the policies and procedures required for accreditation. This resource saved considerable development time for practices without written policies and templates. Practices could adapt the templates to suit their individual processes with the confidence that key points were covered. Assistance was available as required from the practice's Key Quality Support Person where current processes differed from best practice.

A number of training opportunities were made available to practices, including formal education in areas such as the Privacy Act, the Health and Disability Consumer Code of Rights, sterilisation, teamwork and motivating staff. Informal education was provided through the Key Quality Support Person in areas such as conducting performance appraisals, infection control and health and safety. All staff from the management services organisation were conscious of providing encouragement and support, recognition of the achievements made and clear open lines of communication to practice staff.

Future support

The amount of time and effort that has gone into the achievement of practice accreditation across a whole network and on an individual practice level cannot be underestimated but nor can the inevitability of reaccreditation and the importance of maintaining and indeed improving upon the gains made through the accreditation process. With this in mind the management services organisation has committed to ongoing support of practices and has begun the task of assisting practices to complete the self assessment process

again to 'stock take' current systems and ensure gains made have been maintained and where appropriate improved upon.

Relationship building

Also critical to the success of the accreditation project were a number of key relationships. A strong relationship between the management services organisation and the practice network was essential, but effective communication was also important with the RNZCGP, GDSL AuditWeb the software providers, PHOs, DHBs and the Ministry of Health. Addressing issues as they arose with clear, open and timely communication between these key stakeholders was important. Weekly reports from the RNZCGP to the service organisation were complemented by regular teleconferences and occasional face-to-face visits between key staff from the management services organisation and the RNZCGP.

Operational difficulties

Sometimes, despite best intentions, issues come up that are not easy to resolve and that threaten project outcomes. In an already busy general practice environment the added workload associated with attaining accreditation was one such issue for many practice teams. Despite undertaking an analysis of the quantity of work required by practices to achieve accreditation and the information available from the RNZCGP pilot concerning time commitment, there was a significant underestimation of workload that the majority of practices were required to undertake.

The capacity of the RNZCGP to put such a large number of practices through the Cornerstone™ accreditation in a limited timeframe caused operational difficulties, particularly over assessor availability. The management services organisation wished to have a limited team of assessors in order to reduce inter-assessor variability. Despite the small number of assessors in the team allocated to work

with the network, inter-assessor variability became problematic from time to time. The closeness of the network allowed for discussion amongst practices where practice staff shared their experiences of accreditation and at times confidence in the process wavered as a result of inconsistent application of criteria. This issue was raised with the RNZCGP and further training of assessors was undertaken. Because of the small number of assessors allocated to the project, difficulties also occurred when assessors withdrew from particular assessments at short notice and low numbers also resulted in lack of availability of assessors at specific times.

A further difficulty also associated with workload was the unanticipated level of support required of the Key Quality Support People. The level of support estimated in the gap analysis was approximately 10 hours per practice, however the reality was closer to 20 hours for some practice teams. This combined with the wide geographical spread of the network stretched the capacity of the quality team.

Conclusion

Achieving practice accreditation across an entire network of practices was an ambitious project but one that was made possible by the years of lead in, the motivation of practice teams and the high level of support provided by the management services organisation. The risks involved for the management services organisation were high, a large financial commitment and the network's reputation as quality leaders was at stake. A passion for delivering quality services, a high level of commitment and a patient focus has resulted in a successful outcome for the network. Participating practices almost universally report that the accreditation process was worthwhile. A formal evaluation of the project will be published later.

Competing interests

None declared.