



# Aiming for Excellence: The outcome

## Key results and findings from the RNZCGP Practice Standards Validation Field Trial Final Report

The RNZCGP trained 61 GP, practice nurse and practice manager assessors. They assessed 81 general practices between November 2000 and August 2001. In total, in excess of 650 people were involved in the trial from the outset, including GPs, Practice Nurses, Practice Managers, consumers and Maori.

The Practice Standards tool measures practices against indicators in five broad criteria:

- A factors affecting patients
- B physical factors affecting the patient
- C practice systems
- D practice and patient information management
- E quality assurance and professional development.

The essential areas in **Section A** where practices identified opportunities for greatest improvement were better access to patient information, and implementing changes as a result of patient feedback about practice services. The three areas of essential criteria in which practices scored highest were:

- That patients are able to access the practice via telephone or fax for appointments, advice or information. (100% of practices)
- That reception staff know how to access practice nurses or doctors if patients need immediate attention. (100% of practices)
- Patients who are unable to pay and need a doctor in an emergency are

not denied access. (99% of practices)

In **Section B**, practices scored highest for the cold chain and disposal of sharps. The areas where there is potential for improvement were infection control, Occupational Safety and Health, and the Fire Code. In this section, practices also scored well on meeting patients' privacy and comfort needs but could strengthen approaches on the disposal of bio-contaminated waste.

In **Section C**, essential criteria scores were highest for having resources to support the care that general practices provide, particularly for immunisation. However, some practices could improve on identifying outcomes of care – for instance smoking cessation.

Essential criteria from **Section D** show that practices have procedures that ensure continuity of care for patients. The management of patient tests scored highly. Some practices did not score so well on the actual recording of some aspects of patient information. The recording of telephone consultations, for instance, scored 57%.

Results from **Section E** identify that practices do continue to keep relevant texts and information in the practice, and that they are available to all staff. However, they could make better use of the information if there was a designated quality assurance person responsible for implementing

quality assurance policies in the practice.

The RNZCGP is to examine targeting future resources to areas in which practices didn't meet the criteria, as these have the potential to make greater gains for patient care.

---

continued from page 305

## Optimism on quality at Practice Standards launch

IPAs/DHBs showcased their quality initiatives. Participants from the day gave positive feedback, finding it an opportunity to gain information on what is happening around the country and network with others working in similar areas.

Key messages from the day:

- ⊙ There are large numbers of quality initiatives taking place in NZ general practice but there is a need to coordinate these and share the learning experiences from these initiatives.
- ⊙ Put the patient at the centre of care.
- ⊙ We need to change the healthcare culture from one of blame to one of curiosity and learning from successes and mistakes.
- ⊙ Quality is the responsibility of all levels of healthcare and all levels of an organisation.
- ⊙ Comparing quality work internationally, New Zealand is doing well in its response to implementing quality health care strategies and systems.