Changing
the Dutch Practice Accreditation®
into certification:
towards justified trust in
well considered and safe care

Rob Dijkstra, GP
Dutch College of General Practitioners
- The Netherlands
- 16 million inhabitants
- 9000 GP’s
- 4000 practices
• Practice in Overasselt
• 3350 patients
• 1,3 FTE GP
• 3 practice assistants
• 1 practice nurse
The NHG-Practice Accreditation 2005-2010

- A programme for continual improvement of the practice, developed by general practitioners
Goals

- Insight in
  1. practice organisation
  2. medical performance
  3. experiences of patients.
- feedback and benchmark → incentive for improvement
- Accountability and transparancy
- Good quality of care
Characteristics

• A 3-year cycle
• Measurement and feedback on different subjects
• Flexible: the practice chooses priorities
• Working with improvement plans is the core business
The Instrument

Assessment of

• Practice management
• Medical performance
• Patient experiences (EUROPEP)
First year

- Data collection
- Analysis of the data
- Feedback and benchmarking (reference practices)
- Drawing up improvement plans
- Audit
Drawing up plans in the first year (1)

- Three dimensions
- Relation with the feedback report
- Which points need to be improved and have priority in this practice?
- Goals SMART
Audit

1. review of the improvement plans (SMART, heavy enough, realistic)
2. assessment of several requirements (for instance on hygiene and medical equipment)
Audit second and third year

- First year goals achieved?
- Are the new plans sufficient?
- Does the practice still meet the minimal requirements?
Problems encountered

- Insufficient support from other stakeholders
- Too much influence from the GPs (50% of the auditors is GP)
- Insufficient transparency: what goals are reached?
Adaptation towards (product) certification (1)

• New set of general standards, assessed by the college of general practitioners, patients, health care insurance companies, inspectorate of health care:

• Independent college
Adaptation towards (product) certification (2)

- The practice has to carry out a risk analysis on quality and safety issues
- Demonstrate how they control the risks
- Systematically improvements based on measurements (indicators)
Adaptation towards (product) certification (3)

• The practice itself is responsible to choose solutions for risks and problems encountered that are adequate and suitable for the practice
Dutch Practice Accreditation new style

- The patient can have justified trust that the practice delivers well-considered/safe care
discussion 1

- General Standards versus flexibility
- What counts?
discussion 2

• A shift from describing content to processes
• Effect on satisfaction of the GP?
discussion 3

- Which procedures should be written down?
- Does this decision depend on the size of the practice (30% single handed)
discussion 4

- Risk analysis:
- What is an acceptable risk and who may decide this?
- Practice, auditor?
- (laws, guidelines etc)