

## I.P.P Quality Assurance Framework

We would like to use formal peer review as a mechanism mainly because of the strong educational basis.

Best Practice in Clinical Quality Assurance –

<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=9&ved=0CF4QFjAlahUKEwit4-PNv8vHAhUFtxQKHzi4D-o&url=http%3A%2F%2Fevidencecentre.com%2FBest%2520practice%2520in%2520clinical%2520quality%2520assurance.pdf&ei=QC7gVa3DA4XuUpjxvtAO&usg=AFQjCNE0rZ4fwNUuwMpAYdlurpHMnx3IzA>

McCormick B. Pathway peer review to improve quality. Health Foundation Nov 2012.

<http://www.health.org.uk/publications/pathway-peer-review-to-improve-quality/>

The idea would be to have 6/12 meetings in cluster groups of between 6 and 8 practices. Just the IPP DCP deliverers of the programme would be required to attend.

At each meeting practices would provide short presentations on their own IPP programmes the idea being to stimulate discussion around any improvements /learning that could be gained. This presentation may include a ( consented) video of a patient encounter.

Each presentation would be scored using an outlined scoring sheet.

The presenting practice would self reflect on the IPP experience and then the group would discuss the scoring and apply a group final score of

**Green** - good - excellent

**Amber** - satisfactory

**Red** - poor.

Where **Red/Poor** is scored by the group a list of recommendations would be placed on the practice and the group would be tasked with supporting the associated improvements. The **Red/Poor** group would also be mandated to present at the next meeting in 6/12 or sooner to demonstrate improvement.

The feedback would be sent out to each practice owner

We would also like to collect some simple QA data around the programme. These questions would also flag up Green/Amber /Red data with a similar support process

to improve IPP through improving delivery. This data would be discussed at the Peer Review meetings and a group score arrived at indicating:

**Green** – excellent

**Amber** – satisfactory

**Red** - poor

If a Practice scores **Red** an Action Plan will be formulated.

In Dentistry , Donabedian's dimensions of Structure, Process and Outcomes are the major ways of evaluating Quality.

## PERFORMANCE INDICATORS USED TO ASSESS THE QUALITY OF PRIMARY DENTAL CARE

Authors: Grisel Zacca González, 1, 2

Niek Klazinga, 1

Guus ten Asbroek, 1

Diana M. Delnoij, 1

J Tina Koch BA, a Review of Nursing Quality Assurance. 1992. Journal of Advanced Nursing, 1992.17, 785-794

### **SYSTEMS**

HOW MANY IPP TRAINED DCP'S DOES THE PRACTICE HAVE

WHAT ARE THE NAMES

WHAT IS THE QUALIFICATION

DOES THE PRACTICE RUN IPP IN:

A SURGERY

A DENTAL HEALTH EDUCATION ROOM

A COMBINATION OF BOTH

HOW MANY HOURS OF IPP DOES THE PRACTICE RUN PER WEEK

HOW MANY IPP PATHWAYS ARE YOU RUNNING PER WEEK - 1 PATHWAY IS A SERIES OF THREE VISITS ?

WHAT IS YOUR PRACTICE TARGET FOR IPP DELIVERY

HOW MANY IPP PATHWAYS HAVE YOU DELIVERED AT:

6/12

12/12

HOW MANY FTA'S DID IPP GENERATE AS A PERCENTAGE OF TOTAL IPP APPOINTMENTS

WHAT IS THE BREAKDOWN OF PATHWAYS FOR CARIES AND GA PATHWAYS?

### **PROCESS**

IN THE IPP CARE PATHWAYS ARE YOU:

Completing 90-100% of the recommendations . G

Completing 70-90% of the recommendations. A

Completing less than 70% of the recommendations. R

### **OUTCOMES**

WHAT IS THE % SATISFACTION LEVEL OF PATIENT FEEDBACK ON THE EXPERIENCES QUESTIONS

70% SCORES 1 AND 2 G

50- 70% SCORES 1 AND 2 A

LESS THAN 50% SCORES 1 AND 2 R

WHAT IS THE % SATISFACTION LEVEL OF PATIENT FEEDBACK ON THE OUTCOMES QUESTIONS

70% SCORES 1 AND 2 G

50- 70% SCORES 1 AND 2 A

LESS THAN 50% SCORES 1 AND 2 R

