CQC - the three M’s

Now is the time to look at the three M’s: measure, monitor and maintain says Seema Sharma

T his article explores the key outcomes and performance indicators expected by CQC in the area of quality and management. Practice management system(s) take time to prepare and practices need to start to think about what they can do quickly for poor systems. As CQC looks ahead for NHS and private practices, our aim at Dentabyte is to assist practice managers and owners to meet the new requirements by implementing sound management structures that will stand them in good stead when registration becomes mandatory.

Defining Quality

Quality is divided into three domains: Safety, Clinical Effectiveness and the Patient Experience. Practices will be expected to have a quality policy or statement and to submit incident reports to the Care Quality Commission. These would include near misses and health and safety breaches. Measurement, monitoring and maintenance of quality is best done with a regular systematic approach to audit.

Quality indicators for safety

Dental practices have a duty to ensure that safety and safety-guards patients and team members is a priority at all times. (CQC Section 3).

Safety is a wide-reaching subject covering general health and safety, infection control and use of radiation in dentistry, all of which should be audited in practice at least annually.

The Department of Health have produced a comprehensive infection control audit tool for practices to use covering:

• Prevention of blood-borne virus exposure
• Decontamination
• Environmental design and cleaning
• Hand hygiene
• Management of dental devices eg water lines
• Personal protective equipment
• Waste disposal

This can be quite daunting to use, but help is available from trained personnel to assist with implementation of all safety measures. All practices should also be compliant with the new vetting and barring scheme and local child protection pathways, and a range of other health and safety audits are available from many large dental organisations.

Quality indicators for clinical effectiveness

The aim of dental treatment is to repair the damage caused to teeth and supporting tissues, and to provide personal care, treatment and support to prevent problems in the future. (CQC Section 2)

A quarterly records audit provides a sound tool for assessing if the practice’s clinicians follow a consistent reproducible approach to care. The audit should include a range of indicators for each stage of the patient journey including:

• Patient details
• Patient perceptions
• Detailed clinical records
• Risk assessment from future disease
• Care Plan incorporating self-care, professional prevention and professional treatments
• Documented intervals for preventive care
• Documented intervals for recalls (oral health review)

Well kept records soundly demonstrates if longitudinal health improvements are made at an individual level, and reflect the quality of the service and management. Other software-based tools are in development and will be useful for practice population measures of clinical effectiveness.

Quality indicators for the patient experience

Informing and involving the patient at every stage of the journey through your practice is the key to keeping the patient at the centre of your service and ensuring patient satisfaction, return visits and referral of friends and family. (CQC Section 1).

Patients want to feel they made the right decision about visiting the dentist. As it is reasonable to expect a high standard of technical skill when visiting any professional, their experience and satisfaction level is likely to be determined by their emotional experience on three levels:

Did they like you?

Did they trust you?

Were they impressed by the service you provided?

It is possible to capture the patient experience in four easy ways:

1. The satisfaction questionnaire

At the end of a course of treatment ask the patient at least two key questions:

• How satisfied are you with the care you received?
• Would you recommend our service to friends & family?

A high positive response rate (>90 per cent) to these questions indicates a good quality service and should be the whole team’s goal at all times.

2. Comments and compliments

Start to capture comments and compliments via your website, by email or in a simple book at reception, and then make a point to congratulate individual team members who have been praised for attention to detail by a patient, and to pull up and TRAIN those who did not impress. Staff attitude is the single most important factor in whether or not patients come back or recommend your practice, and feedback is evidence of how high the quality of your service is perceived to be.

3. Complaints handling

Practices are expected to comply with GDC guidelines and demonstrate attendance at core CPD courses in complaints handling. Successful complaints resolution is often less about the incident that upset the patient and more about the way in which their concerns were addressed. Team skills need to be developed in listening, responding, acting and improving to prevent future problems, and this can only be done with dedicated time and training over a period of time.

4. Focus groups

Set aside time to invite patients to a meeting and find out what they want! The customer is the best judge of what he or she wants!

Timely reorganisation of management structures in coming months will ensure that you achieve hassle-free CQC registration in 2011.

Relevant CQC Regulations

The following regulations are relevant in this section:

Regulation 8: Assessing and monitoring the quality of service provision

Regulation 17: Complaints

Regulation 21: Statement of purpose

Do you have a statement of purpose and quality assurance that you can give to the CQC?