



European Practice Assessment - EPA

Easy to use and scientifically developed quality management for general practice

2008/01/09, TOPAS-Europe

A new approach to quality management

Quality management within general practice aims to establish organisational systems that improve health outcomes, patient experiences, accessibility and efficiency of service delivery, and (not in the last place) the job satisfaction of physicians and nurses in the practices. Although in some countries regulations and obligations exist concerning what should be covered, quality management is largely the responsibility of the general practices. This means that the organisation has to decide what to do and how to do, in order to achieve their desired results.

Supporting tools for quality management are typically on a very abstract level. For instance, this is true for ISO 9000 based quality management systems. Without training and expert knowledge it is nearly impossible to make connections between the quality management language and its meaning for daily practice. That is perhaps why traditional quality management systems are associated with high costs and workload. Moreover, there is no clear available evidence on how approaches to quality management lead to changes in organisational performance. Taking this into account, the main motives for developing the European Practice Assessment (EPA) were to develop a quality management system for general practice that:

- is **self-explaining** to doctors,
- **usable without specific training** on quality management,
- has **high impact on change of performance** and
- uses **sound scientific methods and instruments**.

Quality indicators play an important role in achieving these objectives. They close the gap between expert-knowledge and routine daily practice. The current EPA version contains 199 quality indicators covering a wide range of quality issues relevant for practice management across Europe. GPs and experienced researchers were closely involved in the indicator development to assure that they are comprehensive and relevant to general practice.

While quality indicators are the heart of EPA, there are also other important elements in EPA. The combination of these elements lead to a very efficient quality management that is highly accepted by the medical and non medical staff. These elements can be divided into five steps:

1. Information of the practice team
2. Evaluation of performance
3. Practice Team meeting with a trained visitor
4. Defining quality improvement projects with the help of feedback and benchmarking
5. Organising and implementing quality improvement projects

Following the idea of continuous quality improvement, steps 2 to 4 have to be repeated to evaluate goal achievement and define quality projects for the next period. The five steps can be seen as the path to a so called "learning practice". This is a practice with a practice team, that is able to design aims on the ground of the EPA evaluation and find innovative and reasonable solutions within an open internal discussion during practice team meetings. There is multi-plane support by EPA as to be shown while describing the five steps in detail.

Information of the practice team

It is generally accepted to involve the whole practice team as soon as possible into the implementation a quality management system. Within EPA this is even more important, because a lot of (partly sensitive) data is gathered and it has to be clear that this data is only for internal use and no third person (except of the visitor) has access to this data. Within EPA, manipulation of data would only serve to betray oneself. In contrast, an accurate and exact gathering of data is in the interest of the practice, because this is the ground for decisions that will be taken later on.

For the information and preparation of the practice team there are two available methods. The first is a preparatory workshop and the second a slide show explaining EPA, usable for practice team meetings. Experience shows that for many practices the slide show is sufficient. In other practices there is more fear, especially concerning what happens during the practice visit. In this case a preparatory workshop is more adequate.

Evaluation of performance

Before starting quality improvement projects, a multi-perspective evaluation covering all EPA indicators is done. This consists of:

- Self-Assessment (GPM) .
- Staff Questionnaires (GPI, SQ). Questionnaires for medical and non-medical staff.
- Patient Questionnaire (PQ). EUROPEP-Instrument
- Practice inspection (OC). Done by the Visitor with a checklist.
- Interview (OI) Structured interview with the practice manager and/or GP done by the visitor.

Using a multi-perspective approach for the gathering of data has two main advantages: the workload for data gathering is distributed among many persons and validity of results is higher, because each group is only asked questions within their field of experience.

Practice team meeting with a trained visitor

Practice team meetings are the heart of a good working internal quality management. The team meeting within EPA is guided by the visitor. It serves as a model, how to structure team meetings in the future and how to use the results of EPA for quality improvement.

During the team meeting, feedback of the results on EPA-indicators plays an important role. Technically this is organized in different ways among the countries using the EPA-indicators. The following charts and examples are taken from the Visotool-Software, that was developed by the AQUA-Institute, and that is also used by other countries including Belgium, Romania, Slovenia and Switzerland.

Defining quality improvement projects with the help of feedback and benchmarking

Table 1 gives an example for feedback on EPA indicators. It shows an extract from the dimension "patients perspective"). Besides the indicator value for an individual practice also mean results are shown. This overview serves to define strength and weaknesses of an individual practice. For example, in the given practice indicator 2 (opportunities to speak to the GP on the telephone) is noticeable. To get more details and avoid the "regression to the mean" effect it is possible to show the variation (Graphic) among practices on each indicator.

Table 1 : Example for feedback on EPA indicators (extract from the dimension "patients perspective")

No. Indicator	Results in %		Details		
	Your practice	Mean	Graphic	To-do	Items
▲▼ ▲▼	▲▼	▲▼			
1 The patients are satisfied with their ability to get through to the practice on the telephone	89%	88%			
2 The patients are satisfied with the opportunities to speak to the general practitioner on the telephone	59%	80%			
3 The patients are satisfied that available appointments suit their needs	92%	90%			
4 The patients are satisfied with the waiting time in the waiting room	71%	67%			
5 The patients feel that their patient records is confidential	82%	90%			
6 The patients are satisfied with the helpfulness of staff (not including the GP)	90%	91%			
7 The patients feel that they remember advice from previous consultations	75%	84%			
8 The patients consider that the GP listens to them	88%	92%			
9 The patients feel that their GP is interested in their personal situation	82%	90%			
10 The patients consider that they can talk easily about their problems to the GP	82%	90%			

If a practice decides to work on a specific indicator, this may be documented in a To-Do-List. Further support and advice on how improvement projects on this indicator may look like, can be given by an indicator-description and detailed materials linked to the indicator.

Organising and implementing quality improvement projects

Table 2 gives an example for the use of a To-Do-List. It demonstrates, that quality management needs no overloading bureaucratic documentation to be structured.

Table 2 : Example for the use of a To-Do-List

Feedback > Pentagraph > People > patient perspective						Chooosed practice: 2		
						Stratification: All		
Domain ▲ ▼	Dimension ▲ ▼	Indicator ▲ ▼	Todo ▲ ▼	Date ▲ ▼	Who ▲ ▼	Done ▲ ▼		
People	patient perspective	The patients are satisfied with their ability to get through to the practice on the telephone	Introduce tel. consultation hours	28.02.2007	Dr. Turner	No		
1 Item(s)								
1 / 1								
Back								

Current experience, e.g. from a study in Germany, shows that the drafted process and instruments have significant impact on the improvement of practice management. Moreover, practices recognize the impetuses given by the indicators and the non bureaucratic way if implementing a structured quality management. However, the countries using EPA have developed instruments for additional support, especially on extensive topics like “critical incident analysis” or “hygiene”. This additional support may be given by workshops or a second practice visit with a focus on special topics. The additional value of these instruments is not yet evaluated.

Overall experience on EPA shows:

- Improvement starts with measuring (indicators)
- EPA is a feasible tool
- GPs in the beginning are somewhat sceptical against practice visitations. Practice staff is less sceptical. Once they have done it, they both like it
- Assessment and practice visit motivates for change and improvement
- EPA can contribute to show good quality of care organised by GP practices and areas where improvements make sense to policy makers and public

Besides the individual practice level, EPA has also impact on political decision support. It shows general strength and weaknesses on a national level and shows areas where additional support and activities are needed.

The present use of EPA among countries

The EPA indicators have been developed in an international study (2001-2004) founded by the Bertelsmann Foundation, Germany, and co-ordinated by the Centre for Quality of Care Research (WOK) - Nijmegen, Netherlands (Prof. R. Grol). The following countries and organisations participated in this project:

- Austrian Medical Association, Wien (A)
- Wetenschappelijke Vereniging van Vlaamse Huisartsen – Berchem (BE)
- SwissPEP – Institut, Gümliigen (CH)
- AQUA-Institut, Göttingen & Abteilungen Allgemeinmedizin Heidelberg und Frankfurt (D)
- Société Française de Thérapeutique du Généraliste, Paris (F)
- National Primary Care R&D Centre – Manchester / University of Wales (GB)
- Family Medicine Department, Haifa (IL)
- University Ljubljana (SLO)

The results of the pilot study are available through several scientific publications (see list of references). The publications include the indicator set used during the pilot study. This implies that all information on the structure, indicators and associated figures upon EPA are in the public domain. More information is available on request from the core group of developers.

The national implementation of EPA lies within the responsibility of the individual countries. During the pilot study 50 practices were included for each country. Since the pilot study, EPA was used in the following countries that participated also in the pilot study.

- Belgium (about 50 practices)
- Germany (about 900 practices)
- Netherlands (EPA indicators are part of the national accreditation programme for GPs)
- Slovenia
- Switzerland (about 130 practices)

Furthermore, Romania as a new country has started a pilot study using EPA and several more new countries think of using EPA, or already made project plans (e.g. Saudi Arabia and Qatar).

The role TOPAS-Europe regarding EPA

After finishing the pilot study the participating countries established in 2005 a formal collaboration named TOPAS-Europe Association, in order to support instruments for quality improvement in general practice. Concerning EPA the aims were to:

- exchange experience on the implementation of the EPA instrument,
- coordinate international data collection on EPA data and scientific publications based upon this data,
- help new countries wanting to implement EPA, and
- coordinate the revision and development of the EPA indicators.

TOPAS-Europe Association has no own budget apart from membership fees of the participating countries. Some important aims were achieved during the last two years regarding EPA. These include:

- Publications on the pilot study.

- Revised list of EPA indicators, based on the experiences in the pilot study (EPA version 2006, see addendum).
- Translation of the English source version 2006 into the following languages, Dutch, French, German, Hebrew (indicators only), Romanian, Slovenian, Arab (under way)
- Establishment of an international Database to collect EPA data for international studies.
- Support for two new countries that started pilot projects on EPA (Romania and Saudi Arabia).
- Support for two countries that developed project plans for their countries (Saudi Arabia and Qatar).
- Workshops on EPA to inform other interested countries (e.g. at Wonca Europe conference in Paris 2007).

For the year 2008, the TOPAS-Europe Association focuses on further publications, the development of new indicators for practice networks/integrated care and support/ information for interested countries.

Planned new publications based on EPA data:

- A paper on how patient evaluations of accessibility and co-ordination of care relate to practice size (currently in revision for a scientific journal)
- A paper on how GP workload relates to practice size and chronic care management (currently submitted for publication to a scientific journal)

Planned new indicators

- Exploration of potential indicators for practice networks and integrated care, reflecting the added value of accessible and integrated care provided in general practice.
- Exploration of potential indicators for patient safety in general practice, reflecting both high risk areas (e.g. prevention of infections) and generic approaches (e.g. structured analysis of adverse events)

Communication and Support /information for interested countries:

- Update on the TOPAS-website (www.topas-europe.org)
- Finalisation of a written information package for interested organisations.
- International presentations and workshops on EPA at conferences etc.
- Training and help to new users of EPA (depending on our time resources, we estimate that support for two new countries each year will be feasible)

Latest information on the activities of TOAS-Europe will be available through the website (www.topas-europe.org) that will be updated in February 2008.

How to get involved in EPA

As pointed out, many information about EPA is available through publications. However, successful research and/or implementation on a national level depends on additional premises like:

- Support from national organisations like colleges and associations of GPs or sickness funds,
- Resources for trainings, visitors, translations (if not available), IT and personnel coordinating the EPA process,
- A well structured project plan that covers all relevant points.

Organisations that want to know more about EPA or aim to use EPA in their countries may profit from the experiences the EPA developers group. This is coordinated through TOPAS Europe. Support from TOPAS-Europe does not assume to be member of the Association.

Contact address for further information:

**For general questions concerning
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Addendum: EPA source version 2006

Domain: Infrastructure

dimension	indicator
Accessibility and availability	There is a sign outside the practice which displays the opening hours and information about out of hours care
	There is a telephone system with sufficient inward and outward capacity
	The message on the answering machine is clear and provides information about out-of-hours care (alternatively: direct forwarding to the GP)
	There is a separate emergency telephone line
	There is an appointment system
	The consultation duration for a routine (non-urgent) appointment is appropriate
	There is a procedure for accepting patient requests for non-emergency home visits
	There is a written protocol detailing what clinical advice can be given to patients by non-GPs
Disabled access	Translator services* are available on request
	There are disabled parking spaces near the practice
	If the practice is not on the ground-floor there is a lift
	There is good accessibility for wheelchairs
Premises	There is a toilet with hand wash facilities for disabled patients
	The waiting room looks clean
	The waiting room has a place for children to play
	There are toys available in the play area
	No smoking signs are visible in the waiting room
	There is a nappy changing area
	There is space for prams, buggies etc
Non medical equipment	There is a toilet with hand wash facilities for staff
	There is a toilet with hand wash facilities for patients
	There is an up-to-date inventory list* detailing which items of basic equipment must always be available on site
	There is an operational fax with its own number
	Controlled drugs are kept in a locked cupboard
IT-security	Controlled drugs are kept in a locked cupboard that is fixed to an immovable structure
	There is a refrigerator for storing medicines that need to be kept cool
	The temperature in the refrigerator for drugs is between 2-8 degree Celsius
	All computers are protected against inappropriate access (username and password)
	All computers with access to the internet are protected by a virus scanner
	The antivirus software is updated automatically and daily
Medical equipment including drugs	All computers with access to the internet are protected by a firewall
	The firewall is updated automatically and daily
	A computer Backup is performed daily
	There is a list/inventory of medical equipment and drugs
	There is an up to date inventory list* detailing what drugs should be in the doctor's bags at all times
	There is a procedure for supplying the content of the doctor's bags
	There is a list/inventory of medical equipment and drugs
There is a procedure for supplying drugs held in stock	
The essential emergency drugs* are available	
The essential emergency drugs* are not out of date	

Domain: People

dimension	indicator
Patient perspective	The patients are satisfied with their ability to get through to the practice on the telephone
	The patients are satisfied with the opportunities to speak to the general practitioner on the telephone
	The patients are satisfied that available appointments suit their needs
	The patients are satisfied with the waiting time in the waiting room
	The patients feel that their patient records is confidential
	The patients are satisfied with the helpfulness of staff (not including the GP)
	The patients feel that they remember advice from previous consultations
	The patients consider that the GP listens to them
	The patients feel that their GP is interested in their personal situation
	The patients consider that they can talk easily about their problems to the GP
	The patients feel that the GP has enough time during consultations
	The patients are satisfied with the explanation of tests and treatments by the GP
	The patients feel that physical examinations are well conducted
	The patients feel that their GP works thoroughly
	The patients consider that the GP/practice helps them to understand the importance of following medical advice
	The patients feel sufficiently involved in decisions about their medical care
	The patients feel that they are able to follow their normal daily activities
	The patients consider that the GP/practice provides quick services for urgent health problems
	The patients feel that they receive quick relief of their symptoms
	The patients are satisfied with services related to preventive diseases
The patients feel that they are helped with emotional problems relating to their state of health	
The patients feel that they are told what they want to know about their symptom/illnesses by their GP	
The patients feel prepared for further treatment from a medical specialist or hospital where appropriate	
The patients have no reason to consider to change to a different GP	
The patients would recommend their GP to friends	
Perspective of staff (non-GPs) on working conditions	The staff (non-GPs) feel that responsibilities within the practice team are clear
	The staff (non-GPs) are satisfied with the amount of variation in their job
	The staff (non-GPs) feel that they are able to use their abilities
	The staff (non-GPs) are satisfied with the freedom to choose their methods of working
	The staff (non-GPs) are satisfied with the amount of responsibility they are given
	The staff (non-GPs) are satisfied with their physical working conditions
	The staff (non-GPs) are satisfied with their hours of work
	The staff (non-GPs) are satisfied with their remuneration
	The staff (non-GPs) are satisfied with the recognition they get for good work
	The staff (non-GPs) feel encouraged to offer suggestions to improve the practice
	The staff (non-GPs) feel that their suggestions for improvement are taken seriously
	The staff (non-GPs) are satisfied with their colleagues and fellow workers
	The staff (non-GPs) feel that the working atmosphere in the practice team is good
Overall, staff (non-GPs) are satisfied with their jobs	
Perspective of GPs on working conditions	GPs are satisfied with the variety in their job
	GPs are satisfied with the opportunity they get to use their abilities
	GPs are satisfied with their freedom to choose their own method of working
	GPs are satisfied with the responsibility they are given
	GPs are satisfied with their physical working conditions
GPs are satisfied with their hours of work	

dimension	indicator
	GPs are satisfied with their remuneration
	GPs are satisfied with the recognition they get for good work
	GPs are satisfied with their colleagues and fellow workers
	Overall, GPs are satisfied with their job
Staff management	There are no unfilled vacancies
	Certificates are checked for all new employees
	Staff have a signed contract
	Staff have a job description
	Staff have an annual appraisal
	There is a written report of each annual appraisal
	The workload of doctors and staff is monitored
	The practice monitors staff satisfaction regularly / Staff satisfaction is monitored regularly
Education and training	A social event is organised annually to which all staff are invited
	The practice is a training practice (junior doctors)
	The practice is a training practice (medical students)
	The practice is a training practice (nurses)
	New members of staff (non-GPs) are given an induction programme
	Reception staff have been trained to recognise and respond appropriately to urgent medical matters
	New members of staff (non-GPs) received an in-house training to get familiar with their job
	All staff members have personal learning plans
All medical and reception staff have additional regular training	
All medical and reception staff have attended a training course related to their work in the past 12 months	

Domain: Information

dimension	indicator
Information for patients on the practice, practice policy and local conditions	Relevant information is provided to new patients
	A practice information leaflet is available
	The practice information leaflet contains the practice address and telephone number
	The practice information leaflet contains the consulting hours
	The practice information leaflet contains after hours arrangements
	The practice information leaflet contains the names of doctors
	The practice information leaflet contains the names of the other clinical staff
	The practice information leaflet contains other services offered by the practice
Information for patients on medical care/issues	The practice information leaflet contains the complaint procedure
	Patient leaflets are displayed and accessible without request
	There is a procedure to assess the quality of information available to patients
	The practice has a procedure for updating and checking the availability of patient leaflets
	There is a procedure to assess the quality of information available to patients
Information for staff	GPs support consultations with patient leaflets
	An up-to-date selection of books and videos is available to patients
	Every GP has direct access to peer reviewed medical journals (either on paper or electronically) in the practice
Information for staff	Every GP has direct access to clinical guidelines (either on paper or electronically) in the consultation room
	Every GP has access to the internet

dimension	indicator
	Every GP has direct access in the practice to bibliographic databases such as medline/pubmed or Cochrane
Prevention	Preventive procedures are offered
	Patients at risk are recalled
	Attendance rates for preventive procedures are available
	The medical record contains data on alcohol use/misuse and smoking status
Clinical data, patient record	The medical record contains a problem list or summary
	The medical record contains an overview of actual medication
	The medical record contains contraindications and intolerances
	An international coding system is used
	Clinical information given by non-GPs to patients on the telephone is recorded / documented in patient record
	There is a procedure for obtaining the medical records and medical history of new patients
	Patients with chronic diseases are recalled
	There is a system for reviewing medication prescribed to individual patients
	There is a procedure for managing patient information regarding outgoing requests (tests, referrals, information from third parties)
	There is a procedure for managing incoming patient data
	There is a system to ensure that incoming test results are seen by the attending GP
	There is a procedure to ensure that information from other health care providers (tests, reports) is entered in the patient record
Communication with other health care providers	There is a procedure for managing patient information regarding actions that are taken on incoming results
	There is an up to date directory of local health care providers*
	There are arrangements with other providers to ensure continuity of care
	Locums are given an induction into the practice organisation
	Information (outcomes, results) about (unplanned) out-of-hours care provided by other doctors for patients is made available to practice staff
	The practice has an arrangement to ensure that information (outcomes, results) about (unplanned) out-of-hours care from other doctors is shown to the GP
	Information about out of hours contacts with patients is received quickly
	Every GP has access to e-mail
Use of computers	The computer is used for: contacting pharmacies
	There is a computerised medical record system*
	The computer is used for: prescriptions
	The computer is used for: referral letters
Confidentiality and privacy	The computer is used for: financial administration
	Private space for (un)dressing/examination is provided in all consulting/examination rooms
	Medical records, and other files containing patient information, are not stored or left visible in areas where members of the public have unrestricted access

Domain: Finance

dimension	indicator
Financial leadership and responsibilities	The responsibility for financial management in the practice is clearly defined
	There is a system for checking the settlement of accounts
Financial planning (prospective)	The annual financial plan includes all expected income and expenditure
Annual report (retrospective)	An annual financial report is produced
	The financial record includes cash transactions
	The financial record includes claims

Domain: Quality & Safety

dimension	indicator
Quality development, quality policy	There is a team meeting held at least monthly and a written record is made available to all staff
	There is a team meeting about quality held at least monthly and a written record is made available to all staff
	Practice staff have protected time to discuss the future strategy of the practice in the past 12 months
	Quality improvement targets have been set in the last year
	At least one clinical audit* has been conducted in the last year
	The annual report includes a quality report
	Patient satisfaction is monitored regularly
Detection of quality and safety problems	There is a patient forum or a patient participation group
	The medical equipment (ophthalmoscopes, a pair of scales, instruments...) is checked regularly according to national regulations
	Medical/electrical equipment is checked regularly according to national regulations
	The safety equipment is checked regularly according to national regulations
	Sphygmomanometers are calibrated regularly according to national regulations
Complaint management	Computers and printers are checked regularly according to national regulations
	National ergonomic standards are adhered to
	There is a suggestion box for patients
	There is a patient complaint procedure
	All patient complaints are registered
Critical incidents analysis	All patient complaints are analysed and discussed
	Patient complaints are acted upon
	An example of a patient complaint which has been discussed is available
	There is a critical incident register*
Safety of staff and patients, hygiene, infection control	Critical incidents are analysed and discussed
	Examples of a critical incident analyses are available
	Critical incidents are acted upon?
	Examples of action taken because of a critical incident are available
	There is a written hygiene protocol
	The hygiene protocol covers disinfection of clinical equipment
	The hygiene protocol covers when and how to use sterile instruments
	The hygiene protocol covers the disposal of used instruments
	The hygiene protocol covers use of protective equipment
	The hygiene protocol covers the disposal of sharps and contaminated material
	There is a written infection control protocol* for the prevention of contamination of staff
	The vaccination status of staff regarding Hepatitis B vaccination is recorded
	The practice has hygienic hand wash and disinfection facilities and drying facilities in the consultation/examination rooms
The practice has container for used equipment in the consultation/examination rooms	
The practice has container for sharps in the consultation/examination rooms	
The practice leak proof container in the consultation/examination rooms	