

'Quality Visitation' of OP's

A key instrument of Quality Assurance




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NVAB The Netherlands Society of Occupational Medicine

- Founded in 1946; 2000 members (85%)
- Start in 2004 of the Centre of Excellence
- 12 Evidence-based NVAB-guidelines for OP's
- Represented in over 40 multidisciplinary guidelines
- Implementation activities
- Quality visitation since 2008
- Until 2012 n = 900



Visitation...





Visitation...



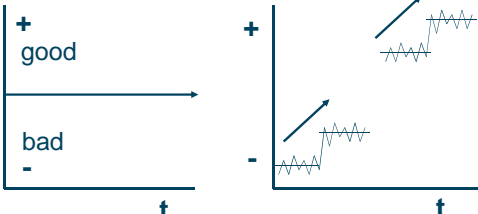


Quality visitation of OP's (formal definition) :

- the final check at the end of
- a permanent process of self-evaluation
- resulting in a self-chosen improvement plan
- by feedback from peers
- on the basis of NVAB-guidelines
- with help of NVAB-products
- with the objective: quality improvement
- as obligatory part of re-registration




Quality paradigm

not: Good vs. Bad but: Good => Better

Why Visitation of OP's?

- quality improvement
- individual support
- comparability and transparency
- protection of employees
- new challenge




- => Supporting doctors, protecting patients by peer to peer ('horizontal') control

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Who is 'visited'?

Focus:
the individual OP's
professional skills, knowledge, attitude
in his/her professional context




Not: on occupational health service
Not: about economic parameters

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Group sessions

Individual tasks




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How does it work?

Once every five years:

- 2 peers ('visitors')
- visit a group of 4 or 5 OP's
- during half a day
- discuss group progress
- check documentation
- give feedback and assignments
- assess improvement plans



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**Result:
Individual Improvement Plan**

- after use of all instruments
- after self reflection
- after discussion in the group
- after validation by peer reviewers:



- 10-12 self chosen goals
- SMART formulated
- personal 'quality agenda'
- for short term and long term improvement

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What preparation is required?

Questionnaires about
7 CanMeds domains:

- Medical expert
- Professional
- Communicator
- Collaborator
- Manager
- Health advocate
- Scholar




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**Example 1:
Questionnaire professional competence**

100 Questions about CanMeds items, specified for OP's:
A: How are you performing according to own judgment?
B: How important is this aspect of the work for you?


both A & B on a scale from 1 – 5
score = (5 – A) x B
(between 0 – 20)

Leads to:
Individual priorities
on the basis of this self evaluation



**Example 2:
content of care: medical audit**


- 'Medical audit' about adequate application of NVAB guidelines
- Instrument: a specific questionnaire for every guideline
- 10 (recent) medical records, are compared with the guideline
- Conclusions about necessary improvement



**Results
Individual Improvement Plan**
(2009: n = 103, 2011: n = 50)

"Regarding clinical practice I intent to..."

	2009	2011
Registration and report of occupational diseases	63%	60%
EBM / better adherence to guidelines (in particular the guideline on mental health 60%)	58%	72%
Registration of compliance to guidelines in medical records or registration of deviations	36%	26%
Develop checklists based on guidelines (format)	10%	14%



**Results
Regarding Communication and Professional development**
(2009: n = 103, 2011: n = 50)

"I want to realize..."


	2009	2011
Development of prevention policy	37%	10%
More work-satisfaction; better balance between work and personnel life	31%	32%
Evaluation / self reflection on my professionalism and competence	28%	38%
Improve the quality of my medical files	20%	26%



2012: the proof of the pudding

Pilot project with the second visitation:

- Which of your intentions have been realized?
- Which were not, why not? Please explain.
- What did you realize? Show the evidence.
- What will be your next Improvement Plan?



The Netherlands Society of Occupational Medicine NVAB

thanks you for your attention!

