National Appraisal of Continuous Quality Improvement Initiatives in Aboriginal and Torres Strait Islander Primary Health Care

Summary Report

March 2013

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The project

In 2011, the Lowitja Institute commissioned the Centre for Primary Health Care and Equity at the University of New South Wales to conduct a national appraisal of Continuous Quality Improvement (CQI) initiatives in Aboriginal and Torres Strait Islander primary health care.

The appraisal project focused on the following questions:

1. What were the recent and/or emerging national, regional and local quality improvement initiatives and major strategic directions relevant to Indigenous primary health care in each jurisdiction?
2. What has been the extent/nature of uptake/engagement by Indigenous primary health care in various jurisdictions of recent and emerging quality improvement initiatives?
3. What have been major barriers and facilitators to uptake/engagement?
4. What factors are critical in improving the acceptability, feasibility, effectiveness and sustainability for supporting CQI in the Indigenous primary health care sector—including both Aboriginal Community Controlled Health Services (ACCHSs) and government managed services?

Full report available at **www.lowitja.org.au/lowitja-publishing**

What the project found

Emerging national, regional and local quality improvement initiatives/strategic directions:

- Various models of CQI are being implemented at both a national and state/territory level
- A specialist CQI workforce is developing across the Indigenous health sector
- There are variations among the states and territories in the organisation of CQI initiatives, with some basing CQI infrastructure in the ACCHS sector, others in the government sector
- Leaders of CQI implementation include: Community Improvement Program, Healthy for Life Program, Australian Primary Care Collaboratives, the Audit and Best Practice for Chronic Disease (ABCD) project; and the One21seventy National Centre for Quality Improvement in Indigenous Primary Health Care (which emerged from the ABCD project).

Extent of uptake and engagement by Indigenous primary health care services with CQI initiatives:

- There is widespread interest and initial uptake of CQI across the Indigenous primary health care sector, though as yet CQI has not been universally adopted as a core component of service delivery/clinical care
- The ACCHS sector in each jurisdiction has been engaged in CQI, with some services undertaking CQI independently without being connected to a jurisdiction-wide approach
- In most jurisdictions the ACCHS peak affiliates are members of jurisdiction-wide committees overseeing the strategic direction of CQI and its implementation
- Many Indigenous primary health care services have engaged in at least one CQI cycle.

Major barriers to uptake/ engagement:

- Lack of certainty about the recurrent funding needed to sustain systems to conduct CQI
- Lack of awareness in some jurisdictions about the capabilities needed to undertake CQI
- Some ACCHSs and Aboriginal Health Workers (AHWs) feel they don't have enough information about CQI and the potential benefits it offers to their communities
- Confusion among some managers and practitioners about the different CQI models and methods, and how to use them effectively
- Scepticism among some managers and practitioners about the benefits of engaging in CQI.

Major facilitators to uptake/ engagement:

- Strong partnerships between CQI system providers and ACCHS managers, health workers and communities
- The appointment of dedicated CQI staff by Indigenous primary health care providers, who can then act as CQI 'champions'
- The ready availability of standards/tools to use in auditing and assessing local performance
- Access to national and state/territory networks of CQI practitioners and researchers.

Recommendations for further action

In determining the factors critical in improving the uptake of CQI across the Indigenous primary health care sector, and supporting its effectiveness and sustainability, the project used three different perspectives:

- **The external environment:** Federal/state/territory governments, universities and other training institutions, and funding sources.
- **The macro-system:** Federal/state/territory health departments, and the National Aboriginal Community Controlled Health Organisation (NACCHO) plus its state/territory community-controlled affiliates.
- **The micro-system:** Individual Indigenous primary health care services.

External environment

Sustain and build on existing policy directions, investment and practice by:

- Encouraging federal and jurisdictional policy commitment to, and allocation of, recurrent funding to sustain and expand CQI within Indigenous primary health care services
- Securing investment for at least a decade to maintain and expand the designated, skilled CQI workforce and, particularly, the number and proportion of Indigenous health professionals with the capacity to conduct CQI
- Securing investment for the continued development of standards, protocols and audit tools to address emerging issues
- Securing investment for research and evaluation to build the evidence for CQI
- Incorporating knowledge and skills for CQI in undergraduate health professional training, and in ongoing professional development.

Macro-system

Expand the Indigenous presence in the governance and practice of CQI by:

- Working with NACCHO, peak affiliates and others to develop Aboriginal and Torres Strait Islander-defined standards for the governance of Indigenous primary health care services and programs
- Conducting CQI cycles to assess the extent to which the Indigenous primary health care sector meets the standards for governance, and identifying changes to address gaps
- Conducting research with AHWs to identify factors influencing their decisions to participate in CQI practice or not
- Working with NACCHO and peak affiliates to develop a social marketing strategy to inform ACCHS boards and community members about the benefits of CQI.

Expand the range of audit tools, resources and training, and increase access to them, by:

- Testing methods to support practitioners to implement actions arising from CQI findings
- Investing in developing and testing theory-based strategies for organisational change and changes in professional practice
- Moving to harmonise the software platforms, and audit tools and methods, to enable comparability across services and jurisdictions, to reduce duplication of resources and effort, and to facilitate the use of data to report on progress at jurisdictional and national levels
- Continuing to use CQI to enhance the quality of data systems, and the quality of data, and to make data accessible and useable for CQI
- Sustaining the organisations responsible for developing evidence-based audit tools, protocols, training, databases and technical support.

Expand knowledge of, and capacity to conduct, CQI by:

- Sustaining and expanding the ABCD National Research Partnership
- Supporting the jurisdictions that have established a macro-system infrastructure for CQI. The role of the community-controlled sector **must** be central
- Supporting jurisdictions that have not yet established a CQI macro-system to do so
- Expanding opportunities for training and support in CQI (formal and informal) for AHWs, and for ongoing professional development
- Promoting engagement of private general practitioners in CQI for Indigenous patients
- Expanding opportunities for training and support in CQI (formal and informal) for AHWs, and for ongoing professional development
- Promoting engagement of private general practitioners in CQI for Indigenous patients
- Promoting engagement of Medicare Locals in CQI for Indigenous patients and communities.

Micro-system

Focus on embedding CQI in core business by:

- Applying evidence-based methods to increase the chances of successful uptake of CQI within Indigenous primary health care services
- Using CQI as a method to assess and reinforce the integration of CQI in the core business of Indigenous primary health care services
- Creating Indigenous community/patient/carer demand for the use of CQI— for example, by demonstrating use of patient care pathway mapping tools
- Establishing a system requiring services to report publicly on the conduct of CQI and outcomes achieved.

Artwork:

Sandra (Sandy) Kaye Angus (Wiradjuri, b. 1954)
Regeneration, 2012
Oil on stretched canvas (textured)
45cm x 45cm

While I was painting this work, I was thinking about our health, our capacity to sustain our health and how many gaps are still evident in promoting our health. Yet, just like the trees during a bushfire depicted in this painting, we are also strong and resilient and have many strategies already in place that can help us grow strong and healthy, even after a setback.
Sandy Angus

For more information about painting and artist, please see full report at www.lowitja.org.au/lowitja-publishing

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Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

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