

# Improving the quality of primary health care for your community

A summary of research findings for Aboriginal and Torres Strait Islander Health Workers/Health Practitioners

This is a summary of important findings from research into the ways in which primary health care centres start and use continuous quality improvement (CQI) programs. The evidence gathered came from Aboriginal community controlled, government and non-government health centres in remote, rural and urban areas across Australia. Common themes were found

through shared stories about what makes CQI easier or more difficult to use, and what works well (and not so well) to improve the quality of care for Aboriginal and Torres Strait Islander people. The findings from this research on CQI in Aboriginal and Torres Strait Islander communities are similar to those from other Australian and international studies.

## What is continuous quality improvement?

CQI is a structured organisational process for involving people in planning and executing a continuous flow of improvement to provide quality health care that meets or exceeds expectations.<sup>1</sup>

Within health centres, CQI is a systematic way of using data to guide changes to the way care is organised, structured or designed to improve the quality of care and programs.<sup>2</sup>

By employing CQI clinical audit tools to collect data from clients' records, health centres are able to compare this information with guidelines for recommended care. This process identifies which items of care are being delivered to a high standard and where improvements to delivery could be made. Health centre teams use this information to plan and make changes to their delivery systems so that clients have better quality care. Repeating this cycle continues to improve services.<sup>3,4</sup>



## What are CQI tools and packages?

CQI tools are used to audit and assess local health centre performance against best practice guidelines (or standards). Protocols guide staff to use the tools.

Data may be put into a data analysis system and database (such as the online One21seventy system) to create audit reports. A 'CQI package' for health centres can include training, tools, resources and technical support.<sup>4</sup>

## Key messages for action

- 1 Get involved in CQI.** It will help the health centre provide better quality care for the community
- 2 Be trained in CQI.** Share what you learn about improving the quality of health care
- 3 Take the lead in CQI.** Aboriginal and Torres Strait Islander leadership is important for successful CQI
- 4 Share the CQI story with others**

# 1

## Get involved in CQI. It will help the health centre provide better quality care for the community

The research shows that most people who work in primary health care are committed to improving health outcomes.<sup>5</sup> CQI works well when staff feel positive about using health centre and client records (data) for improving health centre systems, and when they believe they can bring about change that may improve people's health.<sup>6</sup>

Teams in some health centres, especially in remote areas, feel the pressure of high staff turnover, long working hours and not seeing improvement in health and social conditions for their clients. This sometimes leads to 'clinical inertia', which means that client care isn't changing or increasing as needed to meet clinical management goals. CQI helps to motivate teams to follow best practice, as it shows that their hard work is getting positive results.<sup>5,6,7</sup>

In general, health centre staff are more likely to support CQI when they have hands-on experience of using it, and when they see CQI resulting in real improvements in care and health outcomes for clients.<sup>5,8</sup> Research shows that the quality of CQI data improves when Aboriginal and Torres Strait Islander Health Workers/Health Practitioners and other members of the health centre team audit client records, and when they participate in feedback and planning sessions.<sup>5</sup>

It also confirms that health centres are more successful in taking up CQI when all staff are involved.<sup>4</sup>

We know that good quality data are very important in making the best use of CQI. This is supported by the research, which shows that technical resources – electronic patient information and recall systems (PIRS), tools, guides and practice standards – make CQI processes easier and quicker. It also shows that teams need to trust the CQI data – to believe it is accurate.<sup>4,5</sup> Getting involved in CQI builds understanding and trust in the data.<sup>8</sup>

When CQI is carried out across different areas of care – such as child health, maternal health and chronic illness care – it helps team members to understand and support each other's roles in providing comprehensive health care.<sup>9</sup>

When you participate in audits and systems assessments, you will find out which areas of service delivery are working well and which areas need to improve. When you participate in CQI sessions, it helps you to understand audit reports and best practice, and to plan service improvements as a team.<sup>5</sup>

How has being involved in CQI helped you to understand data?  
How has CQI guided your team's actions for improvement?

# 2

## Be trained in CQI. Share what you learn about improving the quality of health care

CQI networks and training are opportunities to build skills and relationships, to share CQI knowledge and to learn practical information about 'what works'.<sup>4,7,8</sup> The research shows that staff value opportunities to connect and form networks through CQI, especially when they work in remote areas or where there are long distances between health centres serving Aboriginal and Torres Strait Islander communities.<sup>6</sup>

What do you need to learn about using CQI? What CQI stories can you share?

# 3

## Take the lead in CQI. Aboriginal and Torres Strait Islander leadership is important for successful CQI

Aboriginal and Torres Strait Islander leadership in CQI is very important – it helps to ensure that care and services are culturally safe and that changes made to health centre systems work well for the community. This leadership can come from Aboriginal and Torres Strait Islander community health boards, managers and staff committed to CQI. Leaders for CQI don't have to be managers – leadership work is best shared across teams and roles.<sup>4,5,11</sup>

What steps could you take to show leadership in CQI in your organisation?  
Who could support you in this?

# 4

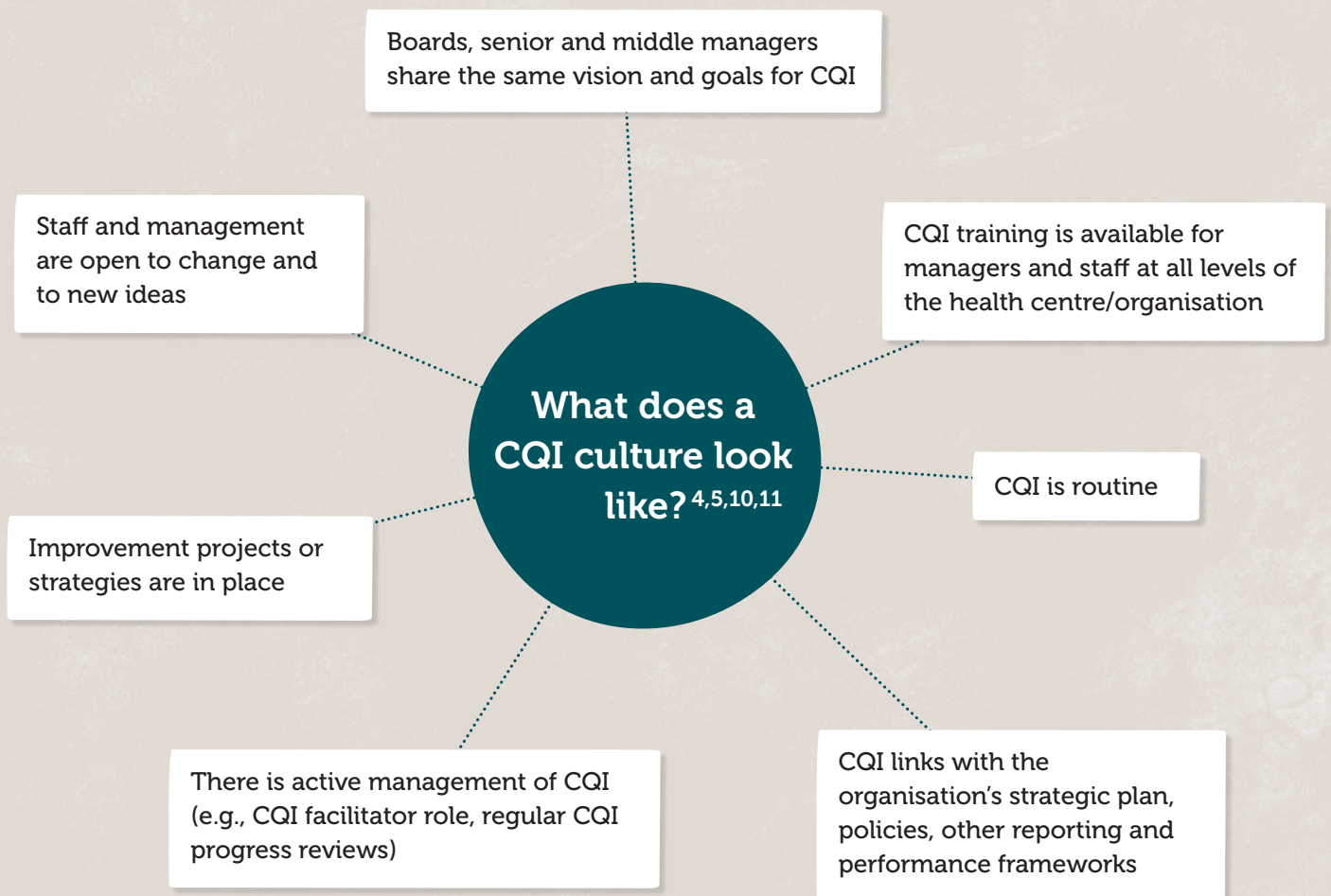
## Share the CQI story with others

People working at different levels and in different roles, and external health service providers – such as allied health and medical specialists – need to have the same understanding of what CQI is and what it aims to do. To work well, CQI needs to be part of the routine work of all the health centre team, including clinical leaders and managers, as well as other service providers and partner organisations.<sup>5</sup>

The way in which leaders, managers and boards think and talk about CQI influences how Aboriginal and Torres Strait Islander Health Workers/Health Practitioners and others in the service team feel about it.<sup>5,11</sup> For example, if the focus of CQI is reporting for accountability, rather than for making improvements in quality of care, staff are more likely to see CQI as 'policing' and 'checking up'.<sup>4,5,7</sup>

When health centres have a strong CQI culture, problems such as funding and staff shortages can motivate teams to use CQI. Instead of seeing it as 'extra work', they are able to see CQI as 'a way of working smarter and making jobs easier'. Change or crisis situations – such as organisational restructuring or disease outbreaks – can slow CQI work, but the research shows that a CQI approach can actually be useful for responding to change or solving problems.<sup>10</sup>

How strong is CQI culture in your health centre?



## References

- 1 Sollecito, W. & Johnson J. (eds) 2013, *McLaughlin and Kaluzny's Continuous Quality Improvement in Health Care*, 4th edn, Jones & Bartlett Learning, Burlington, MA.
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- 4 Wise, M., et al. 2013, *National Appraisal of Continuous Quality Improvement Initiatives in Aboriginal and Torres Strait Islander Primary Health Care*, The Lowitja Institute, Melbourne.
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- 7 Allen & Clarke 2013, *Evaluation of the Northern Territory Continuous Quality Improvement Investment Strategy: Final Report*, Department of Health, Australian Government, Canberra.
- 8 Riley, W. J., et al. 2010, Realizing transformational change through quality improvement in public health, *Journal of Public Health Management Practice*, 16(1):72–8.
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- 10 Davis, M. V., et al. 2014, Creating quality improvement culture in public health agencies, *American Journal of Public Health*, 104(1):E98–E104.
- 11 Best, A., et al. 2012, Large-system transformation in health care: A realist review, *Milbank Quarterly*, 90(3):421–56.
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## Acknowledgments

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**Date:** May 2015

# Improving the quality of primary health care for your community

A summary of research findings for Community Health Boards

This is a summary of important findings from research into the ways in which primary health care centres start and use continuous quality improvement (CQI) programs. The evidence gathered came from Aboriginal community controlled, government and non-government health centres in remote, rural and urban areas across Australia. Common themes were found

through shared stories about what makes CQI easier or more difficult to use, and what works well (and not so well) to improve the quality of care for Aboriginal and Torres Strait Islander people. The findings from this research on CQI in Aboriginal and Torres Strait Islander communities are similar to those from other Australian and international studies.

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## What are CQI tools and packages?

CQI tools are used to audit and assess local health centre performance against best practice guidelines (or standards). Protocols guide staff to use the tools.

Data may be put into a data analysis system and database (such as the online One21seventy system) to create audit reports. A 'CQI package' for health centres can include training, tools, resources and technical support.<sup>4</sup>

## Key messages for action

- 1 CQI data can show where changes are needed to improve the quality of health care for the community**
- 2 Get involved in CQI. Health centres need clear CQI policies and guidelines and CQI works best when it is part of routine work**
- 3 Resource CQI training and professional development**
- 4 Support Aboriginal and Torres Strait Islander staff and managers to lead CQI**

# 1

## CQI data can show where changes are needed to improve the quality of health care for the community

The research shows that good quality information about service delivery is very important for CQI. Across primary health care, many clinical information systems are not well developed to support CQI. In addition, client records need to contain accurate information if they are to make the most of the electronic patient information and recall systems (or PIRS), tools, guides and practice standards that make CQI processes easier and quicker.<sup>4,5</sup>

Most people who work in primary health care are committed to supporting communities and to improving health outcomes.<sup>5</sup> For CQI to work well, staff need to understand that health centre and client records can be used for improving care systems. They need to believe they have the power to bring about change,<sup>6</sup> and the ability to develop the skills needed to manage, interpret and use the data. However, the research shows that many staff currently have limited skills or the capacity to do so.<sup>7</sup>

When health team members carry out audits of client records, it improves the quality of the data.<sup>5</sup> When Aboriginal and Torres Strait Islander Health Workers/Health Practitioners, nurses and other practitioners do hands-on auditing and participate in CQI feedback and planning, they are more likely to support CQI.<sup>5,8</sup>

Many health teams, especially in remote areas, feel the pressure of high staff turnover, long working hours and not seeing improvements in health and social conditions for their clients. CQI helps to motivate teams to follow best practice, as it shows that their hard work is bringing about change.<sup>5,7</sup> When carried out across different areas of care – such as child health, maternal health and chronic illness care – CQI helps team members to understand and support each other's roles in providing comprehensive health care.<sup>9</sup>

# 2

## Get involved in CQI. Health centres need clear CQI policies and guidelines and CQI works best when it is part of routine work

The way in which leaders, managers and boards think and talk about CQI influences how Health Workers/Health Practitioners and others in the service team feel about it.<sup>5,10</sup> For example, if the focus of CQI is reporting for accountability, rather than for making improvements in quality of care, staff are more likely to see CQI as 'policing' and 'checking up'.<sup>4,5,7</sup>

Board members, people working at different levels and in different roles, and external health service providers – such as allied health and medical specialists – need to have the same understanding of what CQI is and what it aims to do. To work well, CQI needs to be part of the routine work of all the health centre team, including clinical leaders and managers, as well as other service providers and partner organisations.<sup>5</sup>

When health centres have a strong CQI culture, problems such as funding and staff shortages can motivate teams to use CQI. Instead of seeing it as 'extra work', they are able to see CQI as 'a way of working smarter and making jobs easier'. Change or crisis situations – such as organisational restructuring or disease outbreaks – can slow CQI work, but the research shows that a CQI approach can actually be useful for responding to change or solving problems.<sup>10</sup>

How strong is CQI culture in your health centre or service?

### 3

## Resource CQI training and professional development

Leadership for improving the quality of care for the community is needed at all levels to guide and support CQI.<sup>4,5,10</sup> Leaders for CQI don't have to be managers – leadership work is best shared across teams and roles.<sup>11</sup>

CQI networks and training are opportunities to build skills and relationships, to share CQI knowledge and to learn practical information about 'what works'.<sup>4,7,8</sup> The research shows that staff value opportunities to connect and form networks through CQI, especially when they work in remote areas or where there are long distances between health centres serving Aboriginal and Torres Strait Islander communities.<sup>6</sup>

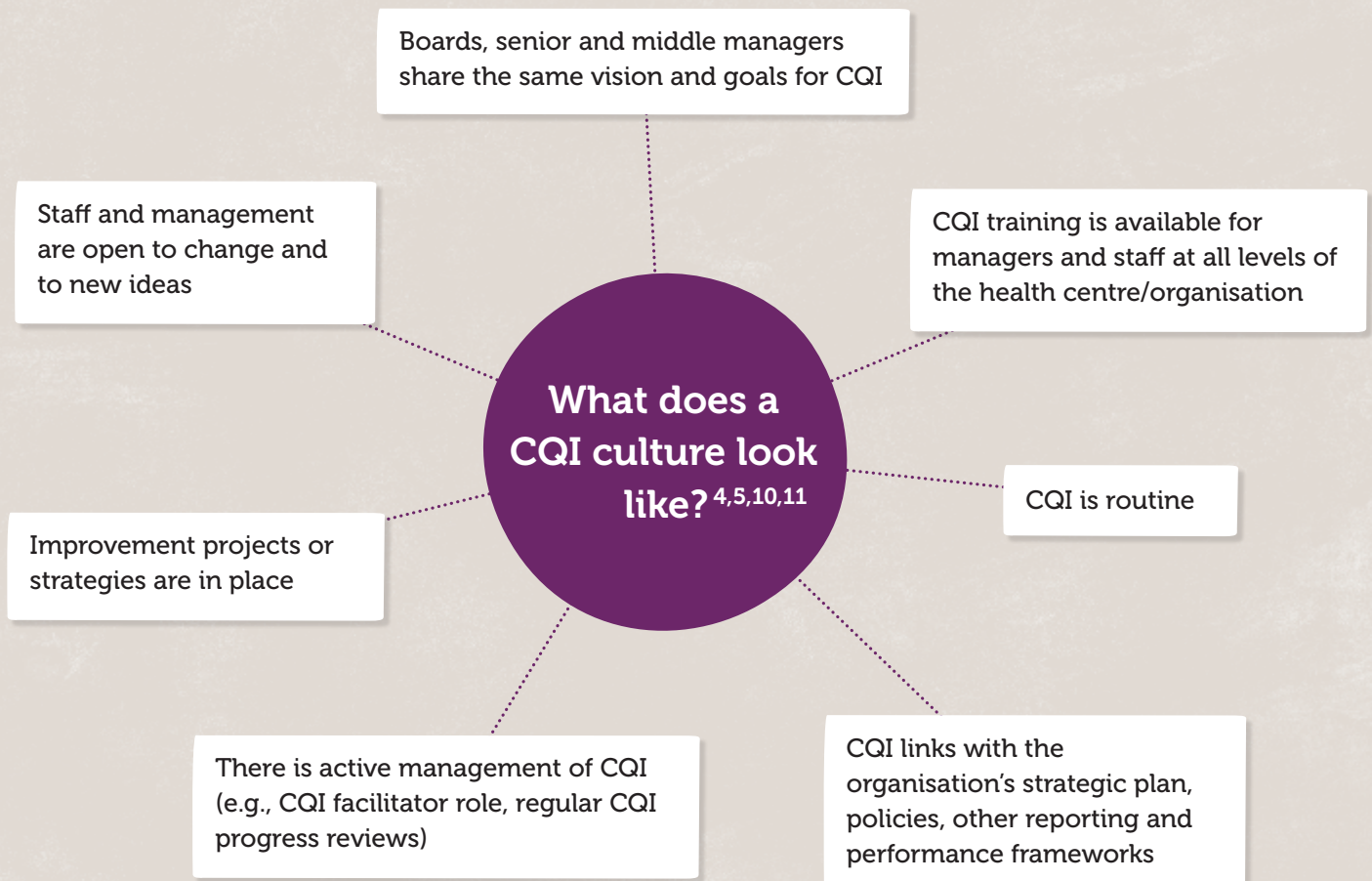
How can your board support CQI leadership and training?

### 4

## Support Aboriginal and Torres Strait Islander staff and managers to lead CQI

Aboriginal and Torres Strait Islander leadership in CQI is very important – it helps to ensure that care and services are culturally safe and that changes made to health centre systems work well for the community. This leadership can come from Aboriginal and Torres Strait Islander community health boards, managers and staff committed to CQI.<sup>4,5,12</sup>

How can your board support Aboriginal and Torres Strait Islander leadership in CQI?



## References

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