QAIHC

Queensland Aboriginal and Islander Health Council

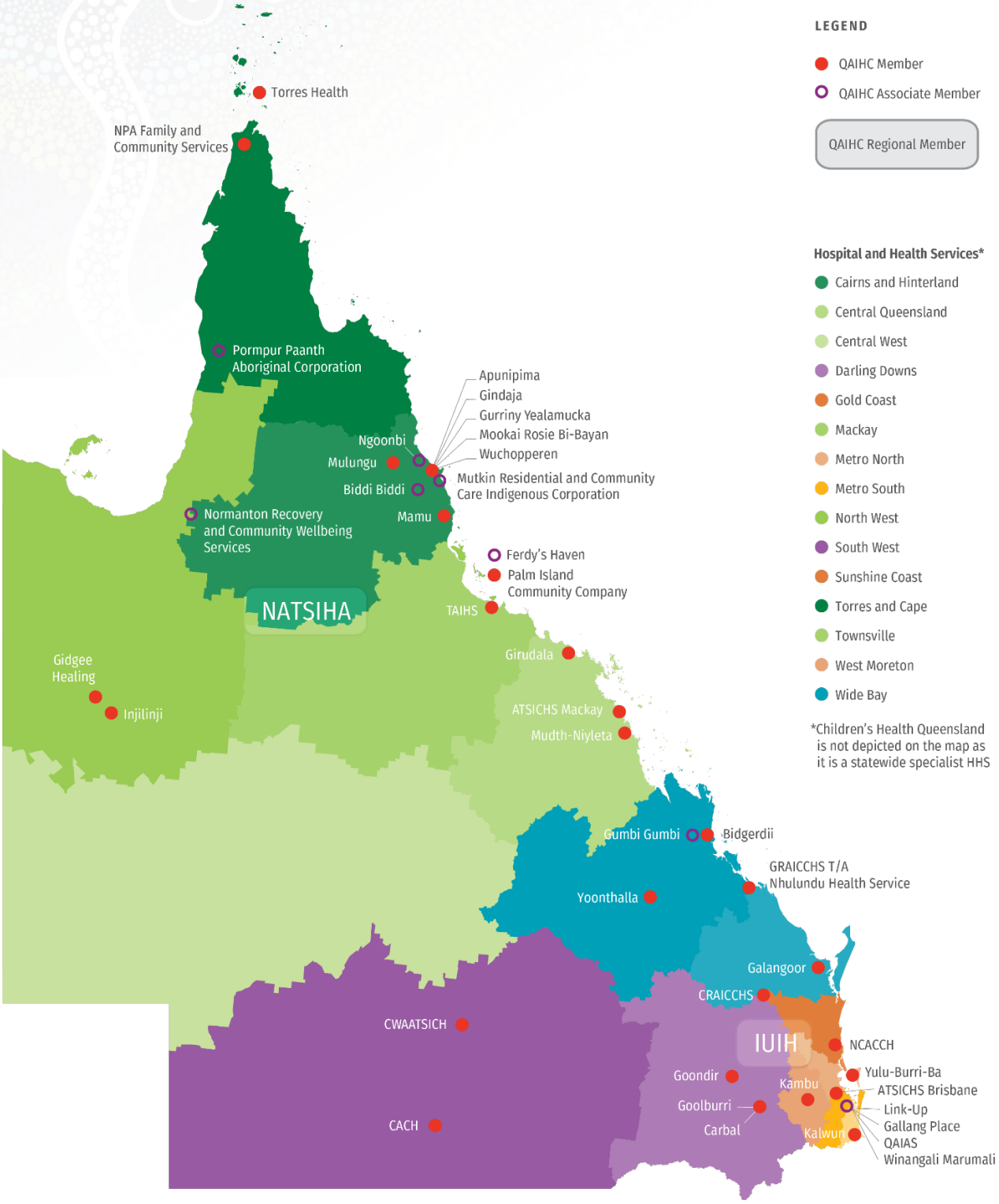
QAIHC FRAMEWORK

For Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander people

Version 1

Our Member Locations

- 33 Members
- 11 Associate Members
- Two Regional Members
- Over 70 clinics



QAIHC
Queensland Aboriginal and Islander Health Council

The Queensland Aboriginal and Islander Health Council (QAIHC) is a leadership and policy organisation.

We were established in 1990 and are the peak organisation representing all Aboriginal and Torres Strait Islander community controlled health organisations (ACCHOs) in Queensland at both a state and national level.

The QAIHC Membership is comprised of ACCHOs located throughout Queensland. Nationally, we represent Queensland through its affiliation and Membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO).

Executive Summary

For citation:

Queensland Aboriginal and Islander Health Council (QAIHC). QAIHC Framework for Continuous Quality Improvement In Primary Health Care for Aboriginal and Torres Strait Islander People. Brisbane, 2024

Acknowledgement

QAIHC acknowledges that the *QAIHC Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People* has been derived from the joint initiative of the National Aboriginal Community Controlled Health Organisation (NACCHO) Canberra, its Affiliates, and member services, and the Commonwealth Department of Health and Aged Care, as documented in the *National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People, 2018-2023*.[1] QAIHC acknowledges that many individuals and organisations contributed their expertise to the National Framework's co-design, including the foundation work of the Lowitja Institute in 2014 and 2015.

[1] https://www.naccho.org.au/app/uploads/2022/03/NACCHO-CQI-Framework-2019-1.pdf

FOREWORD

The QAIHC Framework for Continuous Quality Improvement (CQI) in Primary Health Care for Aboriginal and Torres Strait Islander People (the Framework), underscores the critical significance of implementing quality improvement systems as part of comprehensive primary health care delivery. This Framework serves as a foundation for strategically planning and prioritising quality improvements showcasing the knowledge and insights gained from the Aboriginal community controlled health sector.

While we have witnessed notable improvements in the health of Aboriginal and Torres Strait Islander people in recent years, it is important to reflect on the fact that Aboriginal and Torres Strait Islander individuals face a three-fold higher rate of preventable hospital admissions and fatalities compared to other Australians. Additionally, the burden of disease for our mob remains 2.3 times higher.

A key contributor to these statistics is the continuing lack of access to essential, quality and culturally safe primary healthcare services for many Aboriginal peoples and Torres Strait Islanders. For our communities, the ACCHO model of primary health care remains an inspiration for continuing self-determination towards closing the gap in healthcare disparity.

This CQI Framework serves to guide the Queensland Aboriginal and Islander Health Council (QAIHC) and Aboriginal community controlled health services to continue fostering quality and comprehensive culturally safe primary health care for Aboriginal peoples and Torres Strait Islanders.

Our member services have kindly assisted in providing case studies showcasing quality improvement efforts within Queensland sector. The practical demonstration of CQI efforts helps other services to undertake such activity. A key message from such case studies is that undertaking quality improvements takes time, effort, and resources and is best achieved when such activity involves the whole health team.

I acknowledge the vital collaborations underpinning this CQI Framework, between NACCHO and the other Aboriginal peak organisations, member services, communities, as well as governments both national and regional, that led to the development of the National CQI Framework from which this Queensland Framework is drawn from and remains true to.

Paula Arnol
Chief Executive Officer

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INTRODUCTION

The QAIHC Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People (the Framework) has been wholly derived and adapted from the *National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People,* 2018-2023 developed by NACCHO and its Affiliates, including QAIHC.

The QAIHC Framework provides practical support for health care providers and policy makers across QAIHC's member services to embed Continuous Quality Improvement (CQI) into primary health care for Aboriginal and Torres Strait Islander people. The QAIHC Framework maintains complete fidelity to the National Framework, with a few updates and amendments. The QAIHC Framework uses the same domains and content included in the National Framework. New case-studies have been included with a focus on Queensland.

High-quality, culturally responsive, and safe care is vital in the primary health care setting to improve the health outcomes of Aboriginal and Torres Strait Islander people. Research demonstrates that Aboriginal and Torres Strait Islander people are more likely to access care; get the care and support they need; and return for follow treatment if the primary health care provider is culturally responsive to the needs of Aboriginal and Torres Strait Islander people.

Aboriginal community controlled health organisations (ACCHOs) arose in the early 1970s in response to the failure of mainstream health services to meet the needs of Aboriginal and Torres Strait Islander people and the aspirations of Aboriginal people for self-determination.

ACCHOs were the first organisations to offer comprehensive and culturally appropriate primary health care in Australia. They provide 2.6 million episodes of care each year for 370,000 Aboriginal and Torres Strait Islander people in areas ranging from very remote to metropolitan across Australia.

The Queensland Aboriginal and Islander Health Council (QAIHC) is the regional organisation that represents 33 member ACCHOs. There are NACCHO Affiliates (also known as Sector Support Organisations) that provide support for CQI, clinical, financial, and operational governance of the ACCHO sector.

The other major sources of primary health care services for Aboriginal and Torres Strait Islander people are private general practices and state and territory government services.

The Framework recognises the importance of best practice in primary health care for Aboriginal and Torres Strait Islander people and provides a basis to plan and prioritise improvements in comprehensive care, which reflects ACCHO sector experience.

The Framework focuses not just on the direct delivery of clinical and other primary health care services but on what is required at the health system level to support an effective approach to CQI for Aboriginal and Torres Strait Islander people. The Framework is not intended as a one-size-fits-all guide and its implementation will need to be tailored to meet the needs of member service providers and policy makers, including ACCHOs, private general practices, government clinics and other primary health care services to support ongoing improvements in primary health care delivery. Importantly, this framework seeks to guide CQI activity, as distinct from public health surveillance activity, to support service improvement delivered by primary health care services.

Further information about the history, evidence base, tools, and resources for CQI in the Aboriginal and Torres Strait Islander and other primary health care context is readily available through primary health care support organisations and academic institutions and has not been included in this Framework.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is part of a range of activities that support and improve quality in health care. CQI drives service improvements through continuous and repeated cycles of changes that are guided by teams, using data to identify areas for action, develop and test strategies, and implement service re-design. It works alongside accreditation, governance, monitoring and evaluation to improve health care and outcomes. CQI is most effective when it is embedded as part of the core business of providing health care.

CQI is underpinned by a philosophy that emphasises the importance of organisational commitment and whole-of-team involvement to improve service systems and processes for delivering care. It encourages team members to continuously ask: 'How are we doing?'; 'What problem are we trying to solve?'; 'Can we do it better?'; 'How will we know if it is better?'. A CQI environment is one in which data is collected and used to make positive changes – even when things are going well.

QAIHC, Primary Health Networks (PHNs), Aboriginal Health Services, state and territory government clinics, and private general practices, are funded to drive service improvements and improved health outcomes for Aboriginal and Torres Strait Islander people, by using a broad range of initiatives to achieve, maintain and improve the quality.

To be effective, CQI requires:

- sustained commitment to ongoing improvement in health care services for Aboriginal and Torres Strait Islander people by government, primary health care support organisations (e.g. QAIHC,PHNs) and primary health care service providers
- recognition of what is required to appropriately and effectively meet the health care needs of Aboriginal and Torres Strait Islander people
- a coordinated approach to CQI as a priority for comprehensive primary health care, including ensuring a trained and supported workforce with roles for CQI leadership and teams
- the ability to collect, analyse, share, and use good quality data relevant to improving Aboriginal and Torres Strait Islander health
- access to the evidence, tools and resources that inform and support high quality improvements to health care and health outcomes.

Policy Context

The QAIHC CQI Framework is one part of a suite of policies, programs and initiatives that together aim to close the gap in health outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

Key Aboriginal and Torres Strait Islander health policies and initiatives include:

- *National Agreement on Closing the Gap*

Under the *National Indigenous Reform Agreement*,[1] the Council of Australian Governments is committed to achieving six targets for Closing the Gap in health, education, and employment outcomes. The two health-specific targets are:

1. to close the gap in Aboriginal and Torres Strait Islander life expectancy within a generation (by 2031)

2. to halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five years of age within a decade (2018).

- *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2032*[3]

This plan outlines the actions to be taken by the Australian Government, ACCHO sector, and other key stakeholders to give effect to the vision, principles, priorities, and strategies of the *QAIHC Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

- *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health*[4]

This framework commits the Commonwealth Government, and all states and territories, to embed cultural respect principles into their health systems to ensure they are accessible, responsive, and safe for Aboriginal and Torres Strait Islander people.

- *National Safety and Quality Health Service Standards (Australian Commission on Safety and Quality in Health Care)*[5]

These standards for health care safety and quality must be met by health service organisations. The second edition of the Standards has actions that specifically address better health care for Aboriginal and Torres Strait Islander people. These actions are to set safety and quality goals, achieve cultural competence in care, create safe and welcoming environments, ensure effective communication through partnering with consumers, improve identification rates and to provide comprehensive care.

Other Standards and Frameworks relevant to the CQI in the primary health care context include:

- *Indigenous Australians' Health Programme Guidelines*[6] (Australian Government, 2018); includes guidance for ACCHSs and Affiliates on CQI and other activities to support quality improvement.
- *Primary Health Network Performance and Quality Framework*[7] (Australian Government, 2018); includes guidance and indicators for Primary Health Networks (PHNs) on health systems improvement and sector support activities.
- *Standards for General Practices*[8] (RACGP 5th edition, 2017); the standards and criteria used for accreditation of general practices, including in the ACCHS context. They include a specific module on quality improvement.

Australian Health Practitioner Regulation Agency requirements for ongoing professional development and registration of the health professionals who work in primary health care, including Aboriginal and Torres Strait Islander health practitioners, medical practitioners, and nurses.

Available from https://www.ahpra.gov.au/

THE FRAMEWORK

Aim

To foster a collective commitment by all governments and organisations to build a sustainable, coordinated and responsive primary health care system that uses best practice, evidence based and CQI approaches to provide culturally-safe, high-quality, comprehensive primary health care services.

Audience

The Framework has relevance across the Australian system for health care providers and decision makers and can provide guidance for organisations and health professionals who are committed to continual improvements of health care services for Aboriginal and Torres Strait Islander people.

The primary audience for the Framework includes:

- primary health care service providers in the ACCHO, private and government sectors
- health professional organisations
- primary health care support organisations such as QAIHC and PHNs
- Australian, state and territory governments.

For ACCHOs the CQI focus is on increasing their capability to continue to improve and deliver high-quality primary health care to Aboriginal and Torres Strait Islander people. For many private general practices, Aboriginal and Torres Strait Islander clients are usually a smaller proportion of the practice population. These clients will benefit from CQI being used to contribute to increased health equity, improved cultural safety, and ensuring that high-quality, comprehensive primary health care services address the increased burden of disease and premature mortality.

Principles

The Framework recognises the contribution that the health care system, particularly comprehensive primary health care, makes to improving health and decreasing health inequities. It places primary emphasis on the role of culturally safe and comprehensive primary health care in supporting improved health outcomes for Aboriginal and Torres Strait Islander people and recognises ACCHOs as best practice leaders in this regard.

The Framework is underpinned by the following principles:

- Aboriginal and Torres Strait Islander people are at the centre of care with respect for their experiences, choices, dignity, and rights.
- The ACCHO sector provides expertise in CQI and its leadership and guidance in implementing the Framework is recognised.
- There is a need for flexibility in approaches and tools to meet the needs of local communities and health care services.
- There is recognition of the need for partnerships and collaboration within and between primary health care sectors.

Domains

The focus areas for CQI to support improvements in health care and health for Aboriginal and Torres Strait Islander people are outlined in the following four domains:

1. Being culturally respectful in CQI

2. Doing CQI

3. Supporting CQI

4. Informing CQI.

The focus, actions and outcomes for each Domain are shown in the tables on pages 12–18.

Primary health care services and their sector support organisations, along with governments, have specific and sometimes overlapping roles and responsibilities for implementation of CQI. To encourage the use of the Framework as a guide, the table's shaded columns indicate the areas where different parts of the health system support the implementation of the CQI Framework.

QAIHC Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People

The Framework recognises the rights of Aboriginal and Torres Strait Islander people to access health care that is high quality, safe, effective, responsive, and culturally respectful.

VISION

Aboriginal and Torres Strait Islander people have access to and receive the highest attainable standard of primary health care wherever and whenever they seek care.

AIM

To foster a collective commitment by all governments and organisations to build a sustainable, coordinated, and responsive primary health care system, which uses best practice, evidence-based and CQI approaches to provide culturally safe, high-quality, comprehensive primary health care services.

PRINCIPLES

Aboriginal and Torres Strait Islander people are at the centre of care with respect for their experiences, choices, dignity, and rights. The ACCHO sector provides expertise in CQI and its leadership and guidance in implementing the Framework is recognised. There is a need for flexibility in approaches and tools to meet the needs of local communities

DOMAIN 1:

BEING CULTURALLY RESPECTFUL IN CQI

Culturally respectful CQI ensures that Aboriginal and Torres Strait Islander people, communities and health care services are actively engaged in identifying priorities and developing policies and programs that lead to improved access, high-quality care, positive experiences, and better health outcomes.

DOMAIN 2:

DOING CQI

CQI to improve health care services for Aboriginal and Torres Strait Islander people is embedded as part of organisational and clinical governance, in the roles and responsibilities of staff and teams, and in the use of indicators, data and patient information management systems.

DOMAIN 3:

SUPPORTING CQI

Partnerships between government, the ACCHO sector and PHNs provide leadership, resources and a collaborative environment for CQI.

CQI capability is supported through investment in data analysis and interpretation, CQI tools and resources, and workforce.

DOMAIN 4:

INFORMING CQI

Quality indicators and benchmarks that align with evidence for good practice in primary health care are used to inform CQI planning, implementationand reporting. CQI research and knowledge translation supports improved primary health care services and health outcomes.

Domain 1: Being culturally respectful in CQI

Focus Area	What does it look like?	Quality Outcome	P	S	G
Providing culturally respectful primary health care	The Cultural Respect Framework outlines the organisational, communication, workforce, consumer, stakeholder, and evidence that underpins culturally respectful health service delivery.	Primary health care is culturally safe, and changes made to health centre systems and processes work well for Aboriginal and Torres Strait Islander communities.			
Cultural respect in the design and implementation of CQI	Aboriginal and Torres Strait Islander people, communities and health services are actively engaged in identifying priorities and in developing policies and programs that lead to improved access, high-quality and culturally safe care, positive experiences, and better health outcomes. Partnerships are established and maintained with Aboriginal and Torres Strait Islander communities and organisations to ensure CQI implementation is responsive to their needs and aspirations.	Cultural respect is understood, valued, and embedded by all organisations including PHNs and general practices in the planning, resourcing, and implementation of CQI in Aboriginal and Torres Strait Islander primary health care.			
Cultural safety is embedded in organisational culture and supported through effective governance, policies, and procedures	Governance structures within organisations are inclusive of Aboriginal and Torres Strait Islander people and their representative organisations. Primary health care providers include Aboriginal and Torres Strait Islander representatives in their governance structures or have other appropriate arrangements to promote organisational cultural safety. Organisations have identified and acted on priorities for improving the cultural safety of their services. Training and support are provided to ensure that staff members are competent in the design and delivery of culturally safe services.	Organisations have effective strategies to engage with Aboriginal and Torres Strait Islander people, communities, and health services. Aboriginal and Torres Strait Islander people receive culturally safe health care wherever and whenever they seek it.			
Organisations build a strong and supported Aboriginal and Torres Strait Islander health workforce	The essential role of Aboriginal and Torres Strait Islander health practitioners and workers is recognised and supported by primary health care providers and support organisations. Health care organisations develop specific Aboriginal and Torres Strait Islander workforce strategies to support CQI including recruitment, training, and mentoring for all health disciplines and support roles.	Aboriginal and Torres Strait Islander staff are prominent in CQI leadership and implementation to support a culturally respectful and responsive approach to service improvement.			
Organisations build the cultural competence of the primary health care workforce	Primary health care organisations are accountable for ensuring cultural competency of their workforce and provide the underpinning leadership, training, and support.	Primary health care organisations can demonstrate the cultural competency of their workforce and the use of ACCHOs or other culturally appropriate sources of workforce training.			

Client experience is used to inform CQI	Health care service providers establish formal culturally appropriate and effective mechanisms for obtaining and using feedback from Aboriginal and Torres Strait Islander clients about quality of health care services and use the information to inform and improve service delivery as part of CQI processes.	CQI initiatives are informed by client experience and feedback.			

P = Providers of primary health care services including Aboriginal health services and general practice.

S = Support organisations including QAIHC, PHNs, Hospital and Health Service (HHSs).

G = Governments including state, territory and National.

Domain 2: Doing CQI					
Focus Area	What does it look like?	Quality Outcome	P	S	G
Organisational governance	Organisational Boards and senior managers are equipped to play a leadership role in embedding an organisational culture of culturally respectful CQI. CQI is embedded across all aspects of the organisation, including in organisational governance systems.	All levels of governance and management play an active role in CQI.			
Connecting organisational and clinical governance with CQI	Clinical governance is integrated in corporate and financial governance processes, organisational planning and decision making. Improving health care and health for Aboriginal and Torres Strait Islander people is prioritised within an accountable, systematic, and integrated approach to improving safety and quality, and managing risk and performance in health care service delivery. Clinical services are continually reviewed and updated to reflect clinical best practice and meet Australian health care safety and quality standards, reflecting guidelines and standards about health care for Aboriginal and Torres Strait Islander people.	Organisational policies, systems and processes embed CQI in organisational and clinical governance and support health care delivery in accordance with relevant guidelines and standards about health care for Aboriginal and Torres Strait Islander people.			
Everyone in the organisation understands their role in CQI and is supported and resourced to do it	CQI roles and responsibilities for board members, practice owners, management, health promotion, clinical and administrative staff and teams are clearly	Organisations champion a culture of 'CQI is everyone's business.'			

	defined and supported by management and boards. All staff have access to ongoing professional training to build CQI capability across clinical, administrative, management and other teams. Resources and time are allocated to plan, do and review CQI. A culture of learning is encouraged through sharing of experiences at team meetings, networks, and other forums.				
All staff involved in providing health care services are empowered to effect change through participation in CQI activities and networks that promote innovation, collaboration, and shared learning	Quality improvement activities and cycles are embedded in everyday practice. CQI and Aboriginal and Torres Strait Islander health is a standing item on meeting agendas. A team-based approach with Aboriginal and Torres Strait Islander input to ensure cultural relevance is undertaken in the design, development, testing, and implementation of improvement strategies.	Everyone in the organisation knows how to contribute to CQI and are empowered and resourced to do so.			
Patient information management systems are used to support CQI	Primary health care services have the necessary patient information systems and capacity to collect, analyse and report data to establish baselines and support implementation of CQI.	Health care services have the information systems, staff, and support to enable data about health care provided to Aboriginal and Torres Strait Islander clients to be identified, collected, and analysed for CQI planning and evaluation.			
Relevant data is used to inform and evaluate CQI	Data is collected by health services that is relevant and meaningful to improving Aboriginal and Torres Strait Islander health and to local priorities and community needs. Aboriginal and Torres Strait Islander people and/or organisations are appropriately involved in decision making about indicators, data collection and analysis. With appropriate privacy protections and data governance arrangements, data is shared and discussed amongst networks and used to inform the development of CQI benchmarks. Benchmarks are used to support the ongoing design, implementation and monitoring of CQI. Although benchmarks are context specific, they are often based on recognised indicator sets such as QAIHC or regional key performance indicators.	Clinical and population health data ensure evidence-based CQI activities are strategically directed at areas where health services can improve health outcomes for Aboriginal and Torres Strait Islander clients and the local community.			

Organisational commitment to CQI is sustained over time	Ongoing systems improvement at all levels will increase health care access and quality for Aboriginal and Torres Strait Islander people for the longer term.	CQI is embedded as a core feature of PHC planning and service delivery.			

Domain 3: Supporting CQI					
Focus Area	What does it look like?	Quality Outcome	P	S	G
Organisational partnerships	QAIHC, and PHNs provide leadership, commitment, and support to ensure their organisations support and advocate for CQI in primary health care and better health outcomes for Aboriginal and Torres Strait Islander people. Local or regional health networks provide this support for state and territory health services. Agreements such as Memorandums of Understanding can be used by ACCHOs, QAIHC and PHNs to underpin collaborative work to ensure that CQI work is done in a culturally respectful way. QAIHC, state/territory and regional health care policy and delivery is informed by the evidence about what works in CQI in Aboriginal and Torres Strait Islander primary health care.	CQI is delivered through a collaborative approach involving governments and primary health care support organisations recognising the experience and expertise of the ACCHO sector.			
Government support	Governments recognise the value of good organisational CQI practices in achieving significant improvements in Aboriginal and Torres Strait Islander health outcomes and consider how CQI can be incorporated in program guidelines and delivery. Governments support and encourage primary health care service providers to embed evidence-based CQI practices across all levels of their business operations and management (e.g. clinical and governance). Governments support primary health care services to provide high-quality, comprehensive, and accountable services that are responsive to local Aboriginal and Torres Strait Islander health needs.	Governments work together to deliver a health system that provides culturally safe, high quality, and responsive primary health care, that is accessible for all Aboriginal and Torres Strait Islander people. Governments commit to support primary health care services to adopt and implement CQI practices that are clearly evidence-based, and fit for purpose for CQI within primary health care settings.			
QAIHC and PHN support	Aboriginal and Torres Strait Islander leadership in CQI is supported through involvement of Aboriginal and Torres Strait Islander consumers, workforce, and organisations.	PHNs and QAIHC have the population health expertise required to: develop evidence-based CQI practices; support health services with CQI; ensure CQI is well informed by data and ACCHO			

	QAIHC and PHNs are able to provide support for the development of evidence-based CQI practices that are fit for purpose within primary health care settings, and the analysis, interpretation and benchmarking of health service and population health data to support CQI within their constituent ACCHSs, general practices and other primary health care providers. QAIHC and PHNs are able to provide population health advice and support for decision making about fit for purpose and evidence-based priorities for CQI in ways that support health services to ensure that CQI efforts are relevant to their context and directed at improving Aboriginal and Torres Strait Islander health. QAIHC and PHNs are able to provide access to training, advice, tools, and other resources for CQI activities. Effective networks are in place to support CQI in Aboriginal and Torres Strait Islander primary health care at local, regional, state/territory and national levels. These networks promote innovation, collaboration, and shared learning. CQI collaboratives within and between sectors are used to scale up local CQI activities and successes to a national regional and state-wide level.	expertise; lead to improvements in Aboriginal and Torres Strait Islander health care and health outcomes.			

Domain 4: Informing CQI					
Focus Area	What does it look like?	Quality Outcome	P	S	G
Reviewing and using the evidence	Meaningful quality indicators that align with the evidence for good clinical practice are used to inform CQI planning, implementation, and reporting. Evidence-based CQI practices should be fit for purpose for use within primary health care settings. When reviewing existing indicators or developing new ones, consultation with the ACCHO sector will help ensure the relevance and appropriateness of indicators to improving Aboriginal and Torres Strait Islander health care. Service providers use data and evidence to inform best practice comprehensive primary health care for Aboriginal and Torres Strait Islander clients and populations.	Quality indicators that align with the evidence for good clinical practice and comprehensive models of care within primary health care settings are used to inform CQI planning, implementation, and reporting.			

Informing priorities for CQI in practice using population and service level data	QAIHC, PHNs, ACCHSs and general practices use Aboriginal and Torres Strait Islander expertise, research, evidence, and data to promote positive health gains for Aboriginal and Torres Strait Islander communities. Sharing of data must be underpinned by a data governance framework that is agreed between parties.	CQI priorities are informed by research, evidence, and data to promote positive health gains in their communities and services.			
Building and using the evidence base	Knowledge gained through implementation of CQI is used to build the CQI evidence base and is used to guide and inform Aboriginal health policy, investment, support, and innovation at the local, regional, jurisdictional, and national levels.	The learning outcomes from CQI are shared amongst networks and used to inform change in policy and practice in health services and the wider health system.			

P = Providers of primary health care services including Aboriginal health services and general practice.

S = Support organisations including QAIHC, PHNs, Hospital and Health Service (HHSs)..

G = Governments including state, territory and National.

CASE STUDIES

The following two case studies demonstrate CQI in action to directly improve health and health care for Aboriginal and Torres Strait Islander peoples.

1. Institute for Urban Indigenous Health (IUIH) supporting CQI in South East Queensland

What's the problem to be solved?

Data collected in the Qld SE region for the National Key Performance Indicators (nKPI) for Aboriginal Health Services suggested there was variation in the rates of cervical screening uptake amongst clients attending different clinics, including services who were near-neighbours or serving similar populations. It was unclear if this was a 'data' issue or due to variations in access to or availability of screening.

The nKPI for cervical screening:

- PI22: The proportion of regular female clients who are Indigenous, aged 25 to 74 years, who have not had a hysterectomy and who have had a cervical screening (HPV) test within the previous 5 years.

What did they want to accomplish?

- Improved cervical screening test recording in the electronic health record (eHR)
- Increased cervical cancer screening rates
- Enhanced HPV vaccination rates in order to reduce future cervical abnormalities and cancer related deaths
- Improved focusing of resources on higher risk clients including those requiring follow up after an abnormal screening test and those who have never been screened.

Who was involved?

IUIH and its four member services in Southeast Queensland. Leadership was provided by a GP with a special interest in women's business and a small research grant helped support a worker to deliver education and enhance data cleaning.

What was done?

a) Practitioners and other workers were upskilled to:
-Accurately record 5 yearly cervical screening data for all women attending for 715 health checks by accessing the National Cancer Screening Register.

-Identify women who have never been screened using an electronic health record search
-Use 'reminders' in the electronic record to 'Yarn with clients' about cervical screening and promote patient self-collection of vaginal swab specimens in all eligible women
-Use the electronic health record 'recall' system only for women requiring clinician collected samples or additional follow up.
-Encourage same-day access to clinician collected cervical screening by identifying and increasing the number of practitioners able to offer the service

b) Cervical screening champions were recruited to receive information, coach and mentor colleagues, perform eHR searches and provide feedback.

c) Lead clinician group meetings were used to benchmark progress and regularly update clinical leaders about the project.

d) Whole-of-clinic CQI meetings allowed all staff to gain awareness of the importance of HPV vaccination and cervical screening and their role in supporting access for clients.

These meetings are held monthly in every clinic across the IUIH Network and focus on service access and clinical performance. 'Cervical screening' was regularly revisited either as a stand-alone topic or part of the broader discussion.

CQI sessions used deidentified local cervical screening data as the 'conversation starter'. The data was prepared and presented by trained CQI facilitators, mostly GPs or RNs with an interest in supervision or teaching who shared the data, encouraged participation, maintained momentum and encouraged teams to celebrate success. Staff did not feel that CQI meetings compromised clinic activities, even if the clinic needed to close for an hour. They were often an opportunity to build connections between staff and support interdisciplinary collaboration.

e) **The patient pathway** to the relevant practitioner was clarified for all staff. Allocating female patients to clinicians who could not take cervical screening samples was avoided.

f) **Patient self-collection kits** were prepared in advance so patients could be screened on the same day as their health check (MBS item 715).

g) **Improved recording of individuals cervical screening histories** meant that recall efforts could be focussed on patients requiring additional follow up. Offering opportunistic screening to all eligible women meant that recalling clients for routine screening was avoided.

h) **'Making sure that everyone knew what they needed to know'.** Streamlining clinic processes and patient pathway served to maximise opportunistic screening for cervical cancer. For example, eligible patients with pre-booked appointments were contacted by the clinic receptionist the day prior to their visit to offer an extended appointment to complete a 715 health check on the same day.

i) **Enhancing HPV vaccination** – the health check was also used to determine eligibility for the HPV vaccine. HPV vaccination rates were considered "pretty good" but the main concern was that the school vaccines were being missed by some students. Clinics focussed on catch-up HPV vaccines for these students by synchronising the eHR with the AIR (Australian Immunisation Register) and offering vaccination opportunistically.

Outcomes

As a baseline, nKPI performance measures suggested cervical screening rates among urban Aboriginal and Torres Strait Islander women and people with a cervix in Southeast Queensland were lower than other similar populations.
Following CQI efforts, nKPI reporting improved significantly over a period of 7 years.

Cervical screening coverage increased close to or above the Australian national average. Teamwork and staff confidence to yarn about screening improved and some team members developed a special interest in 'women's business'.

Take home notes

- Be confident with your clinic data. If you're not, set some resources aside to clean it up.
- Use the data as a conversation starter
- Invite someone to share the data and facilitate the yarn
- Identify local champions and make CQI a whole of team activity.
- "You can be the best cervical screener out there, but without help from colleagues in reception and management- it's not going to get done."

2. Carbal Aboriginal Medical Service- Increasing immunisation rates in under 5-year-old children

What's the problem to be addressed?

Staff were concerned about an inexplicably low immunisation coverage rate in under 5-year-old children attending the clinic. Data extraction from clinic records revealed that only 56% of 0–4-year (under 5-year-old)

children were fully immunised. However, staff felt that immunisation coverage was better than this. The team wanted to understand why there was a gap in perception versus statistics.

What did they want to accomplish?

a) To identify if the fully immunised coverage rate for children under 5 years of age was accurate;
b) To enhance the immunisation coverage rate of children under 5 years of age.

Who was involved?

Aboriginal health workers (AHW), registered nurses (RN), doctors and other clinic staff. Collaborative meetings were also held with Darling Downs HHS public health unit staff to jointly check names and contact details of children who had missed their immunisation in order to promote a 'catch up'.

Collaboration with the local Aboriginal kindergarten also enabled healthy living and immunisation health promotion sessions with the families of children. These sessions were delivered by midwives, RNs, and AHWs.

What changes were made?

A dedicated 'clinic and quality manager' position within the clinic helped to operationalise efforts to enhance immunisation coverage. Using nKPI data from the Australian Institute of Health and Welfare, the data was presented graphically to clinic staff on a monthly basis to monitor clinical efforts to expand immunisation. The clinic identified that many of their patients were attending other services for their immunisations which explained missing immunisation data.

Over a period of 6 months, the children's immunisation data was matched with Australian Immunisation Register (AIR) data. This registry was not automatically linked with medical records at the time and so a staff member was tasked with updating the clinic medical records using the AIR. Checking was time consuming as it required doctors to log in and delegate other staff access to AIR through their PRODA account.

Meanwhile, every child attending the clinic was offered opportunistic checks of their immunisation status and subsequent immunisation. New staff were advised to always check the child's immunisation status. Nurses promoted immunisation at mums' groups and stalls were held on community days providing immunisation education to community members.

By promoting the immunisation of children, mums were encouraged to come into the clinic.

The clinic developed a series of children's booklets aimed at different age groups and focused on important health issues including immunisation. This booklet was placed in 'mums and bubs baby bags' to encourage immunisation. Other topics included talking about smoking, maintaining ear health, Covid-19, sexual health, and hepatitis, and they were all aimed at children.

Outcomes

After 2 years of continuous focussed activity, immunisation coverage for under 5's reached 89% immunisation coverage which has remained stable thereafter.
The changes introduced to the clinic led to an increase in vaccinations, and greater public and parental awareness of the importance of child immunisations.

Subsequently, RNs nurses completed immunisation courses to become independent 'nurse immunisers' as per the Queensland Health Extended Practice Authority, so that immunisation is not dependant on a doctor's prescription.

Take-home notes

Implementing a quality improvement activity takes a long time. It also requires staff

commitment and leadership such as through a quality improvement manager. Such roles need to be supported to ensure the delivery of comprehensive primary health care and not merely fee-for service activity. The use of nKPIs help a clinic to focus on priority health issues.

Everyone in the clinic has to be involved, and this includes reception, AHWs, RNs and doctors, so that all staff understand the contribution they can make to meet the objective.

GLOSSARY OF TERMS

Aboriginal community controlled health organisations (ACCHOs): in some contexts, the terms ACCHOs and ACCHSs are interchangeable. In this CQI Framework the acronym ACCHSs is used to describe the organisations delivering health care; ACCHOs describe the regional, statewide or QAIHC Aboriginal community controlled organisations that support the efficacy of ACCHSs to achieve improved health outcomes for Aboriginal and Torres Strait Islander people.

Aboriginal community controlled health services (ACCHSs): Aboriginal organisations initiated and based in a local community, governed by an Aboriginal body, elected by the local Aboriginal community, and delivering a holistic and culturally- appropriate health service to the community that controls it.[8]

Aboriginal health: understood to include the physical, social, emotional, and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.[8]

Accreditation: recognition that an organisation meets the requirements of a defined set of criteria or standards. Accreditation standards used in primary health care include those of the Royal Australian College of General Practitioners, Quality Improvement Council, Australian Commission on Safety and Quality, ISO 9001 2015, HSQF, headspace Model Integrity Framework hMIF, National Safety and Quality Health Standards NSQHS for Dental, Aged Care.

Affiliates, such as QAIHC are Affiliates of NACCHO, and are also knownas Sector Support Organisations by the Department of Health and Ageing in view of the support they provide for CQI, clinical, financial, and operational governance of the ACCHO sector.

Australian Commission on Safety and Quality in Health Care: a government agency that leads and coordinates QAIHC improvements in safety and quality in health care across Australia.

Clinical governance: defined by ACSQHC as 'the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services. Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.[4]

Closing the Gap: a commitment made by Australian governments in 2008 to improve the lives of Aboriginal and Torres Strait Islander people. COAG agreed to seven specific targets and timelines regarding health, education, and employment.

Continuous Quality Improvement: CQI is part of a range of activities that support and improve quality in health care. CQI drives service improvements through continuous and repeated cycles that are guided by teams using data to identify areas for action, develop and test strategies, and implement service re-design.

CQI Framework, the Framework: abbreviations for QAIHC Framework for Continuous Quality Improvement (CQI) in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023.

Cultural respect: the "recognition, protection, and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people. Cultural respect is achieved when the health system is accessible, responsive, and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected".3

Cultural safety: the provision of care that is respectful of a person's culture and beliefs and that is free from discrimination.

Dashboard: an infographic or visual representation of meaningful and relevant data.

Governance: see clinical governance and organisation governance.

National Aboriginal Community Controlled Health Organisation(NACCHO): the peak body representing Aboriginal community controlled health services (ACCHSs) across Australia.

Organisational governance: the system by which an organisation is governed, run, and held accountable. It includes clinical governance as well as strategic and service planning, risk management, financial, human resources, and performance management.

Plan–Do–Study–Act (PDSA) cycle: a change management tool used for quality improvement in health care.

Primary health care (PHC): in the Australian context PHC is provided in community-based settings including general practices, ACCHSs, community health centres and small office-based practices. There is a large variation in the range of services provided by different PHC professionals and organisations. This CQI Framework has been designed for comprehensive models of PHC as provided by Aboriginal health services and many general practices.

Primary Health Networks (PHNs): regional organisations established by the Australian Government to increase efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improve coordination of care to ensure patients receive the right care in the right place at the right time.

Quality assurance: in health care refers to services and programs aimed at guarantee of improvement in quality of care in a defined setting.

Public health surveillance: is distinct from CQI within primary health care settings as surveillance is the systematic collection of health data for analysis and interpretation to understand how diseases impact society at a population level to inform health planning, policy and services. Government health surveillance systems are used to assess public health status, track conditions of public health importance, define public health priorities, evaluate programmes and develop public health research.

Sector support organisations (SSOs) include QAIHC and other NACCHO Affiliates, Primary Health Networks and State/Territory government Local Health Networks. The Affiliates provide support for CQI, clinical, financial, and operational governance of the ACCHO sector.

ABBREVIATIONS / ACRONYMS

ACCHO Aboriginal community controlled health organisation

ACCHS Aboriginal community controlled health service

ACCO Aboriginal community controlled organisation

ACSQHC Australian Commission on Safety and Quality in Health Care

AGV About Giving Vaccines (certification)

AHMRC Aboriginal Health and Medical Research Council

AHP Aboriginal health practitioner

AHW Aboriginal health worker

AMSANT Aboriginal Medical Services Alliance Northern Territory

CEO Chief Executive Officer

COAG Council of Australian Governments

CQI Continuous Quality Improvement

DAG data advisory group

KPI key performance indicator

NT Northern Territory

PDSA Plan-Do-Study-Act

PHN Primary Health Network

QAIHC Queensland Aboriginal and Islander Health Council

RAN remote area nurse

SSO sector support organisation

VACCHO Victorian Aboriginal Community Controlled Organisation

VICs VACCHO Improvement Cycles

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https://www.closingthegap.gov.au/national-agreement

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