

Chapter 9

It's everyone's business: Continuous Quality Improvement in ACCHOs

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It's everyone's business: Continuous Quality Improvement in ACCHOs

Summary

ACCHOs strive to provide quality comprehensive primary health care to their Aboriginal and Torres Strait Islander communities and consistently review their programs and services to look for ways to improve. Consulting with local Aboriginal and Torres Strait Islander peoples is fundamental to the process which is known as continuous quality improvement (CQI). CQI processes differ across ACCHOs but consistently include collecting and analysing relevant data to identify what is and isn't working, designing and implementing improvements where necessary, and then monitoring and evaluating whether improved processes and outcomes are achieved over time. CQI is a whole-of-organisation approach with processes integrated within all teams and programs and embedded within the organisational culture of ACCHOs.

The drivers of CQI include the inherited responsibility of ACCHOs to tailor services to the needs of local communities and external drivers such as accreditation requirements, national key performance indicators and funding requirements. Common enablers of CQI include community connection and engagement, effective corporate systems, a corporate culture that promotes CQI as an everyday whole-of-organisation process, staff commitment and engagement in CQI, support from ACCHO state/territory affiliates, effective communication across the ACCHO and designated CQI Coordinators. In 2018 NACCHO launched the *National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023* that describes four key domains of CQI practice.

The content within this chapter was based upon an in-depth case study with a regional ACCHO, further refined with input from the CREATE Leadership Group, and strengthened with additional learnings from other ACCHO case studies.

What we cover in this chapter:

- What is Continuous Quality Improvement?
- The National CQI Framework
- ACCHO approaches to CQI
- CQI processes within ACCHOs
- Benefits and outcomes of CQI
- Enablers of CQI
- Challenges of CQI
- Recommendations
- Discussion
- References
- Reflection Tool

What is Continuous Quality Improvement?

Continuous Quality Improvement (CQI) is referred to as:

'a simple, practical process of using information and analysis at the health service or practice level to understand the quality of care that clients are receiving, working to improve those elements that are not working as well as they might, and measuring change'(pg.2)¹.

CQI consists of ongoing monitoring of quality of care and the way an organisation operates. CQI processes enable individuals, teams and organisations to review what is and isn't working, design and implement improvements where necessary, and monitor and evaluate whether improved processes and outcomes are achieved over time. In an ongoing way, ACCHOs reflect on community feedback and undertake CQI to tailor services to better meet the needs of community and staff and improve operational efficiency.

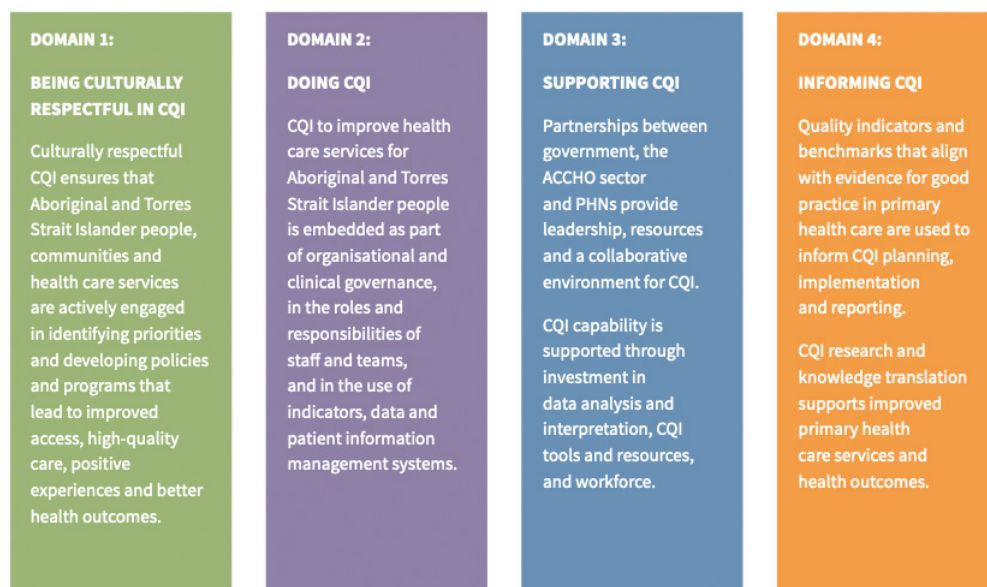
The National CQI Framework

Following an extensive national consultation, in 2018 the National Aboriginal Community Controlled Health Organisation (NACCHO) released the *National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023*. The Framework describes CQI in the following way:

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 care².

The Framework is relevant for all primary health care services for Aboriginal and Torres Strait Islander peoples, including ACCHOs, government-funded Aboriginal Medical Services and general practices. It outlines four key domains outlined in Figure 2.

Figure 2: The National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023²



¹Lowitja Institute. (2014). *Final Report: Recommendations for a National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care*. Accessed on January 17, 2020 at: health.gov.au/internet/main/publishing.nsf/content/cqi-framework-atsih

²Reproduced with permission from National Aboriginal Community Controlled Health Organisation. Source: National Aboriginal Community Controlled Health Organisation. *National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023*. Accessed on January 17, 2020 at: naccho.org.au/wp-content/uploads/NACCHO-CQI-Framework-2019.pdf

ACCHO approaches to CQI

The main driver of CQI in ACCHOs is the inherited responsibility of ACCHOs to deliver quality services to Aboriginal and Torres Strait Islander communities through tailoring services to local needs. External drivers include national accreditation Standards, national key performance indicators and funding requirements.

Community consultation and participation is fundamental to ACCHO CQI

In an ongoing way, ACCHOs engage with and listen to local Aboriginal and Torres Strait Islander peoples so that they can tailor services to local needs. They consult with community to find out what services are working and whether there are unmet needs that need to be considered in service re-design. This can include seeking feedback through formal and informal ways such as through a client feedback box or yarns with clients. In addition to seeking feedback on existing programs and services, ACCHOs invite clients to participate in the design of community events and new programs. Where possible, ACCHOs seek feedback from community members who do not access their services as well as from their active clients.

At the *Regional ACCHO*, community members are invited to come in to the service to share their ideas and help design upcoming events (e.g. NAIDOC celebrations, community events). This can happen during community lunches (held on every second Friday) or scheduled meetings.

A whole-of-organisation approach: CQI is everyone's business

ACCHOs enact CQI at all levels within the organisation. When CQI processes and mechanisms are embedded across the service, an organisational culture is created where staff practice CQI every day. Effective CQI is founded upon CQI structures and processes underpinned by the motivations, attitudes and approaches of staff who are deeply committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. ACCHO staff bring to their roles a strong sense of accountability, passion and drive, and commitment to both quality care and safety and wellbeing. They connect with Aboriginal and Torres Strait Islander community members to understand what their needs are and try to meet their holistic health needs as best as possible.

At the *Regional ACCHO*, CQI is not just a tick a box activity, it is collective process of looking for ways to promote the health and wellbeing of clients and staff. Many staff including members of the Senior Management Team speak of their inherited responsibility towards closing the gap in health inequality. They draw on their own, their families and their communities' experiences and knowledge to identify problems and gaps in care and to develop workable strategies. Their insights are often incorporated into CQI planning, evaluation and reporting processes.

CQI embedded within ACCHO governance and operational leadership

CQI is closely linked to ACCHO governance and operational leadership at multiple levels:

- **CQI and cultural governance**
CQI is embedded within cultural governance processes. ACCHO staff consult with local Aboriginal and Torres Strait Islander peoples to understand their cultural needs, review their programs and services to determine whether they are following cultural protocols and providing culturally centred care, and then re-design service provision as necessary.
- **CQI and strategic governance**
CQI is integrated within strategic governance processes whereby the ACCHO Board of Directors (the Board) reflect on what is and isn't working in governance before implementing and evaluating improvements in their own processes.
- **CQI and clinical governance**
CQI is key to clinical governance processes where clinical teams reflect on their practices and client feedback to look for ways to improve the quality of care provided to promote holistic health.
- **CQI and operational leadership**
CQI processes are embedded within operational leadership where the Senior Management Team continually look for ways to improve the ACCHOs corporate practices such as finance management and human resource management.

Central CQI Coordination

ACCHOs benefit from centralised coordination of CQI activities by an individual or small team of people with the expertise, resources and time to maintain quality improvement records and systems for the organisation. A designated CQI Coordinator can ensure CQI is embedded across the organisation and can prepare documents and reports for accreditation. The CQI Coordinator may establish and monitor a quality management system that enables all documents and reports, incidents, risks, client feedback and Board directives to be stored in one location. Many ACCHOs cannot fund a designated CQI Coordinator position, and instead have CQI coordination responsibilities included within another role.

At the *Regional ACCHO*, the Board and Senior Management Team employed a part time CQI Coordinator who developed a pragmatic and strategic approach to incorporating CQI into everyday practice. They established clear policies and processes that ensured the smooth running of the health service, with increased responsiveness to funding requirements, clinical standards and local community needs. CQI activities were embedded at an individual, team and organisational level and were not the responsibility of the CQI Coordinator alone. Staff and managers from across the organisation had a personal and professional responsibility and commitment to quality improvement and to ensuring the organisation was safe and functioned well. They began to say 'CQI is everyone's business, it's in the veins now. It's just what we do'.

A QMS stores policies, procedures, staff documents, performance appraisals, leave requests, licences, registrations, professional development and accreditation requirements in one place so that they can be easily monitored and updated. ACCHOs may have a paper based or electronic QMS, depending on resources, funding and staff capacity. Some ACCHOs cannot afford an electronic QMS and others can only purchase a limited number of licenses resulting in some employees experiencing barriers to access. In these cases, part-time, casual and visiting staff need to access the QMS through other staff and managers.

The *Regional ACCHO* has an electronic QMS where all CQI documents including identified challenges, suggestions, requests and responses can be tracked within the system, rather than being scattered across emails, meeting minutes or personal communication. The CQI Coordinator maintains the QMS, archives the information, and uses the documents as evidence to prepare for accreditation.

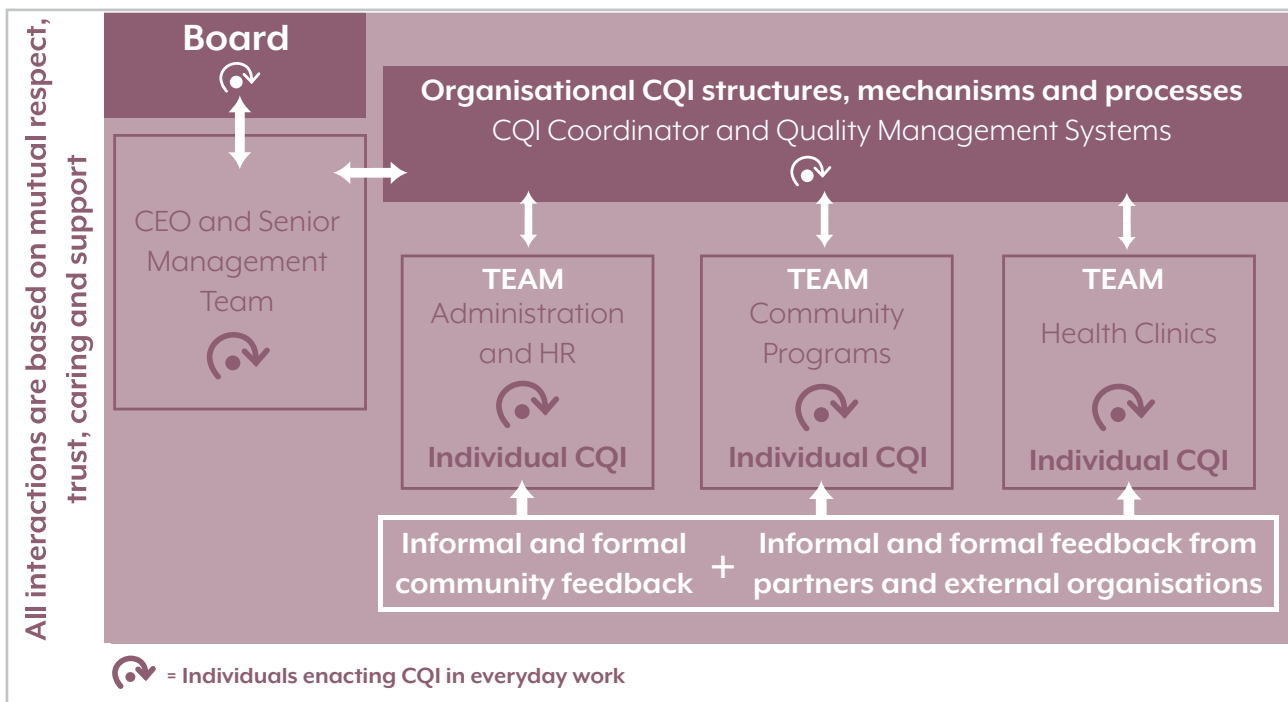
Systems that support CQI: Patient Information Management Systems and Quality Management Systems

An effective patient information management system and quality management system (QMS) enables ACCHOs to efficiently review client data and manage CQI processes. Many ACCHOs use a patient information management system such as Communicare to enable accurate recording, monitoring and evaluation of client health and wellbeing records and medical information. Summaries can be extracted and reported to support Medicare claiming and income generation for the organisation.

CQI processes within ACCHOs

CQI is enacted by individuals and teams who reflect on the feedback received from the local community and partner/external organisations and review their programs and services using internal data (e.g. incident reports, staff complaint reports, client data from the patient information management system). Feedback is entered into the Quality Management System and reports generated from this system by the CQI Coordinator are shared with the CEO, Senior Management Team and Board. The ACCHO teams reflect on internal data and feedback they receive and then redesign programs and services if necessary, trial and evaluate new processes, and incorporate new processes as standard practices when they are considered to be an improvement. The ACCHO Continuous Quality Improvement Model is depicted in Image 10.

Image 10: The ACCHO Continuous Quality Improvement Model



This model was developed through the CREATE project based on a case study with a regional ACCHO and consultations with the CREATE Leadership Group.

Organisational CQI processes

The ACCHO Board and the Senior Management Team (also known as the Executive) are responsible for obtaining funding and ensuring safe and quality operations. The Board ensures that the organisation is undergoing planning and review processes, safety and risk management and is meeting accreditation standards. The Board and Senior Management Team also reflect on their own performance and look for ways to improve.

The ACCHO Chief Executive Officer (CEO) ensures that CQI processes are embedded within teams and that specific quality measures are being met. The CEO and the CQI Coordinator play key roles in embedding and monitoring CQI. Key CQI processes include developing and reviewing systems, processes and structures, making sure organisational priorities and goals meet community needs, and that improvements can be measured.

At the *Regional ACCHO*, the CEO and CQI Coordinator have a close working relationship which enables them to efficiently make decisions and act on issues that arise. The CQI Coordinator established effective CQI through the following structures, approaches and processes.

Structure

- Well-functioning quality management system.
- CQI Coordinator located near the CEO.
- Combination of quality and safety committee meetings.

Approach

- CQI is everyone's business.
- Prioritise SMART (Specific, Measurable, Achievable, Realistic, Timely) goals.
- Training as a priority.

Processes

- Check records, registrations, insurances and accreditation requirements are up to date.
- Review and streamline policies and procedures.
- Promote CQI and accreditation.
- Present suggestions and concerns to Senior Management and Board.
- Communicate effectively with the Board.

Team CQI processes

Key CQI activities within teams include discussing what is and isn't working, looking for ways to improve, trialling solutions, and preparing reports for the Senior Management Team. Managers are responsible for reporting to the Senior Management Team and ensuring effective processes are being used (e.g. effective use of the patient information management system, maintenance of clinical equipment). Specific CQI activities occur within clinical areas in ACCHOs such as reviewing the patient management system to ensure data has been adequately captured, contrasting this data with KPIs and ensuring adequate follow up care has been provided to clients. Managers work with their team to ensure the organisation's vision, strategic plan and priorities are met in service provision. These activities are also informed by community feedback and the lived experiences of staff members which can lead to adapting national and state/territory programs to better suit local needs and preferences.

At the *Regional ACCHO*, there is a strong emphasis on opportunities and support for capacity building and shared governance within teams. Teams are encouraged to provide feedback and identify any gaps and needs through a monthly reporting template, and this is reviewed by managers with key concerns fed back up to the Senior Management Team and the Board. Staff are encouraged to increase their skills and learn about the less visible drivers of CQI (such as achieving KPIs set by funding bodies in order to secure ongoing funding, which in turn helps to better meet client needs).

CQI Coordinators often play a key role in team-based CQI activities within ACCHOs. In larger and more resourced ACCHOs, a CQI Coordinator may support six-monthly planning meetings and compile the monthly reports from teams and individual staff members. They may also ensure that managers respond to team concerns and take major issues to the CEO and Board for consideration and response. The CQI Coordinator may also ensure the ACCHO staff are well trained in relation to CQI processes and the QMS system. An 'open door policy' in relation to CQI coordination enables staff to clarify tasks and roles when unsure. This can prevent mistakes and inaction and ensure that any concerns are addressed in a timely manner.

Individual CQI processes

Individual staff members are at the centre of effective CQI. Individual staff enact CQI in their daily work and bring a personal and professional commitment to CQI. This helps to create a culturally, clinically and personally safe and welcoming environment where individuals across the organisation strive to provide the best holistic care possible. Clinical staff may understand CQI as 'providing quality care' for individuals and their families and consider that they include CQI in every interaction with clients. Administration staff may understand CQI as ensuring the organisation is safe for everyone and functions well.

Some of the ways that the *Regional ACCHO* staff enact CQI include:

Structure

- Access to the quality management system.
- Training provided by the CQI Coordinator.
- Team meeting agendas have a quality item for discussion as standard.

Approach

- Individual accountability, passion and drive.
- Commitment to providing quality culturally centred care to local Aboriginal and Torres Strait Islander peoples.

Processes

- Consult with Aboriginal and Torres Strait Islander community members to understand their needs.
- Attend team meetings and share personal feedback as well as client feedback.
- Upload incident reports and professional registrations to the QMS.
- Prepare quality reports for the Senior Management Team.
- Keep up to date with clinical guidelines, policies and procedures.
- Undertake professional development to improve clinical skills.
- Seek support from the CQI Coordinator as required.
- Participate in CQI training including use of QMS.

Benefits and outcomes of CQI

ACCHO services are tailored to the needs of local Aboriginal and Torres Strait Islander peoples

Effective CQI ensures that ACCHOs respond to community feedback in an ongoing way and tailor services to the changing needs of local Aboriginal and Torres Strait Islander peoples. Once an effective process has been established, CQI becomes common practice and incorporated as part of the simplest of everyday tasks. Policy and procedure documents are collected and stored in a central location to minimise duplication and confusion, leading to more effective procedures and shared understanding across the organisation.

ACCHOs provide quality culturally safe care

CQI processes enable potential or actual problems in patient care and equipment maintenance and use to be identified in a timely way, such as ensuring immunisation fridges are kept to safe temperatures. This ensures that safe, quality care standards are upheld.

Eligibility for the Practice Incentives Program Quality Improvement Incentive

Effective CQI processes enable the ACCHO to gain funding through the Practice Incentives Program (PIP) Quality Improvement Incentive.

Accreditation is gained

Evidence of effective CQI systems and processes is needed to gain both organisational accreditation and clinic accreditation. Accreditation is a process where external auditors determine whether a service meets agreed national Standards of quality care and safety. The results of accreditation can determine what funding the ACCHO can access and the programs the organisation is able to offer the local community.

Examples of ACCHO CQI practices and outcomes (described in greater detail over page) include:

- Creating a welcoming and culturally safe environment
- Personal safety
- Clinic appointments and transport
- Staff recruitment processes
- Funding submissions

- **Creating a welcoming and culturally safe environment**

Staff in the *Regional ACCHO* identified the service could do better to ensure all clients and visitors felt safe and welcomed, both culturally and personally. The service added local artwork and expanded the floor space in the reception area, placed interactive toys in the children's section, and added lockable safety doors so that community members could feel safe and protected when attending appointments. A small private seating area was created so families could sit outside in good weather and the service offered 'backdoors' for clients that have avoidance relationships. These measures helped to create a warm, welcoming and culturally respectful environment for clients and staff.

- **Personal safety**

At the *Regional ACCHO* there were several incidents where staff safety was threatened. The CQI process captured these incident reports and brought together teams to develop solutions. A range of policies and strategies were developed and implemented including client behaviour policies, changes to the physical environment (screens, videos, lockable doors, response alarms), executive action (e.g. clients being sent letters notifying them of restrictions in response to aggressive behaviour) and anti-bullying policies.

- **Clinic appointments and transport**

Clients of the *Regional ACCHO* provided feedback that transport was a barrier to attending clinic appointments, and clinic staff felt that standard appointment times were insufficient to support clients with their needs. Through the CQI process *Regional ACCHO* increased clinic appointments to 45 minutes and the Senior Management Team and Board allocated resources to establish a transport service. The Transport Workers have close links to clients and now play an important role in CQI by informally seeking client feedback.

- **Staff recruitment processes**

The *Regional ACCHO* leadership identified that some non-Indigenous staff didn't share the organisation's values around developing Aboriginal and Torres Strait Islander workforce. The Senior Management Team implemented a question within interview processes that asked applicants to discuss their commitment to strengthen the capacity of Aboriginal and Torres Strait Islander peoples within the organisation. This has ensured that all new employees share the organisation's values around capacity development.

- **Funding submissions**

At the *Regional ACCHO*, the Senior Management Team reviewed their funding submissions and identified that they did not adequately resource the travel costs for their remote outreach services. As part of their CQI process they created a template for future submissions that factored in the real costs of remote travel, including travel allowances for staff. This CQI process ensured that the service no longer went in to deficit when providing outreach services to remote communities.

Enablers of CQI

- **Policies, procedures and standards are maintained, regularly reviewed and updated as necessary**
- **Use of an electronic quality management system** to store and update policies, procedures and other key documents including ACCHO staff professional registrations and certificates.
- **Effective use of patient information management systems** to enter and monitor client records, results, referrals and to follow up in a timely way.
- **Staff commitment, investment and active engagement in CQI processes**
- **Regular staff training in CQI systems** to equip staff with knowledge to fulfil their roles and to use CQI processes and systems correctly.
- **Effective communication within and across teams** to generate a shared understanding of the needs, goals and strategies of the organisation.
- **A strong corporate culture that promotes proactive CQI as an everyday whole-of-organisation practice** that is centred on tailoring services to community needs.
- **Strong community connection and engagement** ensures that the service understands community priorities and needs and can respond to these needs in a timely way.
- **Support for CQI and CQI training provided by ACCHO state/territory affiliates** Peak bodies support the CQI processes of member ACCHOs depending on the needs of and permissions from these member services. This support can range from providing CQI training and forums to on-the-ground assistance with CQI processes.
- **A designated CQI Coordinator role or team** to ensure that CQI systems and processes are maintained across the organisation.
- **Efficient CQI systems** When minor problems are addressed within a timely manner, staff become confident in the processes of CQI and feel encouraged to identify gaps or challenges and suggest new ways of working.

Challenges of CQI

New staff lack knowledge around CQI processes

There can be a lack of awareness and knowledge in new employees regarding the processes and benefits of CQI which can impact investment of staff. This can be overcome with training provided during staff induction procedures and supported with ongoing staff updates and training opportunities.

Not everyone relates to CQI language and terminology

Some ACCHOs find that their staff don't connect with CQI terminology.

At a small *Regional ACCHO*, CQI is enacted in an informal way. They overcome barriers relating to CQI feeling daunting and confusing by simplifying the language and processes used. They brainstorm better ways of working by asking 'How can we improve?' and 'What feedback have we received from clients?' during team meetings. In this way, CQI is done informally as teams, managers and individuals reflect on what they are doing right, what needs to be improved, and how to improve it in practical everyday operations. They trial new ways of working and embed what works well.

Access to an electronic Quality Management System

QMS software is expensive and is often costed under a licence per person arrangement. Often newly established or smaller services do not have the financial resources to purchase the software. Other ACCHOs can only afford to purchase a QMS with a restricted number of licences which can make it difficult for casual and part-time staff to access the system, often calling upon other employees to gain access which draws on the ACCHOs human resources and results in lost work time.

Financial constraints limit the ACCHOs' ability to respond to unmet community need identified through CQI

Service improvements often have associated costs such as in relation to buying infrastructure and training staff which presents a challenge to ACCHOs with financial constraints. There are times when unmet needs and priorities identified by community through CQI processes cannot be provided by the ACCHO (e.g. dental services, aged care services).

Funding and recruiting a CQI Coordinator

While ACCHOs benefit from a designated CQI Coordinator, many face challenges in funding the position, and in recruiting CQI Coordinators with experience in CQI processes and systems.

Recommendations

Recommendations for ACCHOs

- Position CQI as everyone's business, everyday – effective CQI needs a whole-of-organisation approach with all individuals and teams engaged.
- Combine quality and safety roles and meetings as the two are interconnected.
- Develop clear and efficient processes that enable staff to provide monthly reports that identify achievements as well as any issues or concerns. These are then addressed by managers and the CQI Coordinator as appropriate.
- Establish a QMS that enables staff to store documents and reporting required for accreditation. The QMS can be managed and updated by a CQI Coordinator.
- Ensure the CQI Coordinator has the skills and experience to fully utilise a QMS for accreditation preparation.
- Develop strategic plans that link quality and services that meet community needs.
- Ensure CQI focuses on interpersonal approaches and motivations as well as systems, structures and mechanisms.
- Experienced ACCHOs and CQI Coordinators to share learnings through mentoring less experienced or newly emerging ACCHOs and CQI Coordinators.
- Seek support from state/territory affiliates, as needed.
- Participate in regional CQI forums hosted by state/territory affiliates to showcase CQI activities, learn from other ACCHOs and participate in statewide quality improvement activities.

Recommendations for Policy Makers

- Commonwealth Government to fund the implementation of the *National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023*.
- Commonwealth Governments to subsidise QMS' for ACCHOs to ensure that all services and staff have access to effective systems.
- Additional funding be provided to ACCHO state/territory affiliates to support CQI mechanisms, structures, training and activities.
- Specific funding, training and mentoring be provided to initiate and support CQI Coordinator positions in ACCHOs.

Discussion

Consistent with the Aboriginal community controlled model of governance, ACCHOs have always consulted with community and reviewed their ways of working to tailor services to local priorities and needs. As described by NACCHO, the ACCHOs have been

'innovators in locally driven primary health service delivery for nearly 40 years with an unceasing ambition to improve the quality of life, health and wellbeing for the individuals and the communities to whom they are directly accountable' (NACCHO 2015, p.12).

CQI initiatives for the sector are seen to build upon this existing experience, knowledge and long-term commitment to improvement with an intent to guide future efforts through formalised processes that encourages change to achieve better outcomes (NACCHO, 2015).

The ACCHO sector has seen, been involved in, and impacted by numerous government CQI initiatives since 2002: the Continuous Improvement Projects, funded between 2002-2006 by the Australian Government Office of Aboriginal and Torres Strait Islander Health that included 13 ACCHOs; the National Primary Care Collaboratives funded by the Australian Government in 2003-2004; and the Healthy for Life program funded from 2005 by the Australian Government Department of Health and Ageing (Bailie et al, 2008). Measures to promote accreditation and CQI processes were formally introduced to the sector in the 2007-08 Federal Budget under Establishing Quality Health Standards in Indigenous Health Services (Department of Health, 2007). Reinvestment followed in the 2011-12 Federal Budget with the Establishing Quality Health Standards in Indigenous Health Services continuation (Commonwealth of Australia, 2011). Prior to these government measures, some ACCHOs were already undertaking voluntary accreditation and prioritising quality improvement, such as Winnunga Nimmityjah Aboriginal Health Service (Winnunga Nimmityjah Aboriginal Health Service, 2008).

In the research space, there has been extensive work undertaken in relation to CQI. The Audit and Best Practice for Chronic Disease (ABCD) Project beginning in 2002 was a CQI action research study that employed a systems approach

to enhancing care delivered through Indigenous primary health care services across Australia. It brought together service providers, policy makers and researchers with the aim of strengthening and enhancing the effectiveness of CQI tools and processes (Bailie et al, 2008). A related non-profit entity, One21Seventy, was established in 2010 to provide primary health care services with practical tools, training and clinical audit support and a web-based reporting system to enable CQI including comparing performance with other similar primary health care services (Menziess School of Health Services Research, 2019). More than 270 Indigenous primary health care services utilised the standardised evidence-based clinical and systems assessment tools to assess and reflect on performance and health service delivery outcomes and improvements (Bailie, 2017). The Lowitja Institute has also supported a range of projects, knowledge translation activities and conferences focused on CQI in Aboriginal health care including a National Appraisal of Continuous Quality Improvement Initiatives in Aboriginal and Torres Strait Islander Primary Health Care (Wise et al, 2013). A Centre of Research Excellence in Integrated Quality Improvement (CRE-IQI)³ was established in 2015 to support improved Aboriginal and Torres Strait Islander health outcomes by strengthening CQI efforts in primary health care (McCalman, 2018).

Implementation of regular and formalised CQI processes positively impacts clinical practice in ACCHOs (Hogg et al, 2017). A review of CQI activities in primary health care undertaken through the ABCD project identified that ongoing participation in annual CQI resulted in a range of service improvement for Aboriginal and Torres Strait Islander children (e.g. recalls, hearing assessments, skin checks, developmental milestone checks, and nutrition and oral health advice) (McAullay et al, 2018). A whole of organisation approach to CQI is thought to support best practice with CQI enacted and prioritised by each individual staff member, manager, executive and Board member to enable ACCHOs to provide high quality care while also meeting Aboriginal community members holistic health needs (Bailie, 2007). There are challenges in implementing CQI, however. Newham and colleagues (2016) conducted a qualitative study of CQI implementation in ACCHOs and state government services in South Australia and found implementation was

³University Centre for Rural Health. (no date). *Centre of Research Excellence in Integrated Quality Improvement*. Accessed on January 17, 2020 at: ucrh.edu.au/cre-iqi/

impacted by the external pressures of a changing health system, resourcing, access to a CQI coordinator, management and leadership for quality improvement, and organisational readiness. Resistance to change and lack of awareness of CQI in staff in addition to staff turnover were micro level barriers to implementation. The study highlights the importance of greater support for CQI, including regional level collaborations, efforts to increase organisational and clinic team CQI capacity, and dedicated funding at the national level (Newham et al 2016). A scoping review of the implementation of CQI in Aboriginal and Torres Strait Islander primary health care in Australia that included but was not limited to ACCHOs also identified barriers that related to both professional and organisational processes and that operate at the level of individuals, teams, service and also health system (Gardner et al, 2018).

The NACCHO *National Framework for Continuous Quality Improvement in Primary Health care for Aboriginal and Torres Strait Islander People 2018-2023* (NACCHO, 2018) is a sector-level response to strengthening CQI. It was developed following extensive effort and collaboration by the ACCHO sector, Aboriginal and Torres Strait Islander communities and governments. It 'recognises the importance of best practice in primary health care for Aboriginal and Torres Strait Islander peoples, provides a basis to plan and prioritise improvements in comprehensive care, and reflects the experience of the Aboriginal Community Controlled Health Organisations' (NACCHO 2018, p.2). The Framework provides a structure for embedding CQI into primary health care for Aboriginal and Torres Strait Islander peoples and outlines four domains for effective CQI including Being culturally respectful in CQI, Doing CQI, Supporting CQI and Informing CQI. Being culturally respectful in CQI ensures that Aboriginal and Torres Strait Islander peoples are actively engaged in the processes of CQI and assist with identifying priorities and developing programs and policies that lead to improved access to services, high-quality care and better health and wellbeing outcomes (NACCHO, 2018). The implementation of the National CQI Framework requires dedicated investment to enable services to effectively implement and embed CQI in everyday practice.

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Continuous Quality Improvement in ACCHOs: Reflection Tool

Continuous quality improvement (CQI) consists of ongoing monitoring of quality of care and the way an organisation operates. In an ongoing way, ACCHOs collect and analyse relevant data through internal reviews and through engaging with their communities to look for ways to improve how services respond to changing local priorities and needs. CQI processes enable individual staff, teams and the ACCHO as a whole to review what is and isn't working, design and implement improvements where necessary, and monitor and evaluate whether improved processes and outcomes are achieved over time.

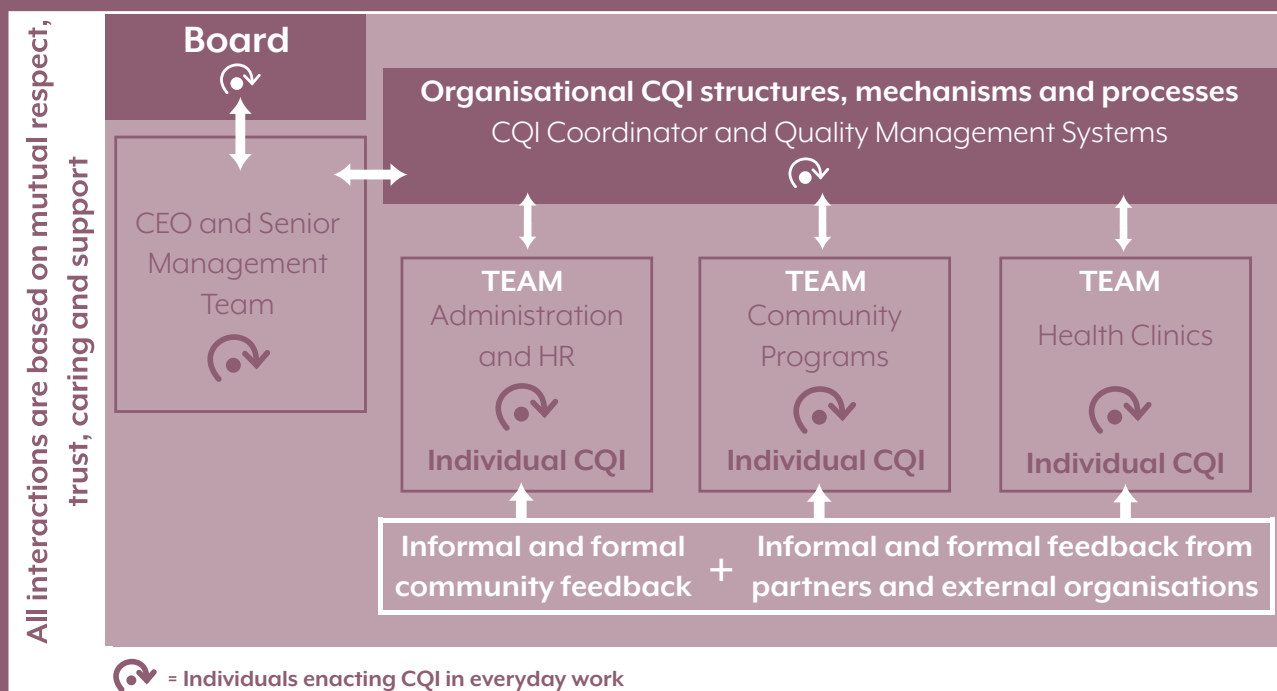
Step 1. Consider the CQI approaches your ACCHO currently practises.

Step 2. What other CQI activities could your ACCHO consider in the future and what systems or resources will be needed to achieve this?

A whole-of-organisation approach: CQI is everyone's business

- We have an organisational culture where our staff practice CQI every day.
- Our staff are deeply committed to improving the health and wellbeing of our Aboriginal and Torres Strait Islander communities and this motivation (along with good systems and processes) drives effective CQI in our service.
- Our staff connect with our community members to understand what their needs are and try to meet their holistic health needs as best as possible.
- Our staff and Board of Directors draw on their own, their families and their communities' experiences and knowledge to identify problems and gaps in care to develop workable solutions.
- We have a standard quality item on meeting agendas and all teams prepare quality reports for the Senior Management Team.

The ACCHO Continuous Quality Improvement Model



Community consultation and participation

- We consult with community to find out what services are working and where there are unmet needs to be considered in service re-design.
- We seek formal and informal feedback from clients (e.g. client feedback box, informal feedback during client interactions).
- We invite clients to participate in the design of community events and new programs.
- We attempt to engage Aboriginal and Torres Strait Islander peoples who are not active clients of the service to learn about how we could meet their needs.

CQI embedded within ACCHO governance and operational leadership

- Our CQI processes are closely linked to our cultural governance processes: our staff consult with community members to understand their cultural needs then review and redesign services to provide culturally-centred care that aligns with local cultural protocols.
- Our clinical teams undertake CQI in clinical governance where they reflect on their practices and client feedback to look for ways to improve the quality of care provided to our communities. They ensure data has been adequately captured, contrast this data with KPIs and ensure adequate follow up care is provided to clients.
- Our CQI is integrated within strategic governance processes whereby our Board of Directors reflect on what is and isn't working in their own processes before implementing and evaluating improvements.
- CQI processes are embedded within operational leadership where the Senior Management Team continually look for ways to improve the ACCHOs corporate practices such as finance management and human resource management.

Central CQI Coordination

- While CQI is everyone's business, we have designated staff who coordinate CQI activities. They have the expertise, resources and time to maintain quality improvement records and systems for the organisation.
- We have a designated staff member (sometimes known as a CQI Coordinator) who ensures CQI is embedded across the organisation and ensures any concerns are addressed in a timely way.
- Our CQI Coordinator establishes and monitors a quality management system that stores all documents and reports, incidents, risks, client feedback and Board directives in one location.
- Our CQI Coordinator ensures our staff are well trained in relation to CQI processes and our quality management system.
- Our CQI Coordinator compiles monthly reports from teams and can support planning meetings. They also ensure managers respond to team concerns and take major issues to the CQI and Board for consideration.

Systems that support CQI: Patient Information Management Systems and Quality Management Systems

- We have a patient information management system that enables us to accurately record, monitor and evaluate client health and wellbeing records and MBS claims.
 - We have a quality management system that stores policies, procedures, staff documents, performance appraisals, incident reports, staff complaint reports, leave requests, licences, registrations, professional development and accreditation requirements so they can be easily monitored and updated.
 - Our quality management system is maintained by our CQI Coordinator who stores and archives all documentation and prepares information to be used as evidence of our CQI processes during accreditation.
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- Our quality management system is paper based.
- OR**
- Our quality management system is electronic.