Using continuous quality improvement techniques to improve health promotion in Indigenous primary health care: feasibility study and audit tool development

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The study
Our three year study developed and trialed quality improvement tools in health promotion and examined the feasibility of the ABCD CQI approach in four Indigenous primary health care centres in the Northern Territory.

Our approach
We used a participatory CQI approach based on annual cycles, with the aim of creating a quality improvement dialogue: combining the knowledge of local health centre staff and external facilitators to foster improvements in health promotion. The symbols and diagram illustrate our approach.

The message stick is a form of communication traditionally used by Indigenous Australians.

The meeting place at the health centre
The research journey and learning approach

The other symbols depict:
- The research and health centre teams talking about the HP CQI story.
- The practice and health centre teams talking about the HP CQI story.
- Lines depict information sharing between the research and health centre teams.

Lessons and messages
It is feasible to use quality improvement tools and processes to systematically assess health promotion practice and system development in Indigenous primary health care. The practical outcome – a set of quality improvement tools – has potential to benefit Indigenous communities in Australian and international contexts. The tools are available to services through One21Seventy, the National Centre for Quality Improvement in Indigenous Primary Health Care. www.one21seventy.org.au

Our strategy for quality improvement
Two quality improvement tools, a Health Promotion Audit and Systems Assessment Tool, were developed using the best available evidence and practitioner consensus processes.

Data on the quality of health promotion activities were gathered through audits of health centre records. The systems assessments were completed through facilitated workshops with local health centre teams.

Quantitative data were analysed for change over time. Qualitative data were themed according to factors that facilitated and/or hindered CQI development and implementation.

Facilitated feedback workshops with health centre staff provided opportunities to:
- discuss current system development and patterns of health promotion practice
- define priorities for improvement, and
- identify goals and strategies relevant to their development priorities.

Findings
There was significant variation in individual staff involvement in, and understanding of, health promotion. Limitations in health centre system organisation and operation to support health promotion further inhibited practice quality.

The participatory approach enabled teams to improve health promotion knowledge, understand potential areas for change and determine how change might be achieved through CQI processes.

There has been an improvement in health centre records for health promotion and adherence to best practice, including community participation and partnerships.

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The word ‘Indigenous’ is capitalised in keeping with current practice and is respectfully used to refer to Australian Aboriginal and Torres Strait Islander peoples.

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