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Priority Evidence-Practice Gaps in Aboriginal and Torres Strait Islander Mental Health and Wellbeing Care

Phase 1 Current Status Data (2012-2014)

Phase 2 Trend Data (2011-2013)

Engaging stakeholders in identifying priority evidence-practice gaps and strategies for improvement in primary health care (ESP project)

To be read in conjunction with the Mental Health and Wellbeing Final Report

Matthews V, Bailie J, Laycock A, Nagel T, Bailie R. Aboriginal and Torres Strait Islander Mental Health and Wellbeing Care: Final Report, ESP Project, Menzies School of Health Research, October 2016.

ABCD NATIONAL RESEARCH PARTNERSHIP | Improving practice through research

CRE-IQI

One21seventy
National Centre for Quality Improvement in Indigenous Primary Health Care

Table of Contents

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1 Phase 1 data report – identifying priority evidence-practice gaps

Seventeen health centres last used the mental health audit tool in 2012, 2013 or 2014. The mental health audit tool had been used mostly by health centres in Qld and the NT. The data included in the analysis for this report were extracted at the end of August 2014. A total of 314 records were audited in the 17 health centres (Table 1). Fourteen health centres last used the tool in 2013 (228 records audited), 2 health centres in 2012 (56 records audited) and 1 health centre in 2014 (30 records audited). Eleven of these health centres had recorded a completed systems assessment in the One21seventy database.

The majority of health centres were in remote communities with an almost equal number of community-controlled and government operated centres (Table 2). Ninety-five percent of records audited were for Aboriginal or Torres Strait Islander clients. Close to 100% of audited records showed a record of attendance at the health centre within the previous 12 months and almost 60% of the most recent attendances for these clients were for mental health care. National data shows that initial assessment at the health centre was most commonly conducted by a nurse, with Aboriginal or Torres Strait Islander Health Workers (ATSIHW) being the next most common profession to do the initial assessment.

Table 1 Most recent mental health audit and systems assessment completed in 2012, 2013 or 2014 (number of client records audited, number of health centres)

		2012	2013	2014	Total
NT	#Records	32	70		102
	#Centres	1	6		7
	#SATs		4		4
QLD	#Records	24	45	30	99
	#Centres	1	4	1	6
	#SATs	1	3		4
SA	#Records		65		65
	#Centres		2		2
	#SATs		1	1	2
WA	#Records		48		48
	#Centres		2		2
	#SATs		1		1
Total	#Records	56	228	30	314
	#Centres	2	14	1	17
	#SATs	1	9	1	11

Table 2 Characteristics of health centres and clients whose records were last audited during 2012-2014 (number & %)

		NT		QLD		SA		WA		Total	
Primary Health Care Centres		**7**		**6**		**2**		**2**		**17**	
Location	Urban			1	*17%*	1	*50%*			2	*12%*
	Regional	1	*14%*	2	*33%*	1	*50%*	1	*50%*	5	*29%*
	Remote	6	*86%*	3	*50%*			1	*50%*	10	*59%*
Governance	Government	2	*29%*	6	*100%*	1	*50%*			8	*47%*
	Community Controlled	5	*71%*			1	*50%*	2	*100%*	9	*53%*
Size of population served	≤500			2	*33%*					2	*12%*
	501-999	3	*43%*	1	*17%*	1	*50%*			5	*29%*
	≥1000	4	*57%*	3	*50%*	1	*50%*	2	*100%*	10	*59%*
Completed mental health audit cycles	Baseline	5	*71%*	2	*33%*	1	*50%*	1	*50%*	9	*53%*
	1-2 cycles	2	*29%*	3	*50%*	1	*50%*			6	*35%*
	≥3 cycles			1	*17%*			1	*50%*	2	*12%*
Number of audited records		**102**		**99**		**65**		**48**		**314**	
Age: mean (& range)		35 (18-65)		38 (17-66)		38 (18-74)		40 (18-83)		37 (17-83)	
Gender	Male	54	*53%*	42	*42%*	28	*43%*	18	*38%*	142	*45%*
	Female	48	*47%*	57	*58%*	37	*57%*	30	*63%*	172	*55%*
Indigenous status	Indigenous	99	*97%*	90	*91%*	65	*100%*	43	*90%*	297	*95%*
	Non-indigenous	2	*2%*	9	*9%*			5	*10%*	16	*5%*
	Not stated	1	*1%*							1	*0.3%*
Reason for last attendance	Mental health care	63	*62%*	79	*80%*	22	*34%*	20	*42%*	184	*59%*
	Mental health crisis	1	*1%*			1	*2%*			20	*0.6%*
	Acute care	25	*25%*	15	*15%*	22	*34%*	20	*42%*	82	*26%*
	Other	13	*13%*	5	*5%*	20	*31%*	8	*17%*	46	*15%*
Profession patient first seen by	ATSIHW	17	*17%*	3	*3%*	25	*38%*	22	*46%*	67	*21%*
	Nurse	53	*52%*	36	*36%*	26	*40%*	16	*33%*	131	*42%*
	GP	5	*5%*	24	*24%*	11	*17%*	5	*10%*	45	*14%*
	Psychiatrist	7	*7%*	9	*9%*					16	*5%*
	Psychologist			2	*2%*			1	*2%*	3	*1%*
	Mental Health Worker	16	*16%*	16	*16%*	2	*3%*	1	*2%*	35	*11%*
	Counselor	1	*1%*			1	*2%*	1	*2%*	3	*1%*
	Other	3	*3%*	9	*9%*			2	*4%*	14	*4%*
Attended within past 6 months		97	*95%*	88	*89%*	59	*91%*	47	*98%*	291	*93%*
Attended within past 12 months		102	*100%*	98	*99%*	64	*98%*	48	*100%*	312	*99%*

1.1 Identifying priority evidence-practice gaps

During Phase 1 we presented national clinical audit and systems assessment data on adherence to best practice across the broad scope of care for the purpose of consulting with stakeholders to identify priority evidence-practice gaps. To start the discussion, the ABCD Project team and a clinical expert identified a preliminary set of priorities using the following criteria:

a) important aspects of comprehensive PHC that were generally recorded at low levels;

b) aspects of care where there was more general wide variation in recorded delivery of care;

c) basic aspects of clinical care that were being delivered and recorded at a high level of performance by the majority of services, but that were being delivered at a much lower level by a proportion of services; and

d) components of PHC centre systems that were relatively poorly developed.

Although a proportion of health centres are doing well in many aspects of mental health and wellbeing care, the majority of health centres are not doing well in a number of key aspects of care. The evidence-practice gaps identified as priorities for improvement in Phase 1 are listed below.

Client records & health summaries

- Completeness and consistency of recording of mental health diagnoses and of comorbidities
- Development and documentation of shared care arrangements and referral (median 50%, range 0-100%)
- Development and documentation of mental health care plans and regular review of care plan goals

Risk factors and brief interventions

- Enquiry about and recording of drug misuse (median 61%, range 0-100%)
- Brief intervention, counselling or advice on tobacco use (median 50%, range 0-100%) nutrition (median 50%, range 19-81%) and physical activity (median 43%, range 19-81%)

Scheduled services

- Consistent recording across all aspects of recommended care for clients with mental illness

Investigations

- Complete and consistent recording across all relevant investigations for clients on psychotropic medications

Follow-up of abnormal findings

- Appropriate follow-up for clients with a deterioration or exacerbation of symptoms

Health centre systems

The system components and items within these components that have relatively low scores are clear priority areas for attention. These include:

- *Links with the community* component to inform service and regional planning (in particular 'Communication and cooperation on regional health planning and development of health resources') (median Systems Assessment Tool (SAT) score 5.3, range 1.5-10)

- 'Organisational commitment' within the *Organisational Influence and Integration* component referring to organisational culture and support structures and processes that promote safe, high quality health care (median SAT score 4.9, range 4-11)
- 'Team structure and function' within the *Delivery system design* component referring to the extent to which the health centre's staffing profile, allocation of roles and responsibilities, client flow and care processes maximise the potential effectiveness of the centre (median SAT score 6, range 1-11).

1.2 Presentation of audit data: horizontal box and whisker plots

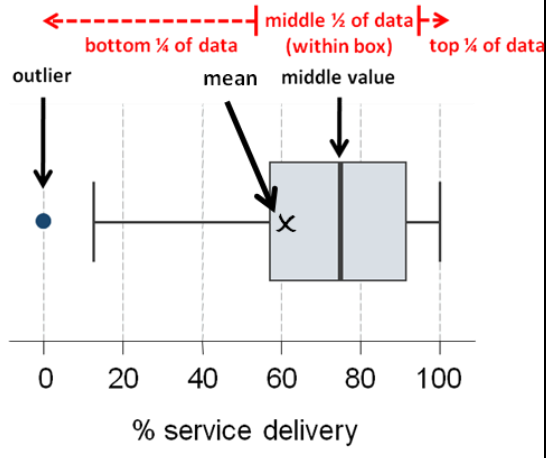
The mean percent delivery of each service item is calculated for each health centre and displayed within a 'box and whisker plot' to show the distribution (or variation) in delivery of that item across health centres.

Box and whisker plots show (Box 1):

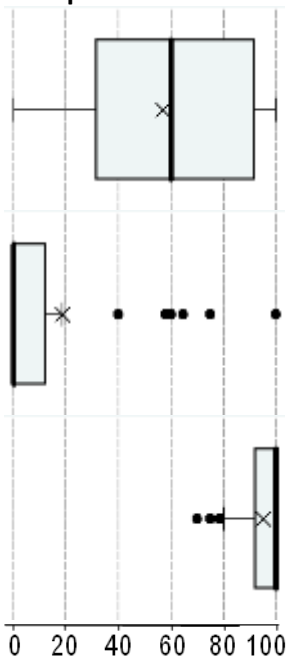
- the minimum and maximum values (ends of whiskers if no outliers);
- outliers which are values far away from most other values in the data set (or a distance that is greater than 1.5 times the length of the box);
- the range of service item delivery by dividing the dataset into quarters:
  - the box represents the middle 50% of the dataset, and the line within the box represents the median (or middle value);
  - the right hand whisker (and outliers if present) represents the top 25% of the data
  - the left hand whisker (and outliers if present) represents the bottom 25% of the data; and
- the longer the box plot, the greater the range (or variation).

Box 1. How to interpret box and whisker plots

Interpretation:



Examples:



- Wide variation in service delivery (range 0-100%).
- Health centres relatively equally dispersed across the range. 25th to 75th centile is 30-90%.

- Majority of centres at lower end of range (between 0-20%) with a few health centres at higher levels – up to 100%.

- Smaller variation in service delivery (range 70-100%).
- All centres at higher end with 75% of centres in the 90-100% range.

1.3 Client records & health summaries

The figures in this section show mean health centre percentages of clients who have a record of certain mental health diagnoses, record of comorbidities and key information in medical records such as care plans and clinical and self-management goals.

Figure 1 Mean health centre percentages of clients with a record of key information in their medical records.

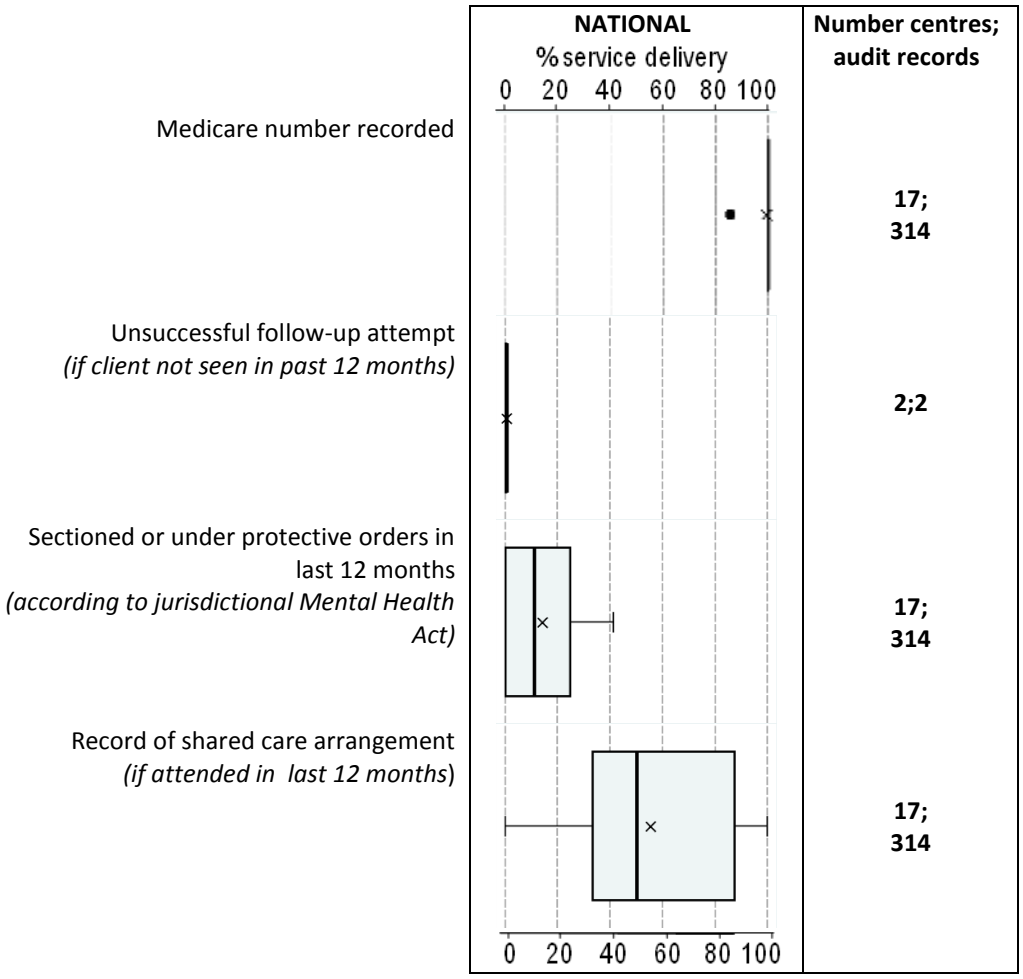


Figure 1. cont: **Mean health centre percentages of clients with a record of key information in their medical records.**

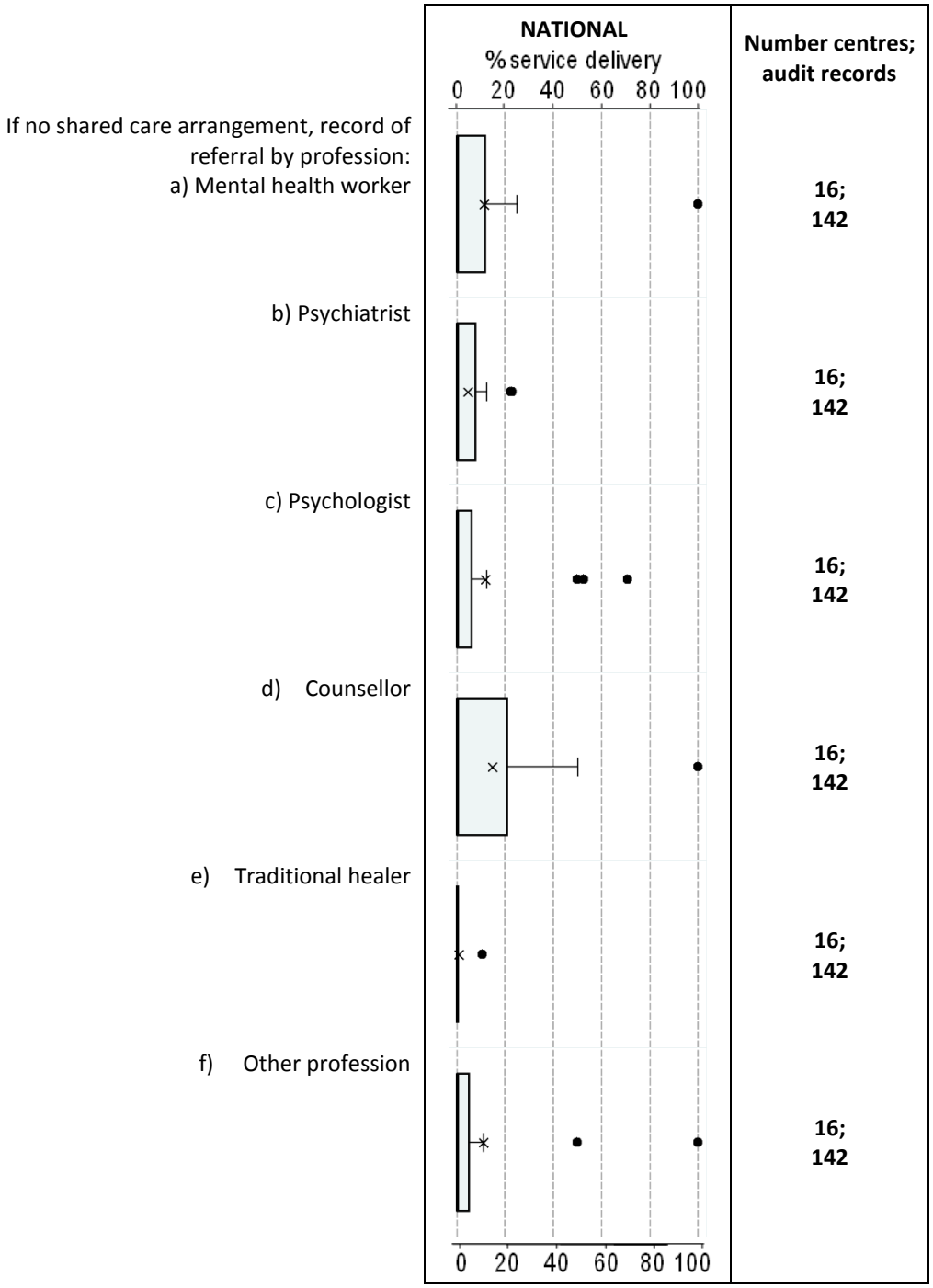


Figure 2 **Health centre percentages of clients with a record of mental health diagnoses.**

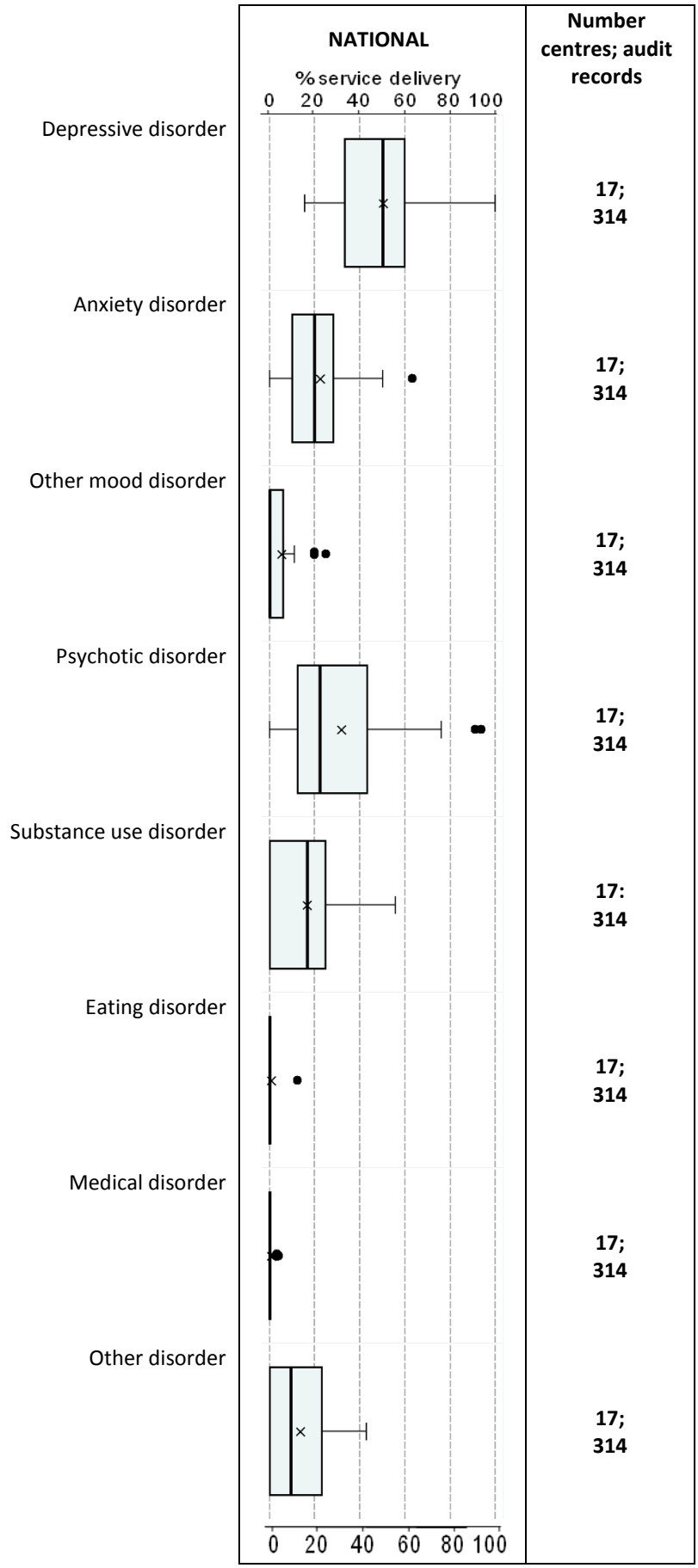


Figure 3 **Mean health centre percentages of clients with a record of the following comorbidities**

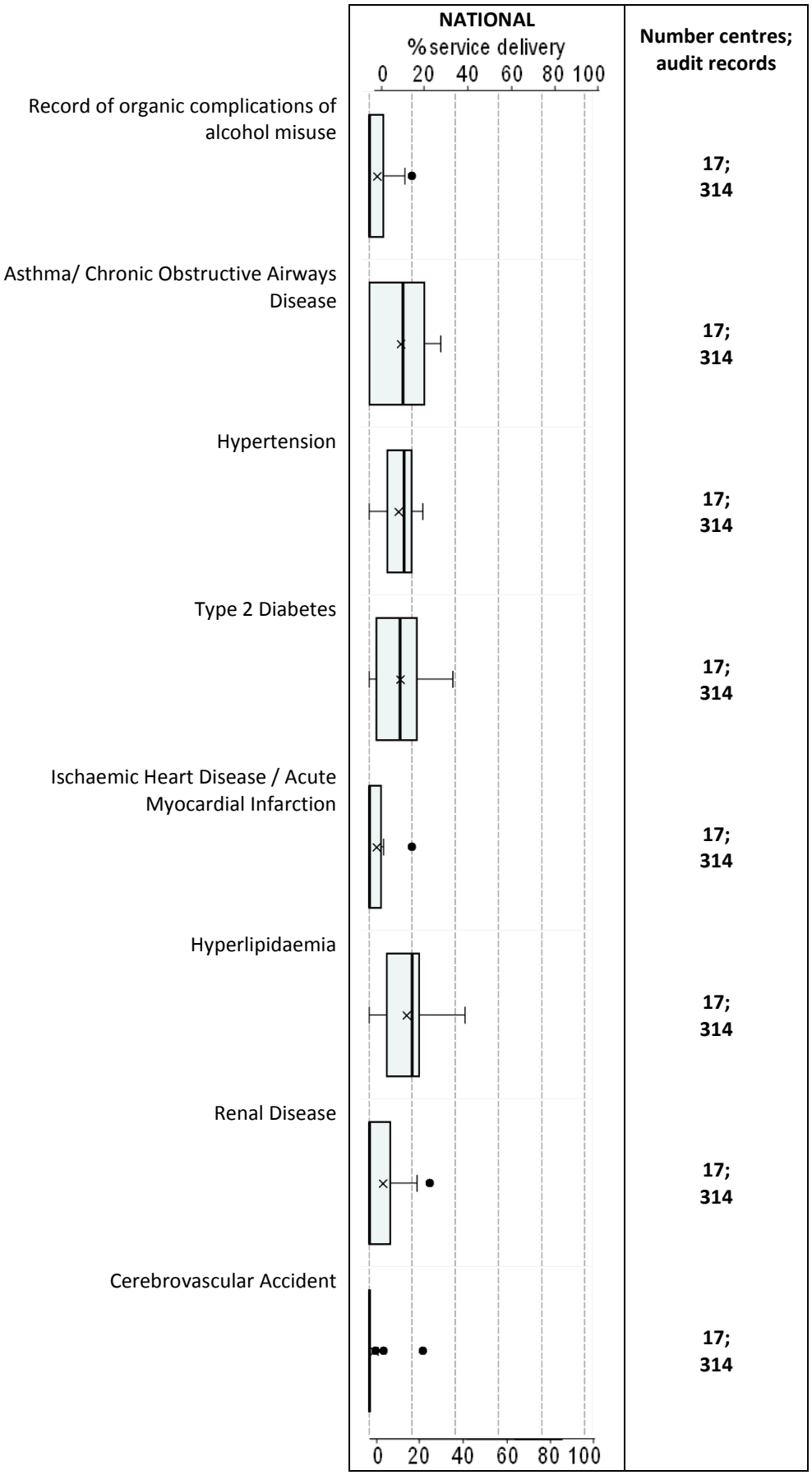


Figure 3. cont: **Mean health centre percentages of clients with a record of the following comorbidities.**

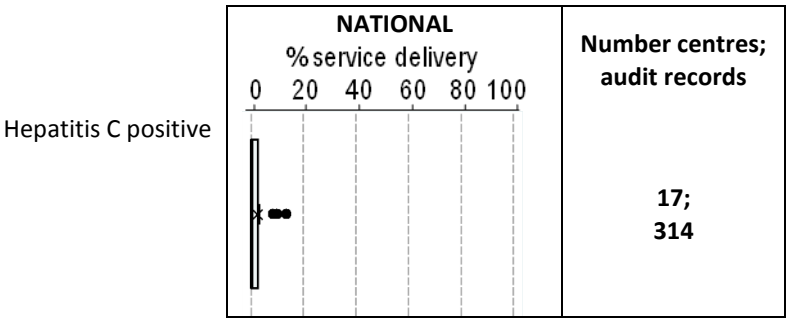
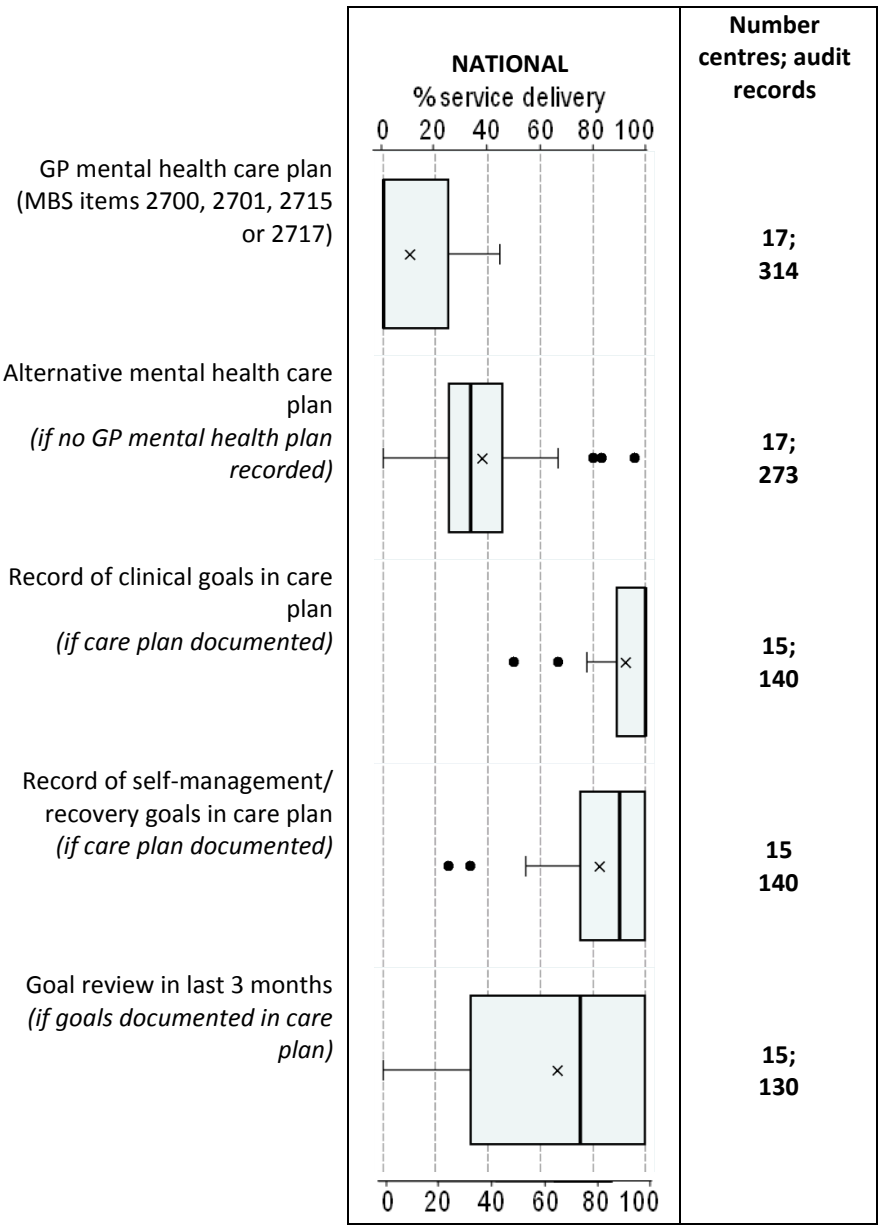


Figure 4 **Mean health centre percentages of clients with a record of a care plan and associated goals in their medical records.**



1.4 Risk factors and brief interventions

The figures in this section show mean health centre percentages of clients with a record of a range of risk factor and brief intervention discussions.

Figure 5 Mean health centre percentages of clients with a record of the following substance use brief intervention discussions.

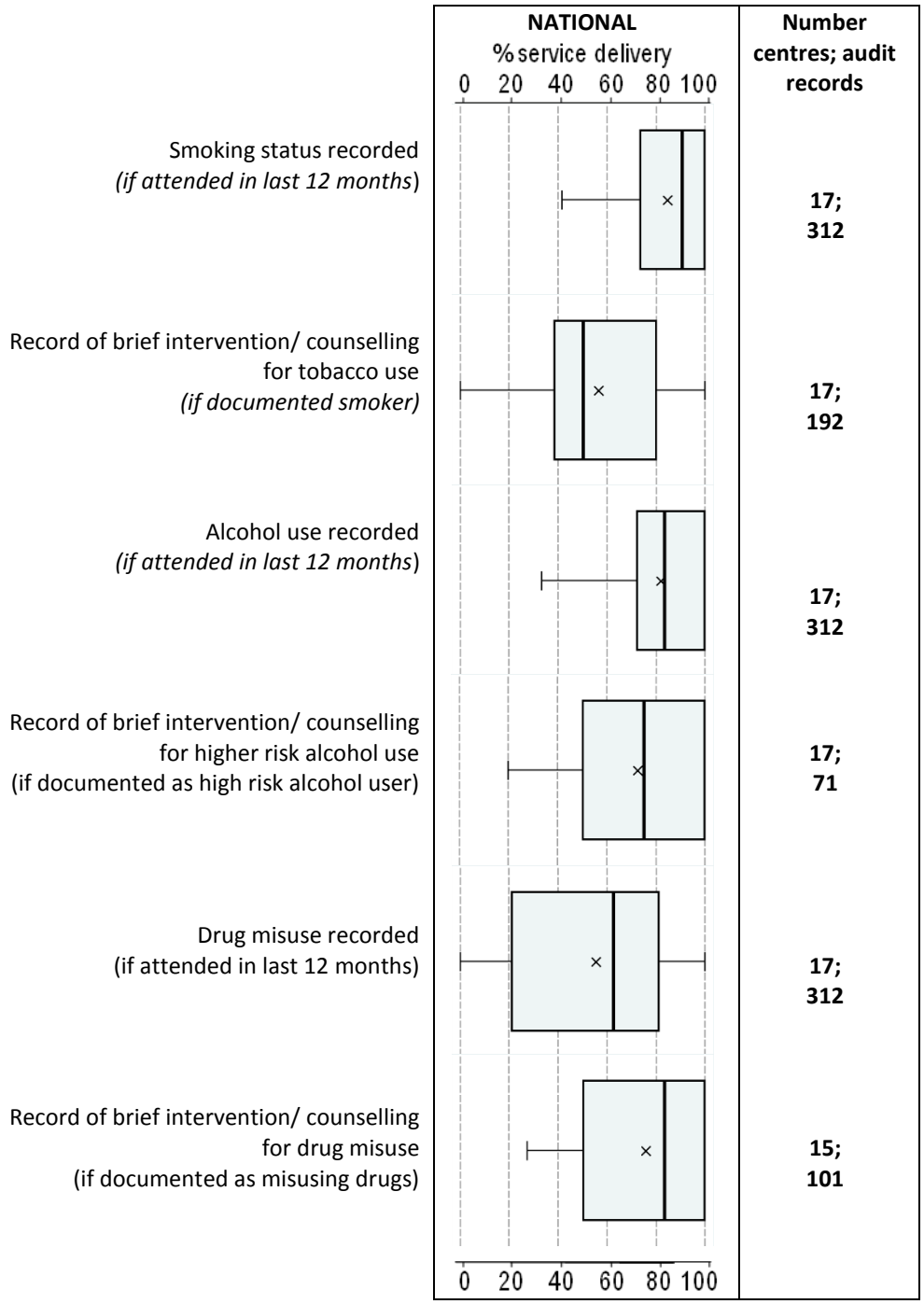
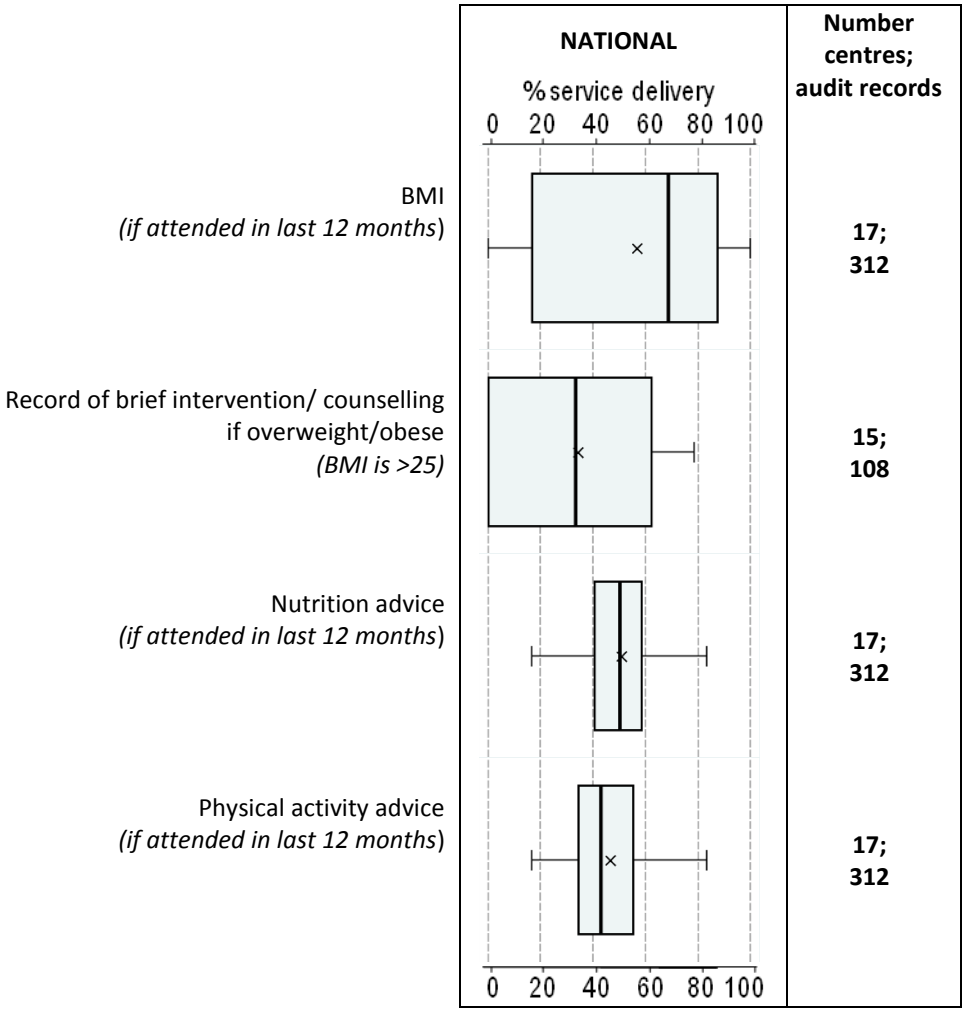


Figure 6 **Mean health centre percentages of clients with a record of the following nutrition and lifestyle risk factor discussions.**



1.5 Scheduled Services

The figures in this section show mean health centre percentages of clients with a record of scheduled services according to recommended timeframes.

Figure 7 Mean health centre percentages of clients with a record of scheduled services according to recommended timeframes as indicated.

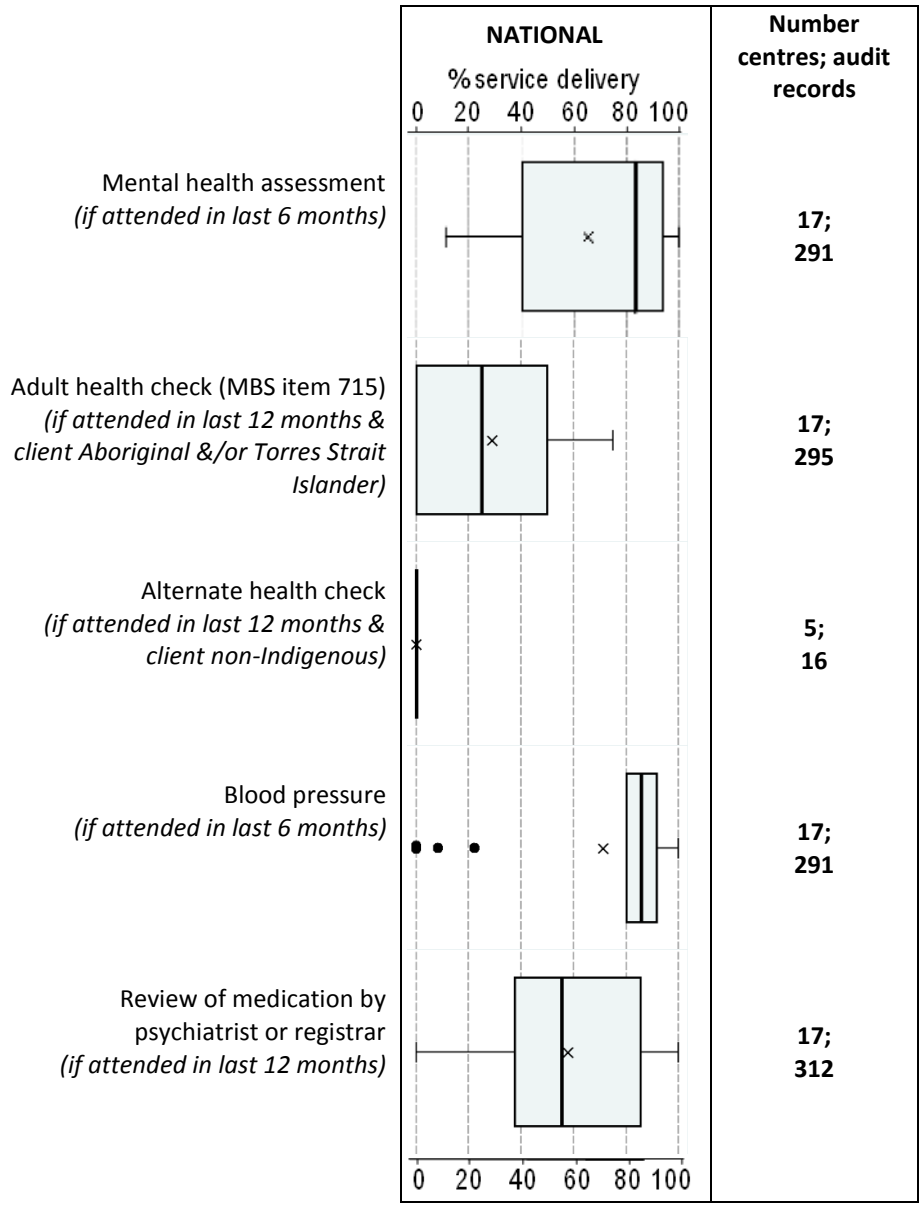
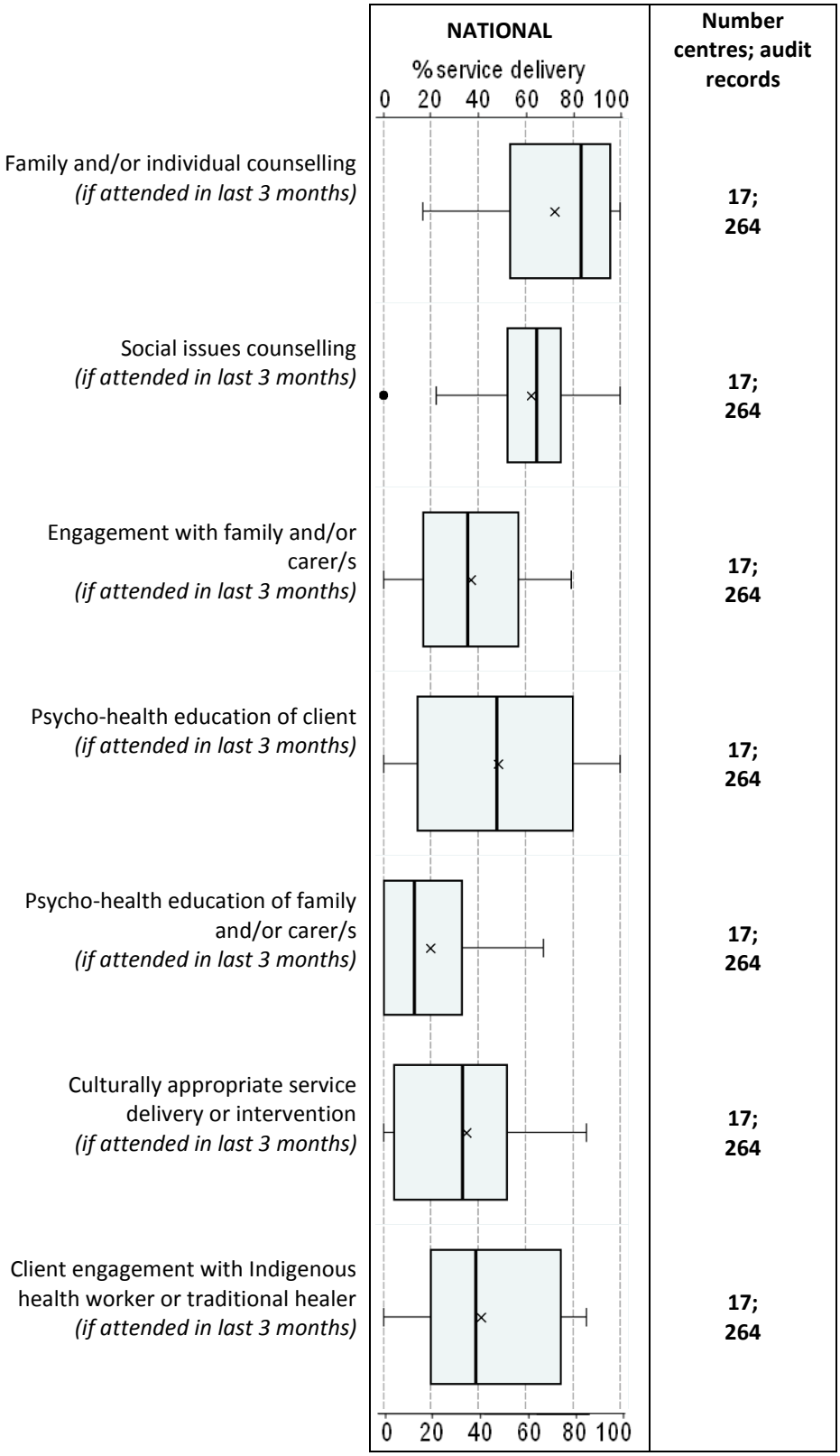


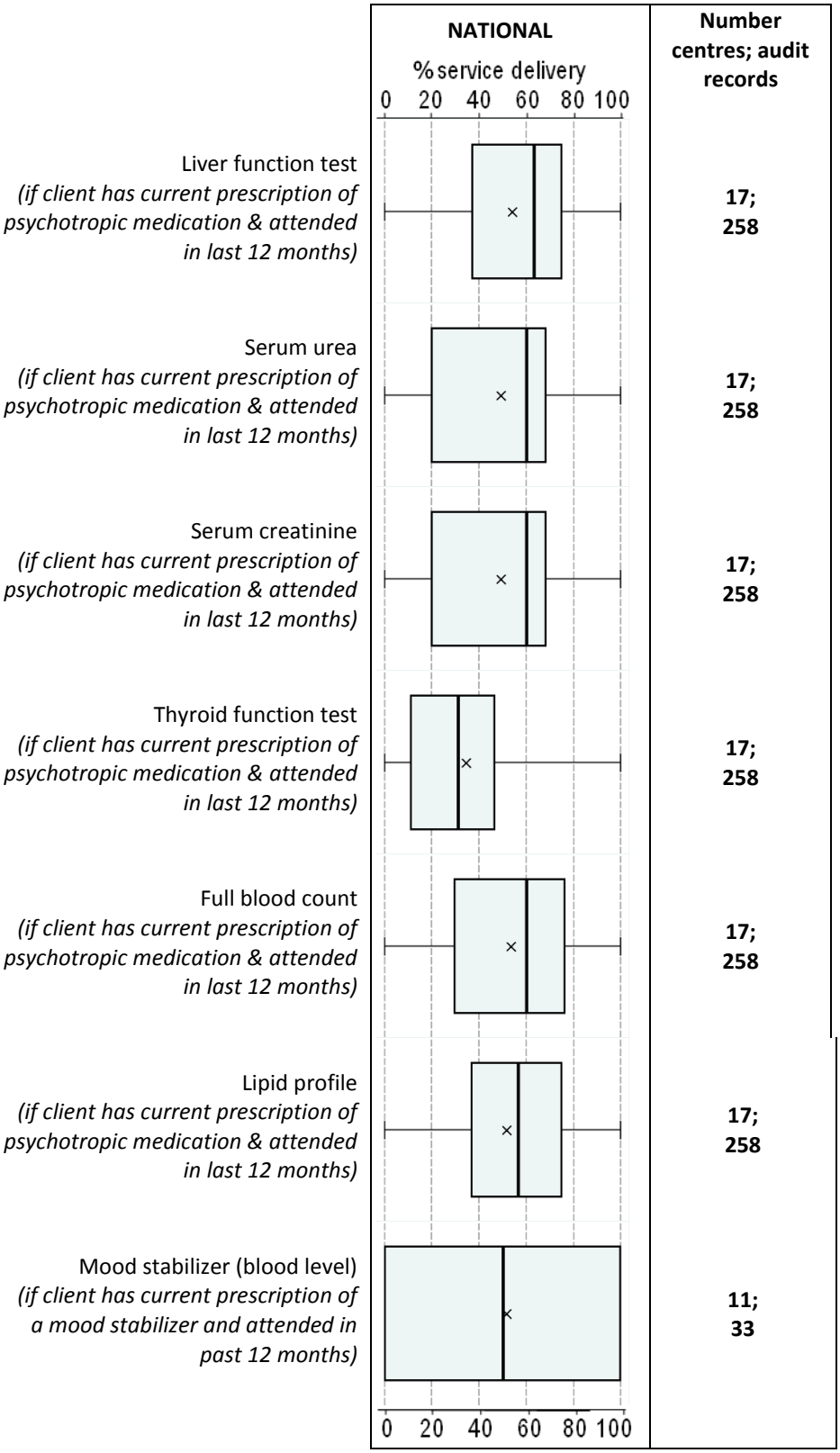
Figure 8 **Mean health centre percentages of clients with a record of scheduled treatment and care in the last 3 months.**



1.6 Investigations

The figure in this section shows mean health centre percentages of mental health clients with a record of relevant investigations relating to psychotropic medications.

Figure 9 **Mean health centre percentages of clients with a record of relevant investigations relating to psychotropic medications.**



1.7 Follow-up of abnormal findings

The figures in this section shows mean health centre percentages of clients with a record of follow-up action if there is documentation of exacerbation or deterioration of symptoms and behaviours related to a mental health issue.

Figure 10 Mean health centre percentages of clients with a record of exacerbation or deterioration of symptoms and behaviours and relevant follow-up actions.

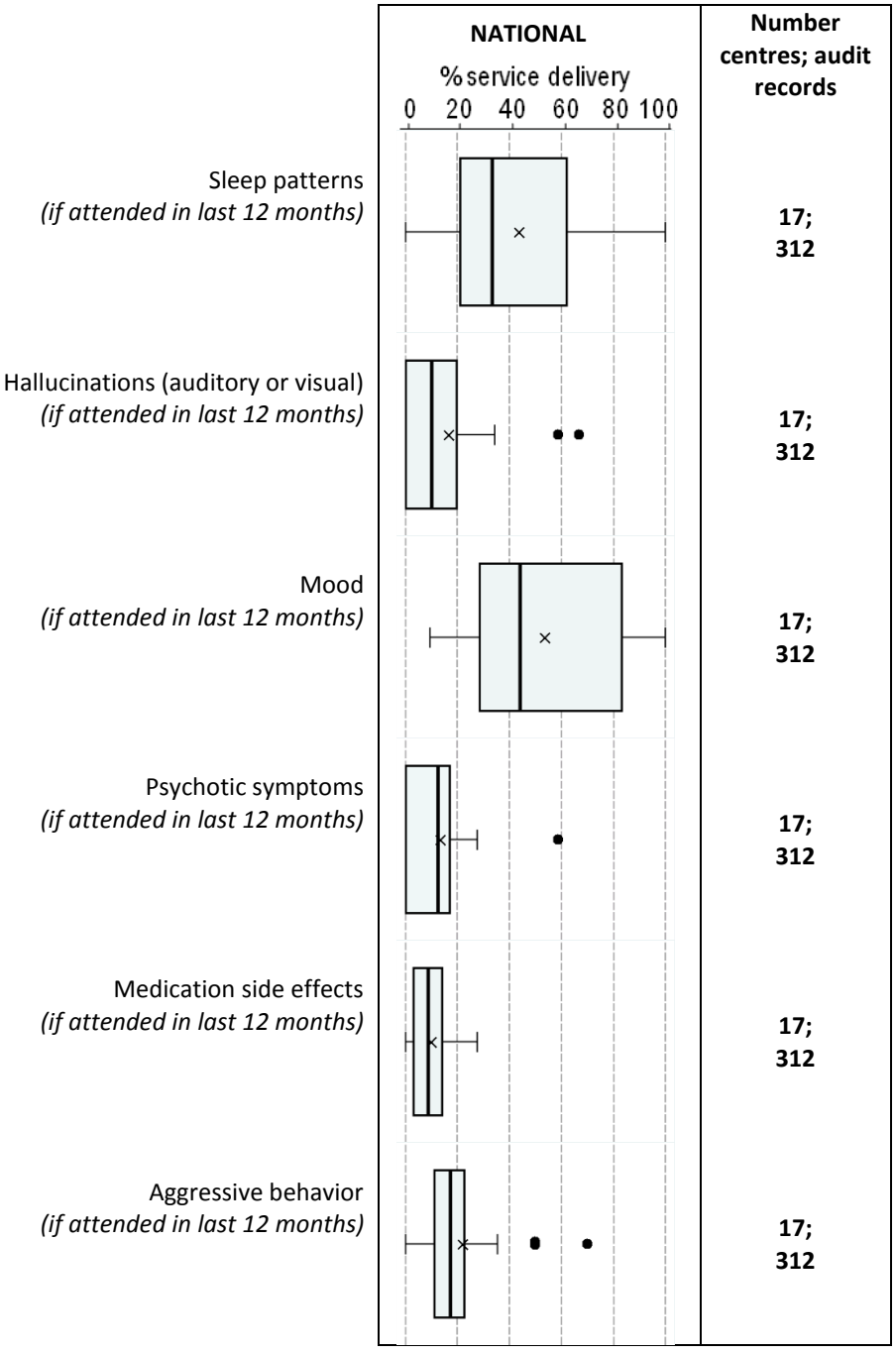
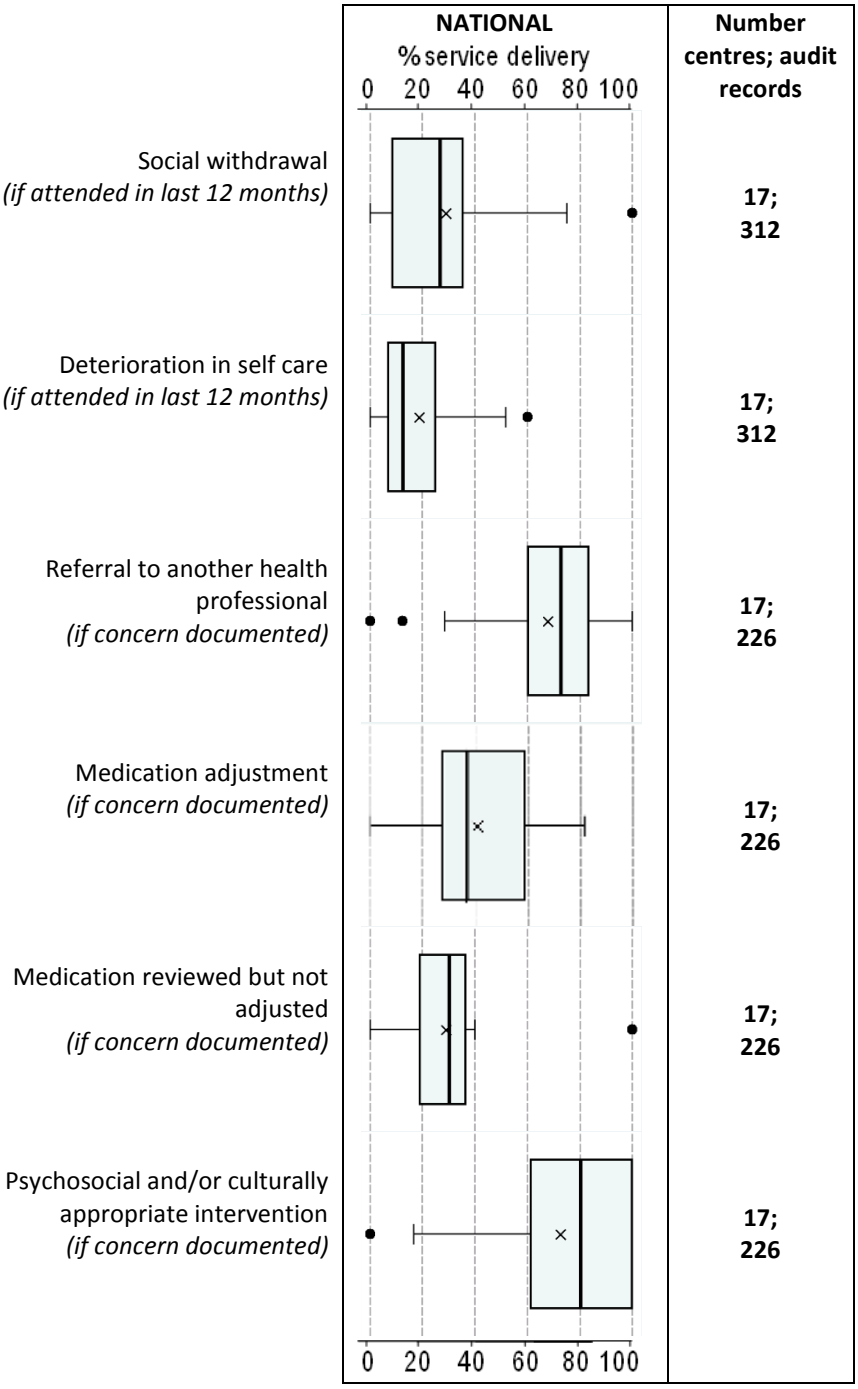


Figure 10 cont: **Mean health centre percentages of clients with a record of exacerbation or deterioration of symptoms and behaviours and relevant follow-up actions.**



1.8 Health centre systems

Figure 11 Mean system component scores as assessed by health centres.

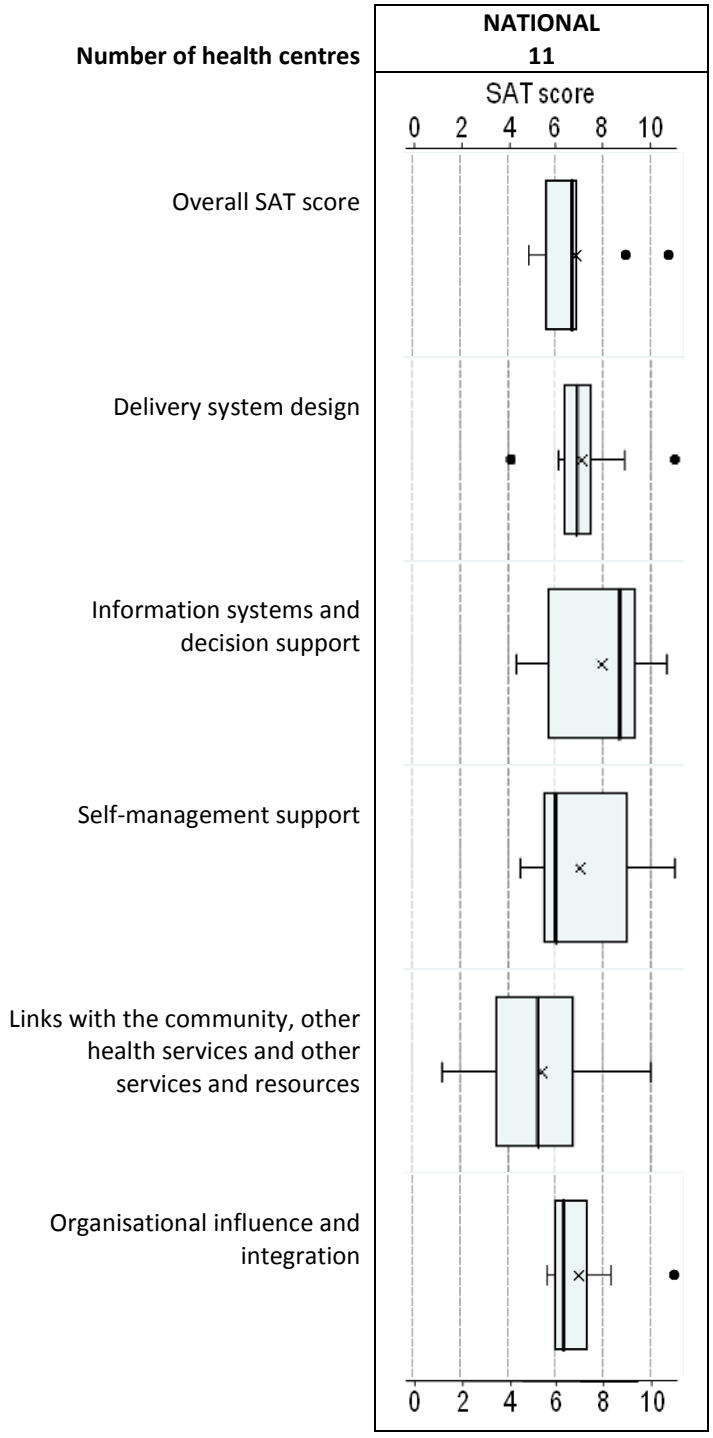


Figure 12 Delivery system design component scores as assessed by health centres.

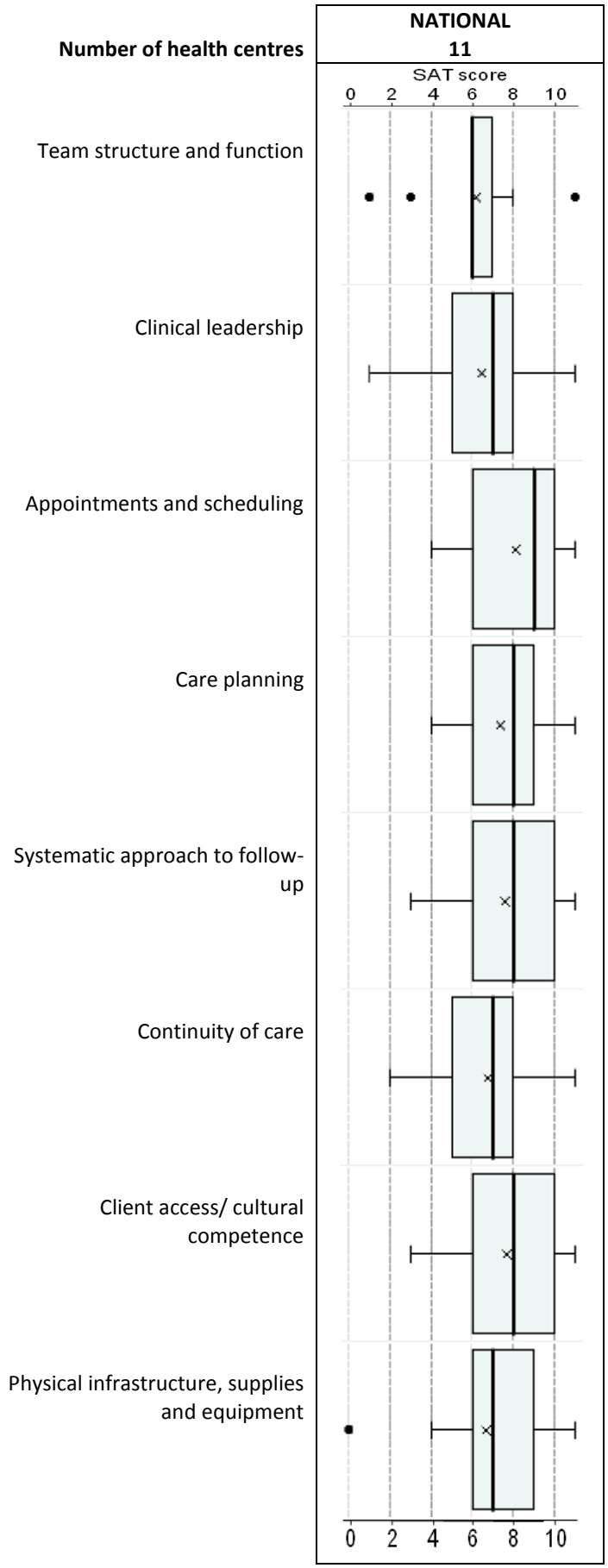


Figure 13 Information systems and decision support component scores as assessed by health centres.

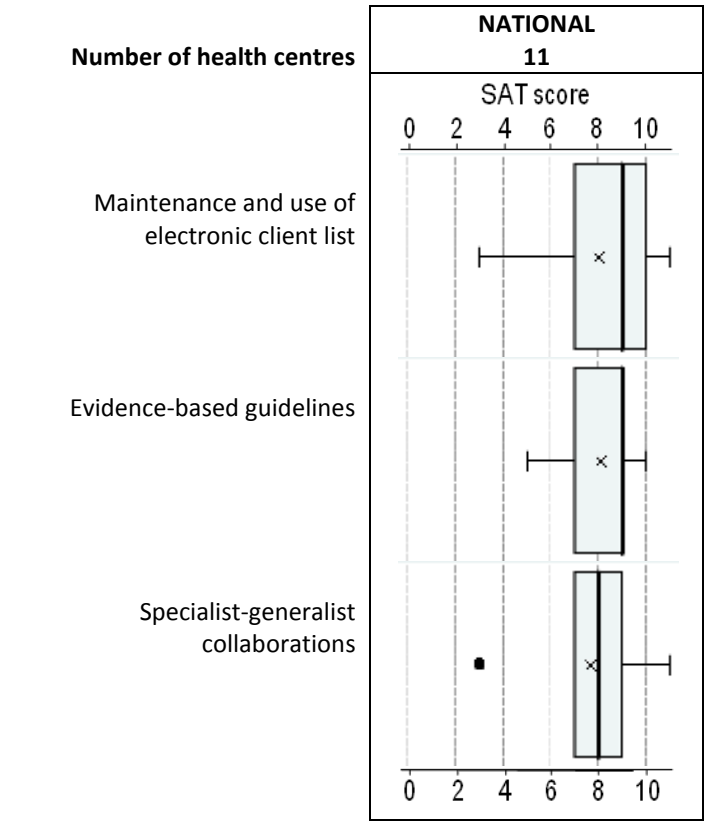


Figure 14 Self-management support component scores as assessed by health centres.

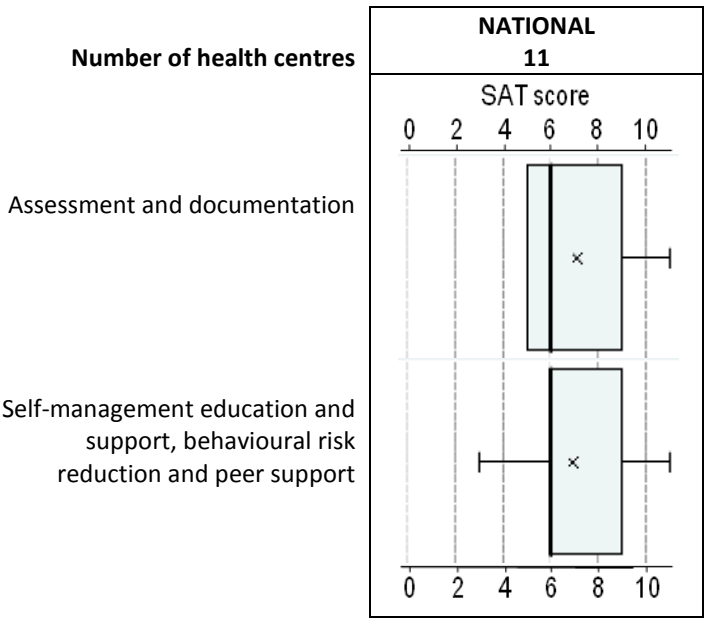


Figure 15 **Links with the community, other health services and other services and resources component scores as assessed by health centres.**

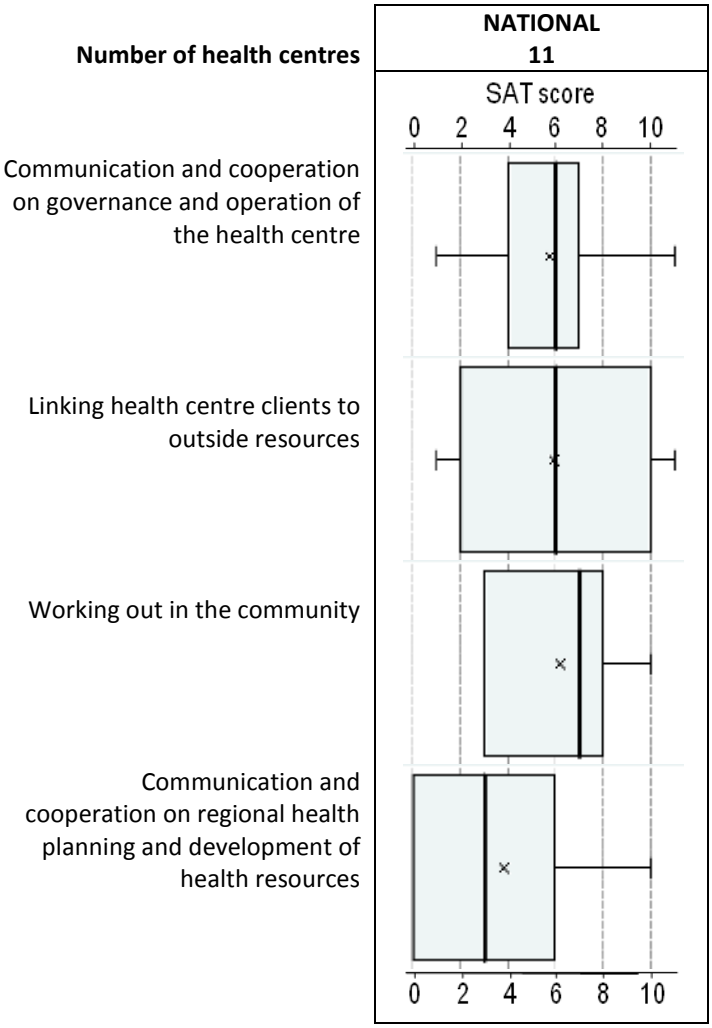
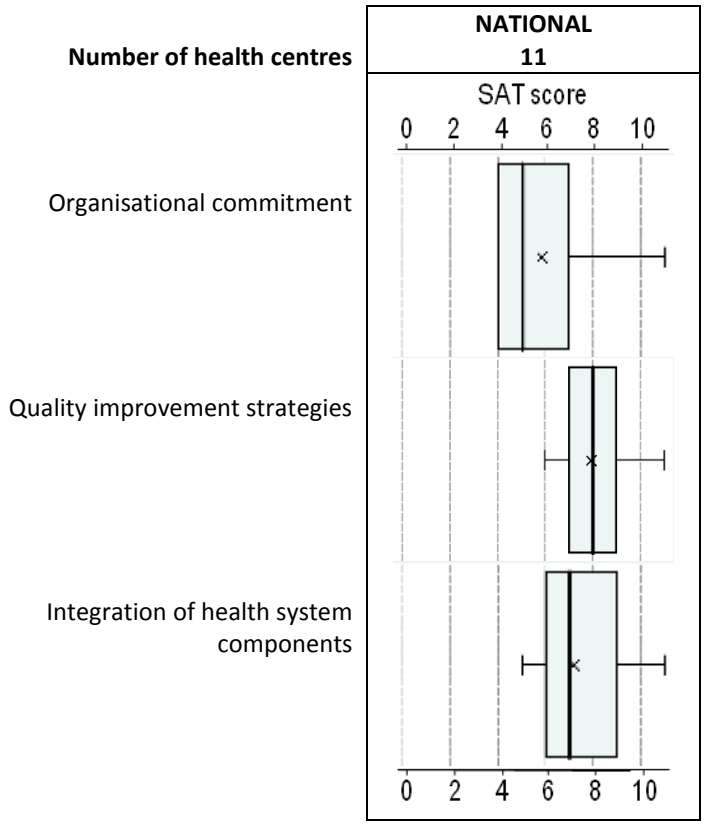


Figure 16 Organisational influence and integration component scores as assessed by health centres.



2 Phase 2 data report – identifying barriers and enablers

Audit data on indicators relevant to the identified evidence-practice gaps in mental health and wellbeing care were presented over years for the period 2011 to 2013. Data for other years are not publishable due to a small number of health centres completing audits in those years. There are no publishable data available by audit cycle due to a small number of health centres completing 3 audit cycles.

The trend data provides an indication of influences on clinical performance that may be occurring at different times in the general health system environment. These influences might include changes in CQI processes, changes in the number and types of participating health centres and various other influences on the CQI data that are generated through the use of One21seventy tools.

Health centre characteristics

Twenty-one health centres conducted mental health audits between 2009 and 2014 auditing a total of 975 patient records.

The mental health audit tool became available in 2009, however take up of the tool was relatively slow with a peak in use in 2011 (10 health centres) and 2013 (15 health centres) (Table 3).

There were two health centres that conducted at least three audit cycles, hence not enough data is available to show trends by cycles of audit (Table 4).

Overall, 12/21 health centres were in remote locations and 13/21 were government managed (Table 5).

National data show that initial assessment at the health centre was most commonly conducted by a nurse (33%), with general practitioners (GPs; 28%) and Aboriginal or Torres Strait Islander Health Workers (ATSIHWs; 19%) being the next most common professionals to do the initial assessment (Table 5).

Patient characteristics

The data presented relate to aspects of care for patients over 16 years with a diagnosed mental health disorder which is likely to recur and who have been unwell in the past twelve months.

Almost all audited records showed a record of attendance at the health centre within the previous 12 months and the majority of these attendances were for mental health and wellbeing care or a mental health crisis (54%) (Table 5).

Table 3 ***Mental health and wellbeing care audit and systems assessment completed between 2009-2014 (number of patient records audited, number of health centres and number of SATs)***

		Audit Year						
		2009	**2010**	**2011**	**2012**	**2013**	**2014**	**Total**
QLD	#Records	0	0	177	131	145	30	483
	#Centres	0	0	7	3	5	1	10
	#SATs	0	0	6	1	3	0	8
SA	#Records	0	0	0	27	65	0	92
	#Centres	0	0	0	1	2	0	2
	#SATs	0	0	1	1	1	2	3
WA	#Records	30	30	30	0	78	30	198
	#Centres	1	1	1	0	2	1	2
	#SATs	1	1	1	1	1	0	1
NT	#Records	0	0	70	32	70	30	202
	#Centres	0	0	2	1	6	1	7
	#SATs	1	0	3	1	4	0	6
Total	#Records	30	30	277	190	358	90	975
	#Centres	1	1	10	5	15	3	21
	#SATs	2	1	11	4	9	2	18

Table 4 ***Mental health and wellbeing care audit completed between 2009 and 2014 by audit cycle (number of patient records audited and number of health centres)***

		Audit Cycle						
		1	**2**	**3**	**4**	**5**	**6**	**Total**
QLD	#Records	232	121	100	30	0	0	483
	#Centres	10	4	1	1	0	0	10
SA	#Records	57	35	0	0	0	0	92
	#Centres	2	1	0	0	0	0	2
WA	#Records	48	30	30	30	30	30	198
	#Centres	2	1	1	1	1	1	2
NT	#Records	130	72	0	0	0	0	202
	#Centres	7	3	0	0	0	0	7
Total	#Records	467	258	130	60	30	30	975
	#Centres	21	9	2	2	1	1	21

Table 5 Characteristics of participating health centres and patients whose records were audited between 2009 & 2014 (number & %)

		2009		2010		2011		2012		2013		2014		Total	
Primary Health Care Centres		**1**		**1**		**10**		**5**		**15**		**3**		**21**	
Location	Urban					2	*20%*	1	*20%*	2	*13.3%*	1	*33.3%*	3	*14.3%*
	Regional	1	*100%*	1	*100%*	4	*40%*	2	*40%*	5	*33.3%*	1	*33.3%*	6	*28.6%*
	Remote					4	*40%*	2	*40%*	8	*53.3%*	1	*33.3%*	12	*57.1%*
Governance	Government					8	*80%*	4	*80%*	7	*47%*	2	*67.7%*	13	*62%*
	Community Controlled	1	*100%*	1	*100%*	2	*20%*	1	*20%*	8	*53%*	1	*33.3%*	8	*38%*
Size of population served	≤500					3	*30%*			2	*13.3%*			3	*14%*
	501-999					1	*10%*			5	*33.3%*			6	*29%*
	≥1000	1	*100%*	1	*100%*	6	*60%*	5	*100%*	8	*53.3%*	3	*100%*	12	*57%*
Completed mental health audit cycles	Baseline	1	*100%*			9	*90%*	4	*80%*	7	*46.7%*			12	*57%*
	2 cycles			1	*100%*			1	*20%*	6	*40%*	1	*33.3%*	7	*33%*
	≥3 cycles					1	*10%*			2	*13.3%*	2	*67.7%*	2	*10%*
Number of audited records		**30**		**30**		**277**		**190**		**358**		**90**		**975**	
Age: mean (& range)		38(17-66)		38(17-62)		38(16-86)		39(17-69)		39(16-83)		36(17-65)		39(16-86)	
Gender	Male	11	*37%*	10	*33%*	139	*50%*	79	*42%*	159	*44%*	42	*47%*	440	*45%*
	Female	19	*63%*	20	*67%*	138	*50%*	111	*58%*	199	*56%*	48	*53%*	535	*55%*
Indigenous status	Indigenous	26	*87%*	30	*100%*	224	*81%*	181	*95%*	341	*95.2%*	84	*93%*	886	*90.9%*
	Non-indigenous	4	*13%*			51	*18%*	9	*5%*	16	*4.5%*	6	*7%*	86	*8.8%*
	Not stated					2	*1%*			1	*0.3%*			3	*0.3%*
Reason for last attendance	Mental health care	16	*53.3%*	15	*50%*	159	*57%*	116	*61%*	160	*45%*	45	*50%*	511	*52.4%*
	Mental health crisis									15	*4%*			15	*1.5%*
	Acute care	7	*23.3%*	8	*26.7%*	96	*35%*	47	*25%*	108	*30%*	28	*31%*	294	*30.2%*
	Other	7	*23.3%*	7	*23.3%*	22	*8%*	27	*14%*	75	*21%*	17	*19%*	155	*15.9%*
Profession patient first seen by	ATSIHW	9	*30%*	10	*33.3%*	53	*19%*	28	*15%*	71	*20%*	17	*19%*	188	*19.3%*
	Nurse	3	*10%*	4	*13.3%*	91	*33%*	80	*42%*	119	*33%*	27	*30%*	324	*33.3%*
	GP	8	*26.7%*	4	*13.3%*	81	*29.2%*	58	*30.5%*	91	*25.4%*	35	*39%*	277	*28.4%*
	Psychiatrist			1	*3.3%*	15	*5.4%*	3	*1.5%*	15	*4.2%*	1	*1%*	35	*3.6%*
	Psychologist	10	*33.3%*	9	*30%*	7	*2.5%*	1	*0.5%*	12	*3.4%*	5	*5.5%*	44	*4.5%*
	Mental Health Worker					20	*7.2%*	16	*8.4%*	20	*5.6%*			56	*5.7%*
	Counselor					1	*0.4%*			5	*1.4%*			6	*0.6%*
	Other			2	*6.7%*	9	*3.2%*	4	*2.1%*	25	*7%*	5	*5.5%*	45	*4.6%*
Attended within past 6 months		27	*90%*	29	*97%*	256	*92%*	177	*93%*	332	*93%*	80	*89%*	901	*92%*
Attended within past 12 months		30	*100%*	30	*100%*	275	*99%*	188	*99%*	353	*99%*	89	*99%*	965	*99%*

2.1 Presentation of data

Audit data on indicators relevant to the identified evidence-practice gaps in mental health and wellbeing care are presented over years for the period 2011 to 2013. Data for other years are not publishable due to a small number of health centres completing audits in those years. There are no publishable data available by audit cycle due to a small number of health centres completing 3 audit cycles.

The trend data provides an indication of influences on clinical performance that may be occurring at different times in the general health system environment. These influences might include changes in CQI processes, changes in the number and types of participating health centres and various other influences on the CQI data that are generated through the use of One21seventy tools.

Interpretation of box plots – variation between health centres

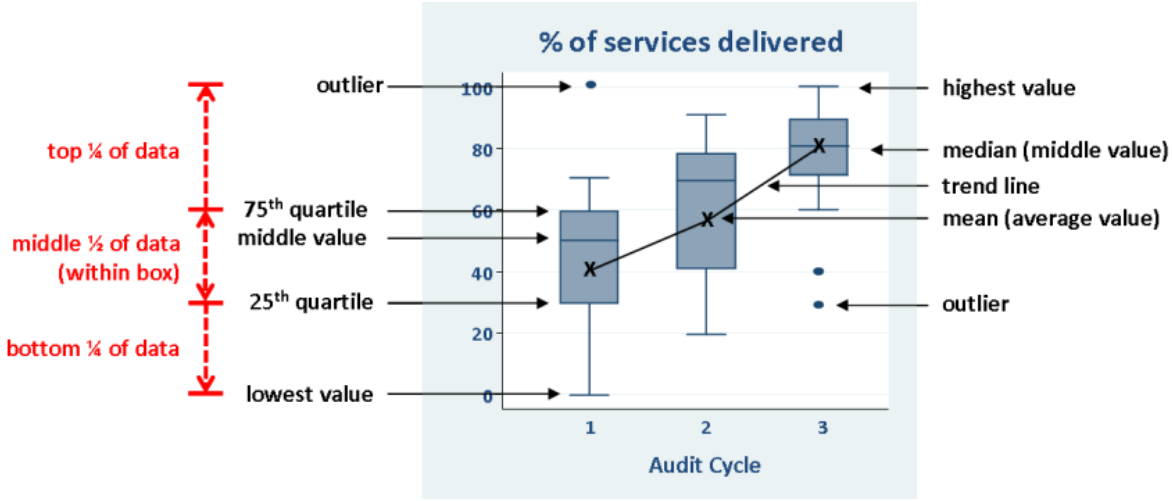
An important focus of the Partnership is understanding variation between health centres and over time in delivery of care in accordance with best practice guidelines. 'Box and whisker plots' (or box plots) are a useful way of presenting data on variation in a graphical form that should assist with interpretation.

In the analysis of the audit data, the mean (average) percent delivery of items of clinical care relevant to each indicator is calculated for each health centre. These mean percentages are displayed in a box plot for a given year or audit cycle to show the distribution or range in recorded delivery of care between health centres.

Box and whisker plots show (Box 2):

- health centres with the minimum and maximum mean percentage in recorded delivery of care in accordance with best practice guidelines (ends of whiskers show highest value if no outliers);
- outliers – health centres that are far away from most others in the data set (or a distance that is greater than 1.5 times the length of the box); and
- the level of variation between health centres in recorded delivery of care by dividing scores into quarters:
    - the box represents the middle 50% of health centres, and the line within the box represents the median (or middle health centre);
    - the 'whisker' at the top of the box (and outliers if present) represents the top 25% of health centres
    - the 'whisker' at the bottom of the box (and outliers if present) represents the bottom 25% of health centres;
    - the longer the box plot, the greater the range of care delivery (or variation) between health centres.

Box 2: Interpretation of trend boxplots



In assessing data trends for indicators relevant to the priority evidence practice gaps, it is helpful to focus on:

a) **the trend for the mean (average) and median (middle) values for health centres** – in particular whether the mean and median are increasing, staying steady or decreasing; and

b) **the trend in the variation between health centres** – in particular whether the variation is getting less (shorter boxes, shorter whiskers), and importantly, whether there is an improvement in the values for the health centres at the lower end of the range (higher level for the bottom end of whiskers under boxes).

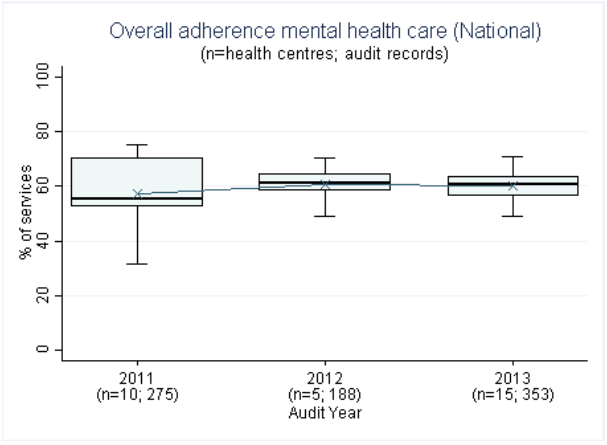
2.2 Overall mental health and wellbeing care service delivery

Stakeholder feedback on the priority evidence-practice gaps highlighted the importance of continuing attention to holistic care, and of ensuring that focus on specific indicators does not detract from the importance of providing high quality care across the scope of best practice. Figure 17 shows trends in a composite indicator[1] of overall service delivery to mental health and wellbeing clients in accordance with best practice guidelines. The composite indicator includes services such as recording of risk factors, physical checks, laboratory investigations, brief interventions and follow-up if there is a record of exacerbation or deterioration of symptoms.

Summary of trends (Figure 17)

- There is no clear improvement in the overall service delivery of mental health care. The mean and median level of care delivery is around 60% over the three years.
- There was a reduction in variation in service delivery between health centres from 2011. Performance of health centres at the lower end of the range was around 30% in 2011 and was around 50% in 2012 and 2013.

Figure 17 **Mean health centre overall service delivery[1] to mental health & wellbeing clients, by audit year for all health centres (n=number of health centres; number of clients records audited).**



[1] Services included in composite indicator include: recording of alcohol, tobacco and drug use; brief interventions for alcohol and drug misuse; health check within the last 12 months; blood pressure check in last 6 months; mental health assessment (if client attended in last 3 months); provision of social issues and family or individual counselling (if client attended in last 3 months); joint discussion regarding culturally appropriate interventions (if client attended in last 3 months); liver function test; serum creatinine; thyroid function test; full blood count; and follow up action if deterioration in symptoms including medication review and adjustment, referral or psychosocial/culturally appropriate intervention.

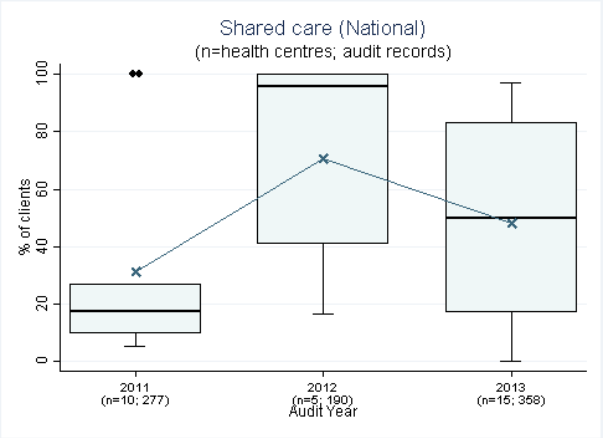
2.3 Development and documentation of shared care arrangements and referral

Figure 18 shows the mean health centre record of shared care planning, by audit year for all health centres.

Summary of trends (Figure 18)

- There was no clear evidence of improvement from 2011 - 2013.
- There was wide variation amongst health centres for 2011 and 2012.

Figure 18 **Mean health centre record of clients being in shared care in the last 12 months, by year for all health centres (n=number of health centres; number of clients records audited).**



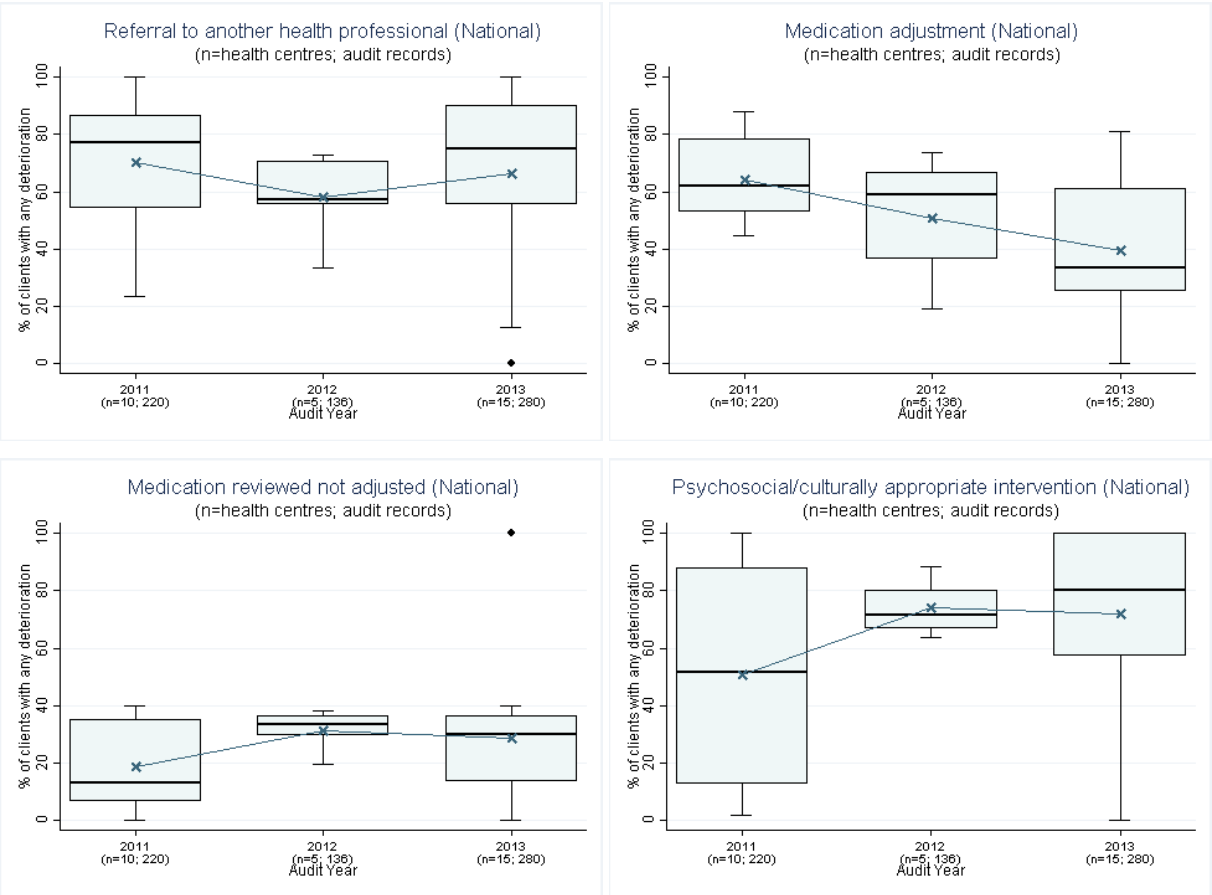
2.4 Improve recording and delivery of follow-up of abnormal findings across the scope of best practice, with a specific focus on appropriate follow-up for clients with a deterioration or exacerbation of symptoms.

Figure 19 shows the mean health centre recording of various follow-up actions if there is evidence of exacerbation or deterioration of symptoms, by audit year for all health centres.

Summary of trends (Figure 19)

- For follow-up actions if a client shows signs of exacerbation or deterioration of symptoms, there was some improvement in the median level of delivery for culturally appropriate interventions;
- a decrease in the mean level of medication adjustment; and
- widening variation between health centres in delivery of all follow-up actions.

Figure 19 Mean health centre record of follow-up action if evidence of exacerbation or deterioration of symptoms/behaviours (n=number of health centres; number of clients records audited).



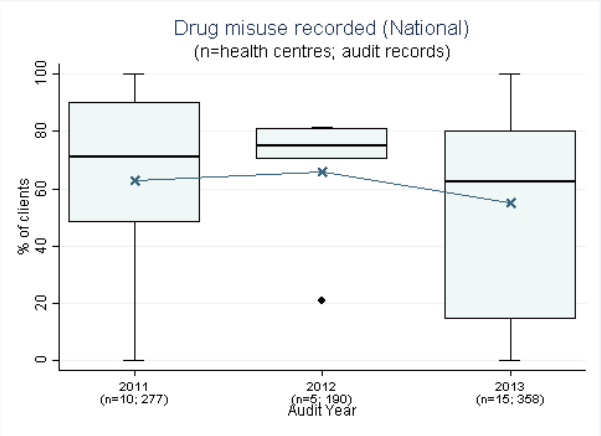
2.5 Enquiry and recording of drug misuse.

Figure 20 shows the mean health centre record of drug misuse, by audit year for all health centres.

Summary of trends (Figure 20)

There was no clear evidence of improvement in the mean level of delivery or reduction in the level of variation between health centres.

Figure 20 Mean health centre record of enquiry regarding drug misuse (n=number of health centres; number of clients records audited).



'Organisational commitment' within the organisational influence and integration component - referring to organisational culture, support structures and processes that promote safe, high quality healthcare.

Due to small numbers of health centres completing the SAT we have insufficient data available to display trends over time and audit cycle

'Team structure and function' - within the component 'Delivery system design' - referring to the extent to which the health service staffing profile, allocation of roles and responsibilities, client flow and care processes maximise effectiveness.

Due to small numbers of health centres completing the SAT we have insufficient data available to display trends over time and audit cycle

'Links with the community' component to inform service and regional planning (in particular 'communication and cooperation on regional health planning and development of health resources').

Due to small numbers of health centres completing the SAT we have insufficient data available to display trends over time and audit cycle