

Health centre and community survey protocol

2014 release

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One21seventy

National Centre for Quality Improvement
in Indigenous Primary Health Care



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Abbreviations

ACHS	Australian Council on Healthcare Standards
AGPAL	Australian General Practitioner Accreditation Limited
AHKPI	Aboriginal Health Key Performance Indicators
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
FIFO	Fly in Fly Out
HCCS	Health Centre and Community Survey
ISO	International Standards Organisation
NT	Northern Territory
PIRS	Patient Information Record System
OATSIH	Office for Aboriginal and Torres Strait Islander Health
QIC	Quality Improvement Council
QIP	Quality In Practice
QIP	Quality Innovation Performance Ltd
RFDS	Royal Flying Doctor Service

Version control

Table 1 Version control

Version	Release date	Description
3.0	2014	Protocol development (no changes to survey questions or data entry)

Introduction

This protocol should be followed closely and used in conjunction with *Improving the quality of primary health care: A training manual for the One21seventy CQI cycle (version 2.0)*.

The health centre and community survey (HCCS) is a brief tool designed to collect information on the operating environment of each health centre, such as its location, population size, and governance arrangements. It is important to have a record of these environmental conditions that may have an impact on the health centre, and the systems used to provide health care. These conditions may change regularly, so the HCCS should be updated at least yearly, to supplement and complement information collected during clinical audits and systems assessment.

It is acknowledged that many health centres and staff do not exactly fit the profiles described. Options for answers are kept to a minimum to allow for more effective comparisons between health centres, clusters, state and national.

The information collected and the process of completing the HCCS with accurate information benefits local health centres by providing a clear picture about the environment in which the health centre functions. It can be used to

- orientate new staff or visitors
- track changes over time
- provide centre information when completing systems assessment and clinical report interpretation
- provide a summary of resources available when setting goals and priorities for quality improvement

Website

A HCCS should be completed by participating health centres every year. A reminder notice will pop up if the health centre entering clinical audit data is overdue for a HCCS.

HCCS Report

A report can be generated from the 'reports' menu for a summary of the information entered.

It contains the information about this health centre and, where appropriate, comparison data at cluster/state or territory and national levels. This information is useful to supplement participatory interpretation of clinical audit reports, and during the associated system assessment.

Section 1 Health centre information

1.1 Health centre ID

At data input, the health centre identification number will be automatically generated.

1.2 Audit date

At data input, the audit date will be automatically generated from the date entered on the HCCS data input page.

1.3 Auditor

Record the name (initial and surname) of the person doing the audit. This is a record of the person answering the questions on the survey

1.4 Governance

This question is about the overall governance of the health centre. Health centres have different governance models, and this affects decisions that can be made at local levels, including those for quality improvement.

Table 2 Examples of governance arrangements

Governance	Examples
1-OATSIH funded community controlled health centre	An Aboriginal Community Controlled Health Centre is: 1. An incorporated Aboriginal organisation 2. Initiated by a local Aboriginal community 3. Based in a local Aboriginal community 4. Administered by an Aboriginal body which is elected by the local Aboriginal community 5. Delivering a holistic and culturally appropriate health centre to the Community which controls the health centre. By definition, organisations controlled by Government to any extent are excluded from this category (NACCHO website).
2-State/territory government centre	Governed by government departments for example, Queensland Health, NT Department of Health, WA Health centres,
3-Other	Centres run by Aboriginal boards, but do not meet the NACCHO definition of ACCHO, Private health centres, Company run health centres, or a combination of governing bodies

Record the governance arrangement of the health centre. Indicate

1-OATSIH funded

2-State/territory government funding

3-Other

1.5 Location

Location of a health centre has an impact on the centres provided. For example, remote communities may have issues with attracting staff, while clients in the city and regional areas may have a choice of health centre providers. It is acknowledged that geographical classifications used by many departments of health are of limited value (CRAN*plus*, 2013). For the purpose of this survey, indicate the location that best fits the health centre using One21seventy.

Location	Definition
1-City	A health centre in any location with a population greater than 25 000 people
2-Regional town	A health centre located in settlement of less than 25 000 people and: <ul style="list-style-type: none"> • where more than half of the residents are non-Indigenous, and • which has a range of basic centres in addition to a health centre
3-Remote Community	A health centre located in a remote community and: <ul style="list-style-type: none"> • primarily inhabited by Indigenous people, and • is in a remote location, and • is not in close proximity (less than 10km) to a regional town
4-Other	A health centre in a location that cannot be described in the categories above. Please provide a description

1.6 Outstations and outlying clinics

Outstations and outlying clinics are those services that require health centre staff to travel to a location other than the primary clinic facility, for example, homelands in remote areas. It may also be a centre provided in urban areas, for example, a child health clinic, or immunisation clinic staffed by the health centre, but located outside the health centre facility. This does not include home visits.

How many outstations or outlying clinics are centred by the health centre?

Indicate by whole number, or 0.

1.7 Accreditation

Accreditation is independent recognition that a health centre meets the requirements of defined criteria or standards. *Clinical* accreditation is provided by Royal Australian College of General Practitioners (RACGP). *Organisational* accreditation is provided by Quality Improvement Council (QIC) Health and Community Service Standards, International Organization for Standardization (ISO) 9001:2008 Quality Management Systems and EQUIP Australian Council of Healthcare Standards (ACHS).

Accreditation provides assurance for managers, staff, funding bodies and clients about quality and performance. There are some incentives for health centres to be accredited by external organisations.

Indicate the most appropriate option that currently describes accreditation status for the health centre:

Table 3 Definition of accreditation

Governance	Definition
1-Accredited - AGPAL	Currently accredited by Australian General Practice Accreditation Limited (RACGP) Must be renewed every 3 years.
2-Accredited - QIC	QIC is Quality Improvement Council, currently merging with Quality Management Services (QMS) and Quality Improvement and Community Services Accreditation Incorporated (QICSA) as well as Quality in Practice (QIP) to become Quality Innovation Performance Ltd (a subsidiary of AGPAL)
3-Accredited - Other	Currently accredited or certified by another organisation, for example ISO 9001 (Quality Management System incorporating Safety and Quality Health Standards) ACHS (Australian Council on Healthcare Standards) Accredited by more than one body – please specify which
4-In the process of being accredited - AGPAL	Not currently accredited, but undergoing AGPAL re-accreditation, or becoming accredited for the first time
5-In the process of being accredited - QIC	Not currently accredited but undergoing QIC re-accreditation, or becoming accredited for the first time
6-In the process of being accredited - Other	Not currently accredited, but undergoing other re-accreditation, or becoming accredited for the first time
7- Next 12 months	Not currently accredited but planning to commence the accreditation process in the next 12 months
8-Not accredited	Not currently accredited and not planning to commence accreditation in next 12 months

Section 2 Estimate of service population

2.1 Aboriginal and Torres Strait Islander population

The number of Aboriginal and/or Torres Strait Islander people in the service area is important information for service planning and provision. The service area may also be called the 'catchment area'. Information about this may be available from the local council, community website or health centre business plans. The purpose of this question is to record the number of Aboriginal and/or Torres Strait Islander people who could, or should use the health centre.

What is the estimated number of Aboriginal and/or Torres Strait Islander people in the service area? Indicate in a whole number.

2.2 Health centre clients

An estimate of the number of clients is important when assessing, planning and delivering any health centre. It is possible that the population number and the number of health centre clients are the same. For the purpose of this survey, a client is anyone who has an active record at the health centre, or is at least deemed to probably use the health centre again in the future. There may be a list available from the PIRS.

Indicate the total number of Aboriginal and/or Torres Strait Islander clients

Indicate the total number of non-Aboriginal or Torres Strait Islander clients

2.3 Regular clients

Health centres use various definitions for regular clients. Regular clients are those who the health centre is confident will continue to use the centre. It is important to know if and how a centre depicts the difference between 'regular' clients and other clients who may or may not use the centre. To answer this question, use the definition provided by this health centre in question 2.4.

Indicate the number of regular Aboriginal and/or Torres Strait Islander clients

Indicate the number of regular non Aboriginal and/or Torres Strait Islander clients

2.4 Definition of 'regular' clients

Health centres use various definitions for regular clients. It is important for health centre staff to know how regular clients are defined when updating client lists, either manually or in PIRS. Indicate the description that best describes how this health centre defines 'regular clients'.

Table 4 Description of 'regular' clients

Option	Description
1-Number of visits	The health centre defines regular clients as those who have visited the health centre a certain number of times in the last certain number of years. Indicate the number of visits and the number of years the health centre uses if this is its definition. (AIHW define a regular client as: a client who has an active medical record; that is, a client who attended the OATSIH funded PHC centre at least 3 times in 2 years (AIHW 2013). This is used in AHKPI definitions. RACGP (2013) use the same definition but use terminology: 'active clients'.)
2-Geographical	The health centre defines its regular clients by a geographical area or primary place of residence.
3-Other	The health centre has a clear definition of regular clients, for example, anybody with a permanent file or record, anyone with family in this area. It may be the definition used in PIRS, for example, all active records are regular clients.
4-No clear definition	The health centre does not have a definition for regular clients.

Section 3 Regular staff

3.1 Day to day positions (not visiting staff)

For the purpose of this survey, this question refers to the **number of positions actually filled**, (full or part time), not the number of different people who may have been employed in the same position over the last 12 months. So if one position has been filled by 3 different people over a year, this is counted as 1 position, not 3.

This question is about daily staff, the day to day positions filled, it does not include visiting staff or volunteers. Students (medical, allied health or nursing) do not fill positions, so should not be counted as full time or part time staff.

This question is not about the workload of current staff (it is acknowledged that having students often increases the workload of current staff, as does a high turnover of staff), it is about the number of existing positions that were filled by staff. The HCCS is not a reflection on the specific skills that health professionals bring to a health centre, or on the importance of various staff positions, it is a broad count of staff employed in a health centre.

Using the descriptions in the table below, indicate the appropriate numbers employed in the health centre.

Table 5 Description of staff and positions

Terminology	Description
Aboriginal and/or Torres Strait Islander	A person who identifies as Aboriginal and/or Torres Strait Islander, whether the position they hold is identified for Aboriginal and/or Torres Strait Islander people or not.
Non Aboriginal and/or Torres Strait Islander	A person who does not identify as Aboriginal and/or Torres Strait Islander
Full time	A position that is contracted to a full working week, usually 38-40 hours per week.
Part time	A position that is contracted to less than a full working week. Examples include: <ul style="list-style-type: none"> regular and predictable hours (less than 38) every roster cycle. full or part time positions that have only been filled for part of the last 12 months. Regular FIFO for contracted periods of time (unless this is a full time position over a year) shared positions between health centres, so that the same position is employed full time, but does not work in the same centre all the time, for example, a quality/program co ordinator or public health nurses such as rheumatic heart disease or child health nurses.
Managers	Staff with a responsibility for other employees, for example, Chief Executive Officer, health centre manager, finance manager, business manager, Human Resource manager. If a full time manager is shared between centres, this should be counted as a part time manager for each centre.
Aboriginal and/or Torres Strait Islander Health Workers	Staff employed as Aboriginal and/or Torres Strait Islander Health Workers, with or without a formal qualification. This includes registered Aboriginal and/or Torres Strait Islander Health Practitioners employed as Practitioners at the health centre.
Nurses	Staff who are employed as nurses. Examples of positions include: <ul style="list-style-type: none"> nurse practitioners, remote area nurses, enrolled nurses, endorsed enrolled nurses, nurse midwives, public health nurses, chronic disease nurses, child health nurses.
General Practitioners	GPs who are resident in the rural or remote community, and registered with AHPRA. In urban areas, these are GPs who are employed by the health centre.
Other clinical staff	Staff who are employed in a clinical role,(where clinical is defined as working directly with clients or groups to deliver prevention, care and well being centres) but not nurses, GPs or Aboriginal and/or Torres Strait Islander health worker/practitioners. Examples are allied health workers, counsellors, social workers, mental health workers, alcohol and tobacco workers, health promotion officers, clinical educators, diabetes educators, midwives who are not nurses, program and clinical care coordinators, medical specialists, xray or pathology technicians, personal carers.
Administrative staff	Staff employed specifically for administrative or clerical role, for example, reception, medical records, data entry, pay office.
Other non clinical staff	Staff employed specifically for non clinical and non administrative roles for example, transport officers, cleaning, gardening and maintenance staff.

Section 4 Regular visiting staff

4.1 Regular visiting staff

For the purpose of this survey, regular visiting is defined as having a physical presence at the health centre at least once a fortnight, but who are not full or part time or casual employees at this centre. This does not include telehealth consultations. Medical, allied health and nursing students do not fill positions, so should not be counted as regular or visiting full time or part time staff.

As with section 3, this question is not about the workload of current staff (it is acknowledged that having students often increases the workload of current staff, as does a high turnover of staff), it is about the number of existing positions that were filled by staff. The HCCS does not record data on the specific skills that health professionals bring to a health centre, or on the importance of various staff positions, it is a broad count of staff employed in a health centre.

Indicate the number of visiting staff members who have been providing a regular visiting centre to the health centre over the past 12 months.

Table 6 Description of visiting staff members

Staff member	Description
Aboriginal and/or Torres Strait Islander Health Workers	Staff employed as Aboriginal and/or Torres Strait Islander Health Workers, with or without a formal qualification. This includes registered Aboriginal and/or Torres Strait Islander Health Practitioners employed as Practitioners.
Nurses	Includes all nurses, nurse practitioners, remote area nurses, enrolled nurses, endorsed enrolled nurses, midwives, public health nurses, RHD nurses, chronic disease nurses, child health nurses. All nurses employed as nurses and registered with AHPRA (Australian Health Practitioner Regulation Agency).
General Practitioners	GPs who are not resident in the rural or remote community, and registered with AHPRA. GPs who are not employed by a health centre, and commute regularly to provide a centre.
Specialists	Specialist doctors for example, physician, paediatrician, kidney specialist, dentist, psychologist, psychiatrist, obstetrician, gynaecologist
Other clinical staff	Other staff who are employed in a clinical role, (where clinical is defined as working directly with clients or groups to deliver prevention, care and well being services, but not doctor, nurse or Aboriginal and/or Torres Strait Islander health worker/practitioners. Examples include allied health workers, counsellors, social workers, mental health workers, alcohol and tobacco workers, health promotions officers, clinical educators, diabetes educators and midwives who aren't nurses, xray and pathology technicians. Staff who fit 2 categories, eg a nurse who is a diabetes educator should be counted in the role they are employed.
Administrative staff	Staff employed specifically for administrative or clerical role, for example, reception, medical records, data entry
Other	Other staff who visit the health centre, for example, managers, non-clinical staff, IT staff, maintenance staff

References

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NACCHO (National Aboriginal Community Controlled Health Organisation) *Definitions* [ONLINE] Available at:
<http://www.naccho.org.au/aboriginal-health/definitions/> (viewed 27 November 2013)

Other information about accreditation

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