

Module 02 - Quality improvement in Indigenous primary health care - One21seventy

Introduction

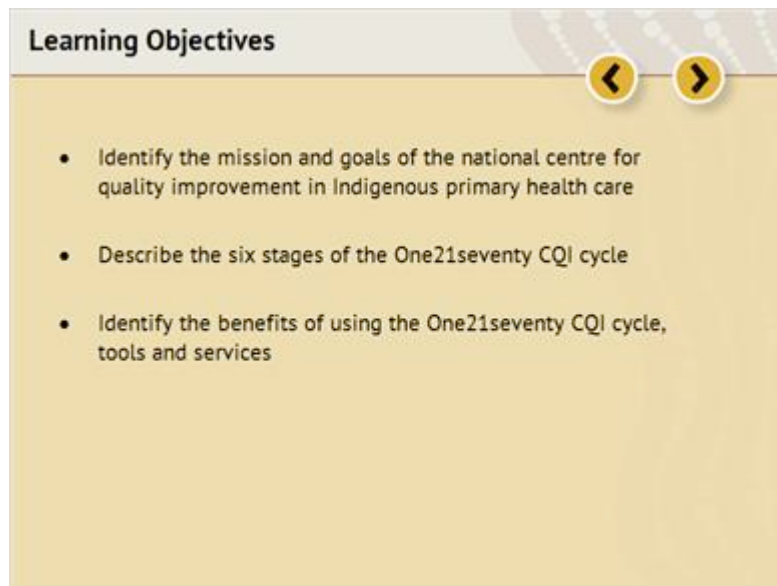
Welcome to Module 2.

This module tells the story of the National Centre for Quality Improvement in Indigenous Primary Health Care.

It explains the six stages of the One21seventy continuous quality improvement cycle and outlines its underpinning research in health centres.

The module highlights features of the One21seventy model that support its continuing uptake in Aboriginal and Torres Strait Islander primary health care settings.

Learning Objectives



The slide titled "Learning Objectives" features a light beige background with a grey header bar. The title "Learning Objectives" is in bold black text. Below the title, there are two yellow circular navigation arrows, one pointing left and one pointing right. The main content area contains three bullet points in black text.

- Identify the mission and goals of the national centre for quality improvement in Indigenous primary health care
- Describe the six stages of the One21seventy CQI cycle
- Identify the benefits of using the One21seventy CQI cycle, tools and services

One21seventy

One21seventy is the National Centre for Quality Improvement in Indigenous Primary Health Care.

The name One21seventy reflects the Centre's commitment to increasing life expectancy for Indigenous people beyond one year in infancy, twenty-one years in youth and seventy years across the life span.

One21seventy's mission and goals

One21seventy's mission is to foster high-quality primary health care and better health outcomes for Aboriginal and Torres Strait Islander people throughout Australia through support for CQI in everyday health care practice.

Take a moment to read the centre's goals, which focus on workforce capability in CQI; on sustainability in CQI structures and processes; and on leading the way in providing high quality, evidence-based CQI products and services for use in Indigenous primary health care.

Video summary

Jenny Hains is a nurse and a leader in Public Health, health services and CQI program management in Aboriginal and Torres Strait Islander health. Jenny talks about the One21seventy CQI tools and services in her role as One21seventy Manager.

One21seventy CQI cycle

The One21seventy CQI process starts with a service agreement, a legal contract between Menzies School of Health Research and the health service provider.

The agreement covers confidentiality, intellectual property, terms and conditions.

Orientation training then prepares staff to undertake CQI.

Clinical auditing collects demographic, service delivery and clinical indicator data from the health service population, based on a sample of client records specific to each audit tool, for example, child health. Health promotion auditing collects data about health promotion activities, for example, a diabetes education program. A systems assessment tool is used by staff to assess the systems that support client care. A Health Centre and Community Survey collects data such as location, population size, governance and staffing. Data are entered into the secure One21seventy web based information system.

The web based reporting system analyses the data and generates a report for each audit tool used.

Reports present data as graphs and tables, and include de-identified area, state or territory, and national data so that health centres can benchmark their performance.

Reports are interpreted by local health teams, taking into account community and health

service characteristics.

This participatory interpretation is used to prioritise and plan improvements to organisational processes and systems, to support best practice.

The planned changes are put into action.

Effects are reviewed when data are collected and analysed in the following audit cycle.

Research background to One21seventy

The One21seventy CQI cycle, resources and services have their foundations in the Audit and Best Practice for Chronic Disease research project, which began in 2002.

Underpinned by international evidence, the project demonstrated that a CQI model could be effective in supporting Indigenous primary health care centres to use evidence-based good practice in chronic illness care.

CQI research continues through the ABCD National Research Partnership Project, which works alongside One21seventy to continue to develop the available evidence-base, and to answer research questions relevant to quality improvement.

Play the video to hear the story.

Features of the One21seventy CQI model

The One21seventy CQI model has features well suited to Aboriginal and Torres Strait Islander healthcare settings.

They include a participatory approach, customer focus, and flexibility to suit local contexts.

Emphasis on tackling underlying causes and improving outcomes, on capacity building, and a culture of self-evaluation rather than blame fit well with community needs and values.

This is an important message - the One21seventy model views service gaps not as poor service, but as opportunities for improvement.

Real improvements come from staff thinking strategically, because they are the experts with practical knowledge of what's possible and manageable, and what strategies are likely to work locally.

The One21seventy CQI cycle provides a structure to continually refine programs to build on and sustain those positive changes.

How do we know the One21seventy model works?

'Box and whisker' plots are a good way of showing variation in primary health care service delivery over time.

This graph shows Type 2 Diabetes service delivery by primary health care services in the Northern Territory that have been participating in the ABCD National Research Partnership.

These are interim data at the end of April 2013. They show trends over time for the 22 health centres that had completed four or more audit cycles.

This is how to read the box plot. Top and bottom lines of the whiskers show the range of T2D service delivery (minimum to maximum percentages).

The median line is the middle percentage of delivery - approximately 58% in cycle 1, 77% in cycle 4. The box in Cycle 1 shows that 50% of health centres delivered between 50% and 65% of scheduled T2D services.

This improved so that by cycle 4, half of the health centres delivered between approximately 72% and 82% of scheduled services.

A smaller box and shorter whiskers indicate less variation in the delivery of the 17 scheduled services for T2D care.

A larger box and ;longer whiskers indicate more variation in service delivery.

The dot beneath the cycle 4 box plot is an 'outlier', an unusual percentage from just one health centre.

The data show that over 4 audit cycles the median delivery of Type 2 Diabetes services has increased by approximately 20%, from 58% in cycle 1 to 77% in cycle 4.

Variation in service delivery has decreased over audit cycles. Encouragingly, health centres at the lower end (represented by a bottom whisker or outlier) have improved service delivery over the 4 audit cycles from 35% to 58%.

The outlier dot in cycle 4 shows that one health centre delivered 58% of scheduled services, markedly different to other health centres in that cycle that ranged from 65% to 90%.

Comparable data showing improved clinical indicators are also available.

How are health teams using the One21seventy model?

Ann Flynn is Mums N Bubs Coordinator at **Mawarnkarra Health Service Aboriginal Corporation** in Roebourne, Western Australia. She has used ABCD and One21seventy audit tools for seven years and shares her team's CQI story.

When working in remote areas, we have so many guidelines to follow we can start to think, 'Are we heading in the right direction?'

I like the audit process because it keeps me on track.

From day one, I knew that the Maternal and Child Health audit tools could give me some national guidelines and I could change some of my practices to make sure they reflected against what I wanted to achieve.

Even having negative results from the auditing was good - it gave the team somewhere to start and direction in how to improve each year.

I can track all our data and the audit process helps me out. When it's pointed out that we are going poorly in one area, I can say '... [For example], but we are picking up more women with abnormal results in pregnancy because they are having more checks, whereas before they had none. We're going to get better outcomes in the future because we are now seeing them more often'. We were doing poorly each year with scoring of one perinatal assessment scale for social and emotional wellbeing, ... this result helped us to arrange a local, culturally appropriate support service through our community support workers.

In the report the data is sitting in front of you. It's highlighting ongoing gaps but it's also making me revisit every year to find out what other people are doing to tackle that issue. The reports keep us on track with our goals and actions and jog our memories to keep revising them.

Supporting improved primary health care service delivery

One21seventy clinical audit tools support improved care across a range of chronic illnesses, maternal and child health.

A health promotion audit tool supports improved health promotion practice.

Further tools are being developed to respond to the need for CQI resources to reflect comprehensive primary health care and population health needs of Aboriginal and Torres Strait Islander people.

The CQI tools and processes have been developed and are regularly reviewed by healthcare practitioners working in Indigenous primary health care services.

This approach has resulted in an emphasis on training and support, on easy data entry and 'real-time' reporting that provides local teams with information needed to identify priorities for system improvement.

Module three introduces One21seventy clinical CQI tools, resources and reports. It explains data collection, analysis and feedback processes.

ASSESSMENT

You can now complete the **assessment task**.

You can either do the brief assessment quiz, or complete the optional task, which is designed for individual reflection or group discussion with colleagues who have completed the module.

The optional task won't be assessed - so you are encouraged to discuss your work with your local CQI facilitator.

Once you begin the quiz, you can't exit until all questions are answered.

If you would like to review module content before starting, use the navigation menu on the left to go back through the module.

Quiz

Select one aim that DOES NOT align with the goals and services of the National Centre for Quality Improvement in Indigenous Primary Health Care:

Correct	Choice	Feedback
	Primary health care workforce capacity building in CQI	You have selected the wrong answer. One21seventy aims to build workforce capacity in CQI.
	Sustainable CQI structures and processes within Aboriginal and Torres Strait Islander primary health care	You have selected the wrong answer. One21seventy aims for sustainable CQI structures and processes.
	Primary health care workforce capacity building in chronic illness care	That's right! You selected the correct response.

Secure web based data entry and reporting, with ability to benchmark indicator data against data at area, state or territory and national levels.	You have selected the wrong answer. One21seventy offers secure web based data entry, reporting and ability to benchmark indicator data.
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The step in the One21seventy cycle that follows data analysis and reporting is:

Correct	Choice
	Goal setting
	Data collection
	Participatory interpretation, goal setting and action planning
	Implementation

Service agreements between One21seventy and health services include confidentiality of data and intellectual property. Data remains the property of health services.

Correct	Choice
	True
	False

Internationally recognised models of chronic illness care have limited relevance to development of CQI tools and processes used in Aboriginal and Torres Strait Islander health care settings.

Correct	Choice
	True
	False

The One21seventy CQI cycle, resources and services were developed through research over a number of years in Aboriginal and Torres Strait Islander health centres.

Correct	Choice
	True
	False

Evidence suggests that the CQI approach used by One21seventy is working successfully to improve service delivery in Aboriginal and Torres Strait Islander primary health care services.

This evidence currently comes from:

Select the two correct answers

Correct	Choice
	Service delivery data collected from regions and/or jurisdictions over four or more successive audit cycles.
	Data are entered into the One21seventy data base and, with the consent of health services, compiled and analysed by the ABCD National Research Partnership Project.
	Structured interviews with health centre staff and clients about their perceptions of service improvement.