# Lessons from the best to better the rest: quality improvement in Indigenous primary health care

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**Background:** There is a high degree of variability in the response of Indigenous primary health care services to continuous quality improvement (CQI) activity. Analysis of continuous quality improvement (CQI) audit data from over 130 services in the ABCD National Research partnership has identified six high-improving services (HIMPS) that show consistent improvement over three or more audit cycles in two or more audit tools. Multiple case studies are being used with these services to explore the secrets of their success.

This project aims to explore the strategies used to support quality improvement within these HIMPS, including engagement and support of a stable workforce, linkages with organisations in the broader health system, supportive funding and policy platforms and other factors

**Methods:** Multiple case study methodology and a mixed methods data collection approach have been adopted. Cases are defined as a primary care service and its staff, patients and community.

Case study profiles are developed initially using existing quantitative data encompassing governance, location, accreditation, use of recall and record systems and CQI (one21seventy) audits. Other sources include ABS demographic data, demographic data, human resources data and systems assessment tool reports where available.

Two comprehensive visits are scheduled to each site to obtain detailed qualitative data. Approximately twenty to thirty detailed interviews with local clinical staff, PHC clients and management are being performed.

**Relevance:** The six primary health care services (PHCs) located across the Top End of Australia chosen for in-depth analysis in this project are remote and rural and predominantly serve Aboriginal and Torres Strait Islander communities. There is a mixture of community controlled and government PHCs.

**Results:** Data collection is partially complete and initial results have begun to show common HIMP characteristics. Relevant factors examined so far include the historical context, policy and fiscal environment at macro-system level; regional health system, support networks, community factors and functioning and broader health workforce at meso-system level (all outside the case) and service leadership and governance, service processes, staff characteristics and patient factors at the micro-system (or within case) level.

**Conclusions:** Understanding variability in response to CQI initiatives is vital to comprehend how PHC services can operate successfully in remote and Indigenous communities. Lessons from these HIMPs may then be transferred and applied to other similar services.