Supporting clinical governance in Indigenous health: an AHCWA / APHCRI Partnership

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Policy environment

“Closing the Gap”

increased focus on quality in Aboriginal Community Controlled Health Service (ACCHS) sector

increased requirements for organisational and clinical accreditation … and formal continuous quality improvement (CQI)
Practice environment

• For ACCHS state affiliates, increased demand from member services for support for:
  ▪ Organisational accreditation
  ▪ Clinical accreditation
  ▪ Formal CQI structures and processes

• Some previous involvement in formal CQI in WA but not sustained
The Partnership

• Aboriginal Health Council of Western Australia (AHCWA)
  - responding to member needs in evidence based way

• Australian Primary Health Care Research Institute (APHCRI)
  - track record in PHC quality
  - commitment to policy relevant research with a strong translation component

APHCRI- AHCWA Indigenous Research Partnership

Dec 2012 – Feb 2015

- previous work together and ongoing relationships
Partnership aims

• Develop and implement a collaborative research agenda in clinical governance to improve the quality and effectiveness of community controlled health services

• Develop research capacity in Aboriginal & Torres Strait Islander primary health care

• Develop research capacity for knowledge translation

• Translate project research into policy and practice
Partnership principles

- Research that contributes to improving health outcomes for Aboriginal and Islander people
  - Research to be informed by, and inclusive of, the knowledge, cultural perspectives and values of Aboriginal and Islander peoples;
  - Conducted in a way that builds sustained community development and social change.
Clinical governance

“The system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers, and for continuously monitoring and improving the quality of clinical care” (ACHS 2004)

“…… by creating an environment in which excellence in clinical care can flourish” (NHS 1998)

• Has micro (clinic), meso (region) and macro (government) elements within a primary health care system
Current context for clinical governance

• No national Clinical Governance Framework for the ACCHS sector
• No integrative approach that aligns different quality activities – including Accreditation and CQI
• Scant international literature & major gap in our understanding of:
  ▪ how different quality improvement activities work
  ▪ how they are best implemented and supported
  ▪ how they relate to improvements in care and outcomes
Program of work

1. Clinical governance in a regionalising ACCHS sector (meso level)

2. CQI demonstration project in sub-set of AHCWA member services (micro level)
   - Health Assessments
   - Smoking
   - STIs
   - Otitis media
Clinical governance in a regionalising sector

• Investigate opportunities and challenges
  - literature reviews of international and national experience
  - examine local experience
Program of work

1. Clinical governance in a regionalising ACCHS Sector

2. CQI demonstration project in sub-set of AHCWA member services
   - Health Assessments
   - Smoking
   - STIs
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Continuous Quality Improvement

CQI is an essential activity within an overall clinical governance framework

“a structured organisational process for involving personnel in planning and executing a continuous stream of improvements […] in order to provide quality health care that meets or exceeds customer expectations.” (McLaughlin and Kaluzny 1994:03)
What are the problems in CQI?

• Clinical governance
  ▪ Inadequate internal leadership
  ▪ Inadequate regional support
  ▪ Inadequate stewardship

• External facilitation
• Long PDSA cycles with insufficient attention to care improvement
• Limited use of electronic client records
• Poorly integrated CQI and reporting
What solutions are we testing?

Managing for continuous quality improvement

• Structure and processes for clinical governance support at affiliate level
• Accredited training for CQI
• Rapid PDSA cycles
• Integration of CQI & reporting processes
• Use of e-technologies
### Managing for Continuous Quality Improvement

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<td>Implementation study using NPT</td>
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Knowledge translation

- Collaboration in research development, implementation, interpretation, dissemination and uptake of results
- Learning communities for building knowledge, dissemination and uptake
- Policy translation
- Research capacity development
Expected Partnership Outcomes 1

• Improvements in managing for continuous quality improvement

• Resources for ACCHS sector – accredited training, new KPIs, e-technologies for evidence uptake

• Better understanding of how clinical governance structures and processes can support quality in member ACCHS services
Expected Partnership Outcomes

• Better understanding of national and international experience in clinical governance
• Contribution to knowledge about the core components of clinical governance
• Better research methods for evaluating complex interventions in Indigenous PHC
• Better understanding of how CQI works, what it costs and how it can best be implemented & sustained
• Policy options for clinical governance and CQI
Questions?

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