

Implementation of health promotion quality improvement tools and processes in the Northern Territory

Aim

To develop greater understanding of the use and potential of health information technology as a method for improving the quality of health promotion practice.

Overview

Background: Health promotion is a complex, multi-factorial process requiring collation, management and sharing of information with diverse stakeholders throughout project development, implementation and evaluation. In clinical settings, health information technology systems have been introduced to manage complex clinical information and improve adherence to best practice health care. However, the use of health information technology as a method for improving quality of health promotion practice is not well understood.

Project description: The health promotion audit tool was developed during the Audit and Best Practice for Chronic Disease (ABCD)/One21seventy project. It was part of a suite of tools designed to support the use of continuous quality improvement (CQI) processes in primary health care services. Using the tool, we conducted a retrospective analysis of health promotion projects delivered between 2013 and 2016 by staff at Northern Territory Health (NT DoH). We reviewed project data recorded in a health promotion information system (QIPPS) for adherence to key aspects of quality health promotion practice.

Our results found that the scope and quality of health promotion practice showed room for improvement. Only 51 per cent of projects recorded evidence of community participation, primarily consultation activities such as meetings, focus groups, surveys and interviews that were limited to the project planning stage. Two-thirds (66%) recorded partnerships with other services, and just over half (57%) of these partnerships were with organisations beyond the health sector. Only 38 per cent had documented results of an evaluation.

The implication of these findings is that the existence of an information system, in and of itself, is insufficient for ensuring high-quality health promotion practice. As such, efforts to expand information systems in health promotion should focus on improving this technology for health promotion performance reporting. They should also focus on developing systems for better knowledge management, as well as methods for implementing and integrating these systems into routine practice.

Outputs to date

This research, and our partnership, supported the development of a business case to secure ongoing funding for a NT DoH health promotion information system that would enable a systematic and standardised approach to health promotion project planning, evaluation and reporting.

The project findings were presented at the PHAA Public Health Prevention Conference (2–3 May 2018), and a manuscript is also in progress. The conference presenter and lead author of the manuscript is a NT DoH representative, which demonstrates workforce capacity building both in the use of CQI tools and in the dissemination of research findings.

Key messages

- + There is room for improvement in the scope, quality and recording of health promotion practice.
- + Information systems for health promotion need to focus on knowledge management, and on new methods for implementing and integrating health promotion information systems within routine primary health care practice.
- + This research is building workforce capacity in the use of CQI tools and the dissemination of research findings.

Next steps

The health promotion CQI tools, and our knowledge and understanding of health promotion information systems for data collection, sharing and reporting, will contribute to a newly funded research project, led by Liz Moore at Aboriginal Medical Services Alliance NT, to develop and pilot non-clinical indicators in Aboriginal primary health care.

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| <i>Project status</i> | Current |
| <i>Dates</i> | 2014 – current, ongoing |
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