

Quality improvement in Indigenous primary health care – The Leveraging Effective Ambulatory Practices (LEAP) project

Aim

To improve the quality of care provided for Aboriginal and Torres Strait Islander Australians, particularly in the areas of maternal and child health and diabetes care, through addressing priority evidence–practice gaps.

Overview

Background: Indigenous primary health care (PHC) services are complex systems, and evidence indicates that many factors affect quality improvement success. However, there remains a knowledge gap regarding what is needed for Indigenous PHC services to improve the quality of care and, subsequently, health outcomes for their clients.

Project description: Working with eight Indigenous PHC services in northern Australia, this project will capitalise on emerging research and existing partnerships to provide a rigorous framework for addressing the challenges that prevent improvement in the quality of maternal and child health and diabetes care. Participating services were recruited through Indigenous and health peak bodies. Services self-nominated on the basis that they were not meeting their own quality goals and had support from the board and staff.

The project, which provides a participatory and strengths-based framework to address factors limiting quality of care in Indigenous PHC services, will answer the following questions:

- + What are the key implementation challenges for ‘striving services’ in reaching their quality of care goals, and how do these interact?
- + What is needed to overcome these key implementation challenges?
- + How acceptable and effective is a toolkit of interventions in improving quality of care among these ‘striving services’?

Working with project partners, peak bodies and eight Indigenous PHC services, we will:

- + Leverage existing national quality improvement practice, research and policy networks.
- + Work with Indigenous PHC services that are engaged in continuous quality improvement but failing to achieve their quality improvement goals (‘striving services’).
- + Create a Learning Community that includes these services, the research team and partners.
- + Conduct case studies with services to identify implementation challenges and their interactions.
- + Collaborate to assemble and modify a toolkit of customisable tools and processes – likely to include site visits, and skills exchanges with other services – to address the identified challenges.

- + Implement selected elements of the toolkit with services to address their priority implementation challenges and quality of care needs.
- + Rigorously assess the effectiveness, impact and acceptability of the intervention using a quality of care index and action research process assessment.

Outputs to date

The project team has convened a project steering committee comprising representatives from the investigation team, peak bodies and project partners. The role of the committee is to oversee conduct of the project and to ensure that a two-way participatory approach to working together is upheld.

The first Learning Community meeting took place in Cairns, Queensland on 15–16 August 2018, involving the following collaborators and partners: James Cook University, University Centre for Rural Health (University of Sydney), Queensland Aboriginal and Islander Health Council, AMSANT, Top End Health, University of Western Australia Centre for Rural Health, North Queensland Primary Health Network (PHN), Western Queensland PHN, Northern Territory PHN and Western Australia Primary Health Alliance.

Next steps

Detailed case studies will be conducted with participant services over a five-month period to identify implementation challenges in reaching quality goals.

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<i>Project status</i>	Current
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<i>Dates</i>	2017 – 2020
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