‘There’s only one enabler; come up, help us’
Staff perspectives of barriers and enablers to continuous quality improvement in Aboriginal primary health care settings
In South Australia

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A Partnership approach to CQI in South Australia

15 Aboriginal primary health care sites in SA in Partnership (2010-2014)

11 participating in research project:
- 8 x ACCHS; 3 x SA Health
- Rural, remote and urban settings
Our research question emerged from CQI activities

What are the barriers and enablers to CQI within Aboriginal primary health care services in South Australia?

- an embedded multiple case study design
  - drawing on principles of participatory action research
  - drawing on principles of realist evaluation
We developed a four-staged plan

- **set up**
  - Lit Review
  - Stakeholder workshop
  - Working group

- **development**
  - Develop tools & pre-pilot
  - Ethics

- **fieldwork**
  - Select sites
  - Qualitative interviews
  - Data entry & analysis

- **share findings**
  - Workshops with stakeholders
  - Reports & presentations
  - Journal article
We asked our participants (19) from 11 PHC centres

CEO/executives; managers; nurses; Aboriginal health workers; administrators (CQI Fac’s)

Level of awareness
Can you tell me about any CQI activities at your health service? What CQI tools, programs or approaches are you using?

Level of involvement
What role did you play?

Strategies
What supports implementing CQI activities? What hinders this?

Change achieved
How did it go? What actions did you take?

Level of support
What practical support did you have from senior staff?

Future
What would you do differently?

Key characteristics
79% Non-Aboriginal
69% clinical professionals
63% 1-3 yrs at current employment
Analysis: macro-meso-micro framework

Barriers and enablers to CQI

Macro level
Resourcing & external pressures
- Resource availability & access to support
- Linkages with local priorities: accreditation, KPIs

Meso level
Characteristics of the local organisation
- Leadership & management
- Organisational readiness
- Staff attitudes, knowledge & awareness of CQI
- Positive CQI experiences
- Engaging colleagues & local champions for CQI

Micro level
Characteristics of clinical team & individuals

Refs: Kaplan et al. (2011); Cabana et al. (1999)
Barriers is probably staffing, a consistent staffing more to the point...We haven’t had stability (Manager)

What we need, what I need to enable us is for [the CQI coordinator] to come. We need your help in helping us to change our organisational culture. We cannot at this point do it alone...It’s baby steps for us, we can’t do this massive organisational clinical change, governance change, these constitution changes that are on us on a daily basis, we can’t do it all without help (CEO/executive)
Get management involved, get management educated, get management educated, I know that sounds terrible, but educated about this specific – about quality and quality processes (Manager)

I would like to see organisational support for dedicated CQI time and training... (Clinician)

I think we were very ready and at that particular moment our staffing levels were very stable, and we were looking ahead and we wanted to up-skill all our staff to get into this program so that we were looking at the future (Manager and clinician)
Micro level – staff attitudes; engaging colleagues

Automatically they’ll switch off and go ‘oh well it’s not my business, don’t have to worry about it’, they don’t understand what a clinical audit can impact on their business and how they work, they just switch off (Manager)

I was told to go [to One21seventy training], I went reluctantly ... At the end of the two days, I walked away with a manual thinking this could actually be fantastic and I was enthusiastic about it ... (Aboriginal health worker)
Implementation of CQI tools and processes was more effective when the following existed:

**Macro**
- Environment (national level; policy)

**Meso**
- Local organisation (health service)

**Micro**
- Clinic team individual

- sufficient resources (including time, staffing)
- access to project support (such as CQI Coordinators)
- linkages with other local priorities (such as accreditation and mandated reporting)

- provision of senior management direction and leadership; specific and targeted CQI leadership and support
- a supportive organisational environment which is ready and capable of change

- a clinical team who are motivated for change processes; have access to training and are supported to participate in CQI activities
- local drivers and champions who have CQI experiences and capabilities
Successful strategies: Working in partnership

Coober Pedy – AHCSA Communicare & E-Health

Piloting research project tools @ Pt Lincoln
  - ABCD Partnership Coordinating Team

Ceduna Koonibba – AHCSA Governance project & accreditation
Successful strategies: *Combining CQI activity & research*
Thank you

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References


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