

Continuous Quality Improvement approach to improving the cultural competency of hospitals

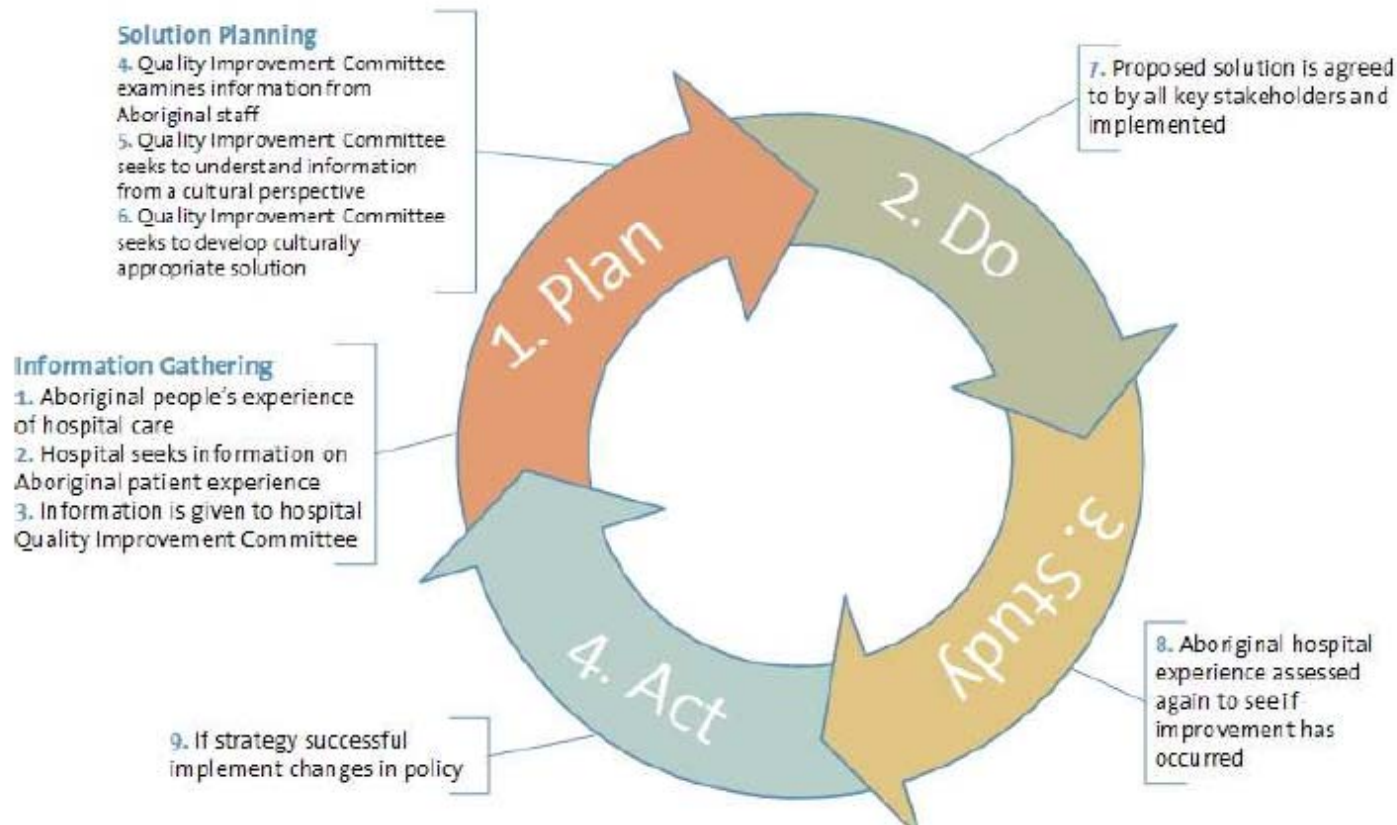
A practical approach to system change

Lowitja Round Table
20th November 2014

Projects

1. Improving the Culture of Hospitals Project (2010) - National
2. Quality Improvement in Aboriginal Health – Good practice examples from Canadian health services (2011)
3. Improving the Pathways to Hospital Care (2012) - Victoria
4. Aboriginal Identification in Hospitals Quality Improvement Project (2011-15) - NSW

Aboriginal quality improvement process



Online toolkit at:

<http://www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx>

PLAN
Information Gathering

Aboriginal people's experience of hospital care ([Process 1](#))

Hospital seeks information on Aboriginal patient experience ([Process 2](#))

Information is given to hospital Quality Improvement Committee (QIC) ([Process 3](#))

QIC examines information from Aboriginal staff ([Process 4](#))

PLAN
Solution Planning

QIC seeks to understand information from a cultural perspective ([Process 5](#))

QIC seeks to develop culturally appropriate solution ([Process 6](#))

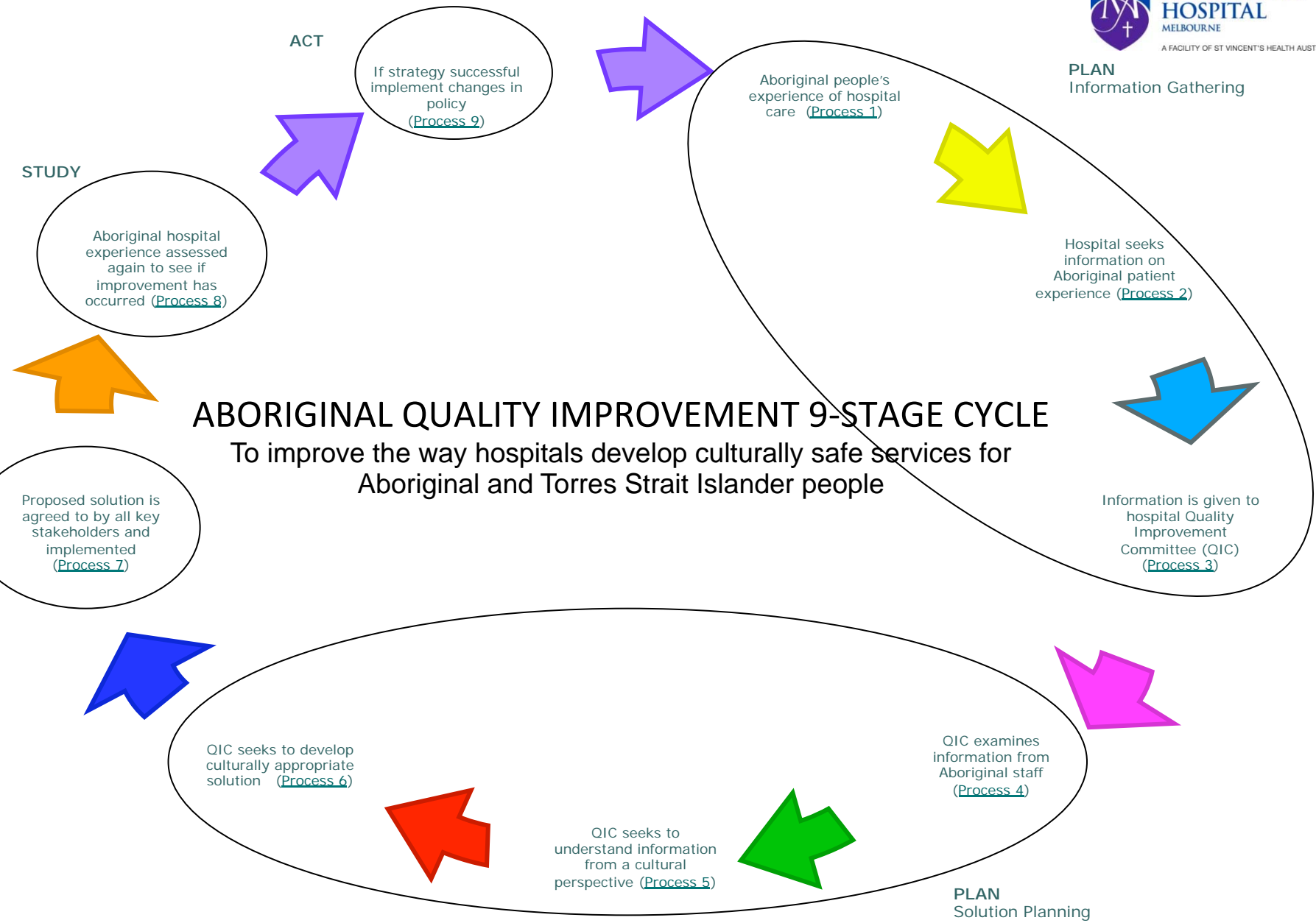
DO
Proposed solution is agreed to by all key stakeholders and implemented ([Process 7](#))

STUDY
Aboriginal hospital experience assessed again to see if improvement has occurred ([Process 8](#))

ACT
If strategy successful implement changes in policy ([Process 9](#))

ABORIGINAL QUALITY IMPROVEMENT 9-STAGE CYCLE

To improve the way hospitals develop culturally safe services for Aboriginal and Torres Strait Islander people



Key attributes

- Uses a culturally appropriate framework to identify and address issues using a systematic approach.
- Empowers Aboriginal staff and community but improvements are driven by others.
- Partnership b/w Aboriginal and non-Aboriginal hospital staff in implementing change
- Allows hospitals to set their own objectives at a local level in discussion with their staff and the Aboriginal community

What we know so far

1. Range of critical success factors
 - a) Partnerships with Aboriginal community
 - b) Enabling state and federal government policy environment
 - c) Leadership by hospital boards, CEO's, Executive, managers, key clinical staff
 - d) Strategic policies within the hospital
 - e) Structural and resource supports
 - f) Commitment to supporting the Aboriginal workforce
2. Reform doesn't come cheaply
3. Importance of Aboriginal perspective
4. Contribution to accreditation standards
5. Hospital policy and strategic directions needed

Achievements to date

- Improved support for ALO's
- New and improved mechanisms for cultural leadership at executive level
- Adoption of CQI framework varies but overall has been successful
- CQI process has strengthen relations b/w hospital and Aboriginal community
- Facilitated the creation of new hospital systems regarding targets and reporting
- Increased hospitals capacity to meet accreditation standards in Aboriginal health (EQUiP National no.12)

Gaps/Priority - 1

- Increase research (and publication) into the efficacy of interventions used to improve cultural competency for Aboriginal people in the hospital setting
 - Currently a lack of published literature in this area
 - Can these interventions increase identification and/or improve health outcomes?

Gaps/Priority - 2

- Undertake rigorous evaluation of cultural competency CQI interventions using both qualitative and quantitative data (process and outcome evaluation)
 - Possible quantitative measures: rate of accurate identification (ERA), rates of completed treatment (IEA)
 - Takes time to partner between quantitative and qualitative researchers

Gaps/Priority - 3

- Need to develop a centralised database which outlines where Aboriginal student are enrolled (schools, universities and RTO's) for health services to target traineeships/cadetships