What is required to support successful implementation of CQI in health promotion?

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Overview

• Background
• Case study
• What do we know about implementation
• World café
• Reflections
Workshop aims

To provide

• information about implementation and the importance of systematic planning and documenting implementation processes

• a practical introduction to a template for implementation (and sustainability?) planning for innovations

• an opportunity for sharing HPCQI information, experiences and networking
2007-2011
• Developed HPCQI tools (funded by CRCAH & NHMRC)
• Over 2 QI cycles, found
  – changes over time in practice and systems
  – CQI is feasible in HP

2012
• Tools launched, available from One21seventy

2013-2014
• Implementation of HPCQI tools
Why Continuous Quality Improvement? 

- CQI as method for better organising health systems
- ABCD shown evidence of improved systems, processes & outcomes in health care
- Core features of ABCD/CQI:
  - Emphasis on systems
  - Structured approach
  - Participatory action learning

Plan-Do-Study-Act Cycles

STEP 1: Signed Agreement
STEP 2: Training/ Orientation
STEP 3: Audits, system assessment
STEP 4: Participatory Interpretation. Data analysis & report preparation
STEP 5: Action Planning. Clinic feedback, workshop & goal setting for system changes
STEP 6: act Implement changes

Bailie et al MJA (2007)
Why CQI in HP?

• Because we know health promotion is important part of comprehensive primary health care service delivery
  - we need .... the evidence to do what we’re doing. ..health promotion is the critical factor for services...how else are we going to make a difference to the health of the population...I’m a true believer’ Health Centre Manager

  – When health promotion is done well people’s health improves

    ‘prevention is better than cure’

  – But some programs aren’t working well

• Because sometimes we don’t have training, support or resources to help us do health promotion well

• or we don’t know what is best way
Support & Funding
The Lowitja Institute
The tools and how we use them to assess and improve health promotion

**STEP 1:** Signed Agreement

**STEP 2:** Training/ Orientation

**STEP 3:** Audits, system assessment

**STEP 4:** Participatory Interpretation. Data analysis & report preparation

**STEP 5:** Action Planning. Clinic feedback, workshop & goal setting for system changes

**STEP 6:** act Implement changes
Health Promotion Audit Tool

- Indicators to measure progress and change
- Recording plans
- Gathering information
- Evaluating
- Planning
- Partners
- Targeting

Community participation

Beyond the local community
Beyond the health sector
In the local community
Specific health and lifestyle issues
Groups
Gender
Settings
HP Audit – What do we do?

• Decide what to audit, and who will be involved
• Gather all available records eg plans, minutes, articles, reports, photos, artwork
• Answer questions about the 5 key elements of health promotion practice
• Yes/No + categorical questions
• Enter directly into database or on hard copy
Systems Assessment Tool (SAT)
Systems Assessment Tool (SAT) - what do we do?

- SAT is a guide: what support and resources are available and how well they function

- 4 Components:
  - Delivery system design
  - Information systems & decision support
  - Organisational environment
  - Adaptability & Integration of systems

- Facilitated group discussion, consensus score [0-11] + score justification

- No ‘right’ or ‘wrong’ answers

What supports our team to plan & do health promotion?
HPCQI package

Data collection:
• HP Audit Tool
• HP Systems Assessment Tool (HP SAT)

Guide:
• Pre-audit Preparation Guide
• HP Audit Protocol

Presentation of data
• Web generated report

The HP CQI package is available and accessible through One21seventy: The National Centre for Quality Improvement in Indigenous primary health care (www.one21seventy.org.au)
HPCQI journey
from research to territory wide
implementation model

Department of Health
Overview

• Health Promotion in the Northern Territory (NT) Department of Health (DoH)
• Embedding Health Promotion (HP) Continuous Quality Improvement (CQI)
  – Strategic approach
  – Support and advice
  – Building capacity
• Planning implementation of Menzies HPCQI audit tool
Health Promotion in the Department of Health

• The Health Promotion Strategy Unit (HPSU)
  – 3 permanent staff, 3 contract staff
  – support operational staff to deliver evidence based health promotion

• Journey to embed Health Promotion CQI

• Acknowledge work by many people over many years
Organisational systems and research

- Need for a system to support planning, evaluation and documentation to support best practice

- 2006 trial of the Quality Improvement Planning Program (QIPPS)

- 2008 QIPPS rolled out across the DoH

- 2007 Representation on Menzies Project Management Committee ‘Improving Health Promotion Through CQI’ research project

- QIPPS and CQI process in this research compatible
A strategic approach

Support from DoH management
- Endorsed by senior management in DoH
- Included in some staff induction packages
- Included within the DoH Corporate Plan 2009 - 2012

<table>
<thead>
<tr>
<th>Priorities 2009-2012</th>
<th>How to achieve them</th>
<th>Recognising the achievements</th>
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<tbody>
<tr>
<td>Promote good health and prevent and manage chronic disease</td>
<td>• Improve approaches to reducing risk factors for chronic disease (low birth weight and infant malnutrition, smoking, poor diet, physical inactivity, alcohol abuse) through primary health care programs and activities</td>
<td>• Number of health promotion activities planned and evaluated using Quality Improvement Program Planning System</td>
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<td>• 3% increase in proportion of adults participating in at least 30 minutes of moderate physical activity every day</td>
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<td>• 5% increase in volume of fruit and vegetables consumed in remote communities</td>
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Ongoing support and advice

• Workforce
  – Operational staff
  – Strategy unit staff

• DoH Intranet and Internet site
  – Provide information and contacts for support for health promotion best practice and QIPPS

• Policy and procedures

• The NT Health Promotion Framework (HPF)
Building Capacity through training

• Internal
  – Health Promotion Postgraduate Short Course
  – QIPPS training – face to face and via e-learning

• External
  – Master Public Health
  – Certificate IV Population Health
  – Bachelor of Health Sciences
Where are we now

• Strategic, capacity building and policy and procedures have embedded Health Promotion CQI in the DoH
• Use of QIPP5S
• One21seventy CQI tools have been rolled out across the DoH
• Workforce
Next part of the journey

• Restructure into regional teams
• Continue to work in partnership with Menzies
• Roll out of the HPCQI tool
  – Audit Health Promotion in primary health care
  – Audit of Health Promotion projects documented in QIPPS
Question: What does the evidence say about implementation in Aboriginal and Torres Strait Islander health contexts?

Answer: Not much

PARiHS Framework
(Promoting Action on Research Implementation in Health Services)
Scenario:
- Your organisation’s Strategic Plan has identified a need to improve HP practice.
- You are considering the HPCQI tools.
- Use the template to begin thinking about your approach to introducing the tools.

Instructions:
- Spend 5mins introducing selves to the group
- When bell rings, rotate around the 5 tables
- 40mins for the activity
Reflections on the process
Evaluation and close