**QI Action Plan- \*add practice name\***

**Health Assessments for Aboriginal and Torres Strait  
Islander Patients QI Activity**

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| **Ask-Do-Describe** | |
| **Why do we want to change?** | |
| **Gap** | Low completion rates of Health Assessments for Aboriginal and Torres Strait Islander patients in our practice. |
| **Benefits** | Improved health outcomes, through early identification of health care needs to facilitate proactive care. |
| **Evidence** | There is strong evidence that the delivery of clinical preventive health services for Aboriginal and Torres Strait Islander patients, especially within a primary healthcare context, improves health outcomes. [(RACGP and NACCHO, 2018)](https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Resources/Evidence-base-to-a-preventive-health-assessment-3rd-edition.pdf)  The purpose of this health assessment is to help ensure that Aboriginal and Torres Strait Islander people receive primary health care that meets their needs, by supporting their health and wellbeing, establishing their health priorities and to plan for good health through, encouraging early detection, diagnosis and intervention for common and treatable conditions that cause morbidity and early mortality. ([AIHW, Health Checks and Follow-ups for Aboriginal and Torres Strait Islander People, 2024](https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/summary)). |
| **What** do we want to change? | |
| **Topic** | Increased completion rates of Health Assessments for regular Aboriginal and Torres Strait Islander patients of \*practice name\* |
| **How much** do we want to change? | |
| **Baseline**  *Baseline data is the % of*  *your current performance.*  *Add your practice performance percentage.* | *Baseline data for QI activities can be obtained from multiple sources e.g.:*   * *Data analytic tools- e.g., Primary Sense.* * *Clinical information systems using the “search” function/patient registers.*   **Example:**   * *Baseline data can be obtained from Primary Sense – Health Assessments Report second table (number of patients eligible can be identified in exported Excel spreadsheet).* * \*XX *Aboriginal and Torres Strait Islander patients eligible for a Health Assessment.* |
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| **Target**  *Target is the number of Aboriginal and Torres Strait Islander health assessments to be completed to meet your goal.* | **Example:** *Initial target is to reduce the number of Aboriginal and Torres Strait Islander patients with missing Health Assessments to \*XX.* |
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| **Sample**  *Sample is the number of patients that require a health assessment to meet your target.*  *Add your practice sample.* | ***Example:***   * *Sample could be determined from a Primary Sense report– Health Assessments Report.* * *XX Aboriginal and Torres Strait Islander patients aged 45 to 49 years who have not had a Health Assessment.*   *Tip (if the list is large) - consider narrowing down your sample size by focusing on:*   * *Specific age groups e.g., children 0–4-year age group, 30–40-year age group* * *Existing appointment to allow discussion and rebooking of appointment to complete a Health Assessment* * *ACG Score – e.g., 4 &5 moderate to high complexity* |
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| **Who** is involved in the change? | |
| **Contributors**  *Add names of the practice team involved* | **Practice Manager:**  **GPs:**  **Practice Nurses:**  **Receptionists:**  **GCPHN QI Project Officer:** |
| **When** are we making the change? | |
| **Deadlines**  *Add key dates here for this activity.* | **Baseline data report generated:**  **Implementation between (from/to):**  **Review meeting/s:**  **Final evaluation meeting:** |
| **How** are we going to change? | |
| **Implement**  *List some improvement strategies in order of implementation.*  ***(see Appendix 1 for suggestions).*** | **1.**  **2.**  **3.** |
| **STOP: The next section is to be completed after implementation has already commenced.** | |
| **Monitor**  *A minimum of one QI*  *activity review /touchpoint is required.*  *You can include multiple reviews/touchpoints – list by date.* | **Review 1 - Date:**  *What is working/not working?*  *Has there been a change in your performance? If not, why not?* |
| **STOP: The next section is to be completed at the end/closure of activity.** | |
| **How much** did we change? | |
| **Performance**  *Question: Did you*  *achieve your target?*  *If not, reflect on why not* | **Example:**   * *Number of Aboriginal and Torres Strait Islander patients due for a health assessment has decreased from baseline XX to XX* |
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| **Worthwhile**  *Was the effort to complete the improvement activity worth the outcome?*  *Did the team value the improvement activity?* | **Example:**  *We believe the effort to complete the activity* ***was worthwhile*** *as we as we decreased the number of Aboriginal and Torres Strait Islander patients eligible for a health assessment.*  ***OR***   * *We believe this activity* ***was not worth*** *the effort required, as we did not significantly reduce the number of Aboriginal and Torres Strait patients eligible due for a health assessment.* |
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| **Learn**  *What lessons learnt*  *could you use for other improvement activities?*  *What worked well, what could have been changed or improved?* | **Example:**   * *Sending SMS reminders resulted in higher bookings than phone calls.* |
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| **What next?** | |
| **Sustain**  *Implement new processes and systems into business as usual - which parts of this activity, if any, will you incorporate into business as usual at your practice?* | **Example:**   * *Nurses/Doctors will continue to add in reminders for Aboriginal and Torres Strait Islander patients due for a health assessment.* |
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| **Monitor**  *Review target measure quarterly and initiate corrective measures as required.* | **Example:** *Review Primary Sense – Health Assessments Report once a month to track performance over time.* |
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| **Appendix 1 – Potential solutions** | |
| These are some options you could implement to increase Health Assessment recorded rates for Aboriginal and Torres Strait Islander patients. Please note you can choose 1 or more or amend/add your own as appropriate for your practice. You do not have to implement all options that are brainstormed/listed.   * Demonstrate a commitment to providing a culturally physical safe environment, which could include:   + Consider [purchase of the Aboriginal and Torres Strait Islanders flags](https://www.flagworld.com.au/) and cultural artwork to display in the practice to provide a visible symbol of respect and to demonstrate to new and registered Aboriginal and Torres Strait Islander patients that the general practice recognizes First Peoples and actively seeks to promote a sense of community and belonging.   + Free health promotion brochures and posters can be accessed [here](https://www.gethealthynsw.com.au/health-professionals/free-resources/#head-3)   + Registering for the PIP Indigenous Health Incentive [here](https://www.health.gov.au/initiatives-and-programs/practice-incentives-program-indigenous-health-incentive) * Improve communication between health care provider and patients in practices which could include:   + Consideration of Aboriginal and Torres Strait Islander culture and languages in decision-making about health care needs, including the use of interpreter and support services, at all points of contact throughout the consumer journey, particularly when informed consent is required.   + Consider utilizing the Integrated Team Care (ITC) Program. The [ITC program](https://gcphn.org.au/commissionedservices/integrated-team-care/) is provided by an Indigenous Health Project Officer, Aboriginal and Torres Strait Islander Outreach Workers and Care Coordinators. Practice staff have access to resources and training to guide and support culturally safe communication with patients. Information [linked here](https://gcphn.org.au/patient-care/population-groups/aboriginal-torres-strait-islander-people-health/#community-chronic-disease-services-integrated-team-care) or [email **integratedteamcare@kalwun.com.au**](mailto:email integratedteamcare@kalwun.com.au).   + Consider reviewing practice patient information collection sheets and adapt to be more culturally appropriate if required.   + Consider improving the practices identification of Aboriginal and Torres Strait Islander people processes using [these strategies](https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health/action-58-identifying-people-aboriginal-andor-torres-strait-islander-origin#suggested-strategies). * Upskilling of Cultural Competency - workforce development and training   + Cultural safety training information can be found [here](https://gcphn.org.au/practice-support/support-for-general-practice/cultural-safety-training/)   + Online cultural training information can be found [here](https://www.racgp.org.au/the-racgp/faculties/atsi/education/post-fellowship/cultural-awareness-and-cultural-safety-training) * Identify patients eligible for Health Assessments. For example, using Primary Sense - Health Assessments Report   + Staff to add a reminder and follow up with patients - could be by letter, SMS, secure email, or phone call.   + Identify and flag patients with existing appointments (could focus on high-risk patients first), identify if staff has capacity to complete on the day, if not flag to be offered at time of visit and rebooked.   + If children, consider linking with immunisation visits.   + If clinical staff do have time to complete at existing appointment, reception/ nurse to contact patient to ensure it is agreeable with them. * Consider implementing a process for new patients to add in reminders to ensure Health Assessments are completed (new patient questionnaire). * Consider implementing a [Cycle of Care](https://gcphn.org.au/patient-care/population-groups/aboriginal-torres-strait-islander-people-health/#mbs) for your patient group. * Consider if your patient may be a suitable candidate for [My health for life,](https://www.myhealthforlife.com.au/) which is an evidence-based behavior change initiative for people at risk of developing chronic disease. Access the [Health Professional Toolkit here](https://gcphn.org.au/wp-content/uploads/2023/11/MH4L-Health-Professional-Toolkit-1.pdf). More information how to refer patients is found on the [GCPHN website here.](https://gcphn.org.au/patient-care/prevention/my-health-for-life/#my-health-for-life-information-and-resources) * Potential ways to promote Health Assessments for patients with their usual GP may include:   + practice webpage, newsletter, and social media pages   + [posters and pamphlets](https://www.health.gov.au/resources/publications?f%5B0%5D=field_related_health_topics%3A5905&f%5B1%5D=field_audience%3A451&page=1)   + during care plan and other routine appointments   + phone out of hours and on hold messages   + SMS alerts   + online booking system messaging. * Review the [GCPHN Health Assessment QI Toolkit](https://gcphn.org.au/practice-support/support-for-general-practice/quality-improvement/qi-toolkits/#prevention) for further ideas. * Monitor participation using excel spreadsheet and/or Primary Sense | |