

## Increasing Cultural Competency at Oasis Springs Health Hub

<b>Practice name:</b>	Oasis Springs Health Hub	<b>Date:</b>	10 February
<b>QI team:</b>	Pearl (PM), Emily (RN), Betty (RN) & Dr Brindle Bay (GP)		
<b>Problem:</b>	<p><i>Describe why this work is strategically important. What problem is the team addressing? What does our data indicate about it, and what are the causes?</i></p> <p>Incomplete and inaccurate identification of the Aboriginal and Torres Strait Islander population is commonplace in administrative and clinical information systems in health service organisations across Australia.</p> <p>Collecting and recording Aboriginal and Torres Strait Islander status is important for two main reasons:</p> <ol style="list-style-type: none"> <li>1. To help shape client care and planning.</li> <li>2. To provide culturally relevant information, referral and support.</li> </ol> <p>Staff responsible for registering a new patient should enquire about Aboriginal and Torres Strait Islander status on their first visit by asking the question ‘Are you of Aboriginal or Torres Strait Islander’ origin either on the intake form or verbally. The question should be asked of all patients irrespective of appearance, country of birth or whether the staff know of the client or their family background.</p>		
<b>Problem Statement:</b>	<p><i>Document your succinct problem statement here</i></p> <p>Our practice has identified that Aboriginal and Torres Strait Islander status is not consistently or accurately recorded in our clinical information system (CIS). This limits our ability to provide culturally appropriate care, monitor health outcomes, and ensure eligible patients are included in targeted health initiatives. Improving staff confidence and systems for identifying Aboriginal and Torres Strait Islander patients will strengthen our practice’s cultural competence and data accuracy.</p>		

This document guides practice staff through the **Model for Improvement** (the Thinking Part) and the **Plan-Do-Study-Act** (PDSA) cycle (the Doing Part), a framework for planning, testing, and reviewing changes.

For guidance and support on conducting quality improvement in your primary healthcare services, please contact your local Primary Health Network (PHN).

# Model for Improvement

## Step 1: Thinking Part - Three Fundamental Questions

Complete the Model for Improvement (MFI) as a whole team.

### AIM 1. What are we trying to accomplish?

By answering this question, you will develop your **GOAL** for improvement. It is important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.

By 25<sup>th</sup> November we will ensure **90% of active patients have their Aboriginal and Torres Strait Islander status recorded** in the clinical information system (CIS) by strengthening staff training and supporting cultural safety and inclusion.

### MEASURE(S) 2. How will we know that a change is an improvement?

By answering this question, you will develop the **MEASURE(S)** you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison. Tip: Use a Run Chart to plot trends.

#### Primary measure:

Percentage of active patients with Aboriginal and Torres Strait Islander status recorded in the CIS.

#### Secondary measure:

Percentage of staff who have completed cultural awareness training.

#### Balancing measure:

Staff feedback on confidence levels in asking identification questions (measured through post-training survey).

<b>Baseline:</b>	68% of active patients have Aboriginal and Torres Strait Islander status recorded in the CIS.	<b>Baseline date:</b>	11 February
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### CHANGE IDEAS 3. What changes can we make that will result in improvement?

By answering this question, you will develop **IDEAS** for change.

Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.

<b>Idea 1</b>	Conduct a survey on all practice staff to measure cultural competency.
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<b>Idea 2</b>	<b>Implement culturally safe practices to increase Aboriginal and Torres Strait Islander patients' status recorded in the CIS.</b>
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<b>Idea 3</b>	Create a culturally safe and inclusive clinical environment for First Nations patients.
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<b>Next steps:</b>	Each idea may involve multiple short and small PDSA cycles.
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## PDSA (Plan-Do-Study-Act)

### Step 2: Doing Part - Plan-Do-Study-Act

Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	<i>How will we run this test? Who will do it and when? What will we measure?</i>	<i>Prediction or hypothesis on what will happen.</i>	<i>Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.</i>	<i>Analyse results, compare them to predictions, and reflect on what you learned. .</i>	<i>Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?</i>
<b>Change idea 1</b>	<p><b>What:</b> General Practice team members to complete cultural awareness training through Kalwun Health.</p> <p><b>Who:</b> All general practice team members.</p> <p><b>How:</b> Contact GCPHN to arrange training.</p> <p><b>When:</b> Feb 2026</p>	All staff will participate in cultural awareness training to boost their confidence in identifying and supporting Aboriginal and Torres Strait Islander patients.	Staff completed the scheduled cultural safety training and found the training educational and valuable.	Staff reported that they felt more confident in discussing and supporting Aboriginal and Torres Strait Islander patients and to ask the question “Do you identify” to ensure patient records are up to date.	<p><b>Adopt:</b> Cultural awareness training will be included in the practice training manual.</p> <p>Training will be refreshed every 12 months for existing staff members, and all new staff will complete cultural awareness training as part of their onboarding process.</p>
<b>Change idea 1.2</b>	<p><b>What:</b> Implement the practice-wide process of asking every patient, new or existing, the standard question “Are you of Aboriginal or Torres Strait Islander origin?” during registration or when</p>	Staff will confidently and consistently ask the identification question after having completed cultural awareness training.	<p>Staff implemented the updated intake process and displayed signage.</p> <p><b>What worked well:</b> The signage reassured patients, and staff felt confident using the provided script.</p>	Recording rate for Aboriginal and Torres Strait Islander status in the CIS increased from 68% to 87% by the end of November.	<p><b>Adopt:</b> Continue asking the identification question for all patients at registration and clinical contact.</p> <p>Ensure the question is on all new patient forms and review annually.</p>

updating patient details.

**Who:** Reception and clinical staff during patient intake and clinical encounters.

**How:**

- Display culturally welcoming signage at reception (e.g., “We respectfully ask all patients if they identify as Aboriginal or Torres Strait Islander”).
- Update intake and recall forms to ensure the question is visible and mandatory.
- Provide scripts and guidance for staff to support culturally safe communication.
- Audit CIS monthly to monitor improvements in recording accuracy.

**When:**

March – November

The proportion of patients with recorded Aboriginal and Torres Strait Islander status in the CIS will increase by at least 10% over three months.

**Unexpected findings:** Some patients appreciated the respectful explanation for why the question was asked.

**Next steps:** Include Aboriginal and Torres Strait Islander identification audits as a standing agenda item in team meetings and ensure new staff receive training on culturally safe communication during onboarding.

**Summary of Results**

Following completion of cultural awareness training, all staff reported increased understanding and confidence in communicating with Aboriginal and Torres Strait Islander patients. The practice implemented the standard identification question for all new and existing patients, supported by culturally welcoming signage and updated intake forms.

Over the implementation period, Aboriginal and Torres Strait Islander status recording in the CIS increased from **68% to 87%**, nearing the target of 90%. Staff feedback indicated that respectful phrasing and visible messaging helped normalise the question, and several patients expressed appreciation for being asked in a culturally sensitive way.

The practice will continue monthly CIS audits to ensure data accuracy and maintain momentum. Cultural awareness training has been embedded into the onboarding process for new staff, with annual refreshers for existing team members. These improvements have strengthened the practice’s commitment to providing culturally safe, inclusive care for First Nations patients.