CQI Tools and Resources Project

Professional Development Course Outline for CQI

June 2016

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Acknowledgments

The Project

The CQI Tools and Resources project was commissioned by the Australian Government Department of Health (Indigenous Health Division) to support the National Continuous Quality Improvement Framework for Aboriginal and Torres Strait Islander Primary Health Care. The project was conducted by the Lowitja Institute, together with a Project Team of representatives from partner organisations, NACCHO and each state and territory peak body, with advice from a project Technical Panel of experts in CQI in the Aboriginal community controlled health sector.

Development Team

The Professional Development Course Outline for CQI was developed by the ThinkThrough team led by Dr Sanchia Shibasaki and Dr Beverly Sibthorpe, with contributions from Dr Jacki Mein, Ms Kerry Copley, Ms Carolyn Renehan, Professor Ross Bailie and Mr Alistair Harvey.

About the Professional Course Outline

The Professional Development Course Outline describes the CQI professional development training requirements for Boards, management, staff and others, as they begin to develop the knowledge and skills needed to support continuous quality improvement in Aboriginal and Torres Strait Islander primary health care services, and as they progress along their patient care journey. (Resources have been developed for the first [level 1] learning program, the Orientation and Induction Package.)

The Course Outline may be used:

- As a planning tool to guide the development of learning and training activities
- To support trainers to identify and set learning program goals, develop student learning outcomes and session plans
- To support learning participants by identifying learning requirements, learning goals and outcomes, expectations and timelines
- As a reference for Aboriginal Community Controlled Health Services (ACCHSs), colleagues, administrators and registered training organisations to identify what is included in the learning programs and what is expected of learning participants
- To determine what skills learning participants should have after completing the training, and
- To support the development of new training that could build on the learning outcomes described in the current course outline.

Introduction

Continuous quality improvement (CQI) training is a high priority need in Aboriginal and Torres Strait Islander primary health care. Lack of training across the full spectrum of primary health care professions has been identified as an important barrier to embedding CQI in everyday practice. There are major gaps in training availability, appropriateness, accessibility and comprehensiveness. This can be partly explained by the fact that CQI is relatively new in healthcare generally (Lowitja Institute n.p.) and to the Aboriginal Community Controlled Health Services (ACCHSs) sector.
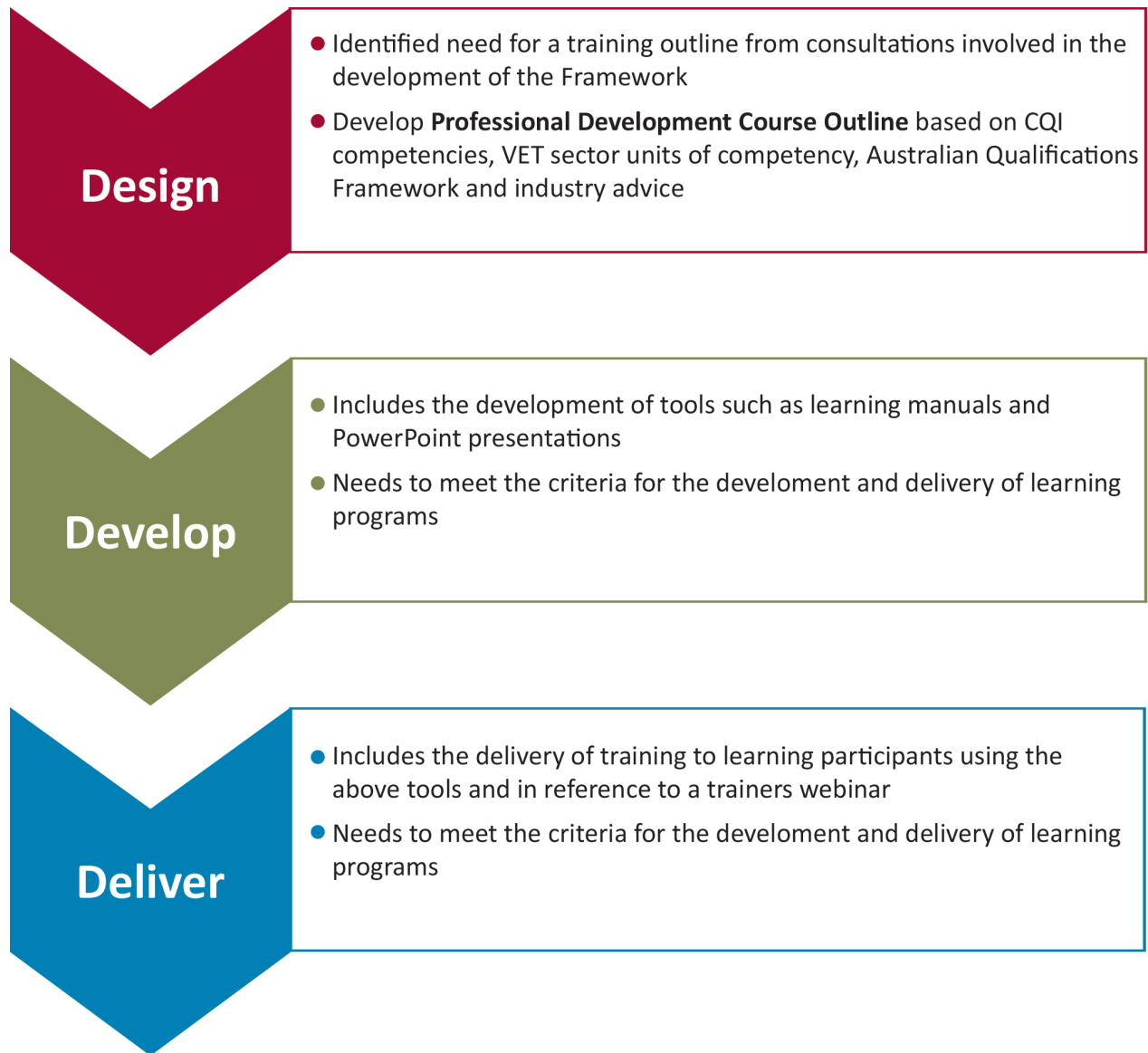
Furthermore, ACCHSs vary in terms of service environments, attributes and capacity and are at different points along a CQI journey. Some are at the beginning when CQI is a new or emerging practice whereas other services have been on the CQI journey for some time and have integrated CQI into their systems and processes. ACCHSs may also find that CQI capacity is affected by factors such as staff turnover, decreased workforce motivation or a change in management, so an organisation may return to the start of a CQI journey several times.

There are two types of training needed for CQI:

- Credentialed training: training that takes place during professional degree/diploma/certificate education, and
- Non-credentialed training: training that is undertaken to obtain, maintain or improve skills or employment opportunities but does not lead to a recognised qualification.

The Professional Development Course Outline for CQI that follows focuses on <u>non-credentialed training</u>. Please note, completion of modules does not mean a participant is formally competent in CQI as this type of training does not include formal assessment. As shown in Figure 1, the Course Outline sits within the design phase of training development.

Figure 1: The stages of developing CQI training

Design
- Identified need for a training outline from consultations involved in the development of the Framework
- Develop **Professional Development Course Outline** based on CQI competencies, VET sector units of competency, Australian Qualifications Framework and industry advice

Develop
- Includes the development of tools such as learning manuals and PowerPoint presentations
- Needs to meet the criteria for the develoment and delivery of learning programs

Deliver
- Includes the delivery of training to learning participants using the above tools and in reference to a trainers webinar
- Needs to meet the criteria for the develoment and delivery of learning programs

Development of the Professional Development Course Outline

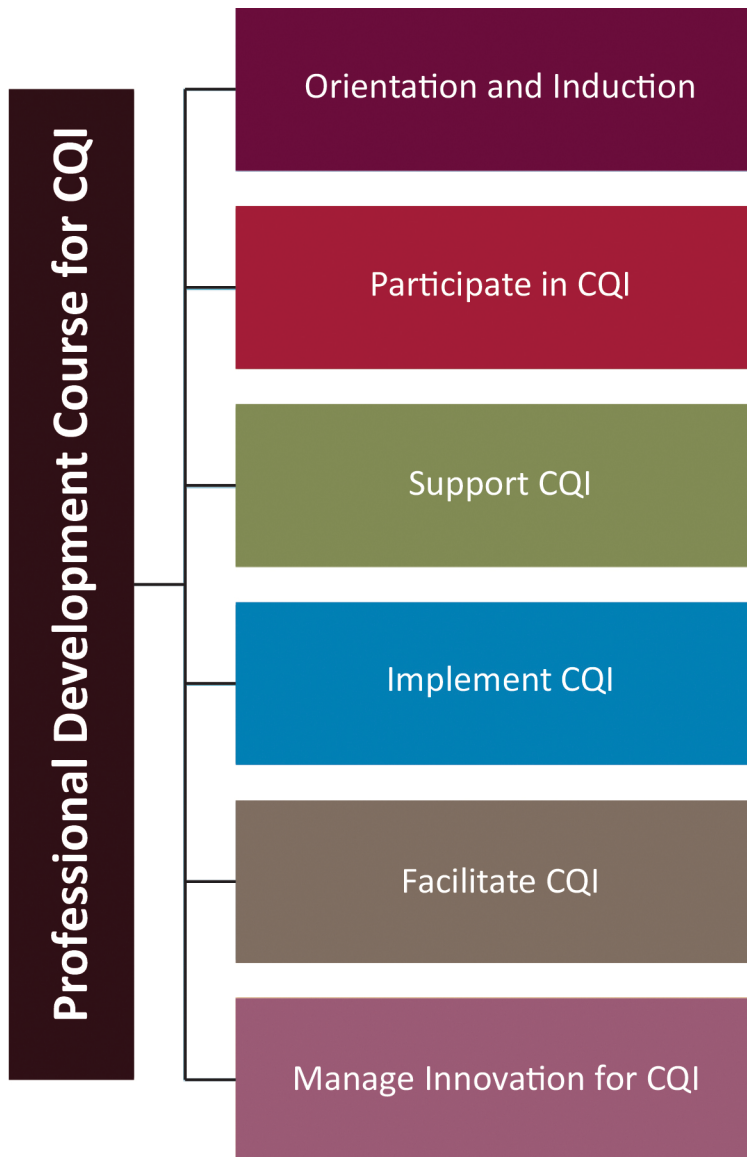The Professional Development Course Outline draws on:

- Elements of the Vocational Education and Training (VET) sector such as the Training Package Quality Principles and design, development and delivery processes (Department of Industry 2012)
- Nine CQI competencies (see below)
- Alignment to the Australian Qualifications Framework (AQF), and
- Advice from the Aboriginal and Torres Strait Islander primary health care sector.

The Professional Development Course Outline acknowledges there is significant variation and diversity between Aboriginal and Torres Strait Islander primary health care services in models of care, service environments, attributes, capacity, service provision and use of terms and titles. For the purposes of this tool, a range of terms has been used to be consistent with terms used in the VET sector and to be adaptable to individual and group contexts. The term 'client' is used in lieu of 'patient' to describe individuals who may use the service, individuals that live in the service catchment area, and/or patients. The term 'learning' is used where possible to describe training. Please note, trainers may customise learning content and delivery to meet the work environment and learning styles of the target audience (i.e. contextualise). In all cases of customising content, the integrity of the outcome of the learning program must be maintained.

Learning Programs

The Professional Development Course Outline includes six learning programs (Figure 2). Each learning program maps to the nine CQI competencies, includes a set of learning outcomes, and provides information such as key definitions to support the development of learning tools.

Figure 2: Course Outline

Professional Development Course for CQI

- Orientation and Induction
- Participate in CQI
- Support CQI
- Implement CQI
- Facilitate CQI
- Manage Innovation for CQI

Criteria for Developing and Delivering the Learning Programs

The criteria for developing and delivering the professional development CQI learning programs are based on VET sector requirements for developing learning resources and advice from those involved in applying CQI in ACCHSs. The criteria recommend that those developing and/or delivering the learning programs should have or undertake the following:

- Thorough working knowledge of the relevant learning programs and be able to tailor, interpret and apply the learning programs to different contexts and audiences
- Thorough knowledge and skills in adult learning principles
- Ability to 'unpack' learning outcomes:
    a) to clarify basic building blocks of topics and concepts. For example, the unpacking of what is a performance indicator should cover the basic building blocks such as what is measurement, what is an indicator, and so on
    b) to meet requirements of the AQF levels. For example, the learning module content for a learning outcome at AQF Level 1 should reflect the requirements of this level
    c) to adapt to different levels of learning – knowledge, comprehension, application, analysis, synthesis, and evaluation. At the foundational level (knowledge) participants should be able to recall or recognise information, ideas, and principles. At this level, learning outcome terms such as describe, define and list are used (for example, 'describe' a PDSA cycle). As participants progress through learning levels, the learning outcome terms should reflect this progression; for example, 'be able to give examples of implementing a PDSA cycle' (comprehension) or 'facilitate the uptake of PDSA cycles in primary health care services' (application).
- Consultation with individuals with relevant expertise in the learning program content and with representatives from the adult learning sector and industry sector to identify training and learning needs and knowledge gaps
- Capability to customise learning content and delivery to meet the work environment and learning styles of the target audience (i.e., contextualise). In all cases of customising content, the integrity of the outcome of the learning program must be maintained
- A reflective and narrative based approach to CQI (for example, opportunities to describe experiences in applying CQI and to discuss what worked, what didn't work, and contribute personal opinions), and
- Processes to assess and monitor the quality of learning and training tools such as a CQI training group that consists of experts with relevant knowledge of the learning topic, adult learning principles and the industry sector.

CQI Competencies

Nine CQI competencies were identified as essential core content for training on CQI. The CQI competencies are based on the Institute for Healthcare Improvement's knowledge domains and also reflect advice from the Aboriginal and Torres Strait Islander primary health care sector.

1. **CQI fundamentals:** Definition, history and common characteristics of CQI in primary health care and knowledge of the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* and *Implementation Plan* and the *National CQI Framework for Aboriginal and Torres Strait Islander Health Care 2015–2025*.

2. **Quality management in primary health care:** The principal internal mechanisms for quality management in Aboriginal and Torres Strait Islander primary health care.

3. **Population health approach in CQI:** Identifying groups using or needing health care, and assessing their needs, preferences, care and outcomes.

4. **Healthcare as system and processes:** Acknowledging the interdependence of service users, providers, procedures, activities and technologies that come together to meet the needs of clients and communities.

5. **Client and community involvement in CQI:** Involving clients and communities in CQI.

6. **Producing and translating new, locally useful knowledge for CQI:** Recognising and being able to produce and translate new knowledge, including through empirical testing.

7. **Measurement and variation:** Using measurement to understand variation in care and outcomes in order to improve the design of health care.

8. **Leading and making change for CQI:** Methods and skills for making change in complex organisations, including the strategic management of people and their work.

9. **Teamwork:** Knowledge and skills needed to work effectively in teams and understand the perspectives and responsibilities of others.

Orientation and Induction Learning Program

Purpose

This **Orientation and Induction** Learning Program describes the foundational knowledge and skills required to prepare for initial work in continuous quality improvement in primary health care. The learning program aligns to Level 1 of the Australian Qualification Framework and is based on the nine CQI competencies. This learning program consists of three modules. This learning program should be delivered as part of the overall orientation and induction process of the workplace.

Target audience

The **Orientation and Induction** Learning Program is for all those commencing a new work role or those currently working in Aboriginal and Torres Strait Islander primary health care.

Learning outcomes

Module 1

Learners will be able to:

- Define CQI
- Describe the history of CQI and its uptake in primary health care
- Describe the common characteristics of CQI
- Define comprehensive primary health care
- Identify the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* and *Implementation Plan*
- Identify the *National CQI Framework for Aboriginal and Torres Strait Islander Health Care 2015–2025*
- Identify the role and drivers of quality in primary health care
- Identify the principal internal and external mechanisms of quality management in primary health care
- Define clinical governance
- Describe the key attributes of clinical governance
- Identify what is meant by a population health approach in primary health care, and
- Identify the main social and cultural determinants of health for Aboriginal and Torres Strait Islander people.

Module 2

Learners will be able to:

- Define community control
- Define primary health care as system and process
- Identify the main primary health care service structures and processes
- Define empowerment
- Define health literacy
- Describe the roles of the client and community in CQI
- Identify organisational policies and procedures that apply to client and community engagement in primary health care
- Identify the main organisational barriers and enablers for CQI
- Define team and teamwork
- Identify and describe organisational roles and responsibilities for CQI
- Describe own role and responsibility as it applies to CQI within an organisation
- Describe the key enablers and barriers to teamwork in CQI, and
- Describe the key principles of working with people of different ages, gender, race, religion or political persuasion.

Module 3:

Learners will be able to:

- Describe a PDSA cycle
- Describe data, information, and knowledge
- Define quantitative and qualitative data
- Identify the primary data and information systems in primary health care and their relevant functions
- Define data quality
- Describe the importance of data quality in primary health care
- Describe the components of data quality
- Describe measurement and variation in terms of CQI
- Describe what is meant by new knowledge in primary health care
- Identify external sources of data
- Identify the main types of data and information systems that produce new knowledge for CQI in primary health care
- Identify principal tools and strategies to support the production of new knowledge for CQI in primary health care
- Describe change and how change is related to CQI, and

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- Describe the barriers and enablers to change.

Tools to support the delivery of training

The following tools are recommended to support the delivery of professional development training:

- A webinar for trainers to describe how to deliver the learning programs. Webinars should be delivered by individuals who demonstrate a thorough working knowledge of the relevant learning programs and are able to interpret and apply the learning programs to different contexts and audiences
- PowerPoint presentations
- Learning manuals, and
- Other relevant material such as handouts.

Participate in CQI Learning Program

Purpose

The **Participate in CQI** Learning Program describes the knowledge and skills required to participate in CQI activities. The learning program aligns to Level 2 of the Australian Qualification Framework and is based on the nine CQI competencies.

Target audience

The **Participate in CQI** Learning Program is for all those involved in PDSA cycles and improvement initiatives. It is recommended participants demonstrate foundational knowledge of their health program area including knowledge of the organisation's clients, communities and populations, and are able to identify areas of improvement, identify strategies for improvement, and work with colleagues to implement changes for improvement to work processes.

Learning outcomes

The learning outcomes are presented as per the CQI competencies.

CQI fundamentals:
- Describe the value of CQI for primary health care services
- Describe the essential building blocks for embedding CQI as described in the National CQI Framework for Aboriginal and Torres Strait Islander Health Care
- Describe the five key attributes that underpin the essential building blocks for embedding CQI as described in the National CQI Framework for Aboriginal and Torres Strait Islander Health Care
- Identify the common characteristics of CQI in primary health care as described in the National CQI Framework for Aboriginal and Torres Strait Islander Health Care
- Identify the primary tools and strategies used for CQI in primary health care (PDSA cycles, clinical audits)

Quality Management in primary health care:
- Describe the role and drivers of quality in primary health care
- Describe the principal internal and elements of quality management in primary health care
- Describe the relationship between clinical governance and CQI
- Describe the difference between CQI and accreditation

Population health approach in CQI
- Describe a population health approach in primary health care and its relevance to CQI
- Describe the main social and cultural determinants of health for Aboriginal and Torres Strait Islander people
- Provide examples of the demographic, social and cultural characteristics of client and/or population groups of a specific community, including needs and preferences

Healthcare as system and processes
- Define primary health care as system and process
- Describe the main primary health care service structures and processes
- Describe a systems approach to CQI including planning, implementation, and assessment

Client and community involvement in CQI
- Describe the role of client and community involvement in CQI
- Identify the enablers and barriers to client and community involvement in CQI
- Describe the organisational policy and procedures that apply to client and community involvement
- Describe strategies to support client and community involvement in CQI
- Describe own role and responsibility as it applies to client and community involvement in CQI

Producing and translating new, locally useful knowledge for CQI
- Define the co-production of new knowledge and knowledge translation
- Define learning culture
- Provide examples of producing new knowledge for CQI and its translation into service structures and processes
- Identify the tools and methods that support the production of new knowledge and its translation into service structures and processes with a particular focus on PDSA cycles, audits, service assessments
- Describe the PDSA cycle and its components
- Give examples of implementing a PDSA cycle in primary health care including the barriers and enablers
- Describe the tools and resources to support the implementation of a PDSA cycle
- Apply the PDSA cycle

Measurement and variation
- Describe data quality, its components and importance in CQI
- Give examples of the causes and sources of poor data collection
- Identify methods to overcome poor data quality
- Define qualitative and quantitative data and identify the key internal and external sources of this data in primary health care services
- Describe measurement and variation in CQI
- Describe the primary data and information systems that support the implementation of PDSA cycles and other CQI strategies in primary health care
- Describe methods used to measure variation in CQI
- Define performance indicator including key attributes, types of indicators, and use of indicators in primary health care

- Describe the key steps involved in analysing and interpreting PDSA findings
- Describe sense-making and its importance in interpreting findings

Leading and making change for CQI
- Describe the key elements and principles of change management
- Identify and propose opportunities for improvement in own area of work
- Develop and discuss ideas with others
- Apply routine changes to own work practice

Teamwork
- Define team and team work
- Describe the team's role and responsibilities in participating in CQI
- Describe the key enablers and barriers to teamwork in CQI
- Describe own role and responsibility as it applies to a team and participating in a PDSA
- Describe the team's role in contributing to workplace innovation
- Describe the tools and strategies to support effective teamwork
- Describe the key principles of working with people of different ages, gender, race, religion or political persuasion

Tools to support the delivery of training

The following tools are recommended to support the delivery of professional development training:

- A webinar for trainers to describe how to deliver the learning programs. Webinars should be delivered by individuals who demonstrate a thorough working knowledge of the relevant learning programs and are able to interpret and apply the learning programs to different contexts and audiences
- PowerPoint presentations
- Learning manuals, and
- Other relevant material such as handouts.

Support CQI Learning Program

Purpose

The **Support CQI** Learning Program describes the knowledge and skills required to effectively support the organisation's continuous improvement systems and processes. Particular emphasis is on actively encouraging the team to participate and implement CQI and on monitoring and reporting on specified outcomes and on supporting opportunities for further improvements. The learning program aligns to Level 3 of the Australian Qualification Framework and is based on the nine CQI competencies.

Target audience

The Support for CQI Learning Program is for all those involved in supporting an organisation's CQI systems and processes such as Board members, CEO, senior managers, program managers, clinical leaders, clinical governance teams, CQI lead, champions and quality team members. Participants should demonstrate a good understanding of the foundational CQI competencies.

Learning outcomes

The learning outcomes are presented as per the CQI competencies.

CQI Fundamentals:
- Identify the key policy drivers for embedding CQI into primary health care structures and processes
- Discuss the value of CQI for client and services
- Discuss the essential building blocks for embedding CQI and identify responsibilities across the local, regional, state and national levels (as described in the *National CQI Framework for Aboriginal and Torres Strait Islander Health Care 2015–2025*)
- Discuss the five key attributes that underpin the essential building blocks for embedding CQI as described in the *National CQI Framework for Aboriginal and Torres Strait Islander Health Care 2015–2025*
- Describe the common characteristics of CQI in primary health care as described in the *National CQI Framework for Aboriginal and Torres Strait Islander Health Care 2015–2025*

Quality Management in primary health care:
- Discuss the role and drivers of quality in primary health care
- Discuss the principal internal and elements of quality management in primary health care
- Discuss the relationships between CQI and accreditation, CQI and clinical governance, and CQI and key performance indicator reporting
- Discuss the organisation's role and responsibility in planning, developing and implementing a CQI plan within a clinical governance framework
- Discuss the barriers and enablers to effective clinical governance

- Discuss mechanisms and strategies to support clinical governance processes and practices

Population health approach in CQI
- Discuss a population health approach to CQI
- Give examples of a population health approach to CQI in primary health care
- Describe the benefits of a population health approach to CQI

Healthcare as system and processes
- Discuss primary health care as system and processes
- Discuss the value of systems thinking in CQI
- Describe the planning, implementation and assessment of CQI within a systems framework

Client and community involvement in CQI
- Discuss the history of client and community involvement in Aboriginal and Torres Strait primary health care
- Discuss the relevance of client and community involvement in CQI and implications for service structures and processes
- Discuss models of client and community involvement in CQI
- Describe the enablers and barriers to client and community involvement in CQI
- Describe internal and external mechanisms to support client and community involvement in CQI

Producing & translating new, locally useful knowledge for CQI
- Discuss the structures and processes to support the planning, implementation, and assessment of PDSA cycles
- Discuss structures and processes, tools and methods, barriers and enablers to co-producing and translating new knowledge in CQI
- Describe the structures and processes to support the development of a learning culture in an organisation

Measurement and variation
- Describe the management of data, information, and knowledge to support CQI
- Discuss the structures and processes to ensure and maintain data quality
- Describe the structures and processes to monitor variation in care and outcomes
- Identify and define key internal and external organisational measures such as performance indicators, benchmarks, and targets
- Identify and describe process and outcome indicators
- Review the outcomes from key internal and external organisational measures and interpret findings for primary health care structures and processes

Leading and making change for CQI
- Discuss change management and its relevance to CQI

- Describe the structures and processes and strategies and tools to support change management in primary health care services
- Identify the key roles and describe their responsibility for leading and making change for CQ

Teamwork
- Describe the roles and responsibilities involved in supporting CQI and change and innovation in services
- Describe own role and responsibility as it applies to a team and supporting CQI and change and innovation in services
- Identify resources needed to support the team participate and engage in CQI
- Describe approaches and strategies to support teams and teamwork including mentoring, coaching, and training and development
- Examine the role and responsibility of teams in participating in CQI and create opportunities to support improvement

Tools to support the delivery of training

The following tools are recommended to support the delivery of professional development training:

- A webinar for trainers to describe how to deliver the learning programs. Webinars should be delivered by individuals who demonstrate a thorough working knowledge of the relevant learning programs and are able to interpret and apply the learning programs to different contexts and audiences
- PowerPoint presentations
- Learning manuals, and
- Other relevant material such as handouts.

Implement CQI Learning Program

Purpose

The **Implement CQI** Learning Program describes the knowledge and skills required to effectively implement an organisation's CQI systems and processes. It involves using systems and strategies to actively encourage, engage, and involve the team in CQI. The learning program aligns to Level 4 of the Australian Qualification Framework and is based on the nine CQI competencies.

Target audience

The **Implement CQI** Learning Program is for all those responsible for implementing CQI processes to achieve the organisation's objectives such as CQI leads, clinical leaders, clinical governance team and program managers. Participants should demonstrate a good understanding of foundational CQI competencies and experience of working in CQI.

Learning outcomes

The learning outcomes are presented as per the CQI competencies.

CQI Fundamentals:
- Describe the contextual factors that relate to CQI in Aboriginal and Torres Strait Islander primary health care
- Describe the 5 key attributes that relate to CQI in Aboriginal and Torres Strait Islander primary health care
- Describe the common characteristics of CQI
- Describe the 15 building blocks essential for embedding CQI in primary health care

Quality Management in primary health care:
- Describe the similarities, differences and linkages between CQI and accreditation, CQI and clinical governance, and CQI and key performance indicator reporting
- Discuss the role and responsibility of the clinical leader and the clinical governance team
- Describe the primary health care structures and processes to support clinical governance
- Implement CQI within a clinical governance framework

Population health approach in CQI
- Plan and develop a CQI activity that focusses on client and community groups this includes their needs, access, care and outcomes
- Describe the approach to assess the CQI activity

Healthcare as system and processes
- Discuss the interconnectedness of systems and processes in CQI
- Plan and develop an approach to assess a systems readiness for change and systems effectiveness

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- Prepare a CQI plan that demonstrates a systems approach to planning, implementing, and monitoring CQI activities and improvement activities

Client and community involvement in CQI
- Describe models of client and community involvement and the application of models in Aboriginal and Torres Strait Islander primary health care
- Develop a strategy to involve clients and community in a CQI activity
- Describe the key personal attributes required to work with clients and communities in Aboriginal and Torres Strait Islander primary health care
- Develop the capacity of clients and communities in CQI

Producing and translating new, locally useful knowledge for CQI
- Define knowledge translation
- Describe models of knowledge translation
- Prepare a knowledge translation plan to support the uptake and use of new knowledge in primary health care
- Lead teams to plan, implement, and monitor PDSA cycles

Measurement and variation
- Support individuals and teams to maintain the quality of data collections
- Support the management of data and information for CQI (this includes collection, storage, extraction, analysis, reporting, and interpretation)
- Describe key organisational and CQI measures and their relevance for clinical improvement
- Interpret key findings and identify ideas for improvement and strategies for improvement
- Maintain a record of CQI activities to document initiatives, outcomes, and key learnings

Leading and making change for CQI
- Support the development of a learning culture within the workplace
- Support individuals and teams to use tools and resources to monitor and review progress and to identify ways in which planning and operations could be improved
- Develop and communicate recommendations for improvement to those who have a role in their development and implementation
- Demonstrate understanding of individual responses to change and provide a range of support mechanisms in line with specific needs
- Describe barriers and opportunities for change
- Support the implementation and evaluation of change management strategies for CQI.

Teamwork
- Describe the roles and responsibilities of team members in implementing CQI and change and innovation in primary health care
- Describe the key enablers and barriers to teamwork and implications for implementing CQI

- Develop the CQI capacity of individuals and teams
- Organise and lead a team approach to CQI
- Monitor team performance and identify strategies to support best practice
- Apply safe working practices when working with people of different ages, gender, race, religion or political persuasion
- Demonstrate self-awareness of personal strengths, weaknesses and biases and requirements of role and responsibility as it applies to working with teams and diverse groups of people.

Tools to support the delivery of training

The following tools are recommended to support the delivery of professional development training:

- A webinar for trainers to describe how to deliver the learning programs. Webinars should be delivered by individuals who demonstrate a thorough working knowledge of the relevant learning programs and be able to interpret and apply the learning programs to different contexts and audiences;
- PowerPoint presentations;
- Learning manuals; and
- Other relevant material such as handouts.

Facilitate CQI Learning Program

Purpose

The **Facilitate CQI** Learning Program describes the knowledge and skills required to support organisations, primary health care providers and teams in different organisational contexts and environments and with varying levels of CQI capacity. The learning program aligns with level 5 of the Australian Qualifications Framework and is based on the nine CQI competencies.

Target audience

The **Facilitate CQI** Learning Program applies to roles such as external CQI facilitators or coordinators, regional CQI coordinators, mentors, and other relevant roles such as chronic disease coordinators. Participants should demonstrate a good understanding of foundational CQI competencies and experience of working in CQI.

Learning outcomes

CQI Fundamentals:

- Develop knowledge translation activities to enhance the capacity of individuals, teams and primary health care services in CQI fundamentals

Quality Management in primary health care:

- Develop knowledge translation activities to enhance the capacity of individuals, teams and primary health care services in quality management in primary health care

Population health approach in CQI

- Support primary health care services to implement a population health approach in CQI

Healthcare as system and processes

- Develop knowledge translation activities to enhance the capacity of individuals, teams and primary health care services in applying CQI using a systems approach
- Support primary health care services to assess systems readiness for change and systems effectiveness

Client and community involvement in CQI

- Develop knowledge translation activities to enhance the capacity of individuals, teams and primary health care services to involve clients and communities in CQI
- Support primary health care services to involve clients and communities in CQI
- Support primary health care services to build the capacity of clients and communities in CQI
- Facilitate sharing of information between primary health care services on effective strategies for client and community involvement in CQI

Producing and translating new, locally useful knowledge for CQI

- Develop a knowledge translation plan to support primary health care services to translate new knowledge into system and process improvements

- Facilitate the translation of learnings between primary health care services
- Facilitate the uptake of PDSA cycles in primary health care services
- Facilitate the uptake of other CQI tools and strategies in primary health care services
- Appraise current and emerging knowledge to support CQI in primary health care service systems and processes
- Identify and/or create learning opportunities for primary health care services and teams in CQI and innovation

Measurement and variation

- Develop knowledge translation activities to enhance the capacity of individuals, teams and primary health care services in effective data, information and knowledge management; CQI and measurement; measurement and variation (includes performance measures, indicators and other relevant measures); and sense-making
- Support primary health care services to select relevant information technologies to support CQI

Leading and making change for CQI

- Develop knowledge translation activities to enhance the capacity of individuals, teams and primary health care services in effective change management
- Identify and/or create learning opportunities for primary health care services and team in CQI and innovation
- Facilitate the development of a learning culture within primary health care services
- Develop and communicate recommendations for improvement to those who have a role in the development and implementation of CQI activities
- Support efforts to initiate change and implement improvement
- Demonstrate understanding of organisational and individual responses to change and provide a range of support mechanisms in line with specific needs

Teamwork

- Develop knowledge translation activities to enhance the capacity of teams to implement CQI and improvement strategies,
- Identify opportunities to enhance team building and team work

Tools to support the delivery of training

The following tools are recommended to support the delivery of professional development training:

- A webinar for trainers to describe how to deliver the learning programs. Webinars should be delivered by individuals who demonstrate a thorough working knowledge of the relevant learning programs and are able to interpret and apply the learning programs to different contexts and audiences
- PowerPoint presentations
- Learning manuals, and
- Other relevant material such as handouts.

Manage Innovation for CQI Learning Program

Purpose

The **Manage Innovation for CQI** Learning Program describes the skills and knowledge required to develop, sustain and nurture an environment in which continuous quality improvement, innovation and learning are promoted and rewarded. The learning program aligns to AQF level 6 and is based on the nine CQI competencies.

Target audience

The **Manage Innovation for CQI** Learning Program applies to those in roles with managerial responsibilities who aim to build a better and more effective work environment. Continuous improvement and innovation have links with the model of the learning organisation and people working at this level play an important role in building the culture, values and attitudes of the organisation.

Learning outcomes

CQI Fundamentals:

- Develop the capacity of the primary health care workforce in CQI Fundamentals

Quality Management in primary health care:

- Manage CQI within a clinical governance framework

Population health approach in CQI

- Integrate a population health approach into the clinical governance framework

Healthcare as system and processes

- Discuss the implications of embedding CQI and innovation in primary health care for the organisation's system and processes

Client and community involvement in CQI

- Develop and implement strategies to integrate client and community characteristics, values, needs and care preferences in CQI approaches and ideas for improvement and change

Producing & translating new, locally useful knowledge for CQI

- Manage the translation of new knowledge into service systems and processes
- Create strategies and mechanisms to support a culture of learning
- Develop systems and processes to report the learnings from PDSA cycles and other CQI strategies
- Evaluate the effectiveness of PDSA cycles and other CQI tools and strategies
- Recommend resources to support the development of PDSA cycles and other CQI tools and strategies
- Monitor and evaluate the impact of implementing new knowledge

Measurement and variation
- Create strategies and mechanisms to support a culture of data quality and evidence-based decision making for CQI
- Develop local performance indicators for CQI
- Analyse CQI reports against an organisation's business and strategic plans
- Document future CQI data and measurement needs and recommend for incorporation in modifications to service systems and processes

Leading and making change for CQI
- Analyse trends in the internal and external environment and identify the need for change and opportunities as they apply to CQI
- Develop and implement change management strategies for internal and external service system and processes
- Manage the implementation of change and innovation including emerging challenges and opportunities
- Assess the impact of change and consequences on internal and external service environments and implement transition plans and/or risk management strategies
- Describe the costs and benefits of innovations and improvements to relevant groups and individuals

Teamwork
- Develop the capacity of teams to effectively implement CQI and innovation in primary health care
- Use networks and other work relationships to identify, build relationships and provide identifiable benefits for the team and organisation
- Develop collaborative communities and partnerships based on the potential benefits for clients, self and others
- Build trust, confidence and respect of diverse groups and individuals through positive role modelling and effective communication and consultation
- Support creative climate and organisational learning by promoting interaction within and between work groups

Tools to support the delivery of training

The following tools are recommended to support the delivery of professional development training:
- A webinar for trainers to describe how to deliver the learning programs. Webinars should be delivered by individuals who demonstrate a thorough working knowledge of the relevant learning programs and are able to interpret and apply the learning programs to different contexts and audiences
- PowerPoint presentations
- Learning manuals, and
- Other relevant material such as handouts.

CQI Tools and Resources Project **Professional Development Course Outline for CQI** – June 2016

Supporting Information

Key terms and definitions:

Term	Definition
Accountability	The obligation of an individual or organisation to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner. It also includes the responsibility for money or other entrusted property. Ref: Business Dictionary 2016, in *BusinessDictionary.com.* Retrieved from http://www.businessdictionary.com/definition/accountability.html
Champion	Person who voluntarily takes extraordinary interest in the adoption, implementation, and success of a cause, policy, program, project, or product. He or she will typically try to force the idea through entrenched internal resistance to change, and will evangelise it throughout the organisation. Also called change advocate, change agent or idea champion. Ref: Business Dictionary 2016, in *BusinessDictionary.com.* Accessed on 14 April 2016: http://www.businessdictionary.com/definition/accountability.html
Change	Change is embedded in all aspects of CQI. A CQI environment is one in which data are collected and used to make positive **changes**—even when things are going well—rather than waiting for something to go wrong and then fixing it. Ref: Lowitja Institute n.p., *National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015–2025.*
Clinical Governance	The system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers, and for continuously monitoring and improving the quality of clinical care. Ref: Institute for Urban Indigenous Health 2012, *IUIH Clinical Governance Toolkit*, 26 November 2012
CQI	Internationally, CQI in health care is defined as: *'A structured organisational process for involving personnel in planning and executing a continuous flow of improvements to provide quality health care that meets or exceeds expectations.'* (Sollecito & Johnson in Lowitja Institute n.p. p.6) Ref: Lowitja Institute n.p., *National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015–2025.*
Cultural Determinants of Aboriginal and Torres Strait Islander Health	Cultural determinants are conditions that 'acknowledge strong connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety.' Cultural determinants include, but are not limited to: • Self-determination • Freedom from discrimination, • Individual and collective rights, • Freedom from assimilation and destruction of culture, • Protection from removal/relocation, • Connection to, custodianship, and utilisation of country and traditional lands, • Reclamation, revitalisation, preservation and promotion of language and cultural practices, • Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property, and • Understanding lore, law, traditional roles and responsibilities.

Term	Definition
	Refs: Brown, N. 2014, 'Exploring Cultural Determinants of Health and Wellbeing', presentation at Lowitja Institute Cultural Determinants of Aboriginal and Torres Strait Islander Health Roundtable, 26 November, The Lowitja Institute, Melbourne.
Data	**Data** are discrete, objective facts about events. For example, numbers, names or quantities. Data describe only a part of what happens; they provide no judgement or interpretation (Palmer & Weave 1998, Mukerji 2000). In health care, data may describe specific characteristics of people such as 180 cm, 62 kg, and so on. **Refs:** Mukerji, D. 2000, *Managing Information: New challenges and perspectives,* Prentice Hall, Sydney. Palmer, S. & M. Weave 1998, *Information Management*, Butterworth-Heinemann, Oxford, UK.
Data Quality	Quality data is the extent to which data represent what was intended or defined by their official source, are objective, unbiased and comply with known standards. (Abdelhak et al. 1996) **Refs:** Abdelhak, M., S. Grostick, M. A. Hankin & E. Jacobs 1996, *Health Information: Management of a strategic resource,* WB Saunders Company, Philadelphia, PI. ACSQHC (Australian Commission on Safety and Quality in Health Care) 2013, *Medical Practice Variation: Background Paper.* Accessed 23 May 2016: http://www.safetyandquality.gov.au/wp-content/uploads/2013/10/SAQ110_Medical_Practice_variation_V10_WEB.pdf
Denominator	The lower part of a fraction used to calculate a rate or ratio; in a rate, the denominator is usually the population-or population experience, as in person-yrs, etc. at risk. **Ref:** *McGraw-Hill Concise Dictionary of Modern Medicine* 2002. Accessed 23 May 2016: http://medical-dictionary.thefreedictionary.com/denominator
Diversity	Workplace diversity refers to the variety of differences between people in an organisation. That sounds simple, but diversity encompasses race, gender, ethnic group, age, personality, cognitive style, tenure, organizational function, education, background and more. Diversity not only involves how people perceive themselves, but how they perceive others. Those perceptions affect their interactions. For a wide assortment of employees to function effectively as an organization, human resource professionals need to deal effectively with issues such as communication, adaptability and change. Diversity will increase significantly in the coming years. Successful organisations recognise the need for immediate action and are ready and willing to spend resources on managing diversity in the workplace now. **Ref:** Greenberg, J. 2009, Diversity in the Workplace: Benefits, challenges and solutions*,* The Multicultural Advance website. Accessed on 14 April 2016: http://www.multiculturaladvantage.com/recruit/diversity/diversity-in-the-workplace-benefits-challenges-solutions.asp
Drivers	The factors or components of a system that influence the achievement of the aim. Examples for CQI include: rising expectations of clients and communities and expectations of funders to be purchasing quality. **Ref:** US Department of Health and Human Services Centres for Medicare & Medicaid Services Center for Medicare and Medicaid Innovation Learning and Diffusion Group 2013, *Defining and Using Aims and Drivers for Improvement. A How-to Guide.* Accessed on 14 April 2016: https://innovation.cms.gov/files/x/hciatwoaimsdrvrs.pdf

Term	Definition
Empowerment	Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Through such a process people see a closer connection between their goals in life and a sense of how to achieve them, and a relationship between their efforts and life outcomes. There are two types of empowerment: 1. Individual empowerment refers primarily to the individuals' ability to make decisions and have control over their personal life. Individual empowerment includes elements such as self-worth, hope, choice, autonomy, identity and efficacy, improved perceptions of self-worth, empathy and perceived ability to help others, the ability to analyse problems, a belief in one's ability to exert control over life circumstances, and a sense of coherence about one's place in the world (Zimmerman & Rappaport 1988, Wallerstein 1992). 2. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community, and is an important goal in community action for health (WHO 1998). **Refs:** Wallerstein, N. 1992, 'Powerlessness, Empowerment, and Health: Implications for health promotion programs', *American Journal of Health Promotion*, vol. 6, no. 3, pp. 197–205. WHO (World Health Organization) 1998, *Health Promotion Glossary*, WHO, Geneva, Switzerland. Zimmerman, M. A. & Rappaport, J. 1988, 'Citizen Participation, Perceived Control, and Psychological Empowerment', *American Journal of Community Psychology*, vol. 16, no. 5, pp. 725–50.
Health Promotion	'*Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.*' (WHO, 2016) **Ref**: WHO (World Health Organization) 2016, *The Ottawa Charter for Health Promotion,* First International Conference on Health Promotion, Ottawa. Accessed on 14 April 2016: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
Improvement Networks	Properly designed, improvement networks provide an in-built mechanism to spread successful change quickly, leveraging the power of social and professional connections rather than relying on the formal chain for command of a hierarchical organisation. **Ref:** Lowitja Institute 2014, *Recommendations for a National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care*. Accessed 14 April 2016: http://www.health.gov.au/internet/main/publishing.nsf/Content/cqi-framework-atsih.
Information	Information consists of data shaped into a form that is meaningful and useful (Mukerji 2000). Information relates to description, definition, or perspective (what, who, when, where). Health information is health care data that are organised into a meaningful format for example summary information about a client's experience with their care provider or aggregate information about all clients who have accessed a health program. **Ref:** Mukerji, D. 2000, *Managing Information: New challenges and perspectives,* Prentice Hall, Sydney.

Term	Definition
Innovation	An idea, practice, or object that is perceived as new by an individual or other unit of adoption. Several factors affect the process of innovation positively or negatively, and sometimes changes do not occur because health professionals do not accept the innovation or because insufficient financial resources are made available to implement it. (Fleuren et al. 2004) **Ref:** Fleuren, M., Wiefferink, K. & Paulussen, T. 2004, 'Determinants of Innovation Within Health Care Organizations: Literature review and delphi study', *International Journal for Quality in Health Care,* vol. 16, no. 2, pp. 107–23.
Key Performance Indicator	'*A Key Performance Indicator (KPI) is a measure that describes a situation concisely, helps track progress and performance and acts as a guide to inform decision making*.' **Ref:** Mental Health Services in Australia (2012), *Key Performance Indicators for Australian Public Mental Health Services.* Accessed 19 May 2016: https://mhsa.aihw.gov.au/indicators/nkpi/
Knowledge	Unlike data and information, knowledge is a complex entity. Knowledge comprises strategy, practice, method, or approach (how). Knowledge 'is a fluid mix of framed experience, values, contextual information, and expert insight that provides a framework for evaluating and incorporating new experiences and information'(Davenport & Prusak 1998) **Ref:** Davenport, T. H. & Prusak, L. 1998, *Working Knowledge: How organizations manage what they know.* Harvard Business Press, Boston, MA
Knowledge Translation	Knowledge Translation is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge. (Canadian Institutes of Health Research, 2015) **Ref:** Canadian Institutes of Health Research 2015, *Knowledge Translation and Commercialization* [website]. Accessed 19 May 2016: http://www.cihr-irsc.gc.ca/e/29529.html
Mentoring for Leading Quality	In Mentoring for Leading Quality, mentoring is: • A means of supporting individual learning and development to lead improvement of quality in their workplace • About increasing an individual's competence and confidence • One person helping another to make significant transitions of knowledge, work or thinking • A clearly structured, time-bound, self-managed process with clear, mutually agreed roles and goals **Ref:** NHS Scotland 2016, *Mentoring* [Website], NHS Education for Scotland. Accessed 19 May 2016: http://www.qihub.scot.nhs.uk/networks-and-communities/mentoring-.aspx
New Knowledge	New knowledge is created using various mechanisms including the PDSA cycle to identify problems and find solutions. It is important to highlight here that *'…knowledge is created only by **individuals. An organisation cannot create knowledge without individuals.** The organisation supports creative individuals or provides contexts for them to create knowledge…'* (Nonaka & Takeuchi 1995, p.59) New knowledge is knowledge created through practice, collaboration, interaction, and education, as the different knowledge types are shared and converted. (Nickerson & Zenger 2004). **Refs:** Nonaka, I. & Takeuchi, H. 1995, *The Knowledge-creating Company: How Japanese companies create the dynamics of innovation*, Oxford University Press, New York, NY. Nickerson, J. A. & Zenger, T. R. 2004, 'A Knowledge-based Theory of the Firm--The problem-solving perspective', *Organization Science, vol. 15*, no. 6, pp. 617–32.

Term	Definition
Population Health	*'The study of population health is focused on understanding health and disease in community, and on improving health and well-being through priority health approaches addressing the disparities in health status between social groups'.* Ref: Australian Institute of Health and Welfare 2016, Population Health [Webpage], AIHW. Accessed 19 May 2016: http://www.aihw.gov.au/population-health/
Primary Health Care	A commonly used definition of Australian primary health care is: *'Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.'* (DoHA, p. 22) Definition developed by the Australian Primary Health Care Research Institute (APHCRI) and cited in Department of Health and Ageing (DoHA) 2009, *Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy*, Commonwealth of Australia, Canberra. This definition is drawn from the World Health Organization Alma-Ata Declaration of 1978, which defined PHC as: *'Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.'* **Ref:** WHO (World Health Organization) 1978, *Declaration of Alma Ata*, International conference on PHC, Alma-Ata, USSR, 6–12 September. Quoted in DoHa 2009, p. 22.
Process	A **process** is an activity or set of activities involved in the production and delivery of primary health care. For example, there are processes involved in making an appointment, doing a health assessment, making a diagnosis, and so on. CQI requires us to look at activities and to chunk them up into steps. A change in one process or step will create a ripple effect to other parts of the process. **Ref:** Wagner, E. H., Austin, B. T., Davis, C., Hindmarsh, M., Schaefer, J. & Bonomi, A. 2001, 'Improving Chronic Illness Care: Translating evidence into action', *Health Affairs*, vol. 20, no. 6, pp. 64–78.
Quantitative and Qualitative Data	Quantitative Data Quantitative data are measures of values or counts and are expressed as numbers (e.g. how many; how much; or how often) (ABS 2016). Qualitative Data Qualitative data are measures of 'types' and may be represented by a name, symbol, or a number code (ABS 2016). **Ref:** ABS (Australian Bureau of Statistics) 2016, *Statistical Language – Quantitative and Qualitative Data.* Accessed 13 May 2016:

Term	Definition
	http://www.abs.gov.au/websitedbs/a3121120.nsf/home/statistical+language+-+quantitative+and+qualitative+data
Social Determinants of Health	Social determinants are the conditions in which people are born, grow, live, work and age (Australian Government and Closing the Gap 2013). These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. For example, poor education and literacy are linked to low income and poor health status (e.g. ear disease), and affect the capacity of people to use health information; poverty reduces access to health care services, medicines and other resources; overcrowded and run-down housing associated with poverty contributes to the spread of communicable disease; and smoking and high-risk behaviour is associated with lower socio-economic status (Jarvis and Wardle 1999). **Ref:** Jarvis, M. J. & Wardle, J. 1999, 'Social Patterning of Individual Health Behaviours: The case of cigarette smoking', *Social Determinants of Health,* vol. 2, pp. 224–37.
Systems	Systems range from very simple to very complex, and there are many types. For example, there are biological systems, ecological systems, and social systems. Systems have inputs, processes, outputs and outcomes, with ongoing feedback among these various parts. If one part of the system is removed, the nature of the system is changed. As a **system**, the primary health care service, practice or clinic, consists of components or parts that interact with each other to achieve an overarching goal. These components include people (e.g. human resources), money (e.g. financial systems), buildings and equipment (e.g. infrastructure), computers and software (e.g. technology systems) and so on. Changes in one part or parts of the system will affect the system as a whole. **Ref:** De Savigny, D. & Adam, T. 2009, *Systems Thinking for Health Systems Strengthening*, World Health Organization, Geneva, Switzerland.
Teams	'A group of people with a full set of complementary skills required to complete a task, job, or project. Team members (1) operate with a high degree of interdependence, (2) share authority and responsibility for self-management, (3) are accountable for the collective performance, and (4) work toward a common goal and shared rewards. A team becomes more than just a collection of people when a strong sense of mutual commitment creates synergy, thus generating performance greater that the sum of the performance of its individual members'. **Ref:** Business Dictionary 2016, *BusinessDictionary.com*. Accessed 13 May 2016: http://www.businessdictionary.com/definition/team.html
Variation	Patients who have the same health concerns or problems do not necessarily receive the same health care. Depending upon where they live or which health service or health professional they consult, they may end up having different types of treatment. For example, among a group of patients with the same condition, some may have no treatment, some may be referred for "watchful waiting", some may have treatment in the community, some may have treatment in a hospital, some may have surgery, and some may receive medication. **Ref:** ACSQHC (Australian Commission on Safety and Quality in Health Care) 2013, *Medical Practice Variation: Background Paper*, ACSQHC, Sydney.

References:

Department of Industry 2012, *Training Package Development and Endorsement Process Policy*, Commonwealth of Australia, Canberra. Accessed 16 May 2016: https://docs.education.gov.au/system/files/doc/other/trainingpackagedevelopmentandendorsementpolicy.pdf

Lowitja Institute n.p., *National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015–2025.* Accessed on 14 April 2016: http://www.amsant.org.au/wp-content/uploads/2015/11/National-CQI-Framework-FINAL-DRAFT.pdf