



the
Lowitja
Institute

CQI Tools and Resources Project

Role Descriptions for CQI

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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 role descriptions were developed by the ThinkThrough team led by Dr Sanchia Shibasaki and Dr Beverly Sibthorpe, with contributions from Dr Jacki Mein, Ms Kerry Copley, and Ms Carolyn Renehan.

Introduction

Continuous quality improvement (CQI) is the central approach used by modern health care organisations (primary, secondary and tertiary) to improve health care quality (Colton 2000) along with other approaches such as accreditation and clinical and organisational governance. CQI in health care is based on the idea that improving care in an ongoing manner can lead to better outcomes. CQI processes play an important role in ensuring the delivery of quality primary health care services for Aboriginal and Torres Strait Islander peoples, wherever and whenever they seek care (Lowitja Institute 2015).

Access to a competent and committed workforce is a key factor to successfully embedding CQI on a day-to-day basis in Aboriginal and Torres Strait Islander primary health care (Lowitja Institute 2014). It is critical that Aboriginal Community Controlled Health Services (ACCHSs) have the staff needed to deliver a quality service, and access to personnel with the skills necessary to embrace CQI and embed it in everyday practice. Many ACCHSs face several workforce challenges in terms of CQI such as high turnover of staff, lack of engagement among key staff who do not consider CQI to be a part of their role, and lack of team work (Lowitja Institute 2014).

This document is a tool that provides information about roles to support the uptake of CQI in Aboriginal and Torres Strait Islander primary health care services. The role descriptions are based on evidence drawn from the literature and from individuals with significant experience in CQI and in Aboriginal and Torres Strait Islander primary health care. This tool is designed to:

- Act as a guide to support workforce planning for CQI,
- Support the development and/or review of job descriptions for CQI roles,
- Act as a communication tool to describe the expectations of the role, key duties, and required knowledge, skills, experience and personal attributes, and
- Support career planning and development for those interested in quality and CQI in Aboriginal and Torres Strait Islander health care.

The role descriptions are designed to be tailored to suit an organisation’s contexts and capacities. The role descriptions are comprehensive, and are not ‘copy ready’ for use by any ACCHS. They may be seen to be too broad or wordy, and to need reformatting to the organisation’s position description templates. They are offered as the base for organisations to tailor, edit or amend to meet their specific requirements. It is recommended that, in all cases of tailoring the tools, care is taken to maintain the quality of content and the intended outcomes, and to remain consistent with the National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care. For example, the purpose of the roles should remain focused on embedding CQI in primary health care and time should be quarantined for incumbents in the roles to do CQI.

The role descriptions provide information about: CQI processes; purpose of the role; location of the role; key responsibilities; knowledge, skills, and experience; and personal attributes. The following factors were recognised in the development of these tools:

- Capacity and context of ACCHSs:
 - In some ACCHSs one person may fulfil a role, while in other ACCHSs several team members may take responsibility for roles; and/or

- One person may have dual roles, e.g. accreditation and CQI;
- Consideration of ACCHSs' engagement with CQI:
Based on consultations with representatives from primary health care services it is evident that organisations have varying experiences or journeys in CQI. Those that are starting out on their CQI journey—where CQI is a new or emerging activity—will have different workforce needs compared to those that have embedded CQI into organisational systems and processes and have access to qualified and experienced CQI workforce; and
- Different terms may be used to describe these roles such as service support officer or quality lead.

CQI Roles

In the area of CQI, the team is the primary vehicle through which problems are analysed, improvements are generated and change is evaluated (Sollecito & Johnson 2013). Within a team approach, the key roles for driving and supporting the uptake of CQI in Aboriginal and Torres Strait Islander primary health care are (Lowitja Institute n.p.):

- Clinical Leader
- CQI Lead, and
- External CQI Facilitator.

The Clinical Leader, CQI Lead and External CQI Facilitator are roles that are complementary to each other, i.e. they need to work together. For example, a Clinical Leader may identify areas for improvement and the CQI Lead will work with teams in each area to implement PDSA cycles; or an External CQI Facilitator may be asked by the CQI Lead to deliver training on CQI. The above roles are also complementary to other roles such as those involved in accreditation and those involved in supporting or participating in CQI.

Clinical Leader

Role title	Clinical Leader
Key driver of clinical governance system and processes	Clinical governance is a 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 care (ACSQHC 2012). It includes formal structures and processes that attend to corporate (Board) and organisational governance and leadership, workforce capacity and competence, clinical leadership, care integration and coordination, monitoring and evaluation including CQI, and client and community participation (IUIH 2012). Clinical governance is the mechanism that links organisational governance and management with clinical care.
Purpose of the role	A Clinical Leader provides leadership and direction to support system improvements in clinical governance and healthcare quality throughout the primary health care service. The position also supports corporate and organisational governance in leading and directing CQI to improve the quality of health care and care outcomes.
Location of the role	Based within a primary health care service. Note: role location may differ depending on the capacity and context of the ACCHS; for example, regional organisations may have clinical leaders based in the regional office and in local services and clinics.
Key responsibilities	<p>Key areas of responsibility include—but are not limited to—the following:</p> <ul style="list-style-type: none"> • Promote an integrated approach to clinical governance through effective leadership and development of a learning culture that supports the identification and application of best practice within the primary health care service • Lead the development of a CQI agenda for the primary health care service with involvement from clients and communities. This includes a sustained campaign to raise the profile, awareness and impact of proactive clinical governance across the organisation • Provide expert advice to the Board, CEO, and management teams in the planning, development and continuous improvement of organisational systems and processes for clinical governance, CQI, and patient safety such as business plans, policies and procedures, standards, local targets and measures • Lead the development, implementation, ongoing monitoring and review of clinical governance, CQI, complaints, and related research and development strategies, policies and plans ensuring legal and corporate governance requirements are met • Monitor compliance with relevant legislation and quality requirements for clinical governance and CQI • Provide expert advice on clinical governance and CQI for clients. This includes ensuring that systems for CQI are developed and implemented; standards of client care are set; systems, standards and outputs are monitored, evaluated and/or complied with; and areas of concern are reported systematically into the annual service, business and financial planning cycle • Lead in the formulation and implementation of local CQI strategies to ensure the primary health care service fully delivers against national, state/territory, regional and local targets within agreed timeframes.

Role title	Clinical Leader
	<ul style="list-style-type: none"> • Responsible for the interpretation of national guidelines and standards and the subsequent development of relevant plans and work programs • Analyse and interpret complex professional, clinical governance and healthcare quality data recommending a range of options for Board, CEO, senior managers and lead clinicians to ensure employee and client safety • Participate in the management, development, monitoring and review of information systems across the primary health care service that support the recording, monitoring and evaluation of clinical governance activity • Ensure training plans and training content within clinical leadership are consistent with clinical governance priorities and address identified risks • Operate across all relevant primary health care functions of the service to ensure on-going involvement in CQI • Participate in the development and review of national and sector wide policies and strategies through regular liaison with internal and external stakeholders and through involvement with other clinical governance networks and professions • Review local, national and international perspectives on health care policy in order to assess potential impact for clinical governance and healthcare quality.
Knowledge, skills, and experience	<ul style="list-style-type: none"> • Aboriginal and/or Torres Strait Islander health professional; OR a high level of understanding of Aboriginal and Torres Strait Islander health needs and priorities, and experience in working with communities • A relevant tertiary qualification • Advanced theoretical and practical knowledge and technical expertise regarding professional practice and the implementation of clinical governance, CQI, and patient safety systems to a wide range of disciplines and functions in a complex ACCHSs environment.
Personal capacities	<p>High level:</p> <ul style="list-style-type: none"> • Internal motivation: a commitment to work for reasons that go beyond money and status; a propensity to pursue goals with energy and persistence; a strong drive to achieve, optimism even in the face of failure, and organisational commitment • Self-awareness: being aware of personal values, emotions, principles, assumptions and drivers and their effect on others. Being able to learn from good and not so good experiences • Capacity to manage self: being able to control or redirect disruptive impulses and moods, and the propensity to suspend judgment and to think before acting. Capacity to also take into account the needs and priorities of others and openness to change one’s own approach • Empathy: the ability to understand the emotional makeup of other people. This includes expertise in building and retaining talent, competence in the delivery of culturally safe care, and service to clients and customers • Interpersonal skills: proficiency in managing relationships and building networks, and an ability to find common ground and build rapport. This includes effectiveness in leading change, persuasiveness, and developing and leading teams.

CQI Lead

Role Title	CQI Lead
Key driver of Plan-Do-Study-Act cycles	The key strategy used in CQI is the PDSA cycle which involves CQI teams using measurement and problem solving strategies to identify sources of variation in care processes and to design, implement and test strategies for improvement (Lowitja Institute n.p.). PDSA focuses teams on making small changes, adjusting them, observing consequences of actions taken and documenting them so that learning can accrue. PDSA is conducted in rapid cycles which typically happen over short periods such as fortnightly or monthly, but longer cycles can also be used.
Purpose of the role	A CQI Lead provides day-to-day leadership in planning, organising and directing service staff and work processes to embed CQI activities into routine service delivery over time.
Location of the role	Based within a primary health care service. Note: role location may differ depending on the capacity and context of the ACCHS; for example, regional organisations may have CQI lead roles based in the regional office and in local services and clinics.
Key responsibilities	<p>Key areas of responsibility include—but are not limited to—the following:</p> <ul style="list-style-type: none"> • Lead a team approach to CQI that focuses on client and community groups. Note: teams may vary in size and composition depending on the CQI and improvement activity • Lead an approach to assess service readiness for change and systems effectiveness • Lead the planning, organisation, implementation, and monitoring of PDSA cycles • Support teams to use relevant tools and resources for CQI such as electronic patient information systems, CQI plan and PDSA registers • Support teams to complete CQI tasks. This includes data collection, analysis, and change implementation • Lead the dissemination of new knowledge and uptake of change within the organisation • Work closely with the members of the CQI program such as the Clinical Leader, Clinical Governance Team, External CQI Facilitator; with members of quality programs such as the accreditation team; and with other relevant members of the organisation • Support strategies and initiatives to involve clients and communities in CQI and other improvement activities • Support the training and development of team members to build CQI workforce capacity • Monitor the full impact of the team’s activities on other parts of the organisation as well as the area they are targeting
Knowledge, skills and experience	<ul style="list-style-type: none"> • Aboriginal and/or Torres Strait Islander health professionals are recommended for quality lead roles to embed cultural safety and competence, client and community participation and sustainability of CQI in Aboriginal and Torres Strait Islander primary health care services (Lowitja Institute n.p.). In any case, a high level of understanding of Aboriginal and Torres Strait Islander health needs and priorities, and experience in working with communities is needed • A relevant qualification (Certificate 4 and above)

Role Title	CQI Lead
	<ul style="list-style-type: none"> • High level of theoretical and practical knowledge of Aboriginal and Torres Strait Islander health, primary health care and the implementation of CQI to a wide range of disciplines and functions in a complex ACCHSs environment • Technical expertise in each of the fields of CQI, PDSA, and change management.
Personal capacities	<p>The CQI Lead role is associated with the following key personal attributes: being highly respected, internally recognised and externally networked so that CQI Leads have authority among their peers and in the health care system more broadly. The following personal capacities at a high level are also desirable:</p> <ul style="list-style-type: none"> • Internal motivation: a commitment to work for reasons that go beyond money and status; a propensity to pursue goals with energy and persistence; a strong drive to achieve, optimism even in the face of failure, and organisational commitment • Self-awareness: being aware of personal values, emotions, principles, assumptions and drivers and their effect on others. Being able to learn from good and not so good experiences • Capacity to manage self: being able to control or redirect disruptive impulses and moods, and the propensity to suspend judgment and to think before acting. Capacity to also take into account the needs and priorities of others and openness to change one’s own approach • Empathy: the ability to understand the emotional makeup of other people. This includes expertise in building and retaining talent, competence in the delivery of culturally safe care, and service to clients and customers • Interpersonal skills: proficiency in managing relationships and building networks, and an ability to find common ground and build rapport. This includes effectiveness in leading change, persuasiveness, and developing and leading teams.

External CQI Facilitator

Role Title	External CQI Facilitator
Key driver of service support	Service support involves the support of services, teams and individual health professionals to meet specific needs and different levels of CQI capacity to help embed CQI in everyday practice (Taylor, Machta et al. 2013; Lowitja Institute n.p.).
Purpose of the role	An External CQI Facilitator: <ul style="list-style-type: none"> • Works with primary health care services to make meaningful changes designed to improve client outcomes • Supports clinicians and quality improvement teams to develop the skills they need to adapt clinical evidence to the specific circumstance of their service environment • Helps promote a culture of learning and CQI within services, and • Sets the stage for CQI that extends beyond the period of active facilitation.
Location of the role	Based external to a local primary health care service in regional and/or state/territory peak bodies. Note: Role location may differ depending on the capacity and context of the ACCHS.
Key responsibilities	Key areas of responsibility include—but are not limited to—the following: <ol style="list-style-type: none"> 1. Facilitate the uptake and embedding of CQI into primary health care services <ul style="list-style-type: none"> ○ Provide direct support for primary health care services to establish, implement, and monitor CQI systems and processes ○ Facilitate a team approach to CQI including the development of strategies to support effective team work ○ Facilitate building a learning culture within primary health care services that is receptive to change ○ Foster leadership and commitment of Board, CEO and middle management ○ Foster active engagement of the primary health care workforce in CQI ○ Provide coaching and mentoring to encourage, reinforce, and celebrate CQI successes and learnings. 2. Ability to generate and use data to drive improvement <ul style="list-style-type: none"> ○ Assessment of and feedback to primary health care services on readiness for CQI and change ○ Facilitate strategies and initiatives to support the extraction, interpretation, analysis and use of data to drive service improvements and system change ○ Facilitate the use of service-level data to drive change ○ Facilitate the sharing of data and knowledge to build engagement and knowledge for CQI ○ Support the dissemination, sharing and translation of good ideas and best practices between primary care services ○ Facilitate training of primary health care Boards, management, and staff to understand and use data effectively. 3. Facilitate the building of workforce CQI capacity <ul style="list-style-type: none"> ○ Coordinate training of primary health care Boards, management and staff in key CQI areas such as clinical governance, CQI methods and specific transformation processes; use of health IT hardware and software for CQI; and data and information management ○ Support primary health care services to demonstrate best practices in

Role Title	External CQI Facilitator
	<p>CQI</p> <ul style="list-style-type: none"> ○ Facilitate project and change management ○ Facilitate the building of networks and partnerships ○ Support primary health care services to access available tools and resources to support the uptake of CQI.
<p>Knowledge, skills and experience</p>	<ul style="list-style-type: none"> • Aboriginal and/or Torres Strait Islander health professional; OR a high level of understanding of Aboriginal and Torres Strait Islander health needs and priorities, and experience in working with communities • A relevant qualification (Diploma and above). • High level theoretical and practical knowledge of Aboriginal and Torres Strait Islander health, primary health care system and processes, and the implementation of CQI to a wide range of disciplines and functions in a complex ACCHS environment • Technical expertise in: CQI, facilitation, coaching, and mentoring; adult learning; system readiness and change management; networks and partnership and knowledge translation.
<p>Personal capacities</p>	<p>The External CQI Facilitator role is associated with the following key personal capacities (Taylor, Machta et al. 2013):</p> <ul style="list-style-type: none"> • Able to work autonomously and stay focused on the real needs of primary health care services • Resilient and flexible, and • Able to build confidence and capacity within the primary health care service. <p>The following personal capacities at a high level are also desirable:</p> <ul style="list-style-type: none"> • Internal motivation: a commitment to work for reasons that go beyond money and status; a propensity to pursue goals with energy and persistence; a strong drive to achieve, optimism even in the face of failure, and organisational commitment • Self-awareness: being aware of personal values, emotions, principles, assumptions and drivers and their effect on others. Being able to learn from good and not so good experiences • Capacity to manage self: being able to control or redirect disruptive impulses and moods, and the propensity to suspend judgment and to think before acting. Capacity to also take into account the needs and priorities of others and openness to change one’s own approach • Empathy: the ability to understand the emotional makeup of other people. This includes expertise in building and retaining talent, competence in the delivery of culturally safe care, and service to clients and customers • Interpersonal skills: proficiency in managing relationships and building networks, and an ability to find common ground and build rapport. This includes effectiveness in leading change, persuasiveness, and developing and leading teams.

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