Continuous quality improvement framework towards inclusive and equitable health care

Highlight

Trial clinics demonstrated higher performance and quality outcomes.

Patient experiences were transformed leading to better health and wellbeing.

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Contents

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Acknowledgements

Acknowledgement of Country

Western Victoria Primary Health Network acknowledges the traditional owners and custodians of the lands and waterways. We recognise their diversity, resilience, and the ongoing place that Aboriginal and Torres Strait Islander people hold in our communities. We pay our respects to the Elders, both past and present, and commit to working together in the spirit of mutual understanding, respect and reconciliation.

Acknowledgement of people with lived experience and their supporters

Western Victoria Primary Health Network acknowledges people with lived experience, as well as their families, carers, disability and other community services and advocates. We recognise their strength, courage, and unique perspective as a vital contribution to the work in this space; to learn, grow and achieve better outcomes together. We recognise that people with lived experience have the right to the enjoyment of the highest attainable standard of health without discrimination; and have the same rights as every other Australian to have safe, effective and high-quality health care services that meet their needs.

Acknowledgement of Health e Medical Centre and Golden Point Medical Centre

Western Victoria Primary Health Network acknowledges Health e Medical Centre and Golden Point Medical Centre for undertaking the trial activity of the 'Continuous quality improvement towards inclusive and equitable health care', and those who supported and participated in this activity. The trial was proven to support people with lived experience and their supporters to access timely and high-quality health care.

Clinic framework

Background

In 2023 the Western Victoria Primary Health Network (WVPHN) – Supporting People with an Intellectual Disability (SPIDAH) project funded a trial activity targeting General Practitioner clinics. The focus of this initiative was to map out each patient touch point when attending an appointment at the clinic, to understand where reasonable adjustments could be made to improve access and to learn what's needed to develop a high quality and inclusive service that aligns with the National Safety and Quality Health Service (NSQHS) Standards and the United Nation Convention.

Introduction to quality improvement

Plan-Do-Study-Act (PDSA)

Using a Plan-Do-Study-Act (PDSA) quality improvement approach, the two clinics that participated in the trial aimed to learn how to improve their service delivery by listening to patient feedback and experiences which gave them insight on how their service can evolve and better meet patient needs from an inclusive lens. Despite the difference in size, patient target audience, location and length of operation, each service went through a process of thinking through what they wanted to accomplish, consider how they will know the changes they make is an improvement and what are the changes required that will result in improving their business and patient satisfaction.

The results of this trial provided some insights that have been put into this framework that clinics can use to create a shared vision for what constitutes a quality and inclusive practice that all members of a diverse community can access to meet their health and wellbeing needs.
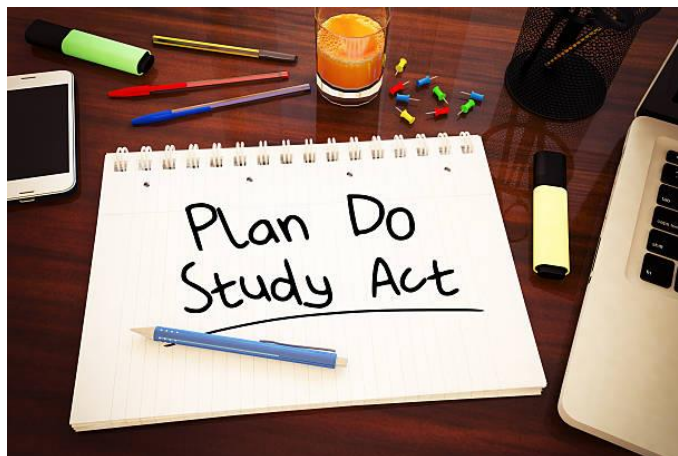
Example PDSA Cycle template by the Royal Australian College of General Practitioners (RACGP): RACGP Healthy Habits PDSA Cycle Template

Webinar recording by Central and Eastern Sydney PHN (CESPHN): Quality Improvement Activities in General Practice - 22 August 2023

Quality Improvement Framework

For inclusive practice

Create a shared team vision

Describe the current reality....

Communicate and share ideas together

Idenify key strategies and plan

Personal committment from each team member

Create a shared team vision

So, what does a shared vision mean?

A shared vision is what you and other members want to create or accomplish as part of the quality improvements your organisation would like to make in the short, medium, and long term. A shared vision is not imposed by one or a few people, but rather created through thoughtful discussion to build a strong foundation and framework that values the sharing of new ideas.

What are the benefits of a shared vision?

A shared vision helps to clarify an organisation's direction and the concept of why it's an important foundation for proactive learning that promotes enthusiasm, commitment, and purpose for all members of the team.

Example of a shared vision:

Create a space for equality health care for all.

Resources:

- Intellectual disability and inclusive health care | Australian Commission on Safety and Quality in Health Care
- With Me - Intellectual Disability Actions for Clinicians Infographic Poster | Australian Commission on Safety and Quality in Health Care
- Standard 2 - Tip Sheet 3: Training for partnerships with consumers (safetyandquality.gov.au)

Tips from trial clinics:

- Keep it simple with storytelling.
- Be authentic.
- Communicating vision through multiple channels.
- Repeat. And repeat. And repeat…
- Elicit feedback.
- Act consistently with the vision.
- Map out the path to the vision.
- Align with values.

Describe the current reality...

Objectives:

- Clinic to undertake an internal audit of the touchpoints that patients undertake pre-, during and post-service access to identify the gaps in current organisational systems and processes. Map out the whole process and patient touchpoints, both patient-facing and where there are administrative tasks associated with the patient and look at where reasonable adjustments are required to enhance accessibility and communication:
    - o Gather relevant information.
    - o Review current policies and procedures.
    - o Identify strengths and weaknesses.
    - o Present findings and make recommendations.
    - o Share the data.

Resources:

- Gather relevant information:
    - o Disability Discrimination Act (D.D.A.) guide: The ins and outs of access | Australian Human Rights Commission
    - o Service Accessibility Checklist – Access for All
    - o Attributes of high-performing person-centred healthcare organisations - Self assessment tool | Australian Commission on Safety and Quality in Health Care

- Review current policies and procedures:
    - o Article 9 (Accessibility) and Article 25 (Health) of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
    - o Inclusive Victoria: State Disability Plan 2022-2026
    - o Disability Act 2006 (Victoria)
    - o A legal perspective on the role of supporters
    - o Health services obligation for accessibility to all members of the community
    - o RACGP Providing high quality health care to people with developmental (intellectual) disability
    - o Regulated Restrictive Practices Guide (ndiscommission.gov.au)
    - o Intellectual Disability (Quality Improvement)

- Present findings and make recommendations:
    - o Resources for health professionals working with people with Intellectual Disability (Council for Intellectual Disability) (cid.org.au)
    - o Reception Staff Training – Training by SPIDAH, Aunty Jane and Sharon

Tips from trial clinics:

- Identify the nursing staff's scope of practice, to enable staff education and training to obtain the correct data.
- Assess policies and procedures early for clarity, consistency and effectiveness to identify gaps in data.
- Ensure plenty of time and training given to effectively collate and check all the data.
- Educating GP's to the importance of submitting a diagnosis from the coded diagnosis options rather than free typing to add, this enables future data collections to be more accurate and reduces time spent to find relevant data (see 'POLAR Walkthroughs').
- Give yourself and the team time: It takes time to listen, understand and respond to feedback, create change by enhancing policies and processes, and develop and undertake training. Time is of the essence in the project.

Communicate and share ideas together

Objectives:

- Bring together a leadership team to drive the shared team vision… ACTION.
- Set realistic timelines and milestones for completion.
- Allocate tasks with clear action plans.
- Determine how feedback and input from patients will be collected and considered.
- Propose specific actions to address the identified issues within the feedback.
- Make time and space to meet and share the actions and outcomes, with openness to innovative ideas, including asking how individuals can contribute in their own roles… BE AUTHENTIC.

Resources:

- 6 Principles For Communicating A Powerful Vision For Change
- What is a Swimlane Diagram? Understanding Swim Lanes + Process Diagramming

Tips from trial clinics:

- Have collaboration meetings early to brainstorm ideas for improvement.
- Encourage all staff to gain feedback from patients for continued improvement opportunities.
- The key take-away for our clinic was doing this exercise has helped us understand the importance of roles and responsibilities and the scope to increase revenue through engaging in conversations. For example, the MBS items allow for several health assessments and shared care models with other health practitioners, acknowledging that the practice nurse also plays a leading role in doing many of these assessments as a key feature. (See Case Conferencing webinar).
- Understanding the context and opportunities in the use of the MBS will bring confidence to practitioners, to reduce their fears of being audited, by supporting a viable business model.
- The clinic will make great progress when the whole team communicate on the shared vision. It is important for patients to feel oneness within the medical care they receive at the clinic.

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Identify key strategies and plan

Objectives:

- **Accessibility – Systems and process enhancement.**
  - o **Accessibility** – Gain a clear understanding of <u>Disability Discrimination</u>.
  - o Use the <u>Service Accessibility Checklist</u> to complete an organisational audit.

  - o A **reasonable adjustment** is a change to an existing approach or process which is essential to ensure a person's access to a service. Reasonable adjustments for people with disability are required under the *Commonwealth Disability Discrimination Act 1992* and the disability inclusion legislation of each state and territory.
    Making reasonable adjustment for a person's disability creates an inclusive environment and facilitates meeting the NSQHS Standards, for example, providing safe and high-quality care. <u>Find further information and examples of reasonable adjustments</u>.

- Identify key strategies for each area that requires improvement.
- Map out an action plan with tasks required by whom, timelines, and actions.

- **Things to consider across the patient touchpoints**
  - o Implement <u>strategies for communicating clearly with patients</u>. See tips from trial clinics for further high-quality resources.

- **Pre-appointment**
  - o Accessibility of the webpage – in context with relevant State and Territory Guidance. For Victoria, see <u>Make content accessible - digital guide</u>. See other resources and tips below.
  - o Steps to book patient appointments in person, over the phone or online.
  - o New patient information questionnaire (paperwork) for first clinic visit with ability to complete online.
  - o Use the About Me – Patient Profile (see <u>'Patient Profile Resources'</u>) and put an alert on the clinical software (see examples under <u>'Reception staff and adding patient alerts to files'</u> for Best Practice and Medical Director PracSoft). The profile will assist in understanding the patient's usual style of communication, inclusive of whether they need a physical phone call (may not be able to read or understand written English) as opposed to the standard SMS reminder.
    - ▪ **Note:** If the patient has listed a diagnosis on their forms or is likely to be assessed for one, ensure this is accurately coded in the clinical software (ie. The personal has an intellectual disability). This will support recall for identifying eligibility for annual assessments (see video <u>Identifying patients that are eligible for a Health Assessment - MBS Items</u>).
    - ▪ **Note:** Ensure you have patient permission to forward any personal details, such as the About Me – Patient Profile when providing a referral to other treating health professionals.
  - o Other preparatory things to consider include length of appointment time required (ie. may take a longer time to process information), time of day for the appointment and who is accompanying the person and what is their role (see <u>A legal perspective – the role of supporters in health appointments</u>).
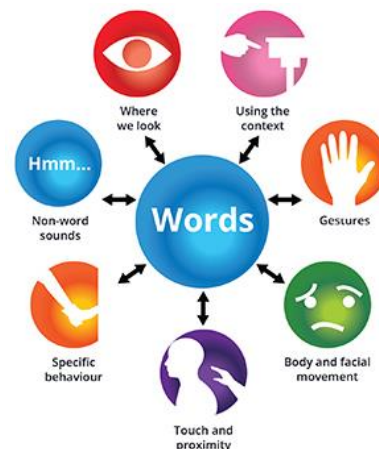
- **During appointment**
  - On arrival, consider the patient's needs, ie. Talking directly to them, understanding the role of their supporter, appropriate waiting room space or alternative spaces to wait, as well as prepare the nurse and or GP with relevant information from the Patient Profile (ie. Usual style of communication - Practical Communication Tools and Tips for People with an Intellectual Disability. See further resources listed under tips from trial clinics).
  - At reception, have images to show the cards (Medicare Card, Driver's licence and other cards) that patient needs to share … (Reception training video / see toolkit under 'Reception staff and adding patient alerts to files').
  - When the patient connects with the GP, ensure consult includes preventative health care, inclusive of immunisations, cancer screening and other preventative measures, inclusive of ensuring that immunisations are up to date, cancer screenings, and eligibility for a chronic health care plan.
  - Consider, does this appointment fit the descriptors of relevant MBS items. For example, is it an annual health assessment (Comprehensive Health Assessment Program (CHAP)) (MBS item 707). See MBS item list commonly used for people with an intellectual disability under 'Medicare Benefits Scheme (MBS) descriptor document and resources'.
    - Additionally, add a coded recall alert of 12 months and 1 day to ensure all descriptors for MBS are completed, but also for ongoing patient alerts to focus on preventive health care.
    - See patient letter template for recall for annual health assessments for people with an intellectual disability – GP Clinic CHAP letter with easy read under 'Annual Health Assessment (CHAP)'.
  - Prompt the nurse or GP to think about including other health professionals for a comprehensive wrap around health care – case conferencing and coordination (refer to MBS item list above for relevant MBS case conferencing descriptors).

- **Post appointment**
  - Have clear processes for patients to follow when connecting back with reception to book next appointment.
  - Pharmacy scripts. Request that pharmacy put medication information in easy read. See pharmacy medication template under 'Tracking signs, symptoms and side effects templates'.
  - If there are referrals to pathology, the hospital or other specialists, seek permission and gain consent from patient to send on their Patient Profile to the referral provider so they can understand that patient's style of communication.
    - Encourage pathology to create a visual format of key tests, one example may be, a step by step with pictures about what to expect when you have a blood test (examples).
  - Put any relevant patient information into My Health Record in a clear format so it identifies key diagnoses and supports continuity of care.

- **Training and upskilling**
  - Undertake a training needs analysis for individual team members to ensure they are professionally equipped to provide high quality patient engagement / competencies within their job role.

Resources:

- **See the following resources under 'Plan Do Study Act (PDSA) – Templates for Quality Improvement'**
  - Action plan template: Quality Improvement Register
  - Example PDSA: Improve the recording of patients with an intellectual disability
  - Example PDSA: Improving the care for patients with an intellectual disability
  - Example PDSA: Improve annual health assessments for patients with an intellectual disability
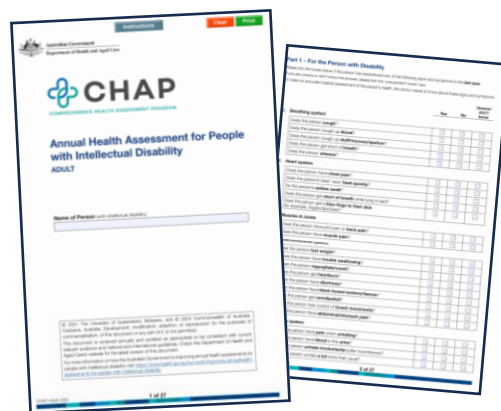
- **Training and upskilling**
  - Comprehensive playlist (62+ recordings) of subject matter experts on [Inclusive Practice and Reasonable Adjustments (Increase your knowledge on Intellectual Disability)](#).
  - Note: The reasonable adjustments you would make can be tailored to any priority population groups.

- **Accessibility – Reasonable adjustments**
  - Online accessibility – The information below includes the Government Web Content Accessibility Guidelines [(WCAG) Level 2.1](#). This will assist you in fulfilling legal requirements under the the [Disability Discrimination Act 1992](#) for creating an accessible webpage:
    - [Webpage accessibility](#)
    - [Make content accessible - digital guide (Victorian Government)](#)
    - [Easy Read | Style Manual](#)

  - In practice accessibility –
    - Refer to above pages for additional resources
    - See the following resources on the [PracticeConnect webpage](#):
      - Framework – Telehealth Peer Support Worker
      - Framework – Supporting Inclusive Practice Framework for Youth / Adult Mental Health Services

Example from trial clinic for annual health assessments - [Comprehensive Health Assessment Program](#) (CHAP)**:**

"Our clinic has a great, streamlined system for our 75+ Health Assessments and we would like to use this format to create a similar process for our patients with Intellectual Disability to have yearly CHAP assessments. Adding recalls to patient files and sending invitation to participate letters. This would lead to a higher percentage of uptake and therefore better health outcomes.

We have developed an auto fill within Best Practice for the Nurse when completing CHAP's appointments, this has prompts to be completed, making it easier to make recommendations for further care when the patient then sees the GP. For example, listing immunisations or pathology tests the patient may be due for, documenting recent Allied health visits or when the previous dental / optometry appointment was."

See page 9, Example PDSA: Improve annual health assessments.

Tips from trial clinics:

- Offering an alternative area to sit if the patient is feeling overwhelmed by noise or light. They are also able to sit in their car if they prefer and the GP will call them when it is their appointment time to then come into the clinic and straight into the Doctor's room.
- Having flash cards at the reception area was introduced recently, having pictures to help patients communicate with reception.
- Checking with patients if they would like their support person to attend the consultation or to have them wait in the waiting area.
- Having assistive devices available during consultations. For example, picture boards available and taking a photo of this on the patients phone to enable them to remember what they are required to complete before the next appointment.
- Consider alternative communication – see Speech Pathology Australia's Community Hub for more information on [communication aids and supports](#), and consider options and resources for [culturally safe communication](#). For more information see the [video library](#) and [factsheets](#).
- See the following [easy read resources](#) for more examples.
- Following CHAP appointment – tailor the action plan to the person's communication style and ensuring that they can continually monitor and complete the actions. Some examples may be a video recorded on patients' mobile phone or written information in easy read.

Personal commitment from each team member

Objectives:

- Personal commitment from each staff member relies on their ability to look at their role and identify what they can improve to enhance service accessibility.

Resources:

- Journal article: Twelve Tips for Inclusive Practice in Healthcare Settings
- Allied health capability framework: disability and complex support needs
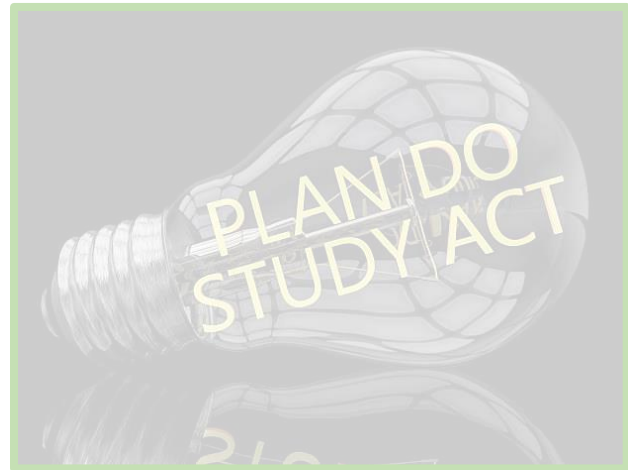
Additional training opportunities:

- Disability Awareness for Mainstream Health Providers: Access for All - CheckUP
- Department of Developmental Disability Neuropsychiatry: 3DN resources
- Emerging Minds: GP Training (focused on children and young people)
- Reception Staff Training (funded by SPIDAH)
- Victorian Dual Disability Service: VDDS training for health professionals
- Inclusive Practice and Reasonable Adjustments (Increase your knowledge on intellectual disability (funded by SPIDAH)
- GP's and general practice at headspace | headspace
- Professional Association of Nurses in Developmental Disability Australia (PANDDA) Every Nurses Business
- Every Day Heroes: Brooke Shelly MPS - Pharmaceutical Society of Australia (psa.org.au)
- Case Conferencing – A Model of Wrap-Around Care Webinar
  - o Specialist dentist involvement in case conferencing – Dr. Warren Schnider
  - o Occupational therapist involvement in case conferencing – Reece Adams
  - o Nurse involvement in case conferencing – Gail Tomsic

Tips for inclusion at an organisational level:

1. Be aware of unconscious bias, for example, gender pay equality/inequality.
2. Acknowledge individual people's needs in relation to religion, cultural and spiritual needs.
3. Set up systems that support employee and patient feedback and close the loop by informing of any changes.
4. Be aware of ageism.
5. Have strong anti-discrimination policies (and enforce them when needed).
6. Celebrate differences.
7. Facilitate the use of pronouns.
8. Identify and eradicate instances of ableism.
9. Collective responsibility – it is everyone's business.

Examples from the trial clinics

Golden Point Medical Clinic

Step 1. Create a shared team vision:

Creating a webpage and digital platform to address initial enquiries, make bookings and streamline administrative processes to be accessible.

Step 2. Describe the current reality:

Patients often refer to the GP clinic's website in the first instance to understand what services are provided and raise patient enquiry. The clinic had a website created with basic information but did not have an online platform to make bookings. Patients put forward a query information as it appeared it was either unclear or unavailable.

Step 3. Communicate and share ideas together:

It was agreed the current systems of work regarding enquiries were labour-intensive so the team shared ideas whereby staff were assigned fixed responsibilities to address enquiries to streamline.

Step 4. Identify key strategies and plan:

The clinic reached out to the online appointment platforms to create an online booking system. This would allow patients to also review information about the clinic and make an appointment at their convenience. In addition, the clinic also posted photos online (front of clinic, waiting area etc.) for the convenience of the patients for them to have a sense of familiarity.

Step 5. Personal commitment from each team member:

Management was involved in negotiating new business relationships and setting systems in place. Members of the team were trained in the use of the new software and change in process.

Step 6. Outcomes:

This process allowed a unified approach providing better patient experience, inclusive of the company values and was more efficient and streamlined.

Golden Point Medical Centre

Health e Medical Clinic

Step 1. Create a shared team vision:

Improve the Comprehensive Health Assessment Program (CHAP) processes for both the patient and the GP clinic. First steps are to identify clinic's patients that have a recorded diagnosis of an intellectual disability (to identify who is eligible).

Step 2. Describe the current reality:

- *An initial patient audit revealed only 17 clients that were eligible with a coded diagnosis of an intellectual disability. Further exploration ascertained that patient diagnosis is often written in the free-text box, and not listed as a coded diagnosis.*
- *Currently the Clinic's CHAP appointments are initiated by the patient's carer and are booked as a 30min consult with the Practice Nurse. This is then followed by a 20min appointment with the GP. Carer's will complete the first part of the CHAP document and bring this along to the appointment.*
- *On review of the current policies and procedures, there were multiple identified gaps –*
  - o *Lack of understanding and knowledge of the relevance and importance of the CHAP among practice nurses and GPs.*
  - o *Lack of template within the practice software with prompts for practice nurses to create comprehensive notes.*
  - o *Once the GP finishes the consult it does not go back to the practice nurse to develop and record an action plan.*

Step 3. Communicate and share ideas together:

- *Increase the capacity of using the data extraction software more effectively, so upskill other members of the team to identify patients eligible for the CHAP, in particular GPs to enter coded diagnosis for patients correctly.*
- *To streamline CHAP appointments in the clinic.*
- *Assess all staff training needs in software knowledge and clinical processes to refine.*
- *Increase physical accessibility to all amenities within the building.*

Step 4. Identify key strategies and plan:

With some upskilling from the Western Victoria Primary Health Network Practice Facilitation team on how to extract data from Best Practice, POLAR and Walrus, the clinic found 326 active patients with a recorded diagnosis of an intellectual disability highlighting the eligibility of patients for the CHAP.

- *Identify training: Upskill all members of the team for their respective tasks within the patient journey (for example, adding recalls for 12 months and 1 day to be added to patient records to meet MBS eligibility).*
- *Review policies and operational procedures:*
  - o *Use the About Me Patient Profile tool for awareness regarding specific needs of each patient inclusive of main carer details.*
  - o *Refine patient letters to include the timelines, eligibility, and importance of having an annual health assessment (CHAP).*
  - o *The Practice Manager is in the process of working with IT support and website developers to add an audio reader to our website. As well as ensuring all language used within it is appropriate, positive and inclusive as per the Victorian Government Guidelines.*
  - o *Offering an alternative area to sit if they patient is feeling overwhelmed by noise or light. They are also able to sit in their car if they prefer and the GP will call them when it is their appointment time to then come into the clinic and straight into the Doctor's room.*
  - o *Having flash cards at the reception area was introduced recently, having pictures to help patients communicate with reception.*

- o *Checking with patients if they would like their support person to attend the consultation or to have them wait in the waiting area.*
- *Additional:*
  - o *Install automatic doors with a push button to amenities for ease of patient access to these facilities.*

Step 5. Personal commitment from each team member:

- *Ensuring all members of the team both non-clinical and clinical are briefed on the shared vision, recommendations and allocated tasks on a regular basis to ensure buy-in and their commitment to upskill and make reasonable adjustments in line with the updated policies and procedures.*

Step 6. Outcomes:

- *Staff training to improve knowledge and purpose of the CHAP appointments.*
- *Successfully collated data of patients with a coded diagnosis of intellectual disability and added recalls to patient files to ensure patients are notified of their eligibility for a CHAP.*
- *Administration team to send updated invitation to participate letters for eligible patients for a CHAP.*
- *Streamline the process for CHAP appointments with the Practice Nurse and GP.*
  - o *For example, developed an auto fill within Best Practice for the Nurse when completing CHAP appointments, this has prompts to completed, making it easier to make recommendations for further care when the patient then sees the GP. For example, listing immunisations or pathology tests the patient may be due for, documenting recent Allied health visits or when the previous dental/ optometry appointment was.*
- *Demonstrated ongoing commitment to continue the quality improvement journey, by drawing on a practice nurses knowledge who has expertise in disability.*

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  - Nisha Anish, Administration Manager, Golden Point Medical Centre
  - Dana Slorach, Practice Nurse, Health e Medical Centre
  - Megan Frisch, Co Nurse Manager, Health e Medical Centre
  - Kobi Ferguson, Group Operations Coordinator, Health e Medical Centre
  - The patients and their supporters from both of the clinics for participating in the trial by providing their feedback for quality improvements.

Disclaimer: Western Victoria Primary Health Network are not responsible for ensuring that references to MBS item numbers are up-to-date. Please refer to the Department of Health and Aged Care MBS Online for full description of item numbers and up-to-date information. It is important to have accurate billing and cover off on all elements within the MBS descriptors to ensure compliance.

We would also like to warmly acknowledge the dedication and commitment of all members of staff from both of the medical clinics for their willingness to embrace inclusive practice and accessibility for all community members.