**Quality Improvement Activity**

**Start date: End date:**

Improve recording of First Nations status in clinical software

**Practice/team name:**

**Specific**

Provide a clear description of what needs to be achieved.

**Measurable**

Include a metric with a target that indicates success.

**Achievable**

Set a challenging target but keep it realistic.

**Relevant**

Keep your goal consistent with higher-level goals.

**Time-Bound**

Set a date for when your goal needs to be achieved.

**QI Activity Lead:**

Increased understanding of the services available for Aboriginal and Torres Strait Islander peoples among the staff and patients. Ensuring Aboriginal and Torres Strait Islander peoples get access to the right services at the right time.

Record the indigenous status of all patients visiting the practice (Aboriginal and/or Torres Strait Islander or neither)

**Goal:**

What are we trying to accomplish?

**Change Ideas:**

What change can we make that will result in an improvement?

Increase in the number of patients with recorded indigenous status to RACGP standards

Create a welcoming and culturally safe environment at the practice.

Raise awareness of the available services for Indigenous patients.

**QI Activity Team:**

Eg: 34% of patients have their Aboriginal and Torres Strait Islander status recorded.

**Benchmark:**

What is our current data saying?

* Name/Role
* Name/Role
* Name/Role
* Name/Role
* Name/Role

Improve access to health services for First Nations patients in the region by increasing the number of patients with recorded indigenous status to xx % in 3 months (or RACGP standard).

**Measures:**

How will we know that a change is an improvement?

What data will we use to track our improvement?

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

* Consult with the WVPHN practice facilitator, develop a plan of action and present it at staff meetings.
* Form a QI team, discuss workflow and allocate roles & responsibilities. [ideally – practice manager (can include WVPHN practice facilitator) and at least one GP, nurse and admin staff.]
* Identify culturally appropriate resources and materials, and place within the practice and waiting rooms to ensure the practice feels welcoming and culturally safe to Indigenous peoples.
* Organise cultural awareness training for all the staff in the practice to improve knowledge of Indigenous people and their culture in the region, and knowledge of available services. (See PDSA on Improve cultural awareness of practice staff)

*Analyse and learn from the results*

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

* Include the question on indigenous status on new patient form and ensure it is sought verbally if the column is not filled on the patient form (new patients) and clinical system (existing patients); i.e.

Are you / is the person of:

* + Aboriginal origin
  + Torres Strait Islander origin
  + Both
  + Neither
* Ensure recall visits are scheduled for follow-up appointments as required after health assessments.
* Use clinical assessment tools to track progress on patient identifications.
* Develop a progress chart for the activity and display updates in the tea-room / kitchen
* At completion of QI period, measure change by repeating reports using data. Assistance provided by WVPHN. Compare to baseline.

*Analyse and learn from the results*