Continuous quality improvement tool

Aboriginal health in acute health services and area mental health services

health

Introduction

The *Continuous quality improvement tool: Aboriginal health in acute health services and area mental health services* (CQI tool) is a response to the *Victorian Health Priorities Framework 2012–2022, Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022*, and the developmental review of the Improving Care for Aboriginal and Torres Islander Patients (ICAP) and Koori Mental Health Liaison Officer (KMHLO) programs. The CQI tool supports Victorian health services to provide culturally responsive healthcare to Aboriginal Victorians.

The CQI tool provides health services with a process to:
- reflect on progress and achievements in providing culturally responsive healthcare to Aboriginal patients
- identify gaps in organisational and clinical practice
- identify priorities for actions to improve the delivery and outcomes of healthcare, through organisation-wide initiatives and programs to Aboriginal patients across the organisation
- ensure greater systemic effort and accountability for a whole-of-health-service CQI approach to healthcare and health outcomes for Aboriginal patients.

The tool can be used as evidence within accreditation processes such as the *National Safety and Quality Health Service (NSQHS) Standards* and the *National standards for mental health services* (2010).

The learnings, opportunities and challenges that present through using the CQI tool can also inform state-wide priorities for improving health outcomes for Aboriginal patients.

Throughout this document:

Aboriginal refers to Aboriginal and Torres Strait Islander people.

Health service refers to Victorian health services that receive the Aboriginal weighted inlier equivalent separation (WIES) loading and all area mental health services.

Patient refers to patients receiving care within a public hospital setting and/or clients of area mental health services.

Cultural responsiveness refers to healthcare services being respectful of, and relevant to, the health beliefs, health practices and cultural needs of Aboriginal communities. Cultural responsiveness is more than cultural awareness. Awareness is only a first step. What matters is how organisations and individuals within each organisation behave as a result of that awareness. Organisations need to put processes and systems in place if they are to achieve cultural change and to embed it in everyday behaviour. Cultural awareness and sensitivity are building blocks; cultural responsiveness is the desired outcome. (*Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022*, p. 60, <www.health.vic.gov.au/aboriginalhealth/koolinbalit>).

Key result areas

The CQI tool is based on the ICAP and KMHLO programs' four key result areas (KRAs). The KRAs, revised in 2012, have been informed by key findings from the *ICAP and KMHLO developmental review*, feedback from participating health services, and relevant literature:

1. **Engagement and partnerships**
   Health services establish and maintain partnerships, and continue to engage and collaborate with Aboriginal organisations, Elders and Aboriginal communities.
2. **Organisational development**
   Health services have an organisational culture that: acknowledges, respects and is responsive to Aboriginality; can deliver culturally responsive healthcare through organisational development that includes CEO, boards and operational staff; and includes culturally responsive planning, monitoring and evaluation for the organisation.
3. **Workforce development**
   Workforce training, development and support is provided and appropriately targeted to Aboriginal and non-Aboriginal staff at all levels of the organisation. This includes strategies to support staff retention, professional development, on-the job support and mentoring, cultural respect and supervisor training.
4. **Systems of care**
   Culturally competent healthcare and a holistic approach to health are provided to Aboriginal patients with regard for the place of family. Culturally responsive healthcare supports access, assessment, care planning, patient support, discharge planning, referral, monitoring and recall processes.

How to use the tool

Completion of the CQI tool should be led by senior managers with responsibility for Aboriginal health, with input from the health service's 'quality' unit, Aboriginal Hospital Liaison Officer (AHLO), area mental health service manager, Koori Mental Health Liaison Officer (KMHLO) and relevant clinical and administrative staff. Involving the local Aboriginal community-controlled health organisation (ACCHO) and/or Aboriginal health advisory committee is highly recommended. **The completed tool must be endorsed by the health service's chief executive officer (CEO) and an executive sponsor for Aboriginal health.**

The CQI tool comprises two parts:

Part 1: Ratings

Each of the four KRAs (listed above) has a number of *contributing success factors*. These contributing success factors are aspirational statements outlining some aspects of the KRAs. Each of these should be considered by the relevant area(s) of the health service. The first three KRAs apply to the health service organisation as a whole. The fourth KRA applies to clinical areas of the health service, for example, the emergency department, mental health, maternity care, cardiac rehabilitation, renal unit or outpatients.

Steps in completing Part 1:
- Rate the health service in meeting the KRAs using the following criteria:
    - 1 = no progress on this KRA (the journey hasn't commenced)
    - 2 = starting to achieve this KRA (the journey has begun)
    - 3 = progressing towards fully achieving the KRA (advancing on the journey)
    - 4 = achieving the KRA (at the destination and other journeys identified)
    - 4+ = excelling in achieving the KRA (ongoing journey to new destinations)
- Provide justification for the rating in the designated column.
- Complete the 'strategies and next steps' column for 'continuing the journey'.

Repeat this process for each KRA.

Then:
- Reflect on the key achievements of the health service according to each of the KRAs and the rating process undertaken. Key achievements can be summarised in the table provided at the end of Part 1.

An example of how to complete Part 1 of the tool is provided in Attachment 1.

Part 2: Next steps 'on the journey'

Part 2 of the CQI tool is a planning process to highlight actions required to progress the cultural responsiveness of the health service. This includes:
- identifying gaps (from Part 1)
- setting priorities and identifying actions required
- nominating who/what area will lead the actions
- identifying when actions will be undertaken and the priorities achieved.

The priorities should be agreed among the participants in the CQI process. They should be consistent with organisational plans.

Timelines and reporting

Completing the CQI tool is a reporting requirement for all health services with WIES funding and all area mental health services. The tool should be completed and submitted to the department by **30 November 2014**, and can be emailed to Marianna.Pisani@health.vic.gov.au

Further information and resources

Attachment 1: CQI tool Part 1 – example

Attachment 2: Policy documents, tools and resources

Attachment 3: Reporting and monitoring

For further advice or support in completing the CQI tool, please contact the Department of Health:
- Acute Health: Marianna Pisani, Senior Program Advisor, Aboriginal Health Branch, 9096 5656, email Marianna.Pisani@health.vic.gov.au (Mondays and Thursdays) or Darren Clinch, Senior Program Advisor, 9096 8675, email Darren.Clinch@health.vic.gov.au

- Mental Health: Rebecca Winter, Senior Program Advisor, Mental Health, 9096 8486 or email Rebecca.Winter@health.vic.gov.au

CQI tool: Aboriginal care in acute health services and area mental health services

Completion of the CQI tool should be led by senior managers with responsibility for Aboriginal health, with input from the health service's 'quality' unit, AHLO, area mental health service manager, KMHLO and relevant clinical and administrative staff. Involving the local Aboriginal community-controlled health organisation (ACCHO) and/or Aboriginal health advisory committee is highly recommended. **The completed tool must be endorsed by the health service's CEO and an executive sponsor for Aboriginal health.**

Health service or area mental health service name: _____ **Financial year:**_____

How was the tool completed? ☐ Facilitated workshop(s) ☐ Meeting(s) of managers ☐ Other – please specify:

_____

_____

Part 1:   Ratings

Steps in completing Part 1 of the CQI tool:

1. Assess how well your health service meets each of the KRAs by rating on a scale of 1 to 4, where:

    1 = no progress on this KRA (the journey hasn't commenced)

    2 = starting to achieve this KRA (the journey has begun)

    3 = progressing towards fully achieving the KRA (advancing on the journey)

    4 = achieving the KRA (at the destination and other journeys identified)

    4+ = excelling in achieving the KRA (ongoing journey to new destinations).

2. Provide justification for the score by providing written supporting evidence.

3. Identify actions that may be undertaken to progress the KRA or to progress any of the contributing success factors.

	Self rating 1–4 (or more)	Justification: Evidence for the rating; how the issue has or why hasn't been addressed	Strategies for 'continuing the journey'
KRA 1: Engagement and partnerships			
There is a collaborative partnership between the health service and the local ACCHO, Elders and Aboriginal community members. *For example: Formal and informal partnerships/agreements such as an MOU between the ACCHO and the health service, or an Aboriginal advisory group established.*			
Aboriginal people are informed in a culturally appropriate manner about the health service and what they should expect as users of the service.			
Culturally appropriate mechanisms are in place for engaging and obtaining feedback from Aboriginal patients, their families and the wider Aboriginal community who have had some experience with the health service. The information is used to improve the delivery of healthcare. *For example: A safe meeting place regularly attended by the local Aboriginal community for other purposes is used as a forum to obtain views about the healthcare delivered by the hospital.*			
KRA 2: Organisational development			
Aboriginal health is a stated priority, with associated deliverables reflected in strategic and business plans, as well as in a specific Aboriginal reconciliation and/or health action plan.			

1 = no progress on this KRA (the journey hasn't commenced) 2 = starting to achieve this KRA (the journey has begun), 3 = progressing towards fully achieving the KRA (advancing on the journey), 4 = achieving the KRA (at the destination and other journeys identified), 4+ = excelling in achieving the KRA (ongoing journey to new destinations)

	Self rating 1−4 (or more)	Justification: Evidence for the rating; how the issue has or why hasn't been addressed.	Strategies for 'continuing the journey'
Senior executive demonstrate leadership and 'walk the talk' for a culturally responsive health service. *For example: Hospital CEO has signed statement of intent; cultural policies and procedures including 'acknowledging Traditional Owners and Elders past and present' at key meetings, seminars, public events; 'welcome to Country' at formal events; participation in cultural events, such as Reconciliation Week activities, NAIDOC celebrations, either at the health service or ACCHO; staff supported staff to attend these events, where appropriate; attend and/or chair the Aboriginal community advisory group (or other Aboriginal advisory group).*			
The board has outlined expectations for the CEO and senior executives to lead service system development to strengthen culturally responsive healthcare and improved health outcomes for Aboriginal patients. *For example: Senior executives' work plans include deliverables related to Aboriginal healthcare and/or outcomes; the Aboriginal WIES loading/KMHLO funding is monitored and resources are appropriately allocated to provide culturally responsive healthcare.*			
The health service provides a culturally safe and welcoming physical environment for Aboriginal people. *For example: Internal and outside spaces contain formal acknowledgement plaques and symbols, an Aboriginal flag, local Aboriginal artwork; there are books and children's toys (with Aboriginal reference) in the waiting areas; there are culturally appropriate pamphlets and health information in the waiting areas; there are spaces for family gathering.*			
Data collection systems are in place across a number of areas within the health service to monitor and/or evaluate protocols and systems related to being a culturally responsive organisation.			

1 = no progress on this KRA (the journey hasn't commenced); 2 = starting to achieve this KRA (the journey has begun); 3 = progressing towards fully achieving the KRA (advancing on the journey); 4 = achieving the KRA (at the destination and other journeys identified), 4+ = excelling in achieving the KRA (ongoing journey to new destinations)

	Self rating 1−4 (or more)	Justification: Evidence for the rating; how the issue has or why hasn't been addressed.	Strategies for 'continuing the journey'
KRA 3: Workforce developmment			
The Aboriginal workforce is supported within the organisation. *For example: Recruitment and retention strategies; prioritising Aboriginal student placements and traineeships as per Karreeta Yirramboi.*			
Job descriptions for AHLO and KMHLO staff are clearly articulated, and include roles and responsibilities, expectations, professional development and management and reporting lines.			
AHLO and KMHLO staff receive professional, clinical and cultural support. *For example: AHLO and KMHLO staff and their managers are supported to attend statewide ICAP/KMHLO forums for professional development, mentoring, support and networking; managers of AHLO and KMHLO staff are skilled in managing/supporting the cultural needs of their Aboriginal staff; AHLO and KMHLO staff are supported to attend clinical training, such as clinical support and training for working with patients with a mental health comorbidity to facilitate timely access to area mental health services.*			
A comprehensive cross-cultural training strategy enables staff to develop competencies in providing culturally responsive healthcare to Aboriginal patients and their families. *For example: Cultural awareness training for management, clinical staff and operational staff delivered by recognised trainers so that staff have an understanding of how the accumulated impact of colonisation, dispossession, racism and disempowerment affects the current health status of Aboriginal people and patterns of use of health services today; processes for staff self-reflection regarding assumptions based on values, stereotypes, prejudices or family history; training provided on strategies such as 'asking questions on Aboriginality'.*			
Cultural awareness and respect is a requirement when recruiting new staff to the health service.			

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	Self rating 1−4 (or more)	Justification: Evidence for the rating; how the issue has or why hasn't been addressed.	Strategies for 'continuing the journey'
For example: Position descriptions and professional development plans include requirements about cultural awareness and respect, and include organisational statements about the health service providing culturally responsive care; orientation and induction packages for new staff contain information about cultural awareness and respect for Aboriginal patients and their families.			
KRA 4: Systems of care			
Culturally appropriate strategies exist for collecting patient identification data on Aboriginality. *For example: Staff protocols and procedures, posters, stickers on forms.*			
The collection and monitoring of data is supported by robust information systems – and the data is used to strengthen Aboriginal patient care. *For example: Data on health status, hospital re-admissions, access to medical procedures/interventions, discharge data; outpatient appointment attendance data.*			
Culturally responsive, age-appropriate and gender-specific strategies are in place to assist Aboriginal women, men, children, youth and aged people to access required health services and other supports.			
Patients are informed about preventative care or early intervention services within the hospital and beyond (primary health and community-based services) to ensure comprehensive healthcare is provided. This includes one-to-one communication and/or broader social marketing. *For example: Services not directly related to the reason for their admission such as oral health services, eye and ear screening, support to mothers to give up smoking, Aboriginal Best Start and food security programs are promoted.*			
Culturally responsive, patient-centred pathways are embedded within the health service to improve the patient journey and clinical care of Aboriginal patients. This may include outreach and/or early intervention programs.			

1 = no progress on this KRA (the journey hasn't commenced); 2 = starting to achieve this KRA (the journey has begun); 3 = progressing towards fully achieving the KRA (advancing on the journey); 4 = achieving the KRA (at the destination and other journeys identified), 4+ = excelling in achieving the KRA (ongoing journey to new destinations)

	Self rating 1−4 (or more)	Justification: Evidence for the rating; how the issue has or why hasn't been addressed.	Strategies for 'continuing the journey'
For example: Strategies are in place to improve access to healthcare by assisting Aboriginal patients and their families to access transport and accommodation services; strategies are in place to facilitate timely admission of Aboriginal emergency department patients to an inpatient, subacute bed or substitute care setting to promote continuity of care; AHLO and/or KMHLO staff and/or other relevant staff members (for example, a social worker or care coordinator) work collaboratively to support Aboriginal patients and their families to receive comprehensive care across the health service; AHLO/KMHLO staff participate in clinical meetings within the hospital, discharge planning meetings with the clinical team, and case planning meetings with other services.			
Acute, subacute and primary care services are consistent with clinical guidelines, processes, protocols or other evidence-based recommendations, including those that are culturally appropriate should they exist. *For example: The NHMRC 'Strengthening Cardiac Rehabilitation and Secondary Prevention for Aboriginal and Torres Strait Islander Peoples'; Maternity and Newborn Clinical Networks; culturally safe models of care supporting Aboriginal mothers and babies to be cared for together.*			
Cultural and individual factors are accounted for in patient notes and clinical documentation and evaluation processes.			
Comprehensive discharge plans are developed for all Aboriginal patients, especially those with complex care needs or chronic health conditions. *For example: Culturally specific discharge planning tools; mechanisms for referral, monitoring and recall and/or follow up as required; primary health services and other community based services are aware of patient referral and follow up requirements; systems in place to ensure disadvantaged Aboriginal patients have access to an adequate supply of free or subsidised medication upon discharge.*			

1 = no progress on this KRA (the journey hasn't commenced); 2 = starting to achieve this KRA (the journey has begun); 3 = progressing towards fully achieving the KRA (advancing on the journey); 4 = achieving the KRA (at the destination and other journeys identified), 4+ = excelling in achieving the KRA (ongoing journey to new destinations)

Summary: Key achievements

Following on from rating each of the KRAs, identify and list the key achievements of the health service in progressing towards one or more of the KRAs. This may also include achievements that did not necessarily rate highly but where there was greatest change.

KRA	Key achievements to date
1. Engagement and partnerships	
2. Organisational development	
3. Workforce development	
4. Systems of care	

Part 2: Next steps 'on the journey'

Part 2 of the tool is a planning process to highlight actions required to progress the KRAs. This relies upon:

- identifying gaps (from Part 1)
- setting priorities and identifying actions required
- nominating who/what area will lead the actions
- identifying when actions will be undertaken and the priorities achieved.

The priorities should be agreed throughout the CQI process and be consistent with organisational plans, including reconciliation action plans. Priorities may be based, for example on: highest need; largest gap between Aboriginal and non-Aboriginal patients; or outcomes most achievable in the short or long term. The next year's CQI process should identify progress towards the priorities identified herein.

Priorities	KRA 1, 2, 3 or 4	Actions to address priorities	Who will lead the journey	Timeline for actions
1.				
2.				
3.				
4.				

Endorsement of the completed CQI tool

- **Please list roles/titles staff, clinical areas, committees and/or organisations involved in completion of the tool:**

_____

_____

_____

_____

- **The CQI tool is endorsed by:**

Chief Executive Officer: _____(name) _____(signature) _____ (date)

Executive sponsor (Aboriginal health): _____(name) _____(signature) _____ (date)

Aboriginal Hospital Liaison Officer: _____(name) _____(signature) _____(date)

Other, please state _____ (name) _____ (signature) _____ (date)

Please submit completed CQI tool:
- by 30th November 2013
- to Aboriginal Health Branch, email to Marianna.Pisani@health.vic.gov.au (phone 9096 5656, Monday and Thursday)

Attachment 1: CQI tool Part 1 – example

The table below is an example of responses to each of the KRAs and one contributing success factor. Ratings have not been provided because this is unique for each health service and underlies the importance of the self-assessment process.

Key result area	CQI contributing success factor	Justification: Evidence for the rating; how the issue has or why hasn't been addressed	Strategies for 'continuing the journey'
1. Engagement and partnerships	*There is a collaborative partnership between the health service and the local Aboriginal community-controlled health organisation (ACCHO), Elders and Aboriginal community members.*	• *Aboriginal membership of Aboriginal health advisory committee* • *Regular meetings between the health service and ACCHO CEOs* • *Reciprocal work placements in place between Aboriginal and mainstream services for AHLOs, non-Aboriginal staff and clinicians, and Aboriginal health workers*	• *Develop a formal MOU between the health service and the ACCHO* • *Incorporate opportunities for engagement with Aboriginal community organisations and events into annual planning processes*
2. Organisational development	*Aboriginal health is in our stated priorities, with associated deliverables. This is reflected in the objectives of our strategic and business plans, as well as in a specific Aboriginal health action plan.*	• *Aboriginal health is included in our statement of priorities and business plan* • *Aboriginal health CQI projects are identified and funded* • *Reconciliation action plan developed* • *The entrance to the health service is culturally welcoming, with a display of commissioned artwork by a local Aboriginal artist*	• *Make the emergency department and outpatient area more culturally welcoming*
3. Workforce development	*A comprehensive cross-cultural training strategy is in place for staff to develop competencies in providing culturally responsive healthcare to Aboriginal patients and their families.*	• *Four cultural awareness workshops were delivered to staff in management and clinical positions – totalling 40 participants* • *Regular training for admissions clerks and ward clerks* • *Mentoring program in place for new Aboriginal staff*	• *Self-assessment tools developed and implemented as a follow-up activity for all staff attending cultural awareness training*

Key result area	CQI contributing success factor	Justification: Evidence for the rating; how the issue has or why hasn't been addressed	Strategies for 'continuing the journey'
4. Systems of care	*We have strategies in place to ensure data is collected on Aboriginality.*	• *Revision of electronic and paper-based data collection tools* • *Cross-checking of patient records at every level of patient care*	• *Conduct audit to identify areas requiring improvement in identifying Aboriginal and Torres Strait Islander patients admitted to the cardiac unit*
	Culturally responsive, patient-centred pathways are embedded within the health service to improve the patient journey and clinical care of Aboriginal patients.	• *AHLO/KMHLO staff, the social worker and care coordinator work collaboratively to support Aboriginal patients and their families to receive comprehensive care across the health service*	• *Establish a weekly health clinic for new mothers and babies, staffed by the health services' Aboriginal midwife; the clinic will be run in conjunction with the ACCHO and the council maternal and child health nurse program*

Attachment 2: Policy documents, tools and resources

This attachment contains relevant policy documents, tools and resources to assist health services in using the CQI tool and in planning and implementing CQI activities.

Relevant policy documents

Improving Care for Aboriginal and Torres Strait Islander Patients guidelines: information for Victorian health services about the 30 per cent Aboriginal WIES loading

These guidelines outline the goals and KRAs, and provide strategies for implementing change in acute health services.
http://docs.health.vic.gov.au/docs/doc/D4CF768FAB6AB4FCCA257879000A3D04/$FILE/ICAP%20Guidelines.pdf

Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022

Koolin Balit outlines the Victorian government's strategic directions for Aboriginal health over the next 10 years. Of particular relevance to the ICAP/KMHLO programs are the objectives related to reducing the gap in life expectancy for Aboriginal Victorians, and improving access to services and outcomes for Aboriginal people.
www.health.vic.gov.au/aboriginalhealth/koolinbalit

Karreeta Yirramboi, Victorian Aboriginal public sector employment and career development action plan 2010–2015

Karreeta Yirramboi is the Victorian Government's plan to increase Aboriginal participation in the Victorian public sector workforce. Karreeta is the Gunditjmara word for 'grow' and yirramboi is the Taungurung word meaning 'tomorrow'. Victoria has set a one per cent Aboriginal employment target for the Victorian public sector to be achieved by 2015. Health services are expected to meet the Victorian Government's one per cent Aboriginal employment target by 2015.
http://docs.health.vic.gov.au/docs/doc/EBE30C2675E89853CA2578D10002F424/$FILE/KarreetaYirramboi.pdf

Victorian Aboriginal health workforce plan

This plan forms the workforce component of the Victorian Closing the Gap implementation plan and supports the aim that Aboriginal people will have equitable health outcomes through a competent health workforce that has appropriate clinical, management, community development and cultural skills. The plan supports ICAP/KMHLO workforce development aims. The key objectives of the *Victorian Aboriginal health workforce plan* are to:

- develop and increase the supply of competent health workers in ACCHOs, Aboriginal community-controlled organisations (ACCOs) and mainstream health services
- enhance and optimise the existing workforce and integrated service delivery practice models in ACCHOs/ACCOs and mainstream organisations through workforce redesign pilot projects
- build middle management and leadership skills and improve articulation pathways within ACCHOs/ACCOs to lead multidisciplinary teams and strengthen organisational capacity

- increase the clinical placement capacity of ACCHOs to enhance health students' knowledge and cultural understanding of Aboriginal communities' health and wellbeing needs
- build the capacity of mainstream health services and health professionals to deliver culturally sensitive services both within mainstream and ACCHO/ACCO settings.

http://www.health.vic.gov.au/aboriginalhealth/workforceplan/index.htm>

Relevant tools and resources

ICAP resource kit
The kit is for hospital executives, managers with responsibility for Aboriginal health and AHLOs. It is particularly for people who are working together to realise the goals established by the ICAP program, as well as staff in community-controlled health organisations. The kit contains resources to assist health services to implement the ICAP program. The resource aims to:
- enhance the effectiveness of cultural awareness training programs for health service staff
- improve the effectiveness of the ICAP program within health services
- improve the awareness of health service management personnel about the cultural issues facing Aboriginal staff and the added complexities of operating an Aboriginal program within an acute health service.

http://www.health.vic.gov.au/__data/assets/pdf_file/0008/423647/icap_resource_kit2.pdf

Aboriginal Health Promotion and Chronic Care Partnership (AHPACC) CQI tool
This tool is based on the findings of the AHPACC program review. As with the ICAP and KMHLO CQI tool, it provides self-assessment criteria to be rated and justified and requires improvement strategies to be identified and prioritised.
http://docs.health.vic.gov.au/docs/doc/AHPACC-Continuous-Quality-Improvement-Tool-March-2012

Karreeta Yirramboi: an employer toolkit to grow Aboriginal employment in your organisation
The toolkit provides information and guidance across a number of areas including attraction, recruitment and induction of Aboriginal staff, as well as career development, managing performance, leadership and Aboriginal employment plans for the Victorian public sector workforce.
www.ssa.vic.gov.au/products/view-products/karreeta-yirramboi

Cultural resources guide, July 2011
This is a useful quick reference guide to assist health services in sourcing and accessing a range of cultural tools and training available in Victoria. It is a useful reference for health services in planning and implementing priorities identified through the CQI process.
http://docs.health.vic.gov.au/docs/doc/C58D021FD58DA2CDCA2578D8000F37F5/$FILE/Cultural%20resource%20guide%20July%202011.pdf

Partnerships analysis tool
This resource describes the elements of a partnership. It is a resource for establishing, developing and maintaining partnerships across all sectors.
http://www.vichealth.vic.gov.au/Publications/VicHealth-General-Publications/Partnerships-Analysis-Tool.aspx

Aboriginal and Torres Strait Islander patient quality improvement toolkit for hospital staff

This toolkit provides a CQI framework for health services to improve the culture of hospitals for Aboriginal people and hence the quality of care for Aboriginal patients. The toolkit is for CEOs, hospital boards, clinical staff, AHLOs and other staff working with Aboriginal patients. The toolkit includes information on a range of effective health service strategies, from the introduction of an Aboriginal quality improvement role through to policy implementation. The toolkit also examines Aboriginal patients' experience with hospital care, and the fostering of cultural understanding and culturally appropriate solutions. http://www.svhm.org.au/aboutus/community/ICHPtoolkit/Pages/toolkit.aspx

Making two worlds work: Building the capacity of health and community centres to work effectively and respectfully with our Aboriginal community

This resource is a collaborative effort of the Mungabareena Aboriginal Corporation and Women's Health Goulburn North East. It is designed to challenge existing cultural norms and values to ensure the provision of services and programs that are responsive and accountable to Aboriginal and Torres Straight Islander people. The resource contains a number of resources for non-Aboriginal health service staff to work collaboratively with Aboriginal people and organisations:

- a suite of six colour posters, developed from original paintings
- the *Working with Aboriginal clients and community* audit tool for agency planning and review
- a checklist for working with Aboriginal clients
- a *Health promotion framework* with an 'Aboriginal lens'
- a CD of more than 100 graphic images based on the six paintings for agencies to use when designing written or visual information for Aboriginal clients and community
- a DVD that
  - explains 'Indigenous welcomes' and 'Acknowledging Country'
  - describes the importance of art for Aboriginal communities
- signage for services to welcome Aboriginal and Torres Strait Islander people to their agency
- an information guide that includes local knowledge about culture and history, frequently asked questions, key Aboriginal organisations and contacts.

www.whealth.com.au/mtww

Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice

This is a comprehensive resource for health professionals working with Aboriginal and Torres Strait Islander people experiencing social and emotional wellbeing issues and mental health conditions across all life stages.

http://aboriginal.childhealthresearch.org.au/media/54847/working_together_full_book.pdf

Attachment 3: Reporting and monitoring

The *Continuous quality improvement tool: Aboriginal health in acute health services and area mental health services* complements the existing performance monitoring of acute Aboriginal healthcare outlined below.

Statements of priorities (SoPs)

Annual statements of priorities set out the government's policy priorities, health service priorities, and expected performance levels in key areas. The department's SoP guidelines assist health services to set goals and commit to improved Aboriginal health outcomes by:

- demonstrating implementation of the ICAP KRAs, reported in health service quality of care reports
- demonstrating development of reconciliation action plans as a commitment to closing the gap
- liaising with Koori maternity services to facilitate pathways to birthing services that provide culturally appropriate, accessible services for Aboriginal women.

Statements of priorities are signed by both the Minister for Health and the chairperson of the health service board, and are the key accountability agreements for health services and their boards.
http://www.health.vic.gov.au/hospital-performance/downloads/busrule11.pdf

Program Report for Integrated Service Monitoring (PRISM reports)

Tabled quarterly with health service CEOs and board chairs, PRISM reports provide a quantitative performance measure, including numbers of Aboriginal patients presenting to emergency departments and WIES funding received by hospitals for Aboriginal inpatients.
http://docs.health.vic.gov.au/docs/doc/A07C60549F0D3BA0CA257930000B22C9/$FILE/VHSPMF-business-rules-2011-12.pdf

Quality of care reports

Quality of care reports inform the community and other stakeholders about health service initiatives to improve care for Aboriginal patients by addressing the four ICAP KRAs.
http://www.health.vic.gov.au/consumer/pubs/guidelines1011.htm