

Quality improvement in practice: improving diabetes care and patient outcomes in Aboriginal Community Controlled Health Services (ACCHSs)

Why was this study done?

- Diabetes is a major health problem in Australia, particularly for Aboriginal people. Good diabetes health care can prevent the development of complications from diabetes and improve quality of life.
- Caring for diabetes involves a healthy lifestyle (eating well and exercising regularly); treatment with medications that control sugar levels and other risk factors; and regular screening for the presence of diabetes complications.
- Through a quality improvement intervention, we wanted to see how well patients with diabetes were being cared for at ACCHSs in the Kimberley, and to identify strategies for improvement. We also wanted to evaluate the continuous quality improvement (CQI) cycle and identify strategies to improve the way this is conducted in Kimberley ACCHSs into the future.

How was this study done?

- Four Kimberley ACCHSs, including Derby Aboriginal Health Service (which was part of a long term CQI project) took part in this study.
- We audited patient records and determined how well the patients were doing with control of their sugar and other factors.
- During interviews with staff and focus groups with patients we discussed the audit results and strategies that could improve diabetes care.

Audit Findings:

- Blood and urine tests that are recommended to be done yearly were done for most patients at three of the four ACCHS. Other care processes such as foot checks and eye checks were not done as frequently as urine and blood tests.
- Care processes such as blood pressure, weight and waist measurement, HbA_{1c} testing, and assessment of lifestyle were done in most patients at least once in the year, but not many patients had these tests done as frequently as recommended (every 6 months).
- Measurements of patient health status tended to be better at DAHS where there has been over ten years of CQI in diabetes care.
- These results compared well to other studies in the Indigenous health care setting.

Suggestions identified by staff and patients for improving care:

- Improving the computer based patient information system to make it easier for staff members when conducting diabetes care.
- Improving the function of the multidisciplinary health care team and clarifying role descriptions, including improving integration of visiting allied health care services.
- There was particular emphasis on supporting an increased involvement of AHWs in diabetes care delivery as they were seen as playing a very important role.
- A need for increased staffing was identified at some of the health services.

Quality Improvement Practices in Kimberley ACCHSs:

- The experience of this study and previous study at DAHS demonstrated that quality improvement requires more than just completing a one-size-fits-all auditing tool and reporting to an external quality improvement agency.
- This study identified some strategies for improving the way that quality improvement is conducted in Kimberley ACCHSs which included:
 1. Changes to the computer based patient information system to improve the accuracy of future audits, increase tracking of patients as they move between communities in the region, and improve ease-of-use.
 2. Allocation of staffing resources where needed and clearer description of roles for chronic disease management programs.
 3. Development of a role for a KAMSC regional quality improvement facilitator to assist ACCHSs with their quality improvement efforts.

What does this mean?

- Well-designed health care delivery and CQI systems, with a strong sense of ownership over diabetes management can increase service delivery rates and improve clinical outcome measures in ACCHSs.
- Locally run CQI processes may be more responsive to individual health services and more sustainable than externally driven systems.

Summary of features that facilitated good diabetes care and effective CQI in Kimberley Aboriginal Community Controlled Health Services

- Clearly defined staff roles for diabetes management
- Support and involvement of Aboriginal Health Workers
- Efficient recall systems
- Well-coordinated allied health services
- Seamless and timely data collection
- Local ownership of the process
- Openness to admitting deficiencies and willingness to embrace change

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