Primary health care continuous quality improvement (CQI) tools

Country of origin | Australia

Health problem addressed
Lack of data on care processes and outcomes in primary care is an on-going problem for applying evidence-based practice. CQI approaches have potential to address this challenge. The approach presented provides a flexible and tailored solution, facilitating use of local level data and targeted CQI appropriate to the burden of disease.

Solution description
A CQI process developed to assist primary health care services to improve their clinical services and client outcomes by collecting data using specially developed audit tools and protocols. The tools are based on best practice standards and recommended scheduled services for a range of clinical services i.e. child and maternal care. Audit data are entered onto a web-based database which provides automated real-time analysis and generation of a quality improvement report for use at the local health centre level. In addition to the audit data, qualitative data are collected from the primary health care team through a facilitated discussion using a system's assessment tool for action planning.

Functionality
Training in applied continuous quality improvement and clinical auditing. Data collected through clinical audits. The primary health care team participates in a system's assessment to collect quantitative data. All data are entered into a web-based database and reports are generated. The team sets goals and action plans for the next 12 months.

Developer's claims of solution benefits
This approach comprehensively addresses the development of capacity to apply CQI in a health service context starting at the stage where the health service is at. It embeds ownership of the process by the health service staff. It uses systems currently in place to collect health data. It provides tools to measure health service practice against accepted best practice. It encourages the process of quality improvement in steps to address areas identified as priorities by the health service.

Future work and challenges
The existing technology is modelled on Australian terminology and best practice for disease which is not necessarily suitable for other settings. Recommended changes include: tools abbreviated to include key disease outcomes, and corresponding modification to electronic database interface including capacity for local users to edit specific field options (e.g. drug doses, ethnicity) and download/upload capacity to support off-line use. Coordinators should be trained and supported to maintain the technology locally.

User and environment
User: physician, nurse, midwife, technician, health workers, indigenous/other health workers.

Training: training is required and is given initially by an Australian team who can build more sustainable capacity among local trainers.

Settings: rural, urban, primary, secondary, and tertiary.

Reviewer’s comments
The continuous quality improvement (CQI) system is an innovative approach developed to support high-quality primary health care for Aboriginal and Torres Strait Islanders. CQI can be adapted and used with limited IT equipment.

Solution specifications
Solution is used to support: Decision Support Systems; Continuous Quality Improvement(CQI).

Software/Hardware requirements: In the Australian context, it uses customised software to support web-based clinical audit tools for the collection of data to allow reporting of key performance indicators against best practice guidelines. The technology is not dependent on this specific software solution.

Microsoft SQL, Microsoft ASP.Net, Menzies proprietary code.

Standards: Clinical Guideline Standards for Chronic Disease, Maternal, Preventive, Child Health, and Mental Health.

Currently used in: Australia


Disclaimer

Eligibility for inclusion in the compendium has been evaluated by EuroScan member agencies, WHO Collaborating Centres, and WHO. However, the evaluation by EuroScan member agencies, WHO Collaborating Centres, and WHO has been solely based on a limited assessment of data and information submitted in the developers’ applications and, where available, of additional sources of evidence, such as literature search results or other publicly available information. There has been no rigorous review for safety, efficacy, quality, applicability, nor cost acceptability of any of the technologies. Therefore, inclusion in the compendium does not constitute a warranty of the fitness of any technology for a particular purpose. Besides, the responsibility for the quality, safety and efficacy of each technology remains with the developer and/or manufacturer. The decision to include a particular technology in the compendium is subject to change on the basis of new information that may subsequently become available to WHO.

WHO will not be held to endorse nor to recommend any technology included in the compendium. Inclusion in the compendium solely aims at drawing stakeholders’ attention to innovative health technologies, either existing or under development, with a view to fostering the development and availability of, and/or access to, new and emerging technologies which are likely to be accessible, appropriate and affordable for use in low- and middle-income countries.

WHO does not furthermore warrant or represent that:

1. the list of innovative health technologies is exhaustive or error free; and/or that
2. the technologies which are included in the compendium will be embodied in future editions of the compendium; and/or that
3. the use of the technologies listed is, or will be, in accordance with the national laws and regulations of any country, including but not limited to patent laws; and/or that
4. any product that may be developed from the listed technologies will be successfully commercialized in target countries or that WHO will finance or otherwise support the development or commercialization of any such product.

WHO disclaims any and all liability and responsibility whatsoever for any injury, death, loss, damage, use of personal data, or other prejudice of any kind whatsoever that may arise as a result of, or in connection with, the procurement, distribution and/or use of any technology embodied in the compendium, or of any resulting product and any future development thereof.

Developers whose technology has been included in the compendium shall not, in any statement of an advertising, commercial and/or promotional nature, refer to their participation and/or inclusion in the compendium. In no case shall the latter use the WHO name and/or the emblem, or any abbreviation thereof, in relation to their business or otherwise.