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Christine Connors, Kerry Copley, Roderick Wright, Jacinta Elston,
Sandy Thompson, Veronica Matthews





Background

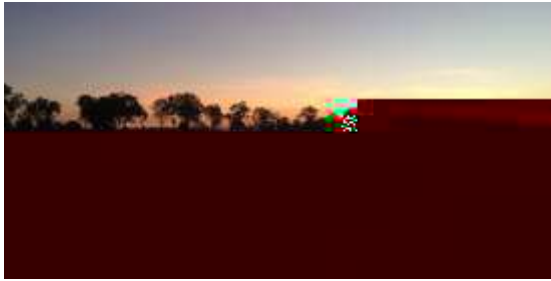
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Case studies



Methodology

\$QDO\VLV DQG IHGEDFN

,QGXFWLYH WKHPDWLF DQDO\VLV WR H[SORUH WKHPHV DW SKHU



Summary of findings

‡ 1R VWDWL VWLFD OO\ VLJQLILFDQW FRQVLVW
UHPRW HQHV JRYHUQDQFH PRGHO RU DFFU
LPSURYLQJ / ~~VHNL~~ ~~LYL~~ ~~LF~~ ~~HW~~ DO

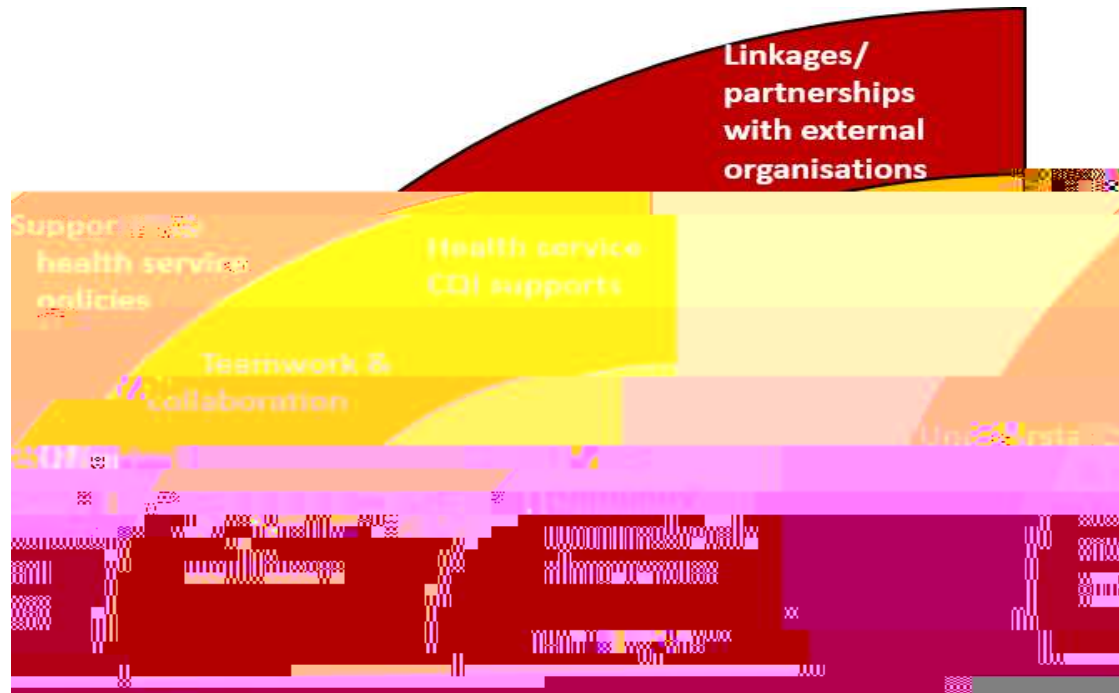
‡ (DFK HDOWK VHUYLFH ZDV XQLTXH

‡ +HDOWK ~~YR~~ ~~SH~~ ~~VD~~ ~~WL~~ ~~R~~ ~~Q~~ ~~D~~ ~~O~~ ~~L~~ ~~W~~ ~~H~~ ~~G~~ ~~P~~ ~~S~~ ~~U~~ ~~R~~ ~~G~~ ~~H~~ ~~I~~ ~~R~~ ~~H~~ ~~Q~~ ~~M~~ ~~Q~~ ~~T~~

‡ &URVV FDVH DQDO\VLV IRXQG FRPPLWWHG V
SXUSR VH V\ VWHPV DQG VXSSRUWLYH SROLF
HPEHGGHGQHVV DQG PHFKDQLVPV IRU FRPP
LPSURYH PHQWV



Factors that support quality health care



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- ‡ Each system had features (a **partnership or unique staffing combination**) at the meso and micro level that supported QI.
 - ‡ **Mesosystem support** was important in some cases in mitigating against workforce instability.
 - ‡ In jurisdictions with less supportive macro policies it appeared that impetus was gained through **generating local solutions** to overcome challenges.
 - ‡ **Reinforcing loops** operated ~~for~~ for example strong team functioning reinforcing staff commitment to QI; strong community partnerships driving QI.
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Why is the service continuously improving?

‡ 6 W D I I I D F W R U V

± & R Q V L V W H Q W V W D I I O H D G H U V K L S

± 7 H D P Z R U O O O O O @ continuously improving

Four implementation levers for policy and practice

7 K S H X U S R V H R I T X D O L W \ L P S U R Y
H [S O L F L W D D Q F U R M V D U H G O O H Y H O V
V \ V W H P Z L W K D I R F X V R Q L P S U R Y
K H D Q W W F R P H V



2. Institutionalise CQI and supports

‡ , Q V W L W X W L R ~~G~~ ~~X~~ ~~S~~ ~~S~~ ~~R~~ ~~H~~ ~~W~~ ~~&~~ ~~4~~ , W D W D O O O
F R O O D E R U D W L Y H G H F L V L R Q P D N L Q J
R U L H Q W D W L R Q V W D I I W U D L Q L Q J U H
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‡ (Q V X U H W K D W K H D O W K V H U Y L F H R S H
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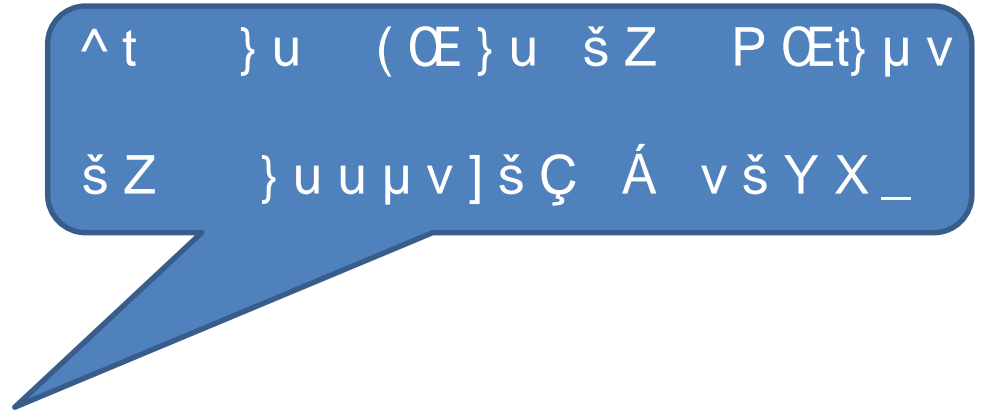
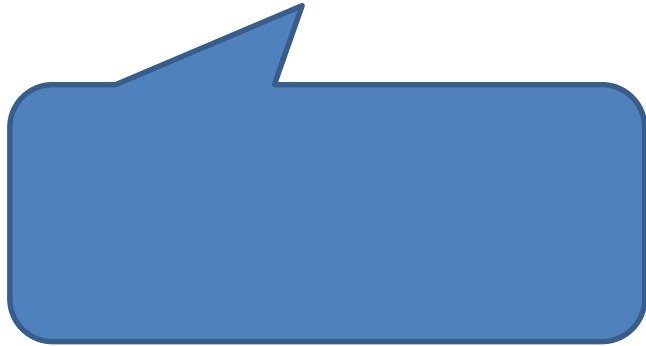


3. Appropriate workforce

‡) D F L O L W D S W H R S O L D W H D Q G S Z H W K U H
D W W H Q, W G R L Q H W R X V, Q G G J Q R R X V Z R U
P L L Q U H F U X L W P H Q W D Q G R U L H Q W D V
V X S S R U W V W D I I U H W H Q W L R Q

4. \$ O O R Z F R P P X Q L W \ W R ³ G U L Y H K

‡ 6 X S S R U W R P P X H Q L W H D Q B U K N I R U F H W R
P H D Q L Q W Z R O \ O L Q N T K J H Q L P S U R Y H P H Q
S U R F H V V H V D U H H P E H G G H G L Q F X O V
J H Q X L Q H H Q J D J H P H Q W P H F K D Q L V P V



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- ‡ Role of community in driving QI is under-appreciated
 - ‡ Key health system processes and supports are necessary to successfully implement quality improvement
 - ‡ Need to ensure
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Thank You

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