Disclaimer

Please be advised that this resource has been prepared by the Aboriginal Health and Medical Research Council of NSW (AH&MRC) to broadly meet the needs of AH&MRC's Member Organisations. This resource is a general guide and will need to be amended to suit your particular organisation.

AH&MRC cannot guarantee that this resource will meet all the requirements of your individual organisation and may not be relevant to particular patients or their circumstances. AH&MRC strongly recommends that you undertake your own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing.

Intellectual Property and Copyright

Unless otherwise expressly stated, the copyright of this resource is owned by AH&MRC. This resource may only be used by AH&MRC's Member organisations and cannot be used for any other purpose or by any other organisation or group.

This resource must not be published or replicated without AH&MRC's written permission. All other rights are reserved.

Limitation of liability

AH&MRC takes reasonable steps to maintain the accuracy of information available in this resource, however, some or all of the information is current at the date of the first publication, and may, from time to time, be amended, or become superseded or otherwise inaccurate. AH&MRC is not responsible for ensuring that the information contained within this resource is accurate, current, suitable or complete, and offers no guarantee that this resource will meet your organisation's or particular patients needs.
Accordingly, where conditions and warranties implied by law cannot be excluded, the AH&MRC limits its liability where it is entitled to do so. Otherwise, AH&MRC, its employees and agents are not liable for any loss or damage (including consequential loss or damage) to any users of this resource, however caused, which may arise directly or indirectly from this resource.

Governance and Implementation

This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

Quality Improvement (QI) Plan

Title

Authors

Date

AH&MRC
Aboriginal Health & Medical Research Council of NSW

Executive Summary

Provide a summary of the QI Plan

Key Priorities for the Next 12 Months:

-
-
-
-

Expected Outcomes:

-
-
-
-

Purpose of This Plan

This Quality Improvement (QI) Plan outlines a comprehensive and culturally grounded framework to enhance the quality, safety, and effectiveness of Health Services delivered by the [organisation name]

The plan aims to:

- Ensure service delivery aligns with Aboriginal community priorities, cultural protocols, and holistic concepts of health.
- Provide a structured approach to identifying strengths, gaps, risks, and opportunities.
- Embed continuous improvement through strong governance, workforce development, and community-led decision-making.
- Support compliance with national and state regulatory standards, including accreditation requirements.
- Strengthen systems, processes, and cultural safety to achieve positive health outcomes.

Cultural Governance & Guiding Principles

The QI Plan is grounded in Aboriginal ways of knowing, being, and doing. All improvement actions reflect the following principles:

Self-Determination – Community members lead decision-making and guide health priorities.

Community Control – Governance structures reflect Aboriginal law, culture, and leadership.

Cultural Safety – Health services must actively protect cultural identity, belonging, and safety.

Holistic Health – Care encompasses physical, emotional, social, and spiritual wellbeing.

Strengths-Based Practice – The plan builds on community strengths, knowledge, and resilience.

Respect for Culture, Country & Kinship – All improvement actions honour cultural protocols.

Scope of the Quality Improvement Plan

This plan applies to all areas of health service delivery, including:

- Primary health care and clinical services
- Chronic disease management and care coordination
- Health promotion, prevention, and early intervention
- Cultural healing and wellbeing programs
- Community engagement, client access, and experience
- Clinical governance and safety systems
- Workforce capability and professional development
- Digital health systems, data reporting, and records management
- Incident, feedback, and complaints processes
- Partnerships, outreach, transport, and social support programs
- Facilities, equipment, and environmental safety

Current State Summary

A snapshot to understand strengths, challenges, and recent achievements.

Key Strengths: (Examples)

- Strong trust within community and Elders
- Skilled Aboriginal Health Workers and clinicians
- High participation in community health programs

Key Challenges: (Examples)

- Limited integration between clinical and community programs
- Inconsistent follow-up systems for chronic disease clients
- Under-resourced health promotion

Recent Achievements: (Examples)

- Delivered major community health screening events
- Upgraded clinical equipment and digital systems
- Introduced new cultural healing and wellbeing programs

Definitions & Terminology

Term	Definition
Quality Improvement	A continuous cycle of planning, implementing, reviewing, and improving care.
Cultural Safety	Ensuring Aboriginal people feel safe, respected, and free from discrimination.
PDSA Cycle	Plan–Do–Study–Act improvement method.
Clinical Governance	Systems ensuring safe, high-quality clinical care.

Gap Analysis

This section identifies the difference between current performance and best practice standards.

1.1 Gap Analysis Table

Health Area	Current State	Desired State / Standard	Gap Identified	Risk Level (H/M/L)	Priority
Ex. Data & reporting	Basic data systems	Integrated clinical information system	Limited data accuracy	H	High

2. Quality Improvement Goals

Example:

Goal 1: Strengthen Data Quality and Reporting Systems

- **Description:** Implement an integrated clinical information system and improve data accuracy across all health service programs.
- **Linked Gaps:** Data & reporting; limited data accuracy.
- **Expected Outcome:** 95% data accuracy and timely monthly reporting to leadership.

3. Improvement Action Plan

Goal	Action Required	Steps to Complete	Responsibility	Resources Needed	Timeline	Success Indicators

4. PDSA Cycle (Plan–Do–Study–Act)

PLAN

What improvement are we testing?
Why is this important for community health and cultural safety?
What do we predict will happen?
What data/observations will we collect?
Who is involved?

DO

What steps were carried out?
What occurred that was expected or unexpected?
Were there any cultural, workforce, or operational considerations?

STUDY

What does the data show?
Did outcomes align with predictions?
What feedback was received from staff and community?

ACT

Adopt (implement), Adapt (modify), or Abandon (stop)?

5. Risk Management & Mitigation

Example;

Risk	Impact	Likelihood	Mitigation Strategy	Responsible
Staff shortages	Reduced service access	High	Develop flexible roster; recruit AHWs	CEO
Data issues	Inaccurate reporting	High	Implement CRM and train staff	Health Services Manager
Cultural safety breaches	Loss of trust	Medium	Regular training and supervision	Cultural Lead

6. Monitoring & Reporting Framework

This framework ensures transparent and regular monitoring of QI actions.

Monitoring Components

- Monthly clinical performance data
- Quarterly QI reports to Board
- Cultural safety audits
- Client experience surveys
- Community feedback sessions
- Workforce PD tracking
- Incident and complaints analysis
- Accreditation readiness assessments

Reporting Responsibilities

- **Health Services Manager:** Clinical KPIs, data quality
- **Cultural Lead:** Cultural safety indicators
- **Workforce Lead:** PD completion, workforce metrics
- **CEO/Executive Team:** Quarterly reports to Board
- **Community Engagement Team:** Feedback reports to community

Reporting Frequency

- **Monthly:** Operational and clinical indicators
- **Quarterly:** Comprehensive QI progress reports
- **Annually:** Review and update QI plan with community guidance