# Kanyini Systems Assessment Tool – Facilitators' Guide

# ACCHS code

Aboriginal Community Controlled Health Service (ACCHS) identifier, unique number allocated to each ACCHS involved in the research project. Numerical 4 digit identifier

# Date of Interview

Record date Systems Assessment interview conducted. [DD/MM/YY]

## **Interviewer**

Record the initials of the individual conducting the Systems Assessment interview.

## Focus group members

Record the initials of each individual participating in the Systems Assessment interview.

# Service characteristics

# **Estimated service population**

Record the total number of clients registered as attendees to the health service.

## **Estimated number of regular clients**

Record the number of regular clients attending the health service (who routinely receive PHC at the health service).

## Estimated number of visitors/ irregular clients

Record the number of visiting clients that attend the health service (A visitor is someone who does not live within the catchment area, but that has previously attended the health service).

## Total operating budget

Record the total operating budget of the health service. NB: Answering this question is optional

## **Proportion for CD**

Record the proportion of the budget that is specifically identified for the delivery of chronic disease care or programs. NB: Answering this question is optional

#### **Community ownership and accessibility**

## Indigenous governing board

Is the ACCHS governed by a completely or majority indigenous governing board?

#### **Indigenous manager**

Is the Manager (or 'CEO', 'Administrator', 'Director' etc) of the health service indigenous?

## **Community orientation**

Does the health service provide an orientation to the community for staff on commencement? What form does this orientation take?

## **<u>Client transport service</u>**

Does the health service provide a transport service to its clients to attend the health service and/or other services/regional hospital? [Can you describe what transport is provided for?]

## **Total staff**

Record the total number of staff employed by the health service (including clinical, administration, and ancillary staff)

## **General Practitioners**

Record the number of GPs currently employed within the health service. Record the number of GPs who are indigenous.

## **Registered Nurses**

Record the number of RNs currently employed within the health service. Record the number of RNs who are indigenous.

## Male Aboriginal Health Workers

Record the number of male AHWs currently employed within the health service.

## Female Aboriginal Health Workers

Record the number of female AHWs currently employed within the health service.

## Allied Health staff

Record the number of Allied Health persons currently employed. List each Allied Health position(s).

#### **Cultural congruence**

## **Cultural Awareness Program**

Do health service staff undertake cultural awareness training programs when commencing work at the service?

#### **Cultural leave provision**

Does the health service have provision for indigenous staff to take cultural leave for funerals etc.?

## Use/support of Ngangkari/ tranditonal healing

Does the health service use and support the use of Ngangkari/Traditional Healers?

#### Funded Ngangkari/ traditional healing services

Are Ngangkari/Traditional Healers paid by the health service for consultations?

#### Separate Men's and Women's space

Does the health service have designated women's/ men's areas within the service?

## **Quality of care**

#### **Routine quality improvement activities conducted**

Does the health service have a systematic Quality Improvement (QI) process in place? Can you describe the QI initiatives that are in place?

#### **Dedicated quality improvement staff**

Does the health service have an identified position responsible for developing, maintaining and coordinating Quality Improvement processes within the health service?

#### Chronic disease coordinator

Does the health service have an identified position responsible for coordinating chronic disease care? What are the responsibilities of this position?

## **Clinical service orientation**

Does the health service have a formal clinical orientation programme for new clinical staff on commencement of employment? Can you describe what this programme consists of?

#### Professional development support

Does the health service encourage and provide support for staff to attend PD activities? Does the health service have a formal Professional Development programme for staff? Can you describe what this programme consists of?

## **Guidelines for chronic disease management**

Does the health service have accessible, user friendly guidelines available and encouraged/mandated for use by all practitioners with respect to the identification and management of chronic disease? [E.g. CARPA, NHFA, CARI, NHMRC].

## Guideline training provided to staff

Does the health service provide training to staff, in the use of these guidelines? Can you describe what the training consists of?

## **Models of care**

#### **Outreach clinics**

Does the health service provide outreach primary care services? Can you describe these services?

#### Chronic disease case management

Does the health service use a case management model for clients with an identified CD? Can you describe the model used?

Case management refers to planning, coordinating, managing and reviewing the care of an individual patient. This may involve, assigning each person a 'case manager' who is responsible for assessing patients' needs; developing a care plan, arranging suitable care; monitoring the quality of care; and maintaining contact with the patient and their family.

## **Chronic disease prevention programmes**

Does the health service have any chronic disease prevention initiatives in place? Can you describe the initiatives that are in place?

#### **Onsite Pharmacist**

Is there an onsite pharmacist?

#### Access to Section 100

Does the health service have access to Section 100 arrangements for the supply of pharmaceutical goods?

#### Home medicines review process

Is there a process in place for conducting Home Medication Reviews and claiming the available Medicare rebate?

#### Monitoring adherence

Is there a process for monitoring adherence? Describe

#### **Computerised record system**

Is there a computerised Patient Information and Recall System (PIRS) in use?

#### Automated pathology

Is there an automated system for receiving pathology results?

#### **Routine population data**

Is there a formalised mechanism for providing regular population health data to the community and health service staff?

#### Recall system

Is there a client recall system in place that supports the delivery of or 'recalls' individuals to receive scheduled services?

#### Chronic disease register

Is there a register of all clients with chronic disease?

#### **Hospital care**

## **Hospital Liaison**

Record if the health service employs a hospital liaison officer.

#### Care planning includes hospital staff

Record if hospital staff are included in the development of Team Care Arrangements [EPC 723 or equivalent].

## Communication, Accessibility and Consistency of Hospital Based Services.

The following questions seek to build consensus among focus group participants, by considering the usual process and barriers to care and ease of communication between primary care staff and hospital staff when arranging [or attempting to arrange] admission, referral, assessment and management by specialists within hospitals, and that occurs following a patients' discharge from hospital.

Admission:	1	2	3	4	5
Describe the ease of communicating with and accessibility of hospital services when attempting to arrange the admission of a patient to hospital for assessment or management?	Extremely difficult to communicate and arrange admission	Significant barriers to admission exist	Access to admission is often, but not always, difficult	Admission and communication is good, but occasional difficulties exist	Well developed systems and/or relationships that ease admission
<b>OPD/Specialist</b> : How would you	1 Extensionalis	2 Significant	3	4 Arman aire a ODD	5 W/-11
describe the ease of communicating with and accessibility of hospital outpatient or specialist services?	Extremely difficult to arrange OPD appointments with little or no communication afterwards	Significant barriers to OPD appointments & communicating outcomes exist	Access to OPD appointments is fair with reasonable communication	Arranging OPD appointments is easy with good communication, but occasional difficulties exist	Well developed systems that ensure appointments/ communication of results
Discharge:	1	2	3	4	5
How would you describe the	The PHC	Significant	Discharge	a	
flow of information, patient results and care requirements following a hospital admission?	service is rarely or never contacted by hospital staff prior to discharge and discharge summaries rarely are forwarded.	Significant barriers to communicating between hospital staff and PHC exist	Discharge summaries, care plans and results are often, but not always communicated to PHC staff	Communication at the time of discharge is good, but occasional difficulties exist	Well developed systems and/or relationships that ensure the flow of information following patient discharge.
flow of information, patient results and care requirements following a hospital	service is rarely or never contacted by hospital staff prior to discharge and discharge summaries rarely are	barriers to communicating between hospital staff	summaries, care plans and results are often, but not always communicated	at the time of discharge is good, but occasional	developed systems and/or relationships that ensure the flow of information following patient

## **Regional Services**

# **Cardiologist services**

Does a cardiologist visit the health service to provide clinical care? If so, how often? Is there a cardiologist at the hospital accessed by health service clients or referred to by the health service?

## **Cardiac Rehabilitation services**

Do health services clients have access to cardiac rehabilitation services or programmes? If so, are they run by the health service or external agencies/providers?

## **Echocardiography service**

Are echocardiography services available for health service clients? [Local, Regional, Distant Tertiary Referral]. If so, are there any difficulties for clients accessing them?

## Stress tests available

Are Exercise Stress Testing services available for health service clients? [Local, Regional, Distant Tertiary Referral].

If so, are there any difficulties for clients accessing them?

## **Angiography services**

Are angiography services available for health service clients? [Local, Regional, Distant Tertiary Referral]. If so, are there any difficulties for clients accessing them?

### **Renal services**

Does a Nephrologist visit the health service to provide clinical care? If so, how often? Is there a nephrologist at the hospital accessed by health service clients or referred to by the health service?

#### **Dialysis**

Are renal dialysis services available for health service clients? [Local, Regional, Distant Tertiary Referral]. If so, are there any difficulties for clients accessing them?

#### **Transplant**

Are kidney transplant services available for health service clients? [Local, Regional, Distant Tertiary Referral]. If so, are there any difficulties for clients accessing them?

## **Diabetes services at the AMS**

Does a physician visit the health service to provide clinical care? If so, how often?

## **Ophthalmologist**

Does an ophthalmologist visit the health service to provide clinical care? If so, how often?

#### **Podiatry**

Does a podiatrist visit the health service? If so, how often?

#### **Dietician**

Does a dietician visit the health service? If so, how often?

#### **Dentist**

Does a dentist visit the health service? If so, how often?