

ATTACHMENT 3

RECOMMENDED TOOL FOR ORGANISATIONS' INTERNAL CONTINUOUS QUALITY IMPROVEMENT OF IHP

The following tool was developed as part of the *Reporting Measures* project and is recommended as a guide for organisations and consortia to think about how they work, to reflect on their progress and achievements, to help identify gaps and to assist them to move toward achieving best practice. Systematic use of the tool at the organisational or consortia level will guide planning, implementation and evaluation of IHP practice and support continuous quality improvement.

Although the tool is intended for internal use, DH regional staff may choose to use the tool in planning discussions with organisations and consortia.

The tool contains criteria/statements which were identified by the *Reporting Measures* project as key components of a guide for internal quality assessment. These criteria/statements describe elements of quality practice in the areas of planning, capacity building, implementation and evaluation.¹

Organisations and consortia can use all of, or some of this tool, to guide their work by:

- assessing how well they meet each statement by scoring themselves on a scale (for example, 1 –do not meet; 2 – partially meets; 3 – unsure; 4- agency somewhat meets; 5 – agency fully meets)
- providing evidence to support the assessment
- identifying areas for improved practice in the next twelve months.

	Scale 1-5	Evidence	Intended Improvement
Planning			
<i>Vision setting</i>			
Our agency vision statement clearly articulates where we want to be with respect to our HP response within a defined period of time.			
Our approach to HP emphasises the broad determinants of health and has a focus on structures and populations as well as individuals.			
The HP interventions of our agency involve a mix of interventions (as described in Section 5 of the IHP Resource Kit) supported by capacity building strategies.			

¹ These criteria are based on the IHP Resource Kit with a number of additions from the NSW Health Department report *Indicators to help with capacity building in health promotion* and the Deakin University paper *A Framework for Strengthening Health Promotion in Community Health* prepared for Eastern Metropolitan Region.

	Scale 1-5	Evidence	Intended Improvement
Priority setting and problem definition			
There is sound justification for the priorities of our agency. These are informed by a variety of information sources: including data from ongoing demographic, health surveillance and service data collections; and information from consultations, behavioural and social research on the determinants of health.			
Our agency works closely with the catchment PCP to enable a shared approach to planning and a focus on agreed priorities.			
Community members have the opportunity to participate and have a say about what health issues need to be collectively addressed and how they can make a difference.			
Community consultation processes are inclusive of all target groups and are conducted in culturally appropriate and gender sensitive ways (for example, interpreters are provided, gender separate consultations are undertaken where appropriate).			
Target group specification involves specification of: target group characteristics; target group size; and the most effective channel or way of reaching these people.			
Solution generation			
Our agency uses research and other evidence for HP practice to help identify what strategies are going to work.			
Our agency adopts a strategic and collaborative approach to addressing priority issues rather than delivering one-off programs.			
There is a good fit between our 'priorities and goals' and 'targets and strategies'.			
Capacity building			
Workforce development			
Our staff have well developed skills in quality HP practice, and other topics such as cross cultural communication training.			
Staff have opportunities to promote their HP achievements and showcase HP programs to the Board.			
There are opportunities for incidental and informal learning among other health workers.			
Resources			
Resources, including time, infrastructure and personnel are available to implement the agreed IHP program.			
The HP Coordinator or equivalent has control of the IHP budget and has authority to lead change.			
Work practices are monitored to ensure appropriate time is allocated to IHP program delivery.			

	Scale 1-5	Evidence	Intended Improvement
Our agency actively pursues other sources of funding (i.e. beyond Primary Health funding) to support current and future HP priority programs.			
Leadership			
Our agency has leaders who are strong advocates for the role IHP can play within everyone's work and are able to maintain momentum and support for IHP.			
There is a leadership group within our agency who take responsibility for development of the HP workforce (e.g. identifying opportunities for mentoring).			
IHP interventions involve formal and/or informal training of people in the community whose skills and interests are retained in the program or its immediate environment.			
Partnerships			
Key stakeholders are identified and are working in partnership with our agency on shared priorities.			
<i>If there is a Community or Neighbourhood Renewal project in the local area ...</i> There is representation from the project in the IHP collaboration.			
All key partners have agreed and signed off on the IHP strategy or organisational plan.			
Decision-making (governance) structures, processes and procedures are clear, mutually acceptable and functioning.			
There is clear definition of roles and responsibilities for IHP service delivery across partner organisations and within individual organisations.			
Success indicators or performance targets have been set (i.e. partners know what is to be achieved by when).			
Strategies have been put in place to meet the workforce development needs of key partners so that they are able to apply a social model of health framework to service planning and provision.			
Implementation			
Our agency monitors, collects and records quality information about what is happening in the program, including monitoring of resources.			
As we implement our IHP program we address and solve any emerging problems.			
Information and materials provided by our agency to the community consider the diversity of communication needs (e.g. the needs of clients or communities with low English fluency).			

	Scale 1-5	Evidence	Intended Improvement
Information and other materials provided to the community are pre-tested (e.g. focus groups are used to test translations).			
Evaluation and dissemination			
Evaluation, dissemination and sustainability strategies are planned early in the program management cycle and not at the end of implementation.			
Evaluation of HP programs is undertaken routinely.			
Evaluation processes are undertaken to reflect on participation and partnership strategies.			
Dissemination strategies ensure that evaluation findings are shared with key stakeholders including HP staff, client groups, the wider community, boards of management, other practitioners and funding bodies			
Evaluation findings contribute to building of an evidence base for HP and are stored in such a way within the agency to ensure future programs can benefit from this information.			