



Appendix 3

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Couzos S, Delaney-Thiele D, Page P. Primary Health Networks and Aboriginal and Torres Strait Islander Health. *Med J Aust* 2016; 204: 234-237. doi: 10.5694/mja15.00975.

APPENDIX 3. Example- Improved preventive care in remote Australia through sustained quality improvement

A sustained commitment to CQI over 10 years within an ACCHS in Derby WA significantly improved health processes such as recording of smoking status, glycaemic control, weight, and other risk factors in Aboriginal patients with type 2 diabetes mellitus. Health outcomes in patients with diabetes (such as median systolic and diastolic blood pressure and cholesterol to within recommended levels), also significantly improved compared to base-line levels.

Key success factors were consistent with the Chronic Disease Model for health systems- stable Aboriginal community governance, electronic health information systems, senior staff commitment and staff training, outreach service provision, organizational influence and commitment, formalized regular self-audits, evidence-based guidelines and protocols adapted locally.

Source: Marley JV, Nelson C, O'Donnell V, Atkinson D. Quality indicators of diabetes care: an example of remote-area Aboriginal primary health care over 10 years. *Med J Aust.* 2012 197(7):404-8.