Edition 1 - 2016

CQI: EVERYBODY'S BUSINESS

Northern Territory Continuous Quality Improvement Strategy

COMMUNIQUE IN QUALITY

WELCOME TO THIS EDITION

COMPETITION

We need a new slogan for CQI!!!

Although we still think 

we need something new!!

Background

It was the NT Aboriginal Health Forum who decided that Continuous Quality Improvement was to be embedded into PHC right across the NT back in 2009. The CQI Steering Committee agreed on a framework with the elements providing the building blocks on how to implement CQI into PHC. CQI Coordinators and Facilitators were identified and have been working with PHC staff – supporting teams in health centres, facilitating training and bringing clinicians together to share their learnings. During that time, the NT CQI Strategy has been evaluated and the approach updated. A program logic has been developed that identifies key short, medium and long term outcomes.

What we want

- The new slogan will be an important part of the 'branding' for CQI in the NT.
- It must be short, catchy and easy to understand and remember.
- Words that will appeal to all people in the NT.
- Something that will catch people's attention.

Selection of the winning entry will be made by the CQI Steering Committee.

Evaluation of the winning entry will be based on:

- Relevance to the theme of CQI
- The power of the message
- Creativity and originality

What's in it for you!

The winner will be invited to attend the **CQI Collaborative** being held in **Alice Springs on 15th and 16th November** to receive their prize and where the winning CQI slogan will be unveiled!

Closing date: Wednesday 31st August, 2016

Send your entry to: cqiadmin@amsant.org.au

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You will find:

Australian Government
STRONGER FUTURES
AMSANT
Northern Territory Government

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CommuniQue In Quality

Upcoming CQI events

CQI Team – Professional Development Meeting
18th and 19th May – The Vibe Hotel Darwin Waterfront

CQI Steering Committee face to face meeting
31st May – The Vibe Hotel Darwin Waterfront

One21seventy Foundations Skills Training
3rd and 4th August – Double Tree Hilton Alice Springs

NT - CQI Collaborative 2016
15th and 16th November – Double Tree Hilton Alice Springs

CQI Collaborative Workshops in 2016

Your input would be appreciated

We are in the process of planning for 2016 CQI Collaborative. We would love to hear from you if you have ideas about potential speakers or if you have a topic you would like us to consider through a CQI lens. Please contact Kerry or Louise to discuss.

Kerry Copley
CQI Coordinator (Top End)
Ph: (08) 8944 6646
Email: kerry.copley@amsant.org.au

Louise Patel
CQI Coordinator (Central Australia)
Ph: (08) 8959 4608
Email: louise.patel@amsant.org.au

"The only time you should look back, is to see how far you've come"

Top End Central Regional CQI Collaborative

The 9th & 10th March 2016 saw the Top End Central District come together for the first TEC CQI Regional Collaborative. The Facilitator for the workshop was Kerry Copley, CQI Coordinator (AMSANT) and Eva Williams (CQI Facilitator TEC). We started the event off with a Smoking Ceremony and dancing followed by a Welcome to Country by Stanley Tipiloura (ACW).

The first day focused on sharing some of the successes that have been happening across the different communities. There were many interesting presentations across a broad range of areas where continuous quality improvement processes are being used to achieve some very positive outcomes. The day had many opportunities for staff working and living in the Top End Central region to connect and discuss the work they are doing and to identify ways they could work more effectively together to utilize the skill mix in the team. There were also a number of group activities woven throughout the day to highlight the different strengths and expertise in the region.

Our second day the Team separated into their own individual Health Clinics where the focus was on looking at the Operational Plan and the NT AHKPI Report to review progress. The different teams identified areas where we were doing really well and also where there were gaps or opportunities for improvement, with the aim of considering approaches to meet the different needs. Numerous “actions” were documented and will provide scope for a number of CQI initiatives or PDSAs over the coming months.

The 2 days provided a great opportunity for networking and team building and feedback through the workshop evaluation was very positive. The workshop was seen as a valuable opportunity to come together as teams across a region and exchange knowledge and information and take a proactive approach to planning into the future.

Written by Eva William TEC CQI Facilitator

System Assessment at Anyinginyi

Anyinginyi Health Aboriginal Corporation — Culturally Responsive

On Thursday 10th May, all staff from Anyinginyi Health Service participated in a Systems Assessment. The SAT was co-facilitated by Marcel Clark (Barkly CQI Facilitator) and Louise Patel (CA and Barkly CQI Program Coordinator).

As a health service team, they came together to identify the strengths and weaknesses of the systems that are in place to support the care of their patients in the Barkly.
Better functioning systems are more effective in producing the results they are designed to achieve.

In the absence of the Health Centre Manager, Karen Davidson, the team was led by Frances Colahan and Allan Baldock. With input from all sections of the Anyinginyi team, robust discussions on current systems and processes were held, with opportunities for improvements "parked" so as not to lose some great ideas!

Thanks to Frances for looking after the logistics for this activity – people, seating and audio-visuals!

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Feedback after the Tiwi Island CQI Collabs

"It is very inspirational to attend workshop like this- you realise that you are not working alone"

Group photo Top End Central Regional CQI Collaborative in Tiwi Island

Feedback after the Tiwi Island CQI Collabs

"I found new ways to plan & execute ideas within the workplace & life in general. I found hearing everyone's roles very interesting & hearing everyone's plans for the near future, including positions & programs, really makes me excited for this coming year"

*Photo: **Cezanne Ezard**, **Pauline Barnes** and **Ruth Bowman** at One21Seven foundation Training in Darwin, March 2016*

Pricilla Moore – CQI Facilitator Top End West, **Kelly Hosking** – CQI Facilitator Maningrida and **Kerry Copley** CQI Coordinator TE, at the recent One21Seventy Foundations Skills Workshop in Darwin

Sunrise Health Service – CQI Success Story

Every year our health service holds a Planning Forum. Data is reviewed, discussions are held about where the gaps are, and decisions are made about what the priorities will be for the next year. A broad range of staff from the 8 communities we provide healthcare for are included in these discussions. In previous years there were always a list of items to follow-up on but it wasn't always very structured and it was difficult to know whether the goals were achieved.

This year we took a different approach. We reviewed the previous Planning Forums and the data and identified some gaps:

- Most staff needed some assistance around structure and tools to use to facilitate their involvement in practical ways.
- Staff also needed support around how to use data effectively
- We needed to use the PDSA process more effectively to document and track the improvements we wanted to make.

We began the forum by talking about "The Sunrise Way" to set the scene and establish a group understanding and vision. The Sunrise Way has been approved by the Board of Sunrise Health Service as a policy document designed to guide the way in which Sunrise Health Service will deliver its health and care responsibilities into the future.

We used reliable clinical data across a range of areas; Child and Youth Health, Preventative Health, Chronic Disease, Maternal Health, Sexual Health, Rheumatic Heart Disease and the NT Aboriginal Health Key Performance Indicators.
Staff worked in their community groups to make sense of the data and identify where there were gaps which then became their priorities for improvement. These were developed into PDSAs. We were really clear about the steps in the process:

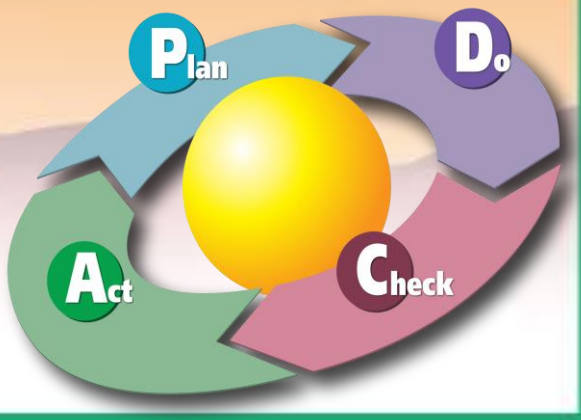
PDSA Step 1

1. What are we trying to accomplish? What is our goal?
2. How will we know that change is an improvement? How will we measure the results?
3. Ideas – What could we do to improve this?

PDSA Step 2

4. Plan
5. Do
6. Study, Act – to be followed up at the next meeting

Staff feedback from the Planning Forum was really positive. They valued the opportunity to be involved in the data analysis process and in identifying areas that would be focused on as priorities for the year ahead. There were also some great ideas on how we could improve this process and make the next forum even better.



Utju Mai Wirungka Kunpu Kayini Program
"Healthy Food, Keeping Strong"

Sarah Gallagher, an Aboriginal Health Practitioner from the community of Utju in Central Australia, was a member of a team who recognised the importance of exercise and eating a healthy diet.

In Utju community, only 24% of women and 38% of men are in the healthy weight range, and 45% of the adults have diabetes. Sarah and the health centre team used this information as evidence that changes had to be made if people were going to live longer, healthier, happier lives. The plan was to improve the health of the Utju community with a six month program of healthy food and exercise.

To ensure engagement, twelve months of consultation with the whole community took place to ensure that the program was going to meet the needs of the people. "Our way of consultation is to sit down in a big group and talk in our language about what is best for us and our community", says Sarah. It was very important for Sarah to have these talks amongst her people and then translate what was decided to other members of the team.

The goals of this program were to raise awareness of the benefits of:

- healthy food choices provided by Utju Store
- regular exercise whilst promoting regular exercise for men and women
- health checks whilst promoting visiting the clinic for regular check-ups
- quitting smoking

In July, a Health Check Week was held to gain a baseline from which to measure results. Over two and a half days, 106 adult health checks (715s) were completed.

There were challenges faced during the program, such as finding consistent external support to assist with the exercise program, e.g., not having a male to lead men's exercise groups and due to funding time limits, actual time to put the program together had to be addressed. But in spite of these challenges and as a result of the Utju Mai Wirungka Kunpu Kayini program, Health Centre staff were able to educate the Utju community about the importance of healthy food and exercise. Many residents swapped their pie and coke for a healthy breakfast and water in the short time of this trial.

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Some interesting data as a result of this program:

- 38% of the community lost weight
- 73% of diabetic people had a reduction in their HbA1c
- 85% decrease in pie sales at the store (pies were one of the bestselling items prior to the program)
- 95% increase in sales of whole meal bread
- 52% decrease in lollies sales
- 45% decrease in full strength Coke sales

As with any quality improvement cycle, the team reviewed the findings and identified points that would have to be addressed for long term sustainability. These included:

- Additional support for the exercise program and dedicated male classes with male staff
- A longer planning period with literature reviews
- Working with a community development officer to enable a 100% community controlled program
- A contract with the store stating their role and expectations during and after the program funding ceases
- Sustainability measures put in place from commencement.

Sarah proudly related this story at the last NT CQI collaborative.

Using a CQI process to streamline and prioritize client access to health care

Our health service was experiencing delays in waiting times and decreased client satisfaction with the service as a result.
Discussions were held with the senior management team, Practice Manager and a design was created based on the principles of triage and categorization of client clinical need, clinic layout and team management.

Initially the design included three teams of RAHPs, GPs and RNs that clients could be triaged to.
Yellow team – Emergency category one care and GP documentation
Blue team – General acute and Primary Health care
Red team – Appointments with GP only
We were able to secure resources to build a triage room next to our administration front desk. This allowed confidentiality to be maintained and a 10 minute client assessment by a Registered Aboriginal Health Practitioner or Registered Nurse to determine the best stream of care for the individual.
The Plan was implemented in mid-2015. In October 2015 we started triaging or categorizing client clinical need into appropriate categories of care. It very quickly became evident that the waiting time had reduced.

Preliminary statistics showed waiting times dropped from 28.9 minutes on the 14th, 15th, and 16th October 2015 before triage system was in place to 20.8 minutes on the 11th, 12th and 13th of November 2015 after the triage system was put into place. This was encouraging for the team.
During the Christmas period however staff shortages did not allow the number of staff required to run the triage system effectively and so for a period of a month and a half the trial was ceased and we went back to the old way of doing things. During this period waiting times sky rocketed to up to three hour wait in the clinic to see a practitioner. It was a very busy time with reduced staffing. Once staffing levels stabilized again the triage system resumed.

In January 2016 the whole of clinical team evaluated the effectiveness of the triage system using the Plan, Do Study Act cycle and revisited our goals.

What did we want to achieve – our goal

1) To see clients in an urgent/emergency/Category 1 in a timely manner – As soon as possible post triage
2) Ensure there is available appointments for clients
3) Decrease waiting times
4) To structure the flow of clients in a way that encourages two way clinical learning from RAHP, GP and RN. To encourages RAHPs and RNs to work with the CARPA manual to treat clients
5) Improve the client journey

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How were we going to measure that we have met our objectives?

1) Monitor the time it takes "category one clients" to see a GP – from Administration staff to triage to treatment room. Include a box in the Triage template in client records to tick when a client is categorized 1 in order to pull statistics from the records.
2) Measure appointment times utilized, how many are not used and how many current clients are using the appointment stream over 1 week.
3) Using statistics taken from medical record system
4) Survey of Clinical staff about the effectiveness of the system to encourage team work and communication. Assess how many clients need to be seen by different clinical disciplines ie GP/RAHP/RN.
5) Survey of client satisfaction with the system, waiting time statistics and look at whether the system needs some adjustment.

Team also agreed to further evaluation and discussion on a monthly basis ensuring staff ownership and continuous improvement of the system.

We used the PDSA Cycle to evaluate and fine tune the process. An essential ingredient for success was involving the whole of the clinical team in determining what was important for them and their clients. We have now embedded the new triage process into normal practice.

Wurli Wurlinjang Health Service

CQI: every staff member's business, Ngalkanbuy style

A couple of weeks ago, prior to looking at patient flow at Ngalkanbuy, there had been reported incidences of patients arguing because they perceived others were jumping the queue. Patients have even complained that staff were favoring their family members.
If you know Ngalkanbuy, you will know that the consultation rooms are scattered over three buildings.

The patients were used to presenting themselves to the area they wanted to go to. There was no single point of entry. There was no record of who arrived first and no way for reception staff to check that information they had on the patient was up to date. The GP was inundated by patients thinking they needed to see the GP before they had been triaged by the AHP or nurse.

All staff gathered together and mapped out how they could remedy the way patients flowed through the health service, making sure that patients were seen by the right people in a timely manner.
Together staff decided that every patient has to first register at reception
Reception staff will in future make sure that patient details were up to date and then enter them onto the Service Recording, which is like a waiting list from which the appropriate clinician can open the client's record.
The reception staff have since made up colored tickets to direct patients to the right area for initial assessment or treatment.
Result:
No more people jumping the queue as they are always directed to register at reception where their time of presentation is recorded. No more people wasting their time waiting in the wrong area.
The GP sees patients who need to see the GP after they have had basic observations and their needs assessed.
Patient's details are updated regularly
Patients are happier
Some of the teething problems:
Some patients are still trying to just go where they feel they should go without going to reception. Staff keep redirecting them to go to reception first.
Remedial Action:
Now we are looking at making community announcements and using big signs to remind people to register at reception first.

Written by Arlene Ackland – CQI Facilitator at Miwatj

Commitment to Health Promotion CQI in action

Health Promotion Continuous Quality Improvement (HPCQI) is a key component of best practice comprehensive primary health care. In 2015, the Chief Operating Officers of Top End Health Service (TEHS) and Central Australia Health Service (CAHS) approved ongoing commitment to HPCQI. Implementation of other One21Seventy tools has brought about significant quality improvements in the Primary Health Care setting across the Northern Territory. It is now time to look at health promotion and see how we can do health promotion better. Catherine Devine from Health Promotion Strategy Unit (HPSU), Health Development said "the focus is on system improvements to support staff to deliver best practice health promotion to bring about health improvements and prevent disease".

Last week, staff in the Top End had the opportunity to attend One21Seventy HPCQI training. There was a positive response with staff from Top End Primary Health Care (TE PHC), Department of Health, Danila Dilba and Wurli Wurlinjang attending. Participants learned how to use the One21Seventy HPCQI audit tool and systems assessment tool as well as plan for successful implementation in their teams. The training was organised by HPSU and facilitated by trainers from One21Seventy. Thank you to Kerry Copley (AMSANT) and Christine Connors (TE PHC) who also presented at the training.

The same training will be delivered in Alice Springs on the 15, 16, 17 June 2016. The training is relevant for staff from other NT Health and Non-Government Organisations (NGO) such as Primary Health Care managers, quality facilitators, health promotion officers and other team members to plan the implementation of health promotion CQI in their workplace.

Photo: Participants at the HP CQI training in Darwin, facilitated by One21Seventy

Welcome to the CQI Facilitator team

Raewyn Kavanagh

Raewyn Kavanagh is the new Quality Manager with Western Desert Dialysis (WDNWPT) based at Purple House in Alice Springs. Raewyn has worked in management roles in the community sector, in training organisations and Aboriginal organisations across Central Australia.

Cheryl Sanderson

Cheryl Sanderson has worked for Congress as a Registered Nurse for over 10 years now. She has specialised in Primary Health care and completed Post Graduate studies in Diabetes Management and Education. Cheryl has worked as a Diabetes co-ordinator and Cardiac co-ordinator, and after 5mths working as a Cardiac co-ordinator at ASH has returned to Congress CQI team and is working on AGPAL accreditation for Congress 2016. Cheryl has 2 daughters and an 8 year old grandson who she adores ☺

Debbie Glover

Deb has been in the Territory for the past 9 years. Working within the Department of Health as a Remote Area Nurse and Primary Health Care Manager in various Health Centres in Central Australia and the Top End. Most Recently Deb has been working as the Professional Practice Nurse in Central Australia. Deb is looking forward to the challenges that come with the new position and getting back to working within the remote teams again.

Debbie Glover and **Debbie Cottrell** - CA CQI Facilitators also attended the recent One21Seventy Foundation Skills Workshop in Darwin

"The secret of change is to focus all of your energy, not on fighting the old, but on building the new." –Socrates