

# CQI: EVERYBODY'S BUSINESS

Northern Territory Continuous Quality Improvement Strategy

## COMMUNIQUE IN QUALITY

### WELCOME TO THIS EDITION

*June 2017*

Welcome to the second Communique in Quality newsletter for 2017.

Preparation for the next CQI Collaborative is well underway. The theme for this year's Collaborative is **"Storytelling – don't keep it to yourself"** and we're looking for health centre teams and staff to tell their story of the quality improvement activities being undertaken around the NT. As 'CQI-ers' we are renowned for sharing generously (and stealing shamelessly), so share your learnings with others by telling your story at the Collaborative.

- What was it that you thought you could do better? (That's CQI for you!)
- Did you identify it through your KPIs or was it brought up by a staff or community member?
- What did you do?
- Did you change a process of care or an aspect of service delivery?
- Was there a change or an outcome that you predicted?

Think about telling your story in either a Table Top session (a short 7 minute story telling) or in one of the themed concurrent sessions. Contact your CQI Facilitator for further information.

**NT CQI Collaborative 14<sup>th</sup> and 15<sup>th</sup> November**  
**Double Tree by Hilton 116 the Esplanade Darwin**

This edition of the Communique is full of CQI in action – CQI research, systems assessments, teams working on program logic frameworks and even a reminder on something as basic but ever so important as medication administration.

Remember, "Quality means doing it right when no one is looking".

We hope you enjoy this edition of the Communique in Quality



**Edition 2 - 2017**  
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# COMMUNIQUE IN QUALITY

## And the CQI Slogan winner is...



*'Aiming high through CQI'* is the winner of the competition that was announced at the CQI Collaborative last November and was recently judged as the outstanding slogan by the CQI Steering Committee.

We are delighted to announce and congratulate Alison Laycock, as the winner of this competition. A CQI champion from way back (three CQI Collaboratives and counting!) Alison has a long connection (20 years) with the Northern Territory.

Alison first came to the NT in 1979. Starting in Nhulunbuy as a school teacher, she later taught on Groote Island and then moved to Darwin.

In Darwin she worked with the Health Department for many years in the Public Health Strategy Unit, Health Promotion and in the Aboriginal Health Branch before that. Alison co-wrote the Bush Book – a resource well known and used frequently by remote primary health care staff right across the NT.

In recent years she worked with one21seventy, involved in the development of the Health Promotion audit tool and the eLearning modules.

Currently Alison is completing her PhD in knowledge translation at Menzies School of Health Research, working in the 'Engaging Stakeholders in Identifying Priority Evidence-Practice Gaps and Strategies for Improvement in Primary Health Care' (ESP) project team.

Having travelled widely and experienced so much of the NT, Alison still feels like a Territorian – even though she now lives in SA.

*Congratulations Alison!*

**START WHERE  
YOU ARE.  
USE WHAT  
YOU HAVE.  
DO WHAT  
YOU CAN.**  
ARTHUR ASHE

# COMMUNIQUE IN QUALITY

## Taking a CQI Approach to HR

At the last CQI Collaborative our invited HR Specialist, Leigh-Ann Onnis identified management as a key factor in whether people stayed or left a position.

It's not about blaming managers but rather looking at ways to provide support, training and mentoring managers, to assist them in this very significant role in the health centre.

### Why do they leave, why do they stay?

| Reasons for Leaving  | Reasons for Staying   |
|--|---|
| Travel, exhausting and time consuming                              | Travel, experiencing amazing country  |
| Professional Isolation, sole practitioner                          | Autonomy, sole practitioner   |
| Challenging, no peer support,                                      | Challenging, self reliant, responsibility                                       |
| Family and friends, living away from them                          | Family and friends, sense of community  |
| Lifestyle, excessive on-call hours                                 | Lifestyle, community respect, flexibility                                       |
| Limited resources, infrastructure and lack of equipment            | Limited resources, creativity, community spirit                                 |
| Professional Development, access, paid leave, limited career paths | Professional Development, opportunities that would not be available in the city |
| Management, they don't know what we do out here                    | Management, they don't know what we do out here                                 |

At the recent CQI Steering Committee it was agreed that to further progress HR effectiveness it would be valuable to establish a small cross sectoral, HR Working Group to share knowledge, tools and identify strategies and potential indicators to monitor improvement.

This working group would focus on:

- improving in HR processes
- improving orientation, training and mentoring for new managers and staff
- sharing tools, resources and ideas
- working collaboratively on common issues such a staff retention
- identifying potential non-clinical indicators

Hardworking



Dedicated



Skilled



*Send a photo of your health centre team with one word that describes your team. This will be used as a rolling slide show during the two days of the CQI Collab.*

*This is your chance to BE SEEN!!!*

*Send it to [haidee.noonan@amsant.org.au](mailto:haidee.noonan@amsant.org.au)*



# COMMUNIQUE IN QUALITY

## Lessons From The Best – Research Project

### SUMMARY FOR HEALTH SERVICES

Lessons from the best: scaling up quality improvement through learning from successful Aboriginal and Torres Strait Islander primary health care services

#### *Why is this research important?*

High quality primary health care is essential to “close the gap in Aboriginal and Torres Strait Islander health outcomes. The effectiveness of CQI initiatives varies across Indigenous PHC services.

This was an opportunity to learn more about high improving services and to share lessons learned. What is continuous quality improvement (CQI)?

CQI aims to facilitate ongoing improvement by using audit information to analyse and improve systems and outcomes.

CQI encourages team members to continuously ask “How are we doing?” and “Can we do it better?”

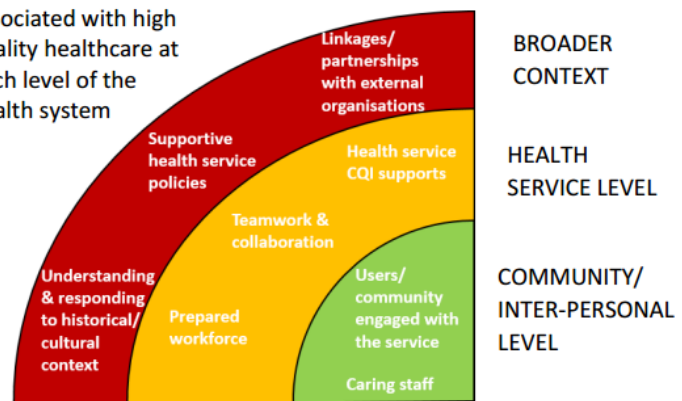
#### What did the research team do?

- We worked with six-high improving Indigenous primary healthcare (PHC) services and looked at audit and systems data.
- We also talked to people who worked in the PHC services and people who used the services to try to understand what works to improve quality of care.
- This process involved three visits to the PHC services in addition to team meetings attended by project partners and participant services.

#### What did we find out?

- Participant services put CQI into practice differently.
- Service users felt comfortable and safe and valued a trusting relationship with the staff.
- For PHC service staff, CQI was supported through collaborative decision making and embedded across orientation, training, health service operational and IT systems, team meetings and regional partnerships.
- There was a ‘strong force’ of Aboriginal Health Practitioners and an appropriate Indigenous/non-Indigenous staff mix. The Indigenous workforce was valued and supported in engaging with the community to ensure that improvement processes were embedded in culture.

Fig1: Themes associated with high quality healthcare at each level of the health system



We're here for our people out in our communities and how do we provide the service best we can ... we respond to their needs and wants [Deputy CEO]

I think a supportive environment is good and everyone participating and everyone being a team player and everyone takes responsibility [Remote Area Nurse]

I feel comfortable and every time I come here... they've got all these different little changes that happen now and then with the office and stuff it makes you feel really - could you say, 'at home' [Health service user]

## (Cont.) Lessons From The Best – Research Project

### What does this mean for health services?

- Involve all staff in CQI
- Ensure there is a mechanism for two way conversations between community and health services
- Ensure the purpose of quality improvement is explicit and shared with the health service team with a focus on improving client care and health outcomes

Project partners: James Cook University, Menzies School of Health Research, University of Western Australia Centre for Rural Health, Queensland Aboriginal & Islander Health Council, Queensland Health, Aboriginal Medical Services Alliance Northern Territory and six primary health care centres in Northern Australia.

**Contact:** Professor Sarah Larkins, College of Medicine and Dentistry, James Cook University, Townsville

**Email:** sarah.larkins@jcu .edu.au



The awesome Batchelor Health Service Team



We acknowledge funding for this study from the National Health and Medical Research Council Grant ID 1078927 and would not have been possible without the commitment of participating health services, their communities and councils.



Summary for Health Services: March 2017  
College of Medicine and Dentistry, James Cook University

*Do what you CAN do,  
not what you CAN'T do!*

# COMMUNIQUE IN QUALITY

## West Arnhem Public Health Team Using Program Logic to Evaluate their Work



The West Arnhem Public Health Team have been on a Continuous Quality Improvement (CQI) Journey. They have been meeting together over the last 12 months with Will Costigan the Public Health Coordinator for West Arnhem, Kerry Copley – CQI Program Coordinator from AMSANT and Vicki Chamberlain the West Arnhem CQI Facilitator. The team has developed a clear Program Logic framework that identifies what they want to achieve over the next few years and beyond, what resources they will need and what actions they will take to ensure this happens.

At the most recent workshop, held in Gunbalanya on the 22<sup>nd</sup> June, the team used the Program Logic they have developed, as a tool to evaluate how they are doing and whether they are “on track” to achieve the planned-for outcomes. This was a productive process that enabled the team to highlight areas of success where specific activities were bringing them closer to achieving the desired outcomes. It also helped the team to identify some gaps that would need more focus over the next few months. This is CQI in action. Responding to the questions, “How can we do this better?” Or “What are we doing well? What could we improve upon?”

IT'S A PROCESS,  
IT'S A PROCESS,  
IT'S A PROCESS;  
  
CHANGE  
TAKES  
TIME.



## Welcome to Our New CQI Facilitators

Hi!

My name's **Caity Schutt** and I'll be working with Marcel Clark in the CQI team based at Anyinginyi Health Service in Tennant Creek, implementing projects across the Barkly region and in a supportive role for the Department of Health.

I've previously worked for the NT Government in Administration and Finance roles in both Alice Springs and Darwin. My family and I made the move back to Tennant Creek with CQI being a new challenge for me, which I am very much looking forward to.



Top End West has a new CQI Facilitator who is taking over from Priscilla Moore while she moves into the Acting Outreach Manager Role for West Arnhem.

**Rachael** is ED trained and moved over to work in remote health about 6 years ago. After a few trips down south, she realized the NT was where she wanted to be. In her time in the Territory she has worked in the prison, and on the Tiwi Islands. Rachael also spent some time with Menzies working on a study. Most recently she has been very mobile working across the Top End, while doing an Education and Professional Practice role.

Rachael Sharp is new to the CQI role but has been advised by her manager that she always thinks in terms of CQI in her practice. Rachael is excited to match her thinking and previous experience with the actual role of CQI Facilitator. She is looking forward to engaging with the health centre teams and communities in her area to support them in their quality improvement priorities.

Rachael can be contacted on:

[rachel.sharp@ntg.gov.au](mailto:rachel.sharp@ntg.gov.au)

Ph: 8985 8123

Mob: 0476 835 471

Be a yardstick of quality. Some people aren't used to an environment where excellence is expected.

Steve Jobs

## Naiyu Health Centre SAT (System Assessment Tool)



On the 2<sup>nd</sup> of June the Primary Health Care team of Top End West / Naiyu Health Centre completed a successful SAT facilitated by Kerry Copley. This is structured process which allows the strengths and weaknesses of a system to be identified. We completed the System Assessment to determine how the functioning of the systems that support client care can be improved. Better functioning systems are more effective in producing the results they are designed to achieve.

All the Health Centre staff of Naiyu were present including PHCM Janet Fletcher, CQIF, District and Outreach Managers and Outreach PHC staff also. It was a whole team approach. The findings were documented and are now the building block for the future Naiyu Health Centre Planning Day.





## CRE IQI Report



Deb Glover and Priscilla Moore were delighted to be invited to attend the CRE-IQI 1<sup>st</sup> Biannual Meeting for 2017 and 2 masterclasses in Brisbane 23<sup>rd</sup> – 26<sup>th</sup> May.

The first masterclass focused on Implementation science: Presented by David Peiris and Brian Oldenburg. The presenters gave a broad overview of implementation research and the many and varied models and frameworks used and how is it useful for Indigenous primary health care. This masterclass also required both Deb and Priscilla to submit an abstract from their past or current workplace projects, this was then discussed during the masterclass in small groups and the input from the experts in the room was invaluable to bring back to our workplaces with these projects.

The second masterclass was an interactive and informative half day on Applying tools to assess research impact: Presented by Komla Tsey, Roxanne Bainbridge, Andrew Searles, Shanthi Ramanathan and Frances Cunningham. The team presented on the reason why assessing research impact is so important. They shared with the group a few of the key tools used for this and Komla discussed that Lowitja is developing a new tool called RESILAS to create better results for the ATSI population.

The Biannual meeting was a collaborative 2 days with CRE-IQI research members from across several universities and states of Australia. The meeting objectives were (1) To progress implementation of priority projects, including the evaluation-with a specific focus on research translation and implementation and (2) To progress research capacity strengthening in CQI; this is where Deb and Priscilla played a larger participation role. The perspective of the CQI Facilitator (Deb and Priscilla style) is the input that the CRE-IQI members are wanting; we bring the ground level perspective of the research process and every now and then some good fresh ideas!!

The 4 days was fantastic and enjoyable and we both hope to continue to represent the NT CQI team in the future Masterclasses and meetings. Thanks CRE-IQI for the invite!!!

Written by Priscilla Moore and Debbie Glover  
CQI Facilitators Top End West and Central Australia



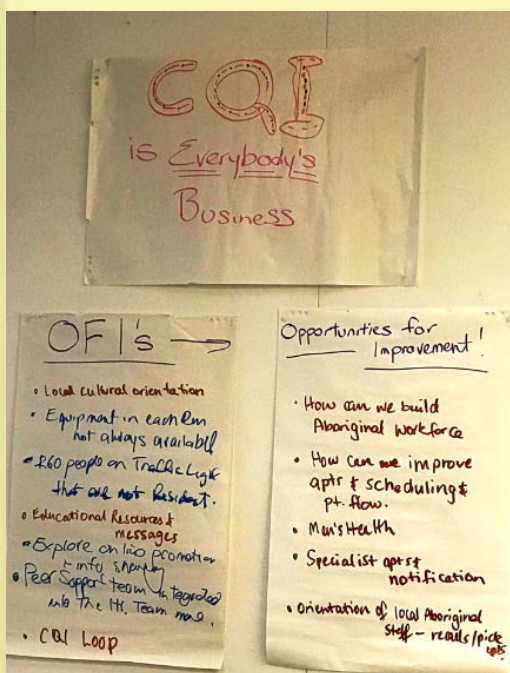
# COMMUNIQUE IN QUALITY

## Gunbalanya SAT

The SAT or System Assessment brings the whole Health Centre team together to consider and evaluate how effectively the different systems that impact on health care are working. This is a CQI process using a tool that was developed as part of the Menzies ABCD Research Project and made available through One21seventy. While



One21seventy has now closed down, the SAT continues to be used widely across the Northern Territory. It provides an opportunity for the team to meet together to identify what is working effectively in their health service and where there are gaps or “opportunities for improvement”. The information gathered during the SAT can then inform planning and PDSA cycles.



The Gunbalanya health service team recently undertook a SAT and will use the outcomes of the session to feed into an upcoming planning day for their health service. The whole team attended, along with a number of the Outreach Team. Kerry Copley from AMSANT facilitated the SAT after a shared lunch was enjoyed by everyone present.

### Systems Assessment Components





The Engaging Stakeholders in Identifying Priority Evidence-Practice Gaps and Strategies for Improvement (the ESP Project) provided an opportunity to engage people in conversations about systemic barriers or enablers that could improve the delivery of primary health care. It could also be used to help inform system changes to direct resources and efforts where they can most improve the health of Aboriginal and Torres Strait Islander people.

The continuous quality improvement (CQI) data for the project was from 170 health services who used the One21seventy tools and processes AND who agreed to take part in the ABCD National Research Partnership. There was a significant amount of input from Northern Territory PHC services into this research project, both in the data collection stage and in the analysis of the data for the ESP Project. If you are interested in look at the findings from the ESP Reports please follow this link:

<https://www.menzies.edu.au/page/Research/Indigenous Health/Primary health care and health systems research/The ESP Project/#pane-178338>

The links below are to two ESP-related publications:

Laycock A et al. (2016) Interactive dissemination: Engaging stakeholders in the use of aggregated quality improvement data for System-Wide change in Australian Indigenous primary health care. This paper describes the ESP Project methods and background.

<http://journal.frontiersin.org/article/10.3389/fpubh.2016.00084/full>

Bailie J et al. (2016). System-level action required for wide-scale improvement in quality of primary health care: synthesis of feedback from an interactive process to promote dissemination and use of aggregated quality of care data. This paper describes the common barriers and enablers to addressing gaps in Australian Aboriginal and Torres Strait Islander chronic illness care and child health, and identifies key drivers for improvement. <http://journal.frontiersin.org/article/10.3389/fpubh.2016.00086/full>

**Just a reminder...**



The 7 rights of medication administration are:

1. RIGHT CLIENT
2. RIGHT ROUTE
3. RIGHT DRUG
4. RIGHT AMOUNT
5. RIGHT TIME
6. RIGHT DOCUMENTATION
7. RIGHT TO REFUSE

## Service Excellence and Innovation Awards

NT PHC Teams showcased their excellent work at the TEHS Service Excellence and Innovation Awards recently.

West Arnhem & Maningrida "Hepatitis B Sero-coding project" was the winner in the "Continuous Improvement" category. The project officer is Mikaela Mobsby, who has been absolutely meticulous in matching data and ensuring each person has the correct code and relevant recalls. Along with support from Keith Forrest, Kelly Hosking, Andrew Bell and the health centre managers, the team have mapped everyone in West Arnhem with their Hep B status.



The main Priority is to identify people with chronic Hep B infection, and start them on appropriate care plans for monitoring and treatment. The next priority is identifying people with an unknown Hep B status, then the group who are unvaccinated. We will be testing or vaccinating these groups as appropriate as they present for other checks. A prompt has been added to their health record to do this. We will now be undertaking this work across the whole of TEHS PHC.

Kelly Hosking the CQI Facilitator for Maingrida [kelly.hosking@nt.gov.au](mailto:kelly.hosking@nt.gov.au) can advise on timelines for this.



### Northern Territory Aboriginal Health Key Performance Indicator Information System

**Did you know that the NT AHKPI website has been updated!?**

**Check out the latest in Frequently Asked Questions (FAQs) and the updated NT AHKPI Prompt Sheet.**

**These are essential documents for those staff new to PHC in the NT and for all of the health service team when interpreting and analysing the data.**

**See the link below to access the documents.**

<https://health.nt.gov.au/professionals/aboriginal-health-key-performance-indicator>