

CQI: EVERYBODY'S BUSINESS

Northern Territory Continuous Quality Improvement Strategy

COMMUNIQUE IN QUALITY

WELCOME TO THIS EDITION

December 2017

Welcome to the Christmas issue of the Communique in Quality Newsletter.

Thanks to all of those who have contributed such wonderful stories of the tremendous work being undertaken by PHC staff from right across the NT.

The CQI Team would like to wish you all a very happy and safe Christmas and a New Year.



Edition 4 - 2017
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Table Top Sessions - Day One



Danielle Dyall, Anthony Ah Kit and Sarah Haythornthwaite (AMSANT) discussed the benefits of a trauma-informed health service.



Raewyn Kavanagh and Sheena Hayes (Purple House) discussed the development of a good diet and pantry list of 'safe foods' for those living with renal disease in communities.



Jenny Jenkins (TEHS) described how the Alcohol and Other Drugs team are increasing their worker participation in documenting encounters in PCIS.



Gwen Paterson-Wally and Jenifer Hampton (CAHS) explored the issue and real challenge of retaining Aboriginal staff in remote areas.



Tatenda Muridzi and Valerie Hall (Hearing Health Team) discussed the Community Hearing Workers Project and emphasised the need for strong partnerships and tailor-made resources for local communities.



Robyn Jones and Barbara Cox (TEHS) explained the chronic disease by using a 'family tree' resource.



Lara Stoll (Public Health Nutritionist) discussed the growing issue of childhood obesity in the NT.



Maree O'Hara (Anyinginyi Health Service) used photos to show the challenges that her team face in delivering optical services throughout the Barkly region.



Bipin Manezhi (CAAC) explained how medical errors are reported and how the team at Congress use CQI tools to identify the causes.

"The secret of getting ahead is getting started"
Mark Twain

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Table Top Sessions - Day Two



Daniel Siebert (Gunbalanya Health Service) described the challenges he has encountered in delivering men's health. Daniel identified that the rate of presentation to the clinic by men was critically low due to the lack of confidentiality or anonymity – the result of having a single clinic entry point and waiting room.



In response to the problem of patients having duplicate files at Congress, Dale Tschirpig explained the need for a streamlined process that captures data in Communicare through a single server.



Deb Glover (CAHS) discussed the development and availability of feedback sheets for use with the Northern Territory Aboriginal Health Key Performance Indicators (NT AHKPIs). CQI Facilitators use these tools for analysis and interpretation of the data with the health centre teams, allowing them to make sense of their data.



Jessica Hagley (KWHB) demonstrated how iPads are used to educate young people in health promotion activities.



Frances Turner (CAHS) talked about the lack of support services and resources in remote communities for LGBTIQ youths.



Shannon Daly (RDH) discussed a short film initiative, 'Small things make a difference', which highlights the importance of health service practitioners making time for their patients by doing one small thing each day to make a difference in their patients' journey.



Priscilla Moore and Alison McLay (TEHS) explained the process behind creating an action plan for the development of a Primary Health Care Operational Plan.



Priscilla Boucher (TEHS) discussed a new CQI approach for health promotion and community participation.



Sharni Cardona (Danila Dilba) discussed improvements made to their own clinical governance framework.

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What people said about the Collab

Getting to meet new people and to be able to share our views

Loved all of it! Importance of community engagement - which is what Aboriginal people have been saying forever

Fabulous stories from the CQI workforce

There are many layers to trauma & cultural appropriateness. Remember that trauma informed care and how we develop processes needs to be a whole community effort for to become holistic.

The expertise shared by the presenters was wonderful and kept us motivated

Great way to learn as much as possible, in as short a time as possible, yet still be interactive

Very honest and interesting presentation showing the data

All very good and interesting. Committed workers in their field of interest



'Communication' is the key



Inspiring presentations, achievable, down to earth - best part of the day for me.



Importance of embracing culture to engage people in the health service



"the first wealth is health"
Ralph Waldo Emerson

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Wonderful work done with communities and children. Working with community workers to get the best outcomes for all

What people said about the Collab cont.

“Data is my family” - a great insight

Terrific work is happening!

Loved it, good news stories!

Good to hear other people’s stories and how they manage with limited resources

Failure is the first step in succeeding

Motivation with a giggle

Excellent! Two heads better than one. You are not alone others have similar problems

Robust discussion



Reinforcing messages being passed around by Aboriginal staff for years. Use your local Aboriginal workers to run programs



Each presenter was interesting, engaging and had great ideas/programs



Encouraging to see services recognising the need for Aboriginal health roles within programs - will improve data, community focus

Five stars workshop!

“Don’t limit your challenges. Challenge your limits.”
Unknown

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Plenaries

We were privileged to have such knowledgeable and generous plenary speakers on both days of the CQI Collaborative. They shared information that can be used to strategically guide care at PHC level whilst keeping it very patient/client centered/focused, and very real.

Day 1

The Social and Emotional Well Being Team from AMSANT were the first plenary speakers on Day 1 of the CQI Collaborative. Danielle Dyall, Sarah Haythornthwaite and Anthony Ah Kit spoke about how trauma in people's lives has a powerful impact on their health and wellbeing, and how it goes on to influence their engagement with the health centre team and their own health journey.



Christine Connors, the GM Darwin Region & Strategic PHC Branch, presented child health data and talked about the importance of delivering optimal care to children and young people. In spite of some improvements in areas around anaemia and rheumatic heart disease, high rates of variation in the care being delivered to children is still a concern.



Day 2



Our first plenary session on Day 2 of the Collaborative was presented by Dr Tanya Davies – Director of Public Health and Planning – and Maryanne Lewis – Data Integrity/Medicare Claims/PIP Coordinator from Sunrise Health Service. They shared how data rich their service is and how that data is used by all PHC staff to recognise success and identify gaps that inform planning for improvement. Data is also used by the Sunrise Health Service Board in planning sessions and with members of the community.

Plenary Session 2 was presented by Lesley Woolf, the Manager of Stronger Communities for Children from Malabam Health Board Aboriginal Corporation. Lesley explained how twenty five health programs are planned and driven by local community members. Malabam works in collaboration with the different agencies and stakeholders ensuring that services meet the needs of the community.



The last plenary session of the Collaborative was feedback on a research project – Lessons from the Best and what the findings mean to the NT PHC services. Dr Sarah Larkins – GP and Associate Dean from James Cook University (JCU) – and Nalita Turner – Research Officer from JCU, spoke of the experience of engaging effectively and appropriately with Aboriginal communities through the project. They presented the findings of this project and shared the strategies high performing PHC services utilised. Nalita had a key role in interviewing community members to ensure “their voice about their health” was captured. One statement that hit home to all at the Collaborative was; “To you it's data. To me, it's my family”.



Thank you again to all of our plenary speakers.

*“Every action needs to be prompted by a motive”
Leonardo da Vinci*