

CQI: EVERYBODY'S BUSINESS

Northern Territory Continuous Quality Improvement Strategy

COMMUNIQUE IN QUALITY

WELCOME TO THIS EDITION

Welcome to the Christmas Issue of the Communique in Quality Newsletter. This Communique highlights some of the many inspirational presentations and stories shared at the recent NT CQI Collaborative Workshop.



We would also like to take this opportunity to acknowledge the commitment of managers and staff in the NT Primary Health Care sector, to delivering quality healthcare to the people who access services.

Wishing you all a very happy Christmas, time to relax and be refreshed for the coming year. We look forward to working with you in 2017.

From Kerry and Louise and the NT Wide CQI Team



Edition 4 - 2016
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NT CQI COLLABORATIVE

On the 15th November, 115 people descended on Alice Springs to attend the 11th Northern Territory CQI Collaborative. The CQI Collaborative Workshops bring NT Primary Health Care providers from the ACCHS and NT Government sectors together to share learnings, success stories and strategies around improving the systems of PHC delivery for Aboriginal people.

The theme for this CQI Collaborative was “CONNECTING PEOPLE” and in many ways that is exactly what the Collaborative Workshops do. They provide opportunities for those of us working in Aboriginal Primary Health Care across the Territory to come together with a focus on CQI.

Over the 2 days, 50 of the 115 people who attended presented the work they are doing to ensure their services are delivering the best possible care.

After a heartfelt welcome to country by Kumalie Riley we were treated to a wonderful opening presentation by Irene Nangala who is a board member and Sarah Brown, the CEO of Purple House, whose mission is “To improve the lives of people with renal failure, reunite families and reduce the impact of kidney disease in their communities”.

Throughout the 2 days there were many opportunities to hear inspiring stories of improvement strategies that are being implemented across a broad range of topics including; clinical governance, health literacy, rheumatic heart disease, women’s and maternal health, care coordination and building Indigenous leadership.

Joan Djamalaka Dhamarrandji a Senior Aboriginal Health Practitioner from Ngalkanbuy, Miwatj Health Aboriginal Corporation, was our closing speaker on Day 1. She reminded us in a powerful way, that building relationships is the most important thing we can do. Having strong, responsive relationships with the communities we serve and within our teams are key to ensuring our services are able to respond to the needs of the community effectively.

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Comments from CQI Collaborative Evaluation Forms

“We can all do better as individuals and organisations. CQI cycle are the key!”

“Very powerful to support the use and value of CQI into all aspects of PHC.”

“Sharing stories – excellent value to participants. Stealing shamelessly in action! centred on the consumer or participant in the service (it’s not always a patient!)”

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(Cont.)

The CQI Collaborative is a very interactive workshop. There were many concurrent sessions and tabletop groups that provided a space to talk, share ideas and to identify continuous quality improvement approaches to address concerns and gaps in systems and service delivery. There were concurrent sessions on care coordination, health literacy, NT AHKPI data, maternal health and human resources – “It’s all about the People”

On Day 2 of the CQI Collaborative there was a strong theme around human resources and strengthening workforce. There were robust discussions around the topic of HR in Remote Australia. “Why they leave, why they stay and the role manager’s play” lead by HR expert Leigh-Anne Onnis from James Cook University.

Donna Ah Chee, the CEO of Central Australian Aboriginal Congress and Chair of the AMSANT board, closed the 2 day workshop with an inspiring talk about how her organisation puts this into practice every day. Donna finished by saying, *“We all need to learn from each other, especially by ensuring that health services performing well in key areas are sharing what they are doing with the rest of the sector. This is why meetings like this are so important.”*

Written by Kerry Copley and Louise Patel – AMSANT CQI Program Coordinators



Comments from CQI Collaborative Evaluation Forms

“A clear reminder to keep the service centred on the consumer or participant in the service (it’s not always a patient!)”

“Good to see strategies from different parts of the country and working together.”

“I found that there are so many other ways of supporting and helping our communities in a non-government way. This is the key to making

Quality Systems and Processes at Congress – Donna Ah Chee



Donna Ah Chee, the CEO of Central Australian Aboriginal Congress, closed the 2016 CQI Collaborative on Wednesday afternoon with an overview of systems and processes that should be in place for a primary health care service to provide high quality care to their patient/client – a strong clinical governance framework.

Realising that “good data could be our ally and not our enemy”, she spoke of the use of data in Congress. Acknowledging that comprehensive care is more than just clinical services, Congress continues to report on KPIs in all of the key domain areas, e.g., Human Resource KPIs, not only the 19 clinical indicators.

In her closing words Donna emphasised the need for all of us to learn from each other and to share what works with each other – the purpose of the CQI Collaborative.



Health Literacy Concurrent Session - Jean Murphy, Julie Wright and Colleen Mack

Health literacy was a theme for Day 1 of the CQI Collaborative. Jean Murphy from Royal Darwin Hospital and Colleen Mack and Julie Wright from Central Australian Health Service delivered a concurrent session and facilitated discussion around this important topic. Ensuring all communication between clients, their communities and those provide health services is clear and understood by all parties is vital to good quality health care.

The Top End Health Service is committed to becoming a health literate organisation. The TEHS Health Literacy Committee was established in 2015 and set themselves the tasks of raising awareness of health literacy, reviewing the health literacy environment including all consumer information and engaging with Executives and the TEHS Board to embed health literacy into the organisation. A health literacy tool kit has been developed and a CQI process to update communication between health services and patients to ensure information is easily understood and in plain language. A TEHS Consumer Information Style Guide now guides safer and more patient-centred communication of health messages. A communication video resource to demonstrate good communication styles and promoting the use of “the teach back” method has been produced.

These useful tools are to be included in the Health Literacy Toolboxes which are under development. The Health Literacy Toolboxes will provide resources and assist the TEHS workforce to participate on the journey of becoming a health literate organisation. These tools will be made available when completed. **Those working in TEHS and CAHS can access the work so far by clicking on the pink button on the TEHS Home page on the NT Health Intranet.

Jean Murphy – jean.murphy@nt.gov.au



Batchelor PHC shares secrets to success At CQI Collaborative Workshop

Batchelor Primary Health Care Centre staff, Jane Angliss and Margaret Brice, presented at the 11th Annual CQI Collaborative Workshop on 15th – November. The workshop, held in Alice Springs, was attended by 110 Primary Health Care professionals from NT Government and Aboriginal Community Controlled health centres.

Batchelor PHC was one of 6 'high improving' PHC Centres chosen to participate in a CRE-IQI (Centre of Research Excellence-Integrated Quality Improvement) research project called: Lessons from the Best.....to Better the Rest!!! The aim of the project is to enhance understanding of the interaction of systems that facilitated quality improvement within identified 'high improving' Aboriginal and Torres Strait Islander health services and the 6 PHCs were identified through One21Seventy CQI audits.

Case studies were created about each of the 6 centres these centres using methods such as interviews with service providers, managers and patients/service users. From this process it was identified that Batchelor Primary Health Care possesses the following 'high improving' qualities which formed the basis of Jane and Margaret's presentation:

1. Recruitment and retention of quality staff which includes; Lifting the profile of Remote Primary Health Care Nurse, ensuring skillset of staff reflects the needs of the Health Centre and Community at large and teamwork.
2. Putting the 'C' in CQI!!! through; regular audits, action plans, System Assessment Tools, accreditation, utilisation of our CQI Facilitator, work with our Outreach Specialists
3. Community engagement
4. Professional development ; Opportunity and encouragement for ongoing education
5. Reflective practice; at individual and organisational levels - Is the service we are providing reflective of our goals?
6. Opportunistic and ongoing Health Promotion
7. Frequently celebrating team successes large and small – acknowledgement of what is working well and using positive feedback to shape practice.



Pictured left to right: Karen Doyle A/DM TEW, Jane Angliss PHCN/Midwife Batchelor PHCC, Caitlin O'Connor PHCN Educator TEW/TEC/Katherine Region, Priscilla Moore CQIF TEW, Margaret Brice PHCM Batchelor PHCC.



Care Coordination

This year's CQI Collaborative has included "care coordination" topic as a concurrent stream. Three presentations were delivered by:

1. Stuart Mobsby, Nurse Practitioner within the West Arnhem, Top End Primary Health Care team
2. Tony Corcoran, Team Leader Care Coordination Primary Health Care Congress, Alice Springs
3. Sinon Cooney, Manager Primary Health Care, Katherine West Health Service.



Tony and Sinon's care coordination teams have been delivering care coordination as a program funded by the Australian Government whilst Stuart and his team are currently planning to put together a care coordination program as part of the West Arnhem Primary Health Care plan.

Whilst there are differences in implementing the care coordination program in each of these three primary health care providers, there are clear similarities of the purpose and aim of delivering care coordination.

Care coordination is to address the fragmented health care system with ineffective communication among healthcare professionals.

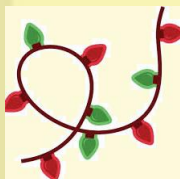
Care coordination at its core is a mechanism through which teams of health care professionals work together to ensure that their client's health needs are being met and that the right care is being delivered in the right place, at the right time and by the right person.

This care coordination session attracted approximately 25 people, who at the end of the session have agreed that a good care coordination program requires commitments from the health organisation to provide an environment conducive to care coordination approach; the health professionals to have the willingness to work with and respect one another; and the clients themselves to have willingness to work with the health professional to improve their health and wellbeing.

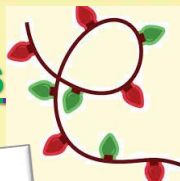
Written by Liz Kasteel who chaired the Care Coordination Concurrent Session.



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Merry Christmas from the NT CQI Superstars



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