We hope that you will enjoy this Christmas Edition of the Communiqué in Quality where we take one last look back on the busy year that was.

The NT CQI team send Christmas greetings to all.

Whether you’re home, in town or at work in remote NT, we hope you can relax and enjoy Christmas with family, friends and colleagues, and we wish you all the best for 2016.
This year seems to have gone so fast. It has been a pleasure to work with the wonderful NT CQI team made up of the CQI Facilitators and Coordinators working across the different PHC services in the NT. It has also been a real privilege to provide support to your services, to facilitate Systems Assessments, to assist with data analysis and interpretation and to work with you to help you to achieve your quality improvement objectives.

Some highlights of 2015 have been:

- The great sharing of ideas and strategies at the CQI Collaborative workshops held in Alice Springs in June and Darwin in November.
- Being able to provide a forum for men (and women) who are passionately committed to improving the health of Aboriginal men was wonderful..... And knowing that there is so much innovation and hard work happening in communities was so encouraging.
- Holding the first Congress Regional Collaborative.
- Ongoing training for PHC staff in using the One21seventy tools in Darwin, Alice, Nhulunbuy and on Groote Eylandt.
- The CQI workshops delivered for Aboriginal staff held in Tennant Creek, Groote Eylandt and in Darwin for the Health Promotion – Healthy Lifestyle workforce.
- Being involved in CQI focused research projects.
- Sharing the work we are doing around CQI in the NT with colleagues in WA and also across Australia through contributions to the development of the National CQI Framework.
- Delivering Program Logic, Planning and Evaluation training to the NT CQI Team to build skills that can be used to support CQI across the NT.
- Having the opportunity to share some of the CQI story as a keynote presentation at the Chronic Disease Network Conference this year.
- Visiting PHC services in communities across the NT to provide support, deliver in-service training in CQI tools, facilitate SATs and generally meet you and see how we can assist you in your work.

Once again we would like to wish you all a very happy Christmas and look forward to working with you in 2016!
Call for Secondary Reviewers

The Remote Primary Health Care Manuals (RPHCM) are a suite of clinical manuals designed by remote practitioners, for remote practitioners. They support quality, evidence-based primary health care in central, northern and remote Australia, and are firmly grounded in both the evidence and the realities of remote practice.

The RPHCM suite is made up of five manuals that work together:
- CARPA Standard Treatment Manual
- Minymaku Kutju Tjukurpa – Women’s Business Manual
- Clinical Procedures Manual for remote and rural practice
- Medicines Book for Aboriginal Health Workers
- Reference Book for the Remote Primary Health Care Manual

The manuals are focused on what makes a difference to remote clinical practice and health outcomes, and are reviewed regularly.

Nurses, doctors, Aboriginal and Torres Strait Islander Health Practitioners, midwives, academics and allied health professionals contribute as volunteers across all levels of the review process, facilitated by the RPHCM Editorial Committee and project team.

We are calling for secondary reviewers to look at one or more of our updated protocols and comment on their readability, accuracy and practicality in remote clinics. If you use the manuals, whether for the first time or as an experienced remote practitioner, we would love to hear from you.

Please contact us and let us know your area of interest at remotephcmanuals@flinders.edu.au or www.remotephcmanuals.com.au

Current protocol or procedure
as it appears in current STM or other manuals

Primary reviewer
Reviews medical evidence, advises if updates or changes are needed

Working group
Discusses and implements any necessary updates to the protocol

Secondary reviewer
Reviews the updated protocol in terms of practicality, clarity, clinical reality

Working group
Assesses recommendations of secondary reviewers and makes changes if needed

Editorial Committee
Checks and endorses the updated protocol
At the CQI Collaborative this year, whilst bringing PHC clinicians together from across the NT, we decided to specifically invite renal care coordinators and those working with renal patients.

Over the past year, opportunities to gather renal care clinicians together have become fewer. So to remedy this and to share the knowledge and ‘how they work’, we programmed a Renal Care Session into the first day of the Collaborative.

This well attended session was chaired by Beth Hore, Nephrology Nurse in the Kidney Health Program from Danila Dilba. Beth also spoke on the importance of giving renal patients choices.

Leo Curran from Anyinginyi Health Service shared his views on ‘Continuity of Care in a Transient Environment’ – the staff being the ‘transients’.

Claudia Griffiths and Georgie Corrie from Congress in Central Australia presented ‘Improving the Health of Haemodialysis Patients’. Implementing CQI from beginning to ‘infinity and beyond’ using PDSA cycles.

Jill Richards, Preventative Chronic Conditions Educator, from CA PHC (DoH) spoke on CKD best practice guidelines and the impact it has on PCIS.

Presentations from the 10th CQI Collaborative are available to view or download from the AMSANT CQI webpage: [http://www.amsant.org.au/whatwedo/cqi/](http://www.amsant.org.au/whatwedo/cqi/)
An approach that works...

- More contact
- High Trust
- Positive Attitudes
- More Action
- Get Help

- Have frequent contact with locals
- Make a connection and stay around to develop mutually beneficial relationships
- Take more action to make it happen
- Get help from anyone who is willing

- Above all, make sure there is lots of laughter

The Aim of Mens EXPO & CAMP

- Build on trust and established relationships to deliver health promotion and gain positive outcomes together
- A time for sharing and building a greater understanding and knowledge of their own culture from the elders and people who know the history
- Storytelling, shared experiences, new and old.
- Creating the right environment of respectful relationships
  - Old and young
  - Different clans
  - Locals and visitors

- Don’t be too serious

Taken from presentations by Sung Lee and Norm Hoffman delivered in the Men’s Health Concurrent session at the 10th CQI Collaborative held in Darwin in November. Other speakers were: David Adams, David Hanley.
Have you ever had a problem that refused to go away? No matter what you did, sooner or later it would return, perhaps in another form.

Stubborn and recurrent problems are often symptoms of deeper issues. A "quick fix" may seem convenient, but it's really just a temporary solution and it may solve only part of the problem. To solve it properly, you need to drill down through the symptoms to the underlying cause.

**Key Points**

The 5 Whys strategy is an easy to use, effective tool for uncovering the root of a problem. You can use it in troubleshooting, problem solving and quality improvement initiatives.

**Using 5 Whys**

The concept of 5-why is simple:

- Identify the problem.
- Ask yourself: why did this happen? Come up with all the causes you can think of.
- For each of the causes you just identified, ask “why did this happen?” again.
- Repeat until you’ve done steps 2 and 3 for five times.
- You should have identified the root cause by this stage.
- Find solutions and countermeasures to fix the root cause.