



The Northern Territory Continuous Quality Improvement Strategy

The NT Continuous Quality Improvement (CQI) Strategy has been developed and implemented in the Northern Territory (NT) Aboriginal primary health care (PHC) sector since 2009–current. The NT CQI Strategy aims to support sustainable, long term service improvement. It was part of a wider suite of PHC reforms occurring in the sector aimed at improving the quality of health service delivery and health outcomes in the Aboriginal population.

The CQI Strategy has successfully built the capacity of Aboriginal PHC services to plan and implement quality improvement activities by building knowledge and skills at local and strategic levels and providing health services with a range of knowledge, tools and strategies to enable them to actively engage in quality improvement processes. The ultimate aim of the NT CQI Program is to improve health outcomes for Aboriginal people living in the NT.

Governance to the CQI Strategy is provided by the NT CQI Steering Committee which developed a Territory wide approach to embedding CQI which was endorsed by the NT Aboriginal Health Forum in December 2009.

What is continuous quality improvement?

Continuous Quality Improvement or CQI is an ongoing and long-term process of improving the systems of clinical care being delivered in comprehensive PHC services. The CQI Framework will contribute to improved health outcomes for Aboriginal people, will reflect and be responsive to local need and priorities, will support the use of clinical data to drive and inform the change/improvement process and will encourage the use of a range of CQI tools and processes to enable PHC services to achieve their improvement goals.

Definition of CQI:

There are many definitions of CQI but for NT purposes, we define CQI as “... a structured organisational process for involving health service managers and staff in planning and implementing a continuous flow of improvements to provide health care that meets or exceeds expectations”

“An ongoing process of identifying strengths and gaps in the health service systems and implementing and testing changes to increase safety and efficiency and improve client and staff satisfaction”

Or to put it simply *“Best quality care delivered to EVERY person EVERY time”*

The NT CQI Strategy prioritises the delivery of high-quality, culturally responsive and safe care designed to improve the health outcomes of Aboriginal people in the Northern Territory.

Cultural Safety, cultural respect and cultural appropriateness underpin every aspect of the delivery of safe, quality health care.

The NT CQI Strategy aims to provide a consistent yet flexible framework to guide NT primary health care services and to identify their own continuous quality improvement priorities and implement changes through ongoing improvement cycles. The Strategy includes tools and support for PHC services to evaluate their services performance against data collected and to analyse and interpret that data to identify the issues that need to be addressed to bring about improvement. Data used may be *quantitative* (numerical data) such as key performance indicators based on best practice or other clinical data or it may be *qualitative* data; information gathered from client and staff feedback or through qualitative data collection tools. Eg System Assessment Tool.

The NT CQI Strategy is based on the principles of Aboriginal Community Control, whole of organisation commitment and a team approach to the delivery of quality healthcare. It also reinforces the concept of building a culture of learning within organisations and across the NT and taking the shame and blame out of CQI processes to identify and address opportunities for improvement.

To be effective CQI requires:

- A culturally respectful and appropriate model of service delivery
- A coordinated approach to implementing quality improvement in health care services
- Be based on evidence and best practice guidelines
- Engage a skilled, adequate and supported workforce
- Be underpinned by relevant, accurate data that is analysed and used to drive and inform improvement
- Have access to knowledge, expertise, evidence, tools and resources to assist services to identify issues and strategies to address them in the local context
- Be supported at all levels of the system

Two CQI Coordinators based at AMSANT provide program management and leadership, expertise and support to a team of CQI Facilitators employed by local ACCH organisations and the NT Department of Health. The CQI Facilitators provide practical support to health services in the planning and implementation of local CQI priorities.

The NT CQI Model



LEADERSHIP & ACCOUNTABILITY

Leadership and support by management are essential for effective CQI. Support required from management includes incorporating CQI into strategic and operational plans, quarantining management and staff time for CQI activities and ensuring that there is effective communication about CQI to the whole primary health care team.

CQI activities needs to be aligned with organisational goals and strategic plans.

TEAM APPROCH TO SERVICE DELIVERY

CQI will work best when the PHC team is cohesive and has a shared purpose. CQI should involve the whole team including support staff such as receptionists and drivers. Team members need to be orientated to CQI protocols and practice and the roles of individual team members need to be clear. Evidence is quite clear that teams with hands-on CQI experience are more likely to:

- Support CQI
- See it result in better care and client outcomes
- Understand and trust data
- Understand/support each other's roles in providing care
- Work more effectively as a team

Some of the things that motivate teams to be more engaged in quality improvement processes are the belief in their ability to influence change, wanting to work smarter, not harder and seeing positive change in their own service or other similar services.

ABORIGINAL ENGAGEMENT

The NT CQI program will be underpinned by the key principles outlined in the "Pathways to Community Control" agreement which sets out a road map for increasing Aboriginal control over the planning and delivery of Aboriginal primary health care services. Aboriginal people; both staff in health centres and clients of the services are central to the NT CQI Strategy and this needs to be reflected throughout all processes, at all levels.

CQI is always "client focused".

To enable strong Aboriginal involvement CQI staff will develop strategies to engage Aboriginal staff in quality improvement initiatives and to build CQI skills and competence in Aboriginal staff and to actively seek their input and involvement.

CQI staff will work with managers where appropriate to provide information and support to Boards of ACCHS's and Regional Steering Communities on CQI issues. There will be an ongoing focus on ensuring Indigenous input into the CQI steering committee and CQI policies and strategies at a NT wide, regional and service level.

Feedback strategies to patients and communities will be developed with strong Aboriginal input so that they are culturally appropriate and relevant. Services will work on improving the way that they seek the views of their patients and communities on health care delivery enabling input from community members to identify areas for improvement.

CONSISTENT APPROACH

Based on PDSA cycles and emphasising completion of the whole cycle. Utilising rapid cycles of change is encouraged.

Adherence to clinical and best practice standards.

Using CQI tools and consistent reliable data sets eg the NTAHKPIs and nKPIs to support and enable effective quality improvement activities.

SUPPORT

Staff support is crucial at all levels including management. Orientation and ongoing training of PHC staff in CQI will be supported by skilled CQI Coordinators and Facilitators. This skilled CQI workforce will provide training in the principles of CQI as well as providing hands on technical support to staff in areas such as data cleansing and analysis. Support also includes recognising and rewarding the achievements of individual staff and the team - celebrating success.

Building a learning culture within organisations and across the Territory.
Dedicated CQI roles at the health service and NT level.
Tailored support based on service's needs, priorities and CQI capability.
Flexible support and local implementation of CQI strategy.

STRUCTURED INFORMATION SHARING

Training and opportunities for shared learning will be delivered to PHC staff on site through CQI Facilitators, supplemented by regional workshops. CQI champions/early innovators will be supported by CQI Facilitators to train and mentor other staff. Innovations and CQI success stories will be shared through CQI Collaborative workshops, the Communique in Quality - CQI Newsletter, CQI networks and CQI webpage.

Timely, relevant feedback of data, success stories and relevant information is essential for ongoing engagement in CQI activity and to continue in a cycle of continuous quality improvement. This feedback needs to occur at all levels: Board, health centre staff, consumers and communities. Appropriate processes for feedback will be developed with sufficient flexibility to allow for the feedback to be tailored to the service or community. Feedback to clinicians and PHC teams needs to be constructive with the proviso that action is taken if unsafe practice is identified. Benchmarking with other relevant data (e.g. from similar services or communities) allows for more informed interpretation of feedback.

A communication strategy ensures that there is effective dissemination of information between CQI Coordinators, Facilitators, PHC management and staff. Specific strategies will include CQI teleconferences for PHC staff and CQI Facilitators. Other modes of communication will include newsletters, input into regional and professional meetings and an email network.

SYSTEMATIC USE OF DATA

Systems to support the collection of high quality, reliable and relevant data is central to effective CQI. Data enables services to evaluate strengths and weaknesses in service delivery, identify problems or opportunities to be addressed through CQI processes and to set priorities for improvement and system redesign.

NT PHC services use a range of clinical and service data to drive and inform their CQI planning and activities. This data includes the NT AHKPIs, the nKPIs, and other data from clinical information systems. PHC services are using a range of tools to make data accessible to their teams including Power BI, Dashboards within Communicare and those developed by NT Government like the Chronic Disease and Child Health Traffic Light reports.

The CQI Facilitators will work with health services on collecting, analysing and evaluating clinical health data and on ensuring data is reliable and timely.

Processes to support data sharing have been established through the CQI Collaborative, the NT CQI Data Working Group and other short term Collaboratives set up to work together on specific issues or opportunities like the Childhood Anaemia Collaborative.

RESOURCES

Human Resources.

Financial resourcing.

Protected time for CQI activities - data analysis, planning, PDSAs etc

Tools -There are a wide range of CQI tools available and access and training to use these tools is readily available through the NT CQI Team. Staff will be supported to identify the most appropriate tools and trained to use them. Tools will cover such areas as clinical auditing, system assessments, team functioning and goal setting, program logic, flow charts and others. Effective dissemination and sharing of ideas within services and NT wide is established through the CQI Collaboratives, Regional training and workshops, the CQI Website, newsletters, video conferences and email.

All NT PHC services are using electronic clinical information systems and have increasingly sophisticated and effective data extraction tools and reporting mechanisms.

GOVERNANCE

The CQI Strategy will support services in their clinical governance processes through data to enable effective monitoring and evaluation of service performance.

CQI principles can be applied to corporate governance frameworks.

The NT CQI Strategy or “model” can be applied across all primary health care services.

Accreditation is supported through the CQI Strategy.

Risk management systems and processes are being utilised eg Riskman
Quality and safety.

The NT CQI Strategy has built the skills and confidence of clinicians and health service staff to extract good quality, meaningful data from their clinical information systems (CIS) and to analyse and interpret the data to identify areas of strength, weaknesses and gaps to enable health services to identify priorities for improvement. Health services are trained and supported to implement changes to improve their systems of care delivery. The NT has a set of Key Performance Indicators (NT AHKPIs) that every PHC service reports on twice a year.

An [Evaluation of the NT CQI Strategy](#) was undertaken in 2013/14 by Allen+Clarke.

“The CQI Strategy has increased overall CQI capability and capacity within the NT Aboriginal health sector, with some health services demonstrating very advanced levels of CQI processes. It has also helped to create a degree of enthusiasm and fervour among health workers for quality improvement. These are significant achievements. The investment in the CQI Strategy should be continued.” Allen+Clarke Report

The NT CQI Strategy has been well received and actively engaged with by the PHC sector in the NT and is considered core business by most if not all NT PHC Services.

“CQI is everybody’s business”