

# Batchelor Primary Health Care Centre of Excellence



Margaret Brice and Jane Angliss

Acknowledge and thank the Traditional owners both past and present for welcoming us here and allowing to share stories on their country.







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## Batchelor

- Regional town 100kms SW Darwin
- Traditional owners Warrai and Kungurrukun
- Population of ~730 with 30% Indigenous
- Gateway to Litchfield National Park
- Batchelor Institute of Indigenous Tertiary Education
- Surrounding Agriculture / Horticulture / Mining / Municipal services / School/Education facilities/Outdoor education camp / Home of NT Skydiving Association





## Batchelor Health Centre

- Service ~150km<sup>2</sup>
- Includes Woolanung and Acacia Communities
- >350,000 visitors to National Park per Annum
- Up 150 students at BIITE with residual staff of 70
- Staffed by of Health Centre Manager, 2 x RN4, 1 x RN2, 1SAHP, 1 AO2, 2 x PT Drivers with visiting GP's 3 days/week
- Regular Medical / Nursing / AHP students
- Average 1200 presentations/month
- 30 Afterhours call outs/month
- Average 8 – 10 Medical Evacuations/month
- Primary / Acute care





## Emergency Services



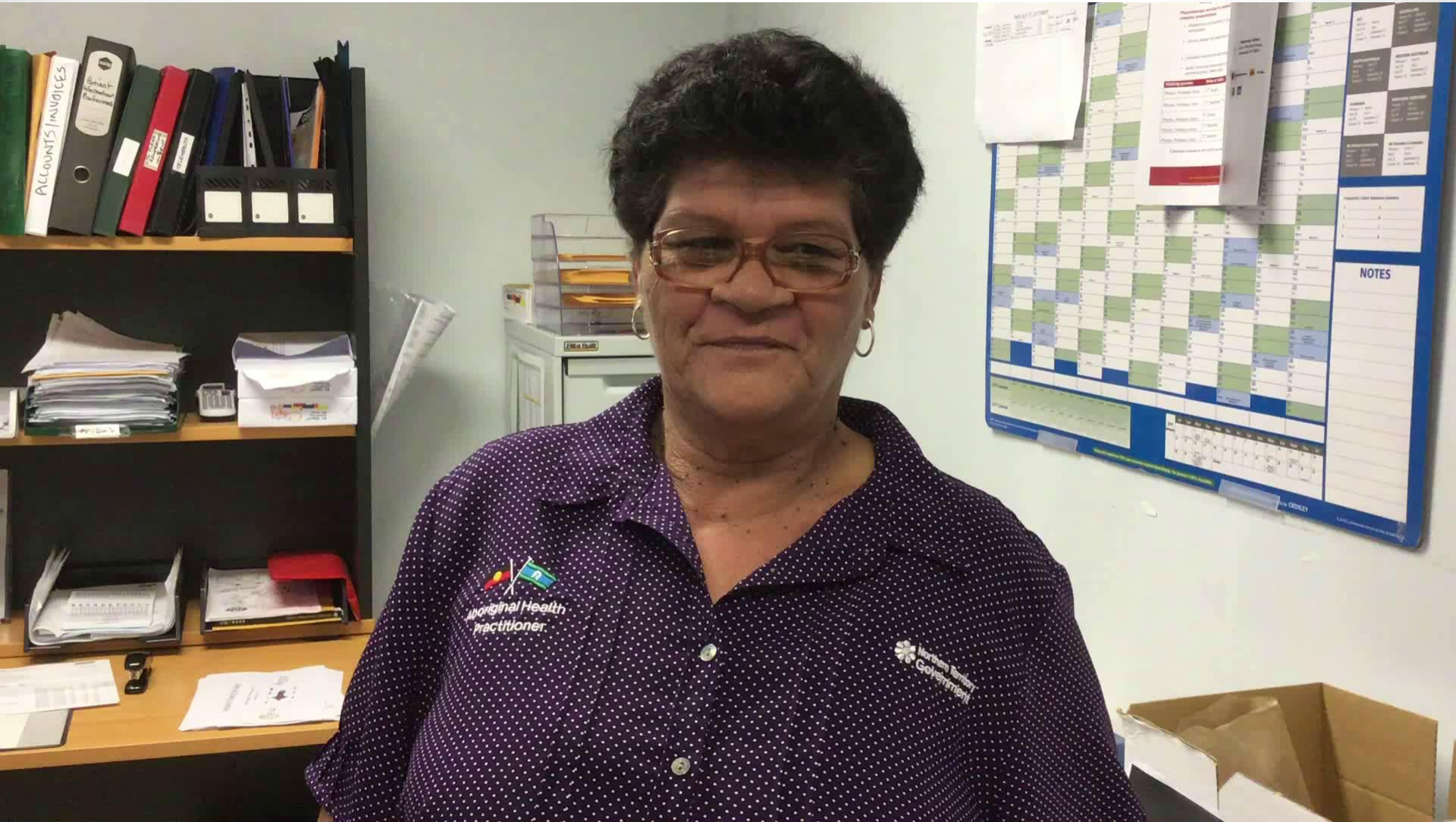


## Primary Health Care:-





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## Community Engagement:





## Health Promotion:

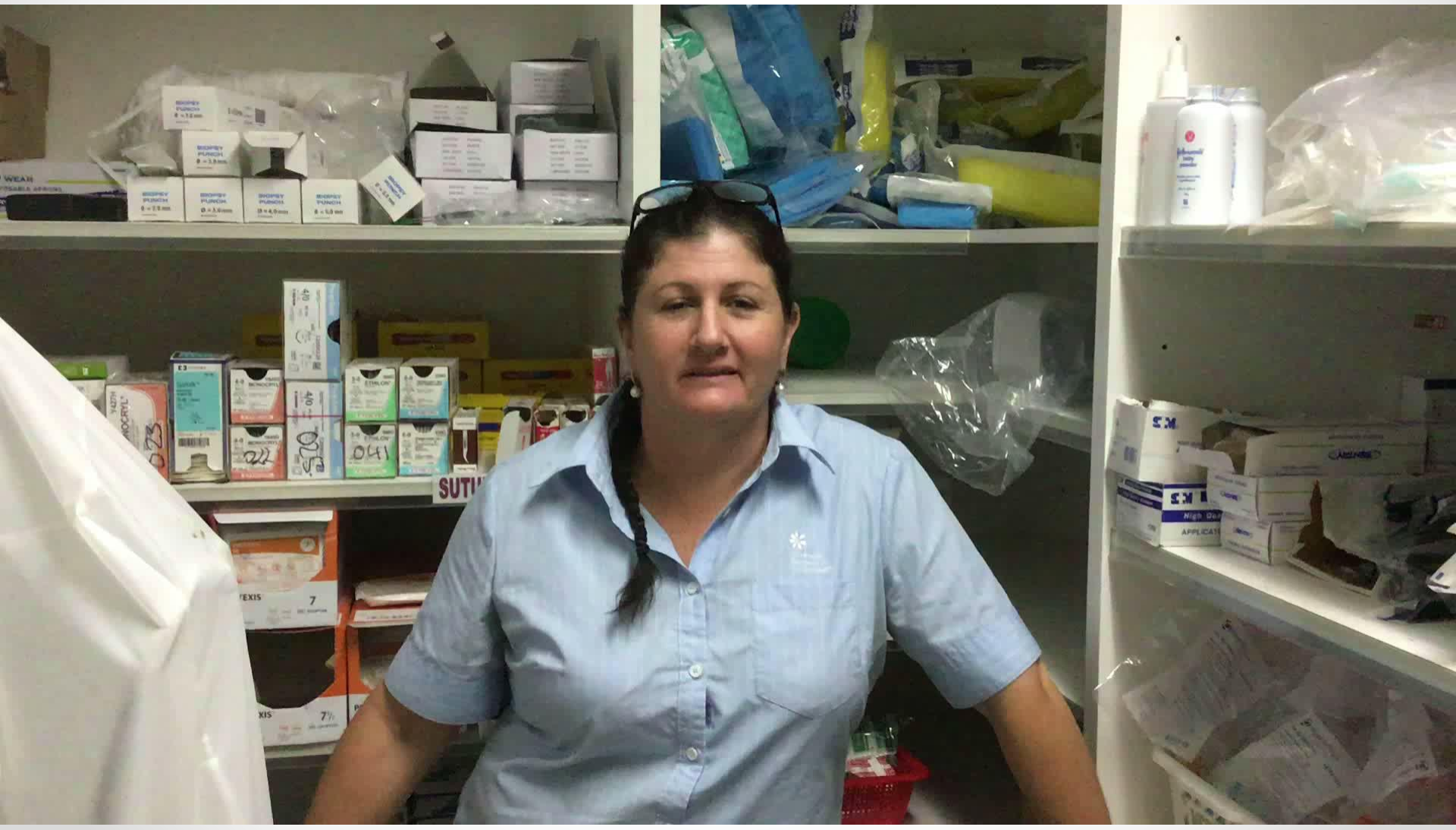






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# Lessons from the Best.....

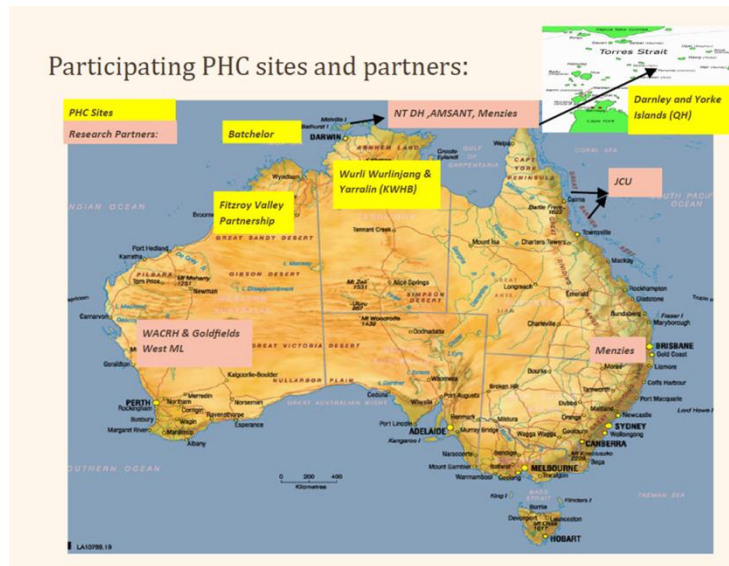


...to Better the Rest !!!



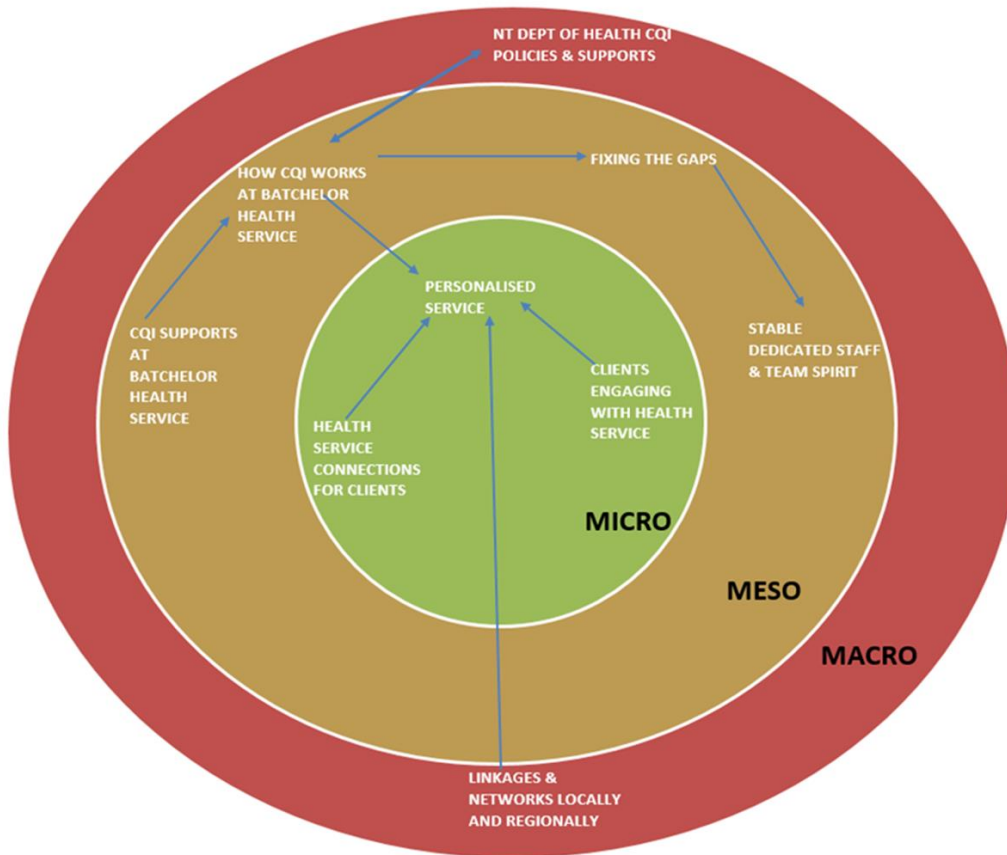


Participating PHC sites and partners:



- WHO: Dr Sarah Larkins and her team from James Cook University
- AIM: to enhance understanding of the interaction of systems that facilitated quality improvement within identified 'high improving' Aboriginal and Torres Strait Islander health services
- METHOD: 6 'high improving' Indigenous PHC Centres were identified through One21Seventy CQI audits and in partnership with these centres case studies were conducted which included interviews with service providers, managers and patients/service users.

## Batchelor PHCC



Inductive thematic analysis identified and explored themes associated with high continuous improvement at the macro, meso and micro health system level.

**Micro:** Interaction of patient and provider with the health systems within a health care episode

**Meso:** Health systems, policies, IT, infrastructure, communication, allied service providers etc

**Macro:** Broader context in which the CQI process operates – NT Dept of Health

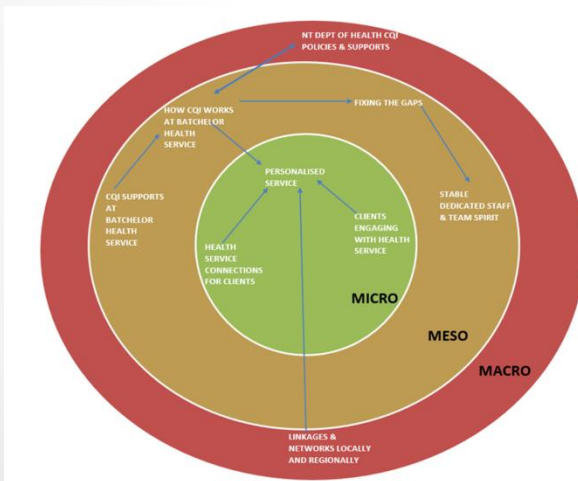


**Macro:** Broader context in which the CQI process operates – NT Dept of Health

- NTG supports use of One21Seventy
- NTG employs Regional CQI facilitator
- NTG employs coordinators to group data and provide feedback
- CQI training provided to staff
- Participation on AGPAL Accreditation

**Meso:** Health systems, policies, IT, infrastructure, communication, allied service providers etc

- Making CQI core business and supporting staff to do so
- Making CQI 'Everybody's Business' and responsibility
- Regular dissemination and discussion of chronic disease and child health traffic light reports and monthly health centre activity data to drive, co-ordinate and improve care
- Recruitment and retention of stable skilled dedicated staff – TEAM SPIRIT !!!

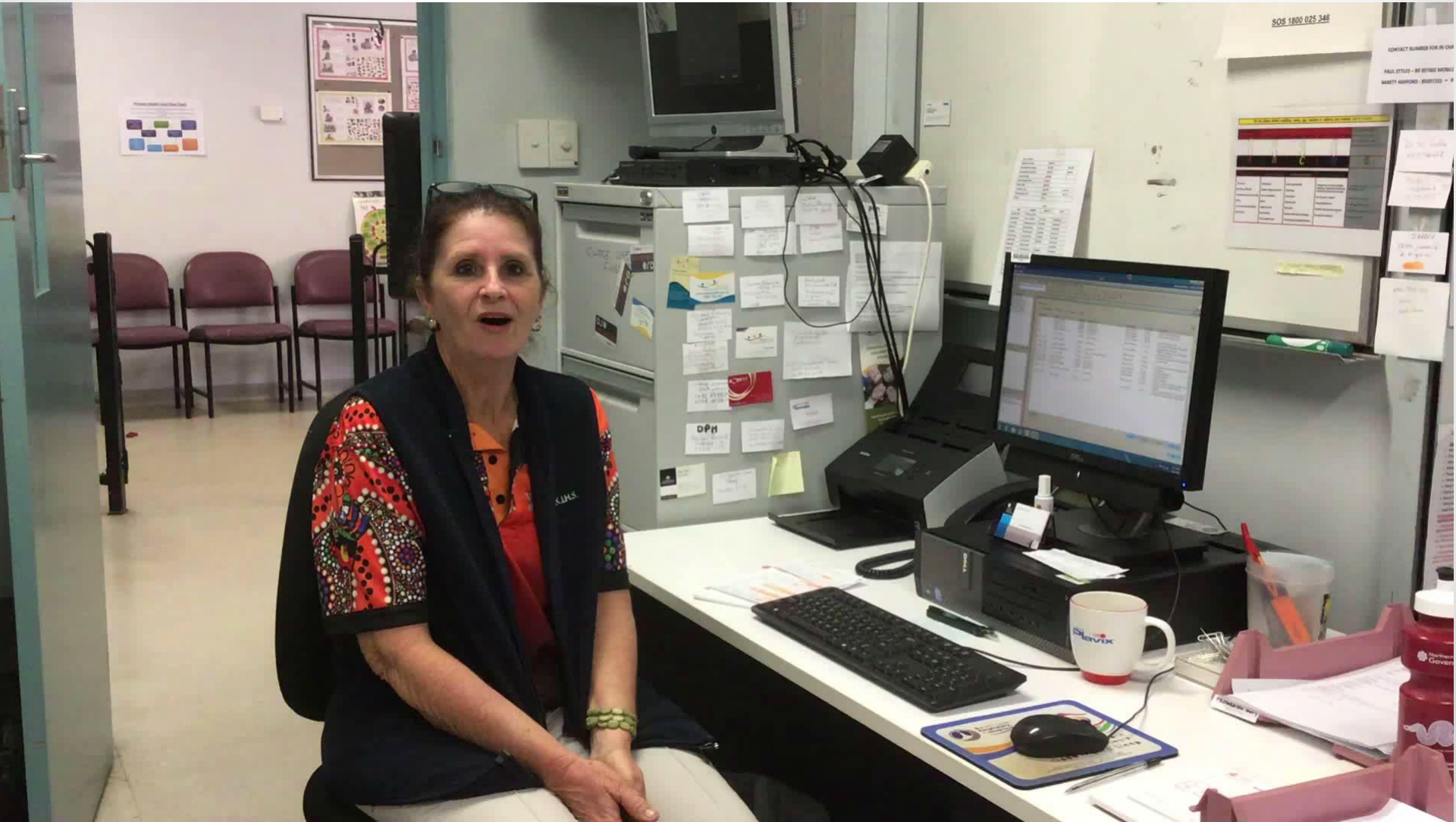


**Micro:** Interaction of patient and provider with the health systems within a health care episode

- Personalised nature of service delivery
- Rigorous follow-up with recalls /pathology/results/health checks with ongoing feedback
- Visual community involvement



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What this means for Batchelor Health Centre?

### MESO /Service Systems Level

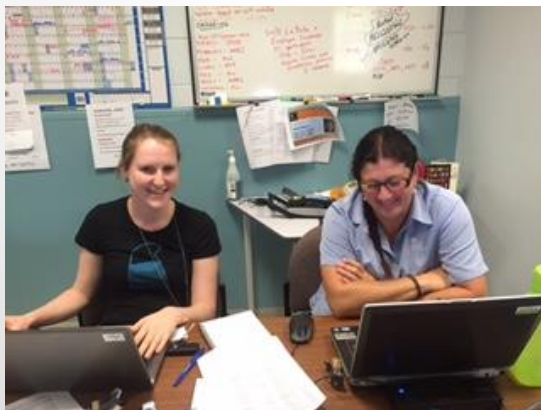
1. Recruitment and retention of quality staff
  - Lifting the profile of Remote Primary Health Care Nurse
  - Ensuring skillset of staff reflects the needs of the Health Centre and Community at large
  - Teamwork



## 2. Putting the 'C' in CQI !!!

### CONTINUOUS...

- Regular Audits
- Action plans
- System Assessment Tools
- Accreditation
- Utilise our CQI Queen
- Work with our Outreach Specialists





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### 3. Opportunity and encouragement for ongoing education:



...and 4. professional development.











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## MICRO / Service Delivery Level

### 1. Community engagement:



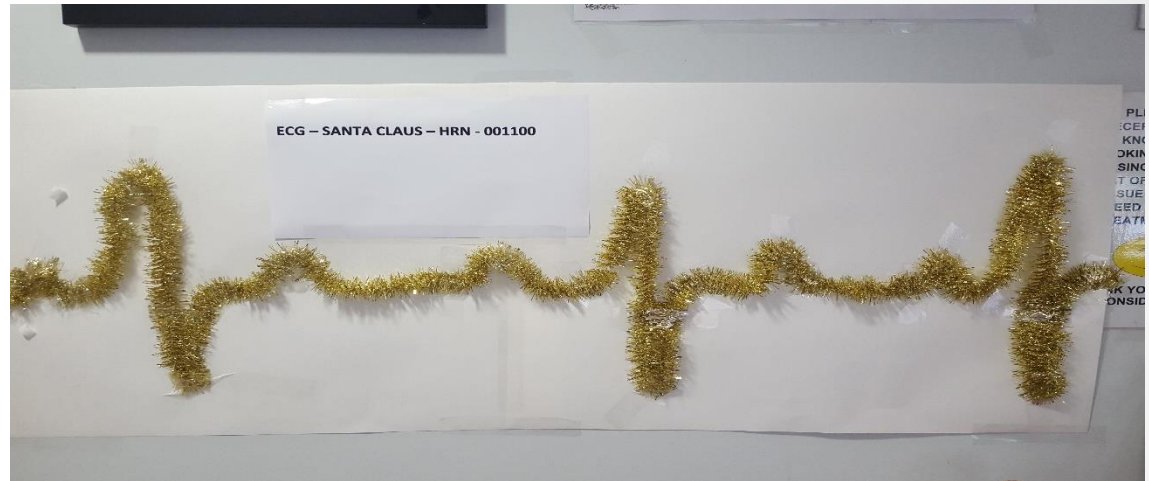
2. Reflective practice – Individual and organisational levels:  
Is the service we are providing reflective of our goals?





### 3. Opportunistic and ongoing Health Promotion:

(even Santa needs a PCD ECG!!)

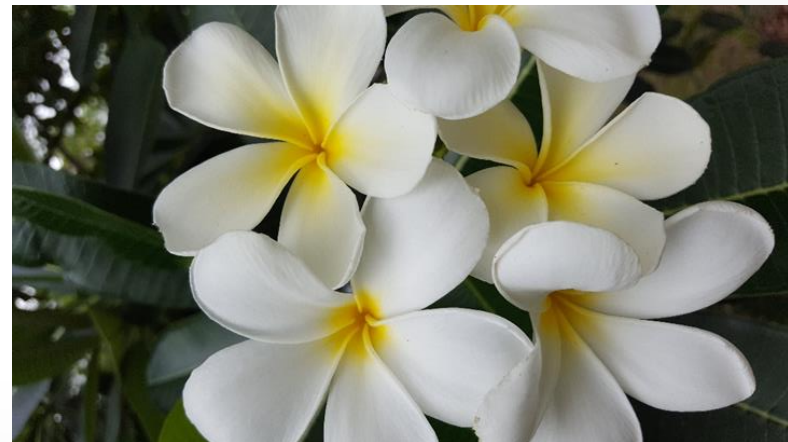




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4. Frequently celebrating team successes be them big or small.  
Acknowledgement of what is working well; positive feedback to shape practice.  
Taking time to smell the Frangipani





- Research Team: Sarah Larkins, Judy Taylor, Karen Carlisle, Nalita Turner, Kerry Copley, Jacinta Elston, Sandra Thompson, Veronica Matthews, Christine Connors, Roderick Wright, Cindy Woods and Ross Bailie
- 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, WA Primary Health Alliance

