Lessons from the Best – What do the findings mean for NT services?

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AMSANT CQI Collaboratives
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Improving the effectiveness of continuous quality improvement (CQI) to support high quality care is an important factor in supporting Indigenous primary health care in Australia

Aims

- **Identify "**high-improving" services

- **Understand how** contextual factors interact to improve quality of care

Our partners in research

Research partners

Six high improving primary health care services in Northern Australia

James Cook University
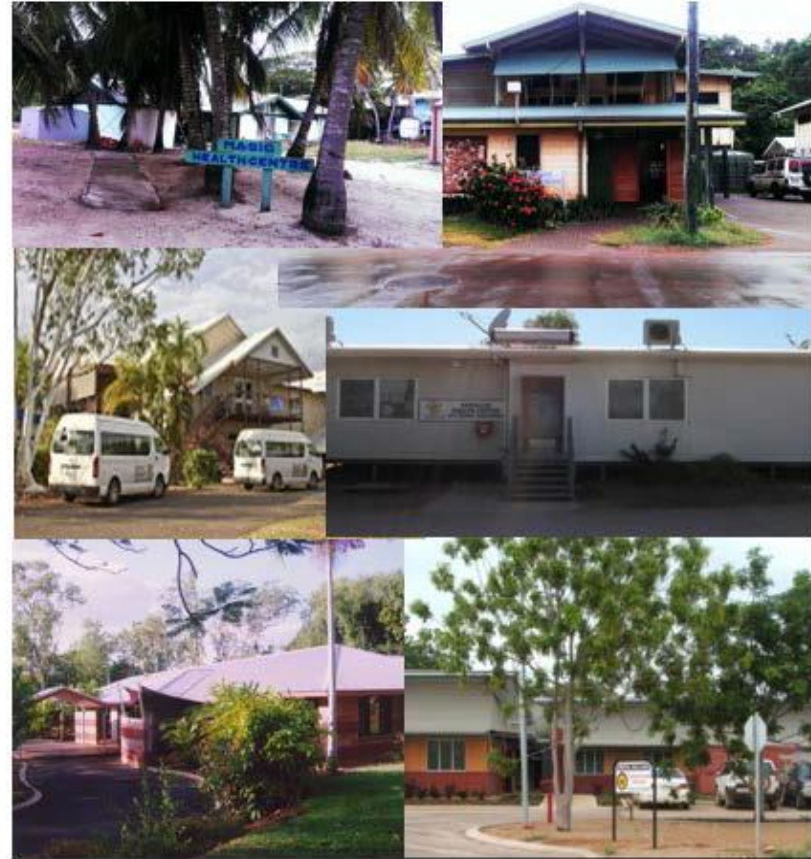
Menzies School of Health Research

Aboriginal Medical Services Alliance Northern Territory

University of Western Australia Centre for Rural Health

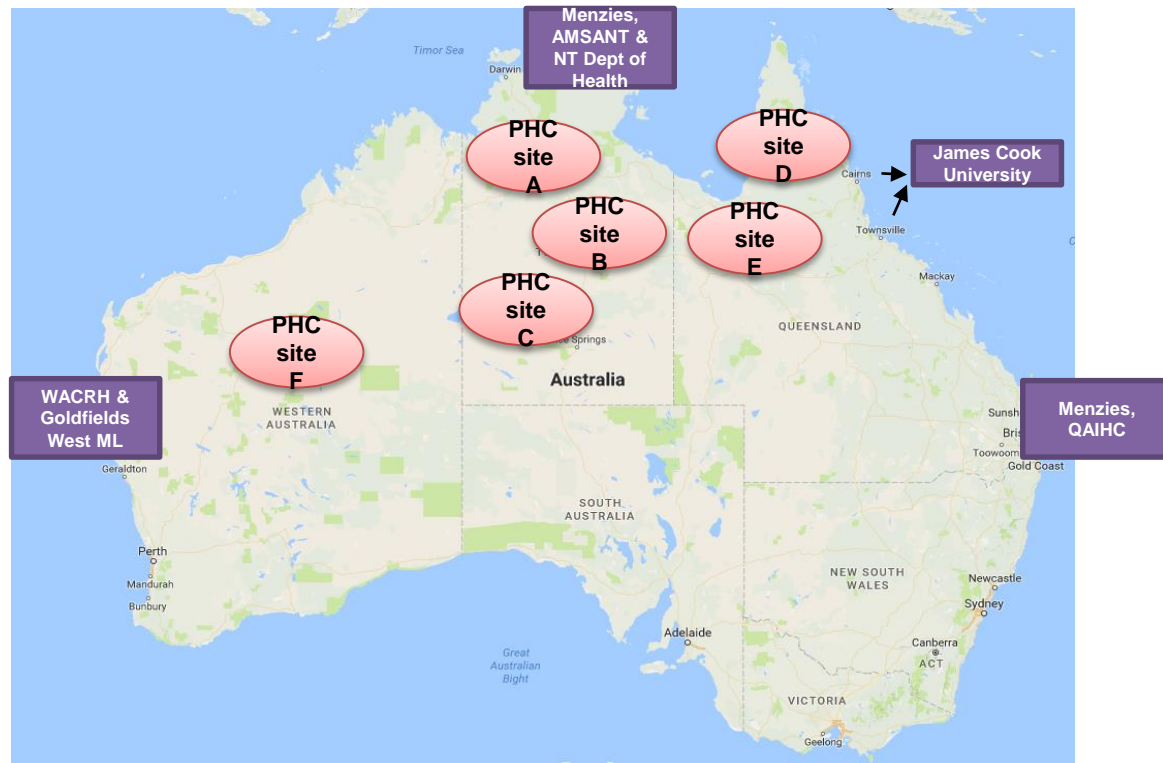**Queensland Aboriginal & Islander Health Council**
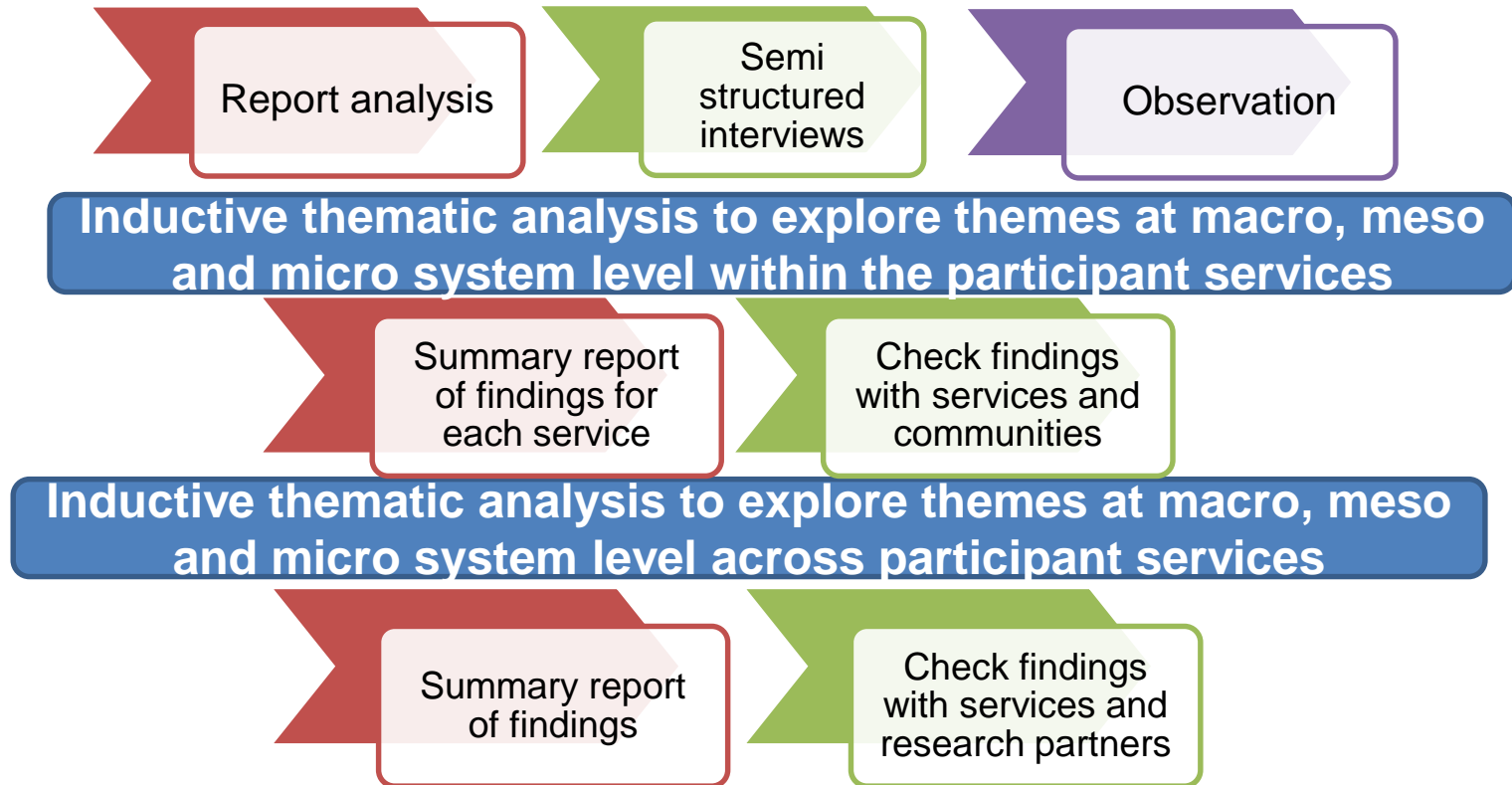
Queensland Health

WA Primary Health Alliance

# Our partners

Multiple case study methodology with participatory approach

Report analysis

Semi structured interviews

Observation

Inductive thematic analysis to explore themes at macro, meso and micro system level within the participant services

Summary report of findings for each service

Check findings with services and communities

Inductive thematic analysis to explore themes at macro, meso and micro system level across participant services

Summary report of findings

Check findings with services and research partners

Qualitative data collection

Site	Site A	Site B	Site C	Site D	Site E	Site F	Total
Health service staff	7	12	12	7	4	12	55
Health service user	8	10	8	9	6	10	51
Regional Managers/ stakeholders	5	4	8	0	4	3	23
Total	20	26	28	16 (+5)*	14 (+5)*	25	134

* Five additional interviews were conducted with regional stakeholders

Factors that support quality health care
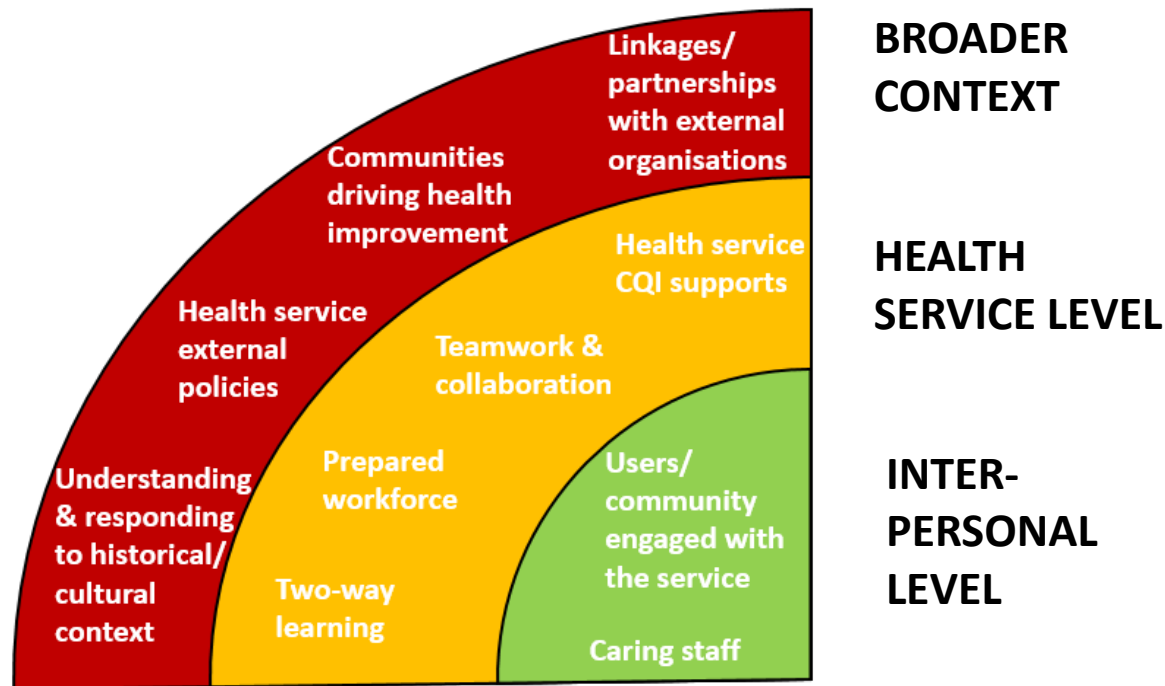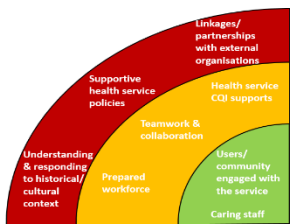
Broader context

Understanding & responding to historical and cultural context

Supportive health service policies

Partnerships with external organisations

IMPROVEMENT BASED IN CULTURE
'Our culture is our foundation here.'

'The role of culture is vitally important… it's everything I guess…culture is pretty much our belief. Bottom line.'

STRONG STATE LEVEL SUPPORT
'We have received a lot of support from central – from N.T. Health. We are able to access the CQI coordinator if we need to, to get some advice.'

TIMELY AND APPROPRIATE CARE

'… but between us being very creative …how we can utilise whatever's happening between our services and in the community.'

'I think it's important for Wurli to not just operate in isolation. I've encouraged a lot of the staff to work with other external agencies and improve outcomes…'
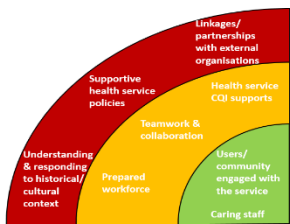
Prepared workforce

STABLE STAFF

'The nurse has been there for a number of years and she has gained the trust of many community members. She's part of community.'

'Our Aboriginal staff stay a lot longer because they're local…we need all these experts that come in to actually share their experience.'

INDIGENOUS WORKFORCE

'It's good to see the Indigenous people really involved in the organisation. It makes a lot of Aboriginal people feel more comfortable with using the service.'

Teamwork and collaboration

INVOLVING WHOLE TEAM

'I think that's important that you involve everybody because I mean you know, we're the cogs on the wheel aren't we – so to speak! I do believe it's a team'

VALUING THE SKILL MIX

'I've made a point of pairing an Aboriginal Health Practitioner with a doctor or a Registered Nurse because we've got different..disciplines and different… insight.'

'Because of the stability and the belonging and the Health Workers, in the communities, it's more ideal to invest and give them the appropriate training.'

COMMUNICATION

We have meetings all the time. One of the things is work ethics, team work, communication, you know, and that respect for one another too as well.'

Health service CQI supports

APPROPRIATE SYSTEMS

'…we've moved to the traffic light reports… gives them a whole series of information, tables and graphs around how they're tracking with their chronic disease audits'

CREATING A CULTURE OF CQI

'…to be able to effectively gather statistical information..I do a lot of recalls and the nurse would do a print out of all our recalls and I'll follow them [clients] all up and try and get them in.'
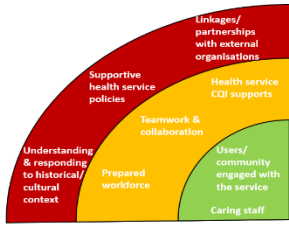
Community/ interpersonal

Caring staff

GOING THE EXTRA MILE
'They go that little extra mile I think to do those extra things like the afterhours events....The staff always try their best and to help you out.'

TAKE DUTY OF CARE SERIOUSLY
'They don't just sit back and wait for you to make a move to get down to the Health Centre. If they know that you know, you need to see the doctor, they'll come and see you and, 'oh your name's down -we'll pick you up. Also making sure that people get their medications and on time.'

Users/ Community engaged with the service

CONNECTION WITH COMMUNITY AND CULTURE
'Find out their story because that'll give you a rough indication of where things are with these people that you're working with.'
'You know this is chronic disease data to you' I said, but to me it's- it's my families.'

FEELING COMFORTABLE AND SAFE
'[They are] comfortable in their environment. They feel safe coz they've got all their family around them and they just talk over them freely. And that information flows.'

Shared decision making and collaboration

- Processes in place for consumer input into the governance of care so that improvement processes were based in culture

- Decision making at all levels
- Co-production!

'We go out yearly and hold open community meetings. So us as Management staff will go out, put ourselves in front of the community um...we'll give an update on what we've done for the last twelve months and then we open that up to the community and our performance review begins at that point. You tell us from a grass roots perspective, what we've been doing right and what are our challenges and if we've got challenges then [they] will certainly let us know. ...and at that grass roots level, it's about sitting down and talking.'

Community driving health care

- Formation of the health committee with a shared intent to improve the communities health

- Depended on a 'whole of community' approach to health which was non-intrusive and part of every-day life

'The Health Committee in the community,...introduced that because that was where we needed to be working and that was our support system. And that we'd all agree that we'll be coordinating with each other and that was the beginning of the direction of our future health.'
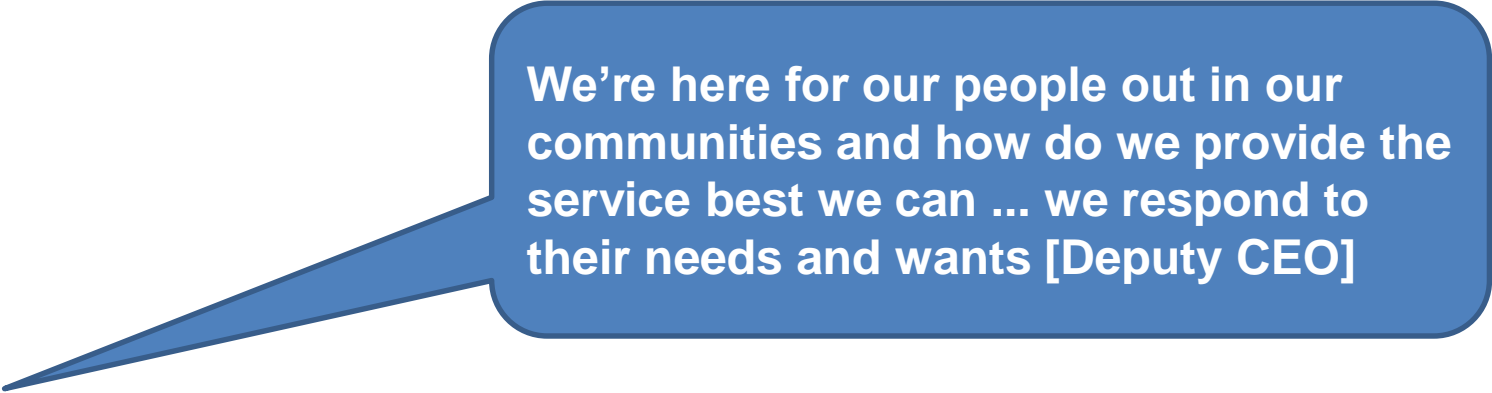
'People seem to trust and follow up on their own health, instead of people having to go out and collect them, which is quite interesting as well. Like the health behaviour here is I think a bit different than the type of places I've been.'

- Each system had features (a partnership or unique staffing combination) at the meso and micro level that supported QI.

- Systems support was important in some cases in mitigating against workforce instability.

- In jurisdictions with less supportive policies it appeared that impetus was gained through generating local solutions to overcome challenges.

- Reinforcing loops operated– for example strong team functioning reinforcing staff commitment to QI; strong community partnerships driving QI.

Why is the service continuously improving?

- Staff factors
  - Consistent staff/leadership
  - Teamwork/partnerships
- Community factors
  - Community driving quality improvement
  - Culturally secure and embedded PHC service
- CQI factors
  - Supportive structure/embedded CQI
  - Resourcing

What does this mean for NT services?

- The purpose of quality improvement should be explicit and shared across all levels of the health system with a focus on improving client care and health outcomes.

> **We're here for our people out in our communities and how do we provide the service best we can ... we respond to their needs and wants [Deputy CEO]**
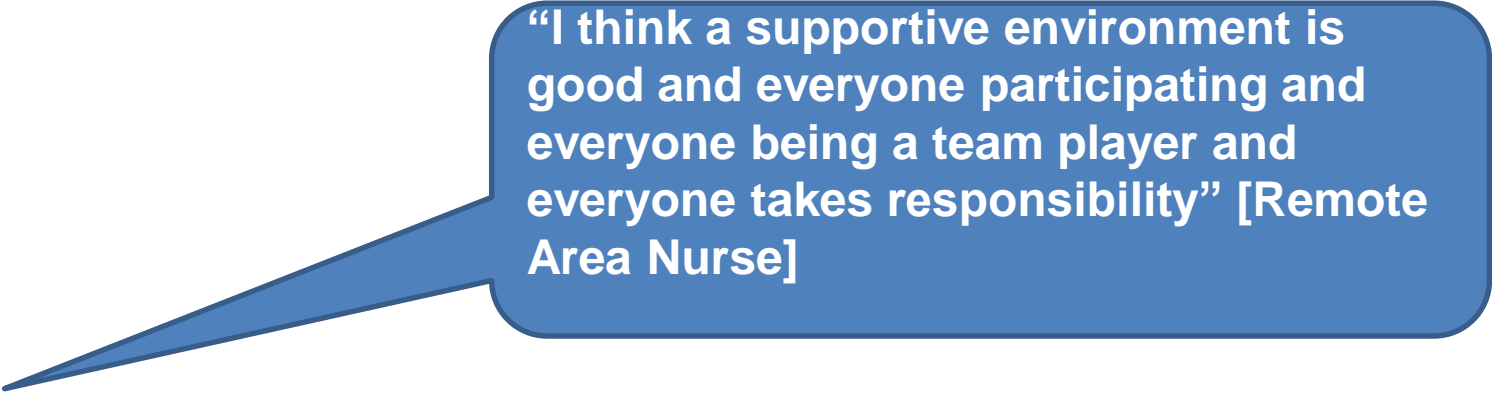
What does this mean for NT services?

- Institutionalise CQI: Support it at all levels through collaborative decision making and embedding it in orientation, staff training, regular team meetings and regional partnerships.

- Ensure that health service operational systems and IT systems support the routine practice of CQI by all health service staff.

> CQI it's a learning curve all the time but it's really good. It's working [Administrator]

What does this mean for NT services?

- Facilitate an appropriate and prepared workforce with attention to Indigenous and non-Indigenous workforce mix in recruitment and orientation. This is likely to support staff retention

"**I think a supportive environment is good and everyone participating and everyone being a team player and everyone takes responsibility" [Remote Area Nurse]**

What does this mean for NT services?

- Support the health workforce to develop meaningful linkages with community members. Then improvement processes are embedded in culture and incorporate genuine engagement mechanisms.

"Our culture is our foundation" [Aboriginal Health Practitioner]

"We come from the ground really – from the community - what they- what the community want…." (AHP, ACCHS)

Conclusions:

- **Definition of quality depends on who you ask**
- **Role of community in driving QI is under-appreciated**

What can health services do to improve care?
-Involve all staff in CQI
- Listen and respond to community needs
- Ensure the purpose of quality improvement is explicit and shared with the health service team with a focus on improving client care and health outcomes

- Planning to work collaboratively with "striving services" to address implementation barriers to improvement

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