



Central Australian
Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823

Caring with quick intelligence: CQI at the Central Australian Aboriginal Congress.

*Dr John Boffa, Chief Medical Officer Public Health
Bipin Manehzi, CQI Manager*



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ORGANISATIONAL STRUCTURE



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The Struggle for Health in the Early Years

- Infant mortality 250 /1000 live births (now 10/1000)
- Life Expectancy for Aboriginal men 52 years (now 63), women 54 years (now 69)



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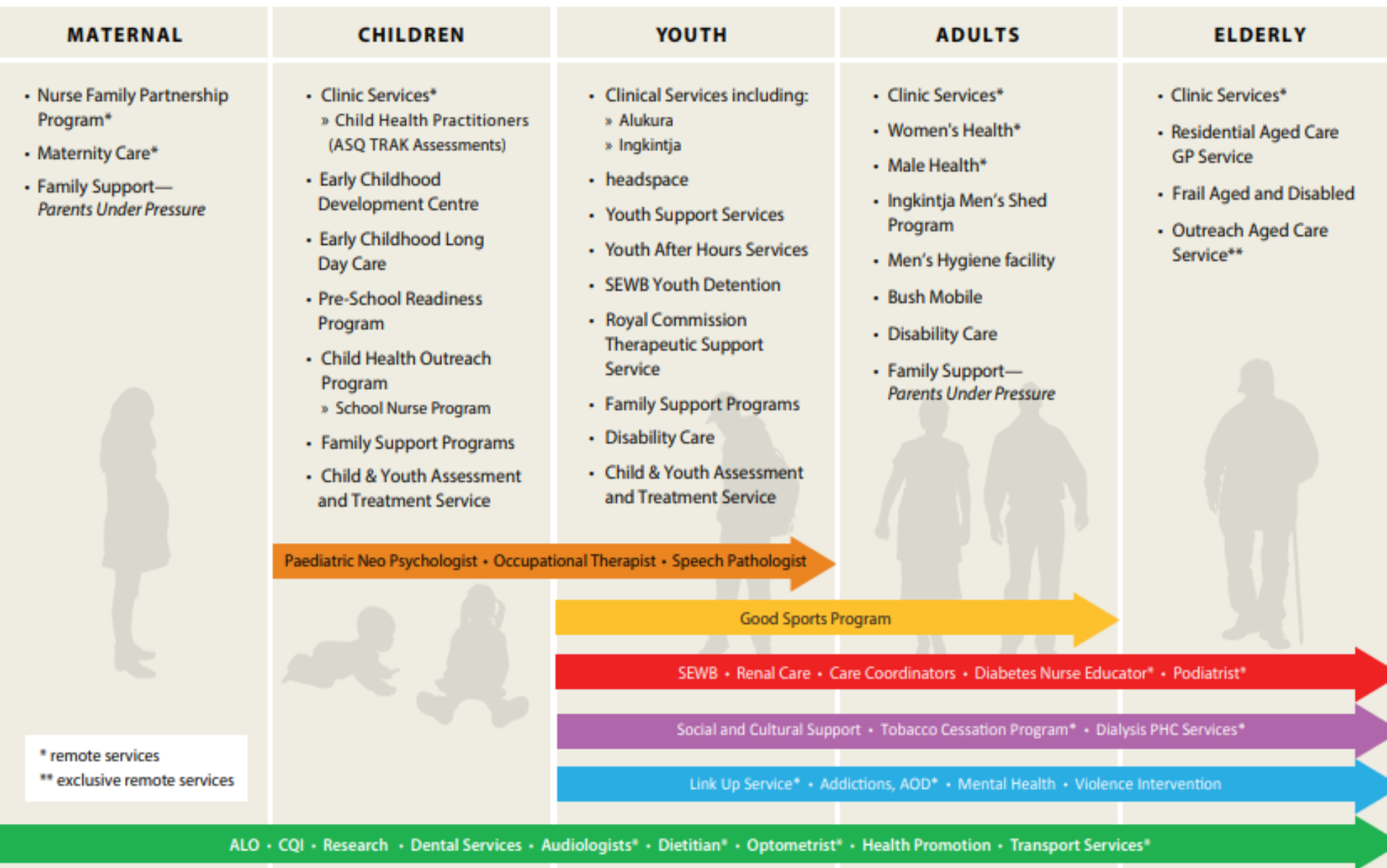
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Congress at a Glance





The Congress Life Course Model of Care



Continuous Quality Improvement

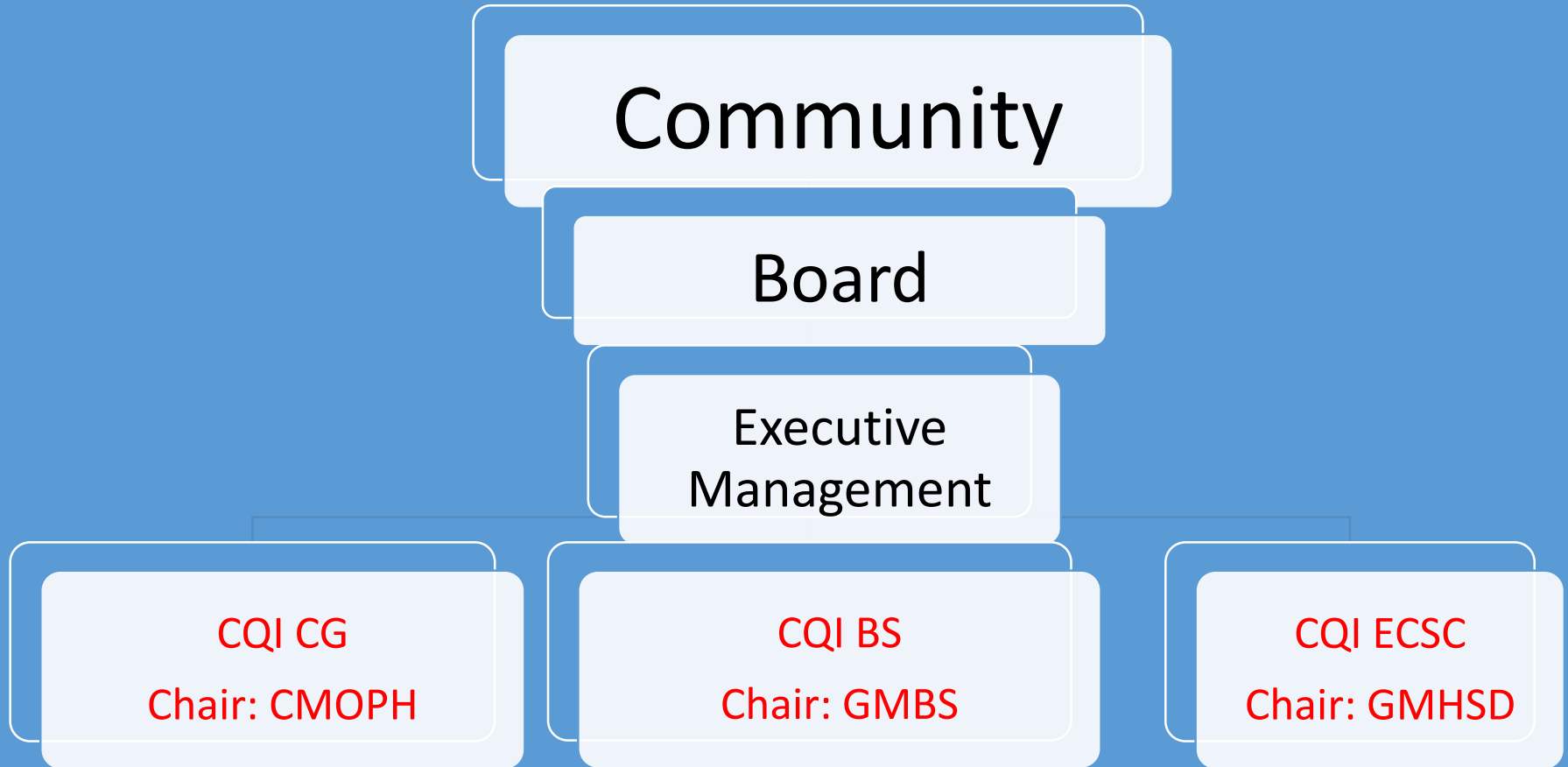
Clinical governance is continuous improvement processes that result in quality care and excellence in patient outcomes.

- ✓ Elements of clinical governance are interdependent
- ✓ Continuous quality improvement is intrinsic to each element



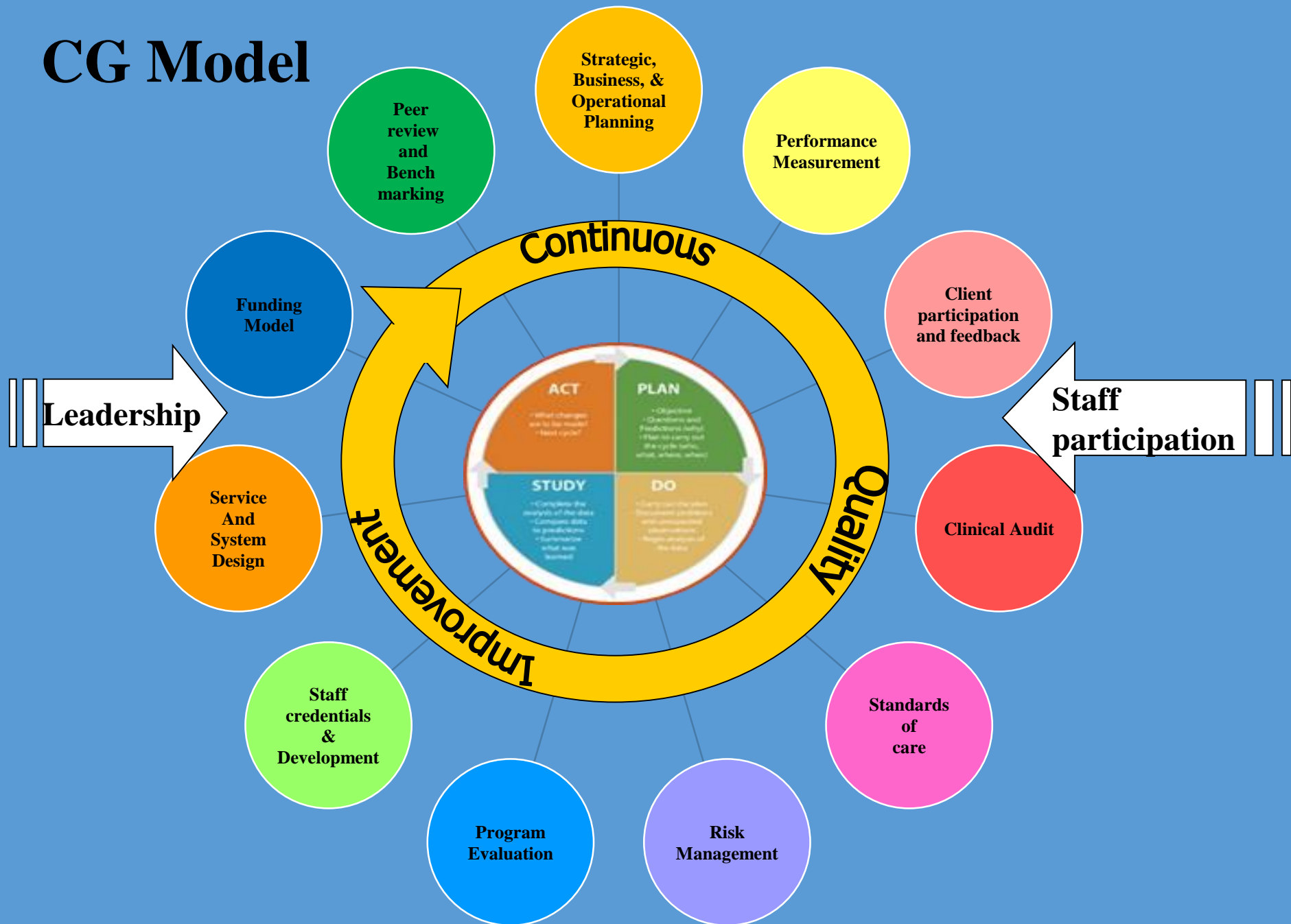
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Quality Governance Structure



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CG Model



Strategic, Business, & Operational Planning

Plan	Period	Frequency of Progress reporting
Strategic Plan	5 year	Business Plan 3 year review
Business Plan	Annual	6 monthly
Operational Plans	Annual	6 monthly



Strategic Plan Staff Survey

- There were 151 responses to the survey, 48% from Aboriginal staff and members and 46% from non-Aboriginal staff.
- Chronic disease; alcohol, tobacco and other drugs; family violence and poor housing most important.
- Congress performs very well in delivering high quality health services; in being a strong voice for Aboriginal people; in being well-funded; and in providing accessible, culturally safe services.
- However, we can do better in getting the balance right between treatment of the sick and preventing illness; in communicating what we do; and in our management and governance systems.
- The most important issues to focus on over the next few years include addressing the causes of poor health and wellbeing; continuing to employ and support Aboriginal staff; improving community engagement; and strengthening community development approaches



Business Plan Key Elements

<u>KEY ELEMENTS OF THE 2017/18 BUSINESS PLAN</u>		Why has this been selected as a Key Element?
1	Renew the Strategic Plan for the 2018-2023 year.	The Strategic Plan for the 2015-18 period is expiring and therefore a renewed document needs to be completed with input from the Community, other organisations and the Board.
2	Based on the interim evaluation report secure ongoing funding for <u>Arryekele Akaltve - Irretyeke Apmere</u> .	Determine by the end of June 2018 whether the program is effective and lobby for additional funding.
3	Work in partnership with remote communities to explore community preferences for future governance arrangements.	Congress continues to grow and will continue to grow into the future. Further, it is likely that other clinics (and communities) will transition over to community control. Congress needs to ensure that it has the right structure to deal with this growth.
4	Establish the MGP.	Provide continuity of care for birthing mothers in Alice Springs in a culturally appropriate and supportive setting which will improve pregnancy and birth outcomes.

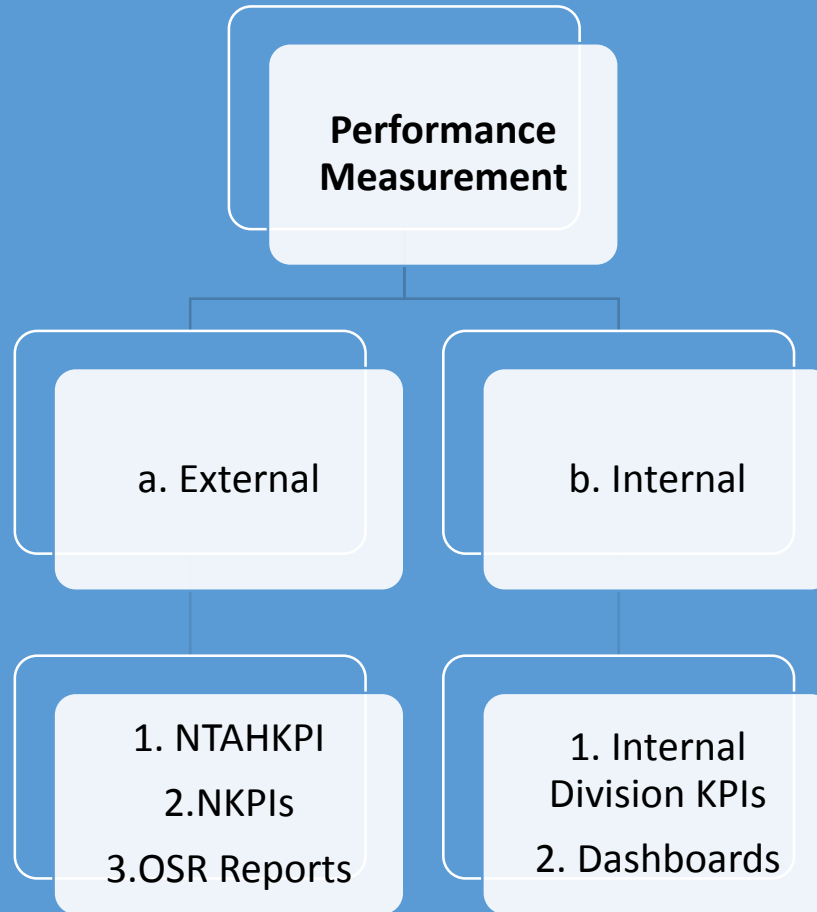


Business Plan Core KPIs

1.2 Antenatal Care Prior to 13 Weeks Gestation	1.3 Low Birth Weight Babies	1.4.1 Childhood Immunisation Coverage	1.4.2 Timeliness of Immunisations	1.5 Underweight Children	1.6 Childhood Anaemia	1.7 Care Planning (Diabetics)	1.8 Chronic Disease Blood Tests	1.9 Albuminuria on ACE and/or ARB Medication	1.10 Adult Health Checks 15-54 Yrs.
>60%	<10%	>95%	>80%	<4%	<12%	>75%	>80%	>80%	>50% (Urban) >70% (Remote)
68% (51%)	17% (11%)	94% (92%)	62% (69%)	3% (3%)	16% (15%)	67% (59%)	65% (62%) F 63% (55%) M	80% (78%)	62% (56%) F 54% (49%) M
50% (45%)	43% (30%)	97% (96%)	80% (100%)	2% (0%)	37% (17%)	90% (67%)	83% (81%) F 79% (68%) M	91% (89%)	88% (83%) F 82% (75%) M
67% (50%)	0% (22%)	100% (78%)	78% (75%)	0% (0%)	15% (19%)	84% (76%)	83% (76%) F 58% (55%) M	89% (83%)	65% (55%) F 58% (51%) M
100% (100%)	0% (0%)	94% (100%)	100% (100%)	0% (0%)	0% (0%)	74% (66%)	93% (69%) F 90% (73%) M	80% (76%)	92% (87%) F 87% (79%) M
25% (50%)	0% (0%)	100% (94%)	80% (100%)	0% (4%)	18% (29%)	79% (66%)	77% (81%) F 68% (58%) M	86% (85%)	64% (78%) F 48% (70%) M
75% (63%)	25% (13%)	89% (90%)	92% (100%)	5% (0%)	3% (6%)	83% (78%)	83% (78%) F 88% (81%) M	89% (87%)	44% (66%) F 36% (51%) M

Performance
Measurement

Performance Measurement



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Executive Management

Health Services Division Monthly Report September 2018

Last data refresh:
10/16/2018 2:55:00 PM Cen. Australia
Standard Time
Downloaded at:
10/16/2018 3:12:34 PM Cen. Australia
Standard Time

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Monthly Business Services
Report for the Period
Ending 30 September 2018



Microsoft | Power BI



Monthly Human
Resources
Report

For the period ending
30 September 2018



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Monthly Divisional Reports on key areas for CQI

Public Health Division Monthly Report September 2018

Last data refresh:
10/16/2018 2:56:21 PM Cen. Australia
Standard Time
Downloaded at:
10/16/2018 3:29:03 PM Cen. Australia
Standard Time

Internal

- Internal KPIs for each division of Congress
 - Over 30 frequently measurable KPIs of focus areas
 - Clinical and non clinical processes are measured.
 - Reported monthly to the executive management
- Examples:
 - Active clients by month in the FPP Program
 - Average client contacts per day for Allied Health and AOD
 - Unplanned absence rate of staff.
 - Staff turnover by profession for permanent and all positions
 - RHD Compliance
 - Childhood anaemia
 - Documents received and reviewed by month
 - Investigation results received and reviewed by month.
 - % results reviewed by month.
 - Average client contacts per day for health practitioners
 - Monthly social media activity

External

- NTAHKPIs, nKPIs,
- Reviewed by the board, executive management, senior managers and staff .
- Key areas requiring improvement are added to the Annual Action plans for each clinic.
- OSR and other program level reports to funding bodies



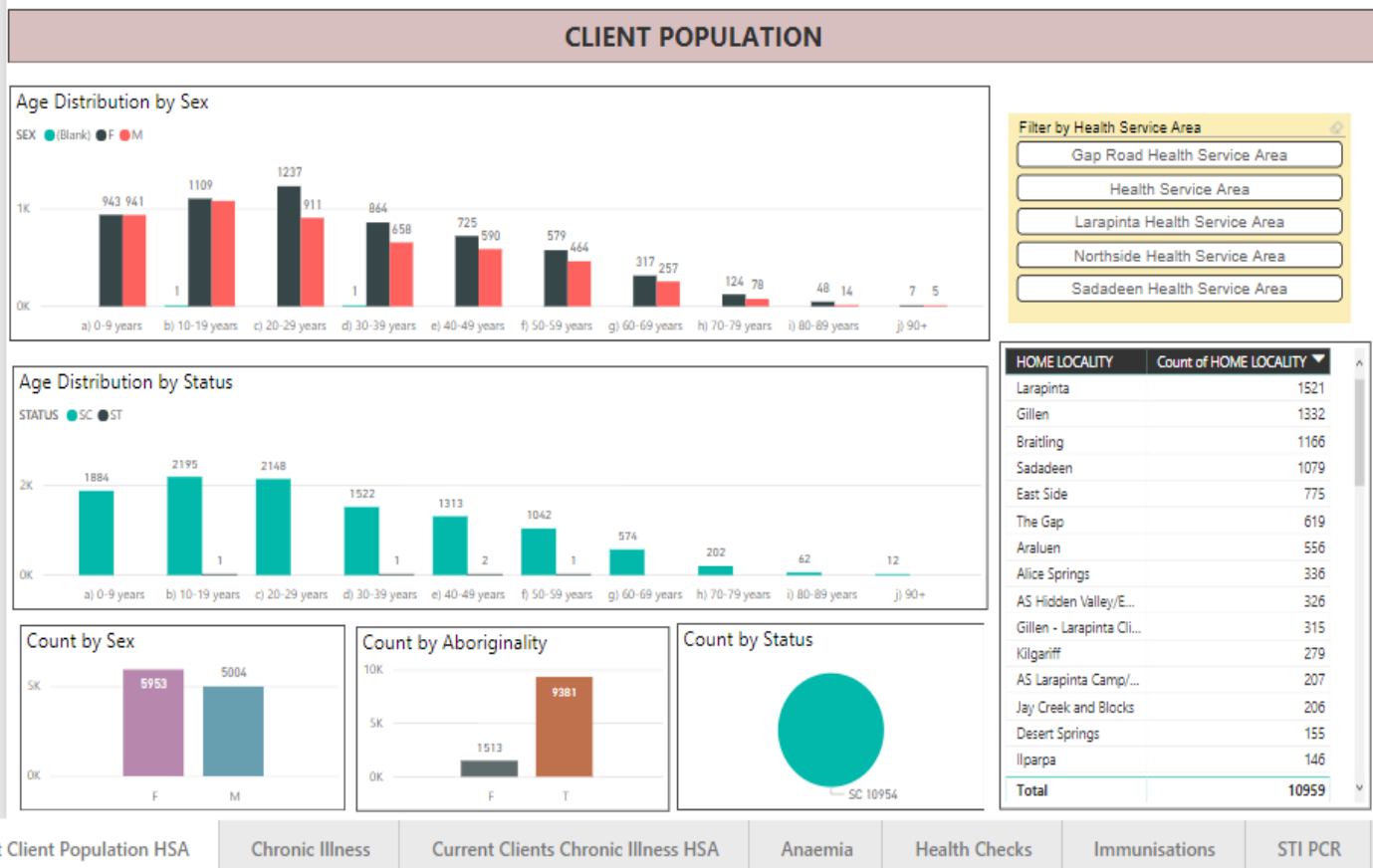
Power BI

Power BI dashboards are used to communicate KPIs

- Easy to generate report
- Easy access to key results and areas requiring improvement.
- Easy to identify clients to be followed up
- Help clinics to prioritize resources based on key areas requiring improvement.



Power BI Dashboard



- FIELDS**
- Search
- VISUALIZATIONS**
- anaemia
 - chronic
 - ckd
 - ckdgrouping
 - hba1cmeasure
 - hba1ctest
 - healthchecks
 - immunisation
 - localitygroup
 - population
 - rhd
 - rhdduedates
 - sti



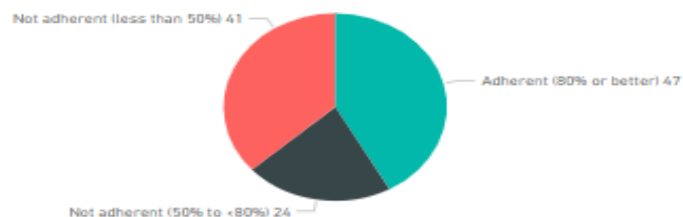
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Power BI RHD Dashboard

RHEUMATIC HEART DISEASE BICILLIN

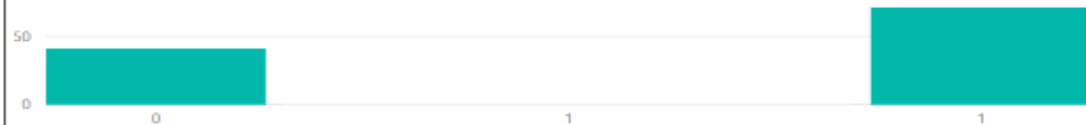
Last Updated
22/10/2018

Adherent



BICILLIN GROUP DESC	Count of BICILLIN GROUP DESC
Adherent (80% or better)	47
Not adherent (50% to <80%)	24
Not adherent (less than 50%)	41
Total	112

Percentage Compliance Distribution



Filter by Age Group

- 5 to less than 15 years
- 15 to less than 25 years
- 25 to less than 45 years
- 45 to less than 65 years
- 65 years and over

Filter by Clinic Area

- Gap Road Health Service Ar...
- Health Service Area
- Larapinta Health Service Area
- Northside Health Service Area
- Sadadeen Health Service Ar...

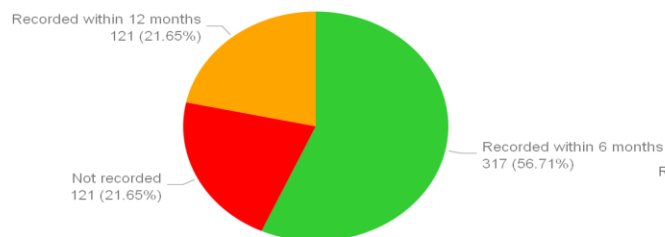
ion HSA Chronic Illness Current Clients Chronic Illness HSA Anaemia Health Checks Immunisations STI PCR



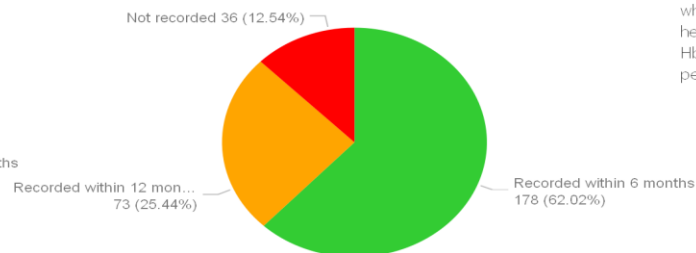
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Power BI Dashboards HbA1c

HbA1c Gap Road HSA

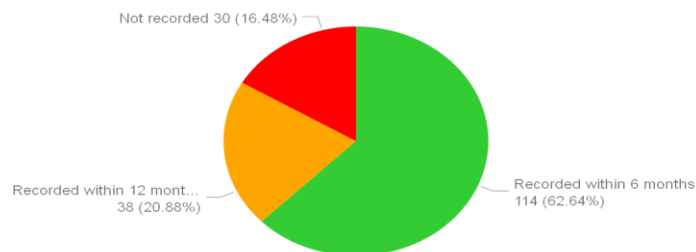


HbA1c Larapinta HSA

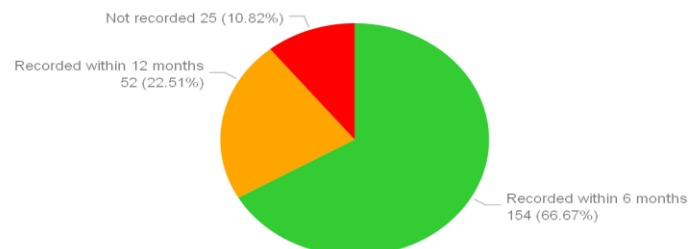


These charts show diabetic clients who are current clients of the health service and have had a HbA1c test in the specified time periods.

HbA1c Northside HSA



HbA1c Sadadeen HSA



Clinic Incentive Plan (CIP)

- Aim: to encourage staff to work together to meet pre determined KPI targets.
- Purpose: Promote teamwork and team motivation to improve clinical outcomes.
 - Available to all staff in the clinic.
 - Encourages staff to use Power BI to follow up with the clients.
 - Targets are set on a quarterly basis based on the past six month's performance.
 - Clinics can claim financial incentive if they meet at least 5 of the 7 seven targets.
 - Targets can be Process / Outcomes.



Different methods

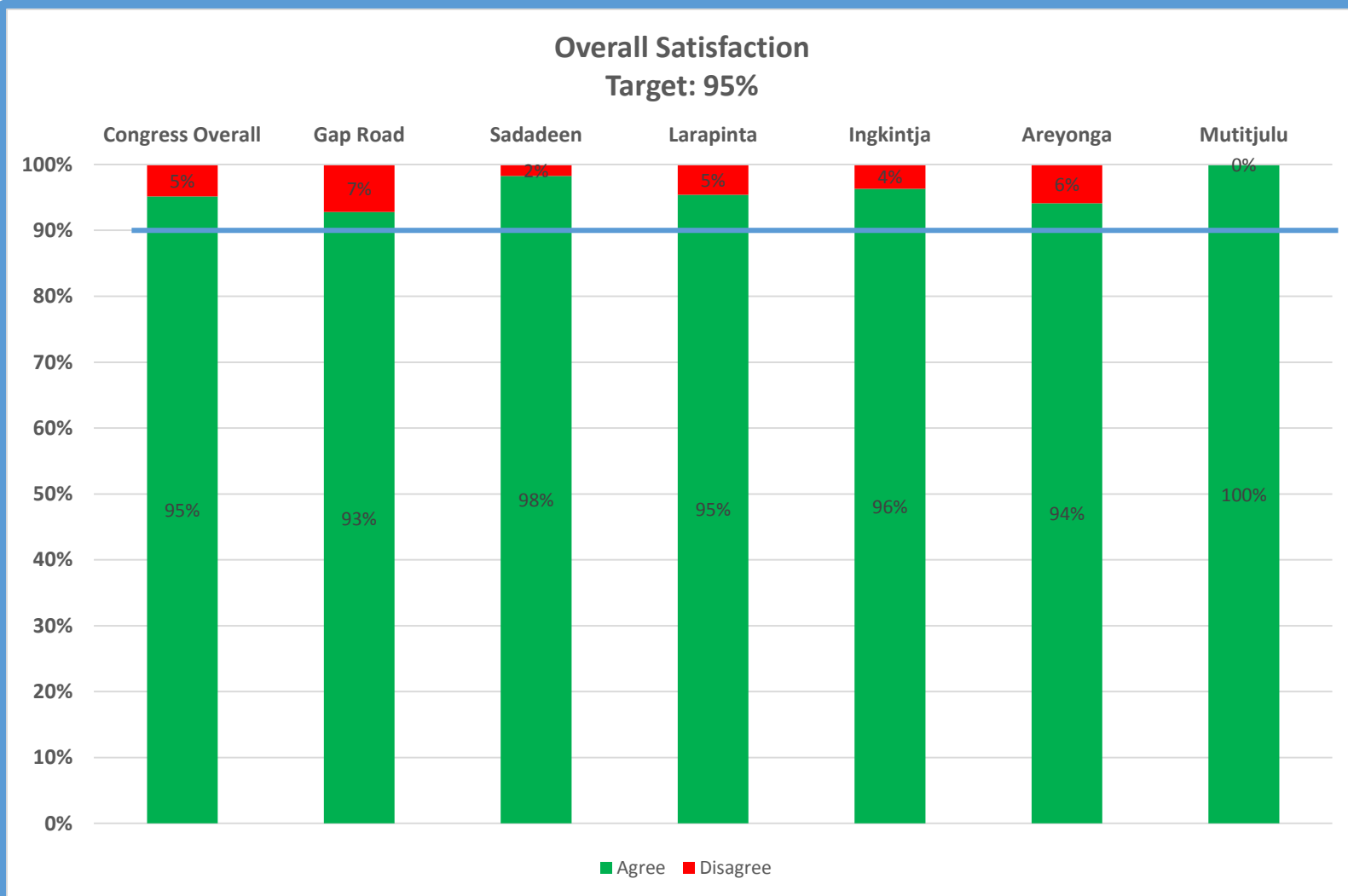
- Client Satisfaction surveys
- Feedback via the website and clinic's suggestion boxes
- Directors, Executive and staff interaction with community
- Program level community reference groups
- Congress Community Consultative Council
- The board with key subcommittees including the clinics subcommittee

Client Satisfaction Survey

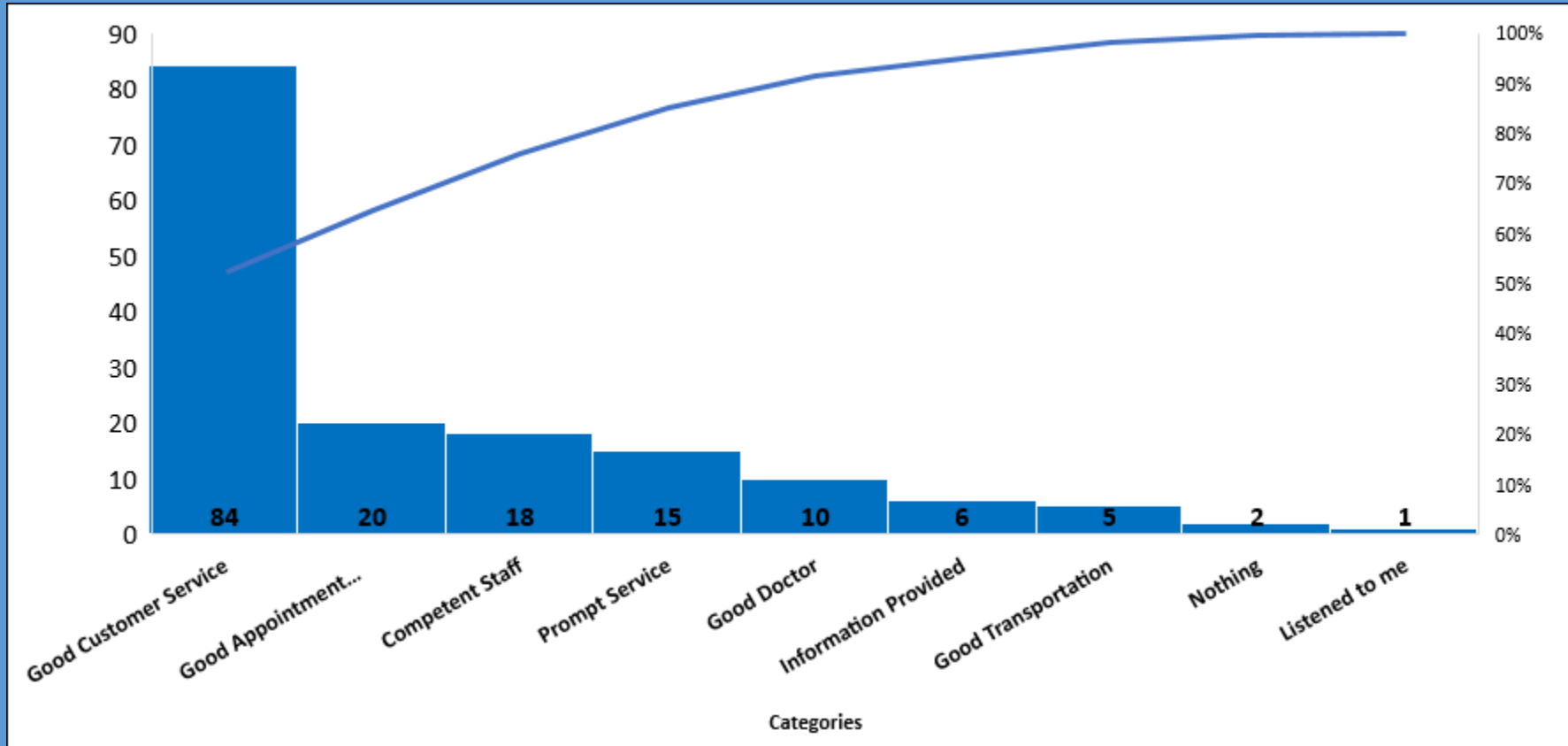
- Developed standard [questionnaire](#)
- implemented in September 2016.
- Initially implemented using ipads but later switched to paper based questionnaire as the response rate was very low with Ipads.
- Ongoing responses as well as annual survey conducted by external agency (Ninti One).
 - Received over 1100 responses across Congress town and remote clinics between September 2016 and September 2018.

Client
participation
and feedback

Overall satisfaction levels 2016-17 Survey

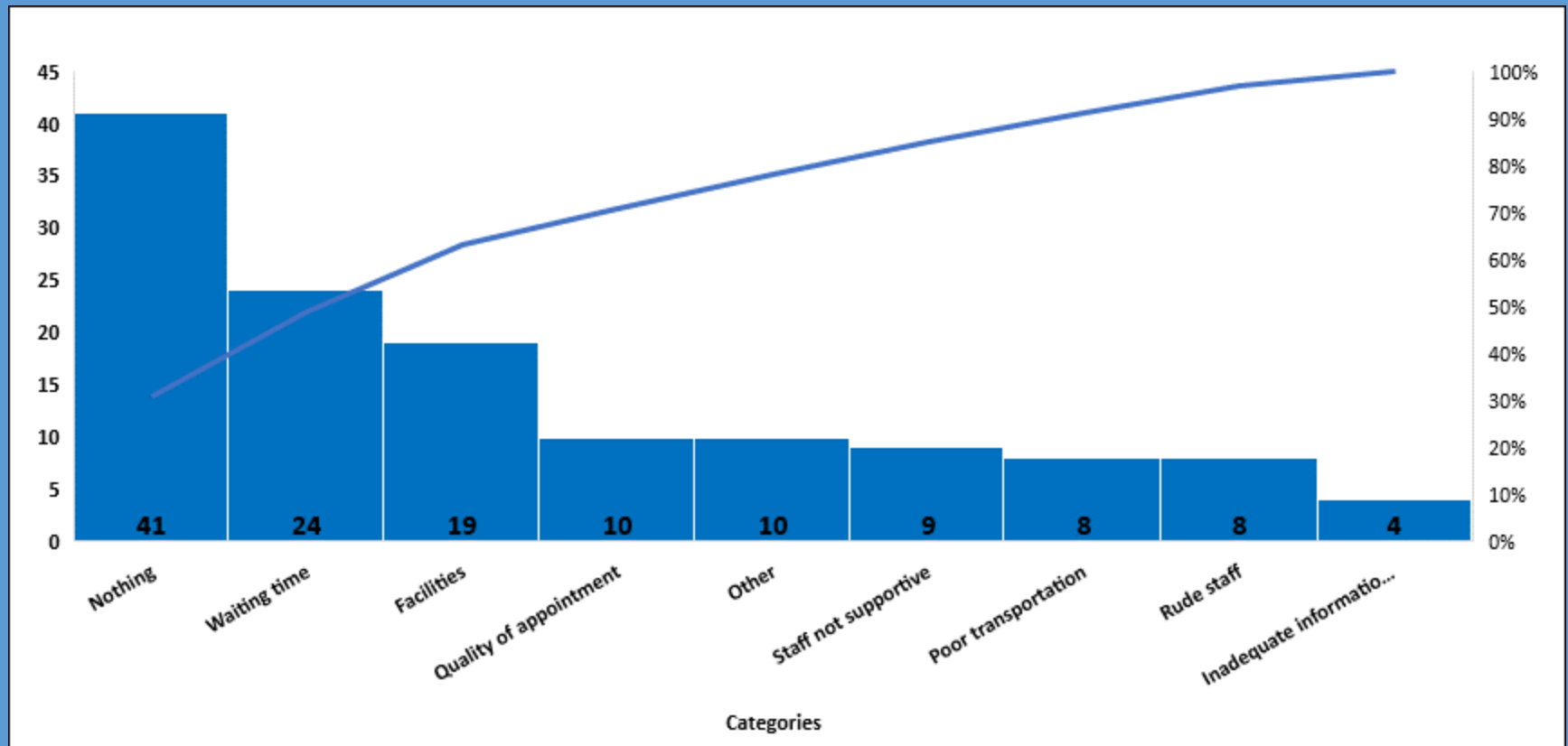


What did we do well?



Client
participation
and feedback

What we could do better next time?

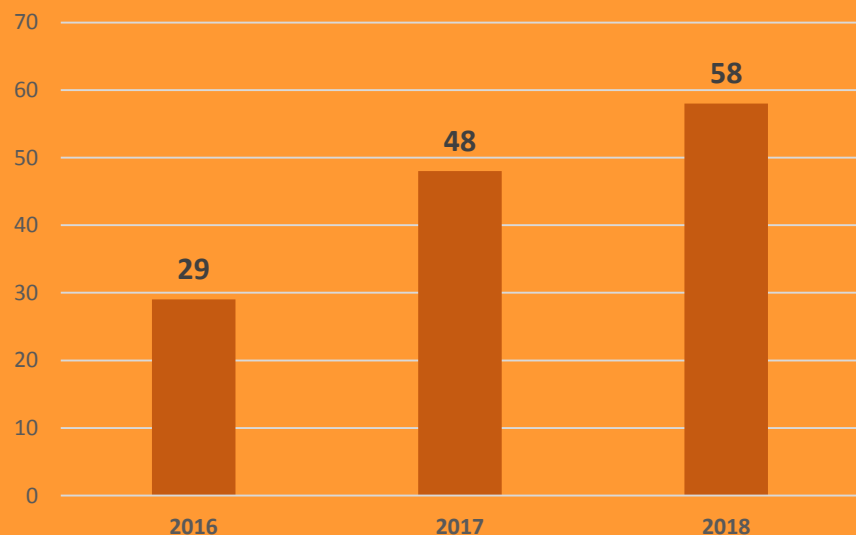


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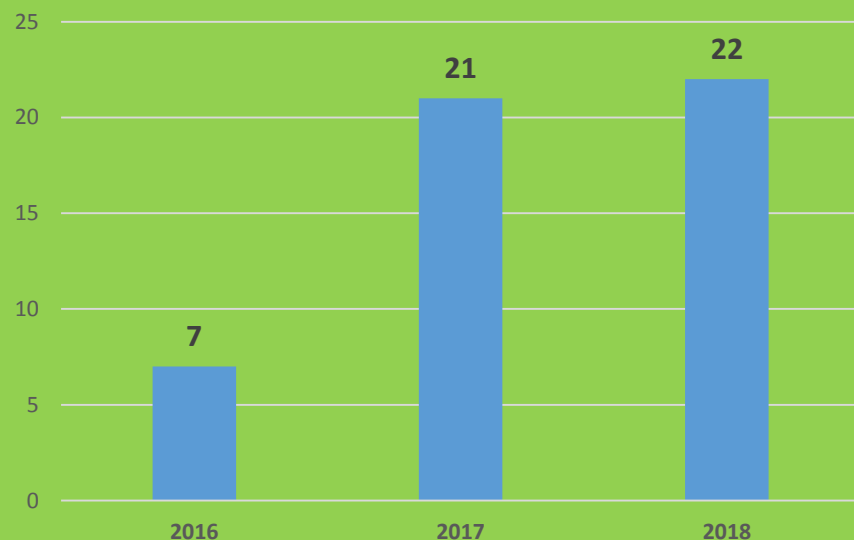
Feedback mechanisms through Riskman

- Complaints and compliments entered by the staff on behalf of the client or directly by clients through website.
- Received 135 Complaints and 50 compliments since late 2016.

Complaints received - 2016- 15th October 2018



Compliments received 2016- 15th October 2018



Clinical Audits

- Audit of focus areas identified by Board, Executive, incident reports, NTKPIs, nKPIs, other reports and internal performance reviews.
- Managed by the CQI Governance Committees.
- Based on Annual schedule.



Clinical Audit Examples

- Sexual Health Mandatory Reporting Audits
- Prescribing audit
- Documentation Compliance Audit
- Childhood Anaemia Audit
- Rheumatic Heart Disease Audit



Example audit- Prescription audit

- Purpose:

The objective of this review was to review medication prescription and dispensing process at Congress and ensure compliance with ISO 9001:2015 Standards and legislation.

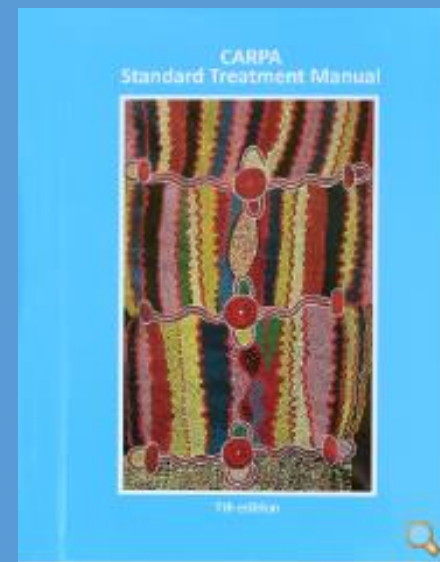
- Key findings:

- It was noted that hard copies in the pharmacy did not match with electronic prescription in 17% cases.
- 13% prescriptions are sent to the pharmacy without signatures.
- Date was missing in 3% prescriptions.
- Prescriber number and name was missing in 1.5% of the prescriptions audited.



Standards of care

- Policies, operational guidelines and procedures
- CARPA
- Accreditation & Certification
 - RACGP (AGPAL)
 - ISO
- Acts and statutory regulations



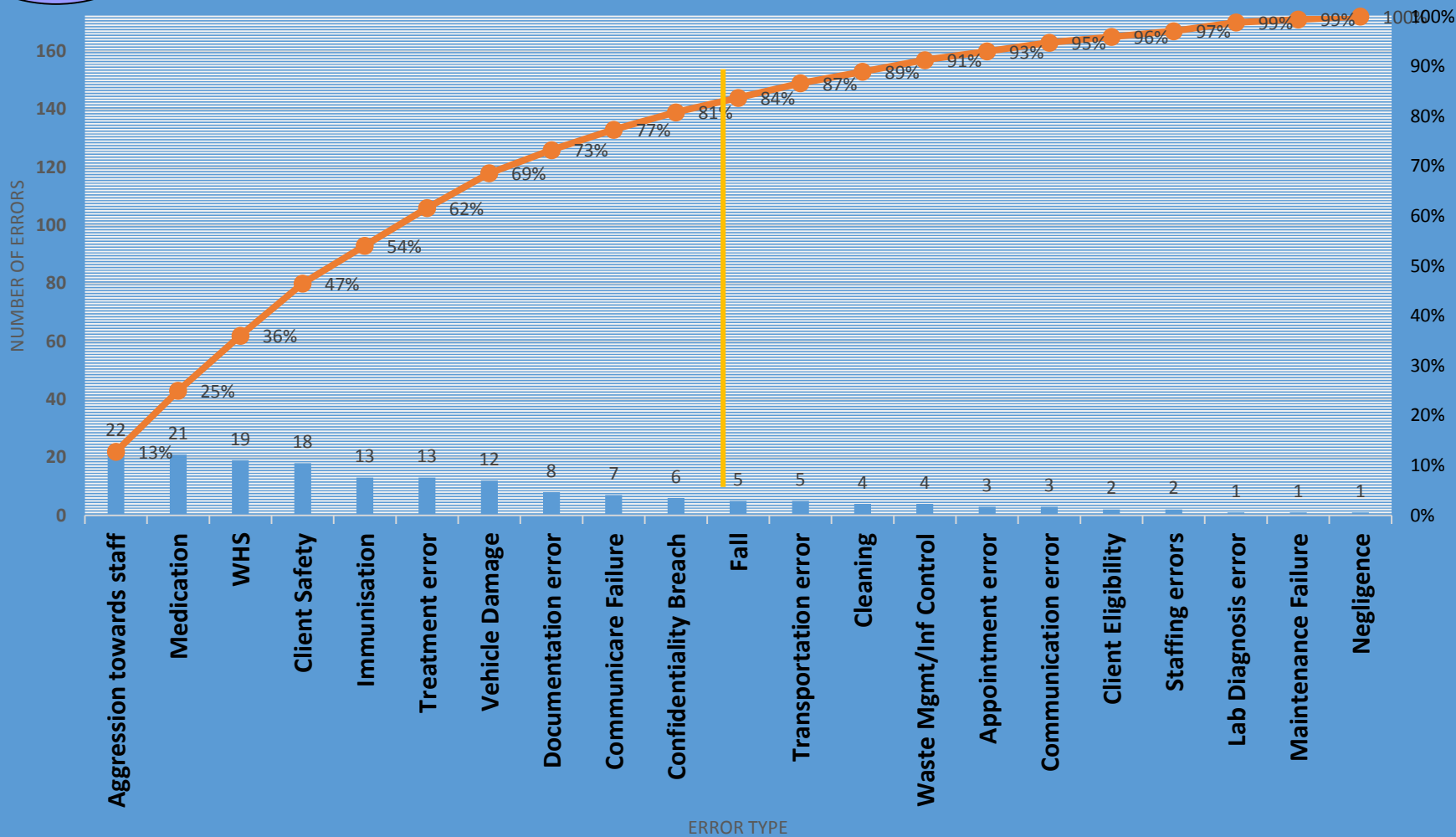
Clinical Risk Management

- Risk management framework
- Complaints, Incidents and suggestions
- Culture of open disclosure
- Adverse events/critical incidence recording and investigation
- Trend Analysis of key Incidents and complaints performed every year.
- Risk prevention strategies/processes/procedures



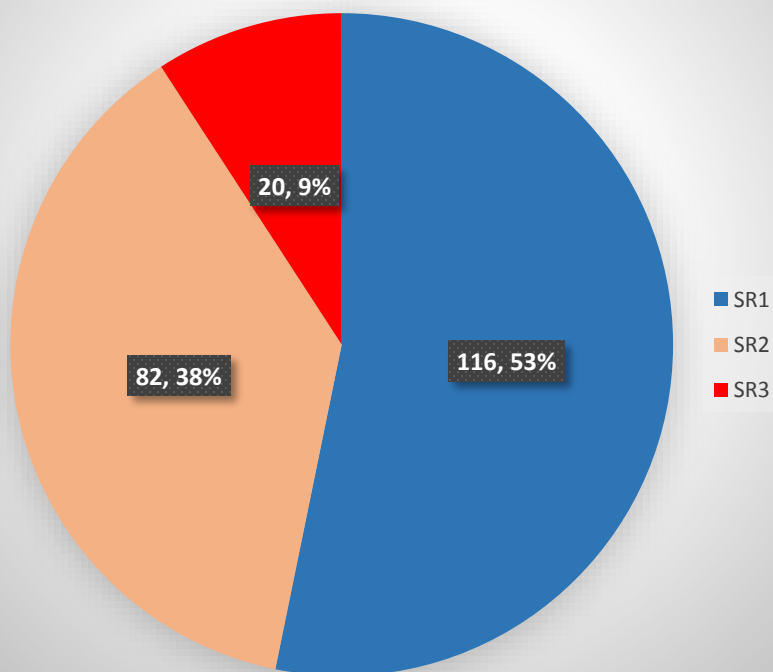
**Risk
Management**

Incidents by type of error: 1st July - 31st December 2017

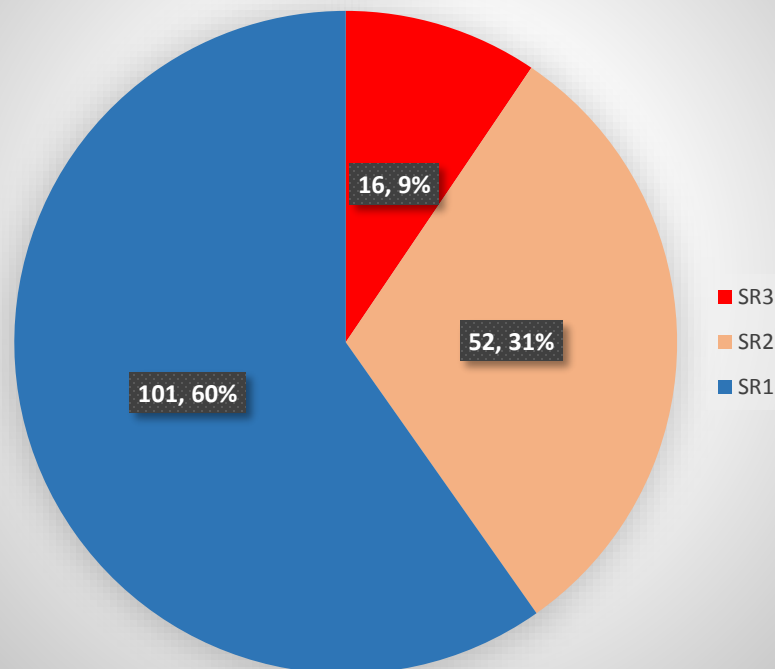


Reported incidents by Severity

**Clinical Incidents reported by Severity-
1 July - 31 December 2017**



**Incidents by Severity
1st January - 30th June 2018**



Program Evaluation

- Independent evaluations of programs and services is a key part of an overall CQI process
- Usually undertaken by research institutes including:
 - Evaluation of the Grog Mob Alcohol treatment program (Menzies)
 - Evaluation of the Safe and Sober Alcohol Treatment program (NDRI)
 - Evaluation of Preschool Readiness Program (Menzies)
 - Evaluation of the Targeted Family Support Service (CDU)
 - Evaluation of the Intensive Family Support Service (UniSA)
 - Evaluation of the Ingkintja male health service (PWC Indigenous Consulting)
 - Evaluation of the Australian Nurse Family Partnership Program (UniSA)

Example: ANFPP

Adjusted relative rate of annual days in OOHC

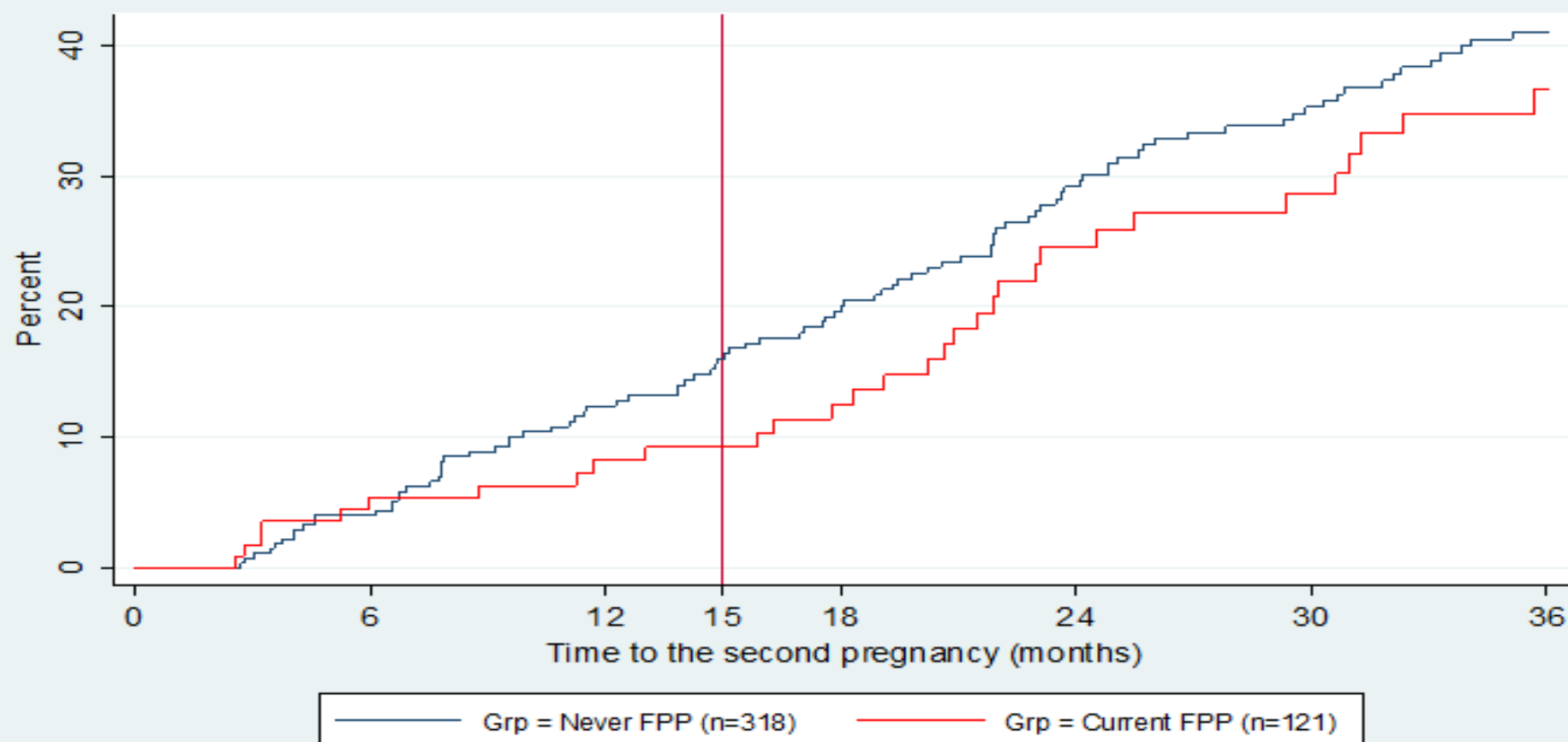
All children	
Control	1.00
FPP	0.35 (0.15-0.81)
Mother's age group*	
Age: ≤20	
Control	1.00
FPP	0.10 (0.02 - 0.48)
Age: 21-30	
Control	1.00
FPP	0.59 (0.02 - 20.42)
Age: 31+	
Control	1.00
FPP	0.02 (0.01 - 1.2)
Parity^	
First child	
Control	1.00
FPP	0.06 (0.01 - 0.27)
Second child	
Control	1.00
FPP	1.17 (0.02 - 67.36)
Third more child	
Control	1.00
FPP	0.37 (0.01 - 11.43)

*Adjusted for mother's pregnancy number, IRSAD quintile and rate of house moves.

^Adjusted for mother's age group, IRSAD quintile and rate of house moves.

Example: ANFPP

First time mothers (next pregnancy after 1st live birth)



Staff
credentials
&
Development

Staff credentials & development

Professional registered staff,
Current indemnity insurance,
Medicare Provider numbers.

Professional development,
Communicare training,
in-service training,
orientation and induction.

Training and Development Individual Agreements			
Count of Aboriginal / Non Aboriginal	Column Labels		
Row Labels	Aboriginal	Non-Aboriginal	Grand Total
Cadetship	2		2
Bachelor of Nursing	1		1
Bachelor of Social Science/Psychology	1		1
Study Agreement	36	21	57
Bachelor of Business	2		2
Bachelor of Health Science	1		1
Bachelor of Nursing	1		1
Bachelor of Social Work	2		2
Certificate I in Information, Digital Media and Technology	1		1
Certificate III Early Childhood & Education Care	2	3	5
Certificate III Education Support	1		1
Certificate IV Business Administration	1		1
Certificate IV Clinical Classification		1	1
Certificate IV Education Support	1		1
Certificate IV Family Research & Case Management	1		1
Certificate IV Health Administration	5	1	6
Certificate IV in Business Administration	1		1
Certificate IV in Risk Management Essentials		1	1
Certificate IV in Work Health & Safety		1	1
Certificate IV Training & assessment		1	1
CPA Australia		1	1
Diploma Alcohol and Other Drugs	3		3
Diploma Early Childhood Education & Care	3	4	7
Diploma in ATSI primary health care practice	4		4
Diploma Leadership and Management	3		3
Diploma Project Management	1		1
Graduate Certificate Child & Family Health	1		1
Graduate Certificate in Community and Primary Health Care		1	1
Graduate Certificate in Diabetes Education	1		1
Graduate Diploma of Data Science		1	1
Masters in Psychology		1	1
Masters in Public Health		1	1
Masters Narrative Therapy & Community Work		1	1
Masters of Law		1	1
Masters of Public Health & Tropical Medicine		1	1
Planning, Implementing and Evaluating Health Promotion Interventions		1	1
Statement of Attainment - High Performance in Leadership	1		1
Traineeship	4		4
Certificate III Early Childhood & Education Care	1		1
Certificate III in Dental Assisting	1		1
Certificate IV in ATSI primary health Care Practice	1		1
Certificate IV in Human Resources	1		1
Grand Total	42	21	63

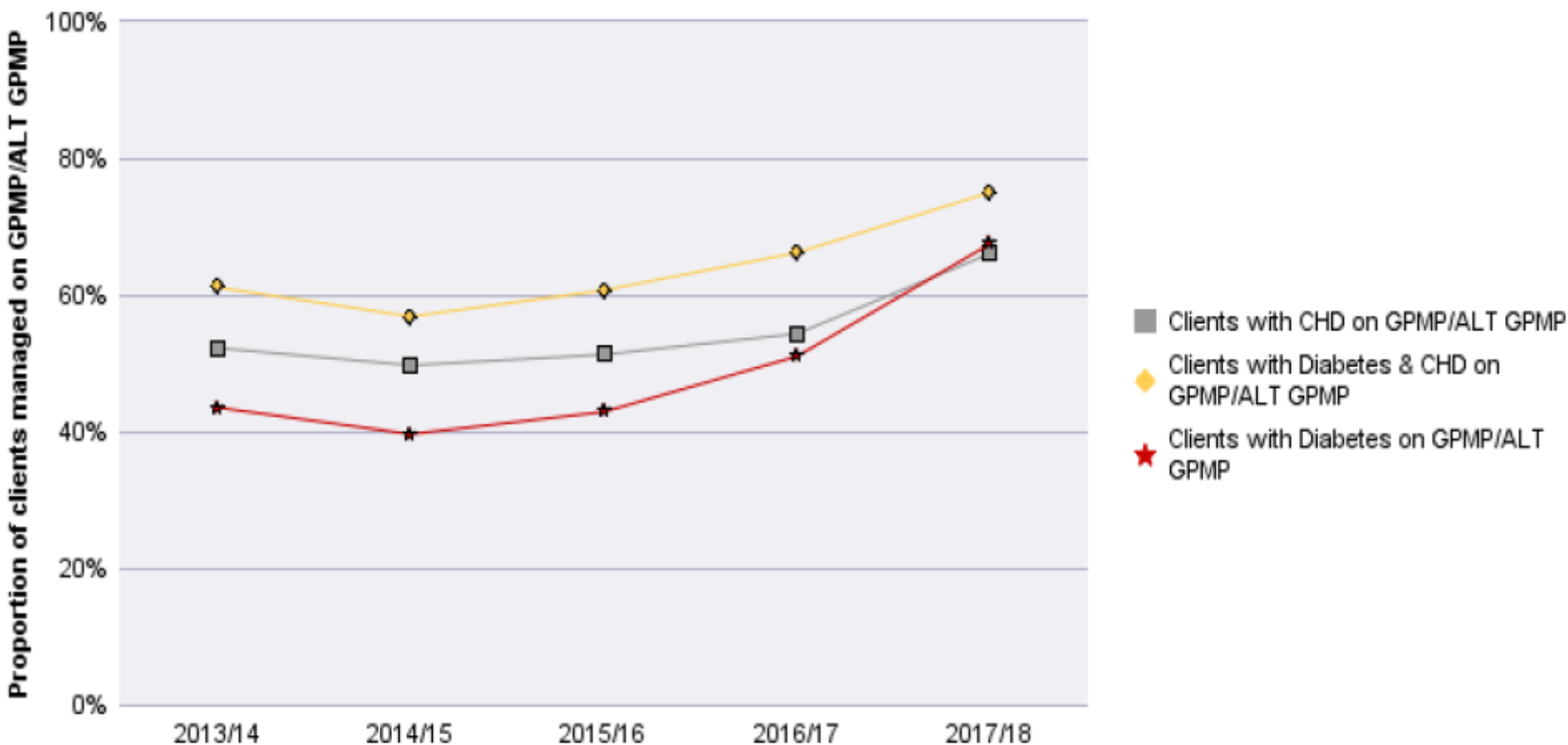
The new clinics model

- Continuity of Care by teams to a personally known population
- The right population staffing ratios
- Enough time to provide quality care
- Multidisciplinary care with clear role delineation
- Efficiency: the principle of subsidiarity
- Client feedback
- Maximise Medicare income to enable additional quality PHC services
- Performance measurement through more regular KPIs reporting



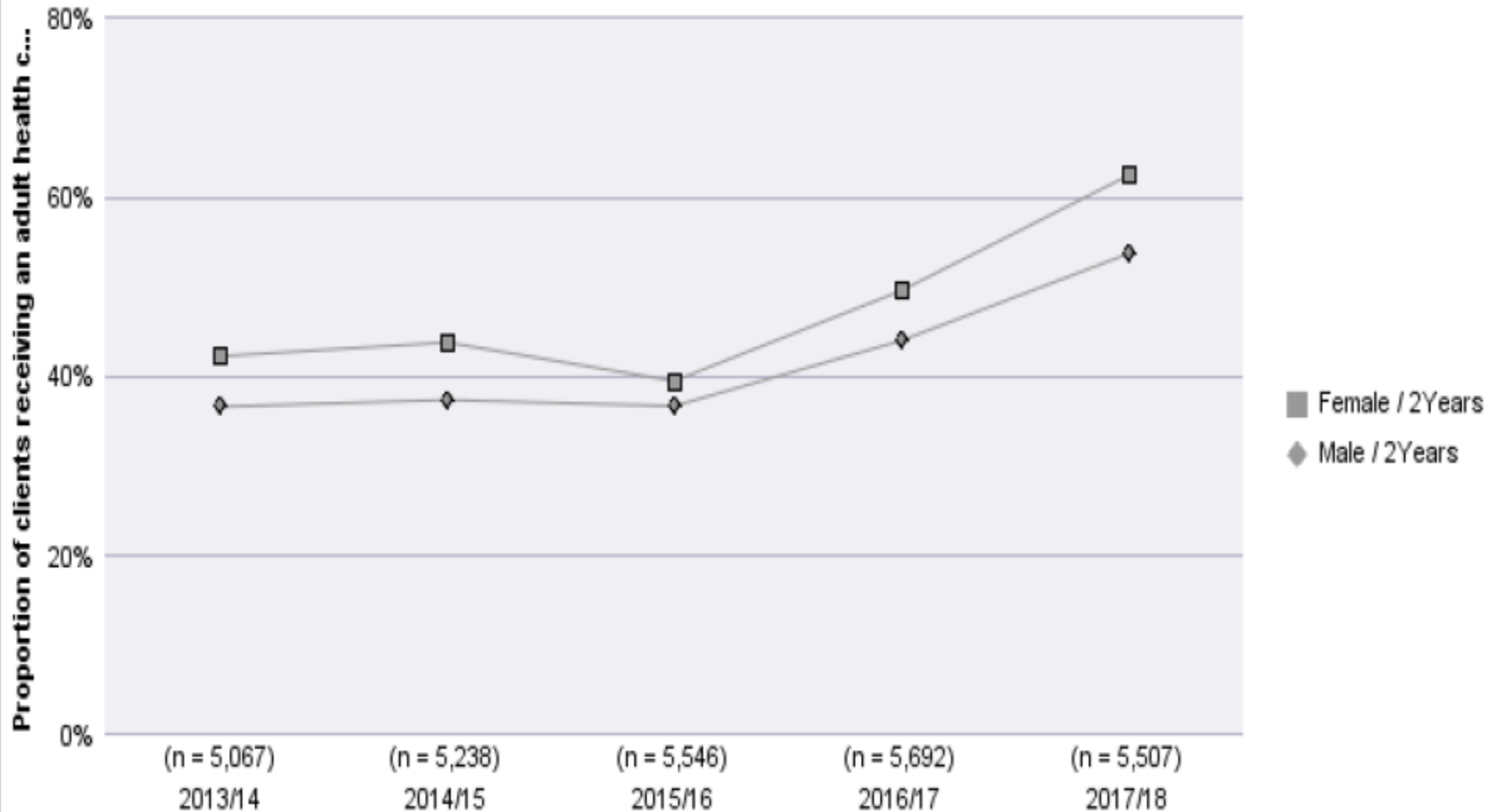
Get the system right and improvement follows

Figure 1.7b Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting year



Get the system right and improvement follows

Figure 1.10b Trend of resident Aboriginal clients 15 to 54 years who have a complete adult health check by sex and reporting period



Other systems for Quality

Communicare

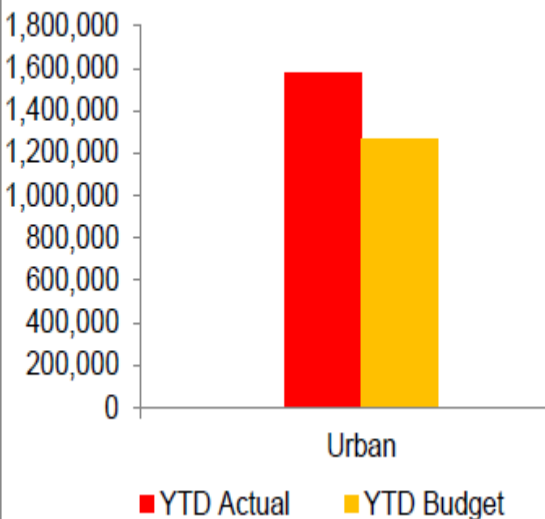
- Coding
- New clinical items and procedures
- Standardisation across all Congress databases.
- Training
- Helpdesk
- Policies and Procedures



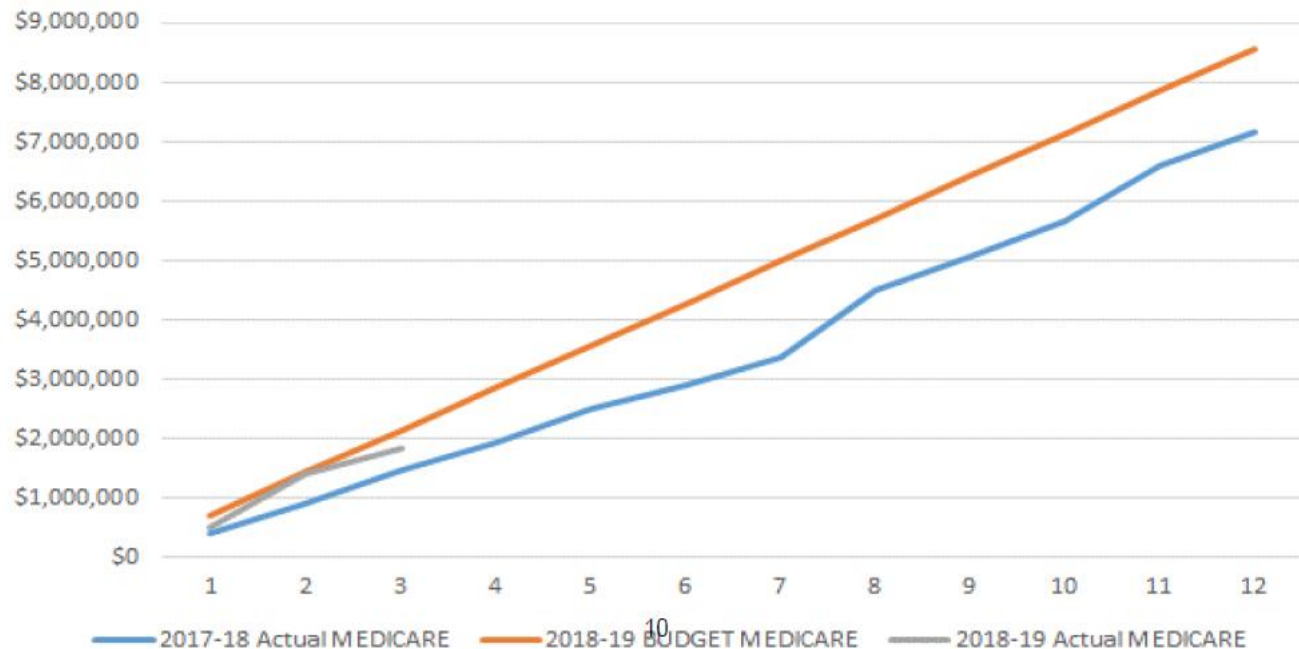
Funding is a key part of quality

- Core grant funding is vital
- Medicare Matters
- PBS through Section 100
- Special programs ANFPP, ECLC, TFSS, IFSS, sexual health, RTPTRTP and others

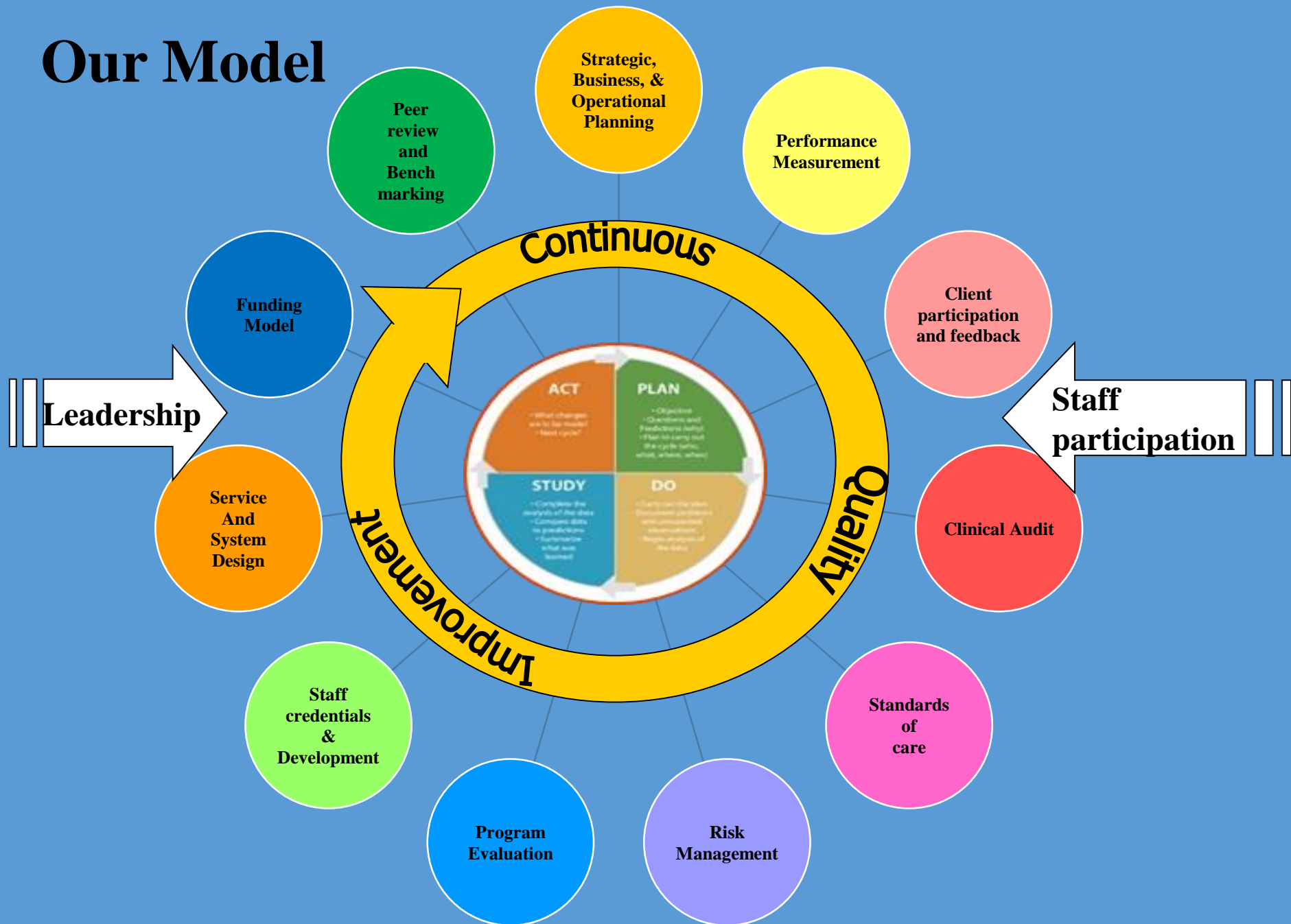
Medicare & PIP Income Breakdown Urban



MEDICARE & PIP INCOME



Our Model



Thank you.

www.caac.org.au



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