# Reflections of the NT CQI Strategy Over the Past 10 Years

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CQI Milestones

2019 10 years of the NT CQI Strateg...

2019 CQI Strategy —reviewed and updated

2019 Childhood Anaemia Collaborative commenced

2017 CQI Data Working Group establish...

2015 Regional CQI Collaborati...

...developed in response to
...d the NT CQI Approach was

2013 Allen & Clarke Evaluation of the NT CQ...

2010... ...rwin

2009...

...Approach

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2009 First CQI Workshop to develop NT CQI framework, prin-

2008/09 CQI funding allocated by NT AHF for the NT
CQI Strategy

2019 10 years of the NT CQI Strategy

2019 CQI Strategy —reviewed and updated

2019 Childhood Anaemia Collaborative commenced

2017 CQI Data Working Group established

2015 Regional CQI Collaboratives and AHP CQI

NT CQI Program Logic developed in response to the evaluation and the NT CQI Approach was updated.

2013 Allen & Clarke Evaluation of the NT CQI Strategy

2010—The first CQI Collaborative was held in Darwin

2009/10 CQI facilitators appointed and assigned across NT PHC

2009 Development of NT CQI Approach

2009 CQI Coordinators appointed in Top End and Central Australia. CQI Needs Analysis undertaken across all NT PHC services.

2009 First CQI Workshop to develop NT CQI framework, prin-

2008/09 CQI funding allocated by NT AHF for the NT CQI Strategy

# Needs Analysis Report

BACKGROUND

- In September 2009 the Continuous Quality Improvement (CQI) Planning Committee endorsed a CQI Needs Analysis (NA) questionnaire. The NA was conducted to assess the effectiveness and coverage of CQI across the NT[1], establish a baseline for evaluation, and to provide information about established CQI knowledge and processes to assist in the development of the CQI Framework and Approach. All Aboriginal Health Services (Aboriginal Community Controlled Health Services and NT Government Health Centres) were invited to participate.

# Needs Analysis Report

- Our aim was to:

- identify the CQI activities currently being undertaken,

- identify successful CQI activities/strategies for NT  health services,

- identify gaps in knowledge or CQI activity

- provide opportunity for services to consider how new or improved CQI initiatives might fit into existing services

- provide a baseline for evaluation of the program.

# NEEDS ANALYSIS

- 52 Responses
- 48% felt that CQI would lead to significant improvement in Aboriginal health outcomes, 44% moderate
- 42% -some CQI activities implemented, would like more information and support.
- 47% undertaking work to improve data quality
- 53% reviewing systems of care

# NEEDS ANALYSIS

- Over half of the services surveyed had done ABCD and wanted to continue.
- 50% had done/were doing Healthy for Life
- 37% had done/were doing the Collaborative Program - APCC
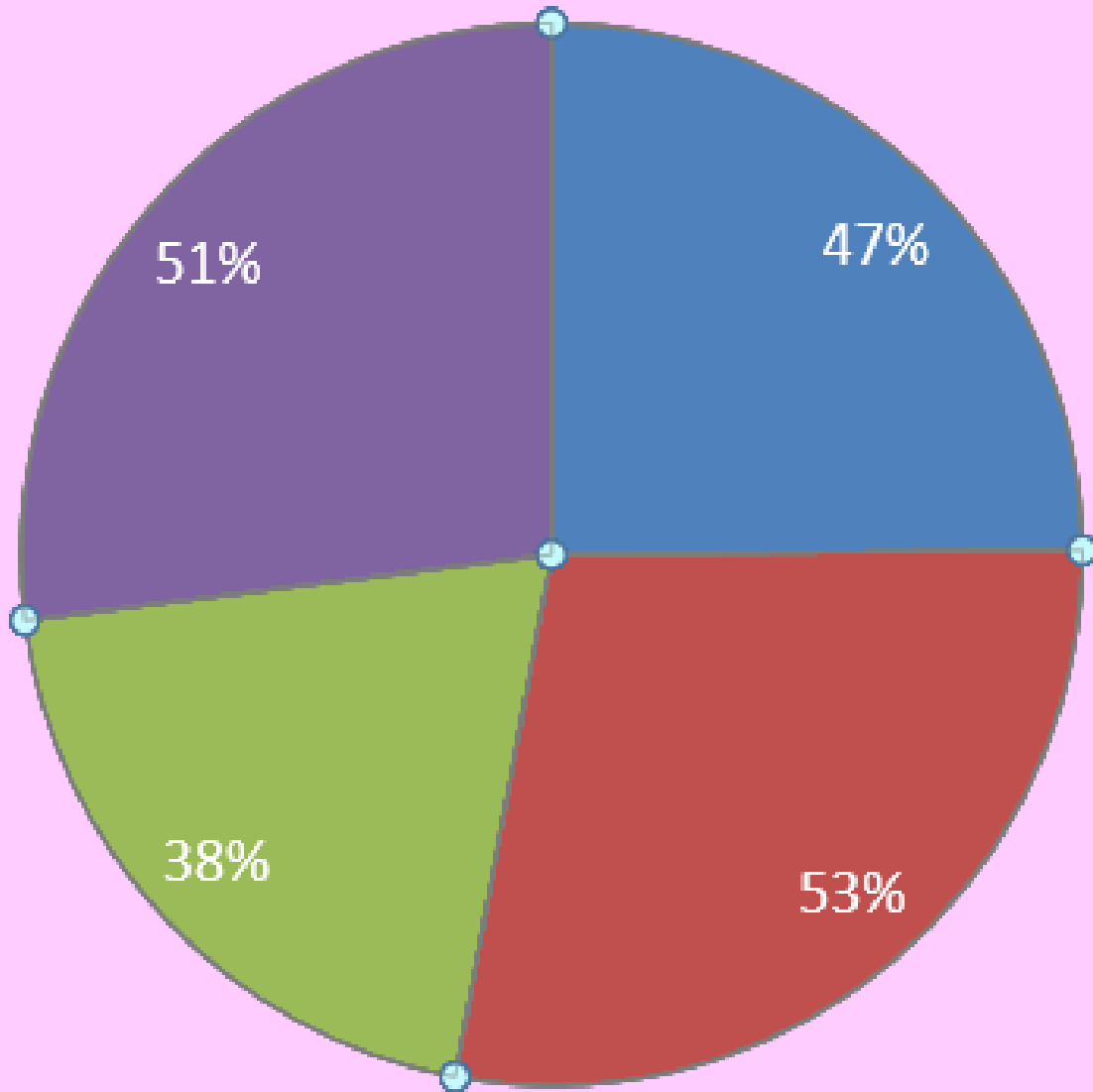
- **Improve Data Quality**
- **To Review Systems of Delivering Care**
- **To gather patient views on the health centre and/or involve community members in improving HC programs**
- **Other Actions to change systems or structures to improve quality of care**

## Needs Analysis - What services said would help them with CQI

- Management support

- On the ground support

- Long term approach

- Flexible model

- Learn from others

- More consistent approach

*"Give me enthusiastic people who are willing to look at ways to make things better, who are willing to acknowledge deficiencies and poor results and turn them around, who are willing and open to change, to even make small changes.*

*Small steps are big steps!"*

**Breakdown of Needs Analysis respondents by region and health sector**
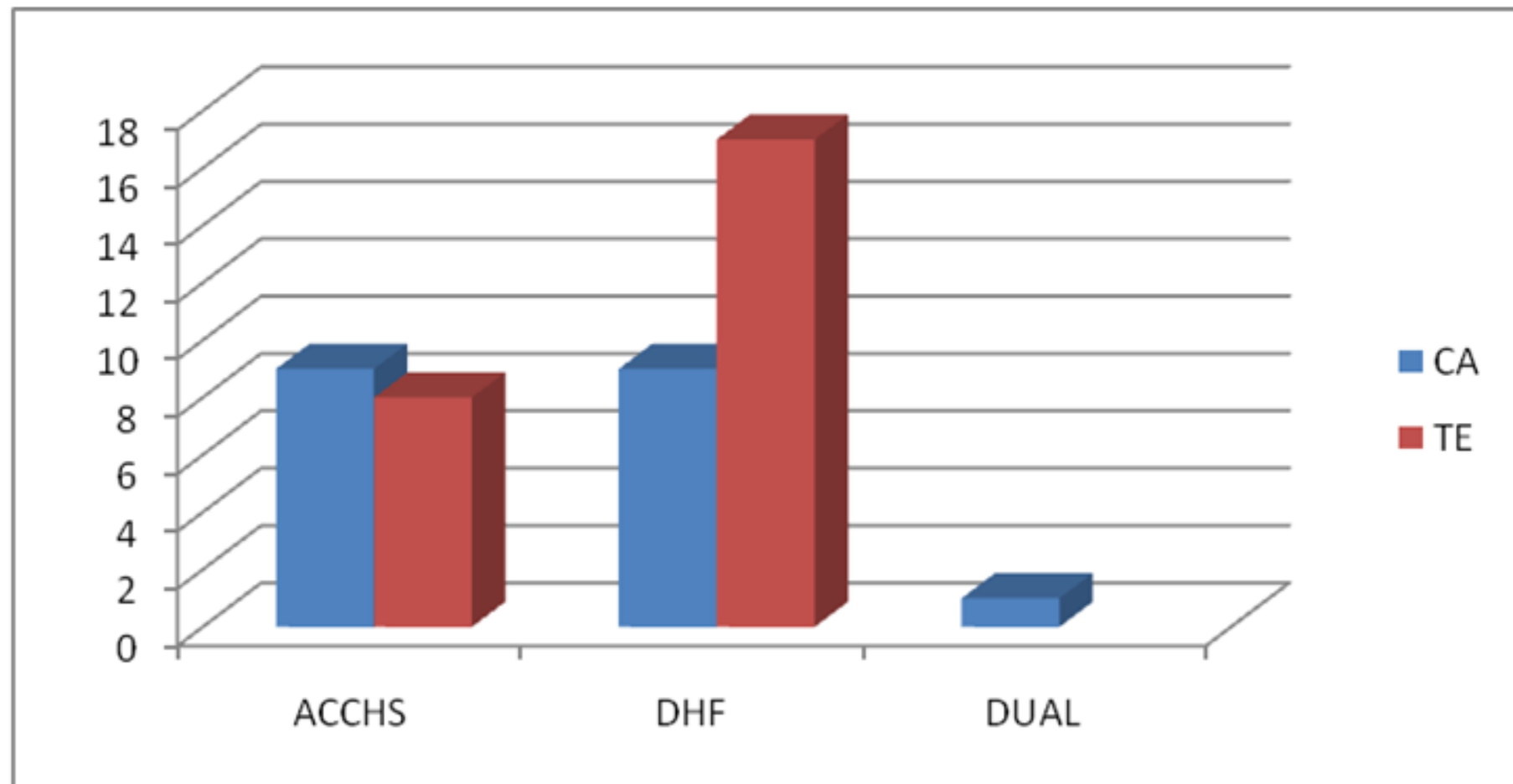
## What Health services say about CQI

5.      After most of the question there was opportunity for respondents to provide some qualitative comments.  The following is an example of some of the comments provided against questions 2.1 and 10.1.

- CQI is the tool for moving from a blame culture to a learning culture.
- CQI helps to identify problems and then trialing towards a solution.
- We think that it could lead to significant improvement but realize that it will depend on a lot of variables like staffing levels and  what is happening in the community
- We need CQI to back up our practice and to evaluate whether the way we have always done things is the best way to do them - to get the best results.
- We feel that CQI can improve feedback to staff on outcome data and processes and systems in the clinics which will support significant improvement.  The big question we want to be able to answer for our staff is "How do we know we are making a difference?"  We need to be able to measure and evaluate.
- CQI needs to be everyone's responsibility to really make a difference.
- Some CQI measures would make us more efficient, i.e. saving some time.  but as to whether health would improve remains to be seen
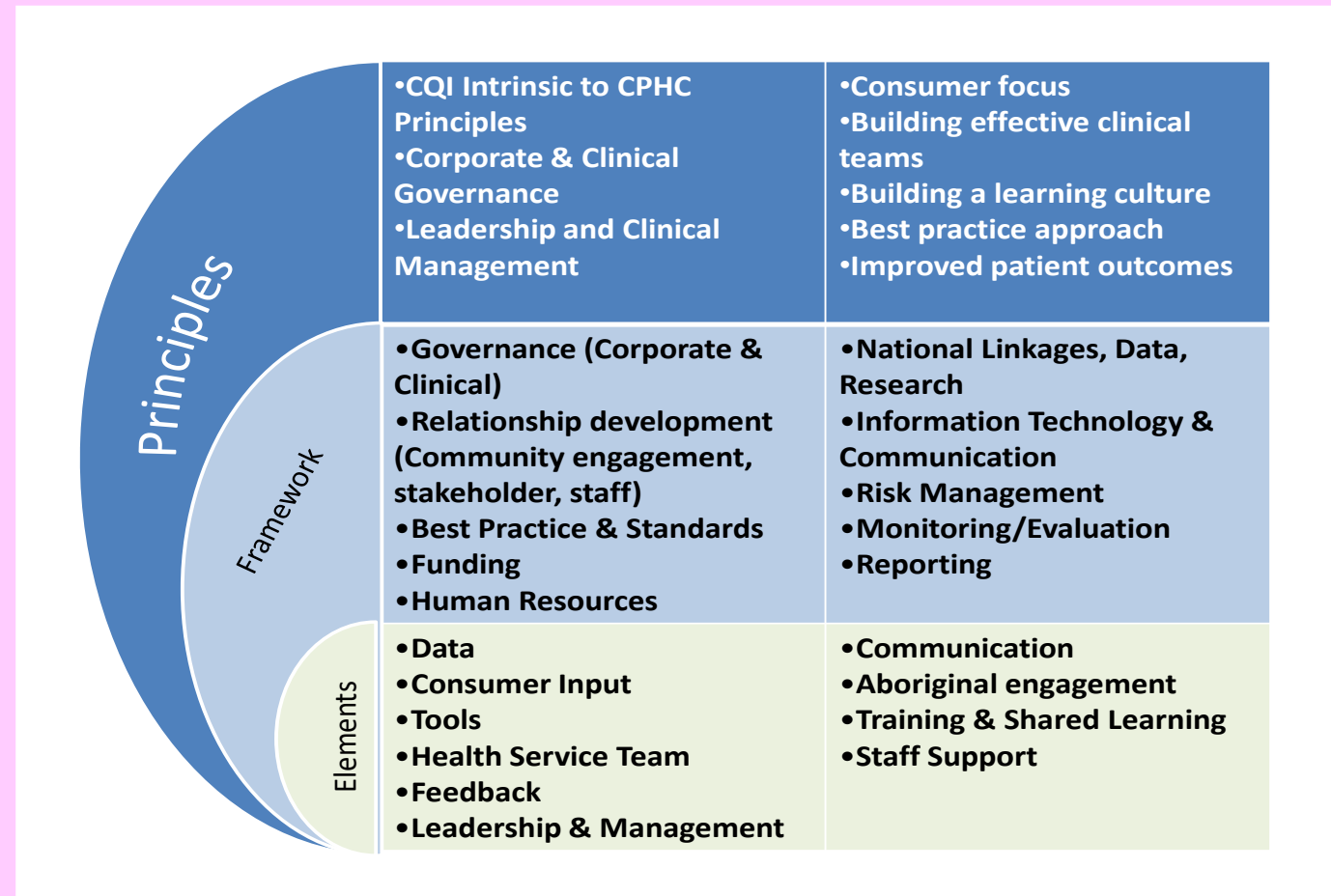
## Use of Health Centre Data

**11.**     This question (9.2) asked how health centres are using clinical data.  A series of statements were given to respond to.  Most responders had a good understanding of how they use data, and evaluating health service outcomes.
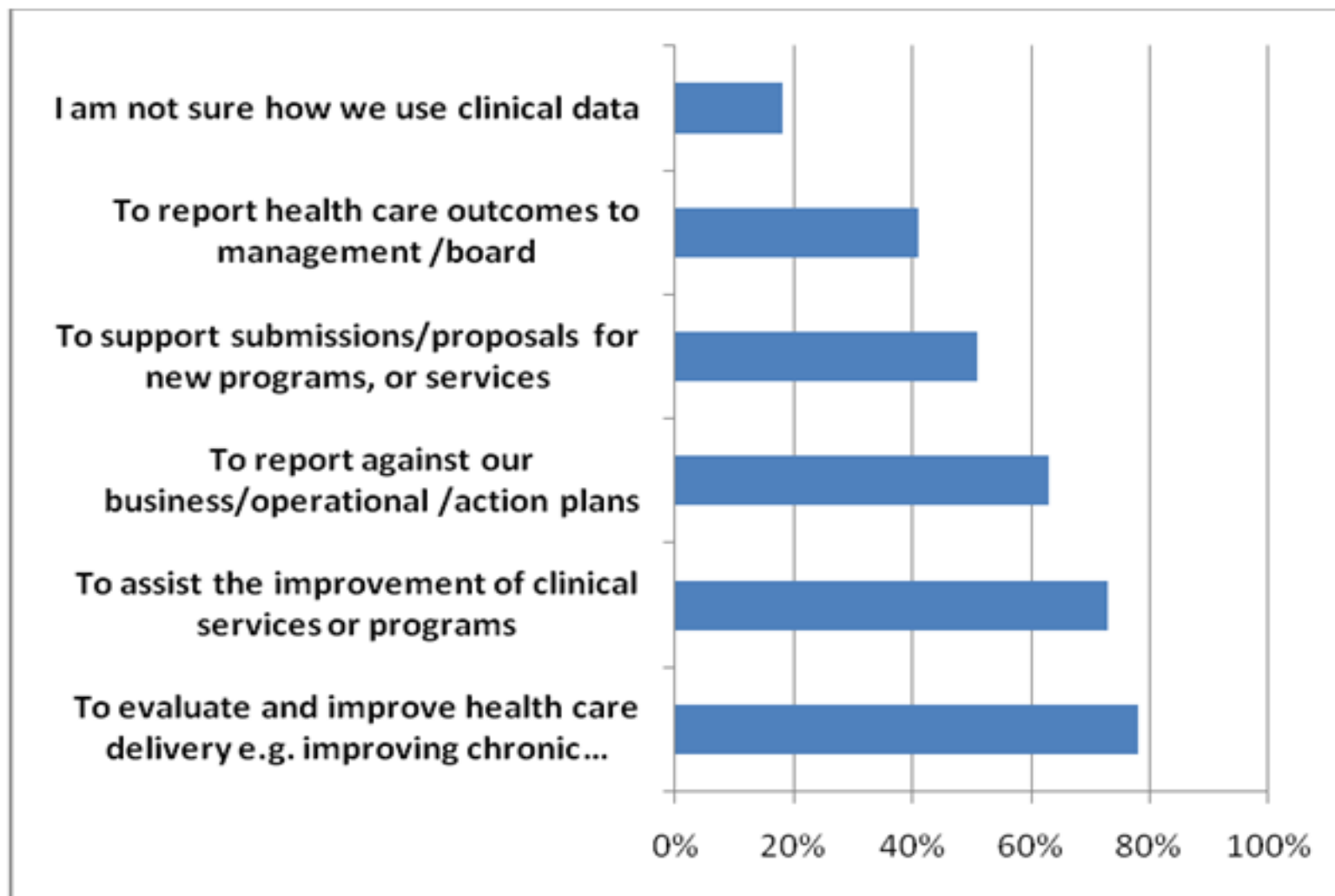
# The Evolution of the CQI Strategy

In 2009 a CQI Needs Analysis was undertaken across NT PHC services which informed the development of the first NT CQI Approach. The NT CQI Approach identified the principles, the framework and the elements required to implement a CQI model in PHC services.

| Principles | •CQI Intrinsic to CPHC Principles<br>•Corporate & Clinical Governance<br>•Leadership and Clinical Management | •Consumer focus<br>•Building effective clinical teams<br>•Building a learning culture<br>•Best practice approach<br>•Improved patient outcomes |
|---|---|---|
| Framework | •Governance (Corporate & Clinical)<br>•Relationship development (Community engagement, stakeholder, staff)<br>•Best Practice & Standards<br>•Funding<br>•Human Resources | •National Linkages, Data, Research<br>•Information Technology & Communication<br>•Risk Management<br>•Monitoring/Evaluation<br>•Reporting |
| Elements | •Data<br>•Consumer Input<br>•Tools<br>•Health Service Team<br>•Feedback<br>•Leadership & Management | •Communication<br>•Aboriginal engagement<br>•Training & Shared Learning<br>•Staff Support |

# The Evolution of the CQI Strategy

- On reflection of the findings and recommendations from the Allen & Clarke Evaluation of the NT CQI Strategy, the CQI Steering Committee met and updated the CQI Strategy Model to include new components under Governance – such as accreditation, risk management and safety and to ensure client focused care was central to the CQI Model.

# The Evolution of the CQI Strategy

- In 2019 The NT CQI model was redesigned to reflect the ongoing belief of the CQI Steering Committee that the client is at the centre of all care delivered, that all elements of the NT CQI Strategy must work with each other (the image of the cogs), that all that we do in NT PHC is culturally respectful, culturally appropriate and culturally safe, and finally, that the NT CQI Strategy is everybody's business.

*The Communities of the Northern Territory*

**Primary Health Centre Teams**
ACCHSs and NT Gov PHC Services

**CQI Coordinators and Facilitators**

**Boards, CEOs and Management**

**AMSANT**
**TEHS AND CAHS**

**CQI Steering Committee**
**NT AHKPI Governance structures**

**NT Aboriginal Forum**

# Training and Workshops



- 14 CQI NT Wide Collaboratives over the last 10 years. Attendance has grown from 70 in 2010 to 150 in 2019. Attended by PHC teams
- 8 Regional Collaboratives for clinicians
- 12 CQI Skills development workshops for Aboriginal staff

- 20 Face to Face Professional Development workshop for the CQI Facilitators based in services
- 6 Program Logic workshops for population health teams
- 20 Presentations at NT and National Conferences

# CQI COLLABORATIVE WORKSHOPS

- The CQI Collaboratives have developed from very basic CQI training to focusing on specific topics.

2016 CQI COLLABORATIVE
ALICE SPRINGS

# CQI COLLABORATIVE WORKSHOPS

- Taking a CQI approach to topics including:
- CH Anaemia
- Health Literacy
- Chronic Disease
- Care Coordination
- Trauma Informed Care
- Using Data to inform CQI
- Rheumatic Heart Disease

# CQI COLLABORATIVE WORKSHOPS – What the participants thought…….

*"It's the highlight of my year. You come and catch up with your mates, you get refreshed, you get a good feed and you are inspired to go back and keep going"*

NT GP

# CQI COLLABORATIVE WORKSHOPS- Feedback

*"Let's not be afraid to share our data, we have been doing it for years at the CQI Collaborative"*

ACCHS CEO

# CQI COLLABORATIVE WORKSHOPS

# CQI COLLABORATIVE WORKSHOPS- Feedback

*It was a well organised... relaxed...positive...and inviting workshop.*
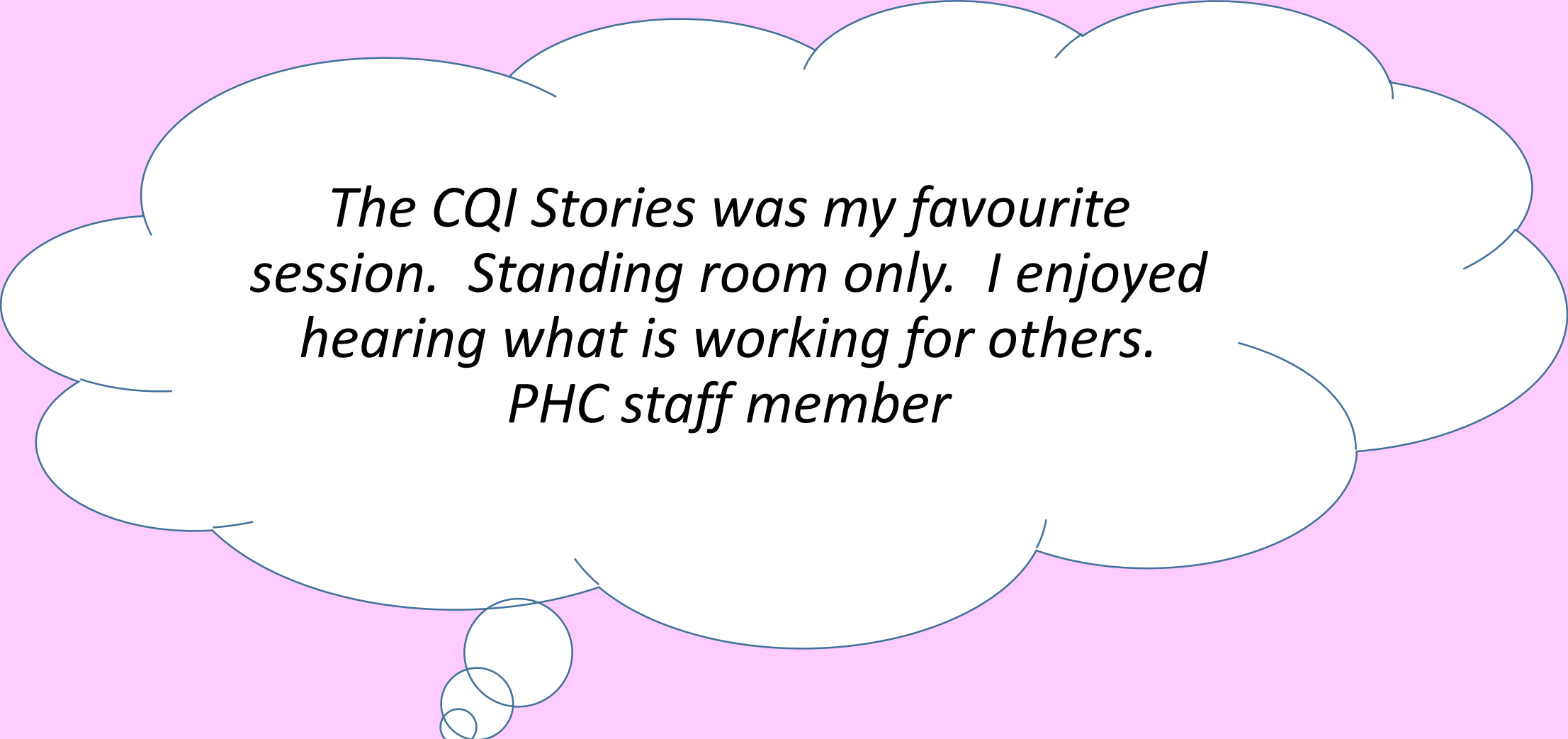
NT RN

# CQI COLLABORATIVE WORKSHOPS

# CQI COLLABORATIVE WORKSHOPS- Feedback

*The CQI Stories was my favourite session. Standing room only. I enjoyed hearing what is working for others.*
*PHC staff member*

# CQI COLLABORATIVE WORKSHOPS- Feedback

*"To you data is numbers…. To me it is all about my family"*

Aboriginal Researcher

# Presentation outline for CC

- Needs Analysis ? PPT otherwise from report    DONE
- The 3 iterations of the CQI Strategy- DONE
- Evaluation summary  - WILL SEND
- Influence of the NT CQI Strategy on the National framework and the NT AHKPIs on nKPIs – cc WILL DO THIS
- ABCD- CRE etc
- Summary of training and skills development across the sector – what , who where – DONE
- Culture change – CCC
- Development and evolution of the CQI Collab – numbers and topics
- How CQI is embedded throughout the system from the grass roots (local teams to the Forum)