



# CQI = EVERYBODY'S BUSINESS

## Aiming High Through CQI

## THE NORTHERN TERRITORY CONTINUOUS QUALITY IMPROVEMENT STRATEGY

The NT Continuous Quality Improvement (CQI) Strategy is part of a suite of primary health care (PHC) reforms implemented to improve the quality of health service delivery and health outcomes for Aboriginal and Torres Strait Islander people living in the NT.

The NT CQI Strategy has been funded by the Commonwealth Government since 2009 – initially under the Expanding Health Services Delivery Initiative and now by the National Aboriginal Community Controlled Health Organisation (NACCHO). Aboriginal community controlled and government managed health services participate in the Strategy, which is endorsed by the NT Aboriginal Health Forum. Governance is provided by the NT CQI Steering Committee.

### Aims

The NT CQI Strategy aims to support sustainable, long-term health service improvement by:

- embedding CQI across Aboriginal\* PHC in the Northern Territory
- ensuring CQI is core business for every PHC service
- ensuring CQI is everybody's business.

Embedding CQI requires an enabling organisational environment and a skilled workforce. To achieve the aims of the strategy, there has been sustained investment in building CQI knowledge and skills at local and strategic levels, and providing health services with a range of tools and strategies to enable them to actively engage in quality improvement.

\*In this document, the term 'Aboriginal' is used to refer to Aboriginal and Torres Strait Islander peoples and groups living in the Northern Territory.

### What is continuous quality improvement?

There are various definitions of CQI. A widely accepted definition of CQI is "... 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."<sup>1, p3</sup>

For the purposes of comprehensive PHC in the NT, we define CQI as ...

... an ongoing process of identifying strengths and gaps in health service systems and implementing and testing changes to increase safety and efficiency and improve client and staff satisfaction.

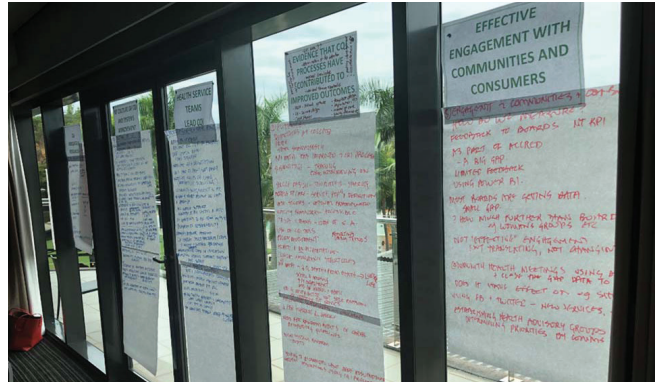
Or put simply ...

... best quality care delivered to EVERY person EVERY time<sup>2</sup>

CQI should be responsive to local needs and priorities. Clinical and non-clinical data are used to drive and inform change for improvement, and PHC teams are encouraged to use of a range of CQI tools and processes to achieve their quality improvement goals.











## Our principles and approach

The NT CQI Strategy prioritises the delivery of high-quality, culturally responsive and safe care that is designed to improve the health outcomes of Aboriginal and Torres Strait Islander people in the Northern Territory. Cultural safety, cultural respect and cultural appropriateness underpin every aspect.

The NT CQI Strategy aims to provide a consistent yet flexible framework to guide NT PHC services in identifying their own quality improvement priorities and implementing changes through ongoing improvement cycles.

The Strategy provides tools and support for PHC services to analyse data to evaluate their performance, identify the quality issues that need to be addressed through CQI and plan strategies to bring about improvement.

The data used may be quantitative (numerical), 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, such as the Systems Assessment Tool.

The NT CQI Strategy is based on principles of Aboriginal community control, whole of organisation commitment to CQI, and a team approach to the delivery of high-quality health care. It reinforces the concept of building a culture of learning within organisations and across the NT. This includes learning from mistakes – taking the shame and blame out of performance monitoring 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
- An approach based on evidence and best practice guidelines
- An adequate, skilled and supported workforce
- Relevant, accurate and timely data
- Access to knowledge, expertise, evidence, tools and resources to assist services to identify improvement needs and address them in the local context
- Support for CQI at all levels of the system.

## CQI SUPPORT FOR HEALTH SERVICES

Two CQI Coordinators are based at the Aboriginal Medical Services Alliance Northern Territory (AMSANT), the peak body supporting Aboriginal community controlled health services in the Northern Territory. The CQI Coordinators provide program management and leadership, expertise and support to a team of CQI Facilitators employed by local Aboriginal community controlled health services and the NT Department of Health. The CQI Facilitators provide practical support to health services in the planning and implementation of strategies to address local CQI priorities.

*A 'National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018–2023'* provides guidance for health care providers and policy makers to embed CQI into PHC and is consistent with the NT CQI Strategy.

## Components of the NT CQI Strategy

Figure 1 shows the components of the NT CQI Strategy, with our guiding principles of cultural safety, cultural respect and culturally appropriate care encircling them. At the centre is the client, reflecting the central importance of the client, their family and community in PHC and CQI. The surrounding 'cogs' are the components that work together to improve systems and quality of care. These nine components were collaboratively developed by health service teams, CQI staff and the NT CQI Steering Committee. The outer circle reinforces our commitment to make CQI 'everybody's business'.

The nine components work together to achieve the aims of the NT CQI Strategy, as follows:

### LEADERSHIP & ACCOUNTABILITY

Leadership and support from management are essential for effective CQI, and CQI activities need to be aligned with organisational goals and strategic plans. Managers incorporate CQI into strategic and operational plans and are encouraged to quarantine management and staff time for CQI activities. Leadership for CQI may be shared and there needs to be effective communication about CQI between all members of the PHC team.

### TEAM APPROACH

CQI works best when the PHC team is cohesive and has a shared purpose. Our CQI approach involves the whole PHC team – managers, clinicians, and support staff such as receptionists and drivers. All team members should have access to CQI training and opportunities to participate in CQI processes. There is clear evidence 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 and support each other's roles in providing care
- Work more effectively as a team.

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

### ABORIGINAL ENGAGEMENT

The Strategy is underpinned by the 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 PHC 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 and community focused.

CQI Coordinators and Facilitators actively seek the involvement of Aboriginal staff and communities in CQI. Culturally respectful strategies are used to engage Aboriginal staff in quality improvement initiatives and to build competence in CQI. CQI staff work with managers, where appropriate, to provide information and support to boards of Aboriginal community-controlled health services and regional committees on CQI issues.

There is Aboriginal input into the CQI Steering Committee and CQI policies and strategies at NT, regional and service levels. Strategies for providing feedback to clients and communities are developed with strong Aboriginal input, so that they are culturally appropriate and relevant to needs. Services continually work on improving the way they seek input from their clients and communities about their experiences of health care, and their priorities and suggestions for improvement. The CQI Strategy supports a two-way understanding of health, acknowledging that Aboriginal beliefs about health and wellbeing are as important as western models of health care.

### CONSISTENT APPROACH

A consistent approach to CQI is important for achieving and sustaining improvement. CQI activities support adherence to clinical and best practice guidelines through the use of reliable, up-to-date data about service delivery and outcomes, and the completion of improvement cycles. While a range of CQI tools and processes are used, improvement interventions are generally based on the use of Plan-Do-Study-Act (PDSA) cycles. PDSA cycles provide a framework for health services to develop and test change strategies to achieve their improvement goals. They are part of a systematic approach to identifying improvement priorities, setting goals, clarifying how change will be measured, planning, and implementing improvement.

### SUPPORT

Staff support for CQI is crucial at all levels, including management. The NT CQI support team includes skilled CQI Coordinators at the NT/regional level and dedicated CQI Facilitator roles within health services. These CQI staff provide:

- Orientation and ongoing training in the principles of CQI and use of CQI tools and techniques
- Tailored training and support based on services' needs, priorities and CQI capability
- Hands-on technical support (e.g. for data cleansing and analysis)
- Flexible on-site support suited to local implementation of the NT CQI Strategy
- Opportunities for PHC staff across the NT to come together to share learning and celebrate CQI successes.

Support for CQI helps to build a learning culture within organisations and across the Territory's PHC services.



**Figure 1:** Components of the NT CQI Strategy





## STRUCTURED INFORMATION SHARING

Structured information sharing is essential for sustaining health service engagement in CQI and maintaining the momentum of CQI cycles. It occurs through the feedback of data and other information for CQI purposes, CQI training and support, Collaboratives and planned communication strategies.

Feedback occurs at all levels – boards, PHC staff, clients and communities – and is tailored to identified needs. Feedback of data to PHC teams is constructive, with the proviso that action is taken if unsafe practice is identified. Where possible, health service data are benchmarked with data from similar services or community contexts to enable well informed interpretation.

Opportunities for shared learning encourage information sharing for improvement. They occur through onsite training in PHC services/communities, regional training workshops and CQI Collaboratives. CQI champions/innovators are supported by CQI Coordinators and Facilitators to mentor other staff in implementing CQI.

Innovations and CQI success stories are shared through the Communique in Quality-CQI Newsletter, AMSANT's CQI webpage, regular CQI teleconferences for PHC staff and CQI Facilitators, regional and professional meetings and emails.



## SYSTEMATIC USE OF DATA

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

PHC services use data from clinical information systems, NT Aboriginal Health Key Performance Indicators (NT AHKPIs), national KPIs, client and community feedback and other sources to inform their CQI planning and improvement activities.

Tools such as Power BI, dashboards within Communicare, and the NT Government's Chronic Disease and Child Health Traffic Light Reports ensure clinical data are accessible to teams. The CQI Facilitators work with health services on collecting, analysing and evaluating clinical health data and on ensuring data is reliable and timely.

Processes to support the use of data for CQI have been established through the NT CQI Data Working Group and CQI Collaboratives, including short-term Collaboratives set up to work on specific issues.

### Example: The Childhood Anaemia Collaborative (May 2019–July 2021)

The Childhood Anaemia Collaborative brought interested Aboriginal community controlled health services together to focus on improving the prevention and rates of testing and treatment of anaemia in Aboriginal children. Services who participated shared their data for anaemia care and met online once a month. Dashboards were used to display monthly data and trends over time, enabling teams to benchmark data, track progress and identify areas for improvement.

Participating services exchanged improvement ideas, strategies and resources, and all undertook monthly Plan-Do-Study-Act cycles to improve the quality of anaemia care.



## RESOURCES

Human resources, funding support, protected time for CQI activities (e.g. data analysis and interpretation, systems assessments, planning, PDSAs), access to CQI tools and training are important for sustaining CQI.

The NT CQI team train and support staff to identify the most appropriate tools for their CQI needs and use them effectively. Tools include clinical auditing, system assessment, team functioning, goal setting, program logic, flow charts and other tools. Effective dissemination and sharing of resources occur within services and NT wide through the CQI Collaboratives, regional training, other workshops and the communication strategies listed above (e.g. website, newsletters, video conferences and email).

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



## GOVERNANCE

CQI supports services in their clinical governance processes by enabling the effective use of data for the monitoring and evaluation of service performance. It enables the use of risk management systems, such as RiskMan, to support clinical governance processes. Health service accreditation is also supported through the NT CQI strategy.

CQI principles can be applied to corporate governance frameworks and the NT CQI Strategy (Figure 1) can be applied across all PHC services.



## Impact of the NT CQI strategy

Over more than a decade of implementation, the NT CQI Strategy has successfully built the capacity of Aboriginal PHC services to plan and implement quality improvement activities. PHC services now have well developed systems to extract good quality, meaningful data from their clinical information systems. Clinicians and other health service staff are skilled and confident to analyse and interpret the data to identify areas of strength, weaknesses and gaps in care, and to identify priorities for improvement. Health services have received training and support to plan and implement changes to improve their systems of care delivery. There have been many improvements in systems of care.

The NT has a set of Key Performance Indicators (NT AHKPIs) that every PHC service reports on twice a year and communities are more actively driving improvement. The NT CQI experience has helped to inform the *'National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023'*.

## An Evaluation of the NT CQI Strategy was undertaken in 2013 by Allen+Clarke consultants

The evaluation found that the NT CQI Strategy had increased overall CQI capability and capacity within the NT Aboriginal health sector, with some health services demonstrating very advanced levels of CQI processes. The NT CQI Strategy had also helped to create a degree of enthusiasm and fervour among health workers for quality improvement. These were considered very significant achievements by the evaluators, who recommended that the investment in the CQI Strategy should be continued.<sup>3</sup>

Continued investment in the NT CQI Strategy since the evaluation, and the motivation and commitment of the many people involved in Aboriginal and Torres Strait Islander health, have ensured ongoing active engagement in CQI by the PHC sector in the NT. CQI is considered core business by most, if not all, NT PHC Services.



**“CQI is everybody’s business”**





## References

- 1 Sollecito W and Johnson J 2020, McLaughlin and Kaluznys Continuous Quality Improvement in Health Care, Burlington, MA, Jones & Bartlett Learning.
- 2 Balding C 2011, The Strategic Quality Manager: A Handbook for Navigating Quality Management Roles in Health and Aged Care, Melbourne, Arcade Custom.
- 3 Allen and Clarke 2013, Evaluation of the Northern Territory Continuous Quality Improvement Investment Strategy: Final Report, Canberra, Department of Health.

### FOR MORE INFORMATION

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Thank you to participants at NT CQI Collaboratives, who gave consent to use their photos.  
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