NT CQI Strategy - Program Logic– The 2nd Decade

Inputs	Outputs	Who is involved?	Outcomes - Short Term: 1-3 Years	Outcomes - Medium Term: 4-6 Years	Outcomes - Long Term: 7-10 Years
	What we do?	***Who will we work with?***	***What changes do we expect to occur within the short-term?***	***What changes do we want to see over more time?***	***What changes do we hope to see over time?***
CQI CULTURE	Work with & support PHC services to embed CQI across all aspects of their organisation.	ACCHS Boards CEOs, Senior Managers and teams working in health system Aboriginal PHC workforce Community members and consumers CQI Steering Committee, CQI Coordinators CQI Facilitators NT AHKP Governance Groups and Data Warehouse Clinical leads and PHC staff Training institutions	CQI methodology & processes used across all aspects of organisations	Whole of organisation approach to CQI is supported by clinical, corporate and qualitative KPIs.	PHC service delivering quality care to clients and communities.
			Feedback processes developed and used within organisations to enhance systems of care.	Feedback processes established and used within organisations to enhance systems of care.	Transparent, learning culture established that responds to feedback proactively.
	Provide opportunity for shared learning through CQI Collaboratives & workshops		Annual NT Wide CQI Collaborative held with priority focus areas.	Stronger partnerships and sharing of knowledge and tools among NT PHC services.	Strong culture of sharing knowledge & tools that leads to stronger PHC systems.
			Regional CQI Collaboratives and workshops held on request to support local CQI priorities.	Local priorities identified and local solutions being implemented.	Improved health outcomes
CLIENT AND COMMUNITY	Community engagement strategies implemented across PHC services & regions.		Systems developed to support two way communication between community and health services.	Systems are used to support clients as partners in healthcare planning, design, measurement and evaluation. NSQ St 2	Strong Aboriginal input into local and NT Wide CQI priorities
	Engage Boards and community members in identifying CQI priorities		Community identified KPIs to measure local priorities developed.	KPIs in place that are important and useful to clients, boards, health service leads and health professionals	Clinical, non-clinical and community driven KPIs are being reviewed on a regular basis by providers and consumers of health services.
					Improved consumer & provider satisfaction
WORKFORCE STRONG IN CQI	Mentor CQI Facilitators, champions and PHC managers in CQI methodology		PHC workforce confident and skilled in CQI processes	Staff across all levels and positions in organisations involved in CQI processes	Completely embedded CQI

	Provide training and support around data analysis for PHC teams		Develop leadership round CQI across all levels of the PHC system.	Training sessions for PHC Managers are offered periodically.	PHC Managers lead their teams to use CQI data to address care variation across PHC services towards service improvement.
	Ongoing training and workforce support in CQI methodology, processes and tools.		All primary health care services have identified CQI positions	Training offered periodically to clinical staff	All clinical staff and Managers use CQI to plan and review care.
	Embed CQI in orientation for all PHC staff		CQI embedded in orientation for all HS staff	CQI embedded in orientation for all HS staff	All PHC staff have an understanding of CQI
	Build CQI confidence and capacity of Aboriginal staff		Increase in the number of Aboriginal staff employed in CQI positions	Increase in the number of Aboriginal CQI Facilitators and CQI SC Members	Evidence of strong Aboriginal leadership in CQI across the NT
DATA	Strengthen the quality, use and relevance of data by developing KPIs that are meaningful to providers and communities.		Relevant & reliable KPIs developed that matter to clients and providers.	Data being used regularly to inform and drive CQI priorities for providers, boards and communities.	Leads to improved health outcomes - see above.
PARTNERSHIPS	Establish new and nurture current partnerships across whole of health sector.	Hospital management and staff	Strengthened communication, collaboration and partnership across and within whole of health sector	Improved collaboration between primary health care services and hospital	Client pathways that are coordinated and integrated across the health sector
				Improved pathways between primary health care services and hospitals & specialists for consumers	
RESOURCES	Ensure continuation of CQI funding	CQI SC, NT AHF, NACCO, Commonwealth	Ongoing resourcing for CQI positions and functions	CQI positions and functions are resourced and prioritised.	CQI roles embedded in health system
	Develop eLearning modules to increase CQI understanding	RAHC, experts in digital and IT tools	CQI eLearning module is developed and accessible to all.	All PHC staff have an understanding of CQI and CQI tools and processes	CQI Competent workforce
	Develop an electronic PDSA template		Distribute electronic PDSA template and support its use	PDSA used routinely in all PHC services	PDSA cycles embedded in PHC CQI processes

ASSUMPTIONS OF THE NT CQI STRATEGY

1. Cultural Respect and Safety underpins the NT CQI Strategy.
2. CQI is an ongoing and long-term process of improving the systems of clinical care being delivered in comprehensive PHC services.
3. CQI has had demonstrated success in the NT and should contribute to improved consumer outcomes.
4. To embed CQI there needs to be commitment, understanding and involvement at all levels of the PHC system.

5. CQI leaders and champions are needed to drive the change management process.
6. PHC Services have differing capacity and expertise around CQI and need different levels of support.
7. CQI is a learning culture that is transparent and accountable and not about blame.
8. Data is used to inform and guide CQI activities.
9. CQI requires a flexible approach and may look different from organisation to organisation.
10. CQI is not meant to be a stand-alone project but part of normal PHC function.
11. Challenges to embedding CQI: geographical remoteness, cultural diversity, workforce turnover, funding and the influence of SDoH.
12. The COVID Pandemic – consider and respond to the impact on PHC services and incorporate CQI approaches to COVID response