

CQI: EVERYBODY'S BUSINESS

Northern Territory Continuous Quality Improvement Strategy

COMMUNIQUE IN QUALITY

WELCOME TO THIS EDITION

A very warm welcome to the first Communique in Quality newsletter for 2019.

This year is the **10th anniversary of the NT CQI Strategy**, and at the CQI Collaborative (our 14th Collab!) being held in **Darwin on the 12th and 13th November**, we are going to **CELEBRATE!!!** Mark these dates in your diary!

This is your opportunity for your service to share stories of the quality improvements you have made in your health centre/community. If you have a story to tell, contact your CQI Facilitator or Kerry or Louise.

It's been a busy start to the year for all of us - with visits out to communities, submission of data for the NT AHKPIs and nKPIs, arranging the CQI Steering Committee meeting and professional development for the CQI team and health care staff from right across the NT.

With the recent release of the 2018 NT AHKPI Report, health centre's will be celebrating their "wins", but also identifying gaps in services that can be addressed at HC level. If you need a hand with getting quality improvements up and running (facilitating a Plan Do Study Act - PDSA - cycle) contact your CQI facilitator or either of the CQI Program Coordinators at AMSANT.

We hope you enjoy the stories and photos in this edition.



Edition 1 - 2019

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COMMUNIQUE IN QUALITY

Introducing...some new members to the NT

CQI Team

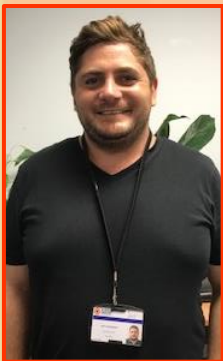
Louise Martin is the new CQI Facilitator for Anyinginyi Health Aboriginal Corporation in the Barkly Region. CQI is a role I enjoy immensely as I believe it's about working with all levels of the workplace, obtaining information on the issues, talking/discussing through with various plans and options and having systems in place to ensure a safe work environment to your clients, staff.



Rhiannon Binks is the new Health Care Homes (HCH) Project Officer at AMSANT. Many aspects of my role in HCH will have a CQI component. I was born & bred in Katherine where I lived up until the 1998 flood, when my family left the NT. I have worked in a wide range of healthcare industries spreading across WA and NT from Radiology, Aero-medical services and most recently primary health. Looking to extend my career in primary health I decided to join AMSANT as their Health Care Homes Project Officer. I've been in the role for 3 weeks and whilst it is extremely new to me within AMSANT, my knowledge and experience with the HCH Trial is extensive, I am finding the role very exciting and I am looking forward to working with you all.

A HCH is an ACCHS or general practice that coordinates care for patients with chronic and complex conditions. The HCH trial supports high level patient care for eligible clients by using coordination and a multi-disciplinary model of care that aims to promote innovation in primary care services. HCH supports a team approach provides GPs, nurses, AHPs and other health professionals, greater ability to shape care around an individual patients needs while encouraging the patient to engage directly in their own health.

Sarah Catterall is the CQI Facilitator for TEHS PHC Prison Health. They will be commencing preparations for the upcoming accreditation in September. I recently helped to facilitate the planning day for Prison Health Services. Sarah has worked in a variety of areas including as an outreach chronic disease educator for West Arnhem/Maningrida, Emergency Nursing & Prison nursing. I have worked as a nurse in the UK and I have a post graduate certificate in Emergency Nursing and a Master's in Public Health.

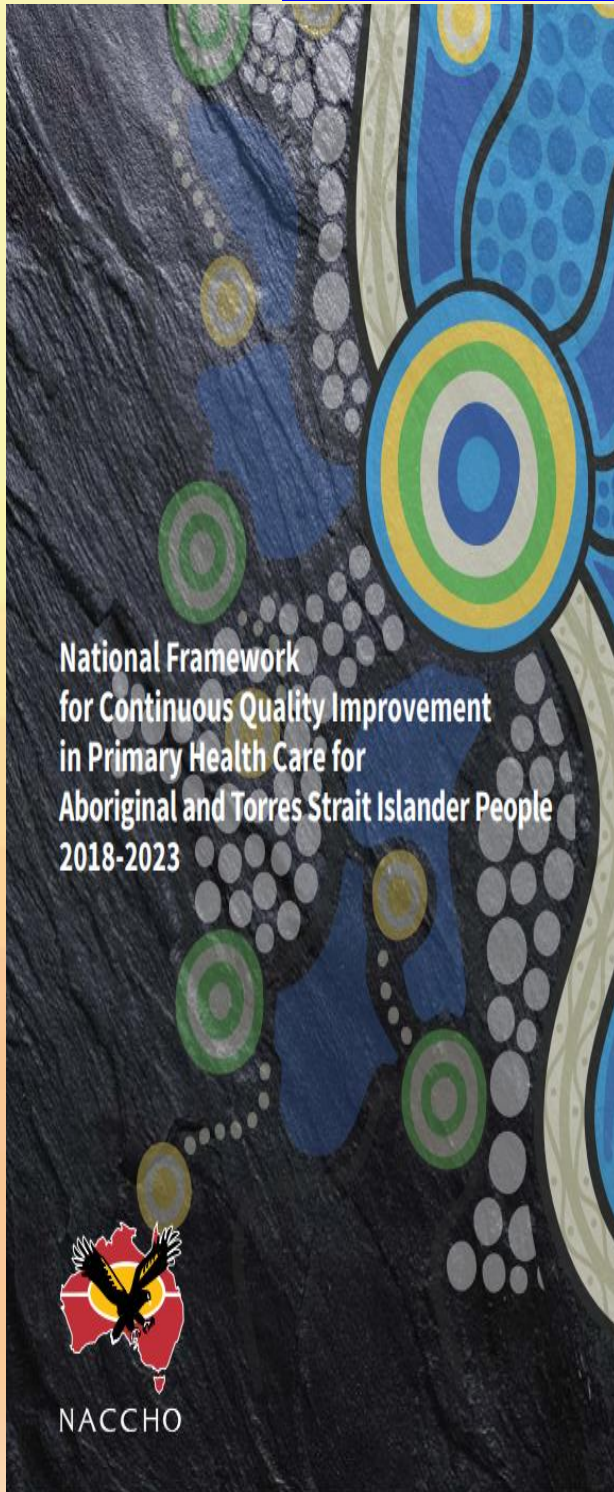


Matthew Dickinson is the CQI Facilitator for Top End West Health District, alongside Rachael Sharp, comprising of the communities of Wadeye, Palumpa, Peppimenarti, Nauiyu, Adelaide River, Batchelor. I am very new on my CQI journey but I love data! Collecting it, analyzing it, sharing it and reviewing it. I am also especially passionate about adolescent and young person health and have a keen interest in Anaemia and Hepatitis B, and have played a significant part in the Hepatitis B serocoding project for Wadeye and Top End West. I am originally from Sydney, and worked in a busy inner city ED for 5 years before moving on to do some rural work in small hospitals in regional NSW. I have been working in the NT for almost 2 years, primarily at Wadeye, firstly as a RAN and later as the Healthy Kids and Healthy Adults program coordinator.

Louise Carrington is working in the East Arnhem North region providing CQI support and leadership to Gapuwiyak and Ramingining. I really enjoy working with teams and engaging people in quality improvement activities. I have worked in multiple roles as an N4 and N5 and have significant experience working in the Indigenous Primary Health Care setting in the Top End. I am looking forward to working with PHC teams and supporting them to achieve their quality improvement priorities. I believe in making CQI a positive experience for everyone involved. I think CQI can be fun! I have also worked in New Zealand and Saudi before returning to the NT to take up the CQI role.



National Framework for CQI



Aboriginal and Torres Strait Islander people have the right to high quality and comprehensive primary health care that meets their personal, community and cultural needs.

The new National Framework for Continuous Quality Improvement (CQI) in Primary Health Care for Aboriginal and Torres Strait Islander People, 2018-2023, is an enormous step forward to help address the significant, but not intractable, health care issues facing First Australians.

The CQI framework will help build the capability of primary health care organisations so they can better deliver high quality, responsive and culturally appropriate health services to meet the specific needs of Aboriginal and Torres Strait Islander people.

This framework is the result of a lot of hard work by Aboriginal and Torres Strait Islander people and communities, governments, health services and organisations working together and learning from each other. Finalisation of the framework meets a deliverable under the Implementation Plan to the National Aboriginal and Torres Strait Islander Health Plan (2013-2023).

Through sharing knowledge and experiences, continuously examining local needs and data, and adapting services and programs to suit individual community expectations, this framework is a substantial body of work. It will help close the gap in health outcomes as we deliver a better, more strategic model of primary health care for Aboriginal and Torres Strait Islander people across the country.

The Government's commitment to improving health outcomes for First Australians can be seen in the 2018-19 Budget, which better targets investment in Indigenous health programs —with funding of \$3.9 billion over the four years to 2021-22 — an ongoing increase of around four per cent per year.

I thank NACCHO, the Aboriginal Community Controlled Health Organisation Sector Support Organisations, the Lowitja Institute and all stakeholders that contributed towards the development of the CQI Framework.

The health of First Australians is everyone's business and this new framework will support better health outcomes for Aboriginal and Torres Strait Islander people, wherever and whenever they seek care.

Ken Wyatt AM

Minister for Indigenous Health

Breaking news – NACCHO have informed us that hard copies of the National Framework for CQI in PHC for Aboriginal and Torres Strait Islander People 2018 – 2023 are being sent out to ACCHS and NTG.

If you would like to download your own copy of the National Framework, it is available to print off following the link from the NACCHO website:

1. Direct link to PDF - <https://www.naccho.org.au/wp-content/uploads/NACCHO-CQI-Framework-2019.pdf>
2. Updated CQI page - <https://www.naccho.org.au/programmes/cqi/>

Congress PDSA Improvement Initiatives

Congress Approach to the PDSA Model:

Central Australian Congress has been following the PDSA model for implementing organisation-wide improvement projects since 2017. These are usually annual projects. We select improvement projects through the following sources:

1. Review of NT & National KPIs.
2. Clinical Audits.
3. Internal KPI reports & other process evaluations.

Currently, we are running three annual quality improvement initiatives following the PDSA Model.

- a. Reduce the incidence and prevalence of childhood anemia for clients aged 6 to 59 months in twelve months.
- b. Increase the proportion of clients diagnosed with Rheumatic Heart Disease receiving BPG penicillin prophylaxis injections in twelve months.
- c. Increase annual sexual health screening rates and reduce positivity rates of Sexually Transmitted Infections among clients aged 15 to 35 years in twelve months.

The PDSA projects are reviewed and approved by the CQI Clinical Governance Committee and coordinated by CQI Section. The impact of these projects are analysed annually, and the action plan is modified as needed.

What we have learned so far?

Clearly stating the aim of the project, selecting right solutions, developing SMART action plans, regular review of the progress of the project and studying and documenting the final project outcomes are crucial for successful implementation of long-term organizational PDSA initiatives.

1. State the goal clearly: Make sure the goal statement follows the SMART principles (Specific, Measurable, Achievable, Realistic and Timely).
2. Pick the right solutions: Use the following tips to select the right solutions:
 - 2.1 Start with mapping the process. This will help the team to identify the weak and problem prone activities in the process.
 - 2.2 Perform an audit: An audit can tell you where the actual problems are. It is ok to take a small sample, but use a proper sampling technique and try to identify the causes of the problem.
 - 2.3 Always include the staff working on the process: The staff working on the floor are most familiar with the process you are trying to improve. On many occasions; they know what is going wrong and how it can be improved. However, make sure to present data to the staff and address the problem clearly, so that the team remain focused on the objective.
 - 2.4 Use basic quality tools to identify the root cause of the problem: It is recommended to use simple quality tools such as Run Chart, Pareto Chart, Fishbone Diagram etc. to determine the root cause of the problem. These simple tools are handy to identify the root causes of the problem. The set of actions included in the Plan stage of the PDSA should be addressed to eliminate/reduce the root cause(s) identified.

Congress PDSA Improvement Initiatives

(Continued)

3. Develop a good action plan: Make sure each action statement follows the SMART Principle:
 - 3.1 State each action item separately and distinctly.
 - 3.2 State the person responsible for implementing each action item.
 - 3.3 State the target date for completing each task
 - 3.4 State the KPIs used for measuring the progress of tasks- especially important if you expect the project to take a long time to complete.
4. Monitor the progress: It is recommended to review the progress of the projects regularly. This will ensure the team is on track to implement the agreed actions and help the team to review the progress of the project at regular intervals. A quarterly review is recommended, or perform a review after completion of each stage of the PDSA Project.
5. Study and document the outcome of the project: It is critical to review the outcomes of the project and document what worked and what did not. The learnings from the project can be very useful for better implementation of future projects.



COMMUNIQUE IN QUALITY

CQI Visit to Santa Teresa

On Thursday the 21st February, Santa Teresa Clinic opened its doors to myself (CAAC CQI Facilitator) and Louise Patel (AMSANT CQI Program Coordinator) for an interactive afternoon of CQI fun.

We hosted a workshop regarding Rheumatic Heart Disease in the community and utilised data from the most recent NTKPI reports.

We managed to unpack the data to take a closer look at the causes behind clinic performance rates and were able to identify potential ideas for improvement.

Finally, we were able to put two of these ideas to use; creating PDSAs for change implementation.

Looking forward to seeing the progress of the PDSAs in use and ultimately better compliance rates of RHD in Santa Teresa. It was a fun afternoon had by all.

Thank you Santa Teresa clinic and staff!



Ariky Childs, Alicia Williams, Geraldine Ashby, Denise Larocque, Kodie Alderton & Jennifer Nolan.

“

THE SECRET OF CHANGE
IS TO FOCUS ALL OF
YOUR ENERGY, NOT ON
FIGHTING THE OLD, BUT
ON BUILDING THE NEW.

SOCRATES

"Amazing potentialiser!"

AMSANT CQI Team Better Questions Workshop

*"Amazing energy.
Lovely style,
inclusive, accepting."*

Empowering People to be Resourceful & Achieve Better Outcomes

An interactive and action packed **Better Questions** workshop was held in March. The Better Questions workshop helps you to:

- Recognise habitual patterns of communication that may not be that useful
- Understand the impact of asking vs telling and the principles of asking Better Questions
- Use Better Questions in practical scenarios in our workplace
- Add knowledge about the tips and traps that can assist or undermine good conversations
- Improve your ability to ask Better Questions
- Practice using the Better Questions model in a safe and supportive learning environment.

The training was attended by CQI Facilitators and Primary Health Care staff and managers.

The purpose of the training was to build skills and confidence in managing important communications and to:

- ✓ Enable patients/clients to be more engaged and motivated towards their own health care - improved self-management
- ✓ Be more effective and confident in your conversations with clients/patients and have practical strategies to implement immediately
- ✓ Better understand what causes resistance to an empowering approach and have tools to better manage this resistance
- ✓ Have a simple, yet highly effective 'Person Centred' framework to follow that is easy to use and alleviates clinicians stress to 'always have the answers'

Thanks to all who attended on the two days. We hope the knowledge and skills you learned will be very useful in your conversations with your clients and within your teams.

"Perfect! Great, no power point. A personal delivery of knowledge - more interaction and learning engagement."

"Loved it. Love the warm and fuzzy. Intelligent and compassionate."



CQI Visit to Utju

On Thursday 14th March, Louise Patel accompanied Rikki Childs – Congress CQI Facilitator – on a visit to Areyonga Health Centre. This was our second visit to a Central Australian health service where we worked on a Plan Do Study Act – PDSA – improvement cycle that focused on Rheumatic Heart Disease.

Whilst unpacking their RHD data (NT AHKPI 1.15) we discovered that the team had a very good system of monitoring their clients with RHD who require the BLA injections – whether they were current or transient.

The team came up with a number of good ideas that would potentially improve their rates of compliance. Some of them were: the inclusion of relevant information into the service recording in Communicare, hard copy letter reminders, use of appointment cards, and utilisation of reputable education materials and the use of a portable DVD Player.

They thought that working through any of these would improve health outcomes for the members of the local community, both children and adults

So, for the first improvement cycle they decided to focus on the inclusion of relevant information in the service recording, specifically rebooking the client for their next BLA within the service recording of Communicare during their Consultation.

Health Centre Manager Kimberly is going to let us know the outcome of this cycle!

Thanks for making us feel so welcome!



Ariky Childs, David Boyt, Kimberly Williams, Rose Hodgkinson, Hester Du Plessis, Wayne Simmons and Louise Patel

Hemocue Hb Analyser Training

WELCOME TO MYLEARNING

Hemocue Hb Analyser Training 2019

There is an online blended course to prepare clinicians to use the Hemocue Hb 201 + analyser.

This course is available for all Primary Health Care Clinicians who are required to use the Hemocue to screen for anaemia.

There are no pre-requisites to undertake this training.

Those doing the training will be required to review written material, watch a short demonstration video, answer a 10 question quiz and undertake a workplace assessment to complete the course.

The online component takes around 30 minutes to complete with a further workplace assessment.

There are no costs involved and those who complete the course will receive a competency assessment certificate.

For more information and an application form for non-government staff please use this link:

<https://mylearning.nt.gov.au/course/search.php?search=hemocue>

Contact for further enquiries:

Tina Quirk

Professional Practice Nurse

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*be humble,
be teachable
and always
keep learning*

Trachoma Community Art Murals



Areyonga Art Mural - 'Kuru Kunpu Yunpa Palytintja'

Rainbow Serpent

Artists: Andrew Bourke and Adanate with community members Pitjantjatjara community located 230km south-west of Alice Springs

The mural shows one child looking to the community and the other immersed in the local dreaming story. Areyonga is in a valley of a stunning gorge. The community chose to have the mural on the back of the recreation hall, facing the road to the store which they use daily. The artist's both felt privileged to spend time in such a beautiful community and to leave something that the community can enjoy for years to come.

The aim of the art mural project was to engage and work with remote communities to design and produce a 'clean faces, strong eyes' art mural that incorporated Milpa the trachoma goanna, key hygiene messages to prevent trachoma and local imagery to the identity of each community. The art murals are located in a prominent position in each community.



The BUSY Competition



How often do you allow yourself to do nothing? To just rest?

For most people working in rural and remote health the answer is probably 'not very often'. In this busy world, and especially in this busy work context, there seems to be a default button for guilt if we find ourselves with our feet up, staring into space and actually doing nothing. Some people have become so good at denying feelings of tiredness that they keep going until they literally drop with fatigue.

Workplaces seem to be particularly unwelcoming to the idea of rest. Surrounded by driven colleagues, exhaustion is ignored and snappiness and bad temper (the telltale signs of fatigue) is tolerated. Home life can be the same with the never-ending list of domestic chores that need to be done.

I am reminded of those stupid advertisements on TV for headache relief. The ones where you are encouraged to take the pills so you can 'just keep going' with busyness. The point is, we do get tired and it needs to be managed (but not with paracetamol!). Allowing yourself a few moments each day, a couple of times a day, to stop, ground yourself and just breathe, rests both the mind and body. This simple activity does help to make the daily routine more manageable.

Dr Annmaree Wilson

CRANAplus



**CONTINUOUS
IMPROVEMENT
IS BETTER
THAN
DELAYED
PERFECTION.**

~ Mark Twain ~