



Welcome to our first newsletter!

Dear project partners and friends,

We hope you enjoy the first edition of our newsletter chronicling the 3 year project “Lessons from the best: to better the rest”. Although the project began earlier this year we thought now was the time to launch the quarterly project newsletter aimed at the project team, high improving services, staff and clients and anyone else out there with a passion for continuous quality improvement in remote and regional Indigenous primary healthcare settings.

Our six “high improving” primary health care sites have now been chosen and have agreed to participate in this research and the first workshop was held at the Novotel in Cairns on the 14th and 15th August 2014.

This edition includes the workshop summary (thanks to all those who attended for their hard work, excellent input and ideas), followed with a more in-depth look at our project partners at Wurli Wurlinjang, brief site profiles and new staff introductions.

We hope to feature each of the other sites in editions to follow as data collection visits continue.

Best Regards, Sarah and the project team.

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Special points of interest

- News from our first workshop
- Which primary healthcare services are involved and where are they?
- Who are our new team members?

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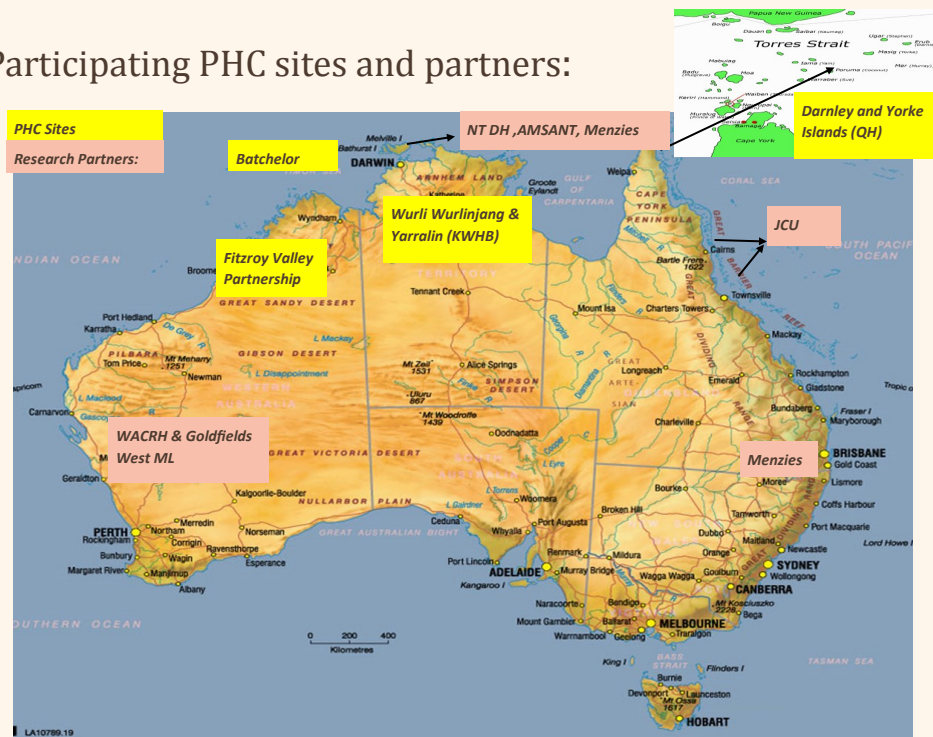
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Participating PHC sites and partners:



Legend: Research partners: AMSANT is the Aboriginal Medical Services Alliance Northern Territory, JCU is James Cook University, Menzies School of Health and Research in Brisbane and Darwin; NTDH is the Northern Territory government; WACHR is Western Australia Centre for Rural Health.

Cairns Workshop 14th and 15th August, 2014



From left to right: Back row (standing): Chris Henaway, Ru Kwezda, Brian Pedwell, Kerry Copley, Robyn White, Sandy Thompson, Bruce Hocking, Jacinta Elston, Margaret Brice, Sarah Kanai, Sinon Cooney, Tania Patrao, Jacki Ward, Tomi Newie, Cindy Woods.
Front row (kneeling): Bec Gooley, Rebecca Bond, Robyn Taylor, Sarah Larkins, Annette Panzera.

Roles and Governance

Chief Investigators: Sarah Larkins, Sandra Thompson, Christine Connors, Jacinta Elston, Komla Tsey

Associate Researchers: Ross Bailie, Chris Henaway, Ru Kwezda, Tania Patrao, Veronica Mathews, Kerry Copley, Jacki Ward, Annette Panzera, Cindy Woods, Moana Tane and Maxwell Mitropoulos

Site Representatives: Dr Bruce Hocking, Rebecca Bond (Wurli Wurlinjang) Rebecca Gooley, Brian Pedwell and Sinon Cooney (KWHB—Yarralin) Robyn Taylor, Robyn White and Angela Mills (Darnley and Yorke Islands) Margaret Brice (Batchelor) Maureen Clarke (Fitzroy Crossing)

Cairns Workshop Day 1

Project overview

A/Prof Sarah Larkins welcomed the site participants and project team members to the inaugural workshop at Novotel Resort, Cairns on the 14th and 15th August.

This was the first occasion that all the research team and almost all of the site participants had been able to get together and discuss the project.

Sarah announced the six services (including both government and community controlled) that had been chosen out of an eligible ten and then outlined the research methodology.

The first morning also included sessions on the project timelines and budget as well as the roles and governance.

Identification of study sites..

Tania Patrao, Research Officer at Menzies School of Health Research in Brisbane then explained to the group the methodology used to choose the sites.

The sample consisted of all (165) Primary Health Care Centres in the ABCD National Research Partnership who had used One21seventy clinical audit tools for continuous quality improvement. They needed to have performed at least two audit cycles (3 time points) in two or more audit tools to be eligible. The data analyzed was the yearly CQI audit of their patient records to assess meeting best practice guidelines which had been entered into the One21seventy database.

A wide range of clinical indicators were included based on best practice guidelines to calculate the performance score for each audit tool. For example for Type 2 Diabetes 15 clinical indicators were included covering lab investigations, physical examinations, vaccinations and counselling for risk factors.

The gap between the first audit performance score and 100% was then calculated. A PHC centre was classified as a consistent high improver if it showed consistent ascending performance scores from first to last audit and bridged a certain percentage of the gap depending on the number of audit cycles it had completed. For example, if the gap between the first audit performance and 100 was 45 and it had done 3 audits it needed to bridge 30% of the gap and hence improve by a minimum of 13.5 points.

Factors were then examined that might be associated with the trends in performance. Results showed no association between governance, location and population size. Health centres that had completed their Systems Assessment Tools for all their audit cycles were more likely to be high improvers however these results were not statistically significant.

These results indicate that a more in-depth analysis needs to be undertaken at the site level in order to examine the factors that influence health centre performance which leads to the data collection tools and research questions developed for this project in the next session.

What data will be collected?

Developing effective data collection tools has been a large part of the project in this initial phase. This first session on Day 2 was an ideal opportunity to brainstorm with the site participants and the extended project team to finalise both the quantitative and qualitative questionnaires. There will be both quantitative and qualitative data collected throughout the project in order to be able to put together the case study and cross-study analysis and answer the following research questions:

- * Q1: What strategies are utilised by services that are able to produce consistent improvement in quality of care using CQI tools ("high improvers; HIMPS") in terms of broad engagement of the clinical workforce in CQI initiatives?
- * Q2: What strategies are used by HIMPS to promote and support a stable, sufficient and skilled clinical workforce able to participate effectively in CQI?
- * Q3: How do HIMPS build, nurture and utilise linkages with organisations in the broader health system that will strengthen and support CQI efforts?
- * Q4: How do other broader contextual factors, for example, funding and policy platforms, influence the response of services to CQI initiatives?

Quantitative data collection will include:

Site specific profile data will include governance, location, outstations, accreditation, EMRs, CQI audits. ABS stats, current service population and seasonal variations. Also human resources data, existing audit data and systems assessment tool data and reports where available.

Qualitative data collection will include:

Around 10 interviews with health care providers (either at clinic level or at regional level) – at least 5 should be Indigenous health care providers. Another 5 interviews with managers at a local/regional level. Patient interviews in the form of focus groups (1 or 2 groups per clinic). Other service providers who play a significant role as needed.

Communication and Media:

The last session focused on how the project could be best communicated both internally and further down the track to external stakeholders as well.

For project team members and site participants (essentially those that attended the workshop) it was decided to develop a quarterly newsletter to circulate. The 4th Quarter 2014 edition is the inaugural edition. Each newsletter will focus on a different site and include information and progress with the project.

Further brainstorming (see above and below) of communication ideas identified three levels of audience: Local clients and staff, regional stakeholders and management teams and lastly national stakeholders and policy-decision makers.

These 3 stages are cyclical with the project culminating with the research findings being published at the end of 2016.



Thank you to all our workshop participants!

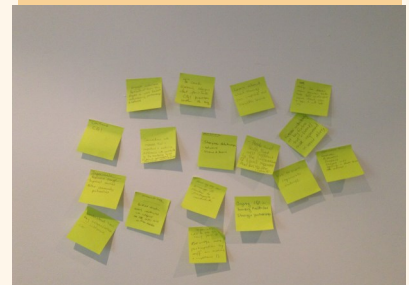
How often will we be visiting the sites?

An initial introductory site visit to each site has already taken place, please see some of the photos on p4 and p5.

Next, the project plan includes 2 extended visits to each of the six sites to collect data. This will include interviewing local staff, management staff and running focus groups with the PHC clients.

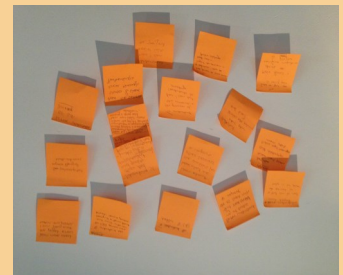
These visits will take place between October 2014 and November 2015.

Finally, feedback visits to each site with the results of case and cross site analysis will take place during the first two quarters of 2016.



What are HIMPS?

This project chose the "High Improving primary healthcare centres" or HIMPS through detailed analysis of several years of continuous quality improvement audit cycle data collected through the one21seventy audit tools.



Meet some of the team at Wurli Wurlinjang, NT.....

What Wurli do:

Wurli delivers a wide range of effective, culturally appropriate health care services to over 4,500 Aboriginal residents of Katherine area communities. This represents about 25% of the Katherine population. An additional 7,000 Aboriginal people who live in over 25 remote Katherine-region communities—representing more than 15 Indigenous language groups—are counted as occasional clients. Wurli-Wurlinjang also auspices the Binjari Health Service.

Wurli provides primary care, antenatal and postnatal care, child health checks, women's health, mental health, chronic disease and drug and alcohol services amongst other numerous health services to the community.



Marion is pictured above left with Annette (project researcher) in October 2014 in her office.

Dr Bruce Hocking is Director of Medical Services at Wurli. He worked in suburban Adelaide as a GP before moving to the Northern Territory and working in Aboriginal Health. He began work as a Senior GP at Wurli before taking the position of Director of Medical Services three years ago.

Bruce is a keen advocate of Continuous Quality Improvement and believes the process not only improves health outcomes for clients but has also been a great team-building tool for all clinicians at Wurli. Bruce is our project champion and we thank him for his considerable support and hospitality that he showed to the project team on our initial data collec-



Bruce is pictured above left with Cindy (project researcher) in October 2014 outside the clinic.

About Wurli Wurlinjang

Wurli-Wurlinjang Health Service is an Aboriginal Community-Controlled Health Organisation (ACCHO) providing holistic health services to Indigenous clients and visitors living in and around Katherine.

The health service began in 1972. In 1983 it was relocated to Mialli Brumby and took its name, Wurli-Wurlinjang from the Jawoyn land near the clinic that is associated with the mosquito dreaming path. The health service was separately incorporated in 1991, and in 1995 the premises were relocated to a new and purpose-built complex in Katherine to improve access to the service for all Aboriginal people (pictured left).

Established almost 40 years ago, Wurli is one of Australia's most mature and experienced ACCHOs. They are AGPAL accredited, and are currently working toward ISO-9001 accreditation. Staff include Aboriginal Health Workers, Doctors, Nurses and other Health Professionals. Wurli are proud to employ a large number of Indigenous staff and concentrates on building a sustainable Indigenous workforce. Wurli-Wurlinjang takes a holistic approach to the provision of health care through its numerous programs.



Main clinic pictured above..

In brief, our sites in the Torres Strait...Darnley and Yorke Islands



As the centre of the eastern Torres Strait cluster, Darnley Island Primary Health Centre (above) provides services to Stephen Island and Mer Island (Murray Island). The centre is relatively new with construction on the facilities completed in 2009. The centre is permanently staffed by remote area nurses and Indigenous Health Workers from 8am to 5pm Monday to Friday, with staff on call for emergencies.



The Yorke (Masig) Island Primary Health Centre is the main clinic for the central Torres Strait cluster and is the base for staff servicing primary health centres on Warraber, Coconut and Yam islands. Regular staff at the centre include clinical nurse consultants, an Indigenous Health Worker, a manager, an administrator and a medical professional. The centre provides primary health services to the community and is open from 8am to 5pm Monday to Friday, with staff on call for emergencies.

....also Yarralin and Batchelor in the Northern Territory....



Sarah outside the Yarralin Health Centre (above). Yarralin, also known as Walangeri, is an Aboriginal community of approximately 350 people, located 382 Km south-west of Katherine. It is 16km west of the Victoria River Downs cattle station on the banks of the Wickham River and also serves as the primary clinic for the 100 or so workers at the station. In close proximity are the Victoria and Humbert rivers, the Gregory National Park and the spectacular Jasper Gorge.

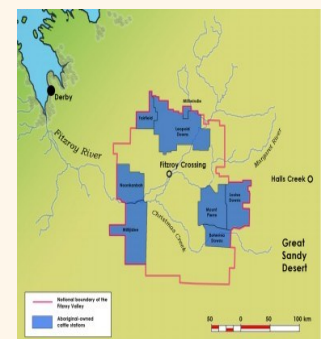
Batchelor Primary Health Care Centre is managed by Top End Remote, Department of Health, Northern Territory, and provides primary health care and emergency services to the residents of Batchelor Community and outlying areas. It is open Mondays To Fridays and provides an emergency call out service. This is a photo of the centre below:



....and Fitzroy Crossing, WA.



The Fitzroy Valley Health Partnership began formally in 2000. The partnership is between WA Country Health Service (WACHS) and Nindilingarri Cultural Health Services (NCHS). This comprises a hospital providing a wide range of inpatient and outpatient services as well as a population health service. NCHS provides a holistic, culturally appropriate service that includes health promotion and community services. The partnership provides a shared vision and approach to providing a continuum of care that is culturally appropriate, holistic and sustainable to the Fitzroy Crossing and its surrounding communities.



Anton Breinl Research Centre for Health Systems Strengthening (ABRC)

James Cook University

Sarah Larkins and Jacinta Elston are also the co-directors of the Anton Breinl Research Centre for Health Systems Strengthening. This brings together a multidisciplinary team of medical, nursing, public health and allied health researchers to build on JCU's strong record of rural, remote, Indigenous and tropical health research. They do this through progressing a highly collaborative program of translational research with a strong social justice focus, addressing issues of high importance and relevance to tropical communities. The research focus is on meeting the priority health needs of northern Australia and our near tropical neighbours through research that makes a difference and training a workforce with the knowledge, skills and attitudes to respond to these priority health needs. They aim to progress health equity in partnership with Aboriginal peoples and Torres Strait Islanders, rural and remote populations, tropical populations in neighbouring countries and other underserved groups. For more see <https://research.jcu.edu.au/abrc>

New faces...welcome to Moana!

Moana Tane is an Indigenous woman from the Waipoua Forest area, in New Zealand. Her tribal affiliations are: Ngati Hine, Ngati Korokoro and Te Roroa.

Moana has been working in the Aboriginal Health sector for the past three years, as a Regional Coordinator in the Kimberley region and as a Manager for a mobile primary health care service in East Arnhem Land.

Prior to this period, Moana worked in population health and the Smokefree Network in Auckland and its surrounds, provided training to the non-qualified Indigenous smoking cessation workforce in New Zealand, was a national Maori manager for the Pharmaceutical Management Agency in NZ and was active in the NZ Smokefree and Tobacco Control sector.

Moana is currently a PhD candidate with Menzies School of Health Research (Darwin). She has an interest Indigenous smoking and the impacts and opportunities of denormalisation and leadership in remote Yolngu communities in East Arnhem Land.

Moana is married to William Ashby, is an avid reader, and enjoys living in Darwin and NT. She has just joined the Case Studies Project



.....and Max!



Maxwell Mitropoulis, Brisbane.

Max has joined the Case Studies project as a research assistant working from the Menzies School of Health Research Brisbane Office. Prior to undertaking this role, Max undertook a placement with Menzies working on the ABCD National Research Partnership. He was born in Alice Springs and has since lived in a rural town on the Darling Downs in South - East Queensland called Miles. He enjoys playing guitar and running in his free time. Max recently completed a Bachelor of Health Science will begin study in the Doctor of Medicine program at the University of Queensland (UQ) next year. He is interested in becoming a cardiologist and has been offered a placement through Sydney's Poche centre next year working in a mobile cardiology unit that travels to rural Aboriginal communities in NSW. Max will also be undertaking a Summer Research Scholarship with the UQ School of Medicine over the next few months, which will be investigating the level of patient satisfaction between fixed and mobile primary care settings for Aboriginal people.

Our Logo

The story of the design of our project logo on the right represents knowledge and education, history and culture. Learning from the best to better the rest, sharing, learning educating which is the key to better understand Primary Health Care and breaking down the barriers improving better access and health outcomes for Aboriginal and Torres Strait Islander peoples. It also represents unison working together hand in hand having the same goal and passion to work closer in closing the gap.

The project team thanks Luke Duffy of Duffy's Artworks, Mount Louisa, Townsville, north Qld for his beautiful design.

