



# QUALITY ASSURANCE FOR ABORIGINAL MEDICAL SERVICES

PROGRAM MANAGEMENT

## REPORT ON THE QAAMS WORKSHOP 2009

Held from October 29<sup>th</sup> to 30<sup>th</sup> at the Comfort Inn Haven Marina, Glenelg, SA

### *Introduction*

The Annual QAAMS Training Workshop for 2009 was held in Adelaide, South Australia, at the Comfort Inn Haven Marina, Glenelg. This venue, which had proven successful in 2008, was again chosen due to its location close to public transport and the airport and its light and open facilities overlooking a marina. An additional benefit was the ease of the setup of the workshop without the need to transfer resources and equipment interstate.

The Workshop provided an opportunity for Aboriginal Health Professionals, nurses and other non-laboratory trained staff who conduct PoCT for HbA1c and urine ACR on the Siemens DCA 2000 and Vantage devices to:

- Undertake initial or refresher training to gain or update their certification as a PoCT operator,
- To learn about and share ways in which PoCT in the QAAMS Program can enhance the management of Aboriginal and Torres Strait Islander clients with diabetes in their services, and
- To network with other PoCT operators from around Australia.



*2009 Workshop participants in the courtyard of the Comfort Inn Haven Marina*

### ***Participation Details***

The 2009 Workshop was attended by 76 participants, comprising 14 from NSW, 14 from QLD, 19 from SA, 18 from Vic, 10 from WA and 1 from NT. These participants came from a total of 44 services. Specific Government funding for the Annual Workshop enabled the QAAMS Management team to support the attendance of participants from services with immediate training needs, and the Government is sincerely thanked for this support. This funding also provided support for speakers from QAAMS services who presented how the QAAMS Program was assisting the management of clients with diabetes at their services.

Also attending the workshop, in addition to the invited speakers, were the QAAMS Program Manger, Beryl Mazzachi (QAAMS Training Coordinator), Anne Shephard and Heather Halls (QAAMS Research Assistants), Pauline Rudevics and Cheryl Marshall (QAAMS Administration Officers) (from the Community Point-of-Care Services unit, Flinders University Rural Clinical School); Janice Gill, Kristina Barancek and Lisa Jolly (from the RCPA Quality Assurance Programs Pty Ltd); Dr David Dunn (QAAMS Clinical Support Officer); Craig O'Sullivan (from Siemens HealthCare Diagnostics) and Malcolm Auld (from NT Dept of Health & Families Remote Health Branch). Mick McDonnell (Manager NT Services) represented Medicare Australia and arranged for the attendance of the Indigenous Medical Liaison Officers (IMLOs) from each state/territory for the final day of the Workshop. Robert Walsh attended the Workshop representing the Australian Government's Department of Health and Ageing. David Badger (QAAMS IT Support Officer) was in attendance to setup and run all audiovisual equipment and also to take videos and photographs.

### ***The Structure of the Workshop Program***

Since the 2007 Workshop, the workshop program has included both core sessions (attended by all participants) and sessions held concurrently with the main training sessions (specifically to cater for those participants who have current competency certificates or need updating of these certificates only). This was again the format for the 2009 Workshop.



*Meet your QAAMS State Leader and ILMO Session*



*QAAMS Leaders Group Concurrent Session*

## ***A Brief Summary of the Workshop Activities***

### **Introduction to Workshop**

Major Sumner, well known Kurna Elder, opened the Workshop with a traditional “Welcome to Country” which included a smoking ceremony.

The QAAMS Program Manager then provided an overview of the QAAMS Program, focussing on achievements and milestones over the previous three years.

### **Core Sessions - Presented by Members of the Management Group**

<b>Topic and Presenter</b>	<b>Content</b>
Introduction to the QAAMS Website <i>Mark Shephard</i>	Live demonstration of the various sections of QAAMS Website including where to access on-line training, competency questions, posters and paperwork and newsletters.
Introduction to the QAP Website <i>Janice Gill</i>	Live demonstration of the QAP Website, in particular how to set up and use the website for on-line entry of QA results. Jan explained that this web entry was optional and that participants should contact the QAP office for further assistance with the setup of this service.
Siemens Update <i>Craig O’Sullivan</i>	Craig explained the structure of Siemens Healthcare Diagnostics and the services offered. He discussed the advantages of the new Vantage device including the ability of the device to electronically transmit results to a central data station and/or clinical information system using software which is under development. Craig announced a buy-back program to allow services to update their DCA 2000 devices to the Vantage at a reduced price.
Your Quality Control Results – Tips to Improve Your Testing <i>Anne Shephard</i>	Anne updated participants with the steps necessary to ensure that Quality Control testing is completed correctly with the best outcome in terms of precision.
How Good are Your QA Results? <i>Janice Gill</i>	Jan reviewed the steps for the performance of Quality Assurance testing to ensure optimal results. She explained the interpretation of the various sections of the QA monthly reports and presented graphs of the overall performance of QAAMS services over recent years demonstrating imprecision was well within performance goals.

<p>Medicare Australia <i>Mick McDonnell</i></p>	<p>Mick discussed the process of claiming the Medicare rebate for the performance of HbA1c and urine ACR testing when performed by operators with valid competency certificates in services enrolled in QAAMS. He also introduced the Indigenous Medicare Liaison Officers from each state who were in attendance to meet with participants.</p>
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### **Core Sessions - Presented by Invited Speakers and QAAMS Participants**

Again this year, highlights of the Workshop included excellent presentations from invited speakers from outside of the QAAMS Program and from participants in the QAAMS Program, who explained how the QAAMS Program was being used in their services to enhance the management of diabetes.

These sessions included:

#### **Managing Diabetes and Complications**

This session was presented in 2 parts. Initially Dr Pat Phillips, Director of the Diabetes Outreach Centre at the Queen Elizabeth Hospital, SA, and the Senior Director of the Endocrinology Unit, presented an update on the physiology of diabetes and the role of monitoring of blood glucose levels across the 24-hour day as well as discussion on the importance of measuring HbA1c in the management of diabetes. In addition, he discussed current therapeutic strategies including medication to control diabetes and prevent complications.

The second part of this session continued the series commenced in 2008 where one particular complication of diabetes was examined in detail each workshop. This year the topic under study was "Looking after Your Feet" and Sarah Jones, Course Coordinator of the Podiatry Course at the University of SA who has significant practical experience in working with Indigenous clients with diabetes, gave a very interesting presentation on what to look for when examining the feet of people with diabetes.

Three concurrent sessions flowed from the theme of Managing Diabetes and Complications. These were:

1. Caring for your feet – a practical session conducted by Sara Jones (podiatrist, UniSA).
2. Clinical pathways using QAAMS results – a discussion on how to use the results of HbA1c testing to optimise clinical decisions, conducted by Jane Giles from the Diabetes Outreach Centre.
3. Diabetes Annual Cycle of Care – how to implement this cycle of care effectively in your service, conducted by Dr David Dunn, QAAMS Clinical Support Officer (presented twice).

Presentations from Participants

Speakers from four services currently participating in the QAAMS program presented as follows:

<b>Presenter</b>	<b>Title</b>	<b>Brief Summary</b>
<b>Leanne McGill</b> Wurli Wurlinjang Health Service Katherine, NT	My role as a Clinical Educator and Co- ordinator of the QAAMS Program at Wurli Wurlinjang	Leanne described the clinical training that she provides in the different sites at her service, and her role in coordinating the QAAMS program and quality management.
<b>Carolynne Leon</b> Illawarra Aboriginal Medical Service, Wollongong, NSW	Enhanced Primary Care Home Visiting in Illawarra	Carolynne described her role as the Enhanced Primary Care Aboriginal Health Professional in her service who provides a home visiting service that includes the use of PoCT for HbA1c and urine ACR for selected diabetes patients.
<b>Kim Warde</b> Njernda Aboriginal Medical Centre Echuca, VIC	How the QAAMS Program links with the Diabetes Collaborative at Njernda AMC	Kim described the role of her service as part of the Australian Primary Practice Collaborative which has, as a goal, that over 50% of all patients with diabetes should have an HbA1c value of 7% or less. She described how the QAAMS program links with the Cycle of Diabetes Care at Njernda to work towards this aim.
<b>Kay Wilson</b> Nunkuwarnin Yunti Adelaide, SA	Diabetes. How a Parachute Jump Saved My Life.	Kay introduced the DVD that she has produced which interviewed diabetes clients at her service and showed the effect that living with diabetes had on themselves and their families. This inspirational film showed how clients were striving to live healthy lives and minimise the impact of diabetes.

### Ngati Porou Point-of-Care Testing Program for INR

This talk was presented by Gina Chaffey-Aupouri from Ngati Porou Hauroa, New Zealand and Keryn Smith from Roche Diagnostics NZ. In this program, which is a partnership between Flinders University, Ngati Porou Hauroa and Roche Diagnostics, the management of warfarin therapy in Maori people living in the remote East Cape Region in the North Island of NZ was assisted by the performance of PoCT for INR (International Normalised Ratio). Gina presented results from the program which showed that patients have an increased frequency of testing and the results are more often in the therapeutic range as a result of PoCT. She also showed video interviews with both patients and health care providers in which interviewees expressed their satisfaction with the program. The main aim of this presentation was to show QAAMS participants that other Indigenous communities outside Australia are also now using PoCT to assist the management of patients with chronic conditions, and also to facilitate important cross cultural exchange of information concerning PoCT.

### **Training Sessions – HbA1c and Urine ACR : Theory and Practice**

As in previous years, a critical focus of the Workshop Program was the provision of training sessions and competency assessment for both new participants and those requiring training updates.

Training sessions on the theory of PoCT were delivered by the QAAMS Program Manager and QAAMS Training Co-ordinator for HbA1c on day 1 and urine ACR on day 2. These sessions were mandatory for new participants but optional for those requiring an update. Prior to the workshop, all participants were notified that, in preparation for the Workshop, they should view the on-line training videos to prepare for the Workshop training.

Following these sessions, participants were divided into small groups for the practical component of training. Supervised by a QAAMS scientist and a QAAMS Leader, participants were able to conduct both QC and QA testing and complete competency questions which were marked and returned to participants.

64 participants undertook training at the Workshop. Of these, 47 (73%) were new PoCT Operators and 17 (27%) completed refresher training.

### **QAAMS Leaders**

The QAAMS Leaders presented two sessions in the program as follows:

1. Core Session on Day 1

The QAAMS Leader from each state presented a short profile on his or herself, their role in their service and in the QAAMS Program.

2. Concurrent Session on Day 1

The QAAMS Leaders Group led a concurrent session in which they discussed different aspects of the QAAMS Program and some new projects they will be working on within the QAAMS framework. These projects included the introduction of the proposed new units for HbA1c reporting and the potential to use HbA1c to diagnose diabetes as has been proposed recently by leading international experts in diabetes.

As discussed, the QAAMS Leaders also assisted with the practical training sessions for QAAMS participants.

### **Other Concurrent Sessions**

Other concurrent sessions conducted within the Workshop program were as follows:

1. Individual appointments for specific services were held with Anne Shephard and Kristina Barancek or Jan Gill for services to discuss their QC and QA results.
2. Working with Your Website. Following on from the core session, participants were able gain hands-on experience with the QAAMS and QAP Websites assisted by David Badger (QAAMS) and Jan Gill and Lisa Jolly (QAP).
3. Trade Display. Participants were able to learn about services and products provided by professional organisations concerned with diabetes care including Sanofi Aventis, Diabetes Outreach Centre (QEH), Australian Diabetes Educators Association (ADEA) and Aspen Pharmacare. Most of these organisations also had educational resources that were available for participants to take.
4. Meet Your Indigenous Medicare Liaison Officer and your QAAMS Leaders. Held towards the end of the workshop, participants were divided into state groups to obtain information, discuss issues and share local experiences.

### **Audiovisual**

The QAAMS Workshop was videotaped in its entirety by IT Support Officer David Badger. David is currently preparing a DVD pack of selected key presentations at the Workshop for dissemination to all QAAMS services (both those that attended the Workshop and those that didn't). The DVD will provide an invaluable education resource for those services that did not attend and hopefully encourage them to come to next year's Workshop.



Theory for HbA1c  
Training for New  
Participants



*Practical Training for Participants  
on the DCA 2000 and DCA Vantage*