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**CONFERENCE ABSTRACT****Sharing Coordination of Health Services on Flinders Island using an applied  
continuous quality improvement approach**4<sup>th</sup> World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016Sarah S Ahmed<sup>1,4</sup>, Kelly Shaw<sup>1,2</sup>, Judy Clark<sup>3</sup>, Angela Smith<sup>5</sup>, Rosie L Beardsley<sup>2</sup>

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Flinders Island is located in the north of Tasmania, with population of approximately 700 residents. Flinders Islanders are significantly older than Tasmanian and Australian averages, with high rates of avoidable mortality and living in one of Tasmania's most socioeconomically disadvantaged regions. They have a large Aboriginal and Torres Strait Islander population, sparsely situated communities, a lack of public transport paired, costly fuel, fragmented service funding streams and intermittent fly-in outreach services. Stakeholders identified that coordinating available care was a critical factor to ensure a high risk population received care that was both appropriate to its needs and efficient in terms of local resourcing.

The Flinders Island Aboriginal Association Inc. (FIAAI), government funded Multipurpose Centre (MPC) and Primary Health Tasmania (PHT) convened 10 multidisciplinary working group meetings to review 11 case studies of Flinders Islanders living with complex health needs between November 2015 and May 2016. The local general practice participated in working groups and an independent clinical facilitator interviewed consenting local residents for case study material. An applied continuous quality improvement (CQI) approach was used to identify barriers, enablers and opportunities. The aim was to improve the coordination of care for the people on Flinders Island living with complex health needs. The theory of change was that bringing stakeholders together to review common cases would enable them to identify common opportunities and the feasibility of testing these to improve the coordination of care for Flinders Islanders.

Patient stories, combined with the facilitator's clinical expertise, focussed case review sessions on problem solving for actual patients whom the providers around the table could identify with. Working group participants reporting increased motivation to involve patients and be stronger advocates for systems level processes that might contribute to improving their care. Noticeable cultural change was achieved within the provider group that participated in this project; improved inter-personal and inter-organisational provider relationships are a key requirement to ensure the sustainability of activity towards improved coordination of care for Flinders Islanders. The degree to which this cultural change is sustained is dependent upon multiple ongoing factors including staff availability and stability within the three organisations, the maintenance of cooperative interpersonal and inter-organisational

relationships and sustained momentum. The CQI methodology is applicable and transferable to other scenarios where multiple providers service patient groups due to the use of patient centred case reviews which aid in focussing provider perspectives on common challenges and opportunities.

This project brought together stakeholders to review current local practices and identify opportunities to overcome existing barriers to coordination of patient care on Flinders Island. It enhanced communication, coordination and planning between previously disparate providers. It enabled local identification of activities to sustain gains using a time delimited, locally sustainable and transferrable methodology. It has highlighted the importance of inter-provider relationships, the justification for change, change readiness and patient centred care in efforts to improve the coordination of health care delivery.

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