

[insert organisation name/logo]

Quality Improvement Policy

Document Status: Draft or Final

Date Issued: [date]

Lead Author: [name and position]

Approved by: [insert organisation name] Board of Directors on [date]

Scheduled Review Date: [date]

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified
- Additional knowledge or information has become available to supplement the policy.
- External factors
 - Policy is no longer relevant/current due to changes in external operating environment.
 - There are changes to laws, regulations, terminology and/or government policy.
 - Changes to funding environment, including requirements of funding bod(y)ies
- Other (please specify).
- Internal / organisational factors
 - A stakeholder has identified a need, eg by email, telephone etc
 - A serious or critical incident has occurred, requiring an urgent review.
 - Need for consistency in service delivery across programs and organisations.
 - Separate, stand-alone policy is now warranted
 - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future

Additional Comments

[for example, policy now covers details related to new legislation].

Quality Improvement Policy

1. Purpose and Scope

The aim of **[insert organisation name]**'s quality improvement system is to ensure that its processes and services, both within and outside the organisation, are of a consistently high quality.

[insert organisation name] has engaged in a quality improvement program with the **[insert name of quality improvement provider]** .

All staff and the Board of Directors are responsible for being aware of, implementing and maintaining the quality system as appropriate to their role and responsibilities.

2. Definitions

Quality is the extent to which the properties of a service or product produces a desired outcome.

Improving performance is continuous study, analysis and adaptation of processes in order to achieve desired outcomes and meet the needs and expectations of members, consumers and stakeholders.

Accreditation is assessment by an external body or agency to determine the level of compliance with agreed standards.

Quality improvement is the process of continual review of the organisation, its structures and functions of governance, management, engagement with consumers and other stakeholders and its service delivery.

3. Principles

A systems approach to improving quality and performance using a cyclical model is used, which includes the following elements: monitoring, assessment, action, evaluation and feedback (feedback is integral to all parts of the cycle).

Adequate resources, tools and support are provided to staff, the Board of Directors and key stakeholders to fully engage in its quality improvement system and processes.

[insert organisation name] is committed to the widespread involvement of staff, the Board of Directors, members and stakeholders in its quality improvement activities.

4. Outcomes

Staff and the Board of Directors are aware of and practice continuous quality improvement.

[insert organisation name] encourages evidence based, recovery oriented and innovative work practices and staff are recognised for recovery orientation and innovative ideas.

[insert organisation name]'s commitment to quality improvement is pervasive in all areas of its operations, with all staff seeking ways to improve the quality and recovery orientation of their own activities and areas of responsibility as well as the quality and recovery orientation of the organisation as a whole.

5. Functions and Delegations

Position	Delegation/Task
Board of Directors	Approve [insert organisation name] 's strategic direction which guides quality improvement processes. Approve financial costs of external quality improvement provider. Endorse the Quality Improvement Policy. Participate in internal and external review activities as appropriate.
Management	Comply with the Quality Improvement Policy. Engage in a contract with an quality improvement provider. Support staff to coordinate [insert organisation name] 's continuous quality improvement systems and practices. Participate in, and lead, quality improvement activities as relevant. Provide leadership and resource support to quality improvement staff and activities.
Staff	Comply with the Quality Improvement Policy. <u>[insert position]</u> Participate in, and lead, quality improvement activities as relevant. Coordination of [insert organisation name] 's continuous quality improvement systems and practices. Promote and demonstrate commitment to quality improvement.

	<p>Assist management to carry out tasks related to quality improvement and accreditation - complete self assessment audits and documentation, liaise with quality improvement provider, update staff on process and procedures.</p> <p>Staff actively participate in internal and external review activities.</p>
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6. Risk Management

This policy will be reviewed in line with **[insert organisation name]**'s quality improvement system and the review of associated policies.

The need for improvements in procedures/systems/service delivery can be identified by any Board, management, staff member or consumer through feedback or quality monitoring systems.

7. Policy Implementation

This policy is to be part of all **[insert organisation name]** staff orientation processes. The Board of Directors and the staff should also be familiar with their functions and delegations outlined in this policy.

This policy should be referenced in relevant **[insert organisation name]** policies, procedures and other supporting documents to ensure that it is familiar to all staff and actively used.

8. Policy Detail

[insert organisation name] is committed to continually improving the quality of its services in order to fully realise its goals and strategic outcomes, and be inclusive and responsive to consumers, carers, staff, volunteers, stakeholders and the wider community.

The quality improvement process and system is coordinated by the **[insert position]**, though all staff and Board Members participate in quality improvement practice.

[insert organisation name] undertakes quality improvement activities based on the quality cycle detailed below. A structured Quality Improvement Action Plan outlines the specific tasks to be undertaken by staff during a quality cycle. **[insert organisation name]**'s goal and outcomes as outlined in the Strategic Plan should be considered in all stages of the quality cycle.

8.1 Monitoring

[insert organisation name] routinely collects information on its services to identify progress, achievements and areas of improvement. This information is collected through a variety of mechanisms including surveys, interviews, literature reviews, audits, observations and policy/record/system reviews.

[insert organisation name] incorporates consumer and carer feedback as a part of quality improvement, particularly in the following areas:

- relationships
- the level of information they receive and how accessible it is

8.2 Assessment

Analysing information from the monitoring stage can provide an assessment of the current situation and identify the best approach to take for improvement.

Individual assessment activities and recommendations that come from assessment activities should be shared with relevant staff through staff or team meeting presentations, group discussions or other suitable mechanisms to communicate findings and reach an agreed approach for subsequent improvement activities.

8.3 Action

Through the assessment phase, quality improvement actions should be decided upon and/ or prioritised. If the activity requires financial resources, an adequate budget should be identified before the activity commences. Similarly if the activity requires significant time/ human resources, discussions should take place with management prior to commencing.

Suitable and practical solutions should take into account the needs of the organisation, staff, consumers and stakeholders that might be affected. Actions may range from procedure documentation or policy development to system redesign or creation, e.g. electronic filing, human resources system.

8.4 Evaluation

Once the action has been taken, individuals involved should evaluate the results of that action to ensure the required result was achieved. Key questions to ask to evaluate an activity include:

- Did the action achieve the desired result or outcome?
- Is there any further action to be taken in this area?

Evaluation information should be collected in a similar way to monitoring information (see 8.1).

8.5 Feedback

All individuals involved in, or affected by, quality improvement actions/ activities should be aware of changes made to the organisation and the results of these activities (both internal and external stakeholders). Communication at all stages is critical to achieving sustainable results and facilitating organisational change.

9. References

9.1 Internal

Governance & Management Policy
Participation Policy
Strategic & Operational Planning Policy
Quality Improvement Action Plan

9.2 External

Legislation

Disability Services Act (Cwlth) 1986 and Commonwealth Disability Services Standards
Mental health Act 2007 (NSW)

Websites

Australian Council on Healthcare Standards (ACHS) Corporate Member Services
<http://www.achs.org.au>

Quality Management Services
<http://www.qms.org.au>

This policy is adapted from the NADA Quality Improvement Policy.

http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44

9.3 Quality and Accreditation Standards

EQUIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 2.1: The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.

Criterion 2.1.1 The organisation's continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.

EQUIP5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 2.1: The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.

Criterion 2.1.1 The organisation's continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.

Health and Community Service Standards (6th edition)

Provided by the Quality Improvement Council (QIC)

Standard 1.9: Safety and quality systems are integrated and are managed systematically with clear lines of accountability to ensure continuously improving performance.

Evidence Questions: What is the evidence that:

- a) the organisation has specified safety and quality performance requirements?
- b) there are cross organisational forums, processes and procedures for ensuring communication, planning and learning about safety and quality?
- c) responsibility for managing and leading safety and quality improvement is assigned, those responsible are accountable, and routine reporting of safety and quality performance to senior management and the governance structure occurs?

9.4 National Mental Health Standards

Criterion 8.11 The organisation has a formal quality improvement program incorporating evaluation of its services that result in changes to improve practice.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.1: Management and other workers of the organisation identify the following:

- Emerging best practice regarding recovery orientation
- Potential tools and training
- Potential new technologies to assist in provision of recovery oriented services
- Evaluation tools and frameworks

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 5.3: Consumers are provided with the regular opportunity to evaluate relationships, respectful practice, perceptions of stigma and discrimination experienced from workers within the organisation, the consumer self-directed focus, the belief in consumer's recovery, the obtaining and sharing of knowledge and information, the quality and relevance of information provided and participation and social inclusion.

9.6 NSW Disability Services Standards (DSS)

1.3: The service provider implements its own written entry and exit policies and procedures.

2.5: The service provider implements its policies and procedures on planned approaches to meeting individual needs.

3.5: The service provider implements its policies and procedures to maximise service user participation in decision making at the individual and service level.

4.7: The service provider implements its policies and procedures for protecting service users' privacy, dignity and confidentiality

7.5: The service provider implements its policies and procedures on service users' complaints and disputes resolution.

8.3: Service users have the opportunity to and support to take part in the planning, management and evaluation of the service

8.4: The service provider monitors its activities and regularly evaluates whether it's meeting its objectives and the NSW Disability Services Standards.

9.4: The service provider implements policies and procedures which promote the maintenance of family relationships.