[insert organisation name/logo]

Quality Improvement Policy

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Date Issued: **[date]**

Lead Author: **[name and position]**

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

Date for Review: **[date]**

Record of Policy Review:

Date Policy was Issued	Date of Review	Reason for Review	Lead Reviewer	Additional Comments
[month, yr]	[month, yr]	[for example, incorporate changes to new legislation]	[name]	[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

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

<u>Improving performance</u> is continuous study and adaptation of processes in order to achieve desired outcomes and meet the needs and expectations of members, clients and stakeholders.

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

<u>Quality improvement</u> is the process of continual review of the organisation, its structures and functions of governance, management, engagement with clients 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 and innovative work practices and staff are recognised for best practice and innovative ideas.

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

	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.
	Staff actively participate in internal and external review activities.

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 client 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 clients, 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.

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 theorganisation, staff, clients 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

Quality Improvement Action Plan

9.2 External

Websites

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

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

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.

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?