



## PROGRAM PERFORMANCE AND MONITORING POLICY

Manual: Organisational

Document ID: C.04

### 1. PURPOSE

Mercy services governance framework exists to demonstrate commitment to quality and continuous improvement as an equal and integral part of overall governance. It requires the same responsibility for the overseeing of safety and quality of care as exists for financial and business outcomes. This policy aims to provide structure around the process of performance monitoring.

### 2. WHO DOES THIS POLICY APPLY TO

This policy applies to the Chief Executive Officer (CEO), Managers and Coordinators who are responsible for service performance and monitoring

### 3. POLICY

The Mercy Services Board is responsible for ensuring that the performance of all services meets the standards set by Mercy Services, funding and regulatory bodies.

The CEO is responsible for ensuring that the systems are in place for regular, accurate reporting to the Mercy Services Board and funding bodies.

Mercy Services is fully committed to meeting the performance targets and complying with funding body requirements by providing structure in performance monitoring. This policy is firmly linked to C.05 Quality Improvement and C.06 Risk Management

Complaints are acknowledged as a valuable source of information that can be used for the improvement of quality throughout an organisation. However, complaints are addressed in E.08 Complaints Handling policy.

### 4. PROCEDURE

#### Performance Indicators

Indicators of performance are identified and set during the planning process, and are noted in the Service Description and Operational Plan. As much as possible performance indicators will specify a quantity, quality and time. They are “indicators” of performance but are not seen as the first and last word regarding the performance of a service or its staff. Information from a range of sources and regarding the context of the service are needed before a realistic judgement of performance can be made. Nonetheless performance indicators are the standard form of reporting the progress of the program.

	<b>Examples of Performance Indicators</b>
Outputs	<ul style="list-style-type: none"> <li>• <i>Number of Trips, Meals, Hours of Services in a month</i></li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• <i>75% satisfaction rating from client satisfaction survey</i></li> <li>• <i>80% attainment of Care Plan goals</i></li> </ul>
Process requirements	<ul style="list-style-type: none"> <li>• <i>All staff are competent in 100% of mandatory safe work practices and procedures.</i></li> </ul>

Author	QHS Coordinator	Date Created	10.5.18
Endorsed by	RCI Committee	Review Date	10.5.21
Status	Endorsed	Page Number	Page 1 of 3



## PROGRAM PERFORMANCE AND MONITORING POLICY

Manual: Organisational

Document ID: C.04

	<ul style="list-style-type: none"> <li>• 100% of staff have an up to date job description and employment contract</li> <li>• 100% staff receive regular supervision/support</li> <li>• All staff have a Review and Development meeting/plan with their supervisor</li> <li>• Rosters and other records of location and contact details of staff are accurate and easy to locate</li> <li>• File audits results are compliant with audit criteria planning (outlined below)</li> </ul>
--	---

Performance criteria's must be realistic and relevant to performance.

### 4.2 Performance review and action planning.

Mercy Services will create an audit schedule that will:

- a. List the performance data to be reviewed. These will be linked to but not limited to required evidence for accreditation and funding evidence. Data will may be both care and business orientated, but always consumer focused. The data that is reviewed may include surveys, file audits, clinical audits (including falls, medications, pressure injuries and infection control), , WHS, risk and incident reports, environment data and staff health data etc.
- b. The committee that will review the data is nominated in the schedule. This may include WHS, HR, Risk and Continuous Improvement, Board etc. Here data will be reviewed and risk and continuous improvements developed and implemented.
- c. The audit schedule allocates responsibilities for collection of data and timeframes for collection. This not only ensures the timeliness of reporting but the when reporting is due to assist time management for those involved.
- d. Audit result criteria for risk management and continuous improvements activities is defined.

Quality initiatives are required as per quantitative audit results. That is,

- Numerical results of 90 – 100% require no activity
- Numerical results of 75 – 95% require a continuous improvement plan attended.
- Numerical results of less than 75% require an entry into the risk register and a continuous improvement plan attended.

The audit schedule will be reviewed annually for relevance with current practice, standards and previous results of compliance. This is a living document /tool that adjusts to the changes to the care, business and compliance environment; not just accreditation standard requirements.

## 5. KEY PERFORMANCE INDICATORS

Author	QHS Coordinator	Date Created	10.5.18
Endorsed by	RCI Committee	Review Date	10.5.21
Status	Endorsed	Page Number	Page 2 of 3



## PROGRAM PERFORMANCE AND MONITORING POLICY

Manual: Organisational

Document ID: C.04

The Mercy Services Audit Schedule is reviewed annually.  
Audits are attended on time according to the schedule.

### 6. EXPECTED OUTCOME

Mercy Services service and care is reviewed regularly, and improvements made as required to ensure a service that is continually improving to provide excellence in care.

### 7. REFERENCES

AS/NZS 4360: Risk Management  
AS 3904.4-1994 Quality management and quality system elements - Guidelines for quality improvement  
National Standards for Disability Services (2013)

### 8. OTHER RELATED POLICIES OR PROCEDURES

C.05 Quality Improvement  
C.06 Risk Management

### 9. VERSION CONTROL AND CHANGE HISTORY

Version	Date Reviewed	Amendments
1.0	10.5.18	Policy Reviewed and moved to new policy template. Version 2 created.
2.0		

Author	QHS Coordinator	Date Created	10.5.18
Endorsed by	RCI Committee	Review Date	10.5.21
Status	Endorsed	Page Number	Page 3 of 3