



Organisation Management

## **C.05 Quality Improvement policy**

REVIEWED: August 2024

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Mercy Services is committed to maximising the quality of service in all areas of care and operations. Systems are established to build and maintain a culture of continuous improvement to continually evaluate services to ensure a high standard and efficiency, correct any identified problems and adapt to changing needs. This commitment is reflected in strategic planning, governance, allocation of resources and service to people we support.

Mercy's values align with the commitment to continuous improvement through instilling justice, respect, service, care and unity. All staff are actively engaged and encouraged to promote or assist with continuous improvement. As part of this policy Mercy will:

- involve staff, the governing body, and other stakeholders in service review processes.
- provide opportunities for clients/residents receiving services, and their families and/or representatives to have input into the organisation's policies and processes relevant to service provision and protection of their rights.
- document improvement plans, activities and outcomes.
- gather information on performance by tracking complaints, incidents and achievements and use this information to inform continuous improvement.
- report internally on progress and performance.
- develop a culture of continuous improvement.
- adhere to the joint Australian/New Zealand national quality management standard principles.

### Record of policy development

Version	Date approved	Policy Changes
1.0	10/05/2018	Policy reviewed and moved to new policy template
2.0	05/10/2021	Policy revised in line with updated governance arrangements and continuous improvement management systems
3.0	01/10/2024	Revised to align with organisational values, position, processes and template

### Responsibilities and delegations

This policy applies to	Staff and volunteers
Specific responsibilities	Governance Committees, Head of Risk & Compliance, Quality, Clinical & Safety Advisor
Policy approval	Risk & Continuous Improvement Committee

### Policy context – this policy relates to:

Standards	NDIS Practice Standards Aged Care Quality & Safety Standards
Legislation	N/A

Contractual obligations	N/A
Organisation policies	Risk Management, Complaints, Incidents, Health & Safety
Forms, record keeping, other documents	Quality reviews, Continuous Improvement Register

## Quality and continuous improvement

**Quality management** is an organisation's processes for maintaining and improving the level of services the organisation delivers to the people it supports.

Core principles of quality management include:

- **Consumer focus:** the primary focus of quality management is to meet the needs or requirements of those cared for while striving to exceed their expectations.
- **Leadership:** aligning with Mercy's values is to establish unity of purpose and strategic direction to create conditions in which staff are engaged in achieving or enhancing the organisation's quality objectives.
- **Engagement of people:** competent, empowered and engaged staff at all levels throughout the organisation are essential to enhance its capability, develop a strong culture and deliver value.
- **Process approach:** improved outcomes are achieved more effectively and efficiently when activities are understood and aligned with interrelated processes to function as a coherent system.
- **Improvement:** successful organisations have an ongoing focus on enhancing practices.
- **Evidence-based decision making:** decisions based on the analysis and evaluation of data or information are more likely to produce desired results. This includes instilling a focus on risk-based decision making to ensure that optimal decisions, consistent with the goals and perceptions of those supported are reached.
- **Stakeholder management:** for sustained success, an organisation manages its relationships with other parties that assist it in delivering services to those it supports, such as suppliers or outsourced services.

**Continuous improvement** is the ongoing effort of an organisation to improve its services, systems, processes or products to achieve the best possible outcomes for the people it supports. Continuous improvement systems help the organisation to identify where quality, clinical and safety are at risk or where enhancements can be made to help the organisation respond promptly and appropriately.

Continuous improvement relies on evidence-based information to support the organisation in achieving its goals and outcomes. This includes adapting to the changing needs of the community of people using services. It takes into account the needs and feedback of those it supports and may involve them in improvement activities.

Continuous improvement is part of an overall quality system that assesses the standards of care and service achieved.

The core elements of continuous improvement are:

- consumer-focus (person centred approach).
- innovation.
- achievement of improvement through planned steps.
- driven by involvement and accountability of key stakeholders, including:
  - consumers, representatives, carers and others;
  - staff and volunteers;
  - committee and board members; and
  - advocates.
- involves regular monitoring and evaluation of progress.

Mercy Services' continuous improvement system reflects a 'plan, do, check, act' model, which is adopted through its quality or audit review process.

## **Governance systems in place for quality improvement**

Mercy Services has established the following committees and advisory councils to assist it in improving quality, clinical and safety practices within its services. This includes:

1. Risk & Continuous Improvement (RCI) Committee – considers opportunities to improve the operational efficiency and quality of services, with representatives from each business unit and service area. It acts as a consultation mechanism to provide advice and help prioritise certain areas for continuous improvement.
2. Clinical Advisory Committee – responsible for reviewing clinical risks, incidents and complaints to provide advice to continuously improve clinical practices and maintain quality of care across services.
3. Client Advisory Council – comprises of clients currently receiving services from Mercy Services who participate in providing feedback and advice on any issues faced with their services, which can identify opportunities for continuous improvement.
4. Health & Safety Committees (Residential & Other Services) – monitors potential risks regarding work, health and safety practices including Safe Work Practices, recommending actions for enhancing practices.
5. Community Housing Advisory Committee – provides advice on enhancing the health & safety, wellbeing, operational and code of behaviour aspects for those residents living within Mercy's social housing facilities.

This governance framework assists senior leadership to:

- foster a positive attitude to quality improvement across teams and staff of the organisation;
- implement policy and procedures for quality management that will provide guidance to staff;
- identify key indicators for quality for the organisation; and
- establish documentation and reporting processes that will enable the ongoing tracking of quality improvement.

## Continuous improvement management systems

Mercy Services is to ensure the following management systems and processes are implemented to assist it in identifying and recording opportunities for continuous improvement.

<b>System/ Process</b>	<b>Records/Identifies</b>	<b>Overseen Via</b>
<i>Incident Management</i>	Incidents in delivery of services, identifying trends, analysing causes & response	RCI & Clinical Advisory Committees (monthly); staff incidents also via Health & Safety Committee (bi-monthly)
<i>Complaint Management</i>	Complaints in delivery of services, identifying trends, analysing causes & response	RCI & Clinical Advisory Committees (monthly)
<i>Self-Assessments</i>	Undertaken internally to assess organisational compliance with Quality & Practice Standards	Regulators, senior leadership, Risk & Compliance function
<i>Quality Reviews/ Audits</i>	Internal reviews undertaken quarterly on a planned cycle to review key areas or targeted high-risk quality or clinical aspects of services	Clinical Advisory Committee with findings shared with head of service function
<i>Accreditation Reviews</i>	Reviews undertaken on a cyclical basis against Quality & Practice Standards for Mercy Services to maintain their accreditation for that service	As per accreditation period/cycle
<i>Care/Quality Indicators</i>	Quality & Care indicators for each month over a period of time to identify any trends	MCSAL Board
<i>Internal Audit</i>	Reviews undertaken by a third-party provider into key operational or clinical aspects to compare against best practice and identify areas for continuous improvement	MCSAL Audit & Risk Committee

Any key actions to enhance practices or processes is to be recorded in Mercy Services' **Continuous Improvement Register**. This register is to be used to record all continuous improvement activities and outcomes in one location. It will also be populated with any audit or review findings to track progress on any items that commit to improvements in practices.

## Quality reviews

To support a focus on quality improvement, Mercy will undertake internal quality reviews of key clinical or operational processes to ensure it maintains a pulse on existing practices prior to any audits or accreditation reviews. To assist in identifying areas for a quality review, Mercy adopts a risk-based focus, considering:

- areas of issue previously identified in an audit/accreditation.
- complaints/incidents.
- areas highlighted/targeted by regulators.
- mix of services.
- vulnerable clients or high-risk services.
- self-assessments.

Mercy will prepare a schedule of quality reviews that are to be undertaken quarterly targeting key standards or practices. The findings of which are to be recorded, filed and feedback shared with the relevant head of the service area to review and implement improvement outcomes.

The annual schedule of quality reviews will be prepared by the Risk & Compliance team and presented to RCI for review before submission to the MCSAL Audit & Risk Committee for endorsement. This group will ensure such reviews are completed as scheduled with key areas of focus from a quality perspective including:

- evidence of involvement from those supported
- all aspects of care delivery
- documentation of an individual's care needs and support
- risk management of clinical care (clinical governance).

## Monitoring and review

The continuous improvement register (or plan for continuous improvement) is to be monitored regularly to ensure items for improvement are undertaken in a timely manner. A summary of items on the register and those shortly due for completion is to be presented to the RCI semi-annually to oversee tracking of continuous improvement items within the timeframe.

Staff are to be offered mechanisms to provide feedback or raise items for continuous improvement to the Risk & Compliance team.

This policy is to be reviewed either every three years or if there are major changes to the services provided by the General Manager, Risk & Compliance (or equivalent role) or if there are major organisational changes impacting services.