

Org1.5 Continuous Quality Improvement Management

Purpose

1. To outline SAVVY's commitment to and processes for embedding continuous improvement into the SAVVY workplace.

Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management

Legislative Alignment

1. Australian Service Excellence Standards (ASES)

Key Responsible Executive

Chief Executive Officer

For More Support

Chief Executive Officer

Policy Statement

1. SAVVY actively pursues and demonstrates continuous improvement in all aspects of governance and operations with the aim of improving services to service users. This ensures SAVVY continues to change and adapt to the needs of its service users, funders and the wider community.
2. Systems and resources are provided that support the ongoing planning, monitoring of quality initiatives on an organisational level as well as at a program level. Systems are put into place that encourage participation in a variety of ways; implementing ongoing monitoring of standards, initiating quality improvement measures and coordinating the services' evaluations, audits and accreditation reviews.
3. Continuous quality improvement (CQI) is an agenda item for Board meetings and staff meetings.
4. Quality improvement activities are to be based on the quality cycle. A structured Quality Improvement Plan must be maintained and outlines the specific tasks to be undertaken by staff

during a quality cycle. SAVVY's goals and outcomes, as outlined in the Strategic Plan, should be considered in all stages of the quality cycle.

Definitions

1. Quality - is the extent to which the properties of a service or product produce a desired outcome.
2. Improving performance - a continuous study and adaptation of processes in order to achieve desired outcomes and meet the needs and expectations of members, service users and stakeholders.
3. Accreditation - assessment by an external body or agency to determine the level of compliance with an agreed set of standards.
4. Continuous quality improvement (CQI) - the process of continual review of SAVVY, its structures and functions of governance, management, engagement with service users and other stakeholders and its service delivery.
5. Stakeholders - refers to interested parties including service users, employees, volunteers, carers, students, contractors and suppliers as well as community professionals involved with SAVVY.

Delegations

Roles	Responsibilities
Board of Directors	<ul style="list-style-type: none"> ● Demonstrate a culture a quality improvement through Board practices and operations ● Identify, lead, promote and participate in quality improvement activities in line with strategic goals and values
CEO	<ul style="list-style-type: none"> ● Lead the development of a quality improvement culture within the organisation ● Authorise presentations and/or attendance at conferences to support staff in their professional practice ● Lead and coordinate continuous quality improvement (CQI) systems, research partnerships and practices ● Identify research projects in line with strategic objectives, priorities and policy ● Lead comparative and benchmarking activities and subsequent organisational change ● Orientate new staff members, students and volunteers to CQI systems
Management	<ul style="list-style-type: none"> ● Support comparative and benchmarking activities and subsequent organisational change ● Orientate new staff members, students and volunteers to CQI systems

Staff, volunteers, contractors and students	<ul style="list-style-type: none"> Promote and demonstrate commitment to CQI and assist with implementation of CQI activities and processes
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Procedures

1. Participation and feedback
 - a. SAVVY routinely collects information on its services to identify progress, achievements and areas of improvement. This information is collected through a variety of mechanisms including stakeholder and staff surveys, have your say focus groups, interviews, literature reviews, audits, trend analysis of incidents, complaints, hazard reports, observations and policy reviews.
 - b. Information from surveys, stakeholder interactions and staff/volunteer initiated changes shall be reviewed by the CEO and appropriate corrective or preventive actions shall be taken if adverse trends are determined.
 - c. Wherever practical, findings will also be shared with relevant staff and their input sought regarding improvement solutions.

2. Initiating additions or changes
 - a. Staff are encouraged to initiate changes or additions to the quality management systems at any time by sending an email to the CEO.
 - b. The email should outline:
 - i. A description of the issue/s identified, and
 - ii. List of suggestions/ideas to resolve/improve the issue/s.
 - c. On receipt of the email the CEO or delegate will:
 - i. Clarify the issue, talking with staff and/or stakeholders to better understand the issue.
 - ii. Identify solutions to the issues, taking into account the needs of the organisation, staff, service users and stakeholders that may be affected. Actions may range from procedure documentation or policy development to system redesign or creation to be taken, if any.
 - iii. Where improvements are significant, the process is recorded on the quality improvement plan (see the following page).
 - iv. Nominate the person responsible for carrying out the solution and the timeframe for implementation and review.
 - v. Provide feedback to all involved on the actions taken.
 - vi. Evaluate whether the solution was effective.
 - vii. File a copy of the initial email and action taken when closed out in the closed section of the Quality Improvement Folder.

3. Accreditation and validation reviews
 - a. SAVVY is required to undergo a quality accreditation review every 2 years against the NDIS Quality and Safeguards Commission.
 - b. Accreditation is a tool to measure performance and outcomes and identify opportunities for improvement against an agreed set of Standards.
 - c. The improvements identified through the review process are summarised in the Accreditation Report and included in the Quality Improvement Plan (see Quality Improvement Plan below).

4. Research
 - a. SAVVY will access and share information that adds value and quality to the services being provided. This can include reports from government or other services on evidence based and informed practice models and the latest trends in care and casework.

- b. From time to time SAVVY may implement research projects to document its own best practice approaches. This information is distributed across the organisation and to stakeholders to encourage the promotion and implementation of quality initiatives.
5. Quality cycle
- a. SAVVY employs a quality cycle approach to continuous quality improvement that is systematic and future directed. The quality cycle involves steps to continually evaluate and improve services and the results for stakeholders. This is commonly known as the Plan-Do-Check-Act cycle. The quality improvement cycle does not stop and is never finished based on an assumption that there will always be opportunities for improvement, with better results seen as each cycle is completed.
6. Quality improvement plan
- a. SAVVY will develop and work within a three-year quality improvement plan, outlining the specific tasks to be undertaken by staff during the quality cycle and the steps to meet accreditation requirements. SAVVY goals and outcomes as outlined in the Strategic Plan should be considered in all stages of the quality cycle.
 - b. The CEO will support and monitor the implementation of the Quality Improvement Plan.

References to other SAVVY policies and external sources

- 1. Quality Innovation Performance, ASES webpage

Summary of attachments

- 1. Nil

Version Control

- 1. 1 April 2023 - New Policy Creation