



## Quality Improvement Policy

### Background

The aim of Healthy Living NT's quality improvement system is to ensure that its processes and services, both within and outside the organisation, are of a consistently high quality. We seek to embed continuous quality improvement in all activities.

In 2005, Healthy Living NT (HLNT) introduced a formal over-arching Quality Improvement Plan that embraced all aspects of the organisation. This plan was a systematic guide for providing a strong foundation to all quality improvement activities, and was reviewed and updated annually.

In 2010, the Quality Improvement Council introduced the *6th Edition of the QIC Health and Community Services Standards*, which refreshed and restructured the previous QIC standards into a single level standards module. These standards were adopted by Healthy Living NT for internal assessment.

In 2016, Healthy Living NT engaged in a formal quality improvement program under these standards with Quality Innovation Performance Ltd.

### Policy Statement

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

#### 1. Definitions

<b>Quality</b>	is the extent to which the properties of a service or product produces a desired outcome.
<b>Improving performance</b>	is continuous study and adaptation of processes in order to achieve desired outcomes and meet the needs and expectations of members, clients and stakeholders.
<b>Accreditation</b>	is assessment by an external body or agency to determine the level of compliance with agreed standards.
<b>Quality improvement</b>	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.

#### 2. 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.

Healthy Living NT is committed to the widespread involvement of staff, the Board, members and stakeholders in its quality improvement activities.



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### 3. Outcomes

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

Healthy Living NT encourages evidence based and innovative work practices and staff are recognised for best practice and innovative ideas.

Healthy Living NT'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.

### 4. Functions and Delegations

Position	Delegation/Task
<b>Board</b>	<p>Approve HLNT's strategic direction which guides quality improvement processes.</p> <p>Approve financial costs of external quality improvement provider.</p> <p>Endorse the Quality Improvement Policy.</p> <p>Participate in internal and external review activities as appropriate.</p>
<b>Management</b>	<p>Comply with the Quality Improvement Policy.</p> <p>Engage in a contract with a quality improvement provider.</p> <p>Support staff to coordinate HLNT's continuous quality improvement systems and practices.</p> <p>Participate in, and lead, quality improvement activities as relevant.</p> <p>Provide leadership and resource support to quality improvement staff and activities.</p>
<b>Staff</b>	<p>Comply with the Quality Improvement Policy.</p> <p>Staff actively participate in internal and external review activities.</p> <p>In particular, Health professional and professional practitioner staff:</p> <p>Participate in, and lead, quality improvement activities as relevant.</p> <p>Coordination of HLNT's continuous quality improvement systems and practices.</p> <p>Promote and demonstrate commitment to quality improvement.</p> <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>

### 5. Risk Management

This policy will be reviewed in line with HLNT'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.

### 6. Policy Implementation

This policy is to be part of all HLNT's staff and Board orientation processes. The Board and the staff should also be familiar with their functions and delegations outlined in this policy.

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

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## 7. Policy Detail

Healthy Living NT 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 management, though all staff and Board Members participate in quality improvement practice.

HLNT 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. HLNT's goal and outcomes as outlined in the Strategic Plan should be considered in all stages of the quality cycle.

### 7.1 Monitoring

HLNT 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.

### 7.2 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.

### 7.3 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, 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.

### 7.4 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.

### 7.5 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.

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## 8. References

### 8.1 Internal

Quality Improvement Action Plan

### 8.2 External

<https://www.qip.com.au/>

#### Quality and Accreditation Standards

##### Health and Community Service Standards (6th edition)

**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?*

### Responsibility for Policy

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

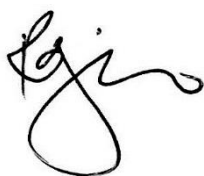
### Approval

Submission Date: Board Meeting 2/17 of 22 April 2017

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Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board



Signature: Ron O'Brien

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