

Quality Improvement Policy Template

Purpose:

To ensure continuous improvement in the safety, quality, and effectiveness of care and services by systematically identifying, evaluating, and implementing improvements within the organisation, in accordance with the Aged Care Quality Standards and regulatory requirements.

Scope:

Applies to all employees, contractors, volunteers, and management staff involved in the planning, delivery, monitoring, and review of care and services across the organisation.

Policy Statement:

The organisation will:

- Embed a culture of continuous quality improvement through systematic planning, measurement, and evaluation.
- Involve residents, families, and staff in identifying opportunities for improvement.
- Maintain a robust quality management system that aligns with regulatory, clinical, and operational requirements.
- Regularly analyse data, feedback, and incidents to identify trends and actions for improvement.
- Document, monitor, and evaluate improvements to ensure sustainable outcomes.

Legislative Context:

- Aged Care Act 1997 (Cth)
- Quality of Care Principles 2014
- Aged Care Quality Standards (Standard 2 – The Organisation)
- Work Health and Safety Act 2011 (Cth)
- Privacy Act 1988 (Cth)

Definitions:

- **Continuous Improvement:** An ongoing effort to enhance care quality, safety, and operational efficiency.
- **Quality Management System (QMS):** Organisational framework for managing, monitoring, and improving quality and compliance.
- **Quality Indicator Data:** Measurable metrics relating to resident health, safety, and care outcomes used for analysis and improvement.

Key Principles:

1. Continuous improvement is a shared responsibility across all levels of the organisation.
2. Evidence-based decision-making guides all improvement initiatives.
3. Resident feedback and satisfaction are central to quality development.
4. All incidents, complaints, and audits inform improvement actions.
5. Quality improvement outcomes are documented, tracked, and reported transparently.

Responsibilities:

- **Approved Provider / Board:** Endorse and resource quality improvement frameworks and review performance reports.
- **Quality & Compliance Manager:** Maintain QMS, manage improvement registers, and coordinate internal audits.
- **Facility Manager:** Implement improvement initiatives at site level and ensure staff participation.
- **All Employees:** Contribute to improvement suggestions, comply with quality processes, and report issues or risks.

Procedures:

1. Identify improvement opportunities through audits, incident reviews, complaints, resident feedback, and staff suggestions.
2. Assess improvement priorities and determine root causes using data and analysis tools (e.g., Pareto, Fishbone).

3. Develop Quality Improvement Plans (QIPs) outlining objectives, responsible persons, timelines, and evaluation methods.
4. Implement improvement actions with clear accountability and communication to staff and stakeholders.
5. Monitor progress and outcomes through performance indicators and review meetings.
6. Document completed initiatives and demonstrate results through updated QIPs and governance reports.
7. Use findings to inform future strategic planning and service development.

Monitoring and Reporting:

- Quality improvement data reviewed monthly by the Quality and Risk Committee.
- Quarterly reports submitted to the governing body.
- Findings from consumer feedback and audits integrated into improvement plans.
- Policy reviewed annually or following major legislative or organisational changes.

Associated Policies:

- Risk Management Policy
- Incident Management and Reporting Policy
- Feedback and Complaints Management Policy
- Staff Training and Competency Policy
- Governance and Continuous Improvement Framework

Evidence and Records:

- Quality Improvement Plan (QIP) register
- Audit and performance reports
- Resident and staff feedback logs
- Governance meeting minutes
- Action monitoring and completion records

Policy Control:

Version	Effective Date	Review Date	Policy Owner	Approved By	Status
1.0	20 January 2026	20 January 2027	Quality & Compliance Manager	Approved Provider Board	Draft

Compliance Summary:

Entity Type	Entity Name	Completion Rate	Status
Policy	Quality Improvement Policy	100%	FULLY COMPLIANT (100%)