

Continuous Improvement Management Policy



Whiddon

Document Control

Title	Continuous Improvement Management Policy
Version	0.6
Effective Date	30/10/2024
Review Date	October 2026
Initiating service area	Corporate Risk and Compliance
Release Authority	Quality Care and Compliance

Document Review

Date	Description of review	Initiated by	Version
2018	Initial document	COO	0.1
2020	Time based review	QCCT	0.2
October 2024	Scheduled review . Reflect Governance framework . CAB / QCAB added . PDCA image update	GMCR&C	0.6

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Introduction

Providers must have a written plan for continuous improvement (PCI). This requirement is stated under section 62 of the Aged Care Quality and Safety Commission Rules 2018. The PCI needs to explain how providers will:

- Assess
- Monitor, and
- Improve their care and services, measured against the [Aged Care Quality Standards](#).

Whiddon is invested in the application of robust internal controls which facilitate exceptional quality outcomes for all stakeholders. As an organisation we embrace the concept of continuous improvement and to be brave and open to new ideas. It is the Whiddon Way.

Application of Policy

This policy applies to all Whiddon employees.

Purpose

Whiddon supports the systematic examination of quality systems for the purpose of identifying if systems support a culture that endeavours to continuously improve care, services and operations. The purpose of continuous improvement activity is corrective or to improve the quality of outcomes or experience; and to eliminate the causes of existing nonconformities in order to prevent recurrence. To conform means to meet or comply with requirements. There are many types of requirements. There are quality requirements, client requirements, product requirements, management requirements and legal requirements.

Policy

This policy applies to consumers in Residential Care and Community Care funded by the Department of Health and Aged Care and the National Disability Insurance Scheme (NDIS)

To maintain clarity and consistency throughout the policy, the terms "consumers," "residents," "clients," "elders," and "NDIS participants" will collectively be referred to as "consumers," all such references encompass these groups equally.

1. Continuous Improvement is management driven, supporting and encouraging all stakeholders to be part of the process.
2. Management and employees participate in the correct use of Whiddon Systems by formally assessing, monitoring and evaluating all areas in the organisation and the level of resident/client satisfaction and their experiences.
3. Whiddon clearly communicates its commitment to continuous improvement to residents, clients, families and employees.

4. Whiddon has a system in place to obtain input from management, employees, clients, residents or their representatives.
5. Opportunities for improvements are identified and action is taken with measurable outcomes to further enhance the quality of care for clients and residents.
6. All services will look for opportunities to promote continuous improvement by assessing consumer satisfaction and experience, reviewing complaints and trends, examining key performance indicators results and trends and audit results and trends.
7. All continuous improvement activities will be captured and communicated to all members of the team.
8. Whiddon has an expectation that all services will undertake relevant scheduled audits in a timely and accurate manner; provide timely and accurate information of incidents, complaints, survey results, system failures and non-compliance.
9. Whiddon has an expectation that all service managers and their teams will actively seek opportunities to implement improvements and maintain accurate and timely documentation using Whiddon systems and processes.

Roles and Responsibilities

Key Responsibilities	Executive	General Managers	Service Managers	Community Coordinators	Care employees	Hospitality /Admin services
Continuous Improvement leadership	✓	✓	✓	✓		
The correct use of Whiddon Systems	✓	✓	✓	✓	✓	✓
Assessing , monitor and evaluate all relevant areas in the organisation	✓	✓	✓	✓		
Communicates and demonstrates its commitment to continuous improvement to residents, clients, families and all employees	✓	✓	✓	✓	✓	✓
Elicits and monitors resident/client satisfaction and their experiences	✓	✓	✓	✓	✓	✓

Key Responsibilities	Executive	General Managers	Service Managers	Community Coordinators	Care employees	Hospitality /Admin services
Accurately collects analysis data in a timely manner and provides comprehensive reports	✓	✓	✓	✓		
Implements corrective actions within delegation of authority in a timely manner	✓	✓	✓	✓	✓	✓
Conducts audits in accordance with Whiddon schedule.	✓	✓	✓	✓	✓	✓
Uses Whiddon audit methodology consistently and accurately	✓	✓	✓	✓		
Sees audit findings as an opportunity to improve and take action	✓	✓	✓	✓	✓	✓
Implements continuous improvement activities utilising the Whiddon Risk management system	✓	✓	✓	✓	✓	✓
Continually looks for ways to improve systems, care and services	✓	✓	✓	✓	✓	✓
Handles complaints according with Whiddon policy	✓	✓	✓	✓	✓	✓

Background

The quest for continuous improvement means there is no limit to the quality-of-service Whiddon provides. Continuous Improvement is more than meeting standards.

Whiddon Position

Whiddon meets the requirements of the Regulatory Bulletin 2021-15 and has in place continuous improvement systems and processes that assess, monitor, and improve the quality and safety of care and services. This includes identifying areas for improvement as part of self-assessment of compliance with the Aged Care Quality Standards (Quality Standards) in relation to a service.

Whiddon seeks to continually improve the quality of service above minimum requirements. The principles of Continuous Improvement are applied regardless of outcomes already met.

Quality assurance is using systems and processes to deliver a consistent quality of care and services. Continuous improvement moves beyond quality assurance to find ways of lifting the quality of services by:

- Considering the consumer's needs and how we may involve them in improvement.
- Working in a systematic way to improve over time.
- Applying the principles across all activities from smaller programs to large, strategic initiatives
- There is a system of internal audits in place that are monitored for compliance to measure risk controls, quality of service and to ensure regulatory requirements are met.
- Data from indicator measurement and audit outcomes including risk related data are used to inform evidence-based practice.

Continuous improvement principles

Whiddon's approach to continuous improvement:

- Embraces the needs and preferences consumers and others.
- Demonstrates innovation.
- Is achieved through planning.
- Is documented clearly using the required system (eQstats)
- Works through involvement and accountability of essential stakeholders, for example:
 - Consumers, and or consumer representatives
 - Workforce and volunteers
 - Committee and Board members
 - Advocates
 - Other health care professionals
 - Service providers.
- Can respond to changes in legislation, community needs, change in best practice.

- Is regularly monitored and evaluated to measure progress.
- Links evaluation to strategic planning

Continuous improvement cycle

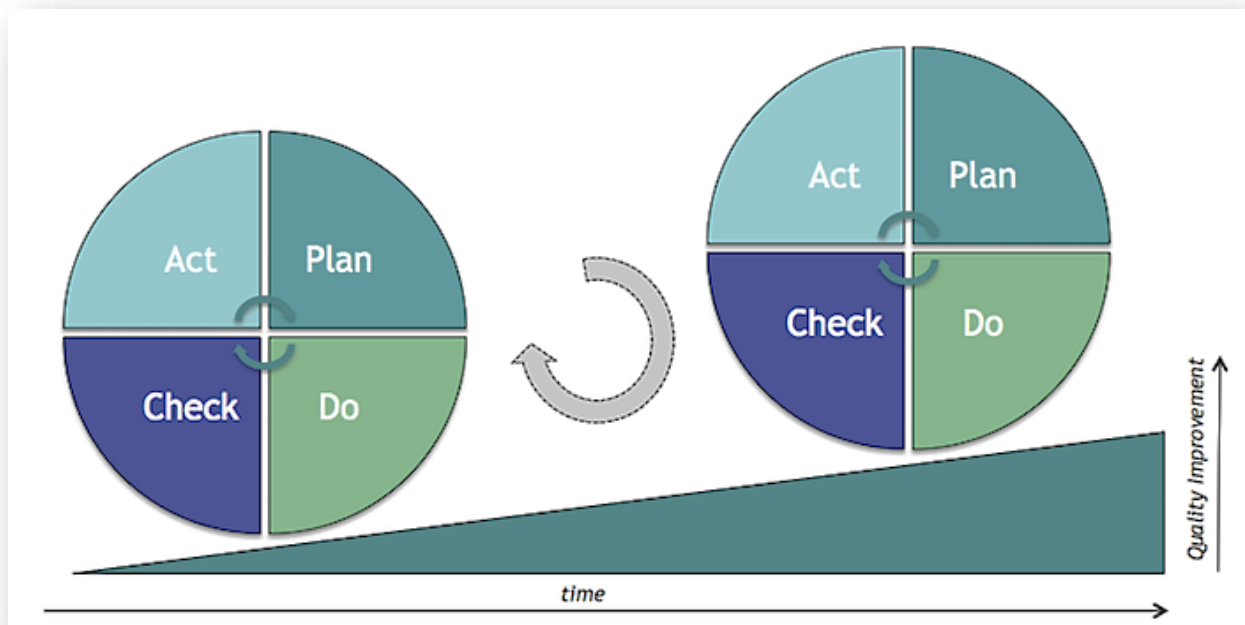


Figure 1 Plan Do Check Act (PDCA) Quality Improvement Cycle

Whiddon uses the Plan, Do Check Act (PDCA) cycle of continuous improvement cycle:

- **Plan** – Assess the current results of outcomes what changes are needed to be made for improvement? Devise a plan for change.
- **Do** - implement the plan decided upon for improvement.
- **Check** – monitor and evaluate the results after the improvement is made.
- **Act** - take action to sustain and spread the improvement.

Benefits of continuous improvement

Continuous improvement offers a valuable opportunity for the organisation to:

- Improve care and services to consumers.
- Identify changes in care and service needs.
- Upgrade systems so changes can be monitored.
- Show the results achieved are sustainable.

Quality Improvement

Whiddon undertakes regular internal reviews in keeping with regulatory changes to drive continuous quality improvement of the Quality Improvement structures.

Procedure

Achieving improvement requires all elements of the PDCA cycle:

Planning Assessment

Assess the information collected to determine the type and extent of the problem, opportunities for improvement or to demonstrate that the practice is actually reaching established standards, policies, legislation.

Doing Action

The action taken to rectify a problem or to improve care and services may involve the following.

- 10. Education and professional development
- 11. Re allocation of resources
- 12. Changes to policy and practice
- 13. Administration changes
- 14. Culture changes

Check Follow Up

- 15. The specific measurement of the improvement put into place to treat the issue/ problem identified during the planning and assessment phase.

Act Monitoring

- 16. Any systematic ongoing process of collecting information on clinical or non-clinical performance (for example medication errors, near misses, falls, trips, infection rates)

Feedback; stakeholder collaboration and consultation

Whiddon has in place Consumer advisory bodies and Aged Care Quality Care Advisory bodies of which there are consumer representatives.

Feedback can be achieved through any of the following.

- Meetings and minutes
- Memorandums
- Newsletters
- Communication notices in care systems

Whiddon has a number of processes that facilitate opportunities for identifying potential and actual improvement:

17. Have Your Say – Complaints, Compliments and Feedback system.
18. Internal Quality Reviews
19. Incident Reporting, investigation process and analysis
20. Critical investigations
21. Audits- conducted internally and via external agents.
22. Clinical key performance indicator data collection , analysis ,outcomes and benchmarking
23. Business key performance indicator data collection, analysis ,outcomes and benchmarking
24. Customer Satisfaction feedback and surveys
25. Customer Experience feedback and surveys.

Definitions

Complaints

Expression of grief, pain, or dissatisfaction (see the Complaint Handling Residential and Community Care Policy)

Compliment

An expression of esteem, respect, affection, or admiration; especially an admiring remark (see the Complaint Handling Residential and Community Care Policy)

Feedback

The transmission of evaluative or corrective information about an action, event, or process to the original or controlling source.

Audit

Auditing is a verification activity, such as inspection or examination, of a process or quality system, to ensure compliance to requirements. An audit can apply to an entire organisation or might be specific to a function, process, or production step. Auditing can be on-site but may be conducted by a desk top phone audit or by remote examination of centralised processes.

An audit is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled

Purpose of Audits

An auditor may specialise in types of audits based on the audit purpose, such as to verify compliance, conformance, or performance. Some audits have special administrative purposes such as auditing documents, risk, or performance or following up on completed corrective actions. At Whiddon we conduct internal audits as per a schedule to ensure that each service has the company systems in place and that the service is compliant with regulatory requirements.

Audits should be planned for a specific time frame and directed towards a specific purpose. An audit program includes all activities necessary for planning, organising and conducting the audits.

The 'three lines of defence' model is reflected in the Whiddon management and control process

First Line audits: also known as internal audits, self-assessment and self-audit risk controls are conducted by or on behalf of the person that owns and runs the process under scrutiny i.e. the department; service or organisation does its own audit of its processes.

Second Line audits: are Management assurance (risk control and compliance oversight functions established by management) conducted by parties having an interest in the department or a service of the organisation, such as other unit managers, or specialised staff such as occupational health and safety coordinator, infection control coordinator et cetera.

Third Line audits or Third party independent assurance are conducted by external, independent auditing organisations, such as those providing certification – registration of conformity for example the Australian Aged Care Quality and Safety Commission (ACQSC) or the NSW Food Authority.

Residential Aged Care Accreditation

In Australia, residential aged care homes are required to be accredited to receive Australian Government subsidies. The Australian Aged Care Quality Safety Commission (ACQSA) has been appointed as the independent accreditation body and assesses homes' performance against a set of legislated Accreditation Standards. This involves periodic full audits, as well as unannounced visits to monitor continuing compliance with standards.

While the accreditation-related processes invariably involve a relationship principally between the accrediting body and the approved provider, residential aged care accreditation exists for the benefit of aged care consumers – residents, their relatives and representatives. Assessors review documented procedures, observe the practices at the home, and they look at resident records and other documents held by the home such as staff rosters, incident reports, care plans and complaints registers. They also talk with residents to get their feedback about their satisfaction with the care and services being provided by the home, this includes the Consumer Experience Survey.

The main elements of the accreditation process are:

26. Self-assessment by the home against the Accreditation Standards

27. Submission of an application for re-accreditation (with or without the self-assessment)
28. Assessment by a team of registered aged care quality assessors at a site audit that is unannounced
29. A decision about the home's accreditation by a decision-maker (not part of the assessment team)
30. Issue of an accreditation certificate and publication of the decision on this website
31. Unannounced visits to monitor homes' on-going performance

Home Care Standards and Quality Reviews

The Home Care Standards (the Standards) were developed jointly by the Australian Government and State and Territory Governments as part of broader home care reforms to develop common arrangements that help to simplify and streamline the way home care is delivered

The Aged Care Quality and Safety Commission (ACQSC) has responsibility for the quality reviews of aged care services against the Standards.

Quality reviewers use the following process to gather and corroborate information:

32. Interview staff and management about systems, processes and practices
33. Sample care recipient records
34. Review documents such as policies, procedures, agreements and registers
35. Interview available care recipients or representatives
36. Observe the environment, any activities in progress and any interaction with care recipients or representatives
37. The quality review commences with an entry meeting and concludes with an exit meeting.

Follow-up audit

Since most corrective actions cannot be performed at the time of the audit, the person conducting the audit may require a follow-up audit to verify that corrections were made, and corrective actions were taken.

At Whiddon we conduct follow-up audits and or meetings to verify preventive actions were taken as a result of performance issues. These are identified by both internal and external audits.

Four phases of a Site Visit Audit for both internal and external audits undertaken

Steps	What is it	What is the aim	Who does it
Audit preparation	Audit preparation consists of everything that is done in advance by interested parties	To review systems against a set of standards and to	Auditor internal or external(service managers and their

	The preparation stage of an audit begins with the decision to conduct the audit. Preparation ends when the audit process itself begins.	achieve compliance.	teams)
Audit Process	The performance phase of an audit is often called the site visit. It is the data-gathering portion of the audit and covers the time period from arrival at the audit location up to the exit meeting. It consists of activities including on-site audit management, meeting with the service /facility manager, clients, staff and visitors understanding the process and system controls and verifying information.	To validate what the service management has said is being done to meet standards.	The auditor
Audit reporting	<p>The purpose of the audit report is to communicate the results of the investigation.</p> <p>The ACQSC does offer an opportunity to service providers to respond with information that demonstrates corrective actions have been implemented or conversely to refute auditor findings and provide evidence.</p>	The report should provide correct and clear data that will be effective as a management aid in addressing important issues identified in the audit process.	The auditor and the organisation both have a responsibility in confirming the findings and verifying that they are true and correct.
Audit follow-up and closure	The audit is completed when all the planned audit activities have been carried out, or otherwise agreed with the facility /service manager	<p>Once the audit report has been finalized and approved by the ACQSC, the report is published on the ACQSC web site</p> <p>for all interested persons to read.</p>	The ACQSC

Benchmarking

Whiddon has a professional partnership with an external benchmarking consortium, all services have a mandatory requirement to undertake audits as per a schedule provided by the external benchmarking company located on their web site. It is the responsibility of the management team at each service to ensure that results are submitted by the due date and that results are accurate. Further, that results are submitted in a manner prescribed by the external company to facilitate benchmarking activities.

Internal System Audits - Frequency

There are a number of audits that are conducted monthly, quarterly, six monthly and annually. Some audits are located in Whiddon's risk management system and others via the external benchmarking partner. These audits are conducted at each service by staff that have the skills and knowledge to undertake an audit.

Audit Methodology

As auditing is a review of organisational systems and processes, it is expected that persons assigned to undertake audits have appropriate skills, experience and knowledge to critically review systems and processes against a predesigned set of requirements. That audits are seen as an opportunity to identify gaps, implement corrective actions and continually improve.

Internal Quality Reviews and the Methodology

At Whiddon all services are reviewed annually and or as requested or required. The Clinical Governance team has developed an annual Quality Review schedule. This process is an opportunity for all community and residential services to have a replicated abbreviated accreditation type audit following the 4 key steps of an audit. The process includes a site visit, a review of high risk expected outcomes and an environmental review. The person conducting the internal quality review will provide a summary report that describes findings and identifies opportunities for improvement. All findings are rated using a traffic light methodology, alerting managers to areas at risk and requiring immediate review and corrective actions to be undertaken.

Post Internal Reviews

All services are supported to work towards completing the actions required as per the quality review findings to meet compliance with the accreditation expected outcomes and Whiddon policies and practices. The managers are contacted every three months, a desk top audit is conducted to ensure that progress is being achieved and to discuss challenges and possible additional support and direction that may be required to achieve completion of all recommendations.

Internal Clinical Key Performance Indicators and Audit Results Monthly Reporting

At Whiddon all services managers collect audit results, operational key performance indicator data and care incident data. At the end of each month service managers are responsible for the review of their results; they are required to study types of incidents, audit results, trends, actions taken and identify opportunities they could implement to improve outcomes for their residents, clients and employees.

At the end of each month reports are reviewed by the clinical governance team and in collaboration with managers a consolidated summary is prepared for the Deputy Chief Executive Officer and the Whiddon Board. It is Continuous Improvement opportunities that have been identified from the results that need to be captured and registered into Whiddon's risk management system.

Benchmarking Quarterly Results

On a quarterly schedule all managers are required to submit their consolidated results to an external benchmarking partner. The results are statistically analysed and benchmarked against other aged care providers. Below is a sample risk matrix which identifies high risk, medium risk, better than benchmark results. If results are identified as high risk or medium risk managers are required to implement immediate corrective actions or generate a continuous improvement plan.

Trending

The Clinical Governance team provide the executive and the board with a Quarterly report , the data identifies trends across Whiddon, these results may guide the organisation in policy development, projects , strategic planning, workforce modelling and budget development.

eQstats Continuous Improvement Dashboard, Registers and Reports

Whiddon has in place since 2013 a Governance Compliance and Risk Management system; eQstats. This system facilitates the development of Continuous Improvement Plans and has the capability of providing the user with a Dashboard update, be that for a single service or business unit or the whole organisation. Further every service or business unit can generate a consolidated Quality Improvement Register Quick Report as required. This will provide managers with a summary of their CI projects as a register and a copy of each CI, providing the manager a view of where the CI plan is at.

Quality Improvements are documented in the eQstats Quality Improvement register. Improvement can be linked within the eQstats system from the incident or auditing module by way of corrective actions. The quality improvement is then identified as generating from within the incident or audit and can be tracked through the Plan Do Check Act Cycle.

Measurement of the improvement can then be evidenced in the eQstats quality register and quantified within eQstats reporting. The eQstats quality register improvements are monitored by the Clinical Governance and Compliance and Risk teams.

Keeping track of improvements

All quality improvements should be logged in eQstats so that a record of them is available and reportable.

This shows the progress of improvement initiatives and allows a review, to plan and identify what worked and what didn't.

References

Aged Care Quality Safety Commission Continuous Improvement

Quality management systems – Fundamentals and vocabulary AS/NZS ISO 9000: 2016

[ICT Institute Netherlands Europalaan 400](#)

The image features a dark teal background. In the top-left corner, there is a bright orange L-shaped graphic element. In the top-right corner, there is a light teal L-shaped graphic element. A thin white vertical line is positioned in the center of the page. At the bottom, the word "Whiddon" is written in a white, bold, sans-serif font. On the left side, there is a vertical teal bar. On the right side, there is a vertical light beige bar.

Whiddon