



QIC Health and Community Service Standards

Update from 5th edition to 6th edition

**AHCWA training
May 2010**

Summary of changes

The changes to the 6th Edition of the QIC Program can be summarised as:

- ❖ A revision and update of the Core Standards (17 Core Standards in the 5th Edition have been reviewed with a number of changes resulting in 18 Core Standards in the 6th Edition).
- ❖ There is no longer any need for organisations to address a set of service specific standards. Individual service and sector requirements will be factored in to how an organisation addresses the core standards.
- ❖ Simplification of the Quality Journal
 - No requirement for listing a Plan-Do-Check-Act (PDCA) example for each standard. Instead, the new Standard 1.9 Safety and Quality will be where organisations are required to provide evidence of their commitment to continuous quality improvement.
 - Only one Process Summary is required, rather than a separate Process Summary for each of the three sections.
- ❖ Improved on-line process for the completion of the Quality Journal (details still being developed).
- ❖ The introduction of a number of new resources to assist in the interpretation of the standards (specifically Interpretive Guides and updated Organisational Analysis Tool).

Summary of Standards

Section 1. Building quality organisations

Standard 1.1	Governance
Standard 1.2	Management systems
Standard 1.3	Human Resources
Standard 1.4	Physical resources
Standard 1.5	Financial management
Standard 1.6	Knowledge management
Standard 1.7	Risk assessment and management
Standard 1.8	Legal and regulatory compliance
Standard 1.9	Safety and Quality integration

Section 2. Providing quality services and programs

Standard 2.1	Assessment and planning
Standard 2.2	Focusing on positive outcomes
Standard 2.3	Ensuring cultural safety and appropriateness
Standard 2.4	Confirming consumer rights
Standard 2.5	Coordinating services and programs

Section 3. Sustaining quality external relationships

Standard 3.1	Service agreements and partnerships
Standard 3.2	Collaboration and strategic positioning
Standard 3.3	Incorporation and contribution to good practice
Standard 3.4	Community and professional capacity building

Changes between QIC Core Standards 5th and 6th Editions

6 th Edition Standards	Nature of change/s
Section 1.	Building quality organisations
1.1	New Standard. Concerns the governance component of the 5th Edition Standard 1.1 and expands on the elements of governance
1.2	New Standard. Concerns the management component of the 5th Edition Standard 1.1. management systems.
1.3	New numbering only (1.2 becomes 1.3) no changes to Standard
1.4	New numbering (1.3 becomes 1.4) plus 4th Evidence question changed to require organisations to have policies to safeguard the environment and to implement the policies
1.5	New numbering only (1.4 becomes 1.5). No changes to Standard
1.6	New numbering only (1.5 becomes 1.6). No changes to Standard
1.7	New numbering only (1.6 becomes 1.7). No changes to Standard
1.8	New numbering only (1.7 becomes 1.8). No changes to Standard
1.9	New Standard. Concerns integration of safety and quality across the organisation.
Section 2.	Providing quality services and programs
2.1	New Standard. Concerns the continuum of assessment and planning. Replaces 5th Edition Standard 2.1
2.2	New Standard. Concerns the provision of services or programs. Replaces 5th Edition Standard 2.2
2.3	No changes to Standard or numbering
2.4	New standard. Concerns a consolidation of 5th Edition Standards 2.4 and 2.5 plus ethical behaviour
2.5	New numbering only (2.6 becomes 2.5). No changes to Standard
Section 3.	Sustaining quality external relationships
3.1	No changes to Standard or numbering
3.2	No changes to Standard or numbering
3.3	No changes to Standard or numbering
3.4	No changes to Standard or numbering

Disclaimer

These standards have been written according to good practice principles and practices. They also incorporate the values of the Quality Improvement Council (QIC) Standards and Accreditation Program. Apparent compliance with them does not however guarantee the safety, quality or acceptability of an organisation, its services, programs, staff or consumers. Neither does it warrant the organisation's compliance with legislation, policy or funding requirements. Further, apparent compliance does not prevent staff, volunteers or associates of organisations from lapses in safety and quality due to mistakes.

6th Edition changes mapped to the 5th Edition standards (QMS)

The changes can be summarised as:

- 17 Core Standards in the 5th Edition – changed to 18 Core Standards in the 6th Edition
- 12 5th Edition standards stay the same (other than one new evidence question in the Physical Resources standard, and revised numbering for a few standards)
- 5 5th Edition standards are revised (2 standards are re-written, 2 standards are amalgamated, and 1 standard is split into 2 new standards)
- 1 brand new standard is introduced (focussing on safety and quality) into Section 2 in the 6th Edition

The description 'no change' is in reference to no changes having been applied to the wording of the standard or to its evidence questions.

Whilst not changing in content from the 5th Edition, some standards will be allocated new numbering in the 6th Edition.

5 th Ed Standard	Content	Change in 6 th Ed
SECTION 1 – Building quality organisations		
CORE 1.1 - Leadership and Management	Leadership and management builds a collective sense of purpose and direction that enable the organisation's philosophy, goals and service priorities to be identified and met.	Broken into 2 new standards – one focusing on governance, one on management
CORE 1.2 - Human resources	Human resources are managed to create an effective and competent service.	<u>No change</u>
CORE 1.3 - Physical resources	The organisation's physical resources are managed to ensure an effective, safe and efficient service.	<u>No change</u> , other than 1 additional evidence question
CORE 1.4 - Financial management	The organisation's financial management reflects its goals and supports an efficient and sustainable service.	<u>No change</u>
CORE 1.5 - Knowledge management	Knowledge (including research and the collection, storage and sharing of information) is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development.	<u>No change</u>
CORE 1.6 - Risk assessment and management	The organisation identifies, assesses and manages risks to ensure continuous, safe, responsive and efficient services.	<u>No change</u>
CORE 1.7 - Legal and regulatory compliance	The organisation ensures compliance with all relevant laws and regulations.	<u>No change</u>
One additional new standard focusing on safety and quality		

5 th Ed Standard	Content	Change in 6 th Ed
SECTION 2 – Providing quality services and programs		
CORE 2.1 - Identifying and meeting community needs	Community Needs are identified and the organisation endeavours to meet those needs.	New standard – concerns the continuum of assessment and planning
CORE 2.2 - Focusing on positive outcomes	Planning and provision of services and programs focus on positive outcomes for agreed consumer and community needs.	New standard – concerns the provision of services or programs
CORE 2.3 - Ensuring cultural safety and appropriateness	Services and programs are provided in a culturally safe an appropriate manner.	<u>No change</u>
CORE 2.4 - Confirming consumer rights	Service and programs confirm consumer rights.	New standard – represents a consolidation of both of these standards, with inclusion of ethical behaviour
CORE 2.5 – Empowering consumers	Services and programs develop, implement and evaluate strategies that empower consumers.	
CORE 2.6 - Coordinating services and programs	Services and programs within the organisation are coordinated.	<u>No change</u>
SECTION 3 – Sustaining external quality relationships		
CORE 3.1 - Service agreements and partnerships	The organisation enters into formal service agreements and other less formal partnerships to ensure a continuous and sustainable service.	<u>No change</u>
CORE 3.2 - Collaboration and strategic positioning	The organisation collaborates with other organisations and positions itself strategically within the wider service system.	<u>No change</u>
CORE 3.3 - Incorporation and contribution to good practice	The organisation demonstrates that it has incorporated and contributes to currently-accepted good practice in its field.	<u>No change</u>
CORE 3.4 - Community and professional capacity building	The organisation works to build the capacity of the community it serves and the professional community to which it belongs.	<u>No change</u>

QIC – Health and Community Standards 6th Edition

CORE 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?
- d) service and program evaluation is routinely conducted and findings are used to for future planning and decision-making
- e) the organisation has an integrated complaints mechanism and complaints are addressed in a fair and timely way?
- f) safety incidents are managed and reported, and future planning is informed by data and analysis arising from such incidents?

Section 1. Building quality organisations

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:

- g) the organisation has specified safety and quality performance requirements?
- h) there are cross organisational forums, processes and procedures for ensuring communication, planning and learning about safety and quality?
- i) 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?
- j) service and program evaluation is routinely conducted and findings are used to for future planning and decision-making
- k) the organisation has an integrated complaints mechanism and complaints are addressed in a fair and timely way?
- l) safety incidents are managed and reported, and future planning is informed by data and analysis arising from such incidents?

Having read the Standard and using the Evidence Questions as a guide...	
Describe your system for Safety and Quality Integration below	Evidence of your system for Safety and Quality Integration
What are the key processes or functions that make up this standard?	
What are our guiding documents?	
How is responsibility assigned?	
How do people know and understand?	
Is it reflected in practice?	
How do we monitor and evaluate?	

Are all evidence questions for this standard addressed above?

Yes/No

Outline your areas for improvement (what isn't yet in place or you could do better) for this Standard

Safety and Quality Integration *system* and/or *system evidence* improvements

[Type response here]

Interpretive Guide for Aboriginal Community Controlled Health Services (excerpt)

Standard 1.9: Integration of Safety and Quality

Safety and quality systems are integrated and are managed systematically with clear lines of accountability to ensure continuously improving performance.

In a nutshell...

This standard covers the way in which the Board and your organisation manage and improve safety and quality for your organisation's services and programs as a whole, and in a way that is consistent across the whole organisation

It is about your organisation:

- identifying its key safety and quality outcomes and measures of success (key performance indicators or KPIs) covering all of its services and programs
- having in place an organisation-wide set of processes to enable the Board, management and staff to manage and improve safety and quality in these services and programs
- ensuring that the Board, management and staff know what their responsibilities are with respect to safety and quality, and that they fulfil their responsibilities and report progress and performance
- regularly reporting on performance against all safety and quality indicators to the Board and other stakeholders
- conducting reviews of all services and programs on a regular basis and using the results for safety and quality improvement purposes
- having a client complaints system which includes:
 - helping clients to complain if they want to, including about a clinical procedure
 - acting effectively on those complaints
 - letting clients know what happened as a result of their complaint
- managing, understanding and reporting adverse events (for example safety accidents and incidents, near misses, client complaints) in such a way that the information can be used for effective future planning and decision-making

A comment on terminology:

The terms 'clinical governance', 'safety and quality', and even 'quality' are frequently used by health care professionals, policy-makers and researchers. Sometimes these terms are used interchangeably and sometimes the interpretations of each term are different. To avoid confusion, this Interpretive Guide interprets the terms in the following ways:¹

'Quality' in health services broadly refers to improving the quality of health care in a number of dimensions, first identified by the US Institute of Medicine in 2001²:

- Safety: the safe progress of clients through all parts of the health care system
- Effectiveness: the treatment being provided producing obvious benefit for the client
- Appropriateness: using the right actions to produce a good outcome
- Acceptability: working with the client to help them define reasonable expectations and then meeting or exceeding those expectations
- Access: providing equitable access to health services for all members of the community
- Efficiency: using resources to achieve value for money

Safety and Quality could be seen as embracing the same dimensions described above, but separating the concept of safety from other dimensions of quality, thus emphasising its importance. In fact, traditionally, 'quality' is an umbrella term that embraces different dimensions according to their importance in any particular industry sector. In the health care sector, 'quality' would definitely include the safety dimension. However, the term 'safety and quality' is more commonly used in this sector.³

Clinical governance is defined under Standard 1.1 as 'the systems by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to clients, and for continuously monitoring and improving the quality of clinical care.'

¹ These have been developed drawing on work done by the Victorian Quality Council, Victorian Healthcare Association and the Australian Commission on Safety and Quality in Health Care

² Institute of Medicine. *Crossing The Quality Chasm: A new Health System for the 21st Century*. Washington DC: National Academy Press, 2001.

³ The Australian Commission on Safety and Quality in Health Care have prepared a proposed framework for safety and quality on their website at: <http://www.qualityhealthcareconversation.org.au/the-proposed-framework/>

This concept focuses on clinical processes, services and programs. It also emphasises the critical role of the Board and senior managers as ‘enablers’ in the delivery of safety and quality outcomes (not simply financial and other business outcomes) of the health care service. In fact clinical governance is the mechanism by which all levels of the organisation are responsible for implementing, monitoring, reviewing and improving service quality, including safety.⁴

The processes needed to manage and improve safety and quality, and to exercise clinical governance are likely to be identical. This standard looks for a single overarching framework that contains all of these processes. It looks for consistency of approach throughout the organisation and the integration of management and improvement of safety and quality.

In this Guide, the term ‘safety and quality’ is used, to reflect its use in the QIC standards and in the sector generally.

If your organisation does not have its own definition of quality and what it means for its own services and programs, you could consider exploring the dimensions described above, i.e. safety, effectiveness, appropriateness, acceptability, access and efficiency.

Key organisational functions and activities:

Safety and Quality Improvement Framework (or similar), comprising:

- Leadership (Board, CEO and managers)
- Defined organisational objectives or outcomes for safety and quality outcomes
- Monitoring and reporting framework for safety and quality
- Use of a broad range of safety and quality indicators
- Service and program evaluation and reporting
- Analysis and use of results for improvement purposes
- Safety and quality committee (or similar)

⁴ Several papers produced by the Victorian Quality Council explore safety & quality and clinical governance further: Victorian Quality Council *Leading clinical governance in health services* and *Better Quality, Better Health Care*, found at: <http://www.health.vic.gov.au/qualitycouncil/pub/improve/index.htm>

- Responsibilities and accountabilities for safety and quality at all levels of the organisation
- Development of organisational culture promoting safety and quality
- Staff participation in safety and quality awareness-raising, skills development and planning
- Safety and quality policies and procedures, covering:
 - Staff competence (including training, supervision, performance management, scope of practice, credentialling, clinical supervision)
 - Data management (including data for evaluation, planning, risk management, incident management, monitoring quality indicators)
 - Client participation (including for service planning, design and evaluation, informed consent, care planning)
 - Governance systems and structures for monitoring and reporting on safety and quality indicators

Evidence questions and examples

Standard 1.9: Safety and quality systems are integrated and are managed systematically with clear lines of accountability to ensure continuously improving performance.

QIC evidence questions	What this means	Some examples of evidence (there may be others, including some of your own examples that you might wish to include)
<p>What is the evidence that:</p> <ul style="list-style-type: none"> • the organisation has specified safety and quality performance requirements? 	<p>The extent to which the organisation (including Board and CEO) values safety and quality outcomes by identifying overall organisational objectives for safety and quality</p> <p>How measures of organisational progress towards these objectives are developed</p>	<p>Safety and quality framework (or similar)</p> <p>Organisational safety and quality performance indicators</p> <p>Strategic, operational, service and program plans and safety/quality indicators</p> <p>Documented health care standards</p> <p>Position descriptions for health care staff</p>

<ul style="list-style-type: none"> • there are cross organisational forums, processes and procedures for ensuring communication, planning and learning about safety and quality? 	<p>How these measures are translated into general standards for health care How individual staff performance requirements are developed in line with these standards</p> <p>The extent to which the organisation has adopted a 'whole of organisation' responsibility for safety and quality, which includes the Board, CEO, clinical and non-clinical staff The opportunities for staff, managers and the Board to talk and learn about safety and quality, and to plan processes for its management and improvement The training and support offered to staff to help them understand the safety and quality data they collect and to use quality improvement tools to improve performance</p> <p>How the organisation ensures that effective communication about quality and safety takes place 'bottom up' and 'top down'</p>	<p>Safety and quality framework (or similar) Safety and quality committee meeting agendas and minutes Training and development policy and procedures Clinical supervision processes Staff and volunteer training records Internal communications about safety and quality (for example Intranet, minutes of staff/volunteer meetings)</p>
<ul style="list-style-type: none"> • 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? 	<p>How responsibilities for leading the safety and quality activities of the organisation and managing and improving them are identified, from Board and CEO level to all levels of the organisation The processes to ensure that individuals are clear about their own and their team's responsibilities for safety and quality, and are managed accordingly How performance against the agreed standards of safety and quality is assessed, documented and reported How overall safety and quality performance on</p>	<p>Board and Board members' statements of responsibility Management and staff position descriptions Performance management system Safety and quality performance measurement, monitoring and reporting system Audits for critical safety issues such as infection control, food safety, drug storage Audits for other quality dimensions such as accessibility, client engagement, client outcomes, etc Incident review and client complaints register Board reports</p>

<ul style="list-style-type: none"> • service and program evaluation is routinely conducted and findings are used to for future planning and decision-making? 	<p>key dimensions is monitored, measured, and reported to senior levels and to the Board How the organisation ensures that service and program reviews are performed on a regular basis and results (including for safety and quality) reported How service and program review results are used by staff for improvement purposes or to design new processes</p>	<p>Service and program review cycle Review reports with recommendations for improvement Documented service and program improvement priorities, plans and reports</p>
<ul style="list-style-type: none"> • the organisation has an integrated complaints mechanism and complaints are addressed in a fair and timely way? 	<p>The extent to which an organisation-wide mechanism exists to manage client complaints, including about safety and quality The processes in place to ensure that complaints are handled quickly and fairly</p>	<p>Client complaint policy and procedures Complaints/compliments register Complaints actions/outcomes sheets Safety and quality improvement plans</p>
<ul style="list-style-type: none"> • safety incidents are managed and reported, and future planning is informed by data and analysis arising from such incidents? 	<p>The processes in place to manage, document and report safety incidents and accidents How the information from this process is used for improvement purposes</p>	<p>Clinical safety incident policy and procedures Incident report register Safety and quality incident improvement planning</p>

