

SAFETY AND QUALITY MANAGEMENT POLICY

1. PURPOSE

The GenesisCare Board through to all staff, are ultimately responsible and accountable for the successful implementation of this safety and quality policy that enables the delivery of our Purpose – 'To design care experiences that get the best possible life outcomes'

GenesisCare recognises that a structured approach to the management of quality and risk encourages the identification of greater opportunities for continuous improvement through innovation.

Safety and Quality is not a function or department, but an approach to work that permeates the entire organisation based on the following principles:

- Leaders provide direction and create a supportive environment;
- The organisation is plan driven rather than event driven;
- Quality is defined by the consumer;
- The most important resource is people – their creativity and knowledge;
- Continuous improvement relies on continuous learning;
- People work within the system;
- Improving outputs or outcomes improves the process; and
- Decisions and actions must be based on facts and data.

The outcomes that are delivered by a systematic approach to safety and quality are:

- Delivery of quality and safe services
- Improved public perception and confidence
- Reduction in staff turnover
- Reduction in complaints
- A more open culture
- A proactive approach to managing risk
- Systematic identification of organizational weaknesses
- Improved communication and engagement with consumers taking into consideration cultural diversity
- Improved performance and effectiveness
- Reduced likelihood of unexpected events
- Better decision making at all levels

- Better resource planning and utilization
- Compliance with legislation
- Protection of public funds
- High standards of accountability within the organization
- Assurance to the Board and thereby assurance to all stakeholders and the public

2. TERMS AND DEFINITIONS

"Governance" - the act or power of exercising authority or control, relates to consistent management, cohesive policies, guidance, processes and decision-rights for a given area of responsibility.

"Safety" - 'the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered' [National Health Commission]

"Risk" - the chance of something happening that will have an impact on the business. Risk can have a positive or negative impact and is measured in terms of a combination of the likelihood of an event occurring and the consequences if the event was to occur.

"Risk Management" - Term applied to a logical and systematic method of:

- establishing the context
- evaluating and controlling the risks
- testing
- monitoring
- communicating risks associated with any activity to minimize losses and maximize opportunities to minimize harm.

"Risk management system" - the systematic application of management policies, procedures and practices to the tasks of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risks.

"Quality" - quality care is safe, effective, patient centered that is timely, efficient, and equitable, Australian Council for Safety and Quality in Health Care (ACSQHC)

"Continuous Quality Improvement" - The application of the quality cycle to identify and manage areas for improvement to meet and exceed the needs of our internal and external customers.

3. SCOPE

This Policy applies to employees, agents and contractors (including temporary contractors) of GenesisCare and all its related entities, collectively referred to in this Policy as 'workplace participants'

4. RESPONSIBILITIES

The Board of Directors is ultimately responsible and accountable for the operation of the organization, including the effectiveness of risk management and quality improvement processes.

The Board of Directors is responsible for assessing their appetite for risk that takes into account the severity of the residual risk and the relative strategic importance of the activity.

The Board delegates responsibilities and accountability to key positions through the Organisation Chart and subject matter experts.

The Board delegates responsibility and accountability for reporting of safety and quality to the established Committees for oversight of governance as defined within each Committee's Terms of Reference and key performance indicators.

5. POLICY

5.1 Clinical and Corporate Governance

The Board of Directors leads the commitment to improving performance and ensures the effective management of corporate and clinical risks.

Clinical Quality and Safety Governance.

- Patients have access to health services and care appropriate to their needs
- Patients are provided with high quality care through continuous monitoring, risk assessment and improvement of the quality of care
- Commitment to consumer participation
- Clear lines of individual and system level accountability and responsibility for patient care

Corporate Governance

- The Executive Management Team leads GenesisCare strategic direction to ensure the provision of quality services and is committed to improving performance and ensuring effective management of corporate and clinical risks.

- GenesisCare's workforce management structure supports safe quality care, a competent and skilled workforce and a satisfying work environment for staff and volunteers
- Clinical and corporate information management systems enable GenesisCare's strategic and operational goals and objectives to be met.
- GenesisCare works in partnership with the community to improve health outcomes through opportunistic health promotion activities.
- GenesisCare encourages, participates and where applicable provides governance of the conduct of health and medical research in accordance with national guidelines
- The Board of Management/Executive ensures a safe environment for patients, staff and visitors.

5.2 Manager Accountability

The Manager is responsible for the establishment and maintenance of the Safety and Quality Framework to govern services provided by GenesisCare.

The following key principles will be applied:

- There is an organization wide commitment to continuous quality improvement and risk management embedded within the strategic and operational plan.
- Integrated quality improvement and risk management processes are embedded in a 'no-blame' culture which is facilitated through respectful, open communication, consultation and feedback.
- Risk management applies to all areas of consumer and corporate services.
- All staff are accountable and responsible for the management of continuous quality improvement and risk so as to minimize losses and maximize client and staff safety and satisfaction.
- Management will ensure that this policy is understood, implemented and maintained at all levels of the organization.
- Formal mechanisms shall be used to measure the effectiveness of risk management strategies, plans and processes against industry best practice standards.
- A mechanism shall be in place for all potential and actual incident reports to be immediately followed up. Incidents shall be categorized by their actual and potential consequences, investigated to determine system failures and strategies for improvements implemented and reported to key people.
- The application of risk management shall provide a systematic process to ensure all internal systems promote evidence-based strategies to deliver optimal outcomes.
- Work systems and processes shall be designed to reduce the likelihood of human error occurring and that risks are managed to an acceptable level.

6. PROCEDURE

6.1 Continuous Quality Improvement

Quality Activity Reporting

The quality activity reporting process is a critical tool in ensuring continuous improvement and is the key mechanism for analysing and ensuring improvement and evaluation.

Quality activities shall be used to identify areas needing improvement. A quality action plan shall be developed based on the Plan Do Study Act principles and are required in response to identified potential or actual risks. As part of the process, performance measures will be used to identify, measure and monitor improvement.

Supporting Tools:

- Quality Improvement Register
- Quality Improvement Action Plan Template

6.2 Quality Planning and Reporting

A quality planning and reporting process encompassing all systems and elements of the Strategic Direction shall be implemented, monitored and evaluated to demonstrate the delivery of safe effective services.

Reporting of achievements shall be reported to the Board and Executive through the designated committees as per the organisation chart on a monthly basis.

Each Division/Practice shall maintain a local practice quality plan that shall be monitored for effectiveness.

A Performance Indicator Register shall be maintained at every local level that identifies key indicators for monitoring, identification of risk and areas for improvement.

The Performance Indicator Register includes the indicators required to be reported from a legislative requirement as defined by legislation and standards.

6.3 Risk Management

Proactive Risk Approach

A proactive approach to risk will be taken to ensure risks are identified and minimised before they occur.

Risk assessments of systems and processes will be undertaken on a regular basis to determine the potential for harm and poor outcomes.

The risk assessments will be used to form the basis for continuous quality improvement actions that will be monitored and outcomes identified for success.

Reactive Risk Approach

A culture of reporting is critical to the management of risk. Reporting is encouraged and supported through 'no blame' but 'just culture' where there is a systems and process approach to investigation but supported by an accountability and responsibility approach.

Incident Reporting shall adhere to the Incident Management and Sentinel Event policies and procedures.

All potential and actual incidents shall be recorded on the incident management system and risk rated using the GenesisCare Risk Matrix.

All potential and actual incidents shall be investigated; actions implemented where appropriate and followed up to assist in minimizing risk of reoccurrence and these will be documented on the incident management system.

All incidents that provide for potential quality activities shall be actioned and documented according to the quality activity reporting process.

Incidents and system wide risks that are risk rated as Extreme or Major shall be reported as per the actions on the Risk Matrix and immediately escalated to the appropriate Executive Manager for the Specialty and/or General Manager.

All incidents risk rated as Extreme or Major shall be entered onto the organization wide Critical Incident Register and reported on at the Board Meeting.

6.4 Risk Register

GenesisCare shall maintain the following Risk Registers:

1. GenesisCare Corporate Risk Profile – this is reviewed quarterly and updated annually or as required and reported to the Board
2. Speciality specific risk register and;
3. Practice level that is reviewed and updated quarterly

All Risk Registers will assist in informing the Board Risk Register and Corporate Risk Profile on an annual basis.

6.5 Risk Matrix

The Risk Matrix provides the criteria for informed decision making rather than a guess at the potential consequences and likelihood of events occurring. The Risk Matrix is reviewed annually as part of the risk register review process and is endorsed by the Board. No other risk matrices shall be used.

6.6 External Review

The organisation is required to participate in external reviews as defined by State Governments, the relevant country authority, legislation and standards

The following external audits provide an opportunity for evaluation and improvement

Australia:

- Department of Health Licensing (NSW, Vic, SA, WA,)
- Australian Commission for Safety and Quality 2017 National Safety and Quality Health Service Standards
- Diagnostic Imaging Standards
- NATA Sleep Standards Review
- Health Fund Contracts
- Legislative reporting requirements

UK:

- CQC National Health Standards
- ISO 9001: 2015

Spain:

- ISO 9001: 2015

7. EVALUATION

Successful external review/audits

Risk Register review

Quality Improvement Register

Performance Indicator Monitoring

Minutes of meetings

8. REFERENCES

AS/NZS ISO 9001:2015 Quality Management Systems

AS/NZS ISO 31000:2009 Risk Management

Australian Commission for Safety and Quality in Health Care; National Health Care Standards: 2017

Care Quality Commission UK National Health Standards

GenesisCare Safety and Quality Framework 2018

9. APPENDIX

Nil

10. KEY WORDS

Quality, Risk Safety and Quality, performance indicators

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Revision History

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3.0	September 2018	NQM	Language changes to reflect increasing clinical governance requirements for NSQS Standards second Edition and CQC NHS requirements