



# WCDHB Service Quality Improvement Procedure

Procedure Number

CHC-PG-0034

Version Nos:

5

## 1. Purpose

This Procedure outlines the process by which the West Coast District Health Board (WCDHB) will ensure that the delivery of care it provides is of the highest quality through the monitoring, improvement and evaluation of its Quality Management System (System).

## 2. Application

This Procedure is to be followed by all WCDHB staff members.

## 3. Definitions

For the purposes of this Procedure:

**Service Improvement Process** is taken to mean the monitoring and evaluation of the system to identifying any problems, deficiencies and gaps and then improvements developed which aim to rectify the problems, deficiencies or gaps.

**Quality Management System (System)** is taken to mean the interconnection of components to enable an organisation to achieve given objectives. These components include people (Consumers and Staff), resources and culture as well as documented Policy and Procedures.

## 4. Responsibilities

For the purposes of this Procedure:

the **Risk and Quality Manager** is required to:

- oversee all aspects of this Procedure;

**Staff Members** are required to:

- ensure they abide by the requirements of this Procedure.

## 5. Resources Required

This Procedure requires:

- WCDHB Complaints Management System
- WCDHB Consumer Satisfaction System
- WCDHB Accident/Incident System
- WCDHB Quality Auditing System
- WCDHB Performance Management System (including Credentialling)

## 6. Process

1.00 The WCDHB will developed and implemented a System that will ensure the provision of a high standard of care, meet the expectations of it's clients and their family/whanau/caregivers, as well as adherence to is funding obligations. Such a System will also ensure that delivery of care occurs in a systematic manner and is based on agreed best practice.

1.01 The WCDHB will establish and operate an organisational-wide quality improvement activities to monitor, review, evaluate and improve the deliver of its services.



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- 1.02 The improvement of the quality of services provided is the responsibility of all WCDHB staff members.
- 1.03 The WCDHB believes that the process of improving services is a continuous one, insuring that the expectations of consumers are met or exceeded.
- 1.04 The WCDHB believes that improving its services must be based on measurable and quantifiable data. The System must therefore be measured against agreed best practice. Measurement of the effectiveness of the System will provide the data upon which improvement to the System can be based.
- 1.05 The WCDHB will establish and operate organisational-wide Clinical Quality Improvement Committee whose role will be to monitor, review, evaluate and improve the deliver of its services. These will be continuous and based on measurable and quantifiable data. This data will be sourced from:
- i) Complaints (both from consumers and external agencies);
  - ii) Consumer satisfaction measures;
  - iii) Reported Accidents/Incidents;
  - iv) Quality audits;
  - v) Performance management processes.
- 1.06 Activities designed to improve the quality of a service provided by the WCDHB can be undertaken in the following manner
- i) Prospective - activities that are designed to prevent future deficiencies
  - ii) Concurrent - activities that are designed to identify deficiencies or potential deficiencies during the delivery of a service;
  - iii) Retrospective - activities that are designed to identify past deficiencies and prevent their recurrence.
- 1.07 Where the WCDHB undertakes an activity designed to improve the quality of a service it provides, then the following process is to be followed:
- i) *Planning* undertakes careful design and preparation, such as defining the service to be evaluated and the data to be collected, and methods to collect and analyse data.
  - ii) *Implementation* undertakes to collect and analyse data, review results, and determine action to be taken to:
    - monitor and evaluate the quality and appropriateness of service provided.
    - identify areas of deficiency or risk;
    - implement changes where necessary and monitor any changes made, including the safe implementation of new services.
  - iii) *Review* undertakes to monitor the outcome of changes introduced to "close the loop".
- 1.09 All activities designed to improve the quality of services the WCDHB provides will be documented and reported to the Clinical Quality Improvement Committee.



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### 7. Precautions And Considerations

- ➔ The WCDHB will establish and operate organisational-wide quality improvement activities to monitor, review, evaluate and improve the deliver of its services.
- ➔ The improvement of the quality of services provided is the responsibility of all WCDHB staff members.
- ➔ The WCDHB believes that the process of improving services is a continuous one, insuring that the expectations of consumers are met or exceeded.

### 8. References

Health and Disability Sector Standards (NZS 8134:2000)  
New Zealand Public Health and Disability Act (2000).  
Operational Policy Framework  
Quality Management and Quality System Elements (NZS 9004)

### 9. Related Documents

WCDHB Accident/Incident Reporting Procedure  
WCDHB Complaints Procedure  
WCDHB Patient Satisfaction Survey Procedure  
WCDHB Quality Auditing Procedure  
WCDHB Quality Policy  
WCDHB MHS Service Improvement Procedure.

<b>Revision History</b>	<b>Version:</b>	6
	<b>Developed By:</b>	Quality Improvement Co-Ordinator
	<b>Authorised By:</b>	Chief Executive Officer
	<b>Date Authorised:</b>	August 1998
	<b>Date Last Reviewed:</b>	January 2007
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