

QUALITY IMPROVEMENT COUNCIL
**QIC Health and Community
Services Standards**
6th Edition

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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.

Contents

4	Acknowledgements
5	Preamble
5	Overview
5	Scope of the Standards
6	QIC Accreditation
7	Summary of Standards
8	Changes between QIC Standards 5th and 6th Editions
9	Section 1 Building quality organisations
9	Standard 1.1 Governance
9	Standard 1.2 Management systems
10	Standard 1.3 Human Resources
10	Standard 1.4 Physical resources
11	Standard 1.5 Financial management
11	Standard 1.6 Knowledge management
12	Standard 1.7 Risk assessment and management
12	Standard 1.8 Legal and regulatory compliance
13	Standard 1.9 Safety and Quality integration
14	Section 2 Providing quality services and programs
14	Standard 2.1 Assessment and planning
14	Standard 2.2 Focusing on positive outcomes
15	Standard 2.3 Ensuring cultural safety and appropriateness
15	Standard 2.4 Confirming consumer rights
16	Standard 2.5 Coordinating services and programs
17	Section 3 Sustaining quality external relationships
17	Standard 3.1 Service agreements and partnerships
17	Standard 3.2 Collaboration and strategic positioning
18	Standard 3.3 Incorporation and contribution to good practice
18	Standard 3.4 Community and professional capacity building
19	Glossary

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- ▶ Quality Improvement and Community Services Accreditation (QICSA)
- ▶ Quality Management Services (QMS). Institute for Healthy Communities Australia (IHCA)
- ▶ Te Wana Quality Programme

Several rounds of consultations were held with organisations in the program, and we are grateful for the many responses received, including lots of constructive suggestions for improvements. We also held meetings around Australia with officials from government departments as well as representatives from peak bodies in the health and community services sectors. Several of those individuals later provided written responses to our discussion papers and draft standards, for which we are most grateful.

In July-August 2009 we piloted the standards with the following organisations:

- ▶ Sacred Heart Mission
- ▶ Alpine Health
- ▶ Neami Limited
- ▶ Centrecare Ballarat
- ▶ Alzheimers Australia NSW
- ▶ Youthsafe
- ▶ Phoebe House Inc.
- ▶ Beat the Odds, Anglicare Canberra and Goulburn
- ▶ Domiciliary Care South Australia
- ▶ Barossa Village
- ▶ Hobart City Mission Inc
- ▶ Gold Coast Drug Council

We thank these organisations for the generous way in which they assisted.



Preamble

Overview

Welcome to the QIC Health and Community Services Standards, 6th edition 2010. The 6th Edition Health and Community Services Standards, formerly known as the 'Core Standards' were revised in 2008-9 as part of a restructure of the QIC standards from a two level (Core plus Service Specific – 5th Edition) to a single level Standards module (generic standards only – 6th Edition).

This change simplified the task for organisations assessing themselves and being externally assessed for accreditation, and meant they no longer had to use multiple sets of standards. Organisations in the QIC Accreditation Program will now use comprehensive Interpretive Guides.

The standards were also changed following evaluation, research and consultation to:

- ▶ strengthen requirements for corporate and service quality governance
- ▶ formalise an expectation that safety and quality will be integrated across the organisation
- ▶ upgrade references to care for the environment
- ▶ create clearer specifications for service and program assessment and planning across the spectrum of interventions – from individual to community
- ▶ consolidate and strengthen the focus on the rights of consumers
- ▶ A digest of standards changes between the 5th and 6th Editions appears below.

Some changes were also made to Evidence Questions. Where appropriate in the 2nd Section special Evidence Questions applying to organisations providing services to individuals and families – rather than communities in general or other organisations, have been added.

To aid referencing, numbering of Evidence Questions has been added in the 6th Edition, using a), b), c) etc.

Scope of the standards

The QIC Standards and Accreditation Program has been applied in a broad diversity of services types and organisations, for which this Module would be appropriate, including:

- ▶ Aboriginal Health Services
- ▶ Accommodation & Support Services
- ▶ Adult Health Services
- ▶ Aged Care Services
- ▶ Care & Protection Services
- ▶ Child and Family Services
- ▶ Child Development Services
- ▶ Community Health Services
- ▶ Community Education Centres
- ▶ Counselling Services
- ▶ Day Care Services
- ▶ Diabetes Services
- ▶ Disability Services
- ▶ Divisions of General Practice
- ▶ Drug and Alcohol Services
- ▶ Early Childhood Services
- ▶ Family Planning Services
- ▶ Health Promotion Programs
- ▶ HIV/AIDS Services
- ▶ Home Nursing Services
- ▶ Information, Referral and Advice Services
- ▶ Mental Health Services

Preamble

- ▶ Migrant Health Services
- ▶ Multipurpose Services
- ▶ Oral Health Services
- ▶ Palliative Care Services
- ▶ Peak NGO Bodies
- ▶ Sexual Assault Services
- ▶ Sexual Health Services
- ▶ Women's Health Services
- ▶ Youth Health Services

The Standards can be employed in organisations based in the public, commercial or community sectors, and can be used for self assessment, or as basis for external review in QIC's Standards and Accreditation Program.

The Standards are written in outcome form, reflect continuous quality improvement principles and embody the values on which the QIC Program is based. The Standards are grouped in three Sections:

- ▶ Building quality organisations
- ▶ Providing quality services and programs
- ▶ Sustaining quality external relationships.

The ideas which are *central* to the QIC program as well as the elements which are common to most health and community services and organisations, are incorporated in this edition of the Standards.

QIC accreditation

Under its Standards and Accreditation Program QIC awards accreditation to organisations which have fulfilled the program requirements: they successfully meet the health and Community Services Standards, they demonstrate ongoing continuous quality improvement, and they contract to participate in the program for the next full review cycle.

The review cycle undertaken by an organisation leading to accreditation has the following components:

Internal review

Completion of a Quality Journal using a cross-disciplinary collaborative process of evidence gathering, within the participating organisation

External review

Completion of a review by external reviewers under the auspice of one of QIC's licensed providers

Feedback

By the external reviewers to the organisation, with opportunity for discussion of the external review findings

Taking action

Development, implementation and report progress against a quality plan arising from the external review findings.

QIC is accredited by the International Society for Safety and Quality in Healthcare (ISQua) as an accrediting body.

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 Standards 5th and 6th Editions

6TH 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

Section 1 | Building quality organisations

Standard 1.1

The organisation's governance structure builds a collective sense of purpose and direction that enable the organisation's mission, values, goals and service priorities to be identified and met.

Evidence Questions

What is the evidence that:

- a) the powers and responsibilities of the governance structure and its members are documented and understood, delegations are defined and accountabilities for the organisation are communicated?
- b) the interests of consumers and stakeholders are represented, they are able to participate through formal and informal structures and processes and there is evidence that their views influence decisions?
- c) the strategic directions of the organisation are identified, documented, communicated, used for decision-making and resource allocation, and routinely reviewed?
- d) reporting arrangements are in place to ensure the governance structure is well informed for monitoring, planning and decision-making?
- e) the organisation's mission, values, goals and service priorities are articulated and the organisation's actions reflect them?
- f) governance structure performance is routinely reviewed?
- g) the performance of the chief executive (or equivalent) is routinely monitored and reviewed?

Standard 1.2

The organisation has effective and responsive management systems to enable and coordinate achievement of the organisation's mission, values, goals and service priorities.

Evidence Questions

What is the evidence that:

- a) there is a clear, integrated and effective management and reporting structure, with roles, responsibilities and accountability of management and staff mandated, documented and known?
- b) powers for key actions are formally delegated?
- c) decision-making and planning structures and processes are established, maintained and followed?
- d) operational and service planning is linked to strategic planning and informs service and program implementation?
- e) staff, consumers and other stakeholders actively participate in and influence decision-making?
- f) there is a system for developing, mandating, implementing and reviewing policies and procedures?
- g) communication systems are open and positive?
- h) management decisions are recorded, implemented, communicated to staff and evaluated?
- i) systems and strategies embed CQI, foster innovation and manage change at all levels within the organisation?
- j) performance of the management system is routinely monitored and reviewed?

Section 1 | Building quality organisations

Standard 1.3

Human resources are managed to create an effective and competent service.

Evidence Questions

What is the evidence that:

- a) all staff are professionally qualified and experienced, able to work with consumers and willing to engage with CQI?
- b) the organisation's structure and environment encourage staff responsibility, initiative and cooperative work practices?
- c) administration and personnel systems operate efficiently to support the work of staff and the organisation's effective functioning?
- d) orientation, support and development needs of staff are systematically identified and met in a way that supports the organisation's goals?
- e) a system exists to remedy situations where staff have acted inappropriately, or provided poor or unacceptable services?

Standard 1.4

The organisation's physical resources are managed to ensure an effective, safe and efficient service.

Evidence Questions

What is the evidence that:

- a) the organisation's assets are adequate to meet its goals?
- b) the organisation's needs for physical resources are regularly reviewed?
- c) equipment and facilities are organised, recorded and regularly maintained to ensure a safe, effective, accessible and comfortable service?
- d) the organisation plans and implements responsible environmental practices and reviews those practices?

Section 1 | Building quality organisations

Standard 1.5

The organisation's financial management reflects its goals and supports an efficient and sustainable service.

Evidence Questions

What is the evidence that:

- a) systems are in place to ensure all financial reporting requirements are met?
- b) accounting methods meet industry standards and legislative requirements?
- c) financial management is transparent and resource decisions are justifiable to appropriate stakeholders?
- d) sufficient forward planning is undertaken for the organisation to provide an effective and sustained service and meet its financial obligations?
- e) financial goals support the organisation's goals?

Standard 1.6

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.

Evidence Questions

What is the evidence that:

- a) the organisation keeps up to date with current trends in its field and uses demographic and research data to improve outcomes for its consumers?
- b) cooperative work practices exist to share knowledge within the organisation?
- c) information is stored in an organised way that is easily accessible to approved staff and consumers and, when necessary, is secure and legally compliant?
- d) protocols on the sharing of information about consumers exist and are used?
- e) data on the use of services and advances in the field are collected and used in planning, evaluation and quality improvement?
- f) staff are involved in the collection, analysis and use of data to improve services and programs and time is allocated for these activities?
- g) the organisation maintains a comprehensive, confidential, secure and accurate record system for each consumer?

Section 1 | Building quality organisations

Standard 1.7

The organisation identifies, assesses and manages risks to ensure continuous, safe, responsive and efficient services.

Evidence Questions

What is the evidence that:

- a) the organisation understands that risk has dimensions that include strategic, governance, operational, property, financial and clinical risks?
- b) the organisation complies with the legislative context in which it operates and which defines relevant risks?
- c) there are planned and systematic ways of collecting and analysing data that address potential and actual risks to the organisation as a whole and to the services it provides?
- d) procedures are implemented to manage and respond to risks in a timely way?

Standard 1.8

The organisation ensures compliance with all relevant laws and regulations.

Evidence Questions

What is the evidence that the organisation:

- a) is aware of the legislative framework that applies to its operations?
- b) maintains internal processes to monitor compliance regularly?
- c) has and uses protocols to remedy the situation whenever non-compliance occurs?
- d) fulfils all reporting requirements regarding legal compliance?

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:

- 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 2 | Providing quality services and programs

Standard 2.1

Assessment and planning are undertaken at individual and community levels to ensure services and programs are responsive to identified needs.

Evidence Questions

What is the evidence that:

- a) data collection, needs assessment and analysis are routine and systematic?
- b) communities, consumers and stakeholders are engaged in planning?
- c) services and programs are developed to respond to identified needs?
- d) plans with measurable outcomes are developed and used?
- e) assessments and plans are documented?
- f) assessment and planning processes and structures are evaluated?
- g) service and program planning is linked to the organisation's strategic priorities?

Standard 2.2

Services and programs are provided in an effective, safe and responsive way to ensure positive outcomes for consumers and communities.

Evidence Questions

What is the evidence that:

All organisations

- a) interventions and actions are based on assessment and planning?
- b) services and programs are managed to ensure positive outcomes for consumers and communities?
- c) information about the rationale, risks and effect of services and programs is routinely provided to consumers and communities?
- d) consumers and communities participate in decision-making about services and programs they receive?
- e) services and programs are safe and risks are identified and addressed?

Additional evidence questions for organisations providing direct services to individuals and families

- f) service and clinical governance systems are in place?
- g) intake is integrated and priority-based?
- h) effective referral practices are in operation?
- i) services and programs are evidence based?
- j) services and programs follow case/care plans developed with consumers?
- k) re-assessment occurs after services and/or program is provided to check effectiveness?

Section 2 | Providing quality services and programs

- l) processes are in place for managing demand when it exceeds capacity to provide services and programs?
- m) client and community outcomes are documented and clear, accurate and secure client and program records are kept?
- n) service and program provision are routinely evaluated and the findings used for improvement?
- o) incidents, adverse events and near misses are reported, and reports are used to inform improvements?
- p) where appropriate, case closure is planned with the consumer?

Standard 2.3

Services and programs are provided in a culturally safe and appropriate manner.

Evidence Questions

What is the evidence that:

- a) processes and practices ensure respect and responsiveness to consumer diversity by being inclusive and flexible?
- b) the changing profile of consumers is monitored?
- c) appropriate links with indigenous and other community groups are established to ensure that services and programs remain responsive and respectful?
- d) professional development regarding consumer diversity is available to staff?
- e) cultural safety is addressed in service and program plans?

Section 2 | Providing quality services and programs

Standard 2.4

Services and programs are provided in a way that strengthens the rights of consumers, empowers them and is ethical.

Evidence Questions

What is the evidence that:

- a) services are delivered in a respectful way that recognises each consumer's personal worth and individuality?
- b) consumers' privacy is ensured, information is confidential and the organisation meets legislative requirements?
- c) eligibility requirements for service and program participation are fair, ethical and transparent?
- d) informed consent processes are implemented for service and program provision, and when personal information is gathered, stored, shared and used?
- e) consumers are aware of their rights and responsibilities including complaint, grievance, appeal and conflict resolution procedures, and these procedures are implemented promptly, judiciously and fairly?
- f) barriers to service access are identified and addressed, and consumers are supported to access services?
- g) there are formal and informal mechanisms for consumers to participate in the review, planning and design of services?
- h) the organisation advocates on behalf of individual consumers at their request and at community and political levels as appropriate?
- i) the organisation specifies the ethical standards expected of personnel in service and program provision and in research, and ensures these standards are met?

Standard 2.5

Services and programs within the organisation are coordinated.

Evidence Questions

What is the evidence that the organisation:

- a) coordinates services and programs to meet the needs of consumers?
- b) delivers cross-discipline services seamlessly?
- c) supports staff working across different disciplines to coordinate services?
- d) works with consumers to review the effectiveness of coordinated services?

Section 3 | Sustaining quality external relationships

Standard 3.1

The organisation enters into formal service agreements and other less formal partnerships to ensure a continuous and sustainable service.

Evidence Questions

What is the evidence that:

- a) the organisation works to negotiate service agreements so they are legal, fair and result in quality outcomes for consumers?
- b) the organisation is accountable through its service agreements and partnerships?
- c) service agreements and partnerships are reviewed regularly against the values and goals of the organisation and their impact on consumers?
- d) mechanisms are in place to resolve contractual disputes if they arise?
- e) contracted services to consumers are reviewed regularly?

Standard 3.2

The organisation collaborates with other organisations and positions itself strategically within the wider service system.

Evidence Questions

What is the evidence that the organisation:

- a) collaborates with other organisations?
- b) collaborations contribute to a more effective use of resources?
- c) avoids unnecessary and inefficient duplication of services?
- d) reviews the effectiveness of any collaborations in terms of consumer outcomes, available resources and the strategic placement of the organisation?

Section 3 | Sustaining quality external relationships

Standard 3.3

The organisation demonstrates that it has incorporated and contributes to currently-accepted good practice in its field.

Evidence Questions

What is the evidence that the organisation:

- a) has systems of information collection, research and analysis to keep abreast of developments in its field?
- b) uses industry benchmarks to review services and programs?
- c) uses research literature to inform the review and development of its services?
- d) acts on review recommendations in a timely way?
- e) employs a range of internal practices such as mentoring or supervision to share and enhance the skills of staff?

Standard 3.4

The organisation works to build the capacity of the community it serves and the professional community to which it belongs.

Evidence Questions

What is the evidence that the organisation:

- a) works with its community to address the determinants of wellbeing, to identify needs and to plan and implement appropriate services?
- b) shares information with its community?
- c) participates in professional associations and other forums in its field?
- d) works with other organisations and special needs groups to improve their capacity to meet consumer needs?

Glossary

This Glossary describes the meanings of some key terms used in the Standards and supporting information. For organisations in the QIC Accreditation, further guidance may be found in the Interpretive Guides.

Accreditation

Accreditation is a formal recognition that explicit standards have been achieved by a particular organisation. An accreditation system needs to have a set of standards, a review program that assesses the extent to which the standards have been achieved, and criteria which guide the awarding of accreditation.

Activity

Simply put, an activity is something somebody does. In services, 'activity' can be used to:

- ▶ collectively describe the range of services, programs and projects that take place
- ▶ describe actions or parts of work that may not neatly fit into categories of 'services' or 'programs' previously defined.

Community

A group of people who have shared interests. The interests may be shared because people live in a defined geographic locality, or they may share a sense of identity or have common concerns. The community of interest is usually the specific target group of the service. These standards view the individual in the community context, affirming that an individual's wellbeing is closely linked to the strength of their community. A quality organisation, service or program will recognise this essential link.

Community Participation

Process that enables individuals and groups in the community to contribute to debate and decision-making about a particular activity. This means opportunities for community members to participate in:

- ▶ planning, implementing, managing and evaluating services
- ▶ identifying issues and ways of addressing them.

Consultation

The process of asking advice or seeking counsel from another person or community who has expertise in a particular area or has a stake in the issues.

Consumer

A person (and in some circumstances an organisation) receiving services or participating in programs run by the service. Client, user, and participant and customer are also used to describe those who receive services.

Glossary

Continuous Quality Improvement

Continuous Quality Improvement (CQI), is a method of leadership and management used to assess and improve quality. The CQI literature has many contributors, with a variety of approaches, but generally these common elements emerge. Continuous Quality Improvement is a method of leadership and management which:

- ▶ defines quality in terms of consumer perceptions of service
- ▶ analyses systems – not people or things
- ▶ promotes partnerships with internal and external suppliers and stakeholders
- ▶ uses accurate data to analyse processes and to measure improvement
- ▶ involves staff in systems analysis and improvement
- ▶ sets up effective, collaborative meetings
- ▶ trains supervisors and managers in leading the improvement process
- ▶ engages staff in the improvement process
- ▶ incorporates strategic planning at the highest levels of management
- ▶ achieves improvement through incremental steps.
- ▶ Links evaluation to planning.

Some private and public sector organisations are implementing CQI methods in their organisations as they see this as a way of improving effectiveness and of controlling costs.

One framework for considering CQI is Plan-Do-Check-Act.

Cultural Appropriateness

Cultural refers to the actions and symbols that different groups of people use to articulate or express their identity, often in relation to specific traditions of ethnicity, race, language, religion, occupation or social relations.

Cultural Safety

Cultural safety is defined as the provision of services in a way that recognises and is compatible with the client's cultural values, beliefs and needs. This includes the client's gender, culture, age, race, socioeconomic status, religion, sexual orientation, disability and lifestyle.

Data

Unorganised facts from which information can be generated through analysis.

Development

All learning experiences, after initial or basic training, that assist people to learn or maintain concepts and skills relevant to their jobs. Continuing education methods include attendance at education workshops and programs, and participation in formal academic education programs that award a recognised qualification upon successful completion, as well as workplace based supervision, peer review, staff conferences and meetings, team based work and self directed study and mentoring.

Emergency Planning

The service will need a planned approach to dealing with a range of emergencies. These may include bomb threats, aggressive behaviour, natural disasters, electricity failure.

Glossary

Equity

Ensuring that services and programs recognise and value difference among consumers with all potential consumers having access to services and programs. This involves quality participation and successful outcomes for a diverse range of disadvantaged people.

Evaluation

The process of making judgements about the worth of programs and services, usually by assessing attainment of specified goals, objectives or strategies. Many different methods can be used to contribute to evaluation.

There is widespread debate over which evaluation methods are most desirable. The early emphasis on statistical methods asking 'how many' (often known as quantitative evaluation) has given way to a broader mix of methods, which asks questions about 'how' and 'why' (often known as qualitative evaluation).

Evaluation can be considered at three levels ie. process, impact and outcome. Process evaluation is used early in the delivery of a program and measures strategies eg. who the program is reaching. Impact evaluation measures whether the immediate effects of the program have been reached (objectives) and outcome evaluation which measures the long term effects of the program (goals).

Goals

Particular end points or achievements that are considered desirable. Planners and managers use goals to guide planning, to allocate resources and to monitor and evaluate the impact of services.

Good Practice

A technique or methodology that through experience or research has proven reliably to lead to a desired result. A commitment to good practice means using all the knowledge and technology at your disposal to ensure success.

Governance

The combination of processes and structures to inform, direct, manage and monitor the activities of the organisation toward the achievement of its objectives.

Governance Structure

The Governance Structure has ultimate accountability for the service and its performance. The Governance Structure could be a Board or a Management Committee, or it could be the executive level of a government department.

Improving Performance

Continuous monitoring, evaluation and modification to achieve desired results which meet the needs and expectations of consumers and the community of interest.

Knowledge Management

The process of planning, organising, analysing and controlling data and information. The management of information applies to both digital and paper-based systems.

Glossary

Leadership

The leaders of the service significantly influence the performance and culture of a service and position the organisation to excel. The leaders of the service would normally include the Governing Body and management.

Legislative framework

Any requirement laid down by an Act of Parliament.

Occupational Health and Safety

This term describes aspects of health and safety that are affected by people's occupation or employment. It may include the impact of specific substances (eg paint, toner), of particular job processes (eg manual handling of clients) and of social and organisational pressures within the workplace.

Organisation

An administrative structure for planning, decision-making, and implementing services and programs. In this Module, the organisation is the structural level to which the Standards are applied. The distinguishing feature of an organisation is that its management structure has power to determine and influence decisions about what it does, including quality improvement. It may have sub-structures such as service units, divisions, businesses etc, which are referred to as 'services'. The term 'organisation' is used rather than 'agency' to recognise that some users of the Standards are not agencies in the sense of service providers.

Outcome Standards

Standards which are written in a way so that the end result or effect of achieving the standards is of greatest importance.

Planning

The process of thinking ahead in order to guide future actions. Plans are used to identify and specify desirable goals or results, and to design methods or procedures that are considered capable of achieving those goals.

Planning is needed at a number of levels in services including:

- ▶ at overall or management level, to identify goals and the mix of services and programs that will achieve the goals
- ▶ at service component level, to identify goals and to guide and coordinate services
- ▶ at program and activity level to identify how the service will meet required goals and targets.

Policy

A framework of principles that guides decision-making and activity.

Program

The process of setting specific goals and matching them with a sequence of strategies or actions to achieve the goals turns an activity into a program.

Glossary

Review

A review assesses the extent to which an organisation has achieved the standards. A QIC Standards and Accreditation Program review takes from 1 to 5 days, depending on the size of the service being reviewed, and is conducted by a team with the required competencies. The review collects information from a range of sources including: documents; a comprehensive schedule of interviews with the governing body, management, staff, consumers and other stakeholders; and through results of audits undertaken independently or by the organisation, of the organisation's facilities.

Review Report

Under the QIC Standards and Accreditation Program, a review report is written following an external review. The review team uses the data gathered during the review, and writes a report that describes the service's attainment of the standards and includes suggestions for how the organisation could further attain the standards. The report is presented for discussion with the service at a feedback session.

Risk Management

The identification, analysis, evaluation and elimination or reduction of possible risks to the organisation and its staff, visitors and consumers. It includes the development and implementation of strategies and programs to control or finance associated losses.

Stakeholder

A person, group, community or organisation with a legitimate interest. Stakeholders could include a local community, special needs groups, other organisations providing related services, funders or purchasers.

Staff

Employee or other person authorised to assist the organisation. The term 'staff' could include paid employees, volunteers, peer assistants, carers, voluntary members of the governance structure or any other person duly authorised to help in the operation of the organisation. It is recognised that the organisation will engage most formally and intensively with paid staff, about whom the organisation has special legal obligations.

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