Quality Management System Policy

Introduction

Karuna Hospice Services (Karuna) is a community organisation guided by Buddhist principle, delivering specialised and responsive palliative care.

The services we provide are underpinned by our values of:

- **Humility** – how we think
- **Kindness** – how we act
- **Respect** – how we relate
- **Courage** – how we find meaning

Karuna has developed and implemented an effective Quality Management System in conjunction with Clinical Governance. The implementation of the QMS is intended to improve and sustain the overall performance of the organisation and assist us in achieving the goals of:

- Consistently providing services that exceed the needs of our clients, listen to their feedback and identify opportunities for improvement
- Meet all the regulatory and statutory requirements such as compliance with National Safety and Quality Primary and Community Healthcare Standards 2021 and any contractual arrangements.
- Plan processes, improvements and systems using the Plan-Do-Check-Act (PDCA) cycle.
- Use a risk-based approach towards daily operations and address risks and opportunities as they arise.

Clinical governance and corporate governance are interdependent in a health service. Every Board member and Executive needs to understand that the core business of a health service is providing high-quality care, and that financial and operational decisions determine how resources are allocated to deliver that care.

The central aim of clinical governance is to deliver care to patients that consistently high quality and improving. The Commission defines high-quality care as person-centred, safe, effective, accessible and integrated, provided in a way that is equitable, efficient and sustainable.

Context of the Organisation

Karuna provides a sustainable, quality palliative care service that meets the needs and expectations of our clients, our staff, Queensland Health and aligns with the services vision and values.

This is achieved through our commitment to quality improvement and robust policies and processes that direct the provision of services and support the staff and volunteers.

To achieve and maintain the QMS the CEO retains oversight whilst the Quality and Governance Lead is responsible for the day-to-day management.

Karuna will identify, all internal and external risks and opportunities that may impact on the QMS.

Karuna has identified all the interested parties relevant to the QMS. The requirements of these parties are determined using feedback and surveys. By monitoring, reviewing and analysing this information we can effectively incorporate any changing needs.

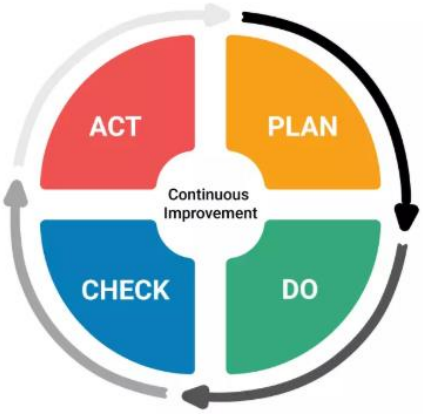
The scope and intent of the Karuna QMS is for the provision of a sustainable, quality palliative care service.

The Quality Management System:

- Uses the Quality Manual as the overarching document for the Quality management
- Supports Karuna's vision and values to ensure client satisfaction
- Maintains compliance with National Safety and Quality Primary and Community Healthcare Standards 2021
- Ensures compliance with other relevant standards of care such as National Palliative Care Standards 2022, and Spiritual Care Australia Standards of Practice.
- Ensures compliance with relevant statutory and safety requirements
- Provides continuous improvement processes through regular internal audits, reviews analysis planning and monitoring.
- Commits to ongoing internal and external training and education for all staff
- Ensures availability and maintenance of adequate resources for service delivery
- Identifies and meets client and carer needs
- Performs regular management reviews of quality processes

The process approach

Karuna quality management system follows the Pan – Do – Check – Act process to change management as pictured below.



The 4 stages of the PDCA cycle are discussed in detail below.

Plan: identify an opportunity, analyse current conditions and establish objectives. This step is used to define expected results and create a strategy to achieve them. Action plan templates are available (or will be) as are risk assessments.

Do: implement the planned changes on a small, controlled scale. Test the solution to gather data and observe how it performs

Check: Analyse the results from your test and compare them against the expected outcomes defined during the planning phase. Determine if the change was effective.

Act: Decide what to do with the results. If the change was successful, standardise and roll-out to the organisation and if the results were unsatisfactory, adjust the plan and restart the cycle.

Competence

Karuna has processes in place to ensure staff are competent to perform their individual role, based on qualifications, education, training, skills and experience. Staff are evaluated on their competence in their roles and any deficiencies are addressed. Individual roles and responsibilities are clearly outlined in position descriptions and during induction.

Communication

Karuna ensures effective communication with staff by providing several different systems of communication. In addition to email, staff use Microsoft Teams as a communication tool.

Leadership and Commitment

Karuna demonstrates its commitment to quality through our QMS, and this is integrated in our business processes.

We follow a Plan – Do – Check – Act approach to our QMS and promote risk-based thinking within the organisation to foster a culture of continual improvement.

We understand that we are accountable for the effectiveness of the QMS and therefore it is continually evaluated and analysed using performance evaluation tools such as:

- Feedback gathering
- Regular auditing or processes
- Regular meetings at all levels of staff and management

The importance of determining, understanding and meeting client's needs, while considering statutory and legislative requirements is paramount and we are committed to enhancing our client satisfaction whenever and wherever possible.

The QMS is supported by the Quality Policy, Quality and Governance Lead and People and Clinical Governance Advisory Committee.

The staff roles regarding the QMS are communicated in staff meetings and resources are available on the Karuna Intranet, and during induction. An 'all staff' email communication of planned changes, risks and opportunities for improvement is utilised as needed.

To achieve and maintain the required level of quality improvement the Chief Executive Officer retains ultimate responsibility for the QMS at Karuna.

The QMS:

- Supports Karuna's vision and values and therefore maximises client satisfaction and outcomes
- Maintains compliance with NSQPCHS 2021
- Ensures compliance with other relevant standards, such as National Palliative Care Standards, and Spiritual Care Australia Standards
- Ensures compliance with relevant statutory and safety requirements such as WHS Act and Regulation QLD
- Provides continuous improvement of processes through regular internal audits, reviews, analysis, planning and monitoring
- Commits to ongoing training and education for all staff
- Ensures availability and maintenance of adequate resources for service delivery
- Identifies and meets client needs
- Performs regular management reviews of quality processes including risk assessment.

Organisational Knowledge

Karuna is committed to ensuring the knowledge required for the operation of its services is maintained within the organisation and available to staff when necessary.

This includes, but is not limited to:

- Intellectual property
- Staff knowledge gained from experience
- Results of improvement processes
- Educational items
- Standards and legislation
- Procedures
- Personal development

Roles and Responsibilities

All staff are given the authority needed to perform their allocated responsibilities. All staff understand the QMS and their quality and safety responsibilities, and participate in mandatory education, participate in internal audits as required and commit to uphold safety standards

such as WHS, medication safety and Infection Prevention and Control principles. All staff share the authority and responsibility to identify non-conformances or possible improvements and to record these instances so that corrective actions can be taken to rectify the immediate situation and to prevent recurrence.

CEO: The CEO continually reviews Karuna's resources to ensure that adequate staff, equipment and materials are available to meet client requirements. The CEO ensures provision of high-quality palliative care service consistent with Karuna's vision and values and the organisations quality policy and objectives. The CEO ensures effective financial and resource management and oversight of Quality Management and Risk Management reporting directly to the Board.

Board: Compliance with all relevant legal, financial, corporate and other statutory requirements for the organization. Ensures the availability and maintenance of adequate financial and human resources for effective service delivery. Strategic and business planning for the organization.

Actions to Address Risks and Opportunities

By utilising a risk-based approach to our QMS, we focus on identifying risks and opportunities and how they affect the QMS, our processes and the service. Karuna uses a software platform-based risk management system to document and coordinate:

- Incidents
- Feedback (compliments, complaints, suggestions)
- Quality Improvement Ideas

This data is regularly reviewed and is included as part of the Board and Governance meetings and all staff meetings**.** These reports also identify and connect incidents with identified risks to assist in monitoring the effectiveness of implemented controls.

Monitoring and Compliance

Lead indicators have been created and are used to monitor performance, emerging risk and service sustainability across Karuna. They explain what is monitored, where the data comes from, who is accountable and when escalation is required so issues can be resolved and acted upon early. This includes data surrounding (but is not limited to): organisational knowledge, competence, awareness of process.

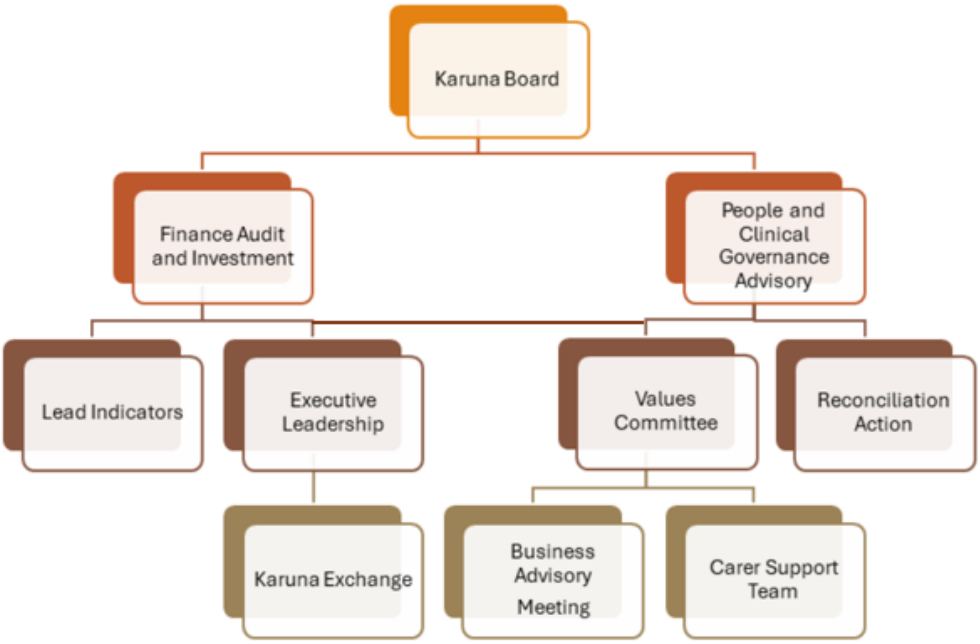
The intent is no surprises, no blind spots and a clear shared understanding of performance and risk within Karuna.

Each team monitors its own local systems. Unclear or conflicting data is treated as a risk and followed up. It brings information together at a leadership level to support a consistent view of performance and the monthly, or however scheduled review is undertaken.

Each indicator has a Primary Owner responsible for data accuracy, interpretation and response. Secondary owners provide oversight and validation. Leads are expected to know their data and monitor it regularly.

This information and compliance data is tabled and discussed at the appropriate Committee and actioned/escalated as per documented communication lines.

Karuna Committee Structure is pictured below.



Planning of Changes

If the QMS requires a change these changes will be planned, consider the impact any changes may have on the integrity of the QMS. To ensure any changes are well executed and have the desired outcome, the following will also form the decision making:

- The availability of required resources
- The allocation of responsibility and authority
- Impact on staff, service delivery and impact on client experience.

Support - Resources

The annual budgeting and strategic planning process conducted by Karuna Board ensures the appropriate financial, physical and huma resources are provided to:

- Maintain an effective QMS
- Continually improve the effectiveness of the QMS
- Meet and exceed client needs and expectations
- Identify opportunities for improvement
- Meet legislative and regulatory requirements

In accordance with the NSQHS Standards, Karuna will continue to identify and provide the necessary people, infrastructure, and resources to meet the needs and expectations of our clients, staff and to implement maintain and continually improve the QMS.

Karuna is committed to fostering a culture which supports all staff by providing a safe working environment and opportunity for staff to communicate any concerns.

Staff satisfaction is reviewed regularly and the topic regarding safety at work/topic/ and this has outlined several opportunities for improvement as well as improving overall culture, as staff feel listened to. Karuna conducts regular 'all staff forums' called Karuna Exchange where staff can feel comfortable to raise any issue, either negative or positive.

Monitoring and Measuring Resources

Karuna ensures all resources and equipment are routinely inspected to meet requirements and are calibrated and tested at regular intervals, as per manufacturer's instructions.

All electrical equipment is regularly tested and tagged; 12 monthly for appliances and extension cords and every 5 years for electronic and business equipment.

Policies: Review and Approval

As per Committee structure and the below information, the relevant committee will be responsible for approving or ratifying the policy. This will be evidenced in committee meeting minutes.

Policies will be completed in the correct branding format as per the template located on SharePoint. The policy will be completed by the appropriate Leadership Team member and forwarded to Quality Governance Lead for review. Should the Policy have minor changes such as change to new template, the CEO has the authority to review and approve. Other policy that requires significant rework will then be directed to the appropriate committee for approval at next meeting of that committee.

Approved policy will be uploaded in PDF form to SharePoint with information to all staff.

Document Control (naming convention)

All policies will be ratified by the appropriate committee as per naming convention.

Document hierarchy

Record - information created, received, and maintained as evidence in pursuance of legal obligations or in the transaction of business. It encompasses policies, procedures, work instructions and documents / forms. Records may be physical e.g.: paper, photographs, CDs, DVDs or electronic e.g.: email database applications, websites etc.

Policy - is a clear, simple statement of how the organisation intends to conduct its services, actions or business related to a specific area. It provides a set of guiding principles to help with decision making and usually addresses a potential risk.

Procedure – a procedure can support a Policy or be a simple instruction outlining how to perform a basic task. It sets out a series of actions / instructions outlining what needs to be done to ensure compliance.

Document/form – is a template which is filled out to record information.

Policies and procedures are only to be created by the Leadership Team or the Quality Governance Lead, in consultation with relevant stakeholders, as these address potential risk to the business and this must be considered during development.

Policy and Document approval

Policies that are Governance in nature are approved by the Board if they are new as they are documents with defined compliance detail and external legislative requirements. Clinical policies can be approved by and ratified through People and Clinical Governance Committee to ensure accuracy and best practice is assured.

Procedures can be approved and ratified through staff meetings ensuring the relevant stakeholders of the process have been consulted.

Naming Convention

Quality team is responsible for formatting, naming and releasing of the documents. They will be stored electronically on SharePoint with a communication for all staff to acknowledge the information has been updated, and they are aware of their responsibilities regarding the policy or process.

Documents will have a whole version number on release.

All documents must follow the below convention – (this will be applied by Quality Team once approval for the document has been received):

Dept owner – document type – document name – version number – doc number

Document Type

- **POL –** Policy
- **PRO –** Procedure

Classification

GOV – Governance

CLI – Clinical

CST – Community Support Team

For example:

Safeguarding Policy

GOV-POL-SafeGuarding-V2 - 001

Each document must have a completed footer as pictured below when uploaded to SharePoint

Review due:	Owner:	Version:
Doc number:	Doc Title:	

Incident Management

Karuna has an incident management system via software platform Asana. Incidents ae categorised and investigated by the relevant line managers/leaders. Data from incidents is monitored and discussed as per compliance and monitoring section of this manual.

Incident - an event or circumstance which has, or could potentially, lead to unintended and/or

unnecessary mental or physical harm to a person.

Near miss - a narrowly avoided incident.

- “Green” Incident - Insignificant, minor, "Near Miss". No urgent follow-up required
- “Amber” Incident - Moderate. Requires action from the Leadership Team within 48 hours
- “Red” Incident – A critical or emergency that compromises safety. Requires immediate action from the Leadership Team

Any incidents occurring to staff must be reported to WorkCover Queensland, regardless of the severity or whether the worker will make a compensation claim. These must be reported within 8 business days of becoming aware of the incident. Management of Return to Work will be coordinated through HR at Karuna in consultation with the worker and line manager.

Risk Management

By utilising a risk-based approach to our Quality processes we are focussed on identifying risks and opportunities and how they affect the system, our processes and the system.

Please refer *Risk Management Policy* for detailed information.

Improvement

Karuna is committed to identifying potential issues and rectifying non-conformance. Improvements are implemented to bot prevent occurrence or recurrence of an incident or non-conformance. Karuna utilises Asana software to ensure appropriate action is taken to reduce or eliminate the cause of non-conformities. Incidents and near misses are recorded in Asana software.

The annual audit schedule reviews the processes within the QMS and allows early identification of potential issues or non-conformances. This enables improvements strategies to be implemented and controls established.

Legislative and Regulatory Framework

- National Safety and Quality Primary and Community Healthcare Standards 2021
- Work Health and Safety Act 2011 (QLD)

Related Documents and Resources

- Karuna Values Statement
- Risk Register
- Police and Procedures site Karuna SharePoint
- Risk Management Policy
- National Standards Primary and Community Healthcare Standards 2021
- Clinical Governance Policy
- Audit schedule
- Incident Management Policy

Review and Evaluation

This policy will be reviewed every 3 years unless required by legislative, best practice or organisational change.

Contact

For questions relating to this document, contact Quality Team.