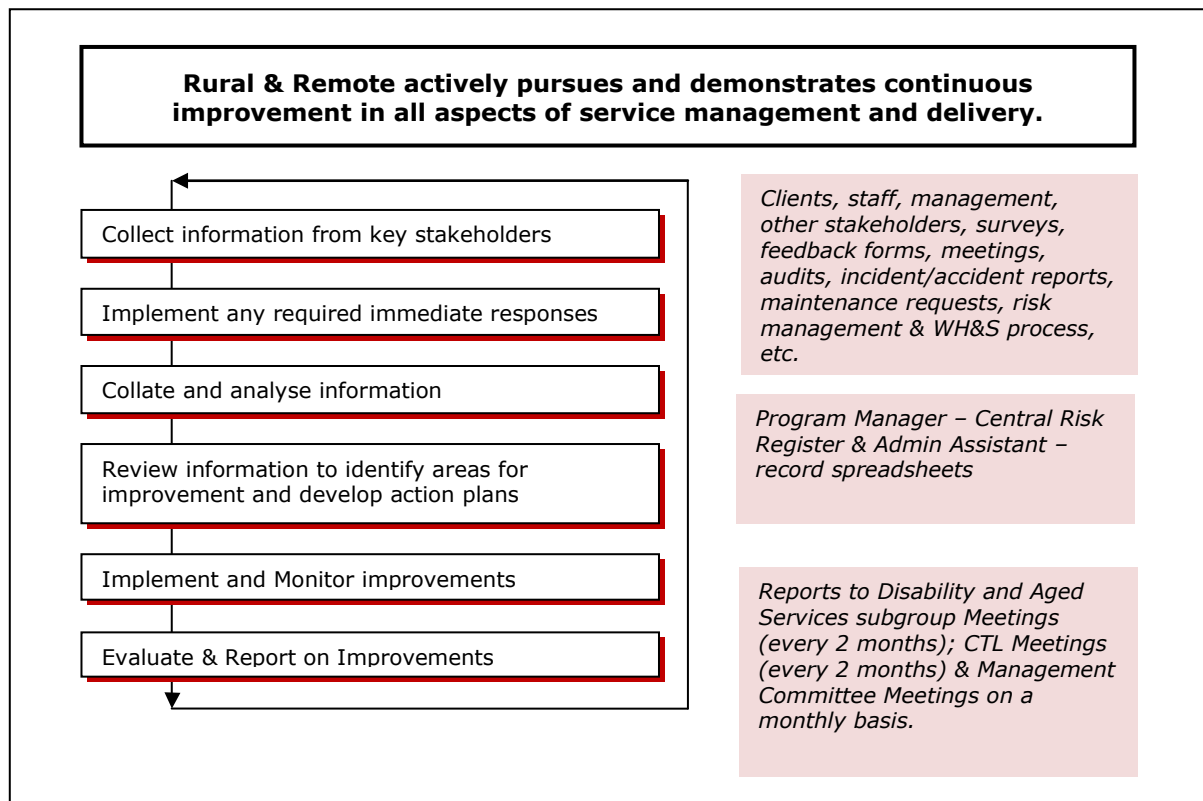


## CONTINUOUS IMPROVEMENT



### FORMS AND RECORDS

Minutes of Meetings	Shared Drive
Improvement Plan	Shared Drive
Tell Us What You Think form	Shared Drive
Client Complaint Form	RnR Team Leader – Cluster Team Leaders – Respite Staff and Volunteers
Staff Accident or Incident Report	RnR Team Leader – Cluster Team Leaders - HCSW – Respite Staff and Volunteers
Staff Exit Interview Forms	Program Manager – RCC Inc HRO
Hazard Report	RnR Team Leader – Cluster Team Leaders - HCSW – Respite Staff and Volunteers
Maintenance Request	RnR Team Leader – Cluster Team Leaders - HCSW – Respite Staff and Volunteers
HCSW Probationary check document and annual appraisals	RnR Team Leader – Cluster Team Leaders - HCSW – Respite Staff and Volunteers
Annual client reassessment documents	RnR Team Leader – Cluster Team Leaders - HCSW – Respite Staff and Volunteers

## 5.1 Continuous Improvement Overview

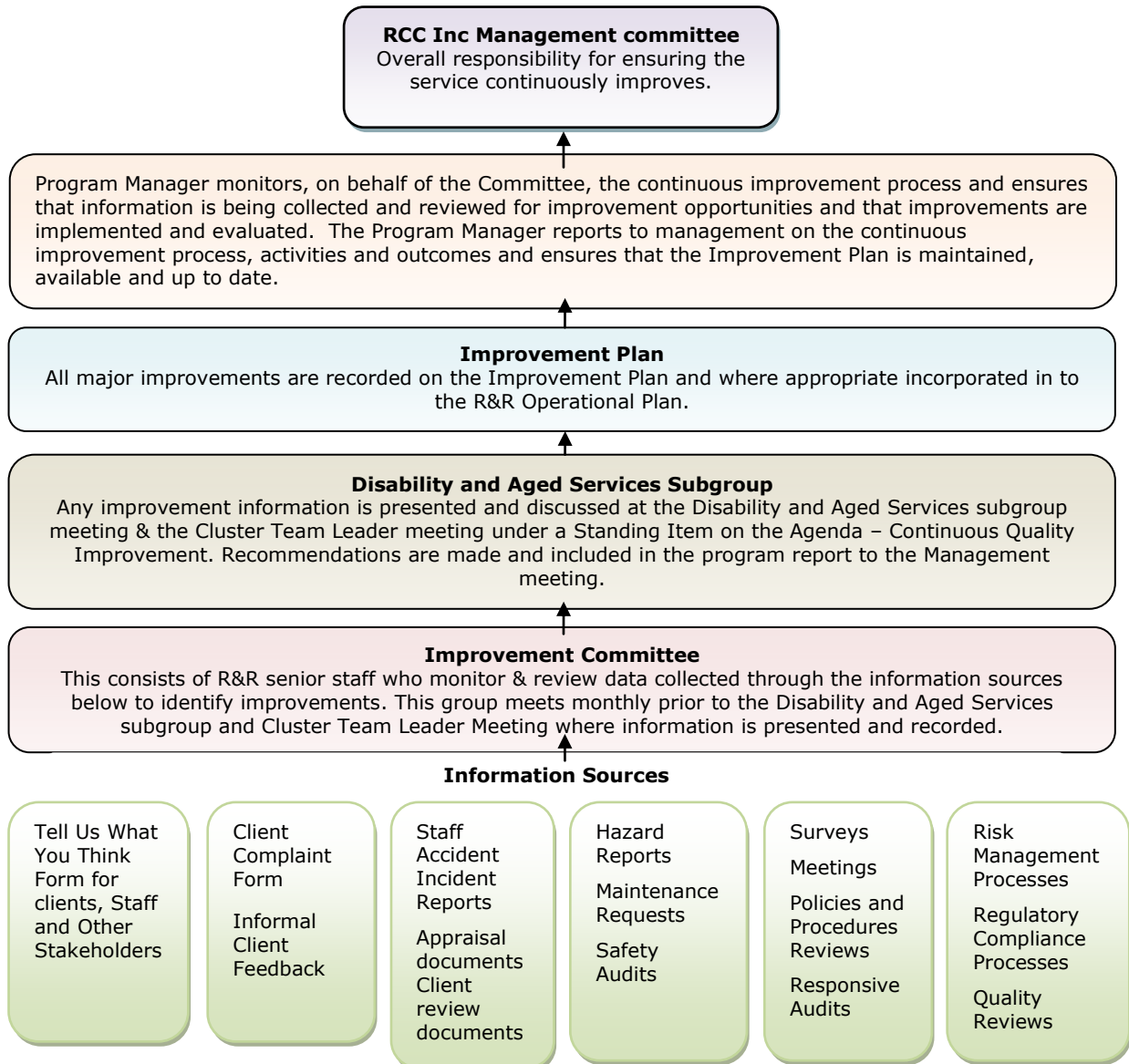
R&R is committed to continuously improving all aspects of its operations with the aim of delivering improved CDC (Consumer Directed Care), wellness and re-ablement focused services to clients.

The continuous improvement process for R&R is based on ongoing formal and informal feedback from:

- Clients (and representatives)
- Staff
- Management and
- Other stakeholders including funding bodies, allied and specialist health services and community organisations within the broader service system of Aged Care providers.

The continuous improvement process, the roles of management and key staff and the range of information sources is shown in Figure 5.1 R&R Continuous Improvement Information Management Process.

**Figure 5.1: RURAL & REMOTE Continuous Improvement Information Management Process**



### 5.1.1 THE IMPROVEMENT COMMITTEE

R&R has established an informal committee consisting of senior staff that contribute to the continuous improvement process. The Program Manager has primary responsibility for maintaining the Improvement Plan and is responsible for gathering and presenting information relevant to participants who assist in:

- Implementing the continuous improvement processes
- The review of data to identify improvements
- The implementation of improvements
- The evaluation of improvements
- Informing key stakeholders of improvements
- Identifying improvements to the continuous improvement processes.

#### ***Improvement committee membership***

The Committee includes:

- Finance Manager & Administration/Finance Assistant
- Program Manager
- RnR Team Leader
- Cluster Team Leaders (information gathered from HCSW's)
- Respite Supervisor and Respite Assistant (via supervision processes)

#### ***Improvement committee meetings***

See Section 1: Corporate Governance (Table 1.1: Rural and Remote Management Meetings).

#### ***Improvement committee agenda***

See Section 1: Corporate Governance (Table 1.1: Rural and Remote Management Meetings).

### 5.1.2 CONTINUOUS IMPROVEMENT AND RISK MANAGEMENT

Rural and Remote has integrated risk management into the continuous improvement process.

Rural and Remote risk management processes are described in detail in Section 6: Risk Management.

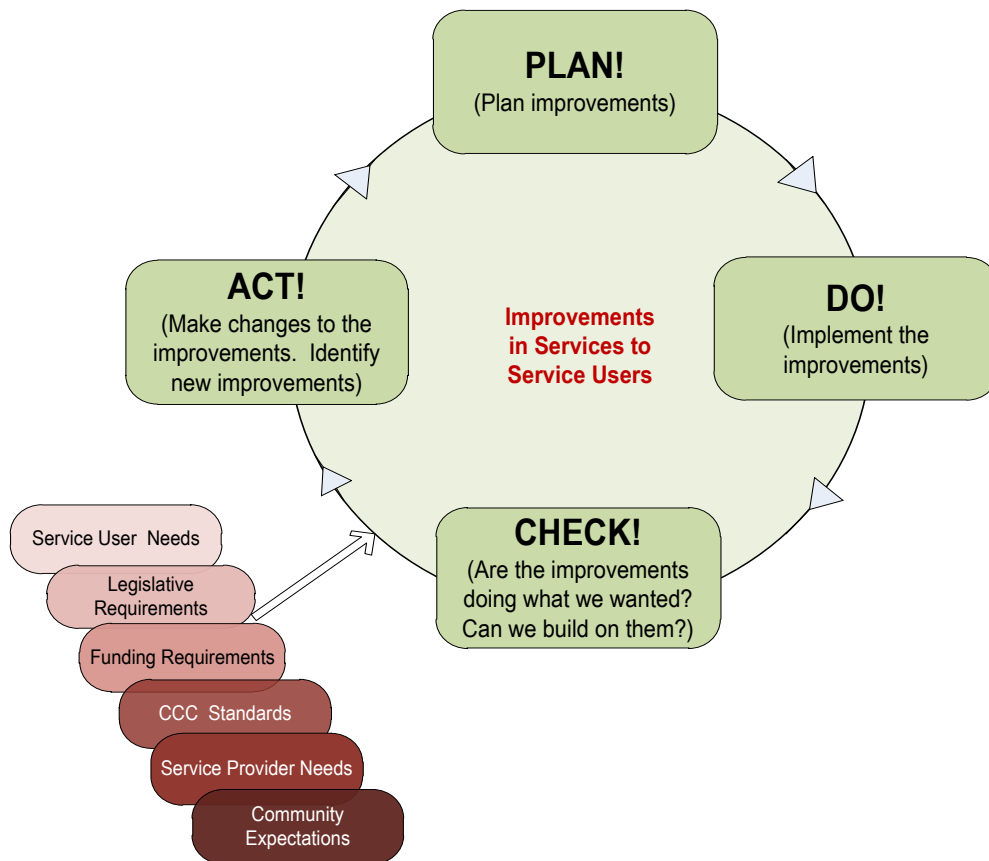
### 5.1.3 IMPROVEMENT PLAN

See 1.14 Planning.

### 5.1.4 IMPROVEMENT PROCESS

The improvement process used by Rural and Remote reflects the Plan, Do, Check, Act model shown in Figure 5.2: Plan Do Check Act Improvement Cycle.

**Figure 5.2: Plan Do Check Act Improvement Cycle**



These steps are further described below.

**Plan:**

- Clarify issues or problems
- Collect and review data or other information related to the issues or problems
- Identify the causes of the issue or problem
- Clearly identify improvements that can be made
- Clarify the intended outcomes for improvements
- Develop strategies to implement improvements – consider stakeholders – consider strategies required for management support
- Identify how to measure the success of the improvement and identify how to collect the data
- Identify key tasks.

**Do:**

- Gain approval for improvements
- Implement the improvements – assign key tasks
- Monitor the implementation – make sure key tasks are completed
- Collect data on improvements.

**Check:**

- Did the improvement work? If not, why not?

- Were there any unintended consequences?
- Collect ongoing data on the operations of your organisation - e.g. client feedback, staff feedback, staff accident/incident reports, hazard reports, audits, etc. – what does this tell us about the improvements?

**Act:**

- Consider improvements – do they suggest other improvements – e.g. staff training, review of procedures, changes to organisation operations?
- Share evaluation feedback with relevant stakeholders
- If improvements did not work what do we need to do?
- If there were unintended consequences to improvements - do we need to do anything about them?
- Consider new data – e.g. client feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc – does it suggest improvements?
- Look for things to improve – look at problems and consider solutions.

Rural and Remote is committed to ongoing improvement and it is built into the organisation's culture and practices. This ensures the organisation continues to change and adapt to the needs of its clients, staff, volunteers, funding bodies, other stakeholders and the wider community.

## 5.2 Continuous Improvement Forms

The continuous improvement forms are described below. These are archived every year to reduce the bulk of the files.

### 5.2.1 TELL US WHAT YOU THINK FORM

Feedback, both positive and negative, is actively sought from clients, staff, management and other relevant people.

Clients are encouraged to provide feedback at any time, but particularly at formal 12 monthly reviews (CHSP) or 6 monthly reviews (QCSS), during HCSW (Home Care Support Worker) probationary period reviews, and through day to day contact with senior staff.

Forms are included in the client home folder.  
Completed forms are given to the Program Manager.

Completed forms are processed as per 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

### 5.2.2 CLIENT COMPLAINT FORM

The [Client Complaint Form](#) is used for more formal complaints or when negative feedback involves a significant issue that requires detailed documentation and action. Staff may complete the form for the client or may provide a form to them or their representative. If clients write a letter or telephone their complaint, staff complete a Client Complaint Form on their behalf.

Completed Client Complaint Forms are given to the Program Manager who reviews and investigates the complaint in line with the procedures specified in Section 16: Complaints and Client Feedback.

Forms are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

### 5.2.3 STAFF ACCIDENT/INCIDENT REPORT

The [Staff Incident Report](#) is used to report accidents or incidents that affect clients/carers, staff or volunteers. Forms are filled out immediately after the accident or incident and are forwarded to the Program Manager as soon as possible.

The Program Manager reviews the form making sure it is correctly completed and that any required action is taken, including medical attention, control of hazards and the completion of a Workers Compensation report. The Program Manager immediately investigates the accident/incident as per the form and initiates or delegates any remedial actions as soon as possible (or within 7 days). Completed forms are also sent to the RCC Inc HRO if required.

Reports are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

### 5.2.4 WORKPLACE/HOME SAFETY CHECKLIST

This is used to report areas of risk or potential risk to clients, staff or other people in R&R work places, client's homes and external venues.

Completed reports are forwarded to the Program Manager who arranges for immediate control of the hazard and for any further action such as repairs and maintenance, new equipment etc.

Reports are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

#### 5.2.4.1 ADVERSE EVENT REPORT

This is used to report any mishaps, near misses or safety issues which do not fall into any other category and are not an accident or incident. Completed reports are forwarded to the Program Manager and placed in the relevant paper file (client/staff) and noted as per the Continuous Improvement process. The Program Manager in conjunction with senior staff will arrange for immediate appropriate action to address the issue if required.

#### 5.2.5 HAZARD REPORT – SEE SECTION 8.6

#### 5.2.7 MAINTENANCE REQUEST – SEE SECTION 8.14.1

#### 5.2.8 SURVEY AUDIT REPORT – SEE SECTION 5.3.5 (QUALITY REVIEWS)

## 5.3 Other Continuous Improvement Information Sources

### 5.3.1 INFORMAL CLIENT FEEDBACK

In addition to Tell Us What You Think forms and client surveys R&R staff record client informal feedback or comments regarding service delivery. These are recorded in the client file and Central Risk Register as appropriate.

### 5.3.2 MEETINGS

Minutes of any meetings are reviewed by the Program Manager at the end of each month to identify any opportunities for improvement.

### 5.3.3 SAFETY AUDITS

Safety audits are regularly conducted in client homes, Rural and Remote facilities and external venues used for client activities using the following forms:

- [Home Safety Checklist](#)

(See 8.4 Safety Audits).

Completed audits are forwarded to the Program Manager for review and any action.

Completed forms are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

#### 5.3.4 POLICIES AND PROCEDURES REVIEWS

Each section of the Policies and Procedures Manual is audited over a three year period to:

- Check what is written is what occurs in practice
- Identify improvements to practice
- Improve the documented procedures
- Improve any forms or other documents that support the procedures and practices.

The Program Manager maintains a plan for policies and procedures review in the [Corporate Calendar](#).

The Corporate Calendar details the reviews, surveys, and other data collection and monitoring activities scheduled for the next 12 months. This is updated as reviews/audits are planned and completed.

Staff reviews are conducted by a range of staff including the RCC Inc HRO officer for the Program Manager and Finance Manager; the Program Manager completes them for the RnR Team Leader, Cluster Team Leaders and administrative staff. RnR Team Leader and Cluster Team Leaders complete home care support worker reviews.

The following process applies:

- Staff print (or copy) the relevant section of the Policies and Procedures Manual, read the contents and familiarise themselves with relevant forms and documents
- The staff who work in the area that the policies and procedures relate to are advised that the senior staff person is going to be conducting a review and will want to review documents and talk to relevant staff
- The policies and procedures are used to guide the review. The senior staff person conducting the review:
  - Talks to relevant staff to discuss how the process/procedure works
  - Observes the processes in action (if relevant)
  - Reviews and samples<sup>1</sup> a selection of completed forms and records referred to in the policies and procedures for completeness and adherence to procedures
  - Notes on the copy of the policies and procedures the documents sampled and staff who participated in the review (this is the 'evidence' that the process/procedure has been reviewed)
  - Notes on the copy of the policies and procedures where practices are different from policies and procedures or where improvements to practices are identified
  - Provides feedback to the staff participating in the review to clarify any information gained and highlight any identified improvements

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<sup>1</sup> Samples are selected depending on the number of records, clients, and documents available. A small sample is usually chosen to test the process. For example, a review of 5 client records for completion of care plans would be randomly chosen initially. If issues are identified, a further sample of 5 records may be chosen to review. If multiple programs are delivered, the staff person may choose to select 5 records from each program. It is important to note your sample records (client initials or number or staff initials of who you spoke with) on the copy of the policies and procedures to validate the review of records.

- Provides feedback to the Program Manager and the Disability and Aged Services subgroup regarding the review.

Alternatively, all staff attend a compulsory training day to undertake education and orientation in new policies and procedures where the changes are significant. The RnR Team Leader and Cluster Team Leaders ensure HCSW compliance via probationary checks and discussions at staff meetings.

### 5.3.5 RESPONSIVE AUDITS

Responsive audits are conducted if it is identified that a process may not be working or require improvement through client, staff or other stakeholder feedback, review of policies and procedures or other activities.

The review process described above is used to conduct responsive audits, ascertain what is happening (fact or fiction) and for identifying improvements and solutions. They are usually of fairly narrow scope. For example, if it has been ascertained that home care support workers have been arriving late for their support visit, a responsive audit may include:

- Talking with HCSW's to identify any barriers to them delivering services at the allocated time
- Reviewing the rosters and schedules of the relevant HCSW's
- Reviewing the support plans of the clients who have provided feedback and, if necessary, clients who receive services earlier and/or later
- Identifying solutions to the issues
- Implementing solutions
- Providing feedback to the clients and HCSW's on the actions taken
- Evaluating whether the actions have been effective by following up with all parties after a designated time.

A [Survey Audit Report](#) is completed and attached to the copy of the policies and procedures used during the review.

Completed forms are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

#### **Quality reviews**

As part of the aged care funding requirements Rural and Remote undergoes a quality review every 3 years. The review identifies improvements required to meet any unmet expected outcomes and opportunities for improvement.

The improvements identified through the quality review process are summarised on a [Survey Audit Report](#) and included in the Improvement Plan (see 5.1.3 Improvement Plan.)

Completed Survey/Audit Reports are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

## 5.4 Processing Continuous Improvement Forms and Other Improvement Information

The following process applies to completed continuous improvement forms:

1. If all required action is completed the form may be closed out by the Program Manager who then presents them at the next Improvement Committee/Disability and Aged Services subgroup meeting.
2. The Improvement Committee/Disability and Aged Services subgroup reviews the forms for potential improvements and closes out forms (if not already closed out).



3. Where a form leads to improvements any action on the improvement is recorded on the back of the form. Significant improvements are also recorded on the [Improvement Plan](#) (see 1.14.1 Improvement Plan and Operational Plan). The form is maintained as 'open' until all required actions are satisfactorily completed.
4. The Improvement Plan is amended with the 'closed' date for the improvement noted.

#### 5.4.1 COMMUNICATION OF IMPROVEMENTS

An overview of improvements is covered at:

- Quarterly Staff Meetings (organised by CTL's for HCSW's in their area of responsibility)
- Cluster Team Leader meetings
- Disability and Aged Services subgroup
- Via formal supervision with the Respite Supervisor and Assistant

A summary of improvements is included in the R&R Program Managers monthly report to the Management Committee as required. Feedback is also provided to clients and HCSW's as required.

#### 5.4.2 EVALUATING IMPROVEMENTS

An improvement is not closed out until the improvement is evaluated; that is we have checked that the improvement achieved what we expected and that there were no unintended consequences.

If an implemented improvement was not effective, the issue is taken back to the next Improvement Committee/Subgroup meeting for consideration of new strategies. The extent to which improvements are evaluated depends on the level and complexity of the improvement.

For example, a client request for bigger fonts in letters could be immediately implemented without an evaluation. However, a more complex improvement such as changing all staff commencement and finishing times to fit in with school closing hours requires consultations with staff and clients, information sharing and significant changes to practices. This improvement would need to be evaluated with input from clients, staff and management to ensure it was a positive change with no unintended consequences.

Significant improvements can only be closed out by the Program Manager after being evaluated.

## 5.5 Monitoring Continuous Improvement Processes and Systems

Continuous improvement processes and systems are regularly audited as part of the R&R audit program and staff, clients and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made. Audits are scheduled in the [Corporate Calendar](#).