

### Quality Policy & Quality Objectives

Little Haven is committed to providing high quality palliative care services whose quality can be demonstrated to consumers, staff, funders and stakeholders as well as the people of Gympie Region through a culture of continuous improvement. Through active engagement activities with consumers and stakeholders, both internal and external to Little Haven, services are well planned and are effective in meeting the community needs and exceeding expectations.

Little Haven's quality management system is used to ensure internal controls are in place and activities comply with relevant funding body standards. Reviews of all quality management practices, including quality objectives, are regularly conducted to assess the effectiveness of the quality management system and to implement improvements, based on compliance with The NSQHS V2.

The Quality Policy is available to all interested parties. Little Haven's aim is to be recognised and well regarded for the delivery of quality evidence based best practice community palliative care services. It is important that all Little Haven stakeholders are aware of the quality management system, and identify, report and record any problems, complaints, incidents or other areas where improvements may be made.

#### **Communicating the Quality Policy**

Information about the Quality Policy is made available to stakeholders, whether staff, volunteers, board members, patients, carers, funding providers, local community as well as external providers, through the Little Haven website, on display at the main office as well as on request.

Staff and volunteers receive information about the Quality Policy within their position description, within initial induction processes as well as an ongoing basis, including through training. Reviews of the Quality Policy also include feedback from the board, patients, carers, staff and volunteers.

Little Haven demonstrates its commitment to its model of quality community based palliative care provision across all aspects of the services and this is indicated in the organisations Mission Statement, Vision and values statement and demonstrated by the behaviour of all board members, staff and volunteers.

#### **Quality Objectives**

Little Haven's Quality Objectives are consistent with the focus and intent of the Quality Policy and demonstrate an ongoing commitment to continual improvement. The Quality Objectives encompass relevant legislative and consumer requirements and are monitored on a regular basis within board and senior management meetings.

Details about the Quality Objectives are communicated to staff, volunteers and interested stakeholders and updated, as required. These Objectives are relevant to the function, operations, levels and practices undertaken by the service. As a result, the service continues to meet or exceed patient and carer's requirements and expectations in a proactive, professional and cost-effective manner.

To achieve the requirements of its identified Quality Objectives, Little Haven has:

- Established and continues to maintain a Quality Management System compliant and supported by the requirements of the NSQHS v2 standards.

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- Embraced the responsibility for quality practice in everything undertaken by the service in the support of palliative patients, carers, family members and stakeholders.
- Developed and documented objectives and targets for core activities. Implemented activities that encourage all people to integrate quality management into the activities and supports provided to people and to promote its application as a method for continual improvement within staff and volunteer areas of responsibility.
- Implemented methods for working in partnership with palliative patients, carers, family members and all other relevant stakeholders, including funding and regulatory bodies, ATO and the ACNC.
- Developed procedures for:
  - Monitoring and reporting on the appropriateness and quality of community palliative nursing care
  - Continuous education of staff and volunteers to ensure palliative care services are safe, appropriate, effective, efficient, and accessible
  - Reviewing and adapting to meet relevant industry standards, regulatory requirements or contractual arrangements
  - Reviewing and evaluating performance across all services to ensure that improvements are made, when and where needed
  - Facilitating the delivery and evaluation of care through effective client/patient-centred information systems
  - Evidence-based systems which are outcome-focussed and encourage innovative practice
- Ensure adequate resources are provided to continually review and improve Little Haven's quality management processes.

The Quality Objectives include:

**1. Provide a high quality of care to palliative patients**

| Process | Strategy   | Success indicators   |
|---------|--|--|
|         | <ul style="list-style-type: none"> <li>• Staff and volunteers attend regular training and update content to address high quality care for palliative patients</li> <li>• Surveys with carers</li> <li>• Palliative care / clinical indicators</li> </ul> | <ul style="list-style-type: none"> <li>• Training records / Training Register</li> <li>• Improvements to service delivery practices made as a result of training and updated information about palliative care practices</li> <li>• Numbers of surveys returned</li> <li>• Information on indicators on website, in publications, etc. (as necessary)</li> </ul> |

**2. Promote a safe environment for all palliative patients, carers, staff and volunteers**

| Process | Strategy   | Success indicators   |
|---------|--|--|
|         | <ul style="list-style-type: none"> <li>• WHS is a standing agenda item in team meetings and other meeting processes</li> </ul> | <ul style="list-style-type: none"> <li>• Staff and volunteer attendance at mandatory WHS training</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Staff and volunteer training on WHS – mandatory training</li> <li>• WHS practices for nursing staff doing home visits are in place</li> <li>• Risk Register reviewed regularly, along with incidents and accidents</li> <li>• Improvement activity to improve the work environment</li> </ul> | <ul style="list-style-type: none"> <li>• Issues highlighted in team meetings re. WHS taken further / acted upon</li> <li>• Risk assessments are accurate for home visits</li> <li>• Staff representation on WHS matters e.g. at senior management meetings</li> <li>• Risk Register demonstrates rapid responses to risk / decline in risk</li> <li>• Details about incidents and accidents demonstrate rapid responses / decline in numbers</li> <li>• Minimal WorkCover claims</li> <li>• Carer surveys indicate safe work practices</li> </ul> |
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**3. Maintain high levels of palliative care standards through strategic staff and volunteer recruitment, staff and volunteer education and quality assurance programs**

| Process | Strategy  | Success indicators   |
|---------|---|--|
|         | <ul style="list-style-type: none"> <li>• Recruitment activities – paid staff and volunteers</li> <li>• Accurate induction to rapidly equip people for their roles</li> <li>• Personnel files</li> <li>• Access to ongoing education</li> <li>• Performance appraisals</li> <li>• Membership to professional bodies – current (including APRHA)</li> <li>• Incident reporting</li> <li>• Feedback and complaints reporting – patients, carers, family, stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>• Retention rates</li> <li>• Membership of relevant organisations and peak bodies</li> <li>• Training informs improved practice</li> <li>• Minimal complaints due to staff and volunteer work activities</li> </ul> |

**4. Meet all relevant funding body requirements**

| Process | Strategy | Success indicators |
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|  | <ul style="list-style-type: none"> <li>• Reports, to Qld Health; DVA DOH, on time</li> <li>• Licences and permits (where applicable)</li> <li>• Policies and procedures meet NSQHS standards</li> </ul> | <ul style="list-style-type: none"> <li>• Positive feedback from funding bodies</li> <li>• Permits etc are current</li> <li>• Little Haven is accredited to the relevant standards</li> </ul> |
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**5. Evaluate the effectiveness of palliative care practices**

| Process | Strategy   | Success indicators   |
|---------|--|--|
|         | <ul style="list-style-type: none"> <li>• Professional palliative care practices undertaken by all staff and volunteers</li> <li>• Staff membership of palliative agencies</li> </ul> | <ul style="list-style-type: none"> <li>• Positive feedback from funding bodies, patients and stakeholders</li> <li>• Recognition from agencies such as ELDAC, universities such as QUT</li> <li>• Zero involvement from authorities e.g. police, Coroner, etc. arising from unprofessional palliative care actions</li> <li>• Recognition of value of model of care</li> </ul> |

**6. Evaluate the process of palliative patient entry into the service and procedure matching**

| Process | Strategy  | Success indicators  |
|---------|---|---|
|         | <ul style="list-style-type: none"> <li>• NSQHS Standard audit</li> <li>• Staff trained to use PalCare</li> <li>• Website attracts patients</li> <li>• Recruitment activities result in effective staff matching with patient needs</li> </ul> | <ul style="list-style-type: none"> <li>• Positive feedback from funding bodies, patients and stakeholders</li> <li>• Accurate records on PalCare</li> </ul> |

**7. Evaluate the process of identifying falls risk and prevention strategies to prevent falls**

| Process | Strategy  | Success indicators   |
|---------|---|--|
|         | <ul style="list-style-type: none"> <li>• NSQHS Standard audit</li> <li>• Staff and volunteer training on falls prevention, extended to patients, carers and family members</li> <li>• Clinical indicator reports</li> <li>• Risk assessments for falls in the home</li> <li>• Equipment resources for staff and patients</li> </ul> | <ul style="list-style-type: none"> <li>• Minimal or zero incident of falls</li> <li>• Patients and carers aware of falls prevention strategies and use them</li> <li>• All staff and volunteer's completion of training on falls prevention</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Maintenance register and review of equipment</li> </ul> |  |
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**8. Evaluate the effectiveness of preventing and controlling healthcare related infection**

| Process | Strategy  | Success indicators  |
|---------|---|---|
|         | <ul style="list-style-type: none"> <li>• NSQHS standard audit</li> <li>• Staff and volunteer training on infection control</li> <li>• Infection control audits</li> </ul> | <ul style="list-style-type: none"> <li>• Minimal or zero incidents of infection</li> <li>• Infection control audit results</li> </ul> |

**9. Evaluate the effectiveness of governance for safety and quality in palliative care**

| Process | Strategy  | Success indicators   |
|---------|---|--|
|         | <ul style="list-style-type: none"> <li>• NSQHS 1</li> <li>• All Management Committee members have completed induction that includes details on open disclosure; adverse events; reports on ProCare management; etc.</li> <li>• Staff and volunteer training on matching workforce to consumer need and the use of relevant equipment</li> <li>• Equipment maintenance schedule and records</li> <li>• Risk Register is operational</li> </ul> | <ul style="list-style-type: none"> <li>• Management Committee, staff and volunteer training records / Training Register</li> <li>• Completion of mandatory training in the required timeframes</li> <li>• Staff and volunteer matching records</li> <li>• Equipment maintenance schedules shows equipment maintained according to plan</li> <li>• Equipment Register</li> <li>• Risk Register contains comprehensive detail and is reviewed at least annually</li> </ul> |

**10. Engage consumers and carers in the strategic, operational, decision making process regarding safety and quality initiatives as well as quality improvement activities**

| Process | Strategy | Success indicators   |
|---------|----------|--|
|         | NSQHS 2  | <ul style="list-style-type: none"> <li>• Information provided to consumers and carers on the website; publications; etc. and reviewed by consumers and carers, with changes and revisions made following feedback</li> </ul> |

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|  |  | <ul style="list-style-type: none"><li>• Records of changed publications and website content following consumer and carer feedback</li><li>• Records of changed service delivery practices following consumer and carer feedback</li><li>• Consumer feedback mechanisms in place and operational</li><li>• Different feedback methods used for consumers and carers</li><li>• Consumer and carer representation on the Board of Little Haven.</li></ul> |
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