

Keilor Private Quality Policy

Aim:

To provide direction for organisational commitment to continual improvement within Keilor Private, in line with the strategic direction. It aims at improving the performance of all services, programs, persons, thus contributing to the safe and quality patient care, efficient utilisation of resources and staff/patient/consumer satisfaction. This policy will also contribute to the organisations commitment to ISO 9001 and NSQHSS programs currently in place.

Scope:

This Policy relates to all interested parties and covers all staff, departments, units, programs and facilities encompassing Keilor Private. It is intended that this policy supports the Quality Improvement Program and Plan, the main objective being organisational improvement. Management at Keilor Private are committed to ensuring that a culture of continual improvement is developed and maintained. This is to be achieved through the following:

- The development and maintenance of a Quality Improvement Program including Quality Objectives (outlined in the Quality Manual)
- The provision of a multidisciplinary team – the Quality Committee – with a responsibility for monitoring the effectiveness of the Quality program
- There is education and resources on Quality available to all staff within the organisation
- The recognition of staff who contribute to organisational improvement
- Communication of the Quality Policy to identified interested parties

Keilor Private is claiming an exemption from Design and Development of Product and Services within ISO 9001 standards.

Protocol:

The implementation of this policy will include responsibilities at all levels of Keilor Private, including the following:

- All persons performing work at Keilor Private are aware of the quality policy and quality objectives, their contribution to the effectiveness of the quality management system and the implications of not conforming with the quality management system requirements
- All departments or units within the organisation will carry out regular quality activities which involve all staff within the department
- Evidence of quality activities are demonstrated at all levels of the organisation
- All quality activities undertaken show some or all aspects of the quality cycle as depicted below
 - > Monitoring
 - > Assessment
 - > Action
 - > Evaluation and feedback
- All quality activities are to be documented in the agreed format. Refer to policies *Corrective and Preventative Action (OM-SU-0022)* and *Internal Audits (OM-SU-0018)*.
- A reporting framework for all quality activities is to be maintained
- An Internal Audit Schedule (*O-F-0005*) is maintained to assist in the implementation of the Quality Policy and Program
- Education to support the Quality Policy is developed for all levels of the organisation

- Where possible all activities are submitted to the Chief Executive Officer for approval prior to implementation
- All departments will carry out at least one of the following category of activities within a twelve month period
 - > *Quality Assurance* – Quality Control, Audit – results meet accepted standard, incident reporting
 - > *Satisfaction survey* – staff, patient, consumer, supplier
 - > *Improvement activity* – area for improvement identified, action taken and improvements identified and monitored

Outcomes: Evidence of improvements able to be identified
 Maintenance of ISO accreditation
 Maintenance of NSQHSS accreditation
 Improved knowledge of quality improvement methodologies
 Improved patient/consumer satisfaction with service provision

Evaluation: The effectiveness of the policy shall be measured through the following mechanisms

- >90% patient/consumer satisfaction rates
- >80% of departments/units conducting regular quality activities
- >80% departments/units have staff attending quality education
- maintenance of ISO accreditation
- maintenance of NSQHSS