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|  | **KEILOR PRIVATE** | |
| MANUAL: | ORGANISATIONAL MANUAL | |
| SECTION: | CORPORATE | |
| TITLE: | QUALITY POLICY | |
| **Policy Number:** OM-CO-0006 | | Version No 9 |
| **Effective Date:** February 2025 | | **Date of next Review:** February 2028 |

**Aim**

Keilor Private Hospital is committed to continuous quality improvement in all aspects of patient care, service delivery, and organisational operations. This policy establishes our commitment to achieving excellence in clinical and corporate governance, regulatory compliance, and consumer engagement while maintaining high standards of patient safety, satisfaction, and operational efficiency.

**Scope**

This policy applies to

* All Keilor Private staff, Visiting Medical Officers (VMOs), patients and consumers involved in the hospital’s quality activities.
* All services, departments, and programs contributing to continuous improvement and patient safety.

The Directors and Executive Management of Keilor Private Hospital are responsible for fostering a culture of quality, safety, and ongoing improvement by ensuring the implementation, monitoring, and evaluation of quality initiatives.

**Principles & Commitment**

Keilor Private ensures quality by –

* Maintaining a structured Quality Management System with measurable key performance indicators.
* Establishing a multidisciplinary Quality Committee to oversee quality initiatives.
* Providing ongoing education, training and resources to staff, VMOs and consumers.
* Implementing effective clinical governance and risk management frameworks.
* Monitoring feedback, incidents, and audits to drive service enhancements.

**Procedure**

**Quality Responsibilities**

* All staff must understand their role in achieving quality objectives and adhere to hospital policies and procedures.
* Each department will conduct regular quality activities, involving all staff in improvement initiatives.
* Evidence-based quality improvement practices will be integrated at all levels.
* Performance metrics will be reviewed through structured reporting mechanisms.

**Quality Cycle**

Quality activities will be documented and demonstrate the following cycle –

1. Monitoring – Data collection, incident tracking, and performance assessment.
2. Assessment – Identification of trends, risks and opportunities for improvement.
3. Action – Implementation of corrective measures and process enhancements.
4. Evaluation & Feedback – Measuring effectiveness and communicating outcomes.

**Documentation & Reporting**

* All quality activities will be recorded in the agreed format, referencing the Internal Audit Policy OM-SU-0018.
* The Internal Audit Schedule (O-F-0005) will be maintained to track compliance.
* Quality outcomes will be reported to governing bodies, senior management and stakeholders.
* All major changes must be approved by the Chief Executive Officer.

**Minimum Annual Quality Activities per Department**

Clinical and Administration Managers must undertake at least one quality activity annually from the following categories –

* Quality Assurance – Compliance audits, incident reporting, benchmarking.
* Satisfaction Surveys – Staff, patient, consumer, supplier feedback analysis.
* Continuous Improvement – Identifying gaps, implementing corrective actions, and monitoring progress.

**Outcomes & Evaluation**

The effectiveness of this policy will be measured through –

* >90% patient/consumer satisfaction rates.
* All departments conducting quality improvement activities annually.
* A majority of staff participating in quality education initiatives.
* Compliance with National Safety and Quality Health Service (NSQHS) Standards and Victorian Health Regulations.

Keilor Private Hospital remains committed to fostering a culture of excellence, accountability, and continuous learning to ensure the highest quality of care for our patients and the broader community.

**Timeframe for review:**

Three years from approval date or when evaluation indicates that significant non-compliance exists.

Supporting Documents/Documents of interest

National Safety and Quality Health Service (NSQHS) Standards

Internal Audits Policy - OM-SU-0018

Internal Audit Schedule - O-F-0005