# **Quality Management – STANDARD AND SPIEL**

## Standard

Quality Management Standard (extract from NDIS Practice Standards: Core Module – 2 Provider Governance and Operational Management Standard).

This is what you need to demonstrate to the auditor that you meet.

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| **Outcome:** Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery. |
| **To achieve this outcome, the following indicators should be demonstrated:** * A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery
* The provider’s quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered
* The provider’s quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers
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## SPIEL

Your explanation to the auditors of how you meet the above section of the *Provider Governance and Operational Management Standard*.

For you to read, adapt and then insert into your NDIS Commission On-line Application

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| XXX has a *Quality and Continuous Improvement Program* that addresses the quality of clinical and administrative services. The program is supported by strategies referenced in other sections of this Governance and Operational Management standard, particularly in relation to compliance with legislative requirements (e.g. *Risk Register* and *Compliance Calendar*. The *Quality and Continuous Improvement Program* includes: * The Quality Improvement Plan is monitored / reviewed at least quarterly thru meetings and opportunities for service improvement are identified (refer to attached Agenda & Minutes)
* Self assessments of performance in relation to applicable Service Standards including internal audits - Refer to *Quality Improvement Plan*
* Maintaining a *Quality Improvement Projects Register* where all quality activities undertaken are documented and reviewed to ensure the quality improvement ‘loop’ is closed. The register includes planned activities and those undertaken as a result of incidents, complaints or suggestions / ideas from stakeholders (e.g. staff, clients, partner organisations
* External assessments of performance in relation to applicable NDIS Service Standards – audit planned for insert date
* Ongoing review of work through the AHP supervision and performance appraisal process (refer to Human Resource Management)
* Seeking and responding to feedback from participants, clients, Carers, referrers and other interested parties (e.g. *Participant Survey*)
* Specific program and project reviews and evaluations undertaken as a result of feedback or through planning sessions with team, stakeholders and participants or as part of annual planning
* Providing opportunities for XXX personnel at all levels to attend training and professional development activities to ensure they are providing evidence-based practice (also refer to HR documents)
* Staff engagement encouraged through:
	+ - Inclusion in all position descriptions
		- Allocation of time for Quality Activities
		- Encouragement to identify problem areas or opportunities for improvement

A documen*t control system is in* place (attached)*Supporting Documents:** *Quality and Continuous Improvement Program*
* *Quality Improvement Plan*
* *Quality Improvement Projects Register*
* *Quality Improvement Activity Report form*
* *Document Control Register*
* *Governing Body Meeting Agenda & Minutes*
* *Srn Mgmt & Team Meeting Agendas & Minutes*

*Also note** *Various documents referred to above and audit forms and results that have been provided elsewhere*
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