



Continuous Improvement



Australian Government
Aged Care Quality and
Safety Commission



Flip Guides have been designed as supplementary supports for the learning modules. The Guides include key messages and insights for your continued reflection.

Need to Know: Continuous Improvement

The Aged Care Sector requires ongoing continuous improvement to ensure the delivery of safe and high quality care for older Australians.

Governing bodies and executives are in a position to ensure their organisations have the necessary systems, processes and capabilities in place to drive continuous improvement and ultimately improve consumer care and outcomes.

Continuous improvement is a systematic, coordinated and ongoing effort to improve the quality of care, services and outcomes for consumers.

If undertaken effectively, continuous improvement can:

- **Improve** the delivery of care and services
- **Support** the identification of quality issues early
- **Support** organisations to be more responsive to the changing needs of consumers
- **Improve** outcomes for consumers
- **Improve** stakeholder input and ownership and increase collaboration amongst staff at all levels
- Enhance professional development
- **Enhance** systems to monitor and track change
- Create long-term and sustainable improvement across organisations.



To achieve this goal, providers must place more emphasis on developing a continuous improvement mindset within their organisation in all aspects of planning, delivery and evaluation of care and services.

Governing bodies and executives will need to consider the needs of their consumers and partner with consumers to ensure improvements are consumer-centred.

Obligations & Accountabilities: Continuous Improvement

Older Australians deserve an aged care sector they can have confidence in, with a stronger focus on the quality and safety of care a person receives.

To this end, providers have a range of obligations related to continuous improvement as outlined in various forms of aged care legislation, including:

- Aged Care Act 1997
- Aged Care Quality and Safety Commission Act 2018
- Accountability Principles 2014
- Records Principles 2014
- Aged Care Quality Standards
- Quality of Care Principles 2014

Please take a moment to determine whether your provider currently has or is undergoing the following:



Plans for continuous improvement



Participation in the quality indicator program



Incident Management



Star Ratings System



Other obligations relating to continuous improvement

→ *Read about the obligations on the following pages.*



Obligations & Accountabilities: Continuous Improvement



Plans for continuous improvement:

- Have a written plan for continuous improvement in the quality of care and services they provide.
- Ensure the written plan for continuous improvement sets out how the provider of the service will:
 - Assess the quality of care and service provided through the service against the Aged Care Quality Standards through a process of self-assessment
 - Monitor and improve the quality of care and services as measured against those standards
- Where it is identified that a provider requires improvement in order to meet the Aged Care Quality Standards, the governing body must outline the actions their provider will take to meet the Standards.
- Provide the Aged Care Quality and Safety Commissioner with a copy of the plan for continuous improvement, and make revisions to this plan if requested by the Commissioner.



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Obligations & Accountabilities: Continuous Improvement



Participation in the quality indicator program:

In accordance with the [National Aged Care Mandatory Quality Indicator Program \(QI Program\)](#), providers of residential aged care have an obligation to:

- Make measurements or other assessments that relate to consumers to whom the provider provides residential care, and are relevant to indicating the quality of the residential care.
- Compile, or otherwise derive from those measurements and assessments, the information that is relevant to indicating the quality of the care, and provide to the Secretary of the Department of Health and Aged Care via the My Aged Care provider portal.
- Keep records, in alignment with the Aged Care Quality Indicator Program.



Obligations & Accountabilities: Continuous Improvement



Incident management

The Aged Care Act 1997 and the Quality of Care Principles 2014 require providers to have systems to identify, report, record and respond to incidents. From a continuous improvement perspective, this includes considering:

- Whether the incident could have been prevented
- Any remedial action that needs to be undertaken to prevent further similar incidents from occurring
- How well the incident was managed and resolved and actions that could be taken to improve the provider's management and resolution of similar incidents.

These requirements apply to all incidents, however governing bodies and executives may need to pay particular attention to reportable incidents as these are incidents of a serious nature and may indicate a significant need to make improvements.

View the Incident Learning online module for more information on incident management and reporting obligations under SIRS.



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Obligations & Accountabilities: Continuous Improvement



Star Ratings System:

In accordance with the Aged Care Act 1997, Star Ratings for residential aged care must be published. The Star Ratings system provides the opportunity for providers to understand their service's performance and drive improvement using nationally consistent measures.

A service can improve their overall Star Rating and sub-category ratings by:

- Understanding the information that is used to calculate Star Ratings.
- Reflecting on their performance and identifying opportunities for improvement.
- Accessing existing improvement resources relevant to the reporting area.
- Making targeted changes to improve the quality of care across the four sub-categories.

View the [Star Ratings – A provider's guide](#) to improving quality for more information on how to use Star Ratings to continuously improve your service.

Obligations & Accountabilities: Continuous Improvement



Other obligations relating to continuous improvement

Use input and feedback from consumers, carers, the workforce and others to inform continuous improvements for both individual consumers and the whole organisation.

Have an effective organisation-wide governance system for continuous improvement.

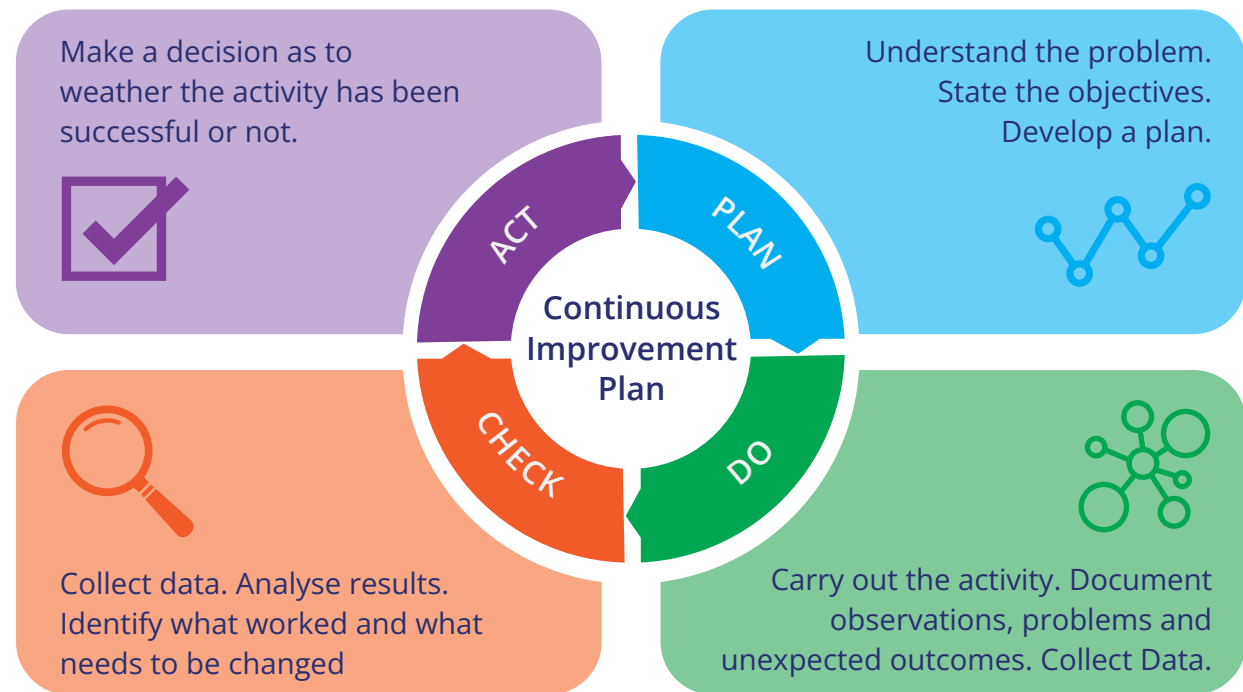
Engage consumers in the development, delivery and evaluation of care and services, and support consumers in this engagement.

- Collect data relating to incidents that will enable the provider to continuously improve its management and prevention of incidents, including enabling the provider to:
- Identify and address systemic issues in the quality of care provided by the provider, and provide feedback and training to staff members of the provider about managing and preventing incidents.
- Assess the effectiveness of the provider's management and prevention of incidents and implementing any actions required to improve its management and prevention of incidents.

Best Practice Continuous Improvement:

Whilst there are multiple approaches to continuous improvement activities, one approach that governing bodies can utilise is the Plan-Do-Check-Act (PDCA) tool.

Please take a moment to read through the segments on the following pages and reflect upon how your organisation could better implement continuous improvement using the PDCA tool.





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Best Practice Continuous Improvement: (continued)



Plan:

- My governing body has a clear process to gather information from our organisation, which enables us to understand the current situation and identify potential risks, quality issues or opportunities for improvement.
- We regularly set strategic goals for quality improvement at governing body meetings. These goals are informed and regularly checked against measurable information, i.e. consumer feedback, QI ratings etc.
- My governing body is comfortable that their provider's management and workforce are able to carry out continuous improvement, as per a detailed strategic plan.



Do:

- We are aware and comfortable with the effective delegation of resources within the organisation to deliver quality improvement activities.
- My governing body is kept informed of the results of quality improvement test activities, and we scale/shift approach as required.
- We regularly reach out to stakeholders to ensure their voice and insights are evident in any changes made due to continuous improvement activities.
- My governing body is comfortable that our management and workforce are documenting any observations or decisions made while delivering continuous improvement activities.
- We regularly receive data to assist us in making continued continuous improvement activities.



Best Practice Continuous Improvement: (continued)



Check:

- As a governing body, we regularly receive information to enable us to determine what is working and what isn't. This information is both qualitative and quantitative. For example:
 - Qualitative: Consumers, workforce and management are asked what worked and what didn't.
 - Quantitative: Collection of client and workforce data to identify trends in care delivery.
- Review the Information Management online module for further information on best practise data collection.



Act:

- Once management has evaluated whether an activity has been successful or not, our governing body determines if the activity should be scaled across the organisation and would systemic supports will be required i.e. policies, training and communications to stakeholders.
- If an activity has been deemed as not successful, our governing body will delegate responsibility to a committee or management to undertake a review the PDCA process with a different quality improvement approach.

Continuous Improvement – Where to Focus:

Delivery of care in the aged care sector is complex, and given that an organisation cannot seek to improve everything simultaneously, it is only natural that determining where to focus continuous improvement activities is equally complex.

It is the role of governing bodies and executives to assess and strategically decide where their focus lies. Below are some inputs governing bodies can utilise to inform their decisions about where to focus continuous improvement activities.

- Results from self-assessment activities undertaken in preparation for accreditation or quality review.
- Results from the [Quality Indicator Program](#) data collection.
- Incident data, such as in response to trends in incidents or a specific, serious incident.
- Complaints and feedback from consumers, families and staff. There are requirements to have a Quality Care Advisory Body and a Consumer Advisory Body in place that can support providers to collect, analyse and action complaints and feedback. For further information, visit [Strengthening Provider Governance](#) page.
- Results from audits or evaluations (e.g. to determine compliance with good practice care or from third-party audits such as the Commission).
- Education or innovation, such as when research indicates changes or improvements in care processes should be made.
- Benchmarking/learning from others. For example:
 - Within an organisation.
 - Through sharing information with ‘like-minded’ aged care organisations.
 - Considering performance and practices identified through sources, such as the Commission’s Quarterly performance report or literature issued from well-known sources from the sector.

An additional resource for a provider’s management team is the **Aged Care Quality and Safety Commissions Continuous Improvement Template (PCI)** this tool can be used to map continuous improvement activities, and is useful for management to develop reports to feed back into government body meetings.



**Download: Aged
Care Commissions
Continuous
Improvement
Template**

Additional Resources

