Title | Describe concepts of quality and develop, implement, and report on quality objectives in a health-related organisation

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<th>Level</th>
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Purpose
People credited with this unit standard are able to: describe quality, quality assurance, and a quality management system; describe quality improvement, identify quality improvement opportunities, and develop quality improvement objectives; develop and implement action plans to achieve quality improvement objectives; and evaluate and report on the implementation of action plans to achieve quality improvement objectives; in a health-related organisation.

Classification
Health, Disability, and Aged Support > Health and Disability Principles in Practice

Available grade
Achieved

Explanatory notes

1 Legislation and codes relevant to this unit standard include:
Health and Disability Commissioner Act 1994;
Health and Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996 (the Code of Rights);
Health and Disability Services (Safety) Act 2001;
Health and Safety in Employment Act 1992;
Human Rights Act 1993;
Privacy Act 1993.

2 New Zealand Standards relevant to this unit standard include:
NZS 8134.0:2008 Health and disability services Standards – Health and disability services (general) Standard;
NZS 8134.1:2008 Health and disability services Standards – Health and disability services (core) Standards;
NZS 8134.2:2008 Health and disability services Standards – Health and disability services (restraint minimisation and safe practice) Standards;
NZS 8134.3:2008 Health and disability services Standards – Health and disability services (infection prevention and control) Standards;
3 Primary references

4 References

5 Definitions
Candidate refers to the person seeking credit for this unit standard. Consumer is defined in the Code of Rights and the Health and Disability Commissioner Act 1994 in the following ways:
‘Consumer means a health consumer or a disability services consumer; and, for the purposes of Rights 5, 6, 7(1), 7(7) to 7(10), and 10, includes a person entitled to give consent on behalf of that consumer’ – Code of Rights, Regulation 4.
'Disability services consumer means any person with a disability that – (a) Reduces that person's ability to function independently; and (b) Means that the person is likely to need support for an indefinite period.' – Health and Disability Commissioner Act 1994, s. 2.
'Health consumer includes any person on or in respect of whom any health care procedure is carried out.' – Health and Disability Commissioner Act 1994, s. 2.
Consumers may also be known as patients, clients, or tūroro, in particular contexts and settings.
Health care and health care services refers both to the provider of services to consumers and their families/whānau, as well as the type of services provided, including but not limited to residential care, home-based care, hospital care (including out-patients), clinical or therapeutic services or interventions, cultural support, rehabilitation, restorative measures.
Interdisciplinary team refers to a group of personnel within an aged care, health, or disability setting, whose collective expertise, skills, practice tasks, and competencies focus on supporting consumers to achieve their stated goals. Interdisciplinary team members may include clinicians and health professionals, team leaders/managers, healthcare assistants, and support workers.
Organisation’s policies and procedures are the policies and procedures of the employing organisation of the candidate and include ethical codes, standards, and other organisational requirements. 

Others refers to any people who have relationships or interactions with a consumer, including but not limited to support workers, clinicians, family/whānau, friends, members of specialist agencies, community volunteers. 

Providers means disability services providers and health care providers, as defined by the Health and Disability Commissioner Act 1994, ss.2 and 3. 

Quality in the context of this unit standard is the degree of excellence to which a health-related organisation aspires in achieving its own service delivery objectives and meeting the needs of consumers and other stakeholders. The Ministry of Health identifies the five key dimensions of quality in the health and disability system as: people-centred, access and equity, safety, effectiveness, efficiency. [Ref: Improving quality (IQ): A systems approach]. 

Quality assurance in the context of this unit standard refers to all measures and actions taken to establish, protect, promote, and enhance the quality of health care for consumers, including self-care and health care provided to a consumer by family/whānau. 

Quality improvement is a philosophy of management that applies to quality management systems, service delivery, and client focus. In the context of this unit standard, quality improvement refers to systems, structures, and processes for continually enhancing the provision of health care services to consumers, in order to achieve high levels of consumer satisfaction, responsible use of resources, and optimum effectiveness and efficiency in day-to-day operations. 

Quality management system refers to a formal management system that establishes policies and procedures for structuring and regulating an organisation’s operations to promote the achievement of quality objectives. In the context of this unit standard a quality management system will focus particularly on interactions with consumers in areas such as medication, restraint minimisation, infection control, promoting independence and interdependence, integrated care models, social models, clinical interventions, and clinical pathways as will best promote their comfort, health, and safety. 

Service delivery refers to the manner and standard to which health care services are provided to consumers and their families/whānau. 

Service plan is a generic term that covers individual or group plans (which may also be referred to by other names such as care plans) that are developed by service providers for people receiving support (and may include their families/whānau as appropriate). 

6 This unit standard cannot be assessed against in a simulated environment. For assessment, candidates must demonstrate competence in the workplace through paid or unpaid employment, or in placements in a service provider workplace negotiated by an education provider. 

Outcomes and evidence requirements 

Outcome 1 

Describe quality, quality assurance, and a quality management system in a health-related organisation.
Evidence requirements

1.1 Quality in a health-related organisation is described in terms of the five key dimensions of quality identified by the Ministry of Health.

1.2 Quality of service delivery is described in terms of Right 4 of the Code of Rights: Right to Services of an Appropriate Standard.

1.3 Quality assurance in a health-related organisation is described in terms of its purpose and application.

Range health care services provided to consumers by the organisation, consumers’ self-care, health care provided to consumers by families/whānau.

1.4 A quality management system in a health-related organisation is described in accordance with the references.

1.5 A quality management system in a health-related organisation is described in terms of its purpose and application to stakeholder groups.

Range stakeholder groups include but are not limited to – consumers, providers, others.

Outcome 2

Describe quality improvement, identify quality improvement opportunities, and develop quality improvement objectives in a health-related organisation.

Evidence requirements

2.1 The principles and practice of quality improvement in a health-related organisation are described in accordance with the primary references.

2.2 Quality improvement opportunities in a health-related organisation are identified in accordance with collected data.

Range collected data may include but is not limited to – service specifications, service plans, incident or accident reporting, risk analysis, consumers’ comments/complaints, health care audit feedback, workplace hazard identification, review of quality systems, management directives, policy changes (Ministry of Health, District Health Boards); evidence is required of a minimum of three different quality improvement opportunities; at least one relating to the standard of health care services provided to consumers and their families/whānau; at least one relating to operational processes.
2.3 Quality improvement objectives in a health-related organisation are developed in accordance with the organisation's quality management system and the organisation’s policies and procedures.

Range evidence is required of a minimum of three different quality improvement objectives; at least one relating to the standard of health care services provided to consumers and their families/whānau; at least one relating to operational processes.

Outcome 3

Develop and implement action plans to achieve quality improvement objectives in a health-related organisation.

Range evidence is required of one action plan relating to the standard of health care services provided to consumers and their families/whānau; and one action plan relating to operational processes, in a health-related organisation.

Evidence requirements

3.1 Development of action plans to achieve quality improvement objectives is in accordance with the organisation’s policies and procedures.

3.2 Implementation of action plans to achieve quality improvement objectives is in accordance with the requirements of the action plan and the organisation’s policies and procedures.

Outcome 4

Evaluate and report on the implementation of action plans to achieve quality improvement objectives in a health-related organisation.

Range evidence is required of evaluation and reporting of – one action plan relating to the standard of health care services provided to consumers and their families/whānau; and one action plan relating to operational processes, in a health-related organisation.

Evidence requirements

4.1 The evaluation of action plans and their implementation compares data on quality improvement progress with quality improvement objectives in the action plan, and determines the nature and extent of quality improvement outcomes that have been achieved.

4.2 The outcomes of implementation of action plans are reported to the organisation in accordance with the organisation’s policies and procedures.

4.3 The outcomes of implementation of action plans are communicated to members of an interdisciplinary team in accordance with the organisation’s policies and procedures.
**Planned review date**
31 December 2016

**Status information and last date for assessment for superseded versions**

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**Consent and Moderation Requirements (CMR) reference** 0024

**Please note**
Providers must be granted consent to assess against standards (accredited) by NZQA, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.

Industry Training Organisations must be granted consent to assess against standards by NZQA before they can register credits from assessment against unit standards.

Providers and Industry Training Organisations, which have been granted consent and which are assessing against unit standards must engage with the moderation system that applies to those standards.

Requirements for consent to assess and an outline of the moderation system that applies to this standard are outlined in the Consent and Moderation Requirements (CMRs). The CMR also includes useful information about special requirements for organisations wishing to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.

**Comments on this unit standard**

Please contact the Community Support Services Industry Training Organisation Limited info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.