

<b>Title</b>	<b>Develop, implement, and report on quality objectives in a health or wellbeing setting</b>		
<b>Level</b>	<b>5</b>	<b>Credits</b>	<b>10</b>

<b>Purpose</b>	<p>People credited with this unit standard are able to, in a health or wellbeing setting:</p> <ul style="list-style-type: none"> <li>• describe quality, quality assurance, and a quality management system;</li> <li>• describe quality improvement, identify quality improvement opportunities, and develop quality improvement objectives;</li> <li>• develop and implement an action plan to achieve quality improvement objectives;</li> <li>• evaluate and report on the implementation of an action plan to achieve quality improvement objectives.</li> </ul>
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<b>Classification</b>	Health, Disability, and Aged Support > Health and Disability Principles in Practice
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<b>Available grade</b>	Achieved
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**Guidance Information**

1 Assessment conditions  
 Evidence for the practical components of this unit standard must be generated in a health or wellbeing setting.

This unit standard cannot be assessed against in a simulated environment.

People awarded credit for this unit standard must work in accordance with own role and responsibilities, and organisational policies and procedures.

2 Assessment notes  
 Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- documented organisational policies, procedures, and methodologies;
- applicable health and safety plans, contract work programmes, and quality assurance programmes.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pacific peoples, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- NZS 8134.0:2008 *Health and disability services (general) Standard*;

- NZS 8134.1:2008 *Health and disability services (core) Standards*;
- NZS 8134.2:2008 *Health and disability services (restraint minimisation and safe practice) Standards*;
- NZS 8134.3:2008 *Health and disability services (infection prevention and control) Standards*;
- NZS 8158:2012 *Home and Community Support Sector Standard*.

NZ standards can be retrieved from <http://www.standards.co.nz/>.

### 3 Definitions

*Health or wellbeing setting* may include but is not limited to the aged care, acute care, community support, disability, mental health, social services, whānau ora providers, and youth development sectors.

*Organisational policies and procedures* are the policies, procedures, and methodologies used in an organisation. They include legislative and regulatory requirements which may apply across an organisation, a specific site, or a workplace. Requirements are documented in organisational health and safety plans, contract work programmes, quality assurance programmes, policies, and procedural documents such as job descriptors and employment contracts.

*Quality* is the degree of excellence to which a health-related organisation aspires in achieving its own service delivery objectives and meeting the needs of the person 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, and efficiency.

*Quality assurance* refers to all measures and actions taken to establish, protect, promote, and enhance the quality of health care for a person, including self-care and health care provided to a person by family and whānau.

*Quality improvement* is a philosophy of management that applies to quality management systems, service delivery, and client focus. It refers to systems, structures, and processes for continually enhancing the provision of health care services 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. Such a quality management system focuses on interactions with people in areas such as medication, restraint minimisation, infection control, promoting independence and interdependence, integrated care models, social models, clinical interventions, and clinical pathways to best promote comfort, health, and safety.

*Service delivery* refers to the manner and standard to which health care services are provided to a person and their family and whānau.

### 4 References

Carey, R.G., & Lloyd, R.C. (2000). *Measuring quality improvement in healthcare: A Guide to Statistical Process Control Applications*. New York: ASQ Quality Press.

Donabedian, A. (2003). *An introduction to quality assurance in health care*. New York: Oxford University Press.

Health & Disability Commissioner. (n.d.). *Code of Health and Disability Services Consumers' Rights*. Retrieved on 6 April 2021 from <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

Health Quality and Safety Commission. (2017). *Clinical Governance: Guidance for Health and Disability Providers*. Retrieved from <https://tinyurl.com/y53cd58m>.

Health Quality and Safety Commission. (2019). *Quality improvement toolkit: Improved, safer care for you and your patients*. Retrieved from <https://tinyurl.com/y5zawssb>.

Lighter, D.E. and Fair, D.C. (2004). *Quality management in health care: Principles and methods* (2nd ed.). Sudbury, Mass.: Jones and Bartlett.

Minister of Health. (2003). *Improving quality (IQ): A systems approach for the New Zealand health and disability sector*. Retrieved from <https://tinyurl.com/ybs49tle>.

Minister of Health. (2003). *IQ action plan: Supporting the improving quality approach*. Retrieved from <https://tinyurl.com/y8bboxeq>.

Sollecito, W.A, & and Johnson, J.K. (2014). *Mclaughlin and Kaluzny's continuous quality improvement in health care* (4th ed.). Sudbury, Mass.: Jones and Bartlett.

## Outcomes and performance criteria

### Outcome 1

Describe quality, quality assurance, and a quality management system for a health or wellbeing setting.

#### Performance criteria

- 1.1 Quality is described against the five key dimensions of quality identified in *Improving quality (IQ): A systems approach for the New Zealand health and disability sector*.
- Range people-centred, access and equity, safety, effectiveness, efficiency.
- 1.2 Quality of service delivery is described against the *Code of Health and Disability Services Consumers' Rights* number 4 – *The right to services of an appropriate standard*.
- 1.3 The purpose and application of quality assurance is described.
- Range health care services provided to people by the organisation, peoples' self-care, health care provided to people by families and whānau.
- 1.4 A quality management system is described according to its purpose and application to stakeholder groups.

### Outcome 2

Describe quality improvement, identify quality improvement opportunities, and develop quality improvement objectives in a health or wellbeing setting.

#### Performance criteria

- 2.1 The principles and practice of quality improvement in a health-related organisation are described.

2.2 Quality improvement opportunities in own workplace are identified from collected data.

Range three different quality improvement opportunities; one of which must include the standard of health care services provided to people and their families and whānau, and one of which must include operational processes; collected data may include but is not limited to – service specifications, personal plans, incident or accident reporting, risk analysis, comments and complaints, health care audit feedback, workplace hazard identification, review of quality systems, management directives, policy changes (Ministry of Health, District Health Boards).

2.3 Quality improvement objectives are developed in accordance with the organisational quality management system in own workplace.

Range three different quality improvement objectives; one of which must include the standard of health care services provided to people and their families and whānau, and one of which must include operational processes.

### Outcome 3

Develop and implement an action plan to achieve quality improvement objectives in a health or wellbeing setting.

Range one action plan for the standard of health care services provided to a person and their family and whānau, and one action plan relating to operational processes.

### Performance criteria

3.1 An action plan is developed to help achieve quality improvement objectives.

3.2 An action plan is implemented to help achieve quality improvement objectives.

### Outcome 4

Evaluate and report on the implementation of an action plan to achieve quality improvement objectives in a health or wellbeing setting.

### Performance criteria

4.1 The evaluation measures actual outcomes against desired outcomes and recommends any amendments to improve the implemented action plan.

4.2 Outcomes are reported in accordance with organisational policies and procedures.

<b>Planned review date</b>	31 December 2026
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**Status information and last date for assessment for superseded versions**

<b>Process</b>	<b>Version</b>	<b>Date</b>	<b>Last Date for Assessment</b>
Registration	1	17 June 2011	31 December 2023
Review	2	24 June 2021	N/A

<b>Consent and Moderation Requirements (CMR) reference</b>	0024
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This CMR can be accessed at <https://www.nzqa.govt.nz/framework/search/index.do>.

**Comments on this unit standard**

Please contact Careerforce [info@careerforce.org.nz](mailto:info@careerforce.org.nz) if you wish to suggest changes to the content of this unit standard.