

Title	Describe concepts of quality and develop, implement, and report on quality objectives in a <u>health-related health or wellbeing setting organisation</u>		
Level	5	Credits	10

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

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, Pasifika, and people from diverse cultures.

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

New Zealand Standards relevant to this unit standard include:

- ~~–NZS 8134.0:20082008 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;~~
- ~~–NZS 8158:2012003 Home and Community Support Sector Standard.~~

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

3 Primary rReferences

- Carey, R.G., & Lloyd, R.C. (20001995). *Measuring quality improvement in healthcare: A Gguide to Sstatistical Pprocess Ccontrol Aapplications*. New York: ASQ Quality Resource Press.
- Donabedian, A. (2003). *An introduction to quality assurance in health care*. New York: Oxford University Press.
- 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>. Wellington: Ministry of Health.
- Minister of Health. (2003). *IQ action plan: Supporting the improving quality approach*. Retrieved from <https://tinyurl.com/y8bboxedg>. Wellington: Ministry of Health. These two Ministry of Health documents are available from [here](#).
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- ~~National Health Committee. (2001). *Safe systems supporting safe care: A discussion document on quality improvement in health care*. Wellington: National Health Committee.~~

~~National Health Committee. (2002). *Safe systems supporting safe care: Final report on health care quality improvement in New Zealand*. Wellington: National Health Committee. These two National Health Committee documents are available from <http://www.nhc.health.govt.nz/moh.nsf/indexcm/nhc-publications>.~~

4 ~~References~~

~~Berwick, D.M., Godfrey, A.B., & Roessner, J. (1990). *Curing health care: New strategies for quality improvement: A report on the National Demonstration Project on Quality Improvement in Health Care*. San Francisco: Jossey-Bass.~~

~~Carey, R.G., & Lloyd, R.C. (1995). *Measuring quality improvement in healthcare: A guide to statistical process control applications*. New York: Quality Resources.~~

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

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

- ~~McLaughlin Solleciton, W.G.A., & and Kaluzny Johnson, J.K.A. (Eds). (2014) *McLaughlin and Kaluzny's Continuous quality improvement in health care* (43rd ed.). Sudbury, Mass.: Jones and Bartlett.~~

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

~~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.~~

~~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.

~~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 the consumers 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, 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 a person, including self-care and health care provided to a consumer person by family and /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, it quality improvement refers to systems, structures, and processes for continually enhancing the provision of health care services to consumers people, 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 Aa quality management system will focus particularly on interactions with consumers people 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 a person and their family ies and /whānau.~~

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~~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 and performance criteria

Outcome 1

Describe quality, quality assurance, and a quality management system in a ~~health-related organisation~~ health or wellbeing setting.

Evidence requirements Performance criteria

- 1.1 Quality ~~in a health-related organisation~~ is described ~~in terms of~~ against 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 The purpose and application of qQuality assurance ~~in a health-related organisation~~ is described ~~in terms of its purpose and application~~.
- Range health care ~~health care~~ services provided to ~~consumers~~ people by the organisation, ~~consumers' peoples'~~ self-care, health care provided to ~~consumers~~ people by families and /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~~ for 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~~ health or wellbeing setting.

Performance criteria

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 personal plans, incident or accident reporting, risk analysis, ~~consumers'~~ comments and /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 must relating to the standard of health care services provided to consumers-people and their families and /whānau;
~~_____~~at least one must relating to operational processes.

- 2.3 Quality improvement objectives ~~in a health-related organisation~~ are developed in accordance with ~~the~~ the organisational'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 must relating to the standard of health care services provided to consumers-people and their families and /whānau;
~~_____~~at least one must relating to operational processes.

Outcome 3

Develop and implement an -action plans to achieve quality improvement objectives in a ~~health-related organisation~~ health or wellbeing setting.

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

Performance criteria Evidence requirements

- 3.1 An Development of a action plans is developed to help achieve quality improvement objectives ~~is in accordance with the organisation's policies and procedures.~~

- 3.2 An Implementation of a action plans is implemented to help 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 an action plans to achieve quality improvement objectives in a ~~health-related organisation~~ health or wellbeing setting.

~~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.~~

Performance criteria**Evidence requirements**

- 4.1 ~~The evaluation measures actual outcomes against desired outcomes and recommends any amendments required to improve the action plan~~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 plan~~Outcomes are reported to the organisation in accordance with the organisational'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 20 <u>25</u> 16
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	17 June 2011	<u>31 December 2022</u> N/A
<u>Review</u>	<u>2</u>	<u>MM 2021</u>	

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

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 [Careerforce info@careerforce.org.nz](mailto:info@careerforce.org.nz) if you wish to suggest changes to the content of 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.~~