

## Improvement Framework

**Policy Number** 2.137

**Policy Function** Leadership and Management

**Issue Date** 24 October 2016

**Summary** This policy describes the improvement framework within Justice Health and Forensic Mental Health Network.

**Responsible Officer** Executive Director Governance and Commercial Services

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 2.137 (Feb 2013; July 2010)

**Change Summary** Changes to this policy include:

- Process modified removal of all appendices to simplify and reflect what is happening within the organisation.
- Removal of reference to obsolete PD's and guidelines.

**TRIM Reference** POLJH/2137

**Authorised by** Chief Executive, Justice Health & Forensic Mental Health Network

## 1. Preface

Justice Health and Forensic Mental Health Network (JH&FMHN) is committed to developing and maintaining a culture of continuous improvement. The JH&FMHN improvement framework supports staff in identifying, defining and diagnosing a problem or opportunity, and developing and implementing solutions to make an improvement.

## 2. Policy Content

### 2.1 Mandatory Requirements

All staff should be committed to monitoring, evaluating and improving the health system in which we work, ensuring our service delivery places consumers at the forefront and maximises opportunities to create seamless and coordinated care. Identifying and undertaking improvements is the responsibility of all staff.

### 2.2 Implementation – Roles and Responsibilities

#### **Chief Executive (CE) is required to:**

- Promote and endorse a culture of improvement;
- Ensure that this policy is communicated to all managers and staff.

#### **Executive Directors are required to:**

- Promote and endorse a culture of improvement;
- Support and endorse opportunities for improvement.

#### **Managers (Service Directors, Nurse Managers, Nursing Unit Managers, Operational Managers and Departmental Managers) are required to:**

- Promote and endorse a culture of improvement;
- Support and endorse opportunities for improvement;
- Identify and act on opportunities for improvement;
- Support staff to continually improve service delivery and practice;
- Ensure the documentation of improvements, including completion of an [CORP039 Improvement Registration](#);
- Ensure Improvement Registrations are sent to the Clinical and Corporate Governance Unit for registration on the Improvement Register.

#### **Staff are required to:**

- Promote and endorse a culture of improvement;
- Identify and act on opportunities for improvement;
- Seek management endorsement to act on opportunities of improvement;
- Document improvements and complete an Improvement Registration.

### Clinical and Corporate Governance Unit is responsible for:

- Promoting a culture of improvement;
- Providing assistance and guidance to staff who are embarking on an improvement activity;
- Assessment of an Improvement Registration;
- Registration of Improvement Registrations on the Improvement Register;
- Requesting a 6 month and 12 month status update on the improvement activity from the staff member who is leading the improvement and updating the Improvement Register with the progress.

## 3. Procedure Content

### 3.1 Undertaking an Improvement

An improvement is any activity where the primary purpose is to monitor or improve the quality of a service delivered by an individual or organisation. Whatever the improvement, it is essential to decide on what is to be improved and ensure that there is data available to support the assumption that there is a problem or opportunity. This may include incident, audit, complaint data or best practice evidence. Having data to verify the existence of a problem or opportunity ensures that there is a baseline to measure the improvement.

There are numerous improvement methodologies and programs used within JH&FMHN for implementing change. These include:

- **Clinical Practice Improvement Methodology:** involves identifying, defining and diagnosing a problem, before developing solutions and implementing interventions that may address the identified issues. Solutions are tested using the “Plan, Do, Study, Act” cycles. Detailed information can be found on the [Clinical Excellence Commission](#) website.
- **Clinical Services Redesign:** provides a way for health staff to improve patient experiences and access to care. It builds local capacity in the NSW Health workforce to enable staff to successfully redesign and improve service delivery through a defined methodology that involves project initiation, problem diagnostics, solution development, implementation, implementation monitoring and sustainability. Further information can be found on the JH&FMHN intranet [Project Management Office](#).
- **Essential of Care (EOC):** is a framework to support the development and ongoing evaluation of nursing and midwifery practice and patient care. This approach requires all stakeholders to have opportunities to participate in decisions about effective care using approaches that respect individual and collective values. Further information can be found on the JH&FMHN intranet [Practice Development](#).
- **Clinical Leadership Program:** aims to enhance capacity of clinicians to lead sustainable system improvement and patient safety initiatives within a person centred approach. Further information can be found on the JH&FMHN intranet [Practice Development](#).
- **Accelerated Implementation Methodology (AIM):** is a flexible, business disciplined change management methodology for managing organisational changes. AIM steps include defining the change, building capacity, assessing the climate for change, identifying project sponsors determining the change approach, developing target readiness, building a communication plan, developing

reinforcement strategies, creating cultural fit and prioritising actions. Further information can be found on the [Agency for Clinical Innovation](#) website.

The following JH&FMHN services can be contacted for further advice and information on the above methodologies and programs:

- Clinical and Corporate Governance Unit  
Email [governance.unit@justicehealth.nsw.gov.au](mailto:governance.unit@justicehealth.nsw.gov.au)
- Practice and Development Unit  
Telephone 9700 3833
- Project Management Office:  
Email [pmo@justicehealth.nsw.gov.au](mailto:pmo@justicehealth.nsw.gov.au)

### 3.2 Registration of Improvement Summaries

All JH&FMHN improvement activities must be documented on an Improvement Registration Form and submitted to the Clinical and Corporate Governance Unit for registration. The purpose of registering the Improvement activity is to capture improvements, to recognise activities which are taking place across JH&FMHN and to improve capacity to share and build on these activities.

The Improvement Registration is a summary of your improvement, which must be sent to the Clinical and Corporate Governance Unit for registration and storage in HPRM. The Clinical and Corporate Governance Unit will contact the Improvement Project leader for a 6 month and 12 month status update following registration of improvements to assist with capturing the progress, outcomes and completion. All other documentation/evidence that has been collected for the improvement must be stored in a local HPRM container by the Improvement Project Leader or the Improvement Project Leader's Manager for future reference.

The Improvement Registration is to be completed at the beginning of the improvement activity to assist with framing the project, identifying key areas of focus of the activity, setting measures and logistics such as record keeping.

### 3.3 Improvements, Research and Ethical Review

Improvements and research may overlap, due to the use of similar methods to collect data and measure outcomes. These activities are closely related, and work that begins as one form of activity can evolve into another over time. Irrespective of whether the activity is an improvement or research, staff conducting the activity must consider a range of issues including consent, privacy and confidentiality, legislation and professional standards. In most cases, improvements will involve minimal risk, burden or inconvenience but there may be cases where ethical review is required. For further information, contact the Research Governance and Ethics Officer via email [governance.unit@justicehealth.nsw.gov.au](mailto:governance.unit@justicehealth.nsw.gov.au) or the Research Operations Manager via telephone 9700 3835.

### 3.4 Recognition through Awards Programs

Improvements which have had an impact on service delivery, whether clinical or corporate, should be considered for submission/nomination into internal and external award programs. The submission of improvement projects for an award provides further opportunity for recognition, and organisational learning. Refer to [Policy 2.152 Recognition & Rewards Program](#).

## 4. Definitions

### Must

Indicates a mandatory action or requirement.

### Should

Indicates a recommended action that needs to be followed unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Ministry of Health [GL2007\\_020](#) *Human Research Ethics Committees – Quality Improvement and Ethical Review: A Practice Guide for NSW*

[PD2015\\_04339](#) *Risk Management - Enterprise-Wide Policy and Framework NSW Health*

JH&FMHN Policies [2.030](#) *Incident Management*

and Procedure [2.152](#) *Recognition & Rewards Program*

[2.155](#) *Enterprise-Wide Risk Management*

JH&FMHN Forms [CORP039](#) *Improvement Registration*