



Quality and Safety – balancing reporting and improvement

Do community service organisations
think DHHS have got it right?

May 2010

Contents

EXECUTIVE SUMMARY	2
WHO COMPLETED THE SURVEY?	5
OVERALL SATISFACTION	6
TIME TAKEN TO COMPLETE THE SELF-REPORT	6
BENEFITS	8
IMPACTS	9
ATTITUDES TO QUALITY AND SAFETY, AND VIEW OF THE EFFECTIVENESS OF THE DHHS FRAMEWORK ...	11
THE SELF REPORT – INITIAL WORKBOOK	12
INCIDENTS, COMPLIMENTS AND COMPLAINTS MONITORING REQUIREMENTS	15
WILLINGNESS TO RAISE CONCERNS OR COMPLAINTS WITH DHHS	15
SUGGESTIONS FOR IMPROVEMENT	17

Note:

Copies of this report and the original survey form can be downloaded from
www.tascoss.org.au/IndustryDevelopment/PublicationsandReports

Contact:

Tim Tabart
Industry Development Unit
tim@tascoss.org.au
03 6231 0755

Tasmanian Council of Social Service
PO Box 1126
Sandy Bay TAS 7006

Quality and Safety – balancing reporting and improvement

Executive Summary

Results of a survey of DHHS funded community service organisations

This report presents results of a confidential TasCOSS survey of its members and other DHHS funded community service organisations to judge their level of satisfaction with the new DHHS Quality and Safety Framework – *qualityFutures*.

TasCOSS supports the continual improvement of quality and safety in service delivery. However, TasCOSS had heard many negative comments about the Framework from our members and was concerned about a number of its aspects. This survey aimed to gain evidence of the impacts and benefits of the Framework to present to government to influence its future development.

Questions asked in the survey explored issues such as:

- Completion of the *Quality and Safety Self Report – Initial Workbook* and *Incident, Compliments and Complaints* reporting
- Time spent on the *Initial Workbook*
- Receipt of feedback from DHHS
- Benefits and impacts of completing the *Initial Workbook*
- Overall satisfaction rating
- Attitude to improving and reporting on quality and safety
- User-friendliness of the *Initial Workbook* and *Incident, Compliments and Complaints* reporting
- Should organisations be financially compensated
- Suggestions for improving quality and safety and accountability
- Willingness to raise concerns or complaints with DHHS

The survey was circulated on March 25th, 2010 and closed on April 20th, 2010.

The survey indicates the need for DHHS to:

1. Review its Framework in consultation with community service organisations;
2. Use plain English language, provide more explanatory information and support organisations to develop quality improvement, data collection and reporting systems, and to share information on good practice;
3. Financially compensate organisations for the time to complete its reporting requirements (in line with recent Productivity Commission recommendations);
4. Consider a range of other suggestions from organisations on ways to improve quality and safety in the provision of community services as provided at the end of this report. Suggestions can be grouped as follows:
 - Simpler questions and/or report structure
 - One size fits all is not appropriate
 - Less frequent reporting
 - Include on-site audits
 - Better communication from DHHS
 - Provision of support and/or compensation
 - Look at DHHS' own practices
 - Improve consultation processes
 - Align with other Standards or reporting requirements
5. Work with community service organisations in a spirit of partnership to rebuild trust and open communication.

Quality and Safety – balancing reporting and improvement

Summary of Results

112 organisations completed the survey. This is 47% of the 240 community service organisations funded by DHHS.

The responses demonstrated broad agreement on the importance of constantly improving the quality and safety of services and being publicly accountable for this. However, there was a wide variation in responses across a range of aspects relating to how the Framework is helping or hindering this, such as: time spent on the *Initial Workbook*; the benefits from doing the reporting; the impacts on organisations and service delivery; user-friendliness; and overall satisfaction. Responses from small, medium and large organisations were generally similar, with each type expressing a spectrum of responses.

Overall satisfaction

- Satisfaction with the Framework ranged from highly dissatisfied to highly satisfied. However, nearly twice as many organisations were dissatisfied than satisfied. One quarter of responses were neutral, with 48% either dissatisfied or highly dissatisfied compared to 27% either satisfied or highly satisfied.
- A higher number of large, medium and small organisations expressed dissatisfaction than satisfaction. The overall level of dissatisfaction was noticeably higher among smaller organisations compared to medium and large organisations.
- Similarly, on most aspects a majority of organisations expressed dissatisfaction or negative impacts from the Framework as it stands, although a sizable minority broadly support it.

Time taken for organisations to complete the Workbook

- ranged from less than eight hours to over 60. Of the 81 responses to this question, 48 (59%) organisations took over 30 hours to complete the Workbook, including 22 (27%) that took over 60 hours.
- A similar time range was seen for small, medium and large organisations.

Feedback from DHHS

- The level of feedback received by organisations appeared poor. Of those who had submitted their *Initial Workbook*, which was due about two months before the survey, only 77% had received a letter acknowledging receipt; 43% had feedback on their level of compliance with the Safe Environment Standards; and only 26% had feedback on the other Standards.

Benefits

- Moderate to significant benefits from the process were reported by:
 - 57% of organisations who were prompted to update policies and procedures;
 - about half in terms of a useful review process and identifying areas for improvement;
 - 29% by alerting them to important areas of health and safety; and
 - 36% by involving staff and volunteers in a consideration of quality and safety.

Quality and Safety – balancing reporting and improvement

Impacts

- The reporting process had a number of negative impacts.
 - 34 organisations (38% of the total) including 22 small organisations (48%), reported a significant or moderate impact on service delivery. Managers were distracted from service delivery and planning, and particularly in small organisations where many managers work directly with clients, service provision suffered.
 - The timing of the reporting in the Christmas and New Year period was noted as being particularly disruptive by a number of organisations.

Attitudes to quality and safety, and view of the effectiveness of the DHHS Framework

- The overwhelming majority of organisations agree that they should be constantly improving the quality and safety of their services (95%) and be publicly accountable for that (91%).
- However, only 40% believed that DHHS' current approach will assist them to improve quality and safety, and 67% believed the current Framework is a one-size fits all approach not suited to their particular organisation.

Level of detail in the *Initial Workbook*

- Only about 35% of organisations thought the level of detail in the *Initial Workbook* was reasonable and the questions straightforward to understand.
- Many felt neither the level of detail required nor how many Standards needed to be addressed in the first report were clearly communicated by the Department.

Financial compensation

- 89% felt that organisations should be financially compensated for the work needed to complete the Initial Workbook and the future workbooks.

Incidents, Compliments and Complaints monitoring requirements

- The majority of organisations are unhappy or neutral about the new Incidents, Compliments and Complaints monitoring requirements.
- Only 25% felt the data collect for DHHS would be useful for their own purposes.
- Only 11% are confident that DHHS will be able to provide regional or statewide trend data that will be useful and timely for their organisation; and
- only 20% agreed that the costs of meeting the current reporting obligations for incidents, compliments and complaints outweigh the benefits.

Barriers to raising concerns and complaints with the Department

- The survey indicates that most organisations perceive some significant barriers to raising concerns and complaints with the Department.
- Only 17% are confident DHHS will hear and respond to their concerns.
- Only 34% said they were unconcerned about negative repercussions on themselves or their organisation. 35% were concerned, and 30% neutral.
- Both community service organisations and the Department have publicly stated that effective services for Tasmania's vulnerable and disadvantaged people is dependent on a healthy partnership between organisations and government. Therefore the results of these survey questions are very concerning.

Quality and Safety – balancing reporting and improvement

Who completed the survey?

112 organisations completed the survey. This is 47% of the 240 community service organisations funded by DHHS and a particularly high response rate for such a survey. The range of small, medium and large organisations responding is roughly proportional to the total numbers of such organisations in the state.

Respondents by size of organisation (n = 112)

Size	#	%
Small (0-10 paid staff)	55	50%
Medium (11-25 paid staff)	21	19%
Large (more than 25 paid staff)	36	32%
TOTAL	112	100%

85% of respondents reported completing the *Quality and Safety Self Report – Initial Workbook*. This was two months after it was due (January 31st 2010). Completion rates were similar across different sized organisations.

Completion of Initial Workbook by organisational size (n = 110)

Size	Completed		Begun, not finished		Not begun	
	#	%	#	%	#	%
Small	49	88%	3	5%	4	7%
Medium	20	95%	1	5%	0	0%
Large	25	76%	6	18%	2	6%
TOTAL	94	85%	10	9%	6	5%

Fewer organisations (80%) had completed the *Incident, Compliments and Complaints* reporting – also due January 31st. Again there was little difference in completion rates across organisations of different sizes.

Completion of Compliments and Complaints report (n = 108)

Size	Completed		Collected info. Not completed report		Not collected info	
	#	%	#	%	#	%
Small	32	58%	9	16%	14	26%
Medium	13	65%	3	15%	4	20%
Large	20	61%	8	24%	5	15%
TOTAL	65	60%	20	19%	23	21%

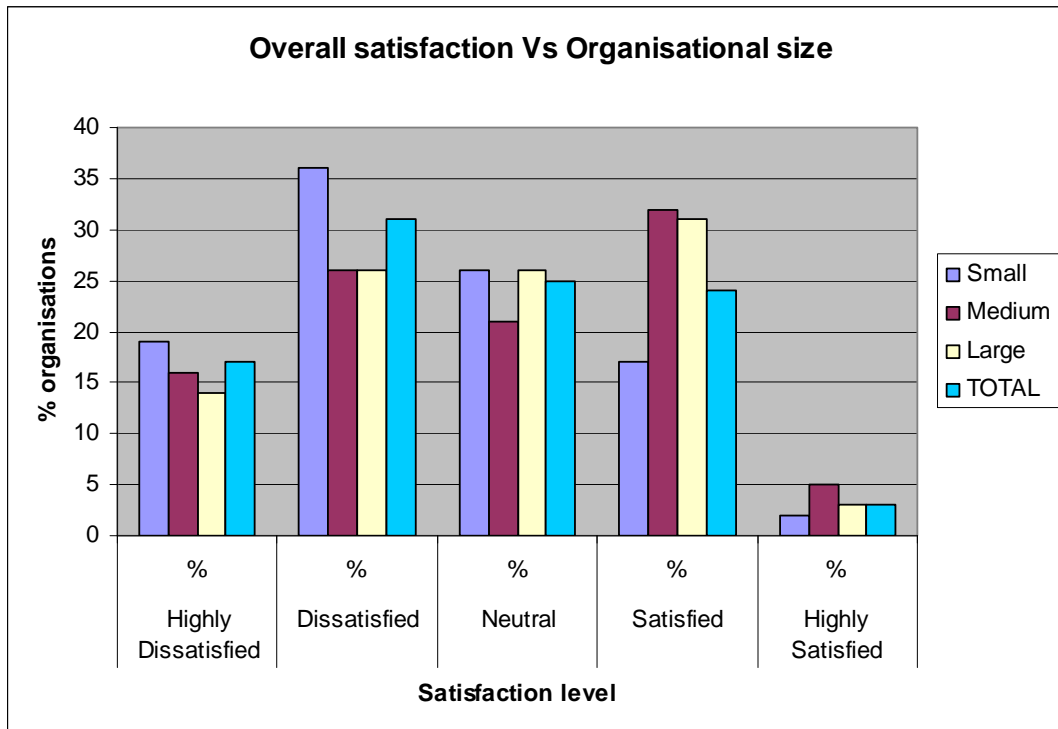
Quality and Safety – balancing reporting and improvement

Overall Satisfaction

When asked to rate their overall level of satisfaction with the Framework there was a wide spread of opinion as shown in the chart and table below. However, overall nearly twice as many organisations were dissatisfied rather than satisfied. One quarter of responses were neutral, with 48% either dissatisfied or highly dissatisfied compared to 27% either satisfied or highly satisfied.

A higher number of organisations in each size category expressed dissatisfaction than satisfaction. However, the level of dissatisfaction was noticeably higher among smaller organisations compared to medium and large organisations.

Overall Satisfaction vs Organisational size (n = 107)



	Highly Dissatisfied		Dissatisfied		Neutral		Satisfied		Highly Satisfied	
	#	%	#	%	#	%	#	%	#	%
Small	10	19%	19	36%	14	26%	9	17%	1	2%
Medium	3	16%	5	26%	4	21%	6	32%	1	5%
Large	5	14%	9	26%	9	26%	11	31%	1	3%
TOTAL	18	17%	33	31%	27	25%	26	24%	3	3%

Time taken to complete the Self-Report

The time taken for organisations to complete the Workbook ranged from less than eight hours to over 60. Of the 81 responses to this question, 48 (59%) organisations took over 30 hours to complete the Workbook, including 22 (27%) that took over 60 hours. A similar

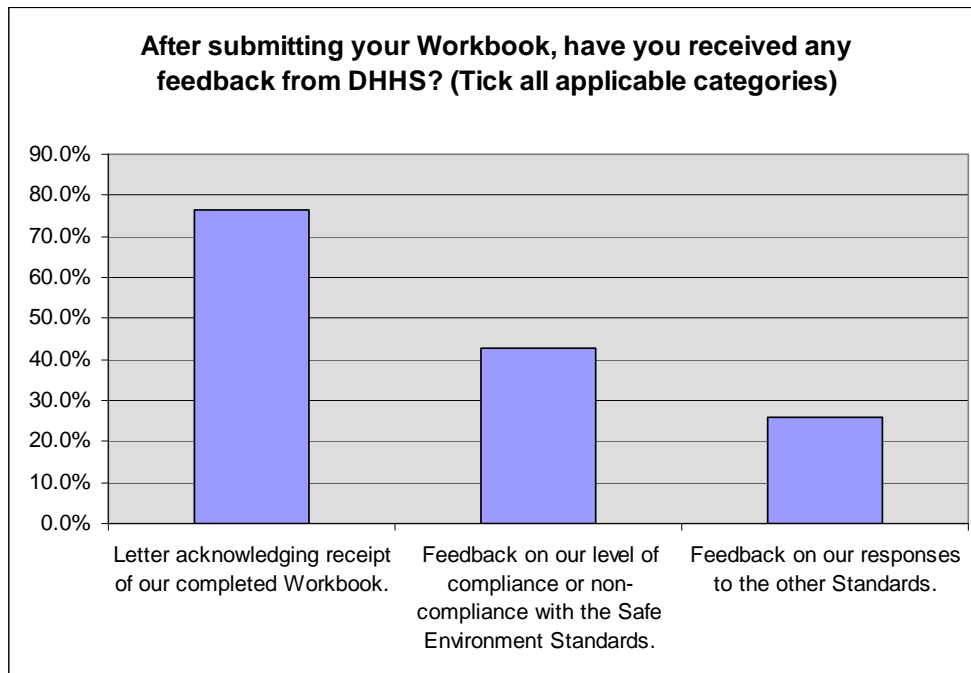
Quality and Safety – balancing reporting and improvement

range of times was seen for small, medium and large organisations. Organisations reported that most of the work was done by paid staff, but Board or Committee members of 42 organisations helped and other volunteers helped in 12 cases. One in five organisations (22%) kept a record to the time they spent.

Total time taken to complete Initial Workbook by size of organisation (n=81)

	<20 hrs		20-29 hrs		30-50 hrs		>60 hrs		Response count
	#	%	#	%	#	%	#	%	
Small	11	27%	5	12%	15	37%	10	24%	41
Medium	3	18%	4	24%	5	29%	5	29%	17
Large	7	30%	3	13%	6	26%	7	30%	23
Total	21	26%	12	15%	26	32%	22	27%	81

Feedback from the Department (n = 77)



Feedback from DHHS appeared poor. Of those who had submitted their *Initial Workbook*, which was due about two months before the survey, only 77% had received a letter acknowledging receipt; 43% had feedback on their level of compliance with the Safe Environment Standards; and only 26% had feedback on the other Standards.

Note: The survey was circulated on March 25th, 2010 and closed on April 20th, 2010. The *Initial Workbook* was due by January 31st.

Sample of comments from respondents:

- Good working relationship with the project officer dealing with our compliance, quick responses to my questions and extra information was provided on a number of issues,

Quality and Safety – balancing reporting and improvement

for example food safety and safety issues related to the various offices used by [our organisation].

- I submitted my workbook on the 29th January and do not recall receiving anything until the 23rd March (that is 37 working days) when I received an e-mail ...stating that they had received my workbook/s and were reviewing them. They asked for information, which previously their office had said we were not required to provide due to our service limitations. I replied with that information which they subsequently acknowledged.
- I am expecting a letter telling us we do not comply because we have not submitted! (April 7)

Benefits

What benefits have there been from doing the Workbook? Please rate the following potential benefits.

	Significant benefit		Moderate benefit		Little benefit		No benefit		n
Provided a useful review process	13	13%	35	36%	33	34%	17	17%	98
We have identified areas for improvement	10	11%	39	41%	34	36%	12	13%	95
Has prompted us to update some policies and procedures	17	18%	37	39%	29	31%	11	12%	94
Alerted us to important areas of health and safety	11	12%	16	17%	41	44%	26	28%	94
Involved staff and volunteers in a consideration of quality and safety	6	6%	28	30%	32	34%	28	30%	94

Sample of comments from respondents:

Positive

- We are constantly reviewing the way we do things. This process has provided some structure to this activity.
- We were already working on updating our OH&S policies and procedures so this added an additional impetus
- As an organisation operating multiple services funded by DHHS in addition to internal funding and funding received from other bodies, the qualityFutures program provides an opportunity to review the cross-service practices of the organisation. This was particularly useful as it gave the organisation an impetus to change the way in which it reviewed its services. Under traditional contractual reporting, organisations approach each response to each contract separately; this process encouraged the organisation to move away from this approach and consider the governance of all services, rather than simply the service operations in isolation from each other. It is also important to note that the DHHS is taking a lead role in encouraging organisations to gain accreditation with a system of quality assurance; this is something that is being discussed by a number of funding bodies, both within Tasmania and across the nation. As such, by implementing the qualityFutures program the DHHS is assisting organisations to be on the front-foot when other funding bodies start requiring accreditation with a system of quality assurance.
- It was a useful tool in estimating our compliance with health & safety standards
- it has provided a check and the feedback has been useful in our preparation of materials and journals for our accreditation process with QICSA.

Quality and Safety – balancing reporting and improvement

- Although we are ISO certified I used this as another opportunity (apart from our existing ones) to audit our processes, which was very useful

Negative

- Duplication of HACCP and CACP review - no new outcomes identified
- Resulted in resignation of staff.
- We already had a quality improvement process that was being implemented. This process has forced us to do things faster than we might have otherwise done - as the internal strategy was matched to current internal capacity and resources. This also means that the ability of staff to meaningfully engage in Q and S activities has been significantly restricted, due to externally imposed timeframes and the need to maintain service delivery levels. If we could take everyone off line for 6 months, then we would have a chance to involve staff, complete necessary tasks and plan for the future.
- I had started a process on beginning in my role as Project Manager in July 2009, according to the requirement of the organisation. The OCS timeframe presents another timeframe that adds considerably to an already overburdened workload.
- This will assist organisations who didn't have appropriate processes in place. For us we were already working on all of these areas. The biggest problem for Community Houses is time and funding. We don't have the staff to assist with all this extra workload, as the Co-ordinator is usually the person doing almost everything, when in actual fact they should be co-ordinating.
- Review was already in place and in balance with the size of the org. Has hugely increased workload to show immediate results instead of maintaining the policy Development schedule which was already in place and appropriate way to [our] workload. Previously all policy development was reported to [DHHS] anyway. Organisations have not been treated individually. E.g. number of compliments organisation has received - we are provided quotes - The amount of data collection required is onerous for such a small organisation.

Impacts

Has completing the Workbook had any negative impacts on your organisation?

	Significant impact		Moderate impact		Little impact		No impact		n
Very time consuming	68	67%	26	26%	3	3%	4	4%	101
Led to a reduction in service delivery (please give details below)	15	17%	19	21%	25	28%	30	34%	89
Distracted us from service delivery	25	26%	31	33%	23	24%	16	17%	95
Distracted us from service planning	26	29%	26	29%	22	24%	17	19%	91
We had to reduce or reschedule holidays	12	14%	7	8%	18	20%	51	58%	88

Differences between small, medium and large organisations:

The reported impacts on small organisations were more severe than on large and medium sized organisations. Approximately twice as many small organisations reported significant impacts on their time, service delivery and planning compared to larger organisations.

Quality and Safety – balancing reporting and improvement

Organisations reporting significant impacts as a result of completing the Workbook.

	Small		Medium		Large	
Very time consuming	42	82%	12	63%	14	45%
Led to a reduction in service delivery	11	24%	1	6%	3	11%
Distracted us from service delivery	17	35%	3	18%	5	17%
Distracted us from service planning	17	38%	4	24%	5	17%
We had to reduce or reschedule holidays	6	14%	2	12%	4	14%

Comments from organisations reporting significant impacts included:

- The impacts thus far are that we have suspended our normal quarterly reporting to clients (i.e. ISP hours used/banked and satisfaction), have not had the time to complete tenders (the recent ACAR round being the greatest potential loss) and service coordination personnel and [our] directors have spent considerable time contributing to the report and generating information required taking their time away from service delivery.
- We have had to divert funds from service delivery activities to employ a contractor to assist us through the process - and restrict time for staff to participate fully in the process because of non negotiable timeframes
- First standard not that time consuming but now we realise we have to complete the whole workbook every 6 months, we are very alarmed. We are such a small service and have no admin support so the time that we will have to spend on completing these requirements will impact directly on the number of hours we are available to provide direct service.
- The time of year that we were required to complete and submit came on top of our already over committed time and service provision. We are not as community houses set up to be providing this level of reporting and therefore if this level is required, the funding department will need to increase our funding to allow for this requirement.
- This first report - Health and Safety was due by December 31st. That means the end of the year which is often dedicated to making sure volunteers are acknowledged, Christmas parties are held for their benefit and that services are wound up safely for the summer break. All of these activities were given significant less time to make way for the report as a priority. It was a ridiculous time to have a first part of a new reporting system to be due... Secondly, January is a quiet month for us so I planned my holiday leave over this time... I returned half way through January with a focus on the workbook which took a considerable proportion of January away from me where I could have been organising our works for 2010.
- The work was completed by management staff but had some impact on client service as one of these staff has a case load. However, it was quite time-consuming for the amount of benefit achieved. It did delay our strategic planning process and some other key tasks by several months as the Manager's time could not be allocated to progress these.

Quality and Safety – balancing reporting and improvement

Attitudes to quality and safety, and view of the effectiveness of the DHHS Framework

Please state if you agree or disagree with the following statements.

	Strongly disagree	Dis-agree	Neutral	Agree	Strongly agree	Average Rating*	n
Organisations should be constantly improving the quality and safety of their services.	2%	2%	1%	44%	51%	4.41	105
Organisations should be publicly accountable for the quality and safety of the services they deliver.	3%	3%	3%	45%	47%	4.30	105
Over time, I believe DHHS's current approach to Q&S will assist my organisation to improve its quality and safety.	9%	20%	33%	30%	9%	3.10	105
Over time, I believe DHHS's current approach to Q&S will lead to improvements in quality and safety across community service organisations.	5%	11%	32%	42%	11%	3.43	104
The DHHS Framework is a one-size fits all approach not suited to my particular organisation.	3%	11%	19%	27%	40%	3.90	105

* Average rating where:

1 = Strongly disagree ; 2 = Disagree ; 3 = Neutral ; 4 = Agree ; 5 = Strongly agree

Sample of comments from respondents:

Positive

- Having worked over the last 15 years in various sized organisations in community services in Tasmania I think that this document and the assistance offered to complete the documentation required is very useful and was not particularly arduous to complete. However the initial process was unclear and some of the instructions obtuse. Overall, organisations need to get over the moaning and complaining about being asked to produce quality outcomes.
- I believe the report books will help organisations to improve their delivery standards. But they have to be relevant to all organisations, not just hospitals/medical facilities.
- While I believe that a Q and S process can possibly lead to improvement in this organisation and other community service organisations over time, the current workloads of staff and continuing service delivery needs to be taken into account, particularly for small organisations. If there is too much reporting required, then service delivery must suffer and staff stress levels will rise. These positions, with the low pay rates that they offer, become even less attractive.

Negative

- Organisations such as [us] have over-arching policies, procedures and standards to cover a variety of care services. The Workbook does not take this scenario into consideration requiring significant duplication with Aged Care Accreditation standards and assessment. Discussion with other providers indicates that they have similar concerns with this process (i.e. it is designed to satisfy bureaucracy and justify their employment and not to benefit the service provider or recipient.)
- The problem with the Q&S Framework is the time periods for completion. The end of every quarter sees statistics to be completed and lodged, GST, Board financial reports etc. and the 30th June is the worst with additional audit preparation. The impost of Q&S reporting quarterly will be exhausting especially for small organisations where one person is responsible for administration.

Quality and Safety – balancing reporting and improvement

- I think there is a risk of organisations ensuring they are seen to be complying with documentation requirements, but not having adequate time to ensure activities are implemented routinely and robustly at a grass roots level. Many staff and volunteer staff see this work as a distraction and resource intensive (time, energy, funds) process that impacts on their ability to deliver actual services. Many have reported that the Community Sector is becoming hidebound by bureaucratic requirements becoming a "mini public service" where the focus is on reporting but not on actual service delivery outcomes. Feedback has also been offered that the continued and increasingly high levels of reporting flies in the face of Productivity Commission recommendations - and does not recognise or respect the low level (non-benchmarked) of funding received by many CSO's in Tasmania.
- The framework is not scalable and we have concerns about standardised reporting.
- Although we agree that quality assurance is essential, we are struggling to comply because we are so small. Updating policies is a long slow process and we anticipate that we will have to spend a lot more time doing this which will reduce direct service delivery.
- We deliver broad based community services and not direct client (case managed) services. Consequently, many aspects of the reports were irrelevant to our organisation.
- We are a peak body with minimal staff and many of the questions are not relevant to us, yet we are still required to go through the whole process for minimal outcomes.
- One area not covered under this section is organisational alignment with an externally accredited quality assurance program. Overtime it will be important for organisations to be supported in the transition process from the *qualityFutures* program to being externally accredited. Given that the *qualityFutures* program is in its infancy, it could be viewed as premature to discuss this; however, the majority of externally accredited quality assurance programs take three years to achieve accreditation. Therefore, migration paths are something that should be discussed and supported by the DHHS now; rather than at the end of the *qualityFutures* program trial period.

The Self Report – Initial Workbook

The following statements relate to the Self Report - Initial Workbook. Please say if you agree or disagree with them.

	Strongly disagree	Dis-agree	Neutral	Agree	Strongly agree	Average Rating*	n
The level of detail requested in the Initial Workbook is reasonable.	17%	31%	17%	33%	2%	2.71	103
The questions in the workbook are straightforward to understand.	21%	26%	18%	31%	3%	2.68	103
More explanatory information, in addition to the Glossary, would be helpful.	3%	12%	31%	39%	16%	3.52	103
Organisations should be financially compensated for the work needed to complete the Initial Workbook and the future workbooks.	1%	7%	13%	26%	53%	4.24	103

* Average rating where:

1 = Strongly disagree ; 2 = Disagree ; 3 = Neutral ; 4 = Agree ; 5 = Strongly agree

Quality and Safety – balancing reporting and improvement

Sample of comments from respondents:

Positive

- The work book and questions are pleasingly client-focussed, especially in comparison to the QMS materials. We are very happy that this is the case.
- The positive response to the question regarding financial compensation for adherence to the qualityFutures program schedule is not given to indicate that the organisation believes that the direct cost should be borne by the Department of Health and Human Services [DHHS] alone; although this would be appreciated. There are many costs when considering the impact of implementing a system of quality assurance; the completion of the workbook is significant, but potentially not the major cost for which organisations required support. Most Non Government Organisations recognise a need to constantly review services and their underlying policies and procedures to ensure that quality outcomes for consumers of their services. Therefore, the adherence to the qualityFutures program can in part be met through existing quality assurance processes in the organisation. However, as the qualityFutures program matures over the three year trial period further costs will potentially be identified as being required by organisations or the DHHS which require the financial support of the DHHS in order to be implemented. For example, Section 2.9 of the qualityFutures program asks organisations to describe how they work with other organisations to ensure coordinated and appropriate service delivery; it is foreseeable that to address this section as a sector workshops will need to be run and systems put in place. This is potentially a costly process which may require the DHHS to provide funding support, especially given that it is something the DHHS are asking of organisations.
- re last point [financial compensation], organisations must ensure quality and it is their responsibility so there is a cost anyway.
- it is stuff we should be doing as part of keeping the doors open.... like paying rent and insurances

Negative

- As the process of releasing the framework etc was done in stages, information on compliance was hard to find on the departments website. Issues using the department's template also led to more time being spent in completing the process than should have been necessary.
- Service staff also do not have necessary skills for such tasks and they found the Workbook too difficult, too involved and too time consuming evidenced by the resignation of one carer involved in the service.
- It's also difficult to estimate how much info to include.
- It wasn't always clear what information was required, and examples would have been helpful.
- Some of the questions were very badly phrased, or not explained - the silliest example being 'disaster preparation' which gave NO indication of what constitutes a disaster! The meaning in some questions was far from clear. It is also unclear just what the purpose of the question is, and what use the answers might be put and by whom - a fundamental requirement of any survey.
- As ultimately participation assists a Government Department, then financial compensation should be afforded to these Organisations who are already struggling financially.
- If DHHS is committed to working in partnership with CSOs then it needs to ensure appropriate resourcing of capacity and infrastructure to participate in quality improvement processes in a meaningful way.
- Agreement in relation to the level of detail is applicable when looking at this in isolation. When combined with other reporting (i.e. for other QI frameworks) it becomes excessive.
- To complete the initial workbook we needed more direction, as stated we thought that we needed to complete standard 1 and to be aware of the standards that were

Quality and Safety – balancing reporting and improvement

following. Big task needed more time and direction. For the first standard alone we provide 200+pages of information and still not sure if this is all required. Financially if this is a requirement there should be added funding. As stated we have employed a person to assist with the paper work requirement.

- This reporting requirement is on top of all other reporting which is already considerable and in real terms offers no advantage for this organisation. The requirement is also outside of current funding allocations which were signed off on the understanding that there was no increase to the level of reporting.

Constructive

- Initial information required gives DHHS an overview of funded organisations and where they are at. However, they have not taken into consideration that most HACC funded services are already reviewed 3 yearly with quality improvement plans built into this process. For those organisations that have multiple funding, we undertake reviews for each funded program. This in real terms means that for an organisation such as this one, we are constantly under review and therefore constantly working on the next one with lots of duplication but questions asked slightly different and requiring different answers. What a shame that they could not communicate with each other and have one review for each organisation based on what each individual organisation is funded for, as we all need to be accountable for funding received and for it to remain recurrent.
- Better risk management for all the organisations involved would be useful and there is no training offered to assist in this area.
- The workbook is detailed but repetitive. Filling it in was boring rather than difficult. It took a while and I kept asking myself will they read this properly, do the questions really give an insight into our competence and increase our accountability. Also does the unit have the skills, understanding and time to do this thoroughly? Also I knew that it might be good for my team to be part of this but it was bad enough that I was off line to do this without our front line people being involved.
- More explanatory information = more reading. Clearer more concise workbook is needed that does not duplicate other reporting and does not cross over with responsibilities of committee. The relevance of some question to small organisations needs to be considered.
- Each service needs a worker that solely concentrates on quality assurance so not to interfere with the service delivery. One idea could be a shared worker between several services. Many Coordinators had to focus more attention on the books than their community affecting service delivery.
- If the workbooks are to continue to be so onerous then yes we should be compensated – if they are simple, appropriate to our service and able to be done in conjunction to our other reporting then it would not be necessary to fund our compliance.
- If this quality assistance framework is as important as they say then they need to employ the appropriate number of people within the OCS to administer it appropriately and pay the organisations that have to respond to the framework standards for the time required of them to complete these standards. Value cuts both ways.
- Suggestions as to areas/topics for continual improvement; sometimes it is hard to say how we will improve in certain areas.

Quality and Safety – balancing reporting and improvement

Incidents, Compliments and Complaints monitoring requirements

The following statements relate to the new Incidents, Compliments and Complaints monitoring requirements. Please say if you agree or disagree with them.

	Strongly disagree	Dis-agree	Neutral	Agree	Strongly agree	Average Rating *	n
The data we collect for DHHS will be directly useful to us to help improve our services.	17%	23%	36%	21%	3%	2.69	104
I am happy with the reporting requirements and specified procedures for serious incidents (SAC 1 and 2).	15%	18%	26%	39%	2%	2.95	100
I am happy with the reporting requirements and specified procedures for non-serious incidents (SAC 3 and 4).	14%	26%	26%	34%	1%	2.82	101
I am confident that DHHS will be able to provide regional or statewide trend data that will be useful and timely for my organisation.	17%	29%	43%	10%	1%	2.48	104
DHHS should provide information, tools and/or resources to help us establish systems to record and report incidents, compliments and complaints.	2%	10%	18%	46%	25%	3.81	102
The costs of meeting the current reporting obligations for incidents, compliments and complaints outweigh the benefits.	7%	13%	28%	30%	23%	3.5	104

* Average rating where:

1 = Strongly disagree ; 2 = Disagree ; 3 = Not sure ; 4 = Agree ; 5 = Strongly agree

Sample of comments from respondents:

Positive

It will take time for us to assess any benefits of this system. Our internal systems have worked well for us.

Negative

- The SAC 1 & 2 incident reporting form was really not related to our service [a Community House]. An incident that was reported by us under the SAC 1&2 didn't even have the places where we could report it. We feel the report was focused only on the hospital/medical sector and was not a general report that was for all.
- The templates for SAC reporting are not related to our core business. They need to be altered from a medical to a more community based service "types".
- As a start get rid of compliments, complaints and SACS 3 4 stuff - it's pointless.

Willingness to raise concerns or complaints with DHHS

The survey indicates that most organisations perceive some significant barriers to raising concerns and complaints with the Department. Only 17% are confident DHHS will hear and respond to their concerns, and only 34% expressed unconcerned about negative repercussions on themselves or their organisation. In a situation where both community

Quality and Safety – balancing reporting and improvement

service organisations and the Department have publicly stated that effective services for Tasmania's vulnerable and disadvantaged people is dependent on a healthy partnership between organisations and government, the results from these questions are very concerning.

The following statements relate to the new Incidents, Compliments and Complaints monitoring requirements. Please say if you agree or disagree with them.

	Strongly disagree	Dis-agree	Neutral	Agree	Strongly agree	Average Rating *	n
I am confident DHHS will hear and respond to my concerns.	16%	27%	40%	16%	1%	2.59	98
There have been no issues of enough concern to warrant contacting DHHS.	17%	31%	20%	26%	6%	2.74	96
I/we have been too busy with other priorities.	7%	20%	18%	38%	17%	3.38	100
I am concerned about negative repercussions on myself or my organisation.	11%	23%	30%	20%	15%	3.05	98

* Average rating where:

1 = Strongly disagree ; 2 = Disagree ; 3 = Not sure ; 4 = Agree ; 5 = Strongly agree

These concerns were slightly stronger amongst small organisations, but are also shared by many medium and larger organisations.

I am confident that DHHS will hear and respond to my concerns (n = 98)

	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	#	%	#	%	#	%	#	%	#	%
Small	10	20	15	31	16	33	7	14	1	2
Medium	3	18	4	24	7	41	3	18	0	0
Large	3	9	7	22	16	50	6	19	0	0
TOTAL	16	16%	26	27%	39	40%	16	16%	1	1%

I am concerned about negative repercussions on myself or my organisation (n = 98)

	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	#	%	#	%	#	%	#	%	#	%
Small	6	12	9	18	13	27	15	31	6	12
Medium	1	6	4	24	7	41	0	0	5	30
Large	4	13	10	31	9	28	5	16	4	13
TOTAL	11	11%	23	23%	29	30%	20	20%	15	15%

Quality and Safety – balancing reporting and improvement

Suggestions for improvement

Do you have any suggestions for improving the approach to quality and safety improvement and accountability?

Responses to this question have been loosely grouped into the following common themes and provided in full below – there is some repetition between theme areas.

- Simpler questions and/or report structure
- One size fits all is not appropriate
- Less frequent reporting
- Include on-site audits
- Better communication from DHHS
- Provision of support and/or compensation
- Look at DHHS' own practices
- Improve consultation processes
- Align with other Standards or reporting requirements

Responses received:

Simpler questions and/or report structure

- Questions should be clear and precise.
- Questions could be much simpler.
- While one initial work book is reasonable, to have to repeat entire work book every six months is overly onerous and not necessarily beneficial to creating improvements in service delivery. Could we not merely report on improvements made?
- Plain English questions, tested on some of those who are meant to understand what the questions mean e.g. management committees Less repetition.
- A guideline of requirements should have been provided to services to streamline what DHHS expects from service providers.
- The Q&S Report needs modification. The 'What will you do in the next 6 months' in the initial workbook after each standard is inappropriate as it makes organisations commit to making plans which are not feasible. OK for the first standard but not successive ones.
- Less detail and option on reporting on plans for improvement in ALL areas.
- Any information circulated should be easy to read and understand - people do not have hours to wade through masses of reading - DHHS is just one group we all deal with. Certainly cover information but the important relevant points in dot form would be ideal.
- Simpler documents with more tick boxes. Only send copies if required (ends up being a large email when sending the workbook, compliments, complaints, incidents and copies of policies, etc).
- I believe a greater explanation and time line framework for completion would have been very helpful initially
- Reporting process should be more simplified.
- Draft Standards in "plain English" documents.
- The Q&S Report needs modification. The 'What will you do in the next 6 months' in the initial workbook after each standard is inappropriate as it makes organisations commit to making plans which are not feasible. OK for the first standard but not successive ones.
- Universal approach to all Day Centres.
- I believe that prior to inflicting the process on services DHHS could have come up with a better and more user friendly system. The existing system demands a lot of typing or writing.

Quality and Safety – balancing reporting and improvement

One size fits all is not appropriate

- I suspect that the system has been set up as a risk management directed at those who are having difficulty or in a very few cases don't bother, basically it is giant sledgehammer to crack a nut. It is not a bad idea on one level but the whole notion implies we don't have a clue what we are doing.
- A lot of the process is too broad & does not apply to our area in providing a small residential home setting to our clients. It is too time consuming.
- This should be a tailored approach, reflecting individual organisations current situation (e.g. staffing levels, funding levels, other commitments) and a quality and safety strategy NEGOTIATED by both parties with agreed REALISTIC milestones - that demonstrate progress towards identified quality and safety goals/standards.
- Reviewing the one size fits all template.
- Take into account small organisations with specific needs.
- I suspect that the system has been set up as a risk management directed at those who are having difficulty or in a very few cases don't bother, basically it is giant sledgehammer to crack a nut. It is not a bad idea on one level but the whole notion implies we don't have a clue what we are doing.
- make relevant to organisations
- This process needs to be amended to reflect the services it is being imposed upon. I.e. Community houses should not be reporting upon hospital type scenarios.
- More understanding in the DHHS on the differing nature of services, one size does not fit all.
- Instead of a one-stop fits all, it needs to be service focused
- Smaller organisations such as ours would be better suited to have a more tailored approach than the "one size fits all" reporting procedure at present.
- DHHS should put themselves in each sectors shoes, then look at the questions being asked, then see if they really have any relevance to that organisation. If it doesn't then it should be reworded or deleted. DHHS should note that smaller organisations like Neighbourhood Centres don't have paid qualified staff or the time available to complete the workbooks. I personally found the workbook reasonably easy to complete (Education Dept background) but eg. our committee would have great difficulty completing them. Many of the houses don't have volunteer staff capable of doing them, so therefore the onus is placed on each co-ordinator to complete them. This takes away the time the co-ordinators have in which to do their normal job.
- Make reporting documents service appropriate.
- A lot of the process is too broad & does not apply to our area in providing a small residential home setting to our clients. It is too time consuming.
- Streamline the approach so organisations are not constantly being bombarded with reviews and can get on with the job of improving their services to clients. Apparently they are working on this but perhaps they should have looked at this approach before expecting organisations to undertake such a large task.
- The process would be best individualised now that initial work books have been completed and DHHS has a good idea of where services are at.
- The idea that one box fits all is not useful.

Less frequent reporting

- 3 yearly external accreditation - not done by DHHS but funded by them
- Make the reporting yearly not six monthly
- An Annual Statement (Declaration) completed by service providers stating they comply with Building Codes, Standards, Training etc. This works within Dept Health & Ageing and is a reasonable process. This coupled with the HACCC Quality Reporting process should be sufficient.
- Reporting periods need changing. Suggest 3 times annually with no reporting between July and September. Compliance dates need to be extended.

Quality and Safety – balancing reporting and improvement

- Removing the requirement to provide updates every 6 months on EVERY standard - replace this with a less onerous activity (such as a checklist).
- Align themselves with the national standards work (the last version of the national standards was a reordering of the National HACC standards - to put Governance first) and/or develop a risk assessment process in which the department requires some self reporting but takes into account other information it receives concerning different organisations and if organisations are considered to be a risk to then go forward with the full evaluation process (rather than require a full evaluation from each org each 6months).
- That any reporting be done as part of standard annual reporting (with organisations resourced to do this).
- Should be conducted on an annual basis. Too frequent reporting required
- Annual reporting as opposed to 6 monthly. Organisations choose which elements to focus on alignment with organisations priorities- a negotiated timeframe. Could small organisations do some aspects together?
- Increased reporting periods - ie annual instead of 6 monthly.
- Why do we have to complete the other parts of the workbook about all of the other areas in addition to the one being concentrated on? This is particularly time-consuming - esp if we then have to go back and report each time about what we have done since the last report - on all areas.
- We would appreciate more time to complete the workbook.

Include on-site audits

- I feel it would be much better for a couple of DHHS staff members to put some time aside and visit organisations to look at what they have in place and determine what needs to be put in place. If we had a time period in which to have details completed and then have the visit, all this ongoing paperwork could be avoided and we would have more time to attend to our clients and their needs.
- I would have assumed that as part of the process DHHS would visit sites.
- A site visit to a small number of organisations each year. no one would know who would be visited and no appointment would be made. DHHS could do an audit on site also checking accounting/financial management. Would be a better use of time for organisations and Dept. all organisations would be advised of requirements and should comply, not knowing who would be visited.
- One day on-the-spot checks where the Agency staff actually visit services and have to do preparation so they know about the service before they get there. They need to understand they are funding human services not statistical reporting units where everything is black or white.
- My suggestions would be: 1. List of compliance requirements given to all Houses. 2. Six month timeframe to become compliant. 3. Visit by DHHS rep to observe compliance. 4. Assistance to achieve compliance in unmet areas.
- Service audits.
- Consider the worker not only the consumer. Provide a site visit to minimise the paper work - they could have a checklist.

Better communication from DHHS

- They need to be more succinct in what they require - we obviously misunderstood what was required at the first compliance date and only completed the first section and not all of the handbook. But, as the workbook was sent back to them prior to Christmas (our office was closing for the Christmas/New Year period) they could have contacted us early January to have the matter rectified and re submitted before the 31/1/2010 cut off but they did not. We had several emails as well as phone calls and were not told at anytime that the workbook had not been completed correctly. It was not until mid March when the analysis summary was sent through that we were notified of the error

Quality and Safety – balancing reporting and improvement

and we are therefore deemed not compliant for the first section! From what we can gather, we were not the only organisation to make the same mistake. They need to communicate in a much more efficient manner.

- Even though we attended the workshops, we obviously did not listen or it was not made clear to us what was required. We did not read every detail of the vast amounts that were sent which would explain why we did not comply with the requirements.
- As an organisation we were unsure about the amount of info to include, ie if it was enough or too much detail. What have others done? What happens with the info now? Will we receive feed back as to the information we provided and if it was appropriate? Desk top audits. How soon will they be done and what sort of notice will be provided so that resources (time) can be arranged?

Provision of support and/or compensation

- Providing financial support to the organisation to employ someone to assist with these standards.
- If DHHS are genuine in their desire to help community org's improve their Q&S then they will provide the resources for it.
- DHHS provide automated systems/databases to gather and enter the information from a staff level, which can then be collated and given to DHHS - we are considering developing these but this could be very costly/time consuming.
- Training be provided to organisations on continuous quality improvement, independently of DHHS, but funded by them.
- Face to face meeting before, during and after the reporting period would be of benefit to ascertain the information that is needed to meet the criteria. I acknowledge that that gave ideas on reporting samples but that was not specific enough.
- DHHS has provided organisations with a good basis for internal review of current practices, which promotes the self-identification of potential issues. What is missed in this process is the benefit in shared knowledge between like services. It would be beneficial if the DHHS sponsored workshops to develop and disseminate 'best practice' amongst organisations willing to be involved. This may be something that the DHHS is working on delivering in the future; however, no mention of it has been made as of yet.
- Annual reporting as opposed to 6 monthly. Organisations choose which elements to focus on alignment with organisations priorities- a negotiated timeframe. Could small organisations do some aspects together?
- Provide financial support to enable organisations to implement proper quality improvement frameworks and processes. Currently we are not resourced for this yet expected to demonstrate and deliver quality services.
- Draft Standards in "plain English" documents and fund peak bodies to carry out workshops to get all services up to an equal standard, with hands on assistance.
- Consider the worker not only the consumer. Provide the same financial assistance to all organisations as we all have to meet the same criteria. Provide a site visit to minimise the paper work - they could have a checklist. If we do not meet the standard we have the next 6 months to work towards the outcome.
- Provide financial assistance - there is a time/cost to reporting.
- DHHS should note that smaller organisations like Neighbourhood Centres don't have paid qualified staff or the time available to complete the workbooks. I personally found the workbook reasonably easy to complete (Education Dept background) but eg. our committee would have great difficulty completing them. Many of the houses don't have volunteer staff capable of doing them, so therefore the onus is placed on each co-ordinator to complete them. This takes away the time the co-ordinators have in which to do their normal job.
- Provide resources for organisations to undertake the process. DHHS must recognise there are major issues, instead of fobbing organisations off. They seem to be so intent on believing everything is going well, they just don't listen. I can't tell you how many

Quality and Safety – balancing reporting and improvement

meetings I've been at where issues are brought up and OCS comment they have not received negative feedback so there are not problems.

- My suggestions would be: 1. List of compliance requirements given to all Houses. 2. Six month timeframe to become compliant. 3. Visit by DHHS rep to observe compliance. 4. Assistance to achieve compliance in unmet areas.
- We think that some of the issues for small organisations are around having the time to put together or up-date policy and procedure in line with actual practice. We believe that it is positive for organisations to focus on these areas but hugely time consuming and resource sapping. Large organisations may have the budget and staff resources to carry out this work without major issue but small organisations feel a huge pressure as they complete the work on top of already full work loads.
- I am not a public servant. Our organisation does not have the resources of the public service. Unlike the public service I am employed to do a dozen things on any given day. Their workbook is just one of my priorities. If this quality assistance framework is as important as they say then they need to employ the appropriate number of people within the OCS to administer it appropriately and pay the organisations that have to respond to the framework standards for the time required of them to complete these standards. Value cuts both ways.
- Dept provision of proformas for certain requirements would probably be useful rather than us 'reinventing the wheel.'

Look at DHHS own practices

- We do not need the funding body stipulating we complete a workbook to determine whether or not our quality and safety issues are improved or accountable. As a reasonable and responsible organisation we adhere to these issues and would not exist if we did not do so. DHHS also needs to practice what it preaches. I am aware as an organisation; they do not have the level of standards they expect of a non-government organisation. Yet they have significantly more resources than the non-government sector.
- The Department is a funding provider for us and not the last word on Quality. If there is any doubt whatsoever about that comment a brief review of their own systems would tell you and anyone prepared to do so that they are not the quality organisation that they want us all to be.
- It is a two way street DHHS has also to be accountable for their side ie tighter turn around / feedback timing
- No. Its just more paperwork in an ever increasing amount of paperwork with minimal benefits - we roll our eyes, sigh and move on and get it done, what other choice is there?
- Accountability goes both ways. I am happy to work for the lifting of standards that benefit the work we do and that benefit the health and safety of our volunteers. I am not happy when I do see a public service demand change without financial recognising the time change required of the CS. I am not happy when they are slow to respond to questions, is under staffed and a public service that has little knowledge of just what a community service is and does and more importantly our limitations. I am not happy when the work we do on request of the OCS takes over a month to be acknowledged. In business this would be laughed at.
- DHHS is the only funding body that I am aware of that wants service delivery and financial reporting information for the whole of service and not just the specific service they directly fund. DHHS funding is 15% of our annual revenue budget.

Improve consultation processes

- Talk to individual organisations. As incorporated bodies, many NGOs are required to comply with a range of governance and reporting rules already, and this is publicly available. The same level of transparency does not always apply to DHHS!

Quality and Safety – balancing reporting and improvement

- More feedback. DHHS staff involved in developing and implementing these processes need to spend more time in organisations and gain a greater understanding of what already exists to address quality and safety issues and also appreciate the huge effect on service delivery that this reporting had.
- I know it is a controversial idea but perhaps they could CONSULT with services and not simply do the typical "show and tell" sessions that they call consultation. Find out what organisations already have in place.
- The quality framework has to provide (1) a dialogue between organisations so that we can talk about what is acceptable and what is not rather than a snapshot of what is happening (2) a risk minimisation approach so that the organisations posing greatest risk (ie because they work with the most vulnerable clients, or because they receive high levels of funding etc) are the focus of the system and (3) a well supported set of standards which have been negotiated with the community and have training and explanatory documentation available for services. If the DHHS wanted a new car, would they build it themselves? No, but they have tried to build a quality system when there are plenty of good ones on the market. Most people and organisations will do the right thing if they are clear on what to do and its not too onerous. The tough part of monitoring any quality system is going and talking to organisations and making a judgement on whether they are doing the right thing or not. I gather that the DHHS has avoided this pain by requesting copious information be sent to them, but ultimately they will be snowed under with paperwork and any meaningful analysis within the organisational context will be lost.
- The approach has been too hasty. Consultation should have continued through the process of completion of the first work book.
- DHHS must recognise there are major issues, instead of fobbing organisations off. They seem to be so intent on believing everything is going well, they just don't listen. I can't tell you how many meetings I've been at where issues are brought up and OCS comment they have not received negative feedback so there are not problems.
- Design an instrument for our situation in consultation with us!

Align with other Standards or reporting requirements

- As mentioned above, having gone through reviews and having reports on standards that cover most of the DHHS standards, should suffice. This is especially in the face of the fact that the requirement for compliance with the HACCC National Standards comes from the same department - DHHS.
- HACCC funded service providers already undergo National HACCC standards review every three years. If providers have successful results from the HACCC standards review, perhaps they could be exempt from the local quality and safety reporting.
- Not have two accountability audits/appraisals systems. Also for organisations who provide services from more than one funding body, there should be common core audit/appraisal approaches applicable to all funded programs, as is being developed with the common standards.
- Reduce duplicity - ie where there is a QI framework in place then that should be sufficient (mapping does not reduce duplicity)
- [Our organisation] formulated it's own quality and safety framework against the National Disability Standards after internal assessment but has had to put the implementation of this on hold whilst the DHHS format is completed. Some of the information is transferrable and other elements not considered in the work book.
- In regards to financial compensation: we would prefer the following: Organisations being certified under the ISO 9001:2008 Quality Management System should be excluded from overlapping standards. If there is a requirement to report and collect evidence on ISO standards we expect a financial compensation as the organisation has already significantly invested (finances and human resources) in achieving and maintaining accreditation in an internationally recognised quality management system.
- Adopt nationally recognised systems.

Quality and Safety – balancing reporting and improvement

- Align themselves with the national standards work (the last version of the national standards was a reordering of the National HACCC standards - to put Governance first) and/or develop a risk assessment process in which the department requires some self reporting but takes into account other information it receives concerning different organisations and if organisations are considered to be a risk to then go forward with the full evaluation process (rather than require a full evaluation from each org each 6months).
- An Annual Statement (Declaration) completed by service providers stating they comply with Building Codes, Standards, Training etc. This works within Dept Health & Ageing and is a reasonable process. This coupled with the HACCC Quality Reporting process should be sufficient.
- That any reporting be done as part of standard annual reporting (with organisations resourced to do this).

Other – submitted by one organisation

- TasCOSS by nature of being a peak body with a disperse membership and funding sources will no doubt be in a difficult position to mediate a consensus amongst its members in order to provide a reflective yet concise response to the DHHS regarding the *qualityFutures* program. On the whole, whilst there has been some negative sentiment towards the implementation of a system of quality assurance, it needs to be acknowledged that quality assurance is an emerging requirement within the sector to meet the needs of most funding bodies, not only DHHS; and upon reflection the implementation is most likely overdue.

The positives of the system are that the DHHS has not set a bench mark; they have provided a workbook and aligned policies which allow organisations to provide feedback in a variety of ways and to varying degrees. Furthermore DHHS has allowed for the individual circumstances of organisations; from those which haven't previously undertaken quality assurance activities to start the process at their own pace; right through to providing alignment of quality assurance programs for those organisations which are currently received existing accreditation.

It is noted that the language used by the DHHS in regards to this program has been strongly worded. However it should also be noted that staff within the Office of the Community Sector have been very accommodating and willing to engage with organisations to ensure that they had the information and non-financial support necessary to address the requirements of the program. Once you move past the need to implement a program of quality assurance, and look for ways in which the program that has been implemented could be improved there are a number of key points which are raised; which are no doubt common amongst many organisations.

Facilitated Discussion

It is acknowledged that there are many service types funded by the DHHS; and therefore it is difficult to facilitate discussion on the diverse sections covered within the Quality and Safety Workbook; furthermore, not all organisations may wish to be involved in facilitated discussion. However, facilitated discussion is almost certainly required to ensure that the *qualityFutures* program develops tangible benefits for both the DHHS and consumers of the various services cross-organisationally. The current program only asks organisations to reflect upon their own circumstances. This isn't as valuable as facilitated discussion, as organisations only have access to existing organisational knowledge. There needs to be a process to ensure that organisations are introduced to new and effective concepts or practices used by other organisations.

Feedback

It is understood that the DHHS has provided various levels of feedback to organisations based upon their submissions; organisations were perceived as requiring greater levels of assistance received greater levels of feedback. This process has most likely been beneficial to those organisations that required greater levels of feedback in the first

Quality and Safety – balancing reporting and improvement

round of assessment; however, overtime all organisations will require in depth feedback from the DHHS to ensure that they are able to continue to improve the services they operate.

Promotion

It would be beneficial if the DHHS, as a component of the feedback process, promoted quality initiatives occurring within other organisations providing like services. This process could potentially be facilitated by the DHHS providing financial resources to organisations which have developed quality initiatives to document the initiatives in a standardised format; including any identified benefits and/or risks of the initiative.