Introduction Standard

This policy outlines the commitment of the South West Aboriginal Medical Service to continuous quality improvement in all aspects of our services. We aim to provide the highest standard of care to our patients through systematic and ongoing efforts to improve our processes and outcomes.

Statement of Development / Review

This policy has been developed in accordance with best practice guidelines and RACGP Standards 5th Edition. This policy will be reviewed annually or as required to ensure it remains current and effective.

Purpose and Scope

The purpose of this policy is to establish a framework for quality improvement activities within the South West Aboriginal Medical Service. It applies to all staff, including clinical and non-clinical personnel, and covers all aspects of service delivery.

Responsibilities

	Standardise language
Senior Leadership Team (CEO and Directors)	Support the implementation of quality improvement initiatives.
Managers and Coordinators	Ensure the implementation and support of quality improvement initiatives. Oversee the development, implementation, and evaluation of quality improvement activities.
Employees and Contractors	Participate in quality improvement activities and adhere to the policies and procedures.

Policy

The South West Aboriginal Medical Service is committed to providing high-quality care and services, continuously seeking to improve our processes and outcomes. Regular audits, patient feedback, staff training, and performance reviews will be conducted to identify areas for improvement.

Data will be collected and analysed to monitor performance and identify trends, which will inform quality improvement activities. All staff are encouraged to recognise and suggest quality improvement projects and opportunities. SWAMS will provide training and support to assist team members to successfully complete Quality Improvement activities.

All staff are encouraged to participate in these activities and provide feedback on processes and outcomes. Patient feedback will be actively sought and used to inform and direct quality improvement activities. Additionally, staff will be provided with ongoing training and development opportunities to support continuous learning and quality improvement.

Appendix 1 Glossary

- **Quality Improvement**: Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.
- **Audit**: A systematic review of processes and outcomes to ensure standards are being met.
- **Feedback**: Information provided by patients or staff about their experiences and perceptions of the service.
- **Performance Review**: A regular assessment of staff performance to ensure standards are being met and identify areas for improvement.

Evidence Base

RACGP QI 1 – Quality Improvement

Linked Dox

Quality Improvement Procedure
Quality Improvement Guide

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Authority	Print Name	Position	Signature
Subject Matter Expert/Reviewer	**Jacqueline Moir**	**Practice Manager**	
Cultural Advisor (if required)	**Cultural Committee Representative**		
Director/Approval	**Terry Kneale**	**Director of Health & Social Services**	