

The Quality and Safety Framework for Tasmania's DHHS Funded Community Sector

Department of Health and Human Services

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1. Working in Partnership for all Tasmanians

1.1. Tasmania's Community Sector

Every day, community sector organisations provide valuable services to Tasmanians. Community sector organisations (CSOs) embrace a wide range of community, voluntary and not for profit activities aimed at improving the health and well-being of Tasmanians through direct support such as disability, family and mental health services, and strategies for preventing or reducing the effects of chronic conditions.

1.2. The Department of Health and Human Services

The Department of Health and Human Services (DHHS) is the largest Tasmanian State Government agency. The DHHS is responsible for delivering integrated services that maintain and improve the health and wellbeing of individual Tasmanians, and the Tasmanian community as a whole.

Approximately two hundred and fifty community sector organisations are funded by DHHS for the delivery of services to Tasmanians.

1.3. The Community Sector Relations Unit

Established in March 2012 by bringing together existing functions under one business unit, the Community Sector Relations Unit (CSRU) provides a coordinated, standardised and strategic approach to working across DHHS and with the community sector.

This is achieved through strategic planning and policy development, grants management and co-ordination of the *Quality and Safety Framework for Tasmania's DHHS Funded Community Sector*.

1.4. The Partnership Agreement between DHHS, DPAC and the Community Sector

A *Partnership Agreement between DHHS, DPAC and the Community Sector*¹ was signed in November 2012, setting out how government agencies and the community sector commit to working together to achieve a shared vision. The Agreement promotes mutual understanding and guides community sector and government agency representatives to adopt processes and behaviour that value the role, contribution, perspectives and expertise of both sectors.

The Quality and Safety Framework for Tasmania's DHHS Funded Community Sector outlines DHHS' expectations of community sector organisations receiving DHHS funding and will support, and contribute to, the principles, goals and priorities of the Partnership Agreement.

¹ http://www.dhhs.tas.gov.au/about_the_department/business/community_sector_relations_unit/partnership_agreement

2. The Integrated Financial and Performance Framework

The *Integrated Financial and Performance Framework* facilitates the effective delivery of grants payments from the DHHS to CSOs for the provision of a range of services across Tasmania. As a key component of performance for the provision of quality and safe services, the *Integrated Financial and Performance Framework* sets out the:

- principles and processes for the administration, monitoring and acquittal of grants
- roles and responsibilities of key stakeholders including DHHS and CSOs
- role of quality and safety in ensuring effective, efficient and sustainable services to Tasmanian consumers.

3. The Quality and Safety Framework for Tasmania's DHHS Funded Community Sector

3.1. About the Framework

Implemented in 2009, the aim of the *Quality and Safety Framework for Tasmania's DHHS Funded Community Sector* (the Framework) is to support DHHS funded CSOs to have systems and processes in place to deliver safe, high quality services to Tasmanian consumers.

3.2. The aims of the Framework

The Framework aims to support the following outcomes for consumers, CSOs and DHHS:

- High quality and safe services for Tasmanians through continual improvement of service delivery.
- Service systems and processes are enhanced using recognised evidence bases (such as standards).
- A culture of continuous improvement within the sector that is supported by, and inclusive of, all stakeholders.
- Minimising regulatory and administrative burden.
- Consumers, CSOs and DHHS work in partnership to enhance service delivery.
- The common goals and priorities of the Partnership Agreement are being contributed to.
- Consumers, the community and Government have confidence that DHHS funded CSOs are delivering safe and high quality services.
- Learnings, both at the CSO and sector level, are used in planning and development activities.

3.3. The requirements of the Framework

Broadly, the Framework requires that:

- DHHS funded CSOs have systems and processes in place to record and monitor continuous improvement (CI) activities against recognised standards
- DHHS Funding Agreement Managers (FAMs) meet with funded CSOs at least once every 12 months to discuss the CI activity occurring within CSOs
- The Community Sector Quality and Safety Team (CSQS Team) facilitates reviews of DHHS funded services once in a three year period.

Specifically, the roles and responsibilities of CSOs, FAMs and the CSQS Team under the Framework are:

3.3.1. DHHS Funded Community Sector Organisations will:

- ensure that safe and high quality services are delivered to consumers that meet their needs now and into the future
- continue to undertake CI activities against recognised standards, be they state, national or international
- have systems and processes in place to record and monitor their CI activities
- have systems and processes in place to ensure that learnings from incidents and feedback contribute towards enhancing service delivery
- have systems and processes in place to respond to the requirements of the *Consumer Related Serious Incident Reporting Policy for Tasmania's DHHS Funded Community Sector (Incident Reporting Policy)*²
- meet with FAMs at least annually to discuss CI activities and any issues
- participate in a review facilitated by the CSQS Team at least once in a three year cycle³.

CSOs that are applying for funding, must evidence compliance, or the commitment to comply, with the requirements of the Framework at the time of application.

² The Incident Reporting Policy can be found on the Resources, Publications and Tools page of the <http://www.dhhs.tas.gov.au/communitysector> webpage.

³ Reviews are conducted once in a three year cycle. This three year period is not related to a funding cycle.

3.3.2. Funding Agreement Managers will:

- be the first point of contact for CSOs in relation to:
 - providing information and resources on CI and the requirements of the Framework
 - serious consumer related incidents in line with the Incident Reporting Policy
 - meeting with CSOs at least annually to discuss quality and safety issues, notably:
 - the CI activities that have been occurring and any issues that may have arisen
 - feedback, such as compliments and complaints, received by the CSO and any actions stemming from it
 - any actions stemming from consumer related incidents that have occurred
 - monitor CSOs' implementation of required activities that have been identified through reviews undertaken by the CSQS Team.
- record all interactions with CSOs relating to the Framework in the Electronic Grants Management System
- monitor that contractual requirements relating to the Framework are being met.

3.3.3. The Community Sector Quality and Safety Team will:

- lead the implementation of the Framework – maintaining its sustainability and integrity
- make resources available to support the implementation of the Framework
- provide support, resources and advice to FAMs on:
 - the Framework including CI, regulatory requirements and any issues identified with CSOs arising from a review
 - state, national and international trends in quality and safety
 - serious consumer related incidents.
 - facilitate reviews of CSOs at least once in a three year cycle, or more frequently
 - facilitate reviews of CSOs across specific sector or service types
 - make available regular reports against key performance indicators, trends and findings of the Framework to all stakeholders.

4. Standards

4.1. What are standards and why are they important?

Standards establish a common language which defines quality and safety, and actively contributes towards ensuring that products, services and systems are safe, reliable and consistently performed at an effective and sustainable level.

Standards provide:

- the expectations of a service or product
- the foundation of continuous improvement
- the requirement for the protection of safety and human rights thereby maximising safety for consumers and CSOs
- a foundation for measuring performance
- the basis for feedback and evaluation of consumer outcomes
- accountability against a range of legislative and regulatory requirements, social expectation, human rights and evidence based practice.

4.2. What standards should CSOs use?

Under the Framework, CSOs can nominate⁴ which standards they will use. For some organisations a regulatory requirement may exist that determines which standards are applicable to them, while other CSOs can self-select the state, national or international standards most relevant to the services they deliver. Some standards currently being used by DHHS funded CSOs include the:

- Home Care Standards
- National Standards for Mental Health Services
- National Disability Standards
- Quality Improvement Council Standards
- National Safety and Quality Health Service Standards
- Six DHHS Quality and Safety Standards.

CSOs seeking guidance on standards applicable to their service type can contact their peak body, TasCOSS, a peer service / organisation, DHHS or discuss this at a relevant forum.

⁴ CSOs can nominate what standards they will use so long as no standards have been specified in the DHHS Funding Agreement.

5. Continuous Improvement

5.1. What is continuous improvement?

Continuous improvement is an ongoing approach to monitoring and enhancing services delivered to consumers. It requires that an organisation's processes and activities are analysed, measured, improved and evaluated on an ongoing basis. CI involves:

- taking into account the needs of consumers, and involving them in improvement planning and/or activities
- progressively enhancing services against state, national, or internationally recognised standards
- being part of an overall quality system, focusing on systematic and integrated improvements with clearly defined objectives
- a commitment to identifying needs and opportunities in a systematic and planned way
- activities ranging in scale from smaller, operational activities to significant strategic initiatives.

CI is:

- **not** a 'stop-start' approach to improving services, but one that forms a central part of an integrated system to manage and improve the quality of services to consumers
- **not** a process that has an end. Even CSOs that believe they cannot further improve services, or that they have reached compliance with a set of standards, can and should be encouraged to identify CI opportunities and undertake incremental changes to improve their systems, process and service delivery.

The Australian Government's Department of Health provides a guide⁵ that is designed to introduce the concepts of CI to community sector organisations, staff and consumers.

5.2. How should CSOs document their continuous improvement activities?

Documenting CI helps a CSO to keep track of their improvement activities and ensures a strategic approach to CI including prioritisation of activities. It also allows a CSO to reflect on what worked well, and what could be done differently, or better, next time. CSOs can choose any format they like to document their CI activities but must include clear information on the:

- standards the improvement activity relates to
- improvement activity being undertaken
- way the improvement activity will be achieved
- progress the organisation has made towards achieving the improvement
- person, or persons, within the organisation responsible for the implementation of the activity
- planned completion date
- actual completion date.

⁵ <http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-aged-care-quality-framework-atsi-toc~ageing-aged-care-s2~ageing-aged-care-s2-contin-improv>

Some CSOs will already have systems and resources in place to record the CI activities. For those that don't, the following are some options for consideration:

- DHHS has made available a [Continuous Improvement Plan template](#)⁶. This document can be adopted or adapted to meet the needs of the CSO, so long as it records the required level of information
- Developing your own tool, so long as it records the information outlined on the previous page
- Adopting or adapting your Peak Body or National Body process or tools
- the Standards and Performance Pathways.

5.2.1. The Standards and Performance Pathways

The Standards and Performance Pathways (SPP) is an easy-to-use online system for quality standards and compliance reporting. An automatically generated electronic work plan is linked to guided activities, tools and templates specifically designed to enable users to complete tasks easily. This integration with the online workbook and evidence pack can:

- deliver efficiencies for CSOs undertaking, recording and monitoring CI activities
- demonstrate to CSOs their progress against multiple sets of standards
- assist DHHS in monitoring the performance of CSOs and reduce red tape associated with reporting.

Access to SPP is offered as an individual subscription to the TasCOSS Portal that gives an organisation a password protected access to an online account. For more information on SPP, please contact TasCOSS on 6231 0755 or visit www.tascoss.org.au.

5.3. Meeting with the DHHS to discuss continuous improvement

At least once a year, a DHHS FAM will meet with the CSO to discuss the CI activities that have been occurring. This discussion will occur as part of general meetings held between the DHHS and CSOs to discuss performance against the Funding Agreement, and in relation to the Framework, the topics to be covered will be:

- noting the standards the CSO is measuring their CI activities against
- the CI activities that the CSO is undertaking, recording and monitoring
- the CSO's progress against any outstanding actions from reviews the service has participated in
- if any serious consumer related incidents have occurred, what actions have been taken following this
- a process is in place to record incidents and feedback
- what changes have occurred from the learnings / feedback following an incident or complaint.

Records of these meetings, including any actions stemming from them, will be recorded within DHHS' Electronic Grants Management System and will be made available to CSOs.

⁶ The Continuous Improvement Plan template can be found on the Resources, Publications and Tools page of the <http://www.dhhs.tas.gov.au/communitysector> webpage.

6. Reviews

6.1. About Reviews

The review process is an important component of the Framework as it provides an opportunity for:

- CSOs and DHHS to highlight innovative systems, processes and service delivery as well as identifying any areas that could be further enhanced
- supporting CSOs to deliver safe, high quality services to consumers
- monitoring that the requirements of the Funding Agreement, including the Framework, are being met.

Reviews are facilitated by the Community Sector Quality and Safety Team (CSQS Team) and occur at least once every three years. Reviews are:

- undertaken at the organisational level and focus on the DHHS funded services delivered by the CSO
- undertaken with consideration to the size, type and level of DHHS investment in the CSO
- undertaken by viewing the CSO's documentation as well as discussions with consumer groups or individuals, staff, volunteers and the management team of the service and any other direct stakeholders
- focus on CI and the systems and processes that support service delivery.

Reviews are not:

- punitive or retributive. The purpose of the review is not to find reasons to withdraw funding or services. Conversely, reviews are not a process to increase funding
- about financial analysis. The CSQS Team are not financial reviewers and will not undertake any analysis of a CSOs financial situation
- trying to unduly find fault with a CSO. The CSQS Team will consider the individual characteristics of the CSO when undertaking the review and developing the *Review Report*.

6.2. The review process

The CSQS Team will contact CSOs at least six weeks prior to the site visit to begin planning the review. During this period, further information on the process will be made available, information currently held by the DHHS will be confirmed and a date to visit the CSO to view documentation and speak with consumers, staff, volunteers and board or committee members will be negotiated.

On the day/s of the site visit, members of the CSQS Team will:

- meet with representatives of the organisation to discuss the agenda for the day/s
- view the organisation's systems, processes and documentation
- speak with consumers, staff, volunteers, the management team and any other direct stakeholders
- provide a preliminary overview of the findings from the review.

Following the site visit:

- the CSQS Team will provide the CSO with the draft *Review Report* within ten business days
- the CSO has the opportunity to provide feedback on the draft report, provide some additional information or evidence to inform the process or further discuss the findings. In this case, the CSO must provide this information to the CSQS Team within twenty business days of the draft *Review Report* being sent. The review team will then consider the additional information, and where necessary amend the *Review Report* to reflect the additional information prior to finalisation
- the *Review Report* will be finalised and forwarded to the CSO, and made available to FAMs, with a request to provide the DHHS advice of the response to any Required Activities. Where a CSO does not agree with the findings of the CSQS Team, a reconsideration can be requested
- DHHS FAMs will monitor the implementation and progress of all Required Activities.

Individual CSO's reports will not be made public by the DHHS, however de-identified information relating to all reviews undertaken may be used for reporting or development activities across the sector.

6.3. Preparing for the review

Prior to the CSQS Team undertaking the site visit, the CSO will be provided with information about the types of documentation, systems and processes that will be viewed and the topics that will be discussed with consumers, staff, volunteers and the management team. In general, the types of information include:

- policies and procedures
- information provided to consumers about the services they receive and their rights and responsibilities
- systems and processes to monitor compliance with the Funding Agreement and legislative requirements
- systems and processes to monitor CI activities, incidents and feedback
- systems and processes that support staff and volunteers in their roles
- records, such as care plans, progress notes etc. of consumers receiving DHHS funded services.

6.4. An overview of the review process

Prior to the site visit

- CSQS Team contacts the CSO to advise of the commencement of the review
- Information about the CSOs service delivery is confirmed
- A site visit date is negotiated
- Site visit agenda is drafted and forwarded to the CSO

During the site visit

- Opening Meeting
- Feedback sessions
- Documentation, systems and processes review
- Closing Meeting

Draft report is developed

- CSQS Team analyses the information collected
- Draft report is prepared and forwarded to the CSO for feedback
- CSQS Team considers feedback and finalises report
- Final report forwarded to the CSO, FAM/s and the Board

Response to recommendations

- If any Required Activities are identified, a response to these is sought
- CSOs response to Required Activities is reviewed by the CSQS Team
- CSOs response is either accepted or further information is sought
- CSQS Team provides a response on the Required Activities to the CSO and FAM
- Review process ends

Ongoing continuous improvement activity

- Recommendations contribute to the CSOs continuous improvement activity
- DHHS FAM discuss the CSOs activities, including actions stemming from the review process as part of their visit/s

6.5. The review report

Following the site visit, the CSQS Team will provide the CSO with the *Review Report*. The *Review Report* is developed based on information contained in the Funding Agreement and the findings from the site visit and references the adapted Principles of the *Australian Safety and Quality Framework for Health Care*⁷ and provides:

- a succinct overview:
- any recommendations that could, or must, be implemented to enhance service delivery
- the context to support these recommendations.

The CSO will receive a copy of the draft *Review Report* prior to it being finalised. The CSQS Team will seek feedback on the draft to ensure that:

- information relating to the CSO in the *Review Report* is accurately represented by the CSQS Team
- CSOs have the opportunity to provide additional evidence in response to any recommendations that have been identified.

A key component of the review process is the identification of recommendations to enhance service delivery. There are two types of recommendations and these are based on the information collected during the site visit and feedback from stakeholders:

- *Required Activities* – Where an area of concern, such as non-compliance with the Funding Agreement is identified. Required Activities must be addressed within specified timeframes.
- *Improvement Activities* – Where an activity to further enhance service delivery is identified. Improvement Activities are suggestions for the CSO to consider, and while their implementation is not mandated, it is strongly encouraged.

Required Activities and, where adopted, *Improvement Activities* should form part of the CSOs CI planning process for implementation and tracking.

⁷ An overview of the adapted Principles from the *Australian Safety and Quality Framework for Health Care* can be found on page 17 of this document. For further information on the Principles, please visit www.safetyandquality.gov.au

7. Accredited or externally reviewed CSOs

7.1. Accredited CSOs

Accreditation:

- is an evaluation process that assesses the quality of service delivery against a set of standards
- contains both compliance and quality elements that work together to promote quality and safety
- focuses on CI strategies
- usually consists of a process involving self-assessment and ongoing monitoring against standards by the accreditation body
- is undertaken by an accrediting agency that is independent of the CSO and DHHS.

For CSOs that are accredited, or in some cases undergoing or considering undergoing accreditation, the Framework will generally recognise this work so long as evidence of the following is available:

- accredited CSOs can demonstrate that the accreditation processes being utilised relates to, and is inclusive of, DHHS funded services
- the accreditation process meets the requirements of the Framework
- the accreditation process incorporates consumer input, and the CSO provides evidence that it is meeting its obligations, as described in the Funding Agreement, to obtain feedback from consumers about services. The CSO must demonstrate that it is using this information to enhance service delivery to consumers
- feedback from consumers and learnings from incidents are being used to enhance service delivery.

The CSQS Team will work with accredited CSOs on an individual basis to determine how their accreditation can be recognised by the Framework. This will be undertaken by members of the CSQS Team meeting with the CSO to view and discuss the accreditation documentation and use of consumer feedback.

7.2. External reviews or reporting

Where a CSO also receives funding from another source, such as the Commonwealth, any reviews or reporting required by those bodies will not be accepted in lieu of participating in the review process, unless an agreement is in place between the DHHS and that party. However, these reports, or review documentation, may be used as supporting evidence during the DHHS review process.

8. Incidents and feedback⁸

The Framework requires that CSOs have systems and processes in place to record, monitor and respond to consumer related incidents and feedback, and use learnings from these to enhance service delivery.

- *Compliments* are an expression of praise from consumers and other stakeholders on the services the CSO delivers.
- *Complaints*, both informal and formal, are expressions of dissatisfaction or concern made by a consumer or stakeholder about services the CSOs deliver.
 - *Informal complaints* are typically those received verbally and that can be addressed with minimal follow-up.
 - *Formal complaints* are those that cannot be resolved at the point of service delivery, or are received in writing and require a follow-up and formal response.
- *Incidents⁹* are an unexpected event or occurrence that led to unintended or unnecessary harm to a consumer. Incidents are generally dealt with according to their severity. Under the Framework:
 - *Less serious consumer related incidents*, such as those that cause limited service disruption or harm to a consumer, are managed by the CSO in line with their individual processes.
 - *Serious consumer related incidents*, such as those that result in the death or significant injury to a consumer, or serious service disruption as defined by the [Incident Reporting Policy](#) are required to be verbally reported to the relevant DHHS FAM within twenty-four hours, or the next business day, of the incident occurring.

9. The Australian Safety and Quality Framework for Health Care

The *Australian Safety and Quality Framework for Healthcare* describes a vision for safe and high quality care for all Australians, and sets out the actions needed to achieve this vision. In November 2010, the Framework was endorsed by State and Territory health ministers as the national safety and quality framework for Australia.

The framework specifies three core principles for safe and quality care, these being Consumer Centred, Driven by Information and Organised for Safety. The Framework has adapted the Principles of this framework to:

- align with the national quality and safety agenda and goals
- ensure that the Framework references a recognised evidence base
- support a consistent and coordinated approach to planning quality and safety across the sector regardless of the size or type of services being delivered
- provide a consistent method for analysing information collected during reviews and reporting these findings at both at the CSO and sector level – regardless of the set of standards the CSO is using.

⁸ The monitoring of incidents and feedback within the Standards Framework relates only to those directly related to consumers or impacting upon DHHS funded service delivery.

⁹ The *Consumer Related Serious Incident Reporting Policy for Tasmania's DHHS Funded Community Sector* does not override or replace legislative reporting requirements.

9.1 Adapted Principles of the Australian Safety and Quality Framework for Health Care

Safe, high-quality services are always:

What it means for me as a consumer:

Areas for action by people in the service system:

1 CONSUMER CENTERED

This means:

Providing services that are easy for consumers to get when they need them.

Making sure staff and volunteers respect and respond to consumer choices, needs and values.

Forming partnerships between consumers, their family, staff, volunteers and service providers.

I can get high-quality services when I need them.

I have information I can understand. It helps me to make decisions about my health and wellbeing.

I can help to improve the safety of my services

The services I receive are well organised. The service providers all work together. I feel safe and well supported.

I know my rights. I understand my responsibilities.

My service providers support me. I am involved in, and receive an explanation of, what is happening.

1.1 Develop methods and models to help consumers get services when they need them.

1.2 Increase service literacy.

1.3 Partner with consumers, families and carers to share decision making about the services they receive.

1.4 Provide services that are respectful and sensitive to different cultures.

1.5 Involve consumers and carers in planning for quality and safety.

1.6 Improve continuity of service delivery.

1.7 Minimise risks at handover.

1.8 Promote consumer rights and awareness of responsibilities.

1.9 Inform and support the consumer, their family and carers.

2 DRIVEN BY INFORMATION

This means:

Using up-to-date knowledge and evidence to guide decisions about service delivery.

Quality and safety data is collected, analysed and fed back for improvement.

Taking action to improve consumer's experiences.

Services are based on the best knowledge and evidence.

The outcome of the services I receive and my experiences are used to help improve services.

2.1 Use agreed guidelines to reduce inappropriate variation in the delivery of services.

2.2 Collect and analyse quality and safety data to improve services.

2.3 Learn from consumer's and carer's experiences.

2.4 Encourage and apply research that will improve quality and safety.

3 ORGANISED FOR SAFETY

This means making safety a central feature of how services are run, how staff and volunteers work and how funding is organised.

I know that the service provider team, including managers and governments, all take my safety seriously.

The service system is designed to provide safe, high-quality support for me, my family and my carers.

When something goes wrong, actions are taken to prevent it happening to someone else.

3.1 Staff take action for safety.

3.2 Volunteers take action for safety.

3.3 Management takes action for safety.

3.4 Governments take action for safety.

3.5 Ensure funding models are designed to support quality and safety.

3.6 Support, implement and evaluate information systems.

3.7 Design and operate facilities, equipment and work processes for safety.

3.8 Take action to prevent or minimise harm from service system errors.

ADAPTED FROM THE

AUSTRALIAN COMMISSION ON
SAFETY AND QUALITY IN HEALTHCARE

10. Glossary

Accreditation	A process in which certification of competency is achieved against a set of pre-defined standards.
Community Sector Organisation	An organisation within the Community Sector that receives Grant funding to deliver services on the Department's behalf.
Complaint	Any written or verbal expression of dissatisfaction or concern regarding any service provision or support.
Compliance	Defined as conforming to a specification or policy, standard or law that has been clearly defined.
Compliment	An expression or implication of praise.
Consumer	<p>A generic term for an individual or group of individuals that is the recipient of a service, activity or initiative delivered under a Funding Agreement.</p> <p>Consumers are sometimes also referred to as clients, service users, service recipients or patients across particular Service Groups within the Department.</p>
Continuous Improvement	An ongoing approach to monitoring and enhancing services delivered to consumers. It requires that an organisation's processes and activities are analysed, measured, improved and evaluated on an ongoing basis.
Departmental Groups	Are responsible for the provision of support for policy, planning, funding performance monitoring and improvements across the service groups; interface with government. The DHHS Departmental Groups comprise Strategic Control, Workforce and Regulation and System Purchasing and Performance.
DHHS	The Department of Health and Human Services
DPAC	The Department of Premier and Cabinet
Funding Agreement	<p>A legally enforceable written agreement between DHHS and a CSO that sets out the terms and conditions regarding the establishment, management and acquittal of Grants.</p> <p>The Funding Agreement includes all of its clauses, schedules, appendices, annexures and attachments and includes any variation, Deed of Variation, or replacement of any of it.</p>
Funding Agreement Manager	DHHS officers responsible for managing Funding Agreements and overseeing performance against those Funding Agreements.
Incident (Consumer related)	<p>An event or circumstance that leads to harm, loss and / or damage resulting from, or impacting upon, service provision to consumers.</p> <p>Also refer to the Consumer Related Serious Incident Reporting Policy for Tasmania's DHHS Funded Community Sector.</p>

Quality	Meeting and exceeding the needs and expectations of consumers and stakeholders.
Review	A process of evaluating an organisation's systems and processes, along with the experiences of stakeholders.
Service Group	Service Groups deliver services to the public. The DHHS Service Groups include Ambulance Tasmania, Children and Youth Services, Disability, Housing and Community Services and Population Health.
Staff	Any person in a paid role who has been hired by the organisation to perform specific tasks.
Stakeholders	Individuals or community sector organisations that have a key interest in an organisation or a consumer's outcomes and health and wellbeing. A stakeholder can affect, or be affected by, the actions of the organisation.
Standards	Standards are published documents that set out specifications designed to ensure that services and systems are safe, of a high quality and meet the needs of consumers. Standards establish a common language that defines quality and safety criteria.
Volunteer	A person who performs, or offers to perform, a service out of his or her own free will, often without monetary payment.



Tasmanian
Government

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