



**Ngangganawili Aboriginal Community Controlled
Health and Medical Services Aboriginal Corporation**

ICN 1870

ABN 85 650 098 620

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Quality Objectives 2021

Rationale

Ngangganawili Aboriginal Health Service (NAHS) quality objectives are measurable goals relevant to enhancing patient satisfaction and are consistent with our policies and strategic goals that are established in ongoing planning of the Quality Management System and redefined based on the outcomes of management review, external audits, and other changes which may impact the clinical service delivery at NAHS from time to time.

Service Delivery during 2020 has been impacted by the COVID-19 Pandemic and our response to that and as such the priority of the Quality Management System and our available resources have been focused on prevention of the virus in the community. As a result of this operational impact the objectives from the 2020 period have been carried forward into 2021.

The Quality Objectives will be endorsed by the Governance Committee and tabled at the NAHS Board of Directors on an annual basis.

Evaluation of the Quality Objectives.

The Quality Objectives are to be reviewed in January of each year for the preceeding calendar year. Evaluation will be inclusive of the following;

- Qualitative & Quantative review as relevant to each objective
- Results of the Management Review Audit conducted annually prior to the ISO Surveillance Audit
- Results of External Audits
- Results of feedback from the community

Objectives for 2021.

Qualitative Objectives

1. Follow up of the 'Yarning Tree' Report to continue to build community based and decentralised health and medical services which provide culturally appropriate and safe services that meet the needs of the Martu community.
2. In order to ensure credentialing processes reduce HR related risks of delivery of clinical services the processes for Clinician Credentialling will be reviewed, evaluated and where necessary improved.



This objective will be measured by use of the following KPIs:

- a. A review and update of the Clinical Care Providers Credentialing policy (Doc_246) occurs
 - b. The Internal Audit Schedule will include a six monthly evaluation of the Clinical Credentialing process and these audits be completed within the scheduled timeframe.
3. Control the risks related to management of contractors and suppliers within the context of ISO 9001.

This objective will be measured by use of the following KPIs:

- a. Annual Contractor/Supplier reviews occur for all contractors with an ongoing Service Agreement in place.
- b. KPIs be established in regard to Contractor/Supplier reviews.

Quantitative Objectives

1. Development of a Learning and Development Program for health workers, medical practitioners, medical students, nursing staff, and paramedics.

This objective will be measured by use of the following KPIs:

- a. 100% of new staff complete induction training on AMSED within 1 month of commencing employment. This training must include Code of Conduct for Employees of AMS's, Hazardous Manual Tasks, Infection Control – Hand Hygiene and PPE, Bullying in the Workplace and Workplace Health and Safety in an AMS – An introduction
 - b. > 85% of all staff will undertake Fire Safety Awareness Training
 - c. 100% of all staff will undertake annual Hand Hygiene training on the HHA website.
 - d. An Annual Training Planner will be developed and > 75% of all planned training items will be completed.
2. Increase the focus on Risk Management within the context of Occupational Safety & Health and Injury Management.

This objective will be measured by use of the following lead and lag Indicators:

- a. Lost Time Injury Rate
- b. Total Lost Work Days
- c. Average Lost Workdays



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- d. Incident & near miss investigations completed
- e. Workplace Safety Inspection Actions Closed