

[LOGO]	Hong Kong Institute of Clinical Psychologists Limited 香港臨床心理學家公會有限公司	Document No.	HKICP-ADM-GL-004-R0
	Guideline on Continuous Quality Improvement (CQI) of HKICP	Issue Date	nn/nn/2018
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# Guideline on Continuous Quality Improvement (CQI) of HKICP

Version	Effective Date
1.0	

Document Number	HKICP-ADM-GL-004-R0
Author	<<Post and Name>>
Custodian	<<Post and Name>>
Approved / Endorsed By	<<Respective Committees>>
Approval Date	DD/MM/YYYY

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**(Distribution list: This Policy shall be read by all staff and members of HKICP, Professional Council and its committees, and the general public.)**

## 1. Objectives

- 1.1 Continuous quality improvement (CQI) aims to increase the acceptability, efficiency and effectiveness of activities and service delivered, and to provide added benefits to the Hong Kong Institute of Clinical Psychologists Limited (HKICP), its staff, registrants and stakeholders, service users and the public. It is a step towards a strengthened registration system and clinical psychology services in Hong Kong.
- 1.2 The key objectives of this guideline are as follows:
  - 1.2.1 Develop an effective, integrated Institute-wide quality improvement framework,
  - 1.2.2 Demonstrate HKICP's commitment to improving the outcomes of care and service delivery,
  - 1.2.3 Support continuous quality improvement participation of different committees, staff and registrants of HKICP, and
  - 1.2.4 Provide orientation and ongoing education about the continuous quality improvement system.

## 2. Scope

- 2.1 This guideline prescribes the actions and processes taken by HKICP for continuous quality improvement. It is to be used in conjunction with the HKICP's Policy on Risk Management (HKICP-ADM-PO-003-R0).
- 2.2 This guideline applies to HKICP and committees under HKICP, staff and registrants of HKICP.

## 3. Definition

Quality improvement is a process of systematic and continuous actions that lead to measurable improvement in activities and services delivered by HKICP as well as clinical psychology services provided to the public.

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## 4. Roles and Responsibilities

### 4.1 HKICP

To maintain the continuous quality improvement framework and ensure that the standardized and necessary processes and procedures are carried out in a timely manner. The framework comprises of guideline, structure and accountability.

### 4.2 Professional Council

To ensure guidelines addressing continuous quality improvement are consistent with relevant legislation, standards, guidelines and/or codes of practice, support HKICP's vision, values and strategic direction, and are readily available to staff and registrants.

### 4.3 Education and Professional Standards Committee

- 4.3.1 To develop, document and implement an integrated, institute-wide continuous quality improvement framework,
- 4.3.2 To identify key continuous quality improvement objectives both at the institute and the clinical levels in the annual planning,
- 4.3.3 To evaluate the effectiveness of the continuous quality improvement framework and its component activities to ensure improvements are made as required,
- 4.3.4 To provide orientation and ongoing education to HKICP staff, committee members and registrants about the institute-wide continuous quality improvement framework and their responsibilities for continuous quality improvement,
- 4.3.5 To support HKICP staff, committees and registrants in identifying and responding to opportunities to improve the quality of care and service delivery,
- 4.3.6 To report the outcomes of the continuous quality improvement initiatives to HKICP staff, registrants, stakeholders, service users and the public, through media such as meetings, emails, newsletter and webpage,
- 4.3.7 To make reports and recommendations to the Professional Council on matters of 4.3.1 to 4.3.6 and any other matters as delegated by the Professional Council.

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#### 4.4 Other standing committees

- 4.4.1 To manage matters relating to continuous quality improvement relevant to their respective areas of oversight,
- 4.4.2 To propose, implement and monitor continuous quality improvement initiatives and periodically report the progress to the Education and Professional Standards Committee.

### 5. Continuous Quality Improvement Framework

5.1 HKICP's Continuous Quality Improvement Framework consists of a set of systematic and consistent processes in which changes are adopted for improvement. The HKICP adopted the plan-do-study-act (PDSA) cycles in an attempt to drive such improvements.

5.1.1 **Plan:** plan a change or test aimed at improvement

5.1.1.1 Identify objective

5.1.1.2 Identify questions and predictions

5.1.1.3 Plan to carry out the cycle (who, when, where)

5.1.2 **Do:** carry out the change or test

5.1.2.1 Execute the plan

5.1.2.2 Document problems and unexpected observations

5.1.2.3 Begin data analysis

5.1.3 **Study:** examine the results

5.1.3.1 Complete the data analysis

5.1.3.2 Compare data to predictions

5.1.3.3 Summarize what was learnt

5.1.4 **Act:** adopt the change, abandon it or run through cycle again

5.1.4.1 What changes are to be made?

5.1.4.2 What will the next cycle entail?

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5.2 The PDSA cycles would be documented in the Quality Improvement Plan (Appendix), as documentation is crucial in the process of continuous quality improvement, to support local learning and transferability of learning.

## 6. Reference Documents

- 6.1 The Australian Council on Healthcare Standards (ACHS), The ACHS EQUiP6 Guide, Part 2 – Accreditation, standards, guidelines. 2016, Sydney, Australia.
- 6.2 Taylor MJ, McNicholas C, Nicolay C, et al. BMJ Qual Saf 2014; 23: 290–298.

## 7. Attachment

Appendix: Quality Improvement Plan

