



AAQHC Newsletter

A Voice for Safety and Quality

JULY, 2020

Contact us at
aaqhc@aaqhc.org.au

President's Message

Dear Members

AAQHC is here to support you, and we are working hard to be the trusted, reliable and relevant resource for quality and safety professionals. The AAQHC is a membership-based organisation working to improve health outcomes for the community.

Focused on safety and quality, we build the skills and careers of healthcare professionals through training and accreditation. We help our members to share expertise, ideas and experiences.

During this stressful time, it is important that we look after our mental health as well as our physical health. If you need any assistance please do not hesitate to contact AAQHC.

We congratulate you on the work you undertake on a daily basis to build a safer and stronger health system.

Our Newsletter contains information on courses and webinars that may assist you at this time, and brings you the latest information for the past two months.

On behalf of the Council I wish you all well and keeping safe.

Cheers

Robyn Quinn
President

AAQHC Member Benefit

Only days to go!

Applications must reach the AAQHC by **Friday 31st July 2020**.

In previous Bulletins and Newsletters, the AAQHC heralded plans to offer a scholarship to AAQHC members to complete the **Quality System Roadmap Course** provided by Dr Cathy Balding.

We are pleased to announce **two** scholarships are available to AAQHC members!

Simply apply via the instructions below for your opportunity to win!

As a reminder: the successful course pulls together all the essential elements of effective change and high performance that Cathy has learnt and experienced.

The course includes:

- Five short online modules in six actions and six accelerators for building a strategic quality system.
- **A QSR Resource Pack** including:
 - the course slides
 - summary sheets for each module
 - the eBook version of *The Point of Care* (which tells the story of how one leader used the QSR to take an organisation from ordinary to extraordinary)
 - one-page Strategic Quality System Model
 - one-page Quality System Performance Assessment Tool
 - Certificate of Completion.

Plus, receive a bonus:

- Strategic Quality System Framework Structure Template,
- Quality System Manager and Director 'Must Haves', and

- get access to a one-hour webinar with Cathy on Frequently Asked Questions about the 'Twin Towers' of strategic quality system success: 'Motivation and Measurement'.

Note:

AAQHC will recognise completion of this course for our credentialing program to Associate or Fellow status.

“Quality in a service or product is not what you put into it. It is what the client or customer gets out of it.”

~ Peter Drucker

What you need to do:

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Who can apply?

- Members of the AAQHC, and
- Are **currently employed** in a position that has responsibilities for safety and quality and / or accreditation.

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2. The successful applicant will be notified via email from the AAQHC and announced in the September 2020 AAQHC newsletter.
3. Within 14 days of completing the course the successful applicant **will be required to submit a summary report** outlining the benefits gained from undertaking the course, including any new directions that would be of interest to members.

The report will be published in the November 2020 AAQHC newsletter.

Note:

- The Course registration is to the value of **\$197 (plus GST)** which the AAQHC will provide. Any other costs are not included.
- Applications will be judged by members of the AAQHC Council.
- No enquiries will be entered into, the decision of the judging panel will be final.
- If completion of the course does not occur, or a report is not received for publication, a full refund will be required to be paid to the AAQHC.
- Completion will support eligibility for Associate Fellow of the AAQHC.

AAQHC WEBINARS

Are you committed to the improvement of quality and safety in healthcare?

Then hold the dates for the next free webinars!



Topic	Date
<p>*** Back by popular demand!</p> <p>Demystifying NSQHSS Standard 5: Comprehensive Care</p> <p>Recent satisfaction results show 100% satisfaction rate from those who attended this webinar.</p>	14 th August 10:30am EST
<p>*** New</p> <p>Facilities Management – the NSQHSS now has specific actions related to facilities management, not only for NSQHSS 1 but for standards 2 - 8.</p> <p>Understand the direct and indirect associated actions that you might need to consider for evidence requirements.</p>	21 st August 10:30am EST

Register at aaqhc@aaqhc.org.au

AAQHC Non-member rate \$25.00

Australia's Health

AAQHC doesn't have to tell its members we work in one of the best health systems in the world!

Australia's health 2020, the Australian Institute of Health and Welfare's (AIHW) 17th biennial report on the health of Australians has been released and it tells us Australia performs as well as or better than many other comparable countries on selected measures of health such as life expectancy.

Australia's health also serves as a 'report card' on the health of Australians by looking at how we are faring as a nation. As health professionals, we know many Australians come in contact with the health system, a system which is complex and is often under significant stress.

The report serves as a reminder of how well we fair, but does demonstrates more work is yet to be done. Often, people living in rural and remote and/or lower socioeconomic areas, people with disability, and Aboriginal and Torres Strait Islander people experience higher rates of illness, hospitalisation and death than other Australians.

This report references data that occurred before the 2019-20 summer bushfires and the COVID-19 pandemic. AIHW Deputy CEO Mr. Matthew James says 'More than any other event in recent history, the pandemic has led Australians to focus on our health, the health of our families and communities, and demonstrated the importance of the health system.'

Australians are living longer - life expectancy for males born in 2016 - 2018 was 80.7 years and 84.9 years for females, this is up from 55.2 and 58.8 years, respectively, for those born in 1901 - 1910.

Some top-level data:

There were 11.5 million hospitalizations' in 2018/19
6.9 million in public hospitals; 4.6 million in private hospitals.

1 in 6 women and 1 in 16 men have experienced physical or sexual violence from a current/previous cohabiting partner.

Coronary heart disease death rate has fallen 82% since 1980 but it is still the leading single cause of death.

3 in 10 Indigenous Australians had an Indigenous-specific health check in 2017-18, nearly triple the rate in 2010-11.

The full report can be accessed [here](#).

Letting Go of Low Value Safety Procedures

Listen [here](#) to an interview between Dr Deborah Debono Senior Lecturer in the Centre for Health Services Management, University of Technology Sydney (Lead researcher for In the Name of Safety – Australia) and Dr Norman Swan from the ABC Health Report who discuss how Australian healthcare workers operate under an increasingly heavy load of rules and regulations designed to ensure patient safety, but researchers are looking to identify which practices are actually necessary, and which only create one more demand to juggle.

Coronavirus Information Links

Keeping up to date with the latest news on Coronavirus can be difficult, however, the following links may be useful:

Australian Government Department of Health

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

ACT

<https://health.act.gov.au/public-health-alert/updated-information-about-covid-19>

NSW

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>

VIC

<https://www.dhhs.vic.gov.au/coronavirus>

TAS

https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus

NT

<https://health.nt.gov.au/news/coronavirus>

SA

<https://health.nt.gov.au/news/coronavirus>

WA

<https://www.healthywa.wa.gov.au/coronavirus>

Latest News from the Commission

Use of face masks in the community to protect against COVID-19

The Australian Commission on Safety and Quality in Health has developed new resources to provide guidance to consumers on the use of face masks to protect against COVID-19. This is on the basis that wearing a face mask is now recommended by Australian health experts in areas where community transmission of COVID-19 is high and or if physical distancing is not possible.

Please refer to the following fact sheets which are available via the Commission's web site:

[Fact sheet on COVID-19 and face masks for consumers](#)
[FAQs on community use of face masks.](#)

Review of the Antimicrobial Stewardship Clinical Care Standard – 2020

The *Antimicrobial Stewardship Clinical Care Standard* and indicator set is currently being reviewed. It is expected the updated version will be available in late 2020 or early 2021. The review will consider any changes in guidelines or quality improvement priorities since the first version was published in 2014.

Feedback from clinicians, health service organisations and consumers will also be considered as part of the review.

If you have any comments or suggestions about the current *Antimicrobial Stewardship Clinical Care Standard* or indicators in relation to the review, please email ccs@safetyandquality.gov.au.

Attestation Statement

Health service organisations are required to submit an attestation statement annually between 1 July and 30 September. During this period of [extraordinary measures](#) enacted in response to the COVID-19 pandemic, submission of an attestation statement **is still required**.

The attestation statement is confirmation that an organisation's governing body has fulfilled its responsibilities in relation to Actions 1.1 and 1.2 of the NSQHS Standards (second edition). Further information on submitting an Attestation Statement can be found in [Fact sheet 7: Governing body attestation statement](#).

Review of the Delirium Clinical Care Standard – 2020

The Delirium Clinical Care Standard (2016) and indicator set is currently being updated. It is expected the updated version will be available in late 2020 or early 2021. The review will incorporate any changes in guidelines

or quality improvement priorities since the first version was published in 2016.

Feedback from clinicians, health service organisations and consumers will also be considered as part of the review.

If you have any comments or suggestions about the current Delirium Clinical Care Standard or indicators, please email CCS@health.gov.au.

Diversity and My Health Record

The Commission has updated two of its definitions relating to Diversity and My Health Record. Associated policies should reflect these current definitions.

Diversity

Superseded: The varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, religions, beliefs, practices, languages spoken and sexualities (diversity in sexualities is currently referred to as lesbian, gay, bisexual, transgender and intersex, or LGBTI).

Updated: The varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, disability status, religions, beliefs and practices, languages spoken, sexual orientation, gender identity and gender expression, and sex characteristics.

My Health Record

Superseded: My Health Record (formerly known as a personally controlled electronic device): the secure online summary of a consumer's health information, managed by the System Operator of the national My Health Record system (the Australian Digital Health Agency). Clinicians are able to share health clinical documents to a consumer's My Health Record, according to the consumer's access controls. These may include information on medical history and treatments, diagnoses, medicines and allergies.

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Medication Management in Cancer Care

The Commission has just released a new audit tool which enables a self-audit of medication management in cancer care available [here](#).

This tool covers assessment of systems and processes associated with nursing, pharmacy and medical oncologists and hematologists, and cross references to associated NSQHSS actions.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights resources including digital files are available to download [here](#) and the top tips digital resources are available [here](#).

These files can be displayed on TV monitors in foyers and waiting rooms to ensure consumers continue to have access to important health information. There are several file types available for various screen resolutions including 5K, UHD and FHD.

New resource My Healthcare Rights – a guide for people with cognitive impairment

The Commission has released an easy English Guide about healthcare rights for people with cognitive impairment to get good health care. The guide can be downloaded [here](#).

Three New Articles Reviewed

The [article](#) “Maximising the value of clinical registry information through integration with a health service clinical governance framework: a case study” *Australian Health Review*, 2020, 44, 421 - 426 makes for good reading.

The NSQHS standards require a clinical governance system to be in place as with effective use of clinical data to drive continuous improvement.

Clinical registries are playing a much more important role in continuous improvement in terms of their value in understanding clinical performance outcomes. The writers found in this study that clinical registry data has traditionally been used at a unit level, however with more focus on understanding variation (NSQHSS action 1.28) mechanisms to systematically incorporate this information into clinical governance monitoring systems is variable or often lacking.

This paper provides a case study of a large public health care organisation in Australia which, through a systematic approach, was able to better to engage clinicians through incorporation of registry data into their clinical governance systems leading to more collaborative engagement in continuous improvement.

The authors noted that “clinical engagement and medical leadership was critical to the development of this initiative.” The article includes the steps taken to ensure that valuable clinical information is recognised and used for the benefit of patients and the organisation.

Two important reads on Advanced Health Directives

My Life My Choice – Report of the Joint Select Committee on End of Life Choices and Ministerial Expert Panel report on Advance Health Directives available from <https://www.parliament.wa.gov.au/>.

While the following findings relate to **Western Australia** there could be similarities for other jurisdictions.

Key findings include:

- There is a very low uptake of advance health care planning instruments in Western Australia. This is due, at least in part, to poor understanding amongst health professionals and the general community.
- There are many reasons why there is low uptake of advance care planning instruments, not least of which is the natural reluctance to contemplate our own frailty and mortality. In addition, advance care planning can be a lengthy process and health professionals may be unprepared to talk about death and dying with their patients. There is widespread evidence that the community and health professionals do not understand advance care planning, particularly legally binding instruments.
- Advance care plans and Goals of Patient Care are valuable tools to assist individuals to plan for future care, and they might be evidence of a verbal common law advance health directive, but they are not legally binding and do not ensure a person's preferences can be honoured during any period of temporary or permanent impaired decision-making capacity.
- Some health providers are promoting non-binding 'advance care plans' over legally binding advance health directives, and others are, for various reasons, failing to honour express health care preferences contained in valid AHDs.
- The current template for statutory advance health directives and supporting information is difficult for individuals to complete and can be difficult for health professionals to interpret.
- The current template suffers from a lack of guidance for people completing it. In other jurisdictions, examples are provided. Some of these medical conditions and treatments include but are not limited to: dialysis, antibiotics to treat infections (such as pneumonia and UTIs); blood transfusions; chemotherapy; radiation therapy; intensive care; intubation; invasive and non-invasive ventilator support; the activation (and de-activation) of electronic device implantation for heart failure; transplantation; nasogastric or PEG feeding; CPR and lifesaving surgery; receiving pain relieving medication which may also have significant sedating effects and receiving only comfort care.
- Lawful advance health directives are not stored centrally and are not readily accessible to health professionals when required.

An International View

Sachin H. Jain is an American physician who held leadership positions in the Center for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology. From 2015 to 2020, he served as president and chief executive officer of the CareMore Health System.

His view on lessons learned trying to make healthcare better can be seen [here](#):

1. Things are the way they are because someone wants them to be that way.
2. It's easier to write and talk about fixing things than it is to actually fix them.
3. Engaging multiple perspectives doesn't mean that all perspectives matter equally.
4. Using your own experiences is often a poor way to design healthcare.
5. Outsiders are worshiped in healthcare and kicked on their way out.
6. Your corner of the world isn't the only one that matters. Patience pays.
7. Shared savings isn't always the answer. Not everyone wants to share.
8. There are very few new ideas, just people who haven't seen them before.
9. When human life and business collides, the rules should be different, but they aren't always.
10. Everything takes longer than it should.
11. The most important asset in most organisations isn't the "intellectual property." It's the people.
12. As in life, who you know may be just as important as what you know.

TGA Review of face masks and respirators

Day Hospitals Australia has advised through its newsletter that a significant number of new suppliers of face masks, respirators and other personal protective equipment have emerged in Australia during the COVID-19 pandemic.

The Therapeutic Goods Administration TGA has published a number of fact sheets regarding these products on its website www.tga.gov.au to

provide clarification about labelling, quality, re-using and sterility requirements.

Concerns about products purchased should be directed to the TGA via postmarketdevices@health.gov.au with as much information as possible, including ARTG number; Australian supplier and manufacturer details on the product; date of supply; Images of the product.

The TGA is undertaking a post-market review of face masks included in the Australian Register of Therapeutic Goods (ARTG). [This page](#) lists all face masks that have been cancelled from the ARTG during the review.

For general information about the review, including guidance for suppliers and users of face masks, see [here](#).

Health and other Forums

Healthcare Leaders Forums

The [Healthcare Leaders Forum](#) has recently secured the involvement of two highly relevant keynote addresses, from Dr Jerome H Kim, Director General, International Vaccine Institute (KOR) and Robert Morris, Chief Technology Strategist, Ministry of Health Office for Healthcare Transformation, Singapore (SNG).

They will be joined at the Forum by Hans Erick Henriksen, Chief Executive Officer, Healthcare Denmark (DNK) and Kalle Killar, Deputy Secretary General E-Services and Innovation, Ministry of Social Affairs, Estonia (EST). **21–22 October 2020, ICC Sydney Register [here](#).**

10th Annual Australian Healthcare Week

After careful consideration we have made the decision to postpone AHW until 2021. [You can read the full event announcement here.](#)

The event is now taking place 17-18 March 2021, at the International Convention Centre, Sydney.

2020 National Live Webcast Series



2020 national live webcast series 

Wed 12 August 2020, 12.00–1.00pm AEST **Free to attend for ACHSM members**

Live via your desktop, laptop, smartphone or tablet

Implementing the National Safety and Quality Health Service Standards, before, during and after COVID-19

Guest speaker: **Margaret Banks**,
National Standards Program Director,
Australian Commission on Safety and
Quality in Health Care

Register at achsm.org.au/events



Latest News from Aged Care

New Research

The Royal Commission into Aged Care Quality and Safety has released new research by Flinders University showing Australians strongly support increased funding to ensure universal access to high-quality aged care services in the future.

The research is the first of its kind internationally and was conducted for the Royal Commission. Based on a survey of 10,000 adults not currently using aged care services, its findings are presented in *Research Paper 6 – Australia’s aged care system: assessing the views and preferences of the general public for quality of care and future funding*.

Read the [research paper](#) on the Royal Commission website.

Coronavirus (COVID-19) wearing personal protective equipment in aged care video

Alison McMillan, Australia’s Chief Nursing and Midwifery Officer, demonstrates how to wear personal protective equipment (PPE) for aged care workers.

See the video [here](#).

Fact Sheet on Industry Code for Visiting Residential Aged Care

The Aged Care Quality and Safety Commission has released a new fact sheet on the *Industry Code for Visiting Residential Aged Care Homes during COVID-19*.

The fact sheet provides further explanation of the new Code, including how it complements the existing regulatory framework.

The Code sets out the aged care industry’s expectations on how to support residents receiving visitors while also keeping them safe and protected during the COVID-19 pandemic.

You can [download the fact sheet](#).

Translated versions of the *Industry Code for Visiting Residential Aged Care Homes during COVID-19* are being made available on [the department’s website](#) - 18 language translations will be available.

Nominations are now open for the 2020 Future of Ageing Awards

The Future of Ageing Awards recognise leadership and innovation across Australia’s aged care industry. These dynamic awards bring together aged care providers, industry suppliers and other organisations driving change to improve the lives of ageing Australians. For information see [here](#). Closing date of **Friday, August 7, 2020**.

Reduce inappropriate use of antipsychotics and benzodiazepines in residential aged care

AAQHC understands and supports using restraint in an aged care setting as a last resort. The Australian Government Department of Health has recently updated its page on the legislation for minimising restraint and offers a range of resources available to support a person-centred approach for managing the behaviours and psychological symptoms of dementia.

The Department recently finalised a quick reference infographic for personal care workers and families/decision makers to reduce inappropriate use of antipsychotics and benzodiazepines in residential aged care.

The range of support material can be downloaded [here](#).

Aged Care State and Territory Emergency Contacts

Age Services should inform the Federal Department of Health of any confirmed COVID-19 cases via agedcareCOVIDcases@health.gov.au – this will facilitate Australian Government support for PPE and staff supplementation.

The Department can help with information on resources to manage an emergency or service delivery issues. If providers need urgent assistance outside of normal business hours the department can be contacted in the relevant state on:

- Victoria / Tasmania - 1800 078 709
- New South Wales / Australian Capital Territory - 1800 852 649
- South Australia - 1800 288 475
- Queensland - 1800 300 125
- Western Australia - 1800 733 923
- Northern Territory - 1800 355 348

For Nurses and other Health Practitioners

Have your say on recency of practice

The Nurses and Midwifery Board of Australia (NMBA) has opened public consultation on the proposed revised *Registration standard: Recency of practice*.

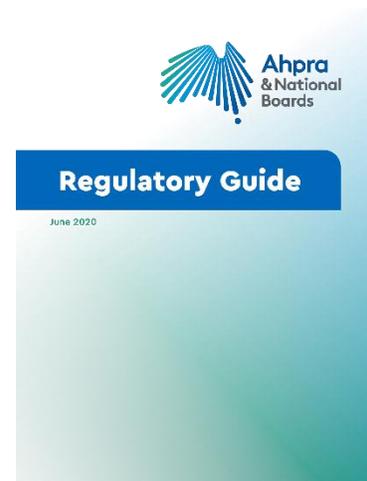
The proposed revised standard gives practitioners more flexibility to meet the recency of practice requirements: these can now be met over two, three or five years. This aligns the NMBA with other national boards and international regulators.

The proposed revised standard incorporates changes to recency of practice requirements for recent graduates, clarity for deferred graduates and for those who have been absent from the profession for 10 or more years.

To have your say, please visit the [Current consultations](#) section of the NMBA website to read the proposed standard and the public consultation paper, before responding to the feedback questions via the online survey link. The consultation closes on **Monday 31 August 2020**.

The Australian Health Practitioner Regulation Agency (AHPRA)

AHPRA has recently released the Regulatory Guide which sets out how AHPRA and the National Board manage notifications about health, performance and conduct of practitioners under Part 8 of the National Law. The Regulatory Guide can be downloaded [here](#).



As a reminder!
Recent AAQHC Bulletin Articles

June #1 Bulletin

Webinars Reminder

June # 2 Bulletin

A popular resource gets a makeover

The Blood Book: Australian Blood Administration Handbook replaces the much-loved Flippin' Blood and has all you need to help with safe bedside transfusion practice.

Launched on International Nurses Day, Tuesday 12 May, the Blood Book is a clinical go-to resource for nurses, but is also used extensively in labs as an addition to the Blood Component Information (BCI) booklet.

You can download a copy [here](#) or to enquire about ordering a hard copy, send an email to BloodBook@redcrossblood.org.au.

Commission Advice - Safe care for people with cognitive impairment during COVID-19

During COVID-19, people with cognitive impairment may find hospital even more frightening than usual. At this time, clinicians and visitors are using personal protective equipment (PPE) and as we know, there may be restrictions on family and carers who are usually there to support them.

The Australian Commission on Safety and Quality in Health Care has developed [new resources](#) to support health service organisations to provide safe care for people with cognitive impairment during COVID-19.

The resources include a [fact sheet](#) for clinicians and a [poster](#) which provide an important reminder of key actions in the National Safety and Quality Health Service (NSQHS) Standards that remain crucial at this time.

These key actions include:

- Goals of care discussions with the patient, support person or, if required, the substitute decision maker;
- The involvement of carers;
- Delirium prevention strategies; and
- The use of antipsychotics only as a last resort.

To reduce the risk of harm, it is important that clinicians continue to use the strategies of their hospital or health service organisation to keep people with cognitive impairment safe.

June #3 Bulletin **New! – Quality System Roadmap Course**

Great offer to AAQHC members for the online course developed by Dr Cathy Balding that pulls together all the essential elements of successful change and high performance that Cathy has learnt and experienced.

Just click on the [link](#) for full registration details.

June #4 Bulletin **Serious Incident Response Scheme (SIRS)**

“The COVID-19 pandemic is causing untold fear and suffering for older people across the world. Beyond its immediate health impact, the pandemic is putting older people at greater risk of poverty, discrimination and isolation. It is likely to have a particularly devastating impact on older people in developing countries”.

[UN Secretary-General António Guterres.](#)

Coinciding with [World Elder Abuse Awareness Day](#), Senator Colbeck, Minister for Aged Care and Senior Australians, Minister for Youth and Sport announced the introduction of a Serious Incident Response Scheme (SIRS) for residential aged care from 1 July 2021.

Aimed to expand the responsibilities of residential aged care providers in relation to identifying, recording, managing, resolving and reporting assaults and a broader range of serious incidents in residential aged care.

The SIRS will be administered by the Aged Care Quality and Safety Commission.

From the Commission - Latest medicines management resources for COVID-19

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed evidence-based resources for COVID-19, including information relating to medicines.

These resources include:

- a referenced summary of antiretroviral and other treatments being investigated for the [potential treatment of COVID-19](#);
- position statements with information about [recommended and safe use of medicines in patients with COVID-19](#); and
- a [list of links](#) to COVID-19 guidance from Australia and across the global community.

You can contact the Commission’s Medication Safety team at medsafety@safetyandquality.gov.au if you have any questions.

July Bulletin

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Plus, receive a bonus:

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- Quality System Manager and Director 'Must Haves', and

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AAQHC will recognise completion of this course for our credentialing program to Associate or Fellow status.

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- Applications will be judged by members of the AAQHC Council.
- No enquiries will be entered into, the decision of the judging panel will be final.
- If completion of the course does not occur, or a report is not received for publication, a full refund will be required to be paid to the AAQHC.
- Completion will support eligibility for Associate Fellow of the AAQHC.

Competition Update

Unfortunately, the International Forum on Quality and Safety in Healthcare has been postponed until June 2021, however the winner of the AAQHC registration to the 2020 event, Margo Carberry will still be able to take up the offer for the 2021 event.

July #2 Bulletin

Only days left to apply for AAQHC Member Benefit

Australian College of Nursing Affiliation

AAQHC has established an affiliation with the Australian College of Nursing.

The benefits to AAQHC members through ACN Bronze Affiliation include:

- Discounted Affiliate membership rate for all nurse employees/members (a saving of \$78 per *General* membership).
- 5% discount on all CPD courses.
- Partner logo on ACN Affiliate webpage.

As part of the affiliation the AAQHC receives an Affiliate Newsletter, you can access it [here](#).

The ACN asks if you or your colleagues have any stories that you would like to share with them in light of COVID-19 for promotion in ACN publications, please get in touch with them to profile these nurses and help raise the voice of the profession even further.

The ACN has also released living guidelines for the clinical management of COVID-19 that are evidence based can be found [here](#). These are reviewed and updated where necessary weekly.

Applying for Fellow or Associate Fellow Credentialing

**Applications are now being accepted for the program in 2020.
This is a great way to receive recognition for your role in quality.**

Have you considered how an Associate Fellowship or Fellowship could boost your career and professional development in safety and quality?

AAQHC's credentialing program is unique to professionals working in the Australasian health care, aged care, community, general practice and mental health sectors.

Our program supports quality managers and health professionals with an interest in or responsibility for safety and quality programs.

Visit our web site for application details including criteria for assessment.

Take the challenge and reap the rewards!

In recognition of the vital role of safety and quality professionals in health systems the AAQHC credentialing program which is *unique* and *Australian designed*, provides for personal recognition at Associate and Fellow levels. The objective of both awards is to increase the recognition and value of these safety and quality roles.

Current and new members are eligible to apply for credentialing as a Fellow or Associate Fellow.

Go to <https://www.aaqhc.org.au/> click on the Credentialing tab and you will find all that you need to know about becoming a Fellow or Associate Fellow.

If you would like more information, please contact aaqhc@aaqhc.org.au and one of the Credentialing committee members will contact you.

How to Access the Forum Page on the AAQHC Website

- Go to the Membership tab and click Member Log in,
- After logging in,
- You will then see the Forum tab in the upper left corner,
- Click on this tab you will be able to access the slides from webinars as well as the CEC access addresses.

Promoting Your Quality Initiatives – Publish in the AAQHC Newsletter

Publication of articles in the AAQHC Newsletter is a great way to promote quality initiatives that have made a difference to the patient/consumer and/or family and promote your/your team's great work to a wider audience.

The Newsletter is a mechanism to share ideas between staff involved in quality across Australasia, however it needs your input to be successful.

If you have a great idea, thoughts on patient safety/quality and or an example of a quality initiative, put pen to paper and send it through to the following address: newsletter@aaqhc.org.au

Disclaimer

The AAQHC endeavours to ensure all information in this newsletter is correct at the time of publication. Where information may not be current the AAQHC sincerely apologises.