



AAQHC Newsletter

A Voice For Safety and Quality

NOVEMBER, 2020



AAQHC President's Report 2020

The year 2020 (our 30th Year) has seen many changes; for AAQHC it started with the Council having a Strategic Planning day for events that would occur during the year and a vision for 2020. These plans were changed in a hurry with COVID-19 in Australia and subsequent lock-downs in various States. We are reaching the end of the year and we are all having to make adjustments to live with this virus.

As we have all become adjusted to using the computer and its various programs for communication we have managed to stay connected with webinars, the Newsletter and Bulletins to ensure all are kept up to date with the constant changes occurring in health and aged care. This includes the cessation of accreditation surveys and activities associated with it.

The webinars have been well attended and I would like to thank Sandy Thomson for her hard work in presenting these and for her work as Registrar of the Professional Development Advisory Council (PDAC). We have had several Fellows admitted this year and I would like to congratulate them and recognise their commitment to the AAQHC.

We have continued our relationship with the Australian College of Nursing which gives all our members access to their courses and CPD points. These courses are available online, so accessible from any location.

I would like to thank the Council for their involvement and input during the year, in particular Kay Richards for her diligent work as Secretary and producing the Newsletter and Bulletin. She has made my role so much easier. Kay will continue as Secretary in 2021 but to assist with workload we have outsourced the development of the Newsletter and Bulletin for 2021, so you will see some changes in the format and presentation. Any changes will be based on feedback following the member survey we recently conducted.



Contact us at

aaqhc@aaqhc.org.au

We also surveyed members earlier this year to better understand accreditation preparedness and we were able to pass the findings to the Australian Commission on Safety and Quality and the Australian Council on Healthcare Standards.

We thank members who participated in these surveys, your involvement ensures we represent your views to where and to who it matters.

Our website has been updated for ease of use by all and we encourage you to visit it for the latest updates on issues and trends in quality and safety.

I hope all of members continue to stay safe and we look forward to 2021.

Robyn Quinn
President



“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

Council Members 2021

Following the AAQHC AGM this month, we welcome a new Council member for 2021/22:

- Jane Early who is based in NSW.

Continuing Council members are:

- Robyn Quinn – President
- Kay Richards – Honorary Secretary
- Robert Griffin – Honorary Treasurer
- Sandy Thomson – Registrar Professional Development and Credentialing
- Chris Cullen
- Nicole Grose
- Karen Mardegan
- Amanda McMaster
- Kathleen Ryan

Professional Development and Credentialing Report

Council has continued to support the Credentialing Program as being a key service for AAQHC and its members. While international programs exist, the AAQHC program is a unique Australian product developed and implemented to recognise the skills and competencies of Quality Managers and health professionals with an interest in, or responsibility for patient safety.

Considering the challenges of COVID -19, the Credentialing Program is now using an electronic approach to manage applications. Exams are no longer held; members are required to provide a conversation piece on a contemporary health related topic along with evidence of skills and competencies.

In 2020 the criteria for Fellowship and Associate Fellowship was again reviewed and adjusted to meet a wider variety of members with our focus now extending into aged care and NDIS.

Five new Fellows have been appointed in 2019-20 and a recent survey of members confirmed that this award is still seen as being highly beneficial.

Applications are encouraged for Associate Fellow and Fellow and I look forward to receiving these in the coming year.

Sandy Thomson
Registrar AAQHC

Annual Finance Report for year ending June 2020

The audited accounts were circulated prior to the AAQHC AGM for members to review.

In summary:

- The Association has made an income of \$89,830.35 and has incurred expenses of \$17,700.85
- The income reflects the monies received from the Victorian Association. This is a once only donation.
- Membership fees raised \$10,670.00
- The net income for the year was \$75,922.34
- The Balance Sheet shows the AAQHC equity as being \$193,768.68

This is a pleasing result and indicated a turnaround from the losses made in the last few years. As always, maintaining and increasing our memberships is vital to our financial health.

The budget for the current financial year to June 2021 is based on a projected income of \$24,200 and expenses of \$14,600. Projected net income is \$9,600.00.



My thanks to the auditor (Andrew Clifford of Scanlon Richardson Accounting, Hobart) and to Carolyn Foster for her excellent booking keeping on behalf of the Association. A recommendation to re-appointed Mr Clifford as the auditor for AAQHC was accepted at the AGM.

Dr R C Griffin
Honorary Treasurer
November 2020

Work of the Association

On behalf of members, and to ensure good governance the AAQHC Council were able to review the following documents:

- Strategic Plan
- Application Pack for Fellowship Credential
- Application Pack for Associate Fellowship Credential
- Governing Body Manual
- Privacy Policy
- Website and Advertising Policy
- Annual Report.

In addition, promotional materials were designed to support membership recruitment and compliment the new website design.

An Audit Schedule has been developed to ensure the above documents remain contemporary and relevant.

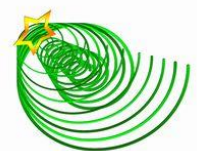
Newsletters were published 2nd monthly and numerous Bulletins were published each month and a schedule has been developed to ensure these member benefits are distributed on a regular basis.

A variety of Scholarships were offered to members during the last year, which provided the successful applicant an opportunity to extend their skill and knowledge.

A range of correspondence was dealt with to ensure the smooth running of the Association.

As required by the AAQHC Constitution, the AGM and accompanying papers were provided to members. Council meetings were also scheduled with appropriate Agenda and Minutes recorded.

Kay Richards
Honorary Secretary



Strategic Planning 2021

The Council are considering the best way to schedule the annual planning day for 2021 given the uncertainty of interstate travel.

Regardless of how the meeting might be held, Members are encouraged to submit any suggestions on activities or initiatives they would like to see progressed.

AAQHC welcomes its new 2020 champions in quality and safety.

At the AGM two new Fellows were recognised for their achievements in quality and safety:

- Dale Pugh – Western Australia
- Mary Miller – Western Australia





A Good Read

Health Services Patient Safety: A Priority with Multiple Dimensions

This report provides an overview from the results of two surveys by ISQua and the International Hospital Federation (IHF) which was designed to frame the World Health Organisation (WHO) Global Consultation on Patient Safety held from 24 to 26 February 2020.

These two surveys focused on patient safety frameworks. 78% of respondents indicated that a national policy for patient safety has been implemented. The importance of having an objective and external assessment regarding quality and patient safety processes was consistently raised.

Impacts of COVID also formed part of this first survey grouping. 65% believed there were gaps in the frameworks. These mainly related to measurement and evaluation processes, as well as to a better implementation of a safety culture.

The second of the surveys was undertaken by ISQua and related to knowledge of incident management systems. Again, this involved 2 surveys with 19 respondents for each, with Australia again participating.

The results from both surveys showed that while most organisations do have some sort of Incident Reporting System in place, there is a drop in teaching and informing the staff about the incidents, and in including and informing patients of the outcomes.

Of interest, was only 73% have an associated learning process, and not enough post incident learning to reduce the frequency of specific incidents.

The article can be accessed [here](#).



System governance towards improved patient safety: Key functions, approaches and pathways to implementation
[OECD Health Working Papers No 120 Published September 2020](#)

Key Findings

1. There is no ideal patient safety governance model. It is more important that patient safety governance
 - (a) complements overall health system governance and financing, and
 - (b) aligns its individual components and functions.
2. The scope of patient safety governance should include all healthcare settings.
3. Safety governance should foster continuous learning from both harm and success. The focus should broaden from reacting to harm to risk assessment and management.
4. The basis of safety governance must be what is best for the patient, whose perspective should be included in the design, implementation and execution of governance models.
5. Governance should foster a culture of openness and trust among health professionals and regulators.
6. Safety governance should align with, and influence other policy areas, notably data privacy/security policies and workforce preparedness.
7. Safety governance should encourage health care financing and investment that result in a better balance between costs made to address errors (failure costs) with costs to prevent errors (prevention costs). Likewise, payment systems should reward good patient safety and punish poor patient safety.
8. Political leadership should include patient safety among the top priorities in its health policy agenda.

Take the Patient Safety Test

The Institute for Healthcare Improvement (IHI) has released a self-assessment tool to assess patient safety awareness in health care organisations.

This should be undertaken using the *Safer Together: A National Action Plan to Advance Patient Safety*.

This would also assist with evidence requirements for NSQHSS Action 1.1.

These documents can be found attached to the email circulating this newsletter.



Good news about dogs and the pandemic

Recently the AHHA Healthcare in Brief (Sept 2020) published some rare good news on COVID-19; humankind's most loyal friend, the dog, is helping to sniff out COVID-19 in Finland.

Seems they only take 10 seconds to say woof or nay, and are nearly 100% accurate.

Four Covid-19 sniffer dogs have begun work at Helsinki airport in a state-funded pilot scheme that Finnish researchers hope will provide a cheap, fast and effective alternative method of testing people for the virus.

A dog is capable of detecting the presence of the coronavirus within 10 seconds and the entire process takes less than a minute to complete, according to Anna Hielm-Björkman of the University of Helsinki, who is overseeing the trial.

"It's very promising," said Hielm-Björkman. "If it works, it could prove a good screening method in other places" such as hospitals, care homes and at sporting and cultural events.

[See more.](#)

Deeble Institute for Health Policy Research

[*Rpavirtual: A new way of caring*](#)

The RPA Virtual Hospital, known as rpavirtual, is a new model of care which combines Sydney Local Health District's (SLHD) integrated hospital and community care with the latest digital solutions.

rpavirtual was launched in early 2020 as an alternative, sustainable solution to increasing demand for healthcare in Sydney, where it acts as a bridge between hospital specialist services and patient care in the community.

[*International recommendations for a vascular access minimum dataset: a Delphi consensus-building study*](#)

This study enables the development of a minimum data set to support collection of relevant, useful and meaningful data. Use of a standardised approach will also support benchmarking.

What rules apply in my state or territory for COVID-19 Work Health and Safety?

[Safe Work Australia](#) has state and business specific information, tools and resources in a central hub including WHS duties, risk assessments, physical distancing, cleaning, hygiene and mental health.



Effective Communication – [critical to support shared decision making](#)

Mackie BR et al., Australian Critical Care

Application of the **READY** framework supports effective communication between health care providers and family members in intensive care.

Application of the **READY framework** supports effective communication between health care providers and family members in intensive care.

The authors determined that the **READY** framework allows organisations to prepare themselves to deliver information in a supportive family-focused manner to minimise the distress, anxiety, and depression associated with receiving distressing information.

READY MNEMONIC



University of Kent

iHV Institute of Health Visiting
Excellence in Practice

Delivering different news

Are you READY?

This mnemonic supports the delivery of different news and is for use by any professional with this responsibility e.g. obstetricians, paediatricians, midwives, sonographers. This is a challenging task for the professional at a very traumatic time for parents. Taking an evidence-based approach can have both short term and long-term positive impact for parents. A lack of preparation may leave parents re-experiencing that moment in a traumatic way for many years after. Note: this tool is designed to underpin the study intervention. It will be subject to version changes as the research study progresses.

Right Language
Have you found the right words using plain language that parents will understand? Is the message balanced in what it conveys?
Have you thought about how you will pace yourself when you deliver the message?
When you think you have the words ready - stop, reflect and imagine yourself as the parents. Are the messages in the order you would wish to hear them?

Environment
Is the most appropriate environment? Is the physical, social and emotional space conducive to delivering different news?
Does it offer sufficient comfort, privacy and freedom from interruption?
Will both parents be present and who else should be there?

Assessment
Have you undertaken an assessment of parent readiness and your own readiness to engage in delivery the news?
Are there any immediate medical concerns for the mother or the baby?
Can the timing of delivery of the news be optimised?

Do your preparation
Are you prepared? Have you read the medical records and liaised (if necessary) with other professionals?
Have you checked availability of local or national support?
Have you checked if someone is available to stay with the parents if needed?
Are you confident that you can finish the conversation without being called away?

You have one opportunity at delivering different news – **BE READY**
Remember that you are central to the safe delivery and receipt of potentially life-changing news.
You are about to create a memory that will be revisited in the lifetime of the family.
How do you want this moment to be remembered by the family?

Version 1 - August 2018

Institute of Health Visiting, c/o Royal Society for Public Health, John Snow House, 59 Mansell Street, London E1 8AN

Supported by:
NHS
Health Education England

Team-based models of care – it's time to make it work for patients

'Providing high quality, co-ordinated care for people with complex chronic diseases is an ongoing challenge' says Alison Verhoeven, Chief Executive of the Australian Healthcare and Hospitals Association (AHHA).

'While the need for team-based models of care has been promoted for decades, our health system is still facing challenges in operationalising them'.

AHHA's new report '**Enabling person-centred, team-based care**' outlines a plan for implementing person-centred, team-based care in Australia.

To implement person-centred, team-based care effectively, action is needed in some key areas:

- Population health planning and data driven models of care, with practices and services engaged in this process at the local level.
- Clinical governance, with frameworks that span and link jurisdictional and professional boundaries, and provide local ownership and shared agreement of the care to be provided.
- A cultural shift towards person-centred care, with purposeful and active inclusion of the patient, family and carers as essential components of the team.
- Person-centred data and interoperable technology, with the use of indicators and measures embedded in clinical workflows, enabling real-time, shared goal-setting and decision-making with the patient and across sectors.
- Investment in physical infrastructure, creating environments where teams can share and collaborate.
- Workforce development, fostering capabilities such as in co-design, data analysis and quality improvement, and technology that supports team-based care, with student placements available to experience how high-functioning team work.
- Funding models, which incentivise the use of indicators and measures in routine clinical practice, support participation in population health planning, and provide greater flexibility in how teams achieve the desired outcomes.

'Amidst the challenging circumstances created by the COVID-19 pandemic, now – more than ever – it is increasingly important for the system to enable teams to effectively come together to meet the unique needs of each patient.' says Ms Verhoeven.

The report, **Enabling person-centred, team-based care**, is available [here](#).

(Source: The Australian Healthcare and Hospitals Association)



[Outpatient Cancer Clinics Survey](#)

For those of you providing outpatient, day patient cancer care services the 2019 survey results from NSW provides some good reading and will support benchmarking in your own service.

[Aboriginal health practitioners making a difference in South Australia](#)

Heart disease is the number one cause of death in Australia, but the burden of disease disproportionately affects Aboriginal and Torres Strait Islander peoples.

Flinders Medical Centre, South Australia was part of the [Lighthouse Hospital Project](#), an initiative of the Australian Healthcare and Hospitals Association and the Heart Foundation and funded by the Department of Health to improve care pathways for Aboriginal and/or Torres Strait Islanders presenting with coronary heart disease.

Key takeaways

- The Lighthouse Hospital Project aims to reduce the impact and incidence of discharge against medical advice for Aboriginal and Torres Strait Island peoples through better in-hospital and post-hospital cardiac care
- By improving the patient journey of Aboriginal and Torres Strait Islander peoples face a with heart disease, we can enhance their ability to live well and longer.
- Many factors contribute to the negative experiences Aboriginal and Torres Strait Islander peoples feel when in hospital, including racism, discrimination, and cultural insensitivity.



My Health Record System

The [report](#) tabled in Parliament in November 2020 provides a number of recommendations to strengthen the governance of the My Health Record (MHR) system and includes a government response, noting not all recommendations have been supported.

There are two components to NSQHSS Actions 1.17 and 1.18 with a Commission Advisory 18/11 issued August 2020.

Action 1.17 focusses on an action plan to implement MHR whereas 1.18 is about uploads of information by health organisations to MHR and use of MHR by clinicians to assist with diagnostic capacity and capability.

A N/A can be applied for if no uploads are occurring however if you provide access to clinicians then 1.18 applies.

Confirmation should always be obtained from the Commission.

Of note in this report and in the Act is the use of the break glass function in an emergency situation and monitoring of the occurrence of this.

For example, this could occur in an ED where urgent access to MHR is required to obtain health information that may not be available in local records. While the system monitors usage of this facility a health service should also be aware of these occurrences. The other relates to strengthening privacy of information for teenagers.

Standard for Informed Financial Consent

A new standard for [informed financial consent in cancer care](#) has just been released and has been endorsed by Cancer Council, Breast Cancer Network Australia, Canteen, Prostate Cancer Foundation of Australia.

The standard outlines 5 key principles that organisations should adopt and implement. The focus of this standard is also on patients who may be under a public private partnership system of care.

The standard also enables a gap analysis to be completed to establish any improvements that could be made.



Latest News from the Commission

The Commission has released new information on [antimicrobial prescribing](#).

Data from the interactive report can be used by health service organisations, and other clinicians to review rates of dispensing in their local area and compare them with the rates for similar areas.

Noting cross reference to Action 1.28 Variation in clinical practice and health outcomes, the report also helps identify areas that may benefit from further investigation and targeted strategies to improve appropriate prescribing of antimicrobial medicines.

NSQHSS Standard 3 Infection Prevention and Control

Action 3.3 discusses requirements for partnering and shared decision making which can apply for example into why a patient needs to be isolated or the risks and benefits of taking a prescribed antibiotic even for children.

[Chapter 7 \(Involving consumers in antimicrobial stewardship\)](#) focuses on involving consumers in antimicrobial stewardship and provides some excellent tips and resources for improving partnering and shared decision making.

Pressure Injuries – new fact sheet with required actions

The Commission has just released a [new fact sheet](#) for the management of pressure injuries which outlines key actions for all health services to meet.



Latest News from Aged Care

Extended timeline to apply for Business Improvement Fund Grants

Grant opportunities for the [Business Improvement Fund](#) for residential aged care have been extended to 30 April 2021.

Aged & Community Services Australia (ACSA) recently hosted a webinar demonstrating how to access the Business Improvement Fund.

You can [watch the webinar](#), or [view the presentation slides](#).

Providers can apply for funds to improve business operations, support the sale of a facility to another provider, or closure where there are no other options available.

The Business Improvement Fund is designed to support small to medium providers:

- with limited access to other financial support
- facing significant pressures which may impact on care or risk service closure.

For more information visit the [GrantConnect website](#) or email queries to bif@health.gov.au.

Applications must be submitted via GrantConnect by 2:00 pm AEST on **30 April 2021**.

Aged Care Royal Commission COVID-19 report

The Royal Commission into Aged Care Quality and Safety has delivered a special report on the COVID-19 pandemic in aged care, tabled in the Australian Parliament on 1 October 2020, ahead of its Final Report.

Further information is available:

- [Minister Colbeck's media release](#)
- [Royal Commission's special report](#)

Royal commission finds only one-quarter of people in aged care feel needs are met, final hearing approaches

Only a quarter of residential aged care and home care recipients feel their care needs are “always” met, according to a new survey released by the Royal Commission.

[Read more.](#)

A stronger aged care system with a focus on quality care

Record investment of more than \$2.7 billion will continue to drive aged care reform and ensure the needs of senior Australians are prioritised.

Minister for Aged Care and Senior Australians, Richard Colbeck, said the 2020-21 Budget showcased the Morrison Government’s determination to strengthen our aged care system and keep our loved ones safe.

“The Australian Government is listening, acting and working to ensure older Australians are kept safe and quality of care is retained,” Minister Colbeck said.

[Read more.](#)



New quality indicators

Senator the Hon Richard Colbeck, Minister for Aged Care and Senior Australians and Minister for Youth and Sport, has approved new and updated quality indicators.

Following an extensive development process and national trial, these quality indicators will be included in the National Aged Care Mandatory Quality Indicator Program (QI Program) from **1 July 2021**:

Pressure injuries

- percentage of care recipients with pressure injuries, reported against six pressure injury stages

Physical restraint

- percentage of care recipients who were physically restrained

Unplanned weight loss

- percentage of care recipients who experienced significant unplanned weight loss (5% or more)
- percentage of care recipients who experienced consecutive unplanned weight loss

Falls and major injury

- percentage of care recipients who experienced one or more falls
- percentage of care recipients who experienced one or more falls resulting in major injury

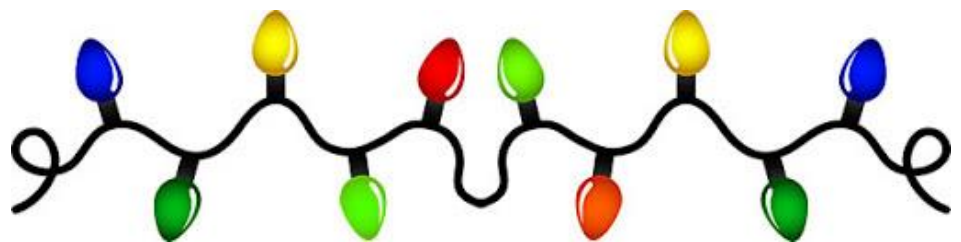
Medication management

- percentage of care recipients who prescribed nine or more medications
- percentage of care recipients who received antipsychotic medications

The new and updated quality indicators:

- use the most up-to-date evidence
- are easier to collect
- are reported more simply as the percentage of care recipients affected.

Further information about the QI Program is available on the [department's website](#).



[Free Online Training](#)

The Guidelines for a Palliative Approach to Aged Care in the Community (COMPAC)

This Palliative Care educational resource is designed to support people to apply the Guidelines for a Palliative Approach to Aged Care in the Community.

It includes the knowledge, skills and values that are required to communicate and contribute to the care of clients in the community who have a life limiting illness and or are approaching the final stages of the normal ageing process. The COMPAC guidelines have recently been incorporated into the [palliAGED](#) online resource.

This **free online training** is designed for the Australian health context, and is available to participants by simply creating an account and logging in.

The project is funded by the Australian Government Department of Health and is developed by the [Australian Healthcare and Hospitals Association](#) (AHHA), with input from industry and other specialists.

This package of online training is comprised of two groups of modules:

1. Modules 1 – 4 are based on the COMPAC best practice guidelines known as 'The Guidelines for a Palliative Approach for Aged Care in the Community Setting'
2. Modules 5 – 6 are skills modules covering pain management and recognising deteriorating clients.

If you are having any difficulties in accessing the training, please email training@ahha.asn.au. Alternatively, please call (02) 6162 0780 and leave a message outlining the problem and providing a phone number for ahha to return your call.

Resources

[Updated factsheet: Help for older Australians](#)

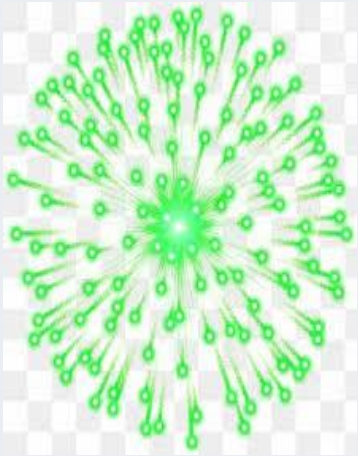
This factsheet provides information on the Older Persons COVID-19 Support Line and the Community Visitor Scheme

[Updated factsheet: Environmental cleaning and disinfection principles for health and residential care facilities](#)

An information sheet with guidance about environmental cleaning and disinfection principles for health and residential care facilities for coronavirus (COVID-19).

[Translated aged care COVID-19 resources](#)

The Department has translated a range of COVID-19 resources into 63 languages.



Accessing grief and trauma support during COVID-19

The Older Persons Advocacy Network (OPAN) has a [webinar](#) to inform listeners of what services are available to support people facing grief and trauma.

The webinar covers:

- The varying ways in which COVID-19 may have impacted our mental health
- The different ways grief and trauma may feel (and look)
- The grief and trauma services that are available to support you, under the Federal Government's new package
- What trauma informed care is and how aged care facilities can access training and resources
- The support and services available for carers and aged care providers of people living with dementia
- How you can access these support services.

For those of you who have independent or MPS services providing aged care the following articles makes for good reading.

Measuring the prevalence of 60 health conditions in older Australians in residential aged care with electronic health records: a retrospective dynamic cohort study.

The [recent study](#) by Lind, K.E., Raban, M.Z., Brett, L. *et al.* *Popul Health Metrics* **18**, 25 (2020), found that while the number of older Australians using aged care services is increasing, there is an absence of reliable data as to resident's health status.

This study found 93% of residents had some form of circulatory disease, with hypertension the most common (62%). Most residents (93%) had a mental or behavioural disorder, including dementia (58%) or depression (54%).

For most conditions of interest was that medical record information indicated approximately twice the number of people with these conditions compared to aged care funding assessments. Some correlation as evident for example multiple sclerosis, Huntington's disease, and dementia. Finally, the data indicated that residents with complex needs had on average the longest lengths of stay in residential care.

Did you also know

That approximately 70% of aged care residents are living with constipation (74% men and 68% women) which impacts on quality of life and can lead to more serious complications.

The [study](#) identified that constipation could be prevented by addressing lifestyle factors, such as adequate hydration, dietary fibre intake, and physical activity, but was more likely to be managed through daily doses of laxatives.



[Aged Care Voluntary Industry Code of Practice](#)

An industry code of practice outlining provider outcomes, accountability and improvement processes has been released in a bid to unify and progress the sector.

The Aged Care Workforce Industry Council's [Aged Care Voluntary Industry Code of Practice](#) is designed for providers to continually set the bar higher – so that each day they can aspire to provide better services to older Australians than they did the day before. It is a Code that places ageing Australians, their families, carers and advocates at its heart so that aged care organisations and their workers are inspired to provide continuously improved and innovative, high quality care and supports.



[Healthcare Leaders Forum](#)

Limited 2-for-1 offer ends 15/12/2020

Returning in May, the **Healthcare Leaders Forum** arrives at a critical juncture for the nation's healthcare community.

The healthcare industry has responded emphatically to the unprecedented challenges arising from the COVID-19 pandemic.

Now, as our operating environment begins to correct, Healthcare executives must ensure that the swift transformations undertaken are resolved into lasting value for patients.

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.

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.

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.

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



Australian College of Nursing Affiliation

AAQHC has established an affiliation with the Australian College of Nursing. The benefits to members of AAQHC include:

ACN Bronze Affiliates receive the following:

- 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



Looking forward to working with you all in

