



# AAQHC Newsletter

## A Voice for Safety and Quality

SEPTEMBER, 2020

Contact us at  
[aaqhc@aaqhc.org.au](mailto:aaqhc@aaqhc.org.au)

### President's Message

Dear Members

With many of our members still working in areas affected by COVID-19 we continue to offer support and resources that may be needed.

We are aware that in many places, quality activities may be taking a lower profile. If you need any additional support please contact us at [aaqhc@aaqhc.org.au](mailto:aaqhc@aaqhc.org.au).

In the September #3 Bulletin we released the results of the survey that many of you completed during the last month. The key findings are repeated in this Newsletter. If you have any comments or questions you would like to ask, please feel free to contact us.

The results have been shared with ACHS, the Australian Commission on Safety and Quality in Health Care and the Australian Healthcare and Hospitals Association.

The AAQHC mentoring programme continues with two members at this time. They will share their experience at the completion of their programme. If you would like to join please contact us and we will put you in contact with one of our mentors. Maybe you would like to become a mentor yourself, it is a great experience and another great way to network and share?

Recently we have sent out several Bulletins offering free courses, if you see one that interests you please apply, there are several on offer!

The Council met last week and are looking for Member feedback on the format of the Newsletter and Bulletins and on future strategic planning. We will provide a short survey to members in the coming weeks; your feedback is very important to us and we thank you in anticipation of your response.

In the coming weeks you will receive notification of our Annual General Meeting which this year will be conducted virtually. If you would like to join the Council please let us know. We would love to have you join the Council.

The Council send its best wishes to all our members. Keep safe.

Cheers

**Robyn Quinn**  
**President**

## Spreading only Kindness

The [Pandemic Kindness Movement](#) was created by clinicians across Australia, working together to support all health workers during the COVID-19 pandemic.

It has curated respected, evidence-informed resources and links to valuable services to support the wellbeing of the health workforce.

Share pandemic kindness resources with Australian health workers who need support during this time. [Posters](#) to print or use on digital screens are available to download.



*“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*

## 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](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>

## Reflections on Achieving Fellowship with AAQHC

Dale Pugh

It was the encouragement of Sandy Thomson that I decided to apply for Fellowship. Although a past member of the AAQHC, a Fellow of the Australian College of Nursing, and current preparation for fellowship with the ACHSM, this was not on my 'to do list'. Nonetheless consideration turned into action and I submitted evidence against the criteria.

Finding the evidence was not difficult, with some areas being more greatly addressed than others. This exercise was good preparation for my interview for the position of Director Safety, Quality & Performance, and identified areas for further development.

I am a person of great humility so while I understand the importance and need for putting myself out there – is it often with great discomfort.

Becoming a Fellow means a great deal to me. I have always been committed to my career and achievements, thus another 'feather in my cap' that is aligned to my current work and position is appreciated and a confidence builder.

Being able to demonstrate knowledge, skill and experience to others is necessary in what I believe is an ever-increasing competitive world.

### 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](mailto:aaqhc@aaqhc.org.au) and one of the Credentialing committee members will contact you.

## Out for Comment

### **NPS Medicinewise Prescribing Competencies Framework**

Currently, multiple professions are eligible to prescribe medicines within their recognised scopes of practice. Quality prescribing outcomes and patient safety are critical to all prescribing professions.

The Framework details the practice expectations for Australian prescribers, including the knowledge, skills and attitudes required to safely and effectively prescribe medicines. For further details see [here](#).

### **Australian Standards**

Standards Australia covers many types of industries including health. Standards are under constant review and the website [www.standards.org.au](http://www.standards.org.au) includes information relating to standards which are out for public review. Organisations and industries have the opportunity to comment on these before publishing occurs.

The following standards are out for comment which may be of interest to members.

**AS 2896 Medical Gas Systems** – installation and testing of non-flammable medical gas pipeline systems. These will be of interest to facilities management.

**AS 5329 Workforce data quality** – new standard which outlines the types of workforce data that should be maintained by public and private organisations as with how often the accuracy should be reviewed.

### **Code of Practice**

The NSW Government is consulting on a draft [Code of Practice: Managing the Risks to Psychological Health](#). This is a practical guide for employers, workers and others on how to manage risks to psychological health and ensure productive, healthy and safe workplaces. For further information, please refer to the [explanatory paper](#).

No one ever wants to see workers harmed just because they did their job. However, less than 9% of NSW workplaces report they have a systematic approach to managing psychological health issues. Psychological injuries can include, for example, depression, stress, anxiety, or post-traumatic

stress disorder. It is causing a real problem in workplaces right across NSW.

You can complete the [NSW Government survey](#).

### Check This Out

Health services across Australia are championing the Choosing Wisely initiative to improve the safety and quality care for hospital patients. The implementation of projects to reduce unnecessary tests, treatments and procedures for both inpatients and outpatients are helping to drive improvements in patient care.

In response to a growing demand for educational material about the Choosing Wisely initiative, a new [Health Resource Stewardship Toolkit](#) for clinical educators - featuring presentation slides and case studies - has been developed for use in universities, hospitals and health professional colleges. The presentation and accompanying case studies are designed to be used flexibly - either as a whole or in parts. The notes section includes comments which can be used as a facilitator guide.

### Some Good Reading



#### ***National Agreement on Closing the Gap***

Released July 2020, the Agreement is available [here](#).

This is a really important document which should be referenced when developing or reviewing your Aboriginal Health Plan (NSQHSS 1.2) and associated actions. It contains some key and relevant priorities and targets.

The four key outcomes in this document focus on a more whole of life, whole of community approach and relate to;

- Shared decision-making and partnerships;
- Building the community-controlled sector with sustained capacity-building and investment to deliver Closing the Gap services and programs across the board;
- The transformation of Government organisations;
- Aboriginal and Torres Strait Islander leadership in the sharing and use of data.

While all outcomes are important, dot point one is aligned to requirements in NSQHSS Standards 2-8. The last dot point reinforces the requirement to ensure cultural identity is documented for each new patient and that

front-line staff receive the appropriate training to be able to ask the right questions.

Information brochures and posters about the importance of identification should also be available and visible.

### **Commission for Better Value (CBV)**

Shifting the focus from outputs to outcomes

Commissioning for Better Value is one of the NSW state-wide programs that is accelerating NSW Health's move to value-based healthcare, by putting patients at the centre of clinical support and non-clinical services.

CBV provides a structure that puts the patient at the centre of service design, with a focus on measuring and achieving outcomes.

Providing services that deliver improved outcomes for patients, clinicians and other end-users drives value within the health system.

A focus on outcomes can contribute to value-based care by improving:

- health outcomes that matter to patients and the community
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care.

This has relevance when planning new services and is associated with NSQHSS 1.15 and Standard 2.

Service needs analysis should take into account diversity, need, those consumers who are at higher risk and need these services as well as partnering to ensure outcomes are achieved.



Visit: [www.health.nsw.gov.au/CBV](http://www.health.nsw.gov.au/CBV) for more details.

### ***Home ward bound: features of hospital in the home use by major Australian hospitals, 2011–2017***

This [article](#) provides an excellent overview of the Hospital in the Home (HIH) program, and offers useful insights into the features of HIH activity and benefits for patients and opportunities to expand the range of services that could be provided.

### ***Professionalism Revealed: Rethinking Quality Improvement in the Wake of a Pandemic***

This [article](#) discusses the inherent limitations of measure-focused approaches, provides a framework for conceiving a next generation of initiatives that aim to improve care by more productively leveraging professionalism, and offers specific directions for policy and practice.

A key point of the article is that “Because of their training, experience, and exposure, physicians are uniquely positioned to understand what constitutes high-quality care, identify it, and learn how to deliver it.”

### ***Deprescribing in older people***

Makes for a good understanding as to why deprescribing should be considered for some older patients. The [article](#) outlines the benefits as well as risk management strategies when changing or withdrawing medications.

Deprescribing is the process of discontinuing drugs that are either potentially harmful or no longer required.

Associated with Standard 4 action 4.10 Medication Review and 4.3 as deprescribing should “ideally be a shared decision-making process between the patient and or their decision maker and the prescriber.”

### ***COVID-19 Pandemic: Perceptions from Australia and the Asia Pacific***

The Asia Pacific Journal of Health Management [Special COVID Issue](#) was not a planned or promoted issue but has been published as a direct result of authors submitting articles on the topic, predominantly from Asia Pacific countries.

### ***Earning trust in the era of COVID-19***

This NEJM [transcript](#) is an interview with the President of Jefferson Health Philadelphia in July 2020 and makes for good reading with a particular focus on “the importance of establishing trust both among staff and in the community and that the experience of care is critically important for achieving best outcomes.”

Some key messages:

Safety for patients, staff, and their families is the number-one priority, and it comes from transparency and open communication, says Bruce Meyer, which is part of what being a high-reliability organisation is all about.

Establishment of trust is transparency and ensuring staff understand what is being done every day to ensure that they are safe

Safety for the community comes from transparency and open communication

Trust has to start between the healthcare system, the providers and the staff who treat patients.

### ***There can be no quality without equity***

*Australian Health Review* 44(4) 503-503

This [article](#) makes the point that equity in healthcare should be at the core of what health care quality looks like now and over the next 20 years.

Of the six aims identified in the article *Crossing the Quality Chasm*<sup>1</sup> some 20 years ago, safety, effectiveness, patient-centredness, timeliness, efficiency and equity; equity remains an outlier and that inequities have

persisted or worsened. To rectify this, we need to look at codesigning healthcare with people who have a lived experience of inequities.

This has relevance to NSQHSS Action 1.15 where we are being asked to look at the diversity of consumers using our services and those that are at higher risk of harm and using this information to inform health care planning and delivery of services.

<sup>1</sup> Institute of Medicine. *Crossing the quality chasm: a new health system for the 21st century*. Washington, DC 2001: The National Academies Press

### ***Australian Institute of Health and Welfare***

The AIHW has just released the following reports and workbooks on deaths and the leading causes for death for each local government area in Australia. [Deaths data](#) provides information on patterns of diseases that cause death, by population groups and over time.

[MORT books](#) are Excel workbooks that contain recent mortality data for specific geographical areas of Australia, sourced from the AIHW National Mortality Database. This is also an excellent resource for evidence for NSQHSS 1.15.

### ***The safety of health care for ethnic minority patients: a systematic review***

Action 1.15 in NSQHSS requires a real understanding of the diversity of our patient populations.

Key findings from this [article](#) showed:

- those from ethnic minority backgrounds were conceptualised variably;
- people from ethnic minority backgrounds had higher rates of hospital acquired infections, complications, adverse drug events and dosing errors when compared to the wider population; and
- factors including language proficiency, beliefs about illness and treatment, formal and informal interpreter use, consumer engagement, and interactions with health professionals contributed to increased risk of safety events amongst these populations.

### ***Health capital works***

Audit Office of NSW

Relationship Actions NSQHSS 1.29 and 3.14.



[The report](#) found that NSW Health has substantially expanded health infrastructure across New South Wales since 2015. However, the program was driven by Local Health District priorities without assessment of the State's broader and future-focussed health requirements.

The report also found that unclear decision-making roles and responsibilities between Health Infrastructure and the Ministry of Health limited the ability of NSW Health to effectively test and analyse investment options.

Project delays and budget overruns on some major projects indicate that Health Infrastructure's project governance, risk assessment and management systems could be improved.

Questions:

- Has there been a fit for purpose analysis of current buildings and infrastructure against current health facility guidelines and patient needs?
- Does your facility have a forward capital plan that outlines future building/infrastructure requirements?
- Are facility risks detailed in your risk register e.g. theatres, cssd departments?
- What governance committees are in place to support major and minor capital works projects?
- How are consumers involved in infrastructure projects?

### ***Advance Care planning in Australia during COVID-19 outbreak: now more important than ever***

This [article](#) identifies that while advance care planning (ACP) is a routine part of healthcare, ACP should be particularly prioritised in the current COVID-19 situation. The article presents the case for prioritising a system-wide approach to ACP as part of a response to COVID-19, with immediate and longer-term benefits.

### ***Using online conferencing technologies securely***

The Australian Digital Health Agency has released a resource for [using online conferencing technologies securely](#).

Of note is page 7 which allows you to assess the security of different cloud-based products.

The resource is also a good reference for developing policies and procedures to support remote meetings and telehealth consultations.

### ***Telephone***

Mark Leick M.D. discusses in an article in *The New England Journal of Medicine* the importance of communication. Key messages include:

- Share your voice with your patients - no matter how you do it - it is a critical part of patient care.
- Frank discussions about the end of life are difficult enough in normal times. In this COVID era, this is even more difficult.

- Use FaceTime with the family before entering the room and donning PPE so that they can see your face.
- Ensure that they know their loved one is intubated, is sedated, and will not be able to respond.
- Alert a colleague to cover for you to prevent abrupt disconnections in the case of an emergency.
- Even as we provide the best possible medical care and work toward better treatments for COVID-19, we cannot forget to provide compassionate and humane support to patients and their families;

that means planning for communication breakdowns. Face-to-face human interaction (even by FaceTime) remains essential for sustaining our humanity.

- Dr Leick's final message is that phone contact with families is just as vital as the ventilator.

### ***ECG for all patients in the PACU: Some Say Why. I, say why not?***

Author Dr Paula Foran, identified in an [article](#) from the Journal of Perioperative Nursing that in many Australian hospitals ECG leads are removed after the operation and despite machines being readily available in Post Anesthesia Care Unit they are not connected to all patients. Her review indicates that with increased complexity of patients', connection to an ECG would be an advantage and could save time when, for example, a cardiac arrest occurs.

### ***Telediagnosis for Acute Care: Implications for the Quality and Safety of Diagnosis***

The Agency for Healthcare Research and Quality has just released this [paper](#) which includes a valuable definition of tele-diagnosis. For those providing telehealth, this is a valuable resource.

### ***Health System Sustainability***

Check out the [Health System Sustainability](#) website for their latest [publications](#).

## **Latest News from the Commission**

### ***National Standard Medication Chart (NSMC) National Audit 2020***

The Australian Commission on Safety and Quality in Health Care will be coordinating a National Standard Medication Chart (NSMC) National Audit 2020 from **Monday 21 September 2020** to **Friday 16 October 2020** (inclusive).

These audits can be used to provide evidence to support accreditation according to the National Safety and Quality Health Service Standards (second edition).

During the audit period, the Commission will focus on all aspects of medication chart safety and quality.

To participate, your hospital or Day Facility will need to complete the audit, including all data entry between Monday, 21 September 2020 and Friday, 16 October 2020 (inclusive).

Your hospital audit team should begin by considering the following:

- Who will complete the audit?
- Identify your hospital coordinator and auditors
- What training will be required to ensure your auditors are confident?
- Ask your hospital coordinator and auditors to verify the NSMC login details
  
- If not registered, please register hospital coordinators and auditors on NSMC audit system (Note: this can take a day or two to complete).
  
- What would your hospital like to do with the audit results?

Prepare now to ensure your hospital can participate in this important national safety and quality initiative. NSMC audit resources including [NSMC audit system guide](#) and [NSMC audit guide](#) are available on the Commission's [website](#).

Please email [nsmc.audit@safetyandquality.gov.au](mailto:nsmc.audit@safetyandquality.gov.au) for more information or to update your hospital details in NSMC Audit System.

***Advisory AS20/02: Data collection by health service organisations during the COVID-19 pandemic***

A new [Advisory AS20/02: Data collection by health service organisations during the COVID-19 pandemic](#) is available on the Commission's website.

This advisory clarifies specific requirements for data collection during the COVID-19 pandemic by individual states and territories.

### ***Review of advisories and fact sheets due to COVID-19***

During the COVID-19 pandemic, deadlines for compliance with some advisories have been adjusted in order to maximise the capacity of the health system.

The Commission is providing health service organisations with extended timeframes to meet the requirements of five advisories:

- [AS18/07: Reprocessing of reusable medical devices in health service organisations](#)
- [AS18/11: Implementing systems that can provide clinical information into the My Health Record system](#)
- [AS18/14: Comprehensive Care Standard: Screening and assessment for risk of harm](#)
- [AS18/15: Comprehensive Care Standard: Developing the comprehensive care plan](#)
- [AS19/01: Recognising and Responding to Acute Deterioration Standard: Recognising deterioration in a person's mental state.](#)

All resources supporting implementation of the NSQHS Standards have been recently reviewed. Please visit the NSQHS Standards page - '[Our News](#)' section to view the list of these updated resources.

### **Accreditation update**

The Commission is continuing to [maintain the accreditation status](#) of health service organisations to the NSQHS Standards given the rapidly changing COVID-19 situation in eastern Australia. Once the reintroduction of onsite assessments becomes feasible, a commencement date will take into consideration the lead-time required for planning and preparation of assessments.

### **Safe selection and storage of medicines**

New guidance on [Principles for the safe selection and storage of medicines](#) has been released to help clinicians reduce the risk of medicine selection errors. Developed for use in hospitals, the guide will help to reduce one of the most common types of medication error - look-alike and sound-alike (LASA) medicine names. There is also a survey tool to enable health services to identify suitable risk-reduction strategies.

### **User Guide for the Review of Clinical Variation in Health Care**

Action 1.28 of the Clinical Governance Standard states

The health service organisation has systems to:

- a. Monitor variation in practice against expected health outcomes
- b. Provide feedback to clinicians on variation in practice and health outcomes
- c. Review performance against external measures
- d. Support clinicians to take part in clinical review of their practice
- e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems
- f. Record the risks identified from unwarranted clinical variation in the risk management system

The recently released [Guide](#) will explain how health service organisations can implement Action 1.28.

## **What's happening 'In the Name of Safety'?**

Researchers at the University of Technology and St Vincent's Hospital Sydney are undertaking a national survey of Australian healthcare workers to find out what doesn't help improve patient safety.

['In the Name of Safety'](#) survey is a collaboration with the University of Leeds and Yorkshire Quality and Research Group to identify ineffective non-clinical safety practices that could potentially be stopped to create more time for patient care.

Find out more about the survey in Dr Norman Swan's [ABC Radio interview](#) with lead researcher Dr Deborah Debono.

The study has been approved by St Vincent's Hospital Human Research Ethics Committee (ethics approval 2020/ETH00072).

**If you are a healthcare worker and would like to participate in this 5 minute anonymous survey**, please visit the [In the name of safety – Australia: Identifying low-value safety practices for potential disinvestment](#) website (opens external site).

## Health and other Forums

For flexibility and choice without compromising interactivity, digital passes are now available for the [Healthcare Leaders Forum](#) 21–22 October 2020, ICC Sydney Register [here](#).

Bearers of a Digital Pass will have unabridged access to the entire programme for the duration of the event. Our live-streaming service integrates seamlessly with the engagement tools used by our in-person attendees, allowing you to remotely submit and vote on questions to be addressed by speakers in real-time. All attendees will have on-demand access to select speaker presentations in the week following the conclusion of the Forum.

### **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.

## Latest News from Aged Care

### ***New guidance on psychosocial care for older people***

Older people with advanced and life-limiting conditions face many challenges and may experience a range of psychosocial issues.

When these issues are not identified and addressed, they can have a profound impact on a person's mental health and wellbeing, as well as on their family, friends, and carers. These issues can also affect the services provided by aged care and at-home palliative care organisations.

[palliAGED](#) has developed new evidence-based and practical resources to support Australia's aged care workforce in providing psychosocial care.

These include the:

[Psychosocial Care Practice page](#) listing evidence-based tools, links, and other information to guide aged care staff

[Evidence Summary page](#) providing a short synopsis of findings of systematic reviews on psychosocial care

[Evidence Synthesis page](#) including the latest evidence and research on:

- screening and assessment
- interventions and management
- psychological care for the marginalised
- bereavement
- psychosocial support of aged care staff.

### ***Aged care homes: the weakest COVID-19 link***

By [Kathy Eagar](#)

Professor Kathy Eagar from the University of Wollongong writes Australian aged care was already in crisis and a subject of considerable community concern before the arrival of COVID-19.

Read the [article](#) to see her views on the public's right to know.

### ***Aged Care Quality and Safety Commission update on infection control spot checks***

The Aged Care Quality and Safety Commission is undertaking assessment contacts with residential aged care services through unannounced site visits to services.

A recent Department of Health newsletter explains the site visit is a monitoring visit, not a performance assessment. Where issues or concerns are identified, such as staff not applying correct PPE or adhering to other infection control practices, the Commission will consider further regulatory action to ensure that the provider is meeting their quality and safety obligations.

The Commission will not undertake these infection control site visits with services that have known positive cases of COVID-19.

More information on the infection control spot checks can be found [here](#).

A copy of the Infection Control Monitoring Checklist can be obtained [here](#).

Early findings from infection control monitoring activities can be found [here](#), where generally, visits have found that Outbreak Management Plans are in place, are reviewed regularly, and contain all relevant information on an easy-to-read format.

On the flip side, some services did not have sufficient PPE for the first 48 hours in the event of an outbreak.

### **Significant growth in regulatory activities relating to aged care in the context of COVID-19**

In early September the Aged Care Quality and Safety Commission released a [statement](#) from Ms Janet Anderson PSM, providing information on site visits:

- more than 1,100 site visits to age care services have been conducted since January, including 410 visits to check infection control practices.
- The Commission modified its regulatory program in March 2020 to focus additional effort where it is needed most to ensure that providers are doing everything possible to keep aged care consumers safe.
- Between 16 March and 14 August 2020, a total of 487
- 
- unannounced and short-notice visits were undertaken to aged care services across all states. Unannounced visits were changed to short-notice visits for 11 weeks from 16 March, and recommenced in June 2020.
- Unannounced spot checks conducted by the Commission initially in Victoria and NSW are being extended to all jurisdictions to observe infection control practices, and ensure that staff, management and visitors are adhering to safe personal protective equipment (PPE) protocols, and safe infection control arrangements.

### ***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](mailto: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**

### ***Look After Yourself***

The Nursing and Midwifery Board of Australia encourage nurses to take steps to look after their health in these times of stress by seeking professional advice when needed. All nurses have access to a free, confidential health support service. The [Nurse and Midwifery Support Service](#) is available 24/7 on **1800 667 877**.

For specific COVID-19 information visit the NMBA's [COVID19 guidance](#) for nurses and midwives and Ahpra's [Responding to COVID 19](#) hub for the latest guidance.

### ***A message from the Australian College of Nursing***

As part of the [COVID-19 Nurses Support Strategy](#) the ACN are proud to launch the [Nurses' Buddy Hub](#), a complimentary platform enabling all Australian nurses to give or receive support during these unprecedented times. The ACN asked us to share the following message.

In these unprecedented times it is more important than ever that we support each other.

We have heard countless stories of nurses at the COVID-19 frontline who are emotionally and physically burnt out.

In less affected areas many nurses are eager to support their colleagues who are responding to outbreaks in hotspots.

We are excited to launch the Nurses' Buddy Hub to allow nurses around the country to connect and lift each other up during this challenging situation.

Whether you are in need of someone to chat to or would like to give back to the profession by being there for a nurse that is having a difficult time, the Nurses' Buddy Hub will provide you with a fulfilling experience. This is an inclusive opportunity for all nurses, we invite CAN members and non-members alike to get involved.

To register please follow the link below, select 'Be a Buddee (get support)' or 'Be a Buddy (give support)' then click on 'No account yet? Register now.' and follow the prompts.

### **[Register for Nurses Buddy Hub](#)**

If you have any queries or would like to pass on feedback about other ways we can support nurses throughout COVID-19, we encourage you to reach out to us via [leadership@acn.edu.au](mailto:leadership@acn.edu.au).

Warm regards,  
Your ACN Team

### ***Education Scholarships***

ACN is proud to support nursing and midwifery education with scholarships, grants and awards throughout the year.

We are pleased to announce that a new round of scholarships for students studying or intending to study undergraduate or postgraduate courses in nursing, midwifery or aged care will be opening soon.

### ***Scholarship Opportunities***

With support from the Australian Government Department of Health, applications for the following scholarships are now open. These opportunities are open to ACN members and non-members, all eligible applicants are encouraged to apply.



You can apply and find out more about the different scholarships, including eligibility information and selection criteria, by following the links below.

Applications for ACN scholarships opened on 17 September and close 25 October 2020 for the following:

- [Aged Care Scholarships: Undergraduate](#)
- [Aged Care Nursing Scholarships: Postgraduate](#)
  
- [Nursing and Midwifery Scholarships: Undergraduate](#)
- [Nursing and Midwifery Scholarships: Postgraduate](#)

## **Advertising for Quality Professionals**

AAQHC provides opportunities for advertising for quality professionals and through our mentoring program linking members in with potential employers.

If you wish to advertise or to be put into contact with members seeking a new role please contact [aaqhc@aaqhc.org.au](mailto:aaqhc@aaqhc.org.au)

## **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](mailto:newsletter@aaqhc.org.au)

## **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.

**As a reminder!**

**Recent AAQHC Bulletin Articles**

**August #1 Bulletin**

Webinar Reminder

**August # 2 Bulletin**

Webinar Reminder

**September #1 Bulletin**

**Member Benefit**



**Would you like to attend the Inaugural Australia and New Zealand Consumer Experience and Leadership in Healthcare Summit?**

**AAQHC are offering one registration to the on-line [‘Shifting Gears’ Summit](#) 18-19 March 2021.**

Australasia’s inaugural consumer health summit is going virtual, putting this high impact event in reach of a wider audience within Australia, New Zealand and worldwide.

Consumers as leaders in healthcare will be a central theme of this first Australian and New Zealand ***Consumer Experience and Leadership in Health Summit***.

Among the additional features available will be live Q&A and chat facilities, and video on demand during and after events.

*Consumers Health Forum (CHF) Summit 2021: Shifting Gears* will draw together consumers and other leaders from the health sector, to explore the latest research and developments which drive health towards a consumer-centred culture. The summit will include speakers from around the world. In line with the consumer leadership theme, a feature will be the Big Idea Forum. Facilitated by ABC TV presenter, Ellen Fanning, participants will have the stage to screen and discuss videos of their Big Ideas to improve the health system.

Key topics will include: recruiting, engaging and supporting consumer leaders at the local level. Patient and service activation and health literacy. Consumer perspectives on value in health care. Benefits of health consumer engagement and leadership. Collaborative practice and co-design of services. Consumer collaboration in research.

### **What you need to do:**

Just follow the simple application requirements below for a chance to attend the summit.

### **Who can apply?**

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

### **Application Requirements:**

1. Send 100 words or less to [aaghc@aaghc.org.au](mailto:aaghc@aaghc.org.au) outlining why this summit would be of benefit to you and your current role.

Applications must reach the AAQHC by **Saturday 31 October 2020**.

2. Within 14 days of attending the summit the successful applicant **will be required to submit a summary report** outlining the benefits gained from attending the summit and what new strategies you will implement in your own organisation, including any new directions that would be of interest to members.

The report will be published in the **May 2021** AAQHC newsletter.

### **Note:**

- The successful applicant will be notified via email from the AAQHC and announced in the **November 2020** AAQHC newsletter.
- The summit full registration is to the value of \$275 of which the AAQHC will provide.
- 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.
- Attendance will support eligibility for Associate Fellow of the AAQHC.
- If attendance at the summit does not occur, or a report is not received for publication, a full refund will be required to be paid to the AAQHC.

## **September # 2 Bulletin**

### **Have Your Say**

The Australian Commission on Safety and Quality in Health Care is calling for feedback on the draft National Safety and Quality Health Service (NSQHS) Standards [Guide for Community Health Services](#).

## September # 3 Bulletin

### AAQHC Member Survey Results

#### *Are Organisations Ready for Recommencement of Accreditation Assessments?*

#### **Key Messages**

While this was a small sample result, AAQHC believes there are some important messages for key stakeholders at this time:

- There are differing levels of maintenance of accreditation programs however, overall, most have maintained preparation programs and processes along with support for quality management roles.
- Mandatory training has been maintained.
- Risk management of COVID-19 is well embedded.
- Communication from the Commission and Accreditation providers may need to be reviewed.

AAQHC is recommending a wider survey be undertaken to validate the themes of these results.

#### 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.