**Hunter New England Local Health District - Internal Process**

**‘Notification of Intent to submit Application’**

[**ACI - Centre for Healthcare Redesign – Graduate Certificate**](https://www.aci.health.nsw.gov.au/make-it-happen/centre-for-healthcare-redesign/chr-program)

The call for applications for **School 3, 2023** open on the 20th March 2023.

Prior to completing an application participants must have an **improvement/redesign project** approved by their sponsor (a sponsor is a person of authority who is able to legitimise the change through commitment of resources and/or reinforcement tactics – i.e. General Manager or above in the HNE organisational chart) and Redesign Lead (The HNE Research Office) and have approved backfilled time to undertake the Graduate Certificate.

**Please note:** This school has a theme of ***Alternate Models for Accessing Care***, designed to relieve the burden on the Emergency Department demand and redesign alternate pathways of care provision that meets patient needs, including designing collaborative urgent care services. Participants are invited to identify areas of impact in ED demand with **projects expected to either partner with ED or existing alternate models** to strengthen local service or primary care partnerships and build sustainable models improving the experience for patients and staff. The Redesign school will partner with Emergency Care Institute and the MoH Emergency Access System Purchasing branch to deliver this program.

Any HNELHD staff member intending to submit an application for the **ACI Graduate Certificate (Clinical Redesign)** program are required to notify the HNE Research Office (being the Redesign Leader) of their intention to do so by completing this **Notification of Intent** (NOI) form.

As the number of applicants in each round are limited, HNELHD will identify a priority list of optimal projects and participants to attend the program based on an assessment of all completed submissions.

The program requires a considerable time commitment and we expect participants to be backfilled for at least two days a week for the entire project duration. This is dependent on the scope of the project – large projects require full time commitment to underpin success. In addition, participants are also required to undertake some study in their own time. Local Redesign Leaders provide valuable support in coaching participants to achieve a strong implementation plan and tools for successful change management.

* Three units are delivered by the ACI in Sydney and are equivalent to University of Tasmania (UTAS) units: *Clinical Redesign (CAM554), Diagnostic and Analysis (CAM509) and Solutions and Implementation (CAM510)*

In addition, participants are also required to undertake some study in their own time.

* The fourth unit, *Translational Research and Health Service Innovation (CAM538),* is delivered entirely by UTAS via their online platform. This unit is delivered over approximately 13 weeks and requires approximately 6-8 hours of self-study per week.

Applications may not be considered for submission to ACI by HNELHD unless an **NOI** has been submitted (by a HNE Staff Member) **to the HNE Research Office by 5pm Thursday 30th March 2023.**

If you have any questions please contact the HNE Research Office, [HNELHD-ResearchOffice@health.nsw.gov.au](mailto:HNELHD-ResearchOffice@health.nsw.gov.au) or Dr Kathryn Reilly, [Kathryn.Reilly@health.nsw.gov.au](mailto:Kathryn.Reilly@health.nsw.gov.au)

# **Graduate Certificate (Clinical Redesign) - Notification of Intent to submit Application – School 3, 2023**

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| --- | --- | --- | --- |
| **Team Project Manager** |  | | |
| **Name** |  | | |
| **Department** |  | | |
| **Position** |  | | |
| **Email** |  | | |
| **Phone** |  | | |
| **Project Details** | | |  |
| **Project Title:** | | |  |
| **Background/Case for Change**  (100-300 words)  What is the problem you would like to fix? | | |  |
| **Project Goal**  Please provide a 1-2 sentence outcome statement about the long-term change your project is working towards. | | |  |
| **Link to Organisational Strategy:** | | | |
| What organisational / community priority does it align with? Please quote the relevant source (e.g. strategic plan). | | |  |
| **Additional Project Team Members** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Member 2 *(optional)*** | | *Participants are encouraged to submit a team application – all team members must complete all components of the course.* | |
| **Name** | |  | |
| **Department** | |  | |
| **Position** | |  | |
| **Email** | |  | |
| **Phone** | |  | |
| **Team Member 3 (*optional)*** | |  | |
| **Name** | |  | |
| **Department** | |  | |
| **Position** | |  | |
| **Email** | |  | |
| **Phone** | |  | |
| **Team Member 4**  ***(optional)*** | | *Only 4 team members will be considered in specific situations ie: large integrated care projects* | |
| **Name** | |  | |
| **Department** | |  | |
| **Position** | |  | |
| **Email** | |  | |
| **Phone** | |  | |
| **Direct Line Manager:** | *Your line manager will be required to endorse your full application – along with the appropriate hierarchy delegations between your Manager and Executive Director. Please submit Direct Line Manager approval for* ***each*** *of the team members listed* | | |
| There will be no cost incurred for participants regarding the award of the Graduate Certificate. The ACI will cover all costs related to the delivery of the face to face teaching and e-learning modules as well as the certification costs for each participant (this does not cover the costs associated with reissuing a testamur or academic transcript). **Local health districts are required to cover all costs associated with travel and accommodation for nominees to attend the program and their associated backfill. Two of the workshops will be face-2-face in Sydney (3 days/ workshop).**  Before you enter your managers name below, your manager MUST indicate their commitment to:   |  | | --- | | ☐ Approve this candidate’s participation in the Grad Cert Redesign program.  ☐ Confirm the candidate/*project team (if applicable)* has a history of performance that demonstrates the capacity and capability to complete the Grad Cert Redesign program.  ☐ Agree to release candidate/*project team (if applicable)* at least 2 days a week for the duration of the program.  ☐ Agree that backfill **will** be provided for at least 2 days per week and appropriate funding is considered for the duration of the program.  ☐ I agree to fund travel and accommodation costs (if required) for [enter applicant name] to attend the Redesign school and workshops activities. | | | | |
| **Manager Name** |  | | |
| **Position** |  | | |
| **Email** |  | | |
| **Sponsor:** | *Your sponsor will be required to endorse your full application confirming the below as well as providing a statement as described below.* | | |
| **Project Sponsor:** Is someone at a senior level (ie General Manager or above in the HNE organisational chart) who has the authority to direct change required by the project and who specifically commits to attending:  ☐ Project initiation workshop day (1st face to face day with participants).  ☐ Sponsors’ webinar to review the sponsor’s role (teleconference) – following initiation phase.  ☐ Sponsors’ teleconferences conducted by ACI –Dates to take place after each phase session: TBA.  ☐ Final graduation day.  And agree to support funding for the following:   |  | | --- | | • Communication materials  • Catering for site specific workshops  • Travel to site specific workshops  • Workshops materials  And will negotiate and assist the project team to identify a funding source and obtain this funding. |   *NOTE*: *Health service managers and clinical leaders who agree to sponsor the project are to provide a statement within the Course Application describing why the project is important in the relevant service and what actions they will take to provide support including the provision of time to attend face to face sessions, undertake project tasks, etc.*  Before you enter your sponsors name below, your sponsor MUST specifically commit to all of the above. | | | |
| **Sponsor Name** |  | | |
| **Position** |  | | |
| **Email** |  | | |
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