FNQ HREC EC00157

Quality activity application

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| Quality improvement activities should pose negligible or no risk to the Torres and Cape Hospital and Health Service (TCHHS). This application is a decision support tool to assist in differentiating those activities that carry an element of risk and/or fall into the category of research.  Applicants should make initial contact with the FNQ Human Research Ethics Committee (HREC) administration team to discuss all aspects of this activity and seek advice on completion of this application prior to completing this form. Please contact the FNQ HREC Coordinator on 07 4226 5513 or by emailing [FNQ\_HREC@health.qld.gov.au](mailto:FNQ_HREC@health.qld.gov.au).  The application process is the responsibility of the person proposing a new clinical activity or the person responsible for conducting an established clinical activity that has not been through this application process. | |
| Application details | |
| **First name:** |  |
| **Last name:** |  |
| **Position:** |  |
| **Department/unit:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| Process of application: | |
| 1. Contact the HREC Coordinator on 4226 5513. | |
| 1. Log in to [Ethics Review Manager (ERM)](https://au.forms.ethicalreviewmanager.com/) and create a QLD Exemption Form. | |
| 1. Complete the QLD Exemption Form and upload the required documents as listed in the QA Information Sheet provided by the HREC Coordinator. Obtain a letter of support/email from your Line Manager to accompany this form when submitting to TCHHS Clinical Lead for approval (see next page). | |
| 1. Email a copy of all the required documents to [FNQ\_HREC@health.qld.gov.au](mailto:FNQ_HREC@health.qld.gov.au) | |
| 1. Send one (1) hard copy of all the required documents the FNQ HREC Coordinator. | |
| Activity details | |
| **Title:** |  |
| **Description:** |  |
| **Aims and significance:** |  |
| **This quality assurance activity is a:** |  |
| **Anticipated dates:** |  |
| **Outcomes / results:** |  |
| I agree that the information provided in this application (all pages) is accurate at the time of seeking approval and that should there be any changes after approval I will advise the HREC administrator immediately on (07) 4226 5513.  **Applicants signature: ............................................................... Date: …………...……...** | |
| **This section is to be completed by the chair of the Far North Queensland Human Research Ethics Committee**  This application **meets the requirements** to be exempt from HREC Review, as per the *National Statement on Ethical Conduct in Human Research*, sections 5.1.22 & 5.1.23.  The application does not fall within the definition of research as described on page 7 of the *National Statement on Ethical Conduct in Human Research*.  A quality activity HREC acknowledgement letter will be formulated and provided to the applicant advising them of my decision.  FNQ HREC chair name: ……………………………………………………………………  FNQ HREC chair signature: ………….……………………… Date: ………………  -or-  The quality activity **does not** meet the requirements for exemption and requires review by the HREC. Please contact the HREC administrator on 4226 5512 for further advice.  FNQ HREC chair name: ……………………………………………………………………  FNQ HREC chair signature: ………….……………………… Date: ……………… | |
| **This section is to be completed by the TCHHS Clinical Lead (CEC member)**  **Tick each statement below if relevant:**  I have reviewed the protocol and if required discussed the nature of the activity with the applicant. I have noted the support for the activity from the Line Manager  I support the proposed activity being conducted within a TCHHS department  Conducting this activity will not impact negatively on patient care in any way  Staff FTE (including non-clinical) will not be compromised as a result of data being collected for this activity  I agree that the activity is a negligible risk quality assurance activity the outcomes of which will be beneficial to patients, clinicians and the department  TCHHS Clinical Executive Committee member ([TCHHS-EDMS@health.qld.gov.au](mailto:TCHHS-EDMS@health.qld.gov.au))  Name: ……………………………………………………………………  Signature: …………………………………... Date: ………………  **Please retain a copy for your records** | |
| After a review by the chair of this application, if activity is deemed a quality activity this application form, the HREC ethics exemption correspondence plus all submitted documentation must be forwarded electronically to the Torres and Cape Hospital and Health Service using the email [TCHHS-Quality@health.qld.gov.au](mailto:TCHHS-Quality@health.qld.gov.au) for registering in the TCHHS quality activity register.  Quality activities on a receipt of an ethics review will receive a review number which supports submission for publication  For more information contact: 0427 603 823  **Office use:**  **Logged in TCHHS quality activity register by: ………………………………………………**  **TCHHS quality activity number: …………………………………... Date: ……………….** | |