



Combining Realism with Rigour

2008 ANNUAL REPORT

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University of Wollongong

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Centre for Health Service Development

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The CHSD Board of Directors

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(University of Wollongong representative)

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Director
CHSD

Ms Julie Dixon

Acting Director, Population Health and
Performance
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(SESIAHS Health Nominee)

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University of Technology, Sydney

Mr Alan Owen

CHSD Staff Representative

A/Professor Chris Poulos

Divisional Clinical Director (ED, Medicine,
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Ms Tineke Robinson

Community Representative

Mr Paul Sadler

Chief Executive Officer
Presbyterian Aged Care NSW and ACT

Professor David Steel

Associate Dean (Research)
Faculty of Informatics
University of Wollongong representative
(Vice-Chancellor nominee)

Ms Tara Stevermuer

CHSD Staff Representative

Director's Report 2008

Last year in reflecting on the mix of work we carried out in our programs and projects we quoted an editorial from the Sydney Morning Herald in 1957 to indicate how little the 'crises' in the hospital system had changed over 50 years.

In 2008 we had a similar round of hospital crises, but against a background of both the looming global financial crisis and a national reform agenda. So, on reflection, 2008 may look like something of a turning point, and we are expecting that 2009 will provide the Centre with opportunities for using our strategic thinking and may take us in some new directions. The dual themes of crisis and reform may lead to more interest in our experience with using tools for evaluation and planning, using clinical data for benchmarking and other methods of increasing efficiency.

We expect that harder times will generate demand for our capacity to innovate and to design ways to understand complex interventions, as well as our ability to focus on measuring and evaluating health outcomes in Australia. There may even be more space for innovation in the system as the traditional safe options of simply going for 'more of the same' are unlikely to be as attractive as in the past

As a recent review paper by Hawe and Potvin highlights¹, there is 'an increasing move worldwide to shift the emphasis of population health research away from purely descriptive and analytic studies and towards

¹ Penelope Hawe and Louise Potvin (2009) *What Is Population Health Intervention Research?* [Can J Public Health](#) 100 (1):18-114.

the study of interventions to reduce health problems and reduce health inequities.'

CHSD is well placed to help the funders and managers of health systems to navigate through the hard times that are likely to lie ahead. With its programs of clinical data management in rehabilitation and palliative care and specialist knowledge in health outcomes measurement and design, and with a variety of evaluation approaches to draw upon, we expect the Centre's expertise will continue to be in demand.

The Director's Report is an opportunity to sum up another year just passed and is not only a chance to reflect on what useful things we have done in the last year, but also to emphasise what we think is important in what we do. That is also helpful to guide our planning for the future.

Big impacts

Detention Health was one area of big impacts in terms of system change by the timely delivery of the *Data Coding and Analysis Project*, commissioned by the Department of Immigration and Citizenship (DIAC), to carry out a retrospective case review of the health of a sample of 720 people held in immigration detention in 2005/06.

The project was completed in February 2008 and the Minister of Immigration (The Hon. Chris Evans) was briefed about the results at a meeting in Parliament House in June 2008. The Minister announced major changes to Australian detention policy on 29 July. In doing so, he said "*The impacts on both the physical and mental health of the detainees are severe. Recent research undertaken by the Centre for Health Service Development at*

Wollongong University dramatically highlights the deleterious health impacts of long-term detention”.

The clarity of the health profile of the sample was integral to the impact of the Detention Health project. Depending on the continuing interests of the government departments responsible for these areas, future studies could examine the health of immigration detainees who are now moved to the community and the methods would also be relevant for other detention settings. These would provide partnership opportunities to build on our collaboration with staff affiliated with the National Centre for Classification in Health. They have the skills and experience in using sophisticated software for turning clinical documentation into coded data, which is then potentially transferable and inter-operable and forms the basis for developing electronic health records.

Continuing contributions, ongoing impacts

In 2008 we also made continuing contributions in the areas of identifying child health early intervention strategies, funding of Aboriginal health services, more assessment work and identifying effective interventions with carers, and in the design of information tools for use at the entry points for community health and community care services. At least some of these areas will present opportunities for further research and development work in 2009 and beyond.

A good example of continuing contributions was work in 2008 that began in 2006. CHSD was commissioned by the Victorian Department of Human Services (DHS) to develop a catalogue of evidence-based strategies for the health and wellbeing of children aged 0–8 years.

The original catalogue was created for the Best Start program, which has a particular focus on prevention and early intervention with vulnerable families, including Aboriginal and Torres Strait Islander (ATSI) families, people from culturally and linguistically diverse (CALD) backgrounds, and families living in rural areas.

The catalogue now has a wider application beyond the Best Start program and our 2008–2009 contract with the Victorian Department of Education and Early Childhood Development (DEECD) requires us to update the 15 original indicators. The catalogue is now a key element in the Victorian Child and Adolescent Monitoring System (VCAMS) and both the methods used and the content area of child health will remain on our research agenda.

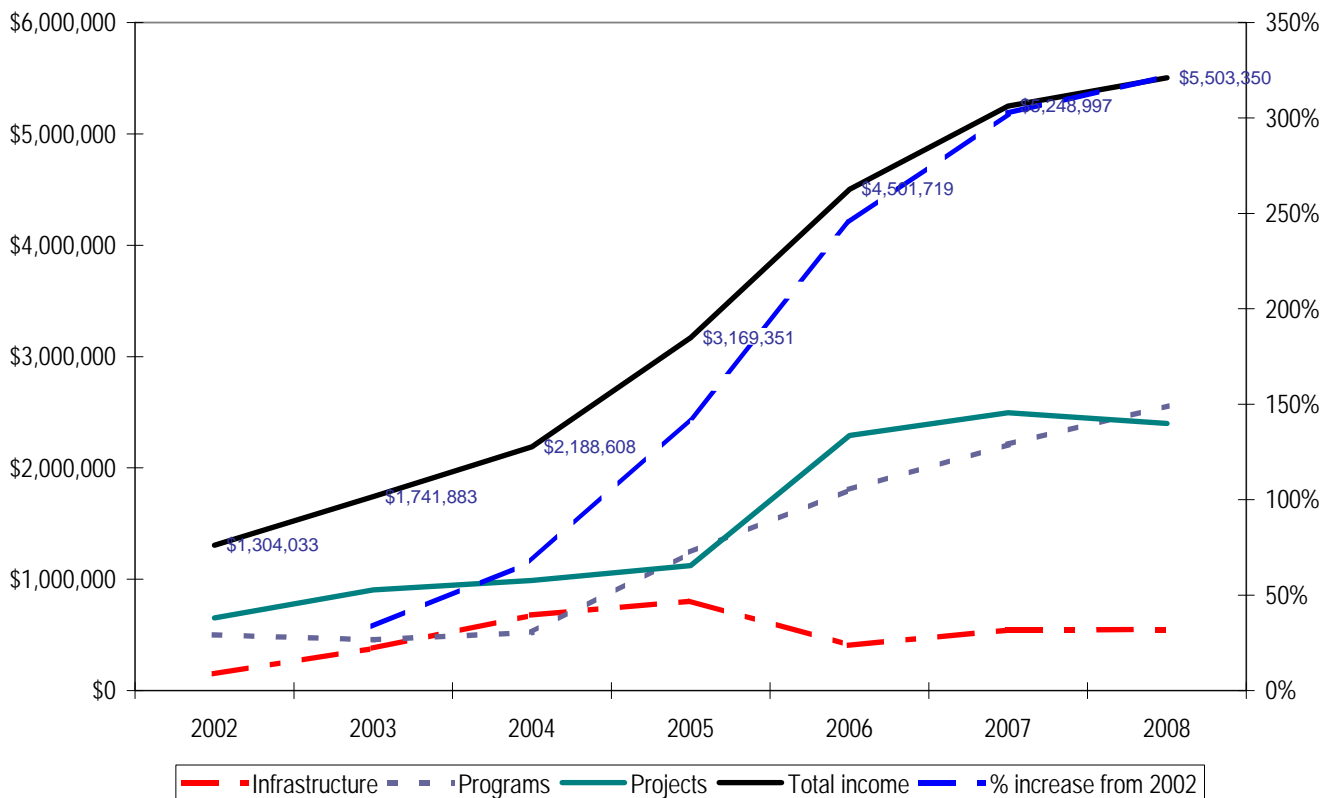
Aboriginal health has been another continuing interest as reflected in a series of projects by the Centre. In 2008 some innovative work to support the planning and funding of services was commissioned by the Queensland Aboriginal and Islander Health Commission. This was a contribution towards the practical steps needed in ‘*closing the gap*’.

In the year just passed we also built on our assessment work with carers. In 2005–2006 the Centre designed the CENA – the *Carer Eligibility and Needs Assessment* tool – for use in a range of national programs. In 2007 we developed a catalogue of effective interventions for carers, using similar methods to those we used with the literature in child health. In 2008 we broadened the scope of the carer work by two projects also in carer support, but this time by way of building improvements to the national system of allocating carer payments and allowances for children with disabilities.

Our ongoing work in assessment in community care began to join up more with other projects and programs in 2008. The ambulatory rehabilitation and palliative care areas, as well as disability screening for community participation and post-school programs and community care entry point work, have started to share a common logic. As a result, the architecture of the shared information domains started to become more coherent, but the whole field still lacks a large enough project that can synthesise the lessons to date and support the complex changes that are needed in the field.

While there is a lot of uncertainty as well as a very ‘fluid’ policy environment, there are likely to be significant development opportunities where we can make use of our continuing contributions. We expect a lot of ‘new’ policy to emerge to support a national approach to rehabilitation under new national arrangements. At the end of 2008 we may be heading towards a raft of useful reforms where fewer ‘micro-programs’ and a climate of greater flexibility will open up the scope for innovation at all levels of the health system.

Figure 1 Changes to CHSD income by type 2002–2008



From the University perspective

The University of Wollongong is one of Australia's 38 public universities with an international reputation that places us in the top 2% of universities globally.

The University's Business School, in its ten-year history, has been an integral part of our Centre's supportive infrastructure. It was established in 1997 and in 1998 was granted independent faculty status. The Business School opened its Sydney campus (now known as the Sydney Business School) in early 2000. We continue to benefit from our association with this important part of the University and Professor John Glynn is the Chair of our Board of Management.

Other University developments in 2008 were the announcement of the Illawarra Institute of Health and Medical Research and the arrival from Adelaide of Professor Liz Farmer to become the new head the Graduate School of Medicine, which accepted its first intake of students in 2007. We look forward to participating in both of these developments as opportunities for closer collaboration arise.

Acknowledgments

The CHSD gratefully acknowledges the support of Professor Judy Raper, Deputy-Vice Chancellor (Research), Professor John Glynn, Dean of the Sydney Business School and NSW Health, for our infrastructure support.

My own thanks as usual go to our staff and associates for their hard work in the Centre in 2008. Rob Gordon as Deputy Director and Elizabeth Cuthbert as Business Manager do an excellent job in supporting the Centre and the staff throughout the year. The members of the CHSD Executive and the Board of Management continue to contribute to the quality of our work by offering their ongoing guidance, advice and support.

Thanks also to the service providers and consumers, and the organisations they represent, who collaborated in our programs and projects, used our research, and provided us with constructive advice in the day to day work of our Centre.



Professor Kathy Eagar
Director

Our 2008 research themes, programs and development projects

In keeping with our overall approach to understanding the complexity of the health system, the Centre has consistently used a classification framework to describe our work program. We use six integrating themes to characterise most of the research carried out by the CHSD. The work within the themes includes both programs and projects, driven by current health and community sector priorities and selected after consideration of the skills and interests of the CHSD team. This mix of priority and investigator-driven activity has served us well in maintaining both continuity and relevance in our work programs.

We use our research themes as a way to map the variety of projects undertaken by the CHSD into coherent patterns.

That lets us track how our focus shifts over time and classifying our work by themes also guides our strategic thinking and direction as well as helping us understand our strengths and look for new areas of influence in health and community care policy and practice.

The project list and our programs in 2008 are listed below and that is a quick way to get an overview of our body of research and development work, matched to the Centre's six themes. The themes are characterised by the keywords of improving health service delivery, organisation and performance, care coordination and integration, outcomes research, policy development, management of need and demand, funding models, and the classification of consumers.

CENTRE PROGRAMS AND PROJECTS 2008	THEMES					
	HS delivery, organisation & performance	Care coordination & Integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
PROGRAMS						
AN- SNAP	x	x	x	x	x	x
Australasian Occupational Science Centre		x	x			
Australasian Rehabilitation Outcomes Centre		x	x	x		x
Australian Health Outcomes Collaboration	x	x	x			
Palliative Care Outcomes Collaboration		x	x			x
PROJECTS						
AHOC - Continence Dissemination Strategy	x		x			
AHOC – Continence Outcome Measures, Validation and Clinical Translation Project	x		x			
Blood and Marrow Transplantation Costing Study	x				x	
Cancer Australia National Evaluation – Development and Implementation	x			x		
Care Planning Sub-Program Evaluation - Palliative Care	x	x				

CENTRE PROGRAMS AND PROJECTS 2008	THEMES					
	HS delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
Clinical Registries – Testing and Validating draft ‘Operating Principles and Technical Standards for Australian Clinical Quality Registries’	x			x		
Clinical Services Redesign Program Evaluation	x	x				
Community Care Needs Assessment	x	x				x
DADHC – ONI-N Project – Development of the ONI-N Instrument		x				x
Dementia Training for Health Professionals – Scoping Study	x					
Detention Health - Data Coding and Analysis Project			x			x
Development of Carer Payment (Child) Assessment Tool					x	
Encouraging Best Practice in Residential Aged Care	x			x		
Evaluation of the Gold Coast Health Service District Pilot Hospital Avoidance Program	x	x	x			
NSW AIDS-Resource Distribution Formula (RDF) – 2008 Review				x	x	
NSW Community Health Review	x			x		
Palliative Care - CareSearch Evaluation	x	x				
Post-School Programs: Community Participation – Assessment of the 2008 School Leavers					x	x
Queensland Aboriginal and Islander Health Council Access and Equity Project			x		x	
Rehabilitation and Sub-acute Care Utilisation Review Research project (HCF)	x					x
Review of Veterans’ Home Care	x	x			x	
Triple Care Farm	x		x			
Victorian Child and Adolescent Monitoring System (VCAMS) – Annual Update of the Evidence-based Strategies	x			x		

PROGRAMS

AN-SNAP

CHSD provides ongoing support to NSW Health in the implementation of the AN-SNAP² classification system, which is an important part of the Department’s casemix-based approach to funding.

Members of CHSD also work with the Department in providing technical and policy support to sub and non-acute services for the implementation of the model.

SNAPshot is software designed primarily to collect “SNAP” (Sub-Acute and Non-Acute Patient) information. It has been used since 1996, and came out of an original study

² AN-SNAP stands for the Australian National Sub-Acute and Non-Acute Patient classification.

conducted by the Centre for Health Service Development. This was the first major project undertaken by the Centre and was based on the original non-DRG based classification work by Kathy Eagar and Kerry Innes. Kerry is at the National Centre for Classification in Health and her team there provided important technical work for the Detention Health project in 2008.

The reporting capacity of *SNAPshot* enables hospitals to generate reports and other information about sub and non-acute activity, measure trends, plan services and calculate funding levels under an episode funding model.

The *SNAPshot* information system is used routinely in NSW public hospitals as well as in other states and the private sector and has been modified for a range of applications including collecting the ACAT (ACAP), DVA, AROC and HACC Minimum Data Sets. The version that is currently in use is *SNAPshot Version 3.8a*.

The *SNAPshot* User Manual describes the main features which allow clinicians and data entry workers to collect the AROC Version 3 Data Set and the PCOC Version 2 Data Set. chsd.uow.edu.au/snapshot.html

Australasian Occupational Science Centre (AOSC)

Occupational science is an inter-disciplinary field concerned with the study of human occupation in relation to health in daily living, including the social policies, culture and geography that govern human occupation. An important aim of AOSC is to promote an occupational perspective of health which focuses on what makes and keeps people well, to the general public, health care practitioners and public health policy makers.

2008 was a year of international activity for AOSC. Two Canadian students undertook a fieldwork placement at AOSC from January to February. There were visits to AOSC from a Japanese and an English academic and in September, Dr Alison Wicks, the AOSC Director was an invited visiting scholar in Berlin, Amsterdam and Stockholm. In November, Alison gave a keynote address and a series of workshops at the Inaugural Occupational Science Symposium in Taiwan.

Interdisciplinary collaboration was also a significant part of AOSC activities during 2009. There was an innovative digital storytelling project with the UOW School of Creative Arts and a partnership with the Historic Homes Trust for the Meroogal Women's Art Prize, the theme of which was "Celebrating the everyday things women do". More information can be found on the AOSC website: shoalhaven.uow.edu.au/aosc.html

Australasian Rehabilitation Outcomes Centre (AROC)

AROC was established as a sub-centre of the CHSD on July 1, 2002 and has five roles:

- A national 'data bureau' that receives and manages data on the performance of rehabilitation services in Australia.
- The national 'benchmarking centre' for medical rehabilitation.
- The national certification centre for the Functional Independence Measure (FIM™) instruments (designed to measure functional needs and outcomes).
- An education and training centre for the FIM™ and other rehabilitation outcome measures.
- A research and development centre that develops research and development proposals and seeks external funding for its research agenda.

During 2008 the number of participating rehabilitation services continued to increase. By December 2008, 160 of the approximately 170 designated rehabilitation units in Australia were routinely collecting and submitting data to AROC. In addition, during the latter half of the year the Accident Compensation Commission (ACC) in New Zealand funded AROC membership for all NZ rehabilitation units; thirteen (of the 30–35 units in NZ) have taken up their membership to date, with five others indicating they will come on board shortly.

During 2008 AROC wrote and submitted for publication its third annual report: *The AROC Annual Report: the state of rehabilitation in Australia in 2007*. The report presents summary data for 2007 episodes, by impairment, and by AN–SNAP class, within each impairment group. The report also identifies and comments on key trends and issues in rehabilitation.

AROC continued to roll out impairment specific benchmarking workshops during the year, running Stroke, Brain Injury and Spinal Cord Injury workshops. Outcomes of these workshops are a set of industry developed and agreed outcome targets for the impairment in question. Fractured NOF (neck of femur) and Stroke targets are finalised and published; Brain Injury and Spinal Cord Injury targets are still draft, and undergoing the industry consultation/feedback process.

An important development during 2008 was when AROC started the roll out of the *Ambulatory Benchmarking Initiative*. With a finalised first version of the AROC ambulatory dataset, AROC has recruited some 45 rehabilitation units to begin collecting data against each and every episode of ambulatory rehabilitation.

FIM™ and WeeFIM® training activity continued to increase in 2008. In all, there were 56 AROC assisted FIM™ Workshops in Australia, 36 in New Zealand, and 13 WeeFIM® workshops across both countries. In all, AROC processed more than 2500 FIM™ and WeeFIM® exams during the year.

From the establishment of AROC to reaching this current level of usefulness to the clinicians and rehabilitation sector managers has taken six years. The achievements in that time have been the routine collection of a standardised data set and the provision of a national benchmarking system.

In turn this has led to an improved understanding of factors that influence rehabilitation outcomes and costs, and therefore the performance of the sector. More information about AROC can be found at the AROC website:

<http://chsd.uow.edu.au/aroc>

Australian Health Outcomes Collaboration (AHOC)

Following on from the successful completion of the project on the Continence Dissemination Strategy, AHOC was awarded a new project to clinically validate and translate the patient reported outcome and patient satisfaction tools.

These are the Revised Urinary Incontinence Scale (RUIS), the Revised Faecal Incontinence Scale (RFIS) and the Short Assessment of Patient Satisfaction (SAPS) scale. This large multi–centre trial involves surveying over 400 people across 8 clinics in 4 Australian states and territories.

In 2008 the ethics approval process was completed and AHOC began training local sites for clinical data collection in 2009. This project builds on community survey work

which has been published internationally and is a part of the Australian Government's National Continence Management Strategy³. This ambitious project will allow us to further develop tools that are simple yet effective in describing incontinence conditions and patient experiences before and after treatment, as well as rating satisfaction with health services.

In 2008, another successful *National Health Outcomes Conference* (Number 13) was held in Canberra between 30 April and 1 May, 2008. Organised by Jan Sansoni, Astoria Barr and Elizabeth Rogers at AHOC, the conference well and truly answered the year's theme of *facilitating knowledge transfer and exchange*, as well as reaching its financial target.

A number of stimulating and thought provoking research presentations were made, including those by Professor Neil Aaronson and Associate Professor Graeme Hawthorne. The conference was a good showcase for the latest developments in the health outcomes field, and included our own work at CHSD. Kathy Eagar was nominated as one of the best speakers at the conference, obtaining a large number of votes. Jan Sansoni and Nick Marosszky also received nominations for their papers.

In terms of small projects under AHOC, the major highlight of 2008 was our international collaboration and training session with Dr.

Ainul Hanafiah from the Health Outcomes Division, Institute for Health Systems Research, Ministry of Health Malaysia. In August, Dr. Hanafiah undertook a two week advanced training course in psychometrics and instrument development in Canberra and Wollongong. The success of this venture encourages us to pursue other international training opportunities into the future.

More information on AHOC is included in the AHOC website: chsd.uow.edu.au/ahoc

Palliative Care Outcomes Collaboration (PCOC)

Funded by the Australian Department of Health and Ageing, one of the primary aims of PCOC is to support specialist palliative care services in Australia to collect nationally agreed measures that lead to a better understanding of quality and outcomes of care. This is being achieved through the collection of consistent patient related data.

The PCOC database as at June 2008 contained data on 8,189 episodes of care and 18,439 phases of care. Five reports have been provided to palliative care services; the last being for data submitted by 54 services for the period January to June 2008.

In a relatively short time, three years, PCOC has demonstrated to the palliative care sector the value of collecting data and using it to reflect on their practices. It allows palliative care practitioners to measure continuous improvement in the quality and effectiveness of their services and to make changes to reflect improved practice. The improvements to service delivery benefit outcomes for patients. PCOC is still in the early stages of developing a benchmarking service for specialist palliative care services but the commitment and support from services to date augers well for the future

³ Hawthorne G, Sansoni J, Hayes L, Marosszky N, Sansoni E (2007) *Measuring patient satisfaction with continence treatment: A tale of GUTTS and SAPS*. Neurology and Urodynamics, Vol. 26, No. 5, pp. 633–634.

Sansoni J, Marosszky N, Hawthorne G, Sansoni E, Moore K (2007) *Revised, short, faecal incontinence assessment instruments for clinical practice, epidemiological and outcomes research*. Neurology and Urodynamics, Vol. 26, No. 5, pp. 638–639.

More detailed information about PCOC can be found at the PCOC website:

<http://chsd.uow.edu.au/pcoc/>

PROJECTS

Blood and Marrow Transplantation Costing Study

The State-wide Services Development Branch of NSW Health commissioned a costing study to inform the NSW Blood and Marrow Transplantation (BMT) Service Plan. The BMT Service Plan will provide comprehensive planning framework for BMT services to 2011.

The project considered variables such as population projections, increasing demand for services, changes in utilisation rates and the impact of emerging technologies in establishing service configuration and resource requirements for BMT services across NSW. Issues around regulatory and research developments were also taken into account.

The costing study is an important component of the planning and development process for BMT services. Allogeneic BMT in particular, is recognised as one of the most complex and costly procedures provided in the health system. It is therefore critical to develop a thorough understanding of both current cost structures and factors that are likely to impact on costs and resource requirements in the future.

Cancer Australia National Evaluation – Development and Implementation

This project was commissioned to provide a context for understanding the functioning and performance of Cancer Australia between its establishment and early 2009. It used a development framework for considering the

key opportunities and challenges that would subsequently face Cancer Australia.

The first report provided an answer to the question of why Cancer Australia was established. It identified the various factors that have shaped the formation and ongoing functioning of the organisation. The 'history and establishment report' was produced at the end of 2008 and was the first of three reports for Cancer Australia.

The purpose of this project is to 'locate' Cancer Australia in the health system at the time of its establishment, and position it for the future in terms of the Australian cancer control sector, its strategies, its research and funding priorities. The aim is to highlight the challenges and tensions that the organisation will need to understand as it addresses its direction and priorities in response to its national role as it is set out under its enabling legislation, The Cancer Australia Act, 2006.

Clinical Registry Pilot Site

In October 2008 AROC was notified that they had been successful in their tender to be one of the pilot sites for the Australian Commission on Safety and Quality in Health Care's project to validate their draft Operating Principles and Technical Standards for Australian Clinical Quality Registries.

The project not only allows AROC to assess itself against the draft Operating Principles and Technical Standards, and share those results with the Commission and other pilot sites, but has also provided some funding for AROC to fast track a number of projects such as a Quality Audit and Training for members identified as requiring this, the development of a Data Dictionary and development of a Quality Assurance Plan. This project will continue through most of 2009.

Care Planning Sub-Program Evaluation – Palliative Care

The Centre was appointed in 2006 by the Commonwealth Department of Health and Ageing as the National Evaluation Team (NET) to undertake a formative and summative evaluation of its Care Planning Program. This is a sub-program of its Local Palliative Care Grants Program. A total of thirty three projects were funded nationally.

The program's aim is to promote flexible models of care planning and service delivery, improve collaboration and support smooth transitions between settings of care, i.e. residential aged care facilities, the person's home and inpatient facilities. The evaluation is to generate shared knowledge, improve the program and encourage best practice in care planning for palliative care patients.

A significant aspect of the Centre's work has been to support the projects with advice regarding project management, evaluation strategies and report writing. The Centre's work has improved linkages between the projects, as well as with related initiatives, in order to avoid duplication of effort, share lessons learned, and foster a more engaged and informed palliative care sector.

National workshops involving all project officers as well as relevant stakeholders have been held during the course of the evaluation, in addition to site visits and regular phone and email contact to support individual projects. The final evaluation report is due in mid-2009.

Clinical Services Redesign Program Evaluation

The Clinical Services Redesign Program was a three year program (2005–2008) by the NSW Health Department to improve the performance of the health system,

particularly in the areas of emergency departments, elective surgery and aged care. It was part of a broader reform strategy that involved top-down performance management and additional resources.

CHSD undertook an evaluation of the program over two years (2006–2008) in collaboration with two colleagues from the University of Wollongong – Professor Helen Hasan and Dr Grace McCarthy – and Professor Paul Bate and Dr Glenn Robert from University College London. The evaluation combined strong elements of quantitative and qualitative data analysis and provided an excellent opportunity to develop skills in qualitative research, using techniques not previously employed. The evaluation also utilised an innovative approach to the use of seasonally adjusted time series data.

The evaluation of the CSRP represented a major piece of work (our largest evaluation since the SNAP study when the Centre began) investigating the use of the redesign methodology, primarily involving acute hospital-based services, and has the potential to provide a platform for similar work in the future. The lessons learnt from the evaluation have already influenced a number of other projects currently underway in the Centre.

Community Care Needs Assessment

This is a continuing series of projects in search of a suitable program structure, with continuity between projects provided by the common attributes and design principles of the tools that are designed under each project.

Tools for Ongoing Needs Identification (ONI) were implemented in Queensland and in care coordination services in NSW and were adapted for priority rating models that were

included in assessment systems for home care and equipment lending⁴.

Under this area of work CHSD completed two large projects with a national focus from 2006 to 2007 for the Australian Government's "The Way Forward" agenda for community care reform. These were the Australian Community Care Needs Assessment (ACCNA) and the Carer Eligibility and Needs Assessment (CENA) projects. Both involved the development and field testing of a national screening and assessment data elements that were designed from the start to be suitable for use in community care intake systems, for ongoing assessment and care planning and with a view to electronic information exchange.

The electronic format allowed for much more use of derived data items combining key assessment-level variables to prompt referral and further assessment and an automated approach to priority rating. This is an example of using routine data collection to get the right package of services that are commensurate with a person's needs and their preferred mode of receiving services or support. More information on the main projects in this area is on the CHSD community care screening pages.

<http://chsd.uow.edu.au/screening.html>

DADHC ONI-N Project

Development of the ONI-N Instrument

The Centre's work continued in the community care screening area with the NSW Department of Ageing Disability and Home Care. This project developed and field tested a NSW version of the national-level data elements (called in NSW the ONI-N), as part

of a national *Access Points* demonstration project.

It built the data items into the Department's client information system and the telephone-based assessment team used the tools to capture indicators of needs, risks and eligibility in community care clients and to then make referrals to local agencies over the *HSNet* system based on that information.

The modular approach to the design accommodates further development work on additional domains of primary care. A subsequent project began in late 2008 to build in suitable questions for screening for adults and children with disabilities and to use the ONI-N as the intake system for a larger number of the Department's programs. The aim of the work in 2009 is to prepare the suite of data elements for inclusion in the next version of the Department's client information system (CIS2).

Dementia Training for Health Professionals – Scoping Study

In late 2007, the Centre was approached by NSW Health to conduct a scoping study about current opportunities for dementia education and training for health professionals in NSW. The study was conducted between March 2008 and July 2008, and included interviews with 27 key stakeholder groups representing health and care service providers with whom people with dementia and their carers interact during their 'dementia journey', and with patient/client and carer representatives, as well as training providers and peak organisations. In addition, a short internet search was conducted to complement this work and inform the Department of the current opportunities for dementia education and training for health professionals in NSW.

⁴ Masso M, Owen A, Stevermuer T, Williams K and Eagar K (2008) *Assessment of Need and Capacity to Benefit for People with a Disability Requiring Aids, Appliances and Equipment*. Australian Occupational Therapy Journal, October 2008.

Two key messages emerged from the study as follows:

- It is clear that dementia is core business for the health system and that this needs to be reflected at the systemic as well as local level.
- The philosophy of person-centred care should underpin the delivery of health and care services.

In total, 19 recommendations were made to the Department to improved dementia training opportunities for health professionals. These included suggestions for the use of one-off training funds under the current NSW Dementia Action Plan 2007–2009, should recurrent funding become available. In addition, recommendations were made regarding systemic changes which could be undertaken to make dementia training more accessible and integrated within education and training programs for health professions, community care providers, and for the community in general.

Detention Health –Data Coding and Analysis Project

This project, commissioned by the Department of Immigration and Citizenship, involved a retrospective case review of the health of a sample of 720 people held in detention in 2005/06.

The project was completed in February and Kathy Eagar briefed the Minister of Immigration (Chris Evans) about the results at a meeting in parliament house in June 2008. At that meeting, the Minister agreed to delay the release of the report until we can publish the findings in the peer reviewed literature (the first paper is still under review).

The Minister announced major changes to Australian detention policy on 29 July. In

doing so, he said “The impacts on both the physical and mental health of the detainees are severe. Recent research undertaken by the Centre for Health Service Development at Wollongong University dramatically highlights the deleterious health impacts of long-term detention”.

It has been suggested to DIAC that similar studies need to be commissioned on the health of detainees who are now moved to the community, which would be a good research partnership opportunity.

Development of a new Assessment Tool for Carer Payment (Child)

In early 2008 the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) contracted CHSD to provide them with advice regarding the most appropriate tool for use to support claims for income support payments made by carers of children under 16 years of age with severe disability or severe medical conditions.

The Review of Carer Payment (child) was completed in November 2007 and the report of the Taskforce Carer Payment (child): A New Approach was released by the FaHCSIA Minister, the Hon Jenny Macklin MP, on 7 February 2008. In response to the findings of this review, the Government announced changes to the eligibility and assessment processes for Carer Payment (child). New, fairer eligibility criteria for Carer Payment (child) will be introduced from 1 July 2009. After completing this initial work in July 2008, FaHCSIA asked CHSD to continue the work, further develop and finalise the assessment tool, and then field test ready for implementation on 1 July 2009.

Encouraging Best Practice in Residential Aged Care Program

The Commonwealth Department of Health and Ageing commenced the 'Encouraging Best Practice in Residential Aged Care Program' in 2007 with the aim of improving evidence based practice in Australian Government subsidised aged care homes. A total of 13 projects have been funded to improve clinical care in the areas of nutrition and hydration, medication management, falls prevention, oral care, pain management, wound management, infection control, behaviour management and palliative care. The Centre is undertaking the evaluation of the program which will run until the end of 2010.

There is a considerable literature on the issue of evidence-based practice in health care but only a few studies have been undertaken in residential aged care. The evaluation provides an opportunity to make a significant contribution to what is known about this important issue and is of strategic importance to the Centre as it constitutes a major piece of work in a sector (residential aged care) in which we have not previously worked. One of our senior research fellows is undertaking doctoral studies as part of the evaluation.

Evaluation of the Gold Coast Health Service District Pilot Hospital Avoidance Program

The Gold Coast Health Service District (GCHSD) has established a hospital avoidance pilot program with a 'single entry point' for more developing more immediate responses to patients' needs. The purpose of this program is to reduce emergency department (ED) presentations, hospital admissions from the ED, the average length of stay (LOS) for patients, the readmission of complex

patients and the need for ambulance transfers.

The pilot program began in July 2008 and will operate until 31 December 2009. The Centre has been commissioned by Queensland Health to undertake an independent evaluation of the pilot program in the GCHSD. We are using our evaluation framework and our experience in a similar program in NSW (see our 2007 Annual Report under SAFTE) to provide guidance for decision-makers on how the program is operating.

NSW AIDS-Resource Distribution Formula (RDF) – 2008 Review

The Centre is undertaking a review of the AIDS Resource Distribution Formula (RDF) in New South Wales for the AIDS/Infectious Disease Branch (AIDB) of NSW Health that is due to be completed in early 2009. The outcome of the project will be an appropriate model for NSW Health to determine the equitable allocation of funds to Area Health Services for the delivery of local HIV, sexually transmissible infections, Hepatitis C services and the Needle and Syringe Program.

The need for these services varies across NSW. To ensure geographic equity in the allocation of funds across the Areas, NSW Health has been using an AIDS Resource Distribution Formula. This is a statistical model that allocates funding on the basis of population need.

In 2004, the AIDS-RDF was reviewed for the first time in almost ten years. That review recommended substantial changes to the Area allocations for local service delivery and these were subsequently introduced over a four-year period. In order to maintain geographic equity in the allocation of funds, the AIDS-RDF model needs to be reviewed

again. In particular, the project involves investigating whether the current model appropriately allocates funds to local services, including clinical and non-clinical service delivery, and whether it adequately accounts for cross-Area Health Service patient flows.

NSW Community Health Review

The NSW Community Health Review was undertaken for NSW Health in 2008. It was a strategic review that had three major components that were presented as three linked reports.

The first component was a literature review of the evidence supporting the effectiveness of community health and primary care interventions. The second was an analysis of the state of service provision, including gaps, governance, linkages and referral pathways with other parts of the health system including general practice, other providers of primary care services and acute and population health services.

This final report built on the first two reports. It was strategically focussed and designed to inform future planning and resource allocation decisions in NSW in line with the Terms of Reference which included making recommendations, both short term and long term, for: “a revitalised and cost effective community health sector... including a staged pathway for reform.”

Palliative Care – CareSearch Project

The CareSearch website was launched in 2004 and was initially designed to be a support and resource for specialist palliative care providers. The web-site has been expanding and reviewing its operations. CHSD was engaged to assist in the evaluation of the web-site.

The evaluation used two feedback surveys. The first was directed at users visiting the website and collected information on how visitors learned about the resource, what they were looking for and whether they found it a useful site. The second was a service survey which provided information on awareness and use of the site by the core providers of palliative care, i.e., those who work in specialist palliative care services.

The surveys were carried out in late 2007, and then again in late 2008 to provide some comparative data. The specialist survey was modified in 2008 to identify issues relating to the use and implementation of research evidence into palliative care practice.

The evaluation identified that there is an appetite for implementing research based evidence into palliative care practice and that there is overwhelming evidence that practitioners realise the potential benefits from the use of on-line resources. Knowledge of and use of the website had increased significantly. Obstacles to its successful use were identified, such as lack of technology, internet access, and lack of skills by users. There is a need to constantly promote and publicise the web-site and encourage and support users.

<http://www.caresearch.com.au>

Post-School Programs: Community Participation – Assessment of the 2008 School Leavers

This is an ongoing project that continued into 2008 based earlier work for the NSW Department of Ageing, Disability and Home Care (DADHC) on screening and assessment of the functional abilities of young people with disabilities in the school system. The work supports the Department’s program planning and the allocation of places within different components of the post-school

programs, in particular the Community Participation Program where Janette Green and members of her statistics group support the Department in continuous refinement of the tools and allocation of resources within the program on a State-wide basis.

The increasing acceptability of the approach in the sector and with the end users has been particularly satisfying for the Centre. Our work helps to match young people leaving school to the program that best matches their level of ability. It also provides a model for developing client classification and costing methods for use in disability services.

This work has attracted interest from other States, mainly Victoria and WA. The interest in the model is because it uses a consumer and not service-based focus and the results are derived from the cost of services actually provided to each client, not just based on the program's historical funding allocation.

QAIHC Access and Equity Project

This was an important project in 2008 that addressed ways of estimating the funding required to close the gap in Aboriginal and Islander health in Far North Queensland. It was commissioned by the Queensland Aboriginal and Islander Health Corporation (QAIHC) and addressed three questions:

1. What is the current cost of primary health services in Cape York and Yarrabah?
2. What would it cost to bring these communities up to the current national average?
3. Consistent with the Prime Minister's commitment, what would it cost to close the health gap?

The project was undertaken in collaboration with the Apunipima Cape York Health Council in Cape York and the Gurriny Yealamucka Health Services Aboriginal Corporation in Yarrabah.

Review of the Veterans' Home Care Program

Veterans' Home Care (VHC) is a program for veterans providing a small number of basic service types to address low levels of need. The review was commissioned by the Department to forecast how the program might change to better meet the needs of Veterans given the ageing of the target group and the growing complexity of their needs.

The review involved all aspects of the Centre's expertise, with a complex data analysis component, an international literature review, extensive surveys (by mail-out to a sample of 1500 veterans and on-line to assessors and providers) and national consultations in the field. The report presented a range of feasible options for how the program could change to be more useful for Veterans and more integrated with the other services they use. The VHC report was publicly released in 2008.

Triple Care Farm

This is a small accommodation and rehabilitation service in the Southern Highlands of NSW providing help to young people with mental health and substance abuse problems. The Centre has assisted the service to carry out a research project that attempts to measure the outcomes of their activities and improve their operating procedures.

Victorian Child and Adolescent Monitoring System (VCAMS) – Annual Update of the Evidence-based Strategies

A catalogue was commissioned by the Victorian Department of Human Services in 2005 to assist their 'Best Start' projects in choosing evidence-based approaches to promote the health of children. The focus

was on proven strategies relevant to the Victorian context – include promising local initiatives.

Best Start projects involve collaborations between local government, community health, non-government organisations, social service agencies, education providers such as schools, child care and kindergartens (preschools), and other community organisations such as service clubs and churches.

The original catalogue was created for the Best Start program, which has a particular focus on prevention and early intervention with vulnerable families, including Aboriginal and Torres Strait Islander (ATSI) families, people from culturally and linguistically diverse (CALD) backgrounds, and families living in rural areas.

The catalogue now has a wider application beyond the Best Start program and our 2008–2009 contract with the Victorian Department of Education and Early Childhood Development (DEECD) requires us to update the 15 original indicators. The catalogue is now a key element in the Victorian Child and Adolescent Monitoring System (VCAMS) and is available at:

www.education.vic.gov.au/ocecd/catalogue_of_evidence.html

Other health system contributions

Members of the CHSD undertook a number of service planning and review projects and

collaborated with other research groups in 2008.

Associate Professor Chris Poulos is undertaking two Rehabilitation and Sub-acute Care Utilisation Review research projects. The projects continued into 2008 and are collecting data on both acute and rehabilitation patient episodes.

Reflecting Centre members' expertise and experience in the more academic health service research area, the Centre participates in research through grants held by other institutions. The titles of these activities in 2008 were:

- 'Developing new methods for building health policy capacity in Australia';
- 'Cost-efficient service provision in neuro-rehabilitation: defining needs, costs and outcomes for people with long term neurological conditions';
- 'The Use of Semantic Concepts for Text Classification and Extraction from Medical Case Studies to Improve Patient Care; 'Human Communication Science;
- 'Circulatory and Associated Conditions in Urban Indigenous Peoples';
- 'Improving health outcomes for Aboriginal Australians with chronic diseases through strategies to reduce systems barriers to necessary care';
- 'Treatment Outcomes for Young People with Co morbid Mental Illness and Alcohol & Other Drugs Problems'.

CHSD Inputs in 2008: Funding

<i>Type</i>	<i>Funding source, program or project description</i>	<i>Funding 2008</i>	<i>As % of total funding required</i>
Goal for 2008		\$5,500,000	100.0%
	Funding secured	\$5,503,350	100.1%
	Difference	\$3,350	0.1%
Infrastructure	UoW infrastructure	\$251,184	4.6%
	UoW Research Strength Funding	\$186,158	3.4%
	NSW Health Infrastructure grant	\$110,000	2.0%
	Total infrastructure	\$547,342	10.0%
Programs	Palliative Care Outcomes Collaboration (PCOC)	\$685,309	12.5%
	PCOC - Interim funding (to Dec 08)	\$822,272	15.0%
	Australasian Rehab Outcomes Centre (AROC)	\$899,240	16.3%
	SNAP Transition	\$49,230	0.9%
	Australian Health Outcomes Collaboration (AHOC) - core	\$100,543	1.8%
	Total programs	\$2,556,594	46.5%
Projects	Best Practice in Residential Aged care	\$402,451	7.3%
	Community Health Review	\$274,818	5.0%
	Evaluation of the Clinical Services Redesign Program	\$270,031	4.9%
	Palliative Care planning sub-program	\$264,000	4.8%
	Cancer Australia Evaluation	\$177,924	3.2%
	Contenance Outcome Measures Translation Project	\$150,000	2.7%
	VCAMS	\$119,791	2.2%
	Gold Coast - Hospital Avoidance	\$109,534	2.0%
	Carer Assessment tool -Phase 2	\$98,533	1.8%
	Blood and Marrow	\$98,458	1.8%
	Vic Palliative care MDS	\$82,290	1.5%
	DADHC ONI-N project	\$67,693	1.2%
	Clinical Registries	\$60,791	1.1%
	Carer Assessment tool (FaHCSIA)	\$58,732	1.1%
	QAIHC - Access and Equity Project	\$50,000	0.9%
	DADHC - Assessment of the 2008 school leavers	\$39,229	0.7%
	Dementia training - scoping study	\$29,986	0.5%
	NSW AIDS RDF Review	\$25,000	0.5%
	Care Search - Knowledge Network	\$11,669	0.2%
	Contenance Dissemination Strategy	\$8,485	0.2%
	HCF - Utilisation review research project	\$0	0.0%
	Triple Care Farm	\$0	0.0%
	Total projects	\$2,399,413	43.6%
Total income		\$5,503,350	100.1%

CHSD Outputs 2008: publications and dissemination

CHSD staff and associates produced a total of 87 publications in 2008. A total of 22 journal articles were published or were still under review at the end of the year. These publications are listed below, followed by a description of the growth in the use of the CHSD website for disseminating our research findings and tools

CHSD Publications 2008

Book chapters

1. Eklund P and Ducrou J (2008) *Faceted Document Navigation using Conceptual Structures*. In Hitzler P and Scharf H (Eds) Conceptual Structures in Practice, CRC Press, ISBN: 9781420060621, pp. 251–278.
2. Thomson N and Ring I (2008) *Health Status. Aboriginal Primary Health Care – An Evidence-based Approach*. Third Edition, Oxford University Press.
3. Ring I and Brown N (2008) *Aboriginal and Torres Strait Islander Health: Implementation, not more policies*. In Gunstone A (Ed) History, Politics and Knowledge: Essays in Australian Indigenous Studies. Australian Scholarly Publishing Pty Ltd, Melbourne.
4. Walsh W, Ring I, Brown A and Couzos S (2008) *Coronary Heart Disease, Aboriginal Primary Health Care – An Evidence-based Approach*. Third Edition, Oxford University Press.
5. Masso M, Owen A, Stevermuer T, Williams K and Eagar K (2008) *Assessment of Need and Capacity to Benefit for People with a Disability Requiring Aids, Appliances and Equipment*. Australian Occupational Therapy Journal. October 2008.
<http://www3.interscience.wiley.com/journal/120081636/issue?CRETRY=1&SRETRY=0>
6. Mathews A, Pulver L and Ring I (2008) *Strengthening the link between policy formulation and implementation of Indigenous health policy directions*. Australian Health Review. 32 (4): 613–625.
7. New PW and Poulos CJ (2008) *Functional improvement of the Australian health care system – can rehabilitation assist?* Medical Journal of Australia. 189 (6): 340–343.
8. Siminski P, Bezzina A, Lago L and Eagar K (2008) *Trends in Primary Care Presentations at Emergency Departments in New South Wales (1999–2006)*. Australian Journal of Primary Health. 14 (3): 35–42.

Journal Articles

5. Currow DC, Eagar K, Aoun S, Fildes D, Yates P and Kristjanson LJ (2008) *Is It Feasible and Desirable to Collect Voluntarily Quality and Outcome Data Nationally in Palliative Oncology Care?* Journal of Clinical Oncology. 26 (23): 3853–3859.
6. Gibbs A, Pearse EJ, Sheehan JA, Meleady KT, Jayasinha H and Jones N (2008) *Estimating and Projecting Sub-Acute Care Demand: Finding from a review of international model*. Australian Health Review. 32 (4): 778–785.
7. Malpage J, Martin K and Wicks A (2008) *Berry Men's Shed: A photo essay*. Journal of Occupational Science. 15 (3): 194–195.
12. Siminski P, Bezzina A, Lago L and Eagar K (2008) *Primary care presentations at emergency departments: rates and reasons by age and sex*. Australian Health Review. 32 (4): 700–709.
13. Simmonds F and Stevermuer T (2008) *The AROC Annual Report: the state of rehabilitation in Australia 2006*. Australian Health Review. 32 (1): 85–110.
14. Wicks A (2008) *Into the mainstream: Making occupational science visible*. Japanese Journal of Occupational Science. 2 (1): 6–16.
15. Wicks A (2008) *The International Occupational Science Think Tanks: Catalysts for developing occupational science internationally*. Ergoscience. 3 (3): 112–116.

In press

16. Masso M and Eagar K (In press) *Do public inquiries improve the quality and safety of health care?* In Healy J and Dugdale P (Ed) Safety First: Regulating Patient Health Care. Allen and Unwin.
17. Skinner TC, Anstey C, Baird S, Foreman M, Kelly A and Magee C (In press) *Mindfulness and Stress Reactivity: A preliminary investigation*. Spirituality and Health International.
18. Wicks A (In press) *Occupational profile: Robin Brooks*. Journal of Occupational Science.
19. Williams K, Lago L, Lainchbury A and Eagar K (In press) *Mothers' views of caseload midwifery and the value of continuity of care*. Accepted by Midwifery.

Under editorial review

20. Eagar K and Green J (2008) *The health of people held in Australian immigration detention centres*. Submitted to Medical Journal of Australia.
21. Eagar K, Watters P, Currow D, Aoun S, Kristjanson L and Yates P (2008) *The Australian Palliative Care Outcomes Collaboration (PCOC) – measuring the quality and outcomes of palliative care on a routine basis*. Submitted to Australian Health Review.
22. Gordon R, Eagar K, Currow D and Green J (2008) *Current funding and financing issues in the Australian hospice and palliative care sector*. Submitted to Journal of Symptom and Pain Management.
23. Khan F, Turner-Stokes L, Stevermuer T and Simmonds F (2008) *Multiple Sclerosis Rehabilitation Outcomes: Analysis of a National Casemix Dataset from Australia*. Submitted to Journal of Multiple Sclerosis.
24. Levi C, Lyons N, McDonald R, Swan J, McGrath K, Wiggers J, Considine R, Eagar K and Clout T (2008) *Health system reform: evaluation of impact in four acute hospitals*. Submitted to International Journal for Quality in Health Care.

25. Masso M and McCarthy G (2008) *Literature review to identify factors that support implementation of evidence-based practice in residential aged care*. Submitted to International Journal of Evidence-Based Healthcare. September 2008.
26. Masso M and Owen A (2008) *Linkage, coordination and integration – evidence from rural palliative care*. Submitted to Australian Journal of Rural Health. December 2008.
27. Masso M, Robert G, McCarthy G and Eagar K (2008) *The Clinical Services Redesign Program in New South Wales: perceptions of senior health managers*. Submitted to Australian Health Review. November 2008.
28. Quinsey K, Owen A, Masso M, Fildes D, Grootemaat P and Eagar K (2008) *Lessons from the National Evaluation of the Australian Rural Palliative Care Program*. Submitted to Palliative Medicine.
29. Wicks A (2008) *Life stories as data in narrative research on human occupation*. In Molineux M (Ed) Occupational narratives: Narrative research in human occupation and health. Wiley-Blackwell.

Conference Papers

30. Banfield M and Watters P (2008) *Palliative Care Outcomes Collaboration – establishing measures of palliative care patient outcomes*. Casemix Conference, 17–18 November 2008, Adelaide.
31. Brown A, Wicks A and Fildes D (2008) *Tools for engaging older men. Community men's sheds as a means of engaging older men in community activities*. Australian Association of Gerontology NSW Conference: 'Getting on with Life', 1 April 2008, Wollongong.
32. Carroll M, Shanley C and Wicks A (2008) *After the PhD. Workshop*. Australian Association of Gerontology NSW Conference: 'Getting on with Life', 1 April 2008, Wollongong.
33. Eagar K (2008) *Facilitating Knowledge Exchange and Transfer for a Dynamic Future*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National

- Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
34. Eagar K (2008) *How is benchmarking best achieved?* Australian Healthcare and Hospital Association Annual Congress, 25–26 September 2008, Canberra.
35. Eagar K (2008) *Research Methods: Evaluating Health and Aged Care Programs*. Australian Association of Gerontology NSW Conference: 'Getting on with Life', 1 April 2008, Wollongong.
36. Eagar K (2008) *The bigger picture: national and state health reform agendas 2008 and beyond*. 2008 Justice Health Leadership and Management Forum, September 2008, Sydney.
37. Eagar K (2008) *Translating research into practice: evidence-based strategies to improve the health and wellbeing of children in local communities*. University of Wollongong Social Innovation Network Launch, September 2008, Wollongong.
38. Eagar K (2008) *Working together in health and community care – where we are now and where might we go?* 2008 National Civil Society Dialogue Forum, September 2008, Old Parliament House, Canberra.
39. Eagar K, Sansoni J, Marosszeky N and Green J (2008) *Designing and implementing measurement suites: Screening, assessment, outcomes evaluation and service benchmarking (Workshop)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
40. Grootemaat P, Quinsey K and Owen A (2008) *Patient and carer experiences: the National Evaluation of the Rural Palliative Care Program*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
41. King M, Zapart S, Sansoni J and Marosszeky N (2008) *Measuring health related quality of life in persons with dementia (Paper)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
42. Lawrence S, Robinson A and Eagar K (2008) *The trajectory of decline – how did this concept get into aged care policy? (Poster presentation)*. 2008 Annual Scientific Meeting of the American Geriatrics Society, 30 April – 4 May 2008, Washington.
43. Marosszeky N and Sansoni J (2008) *The use of proxy / informant reports for people with dementia (paper)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
44. Marosszeky N and Sansoni J (2008) *How to improve proxy measurement in dementia: Suggestions from the scientific literature (Poster)*. National Dementia Research Forum (Dementia Collaborative Research Centres), 18–19 September 2008, Sydney.
45. Marosszeky N, Simmonds F and Stevermuer T (2008) *Using the Lawton's and patient goals to evaluate ambulatory rehabilitation outcomes*. Australian Faculty of Rehabilitation Medicine Annual Scientific Congress: People at Work, Managing Complexity, 6–8 May 2008, Adelaide.
46. Masso M (2008) *Evidence-based practice in residential aged care – challenges and opportunities*. Australian Association of Gerontology NSW Conference: 'Getting on with Life', 1 April 2008, Wollongong.
47. Poulos CJ (2008) *The complex medical patient – can utilisation review help?* 4th Australasian Redesigning Healthcare Summit, 5–6 March 2008, Melbourne.
48. Poulos C, Simmonds F, Eagar K and Poulos R (2008) *Utilizing a national benchmarking database for rehabilitation services to explore injury rehabilitation in Australia*. 9th World Conference on Injury Prevention and Safety Promotion, 15–18 March 2008, Merida, Mexico.
49. Ring I (2008) *What monitoring mechanisms should support a national plan to close the*

- gap? Close the Gap Summit, 26–27 November 2008, Sydney.
50. Ring I (2008) *Some personal views on issues relevant to Indigenous mortality statistics*. Australian Mortality Data Interest Group, 24 November 2008, Brisbane.
 51. Ring I (2008) *Midlife factors and successful ageing*. Growing Old Well: A life cycle approach for Aboriginal and Torres Strait Islander Peoples, Inaugural National Workshop, 15 August 2008, University of NSW, Sydney.
 52. Ryan A and Eklund P (2008) *A Framework for Semantic Interoperability in Healthcare: A Service Oriented Architecture based on Health Informatics Standards*. Medical Informatics Europe 2008, 25–28 May 2008, Goteborg, Sweden.
 53. Sansoni E, Marosszeky N and Sansoni J (2008) *A Measurement Suite for Dementia*. 18th Alzheimer Europe Conference – Breaking the Barriers, 22–25 May 2008, Oslo, Norway.
 54. Sansoni J (2008) *Facilitating knowledge exchange and transfer: Some key issues (Paper)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
 55. Sansoni J (2008) *Health outcomes: An overview and an introduction (Workshop)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
 56. Sansoni J, Hawthorne G, Marosszeky N, Hayes L and Sansoni E (2008) *Measuring patient satisfaction with urinary incontinence treatment (Poster)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
 57. Sansoni J, Marosszeky N and Sansoni E (2008) *Dementia Outcomes Measurement Suite (DOMS) Project – Outline of recommended instruments*. Australian Association of Gerontology NSW Conference: ‘Getting on with Life’, 1–2 April 2008, Wollongong.
 58. Sansoni J, Marosszeky N and Sansoni E (2008) *Developing and refining outcome measurement suites: An example from the National Continence Management Strategy (Paper)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
 59. Sansoni J, Marosszeky N and Sansoni E (2008) *Recent Findings: Dementia Outcomes Measurement Suite*. Minister’s Dementia Advisory Group Meeting, 26 May 2008, Canberra.
 60. Sansoni J, Marosszeky N and Sansoni E (2008) *The Dementia Outcomes Measurement Suite: Tools for Practice Improvement (Guest Lecture Series)*. Eastern Australia Dementia Training and Study Centre (EADTSC), 19 August 2008, University of Wollongong.
 61. Sansoni J, Marosszeky N and Sansoni E (2008) *The Dementia Outcomes Measurement Suite (DOMS) Project (Presentation and Poster)*. National Dementia Research Forum (Dementia Collaborative Research Centres), 18–19 September 2008, Sydney.
 62. Sansoni J, Marosszeky N, Hawthorne G and Sansoni E (2008) *Measuring faecal incontinence in Australia (Poster)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
 63. Sansoni J, Marosszeky N, Sansoni E and Hawthorne G (2008) *The Development of the Revised Urinary Incontinence Scale (RUIS) (Paper)*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra. (Peer reviewed)
 64. Sansoni J, Marosszeky N, Sansoni E and King M (2008) *Recent Findings: The Dementia Outcomes Measurement Suite project (Paper)*. Health Outcomes 2008: Facilitating

- Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra. (Peer reviewed)
65. Simmonds F (2008) *Benchmarking Outcomes in Rehabilitation: How to make AROC work for you!* Australasian Rehabilitation Nurses Association NSW/ACT Chapter Conference, 25 July 2008, Sydney.
66. Simmonds F (2008) *The State of Rehabilitation in Australia in 2006*. Australian Association of Gerontology NSW Conference: 'Getting on with Life', 1–2 April 2008, Wollongong.
67. Simmonds F, Law J and Stevermuer T (2008) *Developing Targets for Outcomes of Treatment of Fractured Neck of Femur in Australia*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
68. Simmonds F, Law J and Stevermuer T (2008) *Developing Targets for Outcomes of Treatment of Fractured Neck of Femur in Australia (Poster)*. Australian Faculty of Rehabilitation Medicine Annual Scientific Congress: People at Work, Managing Complexity, 6–8 May 2008, Adelaide.
69. Simmonds F, Marosszeky J and Stevermuer T (2008) *The AROC Annual Report: the state of rehabilitation in Australia in 2007*, Australian Faculty of Rehabilitation Medicine Annual Scientific Congress: People at Work, Managing Complexity, 6–8 May 2008, Adelaide.
70. Simmonds F, Marosszeky N and Stevermuer T (2008) *"Make mine a combo": Explaining why a combination model of inpatient and ambulatory care services in rehabilitation works better than inpatient and ambulatory care services alone*. Australian Faculty of Rehabilitation Medicine Annual Scientific Congress: People at Work, Managing Complexity, 6–8 May 2008, Adelaide.
71. Watters P and Fildes D (2008) *Palliative Care Outcomes Collaboration – the challenges of developing a national data set collection*. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
72. Wicks A (2008) *Developing the potential of occupational science through intercultural dialogue*. Invited keynote address at ENOTHE–ECOTROS–ISOS Workshop, 25 September 2008, Alice Salomon Hochschule, Berlin, Germany.
73. Wicks A (2008) *Mainstreaming an occupational perspective of health: Lessons from the AOSC story (Poster presentation)*. Occupational Therapy Australia Conference, 12 September 2008, Melbourne.
74. Wicks A (2008) *Occupational science and its relationship to occupational therapy*. ENOTHE–ECOTROS–ISOS Workshop, 25 September 2008, Alice Salomon Hochschule, Berlin, Germany.
75. Wicks A (2008) *Thinking and acting 'outside the box' to promote an occupational perspective (Poster presentation)*. New Zealand Association of Occupational Therapy Conference, 5 September, Palmerston North, New Zealand.
76. Wicks A (2008) *Viewing the world through an occupational lens*. Invited keynote address at Inaugural Occupational Science Symposium, 29 November 2008, Taipei, Taiwan.
77. Williams K (2008) *Development of the catalogue of evidence-based strategies*. Invited address at the Best Start Forum – Working together for our children's future: planning, implementing and evaluating systems change, 10 November 2008, Melbourne, Australia.
- ## Other publications
78. Banfield M and Clapham S (2008) *PCOC Training Publications – Module 1 Introductory overview of PCOC; Module 2 Data collection in practice; Module 3 Implementation of PCOC*. Centre for Health Service Development, University of Wollongong.
79. Clinical Excellence Commission (2008) *Quality of Healthcare in NSW – A Chartbook 2007*.

- Sydney CEC (Information Management Series No. 03).
80. Dunston R, Owen A, Thompson C, Quinsey K and Eagar K (2008) *The Establishment of Cancer Australia: an historical perspective*. Centre for Health Service Development, University of Wollongong.
 81. Dwyer J and Eagar K (2008) *Options for reform of Commonwealth and State governance responsibilities for the Australian health system*. Paper commissioned by the Australian Health and Hospitals Reform Commission.
 82. Eagar K and Gordon R (2008) *Access and equity – the funding required to close the gap in Aboriginal and Islander health in Far North Queensland*. Centre for Health Service Development, University of Wollongong.
 83. Eagar K, Green J, Innes K, Jones L, Cheney-Fielding C, Samsa P and Eklund P (2008) *The health of people in Australian detention centres – health profile and ongoing information requirements*. Centre for Health Service Development, University of Wollongong.
 84. Eagar K, Masso M, Robert G and Bate P (2008) *The NSW Clinical Services Redesign Program: achievements and lessons*. Centre for Health Service Development, University of Wollongong.
 85. Eagar K, Owen A, Cranny C, Samsa P and Thompson C (2008) *Community health: the state of play. A report for the NSW Community Health Review*. Centre for Health Service Development, University of Wollongong.
 86. Eagar K, Owen A, Cranny C, Thompson C and Samsa P (2008) *Community health at the crossroads: which way now? Final report of the NSW Community Health Review*. Centre for Health Service Development, University of Wollongong.
 87. Green J (2008) *School's Out... Now What? Post School Programs for School Leavers with Disabilities in 2008*. Centre for Health Service Development, University of Wollongong.
 88. Green J, Quinsey K, Magee C, Samsa P, Carolan J and Eagar K (2008) *Evaluation of the Gold Coast Hospital Avoidance Program: First Report*. Centre for Health Service Development, University of Wollongong.
 89. Marosszeky N, Westera A and Sansoni J (2008) *Dementia Training for Health Professionals – Scoping Study*. Centre for Health Service Development, University of Wollongong.
 90. Masso M, Marcolin S, Carolan J, Quinsey K, Lago L, Robert G, Bate P and Eagar K (2008) *Third Annual Report on the NSW Clinical Services Redesign Program (CSR)*. Centre for Health Service Development, University of Wollongong and University College London.
 91. Owen A, Thompson C, Samsa P, Grootemaat P, Fildes D and Eagar K (2008) *Community health: the evidence base. A report for the NSW Community Health Review*. Centre for Health Service Development, University of Wollongong.
 92. PCOC (2008) *PCOC Fact Sheet March 2008*. Centre for Health Service Development, University of Wollongong.
 93. PCOC (2008) *PCOC Report Issue 4 on data submitted between October 2007 and March 2008*. Centre for Health Service Development, University of Wollongong.
 94. PCOC (2008) *PCOC Report Issue 5 on data submitted between January and June 2008*. Centre for Health Service Development, University of Wollongong.
 95. Quinsey K, Westera A, Grootemaat P, Williams K and Morris D (2008) *Care Planning Sub-Program Stakeholder Survey 2008*. Centre for Health Service Development, University of Wollongong.
 96. Quinsey K, Westera A, Williams K and Morris D (2008) *Care Planning Third National Workshop Report*. Centre for Health Service Development, University of Wollongong.
 97. Sansoni J, Barr A and Rodgers E (2008) *Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future*, 13th National Health Outcomes Conference Proceedings, Canberra, April 29 – May 1 2008. The Australian Health Outcomes Collaboration, Centre for Health Service Development, University of Wollongong, ISBN 0 9577767 80S.

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98. Sansoni J, Marosszeky N, Sansoni E and Hawthorne G (2008) *Continence Outcomes Measures Dissemination Strategy: Final Report*. Centre for Health Service Development, University of Wollongong.
99. Simmonds F, Samsa P, Rostron C, Eagar K, Owen A, Green J and Marosszeky N (2008) *Development of a Carer Assessment Tool for the Department of Families, Housing, Community Services and Indigenous Affairs*. Centre for Health Service Development, University of Wollongong.
100. Westera A, Williams K, Quinsey K and Morris D (2008) *Care Planning Sub-Program: Fourth Evaluation Progress Report*. Centre for Health Service Development, University of Wollongong.
101. Williams K, Fildes D, Grootemaat P, Magee C and Marosszeky N (2008) *Updates to the catalogue of evidence-based strategies for children's health and wellbeing: Part 1*. Centre for Health Service Development, University of Wollongong.
102. Williams K, Grootemaat P, Fildes D, Masso M and Marosszeky N (2008) *Updates to the catalogue of evidence-based strategies for children's health and wellbeing: Part 2*. Centre for Health Service Development, University of Wollongong.
103. Williams K, Grootemaat P, Marosszeky N and Gordon R (2008) *Evidence-based interventions for adolescents, Part 1: substance use and school retention*. Centre for Health Service Development, University of Wollongong.
104. Williams K, Marosszeky N, Grootemaat P, Magee C and Gordon R (2008) *Evidence-based interventions for adolescents, Part 2*. Centre for Health Service Development, University of Wollongong.
105. Williams K, Marosszeky N, Grootemaat P and Magee C (2008) *Evidence-based interventions for children's health and wellbeing: additions to the VCAMS catalogue*. Centre for Health Service Development, University of Wollongong.
106. Williams K, Quinsey K, Westera A and Morris D (2008) *Care Planning Sub-Program: Third Evaluation Progress Report*. Centre for Health Service Development, University of Wollongong.

Dissemination of information through CHSD and other websites

The CHSD websites have become increasingly important vehicles for dissemination of the results of our work and their usage has increased substantially over the past five years. The pages we directly manage include the CHSD, AROC, AHOC, and PCOC home pages and sub pages, plus the Australia and New Zealand Health Assessment Methods Network (ANZ-HAMN) and Australian Occupational Science Centre (AOSC) sites, which are hosted and supported by CHSD.

Some enquirers entered the CHSD web pages via the main CHSD homepage, but increasing numbers of visitors are accessing our material via the associated program home pages. Many visitors used the site in order to download CHSD documents, such as the various assessment tools and reports.

About a third of all the contacts were associated with our Centre publications and presentations, with a many interested in the tools we produce. AHOC health outcomes information, the SF-36 tool and the conference materials remain very popular with web site visitors.

The AROC rehabilitation outcomes information, including the FIM™ tool material and the AROC reports are generating strong demand for web-based information. PCOC is also seeing strong growth in the demand for documents downloadable from the web site.

One section of the CHSD home page provides resources and a contact point for the programs and current projects such as the Caring Communities Program, Community Assessment and so on.

Enquiries for our products can come in via the various CHSD pages, directly to a particular document or report, through the University home page, or through the University's research portals (*Research Online* and *Research Information System*).

From 2007, CHSD began making more of its publications available on the University's *Research Online* system, in addition to the comprehensive repository available through the CHSD website. *Research Online* is an open access digital archive promoting the scholarly output of the University of Wollongong and is accessible via the following website: <http://ro.uow.edu.au>.

Not all our activities are accessed through our own web pages or the University portal. For example, the work we completed on effective interventions for supporting carers is hosted on the Department of Health and Ageing website; <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-publicat-effective-caring-v1.htm> .

Our work on developing the Dementia Outcomes Measurement Suite is able to be accessed through the Australian Government's research portal of *Ageing Research Online*: <http://www.aro.gov.au/dementia.htm>

Another example of the Centre's products with wider access is our work on the catalogue of evidence for the Victorian Child and Adolescent Monitoring System (VCAMS) that is hosted by the Department of Education and Early Childhood Development (DEECD). <http://www.education.vic.gov.au/healthwellbeing/childyouth/catalogue/updates.htm>

The documents downloaded most frequently from CHSD websites during 2008 were not able to be quantified due to technical problems with the web-based counting system. An “upgrade” of the system meant that reliable statistics were not available for the majority of this period. However, we can assume the results were similar to previous years – health outcomes and measurement tools, palliative care, community care and rehabilitation, indicating the continuing interest in the field in looking at ways to measure patient outcomes.

The AHOC homepage tends to have a seasonal cycle of visitation, with many people using the site to access information about Australian Health Outcomes Conferences and to download proceedings from previous conferences. AHOC is the Australian distributor of the SF-36 and SF-12 tools and information about these, including the reviews and how to order them, can be found on the AHOC homepage.

The number of downloads of selected publications were available from the University’s *Research Online* portal, and give an indication of the relative interest in different publications in 2008, however the numbers do not reflect the total number of downloads as they do not include those accessed directly via the CHSD web pages.

Finally, some important progress has occurred in 2008 with regard to Information Technology within the CHSD. The development of ‘*PubCrawl*’, a new publication database with more advanced search capacities should increase dissemination of CHSD work in a more user-friendly manner. It is due to be completed and made available in 2009.

Also, the implementation of a University-wide web-based content management system will give CHSD the ability to collect web statistics that have greater reliability and integrity.

Table 1 Selected document downloads from UOW Research Online in 2008

Publication	Downloads
FIM™ Information and Procedures Manual	543
Ongoing Needs Assessment in Queensland Community Care: Why Use the Tier 1 Screening and Referral Tools - Evidence and Explanations	430
Strategies for Gain - the evidence on strategies to improve the health and wellbeing of Victorian children	393
The Illawarra Midwifery Group Practice Program - the evaluation of a pilot program	384
Ethical Research in Palliative Care: a guide through the Human Research Ethics Committee process	251
Carer Eligibility and Needs Assessment for the National Respite for Carers Program: Consultation Paper	246
Evaluation and palliative care: a guide to the evaluation of palliative care services and programs	238
Instrument Review - SF-36® Health Survey (Version 1.0) for use in Australia	176
Instrument Review - SF-12® Health Survey (Version 1.0) for use in Australia	166
Centre for Health Service Development Annual Report 2005	156
Palliative Care Evaluation Tool Kit: A compendium of tools to aid in the evaluation of palliative care projects	155
(Re)form with Substance? Restructuring and governance in the Australian health system 2004/05	147
The Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP): Report of the National Sub-Acute and Non-Acute Casemix Classification Study	141
Functional Screening and Behavioural Assessment in the NSW ATLAS Reform Project: How and Why?	135
National Mental Health Integration Program (MHIP): National Evaluation Synthesis	131
Can the National Palliative Care Strategy be translated into a model of care that works for rural Australia?	127
A Priority Rating System for the NSW Home Care Service: Data Driven Solutions	98

Dissemination of CHSD Outputs 2008: International, national, state and local advice, consultation and presentations

National and international contacts

Since it began in 1994, the CHSD has been commissioned to undertake R&D projects by every health authority in Australia, but not by every authority every year. Partnership arrangements vary with CHSD projects and programs with different funding cycles.

The CHSD programs continue to be of national significance. The work in developing the Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP), the rehabilitation outcomes network (AROC) and the Palliative Care Outcomes Collaboration (PCOC), all involve ongoing work with provider organisations, professional groups and funding bodies across Australia and in the case of AROC, also in New Zealand. Other international contacts continue as opportunities arise.

At a national level, the CHSD has formalised recognition of its role in shaping technical developments and policy agendas by its selection through a competitive process to be on the Australian Government Department of Health and Ageing panel of program evaluators and reviewers. We are also on a similar panel in NSW.

Inter-governmental projects are good examples of areas that benefit from complex and long-term thinking. Professor Ian Ring is a member of a collaborative network between health statistics agencies, departments and Aboriginal groups in four countries – Australia, Canada, New Zealand and the United States – for the purpose of improving information about Aboriginal health.

Ian Ring continued his national work on monitoring mechanisms in Indigenous health outcomes, presenting at the *Close the Gap Summit* in Sydney, the *Australian Mortality Data Interest Group* in Brisbane and at the Inaugural National Workshop at UNSW Sydney called *Growing Old Well: A life cycle approach for Aboriginal and Torres Strait Islander Peoples*.

In 2008 the Centre also completed a project on funding models for the Queensland Aboriginal and Islander Health Council that looked at two communities and estimated the costs of bringing those communities into line with the national rates of health spending on mainstream services.

A CHSD collaboration with a London-based group continued in 2008, as part of the evaluation of the NSW Health Clinical Services Redesign Program. The Centre worked closely on that evaluation with Professors Paul Bate and Glen Robert from *University College, London*.

Professor Peter Eklund was the Program Chair of the 16th International Conference on Conceptual Structures in 2008. With Professor Jon Patrick of the University of Sydney he has a Bridging Support Grant for a project on the use of semantic concepts for text classification and extraction from medical case studies to improve patient care. Peter was elected a fellow of the Australian Computer Society in 2008 and was on the ACS degree accreditation committees for Newcastle and James Cook University in 2008.

Dr Alison Wicks from the Australasian Centre for Occupational Science continued her international collaboration on developing the discipline of Occupational Science in 2008 with presentations and teaching in Berlin, Taipei (Taiwan), Palmerston North, New Zealand and at the Occupational Therapy Australia Conference in Melbourne. As well as developing her base for the university in the Shoalhaven, Alison continues to guide the development of occupational science internationally.

We had useful international contact in 2008 with another visitor to Australia under a Department of Health and Ageing *Packer Policy Fellow*, Aaron Bishop. Mr Bishop works for the United States Senate and met with us to discuss technical aspects of disability policy development as part of his work in Australia at his base with the Social Policy Research Centre at the University of NSW.

The Australian Health Outcomes Collaboration (AHOC) planned and presented the Thirteenth National Health Outcomes Conference in Canberra (29 April - 1 May 2008) - called *Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer for a Dynamic Future*. AHOC maintains its long-standing collaboration with *Oxford Outcomes* (UK), *Mapi Institut* (France) and the *International Society for Quality of Life Research* (ISOQOL).

AHOC also provides an information service for health practitioners and the research community on health outcomes measurement and research and to undertake research consultancies for the government and the private sectors. In 2008, Jan Sansoni and Nick Marosszeky worked on facilitating knowledge exchange and transfer, measuring patient satisfaction with incontinence treatment, and on the outcome measurement

suite for dementia. The dementia work was with the *Eastern Australia Dementia Training and Study Centre* (EADTSC) at the University of Wollongong and was presented at the *National Dementia Research Forum* of the Dementia Collaborative Research Centres.

Anita Westera continued her work with the Illawarra Chapter of the Australian Association of Gerontology. That included a local conference in 2008 on *Rehabilitation and Chronic Illness in Old Age* and a seminar at CHSD by Professor William Mann, the Chair of Occupational Therapy at the University of Florida. These events help to promote the outcomes from the Centre's work and encourage local networking. Anita also serves as a Board Member of Uniting Care Ageing in NSW and the ACT.

Showcase presentations

Professor Kathy Eagar is regularly invited to present the results of the Centre's work to a wide range of audiences, including national conferences, management and policy groups, project steering committees, expert advisory groups, public forums, and high-level governmental briefings.

By showcasing the work of the Centre, these presentations are working examples of translating research into practice. They illustrate how evidence-based strategies can be used to improve the health and wellbeing of local communities, inform decision-making and priority setting.

There were 26 presentations in 2008 on topics that ranged from the national reform agenda to specific evaluation projects, and included rehabilitation and palliative care outcomes, detention health, justice health, community health, funding models, research methods and knowledge transfer.

1. The bigger picture in thinking about ambulatory rehabilitation. Australasian Rehabilitation Outcomes Centre Scientific and Clinical Advisory Committee Sydney February 2008
2. The health of people in Australian detention centres – health profile and ongoing information requirements. Detention Health Expert Advisory Group. Sydney February 2008
3. The trajectory of decline – how did this concept get into aged care policy? Poster presentation. 2008 Annual Scientific Meeting of the American Geriatrics Society. April 30 – May 4, 2008, Washington
4. Research Methods: Evaluating Health and Aged Care Programs AAG NSW Regional Conference ‘Getting on with Life’ 1 April 2008 Wollongong
5. Facilitating Knowledge Exchange and Transfer for a Dynamic Future, 13th National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
6. Designing and implementing measurement suites: Screening, assessment, outcomes evaluation and service benchmarking. Health Outcomes 2008: Facilitating Knowledge Exchange and Transfer For a Dynamic Future: Thirteenth Annual National Health Outcomes Conference, 29 April – 1 May 2008, Canberra.
7. The health of people in Australian detention centres. Briefing for the Minister for Immigration and Citizenship. May 2008, Canberra
8. Consultation liaison palliative care services. National consultation liaison palliative care workshop. March 2008, Melbourne
9. Palliative Care Intergovernmental Forum (PCIF) Outcomes Measurement Workshop. Palliative Care Intergovernmental Forum March 2008, Melbourne
10. NSW Community Health Review. NSW Community Health Review Steering Committee. March 2008, Sydney
11. Clinical Services Redesign Program Second Annual Evaluation Report CSRP Steering Committee Demand Management Meeting April 2008, Sydney
12. Palliative Care National PCOC Community Services Workshop, 6 May 2008, Sydney
13. QAIHC Access and Equity Workshop, Queensland Aboriginal and Islander Health Council June 2008, Brisbane
14. PCOC benchmarking workshop, PCOC NSW June 2008, Sydney
15. Options for governance reform. National Health and Hospitals Reform Commission, July 2008, Sydney
16. Evaluation of the Gold Coast Home Health Link Hospital Avoidance Program. Gold Coast Hospital Steering Committee, August 2008, Gold Coast
17. Translating research into practice: evidence-based strategies to improve the health and wellbeing of children in local communities. University of Wollongong Social Innovation Network Launch. September 2008. Wollongong
18. The bigger picture: national and state health reform agendas 2008 and beyond. 2008 Justice Health Leadership & Management Forum September 2008, Sydney.
19. How is benchmarking best achieved? Australian Healthcare and Hospital Association Annual Congress, September 2008, Canberra
20. Working together in health and community care – where we are now and where might we go? 2008 National Civil Society Dialogue Forum. September 2008. Old Parliament House, Canberra
21. Access and equity – the funding required to close the gap in Aboriginal and Islander health in Far North Queensland. Briefing for government officials, October 2008, Brisbane
22. Two decades of casemix – great ideas crippled by tunnel vision. 2008 Casemix Conference, Adelaide, 16–19 November 2008
23. NSW Episode Funding. South East Sydney Illawarra Area Health Service Executive, November 2008, Wollongong
24. Results of the NSW Community Health Review. NSW Community Health Review Steering Committee. December 2008, Sydney
25. Clinical Services Redesign Program Evaluation Results. NSW Health CSRP Evaluation Committee Sydney December 2008
26. Access and equity – the funding required to close the gap in Aboriginal and Islander health in Far North Queensland. Briefing for the Office of Aboriginal and Torres Strait Islander Health, December 2008, Canberra

CHSD Seminar Series

The CHSD Seminar Series continued in 2008 with its primary focus being on internal learning and continuity for the Centre and the University community. The Seminar Series is a way to present our work and discuss the results of projects with a local audience and allow ‘new presenters’ at te

Centre to try out their conference presentations. It has proved to be a useful forum for information sharing and skills development for staff.

We also use the forum to hear about related areas of work from other University colleagues. Professor Helen Hasan from the Commerce Faculty presented her work on innovative tools for network analysis and Professor Liz Farmer from the Graduate School of Medicine presented her work on lessons for improving clinical practice from studies of General Practice Collaboratives.

Advisory bodies and committees

During 2008 CHSD staff participated in a range of activities in a number of Boards, committees, task forces, community associations and statutory bodies. This usually involved individual membership or corporate membership to help with formal decisions and informal advice.

- Aboriginal and Torres Strait Islander Health Advisory Committee of the National Heart Foundation
- Australasian Society of Occupational Scientists
- Australian Association of Gerontology
- Australian and New Zealand Health Assessment Methods Network
- Australian New Zealand Health Services Research Association
- Australian and New Zealand Spinal Cord Society
- Australian College of Health Informatics
- Australian College of Health Service Executives
- Australian Council of Social Service Health Policy Advisory Group
- Australian Healthcare and Hospitals Association
- Australian Institute for Health Policy Studies (Representing UOW on the Board)
- Australian Statistics Society
- C-PAN. Centre for research in Physical Activity and Nutrition, Deakin University
- Degree Accreditation Committee Edith Cowan University
- Food Standards Australia New Zealand (formerly the Australia New Zealand Food Authority)
- Healthy Cities Illawarra Management Committee
- Indigenous Taskforce of the Australian Medical Association
- Institute of Public Administration Australia
- International Group for Indigenous Health Measurement
- Medley Community Incorporated Refuge, Liverpool, NSW
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- National Continence Management Advisory Committee
- National Health and Medical Research Council Centre for Clinical Research Excellence
- National Health and Medical Research Council Kanyini Vascular Collaboration
- National Heart, Stroke and Vascular Strategies Working Group
- NSW AN-SNAP Implementation Steering Committee
- NSW Guardianship Tribunal
- NSW Health Resource Distribution Formula Committee
- NSW Health Shared Scientific Assessment Scheme – Expert Review Panel
- NSW Mental Health Review Tribunal
- Palliative Care Association of NSW
- Public Health Association of Australia, Primary Health Care Special Interest Group
- Reader, ARC Discovery and Linkage Schemes
- Reviewer, Natural Sciences and Engineering Research Council of Canada (NSERC)
- Sax Institute (Representing CHSD)
- Uniting Care Ageing NSW and ACT Board
- University of Wollongong Human Research Ethics Committee

CHSD Outcomes in 2008: Outcomes for the Health System

Improving how we understand our Centre's outcomes

This section of the Annual Report is where each year we assess our performance against the ambitious goals we set ourselves. If we are going to be active in research into methods to improve the management and provision of health services, then we have to also reflect on our own outcomes as a Centre.

Our motto of combining realism with rigour means we are continually refining how we judge whether we are doing useful work. And each year we ask ourselves: *How have we done?* – in the sense of making an impact on the funding and delivery of health services in Australia.

As a practical way to make our broad goals measurable, in previous Annual Reports we described how we set ourselves a suitable 'benchmark' – in this case it is a target that *'more than 50% of projects we do result in changes to either health policy or practice within 3 years'*.

Like much of the work we do, when we look into how best to measure our own outcomes, the amount of variation and uncertainty is quickly apparent and the analysis can become complex. And because of the way we are funded we have to mainly focus on our project and program outputs – our deliverables – and we don't have a lot of spare capacity to 'unpack' the problem of finding better ways of measuring the impacts of our activities and the outcomes of our work in the health system.

The starting point is to put a suitable 'theoretical' framework around this higher-level assessment of the Centre's work. Taking time out to investigate a suitable framework is a challenge, but a useful exercise if it can help to give us a clearer picture of what we are trying to achieve. The value of a bit more theory is that it can help us to analyse what we do beyond the simplest level of describing the particulars of our programs and projects.

What we do consistently in reporting each year is to devote the first half of the Annual Report to project and program description and to group our activities under the five CHSD research themes:

- Casemix classification across settings
- Health and community care financing
- Care coordination
- Health service delivery and organisation
- Management decision-making

That grouping represents the areas where we expect to make improvements in the health system by the impacts of our work. And inside that grouping of activities is a set of implicit theories about *how* improvements are likely to be made.

As some CHSD team members are health planners by trade, we are reminded to go back to the basic facts about the health system – what Sid Sax called a 'Strife of Interests' in the title of his 1984 book on the role of research and planning in changing the health system⁵. The book's title reminds us

⁵ Sidney Sax (1984) *A Strife of Interests*. Allen and Unwin, Sydney

that as health service researchers we are dealing with complex systems and whether we like it or not we have to deal with the micro-politics of the relationships between sometimes competing and sometimes co-operating stakeholders.

It is some small consolation that the underlying problems we trying to help solve are really best called 'wicked problems'. We noted in our 2006 Annual Report that Horst Rittel and Melvin Webber originally proposed that idea in a conference paper in 1969 called "*Dilemmas in a General Theory of Planning*"⁶. Wicked problems tend to have answers that throw light on further problems, as well as posing partial solutions, to contrast them against the relatively 'tame' problems of mathematics, chess, or puzzle solving where relatively straightforward logic can get to a 'solution'.

So if the problems we chose to address are wicked, then finding evidence of our impacts will be an even more wicked problem and finding relatively practical and straightforward ways of measuring our outcomes is going to be a challenge. So unless we delve a bit more deeply into what it is we are trying to do, we may be sadly disappointed in how we measure up.

As we do in planning our projects, we can find other ways of thinking about what we do by looking in the international literature. Better ways of dealing with the inherent variation in health service research have been highlighted by a recent revision of the 2000 guidance⁷ by the UK Medical Research Council on developing and evaluating

complex interventions. We can conceive of our projects and programs as being complex interventions designed to reduce health system problems and reduce health inequities. But intervening in the strife of interests, to deal with wicked problems, suggests any impacts are likely to only be evident in the long term and unlikely to be attributable to our own efforts alone.

These concepts have become a focus of some attention in the reports we now give on specific project outcomes in the safe space of the Centre's Seminar Series and is also reflected in the discussions of theory that have arisen since the formation of an evaluation special interest group among the CHSD staff.

Our understanding of health service research can be framed in useful ways that can guide our choices of projects and help us reflect on the effectiveness of our strategies. However, in practical terms we currently lack sufficient 'infrastructure' to give us enough time for reflection after finishing projects before moving on to the next 'deliverable'. We hope to evolve more strategies like the Seminar Series and the evaluation interest group to give us more capacity to take this thinking further in subsequent years.

How have we done?

In 2003 we published a paper⁸ in the international literature on our approach to knowledge transfer, highlighting the development of casemix classifications and information systems as a practical example of the research-policy interface.

⁶ Rittel H and Webber M (1973) *Dilemmas in a General Theory of Planning* Policy Sciences, 4, 155-169.

⁷ Medical Research Council (2008) *Developing and evaluating complex interventions: new guidance*. www.mrc.ac.uk/complexinterventionsguidance

⁸ Eagar K, Cromwell D, Owen A, Senior K, Gordon R and Green J (2003) Health Services Research and Development in Practice: an Australian experience. Journal of Health Services Research and Policy. Volume 8, Suppl 2, Pages 366.1 - 366.7.

Since then we have continued to build up that body of work in the sub-acute and non-acute hospital and community care sector and because we have maintained some continuity in those areas we are confident about what we have achieved. Our impacts and outcomes are less clear in the many projects we undertake, some of which are time-limited one-off pieces of work, while others are more developmental but depend on our research partners to take the findings forward. For example in 2008 we crafted a very thorough and strategic approach to developing community health in NSW but whether it will make an impact depends on local, state and national decisions over which we have little direct influence.

In 2007 we started to make our own global internal assessments of the Centre's outcomes by looking back over the last twelve years of work. There is no doubt that we have met our general goals and that we remain very busy on useful projects, some of which continue to build on earlier work. However, our ability to more systematically assess the practical and policy outcomes from our work remains limited.

A more objective assessment can really only come from the outside through a more independent process of evaluation against a more tightly theoretically defined set of criteria. We will fall short of that rather time-consuming pathway as we currently cannot support that much time and effort on what is essentially self-reflection.

So it is not easy for a busy Centre focussed on its 'deliverables' to tackle the questions of how well we are doing and how useful our work is. In going back over all our projects since 1996 and tracking what we know of the impact of each project we completed, we can

get a general sense of our impacts, but not in any clearly objective sense.

By guiding our thinking using concepts like 'complex interventions' we may be able to look beyond the most easily captured indicators such as whether we delivered on time and on budget. Taking this direction means we are setting the bar rather high by saying we cannot be satisfied with looking only at process indicators or the more traditional academic outputs such as the number of peer reviewed publications.

Because we are primarily researchers, the number of traditional academic peer-reviewed journal articles is certainly one important measure of the quality of our outputs. But for much of what we do, that is not so relevant. The project commissioner or industry partner has to have an interest in that type of publication pathway, and mostly we have to devote time away from other income-generating work to go down the peer-reviewed publications track.

As we have described in the section on dissemination in this Annual Report, there are some indicators of our impacts to be found in the projects that have their products lodged in departmental and other government website and knowledge portals.

The current examples of knowledge transfer we gave can be accessed through the websites of Australian Government's *Ageing Research Online* and *Department of Health and Ageing* and the Victorian *Department of Education and Early Childhood Development*. These are certainly more publicly visible sites than the University's web pages, but getting data on the traffic involved and the number of document downloads is not a feasible enterprise.

In more immediate and less 'electronic' terms we do see instances of quick and clear feedback on the outcomes of our work from the commissioning bodies and project managers. Some projects make an immediate impact, creating new systems and methods that get published, built in and work well from the time they are completed. In other cases we can find out very little as the level of continuing interest is difficult to gauge and the personnel in government departments change so rapidly.

Some projects are expected to take time to make an impact on the systems they were designed to influence; clinical services redesign and best practice in residential aged care are good examples. In some cases the environment will change or we can wrongly assume the project sponsors were interested in, or capable of following, a logical development pathway, given the 'strife of interests'. The rapid turnover of program management in government agencies also means we can be left to do a lot of the unfunded but very necessary 'managing up' in order to provide some of the continuity that is missing inside bureaucracies.

There are many reasons why assessing our own outcomes and attributing changes to the influence our own activities may be misleading.

Some projects will not show impacts because of organisational and systemic factors within the commissioning bodies or in the health system environment. Still others can have an impact in spite of there being little relationship between what we find and recommend and subsequent decision-making. Whole programs have been created against the key messages of our best advice, so we sometimes ask ourselves, is that a

positive or a negative outcome from our work?

We recognise that the question of the utility and reliability of our work is best judged by others; particularly those working in the health and community care systems. We often get asked to come back and do more work so we can safely assume that is a positive sign. The best indicator of progress for us is being told we did a good job and being asked to do more. Or then again that might just be the result of poor judgement or a loss of corporate memory.

This year we have done our self-assessment for the 2008 projects based on judgements and ratings from our staff members with the longest exposure to their fields. We consider our conclusions to have some face validity, but cannot claim they are objective or that the ratings are independent of each other.

Our outcomes may be local or state wide or of national significance, or some combination of those levels. In 2008 we looked at the cost of bone marrow transplants and improving Aboriginal and Islander health, did more projects on community care assessments, Resource Distribution Formulae, extended our work on carer support and began work on a Clinical Registry. All these are very relevant to the pressures and priorities of the health system.

The work on evidence for prevention and early intervention in children for the Victorian government has continued to evolve in an interesting way and is now being updated again and expanded through 2009. It also helped inform our thinking about the evidence for prevention and early intervention strategies in the NSW Community Health Review.

We can see an impact of earlier work on subsequent work in later projects, but that is rather speculative on our part. We can often see connections and continuity between projects that are not visible to others; and policy makers only rarely want to look for the longer-term impacts of the programs they create.

In 2008 we completed two projects that resulted in development options for community programs, one small program, Veterans Home Care and one very large one, the NSW Community Health Review. Outcomes for both of these projects rely on our skill at crafting recommendations and options and development pathways, along with decision-makers in the Departments being able to act on our advice and that in turn relies on the fit of our work with the external economic and policy environments and some measure of political will to do things differently.

The resulting products are changes to systems and not easily described in academic publications. The projects in 2008 are not represented in many publications as yet but we are beginning to see examples of publication outcomes in palliative care and rehabilitation essentially because PCOC and AROC are programs with stronger and longer bases of support.

Consistent with previous years, the best outcomes for the system during 2008 were in the continued development of rehabilitation benchmarking and data items to support the various palliative care projects, all based on our AN-SNAP research, completed back in 1997.

The appreciation of our continued involvement in this program area is indicated

by the continual demand through the CHSD website for the original SNAP report.

The adoption of the tools we developed for evaluating palliative care interventions continues to be relevant, also indicated by the document downloads from the CHSD website. We also saw more use of our evaluation framework in areas beyond palliative care into the evaluation of hospital avoidance activities in Queensland, based on our previous evaluation work for the SAFTE program in NSW.

Our work on carer assessments and effective interventions has been made available on the Department's web site for the National Respite for Carers Program and that work continued into 2008 with additional research by the Centre on access to carer benefits and allowances. This took us into a new area for the Centre of developing models for improving access to income support.

Other research on assessing the individual's need for community care continued to be in demand in 2008. A core component of this work is on functional dependency (a nine item functional screening tool) and an associated set of domains with reliable data items to capture the social and health related aspects of client and carer need. These data elements have been built into routine community care reporting systems for the Home and Community Care Program and were used in pilots of community care Access Points.

In the disability sector we continued our work on screening school leavers in 2008 with the Department of Ageing, Disability and Home Care. There was also some interest and piloting of that allocation model in Victoria, indicating the start of a successful dissemination strategy.

There are other important outcomes of the work we do that are in the realms of theory and methodology. We currently lack the tools and methods to measure these impacts, and that remains a significant research challenge in itself. Should we achieve a sufficient level of infrastructure support to get us a capacity beyond project management, then there are many areas of more academic interest that staff could follow up as a way of achieving relevant and interesting higher degrees.

The results reported in Table 2 are what we consider ‘instrumental’ or direct system outcomes. A good outcome for us is when a project results in changes to either policy or practice at any level of the health system.

Not surprisingly, the impact varies between projects, and some have had more significant system outcomes than others and these judgements have changed over time as longer-term impacts become clearer.

Table 2 *Outcomes of 2008 projects (as assessed by senior staff at February 2009)*

Project	Funding Source	Outcome
DADHC – Assessment of the 2008 school leavers	DADHC	Instrumental outcome. CHSD methodology was used to determine program outcomes for 2008 school leavers and will be used again for 2009 school leavers. The methodology is now to be tested for application in Victoria (FAT pilot)
VCAMS	VIC Health	Instrumental outcome. Project still in progress. But toolkits developed in 2008 are already on the web and are being used
Continence Dissemination Strategy	DoHA	Project complete. Led into and assisted with obtaining funding for the new Continence Outcome Measurement project.
Dementia training – scoping study	NSW Health	Project complete. No outcomes at this stage
Veterans Home Care	DVA	Project complete. No outcomes at this stage
Community Health Review	NSW Health	Project complete. No outcomes at this stage
Evaluation of the Clinical Services Redesign Program	NSW Health	Project complete. No outcomes at this stage
Blood and Marrow	NSW Health	Project complete. No outcomes at this stage
QAIHC – Access and Equity Project	QAIHC	Project complete. No outcomes at this stage
Best Practice in Residential Aged care	DoHA	In progress
Palliative Care planning sub-program	DoHA	In progress
Cancer Australia Evaluation	DoHA	In progress
Continence Outcome Measures – Validation and Clinical Translation Project	DoHA	In progress

Project	Funding Source	Outcome
Gold Coast – Hospital Avoidance	Qld Health	In progress
Carer Assessment tool	FaHCSIA	In progress
DADHC ONI-N project	DADHC	In progress
Clinical Registries	Safety and Quality Commission	In progress
NSW AIDS RDF Review	NSW Health	In progress
Knowledge Network	Flinders Uni	In progress
HCF – Utilisation review research project	HCF	In progress
DADHC – Assessment of the 2008 school leavers	DADHC	Instrumental outcome. CHSD methodology was used to determine program outcomes for 2008 school leavers and will be used again for 2009 school leavers. The methodology is now to be tested for application in Victoria (FAT pilot)
VCAMS	VIC Health	Instrumental outcome. Project still in progress. But toolkits developed in 2008 are already on the web and are being used
Continance Dissemination Strategy	DoHA	Project complete. Led into and assisted with obtaining funding for the new Continance Outcome Measurement project.

Centre for Health Service Development Staff

The Centre works as a strong multidisciplinary team and the staff has qualifications and expertise in about eighteen disciplines. About half of the team has previous experience working in policy, management and clinical positions in the health system. There is a commitment to blending quantitative and qualitative approaches and to producing outputs that are easily understood, and that can be of practical use to decision makers in health and community care.

By the end of 2008, the CHSD team had expanded to over 50 team members, including full-time and part time staff and research associates.

Kathy Eagar, Professor and Director

Professor Eagar is Director of the Centre and is involved in all aspects of the Centre's work. Kathy has over thirty years experience in the health and community care systems, during which she has divided her time between being a clinician, a senior manager and a health academic.

Robert Gordon, Deputy Director

Robert Gordon's full-time position at CHSD supports research projects in sub and non-acute care, casemix development, community health classification and health financing. Rob undertakes the day to day management of the Centre and directly manages many of its projects.

Elizabeth Cuthbert, Business Manager

Elizabeth Cuthbert joined the Centre in 2003 as the full time Business Manager. Elizabeth is responsible for managing the Centre's finances, negotiating all Centre contracts, and managing the Centre's IT requirements. She is also responsible for coordinating the

development of refinements to SNAPshot, an integrated software package developed and managed by the Centre.

Peter Eklund, Professor and Head of Information Systems (Health Informatics)

Professor Eklund teaches in the School of Information Systems and Technology and undertakes his research as a member of the CHSD. Peter's interests are in Health Informatics modelling and the management of electronic healthcare documents and terminologies.

Ian Ring, Professor (Public Health)

Ian Ring is responsible within the centre for academic development. Ian was previously Principle Medical Epidemiologist and Executive Director of the Health Information Branch at Qld Health and had also been Head of the School of Public Health and Tropical Medicine at James Cook University, and Foundation Director of the Australian Primary Health Care Research Institute at ANU. He is a medical graduate with qualifications in epidemiology and public health. His current research interests are particularly in Indigenous health and cardiovascular health. His main role is to assist in strengthening the research capacity of the Centre.

J.E. (Ben) Marosszeky, Associate Professor and Clinical Director of AROC

Associate Professor Ben Marosszeky took up a part-time position at CHSD in 2002 as the inaugural Clinical Director of AROC. He is also the Director of the Department of Rehabilitation Medicine at Westmead Hospital, a Clinical Senior Lecturer in the Department of Medicine at University of Sydney and a Councillor of the World Forum of Neurological Rehabilitation. Dr Marosszeky brings to the CHSD wide ranging and

internationally recognised clinical experience in rehabilitation medicine.

Jim Pearse, Associate Professor (Health Services Research)

Associate Professor Jim Pearse joined the centre on a part time basis after 18 years working in various health and social policy roles in Government in NSW and the Northern Territory. His research interests include funding models, resource allocation and priority setting within health systems, national/state relations within federal health systems and measurement of health system performance. Jim was a 2000–2001 Commonwealth Fund Harkness Fellow in Health Care Policy.

Jan Sansoni, Principal Research Fellow and Director, AHOC

Jan Sansoni's position is Director of the Australian Health Outcomes Collaboration. Jan is active in a number of national and international collaborations concerning health outcomes measurement and organises the Annual National Health Outcomes Conference held each year in Canberra. Her expertise greatly assists the centre's work on understanding the evidence behind measurement tools and assisting with the design of measurement tools.

Heather Yeatman, Associate Professor (Public Health)

Dr Heather Yeatman teaches in the School of Health Sciences (formerly the Graduate School of Public Health), and undertakes her research as a member of the CHSD. Within the Centre, Heather has a key role in work on healthy public policy, with a specific focus on food policy, and how this translates into standards and regulation.

Gary Eckstein, Senior Research Fellow (Medical Demography)

Dr Gary Eckstein holds a part-time position with the CHSD. Gary participates as a senior researcher developing projects in health demography, and providing expert statistical advice in the areas of health financing and resource distribution.

Janette Green, Senior Research Fellow (Applied Statistics)

Janette Green's full-time position provides expert statistical skills on projects, primarily in classification development, benchmarking and outcome measurement. She has applied her statistical skills to a wide range of areas in the health sector, including rehabilitation, mental health and palliative care. In addition, she continues with undergraduate teaching and, from time to time, she runs workshops for health professionals on the use and interpretation of statistics. In 2007 she continued to coordinate international comparisons of rehabilitation data within the International Rehabilitation Outcomes Network.

Malcolm Masso, Senior Research Fellow (Health Services Research)

Malcolm Masso is a full-time Senior Research Fellow at the CHSD. Prior to joining the Centre he worked for over 25 years in the health system as a clinician and manager, including 15 years of executive responsibility for clinical services in both large and small hospitals in rural and metropolitan areas. He has academic qualifications in economics, nursing administration and public health. Malcolm has worked on national palliative care projects, the relationship between primary care services and emergency departments and in 2007 managing two large scale program evaluations (Clinical Services Redesign Program and Evidence-Based Best Practice in Residential Aged Care).

**Alan Owen, Senior Research Fellow
(Community Care Research)**

Alan Owen holds a full-time position at the CHSD and his research interest is in tools for measuring client characteristics in the community, covering disability and aged care, mental health, cancer care and community health. Alan also provides assistance on local evaluation plans and surveys and other Centre projects. Alan is also a health policy adviser for ACOSS and in 2008 was a member of the Guardianship and Mental Health Review Tribunals.

**Karen Quinsey, Senior Research Fellow
(Health Services Research)**

Karen Quinsey is a Senior Research Fellow at the CHSD. Karen joined CHSD in 2002 to manage AROC's function as the Australasian manager of the Functional Independence Measure. Karen had previously worked in the Centre on secondment from Illawarra Health, and has worked in the health system in Occupational Therapy, Community Health Management and Health Service Improvement. Her academic qualifications are in Occupational Therapy and Public Health. In 2007 Karen managed three separate palliative care projects and worked on the SAFTE evaluation team.

**Frances Simmonds, Senior Research Fellow
(AROC Manager)**

Frances Simmonds is the AROC Manager and commenced work in January 2006. Frances has extensive health sector experience at a senior level in both the public and private sectors. Prior to joining the Centre, Frances was employed as the National Director, Funder Relations for the Sisters of Charity Health Service. During the last 12 years, Frances has filled several senior executive roles, all of which have involved management of national projects or functions. As the AROC Manager, Frances has the key

responsibility for managing AROC on a day to day basis.

**Prue Watters, Senior Research Fellow (PCOC
Manager)**

Prue Watters has over 20 years' experience managing projects on behalf of donors such as AusAID and the Asian Development Bank, gained while employed by IDP Education Australia and, more recently, in her own company. She is familiar with issues and needs relating to the health sector in the Pacific region and has an extensive network among College Fellows, health educators and hospital personnel in Australia. Over six years, her work with the Royal Australasian College of Surgeons resulted in their successfully tendering for four AusAID-funded projects with a combined value of \$19m. Prue also partnered AusHealth International to tender successfully for health reform projects in Fiji and Tonga.

**Cristina Thompson, Senior Research Fellow
(Health Services Research)**

Cristina Thompson joined the CHSD in July 2008. In the full-time position of Senior Research Fellow, she supports research projects in the areas of health policy, strategy, service development and planning. Prior to joining the Centre, Cristina worked for over 25 years in the health system as a Clinician and senior manager, in both rural and metropolitan health settings. Her most recent role included responsibility for strategy, planning and corporate development for a major NSW Area Health Service. Cristina trained as a Registered Nurse and Registered Midwife and has academic qualifications in Sociology, Public Sector and Business Administration.

**Maree Banfield, Senior Research Fellow
(Palliative Care) – PCOC**

Maree Banfield is the National Education and Quality Improvement Manager for the

Palliative Care Outcomes Collaboration (PCOC). Maree joined CHSD in 2004 on a practitioner fellowship 1 day a week from her position as Palliative Care Service Manager at Calvary Health Care, Sydney. A full-time secondment was arranged in 2007 to enable Maree to assume the position of the national education and training manager for PCOC. In September 2008 Maree resigned from Calvary and was appointed Senior Research Fellow – Palliative Care. Maree is also a Registered Nurse and Certified Midwife and brings to CHSD extensive experience at an executive and clinical level in the palliative care sector of the health care system.

Dave Fildes, Research Fellow (Health Services Research)

Dave Fildes holds a full time position at the CHSD. He conducts literature reviews, contributing to the development of policy options and preparing reports for Government agencies across a range of subject areas as part of his research at the Centre. He is involved in a variety of CHSD projects including palliative care service delivery and community development and assessment. In 2007, he began working as Zone Coordinator for PCOC responsible for southern NSW, Victoria, ACT and Tasmania. Dave has tertiary qualifications in Communication and Cultural Studies, Politics and Public Health.

Luise Lago, Research Fellow (Applied Statistics)

Luise Lago is a full-time member of the CHSD, joining in 2004. Luise supports research projects that involve statistical work including survey design and classifications development. Luise has experience in sample design and data analysis. Her academic qualifications are in Mathematics and Applied Statistics.

Nick Marosszeky, Research Fellow (Psychometrics)

Nick Marosszeky is a specialist in psychometrics and health outcomes measurement. He joined the Centre after experience in evaluation and psychological research and has worked on assessment and information issues in primary care. He works closely with AHOC on the psychometrics and evidence for how outcomes measures can be used.

Peter Samsa, Research Fellow (Health Informatics)

Peter Samsa joined the Centre after working for the Council of Social Service of NSW and a variety of non-government human service organisations. In 2007 he managed the community care assessment project and worked on the development of the carer assessment tool as well as the Veterans' Home Care Review. His interests include health informatics, and data standards for health and human services. He has academic qualifications in Social Work, and Information and Communication Technology.

Tara Stevermuer, Research Fellow (Applied Statistics)

Tara Stevermuer is the AROC Data Manager and CHSD website administrator. Tara is also involved in various CHSD projects, ranging from community health and community care surveys, to building databases to assist various evaluation projects. She provided the statistical work for building a number of priority rating tools for the community care side of the Centre's work. Tara brings extensive statistical and database management skills to CHSD. Tara holds a conjoint appointment as lecturer in the Faculty of Medicine, UNSW.

Anita Westera, Research Fellow (Health Services Research)

Anita Westera joined the CHSD on a part-time basis in 2005. In 2007 she completed the management of the SAFTE Care evaluation project funded by NSW Health and developing a strategic approach to the Centre's aged care research, including the coordination of a series of papers for a symposium at the national gerontology conference. Anita has over 20 years experience working in the health, aged and community care sectors, as a registered nurse as well as policy officer for the Commonwealth and NSW Governments and advisor for the former NSW Minister of Ageing. Anita is a member of the Board of UnitingCare Ageing, the largest provider of aged care services in NSW.

Alison Wicks, Honorary Research Fellow (Occupational Science)

Dr Alison Wicks is an Honorary Research Fellow, and is the Founding Director of the Australasian Occupational Science Centre (AOSC) which is a research centre within CHSD. Alison is an occupational therapist with 25 years experience as a health practitioner. Since 2000, she has been focusing on research in occupational science, a broad interdisciplinary field concerned with the study of human occupation in relation to health in daily living and with the social classifications economics, policies, systems, culture and geography that govern human occupation. Alison is President of the Australasian Society of Occupational Scientists and Project Leader of the World Federation of Occupational Therapists International Advisory Group: Occupational Science.

Kate Williams, Research Fellow (Health Services Research)

Kathryn (Kate) Williams has qualifications in psychology and journalism. Since joining the

CHSD on a part-time basis in 2004, Kate has contributed to a variety of projects, including literature reviews, health program and palliative care evaluation, the design and pilot testing of tools for priority setting and a catalogue of evidence-based strategies for the Best Start early intervention program.

Sonia Bird, Research Fellow (Applied Statistics)

Sonia Bird is a full-time member of CHSD, supporting research projects including Palliative Care and the NSW Clinical Services Redesign Program. Her work involves data management, statistical analysis and report writing. Sonia has tertiary qualifications in Mathematics, Applied Statistics and Finance.

Catherine Rostron, Research Fellow (Applied Statistics)

Catherine Rostron left her full-time position at the CHSD in late 2008. Catherine brought almost 20 years Commonwealth Government experience to CHSD, including as a policy officer with the Pharmaceuticals Benefits and Private Health Industry Divisions, and with the National Health and Medical Research Council. Catherine supported various CHSD projects involving database design and statistical analysis, from surveys and modelling, to assisting with AROC data management. Her qualifications are in science and computing.

Christopher Magee, Research Fellow

Dr Chris Magee is a full time Research Fellow at CHSD. He has experience in health psychology/public health research, health measurement and applied statistics (including psychometrics). Chris currently contributes to a range of projects within CHSD.

Janet Law, Research Fellow (AROC)

Janet is an occupational therapist who also works at Royal Ryde Rehabilitation Centre.

Janet joined the CHSD in 2007 and has worked with AROC as a Master FIM trainer and has taken a lead role in providing the AROC impairment specific benchmarking workshops.

Monique Berger, Research Fellow (Applied Science, Nursing) – AROC

Monique is a registered nurse with extensive experience in rehabilitation nursing. Monique joined CHSD in 2008 and works as an AROC Master FIM trainer. Monique has a particular focus on expanding AROC's network into New Zealand.

Pam Grootemaat, Associate Fellow (Health Services Research)

Pam Grootemaat is a full-time staff member and previously worked in research and evaluation for mental health promotion. She has academic qualifications in nutrition and public health. Pam supports research projects in health system classification, policy and funding reform within health and community care services.

Jodie Tazelaar-Molinia, Associate Research Fellow (AROC)

Jodie Tazelaar-Molinia joined the CHSD in August 2008 on a part-time basis. Jodie is a registered nurse with experience in the ambulatory sector. Jodie is working with AROC, her main focus being the AROC ambulatory dataset.

Joseph Carolan, Associate Research Fellow (Statistics)

Joe Carolan joined the Centre in June 2008 after completion of his studies in chemistry and statistics. He works in statistical analysis contributing to various projects including the Palliative Care Outcomes Collaboration (PCOC) and the Clinical Services Redesign Program.

Joseph Docherty, Analyst Programmer (PCOC)

Joe Docherty joined the CHSD in July 2008 and is working primarily with the PCOC team to improve the PCOC data submission and reporting functions.

Sabina Clapham, (Research Fellow (Masters Nursing) – PCOC)

Sabina has a specialty certificate in palliative care nursing and a Certificate IV in Training and Assessment. She has 3 years experience in palliative care clinical nursing and 5 years experience in palliative care education. Sabina joined CHSD in 2008 to assist with the development and delivery of the PCOC education program and with supporting NSW palliative care services that have joined PCOC.

Howard Hung, Database Manager

Howard Hung was the CHSD Database Manager until October 2008, when he returned to Sydney. His expertise is in database and application design. He worked for various banks and Far West Health Services before he joined CHSD.

Cheryl Blissett, Administrative Officer

Cheryl Blissett joined the CHSD in March 2006 and is an Administration Officer. Cheryl is currently managing a number of specific administrative projects and also provides administrative support to the Business Manager and to various research projects within the Centre.

Julie de Clouet, FIM Manager & Administrative Support (AROC)

Julie de Clouet joined the CHSD in March 2007 as the FIM Manager, and also provides administrative support for AROC.

Adene Patton, Administrative Officer

Adene Patton left her part-time position at CHSD in mid 2008. She provided

administrative support for the Centre and for specific projects.

Karen Ford, Administrative Assistant/Project Support (PCOC)

Karen joined the CHSD in 2007 and provides both administrative and project support for the Centre.

Jing Chen, Web based reporting (AROC)

Jing Chen is employed by AROC to work on the design, build and support of AROC Online Services (AOS), a web based reporting system that automates the processes of data submission, auditing and reporting for over 100 rehabilitation facilities across Australia. AROC Online Services had its origins as a university assignment started by Jing and fellow students. AOS uses Tomcat and SQL servers.

Darcy Morris, Administrative Assistant

Darcy Morris provides administrative support for the Centre and helps with research activities and the publication collection. He also gives technical support and maintains CHSD websites.

Alexandra Verdon, Administrative Assistant/Receptionist

Alex Verdon is the receptionist for the CHSD and provides administrative support for the Centre. Alex also supports the Director as her personal assistant.

Rebecca Lewis, Administrative Assistant

Bec Lewis joined the CHSD in August 2008 on a part-time basis and provides general administrative assistance and specific project support.

Michael Tarn, Administrative Assistant

Michael Tarn joined the CHSD in August 2008 on a part-time basis and provides general administrative assistance and specific project support.

Emily Sansoni, Research Assistant (AHOC)

Emily Sansoni provides research support to AHOC. In particular, she assists with the completion of HRQOL and Health Outcomes measurement projects, as well as the writing and editing of manuscripts.

Astoria Barr, Conference Convenor (AHOC)

Astoria Barr is the AHOC conference convenor and is prime secretariat contact for AHOC conferences. Astoria has an educational background in psychology and journalism and experience in event management, marketing, public relations, fundraising and project work.

Other Affiliates

In addition to core staff, the CHSD has a number of honorary fellows and affiliated researchers who collaborate with us on specific research projects and play a key role in forging links between the CHSD and the health industry.

Honorary fellows, associates and students in 2008 included:

- Dr Andrew Bezzina, Illawarra Health
- Dr Catherine Bridge, University of Sydney
- Dr Christopher Poulos, doctoral student
- Dr Peter Smith, Illawarra Health
- Dr Roslyn Poulos, University of NSW
- Dr Stephen Wilson, St Vincents Hospital Sydney
- Dr Thomas Trauer, University of Melbourne
- Mr Andrew Gibbs, Health Policy Analysis Pty Ltd
- Ms Carla Cranny, Cranny and Associates
- Mr Keith McDonald, doctoral student
- Mr Tim Coombs, NSW Institute of Psychiatry

- Mr Tom Cleary, OPSM Wollongong and Honorary Fellow, UOW Graduate School of Medicine
- Prof. Philip Burgess, University of Queensland
- Lois Burgess, health informatics associate
- Amanda Ryan, health informatics associate
- Dr Damian Ryan, health informatics associate
- Jason Sargent, health informatics associate

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