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# Centre for Health Service Development

Combining Realism with Rigour

## Table of Contents

<b>THE CHSD BOARD OF DIRECTORS .....</b>	<b>1</b>
<b>DIRECTOR'S REPORT 2009 .....</b>	<b>2</b>
<b>OUR 2009 RESEARCH THEMES, PROGRAMS AND DEVELOPMENT PROJECTS .....</b>	<b>8</b>
<b>PROGRAMS.....</b>	<b>10</b>
AN-SNAP .....	10
Australian Centre for Clinical Terminology and Information (ACCTI) .....	10
Australasian Occupational Science Centre (AOSC).....	10
Australasian Rehabilitation Outcomes Centre (AROC) .....	11
Australian Health Outcomes Collaboration (AHOC) .....	12
Palliative Care Outcomes Collaboration (PCOC).....	13
<b>PROJECTS.....</b>	<b>14</b>
ACAT assessment – Validated tools – Phase 1 .....	14
ACT Health – New Models of Care .....	14
Best Practice in Residential Aged Care Program .....	14
Cancer Australia .....	15
Cancer Australia Evaluation: National Centre of Gynaecological Cancers .....	15
Carer Assessment Tool – Phase 2.....	16
Clinical Registry Pilot Site .....	16
Continence Outcome Measures – Validation and Clinical Translation Project.....	16
DADHC – Assessment of the 2009 School Leavers.....	17
DADHC Disability Assessment Module: ONI-IAM – Intake Assessment Module for ADHC Regions including children with disabilities .....	17
DADHC ONI-N Analysis: The ONI-N in the national Access Point pilot .....	17
Department of Ageing Disability and Home Care Research Grants projects .....	18
DADHC grant – Measuring outcomes in community care .....	18
DADHC grant – Effective assessment of social isolation.....	19
DoHA Sub-acute Data Project: Definitions and measures for the National Partnership Agreement on Subacute Care .....	19
Evaluation Asthma Management Program.....	19
Evaluation of the ‘Social Not Anti Social’ Program – Wollongong City Council.....	19
Feasibility Study – Allied Health .....	19
Functional Assessment Tool Pilot .....	19
Gold Coast Health Service District Hospital Avoidance Program .....	20
HCF – Utilisation Review Research Project .....	20
Healthy Cities Illawarra .....	20
IDGP – Youth Mental Health – <i>headspace</i> .....	20

Medical School Research – the effect of student placements on GP income.....	21
NSW AIDS–Resource Distribution Formula (RDF) – 2009 Review .....	21
NSW Artificial Limb Service Pilots.....	21
NSW Episode Funding.....	22
Palliative Care Planning Sub–Program Evaluation .....	22
Professional Development Workshops .....	23
Readiness Assessment for Migration from ICD–9–CM to ICD–10–AM, ACHI, ACS .....	23
Review of the Direct and Indirect Teaching and Research Factor in the Resource Distribution Formula (RDF) .....	23
Review of Refugee Health.....	24
Victorian Child and Adolescent Monitoring System (VCAMS) – Annual Update of the Evidence–based Strategies .....	24
Victorian Palliative Care Minimum Data Set (MDS).....	24
WHO – ACCTI: Lead author role for development of ICD–11 .....	25
Other health system contributions .....	25
<b>CHSD INPUTS IN 2009 FUNDING .....</b>	<b>26</b>
<b>CHSD OUTPUTS 2009: PUBLICATIONS AND DISSEMINATION .....</b>	<b>27</b>
<b>CHSD PUBLICATIONS 2009 .....</b>	<b>27</b>
Book chapters .....	27
Journal Articles .....	27
In press .....	28
Under editorial review .....	28
Conference Papers .....	28
Other publications .....	30
<b>Dissemination of information through the CHSD website and other websites .....</b>	<b>33</b>
<b>DISSEMINATION OF CHSD OUTPUTS 2009: INTERNATIONAL, NATIONAL, STATE AND LOCAL ADVICE, CONSULTATION AND PRESENTATIONS.....</b>	<b>35</b>
<b>CHSD OUTCOMES IN 2009: OUTCOMES FOR THE HEALTH SYSTEM .....</b>	<b>43</b>
<b>CENTRE FOR HEALTH SERVICE DEVELOPMENT STAFF.....</b>	<b>48</b>

## The CHSD Board of Directors

### **Professor John Glynn (Chair)**

Dean, Graduate School of Business  
(University of Wollongong representative)

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Director  
CHSD

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Population Health and Performance  
South East Sydney Illawarra Area Health  
Service (SESIAHS Health Nominee)

### **Dr Roger Dunston**

Centre for Research in Learning and Change  
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### **Mr Alan Owen**

CHSD Staff Representative

### **Professor Tony Worsley**

Faculty of Health and Behavioural Science

### **A/Professor Chris Poulos**

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Southern Hospitals Network, South Eastern  
Sydney Illawarra Area Health Service  
(SESIAHS Health nominee)

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### **Ms Tara Stevermuer**

CHSD Staff Representative

## Director's Report 2009

Welcome to the CHSD Annual Report 2009, the 14<sup>th</sup> since we started reporting in this fashion. Each year there are the familiar themes and programs as well as new projects and sometimes even new programs to describe. Here are some of the highlights from 2009 that we think are good indicators of what we do and how we are planning for the future.

### What's old is new again?

Casemix development has been a core theme of the Centre since its beginnings and the opportunities to work on the design and implementation of casemix systems have been variable in that time.

Towards the end of 2009 we saw opportunities for further work start to emerge again through the Council of Australian Governments (COAG). The National Partnership Agreement on Hospital and Health Workforce Reform was a five-year commitment signed-off by National and State and Territory Governments that included commitments to make the transition to activity-based funding over the time of the Agreement.

Schedule A (Activity-based funding) requires a common casemix classification and costing methodology in Emergency Departments, Subacute, Outpatients and Community Health. Our interest and expertise comes in at Stage 3 which goes from 2012–2013. Schedule C (Subacute care) commences from 2009 and refers to "Agreements ... in working with national data collection agencies (such as AROC and PCOC)"

The COAG communiqué implies a standard model for Australia may yet emerge, giving

us opportunities to develop classifications from first principles – that is putting together the nuts and bolts of new funding systems.

The National Partnership Agreements on sub acute care are solid evidence of both our longevity and our impacts. Other work we have done in primary care, hospital avoidance and community care assessment will be relevant. We are well placed in these areas where we have expertise – and are also making our own opportunities, not waiting just for decisions to be handed down.

### Waiting to go beyond 'more of the same' – the 2009 reform hiatus

A book chapter reported in our publications list for 2009 posed the question 'Do public inquiries improve health care?'<sup>1</sup>. In 2009 it was a bumper season for inquiries that leaves us asking that very same question as we think about the implications for CHSD from the national health reform agenda.

The final report of the National Health and Hospital Reform Commission was released in July 2009 and then the Prime Minister indicated that the government would undertake further consultation before issuing its response around the middle of 2010. Meanwhile the Primary Care Strategy and the Preventive Health Taskforce also reported in 2009. The Tax Reform agenda (the Henry Review) may also be a strong driver of significant change all bundled together in the run-up to the next election.

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<sup>1</sup> Masso M and Eagar K (2009) Do public inquiries improve health care? In Healy J and Dugdale P (Eds) Patient safety first: responsive regulation in health care, Allen and Unwin, Sydney.

One result of so many inquiries is that 'initiatives' have largely been put on hold for the last two years while we all wait to see if the inquiries lead to actual decisions that then may or may not result in change that may or may not improve health status and outcomes.

This 'reform hiatus' has created somewhat of a vacuum for funding opportunities during 2009. The Commonwealth and the States and Territories look likely to continue to put their planned R&D investments on hold until the Commonwealth Government's responses to the various inquiries and their reports are known.

This suggests a continuation into the start of 2010 of the situation that has existed for most of 2009, which has seen fewer health services research opportunities than in previous years. Consequently there was a sense of there being not much to evaluate at the end of 2009 in the health, disability and community care areas, pending the big announcements on health funding reform.

### **Implications of the reform agenda for the CHSD**

The national situation and the current mix of opportunities were reflected in our own research program in 2009 in terms of the size and timing of projects. Projects were more time-limited and there were few that were longer term.

Of the 28 projects we undertook, 8 will continue into 2010 and 7 of these are due for completion by July 2010. We have picked up some new projects that will continue into 2011 and beyond, but we expect more of these once the 'reform hiatus' is over.

There are implications for our work program and income goals as well as our own capacity-building in specific areas. Being

optimistic, it is likely that the Health Care Agreements and the National Partnership Agreements will generate projects in the areas of casemix (activity-based funding) development. We will need to consolidate our skills for working on the various building blocks to make a host of new and re-vamped systems work more effectively.

These include the terminology and classification, measurement and comparison-based projects that are necessary for reform, and where we will be well-placed to bid for new and interesting work.

### **ACCTI – more than a new acronym**

In early 2009 we added a significant new program to the CHSD with the Australian Centre for Clinical Terminology and Information (ACCTI), led by Kerry Innes, Senior Research Fellow. Until recently Kerry was the Associate Director of the National Centre for Classification in Health (NCCH), University of Sydney. Along with Kerry, ACCTI comprises three very experienced Research Fellows, who also previously worked at the NCCH: Patricia Saad, Donna Truran and Ming Zhang.

The ACCTI focus is on the development and use of clinical terminologies and data information strategies. The team has brought in their nationally and internationally recognised expertise in ICD and SNOMED CT (see more on this in the body of this report – e.g. [readiness assessment](#), [WHO lead author](#), [Overview presentation 15 June 2009](#)). This creates the opportunity to build on and extend this expertise into our established work and research themes. Equally important, the ACCTI team adds significant practical expertise to CHSD that broadens our capacity to expand into new areas.

A major national challenge, that includes both casemix ideas and the use of ACCTI expertise, is to introduce a useable electronic health record (EHR). This can't be done without the right-sized building blocks and careful steps in implementation – and that includes making clinical terms capable of being coded in an electronic form – and adding levels of specificity to support various classifications.

We were pleased to welcome such an experienced team to the Centre in 2009 and we expect that this addition will support our ongoing classification work and progress the nation's e-Health agenda.

### **New training courses to start in 2010**

The other big change in 2009 was in building our own capacity, which in practical terms for CHSD means better support for staff by way of helping develop our skill base and at the same time grow a resource for the workforce for the health system.

Health spending now represents over 9% of GDP but there is little support for health services research (HSR) here compared to what we see in the UK, Canada and USA. The HSR training investment is a significant achievement for Professor Ian Ring and the [courses commencing in 2010](#) cover research designs and statistical analysis, evaluation and tools for organisational and system development, as well as health economic principles and research methods.

Ian put in a huge effort throughout 2009 negotiating with other UOW Faculties to achieve a useful modular structure for a new HSR teaching and training component of the CHSD, which is built on our role as a recognised University research strength. The achievements in this 'knowledge transfer' area are significant because they build recognition of a mix of multi-

disciplinary methods as well as 'brand awareness' about HSR. The aim for the Centre is to build and nurture the course over the next few years – towards a Masters in HSR – to allow for more time and depth in research, plus short courses to add breadth. We also want to add substance and rigour in other areas of postgraduate research training.

In part, these courses are about providing opportunities for our own staff to undertake a progression in educational programs, pretty much purpose-built for the type of work we do in the CHSD in support of health service and community care reform. But we also expect interest from researchers, planners and policy makers in the industry where these skills are equally in demand.

There will be two intakes in 2010 and work done towards new structures for distance learning, specialised modules and block teaching in the years ahead.

### **A new look within CHSD – with added health economics**

The end of 2009 saw the appointment of Professor Simon Eckermann, who is joining CHSD in 2010. Simon will be bringing his considerable experience in health economics research to our work and will be teaching in the new courses for the Graduate Certificate in Health Services Research and Development and the Master of Health Services.

We are delighted to welcome Simon to the Centre. He was previously Professor in Health Economics at the Flinders Centre for Clinical Change and Health Care Research, at Flinders University. He has extensive experience in teaching and applying decision analytic methods for economic analysis in Health Technology Assessment. Simon brings with him his international links and he currently



sits on the Economic Sub-Committee of the Pharmaceutical Benefits Advisory Committee.

### **Building of our internal capacity by consolidating our own lessons about evaluation**

In recent years, our evaluation projects have developed to the point that evaluation is now an important part of the Centre's work, in both programs and projects. We have found ourselves using an ever-wider range of methods in a diverse range of settings.

We recently looked back over our project work and found that judging the value of something, usually a complex intervention at the system-level, was a common theme. The work represented a mixed bag of 'evaluation'; some was explicit and formal evaluation projects where there was a genuine interest in the results, whereas others in hind-sight looked like more 'tick the evaluation box' where decisions were already made and the evaluation was a token add-on. Either way, the work requires a broad range of skills.

We reviewed nine projects representing approximately \$4.5 million of work to see what summary lessons we could draw out and to look for improvement opportunities. We thought about better ways to share knowledge, support each other and be more targeted in our networking. The aim was to increase the efficiency of our work and improve the usage of our results by funding agencies and providers.

That led to another development – E-SIG – that is also more than a new acronym from 2009 onwards. E-SIG stands for the Evaluation Special Interest Group, convened by senior staff with the aim of increasing our knowledge and expertise in evaluation theory and practice.

There are a number of people in the Centre who like this type of work and are interested in developing their skills and sharing their knowledge with each other, prompting the formation of the group.

### **Detention Health a big news story in 2009**

Detention health is an area where good news is hard to come by. In 2006–2007, the Department of Immigration and Citizenship (DIAC) engaged the CHSD to undertake a study on the health of people held in Australian detention centres between 1 July 2005 and 30 June 2006. The conclusions were published in the online version of the Medical Journal of Australia in late 2009 and the hard copy of the journal came out in January 2010.

The accompanying editorial pointed out: *"This is the largest Australian study to date of the health of people who have been in detention, and the first to follow up a cohort over an entire year. Studying the health of such people in the past in Australia has been challenging; 5 previous studies, although valuable, were necessarily small scale."*

For the whole of the [editorial](#) and more detail on these topical matters, see 'Immigration detention and health' by Christine B Phillips, Med J Aust 2010; 192 (2): 61–62.

The [original article](#) is entitled 'The health of people in Australian immigration detention centres' by Janette Green and Kathy Eagar, Med J Aust 2010; 192 (2): 65–70.

### **Palliative Care Outcomes Collaboration – good news at the end of 2009**

May 2009 saw the retirement of Prue Watters as PCOC Manager after three and a half years

in the position. Prue was instrumental in taking PCOC forward and, along with the rest of the team, should be congratulated for embedding PCOC into the palliative care sector. Advertisements went out late in 2009 for a replacement for Prue and for other PCOC positions.

The strategic work put into PCOC has been arguably very successful. A decision was taken in late 2008 to do a bit of a CHSD version of 'the surge' – apparently successful for capturing hearts and minds in military contexts! A big effort went in recruiting services, running workshops and generally increasing the visibility of PCOC in the service sector.

The PCOC database as at June 2009 contained data on 41,135 patients with 51,075 episodes of care and 104,108 phases of care. Six monthly reports are provided to all participating palliative care services and, as at December 2009, 123 specialist palliative care services (of an estimated 160 in Australia) have agreed to join PCOC, with 99 currently collecting data. We estimate these services represent more than 80% of specialist palliative care episodes.

The first set of national quality and outcomes benchmarks were the subject of workshops in Brisbane, Sydney and Adelaide and in December 2009, were formally adopted along with suitable targets to specify the rate of improvement expected for services that are performing below the benchmark.

More detailed information about [PCOC](#) can be found in the program descriptions of this report.

## Infrastructure and links to support the Centre's work

An important achievement at the end of 2009 was a new agreement on the Centre's infrastructure support from the University. The level of UOW support for the Centre's work is consistent and the good news is that it is getting better. From 2011 UOW will match every external dollar with internal funding to bring us up to 15% for infrastructure as a proportion of our total income.

The agreement with UOW at the end of 2009 means we can now move on our plans to recruit a librarian to help with large literature reviews for specific projects and organising journal alerts, as well as more a more general role in improving our Centre's document management.

We have been part of the University's Sydney Business School since 2002 and it remains an integral part of our Centre's supportive infrastructure. Sydney Business School was established in 1997 and in 1998 was granted independent faculty status. The Business School opened its Sydney campus in early 2000. We continue to benefit from our association with this important part of the University and Professor John Glynn provides important strategic advice and practical support, as well being the Chair of our Board of Management through most of 2009.

An important part of our connection to the University is our recognition as one of its [Research Strengths](#). This recognition reflects the strategic value of our focus on measuring outcomes and our strong partnerships in seeking solutions to real problems.

In 2009 we saw the first steps in the development of the Illawarra Health and Medical Research Institute ([IHMRI](#)). CHSD and

IHMRI are the two arms of the 'Illawarra Health and Research Hub', which is a partnership between the University and the South Eastern Sydney Illawarra Area Health Service, where the aim is to foster collaboration. Our own good links and agreements with the Area Health Service places us in a good position to support this new development.

The [Graduate School of Medicine](#) is another area where we collaborated in 2009. We look forward to participating in further developments here as opportunities for closer working relationships arise in the context of the rural and regional focus of much of the current health reform initiatives.

Depending on what is decided in terms of national reform, and the timetable of those decisions, there are likely to be considerably more opportunities for CHSD and its various arms (and legs!) in 2010, particularly for ACCTI, our latest program-based team, our evaluation experts and on the community care information side.

However, the decision-making process will bump up against the national electoral cycle, making it difficult to predict the outlook in 2010 with any certainty. We will do our internal planning and consult with our Board to help us anticipate the timing of reforms (or lack thereof) and work out our strategies to navigate effectively through 2010.

## Acknowledgments

The CHSD gratefully acknowledges the support of Professor Judy Raper, Deputy-Vice Chancellor (Research) and Professor John Glynn, Dean of the Graduate School of Business. At NSW Health we would like to thank Dr Richard Matthews, Deputy Director-General, Strategic Development.

This year my own thanks go to our staff and associates for their hard work in the Centre in 2009. 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 Management Group 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 2009 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 allows us to track how our focus shifts over time. 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.

Our projects and programs in 2009 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.

**Table 1 List of CHSD Programs and Projects**

CENTRE PROGRAMS AND PROJECTS 2009	THEMES					
	HS delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
<b>PROGRAMS</b>						
AN-SNAP	x	x	x	x	x	x
Australasian Occupational Science Centre		x	x			
Australian Centre for Clinical Terminology and Information	x	x	x			x
Australasian Rehabilitation Outcomes Centre		x	x	x		x
Australian Health Outcomes Collaboration	x	x	x			
Palliative Care Outcomes Collaboration		x	x			x
<b>PROJECTS</b>						
ACAT assessment – Validated tools – Phase 1			x	x		x
ACT Health – New Models of Care		x		x	x	
Best Practice in Residential Aged care	x			x		
Cancer Australia – Gynaecological Cancers	x	x				

CENTRE PROGRAMS AND PROJECTS 2009	THEMES					
	HS delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
Cancer Australia Evaluation	X	X		X	X	
Carer Assessment tool –Phase 2						X
Clinical Registries	X					
Continence Outcome Measures – Validation and Clinical Translation Project			X			
DADHC – Assessment of the 2009 school leavers					X	X
DADHC Disability Assessment Module		X				
DADHC grant – Effective assessment of social isolation			X			
DADHC grant – Measuring outcomes in community care			X			X
DADHC ONI–N analysis		X		X		
DoHA Sub-acute data project	X		X			X
Evaluation of the Asthma Management Program	X	X		X		
Evaluation of the Social Not Anti Social Program	X					
FAT Pilot					X	X
Feasibility Study – Allied Health	X					
Gold Coast – Hospital Avoidance	X	X		X		
HCF – Utilisation review research project	X		X			X
Healthy Cities Illawarra				X		
IDGP headspace	X	X			X	
Medical school research – the effect of student placements on GP income				X	X	
NSW AIDS RDF Review				X	X	
NSW Artificial Limb Service Pilots	X			X	X	
NSW Episode funding	X		X	X	X	X
Palliative Care planning sub-program	X	X				
Professional development workshop				X		
Readiness Assessment for Migration from ICD–9–CM to ICD–10–AM, ACHI, ACS				X		X
Review of Direct and Indirect Teaching and Research Factor in the RDF	X				X	
Review of Refugee Health	X	X		X		
VCAMS	X			X		
Vic Palliative care MDS				X		
WHO – Lead author of ICD–11				X		X

## PROGRAMS

### AN-SNAP

CHSD provides ongoing support to NSW Health in the implementation of the AN-SNAP<sup>2</sup> 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. 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 has been used since 1996, and came out of a study conducted by the Centre for Health Service Development. It 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 3.82i*. 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](http://chsd.uow.edu.au/snapshot.html)

### Australian Centre for Clinical Terminology and Information (ACCTI)

ACCTI is a new team within the Centre in 2009, with expertise on the development and

use of clinical terminologies and data information strategies to support e-health initiatives. The team can assist the health information industry by developing and tailoring solutions which enable the implementation of purpose-built clinical terminologies, specifically SNOMED CT, the endorsed national standard clinical terminology. The complexities of SNOMED CT can make it daunting to use in clinical settings, and ACCTI has been very active in its development, maintenance and use in Australia. It is a tool that is essential for developing a common set of terminology to allow the linkages that are required for electronic health records. These common applications enhance the quality and reliability of research and data collections which rely on consistent, current and reliable clinical documentation.

ACCTI assists other Centre programs and projects with extracting data from clinical terminologies for use by clinicians and researchers. The team also maintains strong links to the World Health Organisation's Family of International Classifications Network (WHO-FIC), the International Health Terminology Standards Development Organisation (IHTSDO), clinicians and electronic tool developers.

In 2009 ACCTI finalised a Readiness Assessment for ICD-10-AM/ACHI/ACS implementation in Singapore, and competed for, and won, the lead author role for the development of ICD-11. More information is available at: <http://chsd.uow.edu.au/accti/>

### 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

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

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.

There was more international activity for AOSC in 2009. Another two Canadian students undertook a fieldwork placement at AOSC from January to February. There were visits to AOSC by practitioners from Japan and the Netherlands. Dr Alison Wicks, the AOSC Director presented a paper at the South African Occupational Therapy Conference in Port Elizabeth and then participated in the Occupational Justice Think Tank in Cape Town. Masayuki Takagi from Japan was an Endeavour Executive Award Scholar at AOSC from August to November. In October, Dr Wicks and Mr Takagi completed the Kokoda Trail in Papua New Guinea as mentors for a group of Shoalhaven youth.

Interdisciplinary collaboration was again a significant part of AOSC activities during 2009. Macquarie University commissioned a study to explore the feasibility of a new allied health program and there was also project on an indigenous scholarship program with the Shoalhaven Marine and Freshwater Centre focusing on sustainable aquaculture.

In 2009 AOSC commenced two pilot studies with the UOW School of Information Systems and Technology exploring the social implications of Radio Frequency Identification (RFID). One of these pilots examines RFID deployment and use in the dairy industry and a paper on current issues and future research directions will be presented in 2010 at an International Symposium on Technology and

Society to be held in Wollongong. More information can be found on the AOSC website: <http://shoalhaven.uow.edu.au/aosc/>

### **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.

Growth in the rehabilitation sector is reflected in the steady increase in member hospitals up from 160 to 180 by the end of 2009. New Zealand membership had a smaller but significant growth from 13 to 23 (of approximately 35 units in total throughout New Zealand).

AROC takes its reporting responsibilities seriously and works to provide routine reports to member hospitals and also reports to the AROC management structure within routine schedules each year. In 2009, this was no different. The AROC 2008 Calendar Year Benchmarking Reports were generated in February and provided to members soon after. The Financial Year 08/09 AROC Benchmarking Reports were generated and distributed in early October.

The AROC Management Advisory Group and Scientific and Clinical Advisory Committee meetings were scheduled and held four times (two face-to-face in February and October and two teleconferences May and December) throughout the year. The AROC annual report (The state of rehabilitation in Australia in 2008) was made available in 2009. This report includes summary data for all 2008 episodes, by impairment, and by AN-SNAP class within each impairment group. The report also identifies and comments on trends and issues in rehabilitation. Four *DataMatters* newsletters were produced in 2009.

An assessment of the AROC IT System was undertaken and the decision made to commission an upgrade. Proposals from two developers were considered with the preferred provider working with the AROC team throughout the year and continuing into 2010. The aim of the project is to ultimately build a system that is less labour intensive overall, but particularly in the areas of member hospital communications, and reporting. The system will enable member friendly processes such as easier entering of data and the ability for a facility to access their own data online.

AROC held a Strategy/Planning Workshop in May, with representatives of all stakeholders attending and contributing to the discussion of future directions for AROC. In addition to its current benchmarking role, a number of additional strategies were identified that would be relevant for AROC to pursue (albeit funding for each will need to be achieved):

- AROC to develop a key role in promoting health services research relevant to rehabilitation practice in Australia and New Zealand

- AROC to expand its focus to collect the AROC dataset against all sub-acute episodes with a functional improvement focus
- AROC to expand its role to provide 'on the ground' quality improvement services to its provider members
- AROC to continue expanding the provision of AROC services to other Australasian countries that are supported by AFRM trained rehabilitation physicians.

The AROC team attended several conferences in 2009, the most notable being AFRM/NZRA 2009 Conference in Queenstown, New Zealand in late July. AROC had been invited to give a plenary session, and AROC presented the inaugural New Zealand data. AROC also took the opportunity to present three other papers: brain injury targets, cancer rehabilitation outcomes, and an ambulatory benchmarking paper. The frequency with which AROC data was utilised as part of many presentations at the conference and that AROC was acknowledged several times was inordinately pleasing.

More information about AROC can be found at the AROC website:

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

### **Australian Health Outcomes Collaboration (AHOC)**

There being no Health Outcomes conference held in 2009, AHOC staff worked on a set of projects on measures for assessing social isolation, standardised ways of assessing continence, and improving the national approach to Aged Care Assessment.

AHOC were very pleased to obtain a Department of Ageing, Disability and Homecare (DADHC) NSW research grant in May 2009 entitled *Effective Assessment of Social Isolation*.



The *Validation and Clinical Translation of the Revised Continence and Patient Satisfaction Tools* project, begun in 2009, is a long term project sponsored by the Continence Outcomes Section of the Department of Health and Ageing (DoHA).

A scoping project, sponsored by the Aged Care Assessment program of DoHA, has been to outline an evaluation framework for the evaluation of assessment tools and items that are used by Aged Care Assessment Teams or Services.

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. 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.

Jan Sansoni and Nick Marosszeky are pleased to announce the publication of the Dementia Outcomes Measurement Suite (DOMS) Project Final Report on Ageing Research Online: <http://www.aro.gov.au/dementia.htm>

More information on AHOC is available from the AHOC website: <http://chsd.uow.edu.au/ahoc>

## Palliative Care Outcomes Collaboration (PCOC)

The PCOC database as at June 2009 contained data on 41,135 patients with 51,075 episodes of care and 104,108 phases of care. Reports were provided to 86

palliative care services for the period January to June 2009, having increased from 54 services for the period January to June 2008. The final report, for the period July to December 2009, contained data from 99 services.

As at December 2009, 123 specialist palliative care services (of an estimated 160 in Australia) have agreed to join PCOC, with 99 currently collecting data. It is estimated that these services represent more than 80% of specialist palliative care episodes.

All other specialist palliative care services across Australia are at various stages of follow up, with most expected to join. The distribution of services by jurisdiction is shown in the Table 2 below.

**Table 2 Current PCOC coverage 2009**

<i>State/ Territory</i>	<i>Services collecting data as at Dec 09</i>	<i>No. agreed to join PCOC</i>	<i>Estimated no. of PC services</i>
Southern NSW/ACT	19	20 (74%)	27
Northern NSW/QLD	36	37 (84%)	44
SA/NT	13	19 (86%)	22
TAS	3	6 (100%)	6
VIC	15	24 (57%)	42
WA	13	17 (89%)	19
<b>TOTAL</b>	<b>99</b>	<b>123 (77%)</b>	<b>160</b>

PCOC has been working with participating services over the last year to develop our first set of national quality and outcomes benchmarks. These were the subject of extensive consultation at three workshops (held in Brisbane, Sydney and Adelaide) in

May and June 2009 to which all participating services were invited.

In December 2009, national benchmarks (standards of performance that all services will be measured against) were formally adopted for each measure. In addition, PCOC has formally adopted targets for services that are performing below the benchmark. Targets specify the rate of improvement expected of services performing below the benchmark. The targets and benchmarks will be adopted in all future PCOC reports and further benchmark measures will be adopted over time.

Two major rounds of reports have been completed this year:

- National Survey Report – Patient and Carer Experiences (August 2009)
- National Report on Palliative Care in Australia January–July 2009 (October 2009) and 86 separate service reports covering the same period.

State reports were also produced for the larger states (NSW, Victoria and Queensland) and these have been distributed to the relevant health department.

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

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

## PROJECTS

### ACAT assessment – Validated tools – Phase 1

The Aged Care Assessment program of DoHA sponsored this scoping project. The focus of this project was to outline an evaluation framework for the evaluation of assessment tools and items that are used by Aged Care

Assessment Teams or Services. This has built on the work we undertook for the Dementia Outcomes Measures Suite project. It is likely that further work will be undertaken on this project during 2010.

### ACT Health – New Models of Care

ACT Health has funded a targeted literature review on new models of care and their implications for capital planning.

This review assessed the available evidence regarding current/emerging models of care, changes in workforce, and technological innovation in terms of their implications on the future level of demand for ACT Government funded health services. The major purpose of this macro analysis was to assess, where possible, the plausibility of key ACT Health planning assumptions in view of the identified trends in the health care environment and the likely impact on future service delivery. This review allowed us to leverage off the excellent work of many CHSD team members put into reports from: SAFTE, Veterans' Home Care, Community Health Review, NSW Clinical Redesign and the Gold Coast Hospital Avoidance Program

### 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. In the first funding round, five projects were supported to improve clinical care in the areas of nutrition and hydration, medication management, falls prevention, oral care, and pain management. A further eight projects were funded in the second round to cover wound management, infection control, palliative care and behaviour management.

The Centre is undertaking the evaluation of the program which will run until the end of 2010. The evaluation provides an opportunity to make a significant contribution to the sector as a whole and is of strategic importance to the Centre as it constitutes a major piece of work in the area of evaluation of complex interventions. One of our senior research fellows is undertaking doctoral studies as part of the evaluation.

## Cancer Australia

The Cancer Australia project has finally come to an end with submission of the final report on 30 June 2009. Three reports documented the establishment, operation, impact and outcomes of Cancer Australia. The CHSD (in conjunction with the Centre for Research in Learning and Change at the University of Technology, Sydney), was commissioned by the Chief Executive of Cancer Australia to conduct an independent organisational evaluation in May 2008.

Specifically, the CHSD was asked to 'determine whether Cancer Australia is meeting its responsibilities efficiently and effectively'. Particular emphasis was placed on the evaluation maximising the further development and overall effectiveness of Cancer Australia. The evaluation framework outlined three levels of evaluative analysis; formative, summative, and developmental.

Report 1 focused on formative evaluation issues and aimed to answer the question 'how can we learn and get better as we go?'. It also documented the history and establishment phase of Cancer Australia.

Report 2 addressed formative and developmental evaluation issues in relation to nine 'key success factors' drawn from the organisational development literature through synthesising stakeholder

perspectives and documentary sources. Data for Report 2 was drawn from over 50 individual interviews and focus groups with key stakeholders within the cancer control sector – government and non-government organisations, clinicians, researchers and consumers. Its aim was to assist the organisation to reflect upon the findings and 'find opportunities for continuous learning and development'.

Report 3 developed a summative analysis and aimed to integrate what has been learned, generating summative conclusions and proposing options for the future development of the organisation. These findings were also informed by an analysis of the impact of Cancer Australia's performance at three levels – the consumer, the provider and the system. This third report addressed the question of whether, and to what extent, the performance of Cancer Australia met its legislative, policy and organisational responsibilities.

## Cancer Australia Evaluation: National Centre of Gynaecological Cancers

CHSD has been engaged to complete a program evaluation of the National Centre of Gynaecological Cancers (NCGC), a virtual centre of Cancer Australia. CHSD recently completed a broader evaluation study of the Cancer Australia organisation (discussed above) and this will inform the evaluation of the NCGC.

This evaluation focuses on the totality of the NCGC 'program' which consists of multiple individual projects that are organised under the Centre's three over-arching objectives:

- Improving information and support for women with gynaecological cancers, their carers and partners;

- Supporting the workforce to deliver coordinated gynaecological cancer care; and
- Building the evidence base for gynaecological cancer care, including through research and clinical trials.

The CHSD will not be evaluating individual projects but rather looking at how the sum of these projects contributes to the 'whole' of the NCGC program. One of the evaluation aims is support for a consistent approach to the evaluation of a range of programs and outcomes associated with programs, to facilitate comparative analysis. CHSD have developed and applied an evaluation framework to the wider organisation which has applicability at the program and/or project level and evaluates performance at multiple levels - CHSD have begun to apply this framework in the NCGC evaluation.

### **Carer Assessment Tool – Phase 2**

CHSD staff worked alongside the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to develop and implement a new questionnaire to assess eligibility for Carer Payment Child. Carer Payment Child is a fortnightly payment provided to adults who care for children with severe medical conditions and/or disabilities. The team have developed and refined the questionnaire with the advice of an expert reference group to ensure that eligibility for Carer Payment Child is determined on the basis of the care needs of the child. In January of 2009, the questionnaire was mailed out by FaHCSIA to approximately 4000 carers in Australia as part of a field trial. The data was received in mid February and the team then worked on developing an appropriate scoring model for the questionnaire. The questionnaire was implemented nationwide on 1 July 2009.

### **Clinical Registry Pilot Site**

AROC completed a project for the Australian Commission on Safety and Quality in Health Care in 2009. The project was titled 'Testing and validating draft operating principles and technical standards for Australian Clinical Registries'.

There were several important activities in the project which assisted AROC to evaluate their own quality. Firstly, an assessment of AROC against operating principles and technical standards and development of an action plan was completed. The project required liaison with other pilot sites. Concurrently, AROC developed a data dictionary and a quality assurance plan (including an audit of facilities with lower data quality scores, helping them to identify issues and offer assistance to resolve them). AROC dataset and data collection education was provided at the time of the audit to optimise the data processes. The project then resulted in AROC formalising AROC data policies more completely.

### **Continence Outcome Measures – Validation and Clinical Translation Project**

The *Validation and Clinical Translation of the Revised Continence and Patient Satisfaction Tools* project is a long term project sponsored by the Continence Outcomes Section of DoHA. This project may continue for the next 18 months or so. Previously, we developed the Revised Urinary Incontinence Scale, the Revised Faecal Incontinence Scale and the Short Assessment of Patient Satisfaction Scale. In 2009 and 2010, we are validating these instruments in ten clinical settings across Australia. In November 2009, Nick Marosszeky and Jan Sansoni gave presentations on this work at the Continence Foundation of Australia Conference in Adelaide. Two progress reports have also

been submitted during 2009. Glenn Fleming joined AHOC/CHSD in 2009 as a part-time research assistant to assist us with this project and his organisation skills and help with the smooth running of the research project has been, and is, much appreciated.

### **DADHC – Assessment of the 2009 School Leavers**

Since 2002 the NSW Department of Ageing, Disability and Home Care (DADHC) has commissioned the Centre to continue its work on the allocation of school leavers with disabilities to the post-school programs that they provide. 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. Recommended allocations are based on assessment of the functional abilities of young people with disabilities. 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, where the Fat Pilot was conducted in 2009, and Western Australia. 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.

### **DADHC Disability Assessment**

#### **Module:**

#### **ONI-IAM – Intake Assessment Module for ADHC Regions including children with disabilities**

In this project CHSD developed and trialed an Intake Assessment Module with eight domains for use by the Department's Regional Intake, Referral and Information (IRI) assessors. This module was designed to link to a broader range of domains that comprise a broad and shallow assessment that is only completed when and if the circumstances warrant more detailed information being collected. The outcome of this project also included the software and relevant manuals that were used in the field trial.

The assessment module was based on the ONI-N (Ongoing Needs Identification – NSW) tool used by DADHC in the HACC Access Point Demonstration Project in the Hunter Valley. The child functional profile items were developed and found acceptable in the trial of their useability. The algorithm for assessment was outlined but a study collecting routine data needed to be done to work out how the data are best able to be used for assessing the needs of children in the Regional Intake settings. The ONI-IAM project showed the potential to create a 'first generation' version of a set of client classifications that could be used consistently across programs. The use of routinely collected data elements also has the potential to generate a tailored set of outcome measures when the same data are collected at suitable transition points or when undertaking regular re-assessments.

#### **DADHC ONI-N Analysis:**

#### **The ONI-N in the national Access Point pilot**

This work involved two separate contracts in support of the national framework for

community care assessment through the implementation of the assessment tools in the Community Care Access Centre for the Hunter Local Planning Area, one of the seven trials being conducted in the states and territories.

The projects provided two parts of the larger agenda of establishing and operating the NSW Access Point and feeding the lessons back at national level. The first part was the design of the assessment tool for the intake system for the Access Point (ONI-N) and the second was the analysis of the data that were generated by that system.

The aim was to build the assessment system on the existing NSW Ageing Disability and Home Care client information platform (CIS), and to do that in anticipation of the improved functionality in the next version, the CIS2. The other design feature was to use the existing NSW Government's Human Services Network (HSNet) to enable electronic referrals. The transfer of inbound referral details to the service providers eliminates the need for care recipients to repeat their details and any service history to each provider.

The second contract was to analyse the data from the Access Point trial as part of an internal evaluation and development process for ADHC. It provided an initial description of the inbound referrals to the NSW Access Point Demonstration Project and supplementary analyses looked at some specific characteristics of clients in the assessments of the inbound referrals. These analyses were to determine whether a simplified process of assessment could be designed for clients of high volume service types such as those seeking specific single services such as transport, domestic assistance or delivered meals.

The NSW Access Point is an example of a 'social laboratory' in the field that provides a relatively controlled setting where standardised data for research and development in community care can be gathered and used for multiple purposes. The development of a continuous client record, and improved functionality and inter-operability in client information systems, will make various forms and levels of outcome measurement more feasible.

### **Department of Ageing Disability and Home Care Research Grants projects**

CHSD was awarded two of the eight announced ADHC research grants in the 2009 round:

- Effective assessment of social isolation
- Measuring outcomes in community care

It is expected these projects will open up opportunities for useful collaboration and networking within the different programs of the agency and eventually make better links with other groups that have been funded by DADHC in this round of research funding.

### **DADHC grant – Measuring outcomes in community care**

This was an exploratory study of outcome measurement in community care and described what is known about this field of research and practice. It was based on three primary sources of evidence: detailed lessons from the review of a series of linked studies by the Centre; findings from a wider review of current practice and national reforms; and targeted interviews on measuring outcomes with selected providers, clients and carers. The study made the case for outcome measurement being reliant on better ways to classify clients, based on their goal of care and the characteristics that drive their need

for care and support. The ways of adopting a systematic approach were included in recommendations in the Final Report, due in June 2010.

### **DADHC grant – Effective assessment of social isolation**

In 2009, AHOC completed a review of the literature for the *Effective Assessment of Social Isolation* project. This included a comprehensive review of a number of selected instruments (including the De Jong Gierveld Loneliness Scale and the Lubben Social Network Scale amongst others). The next step is commencing a linguistic validation of selected items and scales from the above review, and recommendations in a Final Report due in June 2010. The literature review indicated that research concerning the evaluation of interventions to address social isolation is at a relatively early stage of development. Similarly, although a number of scales have been utilised in community surveys in Australia, relatively little work has been undertaken concerning their respective merits. It is an interesting and topical area and CHSD are keen to participate in further research work in this field.

### **DoHA Sub–acute Data Project: Definitions and measures for the National Partnership Agreement on Subacute Care**

This eight–week project was funded by DoHA. It was important background work in health reform, concerned with facilitating an agreement on subacute care definitions and measures at both the National and State and Territory levels.

### **Evaluation Asthma Management Program**

In late 2009, CHSD were selected to evaluate the National Asthma Management Program (DoHA). Staff attended a briefing session on

the 7<sup>th</sup> December 2009, and a team was formed in December – ready for deliverables in January 2010.

### **Evaluation of the ‘Social Not Anti Social’ Program – Wollongong City Council**

CHSD assisted Wollongong City Council in evaluating their ‘Social Not Anti Social’ Program designed to combat binge drinking. CHSD developed a system of program logic and provided a variety of tools to support the evaluation e.g. questionnaires, an issues and data log, a project Gant chart and a literature review. These tools were submitted in September 2009.

### **Feasibility Study – Allied Health**

This was a study commissioned by Macquarie University to explore the feasibility of a new allied health program. The study was conducted between April and June 2009. A literature search and discussions with Macquarie University staff and representatives from relevant organisations were undertaken to gather the required data on occupational therapy and physiotherapy workforce issues and education programs.

### **Functional Assessment Tool Pilot**

In this project the assessment system developed in Post School Programs in disability in NSW was extended to a regional pilot program in Victoria called the Functional Assessment Tool Pilot. Its purpose was to pilot a new way to manage the transition of young people from school to work or community participation. That pilot showed that the tools could be used successfully in another jurisdiction and the assessment process could be tailored to produce more detailed and individualised reports.

## Gold Coast Health Service District Hospital Avoidance Program

The Gold Coast Health Service District (GCHSD) has established a hospital avoidance pilot program with a 'single entry point' for 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 operated until 31 December 2009. The Centre was commissioned by Queensland Health to undertake an independent evaluation of the pilot program in the GCHSD. We used 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.

## HCF – Utilisation Review Research Project

This project aimed to assess the process known as utilisation review to determine whether it has a role in improving the way patients are managed in Australian acute and rehabilitation hospitals. Widely used overseas, particularly in the USA and Canada, utilisation review has been shown to improve hospital performance, while maintaining patient safety, by helping to identify the most appropriate level of care for patients (e.g. acute care or rehabilitation or other subacute level of care), the optimal time for patients to be transferred between care settings, and criteria for safe discharge.

In a pilot study using a well validated utilisation review tool known as the InterQual

Criteria, the principal researchers demonstrated that:

- the criteria can be applied in an Australian hospital setting;
- there is significant variation between current practice and that suggested by the tool; and
- its use may help to drive important efficiency and patient safety gains.

The purpose of this new project was to examine in detail why there is variation between current Australian practice and that suggested by the InterQual tool and then to undertake a cost benefit analysis to determine whether formal utilisation review should be introduced into Australia.

The study was conducted in two distinct phases: an acute component and a rehabilitation component. There were 694 acute care patient episodes representing a total of 7189 days in the acute care study and 267 patient episodes representing 7409 days of care in the rehabilitation facility component. A final report was submitted in September 2009.

## Healthy Cities Illawarra

This small project was a continuation of an evaluation conducted for the Wollongong Men's Project. The project continues to demonstrate positive health outcomes for participants, who are from a multicultural background. The WMP is in its fifth year and the evaluation showed indications of its sustainability and its importance as an informal mental health support service.

## IDGP – Youth Mental Health – *headspace*

This small organisational review project funded by the Illawarra Division of General Practice to investigate the impact of the



severity and complexity of the service users' presenting problems on the workload of psychologists working at *headspace*, an adolescent mental health service based in Wollongong. The report recommended a model for client classification to help manage the workload and a set of changes to roles to align them with the available funding streams.

### **Medical School Research – the effect of student placements on GP income**

The 'Rural and Regional Community Based Medical Education Project', also known as the GSM Project, is the CHSD's first opportunity to collaborate with the Graduate School of Medicine (University of Wollongong) on a research project.

This research seeks to compare the costs and impact of long-term integrated clinical placements for graduate medical students based in rural general practices and those in regional general practices in NSW – across one academic year. The costs are those related directly to the teaching program and its support and focus on the period spent in general practices by the GSM students. The focus is the Phase 3 GSM students who commenced their 38 week GP placements in July 2009. The project aims to analyse aspects of the impact and utility of senior medical students in communities with rural workforce shortage.

The project has several stages and CHSD have completed the first stage of data collection (conducting 30 qualitative interviews with those GPs supervising the Phase 3 medical students in regional/rural NSW). CHSD received ethical clearance to enter the second stage of data collection which focuses on the collection of practice demographic data using an online survey. During this stage, CHSD staff will also visit

consenting practices to retrospectively obtain quantitative data on patient throughput, income and expenditure for our 'control' period. Data collection will occur in various waves until August/September 2010 followed by a period of analysis and report development.

### **NSW AIDS–Resource Distribution Formula (RDF) – 2009 Review**

The aim of the project was to advise NSW Health on the best way to distribute their funding for AIDS and related programs across the state. This is done via the Resource Distribution Formula (RDF) that is developed to predict activity levels from indicators of need for services in the community.

CHSD staff began presenting the proposed methodology to the Minister's advisory groups and Area Health Service representatives during February and March, and consulting the participants for advice on producing the most equitable models (taking into consideration any specific concerns/details from those participants).

Work on this project was placed on a temporary hold in June–July 2009 due to the demand the swine flu situation placed on the Infectious Diseases Branch of NSW Health. This project is ongoing.

### **NSW Artificial Limb Service Pilots**

In Australia, approximately 3,400 lower limb amputations related to diabetes mellitus (DM) are performed each year. Between 800 and 900 of these occur in New South Wales (NSW), which represents a rate of approximately 12 amputations per 100,000 people. It is well documented that lower limb amputees have poor psychological and physical outcomes, characterised by reduced mobility, reduced quality of life, and

depression. Early amputee care following a lower limb amputation is critical in ensuring that patients have positive clinical outcomes and are able to regain an acceptable level of functioning. In particular, studies have shown that the fitting of an interim mechanical prosthesis shortly following amputation greatly facilitates mobility training and rehabilitation, leading to improvements in functional ability and a shorter period of rehabilitation.

Between 2006 and 2008, an interim mechanical prosthesis program was trialed at two public hospitals in NSW. At one hospital, the program was operated under a public model of service whereby a prosthetist was employed on a two year contract to provide early amputee care. At the other hospital, the program was operated under a private model of service whereby a commercial prosthetic company, situated off-site from the hospital, was contracted to provide the interim prosthetic services to new amputees.

The aim of the study commissioned by NSW Health was to compare the financial cost and patient outcomes of the interim mechanical prosthesis program as operated under these two models of service. The primary objective was to determine the benefits and limitations of each model and, if possible, identify the more effective model for the provision of an interim mechanical prosthesis program.

A final report submitted by CHSD in October 2009 highlighted the need for further research, to be replicated at different hospital sites across NSW and Australia, which compares the costs and patient outcomes of an interim mechanical prosthesis program operated under public and private models of service. Such research should target a larger sample with a range of

amputation types and more rigorous costing methodology.

## NSW Episode Funding

NSW Health contracted CHSD to review the current NSW Episode Funding Policy and the efficacy of further enhancing it by adopting some aspects from the Victorian funding policy.

There are acknowledged strengths and weaknesses in both the Victorian and NSW approaches to ED and ICU funding. CHSD analysed and made recommendations to NSW Health on the following areas:

- Adoption or adaption of the pricing aspects of the Victorian approach, including suggestions to accommodate a fixed or availability component and an activity component
- Whether Victorian rates are suitable for NSW or determining an appropriate split using NSW costs.
- Undertaking a study to determine NSW specific cost weights plus availability component
- Review patient data collection and reporting issues, including IC patient bed days and hours of mechanical ventilation
- Review pricing aspects including suggestions to accommodate a fixed or availability component and an activity component.

In total, 19 recommendations were made and a final report submitted in June 2009.

## Palliative Care Planning Sub-Program Evaluation

This is a sub-program of the Local Palliative Care Grants Program. The Centre was appointed in 2006 by DoHA as the National Evaluation Team (NET) to undertake a formative and summative evaluation of its

Care Planning Program. A total of 33 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 designed 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 was completed in 2009.

### **Professional Development Workshops**

In 2009, CHSD staff attended and facilitated several professional development workshops for NSW Health program and planning staff. These workshops were held in February, April and June.

### **Readiness Assessment for Migration from ICD-9-CM to ICD-10-AM, ACHI, ACS**

This is the first project won by our new sub-centre – the Australian Centre for Clinical Terminology and Information. ACCTI secured

funding of \$136,940 from the Ministry of Health in Singapore for this project and it seems likely that further projects in Singapore will follow.

The ACCTI team finalised a Readiness Assessment for ICD-10-AM/ACHI/ACS implementation in Singapore. Kerry Innes and Patricia Saad spent four days in Singapore in July 2009 gaining an understanding of the coding infrastructure. The final report was delivered in August 2009. The ACCTI team have also been offered the migration project (which runs from October 2009 to implementation on 1 January 2011).

### **Review of the Direct and Indirect Teaching and Research Factor in the Resource Distribution Formula (RDF)**

The CHSD was commissioned by NSW Health to review the teaching and research components of the Resource Distribution Formula (RDF). Two components in the RDF were reviewed. The 'Indirect Teaching and Research' factor in the RDF covers the indirect costs of teaching, research, and learning. It also covers differences in patient severity that cannot adequately be measured by the AR-DRG classification. The 'Direct Teaching and Research' factor in the RDF covers not only teaching and research, but also learning.

In summary, the major deliverables included a targeted literature review of relevant international and national approaches to this subject area; consultation with NSW Area Health Services and other key clinical stakeholders; development of options for modelling and analysis; and finally a recommended way forward for review by the NSW RDF Technical Committee. The project was completed in December 2009.

## Review of Refugee Health

This project for NSW Health involved research on models of care to assist the development of a new plan for refugee health, updating Strategic Directions in Refugee Health Care in NSW, which was prepared ten years ago. It took into account the significant changes in national government policies, major changes in the countries of origin of refugees, and significant refugee health service developments in the last decade.

The literature review covered new evidence on the changing health status of refugees, and reviewed assessment methods and models of care across Australia and internationally to inform how specialist and mainstream services can respond to the health and support needs of refugees. A workshop with service providers, managers and planners was conducted to explain the evidence base and work towards a set of objectives, strategies and suitable evaluation measures to be embodied in the new plan.

## 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. 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 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) required us to update the 15 original indicators for children. New indicators for adolescents were added in 2009. 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](http://www.education.vic.gov.au/ocecd/catalogue_of_evidence.html)

## Victorian Palliative Care Minimum Data Set (MDS)

CHSD was commissioned to undertake a project for the Victorian Department of Human Services to develop a minimum dataset (MDS) for hospital based palliative care consultation teams. The project developed and trialled a State-wide MDS that measured the activities and outcomes of palliative care consultancy teams in Victoria. The project will aim to produce an MDS that can be used to monitor quality and clinical outcomes, team activity and client satisfaction, as well as support the ongoing role of the consultation teams.

During March and April, meetings were held with each of the 12 services which outlined the project and helped CHSD develop an understanding of the various models that operate across teams. A workshop, attended by all teams, was held on 19 May to consolidate the findings of the consultation process and agree on the composition of a dataset to pilot in July. During June, the pilot dataset and associated forms were finalised and training sessions were held for all teams. During July, all teams participated in the MDS pilot data collection. About 60 clinicians across 13 hospitals captured clinical and service utilisation data about patients treated during this time. The data collected was then

analysed and informed a MDS that will be routinely collected by all teams from 1 July 2010. The project was successfully completed in December 2009.

### **WHO – ACCTI: Lead author role for development of ICD–11**

ACCTI, in collaboration with the National Centre for Health Information Research and Training (NCHIRT) at Queensland University of Technology, won the prestigious role of the Australian lead author for the development of the alpha version of the International Statistical Classification of Diseases and Related Health Problems, Eleventh Revision (ICD–11). The project runs from August 2009 to June 2010, is funded by DoHA and managed by the Australian Collaborating Centre (ACC) for the WHO Family of International Classifications (WHO–FIC). Dr Penny Allbon, Director of the AIHW, is the Head of the Collaborating Centre. The ACCTI and NCHIRT teams will support the nominated lead author, Kerry Innes, ACCTI Manager, during the nine month project to draft the alpha version of ICD–11. Kerry joined a small team of international classification experts during the first two-week meeting in Geneva from 22 September 2009.

### **Other health system contributions**

Members of the CHSD undertook a number of service planning and review projects and collaborated with other research groups in 2009.

Continuing from 2008, in 2009 Associate Professor Chris Poulos worked on a [Rehabilitation and Sub-acute Care Utilisation Review Research Project](#). Professor Kathy Eagar assisted a community nursing provider to understand the regional service mix and opportunities for future collaboration in the Illawarra.

Reflecting the expertise and experience of CHSD staff in the academic health service research arena, Centre staff participated in research under grants held by other institutions.

The titles of these activities in 2009 were:

- Cost-efficient service provision in neuro-rehabilitation: defining needs, costs and outcomes for people with long-term neurological conditions;
- 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;
- Succession Planning at Universities: Program for Preparing Early Leaders (PROPEL);
- Citizen Engagement: Listening to citizens' views about Australia's health system and prevention.

## CHSD Inputs in 2009 Funding

Type	Project	Funding 2009
Goal for 2009		<b>\$6,000,000</b>
	<b>Funding secured this year</b>	<b>\$5,875,276</b>
	<b>Current difference</b>	<b>-\$124,724</b>
Infrastructure	UoW infrastructure	\$359,565
	UoW Research Strength Funding	\$168,365
	NSW Health Infrastructure grant	\$110,000
	<b>Total infrastructure</b>	<b>\$637,930</b>
Programs	Palliative Care Outcomes Collaboration (PCOC)	\$1,452,808
	Australasian Rehab Outcomes Centre (AROC)	\$960,170
	Australian Health Outcomes Collaboration (AHOC) – core	\$49,192
	The Australasian Occupational Science Centre (AOSC)	\$15,148
	<b>Total programs</b>	<b>\$2,477,318</b>
Projects	Best Practice in Residential Aged care	\$362,451
	<i>Vic Palliative care MDS</i>	<i>\$246,870</i>
	Evaluation Asthma Management Program	\$200,000
	Continence Outcome Measures – Validation and Clinical Translation	\$198,000
	<i>DADHC Disability Assessment Module</i>	<i>\$193,307</i>
	VCAMS	\$168,621
	<i>Clinical Registries</i>	<i>\$141,845</i>
	<i>DoHA Sub-acute data project</i>	<i>\$141,709</i>
	<i>Readiness Assessment for Migration ICD-9-CM to ICD-10-AM,ACHI, ACS</i>	<i>\$136,940</i>
	<i>Cancer Australia Evaluation</i>	<i>\$118,617</i>
	<i>Carer Assessment tool –Phase 2</i>	<i>\$100,097</i>
	The effect of student placements on GP income	\$49,743
	<i>NSW Episode funding</i>	<i>\$84,884</i>
	<i>Palliative Care Planning Sub-Program</i>	<i>\$80,263</i>
	<i>Gold Coast – Hospital Avoidance</i>	<i>\$79,497</i>
	<i>Review of Direct &amp; Indirect Teaching &amp; Research Factor in the RDF</i>	<i>\$71,849</i>
	<i>DADHC – Assessment of the 2009 school leavers</i>	<i>\$41,599</i>
	Evaluation of the National Centre for Gynaecological Cancers	\$36,977
	DADHC grant – Effective assessment of social isolation	\$33,000
	DADHC grant – Measuring outcomes in community care	\$33,000
	<i>ACT Health – New Models of Care</i>	<i>\$32,646</i>
	<i>HCF – Utilisation review research project</i>	<i>\$31,706</i>
	<i>DADHC ONI-E analysis</i>	<i>\$29,000</i>
	NSW AIDS RDF Review	\$25,000
	<i>WHO – Lead author of ICD-11</i>	<i>\$27,500</i>
	<i>ACAT assessment – Validated tools – Phase 1</i>	<i>\$22,772</i>
	<i>FAT Pilot</i>	<i>\$20,000</i>
	<i>IDGP headspace</i>	<i>\$20,000</i>
	<i>Review of Refugee Health</i>	<i>\$20,000</i>
	<i>NSW Artificial Limb Service Pilots</i>	<i>\$4,986</i>
	<i>Evaluation of the Social Not Anti Social Program</i>	<i>\$3,500</i>
	<i>Healthy Cities Illawarra</i>	<i>\$2,000</i>
	<i>Professional development workshop</i>	<i>\$1,650</i>
<b>Total projects</b>	<b>\$2,760,028</b>	
<b>Total income 2009</b>	<b>\$5,875,276</b>	

Note: Projects shown in *italics* were completed in 2009

## CHSD Outputs 2009: publications and dissemination

CHSD staff and associates produced a total of 103 publications in 2009. A total of 27 journal articles were published, in press or were still under editorial review at the end of the year. These publications are listed below, followed by a description of the use of the CHSD website for disseminating our research findings and tools.

### CHSD Publications 2009

#### Book chapters

1. Eagar K (2009) *Appendix 9: Australian Refined Diagnosis Related Groups (AR-DRG) Version 6.0*. In Harris P, Nagy S and Vardaxis N (Eds) (2009) Mosby's Dictionary of Medical, Nursing and Health Professions, 2nd Australian and New Zealand Edition. Elsevier Australia: St Peters, Sydney. pp. 1994–2012.
2. Masso M and Eagar K (2009) *Do public inquiries improve health care?* In Healy J and Dugdale P (Eds) Patient safety first: responsive regulation in health care, Allen and Unwin, Sydney.
3. Eklund P and Ducrou J (2009) *Faceted Document Navigation using Conceptual Structures*. In Hitzler P and Scharf H (Eds) Conceptual Structures in Practice, CRC Press, ISBN: 9781420060621, pp. 251–278.
4. Anderson K, Valente V and Wicks A (2009) *Review. Choir of hard knocks: the voice of Rec Link*. Journal of Occupational Science, 16 (1): 64.
5. Dwyer J and Eagar K (2009) *Options for the Reform of Commonwealth and State Governance Responsibilities for the Australia Health System*. Public Administration Today, 18: 26–29.
6. Gordon R, Eagar K, Currow D and Green J (2009) *Current funding and financing issues in the Australian hospice and palliative care sector*. Journal of Symptom and Pain Management, 38 (1): 68–74.
7. Green J and Eagar K (2009) *The health of people held in Australian immigration detention centres*. Medical Journal of Australia, (published as an eMJA version 2 December 2009; hard copy version Medical Journal of Australia, 2010; 192 (2): 65–70.
8. Khan F, Turner–Stokes L, Stevermuer T and Simmonds F (2009) *Multiple sclerosis rehabilitation outcomes: analysis of a national casemix dataset from Australia*. Journal of Multiple Sclerosis, 15: 869–875.
9. Masso M and McCarthy G (2009) *Literature review to identify factors that support implementation of evidence–based practice in residential aged care*. International Journal of Evidence–Based Health Care, 7 (2): 145–156.
10. Masso M and Owen A (2009) *Linkage, coordination and integration – evidence from rural palliative care*. Australian Journal of Rural Health, 17 (5): 263–267.
11. Masso M, Owen A, Stevermuer T, Williams K and Eagar K (2009) *Assessment of need and capacity to benefit for people with a disability requiring aids, appliances and equipment*. Australian Occupational Therapy Journal, 56 (5): 315–323.
12. Watters P (2009) *Reader Comments on Measuring Patient–Oriented Outcomes in Palliative Care* (Letters to the Editor). Clinical Journal of Oncology Nursing, 13 (1): 1.
13. Wicks A (2009) *Occupational profile: An interview with Robin Brooks*. Journal of Occupational Science, 16 (2): 128–131.
14. Wicks A (2009) *Viewing the world through an occupational lens and becoming an occupation–focused occupational therapist*. Taiwan Journal of Occupational Therapy, 27 (2): 1–11.

15. Williams K, Lago L, Lainchbury A and Eagar K (2009) *Mothers' views of caseload midwifery and the value of continuity of care at an Australian regional hospital*. Midwifery. doi:10.1016/j.midw.2009.02.003

16. Williams K and Owen A (2009) *A contribution to research and development in the carer support sector: lessons on effective caring*. Family Matters, 82: 38–46.

## In press

17. Anderson K, Valente V and Wicks A (in press) Photo essay: Skateboarding – Defying Gravity. Accepted for publication by Journal of Occupational Science.

18. Asaba E and Wicks A (in press) Occupational terminology: Occupational potential. Accepted for publication by Journal of Occupational Science.

19. Eagar K, Watters P, Currow D, Aoun S, Kristjanson L and Yates P (in press) *The Australian Palliative Care Outcomes Collaboration (PCOC) – measuring the quality and outcomes of palliative care on a routine basis*. Accepted for publication by Australian Health Review.

20. Masso M, Robert G, McCarthy G and Eagar K (in press) *The Clinical Services Redesign Program in New South Wales: perceptions of senior health managers*. Accepted for publication by Australian Health Review.

21. Valente V, Anderson K and Wicks A (in press) Photo essay: Shellharbour Dolphins – All Year Swimmers. Accepted for publication by Journal of Occupational Science.

## Under editorial review

22. Anderson K, Valente V and Wicks A. Photo essay: Nowra Skate Park. Submitted to Journal of Occupational Science.

23. Asaba E and Wicks A. *Occupational terminology: Occupational potential*. Submitted to Journal of Occupational Science.

24. Levi C, Lyons N, McDonald R, Swan J, McGrath K, Wiggers J, Considine R, Eagar K and Clout T. *Health system reform: evaluation of impact*

*in four acute hospitals*. Submitted to International Journal for Quality in Health Care.

25. Magee C, Gordon R, Frazer A, Evans C and McCosker K. *An Interim Mechanical Prosthesis Program for Lower Limb Amputees: Comparison of Public and Private Models of Service*. Submitted to Prosthetics and Orthotics International.

26. Masso M, Quinsey K, Westera A and Morris D. *Implementing best practice in residential aged care: what helps; what hinders? Preliminary findings of a national program*. Submitted to Worldviews on Evidence-Based Nursing.

27. Quinsey K, Owen A, Masso M, Fildes D, Grootemaat P and Eagar K. *Lessons from the National Evaluation of the Australian Rural Palliative Care Program*. Submitted to Journal of Palliative Care.

28. Swan P and Wicks A. *A model for sustaining an older workforce in local government*. Submitted to 23rd Annual Australian and New Zealand Academy of Management Conference.

29. Wicks A (under revision). *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.

30. Wicks A (under review). *Understanding the development of occupational potential over time through the analysis of life stories*. In Pierce D (Ed) Occupational science for occupational therapy. Slack.

## Conference Papers

31. Berger M and Simmonds F (2009) *Benchmarking outcomes in rehabilitation – how to make AROC work for you!!* Presentation to ARNA-Q the Australasian Rehabilitation Nurses Association Queensland Chapter, 6 March 2009, Brisbane.

32. Berger M, Simmonds F, Stevermuer T and Law J (2009) *Focusing on cancer rehabilitation in Australia. AROC Data 2007–2008*. 2009 AFRM/NIRR/NZRA Rehabilitation Conference. 21–25 July 2009, Queenstown, New Zealand.



33. Berger M, Tazelaar-Molinia J, Stevermuer T and Simmonds F (2009) *Walking the road to a National Ambulatory Benchmarking Strategy*. 2009 AFRM/NIRR/NZRA Rehabilitation Conference. 21–25 July 2009, Queenstown, New Zealand.
34. Ducrou A and Eklund P (2009) *Ontology mapping between HL7 Versions 2 and 3 and OpenEHR for observations messages*. Health Informatics Conference. 19–21 August 2009, Canberra, HISA, pp. 40–46.
35. Eagar K (2009) *Funding models – leading the way to more rational methods of funding for developing/sustaining good community and hospital mental health services*. The Mental Health Services Conference (TheMHS) 2009: Leadership for Mental Health Services of the Future, 26 February 2009, Sydney.
36. Eagar K (2009) *Governance and structural reforms: shifting responsibility and resource allocation for better health*. 4th Biennial National Health Reform Summit, 2–3 March 2009, Melbourne.
37. Eagar K (2009) *Designing and implementing measurement suites: screening, assessment, outcomes evaluation and service benchmarking*. Australian Healthcare and Hospitals Association Annual Congress – Shaping Up in Health: How does Australia become the world’s best? 7–9 October 2009, Hobart.
38. Eagar K (2009) *Outcomes measurement in palliative care (invited keynote paper)*. Bi-Annual Congress of the Australian Palliative Care Association. Together! Cultural connections for quality care at the end of life. International Palliative Care Conference. Perth, 24–27 September 2009.
39. Eagar K (2009) *Quality standards and outcomes measurement*. Bi-Annual Congress of the Australian Palliative Care Association. Together! Cultural connections for quality care at the end of life. International Palliative Care Conference. Perth, 24–27 September 2009.
40. Eagar K (2009) *Fixing the Australian health system – can research help?* Research Strength Seminar, University of Wollongong, March 2009.
41. Fildes D, Cass Y, Marshall C, Goncalves A and Williams K (2009) *Shedding the light on men: the Wollongong Men’s Shed Project*. Social Innovation Network (SInet) Conference. 28–29 September 2009, University of Wollongong.
42. Fildes D, Cass Y, Marshall C, Goncalves A and Williams K (2009) *Shedding the light on men: the Wollongong Men’s Shed Project*. 19th IAGG World Congress of Gerontology and Geriatrics, 5–9 July, Paris, France. Abstract available in *Journal of Nutrition, Health and Aging*, 13 (Supplement 1) June 2009.
43. Hawthorne G, Sansoni J and Marosszeky N (2009) *An update on the development of the short assessment of patient satisfaction (SAPS)*. 18th National Conference on Incontinence (Continence Foundation of Australia). 4–7 November 2009, Adelaide.
44. Jeon Y, Sansoni J, Marosszeky N and Sansoni E (2009) *What are the best measures available to differentiate delirium from dementia? (Poster)*. Australian College of Nurse Practitioners National Conference, 28–30 October 2009, Sydney.
45. Law J, Simmonds F and Stevermuer T (2009) *Developing targets for outcomes of treatment of brain injury*. Australian Society for the Study of Brain Impairment (ASSBI). 7–9 May 2009, Sydney.
46. Marosszeky N and Sansoni J (2009) *Methodological considerations when using proxy measures in dementia (Poster)*. Alzheimer’s Association International Conference on Alzheimer’s disease (ICAD) 2009. 11–15 July 2009, Vienna.
47. Marosszeky N and Sansoni J (2009) *Research program: incontinence measurement*. Social Innovation Network (SInet) Conference. 28–29 September 2009, University of Wollongong.
48. Marosszeky N, Sansoni J and Sansoni E (2009) *A survey of dementia outcome measurement tools for indigenous and culturally and linguistically diverse groups*. 19th International Association of Gerontology and Geriatrics (IAGG) World Congress of Gerontology and Geriatrics. 5–9 July 2009, Paris.

49. Quinsey K, Williams K, Westera A, Morris D and Fildes D (2009) *The Care Planning Sub-Program: lessons from the national evaluation*. Bi-Annual Congress of the Australian Palliative Care Association. Together! Cultural connections for quality care at the end of life. International Palliative Care Conference. Perth, 24–27 September 2009.
50. Owen A (2009) *Lessons on effective caring*. Strategic Carers Action Network, Seminar Series, Carers NSW. 7 September 2009, Sydney.
51. Sansoni J (2009) *Clinical validation of the revised incontinence tools*. 18th National Conference on Incontinence (Continence Foundation of Australia). 4–7 November 2009, Adelaide.
52. Sansoni J and Marosszeky N (2009) *Selecting assessment measures: an example from the Dementia Outcomes Measurement Suite*. Presentation to Expert Clinical Group: Aged Care Assessment Program, 12 June 2009, Sydney.
53. Sansoni J, Marosszeky N and Hawthorne G (2009) *Some highlights of the Australian Dementia Outcomes Measurement Suite (DOMS) project: Social isolation*. Alzheimer's Association International Conference on Alzheimer's Disease (ICAD) 2009. 11–15 July 2009, Vienna.
54. Sansoni J, Marosszeky N and Sansoni E (2009) *Overview of the Dementia Outcomes Measurement Suite (DOMS) Project (Poster)*. 19th International Association of Gerontology and Geriatrics (IAGG) World Congress of Gerontology and Geriatrics. 5–9 July 2009, Paris.
55. Simmonds F, Stevermuer T, Berger M and Marosszeky J (2009) *Benchmarking rehabilitation outcomes in New Zealand: the inaugural AROC report*. AFRM/NIRR/NZRA Rehabilitation Conference. 21–25 July 2009, Queenstown, New Zealand.
56. Simmonds F, Law J and Stevermuer T (2009) *Developing targets for outcomes of treatment of brain injury*. AFRM/NIRR/NZRA Rehabilitation Conference. 21–25 July 2009, Queenstown, New Zealand.
57. Swan P and Wicks A (2009) *Changing work environments: Understanding the retirement intentions of mature aged workers in rural councils*. Australian Association of Gerontology NSW Conference, 2 April 2009, Broken Hill.
58. Swan P and Wicks A (2009) *A model for sustaining an older workforce in local government*. 23rd Annual Australian and New Zealand Academy of Management Conference. 2–4 December 2009, Melbourne.
59. Truran D, Saad P, Zhang M, Innes K, Kemp M, Huckson S and Bennetts S (2009) *Using SNOMED CT® – enabled data collections in a national clinical research program; primary care data can be used in secondary studies*. Health Informatics Conference, 19–21 August 2009, Canberra.
60. Wicks A (2009) *A change of focus: occupational-focused programs for well people and their communities*. Occupational Therapy Association of South Africa Conference, 1 July 2009, Port Elizabeth, South Africa.
61. Wicks A (2009) *Developing 'knowdes' through authentic community engagement: The Shoalhaven way of structuring social innovation at the local level*. Social Innovation Network (SInet) Conference, 28–29 September, University of Wollongong.
62. Williams K and Marosszeky N (2009) *Sifting and sorting the evidence: development of an online catalogue of strategies for improving children's health and well-being*. Social Innovation Network (SInet) Conference. 28–29 September 2009, University of Wollongong.

## Other publications

63. Eagar K, Truran D, Gordon R, Innes K and Simmonds F (2009) *Definitions and Measures for the National Partnership Agreement on Subacute Care*. Centre for Health Service Development, University of Wollongong.
64. 59. Eagar K, Green J, Quinsey K, Masso M, Owen A, Grootemaat P and Thompson C (2009) *Evaluation of the Gold Coast Hospital Avoidance Program: Final Report*. Centre for

- Health Service Development, University of Wollongong.
65. Eagar K, Owen A and Green J (2009) *The NSW Post School Programs Eligibility Assessment: a guide to functional assessments in 2009*. Centre for Health Service Development, University of Wollongong.
66. Eagar K and Ring I (2009) *Review of the Melbourne Health Clinical Epidemiology and Health Services Evaluation Unit*. Centre for Health Service Development, University of Wollongong.
67. Eagar K, Simmonds F, Magee C and Green J (2009) *Carer Payment (Child) Algorithms*. Centre for Health Service Development, University of Wollongong.
68. Fildes D (2009) *Building Healthy Men Project: evaluation results*. Centre for Health Service Development, University of Wollongong.
69. Fildes D, Grootemaat P, Marosszeky N and Morris D (2009) *Evidence-based interventions for adolescent's health and wellbeing: additions to the VCAMS catalogue (psychological distress, sexually transmitted infections, full-time education or work, shortage of money, and long bone fractures) and injury update*. Centre for Health Service Development, University of Wollongong.
70. Gordon R, Thompson C, Carolan J, Eckstein G and Rostron C (2009) *A Costing Study of Blood and Marrow Transplantation Services in NSW: Final Report*. Centre for Health Service Development, University of Wollongong.
71. Green JP (2009) *Support for the Next Step – Post School Programs for School Leavers with Disabilities in 2009*. Centre for Health Service Development, University of Wollongong.
72. Green J, Quinsey K, Thompson C, Masso M, Owen A, Grootemaat P and Eagar K (2009) *Evaluation of the Gold Coast Hospital Avoidance Program: Interim Report*. Centre for Health Service Development, University of Wollongong.
73. Green J and Eagar K (2009) *Functional Assessment Tool Pilot Study – Data Analysis*. Centre for Health Service Development, University of Wollongong.
74. Grootemaat P, Marosszeky N, Fildes D and Morris D (2009) *Evidence-based interventions for children's health and wellbeing: additions to the VCAMS catalogue (fruit and vegetable intake, postnatal depression, family functioning and family participation)*. Centre for Health Service Development, University of Wollongong.
75. Jones L, Simmonds F and Stevermuer T (2009) *Testing and validating draft operating principles and technical standards for Australian Clinical Quality Registries: Interim report. Assessment of AROC against the Australian Commission on Safety and Quality in Health Care Operating Guidelines and Technical Standards for Australian Registries*. Centre for Health Service Development, University of Wollongong.
76. Marosszeky N, Grootemaat P, Fildes D and Morris D (2009) *Evidence-based interventions for children's health and wellbeing: additions to the VCAMS catalogue (overweight and obesity, diversity, parks and playgrounds, and the AEDI)*. Centre for Health Service Development, University of Wollongong.
77. Marosszeky N, Grootemaat P, Fildes D and Williams K (2009) *Updates to the catalogue of evidence-based strategies for children's health and wellbeing: Part 3*. Centre for Health Service Development, University of Wollongong.
78. Owen A (2009) *Report of the outcomes from the State-wide Refugee Health Workshop, 'Models of Care in Refugee Health: perspectives from rural, regional and metropolitan providers' (Liverpool NSW, 20 November 2009)*. Centre for Health Service Development, University of Wollongong.
79. Owen A and Ovidia T (2009) *An organisational review of headspace Illawarra*. Centre for Health Service Development, University of Wollongong.
80. Owen A, Grootemaat P, Samsa P, Fildes D and Eagar K (2009) *A review of the literature and practice on models of care for Refugee Health*. Centre for Health Service Development, University of Wollongong.

81. Owen A, Thompson C, Dunston R and Eagar K (2009) *Cancer Australia: the first phase, October 2006 to December 2008*. Centre for Health Service Development, University of Wollongong.
82. Quinsey K, Morris D, Fildes D, Westera A and Williams K (2009) *Care Planning Sub-Program: Exit Interview Report*. Centre for Health Service Development, University of Wollongong.
83. Quinsey K, Williams K, Westera A and Morris D (2009) *Care Planning Sub-Program: findings from the national evaluation*. Centre for Health Service Development, University of Wollongong.
84. Samsa P, Fildes D and Marcolin S (2009) *Evaluating CareSearch: a comparison of 2007 and 2008 results*. Centre for Health Service Development, University of Wollongong.
85. Samsa P, Fildes D and Marcolin S (2009) *Evaluating CareSearch 2: key findings*. Centre for Health Service Development, University of Wollongong.
86. Samsa P, Fildes D and Marcolin S (2009) *Evaluating CareSearch 2: Website visitors and those working in specialist palliative care services*. Centre for Health Service Development, University of Wollongong.
87. Samsa P, Owen A, Grootemaat P, Truran D and Eagar K (2009) *Intake assessment in DADHC using the ONI-IAM*. Centre for Health Service Development, University of Wollongong.
88. Samsa P, Owen A and Stevermuer T (2009) *An analysis of the DADHC Access Point Trial data*. Centre for Health Service Development, University of Wollongong.
89. Samsa P, Stevermuer T, Bird S and Owen A (2009) *Final Report on the DADHC Access Point Trial data*. Centre for Health Service Development, University of Wollongong.
90. Sansoni J, Marosszeky N and Sansoni E (2009) *Validation and clinical translation of the Revised Continence and Patient Satisfaction Tools: First Progress Report*. Centre for Health Service Development, University of Wollongong.
91. Sansoni J, Marosszeky N and Sansoni E (2009) *Validation and clinical translation of the Revised Continence and Patient Satisfaction Tools: Second Progress Report*. Centre for Health Service Development, University of Wollongong.
92. Sansoni J, Marosszeky N and Sansoni E (2009) *Progress Report: Effective assessment of social isolation*. Centre for Health Service Development, University of Wollongong.
93. Simmonds F, Eagar K and Green J (2009) *Development of a care and support assessment tool for the Department of Families, Housing, Community Services and Indigenous Affairs*. Centre for Health Service Development, University of Wollongong.
94. Simmonds F, Jones L, Berger M, Tazelaar-Molinia J and Zhang M (2009) *Australian Clinical Quality Registries Project for ACS&QHC: Final Report*. Centre for Health Service Development, University of Wollongong.
95. Simmonds F, Saad P, Berger M and Tazelaar-Molinia J (2009) *Testing and validating draft operating principles and technical standards for Australian Clinical Quality Registries: April 2009 Progress Report*. Centre for Health Service Development, University of Wollongong.
96. Simmonds F, Stevermuer T, Magee C and Berger M (2009) *The AROC Annual Report: the state of the rehabilitation in Australia 2007*. Centre for Health Service Development, University of Wollongong.
97. Simmonds F, Stevermuer T and Rankin N (2009) *The AROC Annual Report: the state of the rehabilitation in Australia 2008*. Centre for Health Service Development, University of Wollongong.
98. Thompson C, Masso M and Eagar K (2009) *The effects of model of care/demand management strategies on projected public sector acute and community based health services in the ACT*. Centre for Health Service Development, University of Wollongong.
99. Thompson C, Owen A, Dunston R and Eagar K (2009) *Discussion Paper – Cancer Australia:*

*the first phase, October 2006 to December 2008.* Centre for Health Service Development, University of Wollongong.

100. Thompson C, Owen A, Dunston R and Eagar K (2009) *Cancer Australia: achievements, outcomes and future directions.* Centre for Health Service Development, University of Wollongong.

101. Westera A, Quinsey K, Williams K and Morris D (2009) *Care Planning Sub-Program: report on activities of the national evaluation.* Centre for Health Service Development, University of Wollongong.

102. Wicks A (2009) *Exploratory study of the feasibility of a new allied health program at Macquarie University.* Centre for Health Service Development, University of Wollongong.

103. Williams K, Westera A, Quinsey K, Fildes D and Morris D (2009) *Care Planning Sub-Program: description of projects funded to improve care planning in palliative care.* Centre for Health Service Development, University of Wollongong.

## Dissemination of information through the CHSD website and other websites

The CHSD website has become an increasingly important vehicle for dissemination of the results of our work, and its 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 many interested in the tools we produce. AHOC health outcomes information, the SF-36 tool, and the conference materials, remain very popular with website 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 Care Planning Sub-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 of our activities are accessed through our own web pages or the University portal.

For example, the work we completed in 2008 on effective interventions for supporting carers is hosted on the DoHA 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 2009 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 were the most popular, 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 2009, 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 2009 with regard to information technology within the CHSD. The development of *PubCrawl*, a new publication database with more advanced search capacities, will increase dissemination of CHSD work in a more user-friendly manner.

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 3 Selected document downloads from UOW Research Online in 2009**

<b>Publication</b>	<b>Downloads</b>
FIM Information and Procedures Manual	1250
The Illawarra Midwifery Group Practice Program - the evaluation of a pilot program to introduce a safe and continuous model of care	441
Ethical Research in Palliative Care: a guide through the Human Research Ethics Committee process	396
Ongoing Needs Assessment in Queensland Community Care: Why Use the Tier 1 Screening and Referral Tools - Evidence and Explanations	329
Carer Eligibility and Needs Assessment for the National Respite for Carers Program: Consultation Paper	303
Strategies for Gain - the evidence on strategies to improve the health and wellbeing of Victorian children	255
The Palliative Care Evaluation Tool Kit: A compendium of tools to aid in the evaluation of palliative care projects	210
Utilizing a national benchmarking database for rehabilitation services to explore injury rehabilitation in Australia	207
The Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP): Report of the National Sub-Acute and Non-Acute Casemix Classification Study	192
Functional Screening and Behavioural Assessment in the NSW ATLAS Reform Project: How and Why?	151
Mental Health Classification Outcomes Study	136
Instrument Review - SF-36® Health Survey (Version 1.0) for use in Australia	126
The NSW SAFTE Care Program - evaluation of a pilot program to prevent unnecessary hospital attendances by older people	118
Instrument Review - SF-12® Health Survey (Version 1.0) for use in Australia	108
Effective Caring: a synthesis of the international evidence on carer needs and interventions	102
Australian, Finland and South Africa - Delving into Data to Investigate Differences in Stroke Rehabilitation	93
Rehabilitation Services in Tasmania: current situation and future plans	90
<b>TOTAL</b>	<b>4507</b>

## Dissemination of CHSD Outputs 2009: International, national, state and local advice, consultation and presentations

### National and international contacts

CHSD undertakes R&D projects in 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. For example, when recently in Calgary, Alberta, Alan Owen met with the Population Health Interventions Research Centre and Dr Carol Adair, a Calgary-based researcher with an interest in the evaluation of complex programs and research impact measurement. These contacts, we hope, will lead to further collaborations and joint work with the CHSD at a later time.

Dave Fildes and Jan Sansoni attended the 19th IAGG World Congress of Gerontology and Geriatrics, 5–9 July, in Paris, and presented posters. Dave Fildes' poster was on the Wollongong Men's Shed Project and Jan Sansoni presented on dementia outcomes

and CALD issues. Jan also presented papers in Vienna on measuring social isolation and use of proxy informants on assessing dementia outcomes.

## The 2009 CHSD Seminar Series

The CHSD Seminar Series continued in 2009 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 the Centre to test 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.

**Monday 30th March 2009**

**MALCOLM MASSO**

### **An evaluation of the Clinical Services Redesign Program**

The Clinical Services Redesign Program was a major three-year program to 'redesign' health services in New South Wales, with a particular focus on improving performance in emergency departments, improving waiting times for elective surgery and improving the care of elderly patients. The presentation included details of the evaluation methodology, the results achieved by the program and some 'lessons learnt' that were useful for future evaluations.

**Monday 27th April 2009**

**ALAN OWEN**

### **An overview of the lessons learnt from the Community Health Review (completed December 2008)**

The Community Health Review was a large and complex project completed in 2008 and was focused on developing strategy for NSW

Health in its negotiations with other jurisdictions under the national health reform agenda. The options for developing the primary care sector were summarised, and they included a governance structure based on health precincts for a population of about 300,000 people in metropolitan areas, and smaller sizes in rural areas, that would allow coordination and planning of a range of community services to be carried out at the local level.

**Monday 4th May 2009**

**KATHY EAGAR**

### **An 'Introduction to Casemix' - outlining the underlying principles of casemix classification and funding systems**

This seminar gave a quick overview of what casemix is, why it is important, and the role of CHSD in casemix classification development in Australia.

**Monday 25th May 2009**

**PETER EKLUND/AMANDA RYAN**

### **Interoperability in Healthcare: Technical, Semantic and Process interoperability through Ontology Mapping and Distributed Enterprise Integration Techniques**

This seminar was on Ontology Mapping between HL7 Versions 2 and 3 and OpenEHR for Observations Messages. The seminar showed that a lightweight XSLT framework can be used to achieve interoperability between HL7 versions 2 and 3, HL7 version 3, and OpenEHR.

**Monday 15th June 2009**

**KERRY INNES**

### **An overview of the objectives and current activities of the recently established Australian Centre for Clinical Terminology and Information (ACCTI)**

ACCTI was established at CHSD, UOW in February 2009 after Kerry and the other members of ACCTI had recently left the



National Centre for Classification in Health, University of Sydney.

This presentation included some examples of the work that have been done on migration of clinical term sets to SNOMED CT, an upcoming project in Singapore, national and international developments in ICD classification, and a proof of conception for new safety and quality indicators using national morbidity data.

**Thursday 18th June 2009**

**ALAN OWEN**

**A nice bunch of projects... but so what: Lessons from 15 years of review and evaluation projects and routine health outcome measurement**

This seminar was a review of what was to be presented at a talk in Canada in Calgary, Alberta. It focused on alternative health service research funding systems and ways to build research capacity inside the health system. How do we know, as a health research centre, whether it all makes any difference? This talk outlined how one health research centre (CHSD) has “taken stock” of its impact on the health system.

**Monday 29th June 2009**

**ROB GORDON**

**Results of a study looking at the cost of blood and marrow transplantation services in NSW, completed in December 2008**

CHSD was commissioned by NSW Health to undertake a costing study of Bone Marrow Transplant services in NSW. Blood and Marrow Transplantation (BMT) is a high cost and relatively low volume specialty service.

This presentation provided an overview of the study including the key methodological issues and findings. The presentation also discussed the types of cost data that are

typically available within the health sector to undertake these types of studies.

**Monday 20th July 2009**

**CRISTINA THOMPSON**

**Cancer Australia: an organisational analysis**

CHSD, in conjunction with the Centre for Research in Learning and Change at the University of Technology Sydney, was commissioned by the Chief Executive of Cancer Australia to conduct an independent organisational evaluation in May 2008. Specifically, the CHSD was asked to ‘determine whether Cancer Australia is meeting its responsibilities efficiently and effectively’. The seminar presentation focused on some of the elementary methodological and practical issues learnt from this qualitative research project as opposed to the research findings. For example, the challenge of converting large amounts of qualitative data into useful project deliverables.

**Monday 31st August 2009**

**FRANCES SIMMONDS**

**Working with FaHCSIA on the development of a new care and support assessment tool to determine eligibility for carer payment (child)**

The background to the work was a national review of inequities in allocating income support payments to carers of children with disabilities. Frances described the organisational and technical challenges involved in developing an assessment framework based on standardised tools where the aim was to replace a less transparent system that appeared to generate too many difficulties for the various users and the carers.

**Monday 31st August 2009**

**ALAN OWEN**

**Lessons learnt from Canada**

This was a report to the Centre on meetings in Canada with Professor Penny Hawe at the Population Health Interventions Research Centre and Dr Carol Adair in Calgary, with Professor Louise Potvin, a population health researcher from the Lea Roback Centre in Montreal, and with the Canadian Institute for Health Information. The focus of the report back was on Canadian thinking about ways of measuring our research impact, how to build a population health research agenda, and on Canadian strategies for assessment in community care.

#### **Monday 21st September 2009**

##### **NICK MAROSSZEKY**

##### **An update on the continence research project**

This presentation updated colleagues about AHOC's program of applied research into the psychological measurement of patient outcomes following incontinence treatment, as well as the reporting of patient experience and satisfaction with health services. The steps involved in this research program included systematically reviewing and evaluating assessment instruments used internationally, and then field testing selected items for Australian conditions. Staff were about to trial and validate these revised measures in 11 clinical sites. The aim of this research program was to produce brief but meaningful measures which can be used on a variety of platforms and across community groups.

#### **Monday 12th October 2009**

##### **GARY NOBLE**

##### **The uses and limitations of qualitative research**

The seminar looked at the contested issue of the potential role for qualitative research in the health services delivery domain. The seminar focused on discussing potential areas where qualitative research can add to knowledge as well as issues around

qualitative data analysis and the question of how to judge 'good' qualitative research for the purposes of publication. The seminar concluded by giving a CHSD example of where a qualitative study has proved useful in providing new insights.

#### **Monday 19th October 2009**

##### **KAREN QUINSEY**

##### **The Care Planning Sub-Program: Lessons from the National Evaluation**

Over the past three years, Kate Williams, Anita Westera, Darcy Morris, Dave Fildes and Karen Quinsey had been working on the evaluation of the Care Planning Sub-Program. This project followed on from two other three-year evaluation projects – Caring Communities Program and Rural Palliative Care Program. This presentation provided an overview of the Care Planning Sub-Program evaluation. However, the focus was on sharing the findings from conducting a three-year project evaluation, with an opportunity to discuss some suggestions for future projects.

#### **Monday 16th November 2009**

##### **JIM PEARSE**

##### **The cost of renal dialysis in NSW: The results of a study looking at the cost of renal dialysis services in NSW**

This seminar outlined the results of a recent study of the costs of renal dialysis commissioned by NSW Health, with results of the project to be used in planning for renal dialysis services in NSW.

Results from the study included estimates of:

- overall costs of dialysis in NSW
- costs by modality and per person per year
- differences between rural and metropolitan settings
- patient out-of-pocket expenses
- costs of health services used in addition to dialysis services

### **Monday 30th November 2009**

#### **MAREE BANFIELD**

##### **The Good, the Bad and the Future for PCOC**

This presentation highlighted the benefits of PCOC for palliative care services, described some of the difficulties experienced, and the process to determine benchmarking in the future.

### **CHSD Doctoral Series 2009**

The CHSD Doctoral Series is a way to present staff and Centre associates' higher degree work and share ideas.

### **Wednesday 13th May 2009**

#### **MALCOLM MASSO**

##### **Implementation of evidence-based practice in residential aged care**

Malcolm commenced a Doctor of Business Administration in early 2008, planning to use his work on the evaluation of the Encouraging Best Practice in Residential Aged Care Program as the basis of his thesis. He had completed a literature review and was refining the research methodology. The presentation focused on the development of the research methodology and provided an opportunity to 'road test' the work to date, and seek input to assist in finalising the methodology.

### **Wednesday 10th June 2009**

#### **LUISE LAGO**

##### **Dealing with missing survey data**

This seminar was a presentation of progress on Luise's PhD on the methods for handling missing survey data – being undertaken at the Centre for Statistical and Survey Methodology (CSSM) under the supervision of Dr Robert Clark and Prof Ray Chambers.

### **Wednesday 12th August 2009**

#### **GRACE McCARTHY**

##### **An overview of the DBA program**

The Doctor of Business Administration (DBA) is a professional doctorate, focused on researching real world issues, based on a comprehensive literature review and rigorous research methodology. The coursework in the first years sets the foundation for successful completion of the research. The DBA requires both an academic and a real world contribution. Rather than a presentation, this was an interactive session, exploring questions such as 'what makes a good research question?', the challenges of completing any degree while working full-time, and the pros and cons of basing a research degree on a sponsored project.

### **Wednesday 24th September 2009**

#### **CHARLEE THONGRURANG**

##### **The role of traditional medicine in health services provision in Thailand**

Charlee talked about Thailand's health service system, the new health coverage policy and the role of Thai traditional medicine in the new health system in Thailand (which undertook reform in the past five years).

### **Wednesday 28th October 2009**

#### **ROB GORDON**

##### **Understanding the long term care needs and costs of people catastrophically injured in motor vehicles**

Each year, approximately 2,000 people across Australia suffer a traumatic injury that results in catastrophic consequences and requirements for lifetime care. The majority of these involve spinal cord and brain injuries. This seminar provided an overview of progress on Rob's thesis which is examining the questions 'what are the long term care needs of individuals catastrophically injured in motor vehicles in NSW and what is the cost of providing services to meet those needs?'. The thesis involves a cross-sectional study of

individuals catastrophically injured in motor vehicle accidents in NSW.

### Wednesday 9th December 2009

#### KATE WILLIAMS

#### Predictors of emotional and physical wellbeing in late adolescence

This talk described a proposed research project to examine relationships between goal content, goal motives, goal success and subjective well-being in a sample of young adults who have been contributing data to a longitudinal study since they started high school in 2003. The study will test a new instrument, the Survey of Life Principles (SLP), as a measure of activated values or life goals. The SLP incorporates measures of goal importance, perceived pressure, activity and success, all of which are expected to have independent effects on subjective well-being. The longitudinal design of the study provides an opportunity to explore changes in values and goals during the transition to adulthood, to identify factors that may contribute to value development earlier in adolescence, and to control for prior levels of well-being.

### Other Internal Activities

#### Evaluation Special Interest Group (E-SIG)

The Evaluation Special Interest Group is convened by Karen Quinsey and other senior staff with the aim of increasing our knowledge and expertise in evaluation theory and practice. The E-SIG activities have included literature reviews, and reports from seminars, conferences and workshops for example from staff attending the Australasian Evaluation Society meetings.

#### 'PIPS at lunch'

PIPS stands for 'Poking into Packages' and this series of lunch time presentations has the aim of keeping our researchers up to date with commonly used tools for research and information management, for example

work flow and project scheduling software and presentation tools.

### Showcase presentations

Professor Kathy Eagar and other senior staff are 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, as well as within the University.

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

There were 24 presentations in 2009 on topics that ranged from the national funding reform agenda to the results of specific evaluation projects, and included rehabilitation and refugee health, outcomes, carers, continence, dementia, wellness models etc.

1. Eagar K (2009) *Funding models - leading the way to more rational methods of funding for developing/sustaining good community and hospital mental health services*. The Mental Health Services Conference (TheMHS) 2009 Leadership for Mental Health Services of the Future, 26 February 2009, Sydney
2. Eagar K (2009) *Governance and structural reforms: shifting responsibility and resource allocation for better health*. 4th Biennial National Health Reform Summit, 2-3 March 2009, Melbourne
3. Eagar K (2009) *Fixing the Australian health system - can research help?* Research Strength Seminar, University of Wollongong, March 2009

4. Masso M (2009) *An evaluation of the Clinical Services Redesign Program*. CHSD Seminar Series, 30 March 2009
5. Eagar K (2009) *An 'Introduction to Casemix' – outlining the underlying principles of casemix classification and funding systems*. CHSD Seminar Series, 4 May 2009
6. Sansoni J and Marosszky N (2009) *Selecting Assessment Measures: An Example from the Dementia Outcomes Measurement Suite*. Expert Clinical Group: Aged Care Assessment Program, 12 June 2009, Sydney.
7. Innes K (2009) *An overview of the objectives and current activities of the recently established 'Australian Centre for Clinical Terminology and Information'*. CHSD Seminar Series, 15 June 2009
8. Owen A (2009) *'A nice bunch of projects ... but so what?' Lessons from 15 years of review and evaluation projects and routine health outcome measurement*. Presentation to Population Health Intervention Research Centre, Calgary, Alberta, Canada, 24 June 2009
9. Wicks A (2009) *A change of focus: Occupational –focused programs for well people and their communities*. Occupational Therapy Association of South Africa Conference, Port Elizabeth, South Africa, 1 July 2009
10. Sansoni J, Marosszky N and Hawthorne G (2009) *Some highlights of the Australian Dementia Outcomes Measurement Suite (DOMS) project: Social isolation*. Alzheimer's Association International Conference on Alzheimer's Disease (ICAD) 2009. Vienna, 11–15 July 2009
11. Sansoni J, Marosszky N and Sansoni E (2009) *Overview of the Dementia Outcomes Measurement Suite (DOMS) Project* (Poster). 19th International Association of Gerontology and Geriatrics (IAGG) World Congress of Gerontology and Geriatrics, Paris, 5–9 July 2009
12. Thompson C (2009) *Cancer Australia: an organisational analysis*. CHSD Seminar Series, 20 July 2009
13. Simmonds F, Stevermuer T, Berger M and Marosszky J (2009) *Benchmarking Rehabilitation Outcomes in New Zealand: the inaugural AROC report*. AFRM/NIRR/NZRA Rehabilitation Conference, Queenstown, New Zealand, 21–25 July 2009
14. Truran D, Saad P, Zhang M, Innes K, Kemp M, Huckson S and Bennetts S (2009) *Using SNOMED CT® – enabled data collections in a national clinical research program; primary care data can be used in secondary studies*. Health Informatics Conference, Canberra, 19–21 August 2009
15. Owen A (2009) *Lessons on effective caring*. Strategic Carers Action Network, Seminar Series, Carers NSW, Sydney, 7 September 2009
16. Eagar K (2009) *Outcomes Measurement in Palliative Care*. Invited keynote paper. Bi-Annual Congress of the Australian Palliative Care Association, Perth, 24–27 September 2009
17. Eagar K (2009) *Quality standards and outcomes measurement*. Bi-Annual Congress of the Australian Palliative Care Association, Perth, 24–27 September 2009
18. Wicks A (2009) *Developing 'knowdes' through authentic community engagement: The Shoalhaven Way of structuring social innovation at the local level*. Social Innovation Network (SInet) Conference, University of Wollongong, 28–29 September 2009
19. Williams K and Marosszky N (2009) *Sifting and sorting the evidence: development of an online catalogue of strategies for improving children's health and well-being*. Social Innovation Network (SInet) Conference, University of Wollongong, 28–29 September 2009
20. Eagar K (2009) *Designing and Implementing Measurement Suites: Screening, Assessment, Outcomes Evaluation and Service Benchmarking*. Australian Healthcare and Hospitals Association Annual Congress – Shaping Up in Health: How does Australia become the world's best? Hobart, 7–9 October 2009

21. Quinsey K (2009) *The Care Planning Sub-Program: Lessons from the National Evaluation*. CHSD Seminar Series, 19 October 2009
  - 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
  - Healthy People Illawarra President, 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 Health Resource Distribution Formula Committee
  - NSW Health Shared Scientific Assessment Scheme – Expert Review Panel
  - NSW Mental Health Review Tribunal
  - Palliative Care Association of NSW
  - Reader, ARC Discovery and Linkage Schemes
  - Reviewer, Australian Health Review
  - 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
22. Sansoni J (2009) *Clinical Validation of the Revised Incontinence Tools*. 18th National Conference on Incontinence (Continence Foundation of Australia), Adelaide, 4–7 November 2009
23. Eagar K (2009) *State-wide Refugee Health Workshop – Models of Care in Refugee Health: perspectives from rural, regional and metropolitan providers*. Liverpool NSW, 20 November 2009
24. Wicks A (2009) *A change of focus: Occupational –focused programs for well people and their communities*. Occupational Therapy Zealand Academy of Management Conference, Melbourne, 3 December 2009

## Advisory bodies and committees

During 2009 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

## CHSD Outcomes in 2009: 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 really done?* – in the sense of making an impact on the funding and delivery of health services in Australia. The whole field of research impact measurement is developing quickly and our efforts to date in reporting our impacts and outcomes are unlikely to be sufficient in future. It is objectively difficult to improve our approach without specific resources dedicated to the tasks of monitoring and reporting on what we do, hence the strategic importance of our levels of infrastructure funding.

We can show we have achieved measurable improvements in the standardisation and routine clinical monitoring systems of rehabilitation and palliative care now that AROC and PCOC are national systems and we have good levels of clinician and agency 'buy-in'. Another good indicator is that these systems are now built into the new round of National Partnership Agreements.

Our community care work on intake and assessment and priority rating systems also shows evidence of impacts in that tools we

have developed are in common use – such as the Post School Programs work in disability. Also, the Home and Community Care Functional Screen is in the HACC Program MDS and in various information systems including the system for understanding the workloads in NSW Home Care branches.

We can see our evidence-building / knowledge translation work hosted on the sponsors' websites such as with *Kids Best Start* catalogue (now called VCAMS) in Victoria, and carers, dementia outcomes and community care reports are hosted on various Australian Government (DoHA) web pages.

However, measuring knowledge transfer is a continuing challenge and universities are in the process of changing their systems for measuring research quality. Traditional publication output is necessary, but not sufficient, and web-based publishing and retrieval systems are now evolving much faster than our ability use them and to extract data using new measurement tools.

When recently in Calgary, Alberta, Alan Owen met with Dr Carol Adair who has done earlier work on synthesising lessons on performance indicators and outcome measures and she has recently turned her attention to Research Impact Measurement. Carol has drawn our attention to the 2005 Canadian Institutes for Health Research (CIHR) report, which highlights the usefulness of a framework developed by Buxton (called the Payback Model) which includes five categories or measurement domains for impact. Participants at a New Zealand conference in 2005 also favoured this framework. It uses the following

categories to measure the impact of health research:

### ***Knowledge production***

These are contributions to knowledge from a research project or a body of research involving multiple projects. Knowledge production is usually measured through contributions to scientific publications and patents or invited presentations (e.g. conferences) but includes knowledge fed more directly to users through commissioned reports etc.

### ***Research targeting and research capacity***

These are benefits to future research activity. This includes the use of research information to improve targeting of future research; individual and group development of research skills and research capacity; development of the capability to use existing national or international research.

### ***Informing policy and product development***

These are clinical and administrative benefits, including the development of informed information bases upon which to make decisions, and the application of research findings in policy development (at all levels of policy). This category also includes development of clinical practice guidelines and benefits for product or process development where research findings feed into commercial decisions and developments.

### ***Health and health sector benefits***

These are improvements in life expectancy and quality of life through advances in prevention, diagnosis or treatment made possible by research. These include increased efficiency of service organisation, and improved equity in the health sector.

### ***Broader economic benefits***

These are benefits to the economy that result from health research. These benefits can include economic returns from commercialisation and contributions to the economy from improvements in workforce health. This category has been modified in the CIHR framework, where it is called 'economic benefits' and includes all economic impacts.

CHSD has a database of projects going back to 1995 and each year we use this to prepare this section of the Annual Report. This is currently the main way we reflect on our impacts and outcomes and the timeline going back beyond one year is helpful as impacts usually take some time to become clear.

The level of the health system at which an impact might be expected to be made also needs to be taken into account. On reviewing the history of projects there may be a low impact factor for work done with some partners or commissioners that is attributable to a lack of responsiveness and decision-making further up the chain of command. Or it may reflect the overly centralised nature of the health system's current arrangements that make it difficult for knowledge to be released and transferred. It is not clear how we can measure and describe these types of influences within any impact measurement framework.

The CIHR framework implies how important it is to secure Health Economics expertise either by an alliance within the University, or a directly CHSD-funded position. The focus would be ideally on the economics of health services as part of evaluating new or existing models of care and include an interest in measuring the 'upstream' side including



prevention and benefits outside the health sector

CHSD will continue to look into how we should adopt or modify this framework to more effectively measure the impacts of our research in the future. This framework may

improve our ability to report on the impacts and outcomes of CHSD activities in future Annual Reports. Meanwhile we have taken the same approach we have used in previous years in the table below, based on our best internal judgements by senior staff members.

### Outcomes of 2009 projects (as at February 2010)

Project	Funding Source	Outcome
Best Practice in Residential Aged care	DoHA	In progress
Vic Palliative care MDS	DHS	Project completed in December 2009. An MDS for hospital based pall care consultancy teams in Victoria was developed and is planned for implementation across all services from 1 July 2010.
Continence Outcome Measures – Validation and Clinical Translation Project	DoHA	In progress Data collect phase continues across 9 clinical sites. Project extended into 2011.
DADHC Disability Assessment Module	ADHC	Project completed. Development of an Intake Assessment Module for the ONI, for use by ADHC intake services, with recommendations for its wider implementation, including the requirement for further refinement of assessment processes and more development work on the assessment of children.
VCAMS	VIC Health	Instrumental outcome. Project still in progress. During 2009, a set of 8 indicators developed or updated and are on the web and are being used.
Testing and validating of the draft Operating Principles and Technical Standards for Australian Clinical Quality Registries	Australian Commission on Safety and Quality in Health Care	In progress
Definitions and Measures for the National Partnership Agreement on Subacute Care	DoHA	Project complete. No outcomes at this stage.
Readiness Assessment for Migration from ICD-9-CM to ICD-10-AM, ACHI, ACS	MoH Holdings	Project completed with recommendations forming the basis of the next phase of work. ACCTI has responded to the EOI for that work and expects to know the outcome at the end of February 2010.
Evaluation of Cancer Australia	DoHA	Project complete. Relationships established led to CHSD securing a further project, evaluation of the National Centre for Gynaecological Cancers. This has allowed us to replicate the CHSD evaluation framework applied in the Cancer Australia analysis to a sub-centre within the larger organisation.

<b>Project</b>	<b>Funding Source</b>	<b>Outcome</b>
Carer Assessment tool –Phase 2	FaHCSIA	Project complete. General model developed by CHSD adopted in the design of the new assessment instrument. But some detail in the model was not adopted.
Medical school research – the effect of student placements on GP income	GSM	In progress
Analysis of activity and availability of costs of emergency departments	NSW Health	Project complete. Results incorporated into the NSW 2009/10 Episode Funding Model.
Palliative Care Planning Sub-Program	DoHA	Project complete. Final reports disseminated through Care Search and CHSD websites. Some recommendations about best practice in project management and evaluation of the Care Planning Sub-Program were used in the next round of the Local Palliative Care Grants Program. Additional funding was provided by DoHA to disseminate project findings and evaluation findings at the Australian Palliative Care Conference. A tender was submitted for the Round 5 – Dementia, Local Palliative Care Grants Program based on the work conducted for the Care Planning Sub-Program evaluation.
Gold Coast – Hospital Avoidance	QLD Health	Project complete. No outcomes at this stage.
Review of Direct and Indirect teaching and Research Factor in the RDF	NSW Health	In progress
DADHC – Assessment of the 2009 school leavers	DADHC	Instrumental outcome. CHSD methodology was used to allocate 2009 school leavers with disabilities to appropriate post-school programs. A refinement of the process will be used for the 2010 school leaver cohort.
Evaluation of the National Centre for Gynaecological Cancers	DoHA	In progress
DADHC grant – Effective assessment of social isolation	DADHC	In progress
DADHC grant – Measuring outcomes in community care	DADHC	In progress
New Models of Care	ACT Health	Project complete. This information was used by ACT Health to review capital planning parameters and cost estimates relating to the implementation of the ACT Capital Development Plan (estimated cost \$1 billion over the next 10 –12 years).
HCF – Utilisation review research project	HCF	Project complete. No outcomes at this stage.
DADHC ONI-N analysis	DADHC	Project completed. A report that provides an initial description of the inbound referrals to the NSW

Project	Funding Source	Outcome
		HACC Access Point Demonstration Project in the Hunter Valley. The incompleteness of the profiles suggests where data have not been collected in a routine and standardised way, where discontinuities exist and where improvements can be made in the next generation of client management systems.
NSW AIDS RDF Review	NSW Health	In progress
WHO – Lead author of ICD-11	AIHW	In progress
ACAT assessment – Validated tools – Phase 1	DADHC	Completed. Second project in negotiation.
Pilot of the Functional assessment Tool in Victoria	DHS, Victoria	Project completed. CHSD methodology compared favourably with current practice in Victoria in allocating levels of support for young people with disabilities. Individual reports for families were prepared and distributed.

## Centre for Health Service Development Staff

The Centre works as a strong multidisciplinary team and the staff have qualifications and expertise in about eighteen disciplines. About half of the team have 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 2009, 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)**

Professor 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.

#### **Kerry Innes, Senior Research Fellow (ACCTI Manager)**

Kerry has 30 years experience working in the field of health information management, with a focus on classification and clinical terminologies.

#### **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 has worked in the health system in occupational therapy, community health and health service improvement, as both a clinician and a manager. Her academic qualifications are in Occupational Therapy and Public Health. Karen has been at the Centre for about ten years working on a range of evaluation projects, including three national palliative care programs.

#### **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. 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. He has well developed skills in literature searching.

**Patricia Saad, Research Fellow (ACCTI Content Manager)**

Patricia has extensive and unique experience in the development, support and migration of classifications, termsets and clinical terminologies.

**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.

**Donna Truran, Research Fellow (ACCTI Project Manager)**

Donna has successfully managed various projects focused on clinical terminology and data development.

**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.

**Ming Zhang, Research Fellow (ACCTI Systems Manager)**

Ming brings a number of valuable skills to this team including: Object-oriented system analysis and design, relational database management system analysis, design and implementation clinical terminology content and modelling analysis with various database systems and programming languages, particularly the IHTSDO workbench and description logic classifiers.

**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.

**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, 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.

#### **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 and Administrative Support (AROC)**

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

#### **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.

#### **Sam Allingham, Associate Research Fellow (Applied Statistics)**

Sam studied mathematics and statistics at the University of Wollongong. After graduating in 2007 he went to work in the Time Series Analysis section of the Australian Bureau of Statistics. While in this position he gained extensive knowledge in survey design and analysis as well as experience in the analysis of seasonal time series. Since starting at the CHSD in November 2009, Sam has provided statistical support on projects for the Graduate School of Medicine and the Australasian Rehabilitation Outcomes Centre. He has also been working with the Centre for Statistical and Survey Methodology to analyse the results of a New Zealand Ministry of Health survey.

#### **Darssan Balasingam, Associate Research Fellow (Applied Statistics)**

Darssan currently works with Palliative Care Outcomes Collaboration (PCOC) and provides statistical support to the Centre.

#### **Darcy Morris, Administrative Assistant**

Darcy Morris provides administrative support for the Centre and assists with research activities and the publication collection. He also provides technical support, including maintenance of CHSD web sites.

#### **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.

#### **Glenn Fleming, Research Assistant (AHOC)**

Glenn has been working for the Centre for Health Service Development since July 2009 as a casual research assistant for AHOC. He has assisted in the Continence Measures, Social Isolation and Aged Care Assessment projects. Glenn also helps with FIM administration in AROC. Glenn is currently studying a Postgraduate Diploma in Psychology.

#### **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 2009 included:

- Dr Andrew Bezzina, Illawarra Health
- Dr Christopher Poulos, doctoral student
- Dr Peter Smith, Illawarra Health
- Dr Roslyn Poulos, University of NSW
- Dr Stephen Wilson, St Vincent's 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 Andrew Clark, Journalism and Media Research Centre, Faculty of Arts and Social Sciences, UNSW
- Mr Tom Cleary, OPSM Wollongong and Honorary Fellow, UOW Graduate School of Medicine
- Helen Hasan, Associate Professor, Economics and Information Systems
- Prof. Philip Burgess, Centre for Mental Health Research, 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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