



UNIVERSITY OF
WOLLONGONG



AHSRI ANNUAL REPORT 2011

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THE AHSRI BOARD OF DIRECTORS

The AHSRI Board of Directors consists of an independent Chair; two nominees of the University of Wollongong (UOW); two nominees of the Illawarra Shoalhaven Health Service District; the AHSRI Director; two AHSRI staff representatives; and individuals who are invited of their own account.

The Board members during 2011 were:

Ms Tineke Robinson (Chair)

Community representative
Appointed 10 December 2004

Professor Kathy Eagar

Director, AHSRI
Appointed 15 June 2001

Professor John Glynn

Executive Dean, Sydney Business School, University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 15 November 2001

Professor David Steel

Associate Dean (Research), Faculty of Informatics, University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 15 June 2001

Ms Michelle Noort

Director, Population Health and Performance, Illawarra Shoalhaven Health Service District nominee
Appointed 28 May 2010

Professor Jan Potter

Director, Division of Aged Care and Rehabilitation, Illawarra Shoalhaven Health Service District nominee
Appointed 26 August 2011

Dr Kellie Marshall

CEO Illawarra Division of General Practice
Appointed 26 August 2011

Mr Michael Bassingthwaite

CEO Peoplecare
Appointed 26 November 2010

Mr Paul Sadler

CEO, Presbyterian Aged Care NSW and ACT
Appointed 15 June 2001

Professor Kathie Clapham

Professor of Indigenous Health, AHSRI
Appointed 26 November 2010

Mr Alan Owen

AHSRI Staff representative
Appointed 15 June 2001

Ms Tara Stevermuer

AHSRI Staff representative
Appointed 5 March 2005



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DIRECTOR'S REPORT



The Annual Report for 2011 is the first in a new series for the Australian Health Services Research Institute. AHSRI is a new 'super-structure' for what started life as the Centre for Health Service Development (CHSD) and its related centres. The CHSD is the arm of AHSRI that nurtures new research themes and programs. It serves as the 'generalist health and community' research group doing strategic project-based research as an AHSRI 'centre'. The seven other sub-centres focus on specific areas and also operate as research centres within the AHSRI structure, inside the University of Wollongong (UOW):

- Centre for Health Service Development (CHSD)
- Australasian Rehabilitation Outcomes Centre (AROC)
- Palliative Care Outcomes Collaboration (PCOC)
- National Casemix and Classification Centre (NCCC)
- Centre for Applied Statistics in Health (CASIH)
- Australian Health Outcomes Collaboration (AHOC)
- Australasian Occupational Science Centre (AOSC)
- Australian Centre for Clinical Terminology and Information (ACCTI)

Our aim is to improve the management and provision of health and community services in Australia by achieving greater equity in resource distribution, fairer access to services, better continuity within and across the health and community care sectors, and the use of evidence to assist management decision-making. We span the full range of research arenas from local and regional work, to State and Territory projects, as well as national programs and international collaborations. The AHSRI Board of Directors reflects the breadth of our research areas and relationships within the University and across acute, specialist, primary and aged care, the public and private sectors, the population of our region and Indigenous health issues.

This Annual Report covers AHSRI's first year of operating (from May 2011) in our new building on the UOW's Innovation Campus at Fairy Meadow. Thanks to our relationship with the Sydney Business School (SBS) and the broader UOW community, this strengthens our opportunities for research and development that we have built since the beginning of our work on sub-acute and non-acute care in 1994. Our new premises replace the maze of demountables on the main campus that housed our expanding work program and the SBS Sydney campus in Circular Quay is the home for the NCCC and a venue for Sydney teaching and meetings.

The NCCC work program is highly focussed, specialised and complex with very practical and significant implications for patient classification and activity-based funding in Australia. The current NCCC work program is necessarily time-limited and funded by over \$2 million per year as a core component of the Australian Government's health reform timetable. It required the recruitment of experts in coding and acute care classifications and the management of over 20 expert clinical panels. The complexity of the analyses required an expansion of the role of the statistics team and led to the formation of CASIH as a more integrated support structure; a move with many collateral advantages for other programs and projects within AHSRI.

The continuing work programs in palliative care (PCOC) and rehabilitation (AROC) contribute significantly to service development and quality improvement in these sectors. By the end of 2011 PCOC involved 117 palliative care services, representing over 80% of the sector and the six-monthly reports analysed over 18,000 episodes of care and now routinely include four benchmark measures that show the service how they performed on each measure and whether the benchmark was met. In 2011 AROC members included 178 Australian inpatient rehabilitation units and 35 New Zealand units and the AROC Annual Report 'The state of rehabilitation in Australia in 2010' was published as the sixth in this series. AROC is well positioned to contribute to the national implementation of activity based funding in the subacute sector where implementation is due on 1 July 2013. The AN-SNAP classification forms the initial basis of the national funding model, and there was an increase in training requests as the jurisdictions began to prepare.

During 2011 AROC hosted a 3 week professional development study tour by 19 Chinese senior rehabilitation clinicians and managers. As a result of the successful hosting of the delegation, AROC representatives were invited to visit the China Rehabilitation Research Centre (CRRC) in Beijing in October, where they presented to the 6th Beijing International Forum on Rehabilitation, and a Memorandum of Cooperation between AROC and CRRC was established to guide the ongoing relationship.

These are just a few of the highlights from 2011's programs and the 21 separate funded projects and much more of the detail of what AHSRI does will be found in the pages that follow and from the AHSRI website. My personal thanks for the high level of support and encouragement we receive each year go to our staff and associates; to the Board of Directors; and to the University of Wollongong and the Vice Chancellor, Gerard Sutton, who retired at the end of 2011.

Kathy Eagar

**PROFESSOR KATHY EAGAR
DIRECTOR, AHSRI**



The visiting Chinese rehabilitation clinicians with AHSRI members – (centre) Kathy Eagar, Ben Marosszeky and Frances Simmonds (Sydney, Australia 2011).

AHSRI ACTIVITY IN 2011

Centre for Health Service Development (CHSD)

The CHSD is one of eight centres of AHSRI and is the arm of the Australian Health Services Research Institute that nurtures new research themes and programs. It serves as the 'generalist health and community' research group principally responsible for attracting and managing the strategic commissioned AHSRI research projects. CHSD maintains its flexibility and encourages staff to work across centres and projects depending on their interests and skills.

The CHSD has grown steadily over 16 years and has developed a strong local, state, national and international reputation in evaluation, as well in the design and development of tools and systems to improve health and community services.

To the end of 2011, the CHSD had carried out 355 health service research, development and evaluation projects, ranging in size from under \$10,000 to \$1.5 million and lasting from several weeks to over three years. This body of work supports a core team of CHSD staff plus additional researchers who contribute specific skills required for each project.

In addition to producing standard academic output, our work results in a range of practical advice to a variety of government and non-government agencies and interest groups. We design research and information-based strategies for program coordination to help allocate resources on the basis of need, as well as tools to support decision-making and to help managers develop funding models.

More information about the CHSD can be found at the website: <http://ahsri.uow.edu.au/chsd>

Australasian Rehabilitation Outcomes Centre (AROC)

AROC was established as the rehabilitation medicine clinical registry on 1 July, 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

AROC Membership grew during 2011 to 178 Australian inpatient rehabilitation units and 35 New Zealand units with AROC membership. Throughout 2011, as core business, AROC continued to provide routine *Benchmarking Reports* to member facilities and its management structure. *'The state of rehabilitation in Australia in 2010'* was the sixth in this series and was published with 2010 data in early 2011 through the journal *'Australian Health Review'*. This report included summary data for all 2010 episodes by impairment, and by casemix class within each impairment group, and commented on trends and issues in rehabilitation. In 2011 AROC published its second *Ambulatory Report* on data from January to December 2010; a descriptive report, given the low volume of ambulatory data at present.

A major impact on AROC during 2011 was the announcement of the national implementation of activity based funding (ABF). In the sub-acute sector implementation is due on 1 July 2013, and the AN-SNAP classification forms the initial basis of the funding model. As a result, AROC experienced a significant increase in Functional Independence Measure and AN-SNAP training requests as all Australian jurisdictions began to prepare for implementation.

During 2011 AROC received AusAID funding to host a 3 week professional development study tour for 19 Chinese senior rehabilitation clinicians and managers to investigate the Australian rehabilitation sector. The delegation was given training in the Australian rehabilitation system, benchmarking and casemix (at AHSRI), visited a number of Australian rehabilitation centres in Sydney, Melbourne and Brisbane, and participated in the Australasian Faculty of Rehabilitation Medicine (AFRM) conference in Brisbane. As a result, AROC representatives were invited to visit the China Rehabilitation Research Centre (CRRCC) in Beijing in October. They presented to the 6th Beijing International Forum on Rehabilitation and signed a Memorandum of Cooperation between AROC and CRRCC to guide the ongoing relationship.

AROC began to realise more of the potential of the 10 years of rehabilitation data contained within the AROC database during 2011. As well as being approached by individual clinicians seeking to access data to support their own rehabilitation research, AROC was contacted by AuSCR, the stroke clinical registry, to participate in a pilot project to explore the benefits of linking stroke registry data with AROC. This would then cover the continuum of care: inpatient acute hospital care, inpatient rehabilitation care and community/post-discharge outcomes. In May 2011 AROC held a benchmarking workshop for stroke. The participants evaluated the achievements of the sector against the original outcome targets set by the first Stroke Benchmarking Workshop in 2008 and amended the targets as necessary, publishing them for implementation in August 2011.

Also using the repository of accumulated clinical data, AROC was commissioned by AFRM during 2011 to undertake an analysis of the equity of access to rehabilitation services in Australia (described below under the heading of small sub-acute projects). In showing that access to rehabilitation in Australia is inequitable the report explored the impact of socioeconomic status, geographic remoteness, and public/private status.

Other significant achievements of 2011 included:

- Reviewed in conjunction with AFRM the Australian Council on Healthcare Standards' Rehabilitation Medicine Clinical Indicators
- Finalised the development of Version 4 of the AROC Inpatient Dataset
- Continued to work with the software developer in building a new IT system for AROC; when implemented this system will have 'member-friendly' features such as web-based data entry and facilities' capacity to directly access their own data, as well as a number of automated standard benchmark reports
- Presented AROC related papers at a number of conferences, and presentations to parties involved with rehabilitation

More information about AROC can be found at the website: <http://ahsri.uow.edu.au/aroc>

Palliative Care Outcomes Collaboration (PCOC)

PCOC is funded under the National Palliative Care Program by the Australian Government Department of Health and Ageing (DoHA). It is jointly supported through four Universities, each with a Chief Investigator, and is divided into four zones for the purpose of national engagement with palliative care service providers. AHSRI supports the central zone (Professor Kathy Eagar); the Cancer and Palliative Care Research and Evaluation Unit, University of Western Australia, covers PCOC West (Assistant Professor Claire Johnson); the Department of Palliative and Supportive Services, Flinders University of South Australia, supports PCOC South (Professor David Currow); and the Institute of Health and Biomedical Innovation, Queensland University of Technology, supports PCOC North (Professor Patsy Yates).

The PCOC National Executive Team in 2011 was comprised of the PCOC National Director, PCOC National Quality and Education Manager and the PCOC Clinical Director. PCOC appointed Professor Katy Clark MB, BS, MMed, FRACP, FChPM, as the PCOC Clinical Director in 2011. This is a conjoint appointment for Katy, as she is also the Director of Palliative Care at Calvary Mater Newcastle (incorporating the Mercy Hospice), Area Director of Palliative Care for the Hunter New England Local Health Network, and Associate Professor of Palliative Medicine at the University of Newcastle.

PCOC is well integrated with other elements of Australia's national approach to palliative care, which is recognised for its coherence and practicality. Collaboration and joint projects continued in 2011 between PCOC and the CareSearch Knowledge Network, an online resource of information and evidence (<http://www.caresearch.com.au/caresearch/Default.aspx>), and Palliative Care Australia's National Standards Assessment Program, a national framework for continuous quality improvement (<http://www.palliativecare.org.au/Default.aspx?tabid=1895>).

During 2011 the consultation process for the development of PCOC Version 3 data set was completed and the data set approved by the Management Advisory Board. The Management Advisory Board reviewed and resolved to maintain the benchmarks and baseline for another two years until 2013. Work continued on the development of a tool kit which comprises self directed modules focusing on the five PCOC assessment tools. The tool kit aims to provide a sustainable education program for PCOC including education resources and materials for staff in palliative care services and for PCOC's Quality Improvement Facilitators. The kit includes the PCOC Assessment Tools, case studies, a DVD called 'Understanding PCOC', video and PowerPoint presentations, and Symptom Assessment Scale resources for patients.

Other achievements in 2011 included:

- An increase in the number of services collecting PCOC data, to 117 services nationally. There are 144 services who have agreed to join, representing 81% of the estimated 176 palliative care services.
- Report No.11, released September 2011, included data from 100 services for the period January to June 2011 and analysed over 17,394 episodes of care. Report No.12, released April 2012, included data from 102 services for the period July to December 2011 and analysed over 18,555 episodes of palliative care.
- Four benchmark measures are routinely included in reports to services, with a summary table showing how they performed on each measure and whether the benchmark was met. Four benchmarking workshops were held in June 2011 for the 91 services who received a report for the period July to December 2010. The purpose of the workshops was to discuss the analysis of the data submitted between July and December 2010 by palliative care services throughout Australia. Services were grouped with 'like' services rather than on a geographical basis.
- A workshop-style approach to education was trialled in 2011. The workshops offered palliative care staff the opportunity to enhance their knowledge of the PCOC Clinical Assessment Tools.

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- The development of a marketing and communications strategy for PCOC resulting in a 'rebranding' exercise in 2011 which included a new logo, domain name and updated marketing material.

More information about PCOC can be found at: <http://ahsri.uow.edu.au/pcoc>

National Casemix and Classification Centre (NCCC)

The NCCC was awarded a large (over \$9 million) but time-limited contract by the Department of Health and Ageing in April 2010, to develop and release the 2012 AR-DRG Classification System in preparation for its implementation as a key component of national health funding reforms in July 2013. This classification system includes the International Classification of Diseases, 10th Revision – Australian Modification (ICD-10-AM) and the Australian Refined Diagnosis Related Groups Version 7 (AR-DRG V7). The core research and development team was established in 2010 and expanded in 2011.

The early development of the NCCC included a website to allow on-line submission of proposals to improve the classification system and a support structure for over 20 specialised clinical panels that provide detailed advice on questions of relevance to their specialties. The website also serves as a communication tool for the Centre, with the ability to both receive and respond on-line to queries regarding the current classifications, and facilitate the wider distribution of project updates and FAQs. The website was enhanced to provide an on-line purchasing option for the suite of Australian classification products and a tool for the delivery and use of the ICD-10-AM classification system in an electronic format was developed during 2011.

Feedback on the progress made by NCCC through the various committees and meetings during 2011 was very positive. The DRG technical group emphasised the value of the transparency that NCCC had achieved and the thoroughness of the analyses and the clarity of the reports and technical papers that have been produced.

A practical testament to the quality of the work carried out under the NCCC program in 2011 was the election of CASiH's Janette Green as one of two Asia-Pacific representatives to the Executive Committee of Patient Classification Systems International. Janette's ongoing research and development contributions to classification methodologies also benefit other AHSRI programs. NCCC is also actively involved in ICD-11 development and maintenance, working closely with the World Health Organisation (WHO) and international colleagues, particularly with regard to morbidity classification matters, through the Morbidity Reference Group of the WHO-Family of International Classifications Network.

More information about NCCC can be found at the website: <http://nccc.uow.edu.au>

Centre for Applied Statistics in Health (CASiH)

The statistical expertise in CHSD, and now AHSRI, has grown steadily. Most projects involve some level of statistical analysis and, as the rest of the organisation has grown, so too has the need for additional statistical support. Trends in the health sector have an impact on the types of projects that are available and the recent developments towards more numerical data-based approaches, such as the focus on Activity Based Funding, have provided a further impetus to build our team of statisticians. So, with the 2011 advent of AHSRI, the Centre for Applied Statistics in Health (CASiH) was created, initially with ten staff. Members of the team come from a variety of backgrounds, including mathematical statistics, demography, statistical computing and computer science.

CASiH staff members contribute to AHSRI projects by undertaking data access, organisation and management. They identify and conduct the appropriate methods of analysis and assist with the interpretation of the results to provide answers to the questions raised by our clients. They also assist in project design and bid preparation, report writing and in the dissemination of findings to clients and wider audiences. In the process, they learn about the health sector and the provision of services, thereby developing their knowledge of the context of the data and improving the value of their own contributions.

As in previous years, statisticians played an important role in AHSRI projects, receiving and managing data and producing routine reports for health providers and commissioners of research. In the AHSRI benchmarking and quality improvement centres (PCOC and AROC), work in 2011 included the development of new versions of their datasets, upgrades to their IT systems and improvements to their routine reports. CASiH staff members were closely involved in all these activities and also participated in research projects utilising PCOC and AROC data.

CASiH was also involved in various CHSD projects during 2011, such as the evaluation of the Stephanie Alexander Kitchen Garden National Program, and the evaluation of the Asthma Management Program. Their role was primarily to undertake the quantitative analysis required to address the research questions underlying the project and ensure the data were of sufficient quality to support strong conclusions as well as the economic analysis. This meant keeping abreast of the qualitative aspects of the project and helping coordinate the methods of data collection and analysis and the interpretation of results to ensure consistency in the overall findings.

Since 2002, the statistical team has been working with Ageing, Disability and Home Care (ADHC) in the NSW Department of Family and Community Services, providing advice on aspects of their Post School Programs for young people with disabilities, as well

as training and assistance with data analysis. This work program continued in 2011, with CASiH staff assisting with the analysis of their school leaver cohort, as well as contributing to the plans for the development and expansion of the ADHC Programs in a context of increased attention to disability as a social policy area.

The proposed implementation of Activity Based Funding in the health sector resulted in a large amount of work for CASiH staff. They participated in projects on sub-acute care, such as one for the NSW Ministry of Health on the investigation into AN-SNAP and how well it aligns with the current costs of providing sub-acute care.

Perhaps the biggest challenge in 2011 was the development of Version 7 of the Australian-Refined Diagnosis-Related Groups (AR-DRGs). Several CASiH staff members have been involved in this component of the 2012 DRG System Development project being managed within AHSRI by the NCCC. It has required them to learn new skills in the area of casemix classification development. With the expertise they have gained during the course of this project, AHSRI will be well-placed to undertake a wider variety of casemix work in the future.

Information about CASiH is on the website: <http://ahsri.uow.edu.au/casih>

Australian Health Outcomes Collaboration (AHOC)

In 2011 AHOC staff worked on projects continuing the clinical validation of tools for assessing continence and patient satisfaction, and assisting the Department of Health and Ageing (DoHA) with standardised, national approaches to Aged Care Assessment and a short course on health outcomes with the Menzies School of Health Research in Darwin, NT.

The Validation and Clinical Translation of the Revised Continence and Patient Satisfaction Tools project began in 2008 as a long term project sponsored by the Continence Outcomes Section of the Department of Health and Ageing. It involved the clinical validation of the Revised Urinary Incontinence Scale, the Revised Faecal Incontinence Scale and the Short Assessment of Patient Satisfaction Scale. The project was completed in June 2011 with findings that the instruments have excellent psychometric properties in both clinical and population health settings.

Further work was also undertaken for the DoHA Aged Care Assessment program to select instruments and items to be included in a standardised national approach to assessment by Aged Care Assessment Teams or Services. AHOC also collaborated with CHSD on the first stage of a national project to develop and validate an Assessment Framework for community-based aged care. Jan Sansoni also continued her contacts with AHOC's international collaborators in 2011 with the aim of presenting a number of health outcomes seminars.

More information on AHOC is available from the AHOC website: <http://chsd.uow.edu.au/ahoc> or contact Associate Professor Jan Sansoni at: janet.sansoni@grapevine.com.au

Australasian Occupational Science Centre (AOSC)

AOSC has continued to promote the importance of maintaining and/or restoring meaningful everyday activities in the lives of people of all ages. One innovative project has involved the facilitation of outdoor activities by self-care residents and residents with dementia through an Aquaponics garden. A new link with the Centre for Research and Action in Public Health at the University of Canberra is expanding AOSC's focus on population health in the area of active living, in particular the role of urban design in preventing functional decline. Collaboration with the Ageing and Living Conditions (ALC) program at Umea University in Sweden continues with a cross cultural study on time use of the well elderly living alone.

More information about AOSC can be found at the website: <http://ahsri.uow.edu.au/aosc>

Australian Centre for Clinical Terminology and Information (ACCTI)

ACCTI has its focus on the development and use of clinical terminologies and data information strategies to support e-health initiatives. It assists 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. These implementations, in turn, enhance the quality and reliability of research and data collections which rely on consistent, current and reliable clinical documentation. In addition, ACCTI provides users with assistance in extracting data from clinical terminologies for use by clinicians and researchers and can provide practical and expert advice to a variety of government and non-government agencies and interest groups.

Because of the specialised expertise required, in 2011 ACCTI was primarily involved in the establishment of ASHRI's National Casemix and Classification Centre. Other work involved attendance at the National e-Health Transition Authority's Clinical Terminology and Information Reference Group. ACCTI continued its involvement with the International Health Terminology

Standards Development Organisation (IHTSDO) which is the not-for-profit association that owns and maintains SNOMED CT, the most comprehensive, multilingual clinical terminology in the world. ACCTI was involved in the IHTSDO/World Health Organisation Family of International Classifications' Collaboration, Phase 1 SNOMED CT to ICD 10 Content Validation Project.

More information about ACCTI can be found at the website: <http://ahsri.uow.edu.au/accti>

AHSRI RESEARCH PROJECTS

The following list of 21 funded projects carried out in 2011 include time-limited projects, some taking place over weeks or months and other work, usually complex program evaluations that last for two or three years.

Ambulance Service of New South Wales – Low Risk Patients

This was a literature review project undertaken by the CHSD to 'Review the Capacity of the Paramedic to Identify the Low Risk Patient', for the Ambulance Service of New South Wales (ASNSW). It covered the evidence on how paramedics identify low risk patients using risk identification/triage methodologies, where 'low risk' meant an ambulance would be required within 90 minutes of the call.

The initial step was to describe the 'patient journey' for a caller to the ASNSW in order to focus the literature search. A classification system, designed by the CHSD, based on hierarchies of evidence originally developed by other organisations, was used to assess the strength of the evidence in the literature. This resulted in a practical framework to present the results of the review:

- Understanding the risk identification/triage capacity of emergency department (ED) personnel
- Comparing the risk identification/triage capacity of paramedics
- Validation methods used with paramedic decision-making processes for low risk patients
- Alternative interventions/models of care for management of low risk patients
- Barriers and enablers to the acceptance of paramedic patient assessment decisions

There was no current 'standard' for assessing patient risk, however the inter-rater reliability of the Australian Triage Scale (ATS), could be used to compare the ratings of paramedics to ratings by ED staff, or to other tools, using written scenarios, 'real time' categorisation, retrospective review and comparison with guidelines.

Most of the models/interventions in the literature were not supported by good quality research evidence, mostly because the relevant research had not been done. As a result, the recommendations of the project were for targeted research to answer the key questions identified during the project.

Ambulance Service of New South Wales – Mental Health Frequent Callers

In mid 2011, the Centre for Health Service Development undertook a targeted literature review project 'Responding to Mental Health Frequent Callers', for the Ambulance Service of New South Wales (ASNSW or the Service). The Service was seeking to enhance its response to mental health frequent callers and the purpose of this project was to identify and compare a number of current models of care in settings similar to that of the ASNSW and, where available, information was included as to the costs and benefits of evidence based practice.

The project assessed the strength of evidence of interventions that were identified within the scope of the targeted literature review and was conducted in the style of a rapid literature review within a short timeframe and clear limits. The literature review concentrated on interventions and models of care, without having the depth and breadth of a systematic review, as the main purpose was to inform practice and support policy development.

There were very few studies identified which specifically targeted reducing the demand for emergency medical services. There was no body of literature that dealt specifically with mental health frequent callers, so evidence was drawn from related fields such as frequent callers to emergency services (of which mental health frequent callers are a sub-set); frequent users of Emergency Department (ED) services; and frequent users of hospital and community based mental health services.

The system used to evaluate and summarise the evidence for interventions was designed at the Centre for Health Service Development and was based on hierarchies originally developed by other organisations. The implications and recommendations identified through the literature review were detailed in a final report delivered to the ASNSW in August 2011.

Developing a National Assessment Framework for Aged Care

This project began in late 2011 with the aim being to develop a model for national Aged Care Assessment as part of the government response to the Productivity Commission's report on Caring for Older Australians. The project continued into 2012 with the aim being to outline the components of a recommended national assessment system. It involved three background papers to set out a framework, examine overlaps at the proposed three levels of assessment and propose triggers and prompts to assist information flow and referral across programs, and to build a continuous client record. The model was continuously modified with feedback from the Department of Health and Ageing and an Expert Clinical Reference Group.

The work in this project brought together the community care assessment work, carried out over more than ten years within the CHSD (<http://ahsri.uow.edu.au/chsd/screening/index.html>), with the more recent work by AHOC for a different section of the same Department on standardising the tools used by aged care assessment teams as gatekeepers for residential care.

The importance of this project is that it assumes a national assessment system needs to include components to ensure that assessment information contributes substantially to the development of the sector over time. It implies the importance of systems and tools for data sharing, a data repository, linkages to local services systems and assessment role delineation (with associated training materials linked to assessor competencies). Assessor competencies and credentialing will also be important in the near future as components of a national assessment system as these enable service providers to trust the quality of the assessments that they receive.

The experience of ASHRI in the various elements of aged and community care, the classification and outcomes expertise it has accumulated, the work on developing evidence-based practice models and research translation, and the understanding it has developed in these complex policy areas suggest it will be well placed to take advantage of new opportunities for research in 2012.

Encouraging Best Practice in Residential Aged Care (EBPRAC) Program

The CHSD was funded for the evaluation of the Encouraging Best Practice in Residential Aged Care (EBPRAC) program over a period of three years. The aim was to improve evidence-based clinical care in government-subsidised residential aged care facilities, including those providing low-level and high-level care. The EBPRAC program represented the most comprehensive, coordinated, approach to implementing evidence-based practice in residential aged care to be undertaken in Australia. Previous work to implement evidence-based practice within residential aged care in Australia has been limited, generally undertaken on a small scale and within short timeframes.

The program consisted of two funding rounds over three years and concluded in December 2010. There were 13 projects that involved residential aged care facilities in 108 locations in all states of Australia. The objectives of the program included improvements for residents, improvements in clinical care, improvements for staff, improvements in the system of residential aged care and increased consumer confidence. The program sought to take account of resident preferences, communicate changes required by the projects to residents and adopt a multidisciplinary approach.

The evaluation of the program, as distinct from the evaluation of individual projects, was based on a framework to examine the delivery and impact of the program on residents, providers and the residential aged care system. The design of the evaluation was informed by a review of the literature which identified eight 'key success factors' that may influence the uptake and continued use of evidence. It also included a series of six national workshops, attended by members of lead organisations and the participating facilities. Dissemination about project activities was extensive, primarily at a local level but also more broadly with presentations at state and national conferences. Over 2,200 dissemination activities were estimated to have 'reached' over 200,000 people.

Sustainability is probably the most challenging aspect of any program. Use of a sustainability tool to measure ten factors that have been shown to influence sustainability indicated an increased likelihood of project activities being maintained, when results at the end of each project were compared with the results at the beginning of each project. Sustainability was found to depend more on factors within each facility (e.g. the presence of leadership and management support), rather than what was done by each project.

The factors most consistently identified by lead organisations and staff from participating facilities as 'key' to successful implementation were a receptive context for change (including leadership), adequate resources and stakeholder engagement. Being able to 'see' the benefits of change, either for residents or staff, was an important motivator for staff to either implement or maintain a change in practice.

The final report for the project was produced in March 2011. For access to this report and other project material, see <http://ahsri.uow.edu.au/chsd/projects/ebprac/index.html>

Evaluation of the Quality Dementia Care Initiative

The evaluation of the Alzheimer's Australia Quality Dementia Care Initiative has been underway for nearly two years. The Initiative provides \$3M to facilitate consumers' perspectives on dementia research priorities and processes, with the overall aim to address priority dementia care areas of service provision and support. Launched in September 2010, the Initiative includes three strands which are distinct programs, but which closely interrelate comprising the Consumer Dementia Research Network (an advisory group of 20 – 25 carers and people with dementia); national Knowledge Translation projects (11 in total) and a Service Provider Network (including key industry stakeholders).

The major activities during 2011 regarding the knowledge translation projects included establishing relationships with the first round of successful projects; providing advice and support regarding their individual project evaluation strategies; assisting with the refinement of project outlines for the second round of projects; and, providing advice on the proposals received, in particular their

evaluability and generalisability. Feedback received from the Alzheimer's Association during these processes was very positive, particularly in regards to our knowledge of the dementia education, research, service delivery and policy arenas, and the practical assistance with individual project evaluations.

A significant achievement of the evaluation team during 2011 was the completion of an interim evaluation of the consumer advisory group (CDRN). The report highlighted the impacts of the group on dementia research communities, research priorities and the application of research findings into practice. It signalled the capacity for ongoing involvement of consumers in research agendas and processes, pending suitable resourcing and facilitation. The report has subsequently been widely distributed, and received a positive response from the Minister for Mental Health and Ageing, the Hon Mark Butler MP.

The overall Initiative continues to evolve over time, facilitating the creation and uptake of new opportunities for consumer involvement in dementia research. This project is scheduled for completion in mid-2014.

Evaluation of the Asthma Management Program

In late 2009, the CHSD was commissioned to evaluate the Asthma Management Program (AMP) as well as to provide support and assistance to each of the funded projects within the Program. The use of an evaluation framework assists to standardise and at least to 'harmonise' the data collected by the projects so they are more capable of learning by comparisons and building their own outcome measurement systems.

The overall purpose of the AMP evaluation is to assess progress in addressing the effectiveness, appropriateness and efficiency requirements of the Program, with the initial stage being formative with the emphasis on the implementation and progress of projects.

This is where the CHSD has made good use of a long track record in rural palliative care, care planning, rehabilitation, hospital avoidance programs and other aspects of chronic disease management. The use of data collection tools tailored to the projects' aims has helped them to plan their work programs around priority population groups.

The evaluation design phase in 2010 set up regular opportunities for the projects and the Program managers to reflect on progress to date and identify potential improvements to projects, and to the Program as a whole, through a series of national workshops, an Evaluation Advisory Committee and regular contact with the Department of Health and Ageing (DoHA).

Milestones achieved during 2011 included:

- AMP Evaluation Methodology Document, approved by DoHA in September 2010
- Mid-term Review Report covering the period from December 2009 to 30 June 2011, submitted in July 2011
- Second AMP National Workshop, held in September 2011, so that the preliminary findings of the Mid-term Review Report could be presented and discussed
- Fourth and Fifth Evaluation Progress Reports, submitted to DoHA in April 2011 and December 2011

Preliminary findings of the evaluation were presented to DoHA in the Mid-term Review Report submitted in July 2011. Findings on the AMP were provided on whether the design fits with government priorities, current needs of target groups, and addresses the projects' aims and objectives. Additionally, findings on the Program implementation and impacts, collaboration, duplication, efficiency and needs were presented.

The evaluation will continue in 2012, with a final report due in 2013. The evaluation has its own website to allow the projects to keep up to date with the latest developments: <http://amp-evaluation.net.au/>.

Evaluation of the Cancer Australia National Lung Cancer Program

This project was completed in October 2011 and involved the development of the evaluation framework for Cancer Australia's National Lung Cancer Program (NLCP). The NLCP is a new program of Cancer Australia that was funded for an initial four year period from 2009–2013, with a total budget allocation \$6.83 million.

The NLCP has three core objectives to guide the projects that are funded:

- Increase research to build the evidence around lung cancer
- Increase support and guidance for health professionals
- Improve data and reporting for lung cancer

Designing the methodology for the program evaluation had two key purposes; to assess progress against the program objectives, and to determine if the program is operating appropriately, effectively and efficiently.

The approach drew on the CHSD experience across previous evaluation-based projects and our own internal research and development work in understanding the complexities of the issues in choosing the right evaluation methods and frameworks. It emphasised that there are both summative and formative evaluation tasks. Summative evaluation ascertains whether and to what extent the program was implemented as intended and the desired/anticipated results achieved. Formative evaluation more commonly occurs throughout the life of the program as it uses the results of the evaluation to inform the ongoing development and improvement of the program. The report on the project covered a recommended framework tailored to the program's participants and their activities. It emphasised the pre-conditions for establishing a sound evaluation as a basis for meeting the Departmental requirements of a 'lapsing program' evaluation, including clarifying the program logic and establishing reliable data sources.

Post School Programs

The CHSD/AHSRI has been involved in an ongoing program of work with Ageing, Disability and Home Care (ADHC) in the Department of Family and Community Services on their Post School Programs (PSP) since 2002. Under the PSP are two programs. In the Transition to Work Program, support is provided to young people with disabilities who are leaving school but need a little more help to develop skills they need to find employment. The other program, Community Participation, provides support for participants to engage in community activities and to develop life skills.

Applicants for these programs are assessed using a tool that was originally designed by AHSRI but has been refined over the years in partnership with ADHC. As in previous years, in 2011 AHSRI provided training for teachers in the use of the tool. Assessment scores for the 2011 school leaver cohort were sent to AHSRI to determine program eligibility and, for CP, the funding band that their scores would suggest was the most appropriate. The features of the 2011 applicants and how they compared with previous years were summarised in a report for ADHC. During the year, the assessment data of applicants who appealed against their allocation and out-of-guideline applicants were also sent to AHSRI.

As is the case with other support programs, the PSP is continually being reviewed in ADHC. In 2011, they held a number of discussions with AHSRI on strategies to assist more young people to be work-ready. The outcome of these discussions has been a plan to trial earlier assessment. Rather than waiting until the final year of school, young people would be assessed in years 9, 10 or 11. Those eligible could then be supported in the targeted development of skills that would improve their chances of gaining employment on leaving school.

Stephanie Alexander Kitchen Garden National Program Evaluation

An independent national evaluation of the Stephanie Alexander Kitchen Garden National Program, conducted by the CHSD and involving collaboration between members of the University of Wollongong's Faculties of Health and Behavioural Sciences and Education, commenced in July 2011. The evaluation was commissioned by the Department of Health and Ageing (DoHA).

With 178 primary schools across Australia participating at various stages of implementation, the Stephanie Alexander Kitchen Garden National Program teaches students from grades 3 to 6 how to grow, harvest, prepare and share fresh, seasonal food. The Program aims to encourage and reinforce healthy, lifelong eating habits.

Four years since the beginning of the Program's rollout into schools, the evaluation team is aiming to assess a variety of factors including changes to food preferences, lifestyle, behaviour, and gardening and cooking skills, to determine its positive reach. Broader implications for students' academic performance in reference to Key Learning Areas will also be considered, as will impacts on improving social inclusion and on understanding of effective health promotion practice in schools.

The objectives of the evaluation, and the methodologies to be applied, were outlined in a Project Plan developed at the commencement of the project, and subsequently approved by an Evaluation Reference Group (consisting of members of the evaluation team as well as external members). A national workshop was organised and held during September 2011. It was attended by 34 participants, including representatives of participating schools, DoHA, the Stephanie Alexander Kitchen Garden Foundation, and the evaluation team. The national workshop, and a series of web-based conferences held for those that could not attend the national workshop, represented the commencement of the evaluation.

The next step of the evaluation involved visits to 28 schools across Australia, which occurred in late 2011. Interviews were conducted with key school staff involved in the Program during these visits, and a number of other key evaluation data collection activities took place, namely the administration of student surveys, parent surveys and student food diaries.

During this period, additional data were collected and analysed, including schools' mandatory three and nine month reports to the Stephanie Alexander Kitchen Garden Foundation. Also, relevant school level data on the Australian Curriculum, Assessment and Reporting Authority's *My School* website were analysed, specifically the results from the National Assessment Program – Literacy and Numeracy (NAPLAN) and attendance rates.

The interim report is to be submitted early January 2012. This will be followed by a number of final evaluation data collection activities. Teacher and volunteer surveys will be administered, a literature review written, and stakeholder interviews conducted with principals of demonstration schools, key personnel within both the Stephanie Alexander Kitchen Garden Foundation and DoHA, as well as representatives of state and territory health and education departments. Additionally, an investment form is to be completed by principals, which will provide important costing information for the economic analysis component of the evaluation. The final report is due mid 2012.

The evaluation team is led by Professor Heather Yeatman (Faculty of Health and Behavioural Sciences), together with Senior Research Fellow Karen Quinsey (CHSD). Evaluation team members include Dr Deanne Condon-Paoloni (Health Sciences), Dr Wendy Nielsen (Education), Professor Simon Eckermann (Health Economics) and other participating CHSD personnel. The advantages of cross disciplinary research – in this case the combination of public health, nutrition and education expertise, with the range of disciplines of the CHSD staff – are evident in this evaluation.

The Effect of Student Placements on GP Income

The University of Wollongong's Graduate School of Medicine (GSM) secured a 'Rural Clinical School Funding Program Grant' through the Commonwealth Department of Health and Ageing to compare the costs and impact of a long term integrated clinical placement for graduate medical students based in rural general practices with those in regional general practices. This research focused on one academic year. The GSM invited the CHSD to collaborate in the design and implementation of this research project. The costs were those related directly to the teaching program and its support. The analysis considered the impact on patient throughput during the sessions when the GSM student was working in the general practice. The project provided evidence of the impact and utility of senior medical students in communities with rural workforce shortages.

Palliative Care – small projects

GENERAL PRACTITIONERS' ASSOCIATION OF GEELONG

The Association (GPAG) commissioned CHSD to prepare a report that was titled Palliative Care in the Barwon Region: current models and future directions, making use of previous lessons from research in palliative care, in particular the Rural Palliative Care Program (RPCP), and work on integrating the delivery of palliative care within general practice. GPAG wanted to document the challenges for GPs in relating to the palliative care services in the Barwon Health Region and requested the review focus on the experience with the RPCP, the use of a palliative care standards framework, a Supportive Care Register and Advanced Care Planning. The aim was to suggest ways to improve relationships between specialist palliative services in the community and primary medical care. The review primarily took the general practice perspective, and the wider context of the existing palliative care services was also taken into account.

HUNTER NEW ENGLAND PALLIATIVE CARE DATA PROJECT

AHSRI was commissioned by the Hunter New England (HNE) Director of Palliative Care to undertake this project to describe the palliative care services in the Hunter New England Local Health District. Another aim was to provide advice and recommendations on trialling the Palliative Care Outcomes Collaboration (PCOC) data set in a representative sample of palliative care service locations (urban, rural and remote). The longer term aim was to implement the approach across the entire HNE area. The report was primarily descriptive of the HNE organisational and information management environment, the models of care used across the diverse geographic settings and the issues for service development identified by staff members. The overall purpose was to contribute to planning for palliative care by producing an independent overview of current activities.

Sub-Acute Care - small projects

REVISION OF A METHOD TO MEASURE GROWTH IN SUB-ACUTE CARE BEDS

This was a small project commissioned by the Commonwealth Department of Health and Ageing to revise the method to measure growth in subacute care beds for the purposes of the National Partnership Agreement on Improving Public Hospital Services. The brief was to facilitate the collaborative work of the states, territories and Commonwealth to provide a nationally consistent method to measure growth in subacute care. It was relevant to two National Partnership Agreements; the 2008 Agreement on Hospital and Health Workforce Reform, and the March 2011 revision by the Council of Australian Governments of the National Partnership Agreement on Improving Public Hospital Services.

SUB-ACUTE CARE CLASSIFICATION, COSTING AND FUNDING PROJECT

This study was commissioned by the NSW Department of Health and was on classifying, costing and funding sub-acute services in NSW with the aim to improve the process by which sub-acute services are managed in the policy context of the emerging national health reforms. The study produced sub-acute cost results based on a dataset comprising 8,658 records from 13 facilities and expenditure of more than \$103m. This expenditure represented 22% of the overall sub-acute and non-acute budget for NSW. As examples of the results, they showed the mean cost of a palliative care bed day in 2009/10 was \$843 and the mean cost of a rehabilitation bed day was \$881. The average length of stay of a palliative care phase was 7.4 days (based on NSW AN-SNAP data), and there were an average of 2.7 phases per episode and the average length of a palliative care episode was 16.7 days. The average length of stay of a rehabilitation episode was 24.7 days.

AUSTRALASIAN FACULTY OF REHABILITATION MEDICINE - DATA ANALYSIS PROJECT

The Australasian Faculty of Rehabilitation Medicine (AFRM) is a Faculty of the Royal Australasian College of Physicians and the original industry partner of CHSD in the establishment of AROC. The AFRM received funding to commission AROC to undertake a small data analysis project to look at equity in the provision of and access to rehabilitation in Australia. The report was finalised and provided to the AFRM in August 2011. The key messages from the analysis were:

- Access to rehabilitation in Australia is inequitable and people who reside in lower socioeconomic areas and in regional and remote areas of Australia receive proportionally less rehabilitation.
- People who live in high socioeconomic areas and in urban areas are more likely to access private rehabilitation treatment and private rehabilitation facilities are more likely to be found in high socioeconomic areas and are more highly concentrated in major cities. The public sector provides more equitable access to rehabilitation than the private sector.
- People living in low socioeconomic areas are less likely to receive private rehabilitation services but more likely to receive public rehabilitation services. The converse is true for people who live in high socioeconomic areas.
- There is a clear relationship between socioeconomic status and remoteness, with lower socioeconomic areas being closely associated with remote areas. However, there are pockets of low socioeconomic areas in major cities and pockets of high socioeconomic areas in remote areas.
- Patients residing in outer regional and remote high socioeconomic areas travel further to access rehabilitation than those in similarly located low socioeconomic areas. This is due to these patients travelling to private facilities, which are not as evenly geographically distributed as public rehabilitation facilities.
- For impairments treated largely in specialist units (e.g., brain and spinal injury), the central locations of these services drives some of the differential in travel distance.

Other Small Health System Projects

ANALYSIS OF ED PERFORMANCE BY STATE & TERRITORY GOVERNMENTS

This report was prepared for the Council of Australian Governments (COAG) Reform Council as part of its tasks to drive the reform agenda by strengthening public accountability of the performance of governments through independent and evidence-based monitoring, assessment and reporting. Its focus is on reforms of national significance that require cooperative action by Australian governments. One area for cooperative action includes achieving improvements in how long patients wait to be seen in a hospital Emergency Department (ED), which was the subject of this project. The question that was addressed was: Are there real differences in performance between the jurisdictions or are differences in waiting times due to other factors? The analysis was based on data from the national non-admitted patient emergency department care database (2009/2010). The variables of interest included the patients' triage category, their socio-economic status and the region where they lived. The type of hospital they attended (classified by hospital 'peer group') was also analysed. After the data were edited, a descriptive analysis of the raw data showed that a number of variables were associated with waiting time and that the nature of this association varied across the jurisdictions. Because of the complex relationships amongst the variables in the database, statistical models were built to identify the major reasons for the apparent differences in ED performance.

CONNECTING CARE

This project involved preparing documentation in support of standardising the approach taken to implementing a state-wide NSW health program. The Connecting Care Program is designed to improve the care of people with chronic conditions who are at high or very high risk of hospitalisation. It works with a range of providers to co-ordinate the care that is delivered to these people in the community. The aim is that people with chronic disease are less reliant on the acute hospital system. The Program provides support directly to people with chronic disease via coaching and other support services.

SPECIALIST HEALTH CARE FOR OLDER PEOPLE

This was a discussion paper prepared for NSW Health describing the conceptual model and key elements of a state-wide approach to specialist aged care services. The Specialist Health Care for Older People Framework was designed to promote the health and well-being of older people, particularly those who have complex health and social support needs. A number of major national and state strategies shared this same purpose of reframing the way services are provided. The document was designed to support the initiatives already in place through an overarching framework and set of principles to underpin service delivery and enhance communication and coordination for older people in NSW.

KIDNEY HEALTH CHECK EVALUATION

NSW Health commissioned the CHSD to conduct an evaluation of the implementation of the Kidney Health Check (KHC) Policy. The KHC Policy was released in April 2010 as mandatory for health services to implement and NSW is the first state or territory in Australia to conduct screening for chronic kidney disease in hospital settings on a state-wide basis. The evaluation found that the policy largely relied on passive dissemination of information and a small, scattered, amount of education, neither of which are effective strategies for implementation and the policy is not evidence-based and various aspects of the policy are contested. The policy would benefit from a comprehensive review, including consideration of exclusion criteria such as paediatrics and emergency departments.

REVIEW OF FUNDING FOR THE PROVISION OF MECHANICAL INTERIM LIMBS IN NSW

The AHSRI was asked by Health Support Services within the NSW Ministry of Health to review the current pricing levels for the provision of mechanical interim limbs under the Mechanical Interim Limb Program. This involved reviewing the current prices in light of the cost experienced during the first 12 month's operation of the program. The two private providers were invited to provide feedback on the current pricing arrangements based on their understanding of the costs associated with providing services during the previous 12 months. This information was reviewed together with the details provided on the number of amputations funded under the Program.

IMPROVING THE ALLOCATIVE AND DYNAMIC EFFICIENCY OF HEALTH CARE IN NSW

This was a paper commissioned by NSW Treasury to address the prospects for health reform in NSW in the context of the national health reforms and the implications that flowed from the Federal Budget handed down in May 2011. Given the Commonwealth focus on hospitals and technical efficiency, the key question for the NSW Government was how to improve allocative and dynamic efficiency in health service delivery. The paper summarised the available evidence, analysed examples in specific areas of health policy and proposed the 'best bet' strategies for: improving the system-wide capacity to plan for the health of populations including improvements in chronic disease management; integrating care across the primary, secondary specialist and tertiary health care sectors, in order to address problems of access to specialist care; and assisting the effective and efficient management of the demand for acute care.

Other Program Areas

TEACHING

Professors Kathy Eagar, Simon Eckermann and Ian Ring continued their roles in supervising post graduate students. In addition, the Graduate Certificate in Health Services Research and Development is offered by AHSRI to equip students with essential skills required to both understand and conduct health services research. It consists of 4 core subjects: Research Studies Design; Health Service Research Analysis; Health Services Evaluation and Development; and Health Economic Principles and Research Methods. The course outline can be examined at <http://ahsri.uow.edu.au/graduateprogram/index.html>.

HEALTH ECONOMICS

Professor Simon Eckermann is Professor of Health Economics and a member of the CHSD/AHSRI staff since 2010. Simon's experience includes being a member of various national bodies. For five years he served on the Economic Sub-Committee of the Pharmaceutical Benefits Advisory Committee where his roles included developing and finalising guideline revisions for translation of evidence and indirect comparisons. He is a foundation member of the National Prostheses List Advisory Committee, providing health economic expert advice, undertaking health economic evaluations, drafting clinical and health economic assessment guidelines and undertaking related education activities. He is on the Scientific Committee of the National Palliative Care Collaborative, which has overseen eight palliative care trials of medications, including the largest palliative trial to date, recently published in the international Journal of Clinical Oncology. He is a visiting member of the National Medical Services Advisory

Committee. He has organised and presented a short course 'Health Economics from Theory to Practice: optimally informing research, reimbursement and regulation decisions' in Adelaide, Sydney and Toronto in Canada. He developed and ran the 2 day Health Economics and Biostatistics course for the Australian Research Collaboration Service (<http://www.arcs.com.au/>) and coordinates and teaches Health Economics Principles and Research Methods in AHSRI's graduate Health Services Research course.

INDIGENOUS HEALTH

Professor Kathleen Clapham joined the Institute in 2011 as Professor (Indigenous Health).

She holds a PhD in Anthropology and has over 25 years experience as an academic in higher education, where she specialises in Indigenous health research and education. Prior to joining the Institute she was the Director of the Woolyungah Indigenous Centre at the University of Wollongong. Kathleen has been Chief Investigator on NHMRC and ARC funded and other studies with an Indigenous health focus. Her research interests include: social determinants of health; Indigenous injury prevention and safety promotion; Indigenous child health and resilience; and Indigenous health workforce development.

Professor Ian Ring, as well as his appointment within the ASHRI, is a Professorial Visiting Fellow, Muru Marri Indigenous Health Unit, School of Public Health and Community Medicine, University of New South Wales and Adjunct Professor, School of Indigenous Australian Studies, James Cook University. Ian is a member of the International Group for Indigenous Health Measurement and as part of his collaborations in 2011 Ian finalised arrangements for the meeting of four countries (Australia, NZ, USA and Canada) in Canberra in 2012 to progress the measurement of Infant Mortality and Life Expectancy.

Ian is also Expert Advisor to the Close the Gap Steering Committee, member of the Aboriginal and Torres Strait Islander Demographic Statistics Expert Advisory Group, Scientific Reference Group Indigenous Clearinghouse, Australian Indigenous HealthInfoNet Advisory Board, AMA Taskforce on Indigenous Health, RACP Aboriginal and Torres Strait Islander Health Expert Advisory Group, National Heart Foundation Aboriginal and Torres Strait Islander Health Advisory Committee, and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information Data.

EVALUATION SPECIAL INTEREST GROUP (E-SIG)

The Evaluation Special Interest Group is convened by Karen Quinsey with support from other senior CHSD/AHSRI staff. The aim is to increase knowledge and expertise in evaluation theory and practice and strengthen the teamwork needed for maintaining the quality of commissioned research projects. It provides a venue for staff to refine presentations at conferences and meetings of professional bodies such as the Australasian Evaluation Society, the Australian Healthcare and Hospitals Association, Health Services Research Association of Australia and New Zealand and the Public Health Association of Australia.

The E-SIG agenda covers all aspects of evaluation with special emphasis on new ideas and innovative methods in the areas most relevant to commissioned research – participatory and formative research and dealing with the issues of attribution in complex interventions. E-SIG meetings have also examined the way evaluation frameworks are designed and used by other organisations and in 2011 a workshop for AHSRI staff was held with Pat Bazeley, a recognised expert and teacher in evaluation methods. The other regular E-SIG activities include analysing literature reviews and discussing the implications of reports from seminars, conferences and workshops.

INTERNATIONAL RESEARCH COLLABORATIONS

AHSRI staff participate in a range of international research projects, collaborations and committees including the Executive Committee of Patient Classification Systems International (PCSI), the International Society for Quality of Life Research (ISOQOL), the National Health Research Institute UK, the International Health Terminology Standards Development Organisation (IHTSDO), World Health Organisation (WHO) Morbidity Reference Group of the WHO-Family of International Classifications Network, and the China Rehabilitation Research Centre (CRRC) in Beijing.

AHSRI PUBLICATIONS AND DISSEMINATION IN 2011

Journal articles

1. Clark RG and Allingham S (2011) *Robust Resampling Confidence Intervals for Empirical Variograms*. Mathematical Geosciences, 43 (2): 243-259.
2. Eagar K (2011) *What is activity-based funding?* *ABF Information Series No. 1*. HIM Interchange, 1 (1): 22-23.
3. Eagar K (2011) *Counting acute inpatient care*. *ABF Information Series No. 5*. HIM Interchange, 1 (2): 13-15.
4. Eckermann S, Coory M and Willan A (2011) *Consistently estimating absolute risk difference when translating evidence to jurisdictions of interest*. PharmacoEconomics, 29 (2): 87-96.
5. Eckermann S and Willan AR (2011) *Presenting Evidence and Summary Measures to Best Inform Societal Decisions When Comparing Multiple Strategies*. PharmacoEconomics, 29 (7): 563-577.
6. Gordon L, Eckermann S, Hirst N, Watson D, Mayne G, Fahey P and Whiteman D for the Australian Cancer Study Clinical Follow-Up Study (2011) *Health care resource use and medical costs for managing oesophageal cancers*. Published online 17 August 2011 in British Journal of Surgery, Wiley Online Library. DOI: 10.1002/bjs.7599.
7. Jeon YH, Sansoni J, Low LF, Chenoweth L, Zapart S, Sansoni E, Marosszeky N (2011) *Recommended measures for the assessment of behavioral disturbances associated with dementia*. American Journal of Geriatric Psychiatry, 19 (5): 403-415.
8. Neville S, Taylor L, Moore H, Madden R, Ring I, Jackson Pulver L and Tickle L (2011) *Using linkage between hospital and ABS mortality data to enhance reporting of deaths among Aboriginal and Torres Strait Islander peoples*. The Australian and New Zealand Journal of Public Health, 35 (6): 543-548.
9. New PW, Simmonds F and Stevermuer T (2011) *A population-based study comparing traumatic spinal cord injury and non-traumatic spinal cord injury using a national rehabilitation database*. Spinal Cord, 49 (3): 397-403.
10. New PW, Simmonds F and Stevermuer T (2011) *Comparison of patients managed in specialised spinal rehabilitation units with those managed in non-specialised rehabilitation units*. Spinal Cord, 49: 909-916.
11. Rawlings D, Hendry K, Mylne S, Banfield M and Yates P (2011) *Using Palliative Care Assessment Tools to Influence and Enhance Clinical Practice*. Home Healthcare Nurse, 29 (3): 139-145.
12. Sladek R, Jones T, Phillips P, Luszcz M, Rowett D, Eckermann S and Frith P (2011) *Health, economic, psychological and social impact of educating carers of patients with advanced pulmonary disease (protocol)*. Contemporary Clinical Trials, 32 (5): 717-723.
13. Zhao Y, Foley M and Eagar K (2011) *Assessing economies of scale in public hospitals*. Economics Papers, 30 (3): 341-347.

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14. Banfield M. *Palliative Care Outcomes Collaboration: Improving The Quality of Palliative Care Using Routine, Standard Patient Assessments*. Accepted for publication March 2011 in Australian Nursing Journal.
15. Townsend E, van Bruggen H, Wicks A and Wright-St Clair V. *Imagining occupational therapy*. Accepted for publication 16 August 2011 in the British Journal of Occupational Therapy.
16. Turner-Stokes L, Sutch S, Dredge R and Eagar K (2011) *International casemix and funding models: lessons for rehabilitation*. Accepted for publication 25 June 2011 in Clinical Rehabilitation.
17. Wicks A. *The International Society for Occupational Science: facilitating development of occupational science through international networks and intercultural dialogue*. Accepted for publication 10 August 2011 in Hocking C and Whiteford G (eds), *Critical perspectives in occupational science: Society, inclusion, participation*. Wiley-Blackwell.
18. Willan A and Eckermann S. *Value of information and pricing new health care interventions*. Accepted for publication 31 March 2011 in PharmacoEconomics.
19. Willan AR and Eckermann S. *Accounting for between-study variation in incremental net benefit in value of information methodology*. Accepted for publication 10 August 2011 in Health Economics (IF 1.946).
20. Hordacre BG, Stevermuer T, Simmonds F, Crotty M and Eagar K (2011) *Lower-limb amputee rehabilitation outcomes in Australia: analysis of a national data set 2004-2010*. Submitted to the Australian Health Review.
21. Wicks A. (2011). *Understanding the development of occupational potential over time through the analysis of life stories*. In Pierce D (ed), Occupational Science for Occupational Therapy. Slack.

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22. Wicks A. (2011). *Using life stories in narrative research in human occupation*. In Molineux M (ed), Occupational narratives: Narrative research in human occupation and health. Blackwell Publishing.
 23. Wicks A. (2011). *A transactional view of shedding at the Berry Men's Shed*. In Cutchin M and Dickie V (eds), Transactional Perspectives on Occupation. Springer.

Conference papers

24. Eagar K, Gordon R, Quinsey K, Morris D, Masso M, Eckermann S, Samsa P, Grootemaat P, Fildes D and Dawber J (2011) *AMP Second National Workshop*. Asthma Management Program: Second National Workshop. 16 September 2011, Stamford Plaza Sydney Airport Hotel.
25. Berger M and Simmonds F (2011) *Integrating Benchmarking Into Your Rehabilitation Processes: AROC Data and Your Everyday Decisions*. ANZCOS / AFRM Conference. 15 September 2011, Brisbane.
26. Eagar K (2011) *Casemix classification in palliative care – an overview*. International Workshop on Casemix, Costs and Complexity in End of Life Care. 22 March 2011, Cicely Saunders Institute, London.
27. Eagar K (2011) *Lessons from interdisciplinary research*. Slnet Forum: Interdisciplinary collaboration - practical insights. 11 April 2011, University of Wollongong.
28. Gordon R (2011) *The Australian Health System, an Overview*. The sixth Beijing International Forum on Rehabilitation. 21-23 October 2011, Beijing.
29. Green, J, McNamee J, Elsworthy A and Lago L (2011) *Fresh eyes and a year of "firsts" for AR-DRGs*. National Casemix and Activity-Based Funding Conference 2011. 5–7 October 2011, Gold Coast.
30. Owen A (2011) *What do 15 years of review and evaluation projects and routine outcome measurements add up to?* Australasian Evaluation Society 2011 International Conference. 31 August – 2 September 2011, Sydney.
31. Owen A (2011) *Bridging carer research and community care practice*. Carers NSW 2011 Biennial Conference: Changing Society; Changing Needs – new directions in carer support. 18 March 2011, Sydney.
32. Samsa P (2011) *Standardising measures of functional dependency: A unifying concept for understanding needs and outcomes of older Australians and people with disabilities*. HIC 2011: the transformative power of innovation. 1-4 August 2011, Brisbane.
33. Sansoni J (2011) *Measurement of disease in populations and risk assessment*. Epidemiology and Principles of Research, Masters of Public Health and Nutrition, University of Canberra, 22 February 2011, Canberra.
34. Sansoni J (2011) *Measurement of error*. Epidemiology and Principles of Research, Masters of Public Health and Nutrition, University of Canberra, 1 March 2011, Canberra.
35. Sansoni J (2011) *Health Outcomes: An overview*. Session 1, Managing and Measuring Health Outcomes, Masters of Public Health, Menzies School of Health Research, 8-11 March 2011, Darwin.
36. Sansoni J (2011) *Instruments and measures*. Session 2, Managing and Measuring Health Outcomes, Masters of Public Health, Menzies School of Health Research, 8-11 March 2011, Darwin.
37. Sansoni J and Marosszeky N (2011) *Evaluation and selection of instruments for measurement suites*. Session 3, Managing and Measuring Health Outcomes, Masters of Public Health, Menzies School of Health Research, 8-11 March 2011, Darwin.
38. Sansoni J and Senior K (2011) *Development of an outcomes measurement suite*. Session 4, Managing and Measuring Health Outcomes, Masters of Public Health, Menzies School of Health Research, 8-11 March 2011, Darwin.
39. Sansoni J (2011) *Instruments for economic evaluation*. Session 5, Managing and Measuring Health Outcomes, Masters of Public Health, Menzies School of Health Research, 8-11 March 2011, Darwin.
40. Sansoni J, Hawthorne G and Marosszeky N (2011) *Some population survey approaches: Incontinence in Australia*. Session 6a, Managing and Measuring Health Outcomes, Masters of Public Health, Menzies School of Health Research, 8-11 March 2011, Darwin.
41. Sansoni J, Hawthorne G and Marosszeky N (2011) *The clinical validation of the Revised Continence and Patient Satisfaction Tool: February 2011 update*. Session 6b, Managing and Measuring Health Outcomes, Masters of Public Health, Menzies School of Health Research, 8-11 March 2011, Darwin.
42. Sansoni J (2011) *The use and value of health status and HRQOL measurement: Australia*. Session 6c, Managing and Measuring Health Outcomes, Masters of Public Health, Menzies School of Health Research, 8-11 March 2011, Darwin.

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43. Sansoni J (2011) *Questionnaire design and systematic literature reviews*. Epidemiology and Principles of Research, Masters of Public Health and Nutrition, University of Canberra, 22 March 2011, Canberra.
 44. Sansoni J (2011) *The use and value of health status and HRQOL measurement*. Health Outcomes Seminar Series with Dr John Ware, 6 May 2011, Brisbane.
 45. Sansoni J (2011) *Introduction and welcome*. Health Outcomes Seminar Series with Dr John Ware, 2 May 2011, Sydney.
 46. Sansoni J (2011) *Introduction and welcome*. Health Outcomes Seminar Series with Dr John Ware, 3 May 2011, Canberra.
 47. Sansoni J (2011) *Introduction and welcome*. Health Outcomes Seminar Series with Dr John Ware, 5 May 2011, Adelaide.
 48. Sansoni J (2011) *Some approaches to evaluation: A focus on outcomes*. Evaluating Chronic Disease Self-Management Tools, Workshop, Seventh Annual National Disease Management Conference, 24 August 2011, Canberra.
 49. Sansoni J, Hawthorne G, Moore K and Marosszeky N (2011) *The clinical validation of a new short faecal measure for epidemiological and outcomes research (poster)*. International Continence Society Conference, 26 August 26 – 2 September, Glasgow.
 50. Sansoni J (2011) *The clinical validation of the revised incontinence and patient satisfaction tools*. Department of Health and Ageing, 8 September 2011, Canberra.
 51. Sansoni J (2011) *Validation of the revised incontinence and patient satisfaction tools*. Continence Foundation of Australia Conference, 17 November 2011, Melbourne.
 52. Simmonds F (2011) *A National Model for Measuring and Benchmarking Rehabilitation Outcomes: the Australian story*. Keynote address, Sixth Beijing International Forum on Rehabilitation. 21-23 October 2011, Beijing.
 53. Simmonds F, Berger M and Marosszeky B (2011) *The State of Rehabilitation in New Zealand*. New Zealand Rehabilitation Association (NZRA) Biennial Conference. 4-6 March 2011, Auckland.
 54. Simmonds F, Dawber J and Green J (2011) *Equity of access to rehabilitation services in Australia*. ANZCOS / AFRM Conference, 15 September 2011, Brisbane.
 55. Simmonds F, Stevermuer T and Marosszeky B (2011) *AROC Annual Report – The state of rehabilitation in Australian and New Zealand in 2010*. ANZCOS / AFRM Conference, 15 September 2011, Brisbane.
 56. Wallner F, Fildes D and Cass Y (2011) *Shedding Light on Men: social and mental health benefits of male participation in a community shed*. Chronic Conditions Network Conference, 8-9 September 2011, Darwin.
 57. Wicks S and Wicks A (2011) *Are we there yet? Reflections of two occupational therapists at different stages of their professional journeys*. Occupational Therapy Australia 24th National Conference. 29 June -1 July 2011, Gold Coast, Queensland.

Other publications (reports etc)

58. Clapham K (2011) *Indigenous teaching and learning at Australian Universities: Developing research-based exemplars for good practice*. Evaluation of an Australian Learning and Teaching Council (ALTC) Fellowship: Final Report. Centre for Health Service Development, University of Wollongong.
59. Eagar K, Thompson C, Simmonds F, Steele P, Innes K and McNamee J (2011) *Revision of a method to measure growth in subacute care beds for the purposes of the National Partnership Agreement on Improving Public Hospital Services: Draft Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
60. Eagar K, Burgess P and Whiteford H (2011) *ABF Information Series No. 8: Mental Health*. Centre for Health Service Development, University of Wollongong.
61. Eagar K, Dawber J, Masso M, Bird S and Green J (2011) *Emergency Department Performance by States and Territories*. Centre for Health Service Development, University of Wollongong
62. Eagar K, Owen A and Samsa P (2011) *Improving the allocative and dynamic efficiency of health care in NSW*. Centre for Health Service Development, University of Wollongong.
63. Fildes D, Samsa P and Steele P (2011) *Evaluating the CareSearch Nurses Information Newsletter: Results of an on-line survey and telephone interviews*. Centre for Health Service Development, University of Wollongong.
64. Fildes D, Gordon R and Owen A (2011) *The HNE Health Palliative Care Data Project*. Centre for Health Service Development, University of Wollongong.

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65. Gordon R and Mazeska D (2011) *Subacute care classification, costing and funding project: Project plan*. Centre for Health Service Development, University of Wollongong.
 66. Gordon R, Steele P and Green J (2011) *Classifying, costing and funding sub-acute services in NSW: Final Report*. Australian Health Services Research Institute, University of Wollongong.
 67. Green JP and Blanchard M (2011) *From School To ... ? - Post School Programs for School Leavers with Disabilities in 2011*. Australian Health Services Research Institute, University of Wollongong.
 68. Masso M, Westera A, Quinsey K, Morris D and Pearse J (2011) *Encouraging Best Practice in Residential Aged Care Program: Final Evaluation Report*. Centre for Health Service Development, University of Wollongong. *
 69. Owen A and Samsa P (2011) *Southern Suburbs Integrated Case Management Year One Report*. Centre for Health Service Development, University of Wollongong.
 70. Allingham S (2011) *Outcomes in Palliative Care, Report 11 January – June 2011: The Birds Nest Palliative Care Service*. Centre for Health Service Development, University of Wollongong.
 71. Allingham S (2011) *Outcomes in Palliative Care, Report 11 January – June 2011: New South Wales*. Centre for Health Service Development, University of Wollongong.
 72. Allingham S (2011) *Outcomes in Palliative Care, Report 11 January – June 2011: Queensland*. Centre for Health Service Development, University of Wollongong.
 73. Allingham S (2011) *Outcomes in Palliative Care, Report 11 January – June 2011: South Australia*. Centre for Health Service Development, University of Wollongong.
 74. Allingham S (2011) *Outcomes in Palliative Care, Report 11 January – June 2011: Victoria*. Centre for Health Service Development, University of Wollongong.
 75. Allingham S (2011) *Outcomes in Palliative Care, Report 11 January – June 2011: Western Australia*. Centre for Health Service Development, University of Wollongong.
 76. Bird S and Allingham S (2011) *PCOC National Report on Palliative Care in Australia July to December 2010*. Centre for Health Service Development, University of Wollongong.
 77. Allingham S (2011) *PCOC National Report on Outcomes in Palliative Care in Australia January to June 2011*. Australian Health Services Research Institute, University of Wollongong.
 78. Quinsey K, Morris D, Grootemaat P, Yeatman H, Nielsen W, Condon-Paoloni and Fildes D (2011) *Stephanie Alexander Kitchen Garden National Program Evaluation: National Workshop and Webinars Report*. Centre for Health Service Development, University of Wollongong.
 79. Quinsey K, Fildes D, Grootemaat P, Samsa P, Gordon R, Dawber J, and Morris D (2011) *Asthma Management Program: Fourth Evaluation Progress Report*. Centre for Health Service Development, University of Wollongong.
 80. Quinsey K, Owen AG, Gordon R, Dawber JP, Fildes DL, Samsa PD, Grootemaat PE, Morris D, Thompson CJ and Eagar KM (2011) *Asthma Management Program: Mid-term Review Report*. Centre for Health Service Development, University of Wollongong.
 81. Sansoni J, Hawthorne G, Marosszeky N, Moore K, Fleming G and Owen E (2011) *Validation and Clinical Translation of the Revised Continence and Patient Satisfaction Tools: Final Report*. Centre for Health Service Development, University of Wollongong.
 82. Simmonds F (2011) *Final 2010/11 Report to the Australian Government Department of Health and Ageing*. Centre for Health Service Development, University of Wollongong, June 2011.
 83. Simmonds F, Dawber J and Green J (2011) *Equity of Access to Rehabilitation Services in Australia*. Centre for Health Service Development, University of Wollongong.
 84. Yeatman H, Green J, Quinsey K, Condon-Paolini D, Nielsen W and Cuthbert E (2011) *Evaluation of the Stephanie Alexander Kitchen Garden National Program - Project Plan*. Centre for Health Service Development, University of Wollongong
 85. Thompson C, Grootemaat P, Morris D, Owen A and Eagar K (2011) *Ambulance Service of NSW: Responding to Mental Health Frequent Callers Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

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86. Thompson C, Masso M, Westera A, Morris D and Eagar K (2011) *Ambulance Service of NSW: Review the Capacity of the Paramedic to Identify the Low Risk Patient Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
 87. Thompson C et al (2011) *Evaluation of the Alzheimer's Australia National Quality Dementia Care Initiative: Second Progress Report*. Centre for Health Service Development, University of Wollongong.
 88. Westera A, Thompson C and Morris D (2011) *Evaluation of the Alzheimer's Australia National Quality Dementia Care Initiative: First Progress Report*. Centre for Health Service Development, University of Wollongong.

AHSRI FUNDING IN 2011

Type	Description	Funding 2011
Infrastructure	UoW infrastructure	\$728,682
	UoW Research Strength Funding	\$230,651
	Total infrastructure	\$959,333
Research Income	Development of the 2012 AR-DRG Classification System	\$2,930,590
	Palliative Care Outcomes Collaboration	\$1,942,265
	Australasian Rehabilitation Outcomes Centre - core funding	\$1,257,696
	Evaluation of the Asthma Management Program	\$422,466
	AusAID ALA Fellowship program	\$390,808
	Evaluation of the Stephanie Alexander Kitchen Garden Program	\$209,000
	Revision of a method to measure growth in subacute care beds	\$150,000
	Subacute care classification, costing and funding project	\$129,707
	Evaluation of the Cancer Australia – National Lung Cancer Program	\$85,168
	Evaluation Dementia Quality Care Initiative	\$82,500
	Analysis of ED performance by State & Territory	\$78,605
	Develop a National Assessment Framework for Aged Care	\$75,304
	ISPSHCOP and Connecting Care	\$73,493
	Best Practice in Residential Aged care	\$50,000
	The effect of student placements on GP income	\$49,734
	ADHC - Assessment of the 2011 school leavers	\$45,515
	Continence Outcome Measures - Validation and Clinical Translation	\$36,404
	Mental Health Frequent Callers to the Ambulance Service of NSW	\$33,022
	Geelong GPAG	\$32,975
	Review the Capacity of the Paramedic to Identify the Low Risk Patient	\$32,951
	Australian Health Outcomes Collaboration	\$28,600
	AFRM - Data analysis project	\$22,000
	Hunter New England Palliative Care Data project	\$20,000
	AHOC - Small consultation projects	\$11,454
	NSW Health - Kidney Health Check Evaluation	\$9,724
	Menzies short course	\$7,700
	ACCTI NeHTA CTIRG attendance	\$6,030
	HTSDO/WHO-FIC Collaboration SNOMED CT to ICD10	\$5,162
	Review of funding for mechanical interim limbs in NSW	\$2,805
	Total Research Income	\$8,221,678
	Total Income	\$9,181,011

The funding reported in this table is limited to projects that are administered by AHSRI. AHSRI staff participate in a range of other projects both in Australia and internationally that are not reported here because AHSRI is not the recipient of the funds.

AHSRI STAFF (2011)

The Institute works as a strong multidisciplinary team and about half of the team have previous experience working in policy, management and clinical positions in the health system. The qualifications and expertise of staff range across about eighteen disciplines. There is a commitment to 'mixed methods' and to blending quantitative and qualitative approaches. Our aim is to produce work that is easily understood, and that can be of practical use to decision makers, mostly in health, disability and community care, but also in the increasingly important 'interagency' context as well.

By the end of 2011, the Institute had over 50 team members, including full-time and part time staff, as well as research associates. The AHSRI team (including staff members of the Institute's other Centres) in 2011 were:

PROFESSOR KATHY EAGAR, DIRECTOR, AHSRI

Kathy is Director of the Institute and is involved in all aspects of the Institute'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.

ASSOCIATE PROFESSOR ROBERT GORDON, DEPUTY DIRECTOR, AHSRI AND DIRECTOR, CHSD

Rob's full-time position at the AHSRI 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 CHSD and directly manages many of its projects.

ELIZABETH CUTHBERT, BUSINESS MANAGER, AHSRI

Elizabeth joined the Institute in 2003 as the full time Business Manager. Elizabeth is responsible for managing the Institute's finances, negotiating all Institute contracts, and managing the Institute's IT requirements. She is also responsible for coordinating the development of refinements to SNAPShot, an integrated software package developed and managed by the Institute.

PROFESSOR IAN RING (PUBLIC HEALTH)

Ian is responsible within the Institute for academic development. Ian was previously Principal 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 Institute.

PROFESSOR SIMON ECKERMANN (HEALTH ECONOMICS)

Simon is Professor of Health Economics at the University of Wollongong and a member of the AHSRI. Simon has experience in teaching and applying decision analytic methods for economic analysis in Health Technology Assessment.

PROFESSOR KATHLEEN CLAPHAM (INDIGENOUS HEALTH)

Kathleen joined the Institute in 2011. She holds a BA (Hons First Class) and PhD in Anthropology and has over 25 years experience as an academic in higher education, where she specialises in Indigenous health research and education. Prior to joining the Institute she was the Director of the Woolyungah Indigenous Centre at the University of Wollongong. She has been Chief Investigator on NHMRC and ARC funded and other studies with an Indigenous health focus. Her research interests include: social determinants of health; Indigenous injury prevention and safety promotion; Indigenous child health and resilience; and Indigenous health workforce development.

ASSOCIATE PROFESSOR JANET SANSONI, DIRECTOR, AHOC

Janet'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 Institute's work on understanding the evidence behind measurement tools and assisting with the design of measurement tools.

DR GARY ECKSTEIN, SENIOR RESEARCH FELLOW (MEDICAL DEMOGRAPHY)

Gary holds a part-time position with the Institute. 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, DIRECTOR, CASIH

Janette'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 2011 she was elected, as one of two representatives of the Asia-Oceania region, to the Executive Committee of Patient Classification Systems International.

KERRY INNES, ACTING MANAGER, ACCTI

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 is a full-time Senior Research Fellow at the Institute. Prior to joining the Institute 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 he managed 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 holds a full-time position at the Institute 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 Institute 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 Institute for about ten years working on a range of evaluation projects, including three national palliative care programs.

FRANCES SIMMONDS, DIRECTOR, AROC

Frances is the AROC Director 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 Institute, 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.

CRISTINA THOMPSON, SENIOR RESEARCH FELLOW (HEALTH SERVICES RESEARCH)

Cristina joined the Institute 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 Institute, 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.

WENDY GAIN, DIRECTOR, PCOC

Wendy has a nursing background and has worked in the health system in Qld, SA, NSW and ACT. Wendy has worked in service delivery of palliative care on the Gold Coast, Qld and across rural NSW in the regions of the Snowy Mountains and Dubbo. Prior to joining the AHSRI in March 2011, Wendy held senior management positions in Queensland Health in HACC Procurement, Connecting Healthcare in Communities Initiative and the Aboriginal & Torres Strait Islander Health Unit. In 2006 – 2007, Wendy was an Implementation Manager for the transition of the Health Rights Commission into the Health Quality & Complaints Commission. Wendy brings to the AHSRI a blend of clinical and bureaucratic experience across the health continuum.

MAREE BANFIELD, SENIOR RESEARCH FELLOW (PALLIATIVE CARE)

Maree is the National Education and Quality Improvement Manager for the Palliative Care Outcomes Collaboration (PCOC). Maree joined the AHSRI 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 the AHSRI extensive experience at an executive and clinical level in the palliative care sector of the health care system.

JENNY MCNAMEE, DIRECTOR, NCCC

Jenny joined the NCCC in September 2010. Her most recent management experience is in the areas of health system performance management, casemix/clinical costing and episode based funding in the NSW public health sector. For the 10 years prior to 2008, Jenny managed casemix and performance at Sydney Children's Hospital. Here she developed a specialisation in paediatric casemix issues, and worked closely with Children's Hospitals Australasia in the establishment of a national performance and casemix benchmarking program and was involved in a number of paediatric casemix development activities.

DAVID FILDES, RESEARCH FELLOW (HEALTH SERVICES RESEARCH)

Dave holds a full-time position at the AHSRI. 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 Institute. 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, SENIOR RESEARCH FELLOW (APPLIED STATISTICS)

Luise is a full-time member of the AHSRI, 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. She has taken a leading role in DRG development within the NCCC.

PATRICIA SAAD, CLASSIFICATION DEVELOPER (NCCC)

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

PETER SAMSA, RESEARCH FELLOW (HEALTH INFORMATICS)

Peter joined the Institute after working for the Council of Social Service of NSW and a variety of non-government human service organisations. 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 is the AROC Data Manager and the AHSRI 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 Institute's work. Tara brings extensive statistical and database management skills to the AHSRI.

DONNA TRURAN, RESEARCH FELLOW (ACCTI)

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

ANITA WESTERA, RESEARCH FELLOW (HEALTH SERVICES RESEARCH)

Anita joined the AHSRI on a part-time basis in 2005 and has over 20 years experience working in the health and 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.

JAMES DAWBER, RESEARCH FELLOW (APPLIED STATISTICS)

James joined the AHSRI in January 2010 after completing his tertiary studies in Christchurch, New Zealand. James supports research projects that involve statistical analysis and assists in data management.

KATHRYN (KATE) WILLIAMS, RESEARCH FELLOW (HEALTH SERVICES RESEARCH)

Kate has qualifications in psychology and journalism. Since joining the AHSRI 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.

MEGAN BLANCHARD, RESEARCH FELLOW (APPLIED STATISTICS)

Megan joined the AHSRI in 2010 after working at the Australian Bureau of Statistics. Megan is a part-time Research Fellow supporting projects which involve statistical work including classification development. She has experience in statistical analysis and has worked with very large datasets, including the creation of population estimates and projections.

MING ZHANG, RESEARCH FELLOW (DATA 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 is a full-time member of the AHSRI, 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.

JANET LAW, RESEARCH FELLOW (AROC)

Janet is an occupational therapist who also works at Royal Ryde Rehabilitation Centre. Janet joined the AHSRI 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 (AROC)

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

JACQUELIN CAPELL, RESEARCH FELLOW (AROC)

Jacquelin joined the AHSRI team on a part-time basis in February 2011. Her background is in physiotherapy, adult education and research. Jacquelin has a particular focus on expanding participation in AROC's ambulatory data collection.

SABINA CLAPHAM, RESEARCH FELLOW (PCOC)

Sabina has a Masters in Clinical Nursing, a specialty certificate in palliative care nursing and a Certificate IV in Training and Assessment. Sabina has worked in palliative care inpatient nursing and a number of palliative care education positions and projects. Sabina joined the AHSRI in 2008 to assist with the development and delivery of PCOC education. Sabina has had ongoing involvement with PCOC since 2008 and re-joined the PCOC team in 2011 to provide education and support to NSW and ACT health services.

MICHAEL NAVAKATIKYAN, RESEARCH FELLOW (APPLIED STATISTICS)

Michael Navakatikyan is a full-time member of the AHSRI involved in research projects related to the revision of Diagnosis Related Groups. Michael has a PhD in Biology and Physiology, BSc in Applied Mathematics and MSc in Medical Statistics. Michael's experience includes the areas of environmental health, animal behaviour and circulation and he has been involved in the mathematical modelling of choice and designing algorithms for the analysis of neonatal electroencephalograms.

PAM GROOTEMAAT, ASSOCIATE RESEARCH FELLOW (HEALTH SERVICES RESEARCH)

Pam 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.

SAMUEL ALLINGHAM, 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 AHSRI in November 2009, Sam has primarily worked on AROC and on DRG development in the NCCC. He has also provided statistical support on a number of projects, including one with UOW's Centre for Statistical and Survey Methodology to analyse the results of a New Zealand Ministry of Health survey.

PATRICK STEELE, ASSOCIATE RESEARCH FELLOW (APPLIED STATISTICS)

Pat works at the AHSRI as part of the CASiH team, and has a background in telecommunications, data analysis and account management. He works on IT project management and data analysis and has contributed to CHSD projects as well as to AROC.

SUSAN CLAESSEN, ICD EDUCATION COORDINATOR (NCCC)

Susan holds a Bachelor of Health Science (Health Information Management) from the Queensland University of Technology. She has worked in the NSW public health system for the past 10 years in the roles of Clinical Coder, Coding Manager and Area Clinical Coding Coordinator. She joined the NCCC in July 2011 as the ICD Education Coordinator.

LWIN MARLA TUN, CLASSIFICATION DEVELOPER (NCCC)

Marla's background is in medicine and health information management. She has extensive experience in the content development of ICD-10-AM/ACHI/ACS classification and is responsible for producing electronic code lists and mapping tables. She also has experience in NSW public health system working on casemix projects and data submissions to state and national forums on casemix and costing.

ANNE ELSWORTHY, CLASSIFICATION DEVELOPER (NCCC)

Anne has worked in the NSW public health system including roles as Coding Manger, Medical Record Manager and Patient and Information Services Manager. For the past four years she has worked at the National Centre for Classification in Health, principally coordinating and publishing responses to ICD-10-AM coding queries, ICD-10-AM content development and education.

BRONWYN GRAHAM, CLASSIFICATION DEVELOPER (NCCC)

Bronwyn has a background in nursing and has experience in the NSW public health system, working as Data Manager, Clinical Coder and Coding Manager. Prior to joining the NCCC, she worked at the National Centre for Classification in Health as a classification support officer for three years.

IRENE SOO, CLASSIFICATION DEVELOPER (NCCC)

Irene holds a Bachelor of Applied Science (Health Information Management) Honours degree. Her research project focused on the quality of ICD-10-AM activity codes and their usage in hospital morbidity data. Irene has worked at the National Centre for Classification in Health at the University of Sydney as a Classification Support Officer for the past year and previously as a GP Data Coder at the Family Medicine Research Centre, University of Sydney.

NICOLE RANKIN, CLASSIFICATION DEVELOPER (NCCC)

Nicole joined the NCCC in July 2011 as a classification developer. Prior to joining the NCCC, Nicole was seconded for 2 years to the Clinical Cancer Registry Project (SESIAHS). Before that Nicole has worked in the fields of casemix, costing, data analysis and performance reporting for the Sydney Children's and Royal Women's Hospitals. Nicole holds a Bachelor of Applied Science in Health Information Management from Sydney University.

YAN GUO, CLASSIFICATION DEVELOPER (NCCC)

Yan has a background in internal medicine and coding. Yan joined the NCCC as classification developer in December 2010. Prior to this, she worked as a classification support officer at the NCCH, a data manager at the NHMRC clinical trials centre and a clinical coder. Prior to coming to Australia, Yan was a physician in China.

YOUNG TJOA, SYSTEMS MANAGER (NCCC)

Young's background is in computing and IT. He has worked as an IT Consultant in Sydney, a Chief Technology Officer and a Computer Systems Analyst for retailers in Indonesia. He has a Masters of Information Technology – Software engineering (University of Sydney) and Bachelor of Science – Computer Science (California State University). Before joining the NCCC, Young worked at the National Centre for Classification in Health for 7 years as a Systems Manager.

CHERYL BLISSETT, AHSRI ADMINISTRATIVE OFFICER

Cheryl joined the AHSRI 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 Institute.

JULIE DE CLOUET, AROC ADMINISTRATIVE OFFICER AND FIM MANAGER

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

LINDA FOSKETT, PCOC ADMINISTRATIVE OFFICER

Linda joined the AHSRI in March 2009, has a background in program management and community care services and provides administrative support to the PCOC.

DANUTA (DANNI) SOSULKA, NCCC SENIOR ADMINISTRATIVE OFFICER

Danni joined the NCCC in November 2010 in the role of Senior Administrative Officer on the AR-DRG project. Danni has a background in administrative support in corporate environments, national IT project support and training, as well as information analysis for the media industry.

GLENICE MAXWELL, NCCC ADMINISTRATIVE OFFICER

Glenice joined the AHSRI in May 2010 in the role of Administrative Officer on the AR-DRG project. Glenice has a background in administrative support roles in clinical environments (hospital administration, outpatient clinics, psychiatric unit and medical records) and senior executive support roles in corporate environments in the public and private sectors.

DARCY MORRIS, CHSD ADMINISTRATIVE ASSISTANT

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

ALEXANDRA VERDON, AHSRI ADMINISTRATIVE ASSISTANT/RECEPTIONIST

Alex is the receptionist for the AHSRI and provides administrative support for the Institute. Alex also supports the Director as her personal assistant.

GLENN FLEMING, CHSD RESEARCH ASSISTANT

Glenn has been working for the Australian Health Services Research Institute 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.

LEWIS GREEN, AROC AND AHSRI ADMINISTRATIVE ASSISTANT

Lewis joined the AHSRI in 2010 and works part time as an administrative assistant. Lewis's main roles are with AROC assisting with data entry, and providing general administrative support to the AHSRI.

REBECCA COOK (LIBRARIAN)

Rebecca joined the AHSRI in February 2011. Rebecca is a librarian with nearly 20 years experience in both local and state government libraries, and has spent the last 8 years working for a national law firm as a Research Librarian. Rebecca's role is to manage the Institute's resources and assist in the preservation of the AHSRI outputs, and to provide a range of research support for the various groups within the Institute.

AHSRI Affiliates

In addition to core staff, the AHSRI affiliated researchers collaborate on specific research projects and play a key role in forging links between the Institute, other groups within the University and the health and community services industries.

DR HEATHER YEATMAN, ASSOCIATE PROFESSOR (PUBLIC HEALTH)

Heather 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 Institute, 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.

PETER EKLUND, PROFESSOR AND HEAD OF INFORMATION SYSTEMS (HEALTH INFORMATICS)

Professor Eklund is the Chair of Information Systems at the University of Wollongong. Peter's interests are in Health Informatics modelling and the management of electronic healthcare documents and terminologies.

JOHN GLYNN, PROFESSOR AND DEAN OF SYDNEY BUSINESS SCHOOL

Professor John Glynn is Dean of the Sydney Business School and has wide international experience in management development programs. He is an advisor to a number of companies, government agencies and departments including the National Audit Office (UK), the Australian Audit Office, the NSW Parliament's Public Accounts Committee and the OECD. Professor Glynn has particular interests and expertise in the areas of strategy formulation management of change, financial management and performance appraisal across all levels of the public and private sector. He teaches accounting, financial management, public sector management and corporate strategy. His research interests are primarily public sector financial management and the management of change. Previous academic appointments in the UK were at the Universities of Exeter and Kent.

DAVID STEEL, PROFESSOR (APPLIED STATISTICS)

David Steel is Professor in Statistics, School of Mathematics and Applied Statistics, University of Wollongong. His research interests include survey methods, statistical design and analysis for survey, census and aggregate data. Prof Steel has active links with industry, which include projects with ABS, NZ Ministry of Health, NSW Health and Statistics New Zealand.

SARA DOLNICAR, PROFESSOR (MANAGEMENT AND MARKETING)

Sara Dolnicar was appointed Assistant Professor at the Institute for Tourism and Leisure Studies (Vienna University of Economics and Business Administration) in 1994, where she completed her PhD two years later. Sara served as Secretary General of the Austrian Society for Applied Research in Tourism, participated in the interdisciplinary research project 'Adaptive Information Systems and Modelling in Economics and Management Science' and conducted a number of contract research projects for the Austrian tourism industry.

Since July 2002 Sara has been working at the School of Management and Marketing at the University of Wollongong where she is currently serving as Associate Dean (Research) of the Faculty of Commerce.

HELEN HASAN, ASSOCIATE PROFESSOR (ECONOMICS AND INFORMATION SYSTEMS)

Dr. Helen Hasan is an Associate Professor in the School of Economics at the University of Wollongong. She has a Masters in Physics followed by a PhD in Information Systems, is a member of the Australian Standards Committees on Knowledge Management and Small-Medium Enterprises, and chairs the board of CTC@Ulladulla, part of the Networking the Nation initiative. She has published extensively in the areas of Human Computer Interaction, Decision Support Systems (DSS) and Knowledge Management (KM), including a new book "Australian Studies in Knowledge Management, and is currently supervising, 12 research students in these areas. Helen is Director of the Activity Theory Usability Laboratory at the University of Wollongong, Director of the Eureka Connection, a not-for-profit network that provides a forum for generating, sharing, developing and testing new ideas and Director of the cross-institutional Socio-Technical Activity Research (STAR) Group on Knowledge Management that is funded, for the three years, by a Discovery Grant from the Australian Research Council.

JIM PEARSE, ASSOCIATE PROFESSOR (HEALTH SERVICES RESEARCH)

Jim joined the AHSRI 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.

ALISON WICKS, ASSOCIATE PROFESSOR, HONORARY RESEARCH FELLOW (OCCUPATIONAL SCIENCE)

Alison is an Honorary Research Fellow, and is the Founding Director of the Australasian Occupational Science Centre (AOSC) which is a research centre within the AHSRI and is Associate Professor in Occupational Therapy at the University of Canberra. Alison is a health practitioner and 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.

J.E. (BEN) MAROSSZEKY, ASSOCIATE PROFESSOR AND CLINICAL DIRECTOR OF AROC

Ben took up a part-time position at the AHSRI 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 Marosszky brings to the AHSRI wide ranging and internationally recognised clinical experience in rehabilitation medicine.



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