

2005

Centre for Health Service Development Annual Report 2005

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Publication Details

Eagar, K et al, Centre for Health Service Development Annual Report 2005, University of Wollongong, 50p.

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Suggested citation

Centre for Health Service Development (2005) **2005 Annual Report**. Centre for Health Service Development, University of Wollongong.

Centre for Health Service Development

Combining Realism with Rigour

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Director's Report 2005

This has been another year of rapid expansion for the CHSD, and considerable energy went into recruitment, as we recruited new staff members and acquired yet another demountable building to house them. Changes in the centre's staff, income and publications output over the past five years are illustrated in Figure 1.

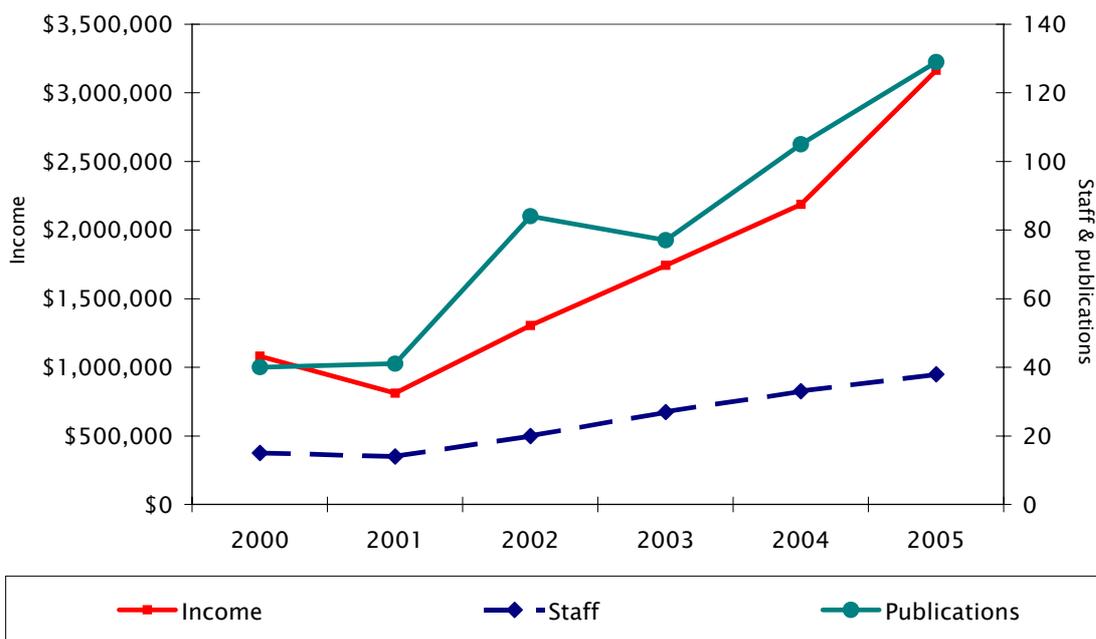
Planning and design for a new Palliative Care Outcomes Collaboration (PCOC) was undertaken and this new collaborative enterprise between CHSD and three other Australian universities began operating from within CHSD in mid 2005.

In 2005 we also moved into two new program areas with the affiliation of the Australasian Centre for Occupational Science, based in the Shoalhaven, and the Centre for Health and Productivity Research which has established links with the University of Michigan.

Whilst funding and staff numbers have almost doubled in the last three years, we have been able to retain our senior research staff, providing continuity and stability. With increased staff numbers and research interests, the Centre is now looking to a period of consolidation and to ensuring our long-term sustainability. A priority for us is to provide better opportunities for more of our staff to obtain higher research degrees which will further enhance our capacity to conduct high quality research.

The steady growth of the Centre and our ability to attract staff with diverse backgrounds and interests meant that in 2005 we were able to extend our projects and programs further along the continuum of health care interventions, from prevention through early intervention to acute care to sub-acute care to palliation.

Figure 1 CHSD Growth 2000-2005



Readers of our Annual Report are likely to be familiar with the “cliff-edge” metaphor that can be stretched to fit our work in 2005.

Much of the health system’s activity is about dealing with the casualties, so it is no surprise that we are asked to help design tools for measuring needs and costs for those that fall to the bottom of the cliff needing rehabilitation or long-term care for chronic and complex conditions and catastrophic injury, as well as those with life-long disabilities or frailty due to advanced age, and people needing palliative care.

We also investigated the safety net of the emergency department and who might be diverted to GPs because they may not need to be there, leaving more room for those who have fallen a greater distance. At the top of the cliff we helped with the fence-building by investigating the best bets for preventing children (from Victoria in particular) from falling over, and we produced a parachute or two by work on priority rating in community care and aids and appliances.

By the end of 2005 we had moved even further back up the roads leading to the cliff, with our two new affiliated centres on health and productivity and occupational science, and the work on ongoing needs identification making health promotion sign posts to encourage people onto other paths that lead away from the cliff edge.

What we do

This year we report on five ongoing programs as well as 28 projects either completed or in progress.

Individuals from the CHSD work on our programs and projects and also give advice to a variety of government and non-

government agencies and interest groups from local to international levels. The core team of CHSD staff has expanded, but we also have the flexibility to bring in additional researchers who contribute specific skills required for particular projects.

For those commissioning research, the challenge is to find individuals and/or organisations with the right mix of expertise and skills to deliver a quality product both on time and within budget. Our experience ranges from developing clinical outcome instruments needed for improving service standards, collecting data to measure outcomes used to assess the efficacy of interventions, providing comparative data to services and training in the use of outcome measures. Our work to date has been wide ranging across inpatient and community settings.

The CHSD has built up considerable expertise in developing tools and information systems to support management planning and decision making. Traditional paper-based and, increasingly, online instruments are used to assess people’s needs and risks in a variety of service settings. These data are essential to inform decisions on resource allocation at the individual level. They serve a useful role in demand management at the level of service providers, and also provide valuable information to shape the coordination and integration of health and community services at the system level.

One of the strengths of the CHSD to date has been our ability to design and analyse minimum data sets containing key indicators of service safety, quality standards, performance and consumer outcomes. Training and support in the use of these databases is regularly provided, along with

feedback to service providers on their own performance.

Another aspect of the Centre's work focuses on evaluating new models of care delivery, assessment processes, impacts and outcomes at various levels within the system. This project based research contains lessons about what drives the need for care and the costs of providing care, and these in turn are the basic elements of a client classification system.

While the work we undertake is primarily commissioned research, the Centre's established relationships with industry create some opportunities to shape the directions of our research. The CHSD has a particular interest and strength in conducting research that will contribute to improvements in service continuity and care coordination. Australia's multi-level funding and delivery systems and the information requirements to make them work efficiently ensure continued demand for ongoing research and development on these issues.

The CHSD has a strong record of close and long-term collaboration with industry partners in the implementing the outcomes of research. We take the 'D for development' part of R&D very seriously and making research products useable and accessible has been a central and highly successful part of the Centre's work. Now we use the term 'knowledge transfer'.

This strategy benefits both parties, by ensuring that research findings can be put into practice, and by helping researchers understand better the opportunities and constraints within health service management and delivery.

Our core assumptions

Key concerns for governments are equity, efficiency and quality of health services. For service providers, it is standards and quality of care. Administrators and funders are keen on developing demand management tools, reducing waiting lists and using performance indicators to assess value for money. Consumers want easy access and to not have to tell their stories umpteen times.

These challenges give rise to interesting research questions about how best to classify clients, assess needs, define and measure outcomes and assess the relationship between consumers' needs and the use and costs of services. The fact that research findings are likely, in the end, to have impacts on policy and practice provides additional motivation for our work.

We see the underlying purpose of health services research as an effort to address issues of equity, quality and sustainability in planning and providing services. At the heart of these questions lies the assumption that, armed with good evidence from rigorous studies, policy makers can implement changes that will lead to improvements in service delivery, coordination and outcomes for consumers.

Another underlying assumption is that the needs of the health system are best met by a tailored combination of qualitative and quantitative methods to address the specific research questions that arise in each project.

Good data must be turned into relevant information in formats that people can understand and easily use. Our commitment to research transfer acknowledges this fact.

We work closely with health agencies to ensure our research findings are grounded in the context of the service system and can be easily accessed and understood. Our goal is to produce practical tools and reliable ways of classifying consumers, benchmarking models of care against outcomes, and assessing performance.

Who we worked with in 2005

Our partners in programs included health departments, private sector organisations, providers and consumers, as well as other universities. In 2005 CHSD has strong research links with Newcastle, NSW, Sydney, Queensland, QUT, Flinders, Edith Cowen, James Cook and Melbourne universities.

The CHSD has strong connections to influential industry partners through the Board of Management as well as the Centre's various clinical and scientific panels. These enhance our knowledge and understanding of the health sector and provide a way to check that our research themes continue to have a practical focus.

The importance of collaboration and networking has been strongly reinforced as we implement a nationally-funded program in palliative care (PCOC). Our past experience in rehabilitation (with AROC) has positioned us well to assume a leadership role in this important program. Strong links must be built and maintained with national and state agencies as well as the approximately 300 palliative care services scattered throughout Australia.

In 2005, our working relationships within the University of Wollongong developed in line with the University's own strategic directions for research. CHSD Senior Research Fellow Dr David Bomba worked with Dr Khin Win of

the Health Informatics Research Centre in the Faculty of Informatics to supervise two final-year computer science software groups. They addressed two key issues for CHSD, the online version of the Ongoing Needs Identification (ONI) tool, and managing information online for AROC. Honours and post-graduate students in Informatics will be involved in projects within CHSD and/or in the School of Public Health during 2006.

The CHSD academic secondment program allows academics across the campus to come and work with us for a fixed period of time. Dr Mark Rix from the Graduate School of Business took up the secondment position in 2005. Mark contributed to several of the Centre's contract research projects and collaborated on the development of postgraduate programs in health management and health services research.

Infrastructure funding

A certain level of basic infrastructure funding is essential if the Centre is to undertake activities such as preparing applications for competitive peer-reviewed grants, publishing academic papers, staff development and knowledge exchange with industry partners.

Infrastructure funding is not available through grants for commissioned research and the CHSD is supported from other resources for the job of keeping our systems going and actively competing for the right sort of work that suits our skills.

Many of the CHSD's important contributions to the health system would not be possible without funding through the NSW Capacity Building Infrastructure Grant (CBIG) scheme and the University of Wollongong's Research Strengths program.

These resources fund activities like representation of Centre staff on outside policy and strategy committees and direct engagement of researchers with health-related issues. This can be at national or state levels or in the local community. The Centre's secondment program brings clinicians, academics and health managers into the Centre and gives a CHSD researcher the opportunity to work within Illawarra health services.

These interchanges and secondments have proved to be a valuable means for building close collaborative relationships with industry partners who can gain access to statistical and research expertise. This helps the health and community care sectors, as well as collaboration within the University, and our researchers gain a practical understanding of the health and community care systems as a result.

During 2005, our R&D funds continued to be supplemented by a NSW Health Capacity Building Infrastructure Grant (CBIG) that supported both our capacity building and knowledge exchange activities. These activities have expanded considerably in the past three years and our achievements include:

1. Development of a knowledge transfer strategy, including consultation with international experts and key stakeholders
2. Further development of the CHSD web site, which has been associated with a substantial increase in use of the site
3. Providing continued technical support for the local Illawarra health service
4. Establishing and successfully running practitioner fellowships and academic secondments
5. Providing academic mentoring for staff career development
6. Preparing competitive grant applications some of which have reached short lists for funding and others whose outcomes are expected to be known in 2006
7. Development of proposals for new postgraduate programs to build research capacity in the health sector.

We plan to consolidate and build upon these achievements in the coming years through strategies such as a fellowship program to build the skills and leadership capacity of research staff, the development of research transfer products and continued strong links with industry and community partners.

The CHSD was formally recognised as one of the twelve 'Research Strengths' of the University of Wollongong from 2004. As a Research Strength, the Centre now receives infrastructure funding from the University that is tied to our output. We would not be in the position to take advantage of these incentives without our University and Faculty leadership, our Board and management structure, the continuity provided by our research themes, and our funding from a range of authorities for projects, advisory roles and management support.

Comings and goings

As a testament to the good management of our senior staff, the Centre remained stable in 2005 while handling considerable change. We changed organisationally within the university as we moved with the Graduate School of Business (which has a Sydney Campus) while maintaining our ties with the Faculty of Commerce.

Three additional research staff members were appointed in 2005. They were research fellows Anita Westera and Peter Samsa and

associate research fellow Pam Grootemaat. Six research staff members who joined the CHSD in 2004 passed successfully through the probation process to have their appointments confirmed. Two CHSD general staff, Carrie Findlay and Laura Willmott, were successful in obtaining contract positions with AROC through a competitive recruitment process early in 2005.

Frances Simmonds was appointed as the AROC Manager and will commence duties with CHSD in mid January 2006. Frances brings to CHSD extensive health sector experience at a senior level in both the public and private sectors. During the last 12 years, Frances has filled several senior executive roles, all of which have involved management of national projects or functions.

In December 2005, Prue Watters took up the position of PCOC Manager. In this role, Prue will continue the development and day to day leadership and management of the activities and functions of PCOC. Prue has 18 years experience managing international donor-funded health projects in developing countries.

Professor Ian Ring plays a strategic role in developing the academic capacity and reputation of CHSD, with attention to staff development and the identification of competitive grant funding opportunities. Ian joined the CHSD at the end of January 2005. His former roles were Principal Epidemiologist for Queensland and Executive Director of the Health Information Branch, Queensland Health, as well as Adjunct Professor and Head of the School of Public Health and Tropical Medicine at James Cook University. He was previously foundation director of the Australian Primary Health Care

Research Institute at the Australian National University.

Recruitment continues to fill a few remaining positions and to replace two staff who have moved on to other positions. Once these vacancies have been filled, we anticipate that CHSD will move into a phase of consolidating and building upon existing skills and expertise in areas such as health services research, applied statistics, policy and operations research, database development and information analysis.

The rapid growth that CHSD has experienced during the past two years has not been expansion for its own sake, but has represented the purposeful acquisition of clinical, scientific and management/policy talent which enables the centre to broaden the scope of its future work and extend its internal and external knowledge transfer.

In order to manage ongoing programs, project work and career development more effectively, and with an expanded workforce, we adopted a formal workload model for all academic staff in 2005. This provides for a balance of contract research work with other relevant activities such as preparing peer-reviewed publications, knowledge exchange, student supervision, management and community service. CBIG funding has facilitated these capacity building activities by making it possible to release staff from commissioned project work for short periods.

A third demountable building containing six workstations was installed in July 2005, adjacent to the CHSD building on the university campus, to provide accommodation for the new staff. By the end of 2005, we had our "no vacancies" sign up again and ended the year in continued

discussions within the university about our accommodation needs.

Acknowledgments

The CHSD gratefully acknowledges the continuing support of the NSW Department of Health, the South-East Sydney Illawarra Area Health Service and the University of Wollongong. Particular thanks are due to Professor John Glynn, Dean of the Graduate School of Business (formerly Dean of the Faculty of Commerce), Associate Professor Heather Yeatman, Interim Associate Head of the School of Health Sciences (formerly Head of the Graduate School of Public Health), and Professor Margaret Sheil, Deputy-Vice Chancellor (Research).

As Director of the CHSD, my thanks go to our staff and associates for their excellent work in the year 2005. This year I would again like to acknowledge the role played by existing CHSD staff in smoothly managing and supporting the Centre through yet another significant period of growth and change. All members of the CHSD Executive Management Group (EMG) and our many representatives on committees did a great job that contributed to a successful year.

My personal thanks again go to my deputy, Rob Gordon, and to Elizabeth Cuthbert, our Business Manager, for the considerable expansion of the roles they played in the Centre throughout the year and the additional work they took on as a result.

The Annual Report is the appropriate place to publicly acknowledge the members of the CHSD Board for their ongoing guidance, advice and support. Our thanks go to all these individuals, and the organisations they represent. This is also the place to thank the many service providers and consumers who collaborate in our projects, use our research, and provide us with constructive advice.



Professor Kathy Eagar
Director

Our Research Themes and Priority-Driven Research in 2005

Our research themes remain focused on improving health service delivery, organisation and performance, care coordination and integration, health outcomes, health policy and management, health and community care financing, and casemix classification across settings.

These six integrated themes which characterise the research of the CHSD are driven both by health sector priorities and by the skills and interests of the team.

Health sector priorities change from year to year as services around Australia are seeking to provide safe, efficient and high quality services to those who most need them. They also require information for their own planning, to engage the community in health service decisions, to integrate and coordinate health and community care services and to promote collaboration between sectors in addressing the determinants of health.

The CHSD works to support a range of services across the continuum of care in facing these challenges. As the team has grown, the CHSD has been able to build on its traditional areas of strength as well as develop new areas of interest and expertise, using additional disciplines and professions.

Each year we take time to do our own planning and take advice from our CHSD Board in order to reframe our thinking and revisit our research themes to reflect these changes. We can map the large number and wide variety of projects undertaken by the CHSD into coherent patterns, which indicate our strategic direction over time and our sphere of influence in health policy and practice.

Our themes change in the emphasis we place on them within our programs and projects. The health and community care sectors create the opportunities that arise for addressing the themes in specific projects.

The project list and our programs in 2005 show the diversity of work available within these themes. This keeps the workload interesting for a multidisciplinary team and having coherent and lasting themes helps to reduce fragmentation in the research effort.

The full list of programs and projects undertaken by the CHSD during 2005 is described in the following section. It shows a mix of large and longer term projects, with some short-term, small commissions and consultancies.

Larger, ongoing projects such as the national evaluations of two palliative care programs are obviously valuable to the Centre in terms of providing continuity and building on established research skills and themes. Smaller projects can open up new areas of research, engage with local communities, provide training and leadership opportunities and maintain the interest of research staff.

CHSD Research in 2005: Description of research and development projects and their associated outputs

Overview of Research Projects in 2005

The table below places the programs and projects that made up our body of research and development work in 2005 within the Centre's six themes.

It illustrates the ways in which projects are linked by the themes, forming a broader structure of research and development work. Although undertaking commissioned research work is inherently a short-term and somewhat fragmented exercise, the broader structure or 'architecture' of the Centre's work demonstrates its cumulative and continuing contribution to building knowledge in health services research.

We use this structure as a way of organising information on needs, risks, benefits and costs. Classification, funding models and information management systems are represented as 'deliverables'; projects develop tools to manage demand (triage and priority rating), and to inform care and service coordination planning. We are continually refining ways to assess evidence and working on useful data, as well as the plethora of items collected for minimum data sets.

Not all activities of CHSD staff are listed in the table. But below is a brief description of all the centre's funded projects and activities.

CENTRE PROGRAMS AND PROJECTS 2005	THEMES					
	HS delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
PROGRAMS						
AN- SNAP	x	x	x	x	x	x
Australian Health Outcomes Collaboration	x	x	x			
Australasian Centre for Occupational Science		x	x			
Australasian Rehabilitation Outcomes Centre		x	x	x		x
Centre for Health and Productivity Research			x	x		
Palliative Care Outcomes Centre		x	x			x
PROJECTS						
Australian Community Care Needs Assessment	x	x				
Cancer Funding Reform					x	
Carer Needs Assessment	x	x				
Caring Communities Program	x	x				

CENTRE PROGRAMS AND PROJECTS 2005	THEMES					
	H.S delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
Case conferencing in palliative care	x				x	
Child injury prevention: a tool kit for health practitioners			x	x		
Children's health and wellbeing			x	x		
Cochlear implants					x	
Emergency departments and primary care	x	x		x		x
Health economics Western Australia	x			x	x	
Indigenous health review consultancy						
Innovative Care Rehabilitation Services		x	x			
Long term care study			x		x	
Mental Health Integration, final phase	x	x	x		x	
Midwifery Group Practice	x		x			
Needles and syringes	x			x		
NSW public hospitals marginal costs					x	x
Online ONI	x	x				
PADP priority rating in NSW	x			x	x	
Post-school programs in NSW: assessing the needs of post-school leavers with disabilities	x			x	x	x
Post-School Programs: a first classification					x	x
Queensland Health – Ongoing Needs Identification (ONI)	x	x		x		
Retirement Options–Day Activities Linking Initiative	x	x	x			
Rural Palliative Care Program	x	x				
South East Sydney and Illawarra AHS collaboration	x			x		
WHO consultancy in Viet Nam	x			x		

PROGRAMS (Alphabetical list)

AN-SNAP

CHSD provides a significant level of ongoing support to NSW Health in the implementation of the Australian National Sub-acute and Non-acute Patient (AN-SNAP) classification system. The implementation of AN-SNAP aligns with the overall strategy of NSW Health to implement classifications for all products of the health care system. During the second half of 2005, CHSD has continued its support in this area. This work includes Professor Kathy Eagar chairing the NSW AN-SNAP Implementation Steering Committee. Professor Eagar and other members of CHSD will also work with the Department's Casemix Policy Unit in providing technical and policy support to sub and non-acute services during the phased implementation of the model during 2005/06.

CHSD also continues to support the *SNAPshot* information system that is used routinely by over 50 NSW public hospitals as well as by private hospitals across Australia. In October 2005, a new version of *SNAPshot* was released. The new version has enhanced reporting capacity that enables hospitals to more easily generate reports and other information. *SNAPshot* is now routinely used in NSW public hospitals for reporting sub and non-acute activity, measuring trends, planning services and calculating funding levels under the episode funding model. During the second half of 2005, CHSD staff conducted several training sessions in *SNAPshot*.

In addition to its ongoing support work, a major development in the second half of 2005 has been the agreement between CHSD and NSW Health to undertake a major review of the AN-SNAP classification. This review

began in October 2005 and will be complete in 2006. It will be the first time the AN-SNAP classification has been reviewed since it was developed by CHSD in 1997.

CHSD also continues to support NSW Health in the implementation of its funding policy for sub and non-acute care. In this capacity, between April and August 2005, CHSD was commissioned to produce the NSW Funding Guidelines for Rehabilitation and Extended Care⁸¹. The implementation of episode funding for these services went live on 1 July 2005. CHSD continues to support hospitals, area health services and NSW Health during this live implementation phase. This has included conducting several statewide workshops on behalf of the Department and responding to requests to participate in meetings, workshops and provide ad hoc advice.

Australasian Occupational Science Centre (AOSC)

Occupational science is an inter-disciplinary field concerned with the study of human occupation in relation to health in daily living, including the social policies, culture and geography that govern human occupation.

AOSC was established as a sub centre of CHSD in December 2004. It is a Shoalhaven community initiative and is located on the Shoalhaven Campus of the University of Wollongong. It received seed funding from the Shoalhaven City Council and from AOSC Pty Ltd, a not for profit organisation which was established by Shoalhaven business representatives to support the local establishment and growth of AOSC.

The aim of AOSC is to promote an occupational perspective of health focused on what makes and keeps people well, rather

than what causes them to become ill²². Through community education programs and local projects, and conducting research on the relationship between health and purposeful occupation, AOSC seeks to influence public health policy.

In June 2005, AOSC received funding from the Australian Government under its Regional Partnership program to conduct its first project, *Do It Now*, which focuses on ageing well and ageing productively in the Shoalhaven.

More information can be found on the AOSC website:

<http://shoalhaven.uow.edu.au/aosc.html>

Australasian Rehabilitation Outcomes Centre (AROC)

AROC was established as a sub-centre of the CHSD on July 1, 2002 and has been operational for three and a half years. AROC has five roles:

1. A national 'data bureau' that receives and manages data on the performance of rehabilitation services in Australia.
2. The national 'benchmarking centre' for medical rehabilitation⁵⁷.
3. The national certification centre for the Functional Independence Measures (FIM) (instruments designed to measure functional needs and outcomes)⁵⁶.
4. An education and training centre for the FIM and other rehabilitation outcome measures.
5. A research and development centre that develops research and development proposals and seeks external funding for its research agenda.

The number of participating rehabilitation services continues to increase, with new rehabilitation facilities now joining AROC as

part of setting up. By December 2005, 113 of approximately 130 designated rehabilitation units in Australia were routinely collecting and submitting data to AROC. Most facilities use *SNAPSHOT* to collect their data, a database developed and supported by the CHSD. There are now approximately 225,000 rehabilitation episodes in the AROC database. This is a significant achievement considering the time AROC has been operational.

During 2005 AROC ran its first benchmarking workshop on fractured neck of femur, which received very positive feedback. Further benchmarking workshops in areas such as spinal cord dysfunction, brain injury and stroke are planned for 2006.

In late 2005 AROC was successful in its application to the Department of Veterans' Affairs to fund a project entitled "*Evaluation of Alternative Models of Rehabilitation Care for DVA Patients - a pilot study*". This represents the first time AROC has been successful in securing research funding in its own right and in this regard is a significant milestone in AROC's development.

After considerable work in 2005, AROC will launch AROC Online Services in 2006, an extension to the AROC website. This section of the AROC website will require users to log in, enabling facilities to securely submit their data online with immediate feedback on the quality of their data. Facilities and payers will also be able to view any of their AROC reports and extract their own data for further analysis. AROC Online Services will also enable the FIM exam to be completed online, with results known immediately.

After a year of consolidation in 2004, FIM training activity increased significantly in 2005. Activity was definitely clustered in NSW

due to NSW Health's decision to commit \$20,000 to extra training.

One of the highlights of the year was welcoming the Northern Territory (NT) into the FIM and AROC community. In May of this year Roslyn Eagles, our Queensland Master Trainer, flew to the NT to conduct training at hospitals in both Darwin and Alice Springs. Over the three day period approximately 50 people were trained and credentialed.

In all, there were 26 AROC assisted workshops which is an increase of 10 on the previous year. 1095 exams were received with the success rate being approximately 90%. This result was consistent with the previous year and is again a credit to our Master and Facility trainers.

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

www.uow.edu.au/commerce/aroc

Australian Health Outcomes Collaboration (AHOC)

The AHOC has the following goals:

- To disseminate information about health outcomes research
- To maintain an active network of collaborators in health outcomes research
- To maintain a database of health outcomes projects and instruments
- To facilitate health outcomes research throughout Australasia
- To provide advice on the selection of measures for health outcomes assessment
- To provide health outcomes education and training and

- To organise national and international conferences and seminars on health outcomes.

The Australian Health Outcomes Collaboration of the Centre for Health Service Development convened the 11th Annual National Health Outcomes Conference Health Outcomes 2005: Making a Difference. It was held in conjunction with Centre for Advances in Epidemiology and Information Technology, Canberra Hospital and the Canberra Clinical School, University of Sydney.

The sponsors in 2005 were: National Palliative Care Program, Department of Health and Ageing; Health Priorities and Suicide Prevention Branch, Department of Health and Ageing; NZ Mental Health Research and Development Strategy; Community Care Branch, Department of Health and Ageing; Eli Lilly Australia Pty Ltd; The Pharmaceutical Alliance; Aged and Community Care Branch, Department of Veterans' Affairs and NSW Health.

The 11th annual conference received a very positive evaluation. Most participants commented very favourably on the diversity and quality of papers presented and the professionalism of the conference organisation. The conference proceedings were published on CD-ROM⁶⁹. Preparation for the 12th conference, titled *Health Outcomes 2005: Managing Health and Disease in Today's Society* commenced. Peer review of nominated papers will continue in future health outcomes conferences.

The AHOC continues to work with the Community Care Branch of DHA and the National Continence Management Strategy Advisory Committee concerning the supervision of a range of outcomes projects associated with the strategy⁶⁷. Staff members

of the AHOC also participate in other CHSD projects.

More information on AHOC is included in the AHOC website:

www.uow.edu.au/commerce/ahoc

Centre for Health and Productivity Research (CHPR)

This Centre was brought under the CHSD umbrella in 2005. It is interested in the relationship between health and productivity in the workplace as well as risk factor management and the impact of telephone counselling and educational interventions. It has established links with the University of Michigan and, in early 2006, Dr Shirley Musich will arrive from the University of Michigan to work with us for a year to develop its work program and strategic directions.

Palliative Care Outcomes Collaboration (PCOC)

The Palliative Care Outcomes Collaboration (PCOC) is a new venture⁵⁰, involving four University Research Centres and led by CHSD. Its purpose is to support continuous improvement in the quality and effectiveness of palliative care services, contributing to the achievement of Goal 2 of the National Palliative Care Strategy. DHA has allocated funding to PCOC for three years from June 2005 to June 2008.

The four collaborating University Research Centres are:

- Centre for Health Service Development, University of Wollongong; Principal – Professor Kathy Eagar;
- Western Australian Centre for Cancer and Palliative Care, Edith Cowan

University; Principal – Professor Linda Kristjanson;

- Department of Palliative and Supportive Services, Flinders University; Principal – Professor David Currow; and
- Centre for Health Research, Queensland University of Technology; Principal – Professor Patsy Yates.

PCOC will work with service providers to establish a national data collection system and enable:

- feedback of data to providers for benchmarking for improvement in outcomes;
- the systematic collection of information on the efficacy of interventions;
- education and training in the use and definition of data items;
- the production of annual reports summarising the Australian data; and
- the development of research proposals and the undertaking of research.

The activities of PCOC are expected to:

- assist in the development of clinical protocols for palliative care patients;
- help the interpretation of consumer outcome and service utilisation data;
- assist in the development of quality improvement initiatives and in the interpretation of cost variations between service providers; and
- in the process, lead to a rich research database.

PROJECTS (Alphabetical list)

Australian Community Care Needs Assessment

In early 2005 CHSD was successful in securing a large project as part of the Australian Government's "Way Forward"

agenda for community care reform. The Australian Community Care Needs Assessment (ACCNA) project in 2005 involved developing a national screening and assessment framework to assist a range of programs in assessing needs and eligibility of community care clients.

The ACCNA project in 2005 involved a literature search, a consultation paper¹¹², engagement with the field through a survey of current practice and a national workshop. The next stage is the design of a new system for capturing indicators of needs, risks and eligibility in community care clients. The project will continue into 2006 with a field test of the new national tool.

Cancer funding reform

The Centre was commissioned by ACT Health, on behalf of the Health Reform Agenda Working Group, to review issues related to the funding of cancer services in Australia. The first report, completed in December 2005, contains the results of a literature review conducted to identify the degree to which funding arrangements can contribute to good practice in cancer care and also contains commentary on the funding arrangements in each jurisdiction and issues and priorities for enhancing cancer control based on interviews with state and territory representatives¹¹¹.

The project will continue into 2006 with analysis of Medical Benefits Schedule data and hospital data on cancer treatment services over the last five years to identify trends in service usage by funding source and highlight any impacts that changes to funding policy have had on the provision or distribution of cancer services. The results from this data analysis and the findings of the literature review will then be used to identify options and opportunities for

changes to current funding arrangements that will support best practice cancer care.

Carer needs assessment

This project is the second of the Centre's successful bids for projects under the Australian Government's "*Way Forward*" in community care reform, this time for the work on carer eligibility and needs assessment, including an approach to priority rating. The project involved a literature search and consultation paper¹¹³, a field survey and limited consultation meetings, leading to a recommended approach¹²⁰ that may be further refined through field testing in 2006.

Caring Communities Program

One of the aims of the National Palliative Care Strategy (NPCS) is to "improve the knowledge and skills of families, carers and community groups so they can better support relatives, loved ones or individuals within the community who are dying, and work optimally through their bereavement". The Centre was appointed by the Commonwealth Department of Health and Ageing in 2003 to undertake the national evaluation of the Caring Communities Program as part of the NPCS^{118,119}.

The 37 projects are in all States and Territories, and the evaluation activities have continued in 2005. Members of the Centre have visited all of the 37 projects across Australia at least once and evaluability assessments have been completed on each project. A second National CCP workshop was held in Adelaide, which members of the Centre attended and facilitated sessions over the two days. The workshop provided information for the program level evaluation, a context for progress reports and helped with the program level evaluation activities.

Case conferencing in palliative care

The aim of this project is to measure the effect of case conferencing on the costs associated with palliative care. Previous analysis of randomised control trial data has suggested that case conferencing is effective in improving patient outcomes. However the cost implications were not included in that analysis. Using the same data, consideration is being given to the costs incurred per patient by the public sector and for all sectors combined. This project is a collaboration between researchers at CHSD and Flinders University.

Child injury prevention: a tool kit for health practitioners

The CHSD was commissioned by the Victorian Department of Human Services to produce an evidence-based 'toolkit for health practitioners' on childhood injury prevention¹²⁷. This small project built on the work done for one of the 18 priority areas during the original review of Children's Health and Wellbeing (see below).

Children's health and wellbeing

In March 2005, CHSD completed research into evidence-based strategies for improving the health and wellbeing of Victorian children. This research was commissioned by the Victorian Department of Human Services (DHS) in late 2004 in order to support its Children's Health and Wellbeing Flagship project. The purpose of the review was to identify what the DHS could do within each of 18 priority areas to deliver improved and more equitable outcomes for all children in Victoria.

CHSD worked closely with DHS staff to ensure that the research was delivered in a format that could be easily understood and applied in decision making. Deliverables included a searchable database in which key

evidence was summarised, an Executive Summary that highlighted key messages for policy makers, and a concise report on each priority area. The research was influential in determining funding priorities for children's health services in Victoria in the recent State budget.

The report arising from the review, *Strategies for Gain - the evidence on strategies to improve the health and wellbeing of Victorian children*⁸², was made available on the CHSD website on 8 July 2005. In the six months to the end of December 2005, the report was downloaded by visitors to the website more than 18,000 times.

Cochlear implants

The Centre was commissioned by NSW Health to investigate changes in demand for adult and paediatric cochlear implants since 2001, review the current supply of cochlear implants, assess the impact of neonatal screening for hearing loss and project the demand for cochlear implants to the year 2008. The project involved meeting with major stakeholders, collecting data from service providers and analysing data on cochlear implantation provided by NSW Health. The available literature was examined to provide some context for policy deliberations regarding demand and outcomes for cochlear implantation. Recommendations were made to enhance current services for children. The report was delivered to NSW Health in June 2005⁸⁸.

Emergency departments and primary care

This is a study funded by the NHMRC under the priority-driven research program of the State Commonwealth Research Issues Forum to examine the relationship between the usage of emergency department services and the availability of community-based primary

care services. The work has been conducted in close cooperation with health services in the Illawarra, including five emergency departments. Surveys were conducted in 2004 to ask primary care patients to identify the reasons why they attended an emergency department rather than a GP.

Staff working in emergency departments were also asked why they thought patients came to an emergency department for primary care, rather than going to see their GP. Analysis of the survey data was undertaken in 2005 and has resulted in the publication of two journal articles and two conference presentations to date. The results were also presented to the NSW Health Demand Management Committee. Work this year also included extensive analysis of health service utilisation data and ongoing negotiations with Medicare Australia for access to data on GP utilisation^{7, 19, 52, 60}.

Health economics Western Australia

In 2005, CHSD continued with a project that commenced in 2004, to assist with the development of the Resource Allocation Model (RAM) for the WA Health system. The project began by the facilitation of a workshop with the Senior Health Management Team of the WA Department of Health. This workshop established strategic directions for the development of the Resource Allocation Model. The Centre also assisted the Department in developing a resource allocation model for the “population health services block” – a group of services to be funded using population funding principles. The project was completed in early 2005¹¹⁴.

Indigenous health review

The Review of Indigenous Health was commissioned by the College of Health Sciences, University of Sydney, to examine

current activities in Indigenous education in the health field, and to make recommendations on how the College could best make progress its strategic goals in this field. The Review Team consisted of Professor I Ring, Associate Professor J Elston (James Cook University) and Dr N Brown (Menzies School of Health Research).

Innovative care rehabilitation services

The Innovative Care Rehabilitation Service (ICRS) Program was established by the Department of Health and Ageing to encourage the development of new models of care in which patients are provided with slow stream rehabilitation following an acute episode of care. CHSD was engaged in early 2005 to identify potential ‘control’ groups and conduct a series of supplementary analyses to compare the outcomes reported for consumers in the ICRS Pilot projects with similar consumers receiving routine care.

The first phase of the evaluation was completed in early June 2005 and identified several potential control groups that could be used in a supplementary evaluation. The second phase of the evaluation was completed in July 2005 and involved an analysis of data from one of the identified control groups. This analysis compared clinical and related outcomes of the control group with reported outcomes for ICRS pilot project participants^{83, 115}.

Long term care

This study was commissioned in the context of proposed reforms to compensation arrangements for this group of clients. A report on feasibility in 2004 recommended that a major study in this area would produce significant and relevant information to inform the current debate around long term care arrangements.

CHSD commenced a study in 2005 that is due for completion in 2006. The study will collect detailed information about the long-term care needs of a sample of catastrophically injured clients, predominantly traumatic brain and spinal cord injury. CHSD is working with five specialist brain injury and spinal cord injury units in NSW.

Mental health

The CHSD has a long association with mental health reform. We were the national design team commissioned by the Commonwealth under the 2nd National Mental Health Plan to establish a series of national demonstration projects in integrated mental health care (MHIP).

Work in 2005 consolidated the lessons from the MHIP activities and dissemination of the results in the form of a publication¹⁰. We also worked on dissemination of the findings of the New Zealand Mental Health Casemix and Outcomes Study¹¹. Associated reports and papers can be found at:

http://www.hrc.govt.nz/root/Publications/Mental_Health_Publications.html

Midwifery Group Practice

A Midwifery Group Practice program offering continuous, caseload care by midwives to women with 'low-risk' pregnancies was developed for Shellharbour Hospital in the Illawarra region of NSW. During late 2004 and the first half of 2005, CHSD carried out an independent evaluation of this model, which ran as a pilot program at Wollongong Hospital. This short-term project focused on two main research questions: the safety record of the program, as demonstrated by its clinical outcomes and peer reviews of selected cases; and whether the program was acceptable to consumers and clinicians. In June 2005 the report was presented to the steering committee and a working group was

established to consider the viability and future of the program^{76, 125, 126}.

Needles and syringes

The NSW Health Aids and Infectious Diseases Branch commissioned the project team to develop a needs-based resource distribution formula for the Needles & Syringes Program. A distribution formula for NSW Health Areas was developed using data on the incidence of Hepatitis C, ambulance attendances for drug overdose and the supply of methadone and buprenorphine. The final report was completed in May 2005⁸⁹.

NSW public hospitals marginal costs

The Centre was commissioned by NSW Health to undertake a small study to estimate the marginal cost of providing services associated with opening additional beds or treating additional patients in NSW public hospitals. The report presented a set of findings for consideration by the Department to assist in formulating policy options around the potential to allocate additional hospital funding based on the marginal cost of providing particular types of services¹²².

Online ONI

The Ongoing Needs Identification (ONI) screening tool is designed to prompt timely service delivery, referral &/or further assessment based on the issues and needs of the consumer being screened. It is designed to be used in a variety of health and community care settings.

The project aim in 2005 was to enhance an existing web based online assessment tool (version 1) which would more efficiently meet the needs of health and community care agencies. A software team of University of Wollongong computer science students helped to design and produce an updated online version of the ONI assessment tool

(version 2). The working prototype shows that in the future, assessments and referrals can be made online rather than on paper, and that reliable reporting can be an automated by-product. The team also produced a proof of concept version of a mobile ONI (not the full ONI) which allows for initial consultation with clients via a device which can then be synchronised with the database once returning to the agency.

This allows assessors an affordable way to use the computer based ONI when away from the agency.

The specifications for the online ONI were used in a separate contract with the NSW Better Service Delivery Program (Department of Commerce) to build the tools into their Human Services Network (HSNet) as part of the larger project to develop a system of electronic referral for NSW agencies⁷⁹.

PADP priority rating in NSW

The Centre was commissioned by NSW Health to develop an assessment and priority rating system for the Program of Appliances for Disabled People (PADP). The project aimed to deliver assessment tools that could be used to assess need in a consistent way across NSW and that were acceptable to key stakeholders, based on evidence and consistent with policy.

An extensive literature review and consultation process resulted in support for basing assessment and subsequent consideration of priority on the twin concepts of need (as measured by function) and the capacity of the applicant and their carer to benefit from provision of the equipment requested from PADP.

After pilot testing a suite of assessment and priority rating tools a field trial of the tools

was conducted at four sites in NSW. The results indicated that while full uniformity may not be possible, a common and more standardised system is feasible. The full report of the project was delivered to NSW Health in November 2005¹¹⁰.

Post-school programs in NSW: assessing the needs of post-school leavers with disabilities

This project built on earlier work by the Centre on screening and assessment of functional needs of young people funded under the (then) ATLAS (Adult Training, Learning and Support) program for young school leavers with disabilities. The NSW Department of Ageing, Disability and Home Care (DADHC) used the project results⁹¹ for program planning and this led to a further study (described below) to examine the relationship between consumer characteristics and the cost of services.

Post-school programs: a first classification

This study was a costing and classification study, not a funding study. It captured a snapshot of post school program services and clients. Data on service utilisation and related financial information were collected and matched to corresponding assessment data on this group of clients. A draft classification with a set of associated costs for each class was in the final stage of development in 2005. The results are based on the cost of services provided to each client, not on their funding allocation. The study is due for completion in early 2006. The outcome is expected to be the first version of a client classification, which will be a significant achievement in itself, and one that will prove to be a useful improvement to the systems used inside the NSW Department of Ageing Disability and Home Care.

Queensland Health – Ongoing Needs Identification (ONI)

In Queensland the Centre's work on screening and assessment in community care and, in particular, the refinement of carer items and a priority rating profile was used as the basis for a State-wide implementation of screening tools and for developing training materials and support documentation. This continued in 2005 building on the second independent evaluation carried out in 2004 and the development of 'smart PDF' versions of the profiles, allowing limited electronic referral capacities.

The Centre continued its collaboration with Queensland Health by advising on the larger issue of full electronic referral and the need for common national data transmission standards⁵⁵. This also emerged as a national issue and became part of our work on the online ONI for the Human Service Network (HSNet) in NSW and the design work undertaken by the Centre for the projects in support of the Australian Government's community care reform agenda.

Retirement options–day activities linking initiative

This small scale and local project is part of a series of case studies and surveys at the level of care planning and service coordination. The 2005 stage evaluated a model of service coordination to assist people with disabilities with places in supported employment (called business services). The aim was to make the transition from work to retirement, which requires a high order of service coordination to be useful. It was funded by the local region of the NSW Department of Ageing Disability and Home Care. The first stage to review the documentation and procedures was completed in 2004 and in 2005 an evaluation report with recommendations on

the sustainability of the model was completed as the second stage⁸⁰.

Rural Palliative Care Program (RPCP)

The Australian Divisions of General Practice has been funded by the Department of Health and Ageing (2003–2006) to trial eight projects implementing the Rural Palliative Care model (based on the Griffith GAPS model) in a range of rural and remote settings.

The role of the CHSD is to evaluate each of the projects and the program as a whole, using the evaluation framework and tool kit shared with the Caring Communities Program evaluation.

Two site visits were conducted during 2005 to each of the projects located in the Pilbara WA, Kalgoorlie WA, Adelaide Hills, North West Tasmania, West Victoria, Eurobodalla NSW, Coffs Harbour NSW and South Queensland. These visits consisted of an evaluability assessment, risk assessment and other evaluation activities. Error! Reference source not found.,116,117.

South East Sydney and Illawarra Area Health collaboration

The goal of this ongoing program is to work with South East Sydney and Illawarra Area Health Service in developing skills and expertise in the reporting and organising of data for planning purposes and the analysis of strategic issues for area health services. In practical terms this included one CHSD statistician, Tara Stevermuer, working at the Area's planning and information unit during 2004 and the first half of 2005. During the second half of 2005, CHSD statistician Luise Lago took on the secondment position. This arrangement will be extended into 2006.

The support arrangements in 2005 also involved secondments into CHSD from Illawarra and South East Sydney. In 2005 we welcomed Sofia Halligan and Maree Banfield into these posts.

In addition, CHSD staff advised other health services in using planning tools. The areas of mutual interest were to assist with activity projections, waiting lists management, improving effectiveness of waiting list reports, preparing service utilisation reports for senior managers, and helping to devise projections for flow reversal planning.

WHO consultancy in Viet Nam

Malcolm Masso, a Senior Research Fellow in the Centre, was asked by the World Health Organisation to provide technical assistance to the Ministry of Health in Viet Nam in the development of the Five-Year Master Plan of Health Financing, review health expenditure and investments and hold discussions with key staff regarding major health financing strategies to achieve national health goals. The project involved spending two weeks in Viet Nam working with a team from the Ministry of Health in Hanoi, visiting two provinces to meet provincial health staff and participating in a financial planning workshop¹⁰⁸.

CHSD Inputs in 2005: Funding

The past year has been a successful period for the Centre from a financial perspective. Total income for 2005 was \$3,164,197 as shown in the table below. This included

\$550,000 as part of the NSW Health Department's Research Infrastructure Grant and University of Wollongong Research Strength funding of \$91,486.

Income 2005

Type and Project	Source	Funding 2005 ¹
Infrastructure		
NSW Health capacity building infrastructure grant (CBIG)	NSW Health	\$550,000
UoW contribution to the NSW CBIG grant and Directors salary	Faculty of Commerce	\$162,952
UoW Research Strength Funding	University of Wollongong	\$91,486
Total infrastructure		\$804,438
Programs		
Palliative Care Outcomes Collaboration	DHA	\$598,427
Australasian Rehabilitation Outcomes Centre	Various	\$309,998
Australian Health Outcomes Collaboration	Various	\$235,760
SNAP implementation NSW	NSW Health	\$97,601
Total programs		\$1,235,538
Projects		
Australian Community Care Needs Assessment	Dept of Health and Ageing	\$176,255
Post-school programs in NSW: assessing the needs of post-school leavers with disabilities	Dept of Ageing, Disability & Home Care (DADHC)	\$170,884
Carer needs assessment	Dept of Health and Ageing	\$109,731
Rural Palliative Care Program	Dept of Health and Ageing	\$92,906
Caring Communities Program	Dept of Health and Ageing	\$86,069
Cancer funding reform	ACT Health	\$82,500
Children's health and wellbeing policy project	Vic. Dept of Human Services	\$54,228
Post School Programs: a first classification	DADHC	\$48,216
PADP Priority Rating NSW	NSW Health	\$46,840
Online ONI, Stage 1	NSW Department of Commerce	\$40,000
<i>SNAPshot</i> training	NSW Health	\$31,051
NSW public hospitals marginal cost study	NSW Health	\$27,448
Mental health integration	Dept of Health and Ageing	\$23,360
Palliative Care Outcomes Centre development	Dept of Health and Ageing	\$22,000

Type and Project	Source	Funding 2005¹
Retirement options – day activities linking initiative	DADHC	\$22,000
Innovative care rehabilitation services	Dept of Health and Ageing	\$20,000
Midwifery group practice	Illawarra Health	\$16,500
Queensland HACC reform	Queensland Health	\$10,065
URC Near Miss grant	ARC	\$10,000
Cochlear implants	Essential Equity	\$9,310
Case conferencing in palliative care	PC Trial	\$6,894
Needles and syringes	Essential Equity	\$6,160
Child injury prevention: a tool kit for health practitioners	Vic. Dept of Human Services	\$5,210
Health economics Western Australia	WA Health	\$3,000
Indigenous health review	Uni of Sydney	\$2,500
Total projects		\$1,123,127
Grand total		\$3,164,197²

Note 1: Funding includes GST for specific projects as appropriate

Note 2: Total includes accrual adjustments for 2006 project funding received in late December 2005

In 2005 the Centre undertook twenty-eight research and development projects and, as in previous years, had multiple funding sources. These included the Australian Government Departments of Health and Ageing and Veterans Affairs; five State/Territory departments; one local health authority; one insurer; one non-government not for profit organisation; one local council; the National Health and Medical Research Council and the Australian Research Council. These are in addition to the multiple funding sources for our ongoing R&D programs.

The lessons we draw from the description of our funding sources are that we have managed to spread the risks associated with too much reliance on any one source of funds. The extra support we have received from the University as one of 12 Research Strengths, coupled with our NSW Health Capacity Building Infrastructure Grant, was instrumental in placing the Centre on a sound financial footing in 2005.

CHSD Outputs 2005: publications and dissemination

CHSD staff and associates produced a total of 128 publications in 2005, including journal articles that were submitted for publication and were still under review at the end of the year. These publications are listed below, along with a description of the successful use of the CHSD website for disseminating research findings and tools.

Publications

Book chapters

1. **Bomba D** (2005) *A comparative study of the diffusion of computerized health records among general practitioners in Australia and Sweden*. In Bangert and Doktor (eds) Human and Organizational Dynamics in e-Health. Radcliffe Medical Press, Oxford. ISBN: 1 85775 666 5.
2. Hawton K and **Williams K** (2005) *Media influences on suicidal behaviour: evidence and prevention*. In Hawton (ed) Prevention and Treatment of Suicidal Behaviour. From Science to Practice. Oxford University Press, Oxford. ISBN 0-19-852976-7.
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Journal Articles

5. Aitken JF, Youl PH, Janda M, Lowe JB, **Ring IT** and Elwood M (2005) *Increase in skin cancer screening during a community-based randomised intervention trial*. International Journal of Cancer. Vol.118, No.4, pp.1010-1016.
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8. **Bomba D** and Prakash R (2005) *A description of handover processes in an Australian public hospital*. Australian Health Review. Vol. 29, No.1, pp.68-79.
9. Dalley A, Fulcher J, **Bomba D**, Lynch K and Feltham P (2005) *A Technological Model to Define Access to Electronic Clinical Records*. IEEE Transactions on Information Technology in Biomedicine. Vol. 9, No.2, pp. 289-290.
10. **Eagar K**, Pirkis J, **Owen A**, Burgess P, **Posner N** and Perkins D (2005) *Lessons from the National Mental Health Integration Program*. Australian Health Review. Vol. 29, No.2, pp.189-200.
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12. Karantanis E, Allen W, **Stevermuer TL**, Simons AM, O'Sullivan R and Moore KH (2005) *The repeatability of the 24-hour pad test*. International Urogynecology Journal. Vol.16, No.1, pp.63-8, Discussion pp.68.
13. Kriflik L and **Yeatman HR** (2005) *Food scares and sustainability: A consumer perspective*. Health, Risk and Society. Vol. 7, No.1, pp.11-24.
14. **Ring I** and Elston J (2005) *Health and the National Day of Healing*. Australian Doctor. May 25 2005. <http://www.australiandoctor.com.au/news/ec/0c02fd/ec.asp>
15. **Rix M** (2005) *Divided Loyalties? The New Public Management of Community Legal Centres*. Third Sector Review. Vol.11, No.1, pp.51-66.
16. **Rix M** and Burrows S (2005) *The foundations of legal citizenship: Community law, access to, justice and the community legal sector*. Alternative Law Journal. Vol. 30, No.3, pp.126-130.
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18. Shorten A, **Shorten B**, Keogh J, West S and Morris J (2005) *Making Choices for Childbirth: A Randomized Controlled Trial of a Decision-aid for Informed Birth after Cesarean*. Birth. Vol. 32, No.4, pp.252-261.

19. **Siminski P, Cragg S, Middleton R, Masso M, Lago L, Green J and Eagar K** (2005) *Primary care patients' views on why they present to Emergency Departments – inappropriate attendances or inappropriate policy?* Australian Journal of Primary Health. Vol. 11, No.2, pp.87–95.
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22. **Wicks A** (2005) *Understanding occupational potential*. Journal of Occupational Science. Vol 12, No.3, pp. 32–35.
23. Wilson S, **Shorten B** and Marks R (2005) *Costing the ambulatory episode: implications of total or partial substitution of hospital care*. Australian Health Review. Vol.29, No.3, pp.360–365

In press

24. Aitken J, Janda M, Elwood M, Youl P, **Ring I** and Lowe J (In press) *Clinical outcomes from skin screening clinics within a community-based melanoma screening program*. Journal of the American Academy of Dermatology.
25. Aitken J, Youl P, Elwood M, Lowe J and **Ring I** (In press) *Who attends skin cancer clinics within a randomized melanoma screening program?* Cancer, Prevention & Detection.
26. Coory M, Baade P, Aitken J, Smithers M, McLeod GR and **Ring IT** (In press) *Trends for in-situ and invasive melanoma in Queensland, Australia, 1982–2002*. Cancer Causes and Control.
27. Dalley A, Lynch K, Feltham P, Fulcher J and **Bomba D** (In press) *The Use of Smart Tokens to Permit the Secure, Remote Access of Electronic Health Records*. International Journal of Electronic Health.
28. **Eagar K, Owen A, Marosszeky N** and Poulos R (In press) *Towards a measure of function for Home and Community Care Services in Australia: Part 1 – Development of a standard national approach*. Australian Journal of Primary Health.
29. **Green J, Eagar K, Owen A, Gordon R and Quinsey K** (In press) *Towards a measure of function for Home and Community Care Services in Australia: Part 2 – Evaluation of the screening tool and assessment instruments*. Australian Journal of Primary Health.
30. Khan MSR, O'Meara M, **Hurst TL** and Henry RL (In press) *Bridging the Gap between Asthma in Hospital and in the Community—a randomised-controlled trial of asthma education by telephone after discharge from an Emergency Department*. Journal of Paediatrics and Child Health
31. McGregor R, **Rix M**, Aylward D, Glynn J (In press) *Factors Associated with Research Management in Australian Commerce and Business Faculties*. Journal of Higher Education Policy and Management.
32. Janda M, Lowe J B, Elwood M, **Ring I T**, Youl P H, and Aitken J F (In press) *Do centralised skin screening clinics increase participation in melanoma screening?* Cancer Causes And Control.
33. **Yeatman H** (In press) *Taking supplements – dilemmas for nutrition practice and policy*. Nutrition & Dietetics.

Under editorial review

34. **Bomba D** and Land T (2005) *A medicated state of mind: adverse drug events and the feasibility of implementing electronic prescribing decision support systems*. Submitted to Australian Health Review.
35. **Eagar K, Green G, Gordon R, Owen A, Masso M and Williams K** (2005) *Functional Assessment to Predict Capacity for Work in a Population of School Leavers with Disabilities*. Submitted to International Journal of Disability, Development and Education.
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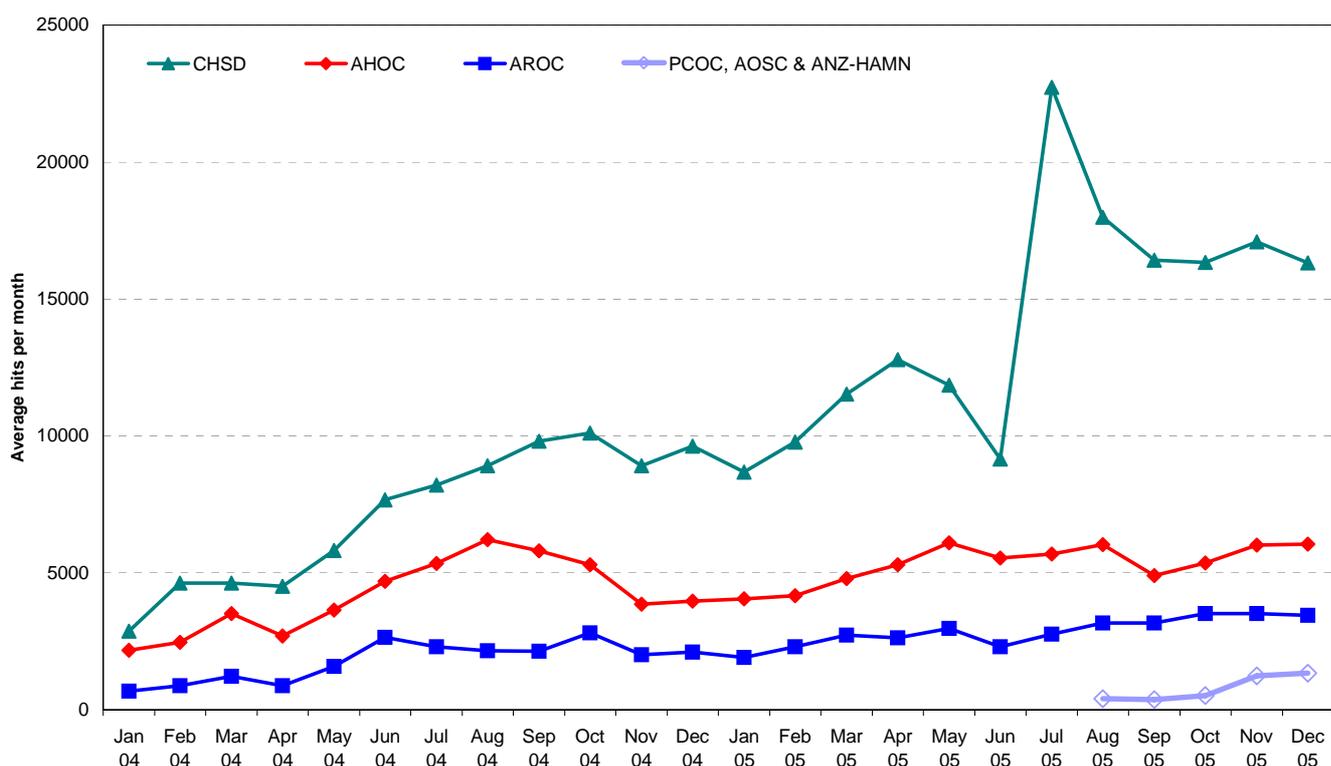
Dissemination through the CHSD Website

Use of the CHSD websites has increased substantially during the past two years, demonstrating their importance as knowledge dissemination media. These sites include the CHSD, AROC, AHOC, and the newly added PCOC home pages, plus the Australia and New Zealand Health Assessment Methods Network (ANZ-HAMN) and Australian Occupational Science Centre (AOSC) sites hosted and supported by CHSD. During 2005, there were over a quarter of a million hits on these sites (Table 1).

This represented an increase of 116,121 hits (74%) compared with the total of 156,888 hits during 2004.

Six out of ten visitors (62.8%) entered the CHSD webpages via the main CHSD homepage, and the remainder accessed the site via associated pages. Many visitors used the site in order to download CHSD documents, such as tools and reports. Those most in demand are detailed in Table 2.

Figure 2 Average hits per month on CHSD websites, January 2004 to December 2005



The large spike in Internet traffic during July coincided with the release of a report resulting from a major knowledge synthesis exercise, the review *Strategies for Gain – the evidence on strategies to improve the health and wellbeing of Victorian children*. This research was commissioned by the Victorian Department of Human Services in late 2004

in order to support its Children’s Health and Wellbeing flagship project. The purpose of the review was to identify what the DHS could do within each of 18 priority areas to deliver improved and more equitable outcomes for children. This report was downloaded more than 18,000 times in the past six months, resulting in an 80.0% increase in hits on the

CHSD home page. Nevertheless, if this one report is excluded from the web usage

statistics, the site still recorded substantial growth of 62% during 2005.

Table 1 CHSD website use, January 2005 to December 2005

Pages	CHSD	AHOC	AROC	PCOC	ANZ-HAMN	AOSC	Total	%total
Publications	88,949						88,949	32.6
Main pages	39,712	10,397	9,677	402	918	763	61,869	22.7
Earlier conferences/seminars/meetings		21,941			135		22,076	8.1
Home page	8,690	4,901	2,787	306	258	662	17,604	6.4
Tools	14,733						14,733	5.4
Earlier conference abstracts		13,858					13,858	5.1
SF12 & SF36		11,199					11,199	4.1
Caring communities	11,122						11,122	4.1
FIM information			8,777				8,777	3.2
Annual reports	5,469						5,469	2.0
Sample reports			3,795				3,795	1.4
<i>DataMatters</i>			3,518				3,518	1.3
FIM workshops			3,136				3,136	1.1
Document downloads			2,765	144	160		3,069	1.1
Positions vacant	1,953						1,953	0.7
RAD		1,691					1,691	0.6
2006 conferences/seminars/meetings		50			141		191	0.1
All pages	170,628	64,037	34,455	852	1,612	1,425	273,009	100.0

One section of the CHSD homepage provides resources and a contact point for the Caring Communities Program, an Australian Government-funded initiative in palliative care. Among the documents downloaded most frequently from CHSD websites during 2005 were the Palliative Care Evaluation Tool Kit, a summary of the second National Caring Communities workshop (held in Adelaide in October 2004) and two booklets, on ethics and evaluation methods respectively, produced by CHSD on behalf of the National Palliative Care Program. Many of the individual presentations from the Adelaide workshop were also downloaded, indicating that the site is achieving its goal of facilitating networking and information

exchange among the 37 projects funded under the Caring Communities Program.

The AHOC homepage tends to have a seasonal cycle of visitation, with many people using the site to access information about the upcoming Australian Health Outcomes Conference and to download proceedings from previous conferences. Overall, use of this site increased by 16.7% in the year. Details of the 2006 conference were posted on the site in mid-December 2005. AHOC is the Australian distributor of the SF36 and SF12 tools and information about these, including reviews and how to order them, can be found on the AHOC homepage.

Information about the FIM (Functional Independence Measure), including a general introduction to the tool and workshop details, were the target for almost a third of visits to the AROC homepage. AROC holds the license for teaching and research in FIM

for Australia and New Zealand. AROC produces a quarterly newsletter (*DataMatters*) as well as sample AROC reports, which together account for one in five hits to the AROC homepage.

Table 2 *Top ten downloaded publications/tools on CHSD website, January 2005 to December 2005*

Ranking	Downloads	Percentage	Publication
1	18,692	16.5	Strategies for Gain—the evidence on strategies to improve the health and wellbeing of Victorian children
2	4,626	4.1	The Palliative Care Tool Kit
3	4,495	4.0	Caring Communities – workshop
4	3,849	3.4	CHSD annual reports
5	3,206	2.8	Ongoing Needs Identification In Queensland Community Care: Why Use the Tier 1 Screening and Referral Tools – Evidence and Explanations
6	3,050	2.7	Ongoing Needs Identification in Community Care: How to use the Tier 1 Screening and Referral Tools
7	2,743	2.4	Evaluation and palliative care: a guide to the evaluation of palliative care services and programs
8	2,339	2.1	Ethical research in palliative care: a guide through the Human Research Ethics Committee process
9	2,220	2.0	Caring Communities – bulletins
10	1,710	1.5	Using the evidence to develop best practice models for identifying initial primary and community care needs
Top 10	46,930	41.4	Percentage of downloads attributable to these documents
All others	66,322	58.6	
Total	113,252	100.0	

CHSD Outputs 2005: International, national, state and local advice, consultation and committees

National and international contacts

The CHSD has a strong national reputation and a growing international reputation and has been commissioned to undertake R&D projects by every health authority in Australia. At a national level, the CHSD received recognition of its role by being selected through a competitive process to be on the Australian Government Department of Health and Ageing panel of program evaluators and reviewers. We were also selected for a similar panel in NSW.

In 2005 individual CHSD staff members were invited to present papers at international, national and local conferences including:

- 3rd Congress of the International Society for Physical and Rehabilitation Medicine, Sao Paulo, Brazil 11 April 2005
- 55th Session of the International Statistical Institute, Sydney, 5–12 April 2005
- Australian Rehabilitation Outcomes Centre Benchmarking Workshop, Sydney, 26 April 2005
- Australian Rehabilitation Outcomes Centre Health Fund Workshop, Sydney, 11 March 2005
- Australian Social Policy Conference, University of New South Wales, 20–22 July 2005
- Rural Palliative Care Workshop, Adelaide, 9 June 2005
- Society for Human Biology Annual Conference, Canberra, 7–11 December 2004
- World Medical Informatics Conference, San Francisco, 2005
- Australian Social Policy Conference, University of New South Wales, 20–22 July 2005
- General Practice and Primary Health Care Research Conference, Adelaide, July 2005
- NSW SNAP Health Episode Funding Workshop, Sydney, 5 August 2005
- Australian Health Outcomes Conference, Canberra, 17–18 August 2005
- National Palliative Care Conference, Darling Harbour, Sydney, 31 August – 2 September 2005
- NSW Community Options Conference, Wollongong, 8 September 2005
- HILDA Survey Research Conference 2005, University of Melbourne, 29–30 September 2005
- Making Links Conference (Information Technology for NGOs), Sydney, November 2005
- International Rehabilitation Outcomes Network Workshop, Helsinki, 22 November 2005
- Qualisanin kuntoutuspaivat, Helsinki, 23–24 November 2005
- Australian Association of Gerontology National Conference, Gold Coast, November 2005
- Australian Government Department of Health and Ageing National Speakers Series: Building the future – a community for all ages, Batemans Bay, November 2005
- Statistics '05 Workshop, University of Wollongong, 30 November 2005

AHOC has a close and long-standing collaboration with Oxford Outcomes (UK), Mapi Institut (France) and the International Society for Quality of Life Research (ISOQOL). The AHOC also continues to provide an information service for health practitioners and the research community on health outcomes measurement and research and to undertake research consultancies for the government and the private sectors.

AROC has established links with similar organisations in other countries, thereby becoming one of the foundation members of

the International Rehabilitation Outcomes Network (IRON). In April 2005, CHSD Senior Research Fellow Janette Green presented IRON's first conference paper at the third World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM) in Sao Paulo in Brazil. The paper was titled 'Australia, Finland and South Africa – delving into data to investigate differences in stroke rehabilitation'. Ms Green was invited to Finland later in 2005 to discuss the services that AROC provides to the Australian rehabilitation sector.

Since 1995 Senior Research Fellow David Bomba has been collaborating on a range of health informatics projects with the Department of Family Medicine, Uppsala University, Sweden and with the Centre for Clinical Computing, Harvard Medical School. This has resulted in several visiting fellowships to Uppsala and Boston. In 2005 Dr Bomba and Prof Eagar submitted an ARC Discovery application to conduct a tri-nation study involving these two partners. This project is supported by an ARC–near miss grant.

In August 2005 David Bomba also organised a guest speaker from the Department of Health Policy, Harvard, to give a presentation to CHSD. The project director, Keith McInnes, gave a talk about Cancer Care in Massachusetts (CAMA) involving research on a multi-institution intervention study of the effectiveness of health information technologies to improve patient and physician information and communication.

Professor Ian Ring has been instrumental in setting up a collaboration between health statistics agencies, health departments and Aboriginal groups in four countries – Australia, Canada, New Zealand and the United States – for the purpose of improving information about Aboriginal health. Access to better statistical information will facilitate research in Aboriginal health and ultimately the improvement of health services for indigenous people. Along with representatives from the Australian Bureau of Statistics, Australian Institute for Health and Welfare, Department of Health and Ageing and National Aboriginal Community Controlled Health Organisations, Ian attended a meeting in Vancouver, Canada, in October 2005, at which the collaboration was established.

Through the George Institute, Associate Professor Jim Pearse helped organise the China Health Safety Care Roundtable for the Chinese Ministry of Health in April 2005. His roles included organising the program, preparing background papers, summarising outcomes and writing up the roundtable. Jim was a Harkness Fellow in 2000–01 and took part in the Commonwealth Fund Harkness Fellowships in Health Care Policy Alumni health policy conference in July 2005. Through the Commonwealth Fund of New York he has an ongoing collaboration on international comparisons of approaches to managing elective surgery waiting times.

Advisory bodies and committees

During 2005 CHSD staff participated in a range of activities in a number of committees, task forces, community associations and statutory bodies. This usually involved membership of bodies providing formal decisions and informal advice, in meetings or by phone, through providing workshops or by being active on committees:

- Aboriginal and Torres Strait Islander Health Advisory Committee of the National Heart Foundation
- Access to Medicines Consortium
- ACT Council of Social Service Health Inequalities Action Model Working Group
- Australia and New Zealand Health Assessment Methods Network (ANZ-HAMN)
- Australia New Zealand Health Services Research Association
- Australian College of Health Informatics
- Australian College of Health Service Executives
- Australian Consumers Association (ACA)
- Australian Consumers' Health Forum
- Australian Council of Social Service (ACOSS) Health Policy Advisory Group
- Australian Healthcare Association Think Tank on Health Care Financing
- Australian Institute for Health Policy Studies (Board)
- Australian Pharmaceutical Advisory Committee (APAC)
- Australian Statistics Society (NSW Branch Council)
- C-PAN. Centre for research in Physical Activity and Nutrition, Deakin University
- Food Standards Australia New Zealand (formerly Australia New Zealand Food Authority , ANZFA)
- Faculty of Commerce Research Committee
- Global Healthcare Productivity (GHP) project
- Healthy Cities Illawarra Management Committee
- Illawarra Area Child Care Services Board
- Illawarra Health and UoW Joint Teaching and Research Committee
- Indigenous Taskforce of the Australian Medical Association
- Institute of Public Administration Australia
- Medical Research Act and Medical Research Council Working Group
- Medley Community Incorporated Refuge, Liverpool, NSW
- Ministerial Advisory Council on Medical and Health Research
- National Continence Management Advisory Committee
- National Data Standards Committee
- National Heart, Stroke and Vascular Strategies Working Group
- National Implementation Advisory Committee for the Australian Animal Welfare Strategy
- National Technical Advisory Group on the Development of Performance Indicators for Aboriginal and Torres Strait Islander Health
- NSW AN-SNAP Implementation Steering Committee
- NSW Guardianship Tribunal
- NSW Health Resource Distribution Formula (RDF) Committee
- NSW Health Shared Scientific Assessment Scheme (SSAS) – Expert Review Panel
- NSW Mental Health Review Tribunal
- Palliative Care Association of NSW
- Public Health Association of Australia
- Restrictive Practices Committee, Southern House with No Steps
- Sax Institute
- UnitingCare Ageing (Board)
- University of Wollongong Black Opal Leadership Program
- University of Wollongong Research Committee

CHSD Outcomes in 2005: Outcomes for the Health System

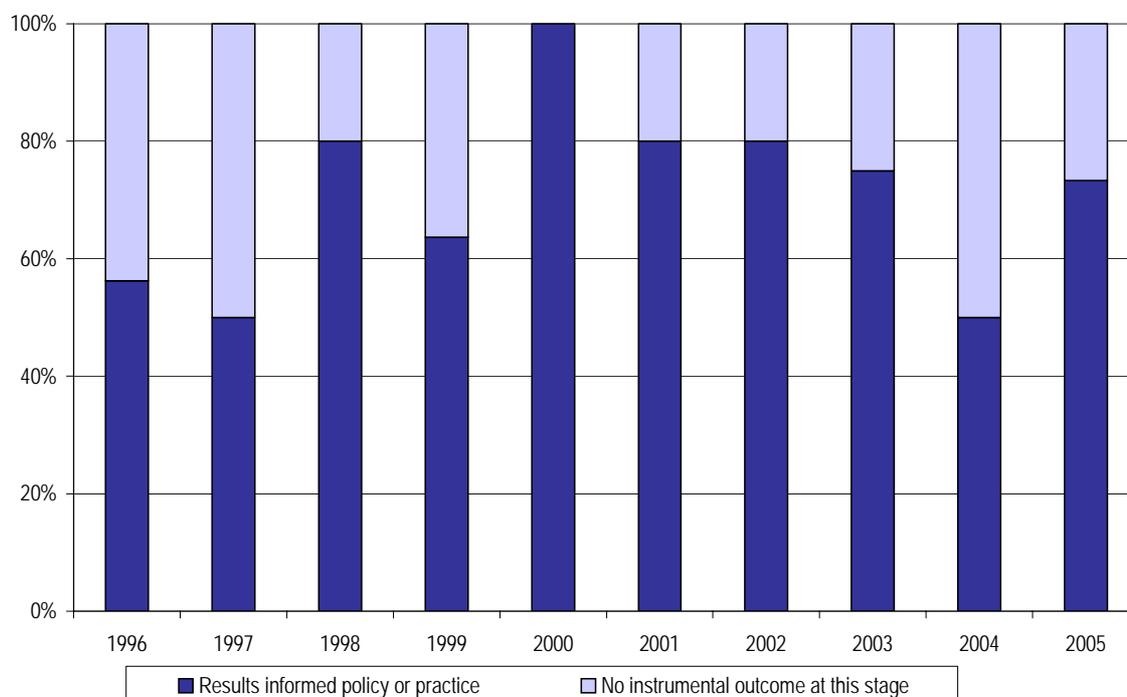
This section of the Annual Report is where we try to assess our performance against the goal we set ourselves of undertaking ‘a continuing program of active research into methods to improve the management and provision of health services with the goal of making a significant contribution to improving the funding and delivery of health services in Australia’. This continues to be our primary purpose.

A way we made this broad goal more measurable was that ‘more than 50% of projects we do result in changes to either health policy or practice within 3 years’, on the basis that a core value of the CHSD is that we should do useful work.

As shown in Figure 3, our internal assessment over the last ten years is that we have met this goal. We continue to track each project we complete over the years as some projects take some time to make an impact on the systems they were designed to influence. Although these are difficult assessments to make with any level of independence, we consider our conclusions to have face validity.

We recognise that the question of the reliability of our conclusions is best judged by others, particularly those working in the health system. However, while the academic peer-review process for assessing outputs such as journal articles is well established, no such system currently exists for the independent review of outcomes.

Figure 3 Outcomes by year 1996–2005



Note: Projects are included based on the year they started. Several projects completed in 2005 began in previous years.

The results reported in Figure 3 are best described as 'instrumental' or direct outcomes. A good outcome for us is when a project results in changes to either policy or practice at any level of the health system. Not surprisingly, the impact varies between projects, and some have had more significant system outcomes than others.

As in previous years the instrumental outcomes during 2005 were in the increasing adoption of the tools we developed for assessing the need for community care, with a successful State-wide roll out in Queensland, and an electronic version being built into the Human Services Net (HSNet) as part of the Referral Link application in NSW.

We also saw the implementation of a funding model we designed for cochlear implants. The recommendations from our evaluation of a midwifery model in the Illawarra resulted in a working party to decide on the next steps in implementing the model. We also saw an expanded use of our evaluation framework in palliative care.

In March 2005, CHSD completed research into evidence-based strategies for improving the health and wellbeing of Victorian children. This research was commissioned by the Victorian Department of Human Services. The purpose of the review was to identify what the DHS could do within each of 18 priority areas to deliver improved and more equitable outcomes for all children in Victoria. The research was used in determining funding priorities for children's health services in Victoria in the subsequent State budget and provides a body of evidence to underpin the plans of the newly established Victorian Office for Children.

Some unusual system-level outcomes were also noticeable in 2005. In community care

we saw our work for NSW Home Care being included in a report by the Auditor-General. We produced a priority rating tool based on the HACC functional screen which then allowed the service to target those most in need. Under the agency's resource constraints this proved to be very useful, but under the program's policy framework a proportion of lower needs clients were also expected to receive a service. Our technical solution had managed to highlight the inconsistency of the policy with the limitations of the resource levels.

Another unusual outcome was the NSW Parliamentary Inquiry into the ATLAS Program where our research results were subjected to significant public scrutiny from both parliamentarians and advocates for people with disabilities, and came out looking robust but controversial. The next stage of the research program was then completed during 2005 with somewhat less controversy.

On the IT/IS side, our research in disability and community care was implemented in HSNet in NSW and also in the community health information system (CHIME) The CHIME system was also adapted to accommodate the data items to support the Episode Funding Model for Sub-Acute and Non-Acute Care. This new application of our funding model is based on our AN-SNAP research, completed back in 1997, and is the result of our continued involvement in this program area.

There may be other possible outcomes (eg, conceptual, methodological) of the work we do. But, like others, we currently lack the tools and methods to measure these. This remains a significant challenge for all research endeavours, including health services research.

Centre for Health Service Development Staff

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

By the end of 2005, the CHSD team had expanded to 40 team members.

Kathy Eagar, Professor and Director

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

Robert Gordon, Deputy Director

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

Elizabeth Cuthbert, Business Manager

Elizabeth joined the Centre in September 2003. As Business Manager, Elizabeth is involved in all aspects of the Centre's work and is responsible for the Centre's administration and budget.

Don Lewis, Professor (Health Economics)

Professor Lewis retired in 2005 as Professor of Economics and Associate Dean (Education)

of the Faculty of Commerce. Don joined the Centre to assist future health research from his perspective as a former President of the Australian Health Economics Society (1994 to 1999) and his research interests in health economics, including environmental health, program evaluation and private health insurance.

Ian Ring, Professor (Public Health)

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

Roy Harvey, Associate Professor (Health Economics)

Associate Professor Roy Harvey's research interests focus on outcomes data and its use in benchmarking and health financing research. Roy is also a health policy adviser to the Australian Council of Social Service and, as part of that role, has been convenor of the Access to Medicines Consortium (comprising ACOSS, Medicines Australia, Australian Medical Association, Consumers' Health Forum and the Pharmacy Guild of Australia, a group concerned with barriers to access to medicines). Since 1995, Roy has also been involved in consultancies on health financing for the World Bank and AusAID in

Eastern Europe, South East Asia and China. Roy holds a fractional position at the CHSD.

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

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

Jim Pearse, Associate Professor (Health Services Research)

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

Heather Yeatman, Associate Professor (Public Health)

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

Jan Sansoni, Principal Research Fellow and Director of AHOC

Jan Sansoni is the Director of the Australian Health Outcomes Collaboration (AHOC). Jan provides research support and education to the health and community industry by assisting individuals, services and government departments with outcome evaluation of health care interventions and services. Through AHOC Jan convenes a national health outcomes conference in Canberra each year, is active in a number of international collaborations concerning health outcomes measurement, and undertakes a range of health outcomes research and consultancy activities.

Frances Simmonds, Senior Research Fellow and Manager of AROC

Frances Simmonds has recently been appointed as the AROC Manager and will commence duties with CHSD in mid January 2006. Frances brings to CHSD extensive health sector experience at a senior level in both the public and private sectors. Most recently, Frances has been 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 will have key responsibility for managing AROC on a day to day basis.

Prue Watters, Senior Research Fellow and Manager of PCOC

Prue has 18 years' experience managing projects on behalf of donors such as AusAID and the Asian Development Bank, gained while employed by IDP Education Australia and, more recently, in her own company. She is familiar with issues and needs relating to the health sector in the Pacific region and has an extensive network among College

Fellows, health educators and hospital personnel in Australia. Over six years, her work with the Royal Australasian College of Surgeons resulted in their successfully tendering for four AusAID-funded projects with a combined value of \$19m. Prue also partnered Aus Health International to tender successfully for health reform projects in Fiji and Tonga.

David Bomba, Senior Research Fellow (Health Informatics)

Dr David Bomba is a Senior Research Fellow in CHSD. David previously worked as a senior lecturer in the School of Information Technology and Computer Science at UoW. David has also been a visiting researcher at Uppsala University, Sweden, Department of Family Medicine and an invited visiting fellow to the Centre for Clinical Computing, Harvard Medical School. His research focuses on consumer health informatics: measuring the use, impact and utility of computerised patient records; and the impact of health informatics innovations and interventions on patient health outcomes. He is a member of the Australian College of Health Informatics.

Gary Eckstein, Senior Research Fellow (Medical Demography)

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

Janette Green, Senior Research Fellow (Applied Statistics)

Janette Green's full-time position provides expert statistical skills on projects, primarily in classification development, benchmarking and outcome measurement. She has applied her statistical skills to a wide range of areas in the health sector, including rehabilitation,

mental health and palliative care. In addition, she continues with undergraduate teaching and, from time to time, she runs workshops for health professionals on the use and interpretation of statistics. A new venture in 2005 was to coordinate some international comparisons of rehabilitation data within the International Rehabilitation Outcomes Network.

Malcolm Masso, Senior Research Fellow (Health Services Research)

Malcolm Masso is a full-time Senior Research Fellow at the CHSD. Prior to joining the Centre he worked for over 25 years in the health system as a clinician and manager, including 15 years of executive responsibility for clinical services in both large and small hospitals in rural and metropolitan areas. He has academic qualifications in economics, nursing administration and public health. Malcolm is currently involved in two national palliative care projects and a project examining the relationship between primary care services and emergency departments.

Alan Owen, Senior Research Fellow (Community Care Research)

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

Karen Quinsey, Senior Research Fellow (Health Services Research)

Karen Quinsey is a part time Senior Research Fellow at the CHSD. Karen joined CHSD in 2002 on a part-time basis to manage AROC's

function as the Australasian manager of the Functional Independence Measure. Karen had previously worked in the Centre on secondment from Illawarra Health. Karen has worked in the health system in Occupational Therapy, Community Health Management and Health Service Improvement. Her academic qualifications are in Occupational Therapy and Public Health. Karen is currently managing the two national palliative care projects and working on the AROC team.

Mark Rix, Senior Research Fellow (Academic Secondment 2005)

Dr Mark Rix was on Academic Secondment to CHSD in 2005. He holds a substantive position in the Graduate School of Business, where he teaches Human Resource Management and Organisational Behaviour. He has also been MBA Course Coordinator for a number of years. Mark's research in the area of public policy and public administration, with a focus on issues relating to social exclusion, access to justice and citizenship were the basis for his secondment to CHSD. He contributed to a number of the Centre's new and existing projects, and conducted research on issues relating to the impact of socio-economic disadvantage on health inequities. Following his secondment, Mark will continue his research through the Centre.

Tineke Robinson, Senior Research Fellow

Tineke Robinson acted in the position of PCOC Manager from mid 2005 to December 2005. In this role, Tineke was responsible for coordinating the initial development tasks associated with the establishment of PCOC. This included developing a heads of agreement between the four participating University Research Centres and setting up the initial PCOC infrastructure. Tineke previously had more than 20 years experience as a senior executive with the

Illawarra Area Health Service, most recently as the Director, Health Service Development.

Marie Banfield, Research Fellow (Clinical Secondment 2005)

Maree Banfield, Palliative Care Service Manager at Calvary Health Care, Sydney, joined the Centre in May 2005 on a practitioner fellowship. She spends one day each week working within the Centre on palliative care projects, and is also undertaking projects at Calvary with resources and support from the Centre.

Dave Fildes, Research Fellow (Health Services Research)

Dave Fildes holds a full time position at the CHSD. He has considerable experience in conducting literature reviews, contributing to the development of policy options and preparing reports for Government agencies across a range of subject areas as part of his research at the Centre. He is involved in a variety of CHSD projects including palliative care service delivery and community care screening and assessment. Dave has tertiary qualifications in Communication and Cultural Studies, Politics and Public Health.

Sofia Halligan, Research Fellow (Health Services Secondment 2005)

Sofia is on part-time secondment from the performance management unit of the South Eastern Sydney Illawarra Area Health Service. She is collaborating on methods to improve the costing of health and community care.

Luise Lago, Research Fellow (Applied Statistics)

Luise Lago is a full-time member of the CHSD, joining in 2004. Luise supports research projects which involve statistical work including survey design and classifications development. Luise has experience in sample design and data

analysis. Her academic qualifications are in Mathematics and Applied Statistics.

Nick Marosszeky, Research Fellow (Psychometrics)

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

Louise Ramsay, Research Fellow (Community Care Research)

Louise Ramsay holds a part-time position at CHSD and works on tools for measuring client characteristics in disability and aged care, mental health and community health. Louise also provides training on how to use and implement these tools. Louise has academic qualifications in clinical psychology

Peter Samsa, Research Fellow (Health Informatics)

Peter Samsa joined the Centre in 2005 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.

Brett Shorten, Research Fellow (Health Economics)

Brett Shorten is a full-time member of CHSD and supports a variety of projects in both a health economics and applied statistics capacity. Prior to joining CHSD in 2004, Brett was an associate lecturer in the Discipline of Economics, with research interests focusing on health outcomes and cost-effectiveness

of obstetric and maternity interventions, including the role played by health insurance.

Peter Siminski, Research Fellow (Applied Statistics)

Peter Siminski is a part-time member of the CHSD, joining in 2004. He has experience in various aspects of policy-relevant quantitative research. His research interests include the measurement of economic inequality, living standards and the redistributive role of government programs. Peter has tertiary qualifications in Mathematics, Economics, Sociology and Social Policy. He is undertaking a PhD in economics at UNSW, examining the distributional impact of government-funded health services.

Tara Stevermuer, Research Fellow (Applied Statistics)

Tara Stevermuer is a full time member of CHSD where she is the AROC Data Manager and CHSD website administrator. Tara is also involved in various CHSD projects, ranging from community health and community care surveys, evaluation of Community Health Asthma Program (CHAP), to building databases to assist priority rating for service for NSW Home Care and NSW Provision of Appliances for Disabled People (PADP). Tara brings extensive statistical and database management skills to CHSD. Tara holds a conjoint appointment as lecturer in the Faculty of Medicine, UNSW.

Alison Wicks, Honorary Research Fellow (Occupational Science)

Dr Alison Wicks was appointed as an Honorary Research Fellow in January 2005. She is the Founding Director of the Australasian Occupational Science Centre (AOSC) which is a new research centre within CDHS. Alison is an occupational therapist with 25 years experience as a health

practitioner. Alison is President of the Australasian Society of Occupational Scientists and Project Leader of the World Federation of Occupational Therapists International Advisory Group: Occupational Science.

Kate Williams, Research Fellow (Health Services Research)

Kathryn (Kate) Williams has qualifications in psychology and journalism. Since joining the CHSD on a part-time basis in 2004, Kate has contributed to a variety of projects, including literature reviews which resulted in recommendations on evidence-based practice, health program evaluation, and the design and pilot testing of tools for priority setting in the allocation of aids for disabled people.

Anita Westera, Research Fellow (Health Services Research)

Anita Westera joined the CHSD on a part-time basis in July 2005. Anita has over 20 years experience working in the health, aged and community care sectors, as a registered nurse as well as policy officer for the Commonwealth and NSW Governments and advisor for the former NSW Minister of Ageing. Anita is a member of the Board of UnitingCare Ageing, the largest provider of aged care services in NSW.

Pam Grootemaat, Associate Fellow (Health Services Research)

Pam joined the CHSD on a full-time basis in July 2005. Pam 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.

Sheila Matete, Associate Fellow (Community Care Research)

Sheila Matete holds a full-time position at the CHSD and supports research projects related to classification development, health policy reforms and cost analysis within health and community care services. Sheila is also involved in database design, qualitative and quantitative data analysis and reporting; and has academic qualifications in Biology (Health Sciences) and a Masters in Information Systems. Prior to joining CHSD, Sheila worked as an Information Systems and Biomedical Sciences tutor and research assistant. Her background also involves genetics research positions at Pharmaceutical organisations within the USA.

Allison Aylward, Administrative Assistant

Allison Aylward is the Centre's part-time administrative assistant. Allison is primarily responsible for the day to day management of the CHSD's financial operations and project budgets.

Carrie Findlay, FIM Development Officer

Carrie is the FIM training and resource coordinator for AROC.

Darcy Morris, Administrative Assistant

Darcy provides administrative support for the Centre and also AROC.

Lorna Tilley, AHOC Conference Organiser

Lorna supports the Australian Health Outcomes Collaboration on a part-time basis in its clearing house role and in conference organisation.

Fiona Jongsma, Administrative Assistant

Fiona provides reception and other administrative support for the CHSD including the on-going administrative functions associated with the operation of

the Functional Independence Measure (FIM) in Australia.

Laura Willmott, Administrative Assistant

Laura provides administrative support for the Centre and also AROC.

Other Affiliates

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

Honorary fellows, associates and students in 2005 included:

- Dr Andrew Bezzina, Illawarra Health
- Mr Tim Coombs, NSW Institute of Psychiatry
- Dr Peter Smith, Illawarra Health
- Dr Thomas Trauer, University of Melbourne
- Dr Roslyn Poulos, University of NSW
- Dr Catherine Bridge, University of Sydney
- Mr Andrew Gibbs, Health Policy Analysis Pty Ltd
- Ms Mary Ellen Burke, Disability and Behaviour Intervention Consultant
- Ms Carla Cranny, Cranny and associates
- Prof. Philip Burgess, University of Queensland
- Dr Stephen Wilson, St Vincents Hospital Sydney
- Ms Cristina Thompson, doctoral student
- Dr Christopher Poulos, doctoral student
- Mr Keith McDonald, doctoral student
- Ms Rebekkah Middleton, nursing research student
- Mr Tom Georgeson, medical student
- Mr Glenn Johnson, informatics student
- Mr Michael Hibbard, informatics student
- Ms Veronica Smoothy, informatics student
- Mr Adam Rowling, informatics student
- Mr Jing Chen, informatics student
- Mr Xiang Liu, informatics student
- Mr Kwok Chu Lee, informatics student
- Mr Susanto, informatics student
- Mr Erik Aranda Aldeco, public health student
- Ms Naomi Holt, public health student

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