AHSRI Annual Report 2017

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AHSRI Annual Report 2017

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Our premises at the Innovation Campus are pictured above [The Innovation Campus at night, photo courtesy of Nikita Sergey]. Aerial view of Wollongong, is pictured on the cover.

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Acknowledgement of country and traditional owners

We acknowledge Aboriginal Peoples are Australia’s first Peoples and the Traditional Owners and Custodians of the land on which we work. We pay respect to the traditional owners of the land on which AHSRI now stands; the Wadi Wadi people of Dharawal Country. It is upon their ancestral lands that the University of Wollongong is built.
Management Advisory Board

The Terms of Reference of the AHSRI Management Advisory Board are to:

• Determine, in conjunction with the AHSRI Director and AHSRI staff, AHSRI research and development strategic directions, priorities and policies;
• Represent the views of the broader health and health service research sectors;
• Examine and evaluate health service research and development opportunities and strategies;
• Receive and consider reports on:
  − the range of activities undertaken by the AHSRI; and
  − financial management and expenditure;
• Provide advice on policy issues related to health service research and development that emerge from the concerns of industry or government, or that may be referred to it; and
• Provide advice on health service research policies, strategies and activities to assist the AHSRI to remain relevant and useful to its industry partners and the wider community.

The AHSRI Management Advisory Board consists of an independent Chair; two nominees of the University of Wollongong (UOW); two nominees of the Illawarra Shoalhaven Local Health District (ISLHD); the AHSRI Director; invited individuals including community representatives; and two AHSRI staff representatives.

Board members during 2017 were:

Mr Paul Sadler (Chair)
CEO, Presbyterian Aged Care NSW and ACT
Appointed 15 June 2001

Senior Professor Kathy Eagar
Director, Australian Health Services Research Institute
University of Wollongong
Appointed 15 June 2001

Associate Professor Grace McCarthy
Dean, Sydney Business School
University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 23 February 2016

Professor David Steel
Director, Centre for Statistical and Survey Methodology
University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 15 June 2001

Professor Leonard Arnolda
Director, Clinical Research
Illawarra Shoalhaven Local Health District nominee
Appointed 21 June 2016

Professor Jan Potter
Director, Division of Aged Care and Rehabilitation
Illawarra Shoalhaven Local Health District nominee
Appointed 26 August 2011

Mr Dominic Dawson
Associate Director, Business Intelligence and Efficiency
South Eastern Sydney Local Health District
Appointed 29 April 2015

Dr Keith McDonald
Director of Clinical Services
South Western Sydney Primary Health Network
Appointed 26 June 2015

Ms Michelle Noort
Executive General Manager, Health
Silver Chain Group
Appointed 28 May 2010

Mr Michael Bassingthwaighte
CEO, Peoplecare
Appointed 26 November 2010

Ms Tineke Robinson
Community representative
Appointed 10 December 2004

Professor Kathie Clapham
Professor of Indigenous Health
Appointed 26 November 2010

Dr Hilarie Tardif
AHSRI staff representative
Appointed 26 June 2015

Ms Tara Alexander
AHSRI staff representative
Appointed 5 March 2005
Director’s Report

As Director of the Australian Health Services Research Institute (AHSRI), I am pleased to present our 2017 annual report. Our work is driven by a belief in combining realism with rigour through delivering high quality research outputs applicable to the real world of policy and practice. Throughout the year we have actively engaged with a diverse spectrum of health care practitioners and policy influencers to deliver a program of research that adds value and contributes to improved outcomes for patients, service providers and the broader health system.

AHSRI is a research strength that sits within the Sydney Business School in the Faculty of Business, University of Wollongong. Our relationships within the school strengthen our links across the wider faculty with academic colleagues from accounting, economics and finance as well as management, operations and marketing. At the same time, the Institute has maintained working relationships with the Faculty of Social Sciences and Faculty of Science, Medicine and Health, and closely collaborated with researchers from a variety of disciplines. We continue to build our networks and partnerships within the higher education sector more broadly. Details of these collaborations are provided in this report.

In 2017 AHSRI staff worked across seven major research centres and one smaller centre. Each of our individual research centres maintained a busy work schedule to achieve their funding goals and produce quality outputs. This year has also been marked by innovation with several centres introducing new technological solutions to streamline data collection and data linkage, enhance data visualisation and embed patient-reported outcome data into clinical records.

As always, it is only possible for me to point out a few highlights from AHSRI’s diverse range of activities, which are briefly outlined below. The remainder of our annual report aims to provide broader insight into the assortment of people, projects, ideas and opportunities that together make up our diverse organisation.

Our joint research partnership with the Illawarra Shoalhaven Local Health District (ISLHD) continued to flourish through the work of the Centre for Health Research Illawarra Shoalhaven Population (CHRISP) and the ongoing development of the Illawarra Health Information Platform. CHRISP provides a sophisticated information platform to connect data for health and medical research in the Illawarra. These data are available for use in ethically-approved research and for planning and evaluation projects which aim to improve the health of the population of the Illawarra and beyond.

This year marked a major collaboration between two of our centres: the Centre for Health Service Development and the National Casemix and Classification Centre to undertake a landmark national Resource Utilisation and Classification Study (RUCS) in residential aged care. The purpose of this study is to determine the drivers of cost in residential aged care and to develop a resident classification system and funding approach that reflects these drivers. This will inform the Government’s decisions around future funding reforms.

At AHSRI we are proud of our track record in applied research and emphasis on community engagement. An example of our efforts to contribute to the public debate about contemporary health issues included my presentation of the fifth annual Professor Alan Owen Lecture held in November. The event was not only a tribute to our dear colleague and friend Professor Alan Owen (1952–2012), but also provided an opportunity to explore the issues involved in decision-making at end of life from the perspective of patients and families as well as the broader health system and society.

Our progress throughout 2017 is due to our committed staff and associates as well as directors of each centre within the Institute and our leadership team, to each of you I extend my personal thanks. The strategic direction of the Institute is informed by the members of the Management Advisory Board and I would also like to acknowledge their ongoing guidance, advice and support – our thanks go to all these individuals, and the organisations they represent.

Finally, as part of the University of Wollongong and wider Illawarra community my thanks as ever go to the many healthcare managers, policy makers, service providers and consumers we worked with throughout 2017. AHSRI’s success depends on the many health, aged care and disability organisations that collaborate with us, participate in our research and translate it into practice.

Senior Professor Kathy Eagar
Director, AHSRI
Centre Updates

Our six major centres are each highlighted in this annual report:

- Centre for Health Service Development (CHSD)
- Centre for Health Research Illawarra Shoalhaven Population (CHRISP)
- National Casemix and Classification Centre (NCCC)
- Australasian Rehabilitation Outcomes Centre (AROC)
- electronic Persistent Pain Outcomes Collaboration (ePPOC)
- Palliative Care Outcomes Collaboration (PCOC)

AHSRI continued to support the Australian Health Outcomes Collaboration (AHOC) in 2017, which is located in Canberra and led by Associate Professor Jan Sansoni, and, in 2017, the Centre for Applied Statistics in Health (CASHI) was amalgamated organisationally into the CHSD. A brief overview of the work of our six major research centres throughout 2017 is provided below.

**Centre for Health Service Development (CHSD)**

The year of 2017 was another successful one for the Centre for Health Service Development (CHSD). As the AHSRI research centre responsible for securing and undertaking strategically commissioned health services research projects, it is a pleasure to report that over $2.5m in research funding was generated by the CHSD team across more than 30 projects.

Our work in the field of program evaluation remained a key focus of our efforts in 2017; several national and state-level projects in various fields of health were progressed during the year. In mental health, for example, one large project for the NSW Ministry of Health continued and another got underway. The mixed-methods longitudinal evaluation of the LikeMind initiative (a program intended to provide integrated care and support for adults experiencing mental illness) was extended into 2018. The LikeMind model can be characterised as a service-hub approach to the integrated provision of care and support for adults aged between 25 and 65 who experience mental illness. The evaluation aims to identify issues and lessons that emerge and provide the Ministry of Health with formative and summative evidence on which to base decisions about its future development. The Pathways to Community Living Initiative (PCLI) which aims to support the transition of long-stay mental health patients into community-based services, commenced early in the year and will continue until the end of 2020. This evaluation includes formative and summative components and involves collaboration with external research associates and will be a substantial focus of effort for several CHSD staff members going forward.

CHSD’s contribution to the important work being undertaken by AHSRI more broadly for the Australian Government Department of Health on funding reform in residential aged care continued in 2017. Several CHSD staff members involved in earlier work on developing options and recommendations to help inform the design of future residential aged care funding models continued their involvement in the follow-up study, the Resource Utilisation and Classification Study.

A significant research project into services and needs for people experiencing bereavement and prolonged (or ‘complicated’) grief was completed for the Department of Health by CHSD members in early 2017. Indicative of the strength of our work and client satisfaction, we were commissioned to undertake a second phase of research in this area to assist the Palliative Care Section to address several short-term recommendations arising from the first phase of the research project.

Illustrative of CHSD’s emphasis on collaboration and staff development, Dr Lyn Phillipson continued her three-year academic secondment with us, while she completes an NHMRC-ARC Dementia Fellowship. With the support of a small, dedicated team, the award-winning public health academic has also been progressing several dementia-related projects, including the development and evaluation of a respite intervention for carers of people with dementia. Synergies between Dr Phillipson’s work and the dementia-related work of CHSD are numerous, and have added value to both.

**Centre for Applied Statistics in Health (CASHI)**

During 2017, CASHI was amalgamated organisationally into the CHSD.

Members of CASHI are integral participants in the work of all other AHSRI centres. In AROC, ePPOC and PCOC, CASHI statisticians are crucial for the ongoing analysis associated with the data collections which are central to most activities. They continue to work on dataset design, database design and management, statistical programming and analytical techniques as well as contributing to research projects and journal publications. They also play an important role in
projects undertaken by CHSD and NCCC by undertaking the quantitative aspects of projects as well as contributing to the study design, interpreting results, writing reports and identifying implementation issues for the health sector. Some other projects are managed and undertaken almost solely by CASiH staff.

This was the final year of a sixteen-year collaboration with Ageing, Disability and Home Care (ADHC) in NSW. As part of this program of work, CHSD and CASiH built a classification and a funding model for ADHC and each year have used it to provide advice on the eligibility and support levels of school leavers with a disability within their Post School Programs. Responsibility for such support is being transferred to the National Disability Insurance Scheme. In 2017, CASiH provided two reports, one to ADHC and the other to the National Disability Insurance Agency.

In addition to those mentioned above, a wide range of other projects commenced, continued or were completed during the year, and are detailed later in this report. Furthermore, various journal articles were published and conference papers were presented by CHSD staff. A range of practical and policy-related outputs for government and non-government agencies were also achieved. Additional information about CHSD is available at http://ahsri.uow.edu.au/chsd.

The successes of this year and previous years are due to the productiveness of our team, and this has positioned us well to continue to contribute to improvements in the management and provision of health services nationally.

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**Centre for Health Research Illawarra Shoalhaven Population (CHRISP)**

CHRISP and the Illawarra Health Information Platform (IHIP) were borne out of a research partnership between AHSRI and the Illawarra Shoalhaven Local Health District (ISLHD). The CHRISP team has extensive expertise and experience in undertaking research, and IHIP is a powerful stand-alone IT system. IHIP provides access to almost 30 years of linkable data, available from all nine ISLHD public hospitals, and other ISLHD services which include community health, mental health, dental health and interpreter services.

The core business of the partnership is to build capacity for research and development and to undertake research into population health, health services and clinical research, with a view to translating research findings into policy and practice. During 2016 and 2017, ISLHD / UOW human ethics approval was obtained to establish a non-identifiable health databank and records linkage system, as well as data linkage protocols. This approval process has simplified ethics approvals required for individual projects and linkage of third party data.

During 2017, 25 research projects were approved by the CHRISP Executive Steering Committee (listed right) and included engaging hospital, community and primary care clinicians. These research projects, using IHIP data, have helped to identify service gaps, provide recommendations to help develop better systems to improve the patient journey, resident access and health outcomes. These research findings have also been disseminated as 19 brief reports, as well as 16 local and national presentations, including peer reviewed conference presentations and peer reviewed journal publications.

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**Title:** ‘Predicting sub-acute demand using acute data’  
**Chief Investigator:** Dr Luise Lago (CHRISP-UOW)  
**Status:** Completed

**Title:** ‘Atherosclerosis Secondary Prevention Study’  
**Chief Investigator:** Professor Leonard Arnolda (ISLHD)  
**Status:** In progress

**Title:** ‘Peritonitis as an independent risk factor for cardiovascular events in the peritoneal dialysis population’  
**Chief Investigator:** Dr Hicham Ibrahim Cheikh Hassan (ISLHD)  
**Status:** In progress

**Title:** ‘The cost of BMI on procedural time - A quality improvement study assessing the impact of BMI on procedural times and relative cost in select non-urgent surgical procedures over a 12 month period’  
**Chief Investigator:** Dr Luke Freckelton (ISLHD)  
**Status:** In progress

**Title:** ‘Renal Resistive index in assessment of risk and progression of chronic kidney disease’  
**Chief Investigator:** Dr Sarah Davis (ISLHD)  
**Status:** In progress

**Title:** ‘Hospital outcomes in current smokers with presentations of adult community-acquired pneumonia’  
**Chief Investigator:** Dr Michael Rennie (ISLHD)  
**Status:** In progress
<table>
<thead>
<tr>
<th>Title</th>
<th>Key Contact</th>
<th>Clinical Advisors</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Trend analysis of frequent attenders at Illawarra Shoalhaven Emergency Departments’</td>
<td>Dr Luise Lago (CHRISP-UOW)</td>
<td>Dr Wayne Triner (ISLHD)</td>
<td>In progress</td>
</tr>
<tr>
<td>‘Trends and patterns in unplanned readmissions to Illawarra Shoalhaven hospitals’</td>
<td>Dr Victoria Westley-Wise (CHRISP-ISLHD)</td>
<td>Dr Jan Potter, Dr Wilf Yeo</td>
<td>In progress</td>
</tr>
<tr>
<td>‘Supplementary evaluation of the Acute Rehabilitation Team (ART) intervention’</td>
<td>Dr Luise Lago (CHRISP-UOW)</td>
<td>Dr Atif Shahzad (ISLHD)</td>
<td>In progress</td>
</tr>
<tr>
<td>‘An evaluation of a strategy designed to increase awareness about High Risk Medicines and its impact on knowledge and awareness among healthcare providers and on reported outcomes’</td>
<td>Margaret Jordan (ISLHD)</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>‘A retrospective comparison of service utilisation experience of mental health consumers’</td>
<td>Professor Lorna Moxham (UOW) and Christopher Patterson</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>‘Evaluation of a Suicide Prevention Aftercare Service’</td>
<td>Dr Vida Bliokas (UOW)</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>‘Changing the trajectory towards disease – A pre-interventional matched cohort study of the children of gestational diabetic pregnancies’</td>
<td>Professor Ian Wright</td>
<td></td>
<td>Pilot in progress</td>
</tr>
<tr>
<td>‘Incidence of incisional hernia following abdominal surgery: An Australian perspective’</td>
<td>Dr Peter Hani Cosman</td>
<td></td>
<td>Pilot in progress</td>
</tr>
<tr>
<td>‘Antimicrobial Resistance Global Challenges: the evolving threat and impact to the Illawarra Shoalhaven population’</td>
<td>Distinguished Professor Antoine van Oijen</td>
<td></td>
<td>Pilot in progress</td>
</tr>
<tr>
<td>‘ED presentations and admissions to The Wollongong Hospital during the past 5 years (2011-2016) due to medication misadventures in community dwelling people living with and without dementia’</td>
<td>Lita Mohanan (UOW Masters of Public Health)</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>‘Quick Sepsis related organ failure assessment compared to systemic inflammatory response syndrome for the recognition of sepsis in the Emergency Department’</td>
<td>Anna Pearce (Medical student)</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>‘The prevalence of hospitalisations resulting from side effects associated with oral anticoagulants’</td>
<td>Kerry Watts (Masters Candidate)</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>‘Examining service utilisation and the impact of dementia identification on patient outcomes: a longitudinal analysis of hospitalisation guided by a collaborative process to promote knowledge translation’</td>
<td>Kara Cappetta (PhD Candidate)</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>‘The role of private health insurance in supporting the care needs of people with chronic illness’</td>
<td>Jo Khoo (PhD Candidate)</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>‘Exploring adverse medication events resulting in presentations and/or admissions to ISLHD facilities over the last 10 years’</td>
<td>Kurt Watts and Sam Davies (UOW Public Health Undergraduate Students)</td>
<td></td>
<td>In progress</td>
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</table>

More information about CHRISP can be found in the Research Highlights section of this report and at http://ahsri.uow.edu.au/chrisp.
This year was again one of growth for the NCCC. The Centre was able to secure and lead two large and significant projects during 2017 which were supported by the recruitment of an additional 0.6 FTE Research Fellow.

The most important feature of these two projects, the Silver Chain Casemix Capacity Development project and the Australian Government Department of Health Resource Utilisation and Classification Study (RUCS), is that they move the expertise of the NCCC into new settings for care delivery; home based care and residential aged care respectively.

This move into new areas where the principles of activity based costing, casemix classification development and analysis can be applied provides a solid platform for continued growth and influence for the NCCC in the future. In the area of residential aged care, in particular, the NCCC leadership in the RUCS has involved attendance of the NCCC Director, Jenny McNamee, at a number of key meetings, seminars and conferences for peak organisations and advisory bodies within the aged care sector.

The ongoing work of the NCCC in funding, costing and casemix analysis continued through 2017 with its involvement in the development of alternative options for the funding of residential aged care – the review that became the precursor to the RUCS and its reviews of costing data and casemix analysis for the Commonwealth Department of Health and the NSW Ministry of Health.

The NCCC commitment to education continues with another the two short courses in casemix analytics being run this year.

More information about NCCC can be found at http://nccc.uow.edu.au.
Australasian Rehabilitation Outcomes Centre (AROC)

AROC was established as the rehabilitation medicine clinical registry on 1 July 2002, and has five roles:

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

AROC membership in 2017 comprised 280 data-submitting inpatient rehabilitation units (241 Australian and 39 New Zealand) with 135,600 inpatient episodes submitted. AROC continued to recruit ambulatory units, with 56 members submitting data in 2017. AROC conducted more than 75 face-to-face FIM/WeeFIM workshops across Australia and New Zealand. In addition, since the introduction of the online FIM and online WeeFIM refresher courses more than 1,000 courses have been purchased and completed. More than 6,500 clinicians were FIM/WeeFIM credentialed or re-credentialed in 2017.

Throughout the year, as core business, AROC continued to provide routine benchmarking reports to member facilities and summary reports to non-data submitting stakeholders. AROC also published its eighth ambulatory report on data from January to December 2016, again a descriptive report, given the low volume of ambulatory data at present.

Major undertakings in 2017 included the launch of the new updated version of the ambulatory dataset on 1 July. In addition AROC:

- With specific funding undertook the following research projects:
  - Unwarranted clinical variation in NSW public rehabilitation services
  - Young people (<65 years) entering residential aged care
- Received and actioned numerous requests for access to AROC data, an increasing number of which require some level of data linkage.

AROC continued to provide jurisdictional benchmarking workshops in both Australia and New Zealand. These workshops provided the opportunity for all providers of rehabilitation to compare the outcomes (casemix adjusted) they achieved for their patients with other facilities in their jurisdiction, and thereby gain insight into avenues for improvement. In 2017 jurisdictional benchmarking workshops were held in New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania, (seven in) New Zealand, and a number of workshops for services belonging to major private hospital groups.

AROC related papers were presented at a number of conferences, including a plenary paper at the 2nd Annual Scientific Meeting of the Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ), and a paper to the New Zealand Rehabilitation Association Conference (NZRA). Numerous other presentations were given to parties interested in or involved with AROC.

AROC will be publishing an annual report for 2017, describing in some detail the activities of AROC, and providing information describing the provision of medical rehabilitation and the outcomes it achieves in Australia and New Zealand. This report and more information about AROC can be found at www.aroc.org.au.

ePPOC has experienced steady growth since its establishment in 2013. At the end of 2017, over 80 pain management services had joined the collaboration, including seven paediatric pain management services. Pain units in Australia and New Zealand are represented, as are publicly- and privately-funded services. Over 50,000 patients are now registered in the ePPOC database.

Two biannual reports were provided to each adult and paediatric pain service during 2017, along with reports to funding organisations. These reports analysed the data collected for the patients of each pain management service and compared their outcomes to the Australasian data. A National Data report was also produced, describing the state of chronic pain management in Australia, and the characteristics and outcomes for individuals seeking treatment in our pain management units.

2017 saw the implementation of a benchmarking system, with
the sector adopting eight clinical and one service-related benchmark. These benchmarks measure outcomes relating to pain and pain interference, depression, anxiety and stress, pain catastrophising and self-efficacy, opioid use and waiting times. A new version of the dataset was also adopted, ensuring the ePPOC data collection remains relevant and clinically useful.

The delivery of services in the community has become a growing focus within the pain management sector as a means of providing timely care to people experiencing pain. During 2017, several Primary Health Networks joined ePPOC in order to record and assess the care they provide to their patients. The evaluation of these programs will provide important information regarding the feasibility of establishing similar programs throughout Australia.

2018 is set to be another exciting year for ePPOC, with the rollout of the new dataset, and continued growth within Australia and New Zealand.

More information about ePPOC can be found at http://ahsri.uow.edu.au/eppoc.

**Palliative Care Outcomes Collaboration (PCOC)**

PCOC is a national palliative care program funded by the Australian Government Department of Health and established in 2005.

**Evidence based improvement of patient, family and carer outcomes**

As the national evidence hub on patients’ daily pain and symptom outcomes in Australia, PCOC is recognised as a worldwide, leading authority in palliative care. The project is a collaboration between the University of Wollongong, University of Western Australia, Flinders University and Queensland University of Technology. In July 2017, the Government announced PCOC was successful in being refunded through to June 2020. With the new contracts came a change in collaboration partners – the University of Technology Sydney has taken the place of Flinders University.

Continued funding presents new opportunities, and directions in order to be responsive in the following contexts:

- The palliative care sector has undergone significant change over the last decade, particularly in the last few years
- The national conversation about euthanasia has turned new focus onto palliative care
- PCOC has been in place for over a decade, and continued funding provides a strategic opportunity to refresh our overall approach and our role in the palliative care sector.

In response, PCOC has reviewed its model and, over the next three years, aims to broaden its scope in collecting information on palliative care patients in settings other than specialist palliative care and within different subgroups, such as acute care settings and the primary care sector.

The new model will enable PCOC to provide a package tailored to the individual needs of services and respective sectors.

**Supporting services through better systems and learning opportunities**

- Development of a new data entry platform called epiCentre, custom-built software for entering and managing PCOC data. New reporting functions, including patient and assessment summary reports, will assist in the interpretation of data. Due for release in early 2018.
- Introduction of an Advanced data analysis workshop to build capacity of clinicians to use data to improve.
- Development of PCOC Essentials, on-line learning modules for managers and clinicians to support an interdisciplinary approach to using the PCOC tools in a consistent and effective way. Modules enable learning about the benefits of PCOC, and how to implement, embed and sustain the program in their services.

**Communication through research, website and international collaborations**

- Staff presented at the 2017 Australian Palliative Care Conference in Adelaide and developed posters in collaboration with participating services.
- The PCOC website was improved to allow better access to relevant information for target audiences. An Evidence Hub page was created to provide a platform to engage with more contemporary conversation about end of life care.
- A research study commenced investigating the prevalence of patient reported symptoms and relationships between preferred language and functional status.
- A study on perceptions of the care received from Australian palliative care services was published, using PCOC survey data.
- Other research topics using PCOC data included studies on palliative care in adolescents and young adults, delirium, and outcomes for patients with neurological diagnoses.
- PCOC welcomed a team of clinical allied health service managers from the Hong Kong Hospital Authority. They attended a workshop and visited palliative care services.

**Supporting services through benchmarking opportunities**

Three benchmarking workshops for inpatient, community and consultation services were held, investigating ways to improve patient outcomes by bringing services with similar models and characteristics together and sharing benchmark information.
The fifth annual Professor Alan Owen Lecture was held on 24 November 2017 at the Innovation Campus. As always, the event was not only an inspiring tribute to our dear colleague and friend Professor Alan Owen (1952-2012), but also provided an opportunity for an informed and engaging presentation to the general public on a significant health or social issue.

Proceedings commenced with a welcome from Mr Paul Sadler, CEO of Presbyterian Aged Care NSW and ACT, Chair of the AHSRI Management Advisory Board, and a long-time friend and colleague of Alan. An inspired Acknowledgement of Country was then performed by Keziah Bennett-Brook, an Indigenous Project Manager at AHSRI. Professor Neville Owen, who presented at the inaugural Professor Alan Owen Lecture held in 2013, shared some brief reflections on and memories of his beloved brother’s life and career. His deep insights and sharp humour are traits he clearly shared with Alan.

The main speaker at this year’s event was Senior Professor Kathy Eagar. With over thirty five years of experience in the health and community care systems, Professor Eagar has a detailed understanding of the broader Australian health system and wide ranging expertise relevant to aged care services and policy. Professor Eagar, Director of AHSRI, worked with Alan for over two decades, and together they were instrumental in the establishment and development of AHSRI (formerly the CHSD).

Professor Eagar’s lecture explored the issues involved in decision-making at end of life from the perspective of patients and families as well as the broader health system and society. It provided an overview of the choices we should all be discussing with our loved ones – not just euthanasia but also advanced care directives, palliative care and organ donation as well as who we want to make our decisions if we are not able to. In also considering clinical issues and research perspectives, Professor Eagar argued that our society and our health system should be ultimately judged not just by how many heroic rescues occur but also by how we care for people at the end of life.

The lecture’s topic was not only one that was close to Alan’s heart, but was also particularly relevant considering current developments nationally. Public conversation and media coverage about death and dying is increasing in response to the ageing of the baby boomer generation and in light of both the euthanasia debate and concerns about increasing health care costs. With an ageing population and increasing rates of chronic illnesses, end of life care is a critically important issue. Yet we are living in an ever more death-defying society and many people have little experience of death or of the options and decisions at end of life that make a difference. Most contemporary health media coverage focuses on the extremes. On one extreme, the health system is portrayed as one that delivers life-saving procedures and miracle cures. On the other, the current focus on euthanasia portrays a health system that is demonstrably unable or unwilling to relieve pain and suffering. The key argument is that, left in intolerable pain, some patients have no choice but to elect to end their life. Neither extreme reflects the day to day reality for the significant majority of people at end of life.


Preparations for the next Professor Alan Owen Lecture, which is moving to a biennial event, are already in progress, with the date to be scheduled in February 2019.
Vale Dr Garry Pearce

It is with great sadness that we let you know that Dr Garry Pearce, Rehabilitation Physician, ex Chair of the AROC Management Advisory Committee and one of the key players in the establishment of AROC, passed away on 18 August 2017, after a brief illness.

With his colleague Associate Professor Ben Marosszeky, Garry was instrumental in developing the Australasian Rehabilitation Outcomes Centre (AROC) in 2002, and encouraging all rehabilitation clinicians to become AROC members and participate in national outcome benchmarking. Due in no small part to his never flagging enthusiasm, AROC has grown to include as members almost all Australian inpatient rehabilitation units, all New Zealand inpatient rehabilitation units, and a growing number of ambulatory rehabilitation services. AROC is now widely recognised not only as the rehabilitation clinical registry for Australia and New Zealand but as a strong advocate for rehabilitation.

It was a pleasure and a privilege to work with Garry. Whilst unflaggingly courteous he was also exceptionally determined, albeit in a very gentle good humoured way. AROC would not be where it is today without Garry.

He will be sadly missed, but always remembered.

Vice-Chancellor’s Awards

The Vice-Chancellor’s Awards aim to encourage and recognise exceptional performance from University staff members who demonstrate outstanding achievement in activities that are aligned to the University’s vision and strategic goals. The awards also support the University’s values of a workforce with strong performance expectations, recognition and celebration of initiative and enterprise, and staff who are recognised and appreciated for their contribution.

The Awards Ceremony was held on 10 August and a number of AHSRI members were among the 2017 awards recipients.

Dr Silvia Mendolia received the Early Career Faculty OCTAL (Outstanding Contribution to Teaching and Learning) Award.

A/Professor Kate Senior was part of a team that received the Vice-Chancellor’s Interdisciplinary Research Excellence Award for their project ‘Project Geldom: Designing the Next-Generation Condom’.

A/Professor Melanie Randle was part of a team that was highly commended (in the Vice-Chancellor’s Interdisciplinary Research Excellence Award category) for their work on the project ‘Identifying and Attracting Successful Foster Carers’.

Professor Helen Hasan (as a member of the Global Climate Change Week Team) and Associate Professor Kate Senior (as a member of the CHI Sexual Health Project Team) received the Vice-Chancellor’s Award for Excellence in Community Engagement.

The 25 Years’ Service Award was received by AHSRI members Dr Joshua Fan and Professor David Steel.
Research Highlights

**New research partnership between AHSRI and IRT Group**

A new research partnership will seek to examine the impact of ageing on the population of the Illawarra, Shoalhaven and beyond. AHSRI and seniors lifestyle and care providers IRT Group have entered into the new partnership.

As reported by Brendan Crabb in the Illawarra Mercury (31 October):

*The research aims to address identified national aged care needs by developing person-centred models of care. “This research project is about helping to make the Australian aged care system world-class”, Jason Malone, CEO IRT Care said.*

“In collaboration with AHSRI, we will research national and international best-practice evidence and translate it into an Australian context.”

New models of care will be designed in accordance with IRT’s ‘Journey of Care’ framework, aiming to provide consistent, measurable and repeatable customer experiences, as customers move from IRT at Home to residential aged care.

*Palliative care in aged care centres is one of the many issues to be addressed by the research project, with the goal of developing a more customer-centric approach.*

“Research into palliative care will aim to improve the delivery of end of life care in residential aged care”, Kathy Eagar, AHSRI’s director said.

“The result will be to both satisfy customer needs and reduce the demand on public health acute services.”

The first steering committee meeting took place at AHSRI on 31 October 2017.

*The AHSRI and IRT Group project’s steering committee.*
Measuring health outcomes from the patient’s perspective

Lead researchers: Cristina Thompson, Dr Kathryn Williams, Associate Professor Jan Sansoni, Darcy Morris, Jacquelin Capell, Pam Grootemaat

Patients are often the best judges of important treatment outcomes, such as quality of life, symptoms and function. Patient reported outcome measures (PROMs) are questionnaires used to measure health outcomes from the consumers’ point of view, without interpretation by clinicians. They have long been used to complement more objective health outcome measures in clinical trials, but now are increasingly used in routine clinical practice and quality improvement. PROMs data can be used to monitor outcomes of individual care or to feed into clinical registries that assist in identifying effective healthcare practice and benchmarking the performance of healthcare providers.

Since 2016, CHSD has been engaged by the Australian Commission on Safety and Quality in Health Care (the Commission) on a program of research to examine how PROMs are being used in Australia and internationally, with a particular focus on the potential purpose and benefits of national-level collation or collection. This work has included three components: an environmental scan of current activity; a review of the academic and practice literature; and a series of interviews with Australian and international experts and Australian jurisdictional representatives, to discover what can be learned from current initiatives and identify desired future directions. In 2017, Dr Kathryn Williams was released from CHSD for two days a week over four months to work with the Commission on the third component of the project.

Strong interest in PROMs is being driven by their potential contribution to two key policy directions: patient-centred care, and value-based health care. Although many Australian health care organisations are interested in PROMs, their development, collection and use is currently patchy and inconsistent. Nevertheless, there are innovative and robust planned uses for PROMs, and initiatives in some jurisdictions for large-scale use of PROMs; for example, to measure care integration across services and track the health care journeys of people with chronic conditions. Some of the foundations for routine collection of PROMs in Australia are already in place.

Overseas, the countries most advanced in PROMs are England, the United States, Netherlands and Sweden. PROMs are integral to a movement towards patient-centred and value-based systems of structuring, monitoring, delivering and financing health care. However, there are numerous implementation challenges to be overcome, and the evidence base supporting PROMs is still equivocal.

Stakeholders believe that PROMs could contribute to improved clinical care and better use of health care resources, but these benefits will not be automatically achieved. Careful selection of instruments, a well-resourced implementation process and genuine stakeholder engagement are needed. Most importantly, jurisdictions and organisations need to be very clear at the outset on how they plan to use the data, and design the PROMs system around those uses.

This program of research will culminate in 2018 with Dr Williams returning to the Commission for a limited time to work with key staff members to synthesise the evidence into an options paper outlining potentially useful roles for that organisation in leading and supporting PROMs implementation in Australia.

Momentum for PROMs has been accompanied by a renewed interest in health outcomes measurement more broadly, as shown by the enthusiastic response to the Health Outcomes Workshops run by AHSRI’s Australian Health Outcomes Collaboration (AHOC) in 2016 and 2017. Led by Associate Professor Jan Sansoni, assisted by other AHSRI staff and guest speakers, the workshops presented an overview of health outcomes measurement and drew on the experiences of other AHSRI centres – AROC, PCOC and ePPOC – to illustrate how such measures can provide powerful data to drive quality improvement in health care.
Novel insights on frequent users of hospital services from the Illawarra Health Information Platform (IHIP)

Lead researchers: Dr Victoria Westley-Wise and Dr Luise Lago

The longitudinal and linked data held in IHIP provides a unique opportunity to examine patterns of service utilisation at a regional level. Two studies led by CHRISP team members have investigated up to 15 years of Admitted Patient and Emergency Department (ED) data in the Illawarra Shoalhaven Local Health District (ISLHD) to uncover long term trends in health service utilisation from those who are readmitted to hospital or are frequent users of EDs.

The first study aimed to assess 15 year trends in unplanned readmissions at ISLHD facilities. Drawing on data held in IHIP, this longitudinal retrospective study of adults admitted to hospital between 2001-02 and 2015-16, assessed rates of unplanned all cause readmissions within 30 days (‘early’) and 1-6 months (‘late’) following discharge. Rates were compared over time and between patient groups.

Age-adjusted early readmission rates declined over the 15 years by an average of 1.3% per annum, while late readmission rates increased by an average of 0.6% per annum. Taken together, there was an overall decline. All of the decline in early readmission rates, and a reversal of the increasing trend in late readmission rates, occurred since 2010-11. Similar trends occurred across age groups but were most pronounced among those aged 75 years and older. The decline in readmissions since 2010-11 suggests that the region has achieved improvements in discharge planning and in continuity between hospitals and community-based care. These improvements have occurred across broad patient groups.

The second study described long-term patterns of ED attendance among patients who attended any EDs in the region at least seven times in a 12-month period. The retrospective population-based study was carried out using 10 years of longitudinal data from five ISLHD EDs. Logistic regression was used to assess risk factors associated with frequent attendance and duration of frequent attendance.

Of approximately 400,000 local residents, approximately 83% attended an ED at any point over the ten year period. Of those who attended an ED, 97% were not frequent attenders at any point. Only 8,577 individuals (less than 3%) were frequent attenders at any point in the 10 year period. Of the frequent attending group, 80.1% were ‘one-off’ frequent attenders who met the visit threshold only once in the ten year period, 12.9% were ‘repeat’ attenders who met the threshold twice and 7.1% (n=607) were ‘chronic’ attenders who met the threshold more than twice.

Frequent attenders were more likely to be male, older, single, uninsured, Indigenous, from lower socio-economic areas and present with psychiatric or alcohol/drug-related conditions with higher urgency than non-frequent attenders. Chronic attenders were a distinct sub-group. Interventions aimed at improving clinical outcomes or reducing ED visits should consider long-term attendance patterns, recognising that frequent attendance is often temporary. Interventions to reduce attendance should account for the high likelihood of non-ongoing frequent attendance.
Global Challenges

AHSRI members: Professor Kathleen Clapham, Senior Professor Simon Eckermann, Associate Professor Janette Green, Professor Helen Hasan, Marlene Longbottom, Brendan McAlister, Dr Lyn Phillipson, Associate Professor Melanie Randle, Associate Professor Kate Senior

Nine AHSRI staff members, involved in five different projects, with various other UOW researchers were announced as recipients of Global Challenges funding. UOW’s Global Challenges Program is a strategic research initiative that is focused on transformative interdisciplinary research that touches people’s lives and changes worlds. This program is designed to harness the expertise of world-class researchers to address complex, real-world problems – to transform lives and regions.

Valuing Community: Investigating the social, cultural and economic contribution of Aboriginal organisations to Aboriginal community health and wellbeing.

Initially awarded strategic funding in 2013, the project received further Global Challenges funding to explore how Aboriginal community organisations and leaders can build sustainable and resilience strategies to help improve health and wellbeing in the face of complex and challenging social health programs and a climate of policy change. A key goal of this research will be to document processes, impacts and outcomes in order to develop an evidence-base around successful local initiatives, programs and projects.

International Early Years Accelerometer Database – International Leadership Workshop.

The SADEY (Sleep and Activity Database for the Early Years) project will contribute to transforming the lives’ of children and populations internationally by creating the first harmonised database of young children’s physical activity, sedentary behaviour and sleep. This project plans to utilise this database to address several questions of global importance to public health policy and practice, including:

- How much do young children move, sit and sleep across the globe and does this differ across countries?
- How much do these individual behaviours or their mix across the 24-hour day impact healthy growth and development?

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Examination of the effect of a therapeutic recreation (TR) intervention on people’s engagement with mental health services.

Mental health is a growing area of concern and has been a national government health priority area since 1996. It has local, national and global impacts. TR is an intervention designed to restore, remediate and rehabilitate a person’s level of functioning and independence in life activities. TR, as a means of enhancing the lives of people living with mental illness, has been embraced in the USA. However, within Australia, the concept has yet to be fully accepted. The aim of the project is to examine the possible effect a TR intervention may have on people’s engagement with local mental health services. The study will focus on the local regions of the Illawarra and Shoalhaven.

Trace Arts Education from Early Childhood to High School in the Kingdom of Bhutan.

This project aims to better appreciate current early childhood, primary and high school visual arts pedagogy in Bhutan in order to support pedagogical transformation for teachers and pre-service teachers.

Building an interdisciplinary research network to transform the lives of people with disabilities in the Illawarra region.

Artwork by Kevin (Kev) Butler, 2015.
Projects

Over 50 research and evaluation projects were undertaken in 2017. These included a mix of short-term projects completed in one calendar year and longer-term projects extending in part throughout 2017. The following list provides a summary of each project’s activities and achievements.

Resource Utilisation and Classification Study

**Australian Government Department of Health**

**Total Funding:** $2,108,661  
**Duration:** August 2017 – December 2018

**Background**

In February 2017 AHSRI delivered the results of a review of the residential aged care system for the allocation of Commonwealth funding. The outcomes of the review included the development of a set of five options for alternative funding approaches and a recommended option.

The key features of the recommended option included:

- A blended payment model with the fixed payment based on the characteristics of the facility, and the variable payment based on the drivers of the cost of care for residents. The variable payments would be based on a branching classification system (a casemix system).
- The separation of assessment for care planning from the assessment for funding purposes, with assessments for funding able to be undertaken externally.
- The classification and funding model to be developed based on the evidence captured in a detailed study of the drivers of resource utilisation in residential aged care.

In August 2017, AHSRI was commissioned to progress the development and testing of the recommended funding approach – the Resource Utilisation and Classification Study (RUCS).

**What we did**

The RUCS project was designed as three sub-studies:

- Study One – Service utilisation and classification development
- Study Two – Fixed and variable costs analysis
- Study Three – National casemix profiling and testing of the funding model

Study One data collection is to be undertaken across 30 aged care facilities in three cluster regions – the Hunter (NSW), Melbourne (Victoria) and Northern Queensland – in early 2018. It will include the assessment of all residents in care using a purpose designed assessment tool, the collection of staff time in care delivery activities and the collection of financial data.

Four expert clinical panels were established in the areas of end of life care, wound care, function, cognition and behaviour, and aged care nursing. The principle role of each these groups was to provide advice in the design of the assessment tool. The assessment tool was finalised in November 2017. The design of the care time data collection using bar coding technology was also completed by the end of 2017.

The design phase of the project also involved extensive consultation with the aged care sector through the attendance and presenting at a number of seminars, conferences and meetings of peak bodies, and at forums convened by the Department of Health.

Study Two activities will commence in February 2018 and Study Three will commence in late 2018.
Evaluation of the Pathways to Community Living Initiative

New South Wales Ministry of Health
Total Funding: $1,132,427
Duration: February 2017 – December 2020

Background
The Pathways to Community Living Initiative (PCLI) commenced in 2015 to support the transition of long-stay mental health patients into appropriate community-based services as part of the NSW Mental Health Reform 2014–2024. It is a key component of the Reform underpinned by substantial investment from the NSW Government. The PCLI is led, funded and coordinated by the NSW Ministry of Health in collaboration with local health districts.

CHSD has been commissioned to conduct a formative and summative evaluation of the program. Formative evaluation aims to inform the ongoing development and improvement of the PCLI whereas summative evaluation seeks to ascertain whether and to what extent the desired/anticipated results have been achieved. The evaluation will conclude in December 2020.

What we did
In March, an evaluation plan was developed which included an evaluation framework, a set of evaluation questions, and a range of methods and data sources for answering those questions. With minor amendments, the evaluation plan was approved by the Ministry of Health in April. The plan structured the evaluation into four main components: (1) evaluation of consumer outcomes; (2) evaluation of consumer and carer experience; (3) evaluation of provider/system change; and (4) an economic evaluation.

The evaluation to date has focused on the evaluation of provider/system change. Ethics approval for the evaluation of provider/system change was obtained from the University of Wollongong and Illawarra Shoalhaven Local Health District Health and Medical Human Research Ethics Committee in July. We recruited an experienced consumer researcher to be involved in all aspects of the evaluation.

From September to November we visited the six main sites involved in the PCLI at Morisset, Concord, Orange, Cumberland, Liverpool and Macquarie hospitals. In November and December, we conducted semi-structured interviews with key informants involved in the PCLI who had in-depth knowledge of the program and its implementation.

In December, we delivered our first evaluation progress report which included a summary of progress with the evaluation; the main achievements of the program; findings regarding program design and governance, the context within which PCLI is being implemented and local implementation; and a discussion which aimed to make a contribution to the PCLI’s ongoing development by raising a number of issues as prompts for learning and joint reflection.

Casemix Capacity Development: Phases 2 and 3

Silver Chain Health
Total Funding: $362,231
Duration: April 2017 – September 2018

Background
A research partnership was established with the Silver Chain Group in 2016 when Phase 1 of the casemix capacity development program was completed. The project had been commissioned in response to changes in the community-based care sector where there were evolving external demands and increased competitiveness in pricing and service, and there was recognition within the organisation that a casemix based approach to management would support sustainability of service maintenance. The Phase 1 study established that Silver Chain’s data collections and information management systems could support such an approach. Phases 2 and 3 of the program were commissioned to continue the development program for Silver Chain Health.

Two streams of work run in parallel in Phase 2, with one stream addressing the technical information system priorities identified in the Phase 1 gap analysis, and the other incorporating a casemix based costing study and the development of a casemix based classification system. Phase 3 involves systems refinement and planning for the longer term priority issues and building the capacity for casemix based management within Silver Chain.

What we did
Two issues had been identified in the gap analysis as key dependencies for the project: the provision of a data governance framework and developing a working definition for an episode of care, and these were both addressed early in the Phase 2 activities.

The ‘episode of care’ definition was required to establish a unit of counting that was suitable for costing and classification development. This unit needed to give consideration to meaningful clinical milestones and resource usage, rather than being aligned with service contracts as was currently the case. The definition was developed in consultation with an expert panel from Silver Chain and incorporates both the type of care (the ‘product’) and the ‘goal’ of care. Using a variety of business rules and assumptions the definition was applied retrospectively to a two year dataset to organise all client visits into client episodes of care.

The other large piece of work completed was an activity-based costing study on the 2016/17 expenses and activity data. This involved extensive investigation and consultation with key Silver Chain staff to determine the in-scope finances and client activity, cost centre types, cost allocation methodologies, account rollups, costing fractions, and the linking of activity data to expense data. The draft costing results and methodology
Preparatory work for the classification development was also undertaken, with ongoing exploration of the information from the available client information systems, both administrative and clinical; to identify any potential cost drivers that could be tested for incorporation in the classification as splitting variables. Phase 3 is scheduled for 2018 and will be completed along with the remaining Phase 2 activities.

**Evaluation of the national Severe Behaviour Response Team (SBRT) program**

**HammondCare**  
**Total Funding:** $360,346  
**Duration:** December 2015 – September 2017

**Background**
The Severe Behaviour Response Team (SBRT) is a national emergency response program for residential aged care facilities to better support residents experiencing very severe behaviours and psychological symptoms of dementia (BPSD). The SBRT considers the clinical factors that may underlie the behaviours as well as the care context – including staff skills and confidence as well as environmental design factors – that are known to impact on behaviour. In October 2016 HammondCare commenced national operations of the Dementia Behaviour Advisory Service that complements the SBRT and developed a national partnership called Dementia Support Australia (DSA).

**What we did**
The major data collection activities conducted during 2017 included telephone surveys of aged care facilities, national site visits, key stakeholder interviews and SBRT staff surveys. Telephone surveys of aged care homes were conducted during February – March 2017, designed to better understand the context in which the SBRT was operating, and to assist refinement of issues to be considered within the national site visits. A total of 46 care homes that had used SBRT services participated in the short survey, as well as another 53 care homes that had not used the service. During April – June 2017 the evaluation team conducted site visits to an additional 20 aged care homes that had used the SBRT. At each home between two and five semi-structured interviews were conducted involving managers, senior clinical and other care staff; evaluation team members were also provided with the opportunity to view the amenities at each aged care home. A total of 47 participants were interviewed; despite attempts at recruitment, it was not possible to interview SBRT clients or their family members. An online survey was developed to ascertain the perspectives of SBRT staff regarding the service, with 27 consultants responding to the survey. The final data collection activity for the evaluation was a series of targeted key stakeholder interviews conducted during June and July 2017. A total of 14 interviews were conducted with aged care sector, professional, consumer and policy representatives.

The evaluation also included the analysis of program data provided by the service. This included de-identified client data of 859 clients including risk assessment and general assessment data, as well as activities of SBRT staff in relation to those clients.

An important outcome of the evaluation was the identification of organisational factors that contribute to the presence of BPSDs, including workforce factors, resourcing and access to local specialist services. The final report was submitted in October 2017 and highlighted the major achievements of the SBRT service as well identifying opportunities for future service delivery, research and policy development.

**Research into services and needs for people experiencing complicated grief (Phase 1)**

**Department of Health**  
**Total Funding:** $231,625  
**Duration:** June 2016 – March 2017

**Background**
The CHSD was commissioned by the Palliative Care Section, Australian Government Department of Health, to undertake research into services and needs for people experiencing complicated grief, arising from the death of a relative or meaningful individual in someone’s life.

Bereavement – the loss of a loved one through death – is a normal, common human experience. Although it is associated with a period of acute suffering, most people adapt to their loss over time. For a few people, however, bereavement can lead to extreme and persistent mental and physical ill health, making it an issue of concern for both clinical practice and preventative care (Stroebe et al., 2007).

**What we did**
This research was undertaken to support the Palliative Care Section in their policy deliberations about issues relating to complicated grief.

A methodology was developed to ensure the research captured multiple perspectives of the key stakeholders affected by the phenomenon of complicated grief. The research design was based on a mixed methods approach that supported triangulation of data through using multiple qualitative and quantitative data sources, including a targeted review of the academic literature, semi-structured interviews, discussion groups, a survey of service providers and secondary data sources.
Data collection commenced in 2016 and post analysis a facilitated workshop with key experts in the field of bereavement, grief and complicated grief was conducted in early 2017. The participating experts had a mix of research and clinical backgrounds. The purpose of the workshop was to review the findings presented in the draft final report, discuss policy related issues and draft recommendations, as well as identify practical steps to progress supported recommendations.

The final report, which included a suite of recommendations for policy, service delivery, workforce / capacity development and further research, was completed in March 2017 and published online.

### Needs of people experiencing bereavement and prolonged grief (Phase 2)

**Department of Health**

**Total Funding:** $147,276  
**Duration:** May 2017 – June 2018

**Background**

The objective of this project is to undertake a second phase of research on issues relating to bereavement and prolonged grief (formerly referred to as complicated grief), arising from the death of a significant person in someone’s life. This will assist the Palliative Care Section to address several short-term recommendations arising from the Phase 1 research project.

Three sub-projects are being undertaken concurrently as Phase 2 of this project:

1. Disseminating findings/knowledge translation about prolonged grief for primary care, aged care and palliative care sectors.
2. Supporting patient access to bereavement support and/or prolonged grief services through primary care and palliative care services.
3. Identifying effective bereavement support strategies for carers engaged with palliative care services.

**What we did**

A suite of deliverables were completed during the year as part of the program of research into services and needs for people experiencing bereavement and prolonged grief.

For sub-project 1, an issues brief was produced for Primary Health Networks and a webinar was conducted by the CHSD project team. Headline findings were presented to representatives of Primary Health Networks across Australia and an opportunity for questions from participants was provided. In addition, a second issues brief was developed, based on a number of semi-structured interviews with large residential aged care providers in both the not-for-profit and for-profit sector and with peak organisations of key provider groups about their perceived need for information on bereavement support and prolonged grief in the residential aged care sector.

For sub-project 2, a report on pathways of bereavement support in palliative care was produced. The report was primarily informed by a cross-sectional national survey assessing the current state of bereavement support provision and related factors within Australian palliative care services. The survey was completed by 180 services (84% response rate). Data were analysed at the metropolitan and regional / remote level and used to develop three case vignettes (supplemented by a small number of in-depth semi-structured interviews with representatives of palliative care services, Primary Health Networks and Local Health Districts in metropolitan, regional and remote geographic areas across Australia). A workshop was also held with a small group of experts in bereavement support from the palliative care and primary care sectors which provided an opportunity to test assumptions underpinning data analysis and to explore perceived service gaps and corresponding policy implications.

For sub-project 3, an issues brief exploring stakeholder views and evidence relating to bereavement support for carers was completed. The brief was based on semi-structured interviews with representatives of peak carer organisations, conducted to collect information on current bereavement pathways and services for carers and to identify unmet needs and service gaps. Additionally, a targeted review of the intervention literature was completed to further investigate effective ways to support carers prior to, during and after bereavement.

In early 2018 we will be presenting the overall results to representatives of the Australian Government and discussing emerging policy and program implications with key Departmental officers from the Palliative Care Section of the Department of Health.

### Evaluation of the LikeMind Pilot

**NSW Ministry of Health**

**Total Funding:** $198,247  
**Duration:** February 2016 – December 2018

**Background**

LikeMind is an initiative of the Mental Health, Drug and Alcohol Branch of the NSW Ministry of Health. The initiative’s service model can be characterised as a service-hub approach to the integrated provision of care and support for adults aged between 25 and 65 who experience mental illness.

The focus of the LikeMind service model is to provide proof of concept for an NGO-led and managed model of integrated care for people with moderate to severe mental illness which is readily accessible in a community setting. It is assumed that co-locating mental health service providers in four community accessible premises with shared service protocols will lead to improved outcomes for consumers.
What we did
A mixed-methods longitudinal methodology has been developed to address a set of evaluation questions. Data from multiple sources are currently being collected to underpin the evaluation analysis. The evaluation team is working closely with the four LikeMind pilot sites to ensure that clinical and service utilisation data are available to inform both formative and summative evaluation findings.

In terms of understanding stakeholder perceptions of the initiative, we have conducted an initial round of stakeholder interviews and focus groups at three of the four sites. Work in this area will continue in 2018 with more of a focus on the two regional sites.

Aboriginal Community Controlled Health Organisations evaluation project

**COORDINARE, South Eastern NSW Primary Health Network**
**Total Funding:** $188,145
**Duration:** January 2017 – June 2018

**Background**
This project involves close collaboration with four Aboriginal Community Controlled Health Organisations (ACCHOs) in South Eastern NSW regarding the development and implementation of a community-based participatory evaluation and research program, which will help to enhance the research and evaluation capacity of the participating organisations. AHSRI’s Indigenous health research team are the conduit between the community, COORDINARE and AHSRI, to work alongside the services to develop research and evaluation projects that are of need and benefit to the Aboriginal community. The outcome of the project is to develop a framework of ‘doing’ evaluation and research ‘with’ ACCHOs. We are working with the ACCHOs to acknowledge current capacity and enhance skills through a strengths-based model. This works well as the skill sets within Aboriginal communities are often overlooked, however provide a base for developing skills further. The project consists of a number of elements, including: scoping review of the literature; development of a community-based participatory research model; development of a capacity building program designed with ACCHOs from initial needs analysis; knowledge translation and development of an Indigenous specific logic model that captures cultural capital and self-determination principles.

The scoping review, ‘Development of an Indigenous perspective in Western logic models’, has uncovered the limited available published academic and practice literature that provides evidence of logic models that incorporate cultural elements from an Indigenous lens or perspective. The project continues to work in a culturally focused manner to assist with the development of an Indigenous specific logic model that captures cultural capital and self-determination principles. We are currently working towards developing a manual for ACCHOs that will include information contained in the workshops in addition to very practical tools such as logic model templates and evaluation frameworks that can be utilised within the services and possibly other ACCHOs.

Evaluation of SSI's Humanitarian Settlement Service and service delivery model

**Settlement Services International**
**Total Funding:** $165,150
**Duration:** July 2015 – December 2018

**Background**
Settlement Services International (SSI) is one of the providers of the Humanitarian Settlement Services (HSS) program on behalf of the Department of Social Services. These services are typically provided to refugees and other humanitarian entrants in the first 6-12 months of settlement after arrival in Australia. SSI currently provides services to about 6,000 refugees and other humanitarian entrants annually in a decentralised model, with SSI’s HSS staff co-located in Migrant Resource Centres at nine locations across the Sydney metropolitan area. SSI wanted to know whether its decentralised service delivery model was more effective than other models in helping its clients achieve integration outcomes.

Since 2014, SSI has been involved in the LikeMind project, delivering HSS services in the Sydney metropolitan area. The LikeMind project was a collaborative research initiative undertaken by SSI and COORDINARE, South Eastern NSW. The initiative aimed to test and develop a model of service delivery in a decentralised way, with a team of high-level bilingual workers to contact SSI’s former clients. 401 clients from SSI and from other humanitarian entrant service organisations were interviewed with a number of key stakeholders from within SSI and from other humanitarian entrant service organisations to obtain their perspectives on the strengths and weaknesses of SSI’s service delivery model. We also conducted focus groups with a number of former clients.

As English literacy of clients was likely to be low, we used bilingual workers to contact SSI’s former clients. 401 clients were contacted. 210 telephone interviews were conducted.
(almost two thirds were conducted in languages other than English) and 26 paper surveys (22 in Arabic) were received. This provided a high response rate of 59%.

Overall, former HSS clients reported successful settlement, particularly where SSI had the most opportunity to influence outcomes, such as finding (and having high levels of satisfaction with) housing, getting children into school and child care, and knowing how to access essential services like the police.

Compared with the Building a New Life in Australia comparison group, former HSS clients of SSI were more confident in essential tasks of daily life.

Work is continuing on preparing two papers about this project. One compares the SSI decentralised model of service delivery. The other examines the settlement factors associated with subjective well-being among refugees in Australia.

Alternative aged care assessment, classification and funding models

**Australian Government Department of Health**

*Total Funding: $154,838*

*Duration: September 2016 – February 2017*

**Background**

The residential aged care sector has experienced considerable change since the introduction of the Aged Care Funding Instrument (ACFI) in 2008. There were some concerns that the ACFI-based funding model has been unable to account for the shift in demography, and the increased frailty and medical complexity of residents. Over this time, the Department of Health has reported growth in residential aged care expenditure that regularly exceeds budget expectations. Changes to the ACFI funding system over time have been reactive, resulting in funding uncertainty for both government and providers.

In line with the recent efforts towards aged care funding reform, the Australian Government Department of Health commissioned AHSRI to undertake a review and develop options for an improved funding model for residential aged care.

**What we did**

The project involved a review of international models, consultation with government, provider and consumer stakeholder groups and analysis of trends in the ACFI assessment data. Based on these reviews, AHSRI presented five alternative funding system options and recommended one as the preferred option.

The recommended option is a blended model with fixed and variable payments. The variable daily payments are proposed to be based on a branching classification system that better accounts for the individual needs of aged care residents. This model also includes a number of options for resident assessments, which may be undertaken internally or by independent assessors, for the determination of the fixed payment amount, and for the allocation of a one-off adjustment payment when a new resident enters a facility.

The proposed model has the key benefit of recognising the drivers of cost in aged care with the payment levels to be informed by a resource utilisation study. This model will also be more aligned with consumer needs and care planning than the current system.

This work was completed in 2017 with the delivery of a formal report in February containing recommendations for ongoing development work. AHSRI was subsequently engaged by the Department of Health to undertake the Resource Utilisation and Classification Study and progress the recommendations of this report.

**ReThink Respite**

**Alzheimer’s Australia Dementia Research Foundation, Resthaven Inc. Dementia Research Award**

*Total Funding: $150,000*

*Duration: January 2015 – January 2017*

**Background**

Provision of respite is consistently identified by carers of People Living with Dementia (PLD) as one of their critical unmet care needs, yet only a small proportion use available respite and other support programs. ReThink Respite was a community intervention which aimed to improve knowledge about, attitudes toward, and uptake of, respite services for PLD and their carers, in the Illawarra-Shoalhaven community. The intervention provided education sessions as well as informational and navigational resources for PLD and their carers, respite service providers, and those promoting access to respite services throughout the Illawarra and Shoalhaven. Individualised support for PLD and their carers was offered via ‘ReThink Respite Coaching’, a goal orientated program developed specifically for the project and delivered by health professionals in the participants’ homes.

**What we did**

The project evaluation comprised a pre/post survey of carers of PLD living in the Illawarra and Shoalhaven regions. The baseline survey was conducted with 84 carers in 2015 and the follow-up completed by 44 of the 52 carers who were still eligible in 2016. Results demonstrate there is still an unmet need for respite for PLD and their carers in the Illawarra and Shoalhaven regions. All participants continued to consider general practitioners, carer support groups and family and friends as major sources of information about respite. However, coaching participants
increased the number of sources they used to find information about respite. This increase was largely due to using the ReThink Respite website and Directory of Services. Carers participating in the coaching had many positive improvements in knowledge, attitudes and intention to use respite. They also improved self-efficacy and personal gain during the intervention period. This was not the experience for non-coaching survey participants, some of whom showed signs of worsening during the period of the intervention. This demonstrates the benefits of one-on-one support to gain the confidence and skills needed to successfully navigate the aged care system.

The ReThink Respite project took part during a transition period of aged care reforms in Australia. This, and the progressive nature of dementia as a condition, will have impacted on participants in the study and may account for the negative trends found for respondents in the survey who did not participate in the coaching program.

Implementing the Australian Paediatric Rehabilitation Outcomes Registry

**Children’s Health Queensland Hospital and Health Service**  
**Total Funding:** $118,121  
**Duration:** January 2016 – December 2017

**Background**

Paediatric rehabilitation aims to maximise the ability of the child to participate in activities at home, school and the community. Rehabilitation focuses on maximal restoration of function regardless of age but there are substantial differences between children and adults in the types of impairments of concern, development and maturation and, importantly, decision making abilities. Thus families and caregivers play a key role in paediatric rehabilitation.

While the AROC adult rehabilitation benchmarking initiative commenced in 2002 is well established, with close to 100% participation of all inpatient rehabilitation facilities in Australia and New Zealand, a paediatric equivalent was not available.

**What we did**

The Paediatric Rehabilitation Data Set Working Group (a combined AROC and Australasian Rehabilitation Faculty of Rehabilitation Medicine group) first met in Christchurch in March 2010. Subsequent work included development of paediatric specific impairment codes and a draft dataset. In 2016 the Queensland Paediatric Rehabilitation Service (QPRS) at Lady Cilento Children’s Hospital was successful in obtaining funding to allow AROC in association with QPRS and continuing collaboration with senior clinicians from the specialist paediatric rehabilitation units in Australia and New Zealand, to undertake the development of a paediatric rehabilitation outcomes benchmarking initiative.

The project achievements include:

- Finalisation of an agreed national outcome dataset and data points for inpatients and day hospital paediatric rehabilitation services; the major outcome measure in the dataset is the weeFIM
- Extension of the current AROC database to include inpatient and day hospital paediatric rehabilitation outcome measures
- Development and implementation of systems (including training) to collect data in line with the agreed national dataset for specialist paediatric rehabilitation services
- Pilot implementation of the data collection by QPRS in August 2016, following training in the dataset and data collection system
- Provision of dataset training in November and December 2016 to all paediatric rehabilitation services in Australia and NZ wishing to join the initiative
- Commencement of data submission by paediatric rehabilitation services in 2017
- Development of the inaugural paediatric rehabilitation benchmarking report.

AROC would like to acknowledge the valuable contributions of all those involved in the project and looks forward to continuing collaboration with the participating services including provision of support to review and analyse paediatric rehabilitation outcome data.
Tackling Indigenous Smoking

Grand Pacific Health
Total Funding: $109,998
Duration: March 2016 – June 2018

Background
Tobacco is the primary cause of preventable disease and early death in Aboriginal Australians, with one in five deaths related to direct or passive smoking. The Tackling Indigenous Smoking (TIS) initiative coordinated by Grand Pacific Health is part of the Australian Government Department of Health’s Tackling Indigenous Smoking Regional Tobacco Control Grants, aimed at improving the health of Aboriginal and Torres Strait Islander people through a variety of population health activities to reduce tobacco use. The initiative’s primary focus is on tobacco use outcomes. The initiative will deliver a population and preventative health approach directed to all Aboriginal and Torres Strait Islander people in the South Eastern NSW region, irrespective of what health provider the individual uses. The initiative is being undertaken in collaboration with, and to complement, NSW state tobacco control activities.

What we did
The main role of the CHSD is to develop and assist with the implementation of an evaluation framework and associated activities for the TIS initiative. During the year refinements to the CHSD evaluation framework were made to align with the TIS activities and program logic. Work continued on designing evaluation materials, including forms and surveys for baseline and follow up evaluation activities. Data collection and data analysis continued.

Tackling Indigenous Smoking Innovation Grant

Waminda South Coast Women’s Health & Welfare Aboriginal Corporation
Total Funding: $109,032
Duration: January 2017– June 2018

Background
The Waminda South Coast Women’s Health & Welfare Aboriginal Corporation was funded by the Australian Government Department of Health Tackling Indigenous Smoking (TIS) Innovation Grants to deliver the Waminda’s Balaang and Binjilaang – South Coast NSW Aboriginal Women’s Tobacco Intervention Project. The Balaang and Binjilaang project has been designed to encourage and support Aboriginal women and young women to attend support groups, to reduce the psychological distress of tobacco intervention and reduce nicotine dependence while increasing quit attempts for participants within the project – while being delivered within a culturally safe framework. Professor Kathleen Clapham was commissioned to conduct an evaluation of Balaang and Binjilaang across the three implementation sites – Nowra, Wollongong and Bega. The research aims are to: assess the impact, both separately and together, of group attendance and reductions in psychological distress on tobacco use; assess the impact of the intervention on the intentions and confidence of Aboriginal women of child bearing age not to smoke when pregnant; identify core components of the intervention that contribute to its effectiveness; and assess the potential for scalability.

What we did
The project commenced in January 2017. Ethical approval was obtained from the UOW Human Research Ethics Committee and the Aboriginal Health and Medical Research Council (AHMRC). Program implementation has been staggered across five sites in the Illawarra (Coomaditchie), Shoalhaven (Nowra) and Far South Coast (Bega, Wallaga Lake and Eden) regions. A program logic model was developed in the initial stages of the project. This involved the research team working closely with program staff to achieve a shared understanding of the underlying rationale or logic of the TIS program, and to illustrate how and why the program is expected to achieve its short, medium and long term outcomes. The evaluation framework developed includes details of data sources utilised for the evaluation. The evaluation is a mixed methods study that applies a variety of quantitative and qualitative data collection methods from multiple sources to provide a comprehensive analysis of the processes, outcomes and impacts of the program. Qualitative and quantitative data collection is currently being completed across all sites. Program data is being collected on an ongoing basis for analysis. The process evaluation includes minutes of meetings, annual reports, and other available documentation. It includes the routinely collected program data for individual TIS clients. Additionally, the evaluation framework sets out a number of specific questions about how the program is being implemented at each of the sites. Qualitative data is being collected in two ways: yarning sessions and field observation. Yarning sessions are being used to explore and assess the individual client experience of the program (Bessarab and Ng’andu 2010). Field observation provides researchers with an opportunity to observe how the program works in its naturalistic setting at each site and to better understand the processes of program implementation and the interaction between clients, and clients and staff.

A preliminary analysis of the qualitative data obtained from the yarning circles has revealed the following themes: positive program delivery; impact on smoking behaviours; impact on wellbeing; health literacy; gender; and the importance of connections.

The research is being conducted within Waminda’s cyclical model of care. Capacity building for Aboriginal researchers and health workers is an important component of the research.
After-hours primary care presentations in the St George Hospital and the Sutherland Hospital Emergency Departments

Central Eastern Sydney Primary Health Network
Total Funding: $84,444
Duration: January – June 2017

Background
Emergency department presentations in Australia are increasing annually. Potential primary care presentations are non-urgent presentations which can be dealt with by a general practitioner or other primary care provider rather than requiring the specialist services of an emergency department. Emergency departments are the most expensive of all after-hours primary care pathways and getting ‘the right care in the right place at the right time’ is a national health priority. A grant was received from the Central Eastern Sydney Primary Health Network to determine the level of primary care presentations in the after-hours period in the St George Hospital and the Sutherland Hospital Emergency Departments.

What we did
The study was a quantitative cross-sectional study, involving a retrospective audit of medical records. The existing code frame to determine a primary care appropriate presentation developed by Bezzina et al. (2005) and Siminski et al. (2008) was expanded on and tested on nearly 20,000 emergency department presentations. The final code frame was then applied to five years of emergency department data (over 601,000 presentations) at the St George Hospital and The Sutherland Hospital. Using this definition we found that 28% of all presentations in these hospitals were found to be potential primary care appropriate presentations, and that 19% of all presentations occurred in the after-hours period.

We then compiled a population profile of these patients and determined that the demographic profiles of potential primary care patients in the after-hours periods were different to the population demographics for the Local Government Areas within the hospital catchment areas. Our list of recommendations, along with this demographic information, will enable the Central Eastern Sydney Primary Health Network to develop and implement specifically targeted interventions to these population groups.

Preventing unintentional injury to Aboriginal children and young people in NSW: guidelines for policy and practice

NSW Ministry of Health
Total Funding: $76,958
Duration: June 2015 – March 2017

Background
In March 2015, NSW Kids and Families put out an expression of interest for researchers to conduct research which either informs paediatric injury prevention or informs health service provision for paediatric injury. CHSD researchers received funding from NSW Kids and Families to carry out a project that addresses the issue of high rates of hospitalisation and deaths amongst Aboriginal children. The research involved the development of guidelines about how best to prevent unintentional injury to Aboriginal children and young people in NSW. The project sought to inform policy by highlighting areas of prevention where most benefit can occur, inform and guide injury prevention practice within community settings, and inform future research directions and intervention studies.

What we did
The research project began in July 2015 and was underpinned by broad consultation with community, policy makers, program providers and researchers, and drew together existing knowledge from literature about the extent and characteristics of injury to Aboriginal children and young people. A literature review was conducted with two main components looking at
effective programs that target injury in indigenous children internationally, as well as a review of what is known about Aboriginal community attitudes towards injury prevention and perceptions of risk.

Qualitative research involved semi-structured interviews with stakeholders, and focus group discussions with Aboriginal community members to explore attitudes to the prevention of injury in Aboriginal children and young people. A roundtable discussion was held in June 2016 which brought together a diverse group of participants, including Aboriginal community organisations, government and non-government organisations, injury practitioners and policy makers. The roundtable discussion included researcher presentations and brainstorming sessions to inform a set of draft guidelines for effective injury prevention approaches targeting injury among Aboriginal children and young people in NSW.

Guidelines were developed to provide a resource to assist organisations, communities and individuals to work together to prevent unintentional injury to Aboriginal children in NSW in a way that reflects the values, attitudes and priorities of Aboriginal people. The guidelines are intended to assist Aboriginal community controlled organisations that deliver services to Aboriginal children, non-government organisations that develop and implement child safety programs, researchers responsible for developing and evaluating interventions, and government policy makers responsible for setting policy agendas. The final guidelines, entitled ‘Active and Safe: Preventing unintentional injury to Aboriginal children and young people in NSW: Guidelines for Policy and Practice’, were submitted to the Ministry of Health in March 2017. The interim and final study results were presented at two conferences: the World Safety Conference in Helsinki, Finland, in September 2016, and the Australian Injury Prevention Conference in Ballarat, Victoria, in November 2017.

The study found that while the injury mortality rate for non-Aboriginal children in NSW has halved over the past 15 years, the rate for Aboriginal children has remained the same.

Symptom Assessment Scale Retrospective Case Review

**University of Western Australia**

**Total Funding:** $71,314

**Duration:** August 2017 – June 2018

**Background**

The Symptom Assessment Scale (SAS) is a validated tool used by palliative care services in Australia which aims to enable patients to self-report on the distress they experience, measuring seven common physical symptoms – sleep, appetite, nausea, bowels, breathing, fatigue and pain. Assessment of symptoms by direct patient self-reporting is regarded as the ‘gold standard’ to ensure effective assessment and control of symptoms. Patient symptom assessment by proxy may be indicated however, when patients are unable to directly report on symptoms due to a decline in cognitive or physical functioning.

The first phase of this multi-stage project investigating patient / proxy rating of the SAS involves undertaking a retrospective case audit.

This retrospective case review will build on the evidence base by:

- Ascertaining the percentage of patient/proxy rating across the country and by state;
- Ascertaining differences in the percentage of patient / proxy rating between service settings;
- Ascertaining relationships between Australia-modified Karnofsky Performance Scale (AKPS), language and patient/proxy ratings;
- Exploring the association between patient outcome measures and proxy versus patient symptom assessment.

The findings from this study will assist in the understanding of the incidence of proxy rating, inform training and the relationship of proxy rating to language, diagnosis and functional performance (AKPS).

**What we did**

Using a purposive sampling framework, invitations to participate in the study were distributed to services from different palliative care settings in August 2017. Seventeen services who routinely collect demographic, clinical assessment (SAS, AKPS, and RUG-ADL) and rater (patient or proxy) data for the whole of each episode were recruited. Data collection was completed late in 2017.

Data analysis will be undertaken by experienced statisticians in early 2018. Cohort characteristics will be reported using descriptive statistics, with comparisons made to broader population statistics already produced by PCOC, in order to assess representativeness of the study sample. Percentages and 95% confidence intervals will be used to summarise the percentage of SAS assessments that were proxy completed, both overall and for each participating service (anonymised) in order to determine the variability of practice across services. Repeated measures logistic regression models will be used to analyse the relationship between proxy rating and level of symptom, function and preferred language over time, controlling for other patient characteristics.

Following completion of the retrospective case review, other phases of the study will be progressed, including testing of a revised SAS tool and an exploration of the disparity between patient and clinician rated scores.
2017 Post School Programs

Ageing, Disability and Home Care, Department of Family and Community Services  
Total Funding: $42,812  
Duration: March – June 2017

Background
The year 2017 has marked the conclusion of a very successful sixteen-year collaboration with Ageing, Disability and Home Care (ADHC) in the NSW Department of Family and Community Services (formerly the Department of Ageing, Disability and Home Care). ADHC has been providing support to school leavers with disability through two Post School Programs (PSP): Transition to Work aimed to improve employment outcomes for participants while Community Participation has helped those who are not able to move to employment to develop life skills, thereby increasing the young person’s independence.

In collaboration with ADHC, AHSRI developed and applied a methodology to improve the equity in the allocation of support funding through PSP. The National Disability Insurance Scheme (NDIS) has now been rolled out in NSW and this has meant a transfer of responsibility for post-school support.

What we did
In 2002 we undertook a study that established a link between the need for support of young people with disabilities and their level of functional independence. This was followed by a costing study and the development of a classification and an equitable method to determine funding levels for support of school leavers with disabilities.

Unwarranted clinical variation in rehabilitation

NSW Agency for Clinical Innovation (ACI)  
Total Funding: $68,182  
Duration: January – December 2017

Background
The objective of this research project was to explore clinical variation in service delivery and outcomes for people who participated in rehabilitation in NSW public rehabilitation services. Utilising analysis of AROC rehabilitation data, the goal was to determine the factors which contribute to unwarranted clinical variation (UCV) and thereby identify opportunities and recommend strategies at both facility level and system level for reducing UCV in rehabilitation services.

What we did
The first stage of the project focused on data analysis and interrogated the AROC database. This stage aimed to translate the Australian Commission on Safety and Quality in Health Care’s definition of unwarranted clinical variation into the inpatient rehabilitation context by considering a variety of measures on entry to, during and at exit from inpatient rehabilitation, and identifying variations between facilities. In determining the factors which contribute to unwarranted clinical variation we identified opportunities for improvement and made initial recommendations of strategies at both facility level and system level for potentially reducing unwarranted clinical variation among inpatient rehabilitation services. At the request of ACI this analysis focused on three types of impairments: stroke, fractured hip and reconditioning. The analysis compared each NSW public facility with at least 20 episodes of the impairment being considered against each other, against the total NSW public inpatient rehabilitation data, and against the Australian national data. The analysis described facilities that were performing well and those that were not, using national data as the benchmark against which facilities were compared.

The second stage of the project involved consultation with AROC member stroke rehabilitation services. Senior rehabilitation staff at a range of (AROC member) rehabilitation services were contacted to explore their perceptions about the mechanisms which may result in, or contribute to reduction of, unwarranted clinical variation in key indicators as identified by the AROC data. A final report was completed which identified that variation...
in processes and outcomes clearly exist in the NSW public inpatient rehabilitation sector. Variation across the three specific impairment categories of stroke, fractured hip and reconditioning were identified and enumerated. Using casemix adjustment, the variation attributable to the mix of patients was controlled for, leaving the remaining variation likely to be caused by differences in health system performance. Factors that underpin the identified differences in health system performance were reported and recommendations provided.

Patient reported outcomes measures: stakeholder interviews

**Australian Commission on Safety and Quality in Health Care**

**Total Funding:** $66,250

**Duration:** May 2017 – mid-2018

**Background**

Patient reported outcome measures (PROMs) are tools used to understand health outcomes from the perspective of consumers. They are increasingly seen as an important source of information to guide quality and safety improvement in health care, in conjunction with the more traditional clinician-reported outcomes, measures of health care processes, and measures of output, such as the volume of procedures performed by a provider.

Since May 2016, the Australian Commission on Safety and Quality in Health Care (the Commission) has engaged CHSD in a program of research to examine how PROMs are being used in Australia and internationally, with a particular focus on the potential purpose and benefits of national-level collation or collection. This work has included an environmental scan of current activity and a review of the academic and practice literature, both of which have been published online.

This project was the third component of this program of research: a series of interviews with representatives from all Australian jurisdictions and with Australian and international experts. Together, these three pieces of work provide a foundation for the specification of options for the extent and nature of the Commission’s future national leadership role in the area of PROMs.

**What we did**

Data were collected via 27 semi-structured interviews with Australian and international experts and Australian jurisdictional representatives, who were asked about current activity in PROMs, lessons to be learned from existing initiatives, and desired future directions.

In the final report, these perspectives were integrated with the information available from the previous literature review and environment scan. Findings covered a range of topics, including the policy drivers for PROMs, the ways in which PROMs may be used in the Australian health care context, the importance of good infrastructure design and change management strategies for successful implementation, and the need to build the evidence base for the effectiveness of PROMs. The discussion was organised around six principles for the design and implementation of PROMs which had been derived from the previous stages of the project and endorsed by the Commission’s Board. Based on this evidence, a number of options for the Commission’s future role in relation to PROMs were identified and six recommendations were included for consideration.

The final part of this project, which is planned for 2018, will involve working with key Commission staff to develop an options paper synthesising the evidence and presenting potential future directions for the Commission’s role in PROMs in Australia.

Evaluating the impact of Intergenerational Playgroups in residential aged care

**Funding:** Liveable Communities Grant (Department of Aging, NSW Government)

**Total Funding:** $55,710

**Duration:** January 2017 – January 2018

**Background**

Playgroups are informal sessions where mums, dads, grandparents, caregivers, children and babies can meet together in a relaxed environment to promote fun, learning and friendship. Intergenerational playgroups, a relatively newer form of playgroup, have been designed with the additional aim of promoting intergenerational social interaction, learning and social inclusion. They are usually attended by three generations (elders, parents and children), and have been found to promote increases in happiness, dignity and self-esteem for older participants, as well as more active participation and sense of social connectedness in the community.

The key steps to successful implementation of a community led model within residential aged care environments are not well understood. The aim of the project was to develop and test a best practice model for community led Intergenerational Playgroups (IPGs) within aged care settings, with Playgroup NSW, and three residential aged care services (two residential and one community centre).

**What we did**

A model for community led IPGs was developed, informed by Playgroup NSW’s community led models for parents and preschool aged children, and a literature review regarding intergenerational playgroups models and evaluation strategies. Existing playgroups within each of the target regions were then recruited with volunteer parents from these playgroups receiving training, resources, monitoring and assistance from a staff member employed by Playgroup NSW who had expertise in
playgroup modelling and community engagement. The Playgroup NSW staff member also worked with a staff member from each of the aged care facilities to ensure the group activities and environment would meet the needs of both the children and the older participants. Three IPGs were successfully run and included in the evaluation.

Evaluation utilised a mixed methods design, including surveys and structured observation, to explore experiences and assess impacts associated with implementation of the community led model. The focus was on the experience of key stakeholder groups including parents and children, aged care staff, and aged care residents.

Evaluation results were overwhelmingly positive with regards to the IPGs supporting engaging and fun social interactions of mutual benefit for all the generations. The organised activities within the IPG were successful in promoting social contact and improved mood for the older residents. Structured observations and parent and staff report supported the activities as underpinning an uplift in mood within the aged care environments, and the increased alertness of many older people whether they were directly engaged with activities or not. Parent surveys also highlighted the interaction with older residents as a social asset for their children and themselves. The research also challenges the need for staff engagement and energy to drive cross generation interaction, gain meaningful input from older residents into program activities, and adapt aged care environments to meet the needs of younger children.

Living Connected: Digital inclusion overcoming isolation of elders

NBNCo, Vita Foundation, Australian Government’s Be Connected Initiative
Total Funding: $52,500
Duration: August 2016 – present

Background
Living Connected has created a service to improve the digital literacy of older citizens who live in the Illawarra-Shoalhaven. This service applies the results of four year’s research into why and how older people use digital devices and on the benefits to social well-being from this use.

As developed countries struggle to find suitable living arrangements for their ageing populations, many elderly citizens are becoming increasingly marginalized and isolated. Isolation is known to lead to severe problems such as depression. There is a large body of evidence that remaining active and are major contributors to health and wellbeing of the elderly. With age, the physical capability to get out and about diminishes. Meanwhile, digital technology continues to improve, providing new ways to connect with others and engage in exciting new activities.

The most recent Telstra report on digital inclusion in Australia reveals that older citizens are missing out on the benefits of the Internet; something that the rest of us take for granted. Government agencies, businesses and community services expect everyone to interact with them online and are making it difficult to access service in person. This is a real challenge for the digitally excluded.

What we did
The mission of Living Connected is to be a not-for profit community enterprise providing services for the social well-being of elders assisting them to set up and use a computer whereby they remain independent, connected and engaged. Research into the outcomes of social services has identified eight domains of wellbeing, three of which are on a higher level than the others: maintaining independence, staying connected and being able to engage in meaningful activities. Our research has demonstrated ways by which computers can be used to improve well-being in these domains: maintaining independence by doing banking and other transactions online; connecting with family and friends through email, Skype, and Facebook; and spending spare time doing an online course or your familiar history and much more. Our research revealed the importance of (1) focusing on one or two things that each person wants to do (2) getting the best technology for each person and what they want (3) getting a few one-on-one lessons on their own device, just enough to do the one thing they want to do most and (4) having someone they can call on for help when they get stuck.
ReThink Respite Online

Dementia Research Foundation
Total Funding: $50,000
Duration: March 2016 – March 2017

Background
Despite the established benefits of respite, many carers of people with dementia are reluctant to use or are unaware of services or strategies which may provide them respite from their caring role. The ReThink Respite Online Project aimed to address the barriers to respite use by developing an online education and support program for carers of people with dementia.

What we did
The online program was developed from the ReThink Respite project run in the Illawarra Shoalhaven region during 2016. Project resources included 10 education modules in an email format, online ‘coaching space’ (using the Adobe Connect platform), and a tailored website which featured an online discussion forum, ‘respite experiences’ videos, and various tools and resources for participants. All project resources were reviewed by current carers of people with dementia to confirm their relevance and suitability.

Social marketing research to prevent unintentional injury to Aboriginal children

NSW Ministry of Health
Total Funding: $49,730
Duration: July 2016 – December 2017

Background
In March 2015, CHSD responded to an expression of interest from the NSW Ministry of Health for research proposals which either inform paediatric injury prevention or inform health service provision for paediatric injury. Funding was received to undertake research to develop a set of guidelines for policy and practice for the prevention of unintentional injury to Aboriginal children and young people. The research involved a literature review, stakeholder interviews and focus group discussions and explored the knowledge, attitudes and perceptions of risk of injury to Aboriginal children from the perspectives of Aboriginal people. It resulted in a set of guidelines which identified key injury prevention messages from experts and identified Aboriginal community preferences including, flexibly delivered educational components, utilisation of social media, allowing children to explore and learn for themselves, and using positive strength based messaging. This research is being used to inform the social marketing campaign which is currently underway.

What we did
We drew from our existing collaboration with experts in the field of injury research (The George Institute for Global Health), non-government organisations with a focus on child injury prevention (Kidsafe NSW and the Sydney Children’s Hospitals Network) and the Aboriginal Community Controlled Health Sector. The project utilised social media to share safety messages, and develop e-learning experiences based on injury issues for children from birth to five years e.g. falls, burns, drowning, poisonings, and the promotion of home safety devices. Information was delivered via online platforms including Facebook and the Kidsafe website; the target group for the project were social media participants who are parents or carers of Aboriginal children under five years and are active Facebook users.

A targeted literature review was carried out to explore how social media can be used to promote child safety messages to an Aboriginal audience. The review provided an up-to-date state of knowledge of how social media is used for injury prevention and how Aboriginal people use social media. It identified current gaps in the literature about how social media can most effectively be used for child injury prevention and safety promotion.

The research involved the research team working closely with one Aboriginal organisation, Waminda – South Coast Women’s Health & Welfare Aboriginal Corporation, to identify a pilot site. The project employed action research methodologies that engaged the Aboriginal participants in the design, delivery and evaluation of the activities. Women who attended the Waminda’s weekly ‘Mums and Bubs’ group, were recruited as research participants. We engaged Kidsafe NSW to deliver two child safety training workshops, and worked with the women to develop culturally appropriate child safety messages within a
A closed Facebook group. The project used a process and impact evaluation with the development of a logic model and evaluation framework. We collected data through yarning sessions and online observation and a post-implementation focus group. The pilot group showed greater general awareness of child safety. The group also showed interest in sharing child safety content beyond the scope of study.

The study results were presented at the Australian Injury Prevention Conference in November 2017 and the final report was submitted to the NSW Ministry of Health in December 2017.

Professor Kathleen Clapham, pictured above, leads an extensive program of Indigenous health research within AHSRI.

Culturally and Linguistically Diverse Carers Support Project

Multicultural Communities Council Illawarra
Total Funding: $49,715
Duration: July 2016 – April 2017

Background
Informal carers of older people make a critical contribution to the health and wellbeing of Australian communities. Carers provide care and support to family or friends who are frail and elderly, experiencing chronic or terminal illness, have a disability or mental illness or have drug or alcohol issues. Because the caring role can be stressful and isolating, services have been developed to support carers. However, carers from culturally and linguistically diverse (CALD) communities are less likely than those from majority cultures to seek or use support services.

Multicultural Communities Council Illawarra (MCCI) engaged our team to conduct formative research and develop social marketing materials to promote the awareness and uptake of carer support services for carers of older people from Turkish and Vietnamese communities in the Illawarra region.

What we did
We conducted both a literature review and qualitative formative research to develop a greater understanding of Turkish and Vietnamese carers’ knowledge about and attitudes towards carer support services. Three focus groups and fifteen interviews were conducted as part of inclusive consumer consultations that involved 33 participants including carers, people who work with carers, family members of carers, or community members who are of an age that potentially require access to carer services. All groups and interviews were analysed using a thematic approach informed by a patient-centred conceptual framework of access to health care services. Our findings suggest strong commonalities were identified as relevant to many carers’ capacity to locate, identify and communicate with support services. We also identified substantial inter- and intra-cultural diversity between the Turkish and Vietnamese communities. In this, service seeking was made more complex by individual perceptions of need, tenuous conceptualisations of support requirements and varied beliefs about the value or benefit of services.

Findings from the formative research informed the development of a suite of social marketing materials including social media posts, radio scripts, posters and print advertisements. The materials will be utilised as part of the ‘Every Carer’ campaign which focuses on the need for all Turkish and Vietnamese carers to have access to advice, support and company. These materials will be disseminated by MCCI as part of their larger CALD Carers Support Strategy (funded by an Aged Care Services Improvement Grant, Department of Social Services). Final outputs including a scoping review, research report, social marketing plan and plain language resources were delivered to MCCI in April 2017.

A resource for Turkish carers developed as part of the project and to be utilised in the ‘Every Carer’ campaign.
Caring for Community: Investigating the contribution of Aboriginal organisations to community wellbeing

University of Wollongong and National Indigenous Research and Knowledges Network

**Total Funding:** $47,711 (UOW Global Challenges Program) $9,533 (NIRAKN Internal Grants)

**Duration:** November 2014 - December 2017

**Background**

This research examined the vital role of Indigenous community-controlled services and organisations in the health and wellbeing of contemporary Indigenous Australians. The overall aim was to build an evidence base around the contribution of Aboriginal Community Controlled Health Organisations (ACCHOs) to the social health and wellbeing of Aboriginal people. A key outcome of the project was to develop a model of how an effective, sustainable ACCHO can contribute to transforming lives and regions. The study involved an exploratory mixed methods case study of one Illawarra organisation, the Illawarra Koori Men's Support Group (IKMSG). It aimed: firstly, to describe the operation of this community-controlled organisation and ascertain how it is sustained over time; and secondly, to examine the impact of the group's activities on the health and wellbeing of the local Aboriginal community.

**What we did**

This collaborative research project built on work funded in 2014 by a UOW Global Challenges strategic grant. We commenced by hosting a workshop which identified the need for an ongoing program of collaborative and community-based participatory research between University researchers and Aboriginal community organisations around the theme of 'Caring for Community'. Drawing on existing data sources we compiled baseline data and produced a snapshot report overviewing the demographics, socioeconomic status and health profile of the local Aboriginal population; we identified strengths of the community, notably the numerous ACCHOs.

In 2015, with further funding from the University of Wollongong’s Global Challenge Program and the National Indigenous Research and Knowledges Network (NIRAKN) we undertook a pilot study of the IKMSG using mixed methods to document and assess the impact of the group's programs, networks and partnerships. Qualitative data was collected from 21 face-to-face or phone interviews with local stakeholders and three focus groups with IKMSG participants. Quantitative data was collected through an online survey of 21 regional stakeholders.

We established an Advisory Panel and developed a Memorandum of Understanding between the UOW researchers and the IKMSG which served as a model for research agreements between university researchers and ACCHOs.

The current project developed as a community-based participatory action research initiative with three main foci: research; community engagement; and communications and messaging.

A social network analysis has mapped the relationships between the key organisations which support Aboriginal health and wellbeing within the Illawarra. Qualitative data provide evidence for the importance of IKMSG programs for Aboriginal men and their families and its value within the local Aboriginal community.

The results of the pilot research study were presented at the Australian Institute of Aboriginal and Torres Strait Islander Studies National Conference in March 2017. The final research report and a community report were launched at a community event in December 2017.

Quality review and audit of the My Aged Care Regional Assessment Services reablement evaluation

Silver Chain Group

**Total Funding:** $44,574

**Duration:** October 2017 – March 2019

**Background**

Access Care Network Australia (ACNA), a subsidiary of the Silver Chain Group, provides assessment services complemented by referral to appropriate organisations for the provision of support services with the aim of enabling members of the community to remain independent and in their own homes. In 2011 ACNA implemented an assessment methodology in Western Australia for clients wishing to access Home and Community Care using a wellness approach to assessment and service delivery recommendations. This model was subsequently enhanced to provide a combination of active assessment, the introduction of specific reablement strategies and an expanded role for assessors. Evaluation of this enhanced model in Western Australia in 2015 demonstrated that the method of reablement assessment delivered significant financial benefits to funders at no ‘cost’ to client outcomes.

ACNA is currently implementing this model of assessment within their My Aged Care Regional Assessment Services in Queensland and South Australia and conducting an evaluation to determine whether the model can result in similar outcomes in these locations. Their evaluation has been designed as a comparative longitudinal survey over a 12-month period comparing two groups of service recipients (comparison group and reablement group). It seeks to build on the findings of the Western Australia evaluation and provide evidence-based policy advice to key stakeholders on the national application of the model.

CHSD has been engaged by ACNA to undertake a quality review and audit of their evaluation study.
What we did
A quality review and audit plan was developed outlining the planned program of activity to ensure that ACNA follows appropriate evaluation and research protocols. The plan is guiding our review of ACNA's evaluation study, and details our proposed approach to the major activities of the quality review and audit, including:
• Desktop review of study design based on documentation provided by the ACNA team
• Site visits to observe data collection processes and gather supporting contextual information
• Review and replication of components of the data analysis
• Interviews with members of the ACNA evaluation team to clarify issues relevant to the evaluation study.

Site visits completed in late 2017 were valuable as they allowed us to improve our understanding of the active assessment approach and the related data collection processes. This project is ongoing.

Evidence check: Collection of data to identify people with a disability accessing health services

NSW Ministry of Health
Total Funding: $39,996
Duration: November 2017 – March 2018

Background
NSW Health is committed to reducing discriminatory barriers for people with a disability. This may be facilitated by the development of a state-wide health system process for identifying people with a disability. However, as yet NSW Health does not have a state-wide process for identifying people with a disability in its health data systems.

This evidence check will ascertain whether other health jurisdictions in Australia and international health agencies/systems consistently identify people with a disability in their health system/service data collections. Evidence for the benefits/advantages of such data collections and implementation issues concerning the incorporation of such disability data items in NSW health datasets will be examined.

What we did
The research methodology for the evidence check was finalised in late 2017. The literature search will be undertaken in early 2018 using an approach consistent with the conduct of a systematic rapid review, detecting literature about the identification of people with disability. It will include both peer reviewed Australian and international academic literature as well as practice literature such as government reports and web-based information. The review will identify and analyse both the research literature and practice literature with a primary focus on hospital inpatient, outpatient and specialised services. The strength of the evidence in the literature will be reviewed and classified using a CHSD standard classification schema. The final report is due to be submitted in March 2018.

Audit of NSW SNAP SAS code

NSW Health
Total Funding: $39,959
Duration: June 2017 – June 2018

Background
As part of NSW Health’s implementation of automated processing in various health information systems for their Activity Based Management (ABM) portal, a number of issues with the ‘business-asusual’ code were identified through internal review processes, leading to a new development called the ‘Rewrite’ code.

CHSD, being the authors of AN-SNAP and the grouping software used by ABM, were approached to carry out an audit of the business rules documentation and SAS code which comprises the ‘Rewrite’ code. The goal of the audit was to verify for ABM that the SAS code correctly implements current business rules. A secondary goal of the audit was to verify that the business rules document would be a useful resource for any staff involved in the management of the SAS code or SNAP more generally.

What we did
This review involved two CHSD staff reviewing the business rules document collaboratively. One staff member conducted a detailed parallel review of the SAS code and source of truth document. The review of the business rules document was undertaken to verify that information in the document was internally consistent, consistent with the provided SAS code, compliant with the rules of the AN-SNAP classification, and to verify to ABM that the business rules as described would result in correct data being delivered to and output from the AN-SNAP grouper. The review of the SAS code was undertaken to verify that the SAS code correctly implemented the business rules as described in the business rules document and to identify any issues in the SAS code.

An interim report was produced in September 2017 containing the findings of the review and recommendations regarding changes to the structure and nature of the documentation and code. Following NSW Health’s consideration of the findings and implementation of changes where appropriate, CHSD will undertake a final review, anticipated to occur in the first half of 2018.
Review of Activity Based Funding data

Australian Government Department of Health
Total Funding: $35,603
Duration: June – July 2017

Background
Since August 2011, the Australian Government has contributed to the funding of public hospital services using Activity Based Funding (ABF) where practicable in accordance with the National Health Reform Agreement. From 2014-2015 the ABF model was uncapped and allocated funding for growth in activity or complexity of services at the rate of a national efficient price. The funded growth between 2014-15 and 2015-16 had been significantly higher than the 4% that had been anticipated.

The Australian Government Department of Health was seeking to understand the drivers of these recent patterns in the increase in reported activity, in the context of the efficient growth arrangements under the National Health Reform Agreement. The review undertaken by AHSRI supplemented other analyses that had recently been undertaken by the Australian Government.

What we did
Previously completed investigations into the difference between the estimated and the actual levels of service delivery were provided to AHSRI in addition to four years of national health activity data. A high level review of the data was completed, with a focus on the potential effect of changes in classifications and coding standards on growth in activity. The issue was investigated separately for different care types – acute admitted, admitted mental health, non-admitted and subacute and non-acute.

The period of analysis included the very early years of national ABF during which time there were a number of changes to the classifications systems and ongoing development of the definitions and mechanisms for data collections across the care types. These changes were identified for each care type. Additionally, the different jurisdictions varied significantly in how well established their local activity based systems were at the commencement of national ABF and the amount of system development that was undertaken in the early period of the new system. The impact of these factors on the stability of the activity data and amount of change over the four years was found to vary across the different care types and between jurisdictions.

The short timeframe of this project was sufficient to enable a high level overview to be undertaken, while identifying areas where a more detailed analysis might be valuable.

Evidence check of Specialist Dementia Care Units

Department of Health
Total Funding: $31,000
Duration: June – September 2017

Background
The Commonwealth Department of Health is implementing Specialist Dementia Care Units (SDCUs) to meet the needs of elderly people experiencing very severe and extreme behavioural and psychological symptoms of dementia (BPSD). The intention is to establish at least one SDCU in each of the 31 Primary Health Networks across Australia. SDCUs are the planned ‘third tier’ in programs to assist aged care consumers experiencing BPSD, complementing the existing Dementia Behaviour Management Advisory Service (Tier 1) and Severe Behaviour Response Teams (Tier 2). CHSD was commissioned to review the evidence regarding the effective management and care of people with very severe and extreme BPSD to inform the implementation of SDCUs, with the Sax Institute acting as ‘broker’ for the review.

What we did
Searching the academic and grey literature resulted in the identification of 25 papers about 17 units in Australia and countries with comparable health systems. The papers reported on units catering to different populations of people with dementia and behavioural symptoms across a variety of settings, with little consistency in the findings.

The quality of the evidence was assessed using a framework developed by the National Health and Medical Research Council, which resulted in nine studies being identified as having the greatest potential to inform the development of SDCUs: one study categorised as best practice, two studies categorised as promising practice and six studies assessed as emerging practices.

Evidence of effectiveness in managing very severe or extreme BPSD was limited: four units demonstrated improvement in behavioural symptoms, but in three of these the results were based on a weak study design. The evidence for improvement in behavioural symptoms for the fourth unit was based on a good study design.

Synthesising the findings resulted in the identification of various common elements across the units studied, covering issues such as unit philosophy; physical environment; staff education; medical and allied health staffing; activity programs; assessment and care planning; and a multidisciplinary approach to care.

The Department of Health was impressed with the quality of the review and subsequently initiated a ‘policy dialogue’ with CHSD in October. This took the form of a teleconference, facilitated by the Sax Institute, to seek the advice of CHSD regarding the ongoing development of SDCUs, particularly in relation to program design, implementation and evaluation.
Integrated care review

Cancer Council NSW  
Total Funding: $30,000  
Duration: February – May 2017

Background  
Through consultations and discussions with local stakeholders and partners, the Cancer Council NSW (CCNSW) identified significant benefits that could be realised if health professionals, patients and carers were able to access the full suite of CCNSW information, support services and programs at the point of treatment. It was anticipated that improving the method of delivering these services and programs (including transport, home help, accommodation, information and support, web and tele-support services) would enhance patient outcomes. This resulted in a decision to commission CHSD to identify opportunities for new and improved ways of working with local health districts and other health service providers in the provision of clinical and ancillary cancer support services for people affected by cancer.

What we did  
The review focused on three domains of service delivery (cancer information, psychological and emotional support, practical support). Building on earlier work undertaken by CHSD, we synthesised some of the literature conceptualising ‘access’ and developed six dimensions of access – appropriateness, availability, adequacy, affordability, acceptability and awareness – to provide a framework for the review.

Data were collected from several sources including documentary material provided by the CCNSW, academic and grey literature, consultations with internal and external stakeholders, and site visits to a regional cancer centre and the corporate office of CCNSW.

The review found that there are several strengths in the current approach, particularly in the way the CCNSW works with colleagues in cancer care centres. The current range of information and support services is highly valued and the reputation and credibility of the organisation is positively perceived. The volunteers recruited and trained by the CCNSW are seen as a particular asset in centres where they contribute.

Analysis of the various data sources generated a range of insights about current information and support services, groups to target to improve access, core relationships to sustain this access and the business processes that underpin effective program delivery. A range of findings for improving access were identified at the level of individual consumers, individual clinicians (particularly those working in hospital-based cancer centres), primary health care practitioners and health care organisations. These included opportunities for improving quality and strengthening visibility.

These findings generated a set of principles and strategic options for future program delivery.

Health outcomes analytics project

Epidemiological Consulting and the Hunter New England and Central Coast Primary Health Network (HNECC Limited)  
Total Funding: $29,050  
Duration: May – July 2017

Background  
The Australian Health Outcomes Collaboration (AHOC) was sub-contracted by Epidemiological Consulting, who was engaged to provide expert advice and assistance in developing the health outcomes analytic capability of the organisation. The objective of the project was to improve the knowledge and capability of HNECC Limited staff to identify, collect, analyse and report on health outcome indicators.

What we did  
The key components and deliverables completed as part of this project were:

- Facilitating a series of workshops to a selection of HNECC Limited staff on managing and measuring health outcomes.
- Assisting HNECC Limited staff, key program stakeholders and contracted service providers to:
  - Review and identify relevant outcome and experience indicators specific to each program;
  - Identify appropriate tools to measure these (e.g. PROMs); and
  - Suggest potential methodologies for the collection and analysis of indicators.
- Assisting in the provision of a project report outlining the work undertaken and recommendations on how to best progress health outcomes analytics for these programs.
Embedding training and capacity building for Indigenous higher degree research students into the UOW research environment

University of Wollongong Education Strategies Development Fund
Total Funding: $18,694
Duration: January 2016 – June 2017

Background
Nationally, Indigenous students are under-represented in Higher Degree Research (HDR) programs. According to the Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People (Behrendt et al. 2012), the number of Indigenous students enrolled in HDR, as a proportion of all domestic HDR enrolments, was 1.1% in 2010 which is well below the parity of 2.2%. It is widely acknowledged that there is a need to focus on research capacity building for Indigenous postgraduate students across Australia, with the aim of improving enrolment, retention and graduation rates (Moreton-Robinson and Walters 2011). Similar to undergraduate education, the critical issue is retention for under-represented groups in higher education. The Bradley report (2008) emphasises the need to create an environment conducive to building Indigenous research capacity in higher education. At the University of Wollongong (UOW) there are opportunities to improve pathways to HDR programs via undergraduate studies as well as to recruit students through successes in externally funded research.

Working in partnership with University of Wollongong Indigenous (HDR) candidates, HDR Faculty coordinators and staff of the Research and Innovation Division Office, this project aims to (1) identify best practice for recruiting, retaining and achieving successful outcomes for Indigenous PhD students and (2) produce an Indigenous HDR strategy to be implemented into the UOW research environment.

What we did
The project is being undertaken in a staged approach, focusing on the following three key activities:

• Document how faculties are currently addressing the recruitment and training of Indigenous HDR students at UOW;
• Review outcomes of training and capacity building for Indigenous HDR students at two Australian institutions that have developed successful strategies: the University of Queensland and the University of Melbourne; and
• Synthesise the findings to identify approaches to recommend to UOW.

These three activities will enable this project to produce guidelines for UOW, which if adopted would form a strategy for UOW that can be embedded across the HDR environment. The project will draw on national and international links to achieve these objectives and outcomes. It will also draw on the lessons learnt from engagement in initiatives such as the National Indigenous Research and Knowledges Network and the Global Challenges Program over the past four years.

Review of costing data – Phase 1

NSW Ministry of Health
Total Funding: $30,285
Duration: May – June 2017

Background
The NSW Ministry of Health had identified some financial performance issues within one of their Local Health Districts, which had not been explained by their standard review processes and some initial investigations. Additional investigations were required to identify any trends or patterns of cost, staffing and activity, or to find unexplained changes in reporting that could explain the financial performance issues.

The source of information for the analysis undertaken by AHSRI was the District and Network Return (DNR) which is a mandatory state-wide costing process involving costing data which is undertaken twice annually. The DNR process is governed by both NSW and national standard methodologies and supported by standard information systems and costing tools. This routine data collection includes patient or client level activity across all care streams (acute inpatient, sub and non-acute, mental health, emergency, non-admitted and primary and community care) as well as reporting streams for teaching, training and research and non-health related expenses.

What we did
An examination of three years of DNR data was undertaken using statistical techniques to identify changes in expense activity over that time that were not sufficiently explained by changes in activity which is measured using National Weighted Activity Units. The detailed expense analysis was limited to a review of general fund recurrent expenses and excluded non-operating costs as well as costs that are fully recovered.

The review focused on factors relating to the reported financial performance issues only for the Local Health District, with all care streams in-scope but targeting the non-Activity Based Funding stream given the results of the earlier analysis work that had been undertaken by the Ministry of Health.

A three year data period of DNR data was provided by the Ministry of Health for analysis, which included Inpatient, Non-Admitted Patient & Emergency department activity tables, FTE data by facility, expenses and revenue. A systematic top-down approach was used for the analysis, with areas of highest expense growth over the three years prioritised for investigation. Analysis at the subprogram level was found to be the most valuable as the major inconsistencies were identified at this data level.
Leading responsibly during unpopular stakeholder decision-making: Evidence from Australia and US

Faculty of Business Seed Fund
Total Funding: $31,081
2017 – 2019

Responsible Business and IT Vlogs: Fashion through an ethical kaleidoscope

Department of Foreign Affairs and Trade (Council for Australian-Arab Relations grant)
Duration: 2017 – 2018
Total Funding: $22,000

Background
Dubai is set to become the next fashion destination. With its bustling Dubai Design District, Fashion Council and numerous manufacturing factories and retail stores showcasing some of the biggest brand names, Dubai is the perfect setting to welcome visitors to experience first-hand the inception and development of a fashion hub with an eye towards responsible fashion business.

What we did
The ReBitVlogs project aims to engage students on responsible business and information technology-use to develop research across campuses with a focus on responsible fashion business. It is an innovative platform to promote student interaction with academics, researchers and industry experts to promote research on pressing responsible business and information technology-use issues in the fashion industry.

The program will see University of Wollongong Dubai welcoming University of Wollongong Australia students to engage with local academics, industry experts, government and non-government officials to initiate dialogue and research on responsible fashion business.

Conceptualised by Dr Zeenath Reza Khan and Dr Mario Fernando, the program is the first in the region to engage students from two continents on responsible business and information technology-use. The outcomes will include research publications and a video blog (vlog) with teaching aids that will add new insights into responsible business research and teaching.

Accelerating productivity in service sectors through business analytics capability of big data

Faculty of Business Seed Fund
Total Funding: $17,035
2017 – 2019

Ngaimpe Aboriginal Corporation (The Glen): Demonstration of an Aboriginal Community Controlled Organisation's contribution to the local community

Australian Research Council Special Initiative for an Aboriginal Researcher’s Network (National Indigenous Research and Knowledges Network Internal Grant)
Total Funding: $9,851
Duration: January - December 2017

Background
The aim of this research was to explore how Aboriginal Community Controlled Health Organisations (ACCHOs) interact with organisations in their local community context to address health and social inequalities. The literature demonstrates that non-profit community organisations can play a vital role in bringing people together, mobilising collective action and developing the social capital that enables communities to function well. ACCHOs can play an important role in facilitating the social engagement of marginalised and vulnerable sectors of the community, thus contributing to greater social inclusion which underlies social health and wellbeing, but they do not do this in isolation. This project focused on understanding how ACCHOs use networks and partnerships to achieve their aims.

What we did
We conducted a pilot study of Ngaimpe Aboriginal Corporation (The Glen), an Aboriginal drug and alcohol rehabilitation centre, located on the Central Coast of NSW. Using an exploratory mixed methods approach, over a four month period from April to August 2017, we conducted a survey to describe the organisation’s networks and to measure the strength of their partnerships. The quantitative component consisted of survey responses designed and delivered via the online tool, Survey Monkey. A list of 26 potential survey respondents was identified and participants were asked to identify their organisation and...
answer a recurring set of three questions about the currency, length and type of relationship between their service and the Glen and their service with the other services from the list. A social network analysis was conducted based on the 17 survey responses. From the total number of stakeholders who completed the survey, eight identified a willingness to participate in a follow up phone interview. A one hour, focus group comprising seven individuals was also conducted on site at The Glen. The qualitative data was thematically coded and analysed using NVivo software.

The findings from the study are currently being written up and will be disseminated to the Ngaimpe Aboriginal Corporation during 2018. The results will also be submitted for publication in a peer review journal.

Statistical analysis of national subcutaneous insulin chart pilot data in subacute care

Australian Commission on Safety and Quality in Health Care
Total Funding: $6,474
Duration: January - June 2017

A subcutaneous insulin chart was being piloted nationally by the Australian Commission on Safety and Quality in Health Care. Concerns had been raised that some hospitals were failing to comply with prescribed diabetes treatment regimens for some insulin-dependent inpatients. A bedside chart had been designed to help avoid this issue and we were commissioned to analyse the data collected during the pilot implementation of this chart.

Competitive research grants - collaborations with other research centres

Centre of Research Excellence in End of Life Care

National Health and Medical Research Council
Total Funding: $2,495,543
Duration: October 2013 – September 2018

Background
AHSRI is one of the collaborating partners in the Centre of Research Excellence in End of Life Care (CRE ELC) led by Professor Patsy Yates at the Queensland University of Technology. The CRE ELC brings together four leading palliative care and health service research centres that have established new strategic linkages with experts in chronic conditions, legal and ethical issues and health economics. The CRE ELC is generating new knowledge through three research programs focused on:

- health service interventions that will improve outcomes for people at end of life
- consumer and health care provider perspectives and decisions about treatments and use of health resources at end of life
- regulatory (legal, ethical and policy) frameworks that support decision makers to make appropriate end of life care decisions.

More information can be found on the Centre's website www.creendoflife.edu.au/.

What we did
In 2016, researchers from the CRE continued to utilise data from PCOC's national longitudinal database. The aim of the research is to add to the evidence base needed to design effective service models, by examining the relationship between patient outcomes and a range of service (service location, models of care) and patient characteristics (demographics; clinical factors; carer support).

A total of six articles are currently under preparation, exploring the areas of:

- Differences in patient outcomes for palliative care provided in different settings (in hospital and in the home)
- Palliative care patient outcomes for specific diseases (end stage kidney disease, lung cancer, and haematological cancer)
- Comparisons of the different profile of symptoms and problems experienced by palliative patients with malignant and non-malignant disease more broadly.
**Australia Centre for Cannabinoid Clinical and Research Excellence**

**National Health and Medical Research Council**  
**Total Funding:** $2,498,471  
**Duration:** 2017 – 2021

The Australian Centre for Cannabinoid Clinical and Research Excellence (ACRE) is a National Health and Medical Research Council Centre of Research Excellence. The ACRE research team shares combined experience that includes public health care, pharmacovigilance, clinical pharmacology and drug development, clinical and basic human/animal research skills, environmental and translational research. ACRE’s multi-disciplinary research is gathering the information necessary to inform best clinical practice and to guide government around the use of medicinal cannabinoids in Australia.

Professor Kathy Eagar leads one of ACRE’s themes focused on the development and dissemination of policy, guidelines and information into the health and lay community via websites and GP focus groups.


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**C-CHANGE: delivering high quality and cost-effective care across the range of complexity for those with advanced conditions in the last year of life**

**National Institute of Health Research**  
**Total Funding:** £ 1,968,973  
**Duration:** July 2013 – May 2018

**Background**

AHSRI is collaborating in C-CHANGE, a project led by Professor Fliss Murtagh from King’s College London. Working with leading palliative care researchers and clinicians from two English universities and two NHS Trusts, this research aims to develop and test an English casemix classification. The classification seeks to accurately capture the complex needs of patients with advanced disease, to better understand and quantify those needs, and to fairly allocate resources to meet them. The project is identifying ways to measure actual improvements in symptoms and quality of life, so that the quality and effectiveness of services is demonstrable to patients, families, commissioners and providers of care.

**What we did**

This programme of research continued in 2017, working towards ensuring that patients across a range of advanced conditions and settings receive the appropriate resources according to their individual needs.

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**Evidence for action to improve the health of urban Aboriginal children and adolescents: the SEARCH study NSW**

**National Health and Medical Research Council**  
**Total Funding:** $2,877,467  
**Duration:** 2017 – 2021

**Background**

Study of Environment on Aboriginal Resilience and Child Health (SEARCH) is Australia’s largest prospective longitudinal study of urban Aboriginal children and will provide, for the first time, comprehensive information on the causes of health and illness in a large group of urban Aboriginal children. SEARCH is a partnership with Aboriginal Community Controlled Health Organisations.

**What we did**

The proposed project builds on the SEARCH cohort study of >1600 children and their families based on a long-standing Aboriginal Community Controlled Health Sector and research partnership. The project aims to improve urban Aboriginal child and adolescent health by using data from participants to identify opportunities for intervention and developing data-driven multicomponent interventions to improve health services.
Consumer Directed Care: Understanding and promoting participation and care outcomes for people living with dementia in receipt of a Home Care Package

NHMRC-ARC Dementia Development Fellowship, Faculty of Social Sciences Partnership Grant, IRT Research Foundation Grant
Total Funding: $571,000
Duration: 2016 – 2020

Background
Since July 2015 all recipients of Home Care Packages (HCPs) in Australia negotiate their supports under a model of Consumer Directed Care (CDC). Some research has suggested CDC can be beneficial to promote choice and higher consumer satisfaction. However, other studies have highlighted challenges with CDC for service providers and older consumers, especially for those living with dementia. Factors influencing the delivery of CDC with people with dementia are complex and include: the characteristics of the person with dementia; service factors; and the presence and capacities of a family or other carer. Given this complexity there is critical need for research to understand:

- To what extent, and by what strategies, can the objectives of CDC be met for people living with dementia within the HCP program?
- To what degree does CDC specifically contribute to outcomes for HCP clients with dementia?
- Can we intervene to promote participation and control in care for HCP clients with dementia for whom these variables are low?

What we did
During 2017 a number of studies were completed to explore the key research questions. These included:

- A study to test and retest a modified version of the ASCOT-Easy Read (ASCOT-ER) with community dwelling older people with cognitive impairment. This study was conducted in partnership with two local services providers in the Illawarra-Shoalhaven and Southern Highlands, NSW.
- A study to assess the suitability and feasibility of a suite of ASCOT tools (ASCOT Self-Complete and ASCOT-ER) to assess Social Care Related Quality of Life in the Home Care Package population. This was a conducted in partnership with IRT in the Illawarra-Shoalhaven and was supported by an international collaboration with Dr James Caiel and Dr Ann-Marie Towers (Personal Social Services Research Unit, University of Kent, UK).
- Interviews with service providers to explore how people with dementia are engaged in care planning and how service providers are working to promote choice and control for HCP clients with dementia.

A national and sustainable sports-based intervention to promote mental health and reduce the risk of mental health problems in Australian adolescent males

Movember Foundation
Total Funding: $3,973,556
Duration: 2015 – 2017

The aim of this project is to, in conjunction with the research partners, use sport as a coordinated national vehicle to promote mental health and reduce the risk of mental health problems. Specifically, the project aims to sustainably transform Australian community sports into a vehicle for the promotion of male mental health by formulating, testing, and then embedding an innovative, multi-level, multi-component intervention into the ongoing practice of our research partners.

Research partners include the Australian Sports Commission, the governing bodies of six of Australia’s most popular sports including Football Federation Australia, the Australian Football League, Cricket Australia, Swimming Australia, Tennis Australia, and Basketball Australia, as well as the Australian Drug Foundation’s Good Sports program and The Black Dog Institute. The target population of adolescent males are at high risk of mental health problems, and even a marginal impact on the incidence of mental health problems of 5% provides distinct potential for this intervention to be cost saving if effective. Based on current sports participation rates among adolescent males, the health care saving attributable to such a decrease would be approximately $400 million per year. In line with the strategic goals and priority areas of Movember the secondary aims of this project are to promote the development of social and emotional skills, increase gatekeeper behaviours to prevent suicide, reduce the stigma associated with mental health problems, facilitate social support networks, and promote mental health help-seeking behaviours among males aged 12-17 years who are associated with organised sports clubs in Australia.
Promoting physical activity among young children from disadvantaged communities

**National Health and Medical Research Council**
**Total Funding:** $1,064,324
**Duration:** 2014 – 2018

The primary aim of the project is to evaluate the effectiveness of a multi-component, multi-setting intervention for promoting physical activity among disadvantaged pre-school-aged children. The research team hypothesise that at mid-intervention (6 months) and post-intervention (18 months), children in early childhood services allocated to the intervention group will participate in 45 minutes per day of physical activity more than children in services allocated to the control group.

The project’s secondary aims are (1) to examine the relative effects of the intervention on moderate-to-vigorous intensity physical activity, sedentary time, behavioural self-regulation, adiposity, bone mineral density, and motor skills, and (2) to explore the potential mediating and moderating variables, cost-effectiveness and implications for public policy decision making.

**Photo Credit:** nattu [CC BY 2.0 (http://creativecommons.org/licenses/by/2.0), via Wikimedia Commons]

Understanding burn injuries in Aboriginal and Torres Strait Islander children: Treatment, access to services and outcomes (The Coolamon Study)

**National Health and Medical Research Council**
**Total Funding:** $872,800
**Duration:** 2014 – 2017

**Background**
Burns in children can be a devastating injury, causing life-long scarring, severe psychological trauma and loss of function in multiple domains. Aboriginal and Torres Strait Islander children experience burns at least double the rate of other children. Having consistent access to high quality care is fundamental to good outcomes in burns care. There are well documented barriers to access to both tertiary and primary healthcare for Aboriginal and Torres Strait Islander people in both urban and rural/remote settings. However, despite the significant burden of burn injury, to date there has been no work that examines care received, or its impact on outcomes in Aboriginal and Torres Strait Islander children. The objective of this study was to describe the burden of burns, access to care, and outcomes in Aboriginal and Torres Strait Islander children with serious burns, and inform development of a new model of care.

**What we did**
Aboriginal and Torres Strait Islander children under 16 years of age presenting to a paediatric burn unit in four states were recruited (Sydney NSW, Brisbane, QLD, Darwin NT, Adelaide SA). Quantitative data were collected via participant interview and clinical data to capture outcomes and impact, including cost. Qualitative research and patient journey mapping was conducted to identify barriers to care. 204 participants and their families were recruited and followed over two years; in-depth interviews with 76 clinical burn team members from five states, and 18 family members were conducted. The study is governed by an Aboriginal advisory group and uses Indigenous methodologies as a frame of reference.

Results highlight significant systemic barriers to accessing care, and significant personal and economic impact on families. Findings will be presented back to clinicians, peak bodies and patients/carers and a consensus based approach used to inform development of a new model of care. There are numerous systematic barriers to care for Aboriginal and Torres Strait Islander children, and the results of this study will inform development of a new model of care that explicitly considers the care of Indigenous children, and incorporates interventions for system wide cultural safety.
Nothing Works? Re-appraising research on Indigenous-focused crime and justice programs

Australian Research Council (ARC) Future Fellowship Grant
Total Funding: $925,537
Duration: March 2015 – 2019
The project critiques the accuracy of findings about criminal and justice programs targeting indigenous populations, examining whether such findings are an accurate reflection of program ineffectiveness or the consequence of how the research was carried out. Focusing on socio-economic and early prevention policies is crucial to reverse the alarming statistics, which show the rate of imprisonment of Aboriginal and Torres Strait Islander people is 15 times higher than the non-indigenous population – rehabilitation and criminal justice policies however are just as important. This project focuses on these programs, in particular examining how to determine what works and what doesn’t.

Microeconomic impacts of Australian natural disasters

Australian Research Council (ARC) Discovery Project
Total Funding: $403,500
Duration: 2016 – 2020
This project aims to describe and identify the effects of Australian natural disasters – such as the Black Saturday bushfires and the Brisbane floods – on important microeconomic outcomes, including health, education and employment. Natural disasters have profound economic and social effects on individuals and communities. This project intends to bring evidence on how disasters affect individuals and how the effects can be lessened. The project expects to inform policy-makers on these critical issues by analysing field, survey and administrative data on individuals before and after past disasters.

Improving medication management in older people

UK National Institute for Health Research (NIHR) Health Services and Delivery Research Programme
Total Funding: $388,047
Duration: 2016 – 2019
The overall aim of this research is to develop a framework for a novel multi-disciplinary, multi-agency intervention(s), to improve medication management in older people on complex medication regimens resident in the community.

Consumer value and disability services: the impact of increased autonomy

Australian Research Council Linkage Grant Scheme
Total Funding: $326,500
Duration: 2015 – 2019
This project seeks to explore a key question of the National Disability Insurance Scheme (NDIS): will service provision improve when service users have the ability to choose? In 2016, roll-out of the NDIS commenced and nearly half a million people with a disability will be able to choose disability services. The project aims to identify changes in objective and perceived consumer value pre-NDIS and post-NDIS, and differences in how market segments use their autonomy and whether this leads to differences in benefits gained from the NDIS. Findings are intended to contribute to a better understanding of when free market mechanisms serve the needs of their citizens better than traditional means of government support.
ReFocus: The efficacy and appropriateness of Focus Group Discussions for health research in Aboriginal contexts

**Australian Research Council**  
**Total Funding:** $317,000  
**Duration:** April 2015 – December 2018

This research involves an in-depth investigation into the use of Focus Group Discussions (FGDs) in Aboriginal health services research. The aim of this project is to generate knowledge to inform the accountable, culturally appropriate, ethically sound and methodologically rigorous use of FGDs in qualitative Aboriginal health service research. The study was originally planned to be undertaken over three years but due to several staff changes in the first year the project has been extended to four years. A request for carry forward of funds has been made to the ARC and the study is now planned for completion at the end of 2018.

The project continues to be overseen by a joint Cultural and Governance Steering Committee which meets 3 – 4 times a year. To date the committee has provided advice and assistance on data collection, interview and focus group questions and guides and recruitment of interview participants and site selection. The chief investigators have regular team meetings with project staff.

A successful application was made for ethical approval to conduct Stage 1 of the project. Following extensive searches of ARC, NHMRC and commissioned research to identify eligible participants we successfully recruited participants for both categories of participants for Stage 1 of the project. In-depth interviews were completed for 33 of a targeted 40 participants for the category ‘researchers’ until data saturation was reached. Interviews were completed for 17 of the targeted 25 participants for the category ‘policy makers’. It is anticipated that the target number of recruits will be achieved for ‘policy makers’ in the coming months. All Stage 1 data has been entered and classified in NVivo and analysis has been undertaken by multiple members of the research team. The preliminary results of Stage 1 were disseminated via an oral presentation at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Conference in Canberra in March 2017, and a poster presentation at the NHMRC-Lowitja Institute Symposium in November 2017.

For Stage 2, ‘Listening to Aboriginal Voices’, a separate ethics application was approved in June 2016 following discussions with CEOs of several Aboriginal medical services in NSW. Recruitment of organisations and participants to Stage 2 will continue into early 2018. To date eight interviews have been conducted with Aboriginal community controlled health organisations and their peak bodies. The major activity for Stage 3 of the project is the hosting of a Knowledge Exchange Forum, planned for October 2018.

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Encouraging voluntary purchasing of carbon offsets

**Australian Research Council Linkage Grant Scheme**  
**Total Funding:** $175,000  
**Duration:** 2015 – 2018

Climate change is one of the most critical challenges societies collectively face today and in the future. Voluntary carbon offsetting offers a solution that avoids politically costly mandatory offset schemes. Yet, currently very few people purchase carbon offsets voluntarily; fewer than 10% of air travellers, for example. There is significant untapped growth potential. This project will (1) profile consumers interested in voluntarily purchasing carbon offsets, (2) identify motivational sub-segments among them, and (3) develop and experimentally test carbon offset offers for domestic flights targeted at these segments. Findings will generalise beyond carbon offsetting for air traffic.
Teaching And Education

A comprehensive series of seminars, presentations and workshops were held during the year, with presenters from within AHSRI and external colleagues.

In addition to the activities listed below, many AHSRI members continued their usual teaching responsibilities throughout the year, as well as their role in student supervision which is discussed in the next section of this report.

**AHSRI lunchtime seminar series**

A series of seminars was conducted at AHSRI throughout the year, with presenters from within AHSRI and external colleagues discussing a wide range of topics.

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenter</th>
<th>Topic</th>
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<tbody>
<tr>
<td>April</td>
<td>Dr Malcolm Masso</td>
<td>Rapid reviews of the literature: balancing rigour with realism</td>
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<td></td>
<td>Senior Research Fellow, AHSRI</td>
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<tr>
<td>May</td>
<td>Assoc. Professor Grahame Simpson</td>
<td>Current research and service development issues in brain injury</td>
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<td></td>
<td>Brain Injury Rehabilitation Research Group,</td>
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<td></td>
<td>Ingham Institute of Applied Medical Research</td>
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<tr>
<td>June</td>
<td>Assoc. Professor Judy Mullan</td>
<td>CHRISP—Research into Emergency Department presentations and hospital admissions</td>
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<td></td>
<td>Director, CHRISP, AHSRI</td>
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<tr>
<td>July</td>
<td>Dr Lyn Phillipson</td>
<td>Inclusive methods for assessing social care related quality of life for people living with dementia in receipt of a Home Care Package</td>
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<td>NHMRC — ARC Dementia Fellow, AHSRI</td>
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<tr>
<td>August</td>
<td>Senior Professor Kathy Eagar</td>
<td>Consumer directed care - A new policy direction in aged and disability care: challenges and opportunities</td>
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<tr>
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<td>Director, AHSRI</td>
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<tr>
<td>September</td>
<td>Ms Cathy Duncan</td>
<td>Partnerships in research: A collaborative research project to develop a Framework for Carer Recognition in the Home Care Packages Program</td>
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<tr>
<td></td>
<td>Research Fellow, AHSRI</td>
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<tr>
<td>October</td>
<td>Assoc. Professor Mario Fernando</td>
<td>Human resource and decision-making challenges in the healthcare sector</td>
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<td></td>
<td>School of Management, Operations &amp; Marketing, UOW</td>
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<tr>
<td>November</td>
<td>Professor Dawn Besssarab</td>
<td>Yarning about Indigenous research methodologies</td>
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<tr>
<td></td>
<td>Director, Centre for Aboriginal Medical and Dental Health, University of Western Australia</td>
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</tbody>
</table>

**Casemix analytics short course**

NCCC has developed a two-day course in casemix analytics which was first advertised on the AHSRI website in mid-2016. The course is designed to be delivered to groups of staff nominated by their own local health networks or districts, or other networks of health services across Australia.

Day one of the course covers the health system context, the key issues in health service management that may be addressed using analytical techniques and the available statistical tools and methods. The second day extends the learnings from day one to the application of analytical methods to better understand the full context and implications of performance issues and to support transformational change.

In February 2017 this course was delivered to 18 staff in analytics and decision support roles within the Top End Health Service of the Northern Territory.

In April 2017 in Alice Springs the course was run for 13 managers and decision support staff in the Central Australian Health Service.

Course evaluations were conducted in each case and the feedback confirmed that the course was highly valued by the
participants, was relevant to their roles and very helpful. The participants also confirmed that the training was delivered well with the right amount of time allocated to cover the materials.

We will continue to promote and offer this course to health services across Australia during 2018.

AHSRI health outcomes and benchmarking workshops

A series of one-day health outcomes and benchmarking workshops were conducted in Sydney during 2017 (on 9 and 10 March, 2 June and 14 December). Each workshop was convened by Associate Professor Jan Sansoni (Director, Australian Health Outcomes Collaboration); with contributions from other AHSRI team members (including Senior Professor Kathy Eagar, Ms Frances Simmonds, Dr Kate Williams, Ms Cristina Thompson and Mr Darcy Morris).

In recognition of the growing international focus on health outcomes evaluation (demonstrated by recent initiatives in the UK, USA, Sweden, international consortia and Australian Departments of Health), these workshops were conducted to provide an overview of the current Australian and international focus on health outcomes.

Definitions and a health outcomes framework were explored. Various types of outcome measures were examined: clinical / biological indicators, health outcomes related performance indicators, standardised clinical assessments and patient reported measures. The health outcomes focus was discussed in relation to population health and health gain, evidence-based health care, quality improvement activities, guideline development, outcome benchmarking and ‘value-based’ health care activities. Applications to both primary care and acute care were presented and there was discussion of the challenges and implications of outcomes based commissioning.

The workshops covered the use of standardised measures used to assess health status and health related quality of life and wellbeing as outcome measures of treatment / healthcare interventions. The patient-centred focus of health outcomes and the use of patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) were discussed. Practical and research issues that arise when using instruments for patient / client based assessments were explored.

AHSRI, in conjunction with other collaborating centres, has developed outcomes measurement suites for outcomes evaluation and benchmarking for health and community care programs. AHSRI operates three clinical quality registries: the Australasian Rehabilitation Outcomes Centre (AROC), the Palliative Care Outcomes Collaboration (PCOC), and the electronic Persistent Pain Outcomes Centre (ePOCC); and has also worked closely with the Australian Mental Health
Outcomes Classification Network (AMHOCN). The workshop provided an overview of how these registries work and their value in providing high quality data for improving clinical care and patient outcomes. Using practical examples, the use of outcome measures for performance benchmarking was discussed. Issues concerning the selection of appropriate measures (both clinician rated and patient reported), data collection, analysis and the logistics of implementation were examined.

Over 170 participants attended the four workshops. The workshops were favourably received by participants and received average ratings of over 4/5 for all workshop aspects (content of presentations, quality of delivery of presentations, workshop organisation and workshop venue).

Health economics short course
The successful three day course ‘Health Economics from Theory to Practice: Optimally informing related decisions of reimbursement, research and regulation in practice’ was again conducted by Senior Professor Simon Eckermann and Dr Nicola McCaffrey this year, held at the University of Wollongong from 22 – 24 November 2017.

The course was aimed at health policy researchers, health policy makers, evaluators of health technology assessment, health economists and research active health care professionals. The focus was best practice for optimally addressing joint reimbursement, research and regulation (efficiency monitoring, funding pricing) decisions and policies associated with cost effectiveness analysis, health technology assessment and health system practice.
## Student Supervision

AHSRI members continued their supervision of candidates undertaking PhD, Doctoral and Master Degrees in 2017. Details are provided in the table below.

<table>
<thead>
<tr>
<th>AHSRI supervisor, Student</th>
<th>Degree</th>
<th>Thesis title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Clapham, Elizabeth Dale</td>
<td>Doctor of Philosophy</td>
<td>Aboriginal psychology: Exploring an Aboriginal framework within a Western psychological domain</td>
</tr>
<tr>
<td>Kathleen Clapham, Sarah Frazer</td>
<td>Doctor of Philosophy</td>
<td>Models of burn care and patient journey mapping</td>
</tr>
<tr>
<td>Kathleen Clapham, Nadia Neal</td>
<td>Doctor of Philosophy</td>
<td>Experiences of First in Family Indigenous Australian University Students and the affects it has on their social and emotional wellbeing</td>
</tr>
<tr>
<td>Kathleen Clapham, Hayley Williams</td>
<td>Doctor of Philosophy</td>
<td>Understanding care received and improving access and provision of culturally safe acute care for Aboriginal and Torres Strait Islander children with burn injuries</td>
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<tr>
<td>Kathleen Clapham, Christian Young</td>
<td>Doctor of Philosophy</td>
<td>The structure of resilience in urban Aboriginal children, adolescents and carers</td>
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<tr>
<td>Kathleen Clapham, Kate Senior, Catherine Moyle</td>
<td>Doctor of Philosophy</td>
<td>Art and urban Aboriginal adolescent identity</td>
</tr>
<tr>
<td>Kathleen Clapham, Kate Senior, Joanna Mason</td>
<td>Doctor of Philosophy</td>
<td>A qualitative study on the importance of Indigenous cultural information and perspectives for improving government reporting frameworks and measures</td>
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<tr>
<td>Kathy Eagar, Sean Thorpe</td>
<td>Doctor of Philosophy</td>
<td>Attitudinal segmentation towards self-help services in Australia</td>
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<tr>
<td>Kathy Eagar, Helen Hasan, Joanna Khoo</td>
<td>Doctor of Philosophy</td>
<td>The role of private health insurance in supporting the care needs of people with chronic illness</td>
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<tr>
<td>Kathy Eagar, Malcolm Masso, Alex McLaren</td>
<td>Doctor of Business Administration</td>
<td>Evaluation of structural change in primary care: The case of the health care home model</td>
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<tr>
<td>Kathy Eagar, Malcolm Masso, John Powers</td>
<td>Doctor of Business Administration</td>
<td>Understanding the impacts of accreditation to the Australian NSQHS standards on quality and safety in public dental services</td>
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<tr>
<td>Kathy Eagar, Silvia Mendolia, John Slater</td>
<td>Doctor of Business Administration</td>
<td>A Health Outcomes Resource Standard (HORS) for Australian state public health funding distributions</td>
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<tr>
<td>Kathy Eagar, Lyn Phillipson, Kara Cappetta</td>
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<td>Examining the impact of dementia on patterns of hospitalisation coding: A longitudinal analysis of hospitalisation admissions and ED attendance in the Illawarra</td>
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<td>Simon Eckermann, Bianca Suesse</td>
<td>Master of Health Services</td>
<td>Health economic analysis of malnutrition in elderly patients</td>
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<td>Joshua Fan, Edmund Chylinski</td>
<td>Doctor of Philosophy</td>
<td>Formation and development of long term sustainable services and infrastructures in provincial government</td>
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<td>Joshua Fan, Allan William Jones</td>
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<td>Using end-to-end supply chain and risk mapping within complex multi network supply clusters to develop a knowledge based system</td>
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<td>Joshua Fan, Alberto Ordigoni</td>
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<td>Enhancing economic impact: An exploratory investigation of value networks within industry clusters</td>
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<tr>
<td>Joshua Fan, Brogan Carly Rylands</td>
<td>Doctor of Philosophy</td>
<td>Manufacturing in Australia: An exploratory investigation of innovation capability enhancements using value stream thinking</td>
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<tr>
<td>AHSRI supervisor</td>
<td>Student</td>
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<tr>
<td>John Glynn</td>
<td>Abby Rodwell</td>
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<td>John Glynn</td>
<td>Scott Reed Simpson</td>
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<tr>
<td>Helen Hasan</td>
<td>Rhodora Dizon</td>
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<td>Helen Hasan</td>
<td>Ahmad Rashdan</td>
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<td>Helen Hasan, Kathy Eager</td>
<td>Anita Westera</td>
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<tr>
<td>Michael Jones</td>
<td>Vivien Forner</td>
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<tr>
<td>Elena Marchetti</td>
<td>Fabienne Else</td>
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<tr>
<td>Elena Marchetti</td>
<td>Annette Hennessy</td>
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<tr>
<td>Elena Marchetti</td>
<td>Rajendra Ghimire</td>
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<td>Elena Marchetti</td>
<td>Michelle Edgely</td>
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<tr>
<td>Elena Marchetti</td>
<td>Heather Nancarrow</td>
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<td>Malcolm Masso</td>
<td>Donna Dark</td>
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<tr>
<td>Grace McCarthy</td>
<td>Michael Armour</td>
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<td>Warren Campion</td>
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<td>Mark Middleton</td>
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<tr>
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<td>Simone Sietsma</td>
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<td>Suzette Skinner</td>
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<td>Silvia Mendolia</td>
<td>Alfiah Hasanah</td>
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<td>Thi Nguyen</td>
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<tr>
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<td>Van Phuc Phan</td>
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<td>Caroline Picton</td>
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<td>AHSRI supervisor</td>
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<tr>
<td>Lorna Moxham</td>
<td>Natalie Cutler</td>
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<td>Lorna Moxham</td>
<td>Ellie Taylor</td>
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<td>Lorna Moxham</td>
<td>Teresa Lewis</td>
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<td>Adam Hodgkins</td>
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<td>Judy Mullan</td>
<td>Adrian Shine</td>
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<td>Rebekah Hoffman</td>
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<td>Robyn Gillespie</td>
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<td>Judy Mullan</td>
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<tr>
<td>Judy Mullan</td>
<td>Kerry Watts</td>
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<td>Melanie Randle</td>
<td>Amy Bestman</td>
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<td>Melanie Randle</td>
<td>Leanne Brereton</td>
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<td>Duncan Rintoul</td>
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<tr>
<td>Sara Dolnicar</td>
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<tr>
<td>Kate Senior</td>
<td>Laura Grozdanovski</td>
<td>Bachelor of Arts</td>
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<td>(Honours)</td>
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</tbody>
</table>
A number of students supervised by AHSRI members graduated during the year. We congratulate them all on this significant achievement.

Dianne Prince, Doctor of Business Administration
“Care, Connect, Cure: Constructing success for health consumer organisations”
Supervisors: Prof Helen Hasan, Prof John Glynn

Margret Schuller, Doctor of Philosophy
“Knowledge transfer from globally dispersed subsidiaries to the parent company: a study of stickiness in a multinational organisation”
Supervisors: Prof Helen Hasan, Prof Mary Barrett

Patricia Cullen, Doctor of Philosophy
“An exploration of driver licence participation in Aboriginal and Torres Strait Islander communities in Australia: Understanding the barriers, facilitators and impact”
Supervisors: Prof Kathleen Clapham, Prof Rebecca Ivers, Dr Sergine Lo

Ilona Valeikaite, Doctor of Philosophy
“Socio-economic and environmental effects of regional bioenergy production”
Supervisors: Dr Joshua Fan, Dr Martin O’Brien

Carol Koh, Doctor of Philosophy (Management)
“Factors influencing responsible leadership in Singapore: examining the role of context”
Supervisors: Dr Mario Fernando, Dr Shahriar Akter, Prof Trevor Spedding

Heather Nancarrow, Doctor of Philosophy
“Legal responses to intimate partner violence: Gendered aspirations and racialised realities”
Supervisor: Prof Elena Marchetti

Petra Meyer, Doctor of Philosophy
“Identifying predictors of leading activism and persistent leading activism for stakeholder orientation in marketing research”
Supervisor: A/Prof Melanie Randle

Alison Bradford, Master of Marketing (Research)
“Community engagement and local government”
Supervisor: A/Prof Melanie Randle
Collaborations

AHSRI and its members actively participate in a variety of research collaborations, both nationally and internationally.

Collaborations within the University of Wollongong (UOW) continued to be nurtured in 2017. Several AHSRI members come from other UOW faculties; we value the important contributions made by these members and the important role they play in promoting cross-faculty collaboration. The work of many of these members are highlighted within this report. Some of our strongest links are with colleagues in our own Faculty of Business. We also have established links with the Faculty of Science, Medicine and Health and Faculty of Social Sciences, and are looking for opportunities to strengthen our links with the Faculty of Engineering and Information Sciences and Faculty of Law, Humanities and the Arts.

Our partnerships within UOW are also strengthened by our academic secondment program which facilitates academics from across the campus to work with us for a fixed period of time. For example, Dr Lyn Phillipson from the School of Health and Society (Faculty of Social Sciences) continued in her position as an NHMRC-ARC Dementia Fellow at AHSRI in 2017.

A number of AHSRI members come from other Australian universities, and we work hard to identify synergies in our work and the work of other leaders in different fields, forming partnerships aimed at maximising the impact of efforts and fostering mutual support. PCOC is a prime example of AHSRI’s partnerships with other universities; PCOC is a national palliative care program funded by the Australian Government Department of Health and is a collaboration between the University of Wollongong, University of Western Australia, Flinders University and Queensland University of Technology. PCOC also involves close collaboration with participating services.

In July 2017, continued funding of the program through to June 2020 saw a change in collaboration partners – from Flinders University to the University of Technology Sydney.

The various NHMRC and ARC linkage projects described in the ‘Competitive research grants’ section of this report provide further examples of our diverse research partnerships.

We have strong connections to influential industry partners where our research themes have practical applications. These include government authorities and local health districts, as well as non-government organisations (through local organisations such as Healthy Cities Illawarra, Peoplecare and the Illawarra Retirement Trust), industry groups like the Australian Healthcare and Hospitals Association, Aged and Community Services Australia, as well as private providers and health insurance groups.

Senior Professor Eagar and colleagues at the World Health Organization Western Pacific Region Meeting on Rehabilitation in Universal Health Coverage, 29-31 August 2017, Manila, Philippines.
The research and information partnership between AHSRI and the Illawarra Shoalhaven Local Health District (ISLHD) is a particularly significant example of our continuing development of strong local collaborations; CHRISP was established in 2016 and has continued to thrive in 2017.

Individual AHSRI members have continued their work in international collaborations. For example, Professor Kathy Eagar commenced her role as a temporary adviser on the World Health Organization Regional Office for the Western Pacific, attending a meeting in Manila, Philippines, on rehabilitation and universal health coverage on 29–31 August 2017, presenting on health system issues including rehabilitation, mental health and community care systems. In addition, Professor Eagar continued her collaboration with the Cicely Saunders Institute, King’s College in London. Several other AHSRI staff maintained their membership of various international committees, including the dementia working group for the International Consortium Health Outcomes Measurement (ICHOM), the International Society for Quality of Life Research (ISOQOL), the Executive Committee of Patient Classification Systems International (PCSI), the Standards Australia Working Party advising the International Standards Organisation (ISO), and the Association for Information Systems Taskforce on Outreach.

Finally, AHSRI has been involved with the Health Services Research Association of Australia and New Zealand (HSRAANZ) since its inception in 2001, and we continue to subscribe as a corporate group member. The HSRAANZ supports and promotes the conduct and dissemination of applied research to improve the delivery and organisation of health services in Australia and New Zealand.
In The Media

The work of AHSRI was highlighted in the media throughout 2017. A selection of stories are listed below.

Specialist workers supporting younger people with dementia
Autumn edition of Community Care Review magazine
30 March 2017

Wollongong ‘Grow with nbn’ winner announced: Living Connected program recognised for its outstanding use of connectivity as part of the 2017 Grow with nbn grants program
iAccelerate News
5 April 2017

Concerns and costs around aged care rise as more live longer
The Australian
29 April 2017

Coogee academic is named in Queen’s Birthday Honours for work with disadvantaged communities
Southern Courier
1 June 2017

Book by UOW professor calls for urgent healthcare funding reform
Illawarra Mercury
20 June 2017

Scholarship success for UOW PhD candidate
Illawarra Mercury
26 June 2017

Why carers are still core business
Community Care Review
6 July 2017

The health economics of ageing
ABC Radio National, Health report with Dr Norman Swan
24 July 2017

New study provides insight into residential care costs
Media release from the Minister for Aged Care, Minister for Indigenous Health
15 August 2017

New study into residential care costs
Pro Bono Australia News
16 August 2017

New investigation into residential aged care costs come as new ‘user-friendly’ website is activated
Talking Aged Care, Aged Care Guide
17 August 2017

Aged care review to iron out wrinkles
PS News, Independent News For The Australian Public Service
22 August 2017

The nursing home where kids come to play
The Feed (SBS Viceland)
3 October 2017

New research partnership to examine the impact of ageing on the population of the Illawarra, Shoalhaven and beyond
Illawarra Mercury
31 October 2017

Choices at end of life: palliative care, euthanasia and other end of life decisions
ABC Radio National, Health report with Dr Norman Swan
ABC Radio Illawarra, Breakfast with Melinda James
20 November 2017

Euthanasia: It’s not just about unbearable pain, it’s about self determination, expert says
ABC News
3 December 2017
Publications produced by AHSRI members in 2017 are listed below. Many AHSRI publications are available on the University of Wollongong’s Research Online system, an open access digital archive promoting the scholarly output of the University of Wollongong (accessible at http://ro.uow.edu.au/ahsri).

Books

Book chapters
Journal articles


Conference presentations


177. Duncan C and Broady T (2017) Partnerships in research: A collaborative research project to develop a Framework for Carer Recognition in the Home Care Packages Program. 7th International Carers Conference, Adelaide, 4-6 October 2017.


198. Mullan J, Lago L and Westley-Wise V (2017) Preliminary findings of projects C001/C002. 2017 School of Medicine Seminar Series, Graduate School of Medicine, University of Wollongong.


**Reports**


compendium report, July to December 2016. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.


252. Lago L, Westley-Wise V, Zingel R, Mullan J, Triner W and Eagar K (2017) Frequent Attendees to Illawarra Shoalhaven LHD Emergency Departments: What were the trends over the last 15 years? Centre for Health Research Illawarra Shoalhaven Population, Australian Health Services Research Institute, University of Wollongong.


256. Longbottom M (2017) Aboriginal women, intersectional vulnerabilities and violence. QCDFVRe@der. Central Queensland University Newsletter QCDFVRe@der Vol. 16 June 2017. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.


<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>2017 Funding</th>
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<tbody>
<tr>
<td>Faculty Infrastructure</td>
<td></td>
<td>$1,321,054</td>
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<tr>
<td>Research Income</td>
<td>Palliative Care Outcomes Collaboration (PCOC)</td>
<td>$2,580,402</td>
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<td></td>
<td>Australasian Rehabilitation Outcomes Centre (AROC)</td>
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<td>electronic Persistent Pain Outcomes Collaboration (ePPOC)</td>
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<td></td>
<td>Centre for Health Research Illawarra Shoalhaven Population (CHRISP)</td>
<td>$638,831</td>
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<td>Resource Utilisation and Classification Study</td>
<td>$578,424</td>
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<td>Silver Chain casemix capacity development</td>
<td>$246,976</td>
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<td></td>
<td>Evaluation of the Pathways to Community Living Initiative</td>
<td>$200,000</td>
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<td></td>
<td>Research into the services and needs of people experiencing complicated grief</td>
<td>$198,901</td>
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<tr>
<td></td>
<td>Aboriginal Community Controlled Health Organisations evaluation project</td>
<td>$188,145</td>
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<tr>
<td></td>
<td>Evaluation of the National Severe Behaviour Response Team (SBRT) Program</td>
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<td>Evaluation of the LikeMind Pilot</td>
<td>$124,124</td>
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<td></td>
<td>ARC Grant - Refocussing qualitative research: Improving the efficacy, rigour and relevance of focus group discussions in Aboriginal health service contexts</td>
<td>$106,125</td>
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<td></td>
<td>Alternative Aged Care Funding Instrument (ACFI) Models</td>
<td>$92,903</td>
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<td></td>
<td>After Hours Innovation and Service Grant</td>
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<td></td>
<td>Symptom Assessment Scale (SAS) Retrospective Case Review</td>
<td>$71,314</td>
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<td></td>
<td>Unwarranted clinical variation in rehabilitation</td>
<td>$68,182</td>
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<td>Patient reported outcome measures (PROMs) project support</td>
<td>$57,500</td>
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<td></td>
<td>Tackling Indigenous Smoking (Waminda)</td>
<td>$54,378</td>
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<td>Global Challenges</td>
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<td>$46,471</td>
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<td>Aged Care Funding Instrument – stakeholder consultation (Stage 2)</td>
<td>$43,877</td>
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<td>2017 Post School Programs</td>
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<td>$42,812</td>
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<td>Audit of NSW SNAP SAS code</td>
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<td>Aged Care Funding Instrument - Stakeholder consultation</td>
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<td>Review of Activity Based Funding data</td>
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<td>Evidence check of Specialist Dementia Care Units</td>
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<td>Review of costing data – Phase 1</td>
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<td>Tackling Indigenous Smoking (Grand Pacific Health)</td>
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<td>Integrated care review</td>
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<td>Health outcomes analytics project</td>
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<td>ABF capacity building projects (Illawarra Shoalhaven Local Health District)</td>
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<td>Managerial coaching project</td>
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<td>Educational Strategies Development Fund Grant</td>
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<td>2016 Post School Programs</td>
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<tr>
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<td>Evidence check</td>
<td>Collection of data to identify people with a disability accessing health service</td>
<td>$13,332</td>
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<td>NIRAKN</td>
<td>Demonstration of an Aboriginal Community Controlled Health Organisation’s contribution to the local community</td>
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<td>Culturally and Linguistically Diverse Carers Support Project</td>
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<td>Quality review and audit of the My Aged Care Regional Assessment Services reablement evaluation</td>
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<td>$8,104</td>
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<td>Statistical analysis of national subcutaneous insulin chart pilot data in subacute care</td>
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<td>Faculty of Social Science – Partnership Grant</td>
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<td>C-CHANGE: Delivering high quality and cost-effective care across the range of complexity for those with advanced conditions in the last year of life</td>
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<td>$2,357</td>
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<td><strong>Total research income</strong></td>
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<td><strong>$8,508,240</strong></td>
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<td>Other Income</td>
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<td>Health outcomes workshops</td>
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<td>Casemix short course</td>
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<td>ICON language services</td>
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<tr>
<td><strong>Total other income</strong></td>
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<td><strong>$100,505</strong></td>
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*Note: This table excludes funding administered by other parts of the University of Wollongong and by external research collaborators.*
Members

AHSRI works as a strong multidisciplinary team with many researchers having previous experience working in policy, management and clinical positions in the health system. The qualifications and expertise of staff range across more than 20 disciplines.

During 2017, AHSRI had over 100 members, including full-time and part-time staff from each of the Institute’s centres, as well as external research associates.

A full profile for each member is available at http://ahsri.uow.edu.au/staff.

Kathy Eagar
Shahriar Akter
Tara Alexander
Samuel Allingham
Xanthe Barker
Elizabeth Beattie
Keziah Bennett-Brook
Sonia Bird
Gaye Bishop
Pippa Blackburn
Julie Blacklock
Megan Blanchard
Cheryl Blissett
Ngiare Brown
Meredith Bryce
Moira Buckley
Donna Byham
Jacquelin Capell
Kara Cappetta
Niki Cirillo
Kathleen Clapham
Sabina Clapham
Tom Cleary
Alanna Connolly
Jane Connolly
Tim Coombs
Elizabeth Cridland
Elizabeth Cuthbert
Elizabeth Dale
John Daniels
Dominic Dawson
Julie de Cloutet
Sara Dolnicar
Cathy Duncan
Simon Eckermann
Joshua Fan
Nicolas Fenwick
Mario Fernando
David Fildes
Linda Foskett
Martin Gold
Robert Gordon
Janette Green
Lewis Green
Pam Grootemaat
Danika Hall
Helen Hasan
Carol Hope
Keryn Johnson
Michael Jones
Margaret Jordan
Freidoon Khavarpour
Conrad Kobel
Rebecca Lachlan
Luise Lago
Kelly Lambert
Suanne Lawrence
Eugena Li
Carol Loggie
Claire Manning
Elena Marchetti
Joanna Mason
Malcolm Masso
Danni Masso
Fiorina Mastroianni
Wendy Maxwell
Brendan McAlister
Grace McCarthy
Jenny McNamee
Silvia Mendolia
Darcy Morris
Lorna Moxham
Judy Mullan
Nadia Neal
Cecile Paris
Lyn Phillipson
Christopher Poulos
Karen Quinsey
Melanie Randle
Nicole Rankin
Joanna Russell
Peter Samsa
Janet Sansoni
Heike Schütze
Kate Senior
Habib Seraji
Frances Simmonds
Grahame Simpson
Milena Snoek
David Steel
Patrick Steele
Carrie Sutherland
Hilarie Tardif
Alexander Tome
Cristina Thompson
Lucie Thompson
Marlene Thompson
Dave Webster
Anita Westera
Victoria Westley-Wise
Janelle White
Jane Whitelaw
Kathryn Williams
Darcelle Wu
Heather Yeatman
Karen Zwi