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2015

## **AHSRI 2014 annual report**

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## AHSRI 2014 annual report

### Abstract

[extract] DIRECTOR'S REPORT

AHSRI celebrated its 21st birthday in 2014 and we spent the year consolidating existing programs and projects as well as starting new ones. At the end of 2014 planning is well under way for important strategic developments in 2015 that I mention briefly below.

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# AHSRI

## 2014 ANNUAL REPORT



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Cover artwork: *The Gathering*, Georgina Parsons, born c. 1955, Batemans Bay.  
This artwork is part of the University of Wollongong Art Collection, and one of several pieces displayed at AHSRI.

# AHSRI MANAGEMENT ADVISORY BOARD

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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; the AHSRI Director; two AHSRI staff representatives; and invited individuals.

The Board members during 2014 were:

**Ms Tineke Robinson (Chair)**

Community representative  
Appointed 10 December 2004

**Professor Kathy Eagar**

Director, AHSRI  
Appointed 15 June 2001

**Professor John Glynn**

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

**Professor David Steel**

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

**Ms Michelle Noort**

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

**Professor Jan Potter**

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

**Mr Michael Bassingthwaight**

CEO Peoplecare  
Appointed 26 November 2010

**Mr Paul Sadler**

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

**Professor Kathie Clapham**

Professor of Indigenous Health, AHSRI  
Appointed 26 November 2010

**Ms Tara Stevermuer**

AHSRI Staff representative  
Appointed 5 March 2005

# DIRECTOR'S REPORT

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AHSRI celebrated its 21<sup>st</sup> birthday in 2014 and we spent the year consolidating existing programs and projects as well as starting new ones. At the end of 2014 planning is well under way for important strategic developments in 2015 that I mention briefly below.

## Strategy and structure

With the formal establishment of AHSRI and our move to new premises in 2011, we progressively adopted a more formal Institute structure with each centre within the Institute having its own director and leadership team, funding goal, governance structure and stakeholder management strategy. Three years on, we remain committed to this structure and see it as critical to our succession planning and sustainability. In 2014 AHSRI staff work across six major research centres and two smaller centres in a structure that we finalised in 2013. Our six major centres are:

- Centre for Health Service Development (CHSD)
- Centre for Applied Statistics in Health (CASIh)
- National Casemix and Classification Centre (NCCC)
- Australasian Rehabilitation Outcomes Centre (AROC)
- Palliative Care Outcomes Collaboration (PCOC)
- electronic Persistent Pain Outcomes Collaboration (ePPOC)

The directors of these major centres each highlight their key achievements in this annual report. In 2014 AHSRI also continues to support two smaller centres - the Australian Health Outcomes Collaboration (AHOC) and the Australasian Occupational Science Centre (AOSC). AHOC and AOSC are both located in Canberra and are led by A/Professor Jan Sansoni and A/Professor Alison Wicks (University of Canberra) respectively.

Working in close partnership with the Illawarra Shoalhaven Local Health District (ISLHD), we undertook considerable planning work in 2014 toward the establishment of an Illawarra Population Health Information Platform (IPHIP) and an associated research and information partnership. Our goal is that the IPHIP will be a conjoint research centre between AHSRI and the ISLHD. We aim to develop an information platform to connect data for health and medical research in the Illawarra. This information will be 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. We are hopeful that this new centre will come to fruition in 2015.

## Partnerships and relationships within the University of Wollongong

AHSRI is part of the Sydney Business School in the Faculty of Business. AHSRI and Sydney Business School share a commitment to entrepreneurial partnerships and we both value research that has real life outcomes. AHSRI researchers include academics from the School of Accounting, Economics and Finance and the School of Management, Operations and Marketing, two schools within the Faculty of Business.

AHSRI has growing links with the Faculty of Social Sciences and, in particular, with the School of Health and Society. We share a strong interest in the social determinants of health and began joint planning for a new research stream focusing on the social determinants of health and wellbeing. We are planning to establish this stream in 2015.

While most AHSRI staff work full-time within AHSRI, AHSRI members in 2014 included 13 full members from other parts of UOW. These partnerships and relationships are of benefit to all parties.

## External partnerships and relationships

AHSRI's partnerships and relationships beyond the University are well-established at the local, state, national and international level. AHSRI's relationship with the local health authority (the Illawarra Shoalhaven Local Health District) remains as strong as ever and, as noted above, we are collaborating to establish the IPHIP. We also have strong relationships with the South East Sydney Local Health District as well as health services elsewhere in Australia.

The success of our three health outcomes centres is testimony to the strength of our relationships with public and private health care providers in both Australia and New Zealand. Over 300 hospitals and health services partnered with us in 2014 in measuring and reporting on patient outcomes across Australasia. Consumer participation in both our outcomes centres and our research projects is also critical to our success.

We have well-established relationships with many other universities and research institutes in Australia. In 2014 these included relationships with our three university partners in PCOC (Flinders University, Queensland University of Technology and the University of Western Australia) as well as researchers participating in the NHMRC Centre of Research Excellence in End-of-Life

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Care, the NHMRC Centre of Research Excellence in Mental Health Systems Improvements as well as many individual projects.

AHSRI represents the University of Wollongong as a foundation member of the Deeble Institute for health policy research. In 2014 we continued a strong collaboration with the Australian Healthcare and Hospitals Association and the six other universities that, with us, comprise the Academic Founding Partners - Australian National University, Griffith University, La Trobe University, Queensland University of Technology, University of Canberra and the University of Western Australia. More information on the Deeble Institute can be found at <https://ahha.asn.au/deebleinstitute>.

At the international level, our partnerships and linkages are strongest in research programs focused on patient outcome measurement and on patient casemix classification development. Our work in patient outcome measurement now attracts considerable international interest with programs similar to AROC and PCOC being tested in other countries. In 2014, I was invited to present on our work on patient outcome measurement at the Royal College of Surgeons of England, the European Palliative Care Academy Leadership Program and at Kings College London. AHSRI makes an active contribution to Patient Classification Systems International (PCSI). Associate Professor Janette Green currently sits on the PCSI Executive Committee and in 2014 led the Scientific Committee for the PCSI 2014 conference in Qatar. Information about other partnerships and linkages is provided in the body of this annual report.

## Education and teaching

AHSRI staff actively participate in education and teaching. Our Graduate Certificate in Health Services Research and Development remained a small program in 2014 but it has been fertile ground to allow us to develop our approach to teaching both health services research methods and research translation. We intend to suspend the certificate programme in 2015 and, instead, develop a series of short courses while we explore cross-faculty research training opportunities. Our Masters and Doctoral degrees through the Sydney Business School will continue.

## Thanks and acknowledgements

My thanks and congratulations to the AHSRI team for yet another highly successful year. My personal thanks go to Professor John Glynn, Executive Dean of the Faculty of Business, my deputy A/Professor Rob Gordon, our Business Manager, Ms Elizabeth Cuthbert and the AHSRI leadership group. I again wish to acknowledge the AHSRI Board of Directors for the significant strategic contribution it makes. The Board gives us wise counsel, strategic advice and critical perspectives on emerging issues in the health system.

My thanks as ever go to the many healthcare managers, policy makers, service providers and consumers we worked with during 2014. 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.

We go into 2015 knowing that academic peer review of our work remains critical. Equally, we go into 2015 recognising that peer review by health managers, practitioners and consumers is equally critical to our ongoing success.



**Professor Kathy Eagar**  
Director, AHSRI



# AHSRI ACTIVITY

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## Centre for Health Service Development (CHSD)

CHSD is the research centre within AHSRI principally responsible for attracting and managing strategically commissioned health services research projects.

During 2014, our staff enjoyed another busy year working on 15 projects and generating more than \$2.1m in income from an increasingly broad array of projects across the health, aged and community care sectors. In addition to producing high quality academic output, our projects typically produce a range of important practical and policy-related advice to government and non-government agencies.

Two major projects completed during 2014 were the development of Version 4 of the Australian National Subacute and Non-acute Patient (AN-SNAP) Classification and the evaluation of Health Workforce Australia's Expanded Scopes of Practice Program. Each of these projects received total funding of more than \$1m and will have a significant impact on their respective areas of the health system.

Detailed information about all CHSD projects is provided in the 'AHSRI Research Projects' section below. Additional information about CHSD can be found at: <http://ahsri.uow.edu.au/chsd>.

We are very proud of our achievements in 2014 and look forward to another successful and rewarding year in 2015.



## Australasian Rehabilitation Outcomes Centre (AROC)

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

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

AROC membership grew in 2014 to 260 data-submitting inpatient rehabilitation units (219 Australian and 41 New Zealand) with 116,595 inpatient episodes submitted. AROC continued to recruit ambulatory units, with 45 members submitting data in 2014 with 7,884 ambulatory episodes submitted. AROC conducted more than 80 face-to-face FIM™/WeeFIM® workshops across Australia and New Zealand. In addition, since the introduction of the online FIM™ and online WeeFIM® refresher course in September more than 50 courses have been purchased and sat. More than 4,800 clinicians were FIM™/WeeFIM® credentialed in 2014.

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 fifth ambulatory report on data from January to December 2013, again a descriptive report, given the low volume of ambulatory data at present.

Major undertakings in 2014 included an upgrade to AROC IT system (AOS) which enhanced both system speed and functionality. In addition we:

- Held an inaugural Ambulatory Benchmarking Workshop with the objective of exploring clinical outcome tools appropriate for use in an ambulatory setting.
- Collaborated with the National Stroke Foundation to reduce the burden of data entry for rehabilitation facilities participating in the biennial audit of stroke rehabilitation.
- Co-hosted a rehabilitation-specific ABF Forum with the NSW Agency for Clinical Innovation.
- Hosted a study tour for 15 Vietnamese rehabilitation clinicians, funded by the Department of Foreign Affairs and Trade.
- 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 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 2014 a jurisdictional benchmarking workshop was held in Victoria for the first time, as well as workshops in South Australia, and (seven in) New Zealand.

AROC-related papers were presented at a number of conferences, including a plenary paper at the 22nd Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine, and numerous other presentations were given to parties interested or involved with AROC.

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

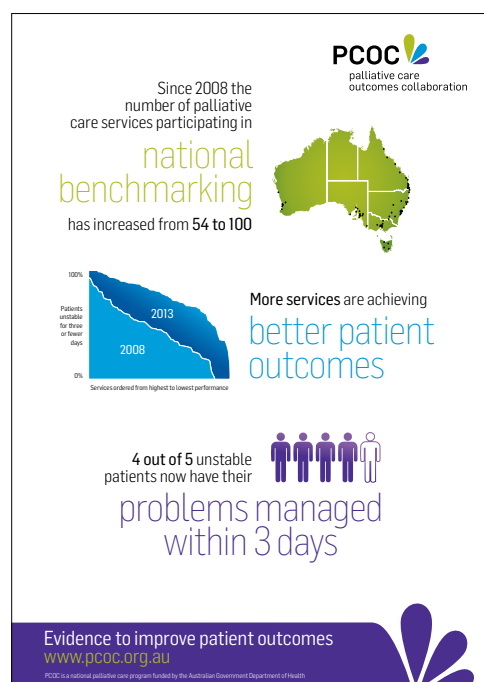


## Palliative Care Outcomes Collaboration (PCOC)

PCOC is a national palliative care project funded by the Australian Government Department of Health. The national office is located in AHSRI along with staff responsible for NSW, Victoria, Tasmania and the ACT. PCOC's collaborating research centres are based at the University of Western Australia (Assistant Professor Claire Johnson), Flinders University of South Australia (Professor David Currow) and Queensland University of Technology (Professor Patsy Yates).

In 2014, PCOC continued the workshop-style approach to education to assist palliative care services implement and improve the use of the five PCOC clinical assessment tools with a total of 32 workshops attended by over 500 service staff. An additional 500 service staff across the country attended on-site tailored clinical education activities. An explanatory brochure to accompany the patient-rated Symptom Assessment Scale was translated into six languages. Four articles were published, including the results of a study that tested the reliability and acceptability of the revised palliative care phase definitions. PCOC also contributed a chapter for the Australian Institute of Health and Welfare report 'Palliative care services in Australia 2013' and provided input to Palliative Care Australia's process of reviewing the National Palliative Care Standards. Four presentations were delivered at state-based palliative care association conferences and a workshop and key note address were delivered at national conferences. PCOC provided a workshop on the use of the PCOC assessment tools to staff from a palliative care service in Taiwan and assisted a UK-based service to implement a similar initiative for routine outcome measurement in palliative care.

During 2014, PCOC produced two series of approximately 250 service, state and national reports covering the periods July to December 2013 and January to June 2014. This included the development of a new report, 'Trends in patient outcomes: Palliative Care in Australia 2010-2014'. This report provides a national summary of the key patient outcomes resulting from the PCOC data collection over four years.



In November 2014, three benchmarking workshops were held in Sydney: two for inpatient and one for community-based services attended by a total of 135 participants representing 80 services. The workshops were designed to give participants an understanding of how palliative care patient outcomes have improved over time. Delegates heard examples of services (in various settings of care) successfully using PCOC data to improve patient care. They also had the opportunity to contribute to discussion and decision making about future benchmarks and to network with representatives of palliative care services from across Australia.

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

PCOC developed a poster in 2014 that was distributed to services, highlighting three key achievements.



## **National Casemix and Classification Centre (NCCC)**

During 2014 the NCCC has continued to develop as a centre of expertise in casemix analytics and research in health services funding and management. The scope of work has involved research, development of funding models and management tools and educational programs. This small team has seen an increase in staffing from 2.2 to 3.6 FTE during the year with the expectation that further recruitment will be required in the future.

The NCCC has taken a leading role in eight separate projects during 2014, with continued success in negotiating contracts with the NSW Ministry of Health and the NFC Program within SA Health. We have also been involved in a number of projects led by CHSD and CASiH.

At the close of 2014, the NCCC is well positioned to now look more broadly across Australia and internationally to undertake key projects in other health system environments and further develop our expertise.

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



## **electronic Persistent Pain Outcomes Collaboration (ePPOC)**

The electronic Persistent Pain Outcomes Collaboration (ePPOC) is a new initiative which aims to improve the quality of services and outcomes for people experiencing chronic pain. Under ePPOC, specialist pain management services collect standardised data about their patients and the treatment they receive. Analysis and reporting of this information allows comparison of patient outcomes, benchmarking of care and identification of best practice.

During 2014, membership of ePPOC grew from eight to 33 pain management services, located throughout New South Wales, Victoria and Western Australia. Staff have been focused on training and supporting the new services as well as recruiting the next cohort of pain units preparing to join in 2015. Our first ePPOC report was developed in 2014 and provided to each participating pain service, presenting an analysis of their data and comparing the results to those achieved by other participating units.

PaedePPOC was also launched, catering for the very different requirements of the specialist paediatric pain sector. Three paediatric services participated in PaedePPOC during 2014 with the remainder expected to join in 2015. This innovative program is generating significant interest and opportunities for international collaboration.

After a successful first year under the guidance of our National Reference Group, ePPOC welcomed in a new phase of governance in 2014 with the establishment of two new committees: a Management Advisory Group responsible for the strategic and executive management of ePPOC, and a Scientific and Clinical Advisory Committee to provide advice on matters relating to data, reporting, research and benchmarking.

Work continued in 2014 to enable pain management services to maximise their clinical use of the information collected under ePPOC. Our ePPOC software (epiCentre) incorporates patient-level reports tracking progress over time and automatic scoring and interpretation of the assessment tools. We have also developed a calculator for determining whether patient change is clinically significant, that is, whether change on an assessment tool equates to real change in the patient's life. The Faculty of Pain Medicine has also developed a tool for calculating patient opioid use – this is a significant achievement and will allow standardised reporting of ePPOC data in this important area of pain management.

During the year, ePPOC was promoted at a number of conferences and workshops throughout Australia. 2014 was a year of great expansion for ePPOC and we look forward to similar growth in 2015.

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



## Centre for Applied Statistics in Health (CASiH)

In 2014, CASiH staff continued to play an important role across AHSRI. Although there are few projects that are undertaken solely by CASiH staff, their expertise is invaluable within all other AHSRI centres. They are generally responsible for the quantitative components of projects, but their role often begins with the study design and extends to the interpretation of all results and the identification of implementation issues for the health sector.

With skills that cover dataset design, database design and management, statistical programming and analytical techniques, the statistical team continued to play a pivotal role in AROC, PCOC and ePOCC, where the data collections are central to most activities. The AHSRI IT team has assisted to streamline all processes surrounding the receipt of data. This has freed up time of CASiH staff to enable them to focus on improvements to the reports and contributions to research projects.

CASiH staff have also contributed to CHSD projects throughout the year. There were several highlights in 2014. One was the Evaluation of Health Workforce Australia's Expanded Scopes of Practice Program which required a very complex data collection for each of the sub-projects. The complexity and variety of data submissions presented a number of challenges surrounding the building of a single database to facilitate the required analyses.

Another highlight was the development of AN-SNAP V4 to become the national classification of subacute and non-acute care. IHPA's commissioning of this project provided an important opportunity, particularly for some of the newer CASiH staff, to learn about and to contribute to the ongoing AHSRI work in AN-SNAP.

Internationally, two CASiH staff members have continued to work with Patient Classification Systems International (PCSI) to develop and deliver training programs on casemix classifications in Europe and Canada. Amongst other activities in her role on the PCSI Executive Committee, Associate Professor Janette Green led the Scientific Committee for the organisation's 2014 conference in Qatar.

CASiH staff have continued to improve their understanding of the context of the data they analyse. This is a by-product of participation in a variety of AHSRI projects. In addition, three CASiH staff were enrolled in AHSRI's Graduate Certificate in Health Services Research and Development in 2014. As they continue to develop their technical skills and to learn more about the health sector, the value of the contribution of CASiH staff within the AHSRI team will continue to increase.

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



## Australian Health Outcomes Collaboration (AHOC)

In 2014, AHOC and CHSD staff undertook a substantive systematic review of the use of Question Prompt Lists in Health Care Consultations for the Australian Commission on Safety and Quality in Health Care. This report was well received and a journal article has since been submitted.

An extensive review of the research and practice literature concerning the field of younger onset dementia, 'Younger Onset Dementia: A Literature Review', formed the basis for a journal article to be submitted for review in early 2015. Associate Professor Jan Sansoni continues to play an advisory role in recent projects concerning dementia such as the current evaluation of the Younger Onset Dementia Key Worker Project. This has involved developing tools for the assessment of need for young people with dementia (YOD) and their carers (Assessment of Need Scale – YOD Client and Assessment of Need Scale – YOD Carer). These instruments are being trialled in the field currently.

Jan was invited to become a member of the International Consortium for Health Outcomes Measurement – Dementia Working Group. This international working group is chaired by Professor Alistair Burns, NHS England Clinical Director for Dementia, and the aim of the group is to create a global set of standard outcome measures for dementia. The first videoconference was in December and work on this activity will continue over the first six months of 2015.

In June, AHOC was involved in a visit to AHSRI by Dr Nicholas Jenkins from the School of Health in Social Science at the University of Edinburgh. Nicholas is involved in developing a programme of multidisciplinary research into dementia. In October Jan gave a presentation to the Alzheimer Scotland Dementia Research Centre and the Department of Geriatric Medicine at the University of Edinburgh on our recent work concerning aged care assessment and younger onset dementia. A paper, 'Community Aged



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Care Assessment: Results from a National Field Trial', was presented to the 2014 Berlin Conference of the International Society for Quality of Life Research. An oral poster, 'Younger Onset Dementia: An Overview of Service and Research Issues', was also presented.

During 2014 a journal paper was submitted and accepted for publication in 2015 concerning the clinical validation of Revised Urinary Incontinence Scale. Articles for the PROQOLID Instrument Database (MAPI Research Trust, France) concerning the Revised Urinary Incontinence Scale and The Revised Faecal Incontinence Scale were finalised and the Technical Manual was substantially updated. AHOC continues to receive many enquiries concerning the use of these tools. Jan also continued to undertake short linguistic validation studies to adapt instruments for Australian use on behalf of a number of international companies.

Jan Sansoni was approached by the Sax Institute to participate in a research exchange with the NSW Justice Health and Forensic Mental Health Network as part of their SPIRIT (Supporting Policy in Health with Research: An Intervention Trial) program. She will be providing a workshop on the health outcomes approach, and its potential applications for Justice Health, in early 2015.

More information on AHOC can be found at: <http://ahsri.uow.edu.au/ahoc>.

# AHSRI EVENTS, AWARDS & RECOGNITIONS

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## 2014 Professor Alan Owen Lecture

The 2014 Professor Alan Owen Lecture in memory of our dear colleague and friend was held on 21 November 2014 at the Innovation Campus and again this lecture was a great success. It was well attended by over 120 academics from a number of universities, clinicians from local health district, Youth Drug and Alcohol, Medicare locals, psychologists in private practice, Alan's loyal friends and family and many interested members of the local public.

The speaker this year was 2010 Australian of the Year, Professor Patrick McGorry OAM, a leading international researcher, clinician and advocate for the youth mental health reform agenda. He is Professor of Youth Mental Health at The University of Melbourne and Executive Director of Orygen Youth Health (OYH) a world-renowned mental health organisation for young people that put Australia at the forefront of innovation in the prevention and treatment of mental illness. In addition to his significant contributions to the field of early psychosis and schizophrenia research, Professor McGorry has conducted important research in several other areas of psychiatry including the mental health needs of the homeless, health needs and treatments for refugees and torture survivors, and in recent years, the broader youth mental health field, including youth suicide, youth substance use, and the treatment of emerging personality disorder.



The lecture, 'Youth mental health: a best buy for mental health reform' argued for a different approach to helping young people deal with mental health issues. Professor McGorry said mental and substance use disorders are two of the leading health and social issues facing society today. He added that while we have been preoccupied with health spending at the other end of the lifespan, young people, who are on the threshold of the peak productive years of life, have the greatest capacity to benefit from stepwise evidence-based treatments and better health care delivery.

The full lecture and presentation can be viewed or downloaded at: <http://ahsri.uow.edu.au/owenlecture2014>.

Planning for the 2015 Professor Alan Owen Lecture is already underway. The date has been confirmed for 20 November 2015. Details are available at: <http://ahsri.uow.edu.au/owenlecture2015>.

Professor Patrick McGorry speaking at the 2014 Professor Alan Owen Lecture.  
Image courtesy of Nick Rowley.

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## Retirement of Associate Professor Ben Marosszeky, Clinical Director of AROC

### AROC architect and ambassador

#### In recognition of your role in the creation, design and unconditional support of AROC

Associate Professor Ben Marosszeky has served as Clinical Director of the Australian Rehabilitation Outcomes Centre (AROC) since its inception in 2002. Over his 12 years in the role Ben's contributions to the development and growth of AROC were inspired and invaluable.

Ben has always had a strong belief in the use of objective functional assessment tools in rehabilitation programs. Ben was personally responsible for bringing the Functional Independence Measure (FIM™), the primary functional assessment tool used by AROC to measure functional gain of each person's rehabilitation program, to Australia. He negotiated with the developers of the tool, USDMr, participated in training in the USA, and then brought his knowledge back to Australia. He and his colleague Dr Garry Pearce sought and achieved funding from the Commonwealth Department of Health to purchase the license for FIM™ for Australia and to develop the original rehabilitation minimum dataset upon which the current AROC dataset is based.

Again with his colleague Dr Garry Pearce, Ben was instrumental in developing 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.

Aside from AROC, Ben has been a pioneer in the field of rehabilitation medicine in Australia. From his early life in Hungary, he has evolved (with a lot of hard work) into a distinguished and respected member of the rehabilitation community.

Ben instigated the development of the Diploma of Rehabilitation Medicine in Australia in the early 1970s. He was a key player in developing the Department of Rehabilitation Medicine at Westmead Hospital in 1979. He was also instrumental in establishing the Australian College of Rehabilitation Medicine, and became the first Honorary Secretary of that College, remaining in the position for nine years. He also played a role in establishing the College of Sports Physicians and had a significant role in development and growth of Paediatric Rehabilitation Medicine in Australia.

Ben has been active in many areas of rehabilitation medicine over the years, having been a Councillor on the AFRM Inaugural Council, Chairman of the AFRM Paediatric Rehabilitation Advanced Training Committee and NSW/ACT Branch Committee, and an active member in many special interest groups.

Ben has always been a pleasure to have around. For all his bright effervescent nature he is an exceptionally determined person, although a humble human being. AROC would not be where it is today without Ben.

We wish him well in his future ventures and want him to know that he will always be a special part of AROC.



Associate Professor Ben Marosszeky retired as Clinical Director of the Australian Rehabilitation Outcomes Centre, following 12 years of invaluable contributions to the development and growth of AROC since its inception in 2002.

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## Vice Chancellor's Award for 25 Years Service

In 2014, two AHSRI staff members received the Vice-Chancellor's Award for 25 Years Service.

### Professor Heather Yeatman

Professor Heather Yeatman has been instrumental in establishing and leading public health and nutrition programs at the University. She has inspired and mentored many colleagues, and provided professional development and career support for thousands of students.

Heather's commitment to public health and food policy is recognised nationally and internationally. She is currently national President of the Public Health Association of Australia and her various professional leadership roles have significantly contributed to widespread recognition of the Public Health and Public Health Nutrition programs.

In all her work Heather has demonstrated the highest levels of professionalism, integrity, commitment and enthusiasm.



University of Wollongong Vice-Chancellor Professor Paul Wellings presents Professor Yeatman with her award

### Ms Elizabeth Cuthbert

Elizabeth commenced her career with the University of Wollongong as an Administrative Trainee in 1989. At the conclusion of her traineeship she secured a position in the Academic Registrar's Division administering student payments relating to the Higher Education Contribution Scheme. Through her commitment to ongoing development and hard work, Elizabeth was subsequently appointed as Manager of the Fees team. The establishment of the Dubai campus in 1993 and the Sydney Business School in 1997 resulted in a range of different program delivery structures. Elizabeth was instrumental in working through the implications of these new structures and adapting existing student information systems and procedures.

In 2003 Elizabeth accepted the position of Business Manager with the Centre for Health Service Development (CHSD). This was a turning point in her career with many highlights. In 2006, CHSD made a planned decision to begin a period of significant growth expanding the annual operating budget from \$1M to \$8M over an eight year period. This culminated in the opening of the Australian Health Services Research Institute (AHSRI) in 2011 in new premises at the Innovation Campus. Elizabeth has been a highly valued member of the team that has generated this success.

Elizabeth embodies professionalism and strives to provide the best possible service at all times. Her vast knowledge and excellent networks allow her to solve problems with quiet efficiency, whilst her kind heart and generous spirit enhance the workplace.



# AHSRI RESEARCH PROJECTS

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The following list of over 30 research and evaluation projects carried out in 2014 includes a mix of short-term projects completed in one calendar year and longer term projects lasting, in some cases, for two or three years.

## **Evaluation of the Expanded Scopes of Practice Program (Health Workforce Australia)**

**Total Funding:** \$1,075,468

**Duration:** June 2012 – July 2014

### **Background**

The Health Workforce Australia (HWA) Expanded Scopes of Practice program was instigated to address known areas of workforce shortage in the Australian health system by expanding the scopes of practice of nurses and allied health professionals. Innovative models of care delivery were developed by State and Territory health authorities. These models have the potential to improve patient outcomes, reduce waiting times and ease pressure in areas of high demand, such as emergency departments (EDs), by equipping health professionals with skills and experience to extend their existing roles. In total, 26 organisations received funding under the program to implement and evaluate models of expanded scope of practice. They constituted four sub-projects: Advanced Practice in Endoscopy Nursing, Physiotherapists in the Emergency Department, Nurses in the Emergency Department, and Extending the Role of Paramedics.

### **What we did**

As the national evaluator of the program, the role of CHSD was to assist sites with planning and carrying out their evaluation activities; to monitor evaluation outcomes; and to collect, organise and synthesise evaluation data from the program as a whole to inform future policy and practice. CHSD systematically evaluated these models and assessed whether they were suitable for wider (national) roll-out and the conditions under which they are most likely to succeed.

The Physiotherapists in the Emergency Department and Nurses in the Emergency Department sub-projects concluded in December 2013 and the Advanced Practice in Endoscopy Nursing and Extending the Role of Paramedics sub-projects continued until May 2014. CHSD provided tailored assistance to all project teams with the production of their interim and final reports to improve consistency in structure, format and style. Quantitative and qualitative data were analysed and synthesised to produce evaluation reports for each sub-project that encompassed the major domains of inquiry for HWA: workforce capacity; effectiveness including the impact and experience for consumers and service providers as well as safety and quality outcomes; economic measures including cost and efficiency; workforce productivity; sustainability; and the generalisability or scalability of the implemented models. In addition, a national synthesis report was produced to ensure wide dissemination of the key evaluation findings across the Expanded Scopes of Practice program. The national evaluation concluded in August 2014 with the release of all reports; these are available to download at: <http://ahsri.uow.edu.au/chsd/projects/esop>.

The evaluation found that the program facilitated the development of promising models of workforce reform and provided evidence of the situations and conditions in which these models can be most effective. This program of work provided a solid platform for further implementation and evaluation of expanded scopes of practice.

## **Development of the Australian National Subacute and Non-acute Patient Classification Version 4 (Independent Hospital Pricing Authority)**

**Total Funding:** \$1,054,916

**Duration:** December 2013 – April 2015

### **Background**

The Australian National Subacute and Non-acute Patient (AN-SNAP) classification was developed as a casemix classification for subacute and non-acute patients in a national study conducted by CHSD in 1997. Since that time, AN-SNAP has been used to classify and fund subacute services in a number of Australian jurisdictions and internationally. Various subsequent CHSD projects have been based on AN-SNAP. These have included the development of cost weights and funding models for the public and the private sectors, a variety of projects utilising casemix analytics and the development of two subsequent versions of the classification. In response to one of its requirements under the National Health Reform Agreement 2011, the Independent Hospital Pricing Authority (IHPA) commissioned CHSD to develop AN-SNAP Version 4 to be the nationally consistent Activity Based Funding (ABF) system for subacute care services.

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## What we did

This project comprised three major components:

- A targeted review of previous work undertaken in the subacute sector both in Australia and internationally.
- A multi-pronged stakeholder engagement strategy designed to ensure that clinical, jurisdictional and sector representatives have contributed to the classification development process.
- A suite of specialised statistical analyses utilising clinical, activity and financial data obtained from a range of sources to produce a fully revised version of the AN-SNAP classification that reflects current and evolving clinical practice.

The resulting classification differed from the previous versions in a number of ways. There have been some structural changes to reflect current clinical practice and data collection protocols. Paediatric classes have been included for the first time. Diagnoses of delirium and dementia have been added to the Geriatric Evaluation and Management (GEM) classes. A new system of class codes was developed. Extensive stakeholder consultation ensured that the new classification could be implemented in all jurisdictions.

A series of recommendations regarding the implementation of this AN-SNAP V4 were made. One of the limitations of the project was a lack of data with which to assess options for making major structural changes to the classification. This limited opportunities to develop some branches within the classification, resulting in several recommendations for the development of AN-SNAP V5.

## Evaluation of the Encouraging Better Practice in Aged Care (EBPAC) Initiative (Department of Social Services)

**Total Funding:** \$710,985

**Duration:** September 2012 – May 2015

### Background

EBPAC represents an extension of the former initiative, Encouraging Best Practice in Residential Aged Care (EBPRAC) (see <http://ahsri.uow.edu.au/chsd/projects/ebprac>). Under EBPAC, eight projects are being funded that aim to encourage the uptake of evidence-based practice in the aged care sector. The key difference with the EBPAC initiative is that it includes a number of projects working with older people living in the community. In addition, three projects have been funded under the Aged Care Services Improvement Healthy Ageing Grant (ACSIHAG) initiative to conduct a national roll-out of best practice toolkits in residential aged care.

The overall objective of EBPAC is to achieve practice and evidence-based improvements for people receiving aged care services, staff providing those services, the aged care system and the broader community. Across the EBPAC initiative, there are three broad groups of projects: clinical leadership; evidence translation in community care; and evidence translation in residential aged care.

### What we did

During the early stages of this evaluation a number of activities were undertaken to enable a clearer picture of the synergies across projects and to identify themes across the program as a whole. This process has enabled us to develop a thorough evaluation methodology to measure various program and project outcomes across the different models of care that are being implemented.

We are currently analysing and synthesising a range of qualitative and quantitative data to help measure the program's key outcomes. These data will contribute to a final report offering key recommendations to the Department of Social Services on how best to implement evidence-based practice in aged care.

## Evaluation of the National Younger Onset Dementia Key Worker Program (Alzheimer's Australia)

**Total Funding:** \$339,005

**Duration:** October 2013 – February 2016

### Background

The National Younger Onset Dementia Key Worker Program is a Commonwealth-funded initiative that is managed by Alzheimer's Australia (AA) and delivered through its State and Territory member organisations. Forty key workers have been employed nationally to provide individualised support to people with younger onset dementia and their families, increasing awareness and education, building capacity in the service sector and improving coordination of services across agencies. The clients are people under 65 years of age at onset of the dementia and their carers (including family members) and the Program has been established

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in recognition of the different life stages, and consequent support and care issues, experienced by clients and their families compared to older people with dementia.

### **What we did**

CHSD has been contracted to undertake the national evaluation of the Key Worker Program. A significant focus of effort during 2014 was the research and development of assessment tools that key workers can use to identify the care and support needs of their clients (i.e. people with dementia, carers and family members) while also informing the evaluation. This involved intense negotiation between the various stakeholders to ensure the tools adequately capture the relevant domains of inquiry as well as operational capabilities and priorities of the individual State and Territory AA member organisations. A consistent client assessment process and record system is now in place for client (person with dementia) data; a parallel carer assessment process is currently under development and expected to be piloted in the first quarter of 2015. De-identified data will be progressively analysed and reported on to enable Alzheimer's Australia refine its service model and inform future policy development.

## **Evaluation of the National Quality Dementia Care Initiative (Alzheimer's Australia)**

**Total Funding:** \$275,000

**Duration:** October 2010 – December 2014

### **Background**

This project consisted of an evaluation of the National Quality Dementia Care Initiative (NQDCI), which was launched in September 2010 in Sydney at the inaugural Quality Dementia Care Summit. The Initiative provided \$3 million to facilitate consumers' engagement and generate their perspectives on dementia research priorities and processes, as well as fund a series of rapid knowledge translation projects. The aim was to address priority dementia care areas of service provision and support as identified by consumers. The Initiative aimed to strengthen the relationships within the federation of State and Territory associations of Alzheimer's Australia, as well as with external stakeholders such as the Dementia Collaborative Research Centres, the National Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People, service providers and the Department of Health.

### **What we did**

Our role as national evaluators was to capture both formative and summative evaluation findings. Through ongoing interaction with members of the Consumer Directed Research Network (established through the Initiative); the project teams implementing knowledge translation interventions and our work with representatives of Alzheimer's Australia we provided early feedback and results to inform the continuing development and improvement of the program. The summative evaluation was finalised in 2014 and addressed the extent to which the National Quality Dementia Care Initiative was implemented as intended and the desired results achieved.

In summary, eight major knowledge translation projects were completed in 2013/2014 implementing evidence across a range of care settings addressing priorities that were identified by consumers. These projects were required to have a national impact, or have outcomes that had the potential to be generalisable on a national scale. The final evaluation report of the NQDCI, focusing predominantly on the activities and outcomes of the knowledge translation projects, was submitted in December 2014. It was found that the Initiative effectively demonstrated the application of consumer involvement in dementia research and knowledge translation. The most successful components were the knowledge translation projects and the establishment and sustained operation of the Consumer Dementia Research Network. The success of the projects showed that implementation obstacles could be addressed, including overcoming inter-jurisdictional boundaries and inter-sectoral barriers, and engaging diverse professional groups in collaborative quality improvement initiatives. The Consumer Dementia Research Network has worked alongside researchers and service providers to identify priorities and improve processes for collaboration and involvement of consumers in research and research translation. The NQDCI predominantly generated indirect gains for consumers, tangible and useful benefits for service providers and showed the broader aged care sector that consumers have the capacity to drive effective knowledge translation in collaboration with researchers and care providers.



One of the knowledge translation projects, Start2Talk, established a portal for information about dementia and advance care planning, designed from the consumer point of view to be relevant and usable by people with dementia, family carers and healthcare professionals. Image courtesy of Ambro at FreeDigitalPhotos.net

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## **Evaluation of the Better Health Care Connections: Models for Short term, More Intensive Health Care for Aged Care Recipients Program (Department of Social Services)**

**Total Funding:** \$250,000

**Duration:** June 2013 – June 2015

### **Background**

This project consists of a formative and summative evaluation of the Better Healthcare Connections: Models for Short term, More Intensive Health Care for Aged Care Recipients Program. The program provided seed grants to aged care providers to develop new models of health care for aged care recipients as part of the Living Longer Living Better aged care reform package which involves a range of initiatives aiming to provide a more flexible aged care system that responds to the changing needs of Australians and the economic and social challenges of an ageing population. Thirteen projects have been funded under the program, involving both residential and community aged care providers.

### **What we did**

The framework for this evaluation builds on the evaluation framework which has been used by the CHSD since 2003, with some modifications to fit the nature of the evaluation. The program objectives have a focus on improving 'connections' between existing health and aged care services and improving access to health services for aged care recipients. It was therefore necessary to incorporate some conceptualisation of what is meant by integration to inform the development of the evaluation framework and the ongoing evaluation. To that effect, the work on integration undertaken by Walter Leutz about 15 years ago was considered to be the most appropriate. Data sources for the evaluation include the extensive documentation produced by each project, the available literature, site visits, key stakeholder interviews and tools developed specifically for the evaluation. The evaluation framework was finalised in December 2013.

In early 2014, we visited the lead organisation for each of the projects and commenced follow-up visits in late 2014. Over the course of the year we have refined the focus of our stakeholder interviews to answer the question: what are the barriers and enablers to improving connections between existing health and aged care services? We are using purposive sampling to identify potential participants likely to be 'information-rich' across all projects, with the first interviews conducted in November 2014. The final report of the evaluation is due in mid-2015.

## **Nurse Practitioners in NSW Gaining Momentum (NSW Ministry of Health)**

**Total Funding:** \$225,000

**Duration:** June 2013 – December 2014

### **Background**

This project involved working closely with the Nursing and Midwifery Office in the NSW Ministry of Health to facilitate the ongoing development of nurse practitioner positions in the NSW public health system. The structure of the project evolved over time and consisted of three stages: (1) A review of the literature, with a particular focus on the Australian literature since 2000; (2) A review of the scope of practice documents of nurse practitioners in NSW; and (3) Development of a compendium, which included descriptions of 12 nurse practitioners recognised as 'exemplars' of what is possible.

### **What we did**

The literature review sought to answer the question 'what do nurse practitioners look like?' and identify Australian research regarding the factors influencing successful implementation. Literature searching included the peer-reviewed academic literature and the non-peer reviewed literature available on the web sites of government departments, professional organisations and universities. The three main sources for the review were 28 existing reviews of the literature; 68 papers reporting studies undertaken in Australia to evaluate nurse practitioners; and some conceptual papers that provided insights into the nurse practitioner role. The literature review was published by the Nursing and Midwifery Office on their website in November 2014 ('Rapid review of the nurse practitioner literature: Nurse Practitioners in NSW Gaining Momentum').

Working in close collaboration with the nurse practitioner coordinator in each local health district, scope of practice documents were obtained from nurse practitioners from across the state. Document review identified several areas where the scope of practice documents could be improved.

Discussions with the Nursing and Midwifery Office resulted in 12 suggestions for nurse practitioner models to be included in a compendium of exemplars of nurse practitioner practice. The models described in the compendium included seven nurse practitioners working in rural locations, four in metropolitan locations, and one in a remote location. Compilation of the descriptions



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for inclusion in the compendium was based on interviews with nurse practitioners, interviews with clinicians and managers familiar with their work, and some observation of their work. The case studies resulted in rich descriptions of the nurse practitioner role.

## **Literature Review and Needs and Feasibility Assessment of Services for People with Younger Onset Dementia (Department of Health)**

**Total Funding:** \$171,842

**Duration:** July 2013 – April 2014

### **Background**

The project included an international literature review and national consultation process to identify the needs and feasibility of services to support people with younger onset dementia. The majority of dementia support services are located in the aged care sector, which is not well placed to address the needs of people who are younger and who have different personal, family, social and vocational needs and aspirations. The approach included looking beyond the traditional dementia services, and examined disability services, community organisations and businesses that employ volunteer services, to explore the capacity of these organisations to contribute to improved quality of life for people with dementia.

### **What we did**

The international literature review was the largest ever undertaken for younger onset dementia, and included over 300 journal articles, reports, presentations and websites. The needs and feasibility analysis included face-to-face consultations with over 200 people across most States and Territories. Importantly, this included a number of people with younger onset dementia and family carers whose insights highlighted the need for a significant re-framing of the way in which services are provided, as well as the nature and breadth of those supports and services. Consultations were also held with service providers, special interest and needs groups, peak body representatives, researchers and jurisdictional policy and program advisors. An online survey was also conducted to widen access to the consultation process. Findings suggested that service and policy development for people with younger onset dementia should be guided by the following: a focus on the individual; timely and accurate diagnosis; appropriate services; integrated care; continuity of care; service specific issues such as the need for respite care and peer support; and good policy and program design.

## **Activity Based Funding Capacity Building 2013/14 (South Eastern Sydney Local Health District)**

**Total Funding:** \$169,864

**Duration:** August 2013 – June 2014

### **Background**

In August 2013 the AHSRI was engaged by the South Eastern Sydney Local Health District (SESLHD) to provide advisory and research services for a further financial year period. The services were defined within discrete projects that would support the ongoing development of ABF capacity.

### **What we did**

The key projects for 2014 that were undertaken under this agreement were:

- An evaluation of the 2013/14 SESLHD budget process. Stakeholder consultations, regarding the 2013/14 budget process commenced in December 2013, and were completed in January 2014. A set of recommendations were developed as a result of this review. These recommendations included increased levels of consultation and transparency in the process, and the determination of non-ABF related budget allocations based on clear evidence.
- Analysis of the incidence and cost impacts for hospital acquired conditions. The statistical modelling of the impact of hospital acquired conditions was completed and the findings presented to the District Clinical Governance team. The study findings, statistical model and District response were presented at the national Activity Based Funding conference in June 2014.
- The development of the high/low cost DRG model. The data model to identify extreme high and low cost services was updated with the 2012/13 costing data and modified to reflect the structure of clinical services.

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## Aboriginal Injury Prevention and Safety Demonstration Grants Program (NSW Health)

**Total Funding:** \$145,633

**Duration:** December 2013 – June 2015

### Background

The Aboriginal Injury Prevention and Safety Promotion Demonstration Grants Program was established by NSW Health to improve the well-being of Aboriginal people in NSW by funding promising, evidence-informed intervention projects that aim to prevent the occurrence of injury; and to build knowledge, through evaluation of demonstration projects, about effective approaches for reducing injury in Aboriginal populations. CHSD researchers received funding to evaluate the Illawarra Aboriginal Medical Service (IAMS) Safe Homes Safe Kids program, a home visiting model of early intervention as an injury prevention program for Aboriginal children aged 0-5 and their families.

### What we did

The program which has been operating since 2005 focuses on families with new babies, first time parents and teenage parents and is part of the holistic health service offered by the IAMS. Aboriginal family workers conduct home visits and provide intensive family assistance to vulnerable at-risk families utilising a locally produced safety promotion package. The 18 month evaluation of the program provided an opportunity to determine its effectiveness in reducing and preventing injury.

The evaluation commenced in December 2013. An Aboriginal Study Manager was appointed, a Reference Group established, a formal research agreement with the IAMS developed and ethical approval obtained. We also conducted research capacity building activities with the Aboriginal family workers, completed a targeted literature review on Aboriginal child injury and undertook service mapping of the network of relevant referral agencies in the child and family sector. In collaboration with the family workers we developed a program logic model and designed an evaluation framework for the processes, impact and outcomes evaluation. Program data was collected including monthly service data, and a short monthly survey completed by the family workers. Qualitative data was collected from nine semi-structured interviews with IAMS staff, eleven semi-structured interviews with external stakeholder organisations and nine clients. All data was uploaded to NVivo software and framework analysis applied to the interview data. We are currently completing the data analysis and synthesis. The final report is due for completion in June 2015.



Professor Kathleen Clapham leads the evaluation of the Aboriginal Injury Prevention and Safety Demonstration Grants Program. Image courtesy of Paul Jones.

## Activity Based Funding Capacity Building 2014/15 (South Eastern Sydney Local Health District)

**Total Funding:** \$139,603

**Duration:** August 2014 – June 2015

### Background

In August 2014 AHSRI was engaged by the South Eastern Sydney Local Health District (SESLHD) to provide research services for the 2014/15 financial year period. The services were defined within discrete projects that would support the ongoing development of ABF capacity.

### What we did

There are two key projects to be undertaken under this agreement:

1. Integrating safety and quality analysis to advance organisational transformation – This project will continue the earlier work of the CHADx analysis in 2013 and has commenced with a focussed review of the CHADx results for one hospital within SESLHD. For the District this project should lead to improvements in patient care safety and quality. For AHSRI it is an opportunity to test and refine the tools used to measure safety and quality.
2. Review of the clinical costing process – The clinical costing process provides information for the management of the organisation and relates the total health service expenditure to all patient care and non-patient care activities. The main purpose of this project is to review the current cost allocation methods, and advise the District Executive regarding the extent to which the

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costing information may be used in monitoring efficient performance and management decision-making. This project will also make recommendations with regard to improvements in the costing process. Phase 1 which includes a review of hospitals in the Southern Sector of the District was undertaken in between October and December 2014.

## **Kiama Youth Mental Health National Broadband Network** (Illawarra Shoalhaven Medicare Local)

**Total Funding:** \$131,886

**Duration:** June 2012 – June 2014

### **Background**

Illawarra Shoalhaven headspace (youth mental health service) received funding to trial the use of NBN-enabled technologies to deliver their services to young people living in Kiama. Parts of the Kiama LGA have been connected to the NBN. These services were to be provided via very high definition video conferencing screens located in a client's house or at an accessible location such as Kiama High School, Library or Community Centre and connected to the NBN. The aim of the Trial was to improve access to headspace services without prejudicing quality. CHSD was contracted to evaluate the trial.

### **What we did**

At the commencement of the evaluation, CHSD undertook a targeted literature and practice review of technology enabled mental health services and then developed a detailed evaluation methodology. Semi-structured interviews were conducted with headspace clinicians at three time points during the project, and other key stakeholders were also interviewed at two time points. Qualitative analysis of these interviews was combined with data from a number of other sources, including data on headspace client service use and client responses to an online survey. The delays in the roll-out of NBN services resulted in lower than expected usage of the service and as such the trial was extended into 2014.

The evaluation found that videoconferencing technology delivered over the NBN could complement the delivery of more traditional face to face headspace services. However, there also appears to be some reluctance amongst young people to utilise services via videoconferencing when there are realistic and viable choices available.

Clinicians who used the video conferencing technology reported that they could build a therapeutic relationship with clients using the technology with some important provisos. The best approach may be the use of a blended approach where there is a combination of face-to-face engagement and video conferencing when it was convenient for the client or their family. The situation of the young person and family should be the key factor in determining the type of contact that should be used.

## **The NSW small hospitals funding model (The Health Administration Corporation)**

**Total Funding:** \$92,364

**Duration:** November 2013 – May 2014

### **Background**

With the introduction of national health reforms in 2011, a funding approach was established which is based on a single efficient cost for small hospitals. This approach had been found not to work well for small hospitals in NSW where the activity cannot be accurately described using the national weighted activity unit (NWAU), and low volumes of activity and remote geography result in diseconomies of scale.

The National Casemix and Classification Centre (NCCC) was engaged to undertake an extensive review regarding small hospital cost drivers, review alternative approaches for funding small hospitals, and develop a simple transparent model for small hospital funding in NSW.

### **What we did**

The first and second stages of this project, the data analysis and the review of alternative existing funding models, were completed in late 2013. The third stage of this project was completed between January and May 2014. This stage involved two rounds of consultations with rural jurisdictional stakeholders and the delivery of the small hospitals funding model.

Key features of the model include:

- The categorisation of hospitals based on the NSW peer hospital groupings.
- The determination of fixed and variable (activity based) payments for each of the hospital categories.

- The establishment of a 'safety net' base level of funding for clinical staffing in hospitals with extremely low patient volumes.
- The determination of payments by 'bed-day equivalent' to support the delivery of clinical services in different settings.

## National Indigenous Research and Knowledges Network (ARC SRI Grant)

**Total Funding:** \$60,000

**Duration:** January 2013 – December 2016

### Background

Recent reports confirm that important factors in retaining and attracting Aboriginal and Torres Strait Islanders into higher degrees by research are the provision of sufficient academic support and social and cultural inclusion (Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People 2012, Universities Australia 2013, The Bradley Report 2008). The National Indigenous Research and Knowledges Network (NIRAKN) received a four year Australian Research Council (ARC) Special Initiative Grant (2013-2017) to address the urgent need to build research capability relating to Aboriginal and Torres Strait Islander knowledges and perspectives in Australian universities. NIRAKN is a national, inclusive, multidisciplinary hub and spokes model network committed to facilitating and establishing Indigenous-led research. NIRAKN's research and capacity building activities are designed to contribute to attracting and retaining a new generation of Aboriginal and Torres Strait Islander researchers.

### What we did

As one of the collaborating universities, the University of Wollongong made a commitment to support NIRAKN for the period 2013-2016. UOW contributed a higher degree research scholarship and a financial contribution of \$15,000 per year to support Indigenous research staff and students to participate in NIRAKN events over the four years of the grant. CHSD staff member Professor Kathleen Clapham is one of the three national health node convenors of NIRAKN and is responsible for the coordination of university-wide activities at the UOW. During 2014 Professor Clapham collaborated with the Faculty of Law, Arts and Humanities to co-host a university wide support group for UOW Indigenous higher degree research and honours students (Supporting Indigenous Research Scholarship), gave presentations on Indigenous research and ethics at various workshops and seminars, and assisted with the establishment of an Indigenous HDR scholarship and provision of financial support for Indigenous postgraduate research activities.



NIRAKN members, presenters, post graduates and guests at the 2014 NIRAKN Members meeting and workshops at the Gold Coast Hilton July 2014. Image courtesy of Adam Robinson.

## 2014 Post School Program (Ageing, Disability and Home Care)

**Total Funding:** \$59,544

**Duration:** April 2014 – April 2015

### Background

Ageing, Disability and Home Care (ADHC) in the NSW Department of Family and Community Services provide support for young people with disabilities who are not yet ready to join the workforce when they leave school. In 2002, CHSD established that a short functional screening tool used by teachers was predictive of the assistance needs and current and future capacity to work of this population. Since that time, AHSRI has undertaken an ongoing program of work with ADHC. An early task was to develop a model, based on the functional tool which had been designed by CHSD, that could be used to determine eligibility for ADHC's Post School Programs and, for some applicants, the relative level of support they would require. Each year, AHSRI continues to work with ADHC to update and improve the assessment tool and to apply the model to the current year's school leaver cohort.

### What we did

Early in the year AHSRI provided training for teachers in the use of the tool. In 2014, for the first time, AHSRI prepared a podcast for teachers to watch. A subsequent webinar was conducted jointly by AHSRI, ADHC and the NSW Department of Education and



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Communities, providing the teachers with an opportunity to discuss the assessment process and raise any questions. During the year, the assessment scores for the 2014 school leaver cohort were sent to AHSRI to determine program eligibility and, for Community Participation, the funding band that their scores would suggest was the most appropriate. A report was prepared for ADHC, comparing the profile of the 2014 applicants with those from previous years. An evaluation of a new item that had been introduced for 2013 was also included. Assessment data of applicants who appealed against their allocation and out-of-guideline applicants were also sent to AHSRI throughout the year.

## **A Systematic Literature Review on Question Prompt Lists and Shared Decision Making in Health Care** (Australian Commission on Safety and Quality in Health Care)

**Total Funding:** \$53,440

**Duration:** April – September 2014

### **Background**

This project involved a systematic literature review concerning the use of Question Prompt Lists (QPLs) to facilitate communication, patient question asking, information gathering and information provision to patients by health care professionals during health care consultations. QPLs may be prepared lists of questions relevant to the health condition prepared by research teams but they also include patient generated question prompt lists.

### **What we did**

A systematic search was undertaken to identify relevant literature concerning QPLs including academic databases, Google-based and snowball searching. Forty-two relevant studies reporting 50 interventions were identified. There was evidence that a QPL endorsed by the physician increased total question asking. Using a QPL also increased question asking concerning specific content areas (e.g. prognosis). There was some evidence that physicians provided more information during these consultations. There were no consistent findings concerning effects on patient knowledge recall, anxiety and satisfaction or consultation time. Some interventions that increased question asking had longer consultation times.

There is evidence that an appropriate QPL, endorsed by the physician and provided immediately before the consultation, may increase patient question asking and lead to more information being provided by the physician.

These findings lend support to QPL use in routine practice. Further trials might address the research issues identified including an assessment of the optimal length of a QPL and QPL adaptation for cultural and special needs groups.

A journal article on the outcomes of this project has been submitted for review.

## **Aboriginal chronic care pathways** (Illawarra Shoalhaven Local Health District)

**Total Funding:** \$49,162

**Duration:** November 2014 – January 2016

### **Background**

This study investigates Transfer of Care planning in the Illawarra Shoalhaven Local Health District (ISLHD) for Aboriginal adults with chronic conditions. It focuses on the services and programs which are available to Aboriginal people following discharge from hospital and their experiences of those services. The study will assess the efficacy of current supports systems and identify gaps in support for Aboriginal chronic disease patients. The study is expected to produce evidence that will contribute to the planning and delivery of services which are effective, accessible, acceptable and appropriate to Aboriginal people within the region.

### **What we did**

The study commenced in November 2014. It is being conducted by a team of Indigenous and non-Indigenous UOW researchers from CHSD, the Faculty of Science, Health and Medicine (GSM) and the Faculty of Social Sciences (HAS) in collaboration with the ISLHD. The research team will work closely with the Illawarra Aboriginal Medical Service, South Coast Medical Service Aboriginal Corporation and the Illawarra Shoalhaven Medicare Local and other relevant stakeholders including Aboriginal community members and organisations.

The study will employ qualitative research methods in a two-staged design to answer the key research question regarding the factors that impact on Aboriginal people's experience of chronic conditions and their management. A qualitative approach is most likely to yield 'thick' descriptive data in order to provide insights into the way in which Aboriginal people in the region experience the management of chronic illness and their journey through the health system. Research activities in stage one include a targeted

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literature review; a realist review of Aboriginal chronic disease management plans; mapping of current programs and services; and a short stakeholder survey of service providers. Data collection in stage two includes focus group discussions to be undertaken across the region and individual interviews with Aboriginal people managing a chronic disease 48 hours, 1 month and 3 months after discharge from hospital.

Progress to date includes ethical approval obtained for stage 1; an application for stage two has been submitted. Governance for the oversight of the research has been arranged, the targeted literature review is due for submission in February 2015, and data collection for stage one is about to commence. The project will continue throughout 2015 and the final report is due in January 2016.

### **Establishing the features of the social and physical environment associated with 'Dementia – Friendly' Communities and Organisations: A Pilot Study in the Kiama LGA** (University of Wollongong Global Challenges Program)

**Total Funding:** \$47, 498 supplementing the GC Seed Grant Funds (\$20,000)

**Duration:** November 2014 – December 2016

#### **Background**

The research examines the dementia friendly features of the physical and social environments in Kiama. It will explore components that contribute to 'Dementia Friendly Communities and Organisations' and therefore to the opportunities, challenges and overall quality of life of people living with dementia. Components include:

- the dementia knowledge and attitudes of the community
- the design and use of community places and spaces
- the design of virtual environments to promote dementia knowledge, help-seeking and service access
- the impact of these components on the experiences of people living with dementia including their social and civic participation, neighbourhood involvement, and overall quality of life.

#### **What we did**

This project only started late 2014 but we have held several community group meetings to engage the community in the research. The pilot study will involve collaboration between Associate Professor Helen Hasan and members of the Faculty of Social Sciences (in the areas of public health, human geography and psychology), Science Medicine and Health, Engineering and Information Sciences as well as Alzheimer's Australia and the Centre for Health Initiatives.

### **Centre of Research Excellence in End-of-Life Care (NHMRC)**

**Total Funding:** \$2,495,543

**Duration:** October 2013 – September 2018

We are collaborating in the CRE in End of Life Care (ELCCRE) which is being led by Professor Patsy Yates at the Queensland University of Technology. The ELCCRE 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 ELCCRE 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.

### **Centre of Research Excellence in Mental Health Systems Improvements (NHMRC)**

**Total Funding:** \$2,442,370

**Duration:** November 2012 – October 2017

We are collaborating in the CRE in Mental Health Systems Improvement (CREMSI) which is being led by Professor Harvey Whiteford at the University of Queensland. The CRE brings together leading research academics and mental health experts from

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five Australian universities, health departments and international collaboration with the University of Washington, USA, and King's College, London UK. The overarching goal of this CRE is to design a model mental health service system for Australia. We are also aiming to identify policy instruments and a knowledge transfer strategy to move from the existing system to the model system. The CRE has three streams:

- Priority setting for cost-effective mental health interventions and service platforms
- Mental health system planning to maximize the delivery of evidence based services
- Translation of evidence-based service system planning into policy

## **Development of NSW 2014 AR-DRG Relative Value Units for Allied Health** (ABF Taskforce, NSW Ministry of Health)

**Total Funding:** \$29,966

**Duration:** June – July 2014

### **Background**

In June 2014, AHSRI was engaged by the NSW Ministry of Health to develop NSW relative value units (RVUs) for allied health services. RVUs are applied in health service costing when there is insufficient patient utilisation data to calculate actual individual patient costs, and the costs must be modelled based on the experience of others. The RVUs had not been updated since 2009. The benefit of these new RVUs is that they are based on actual NSW allied health utilisation data and are discipline specific. When applied, these RVUs will significantly improve the quality of NSW allied health costing information.

### **What we did**

The updated NSW 2014 Australian Refined-Diagnosis Related Groups (AR-DRG) RVUs were developed by linking two years of patient activity and costing information for hospitals that capture patient-specific minutes of allied health service provision. The data set was refined to include only services that captured discipline-specific expenditure and that did not produce extreme outlier values when costs were compared to utilisation data.

A sound, clinically-validated, methodology was applied for the development of RVUs for DRGs where volumes were very small and subject to large amounts of variability. The set of RVUs were produced and compared to the existing service to determine the level of improvement achieved. The 2014 RVUs provided much greater discrimination in the costs being assigned to the different allied health disciplines.

The RVUs were applied in a model to test their performance, with the greatest improvements seen in:

- Speech therapy – where the highest costs were allocated to pre-MDC (Major Diagnostic Category), neurological, respiratory and neonatal DRGs, and the lowest costs to drug and alcohol services.
- Occupational therapy – where the highest costs were allocated to neurological, orthopaedic and injury DRGs and the lowest costs to neonatal DRGs.
- Social work – the cost allocations for social work were greater in maternal and neonatal care than the other disciplines.
- All disciplines – the highest allocations of cost for all allied health services were in pre-MDC, neurological, respiratory and orthopaedic DRGs.

## **Development of NSW 2014 Subacute and Non-Acute Care Relative Value Units for Allied Health** (ABF Taskforce NSW Ministry of Health)

**Total Funding:** \$24,617

**Duration:** September – October 2014

### **Background**

In September 2014, AHSRI was engaged to develop NSW relative value units (RVUs) for allied health services provided to subacute patients. RVUs are applied in health service costing when there is insufficient patient utilisation data to calculate actual individual patient costs, and the costs must be modelled based on the experience of others. No RVUs had previously been available for the allocation of discipline-specific allied health costs to subacute patients in NSW. The use of discipline specific RVUs based on actual allied health utilisation data will ensure the continued improvement in the quality of subacute costing data across NSW.

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## What we did

The RVUs were developed by linking two years of patient activity and costing information for hospitals that capture patient-specific minutes of allied health service provision. The data set was refined to include only subacute services that captured discipline-specific expenditure, trimmed for outliers. RVUs were developed by SNAP class based on grouped data and by care type using both grouped and ungrouped data.

A similar methodology to that used in the development of the acute allied health RVUs was applied, with key differences in the following areas:

- The RVUs were bed day rather episode based, addressing the issue of variability in length of stay for subacute patients.
- In some cases RVUs were developed for clinically meaningful clusters of SNAP classes rather than for every SNAP class. This was to overcome the issue of small volumes.

As no previous set of RVUs were available for comparison, these RVUs were reviewed with regard to clinical sensibility. The indications that these RVUs were clinically sensible included that:

- The rehabilitation care type is allocated the greatest amount of allied health costs largely due to the large proportion of subacute patient activity, but it is not the highest cost service on a bed day basis across all allied health disciplines.
- Dietetics and social work provide the highest level of service to palliative care patients in the unstable and terminal phases.
- Physiotherapy and occupational therapy provide the most intensive services, to rehabilitation patients.
- Speech pathology services provide the highest level of service to palliative care patients in the unstable phase, and to patients with stroke and brain dysfunction.

## Literature Review: costing of operating theatres and procedure rooms

(ABF Taskforce, NSW Ministry of Health)

**Total Funding:** \$28,897

**Duration:** March 2014

### Background

The National Casemix and Classification Centre (NCCC) was engaged by the NSW Ministry of Health to undertake a review of costing methodologies for operating rooms and procedure rooms. The purpose of the review was to identify current practices and recommend a standard approach for operating room costing in NSW. Findings from this review were to inform an update to the NSW Cost Accounting Guidelines.

### What we did

This review was undertaken in two parts: the first, an examination of Australian and international literature which detailed operating room costing and the second, a consultation process targeting Australian costing experts regarding current practices in the allocation of costs for operating room and procedure room services.

The review found that the most accurate costing approaches incorporate the major cost drivers of staff time, consumable use and inefficiency. The specific recommendations included:

- The allocation of professional staffing costs based on time in operating rooms but weighted by; the number of staff by discipline, in-hours versus out-of-hours operations and adjustments for lower-intensity services such as pre-operative and recovery time.
- The allocation of surgeon time in theatres.
- Capturing the use and costs of consumables in theatres.
- Ensuring that the costing process is sensitive to different delivery models such as day surgery and other specialised suites, and surgery delivered in other settings.

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## **RDF Health Needs Indices Review (NSW Ministry of Health)**

**Total Funding:** \$21,260

**Duration:** October 2013 – February 2014

### **Background**

The NSW Ministry of Health engaged Health Policy Analysis (as part of a consortium including the Centre for Health Service Development at the University of Wollongong) to assist in the development of health needs indices (HNIs) for acute care, rehabilitation and extended care, emergency department care, outpatient and primary and community care. These indices are used in the NSW Health Resource Distribution Formula to determine the relative need of local health districts, over and above the influence of the age and sex composition of the resident populations.

### **What we did**

The objectives of the project were to produce new estimates for the acute care and rehabilitation and extended care HNIs, and to develop new HNIs for emergency departments, outpatient services, primary care and community-based services. The project involved an extensive literature review, collation of data from a broad range of sources, extensive modelling and consultation on the results of the modelling. Through the project, the need indices for acute care were updated, and new methods were developed for addressing the treatment of private sector activity and private patient revenue. A new approach to the need index for maternity services was developed. The need index for rehabilitation and extended care services was updated. New need indices were developed for emergency department services, outpatient services, and community health.

## **Evaluation of the Southern Suburbs Community Sector Capacity Building (Wollongong City Council)**

**Total Funding:** \$21,041

**Duration:** August 2012 – July 2014

### **Background**

In 2011 Wollongong City Council obtained a three year funding grant from the NSW Government through Community Services, Department of Human Services, to develop and implement the Strengthening Communities - Community Builders Project. A Capacity Building Program was developed and implemented with two established community organisations in the Illawarra region. These were the Coomaditchie Community Hub operated by the Coomaditchie United Aboriginal Corporation and the Warrawong Community Kitchen/Lunch operated by the Warrawong Residents Forum Inc. The Capacity Building Program consisted of a series of activities implemented at each site by external consultants between July 2012 and June 2014. CHSD was commissioned by the Council in August 2012 to conduct the evaluation at the two sites.

### **What we did**

A formative evaluation, encompassing process as well as outcomes elements, was conducted to provide a framework for developing an understanding of the process of change and for finding out how was the Program was implemented at each site, the extent to which the Program produced worthwhile results in the short, medium and long term, the enablers and barriers to participation in and impact of the Program at each site, and extent to which the Program contributed to the sustainability of the two organisations.

The first stage of the project involved a targeted literature review and development of an evaluation framework. Qualitative and quantitative data were collected and analysed including program data, 24 qualitative semi-structured interviews with stakeholders and key staff, on-site visits, and quantitative service data to describe client service activities and use.

The evaluation found that the Capacity Building Program was successfully implemented at each of the sites over a two year period. It brought together Council staff, external consultants, staff, management committee members, and volunteers at both sites around a Program designed to enhance the capacity of the organisations to deliver much needed services to their disadvantaged clients. The Program focused attention on the underpinnings of strong and effective organisations – good governance, vision, goals and objectives aligned with organisational capacity, the use of knowledge to inform service delivery, and the need to adopt innovative ways of addressing future uncertainties. The Program resulted in a number of outputs: revised policy and procedures manuals for both of the projects; Capacity Building Action Plans for each of the projects; a People Assets Mapping Project Report.

The Program has achieved many of its short and medium term outcomes, including those around improved knowledge and skills in good governance principles and processes; an improved understanding of current organisational situation; and the capacity for short and long term planning. Perhaps the most important outcome to emerge in the short and medium term was that the

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project staff and management committees have become better informed about potential business collaborations and partnerships between local business leaders and the community organisations were established. The implementation of the Capacity Building Program was facilitated by a systematic approach to organisational capacity building as well as a creative approach to trying out various strategies in order to find those which had the best fit for each of the organisations. The most success was achieved when the consultants were willing to listen and respond flexibly to the needs of the organisations. One of the key strengths of these community based organisations is that they are flexible and willing to adapt to changes in the environment. The evaluation demonstrated this ability of the projects to incorporate new ideas and to give new ways of doing things a go.

## **Evaluation of the Noah's Shoalhaven Kids Together Program** (Noah's Ark Centre of Shoalhaven Inc.)

**Total Funding:** \$153,984

**Duration:** December 2013 – May 2015

### **Background**

Noah's Shoalhaven, a non-government organisation located in Nowra, developed the Kids Together Program to address inclusion and the needs of pre-school aged children with disability / additional needs in mainstream early learning environments in preparation for the introduction of the National Disability Insurance Scheme (NDIS). Kids Together involves a multi-disciplinary team of key workers (occupational therapist, speech therapist, psychologist, early childhood education specialist) supporting parents and carers through home visiting, group training at the early childhood education centre and during transition when starting preschool and moving into school. The program was piloted in one early childhood education centre in 2013 and subsequently implemented across 15 centres in 2014. Having completed a literature review on the inclusion of children with disabilities / additional needs in early childhood mainstream education in 2013, CHSD was commissioned to undertake a program evaluation of the Kids Together Program over the 2014 school year.

### **What we did**

The overarching goal of the 18-month program evaluation was to bring together lessons learnt in the delivery of the program, to capture evidence of its impact and effectiveness from all sites and to assess the suitability of the program for scale up across a broader range of sites. A realist evaluation approach was adopted in order to understand how the program works and in what circumstances it was effective. A steering committee was established to oversee the evaluation included industry and policy representation as well as Noah's Shoalhaven, and University of Wollongong academics. In order to obtain a clear picture or model of the underlying rationale or logic of the Kids Together Program a program logic model was developed in collaboration with Noah's Shoalhaven and an evaluation framework set up. The evaluation involved the collection of quantitative and qualitative data. Qualitative data was collected at five of the centres at the commencement and again towards the end of the program; it included semi-structured interviews with Noah's Shoalhaven staff, centre directors, and parents, and focus groups with centre staff, as well as observation of key workers, children and centre staff. A survey of early childhood education staff was implemented at all sites at the end of the program period and program data was collected including goal attainment scores for children with additional needs. A preliminary analysis of the qualitative and quantitative data has been completed and the results are currently being written up. The final report is due in May 2015.

## **WA State-wide Rehabilitation Service – Peer Review of Service Delivery Model** (Fiona Stanley Hospital)

**Total Funding:** \$19,650

**Duration:** February – March 2014

### **Background**

Opening in 2014, Fiona Stanley Hospital, Perth is a 783-bed, \$2 billion public hospital that will rank among the best in Australia and will include the 140-bed State-wide rehabilitation service. Under the State-wide service model, it will provide tertiary rehabilitation services for acquired brain injury, spinal injury, stroke and chronic neurological conditions, amputee, complex trauma and complex multi-diagnostic patients. In preparation for opening in 2014 the team commissioning the State-wide Rehabilitation Service sought an expert peer review of the service delivery model they had developed.



The recently opened Fiona Stanley Hospital in Perth, Western Australia.



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### What we did

CHSD staff in association with AROC put together a team of experts in rehabilitation, including medical, nursing and allied health representatives. This team undertook a desk-top review of the specialty service plans (amputee, neurology, acquired brain injury, spinal, trauma and multispecialty rehabilitation) developed in preparation for the opening of the hospital. A site visit was also undertaken by a senior rehabilitation physician.

The final report provided to the Fiona Stanley team covered issues such as did the speciality plans represent contemporary best practice. Areas such as clinical outcomes, operational performance, innovation, workforce and environment were covered.

## Review of the NFC price per procedure for paediatric liver transplantation (SA Health)

**Total Funding:** \$17,366

**Duration:** April – May 2014

### Background

The Nationally Funded Centres (NFC) Program for paediatric liver transplantation funds the Royal Children's Hospital, Brisbane, Queensland; the Royal Children's Hospital Melbourne, Victoria; and The Sydney Children's Hospital Network (Westmead), New South Wales. A comprehensive assessment of the paediatric liver transplantation NFC was undertaken during 2013 with a recommendation for funding that was significantly higher than the previous estimate. This review was undertaken to review the costing process and either validate the recommended price, or make an alternative recommendation for the funding of the service.

### What we did

The review comprised three activities - a review of relevant documentation (including previous NFC submissions), a targeted stakeholder consultation process and the development of an expected cost profile based on the pathway description for PLT services. The review of the documentation highlighted that different approaches had been adopted in development of the costing submission, but revealed that there was a generally consistent care pathway for the management of paediatric liver transplantation across the three sites. At the same time, the stakeholder consultation highlighted that there remains a great deal of variability between patients receiving a liver transplant in terms of their responses to care, which often drives differences in cost. The outcome of the review activities was that the 2013 price recommendation was supported.

## Guidelines for completing the NFC Costing pro forma (SA Health)

**Total Funding:** \$13,728

**Duration:** July – August 2014

### Background

The Nationally Funded Centres (NFC) Program has previously engaged the CHSD in projects relating to the determination of costs for NFC services located across Australia. Cost information for these services is used to inform the national funding allocation to support these high cost-low volume services. One of those previous projects was to develop a new pro forma for the collection and submission of cost data by the NFC sites. It was recommended at that time that the guidelines for use of the pro forma also be updated.

### What we did

The guidelines were developed based on a number of factors:

- Stakeholder advice – this included obtaining opinions regarding those aspects of the costing submission requirements that needed clarification, and the level of detail and instructions that would be appropriate.
- The recent changes to the pro forma – the new design of the pro forma included a greater level of instructions and definition within the data collection tool itself, thereby requiring less additional information in the guidelines for its use.
- The standardisation of costing – a key requirement of the revised data collection tool is that it drives greater standardisation in the methodology for costing NFC services. This was also reflected in the guidelines where references were made to costing processes that have already been standardised nationally or have been agreed as standard for NFC purposes.

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## **Bowel preparation: an intervention targeting patient factors to improve the quality of bowel preparation (Illawarra Shoalhaven Local Health District)**

**Total Funding:** \$10,000

**Duration:** November 2014 – June 2016

### **Background**

This project aims to identify patient factors associated with poor bowel preparation prior to colonoscopy and address modifiable factors such as patient engagement.

### **What we are doing**

The project involves two core components:

- A retrospective audit of colonoscopies performed in the previous 12 months will be completed to assess the proportion of patients presenting with sub-optimal bowel preparation.
- An endoscopist-blinded randomised controlled study where patients in an intervention group receive additional education (in relation to their colonoscopy) from an enrolled nurse in the days preceding the procedure.

The project is examining the effects of the additional patient education and support on the quality of bowel preparation and levels of patient satisfaction. The hypothesis being tested is that the intervention leads to a clinically significant reduction in the number of suboptimal bowel preparations. Better bowel preparation translates to less early surveillance or repeat colonoscopies and more efficient resource allocation from the organisational perspective.

CHSD is working in conjunction with The Wollongong Hospital Gastroenterology Department on several elements of this project including:

- Providing support in completing relevant ethical applications.
- Developing an evaluation framework to underpin the overall conduct of the project.
- Developing appropriate patient experience and satisfaction instruments.
- Developing assessment tools to measure the sustainability and scalability of the project.
- Providing statistical expertise with data analysis.
- Providing support in report writing.

## **Indigenous Multi-Disciplinary Health Research Coalition (University of Wollongong Global Challenges Program)**

**Total Funding:** \$10,000

**Duration:** January 2014 – December 2014

### **Background**

The overarching goal of this 12 month pilot project was to establish an Indigenous led research multi-disciplinary collaboration of UOW researchers and local Aboriginal community organisations, with the aim of developing a broad social health research agenda that addresses the social determinants of Indigenous health within a regional context. The project was intended to serve as a model for urban Aboriginal communities nationally and internationally. The main objectives were: to develop a baseline understanding of the Illawarra and Shoalhaven Aboriginal communities; to host an event that would bring together Aboriginal community stakeholders with the UOW research team; and to develop the capacity of the local Aboriginal community to engage in research.

### **What we did**

The coalition brought together researchers from across three UOW faculties (Business, Science, Medicine and Health, and Social Sciences) and three research institutes (AHSRI, IHMRI and ESRI). Using existing data sources the group compiled baseline data and produced a report, 'Illawarra Aboriginal Community Profile: a snapshot of an urban Aboriginal community', providing an overview of the demographic, socioeconomic and health profile of the regional Aboriginal population and identifying some of the strengths of the community, notably the Aboriginal community controlled organisations.

The Global Challenge project was based on the premise that Aboriginal people are the experts in their own communities and know what questions should be asked and the appropriate protocols for conducting research. To help enhance the ability of

the Aboriginal community to engage meaningfully in research a series of research training workshops were conducted by team members with staff of the Illawarra Aboriginal Medical Service. The team also developed a guideline, 'Aboriginal Health Research and Evaluation: Understanding the Difference', aimed at assisting University of Wollongong researchers to undertake ethical research with Aboriginal communities in the region.



Participants at the Community Research Forum, held at AHSRI in December.

In December 2014 AHSRI hosted a Community Research Forum to share the information compiled in the 'Illawarra Aboriginal Community Profile' report and to discuss the research priorities of the Illawarra Aboriginal community. Invitations were issued to Aboriginal community members from a range of local organisations and around 30

participants attended. Forum participants expressed a strong interest in developing a program of collaborative and community based participatory research between University researchers and community organisations around the theme of 'Caring for Community'. There was a particular interest in documenting and evaluating the impact of local Aboriginal organisations. Further applications for funding have been made to further develop the research program in 2015.

## **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:** £1,847,873

**Duration:** July 2013-May 2018

We are collaborating in C-Change, a project led by Dr Fliss Murtagh from Kings College London. Working with leading palliative care researchers and clinicians from two English universities and two NHS Trusts, this research will develop and test an English casemix classification 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.

# TEACHING AND EDUCATION

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## Graduate Certificate in Health Services Research and Development

Several members of AHSRI supervise post graduate students. In addition, the Graduate Certificate in Health Services Research and Development continued to be offered by AHSRI in 2014 to equip students with essential skills required to both understand and conduct health services research. It consists of four core subjects: Research Studies Design; Health Service Research Analysis; Health Services Evaluation and Development; and Health Economic Principles and Research Methods.

## Health Economics From Theory To Practice

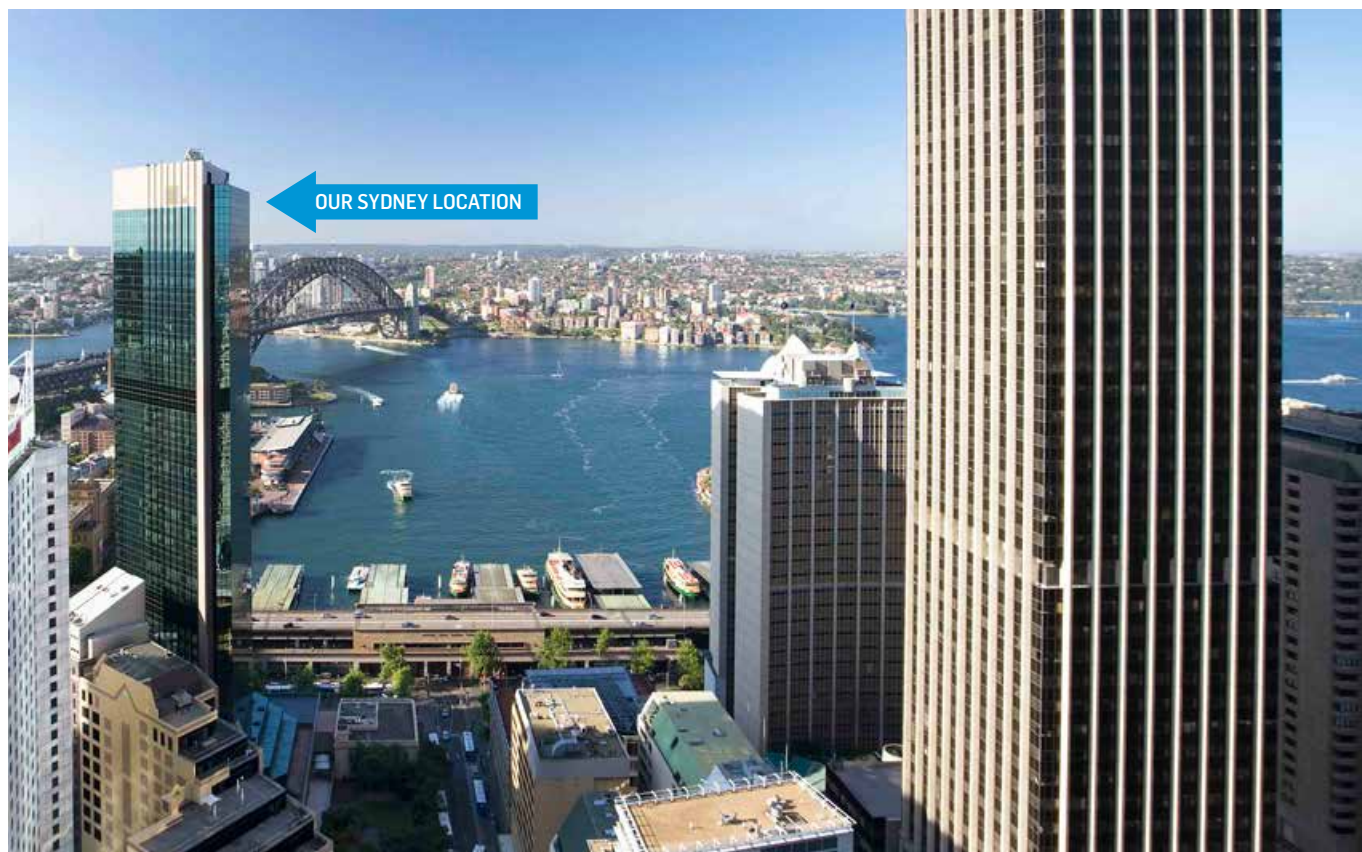
In 2014, Professor Simon Eckermann continued to offer a three-day workshop 'Health Economics From Theory To Practice: Informing Related Decisions of Reimbursement, Research and Regulation'. Conducted with Professor Andrew Willan on 2–4 April 2014 at the Sydney Business School, Sydney, the course teaches best practice for addressing reimbursement, research and regulation decisions in processes associated with health technology assessment.

## Upcoming AHSRI 2015 Education Program

We have been developing a suite of new educational courses to be introduced in 2015. There will be three key elements to the education program:

- A comprehensive series of short courses will be held, available to the professional community with the aim of developing skills in health services research.
- A series of seminars will also be held, with presenters discussing a range of topics from indigenous health issues to the impact of hospital acquired medical complications.
- The Professor Alan Owen Lecture will continue to be held, as discussed earlier in this report.

For further information see <http://ahsri.uow.edu.au/educationprogram>.



The Graduate Certificate is taught at AHSRI's Sydney location, the Sydney Business School, Circular Quay.

# AHSRI IT DEVELOPMENT

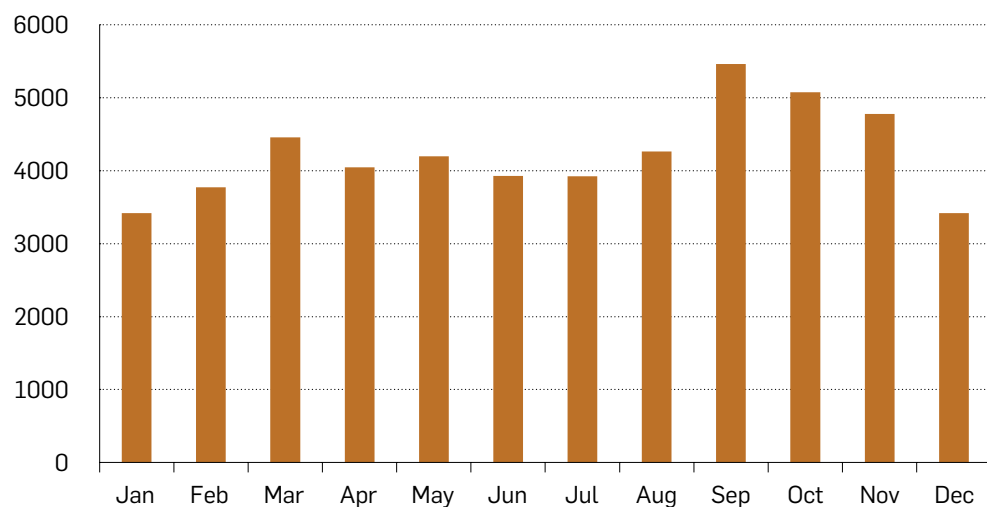
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## Information Technology Development at AHSRI

We have a small team supporting the development and use of information technology (IT) within AHSRI. In 2014, this has included improvements to the 'public facing' AHSRI IT systems, particularly AROC Online Services (AOS) and epiCentre. As a result we now offer a suite of systems and tools which are simple to use and project a professional and modern online presence. These systems minimise the inconvenience which people experience in working with us, or supplying us with data, and provide an excellent first impression of AHSRI and our research teams. The aim of much of the work is to create or implement tools which can be used across teams, and facilitate the sharing of information and 'lessons learnt' from the experience of each team within their own domain. The IT support team also works with external partners such as the Independent Hospital Pricing Authority and the Illawarra Shoalhaven Local Health District on a range of projects.

The AHSRI website (<http://ahsri.uow.edu.au>) is of crucial importance to the Institute's operations, serving as a primary component of the public face of AHSRI, a vehicle for disseminating the results of our work, a platform for training, and a repository for up-to-date educational materials and other resources. During 2014, the most popular pages were the AROC and PCOC homepages, indicating the interest these two centres generate and confirming the importance of having the right information on their homepages.

Approximately 50% of visits to AHSRI's website came via search engines, and the majority of visitors (75%) continued to browse the website content for an average of about 3.5 minutes. These figures indicate that our search engine optimisation is effective and that the content on landing pages is successfully leading people to the information they are looking for.



In 2014, the AHSRI website had 42,582 unique visitors & 175,284 total page views

A 12-month snapshot of AHSRI website usage (excluding NCCC). Data extracted from Google Analytics.



# INTERNATIONAL COLLABORATIONS

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AHSRI staff participate in a range of international research projects, collaborations and committees. These include the Executive Committee of Patient Classification Systems International (PCSI), the International Society for Quality of Life Research (ISOQOL), the National Health Research Institute UK, the International Health Terminology Standards Development Organisation (IHTSDO), World Health Organisation (WHO) Morbidity Reference Group of the WHO-Family of International Classifications Network, the International Consortium for Health Outcomes Measurement – Dementia Working Group, MAPI Research Trust, France, the PROQOLID Instrument Database and the China Rehabilitation Research Centre (CRRIC) in Beijing.

In addition to these collaborations, AHSRI regularly hosts international experts and groups. Following are two examples of international delegations visiting AHSRI.

In August, AROC hosted a party of 15 Vietnamese rehabilitation clinicians as part of an Australian Leadership Award Fellowship Program (funded by the Department of Foreign Affairs and Trade). The delegates, representing the Vietnamese Ministry of Health and the Vietnamese Ministry of Labor, Invalids and Social Affairs, included medical, nursing and allied health directors and heads of department in adult and paediatric rehabilitation facilities across Vietnam.

The program, 'Developing Best Practice Rehabilitation Services in Vietnam – Study Tour', aimed to provide the visitors with the opportunity to gain insights into the quality, effectiveness and efficiency of Australian rehabilitation services. The objective was to deliver information about models of care and development strategies, to assist with facilitating reforms of Vietnam's rehabilitation services over the coming decade.

Presentations from AROC and AHSRI personnel, and Associate Professor Andrew Cole from the AFRM provided an intensive introduction to the Australian health system and rehabilitation policy and service delivery in Australia. This was followed by a three-week tour which included visits to 16 rehabilitation services in Sydney, Melbourne and Brisbane, showcasing the range of rehabilitation models of care and services in Australia. The group also met with senior representatives of the NSW Ministry of Health, the Victorian Department of Health, the NSW Agency for Clinical Innovation and the National Disability Insurance Scheme. The tour concluded in Sydney on 5 September with a lively discussion about research in rehabilitation facilitated by Professor Ian Cameron and group presentations on what had been learnt and how it could be implemented in Vietnam. Feedback from the Fellows indicated that they were very appreciative of the opportunity to meet with senior rehabilitation clinicians and managers from the wide range of public and private rehabilitation units that they visited, as well as the state and national agency representatives.



Vietnamese rehabilitation clinicians with Mr Stephen Lowndes, CEO, Royal Rehab, during the 'Developing Best Practice Rehabilitation Services in Vietnam – Study Tour'

Associate Professor Green sits on the Executive Committee of Patient Classification Systems International. Through this connection AHSRI was approached in 2013 by the Health Insurance Review and Assessment Service (HIRA) of Korea to provide an opportunity for their staff to learn about patient classification systems. HIRA is responsible for the assessment of health care costs and health care service quality and the development of Korean patient classification systems. The training program proved to be very successful. As a result, in 2014 HIRA again approached AHSRI to provide an additional four weeks of tuition on patient classification systems, covering material that had not been included the previous year, for four of their employees.

AHSRI prepared a four-week 'Patient Classification Systems Training Program'. Half of the tuition was provided in Sydney and the remainder in Wollongong. The students were provided with an overview of the casemix classifications used in Australia, with an emphasis on the process of the development of ICD-

10-AM,ACHI (the Australian procedural classification) and the Australian Coding Standards (ACS). The practicalities associated with coding patient hospital records were also covered, including issues around the coder workforce and assignment of codes. Data quality and auditing were also discussed. AHSRI organised for the students to visit a Business Intelligence Unit in a Local Health District. Other material covered included cost drivers and casemix classifications in mental health, as well as methods to assign and update complication and comorbidity levels for the AR-DRG classification.



# AHSRI PUBLICATIONS

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AHSRI has made many publications available on the University's Research Online system, in addition to the comprehensive repository available through the AHSRI website. Research Online is an open access digital archive promoting the scholarly output of the University of Wollongong and is accessible at: <http://ro.uow.edu.au>.

## Book Chapters

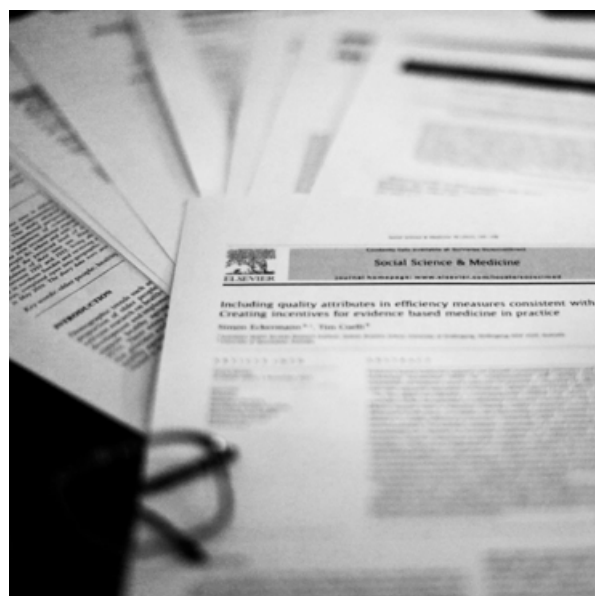
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2. Hasan H and Kazlauskas A (2014) *Activity Theory: Who is doing what, why and how*, in H Hasan (ed) *Being Practical with Theory*, p.9-14, published by THEORI University of Wollongong.
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6. Hasan H (2014) *Applying Principles of Complexity Theory to Practice*, in H Hasan (ed) *Being Practical with Theory*, p.148-150, published by THEORI University of Wollongong.
7. Hasan H (2014) *What practitioners (should) want and expect: a personal perspective*, in Bolisani E and Handzic M (eds) *Advances in Knowledge Management - Celebrating Twenty Years of Research and Practice*, Book Series: Knowledge Management and Organisational Learning, Springer.
8. Meloche J and Hasan H (2014) *Modes of Knowledge Sharing between Groups*, in H Hasan (ed) *Being Practical with Theory*, p.91-97, published by THEORI University of Wollongong.

## Books

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  17. Eckermann S and Pekarsky B (2014) *Can the real opportunity cost stand up: displaced services the straw man outside the room*. *PharmacoEconomics*, 32 (4): 319-325.
  18. Eckermann S, Dawber J, Yeatman H, Quinsey K and Morris D (2014) *Evaluating return on investment in a school based health promotion and prevention program: the investment multiplier for the Stephanie Alexander Kitchen Garden National Program*. *Social Science and Medicine*. 114: 103-112.
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  23. Hunter K, Keay L, Clapham K, Lyford M, Brown J, Bilston L, Simpson J, Stevenson M and Ivers RQ (2014) *Buckle Up Safely (Shoalhaven): A process and impact evaluation of a pragmatic, multifaceted preschool-based pilot program to increase correct use of age-appropriate child restraints*. *Traffic Injury Prevention*, 15 (5): 483-490.
  24. Kartiwi M, Hasan H, Gunawan T and Husein B (2014) *Green IT Attitude and Behaviour in Higher Education Institution: A Gender Perspective*. *Journal of Applied Sciences*, 14 (7): 714-718.
  25. Lucas C, Charlton KE and Yeatman H (2014) *Nutrition Advice During Pregnancy: Do Women Receive it and Can Health Professionals Provide it?* *Maternal and Child Health Journal*, 18(10):2465-2478.
  26. Masso M, McCarthy G and Kitson A (2014) *Mechanisms which help explain implementation of evidence-based practice in residential aged care facilities: A grounded theory study*. *International Journal of Nursing Studies*, 51 (7): 1014-1026.
  27. Masso M, Allingham S, Banfield M, Johnson C, Pidgeon T, Yates P and Eagar K (2014) *Palliative Care Phase: reliability and acceptability in a national study*. *Palliative Medicine*, doi: 10.1177/0269216314551814.
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  29. Moore M and Yeatman H (2014) *Killer Budget' attacks prevention and primary health care*. *Australian and New Zealand Journal of Public Health*, 38 (4): 301.
  30. Panaretto KS, Wenitong M, Button S and Ring IT (2014) *Aboriginal community controlled health services: leading the way in primary care*. *Medical Journal of Australia*, 200 (11): 649-652.
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  32. Phillips B, Morrell S, Taylor R and Daniels J (2014) *A review of life expectancy and infant mortality estimations for Australian Aboriginal people*. *BMC Public Health*, 14: 1, doi:10.1186/1471-2458-14-1.
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  34. Simpson G, Sabaz M, Daher M, Gordon R and Strettles B (2014) *Challenging Behaviours, Co-morbidities, Service Utilisation and Service Access among Community-dwelling Adults with Severe Traumatic Brain Injury: A Multicentre Stud*. *Brain Impairment*, 15 (1): 28-42.

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35. Street L (2014) *Frequently Asked Questions about FIM*. Australian Rehabilitation Nurses Association, 17 (1): 21-22.
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  38. Tieman J, Rawlings D, Taylor J, Adams A, Mills S, Vaz H and Banfield M (2014) *Supporting service change in palliative care: A framework approach*. *International Journal Palliative Care Nursing*, 20 (7): 349-56.
  39. Wicks A and Jamieson M (2014) *New ways for occupational scientists to tackle "wicked problems" impacting population health*. *Journal of Occupational Science*, 21 (1): 81-85.
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  43. Yeatman H, Quinsey K, Dawber J, Nielsen W, Condon-Paoloni D, Eckermann S, Morris D, Grootemaat P and Fildes D (2014) *Combining Realism with Rigour: Evaluation of a National Kitchen Garden Program in Australian Primary Schools*. *Evaluation Journal of Australasia*, 14 (2): 17-24.



Two journal articles (#18 and 43 on this list) were published in 2014 following the completion of the evaluation of the Stephanie Alexander Kitchen Garden National Program in 2013. Photo courtesy of the Stephanie Alexander Kitchen Garden Foundation.

## Conference presentations

44. Alony I, Hasan H and Paris C (2014) *Applying attribution theory to IS research as a practical method for assessing post-adoption behaviour*. European Conference on Information Systems, Tel Aviv, 9-11 June 2014.
45. Alony I, Hasan H and Sense A (2014) *Predicting turnover based on relationship diagnosis – lessons from marital research*. InSite, Wollongong, 30 June – 4 July 2014.
46. Burns F (2014) *NSW trends in palliative care patient care outcomes. Improvements over time: Where to from here?* Palliative Care NSW State Conference, Sydney, 23 October 2014.
47. Clapham K (2014) *Can We Close the Gap? Pathways Out of Indigenous Imprisonment*. Invited Panel Member: FACSAR (NSW Department of Family and Community Services Analysis and Research Directorate) Seminar Series, University of Sydney, 17 September 2014.
48. Clapham K (2014) *Injury in Aboriginal children and health inequality - Specific research challenges*. NSW Research Alliance for Children's Health (RACH), NSW Kids and Families, and the Population Health Research Collaborative (PHRC), Sydney Children's Hospital Network. Invited speaker to the Paediatric Injury Prevention and Management Research Forum, Sydney, 1 August 2014.
49. Clapham K, Callister C, Booker J, Lawrence L and Greene S (2014) *Can a home visiting program reduce the risk of injury to Aboriginal children in an urban region?* Australian Injury Prevention Network Symposium – Injury Prevention in Aboriginal and Torres Strait Islander People: Prevention Across the Lifespan, Sydney, 28 November 2014.
50. Clapham S (2014) *PCOC: Palliative care nurses reflect on patient outcomes*. Palliative Care Nurses Association Conference,

Sydney, April 2014.

51. Clapham S and Holloway A (2014) *Using PCOC to improve palliative care - A Victorian success story*. Palliative Care Victoria Conference: Living, Dying and Grieving Well, Melbourne, 31 July – 1 August 2014.
52. Connery A and Hasan H (2014) *Towards a Modified Framework for Informer Emancipation in Complex Contexts*. InSite, Wollongong, 30 June – 4 July 2014.
53. Connolly J (2014) *PCOC update*. NSW Rural Palliative Care Nurses Group annual meeting, Goulburn, February 2014.
54. Dawson D, McNamee J and Navakatikyan M (2014) *Length of stay and cost impact of hospital acquired diagnoses: multiplicative model for South Eastern Sydney Local Health District*. Activity Based Funding Conference, Melbourne Convention and Exhibition Centre, 23 – 25 June 2014.
55. Dwyer C and Hasan H (2014) *Designing a Hybrid Academic Workshop: Lessons from the Field*. AMCIS 2014, Association for Information Systems Conference, Savannah, USA, 7-9 August 2014.
56. Eagar K (2014) *A National Perspective on Activity Based Funding and Palliative Care*. Palliative Care Services and ABF: From National Perspectives to Local Implementation, NSW Agency for Clinical Innovation and Palliative Care NSW Forum, ACI, Sydney, 5 February 2014.
57. Eagar K (2014) *Integration on the ground – NSW community health, primary care and beyond*. SESLHD/GP NSW Integrated Care Forum. Stamford Plaza Sydney Airport, Sydney, 26 March 2014
58. Eagar K (2014) *Benchmarking of outcome measures in chronic pain*. Personalised Pain Management: Quest for the Holy Grail. Australian Pain Society 34th Annual Scientific Meeting. Hotel Grand Chancellor, Hobart, 14 April 2014.
59. Eagar K (2014) *Core outcome data for children's acute and chronic pain services*. Personalised Pain Management: Quest for the Holy Grail. Australian Pain Society 34th Annual Scientific Meeting. Hotel Grand Chancellor, Hobart, 14 April 2014.
60. Eagar K (2014) *Activity Reporting and Clinical Analytics – the Bigger Picture*. NSW Reporting and Clinical Analytics Workshop, Sydney, 12 May 2014.
61. Eagar K (2014) *A National Perspective on Activity Based Funding and Rehabilitation*. NSW Rehabilitation Network ABF Forum, NSW Agency for Clinical Innovation, ACI meeting rooms, Sage Building, Sydney, 14 July 2014.
62. Eagar K (2014) *Health reforms: how will recent reforms impact on our ageing populations?* Health Reform and Older People – National Changes, Local Impacts – A Perspective from the Illawarra. AAG Illawarra, Innovation Campus University of Wollongong, 25 July 2014.
63. Eagar K (2014) *The Australasian Rehabilitation Outcome Centre (AROC) - a national benchmarking system*. The Royal College of Surgeons of England, October 2014.
64. Eagar K (2014) *The Palliative Care Outcome Centre (PCOC) - a national benchmarking system*. The Royal College of Surgeons of England, October 2014.
65. Eagar K (2014) *Complexity, casemix and outcome measurement*. European Palliative Care Academy Leadership Program, Cecily Saunders Institute, Kings College London, 29 October 2014.
66. Eagar K (2014) *Implementation of a national casemix classification and funding model into palliative care in Australia*. Capturing complexity and implementing funding models in palliative care: emerging evidence, Governor's Hall, St Thomas's Hospital London, 30 October 2014.
67. Eagar K (2014) *Measuring outcomes in pain management*. Fifty Shades of Pain: Pain and Palliative Care Conference – Managing complex pain across the continuum, Brisbane, 3 - 5 December 2014.
68. Gordon R and Green J (2014) *The Development of AN-SNAP Version 4 – National Stakeholder Consultation: Workshop presentation*. Activity Based Funding Conference, Melbourne Convention and Exhibition Centre, June 2014.
69. Green J and Gordon R (2014) *Development of AN-SNAP Version 4: Activity Based Funding Classification Workshop*. Activity Based Funding Conference, Melbourne Convention and Exhibition Centre, 23 June 2014.
70. Green J, Hatcher J and Kobel C (2014) *Statistical methods for casemix*. Patient Classification Systems International Winter School, Lisbon, Portugal, 28 April – 2 May 2014.
71. Green J, Hatcher J and Kobel C (2014) *Building blocks of activity based funding II*. Patient Classification Systems International Winter School, Lisbon, Portugal, 28 April – 2 May 2014.
72. Green J, Kobel C and Hatcher J (2014) *Statistical methods for activity based funding*. Canadian Institute of Health information

- Case Mix Funding School, Toronto, Canada, 15 – 19 September 2014.
73. Green J (2014) *Building blocks of case mix funding I*. Canadian Institute of Health information Case Mix Funding School, Toronto, Canada, 15 – 19 September 2014.
  74. Hasan H and Linger H (2014) *Research methodologies for complex ecosystems: enhancing the societal value of IS*. ISF Conference, 2–3 October 2014, Canberra.
  75. Ionescu C and Hasan H (2014) *Tracking the Environmental Footprint of Business Activities*. InSite, Wollongong, 30 June – 4 July 2014.
  76. Ivers R, Hunter K, Helps Y, Clapham K, Senserrick T, Byrne J, Martiniuk A, Daniels J and Harrison J (2014) *Road safety, Driver Licensing and Aboriginal and Torres Strait Islander people*. Australasian Road Safety Research, Policing and Education Conference. Melbourne, 12-14 November 2014.
  77. Masso M (2014) *Inter-rater reliability and acceptability of the phases of palliative care*. Palliative Care NSW State Conference, Sydney, 24 October 2014.
  78. O'Brien G, Clapham K, Manning C and Sutherland M (2014) *Kids Together: Creating connections and empowering inclusion in the early years*. Invited presentation at the Three Chimneys Public Forum, Wollongong, 20 November 2014.
  79. Pidgeon T, Johnson C and Allingham S (2014) *The Palliative Care Outcomes Collaboration (PCOC): Trends in palliative care delivery in Western Australia since 2005*. Palliative Care Western Australia State Conference, Technology Park Function Centre, Bentley WA, 31 October 2014.
  80. Simmonds F, Capell J and Snoek M (2014) *Subacute Inpatient Rehabilitation Across a Range of Impairments: Intensity of Therapy Received and Outcomes*. Physical Medicine and Rehabilitation, 6 (8): Supplement 2, S897. 8th World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM).
  81. Simmonds F and Stevermuer T (2014) *AROC – The Australasian Rehabilitation Outcomes Centre – the Impact of Twelve Years of Longitudinal Data Collection and Outcome Benchmarking*. Physical Medicine and Rehabilitation, 6 (8): Supplement 2, S897. 8th World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM).
  82. Simmonds F and Stevermuer T (2014) *Using AROC Data on Older People in Private and Public Rehabilitation Units: Is there a Difference in Outcomes*. AFRM 22nd Annual Scientific Meeting, Adelaide, 9-13 September 2014.
  83. Yeatman H and Moore M (2014) *Policies and politics of changing the food label*. 5th Asia-Pacific Conference on Public Health (p.143). Seoul, Korea: Korea Public Health Association, 10-11 April 2014.

## Reports

84. Australian Health Services Research Institute (2014) *AHSRI 2013 Annual Report*. Australian Health Services Research Institute, University of Wollongong.
85. Eagar K, Currow D, Yates P, Johnson C, Allingham S, Quinsey K and Clapham S (2014) Palliative care. Chapter in: *Vital Signs 2014: The State of Safety and Quality in Australian Health Care*. Australian Commission on Safety and Quality in Health Care (2014) ACSQHC, Sydney.
86. Eagar K, Green J and Owen A (2014) *The NSW Post School Programs Eligibility Assessment: a guide to functional assessments in 2014*. Australian Health Services Research Institute, University of Wollongong.
87. Fildes D, Westera A and Gordon R (2014) *Evaluation of the Encouraging Better Practice in Aged Care (EBPAC) Initiative: Progress Report Three*. Centre for Health Service Development, University of Wollongong.
88. Fildes D, Westera A, Samsa P and Gordon R (2014) *Evaluation of the Encouraging Better Practice in Aged Care (EBPAC) Initiative: Progress Report Four*. Centre for Health Service Development, University of Wollongong.
89. Green J, Gordon R, Kobel C, Blanchard M and Eagar K (2014) *AN-SNAP V4 User Manual*. Centre for Health Service Development, University of Wollongong.
90. Green J, Gordon R, Blanchard M, Kobel C and Eagar K (2014) *Development of AN-SNAP Version 4: Final Report*. Centre for Health Service Development, University of Wollongong.
91. Masso M et al (2014) *Evaluation of the Better Health Care Connections: Models for Short Term, More Intensive Health Care for Aged Care Recipients Program, First progress report*. Centre for Health Service Development, University of Wollongong.
92. Masso M et al (2014) *Evaluation of the Better Health Care Connections: Models for Short Term, More Intensive Health Care for*

- Aged Care Recipients Program, Progress Report Two*. Centre for Health Service Development, University of Wollongong.
93. Gordon R, Green J, Grootemaat P, Kobel C and Blanchard M (2014) *The development of ANSNAP Version 4: Stage 1 Report*. Centre for Health Service Development, University of Wollongong.
  94. Gordon R, Navakatikyan M and Green J (2014) *Developing a classification for artificial limb services: Final report*. Australian Health Services Research Institute, University of Wollongong.
  95. Gordon R and Samsa P (2014) *headspace Connect project – Evaluation Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
  96. Holloway A, Allingham S, Hope C, Clapham S and Foscett L (2014) *PCOC National Report on Patient Outcomes in Palliative Care in Australia, July to December 2013*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  97. Holloway A, Allingham S, Hope C, Clapham S and Foscett L (2014) *Patient Outcomes in Palliative Care, Report 16 (July to December 2013) – Queensland*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  98. Holloway A, Allingham S, Hope C, Clapham S and Foscett L (2014) *Patient Outcomes in Palliative Care, Report 16 (July to December 2013) – Victoria*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  99. Holloway A, Allingham S, Hope C, Clapham S and Foscett L (2014) *Patient Outcomes in Palliative Care, Report 16 (July to December 2013) – New South Wales*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  100. Holloway A, Allingham S, Hope C, Clapham S and Foscett L (2014) *Patient Outcomes in Palliative Care, Report 16 (July to December 2013) – South Australia*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  101. Holloway A, Allingham S, Clapham S, Quinsey K and Foscett L (2014) *National Report on Patient Outcomes in Palliative Care in Australia, Report 17 (January – June 2014)*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  102. Holloway A, Allingham S, Clapham S, Bishop G, Burns F, Quinsey K and Foscett L (2014) *Patient Outcomes in Palliative Care – New South Wales, Report 17 (January – June 2014)*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  103. Holloway A, Allingham S, Clapham S, Christiansen C, Quinsey K and Foscett L (2014) *Patient Outcomes in Palliative Care – Queensland, Report 17 (January – June 2014)*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  104. Holloway A, Allingham S, Clapham S, Taylor J, Quinsey K and Foscett L (2014) *Patient Outcomes in Palliative Care – South Australia, Report 17 (January – June 2014)*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  105. Holloway A, Allingham S, Clapham S, Connolly J, Quinsey K and Foscett L (2014) *Patient Outcomes in Palliative Care – Victoria, Report 17 (January – June 2014)*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  106. Holloway A, Allingham S, Clapham S, Pidgeon T, Quinsey K and Foscett L (2014) *Patient Outcomes in Palliative Care – Western Australia, Report 17 (January – June 2014)*. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.
  107. Masso M and Thompson C (2014) *Nurse practitioners in NSW 'Gaining Momentum': Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
  108. Masso M and Thompson C (2014) *Nurse practitioners in NSW 'Gaining Momentum': rapid review of the nurse practitioner literature*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
  109. McNamee J, Kobel C, Green J and Lago L (2014) *Development of a Small Hospitals Funding Model for NSW*. National Casemix and Classification Centre, Australian Health Services Research Institute, University of Wollongong.
  110. Palliative Care Outcomes Collaboration (2014) *Palliative Care Outcomes Collaboration: Seventh progress report for the period 1 January – 31 May 2014*. Prepared for the Australian Government Department of Health. Australian Health Services Research Institute, University of Wollongong.



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111. Sansoni J, Duncan C, Grootemaat P, Samsa P, Capell J and Westera A (2014) *Younger Onset Dementia: A Literature Review*. Centre for Health Service Development, University of Wollongong.
  112. Thompson C and Masso M (2014) *Nurse practitioners in NSW 'Gaining Momentum': Compendium of exemplars of the nurse practitioner role in integrating hospital and primary care*. Centre for Health Service Development, University of Wollongong.
  113. Thompson C, Williams K and Masso M (2014) *HWA Expanded Scopes of Practice Program Evaluation: National Synthesis*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
  114. Thompson C, Williams K, Morris D, Bird S, Kobel C, Andersen P, Eckermann S, Quinsey K and Masso M (2014) *HWA Expanded Scopes of Practice Program Evaluation: Physiotherapists in the Emergency Department Sub-Project Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
  115. Thompson C, Williams K, Morris D, Lago L, Kobel C, Quinsey K, Eckermann S, Andersen P and Masso M (2014) *HWA Expanded Scopes of Practice Program Evaluation: Extending the Role of Paramedics Sub-Project Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
  116. Thompson C, Williams K, Morris D, Lago L, Quinsey K, Kobel C, Andersen P, Eckermann S, Gordon R and Masso M (2014) *HWA Expanded Scopes of Practice Program Evaluation: Advanced Practice in Endoscopy Nursing Sub-Project Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
  117. Thompson C, Williams K, Morris D, Quinsey K, Bird S, Kobel C, Andersen P, Eckermann S and Masso M (2014) *HWA Expanded Scopes of Practice Program Evaluation: Nurses in the Emergency Department Sub-Project Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
  118. Westera A, Duncan C, and Samsa P (2014) *Younger Onset Key Dementia Worker Program National Evaluation: Progress Report One*. Centre for Health Service Development, University of Wollongong.
  119. Westera A, Fildes D, Duncan C, Samsa P, Capell J, Grootemaat P and Sansoni J (2014) *Final Report: Literature Review and Needs and Feasibility Assessment of Services for People with Younger Onset Dementia*. Centre for Health Service Development, University of Wollongong.
  120. Westera A, Thompson C, and Morris D (2014) *Evaluation of the Alzheimer's Australia National Quality Dementia Care Initiative (NQDCI) Final Report*. Centre for Health Service Development, University of Wollongong.

# AHSRI FUNDING

Type	Description	Funding 2014
<b>Faculty Infrastructure</b>		<b>\$1,025,212</b>
<b>Research Income</b>	Palliative Care Outcomes Collaboration (PCOC)	\$2,600,000
	Australasian Rehabilitation Outcomes Centre (AROC)	\$1,359,575
	Electronic Persistent Pain Outcomes Collaboration (ePPOC)	\$422,727
	Evaluation of the Expanded Scopes of Practice Program	\$408,810
	Development of the Australian National Subacute and Non-acute Patient Classification Version 4	\$832,716
	Evaluation of the Encouraging Better Practice in Aged Care (EBPAC) Initiative	\$233,990
	Evaluation of the National Younger Onset Dementia Key Worker Program	\$153,575
	Evaluation of the National Quality Dementia Care Initiative	\$37,500
	Evaluation of the Better Health Care Connections: Models for Short term, More Intensive Health Care for Aged Care Recipients Program	\$150,000
	Nurse Practitioners in NSW Gaining Momentum	\$143,072
	Literature Review and Needs and Feasibility Assessment of Services for People with Younger Onset Dementia	\$39,625
	Activity Based Funding Capacity Building 2013/14	\$85,019
	Aboriginal Injury Prevention and Safety Demonstration Grants Program	\$97,581
	Activity Based Funding Capacity Building 2014/15	\$63,569
	Kiama Youth Mental Health National Broadband Network	\$38,078
	The NSW small hospitals funding model	\$75,570
	National Indigenous Research and Knowledge Network	\$3,750
	2014 ADHC Post School Program	\$59,544
	A Systematic Literature Review on Question Prompt Lists and Shared Decision Making in Health Care	\$53,440
	Aboriginal chronic care pathways	\$49,163
	Centre of Research Excellence in End of Life Care	\$41,276
	Development of NSW 2014 AR-DRG Relative Value Units for Allied Health	\$27,242
	Development of NSW 2014 Subacute and Non-Acute Care Relative Value Units for Allied Health	\$24,617
	Literature review: costing of operating theatres and procedure rooms	\$26,270
	RDF Health Needs Indices Review	\$21,260
	Evaluation of the Southern Suburbs Capacity Building Project	\$10,931
	Evaluation of the Noahs Shoalhaven Kids Together Program	\$51,811
	WA State-wide Rehabilitation Service – Peer Review of Service Delivery Model	\$17,864
	Review of the NFC price per procedure for paediatric liver transplantation	\$17,366
	Guidelines for completing the NFC Costing pro-forma	\$12,480
	Bowel preparation: an intervention targeting patient factors to improve the quality of bowel preparation	\$5,000
	Indigenous Multi-Disciplinary Health Research Coalition	\$10,000
	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.	\$3,496
	Patient Classification training – HIRA	\$40,026
	AROC – Developing best practice rehab services (Vietnam)	\$424,634
	<b>Total Research Income</b>	<b>\$7,641,577</b>
<b>Other Income</b>	AN-SNAP Licence Agreement	\$40,000
	<b>Total Other Income</b>	<b>\$40,000</b>
<b>Total income</b>		<b>\$8,706,789</b>

Note: The table above excludes funding administered by other parts of the University of Wollongong and by external research collaborators. It also excludes income received from book sales.

# AHSRI STAFF

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The Institute works as a strong multidisciplinary team and about half of the team have previous experience working in policy, management and clinical positions in the health system. The qualifications and expertise of staff range across more than 20 disciplines. There is a commitment to mixed methods, blending quantitative and qualitative approaches. Our aim is to produce work that is easily understood, and that can be of practical use to decision makers, mostly in health, disability and community care, but also in the increasingly important 'interagency' context as well.

By the end of 2014, the Institute had over 60 team members, including full-time and part time staff, as well as research associates. The AHSRI team (including staff members of the Institute's other Centres) in 2014 were:

**Professor Kathy Eagar, Director, AHSRI**

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

**Associate Professor Robert Gordon, Deputy Director, AHSRI and Director, CHSD**

Rob is Deputy Director of AHSRI and Director of CHSD. His position supports research projects in sub and non-acute care, casemix development, community health classification and health financing. Rob undertakes the day to day management of CHSD and directly manages many of its projects.

**Professor John Glynn, Dean of Sydney Business School**

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

**Ms Elizabeth Cuthbert, Business Manager, AHSRI**

Elizabeth joined the Institute in 2003 as the full time Business Manager. Elizabeth is responsible for managing the Institute's finances and negotiating all Institute contracts.

**Professor Ian Ring (Public Health)**

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

**Professor Simon Eckermann (Health Economics)**

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

**Professor Kathleen Clapham (Indigenous Health)**

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

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#### **Dr Grace McCarthy, Associate Dean (Education) Sydney Business School**

Grace led the development of the Master of Business Coaching which combines advanced coaching skills development with rigorous academic research. In 2012, Grace was awarded an Australian Government Office of Learning and Teaching citation for 'Using a coaching approach to inspire a love of learning among students and colleagues'. Grace is a member of the Editorial Board of the International Journal of Evidence-Based Coaching and Mentoring.

#### **Professor David Steel (Applied Statistics)**

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

#### **Professor Sara Dolnicar (Management and Marketing)**

Sara Dolnicar was appointed Assistant Professor at the Institute for Tourism and Leisure Studies (Vienna University of Economics and Business Administration) in 1994, where she completed her PhD two years later. Sara served as Secretary General of the Austrian Society for Applied Research in Tourism, participated in the interdisciplinary research project 'Adaptive Information Systems and Modelling in Economics and Management Science' and conducted a number of contract research projects for the Austrian tourism industry. Since 2002 Sara has been working at the School of Management and Marketing at the University of Wollongong.

#### **Associate Professor Janet Sansoni, Director, AHOC**

Janet's position is Director of the Australian Health Outcomes Collaboration. Jan is active in a number of national and international collaborations concerning health outcomes measurement. Her expertise greatly assists the Institute's work on understanding the evidence behind measurement tools and assisting with the design of measurement tools. Recent work has involved projects concerning dementia, aged care assessment and hospital quality and safety.

#### **Dr Heather Yeatman, Associate Professor (Public Health)**

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

#### **Associate Professor Janette Green, Director, CASiH**

Janette's full-time position provides expert statistical skills on projects, primarily in classification development, benchmarking and outcome measurement. She has applied her statistical skills to a wide range of areas in the health sector, including rehabilitation, mental health and palliative care. In addition, she teaches locally and internationally and presents at workshops for health professionals on the use and interpretation of statistics. Since 2011 she has been an elected representative of the Asia-Oceania region on the Executive Committee of Patient Classification Systems International (PCSI).

#### **Associate Professor Helen Hasan (Information Systems)**

Dr Helen Hasan is an Associate Professor with expertise in Information systems (IS), Knowledge Management and Human Computer Interaction. Helen manages a Usability Laboratory (ATUL) and the Social Innovation Network who's 'Grey' and 'Green' Themes dominate her current interests. One of her 'grey' projects investigates the use of IS by the elderly for their social wellbeing. Her 'green' theme takes a holistic approach to IS support for sustainable development. Helen has led several government-funded, cross-institutional research projects and conducts industry-based consulting. She leads local, national and international special interest groups on Green IS. In 2012, Helen received the Vice-Chancellor's Award for Research Student Supervisor of the year.

#### **Associate Professor Alison Wicks, Honorary Research Fellow (Occupational Science)**

Alison is an Honorary Research Fellow, and is the Founding Director of the Australasian Occupational Science Centre which is a research centre within AHSRI and is Associate Professor in Occupational Therapy at the University of Canberra. Alison is a health practitioner and since 2000 she has been focusing on research in occupational science, a broad interdisciplinary field concerned with the study of human occupation in relation to health in daily living and with the social classifications economics, policies, systems, culture and geography that govern human occupation. Alison is President of the Australasian Society of Occupational Scientists and Project Leader of the World Federation of Occupational Therapists International Advisory Group: Occupational Science.

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

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

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internationally recognised clinical experience in rehabilitation medicine.

**Ms Maree Banfield, Senior Research Fellow (Palliative Care)**

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

**Ms Luise Lago, Senior Research Fellow (Applied Statistics)**

Luise is a full-time member of the AHSRI, joining in 2004. Luise supports research projects that involve statistical work including survey design and classifications development. Luise has experience in sample design and data analysis. Her academic qualifications are in Mathematics and Applied Statistics. She has taken a leading role in DRG development within the NCCC.

**Dr Malcolm Masso, Senior Research Fellow (Health Services Research)**

Malcolm Masso has worked as a senior research fellow at the Institute since 2004, prior to which he worked for over 25 years in the health system, including senior management positions in a wide range of hospitals. Malcolm is a registered nurse with academic qualifications in economics, nursing administration and public health. His PhD, completed in 2012, investigated mechanisms that influence the implementation of evidence-based practice in residential aged care. Malcolm's research interests include the evaluation of change within health and residential aged care, the use of evidence to inform policy decisions and the implementation of evidence-based clinical practice.

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

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

**Ms Frances Simmonds, Director, AROC**

Frances is the AROC Director and commenced work in 2006. Frances has extensive health sector experience at a senior level in both the public and private sectors, holding senior executive roles, all of which involved management of national projects or functions. As the AROC Director, Frances has the key responsibility for managing AROC on a day to day basis.

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

Cristina joined AHSRI in 2008. Prior to this she worked for over 25 years in the health system as a clinician and senior manager, in both rural and metropolitan health settings. As a Senior Research Fellow, Cristina works within the Centre for Health Service Development and supports team based research projects in health and social policy, strategic health service development and planning. Cristina has worked on several large-scale evaluation projects and costing studies, with various State and Territory Health Departments. At a national level she has worked with a wide range of Australian Government Departments, agencies and non-government organisations in diverse areas including cancer services; rural and regional community based medical education; costs of transplant services; dementia services and most recently in health workforce reform. Cristina is experienced in mixed methods and qualitative research and is a Graduate of the Australian Institute of Company Directors.

**Ms Jenny McNamee, Director, NCCC**

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

**Mr Dave Webster, Senior Research Fellow**

Dave's role is IT Coordinator and Systems Architect. He works closely with statisticians and other researchers at AHSRI to improve existing systems and implement new systems to support the research undertaken at AHSRI.

**Mr Jack Aisbett, Research Fellow (NCCC)**

Jack Aisbett has over 15 years' experience in health services research. He is skilled in a range of qualitative and quantitative techniques. Much of this experience has been as a data analyst for the health research firm Laeta Pty. Ltd. where he worked on numerous contracts, primarily in the area of casemix analysis for government organisations including NSW Health, the Independent

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Hospitals Pricing Authority (IHPA) and the Irish Department of Health. Jack also has two years' experience working with Pavilion Health as Performance Indicators for Coding Quality (PICQ) data manager producing statistical reports and analysing the quality of hospital coding data, and has more recently worked for the Australian Institute of Health and Welfare as a metadata analyst. At the AIHW, he has developed an understanding of the range of data sets currently being collected across Australia and the importance of constructing nationally consistent data standards. He has also completed a PhD degree in human geography where he specialised in the study of the geographies of health care.

**Mr Samuel Allingham, Research Fellow (Applied Statistics)**

Sam Allingham is a Research Fellow in applied statistics at the Australian Health Services Research Institute. He received his BMath (Hons) from the University of Wollongong. Sam worked at the Australian Bureau of Statistics before he joined AHSRI in 2009. He is responsible for the statistical, data management and benchmarking and reporting components of the national Palliative Care Outcomes Collaboration (PCOC). In addition to PCOC, Sam also works on other AHSRI projects - most recently on the development of version 7.0 of the Australian Refined Diagnosis Related Groups (AR-DRG) classification.

**Ms Sonia Bird, Research Fellow (Applied Statistics)**

Sonia joined the AHSRI in 2007 after working at the Australian Institute of Health and Welfare. Sonia supports research projects requiring data management and statistical analysis and is primarily involved in the Palliative Care Outcomes Collaboration. She has extensive experience and skills in managing large complex datasets, SAS programming, reporting and evaluation. Sonia has tertiary qualifications in Mathematics and Applied Statistics. She also has a Masters by Research and recently obtained a Graduate Certificate in Health Services Research and Development.

**Ms Gaye Bishop, Research Fellow (PCOC)**

Gaye has a Masters in Adult education, a specialty certificate in palliative care nursing and a Certificate IV in Training and Assessment. Gaye's experience includes palliative care nursing in inpatient and community settings, nursing education specific to palliative care and undergraduate nursing programs, and development and delivery of palliative care education programs across specialist, aged care and acute settings. Gaye has been involved with PCOC since 2012 providing education and support to services in NSW, ACT and Victoria.

**Ms Megan Blanchard, Research Fellow (Applied Statistics)**

Megan joined AHSRI in 2010 after working at the Australian Bureau of Statistics. Since joining AHSRI, Megan has been part of the core team working on the development of classifications such as the Australian Refined Diagnosis Related Group (AR-DRG) classification v7.0 and Australian National Subacute and Non-Acute Patient (AN-SNAP) classification v4.0. Megan also has experience in health outcome measurement – she is the statistician for the electronic Persistent Pain Outcomes Collaboration (ePPOC) and has been involved with the design and implementation of the dataset, the data collection methodology and reports for participating facilities.

**Ms Felicity Burns, Research Fellow (PCOC)**

Felicity started with PCOC early 2014 and continues her involvement in research and quality projects. She has over 15 years' experience in palliative care, working both in NSW and Victoria in various roles including, Palliative care nurse specialist, Palliative care nurse consultant and Associate nurse unit manager. These roles have been across community services, designated inpatient services, and within a consultative team in a large tertiary hospital.

**Ms Jacquelin Capell, Research Fellow (AROC)**

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

**Ms Sabina Clapham, Research Fellow (PCOC)**

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

**Ms Jane Connolly, Research Fellow (PCOC)**

Jane has a 26 year history in palliative care and Graduate Certificate in Palliative Care. Jane's history encompasses clinical inpatient nursing, Nurse Unit management and Senior Service level management. Jane joined CHSD in 2011 as a PCOC Quality Improvement Facilitator.



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#### **Ms Cathy Duncan, Research Fellow (Health Services Research)**

Cathy joined AHSRI in 2013. Prior to joining the Institute, Cathy worked for the Australian Government Department of Health and Ageing for almost 10 years in both Canberra and Tasmania in a range of program management and policy positions including in aged care, primary care and rural health. Cathy has academic qualifications in Social Work and worked for 13 years as a Social Worker in both Sydney and on the South Coast of NSW in acute care, rehabilitation and aged care settings. Cathy is a member of the Australian Association of Social Workers. Her interests include aged care assessment, rural and remote health, community capacity building and the interface between acute care, primary care and aged care.

#### **Mr David Fildes, Research Fellow (Health Services Research)**

Dave holds a full-time position at the AHSRI. He conducts literature reviews, contributing to the development of policy options and preparing reports for Government agencies across a range of subject areas as part of his research at the Institute. He is involved in a variety of CHSD projects including palliative care, dementia and aged care service delivery. Dave has tertiary qualifications in Communication and Cultural Studies, Politics and Public Health. He is currently the President of Healthy Cities Illawarra and has a keen research interest in men's mental health.

#### **Dr Conrad Kobel, Research Fellow (Applied Statistics)**

Conrad Kobel joined AHSRI in 2013. Conrad primarily contributes to the ongoing research and development of casemix systems in Australia, feeding into the national activity based funding program. Previously, he worked as a research fellow at Innsbruck Medical University in Austria between 2008 and 2013. There, he was a key researcher in the EuroDRG project, which compared multiple aspects of several European Diagnosis-Related Group systems. Within the project, Conrad primarily contributed to the methodological framework of the empirical analyses. In addition, he supported clinical research with statistical analyses and taught applied statistics to medical students. With his international experience, he strengthens and broadens the capacity of the quantitative analysis team at AHSRI. Conrad has international collaborations with Canada and Europe and is a faculty member of an annual short course that provides comprehensive skills on the design, implementation and evaluation of casemix-based funding models run by the Patient Casemix Systems International (PCSI). Conrad has studied mathematics and financial mathematics in Germany and Sweden and has completed the Doctoral Program in Social and Economic Sciences (main focus on health economics) at Innsbruck University in Austria.

#### **Ms Janet Law, Research Fellow (AROC)**

Janet is an occupational therapist who also works at Royal Ryde Rehabilitation Centre. Janet joined the AHSRI in 2007 and has worked with AROC as a Master FIM trainer and has taken a lead role in providing the AROC impairment specific benchmarking workshops.

#### **Ms Claire Manning, Research Fellow (Health Services Research)**

Claire joined AHSRI in 2014 and supports Professor Kathleen Clapham on research and evaluation projects.

#### **Ms Wendy Maxwell, Research Fellow (AROC)**

Wendy has more than 20 years' experience in rehabilitation nursing. She currently works part-time at Rehab Plus, for the Auckland District Healthboard in New Zealand. She has been a Master FIM Trainer since 2008, and joined the AROC team to provide training and support for AROC New Zealand Data Collection in 2012. Wendy has a special interest in the consistency of rehabilitation delivery.

#### **Mr Michael Navakatikyan, Research Fellow (Applied Statistics)**

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

#### **Ms Patricia Saad, Classification Developer (NCCC)**

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

#### **Mr Peter Samsa, Research Fellow (Health Informatics)**

Peter joined the Institute after working for the Council of Social Service of NSW and a variety of non-government human service organisations. His interests include health informatics, and data standards for health and human services. He has academic qualifications in Social Work, and Information and Communication Technology.

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**Ms Tara Stevermuer, Research Fellow (Applied Statistics)**

Tara is the AROC Data Manager and the AHSRI website administrator. Tara is also involved in various CHSD projects, ranging from community health and community care surveys, to building databases to assist various evaluation projects. She provided the statistical work for building a number of priority rating tools for the community care side of the Institute's work. Tara brings extensive statistical and database management skills to AHSRI.

**Dr Hilarie Tardif, Research Fellow (Health Services Research)**

Hilarie is the Manager of ePPOC, the electronic Persistent Pain Outcomes Collaboration. Prior to joining AHSRI, she worked in a variety of not-for-profit and government roles that focused on using administrative datasets for research and outcome measurement. Hilarie has qualifications in psychology, biochemistry and a PhD in psychophysiology.

**Ms Serina Teuss, Research Fellow (AROC)**

Serina started with AHSRI in 2013. She has a background in Nutrition and Dietetics and has experience in clinical trials as well as project management and staff leadership. Serina's current role involves assisting with the day to day operations of AROC.

**Ms Anita Westera, Research Fellow (Health Services Research)**

Anita joined AHSRI in 2005 and has extensive experience working in the health, aged and community care sectors in direct service delivery, policy development, research and governance roles. A former longstanding member of the Board of UnitingCare Ageing NSW.ACT, she currently is co-convenor of the Illawarra Chapter of the Australian Association of Gerontology (AAG) which aims to foster cross-disciplinary approaches to improved care, research and support for people with dementia and those receiving aged care.

**Ms Kathryn (Kate) Williams, Research Fellow (Health Services Research)**

Since joining AHSRI on a part-time basis in 2004, Kate has been involved in a variety of projects, including literature reviews, health program evaluations, the design and pilot testing of tools for priority setting and a catalogue of evidence-based strategies for the Best Start early intervention program. She is a professional writer with a degree in journalism. Her skills include research/evaluation design, measurement and tool design, data collection, data analysis (quantitative and qualitative) and knowledge transfer. Kate has a strong interest in the health and well-being of children and adolescents and submitted a PhD thesis in psychology in 2014.

**Dr Geoff Kelly, Lecturer (Sydney Business School)**

Geoff Kelly's principal teaching interests are in economics. Prior to joining the Business School Geoff had an extensive background in engineering and engineering management with an emphasis on energy and energy-related issues. Arising from that his main research interests lie in energy, climate change, and broader issues of sustainability overall.

**Ms Pam Grootemaat, Associate Research Fellow (Health Services Research)**

Pam has been a full-time staff member at AHSRI since 2005. Pam previously worked in research and evaluation for mental health promotion. She has academic qualifications in nutrition and public health. Pam supports research projects in health system classification, policy and funding reform within health and community care services.

**Ms Alanna Holloway, Associate Research Fellow (Applied Statistics)**

Alanna Holloway joined AHSRI in 2013 after working at BlueScope Steel for a number of years. She has tertiary qualifications in Engineering and Applied Statistics. Alanna is currently working on PCOC.

**Ms Milena Snoek, Associate Research Fellow (Applied Statistics)**

Milena joined the AHSRI team as a Research Fellow in 2012. She has postgraduate qualifications in Statistics and a Bachelor's degree in Mathematical Sciences (Honours I). Milena has over ten years of industry experience in the higher education and telecommunications sectors, with a focus on data modelling and data analysis.

**Mr Patrick Steele, Associate Research Fellow (Applied Statistics)**

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

**Mr Nicolas Fenwick, AHSRI Programmer**

Nicolas joined AHSRI in 2013 as a software programmer. His first project was to develop ePPOC's data collection tool: epiCentre. Nicolas brings his skills in IT to enhance user experience.

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**Ms Cheryl Blissett, AHSRI Administrative Officer**

Cheryl is the Administration Officer for the electronic Persistent Pain Outcomes Collaboration (ePPOC). Cheryl also provides administrative support to various research projects undertaken by CHSD, and general administrative support within the Institute.

**Ms Moira Buckley, Receptionist**

Moira joined AHSRI in 2012 and provides PA duties to Professor Kathy Eagar, as well as reception, administrative and project support to the staff at AHSRI. Moira previously worked for the NSW State Government in NSW Department of Education and more recently at Community Services undertaking customer service and administrative duties.

**Ms Courtney Callister, Research Assistant**

Courtney Callister is a part-time Study Manager, at the AHSRI. Courtney has previously managed research projects specializing in Indigenous Health and wellbeing. She holds a BSc from The University of Melbourne and is currently finishing her MCom. Courtney supports Professor Kathleen Clapham on research projects in Indigenous health and wellbeing.

**Ms Julie de Clouet, AROC Administrative Officer and FIM Manager**

Julie joined AHSRI in 2007 as the AROC FIM Manager, also giving administrative support the AROC team. Julie has since taken up the position of Office Manager for AHSRI.

**Ms Linda Foskett, Administrative Officer (PCOC)**

Linda joined AHSRI in 2009 and has a background in aged and community care program management in both the Commonwealth Government and community sectors. Linda provides administrative and project support to PCOC.

**Mr Lewis Green, AROC and AHSRI Administrative Assistant**

Lewis Joined AHSRI in 2010 and works part time as a data analyst / administrative assistant. Lewis' main roles are with AROC assisting with data management and the design and generation of AROC reports.

**Ms Karina Jableka, Administrative Officer (NCCC)**

Karina is an Administration Officer and provides administrative support to various research projects undertaken by NCCC.

**Ms Danni Masso, Senior Administrative Officer (NCCC)**

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

**Mr Darcy Morris, Senior Administrative Officer**

Darcy provides high level project and administrative support to AHSRI as a whole and to various specific projects. Academic support includes contribution to report writing and data analysis. Darcy has worked on several Commonwealth Government-funded national evaluations, for example the Local Palliative Care Grants Program, Asthma Management Program, Encouraging Best Practice in Residential Aged Care Program, and Health Workforce Australia's Expanded Scopes of Practice Program. He has also contributed to a range of literature reviews and provides technical support including development and maintenance of AHSRI websites. Darcy has postgraduate qualifications in Health Services Research and Development.

**Ms Niki Panteli, FIM Manager and Administrative Support (AROC)**

Niki joined AHSRI in 2013 as the FIM Manager and also provides administrative support for AROC.

**Mr Alexander Tome, Administrative Assistant**

Alexander graduated from UOW with a Bachelor of Mathematics and Finance in 2013. He joined the AHSRI team in 2014 with hopes to pursue his passion for statistics and health. Alexander currently assists with data analysis for AROC and provides any further administrative support where needed.

**Ms Alexandra Verdon, AHSRI Administrative Assistant/Receptionist**

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

**Ms Darcelle Wu, Research Assistant**

Darcelle joined AHSRI in 2014 and supports Professor Kathleen Clapham on research projects in Indigenous health and wellbeing.



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## **AUSTRALIAN HEALTH SERVICES RESEARCH INSTITUTE**

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