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Centre for Health Service Development

Combining Realism with Rigour

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Director's Report 2006

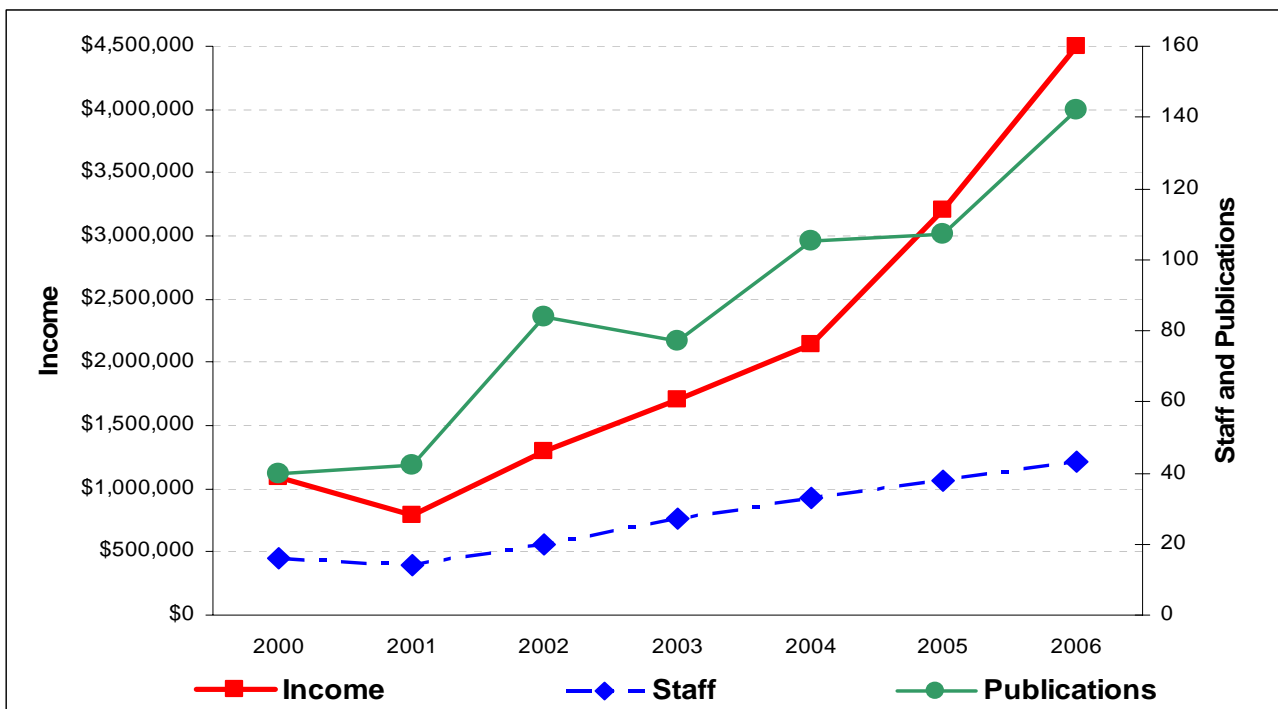
The year 2006 was a period of relatively modest growth and consolidation for the CHSD, after a period of rapid expansion and recruitment. Changes in the Centre's staff, income and publications output over the past seven years are illustrated in Figure 1.

With our staff and affiliate numbers at over 50 (including full and part-time members) and the inevitable broadening of our combined research interests, the Centre remains in a good position to take on larger projects and to provide relatively rapid responses to requests for smaller pieces of work.

After our recent period of well planned growth, we are confident of our longer-term stability. Our experience tells us that the right level of infrastructure funding should be around 30% if we are to encourage staff in pursuing research for higher degrees while also doing enough useful short term project work to keep earning enough to maintain their salaries. In 2006 it was only 10%.

This level of infrastructure support is not sustainable over the longer term, so we will continue to seek ways to increase this core support function for the Centre in the future.

Figure 1 Changes to staff numbers, income and publications 2000-2006



In 2006 the University of Wollongong continued to be a major source of infrastructure support with help from the Office of Research, the Graduate School of Business and technical back-up in the IT,

financial and goods and services areas. 2006 was a very productive year in terms of getting on with work on our own and other people's priority areas and research interests

and included significant achievements in our programs and projects.

The overall focus of our development activities continued on palliative care, rehabilitation, community care assessment, and we carried out a variety of practical evaluation projects. The evaluation of the Clinical Services Redesign Program and the Sub Acute and Fast Track Elderly (SAFTE) Care Program, work in intensive care, dementia, continence, disability, long term care of catastrophically injured patients, cancer funding, a Resource Allocation Model for HIV and an Indigenous Health Review, all illustrate our practical focus. In this Annual Report for 2006 we report on 30 projects and ongoing programs, either completed or in progress.

Programs in 2006

Our Programs are the areas of the Centre's work that are ongoing and sustainable and result from the way the Centre has consistently evolved a collaborative research agenda. Development for long term system improvement remains around the themes of sub-acute and non-acute care.

2006 saw the Palliative Care Outcomes Collaboration (PCOC) firmly established as a collaborative enterprise between CHSD and three other Australian universities after a period of intense planning activity that began in mid 2005. PCOC has now consolidated palliative care as an important ongoing program area within the Centre, along with the Australasian Rehabilitation Outcomes Centre (AROC), the Australian Health Outcomes Collaboration (AHOC), including ongoing support to NSW Health in the area-based implementation of the AN-SNAP classification system.

The Australasian Occupational Science Centre (AOSC), based in the Shoalhaven, further enhanced its international credentials in 2006. In July 2006, AOSC was the host of the Inaugural International Occupational Science Think Tank, supported by local, national and international sponsors. There were 19 participants at the Think Tank from 10 different countries and the aim was to establish international occupational science networks of individuals and institutions. The outcome of the Think Tank was a proposal for a strategic direction to be used as a framework to guide the continued development of occupational science internationally.

Another Program focus in 2006 with an international networking element was the Centre for Health and Productivity Research. This Centre was supported within the overall CHSD structure with the aim of testing the feasibility of developing workplace-based health promotion and prevention programs that could be supported by industry and employer groups. Initiated by the Australian Health Management Group, it has established links with the University of Michigan, and a visiting researcher from there worked with us on the market-testing of the concepts and methods in an Australian industry context.

Projects in 2006

Many of the Centre's projects in 2006 were related to evaluation and addressing system design problems with the aim of improving the health and community care systems' abilities to provide services to those that need them most.

In line with the themes of our research and consistent with our developmental work in building up our Programs, project activities were focussed particularly on people with

chronic and complex health problems and disabilities. Most often the important common threads between projects were proposing the means to address the issues involved in collecting and sharing reliable client or patient-level information.

On reflection, it seems the nature of much of what we are asked to do is to solve 'wicked problems' and it helps that we have a lot of practical experience to bring to bear on these types of problems embedded within individual projects.

The concept of 'wicked problems' was originally proposed by Horst Rittel and Melvin Webber in a conference paper in 1969 called "Dilemmas in a General Theory of Planning"¹. They expounded on the nature of ill-defined design and planning problems which were termed 'wicked' (i.e. messy, circular and aggressive) to contrast them against the relatively 'tame' problems of mathematics, chess, or puzzle solving where relatively straightforward logic can get to a solution. Wicked problems tend to have answers that throw light on further problems, as well as posing partial solutions. Our projects in 2006, as usual, contained a mixture of both types.

For example we were asked to help design tools for measuring needs and costs for those clients/patients that are hard to define in traditional diagnostic and health system terms. These are people in community care settings, those needing rehabilitation or long-term care for chronic and complex conditions and catastrophic injury, as well as those with life-long disabilities or frailty due to advanced age, and people needing palliative care.

¹ Rittel H and Webber M (1973) *Dilemmas in a General Theory of Planning* *Policy Sciences*, 4, 155-169.

We completed work examining the safety net of the Emergency Department to investigate who might be diverted to GPs because they may not need to be there, leaving more room for those with more urgent problems or have levels of need. Just a little upstream from the Emergency Department we evaluated an early detection and prevention program for older people called SAFTE (Sub-acute fast track elderly) and at the other end of the age spectrum we developed a catalogue of preventive health and social interventions for children in Victoria.

The CHSD gets regular requests for help in developing information tools and systems to support management, planning and decision making in health and community care. Usually these are to assess people's needs and risks in a variety of service settings, and to inform decisions on resource allocation at the individual level. They also serve to shape the planning, coordination and integration of health and community services at the system level.

Project-based research and evaluation often contains lessons about what drives the need for care as well as the costs of providing care, and these in turn are useful to build the basic elements of client classification systems.

Training and support in the use of these tools, classification systems and databases is in great demand and from the Centre's viewpoint a more integrated approach to training is needed and will be on the agenda again for 2007.

The CHSD has continued to be recognised as one of the 'research strengths' of the University of Wollongong since 2004. The CHSD has a particular strength in conducting research and evaluations that contribute to

improvements in service continuity and care coordination.

We have found that the needs of the health and community care systems can be best met by a tailored combination of qualitative and quantitative methods to address the specific research questions that arise in the brief for each project. The flexibility to bring in additional researchers who contribute the specific skills required for particular projects helps build our expertise in those methods and reinforces the capacity of the Centre to produce useful solutions to complex problems.

The CHSD has strong connections to influential industry partners through the Board of Management as well as the Centre's programs with their various clinical and scientific panels. These enhance our knowledge and understanding of the sectors we work in and provide a way to check that our research themes continue to have relevance and a practical focus. We all get by with a lot of help from our friends!

And before moving to the thank-you to our friends in 2006, I'll make a brief observation about the Annual Report. As we have grown in size, the information burden has also increased, creating a challenge in making an Annual Report that remains readable. In line with the dramatic growth in our web traffic (see page 24), we are moving towards a more electronic format, making more use of web-links to access more information.

Acknowledgments

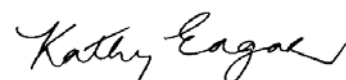
The CHSD gratefully acknowledges the support of Professor Margaret Sheil, Deputy-Vice Chancellor (Research) and Professor

John Glynn, Dean of the Graduate School of Business, and NSW Health.

As Director, my thanks also go to our staff and associates for the continued excellence of the work of the Centre as a whole in the year 2006. This year I would again like to acknowledge the role played by existing CHSD staff, but in particular Rob Gordon (Deputy Director) and Elizabeth Cuthbert (Business Manager) in smoothly managing and supporting the Centre through yet another significant period of growth and change. All members of the CHSD Executive Management Group (EMG) and our many representatives on committees did a great job that contributed to a successful year.

The Annual Report is the only public place to formally acknowledge the members of staff, the CHSD Board and our University colleagues for their ongoing guidance, advice and support. They all shoulder a considerable workload and do so with good spirit that contributes to the Centre's smooth running throughout the year.

This is also the best opportunity to thank the many service providers and consumers, and the organisations they represent, who collaborate in our programs and projects, use our research, and provide us with constructive advice in the practical and day to day operation of a busy and productive research team.



Professor Kathy Eagar
Director

Our 2006 research themes, programs and development projects

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

The themes remain focused on the keywords of improving health service delivery, organisation and performance, care coordination and integration, outcomes research, policy development, management of need and demand, funding models, and the classification of consumers in ways that can translate into more integrated approaches across service settings.

Our research themes are a way we can map the variety of projects undertaken by the CHSD into coherent patterns, which can be used to guide our strategic direction over time and help us understand our strengths and areas of influence in health and community care policy and practice.

The project list and our programs in 2006 show the diversity of work carried out within these themes. The table below places the programs and projects that made up our body of research and development work in 2006 within the Centre's six themes.

CENTRE PROGRAMS AND PROJECTS 2006	THEMES					
	HS delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
PROGRAMS						
AN- SNAP	x	x	x	x	x	x
Australasian Centre for Occupational Science		x	x			
Australian Health Outcomes Collaboration & Conference	x	x	x			
Australasian Rehabilitation Outcomes Centre		x	x	x		x
Centre for Health and Productivity Research			x	x		
Palliative Care Outcomes Collaboration		x	x			x
PROJECTS						
Australian Community Care Needs Assessment	x	x				x
AHOC – Dementia Outcomes Measures	x		x			
AHOC – Continence Outcome Consultancy	x		x			
AHOC – Continence Outcome Measures	x		x			
AROC DVA Research	x		x			
Best Start Catalogue			x	x		

CENTRE PROGRAMS AND PROJECTS 2006	THEMES					
	H.S delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
Cancer Funding Reform					x	
Carer Needs Assessment	x	x	x			
Caring Communities Program	x	x				
Care planning in palliative care	x	x				
Emergency departments and primary care	x	x		x		x
Griffith Area Palliative Care Service Revisited	x	x				
Indigenous Health Review	x			x		
Long term care of catastrophically injured patients			x		x	
NSW Intensive Care Unit costing study – general adult intensive care	x				x	
NSW Intensive Care Unit costing study – sub-specialty intensive care	x				x	
Post-School Programs: assessing needs and costs of care of school leavers with disabilities	x			x	x	x
Post-School Programs: 2006 school leavers and appeals				x	x	x
Post-School Programs: Community Participation					x	x
Resource Distribution Formula for the AIDS and Infectious Diseases Branch, NSW Health	x				x	
Rural Palliative Care Program	x	x				
SAFTE Care (Sub Acute Fast Track Elderly) Program Evaluation	x	x			x	
SAFTE Training		x				
South East Sydney and Illawarra Resource Allocation Model for HIV and Related Programs	x			x	x	

AN-SNAP

CHSD provides a significant level of ongoing support to NSW Health in the implementation of the AN-SNAP classification system. Members of CHSD also work with the Department in providing technical and policy support to sub and non-acute services for the implementation of the model. CHSD

continues to support the *SNAPshot* information system that is used routinely in NSW public hospitals.

The reporting capacity of *SNAPshot* enables hospitals to generate reports and other information about sub and non-acute

activity, measure trends, plan services and calculate funding levels under an episode funding model. The Centre continues to provide training sessions in the use *SNAPshot*. chsd.uow.edu.au/snapshot.html

Palliative Care Outcomes Collaboration (PCOC)

In 2006 at the mid-point of a three-year Australian Government funded program, PCOC had recruited 63 palliative care services nationally to collect data so that the outcomes of their services can be measured. Services continue to be recruited and PCOC provides training to staff and reports on the data collected.

Larger, ongoing projects such as the national and local work on palliative care (see below) are supported by PCOC. More detailed information about PCOC can be found at the PCOC website: chsd.uow.edu.au/pcoc

Australasian Rehabilitation Outcomes Centre (AROC)

AROC was established as a sub-centre of the CHSD on July 1, 2002 and has five roles:

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

During 2006 the number of participating rehabilitation services continued to increase. By December 2006, 130 of the approximately 145 designated rehabilitation units in Australia were routinely collecting and submitting data to AROC.

In addition, the first New Zealand unit joined AROC. There are now approximately 300,000 rehabilitation episodes in the AROC database.

During 2006 AROC wrote and published the inaugural [*AROC Annual Report: the state of rehabilitation in Australia in 2005*](#). This was accepted for publication in the journal *Australian Health Review* and will appear in their April 2007 edition. The report presents summary data for 2005 episodes, by impairment, and by ANSNAP class, within each impairment group. The report also identifies and comments on key trends or issues in rehabilitation.

FIM training activity continued to increase in 2006. In all, there were 25 AROC assisted workshops during 2006 and 1370 exams were received with the success rate being approximately 90%. During 2006 AROC extended our FIM license to include the WeeFIM (for children), and ran the first WeeFIM training workshop.

The establishment of AROC has allowed the collection of a standardised data set and the provision of a national benchmarking system. In turn this has led to an improved understanding of factors that influence rehabilitation outcomes and costs, and therefore performance of the sector. More information about AROC can be found at the AROC website: chsd.uow.edu.au/aroc

Australian Health Outcomes Collaboration (AHOC)

AHOC disseminates information about health outcomes research, has an active network of collaborator and, maintains a database of health outcomes projects and instruments. It provides advice education and training on the selection of measures for health outcomes assessment, and organises national and international conferences and seminars.

In 2006 AHOC continued to work with the Department of Health and Ageing on dementia and continence, as well as participating in other CHSD projects. More information on AHOC is included in the AHOC website: chsd.uow.edu.au/ahoc

Australasian Occupational Science Centre (AOSC)

Occupational science is an inter-disciplinary field concerned with the study of human occupation in relation to health in daily living, including the social policies, culture and geography that govern human occupation. The aim of AOSC is to promote an occupational perspective of health focused on what makes and keeps people well, and to influence public health policy.

In 2006 AOSC hosted the Inaugural International Occupational Science Think Tank, with 19 participants from 10 different countries, to develop a framework to guide the continued development of occupational science. It also produced a report called 'Do It Now: Promoting participation in engaging occupations during retirement'. 'Do It Now', is a project supported by the Australian Government's Regional Partnership Program at the University of Wollongong's Shoalhaven Campus. More information can be found on the AOSC website:

shoalhaven.uow.edu.au/aosc.html

Centre for Health and Productivity Research (CHPR)

This Centre has a focus on the relationship between health and productivity in the workplace as well as risk factor management. It has established links with the University of Michigan and in 2006, Dr Shirley Musich from that University worked with CHSD to develop its work program and strategic directions. See more at: www.hprc.com.au

Best Start Catalogue

Another piece of work at the prevention end of the spectrum was funded by the Victorian Government's Department of Human Services. Its aim was to identify evidence useful to policy makers to improve the health and well-being of young children. Practical, evidence-based interventions suitable for implementation at Best Start sites in Victoria were identified and summarised in a user-friendly format.

This work was important for the Centre as an extension of our capacity for literature searching to seek out best practice models based on reliable evidence. Our collaboration with the University's librarians established a model and method for how this work can be done that has been used in subsequent projects. The translation of the work into practical policy and useful tools in the field is a good example of the Centre's bias towards work on translating research into practice.

The technical report on the development of the [Best Start catalogue](#) of early intervention strategies for children's health and wellbeing illustrates the methods used. Individual components of the work, such as [skin cancer prevention](#), were also readily publishable in international journals.

Community Care Assessment

In 2006 CHSD continued its development work in this area with a strong national focus. In 2005 the Centre was successful in securing two large projects as part of the Australian Government's "*The Way Forward*" agenda for community care reform. These were the Australian Community Care Needs Assessment (ACCNA) project and the Carer Eligibility and Needs Assessment (CENA) project. They build on important earlier work on the assessment of function in community care, which is described in two papers published in 2006 ([Part 1](#) and [Part 2](#)).

These parallel projects involved developing a national screening and assessment framework to assist a range of national and State programs in assessing needs and eligibility of community care clients. Unlike earlier versions of this work it included the use of an electronic format and an automated approach to priority rating. More information can be found by following the link to a PowerPoint presentation called: [Community Care Needs Assessment](#).

The Centre's work in this area in 2006 involved significant engagement with the field through the development and field testing of a suite of national-level data elements to capture indicators of needs, risks and eligibility in community care clients.

System redesign and early intervention

This was an emerging area of the Centre's research and evaluation activities in 2006 that included two distinct but related projects. The smaller of the two (the SAFTE Care Program Evaluation – Sub Acute and Fast Track Elderly) was to examine the relationship between the usage of emergency department services and the availability of community-based services, particularly for

older people, across four pilot sites. SAFTE was part of the larger NSW Health system-level reform agenda called the Clinical Services Redesign Program. CHSD was the independent evaluator of both programs

The SAFTE evaluation had a focus on the early detection of problems in order to prevent hospital admissions, particularly to the Emergency Department. There was an interesting cross-over with earlier CHSD work in the use of the Ongoing Needs Identification tools to provide the community care assessment and to help to integrate the service response. The Interim Evaluation of the NSW SAFTE Care Program was completed in 2006 and the Final Evaluation in early 2007. The reports are not yet publicly available.

Clinical Services Redesign is a much larger program, spanning the whole of the NSW health system with a complex evaluation task that continued into 2007. The purpose of the evaluation is to help shape the Department's priority areas in 2007 which are related to the ongoing attempts to strengthen the community health and ambulatory care sector. This is in line with the Department's Integrated Primary and Community Health Policy and their developing models of care for people with chronic and life-limiting conditions. The evaluation also involves collaboration with researchers at University College, London.

Palliative Care Projects (CCP and RPCP)

The [Caring Communities Program](#) (CCP) is part of the National Palliative Care Strategy (NPCS) with the aim to "improve the knowledge and skills of families, carers and community groups so they can better support relatives, loved ones or individuals within the community who are dying, and

work optimally through their bereavement". The Centre was appointed by the Commonwealth Department of Health and Ageing to undertake the national evaluation of the Caring Communities Program as part of the NPCCS. The evaluation was completed in mid-2006 and a paper reporting on some of the findings was presented at the Australian Health Outcomes Conference in August.

Also under the same national strategy the Australian Divisions of General Practice was funded to trial eight projects in a range of rural and remote settings implementing the [Rural Palliative Care](#) model, based on earlier CHSD [evaluation of a Griffith-based \(GAPS\) model](#).

The role of the CHSD was to evaluate each of the projects and the program as a whole, using the evaluation framework and [tool kit](#) shared with the Caring Communities Program evaluation.

Post-school programs for school leavers with disabilities

These projects built on earlier work for the NSW Department of Ageing, Disability and Home Care (DADHC) on screening and assessment of the functional needs of young people with disabilities in an [article](#) published in 2006. The work is for DADHC program planning and supports the allocation of places within different components of the post-school program.

Related research was more developmental and included examining the relationship between consumer characteristics and the cost of services. This is important work breaking new ground for DADHC in using a costing and classification approach, which is rare in the disability sector. The model is consumer and not service-based and the results are derived from the cost of services

actually provided to each client, not on the program's funding allocation.

Data on service utilisation and related financial information were collected and matched to corresponding assessment data on this group of clients. A classification with a set of associated costs for each class was developed. The outcome was the first version of a client classification in disability, which was a significant achievement in itself.

Long term care of catastrophically injured patients

CHSD is working with five specialist brain injury and spinal cord injury units in NSW in a study commissioned in the context of reforms to compensation arrangements for this group of clients and to inform the debate around the best arrangements for long term care.

The study is necessarily long term and has considerable ethical challenges concerning decision making capacity and how to gain consent to collect information. It examines the long-term care needs of a sample of clients, predominantly with traumatic brain and spinal cord injury.

Resource Distribution Formula for AIDS and Infectious Diseases Branch, NSW Health

The NSW Health Aids and Infectious Diseases Branch commissioned the project team to develop a needs-based resource distribution formula for NSW Health Areas using data on the incidence of Hepatitis C, ambulance attendances for drug overdose and the supply of methadone and buprenorphine.

The project draws on the considerable experience within the Centre in developing population-based allocation models as an

adjunct to services planning and the allocation of resources based on need.

Resource Allocation Model for HIV and Related Programs

The South East Sydney and Illawarra Health Service commissioned the Centre to develop a population needs-based resource allocation model for HIV, needle and syringe exchange programs and sexual health services.

Various health system reviews

Members of the CHSD undertook a number of service planning and review projects in

2006. These included a review of rehabilitation service models in Tasmania and training resources and advice on health planning for Queensland Health.

A Review of Indigenous Health continued in 2006. This was commissioned by the College of Health Sciences, University of Sydney, to examine current activities in Indigenous education in the health field, and to make recommendations on how the College could best progress its strategic goals in this field.

CHSD Inputs in 2006: Funding

The past year has been a successful period for the Centre from a financial perspective. Total income for 2006 was \$4,501,719 as shown in the table below. This included University of Wollongong Infrastructure and

Research Strength funding of \$406,876 and funding from the NSW Health Department's Research Infrastructure Grant. Programs contributed \$1,804,533 to the total, and income from projects was \$2,290,310.

Income 2006

Type and Project	Source	Funding 2006 ¹
Infrastructure		
UoW infrastructure	GSB/UOW	\$168,801
NSW Health Infrastructure grant	NSW Health	\$137,500
UoW Research Strength Funding	UoW	\$100,575
Total infrastructure		\$406,876
Programs		
Palliative Care Outcomes Collaboration (PCOC)	DHA	\$1,014,489
Australasian Rehab Outcomes Centre (AROC)	Various	\$449,955
Australian Health Outcomes Collaboration (AHOC)	Various	\$198,339
Centre for Health and Productivity Research (CHPR)	AHM	\$132,000
The Australasian Occupational Science Centre (AOSC)	UoW	\$9,750
Total programs		\$1,804,533
Projects		
Australian Community Care Needs Assessment instrument	DHA	\$332,572
AHOC – Dementia Outcomes Measurement Suite	DHA	\$299,394
Evaluation of the Clinical Services Redesign Program	NSW Health	\$268,420
Carer Eligibility and Needs Assessment instrument	DHA	\$216,598
Palliative Care planning sub-program	DHA	\$150,275
National CCP evaluation	DHA	\$136,158
Long term care of catastrophically injured patients	IAG	\$115,720
Evaluation of the Sub Acute and Fast Track Elderly (SAFTE) Care Program	NSW Health	\$96,234
Best Start catalogue	DHS – Vic	\$94,726
Cancer Funding Reform	ACT Health	\$82,500

Type and Project	Source	Funding 2006 ¹
AHOC – Continence Outcomes Consultancy	DHA	\$82,500
AHOC – Continence Outcome Measures	DHA	\$74,150
Rural Palliative Care	DHA	\$70,169
AROC–DVA research	DVA	\$65,758
Needs and costs of post–school leavers with disabilities	DADHC	\$44,711
Community Participation programs	DADHC	\$42,877
GAPS revisited	Murrumbidgee DGP	\$31,900
NSW Intensive Care Unit costing study – general adult intensive care	NSW Health	\$30,237
NSW Intensive Care Unit costing study – sub–speciality intensive care	NSW Health	\$24,740
Resource Allocation Model – SESIAHS HIV and Related Programs	Essential Equity	\$12,320
Resource Distribution Formula for the AIDS and Infectious Diseases Branch, NSW Health	Essential Equity	\$11,440
SAFTE Assessment Tools Training	NSW Health	\$4,411
Indigenous Health Review	Uni of Sydney	\$2,500
Total projects		\$2,290,310
Total Centre Income 2006		\$4,501,719

Note 1: Funding includes GST for specific projects as appropriate

Note 2: Total includes accrual adjustments for 2007 project funding received in late December 2006

In 2006 the Centre undertook twenty–five research and development projects and, as in previous years, had multiple funding sources. These included the Australian Government Departments of Health and Ageing and Veterans Affairs; four State/Territory departments; one insurer; and one non–government not for profit organisation. These are in addition to the multiple funding sources for our ongoing R&D programs.

We have managed to spread the risks associated with too much reliance on any one source of funds. The extra support we have received from the University as one of 12 Research Strengths, coupled with our longer term projects, was instrumental in placing the Centre on a sound financial footing in 2006.

CHSD Outputs 2006: publications and dissemination

CHSD staff and associates produced a total of 149 publications in 2006. A total of 35 journal articles were published or were still under review at the end of the year. These publications are listed below, along with a description of the growth in the use of the CHSD website for disseminating our research findings and tools.

Journal Articles

1. [Aitken J, Janda M, Elwood M, Youl P, Ring I and Lowe J \(2006\) *Clinical outcomes from skin screening clinics within a community-based melanoma screening program*. Journal of the American Academy of Dermatology. 54 \(1\): 105-14.](#)
2. [Aitken J, Youl P, Elwood M, Lowe J and Ring I \(2006\) *Who attends skin cancer clinics within a randomized melanoma screening program?* Cancer, Prevention and Detection. 30 \(1\): 44-51.](#)
3. [Aitken J, Youl P, Janda M, Lowe J, Ring I and Elwood M \(2006\) *Increase in skin cancer screening during a community-based randomized intervention trial*. International Journal of Cancer. 118 \(4\): 1010-6.](#)
4. [Becker P, Eklund PW and Roberts N \(2006\) *RDF-based Peer-to-Peer Based Ontology Editing*. Journal of Digital Information Management. 4 \(1\): 50-55.](#)
5. [Coory M, Baade P, Aitken J, Smithers M, McLeod GR and Ring IT \(2006\) *Trends for in-situ and invasive melanoma in Queensland, Australia, 1982-2002*. Cancer Causes and Control. 17 \(1\): 21-27.](#)
6. [Coory M, Smithers M, Aitken J, Baade P and Ring I \(2006\). *Urban-rural differences in survival from cutaneous melanoma in Queensland*. Australian New Zealand Journal of Public Health. 30: 71-74.](#)
7. [Dalley A, Lynch K, Feltham P, Fulcher J and Bomba D \(2006\) *The use of smart tokens to permit the secure, remote access of electronic health records*. International Journal of Electronic Health. 2 \(1\): 1-11.](#)
8. [Eagar K, Green J, Gordon R, Owen A, Masso M and Williams K \(2006\) *Functional Assessment to Predict Capacity for Work in a Population of School Leavers with Disabilities*. International Journal of Disability, Development and Education. 53 \(3\): 331-349.](#)
9. [Eagar K, Owen A, Marosszeky N and Poulos R \(2006\) *Towards a measure of function for Home and Community Care Services in Australia: Part 1 - Development of a standard national approach*. Australian Journal of Primary Health. 12 \(1\): 73-81.](#)
10. [Eagar K, Owen A, Masso M and Quinsey K \(2006\) *The Griffith Area Palliative Care Service \(GAPS\): an evaluation of an Australian rural palliative care model*. Progress in Palliative Care. 14 \(3\): 112-119.](#)
11. [Eklund PW and Hoang A \(2006\) *A Comparative Study of Public Domain Supervised Classifier Performance on the UCI Database*. Australian Journal of Intelligent Information Processing Systems. 9 \(1\): 1-39.](#)
12. [Green J, Eagar K, Owen A, Gordon R and Quinsey K \(2006\) *Towards a measure of function for Home and Community Care Services in Australia: Part 2 - Evaluation of the screening tool and assessment instruments*. Australian Journal of Primary Health. 12 \(1\): 82-88.](#)
13. [Grootemaat P, Gillan C, Holt G, Forward W, Heywood N and Willis S \(2006\) *Working Together for Mental Health: Evaluation of a one-day mental health course for human service providers*. BMC Psychiatry. 6: 50.](#)
14. [Janda M, Lowe J, Elwood M, Ring I, Youl P and Aitken J \(2006\) *Do Centralised Skin Screening Clinics Increase Participation In Melanoma*](#)

[Screening? Cancer Causes and Control. 17 \(2\): 161–168.](#)

15. [Janda M, Youl P, Lowe J, Baade P, Elwood M, Ring I and Aitken J \(2006\) *What motivates men age >= 50 years to participate in a screening program for melanoma?* *Cancer. 107 \(4\): 815–823.*](#)
16. [Masso M \(2006\) *Policy and practice for preventing skin cancer in children.* *Public Health Nursing. 23 \(4\): 361–365.*](#)
17. [MacGregor R, Rix M, Aylward D and Glynn J \(2006\) *Factors Associated with Research Management in Australian Commerce and Business Faculties.* *Journal of Higher Education Policy and Management. 28 \(1\): 59–70.*](#)
18. [Trauer T, Eagar K and Mellsop G \(2006\) *Ethnicity, deprivation and mental health outcomes.* *Australian Health Review. 30 \(3\): 310–321.*](#)
19. [Walker A, Pearse J, Thurecht L and Harding A \(2006\) *Hospital admissions by socio-economic status: does the 'inverse care law' apply to older Australians?* *Australian New Zealand Journal of Public Health. 30 \(5\): 467–473.*](#)
20. [Wicks A and Whiteford G \(2006\) *Conceptual and practical issues in qualitative research. Reflections on a life history study.* *Scandinavian Journal of Occupational Therapy. 13 \(2\): 94–100.*](#)

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22. Hawthorne G, Osborne R, Taylor A and **Sansoni J** (In press) *The SF36 Version 2 in Australia: population weights, scoring algorithms and population norms.* [Quality of Life Research](#)

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23. **Fildes D** (2006) *Evaluating Men's Sheds: What do we know?* Submitted to [Health Promotion Journal of Australia.](#)
24. Gazarian M, Robertson S, Henry G, Sandeman D, Palasanthiran P and **Stevermuer T** (2004) *Improving the appropriateness of antibiotic prophylaxis in surgery: An innovative model for evidence-based guideline implementation and evaluation.* Submitted to [Medical Journal of Australia.](#)
25. Lewis D, O'Brien M, Rogan S and **Shorten B** (2005) *Do Students Benefit from Supplemental Instruction? Evidence from a First Year Statistics Subject in Economics and Business.* Submitted to [Journal of Economic Education.](#)
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27. **Masso M, Bezzina AJ, Siminski P, Middleton R and Eagar K** (2006) *Why patients attend emergency departments for primary care – reasons given by patients and emergency department clinicians differ.* Submitted to [Emergency Medicine Australasia.](#)
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31. **Rix M** (2005) *The Contract State and Closure of the Public Sphere: The Rise of Consumer*

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32. **Rix M and Matete S** (2005) *What are the Benefits and Limits of Evidence-Based Public Health Policy: The Case of the Victorian Children's Health and Wellbeing Project*. Submitted to Australian Journal of Public Administration.
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 34. **Stevermuer T, Owen A, Williams K and Masso M** (2006) *Priority rating for community care*. Submitted to Australian Health Review.
 35. **Green J and Gordon R** (2006) *The Development of Version 2 of the AN-SNAP Casemix Classification System*. Submitted to Australian Health Review.
 40. **Ducrou J, Vormbrock B and Eklund PW** (2006) *FCA-based Browsing and Searching of a Collection of Images*, Published: Proc. of the 14th Int. Conference on Conceptual Structures, LNAI, Springer-Verlag.
 41. **Eagar K** (2006) *A national approach towards the routine assessment of palliative care outcomes and quality (Keynote paper)*. The Western Australian State Palliative Care Conference. Perth, 24–25 August 2006.
 42. **Eagar K** (2006) *Community Care Needs Assessment. Ageing, let's live it*. Aged Care Queensland State Conference. Surfers Paradise, March 2006.
 43. **Eagar K** (2006) *Managing health and disease in today's society: some key issues (Opening address)*. 12th Annual National Health Outcomes Conference. Canberra, 9–10 August 2006.
 44. **Eagar K and Owen A** (2006) *Towards a National Community Care Assessment System*. Australian Association of Gerontology Conference. Sydney, November 23 2006.

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37. **Clemesha L, Ramsay L, Samsa P, Eagar K and Owen A** (2006) *Community Care Assessment Reform and System Implications: a case study*. Australian Association of Gerontology Conference, 23 November, Sydney.
38. **Cole R.J, Ducrou J and Eklund PW** (2006) *Automated Layout of Small Lattices Using Layer Diagrams*, Published: Proc. of the 4th Int. Conference on Formal Concept Analysis, LNAI, Springer.
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47. **Eagar K, Ramsay L, Samsa P and Owen A** (2006) *Needs Assessment in Community Care: Testing Tools for Carers and Care Recipients*. NSW Community Options Conference. Sydney, 6th September 2006.
48. **Eagar K, Ramsay L, Samsa P and Owen A** (2006) *Needs Assessment in Community Care: Update on the Tools for Carers and Care Recipients*, Community Care Reference Group, 7th September 2006, Canberra.
49. **Eagar K, Ramsay L, Samsa P and Owen A** (2006) *Needs Assessment in Community Care: Testing Tools for Carers and Care Recipients*. Aged and Community Services

- Association Western Australia, Perth, 24th August 2006.
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53. [Marosszeky JE, Stevermuer T and Green J \(2006\) Neurorehabilitation – Australian Experience. 4th World Congress on NeuroRehabilitation, Hong Kong, February 2006. Published in NeuroRehabilitation and Neural Repair, 20 \(1\).](#)
54. [Marosszeky JE, Stevermuer T, Green J and Simmonds F \(2006\) A Snapshot of Rehabilitation: the second AROC report to AFRM. 14th Annual Scientific Meeting Australasian Faculty of Rehabilitation Medicine, Cairns, May 2006.](#)
55. **Marosszeky N and Sansoni J** (2006) *Use of HRQoL and functional measures in health outcomes assessment. Improving information on disability and functioning: A forum for people who need, use or develop information*. (Australian Institute of Health and Welfare) Sydney, 6–7February 2006.
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57. **Marosszeky N, Fildes D and Owen A** (2006) *Searching the grey literature: It's not black and white*. 12th Annual National Health Outcomes Conference. Canberra, 9–10 August 2006.
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60. Martin B and **Eklund PW** (2006) *Asymmetric Page Split Generalized Index Search Trees for Formal Concept Analysis*. Published: Foundations of Intelligent Systems (ISMIS 2006), pp.218–227, Springer-Verlag.
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66. O'Halloran D and Wicks A (2006) *Professional Issues Forum: Career paths for OTs*. World Federation of Occupational Therapists Congress. Sydney, 25 July 2006.
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68. Pearse J (2006) *Health system performance measurement - a review*. 2006 Biennial Health Conference: Exploring and Debating Acute Care Provision. University of NSW, Sydney, 14-16 November 2006.
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76. Sansoni J and Marosszeky N (2006) *Health outcomes: An overview and an introduction to measurement tools*. 12th Annual National Health Outcomes Conference. Canberra, 9-10 August 2006.
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78. Sansoni J, Marosszeky N, Sansoni E and Hawthorne G (2006) *The psychometric properties of measures assessing continence conditions*. 13th Annual Scientific Meeting ISOQOL (International Society for Quality of Life Research). Lisbon, Portugal, 11-14 October 2006.
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80. Sargent J and Ryan D (2006) *The electronic Point of Care Project - ePOC, A PDA Based Mobile Electronic Health Information System for Ambulatory Care*. 15th Annual Health Informatics Conference: Today, Tomorrow, the Future. Pokolbin, Hunter Valley, Australia, 17-19 March 2006.
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82. Siminski P, Bezzina A and Eagar K (2006) *'Primary Care' Patients at Emergency Departments: Demographic Profile and*

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84. [Simmonds F \(2006\) *The State of Orthopaedic Rehabilitation in Australia, 2005*. Australian Private Hospitals Association 26th National Congress, Preparing For Tomorrow: The Way Ahead. Gold Coast, 8–10 October 2006.](#)
85. [Simmonds F and Stevermuer T \(2006\) *Change in Functional Independence Measure \(FIM\) Item Scores, as a Measure of Outcome in Orthopaedics in Australia, 2005*. 12th Annual National Health Outcomes Conference. Canberra, 9–10 August 2006.](#)
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87. **Stevermuer T, Owen A, Williams K and Masso M** (2006) *Priority rating for community care*. Health Care Conference HSCM 2006. Adelaide, April 2006.
88. [Watters P and Banfield M \(2006\) *Palliative Care Outcomes Collaboration \(PCOC\): A journey of discovery*. NSW State Palliative Care Conference. Orange, 2–3 November 2006.](#)
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108. **Eagar K, Green J, Cranny C et al** (2006) *Cancer Funding Reform Report 2: Trends in Cancer Services and Funding 1999–2004*. Centre for Health Service Development, University of Wollongong.
109. **Eagar K, Lago L, Masso M, Green J, et al** (2006) *Primary Care – Where and Why*. Centre for Health Service Development, University of Wollongong
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111. **Gordon R, Green J, Lago L, Halligan S, Masso M, Eagar K, Samsa P, Grootemaat P and Cuthbert E** (2006) *Relating Cost to Need – Classes for Post School Programs*. Centre for Health Service Development, University of Wollongong.
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147. **Williams K, Quinsey K, Fildes D, Senior K and Masso M** (2006) *Caring Communities: a description of the 37 projects of a national palliative care program*. Centre for Health Service Development, University of Wollongong.
148. **Williams K, Fildes D, Marosszeky N, Matete S, Grootemaat P, Findlay C, Masso M, Yeatman H, Condon-Paoloni D and Eagar K** (2006) *A catalogue of evidence-based strategies for the Best Start early intervention program*. Centre for Health Service Development, University of Wollongong.
149. **Williams K, Fildes D, Marosszeky N, Harwood N and Eagar K** (2006) *Technical report: development of the Best Start catalogue of early intervention strategies for children's health and wellbeing*. Centre for Health Service Development, University of Wollongong.

Dissemination through the CHSD Website

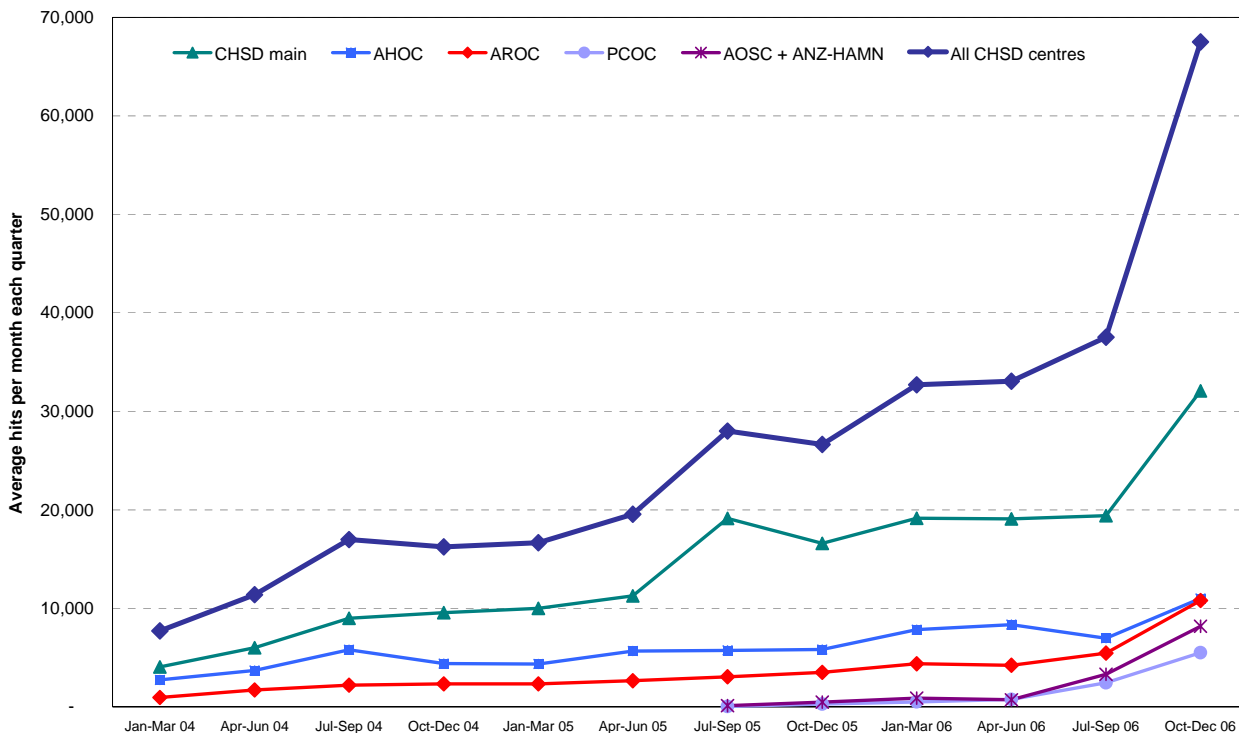
Use of the CHSD websites has increased substantially during the past three years, showing their importance as knowledge dissemination media. These sites include the CHSD, AROC, AHOC, and PCOC home pages, plus the Australia and New Zealand Health Assessment Methods Network (ANZ-HAMN) and Australian Occupational Science Centre (AOSC) sites hosted and supported by CHSD.

As shown in Figure 2, during 2006, there were over a half of a million hits on these sites.

This represented a doubling of the figures from 2005 and compares with a total of 156,888 hits during 2004.

Some inquirers entered the CHSD web pages via the main CHSD homepage, but increasing numbers of visitors are accessing our material via the associated home pages. Many visitors used the site in order to download CHSD documents, such as the various tools and reports. Those products most in demand are detailed in the Tables below.

Figure 2 Average hits per month on CHSD websites, January 2004 to December 2006



About a third of all the contacts were associated with our Centre publications and presentations, with a further 5% interested in the tools we produce. AHOC health outcomes information, the SF36 tool and the conference materials remain very popular with web site visitors.

The AROC rehabilitation outcomes information, including the FIM tool material and the AROC reports are generating strong demand for web-based information. PCOC is also seeing strong growth in the demand for documents down-loadable from the web site.

One section of the CHSD home page provides resources and a contact point for the programs and current projects such as the Caring Communities Program, Community Assessment and so on.

Not all our activities are accessed through our own web pages. The Rural Palliative Care Program (RPCP), for example, was an Australian Government-funded initiative in palliative care that operated through the

Australian General Practice Network. Some of our palliative care material was hosted on that web site. Other CHSD material such as community care assessment was accessible through the Department of Health and Ageing pages

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/about-the-way-forward>

Table 1 CHSD website use January 2006 to December 2006

Pages	CHSD	AHOC	AROC	PCOC	ANZ-HAMN	AOSC	Total	%total
Publications/Presentations	158,962		2,468				161,430	30.7
Main pages	36,943	21,541	25,041	19,833	18,096	6,314	127,768	24.3
Home page	11,325	6,873	4,283	4,461	3,798	6,983	37,723	7.2
AHOC earlier conferences		16,924			11,553		28,477	5.4
AHOC earlier conference abstracts		25,966					25,966	4.9
Caring communities	24,805						24,805	4.7
Assessment and evaluation tools	24,424						24,424	4.6
SF12 & SF36		16,424					16,424	3.1
FIM information			16,262				16,262	3.1
AHOC 2006 conference		11,800			3,446		15,246	2.9
Other document downloads			4,979	3,103	2,282		10,364	2.0
AROC sample reports			9,940				9,940	1.9
Annual reports	9,378						9,378	1.8
DataMatters			5,881				5,881	1.1
FIM workshops			5,483				5,483	1.0
Positions vacant	3,251						3,251	0.6
Research Activities Database		2,829					2,829	0.5
All pages	269,088	102,357	74,337	27,397	39,175	13,297	525,651	100.0

The documents downloaded most frequently from CHSD websites during 2006 were about health outcomes and measurement tools, palliative care, community care and rehabilitation, indicating a strong interest in the field in looking at ways to measure

patient outcomes. The AHOC homepage tends to have a seasonal cycle of visitation, with many people using the site to access information about the upcoming Australian Health Outcomes Conference and to

download proceedings from previous conferences.

AHOC is the Australian distributor of the SF36 and SF12 tools and information about these, including the reviews and how to order them, can be found on the AHOC homepage.

Materials produced by CHSD on behalf of the National Palliative Care Program were also popular, followed by the work on community care assessment. In rehabilitation, information about the FIM (the Functional

Independence Measure), including a general introduction to the tool and workshop details, were the target for about a quarter of the visits to the AROC homepage. AROC holds the license for teaching and research in FIM for Australia and New Zealand.

AROC also produces a quarterly newsletter (*DataMatters*) as well as sample AROC reports, which together account for about another quarter of the hits on the AROC homepage.

Table 1 *Top ten downloaded publications/tools on CHSD website
January 2006 to December 2006*

Publications (as listed on website)	Ranking	Downloads	Percentage
SF36 & SF12 reviews	1	15,604	7.0
CHSD Caring Communities information	2	14,366	6.4
CHSD ONI / INI / HACC community care information	3	12,975	5.8
AROC sample reports for benchmarking	4	8,963	4.0
CHSD CareNet coordinated care evaluation reports	5	6,542	2.9
CHSD Atlas/Post School Programs disability reports	6	6,229	2.8
AROC DataMatters newsletters	7	5,881	2.6
CHSD annual reports	8	5,761	2.6
The Palliative Care Evaluation Tool Kit	9	5,095	2.3
Strategies for gain (child health prevention reports)	10	4,926	2.2
Top 10		86,342	38.6
All others		137,133	61.4
Top 20		111,725	50.0
All others		111,750	50.0
Total all pages		223,475	100.0

Other CHSD Outputs 2006: International, national, state and local advice, consultation and committees

National and international contacts

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

Kathy Eagar has maintained her international connections with a reviewing role on health service research panels in New Zealand, Ireland and Canada. Through AROC the Centre maintained its international collaboration based on the International Rehabilitation Outcomes Network (IRON). Visitors associated with rehabilitation were Sam Fleming from AOD Inc. in the USA and Lynne Turner–Stokes from the UK.

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

The Centre for Health and Productivity Research has a focus on the relationship between health and productivity in the workplace as well as risk factor management.

In 2006 Dr Shirley Musich from the University of Michigan in the USA worked at the Centre to establish the feasibility of the approach in the Australian context.

As part of the international collaboration on the evaluation of the Clinical Services Redesign Program the Centre hosted Professors Paul Bate and Glen Robert from University College, London.

Dr Alison Wicks from the Australasian Centre for Occupational Science continued her international collaboration on developing the discipline of Occupational Science in 2006 with presentations and teaching in Canada, the UK and Ireland. The AOSC hosted the Inaugural International Occupational Science Think Tank, with 19 participants from 10 different countries. The Think Tank developed a framework to guide the continued development of occupational science internationally.

Professor Ian Ring is a key member of a collaborative network between health statistics agencies, health departments and Aboriginal groups in four countries – Australia, Canada, New Zealand and the United States – for the purpose of improving information about Aboriginal health. Ian attended the inaugural meeting in Vancouver, Canada, in October 2005, and the collaboration has continued in 2006 with a meeting of representatives of the four countries in Australia. Work on the international projects will be developed at the next meeting in New Zealand later in 2007.

Professor Jim Pearse maintained his international connections through the Commonwealth Fund of New York where he has an ongoing collaboration on international comparisons of approaches to managing elective surgery waiting times.

In 2006 individual CHSD staff members were invited to present papers at 10 international conferences and 17 national and local conferences as listed below.

International conferences

- 4th World Congress on Neuro-Rehabilitation, Hong Kong, February 2006.
- International Conference on Health and Social Care Modelling and Applications (HSCM2006). Adelaide, April 2006.
- 5th Occupation UK and Ireland Occupational Science Symposium. Northampton, UK,
- Canadian Society of Occupational Scientists Conference. Vancouver, 5–6 May 2006.
- 1st Annual African HIV/AIDS Clinical Update and Leadership Development Conference. Pan Afric Hotel, Nairobi, Kenya, 15–16 June 2006.
- World Federation of Occupational Therapists Congress. Sydney, 27 July 2006.
- Occupational Therapy Inter-Disciplinary Seminar Series 2006/2007. Cork, Ireland, 20 September 2006.
- Joint Conference of the Australian Psychological Society and the New Zealand Psychological Society: Psychology bridging the Tasman: science, culture and practice. Auckland, New Zealand, 26–30 September 2006.
- 13th Annual Scientific Meeting – International Society for Quality of Life Research. Lisbon, Portugal, 11–14 October 2006.
- 4th International Conference on Concept Lattices and their Applications. Faculty des Sciences, Universite des Tunis, October 30 – November 1, 2006.
- 15th Annual Health Informatics Conference: Today, Tomorrow, the Future. Pokolbin, Hunter Valley, Australia, 17–19 March 2006.
- Ageing, let's live it. Aged Care Queensland State Conference Surfers Paradise, March 2006.
- 14th Annual Scientific Meeting Australasian Faculty of Rehabilitation Medicine, Cairns, May 2006.
- 12th Annual National Health Outcomes Conference. Canberra, 9–10 August 2006.
- Health Informatics Conference 2006 Sydney Convention Centre, Darling Harbour, Sydney, 19–22 August 2006.
- The Western Australian State Palliative Care Conference. Perth, 24–25 August 2006.
- Aged and Community Services Association Western Australia. Perth, 24th August 2006.
- NSW Community Options Conference. Sydney, 6th September 2006.
- Australian Private Hospitals Association 26th National Congress. Preparing for Tomorrow: The Way Ahead. Gold Coast, 8–10 October 2006.
- NSW State Palliative Care Conference. Orange, 2–3 November 2006.
- Aged Care Queensland Community Conference. Noosa, 3 November 2006.
- Making Links 2006: Technology for Social Action and Community Building. NSW Teachers Federation Conference Centre, Sydney, 14–15 November, 2006.
- 2006 Biennial Health Conference: Exploring and Debating Acute Care Provision. University of NSW, Sydney, 14–16 November 2006.
- 39th National Conference of the Australian Association of Gerontology. Sydney, 23 November 2006.
- Australian and New Zealand Spinal Cord Society 2006 Annual Scientific Meeting. Melbourne.
- Comprehensive Quality Process Forum: Measuring Outcomes in Primary Health Care. Sydney, 1 December 2006.
- Australian Consortium for Social and Political Research Inc. Social Science Methodology Conference, Sydney, December 2006.

National conferences

- Improving information on disability and functioning: Australian Institute of Health and Welfare, Sydney, 6–7 February 2006.

Advisory bodies and committees

During 2006 CHSD staff participated in a range of activities in a number of Boards, committees, task forces, community associations and statutory bodies. This usually involved individual membership or corporate membership to help with formal decisions and informal advice.

- Aboriginal and Torres Strait Islander Health Advisory Committee of the National Heart Foundation
- Access to Medicines Consortium
- Australasian Society of Occupational Scientists
- Australian and New Zealand Health Assessment Methods Network
- Australian New Zealand Health Services Research Association
- Australian and New Zealand Spinal Cord Society
- Australian College of Health Informatics
- Australian College of Health Service Executives
- Australian Consumers' Health Forum
- Australian Council of Social Service Health Policy Advisory Group
- Australian Institute for Health Policy Studies (Representing UOW on the Board)
- Australian Pharmaceutical Advisory Committee
- Australian Statistics Society
- C-PAN. Centre for research in Physical Activity and Nutrition, Deakin University
- Food Standards Australia New Zealand (formerly the Australia New Zealand Food Authority)
- Global Healthcare Productivity Project
- Healthy Cities Illawarra Management Committee
- Illawarra Area Child Care Services Board
- Illawarra Health and UoW Joint Teaching and Research Committee
- Indigenous Taskforce of the Australian Medical Association
- Institute of Public Administration Australia
- International Group for Indigenous Health Measurement
- Joanna Briggs Institute, Qualitative Evidence Review Methods Group.
- Medley Community Incorporated Refuge, Liverpool, NSW
- Ministerial Advisory Council on Medical and Health Research
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- National Continence Management Advisory Committee
- National Data Standards Committee
- National Health and Medical Research Council Centre for Clinical Research Excellence
- National Health and Medical Research Council Kanyini Vascular Collaboration
- National Heart, Stroke and Vascular Strategies Working Group
- National Technical Advisory Group on the Development of Performance Indicators for Aboriginal and Torres Strait Islander Health
- NSW AN-SNAP Implementation Steering Committee
- NSW Guardianship Tribunal
- NSW Health Resource Distribution Formula Committee
- NSW Health Shared Scientific Assessment Scheme – Expert Review Panel
- NSW Mental Health Review Tribunal
- Palliative Care Association of NSW
- Public Health Association of Australia
- Restrictive Practices Committee, Southern House with No Steps
- Sax Institute (Representing CHSD)
- UnitingCare Ageing Board
- University of Wollongong Research Committee

CHSD Outcomes in 2006: Outcomes for the Health System

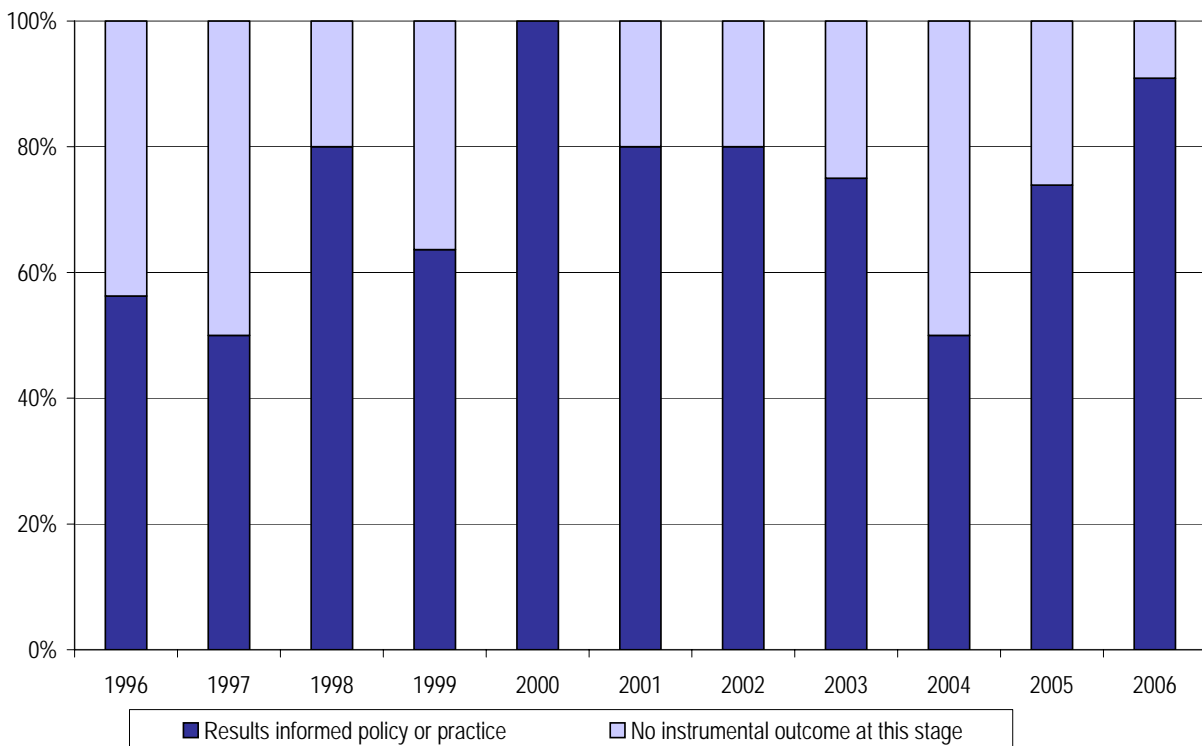
This section of the Annual Report is where each year we try to assess our performance against the goal we set ourselves of undertaking ‘a continuing program of active research into methods to improve the management and provision of health services with the goal of making a significant contribution to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

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

As shown in Figure 3, our internal assessment over the last eleven years is that we have met this goal. We track each project we complete over time as some projects take some time to make an impact on the systems they were designed to influence.

We recognise that the question of the reliability of our conclusions is best judged by others, particularly those working in the health system. The academic peer-review process for assessing outputs such as journal articles is well established, but no such system currently exists for the independent review of outcomes. So these are difficult assessments to make with independence, but we consider our conclusions to have face validity.

Figure 3 Outcomes by year 1996–2006



Note: Projects are included based on the year they ended. Several projects completed in 2006 began in previous years.

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

Consistent with previous years, the outcomes during 2006 were in the continued development of rehabilitation benchmarking and data items to support the Episode Funding Model for Sub-Acute and Non-Acute Care, based on our AN-SNAP research, completed back in 1997. The appreciation of our continued involvement in this program area is indicated by the continual demand through the CHSD website for the original SNAP report.

The adoption of the tools we developed for evaluating palliative care interventions continues to expand, also indicated by the document downloads from the CHSD website. We also saw an expanded use of our evaluation framework in areas beyond palliative care into the evaluation of early detection services for the frail elderly in our evaluation of the SAFTE program in NSW.

Our work on assessing the individual's need for community care went national in 2006 after a series of State-based projects. We published our core work on functional dependency that created a nine item functional screen and that has been built into routine community care reporting systems for the Home and Community Care Program.

At the national level as part of the community care reform strategy (called *The Way Forward*) there was an extension of the community care screening research in 2006 to cover a more thorough approach to carers

as clients in their own right. This has become a strong component of a national development strategy for the National Respite for Carers Program and it continues into 2007 with additional work by the Centre.

In the informational technology/information management domain our work contributes to an ongoing agenda in NSW with work on building electronic versions of the community care screening tools. NSW health has been working on a version for their CHIME system, and in the web-based domain there is a version being developed that can be built into the Human Services Net (HSNet) as part of the Referral Link application for community services in NSW.

In 2005, CHSD completed research into evidence-based strategies for improving the health and wellbeing of Victorian children, commissioned by the Victorian Department of Human Services. This work on priority areas to deliver improved and more equitable outcomes for all children continued in 2006 and into 2007. The research was used in Victoria in the subsequent State budget and the body of evidence continues to be used and was further developed by the Centre under the project called the Best Start Catalogue in 2006.

In the disability sector we published our work on screening school leavers in 2006 in an international disability journal and continued to work with the Department of Ageing, Disability and Home Care in NSW to refine their school leaver assessment process.

There are other important outcomes of the work we do that are in the realms of theory and methodology. We currently lack the tools and methods to measure these, and that remains a significant research challenge in itself.

Centre for Health Service Development Staff

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

By the end of 2006, the CHSD team had expanded to over 50 team members, including full-time and part time staff and research associates.

Kathy Eagar, Professor and Director

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

Robert Gordon, Deputy Director

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

Elizabeth Cuthbert, Business Manager

Elizabeth joined the Centre in 2003 as the full time Business Manager. Elizabeth is responsible for managing the Centre's finances, negotiating all Centre contracts, and managing the Centre's IT requirements. She is also responsible coordinating the

development of refinements to SNAPshot, an integrated software package developed and managed by the Centre.

Peter Eklund, Professor and Head of Information Systems (Health Informatics)

Professor Eklund was the Chair of Information Systems at the University of Wollongong and in 2006 also began work within the IT industry. Peter's interests are in Health Informatics modelling and the management of electronic healthcare documents and terminologies.

Ian Ring, Professor (Public Health)

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

Roy Harvey, Associate Professor (Health Economics)

Roy Harvey's research interests focus on outcomes data and its use in benchmarking and health financing research. Roy is also a health policy adviser to the Australian Council of Social Service and, as part of that role, has been convenor of the Access to Medicines Consortium, a group concerned with barriers to access to medicines. Since

1995, Roy has also been involved in consultancies on health financing for the World Bank and AusAID in Eastern Europe, South East Asia and China. Roy holds a fractional position at the CHSD.

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

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

Jim Pearse, Associate Professor (Health Services Research)

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

Jan Sansoni, Principal Research Fellow and Director, AHOC

Jan Sansoni's position is Director of the Australian Health Outcomes Collaboration. Jan is active in a number of national and international collaborations concerning health outcomes measurement and organises the Annual National Health Outcomes Conference held each year in Canberra. Her

expertise greatly assists the centre's work on understanding the evidence behind measurement tools and assisting with the design of measurement tools.

Heather Yeatman, Associate Professor (Policy Research)

In 2006 Dr Heather Yeatman was Head of the School of Health Sciences (formerly Head of the Graduate School of Public Health), and undertakes her research as a member of the CHSD. Within the Centre, Heather has a key role in work on healthy public policy, with a specific focus on food policy, and how this translates into standards and regulation.

David Bomba, Senior Research Fellow (Consumer Health Informatics)

Dr David Bomba left his position as a Senior Research Fellow in CHSD in 2006. David previously worked as a senior lecturer in the School of Information Technology and Computer Science at UoW. His research focused on consumer health informatics: measuring the use, impact and utility of computerised patient records; and the impact of health informatics innovations and interventions on patient health outcomes. He is a member of the Australian College of Health Informatics.

Roger Dunston, Senior Research Fellow

Dr Roger Dunston was a full-time Senior Research Fellow at the CHSD in 2006. Roger was previously Director of Allied Health Services at Royal North Shore and Ryde Hospitals. Roger has a particular interest in public policy formulation, which was the subject of his doctorate, and in how best to translate research evidence into policy and practice. Roger is a member of the Joanna Briggs Institute, Qualitative Evidence Review Methods Group.

**Gary Eckstein, Senior Research Fellow
(Medical Demography)**

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

**Janette Green, Senior Research Fellow
(Applied Statistics)**

Janette Green's full-time position provides expert statistical skills on projects, primarily in classification development, benchmarking and outcome measurement. She has applied her statistical skills to a wide range of areas in the health sector, including rehabilitation, mental health and palliative care. In addition, she continues with undergraduate teaching and, from time to time, she runs workshops for health professionals on the use and interpretation of statistics. In 2006 she continued to coordinate international comparisons of rehabilitation data within the International Rehabilitation Outcomes Network.

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

Malcolm Masso is a full-time Senior Research Fellow at the CHSD. Prior to joining the Centre he worked for over 25 years in the health system as a clinician and manager, including 15 years of executive responsibility for clinical services in both large and small hospitals in rural and metropolitan areas. He has academic qualifications in economics, nursing administration and public health. Malcolm has worked on national palliative care projects, the relationship between primary care services and emergency departments, and in 2006 began managing the evaluation of the Clinical Services Redesign Program.

Shirley Musich, Director of the Health & Productivity Research Centre

Dr Shirley Musich is from the Health Management Research Center at the University of Michigan. In 2006 she was associated with CHSD through the Health & Productivity Research Centre, testing the feasibility in the Australian context of using a health risk appraisal with prioritized risks, preventive services, tailored resources and personal follow-up to participants.

**Alan Owen, Senior Research Fellow
(Community Care Research)**

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

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

Karen Quinsey is a part time Senior Research Fellow at the CHSD. Karen joined CHSD in 2002 to manage AROC's function as the Australasian manager of the Functional Independence Measure. Karen had previously worked in the Centre on secondment from Illawarra Health, and has worked in the health system in Occupational Therapy, Community Health Management and Health Service Improvement. Her academic qualifications are in Occupational Therapy and Public Health. In 2006 Karen managed three separate palliative care projects and worked on the SAFTE evaluation team.

Mark Rix, Senior Research Fellow

Dr Mark Rix holds a substantive position in the Graduate School of Business, where he teaches Human Resource Management and Organisational Behaviour. He has also been MBA Course Coordinator for a number of years. Mark's research in the area of public policy and public administration, with a focus on issues relating to social exclusion, access to justice and citizenship were the basis for his secondment to CHSD. He contributed to a number of the Centre's new and existing projects in 2006, and continued his research on issues relating to the impact of socio-economic disadvantage on health inequities. As a part of the shared infrastructure of the Graduate School of Business, and through his work on inequities and the cohesiveness and inclusiveness of Australian society, Mark has a continuing involvement with the Centre.

Tineke Robinson, Senior Research Fellow

Tineke Robinson has held several positions within CHSD. She was PCOC Manager in 2005, responsible for coordinating the initial development tasks associated with the establishment of PCOC. This included developing a heads of agreement between the four participating University Research Centres and setting up the initial PCOC infrastructure. Tineke previously had more than 20 years experience as a senior executive with the Illawarra Area Health Service, most recently as the Director, Health Service Development.

Frances Simmonds, Senior Research Fellow (AROC Manager)

Frances Simmonds is the AROC Manager and commenced work in mid January 2006. Frances has extensive health sector experience at a senior level in both the public and private sectors. Prior to joining the Centre, Frances was employed as the National Director, Funder Relations for the

Sisters of Charity Health Service. During the last 12 years, Frances has filled several senior executive roles, all of which have involved management of national projects or functions. As the AROC Manager, Frances has the key responsibility for managing AROC on a day to day basis.

Prue Watters, Senior Research Fellow (PCOC Manager)

Prue has 18 years' experience managing projects on behalf of donors such as AusAID and the Asian Development Bank, gained while employed by IDP Education Australia and, more recently, in her own company. She is familiar with issues and needs relating to the health sector in the Pacific region and has an extensive network among College Fellows, health educators and hospital personnel in Australia. Over six years, her work with the Royal Australasian College of Surgeons resulted in their successfully tendering for four AusAID-funded projects with a combined value of \$19m. Prue also partnered Aus Health International to tender successfully for health reform projects in Fiji and Tonga.

Maree Banfield, Research Fellow (Clinical Secondment)

Maree Banfield, the Palliative Care Service Manager at Calvary Health Care, Sydney, joined the Centre in 2005 on a practitioner fellowship. She works within the Centre on palliative care projects, and also undertakes projects at Calvary using resources and support from the Centre.

Dave Fildes, Research Fellow (Health Services Research)

Dave Fildes holds a full time position at the CHSD. He conducts literature reviews, contributing to the development of policy options and preparing reports for Government agencies across a range of

subject areas as part of his research at the Centre. He is involved in a variety of CHSD projects including palliative care service delivery and community development and assessment. Dave has tertiary qualifications in Communication and Cultural Studies, Politics and Public Health.

Sofia Halligan, Research Fellow (Health Services Secondment)

Sofia has considerable expertise and experience in health service planning, funding models and the use of casemix information. She worked one day per week on secondment from the South East Sydney and Illawarra Area Health Service, Performance Management and Information Unit.

Luise Lago, Research Fellow (Applied Statistics)

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

Nick Marosszeky, Research Fellow (Psychometrics)

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

Louise Ramsay, Research Fellow (Community Care Research)

Louise Ramsay holds a part-time position at CHSD and works on tools for measuring

client characteristics in disability and aged care, mental health and community health. In 2006 Louise managed the project to develop a carer assessment tool, as well as working on the community care assessment project. She also provides training on how to use and implement these tools. Louise has academic qualifications in clinical psychology and works part-time in clinical practice.

Peter Samsa, Research Fellow (Health Informatics)

Peter Samsa joined the Centre after working for the Council of Social Service of NSW and a variety of non-government human service organisations. In 2006 he managed the community care assessment project and worked on the development of the carer assessment tool. His interests include health informatics, and data standards for health and human services. He has academic qualifications in Social Work, and Information and Communication Technology.

Brett Shorten, Research Fellow (Health Economics)

Brett Shorten left the CHSD in 2006. He supported a variety of projects in both a health economics and applied statistics capacity. Prior to joining CHSD in 2004, Brett was an associate lecturer in the Discipline of Economics, with research interests focusing on health outcomes and cost-effectiveness of obstetric and maternity interventions, including the role played by health insurance.

Peter Siminski, Research Fellow (Applied Statistics)

Peter Siminski is a part-time member of the CHSD. He has experience in various aspects of policy-relevant quantitative research. His research interests include the measurement of economic inequality, living standards and the redistributive role of government programs. Peter has tertiary qualifications in

Mathematics, Economics, Sociology and Social Policy. He is undertaking a PhD in economics at UNSW, examining the distributional impact of government-funded health services.

Tara Stevermuer, Research Fellow (Applied Statistics)

Tara Stevermuer is a full time member of CHSD where she is the AROC Data Manager and CHSD website administrator. Tara is also involved in various CHSD projects, ranging from community health and community care surveys, building databases to assist various evaluation projects. She provided the statistical work for building a number of priority rating tools for the community care side of the Centre's work. Tara brings extensive statistical and database management skills to CHSD. Tara holds a conjoint appointment as lecturer in the Faculty of Medicine, UNSW.

Anita Westera, Research Fellow (Health Services Research)

Anita Westera joined the CHSD on a part-time basis in 2005. In 2006 she was responsible for managing the SAFTE Care evaluation project funded by NSW Health and developing a strategic approach to the Centre's aged care research, including the coordination of a series of papers for a symposium at the national gerontology conference. Anita has over 20 years experience working in the health, aged and community care sectors, as a registered nurse as well as policy officer for the Commonwealth and NSW Governments and advisor for the former NSW Minister of Ageing. Anita is a member of the Board of UnitingCare Ageing, the largest provider of aged care services in NSW.

Alison Wicks, Honorary Research Fellow (Occupational Science)

Dr Alison Wicks is an Honorary Research Fellow, and is the Founding Director of the Australasian Occupational Science Centre (AOSC) which is a research centre within CHSD. Alison is an occupational therapist with 25 years experience as a health practitioner. Since 2000, she has been focusing on research in occupational science, a broad interdisciplinary field concerned with the study of human occupation in relation to health in daily living and with the social classifications economics, policies, systems, culture and geography that govern human occupation. Alison is President of the Australasian Society of Occupational Scientists and Project Leader of the World Federation of Occupational Therapists International Advisory Group: Occupational Science.

Kate Williams, Research Fellow (Health Services Research)

Kathryn (Kate) Williams has qualifications in psychology and journalism. Since joining the CHSD on a part-time basis in 2004, Kate has contributed to a variety of projects, including literature reviews, health program and palliative care evaluation, the design and pilot testing of tools for priority setting and a catalogue of evidence-based strategies for the Best Start early intervention program.

Pam Grootemaat, Associate Fellow (Health Services Research)

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

Sheila Matete, Associate Fellow (Community Care Research)

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

Howard Hung, Database Manager

Howard joined CHSD in July 2006, he is the Database Manager. His expertise is in database and application design. He worked for various banks and Far West Health Services before he joined CHSD.

Cheryl Blissett, Administrative Officer (PCOC)

Cheryl joined the CHSD in March 2006 and is the administration officer for PCOC, and also provides administrative support for the Centre.

Jing Chen, Web based reporting (AROC)

Jing is employed by AROC to work on the design, build and support of AROC Online Services (AOS), a web based reporting system that automates the processes of data submission, auditing and reporting for over 100 rehabilitation facilities across Australia. AROC Online Services had its origins as a university assignment started by Jing and fellow students. AOS uses Tomcat and SQL servers.

Carrie Findlay, FIM Development Officer

Carrie was the FIM training and resource coordinator for AROC in 2006.

Xiang (Kevin) Liu, Web based reporting (AROC)

Kevin is employed by AROC to work on the design, build and support of AROC Online Services (AOS), a web based reporting system that automates the processes of data submission, auditing and reporting for over 100 rehabilitation facilities across Australia. AROC Online Services had its origins as a university assignment started by Kevin and fellow students. AOS uses Tomcat and SQL servers.

Darcy Morris, Administrative Assistant

Darcy provides administrative support for the Centre and also AROC.

Michael Partridge, AHOC Conference Organiser

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

Emily Sansoni, Research Assistant (AHOC)

Emily provides research support to AHOC. In particular, she assists with the completion of HRQOL and Health Outcomes measurement projects, as well as the writing and editing of manuscripts.

Lorna Tilley, AHOC Conference Organiser

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

Laura Willmott, Administrative Assistant

Laura provides administrative support for the Centre and also AROC.

Other Affiliates

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

Honorary fellows, associates and students in 2006 included:

- Dr Andrew Bezzina, Illawarra Health
- Dr Catherine Bridge, University of Sydney
- Dr Christopher Poulos, doctoral student
- Dr Peter Smith, Illawarra Health
- Dr Roslyn Poulos, University of NSW
- Dr Stephen Wilson, St Vincents Hospital Sydney
- Dr Thomas Trauer, University of Melbourne
- Mr Andrew Gibbs, Health Policy Analysis Pty Ltd
- Mr Keith McDonald, doctoral student
- Mr Tim Coombs, NSW Institute of Psychiatry
- Mr Tom Georgeson, medical student
- Ms Carla Cranny, Cranny and associates
- Ms Cristina Thompson, doctoral student
- Ms Rebekkah Middleton, nursing research student
- Prof. Philip Burgess, University of Queensland
- Lois Burgess, health informatics associate
- Amanda Ryan, health informatics associate
- Dr Damian Ryan, health informatics associate
- Jason Sargent, health informatics associate

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