

AHSRI

2013 ANNUAL REPORT



ahsri

australian health services
research institute

UNIVERSITY OF
WOLLONGONG



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The final report of the evaluation of the Stephanie Alexander Kitchen Garden National Program was completed in 2013. This recent project represents an effective and significant collaboration within the University of Wollongong between AHSRI and the School of Education and the School of Health and Society in the Faculty of Social Sciences. *Photo courtesy of the Stephanie Alexander Kitchen Garden Foundation*

AHSRI BOARD OF DIRECTORS

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

The Board members during 2013 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 Health Service District nominee
Appointed 28 May 2010

Professor Jan Potter

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

Dr Kellie Marshall

CEO Illawarra Division of General Practice
Appointed 26 August 2011

Dr Keith McDonald

Chief Operating Officer of the Illawarra Shoalhaven Medicare Local
Appointed 22 February 2013

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



2013 represented an important milestone for the Australian Health Services Research Institute (AHSRI) as we celebrated our 20th anniversary. This makes us one of the oldest research institutes at the University of Wollongong and, indeed, one of the oldest health service research groups in Australia.

AHSRI has its origins in the Centre for Health Service Development (CHSD) which was established in 1993 as an initiative of Professor Ken McKinnon, the then Vice-Chancellor of the University of Wollongong. Established as a joint-venture between the University and the then Illawarra Area Health Service, the key objective of the CHSD was to “make a significant contribution to improving the funding and delivery of health services in Australia”. Twenty years on, we are delighted that we continue to make a significant contribution to improving the funding and delivery of health services in Australia. Just as importantly, we also have evidence demonstrating our role in improving equity of health care and patient outcomes, both in Australia and internationally.

Under the inaugural leadership of the late Professor Don Hindle, the CHSD was established as a research centre within what was then the Department of Public Health and Nutrition in the Faculty of Health and Behavioural Science and with an initial staff establishment of four people.

CHSD did important work and developed a wide network of collaborators in those early years. However, it was not until 2003/04 that CHSD began to develop into the successful institute that it is today. This substantial growth and development of CHSD, now AHSRI, became possible with the transfer of the CHSD in 2002 to what is now the Sydney Business School in the Faculty of Business.

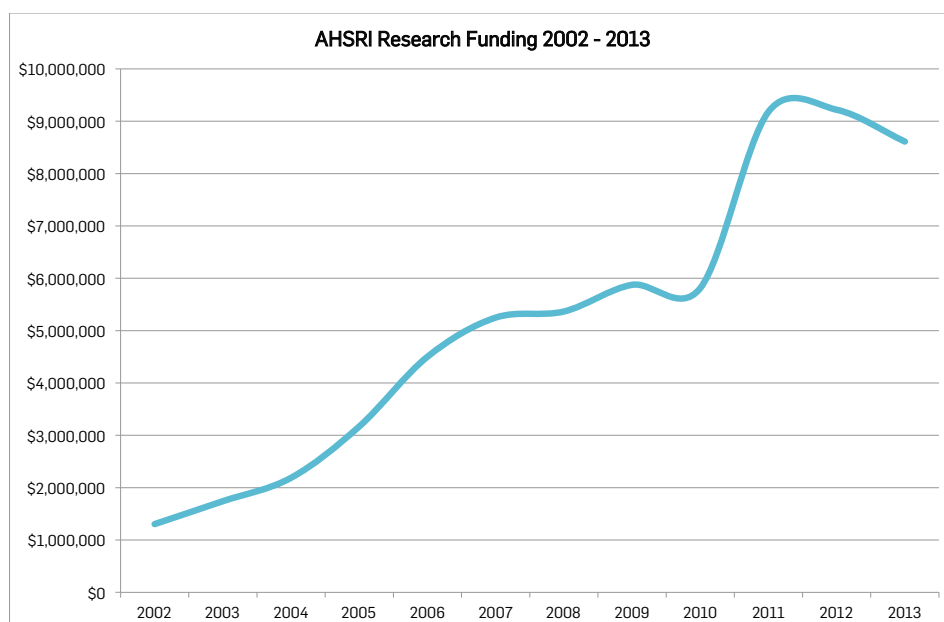
The Sydney Business School (and the Faculty of Business more broadly) proved to be a perfect fit for us. With a culture that promotes entrepreneurial partnerships and that values research that has real life outcomes, the Sydney Business School provided AHSRI with an environment in which we could thrive.

This continues to be the case, the evidence of which can be seen in our continuing growth trajectory over the last decade as shown in the following figure. While this is only one metric, it represents a much bigger success story in terms of our track record in achieving real improvements in the healthcare system and our track record in collaborative partnerships with other universities, healthcare agencies and international partners.

Twenty years on, AHSRI now boasts a staff of more than 50 working across eight research centres, a national network of research partners and a growing network of international collaborators. We end 2013 in a strong position having had another highly productive and successful year.

We continue to enjoy our new institute at our main premises at the Innovation Campus in Fairy Meadow as well as our centre at the Sydney Business School, Circular Quay. A core team of staff are based at the Sydney location, and the venue is also utilised to conduct workshops, meetings and teaching. Our affiliation with the Sydney Business School and our location in the heart of Sydney are critical to our ongoing success.

2013 saw the restructure of the University of Wollongong into five large faculties, under the guidance of Professor Paul Wellings, Vice-Chancellor of the University. AHSRI remains within Sydney Business School, which is now part of a new Faculty of Business, and we continue to enjoy the support of Professor John Glynn, the Executive Dean of the new Faculty, who assists us to achieve our goals.



At the same time, existing networks with individuals, schools and departments across the university, as well as external to the university, have been strengthened and new partnerships have been established, in particular with the new Faculty of Social Science's School of Health and Society. We will be looking to further develop these relationships in 2014.

With the formal establishment of AHSRI and our move to new premises in 2011, we began a process of moving to 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. This development is critical to our sustainability and succession planning. Each centre focuses on specific content areas and continues to develop expertise in speciality areas. At the same time, we are clear that a large reason for our ongoing success is that our centres are intertwined and share expertise and knowledge.

A new and important research centre was established in 2013. The ePPOC (electronic Persistent Pain Outcomes Collaboration) is a new program which aims to help improve services and outcomes for patients with chronic and persistent pain through benchmarking of care and treatment. Initially established as a partnership with the Faculty of Pain Medicine, ePPOC is receiving considerable support from the NSW Agency for Clinical Innovation and from pain management services, health departments and consumers across Australia and New Zealand. The inaugural ePPOC Director's Report is included in this 2013 Annual Report.

Our institute structure in 2013 continues to develop, with our team now working across six major research centres and two smaller centres. Our six major centres are:

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

In addition to these centres, AHSRI 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, with A/Professor Alison Wicks, Director of AOSC, now at the University of Canberra. Strategic partnerships with other universities are critical to our success and our ongoing goal is to further strengthen them.

Acting as the University of Wollongong representative, AHSRI was a foundation member of the Deeble Institute for health policy research and we continue 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. The Deeble Institute is founded on a belief that the best health policies are made when policymakers, practitioners and researchers work together. We strongly share this view. More information on the Deeble Institute can be found at <https://ahha.asn.au/deebleinstitute>.

In addition to 2013 being our 20th anniversary, 2013 also holds special significance as the first year of the annual Professor Alan Owen Lecture. The inaugural lecture was held on 22 November 2013 and was presented by Professor Neville Owen. Alan's untimely death in 2012 left a large gap in AHSRI and he continues to be sorely missed. Details about the Professor Alan Owen lecture are included in this annual report.

As we end 2013, I wish to extend 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 also wish to acknowledge the significant strategic contribution made by the AHSRI Board of Directors. My thanks for your wise counsel and strategic advice.

My thanks also go to the many healthcare managers, policy makers, service providers and consumers we worked with during 2013. The health, aged care and disability organisations that collaborate in our programs and projects, use our research and provide us with constructive advice are critical to our success. They ground us in the real world and remind us that we should not be judged solely on what we write but rather on what we achieve.



PROFESSOR KATHY EAGAR
DIRECTOR, AHSRI

AHSRI ACTIVITY

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.

2013 was a year of planned stability for CHSD with 13 staff located at the Innovation Campus. It was nonetheless another very busy and successful year during which \$2.2 million in income was generated through 19 projects at local, state and national levels. CHSD has continued to produce high quality academic outputs as well as producing a range of important practical and policy related advice to government and non-government agencies.

An important project that commenced in late 2013 was the development of Version 4 of the Australian National Subacute and Non-acute Classification. This project was commissioned by the Independent Hospital Pricing Authority and is valued at more than \$1m. The project will be completed in October 2014, with the resulting classification system to be implemented nationally for subacute and non-acute patients treated in Australian hospitals from 1 July 2015.

A further example of a key project completed during 2013 was a literature review and needs assessment of services for people with younger onset dementia. This project not only completed a comprehensive literature review but also included an extensive national consultation process that produced an informed and detailed picture of the current services available for people with younger onset dementia. The report will assist the Government to develop responsive policies and service planning for this group.

The evaluation of Health Workforce Australia's Expanded Scopes of Practice Program (assessing a range of innovative workforce models to address known areas of workforce shortage in the Australian health system) has continued in 2013. Site visits and related data collection activities with approximately 30 project sites across Australia have been fruitful, positioning us well for the evaluation's completion in 2014.

These are just some examples of the broad range of CHSD projects in 2013. Detailed information about the projects mentioned above, and our other projects, is provided in the 'AHSRI Research Projects' section below. Additional information about the CHSD can found at: <http://ahsri.uow.edu.au/chsd>.

We are very proud of our achievements in 2013 and look forward to another successful and rewarding year in 2014.



Australasian Rehabilitation Outcomes Centre (AROC)

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

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

AROC membership grew in 2013 to 244 data-submitting inpatient rehabilitation units (206 Australian and 38 New Zealand) with 115,000 inpatient episodes submitted. AROC continued to recruit ambulatory units, with 28 members submitting data in 2013. AROC conducted 81 face-to-face FIM/WeeFIM workshops across Australia and New Zealand. With the introduction of the on-line refresher course in 2013 this number is expected to reduce in 2014. There were 4,778 clinicians credentialed in 2013.

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 fourth Ambulatory Report on data from January to December 2012, again a descriptive report, given the low volume of ambulatory data at present.

Major undertakings in 2013 included the restructuring and redesign of the AROC benchmarking reports, subsequent to the implementation of Version 4 of the AROC data set on 1 July 2012. These reports included:

- Core Reports were redesigned; these include standard analysis of all impairments
- Outcome Target Reports were implemented as a stand-alone report to provide detailed analysis against the impairment specific outcome targets, which were removed from the Core Report
- Impairment Specific Reports for Stroke, Orthopaedic Fractures and Orthopaedic Replacements were developed and released. Further impairment specific reports are planned for release in 2014
- Payer Reports were redesigned based on stakeholder feedback.

AROC commenced its first data linkage project with A/Professor Steven Faux (St Vincent's Hospital). The project, "Rehabilitation



outcomes of patients admitted after road trauma", is linking NSW Trauma Registry data with AROC data using the CheReL. Several other linkage projects are in process for 2014.

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. Additionally, two impairment specific workshops were facilitated (Spinal Cord Injury and Brain Injury) with representatives from specialist units in Australia and New Zealand.

AROC presented two papers at the 21st Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine (AROC update, and AROC Intensity of Therapy Project). Other presentations included:

- AFRM Bi National Training Programme for Registrars
- NSW Physios in Amputee Rehab Port Kembla Hospital

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 (DoH). 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 2013, 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 40 workshops attended by over 800 service staff. One of the five PCOC assessment tools, the patient rated Palliative Care Assessment Tool – Symptom Assessment Scale – was translated into six languages. Services participated in a study to test the reliability and acceptability of the revised palliative care phase definitions. Recognition letters were sent to the two services in New South Wales and Queensland that met all the benchmarks for palliative care for the January to June 2013 period. A report was completed in July 2013 titled 'PCOC, Three years of progress, (2010 to 2013)', and PCOC contributed a chapter to the Australian Institute of Health and Welfare report: 'Palliative care services in Australia 2013'. Six presentations, one workshop and three posters were delivered at the 12th Australian Palliative Care Conference. PCOC assisted palliative care services based in England, Taiwan, Singapore and Belgium regarding the use of PCOC materials for staff education or to implement a similar initiative for routine outcome measurement in palliative care.

The year was marked by important collaboration with other organisations:

- Dissemination of the outcomes of two surveys developed in collaboration with Respecting Patient Choices at Austin Health to investigate attitudes, knowledge and practices regarding advanced care planning in palliative care.
- Participation in the preparation of an evaluation report of the 'Working Together Change Framework Workshops for Palliative Care 2013'. The workshops were developed by the National Standards Assessment Program, CareSearch and PCOC to assist palliative care professionals where they have identified an area they need to improve and require assistance to start the process of change.

Professor Irene Higginson, Head of Department and Professor of Palliative Care Policy and Rehabilitation at King's College London said at the 12th Australian Palliative Care Conference in September 2013: 'the measurement of outcomes is vital for the future of palliative care. PCOC and all the services in Australia are to be congratulated for their efforts in this regard, as they are helping lead the world in making sure that palliative care services listen to what matters to people affected by progressive disease'.

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

National Casemix and Classification Centre (NCCC)

In July 2013 the NCCC finalised all of the deliverables under the AR-DRG Classification System development contract which included both hard copy and electronic versions of the Eighth Edition of International Classification of Diseases, 10th Revision – Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS); and Version 7.0 of the Australian Refined Diagnosis Related Groups (AR-DRG V7).

The Eighth Edition of ICD-10-AM/ACHI/ACS was implemented in Australian hospitals on 1 July 2013. The AR-DRG V7 classification system will be implemented across all Australian public hospitals from 1 July 2014.

On conclusion of the AR-DRG Classification System development project, the NCCC has refocussed its core business towards



casemix analytics and research in health services funding and management. Key projects have been completed during 2013 for the NSW Ministry of Health, the Nationally Funded Centres Program based in SA Health, and the Australian Commission on Safety and Quality in Healthcare.

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

Centre for Applied Statistics in Health (CASiH)

During 2013, CASiH grew to include eleven staff. As in previous years, these staff members made a significant contribution to the programs within AHSRI as well as to the variety of shorter term projects undertaken. They participated in the Graduate Certificate in Health Services Research and Development degree as students and as teachers and contributed to international teaching and executive committee work. They also designed and led a short training program on Patient Classification Systems for a small group of students from Korea.

The statistical contribution to AROC and PCOC was undertaken by CASiH staff who continued to refine reports, datasets and processes to assist in providing information to facilities in a timely manner. With the introduction of ePPOC came a new opportunity for statistical input in the provision of information to pain management services.

Casemix classifications continue to be central to CASiH projects. During 2013 CASiH staff made a major contribution to the project on the development of AR-DRG V7.0. They also collaborated with the University of Queensland on a project to determine the definition and cost drivers for mental health services. The CASiH contribution was primarily in the analysis of complex mental health datasets from a number of jurisdictions to identify cost drivers. Towards the end of the year, the project to develop AN-SNAP V4 began. A more unusual application was the Development of a Casemix Classification of Artificial Limbs.

CASiH collaborated with CHSD on other projects such as the Evaluation of the Expanded Scopes of Practice Project and also contributed to NCCC projects on casemix analytics. In addition, CASiH provided almost the whole AHSRI project team for two projects. The first was for the COAG Reform Council who requested technical advice on the analyses they undertake for their routine reports. The other was with Ageing, Disability and Home Care (ADHC) in the NSW Department of Family and Community Services. As in previous years, CASiH staff assisted with the analysis of their school leaver cohort, and provided ongoing advice on their related programs.

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



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 affected by persistent pain through benchmarking and reporting.

Establishing ePPOC has been a goal of the pain sector for a number of years, and was included as a high priority recommendation in the 2011 National Pain Strategy. In 2013, the NSW Ministry of Health announced it would provide ongoing funding to develop, implement and support ePPOC. Based on our experience establishing similar outcome collaborations, AHSRI was chosen to implement and manage this process.

Under ePPOC, pain management services agree to collect the same information about their patients and the services they deliver, and to provide this to AHSRI for analysis and reporting. ePPOC will use this information to provide:

- individual reports to each pain management service, comparing their service with other similar services on key measurements
- an annual report describing the state of pain management in Australasia

This information will also be used to develop a national benchmarking system for the pain sector.

During 2013, significant progress was made towards establishing ePPOC as a national collaboration, including:

- gaining agreement from pain services throughout Australia and New Zealand on a standard set of adult and paediatric data items to be collected
- design, development and deployment of software purpose built for ePPOC. This software, named epiCentre, helps pain services collect the data and maximise their clinical use of the information
- establishment of a National Reference Group to oversee and provide advice in the early stages of implementation
- development of a business plan, website, data policy, reports and data dictionaries

Eight adult pain services in NSW participated in the early phase of ePPOC, allowing us to evaluate the capacity of each service to collect the data, their use of epiCentre, and reports designed to explore differences in clinical outcomes across participating pain services.



ePPOC is now being progressively rolled out to adult and paediatric specialist pain services throughout Australia and New Zealand. More information about ePPOC can be found at <http://ahsri.uow.edu.au/eppoc>.

Australian Health Outcomes Collaboration (AHOC)

In 2013 AHOC and CHSD staff assisted the then Department of Health and Ageing (DoHA) with field testing standardised, national approaches to aged care assessment following on from our work concerning 'A Model and Proposed Items for the New Assessment System for Aged Care' (Sansoni et al., 2012). This model identified three levels of aged care assessment in relation to increasing levels of client need. A major aim of the project was to validate items, triggers and algorithm components of the Assessment Tool and to refine them for potential use in the new Aged Care Gateway. During 2013 multi-site field trials to evaluate the proposed aged care assessment tool were undertaken using an online intelligent knowledge management system. The field trials suggested a number of ways to improve and streamline the assessment tool for routine use. A number of major reports were produced which included the 'Final Project Report on the Validation and Field Trials of the Assessment Framework for Aged Care' (Sansoni et al., 2013).

During 2013 journal papers were completed and published concerning the Revised Faecal Incontinence Scale and the Short Assessment of Patient Satisfaction scale and following publication the AHOC has received many enquiries concerning the use of these tools. Jan Sansoni also continued to undertake short linguistic validation studies to adapt instruments for Australian use on behalf of a number of international companies.

Jan Sansoni also played a major role in an extensive review of the research and practice literature concerning the field of Younger Onset Dementia and a comprehensive report, 'Younger Onset Dementia: A Literature Review' (Sansoni et al., 2013), was completed in December.

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

Australasian Occupational Science Centre (AOSC)

AOSC continues to be a collaborator in a trans disciplinary project involving the development of an aquaponic garden to promote outdoor physical activity and community engagement in a residential care facility. Networks with Umea University's Ageing and Living Conditions program are being maintained through joint research publications on time-use of the well elderly. AOSC, through AHSRI, was a supporter of the 6th Australasian Occupational Science Symposium hosted by the University of Canberra's Discipline of Public Health in December. The establishment of a partnership between the University of Canberra and AOSC is being explored.

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



Aerial view of Wollongong. Photo courtesy of Dee Kramer

INAUGURAL ALAN OWEN LECTURE

The inaugural lecture in memory of our dear colleague Professor Alan Owen, held on 22 November 2013 at Innovation Campus, was a great success. It was well attended by academics from a variety of disciplines, health practitioners, the university committee, Alan's friends and family and members of the general public.

The speaker was Professor Neville Owen from the Baker IDI Heart and Diabetes Institute. He is a National Health and Medical Research Council Senior Principal Research Fellow, an Honorary Professorial Fellow in the Melbourne School of Population Health at the University of Melbourne and in the School of Population Health at the University of Queensland; he is also an Adjunct Professor in the Central Clinical School at Monash University.

Professor Neville Owen gave a stimulating presentation linking the escalating burden of chronic disease in our ageing Australian population to physical inactivity and weight gain. The lecture dealt with emerging evidence on the relationship between environments, lifestyle and biology with the development of major chronic diseases, as well as issues and implications for disease prevention and health promotion in the Australian population.

The full lecture and presentation can be viewed or downloaded at: <http://ahsri.uow.edu.au/owenlecture2013/index.html>.

Planning for the 2014 Alan Owen Lecture is already underway. The date has been confirmed for 21 November 2014 with the speaker to be Professor Patrick McGorry, reflecting a change of focus for next year's lecture to youth mental health.

We are sure that this event will be a continued success into the future and encourage all who are interested to attend. Further details about the 2014 lecture are available at: <http://ahsri.uow.edu.au/owenlecture2014/index.html>.



Professor Neville Owen speaking at the Inaugural Alan Owen Lecture. *Photo courtesy of Nick Rowley*



AHSRI RESEARCH PROJECTS

The following list of 25 funded projects carried out in 2013 include time-limited projects, some taking place over weeks or months and other work, usually complex program evaluations that last for two or three years.

Developing a classification for artificial limbs (EnableNSW)

Total Funding: \$44,895

Duration: October 2012 – December 2013

Background

EnableNSW is the government agency responsible for funding the provision of artificial limb services to eligible clients in NSW. Artificial limb services are provided to clients on behalf of EnableNSW by commercial limb manufacturers. EnableNSW is looking to implement a range of policy options, including funding reforms, to improve the effectiveness and efficiency with which artificial limb services are provided. The CHSD was commissioned in late 2012 by EnableNSW to undertake a project to contribute to this reform process.

What we did

One potential way to improve the efficiency of the current model is to develop a classification system that assigns services into resource homogeneous classes. This offers the potential advantage of streamlining payment arrangements by allowing manufacturers to be paid based on the number of services provided to clients in a particular class rather than being required to invoice for individual services. Under such a scenario, it is important to ensure that the classification system does not have any adverse impacts on either the funder or the provider and equally that the system does not introduce any unintended or perverse incentives.

In this context, the core objectives of the current project were to:

- Undertake a systematic analysis of existing EnableNSW cost and service use data to assess the potential to develop an artificial limb classification system;
- Based on the results of the above analysis, develop a classification system that accurately classifies the range of artificial limb services funded by EnableNSW;
- Test the impact of the classification, using a set of funding rules that could be applied in the payment of artificial limb services.

The project was undertaken in two stages. The first stage involved obtaining data from EnableNSW, developing a study dataset and conducting a range of exploratory analyses. The second stage involved applying recognised classification development principles to produce a recommended classification and an associated set of funding rules.

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

Total Funding: \$1,075,468

Duration: June 2012 – September 2014

Background

The Health Workforce Australia-Expanded Scopes of Practice (HWA-ESOP) 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 have been 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 have received funding under the HWA-ESOP program to implement and evaluate models of expanded scope of practice. They constitute 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 is 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 is systematically evaluating these models and assessing whether they are 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 will continue until May 2014. CHSD has provided tailored assistance to all project teams with the production of their interim and final reports to improve consistency in structure, format and style.

The key evaluation focus for CHSD throughout 2013 has been on data collection (quantitative and qualitative) and the conduct of final site visits to every project team. This information will be analysed and synthesised to produce evaluation reports for each sub-project that encompass 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 will be developed to ensure wide dissemination of the key evaluation findings across the Expanded Scopes of Practice program. The national evaluation concludes in September 2014.

Evaluation of the Encouraging Better Practice in Aged Care (EBPAC) Initiative (Department of Health & Ageing)

Total Funding: \$710,985

Duration: September 2012 – May 2015

Background

EBPAC represents an extension of the former Encouraging Best Practice in Residential Aged Care (EBPRAC) (see <http://ahsri.uow.edu.au/chsd/projects/ebprac/index.html>). 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 project a number of activities were undertaken to enable a clearer picture of the synergies across projects and identify evaluation themes across the program as a whole. This activity has enabled us to further refine our evaluation methodology. This has involved developing a specific evaluation method for each EBPAC project that will allow us to assess the different models of care that are being implemented. For some of the projects we have already commenced a range of data collection activities to support our evaluation.

We have also commenced our discussions with the Department to plan for the second EBPAC workshop which will be held in July 2014. This workshop is expected to be a major source of data for the final evaluation of EBPAC, as well as allowing projects to share experiences and lessons learned and identify the elements required to facilitate replication and sustainability into the future.

Validation and Field Trials of the National Assessment Framework for Aged Care (Department of Health & Ageing)

Total Funding: \$573,474

Duration: December 2012 – August 2013

Background

The project built on the earlier Development of a National Assessment Framework for Aged Care project and focused on the adaptation of the recommended tool for use in the Commonwealth Government's Aged Care Gateway which is intended to be the primary access point to aged care services as part of the Living Longer Living Better reform package (<http://www.livinglongerlivingbetter.gov.au/>).

The tool was field tested and used to inform the development of the Gateway and provide the business requirements and specifications for the development of the information technology required for the assessment tool to be used in the Gateway. This also included development of competencies for assessors using the tool.

What we did

We worked with DiscoverQuick to build a version of the tool that could be delivered via an intelligent, knowledge management web-browser. Four states, SA, NSW, Tasmania and Victoria, participated and seven assessment services were involved. We developed training materials and trained 60 assessors in the use of the tool. The sites assessed approximately 1,600 people between mid-May and the end of June 2013.

The advantage of the customised web-based platform was that data was captured in real time and some data analyses could be automated (e.g. recruitment count), but analysis could also be undertaken at any time. The electronic record developed also has the potential to be continually updated as the client, over time, moves through the various levels of the assessment which has the potential to reduce duplication of assessment (as much background information will remain unchanged).

The data analysis provided strong support for the assessment framework and for the three levels of assessment related to client need. However it was found that the adaptation of assessment tools to a web system requires careful thought in terms of item sequencing. The development of the software required is complex and needs extensive pilot testing prior to implementation. Trial feedback, from the data analysis, assessors and consumers identified a number of ways to streamline the assessment process and web platform and these changes were recommended and incorporated in the final assessment tool.

Activity Based Funding Capacity Building Project (South Eastern Sydney Local Health District)

Total Funding: \$169,864

Duration: August 2012 – June 2013

Background

In June 2013 the AHSRI was engaged by the South Eastern Sydney Local Health District (SESLHD) to provide advisory and research services for a further 12 months. The services were defined within discrete projects that would support the ongoing development of ABF capacity.

What we did

The key projects that were undertaken under this agreement were:

- An evaluation of the 2013/14 SESLHD budget model. The review sought to identify those aspects of the 2012/13 budget process that worked well, and those that could be improved. It was a qualitative review that involved stakeholder meetings with all hospital sites. The result of this review was a set of recommendations for the 2014/15 budget process.
- The analysis of the incidence and cost impacts for hospital acquired conditions. This project involved extensive data analysis and statistical modelling to determine the length of stay and cost impacts of conditions that arise as a consequence of hospital care. The statistical modelling involved adjustments for patient casemix, urgency of care, age and medical conditions present on admission. The impact was found to be significant across the District and local response is currently being developed.
- The development of the high/low cost DRG model. This model was designed to inform the funding approach for very high cost services. Some highly specialised services have a level such that the average payments in the activity based funding model are inadequate. These are identified by the model as candidates for supplementary funding, and the funding "gap" is identified. The model also provides details of the services that attract funding far in excess of costs.

Kiama Youth Mental Health National Broadband Network Project (Grand Pacific Health Ltd)

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 are to be provided via very high definition video conferencing screens located in a client's house or an accessible location such as Kiama High School, Library or Community Centre and connected to the NBN. The aim of the Trial is 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 has been extended into 2014. Consequently, an extension of the evaluation was also necessary, and the Final Evaluation Report is scheduled for June 2014.

2013 Post School Program (Ageing, Disability & Home Care)

Total Funding: \$47,708

Duration: April 2013 – April 2014

Background

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

What we did

Applicants for these programs are assessed using a tool that was originally designed by AHSRI but has been refined over the years in partnership with ADHC. As in previous years, in 2013 AHSRI provided training for teachers in the use of the tool. Assessment scores for the 2013 school leaver cohort were sent to AHSRI to determine program eligibility and, for CP, the funding band that their scores would suggest was the most appropriate. The features of the 2013 applicants and how they compared with previous years were summarised in a report for ADHC. During the year, the assessment data of applicants who appealed against their allocation and out-of-guideline applicants were also sent to AHSRI. In 2013, a new item was introduced to the assessment tool on a trial basis. If it is found to produce similar scores, it will replace one of the original items for which the wording has been found inappropriate for the school leaver population.

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

Total Funding: \$275,000

Duration: October 2010 – July 2014

Background

This project is an evaluation of specific components 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 provides \$3 million to facilitate consumers' perspectives on dementia research priorities and processes, as well as funding a series of rapid knowledge translation projects. The aim is to address priority dementia care areas of service provision and support as identified by consumers.

The Initiative also aims 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 newly established National Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People, service providers and the Department of Health.

What we did

CHSD submitted a final evaluation report about the impact of the Consumer Dementia Research Network (CDRN) in September 2013. The CDRN was established by Alzheimer's Australia in September 2010 in response to international developments in the consumer participation environment which demonstrated the potential benefits which could arise from direct consumer involvement in research. In particular, the CDRN was regarded as a key mechanism for driving the translation of research findings into practice to result in better outcomes and improved quality of care for people with dementia.

Since its establishment, the CDRN has participated in over fifty research projects, identified six key priority areas for research implementation and selected a range of innovative projects to apply the research findings into practice. A core group of approximately twenty-five members, of which two-thirds have remained relatively stable over the course of the three years, has

participated in face to face meetings (one to two per annum) and numerous teleconferences, email correspondence and research project advisory committees. The CDRN has assisted Alzheimer's Australia to achieve the objectives of its National Quality Dementia Care Initiative (NQDCI), which is: to achieve changes in policy and practice that improve the quality of dementia care in Australia; and to enable people with dementia and their carers to set priorities for dementia research and research knowledge translation.

Eight major knowledge translation projects have been 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 have the potential to be generalisable on a national scale. This has proven difficult to realise given the local collaborative nature of the projects and the complexity of understanding the costs and benefits – in terms of time and money – involved in projects involving broader cross-jurisdictional boundaries. A final evaluation report synthesising the key achievements of these knowledge translation projects is due by July 2014.

Systematic literature review on options for integrating quality into healthcare pricing systems (Australian Commission on Safety and Quality in Health Care)

Total Funding: \$57,682

Duration: September 2012 – March 2013

Background

This review is part of a larger work program being managed jointly by the Australian Commission on Safety and Quality in Health Care (the Commission) and the Independent Hospital Pricing Authority (IHPA). The purpose of this literature review is to review the evidence on existing mechanisms in operation which aim to integrate quality and safety into the pricing or funding arrangements for health care. We considered this relatively small project to be critical in the context of current national health reforms including the introduction of a national model of Activity Based Funding.

What we did

For this project, we applied a rapid but rigorous search strategy to identify literature related to integrating quality and safety into healthcare pricing or funding systems. The review considered a number of overarching models including best practice pricing, normative pricing, quality structures pricing and payment for performance.

The literature revealed that the key considerations in the implementation of such models were the creation of substantial and targeted incentives, the development of a meaningful impact evaluation model, and the inclusion of methodologies for risk adjustment.

Our key conclusions were that there is insufficient international evidence at present to support the 'off the shelf' adoption of any existing pricing model that incorporates financial incentives and/or sanctions for quality and safety; and that, overall, the strongest evidence on how to genuinely improve quality and safety exists for clinical quality registry and benchmarking systems which typically have no links to funding.

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

Total Funding: \$21,041

Duration: August 2012 – July 2014

Background

CHSD was commissioned by Wollongong City Council (WCC) to conduct a formative evaluation of two Family and Community Services (NSW FACS) funded Community Sector Development Projects, namely Coomaditchie Community Centre (CUAC), and the Warrawong Community Kitchen (WCK), located in the Kemblawarra/Warrawong areas south of Wollongong. WCC required the development of an evaluation framework and data collection tools which would facilitate ongoing monitoring and evaluation, and contribute to enhancing the capacity of the individuals and community organisations involved in the two Community Sector Development Projects.

What we did

Drawing on our extensive experience in evaluating community-based programs and our prior work with Indigenous and disadvantaged communities, CHSD researchers have worked closely over the past 12 months to build trust with the administrators

and management committees of each of the projects, gain an appreciation of the histories and achievements of the two community organisations which predates the current funding period, and understand their distinct ways of operating. To date we have developed an evaluation framework; conducted and analysed field interviews with members of the management committees of each of the community organisations; observed community meetings and events; and collected and analysed program data. An interim report will be delivered to Council in July 2013. Over the next 12 months we will continue to monitor the progress of capacity building initiatives and collect qualitative and quantitative data to assess the impact of the program on participants which will inform the final report, due July 2014.

NFC price per procedure for paediatric liver transplantation (SA Health)

Total Funding: \$17,366

Duration: March 2013 – May 2014

Background

The Nationally Funded Centres Program for paediatric liver transplantation has sites at 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 NFC Program for paediatric liver transplantation was undertaken during 2012 and 2013 by DLA Piper which made a number of recommendations. One of the recommendations was that the paediatric liver transplantations provided through the NFC Program be funded at a rate of \$270,681 for each transplant.

CHSD was approached to undertake a review of this recommendation price per procedure on behalf of the National Funded Centres Reference Group.

What we did

The review has 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 have 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.

Having completed the review activities, CHSD supported the initial recommendation of DLA Piper that the paediatric liver transplantations provided through the Nationally Funded Centres Program be funded at the rate of \$270,681 for each transplant.

Predicting demand for sub-acute services in Tasmania (Department of Health & Ageing)

Total Funding: \$126,250

Duration: September 2013 – March 2014

Background

The Australian Primary Health Care Institute (APHCRI) at the Australian National University (ANU) has been awarded an amount of funding by the Commonwealth Department of Health and Ageing to undertake a number of studies focused on the evaluation and improvement of the subacute health services in Tasmania. AHSRI has been subcontracted by the APHCRI to complete a significant component of the subacute care evaluation, the development and application of a predictive tool to assess demand for subacute care following acute inpatient episodes.

AHSRI will provide complementary services to the work being undertaken by the APHCR. We will utilise our expertise in subacute care and in statistical analysis to improve information available to the Tasmanian Health Service in determining the need for subacute services.

What we did

The project had three main parts, each of which provided the foundation for the subsequent activity. The first of these was to examine the available Australian literature regarding patient selection and streaming into subacute care programs, the second was to use this information to identify criteria and develop a predictive model for demand for subacute care, and the third was to apply these criteria to the Tasmanian setting in order to assess demand versus supply for subacute care services.

At this stage the literature review has been completed and data has been requested for the development of the predictive model. Consultations have also commenced with key stakeholders in Tasmania.

Review and update of the NSW prosthesis relative value units (NSW Ministry of Health)

Total Funding: \$29,305

Duration: August 2013 – September 2013

Background

The National Casemix and Classification Centre (NCCC) was engaged by the NSW Ministry of Health to develop Relative Value Units (RVUs) based on AR-DRG Version 6.x. RVUs are used in health service costing when there is insufficient patient utilisation data available to enable actual costs to be allocated to individual episodes. The last revision of prosthesis weights in 2005 did not include the use of NSW data. These NSW specific RVUs were to be applied for the costing of 2012/13 patient activity.

What we did

The costing data from 20 NSW hospitals were analysed. In these hospitals, costs had been allocated using prosthesis utilisation data and therefore should be reflective of actual costs. The data underwent a rigorous testing, and as a result, a number of costed episodes, and the entire dataset in the case of two hospitals, were discarded.

A set of RVUs were developed in Version 6.x AR-DRGs. The new RVUs were then included in detailed comparative analysis against the service weights which had previously been used to allocate prosthesis costs. In testing, the performance of the RVUs was greatly improved compared to the service weights, particularly in the areas of mental health and drug and alcohol treatment where the use of prostheses would be expected to be negligible.

The use of these RVUs in the costing of patient episodes for the 2012/13 year is expected to provide significant improvements in the quality and reliability of the costing data.

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

Total Funding: \$172,727

Duration: June 2013 – June 2014

Background

This project aims to document and evaluate existing nurse practitioner models of care across NSW to assist the Nursing and Midwifery Office in the NSW Ministry of Health and local health districts in using nurse practitioner positions to meet the health care needs of the community. The scope of the project includes all such positions in the public health system, including those nurses who are seeking to gain authorisation as a nurse practitioner. The project has three stages: (1) a literature review, (2) documentation of existing models and (3) evaluation of a small number of well-established models. Although each stage is quite distinct, each will inform the other.

What we did

The literature review sought to identify how nurse practitioners are deployed, the contexts in which they work, the factors which influence successful implementation and the outcomes they achieve. Searching the literature included database searching and searching the web sites of relevant government departments, professional organisations and universities, with a particular focus on Australian websites. Database searching was supplemented with snowball searching (pursuing references of references and tracking citations forward in time). The review focused on the period 2000-2013 and three main sources of evidence – existing reviews of the literature, primary studies undertaken in Australia and conceptual papers that might assist with understanding the role. The focus was on identifying all types of Australian literature to provide a snapshot of current (and recent past) literature regarding nurse practitioners and to be as inclusive as possible.

To the 184 papers retrieved from searching the academic literature, 16 reports were added from searching websites, together with 40 journal articles located as a result of snowball searching. Reviewing the full text of all these documents resulted in the identification of 60 papers reporting Australian studies and 25 literature reviews for inclusion in the review. The first draft of the literature review was completed in December 2013.

Evaluation of the Better Health Care Connections: Models for Short term, More Intensive Health Care for Aged Care Recipients Program (Department of Health & Ageing)

Total Funding: \$250,000

Duration: June 2013 – May 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 provides 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 will include the extensive documentation produced by each project funded under the program, the available literature, site visits, key stakeholder interviews and the use of several tools developed specifically for the evaluation. The first draft of the evaluation framework was developed in October 2013 and finalised in December following feedback from the Department of Social Services (who are funding the program).

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

Total Funding: \$92,364

Duration: November 2013 – April 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

This project was undertaken in three stages, with the results of each stage informing the approach for the next stage.

The first stage was an analysis of the revised IHPA model for funding small hospitals, the 2014/15 National Efficient Cost (NEC) Model. The purpose of this analysis was to determine whether the modifications that had been included in NEC14 would provide sufficiently improved performance results that it may be reconsidered as an option for the funding of small NSW hospitals.

The second stage included the examination of other existing Australian models for the funding of small hospitals. It was anticipated that the best elements could be drawn from alternative existing models to avoid reinventing the wheel. The focus of this analysis was the South Australian country hospitals which provided a viable alternative to the NEC.

The third stage was the development and testing of a draft NSW funding model for small hospitals. This model includes both fixed and activity driven funding mechanisms with a "safety net" to ensure adequate minimum staffing levels are funded in hospitals with extremely low volumes of patient activity.

Use and impact of admin data to reduce hospital acquired diagnoses (Australian Commission on Safety and Quality in Health Care)

Total Funding: \$73,935

Duration: September 2013 – November 2013

Background

Despite the many safety and quality initiatives in Australia, one of the major issues for the health system remains the question of how to accurately measure safety and quality. This review is part of a larger work program being managed by the Australian Commission on Safety and Quality in Health Care (the Commission) and the Independent Hospital Pricing Authority (IHPA) on the measurement and improvement of safety and quality.

What we did

The focus of this review was the use of coded inpatient hospital data in health care safety and quality improvement initiatives. This review was undertaken in two parts. The first part was an examination of Australian and international literature, and the second was a stakeholder consultation process targeting Australian experts in both safety and quality and the analysis of coded administrative data sets.

The literature revealed that routinely coded administrative data were a useful tool to identify potential safety and quality issues. However, they cannot be used meaningfully in isolation, and would be more appropriately considered as one component of an overall safety and quality strategy, framework or program. The stakeholder consultation revealed that there are pockets of well-developed safety and quality initiatives in Australia yet the use of administrative data for safety and quality review and measurement is by no means widespread. While there remains some mistrust of administrative data as a tool in clinical improvement processes, stakeholders talked about significant demonstrated achievements when clinicians have been engaged in both the design of the review and the discussion regarding outcomes.

Most important is a shared commitment to the use of coded administrative data for safety and quality analysis and improvement in spite of its known limitations and deficiencies. It is a low cost yet rich source of readily accessible data which creates no additional data collection burden and can shed light on the continuing issues of patient safety and the quality of health care service delivery.

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

Total Funding: \$26,988

Duration: October 2013 – February 2016

Background

The National Younger Onset Dementia Key Worker Program is a new Commonwealth-funded initiative that is managed by Alzheimer's Australia 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 the Program has been established 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. Underpinning both the Program and its evaluation is the primacy of the person with dementia; consequently, the evaluation team has worked closely with Alzheimer's Australia as well as consumer and carer representatives to identify the relevant tools and processes to be used to best capture the impacts, outcomes and lessons learned. The evaluation dovetails nicely with the Younger Onset Dementia Literature Review and Needs and Feasibility Assessment project conducted by CHSD for the Commonwealth Government, which included national consultations with consumers and carers that were organised with the assistance of the Key Workers in most States and Territories. It is envisaged that the evaluation findings will be an important source of evidence to support Alzheimer's Australia in its negotiations regarding longer-term development of the Program.

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

Total Funding: \$132,217

Duration: July 2013 – February 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 CHSD 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.

Evaluation of the Kids Together Program (Noah's Shoalhaven)

Total Funding: \$20,628

Duration: May 2013 – July 2013

Background

The inclusion of children with disabilities is a relatively new practice within Australian early childhood education settings. Part of a broader agenda of social inclusion, it recognises the importance of acknowledging and celebrating diversity within human populations and moves away from segregated centre based services to community based services. To date there are few known effective inclusion programs available to children with disabilities, their families, or teachers in the early years within Australia. Noah's Shoalhaven is a not for profit, children's charity established in 1981. Noah's Shoalhaven has developed the Kids Together Program as an innovative model of service delivery for early intervention targeting children with a disability aged 0-8.

What we did

In 2012, Noah's Shoalhaven approached researchers from CHSD to undertake a review to identify current international literature on inclusion in educational contexts and assess evidence of effective inclusive programs in early childhood education settings as well as answer key questions around resources available to early childhood teachers and therapists. The review was intended to inform the development of a training package as well as evaluation framework for the Kids Together Program.

A targeted literature review was conducted as a collaborative effort between CHSD researchers and the School of Education in the Faculty of Social Sciences during the first half of 2013. Clear evidence from the literature indicates that learning and social opportunities for children with disabilities and special needs are more effective in inclusive not segregated settings, where quality design in learning opportunities are planned in an indirect service model to include all children. This is also supported universally in a wider social, ethical and legal context. In an inclusive early childhood context all stakeholders work in a collaborative consultative manner to plan, within an inclusive program, developmentally appropriate activities within naturally socially occurring settings.

National Indigenous Research and Knowledges Network (SRI Grant)

Total Funding: \$15,000

Duration: 2013

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

NIRAKN was launched by the Chief Executive Officer of the ARC at AIATSIS in Canberra in July 2013. The network consists of 44 Network Participants from 22 eligible institutions across all states and territories, 5 Indigenous Partner Organisations, and an Advisory Committee of 10 eminent Indigenous elders and leaders (<http://www.nirakn.edu.au/>).

As one of the institutional members, the University of Wollongong has 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 2013 Professor Clapham as member of the NIRAKN Management Committee contributed to the establishment of strong foundations for the network, constructing systems, programs, policies and procedures that will be essential to the success of the network's activities into the future. Professor Clapham also facilitates the regular communications between health node members. UOW NIRAKN activities over this period included: the establishment of a cross faculty support group for UOW Indigenous research students (Supporting Indigenous Research Scholarship), presentations on Indigenous research and ethics at various workshops and seminars, the establishment of an Indigenous HDR scholarship and provision of financial support for Indigenous postgraduate research activities.



The Management Committee at the launch of the National Indigenous Research and Knowledges Network, 15 July 2013. *Photographer: Wayne Quilliam*

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

Total Funding: \$88,710

Duration: December 2013 – June 2015

Background

Injury is the cause of substantial harm among Aboriginal people. Rates of serious injury are higher among Aboriginal people than others in NSW and this contributes to the health gap between Aboriginal people and non-Aboriginal people. Aboriginal Injury Prevention and Safety Promotion Demonstration Grants Program was established by the NSW Department of Health with two main objectives: 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.

What we did

CHSD researchers received funding in 2013 to evaluate a home visiting model of early intervention as an injury prevention program for Aboriginal children aged 0-5 and their families. The evaluation is being conducted in collaboration with the Illawarra Aboriginal Medical Service (IAMS) which has operated a home visiting model of early intervention for injury prevention targeting Aboriginal

children aged 0-5 and their families since 2005. Aboriginal family workers conduct home visits and provide intensive family assistance to vulnerable at-risk families utilising a locally produced safety promotion package. The focus is on families with new babies, first time parents and teenage parents and is part of the holistic health service offered by the IAMS. The evaluation of this program provides an opportunity to revise and re-focus an existing home program and determine its effectiveness in reducing and preventing injury. Over an 18 month period the study will evaluate the processes, impact and outcomes of the safety component of the program.

The project formally commenced in December 2013. An Aboriginal Study Manager for the project has now been appointed, a Reference Group established and a formal research agreement with the IAMS is being developed. We have also conducted research capacity building activities with the Aboriginal family workers, conducted a preliminary literature review and commenced work on service mapping of the network of relevant referral agencies in the child and family sector within the region. In collaboration with the IAMS ethical protocols have been submitted to the UOW Social Sciences Human Research Ethics Committee and the NSW Aboriginal Health and Medical Research Council Ethics Committee for their approval.

Definition and cost drivers for mental health services (University of Queensland)

Total Funding: \$108,225

Duration: September 2012 – May 2013

Background

Under the National Health Reform Agreement, the Commonwealth, States and Territories agreed to the implementation of a nationally consistent Activity Based Funding (ABF) system for public hospitals, based on a national efficient price. The Independent Hospital Pricing Authority (IHPA), established in December 2011, was tasked with developing the national classifications to be used for ABF, and determining the national efficient price for public hospital services. To progress the development of a mental health classification, AHSRI worked with the University of Queensland to recommend a suitable definition for mental health services in Australia for ABF purposes, and identify associated cost drivers for services that meet the definition.

What we did

In Stage A of the project, a recommended definition for mental health services was developed, informed by an international literature review, a nationally inclusive consultation to obtain stakeholder views and documents describing mental health services in Australian jurisdictions.

In Stage B of the project, a literature review of the cost drivers of mental health services, an analysis of Australian data and stakeholder views led to recommendations for the most appropriate cost drivers and preferred options for classification development for mental health services in Australia.

The final report included 28 recommendations designed to put the basic building blocks in place to enable the future design and implementation of a new national mental health casemix classification.

The main finding of the project was that, although most of the variables identified in the literature as cost drivers are already being collected in Australia, the required building blocks to develop a new Australian mental health classification are not in place. Much of the data (particularly the cost data) are of poor quality and other variables identified as important are either incomplete or not collected at critical points in the overall episode of mental health care.

The ability to routinely link clinical, activity and cost data at the patient level is an essential first step in using routine data to develop a classification. The project concluded that significant work is required before it will be possible to routinely link the various mental health data sets and use these data sets to develop the classification.

Patient Classification Systems Training Program (HIRA)

Total Funding: \$43,819

Duration: July – August 2013

Background

Associate Professor Green sits on the Executive Committee of Patient Classification Systems International. Through this connection AHSRI was approached 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 a statutory public corporation in Korea, established for the purpose of improving national health care and developing social security through fair and efficient execution of health care review and evaluation. Its responsibilities include the assessment of health care costs and health care service quality and the development of Korean patient classification systems.

What we did

Various models for the delivery of the requested service were discussed with HIRA. The agreed approach was for them to send three of their staff to AHSRI for a four-week training program. An outline of the program follows:

- In Week 1 we covered the basic principles of casemix. Presentations included an introduction to the Australian health system and an overview of the casemix classifications used in Australia. Details of the AR-DRGs, ICD-10-AM, ACHI and ACS were discussed. The national cost data collection that is used to build the AR-DRG classification. In Korea, only charge data are available, so the Australian cost data collection was of interest to the students.
- Week 2 covered statistical methods relevant to developing and reviewing a casemix classification. These methods included exploratory statistics, standard distributions, statistical inference including hypotheses tests, regression analysis and regression tree analysis.
- In Week 3 the students learnt how to build a casemix classification from first principles as well as the processes required for reviewing and updating existing classifications.
- Week 4 classes included methods for using casemix data for health care review, evaluation, quality improvement, policy development and support. As an example, the students were taken through the analysis and reports provided by AROC.

Technical advice – analysis of health performance data (COAG)

Total Funding: \$35,430

Duration: December 2012 – August 2013

Background

When the Council of Australian Governments (COAG) embarked on a wide-ranging reform agenda to improve the wellbeing of all Australians in 2008, the COAG Reform Council ("the Council") was established. Its role was to assist COAG to strengthen the performance and public accountability of governments by providing them with information on the performance of Australian governments. In 2013, the Council engaged AHSRI to provide technical advice on methods of analysing health performance data that are relevant for the detailed reports they prepare for COAG.

What we did

AHSRI's report to the Council provided an overview of relevant statistical methods and their uses. Good statistical analysis provides an understanding of variability that is observed in data. It requires methodology that is appropriate for the type of data available and informative presentation of results. Differences found in the data should be assessed for both statistical and practical significance. It also requires a clear understanding of the context in which the data were collected and the way in which the results will be applied. Contextual information is an important source of variation in data and can be fundamental to explaining variation across jurisdictions and over time.

Appropriate statistical methods vary depending on the source of the data and whether the analysis dataset is a sample or can be regarded as a census, or the full population. The reports provided to COAG by the Council include analysis of survey and administrative (census) data. Results are provided at different levels – national, by jurisdiction and by social inclusion variables. Cross sectional and time series methods are used to detect differences between these population subgroups.

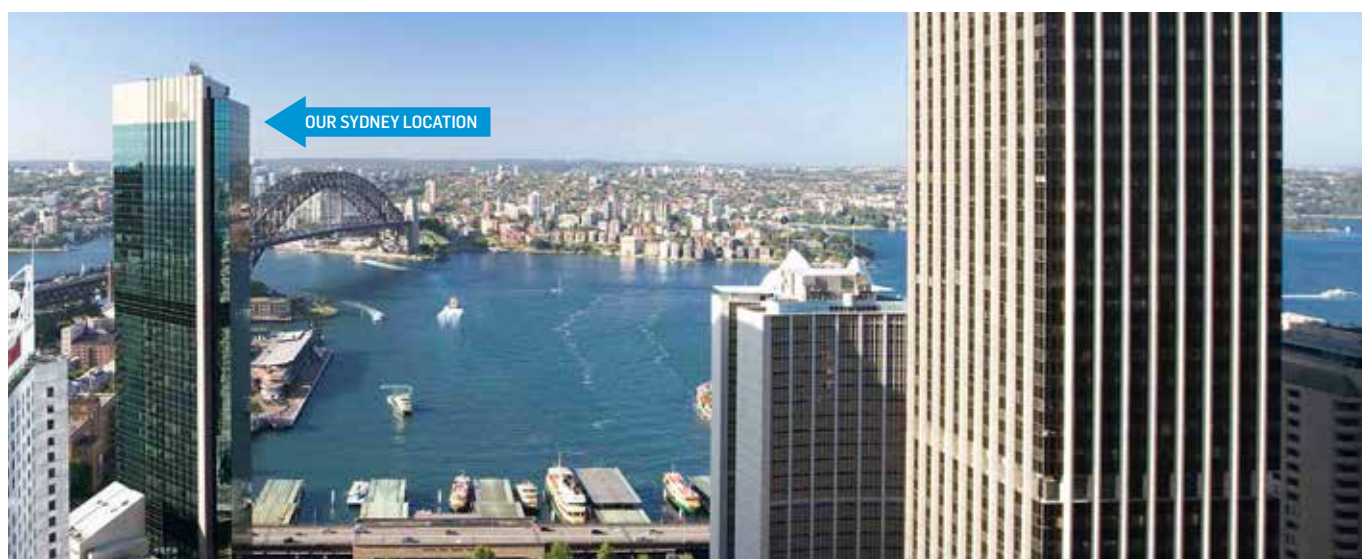
The report produced by AHSRI included discussion and an outline of methods for:

- Cross sectional comparisons of sub-groups, including methods for comparing jurisdictional data;
- Time series comparisons including methods on comparing data over time and selection of a baseline;
- Assessing practical significance, a very real issue in the large datasets analysed by the Council;
- Understanding health system context; and
- Visual presentation of data to successfully communicate information.

OTHER PROGRAM AREAS

Teaching

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



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

Evaluation Special Interest Group (E-SIG)

The Evaluation Special Interest Group is convened by Karen Quinsey with support from other CHSD/AHSRI staff. The aim is to increase knowledge and expertise in evaluation theory and practice and strengthen the teamwork needed for maintaining the quality of commissioned research projects.

The E-SIG agenda covers all aspects of evaluation with special emphasis on new ideas and innovative methods in the areas most relevant to commissioned research – participatory and formative research and dealing with the issues of attribution in complex interventions. E-SIG meetings include presentations from group members and invited guests. Other regular E-SIG activities led by group members include reviewing current literature and discussing the implications of reports from seminars, conferences and workshops. The meeting provides a venue for staff to refine presentations at conferences and meetings of professional bodies such as the Australasian Evaluation Society, the Australian Healthcare and Hospitals Association, the Health Services Research Association of Australia and New Zealand and the Public Health Association of Australia.

International collaborations

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

AHSRI PUBLICATIONS AND DISSEMINATION

Books

1. Elsworthy A, Claessen S, Graham B, Guo Y, Innes K, Loggie C, Rankin N, Saad P, Hoi-Sen Soo I and Tun LM (2013). *ICD-10-AM: the international statistical classification of diseases and related health problems, 10th revision, Australian Modification. Alphabetical index*. 8th edn. National Casemix & Classification Centre, Australian Health Services Research Institute, University of Wollongong.
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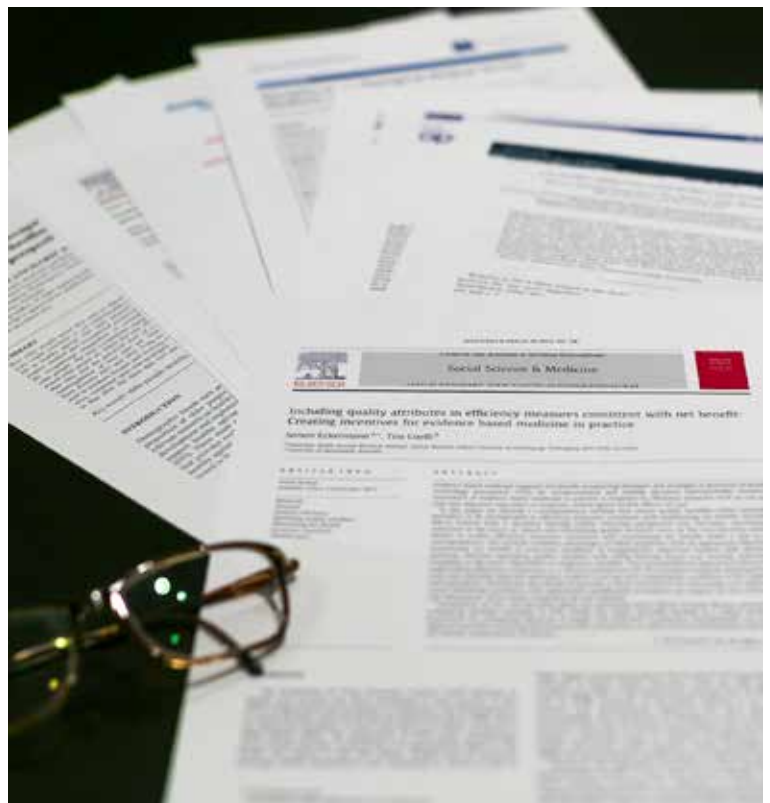


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12. Yeatman H, Russell J, Condon-Paolini D, Flood V, Beck E and Williams P (2013). Food and Nutrition Policy and Frameworks. In Tapsell L (ed) Food, Nutrition and Health. Oxford: Oxford University Press.

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 30. Panaretto K, Gardner K, Button S, Carson A, Schibasaki R, Wason G, Baker D, Mein J, Dellit A, Lewis D, Wenitong M and Ring I (2013). *Prevention and management of chronic disease in Aboriginal and Islander Community Controlled Health Services in Queensland: a quality improvement study assessing change in selected clinical performance indicators over time in a cohort of services*. BMJ Open 2013;3:e002759. Doi:10.1136/bmjopen-2012-002083
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38. Capell J, Simmonds F and Snoek M (2013). *Subacute inpatient rehabilitation across a range of impairments: intensity of therapy received and outcomes*. 21st Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine, 17-20 September 2013, Sydney.
39. Clapham S and Banfield M (2013). *The palliative care phase assessment in practice*. 12th Australian Palliative Care Conference, 3-6 September 2013, Canberra.
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 46. Johnson C, Silvester W and Sellars M (2013). *Health professionals' experiences of advance care planning in palliative care service*. 12th Australian Palliative Care Conference, 3-6 September 2013, Canberra.
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 48. Masso M (2013). *It's the little things that matter: implementation of evidence-based practice in residential aged care*. Aged Care Standards and Accreditation Agency Better Practice Conference, 14-15 March 2013, Launceston; 25-26 July, Sydney; 15-16 August, Adelaide; 19-20 September, Melbourne; 7-8 November, Brisbane.
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 51. Sansoni J, Duncan C, Westera A and Samsa P (2013). *Aged Care Assessment Framework and Tool Field Trial*. Presentation to NACA Assessment Sub Group, May 2013.
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 54. Silvester W, Sellars M, Masso M, Johnson C and Sjanta R (2013). *Advance care planning knowledge, opinions and practice of Australian palliative care service staff*. 12th Australian Palliative Care Conference, 3-6 September 2013, Canberra.
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 57. Simmonds F and Stevermuer T (2013). *Initial analysis of newly added data items. Do they provide insights of value?* 21st Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine, 17-20 September 2013.
 58. Simmonds F, Capell J and Stevermuer T (2013). *Benchmarking Non Acute Rehabilitation Outcomes in New Zealand*. September 2013, Hamilton.
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 70. Wicks A (2013). *Tackling wicked problems from an occupational perspective*. Occupation: Awakening to the everyday Conference, 5-7 September 2013, Cork Ireland.
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 72. Wicks A, Toohey K, Keogh T, Shearing A, Fox R, Chan W and Anderson B (2013). *Interprofessional learning about environmentally sustainable allied health practice*. Poster. Annual Australian and New Zealand Association for Health Professional Educators Conference (ANZAPHE13), 27 June 2013, Melbourne.
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 74. Yeatman H, Quinsey K, Condon-Paoloni D, Nielsen W, Eckermann S, Fildes D, Grootemaat P, Dawber J and Morris D (2013). *Health Promoting Schools – lessons from a national evaluation of a kitchen garden program*. Presentation to PHAA 42nd Annual Conference – 'A Fair Go for Health: Tackling physical, social and psychological inequalities', 16-18 September 2013, Melbourne.
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81. Clapham K and Grootemaat P (2013). *Evaluation of the Southern Suburbs Community Sector Capacity Building Project: Interim Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
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 90. Grootemaat P, Sansoni J, Samsa P and Duncan C (2013). *Level 1 and Level 2 Assessment Tool: Glossary*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.
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AHSRI FUNDING

Type	Description	Funding 2013
Infrastructure	UoW infrastructure	\$802,696
	UoW Research Strength Funding	\$243,399
	Total infrastructure	\$1,046,095
Research Income	Palliative Care Outcomes Collaboration (PCOC)	\$1,545,973
	Development of the 2012 AR-DRG Classification System	\$1,255,200
	Australasian Rehab Outcomes Centre (AROC)	\$1,230,890
	Evaluation of the Expanded Scopes of Practice Program (Health Workforce Australia)	\$525,625
	Validation and Field Trials of the National Assessment Framework for Aged Care (DoHA)	\$511,202
	ePPOC	\$409,090
	Better Health Care Connections: Models for Short term, More Intensive Health Care for Aged Care Recipients Program	\$250,000
	Evaluation of the Encouraging Better Practice in Aged Care (EBPAC) Initiative	\$222,405
	Literature Review and Needs and Feasibility Assessment of Services for People with Younger Onset Dementia	\$132,217
	Sub-acute services in Tasmania	\$126,250
	Definition and cost drivers for mental health services	\$108,225
	Activity Based Funding Capacity Building project (South Eastern Sydney Local Health District)	\$85,836
	Nurse Practitioners in NSW Gaining Momentum	\$81,818
	Use and impact of admin data to reduce hospital acquired diagnoses	\$73,935
	NFC: Review of Appendix 2	\$60,275
	Activity Based Funding Capacity Building Consultancy 2012/13 (Illawarra Shoalhaven Local Health District)	\$50,000
	Evaluation of the Asthma Management Program	\$45,455
	Classification of artificial limbs	\$44,895
	2013 Post School Program	\$44,568
	Patient Classification Systems Training program	\$43,819
	Activity Based Funding Capacity Building Consultancy 2013/14 (South East Sydney Local Health District)	\$42,744
	AN-SNAP V3 Licence	\$40,000
	Evaluation of the Alzheimer's Australia National Quality Dementia Care Initiative	\$37,500
	Kiama Youth Mental Health National Broadband Network Project	\$36,364
	Provision of Health Planning Expertise	\$35,848
	COAG Technical advice - analysis of health performance data	\$35,430
	Evaluation of the National Younger Onset Dementia Key Worker Program	\$26,988
	Review and update NSW prosthesis service weights	\$26,901
	Systematic literature review on options for integrating quality into healthcare pricing systems (ACSQHC)	\$20,669
	Evaluation of the Kids Together Program	\$20,628
	National Indigenous Research and Knowledge Network	\$18,750
	Review of the NSW Small hospitals funding model	\$8,397
	Evaluation of the Southern Suburbs Community Sector Capacity Building Project	\$8,198
	AHOC - Small projects	\$1,462
	Total research funding	\$7,207,558
	Total Income	\$8,253,652

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

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' and to blending quantitative and qualitative approaches. Our aim is to produce work that is easily understood, and that can be of practical use to decision makers, mostly in health, disability and community care, but also in the increasingly important 'interagency' context as well.

By the end of 2013, the Institute had over 50 team members, including full-time and part time staff, as well as research associates. The AHSRI team (including staff members of the Institute's other Centres) in 2013 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's full-time position at the AHSRI supports research projects in sub and non-acute care, casemix development, community health classification and health financing. Rob undertakes the day to day management of the CHSD and directly manages many of its projects.

Professor John Glynn, Dean of Sydney Business School

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

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.

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.

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.

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 continues with undergraduate teaching and, from time to time, she runs workshops for health professionals on the use and interpretation of statistics. In 2011 she was elected, as one of two representatives of the Asia-Oceania region, to the Executive Committee of Patient Classification Systems International (PCSI).

Associate Professor Helen Hasan (Economics and Information Systems)

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

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

Associate Professor J.E. (Ben) Marosszky, Clinical Director, AROC

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

Maree Banfield, Senior Research Fellow (Palliative Care)

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

Dr Gary Eckstein, Senior Research Fellow (Medical Demography)

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

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 is a full-time Senior Research Fellow at the Institute. Prior to joining the Institute he worked for over 25 years in the health system as a clinician and manager, including 15 years of executive responsibility for clinical services in both large and small hospitals in rural and metropolitan areas. He has academic qualifications in economics, nursing administration and public health. Malcolm has worked on national palliative care projects, the relationship between primary care services and emergency departments and in 2007 he managed two large scale program evaluations (Clinical Services Redesign Program and Evidence-Based Best Practice in Residential Aged Care).

Karen Quinsey, Senior Research Fellow (Health Services Research)

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

Frances Simmonds, Director, AROC

Frances is the AROC Director and commenced work in January 2006. Frances has extensive health sector experience at a senior level in both the public and private sectors. Prior to joining the Institute, Frances was employed as the National Director, Funder Relations for the Sisters of Charity Health Service. During the 12 years prior to joining AHSRI, Frances filled several senior executive roles, all of which involved management of national projects or functions. As the AROC Manager, Frances has the key responsibility for managing AROC on a day to day basis.

Cristina Thompson, Senior Research Fellow (Health Services Research)

Cristina joined the Institute in July 2008. In the full-time position of Senior Research Fellow, she supports research projects in the areas of health policy, strategy, service development and planning. Prior to joining the Institute, Cristina worked for over 25 years in the health system as a clinician and senior manager, in both rural and metropolitan health settings. Her most recent role included responsibility for strategy, planning and corporate development for a major NSW Area Health Service. Cristina trained as a Registered Nurse and Registered Midwife and has academic qualifications in Sociology, Public Sector and Business Administration.

Jenny McNamee, Director, NCCC

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

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.

Samuel Allingham, Research Fellow (Applied Statistics)

Sam studied mathematics and statistics at the University of Wollongong. After graduating in 2007 he went to work in the Time Series Analysis section of the Australian Bureau of Statistics. While in this position he gained extensive knowledge in survey design and analysis as well as experience in the analysis of seasonal time series. Since starting at the AHSRI in November 2009, Sam has primarily worked on AROC and on DRG development in the NCCC. He has also provided statistical support on a number of projects, including one with UOW's Centre for Statistical and Survey Methodology to analyse the results of a New Zealand Ministry of Health survey.

Megan Blanchard, Research Fellow (Applied Statistics)

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

Sonia Bird, Research Fellow (Applied Statistics)

Sonia supports research projects including the evaluation of Health Workforce Australia's Expanded Scopes of Practice Program. Her work involves data management, statistical analysis and report writing. Sonia has tertiary qualifications in Mathematics, Applied Statistics and Finance.

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.

Jacquelin Capell, Research Fellow (AROC)

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

Sabina Clapham, Research Fellow (PCOC)

Sabina has a Masters in Clinical Nursing, a specialty certificate in palliative care nursing and a Certificate IV in Training and Assessment. Sabina has worked in palliative care inpatient nursing and a number of palliative care education positions and projects. Sabina joined 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.

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.

David Fildes, Research Fellow (Health Services Research)

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

Conrad Kobel, Research Fellow (Applied Statistics)

Conrad joined AHSRI in October 2013. Previously, he worked as a research fellow at Innsbruck Medical University in Innsbruck, Austria between 2008 and 2013. There, he was a key researcher in the EuroDRG project which compared multiple aspects of several European DRG systems. Within the project, he 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. 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.

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.

Wendy Maxwell, Research Fellow (AROC)

Wendy joined the AHSRI in 2012 and works as an AROC trainer. Wendy has a particular focus on expanding AROC's network in New Zealand.

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.

Patricia Saad, Classification Developer (NCCC)

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

Peter Samsa, Research Fellow (Health Informatics)

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

Tara Stevermuer, Research Fellow (Applied Statistics)

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

Hilarie Tardif, Research Fellow (Health Services Research)

Hilarie joined AHSRI in 2013 where her primary role is the management and implementation of ePPOC: the electronic Persistent Pain Outcome Collaboration. Prior to joining the Institute, Hilarie worked in a variety of not-for-profit and government roles with an emphasis on measuring outcomes in the mental health sector. More recently she managed research projects using linked data in the WA Data Linkage Unit and the NSW Centre for Health Record Linkage. Hilarie has academic qualifications in psychology, biochemistry and psychophysiology.

Serina Teuss, Research Fellow (AROC)

Serina started with AHSRI in December 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.

Anita Westera, Research Fellow (Health Services Research)

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

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

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

Pam Grootemaat, Associate Research Fellow (Health Services Research)

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

Alanna Holloway, Associate Research Fellow (Applied Statistics)

Alanna Holloway joined AHSRI in July 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.

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.

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.

Nicolas Fenwick, AHSRI Programmer

Nicolas joined AHSRI in June 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.

Rebecca Cook (Librarian)

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

Cheryl Blissett, AHSRI Administrative Officer

Cheryl is an Administration Officer and provides administrative support to various research projects undertaken by CHSD, and also provides general administrative support within the Institute.

Moira Buckley, Receptionist

Moira joined AHSRI in July 2012 and provides reception and administrative support. Moira has worked for the NSW State Government for the past 12 years in NSW Department of Education and more recently at Community Services undertaking customer service and administrative duties.

Julie de Clouet, AROC Administrative Officer and FIM Manager

Julie joined the AHSRI in March 2007 as the FIM Manager, and also provides administrative support for AROC. Julie has been on secondment from the later part of 2013 to the AHSRI administration team to learn more about the institute's other operations and to gain experience in the day to day running of AHSRI.

Linda Foskett, Administrative Officer (PCOC)

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

Lewis Green, AROC and AHSRI Administrative Assistant

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

Karina Jableka, Administrative Officer (NCCC)

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

Danni Masso, Senior Administrative Officer (NCCC)

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

Darcy Morris, Senior Administrative Officer

In his full-time position as 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 and Encouraging Best Practice in Residential Aged Care Program. He is currently working on evaluations of initiatives by Alzheimer's Australia and Health Workforce Australia. 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.

Niki Panteli, FIM Manager and Administrative Support (AROC)

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

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.



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