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Suggested citation

Centre for Health Service Development (2008) *2007 Annual Report*. Centre for Health Service Development, University of Wollongong.

Centre for Health Service Development

Combining Realism with Rigour

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Director's Report 2007

In 2007 we had a year of positive results that were not just 'more of the same' in all respects. We again increased our income to the Centre, from \$4.5 million to \$5.2 million. This represents almost 14% of the total University income for research – a quite significant contribution from our busy team.

That total income was structured a little differently in 2007 as we had a greater proportion of larger review and evaluation projects some of which carried over from the previous year, as well as projects that continue into 2008. As a result of this mix we published less in the academic literature and completed fewer projects than in the year before.

Changes in the Centre's staff, income and publications output over the past seven years are summarised in Figure 1. With our staff and affiliate numbers still at over 50 (including full and part-time members), we had a little more turnover of staff than we are used to, but we remain in a good position to manage these larger projects. The net impact on the workload has been less capacity to respond to requests for smaller short term pieces of work.

We think that the right level of infrastructure funding for a Centre such as ours should be around 30%. That figure represents the ideal where we are able to encourage staff in pursuing research for higher degrees while also doing enough useful short term project work to keep an interesting mix of topics and methods.

In 2007, as in 2006, the level of infrastructure funding was 10%, the same as it was in 2001 when we began our planned

expansion. We will continue to seek ways to increase this core support function for the Centre in the future, so as to get a better balance of programs, projects, publications, staff numbers and our capacity for staff development.

In 2007 the University of Wollongong continued to be the major source of infrastructure support as a result of our recognition as a Research Strength. In practical terms that means help from the Office of Research, the Graduate School of Business and technical back-up in the IT, library, financial management and goods and services areas.

The organisational arrangements inside the University changed quite significantly in 2007. At the level of strategic guidance to the Centre, Professor Margaret Sheil moved onwards and upwards from being Deputy-Vice Chancellor (Research) to become the new CEO of the Australian Research Council. Margaret made a real contribution to the development of the CHSD in recent years and her strategic advice and support will be missed.

2007 also saw the advent of the University's Graduate School of Medicine and planning continued for the Illawarra Health and Medical Research Institute. We have been active, through the work of Professor Ian Ring, in planning for a stronger profile for Health Service Research within the new, rapidly evolving arrangements.

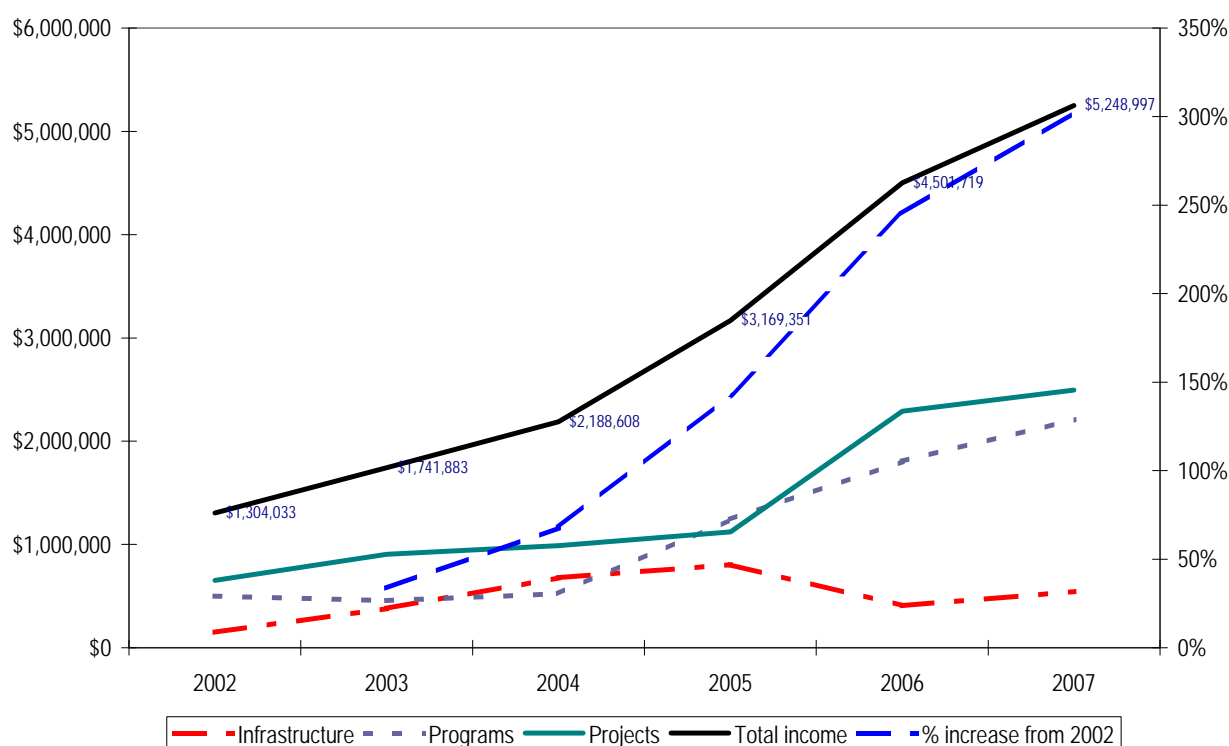
Our track record in research and development in the areas of sub-acute and non-acute care, complex and chronic conditions, dementia, cancer and palliative

care, mental health, healthy ageing, community care and rural models of service delivery fits well with the new initiatives. Building our experience into the planning of these developments for the benefit of the University as a whole will be important for the Centre in 2008 and beyond.

In this Annual Report for 2007 we report on 30 projects and ongoing programs, either completed or in progress. The evaluation of

the Clinical Services Redesign Program, work on resource allocation, performance indicators and health outcomes measurement, heart-lung transplants, dementia, continence, disability, carers, Aboriginal and Islander health, and the health of people in immigration detention, all illustrate our breadth of interests and our practical focus. In addition, we maintained a particular focus on palliative care, rehabilitation, and community care.

Figure 1 Changes to income by type 2002–2007



Programs in 2007

The development of long term strategies for health system improvement is the main focus of our work. The types of improvements we work on are mainly driven by the key role for data in evaluation and the monitoring of performance and patient outcomes. These are achieved over the long term and our focus on outcome measurement in palliative care and rehabilitation are good examples where significant progress has been made.

So our Programs are geared to allow for a longer term developmental view and allow the Centre to test areas where we know a more strategic approach is useful for making gains at the organisational and systems levels.

As well as outcome measurement in sub-acute and community care, the Programs are concerned with promoting active interventions and healthy ageing, where lessons can be consolidated and findings

given a bigger context because they are analysed independently of one-off projects.

The Programs provide valuable performance monitoring and service development frameworks to support an increasing number of providers in the field who are interested in improving their practice through data reports and benchmarking with their peers.

The Palliative Care Outcomes Collaboration (PCOC) continued to expand its role since starting up in mid 2005. About half of the estimated 147 specialist palliative care services have joined and training sessions have been provided to staff of these services. Reports on the PCOC data demonstrate that quality results can be extracted from the PCOC dataset and a benchmarking workshop, attended by services from every State, was held in 2007.

The Australasian Rehabilitation Outcomes Centre (AROC) is now an integral component of rehabilitation in Australia with 94% of all inpatient rehabilitation units submitting data on a voluntary basis. AROC has begun to provide its reports in more tailored and on-line formats. It has also begun undertaking more research using its accumulated data and undertaking separate funded research projects.

The Australian Health Outcomes Collaboration (AHOC), the Australasian Occupational Science Centre (AOSC), based in the Shoalhaven and ongoing support to NSW Health in the area-based implementation of the AN-SNAP classification system, are part of the Centre's program-based approach.

The Centre for Health and Productivity Research, supported within the CHSD structure in 2006, closed in 2007. The aim was to test the feasibility of workplace-based

health promotion and prevention programs supported by industry and employer groups. The market-testing of the concepts and methods of preventive health messages and programs in the Australian industry context indicated that the time was not yet right for the approach to become self-sustaining.

Projects in 2007

The Centre's projects in 2007 were a balanced portfolio of subject areas and funding sources. Some were *evaluations and reviews to address health system design problems*. Some were more directly about *demand management* with the aim of improving the health and community care systems' abilities to provide services to those that need them most. They addressed a range of issues including aged care, carers, continence, dementia, disability, heart-lung transplantation, palliative care, remote health services and the health needs of people in immigration detention centres.

As in previous years, a theme that was common between projects was how to collect and share reliable *client or patient-level information* about people who are hard to describe in the traditional diagnostic and health system terms. Another common theme was describing needs as a way of *improving access and equity*, particularly for less visible and disadvantaged groups.

For example we completed large projects on detention health, carers and veterans and have ongoing work on care planning in palliative care, social determinants of health in the Aboriginal and Islander community and best practice in residential aged care.

Another recurring theme is helping to *develop information tools and systems to support management, planning and decision making* in health and community care. We aim to design systems to work across a

variety of service settings to inform decisions on resource allocation at the individual level. Examples of that theme are the projects on assessment tools and best practice interventions for carers and in residential aged care.

We are always interested in how projects can help build a longer term development pathway. The community care and disability work we have completed in a series of projects over past years is an example of how we have constructed the basic elements of client classification systems for these sectors. By selecting a set of data elements that describe need and also represent important factors that drive costs, we can get the building blocks for a classification approach.

We know this classification approach works in sub-acute and non-acute health care and now we have useful evidence for how it works for more equitable allocation in disability programs. In 2007 we were still waiting for the right project(s) to bring this approach together for community health care, but finding a way forward in this complex area, as we know, will take a long time.

Taking an historical perspective

By the end of 2007 we saw a change of national government and emerging opportunities for health service development in the sense of taking stock of past strategies and advocating new directions.

It also seemed a good time to take a longer view of our own contributions to health service development. Each year in the Annual Report we try to understand the impacts and outcomes of our projects and programs, using our own judgements while acknowledging that a truly objective view should ideally be more independent. This

time we have taken a longer view and considered a more complex assessment of our contribution to health system outcomes (page 32).

One of the lessons from our self-assessment this year is that impacts can change considerably over time and significant outcomes can be a long time coming. That suggests that keeping some measure of continuity between our projects and maintaining strong programs can eventually pay off.

For example, the long march of progress in developing a classification approach in the sub-acute and non-acute care sector (and likewise in community health, where it is needed most) has to wait for the state and territory and national policy environments to line up. Opportunities then arise when there is a project of sufficient scope, depth and strategic significance to draw the important elements of a new approach together. That is where our consistent earlier work is able to be seen in a context of a coherent research and development pathway.

In reviewing our outcomes this year we take into account that the issues for service development we contend with are bigger than any single project and might in reality take decades to resolve. So the longer view can help us see where progress has been made and where the next steps need to be taken. Most problems in the health system take a long time to resolve, may take even longer when they are seen as pressing to the point of being labelled a 'crisis'.

At the end of this Director's Report we've attached two editorials from fifty years ago (in the Sydney Morning Herald on Saturday June 29, 1957). The first editorial describes the 1957 version of the 'crisis in the

hospitals'. It was described in terms that are familiar today, with the concerns being questions of financing and governance. Quality and safety are not yet in the picture but the editorial tone and content are entirely familiar to a more contemporary audience.

The second editorial also reflects the seemingly glacial pace of change, this time in public health. It shows that even with good quality evidence, progress is slow. The editorial on smoking is an excellent example of evidence-based advice in the print media – how you should “*try to keep within the safety limit of 25 a day or ... turn to pipes and cigars which are believed to be safer.*”

The crisis in the hospitals is certainly older than many of us who are working on it now. For the past 50 years and longer, the hospitals have been over-running their budgets with the inevitable ‘crises’ of long waiting times for the patients being the rationale for extra funds.

The observation about the “*lamentably unprofessional approach to costing and accounting in most of even the largest of our hospitals*” has received considerable attention in the past 50 years. However the demand pressures on the hospital system remain and seem to have increased in the last ten years. As the editorial said in 1957 – “*The fact must be faced that at present there is just not enough money being spent to produce an efficient and solvent hospital service.*”

The latest response to the continuing crisis in NSW at least is another review of the health system (the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals) which is expected to report in mid 2008. And at the national level Cabinet has directed the new National Health

and Hospitals Reform Commission to “*develop a long-term health reform plan for a modern Australia.*”

We can hope that the two Commissions might contribute to a new era of more cooperative federalism that will resolve the funding anomalies, remove the disincentives to prevention and planning and provide some lasting relief to the continuing crisis.

The impact of evidence-based public health advice has also been a long time coming, notwithstanding how very timely the advice was in 1957. Sir Richard Doll himself stopped smoking as a result of his findings, published in the British Medical Journal in 1950, which concluded: “*The risk of developing the disease increases in proportion to the amount smoked. It may be 50 times as great among those who smoke 25 or more cigarettes a day as among non-smokers.*”

Four years after that first published evidence, in 1954, the British doctors’ study reported on the health of some 40 thousand doctors over 20 years. It confirmed the earlier suggestions and the government issued advice that smoking and lung cancer rates were related.

The content of the two editorials reflect the two enduring axes of the health system – the balance between acute treatment and population-based prevention, between hospitals and community health – that are still in a state of imbalance and the focus of continuing enquiry and debate today.

With these sobering thoughts and reflecting on our own contributions to health system reform, we have broadened our view and taken a longer time span into account. In our own context we are able to look back 15

years, not 50, and it is clear from that view that the initial impact our work makes may be minimal. This is particularly the case where our recommendations are geared for achieving more strategic and systemic changes that are in the interests of service users. Sometimes those commissioning our work are mainly interested in defensive or self-promotional tactics around relatively narrow program-based concerns. Our own analyses suggest it makes good sense to take a longer view of how we contribute to longer term change.

Our own judgements have particularly highlighted the value of empirical studies that generate 'data-driven solutions'. For example we use data in developing new design features for programs, for building and refining classification trees and tools for service benchmarking.

The historical view suggests we have made an impact in improving sub-acute and non-acute care and in designing tools for allocating resources where they most needed. We also think we have contributed in demand management and priority rating for a range of clients living in the community and in providing reviews and evaluations that can make a range of programs able to operate more efficiently.

Acknowledgments

The CHSD gratefully acknowledges the support of Professor Margaret Sheil, Deputy-Vice Chancellor (Research), Professor John Glynn, Dean of the Graduate School of Business and NSW Health. We wish Margaret well in her important new role.

My own thanks go to our staff and associates for their hard work in the Centre in 2007. In particular I appreciate the work of Rob Gordon as Deputy Director and Elizabeth Cuthbert as Business Manager in supporting the Centre and the staff throughout the year. All the members of the CHSD Executive and the Board of Management contributed to the quality of our work by offering their ongoing guidance, advice and support.

Finally, thanks also to the service providers and consumers, and the organisations they represent, who collaborated in our programs and projects, used our research, and provided us with constructive advice in the day to day work of our Centre.



Professor Kathy Eagar
Director

The Sydney Morning Herald

SATURDAY, JUNE 29, 1957

CRISIS IN THE HOSPITALS

The State Government has And the presumption of re-
 good reason to be dismayed curred debt, combined with
 by the huge debts incurred the belief that retailers will
 by our public hospitals, not, in the last resort, cut off
 though it can hardly be more supplies, has created a hand
 so than the unfortunate credi- to mouth attitude on the part
 tors who have been bearing tions and Government alike.
 the burden of unpaid bills The result is that the annual
 with considerable forbear- allocation of revenue has
 ance. That the hospitals have ceased to bear any serious
 been living beyond their relation to actual needs.
 means for years is common The fact must be faced
 knowledge. But that they that at present there is just
 should have been obliged, for not enough money being
 whatever reasons, to conduct spent to produce an efficient
 their financial affairs on the and solvent hospital service.
 calculated assumption of a And so long as the mechan-
 rising annual indebtedness to ism for assessing and alloca-
 suppliers, large and small, is ting funds remains so closely
 a state of affairs that cannot linked to the Department of
 be allowed to go on. Health it is hard to see how
 The Government, which the situation can be im-
 has granted the hospitals an proved. For Government
 extra £750,000 in the past Departments are never will-
 two months, has adopted the ing to make the public loosen
 predictable attitude that they its purse strings if they can
 are needlessly extravagant. put off the evil day.
 The hospitals have retorted There is a strong case here
 that do what they can, rising for the establishment of a
 co- is are always a long jump new and truly independent
 ahead of them. There is Hospitals Commission cap-
 probably a measure of truth able of commanding suffici-
 in both arguments. Experi- ent respect from the Govern-
 ence has taught that any ment that its claims for re-
 organisation that basks in the current and capital costs will
 glow of regular Government be taken seriously and not
 subsidies is apt to spend too made the foil of party
 generously if left unchecked. politics. Such a Commission
 Moreover, in an age when could also ensure that hos-
 hospitals have become as pitals conducted their affairs
 complex as any great com- economically and efficiently
 mercial enterprise, there is in a manner that would in-
 a crying need for higher spire much greater public
 standards of business and confidence than would the
 personnel management. representatives of any Gov-
 At present there is a ernment. If the public is to
 lamentably unprofessional pay more—and this is the
 approach to costing and nub of the matter—it must
 accounting in most of even be assured that its money
 the largest of our hospitals, will not be wasted.

Cigarette Smoking And Cancer

The British Government may cheerfully accept this
 has acted courageously in risk knowing that we must
 announcing a nation-wide all die some day and that life
 campaign to inform people of is judged by its quality
 the risk of cancer from smok- rather than its length). Others
 ing cigarettes. No one will try to keep within the
 stands to lose more from such safety limit of 25 a day or
 a campaign than the British will turn to pipes and cigars
 Government itself which which are believed to be
 draws so large a part of its safer.
 revenue from an excise on It is only right, however,
 tobacco, but after the report that young people should be
 of the Medical Research warned, before they contract
 Council—the latest and most the habit, of the risks in-
 authoritative of many such volved. Of these risks there
 reports—it apparently feels can no longer be any serious
 that it can no longer evade doubt even though the exact
 the duty of at least putting causal connection between
 the facts before the public. smoking and cancer has not
 The Government has right- yet been definitely establish-
 ly decided that the final de- ed. The statistical evidence,
 cision must be left to the in- both in Britain and the
 dividual. If he likes to con- United States, is damning.
 tinue smoking more than 25 This is a problem the Com-
 cigarettes a day and so enor- monwealth Government will
 mously increase his chance also have to face in the near
 of getting lung-cancer in later future. On such a matter
 life, he has a perfect right to there can be no tampering
 do so. (Indeed some people with the truth.

Our 2007 research themes, programs and development projects

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

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

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

The project list and our programs in 2007 show the diversity of work carried out within these themes. The table below places the programs and projects that made up our body of research and development work in 2007 within the Centre's six themes.

CENTRE PROGRAMS AND PROJECTS 2007	THEMES					
	HS delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
PROGRAMS						
AN- SNAP	x	x	x	x	x	x
Australasian Occupational Science Centre		x	x			
Australasian Rehabilitation Outcomes Centre		x	x	x		x
Australian Health Outcomes Collaboration	x	x	x			
Palliative Care Outcomes Collaboration		x	x			x
PROJECTS						
AHOC - Dementia Outcomes Measurement Suite	x		x			
AHOC - Continence Dissemination Strategy	x		x			
AHOC - Small Consultation Projects	x		x			
AROC DVA Rehabilitation Research	x		x			
Best Practice in Residential Aged Care	x			x		
Clinical Excellence Commission Chartbook NSW	x		x			
Clinical Services Redesign Program Evaluation	x	x				
Community Care Needs Assessment	x	x				x
Detention Health - Data Coding and Analysis Project			x			x
Equity funding model - HIV/AIDS & related programs				x	x	
Heart-Lung Transplantation Costing Project	x				x	
Literature Review on Effective Caring	x	x	x			
Palliative Care – Care Planning Sub-Program Evaluation	x	x				

CENTRE PROGRAMS AND PROJECTS 2007	THEMES					
	HS delivery, organisation & performance	Care coordination & integration	Health care outcomes	Health policy & management	Health & community care financing	Casemix classification across settings
Palliative Care - Rural Palliative Care Program Evaluation	x	x				
Palliative Care - Knowledge Network Evaluation	x	x				
Post-School Programs: Community Participation					x	x
Queensland Aboriginal and Islander Health Council Access and Equity Project			x		x	
Rehabilitation and Sub-acute Care Utilisation Review Research project	x					x
Review of Health Needs Indices				x	x	
Review of Rehabilitation in Area Health Service	x	x		x		x
Review of Veterans' Home Care	x	x			x	
SAFTE Care (Sub Acute Fast Track Elderly) Program Evaluation	x	x			x	

PROGRAMS

AN-SNAP

CHSD provides ongoing support to NSW Health in the implementation of the AN-SNAP classification system which is an important part of the Department's casemix-based approach to funding. Members of CHSD also work with the Department in providing technical and policy support to sub and non-acute services for the implementation of the model. CHSD continues to support the *SNAPshot* information system that is used routinely in NSW public hospitals as well as in other states and the private sector.

The reporting capacity of *SNAPshot* enables hospitals to generate reports and other information about sub and non-acute activity, measure trends, plan services and calculate funding levels under an episode funding model. The Centre continues to provide training sessions in the use *SNAPshot*. chsd.uow.edu.au/snapshot.html

Australasian Occupational Science Centre (AOSC)

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

The primary activity for AOSC in 2007 was the organisation of 2nd International Occupational Science Think Tank on Catalina Island, USA. Dr Alison Wicks, the AOSC Director was an International Fellow at the University of Southern California that was the host of the Think Tank involving 27 participants from 14 different countries. The main outcome of this Think Tank was the establishment of the International Society for

Occupational Science (ISOS) of which Alison has been elected President. More information can be found on the AOSC website:

shoalhaven.uow.edu.au/aosc.html

Australasian Rehabilitation Outcomes Centre (AROC)

AROC was established as a sub-centre of the CHSD on July 1, 2002 and has 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 develops research and development proposals and seeks external funding for its research agenda.

During 2007 the number of participating rehabilitation services continued to increase. By December 2007, 150 of the approximately 160 designated rehabilitation units in Australia were routinely collecting and submitting data to AROC. In addition, AROC membership includes three New Zealand units. There are now approximately 400,000 rehabilitation episodes in the AROC database.

During 2007 AROC wrote and published its second annual report *The AROC Annual Report: the state of rehabilitation in Australia* in 2006. This was accepted for publication in the journal *Australian Health Review* and will appear in their February 2008 edition. The report presents summary data for 2006 episodes, by impairment, and by ANSNAP class, within each impairment group. The

report also identifies and comments on key trends or issues in rehabilitation.

Also during 2007, given that it now has more than 5 years worth of data, AROC started including time series data analysis in the calendar year benchmarking reports that are provided to all member facilities. Another initiative during the year was the commencement of impairment specific benchmarking workshops. Fractured neck of femur (#NOF) was the subject of the first workshop. The 8 invited facilities who participated developed draft outcome targets for #NOF episodes, which will be circulated for input and feedback from all providers of #NOF rehabilitation prior to being finalised and published.

FIMTM and WeeFIM[®] training activity continued to increase in 2007. In all, there were 32 AROC assisted workshops during 2006 and more than 1600 exams were received with the success rate being maintained at approximately 90%.

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

Australian Health Outcomes Collaboration (AHOC)

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

national and international conferences and seminars.

In 2007 AHOC continued to work with the Department of Health and Ageing on dementia and continence, as well as participating in other CHSD projects. More information on AHOC is included in the AHOC website: chsd.uow.edu.au/ahoc

Palliative Care Outcomes Collaboration (PCOC)

The achievements for PCOC during 2007 have been impressive and would not have been possible without the partnership that has evolved between PCOC and the palliative care sector. There is now recognition and acceptance amongst palliative care services of the need for an evidence base for palliative care and that PCOC is an appropriate body to facilitate this development.

Some 50% of the estimated 147 specialist palliative care services have committed to join PCOC and 41 training sessions have been provided to staff of these services. In total, these 147 services are estimated to provide about 75% of all palliative care in Australia. PCOC has produced three reports on data submitted between April 2006 and September 2007. The first benchmarking workshop held in Sydney in August 2007 was attended by 58 representatives from 28 services from every State. It was a major milestone for PCOC and a positive demonstration to participants of the quality reporting that can be extracted from the PCOC dataset.

More detailed information about PCOC can be found at the PCOC website: <http://chsd.uow.edu.au/pcoc/>

PROJECTS

AHOC Research

The Dementia Outcomes Measurement Suite Project

One of the achievements for AHOC in 2007 was the completion of the Dementia Outcomes Measurement Suite Project (DOMS) for the Australian Department of Health and Ageing in October. The 935-page final report outlined the review of over 800 instruments to find the best measures to assess the status and symptoms of people with dementia. The scope of the project included recommending a set of instruments suitable for routine use in the Australian health care sector in the areas of dementia specific assessment, health related quality of life, cognitive assessment, social participation, associated behavioural and mental symptoms, functioning, utility and satisfaction measures.

The recommendations contained in the report will help to standardise the assessment, screening and outcomes evaluation procedures used in the field and enhance the comparability of findings across research and practice settings.

Continence Dissemination Strategy

The highlight for AHOC in 2007 was the selection of its incontinence research work to be presented to the peak body in this area, the International Continence Society (ICS), at their annual scientific conference in Rotterdam, The Netherlands (20 – 24 August 2007). These presentations were made possible as part of a dissemination project funded by the Australian Department of Health and Ageing, under its National Continence Management Strategy (NCMS) – indicating the level of support for the work. Papers were presented on patient satisfaction and assessment instruments for clinical

practice, epidemiological and outcomes research. A poster, “*The assessment of two brief self-report measures of urinary incontinence: Results from a community population survey*” was also displayed.

As part of the comprehensive dissemination strategy funded by the NCMS, national workshops and presentations to clinicians, policy makers and consumers were also conducted at the Continence Foundation of Australia (CFA) Conference on the Gold Coast and at the Australian Association of Gerontology (AAG) Conference in Adelaide.

Other small projects

Other small projects undertaken by AHOC included a number of research contracts with Oxford Outcomes in the UK. One such project was the Australian English translation and linguistic validation of a hot flushes / night sweats symptom measure for the menopause.

The AHOC team also contributed to the impact of the Centre with its teaching role at the Menzies School of Health Research in Darwin and the Eastern Australia Dementia Training and Study Centre (EADTSC) at the University of Wollongong.

AROC DVA Rehabilitation Research

Rehabilitation is a Department of Veteran’s Affairs (DVA) priority research area at present. DVA has identified that there is a significant increase in demand for ambulatory rehabilitation and through this research is seeking to evaluate differing models for the provision of rehabilitation, particularly in relation to patient outcomes.

The study comprised two major elements. Firstly, a purpose-designed survey instrument was sent to all private rehabilitation hospitals to obtain detailed information on the structure of existing

rehabilitation services and the models of care which underpin those services. The survey sought to obtain data on existing service patterns of care as well as attitudes towards alternative models of care. Responses were received by two thirds of private rehabilitation hospitals. Of these, two thirds provided both inpatient and non-inpatient models of care and combined these to provide a combination model of care.

Secondly, six hospitals agreed to participate in a six-month data collection during which key data on ‘non inpatient’ rehabilitation services were collected prospectively. In all, data were collected against 590 episodes of non-inpatient care. As each of the study hospitals is an AROC member, AROC also had access to inpatient data across a similar timeframe. These data were linked with the specifically collected non-inpatient dataset to provide three datasets to help understand the issues arising for the models of care and the relationship to patient outcomes.

Clinical Excellence Commission Chartbook NSW

The Clinical Excellence Commission (CEC) commenced work in 2007 to publish a Chartbook on Safety and Quality in Health Care in NSW (the Chartbook) as part of its charter to provide regular reports on quality and safety in the NSW health system. It is intended that the Chartbook will complement other reports produced by the CEC, particularly annual reports on critical incidents, the first of which was released in 2006.

The Chartbook presents quality and safety data for each of the Area Health Services in NSW in such a way as to facilitate comparison across areas and to identify variation and outliers. Using the six dimension of quality (safety, effectiveness, appropriateness,

consumer participation, efficiency and access) incorporated into the framework for managing the quality of health services in NSW, the Chartbook includes data for a range of clinical indicators. Each is supported by text which sets out why each indicator is important, the findings from the data and the implications of those findings.

Associate Professor Jim Pearse, with some assistance from others, worked with the CEC to select clinical indicators, write much of the material included in the Chartbook and provide editorial services for the publication of the Chartbook.

Clinical Services Redesign Program Evaluation

The Clinical Services Redesign Program is part of a broader reform strategy by the NSW Health Department to improve the performance of the health system. In addition to the program itself significant additional resources have been added to the health system along with a much greater emphasis on performance management. The elements of the overall strategy are inseparable.

As the program has evolved it has become clear that there are two aspects to the program – a series of time-limited projects in hospitals and area health services and program-level activities undertaken by the Health Department.

Staff members from the CHSD are undertaking a three year evaluation of the program in collaboration with two colleagues from the University of Wollongong – Professor Helen Hasan and Dr Grace McCarthy – and Professor Paul Bate and Dr Glenn Robert from University College London. The evaluation will be completed in 2008.

Community Care Needs Assessment

At the start of 2007 CHSD continued its development work in this area, completing two large projects with a national focus for the Australian Government's "*The Way Forward*" agenda for community care reform. These were the Australian Community Care Needs Assessment (ACCNA) project and the Carer Eligibility and Needs Assessment (CENA) project.

These projects developed and field tested a national screening and assessment framework. For the first time these tools were designed from the start to be suitable for use in community care intake systems, for ongoing assessment and care planning and with a view to electronic information exchange.

The electronic format allowed for much more use of derived data items combining key assessment-level variables to prompt referral and further assessment and an automated approach to priority rating. More information on the main projects is on the CHSD community care assessment page.

The Centre's work continued in this area later in 2007 with the NSW Department of Ageing Disability and Home Care. This is a project continuing into 2008 to develop and field test a NSW version of the national-level data elements (called in NSW the ONI-N), as part of a national *Access Points* demonstration project. The project builds the data items into the Department's client information system and the central assessment team uses the tools to capture indicators of needs, risks and eligibility in community care clients and to then make referrals to local agencies over the *HNet* system based on that information.

Detention Health –Data Coding and Analysis Project

The Centre was commissioned by the Department of Immigration and Citizenship (DIAC) to undertake a project involving data analysis and the development of a Detention Health Data Set. The dataset was built by extracting and coding the electronic health records of clients in immigration detention. A compendium document on data collection procedures accompanied the second interim report to set out the coding systems and conventions that were used in the study and progressively refined as the project proceeded.

Of the 7,375 people held in detention between July 2005 and June 2006, 720 were sampled for inclusion in the study. The study used the ICPC-2 PLUS system for the complaints, symptoms and diagnoses as it provided well defined concepts that can be aggregated for analytical purposes. The ICD-10-AM system was used to code the causes of injury. The study results will be submitted for publication in 2008.

Encouraging Best Practice in Residential Aged Care Program

The Commonwealth Department of Health and Ageing commenced the 'Encouraging Best Practice in Residential Aged Care Program' in 2007 with the aim of improving evidence based clinical care for residents of Australian Government subsidised aged care homes. The program also seeks to enhance consumer confidence in the residential aged care system and provide additional incentives for clinical staff working in residential aged care. It is an ambitious program with the potential to significantly enhance existing knowledge about how to implement 'best practice' in the residential aged care sector. Five projects have so far been funded under the program to improve clinical care in the

areas of nutrition and hydration, medication management, falls prevention, oral care and pain management. The Centre is undertaking the evaluation of the program, which will run from 2007 to 2010.

Equity Funding Model – HIV/AIDS and Related Programs

The Sydney South West Health Service commissioned the Centre to develop a population needs-based resource allocation model for HIV, needle and syringe exchange programs and sexual health services. This was a very practical project to assist the health system in its planning and resource allocation decisions. It followed on from earlier work for the State Health Plan and similar modelling for South East Sydney Illawarra.

Heart-Lung Transplantation Costing Project

CHSD was contracted by the State wide Services Development Branch of NSW Health to develop a more detailed knowledge of the true costs involved in transplantation of hearts and lungs. These procedures are undertaken at St Vincent's Hospital in Sydney and comprise four categories – combined heart and lung, single lung, bilateral lung and heart only.

The main issue addressed in the study was the definition of an episode of care including services prior to surgery, the admission to hospital for transplantation, and post-transplantation services. It also developed a contemporary costing framework for heart-lung transplantation.

The project will assist the State wide Services Branch of NSW Health to determine the elements of heart-lung transplantation suitable for State wide Specialty Services funding.

Effective Caring

This project was a sequel to work for the Department of Health and Ageing's Carer Section on assessment to identify the needs of carers (the development of the CENA tool) including the factors that sustain carers in their caring role. Its aim was to identify effective interventions and to develop and propose a prioritised research agenda in this area.

The Effective Caring project was carried out during 2008 in several stages including an international literature review and a workshop with service delivery and academic experts to identify priorities for improving routine practice in carer support networks and priorities for building a coherent research and development agenda.

The final report incorporated both the literature review and the outcomes of the national workshop and is expected to be a valuable resource for policy and practice in Australia. It provides an evidence base, both for carer interventions and for a research agenda that complements and extends the work already done on understanding and assessing carers' needs.

Palliative Care – Care Planning and Rural

The Centre was appointed by the Commonwealth Department of Health and Ageing as the National Evaluation Team (NET) to undertake a formative and summative evaluation of its Care Planning Program. This is a sub-program of its Local Palliative Care Grants Program. A total of thirty three projects have been funded.

The program's aim is to promote flexible models of care planning and service delivery, improve collaboration and support smooth transitions between settings of care, i.e.

residential aged care facilities, the person's home and inpatient facilities. The evaluation will continue into 2008 with six monthly reports providing a summary of activities to date. The evaluation is to generate shared knowledge, improve the program and encourage best practice in care planning for palliative care patients.

Under the same national strategy the Australian Divisions of General Practice was funded to trial eight projects in a range of rural and remote settings implementing the [Rural Palliative Care](#) (RPC) model, based on earlier CHSD [evaluation of a Griffith-based \(GAPS\) model](#). The role of the CHSD was to evaluate each of the projects and the program as a whole, using the evaluation framework and [tool kit](#) shared with the Caring Communities Program evaluation.

The three year evaluation of the RPC Program was completed in 2007 with both local evaluation project reports and a consolidated report drawing out the lessons from the program and recommending how a national approach could be expanded to the range of other rural areas.

Palliative Care Knowledge Network

The *Care Search Knowledge Network* is an on-line resource for palliative care services. The CareSearch website was launched in 2004 and was initially designed to be a support and resource for specialist palliative care providers. The website expanded to include additional resources and it intends to broaden the scope of its materials in 2008. In 2007 the Centre carried out surveys of those currently using the website and those for whom the website is intended. A report by the Centre provided the Knowledge Network with baseline data to help develop out strategies to guide their expansion plans.

Post-school Programs

This project continued into 2007 from earlier work for the NSW Department of Ageing, Disability and Home Care (DADHC) on screening and assessment of the functional abilities of young people with disabilities in the school system. The work supports the Department's program planning and the allocation of places within different components of the post-school programs, in particular the Community Participation Program where Janette Green and members of her statistics group support the Department in refining and rolling out the program on a State-wide basis.

The outcome of refining and using the model in 2007 was an increasingly robust allocation process helping to match young people leaving school to the program that best matches their level of ability. The research in 2007 also resulted in continued refinement of a client classification for use in disability services.

This continues to be important work in breaking new ground for DADHC in using a costing and classification approach, which is rare in the disability sector and has attracted interests from other States. The model that is used is consumer and not service-based and the results are derived from the cost of services actually provided to each client, not just based on the program's historical funding allocation.

Review of the Veterans' Home Care Program

Veterans' Home Care (VHC) is a program for veterans providing a small number of basic service types for low levels of need. The review was commissioned by the Department to forecast how the program might change to better meet the needs of Veterans given the

ageing of the target group and the growing complexity of their needs.

The review involved all aspects of the Centre's expertise, with a complex data analysis component, an international literature review, extensive surveys (by mail-out to a sample of 1500 veterans and on-line to assessors and providers) and national consultations in the field. The final report presented a range of feasible options for how the program could change to be more useful for Veterans and more integrated with the other services they use. The final VHC report is expected to be publicly released in 2008.

SAFTE Care (Sub Acute Fast Track Elderly) Program Evaluation

The SAFTE Evaluation was completed in early 2007. It examined the relationship between the usage of emergency department services and the availability of community-based services, particularly for older people, across four pilot sites.

The SAFTE evaluation was focussed on the outcomes for clients and the value for money aspect of a particular demand management strategy that was part of the larger NSW Health system-level reform agenda called the Clinical Services Redesign Program. CHSD was the independent evaluator of both programs. The final SAFTE report is yet to be publicly released.

Various health system reviews

Members of the CHSD undertook a number of service planning and review projects in 2007.

The *Queensland Aboriginal and Islander Health Council* commissioned the Centre to undertake an Access and Equity Project in 2007, the second phase of which will be completed in 2008. The aim is to review the

available services in a sample of settings and propose ways they can be developed, improved and delivered differently. The focus is particularly directed at questions of costs and sustainability and how to achieve increased utilisation and clinical outcomes across the continuum of care.

With funding from a competitive research scheme run by a major insurance group (HCF) and with the support of the local Area Health Service, Associate Professor Chris Poulos undertook two *Rehabilitation and Sub-acute Care Utilisation Review* research projects. The projects will continue into 2008 and is collecting data on both acute and rehabilitation patient episodes. One of the projects also involves focus groups with rehabilitation staff to gain useful information on the service context and their understanding of the issues involved in the model of care.

Reflecting Professor Kathy Eagar's expertise and experience in the more academic health service research area, the Centre carried out a Review for Southern Health in Victoria of the services provided by the Monash Institute of Health Services Research.

In 2007 the Centre also reviewed the current situation and future plans for rehabilitation services in *the Northern Sydney Central Coast Area Health Service*.

A continuing area of special expertise that the Centre maintains with various associated researchers and university groups is in developing *Health Needs Indices*. These distinguish differences in health need for populations over and above differences in age and sex-related health need. Since the 1980s NSW Health has included these indices in its funding approach to Areas and the Centre conducts various projects that help in their refinement, using the most recent data and methods of analysis.

CHSD Inputs in 2007: Funding

The 2007 year was been another successful period for the Centre from a financial perspective, with a total income of \$5,248,997 from the sources as shown in the table below. This included University of Wollongong Infrastructure and Research

Strength funding and support from the NSW Health Department for a total of \$544,924. Programs contributed \$2,209,754 to the total, and income from projects was \$2,494,318.

Income 2007

Program or Project	Source	Income 2007	As % of income
Goal for 2007		\$5,200,000	
Funding secured		\$5,248,997	
Infrastructure			
University of Wollongong (UOW) infrastructure	UOW	\$264,152	5.0%
UOW Research Strength Funding	UOW	\$150,972	2.9%
NSW Health Infrastructure grant	NSW Health	\$110,000	2.1%
NSW RDF Committee	NSW Health	\$19,800	0.4%
Total Infrastructure		\$544,924	10.4%
Programs			
Palliative Care Outcomes Collaboration (PCOC)	Dept of Health and Ageing (DoHA)	\$1,377,547	26.2%
Australasian Rehab Outcomes Centre (AROC)	Various	\$637,946	12.2%
SNAP implementation NSW	NSW Health	\$97,212	1.9%
Australian Health Outcomes Collaboration (AHOC) - core	The Canberra Hospital	\$97,049	1.8%
The Australasian Occupational Science Centre (AOSC)	UOW		0.0%
Total Programs		\$2,209,754	42.1%
Projects			
Department of Veterans' Affairs (DVA) Veterans' Home Care project	DVA	\$427,926	8.2%
Department of Immigration and Citizenship (DIAC) Detention Health - Data coding and analysis	DIAC	\$306,971	5.8%
Hospital Contribution Fund (HCF) - Utilisation review research project	HCF	\$294,800	5.6%
Palliative Care planning sub-program	DoHA	\$264,000	5.0%
Evaluation of the Clinical Services Redesign Program	NSW Health	\$260,000	5.0%
Literature Review on Effective Caring	DoHA	\$131,928	2.5%
Best Practice in Residential Aged care	DoHA	\$110,000	2.1%
AHOC - Dementia Outcomes Measurement Suite	DoHA	\$102,457	2.0%

Program or Project	Source	Income 2007	As % of income
Rural Palliative Care	DoHA	\$92,908	1.8%
AROC-DVA research	DVA	\$80,370	1.5%
Continence Dissemination Strategy	DoHA	\$71,500	1.4%
Heart-Lung transplantation costing project	NSW Health	\$56,928	1.1%
Queensland Aboriginal and Islander Health Council (QAIHC) Access and Equity Project	QAIHC	\$50,000	1.0%
AHOC - Small consultation projects	various	\$40,988	0.8%
Evaluation of the Sub Acute and Fast Track Elderly (SAFTE) Care Program	NSW Health	\$43,025	0.8%
Post School Programs	DADHC	\$36,881	0.7%
Carer Eligibility and Needs Assessment	DoHA	\$25,168	0.5%
Chartbook 2006	NSW Health	\$22,231	0.4%
Australian Community Care Needs Assessment	DoHA	\$18,239	0.3%
Equity funding model - HIV/AIDS & related programs	NSW Health	\$13,000	0.2%
DADHC - Community Participation	DADHC	\$11,770	0.2%
Palliative Care Knowledge Network	Flinders Uni	\$11,669	0.2%
Health Needs Indices	NSW Health	\$8,822	0.2%
Review of Rehab and Related Services	NSCCAHS	\$6,600	0.1%
Emergency Department research	NHMRC	\$6,137	0.1%
Total projects		\$2,494,318	47.5%
Total income		\$5,248,997	100.0%

In 2007 the Centre undertook twenty-five research and development projects and, as in previous years, had multiple funding sources.

These included the Australian Government Departments of Health and Ageing, Veterans Affairs and Immigration and Citizenship; State/Territory departments of health, community services and disability; a health insurer; and some joint ventures with other universities and researchers. These sources

of project funds are in addition to the multiple funding sources for our ongoing R&D programs. We continue to spread the risks associated with too much reliance on any one source of funds. The extra support we have received from the University as one of 12 Research Strengths, coupled with our longer term projects, has been instrumental in maintaining the Centre on a sound financial footing in 2007.

CHSD Outputs 2007: publications and dissemination

CHSD staff and associates produced a total of 110 publications in 2007. A total of 24 journal articles were published or were still under review at the end of the year. These publications are listed below, followed by a description of the growth in the use of the CHSD website for disseminating our research findings and tools.

CHSD Publications 2007

Book chapters

1. **Eklund P** and Ducrou J (2006) Applications of Formal Concept Analysis to Document Navigation and Content Retrieval", in P. Hitzler and H. Schärf (Eds) "Conceptual Processing: Practice and Experience", 2007, CRC Press. (accepted Dec 2006 – in press)
2. **Sargent J**, Alcock C, **Burgess L**, Cooper J and Ryan D (2007) Personal Digital Assistants as Mobile-based Health Information Deployment Platforms for Ambulatory Care: Clinician-Centric, End-User Considerations. In L. Al-Hakim et al (Eds.), "Web Mobile-Based Applications for Healthcare Management". Idea Group: Hershey, PA.
8. **Masso M**, **Fildes D**, **Quinsey K** and **Matete S** (2007) *GAPS revisited: follow up evaluation of an Australian rural palliative care service*, Progress in Palliative Care, 15(5): 233–239.
9. **Poulos C** and **Eagar K** (2007) *Determining appropriateness for rehabilitation or subacute care: is there a role for utilisation review?* Australia and New Zealand Health Policy. 4:3.
10. **Poulos CJ**, **Eagar K** and **Poulos RG** (2007) *Managing the interface between acute care and rehabilitation – can utilisation review assist?* Australian Health Review. 31(Supplement 1): S129–S139.
11. **Poulos CJ**, **Gazibarich B** and **Eagar K** (2007) *Supporting work practices, improving patient flow and monitoring performance using a clinical information management system*. Australian Health Review. 31(Supplement 1): S79–S85.

Journal Articles

3. **Green J** and **Gordon R** (2007) *The development of Version 2 of the AN-SNAP casemix classification system*. Australian Health Review. 31(Supplement 1): S68–S78.
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6. Hawthorne G, **Sansoni J**, Hayes L, **Marosszeky N**, and **Sansoni E** (2007) *Measuring patient satisfaction with continence treatment: A tale of GUTTS and SAPS*. Neurology and Urodynamics. Vol 26, No. 5, pp. 633–634.
7. **Masso M**, **Bezzina AJ**, **Siminski P**, **Middleton R** and **Eagar K** (2007) *Why patients attend emergency departments for conditions potentially appropriate for primary care – reasons given by patients and clinicians differ*, Emergency Medicine Australasia, 19: 333–340.
12. **Ring I**, O'Brien J (2007) *Our hearts and minds – what would it take for Australia to become the healthiest country in the world?* Medical Journal of Australia. 187 (8): 447–451
13. **Ring I**, **Wenitong M** (2007) Interventions to halt child abuse in Aboriginal communities. Medical Journal of Australia 187: 204–205
14. **Sansoni J**, **Marosszeky N**, Hawthorne G, **Sansoni E** and Moore K (2007) *Revised, short, faecal incontinence assessment instruments for clinical practice, epidemiological and outcomes research*. Neurology and Urodynamics. Vol 26, No. 5, pp. 638–639.
15. **Simmonds F** and **Stevermuer T** (2007) *The AROC Annual Report: the state of rehabilitation in Australia 2005*, Australian Health Review. 31(Supplement 1): S31–S53.
16. **Stevermuer TL**, **Owen A**, **Williams K** and **Masso M** (2007) *Priority rating for community care*. Australian Health Review. 31 (4): 592–602.
17. Ducrou J and **Eklund P** (2007) *An Intelligent User Interface for Browsing and Search MPEG-7 Images using Concept Lattices* International Journal of Foundations of Computer Science, World Scientific, 2008 (accepted Jan 2007 – in press).

18. **Siminski P** (In press) *Order Effects in Batteries of Questions*. Quality & Quantity.
19. **Simmonds F** and **Stevermuer T** (In Press) *The AROC Annual Report: the state of rehabilitation in Australia 2006* (accepted for publication in Australian Health Review)
20. Thomson N, **Ring I**, (In Press) Health status of Indigenous peoples. *Aboriginal Primary Health Care – An Evidence-based Approach*. Aboriginal Primary Health Care 3rd Ed, 311–340, Oxford Press.
21. Walsh W, **Ring I**, Brown A, Couzos S. (In press) *Ischaemic Heart Disease*, *Aboriginal Primary Health Care – An Evidence-based Approach*. Aboriginal Primary Health Care 3rd Ed, 311–340, Oxford Press.
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23. **Eagar K** (2007) *Review of the results of the Second PCOC Report to Service Providers*. PCOC Benchmarking Workshop. 20 August 2007, Sydney.
24. **Eagar K** (2007) *PCOC update for the Palliative Care Intergovernmental Forum*. Palliative Care Intergovernmental Forum. 27 August 2007, Melbourne.
25. **Eklund P** and Wille R (2007) *Semantology as a Basis for Conceptual Knowledge Processing*, 5th International Conference on Formal Concept Analysis, LNCS4390, pp. 18–38, February 2007.
26. **Fildes D** (2007) *Rural Palliative Care: what the evaluation told us*. Australian General Practice Network Forum, 15–18 November. Hobart
27. **Green J**, Valvanne-Tommila H, Loubser H, Fleming S, **Gordon R**, Paunio P and **Marosszky J** (2007) *Detecting Differences in Service Delivery and Outcomes in Rehabilitation for Spinal Cord Dysfunction using Data from Australia, Finland, South Africa and the United States*. 4th World Congress of the International Society of Physical and Rehabilitation Medicine June 10–14, 2007, Seoul, Korea.

Conference Papers

23. **Banfield M** and **Eagar K** (2007) *The PCOC Partnership – turning data into information* 9th Australian Palliative Care Conference, 31 August, Melbourne
24. **Burgess L** and **Sargent J** (2007) *Enhancing User Acceptance of Mandated Mobile Health Information Systems: The ePOC (electronic Point-Of-Care Project) Experience*, 14th International Congress on Medical Informatics. (accepted Feb 2007), August 2007.
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<http://ftp.informatik.rwth-aachen.de/Publications/CEUR-WS/Vol-274/>
28. **Eagar K** (2007) *The evidence base: what works for carers?* Streamlining and Good Practice Conference, 17 April 2007, Sydney.
29. Hawthorne G, **Sansoni J**, Hayes L, **Marosszky N** and **Sansoni E** (2007) *Measuring patient satisfaction with incontinence treatment* (Poster). International Society for Quality of Life Research (ISOQOL) Conference on Patient Reported Outcomes in Clinical Practice. 24–26 June, 2007, Budapest, Hungary
30. Jeon, Y-H. and **Sansoni, J.** (2007) What are the best screening tools for dementia in primary health care? GP & PHC Research Conference, 23–25 May 2007, Sydney.
31. Marshall C, **Fildes D** and Cass Y (2007) *Healthy Cities Illawarra, Building Health Men Project: the importance of evaluation*. 2nd National Men's Shed Conference. 13–14 September 2007, Manly, Sydney.
32. Martin B and **Eklund P** (2007) *Asymmetric Page Split Generalized Index Search Trees and Formal Concept Analysis*, 5th International Conference on Formal Concept Analysis, LNCS4390, pp. 82–97, February 2007, Clermont-Ferrand, France.
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34. New P, **Simmonds F** and **Stevermuer T** (2007) *Comparison of Traumatic SCI and Nontraumatic SCI inpatient rehabilitation outcomes using a national database*. 15th Annual Scientific Meeting of the AFRM. 22–25 May 2007, Sydney.
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- Interactive overview of key elements from the National Rural Palliative Care Program 9th Australian Palliative Care Conference*, 30 August, 2007 Melbourne
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 43. **Sansoni J** (2007) *The Dementia Outcomes Measurement Suite*. Older Persons Mental Health Group, 18th July 2007, Melbourne
 44. **Sansoni J**, King M, **Marosszeky N** and **Sansoni E** (2007) *Developing an outcome measurement suite for dementia*. Health Related QOL Research: From Measurement to Understanding, 14th Annual Conference of the International Society for Quality of Life Research, October 10th –13th 2007, Toronto, Canada.
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77. **Eagar K, et al.** (2007) *Detention Health Research Project – First Interim Report*. Centre for Health Service Development, University of Wollongong
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80. **Eagar K**, **Owen A** and **Green J** (2007) *The NSW Post School Programs Eligibility Assessment: a guide to functional assessments in 2007*. Centre for Health Service Development, University of Wollongong.
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91. **PCOC** (2007) *PCOC Report Issue 1: Anywhere Palliative Care Service April 2006 – September 2006*, Centre for Health Service Development, University of Wollongong.
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Dissemination through the CHSD Website

The CHSD websites have become increasingly important vehicles for knowledge dissemination and their usage has increased substantially over the past five years. Just how substantially is difficult to quantify in a complex electronic environment. Inquiries can come in via the CHSD home pages, directly to a particular document or report, or through the University research portal, or the University library.

The pages we directly manage include the CHSD, AROC, AHOC, and PCOC home pages, plus the Australia and New Zealand Health Assessment Methods Network (ANZ-HAMN) and Australian Occupational Science Centre (AOSC) sites, which are hosted and supported by CHSD.

In 2007 CHSD began making more of its publications available on the University's *Research Online* system, in addition to the comprehensive repository available through the CHSD website. Research Online is an open access digital archive promoting the scholarly output of the University of Wollongong, Australia, and is accessible via the following website: <http://ro.uow.edu.au>.

To give a sense of this channel and how it is being used, the total number of full-text

downloads on Research Online from the end of 2005 through to early 2008 (for total of 30 CHSD publications) was 4,847. The highest ranking of these 30 was the report *Strategies for Gain – the evidence on strategies to improve the health and wellbeing of Victorian children*, which had 559 downloads. These are in addition to the 167,508 downloads directly from our CHSD web pages.

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

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

The AROC rehabilitation outcomes information, including the FIM tool material

and the AROC reports are generating strong demand for web-based information. PCOC is also seeing strong growth in the demand for documents down-loadable from the web site.

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

Not all our activities are accessed through our own web pages. The Rural Palliative Care Program (RPCP), for example, was an

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

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

Table 1 CHSD website use, January 2007 to December 2007

Pages	CHSD	AHOC	AROC	PCOC	ANZ-HAMN	AOSC	Total	%
Publications and presentations	82,918		6,615			9,773	99,306	31.9
Main pages	38,965	8,040	11,820	8,095	7,509	8,103	82,532	26.5
AHOC earlier conferences		31,287			425		31,712	10.2
Home page	8,993	5,038	6,507	2,824	1,255	2,543	27,160	8.7
Other document downloads			9,872	4,952	864		15,688	5.0
Tools	13,380						13,380	4.3
FIM information			11,167				11,167	3.6
SF12 & SF36		10,435					10,435	3.4
Sample reports			6,169				6,169	2.0
DataMatters			6,043				6,043	1.9
Annual reports	4,267						4,267	1.4
RAD		1,265					1,265	0.4
Caring communities	1,053						1,053	0.3
Positions vacant	396						396	0.1
FIM workshops			363				363	0.1
All pages	149,972	56,065	58,556	15,871	10,053	20,419	310,936	100.0

The documents downloaded most frequently from CHSD websites during 2007 were about health outcomes and measurement tools, palliative care, community care and rehabilitation, indicating a strong interest in the field in looking at ways to measure patient outcomes.

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

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

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

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

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

Table 2 Top 20 individual document downloads from CHSD website in 2007

Ranking	Downloads	Percentage	Publication
1	9,019	5.4	SF36 Review
2	5,983	3.6	The Palliative Care Evaluation Tool Kit
3	4,217	2.5	AOSC Think tank 2006
4	4,167	2.5	SF12 Review
5	3,824	2.3	AROC online services user manual
6	2,811	1.7	Queensland ONI Manual
7	2,789	1.7	AROC online FIM exam user guide
8	2,178	1.3	AROC State of nations report 2006
9	2,119	1.3	SNAPshot manual V3.8
10	1,967	1.2	Queensland ONI Why manual final August 2004
11	1,923	1.1	CCP evaluation
12	1,623	1.0	CHSD palliative care evaluation guide
13	1,318	0.8	CCP Workshop
14	1,241	0.7	AROC FIM procedures manual
15	1,152	0.7	SNAPstudy1997
16	1,074	0.6	Latest DataMatters
17	972	0.6	CHSD palliative care ethics booklet
18	962	0.6	PCOC News Dec 2006
19	928	0.6	Victorian Outcomes Project implementation resource manual
20	925	0.6	CareNet Evaluation Report 3 Care Coordination
Top 20	51,192	30.6	Percentage of downloads attributable to these documents
All others	116,316	69.4	
Total	167,508	100.0	

Other CHSD Outputs 2007: International, national, state and local advice, consultation and presentations to committees

National and international contacts

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

Maree Banfield, Consultant with the Palliative Care Outcomes Collaboration, and Malcolm Masso, Senior Research Fellow, Centre for Health Service Development, attended a seminar in London over two days in November 2007. The seminar was sponsored by *King's College London*, the Open Society Institute and Cicely Saunders International and entitled '*Health economics of palliative care: research methods and funding approaches*'.

The seminar was attended by palliative care researchers and health economists from 12 countries including the USA, UK, Canada, Norway, Spain, Italy and Hungary. Those attending presented information about the various systems of funding palliative care in their respective countries and the results of their own research into the health economics of palliative care. The presentation at the seminar by CHSD included references to the work in developing the Australian National Sub-Acute and Non-Acute Patient (AN-SNAP) at the CHSD and the establishment of the Palliative Care Outcomes Collaboration.

Also in palliative care and with Cancer Australia, we co-hosted a visit to Australia by a *Packer Fellow*, Professor Karl Lorenz whose interests include the systematic review of evidence for improving palliative care at the end of life. Karl is from the Veterans Affairs Greater Los Angeles Healthcare System and the Southern California Evidence-Based Practice Center and RAND Health in Santa Monica, California. He has done work on clinical guidelines for the American College of Physicians

There was another London connection in 2007 when, as part of the international collaboration on the evaluation of the Clinical Services Redesign Program, the Centre hosted a visit by Professors Paul Bate and Glen Robert from *University College, London*.

Professor Peter Eklund was the Program Chair for the 5th International Conference on Concept Lattices and their Application in 2007. With Professor Jon Patrick of the University of Sydney he received a Bridging Support Grant for a project on the use of semantic concepts for text classification and extraction from medical case studies to improve patient care.

The Australian Health Outcomes Collaboration maintains its long-standing collaboration with Oxford Outcomes (UK), Mapi Institut (France) and the International Society for Quality of Life Research (ISOQOL). A project for Oxford Outcomes in 2007 was the Australian English translation and linguistic validation of a hot flushes/night sweats symptom measure for the menopause.

The AHOC provides an information service for health practitioners and the research community on health outcomes measurement and research and to undertake research consultancies for the government and the private sectors. As a result of their dissemination role, Jan Sansoni and Nick Marosszeky presented work on measuring patient satisfaction with incontinence treatment at the *ISOQOL Conference on Patient Reported Outcomes in Clinical Practice Budapest, Hungary*, in June, 2007. The AHOC team also presented a paper on the outcome measurement suite for dementia at the *14th Annual Conference of the International Society for Quality of Life Research in October in Toronto, Canada*.

The AHOC team also contributed to the wider impact of the Centre in Australia with its teaching role at the *Menzies School of Health Research in Darwin and the Eastern Australia Dementia Training and Study Centre (EADTSC) at the University of Wollongong*.

Dr Alison Wicks from the Australasian Centre for Occupational Science continued her international collaboration on developing the discipline of Occupational Science in 2007 with presentations and teaching in Japan, New Zealand and Los Angeles USA. While developing her base for the university in the Shoalhaven, Alison continues to guide the development of occupational science internationally.

Professor Ian Ring is a member of a collaborative network between health statistics agencies, health departments and Aboriginal groups in four countries – Australia, Canada, New Zealand and the United States – for the purpose of improving information about Aboriginal health. Ian attended the inaugural meeting in Vancouver, Canada, in October 2005, and the

collaboration continued in 2006 in Australia and in New Zealand in 2007.

Professor Kathy Eagar had a busy time in the field in 2007, interpreting and promoting the Centre's products with a wide and interested audience. Kathy kept up her international contacts on development of health services research in the UK, Canada, New Zealand the USA and also helped to review the role of health services research in Monash University.

As Director of the Centre, Kathy Eagar gave 22 presentations to workshops, conferences, committees and working groups around the nation. Most of the presentations were about the Centre's products as the result of joint efforts with other CHSD staff members. The presentations were on a wide range of projects and these presentations tend to focus on some of the integrative aspects of the Centre's work:

- *Towards a National Community Care Assessment System* – National Community Care Working Group Meeting, February 13, 2007, Sydney
- *The NSW SAFTE Care Program: evaluation of a pilot program to prevent unnecessary hospital attendances by older people* – Steering Committee for the Sub-acute Fast Track Elderly Program, NSW Health, 21 March 2007, Sydney
- *The evidence base: what works for carers?* – Streamlining and Good Practice Workshop, 17 April 2007, Sydney
- *Data Analysis and Development of a Detention Health Data Set* – Detention Health Advisory Group, May 2007, Sydney
- *Australian Community Care Needs Assessment (ACCNA) and Carer Eligibility and Needs Assessment Trial Results* – NSW HACC and Community Care Conference, 14 May 2007, Darling Harbour, Sydney
- *An introduction to health services planning* – Queensland Health Training Program for Health Planners, 2007, Brisbane
- *Literature Review on Effective Caring* – Progress Report to Project Steering Committee, 16 June 2007, Canberra

- *Rehabilitation and the Australasian Rehabilitation Outcome Centre (AROC)* Presentation to Department of Health and Ageing, June 2007, Canberra
- *Ethical research in palliative care: navigating the guidelines* – Palliative Care: Care Planning Workshop, June 2007, Sydney
- *Measuring outcomes in palliative care* – Palliative Care: Care Planning Workshop, June 2007, Sydney
- *Functional Assessment of 2007 Post School Program Applicants* – NSW Support Teachers Training Day, July 2007, Sydney
- *Way Forward Assessment Tools* – Interchange Respite Care 2007 National Conference, 31 July 2007, Coolangatta Tweed Heads
- *Palliative Care Outcomes Collaboration (PCOC)* – Update for the Palliative Care Inter-governmental Forum, August 2007, Melbourne
- *Measuring Outcomes in Palliative Care* – Palliative Care Outcomes Collaboration Benchmarking Workshop, August 2007, Melbourne
- *The NSW Health System and Funding Model* –The AN-SNAP Online System and Data Improvement Workshop, September 2007, Sydney
- *Integration: some lessons from the literature* – Tasmanian Integrated Care Centres Workshop October 2007, Hobart
- *The bigger picture in thinking about ambulatory rehabilitation* – AROC Scientific and Clinical Advisory Committee, October 2007, Sydney
- *Effective Caring National Workshop* Department of Health and Ageing, October 2007, Sydney
- *Clinical Services Redesign Program Second Annual Evaluation Report* – NSW Health CSRP Evaluation Committee, 7 November 2007, Sydney
- *Options for the future of Veterans' Home Care* – Department of Veterans' Affairs, 8 November, 2007, Canberra
- *Evaluation of the Encouraging Best Practice in Residential Aged Care (EBPRAC) Program* – First national EBPRAC workshop, December 2007, Canberra
- *Findings from the Effective Caring Project: Departmental Briefing* – Presentation to the Department of Health and Ageing, 11th December 2007, Canberra

Anita Westera has been active in establishing the Illawarra Chapter of the Australian Association of Gerontology. That included

chairing a session at a day seminar on *Elder Abuse in Aged Care* in 2007 and planning for a conference in 2008 on *Rehabilitation and Chronic Illness in Old Age*. These events help to promote the outcomes from the Centre's work and encourage local networking. Anita also serves as a Board Member of Uniting Care Ageing in NSW and the ACT.

Advisory bodies and committees

During 2007 CHSD staff participated in a range of activities in a number of Boards, committees, task forces, community associations and statutory bodies. This usually involved individual membership or corporate membership to help with formal decisions and informal advice.

- Aboriginal and Torres Strait Islander Health Advisory Committee of the National Heart Foundation
- Australasian Society of Occupational Scientists
- Australian Association of Gerontology
- Australian and New Zealand Health Assessment Methods Network
- Australian New Zealand Health Services Research Association
- Australian and New Zealand Spinal Cord Society
- Australian College of Health Informatics
- Australian College of Health Service Executives
- Australian Council of Social Service Health Policy Advisory Group
- Australian Healthcare and Hospitals Association
- Australian Institute for Health Policy Studies (Representing UOW on the Board)
- Australian Statistics Society
- C-PAN. Centre for research in Physical Activity and Nutrition, Deakin University
- Degree Accreditation Committee Edith Cowan University
- Food Standards Australia New Zealand (formerly the Australia New Zealand Food Authority)
- Healthy Cities Illawarra Management Committee
- Illawarra Area Child Care Services Board

- Indigenous Taskforce of the Australian Medical Association
- Institute of Public Administration Australia
- International Group for Indigenous Health Measurement
- Joanna Briggs Institute, Qualitative Evidence Review Methods Group
- Judge, Lion's Youth of the Year (2007)
- Medley Community Incorporated Refuge, Liverpool, NSW
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- National Continence Management Advisory Committee
- National Health and Medical Research Council Centre for Clinical Research Excellence
- National Health and Medical Research Council Kanyini Vascular Collaboration
- National Heart, Stroke and Vascular Strategies Working Group
- NSW AN-SNAP Implementation Steering Committee
- NSW Guardianship Tribunal
- NSW Health Resource Distribution Formula Committee
- NSW Health Shared Scientific Assessment Scheme – Expert Review Panel
- NSW Mental Health Review Tribunal
- Palliative Care Association of NSW
- Program Chair, 5th International Conference on Concept Lattices and their Application
- Public Health Association of Australia, Primary Health Care Special Interest Group
- Reader, ARC Discovery and Linkage Schemes
- Restrictive Practices Committee, Southern House with No Steps
- Reviewer, Natural Sciences and Engineering Research Council of Canada (NSERC) (2007)
- Sax Institute (Representing CHSD)
- Uniting Care Ageing NSW and ACT Board
- University of Wollongong Human Research Ethics Committee

CHSD Outcomes in 2007: Outcomes for the Health System

This section of the Annual Report is where each year we assess our performance against the ambitious goals we set ourselves in active research into methods to improve the management and provision of health services. Our practical bent means we are continually refining how we judge whether we are doing useful work in the sense of making an impact on the funding and delivery of health services in Australia.

To make our broad goals measurable, in previous Annual Reports we set a target that 'more than 50% of projects we do result in changes to either health policy or practice within 3 years'. Like much of the content areas in the work we do, the more we look into how best to measure the outcomes of our considerable amount of activity, the more complex it becomes.

This year we have started to make our own global internal assessment by looking back over the last twelve years. There is no doubt that we have met our general goals and that we remain very busy on useful projects, but our ability to systematically assess outcomes from our work is limited.

A more objective assessment can really only come from the outside through a more independent process of evaluation against a more elaborately defined set of criteria. We have to fall short of that more time-consuming pathway as our infrastructure does not support that much time and effort on what is essentially self-reflection.

So this year we have gone a bit further into the questions of how well we are doing and how useful our work is. We have gone back

over all our projects since 1996 and tracked what we know of the impact of each project we completed, leaving aside the programs for a separate appraisal.

In most cases we get quick and clear feedback on the outcomes of our work and in other cases we can find out very little. Some projects make an immediate impact, creating new systems and methods that work well from the time they are completed.

Other projects take time to make an impact on the systems they were designed to influence. We sometimes feel we were misled into assuming that the project sponsors were interested in following a logical development pathway. Rapid turnover and deskilling of program management in government agencies means we are left to a lot of under-resourced 'managing up'.

Some projects will not go anywhere because of organisational and systemic factors within the commissioning bodies. Still others can have an impact in spite of there being little relationship between what we find and recommend and subsequent decision-making. Whole programs can be created against the key direction of our best advice, so we sometimes ask ourselves, is that a positive or a negative impact of our work?

We recognise that the question of the utility and reliability of our work is best judged by others, particularly those working in the health and community care systems. The fact that we often get asked to come back and do more work is safely assumed to be a positive sign. Or then again it might be a result of a loss of corporate memory.

The number of traditional academic peer-reviewed journal articles is another measure of the quality of our outputs but for much of

what we do, that is a not so relevant. The project commissioner or industry partner has to have an interest in that type of publication pathway, and we have to devote time away from other income-generating work to go down the peer-reviewed publications track.

This year we have extended our process of self-assessment to include longer term judgements based on ratings from six of our staff members with the longest exposure to their fields. We consider our conclusions to have face validity, but cannot claim they are objective or independent of each other.

The table shows the impact on policy and practice with SNAP classification, AROC, PCOC and Community Care assessment work all making some progress on standardising how clients are described.

The positive indicator of progress for us is being told we did a good job and being asked to do more. In 2007 we did more projects in Community Care assessment and got more commissioned work on assembling the evidence for prevention and carer support.

Our work may be local or state wide or of national significance, or some combination of those levels. In 2007 we looked at heart lung transplants, did more projects on Resource Distribution Formulae and a Chartbook to guide quality. The best practice evidence in carer interventions is both a way to link to the psychosocial side of palliative care outcomes and a framework that can be used for other kinds of support as policy makers look to the longer term impacts of their programs.

We can see an impact of earlier work on subsequent work in later projects. Our work on measures of function has made a

contribution to a longer development pathway in disability with post-school programs and priority rating in community care.

The resulting products are systems and not easily described in academic publications. The projects in 2007 are not represented in many publications as yet but we are beginning to see examples in palliative care and rehabilitation because PCOC and AROC are programs with stronger and longer bases of support.

The results reported in Table 3 are what we consider 'instrumental' or direct system outcomes. A good outcome for us is when a project results in changes to either policy or practice at any level of the health system. Not surprisingly, the impact varies between projects, and some have had more significant system outcomes than others and these judgements have changed over time as longer term impacts become clearer.

Consistent with previous years, the best outcomes for the system during 2007 were in the continued development of rehabilitation benchmarking and data items to support the various palliative care projects, all based on our AN-SNAP research, completed back in 1997. The appreciation of our continued involvement in this program area is indicated by the continual demand through the CHSD website for the original SNAP report.

The adoption of the tools we developed for evaluating palliative care interventions continues to be relevant, also indicated by the document downloads from the CHSD website. We also saw an expanded use of our evaluation framework in areas beyond palliative care into the evaluation of early

detection services for the frail elderly in our evaluation of the SAFTE program in NSW.

Our work on assessing the individual's need for community care was relevant on a national level in 2007 after a series of field tests and refinements. The core of this work on functional dependency (a nine item functional screen) has been built into routine community care reporting systems for the Home and Community Care Program and is being used in pilots of community care Access Points.

This work has also become a strong component of a national development strategy for the National Respite for Carers Program and it continues into 2008 with additional work by the Centre.

In the disability sector we published our work on screening school leavers in 2006 in an international disability journal and continued to work with the Department of Ageing, Disability and Home Care in 2007 to refine their school leaver assessment process.

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

Table 3 Outcomes of 2007 projects (as assessed by senior staff at March 2008)

Project	Funding Source	Outcome
ACCNA	DoHA	Results informed policy or practice
Ambulatory rehabilitation	DVA	Results informed policy or practice
Carer Eligibility and Needs Assessment	DoHA	Results informed policy or practice
Chartbook 2006	Health Policy Analysis	Results informed policy or practice
Continence Dissemination Strategy	DoHA	Results informed policy or practice
DADHC - Community Participation	DADHC	Results informed policy or practice
Dementia Outcomes Measurement Suite	DoHA	Results informed policy or practice
DIMA Detention Health	DIAC	Results informed policy or practice
Equity funding model - HIV/AIDS & related programs	Essential Equity/NSW Health	Results informed policy or practice
Health Needs Indices	Health Policy analysis	Results informed policy or practice
Heart-Lung transplantation costing project	NSW Health	Results informed policy or practice
NSW Resource Distribution Formula	NSW Health	Results informed policy or practice
Post School Programs	DADHC	Results informed policy or practice
Review of Rehab and Related Services	NSCCAHS	Results informed policy or practice
Rural Palliative Care	DoHA	Results informed policy or practice
SNAP implementation NSW	NSW Health	Results informed policy or practice
Evaluation of the Sub Acute and Fast Track Elderly (SAFTE) Care Program	NSW Health	No instrumental outcome at this stage
Effective Caring	DoHA	No instrumental outcome at this stage
Veterans' Home Care	DVA	No instrumental outcome at this stage
Access and Equity	QAIHC	In progress
Evaluation of the Clinical Services Redesign Program	NSW Health	In progress
Evidence Based Best Practice in Residential Aged Care	DoHA	In progress
HCF - Utilisation review research project	HCF	In progress
Knowledge Network	Flinders Uni	In progress
Palliative Care planning sub-program	DoHA	In progress

Centre for Health Service Development Staff

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

By the end of 2007, the CHSD team had expanded to over 50 team members, including full-time and part time staff and research associates.

Kathy Eagar, Professor and Director

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

Robert Gordon, Deputy Director

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

Elizabeth Cuthbert, Business Manager

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

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

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

Professor Eklund teaches in the School of Information Systems and Technology and undertakes his research as a member of the CHSD. Peter's interests are in Health Informatics modelling and the management of electronic healthcare documents and terminologies.

Ian Ring, Professor (Public Health)

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

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

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

internationally recognised clinical experience in rehabilitation medicine.

Jim Pearse, Associate Professor (Health Services Research)

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

Jan Sansoni, Principal Research Fellow and Director, AHOC

Jan Sansoni's position is Director of the Australian Health Outcomes Collaboration. Jan is active in a number of national and international collaborations concerning health outcomes measurement and organises the Annual National Health Outcomes Conference held each year in Canberra. Her expertise greatly assists the centre's work on understanding the evidence behind measurement tools and assisting with the design of measurement tools.

Heather Yeatman, Associate Professor (Public Health)

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

Roger Dunston, Senior Research Fellow

Dr Roger Dunston left his full-time position as a Senior Research Fellow at the CHSD in

2007. Roger was previously Director of Allied Health Services at Royal North Shore and Ryde Hospitals. Roger has a particular interest in public policy formulation, which was the subject of his doctorate, and in how best to translate research evidence into policy and practice. Roger is a member of the Joanna Briggs Institute, Qualitative Evidence Review Methods Group.

Gary Eckstein, Senior Research Fellow (Medical Demography)

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

Janette Green, Senior Research Fellow (Applied Statistics)

Janette Green's full-time position provides expert statistical skills on projects, primarily in classification development, benchmarking and outcome measurement. She has applied her statistical skills to a wide range of areas in the health sector, including rehabilitation, mental health and palliative care. In addition, she continues with undergraduate teaching and, from time to time, she runs workshops for health professionals on the use and interpretation of statistics. In 2007 she continued to coordinate international comparisons of rehabilitation data within the International Rehabilitation Outcomes Network.

Malcolm Masso, Senior Research Fellow (Health Services Research)

Malcolm Masso is a full-time Senior Research Fellow at the CHSD. Prior to joining the Centre he worked for over 25 years in the health system as a clinician and manager, including 15 years of executive responsibility for clinical services in both large and small hospitals in rural and metropolitan areas. He

has academic qualifications in economics, nursing administration and public health. Malcolm has worked on national palliative care projects, the relationship between primary care services and emergency departments and in 2007 managing two large scale program evaluations (Clinical Services Redesign Program and Evidence-Based Best Practice in Residential Aged Care).

Alan Owen, Senior Research Fellow (Community Care Research)

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

Karen Quinsey, Senior Research Fellow (Health Services Research)

Karen Quinsey is a Senior Research Fellow at the CHSD. Karen joined CHSD in 2002 to manage AROC's function as the Australasian manager of the Functional Independence Measure. Karen had previously worked in the Centre on secondment from Illawarra Health, and has worked in the health system in Occupational Therapy, Community Health Management and Health Service Improvement. Her academic qualifications are in Occupational Therapy and Public Health. In 2007 Karen managed three separate palliative care projects and worked on the SAFTE evaluation team.

Tineke Robinson, Senior Research Fellow

Tineke Robinson has held several positions within CHSD and, in 2007, worked on the national review of the Veterans' Home Care

Program. She is also on the CHSD Board. Tineke previously had more than 20 years experience as a senior executive with the Illawarra Area Health Service, most recently as the Director, Health Service Development.

Frances Simmonds, Senior Research Fellow (AROC Manager)

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

Prue Watters, Senior Research Fellow (PCOC Manager)

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

Maree Banfield, National Training Manager (PCOC)

Maree Banfield is on secondment from her position as the Palliative Care Service Manager at Calvary Health Care, Sydney. She is working as the National Training Manager for PCOC, training staff across Australia in the use of palliative care quality and outcome measures.

Dave Fildes, Research Fellow (Health Services Research)

Dave Fildes holds a full time position at the CHSD. He conducts literature reviews, contributing to the development of policy options and preparing reports for Government agencies across a range of subject areas as part of his research at the Centre. He is involved in a variety of CHSD projects including palliative care service delivery and community development and assessment. In 2007, he began working as Zone Coordinator for PCOC responsible for southern NSW, Victoria, ACT and Tasmania. Dave has tertiary qualifications in Communication and Cultural Studies, Politics and Public Health.

Luise Lago, Research Fellow (Applied Statistics)

Luise Lago is a full-time member of the CHSD, 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.

Nick Marosszeky, Research Fellow (Psychometrics)

Nick is a specialist in psychometrics and health outcomes measurement. He joined the Centre after experience in evaluation and

psychological research and has worked on assessment and information issues in primary care. He works closely with AHOC on the psychometrics and evidence for how outcomes measures can be used.

Louise Ramsay, Research Fellow (Community Care Research)

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

Peter Samsa, Research Fellow (Health Informatics)

Peter Samsa joined the Centre after working for the Council of Social Service of NSW and a variety of non-government human service organisations. In 2007 he managed the community care assessment project and worked on the development of the carer assessment tool as well as the Veterans' Home Care Review. 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.

Peter Siminski, Research Fellow (Applied Statistics)

Peter Siminski left his part-time position at the CHSD at the end of 2007 to take up a position in the School of Economics. He has experience in various aspects of policy-relevant quantitative research. His research interests include the measurement of economic inequality, living standards and the

redistributive role of government programs. Peter has tertiary qualifications in Mathematics, Economics, Sociology and Social Policy. His PhD examined the distributional impact of government-funded health services.

Tara Stevermuer, Research Fellow (Applied Statistics)

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

Anita Westera, Research Fellow (Health Services Research)

Anita Westera joined the CHSD on a part-time basis in 2005. In 2007 she completed the management of the SAFTE Care evaluation project funded by NSW Health and developing a strategic approach to the Centre's aged care research, including the coordination of a series of papers for a symposium at the national gerontology conference. Anita has over 20 years experience working in the health, aged and community care sectors, as a registered nurse as well as policy officer for the Commonwealth and NSW Governments and advisor for the former NSW Minister of Ageing. Anita is a member of the Board of UnitingCare Ageing, the largest provider of aged care services in NSW.

Alison Wicks, Honorary Research Fellow (Occupational Science)

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

Kate Williams, Research Fellow (Health Services Research)

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

Pam Grootemaat, Associate Fellow (Health Services Research)

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

Sheila Matete, Associate Fellow (Community Care Research)

Sheila Matete left her full-time position at the CHSD during 2007. Sheila supported research projects related to classification development, health policy reforms and cost analysis within health and community care services. Sheila also worked on database design, qualitative and quantitative data analysis and reporting. .

Howard Hung, Database Manager

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

Cheryl Blissett, Administrative Officer (PCOC)

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

Linda Foskett, Administrative Officer (PCOC)

Linda came to CHSD from Carers NSW on a short term contract to relieve Cheryl Blissett in PCOC during her maternity leave. Linda also assisted in the preparation of literature review material on effective interventions for carers.

Jing Chen, Web based reporting (AROC)

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

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

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

Darcy Morris, Administrative Assistant

Darcy provides administrative support for the Centre and helps with research activities and the publication also works for AROC.

Michael Partridge, AHOC Conference Organiser

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

Emily Sansoni, Research Assistant (AHOC)

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

Alexandra Verdon, Administrative Assistant

Alex provides administrative support for the Centre and also supports the Director as her personal assistant.

Other Affiliates

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

Honorary fellows, associates and students in 2007 included:

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

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