AHSRI
ANNUAL REPORT 2012

ahsri
australian health services
research institute

UNIVERSITY OF
WOLLONGONG

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AHSRI BOARD OF DIRECTORS

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

The Board members during 2012 were:

Ms Tineke Robinson (Chair)
Community representative
Appointed 10 December 2004

Professor Kathy Eagar
Director, AHSRI
Appointed 15 June 2001

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

Professor David Steel
Associate Dean (Research), Faculty of Informatics, University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 15 June 2001

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

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

Dr Kellie Marshall
CEO Illawarra Division of General Practice
Appointed 26 August 2011

Mr Michael Bassingthwaighte
CEO Peoplecare
Appointed 26 November 2010

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

Professor Kathie Clapham
Professor of Indigenous Health, AHSRI
Appointed 26 November 2010

Mr Alan Owen
AHSRI Staff representative
Appointed 15 June 2001

Ms Tara Stevermuer
AHSRI Staff representative
Appointed 5 March 2005

VALE PROFESSOR ALAN GRAEME OWEN

1952-2012

Professor Alan Owen was a passionate advocate, a social networker extraordinaire, a humble teacher and an inspiration to us all. He died on November 25, 2012, aged just 60.

Alan came to work at the Centre for Health Service Development – or CHSD – in 1996. He was soon joined by his wife Linda Adamson. There were just a handful of us back then. We soon formed a successful working partnership and (what is now) the Australian Health Services Research Institute (AHSRI) is a legacy of our partnership over the last 16 years.

Alan had a consistent interest in health services policy and planning in general, and community health in particular. He was committed to promoting the capabilities of community-based health services and their integration and coordination with other services at a local level. He made important contributions to service design and evaluation projects in the areas of community support and aged care, mental health, palliative care and disability.

Early in his career, Alan contributed to campaigns to influence resource allocation and to achieve community health representation more formally through the state and national Community Health Association, by serving on Boards, producing newsletters, submissions and policy papers. He also had a critical role as health policy advisor role for the Australian Council of Social Service.

A consistent theme across many of his projects was the importance of collecting and sharing information that can be used to improve the capacity to actively plan a service system. His research interests focussed on developing methods to match patient/client characteristics to the level and type of services commensurate with an individual's needs. This led to further research questions; for example, how best to control for the variability of patient characteristics so as to be able to examine differences in service provider behaviour and referral decisions; and how to examine differences in client outcomes resulting from different service interventions or models of care. In community care, this work led to improvements in routine assessment systems through the use of standardised measures of service user characteristics.
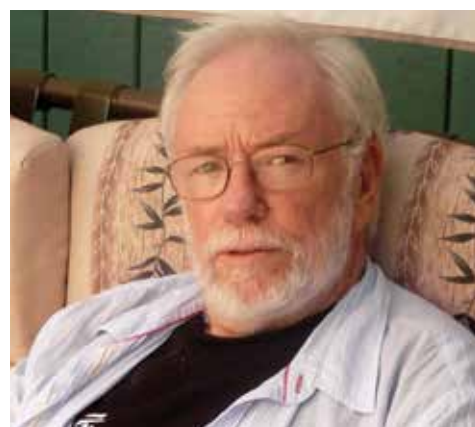
Photo by Richard Mohr

Throughout his career Alan contributed to a range of community service activities as well as to collective efforts in health services research. He had a continuing interest in NSW and national community health services, from the beginnings of the program in the 1970s to our last review in 2008. Alan had a number of NSW Ministerial appointments, including the review of the privatisation of Port Macquarie Base Hospital in 1993, as a part-time member of the NSW Guardianship Tribunal from 1996-2009 and as a part-time member of the Mental Health Review Tribunal in NSW since 1994.

Alan leaves a lasting professional contribution. He was a strong advocate for better mental health, aged care and community care. He believed passionately in consumer empowerment underpinned by strong public policy that emphasises fairness and decency. His work with the guardianship board and the mental health tribunal is evidence of that.

He used his extensive networks to help position us firmly in the wider strategic and policy context. His strategic thinking and sense of what is important helped shape how we work. Alan's command of the "big picture" enabled him to see connections that were not immediately obvious to others. He was always generous in sharing these insights and providing guidance, encouragement and, often, relevant literature that would become instrumental in shaping our thinking on an issue.

In an environment where the next deadline is always looming, Alan helped us place our work in context and see its implications more clearly. He always had an eye to the next project, and was alert to future directions in which we should actively seek further work in order to build on our strengths. Borrowing from his brother Neville Owen and his colleague Adrian Bauman, Alan spent the last 16 years stressing to all of us the need to balance "realism with rigour". We think he taught us well.

His other professional legacy is that Alan supported and mentored multiple staff and students as well as aged, community and primary care professionals over many years. Alan always said that he had many more important things to do than to spend his days completing his PhD. And he was right. But that did not stop him quietly encouraging and mentoring so many other people to further their education and to set their professional goals high.

Alan had a sharp intellect and a quick wit. His clear values and his understanding of the complexity of the health system made it easy for him to work out what was important. He didn't write a paper. He crafted it. He made us laugh. We continue to miss him every day.

DIRECTOR'S REPORT

Welcome to the 2012 annual report of the Australian Health Services Research Institute (AHSRI). Last year was another busy and exciting year for AHSRI as we completed our first full year of operation under our new research institute structure. During the year, we continued to enjoy the much needed additional space afforded by our new premises at the Innovation Campus in Fairy Meadow. We also continued to make good use of the facilities at the Sydney campus of the Sydney Business School located in Circular Quay for meetings, workshops and seminars.

In January 2012, we welcomed Professor Paul Wellings as the new Vice-Chancellor of the University of Wollongong. During 2012, a restructure was commenced involving the existing 11 faculties merging into 5 large faculties with effect from the beginning of 2013. AHSRI was not greatly affected by this but now sits within a new Faculty of Business which comprises the previous Faculty of Commerce and Sydney Business School. Professor John Glynn, our previous Dean, was appointed as the Executive Dean of the new Faculty and so will continue to offer AHSRI support in all our endeavours.

We will continue to build our existing networks with individuals, Schools and Departments across the university community as the new faculty structures matures. We have already identified some natural synergies with the new Faculty of Social Science and will be looking to further develop these in the coming year.

Our individual research centres within AHSRI continued to thrive in 2012. CHSD continues to function as an important generalist research centre that provides us with the flexibility to undertake a range of strategic health and community based projects. During the last 12 months, CHSD has taken on several projects in the aged care sector, in part reflecting the significant reform process that is occurring in this sector. CHSD also continues to serve as a 'nurturing environment' for new AHSRI research initiatives.

Our other research centres focus on specific areas and continue to develop expertise across particular areas. During 2012, we formally closed the Australian Centre for Clinical Terminology and Information (ACCTI) as its work had been absorbed by the expanded role of the National Casemix and Classification Centre (NCCC). As a result, moving into 2013, AHSRI employs more than 50 staff across seven research centres:

- Centre for Health Service Development (CHSD)
- Centre for Applied Statistics in Health (CASiH)
- Palliative Care Outcomes Collaboration (PCOC)
- Australasian Rehabilitation Outcomes Centre (AROC)
- National Casemix and Classification Centre (NCCC)
- Australian Health Outcomes Collaboration (AHOC)
- Australasian Occupational Science Centre (AOSC)

The NCCC had a particularly busy year with the completion and release of the Eighth Edition of ICD-10-AM/ACHI and the Australian Coding Standards which will be implemented in all Australian hospitals from 1 July 2013. At the same time, it was nearing the completion of the Australian Refined Diagnosis Related Groups (AR-DRG) Version 7 classification system, the first time an Australian DRG system has been developed outside the Australian Government. Many of the resources of our 12 CASiH applied statisticians were also occupied on this project.

The continuing work programs in palliative care (PCOC) and rehabilitation (AROC) contribute significantly to service development and quality improvement in these sectors. I am sure that each of these programs will make an increasingly important quality and benchmarking contribution to their respective sectors in light of the casemix classification development and associated activity based funding models currently being implemented on a national basis.

Overall, our aim continues to be to improve the management and provision of health and community services in Australia by achieving greater equity in resource distribution, fairer access to services, better continuity within and across the health and community care sectors, and the use of evidence to assist management decision-making.

As always, it is only possible for me to point out a few highlights from AHSRI's diverse range of activities. The remainder of our annual report aims to provide more of an insight into the assortment of people, projects, ideas and opportunities that together make up our diverse and growing organisation. My personal thanks go to our staff and associates, the Board of Directors and to University of Wollongong for your ongoing support and encouragement.

PROFESSOR KATHY EAGAR
DIRECTOR, AHSRI

AHSRI ACTIVITY

Centre for Health Service Development (CHSD)

CHSD is one of the seven AHSRI research centres and serves as the 'generalist health and community' research group principally responsible for attracting and managing the strategic commissioned AHSRI research projects. CHSD maintains its flexibility and encourages staff to work across centres and projects depending on their interests and skills.

CHSD continues to grow and now has 13 staff located at our Innovation Campus in Fairy Meadow. 2012 was a busy year in which we generated $1.8m in income through about a dozen projects at a local, state and national level. In addition to our standard academic output, CHSD prides itself on producing a range of important practical and policy related advice to government and non-government agencies.

An important project that commenced in 2012 is the evaluation of Health Workforce Australia's Expanded Scopes of Practice Program. This major evaluation will continue until September 2014 and involve a significant number of the CHSD team. This project is evaluating a range of innovative workforce models to address known areas of workforce shortage in the Australian health system.

At the other end of the CHSD spectrum, we also completed a cross disciplinary evaluation of the Stephanie Alexander Kitchen Garden National Program, which provides funding to build garden and kitchen infrastructure in up to 190 government primary schools across Australia.

More information about CHSD projects in 2012 are provided in the 'AHSRI Research Projects' section below. Additional information about the CHSD can found at: http://ahsri.uow.edu.au/chsd.

Australasian Rehabilitation Outcomes Centre (AROC)

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

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

AROC membership grew during 2012 to almost 200 Australian inpatient rehabilitation units and 40 New Zealand units. Throughout the year, as core business, AROC continued to provide routine Benchmarking Reports to member facilities and summary reports to non data submitting stakeholders. AROC also published its third Ambulatory Report on data from January to December 2011, again a descriptive report, given the low volume of ambulatory data at present.

The major undertaking in 2012 was the development and then implementation of version 4 of the AROC data set. Go live was 1 July 2012, in line with the launch of the new AROC web based data entry system (part of an upgrade of the AROC Online Services information technology system). In support of these new systems both face to face training workshops and online webinars were held around Australia and New Zealand.

Two significant research projects were undertaken in 2012. The objective of the Intensity of Therapy project was to contribute to the evidence base on the effect of therapy intensity on outcomes in rehabilitation in Australia, including the relationship between dose intensity, length of stay, and functional gain. The Quality Improvement Facilitation project demonstrated that performance benchmarking can be effectively used to drive clinical practice change and improve patient health outcomes.

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

Palliative Care Outcomes Collaboration (PCOC)

PCOC is funded under the National Palliative Care Program by the Australian Government Department of Health and Ageing (DoHA). The national office is located in AHSRI, with collaborating research centres based at the University of Western Australia (Assistant Professor Claire Johnson), Flinders University of South Australia (Professor David Currow) and Queensland University of Technology (Professor Patsy Yates). Australia is divided into four zones for the purpose of engaging with palliative care services, with each research centre taking responsibility for a zone. Staff based at AHSRI are responsible for NSW, Victoria, Tasmania and the ACT.

The PCOC Assessment Toolkit was released in July 2012, consisting of a booklet, videos, presentations,

assessment tool definitions and forms. The Toolkit is designed to assist palliative care services to implement and improve use of the five PCOC clinical assessment tools. The Toolkit can be used to educate others or as a self-directed learning package. To support use of the Toolkit, a workshop-style approach to education was rolled out nationally with a total of 53 workshops during 2012, attended by over 1100 people. Work continued during the year to finalise specifications for Version 3 of the PCOC data set, upgrade software to meet the specifications, and improve the system of data management in the national office. The 2012 benchmarking workshops were held in October in Sydney, attended by 132 people from 78 palliative care services.

The year was marked by significant collaboration with other organisations:

- Austin Health on the Respecting Patient Choices Program, to develop surveys of advance care planning in palliative care.
- The National Standards Assessment Program (NSAP) and the Palliative Care Knowledge Network (CareSearch), to deliver five change management workshops focusing on how palliative care services can link standards, outcomes and evidence to improve the quality of care.
- Paediatric palliative care services, to assess the feasibility of extending PCOC to include paediatrics.

The value of PCOC was demonstrated by increasing evidence that palliative care patients are spending less time in the unstable phase of their illness and improved outcomes for symptom distress and problem severity.

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

National Casemix and Classification Centre (NCCC)

During 2012 the NCCC AR-DRG Classification System development contract was transferred from the Commonwealth Department of Health and Ageing to the Independent Hospital Pricing Authority. This did not impact on the contract deliverables, but it did bring to the fore the important, and sometimes tenuous, relationship between patient classification systems development and activity based funding, a key component of Australian national health reforms. Many of the key elements of the International Classification of Diseases, 10th Revision – Australian Modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI), and the Australian Refined Diagnosis Related Groups Version 7.0 (AR-DRG V7) were completed and delivered by the end of November 2012.

At the close of 2012, the NCCC had completed and released Eighth Edition of ICD-10-AM/ACHI and the Australian Coding Standards (ACS). The classification will be used in all Australian hospitals from 1 July 2013. Specifications for Version 7.0 of the AR-DRG System were completed and delivered to authorised software developers in June 2012.

Throughout the course of the contract, significant investment has been made in developing the supporting infrastructure for this classification development work. Apart from the work being heavily dependent on IT systems and communication infrastructure, it is also reliant on expert networks of clinical and technical stakeholders. Care has been taken to form and maintain panels of advisors that provide detailed advice on questions of relevance to their technical specialisation. The transparency of the NCCC's consultation and decision-making processes has been applauded by those who have worked closely with them.

Anne Elsworthy and Janette Green (CASiH) continue to represent Australia and the Asia-Pacific, respectively, in international forums on patient classification development and use. Janette's role on the Executive Committee of Patient Classification Systems International allows her to both learn from, and with her great wealth of experience, add value to international developments. Anne's voting membership of the ICD-10 Update & Revision Committee and the ICD-11 Morbidity Topic Advisory Groups of the World Health Organisation's Family of International Classifications (WHO-FIC) is critical to ensure that local developments not only keep abreast of, but also influence the international patient classifications landscape.

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

Centre for Applied Statistics in Health (CASiH)

During 2012, there was no shortage of work for CASiH members. There is a steady and seemingly unending stream of work for CASiH staff in AHSRI programs. Individual projects undertaken by CHSD provide a variety of challenges as shorter term projects and this year there were two projects undertaken almost completely by CASiH staff members. CASiH staff also sat on UOW and international committees and contributed to the teaching the Graduate Certificate in Health Services Research and Development degree.

The development of Version 7.0 of the Australian Refined Diagnosis Related Groups (AR-DRG) provided one challenge after another for CASiH staff as they came to grips with the complexities of reviewing and updating the current inpatient classification. Some innovative approaches were proposed, and some of those implemented.

In both AROC and PCOC, CASiH staff continued to refine the new data set and to update the reports to incorporate this new set of items. A focus of the work this year was to update and refine computer systems to make the data submission and report preparation and distribution processes more efficient. This has proved to be particularly challenging in AROC.

There were three major ongoing CHSD projects that utilised CASiH staff in 2012 - the evaluation of the Stephanie Alexander Kitchen Garden National Program, the evaluation of the Asthma Management Program and the Evaluation of the Expanded Scopes of Practice Project. In all three, CASiH staff were responsible for the quantitative analysis and reporting of statistical results. CASiH staff also contributed to smaller CHSD projects, such as Activity Based Funding Collaboration with South Eastern Sydney Local Health District and the Kiama Youth Mental Health National Broadband Network.

In addition, CASiH provided almost the whole AHSRI project team for two projects. The first was with Ageing, Disability and Home Care (ADHC) in the NSW Department of Family and Community Services, providing advice on aspects of their Post School Programs for young people with disabilities, as well as training and assistance with data analysis. CASIH staff assisted with the analysis of their school leaver cohort, as well as by undertaking to do the analysis of their pilot program to assess these students earlier to enable early intervention for improved outcomes. The second was in the evaluation of the National Health Call Centre Network.

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

Australian Health Outcomes Collaboration (AHOC)

In 2012 AHOC staff assisted the Department of Health and Ageing (DoHA) with developing standardised, national approaches to aged care assessment. They produced a number of major reports in this area which included *An Assessment Framework for Aged Care* (Sansoni et al., 2012) and *A Model and Proposed Items for the New Assessment System for Aged Care* (Sansoni et al., 2012). At the end of 2012 multi-site field trials to evaluate assessment's components commenced and these are ongoing.

Associate Professor Jan Sansoni, AHOC Director, and other members of CHSD and NCCC prepared a literature review on integrating quality and safety into hospital pricing mechanisms for the Australian Commission on Safety and Quality and the Independent Hospital Pricing Authority.

Following the completion of the Validation and Clinical Translation of the Revised Continence and Patient Satisfaction Tools project a paper on the Revised Faecal Incontinence Scale was submitted and accepted by the journal Diseases of the Colon and Rectum and was published in 2013. Presentations on these instruments were also undertaken for the annual conferences of the International Continence Society and International Society for Quality of Life Research.

Jan Sansoni continued to provide a number of lectures on Epidemiology and Principles of Research for the Masters of Nutrition and Dietetics at the University of Canberra. Jan also continued to undertake short linguistic validation studies to adapt instruments for Australian use on behalf of a number of international companies.

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

Australasian Occupational Science Centre (AOSC)

AOSC continues to be a collaborator in a transdisciplinary project involving the development of an aquaponic garden to promote outdoor physical activity and community engagement in a residential care facility. Networks with Umea University's Ageing and Living Conditions program are being maintained through joint research publications on time use of the well elderly. AOSC through AHSRI was a supporter of the 6th Australasian Occupational Science Symposium hosted by the University of Canberra's Discipline of Public Health in December. The establishment of a partnership between the University of Canberra and AOSC is being explored. More information about AOSC can be found at: http://ahsri.uow.edu.au/aosc.

AHSRI RESEARCH PROJECTS

The following list of 19 funded projects carried out in 2012 include time-limited projects, some taking place over weeks or months and other work, usually complex program evaluations that last for two or three years.

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

Total Funding: $1,035,468

Duration: June 2012 – September 2014

Background

The HWA-ESOP program is part of a work plan implementing the National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015. It was instigated to address known areas of workforce shortage in the Australian health system by expanding the scopes of practice of nurses and allied health professionals. Innovative models of care delivery have been developed by State and Territory health authorities. These models have the potential to improve patient outcomes, reduce waiting times and ease pressure in areas of high demand, such as Emergency Departments (EDs), by equipping health professionals with skills and experience to extend their existing roles. In total, 26 organisations have received funding under the HWA-ESOP program to implement and evaluate models of expanded scope of practice. They constitute four sub-projects: Advanced Practice in Endoscopy Nursing; Physiotherapists in the Emergency Department; Nurses in the Emergency Department; and Extending the Role of Paramedics.

What we did

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

A set of Key Performance Indicators is being collected for each sub-project in addition to a range of evaluation information to address national evaluation requirements. In combination this data and information will ensure the evaluation reports on the key domains of inquiry for HWA: workforce capacity; effectiveness including the impact and experience for consumers and service providers as well as safety and quality outcomes; economic measures including cost and efficiency; workforce productivity; sustainability and the generalisability or scalability of the implemented models.

Evaluation of the Stephanie Alexander Kitchen Garden National Program
(Department of Health & Ageing)

Total Funding: $418,709

Duration: June 2011 – June 2012

Background

The Stephanie Alexander Kitchen Garden National Program (SAKGNP) is a $12.8 million Australian Government funded program to build garden and kitchen infrastructure in up to 190 government primary schools across Australia. This initiative is committed to reducing the prevalence of childhood overweight and obesity and to promoting nutritional health.

The focus of the SAKGNP has been to enable primary school students in Years 3 – 6 to learn how to grow, harvest, prepare and share seasonal fresh food in the belief that this approach will positively influence children's food choices.

What we did

A cross disciplinary evaluation team was formed consisting of CHSD staff and members of the Faculty of Health and Behavioural Science (Associate Professor Heather Yeatman and Dr Deanne Condon-Paoloni) and the Faculty of Education (Dr Wendy Nielsen). The role of the evaluation team was to conduct an independent evaluation of the process, impact and outcomes of the SAKGNP.

The major evaluation activities that occurred included: the development of a project plan to underpin the evaluation; facilitation of a national workshop; site visits to 28 schools, including interviews and focus groups with staff and students; surveys of students, parents, teachers and volunteers; and submission of an interim report and a final report.

This evaluation demonstrated clear evidence that the SAKGNP had enabled primary school students in Years 3 – 6 across Australia to participate in enjoyable food experiences that have included how to grow, harvest, prepare and share seasonal fresh food.

Strong evidence of significant improvements in students' food choices and kitchen lifestyle behaviours as a result of participation in the SAKGNP was found. Participating students, staff and school communities all reported positive observations of a range of contributions of the Program and the impact it had on the school and students. Results from an economic evaluation were also reported.

A number of recommendations from the final evaluation report appear to have been incorporated into the next iteration of the SAKGNP, which has received an additional $5.4 million in funding from the Australian Government to be rolled out in more schools across Australia. The final evaluation report, released in early 2013, is available to download from http://ahsri.uow.edu.au/chsd/projects/stephaniealexander/index.html.

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

Total Funding: $710,985

Duration: September 2012 – May 2015

Background

EBPAC represents an extension of the former Encouraging Best Practice in Residential Aged Care (EBPRAC) program (see http://ahsri.uow.edu.au/chsd/projects/ebprac/index.html). Under EBPAC, eleven projects are being funded that aim to encourage the uptake of evidence-based practice in the aged care sector. The key difference with the EBPAC initiative is that it includes a number of projects that will be working with older people living in the community. In addition, three projects are being funded under the Aged Care Services Improvement Healthy Ageing Grant initiative.

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

What we did

During the early stages of this evaluation a number of activities have been undertaken to enable a clearer picture to emerge of the projects, identify synergies across projects and identify evaluation themes across the program as a whole.

The major evaluation activities that occurred included: the development of an evaluation framework including seven evaluation tools that will underpin our evaluation; a review of project documentation including project proposals, funding agreements, evaluation plans, risk management plans, communication and marketing strategies and ethics approval processes; facilitation of the first national EBPAC workshop; and commencement of the initial round of evaluation site visits to each of the eleven projects.

Developing a National Assessment Framework for Aged Care
(Department of Health & Ageing)

Total Funding: $284,884

Duration: December 2011 – June 2012

Background

This project began in late 2011 with the aim being to develop a model for national aged care assessment as part of the government response to the Productivity Commission's report on Caring for Older Australians. The project continued into 2012 with the aim being to outline the components of a recommended national assessment system. The work in this project brought together the community care assessment work, carried out over a period of more than ten years within the CHSD (http://ahsri.uow.edu.au/chsd/screening/index.html), with the more recent work by AHOC for a different section of the same Department on standardising the tools used by aged care assessment teams as gatekeepers for residential care.

What we did

We undertook an academic/clinical review of aged care assessment tools being used in Australia, and developed an assessment framework and tool as a recommended model for future use as a "front-end" for aged care services. It recommended a national system that included a data repository, a data sharing model, linkages to local systems, assessment role delineation for service providers and specialist assessment agencies and accredited assessors. It proposed a three level model of assessment: Level 1 for people with low needs and need some basic services; Level 2 for people who have mild to moderate problems and require access to more than a couple of basic services; and Level 3 for people who have moderate to high problems and/or complex needs and

require a comprehensive assessment for access to packaged or residential care. The recommended assessment tool focused on Levels 1 and 2 and was designed to be built on for Level 3 assessments. A prototype software tool was developed and a usability study was undertaken by the UOW Activity Theory Usability Laboratory with a sample of experienced assessors.

Evaluation of the Asthma Management Program (Department of Health & Ageing)

Total Funding: $1,128,402

Duration: December 2009 – March 2013

Background:

In 1999, asthma was declared a National Health Priority Area in recognition of the significant health, social, economic and emotional burden that it places on the Australian community. The Asthma Management Program (AMP) was established in 2001-02 and funded as an ongoing program administered by the Department of Health and Ageing (DoHA).

The overall aim of the current AMP (2009-10 to 2012-13), as expressed by DoHA, is to reduce the personal, social and economic impact of asthma and linked chronic respiratory conditions in Australia, through encouraging proactive management and facilitating best practice treatment of the conditions. This reflects a broadening of previous iterations of the AMP to take account of the links between asthma and other chronic respiratory conditions (e.g. COPD, rhinitis, allergies and bronchiectasis). Other changes include a greater focus on socially disadvantaged groups, the inclusion of preschools as well as schools and a broadening of the education of health professionals to focus on practice nurses, Aboriginal health workers and those working in residential aged care.

What we did

In late 2009, the CHSD was commissioned to evaluate the AMP as well as to provide support and assistance to each of the funded projects within the AMP. Projects included in the AMP were the Community Support Program and Asthma Child and Adolescent Program (both under the lead agency Asthma Australia), the National Asthma Council's General Practitioner and Allied Health Professional Asthma and Respiratory Education Program, and projects conducted by the Australian Institute of Health and Welfare and the Australian Lung Foundation respectively. The use of an evaluation framework assisted to standardise and at least to 'harmonise' the data collected by the projects, and also assisted projects to build their own outcome measurement systems.

The overall purpose of the AMP evaluation is to assess progress in addressing the effectiveness, appropriateness and efficiency requirements of the Program. The initial stage was formative with the emphasis on the implementation and progress of projects, and the later stage was summative, assessing the impact and outcomes of projects and the AMP as a whole.

The evaluation design phase in 2010 set up regular opportunities for the projects and the program managers to reflect on progress to date and identify potential improvements to projects, and to the AMP as a whole, through two national workshops, an Evaluation Advisory Committee and regular contact with DoHA. The major evaluation deliverables completed to date are eight evaluation progress reports and a major report at the mid-point of the evaluation. The final report of the evaluation is due for submission in 2013.

Development of the stage one plan for the Medicare Locals After Hours Program
(Grand Pacific Health Ltd)

Total Funding: $88,000

Duration: March 2012 – June 2012

Background

The primary purpose of this project was to support the Illawarra Shoalhaven Medicare Local (ISML) in its first phase of planning for after-hours primary care services. All Medicare Locals were required to complete a whole-of-region needs assessment and stage one plan prior to 18 May 2012 through wide-ranging consultation with their members.

Primary care is the part of Australia's health system that people use most. It is the first – primary – point of health care delivered in, and to people living in their communities – outside of hospitals. The aim of the Australian Government's reforms to after-hours primary care is to provide all Australians, regardless of where they live, with accessible and effective after-hours primary care services.[1]

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1   Australian Government, National Health Reform *Medicare Locals - Guidelines for after hours primary care responsibilities until 30 June 2013*. Available at: http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/A28A1174C6B2DBDACA2579540005F692/$File/MLAH%20Program%20Guidelines.pdf accessed 18 April 2012.

What we did

The project included the development, implementation and analysis of a GP practice survey as part of a broader consultation process; production of a detailed health profile; compilation of the Department of Health and Ageing 'Needs assessment template' and 'Stage One Plan template'.

This practice survey was completed to inform the needs assessment and development of the Stage One Implementation Plan for after-hours primary care services in the ISML. It provided a range of data to complete service capacity mapping and an opportunity for representatives of General Practices within the ISML to contribute their views about service gaps in after-hours planning and possible solutions. A series of focus groups were held with diverse groups of health professionals in various localities. A range of key stakeholders and service providers were interviewed and information disseminated through existing ISML forums.

The resulting health profile and needs assessment provided an overview of the major population health characteristics of the ISML and an analysis of the current issues and access to after-hours primary care in the Illawarra-Shoalhaven region. Based on all information collected and analysed throughout this assessment, service gaps in after-hours primary care were identified for the region. A Stage One Implementation Plan and costing was developed to address each of the priority after hours service gaps identified as part of the needs assessment. This resulted in the ISML being awarded significant additional funding for after-hours primary care.

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

Total Funding: $573,474

Duration: December 2012 – August 2013

Background

The project built on the earlier Development of a National Assessment Framework for Aged Care project and focused on the adaptation of the recommended tool for use in the Commonwealth Government's Aged Care Gateway which is intended to be the primary access point to aged care services as part of the Living Longer Living Better reform package (http://www. livinglongerlivingbetter.gov.au/). The tool was to be field trialled and used to inform the development of the Gateway and provide the business requirements and specifications for the development of the information technology required for the assessment tool to be used in the Gateway. This also included development of competencies for assessors using the tool.

What we did

We worked with an application developer to build a version of the tool that could be delivered via a web-browser. We negotiated with relevant state government agencies about their participation in the trial. Four states, SA, NSW, Tasmania and Victoria, agreed to participate and eventually seven assessment services in these states were involved. We liaised with these sites, developed training materials and trained 60 assessors in the use of the tool. The sites assessed approximately 1,600 people between mid-May and June 2013. The data collected about the applicants and the assessment process are being analysed to better understand the range of clients and ways that we can streamline the assessment process. We also asked assessors to provide feedback on each assessment carried out and conducted feedback sessions with them after the trial ended. Consumers were also asked to provide feedback on the assessment process after each assessment and were asked if they wished to provide feedback via a written survey.

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

Total Funding: $169,864

Duration: August 2012 – June 2013

Background

In August 2011 the Independent Hospital Pricing Authority was established and it was confirmed that a national approach to activity based funding (ABF) of public hospital services would be introduced. The NSW Ministry of Health were quick to announce that ABF would be introduced across NSW and that it was the responsibility of all local health districts to develop the necessary skills and capacity to operate effectively within an ABF environment. The South Eastern Sydney Local Health District (SESLHD) engaged AHSRI to provide advisory and research services in order to support the local development of ABF skills and capacity.

What we did

The first five months of this project involved a number of small projects in addition to the provision of technical advice to the

SESLHD Business Intelligence and Efficiency Unit. These projects included:

- An analysis of the impact of adopting the national NWAU as the patient activity weighting system in a comparison to the NSW cost weighting system. This included a recommendation to adopt the national system from 1 July 2013.
- The development of an interim classification for mental health (MH) inpatient service. This is to be used until the new national MH classification system becomes available.
- The review of a rehabilitation services evaluation project methodology. This methodology and the associated results were included in a successful bid for continued funding of selected rehabilitation programs that had been previously supported with COAG funding.

Review of demand for cochlear implantations in NSW to 2012 (NSW Ministry of Health)

Total Funding: $66,531

Duration: January 2012 – April 2012

Background

Cochlear implantation is a rapidly growing field of medicine delivering substantial benefits to individuals and the economy. This has been reflected in a substantial growth in public funding for cochlear implantation in this new millennium.

This review was CHSD's third exploring the supply and demand for cochlear implants in NSW. The report was commissioned by NSW Health to assist them in developing a measured response to the increasing demand for cochlear implantation in adults and children.

What we did

The review looked into various aspects of the supply and demand for cochlear implants: the impact on patient selection and demand arising from current evidence supporting cochlear implantation; the costs of paediatric and adult implantation; and current access, supply and capacity for growth.

As part of this process we consulted with key stakeholders and referred to the literature in relation to the evidence of the effectiveness of cochlear implants. We also undertook a costing of cochlear services provided in NSW and developed demand projections for cochlear services until 2021.

Most of the recommendations set out in our three reports have been adopted by NSW Health allowing public patients to share in the benefits available for those patients treated in the private sector.

Evaluation of the implementation of the Kidney Health Check (NSW Ministry of Health)

Total Funding: $51,011

Duration: September 2011 – September 2012

Background

NSW Health commissioned the CHSD to conduct an evaluation of the implementation of the Kidney Health Check (KHC) Policy. The KHC Policy was released in April 2010 as mandatory for health services to implement and NSW is the first state or territory in Australia to conduct screening for chronic kidney disease in hospital settings on a state-wide basis.

What we did

The evaluation found that the policy largely relied on passive dissemination of information and a small, scattered, amount of education, neither of which are effective strategies for implementation and the policy is not evidence-based and various aspects of the policy are contested. The policy would benefit from a comprehensive review, including consideration of exclusion criteria such as paediatrics and emergency departments.

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

Total Funding: $131,886

Duration: June 2012 – June 2014

Background

Illawarra Shoalhaven headspace (youth mental health service) received funding to trial the use of NBN enabled technologies to

deliver their services to young people living in Kiama. Parts of the Kiama Local Government Area have been connected to the NBN. These services are to be provided via very high definition video conferencing screens located in a client's house or an accessible location connected to the NBN, such as Kiama High School, Library or Community Centre. The aim of the trial is to improve access to headspace services without prejudicing quality.

What we did

We carried out a targeted literature and practice review of technology enabled mental health services and developed a detailed evaluation methodology. We interviewed headspace clinicians, liaised with stakeholders, and identified data sources and data collection processes. The delays in the roll-out of NBN services has resulted in lower than expected usage of the service and the project has been extended to June 2014.

2012 Post School Program (Ageing, Disability & Home Care)

Total Funding: $47,708

Duration: March 2012 – April 2013

Background

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

What we did

Applicants for these programs are assessed using a tool that was originally designed by AHSRI but has been refined over the years in partnership with ADHC. As in previous years, in 2012 AHSRI provided training for teachers in the use of the tool. Assessment scores for the 2012 school leaver cohort were sent to AHSRI to determine program eligibility and, for CP, the funding band that their scores would suggest was the most appropriate. The features of the 2012 applicants and how they compared with previous years were summarised in a report for ADHC. During the year, the assessment data of applicants who appealed against their allocation and out-of-guideline applicants were also sent to AHSRI.

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

Total Funding: $275,000

Duration: October 2010 – July 2014

Background

This project is an evaluation of specific components of the National Quality Dementia Care Initiative (NQDCI), which was launched in September 2010 in Sydney at the inaugural Quality Dementia Care Summit. The Initiative provides $3 million to facilitate consumers' perspectives on dementia research priorities and processes, as well as funding a series of rapid knowledge translation projects. The aim is to address priority dementia care areas of service provision and support.

The Initiative also aims to strengthen the relationships within the federation of State and Territory associations of Alzheimer's Australia, as well as with external stakeholders such as the Dementia Collaborative Research Centres, service providers and the Department of Health and Ageing. The development aim is to increase consumer perspectives in dementia research, policy and service provision.

What we did

The evaluation model is for CHSD progress reports to provide updates on the activities of the Initiative overall, as well as identifying key themes which are emerging and relevant developments arising within the broader service delivery, research and policy sectors.

There are a series of linked projects within the Initiative: the Consumer Dementia Research Network (CDRN) comments on research priorities, processes and the dissemination and application of research findings; and the National Quality Dementia Care Network (NQDCN) aims to translate research findings into practice.

Some of the lessons fed back in the evaluation in 2010 were about how to incorporate the Initiative within existing processes: there are inherent tensions in the collaborative nature of the knowledge translation projects and how integration 'costs before it pays', which is a key concern particularly given the length of time required for relationship building between project participants in

relation to the relatively short timeframe of projects.

Another early finding that helps to shape the evaluation is the generalisablity of the knowledge translation project outcomes. The requirement for NQDCN projects in particular to have a national impact, or have outcomes that are generalisable on a national scale, may be difficult to realise given the local collaborative nature of the projects and the complexity of understanding the costs and benefits – in terms of time and money – involved in projects involving broader cross-jurisdictional boundaries.

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

Total Funding: $57,682

Duration: September 2012 – March 2013

Background

The purpose of this literature review was to review the evidence on existing mechanisms in operation which aim to integrate quality and safety into the pricing or funding arrangements for health care. We considered this relatively small project to be critical in the context of current national health reforms including the introduction of a national model of Activity Based Funding.

What we did

For this project, we applied a rapid but rigorous search strategy to identify literature related to integrating quality and safety into healthcare pricing or funding systems. Our key conclusion was that there is insufficient international evidence at present to support the 'off the shelf' adoption of any existing pricing model that incorporates financial incentives and/or sanctions for quality and safety.

Islet transplantation costing study (Nationally Funded Centres Reference Group)

Total Funding: $29,979

Duration: April - May 2012

Background

In late 2010, the CHSD completed a costing project on behalf of the Juvenile Diabetes Research Foundation that formed part of a submission to the NFC Program to fund a National Islet Transplantation Service. The outcome of this project was a report that provided cost estimates of current islet transplantation services in Australia.

In December 2011, the Nationally Funded Centres Reference Group (NFCRG) established a working group to further consider the NFC submission. The working group commissioned this project to address specific costing issues.

What we did

CHSD was engaged to undertake the project and to complete supplementary costing on behalf of the NFCRG. The project built on the work undertaken in 2010 and involved completion of additional detailed costing of the islet transplantation process and the development of a costing methodology based on a 'Staged Care Approach' where three possible stages of a patient's journey are separately costed and the development of separate costs for four different models of service delivery currently under consideration by the NFCRG.

A final aspect of the project was consideration of the potential to adopt an Activity Based Funding approach for the transplantation component of islet transplantation. The conclusion was drawn that, in our view, the only component that could be considered for an ABF approach is the inpatient episode during which the transplantation occurs. However, as the inpatient component of care represents less that 10% of the total cost of care for each transplant, it is questionable whether it would be sensible to implement a different funding arrangement for this episode of care.

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The organisation of internal medicine services - literature review
(Illawarra Shoalhaven Local Health District)

Total Funding: $22,000

Duration: February 2012 - March 2012

Background

The Director of the Division of Internal Medicine within the Illawarra Shoalhaven Local Health District requested a targeted literature review focused on the organisation of internal medicine services in acute hospitals.

This review of the literature sought to answer the question: what is known in the literature about the optimal way to organise, manage and deliver internal medicine services in the acute hospital setting? This work aimed to provide best practice evidence to inform future planning, quality improvement and change management initiatives within the organisation.

The audience for the report included executive personnel and senior clinicians working within the organisation.

What we did

The literature review focused on evidence-based material and encompassed both the academic and practice literature, particularly literature published in the UK, Canada and New Zealand. Accepted academic search methods were used with almost 3000 titles/abstracts resulting in only 24 papers of potential relevance to the literature review. Selected professional websites were considered to identify relevant practice literature for example: the Royal College of Physicians of London.

The Medical Staff Capability Framework developed in Tasmania by Shannon et al.[2] was used to structure our findings. Identifying high quality papers of relevance to the research question for this review was difficult. Studies often elicited mixed findings of questionable relevance to internal medicine in Australia. Many of the interventions covered in this review (e.g. clinical practice guidelines, clinical indicators) are a means to an end, with success or failure probably more dependent on how and why a particular intervention is implemented than the intervention itself. In conclusion, the optimal way to organise, manage and deliver internal medicine services in the acute hospital setting cannot be achieved through a simple remedy. It will be facilitated through an inclusive approach addressing all aspects of the capability framework provided by Shannon et al (2007). Success will rely on combining available evidence with expert opinion; working within each organisation's unique context, harnessing the good will of clinicians and accepting that change is likely to be incremental.

Update CHADx to ICD-10AM (Australian Commission on Safety and Quality in Health Care)

Total Funding: $9,900

Duration: September 2012

Background

The Australian Commission on Quality and Safety in Health Care has developed, over a number of years, a classification system for conditions that arise as an unexpected consequence of care delivered in hospital. This classification uses as its basis, the International Classification of Diseases, 10th Revision, Australian Modification (ICD-10-AM), and is able to be downloaded in excel format from the Commission's website. The NCCC was contracted to update ICD-10-AM to the Eighth Edition.

What we did

The NCCC was engaged to review the existing Classification of Hospital Acquired Diagnoses (CHADx) and:

- Map the existing Seventh Edition code set to the newly developed Eighth Edition codes
- Review the logic of the CHADx classification
- Review and update the classification notes and rules of use

The NCCC also negotiated with the Commission to make some modifications to the format of the CHADx tool in order to improve its usability, and to include the CHADx content in both the printed books and the soft version (CodeXpert) of the ICD-10-AM Eighth Edition.

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2   Shannon, E. A., B. A. Brand, et al. (2007). "Developing metrics for hospital medical workforce allocation." Australian Health Review 31(3): 411-421.

Research and Evaluation of the National Health Call Centre Network
(Australian Healthcare and Hospital Association)

Total Funding: $8,927

Duration: September 2012

Background

As one of the services the National Health Call Centre Network (NHCCN) provides, healthdirect is a 24-hour telephone health advice line staffed by Registered Nurses to provide expert health advice. AHSRI, in collaboration with the Deeble Institute, undertook a preliminary analysis of the healthdirect utilisation data through the lens of health need in order to determine which priority population sub-groups may be under utilising the services it provides.

What we did

The priority populations were those identified by the Australian Institute of Health and Welfare as groups with poorer health or more vulnerable to illness than the general population. It was assumed that, if the service was not available, some callers may have gone to their local emergency department (ED), while others may have gone to their General Practitioner (GP), contacted a local after-hours GP service or the ambulance service. Publicly available data from these other services were used to compare with utilisation of healthdirect by the priority sub-populations.

Some differences were found for various age and sex groups. For example, males and older people tended to under-utilise healthdirect. On the other hand young children and females aged between 20-39 years tended to utilise healthdirect more than other services. This showed that healthdirect has been effective in its objective to provide advice for infants and for 20-39 year old women. The analysis also found that Indigenous people may be under-utilising healthdirect when data on ED presentations was used as an indicator of health need. Indigenous people also have a higher burden of disease, which suggests that they have a greater need for health services such as healthdirect than non-Indigenous people.

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

Total Funding: $21,041

Duration: August 2012 – July 2014

Background

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

What we did

Drawing on our extensive experience in evaluating community-based programs and our prior work with Indigenous and disadvantaged communities, CHSD researchers have worked closely over the past 12 months to build trust with the administrators and management committees of each of the projects, gain an appreciation of the histories and achievements of the two community organisations which predates the current funding period, and understand their distinct ways of operating. To date we have developed an evaluation framework, conducted and analysed field interviews with members of the management committees of each of the community organisations, observed community meetings and events, and collected and analysed program data. An interim report will be delivered to Council in July 2013. Over the next 12 months we will continue to monitor the progress of capacity building initiatives and collect qualitative and quantitative data to assess the impact of the program on participants which will inform the final report, due July 2014.

OTHER PROGRAM AREAS

Teaching

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

Evaluation Special Interest Group (E-SIG)

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

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

International collaborations

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

AHSRI PUBLICATIONS AND DISSEMINATION

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Books

1. Chambers RL, Steel DG, Wang S and Welsh AH. Maximum likelihood estimation for sample surveys; Chapman & Hall: London, 2012.

2. Rodgers-Healey D. Abandoning leadership for a better way of being for women and men; Australian Centre for Leadership for Women (ACLW): Australia, 2012.

3. Rodgers-Healey, D. Coaching insights for coaches: listening to the inner game; Australian Centre for Leadership for Women (ACLW): Australia, 2012.

Book Chapters

4. Clapham K, Khavarpour F, Bolt, R, Stevenson M, Su S. Researching the safety of Indigenous children and youth: an urban perspective. In McCoy B, Stewart P, and Poroch N (eds.) Urban health: strengthening our voice, culture and partnerships. AIATSIS. 2012: 47-58.

5. Dolnicar S. The role of market segmentation in strategic tourism marketing. In Strategic Marketing in Tourism Services; Tsiotsou, R. H. & Goldsmith, R. E., Eds.; Emerald: United Kingdom, 2012; pp 17-34.

6. Dolnicar S, Lazarevski K and Yanamandram V. Quality-of-life and travel motivations: integrating the two concepts in the Grevillea Model. In Handbook of Tourism and Quality-of-Life Research: Enhancing the Lives of Tourists and Residents of Host Communities; Uysal, M., Perdue, R. R. & Sirgy, M. Joseph., Eds.; Springer: London, 2012; pp 293-308.

7. Hasan HM. Unordered business processes, sustainability and green IS. In Green Business Process Management: Towards the Sustainable Enterprise; vom Brocke, J., Seidel, S. & Recker, J., Eds.; Springer: Heidleberg, 2012; pp 39-58.

8. Ring I. Towards a brighter future? In: More than just a union. A history of the AMA. Faircount. 2012: 138-141 http://ama.com.au/a-history-of-the-ama.

9. Sandy M and Clapham K. The Northern Territory Intervention in Australia: A grassroots perspective. In C. de Matos & R. Ward (eds.) Gender, Power, and Military Occupations Asia Pacific and the Middle East since 1945. Routledge. 2012: 118-142.

10. Wicks A. The International Society for Occupational Science: facilitating development of occupational science through international networks and intercultural dialogue. Accepted for publication 10 August 2011 in Hocking C and Whiteford G (eds), Critical perspectives in occupational science: Society, inclusion, participation. Wiley-Blackwell.

Journal Articles

11. Ahrens J and McCarthy G (2012) Virtuelle teams - Zusammen-arbeit per mausklick. Führung & Management, (12): 1-2.

12. Ahrens J and McCarthy G (2012) Juengere Manager - aeltere Mitarbeiter. Coaching, (5): 6.

13. Ahrens J and McCarthy G (2012) The hour of power (article in German). Coaching, 2012, (1): 3.

14. Axford S, Charlton K, Yeatman H and Ma G (2012) Poor knowledge and dietary practices related to iodine in breastfeeding mothers a year after introduction of mandatory fortification. Nutrition and Dietetics, 69 (2): 91-94.

15. Barr M, Van Ritten JJ, Steel DG and Thackway SV (20120) Inclusion of mobile phone numbers into an ongoing population health survey in New South Wales, Australia: design, methods, call outcomes, costs and sample representativeness. BMC Medical Research Methodology, 12 (177): 1-9.

16. Burden S, Probst Y, Steel D and Tapsell L (2012) The impact of complex survey design on prevalence estimates of intakes of food groups in the Australian National Children's Nutrition and Physical Activity Survey. Public Health Nutrition, 15 (8): 1362-1372.

17. Charlton K, Yeatman H, Lucas C, Axford S, Gemming L, Houweling F, Goodfellow A and Ma G (2012) Poor knowledge and practices related to iodine nutrition during pregnancy and lactation in Australian women: pre-and post-iodine fortification. Nutrients, 4 (9): 1317-1327.

18. Chipperfield JO and Steel DG (2012) Multivariate random effect models with complete and incomplete data. Journal of Multivariate Analysis, 109: 146-155.

19. Ciarrochi J, Randle M, Miller LM and Dolnicar S (2012) Hope for the future: Identifying the individual difference characteristics of people who are interested in and intend to foster-care. British Journal of Social Work, 42 (1): 7-25.

20. Cleary T (2012) Undone science and blind spots in medical treatment research. Social Medicine, 6 (4): 234-239.

21. Currow DC, Allingham S, Bird S, Yates P, Lewis J, Dawber J and Eagar K (2012) Referral patterns and proximity to palliative care inpatient services by level of socio-economic disadvantage. A national study using spatial analysis. BMC Health Services Research, 12: 424.

22. Dolnicar S, Hurlimann A and Grun B (2012) Water conservation behaviour in Australia. Journal of Environmental Management, 105: 44-52.

23. Dolnicar S, Kaiser S, Cliff K and Leisch F (2012) Biclustering: Overcoming data dimensionality problems in market segmentation. Journal of Travel Research, 51 (1): 41-49.

24. Dolnicar S and Leisch F (2012) One legacy of Mazanec: binary questions are a simple, stable and valid measure of evaluative beliefs. International Journal of Culture, Tourism and Hospitality Research, 6 (4): 316-325.

25. Dolnicar S, Rossiter JR and Grun B (2012) "Pick-any" measures contaminate brand image studies. International Journal of Market Research, 54 (6): 821-834.

26. Dolnicar S, Yanamandram V and Cliff K (2012) The contribution of vacations to quality of life. Annals of Tourism Research, 39 (1): 59-83.

27. Dwyer C and Hasan HM (2012) Emergent solutions for global climate change: lessons from green IS research. International Journal of Social and Organizational Dynamics in IT, 2 (2): 18-33.

28. Eagar K (2012) The special case of smaller and regional hospitals. ABF Information Series No 2 HIM Interchange, 2 (1): 34.

29. Eckermann S and Coelli T (2012) Including quality attributes in efficiency measures consistent with net benefit: creating incentives for evidence based medicine in practice. Social Science & Medicine, 76 (1): 159-68.

30. Gordon L, Hirst N, Mayne G, Watson D, Bright T, Cai W, Barbour A, Smithers B, Whiteman D for the Australian Cancer Study Clinical Follow-Up Study, Eckermann S (2012) Modeling the cost-effectiveness of strategies for treating esophageal adenocarcinoma and high grade dysplasia. Journal of Gastrointestinal Surgery, 16 (8): 1451-1461.

31. Hardy J, Quinn S, Fazekas B, Plummer J, Eckermann S, Agar M, Spruyt O, Rowett D and Currow D (2012) A randomised, double-blind placebo controlled study to assess the efficacy and toxicity of subcutaneous ketamine in the management of cancer pain. Journal of Clinical Oncology, 30 (29): 3611-3617.

32. Hasan HM, Meloche J and Banna S (2012) Australian online public information systems: a user-centred study of an evolving public health website. Australasian Journal of Information Systems, 17 (2): 5-19.

33. Hasan HM and Pfaff CC (2012) An activity-theory analysis of corporate wikis. Information Technology and People, 25 (4): 423-437.

34. Hughes R, Yeatman H and Begley A (2012) Consensus on the future competency requirements of public health nutritionists. Nutrition and Dietetics, 69 (Suppl. 1): 34-34.

35. Hurlimann A and Dolnicar S (2012) Newspaper coverage of water issues in Australia. Water Research, 46 (19): 6497-6507.

36. Ivers R, Clapham K, Senserrick T and Harrison JE (2012) Collecting measures of Indigenous status in driver licencing data. Australasian Epidemiologist, 19 (2): 9-10.

37. Kelly G (2012) Sustainability at home: Policy measures for energy-efficient appliances. Renewable and Sustainable Energy Reviews, 19 (9): 6851-6860.

38. Kelly B, Flood VM, Bicego C and Yeatman H (2012) Derailing healthy choices: an audit of vending machines at train stations in NSW. Health Promotion Journal of Australia, 23 (1): 73-75.

39. Kelly B, Flood VM and Yeatman H (2012) Measuring local food environments: an overview of available methods and measures. Nutrition and Dietetics, 69 (Suppl. 1): 17-17.

40. Kemp B, Randle M, Hurlimann A and Dolnicar S (2012) Community acceptance of recycled water – can we inoculate the public against scare campaigns? Journal of Public Affairs, 12 (4): 337-346.

41. Kerr GM, Cliff K and Dolnicar S (2012) Harvesting the "business test trip" - converting business travelers to holidaymakers. Journal of Travel and Tourism Marketing, 29 (5): 405-415.

42. Laesser C and Dolnicar S (2012) Impulse purchasing in tourism - learnings from a study in a matured market. Anatolia, 2, (2): 268-286.

43. Madden R, Tickle l, Jackson Pulver L and Ring I (2012) Estimating Indigenous life expectancy: pitfalls with consequences. Journal of Population Research, 29 (3): 269-281.

44. McCarthy G (2012) Captaining the GB and Ireland team to victory in the 2011 Walker Cup: a commentary. Annual Review of Golf Coaching 2012: 89-91.

45. McCarthy G (2012) The case for coaching as an approach to addressing challenges in doctoral supervision. International Journal of Organisational Behaviour, 17 (1): 15-27.

46. Mutairi MA, Tian G, Hasan HM and Tan A (2012) Corporate governance and corporate finance practices in a Kuwait Stock Exchange market listed firm: a survey to confront theory with practice. Corporate Governance: The International Journal of Business in Society, 12 (5): 595-615.

47. O'Reilly D, Navakatikyan MA, Filip M, Greene D and VanMarter LJ (2012) Peak-to-Peak Amplitude in Neonatal Brain Monitoring of Premature Infants. Clinical Neurophysiology, 123 (11): 2139-2153.

48. Panaretto KS, Button S, Carson A, LeonD, Schibasaki R, Wason G, Baker D and Ring I (2012) Are we there yet? Closing the gap in indigenous health in Australia: Monitoring clinical performance in Aboriginal and Islander community control health services in Queensland. Circulation: Journal of the American Heart Association, 125 (19): E890-E890.

49. Papakosmas MF, Noble G and Glynn J (2012) Organization-based social marketing: An alternative approach for organizations adopting sustainable business practices. Social Marketing Quarterly, 18 (2): 87-97.

50. Parrish A, Iverson DC, Russell K and Yeatman H (2012) Psychosocial barriers to playground activity levels. British Journal of School Nursing, 7 (3): 131-137.

51. Parrish A, Yeatman H, Iverson DC and Russell K (2012) Using interviews and peer pairs to better understand how school environments affect young children's playground physical activity levels: a qualitative study. Health Education Research, 27 (2): 269-280.

52. Peiris D, Brown A, Howard M, Rickards B, Tonkin A, Ring I, Hayman N and Cass A (2012) Building better systems of care for Aboriginal and Torres Strait Islander people: findings from the Kanyini health systems assessment. BMC Health Services Research, 12 (1): 369.

53. Randle MJ and Dolnicar S (2012) Attracting volunteers in highly multicultural societies: a marketing challenge. Journal of Nonprofit and Public Sector Marketing, 24 (4): 351-369.

54. Randle M, Miller L, Dolnicar S and Ciarrochi JV (2012) Heterogeneity among potential foster carers: an investigation of reasons for not foster caring. Australian Social Work, 65 (3): 382-397.

55. Rosen A, Gurr R, Fanning P and Owen A (2012) The future of community-centred health services in Australia: 'When too many beds are not enough'. Australian Health Review, 36 (3): 239-243.

56. Senserrick T, Lyford M, Hinchcliff R, Boufous S, Clapham K, Torr S and Ivers R (2012) Relationship between alcohol management plans and injury reductions in a remote Australian community. Injury prevention, 18 (Suppl 1): A173.

57. Smith I, Oades LG and McCarthy G (2012) Homophobia to heterosexism: constructs in need of re-visitation. Gay and Lesbian issues and Psychology Review, 8 (1): 34-44.

58. Turner-Stokes L, Sutch S, Dredge R and Eagar K (2012) International casemix and funding models: lessons for rehabilitation. Clinical Rehabilitation, 26 (3): 195-208.

59. Townsend E, van Bruggen H, Wicks A and Wright-St Clair V (2012) Imagining occupational therapy. British Journal of Occupational Therapy, 75 (1): 42-44.

60. Willan AR and Eckermann S (2012) Accounting for between-study variation in incremental net benefit in value of information methodology. Health Economics, 21 (10): 1183-1195.

61. Willan AR and Eckermann S (2012). Value of information and pricing new health care interventions. PharmacoEconomics, 30 (6): 447-459.

62. Williams KE, Ciarrochi J and Heaven PCL (2012) Inflexible Parents, Inflexible Kids: A 6-Year Longitudinal Study of Parenting Style and the Development of Psychological Flexibility in Adolescents. Journal of Youth and Adolescence, 41: 1053-1066.

63. Zimmerman P, Yeatman H, Jones M and Murdoch H (2012) SARS and Kiribati: eyes wide open. International Journal of Infection Control, 8 (1): 27-34.

Conference Publications and Presentations

64. Arrish J, Yeatman H and Williamson M (2012) Nutrition education during pregnancy: what does the evidence show? 4th Biennial Conference - Breathing New Life into maternity Care, 24-26 May, Melbourne.

65. Banfield M and Masso M (2012) Improving Quality of Palliative Care through the use of Standardised Patient Assessments in routine practice. AHHA/ACHS/WCHA Conference 'The Quantum Leap', September 2012, Sydney.

66. Banfield M (2012) The Palliative Care Outcomes Collaboration and its application within the primary health care setting. Australian Practice Nurses Association National Conference, 4 May 2012, The Sebel Albert Park, Melbourne.

67. Banfield M and Hanson S (2012) The use of common assessment tools: supporting connections. Palliative Care NSW Conference, October 2012, Dubbo.

68. Begley A, Pollard C, Lawrence M, Yeatman H, Seal J, Good L, Carter P and Moore M (2012) Food Policy: how dieticians can engage in policy debates and processes (Workshop Session). 16th International Congress of Dietetics, 5-8 September, Sydney.

69. Berger M and Ceeley M (2012) It's like learning to read a road map: Outcome measures and benchmark reporting. Australasian Rehabilitation Nurses Association Annual Conference, 18-19 October, Hobart.

70. Capell J (2012) National Rehabilitation Benchmarking in Australia: using data to understand differences. Private Healthcare Australia Annual Conference, 14 November, Melbourne.

71. Chandrakumara P, Gunathilake HW and Glynn J (2012) Actual and preferred HRM practices in domestic and foreign invested firms. In IFSAM Conference: Management Re-Imagined; Intersource Group Publishing: Ireland.

72. Clapham S (2012) PCOC Assessment Workshops: A common language- improved communication. Palliative Care NSW Conference, October 2012, Dubbo.

73. Clapham S and Taylor J (2012) Proof is in the Outcomes: Change in practice through PCOC. Palliative Care Nurses Association Conference, December 2012, Melbourne.

74. Clapham K and Grootemaat P (2012) Indigenous safety promotion program evaluation: lessons and challenges. Evaluation in a changing world: Australasian Evaluation Society (AES) 2012 International Conference, 27-31 August, Adelaide, South Australia.

75. Claessen S (2012) The Chronicle: ICD-10-AM/ACHI/ACS. HIMAA Conference, 29-31 October, Surfers Paradise QLD.

76. Connolly J and Clapham S (2012) Improving quality of palliative care through the use of standardised patient assessments in routine practice. AHHA/ACHS/WCHA Conference: The Quantum Leap, 24-27 September 2012, Sydney.

77. Connolly J and Dixon G (2012) Use of PCOC Assessment Tools in Driving and supporting design of specialist palliative care Community Team meetings/case conferences. Palliative Care NSW Conference, October 2012, Dubbo.

78. Eagar K (2012) Activity Based Funding (ABF) 101. Royal College of Medical Administrators and the Australian Salaried Medical Officers' Federation NSW Branch. March 2012, Randwick.

79. Eagar K, Green J and Owen A (2012) Functional Assessment of 2012 Post School Program Applicants. Presentation to Ageing Disability and Home Care, Department of Human Services NSW: Post School Programs, 2012 School Leavers Eligibility Assessment Training Day, March 2012.

80. Eagar K (2012) Activity Based Funding and Palliative Care. Palliative Care Australia Forum, October, Canberra.

81. Eagar K (2012) Activity Based Funding – national and state developments. NSW Nursing and Midwifery Leaders Forum, November, Sydney.

82. Eagar K (2012) Aged care and the health reforms - two 'parallel universes' searching for the same solutions. Service Integrated Housing: Choices for an Ageing Australia, Aged Care Queensland Conference, June 2012, Gold Coast.

83. Eagar K (2012) Variability in Rehabilitation Practice and Outcomes. 7th Beijing International Forum on Rehabilitation, 21-23 September, Beijing.

84. Eagar K, Sansoni J, Samsa P and Owen A (2012) An Assessment Framework for Aged Care. National Aged Care Conference, 7 August, Adelaide.

85. Elsworthy A (2012) ICD-10-AM/ACHI/ACS – Eighth edition overview. HIMAA Conference, 29-31 October, Surfers Paradise, Queensland.

86. Elsworthy A (2012) Updating ICD-10-AM/ACHI/ACS. HIMAA Conference, 29-31 October, Surfers Paradise, Queensland.

87. Green J (2012) Casemix systems beyond acute care. 28th Patient Classification Systems International Conference, 17-19 October, Avignon, France.

88. Green J (2012) It's not just about funding – more than a decade of AN-SNAP in Australia. 28th Patient Classification Systems International Conference, 17-19 October, Avignon, France.

89. Fildes D (2012) What's in the shed? A view from Healthy Cities Illawarra. Fifth Global Conference of the Alliance for Healthy Cities, 24-27 October 2012, Brisbane Convention and Exhibition Centre, Brisbane.

90. Hasan HM, Molla A and Cooper V (2012) Towards a green IS taxonomy. In Proceedings of SIGGreen Workshop; Sprouts: Barcelona, Spain.

91. Hasan HM and Smith S (2012) Increasing demands on information systems and infrastructures for complex decision-making. In Proceedings of PACIS 2012; University of Science: Vietnam.

92. Hughes R, Begley A and Yeatman H (2012) Consensus on the future core functions and competency requirements of public health nutritionists. In World Nutrition Rio2012 - Knowledge Policy Action: Abstracts CD; WPHNA & ABRASCO: Brazil.

93. Ivers R, Byrne J, Hunter K, and Clapham K (2012) Development of a community based Aboriginal driver licensing service: the AstraZeneca Young Health Programme. Australasian College of Road Safety Conference, 9-10 August, Sydney.

94. Kusumawardhani A, McCarthy G and Perera N (2012) Autonomy and innovativeness: Understanding their relationships with the performance of Indonesian SMEs. The Joint ACERE-DIANA International Entrepreneurship Conference; ACERE-DIANA: Fremantle, Western Australia.

95. Johnson C and Pidgeon T (2012) PCOC Assessment as a quality improvement tool. Palliative Care WA Conference, October 2012, Perth.

96. Masso M (2012) A grounded theory study of evidence-based practice in residential aged care. 11th National Conference of Emerging Researchers in Ageing, 19-20 November, Brisbane.

97. Masso M (2012) Implementing practice change: some guiding principles. Australian Association of Gerontology / Illawarra Retirement Trust Symposium, 19 October, Wollongong.

98. McCarthy G (2012) Sharing the research journey – developing research skills in a Coaching Masters Program. In Western Business Management Conference. 5-6 October, France.

99. McCarthy G (2012) Virtual teams and blended learning. Edulearn12: 4th International Conference on Education and New Learning Technologies; International Association of Technology, Education and Development, 2-4 July, Barcelona, Spain.

100. McCarthy G and Ahrens J (2012) Authentic assessment and feedback in a masters program. In Higher Education Research and the Student Learning Experience in Business Annual Conference, 10-11 December, University of Melbourne, Melbourne.

101. McCarthy G and Ahrens J (2012) How and why do managers use coaching skills? In Proceedings of the Irish Academy of Management Conference 2012; Heaslip G and Galavan R (Eds.); Irish Academy of Management: Ireland.

102. McNamee J (2012) The 2012 AR-DRG classification system development program. HIMAA Conference, 29-31 October, Surfers Paradise QLD.

103. Nilsson I, Blanchard M and Wicks A (2012) A time-geographic perspective of occupational engagement of community dwelling older people in Sweden. 9th COTEC Congress of Occupational Therapy, 24-27 May 2012, Stockholm, Sweden.

104. Pidgeon T (2012) PCOC: An overview of the Western Australian and National PCOC Report 13. Palliative Care WA Conference, October 2012, Perth.

105. Pidgeon T (2012) PCOC: An overview of PCOC Report 13. University of Western Australia's 2012 Research Symposium, November 2012, Perth.

106. Pidgeon T and Panizza N (2012) Nurse Practitioner-Palliative Care at Royal Perth Hospital: An evaluation using the palliative care outcomes collaboration (PCOC) quality improvement program. Australian College of Nurse Practitioners Conference, September 2012, Surfers Paradise.

107. Rebbeck E, Condon-Paoloni D and Yeatman H (2012) Consumer understandings and attitudes towards local food: an exploration of Australian consumers' perspectives. In World Nutrition Rio2012 – Knowledge Policy Action: Abstracts CD; WPHNA & ABRASCO: Brazil.

108. Rodgers-Healey DM (2012) How global activism starts and spreads for women. In International Women's Conference: Connecting for Action in the Asia-Pacific Region, 14-15 June, Cairns, Queensland, Australia.

109. Sansoni J (2012) Measurement of disease in populations and risk assessment. Epidemiology and Principles of Research, Masters of Public Health and Nutrition, University of Canberra, 14 February, Canberra.

110. Sansoni J (2012) Critical appraisal, systematic literature reviews and evidence based practice. Epidemiology and Principles of Research, Masters of Public Health and Nutrition, University of Canberra, 21 February, Canberra.

111. Sansoni J (2012) Research methods: Survey design and the evaluation of surveys and assessment tools. Epidemiology and Principles of Research, Masters of Public Health and Nutrition, University of Canberra, 13 March, Canberra.

112. Sansoni J (2012) Measurement of error and confounding. Epidemiology and Principles of Research, Masters of Public Health and Nutrition, University of Canberra, 24 April, Canberra.

113. Sansoni J, Hawthorne G, Fleming G and Marosszeky N (2012) The Revised Urinary Incontinence Scale: A comparison with other short urinary incontinence measures. 42nd Annual Meeting of the International Continence Society, 15-19 October, Beijing.

114. Sansoni J, Hawthorne G, Marosszeky N and Fleming G (2012) Clinician and patient ratings of severity compared with short assessment tools for urinary incontinence. 19th Annual Conference of the International Society for Quality of Life Research, 24-27 October, Budapest.

115. Sansoni J, Samsa P, Owen A and Eagar K (2012) Streamlining aged care assessment (Australia). 19th Annual Conference of the International Society for Quality of Life Research, 24-27 October, Budapest.

116. Simmonds F (2012) AROC: the Australian National Clinical Rehabilitation Registry. 7th Beijing International Forum on Rehabilitation, 21-23 September, Beijing.

117. Simmonds F and Stevermuer T (2012) Using an extended AROC dataset to benchmark rehabilitation outcomes in the treatment of brain injury. WCNR 2012, 7th World Congress for Neurorehabilitation, 16-18 May, Melbourne.

118. Wicks A and Hasan HM (2012) Something fishy's going on: exploring how the aquaponics garden at the Basin View Masonic Village is promoting resident participation through occupation and community and social involvement. New Zealand Association of Occupational Therapists Conference, 8-10 December, Hamilton, New Zealand.

119. Yeatman H (2012) Food policy and healthy populations. 6th Australasian Occupational Science Symposium: Occupation for Population Health, 6 December, University of Canberra, Canberra, Australia.

120. Yeatman H, Begley A, Hughes R, Schubert L, Williamns L and Palermo C (2012) Curriculum renewal for public health nutrition – a national case study, Australia. In World Nutrition Rio2012 - Knowledge Policy Action: Abstracts CD; WPHNA & ABRASCO: Brazil.

121. Yeatman H, Begley A, Hughes R and Palermo C (2012) Curriculum renewal for public health nutrition – a national case study, Australia. Second International Critical Dietetics Conference, 1-2 September, Sydney University, Australia.

122. Yeatman H, Hughes R, Begley A, Williams L, Schubert L and Palermo C (2012) Public health nutrition workforce preparation – outcomes of an Australian Learning and Teaching Council (ALTC) project (Symposia Session). 16th International Congress of Dietetics, 5-8 September, Sydney.

Other Publications (Reports etc.)

123. Allingham S and Bird S (2012) Outcomes in Palliative Care, Report 12 (July – December 2011) – New South Wales. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

124. Allingham S and Bird S (2012) Outcomes in Palliative Care, Report 12 (July – December 2011) – Queensland. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

125. Allingham S and Bird S (2012) Outcomes in Palliative Care, Report 12 (July – December 2011) – South Australia. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

126. Allingham S and Bird S (2012) Outcomes in Palliative Care, Report 12 (July – December 2011) – Victoria. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

127. Allingham S and Bird S (2012) Outcomes in Palliative Care, Report 12 (July – December 2011) – Western Australia. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

128. Allingham S, Bird S and Banfield M (2012) PCOC National Report on Outcomes in Palliative Care in Australia July to December 2011. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

129. Bird S, Allingham S, Masso M and Banfield M (2012) Patient Outcomes in Palliative Care, Report 13 (January – June 2012) – New South Wales. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

130. Bird S, Allingham S, Masso M and Banfield M (2012) Patient Outcomes in Palliative Care, Report 13 (January – June 2012) – Queensland. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

131. Bird S, Allingham S, Masso M and Banfield M (2012) Patient Outcomes in Palliative Care, Report 13 (January – June 2012) – South Australia. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

132. Bird S, Allingham S, Masso M and Banfield M (2012) Patient Outcomes in Palliative Care, Report 13 (January – June 2012) – Victoria. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

133. Bird S, Allingham S, Masso M and Banfield M (2012) Patient Outcomes in Palliative Care, Report 13 (January – June 2012) – Western Australia. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

134. Bird S, Allingham S, Masso M and Banfield M (2012) PCOC National Report on Patient Outcomes in Palliative Care in Australia January – June 2012. Palliative Care Outcomes Collaboration, Australian Health Services Research Institute, University of Wollongong.

135. Capell J and Dawber J (2012) AROC Ambulatory National Report, January 2011 – December 2011. Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.

136. Eagar K, Green J and Owen A (2012) The NSW Post School Programs Eligibility Assessment: a guide to functional assessments in 2012. CASiH, Australian Health Services Research Institute, University of Wollongong.

137. Eagar K, Sansoni J, Loggie C, Elsworthy A, McNamee J, Cook R and Grootemaat P (2012) A Review of Options for Integrating Quality into Hospital Pricing Systems. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

138. Eckstein G, Fildes D, Gordon R and Masso M (2012) Review of Demand for Cochlear Implantation in NSW to 2021. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

139. Fildes D, Thompson C and Eagar K (2012) General Practice Survey: Planning after hours primary care – Illawarra Shoalhaven Medicare Local. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

140. Gordon R, Thompson C and Cuthbert E (2012) Supplementary costing of Islet Cell Transplantation Services. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

141. Green J, Blanchard M and Owen A (2012) Their Future Starts With … - Post School Programs for School Leavers with Disabilities in 2012. Australian Health Services Research Institute, University of Wollongong.

142. Green J, Clapham K, Blanchard M and Boxall A-M (2012) Utilisation of the Healthdirect National Health Call Centre Network: a preliminary report. The Deeble Institute, Australian Healthcare and Hospitals Association and the Australian Health Services Research Institute, University of Wollongong.

143. Masso M and Fildes D (2012) Evaluation of the implementation of the Kidney Health Check Policy. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

144. Masso M and Thompson C (2012) The organisation of internal medicine services: rapid literature review of the evidence. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

145. Owen A, Hasan H, Samsa P and Sansoni J (2012) Usability testing of the New Assessment System for Aged Care. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

146. Quinsey K, Dawber J, Grootemaat P, Fildes D, Samsa P, Morris D, Blissett C and Gordon R (2012) Asthma Management Program: Sixth Evaluation Progress Report. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

147. Quinsey K, Morris D, Dawber J, Fildes D, Grootemaat P, Samsa P and Gordon R (2012) Asthma Management Program: Seventh Evaluation Progress Report. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

148. Ring I (2012) Black Health's Long Shadow. Canberra Times, 18 February 2012, Canberra.

149. Samsa P, Sansoni J, Owen A and Eagar K (2012) Triggers, Algorithms and Priority Settings in the Initial Intake Tools. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

150. Sansoni J, Samsa P, Owen A and Eagar K (2012) Overlaps between Initial Intake Assessments and ACAT Assessment and Suggested Modifications. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

151. Sansoni J, Samsa P, Owen A, Eagar K and Grootemaat P (2012) An Assessment Framework for Aged Care. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

152. Sansoni J, Samsa P, Owen A and Eagar K (2012) A Model and Proposed items for the New Assessment System for Aged Care. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

153. Senserrick T, Lyford M, Hinchcliff R, Boufous S, Clapham KF, Torr S and Ivers R (2012) Evaluation of the Bourke Alcohol Action Plan: Final Report. The George Institute for Global Health, University of Sydney.

154. Simmonds F, Berger M, Capell J and Stevermuer T (2012) AROC Rehabilitation Research Project, Final Report to Australian Government Department of Health and Ageing. Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.

155. Simmonds F, Berger M, Capell J and Stevermuer T (2012) AROC Rehabilitation Research Project, Progress Report to Australian Government Department of Health and Ageing. Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.

156. Simmonds F and Stevermuer T (2012) The AROC Annual Report: the state of rehabilitation in Australia 2011. Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.

157. Thompson C, Eckstein G, McDonald K, Fildes D, Samsa P, Westera A, Cuthbert E and Eagar K (2012) Health Profile and Needs Assessment – Planning after hours primary care in the Illawarra-Shoalhaven Medicare Local. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

158. Thompson C, Quinsey K, Gordon R, Williams K, Eckermann S, Andersen P, Snoek M and Eagar K (2012) Health Workforce Australia Expanded Scopes of Practice Program - Evaluation Framework. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

159. Thompson C, Quinsey K, Morris D, Gordon R, Williams K, Andersen P, Snoek M, Eckermann S and Eagar K (2012) Health Workforce Australia Expanded Scopes of Practice Program – Compendium of Data Requirements and Evaluation Tools. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

160. Westera A and Thompson C (2012) Evaluation of the Alzheimer's Australia National Dementia Care Initiative: Fourth Progress Report. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

161. Westera A, Thompson C, Morris D, Dawber J and Eagar K (2012) Report of the Interim Evaluation of the Consumer Dementia Research Network. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

162. Yeatman H, Quinsey K, Dawber J, Nielsen W, Condon-Paoloni D, Eckermann S, Morris D, Grootemaat P and Fildes D (2012) Stephanie Alexander Kitchen Garden National Program Evaluation: Tool Kit. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

163. Yeatman H, Quinsey K, Dawber J, Condon-Paoloni D, Fildes D, Green J, Morris D, Nielsen W and Grootemaat P (2012) Stephanie Alexander Kitchen Garden National Program Evaluation: Interim Report. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

164. Yeatman H, Quinsey K, Dawber J, Nielsen W, Condon-Paoloni D, Eckermann S, Morris D, Grootemaat P and Fildes D (2012) Stephanie Alexander Kitchen Garden National Program Evaluation: Supporting Information. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

AHSRI FUNDING

Type	Description	Funding 2012
Infrastructure	UoW infrastructure	$782,133
	UoW Research Strength Funding	$241,037
	Total infrastructure	**$1,023,170**
Research Income	Development of the 2012 AR-DRG Classification System	$2,735,594
	Palliative Care Outcomes Collaboration	$2,034,102
	Australasian Rehabilitation Outcomes Centre - core funding	$1,145,213
	Evaluation of the Expanded Scopes of Practice Project	$501,281
	Australasian Rehabilitation Outcomes Centre - FIM Income	$471,749
	Evaluation of the Stephanie Alexander Kitchen Garden Program	$209,710
	Evaluation of Encouraging Better Practice in Aged Care (EBPAC) Initiative	$186,745
	Development and Validation of an Assessment Framework and the Needs Identification Tool for Aged Care and Carers (NITACC)	$153,100
	Evaluation of the Asthma Management Program	$126,029
	Development of the stage one plan for the Medicare Locals After Hours Program	$88,000
	Validation and Field Trials of the Assessment Framework and Tools for Aged Care	$82,456
	Activity Based Funding Collaboration - SESLHD	$75,443
	Review of Demand for Cochlear Implantation in NSW to 2021	$66,531
	Evaluation of the implementation of the Kidney Health Check Policy	$51,011
	Kiama Youth Mental Health National Broadband Network Project	$50,000
	2012 Post School Program	$47,708
	Evaluation of the National Dementia Quality Care Initiative	$41,250
	Integrating Quality and Safety into Hospital Pricing Systems - Literature Review	$34,946
	Islet Transplantation Costing Study	$29,979
	The organisation of internal medicine services - Literature Review	$22,000
	AHOC - Small consultation projects	$12,606
	Update CHADx to ICD-10AM	$9,900
	Research & Evaluation of National Health Call Centre Network	$9,820
	Evaluation of the Southern Suburbs Community Sector Capacity Building Project	$9,018
	Activity Based Funding Capacity Building Consultancy - ISLHD	$2,178
	Total research funding	**$8,196,369**
Total Income		**$9,219,539**

Note: The table above excludes funding administered by other parts of the University of Wollongong and by external research collaborators.

AHSRI STAFF

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

By the end of 2012, the Institute had over 50 team members, including full-time and part time staff, as well as research associates. The AHSRI team (including staff members of the Institute's other Centres) in 2012 were:

Professor Kathy Eagar, Director, AHRSI

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

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

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

Professor John Glynn, Dean of Sydney Business School

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

Elizabeth Cuthbert, Business Manager, AHSRI

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

Professor Ian Ring (Public Health)

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

Professor Simon Eckermann (Health Economics)

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

Professor Kathleen Clapham (Indigenous Health)

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

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

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

Professor David Steel (Applied Statistics)

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

Professor Sara Dolnicar (Management and Marketing)

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

Associate Professor Janet Sansoni, Director, AHOC

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

Dr Heather Yeatman, Associate Professor (Public Health)

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

Associate Professor Janette Green, Director, CASiH

Janette's full-time position provides expert statistical skills on projects, primarily in classification development, benchmarking and outcome measurement. She has applied her statistical skills to a wide range of areas in the health sector, including rehabilitation, mental health and palliative care. In addition, she continues with undergraduate teaching and, from time to time, she runs workshops for health professionals on the use and interpretation of statistics. In 2011 she was elected, as one of two representatives of the Asia-Oceania region, to the Executive Committee of Patient Classification Systems International.

Associate Professor Helen Hasan (Economics and Information Systems)

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

Associate Professor Jim Pearse (Health Services Research)

Jim joined the AHSRI 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.

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

Alison is an Honorary Research Fellow, and is the Founding Director of the Australasian Occupational Science Centre (AOSC) which is a research centre within the AHSRI and is Associate Professor in Occupational Therapy at the University of Canberra. Alison

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

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

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

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

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

Alan Owen, Senior Research Fellow (Community Care Research)

Alan holds a full-time position at the Institute and his research interest is in tools for measuring client characteristics in the community, covering disability and aged care, mental health, cancer care and community health. Alan also provides assistance on local evaluation plans and surveys and other Institute projects. Alan is also a health policy adviser for ACOSS and in 2008 was a member of the Guardianship and Mental Health Review Tribunals.

Karen Quinsey, Senior Research Fellow (Health Services Research)

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

Frances Simmonds, Director, AROC

Frances is the AROC Director and commenced work in January 2006. Frances has extensive health sector experience at a senior level in both the public and private sectors. Prior to joining the Institute, Frances was employed as the National Director, Funder Relations for the Sisters of Charity Health Service. During the 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.

Cristina Thompson, Senior Research Fellow (Health Services Research)

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

Maree Banfield, Senior Research Fellow (Palliative Care)

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

Jenny McNamee, Director, NCCC

Jenny joined the NCCC in September 2010. Her most recent management experience is in the areas of health system performance management, casemix/clinical costing and episode based funding in the NSW public health sector. For the 10 years prior to 2008,

Jenny managed casemix and performance at Sydney Children's Hospital. Here she developed a specialisation in paediatric casemix issues, and worked closely with Children's Hospitals Australasia in the establishment of a national performance and casemix benchmarking program and was involved in a number of paediatric casemix development activities.

Luise Lago, Senior Research Fellow (Applied Statistics)

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

Dr Gary Eckstein, Senior Research Fellow (Medical Demography)

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

Dave Webster, Senior Research Fellow

Dave Webster is a Senior Research Fellow at AHSRI. His role is IT Coordinator and Systems Architect. He works closely with statisticians and other researchers at AHSRI to improve existing systems and implement new systems to support the research undertaken at AHSRI.

David Fildes, Research Fellow (Health Services Research)

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

Patricia Saad, Classification Developer (NCCC)

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

Peter Samsa, Research Fellow (Health Informatics)

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

Tara Stevermuer, Research Fellow (Applied Statistics)

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

Anita Westera, Research Fellow (Health Services Research)

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

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

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

Megan Blanchard, Research Fellow (Applied Statistics)

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

Ming Zhang, Research Fellow (Data Systems Manager)

Ming brings a number of valuable skills to this team including: Object-oriented system analysis and design, relational database management system analysis, design and implementation clinical terminology content and modelling analysis with various database systems and programming languages, particularly the IHTSDO workbench and description logic classifiers.

Sonia Bird, Research Fellow (Applied Statistics)

Sonia is a full-time member of the AHSRI, supporting research projects including Palliative Care and the NSW Clinical Services Redesign Program. Her work involves data management, statistical analysis and report writing. Sonia has tertiary qualifications in Mathematics, Applied Statistics and Finance.

Janet Law, Research Fellow (AROC)

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

Monique Berger, Research Fellow (AROC)

Monique is a registered nurse with extensive experience in rehabilitation nursing. Monique joined the AHSRI in 2008 and works as an AROC Master FIM trainer. Monique has a particular focus on expanding AROC's network into New Zealand.

Jacquelin Capell, Research Fellow (AROC)

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

Sabina Clapham, Research Fellow (PCOC)

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

Michael Navakatikyan, Research Fellow (Applied Statistics)

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

Samuel Allingham, Research Fellow (Applied Statistics)

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

Dr Geoff Kelly, Lecturer (Sydney Business School)

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

Susan Claessen, ICD Education Coordinator (NCCC)

Susan holds a Bachelor of Health Science (Health Information Management) from the Queensland University of Technology. She has worked in the NSW public health system for the past 10 years in the roles of Clinical Coder, Coding Manager and Area Clinical Coding Coordinator. She joined the NCCC in July 2011 as the ICD Education Coordinator.

Lwin Marla Tun, Classification Developer (NCCC)

Marla's background is in medicine and health information management. She has extensive experience in the content development of ICD-10-AM/ACHI/ACS classification and is responsible for producing electronic code lists and mapping tables. She also has experience in NSW public health system working on casemix projects and data submissions to state and national forums on casemix and costing.

Anne Elsworthy, Classification Developer (NCCC)

Anne has worked in the NSW public health system including roles as Coding Manger, Medical Record Manager and Patient and Information Services Manager. For the past four years she has worked at the National Centre for Classification in Health, principally coordinating and publishing responses to ICD-10-AM coding queries, ICD-10-AM content development and education.

Irene Soo, Classification Developer (NCCC)

Irene holds a Bachelor of Applied Science (Health Information Management) Honours degree. Her research project focused on the quality of ICD-10-AM activity codes and their usage in hospital morbidity data. Irene has worked at the National Centre for Classification in Health at the University of Sydney as a Classification Support Officer for the past year and previously as a GP Data Coder at the Family Medicine Research Centre, University of Sydney.

Nicole Rankin, Classification Developer (NCCC)

Nicole joined the NCCC in July 2011 as a classification developer. Prior to joining the NCCC, Nicole was seconded for 2 years to the Clinical Cancer Registry Project (SESIAHS). Before that Nicole has worked in the fields of casemix, costing, data analysis and performance reporting for the Sydney Children's and Royal Women's Hospitals. Nicole holds a Bachelor of Applied Science in Health Information Management from Sydney University.

Yan Guo, Classification Developer (NCCC)

Yan has a background in internal medicine and coding. Yan joined the NCCC as classification developer in December 2010. Prior to this, she worked as a classification support officer at the NCCH, a data manager at the NHMRC clinical trials centre and a clinical coder. Prior to coming to Australia, Yan was a physician in China.

James Dawber, Research Fellow (Applied Statistics)

James joined the AHSRI in January 2010 after completing his tertiary studies in Christchurch, New Zealand. James supports research projects that involve statistical analysis and assists in data management.

Pam Grootemaat, Associate Research Fellow (Health Services Research)

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

Patrick Steele, Associate Research Fellow (Applied Statistics)

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

Linda Foskett, PCOC Administrative Officer

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

Danuta (Danni) Sosulka, NCCC Senior Administrative Officer

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

Rebecca Cook (Librarian)

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

Cheryl Blissett, AHSRI Administrative Officer

Cheryl joined the AHSRI in March 2006 and is an Administration Officer. Cheryl provides administrative support to various research projects undertaken by CHSD and also provides general administrative support within the Institute.

Julie de Clouet, AROC Administrative Officer and FIM Manager

Julie joined the AHSRI in March 2007 as the FIM Manager, and also provides administrative support for AROC.

Glenice Maxwell, NCCC Administrative Officer

Glenice joined the AHSRI in May 2010 in the role of Administrative Officer on the AR-DRG project. Glenice has a background in administrative support roles in clinical environments (hospital administration, outpatient clinics, psychiatric unit and medical records) and senior executive support roles in corporate environments in the public and private sectors.

Darcy Morris, Senior Administrative Officer

Darcy provides administrative support for the Institute and assists with research activities and the publication collection. He also provides technical support, including maintenance of the AHSRI web sites.

Alexandra Verdon, AHSRI Administrative Assistant/Receptionist

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

Moira Buckley, Receptionist

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

Lewis Green, AROC and AHSRI Administrative Assistant

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

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CHSD
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development

PCOC
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AROC
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outcomes centre

NCCC
national casemix and
classification centre

AOSC
australasian occupational
science centre

AHOC
australian health
outcomes collaboration

CASiH
centre for
applied statistics in health