

ahha

australian healthcare &
hospitals association

the voice of public healthcare®

**Annual Report
2014 – 15**



Our vision

Equitable access to excellent and efficient universal healthcare.

Our mission

Advocating and enabling the delivery of high quality and equitable healthcare.

Our purpose

AHHA exists for the public's benefit and our work benefits the whole community. We support hospitals and healthcare services to achieve excellence in clinical care through our advocacy, research and distribution of knowledge and evidence which underpins best practice.

Our values

- Equity of access to a safe and responsive healthcare system.
- National policy that is socially, economically and environmentally sustainable.
- Services that are efficiently and adequately resourced.
- Efficient and effective coordination between all levels of government and across all parts of the health system.

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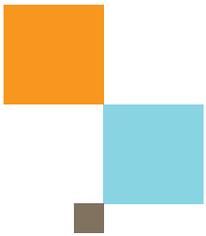
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Chair's Report



DR PAUL DUGDALE
Chair

AHHA has been a strong voice for public healthcare in Australia throughout 2014–15, which has been a period of uncertainty for the health sector as Commonwealth Government budget measures have focused on reducing health expenditure, placing financial pressure on the states, territories, providers and consumers. The Commonwealth's approach to health policy has included savings measures, review processes and discussions focused on the Reform of Federation and the tax system. The Medicare Review and the work of the Primary Health Care Advisory Group and the Mental Health Expert Review Group will assist in repositioning government health policy more strategically.

Notwithstanding this work, public hospital funding remains of significant concern. For public hospitals, the end of negotiated agreements on how the public hospital system needs to be funded represents a \$57 billion reduction. This will have a significant impact on the sector between 2017–18 and 2024–25. AHHA is pleased that the Commonwealth and the states and territories are now actively working together to ensure future hospital funding will be placed on a sustainable footing.

AHHA has been vocal in calling on the Commonwealth Government to recommit itself to preventive health following the early termination of the National Partnership Agreement on Preventive Health. Preventive health is a cost-effective tool able to assist a health system grappling with an ageing population and an increasing burden of chronic disease.

AHHA has also called for clarity on which programs the Commonwealth intends to target as it removes approximately \$1 billion over five years from a range of areas, including those managed as flexible funding, which support important programs such as alcohol and drug services, mental health, Indigenous health and palliative care. Long-term, sustainable funding commitments are vital for an efficient and effective health sector.

The Commonwealth Government points to the Reform of the Federation and of the Tax System as the way to reconsider financial relations between tiers of government and how critical public services like public hospitals could be funded.

The White and Green Paper process to reform the Federation repeatedly refers to the issue of vertical fiscal imbalance—the Commonwealth raising more revenue than required to fund their responsibilities, and the states and territories having greater service commitments than they have the capacity to fund. This was a point of discussion at the AHHA's Think Tank on Reform of the Federation and Health where it was acknowledged that the funding and determination of health priorities are a shared responsibility across governments. AHHA continues to be a thought leader in this process through its organisation of a Think Tank on Sustainable Funding of Public Hospitals and publication of discussion papers.

Health must be seen as an investment in the future, not a drain on budgets to be managed to meet short-term goals, and reform options should occur in consultation with all stakeholders including hospitals, health service providers, community health services, primary health services and the communities they serve. The AHHA is uniquely placed to bring these voices together and undertake health services research to inform thinking about our health system.

I look forward to AHHA's 70th year and beyond as it continues to advocate for universal high quality healthcare to benefit the whole community.

Looking to the future, AHHA has adopted a new constitution to reflect modern practices and legislation. The membership structure has been streamlined, the role of Council has been clarified and the processes for the appointment and election of directors have been clarified. These changes reflect AHHA's growing and diverse membership, including AHHA's growing advocacy for Primary Health Networks.

Treasurer's Report



DR DEBORAH COLE
Treasurer

The AHHA has had a successful year, achieving a small profit and reinforcing the Association's sustainability. Revenue and expenditure were up by 40% on last year, with the anticipated surpluses through diversification of its activities being applied to strengthening a number of areas of the Association, thereby ensuring that our viability is maintained. In times when not for profit organisations and charitable institutions are finding it difficult to diversify their sources of revenue, our results are particularly pleasing.

As can be seen from the charts below, surpluses were achieved through our events, training and business activities and savings realised in our publications program. We invested in important reviews of our Constitution and the Deeble Institute, and our membership expanded as a result of the transition of Medicare Locals to Primary Health Networks.

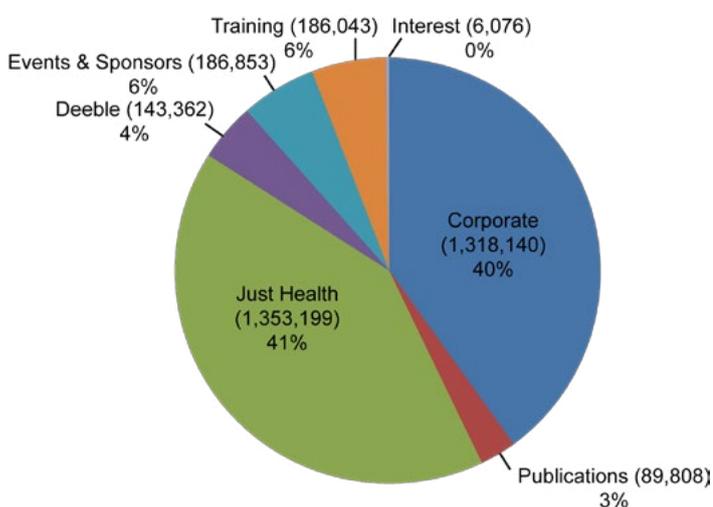
The changes to our accounting processes and reporting discussed in

the 2013-2014 Annual Report, are now complete and we are currently working towards our ISO : 9001 accreditation. This will ensure that our financial and management systems are accurate and compliant with the requirements of the Australian Charities and Not-for-Pofit Commission and will also form an essential part of our ongoing quality improvement processes.

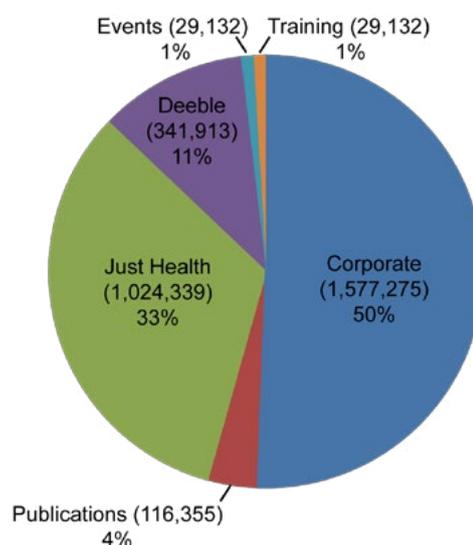
We now have a financial framework which encompasses our processes, procedures and policies, so that our reporting is accurate, efficient and timely. To ensure the reliability of our systems, we have adopted quarterly audits instead of the traditional annual audit, providing the Board and the Audit, Finance and Risk Committee with regular and robust financial information.

The Financial Report for 2014-15 has again been given an unqualified audit report, and is available at: <http://ahha.asn.au/financial-reports>

AHHA Revenue 2014-15



AHHA Expenditure 2014-15



Chief Executive's Report



ALISON VERHOEVEN
Chief Executive

The team at AHHA have worked hard over 2014–15 to integrate our advocacy, policy, research, skills development and training, events, publication and business streams to be a more effective voice for public healthcare in Australia.

The past year's efforts were aimed at advocacy for affordable and accessible healthcare as governments and health providers grappled with budget challenges and a growing burden of chronic disease; and considered options for organising and financing the system. Primary care, in particular, was in focus.

AHHA continues to advocate for policies that support a well-functioning and well-funded universal health system. Reforms should be collaborative and focus on improving effectiveness, efficiency, and value-for-money rather than shifting costs.

We aimed to be a positive and evidence-informed voice in health policy debate through an active research, publication, event and media program.

AHHA's simulation on integrated healthcare brought together a diverse group of health leaders to work through some important issues facing healthcare in Australia such as the likely impact on the health system of bundled care packages for chronic disease, a greater role for private health insurance in primary health, and the introduction of Primary Health Networks.

As a contribution to the Reform of the Federation process, AHHA brought together health leaders, including representatives from all tiers of government, primary and acute care organisations and academics, to discuss the challenges and opportunities for change in the way health services are provided to all Australians. Health Minister, the Hon Sussan Ley MP, opened the think tank, which provided an opportunity for health leaders to meet together to examine the big questions facing the health system, from subsidiarity and national interests, to equity, funding and fiscal sustainability.

In the context of the Australian Government's decision to change how it will contribute to the funding of public hospitals from 2017–18 onwards, and in addition to the two White Paper processes currently underway on Reform of the Federation and Reform of Australia's Tax System, AHHA is planning a September think tank to explore options to achieve sustainable funding of public hospitals with disruptive thinking, alternative models of care and funding, and innovative views.

The primary health care sector in Australia is undergoing a transformation with the wind up of the Medicare Local system and the

introduction of Primary Health Networks (PHNs), and AHHA has been at the forefront to assist and support the third incarnation of regional primary health care organisations in Australia. AHHA partnered with the Public Health Association to convene a primary healthcare roadshow in five cities across Australia to identify a broad range of opportunities, challenges and recommendations for the new PHNs. More recently, AHHA published a series of discussion papers on the six priority areas identified by Minister Ley.

With so much change and uncertainty, AHHA revised its policy positions in 2015, available online, to ensure our advocacy reflects the current environment and thinking.

While we need to ensure the voices of our country's most vulnerable people do not go unheard, the AHHA has also sought to highlight the positive actions being taken to improve health services across the nation.

Showcasing new research on managing patient flow and hospital capacity published in our peer reviewed journal, *Australian Health Review*, AHHA brought together the papers' authors, clinicians, administrators and policymakers, to discuss the topic.

Our health services magazine, *The Health Advocate*, continues to be an informative and engaging source of the latest thinking and ideas in the health space written by Australia's health leaders.

To assist our members evolve in a period of improving effectiveness, efficiency, and value-for-money, AHHA continues to develop events and training such as Root Cause Analysis and Clinical Practice Improvement, which join the existing Lean process optimisation training already offered.

I am excited to continue discussions with members and other health service providers throughout 2015–16 with a view for AHHA to continue its role as a positive and evidence-informed voice for public healthcare; and I look forward to sharing many more success stories across our publications and online platforms.

I welcome suggestions and feedback to inform our events and research programs, which exist to support members and the broader health sector.

Finally, I thank AHHA's very dedicated and committed staff and acknowledge the active engagement of our members who support and bring value to AHHA's busy work program. I thank each of you for your contributions in the past year.

Representation

Parliamentary meetings

The Hon Peter Dutton MP, Minister for Health (Sep 2013 to Dec 2014)
The Hon Sussan Ley MP, Minister for Health (current)
Senator the Hon Fiona Nash, Assistant Minister for Health
The Hon Catherine King MP, Shadow Minister for Health
Stephen Jones MP, Shadow Assistant Minister for Health
Senator the Hon Penny Wong, Leader of the Opposition in the Senate
Senator Christine Milne, then-Greens leader
Senator Dr Richard Di Natale, Greens health spokesperson
Senator Nova Peris
Senator Penny Wright
Senator John Madigan
The Hon Jillian Skinner MP, NSW Minister for Health and Minister for Medical Research
The Hon David Davis MLC, then-Victoria Minister for Health
The Hon Jack Snelling MP, South Australia Minister for Health
Simon Corbell MLA, ACT Minister for Health

Parliamentary committee appearances

Senate Select Committee on Health, 14 Apr 2015 and 9 Jun 2015

Committees

Alliance for Sharps Safety and Needlestick Prevention - member
Asian Hospital Federation - council
Australian Council on Healthcare Standards - board & council
Australian Government Department of Health, Health Sector Group, Trusted Information Sharing Network - member
Australian Institute of Health and Welfare Australian Hospital Statistics Advisory Committee - member
Australian Research Alliance for Children and Youth - member
Climate and Health Alliance - member
Global Green and Healthy Hospitals Network - founding member
Heart Foundation Acute Coronary Syndrome Implementation Working Group - member
HESTA - trustee
Independent Hospital Pricing Authority, Stakeholder Advisory Group - member
International Federation of Community Health Centres - member
International Hospital Federation - governing council
National Aged Care Alliance - member
National Alliance for Action on Alcohol - member

National Oral Health Plan Working Group - Chair
National Prescribing Service and NPS Choosing Wisely Advisory Committee - member
National Primary and Community Health Network - executive
National Rural Health Alliance - member
Social Determinants of Health Alliance - member
Standards Australia Technical Committee (Health Informatics) - member

Submissions

Australian Human Rights Commission: National Inquiry into Children in Immigration Detention 2014
Review of After Hours Primary Care Services 2014
Australian Senate Select Committee on Health Terms of Reference 2014
Australian Government Pre-Budget Submission to Treasury 2015–16

Presentations and consultations

Australian Government Department of Health, Policy Leaders Forum, Rationing in Healthcare, presentation
Primary Health Care Conference Roadshow (Perth, Adelaide, Melbourne, Sydney and Brisbane), co-host
Victorian Healthcare Association Annual Conference, presentation
Australian Government Department of the Prime Minister and Cabinet, Roundtable on Federalism, participation
Australasian Society of Association Executives networking event, presentation
Independent Hospital Pricing Authority Activity-Based Funding Consultation, participant
Productivity Commission's Efficiencies in Health Roundtable, participant
Australian Government Budget 2015–16 Lockup
ACT Medicare Local Roundtable on Quality and Safety in Primary Care, participation
Australasian College of Health Service Management: Women in Health Leadership Forum, address
Melbourne Institute's Public Economics Forum, chair
National Rural Health Alliance Workshop, co-presenter

MOUs outlining partnership arrangements

Public Health Association of Australia
Victorian Healthcare Association

Governance

Category	Board	Meetings attended (6 max)
Chair	Dr Paul Dugdale	6
Deputy Chair	Ms Elizabeth Koff	5
Treasurer	Dr Deborah Cole	5
Immediate Past Chair	Dr Paul Scown	4
	Prof Gary Day	5
	Mr Walter Kmet	5
	Ms Lesley Dwyer (Sept 2014 - Feb 2015)	2
	Mr Philip Davies (Feb 2015 - current)	2
Academic	Prof Kathy Eagar	6
Organisation	Council	Meetings attended (2 max)
Sydney Children's Hospital Network	Dr Michael Brydon	1
South Western Melbourne Medicare Local	Ms Gaylene Coulton	1
BD Australia and New Zealand	Ms Hilary Crilly	1
Shine SA	Ms Jill Davidson	2
Queensland Health	Mr Philip Davies	1
Griffith University	Prof Gary Day	2
Personal member representative	Dr Martin Dooland	1
Perth Central and East Metro Medicare Local	Ms Leanne Durrington	0
Merri Community Health Services	Mr Nigel Fidgeon	1
Tasmania Health and Hospital Service	Ms Siobhan Harpur	2
Darling Downs Medicare Local	Mr Andrew Harvey	1
Queensland Health	A/Prof Noel Hayman	0
Tasmanian Health Organisation	Mr Graeme Houghton	1
Loddon-Mallee Medicare Local	Mr Matt Jones	0
Personal member representative	Mr Lewis Kaplan	2
Wentwest	Mr Walter Kmet	2
Latrobe Community Health Service	Mr Ben Leigh	1
Queensland Health	Mr Robert Mackway-Jones	1
West Morton Hospital and Health Service	Ms Sue McKee	2
Central Queensland Medicare Local	Ms Jean McRuvie	1
ACT Health	Mr Ross O'Donoghue	1
Tasmania Health and Hospital Service	Mr Michael Pervan	1
Personal member representative	Ms Prue Power	2
Nepean Blue Mountain Medicare Local	Ms Lizz Reay / Ms Sheila Holcombe	1

Governance

Organisation	Council	Meetings attended (2 max)
ACT Health	Ms Barbara Reid	1
St Vincent's	Mr Anthony Schembri	1
Personal member representative	A/Prof Annette Schmiede	2
Immediate past chair	Dr Paul Scown	2
Alpine Health	Mr Lyndon Seys	2
West Wimmera Health Service	Mr John Smith	1
Victorian Healthcare Association	Mr Tom Symondson	2
Governance Plus	Ms Sandy Thomson	1
Senior staff (as at 30 June 2015)		
Chief Executive: Ms Alison Verhoeven		
Advocacy Director: Mr Krister Partel		
Research Director: Dr Linc Thurect		
Business/Finance Director: Mr Murray Mansell		
Deeble Institute Director: Ms Susan Killion		

Case study

A new Constitution to strengthen AHHA

At a Special General Meeting of the AHHA on 20 July 2015, members unanimously agreed to adopt a new Constitution to guide AHHA and its work into the future.

The adoption of the new Constitution followed a series of consultations and decisions aimed at positioning AHHA to better meet the broad interests of its members across the primary and acute health sectors, and to reflect the changed governance arrangements in the Australian health system.

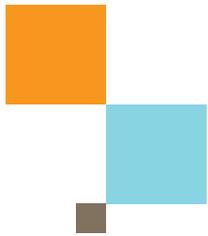
In July 2014 AHHA members agreed to constitutional changes which provided for more direct representation on the AHHA Council, with less emphasis on jurisdictional quotas. This provided an opportunity for greater participation of members in development of AHHA policies to inform AHHA's work program. At that time the AHHA Board flagged its intention to review the Constitution in order to ensure the contemporary requirements of the Australian Charities and Not for Profit Commission (ACNC) were met; and to promote better governance of the organisation.

Specialist advisers, Board Matters, were engaged to lead this work. AHHA Council members discussed a first draft in March 2015; which was further refined to reflect input from this consultation. Good input was received through the consultations, and all issues were resolved through consensus.

The AHHA Board endorsed a final draft for consideration by members at the July 2015 Special General Meeting. They recommended the draft to members, noting that it:

- met ACNC requirements
- ensured representation of all members in the strategic policy deliberations of the AHHA
- provided opportunities for members to be nominated to Board positions
- provided robust nomination and electoral processes
- would ensure effective corporate governance of AHHA; and
- would ensure AHHA is able to maintain and build on its strengths as the voice of public healthcare in Australia.

AHHA acknowledges the work of the Secretariat and the expert advice of Board Matters and their efforts to ensure the input of AHHA members was addressed fully throughout the consultation process.



Membership

AHHA aims to provide its members with effective representation and access to services that assist them in delivering high quality, effective and equitable healthcare.

AHHA members receive access to advocacy, consultancy and training services as well as the latest information and research to help them better manage the ongoing pressure to improve services, reduce costs and maintain a world leading healthcare system.

The Association continues to develop events and training that help its members evolve in these changing times. 2014–15 saw a large number of AHHA members take advantage of the range of training opportunities offered by the association. The focus of AHHA's training offerings continues to be on process and quality improvement, with training on Root Cause Analysis and Clinical Practice Improvement joining the existing Lean process optimisation training already offered.

AHHA's members continue to be supported by AHHA's JustHealth Consultants (JHC). Offering value-for-money, highly targeted consulting services, JHC has been able to deliver high value outcomes for members throughout the year. AHHA also continues to seek opportunities for partnerships that provide our members access to discounts and value. For example, a new partnership with Employsure allows AHHA members to access complimentary HR advice through their hotline.

2016 will mark AHHA's 70th year. Over the last seven decades AHHA has consistently worked to ensure universal access to affordable care as well as high standards and ever greater efficiency. As AHHA enters its 70th year it will continue to work with its members towards these aims.

Case studies

Reorganisation of primary health services

In 2014–15 one group of AHHA members, the Medicare Locals, found themselves under particular pressure as the shut down and change to Primary Health Networks was announced. AHHA brought the Medicare Locals together and provided strong advocacy and effective business support services. AHHA's active engagement with the Primary Health Networks has continued through the period of transition and it is pleasing to note that a significant number of new Primary Health Networks have already taken up AHHA membership.

Member breakfast series

AHHA recognises that its members come from a diverse range of organisations and backgrounds and there is great benefit to providing opportunities for informal member networking. At any point in time AHHA members are engaged in a variety of projects, research and activities of interest to other members.

AHHA's member breakfast series was initiated to provide an opportunity for members to network, while hearing the latest news from AHHA, listening to an interesting presentation from an AHHA member and enjoying a delicious, healthy breakfast. They are proving to be popular and AHHA is looking forward to hosting these regularly throughout 2015–16.



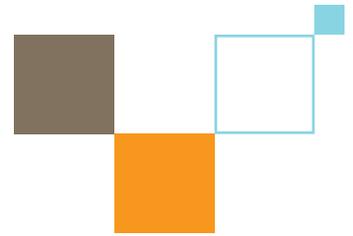
Sidney Sax Medallist 2014: Professor Judith Dwyer

A lifelong commitment to delivering high quality health services in Australia, particularly in the area of Indigenous health, was acknowledged by the AHHA in the awarding of the 2014 Sidney Sax Medal to Professor Judith Dwyer.

The award recognises outstanding achievement in, and contribution to, the development and improvement of the Australian healthcare system. With more than 20 years of experience in community, hospital and government settings, the 2014 Medal recognised the extraordinary dedication and achievements of Professor Dwyer throughout her career.

Judith, a Professor of Health Care Management at Flinders University in South Australia, has a research passion for health system governance and design and, in particular, the delivery and improvement of Aboriginal health services. This research has earned her huge respect among her peers and made an immeasurable impact on the lives of many.

Judith is currently working alongside the Lowitja Institute—Australia's only independent Institute devoted solely to Aboriginal and Torres Strait Islander health research—to establish a coalition of healthcare organisations in support of constitutional recognition for Australia's First Peoples on the grounds of potential health benefit. She continues to work towards the objective of better health and health care for all Australians.



Case study

Primary Health Networks

The 2014–15 Federal Budget saw major changes to the organisation of primary health services in Australia. The Australian Medicare Local Alliance, the peak body representing Medicare Locals, was defunded and Medicare Locals were given 12 months' notice that they would be closed and replaced with a smaller number of Primary Health Networks (PHNs). Following these announcements, AHHA reached out to Medicare Locals nationwide and has provided support over the last 12 months.

AHHA extended substantial support during this transition period including developing new services such as media monitoring, providing a series of transition seminars, and establishing a Data Collaboration Network, which meets on a bi-monthly basis. This allows organisations across the health sector to share their work on data which is a vital component in meeting the commissioning role anticipated for PHNs. Other members are also welcome to join this active and engaged group.

AHHA also maintained its role as a strong advocate for the broad interests of our members and the primary health sector as a whole. AHHA met with staff from the Australian Government Department of Health as well as with then-Minister for Health Peter Dutton and current Health Minister Sussan Ley, to raise issues of relevance to the closing of Medicare Locals and establishment of new PHNs.

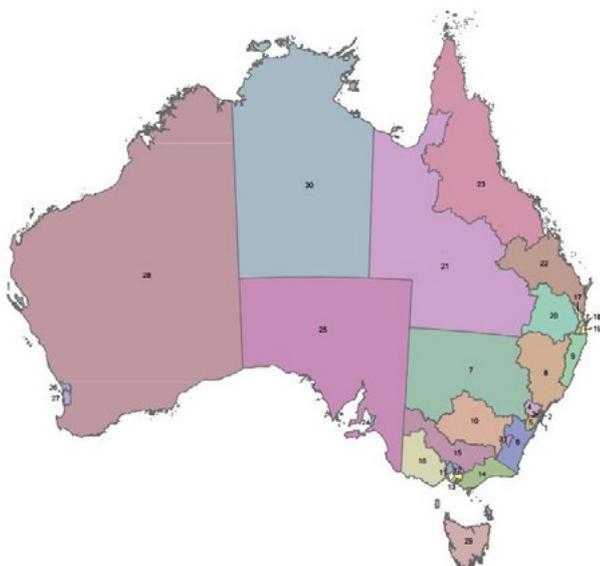


Image: PHN Boundaries
Source: Commonwealth Department of Health website

Roadshow

AHHA was pleased to collaborate with the Public Health Association of Australia to convene the Primary Health Care Roadshow, which travelled to five cities across Australia in September and October 2014 following the announcement of the introduction of PHNs.

Participants were drawn from a broad cross-section of primary health stakeholders, including state health ministers, representatives from Medicare Locals, Local Hospital Networks, state health departments, clinical and professional groups, academics, health consumer groups, non-government organisations, private health insurers and private health providers.

The Roadshow identified a broad range of opportunities, challenges and recommendations for the new PHNs. While they offer a significant opportunity to be drivers of reform and value for money in health care, PHNs must meet the needs of all people in their region which may be challenging given their larger geographic area.

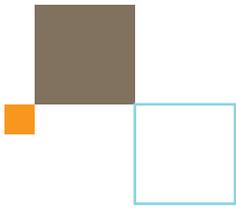
The Roadshow culminated in the production of a Primary Healthcare Communique, which summarised the key themes identified throughout the series and made a number of recommendations. The Communique was made widely available to political and health leaders and the media.

Discussion paper series

AHHA commissioned seven discussion papers based on the key priorities noted by Minister Ley in her announcement of the 31 new PHNs in early April 2015. Drawing together lessons learned from previous organised primary health care models, each discussion paper highlights key challenges and tasks for the PHNs to address. The topics covered by the discussion paper series are:

- Primary Health Network critical success factors;
- Mental health;
- Aboriginal & Torres Strait Islander health;
- Population health;
- Health workforce;
- eHealth; and
- Aged care.

AHHA has released the discussion papers with a view to providing a base for PHNs to build their activity and to attract debate and interest in the topics raised.



JustHealth Consultants

JustHealth Consultants (JHC) is a consultancy business complementing the products and services offered by AHHA. JHC supports new and existing healthcare organisations across all sectors of the industry to meet the complex governance, organisational and quality assurance requirements of today's rapidly changing environment.

JHC continued to deliver successful projects and commissioned work for a range of clients in 2014–15, across a range of areas:

- Business analysis
- Community needs assessment
- Stakeholder consultation, online and face-to-face training
- Program evaluations
- Professional education consultations and reviews
- Workforce needs assessments
- Business scoping studies and strategic reviews
- Tender writing
- Cultural competency standards development and practice

Services were provided in the following sectors:

- Cancer care
- Cardiovascular care
- Indigenous health
- Hospitals
- Nursing
- Pharmacy
- Palliative care
- Primary care

Case studies

Palliative care sector drives online training and information portal expansion

Australian aged and community care workers now have the opportunity to extend their skills and capabilities by accessing AHHA's free palliative care online training and information portal which was developed in response to the needs of frontline care workers.

The portal is a national initiative funded by the Commonwealth Department of Health and delivered in partnership with Silver Chain. Four online modules covering the guidelines for community based palliative aged care (COMPAC) are offered together with two new modules launched in July 2015. Over 21,000 people have registered for this training since the program's inception in 2012.

The portal includes two new self-paced learning modules on pain management and recognising the deteriorating patient, which were developed in consultation with palliative care workers across Australia.

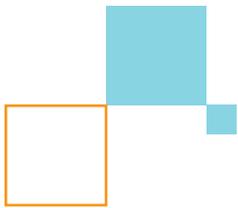
The AHHA conducted an extensive survey and stakeholder consultation process to help align the portal's focus and content with the needs of the diverse audience. 20,000 people from across the palliative care workforce were surveyed to find out what topics would be most helpful to improve the quality of care and the two standouts were pain management, and recognising a deteriorating client. Two new training modules on these topics were developed as a result.

The portal will allow the palliative care workforce to learn more about delivering quality care at the end of life. In an environment where resources are limited and every cent must be accounted for, the training modules are offered free of charge, as increased understanding and quality of care is of benefit to everyone, patient and carer alike.

In addition to the six training modules, the portal also offers a discussion forum, where learners can post questions about clinical practice and receive an answer from a clinical practitioner within a 24–48 hour period. A resource library allows users to easily find and access the latest information in this area, and a help desk is available to assist users with technical issues if required.

The six online training and information portal modules are:

- Module 1 – A palliative approach to care
- Module 2 – Planning and assessment
- Module 3 – Providing care to clients and their carers
- Module 4 – Delivering a palliative approach for aged care in the community setting
- Module 5 – Pain management
- Module 6 – Recognising deteriorating clients



Deeble Institute

With the support of its partners and the AHHA, in 2014–15 the Deeble Institute for Health Policy Research continued to connect academics and policymakers and to develop high quality research in health policy.

Strategic review

The Deeble Institute's founding partners made a three year commitment, which concluded in June 2015. In February 2015 Professor Judith Dwyer conducted a strategic review of the Institute, the recommendations from which will be implemented in 2015-16.

2014–15 publications

Health Policy Evidence Briefs
Paul Mackey, Dr Anne-marie Boxall, Krister Partel: <i>The relative effectiveness of Aboriginal Community Controlled Health Services compared with mainstream health service</i>
Prof Helen Keleher: <i>Partnerships and collaborative advantage in primary care reform</i>
Health Policy Issues Briefs
Tony Walter, Dr Peter Stevens, Alison Verhoeven, Dr Anne-marie Boxall: <i>Impacts of climate change on public health in Australia: Recommendations for new policies and practices for adaptation within the public health sector</i>
Elizabeth Martin: <i>Rationing in healthcare</i>
Dr David Martin: <i>Improving the reporting efficiency for Aboriginal Community Controlled Health Organisations: progress over a decade</i>
Kimberley Ashby Mitchell: <i>The road to reducing dementia onset and prevalence – Are diet and physical activity interventions worth investing in?</i>
A/Prof John Fitzgerald: <i>Options for finance in primary care in Australia</i>

Summer scholars

The Institute aids early career researchers in developing their skills in knowledge translation and research exchange through a six-week Summer Scholarship Program. 2014–15 saw three talented postgraduate students involve themselves in health policy development and write issues briefs on a range of topics such as the impact of climate change on public health, dietary and activity-based interventions to reduce dementia prevalence, and hospital redesign and innovation.

Partners and board

2014–15 Deeble Institute partners:

- Australian National University
- Griffith University
- La Trobe University
- Queensland University of Technology
- University of Canberra
- University of Western Australia
- University of Wollongong
- Victorian Healthcare Association

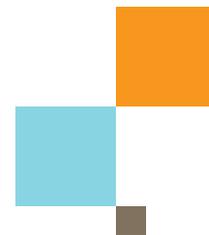
2014–15 Deeble Institute board members:

- Professor Sandra Leggat (chair)
- Prof Archie Clements
- Prof Gary Day
- Prof Karen Dodd (to May 2015) / Dr Deborah Gleeson (current)
- Prof Julie Hepworth
- Prof Rachel Davey
- Prof Christobel Saunders and A/Prof Claire Johnson
- Prof Kathy Eagar
- Tom Symondson
- Graeme Houghton (to Feb 2015)
- Dr Nigel Lyons
- Bob Wells

“I had such a great learning experience while at the Deeble Institute and am thankful for the support of all the staff there. Many students within my research school have asked me about the summer scholar program and are keen to apply for next year. In addition, my abstract submission (based on the issues brief) has just been accepted as a poster presentation at the NHMRC Symposium which will be held in Sydney later this year.”

Kimberly Ashby-Mitchell, 2015 Deeble Summer Scholar and PhD candidate in cognitive ageing and dementia, ANU

Events



AHHA events aim to inform and influence health debate and policy development, promote research, highlight best practice and build specialist skills. In 2014–15 AHHA hosted a wide variety of events, from strategic Think Tanks, to targeted seminars and workshops.

Attendance at AHHA's events saw a mix of members and non-members with representation from across the not-for-profit, corporate, government and academic sectors. Several of AHHA's events also attracted significant interest from the media, indicating the topical nature of the issues covered.

In 2014–15 AHHA delivered events in all capital cities and around Tasmania in an effort to provide opportunities for as many members to be able to participate as possible. AHHA also held a number of webinars on topics including Palliative Care Training and Futureproofing Australian Healthcare: Building a Continuous Improvement System of Care. AHHA will continue to explore options such as webinars to enable broad participation in our activities.

2014-15 events

Australian Health Review Live
Brisbane

Clinical Practice Improvement Short Course
Brisbane

Data Collaboration Network Meeting
Canberra

Primary Health Care Roadshow
Perth, Adelaide, Melbourne, Sydney and Brisbane

Forming Effective Clinical Councils and Community Advisory Committees
Melbourne and Sydney

Lean green and yellow belt courses
Sydney, Melbourne and Brisbane

Medicare Locals and the Transition to Primary Health Networks
Melbourne, Sydney and Brisbane

Overweight and Obesity Among Aboriginal Children: Individual and Social Determinants
Darwin

Palliative Care Workshops
Throughout Tasmania

Root Cause Analysis Training Workshops
Sydney, Melbourne and Brisbane

The Improvement Challenge: How Local Health Performance Information Creates Opportunities to Improve Rural and Remote Health Outcomes
Darwin

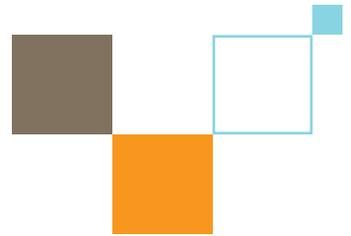
The Quantum Leap Conference—Health Innovation: Making Quality Count
Sydney

Think Tank on Greening the Healthcare Sector
Brisbane

Think Tank on the Implications of Federation Reform and Health
Canberra



Images: Think Tank on the Implications of Federation Reform and Health, Canberra March 2015



Case studies

Australian Health Review goes live

The AHHA's peer-reviewed journal, the *Australian Health Review* (AHR), hit the road in October 2014 with the inaugural edition of AHR Live in Brisbane.

AHR Live is a new initiative by the AHHA designed to provide greater exposure for authors publishing their research in the AHR.

Co-hosted by AHHA member Metro South Hospital and Health Service at the Princess Alexandra Hospital in Brisbane, the session was attended by more than 50 people with others joining by video link.

In welcoming those attending, Dr Stephen Ayre, Executive Director of PAH-QEII Health Network, highlighted the importance of research to improving the effectiveness and efficiency of the public health sector and to improving patient outcomes.

The session consisted of three presentations from authors published in the June 2014 edition of the AHR with a common theme of managing patient flow and hospital demand.

Dr Andy Wong, who works in the field of Decision Science at QUT, presented research from staff at QUT, Princess Alexandra Hospital and the University of Queensland which tracked patients across three databases (HBCIS, EDIS and ORMIS). The second paper, presented by Dr Justin Boyle of the CSIRO Australian e-Health Research Centre at the Royal Brisbane Hospital, examined the impact of capacity alert calls on acute hospital overcrowding. The third presentation, delivered by Dr Julia Crilly, looked at the impact of expanded emergency department capacity on predictors of admission and clinical outcomes

The session was chaired by Professor Christian Gericke, Associate Editor of the AHR and CEO of the Wesley-St Andrew's Research Institute, who described the event as a great success. "AHR Live provides a unique vehicle for dissemination of research findings directly to the clinicians and managers who are at the forefront of responding to the changing health environment," he said.



Image: AHR Live Panel Discussion

The Quantum Leap: AHHA's Congress

The Quantum Leap, AHHA's 2014 conference in partnership with the Australian Council on Healthcare Standards, brought together the leading figures in public healthcare from Australia and around the globe on 9–10 September 2014 in Sydney.

Its theme, Health Innovation: Making Quality Count, highlighted the achievements of successful innovators in the health sector, as well as the challenges ahead.

Speakers include the then-Minister for Health, the Hon Peter Dutton MP, who gave the opening address at the conference dinner, and the former head of the Macquarie Bank, Bill Moss AM, who spoke of his personal and professional experiences in the health space.

International speakers included:

- Professor John E McDonough, Director of the Centre for Public Health Leadership at Harvard University, former Senior Advisor on national health reform for the US Senate Committee on Health, and a key advisor on the Affordable Care Act (ObamaCare) spoke on the US experience of health system reform;
- Joe Gallagher, Chief Executive of the First Nations Health Authority in Canada, described the opportunities and challenges that arise when undertaking structural reform of health service management and organisation on a large scale while at the same time achieving client-focused service delivery for Indigenous people; and
- Chairman and Partner of Global Health Practice at KPMG, Mark Britnell examined mechanisms to achieve and maintain clinical and operational excellence, including the role of regulation and benchmarking.

The Quantum Leap showcased AHHA as the voice of public healthcare in Australia, facilitated discussion on a range of public healthcare issues and built and maintained relationships with individuals and peer organisations, including conference partner the Australian Council on Healthcare Standards (ACHS) and major sponsors HESTA and Riskman.



Image: Minister Peter Dutton with Quantum Leap Indigenous Scholarship Recipients

Communications

Throughout 2014–15 AHHA continued to be a provider of trusted information. Our communications are aimed at informing and influencing health debate and policy development, promoting research and highlighting best practice. AHHA maintains excellent working relationships with many journalists which led to AHHA providing comment on a wide variety of issues throughout the year.

The Health Advocate

AHHA published five editions of *The Health Advocate (THA)* in 2014–2015. Our in-house production model allows for continual design and layout improvements and reduced advertising. *THA* focuses on members' achievements and views from thought leaders on key issues facing the health system. Feedback from readers and contributors remains positive. AHHA welcomes suggestions for *THA* improvement and article ideas.

Australian Health Review

AHHA has been publishing its peer-reviewed, academic journal, the *Australian Health Review (AHR)*, for 37 years. In 2014, the journal received 380 original and revised submissions, a 45.6 per cent increase over the previous year. A total of 73 articles, eleven case studies, two book reviews and nine other items were published in the five issues of Volume 38 of the *AHR*, covering subject areas including:

- health services research,
- health policy,
- models of care,
- safety and quality, and
- workforce.

The journal's impact factor fell to 0.730 in 2014. The impact factor is an average measure of the number of times articles in the journal are cited in academic journals over a given period of time. This fall is due to a greater increase in published items than there was in citations. The five-year impact factor remains relatively high at 0.958.

The first *AHR* Live event was held in which clinicians, health system managers, policymakers and academics were brought together to showcase three research papers published recently in the *AHR*. The success of this event points to the demand for lifting research off the page and into an interactive setting.

There were some changes to the *AHR*'s Editorial Board. AHHA would like to thank Prof Andrew Wilson for his valued contribution as Editor in Chief over the past five years and Dr Anne-marie Boxall for her contribution as Managing Editor for the past two years. AHHA welcomes Prof Gary Day as the new Editor in Chief from 1 July 2015 and Dr Linc Thurecht in the new position of Associate Editor Financing and Utilisation. AHHA also thanks Dr Patrick Bolton for his valued contribution on the *AHR*'s Editorial Advisory Board (EAB) and Krister Partel as the Book Reviews Editor. AHHA welcomes the following new Editorial Advisory Board members: Dr Maureen Davey, Prof Julie Hepworth, Dr Amanda Kenny, Assoc Prof Gawaine Powell Davies and Dr David Preen.

AHHA COMMUNICATIONS ACTIVITIES 2014-15

95 MEDIA
RELEASES



SOCIAL MEDIA

MORE THAN
4000 TWITTER
FOLLOWERS



DEVELOPED
A LINKEDIN
PRESENCE

WEBSITE

AVERAGED
20,000 UNIQUE
VISITORS PER
MONTH

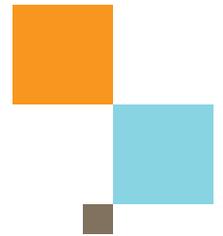


5,000
READERS
TWICE A
WEEK

HEALTHCARE
IN BRIEF

ABOVE INDUSTRY
AVERAGE OPEN
AND CLICK
RATES





Case studies

Simulation on integrated healthcare *What happens when you get about 85 health leaders into a room to test major health policy initiatives?*

On 23 October 2014, AHHA held an *Integrated Care Simulation* to consider how three hypothetical but contemporary major potential health policy initiatives could be implemented. This was conducted using teams containing a mixture of health leaders and policymakers, a few disgruntled 'patients' and a couple of roving journalists stirring up trouble to provide a more realistic setting of the range of considerations that would need to be taken into account for the initiatives to be successfully implemented.

The objective was to provide a realistic but stage-managed test environment, where participants from the public, private and not-for-profit sectors could provide insight into how these policy measures might impact on health services and system integration.

The three health policy measures included the introduction of bundled care packages for people with chronic diseases, a role for private health insurers in the financing of primary care services, and the formation of Primary Health Networks.

While the Simulation identified a number of challenges inherent in our health system, such as the funder-provider divide, it also highlighted the renewed potential for 'game-changing' thought and collaboration.

The Simulation also shone a light on the importance of evidence to inform health policy development, in addition to well-planned implementation to ensure purposeful change and to anticipate and mitigate any unintended consequences. The Simulation reinforced the need to tackle issues by collaboratively engaging all stakeholders, including the importance of maintaining a patient focus when considering any change to the healthcare system.

Much of the discussion with each of the initiatives centred on equity, choice and respect for the individual, with participants generally being in agreement that these values are central to an optimal health system.

Another key theme that emerged during the three scenarios was the disconnection across the various parts of the health system. It was observed that each party was mainly concerned with how it affected them, rather than the system as a whole. Broader consultation, better communication and collaboration, including with patients, were therefore seen as being integral to better policy planning and implementation.

The success of this event points to the value that can be realised in analysing hypothetical changes within a complex system in a less formal but semi-structured setting. The Simulation demonstrated underlying operating practices that, while serving specific interests very well, might not lead to the best health system outcome.

AHHA acknowledges the support of Novartis for this work.

Think Tank on Reform of the Federation and health

On 16 March 2015, the AHHA held a *Think Tank on Reform of the Federation and Health* in which over 130 health leaders were brought together to discuss the challenges and opportunities for change in the way health services are provided to all Australians.

This event was held in the context of the two White Paper processes the Commonwealth Government has initiated on *Reform of the Federation* and *Reform of the Tax System*. These two White Papers have the potential to significantly change which level of government will be responsible for the delivery of health services and for the funding of health services.

Many issues were raised and debated on the day. But perhaps the main issue related to complexity in the current system. This results in the many known problems of accountability gaps, waste, confusion and a system that does not fully meet the health needs of large sections of our population. The challenge of managing chronic disease, both in terms of prevention and the need for integrated patient-centred care, was regularly raised.

E-health was also identified as essential in improving how the health system operates, and in particular, improving quality of care and patient safety. Information is the critical link on the handover between GPs and community, primary and acute care. The importance of nationally consistent data collections to improve efficiency and accountability was also discussed.

How the health system should be funded was another focus of discussions. The prevailing view of Government that health spending is out of control was not widely accepted by participants, and it was noted that the Commonwealth Government's fiscal strategy has been to increasingly shift the cost burden to the States, Territories and consumers.

Finally, any changes to the tax system need to ensure the long term financial sustainability of the healthcare system and that the distributional impacts of any increase in individual contributions to health care costs do not adversely affect the less well-off.

This *Think Tank on Reform of the Federation and Health* demonstrated that there was a unanimous agreement on the need for change in the way health services are provided. There was also an overall sense that the Commonwealth should devolve the majority of its health service delivery responsibilities, but retain a role as an overarching steward of a new system of health service provision.

AHHA acknowledges the support of HESTA for this work.

AHHA Membership

Become an AHHA member
Help make a difference to health policy, share innovative ideas and get support on issues that matter to you—join the AHHA

The Australian Healthcare and Hospitals Association (AHHA) is an independent national peak body advocating for universal and equitable access to high quality healthcare in Australia.

With almost 70 years of engagement and experience with the acute, primary and community health sectors, the AHHA is an authoritative voice providing: strong advocacy before Ministers and senior officials; an independent, respected and knowledgeable voice in the media; and a valued voice in inquiries and committees.

By becoming a member of the AHHA, you will gain access to AHHA's knowledge and expertise through a range of research and business services. The Deeble Institute for Health Policy Research was established by the AHHA to bring together policy makers, practitioners and researchers to inform the development of health policy. In joint collaboration with our university partners and health service members, the Institute: undertakes rigorous, independent research on important national health policy issues; publishes health policy Evidence Briefs and Issue Briefs; conducts conferences, seminars, policy think-tanks and workshops; and helps policy makers, researchers and practitioners connect when they need expert advice.

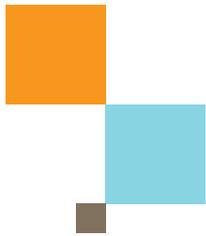
The AHHA's JustHealth Consultants is a consultancy service exclusively dedicated to supporting Australian healthcare organisations. Drawing on the AHHA's comprehensive knowledge of the health sector, JustHealth Consultants provides expert skills and knowledge in areas including: corporate and clinical governance training; strategy and business planning advice; organisation design and improvement; health services planning and program evaluation; and board induction training.

In partnership with the LEI Group, the AHHA also provides training in Lean healthcare which delivers direct savings to the service provider and better outcomes for customers and patients.

To help share important developments across these various health research, policy and training spheres, the AHHA publishes its own peer-reviewed academic journal, *Australian Health Review*, and its health services magazine, *The Health Advocate*.

AHHA Member benefits include:

- ✓ Representation on AHHA Council (full members only)
- ✓ Access to the members only section of AHHA website
- ✓ Free Lean Training Courses
- ✓ Free ad listings on AHHA Jobs Board
- ✓ *Australian Health Review* Journal Subscriptions
- ✓ *The Health Advocate Magazine* Subscriptions
- ✓ International Hospitals Federation Journal Online Access
- ✓ Member only and by-invitation events
- ✓ Discounted event attendance
- ✓ Discounted advertising in AHHA publications
- ✓ Discounted training access
- ✓ Discounted JustHealth Consultant Services
- ✓ Discounted Media Monitoring Services



Sponsors

AHHA extends its sincere thanks to its generous 2014–15 sponsors and partners. Their support made it possible for AHHA to deliver the breadth of activities while keeping attendance prices to a minimum.

AHHA's events and activities throughout 2014–15 have been supported by a wide range of organisations. Each has played an important role in ensuring that AHHA could deliver quality events, research and other activities while keeping the cost to our members to a minimum.

Sponsorship of AHHA events and activities provides the opportunity for organisations to link their brand with the leading thinking in health policy and research. It demonstrates their support of and commitment to the improvement of the health of all Australians and allows them to communicate with AHHA's broad membership base.

AHHA has a partnership approach to sponsorship, where sponsors and the AHHA work together to identify and achieve outcomes of mutual benefit. This partnership approach provides further benefits for AHHA's members by delivering outcomes and discounts that would not otherwise be available.

AHHA welcomes the opportunity to explore the options for partnership and sponsorship with a wide range of organisations. 2016 will mark AHHA's 70th year leading to a number of key activities and opportunities for sponsorship. To identify ways you could be involved don't hesitate to contact the AHHA.

2014–15 Major Sponsors



2014-15 Event Sponsors



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