

Australian Healthcare and Hospitals Association

President's Report

October 2011 – September 2012



Introduction

This is my first annual President's Report to the Australian Healthcare and Hospitals Association. Since 1947, the AHHA has continued a proud record as the only independent national body representing the public and not for profit healthcare sectors. It has been my privilege to have been a member of Council and the Board since 2006 and President for the past year.

The AHHA is committed to enhancing national welfare through improved standards of healthcare. To achieve this AHHA provides, facilitates and coordinates research; undertakes national educational activities; develops evidence-based policy; and upholds standards of practice, quality care and other measures to benefit the community. AHHA also supports and represents its members who care for patients in our public and not-for-profit healthcare sectors and who work in research and with students in our academic institutions.

We are proud that our policy and advocacy programs benefit the community and that they are generated through membership debate and discussion in our Networks, Policy Think Tanks and Seminars. The issues AHHA addresses affect us all. Because of this, the AHHA's voice has significant standing and credibility when informing and responding to government reforms and programs.

This report outlines the AHHA's achievements for the past 12 months.

Awards

Sidney Sax Medal 2011

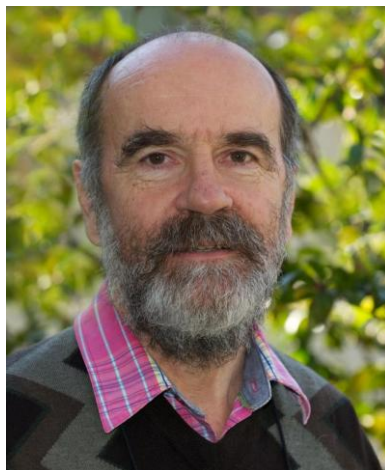


The AHHA awards the annual Sidney Sax Medal to an individual, active in the health services field, who has made an outstanding contribution to policy, organisation, delivery and research. At the Melbourne 2011 Congress, I had great pleasure in announcing Mick Reid as the 2011 Sidney Sax Medallist. Mick has undertaken many roles nationally and internationally during a career that spans four decades. He has worked as a bureaucrat, consultant, academic and political advisor - giving him a breadth of experience and depth of knowledge that is acknowledged throughout Australia. His expertise spans health system reform, workforce development, policy development and strategic planning. The AHHA was delighted to honour Mick with our most prestigious award.

Honorary Life Member 2012

I am delighted to announce that Gordon Gregory was awarded Honorary Life membership in 2012 for his valued and long-term contribution to the Association and to the healthcare sector generally. Gordon has been Executive Director of the National Rural Health Alliance since August 1993 and has been instrumental in working to improve the health of people throughout rural and remote Australia.

Before 1993 Gordon worked in the Rural Development Centre at the University of New England, and then for nearly eight years in Canberra on the personal staff of a Federal Minister as an adviser on rural affairs, horticulture and fisheries.



Policy and Advocacy Program

The AHHA has a comprehensive policy and advocacy program, which is evaluated and refreshed every year by our National Council. This program is one of the AHHA's greatest strengths and gives the Association capacity to make an impact on government reforms and programs, to react quickly to emerging issues and to inform public opinion in order to protect the public interest. Our ultimate goal is to deliver community benefit.

The AHHA's policies always propose practical, evidence-based solutions. In some cases these are targeted projects designed to have maximum influence for a particular sector, while others address the nation-wide issues such as the need for greater funding, improved safety and quality systems or better integration of services.

The AHHA uses the media to maximise the reach of our policies and views. Most of the national health reporters recognise our expertise in representing our constituency and appreciate our readiness to respond to requests for information. Our media releases are available on the AHHA website.

The AHHA Policy Networks and Think Tanks complement our policy development program and are designed to provide input to our programs. The following provides a summary of our policy development program over the last 12 months by topic and sector.

Topics

National Health Reform

The AHHA is committed to ensuring maximum community benefit is delivered through the National Health Reform and is working to achieve this:

- through dialogue with the Independent Hospital Pricing Authority, state officers and timely media briefings on the National Funding Model (National Efficient Price and Activity Based Funding)
- by submitting timely submissions to the Australian Commission for Safety and Quality in Healthcare and the National Health Performance Authority
- by working with Local Hospital Networks and Medicare Locals to foster the relationship between these two entities.

Indigenous Health Network (cardio vascular disease)

The in-hospital fatality and procedure rates for Aboriginal and Torres Strait Islander peoples are worse than those of other Australians. For example, when admitted to hospital with coronary heart disease, Indigenous Australians have a 40% lower rate of being investigated by angiography or undergoing coronary angioplasty and a 20% lower rate of coronary bypass surgery.¹

These statistics suggest that access to services and the sequence of care for Aboriginal and Torres Strait Islander people experiencing symptoms of acute coronary syndromes (ACS) could be vastly improved.

In 2010, the Heart Foundation and Australian Healthcare and Hospitals Association (AHHA) published a paper titled [*Better hospital care for Aboriginal and Torres Strait Islander people experiencing heart attack*](#) (available on the AHHA website) addressing these disparities and providing specific recommendations.

The Heart Foundation secured Department of Health and Ageing funding for the next stage of this joint project. This will involve the collection of national case studies and selection of up to three 'lighthouse hospitals', culminating in an event in the first half of 2013 to showcase exemplary efforts in this area and to allow sharing and collaboration between participating hospitals.

This approach means the project will not only be a pilot for improving Indigenous health outcomes, but also an example of how the new national health reforms can really make a difference on the ground.

The community benefit flowing from this project will be significant and should be persuasive in our discussions with decision makers in Canberra.

¹ Mathur S, Moon L & Leigh S. Aboriginal and Torres Strait Islander people with coronary heart disease: Further perspectives on health status and treatment, September 2006, Australian Institute of Health and Welfare, Canberra AIHW cat .no. CVD 33

Refugee Employment in Health Network

Employment is critical to the successful settlement of newly arriving refugees and one of the biggest challenges they will face. There are a number of good reasons for employing refugees in the health sector.

First, the health workforce is one of the largest in Australia and is growing, providing opportunities for employment across a range of classifications and locations. Between 1996 and 2001, the health workforce increased by 11.6% and between 2001 and 2006 by 22.8%.

Second, providing employment opportunities in hospitals and health services not only supports individual refugees and families, but also benefits the broader community in terms of social inclusion and cohesion.

Third, employing refugees has benefits in the health sector as it results in a culturally diverse staff profile, reflecting that of the wider community; thus significantly improving accessible health care for all refugees and other immigrant members of the community

Fourth, there is potential to fill skills and labour shortages resulting from attrition due to Australia's ageing population. Young refugees, who receive their education and skills training in Australia, are a key source of these skills. Employment which capitalises on the motivation of newly arrived refugees to work; and which utilises their language, cultural and relevant vocational skills is critical to this endeavour.

A Policy Network, jointly hosted with the Victorian Adult Migrant Education Service (AMES), developed a [position paper](#) (available on the AHHA website) with the aim of securing funding for employment pathways into health jobs for refugees. The AHHA has commenced an advocacy program recommending the establishment and funding of demonstration pilot projects which build on the knowledge and experiences of case studies undertaken at hospitals such as Calvary Hospital, Canberra and St Vincent's and Mater Hospital, Sydney.

Essentially the pilot projects would trial, evaluate and expand successful, innovative refugee employment initiatives in these and other hospitals and health services. The objective is to document and share successful practice so that others in the sector can implement similar initiatives.

This program demonstrates the AHHA's capacity to bring together diverse groups in order to achieve a significant long term benefit for the community.

Hyperbaric Oxygen Therapy

The AHHA has been working with the Australian and New Zealand Hyperbaric Medicine Group (ANZHMG) since 2004 to seek permanent funding of Hyperbaric Oxygen Therapy through the Medicare Benefits Schedule (MBS Item 13015), for the treatment of non-diabetic hypoxic chronic wounds and soft tissue radiation injuries. This has involved an intensive eight-year campaign at the most senior level.

Although the AHHA was very pleased to learn from the 'small-print' in the 2012-13 Commonwealth Budget that MBS funding for soft tissue radiation injuries would continue, it was disappointing that funding for the treatment of chronic non-diabetic wounds had been withdrawn.

The AHHA is concerned that vulnerable patients, including a large proportion of veterans and the aged, who have non-healing wounds and ulcers will be at risk due to this Government Budget decision. This funding has been available under Medicare since the inception of Medicare 1974.

What makes this even worse is that the decision was based on flawed advice from the Medical Advisory Services Committee (MSAC), which advises the Government and the Minister for Health & Ageing on MBS funding. The AHHA believes that MSAC made a major error by analysing the cost of HBOT as if it were a first line treatment provided to all patients with problem wounds and ulcers. But, HBOT has always been a second-line treatment applied only when initial care (first line treatment for 3 months) has failed, leaving the patient with an intractable medical problem.

Not only does HBOT achieve a very high success rate, when applied as a second line treatment, it also delivers cost savings.

The AHHA is very concerned about the negative impact the removal of this treatment from the MBS will have upon the community. Advocacy on this issue has highlighted that it is in the public interest to challenge the processes of MSAC and the best course of action in this regard is being considered.

Coordinated and Integrated Care

The AHHA is working with the Australian Medicare Local Alliance (AMLA) to develop opportunities for our two organisations to work together, including the promotion of best practice in service delivery to benefit the community.

It is intended to work with AMLA on a research project to identify best practice models of care for integration and coordination of patient services between Medicare Locals and Local Hospital Networks.

Greening the Health Sector Network and Policy Think Tank

The AHHA has now joined the Global Green and Healthy Hospitals Network (GGHHN). This Network brings together health systems and organisations from across the world that aim to reduce their ecological footprint and promote public environmental health.

The Network is based on members' commitment to implement the [Global Green and Healthy Hospitals Agenda](#) - a comprehensive environmental health framework for hospitals and health systems, launched in October 2011. AHHA believes there will be overwhelming national benefits delivered to the public through this initiative.

To back up the initiative the AHHA publicly supported a joint Climate and Health Alliance and Climate Institute Report titled [Our Un-cashed Dividend: the health benefits of climate action](#), which was launched at The Canberra Hospital on 15 August 2012. The report received considerable media attention.

Also in conjunction with the Climate and Health Alliance, the AHHA convened the first Greening the Health Sector Policy Think Tank (PTT) in Sydney on 22 August 2012 with over fifty people attending. The PTT asked: *How can the health care sector in Australia play a leadership role in the transition to a "clean energy future" by reducing the sector's environmental footprint?* This has started the important conversation

about how hospitals and healthcare providers can reduce their own carbon footprints; and in doing so, how the Australian health system can be strengthened through the promotion of greater sustainability and environmental health, and play an important role in the climate change debate. A [Policy Issues Brief](#) (available on the AHHA website) on this topic was circulated to registrants ahead of the PTT.

The lead speaker was Mr Peter Orris from the USA, Senior Advisor to the international organisation [Health Care Without Harm](#). A series of Canberra-based meetings were organized with Peter in the two-days ahead of the PTT including with the Minister for Health and Ageing, Tanya Plibersek.

AHHA is focused on strategic directions to:

- support a Greening the Health Sector Network to raise awareness among Australian hospitals and healthcare organisations
- secure government funding to establish a formal program to change practices and update infrastructure.



Sectors

Acute Care Sector / Local Hospital Networks

The AHHA's focus during the last 12 months has been on the establishment of Local Hospital Networks (however named) across the country and the Independent Hospital Pricing Authority's model for the National Efficient Price and Activity Based Funding.

Early in 2012, the AHHA hosted a series of state-based Seminars on the Pricing Framework with authors Stephen Duckett and Sharon Willcox as guest presenters. The events were held in Adelaide, Brisbane, Melbourne, Perth and Sydney. Subsequently, the AHHA released a [submission](#) (available on the AHHA website) to IHPA on the Pricing Framework.

Prue Power is a member of the IHPA Stakeholder Advisory Group and continues to work in close liaison with Professor John Deeble and other members to ensure the best outcomes for the community.

Community and Primary Healthcare Network and Policy Think Tank

A Policy Think Tank (PTT) was held on 11 May 2012 in Canberra jointly hosted with the National Primary and Community Health Network with 42 participants attending. The Think Tank was the fourth in a series of AHHA PTTs focusing on community and primary health care.

During this phase of implementing the National Health Reform, there is a real sense in the sector of getting on with the job of making the reforms work. This sentiment was on display at the PTT, where participants exchanged ideas and discussed the possibilities and opportunities presented by the reforms for improving patient services, and the coordination and integration of care.

At the same time there is recognition that reform does not happen overnight: it is slow, sometimes painfully so, and it is still relatively early days in the implementation of the National Health Reform agreement. There are also some concerns and a lack of clarity about how the reforms will work to ensure integration of care at the local level.

A [report](#) detailing the outcomes of the PTT is available on the AHHA website. This will inform future AHHA advocacy for community and primary healthcare reform.

Follow-up policy work from the PTT is now underway including:

- seeking an update on the National Primary Health Care Strategic Framework and providing advice to members on likely best points of influence
- working with Australian Medicare Local Alliance to identify best practice models of care and innovative service delivery
- expanding the AHHA's Community and Primary Healthcare Network, including Medicare Locals.



Rural and Remote Network and Policy Think Tank

A Rural and Remote Health PTT was held on 19 April 2012 in Canberra, jointly hosted with the National Rural Health Alliance. This PTT was the 3rd in a series focusing on the impact on rural and remote health services of organisational changes and new funding mechanisms arising from the national health reform agenda and the communities they serve. Over one hundred people attended.

Participants called on Governments to improve communications to ensure that the structure and intentions of the reforms are clearer to both the healthcare sector and rural communities. At this stage, participants indicated that many healthcare professionals feel disengaged from the process and morale is being affected. In particular there needs to be greater certainty about the funding to be available for Medicare Locals, block-funded smaller hospitals and Multi-Purpose-Services.

A [report](#) detailing the outcomes of the PTT is available on the AHHA's website. This will form the basis of future AHHA advocacy for rural and remote health reform.

Oral and Dental Network and Policy Think Tank

After nine years of campaigning for a public dental program, the AHHA welcomed the Commonwealth Government's announcement, on 29 August, of a substantial dental package. When fully implemented, the package will support i) all children whose families are eligible for Family Tax Benefit Part A and ii) low-income adults who are most in need of dental care. These are the groups who currently struggle to afford dental care and who most need assistance.

Around 40 per cent of Australians go without appropriate dental care because of costs and other barriers. Enhanced access to public dental services for people on low incomes means they will now be able to access timely dental care, which can be more preventively focused, instead of languishing on long waiting lists. Currently, almost half a million Australians are currently on waiting lists for public dental treatment with an average waiting time of two years.

The success of the scheme will depend on the States continuing their current level of contribution for dental care and appropriate workforce support, including an increased role for oral health therapists, dental therapists and dental hygienists.

Ultimately, the AHHA would like to see a Universal Oral and Dental Health Scheme for all Australians, similar to Medicare. However, we acknowledge that this is difficult to achieve in the current economic climate.

The AHHA has been at the forefront of advocacy on this community issue. Until the August announcement, the success of the AHHA's seven-year campaign was demonstrated by:

- Prue Power and Martin Dooland being appointed to the National Dental Advisory Council (2011-12)
- \$515 million funding in 2012-13 Commonwealth budget. The majority of this funding will be spent on tackling public dental waiting lists.

The AHHA, along with colleague Associations (National Rural Health Alliance, Australian Council for Social Services, Australian Healthcare Reform Alliance and Public Health Association of Australia) convened an Oral and Dental Health Policy Think Tank on 15 August in Canberra. This event was the second in a series focusing on reform of oral and dental health in Australia. Delegates met with staff from Minister Plibersek's office following the Think Tank.



The Deeble Institute

Another exciting initiative of the AHHA has been the establishment (in November 2011) of an Institute for Health Policy Research, which was formally launched at the 2012 Conference (September 2012) by its patron and namesake, Professor John Deeble. The main objective of the Institute is to enhance national health policy development by building stronger collaborations between policymakers, practitioners and researchers. As the architect of Medicare, Professor Deeble has shown us all how evidence-based policy can be implemented as a lasting national program.

The Institute is proud to announce seven Founding Partners: Queensland University of Technology, Griffith University, University of Wollongong, La Trobe University, Australian National University, University of Canberra, and The University of Western Australia. Professor Vivian Lin from La Trobe University is the inaugural Chair, and Dr Anne-marie Boxall is the Director of this new Institute.

The Institute plans to work collaboratively with our academic and health service members and conduct research on health policy issues of national importance. In doing so, it will focus its work in three main areas:

- conducting collaborative research
- facilitating connections between policymakers, practitioners and researchers through policy networks and events such as policy think-tanks, workshops and master classes
- synthesizing evidence and producing publications for policymakers including:
 - Health Policy Evidence Briefs - short publications that synthesise and interpret the evidence in an area of health policy
 - Health Issues Papers –research papers that shed new light on important health policy issues.



JustHealth Consultants

JustHealth Consultants (JHC) was launched in early 2011 as a consultancy service. It works to support healthcare organisations at national, state, regional, hospital and community levels across all sectors meet the complex governance and organisational requirements of today's healthcare system. JHC benefits the community by enhancing the professionalism and services delivered by the healthcare sector.

JHC is committed to a high performing health industry with the patient at the centre of all activities. It aims to achieve this through disseminating knowledge by connecting clinicians, academics, executives, managers, policy makers, governments and consumers of the healthcare system.

Given the AHHA's comprehensive knowledge of the industry, JHC is in an ideal position as a leading provider of consultancy services and advice to the sector.

The JHC Secretariat, led by its Director, Terrie Paul, employs a professional team capable of managing large-scale, multi stream projects. The Secretariat provides a single point of contact for its consultants, together with specialist coordination and administration services. It also undertakes due diligence and quality assurance to ensure that high standards of delivery and reporting are met and maintained by consultants.

Since its inception, JHC has successfully undertaken several tenders including the development of an education and training package to support a palliative approach for aged care in the community setting, and a needs assessment and stakeholder consultation package for the Nepean Blue Mountains Medicare Local.

In addition, the JHC Secretariat undertook the conference organisation for the highly successful 2012 Congress, The Quantum Leap. AHHA partnered with the Australian Council on Healthcare Standards and the Women's and Children's Hospitals Australasia to convene this event.

Services JHC can offer organisations include:

- Corporate and clinical governance training
- Activity based funding training
- Strategy and business planning
- Organisation design and improvement
- Health services planning
- Management practices and communications advice
- Accountabilities and reporting requirements advice
- Service delivery improvement
- Board induction training
- Health informatics advice and training
- Mentoring services
- Event management

Other research

University of Technology Sydney Research

The objective of a research project undertaken by the University of Technology Sydney, in partnership with AHHA, was to provide early assessment of Australia's recent health care reforms, by describing the opinions of health service managers, administrators and executives working in the Australian public health care system during the early implementation period. The UTS team was led by Professor Jane Hall and Patricia Kenny.

The results showed that 78% of respondents thought that fundamental reform of the system was needed but only 5% thought the current reforms would deliver the required improvements. Only 9% expected the new arrangements to remove the 'blame game' between the Commonwealth and States/Territories. Potential barriers to the implementation of the reforms included agreement among the Commonwealth and states, availability of alternatives to acute hospital care, valid measures of activity and performance and establishing appropriate funding models for Medicare Locals.

University of New South Wales ARC Linkage Grant

The National Hospitals and Healthcare Reform Commission (2010) recommended "investing in management and leadership skills for managers and clinicians at all levels of the system". This research project, titled "Multilevel Analysis of Human Resource Management (HRM) Systems on Hospital Outcomes", will provide a scientific basis on how to implement this recommendation.

The University of New South Wales research team is: Associate Professor Julie Cugin (Chief Investigator), Professor Ian Williamson, Associate Professor Patrick Bolton, Dr Ju Li Ng and Mr Ilro Lee. Linkage Partners are Queensland Health and the AHHA.



Congress 2011

The highly successful 2011 Congress entitled *The Great Healthcare Challenge* was held in Melbourne from 11 to 14 October.

The AHHA's partners were the Australian Council on Healthcare Standards (ACHS), the Australasian Association for Quality in Health Care (AAQHC) and the Royal Australasian College of Medical Administrators (RACMA). The conference attracted over 700 delegates including clinicians, executives and academics from the Australian health system.

The conference theme - achieving patient-centred outcomes - reflected the challenges of delivering integrated healthcare in the current reform environment. Sessions included: Governance; Information Management and E-Health; Clinical Leadership; Appropriateness of Care; Safety and Quality; and the need for Patient-centred Outcomes.



Evaluation feedback indicated a very successful collaboration and one that delegates are keen to see repeated.

Next year's President's Report will feature the 2012 conference (Sydney 24 to 27 September). Entitled *The Quantum Leap*, the conference is a joint collaboration between the AHHA, the Australian Council on Healthcare Standards (ACHS) and the Women's and Children's Healthcare Australasia (WCHA).



Publications

The AHHA is a source of relevant, timely and high quality information about health services, both national and global. We provide our members with a comprehensive range of information and support, including the following print and online publications.

Australian Health Review (AHR)



The AHHA is proud of our prestigious peer-reviewed journal, which continues to gain in national and international recognition. The AHR is published by CSIRO Publishing and is guided by our highly professional Editorial Team. Editor-in-Chief is Professor Andrew Wilson, who is supported by three Associate Editors – Professor Simon Barraclough (Policy), Professor Peter Brooks (Workforce Models) and Dr Anne-marie Boxall (Managing Editor).

The *AHR* is published quarterly in print and online, accompanied by a selection of Open Access articles. Our policy is to publish all articles online as soon as they have cleared the peer-review process.

The Health Advocate (THA)



Published five times a year, in partnership with Globe Publishing, *THA* is gaining a reputation as the voice of the public and not-for-profit healthcare sectors in Australia. Each edition is packed with features about innovative healthcare services and thoughtful articles about topical issues.

E-Healthcare Brief (ehcb)

The AHHA is proud of the high quality of our bi-weekly newsletter which continues to be read by thousands throughout the industry. The ehcb, produced twice weekly, provides an easily accessible summary of topical health issues of interest to anyone working the industry. Its aim is to inform and raise awareness. Regular readers gain most.

Website

The AHHA's website is where you find all the policy and position papers, reports, media releases, publications and information about our events. The AHHA continues to post all the breaking news, latest events and job vacancies on the website making it a very valuable source of up-to-date news and information.

Consultations and Submissions

The AHHA contributes to national health policy development through participating in consultative activities and writing submissions for reviews and inquiries. During the previous 12 months, we have prepared submissions and/or participated in:

2011

September	Commonwealth Tax Forum
October	Health Workforce Australia Rural and Remote Workforce Innovation and Reform Strategy
December	Australian Commission on Safety and Quality in Health Care Standards: Guides for Hospitals, Day Procedures Services and Dental Practices

2012

January	Commonwealth 2012 Budget Submission
February	Independent Hospital Pricing Authority Pricing Framework
May	McKeon Review (Health Research)
July	Medical Services Advisory Committee re Hyperbaric Oxygen Therapy
August	Australian Commission on Safety and Quality in Health Care re Open Disclosure
August	Palliative Care QLD Review
August	National Health Performance Authority Strategic Plan
August	Australian Commission on Safety and Quality in Health Care Guidelines for Standards

Strategic Partners and Alliances

Another feature of AHHA's working style is the establishment of strategic partnerships. We maintain strong networking links, both formally and informally, with a wide range of industry stakeholders and organisations.

Over the last 12 months our alliances in relation to policy development and events have included:

Events: Australasian Association for Quality in Health Care, Australasian College of Health Service Management, Australian Council on Healthcare Standards, Australian

Council of Social Services, Australian Healthcare Reform Alliance, Climate and Health Alliance, National Rural Health Alliance, Public Health Association of Australia, Women's and Children's Healthcare Australasia (co-located with AHHA in Canberra) and Royal Australasian College of Medical Administrators.

Policy: Australian Medicare Local Alliance, Heart Foundation, Victorian Adult Migrant Education Service and Victorian Healthcare Association.

By employing the mutual and complementary strengths of these organisations, our activities are enhanced. The great benefit of sharing the advocacy platform with partners is that, by representing a larger constituency, we can have a greater impact on governments.

In addition, AHHA belongs to other industry organisations and participates in many industry events. A list of these activities and representatives is at Appendix 2. The AHHA appreciates the time commitment and expertise of our representatives.

AHHA's Constitution

The existing AHHA Constitution was first drafted in the late 1970s. It has been amended several times as AHHA has grown, changed legal status to a Company and developed new approaches to membership and activities over time. The document has served AHHA well over its lifetime. However several factors have combined to make the 2012 review of AHHA's Constitution both strategically important and practically imperative. These change factors include the following:

- The current constitution was written in a very different era of legal drafting. It is overly wordy in many parts and its layout is confusing. Modernisation will assist new (and current) Board members, staff and members to better understand the rules and obligations.
- The Commonwealth Government has established a new regulator for the not-for-profit and charity sector. Over the next few years, the new regulator will assume responsibility for all Not-for-Profits and charities from ASIC. It is envisaged that all regulated entities will be required to provide governance documents and other relevant information to the regulator. This makes modernisation and technical changes to better reflect AHHA practices in 2012 a pro-active move.
- The foundation of the Institute, Just Health Consultants and diverse nature of AHHA's advocacy are not sufficiently articulated in the objects or purposes of the current constitution.

Membership

Public and not-for-profit healthcare organisations continue to show their appreciation and support for the AHHA's activities and services. These organisations represent all classifications from state-wide to regional, hospital and community services as well as universities and research institutions. Associate, Personal and Student memberships have also expanded as the range of membership benefits are increased.

Sponsorship

General and Congress sponsorship is a welcome source of revenue and in-kind support for the AHHA. The AHHA greatly appreciates the support of our loyal major sponsor, HESTA.

We also thank the Australian Commission on Safety and Quality in Healthcare, the Victorian Quality Council, Riskman, Microsoft, the Health Quality and Safety Commission of New Zealand and the Victorian Managed Insurance Authority for their generous contribution to the 2011 Congress. In 2012, we have been supported by the NSW Ministry of Health, the NSW Clinical Excellence Commission and, again, the Australian Commission on Safety and Quality in Healthcare.

The AHHA thanks Holman Webb for their in-kind sponsorship, providing venues and resources for our events.

National Secretariat

The AHHA's National Secretariat, located in Canberra, cares very much about improving the public healthcare system. This small team represents members' interests at the highest levels. I wish to acknowledge their work and thank them for their commitment to our organisation.

Our Chief Executive, Prue Power, is dedicated to providing an excellent service to members and the sector and has been with us since 2003. She is supported by a committed and hard-working team: Andrew McAuliffe as Senior Director, Policy and Networks started with us in August, Anne-marie Boxall as Director, Research Institute, Terrie Paul as Director, Business Services and Sue Wright as Office Manager. They are supported by a contingent of part-timers: Manager Research and Publications – Susan Baxter, Manager Membership and Legal Counsel – Amy Kilpatrick, News Editor - Dennis Strand, Web and Database Manager - Laura Maher, Media Consultant - Jennifer Doggett, and Bookkeeper - Jillian Williams.

AHHA National Council and Representatives

I also wish to thank all members who have been involved in our policy development agenda and who have represented the AHHA on various committees and inquiries. We are grateful to them for sharing their expertise with us and assisting the AHHA to provide such high quality input.

I especially thank our National Councillors for their dedication to our Association and for being available to support the organisation throughout the year. A list of our Councillors is at Appendix 1.

In particular, I wish to thank our Board members who have given dedicated support to the Association over the past 12 months. They have been Vice-President, Ms Siobhan Harpur, Treasurer, Mr Felix Pintado, immediate past President Dr David Panter and Directors, Professor Kathy Eagar, Ms Kathy Byrne and Ms Annette Schmiede.

To those Board members and Councillors who are not returning, I know that I speak for all of us in thanking you for your commitment to the AHHA. I trust that you will continue to maintain an involvement in the life and activities of this important Association.



AHHA Honour Board

The AHHA Honour Board [Appendix 3] lists all the people who have committed themselves to the AHHA over our 65 years including Life Members, Sidney Sax Medallists, Presidents, Directors and *AHR* Editors.

Conclusion

I thank you all for helping us to continue our valuable work over the past year.

Dr Paul Scown, President

Appendix 1

National Councillors 2011-12

Immediate past president
Dr David Panter [Board Director]
ACT (3)
Mr Ross O'Donoghue
Ms Joan Scott
Ms Barbara Reid
QLD (4)
Dr Annette Turley
Ms Kathy Byrne [Board Director]
Assoc Prof Alan O'Connor (resigned 17 February 2012)
Prof Keith McNeil (appointed 21 February 2012)
Mr Patrick O'Brien (resigned 19 April 2012)
SA (4)
Dr Martin Dooland
Ms Helen Chalmers
NSW (5)
Dr Patrick Bolton
Ms Kerrie Field
A/P Annette Schmiede [Board Director]
Ms Rosio Cordova
Ms Elizabeth Koff
NT (2)
Ms Jan Currie (resigned 20 June 2012)
Ms Penny Fielding (appointed 20 June 2012)
Mr Andrew McAuliffe (resigned 20 June 2012)
TAS (3)
Ms Siobhan Harpur [Vice President]
Mr Michael Pervan
Ms Jane Holden (resigned 18 April 2012)
Mr Graeme Houghton (appointed 18 April 2012)
VIC (5)
Mr John Smith
Dr Paul Scown [President]
Mr Felix Pintado [Treasurer]
Mr Graem Kelly
Mr Mark Sullivan (resigned 30 July 2012)
WA (4)
Ms Sandy Thomson
Mr Chris McGowan
Associate Member Councillor
Dr Yvonne Luxford
Personal Member Councillor
Ms Anna Fletcher
Champion Network Councillor
vacancy
Academic Member Councillors (2)
Prof Kathy Eagar [Board Director]
Mr Robert Wells

Appendix 2

AHHA Representatives 2011-12

AHHA involvement	Organisation	Representative	Appointed
1949	International Hospital Federation	Dr Barry Catchlove	16 May 2011
1974	Australian Council on Healthcare Standards Board	Mr John Smith	30 Sep 2005
	Australian Council on Healthcare Standards Council	Dr Paul Scown Ms Elizabeth Koff	21 Oct 2010 8 Mar 2012
2001	Asian Hospital Federation	Dr Paul Dugdale	18 Jun 2012
2002	National Prescribing Service	Ms Prue Power	3 Mar 2002
2003	Australian HealthCare Reform Alliance	Mr Michael Pervan	18 Apr 2012
2004	National Primary and Community Health Network	Prue Power	18 Jun 2004
2008	National Aged Care Alliance	Mr Felix Pintado	22 Oct 2010
2009	Australian Institute of Health and Welfare Australian Hospital Statistics Advisory Committee	Dr Paul Tridgell	5 Feb 2009
2009	Heart Foundation Acute Coronary Syndrome Implementation Working Group	Ms Rosio Cordova	16 Jan 2012
2009	National Rural Health Alliance	Mr Lyndon Seys	13 Nov 2009
2010	HESTA	Ms Prue Power	1 Jan 2010
2010	Climate and Health Alliance	Ms Prue Power	5 May 2010
2010	Standards Australia IT 14	Prof. Michael Legg	2 Sep 2010
2010	Standards Australia HE-028 - Quality management and corresponding general aspect for medical devices	Rosio Cordova Sandy Thomson	2 Sep 2011
2011	Australian Institute of Health and Welfare DRG Advisory Committee	Dr Paul Tridgell	March 2011
2011	National Advisory Council on Dental Health	Prue Power Dr Martin Dooland	18 Aug 2011
2011	JAS ANZ Healthcare Technical Committee (Procedure 31)	Sandy Thomson	6 Sep 2011
2011	National Alliance for Action on Alcohol	Dr Yvonne Luxford	13 Dec 2011
2011	Protecting Children from Tobacco Alliance	Prue Power	11 Nov 2011
2012	Australian Medical Telehealth Ind. Alliance	Chris McGowan	28 Mar 2012
2012	Global Green & Healthy Hospitals Network	Prue Power	8 May 2012
2012	National Arts and Health Policy Framework Ministerial Working Group	Siobhan Harpur	28 Jul 2012

Appendix 3

AHHA History and Honour Board

AHHA History

Inaugural meetings of the Australian Hospital Association were held in Melbourne on 18 November 1946 (Royal Melbourne Hospital) and in Sydney on 17 February 1947, when the first Annual General Meeting was held (Stawell Hall, Macquarie St). The driving force was Dr H H Schlink, Chairman of the Board of Directors of the Royal Prince Alfred Hospital in Sydney.

The AHA joined the International Hospital Federation when it was founded in 1949. A National Secretariat was established in Sydney in 1974. In 1976 the AHA was incorporated under the Australian Capital Territory Companies Ordinance. In 1982, National Council resolved to move the National Secretariat to Canberra. The AHA joined the Asian Hospital Federation in 2000. The organisation changed its name to Australian Healthcare Association on 9 December 1996 and then to the Australian Healthcare and Hospitals Association in 2006.

Honorary Life Membership

1982	Sir Alastair Stephen in recognition of outstanding contributions to the Association and healthcare in Australia
1982	Dr Sidney Sax in recognition to the Australian healthcare system through his administration, writings and research
1983	Sir John Frew in recognition of outstanding contributions to the Association and healthcare in Australia
1984	Dame Patricia McKinnon in recognition of outstanding contributions to the Association and paediatric healthcare in Australia
1985	Mr Joseph Griffith OBE in recognition of outstanding contributions to the Association and the modern hospital development in Australia
1986	Mr Royce Kronborg in recognition of outstanding contributions to the Association and healthcare in Australia
1991	Mr Keith Bagley in recognition of significant, long-term contribution to the Association and outstanding Presidency
1991	Mrs Susan Rankine AO in recognition of significant, long-term contribution to the Association and outstanding Presidency
2009	Professor John Deeble AO in recognition of significant, long-term contribution to the Association and healthcare in Australia
2010	Professor Kathy Eagar in recognition of significant, long-term contribution to the Association and healthcare in Australia
2011	Dr Bill Coote in recognition of significant, long-term contribution to the Association and to healthcare in Australia
2012	Mr Gordon Gregory in recognition of significant, long-term contribution to the Association and to healthcare in Australia

Sidney Sax Medallists

1986	Professor James Lawson
1987	Dr Donald Child
1988	Dr Ian Brand
1990	Dr Bernie Amos
1991	Professor John Blandford
1992	Dr Diana Horvath
1993	Mr Allan Hughes
1994	Professor John Deeble AO
1995	Dr Rex Joyner
1996	Dr John Yu
1997	Dr Owen Curteis
1998	<i>Not awarded</i>
1999	Mr Ron Tindale
2000	Dr David Watson
2001	Dr Jon Mulligan
2002	Dr Jack Sparrow
2003	Professor Stephen Duckett
2004	Professor Helen Lapsley
2005	Professor Brendon Kearney
2006	Professor Bruce Barraclough
2007	Dr David Filby
2008	Professor William (Bill) Runciman
2009	Professor Stephen Leeder
2010	Ms Gillian Biscoe
2011	Adjunct Professor Mick Reid

Presidents

1946-1958	Sir Herbert Schlink
1958-1961	Mr John Plant [Sir Herbert Schlink became Patron)
1961-1969	Sir Hamilton Sleigh
1969-1971	Sir Alastair Stephen
1971-1973	Dr Douglas Donald
1973-1974	Sir Lincoln (Bob) C Hynes
1974-1976	Mr Royce Kronborg
1976-1978	Mr Douglas Davidson
1978-1980	Mr Selby Steele
1980-1982	Dr Donald Child
1982-1984	Mr John Gibbs
1984-1986	Dr Barry Catchlove
1987-1988	Mr Keith Bagley
1988-1990	Professor John Blandford
1990-1992	Mr Jon Tribe
1992-1993	Professor Mark Liveris
1993-1995	Dr Diana Horvath
1995-1997	Mr Ron Tindale
1997-1999	Mr John Smith
1999-2001	Mr Allan Hughes
2001-2005	A/Professor Deborah Green
2005-2007	Dr Stephen Christley
2007-2011	Dr David Panter
2011-	Dr Paul Scown

Honorary Secretaries and National/Executive Directors

1946	Sir Norman Paul (Sydney) & J Beacham Kiddle (Melbourne) (Honorary Secretaries)
1947	Dr H O Selle (Sydney) and Col R E Fanning (Melbourne) (Honorary Secretaries)
1956	Dr Sam Hatfield (Honorary Federal Secretary)
1958-1967	Dr Edgar Thompson (Honorary Federal Secretary)
1967-1974	Mr Royce Kronborg (Honorary Federal Secretary – Exec Vice-President)
1974-1980	Mr Trevor Elligett (first paid National Director)
1980-1987	Dr Errol Pickering (National Director)
1987-1989	Dr John Morris (National Director)
1989-1990	Mr Peter Read (National Director)
1990-1997	Mr Peter Baulderstone (National Director)
1997-1998	Professor Don Hindle (National Director)
1998-2002	Mr Mark Cormack (National Director)
2003-	Ms Prue Power AM (Chief Executive)

Australian Health Review Editors

Year	Editor in Chief	Associate Editors
1974-1980	Mr Allan Hughes	
1980-1981	Dr Maureen Gleeson	
1982-1983	Dr Fedora Trinker	
1983-1984	Dr Johannes Stoelwinder	
1985-1987	Mr Jonathan Tribe	
1987-1993	Mr Chris Richards	
1993-1994	Ms Ros O'Sullivan	
1994-1998	Dr Roy Green	
1998-2003	Professor Don Hindle	
2003-2005	Professor Judith Dwyer Dr Sandra Leggat	
2005-2009	Dr Sandra Leggat	
2009-2010	Dr Gary Day	
2010-present	Professor Andrew Wilson	Dr Deborah Roberts (resigned 2011) Dr Gary Day (resigned 2012) Prof Simon Barraclough Prof Peter Brooks

