



**Annual Report
2013–14**



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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Chair's Report



PAUL SCOWN
Chair

It has been a year of change and renewed focus for the Australian Healthcare and Hospitals Association (AHHA), with our role as the voice of public healthcare as pertinent as ever in the evolving health landscape.

In July 2013, we welcomed our new Chief Executive, Alison Verhoeven, who has built upon the organisation's evidence-based approach to healthcare reform; bringing with her a wealth of experience in government, non-government and business environments.

This has proven invaluable during and following the 2013 election and the handing down of the 2014-15 Budget, which resulted in a range of significant health system changes and proposed strategies for lowering health costs.

While we are aware of the need to address challenges around the increase in demand and cost of universal healthcare as the population continues to grow and age, the AHHA argues that this requires long-term strategies for producing an effective and sustainable healthcare system, not short-term, stand-alone fixes.

We have discussed the national health reform agenda with the Government, and urged them to revisit key issues such as rationalising activity to ensure we achieve the original goals and objectives of a quality, safe, effective and efficient healthcare system for Australia.

In our response to the National Commission of Audit report and the 2014-15 Federal Budget, we expressed concern that an experimental approach to public policy may have serious long-term consequences for the health system.

The potential introduction of co-payments for general practice visits, diagnostic and imaging tests, suggests a shift away from universal healthcare towards a system that may privilege the 'haves' over the 'have nots'. For AHHA, it means we have to remain diligent in achieving our organisational goals, and ensuring the Government does not veer too widely off the well-trodden path established under Medicare.

We also have expressed serious concern at the changes in hospital

funding processes to the states and territories, with the public hospital sector to face immense challenges in years to come as a result. This is a shame, and counterproductive, given the proactive steps that public hospitals around the country are taking to improve processes and increase efficiency.

While the Government has focused on predicted increases in health expenditure, they have failed to encourage a greater focus on health promotion and disease prevention, and could do more work to ensure better integration of care across the primary and acute care sectors. These would be more positive and effective approaches to reducing costs and improving the health of the community.

These issues demonstrate why discussions about potential reforms to healthcare funding should occur in consultation with all stakeholders including hospitals, general practitioners, community health services, primary health services and the communities they serve. They also show the invaluable role that the AHHA plays in bringing these voices together and undertaking health services research to inform thinking about Australia's health system.

It is critical that, at a time when health funding is under scrutiny, all budget decisions are made in the long-term health interests of society; not for short-term political gains or expenditure reductions.

This is a significant period for our public healthcare system, with some uncertainty about the future shape of the system. Despite this, I look forward to the great things AHHA can achieve in advocating universal and equitable access to high quality healthcare into its 68th year and beyond.

The AHHA has recently amended its Constitution to expand its Council membership to enhance organisational and individual member engagement. We will commence a redevelopment of our Constitution through a broad, engaging process over the coming year, with a view to making AHHA an even more effective, agile, sustainable and contemporary organisation and influence.

Treasurer's Report



DEB COLE
Treasurer

The AHHA has had another successful year, with the financial reports for 2013-14 showing a net surplus of \$152,769. This has resulted in an improvement in our net equity from \$701,412 in 2012-13 to \$863,703 in 2013-14.

To keep debt at a sustainable level, we were able to reduce the mortgage on our office premises to \$90,000 without negatively impacting on the cash reserves of the association. Although salaries rose marginally, significant ongoing savings and efficiencies were gained, particularly in publications and media engagement. Our membership, training, research and business consultancy activities continue to contribute to a very stable financial base for the organisation.

During the year, we changed the basis of our accounting system to an accruals basis, to conform to the Australian Accounting Standards. This means that we now bring all revenue to account when it is earned and expenses are matched to that revenue using the accruals system. To ensure that our final reports were

correct, the integrity of all data recorded in our previous system was thoroughly checked and corrected where required.

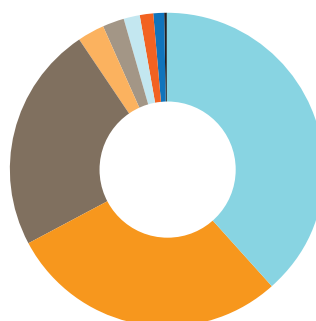
We are also accounting on a project by project basis across seven profit centres, the most significant of which are the Deeble Institute and Just Health Consultants. The control over the profitability of these cost centres by project allows us to measure the actual results of each project to their individual budgets, thereby reducing the association's exposure to financial and reputational risk. All projects which are undertaken by the AHHA are assessed in accordance with our risk management policy and operated against project budgets so as to minimise any erosion of our financial stability.

The efforts applied to enhancing our accounting processes have resulted in an unqualified audit report for 2013-14. I would like to acknowledge the work of the AHHA Secretariat staff and the guidance of the Audit, Finance and Risk Committee in ensuring the AHHA has strong processes in place to manage its business and which have contributed to the successful results reported here.

2013-14 PERFORMANCE COMPARED WITH 2012-13

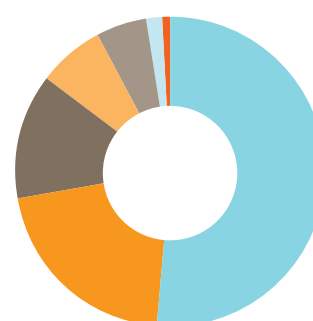


AHHA REVENUE 2013-14



- Just Health Consultants
- Deeble Institute
- Membership
- Sponsorship
- Other
- Training
- Publications
- Royalties
- Events

AHHA EXPENSES 2013-14



- Employee benefits
- Consultants
- Other
- Publications
- Travel
- Depreciation
- Other administration

Chief Executive's Report



ALISON VERHOEVEN
Chief Executive

It's been a busy year for the team at the AHHA, with our research, policy, events, business and publication streams working together to ensure a better future for Australia's healthcare system.

Since becoming AHHA Chief Executive in mid-2013, I have been thoroughly impressed by the organisation's ability to foster and engage in positive discussion around health services and policy.

In welcoming Health Minister Peter Dutton's call in early 2014 for a national conversation on achieving a sustainable health sector, we published a range of policy briefings and undertook a busy program of roundtable discussions and media engagement.

These provided us with a great opportunity to seek input from our diverse group of individual and organisational members, who help provide us with a sound basis for our evidence-led discussions and advocacy work. I thank those of you who contributed to this work for your assistance.

This was also invaluable in informing our response to the 2014-15 Federal Budget, as we sought to 'unmuddy' the waters amid conflicting opinions of politicians and health commentators regarding the health budget's bottom line.

Unfortunately, we continue to see shifting of costs, responsibilities and blame between the Commonwealth and the states and territories, as well as the real world impacts on those who rely most heavily on our public health system.

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.

In a recent edition of our academic journal, the *Australian Health Review*, we featured a range of research projects and case studies on effective strategies being used to tackle overcrowding issues in hospitals. By featuring this work done to improve capacity management systems, streamline services and increase teamwork, the AHHA hopes that other hospitals and health service providers can benefit from these experiences.

Similarly, our health services magazine, *The Health Advocate*, has continued to be an informative and engaging source of the latest thinking and ideas in the health sector, and showcases the diverse work of our members around the country.

The keen take-up of the Lean efficiency programs we have offered members over the past 12 months is evidence of the commitment of the public hospitals and healthcare sector to innovative and efficient practices.

As has also been shown by the community-level work undertaken by community health services and Medicare Locals, having an understanding of the situation on-the-ground in a particular location or area of expertise can provide more effective and targeted responses on health matters. We look forward to continuing our very active engagement with Medicare Locals and their successor Primary Health Networks during the coming year.

I look forward to continuing discussions with members and other health service providers throughout 2014-15, and sharing many more success stories across our publications and recently revamped website. I also welcome suggestions for our events program, which takes us right around the country and puts many 'faces to names'.

Finally, the busy work program of the AHHA could not be achieved without the hard work of our very dedicated and committed staff, and the active engagement of our members – I thank each of you for your contributions in the past year.



Case study

Shining a light on our members

The AHHA's health services publication, *The Health Advocate*, has been focusing on the good work our members are doing around the country in 2013-14. With so much ongoing debate around the healthcare system following the 2013 election and the handing down of the 2014-15 budget, the magazine has been featuring real world stories about organisations making a difference.

In December 2013, we looked at the new Gold Coast University Hospital (GCUH), which has incorporated some of the most effective contemporary models of care and health service delivery in the country. The GCUH has more than 70% single patient bedrooms, compared to the national average of 25%, which improves patient safety through infection control, transport, drug management, as well as social aspects like privacy.

Similarly, we've highlighted a number of programs and projects being delivered across the country, such as an initiative to divert hospital waste from landfill by the Vinyl Council of Australia. With more than 50 million IV fluid bags, as well as significant quantities of tubing and oxygen masks, ending up in landfill each year, this is a significant ecological footprint of the healthcare sector. A pilot program launched in 2009 showed that, with clear guidance, hospital staff are able to easily separate polyvinyl chloride (PVC) medical products for recycling. The PVC Recovery in Hospitals program was subsequently launched nationally in 2013.

We also featured a story on a Sydney Children's Hospitals Network project to improve health and education outcomes for refugees and other newly-arrived migrant students in NSW, as well as on innovative ways for Medicare Locals and Local Hospital Networks to work together.



These examples show that, politics aside, there are individuals and organisations in the health sector making positive change, and that *The Health Advocate* is well placed to continue providing the latest ideas and developments in an informative and engaging way.

Governance

Category	Board	Meetings attended (6 max)
Chair	Dr Paul Scown	6
Deputy Chair	Ms Siobhan Harpur	5
Treasurer	Dr Deborah Cole	6
	Mr Felix Pintado	5
	Ms Elizabeth Koff	5
	Dr Paul Dugdale	4
Academic	Prof Kathy Eagar	5
Category	Council	Meetings attended (2 max)
ACT	Mr Ross O'Donoughue	1
ACT	Ms Barbara Reid	1
ACT	Ms Joan Scott	1
NSW	Ms Sheila Holcombe	1
NSW	Mr Walter Kmet	2
NSW	A/P Annette Schmiede	0
NT	Dr Christine Dennis	0
NT	Ms Wendy Ah Chin	0
QLD	Ms Kathy Byrne	1
QLD	Ms Lesley Dwyer	2
QLD	Dr Annette Turley	1
QLD	Mr Philip Davies	0
QLD	Dr Noel Hayman	0
TAS	Mr Graeme Houghton	0
TAS	Mr Michael Pervan	1
VIC	Mr Lyndon Seys	2
VIC	Mr John Smith	2
WA	Ms Leanne Durrington	2
WA	Mr Chris McGowan	0
Pers	Dr Martin Dooland	1
Assoc	Mr Greg Mundy	1
Senior staff (as at 30 June 2014)		
Chief Executive: Alison Verhoeven		
Executive Director/Chief of Staff: Andrew McAuliffe		
Deeble Institute Director: Anne-marie Boxall		
Business Manager/Accountant: Murray Mansell		
Just Health Consultants Director: Terrie Paul		

Representation

Parliamentary meetings

The Hon Peter Dutton MP, Minister for Health
The Hon Bill Shorten MP, Leader of the Opposition
The Hon Barnaby Joyce MP, Deputy Leader of The Nationals
Senator the Hon Fiona Nash, Assistant Minister for Health
The Hon Catherine King MP, Shadow Minister for Health
The Hon Shayne Neumann MP, Shadow Minister for Indigenous Affairs and Shadow Minister for Ageing
The Hon Warren Snowdon MP, then Minister for Indigenous Health
Ms Melissa Parke MP, Assistant Shadow Minister for Health
Mr Stephen Jones MP, Assistant Shadow Minister for Health
Mr Nick Champion MP, Shadow Parliamentary Secretary for Health
Ms Lisa Chesters MP, House of Representatives Standing Committee on Health
Ms Cathy McGowan AO MP, Member for Indi
Senator Helen Polley, Shadow Parliamentary Secretary for Aged Care
Senator the Hon Doug Cameron, Shadow Minister for Human Services
Senator Richard Di Natale, Australian Greens Health Spokesperson
Senator Nick Xenophon, Independent Senator for South Australia
The Hon Jillian Skinner, NSW Minister for Health, Minister for Medical Research
The Hon David Davis, Vic Minister for Health
Ms Katy Gallagher, ACT Chief Minister, Minister for Health
Bennie Ng, Snr Advisor Health, Office of the Prime Minister

Committees

Alliance for Sharps Safety and Needlestick Prevention – Member
Asian Hospital Federation – Council
Australian Council on Healthcare Standards – Board & Council
Australian Health Care Reform Alliance – Executive
Australian Institute of Health and Welfare Hospital Statistics Advisory Committee – Member
Climate and Health Alliance – Member
Department of Health, Health Sector Group Trusted Information Sharing Network – Member
Global Green & Healthy Hospitals Network – Founding Member
Health Workforce Australia (HWA) Oral Health Workforce Project Reference Group – Member

Heart Foundation Acute Coronary Syndrome Implementation Working Group – Member
HESTA – Trustee
Independent Hospital Pricing Authority (IHPA) Stakeholder Advisory Group – Member
International Hospital Federation – Governing Council
JAS ANZ Healthcare Technical Committee (Procedure 31) – Member
National Advisory Committee on Dental Health – Member
National Aged Care Alliance – Member
National Alliance for Action on Alcohol – Member
National Prescribing Service – Member
National Primary and Community Health Network – Executive
National Rural Health Alliance – Member
National Taskforce: Secondary Prevention of Coronary Disease in Australia – Member
Protecting Children from Tobacco Alliance – Member
Social Determinants of Health Alliance – Member
Standards Australia – Member
Standing Council on Health National Oral Health Plan 2014-2023 Development Group – Chair

Submissions

Australian Commission on Safety and Quality in Health Care – Clinical Care Standards – Acute Coronary Syndrome and Antimicrobial Stewardship
Australian Government's Competition Policy Review
Australian Human Rights Commission: National Inquiry into Children in Immigration Detention 2014
Australian Treasury – 2014-15 Pre-Budget Submission
Australian Treasury – Phase-out of the Net Medical Expenses Tax Offset
Australian Treasury – Reform to deductions for education expenses consultation
Medicare Local Review
National Commission of Audit
Personally Controlled Electronic Health Record review
Queensland Parliament Health and Community Services Committee Inquiry into Telehealth Services in Queensland
Senate Community Affairs References Committee Inquiry into Out-of-pocket costs in Australian healthcare

Membership

Membership with the AHHA provides our members – public hospitals, healthcare providers, Medicare Locals, community health centres, academics and others – with access to our advocacy, consultancy and training services, as well as the latest information and research.

Our in-house and online programs cover a broad variety of issues, from governance and clinical practices to palliative care and workplace health and safety.

In 2013-14, the AHHA began offering a 'Lean' training program, which includes process improvement and waste elimination techniques that can return savings of between \$40,000 and \$100,000 per annum for some service providers. The program, run in partnership with the LEI Group, not only streamlines organisational processes but helps deliver better outcomes for customers and patients. This training has been incorporated at varying levels into our 2014-15 membership packages, with the AHHA running introduction sessions for our members throughout the year.

Our members also have access to JustHealth Consultants (JHC), a national consultancy service exclusively dedicated to supporting Australian healthcare organisations at state, regional, hospital and community levels across all sectors to meet the complex governance and organisational requirements of today's healthcare system.

The AHHA has been active nationwide in 2013-14, hosting events including a policy think tank on environment and health, a symposium on the sustainability of Medicare, and roundtable discussions on public-private partnerships and finding savings in the health sector. We are set for an even busier program in 2014-15, starting with our National Conference in September.

Case studies

Sidney Sax Medallist 2013: John Smith

A lifelong commitment to delivering high quality health services in Australia, and particularly in rural communities, was acknowledged by the AHHA in its awarding of the Sidney Sax Medal for 2013 to John Smith PSM, West Wimmera Health Service Chief Executive.

The award recognises outstanding achievement in, and contribution



to the development and improvement of the Australian healthcare system – and while there are many very dedicated professionals who are worthy of such recognition, John Smith stands out in the crowd.

John's 50-year career has seen him serve as Chief Executive Officer of the Nhill Hospital for 30 years, and subsequently as Chief Executive Officer of the West Wimmera Health

Service, a position he holds to this day. John has played an active leadership role throughout his profession, serving as chairman of the Victorian Hospitals' Association Honorary Board of Directors until 1997, after which he was appointed as the President of the AHHA, a role that he held until 2000. He continues to provide leadership to the health sector as the AHHA's representative on, and Vice President of, the Australian Council on Healthcare Standards.

Lean training

In June 2014, the Royal Dental Hospital of Melbourne was one of the first AHHA members to sign on to undertake a major Lean initiative. The AHHA, together with LEI group, will deliver a suite of Lean training programs to hospital staff, create a core group of Lean experts and undertake projects to improve the cost, quality and delivery of services to their patients and stakeholders. The success of this training will not only serve to improve the Royal Dental Hospital of Melbourne, but will act as a source of inspiration for others, creating opportunities for further training into the future. We are running similar training programs with both ACT Health and the Southern NSW Local Health Network, and look forward to more health service providers coming on board in 2014-15.

Primary health

Following the defunding of the Australian Medicare Local Alliance as part of the 2014-15 Federal Budget, the AHHA has reached out to Medicare Locals nationwide, offering assistance during a period of increased change and uncertainty.

As with all AHHA members, we are endeavouring to provide as much assistance to the Medicare Locals and successor Primary Health Networks as possible, through programs such as our newly-introduced media monitoring service and a series of transition seminars. Throughout 2013-14, we featured some of the work our Medicare Local members are doing in our health services publication, *The Health Advocate*.



Deeble Institute

In 2013-14, the AHHA's institute for health policy research, the Deeble Institute, continued its work in conducting high-quality, independent academic research in health policy areas of national importance.

This included collaborations with its founding academic partners to complete a number of knowledge exchange and research translation projects and events on a wide range of topics, such as:

- Emerging issues in clinical care;
- Modelling alternative referral pathways for access to specialist care;
- Economic and social value of health services;
- Indigenous health;
- Aboriginal community controlled healthcare services; and
- The 30th anniversary of Medicare and its future.

2013-14 Publications

Health Policy Evidence Briefs
Is it possible to incorporate quality into hospital pricing systems?
Health Policy Issues Briefs
How can rural health be improved through community participation?
Overweight and obesity among Indigenous children: individual and social determinants
Public problems: Private solutions? Short-term contracting of inpatient hospital care
Can we improve the health system with pay-for-performance?
Can we improve the health system with performance reporting?
Survey Findings
Survey findings on reporting requirements 2013: report to Aboriginal community controlled health services.

Supporting early career researchers

We are committed to supporting early career researchers by helping them develop skills in knowledge exchange and research translation.

The Deeble Institute's six week Summer Research Scholarship Program supported talented postgraduate students from our founding partner universities to produce Issues Briefs on important national health services or health policy topics. Summer scholars were co-located at the AHHA's Canberra office and given an opportunity to network with the Commonwealth Department of Health and health NGOs.

Knowledge exchange

The Deeble Institute's three-day Knowledge Exchange Short Course ran in April 2014 at the Australian National University in Canberra. The course assists academic researchers make their work more accessible and useful to policymakers. Course sessions covered a range of topics, including:

- why knowledge exchange and research translation is becoming more important for academic researchers, and the various ways it can be done;
- the realities of the policymaking process and the environment in which policymakers work;
- engaging effectively with the media and non-academic audiences; and
- opportunities to secure funding for policy and practice-relevant research.

Membership and board

The Deeble Institute's founding partners are:

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

The Deeble Institute's 2013-14 board members are:

- Professor Sandra Leggat (chair)
- Professor Gabriele Bammer
- Professor Gary Day
- Professor Karen Dodd
- Professor Julie Hepworth
- Professor Frances Shannon/Professor Rachel Davey
- Professor Christobel Saunders/Assistant Professor Claire Johnson
- Professor Kathy Eagar
- Mr Graeme Houghton
- Dr Nigel Lyons
- Mr Bob Wells



Case study

Short course translates to community awareness

A short course in knowledge exchange and research translation was run by the Deeble Institute in April 2014, providing training to academics and researchers in how to communicate with policymakers and the media.

With participants coming from a range of specialist areas, they each developed articles on issues ranging from important developments in men's health awareness, education and support services, to a number of recent healthcare initiatives.

The participants were also subjected to some friendly competition and entered into the Deeble Institute's Research Translation Writing Prize.

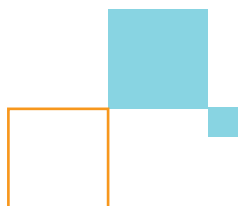
The winning entry came from Dr Sharleen O'Reilly, who highlighted the work being done by the National Health and Medical Research Council on the first national study on gestational diabetes.

Other Research Translation Writing Prize articles included:

- *Mind the gap! Working with GPs to bridge the evidence-to-practice gap for diabetes prevention in women at risk* by NHMRC TRIP Fellow Dr Sharleen O'Reilly, Deakin University;
- *Sexual assault and older women: shining a light on a hidden problem* by Research Fellow Dr Philomena Horsley, La Trobe University;
- *Innovating Australia's health workforce: An overview of some promising initiatives* by The Social Research Centre Consultant Mike Davis; and
- *Waiting in the wings: A national men's health curriculum for Australia's medical schools* by Andrology Australia Chief Executive Officer Carol Holden.

Image: The participants of the Deeble Institute's short course in knowledge translation.





JustHealth Consultants

This has been a very successful year for JustHealth Consultants (JHC), which has positioned itself as a value-for-money, premium delivery alternative consultancy service.

Clients have included government agencies at the federal, state and territory levels, as well as primary health organisations, non-government organisations and education providers.

Projects have included development and delivery of training programs, evaluation of services and programs, market scanning and mapping exercises for commercial opportunities.

Australia wide, with a formal pilot study incorporating 700 healthcare professionals to refine content and delivery. To date, more than 13,000 participants have registered nationally to complete the training and the project has received three national e-learning awards for its innovative content, ease of use and adoption across the sector. The training is funded until 31 December, 2014.

(Client: Commonwealth Department of Health)

Palliative Care COMPAC Guidelines Workshops

JustHealth Consultants were contracted to deliver face-to-face training on the implementation of the COMPAC Guidelines in Tasmania. The project is an initiative of the Tasmanian Health Assistance Package outlined in the 2013-2014 Federal Budget.

JustHealth Consultants has partnered with the SilverChain Group to develop and deliver half-day workshops across all regions of Tasmania, to nurses, pharmacists, doctors, aged care workers, respite carers, community care workers and volunteers. To date, we have delivered the training to more than 500 individuals throughout Tasmania, and will continue to provide this training until June 2015.

(Client: Commonwealth Department of Health)





Case studies

Palliative Care Online Training

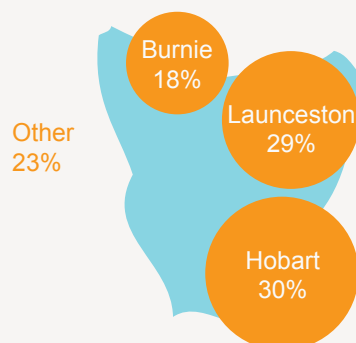
Based on the Guidelines for a Palliative Approach for Aged Care in the Community Setting (COMPAC Guidelines), four online modules were developed by a consortium of experts including the AHHA, JustHealth Consultants, SilverChain and e3 Learning. Final material developed by the consortium was peer reviewed by key subject matter experts

COMPAC Guidelines Workshop - Participant Evaluation

Participant feedback

-  Excellent quality overall (58%)
-  Fulfilled objectives (77%)
-  Increased understanding (82%)
-  Supportive facilitator (69%)

Participant attendance



Events

The AHHA has run numerous events in 2013-14, from information sessions and lunches to training programs and seminars.

These have helped to increase awareness of the AHHA among key stakeholders, as well as to share valuable information in areas such as waste elimination, knowledge exchange, palliative care and e-health.

We have encouraged social media use at these events, reaching out to broader groups of stakeholders and raising further awareness of the AHHA and what we do.

List of events

Health law seminar

Sydney

Greening the health sector think tank

Melbourne

Performance measures in healthcare policy think tank

Canberra

Deeble Institute symposium

Canberra

30th anniversary of Medicare roundtable

Canberra

New models of primary care roundtable

Canberra

Community participation in rural health seminar

Launceston

Finding savings in the health sector roundtable

Sydney

Knowledge exchange short course

Canberra

Public-private partnerships seminar

Sydney

Rationing in the health sector seminar

Brisbane

Palliative care luncheon

Melbourne

Lead clinician group workshops

Adelaide, Cairns, Sydney

Palliative care workshops

Various locations, Tasmania

Lean white and yellow belt courses

Melbourne, Sydney, Brisbane



Images: Deeble Symposium, 2013.

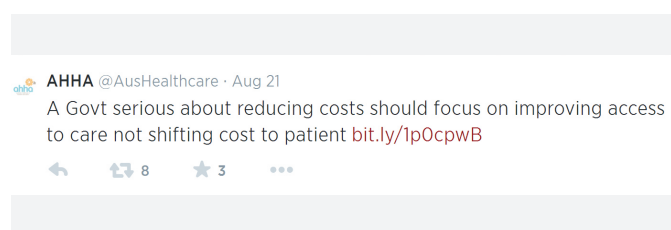
Communications

Media releases

We published 108 media releases, an increase of about 20% on the previous year. These releases received a wide range of coverage across radio, television, print and online media. Since the handing down of the 2014-15 Federal Budget, the AHHA has been particularly active in the national media, and many of our media releases, particularly those centered on the GP co-payment, have been syndicated across national media. From the AHHA position on bulk-billing figures, featured in the *Sydney Morning Herald*, to our concerns on the co-payment's threat to emergency departments, featured in the *Australian Financial Review*, our communications strategy has helped the organisation reach a national audience.

Social media

Twitter and Facebook have been used to promote AHHA events, media releases, publications and to comment on current and emerging issues. The use of Twitter to interact with our stakeholders, the broader health services industry and the wider public, has continued to increase throughout the year. With more than 3000 Twitter followers, the social media channel has proven to be an extremely useful tool for engaging large audiences in real-time scenarios and has become one of the cornerstones of the AHHA's online presence.



Website

One of the biggest projects the AHHA communications team was involved in this year was the re-modelling of the AHHA website. The project was six months in the making and culminated with the launch of the new website in June 2014. The AHHA website has consistently been hitting around 20,000 unique page views per month, with the vision being to extend this while offering brand-new, valuable features to AHHA members, including online event registrations, e-publications and secure membership pages.

Healthcare in Brief

The *Healthcare in Brief* is a bi-weekly e-newsletter that provides an overview of issues of importance for professionals working in healthcare. The brief has an audience of about 5,000 subscribers, which includes politicians and senior leaders within the health service industry.

The Health Advocate

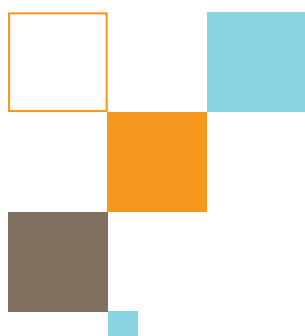
We published *The Health Advocate* (THA) in August, October and December 2013 and April and June 2014. Until April we worked with a publisher contracted to sub-edit, design and distribute the magazine as well as sell advertising. From June 2014 onwards, the AHHA shifted to an in-house production model. The first in-house issue saw a face-lift to the previous design and a reduction of advertising content. Feedback from both readers and contributors remains positive.

Australian Health Review

The AHHA has now been publishing its academic journal, the *Australian Health Review* (AHR), for 36 years. In 2013-14, the journal received 207 original submissions, a substantial increase over the previous year. A total of 104 articles and four book reviews were published in the five editions of the AHR published during 2013-14.

Of particular note this year is the increase in the AHR's impact factor from 0.698 to 1.00. The impact factor is an average measure of the number of times articles in the journal are cited in other academic journals. An increase in the impact factor is an indication that the journal is growing in importance in the field. This has been achieved in part through the AHHA's renewed efforts to promote topical research in the media.

During the year, there were some changes to the editorial board of the AHR. The AHHA would like to thank Professor Peter Brooks for his contribution as Workforce Associate Editor, and to welcome his replacement, Dr Lucio Naccarella. We also welcome Professor Christian Gericke in the new position of Associate Editor for Models of Care and thank Dr Simon Barraclough for his work as the Associate Editor for Policy. And most importantly, the journal's ongoing success would not be possible without continued leadership of the Editor-in-Chief, Professor Andrew Wilson.



Case study

Academic journal makes its mark

Why do people go to hospital emergency departments for treatment even when they do not need emergency care? Do Indigenous Australians really age prematurely or is their higher mortality rate due to preventable chronic disease? Are self-management programs for people with mental illness cost effective?

These are just a few key questions for the future of our health system that have been addressed in 2013-14 by the AHHA peer-reviewed academic journal, the *Australian Health Review* (AHR).

The AHR, which is now available online, provides both open access articles and subscriber-only content exploring health policy and management, including the latest on healthcare delivery systems, clinical programs, and health financing.

"Whether its foot care for people with diabetes, Indigenous health programs or clinical governance issues, the AHR provides an authoritative voice on some of the most pressing issues in Australian healthcare," said Alison Verhoeven, AHHA Chief Executive.

"With the journal's impact factor growing from 0.68 to 1.00 in 2013-14, there has been a significant increase in the number of times these articles are being cited in other academic journals.

"This is a great achievement for the AHHA team behind the journal, and will help the impact of the AHR grow into 2014-15."

The AHR's Editor-in-Chief, Professor Andrew Wilson said: "We are delighted that the success of the AHR has been acknowledged in this way. This result will further endorse the AHR as the premier Australian journal for health policy and management, and ensure that we continue to attract high quality authors and reviewers."



