The Australian Council on Healthcare Standards

safety, quality, performance

The Australian Council on Healthcare Standards (ACHS) would like to thank our own employees as well as the management, employees, consumers and visitors at the following member organisations, for participating in the photography for this Annual Report:

• Balmain Hospital and Eastern Sector Aged Community Services, Sydney
• Royal Brisbane and Royal Women’s Hospitals, Brisbane
• Royal Prince Alfred Hospital, Sydney
• Skin & Cancer Foundation Westmead Day Clinic, Sydney
• St Luke’s Hospital Complex, Sydney
• The Ophthalmic Surgery Centre (Chatswood), Sydney
• The Sydney Eye Specialist Centre (Kingsford), Sydney

The ACHS seeks to treat indigenous cultures and beliefs with respect. In many areas of indigenous Australia it is considered offensive to publish photographs or names of Aboriginal people who have recently deceased.

Readers are warned that this publication may inadvertently contain such photographs.

Baxter Healthcare

The ACHS would like to acknowledge the generous support provided by Baxter Healthcare for the purposes of publishing this Annual Report. This support enables us to publish and distribute our report to ACHS member organisations, ACHS surveyors, health industry bodies, governments, consumers and the community.

October 2007

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VALEDICTION

DR EDWARD ‘TED’ BOOTH AM

It is with great sadness that the ACHS recognises the recent passing of Dr Edward ‘Ted’ Booth AM.

Dr Booth was a respected radiologist from Sydney, past President (1966–1967) of the NSW branch of the Australian Medical Association and the first Chairman of the Joint Steering Committee on Hospital Accreditation (which evolved to become the ACHS).

Working with some very dedicated individuals, he was a dynamic force in establishing research into developing an accreditation program for public hospitals throughout Australia. It was the first time two such powerful and influential groups (NSW AMA and Victorian AHA) had met and worked together in a formal structure outside the framework of their professional bodies.

Dr Booth was also a former President of the Royal Australian and New Zealand College of Radiologists (1964–1965).

The ACHS is indebted to Dr Booth for his contribution to the development of internationally recognised accreditation for Australian health services.
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VALEDICTION 63
Dr Edward ‘Ted’ Booth AM
LAUNCH OF UPDATED ACCREDITATION STANDARDS

EUQuIP 4, the updated standards for the ACHS Evaluation and Quality Improvement Program – EUQuIP – were launched at the 4th Australasian Conference on Safety and Quality in Health Care, Brisbane during August 2006. The Conference, which was co-hosted by the ACHS, included a workshop on the updated accreditation standards.

EUQuIP 4 information kits were distributed to ACHS Members and Surveyors. The kits include guidelines and resources for implementing the updated organisation-wide accreditation framework.

The rollout of EUQuIP 4 also included national education workshops to train ACHS Surveyors to review health care organisations against the new standards.

The review of standards is a major undertaking and appropriately requires a significant allocation of resources by the ACHS. The process takes approximately two years to complete including provision for time for the educational program. The key stages in the review were:

• literature review
• comparison with other countries’ standards
• collaboration with working groups for specific topic areas
• establishment of reference groups to provide additional input
• collaboration with expert advisory groups
• conduct of focus groups to examine specific aspects of the development program
• wide-ranging consultation with key stakeholders in both the public and private sectors
• field review of draft standards across the industry
• continual revision of the text
• pilot testing in a number of sites reflecting the diversity of the industry, including an onsite assessment by a survey team
• final drafting by the Standards Committee
• the ACHS Board’s final consideration and adoption.

The vast majority of colleges, health departments, and peak industry bodies, including consumer representation, provided detailed comments. This feedback significantly impacted the outcome of the final version.

Over 850 stakeholders voted on the accreditation criteria to be selected as mandatory. This is a significant increase when compared with the 100 stakeholders who voted on the mandatory criteria for the 3rd edition of the EUQuIP standards.

AUSTRALIAN HEALTH CARE ORGANISATIONS CHOSE NEW STANDARDS

Between January and July 2007 health care organisations that participated in ACHS accreditation had the option to be assessed against either the 3rd edition or 4th edition of EUQuIP. From 1 July 2007 all health care organisations seeking accreditation through the ACHS will use EUQuIP 4.

Over 60% of organisations chose to be surveyed or complete their self-assessment against the new standards, prior to being required. All our remaining member organisations have commenced implementing these updated standards, which are used by the majority of Australian health care organisations to guide their safety and quality improvement efforts.

The EUQuIP 4 standards increase the emphasis on issues such as the safe management of blood, falls prevention, infection control and continuity of care between health care providers.

Encouragingly there is also international interest in these standards, with hospitals in India and the Asia Pacific and Middle East regions choosing to seek accreditation under the EUQuIP 4 standards.

IMPROVING TRANSPARENCY OF ACCREDITATION RESULTS

For the purpose of increasing transparency around the accreditation process, from 1 July 2004 ACHS provided a voluntary service (and encouraged members) to publish either a Jointly Agreed Statement or their full accreditation report on our (or their own) website.

Disappointingly there was limited take up of this voluntary initiative.

In response to the increasing industry and community demand for more information about health service accreditation performance, the ACHS Board foreshadowed the need to promote more transparency of the accreditation process. During 2006/2007 the ACHS determined to introduce more detailed Agreed Performance Statements.

We introduced new contracts with our member organisations to enable this initiative (to coincide with the introduction of the 4th edition of our EUQuIP accreditation standards). The new contracts are being introduced on a rolling basis from 1 July 2007 (as member contracts expire).

Pictured: Employees from Skin & Cancer Foundation Westmead Day Clinic, Sydney
FIRST AUSTRALIAN HOSPITAL REQUESTS CONSUMER REVIEW OF THEIR SERVICE
During 2006/2007 we congratulated Launceston General Hospital; the first in Australia to achieve accreditation with a consumer as part of the review team for the entire onsite survey.
While consumer and carer surveyors have participated in ACHS onsite surveys of mental health services for many years, this was the first time a Consumer Surveyor had been part of the team for the organisation-wide survey of a hospital.
ACHS Consumer Surveyors undergo the same rigorous training in the ACHS standards and accreditation processes as the surveyors with health industry experience. They bring to the survey their expertise as carers or patients as well as members of the wider community.

ESTABLISHING AN EVIDENCE BASE
Despite its increasing use globally there had existed a dearth of information on the role of accreditation in improving the performance of health care organisations. For this reason in 2001 ACHS made a commitment to establish a research function and improve the evidence base for decisions around accreditation of health care organisations. This type of research is fundamental to providing knowledge for the expanded use of health care accreditation both in Australia and worldwide.
The outcomes of this significant undertaking are beginning to be realised.
The most notable of these research initiatives was commenced in 2005 with four Australian Research Council funded studies (along with The University of NSW and industry partners) to explore the relationship between accreditation and organisational performance.
The early results of this research are being published and indicate that there is a strong relationship between accreditation and the performance of a health care organisation.

NATIONAL REPORT ON ACCREDITATION PERFORMANCE
While the ACHS released the 2nd ACHS National Report on Health Services Accreditation Performance after the reporting period (in August 2007), the analyses was completed during the first half of 2007.
The Report contains aggregate information from 1233 accreditation surveys of Australian health care organisations between 2003 and 2006.
The data demonstrates significant improvement in organisations (over the period of the Report) with regard to formal frameworks to manage risks as well as an improvement in preparedness for an emergency.
Areas which were identified as needing further improvement included:
• Involving consumers in the activity of the health service, and
• Improving systems for evaluating the performance of staff.
The purpose of the Report is to establish comprehensive national benchmarks for accreditation performance; which will assist health care organisations to evaluate their own performance against the aggregate.
The Report includes information on the majority of health care organisations in Australia and is organised in themes such as: infection control, issues for mental health services, consumer involvement and risk management.

A SECURE FINANCIAL FUTURE
The financial performance for the year ended 30 June 2007 shows a small surplus of $10k. When compared to the original projected budget loss of $76k, the turnaround has been substantial. Income from renewal memberships, education workshops and savings from operating expenses were the main contributors to the result.

INTERNATIONAL DEVELOPMENTS
The growth of ACHS International during 2006/2007 exceeded expectations. A growing number of international health care organisations chose ACHSI certification and accreditation.
Some of the first hospitals accredited by ACHS International were the Saad Specialist Hospital, Kingdom of Saudi Arabia, Kerala Institute of Medical Sciences, India and the American Mission Hospital, Kingdom of Bahrain.
We also hosted an increasing number of international delegations which aimed to share the Australian experience of performance measurement and accreditation.
2006/2007 also saw a significant increase in the number of surveyors ACHS trained from countries such as Hong Kong, India and Malaysia.

As reported in the 2005/2006 Annual Report ACHSI entered into a Memorandum of Understanding, in July 2006, with the Quality Council of India (QCI) to provide support and assistance through its National Accreditation Board for Hospitals and Healthcare Providers (NABH) in the development of a national program of accreditation in India. Early outcomes of the agreement have included surveyor training, education services and collaboration on quality improvement initiatives.
Our Identity

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through continual review of performance, assessment and accreditation.

Established in 1974, after many years of pioneering work from a range of health care professionals including members of the Australian Medical Association, the Australian Healthcare and Hospitals Association and medical colleges, the ACHS has maintained its position as the principal independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations.

Standards for evaluation, assessment and accreditation are determined by a council drawn from peak bodies in health, representatives of the governments and consumers.

The ACHS is governed by a Board of Directors elected by Council members and supported by a corporate management structure which oversees the process of evaluation and assessment by professionally qualified surveyors.

The ACHS Evaluation and Quality Improvement Program (EQuIP) was launched in 1996 providing health care organisations with a framework to deliver a consumer-centred service focusing on the continuum of care, by incorporating systematic external peer review.

The ACHS is regularly consulted by other countries in relation to standards development, accreditation systems and clinical indicators and hosts international delegations.

Who sets the standards?
The ACHS develops standards with industry, governments and consumers. We lead the collaboration and consultation required to set relevant, achievable and evidence-based standards.

Who uses ACHS accreditation programs?
- All major teaching and referral hospitals in Australia participate in our Evaluation and Quality Improvement Program – EQuIP
- The majority of ACHS members are in the public sector (58% compared to 42% private sector)
- The State/Territory distribution of our members roughly reflects the population base
- More than half of ACHS member organisations with inpatients have fewer than 100 beds.

Who does the ACHS accreditation surveys?
- Over 350 ACHS surveyors are either supported by the organisation that employs them to volunteer their time for surveying or they are paid an honorarium
- Two full-time surveyors participated in a large number of surveys on a trial basis in 2005 and 2006.

What is accreditation?
The Winter 2002 edition of Consumers’ Health Forum of Australia Inc’s journal The Australian Health Consumer published a number of articles on accreditation. In the Editorial, Mr Lou McCallum, the then chair of the Consumers’ Health Forum summarised consumer expectations in the following way:

For consumers, accreditation is basically an issue of trust. People who use health services want to have confidence that those services are safe and will provide consistent high quality care. People understand that there are risks associated with using the health system, but they want those risks minimised.

The International Society for Quality in Health Care (ISQua) lists a number of descriptors of accreditation. Accreditation:

- is public recognition of achievement by a healthcare organisation, of requirements of national healthcare standards
- is generally available to public and private sectors
- covers a range of healthcare environments from local community-based care through to tertiary level providers and healthcare systems
- may have specialised healthcare services as a particular focus
- is awarded based on achievement of quality standards and the independent external survey by peers of an organisation’s level of performance in relation to the standards.

Our mission: to improve the quality and safety of health care

Our vision: to be recognised nationally and internationally as the leading Australian organisation that independently assesses performance and promotes and improves the quality and safety of health care

Our values: Excellence, Leadership, Commitment, Integrity, Transparency, Teamwork, Consumer focus, Cultural responsiveness

Our Council: represents health care professionals, consumers, government and industry stakeholders to develop and continually review standards for the health industry.

3 The Australian Health Consumer Winter Number Two p4 Australian Capital Territory 2002
ACHS ANNUAL REPORT 2006-07

OUR PRODUCTS AND SERVICES

To achieve and maintain accreditation our members participate in a four-year cycle of quality improvement activities, culminating annually in either a Self-Assessment or an onsite survey to meet industry-developed standards.

Our core accreditation program is the Evaluation and Quality Improvement Program (EQuIP).

Other programs include:
- EQuIP Certification
- EQuIP Corporate (Health Services)
- EQuIP Corporate Member Services
- EQuIP In-depth Reviews
- Quality for Divisions Network
- Clinical Indicator program

With over 400 indicators in total, our Clinical Indicator Program is the most comprehensive in Australia.

We also provide customised reporting from our rich data sources, enabling single health care organisations or groups of organisations to compare their own performance to State/Territory and national aggregates.

We also offer customised education, workshops, consultancies and access to publications, supporting ongoing quality improvement initiatives.

OUR FUNDING

As an independent, not-for-profit organisation, the vast majority of our funding is from our membership fees.

We also sometimes receive funding from government organisations and other industry bodies, linked to the delivery of individual projects.

We receive a specific contribution from Baxter Healthcare for the publication of this Annual Report and our Quality Improvement Awards program.

A 1,000

Over 800 member health care organisations, representing more than 1,000 individual organisations, are members of ACHS quality improvement programs.

ACHS EQuIP Members by Sector as at 31 December 2006 (Full & Associates)

(435) Private 42%
(613) Public 58%

ACHS EQuIP Members (Full and Associates) by Bed Size as at 31 December 2006

13% 41% 17% 15% 10% 4%

0 1-49 50-99 100-199 200-499 =>500
Beds

IS ACCREDITATION COMPULSORY?

There is a range of governance models among the Australian States and Territories as well as across public and private health care. Therefore this varies.

There is an expectation in the industry that hospitals will be accredited.

Accreditation is one aspect of performance measurement/requirements set by several state health departments and also a consideration for health insurers when negotiating contracts for the payment of benefits on behalf of their members.

The emphasis of ACHS accreditation is whole organisation continuous improvement versus achieving minimum requirements.
Our Performance

Our progress and plans for achieving our Strategic Goals

OVER 850

... stakeholders voted on criteria to be selected as mandatory (for our EQuIP 4 standards) compared with the 100 stakeholders who voted on the 3rd edition

50%

Target: to achieve 50% medical clinician surveyors on survey teams by 2008

STRATEGIC GOAL

Be the leading organisation in the health care industry providing products and services which include standards development, performance assessment, accreditation and education

Maintain, and where possible, grow the membership base

06/07 Aims & Objectives:
Member satisfaction levels to be surveyed and maintain/improve on 2004/05 (satisfaction) survey results.

06/07 Activities & Outcomes:
Membership changes due to restructure:
• 06/07 New: 26, Cancelled: 42
  (Many of the canceled memberships have re-joined as combined memberships due to restructure.)
Other membership changes:
• 06/07 New members: 28
• 06/07 Cancellations: 17


06/07 Activities & Outcomes:

07/08 Aims & Objectives:

Provision of products and services

06/07 Aims & Objectives:

• Exploration of more diversity in product range, including clinical in-depth review programs such as cancer and chronic disease management
• Relevant products and services to be evaluated and revised including 100% of specialty resources
• 50% medical clinician surveyors on survey teams by 2008.

06/07 Activities & Outcomes:

• Development of programs and publication of the EQuIP Corporate Health Services Guide, 3rd edition
• Development of EQuIP 4 web-based Resource Tools for Oral Health, Hospitals, Day Procedures, Mental Health, Community, Primary Care and Multi-Purpose Services
• Development of EQuIP 3/EQuIP 4 Linkage for Standards
• 40% of organisation-wide surveys now have a medical clinician as part of the team

07/08 Aims & Objectives:

• Publish an EQuIP 4 Risk Management and Quality Improvement Handbook
• Develop and publish an EQuIP 4 Clinicians Guide
• Develop Methadone Resource Tool, Area Health Cluster Resource Tool, Consumer Framework Guide
• Achieve 50% medical clinician surveyors on survey teams by 2008
• Expand the surveyor workforce to include more allied health clinicians.

Pictured: Balmain Hospital and Eastern Sector Aged Community Services, Sydney
Increased consumer participation in survey program

06/07 Aims & Objectives:
Attract support for consumer surveyors’ involvement in surveys.

06/07 Activities & Outcomes:
Two consumer surveyors have been trained to participate on surveys and the first health care organisation in Australia requested a consumer on the general survey team.

07/08 Aims & Objectives:
10% of organisation-wide surveys to include a consumer surveyor on the team.

Maintain international recognition of standards

06/07 Aims & Objectives:
Achieve accreditation for a range of ACHS standards including EQuIP 4.

06/07 Activities & Outcomes:
International accreditation achieved (from the International Society for Quality in Health Care – ISQua) for EQuIP 4 and EQuIP Corporate Health Services 3rd edition.

07/08 Aims & Objectives:
No new ACHS standards will require accreditation during this period.

STRATEGIC GOAL

Develop and sustain collaborative links with key stakeholders

Maintain liaison with significant industry leaders through a measurable stakeholder plan with number of contact visits and outcomes

06/07 Aims & Objectives:
Increase collaboration with key stakeholders.

06/07 Activities & Outcomes:
• Nationwide Consultations undertaken with health care jurisdictions and owners to evaluate the review of EQuIP 4th edition and introduction of EQuIP 4
• Individual consultations conducted with member organisations to communicate the findings of the National Report on Health Services Accreditation Performance 2003–2006.

07/08 Aims & Objectives:
Maintain effective engagement and dissemination of information for jurisdictions and member organisations with the established bi-annual State Advisory Committee meetings and provide continued support through other communications channels.

Increasing interaction with key stakeholders including international peers

06/07 Aims & Objectives:
Continue to collaborate with international peer organisations and maintain number of international delegations.

06/07 Activities & Outcomes:
• The ACHS welcomed 14 visiting international delegations during 2006/2007 and provided quality management and information support to World Health Organisation groups from Malaysia and China
• Increased ACHS International membership base beyond targets.

07/08 Aims & Objectives:
• Continue to provide program support and quality management assistance to international member organisations
• Continue to assist in worldwide quality health initiatives and to provide individual education programs to visiting international health care organisations and delegations/governance groups
• Increase targeted marketing in India, Middle East and Hong Kong.

Participation on significant committees, in key events and conferences

06/07 Aims & Objectives:
• Involvement in the update of National Standards for Mental Health Services
• Collaboration with key stakeholders in the planning for the 5th Australasian Conference on Safety and Quality in Health Care (Brisbane, August 2007)
• Participation/presentation at national/international conferences.

06/07 Activities & Outcomes:
• Support for the Australian Government, Department of Health and Ageing Review of the National Standards for Mental Health Services with the preparation of a report summarising stakeholder consultations on current national standards and recommendations for standards review and implementation
• Successfully co-hosted (achieving attendance targets) the 5th Australasian Conference on Safety and Quality in Health Care (Brisbane, August 2007) with key stakeholders and peer organisations
• Participation/presentation at national/international conferences – see page 61.

07/08 Aims & Objectives:
• Continued involvement in the update of National Standards for Mental Health Services
• Collaboration with key stakeholders in the planning for the National Forum on Safety and Quality Health Care (Adelaide, October 2008)
• Participation/presentation at national/international conferences.
STRATEGIC GOAL

Undertake research into quality improvement within the health care industry

Consolidation of research program
06/07 Aims & Objectives: Australian Research Council funded project exploring the value of accreditation – results available and published in peer reviewed journals.

06/07 Activities & Outcomes: Data collection for 3 of 4 studies complete; 2 conference presentations with 3 pending, 1 published paper, 1 paper in press, 1 paper submitted; 2 papers in draft.

07/08 Aims & Objectives: Completion of all data collection; publication of the results of the four studies in peer reviewed journals; results communicated through conference presentations.

Pursue further research
06/07 Aims & Objectives: Research Advisory panel to establish partnership based research.

06/07 Activities & Outcomes: Meeting in November 2006; Department of Health and Ageing (Australian Government) requested and agreed to fund a project proposal from ACHS to identify future research priorities identified by an Australian Accreditation Research Network workshop based on the ACHS Research Advisory Panel and the Collaborative Group of Accreditation Agencies convened by the ACHS.

07/08 Aims & Objectives: Submission of an Australian Research Council linkage application with the Centre for Clinical Governance Research, University of NSW on researching models of accreditation.

Publication of data


07/08 Aims & Objectives: In-depth analyses of ACHS data to understand strengths and opportunities for improving quality and safety nationally.

07/08 Aims & Objectives: Submission of an Australian Research Council linkage application with the Centre for Clinical Governance Research, University of NSW on researching models of accreditation.

New contracts introduced on a rolling basis from 1 July 2007 (as member contracts expire).

Effective usage of clinical indicator information
06/07 Aims & Objectives: Continue to review and refine the way clinical indicator data are collected and reported.

06/07 Activities & Outcomes: Working groups convened for the Review of Rehabilitation and Pathology ACHS Indicators during 06/07.

07/08 Aims & Objectives: Liaise with medical colleges and stakeholders in the development of clinical indicator sets and establish working groups to review relevant ACHS clinical indicator data sets during 07/08.

Pictured from left to right: Members of the ‘researching accreditation team’ Professor Jeffrey Braithwaite (University of New South Wales–UNSW), Dr David Greenfield (UNSW) and Dr Marjorie Pawsey (ACHS)

Pictured: Rehabilitation at Royal Brisbane and Royal Women’s Hospitals
Provision of an effective website to facilitate access of information by all stakeholders

06/07 Aims & Objectives:
- Launch new website to meet user-needs as per website evaluation
- Website utilisation rates monitored and evaluated
- Stakeholder endorsement of revised website.

06/07 Activities & Outcomes:
- New website launched October 2006
- New website is linked to the ACHS Customer Relationship Management database
- 1,918 successful registrations for Member, Surveyor or Board access to restricted and tailored information
- Web hits regularly monitored and evaluated
- Steady increase in web hits since October 2006, with a drop over the December/January holiday period
- Excluding the homepage and login screens, Electronic Assessment Tool (EAT) pages are the most commonly accessed, followed by EQuIP 4 content pages then Clinical Indicator Program pages.

07/08 Aims & Objectives:
- Continue to evaluate user needs and evolve the website
- Explore additional online service, for example online tool for submission of clinical indicators.

Program of external recognition of excellence in performance

06/07 Aims & Objectives:
- Online application to be explored for ACHS Quality Improvement (QI) Awards for 06/07
- Continue to encourage participation in awards and recognition programs including at least a 20% increase in participation in the QI Awards.

06/07 Activities & Outcomes:
- Submission for ACHS QI Awards revised during 2006/2007
- Website-based submission information expanded

06/07 Activities & Outcomes:
- 105 organisations nominated for QI Awards 2007, representing a 4% increase on the previous year
- The first submission for QI Awards from an ACHS International member organisation was received.

07/08 Aims & Objectives:
- Review communications and submission strategies for the QI Awards 2008 to continue to grow the QI Awards program.

Promotion of ACHS through conference presentations

06/07 Activities & Outcomes:
- Successfully co-hosted (achieving attendance targets) the 5th Australasian Conference on Safety and Quality in Health Care (Melbourne, August 2006).

06/07 Aims & Objectives:
- Continue to increase the number and type of conference and workshop presentations with positive evaluations, consistent with the communications strategy
- Successful evaluation from participation in the 4th Australasian Conference on Safety and Quality in Health Care.

06/07 Activities & Outcomes:
- Participation/presentation at national/international conferences – see page 61.

07/08 Aims & Objectives:
- Continue to implement ISQua recommendations

07/08 Aims & Objectives:
- Ongoing evaluation of progress to new performance indicators.

Member satisfaction with services and products; including effective communication with members

06/07 Aims & Objectives:
- Deliver the web-based EAT and Performance Indicator Reporting Tool (PIRT) to members
- Evaluate member involvement in the Working Groups for the web-based EAT development
- Evaluate member satisfaction with new web-based tools (EAT and the new website).

06/07 Activities & Outcomes:
- PIRT questions and answers posted on to the ACHS website to assist members of the ACHS Clinical Indicator Program
- June 2007: Upgrade on EAT 4 functions as a result of feedback from users
- Analysis of EAT 4 feedback from organisations Jan 07 – Jun 07 (n38):
  - 29 very satisfied/satisfied
  - 9 dissatisfied/very dissatisfied.

07/08 Aims & Objectives:
- Expand communication via the ACHS website to members of the ACHS Clinical Indicator Program to assist meeting data submission timelines
- Utilise online survey tools to improve feedback processes.

STRATEGIC GOAL
To maintain an effective internal system that enables goals to be efficiently achieved

Effective financial performance

06/07 Aims & Objectives:
- Meet budget targets
- Unqualified audit reports.

06/07 Activities & Outcomes:
- Met budget targets
- Unqualified audit reports.

07/08 Aims & Objectives:
- Meet budget targets
- Unqualified audit reports.

Business systems externally accredited

06/07 Aims & Objectives & Activities:
- Continue to implement ISQua recommendations

07/08 Aims & Objectives:
- Ongoing evaluation of progress to new performance indicators.

One hundred and five organisations nominated for the QI Awards 2007, representing a 4% increase on the previous year.
Change and challenge are recurring themes in today’s environment and this has been the ACHS’s experience over the year in review. The following report summarises the major issues and events.

CORPORATE GOVERNANCE
In response to broad consultation, it was decided at the November 2006 Annual General Meeting to amend the Constitution to provide for an additional position on the Board. The new position is open to all members of Council. Mr Stephen Walker was subsequently elected and the Board was delighted to welcome him as a member to his first meeting in December 2006. Mr Walker represents the Australian Private Hospitals Association on the ACHS Council. There have been no other changes to Board membership over this period. This stability has contributed very positively to the consideration of policy and strategic issues important to the organisation’s continued well being and in its planning for the future.

Ms Helen Dowling, Director of Pharmacy, John Hunter Hospital, who represents Allied Health Professions Australia on the Council, was appointed by the Board as Chair of the Standards Committee of which she has been a member for several years. Helen has already demonstrated her enthusiasm and commitment to this important role very effectively.

The addition of representatives from State Advisory Committees to Council meetings has continued to make a very worthwhile contribution to the discussions at Council meetings.

The involvement of Councillors has again been very important and significant contributions have been made to the Board’s deliberations through the discussion of key strategic issues. Key subjects considered by the Council include the potential introduction of unscheduled surveys (bringing unpredictability in survey visits), clinical indicators and their utilisation under EQuIP 4, and the development of ACHS position statements covering the organisation’s approach to contemporary issues.

FINANCIAL MANAGEMENT
Membership numbers have remained high and it is pleasing to note the increasing range of services and programs being included in the program accessed by existing members such as community health services, mental health services and corporate offices. Again a small financial surplus was achieved with price increases being contained within acceptable limits.

THE NATIONAL SAFETY AND QUALITY AGENDA
The work of the Australian Commission on Safety and Quality in Health Care in conducting a review of accreditation systems has gathered momentum during the course of the year. The first round of major submissions was lodged in March and provided a rich and diverse range of views. Further consultations and opportunities for formal input are to be provided.

The ACHS remains very supportive of the process and has taken a number of opportunities to contribute constructively to the debate. A final report is not due to be submitted to the Australian Health Ministers’ Conference until early in 2008.

The intention of increasing the use of accreditation across a broader range of health services and settings will provide many opportunities for the ACHS. The emerging position of building on the existing programs, rather than creating a new system is strongly supported.

OUR TEAM
It is with great pleasure that we acknowledge the appointment of Ms Darlene Hennessy to the position of Executive Manager, Development. In this capacity, she has responsibility for the key functions of standards review and development, the clinical indicator program and oversight of the organisation’s research activities. She has already demonstrated a high sense of purpose and strong management skills in this key role.

The Chief Executive was elected as chairman of the International Society for Quality in Health Care’s (ISQua)’s Accreditation Council for the period of two years.

Despite several changes within our team, services have been maintained at a high standard. Whilst the workload has been substantial the commitment of employees, the surveyor workforce and other key contributors has enabled performance targets to be met; this result is greatly appreciated and never taken for granted.

NEW STANDARDS
The 4th edition of the Evaluation and Quality Improvement Program, EQuIP 4, was successfully launched, effective from 1 January 2007. It incorporates a much stronger emphasis on clinical care delivery and health consumer expectations. Mandatory criteria were revised with the number being reduced to provide a sharper focus on key requirements affecting safety. A comprehensive guide has been published to support participating organisations in their pursuit of the highest standards in the provision of health services. Initial feedback from member organisations, surveyors and key stakeholders, has been extremely positive.

The EQuIP Corporate Health Services standards have also been revised. We are delighted to record that both sets of standards have been accredited by ISQua.

PARTNERSHIPS WITH HEALTH CARE ORGANISATIONS
ACHS was delighted to have been selected by the Commonwealth Department of Health and Ageing as the successful tenderer to review the national standards for mental health services. These standards have not been revised since 1996. In conducting this review ACHS has been able to draw effectively on its experience in undertaking assessments and onsite surveys against the existing standards, together with feedback from member organisations and other key stakeholders, to undertake this complex and significant task. Completion is scheduled for May 2008.
An important initiative by the Board has been to extend the requirements for the public provision of information on accreditation performance.

Commencing from July 2007 member organisations will be required to allow publication of an agreed statement of performance, which will be able to be accessed by the public.

In a significant move Quality Health New Zealand (QHNZ) determined to implement the EQuIP standards into that country. The standards are being modified to suit the requirements of New Zealand. The ownership of QHNZ has been transferred to another New Zealand company, Telarc SAI Ltd. ACHS is in the process of finalising a formal agreement between the two organisations. This development will have significant benefits for both countries in the years ahead, particularly given the similarity of our healthcare systems. The ACHS wishes to acknowledge the positive contribution of Mr Peter Rose, Chief Executive, Telarc SAI Ltd, and his team to the negotiations.

The ACHS was again delighted to join with the Australasian Association for Quality in Health Care (AAQHC) to host the 5th Australasian Conference on Safety and Quality in Health Care. At the time of writing, this conference has been held in Brisbane, 5–8 August 2007. This successful event attracted more than 900 delegates. ACHS wishes to place on record its appreciation for the opportunity provided by AAQHC, under the chairmanship of Ms Kathleen Ryan, to join this undertaking.

**THE IMPORTANCE OF RESEARCH**

Several years ago we joined a collaboration with the Centre for Clinical Governance Research, University of New South Wales, and other industry partners to undertake a research project funded by the Australian Research Council. The results of this study are expected to be known over the course of the next year and will have very substantial national and international importance.

**INTERNATIONAL GROWTH**

This year has marked the first substantial year of international business activities. The first hospitals accredited by ACHS International were the Saad Specialist Hospital, Kingdom of Saudi Arabia, and Kerala Institute of Medical Sciences, India. These organisations clearly demonstrated high levels of performance in relation to safety and quality. Each will prove to be leaders in their own countries in the provision of high-quality services.

In a very important development, a Memorandum of Understanding was entered into in July 2006 with the Quality Council of India (QCI) to provide support and assistance through its National Accreditation Board for Hospitals and Healthcare Providers (NABH) in the development of a national program of accreditation in that country. The importance of this development cannot be understated and reflects positively on the international standing of ACHS. Early outcomes of the agreement have included surveyor training, education services and collaboration on quality improvement initiatives.

The Board acknowledges the positive and constructive role played by Mr Girdhar Gyani, Secretary General, QCI, and his staff in developing this ongoing relationship.

**OUR THANKS**

2007 marks 20 years of support by Baxter Healthcare of ACHS, through its sponsorship of both our annual quality improvement awards and the publication of this Annual Report. Baxter Healthcare has a long and proud history of support for the health industry and the ACHS places enormous value on the strength of our enduring relationship.

**LOOKING FORWARD**

The year ahead will see many positive opportunities involving the provision of accreditation programs, publication and promotion of the results from the research studies, the results of the national review of accreditation systems and a range of international business opportunities. We look forward to continuing to work with all stakeholders in advancing the quality provision of health services.
Mr Brian Johnston

Dip Pub Admin (NSWIT) BHA, FCHSE, FAICD, FAIM

ACHS Chief Executive
- Formerly ACHS surveyor
- Member ACHS Standards Committee
- Fellow, Australian College of Health Service Executives
- Fellow, Australian Institute of Company Directors
- Fellow, Australian Institute of Management
- Visiting Fellow, Centre for Clinical Governance Research in Health, University of New South Wales
- Member, Management Committee, Royal Australasian College of Surgeons’ Australian Safety and Efficacy Register of New Intervenational Procedures – Surgical (ASERNIP-S)
- National Councillor, Australian Healthcare and Hospitals Association
- Former Treasurer, Australian Healthcare and Hospitals Association
- Current Chair, International Accreditation Program Council, of the International Society for Quality in Health Care, ISQua

During his time with the ACHS, Brian has focused on shifting the standards towards a greater clinical focus and continues to make the ACHS accreditation program more rigorous and reliable. Brian has also driven the establishment of a research program and worked towards developing an organisational structure which provides more support for members and evolving the surveying system to improve the quality of reporting.

Ms Heather McDonald

MQHC, BIT, RM, RN PhD candidate
USyd, MAICD

ACHS Executive Manager, Customer Services

As Executive Manager, Customer Services for the ACHS Heather’s key responsibility is the delivery of accreditation services to members of the Evaluation and Quality Improvement Program, and education and support services for both member organisations and ACHS surveyors. The accreditation program has been adopted by over 1,000 health care organisations across Australia. This includes all types of hospitals, community health care settings as well as day surgeries.

This position is also responsible for the management, development and support of the ACHS surveyors, a workforce of over 350 professionals. The support and management of the surveyor workforce includes induction training and regular education days for both the surveyors and the trained coordinators who are the team leaders on surveys.

Heather’s previous roles include Quality Management, Academic work as well as nursing roles in a variety of settings.

Dr Desmond Yen

B.Com, MBA, DBA, FAICD

ACHS Executive Manager, Corporate Services
- Member of the ACHS Executive team since 1995
- Over 30 years local and international management, finance and information technology experience
- Contributor, Australian Research Council Linkage accreditation research project, Centre for Clinical Governance Research in Health, University of New South Wales
- Member, Australian Institute of Management
- Fellow Member, Australian Institute of Company Directors

Desmond’s portfolio covers local and international new business development, finance, information technology, human resources management, business support services and strategic planning.

Ms Darlene Hennessy

ACHS Executive Manager – Development

Darlene Hennessy joined the ACHS in August 2006 as Executive Manager – Development. Her key responsibilities include developing and maintaining industry standards, leading the organisation’s programs in performance and outcomes measurement and research.

Prior to joining the ACHS, Darlene most recently held a position in a private health insurance organisation as manager of a contracting team. In this role her responsibilities included the negotiation and management of contracts with Australian private hospitals and day surgeries.

Darlene has worked with the New South Wales Department of Health in the Performance Management Division and has previously been a member of the Education Service of the ACHS.

With undergraduate studies in Nursing, Darlene has postgraduate qualifications in Advanced Nursing, Health Administration and Marketing.
The ACHS awarded its highest honour, the ACHS Gold Medal, for 2006 to Professor Ross Holland for his devotion to anaesthesia safety.

The Medal, inaugurated in 1984, recognises an outstanding contribution to improving quality and safety in Australian health services and was awarded at the ACHS Annual Dinner in Sydney, 23 November 2006.

When presenting the unexpected honour Dr Michael Hodgson AM, President of the ACHS, commented that Professor Holland is truly a legend in Australian, and international, health care.

In the early 1960s Professor Holland, and his colleague Professor Douglas Joseph, established the NSW Deaths under Anaesthesia Committee; a world-first approach to quality assurance in anaesthesia. Professor Holland was the inaugural Secretary of the Committee and later appointed as its Chair. He remains an active member.

“His groundbreaking project has directly improved the mortality figures for anaesthesia in Australia,” commented Dr Hodgson.

“Professor Holland’s long and distinguished career reflects an exceptional individual who has dedicated his professional life to developing the specialty of anaesthesia through both education and the reduction of mortality rates. He is well respected... by his peers and past students. His contribution to the community is well above that of his colleagues and his support for the profession... is outstanding.” Nomination from the Australian Society of Anaesthetists.
ACHS QUALITY IMPROVEMENT AWARDS 2006

Launched in 1996 and supported by Baxter Healthcare since 1998, the ACHS Quality Improvement (QI) Awards, which are open to all members of ACHS quality improvement programs, recognise outstanding achievement in activities, programs, projects and strategies in health care organisations.

The winners for 2006, selected from over 100 entries, were announced at the ACHS Annual Dinner in Sydney, 23 November 2006.

Judging takes place annually during July and August. The panel consists of an ACHS Councillor, an ACHS Surveyor and a representative of an EQuIP member organisation.

All of the QI Awards participants not only help raise the standard of health care but through sharing their work they encourage quality improvement initiatives beyond their own organisations.

CLINICAL QUALITY CATEGORY

Winner:
Peninsula Health, Pharmacy Department, Frankston, VIC with their submission Implementing an Integrated Electronic Prescribing and Discharge Summary System to Optimise the Medication Management Pathway.

The outcomes of the initiative included increased use of e-prescribing, medication error reduction and a reduction in the potential or actual patient harm due to inaccurate e-prescribing.

SUPPORT CATEGORY

Winner:
Royal Perth Hospital, Sir George Bedbrook Spinal Unit, Shenton Park, WA with their submission The Challenge of Change: Implementation of a Safe Handling Policy on the Sir George Bedbrook Spinal Unit

The project identifies alternative manual handling procedures for care of the acute spinal cord injured patient – aimed at reducing the severity of injuries to staff whilst performing patient manual handling episodes and at the same time maintaining patient safety.

CORPORATE QUALITY CATEGORY

Winner:
Hollywood Private Hospital, Environmental/Waste Management Committee, Nedlands, WA with their submission The Greening of Hollywood

The project incorporated a range of initiatives to develop and implement a comprehensive sustainable environmental strategy, including (among others): Tree Planting, Worm Farms, Carbon Neutral vehicles and water reduction strategies.

The Greening of Hollywood project demonstrated measurable outcomes, for example the TravelSmart Programme resulted in a 14% reduction in staff driving to work alone and an increase from 5% to 8% of staff walking/cycling or using public transport.

View the winning and highly commended QI Award entries in full in the Quality Initiatives 2006 publication, available via the ACHS website: www.achs.org.au, by selecting ‘Honours and awards’ (under ABOUT US from the homepage).
ABOUT ACHS INTERNATIONAL

In June 2005, after increasing global interest, we established a wholly owned subsidiary, ACHS International (ACHSI), to deliver our programs and services internationally.

ACHSI delivers accreditation and quality improvement programs for health care organisations, offers a clinical indicator program, provides consultancies for the development of local accreditation programs and undertakes tailored reporting and analyses.

ACHSI also offers complete education solutions with an experienced in-house team of education program designers and facilitators.

Both the reputation of Australian health care and the ACHS led to demand from countries (that do not have established health accreditation) to either seek ACHS International accreditation or seek support in establishing local programs.

In the Middle East – We accredit hospitals.

In India – We accredit hospitals and have a Memorandum of Understanding (MOU) with both the Quality Council of India and the National Accreditation Board for Hospitals and Healthcare Providers (NABH) in the development of a national program of accreditation in India. Early outcomes of the agreement have included surveyor training, education services and collaboration on quality improvement initiatives.

In the Middle East and India, ACHSI has partnered with Quality Healthcare Australia to deliver successful organisational development programs to improve performance and achieve accreditation.

The year in review

The growth of ACHS International during 2006/2007 has exceeded expectations and projections.

A growing number of international health care organisations have chosen ACHSI certification and accreditation over offerings from Canada, the US and elsewhere.

The first hospitals accredited by ACHSI International were the Saad Specialist Hospital, Kingdom of Saudi Arabia, and Kerala Institute of Medical Sciences, India.

As reported in the 2005/2006 Annual Report ACHSI entered into an MOU in July 2006 with the Quality Council of India (QCI) to provide support and assistance through its National Accreditation Board for Hospitals and Healthcare Providers (NABH) in the development of a national program of accreditation in India.

Surveyors

While ACHS has had a surveyor exchange program with Ireland and New Zealand for several years, the relationships developed through the work of ACHSI have provided additional opportunities to train surveyors from countries such as Hong Kong, India and Malaysia.

The surveyors have participated on teams reviewing our Australian member organisations as well as contributing to survey teams with Australian surveyors in their home countries. We welcome the diversity of experience and perspectives they bring to our surveyor workforce.

Key achievements:

- Significant and growing presence and membership base in India, the Middle East and Hong Kong
- Memorandum of Understanding with the key national quality body and the national accreditation body in India
- One of the main providers of health care quality improvement services in Hong Kong.

Perhaps most notably these outcomes have largely been achieved through our reputation and testimonials rather than any significant marketing spend.

Our own accreditation from, and involvement with, the International Society for Quality in Health Care (ISQua) and the international reputation of Australian health care have contributed to our ability to ‘export’ Australian accreditation and quality improvement programs.

We would like to acknowledge the support of Austrade representatives and Australian embassy representatives in developing the reputation of ACHS International.

“Preparing for accreditation drew the best from our leadership and staff. We developed an improved team approach to problem solving.”

Paul L Armerding, MD FACS
Chief Medical Officer/CEO
American Mission Hospital, Bahrain
Accredited by ACHS International
Our philosophy and focus

- **Relationship development**: we host international visitors to provide the opportunity to learn and see ACHSI ‘up-close’
- **Partnership**: We approach countries with a philosophy of partnership rather than aiming to sell an off-the-shelf accreditation program. We are willing to share our knowledge in order to help local bodies improve
- **Our flexible approach**: the accreditation standards are able to be modified and supporting guidelines produced; ensuring the product is culturally appropriate, whilst comparable with standards used in Australian health care organisations
- **Supporting local expertise**: We train local surveyors to be able to survey against our standards
- **Our surveyors**: have developed a reputation for professionalism, cultural sensitivity and local knowledge
- **The Electronic Assessment Tool**: which is used as part of the accreditation process is the first web-based accreditation assessment software globally.

Kerala Institute of Medical Sciences (KIMS) Trivandrum, India, www.kimskerala.com

ACHSI Chief Executive, Brian Johnston attended the KIMS accreditation ceremony in India in February 2007, the first ACHSI accreditation in that country.

**CASE STUDY**

Dr Sahadullah MD. FRCP(Ire), FRCP(London), MBA
Chairman and Managing Director
Kerala Institute of Medical Sciences (KIMS), Trivandrum, India

Why did you select to undertake accreditation with ACHSI?

ACHSI is a renowned agency under ISQua (the International Society for Quality in Health Care) and has accredited many hospitals. Moreover I found them genuine and more approachable.

What has been the most worthwhile aspect of participating in ACHSI accreditation?

KIMS has become more acceptable for foreign patients. Our credibility as a health care provider emphasising quality health care has increased several fold. Our staff too are more confident as accreditation increased their prospects and opportunities. Our patients are also now more confident to choose KIMS as we have a proven and established clinical standard based on quality.

What has been the biggest impact on your organisation?

Staff empowerment and awareness on various aspects of quality with special relevance on safety, Risk Management and TQM (Total Quality Management). We were also successful in developing a culture of data driven decision making.

Why do you believe accreditation is important?

Benchmarking of service and recognition by an independent organisation instils more confidence and acceptance.
The ACHS accreditation programs provide an organisation-wide framework for members to improve the safety and quality of care.

In order to achieve and maintain accreditation most of our members participate in a four-year cycle of quality improvement activities, culminating annually in either self assessment or an onsite survey. Those members who are participating in the Quality for Divisions Network accreditation program participate in a three-year cycle.

Customer Services consists of three main areas:
1. Customer Services Managers and Surveyor Bookings
2. Surveyor Workforce, and

**CUSTOMER SERVICES MANAGERS AND SURVEYOR BOOKINGS: OVERVIEW AND OUTCOMES**

Customer Services Managers are responsible for promoting and managing services for members of ACHS accreditation and quality improvement programs, such as EQuIP and Quality for Divisions Network (QDN). They support our members in the implementation of the accreditation process. Each Customer Services Manager is responsible for a designated EQuIP and QDN membership base. The Customer Services Managers support member organisations by providing telephone, email and onsite guidance and education throughout the accreditation cycle. This includes assistance prior to onsite surveys, during and after the survey to finalise survey reports and accreditation outcomes. Evaluation data show that in 2006, 91% of our members were ‘satisfied’ or ‘very satisfied’ with the Customer Support Service.

The Customer Services team is also responsible for the coordination and management of the survey process. This includes supporting surveyors and matching the most appropriate surveyors to the organisations to ensure the best outcome. Feedback suggests we are improving in this area.

**2006/2007 ACTIVITIES**

This year has seen the introduction of the updated ACHS accreditation standards, EQuIP 4. These standards have an increased emphasis on the clinical aspects of a health service. The Customer Services team has supported the application of these standards within member organisations. This has included:

- a) assisting organisations to understand and implement the EQuIP 4 standards
- b) assisting organisations with the new “Requirements for Private Health Care organisations not required to be licensed” in onsite surveys where applicable
- c) reviewing and implementing new policies and processes to implement the new EQuIP 4 standards and processes.

**OUTCOME:**

As at 1 July 2007, over 60% of ACHS members participating in a self assessment or onsite survey in the first half of 2007 elected to use these new standards. The remaining organisations have commenced the process of implementing the new standards.

**SURVEYOR WORKFORCE**

In 2006, 97% of customers were ‘satisfied’ or ‘very satisfied’ with the cohesiveness of the survey team at the onsite survey.

The surveyor workforce consists of experienced, senior health care workers with recent and broad experience in health care. While there is a range of backgrounds within the surveying workforce, the ACHS is actively recruiting clinical surveyors. This includes nursing, medical and allied health clinicians. We anticipate the increased clinical focus of EQuIP 4 will mean we attract more clinical surveyors, specifically medical clinician surveyors.

Retention strategies are currently being explored to ensure that we are also able to continue to maintain our surveyor workforce.

In addition to our existing consumer surveyors who participate in surveys of mental health services we also trained two consumers to participate in general surveys. We are hoping members will embrace this initiative and request a consumer surveyor on future survey teams. Launceston General Hospital has already included a consumer surveyor at their onsite survey which is an excellent result.

As at 30 June 2007 our surveying workforce totals around 350 dedicated health care professionals. Of these over half devote their time on a voluntary basis, 149 are paid an honorarium and are available more often than ten days per year, and 71 are paid Trained Coordinators. We also have two full-time surveyors employed directly by ACHS.

In recent years there has been a reduction in the number of volunteer surveyors on surveys. This is largely due to the increased difficulty for volunteer surveyors to commit to survey dates in advance as most are in full-time positions within the health care industry.

The two full-time surveyors, a new initiative reported on in our 2004/2005 Annual Report, have participated in a large number of survey teams. Their inclusion on teams has been evaluated very well by member organisations from the perspective of their in-depth knowledge of the survey process as well as the EQuIP standards. The surveyors who have participated on teams with the full-time surveyors have evaluated the process as extremely valuable, as they have learnt a different dimension to the surveying process.
Education for Surveyors

Each year the Customer Services team coordinates education and training for all of our surveyors across Australia. In 2006/2007 325 surveyors were trained in EQuIP 4. Each existing surveyor attends at least one full-day session of training per year. Topics include EQuIP 4 standards, accreditation processes, team building, performance indicators, survey report writing and surveying differing types of health care facilities. These training days are planned to meet surveyor learning and development needs and programs change each year depending on surveyor and ACHS requirements.

Customer Services trains all new surveyors through a three-day induction program. In 2006/2007 41 new surveyors were trained which included 23 clinicians, 16 administrators and 2 consumers. The aim of the induction program is to ensure surveyors understand the role of the surveyor, the ACHS, the EQuIP 4 standards, how to be part of a survey team and to be able to verify evidence. New surveyors take part in training surveys and are evaluated prior to being able to survey for the ACHS. All surveyors are evaluated on an ongoing basis by organisations and by each other to ensure that we provide a service that meets internal and external customer expectations.

State Advisory Committees

Each year the Customer Services Team coordinates the State Advisory Committees in each state. The State Advisory Committees provide support and assist the ACHS by participating in consultations with members and key stakeholder groups in their state, providing advice on addressing issues and on ACHS products, services and activities. These meetings are a valuable avenue to review these issues. Membership includes surveyors, EQuIP members and other jurisdictional stakeholders. This year we have successfully run twelve meetings (September 2006 and February 2007) for QLD/NT, NSW/ACT, VIC, TAS, SA and WA.

Trained Coordinators

We have achieved a 100% rate of Trained Coordinators participating on all surveys during the past 12 months for the purpose of increasing inter-rater reliability. This means that on each survey there is a surveyor who has attended extra training days each year as well as being specifically trained to be a team leader. It is important that there are skilled team leaders to ensure a greater understanding of the standards and how to verify the evidence.

On each team there is also a surveyor who has the latest industry knowledge; this surveyor is likely to be a volunteer surveyor who is still employed in the health industry. The combination of the leader and the industry representative ensures the best team available.

International experience

We continue to participate in the international exchange of surveyors.

During the past year, in addition to contributing Australian surveyors to New Zealand reviews, five of our surveyors participated in a survey process in Ireland. Also, in partnership with the Irish Health Services Accreditation Board, two surveyors from Ireland contributed to survey teams in Australia.

We have also prepared surveyors to review progress against our standards for the ACHS International memberships.

Outlook

In the coming year our Customer Services team will continue to focus on ensuring a successful implementation of our updated accreditation standards, EQuIP 4. We will need to ensure a more clinical focus providing more clinical surveyors in the accreditation process. This will involve not only recruitment but also retention strategies to maintain the clinical surveyor workforce.

We are also focused on ensuring, as far as practicable, that the costs of providing our member services are contained and the program is sustainable for both the ACHS and our members.

Refining the Advanced Completion Survey process is also a priority to ensure our members are able to focus on the immediate corrective action sometimes required after an onsite survey.

Pictured: ACHS Surveyor Associate Professor Brett Emmerson

Pictured: ACHS Executive Manager, Customer Services, Heather McDonald
An annual program of education calendar workshops is offered for our members, covering topics such as:

- Applying the EQuIP 4 Standards
- Effective Policies and Open Disclosure
- Governance Matters
- Influencing Quality Improvement and Practice Improving Methodologies
- Interpreting and Using Clinical Indicator Data
- Risk Management
- Self Assessment Reporting and the Electronic Assessment Tool.

We continued to offer customised onsite programs which are proving popular for many of our members with demand increasing.

Significant activities and outcomes during 2006/2007

- Education provided support for the rollout of EQuIP 4
- Over 5,000 health industry employees accessed education on the updated ACHS accreditation standards, EQuIP 4
- Increased the availability of web-based education information and self-learning tools suitable for in-house use
- Increased the focus of programs to specific target audiences (mental health, day surgeries, clinicians, private health services, divisions of general practice)
- Tailored programs delivered as customised onsite education supporting the implementation of EQuIP 4
- Broadened the number of specialist facilitators to include surveyors in the provision of education. This has ensured the ACHS is able to reach a wider audience from a larger pool of facilitators.

The mode of delivery for education services has been broadened to include teleconferences on targeted topics. Topics include Policy and Policy Management, Surveyor Education and Orientation to EQuIP 4.

As part of our collaboration with industry the ACHS and the Australian Red Cross Blood Service delivered education regarding the use of blood and blood products.

There has been an increased focus on website marketing to ensure all members are aware of the programs that are available. Marketing via email has enabled a focused, targeted, state-based campaign to be implemented approximately every two weeks.

Executive Masterclass

The Executive Masterclass series was held again in February 2007, tailored to executive managers, CEOs and leader clinicians. The topic, Leadership: the critical success factors – leading change strategically, leading improvement, attracted a senior and motivated group of health industry leaders. This series will become a feature of the annual education program.

Outlook 2007/2008

- More self-learning materials and resources provided via the ACHS website
- Detailed program information available on the website to help decision making and improve responsiveness to in-house customised programs
- Program design and content regularly reviewed and modified based on customer demand and evaluation
- Teleconferences to be used increasingly as a targeted and low-cost education channel
- Increasing the number of programs designed for more experienced quality coordinators
- Identifying strategic partners for specific programs.
The ACHS Development unit researches and generates new program initiatives and publications as well as reviewing existing ACHS programs for the purpose of improving safety and quality of health care in Australia.

Development is structured into three main areas:

1. Performance and Outcomes Service
2. Standards and Program Development
3. Research

Work undertaken within the unit is guided by an extensive consultative and collaborative process with consumers, governments and the health care industry.

1. PERFORMANCE AND OUTCOMES SERVICE (POS)

POS key project areas and Outlook 2007/2008

The Clinical Indicator Program now has over 400 individual indicators to assist member organisations measure performance.

There are 23 sets of indicators covering wide-ranging clinical disciplines including gastrointestinal endoscopy which has been introduced during 2006/2007 and the separation of indicator sets for obstetrics and gynaecology.

Review of Indicator sets

The Performance and Outcomes Service will be reviewing several sets of its clinical indicators during 2007/2008, including oral health, obstetrics and pathology.

The procedure for reviewing clinical indicators is an intensive process coordinated by the Performance and Outcomes Service but led by the Australian and New Zealand medical colleges, associations and societies.

Indicator sets are regularly reviewed to ensure their relevancy to clinicians and contemporary health care practices to ensure they remain a valuable tool for quality improvement.

Benchmarking

The Performance and Outcomes Service encourages EQuIP organisations to externally measure outcomes with peer group leaders through an online benchmarking program easily accessible by members of the Clinical Indicator Program. The use of this service has more than doubled during the reporting period.

The Performance and Outcomes Service will continue to encourage and promote benchmarking participation throughout 2007/2008.

2. STANDARDS AND PROGRAM DEVELOPMENT

As reported in the 2005/2006 Annual Report the major undertaking for the Standards and Program Development team during that year was coordinating the review and updating of the ACHS accreditation standards (progressing from EQuiP 3rd edition to EQuiP 4).

To assist in the implementation of the EQuiP 4 standards, during 2006/2007 the team has developed specific resource tools and linkage documents supporting the implementation of the standards for mental health services, day surgeries, oral health, hospital and community organisations, primary care and multipurpose services.

In addition to developing the specific EQuiP 4 resources, the major undertaking during this reporting period for the Standards and Program Development team has been the review of the National Standards for Mental Health Services (NSMHS).

3. RESEARCH

Researching quality improvement and accreditation processes is a key activity for the ACHS being one of our strategic goals and an ACHS Board Key Performance Indicator. The achievements of this year demonstrate that research and evaluation studies continue to contribute to the evidence base for quality, safety and accreditation.

THE REVIEW OF THE NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES

The Australian Council on Healthcare Standards (ACHS) commenced the review of The National Standards for Mental Health Services (NSMHS) in November 2006 and it is scheduled to conclude in May 2008. This project is funded by the Commonwealth Department of Health and Ageing.

Although many aspects of the existing NSMHS (which were released in 1996) remain relevant it is considered necessary to revise them for language, to reflect current practice and to broaden their application.

The principles guiding the revision of the NSMHS are aligned with those underpinning the National Mental Health Strategy.

The revised NSMHS are being developed to assist mental health service providers to deliver quality, evidence based, recovery-focused integrated care to people with a mental illness (consumers). The standards acknowledge and respect the consumer’s rights and needs, as well as the rights and needs of their carers and are structured to include a service level assessment framework to enable providers to assess their capability to deliver services that meet the standards.

The revised NSMHS will reflect:

- the rights of consumers and carers to participate at all levels in the planning, development, delivery and evaluation of services to optimise outcomes for consumers
- the right of consumers and carers to expect that mental health service staff with whom they come into contact will uphold their rights and deliver fair and proper standards of care and service provision
- the need for the mental health services to promote positive outcomes and facilitate sustained recovery.
Evaluation studies
The evaluation of the development of the EQuIP 4 (the 4th edition of the ACHS Evaluation and Quality Improvement Program) reviewed the process of the development of the EQuIP 4 standards using a best practice framework for standards development derived from principles from the Australian Productivity Commission, the International Society for Quality in Health Care and the ACHS Board. The major conclusion was that targeted and customised communication would ensure that all stakeholders had an equal opportunity to participate in the review.

The ACHS National Report on Health Services Accreditation Performance 2003–2006 provided the ACHS the opportunity for valuable reflection on the impact of the previous edition of the standards (EQuIP 3rd edition). Trends were reviewed in the aggregated, de-identified data from more than 1200 onsite surveys. Overall, there was noticeable improvement in performance over the four year period in the key areas of safety and quality as illustrated by the mandatory criteria. The report also provides information useful to consumers, policy makers and funders on national performance against a range of quality and safety standards assessed in EQuIP.

The Australian Research Council project researching accreditation
This project is a partnership between industry (ACHS and Ramsay HealthCare providing seedling funding) and the University of New South Wales’ Centre for Clinical Governance Research. It is a world first in its comprehensive approach to researching health care accreditation. EQuIP is used as the exemplar of accreditation. The achievements of this year are many:

- Completion of ethnographic studies of organisational culture, climate, leadership and consumer participation in 22 health services including three that have never participated in accreditation
- Initial analysis of data examining the relationships between organisational performance (ethnographic studies), accreditation performance (EQuIP Organisation-Wide Surveys) and clinical performance (ACHS clinical indicator results)
- Completion of focus groups, interviews, questionnaire surveys and scenario testing to explore survey team inter-rater reliability
- A case study with two simultaneous survey teams at an onsite survey to understand inter-rater reliability of survey teams
- Two doctorate students commencing data collection by survey questionnaire and interviews to explore the impact of surveyors in their own organisations using network theory
- A number of papers and presentations including a paper on the methodology:
  A prospective, multi-method, multi-disciplinary, multi-level, collaborative, social-organisational design for researching health sector accreditation [LP0560737] Jeffrey Braithwaite, Johanna I Westbrook, Marjorie Pawsey, David Greenfield, Justine Naylor, Rick A Iedema, Bill Runciman, Sally Redman, Christine Jorm, Maureen Robinson, Sally Nathan and Robert Gibberd

BMC Health Services Research, 6:113 (12 Sep 2006)
http://www.biomedcentral.com/1472-6963/6/113

A Consumer Panel with representatives of the Consumers’ Health Forum has provided a valuable sounding board for the research. This process of consumer participation in research is itself being evaluated.

ACHS Research Advisory Panel
This panel provides the ACHS Board with strategic advice on research. The second meeting in November 2006 reaffirmed the need for a continuing research agenda into accreditation. A range of topics was suggested for researching ACHS accreditation processes, for using ACHS data for research and for more general topics for research into safety and quality.

Doctorate students
The ACHS commitment to research is further demonstrated by the fact that there are three ACHS employees who are part-time PhD students, including two Executive Managers. The study topics are closely related to the research into accreditation.

Department of Health and Ageing (Australian Government) funded project
In June 2007, the ACHS, working with the Centre for Clinical Governance Research, University of New South Wales commenced a three-month project to expand and consolidate a research network of academics and accreditation agencies that the ACHS had already established to set an agenda for collaborative research into accreditation. The Department sought to assist in building research capacity and asked the ACHS to develop a proposal which they may subsequently approve for funding. A meeting of the network that was expanded to include policy makers and funders (the Australian Accreditation Research Network) was to meet to set priorities for researching accreditation. Funding was also provided to develop the first stage of a research proposal.

Research activities are updated on the ACHS website as they occur (www.achs.org.au/research).
THE FOUNDATION TO ACHIEVE OUR GOALS

Our Corporate Services division delivers the foundation for our goals to be efficiently and effectively achieved, including:

- Financial services
- Information technology services
- Human resources management
- Business services, including strategic planning, and
- Business development, local and international.

A secure financial future

The financial performance for the year ended 30 June 2007 shows a small surplus of $10K. When compared to the original projected budget loss of $76K, the turnaround has been substantial. Income from renewal memberships, education workshops and savings from operating expenses were the main contributors to the result.

The business plan and budget for 2008 indicate a continuance of tight financial constraints under which the ACHS is expected to operate during the next financial year. This has largely been driven by the increasing costs of providing services to members; inflationary pressures and a reduction in the number of volunteer surveyors able to be included on teams.

Information technology

The year ended 30 June 2007 has seen many significant changes to IT infrastructure at the ACHS. The main changes relate to the ACHS website, Customer Relationship Management database (CRM) and the Electronic Assessment Tool (EAT). Many of our internal and external tools and applications have been successfully transitioned to a web-based format resulting in a more user friendly and flexible system that enables “real-time” availability of data. Evaluation of the new website in June 2007 supports the ACHS decision to design and develop programs which utilise these systems with 96.2% of our customers using Internet Explorer version 6 browsers and 91.97% using Windows operating systems.

Customer Relationship Management database (CRM)

The CRM is a web-based integrated corporate database. All users self manage their own user identification and passwords to access the respective secure sites. This in turn is linked to, and allows user access to, the new web based Electronic Assessment Tool (used by both member organisations and surveyors in the accreditation process). New features and reports have been incorporated into the CRM to improve management of the various stages in the accreditation process.

Our website www.achs.org.au

The new website is linked to the ACHS CRM database and has been fully operational since October 2006 with 1,918 successful registrations for either Member, Surveyor or Board access to restricted and tailored information (as at 31 May 2007). New registrations are still occurring at the rate of between 15 to 25 per day. The ACHS Board section of the site has also been updated with links to previous minutes of meetings and policies dating from 1995. The same has been done for the ACHS Council and Annual General Meeting minutes from 2000/2001. There is also a new section to promote ACHS International.

The new website has resulted in a revival of interest in the ACHS website as a communications tool especially for members and surveyors. The website content is updated more frequently as more staff know how to use the ‘Content Management System’ (which requires no knowledge of HTML) and updates can also be made remotely (not just from ACHS offices). This means updated information is readily available with downloadable Adobe PDF format publications and resource tools made freely available for members and surveyors. The ACHS also has information on website hits for evaluation of content and marketing strategies.

Electronic Assessment Tool (EAT)

The Electronic Assessment Tool is ACHS-developed software used by member organisations to capture their quality improvement initiatives and progress against the ACHS accreditation standards.

EAT 4 has been officially in use since November 2006 with more than 1,800 registered users. The web-based EAT is also used by international member organisations and surveyors. Training and support is provided face-to-face at workshops as well as via teleconferences. There are also detailed training manuals for all levels within the tool. Supplementary products on the EAT 4 platform are also being developed and implemented, such as EAT for EQuIP Corporate Health Services and Conditional Surveys.

Enhancements to the EAT are in progress based on user feedback such as the ability to work offline and enhancing reporting options.

IT has also extended its maintenance schedule to cover the website and EAT 4 application twenty-four hours per day.

Performance Indicator Reporting Tool (PIRT)

PIRT is the ACHS-developed application provided to organisations that participate in our Clinical Indicator Program. The tool is used to capture and submit clinical indicator data. Planning for a web-based application has commenced with ACHS user specification meetings.

Plans for the formation of a working party and identification of pilot test organisations are in progress. The functionality and access will be similar to the web-based EAT.
Business Services
During 2006/2007 our Business Services team undertook a range of quality improvement activities which involved evaluations and implementation of improvements as required. These included:

- Review and alignment of policies, procedures and flowcharts for the EQuIP program administrative services from our previous accreditation standards to our updated accreditation standards (EQuIP 3 to EQuIP 4)
- Review of policies, procedures and flowcharts for education administrative services to support improved use of the website for workshop registrations and increased use of teleconferences for education
- Audit of member organisation correspondence and report files
- Pilot testing of the web-based EAT for EQuIP and EQuIP Corporate Health Services programs
- Processing of all user-applications requesting access to the website and the EAT.

Business Development
During 2006/2007 Business Development:

- Provided data and analyses for the ACHS National Report on Health Services Accreditation Performance 2003–2006
- Completed qualitative and quantitative evaluations on feedback data from organisations and surveyors on accreditation surveys from 2003 to 2006
- Formalised system for data entry and analyses of education onsites and calendar workshops
- Provided data and analyses for conference presentations and papers
- Provided monthly key performance indicator reports and feature reports to the ACHS Board and Council.

Outlook 2007/2008
- Strategies to formalise cross training of staff to ensure succession planning and resourcing
- Staff satisfaction survey
- Operationalise the web-based PIRT.

Our team
ACHS employees demonstrate an ongoing commitment to improving health care in Australia. We are fortunate to have such dedicated staff, many of whom have been with the ACHS for several years and are able to contribute to our organisational continuity.

Of note in the 2006/2007 period are the following celebrations of service:
1. staff member  22 years
2. staff members  19 years
1. staff member  15 years
3. staff members  10 years

Our workplace environment
During the year a number of initiatives were implemented to ensure a safe and pleasant working environment. An extensive renovation of level 2 of our offices in Ultimo, Sydney occurred in April 2007. The renovation was the result of an office ergonomics audit which raised the sloping floor on level 2 as a significant occupational, health and safety issue. The renovation started in the middle of April 2007 and was completed at the end of May 2007. The renovation included levelling of the uneven floor, installing a new suspended sound absorptive ceiling and carpets. The renovation was approved by the Board at a cost of $150K.

The Occupational Health and Safety Committee continued its important work throughout the year meeting eight times. These meetings dealt with regular and special issues, fire wardens and renovation plans for level 2.

The key accomplishments of this committee over 2006/2007 were:
- Implementation of policy and procedure on emergency evacuation
- Emergency evacuation and fire training course conducted
- Successful relocation of staff during level 2 renovations
- Tagging of electrical appliances throughout the building.

Employee development and training
Both in-house and external training was provided to our employees. This included quality improvement conferences, courses on qualitative analysis tools, IT, public relations, seminars on evaluation systems and company directorship. There was also significant in-house training provided to employees and surveyors on IT applications such as the CRM, EAT and maintenance of the website.

Group Trainee Program
The ACHS participates in a Group Trainee Program and as at 30 June 2007 hosted five trainees, from Health Industry Group Training Company (HIGTC) and MEGT (Australia) Ltd. The aim is to provide the trainees with on-the-job training and off-the-job training at TAFE (or other approved training provider). The program is for a 12-month period and at the completion of the program the trainees receive a nationally recognised certificate and could also be offered full-time employment with the ACHS. During the period 2006/2007, two of the trainees completed their traineeships and were offered and accepted positions as full-time employees with the ACHS.

Pictured: Skin & Cancer Foundation Westmead Day Clinic, Sydney
Introduction
The ACHS, a company limited by guarantee, is governed by a board of 12 directors elected, by council members and supported by a corporate management system.

The Board is responsible to the Council, for the direction and oversight of ACHS activities, and provides a report on performance at the ACHS Annual General Meeting.

Both bodies are guided by the Corporations Law and the Constitution of the Australian Council on Healthcare Standards, adopted in 1974 and regularly reviewed.

Functions and responsibilities of the Board
The Board has adopted statements of vision and mission which are designed to determine the organisation’s strategic direction, and has endorsed organisational values and behaviours to ensure its operations are conducted to meet high standards of service and professionalism.

Whilst the Board reviews and approves the organisation’s strategic plan and guiding policy, day-to-day management of the ACHS and implementation of the strategic plan are delegated to the Chief Executive with the assistance of executive managers.

The goals of the organisation’s strategic directions and priorities have remained the same and performance indicators were refined to reflect the current environment.

The functions and responsibilities of the Board include:

- The strategic direction of the ACHS, including approval of the corporate strategic plan and guiding policies
- Establishing policies to safeguard the ACHS and to monitor performance in achieving its goals through requiring regular and timely reporting on a comprehensive set of performance issues
- Approval of the annual financial report and budget
- Satisfying itself that a robust and sound system of issue and risk management exists, with the executive responsible for identifying and managing issues and risk
- Accountability, and
- Representation of the ACHS.

The Board undertakes regular evaluation of its own performance and this process will be assisted by an external facilitator to examine the structure and skills required for an effective board in the latter part of 2007.

The Board maintains currency of its understanding of ACHS operations through monthly meetings. In preparation the Board receives:

- Monthly reports from the Chief Executive and executive team on financial, human resources, quality, risk management and industry performance
- Feature reports from ACHS staff regarding initiatives of strategic interest
- Monthly and quarterly reporting of key performance indicators related to the strategic goals of the organisation.

The President and Chief Executive communicate regularly on issues and performance.

The Board has procedures in place so that its members may seek independent professional advice on any ACHS matter at the organisation’s expense, subject to the prior approval of the President.

The Board is assisted in its deliberations on issues relating to the ACHS standards by the Standards Committee.

Stakeholders
The State Advisory Committees (SACs) include representatives from the health industry, governments and consumers. The SACs are a collaborative forum providing advice to ACHS staff and Council on issues of strategic interest. During 2006/2007 the SACs were expanded to include more representation from member groups both private and public and stakeholders including jurisdiction (health department) representation. SAC members join the councillors at twice yearly meetings to ensure that there is a dynamic mix of ideas and representation.

Structure of the Board
The experience and areas of expertise of each member of the Board is set out on page 30.

The ACHS Board consists of 12 representatives voted on at the Annual General Meeting in November by the ACHS Council. The ACHS Council includes 34 representatives from consumers, peak health industry bodies and governments throughout Australia.

Given the Board’s representational make-up, at the commencement of each Board meeting, members are asked to declare any conflict of interest arising from agenda items and to withdraw from the relevant discussion.
Annual General Meeting:
November 2006

Dr Michael Hodgson AM, was re-elected as the President. Dr Hodgson who is based in Tasmania, is a representative of the Australian Medical Association on the ACHS Council and has been a Board Member since 1999.

In his previously held role as Chair of the Standards Committee Dr Hodgson led the development of the revised accreditation standards (EQuIP 4) to be applied from the beginning of 2007.

Dr Noela Whitby AM, Chair of Australian General Practice Accreditation Limited (AGPAL), who represents the Royal Australian College of General Practitioners on the Council, was re-elected as Vice President and Associate Professor Peter Woodruff, who represents the Royal Australasian College of Surgeons, and is the Director of Vascular Surgery at the Princess Alexandra Hospital in Queensland was re-elected as the Treasurer. Mr Stephen Walker, a councillor representing the Australian Private Hospitals Association, was welcomed to the Board.

Internal committees and guiding policies

Our internal Occupational Health and Safety Committee continued its important work throughout the year meeting four times and ensuring compliance with relevant regulations and legislation. No significant workplace injuries were reported during the year.

Human resources

The conditions offered to staff from our human resources principles and policies exceed the minimum requirements of legal and regulatory requirements.

Our executive appointments are approved by the Board.

No workplace agreements are as yet in place.

Remuneration

Our staff remuneration policies and conditions are struggling to remain comparative to market and industry benchmarks.

Our Board’s travel and accommodation expenses are covered, however no honorarium is paid.

Standards Committee

The Standards Committee is a standing committee of the ACHS Board and takes its direction from, and reports to, the Board.

The prime function of the Standards Committee is to oversee and guide the ongoing review of ACHS standards and related resources. The Committee determines and recommends to the Board whether new or revised standards are appropriate for use within ACHS accreditation programs.

The Standards Committee membership represents consumers, governments and peak health industry professional bodies; including clinicians, administrators and quality coordinators. Committee membership also includes representatives of the ACHS Executive, (including the Executive Manager – Development, Executive Manager– Customer Services as well as the ACHS Chief Executive).

The Committee Chair is ACHS Councillor Ms Helen Dowling.

The major determinations for the year 2006/2007 were the piloting, consultation and evaluation of new standards (EQuIP 4) and recommendations to the ACHS Board on the selection of EQuIP 4 mandatory criteria. Throughout 2006/2007 there was extensive consultation within the Standards Committee and it met formally on four occasions.
The membership of the Standards Committee 2006/2007 and attendance at meetings were as follows:

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Role and Qualifications</th>
<th>State</th>
<th>A</th>
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<tbody>
<tr>
<td>Dr Michael Hodgson AM, (Chair 2001–2006), FAMA, MBBS, FANZCA, FRCA, AFCHSE</td>
<td>ACHS President, ACHSI President, ACHSI Standards Committee Chair</td>
<td>TAS</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ms Helen Dowling (Chair 2006–Current), BPPharm, Dip Hosp Pharm (Admin), Grad Cert QI Hlth C, CHP</td>
<td>ACHS Councillor</td>
<td>NSW</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Mrs Jackie Bullock</td>
<td>RN, BA (Govt Studies) Ecowan</td>
<td>WA</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Ms Margo Carberry</td>
<td>RN, C&amp;FHN, APAQHC, ACHS Surveyor</td>
<td>NSW</td>
<td>4</td>
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<tr>
<td>Associate Professor Brett Emmerson</td>
<td>MB BS (Qld), MHA (NSW), FRANZCP, FRACMA, ACHS Surveyor</td>
<td>QLD</td>
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</tr>
<tr>
<td>Mr Phillip Goulding</td>
<td>SRN, BBA, Grad Dip BA, MBL, AFCHSE, ACHS Surveyor</td>
<td>VIC</td>
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<tr>
<td>Dr Philip Hoyle</td>
<td>MB BS, MHA, FRACMA, ACHS Surveyor</td>
<td>NSW</td>
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<td>2</td>
</tr>
<tr>
<td>Ms Leith MacMillan</td>
<td>RN, ACHS Councillor</td>
<td>QLD</td>
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<tr>
<td>Ms Sue McKean</td>
<td>MHSc (Risk Management), Grad Dip (OHS), Dip OHS</td>
<td>QLD</td>
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</tr>
<tr>
<td>Ms Alison McMillan*</td>
<td>RN, BEd, MBA</td>
<td>VIC</td>
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<tr>
<td>Ms Jenni Smith</td>
<td>BAApp Sc (Phys), Grad Dip Physiotherapy (Research)</td>
<td>VIC</td>
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<tr>
<td>Ms Ann Thomson</td>
<td>BA Hons, Dip Ed, MA</td>
<td>ACT</td>
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<tr>
<td>Mr Stephen Walker</td>
<td>BBus, Grad Dip (Acc), Dip Eng, ACHS Councillor</td>
<td>SA</td>
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* Appointed to Standards Committee, December 2006
A Meetings held during the period of office of the member
B Meetings attended by the member
ACHS ANNUAL REPORT 2006–07

ACHS BOARD OF DIRECTORS

As at 30 June 2007

Representing consumers, governments and the Australian health care industry.

It was decided at the November 2006 ACHS Annual General Meeting to amend the Constitution; providing for an additional position on the Board. The new position is open to all members of Council. Mr Stephen Walker was subsequently elected and the Board was delighted to welcome him as a member to his first meeting in December 2006. There have been no other changes to Board membership over this period.

Dr Michael Hodgson AM (President)

FAMA, MBBS, FANZCA, FRCA, AFCHSE

- ACHS Board Member since 1999
- President since 2005
- Chair ACHS Standards Committee 2001–2006
- Member of Working Group Clinicians Guide to EQuIP, Working Group, 2004
- President, Medical Council of Tasmania, 1999–present
- Chair, Postgraduate Medical Institute of Tasmania, 1997–present
- Member, Australian Medical Council (AMC), 1999–present
- Chair, Joint Medical Boards Advisory Committee (AMC), 2003–present
- Past President, Tasmanian Branch, Australian Medical Association
- Past member of Executive Committee, Australian Medical Association
- Past President, Australian and New Zealand College of Anaesthetists
- Past President, Australian Society of Anaesthetists
- Past Member, Royal Hobart Hospital Board of Management and Southern Regional Health Board.

Dr Noela Whitby AM (Vice President)

MBBS (Qld), Grad Dip HumNut, DPD, FRACP, FACD

- ACHS Board Member since 2000
- ACHS Vice President since 2005
- Chair, National Expert Committee on Standards of RACGP, 2002–2005
- Member, National Expert Committee on Standards of RACGP 1994–present
- Chair, Australian General Practice Accreditation Limited, 2003–2006
- Director Australian General Practice Accreditation Limited, 2000–2006
- Director, Quality in Practice Pty Ltd, 2003–2006
- Director National Asthma Council 2005–present
- General Practice Principal, Carindale Medical Clinic, Brisbane, 1979–present
- Associate Professor of General Practice, Bond University 2006–present

Associate Professor Peter Woodruff (Treasurer)

MBBS, ChM, FRCS, FRACS, FACS

- ACHS Board Member since 2002
- ACHS National Advisory Committee Chair, 2002–2003
- Director of Vascular Surgery, Princess Alexandra Hospital, Qld, 2003–2005
- Vice President, Royal Australasian College of Surgeons, 2003–2005
- Honorary Treasurer, Royal Australasian College of Surgeons, 2000–2002

Ms Karen Jane Linegar

RN, RM, BA AppSc. (Nursing), MHA, Post Grad. Comm. Law, FRCNA

- ACHS Board Member since 2004
- Director of Nursing, North West Regional Hospital, Burnie, 1994–present
- President Royal College of Nursing, Australia 2002–2004
- Board member Royal College of Nursing 2002–2007
- Chair Nursing Board of Tasmania 2000–2003
- ACHS Surveyor 2005–present
- Chair ACHS Tasmanian Advisory Committee 2005–present.

Ms Kae Martin

RN, RM, BSc (Nursing), MHA, LLB, ACHSE

- ACHS Board Member since 2003
- Executive Director, Service Development, Central Northern Adelaide Health Service, 2004–present

Mr Russell McGowan

BA (Adelaide)

- ACHS Board Member and consumer surveyor since 2001
- National Advisory Committee Chair, 2003–2005
- Director, Australian Divisions of General Practice, 2003–present
- Member, ACT Health Council, 2003–present
- Community Member, National Blood Authority Board, 2003–2007
- Vice Chair, Consumers’ Health Forum of Australia, 2002–2006
- Consumer representative on numerous local and national healthcare committees.

ATTENDANCE AT ACHS BOARD MEETINGS JULY 2006–JUNE 2007

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<tr>
<td>Dr Michael Hodgson AM</td>
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<td>Ms Karen Linegar</td>
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<td>Ms Kae Martin</td>
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<td>Mr Russell McGowan</td>
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<tr>
<td>Dr Len Notaras AM</td>
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<td>8</td>
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<tr>
<td>Dr Robert Porter</td>
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</table>

A Meetings held during the period of office of the Board Member
B Meetings attended by the Board member
**Dr Len Notaras AM**
ACHSE, LLB, BA (Hons), DipComm, BMed, MHA, MA.
- ACHS Board Member since 2002
- Clinicians Involvement Working Group Chair, 2003–2004
- Medical Superintendent Royal Darwin Hospital, 1994–present
- Senior Superintendent NT Acute Care Network, 2003–present
- Member NT Medical Board, 1996–present
- Chair NT Radiographers Board 1997–present
- Senior Lecturer NT Clinical School 1995–present
- NT President ACHSE 2003–present
- Chair NT Acute Care Quality Committee, 2003–present
- Medical Director of the NT Medical Administration Network, 2005–present
- Region #1 Top End Medical Disaster Coordinator.

**Mr Michael Roff**
Grad. Cert. Mgt.
- ACHS Board Member since 2003
- Executive Director, Australian Private Hospitals Association, 2000–present
- Member, National Health Performance Committee, 2000–present
- Member, Private Health Industry Quality & Safety Committee, 2000–2004
- Member, National Centre for Classification in Health, Management Advisory Committee, 2000–present
- Director, Australian Centre for Health Research, 2006–present.

**Mr John Smith PSM**
MHA, Grad Dip HSM, AFACHSE, CHE, FAHSM, AFAHRI, AFAIM, FHFM, FAICD
- ACHS Board Member since 2005
- Chief Executive Officer, West Wimmera Health Service
- National Councillor—Australian Healthcare Association 2000–current
- Director Victorian Healthcare Association 1997–2004
- Board Member, The Victorian Hospitals Industrial Association Limited 1994–current.

**Mr Stephen Walker**
- ACHS Board Member since 2006
- Chief Executive Officer, St Andrew’s Hospital, Adelaide, 2001–Present
- Board member, Australian Private Hospitals Association (APHA) 2005–Present
- Chairman, SA Branch APHA 2004–Present
- Member, SA Safety and Quality Council 2007–Present
- Member, Private Hospital Sector Committee, Australian Commission on Safety and Quality in Healthcare 2007–Present
- Past Vice President, SA branch ACHSE
- Past ACHS and QHNZ Surveyor.

**Dr Robert Porter**
MBBS, FRACGP, FRACMA, AFACHSE
- ACHS Board Member since 2003
- ACHS Surveyor since 1992
- Councillor, Royal Australasian College of Medical Administrators, 1997–May 2006
- Area Director of Clinical Services, Mid North Coast Area Health Service, 2001–2005
- Project Manager Medical Workforce and Director of Medical Services Maitland Hospital, Hunter New England Area Health Service, 2005–2007
- Medical Advisor, Internal Audit Hunter New England Health Service 2007
- Area Director of Medical Services Greater Western Area Health Service 2007
- Consultant in Medical Administration.

**Dr Dana Wainwright**
MBBS, FRACP
- ACHS Board Member since 2003
- V.M.O. Royal Brisbane Hospital
- Chair, AMA Federal Council 2003–present
- President of A.M.A.Q. 1998–1999
- Chairman of Medical Staff Association Royal Brisbane Hospital 2006–present.
ACHS COUNCIL MEMBERS

As at 30 June 2007
Our Council represents consumers, governments and peak health industry bodies from throughout Australia

The ACHS Council’s powers and duties include:

• Election of the Board, President, Vice President and Treasurer at the Annual General Meeting
• Appointment of council committees
• Consideration and recommendation to the Board regarding the acceptance of other organisations as members of the Council
• Contribution and support of the ACHS and assistance in determining the strategic direction of the ACHS
• Participation in the determination of accreditation status, where appropriate
• Consideration and monitoring of Board performance.

2006/2007 ACHS Council Members, their qualifications and bodies represented were:

Mr Richard Bartlett  BA (Hons)
Commonwealth Department of Veterans’ Affairs

Dr Caroline Brand  MBBS, BS MPH, FRACP
Royal Australasian College of Physicians
(Resigned 10/2006)

Mr Ken Campbell
Department of Health and Human Services, Tasmania

Mr Trevor Canning  BHA, CPA, FACHSE
Australian College of Health Service Executives

Dr Margaret Cowling  MA, BM, BCh, DObst, RCOG, FRCA, FANZCA
Australian and New Zealand College of Anaesthetists
(Appointed 06/2007)

Professor David Davies  BSc(Hons), MB, CHB, MD, FRCPA
The Royal College of Pathologists of Australasia

Dr Paul Devenish-Mearns,  MBBS (QLD), FRANZCOG, FRCOG
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
(Appointed 11/2006)

Ms Helen Dowling  BPharm, DipHospPharmAdmin, GradCert QH HlthC, CHP
Health Professions Council of Australia

Ms Jenny Duncan  RN, RM, Post Grad OT Cert, B Admin (Nursing), FCN, FRCN
Catholic Health Australia
(Appointed 02/2007)

Ms Tanya Gawthorne  BSc, GradDipEd, PostGradDipPubHlth, Masters App.Epi
Department of Health, Western Australia

Ms Christine Gee
Australian Private Hospitals Association
(Resigned 10/2006)

Professor Warwick Giles  MBBS, FRACOG, DDU, PHD, CMFM
Royal Australian and New Zealand College of Obstetricians & Gynaecologists
(Resigned 08/2006)
Associate Professor Deborah Green BSocStud
Australian Healthcare and Hospitals Association

Dr Michael Hodgson AM (President), MBBS, FAMA, FANZCA, FRCA, AFCHSE
Australian Medical Association

Mrs Alice Jones RN RM CHCS BAS (Nursing)
ACT Health

Mr Mark Kearin RN, ADCNS-Gerontology, BHS-Management, MHS-Management
Australian Nursing Federation

Dr Diana Khursandi MA BM BCh DObl RCOG FRCA FANZCA
Australian and New Zealand College of Anaesthetists
(Resigned 05/2007)

Ms Karen Linegar RN, RM, BA AppSc (Nursing), MHA, Post Grad. Comm. Law, FRCNA
The Royal College of Nursing

Professor Katherine McGrath MB BS FRCPA MACMA
NSW Health
(Appointed 02/2007)

Dr Sally McCarthy MBBS, FACEM, MBA
Australasian College for Emergency Medicine
(Appointed 10/2006)

Dr Peter McGeorge QSO, MBChB, FRANZCP
Royal Australian and New Zealand College of Psychiatrists

Mr Russell McGowan BA (Adelaide)
Consumers’ Health Forum of Australia

Ms Alison McMillan RN, BEd, MBA
Department of Human Services, Victoria

Ms Leith MacMillan RN
Australian Day Surgery Council

Ms Kae Martin RN, RM, BHS(Science), MHA, LLB, ACHSE
Department of Human Services, South Australia

Dr Len Notaras AM, AFCHSE, LLB, BA(Hons), DipComm, BMed, MHA, MA
Northern Territory Department of Health and Community Services

Dr Robert Porter MBBS, FRACGP, FRACMA, AFCHSE
The Royal Australian College of Medical Administrators

Dr Eva Raik AM, MBBS, FRCPA, FRACP
Council Life Member

Mr Michael Roff Grad.Cert.Mgt.
Australian Private Hospitals Association

Ms Kathleen Ryan FAACHC
The Australasian Association for Quality in Health Care

Dr Paul Scown MBBS(QLD), BH(NSW) FRACMA, AFCHSE, CHE
Australian Healthcare and Hospitals Association
(Appointed 09/2006)

Mr John Smith MHA, Grad Dip HSM, AFACHSE, CHE, FAHSFMA, AFAHRL, AFAIM, FHM, FAICD
Australian Healthcare and Hospitals Association

Dr Michael Smith
NSW Health
(Appointed 08/2006)
(Resigned 02/2007)

Dr Dana Wainwright MBBS, FRACP
Australian Medical Association

Mr Stephen Walker AsDipEng, BBus, GradDip.Acc, AICD, AFCHSE
Australian Private Hospital Association
(Appointed 10/2006)

Dr Noela Whitby AM MBBS (Qld), Grad Dip HumNut, DPD, FRACGP, FAICD
Royal Australian College of General Practitioners

Professor Andrew J Wilson BMedSci, MBBS, PhD., FRACP, FAFPHM
Queensland Health

Associate Professor Woodruff MBBS, CHM, FRCS, FRACS, FACS
Royal Australasian College of Surgeons

Dr Choong-Siew Yong MBBS, FRANZCP, CertCAPsy
Australian Medical Association

5 Resigned
8 Appointed (following 3 Nominations pending as at 30 June 2006)
0 Nominations pending as at 30 June 2007
The names of the members of the Board in office during the reporting year are:
Dr Michael Hodgson AM
Ms Karen Linegar
Ms Kae Martin
Mr Russell McGowan
Dr Leonard Notaras
Dr Robert Porter
Mr Michael Roff
Mr John Smith
Dr Dana Wainwright
Mr Stephen Walker (Appointed 23 November 2006)
Dr Noela Whitby
Associate Professor Peter Woodruff
Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

COMPUTER SECRETARY
The following person held the position of company secretary at the end of financial year:
Mr Brian Johnston – Fellow of the Australian College of Health Service Executives, the Australian Institute of Company Directors and the Australian Institute of Management. He has over 30 years of Australian health industry experience.

PRINCIPAL ACTIVITIES
The principal activities of the Company during the financial year remained unchanged and were to be recognised nationally and internationally as the leading Australian organisation that independently assesses performance in order to promote and improve quality and safety of health care.

There was no significant change in the nature of the Council’s activities during the 2006/2007 period.

OPERATING RESULTS
The consolidated net profit for the financial year ended 30 June 2007 before extraordinary items was $9,789.27. The company is exempt from the payment of income tax.

The parent entity is exempt from the payment of income tax. The subsidiary, ACHS International Pty Ltd, which was formed to extend the mission of Australian Council on Healthcare Standards (ACHS) internationally, is subject to Australian income tax.

DIVIDENDS PAID OR RECOMMENDED
The Australian Council on Healthcare Standards Limited is a not-for-profit organisation, and accordingly no dividends were paid or recommended.

SHARE CAPITAL
The company was incorporated on 4th December 1979 as a company limited by guarantee.

REVIEW OF OPERATIONS
Total trading revenue for the year ending 30 June 2007 was $8,228,140 compared to $7,428,263 in the previous year. The favourable variance compared to last year is attributed to:
• Membership fees
• Projects
• Education workshops.

During the year a wholly-owned subsidiary, ACHS International Pty Ltd, continued its focus on strategic markets: the Middle East, India and Hong Kong. ACHS International Pty Ltd extends the mission of the Australian Council on Healthcare Standards (ACHS) internationally, through consultation, accreditation, publications and education. ACHS International delivers accreditation and quality improvement programs to health care organisations throughout the world. The accreditation program is based on the Evaluation and Quality Improvement Program 4th edition standards. Consultants are also available to assist countries in the development of their own accreditation and quality improvement programs.

Financial assistance by way of grants was received from New South Wales Department of Health and Australian Trade Commission.

STATE OF AFFAIRS
In the opinion of the Directors, there were no significant changes in the state of affairs of the Company that occurred during the financial year under review or any significant changes likely to affect the state of affairs of the Company in future financial years.

FUTURE DEVELOPMENTS
Likely developments in the operations of the Company and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the Company.

ENVIRONMENTAL ISSUES
The directors believe that the operations of the company are not subject to any specific or significant environmental regulation under either Commonwealth or State Legislation. Accordingly, the directors do not anticipate any effect on the operations of the Company, or on its operating results, as a result of environmental regulations.
EVENTS SUBSEQUENT TO BALANCE DATE

There are no matters or circumstances that have arisen since the end of the period which significantly affected or may significantly affect the operations of the economic entity, the results of those operations or the state of affairs of the economic entity in subsequent years.

PROCEEDING ON BEHALF OF COMPANY

No person has applied under Section 237 of the Corporations Act 2001 to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings. The company was not a party to any such proceedings during the year.

INDEMNIFICATION AND INSURANCE OF OFFICERS AND AUDITORS

The Company has not, during or since the financial year, in respect of any person who is or has been an officer or auditor of the company or a related body corporate:

- indemnified or made any relevant agreement for indemnifying against a liability incurred as an officer, including costs and expenses in successfully defending legal proceedings; or
- paid or agreed to pay premium in respect of a contract insuring against a liability incurred as an officer for the costs or expenses to defend legal proceedings; with the exception of the following matters:
  - During the period the Council paid an insurance premium indemnifying each of the Directors and Officers of the economic entity against all liabilities to another person that may arise from the position as Directors or Officers of the Council, except where the liability arises out of criminal or dishonest conduct or behaviour involving a lack of good faith.
  - The Company maintained its Professional Indemnity and Directors and Officers insurance policy through OAMPS Insurance Brokers Limited to which the directors are not obliged to contribute.

BOARD MEMBERS’ BENEFITS

During or since the financial year no director of the Company has received or become entitled to receive a benefit, other than a benefit included in the aggregate amount of emoluments received or due and receivable by the Directors shown in the financial statements by reason of a contract entered into by the Company that was related to the Company when the contract was made or when the director received or became entitled to receive, the benefit with:

- a director, or
- a firm of which a director is a member, or
- an entity in which a director has a substantial financial interest.

NON-AUDIT SERVICES

The board of directors report that there was no non-audit services provided during the year.

On behalf of the Directors

Dr Michael Hodgson AM
President

Associate Professor Peter Woodruff
Treasurer

Sydney – 27th day of September 2007

AUDITOR’S INDEPENDENCE DECLARATION


The directors received the following declaration from the auditor of Australian Council on Healthcare Standards Limited.

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2007 there have been:

- no contraventions of the auditor independence requirements set out in the Corporations Act 2001 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

TALBOTS
Chartered Accountants

S A HOLLIER
Partner

Sydney – 28th day of September 2007
### INCOME STATEMENTS

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales revenue</td>
<td>5,228,140</td>
<td>7,428,363</td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(3,063,334)</td>
<td>(2,335,001)</td>
</tr>
<tr>
<td>Gross profit</td>
<td>5,164,806</td>
<td>5,093,262</td>
</tr>
<tr>
<td>Other revenues from ordinary activities</td>
<td>381,813</td>
<td>211,018</td>
</tr>
<tr>
<td>Marketing, promotional &amp; publication expenses</td>
<td>(173,575)</td>
<td>(182,323)</td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td>(118,577)</td>
<td>(92,342)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(950,564)</td>
<td>(667,779)</td>
</tr>
<tr>
<td>Human resources expenses</td>
<td>(3,845,877)</td>
<td>(3,901,309)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(271,036)</td>
<td>(248,288)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(177,201)</td>
<td>(203,631)</td>
</tr>
<tr>
<td>Profit from operation</td>
<td>9,789</td>
<td>8,608</td>
</tr>
<tr>
<td>Retained profit/loss at the beginning of the year</td>
<td>719,979</td>
<td>711,371</td>
</tr>
<tr>
<td>Retained profit at the end of the financial year</td>
<td>729,768</td>
<td>719,979</td>
</tr>
</tbody>
</table>

### BALANCE SHEETS

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>1,740,922</td>
<td>1,740,003</td>
</tr>
<tr>
<td>Trade receivables</td>
<td>1,472,421</td>
<td>1,408,281</td>
</tr>
<tr>
<td>Total current assets</td>
<td>3,213,343</td>
<td>2,810,115</td>
</tr>
<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant &amp; equipment</td>
<td>553,190</td>
<td>443,543</td>
</tr>
<tr>
<td>Land &amp; building</td>
<td>2,713,424</td>
<td>2,658,520</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>1,844</td>
<td>–</td>
</tr>
<tr>
<td>Investments</td>
<td>2,609</td>
<td>2,400</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td>3,271,067</td>
<td>3,104,463</td>
</tr>
<tr>
<td>Total assets</td>
<td>6,484,410</td>
<td>5,905,608</td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade payables</td>
<td>994,669</td>
<td>827,376</td>
</tr>
<tr>
<td>Provisions</td>
<td>660,963</td>
<td>758,419</td>
</tr>
<tr>
<td>Unearned income</td>
<td>4,099,010</td>
<td>3,619,502</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>5,754,642</td>
<td>5,205,297</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>5,754,642</td>
<td>5,205,297</td>
</tr>
<tr>
<td>Net assets</td>
<td>729,768</td>
<td>700,311</td>
</tr>
<tr>
<td>Accumulated members funds</td>
<td>729,768</td>
<td>719,979</td>
</tr>
</tbody>
</table>

Financial Statements (Continued)
### STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th>Note</th>
<th>Retained Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>711,371</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8,608</td>
</tr>
<tr>
<td></td>
<td>16  719,979</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>719,979</td>
</tr>
<tr>
<td></td>
<td>9,789</td>
</tr>
<tr>
<td></td>
<td>16  729,768</td>
</tr>
</tbody>
</table>

### STATEMENT OF CASHFLOWS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Cash flows from operating activities

- Receipts from customers net of payments to suppliers and employees: 180,517, 20,176, 276,898, 9,561
- Interest received: 81,672, 82,652, 81,672, 82,652
- Net cash provided in operating activities: 262,189, 102,828, 358,570, 92,213

#### Cash flows from investing activities

- Prepayment of expenses: 15,900, (16,778), 15,900, (14,235)
- Acquisition of property, plant and equipment: (402,237), (283,781), (402,237), (280,709)
- Acquisition of investment and short term deposits: (209), –, (209), –
- Net cash provided from investing activities: (386,546), 16,597, (386,546), (294,944)

#### Cash flows from financing activities

- Proceeds from borrowing: 465,877, (260,279), 373,576, (260,279)
- Net cash provided by financing activities: 465,877, (260,279), 373,576, (260,279)
- Net increase/ (decrease) in cash held: 341,520, (140,854), 345,601, (463,010)
- Cash at the beginning of financial year: 1,399,402, 1,857,412, 1,394,402, 1,857,412
- Cash at the end of financial year: 1,740,922, 1,399,402, 1,740,003, 1,394,402
NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES
The financial report covers the economic entity of The Australian Council on Healthcare Standards Limited and controlled entities, and The Australian Council on Healthcare Standards Limited as an individual parent entity. The parent entity is a company limited by guarantee, incorporated and domiciled in Australia.

a) Basis of preparation
The financial report is a general purpose financial report that has been prepared in accordance with:

• Corporations Act 2001
• Applicable Australian Accounting Standards,
• Urgent Issues Group (UIG) Consensus Views and
• Other authoritative pronouncements of the Australian Accounting Standard Board (AASB)

Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (AIFRS), Compliance with AIFRS ensures that the consolidated financial statements and notes comply with International Financial Reporting Standards (IFRS).

Except as described below, the accounting policies have been applied to all periods presented in these financial statements and have been applied consistently.

b) Basis of consolidation
All inter-company balances and transactions between entities in the economic entity, including unrealised profits or losses, have been eliminated on consolidation. Accounting policies of subsidiaries have been changed where necessary to ensure consistencies with those policies applied by the parent entity.

Where controlled entities have entered or left the economic entity during the year, their operating results have been included/excluded from the date control was obtained or until the date control ceased.

A list of controlled entities is contained in Note 10 to the financial statements. All controlled entities have a June financial year-end.

The financial report has been prepared in Australian dollars on an accrual basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non current assets. Cost is based on the fair values of the consideration given in exchange for assets.

c) Property, plant and equipment
Property, plant and equipment are brought to account at cost, less, where applicable, any accumulated depreciation, impairment losses plus costs incidental to acquisition.

Property
Freehold land and buildings are shown at their original costs plus costs incidental to acquisition less subsequent depreciation for buildings.

Plant and equipment
Plant and equipment are measured on the cost basis.

The carrying amount of property, plant and equipment is reviewed annually by the Board to ensure it is not in excess of the recoverable amount of these assets.

• The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposals.

• The expected net cash flows have not been discounted to present values in determining recoverable amount.

Depreciation
The depreciable amount of all fixed assets excluding freehold property are depreciated on a straight line basis over their estimated useful lives to the entity commencing from the time the asset is held ready for use.

The useful lives used for each class of depreciable assets are:

<table>
<thead>
<tr>
<th>CLASS OF FIXED ASSETS</th>
<th>DEPRECIABLE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Equipment</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer and IT Equipment</td>
<td>3 years</td>
</tr>
<tr>
<td>Furniture and Fittings</td>
<td>10 years</td>
</tr>
<tr>
<td>Freehold Building</td>
<td>40 years</td>
</tr>
</tbody>
</table>

The assets’ residual values and useful lives are reviewed and adjusted if appropriate at each balance date.

An asset’s carrying amount is written down immediately to its recoverable amount if the asset’s carrying amount is greater than its estimated recoverable amount.

d) Impairment of assets
At each reporting date, the group reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset’s fair values less costs to sell and value in use, is compared to the asset’s carrying value. Any excess of the asset’s carrying value over its recoverable amount is expensed to the income statement.

e) Financial Instrument
Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Financial assets at fair value through profit and loss
A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if designated by management and within the requirements of AASB139: Recognition and Measurement of Financial Instruments. Derivatives are also categorised as held for trading unless they are designated as hedges. Realised and unrealised gains and losses arising from changes in the fair value of these assets are included in the income statement in the period in which they arise.


**Held-to-maturity investments**

These investments have fixed maturities; and it is the group’s intention to hold these investments to maturity. Any held-to-maturity investments held by the group are stated at amortised cost using the effective interest rate method.

**Fair value**

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm’s length transactions, reference to similar instruments and option pricing models.

**f) Income tax**

The Company has not adopted tax effect accounting. The Parent Company has received confirmation from the Australian Taxation Office that its income is exempt from income tax pursuant to Section 50-5 of the *Income Tax Assessment Act 1997* and accordingly the Company does not have any liability for income tax.

Where a controlled entity is a taxable entity the charge for current tax expense is based on the profit for the year adjusted for any non-assessable or disallowed items. It is calculated using the tax rates that are applicable during the financial year.

**g) Employee benefits**

Liabilities for wages and salaries, annual leave and related on-costs are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees’ services up to that date.

Long Service Leave provision is based on the remuneration rates at year end for all employees with five or more years of service. It is considered that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

The outstanding amounts of workers’ compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee entitlements to which they relate have been recognised.

Contributions are made by the Company to employee superannuation funds and are charged as expenses when incurred.

**h) Provisions**

Provisions are recognised when the group has a legal or constructive obligation, as a result of past events, for which it is possible that an outflow of economic benefits will result and that outflow can be reliably measured.

**i) Cash and cash equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the balance sheet.

The Company has no short-term borrowings.

**j) Leases**

Lease expenditure relating to leases deemed to be “operating leases” is expensed as incurred. Operating lease commitments outstanding at balance date include guaranteed residual values.

**k) Unearned revenue**

The income held in advance at Note 13 of the accounts will be brought to account on a “time pro rated” basis over the period of the contract concerned. Sales revenue is also recognised on this basis.

**l) Interests in joint venture**

The Company’s share of the assets, liabilities, revenue and expenses of joint ventures are included in the appropriate items of the balance sheet and income and expenditure account. Details of the joint venture are shown at Note 10, as shares in associated companies.

**m) Goods and services tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where:

- the amount of GST incurred by The Australian Council on Healthcare Standards as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of the asset or as part of an item of expense;
- receivables and payables are stated including the amount of GST.

**n) Comparatives figures**

Comparative figures have been reclassified where necessary for consistency with the current period’s financial statements and other disclosures.

**o) Revenue and income recognition**

Sales revenue comprises revenue earned (net of returns, discounts and allowances) from the business activities and is recognised at point of sale or lodgement.

- EQuiP membership fees are brought to account on a “time pro rated” basis over the period of the contract concerned
- Interest received is recognised as it accrues.

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

All revenue is stated net of the amount of goods and services tax (GST).

**p) Trade and other creditors**

Liabilities are recognised for goods or services received prior to the end of the reporting period and which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

**q) Interest revenue**

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.
A) Government grants
Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight-line basis.

s) Critical accounting estimates and judgements
The Directors evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the group.

NOTE 3: OPERATING REVENUE COMPRISSES REVENUE FROM THE FOLLOWING OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fees</td>
<td>7,001,229</td>
</tr>
<tr>
<td>Education workshops</td>
<td>651,338</td>
</tr>
<tr>
<td>Projects</td>
<td>417,556</td>
</tr>
<tr>
<td>Publications</td>
<td>107,055</td>
</tr>
<tr>
<td>Other</td>
<td>50,962</td>
</tr>
<tr>
<td>Revenue from ordinary activities</td>
<td>8,228,140</td>
</tr>
<tr>
<td>Grants received</td>
<td>121,414</td>
</tr>
<tr>
<td>Interest revenue:</td>
<td></td>
</tr>
<tr>
<td>Interest received from financial institutions</td>
<td>81,672</td>
</tr>
<tr>
<td>Other income</td>
<td>178,728</td>
</tr>
<tr>
<td>Total operating revenue</td>
<td>8,609,954</td>
</tr>
</tbody>
</table>

NOTE 4: PROFIT FROM ORDINARY ACTIVITIES

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit from ordinary activities has been determined after:</td>
<td></td>
</tr>
<tr>
<td>Cost of sales</td>
<td>3,063,334</td>
</tr>
<tr>
<td>Depreciation – plant &amp; equipment</td>
<td>183,357</td>
</tr>
<tr>
<td>– buildings</td>
<td>87,679</td>
</tr>
<tr>
<td>Remuneration of auditors</td>
<td>27,898</td>
</tr>
<tr>
<td>Total</td>
<td>3,362,268</td>
</tr>
</tbody>
</table>

NOTE 5: CASH

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>1,000</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>1,739,922</td>
</tr>
<tr>
<td>Total cash</td>
<td>1,740,922</td>
</tr>
</tbody>
</table>
### NOTE 6: RECEIVABLES & OTHER ASSETS

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trade debtors</strong></td>
<td></td>
</tr>
<tr>
<td>1,441,269</td>
<td>1,377,251</td>
</tr>
<tr>
<td>Less: Provision for doubtful debts</td>
<td>(30,000)</td>
</tr>
<tr>
<td><strong>Other debtors and prepayments</strong></td>
<td></td>
</tr>
<tr>
<td>61,152</td>
<td>77,052</td>
</tr>
<tr>
<td><strong>Total receivables</strong></td>
<td>1,472,421</td>
</tr>
</tbody>
</table>

### NOTE 7: PLANT & EQUIPMENT

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Furniture and fittings</strong></td>
<td>at cost</td>
</tr>
<tr>
<td>206,123</td>
<td>206,123</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(158,733)</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>47,390</td>
</tr>
<tr>
<td><strong>Office equipment</strong></td>
<td>at cost</td>
</tr>
<tr>
<td>175,727</td>
<td>174,944</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(126,626)</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>49,100</td>
</tr>
<tr>
<td><strong>Information technology</strong></td>
<td>at cost</td>
</tr>
<tr>
<td>979,893</td>
<td>748,644</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(594,303)</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>385,590</td>
</tr>
<tr>
<td><strong>Motor vehicle – at cost</strong></td>
<td></td>
</tr>
<tr>
<td>74,851</td>
<td>47,231</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(3,742)</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>71,109</td>
</tr>
<tr>
<td><strong>Net book value, plant &amp; equipment</strong></td>
<td>553,190</td>
</tr>
</tbody>
</table>

### NOTE 8: LAND AND BUILDING

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Land – at cost</strong></td>
<td>380,000</td>
</tr>
<tr>
<td><strong>Building – at cost</strong></td>
<td>1,425,454</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(302,909)</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>1,122,545</td>
</tr>
<tr>
<td><strong>Building improvements – at cost</strong></td>
<td>1,589,238</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(378,359)</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>1,210,879</td>
</tr>
<tr>
<td><strong>Net book value, land and building</strong></td>
<td>2,713,424</td>
</tr>
</tbody>
</table>

### NOTE 9: INTANGIBLE ASSETS

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formation costs</strong></td>
<td>3,072</td>
</tr>
<tr>
<td>Less: Amortisation</td>
<td>(1,228)</td>
</tr>
<tr>
<td><strong>Total unearned income</strong></td>
<td>1,844</td>
</tr>
</tbody>
</table>

### NOTE 10: INVESTMENT NON-CURRENT

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shares in associated non-listed companies</strong></td>
<td></td>
</tr>
<tr>
<td>Investment in Australian Clinical Review Pty Limited (ACR)</td>
<td>6,500</td>
</tr>
<tr>
<td>Less: Provision for diminution of investment</td>
<td>(6,500)</td>
</tr>
<tr>
<td><strong>Total investment non-current</strong></td>
<td>–</td>
</tr>
<tr>
<td><strong>Shares in listed companies</strong></td>
<td></td>
</tr>
<tr>
<td>Shares in SAI Global Ltd</td>
<td>2,609</td>
</tr>
<tr>
<td><strong>Total investment non-current</strong></td>
<td>2,609</td>
</tr>
</tbody>
</table>
NOTE 11: TRADE PAYABLES

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>689,686</td>
<td>529,824</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>247,554</td>
<td>231,841</td>
</tr>
<tr>
<td>Work in progress</td>
<td>57,429</td>
<td>71,061</td>
</tr>
<tr>
<td><strong>Total trade payables</strong></td>
<td><strong>994,669</strong></td>
<td><strong>832,726</strong></td>
</tr>
</tbody>
</table>

NOTE 12: PROVISIONS – CURRENT

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee entitlements</td>
<td>534,485</td>
<td>498,685</td>
</tr>
<tr>
<td>Provision, overseas</td>
<td>50,000</td>
<td>53,256</td>
</tr>
<tr>
<td>market development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision, future costs</td>
<td>20,000</td>
<td>40,000</td>
</tr>
<tr>
<td>Provision, research</td>
<td>–</td>
<td>60,000</td>
</tr>
<tr>
<td>and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision, strategic</td>
<td>56,478</td>
<td>56,478</td>
</tr>
<tr>
<td>initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision, printing</td>
<td>–</td>
<td>50,000</td>
</tr>
<tr>
<td>EQuIP Guide 4th edition</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total provisions</strong></td>
<td><strong>660,963</strong></td>
<td><strong>758,419</strong></td>
</tr>
</tbody>
</table>

NOTE 13: UNEARNED INCOME

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQuIP membership fees and Education service fees</td>
<td>4,099,010</td>
<td>3,619,502</td>
</tr>
<tr>
<td><strong>Total unearned income</strong></td>
<td><strong>4,099,010</strong></td>
<td><strong>3,619,502</strong></td>
</tr>
</tbody>
</table>

NOTE 14: RECONCILIATION OF CASH FLOW FROM OPERATIONS WITH OPERATING PROFIT/(LOSS) AFTER INCOME TAX

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating profit/(loss) after income tax</td>
<td>9,789</td>
<td>8,608</td>
</tr>
<tr>
<td>Non cash flows in operating profit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and loss on disposal of asset</td>
<td>238,299</td>
<td>248,902</td>
</tr>
<tr>
<td>Charges to provision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(97,456)</td>
<td>22,179</td>
<td>(97,456)</td>
</tr>
<tr>
<td>Changes in assets and liabilities</td>
<td>Increase in trade and term debtors</td>
<td>(64,018)</td>
</tr>
<tr>
<td>Increase/(decrease) in trade creditors and accruals</td>
<td>(175,575)</td>
<td>(128,286)</td>
</tr>
<tr>
<td><strong>Total cash flows from operating activities</strong></td>
<td><strong>262,189</strong></td>
<td><strong>102,828</strong></td>
</tr>
</tbody>
</table>

NOTE 15: PROCEEDS FROM BORROWING

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in progress</td>
<td>(57,430)</td>
<td>(71,061)</td>
</tr>
<tr>
<td>Future income</td>
<td>4,099,010</td>
<td>3,619,502</td>
</tr>
<tr>
<td>Net movement</td>
<td>4,041,580</td>
<td>3,548,441</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,041,580</strong></td>
<td><strong>3,548,441</strong></td>
</tr>
<tr>
<td><strong>Movement</strong></td>
<td><strong>465,877</strong></td>
<td></td>
</tr>
</tbody>
</table>

NOTE 16: RETAINED PROFITS

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained profits at the beginning of the year</td>
<td>719,979</td>
<td>711,371</td>
</tr>
<tr>
<td>Profit attributable to members for the year</td>
<td>9,789</td>
<td>8,608</td>
</tr>
<tr>
<td>Retained profits at the end of the financial year</td>
<td>729,768</td>
<td>719,979</td>
</tr>
</tbody>
</table>

NOTE 17: RECONCILIATION OF CASH FLOW FROM OPERATIONS

For the purposes of this statement of cash flows, cash includes:

(i) Cash in hand and in deposits with banks or financial institutions, net of bank overdrafts
(ii) Investments in money market instruments with less than 14 days to maturity

Cash at the end of the year as shown in the balance sheet is:

- Cash on hand 1,000 1,000 1,000 1,000
- Cash at bank 1,739,922 1,398,402 1,739,003 1,393,402

**Total cash flows from operations** 1,740,922 1,399,402 1,740,003 1,394,402
NOTE 18: MEMBERS’ GUARANTEE
The Council is incorporated as a company limited by guarantee. In accordance with the Constitution of the Company, every member of the Company undertakes to contribute an amount limited to $50 per member in the event of the winding up of the Company during the time that he/she is a member or within one year thereafter.

NOTE 19: REMUNERATION OF BOARD MEMBERS AND OTHER COUNCILLORS
The Board of Directors and Councillors of The Australian Council on Healthcare Standards Limited during the financial year are listed in the Annual Report of the Board.
Apart from amounts received by way of reimbursement for expenses incurred in the attendance at various Executive and Committee Member’s meetings, and fees received (for example, honoraria) by Councillors for services in connection with Surveys and the Educational programs, no amounts were received by a Committee Member or Councillor in connection with the management of the affairs of the Company.

NOTE 20: RELATED PARTY TRANSACTIONS
Apart from the transactions referred to in the Annual Report of the Board there have been no transactions between the Company and related parties of the Company which require separate disclosure.

NOTE 21: SEGMENT REPORTING
The economic entity operates in one business segment being the health care industry where it supports organisations in their implementation of quality improvement through EQuiP to develop and continually review quality standards and guidelines in consultation with the industry.

NOTE 22: FINANCIAL INSTRUMENTS

a) Financial risk management
The Company’s financial instruments consist mainly of deposits with banks, accounts receivable and payable.
The main purpose of non-derivative financial instruments is to raise finance for Company operations. The Company group does not have any derivative or any financial instruments at 30 June 2007.

Treasury risk management
Directors and the senior executive meet on a regular basis to consider the extent of interest rate exposure and where necessary evaluate treasury management strategies in the context of the most recent economic conditions and forecasts.

Financial risks
The main risks the Company is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk.

Interest rate risk
Interest rate risk is managed by minimising the extent of long-term interest bearing debt. For further details on interest rate risk refer to Note 22(b).

Foreign currency risk
The Company is not exposed to fluctuations in foreign currencies.

Liquidity risk
The Company manages liquidity risk by monitoring cash flows and ensuring that adequate unutilised borrowing facilities are maintained.

Credit risk
The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements.
The Company does not have any material credit risk exposure to any single receivables or group of receivables under financial instruments entered into by the Company.

Price risk
The Company is not exposed to any material commodity price risk.
b) Interest rate risk

The Company’s exposure to interest rate risk, which is the risk that a financial instrument value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

<table>
<thead>
<tr>
<th></th>
<th>FIXED INTEREST MATURING</th>
<th>WEIGHTED AVERAGE EFFECTIVE INTEREST RATE</th>
<th>FLOATING INTEREST RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assets</td>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Cash at bank</td>
<td></td>
<td>6.0</td>
<td>5.5</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total financial assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total financial liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net financial assets</td>
<td></td>
<td>(214,363)</td>
<td>(213,894)</td>
</tr>
</tbody>
</table>

**NOTE 23: COMPANY DETAILS**

The registered name of the company is The Australian Council on Healthcare Standards Limited located at

No. 5 Macarthur Street
ULTIMO, NSW 2007
AUSTRALIA
DIRECTORS’ DECLARATION

The directors of the Company declare that:

1) The financial statements and notes set out on pages 34 to 44 are in accordance with the Corporations Act 2001:
   a) comply with Accounting Standards and the Corporation Regulations 2001; and
   b) give a true and fair view of the financial position as at 30 June 2007 and of the performance for the year on that date of the company and economic entity;

2) In the Directors’ opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

3) The Chief Executive and the Executive Manager – Corporate Services have each declared that:
   a) the financial records of the company for the financial year have been properly maintained in accordance with section 286 of the Corporations Act 2001;
   b) the financial statements and notes for the financial year comply with the Accounting Standards; and
   c) the financial statements and notes for the financial year give a true and fair view.

Signed in accordance with a resolution of the Directors, made pursuant to Section 295(5) of the Corporations Act 2001.

On behalf of the Directors

Dr Michael Hodgson AM
President

Associate Professor Peter Woodruff
Treasurer

Sydney – 27th day of September 2007
INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS LIMITED

Scope
We have audited the financial report of the Australian Council on Healthcare Standards Limited and controlled entities for the financial year ended 30 June 2007 as set out on pages 34 to 44. The financial report includes the consolidated financial statements of the consolidated entity comprising the company and the entities it controlled at the year's end of from time to time during the financial year. The company's directors are responsible for the financial report. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the company.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia and statutory requirements so as to present a view which is consistent with our understanding of the Company's financial position and performance as represented by the results of its operations and cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Independence
In conducting our audit we followed applicable independence requirements of Australian professional and ethical pronouncements and the Corporations Act 2001.

In accordance with ASIC Class Order 05/83, we declare to the best of our knowledge and belief that the auditors independence declaration set out on page 35 of the financial report has not changed as at the date of providing our audit opinion.

Audit Opinion
In our opinion the financial report of The Australian Council on Healthcare Standards Limited is in accordance

1) with the Corporations Act 2001, including:
   a) giving a true and fair view of the company's and consolidated entity financial position as at 30 June 2007 and of their performance for the year ended on that date; and
   b) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and

2) other mandatory professional reporting requirements.

Inherent Uncertainty Regarding Accounting Estimates
Without qualification to the opinion expressed above, attention is drawn to the following matter. As indicated in Note 13 to the financial report, The Australian Council on Healthcare Standards has included as liabilities $4,099,010 as unearned income and Note 11 $57,429 as Work in Progress. These relate to the Evaluation and Quality Improvement Program (EQuIP) and the progressive recognition of income and expenses throughout the contract cycle based on estimation of each phase completed. As the figures taken into account are estimates their accuracy cannot presently be determined with an acceptable degree of reliability.

TALBOTS
Chartered Accountants
Level 9
91 York Street
SYDNEY NSW 2001

S A HOLLIER
Partner
Sydney – 28th day of September 2007
ACHS ACCRredits the majority of health care organisations in Australia. The health care organisations participating in ACHS quality programs range from major teaching hospitals, corporate offices of private health companies, day surgeries such as endoscopy clinics, also nursing agencies, community health centres to divisions of general practice.

For a more current list of ACHS member organisations, please visit the ACHS website: www.achs.org.au and select the ‘Member organisation list’ option (under the ACHS MEMBERS tab on the homepage).

Key: Organisations listed with an asterisk (*) are new members awaiting accreditation or existing members awaiting a survey or accreditation results.

A new member may have a history of accreditation with the ACHS, but due to recent changes, such as restructuring, may be awaiting accreditation as a new entity.

**ACT**

**Private**
- Calvary John James Hospital
- Canberra Eye Hospital
- Canberra Surgicentre, The
- Marie Stopes International, ACT
- Mugga Wara & Brindabella Endoscopy Centres
- National Capital Private Hospital, The

**Public**
- ACT Health
  - ACT Health – Community Health
  - Canberra Hospital, The
  - Mental Health ACT
- Calvary Health Care ACT
- Department of Defence, ACT/SNSW Area Health Service, Defence Health Services*

**NSW**

**Private**
- Adori Day Clinic
- ahm Dental & Eyecare Practice
- ahm Total Health
- Albury Wodonga Private Hospital
- Alia Clinic
- Allowah Presbyterian Children’s Hospital
- Alwym Rehabilitation Hospital
- Armidale Private Hospital
- Ashbrooke Cosmetic Surgery
- Baringa Private Hospital & Coffs Harbour Day Surgical Centre
- Berkeley Vale Private Hospital
- Bondi Junction Private Hospital
- Bowral Day Surgery
- Byrne Surgery
- Calvary Health Care Riverina Inc
- Calvary Health Care Sydney – Hurstville Community
- Cape Hawke Comm. Ptve Hosp & Community Private Home Care
- Carswell Clinic Day Surgery Centre
- Castlecrag Private Hospital
- Caswell Health Care
- City West Day Surgery
- Coolenber Clinic
- Day Surgery Centre
- Dee Why Endoscopy Unit
- Denison Street Clinic*
- Diagnostic Endoscopy Centre
- Dubbo Private Hospital
- Dudley Private Hospital
- Dutiful Daughters
- Eastern Heart Clinic
  - Sutherland Heart Clinic
- Epping Surgery Centre
- Excel Endoscopy Centre
- Figtree Private Hospital
- Gambro Healthcare: Gambro Pty Ltd
  - Linfield Dialysis Centre
  - Diamond Valley Dialysis Unit
  - St Andrews Toowoomba Renal Dialysis Unit
- Garden Court Clinic
- Griffith Nursing Service*
- Griffiths Road Day Procedure Centre
- Hawkesbury District Health Service Ltd
- HCF Dental Centres
  - Brookvale, Blacktown, Chatswood, Hurstville, Parramatta, Bondi, Sydney
- Healthwoods Specialist Centre
- Hills Private Hospital, The
- Hirondelle Private Hospital
- Hunter Valley Private Hospital
- Hunters Hill Private Hospital
- Insight Clinic Pty Ltd
- Junee Correctional Centre – Health Centre*
- Kareena Private Hospital
- Kinder Caring Home Nursing Services
- Lady Davidson Hospital
- Lawrence Hargrave Hospital
- Lingard Private Hospital
- Lismore Private Day Surgery
- Lithgow Community Private Hospital
- Liverpool Day Surgery
- Macarthur Private Hospital
- Maitland Private Hospital
- Marie Stopes International, NSW
- Marsden Eye Surgery Centre
- Mater Hospital, North Sydney,The
- Matraville Medical Complex, Aesthetic Surgery Centre
- Mayo Healthcare Group
- Metwest Surgical
- Miranda Eye Surgical Centre
- Mosman Private Hospital

**ACT MEMBER LIST**

As at 30 June 2007
ACHS Member List (continued)

| Mt Wilga Private Hospital       | Tamara Private Hospital          |
| National Day Surgery – Sydney Pty Ltd | Toronto Private Hospital         |
| Nepean Private Hospital        | Vista Laser Eye Clinic of NSW    |
| Newcastle Plastic Surgery Day Case Centre | Wales Day Centre, The            |
| Newcastle Private Hospital     | Warners Bay Private Hospital     |
| North Gosford Private Hospital | Westmead Private Hospital        |
| North Shore Private Hospital   | Yeoval Community Hospital Coop Ltd |
| Northside, Northside West and Northside Cremorne Clinics – Northside and Northside Cremorne Clinics – Northside West Clinic | Nowra Private Hospital          |
| Ophthalmic Surgery Centre (North Shore) | Primary Health Care Day Surgeries* |
| Orange Eye Centre              | – Bankstown Primary Health Care Day Surgery |
| Pennant Hills Day Endoscopy Centre | – Sydney Day Surgery            |
| Port Macquarie Private Hospital & Hastings Day Surgery* | – Warringah Mall Day Surgery |
| Preterm Foundation             | – Western Plains Day Surgery    |
| Primary Health Care Day Surgeries* | Prince of Wales Private Hospital |
| Quality Health Care            | Regal Health Services           |
| Regional Imaging Cardiovascular Centre | Riverina Cancer Care Centre |
| Rosebery Day Surgery           | Rosemont Endoscopy Centre        |
| Scott Street Clinic            | San Day Surgery Hornsby         |
| Shellharbour Private Hospital  | South Coast Home Health Care Pty Ltd |
| Skin & Cancer Foundation Westmead Day Clinic | South Pacific Private Hospital |
| South Coast Home Health Care Pty Ltd | Southern Suburbs Day Procedure Centre Pty Ltd |
| St George Private Hospital     | St John of God Hospital – Burwood |
| St John of God Health Services | – St John of God Hospital – Richmond  |
| St Luke’s Care                 | St Vincent’s Health Services    |
| St Vincent’s Hospital – Lismore | St Vincent’s Private Hospital – Sydney |
| St Vincent’s Hospital – Sydney | Strathfield Private Hospital    |
| Sussex Day Surgery             | Surrey Hills Day Hospital       |
| Sydney Adventist Hospital      | Sussex Day Surgery              |
| Sydney Clinic for Gastrointestinal Diseases, The | Sydney Clinic, The              |
| Sydney Clinic, The             | Sydney Eastern Eye Centre       |
| Sydney Eye Specialist Centre, The | Sydney Eye Specialist Centre, The |
| Sydney Pharmacotherapy Clinic  | Sydney Pharmacotherapy Clinic   |
| Sydney Southwest Private Hospital | Sydney Southwest Private Hospital |
| Public                        | Ballina District Hospital and Community Health |
| Ballina District Hospital and Community Health | Balmain Hospital and Eastern Sector Aged Community Services |
| Balmain Hospital and Eastern Sector Aged Community Services | Bankstown Health Service |
| Bankstown Health Service       | Bathurst Base Hospital          |
| Bathurst Base Hospital         | Blayney Health Service          |
| Blayney Health Service         | Bowral and District Hospital    |
| Bowral and District Hospital   | Broken Hill Health Service*     |
| Broken Hill Health Service*    | Bulli District Hospital         |
| Calvary Health Care Sydney     | Calvary Mater Newcastle         |
| Calvary Mater Newcastle        | Campbell Hospital and Coraki    |
| Campbell Hospital and Coraki   | Campbelltown and Camden Hospitals |
| Campbelltown and Camden Hospitals | Canowindra Hospital            |
| Canowindra Hospital            | Canterbury Hospital             |
| Canterbury Hospital            | Casino District Memorial Hospital and Casino Community Health |
| Casino District Memorial Hospital and Casino Community Health | Central Coast Health         |
| Central Sydney Area Mental Health Services* | Cobar/Narromine Health Services |
| Cobar/Narromine Health Services | – Cobar Health Service          |
| – Narromine Health Service     | Coffs Clarence Network*         |
| Coffs Clarence Network*        | – Grafton Base Hospital & Community Health Southern |
| – Maclean Hospital and Community Health Services | – Mid North Coast Acute Services |
| – Mid North Coast Acute Services | – Gloucester & Bulahdelah Hospitals |
| – Mid North Coast Community Based and Mental Health Services | Concord Repatriation General Hospital |
| Concord Repatriation General Hospital | Coonamble/Gilgandra/Baradine/Gulargambone Health Services |
| Cooamambile/Gilgandra/Baradine/Gulargambone Health Services | – Baradine Multipurpose Health Service |
| – Cooamambile Health Services | – Cooamambile Health Services |
| – Gilgandra Health Service    | – Gulargambone Multi Purpose Service |
| – Gulargambone Multi Purpose Service | Cowra and Grenfell Health Service – GWAHS |
| Cowra and Grenfell Health Service – GWAHS | Dubbo Base Hospital         |
| Dubbo Base Hospital            | Dubbo Community Health Centre   |
| Dubbo Community Health Centre  | Fairfield Health Service        |
| Fairfield Health Service       | Family Drug Support*            |
| Family Drug Support*           | Greater Newcastle Acute Hospital Network* |
| Greater Newcastle Acute Hospital Network* | – Belmont District Hospital |
| – Belmont District Hospital    | – Royal Newcastle Hospital      |
| Greater Newcastle Cluster*     | Greater Newcastle Cluster*      |
| – Hunter Health Care Network Community Based Services | Greater Western Area Health Service (Cluster 1) |
| – Hunter Health Care Network Community Based Services | – Parkes District Hospital and Community Health Service |
| Greater Western Area Health Service (Cluster 1) | Greater Western Area Health Service (Cluster 2) |
| Greater Western Area Health Service (Cluster 2) | – Condobolin Health Service |
| Greater Western Area Health Service (Cluster 2) | – Forbes District Hospital |
| – Forbes District Hospital     | – Forbes District Hospital      |
– Lake Cargelligo
Greater Western Area Health Service (Cluster 4)
– Peak Hill District Hospital
– Tottenham Hospital
– Trundle Hospital
– Tullamore Hospital

Greater Western Area Health Service – Oral Health Service*
Gulgong/Coolah/Dunedoo Health Services
– Coolah Health Service
– Dunedoo War Memorial Hospital & CHS
– Gulgong Health Service

GWAHS – Mental Health, Drug and Alcohol Services – Central and Castlereagh Clusters*
Hope Healthcare
– Braeside Hospital
– Hope Healthcare North
Hornsby Ku-ring-gai Hospital & CHS

Hunter/New England Area Health Service
Hunter New England Health – Tablelands Cluster
Hunter New England Mental Health Service*
– Hunter Mental Health

Justice Health
Kartane
Kempsey and Wauchope District Hospital and Community Health Services*
– Kempsey District Hospital
– Wauchope District Memorial Hospital
Lismore Base Hospital
Liverpool Hospital
Lottie Stewart Hospital
Lourdes Hospital, Health & Aged Care Service
Lower Hunter Cluster
– Cessnock/Kurri Kurri Health Service
– Dungog and District Hospital
– Singleton Health Services
Lower Mid North Coast Cluster*
Maitland Hospital, The
Manning Rural Referral Hospital*
McIntyre Cluster
– Inverell/Warialda/Bingara/Ashford/Tingha/Bundara
Mehi Cluster
– Moree/Bogabilla/Toomelah/Mungindi
Mercy Care Centre, Young
Molong District Hospital
Mudgee Health Service
NCAHS Tweed Byron Network
– Tweed Hospital and Community Health Services
– Mullumbimby Hospital and Community Health Services
– Byron Shire Hospitals and Community Health Services
Newcastle Mater Misericordiae Hospital
North Coast Area Health Service
North Coast Area Health Service, Mental Health Services*
Northern Beaches Health Service
Northern Sydney/Central Coast Mental Health Service*
– Northern Sydney Health – Area Mental Health Services
Oberon Multipurpose Service

Orange Health Service
Peel Cluster
– Manilla/Barraba
– Gunnedah

Port Macquarie Base Hospital & Port Macquarie and Camden Haven Community Based Services
Prince of Wales Hospital and Community Health Services*
Royal Hospital for Women
Royal North Shore and Ryde Health Service
– Royal North Shore Hospital & Community Health Service
– Ryde Hospital and Community Health Services
Royal Prince Alfred Hospital
Royal Rehabilitation Centre Sydney

Rural Hospitals and Health Services Program
– Bonaibo Health Service
– Kyogle Memorial Health
– Nimbin Multipurpose Services
Rylstone District Hospital

SES IH Central Hospitals Network*
– St George Hospital and Community Health Service
– Sutherland Hospital and Community Health Service
Shellharbour & Kiama Hospitals
Shoalhaven Hospital Group*

South Eastern Sydney/Illawarra Area Health Service
– Illawarra Area Mental Health Service*
– South East Health Mental Health Service
St Joseph's Hospital – Auburn
St Vincent's Hospital – Sydney (Public)

SWAHS – Central Cluster*
– Blacktown Hospital
– Mount Druitt Hospital
SWAHS – Eastern Cluster*
– Westmead Hospital
– Auburn Hospital
SWAHS – Integrated Cluster*
SWAHS – Western Cluster*
– Nepean Hospital
– Blue Mountains Hospital
– Springwood Hospital
– Lithgow Integrated Health Service
– Portland Hospital
Sydney Children’s Hospital
Sydney Hospital and Sydney Eye Hospital

Sydney South West Area Health Service – Community Health*
Sydney South West Oral Health Services and Sydney Dental Hospital
– Sydney Dental Hospital
Sydney West Area Health Service
Tamworth and Armidale Hospital Group
Tresillian Family Care Centres

Upper Hunter Cluster
– Upper Hunter Health Sector
War Memorial Hospital, Waverley
Warren/Nyngan/Trangie Health Services
– Nyngan Health Service
– Trangie Multi Purpose Health Service
– Warren Multi Purpose Health Service
<table>
<thead>
<tr>
<th>ACHS Member List (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellington/Coonabarabran Health Services</td>
</tr>
<tr>
<td>Wollongong Hospitals and Community Health Services* – Rehabilitation, Aged &amp; Extended Care Services</td>
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<tr>
<td><strong>NT</strong></td>
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<tr>
<td><strong>Private</strong></td>
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<tr>
<td>Darwin Private Hospital</td>
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<tr>
<td><strong>Public</strong></td>
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<tr>
<td>Alice Springs Hospital</td>
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<tr>
<td>Central Australian Mental Health Service</td>
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<tr>
<td>Gove District Hospital</td>
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<tr>
<td>Katherine Hospital</td>
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<tr>
<td>Oral Health Services</td>
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<tr>
<td>Royal Darwin Hospital</td>
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<tr>
<td>Tennant Creek Hospital</td>
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<tr>
<td>Top End Mental Health Service</td>
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<tr>
<td><strong>QLD</strong></td>
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<tr>
<td><strong>Private</strong></td>
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<tr>
<td>Allamanda Private Hospital – Allamanda Surgicentre</td>
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<tr>
<td>Belmont Private Hospital</td>
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<tr>
<td>Blue Care Brisbane Region</td>
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<tr>
<td>Blue Care Central Queensland/Wide Bay Region</td>
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<tr>
<td>Blue Care South West Queensland Region</td>
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<tr>
<td>Blue Care Southern Region</td>
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<tr>
<td>Blue Care Suncoast Hinterland Region</td>
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<tr>
<td>Blue Care North Queensland Region</td>
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<tr>
<td>Brisbane Endoscopy Services</td>
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<tr>
<td>Brisbane Private Hospital</td>
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<tr>
<td>Caboolture Private Hospital</td>
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<tr>
<td>Cairns Private Hospital</td>
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<tr>
<td>Caloundra &amp; Nambour Selangor Private Hospitals</td>
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<tr>
<td>Chasely Day Surgery</td>
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<tr>
<td>Clifton Co-op Hospital Ltd</td>
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<tr>
<td>Cooloola Community Private Hospital</td>
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<tr>
<td>Eastern Endoscopy Centre</td>
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<tr>
<td>Eden Healthcare Centre Inc</td>
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<tr>
<td>Eye Tech Day Surgeries and Eye Tech Southside</td>
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<tr>
<td>Fraser Coast Palliative Care Service</td>
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<tr>
<td>Friendly Society Private Hospital</td>
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<tr>
<td>Greenslopes Private Hospital</td>
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<tr>
<td>Haematology &amp; Oncology Clinics of Australasia</td>
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<tr>
<td>Hillcrest Rockhampton Private Hospital</td>
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<tr>
<td>Holy Spirit Northside Private Hospital</td>
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<tr>
<td>Home Therapeutics</td>
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<tr>
<td>Hopewell Hospice Services Inc</td>
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<tr>
<td>Ipswich Hospice Care Incorporated</td>
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<tr>
<td>John Flynn Private Hospital</td>
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<tr>
<td>Karuna Hospice Service</td>
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<tr>
<td>Killarney &amp; District Memorial Hospital Ltd</td>
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<tr>
<td>Logan Endoscopy Services Pty Ltd</td>
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<tr>
<td>Mackay Day Surgery</td>
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<tr>
<td>Marie Stopes International, Queensland</td>
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<tr>
<td>Mater Health Services – Private</td>
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<tr>
<td>Mater Hospitals – Rockhampton, Yeppoon &amp; Gladstone</td>
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<tr>
<td>Mater Misericordiae Hospital – Bundaberg</td>
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<tr>
<td>Mater Misericordiae Hospital – Mackay</td>
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<tr>
<td>Mater Misericordiae Hospital Townsville Ltd</td>
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<tr>
<td>Mater Misericordiae Private Hospital – Redland</td>
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<tr>
<td>Montserrat Day Hospitals</td>
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<tr>
<td>Moreton Eye Group</td>
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<tr>
<td>Mt Olivet Hospital</td>
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<tr>
<td>NephroCare Queensland</td>
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<tr>
<td>New Farm Clinic</td>
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<tr>
<td>Noosa Hospital, The</td>
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<tr>
<td>North Queensland Day Surgical Centre</td>
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<tr>
<td>North West Brisbane Private Hospital</td>
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<td>Palm Beach-Currumbin Clinic, The</td>
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<tr>
<td>Peninsula Private Hospital</td>
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<tr>
<td>Pindara – Gold Coast Private Hospital</td>
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<tr>
<td>Pindara Day Procedure Centre</td>
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<td>Pine Rivers Private Hospital</td>
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<td>Pioneer Valley Private Hospital</td>
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<td>Pittsworth &amp; District Hospital Friendly Society Ltd</td>
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<td>Precision Cosmetic Laser and Surgery</td>
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<td>QFG Day Theatres</td>
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<td>Queensland Eye Hospital</td>
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<td>Renew You*</td>
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<tr>
<td>Short Street Day Surgery</td>
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<td>South Burnett Community Private Hospital</td>
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<td>Southside Endoscopy Centre</td>
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<tr>
<td>Spendlove Private Hospital</td>
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<tr>
<td>Spiritus – Community Services</td>
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<td>St Andrew’s Ipswich Private Hospital</td>
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<td>St Andrew’s Toowoomba Hospital</td>
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<td>St Andrew’s War Memorial Hospital – Brisbane</td>
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<td>St Stephen’s Hospitals Maryborough and Hervey Bay – St Stephen’s Hospital – Hervey Bay</td>
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<tr>
<td>St Vincent’s Hospital – Toowoomba</td>
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<tr>
<td>Sunnybank Private Hospital</td>
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<tr>
<td>Sunshine Coast Day Surgery</td>
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<tr>
<td>Sunshine Coast Private Hospital, The</td>
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<tr>
<td>Toowoong Private Hospital</td>
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<tr>
<td>Toowoomba Hospice Association Inc</td>
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<tr>
<td>Townsville Day Surgery</td>
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<tr>
<td>Tri Rhosen Day Hospital</td>
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<tr>
<td>Vision Centre Day Surgery</td>
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<tr>
<td>Wesley Centre for Hyperbaric Medicine, The</td>
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<tr>
<td>Wesley Hospital, The</td>
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<tr>
<td><strong>Public</strong></td>
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<tr>
<td>Banana Health Service District – Baralaba Hospital</td>
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</tbody>
</table>
Biloela Hospital
Moura Health Service
Theodore Hospital

Bayside Health Service District
Casuarina Lodge
Redland Hospital
Wynnum Hospital

Bowen Health Service District
Ayr District and Homehill Hospitals & CHS
Bowen Hospital
Collinsville Hospital

Bundaberg Health Service District
Bundaberg Base Hospital
Childers Hospital
Gin Gin Hospital
Mt Perry Hospital

Bundaberg Base Hospital
Childers Hospital
Gin Gin Hospital
Mt Perry Hospital

Bowen Hospital
Collinsville Hospital

Bundaberg Health Service District
Bundaberg Base Hospital
Childers Hospital
Gin Gin Hospital
Mt Perry Hospital

Cairns Base Hospital and Integrated Mental Health Service
Cairns District Community Services *
Cocktown District Hospital
Douglas Shire Multipurpose Health Service
Gordonvale Hospital
Yarrabah Health Service

Central West Health Service District
Barcaldine Hospital
Blackall Hospital
Longreach Hospital
Winton Hospital

Charters Towers Health Service District
Hughenden Hospital
Richmond Hospital

Fraser Coast Health Service District
Hervey Bay Hospital
Maryborough Hospital

Gladstone Health Service District
Gold Coast Health Service District
Gold Coast Hospital – Robina Campus
Gold Coast Hospital – Southport Campus

Gympie Health Service District
Logan – Beaudesert Health Service District
Beaudesert Hospital
Logan Hospital
Community Health Service

Mackay Health Service District
Mackay Base Hospital
Proserpine Hospital and Whitsunday Community Health Centre
Sarina Hospital and Primary Health Care Centre

Mater Health Services – Public
Mount Isa Health Service District

Prince Charles Hospital Health Service District, The
Princess Alexandra Hospital Health Service District

QH – Southside Health Service District

Queensland Tuberculosis Control Centre
Redcliffe Caboorture Health Service District
Caboorture Hospital
Kilcoy Hospital
Redcliffe Hospital
Redcliffe-Cabloorture Community Health and Aged Care Services
Redcliffe-Cabloorture Mental Health and Disability Services
Redcliffe-Cabloorture Oral Health Service

Rockhampton and Yeppoon Hospitals and Integrated Mental
Health Service
Royal Brisbane and Women’s Hospital Health Service District
Queensland Forensic Mental Health Service
Royal Children’s Hospital and Health Service Brisbane, The
Toowoomba Health Service District

Torres Strait and Northern Peninsula Area Health Service District
Townsville Health Service District
Ingham Health Service
Palm Island Hospital
Townsville General Hospital
West Moreton Health Service District

SA

Private

ACHA Health
Ashford Community Hospital Inc
Flinders Private Hospital
Adelaide Day Surgery
Adelaide DermSurgery
Adelaide Eye & Laser Centre
Brighton Day Surgery
Burnside War Memorial Hospital Inc
Calvary Central Districts Hospital
Calvary College Grove Rehabilitation Hospital
Calvary North Adelaide Hospital
Calvary Wakefield Hospital
Clinical Care Professionals
Glenelg Community Hospital Inc
Glenelg Day Surgery Pty Ltd
Griffith Rehabilitation Hospital
Hamilton House Day Surgery
Home Support Services
Keith & District Hospital Inc
Kerry Day Surgery
Modbury Public Hospital
Moonta Health and Aged Care Service Inc
Nephrocare South Australia
North Eastern Community Hospital Inc
Oxford Day Surgery Centre
Parkside Cosmetic Surgery
Parkwynd Private Hospital
Ramsay Health Care (SA), Mental Health Services
Adelaide Clinic, The
Fullarton Private Hospital
Kahlyn Private Hospital
Renal Therapy Services – Payneham
Sach Day Surgery
South Coast District Hospital Inc & Victor Harbor Private
Hospital Inc
South Terrace Urology Day Surgery
Sportsmed. SA Hospital
St Andrew’s Hospital Inc
Stirling District Hospital Inc
ACHS Member List (continued)

Waverley House Plastic Surgery Centre
Western Hospital

Public
Barossa Area Health Services Inc
Bordertown Memorial Hospital
Ceduna District Health Service Inc
Central Northern Adelaide Health Service – Mental Health Directorate
– Glenside Campus Mental Health Service
Central Northern Adelaide Health Service – Primary Health Care Services*
Central Northern Adelaide Health Service, Prison Health Service*
Children, Youth and Women’s Health Service*
Coober Pedy Hospital and Health Service
Flinders Medical Centre
Gawler Health Service
Glenside Campus Mental Health Service
Leigh Creek Hospital Inc
Lyell McEwin Hospital
Mannum District Hospital Inc, The
Mid North Health*
Mid-West Health Inc
Millicent District Hospital & Health Service Inc
Mount Barker District Soldiers Memorial Hospital
Mount Gambier and Districts Health Service Inc
Murray Bridge Soldiers Memorial Hospital Inc
Naracoorte Health Service Inc
Noarlunga Health Services
Northern Adelaide Hills Health Service Inc
Northern Yorke Peninsula Regional Health Service
Penola War Memorial Hospital Inc
Port Augusta Hospital and Regional Health Services Inc
Port Broughton District Hospital & Health Service Inc
Queen Elizabeth Hospital and Health Service, The
Repatration General Hospital
Riverland Regional Health Service Inc and Riverland Private Hospital
Roxby Downs Health Services & Woomera Community Hospital
Royal Adelaide Hospital
Royal District Nursing Service of SA Inc
South Australian Dental Service (CNAHS) *
Southern Flinders Health*
St Margaret’s Rehabilitation Hospital Incorporated
Strathalbyn and District Health Service
Waikerie Health Services Inc.
Whyalla Hospital & Health Services Inc

TAS
Private
Calvary Health Care Tasmania
– Calvary Hospital Hobart Inc
– St John’s Hospital Hobart
Calvary Health Care Tasmania, St Luke’s Campus
Calvary Healthcare Tasmania, St Vincent’s Campus
Dr R.S. Jensen's Day Surgery*
Eye Hospital, The
Hobart Clinic, The
Hobart Day Surgery Pty Ltd
Hobart Private Hospital & St Helen’s Private Hospital
North West Private Hospital
Steele Street Clinic*

Public
Launceston General Hospital
Mersey Community Hospital
North West Region Hospital
Royal Hobart Hospital

VIC
Private
Albert Road Clinic
Avenue Day Surgery
Avenue Hospital, The
Ballan & District Soldiers Memorial Bush Nursing Hospital
Ballarat District Nursing & Healthcare
Beleura Private Hospital
Bellbird Private Hospital
Berwick Surgicentre
Cabrini Health
Camberwell Eye Clinic
Chesterfield Day Hospital
Cliveden Hill Private Hospital
Cobden District Health Services Inc.
Coburg Endoscopy Centre
Community Connections (Victoria) Ltd
Como Private Hospital
Cotham Private Hospital
Croydon Day Surgery, The
Delmont Private Hospital
Digestive Health Centre, The
Donvale Rehabilitation Hospital
Dorset Rehabilitation Centre
Eastern Eye Surgery Centre
Eastern Palliative Care Association Inc
Elsternwick Private Hospital
Epworth HealthCare
– Epworth Hospital
– Epworth Freemasons
– Epworth Rehabilitation Camberwell
Euroa Health Inc
ACHS Member List (continued)

Echuca Regional Health
Edenhope and District Memorial Hospital
Gippsland Southern Health Service
Goulburn Valley Health
Hepburn Health Service
Hesse Rural Health Service
Heywood Rural Health
Inglewood & Districts Health Service
ISIS Primary Care Inc
Kerang District Health
Kimmore & District Hospital, The
Koowurup Regional Health Service
Kyabram & District Health Services
Kyneton District Health Service
Latrobe Regional Hospital
Lorne Community Hospital
Maldon Hospital
Manangatang & District Hospital
Maryborough District Health Service
McKor Health and Community Services
Melbourne Health
– Royal Melbourne Hospital, The – Royal Park Campus
Mercy Hospital for Women
Mercy Western Palliative Care
Moynie Health Services
Mt Alexander Hospital
Nathalia District Hospital
Northeast Health Wangaratta
Northern Health
Northern Health – Stream 1*
– Broadmeadows Health Service, The
– Bundoora Extended Care Centre
Northern Health – Stream 2*
– Northern Hospital, The
– Panch Health Service
Numurkah District Health Service
Omeo District Health
Orbost Regional Health
Peninsula Health
Peninsula Hospice Service
Peter MacCallum Cancer Centre
Portland & District Health
Rochester and Elmore District Health Service
Royal Children's Hospital
Royal Victorian Eye and Ear Hospital
Royal Women's Hospital, The
Rural Northwest Health
Seymour District Memorial Hospital
South West Healthcare
Southern Health
– Cranbourne Integrated Care Centre
– Dandenong Hospital
– Jessie McPherson Private Hospital
– Kingston Centre
– Monash Medical Centre – Clayton
– Monash Medical Centre – Moorabbin
St Vincent’s Health
– Caritas Christi Hospice
– St George’s Health Service
– St Vincent’s Correctional Health Service
– St Vincent’s Hospital Melbourne
Stawell Regional Health
Swan Hill District Hospital
Take Two Program*
Tallangatta Health Service
Terang & Mortlake Health Service
Timboon & District Healthcare Service
Tweedle Child & Family Health Service
Victorian Institute of Forensic Mental Health
Werribee Mercy Hospital
West Gippsland Healthcare Group
West Wimmera Health Service
Western District Health Service*
– Coleraine District Health
– Western District Health Service
Western Health Service
– Sunshine Hospital
– Western Hospital
– Williamstown Hospital, The
Wimmera Health Care Group
Wodonga Regional Health Service
Yarram and District Health Service
Yarrawonga District Health Service
Yea & District Memorial Hospital

WA
Private
Albany Community Hospice
Attadale Private Hospital
Bethesda Hospital Inc
Colin Street Day Surgery Pty Ltd
Gl Clinic
Glengarry Hospital
Hollywood Private Hospital
Joondalup Health Campus
Kimberley Satellite Dialysis Centre*
Kings Park Day Hospital
Marian Centre, The
Marie Stopes International, WA*
McCourt Street Day Surgery
Mercy Hospital Mount Lawley
Midland Dialysis Centre
Mount Hospital
Mount Lawley Private Hospital
Murdoch Surgicentre
Niola Private Hospital
Peel Health Campus
Perth Clinic
Perth Day Surgery Centre
RAN Alcohol and Drug Program*
Silver Chain Hospice Care Service
South Perth Hospital Incorporated
Southbank Day Surgery
St John of God Health Care – Murdoch
St John of God Hospital – Bunbury
St John of God Hospital – Geraldton
St John of God Hospital – Subiaco
St John of God Murdoch Community Hospice
Waikiki Private Hospital
Westminster Day Surgery

Public
Armadale Health Service
Bentley Health Service
Child and Adolescent Health Service* – Princess Margaret Hospital
Department of Corrective Services – Health Services
Fremantle Hospital and Health Service – Fremantle Kaleeya Hospital
Indian Ocean Territories Health Service*
North Metropolitan Area Health Service Mental Health
Oral Health Centre of WA
Osborne Park Hospital Program
Peel and Rockingham Kwinana Health Services
Royal Perth Hospital
Sir Charles Gairdner Hospital
Swan and Kalamunda Health Service – Kalamunda Health Service – Swan Health Service
WACHS, Central Great Southern Multi-Purpose Health Service
WACHS, Eastern Wheatbelt Health Service – Bruce Rock Memorial Hospital – Kellerberrin Memorial Hospital – Kununoppin Hospital – Merredin Hospital – Narembeen District Memorial Hospital – Quairading District Hospital – Southern Cross District Hospital
WACHS, Goldfields South East Region* – Dundas HS – Esperance District Hospital – Goldfields Health Region, Comm MH Esperance

WACHS, Kimberley Health Region* – Broome Health Services – Derby Health Services – Fitzroy Crossing District Hospital – Halls Creek District Hospital – Kununurra District Hospital – North West Mental Health Service and Kimberley Corn Drug Service Team – Wyndham District Hospital
WACHS, Lower Great Southern Health Service – Albany Regional Hospital – Denmark District HS – Plantagenet District Hospital
WACHS, Midwest Murchison, Central West Mental Health* – Albany Regional Hospital – Northampton Kalbarri Health Service – Morawa Health Service – Mullewa Health Service – North Midlands Health Service
WACHS, Midwest, Murchison District – Meekatharra Hospital
WACHS, Pilbara Gascoyne Region – East Pilbara District – Newman Health Services – Port Hedland Regional Hospital
WACHS, Pilbara Gascoyne Region – Gascoyne Region
WACHS, Pilbara Gascoyne Region – West Pilbara District* – Nickol Bay Hospital

Women’s and Newborn Health Service* – King Edward Hospital
ACHS Member List (continued)

**EQuIP CORPORATE HEALTH SERVICES**

**NSW**
- ahm Total Health
- GEO Group Australia Pty Ltd, The
- Greater Southern Area Health Service HealthQuest*
- Hunter/New England Area Health Service*
- North Coast Area Health Service

**SA**
- Central Northern Adelaide HS, Regional Office*
- Smith Sterilising*

**VIC**
- Mercy Health and Aged Care
- Northern Health*
- Spotless Services Australia*

**WA**
- Health Corporate Network*
- North Metropolitan Health Service – Area Corporate Services
- WA Country Health Service* – WACHS, Midwest Murchison, Corporate Office
- WACHS, South West Area Health Service

**EQuIP CORPORATE MEMBER SERVICES**

**NSW**
- Alliance Health Service Group Pty Ltd
- College of Nursing, The

**EQuIP CERTIFICATION**

**NSW**
- Bega Valley Cluster*
- Eurobodalla Cluster*
- Golden Cluster*
- Greater Albury Cluster*
- Greater Southern Area Health Service – Mental Health *
- Lower Western Cluster
- Monaro Cluster*
- Murrumbidgee Cluster*
- Southern Slopes Cluster*
- Southern Tablelands Cluster*
- Quality Health Care
- Wagga Wagga Cluster*

**QLD**
- Banana Coast Home Nursing*
- Precision Cosmetic Laser and Surgery

**VIC**
- Ambicare Patient Transfer Service
- Mandometer Pty Ltd

**WA**
- Marian Centre*

**DIVISIONS OF GENERAL PRACTICE**

**NSW**
- Barrier Division of General Practice Ltd*
- Barwon Division of General Practice
- Blue Mountains Division of General Practice*
- Dubbo/Plains Division of General Practice
- Hastings Macleay Division of General Practice*
- Hawkesbury-Hills Division of General Practice*
- Hunter Rural Division of General Practice
- Hunter Urban Division of General Practice*
- Illawarra Division of General Practice*
- Macarthur Division of General Practice
- Mid North Coast (NSW) Division of General Practice Ltd
- Nepean Division of General Practice Inc*
- New England Division of General Practice
- North West Slopes (NSW) Division of General Practice*
- NSW Central West Division of General Practice
- Riverina Division of General Practice and Primary Health Ltd
- Shoalhaven Division of General Practice*
- Southern Highlands Division of General Practice
- St George Division of General Practice Inc*
- Sutherland Division of General Practice Inc

**QLD**
- Redcliffe Bribie Caboolture Division of General Practice*

**SA**
- Adelaide North East Division of General Practice*

**WA**
- Greater Southern GP Network Ltd
- Osborne Division of General Practice*
- Pilbara Division of General Practice*
Our Surveyor workforce totals around 350 dedicated health care professionals and health consumers. These ACHS Surveyors, who conduct peer reviews, have recent experience in health services with many still in full-time roles such as health service managers, physicians, allied health professionals and nurses.

They are trained and skilled in surveying techniques and are able to gather relevant information to verify the health care organisation’s achievement in the standards being assessed.

ACHS Consumer Surveyors undergo the same rigorous training in the ACHS standards and accreditation processes as the surveyors with health industry experience.

AUSTRALIAN CAPITAL TERRITORY
Dr Peggy Brown
Mr Grant Carey-Ide
Dr Robert Griffin
Ms Kaye Hogan AM
Ms Irene Lake
Ms Mary Martin
Mr Russell McGowan
Ms Jenelle Reading
Ms Christine Walker

NEW SOUTH WALES
Dr Teresa Anderson
Mr Peter Avery
Mrs Michelle Azizi
Mr Peter Barber
Mrs Shirley Batho
Dr George Bearham
Mrs Karen Becker
Dr Alexander Bennie
Mrs Christine Butlers
Ms Margo Carberry
Ms Sandie Carpenter
Ms Desley Casey
Ms Vivian Challita-Ajaka
Ms Rosemary Chester
Mr Sam Choucair
Dr Matthew Chu
Mr John Clark
Ms Elizabeth Clarke
Mrs Marie Clarke
Ms Glenda Cleaver
Mr Peter Clout
Dr Jeanette Conley
Mr Chris Crawford
Associate Professor David Crompton OAM
Dr Paul Curtis
Mr Robert Cusack
Mr Matthew Daly
Ms Therese Daubaras
Ms Darryl (Lynn) Davis
Ms Marie Dickinson
Ms Jenny Duncan
Ms Karen Edwards
Professor Joan Engiert AM
Dr Terence Finnegan
Mr Frank Flannery
Ms Jacky Flynn
Ms Lynnette Ford
Mr Peter Frendin
Mr John Geoghegan
Ms Diane Gill
Professor Adrian Gillin
Ms Robyn Goffe
Dr Deane Golden
Associate Professor Jane Gordon
Ms June Graham
Ms Pamela Gubbi
Mr Ken Hampson
Ms Paula Hanlon
Dr Kim Hill
Mr John Hodge
Mrs Sally Holmes
Dr Roger Hooper
Dr Ian Houl	
Dr Philip Hoyle
Mr Peter Hurst
Ms Zoe Hutchinson
Dr Helen Jagger
Mrs Kate Jerome
Mr Peter Johnson
Ms Ann Kelly
Dr Peter Kennedy
Ms Dianna Kenrick
Ms Didi Kilen
Ms Di Knight
Mr Kim Knoblauch
Dr Friedbert Kohler
Ms Deborah Latta
Ms Deborah Lewis
Ms Bernadette Loughnane
Ms Judy Lovenfosse
Mr Stuart MacKinnon
Ms Kerry Marden
Mrs Jo McGoldrick
Mr Kevin McLaughlin
Mr Bernard McNair
Mr Keith Merchant
Mr Eddy Mrck
Dr Katherine Moore
Associate Professor Ganapathi Murugesan
Mr Danny O’Connor
Ms Anne O’Donoghue
Ms Marilyn Orrock
Mr Colin Osborne
Mrs Rosalind O’Sullivan
Dr Charles Pain
Dr Richard Parkinson
Mr Ian Paterson
Ms Carmel Peek
Mrs Nancie Piercy
Dr Robert Porter
Mr Geoff Rayner
Ms Cindy Rees
Mr Ian Rewell
Mr Raad Richards
Dr Grahame Robards
Dr Pauline Rumma
Ms Kerry Russell
Dr Margaret Sanger
Adjunct Professor Stuart Schneider
Ms Mary Scott
Dr Kevin Sesnan
Mr Michael Shaw
Mr Ben Skerman

As at 30 June 2007
ACHS Surveyor List (continued)

Dr Alicja Smiech
Ms Valerie Smith
Ms Rosemary Snodgrass
Mrs Jean Spurge
Ms Gowri Sriraman
Ms Janet Stretton
Mr John Stuart
Dr Christopher Swan
Dr George Szonyi
Mr Arnold Tammekand
Ms Andrea Taylor
Mrs Anne Temblett
Mrs Solly Toefy
Ms Brigid Tracey AM
Mr Michael Wallace
Mr Tony Wallace
Mr Robert Walsh
Conjoint Professor Jennie West
Adjunct Professor Richard West
Ms Jan Whalan
Mr Harry Williams
Dr Arthur Wooster
Dr Helen Yoong

NORTHERN TERRITORY
Dr Leonie Katekar

QUEENSLAND
Mr Rick Austin
Dr Winton Barnes
Associate Professor Brian Bell
Dr Susan Buchanan
Mr Nick Buckmaster
Ms Anne Copeland
Ms Val Coughlin-West
Mr Ken Denny
Ms Michelle Denton
Associate Professor Brett Emmerson
Ms Lisa Fawcett
Ms Joan Fellowes
Dr Frank Fiumara
Mr Kevin Freisle
Dr Kong Hai Goh
Mrs Deborah Grant
Mr Charlie Grugan
Dr G Adair Heath
Ms Garda Hemming
Dr David Henderson
Ms Roslyn Henney
Mrs Cheryl Herbert
Adjunct Associate Professor Leonie Hobbs
Dr John Hooper
Mr Terry Hughes
Ms Catherine James
Adjunct Associate Professor Paul Kachel
Mr David Kelly
Ms Debra Le Bhers
Ms Moina Lettice
Dr William Lindsay
Mrs Cheryl Lowe
Dr Donald J G Martin
Mrs Patricia Matthews
Dr Chris May
Ms Sue McLellan
Adjunct Professor David McMaugh
Mr Ian Mill
Ms Virginia Morris
Dr Donna O’Sullivan
Dr Scott Phipps
Mr David Poon
Dr John Reilly
Mrs Cheryle Royle
Mrs Monica Seth
Ms Tracey Silvester
Associate Professor Patricia Snowden
Ms Rosemary Steinhardt
Ms Lorraine Stevenson
Ms Glynda Summers
Mrs Penny Thompson
Ms Theresa Thompson
Ms Val Tuckett
Mrs Kym Volp
Dr John Walter AM
Associate Professor Jill Watts
Mr Brendon Weavers
Ms Raewyn Wolcke
Dr John Youngman

SOUTH AUSTRALIA
Ms Dianne Campbell OAM
Dr Richard Cockington
Dr Maria Fedoruk
Dr Brian Fotheringham AM
Mr Paul Gardner
Mrs Marion Holden
Mr Geoff Illman
Mr Alan Lehman
Ms Janne McMahon
Ms Jill Michelson
Mrs Catherine Miller
Mr David Miller
Dr EA Mulligan
Mrs Dianne Norris
Ms Karen Parish
Mr Len Payne
Mr Neville Phillips
Dr Patrick Phillips
Ms Jane Pickering
Dr Paul Rainsford
Mrs Mara Richards
Ms Pam Schubert
Ms Lesley Siegloff
Mr Wayne Singh
Ms Judy Smith
Ms Michele Smith
Dr Tony Swain
Ms Rosemary Taylor

TASMANIA
Dr Stephen Ayre
Associate Professor Des Graham
Mr Bernard Griffiths
Mrs Marlene Johnston
Ms Karen Linegar
Dr Peter Renshaw
Ms Meg Skegg
Mrs Eve Thorp
Ms Jenny Tuffin

VICTORIA
Mr Peter Abraham
Dr Cathy Baiding
Mr Allan Boston
Dr Peter Bradford
Mrs Lorraine Broad
Ms Therese Caine
Mr Alex Campbell
Dr David Campbell
Dr Jillian Carson
Mr Wesley Carter
Ms Julie Cartwright
Mrs Ann Cassidy
Dr Wayne Chanley
Ms Gillian Clark
Dr Alex Cockram
Dr Brian Cole
Ms Julie Collette
Ms Annette Coy
Mr Michael Delahunty
Ms Lydia Dennett
Dr Harry Derham
Dr Sherene Devanesen
Ms Clare Douglas
Mr Sid Ducket
Mr Tim Elrington
Dr Peter Fahy
Dr Simon Fraser
Mr Vince Gaglioti
Dr Mark Garwood
Mr David Gerrard
Mrs Leigh Giffard
Mrs Sue Gilham
Mrs Sharon Godleman
Mr Phillip Goulding
Dr Ian Graham
Dr Lee Gruner
Ms Bronwyn Harris
Dr Richard Harrod
Ms Lyn Hayes
Ms Marguerite Hoiby
Mr Graeme Houghton
Dr M R Jones (Taffy)
Dr Tony Landgren
Ms Marie Larkin
Mr Alan Lilly
Dr Martin Lunn
Mr Michel Maalouf
Mrs Mary Manescu
Mrs Josephine Maprock
Dr Chris Maxwell
Ms Christine Minogue
Dr John Monagle
Mr George Osman
Dr Karen Owen
Mrs Gianna Parker
Mr Ric Pawsay
Mr Ormond Pearson
Ms Ros Pearson
Ms Merrin Prictor
Mrs Patricia Quinn
Ms Jenny Rance
Ms Catherine Roper
Dr Alan Sandford
Mr Michael Scarlett
Ms Mavis Smith
Mr Darrell Smith
Ms Kaye Smith
Mrs Marilyn Sneddon
Ms Catherine Steele
Mrs Maria Stickland
Dr Lakshmi Sumithran
Mr Raymond Sweeney
Mr Denis Swift
Ms Jennifer Taylor
Mr Peter Turner
Mrs Lee Vause
Dr Arlene Wake
Associate Professor Jeff Wessertheil
Mr Dan Weeks
Miss Ruth White
Mr John Wigan
Mrs Wendy Wood
Ms Nola Cruickshank
Mr Kim Darby
Ms Kate Dyson
Mrs Marcia Everett
Ms Helen Hoey
Dr Jenni Ibrahim
Ms Diane Jones
Dr Peter Kendall
Ms Lana Lejmanoski
Adjunct Associate Professor Ruth Letts
Mrs Grace Ley
Mr Shane Matthews
Ms Ellen Nightingale
Ms Patricia O’Farrell
Ms Anne Rutherford
Dr Mark Salmon
Ms Sally Chevington
Mr Warwick Smith
Mr Keith Symes
Associate Professor Marc Tennant
Mrs Sandy Thomson
Ms Debbie Waddingham
Dr Deborah Wilmoth
Ms Fay Winter

WESTERN AUSTRALIA
Ms Diane Barr
Ms Patricia Canning
Mr Trevor Canning
Ms Geraldine Carlton
Dr Winston Chiu
Ms Robyn Collins
ACHS ANNUAL REPORT 2006-07

ACHS SURVEYORS FROM OUTSIDE AUSTRALIA

While ACHS has had a survey exchange program with Ireland and New Zealand for several years, the relationships developed through the work of ACHS International have provided additional opportunities to train surveyors from countries such as Hong Kong, India and Malaysia.

The surveyors are able to participate on teams reviewing our Australian member organisations. These surveyors will also participate on survey teams with Australian surveyors in their home countries. We welcome the diversity of experience and perspectives they bring to our surveyor workforce.

HONG KONG

Mr Fred Wai Cheung Chan
Ms Iris Lam Shuk Ching
Dr Chor-chiu Lau
Dr David Lau
Ms Fion Wai-man Lee
Ms Chan Wai Leng
Ms Julie Li
Ms Manbo Man
Mr Siew Man Pang
Dr Chung-Ngai Tang
Mrs Mary Wan
Dr Loretta Yam
Ms Rosa Yao
Mrs Sim-heung Yeung

INDIA

Dr Bidhan Das
Dr Srinivas Murali

IRELAND

Ms Anne Carrigy
Mr Ian Carter
Mr Brian Conlan
Ms Triona Fortune
Dr Roderick (Rory) O’Connor

MALAYSIA

Mr Stuart Rowley

NEW ZEALAND

Dr Dinesh Arya
Ms Rose Laloli
Mrs Julie Nitschke

ACHS Surveyor List (continued)
MONOGRAPHS
Quality Initiatives 2006 – Entries in 9th annual ACHS Quality Improvement Awards – 2006
ACHS Clinical Indicator Users’ Manual 2007
ACHS Performance and Outcomes Service Information Package 2007
ACHS Clinical Indicator Summary Guide 2006
EQuIP 4 Resource Tool for Hospitals
EQuIP 4 Resource Tool for Community, Primary Care and Multipurpose Services
EQuIP 4 Resource Tool for Day Procedure Centres
EQuIP 4 Resource Tool for Mental Health Services
EQuIP 4 Resource Tool for Oral Health Services
ACHS EQuIP Corporate Health Services Guide, 3rd edition
ACHS Quality for Divisions network Guide, 1st edition

PRESENTATIONS
Burton, J. ‘Hospital Performance Assessment and Hospital Management,’ Qingdao Hospital Delegation, 26 October 2006
Burton, J. ‘Overview of EQuIP’, 2nd Australia-China Hospital Management International Forum, 29 November 2006
Burton, J. ‘Overview of EQuIP’, Queen Mary Hospital and the Hong Kong University Delegation, 21 December 2006
Dickinson, M. ‘Accreditation and Evaluation of Hospital Business Achievement and Hospital Productivity’, Qingdao Hospital Management Program, University of Sydney, 20 March 2007
Dickinson, M. ‘Managing Quality Risk and Cost in Health Care’, Masters of Health Services Management, University of Technology, 7 August 2006
Farraway, C. ‘EQuIP 4 Clinical Indicators’, National Blood Authority, Canberra, September 2006
Farraway, C. ‘EQuIP 4 Clinical Indicators’, Justice Health, Sydney, October 2006
Farraway, C. ‘EQuIP 4 Clinical Indicators’, Oral Health Care Convention, Sydney, November 2006
Farraway, C. ‘Using Clinical Indicators to Measure Quality Management’, Delegation Qingdao Hospital Management Training Program, University of Sydney, March 2007
Farraway, C. ‘EQuIP 4 Clinical Indicators’, Hearing Services Consultative Committee, Canberra, March 2007

ELECTRONIC MEDIA
Clinical Indicators and PIRT 2007, December 2006

puBlicaTiOns anD preSenTaTiOns
Johnston, B. ‘Accreditation for quality improvement: making it happen – how do you answer the question: does accreditation improve the quality of care? – Addressing an accreditation paradox: a design to examine accreditation’s contribution to improvement’, ISQua Accreditation Symposium (presentation on behalf of Braithwaite et al.), September/October 2006

Johnston, B. Kazakhstan Study Tour Delegation, September/October, Sydney 2006

Johnston, B. Presentation of accreditation certificate, The Saad Hospital, Saudi Arabia, 25 September 2006


Johnston, B. Queen Mary Hospital and Hong Kong University Delegation, November/December 2006

Johnston, B. ‘Governance and Quality’, West Wimmera Health Service – Board Development Day, March 2007

Johnston, B. ‘Medical Tourism and Hospital Accreditation’, Quality Health Care Conclave, Kerala Institute of Medical Sciences, India, March 2007


Lewis, B. Workshop for Australia New Zealand Clinical Waste Interest Group, Sydney, 15 March 2007


Pawsey, M. ‘Creating a Culture of Quality Improvement and Benchmarking’, Moyne Health Services, Port Fairy, December 2006


COMMENTS

Australian Commission on Safety and Quality in Health Care
National Safety and Quality Accreditation Standards

Australian Government, Department of Health and Ageing
Submission Accreditation Scheme for Practices Providing Radiology Services under Medicare

Australian Government, Productivity Commission
Study into Standard Setting and Laboratory Accreditation Draft Research Report

NSW Health
Review of Inquiry into Complaints Handling in NSW Health
The ACHS would like to thank our own employees as well as the management, employees, consumers and visitors at the following member organisations, for participating in the photography for this Annual Report:

- Balmain Hospital and Eastern Sector Aged Community Services, Sydney
- Royal Brisbane and Royal Women’s Hospitals, Brisbane
- Royal Prince Alfred Hospital, Sydney
- Skin & Cancer Foundation Westmead Day Clinic, Sydney
- St Luke’s Hospital Complex, Sydney
- The Ophthalmic Surgery Centre (Chatswood), Sydney
- The Sydney Eye Specialist Centre (Kingsford), Sydney

The ACHS seeks to treat indigenous cultures and beliefs with respect. In many areas of indigenous Australia it is considered offensive to publish photographs or names of Aboriginal people who have recently deceased.

Readers are warned that this publication may inadvertently contain such photographs.

It is with great sadness that the ACHS recognises the recent passing of Dr Edward ‘Ted’ Booth AM.

Dr Booth was a respected radiologist from Sydney, past President (1966–1967) of the NSW branch of the Australian Medical Association and the first Chairman of the Joint Steering Committee on Hospital Accreditation (which evolved to become the ACHS). Working with some very dedicated individuals, he was a dynamic force in establishing research into developing an accreditation program for public hospitals throughout Australia. It was the first time two such powerful and influential groups (NSW AMA and Victorian AHA) had met and worked together in a formal structure outside the framework of their professional bodies.

Dr Booth was also a former President of the Royal Australian and New Zealand College of Radiologists (1964–1965).

The ACHS is indebted to Dr Booth for his contribution to the development of internationally recognised accreditation for Australian health services.