SAFETY
QUALITY
PERFORMANCE

The Australian Council on Healthcare Standards (ACHS) would like to thank the management, employees, consumers and visitors at the following organisations who participated in the photography for this Annual Report:

- Prince of Wales Private Hospital, Sydney
- Prince of Wales Public Hospital, Sydney
- Bahrain Defence Force Military Hospital, Bahrain
- Manipal Cure and Care, India.

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 indigenous people who are recently deceased. Readers are warned that this publication may inadvertently contain such photographs.

The ACHS would like 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 and the community.

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

Established in 1974, after many years of pioneering work from a range of healthcare 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 healthcare 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 healthcare 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) as well as small community organisations and day surgeries
- The majority of ACHS members are in the public sector (61% compared to 39% private sector)
- The State/Territory distribution of our members roughly reflects the population base
- More than half of ACHS member organisations have fewer than 100 beds (68%).

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

What is accreditation?

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 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 healthcare 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.

Is accreditation compulsory?
There is a range of governance models among the Australian States and Territories as well as across public and private healthcare. Therefore this varies.

There is an expectation in the industry that healthcare organisation 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 organisation-wide continuous improvement versus achieving minimum requirements.

Over 600 member healthcare organisations, representing more than 1000 individual organisations, are members of ACHS quality improvement programs.

ACHS EQuIP Members (Full & Associates) by Sector as at 30 June 2008

The majority of ACHS members are in the public sector (61% compared to 39% in the private sector)

There were 26 new members and 37 cancelled memberships in 2007/2008.

There were 25 new members due to restructures with 42 memberships cancelled as a result. However, these cancellations have become associate members as part of the new 26 members.

ACHS EQuIP Members (Full & Associates) by Bed Size as at 30 June 2008

68% of ACHS member organisations are in the less than 100 beds category.
Mr Brian Johnston
Dip Pub Admin (NSWIT) BHA, FCHSE, FAICD, FAIM

ACHS Chief Executive since 2000
- Formerly ACHS surveyor
- Member ACHS Standards Committee (ex Officio)
- 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 Interventional Procedures – Surgical (ASERNIP-S)
- Former Treasurer, Australian Healthcare 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 having greater clinical and consumer focuses, and continues to make the ACHS accreditation programs 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 Director, Customer Services.

As Executive Director, 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 1000 health care organisations across Australia. This includes all types of hospitals, community healthcare settings as well as day surgeries.

This position is also responsible for the management, development and support of 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 Director, Corporate Services and International Business

Desmond Yen joined the ACHS in July 2005. His portfolio covers local and international new business development, finance, information technology, human resources management, business support services and strategic planning. He is also a contributor to an Australian Research Council Linkage project titled ‘Examinations of the relationship between accreditation, clinical and organisational performance’. The research is undertaken by the Centre for Clinical Governance Research in Health of the University of New South Wales in conjunction with industry partners.

He holds graduate qualifications in commerce, a Masters degree in Business Administration, a Doctorate in Business Administration and is a Fellow member of the Australian Institute of Company Directors.

His broad range of experience mainly within large multi-national organisations covers a mix of local and international strategic management, finance, and information technology roles. Prior to joining ACHS, Desmond was involved in marketing and project management of satellite communication infrastructure projects in the South East Asia Pacific region with specific focus on China and Indonesia. Prior to that, he held a number of strategic management roles covering organisations in the Asia Pacific region and other countries.

Ms Darlene Hennessy
B Nursing, Grad Dip Advanced Nursing, MHA (Health Admin), Grad Cert Marketing

ACHS Executive Director, 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 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.
ACHS Gold Medallist 2007: Professor William Rawlinson

The highest award of ACHS, the Gold Medal, was awarded to Professor William Rawlinson for his renowned focus on the needs of patients, researching findings into clinical and management areas and the provision of improved quality assurance services.

The Gold Medal was awarded at the ACHS Annual Dinner in Sydney, 22 November 2007.

Presenting the award to Professor David Davies on behalf of the recipient, Dr Michael Hodgson AM commented that Professor Rawlinson’s extensive list of achievements “could fill several lifetimes and careers” which made him very worthy of this prestigious award.

“His excellence in clinical and laboratory medicine has already been recognised by several awards including the Menzies Memorial Scholarship in Medicine in 1990, Fenner Prize in 2005 and the Royal College of Pathologists Australasia Travelling Professorship in 2007,” Dr Hodgson said.

Professor Rawlinson provides health policy advice to NSW and Commonwealth health departments through chairing committees such as the NSW Health Blood-borne Viruses Advisory Panel, Commonwealth National Pathology Accreditation Advisory Council HIV/HCV Guidelines Committee, and the WHO Influenza Collaborating Centre Advisory Panel.

ACHS Medal Recipients

Dr Lionel Wilson
Ms Doreen Moore
Dr Myles Kehoe
Mr Murray Clarke
Mr Brian Collop
Dr Lindsay Thompson
Mr Kevin Dodd
Mr Trevor Pickering
Mr Brian Lewis
Mrs Phyllis Newnham
Dr John Greenwell
Dr Ian O’Rourke
Mr Michael Dooley
Dr Lisa Harvey
Professor Ross Holland
Professor William Rawlinson

ACHS Quality Improvement Awards 2007

In 1996, ACHS launched the Quality Improvement (QI) Awards. Baxter Healthcare has been supporting these awards since 1998.

The Awards are an annual recognition of achievement, open to all EQuIP member organisations which have developed an innovative system or project that improves quality and safety.

The winners were selected by a judging panel that took place during July, August and September. The panel consists of ACHS Councilors, ACHS surveyors and representatives of EQuIP member organisations. In 2007 there were a total of 106 entries.

ACHS Executive Director, Development, Ms Darlene Hennessy presented the winners of the awards at the ACHS Annual Dinner. The categories were Clinical Excellence and Patient Safety, Non-Clinical Service Delivery and Healthcare Performance Indicators. Ms Hennessy noted that the ACHS received its first international submission from the Kerala Institute of Medical Sciences in India in 2007.

Category: Clinical Excellence and Patient Safety

Winner – Royal Children’s Hospital, Melbourne, VIC, for their submission Day Procedures for Children requiring Lumbar Puncture and Bone Marrow Aspiration.

The outcomes of this initiative included:
- Improved patient, parent and staff satisfaction has been measured
- Reduced anxiety and pain for children and families
- Increased efficiency of performing procedures.

Lifetime Member of ACHS Council

Dr Jon Mulligan, member of the ACHS Board from 1995 and President from 2002 – 2005, was given the award of Lifetime Member of the ACHS Council.

The Board decided in May 2007 that they would recognise Dr Mulligan and present this rare award with considerable appreciation of Dr Mulligan’s contributions to ACHS.

During his time as President, the ACHS accreditation program significantly increased its focus on patient safety including the introduction of mandatory criteria, consumer involvement and the publication of information.
Category: Non-Clinical Service Delivery
Winner – Peter MacCallum Cancer Centre, Social Work Department, Division of Haematology and Medical Oncology, Melbourne, VIC, for their submission Cancer Patient’s Legal Assistance Program.

The project recognised that there were barriers to accessing expert legal assistance and advice for cancer patients at Peter MacCallum Cancer Centre that needed to be removed. The aim of the project is to alleviate the financial, social and psychological burdens and distress associated with unmet legal needs.

Category: HealthCare Performance Indicators

The aim of this project was to reduce ‘pre-hospital’ delays to stroke care; and to improve access for acute stroke patients to thrombolytic therapy.

The outcomes of this initiative included:
- Ambulance officers can identify acute stroke in the field with 90% accuracy
- Threefold increase in the number of patients with acute ischaemic stroke gaining access to tPA
- ED transit times for acute stroke patients is halved when past protocol instigated
- Almost 40% of patients treated with acute therapies were independent at three months.

Employee Recognition at 2007 Award Dinner
The ACHS formally recognised long standing staff for their contributions over the years.

Mrs Margaret Jackson, Ms Julie Ings and Mrs Bernice Barbouttis were among those acknowledged for over 20 years’ service each.

Mr Brian Lewis was also recognised for his contribution as a surveyor for six years, an ACHS Council member, Treasurer, a member of the Survey Committee, his work as a Customer Services Manager for ACHS and in 1991 was awarded the ACHS Gold Medal.

Dr Hodgson took the opportunity to thank and farewell Dr Marjorie Pawsey, commenting that the ACHS would not be what it is today without Marjorie’s work. Dr Pawsey had acted as the Chief Executive, led the development of EQuIP and most recently steered the organisation’s research function.

Left: Mrs Margaret Jackson, Ms Julie Ings and Mrs Bernice Barbouttis  
Middle: Mr Brian Lewis and Ms Brigitte Kaiser  
Right: Dr Michael Hodgson and Dr Marjorie Pawsey
About ACHS International

The year 2007/2008 witnessed significant growth in ACHS International’s (ACHSI) overall performance and activities. The primary objectives of the company remain:

- To strengthen the ACHS financial base
- To advance ACHS’s vision internationally
- To enhance ACHS’s national and international standing
- To facilitate the capacity of international organisations to achieve increased levels of quality and safety for service and care delivery.

ACHSI continues to deliver accreditation programs and consultancy services internationally.

There are numerous healthcare organisations in the Middle East, India and Hong Kong preparing for EQuIP accreditation. In addition, there are a number of project proposals in progress.

Surveyors

To date, a total of 30 surveyors from the Middle East, India and Hong Kong have attended the Surveyor Induction Workshops in Australia. During the period 2007/2008, a total of 15 surveyors attended the workshop, out of which five were from the Middle East, two from India and eight from Hong Kong. These attendees will participate as observer/trainee surveyors on teams evaluating Australian member organisations and/or surveys in other countries. This will contribute to awareness of cultural issues. In the longer term, this initiative to train overseas surveyors will reduce the cost of providing overseas services.

Outlook for 2008/2009

The marketing strategy of ACHSI in the coming year will continue to focus on the three regions due to demographic and geographical factors: Middle East, India and Hong Kong/China.

Options identified for marketing will continue to include:

- Operating out of Australia with regular visits to the various overseas countries. This option is a short-term approach which will allow ACHSI to acquire on-the-ground knowledge and build relationships.
- Identifying and appointing agents to represent ACHSI and/or develop overseas partnerships which will avoid high fixed costs associated with branch facilities, while providing the benefits of contacts already established, on-the-ground intelligence and advice on cultural issues.

ACHSI’s key competitive advantages remain:

- Product differentiation
- Ability to offer lower cost services
- International recognition of the Australian healthcare system
- Ability to leverage off Australian talent and expertise.

Middle East

ACHSI continues to provide certification and accreditation to healthcare organisations. In 2007/2008, we surveyed the following healthcare organisations:

- Bahrain Defence Force Military Hospital, West Riffa, Bahrain (Bahrain – accreditation)
- Lifeline Hospital (Abu Dhabi – certification), Abu Dhabi, UAE
- Dr Soliman Fakeeh Hospital (Jeddah – accreditation), Jeddah, Saudi Arabia
- KIMS Bahrain Medical Centre W.L.L, Manama, Bahrain (Bahrain – accreditation)
- Saad Specialist Hospital (Al Khobar – accreditation), Al Khobar, Saudi Arabia

“Accreditation was not the objective, but the means to ensure continuous quality improvement.”

Dr Bahaa Eldin Fateha, MD, DrPH, Director, Military Hospital Bahrain Defence Force Military Hospital, Royal Medical Services, Kingdom of Bahrain.

Photo: Receiving the ACHSI accreditation certificate for the Bahrain Defence Force Military Hospital is the Minister of State for Defence Affairs, Major General Dr Mohamed Al-Khalifa (right), from the ACHSI President, Dr Michael Hodgson AM (left), with Brigadier (Professor) Khalid bin Ali Al-Khalifa, Director of Medical Services in December 2007.
Hong Kong

We maintain our association with the Hospital Authority and Private Hospital Association by working on quality improvement initiatives and training local surveyors. We also continue to provide consultancies and educational workshops.

Photo: ACHS Executive Director – International Business, Dr Desmond Yen (right) and ACHS Business Services Manager Lena Low (left) at the ACHSI stall during the Health Authority (HA) Convention, May, 2008 which was held in Hong Kong.

India

We maintain relationships with Quality Council of India (QCI) and National Accreditation Board for Hospitals and Healthcare Providers (NABH) as per our Memorandum of Understanding (MOU) signed in July, 2006. ACHSI has in the past year honoured the MOU by providing continued support and assistance in the development of a national program of accreditation in India.

In 2007, we awarded certification to Manipal Cure and Care, in two of their centres – Bangalore and Ahmadabad. Manipal Cure and Care has since joined the four year accreditation program and is preparing for survey in November, 2008.

“Our vision is to revolutionise healthcare delivery in India by providing preventive monitoring with a focus on wellness. We plan to open our own 50 centres by 2011 and will look at further expansion in Indian and global markets through our sub brands MASK, SMILE, Xpresscare & Foot Solutions and our own private labels. The Indian retail wellness market is unregulated and offers myriad products and services. Hence, the ACHSI certification would play a crucial role in the quality of service delivery.”

Somnath Das, Chief Operating Officer (COO), Manipal Cure and Care (MCC).

Photo: Dr Ranjan Pai, CEO MEMG and Somnath Das COO MCC receiving the ACHSI certificate from Brian Johnston CEO ACHS and Giridhar Gyani Secretary General QCI on April 4, 2008.
Highlights
2007/2008
Accreditation for ACHS

In this financial year, ACHS celebrated the awarding of accreditation for both the EQuIP 4 and EQuIP Corporate, 3rd edition standards, by the International Society for Quality in Health Care (ISQua), along with the surveyor training and development programs. The surveyor training accreditation program is a relatively new program of accreditation offered by ISQua and was developed in response to rapidly increasing international interest in ensuring that surveyors were well trained for their roles. Subjecting our standards and programs to external assessment is an important part of maintaining our effectiveness.

Appointments

The ACHS appointed Dr Jon Mulligan, the previous President, as a Life Member of Council in recognition of his extensive contribution to the organisation over many years. He joins Dr Eva Raik as the only two people to have been so honoured.

Agreed Performance Statements

From July, 2007, ACHS introduced a requirement for member organisations and ACHS to jointly publish Agreed Performance Statements following the completion of surveys. The initiative received widespread support and has contributed significantly to furthering public reporting on health system performance.

Clinicians as surveyors

Several years ago, the ACHS set itself a target of increasing the proportion of clinicians within its surveyor group to fifty percent. This was in order to support the increased focus on clinical care that the EQuIP program embraces. This target has now almost been reached. There are now 46% clinical surveyors within the workforce, including all types of clinical professionals including nurses, medical and allied health. There has also been an increase in the number of allied health clinicians.

Clinical Indicators

The Performance and Outcomes Service has revised three indicator sets – Obstetrics, Rehabilitation Medicine and Pathology.

Financial performance

The financial performance for the year ended 30 June, 2008, was a small surplus. The consolidated net profit for the year ended 30 June, 2008 of $79K shows a favourable variance of $12K when compared to the budget review of $67K. Each financial year, the ACHS has consistently achieved a positive financial result.

International development

ACHS International (ACHSI) experienced significant growth in the year 2007/2008 with a growing number of countries and healthcare organisations choosing ACHSI certification and accreditation. There are numerous healthcare organisations in the Middle East, India and Hong Kong preparing for EQuIP accreditation.

To date, a total of 30 surveyors from the Middle East, India and Hong Kong have attended the Surveyor Induction Workshops in Australia, with more planned for the remainder of the year. During the period 2007/2008, a total of 15 surveyors attended the workshop, out of which five were from the Middle East, two from India and eight from Hong Kong. It is envisaged that, in the longer term, this initiative to train overseas surveyors will reduce the cost of providing overseas services.

Mental Health Service Standards reviewed

The ACHS was commissioned by the Commonwealth Government to revise the National Mental Health Service Standards; the first time since 1996. ACHS finalised its work in developing the revised standards in May, 2008. Implementation of the draft revised standards will be conducted by the Commonwealth Government.

Partnerships and initiatives

In early 2008, the ACHS signed a formal agreement with Telarc SAI Ltd in New Zealand to provide the Evaluation and Quality Improvement Program (EQuIP) using a version modified to reflect the New Zealand environment.

In response to an initiative by the Department of Human Services in Victoria, the ACHS undertook surveys against the standards for Home and Community Care (HACC) programs in that state. Evaluation of the pilot HACC reviews has shown positive feedback. Ongoing evaluation continues.

The ACHS successfully tendered and completed the BreastScreen two-day site visitor training across Australia. This was an inaugural program based on the ACHS surveyor education model. Approximately 75 site visitors and consumers were trained by an external facilitator in conjunction with ACHS staff.

Each year, the Customer Services Team coordinates the State Advisory Committees in each state. The State Advisory Committee provides support and assists the ACHS by participating in consultations with the members and key stakeholder groups in their state, providing advice on addressing issues and on ACHS products, services and activities. This year we have successfully run 12 meetings from September, 2007 to February, 2008.

The ACHS was one of four accreditation agencies selected by the Commonwealth Department of Health and Ageing to administer the recently introduced Diagnostic Imaging Accreditation scheme.

Surveyor Bookings

The ACHS Surveyor Bookings section matches the most appropriate surveyors to organisations to ensure the best survey outcomes. Evaluation data shows that in 2007, 90% of our members were ‘satisfied’ and ‘very satisfied’ with the service in this area. The ACHS has reviewed the surveyor selection on surveys process in 2007 and 2008 to better achieve appropriate surveyors on each survey and to improve the efficiency of the process. This review is ongoing. During the year, 93% of customers were ‘satisfied’ or ‘very satisfied’ with the cohesiveness of the survey team at the onsite survey.

Trained survey coordinators

One of the aims at the ACHS is to provide a Trained Coordinator for every survey. In 2007/2008, we have achieved a 100 percent rate of trained coordinators on all surveys. 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.
Our progress and plans for achieving our Strategic Goals

**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**

**07/08 Aims and Objectives**

- Identify potential growth markets through comparison of AIHW database of healthcare organisations against ACHS member database.
- Review follow up process and option of using survey teams for evaluations.

**07/08 Activities and Outcomes**

- The evaluation of surveys has been reviewed and from January 2009 these will be online for Health Care Organisations (HCOs) to complete.

**08/09 Aims and Objectives**

- Continue to identify and pursue potential growth markets through comparison of AIHW database of healthcare organisations against ACHS member database.

**Provision of products and services**

**07/08 Aims and Objectives**

- To publish an EQuIP 4 Risk Management and Quality Improvement Resource Tool.
- To develop and publish an EQuIP 4 Clinicians Guide.
- To achieve 50% medical clinician surveyors on survey teams by 2008.
- Expand the surveyor workforce to include more allied health clinicians.

**07/08 Activities and Outcomes**

- Publication of the EQuIP 4 Risk Management and Quality Improvement Resource Tool.
- Publication of the EQuIP 4 Clinicians Guide.
- There are now 46% clinical surveyors within the workforce, this includes all types of clinical professionals including nurses, medical and allied health.
- There has been a small increase in the number of allied health clinicians.

**08/09 Aims and Objectives**

- Commence an effective consultative framework for the review of EQuIP 4.
- A recruitment strategy in place and implemented to increase the number of allied health clinicians.

**Increased consumer participation in survey program**

**07/08 Aims and Objectives**

- Attract support for consumer surveyors’ involvement in surveys.

**07/08 Activities and Outcomes**

- Despite having trained two consumer surveyors, we have not been able to meet this indicator during the past 12 months. ACHS has had requests for a consumer surveyor by three healthcare organisations.

**08/09 Aims and Objectives**

- To achieve 10% of organisation-wide surveys with a consumer surveyor on the team.

**Education programs revised and endorsed by potential customers**

**07/08 Aims and Objectives**

- Expand methods of promotion of education programs.
- Broaden education workshop content to go beyond just supporting ACHS products.
- Increase the breadth of education facilitators to include surveyors.
- Offer at least one Executive Masterclass.
- Explore collaborative opportunities.
- Explore the use of surveyors as quality consultants.

**07/08 Activities and Outcomes**

- Information about education programs made available on demand via the web and email updates sent to primary contacts.
- Workshop calendar includes programs which focus on topics such as organisation culture and quality coordination.
- Surveyors were included in several specialist workshops e.g. Blood and Blood products, Patient Record Audit.
- An Executive Masterclass was offered in three states entitled: Managing for Quality – Aligning your organisational efforts and 65 executives attended.
- A food safety workshop was offered in two states as part of a collaboration with industry which had minimal support from members.
- Two surveyors provided 1.5 days of consultation visits.

**08/09 Aims and Objectives**

- Explore improvements in the marketing and delivery of education programs.
- Develop a portfolio of generic programs for quality specialists beyond the implementation of EQuIP 4.
- Increase the number and use of consultant surveyors.
Maintain international recognition of standards

07/08 Aims and Objectives
- Achieve accreditation for a range of ACHS Standards including EQuIP 4.

07/08 Activities and Outcomes
- Continue to maintain ACHS internal systems and processes in line with recommendations of the International Society for Quality in Health Care (ISQua).

08/09 Aims and Objectives
- To ensure the review and evaluation of the EQuIP 4 program is undertaken within the principles and objectives set out by the International Society for Quality in Health Care (ISQua).

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

07/08 Aims and Objectives
- To maintain effective dissemination of information to State jurisdictions and member organisations with the established bi-annual State Advisory Committee meetings and to provide continued support through the ACHS website and ACHS Newsletter.

07/08 Activities and Outcomes
- Development of the draft revised National Standards for Mental Health Services on behalf of the Australian Government, Department of Health Ageing.

08/09 Aims and Objectives
- To further implement consultation processes for the review of EQuIP 4 program.

Increasing interaction with key stakeholders including international peers

07/08 Aims and Objectives
- To continue to provide program support and quality management assistance to ACHSI members.
- To continue to assist in worldwide quality health initiatives and to provide individual education programs to visiting international healthcare organisations and governance groups.
- Increase marketing in India, Middle East and Hong Kong and follow up on expressions of Interest.

07/08 Activities and Outcomes
- Increased ACHS International membership bases beyond targets.
- To date, a total of 30 surveyors from the Middle East, India and Hong Kong have attended the Surveyor Induction Workshops in Australia. During the period 2007/2008, a total of 15 surveyors attended the workshop, out of which five were from the Middle East, two from India and eight from Hong Kong.

In 2007/2008, ACHS International reviewed the following organisations:
- Bahrain Defence Force Military Hospital (Bahrain – accreditation), West Riffa, Bahrain
- Lifeline Hospital (Abu Dhabi – certification), Abu Dhabi, UAE
- Dr Soliman Fakeeh Hospital (Jeddah – accreditation), Jeddah, Saudi Arabia
- KIMS Bahrain Medical Centre W.L.L (Bahrain – accreditation), Manama, Bahrain
- Saad Specialist Hospital (Al Khobar – accreditation), Al Khobar, Saudi Arabia

08/09 Aims and Objectives
- Continue to provide support and assistance to international member organisations.
- Continue to grow the ACHS International membership base.
- Increase targeted marketing in India, Middle East and Hong Kong.
Participation on significant committees, in key events and conferences

07/08 Aims and Objectives
- Continued involvement in the update of National Standards for Mental Health Services in cooperation with the Australian Government, Department of Health and Ageing. To provide recommendations on implementation of the revised standards until May 2008.
- Collaboration with other key stakeholders in the planning for the National Forum on Safety and Quality in Health Care (Adelaide, October, 2008).
- Participation/presentation at national/international conferences.

07/08 Activities and Outcomes
- Development of the draft revised National Standards for Mental Health Services on behalf of the Australian Government, Department of Health and Ageing.
- The establishment of the ACHS accreditation program for diagnostic imaging services, on behalf of the Australian Government, Department of Health and Ageing, Stage One, the Accreditation Scheme for Practices Providing Diagnostic Imaging Services.

08/09 Aims and Objectives
- Continued representation in the National Indicators Advisory Group in the development of a proposed set of national clinical indicators.
- Continued participation in and support for keynote conferences both national and internationally.
- To continue partnerships in the development of the premier annual health industry conference in Australasia.

STRATEGIC GOAL
Undertake research into quality improvement within the health care industry

Consolidation of research program

07/08 Aims and Objectives
- Completion of all data collection; publication of the results of the four studies published in peer reviewed journals; conference presentations.

07/08 Activities and Outcomes
- Papers submitted to various international and national journalists on the research undertaken into quality improvement.

08/09 Aims and Objectives
- Consolidate the activities of the ACHS Research Advisory Panel.

Pursue further research

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

07/08 Activities and Outcomes
- Implementation of the Australian Accreditation Research Network Workshop funded in collaboration with the Department of Health and Ageing, Australian Government into research models of accreditation.
- Completion of the Australian Research Council funded research projects into quality improvement.
- Provision of de-identified aggregated clinical indicator data to the Productivity Commission.
- Provision of de-identified data to the research teams at Griffith University.

08/09 Aims and Objectives
- To lead and develop collaboration partnerships for research in to accreditation and quality management in healthcare services.
- To continue to support and facilitate quality research into health.
- To further develop the ACHS strategic goal of collaborative partnerships into research.

Publication of research

07/08 Aims and Objectives
- To lead and develop collaboration partnerships for research in to accreditation and quality management in healthcare services.
- In-depth analyses of ACHS data to understand strengths and opportunities for improving quality and safety nationally.

07/08 Activities and Outcomes
- Publication of the annual ACHS Australasian Clinical Indicator Report.
08/09 Aims and Objectives

- To revise the content of the annual ACHS Australasian Clinical Indicator Report.
- Publish the biennial National Report on Health Services Accreditation Performance.

STRATEGIC GOAL
To promote and publish information in relation to quality of healthcare

Increase public disclosure of performance information

07/08 Aims and Objectives

- Introduce more detailed Agreed Performance Statements to promote more transparency of the accreditation process.
- Introduce new contracts with our member organisations to enable this initiative (to coincide with the introduction of the 4th edition of the EQuIP accreditation standards).
- New contracts introduced on a rolling basis from 1 July, 2007 (as member contracts expire).

07/08 Activities and Outcomes

- New policy re public disclosure effectively July 07 incorporated into membership renewals. ACHS will evaluate implementation of this new policy.
- Public disclosure on web.

08/09 Aims and Objectives

- National Accreditation report on EQuIP 4 data.

Effective usage of clinical indicators information

07/08 Aims and Objectives

- To work in partnership 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 2007/2008.

07/08 Activities and Outcomes

- The ACHS Performance and Outcomes Service introduced a separate Obstetric indicator set and two new indicators sets during 2008 – Rehabilitation Medicine and Pathology.
- Trend Reports providing Clinical Indicator data 2001-2006 distributed to each individual member organisation participating in the Clinical Indicator Program.

08/09 Aims and Objectives

- To assist the effective collection and analysis of ACHS Clinical Indicator data with the introduction of a web-based PIRT program in 2009.
  - Continued review of current ACHS Clinical Indicator sets and introduction of new ACHS indicator sets on behalf of medical colleges and health associations.

Provision of an effective website to facilitate access of information by all stakeholders

07/08 Aims and Objectives

- Continue to evaluate user needs and evolve the website.
- Explore additional online service, for example online tool for submission of Clinical Indicators.

07/08 Activities and Outcomes

- Public disclosure statements available on general site of web.

08/09 Aims and Objectives

- Implementation of another web server to complement the existing server to improve performance and minimise disruption of access to users.

Program of external recognition of excellence in performance

07/08 Aims and Objectives

- Review communications and submission strategies for the Quality Improvement Awards 2008 to continue to grow the QI Awards program.
- Publish the submissions for QI Awards 2007.

07/08 Activities and Outcomes

- Introduction of a standardised summation form for submissions to the ACHS QI Awards 2008.

08/09 Aims and Objectives

- To review collection systems for submissions and expand the information provided in the accompanying publications, Quality Initiatives.

Promotion of ACHS through conference presentations

07/08 Aims and Objectives

- Continue to increase the number and type of conference and workshop presentations with positive evaluations, consistent with the communications strategy.
- Collaboration with key stakeholders in the planning for the Australasian Conference on Safety and Quality in Health Care.

07/08 Activities and Outcomes

- 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 and national/international conference – see Publications and Presentations section of this report.

08/09 Aims and Objectives

- Collaboration with other key stakeholders in the planning for the National Forum on Safety and Quality in Health Care (Adelaide, October, 2008).
STRATEGIC GOAL
To maintain an effective internal system that enables business to be efficiently achieved

Effective financial performance

07/08 Aims and Objectives
- Budget targets and effective internal systems maintained.
- Unqualified audit reports.
- Maintenance of current and relevant policies and procedures.

07/08 Activities and Outcomes
- Met budget objectives while delivering outcomes. No incident with lost time injury indicates a safe and friendly working environment.
- External annual audit of ACHS accounts completed and found current internal controls are in place and comply with Australian Accounting Standards and Australian equivalents to International Financial Reporting Standards.
- Revise existing, and where appropriate develop new policies and procedures in consultation with employees and various legislative and statutory requirements.

08/09 Aims and Objectives
- Review of existing Corporate Policies and Procedure to comply with legislative and statutory requirements in consultation with various staff across the organisation.
- Implementation of new accounting software and integration with the existing corporate database. The integration will eliminate process duplication, resources and costs savings.

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

07/08 Activities and Outcomes
- Reviewed progress to new performance indicators.

08/09 Aims and Objectives
- Implementation of a new accounting system which can be integrated to the ACHS CRM database to replace the existing outdated DOS system.

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

07/08 Aims and 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.

07/08 Activities and Outcomes
- Electronic communication alerts to members of the Clinical Indicator Program at data collection periods.
- The expanded use of electronic survey tools to seek the views of ACHS members.

08/09 Aims and Objectives
- Publication of feedback from members on services and products in the biennial National Accreditation report.

Continued involvement in the update of National Standards for Mental Health Services in cooperation with the Australian Government, Department of Health and Ageing.

Our Performance
The State/Territory distribution of our members reflects the population base.

**Survey/surveyor statistics**

Of 87 eligible medical clinician surveyors 85% (n74) participated in at least one survey during 2007/2008.

**Organisation evaluations on ACHS performance**

Return rate of evaluations to number of surveys: 52% response rate in 07/08 is lower compared to 61% response rate in 06/07. All Very Dissatisfied/Dissatisfied evaluations are followed up.

**How satisfied or dissatisfied were you with the following support received from the ACHS?** (n181)

- EAT support
  - Very Satisfied: 53%
  - Satisfied: 20%
  - Dissatisfied: 19%
  - Very Dissatisfied: 8%

- CSM support
  - Very Satisfied: 52%
  - Satisfied: 38%
  - Dissatisfied: 8%
  - Very Dissatisfied: 2%

**How satisfied or dissatisfied were you with the following EQuIP issues?** (n183)

- Current self assessment
  - Very Satisfied: 77%
  - Satisfied: 11%
  - Dissatisfied: 11%
  - Very Dissatisfied: 2%

- Applying mandatory criteria
  - Very Satisfied: 74%
  - Satisfied: 19%
  - Dissatisfied: 7%
  - Very Dissatisfied: 1%

- Applying EQuIP standards
  - Very Satisfied: 52%
  - Satisfied: 19%
  - Dissatisfied: 11%
  - Very Dissatisfied: 8%

**How satisfied or dissatisfied were you with the following aspects of this survey?** (n185)

- Summation Conference
  - Very Satisfied: 44%
  - Satisfied: 1%
  - Dissatisfied: 4%
  - Very Dissatisfied: 4%

- Number of surveyors
  - Very Satisfied: 56%
  - Satisfied: 4%
  - Dissatisfied: 1%
  - Very Dissatisfied: 4%

- Length of the survey
  - Very Satisfied: 54%
  - Satisfied: 37%
  - Dissatisfied: 7%
  - Very Dissatisfied: 2%
In broad terms the year in review for ACHS has been marked by solid business growth, sound financial performance and constructive contributions to the national discussions in relation to quality in health care. It has been a very positive year, but not without its challenges.

**Governance**

Dr Noela Whitby AM stood down as Vice-President and Associate Professor Peter Woodruff was elected to this position. His place as Treasurer was filled by Mr John Smith who brings a wealth of practical and professional experience to this role. The contribution of Dr Whitby, who continues as a Director, has been exemplary and warrants specific acknowledgement.

The Board was delighted to appoint Dr Jon Mulligan, the previous President, as a Life Member of council in recognition of his extensive contribution to the organisation over many years. He joins Dr Eva Raik AM past president as the only two people to have been so honoured.

Corporate plans are in many ways the silent force behind successful organisations. They provide the foundation for ACHS’ annual business plans. The revision of the current plan which expired at the end of June has involved many people; staff, the Council, State Advisory Committees and the Board. The process has included the directions provided by the Australian Commission on Safety and Quality in Health Care as it pursues the development of the national safety and agenda much of which is focused on the establishment of a coordinated national approach, particularly in relation to accreditation. The evolving nature of the Commission’s work has resulted in a flexible plan being developed and it is commended to you.

The Board maintains a regular program of policy review. During the year policies that cover both governance issues and the operating framework for the Evaluation and Quality Improvement Program (EQuIP) were revised to ensure the continuing contemporary and rigorous nature of activities.

**Maintaining Performance**

It is very pleasing to note that accreditation was awarded for both the EQuIP 4 and EQuIP Corporate, 3rd edition standards by the International Society for Quality in Health Care (iSQIa). In addition, the surveyor training and development program was accredited in April. This is a relatively new program of accreditation offered by iSQIa and was developed in response to rapidly increasing international interest in ensuring that surveyors were well trained for their roles. Subjecting our standards and programs to external assessment is an important of maintaining our effectiveness.

The introduction of the requirement for member organisations and ACHS to jointly publish Agreed Performance Statements following surveys came into effect from July 2007. The initiative has received almost universal support. It reflects very well on the level of interest across the health system in furthering public reporting on health system performance.

Several years ago the Board set itself a target of increasing the proportion of clinicians within our surveyor group to fifty percent. This decision was taken in order to support the increased focus on clinical care that the EQuIP 4 program embraces. The target has now been almost reached. Of course given the growing clinical role of many health professionals clinicians include medical practitioners, nurses and allied health professionals.

The management of patients at risk of serious self-harm or suicide is a very important issue in the provision of services to the mentally ill. A set of Guidelines intended to prevent or minimise such occurrences was produced for the benefit of all member organisations in response to requests for more information. Consultation was undertaken with a very broad range of organisations and individuals in the process of preparing this advice. Preliminary signs have been very positive with a noticeable reduction in references to potential problems being reflected in survey reports.

There is significant variation across the country at State and Territory level as to what type of private organisations are not required to be licensed. This issue impacts on the safety and quality of healthcare and affects patients and clients, service providers and clinicians. It is very pleasing to note that the Australian Commission on Safety and Quality in Health care is reviewing the legislative requirements in relation to licensing as it has been of concern to ACHS for some time.

We have continued to develop the electronic support systems and tools used with the Electronic Assessment Tool (EAT) moving to a web-based platform and the development of a similar platform for the Performance Indicators Reporting Tool (PIRT). The targeted time for implementation is early in 2009. These initiatives have long term benefits for both users and ACHS with the management of information; both have substantially enhanced capacity for generating reports useful in reviewing performance with the delivery of services and decision making.

**Financial performance**

The financial result for the year was a small surplus, the details of which can be found in the financial section of this report. ACHS has consistently achieved a positive financial result reflecting sound stewardship of members’ contributions. The Treasurer and the Board’s Financial Review Working Group have been integral to this success through the support and advice they have provided to staff.

**The National Safety and Quality Agenda**

The advancement of this agenda has proceeded rapidly under the leadership of the Australian Commission on Safety and Quality in Health Care and its Chief Executive, Professor Chris Baggoley. ACHS strongly supports the work of the Commission and records its appreciation of the opportunities provided to make a constructive contribution to its activities.

The Commission has developed priority topics concerning patient safety for attention as well as developing a new model for accreditation activities in Australia that was supported in principle by all Australian Health Ministers. It is initiating pilot reviews of alternative surveying methodologies and a review focused on how to ensure a sustainable and high quality surveyor workforce into the future. It is also commencing the development of Australian Health Standards that are to be common requirements for incorporation into all recognised accreditation programs. It has been a very stimulating and at times challenging process and as the new model emerges will require ACHS to adapt its program.

It is clear that standards and accreditation will continue to play a central role in maximising safety and high quality performance in the delivery of health services. The establishment of standards based accreditation program for diagnostic imaging services is the most recent reflection of this strategy. ACHS was pleased to be authorised to provide the program, which in the longer term will provide financial and efficiency incentives through integrated delivery of accreditation services to our members.

With the election of a new Federal Government, healthcare has been high on the agenda. Their identification of priority areas for attention, including care of the chronically ill, dental health, population health, the aged and the mentally ill will all have substantial implications for us in the future. Work is progressing on developing our capabilities
to either incorporate new services in our programs or form collaborations with other accrediting agencies to deliver the best service to members.

**Partnerships**

In February 2008, a formal agreement was signed with Telarc SAI Ltd. in New Zealand to provide the Evaluation and Quality Improvement Program (EQuIP) using a version modified to reflect the New Zealand environment. ACHS is delighted with this development and wishes to acknowledge the work of Mr Peter Rose and his staff in achieving a very good outcome for all parties.

In August 2007 a meeting convened by ACHS and involving representations from a number of organisations met to consider future research directions in relation to accreditation and consider the extension of existing studies. The event, generously funded by the Commonwealth Department of Health and Ageing, built on earlier work by an expanded Australian Accreditation Research Network and involved health researchers/academics, accreditation, policy makers from both the public and private sectors, and consumers. It has provided a valuable platform from which to seek further research funding.

The ACHS was commissioned by the Commonwealth to revise the National Standards for Mental Health Service; the first since 1996. It was a challenging and stimulating task for which ACHS received high praise on completion of the project. Implementation is to be at a time to be determined by the Commonwealth.

In response to a very positive initiative by the Department of Human Services in Victoria, ACHS has been authorised to undertake surveys against the standards for Home and Community Care programs (HACC) in that State. Again this initiative brings positive benefits to members through its incorporation into EQuIP surveys.

The 5th National Conference on Safety and Quality in Health Care, held in Brisbane, was co-hosted with the Australasian Association for Quality in Health Care. It was generously supported by the Australian Commission on Safety and Quality in Health Care and Queensland Health. It was an unqualified success with over 900 registrants participating in a stimulating program provided by international and national speakers.

**Research**

The analysis of the outcomes from the Australian Research Council funded study into the impact of accreditation has moved into its final stages. The results will have important national and international significance.

**International business activities**

International business activity has made steady progress and has contributed positively to the parent company’s cash flow. The prospects for further growth in all three regions (The Middle East, India and Asia Pacific) remain very positive. Membership has grown and as has the provision of consultancy and education services.

**Thank you**

None of these results would have been possible without the enthusiastic support of my fellow Directors, Council Members, staff and of course our internationally respected pool of surveyors.

The continuing support of Baxter Healthcare has been highly valued. The company has generously supported ACHS for more than two decades. We were delighted to acknowledge this achievement at the last Annual Dinner. Baxter sponsored a special award for Longstanding Service to Quality in Healthcare and the very worthy recipient was Ms Christine Gee, National President of the Australian Private Hospitals Association.

**Looking forward**

The year ahead should be very positive with a number of major advances both for patient safety and this organisation. Importantly, ACHS will commission an external survey of members and stakeholders to gather information on the organisation’s performance and the expectations of all stakeholders.

We look forward to your continuing support on the next stage of our quality journey.

“"The year ahead should be very positive with a number of major advances both for patient safety and this organisation.""
The ACHS accreditation programs provide a framework for members to improve the safety and quality of care and service. In order to achieve and maintain accreditation, our EQuIP members participate in a four-year cycle of quality improvement activities, culminating annually in either a 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 is managed by the Executive Director, Customer Services with the assistance of the Team Leader, Customer Services. Customer Services consists of four main areas:

1. Customer Services Managers (CSM)
2. Surveyor Bookings
3. Surveyor Workforce
4. Education and Support Service

1: Customer Services Managers

The Customer Services Managers are a valuable link between ACHS members, surveyors and various stakeholders. They are responsible for the promotion and management of services for existing and new members for ACHS quality improvement programs, such as EQuIP, Quality for Divisions Network (QDN) and Home and Community Care (HACC) reviews.

The Customer Services Team is responsible for implementing and operationalising accreditation processes in conjunction with other departments, for instance Business Services. Each Customer Services Manager supports member organisations and surveyors throughout the accreditation cycle. This is achieved by providing verbal, written (telephone, email, teleconferences and presentations) and onsite guidance and education throughout the accreditation cycle.

The Customer Services Managers are responsible for the coordination and management of the survey process, before, during and after the survey and also the Self-Assessment Feedback Reports. They finalise survey reports and accreditation outcomes, including supporting surveyors and organisations through pre-survey advice and education, advanced completion within 60 days surveys and reviewing survey reports. Self-Assessment Feedback Reports are also managed by the Customer Services Team, formally and informally, to ensure that organisations continue to be supported throughout the self-assessment process.

Contract management is another responsibility of the Customer Services Team. This includes reviewing organisation services and determining the size and types of surveyors for each survey. In these current times of States continuing to restructure health services, this especially poses many challenges for the CSM team.

In addition, the Customer Services Team make a valuable contribution to the review, updating and development of relevant documents and processes at the ACHS to ensure the ongoing success of accreditation processes. This includes the review of various policies and procedures, reports, Resource Tools, Guidelines and EQuIP Updates for members and surveyors on an ongoing basis as required.

Feedback provided by organisations on the Customer Service Managers from 1/07/07 to 30/6/2008

2: Surveyor Bookings

The Surveyor Bookings section, in consultation with CSM’s, matches the most appropriate surveyors to organisations to ensure the best survey outcomes. Evaluation data shows that in 2007, 90% of our members were ‘satisfied’ and ‘very satisfied’ with the service in this area.

The ACHS has reviewed the surveyor selection on surveys process in 2007 and 2008 to better achieve appropriate surveyors on each survey and to improve the efficiency of the process. This review is ongoing.

3: Surveyor Workforce

In 2008, the Customer Services Team made a submission to the International Society for Quality in Health Care (ISQua) for the ACHS Surveyor Training Program to be accredited. This has been successfully achieved and provides the ACHS with an excellent platform to continue to improve the programs and resources provided for surveyors.

ACHS Surveyor Workforce by experience and background

<table>
<thead>
<tr>
<th>Experience and Background</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>International</td>
<td>20</td>
</tr>
<tr>
<td>Administration</td>
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<tr>
<td>Allied Health</td>
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<tr>
<td>Consumer</td>
<td>14</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>96</td>
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<td>Nursing</td>
<td>144</td>
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</tbody>
</table>

Feedback provided by organisations on the Customer Service Managers from 1/07/07 to 30/6/2008

How satisfied or dissatisfied were you with the following support received from the ACHS?
The surveyor workforce consists of experienced, senior healthcare workers with recent and broad experience in healthcare. While there are a range of backgrounds within the surveying workforce, the ACHS is actively recruiting clinical surveyors to enable an increased focus on clinical areas in the standards, to be reflected in the surveying workforce. This includes nursing, medical and allied health clinicians. In 2007-2008, we attracted more clinical surveyors, specifically medical clinician surveyors through contacting medical colleges and improving the Continuing Professional Development (CPD) points system, advertisements in medical journal magazines and advertisements on the ACHS website. The recruitment process for clinical surveyors will be ongoing as the standards framework has a strong clinical component. During the reporting period, we have trained 20 medical clinicians, 16 clinical nurses, two allied health professionals and six international clinicians which is an increase compared to 2006-2007, when we trained 23 clinical surveyors. Retention strategies are currently being implemented to ensure that we are also able to continue to maintain our surveyor workforce.

As at 30 June 2008, our surveying workforce totals approximately 400 dedicated healthcare professionals. Of these, over half devote their time on a voluntary basis, 122 are paid an honorarium and are available more than ten days per year and 82 are paid Trained Coordinators. We also have one full-time surveyor employed directly by the 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 healthcare industry.

During the year, 93% of customers were ‘satisfied’ or ‘very satisfied’ with the cohesiveness of the survey team at the onsite survey. Below are some examples of satisfied organisation comments from the 2008 feedback forms:

“Extremely professional, was a great coordinator.”

“Could not ask for a better surveyor, experienced, common sense, great people skills.”

“Very systematic, supportive and planned.”

“Positive and constructive.”

### 4: Education for surveyors

Each year, the Customer Services Team coordinates education and training for all of our surveyors across Australia. Each active surveyor attends at least one full-day session of training per year. Topics have included EQulP 4 standards, accreditation processes, survey report writing, Not Applicable criteria, team building, EAT and HACC reviews to name just a few topics. The training days are performed to meet the surveyor learning and development needs and the programs change each year depending on surveyor and ACHS requirements.

Customer Services trains all new surveyors through a three-day induction program. In 2007/2008, we increased our induction program from two to three workshops and trained a total of 75 new surveyors, made up of 35 medical, 17 nursing and 21 administrators and two allied health professionals. The induction groups continue to include international health professionals.

The aim of the induction program is to ensure surveyors understand the role of the surveyor, the ACHS, the EQulP 4 standards, how to be part of a team and to be able to verify evidence. The new surveyors take part in a mentor program where they are a trainee first and are evaluated prior to being able to survey officially 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 expectations.

In addition, training has been provided to surveyors selected to conduct HACC reviews. This consisted of providing teleconferences to surveyors and a training manual specifically for Home and Community Care (HACC) reviews. Education needs will be continually monitored for the duration of the project.

Other achievements for the surveyors included the Customer Services Team reviewing and updating the Surveyor Pocket Guide for surveyors. This is a valuable resource for surveyors on survey.

**In addition to the above activities, the Customer Services Team is responsible for and has been involved in the following projects:**

**BreastScreen**

The ACHS successfully tendered and completed BreastScreen two-day site visitor training across Australia. This was an inaugural program based on the ACHS surveyor education model. Approximately 75 site visitors and consumers were trained by an external facilitator in conjunction with ACHS staff.
State Advisory Committees

Each year, the Customer Services Team coordinates the State Advisory Committees in each State. These take place twice per year in each state. The State Advisory Committee provides support and assists the ACHS by participating in consultations with the 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 resource to review these issues. Membership includes surveyors, EQuIP members and other jurisdictional stakeholders. This year we have successfully run 12 meetings from September, 2007 to February, 2008.

Trained Coordinators

One of the aims at the ACHS is to provide a Trained Coordinator for every survey. We have achieved a 100% rate of trained coordinators on all surveys during the past 12 months for the purpose of increasing reliability. This system 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. Due to restructuring among some member organisations into larger areas, we have also worked to provide new survey team configurations on our largest surveys to date to meet organisation expectations.

Home and Community Care – HACC

The ACHS has been appointed to assess compliance with Home and Community Care (HACC) Standards and Criteria for an initial two-year period. This review program forms part of the implementation of the HACC Standards in Victoria. This has resulted in an organisation’s HACC Review being conducted at the same time as an organisation’s Organisation-Wide Survey or Periodic Review.

By conducting the EQuIP Survey at the same time as the HACC review, the information for the EQuIP Survey will be readily available for the HACC review also. The aim therefore is to reduce the burden on organisations of two separate surveys.

Evaluation of the pilot HACC reviews provided good positive feedback and some suggestions for improvement. Ongoing evaluation continues.

Feedback received from participating organisations has been very positive as demonstrated in this email sent from Saint John of God in Ballarat, Victoria:

“ I would like to take this opportunity to thank you for all the assistance we received leading up to the survey as well as request you pass on my thanks to the assessors here on the day. As well as undertaking a thorough assessment they have given us a lot of useful hints for improving our service. ”

Private Organisations not required to be licensed

Over 2007/2008, the Customer Services Team continues to work with private organisations not required to be licensed in the implementation of the ACHS additional requirements for these organisations.

International Experience

As part of ongoing ACHS International activities, the ACHS continues to train international surveyors.

During the past year, the ACHS trained surveyors from Hong Kong, India, Kingdom of Bahrain and Kingdom of Saudi Arabia. So far a number of international surveyors have attended their training survey at organisations within and outside Australia. We continue to assist Quality Healthcare New Zealand with specialised surveyors for their surveys.

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

Outlook for 2008-2009

Over the next year, one of the key projects that the Customer Services Team will be continuing to work on is the HACC reviews. As this is a project that will be completed in early 2010, the team will be keen to ensure the ongoing success of the project.

We are also focused on ensuring as far as practical, that the costs of providing our members services are contained and the programs accreditation are 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 actions sometimes required after an onsite survey.

Diagnostic Imaging Accreditation Project

The ACHS has been successful in a tender to accredit Diagnostic Imaging practices across Australia. This project commenced late May/June 2008. Organisations were required to register with the ACHS by 30 June, 2008. The next step is to proceed with the actual accreditation of practices.

Education and support service

An annual program of education calendar workshops is offered for our members. Topics include:

- Applying the EQuIP 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 2007/08

- The Early Bird registration system for workshops was successful with 641 people taking advantage of the reduced rate for registration. This represented 49.8% of total registrations.
- Web marketing of programs on demand included previous registration numbers. Workshop evaluations have indicated that accessing this information has become increasingly popular.
- Email promotion of programs designed for specific target audiences provided a quick information source about calendar modifications. Hotlinks also prompted readers on upcoming dates. Responses have indicated that this is a useful service.
- A strong EQuIP 4 program focus continued to increase knowledge of EQuIP. Most organisations have participated in at least one EQuIP phase, e.g., Beyond MA, Clinical Audit.
- Regular demand shows increased interest in honing skills in Self Reporting and use of the Electronic Assessment Tool (EAT).
- There has been continued involvement of surveyors in education using their breadth of knowledge and tips for reportage which is highly valued. They have included: Patient Record audit (led by Marilyn Sneddon), Patient Safety (led by June Graham), Muddle to Mastery (led by Wes Carter), Policy and Policy Management (led by Therese Caine).
- Programs for experienced quality coordinators and executives have included:
  1. From Quality Manager to Quality Consultant workshop which was facilitated in two capital cities and is currently being rolled out to other states. This workshop was well evaluated and considered by one attendee as essential education for quality coordinators.
  2. Evidence Based Quality and Safety Improvement workshop run in five major capital cities.
  3. Executive Masterclasses run in three major capital cities on the topic Managing for quality – aligning your organisational efforts.
- All programs can be modified for onsite application. One organisation chose this option for an in-house Masterclass, which was highly successful. Most valuable component is the exposure to current literature and how it relates to Australian health applications.
- Web resources have been expanded to include links to evidence-based practice sites and documents.

New initiatives in 2007-8

- Facilitation of pre-survey consultations.
- Curriculum to improve knowledge and use of Clinical Indicators.
- Increased focus on safety and use of evidence-based literature for both surveyor and member groups.

Table 1: Number of ACHS Workshops by State – July 2007 to June 2008

<table>
<thead>
<tr>
<th>State</th>
<th>Number of calendar workshops</th>
<th>Number of attendees at workshops</th>
<th>On-sites</th>
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<tbody>
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<td>Total</td>
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Table 2. EQuIP 4 Educational Activities July 2007 to June 2008

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<tr>
<th>Calendar workshops</th>
<th>No. of events</th>
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<tr>
<td>Basic Skills for Quality Coordinators</td>
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<tr>
<td>Beyond MA Rating for Mandatory Criteria</td>
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<td>109</td>
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<td>Clinical Governance</td>
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<td>Common Faults in Risk Management Systems – A Guide to Trouble Shooting</td>
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<td>Corporate Governance</td>
<td>1</td>
<td>10</td>
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<tr>
<td>EAT and Self Assessment Reporting</td>
<td>4</td>
<td>45</td>
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<tr>
<td>EQuIP 4 for Non Clinicians</td>
<td>3</td>
<td>34</td>
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<tr>
<td>Evidence Based Quality and Safety Improvement</td>
<td>5</td>
<td>71</td>
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<tr>
<td>Food Safety</td>
<td>2</td>
<td>16</td>
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<tr>
<td>From Muddle To Mastery</td>
<td>2</td>
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<tr>
<td>From Quality Manager to Quality Consultant</td>
<td>2</td>
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<td>Governance and the Clinical Function</td>
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<td>Governance and the Support and Corporate Functions</td>
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<tr>
<td>Infection Control</td>
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<td>Medical Record Audit</td>
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<td>Patient Safety</td>
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<td>Patient Safety, Humanity and Compassion – the Path to Health Leadership</td>
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<td>Self Assessment and Preparation for Survey</td>
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<td>The Management of Blood and Blood Products</td>
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<td>Toward Clinical Excellence</td>
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<td>Using Clinical Indicator Data</td>
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<td>Total</td>
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The major areas of responsibility of the ACHS Development unit is to develop and review ACHS Standards and Standards management programs, to monitor and measure member organisation performance and research accreditation and quality improvement processes both nationally and internationally.

A key activity of the Development Unit is to participate in industry consultations and discussion papers on behalf of the ACHS and to assist government and stakeholders in the formulation of strategy and policy. The Development Unit assists the ACHS to further its goals in promoting healthcare standards and quality by representation at industry conferences, seminars, workshops and committees.

The Development Unit has three distinct areas of service:

- Performance and Outcomes Services
- Standards and Program Development
- Research

**Standards and Program Development (SPD)**

The major area of focus for the SPD during 2007 / 2008 was the completion of the Review of the National Standards for Mental Health Services undertaken on behalf of the Commonwealth Department of Health and Ageing.

The principles for this 18-month project were aligned with the Commonwealth’s National Mental Health Strategy and guided by an external steering group whose membership was drawn from government jurisdictions, private sector representatives and relevant stakeholders such as consumers, carers, surveyors and healthcare professionals.

The revised set of National Standards for Mental Health Services was recommended to the Commonwealth Department of Health and Ageing for their consideration in May, 2008.

In addition to the review of the National Standards for Mental Health Services during 2007/2008, the SPD developed two supporting resource tools for the ACHS EQuI P program – the Risk Management and Quality Improvement Handbook and A Clinician’s Guide.

**Accreditation Scheme for Practices Providing Diagnostic Imaging Services**

In May 2008, the ACHS was one of four organisations selected through a tendering process by the Commonwealth Department of Health and Ageing to provide accreditation services for Stage One of the Accreditation Scheme for Practices Providing Diagnostic Imaging Services.

Stage One of the Accreditation Scheme involves the registration by all diagnostic imaging services with one of the selected accreditation agencies, such as the ACHS. Those registered with the ACHS will undergo a desk-top audit process to ensure their practices comply with accreditation requirements determined by the Commonwealth, until 2009 and 2010.

**Research**

In line with ACHS strategic goals, participation in and seeking promotional opportunities for research into quality improvement and accreditation processes are a major focus for the Development Unit.

**Research Advisory Panel**

To assist in the formulation of a productive and appropriate research strategy, the ACHS established its Research Advisory Panel in 2005. Nine distinguished researchers are currently appointed to the panel as well as the Executive Director, Development and the Executive Director, Customer Services. The panel is scheduled to meet twice each year and reports to the ACHS Chief Executive. The panel is co-chaired by Professor Jeffrey Braithwaite and the Executive Director, Development.

At its meeting in March 2008, the Research Advisory Panel recommended two potential areas of interest to further develop research into accreditation and advised future possible avenues in which to seek collaboration with relevant partners.

**Members of the ACHS Research Advisory Panel 2007/2008**

- Dr Rosalie Boyce
- Professor Jeffrey Braithwaite (Co-chair)
- Professor Don Campbell
- Associate Professor Bob Gibberd
- Ms Darlene Hennessy (Co-chair, ACHS Executive Director, Development)
- Mr Brian Johnston (ACHS Chief Executive)
- Ms Heather McDonald (ACHS Executive Director, Customer Services)
- Professor Sandy Middleton
- Ms Sally Nathan
- Dr Sue Phillips
- Professor Sally Redman
- Professor Bill Runciman
The Australian Research Council project researching accreditation
During 2007/2008, the Australian Research Council funded a project to research accreditation, which was a collaboration between the ACHS, Ramsay Healthcare and the University of NSW’s Centre for Clinical Governance Research. Results show a significant relationship between accreditation performance and organisational culture and leadership and a trend relationship between accreditation performance and organisational climate and clinical performance.

Published papers on these findings included five academic reports, two articles submitted to peer reviewed journals, seven conference presentations and 19 seminar presentations.

POS Key Project areas and Outlook 2008/2009
The role of the Performance and Outcomes Service (POS) is to coordinate the development, collection, collation, analysis and reporting of the ACHS Clinical Indicators. It provides comparative information on the processes and outcomes of healthcare in Australian and New Zealand based healthcare organisations. Data are aggregated and analysed twice yearly and the results are provided in the form of comparative reports. These reports compare results across all contributing organisations as well as providing a comparison with ‘peer’ organisations based on a number of variables. Each participating organisation’s report identifies their own level of performance with the average level of performance of all organisations and their peer organisations.

Participation in the Clinical Indicators is not mandatory, however ACHS’s EQuIP program has a number of mandatory criteria in which healthcare organisations need to demonstrate that they are evaluating and improving their quality of care. The Clinical Indicators Program allows organisations to benchmark their performance against a national clinical data set.

Review of Indicator Sets
The Performance and Outcomes Service coordinated the review and release of three revised indicator sets in January 2008 including Obstetrics, Pathology and Rehabilitation Medicine. The development and review of indicators are led by the Australian and New Zealand medical colleges, associations and societies. There is a formal process for the development of review of Clinical Indicators which is endorsed by the ACHS Board.

Australian Accreditation Research Network Project
In May 2007, the ACHS received funding from the Department of Health and Ageing (Australian Government) to assist in the identification of future areas of research in to accreditation.

In partnership with the Centre for Clinical Governance Research, University of NSW, the ACHS conducted a workshop in Sydney in August, 2007. The workshop was attended by 27 stakeholders, representing health consumers, academics, researchers, accreditation service providers, representatives from administrative jurisdictions, representatives of Commonwealth, State and Territory governments and the Australian Commission on Safety and Quality in Health Care. A report identifying 12 inter-related areas of research focus was forwarded to the Department of Health and Ageing in September, 2007.

Web-Based Performance Indicator Reporting Tool (PIRT)
The Web-Based Performance Indicator Reporting Tool (PIRT) is the ACHS-developed application provided to organisations that participate in the Clinical Indicators Program. The program was developed as a CD-ROM based application but the first half of 2008 saw the development of a web-based delivery platform for PIRT which will be piloted in the second half of 2008 with a launch planned for January, 2009. The web-based delivery platform will enhance the current service offered to members of the Clinical Indicators Program.

Membership
Membership of the Performance and Outcomes Service has been steadily growing. ACHS currently has over 700 active members participating in the program across Australia and New Zealand. Approximately 55 percent of members are public sector organisations and the remaining balance is from the private sector.

Individual Hospital Trend Reports
Since 2005, ACHS has been providing member organisations with a more detailed, trended report of their indicator results. In the latest report, distributed in the first half of 2008 to over 600 members of the program, indicator results were provided for the period 2001 through to 2006. The report provides an analysis of where an organisation’s results are statistically significantly different from the average rate over a six-year period. The report was sent to the Chief Executive Officer of each member organisation and encouraged them to distribute the report to relevant department heads and to use it to identify areas of clinical care that may need review or improvement.
The Corporate Services division covers a multitude of operational functions that are central to effective support and efficient delivery of services to our customers. These include financial management, information technology, business support services and business development.

Key achievements of this division over the past year are:

- Strategic management of information systems
- Contributions to the research agenda
- Safe and comfortable working environment
- Appropriate internal controls - an unqualified external audit report.

Information Technology (IT)

The reliance on business-critical information and the importance of protecting irreplaceable data has become a more visible business priority in recent years. This is especially evident in information technology, with most companies relying on their computer systems as critical infrastructure in their business.

An IT strategy and plan was developed for the next three years to meet the internal and external needs of the ACHS. The planning process identifies and prioritises the needs of the ACHS, the units and individuals.

The plan considered:

- The internal and external environment
- Technology presently available and required for future developments
- The principles of information management
- Data and information required to support strategic and business planning and implementation
- Education and research
- Quality monitoring and improvement

Financial Management

The financial management unit is responsible for timely and accurate reporting and the efficient processing and management of financial activities. The business planning process provides planning and budgeting principles for unit managers to ensure a consistent, organisation-wide approach and is supported by key objectives for the period, quality improvement activities and key performance indicators.

The consolidated net profit for the year ended 30 June, 2008 of the $79K shows a favourable variance of $12K when compared to the budget review of $67K.

Website

The website is extensively used to communicate important quality initiatives and events, to customers, surveyors and the general industry. Applications for registration to access specific areas continue to grow. The ACHS Board section of the site has been updated and enhanced to be more user-friendly.

Electronic Assessment Tool (EAT)

The Electronic Assessment Tool is a software application used by member organisations to capture the quality initiatives and progress against the accreditation standards. In the year 2007/2008, EAT celebrated its 10th anniversary since inception.

In 2006, the latest version, EAT 4 was developed as a web-based application. Despite a difficult initial period, enhancements are continually made to support more than 2000 users. Based on user feedback, enhancements included the availability of smart client technology for users to work off-line, detailed user manuals and additional personnel for support.

Performance Indicator Reporting Tool (PIRT)

PIRT is a Windows-based application provided to organisations that participate in the Clinical Indicator Program. The tool is used to capture and submit Clinical Indicator data.

Development of the first stage of a web-based application has been completed and pilot tested. The functionality and access will be similar to the web-based EAT. Planning on the second stage of development which will include graphical display of results is in progress.
**Business Services**

The Business Services division is made up of three groups that are central to providing support for efficient and effective business processes:

1. Business Support Services provides support services to international business development, extraction and analysis of data, reporting on organisation-wide key performance indicators and IT support to members and surveyors.
2. Accreditation Administration Services provides support services for ACHS accreditation programs.
3. Education Administration Services provides support services for the delivery of education workshops and consultancies.

Key initiatives for the units over the past year included:

- Development and delivery of education for members and surveyors on the newly launched web-based EAT 4 and the supplementary smart client application.
- Development and delivery of education for Quality Health New Zealand on implementation of business support services and the web-based EAT.
- Audit on data integrity relating to membership fields in the ACHS database.
- Review of all business processes to ensure currency and that areas of potential risk are well managed.

**Corporate Services Activities**

Other activities in 2007/2008 included:

- Workplace environment
- Occupational Health and Safety Committee Compliance training
- Employee development and training

In-house computer-based training programs are available to all ACHS staff, who are also encouraged to identify other training needs at all staff meetings or submit requirements via the Electronic Quality Monitoring Tool.

At monthly staff meetings, new initiative was introduced where staff presented information about their department regularly. This enabled ACHS staff to develop their presentation skills and ensured other staff understood the various roles within the organisation.

**Group trainee program**

As at 30 June, 2008, three trainees completed their 12 month traineeship program in the period. Of these, two were offered and accepted full-time positions with the ACHS.
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.

**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 behaviors 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 directors.

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 every two years.

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 2007/2008 the SAC meetings were very successful. SAC members join the councillors at twice yearly meetings to ensure that there is a dynamic mix of ideas and representation for the combined meeting.

**Structure of the Board**

The experience and areas of expertise of each member of the Board is set out on page 30-31.

The ACHS Board consists of 12 representatives voted on at the Annual General Meeting in November by the ACHS Council. The ACHS Council includes 33 representatives for consumers, peak health industry bodies and governments from 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 withdraw from the relevant discussion.

**Annual General Meeting: November 2007**

Dr Michael Hodgson AM, was re-elected as the President. Dr Hodgson AM, 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.

Dr Hodgson AM has led the development of the revised accreditation standards (EQuIP4) which were applied from the beginning of 2007.

Dr Noelia Whittley AM, Chair of Australian General Practice Accreditation Limited (AGPAL), who represents the Royal Australian College of General Practitioners on the Council, stepped down 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 elected as the Vice-President. Mr John Smith, PSM, one of three Councillors representing the Australian Hospitals and Healthcare Association, was elected Treasurer.

**Internal committees and guiding policies**

Our internal Occupational Safety and Maintenance 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.
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 sub-committee of the ACHS Board and takes its direction from and advises the Board on all matters relating to standards. The President of the ACHS is ex officio a member of the Standards Committee and reports recommendations made by the committee directly to the Board.

The Standards Committee plays a significant role within the governing structure of the ACHS providing expert independent guidance and direction in the development of new standards and programs. The Committee also oversees the development of resources and support material for ACHS programs and provides guidance on any proposed amendments to resources through an editorial sub-committee.

Membership of the Standards Committee is drawn from across the healthcare industry and includes consumers, administrators, quality coordinators, clinicians and allied health professionals. The committee membership includes key members of the ACHS executive team including the Chief Executive, the Executive Director Customer Services and Executive Manager-Development.

The committee Chair is ACHS Councillor, Ms Helen Dowling who has been a member of the committee since 2004. The chair of the editorial sub-committee is Dr Philip Hoyle.

During 2007/2008 the Standards Committee endorsed the introduction of the Risk Management and Quality Improvement Handbook and provided guidance in the development of the EQuIP 4 Clinicians Guide. The Standards Committee also evaluated the amendments to the EQuIP 4 Guide for implementation in to New Zealand by Quality Health New Zealand. The recommendation from the Standards Committee to the ACHS Board to endorse an ACHS EQuIP 4 set of standards for use in New Zealand was accepted on February 2008.

The ACHS acknowledges the contributions made by Ms Jenni Smith (appointed 1999), Mr Phillip Goulding (appointed 2004) and Ms Ann Thomson (appointed 2005) who have stepped down from their role on the committee. During their incumbency, Ms Jenni Smith, Mr Phillip Goulding and Ms Ann Thomson contributed to the development of the EQuIP 4 program and standards. Mr Michael Burge was appointed to the committee as a consumer representative November 2007.

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<tr>
<th>Membership of the Standards Committee 2007/2008</th>
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<tbody>
<tr>
<td>Dr Michael Hodgson AM, (Chair 2001-2006)</td>
<td>TAS</td>
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<tr>
<td>FAMA, MBBS (Qld), FANZCA, FRCA, AFCHSE</td>
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<td>ACHS President, ACHSI President, ACHSI Standards Committee Chair</td>
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<tr>
<td>Mrs Helen Dowling (Chair 2006-)</td>
<td>NSW</td>
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<tr>
<td>BPharm, Dip Hosp Pharm (Admin), Grad Dip QI Hlth C, CHP, FSHP, AICD</td>
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<td>ACHS Councillor</td>
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<td>Mrs Jackie Bullock</td>
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<td>RN, BA (Govt Studies) Ecowan</td>
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<tr>
<td>Mr Michael Burge</td>
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<tr>
<td>Ms Margo Carberry</td>
<td>NSW</td>
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<tr>
<td>Associate Professor Brett Emmerson</td>
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<tr>
<td>MB BS (Qld), MHA (NSW), FRANZCP, FRACMA</td>
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<tr>
<td>Mr Phillip Goulding (2004-2007)</td>
<td>VIC</td>
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<tr>
<td>SRN, BBA, Grad Dip BA, MBL, AFCHSE</td>
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<td>Dr Philip Hoyle</td>
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<td>MB BS, MHA, FRACMA</td>
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<tr>
<td>Ms Leith MacMillan</td>
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<tr>
<td>Ms Sue McKean</td>
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<tr>
<td>MHSc (Risk Management), Grad Dip (OHS), Dip OHS</td>
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<tr>
<td>Ms Alison McMillan</td>
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<tr>
<td>RN, BEd, MBA</td>
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<tr>
<td>Ms Jenni Smith (1999-2007)</td>
<td>VIC</td>
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<tr>
<td>BApp Sc (Pthy), Grad Dip Physiotherapy (Research)</td>
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<tr>
<td>Ms Ann Thomson (2005-2007)</td>
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<td>BA Hons, Dip Ed, MA</td>
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<tr>
<td>Mr Stephen Walker</td>
<td>SA</td>
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<tr>
<td>As.Dip.Eng., BBUS, Grad Dip ACC, AICD, AFACHSE</td>
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* ACNS Councillor
A Meetings held during the period of office of the member
B Meetings attended by the member

The Standards Committee Chair is ACHS councillor
Ms Helen Dowling
Corporate Governance

ACHS BOARD OF DIRECTORS

Representing consumers, governments and the Australian health care industry.
As at 30 June 2008

Dr Michael Hodgson AM
(President)
FAMA, MBBS (Qld), FANZCA, FRCA, AFCHSE

Associate Professor Peter Woodruff
(Vice-President)
MBBS, ChM, FRCS, FRACS, FACRS

Dr Noela Whitby AM
MBBS (Qld), Grad Dip HumNut, DPD , FRACGP, FAICD

Mr John Smith PSM
MHA, Grad Dip HSM, AFACHSE, CHE, FAHSFMA, AFAHRI, AFAIM, FHFM, FAICD

Ms Karen Jane Linegar
RN, RM, Ba AppSc. (Nursing), MHA, Dip. Comm. Law, JP, FRCA

- Board member since 1999
- Board member – ACHS International, 2005–present
- President since 2005
- Chair ACHS Standards Committee 2001–2006
- Member of Working Group Clinicians Guide to EQuIP, 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), 2003–2007
- 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

- Board member since 2002
- Vice-President since 2007
- Board member – ACHS International, 2008
- ACHS National Advisory Committee Chair, 2002–2003
- Chairman and Director of Vascular Surgery, Princess Alexandra Hospital, Qld, 2003–present
- Vice President, Royal Australasian College of Surgeons, 2003–2005
- Honorary Treasurer, Royal Australasian College of Surgeons, 2000–2002
- President, Australian and New Zealand Society for Vascular Surgery, 2006–present
- Court of Honour Royal Australasian College of Surgeons

- ACHS Board Member since 2005
- Chief Executive Officer, West Wimmera Health Service
- National Councillor–Australian Healthcare and Hospitals Association 2000–current
- Director Victorian Healthcare Association 1997–2004
- Board Member, The Victorian Hospitals Association Limited 1994–current

- Vice-President 2005–2007
- Board member – ACHS since 2000
- Board member – ACHS International, 2006–present
- 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
- Fellow of the Australian Institute of Company Directors

- Board member ACHS 2004–present
- Councilor ACHS 2004–present
- Director of Nursing, North West Regional Hospital, Burnie 1994–current
- 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–current
- Chair, ACHS Tasmanian Advisory Committee 2005–current

Attendance at ACHS Board Meetings July 2007–June 2008

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<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Michael Hodgson AM</td>
<td>9</td>
<td>8</td>
<td>Mr Michael Roff</td>
<td>9</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Karen Linegar</td>
<td>9</td>
<td>7</td>
<td>Mr John Smith PSM</td>
<td>9</td>
<td>9</td>
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<td></td>
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<tr>
<td>Ms Kae Martin</td>
<td>9</td>
<td>6</td>
<td>Dr Dana Wainwright</td>
<td>9</td>
<td>6</td>
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<tr>
<td>Mr Russell McGowan</td>
<td>9</td>
<td>9</td>
<td>Mr Stephen Walker</td>
<td>9</td>
<td>6</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dr Len Notaras AM</td>
<td>9</td>
<td>9</td>
<td>Dr Noela Whitby AM</td>
<td>9</td>
<td>7</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dr Robert Porter</td>
<td>9</td>
<td>8</td>
<td>A/Prof Peter Woodruff</td>
<td>9</td>
<td>7</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

A Meetings held during the period of office of the Board Member
B Meetings attended by the Board Member
• ACHS Board Member since 2003
• Executive Director, Service Development, Central Northern Adelaide Health Service, 2004–present
• Director, Acute Care & Clinical Services, SA Department of Health, 2000–2004.

Mr Russell McGowan
BA (Adelaide)

• ACHS Board Member and consumer surveyor since 2001
• ACHS 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.

Ms Kae Martin
RN, RM, BHSc(Nursing), MHA, LLB, ACHSE

Dr Len Notaras AM
AFCHSE, LLB, BA (Hons), DipComm, BMed, MHA, MA.

• ACHS Board Member since 2002
• ACHS 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
• Council Member National Council for Safety and Quality in Healthcare, 1999–2006
• 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.

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.

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.

Dr Dana Wainwright
MBBS, FRACP

• ACHS Board Member since 2003
• V.M.O. Royal Brisbane Hospital
• Chair, AMA Federal Council 2003–present
• Chairman of Medical Staff Association Royal Brisbane Hospital 2006–present.

Mr Stephen Walker

• ACHS Board Member since 2003
• 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.
I wish to acknowledge on behalf of the Board, staff and the wider ACHS community the enormous contribution made by the retiring ACHS President, Dr Michael Hodgson AM.

Dr Hodgson has been a tireless and passionate supporter of quality and safety in Australian healthcare.

In addition to his distinguished career as a consultant anaesthetist, Dr Hodgson has made an outstanding and lasting contribution through his membership and leadership of numerous professional health bodies. These include:

- ACHS Council member representing the Australian Medical Association (AMA) since 1996
- ACHS Board member since 1999 and President since 2005
- Chair of the ACHS Standards Committee 2001 – 2006
- Member of the Australian Medical Council (AMC) since 1999 and Chair of the Joint Medical Boards Advisory Committee since 2003
- President of the Medical Council of Tasmania since 1999
- Chair of Postgraduate Medical Institute of Tasmania since 1997
- Past President of the Tasmanian Branch of the Australian Medical Association (AMA)
- Past member of the AMA Executive Committee
- Past President of the Australian and New Zealand College of Anaesthetists
- Past President of the Australian Society of Anaesthetists
- Past member of the Board of Management of Royal Hobart Hospital.

On behalf of ACHS, I congratulate Dr Hodgson on his achievements and trust he will continue to play a leading role in the evolution of healthcare standards in Australia.

Associate Professor Peter Woodruff
Vice President

As at 30 June, 2008
Our Council represents consumers, government 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.

2007/2008 ACHS Council members, their qualifications and bodies represented were:

- **Ms Jennie Baker**
  BHS(Mgt), BBus(Pfi), MLegSt, MIR, FCHSE, CHE
  The Australian College of Health Service Executives
  (appointed 03/08)

- **Mr Richard Bartlett**
  BA(Hons) PhD, GradDipIT
  Commonwealth Department of Veterans’ Affairs

- **Mr Ken Campbell**
  BSc (Chem Econ) RN GDip Prof Management AFCHSE
  Department of Health and Human Services, Tasmania

- **Mr Trevor Canning**
  BHA, CPA, FACHSE
  Australian College of Health Service Executives
  (resigned 12/2007)
Dr Margaret Cowling
MBBS/Adel, FRANZCA, FANZCA
Australian and New Zealand College of Anaesthetists

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

Dr Paul Devenish-Meares
MBBS (Qld), FRANZCOG, FRCOG
Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Ms Helen Dowling
BPharm, Dip Hosp Pharm, Grad Dip in HCare, CHP, FSHP, AICD
Health Professions Council of Australia

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

Ms Tanya Gawthorne
BSc, Grad Dip Publ Hlth, Masters App. Epi
Department of Health, Western Australia

A/Prof Deborah Green
BSocStud
Australian Healthcare and Hospitals Association

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

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

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

Ms Karen Linegar
RN, RM, Ba AppSc (Nursing), MHA, Dip Comm. Law, JP, FRCNA
The Royal College of Nursing

Professor Katherine McGrath
MB BS FRCPA MACMA
NSW Health
(resigned 12/2007)

Dr Sally McCarthy
MBBS, FACEM, MBA
Australian College for Emergency Medicine

Dr Peter McGeorge
GBS, MChB, FRANZCP
Royal Australian and New Zealand College of Psychiatrists
(resigned 08/2007)

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(c) (Nursing), MHA, LLB, ACHSE
Department of Human Services, South Australia

Dr Jon Mulligan
(Appointed life member 11/2007)

Dr Leonard Notaras AM
AFCHSE, LLB, BA(Hons), Dip Comm, 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
FAAOHC
The Australasian Association for Quality in Health Care

Dr Paul Scown,
MBBS(Qld), BHA(NSW) FRACMA, AFCHSE, CHE
Australian Healthcare Association

Mr John Smith PSM
MHA, Grad Dip HSM, AFACHSE, CHE, FAHSFMA, AFAHRM, AFAIM, FHFM, AFAICD
Australian Healthcare Association

Dr Dana Wainwright
MBBS, FRACP
Australian Medical Association

Mr Stephen Walker
AsDipEng, BBus, Grad Dip Acc, AICD, AFCHSE
Australian Private Hospitals Association

Dr Noel Whitby AM
MBBS (Qld), Grad Dip Hum Nut, DPD, FRACGP, FAICD
Royal Australian College of General Practitioners

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

A/Prof Woodruff
MBBS, CM, FRCS, FRACS, FACS
Royal Australasian College of Surgeons

Dr Choong-Siew Yong
MBBS, FRANZCP, Cert CapS
Australian Medical Association

3 Resigned
2 Appointed

3 Nominations pending as at 30 June 2008:
  ➔ NSW Health
  ➔ Royal Australasian College of Physicians
  ➔ Royal Australian and New Zealand College of Psychiatrists
The Board of Directors of The Australian Council on Healthcare Standards Limited in office at the date of this report presents the results of The Australian Council on Healthcare Standards Limited and its controlled entity for the financial year ended 30 June 2008.

The names of the members of the Board in office during the reporting year are:
- Dr Michael Hodgson
- 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
- 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.

**Company 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 dedicated to improving the quality of health care in Australia through continual review of performance, assessment and accreditation.

There was no significant change in the nature of the Council’s activities during the 2007/2008 period.

**Operating results**

The consolidated net profit for the financial year ended 30 June 2008 before extraordinary items was $78,798. 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 2008 was $8,952,627 compared to $8,228,140 in the previous year. The favourable variance compared to last year is attributed to:

- Membership fees
- Projects

During the year a wholly-owned subsidiary, ACHS International Pty Ltd, continued its focus on strategic markets: the Middle East, India and Hong Kong.

In addition, a number of organisations are in the process of preparing for accreditation survey. While activities have been slower than anticipated, the outlook for 2009 is positive.

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.

Auditors independence declaration
The auditor’s independence declaration for the year ended 30th June 2008 has been received and can be found directly below the directors’ report.

On behalf of the Directors

Dr Michael Hodgson
President

John Smith
Treasurer

Sydney – 25th day of September 2008

Auditor’s independence declaration
Auditor’s independence declaration under section 307C of the Corporations Act 2001 to the Directors of Australian Council on Healthcare Standards Limited and controlled entities

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 2008 there have been:

- no contraventions of the auditor independence requirements as 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
Level 6
379 Kent Street
SYDNEY NSW 2000

S A HOLLIER
Partner
Sydney – 26th day of September 2008
### Income Statement

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Sales revenue</td>
<td>2</td>
<td>8,952,627</td>
<td>8,228,140</td>
<td>8,570,069</td>
<td>7,960,457</td>
<td></td>
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<tr>
<td>Cost of sales</td>
<td></td>
<td>(3,323,105)</td>
<td>(3,063,334)</td>
<td>(3,111,900)</td>
<td>(2,873,530)</td>
<td></td>
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<tr>
<td>Gross profit</td>
<td></td>
<td>5,629,522</td>
<td>5,164,806</td>
<td>5,458,169</td>
<td>5,086,927</td>
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<tr>
<td>Other revenues from ordinary activities</td>
<td></td>
<td>520,300</td>
<td>381,813</td>
<td>455,028</td>
<td>334,413</td>
<td></td>
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<tr>
<td>Marketing, promotional &amp; publication expenses</td>
<td></td>
<td>(153,876)</td>
<td>(173,575)</td>
<td>(44,318)</td>
<td>(64,288)</td>
<td></td>
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<tr>
<td>Occupancy expenses</td>
<td></td>
<td>(106,705)</td>
<td>(118,577)</td>
<td>(106,705)</td>
<td>(118,577)</td>
<td></td>
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<tr>
<td>Administration expenses</td>
<td></td>
<td>(879,814)</td>
<td>(950,564)</td>
<td>(867,185)</td>
<td>(910,168)</td>
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<tr>
<td>Human resources expenses</td>
<td></td>
<td>(4,334,993)</td>
<td>(3,845,877)</td>
<td>(4,333,905)</td>
<td>(3,845,877)</td>
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<tr>
<td>Depreciation</td>
<td></td>
<td>(281,058)</td>
<td>(271,036)</td>
<td>(281,058)</td>
<td>(271,036)</td>
<td></td>
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<tr>
<td>Other expenses</td>
<td></td>
<td>(314,578)</td>
<td>(177,201)</td>
<td>(244,388)</td>
<td>(177,201)</td>
<td></td>
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<tr>
<td>Profit from operation</td>
<td></td>
<td>78,798</td>
<td>9,789</td>
<td>35,638</td>
<td>34,193</td>
<td></td>
</tr>
<tr>
<td>Retained profit/(loss) at the beginning of the year</td>
<td></td>
<td>729,768</td>
<td>719,979</td>
<td>734,505</td>
<td>700,311</td>
<td></td>
</tr>
<tr>
<td>Retained profit at the end of the financial year</td>
<td></td>
<td>808,566</td>
<td>729,768</td>
<td>770,143</td>
<td>734,504</td>
<td></td>
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</tbody>
</table>

### Balance Sheets

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>4</td>
<td>2,989,233</td>
<td>1,740,922</td>
<td>2,815,140</td>
<td>1,740,003</td>
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<tr>
<td>Trade receivables</td>
<td>5</td>
<td>1,514,011</td>
<td>1,472,421</td>
<td>1,506,511</td>
<td>1,408,281</td>
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<tr>
<td>Total current assets</td>
<td></td>
<td></td>
<td>4,503,244</td>
<td>3,213,343</td>
<td>4,321,651</td>
<td>3,148,284</td>
</tr>
<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant &amp; equipment</td>
<td>6</td>
<td>477,424</td>
<td>553,190</td>
<td>477,424</td>
<td>553,190</td>
<td></td>
</tr>
<tr>
<td>Land &amp; building</td>
<td>7</td>
<td>2,629,169</td>
<td>2,713,424</td>
<td>2,629,169</td>
<td>2,713,424</td>
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<tr>
<td>Intangible assets</td>
<td>8</td>
<td>1,230</td>
<td>1,844</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Investments</td>
<td>9</td>
<td>2,837</td>
<td>2,609</td>
<td>2,837</td>
<td>2,609</td>
<td></td>
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<tr>
<td>Total non-current assets</td>
<td></td>
<td></td>
<td>3,110,660</td>
<td>3,271,067</td>
<td>3,109,430</td>
<td>3,269,223</td>
</tr>
<tr>
<td>Total assets</td>
<td></td>
<td></td>
<td>7,613,904</td>
<td>6,484,410</td>
<td>7,431,081</td>
<td>6,417,507</td>
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<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade payables</td>
<td>10</td>
<td>1,429,375</td>
<td>994,669</td>
<td>1,404,375</td>
<td>979,669</td>
<td></td>
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<tr>
<td>Provisions</td>
<td>11</td>
<td>1,103,381</td>
<td>660,963</td>
<td>1,103,381</td>
<td>660,963</td>
<td></td>
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<tr>
<td>Unearned income</td>
<td>12</td>
<td>4,272,582</td>
<td>4,099,010</td>
<td>4,153,182</td>
<td>4,042,371</td>
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<tr>
<td>Total current liabilities</td>
<td></td>
<td></td>
<td>6,805,338</td>
<td>5,754,642</td>
<td>6,660,938</td>
<td>5,683,003</td>
</tr>
<tr>
<td>Total liabilities</td>
<td></td>
<td></td>
<td>6,805,338</td>
<td>5,754,642</td>
<td>6,660,938</td>
<td>5,683,003</td>
</tr>
<tr>
<td>Net assets</td>
<td></td>
<td></td>
<td>808,566</td>
<td>729,768</td>
<td>770,143</td>
<td>734,504</td>
</tr>
<tr>
<td>Accumulated members funds</td>
<td></td>
<td></td>
<td>808,566</td>
<td>729,768</td>
<td>770,143</td>
<td>734,504</td>
</tr>
</tbody>
</table>
### Statement of Changes in Equity

<table>
<thead>
<tr>
<th>Notes</th>
<th>Retained Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as at 30-June-2006</td>
<td>719,979</td>
</tr>
<tr>
<td>Profit attributable to members parent entity</td>
<td>9,789</td>
</tr>
<tr>
<td>Balance as at 30-June-2007</td>
<td>729,768</td>
</tr>
<tr>
<td>Profit attributable to members parent entity</td>
<td>78,798</td>
</tr>
<tr>
<td>Balance as at 30-June-2008</td>
<td>808,566</td>
</tr>
</tbody>
</table>

### Statement of Cashflows

<table>
<thead>
<tr>
<th>Notes</th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers net of payments to suppliers and employees</td>
<td>490,259</td>
<td>180,517</td>
</tr>
<tr>
<td>Interest received</td>
<td>99,934</td>
<td>81,672</td>
</tr>
<tr>
<td>Net cash provided in operating activities</td>
<td>590,193</td>
<td>262,189</td>
</tr>
<tr>
<td>Cash flow from investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayment of expenses</td>
<td>(13,559)</td>
<td>15,900</td>
</tr>
<tr>
<td>Acquisition of property, plant and equipment</td>
<td>(119,490)</td>
<td>(402,237)</td>
</tr>
<tr>
<td>Acquisition of investment and short term deposits</td>
<td>6,272</td>
<td>(209)</td>
</tr>
<tr>
<td>Net cash provided from investing activities</td>
<td>(126,777)</td>
<td>(386,546)</td>
</tr>
<tr>
<td>Cash flow from financing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from borrowing</td>
<td>784,894</td>
<td>465,877</td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>784,894</td>
<td>465,877</td>
</tr>
<tr>
<td>Net increase/(decrease) in cash held</td>
<td>1,248,310</td>
<td>341,520</td>
</tr>
<tr>
<td>Cash at the beginning of financial year</td>
<td>1,740,922</td>
<td>1,399,402</td>
</tr>
<tr>
<td>Cash at the end of financial year</td>
<td>2,989,232</td>
<td>1,740,922</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS

**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 9 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 for 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 six 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 12 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 9, 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.

r) 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. Estimate assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the group.
Note 2: Operating revenue comprises 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>7,773,047</td>
</tr>
<tr>
<td>Education workshops</td>
<td>580,504</td>
</tr>
<tr>
<td>Projects</td>
<td>478,473</td>
</tr>
<tr>
<td>Publications</td>
<td>63,863</td>
</tr>
<tr>
<td>Other</td>
<td>56,741</td>
</tr>
<tr>
<td>Revenue from ordinary activities</td>
<td>8,952,628</td>
</tr>
<tr>
<td>Grants received</td>
<td>147,872</td>
</tr>
</tbody>
</table>

**Interest revenue:**

- Interest received from financial institutions: 99,934 81,672 99,934 81,672
- Other income: 272,494 178,728 272,494 166,728

**Total operating revenue**: 9,472,928 8,609,954 9,025,097 8,294,870

Note 3: 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>3,323,105</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
</tr>
<tr>
<td>– plant &amp; equipment</td>
<td>196,802</td>
</tr>
<tr>
<td>– buildings</td>
<td>84,256</td>
</tr>
<tr>
<td>Remuneration of auditors</td>
<td>25,000</td>
</tr>
<tr>
<td>Total</td>
<td>3,629,163</td>
</tr>
</tbody>
</table>

Note 4: 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>2,988,233</td>
</tr>
<tr>
<td><strong>Total Cash</strong></td>
<td><strong>2,989,233</strong></td>
</tr>
</tbody>
</table>
### Note 5: Receivables & other assets

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>1,469,300</td>
<td>1,441,269</td>
</tr>
<tr>
<td>Less: Provision for doubtful debts</td>
<td>(30,000)</td>
<td>(30,000)</td>
</tr>
<tr>
<td>Other debtors and prepayments</td>
<td>74,711</td>
<td>61,152</td>
</tr>
<tr>
<td>Total Receivables</td>
<td><strong>1,514,011</strong></td>
<td><strong>1,472,421</strong></td>
</tr>
</tbody>
</table>

### Note 6: Plant & equipment

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and fittings – at cost</td>
<td>222,586</td>
<td>206,123</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(169,850)</td>
<td>(158,733)</td>
</tr>
<tr>
<td>Net book value</td>
<td>52,736</td>
<td>47,390</td>
</tr>
<tr>
<td>Office equipment – at cost</td>
<td>177,719</td>
<td>175,727</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(148,496)</td>
<td>(126,626)</td>
</tr>
<tr>
<td>Information technology – at cost</td>
<td>1,080,928</td>
<td>979,893</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(741,601)</td>
<td>(594,303)</td>
</tr>
<tr>
<td>Net book value</td>
<td>339,327</td>
<td>385,590</td>
</tr>
<tr>
<td>Motor vehicle – at cost</td>
<td>74,851</td>
<td>74,851</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(18,713)</td>
<td>(3,742)</td>
</tr>
<tr>
<td>Net book value, plant &amp; equipment</td>
<td><strong>477,424</strong></td>
<td><strong>553,190</strong></td>
</tr>
</tbody>
</table>

### Note 7: Land and building

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land – at cost</td>
<td>380,000</td>
<td>380,000</td>
</tr>
<tr>
<td>Building – at cost</td>
<td>1,425,454</td>
<td>1,425,454</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(338,545)</td>
<td>(302,909)</td>
</tr>
<tr>
<td>Net book value</td>
<td>1,086,909</td>
<td>1,122,545</td>
</tr>
<tr>
<td>Building improvements – at cost</td>
<td>1,589,238</td>
<td>1,589,238</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(426,978)</td>
<td>(378,359)</td>
</tr>
<tr>
<td>Net book value</td>
<td>1,162,260</td>
<td>1,210,879</td>
</tr>
<tr>
<td>Net book value, land and building</td>
<td><strong>2,629,169</strong></td>
<td><strong>2,713,424</strong></td>
</tr>
</tbody>
</table>
### Note 8: Intangible assets

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formation costs</td>
<td>3,072</td>
<td>3,072</td>
</tr>
<tr>
<td>Less: Amortisation</td>
<td>(1,842)</td>
<td>(1,228)</td>
</tr>
<tr>
<td><strong>Total unearned income</strong></td>
<td>1,230</td>
<td>1,844</td>
</tr>
</tbody>
</table>

### Note 9: Investment non-current

<table>
<thead>
<tr>
<th>Shares in associated non-listed companies</th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Australian Clinical Review Pty Limited (ACR)</td>
<td>-</td>
<td>6,500</td>
</tr>
<tr>
<td>Less: Provision for diminution of investment</td>
<td>-</td>
<td>(6,500)</td>
</tr>
<tr>
<td><strong>Total investment non-current</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shares in listed companies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares in SAI Global Ltd</td>
<td>2,837</td>
<td>2,609</td>
</tr>
<tr>
<td><strong>Total investment non-current</strong></td>
<td>2,837</td>
<td>2,609</td>
</tr>
</tbody>
</table>

### Note 10: Trade payables

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>706,258</td>
<td>689,686</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>54,366</td>
<td>247,554</td>
</tr>
<tr>
<td>Work in progress</td>
<td>668,751</td>
<td>57,429</td>
</tr>
<tr>
<td><strong>Total trade payables</strong></td>
<td>1,429,375</td>
<td>994,669</td>
</tr>
</tbody>
</table>
Note 11: Provisions - current

<table>
<thead>
<tr>
<th>Provision</th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee entitlements</td>
<td>545,925</td>
<td>534,485</td>
</tr>
<tr>
<td>Provision, overseas market development</td>
<td>60,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Provision, future costs</td>
<td>65,000</td>
<td>65,000</td>
</tr>
<tr>
<td>Provision, research and development</td>
<td>60,000</td>
<td>-</td>
</tr>
<tr>
<td>Provision, standards development</td>
<td>80,000</td>
<td>-</td>
</tr>
<tr>
<td>Provision, national survey</td>
<td>30,000</td>
<td>-</td>
</tr>
<tr>
<td>Provision, external evaluation</td>
<td>70,000</td>
<td>-</td>
</tr>
<tr>
<td>Provision, salaries</td>
<td>55,978</td>
<td>-</td>
</tr>
<tr>
<td>Provision, strategic initiatives</td>
<td>56,478</td>
<td>-</td>
</tr>
<tr>
<td>Provision, printing EQuIP Guide 4th edition</td>
<td>80,000</td>
<td>-</td>
</tr>
</tbody>
</table>

| Total provisions                              | 1,103,381       | 660,963       |

Note 12: Unearned income

<table>
<thead>
<tr>
<th>Unearned income</th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQuIP membership fees and Education service fees</td>
<td>4,272,582</td>
<td>4,153,182</td>
</tr>
</tbody>
</table>

| Total unearned income                        | 4,272,582       | 4,153,182     |

Note 13: Reconciliation of cash flow from operations with operating profit/(loss) after income tax

<table>
<thead>
<tr>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating profit/(loss) after income tax</td>
<td>78,798</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non cash flows in operating profit</th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation and loss on disposal of asset</td>
<td>280,125</td>
<td>237,685</td>
</tr>
<tr>
<td>Charges to provision</td>
<td>435,918</td>
<td>(97,456)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes in assets and liabilities</th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in trade and term debtors</td>
<td>(28,031)</td>
<td>184,027</td>
</tr>
<tr>
<td>Increase/(decrease) in trade creditors and accruals</td>
<td>(221,216)</td>
<td>121</td>
</tr>
</tbody>
</table>

| Total cash flows from operating activities | 590,193         | 358,570       |
Financial Statements

Note 14: Proceeds from borrowing

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
<th>Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in progress</td>
<td>611,322</td>
<td>(13,631)</td>
<td>624,953</td>
</tr>
<tr>
<td>Future income</td>
<td>173,572</td>
<td>479,508</td>
<td>(305,936)</td>
</tr>
<tr>
<td><strong>Net movement</strong></td>
<td><strong>784,894</strong></td>
<td><strong>465,877</strong></td>
<td><strong>319,017</strong></td>
</tr>
</tbody>
</table>

Note 15: Retained profits

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained profits at</td>
<td>2008</td>
<td>2007</td>
</tr>
<tr>
<td>the beginning of the year</td>
<td>729,768</td>
<td>719,979</td>
</tr>
<tr>
<td>Profit attributable</td>
<td>78,798</td>
<td>9,789</td>
</tr>
<tr>
<td>to members for the</td>
<td>808,566</td>
<td>729,768</td>
</tr>
<tr>
<td>year</td>
<td></td>
<td>770,143</td>
</tr>
</tbody>
</table>

Note 16: Reconciliation of cash flow from operations

<table>
<thead>
<tr>
<th></th>
<th>Economic Entity</th>
<th>Parent Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>2,988,232</td>
<td>1,739,922</td>
</tr>
<tr>
<td><strong>Total cash flows</strong></td>
<td><strong>2,989,232</strong></td>
<td><strong>1,740,922</strong></td>
</tr>
</tbody>
</table>

Note 17: 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 18: 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 19: 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 20: 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 21: Financial instruments

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 2008.
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.

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.

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 treasury risk management above.

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:

### Fixed interest maturing

<table>
<thead>
<tr>
<th></th>
<th>Weighted average effective interest rate</th>
<th>Floating interest Rate</th>
<th>On call</th>
<th>More than 1 year</th>
<th>Non-interest bearing</th>
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<tbody>
<tr>
<td>Financial assets</td>
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<tr>
<td>Cash at bank</td>
<td>7.9</td>
<td>6.0</td>
<td>529,659</td>
<td>329,674</td>
<td>2,438,477</td>
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<tr>
<td>Receivables</td>
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<td></td>
<td>529,659</td>
<td>329,674</td>
<td>2,438,477</td>
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<tr>
<td>Total financial assets</td>
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<td>529,659</td>
<td>329,674</td>
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<td>Financial liabilities</td>
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<td>Accounts payable</td>
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<td>Provisions</td>
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<td>Total financial liabilities</td>
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<tr>
<td>Net financial assets</td>
<td>529,659</td>
<td>329,674</td>
<td>2,438,477</td>
<td>1,411,248</td>
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</tr>
</tbody>
</table>

#### Note 22: 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:

The financial statements and notes set out on pages 34 to 45 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 2008 and of the performance for the year
   on that date of the company and economic entity;

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.

The Chief Executive and the Executive Director – 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
President

John Smith
Treasurer

Sydney – 25th day of September 2008
Independent Auditors Report to the Members of the Australian Council on Healthcare Standards Limited

We have audited the accompanying financial report of The Australian Council on Healthcare Standards Limited and controlled entities (the consolidated entity), which comprises the balance sheet as at 30 June 2008; and the income statement, statement of changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors’ declaration of the consolidated entity comprising the company and the entities at the year’s end or from time to time during the financial year.

Directors Responsibility for the Financial Report
The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. In Note 1, the directors also state, in accordance with Accounting Standards AASB 101: Presentation of Financial Statements, that compliance with the Australian equivalents to International Financial Reporting Standards (IFRS) ensures that the financial report, comprising the financial statements and notes, complies with IFRS.

Auditors Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement and that the remuneration disclosures in the directors’ report comply with Accounting Standard AASB 124.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report and the remuneration disclosures in the directors’ report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Independence
In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of The Australian Council on Healthcare Standards on 25th September 2008, would be in the same terms if provided to the directors as at the date of this auditor’s report.

Audit Opinion
In our opinion:

- a) the financial report of The Australian Council on Healthcare Standards Limited and Controlled Entities is in accordance with the Corporations Act 2001, including:
  - giving a true and fair view of the company’s and consolidated entity financial position as at 30 June 2008 and of their performance for the year ended on that date; and
  - complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001
- b) the financial report also complies with International Financial Reporting Standards as disclosed in Note 1; and
- c) the remuneration disclosures that are contained in the directors report comply with Accounting Standard AASB 124.

Inherent Uncertainty Regarding Accounting Estimates
Without qualification to the opinion expressed above, attention is drawn to the following matter. As indicated in Note 12 to the financial report, The Australian Council on Healthcare Standards has included as liabilities $4,272,582 as unearned income and Note 10 $668,751 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.

[Signatures]

TALBOTS
Chartered Accountants
Level 6
379 Kent Street
Sydney NSW 2000

S A HOLLIER
Partner
Sydney – 26th day of September 2008

ACHS ANNUAL REPORT 2007–2008 47
ACHS accredits the majority of healthcare organisations in Australia. The healthcare 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.

**EQuIP**

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

**Australian Capital Territory Public**
- ACT Health:
  - ACT Health – Community Health
  - Canberra Hospital, The
  - Mental Health ACT
- Calvary Health Care ACT
- Department of Defence, ACT/NYS Area Health Service, Defence Health Services *

**New South Wales Private**
- Adori Day Clinic
- ahm Dental & Eyecare Practice
- Albury Wodonga Private Hospital
- Allowah Presbyterian Children’s Hospital
- Alwyn Rehabilitation Hospital
- Armidale & District Home Nursing & Home Help Service Pty Ltd*
- Armidale Private Hospital
- Ashbrooke Cosmetic Surgery
- Berkelee Private Hospital
- Bondi Junction Private Hospital
- Byrne Surgery
- Calvary Alcohol and Other Drug Services
- Calvary Health Care Riverina Inc
- Castlecrag Private Hospital
- Caswell Healthcare
- City West Day Surgery
- Coollenberg Clinic
- Dee Why Endoscopy Unity

- Diagnostic Endoscopy Centre
- Diaverum Pty Ltd:
  - Diamond Valley Dialysis Unit
  - Lindfield Dialysis Unit
  - St Andrew’s Toowoomba Renal Dialysis Unit
- Dubbo Private Hospital
- Dudley Private Hospital
- Dutiful Daughters
- Eastern Heart Clinic
- Sutherland Heart Clinic
- Epping Surgery Centre
- Excel Endoscopy Centre
- Forster Private Hospital and North Coast Community Care
- Garden Court Clinic
- Griffith Nursing Service
- Griffiths Road Day Surgery
- Hawkesbury District Health Service Pty Ltd
- HCF Dental Centres
- HCF Dental – Brookvale and Blacktown
- Blacktown Dental Centre
- Bondi Junction Dental Centre
- Brookvale Dental Centre
- Chatswood Dental Centre
- Hurstville Dental Centre
- Parramatta Dental Centre
- Healthwoods Specialist Centre
- Hirondelle Private Hospital
- Hunter Valley Private Hospital
- Hurstville Community Private Hospital Limited
- Insight Clinic Pty Ltd
- Junee Correctional Centre – Health Centre* **Kareena Private Hospital**
- Kinder Caring Home Nursing Services
- Lawrence Hargrave Hospital
- Lingard Private Hospital
- Lismore Private Day Surgery
- Lithgow Community Private Hospital
- Liverpool Day Surgery
- Lyndon Community, The* **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
National Day Surgery – Sydney Pty Ltd
Newcastle Plastic Surgery Day Case Centre
North Gosford Private Hospital
North Shore Private Hospital
Northside, Northside West and Northside Cremorne Clinics
Nowra Private Hospital
Ophthalmic Surgery Centre (North Shore)
Orange Eye Centre
Pennant Hills Day Endoscopy Centre
Preterm Foundation
Primary Health Care Day Surgeries
  ➤ Bankstown Primary Health Care Day Surgery
  ➤ Sydney Day Surgery
  ➤ Warringah Mall Day Surgery
  ➤ Western Plains Day Surgery
Quality Health Care
Regal Health Services
Regional Imaging Cardiovascular Centre
Riverina Cancer Care Centre
Rosebery Day Surgery
Rosemont Endoscopy Centre
San Day Surgery Hornsby
Skin & Cancer Foundation Westmead Day Clinic
South Coast Home Health Care Pty Ltd
South Pacific Private Hospital
Southern Suburbs Day Procedure Centre Pty Ltd
St George Private Hospital
St John of God Health Services
  ➤ St John of God Hospital - Burwood
  ➤ St John of God Hospital - Richmond
St Luke’s Care
St Vincent’s Health & Community Services
St Vincent’s Hospital – Lismore
St Vincent’s Private Hospital – Sydney
Strathfield Private Hospital
Surry Hills Day Hospital
Sussex Day Surgery
Sydney Adventist Hospital
Sydney Clinic for Gastrointestinal Diseases, The
Sydney Pharmacotherapy Clinic
Tamara Private Hospital
Toronto Private Hospital
United Gardens Clinic*
Vista Laser Eye Clinic of NSW
Warners Bay Private Hospital
Wayside Chapel, The*
We Help Ourselves (WHOS)*

**New South Wales Public**
Balmain Hospital and Camperdown Aged Community Services
Balmorel Naval Hospital (HMAS Penguin)*
Bankstown Hospital*
Barwon Division of General Practice
Blue Mountains Division of General Practice
Bowral and District Hospital
Broken Hill Health Service
Bulli District Hospital
Calvary Health Care Sydney
Calvary Mater Newcastle
Campbelltown and Camden Hospitals
  ➤ Camden Hospital
  ➤ Campbelltown Hospital
Canterbury Hospital
Central Coast Health
  ➤ Gosford Hospital
  ➤ Long Jetty Healthcare Centre
  ➤ Woy Woy Hospital
  ➤ Wyong Hospital
Children’s Hospital at Westmead, The
Cobar/Narromine Health Services
  ➤ Cobar Health Service
  ➤ Narromine Health Service
Concord Repatriation General Hospital
Fairfield Hospital
Family Drug Support
Greater Newcastle Acute Hospital Network
  ➤ Belmont District Hospital
  ➤ John Hunter Hospital Campus
  ➤ Royal Newcastle Hospital
Greater Newcastle Cluster
  ➤ Hunter Equipment Service/PADP
  ➤ Nelson Bay Polyclinic
  ➤ Rankin Park Centre
  ➤ Transitional Care Unit
<table>
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<tr>
<th>Listings</th>
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<tr>
<td>Greater Southern Area Health Service – Mental Health</td>
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<tr>
<td>◦ Parkes District Hospital and Community Health Service</td>
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<td>Greater Western Area Health Service (Cluster 1)</td>
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<td>◦ Condobolin Health Service</td>
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<td>◦ Forbes District Hospital</td>
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<td>◦ Lake Cargellico</td>
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<tr>
<td>◦ GWAHS Baradine &amp; Coonabarabran Health Services*</td>
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<td>◦ Baradine Multipurpose Health Service</td>
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<td>◦ Coonabarabran Health Service</td>
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<td>◦ GWAHS Bathurst and Orange Health Services*</td>
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<td>◦ GWAHS Bathurst Base Hospital</td>
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<td>◦ Orange Health Service</td>
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<td>◦ GWAHS Blayney and Oberon Health Services*</td>
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<td>◦ Collarenebri Health Service</td>
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<td>◦ Goodooga Health Service</td>
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<td>◦ Lightning Ridge Multipurpose Health Service</td>
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<td>◦ Walgett Health Service</td>
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<td>◦ GWAHS Cowra and Grenfell Health Service</td>
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<td>◦ Grenfell Hospital</td>
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<td>◦ GWAHS Dubbo Base Hospital</td>
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<td>◦ GWAHS Dubbo Community Health Centre</td>
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<td>◦ GWAHS Gilgandra, Gulargambone and Coonamble Health Services*</td>
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<td>◦ Coonamble Multi Purpose Service</td>
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<td>◦ Gilgandra Multipurpose Service</td>
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<td>◦ Gulargambone Multi Purpose Service</td>
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<td>◦ Dunedoo Health Service</td>
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<td>◦ Gulgong Health Service</td>
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<td>◦ Rylstone Health Service</td>
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<td>◦ GWAHS Molong and Cudal Health Services*</td>
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<td>◦ Cudal War Memorial Hospital</td>
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<td>GWAHS Peak Hill &amp; Trundle Health Services*</td>
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<td>◦ Nyngan Multipurpose Health Service</td>
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<td>◦ Trangie Multipurpose Health Service</td>
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<td>◦ Hunter New England Mental Health Service</td>
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<td>◦ Lottie Stewart Hospital</td>
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<td>◦ Lourdes Hospital, Health &amp; Aged Care Service</td>
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<td>◦ Lower Hunter Cluster</td>
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<td>◦ Cessnock/Kurri Kurri Health Services</td>
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<td>◦ Dungog and District Hospital</td>
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<td>◦ Singleton Health Services</td>
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<td>◦ Lower Mid North Coast Cluster*</td>
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<td>◦ Aged Care and Rehabilitation Services based in Taree and the Wingham Community Hospital Campus</td>
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<td>◦ Forster Community Health Centre</td>
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<td>◦ Harrington Community Health Centre</td>
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<td>◦ Hawkes Nest Tea Gardens Community Health Centre</td>
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<td>◦ Taree Community Health Centre</td>
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<td>◦ Maitland Hospital, The</td>
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<td>◦ McIntyre Cluster</td>
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<td>Network/Program</td>
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<td>NCAHS Coffs Clarence Network</td>
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<td>South Eastern Sydney/Illawarra Area H/S Mental Health Serv*</td>
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<td>SWAHS-Central Cluster*</td>
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<td>South Eastern Sydney/Illawarra Area H/S Mental Health Serv*</td>
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<td>Sydney South West Area Health Service – Community Health*</td>
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<td>Tamworth and Armidale Hospital Group</td>
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<td>Upper Hunter Cluster</td>
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<tr>
<td>Wollongong Hospitals and Community Health Services</td>
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</tbody>
</table>
**Northern Territory Private**

Alice Springs Hospital
Top End Mental Health Service Association of NT
Gove District Hospital
Katherine Hospital
Northern Territory Mental Health Services*
Central Australian Mental Health Service Association of NT
Oral Health Services
Royal Darwin Hospital
Tennant Creek Hospital

**Northern Territory Public**

**Queensland Private**

Belmont Private Hospital
Blue Care Brisbane Region
Blue Care Central Queensland/Wide Bay Region
Blue Care North Queensland Region
Blue Care South West Queensland Region
Blue Care Southern Region
Blue Care – Brisbane South Region
Blue Care – Gold Coast/Tweed Region
Blue Care Suncoast Hinterland Region
Brisbane Endoscopy Services
Caboolture Private Hospital
Cairns Private Hospital
Caloundra & Nambour Selangor Private Hospitals
Clifton Co-op Hospital Ltd
Currumbin Clinic
Eastern Endoscopy Centre
Eden Rehabilitation Centre Inc
Eye Tech Day Surgeries and Eye Tech Southside
Friendly Society Private Hospital
Greenslopes Private Hospital
Gympie Private Hospital
Haematology & Oncology Clinics of Australasia
Haematology & Oncology Clinics of Australasia-Chermside Medical Centre*
Henry Dalziel VC Dialysis Centre*
Hillcrest Rockhampton Private Hospital
Holy Spirit Northside Private Hospital
Home Therapeutics
Hopewell Hospice Services Inc
Ipswich Hospice Care Incorporated
Karuna Hospice Service
Kingaroy Private Hospital
Logan Endoscopy Services Pty Ltd

Marie Stopes International, Queensland
Mater Health Services North Queensland Limited
Wesley Hospital Townsville, The
Mater Hospitals – Rockhampton, Yeppoon & Gladstone
Mater Health Services Ltd – South Brisbane – Private Sector
Mater Misericordiae Hospital – Bundaberg
Mater Misericordiae Hospital – Mackay
Mater Misericordiae Private Hospital - Redland
Montserratt Day Hospitals
Moreton Eye Group
Mt Olivet Hospital
NephroCare Queensland
New Farm Clinic
Noosa Hospital, The
North West Brisbane Private Hospital
Pindara Gold Coast Private Hospital and Short Street Day Surgery Unit*
Pittsworth & District Hospital Friendly Society Ltd
QFG Day Theatres
Queensland Eye Hospital
ROQ (Toowoomba) Pty Ltd
Southside Endoscopy Centre
Spendelove Private Hospital
Spiritus – Community Services
St Andrew’s Ipswich Private Hospital
St Andrew’s Toowoomba Hospital
St Andrew’s War Memorial Hospital-Brisbane
St Stephen’s Hospitals Maryborough and Hervey Bay
St Vincent’s Hospital – Toowoomba
Sunshine Coast Day Surgery
Sunshine Coast Private Hospital, The
Toowong Private Hospital
Toowoomba Hospice Association Inc
Townsville Day Surgery
Tri Rhosen Day Hospital
Vision Day Surgery, Mackay
Wesley Centre for Hyperbaric Medicine, The
Wesley Hospital, The

**Queensland Public**

Banana Health Service District
Baralaba Hospital
Biloela Hospital
Moura Health Service
Theodore Council on the Ageing
Theodore Hospital
ACHS MEMBER LISTING

Bowen Health Service District
- Air District and Home Hill Hospitals
- and Community Health Service
- Bowen Hospital
- Collinsville Hospital
- Home Hill Hospital
Cairns Base Hospital & IMHS
- Cairns District Community and Rural Health Services
- Cooktown 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
- Gladstone Hospital
Gold Coast Health Service District
- Gold Coast Hospital – Robina Campus
- Gold Coast Hospital – Southport Campus
Mackay Health Service District
- Mackay Base Hospital
- Moranbah Health Service District
- Proserpine Hospital and Whitsunday Community Health Centre
- Sarina Hospital and Primary Health Care Centre
Mater Health Services Brisbane Ltd – Public Sector
- Mount Isa Health Service District
- Burketown Primary Health Care Centre
- Camooweal Primary Health Care Centre
- Cloncurry Hospital
- Djarra Health Centre
- Doomadgee Hospital
- Julia Creek Hospital
- Karumba Health Centre
- Mornington Island Primary Health Care Centre
- Normanton Health Services
Northside Health Service District – Jacana ABI Mental Health Services and The Prince Charles Hospital*
- Jacana Centre, The
- Prince Charles Hospital Health Service District, The
Northside Health Services District – Primary & Community Services, Oral Health, Redcliffe, Caboolture & Kilcoy Hospitals*
- Caboolture Hospital
- Kilcoy Hospital
- Redcliffe Caboolture Health Service District
- Redcliffe Hospital
- Redcliffe-Caboolture Mental Health & Disability Services
- Redcliffe-Caboolture Oral Health Service
Princess Alexandra Hospital Health Service District
- Queensland Tuberculosis Control Centre
Rockhampton & Yeppoon Hospitals & Integrated Mental H/S
- Yeppoon Hospital
- Rockhampton Hospital
Royal Brisbane and Women’s Hospital Health Service District
- Community Forensic Mental Health Service
Royal Children’s Hospital and Health Service District Brisbane, The
- Southside Health Service District – Acute Facilities Membership*
- Bayside Health Service District
- Logan – Beaudesert Health Service District
- QEII – Southside Health Service District
Southside Health Service District – Community & Primary & Oral Health*
- Moreton Bay Nursing Care
Southside Health Service District – Mental Health*
- Sunshine Coast & Coolum Health Service District
- Gympie Health Service District
- Sunshine Coast Health Service District
Toowoomba and Darling Downs Health Service District*
- Gatton Health Services
- Oakey Health Service
- Toowoomba Health Service District
Townsville Health Service District
- Ingham Health Service
- Kirwan Hospital for Women
- Palm Island Hospital
- Townsville General Hospital
West Moreton South Burnett Health Service District*
- Boonah Health Service
- Cherbourg Community Health Centre
- Cherbourg Hospital
- Downtown Community Health
- Esk Hospital
- Goomeri Primary Care Centre
- Ipswich Hospital
- Kilkivan Primary Care Clinic
- Kingaroy Hospital & Kingaroy Community Health Centre
- Laidley Health Centre

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Listings

South Australia 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, Prison Health Service
Children, Youth and Women’s Health Service
Child and Youth Health
Women’s and Childrens Hospital
CNAHS – Ambulatory and Primary Health Care Directorate*
CNAHS – Statewide Service – SA Dental Services*
Coober Pedy Hospital and Health Service
Flinders Medical Centre
Gawler Health Service
Kangaroo Island Health Service*
Leigh Creek Health Services
Lyell McEwin Hospital
Mannum District Hospital Inc, The
Mid North Health*
Booleroo Centre District Hospital and Health Services Inc
Jamestown Hospital & Health Service Inc
Orroro Health Service
Peterborough Soldiers’ Memorial Hosp & Health Services Inc
Mid-West Health Inc
Millicent District Hospital & Health Service Inc
Modbury Hospital
Mount Barker District Soldiers Memorial Hospital
Mount Gambier & Districts Health Service Inc
Murray Bridge Soldiers Memorial Hospital Inc
Naracoorte Health Service Inc
Noarlunga Health Services
Northern Adelaide Hills Health Service Inc
Gumeracha DSM Hospital
Mount Pleasant District Hospital 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 & Health Service, The
Repatriation General Hospital
Riverland Regional Health Service Inc and Riverland Public Hospital

South Australia Private

Adelaide Day Surgery
Adelaide DermSurgery
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
Hamilton House Day Surgery
Home Support Services
Keith & District Hospital Inc
Kerry Day Surgery
Moonta Health and Aged Care Service Inc
Nephrocare South Australia
North Eastern Community Hospital Inc
Oxford Day Surgery Centre
Parkside Cosmetic Surgery
Ramsay Health Care (SA), Mental Health Services
Renal Therapy Services – Paynham
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
Waverley House Plastic Surgery Centre
Western Hospital
ACHS Member Listing

Roxby Downs Health Services & Woomera Community Hospital
  » Woomera Community Hospital
Royal Adelaide Hospital
Royal District Nursing Service of SA Inc
Southern Flinders Health
  » Crystal Brook District Hospital Inc
  » Laura Hospital & Gladstone Health Centre
St Margaret’s Rehabilitation Hospital
Strathalbyn & District Health Service
Waikerie Health Services Inc
Whyalla Hospital & Health Services Inc

Tasmania Private
Calvary Health Care Tasmania
Calvary Health Care Tasmania – Launceston Campuses
  » 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
North West Private Hospital

Tasmania Public
Correctional Primary Health Services
Forensic Mental Health Services
Launceston General Hospital
Mersey Community Hospital
North West Region Hospital
Royal Hobart Hospital

Victoria Private
Albert Road Clinic
Ambicare Patient Transfer Service
Avenue Day Surgery
Avenue Hospital, The
Ballan & District Soldiers Memorial Bush Nursing Hospital
Ballarat District Nursing & Healthcare
Beleura Private Hospital
Berwick Surgicentre
Cabrini Health
Chesterfield Day Hospital
Cliveden Hill Private Hospital
Cobden District Health Services Inc
Coburg Endoscopy Centre

Community Connections (Victoria) Ltd
Croydon Day Surgery, The
Delmont Private Hospital
Digestive Health Centre, The
Donvale Rehabilitation Hospital
Eastern Palliative Care Association Inc
Epworth HealthCare
  » Epworth Hospital
  » Epworth Rehabilitation Camberwell
  » Freemasons Hospital
Euroa Health Inc.
Frances Perry House
Fulham Correctional Centre – Medical Centre
Glen Endoscopy Centre, The
Glenferrie Private Hospital
Goulburn Valley Hospice Care Service Inc
Health Frontiers Pty Ltd
Healthe Work
Healthscope Community Programs
Healthscope Ltd
Heidelberg Endoscopy and Day Surgery Centre
Hyperbaric Health Pty Ltd
Jessie McPherson Private Hospital
Kew Private Dialysis Centre
La Trobe Private Hospital
Linacre Private Hospital
Mandometer Pty Ltd
Marie Stopes International, East St Kilda
Maryvale Private Hospital
Masada Private Hospital
Medical Connect Pty Ltd
Melbourne Citymission Palliative Care
Melbourne Endoscopy Group Pty Ltd
Mildura Base Hospital
Mitcham Private Hospital
Moira Healthcare Alliance
Monash Surgical Private Hospital
Murray Valley Private Hospital
Neerim District Health Service
Nephrocare
O’Connell Family Centre
Pacific Shores Healthcare
Peninsula Endoscopy Centre Pty Ltd
Peninsula Private Hospital
Reservoir Private Hospital Day Procedure Centre
Royal District Nursing Service
Sea Lake and District Health Service Inc
Shepparton Private Hospital
Sir John Monash Private Hospital
South East Palliative Care Ltd
South Eastern and The Valley Private Hospitals
  Valley Hospital, The
  South Eastern Private Hospital
St John of God Health Care – Bendigo
St John of God Health Care – Geelong
St John of God Health Care – Nepean Rehabilitation
St John of God Health Care – Pinelodge Clinic
St John of God Health Care Berwick
St John of God Healthcare – Ballarat
St John of God Hospital – Warrnambool
St Vincents & Mercy Private Hospital Limited
  Mercy Private Hospital Inc
  St Vincent’s Private Hospital
Supported Housing Development Group Pty Ltd*
Taburn Specialist Medical Centre
Vaucluse Hospital
Very Special Kids
Vimy House Private Hospital
Wangaratta Private Hospital
Warrinthal Private Hospital
Waverley Private Hospital
Western Day Surgery
Western Private Hospital
  Western Gastroenterology Service
  Western Suburbs Endoscopy Service
  Yackandandah Bush Nursing Hospital

**Victoria Public**
Alexandra District Hospital
Austin Health
  Royal Talbot Rehabilitation Centre
Bairnsdale Regional Health Service
Ballarat Health Services
Banksia Palliative Care Service Inc
Barwon Health
Bayside Health
  Alfred, The
  Caulfield General Medical Centre
  Sandringham & District Memorial Hospital
Beaufort & Skipton Health Service
Beechworth Health Service
Benalla & District Memorial Hospital
Bendigo Health Care Group
Boort District Hospital
Calvary Health Care Bethlehem
Casterton Memorial Hospital
Central Gippsland Health Service
Maffra District Hospital
Cobram District Hospital
Colac Area Health
Dental Health Services Victoria
Djerriwarrh Health Services
Dunmunkle Health Services
East Grampians Health Service
Eastern Health
  Angliss Health Service, The
  Box Hill Hospital
  Maroondah Hospital
  Yarra Ranges Health Service
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
Kilmore & District Hospital, The
Koowarrup Regional Health Service
Kyabram & District Health Services
Kyneton District Health Service
Latrobe Regional Hospital
Lorne Community Hospital*
Maldon Hospital
Maryborough District Health Service
McIvor Health and Community Services
Regional Health Care Providers

Melbourne Health
- Royal Melbourne Hospital, The – Royal Park Campus
- Mercy Hospital for Women
- Mercy Western Palliative Care
- Moyne Health Services
- Mt Alexander Hospital
- Nathalia District Hospital
- 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 Victorian Eye and Ear Hospital
- Royal Women’s Hospital, The
- Rural Northwest Health
- Seymour District Memorial Hospital
- South West Healthcare
- Southern Health – Clinical Stream – Acute
- Southern Health – Clinical Stream – Continuing Care & Mental Health
- St Vincent’s Health
  - Caritas Christi Hospice
  - St Vincent’s Correctional Health Service
  - St Vincent’s Hospital Melbourne
- Stawell Regional Health
- Swan Hill District Hospital
- Tallangatta Health Service
- Terang & Mortlake Health Service
- Timboon & District Healthcare Service
- Tweddle 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
- Western District Health Service
- Coleraine District Health Service
- Western Health Service
- Western Hospital
- Wimmera Health Care Group
- Wodonga Regional Health Service
- Yarram and District Health Service
- Yarrawonga District Health Service
- Yea & District Memorial Hospital

Western Australia Private
- Albany Community Hospice
- Attadale Private Hospital
- Bethesda Hospital Inc
- Colin Street Day Surgery Pty Ltd
- Diaverum – Stirling Dialysis Clinic and Cannington Dialysis Clinic
- GI Clinic
- Glengarry Private Hospital
- Hollywood Private Hospital
- Joondalup Health Campus
- Kimberley Satellite Dialysis Centre
- Kings Park Day Hospital
- Marrian Centre, The
- Marie Stopes International, WA
- Mercy Hospital Mount Lawley
- Midland Dialysis Centre
- Mount Lawley Private Hospital
- Peel Health Campus
- Perth Clinic
- Perth Day Surgery Centre
- Silver Chain Hospice Care Service including Hospital at the Home, Post Acute Services
- 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
**Western Australia Public**

- Armadale Health Service
- Bentley Health Service
- Child and Adolescent Health Service
- Department of Corrective Services – Health Services
- Fremantle Hospital and Health Service
  - Fremantle Kaleeya Hospital
- North Metropolitan Area Health Service Mental Health
- Oral Health Centre of WA
- Osborne Park Hospital Program
- Rockingham Peel Group
- Royal Perth Hospital
- Sir Charles Gairdner Hospital
- Swan Kalamunda Health Service
- WACHS Goldfields*
  - WACHS, Goldfields South East Region
  - WACHS, Goldfields Sth East Region – Kalgoorlie – Boulder Health Service
- WACHS, Pilbara*
  - WACHS, Pilbara Gascoyne Region – East Pilbara District
  - WACHS, Pilbara Gascoyne Region – West Pilbara District
- WACHS, Eastern Wheatbelt Health Service
- WACHS, Kimberly
- WACHS, Great Southern*
  - WACHS, Central Great Southern Multi-Purpose Health Service
  - WACHS, Lower Great Southern Health Service
- WACHS, Midwest – Gascoyne District
  - Exmouth District Health Service
- WACHS, Midwest Murchison, Central West Mental Health
  - WACHS, Midwest Murchison, Geraldton Health Campus
- WACHS, Midwest Murchison, Midwest District
- WACHS, South West Area Health Service
- Augusta Multi Purpose Health Service
- WACHS, Southern Wheatbelt Health Region
- WACHS, Western Wheatbelt Health Service
  - Women’s and Newborn Health Service*

**EQuP Corporate Member Services**

**New South Wales**

- Alliance Health Services Group Pty Ltd
- College of Nursing, The

**EQuP Corporate Health Services**

**New South Wales**

- ahm Total Health
- GEO Group Australia Pty Ltd, The
- Greater Southern Area Health Service
- Hunter/New England Area Health Service
- Network or Alcohol and Drug Agencies (NADA)*
- North Coast Area Health Service
- Sydney West Area Health Service*

**Queensland**

- Northside Health Service District – District Services*
- Southside Health Service District – Corporate*

**South Australia**

- Smith Sterilising
- Central Northern Adelaide Health Service, Regional Office*

**Victoria**

- Mercy Health and Aged Care
- Northern Health*
- Southern Health Corporate Services*
  - Cranbourne Integrated Care Centre
  - Dandenong Hospital
  - Kingston Centre
  - Monash Medical Centre – Clayton
  - Monash Medical Centre – Moorabbin
- Spotless Services Australia

**Western Australia**

- Health Corporate Network*
  - North Metropolitan Health Service – Area Corporate Services
**EQuIP Certification**

**New South Wales**
- Bananacoast Home Nursing*
- Bega Valley Cluster
- Eurobodalla Cluster
- Golden Cluster
- Greater Albury Cluster
- GWAHS Mental Health Drug and Alcohol Services Central and Castlereagh Clusters
- Lower Western Cluster
- Monaro Cluster
- Murrumbidgee Cluster
- Southern Slopes Cluster
- Southern Tablelands Cluster
- Wagga Wagga Cluster

**Tasmania**
- Steele Street Clinic

**Victoria**
- Anam Cara House Geelong*
- Take Two

**Western Australia**
- Marian Centre
- Niola Private Hospital
- Sentiens Pty Ltd*

**Quality for Divisions Network**

**New South Wales**
- Barrier Division of General Practice Ltd
- Barwon Divisions of General Practice
- Blue Mountains Division of General Practice
- Dubbo / Plains Division of General Practice
- Hastings Macleay General Practice Network Ltd
- 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 on General Practice
- Mid North Coast (NSW) Division of General Practice Ltd
- Nepean Division of General Practice Ltd
- New England Division of General Practice
- North West Slopes (NSW) Division of General Practice
- NSW Central West Division on 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

**Western Australia**
- Great Southern GP Network Ltd
- Osborne GP Network Ltd
- Pilbara Division of General Practice
The Australian Council on Healthcare Standards’ surveyor workforce totals around 350 dedicated healthcare professionals and health consumers. These surveyors, who conduct the peer reviews, all have recent experience with health services, many still in full-time roles such as health service managers, physicians, allied health professionals and nurses.

The surveyors participate in regular training sessions are trained and skilled and are able to gather relevant information to verify the healthcare organisation’s achievement in the standards being assessed. The training program has been accredited by ISQua.

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

As at 30 June, 2008.

**Australian Capital Territory**

Dr Peggy Brown  
Mr Grant Carey-Ide  
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Ms Kaye Hogan AM  
Ms Irene Lake  
Ms Mary Martin  
Mr Russell McGowan  
Ms Jenelle Reading  
Ms Christine Waller

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Ms Jenny Tuffin

Victoria
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Mr David Gerrard
Mrs Leigh Giffard
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Mrs Sharon Godlman
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<th>Western Australia</th>
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<tbody>
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<td>Ms Diane Barr</td>
<td>Mr Fred Wai Cheung Chan</td>
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<td>Dr William Beresford</td>
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<td>Adjunct Associate Professor Robyn Collins</td>
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<td>Ms Fay Winter</td>
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<td>our surveyor workforce.</td>
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**ACHS Surveyors from outside Australia**

- ACHS Surveyors from outside Australia
  - ACHS has had a surveyor exchange program with Ireland and New Zealand for several years, however, the relationships developed through the work of ACHS International have provided additional opportunities to train surveyors from Hong Kong, India, the Kingdom of Bahrain, the Kingdom of Saudi Arabia, Malaysia and the United Arab Emirates.
  - 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.
Monographs
Quality Initiatives 2007 – Entries in the 10th annual
ACHS Quality Improvement Awards 2007
ACHS Australasian Clinical Indicator Report 1998 – 2006,
Determining the Potential to Improve Quality of Care, 8th edition
ACHS Clinical Indicator Users’ Manual 2008
ACHS Performance and Outcomes Service Information
Package 2008
ACHS Summary CI Guide 2008
EQuIP 4 Risk Management and Quality Improvement Handbook
EQuIP 4 A Clinician’s Guide

Electronic Media
ACHS Clinical Indicators and PIRT 2008, December 2007

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Institute for Advanced Studies, La Trobe University, Melbourne,
February 2008
Debono (Burton), J, “EQuIP surveys and the ACHS”, Malaysian
WHO Fellow Dr Mohammed Omar, Sydney, August 2008
Debono (Burton), J, “Accreditation and Evaluation of Hospital Performance”,
Qingdao Hospital Management program, Sydney University, Sydney, March 2008
Debono (Burton), J, “EQuIP and the ACHS for District Services,
Cairns and Hinterland Health District Executive Group, Cairns,
April 2008
Debono (Burton), J, “EQuIP and the ACHS for Multipurpose Services”,
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facilities workshop, April 2008
Debono (Burton), J, “EQuIP and the ACHS for Drug and Alcohol agencies”- Network of Alcohol and other Drug agencies, Sydney,
May 2008
Dickinson, M, “The ACHS Process”, AAQHC Workshop, Perth,
November 2007
Dickinson, M, “EQuIP 3 to EQuIP 4 – Changes and expectations”,
Nephrocare Clinical Management Group, Sydney, February 2008
Fulton, S, “EAT 4 and the EQuIP Program”, Royal Hobart Hospital,
Hobart, September 2007
Hennessey, D, Maxwell, C, ‘Clinical Indicators’, The Power of Us
5th Australasian Quality in Health Care Conference, Brisbane,
August 2007
Hennessey, D, ‘Role of Accreditation Bodies in Transfusion Practice’,
Annual Scientific meeting, Haematology Society of Australia and
New Zealand, Australian and New Zealand Society of Blood
Transfusion, Australasian Society of Thrombosis and Haemostasis,
Gold Coast, October 2007
Hennessey, D, ‘The Processes in Standards Development’,
Ministry of Health, Kuwait, November 2007
Hennessey, D, ‘Safety Priorities of EQuIP 4’, Australian Financial
Johnston, B, “Inside Accreditation – choosing wisely: ISQua
Accreditation and ACHS” Association of Private Hospitals Malaysia
International Healthcare Conference and Exhibition, Kuala Lumpur,
June, 2007
Johnston, B, ‘Open Disclosure in Practice (public and private sector
Johnston, B, “The role of accreditation providing indicator-based
performance improvement”, ISQua Pre-Conference workshops -
Indicators and Accreditation, ISQua 24th International Conference,
Boston, September 2007
Johnston, B, “The Dynamics of Accreditation: Dynamic Revisionism”,
ISQua 24th International Conference, Boston, October 2007
Johnston, B, “Shaping the Outcome Agenda: Learning from the
Australian Experience”, BMI Healthcare Group, London,
October 2007
Johnston, B, “Measuring Health Care in Australia”, British
Independent Sector and NHS Representatives Forum, London,
October 2007
Johnston, B, “Panel session – The future of accreditation in
Australia”, Clinical Governance Congress, Brisbane, October 2007
Johnston, B, “Overview of the Australian quality and safety agenda
and the role of ACHS” Hong Kong Health System Delegation,
Hong Kong April 2008
Johnston, B, “The Importance of Accreditation in Managing Risk”
Combined Associations and Colleges, State Health Conference,
Tasmania, November 2007
Johnston, B, “Assessing the Value of Accreditation: Exploring the
Results of New Research into the Affects of Accreditation on Clinical and Organisational Performance”, Arab Health, Dubai, January 2008
Johnston, B, “ACHS – structure, role and contemporary issues
in accreditation”, ACHS Surveyor Induction Training, Sydney,
March 2008
Johnston, B, Hong Kong Hospital Authority (HKHA) – overview
presentation and discussions with senior management involved
in quality and risk management, Hong Kong, April 2008
Johnston, B, “ACHS Accreditation Program – Overview and
research outcomes”, HKHA Forum – Hong Kong, April 2008
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April 2008
Johnston, B, “Accreditation - pitfalls and potentials”, Hong Kong
Hospital Authority Convention, Hong Kong, May 2008
Johnston, B, “Introducing the ACHS Accreditation Program”,
Hospital Representatives Forum, Nanjing, Jiangsu Province,
China, May 2008
Jones, D, Walters, L, ‘Review of the National Standards for Mental
Health Services’, TheMHS conference, Melbourne, September 2007
Kaiser, B, “EQuIP 4 & web-based EAT 4”, Balmain Hospital,
Sydney, June 2007
Kaiser, B, “EQuIP 4”, Sydney South West Area Health Services
Mental Health Stream, Liverpool Hospital, Sydney, August 2007
Kaiser, B, “EQuIP 4 and Carer Support”, Annual Workshop Carers
Support Services, Sydney, September 2007
Kaiser, B, “EQuIP and the ACHS for Multipurpose Services”, Primary and Community Networks EQuIP Working Group Meeting, HNEAHS – Tamworth, March 2008

Kaiser, B, “EQuIP and the ACHS for Multipurpose Services”, Balmain Hospital, Sydney, June 2008

Low, L, McDonald, H. “Overview of EQuIP 4 and electronic tools”, Quality Health New Zealand, Wellington, NZ, November 2007

Low, L, McDonald, H. “EQuIP 4 Accreditation Programme”, New Zealand District Health Boards, Wellington, NZ, March 2008

Low, L, McDonald, H. “EQuIP 4 Accreditation Programme”, New Zealand Non District Health Boards, Wellington, NZ, March 2008

McDonald, H, “Risk Management & EQuIP 4”, Catholic Health Australia, Canberra, August 2007

McDonald, H, “Risk Management & EQuIP 4”, Health Care Forum VMIA, Melbourne, October 2007


McDonald, H, “Accreditation Pre-Pilot Endorsement”, Post Graduate Medical Education Council of Queensland (PMCO), Brisbane, February 2008

McDonald, H, “How will the new blood criteria affect you?”, CaSS : QLD Blood Management Program (Blood & Blood Products), Brisbane, February 2008


Stewart, J, ‘EQuIP’ Operating Room Nurses Annual Conference. March 2008


Stewart, J, Accreditation – Are you prepared Pressure Ulcer Prevention Program forum presentation, 3 September, 2008

**Publications**

Low, L, Whelan, AK, Braithwaite, J: Journal of the Australasian Association for Quality in Health Care Winter 2007 Vol. 17 Issue 1 “What motivates medical staff involved in hospital accreditation surveying and how important are the issues of secondary gain and bias?”


**Electronic Media**

ACHS Clinical Indicators and PIRT 2008, December 2007

**Comments**

Australian Commission on Safety and Quality in Health Care

- National Patient Charter of Rights

Australian Medical Council

- Comment on Proposed Revised Standards for Accreditation of Specialist

- Medical Education and Training and Professional Development Programs

Health Care Complaints Commission

- Submission to Health Care Complaints Commission’s Code of Practice

National Pathology Accreditation Advisory Council

- Request for Advice Regarding Follow up Request Forms for Compatibility

- Testing for Blood Transfusion Written after a Verbal Request
EDDY MIRCK

It is with great sadness that the ACHS recognises the passing of Mr Eddy Mirck.

Eddy began surveying in 2004 and quickly became one of The ACHS’s most dependable mental health consumer surveyors. While committing to three surveys per year, Eddy also remained a committed member to his beloved Rotary and maintained his position as Chairman of the Consumer and Carer Advisory Committee for the Wesley Health and Counselling Services.

Eddy’s passing will be a loss to the ACHS, as we highly valued his contributions and skills. Eddy was a warm and compassionate person with a wonderful sense of humour, whose devotion to improving consumer and care rights within mental health will be sorely missed.