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:

- Concord Repatriation General Hospital, Concord
- Greenwich Hospital, Greenwich
- Liverpool Hospital, Liverpool
- Prince of Wales Private Hospital, Sydney
- Prince of Wales Public Hospital, Sydney
- Sydney Southwest Private Hospital, Liverpool

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

October 2009

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Common Acronyms included in this Report:

- AAQHC – Australasian Association for Quality in Health Care
- AC60 – Advanced Completion in 60 days
- ACHS – The Australian Council on Healthcare Standards
- ACHSI – The Australian Council on Healthcare Standards International Pty Ltd
- ACSQHC – Australian Commission on Safety and Quality in Health Care
- AIHW – Australian Institute of Health and Welfare
- APS – Agreed (accreditation) Performance Statement
- EAT – Electronic Assessment Tool
- EQuIP – Evaluation and Quality Improvement Program
- EQuIP 4 – the 4th edition of the ACHS Evaluation and Quality Improvement Program
- IAP – International Accreditation Programme
- ISQua – International Society for Quality in Health Care
- PIRT – Performance Indicator Reporting Tool
- RACMA – Royal Australasian College of Medical Administrators

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To order a printed copy, please contact the ACHS:
5 Macarthur Street
Ultimo NSW Australia 2007
Telephone 61 2 9281 9955
Facsimile 61 2 9211 9633
E-mail achs@achs.org.au
Website www.achs.org.au
ABOUT ACHS

Vision
To be recognised nationally and internationally as the leading Australian organisation that independently assesses performance and promotes and improves the quality and safety of healthcare

Mission
To improve the quality and safety of healthcare

Values
The following words encapsulate how the organisation behaves:

**Excellence**
To strive for excellent performance in all that we do

**Leadership**
To demonstrate leadership and support the leadership role of stakeholders

**Commitment**
To consistently demonstrate our commitment to the achievement of safety and quality in the provision of all health services

**Integrity**
To be professional, truthful and reliable in all our actions

**Transparency**
To be clear and visible in all matters

**Teamwork**
To work cooperatively with each other and all stakeholders

**Consumer focus**
To look at health system issues through the eyes of consumers

**Cultural responsiveness**
To respond to the various beliefs, traditions and customs that are reflected in Australian society
ABOUT ACHS

Our Identity

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit body; collaborating with consumers, healthcare professionals, industry bodies and the broader community to develop the accreditation standards and quality improvement programs used by the majority of Australian hospitals and healthcare organisations.

ACHS is governed by a Board of Directors elected by a Council drawn from peak bodies in the health industry, representatives of governments and consumers.

We are recognised by the International Society for Quality in Health Care (ISQua) for our organisational framework, our accreditation standards and our surveyor training.

Our products and services

External and independent peer review is considered international best-practice for many industries, including healthcare. ACHS Surveyors are health-industry professionals and consumers trained to conduct reviews of healthcare organisations against the standards of the ACHS Evaluation and Quality Improvement Program (EQuIP).

The current edition of this program’s standards, EQuIP 4, was introduced in January 2007 and has increased the focus on consumer participation in healthcare and the need to provide evidence of clinical and organisational outcomes.

The purpose of accreditation is not to review against a checklist but to provide a thorough and realistic roadmap for improvement and to help organisations establish a culture that strives for excellence.

Regularly consulted by other countries, ACHS has relationships throughout the world in relation to standards development, accreditation systems and clinical indicator programs.

For more information on ACHS products and services see page 64.

Our Members

Over 1200 individual healthcare organisations are members of ACHS quality improvement programs.

Hospitals, community health organisations, divisions of general practice, corporate offices of health services and day surgeries are some of the types of organisations participating in ACHS accreditation and quality improvement programs.

For a complete list of ACHS Member organisations see page 50.

Number of ACHS full & associate members by sector: 2005–2008*

<table>
<thead>
<tr>
<th>Sector</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>481</td>
<td>435</td>
<td>417</td>
<td>431</td>
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<tr>
<td>Public</td>
<td>555</td>
<td>613</td>
<td>675</td>
<td>780</td>
</tr>
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<td>Other – Public/Private</td>
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<td>0</td>
<td>0</td>
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<tr>
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<td>1053</td>
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<td>1092</td>
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* Restructuring of a membership contributes to changes in membership figures.
Our Surveyors

Over 400 surveyors are trained by the ACHS in evaluation techniques to assess organisations against the EQuIP 4 standards. Many of these surveyors still work full time in the health industry and contribute on a volunteer basis.

In addition to the growing number of consumer surveyors, the majority of ACHS surveyors are professionals with recent and broad healthcare experience such as doctors, nurses, medical administrators and allied health professionals.

For a full list of ACHS Surveyors see page 60.

Our funding

As an independent, not-for-profit organisation, the majority of funding is from membership fees. Funding is also received from tenders and projects undertaken on behalf of government organisations and other industry bodies. We also receive a specific contribution from Baxter Healthcare for our Quality Improvement Awards program and the publication of this Annual Report.

Our environment and our future

The quality agenda for the Australian healthcare industry for more than a decade has been focused on ensuring patient safety and high quality performance. The Australian Health Ministers in 2001 adopted a National Health Performance Framework which includes nine dimensions of “health system performance”. EQuIP reflects this framework.

Patient safety remains a significant concern to health system operators, clinicians, the public and politicians.

There is an increased usage of standards-based performance assessment (accreditation) programs across the health industry. This is exemplified by the inclusion of accreditation requirements in government policy/legislative initiatives and from within the industry. The Australian Commission on Safety and Quality in Health Care has completed a review of accreditation and Australian Health Ministers have given ‘in principle’ approval to the implementation of a new model. ACHS has strongly supported the review and endorses its conclusions.

With an ageing population and the increasing cost of funding healthcare there is also a growing emphasis on population and preventative health, culminating most recently (September 2009) in the release of the National Preventative Health Strategy by the Commonwealth Preventative Health Taskforce.

In 2007 the ACHS introduced a health promotion standard into the EQuIP 4 Program encouraging organisations to promote ‘better health and wellbeing for consumers’. During our review of EQuIP 4 we are working with experts in the preventative health field to further develop this standard.

Our Corporate and Strategic Plan provides direction for meeting the challenges in our environment (page 6).

Our partnerships

There is a range of governance models among the Australian States and Territories as well as across public and private healthcare; each presenting its own unique strengths and challenges. Understandably, there is also a variety of interests and views around the best approaches to improving quality and safety in healthcare.

From surveying to standards development and clinical indicator working groups, our philosophy and operational model is built on industry collaboration and partnerships.

For example, we continue a close working relationship with the Australian Commission on Safety and Quality in Health Care to provide input in the development of the new model for accreditation programs in Australia.
Our Corporate and Strategic Plan provides direction to meet the challenges in our
environment and achieve our Vision and Mission (page 3).

**Strategic Goal 1**
Be the leading organisation providing products and services that promote and improve quality and safety in
the provision of health services, including standards development, performance assessment, accreditation
and education

|-----------|----------------|-------------------|-------------------|
| Be provider of choice; maintaining, and where possible, growing the membership base | Pursue potential growth markets through comparison of AIHW data against our member database. Implement recruitment strategy to increase the number of allied health clinician surveyors. | Membership growth in:
- Diagnostic Imaging Accreditation
- Mental Health Services (Tasmania)
- NSW alcohol and other drug agencies through partnership with Network for Alcohol and Drug Agencies (NADA)
Publication of a Methadone Resource Tool to support NSW Health facilities
Strategy implemented with several allied health clinicians joining the ACHS as surveyors.
Conducted comprehensive and independent survey of ACHS member satisfaction with ACHS activities and program support | Grow memberships in target markets by:
- exploring options for injury management services and allied health services
- reviewing product for stand-alone day hospitals to improve service
Increase recruitment of clinical specialty and mental health surveyors and survey coordinators to meet member requirements.
Implement 3 part-time contracted survey coordinator positions to improve inter-rater reliability.
Evaluate 2009 member survey and recommend strategies to improve program support and satisfaction. |
| Provide relevant evidence-based products and services | Commence an effective consultative framework for the review of EQuIP 4. | Over 140 healthcare professionals (Working Groups and Reference Groups for EQuIP 4 Review) represented a broad cross-section of member organisations and provided expert advice. | Field review of the revised EQuIP 4 standards, August 2009.
Introduce a quality improvement program for day hospitals based on industry feedback. |
| Maintain international recognition of the organisation, standards and the surveyor training program | Maintain ISQua IAP accreditation. | Accreditation of ACHS Surveyor training program achieved. | ACHS undergoing ISQua survey for ongoing organisational accreditation, September 2009.
Review of EQuIP 4 program continues within the principles and objectives set out by ISQua. |
| Increase consumer participation in survey program | Assess methodologies for including consumer input:
Achieve 10% of Organisation-Wide Surveys with a consumer surveyor on the team. | Appointment of a consumer representative to the ACHS Standards Committee. 10% target still to be achieved. | Develop resource tool to support consumer surveyors.
Continue to promote consumer surveyors on teams. Review information given to members regarding this option. |
| Promote ACHS through publications and conference presentations | Promote ACHS through National Forum on Safety and Quality in Health Care (Adelaide, October 2008). | Attendance targets (around 600 registrants) exceeded for the National Forum (998). Evaluation conducted online (226 evaluations collected). Overall feedback was very positive.
For full publications and presentations listing see page 63. | Promote ACHS when planning 2010 National Forum on Safety and Quality in Health Care. |

* Acronyms included in this Plan are detailed on the inside front cover of this Report.
## Strategic Goal 2
Develop and sustain collaborative links with key stakeholders

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<tbody>
<tr>
<td>Maintain liaison with industry-leading organisations and be responsive to their needs</td>
<td>Further implement consultation processes for the review of EQuIP 4 program</td>
<td>Collaborated with ACHS Council, State Advisory Committees and Surveyors Communication with stakeholder groups for review of EQuIP 4 Consultations with EQuIP members conducted in Perth, Newcastle, Adelaide, Melbourne, Brisbane, Canberra, Hobart and Ballarat Conducted ACHS Member Survey with independent consultants to evaluate EQuIP programs and member services 53% of member organisations responded to the electronic member satisfaction survey via the ACHS website Consultations conducted with industry stakeholders in relation to program for day hospitals</td>
<td>Continue consultation for EQuIP 4 program through field review and ACHS communication channels Implement recommendations from the ACHS Member Survey and communicate progress</td>
</tr>
<tr>
<td>Interact with key stakeholders, including participation on significant committees, in key events and at conferences</td>
<td>Continue partnerships in the development of the premier annual health industry conference in Australasia Maintain effective relationship with ACSQHC and other key bodies</td>
<td>Partnered with key industry bodies such as ACSQHC and RACMA to deliver National Forum ACHS represented on ACSQHC Accreditation Implementation Reference Group Continued representation in the National Indicators Advisory Group developing a proposed set of national clinical indicators</td>
<td>Collaboration with key stakeholders in the planning for 2010 National Forum on Safety and Quality in Health Care Pursue opportunities to partner with AAQHC for a 2011 conference</td>
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## Strategic Goal 3
To be recognised as a leading contributor to research into quality and safety in healthcare

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<tbody>
<tr>
<td>Advance the collaborative research program</td>
<td>Consolidate the activities of the ACHS Research Advisory Panel Develop collaborative partnerships for research into accreditation and quality management in healthcare services</td>
<td>Collaborative research activities undertaken with established research entities, for example Griffith University and Centre for Clinical Governance Research in Health, UNSW Established working groups to review Clinical Indicator sets for Anaesthesia, Medication Safety and Mental Health Community-based Indicators</td>
<td>Progress identified projects and source funding Establish working groups to review the Day Surgery, Emergency Medicine and Intensive Care Clinical Indicator sets</td>
</tr>
<tr>
<td>Publish research</td>
<td>Publish annual ACHS Australasian Clinical Indicator Report and papers on research into quality improvement</td>
<td>Papers on research into quality improvement submitted to national and international journals Published ACHS Australasian Clinical Indicator Report</td>
<td>Continue to develop and release research papers Progress demonstrated by meeting targets for publications using ACHS data sources and research Publish biennial National Report on Health Services Accreditation Performance</td>
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### Strategic Goal 4

Promote and publish information in relation to the quality and safety of healthcare

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<tr>
<td><strong>Promote public disclosure of performance information</strong></td>
<td>Agreed Performance Statement (APS) percentage of compliance in line with contractual obligation. Prepare biennial National Accreditation Report (NAR) on EQuIP 4 performance information.</td>
<td>93% compliance of eligible members publishing their APS on the ACHS website. Data analyses and production of NAR commenced for November 2009 publication.</td>
<td>Pursue 100% compliance of APS published. Publish NAR.</td>
</tr>
<tr>
<td><strong>Ensure website facilitates access of information by all stakeholders</strong></td>
<td>Implement second web server to improve access and minimise disruption for users.</td>
<td>Second server implemented. PIRT online available (see above and page 23).</td>
<td>Website utilisation rates monitored, evaluated and demonstrating improvement over time. Review website content and structure.</td>
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### Strategic Goal 5

Maintain effective internal systems that enable business goals to be efficiently achieved

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<tr>
<td><strong>Ensure business systems externally accredited</strong></td>
<td>Maintenance of ISQua IAP accreditation.</td>
<td>Accreditation of ACHS Surveyor training program achieved.</td>
<td>ACHS undergoing ISQua survey for ongoing organisational accreditation, September 2009.</td>
</tr>
<tr>
<td><strong>Ensure effective communications and media strategy in place</strong></td>
<td>Strategy targets measured through media references and stakeholder feedback.</td>
<td>Media and communications targets exceeded for National Forum 2008 Corporate Editorial and Visual Style Guides updated.</td>
<td>Review 2005–2010 Communications Strategy and planning to extend to 2011 aligning with updated Corporate and Strategic Plan.</td>
</tr>
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This report summarises the major points of another productive and positive year for the ACHS. The organisation continues to grow and evolve its services in response to quality and safety agendas nationally. There is a heightened national focus on quality and safety that has not unexpectedly resulted in challenges and some tensions.

While international business growth has continued to be positive it has been impacted by the international financial crisis. However, our success in winning a major tender to work with the Hong Kong Hospital Authority was an impressive way to celebrate our overseas business activities in the latter part of the financial year.

**Governance**

Dr Michael Hodgson AM completed his term as President, and having reached the maximum term allowed as a Director also left the Board, and was succeeded by Associate Professor Peter Woodruff. Dr Hodgson’s contribution to ACHS has been exemplary by any measure. He enthusiastically filled a number of key positions whilst on the Board. His leadership and thoughtful contributions will be missed.

Ms Karen Linegar, who represents the Royal College of Nursing, Australia on the Board, was elected as Vice President. Ms Linegar continues to have a distinguished nursing career and those experiences have already proven to be of substantial benefit to the Board’s deliberations and the exercise of its responsibilities. Mr John Smith PSM was re-elected as Treasurer. He has brought vast experience and diligence to the performance of that role.

Ms Helen Dowling, who represents Allied Health Professions Australia on the Council, was elected to fill the vacancy on the Board. She brings the knowledge and experience gained in her continuing career as a senior pharmacist in the health system. Her appointment is most welcome. Ms Dowling is also the Chair of the Board’s Standards Committee.

The Board consolidated the role of the Financial Review Advisory Group. This is now a formal component of its governance framework and, in part, reflects the growth in business as well as the continuing challenges of sound financial stewardship, especially in the current adverse financial conditions.

The organisation’s Corporate and Strategic Plan was revised. It provides a concise statement of organisational direction. The planning process was undertaken under the auspices of the Board and involved the Council, other stakeholders and staff. The planning period was limited to three years due to the dynamic environment around quality and safety in healthcare.

There have been several significant changes among Executive Staff. In response to our expanding international activities, an international business unit was created within the parent organisation in October 2008 and Dr Desmond Yen was appointed Executive Director – International Business. Desmond had been leading the growth of international business for several years prior as part of his previous role as Executive Director – Corporate Services. As a consequence of the dedicated international position Ms Lena Low was promoted to Dr Yen’s former position. Both Lena and Desmond are long-term employees of ACHS and continue to make highly valued contributions in their new roles.

Ms Heather McDonald resigned from the position of Executive Director – Customer Services in November 2008 after more than six years in that position. She guided the Service through an evolutionary phase and we wish her well in her future career. Ms Laurie Leigh was appointed to the position and commenced in March 2009. She has brought a substantial range of experience at both clinical and operational management levels, together with a passion for quality.

The Board approved of ACHS strengthening its capacity for externally commissioned consultancy work and a major study of governance arrangements at the Royal Darwin Hospital was successfully undertaken at the request of the Minister for Health in the Northern Territory. ACHS intends to extend its consultancy activities in the future.

**Financial performance**

Another positive financial result has been achieved, continuing a pattern established over a decade ago. The details are available elsewhere in this report (see page 38). A number of cost pressures continue to impact on the organisation particularly with respect to the operational requirements of delivering the accreditation programs. The organisation remains financially very sound. The membership continues to grow and expand its reach, but none of this can be taken for granted.
Maintaining performance

As part of our existing commitment to external validation of our activities, ACHS extended its involvement in the accreditation programs provided by the International Society for Quality in Health Care (ISQua). The ACHS surveyor training and development program was awarded accreditation in April 2009. This is a new accreditation program offered by ISQua and was developed in response to increasing international requests given the importance placed on surveyor performance in accreditation processes. ACHS was the second organisation to be accredited internationally. We now participate in all three of ISQua’s programs encompassing standards development and review, our organisation and now the surveyor development program.

During 2009 an important, independent review of member and stakeholder organisation’s satisfaction of the products and services provided by ACHS will be undertaken. This is the first review since 2001 and we look forward to sharing the results with you later in the year.

This year has seen us return, with some regret, to a long-term issue, namely fire safety. The variation in compliance requirements and guidance information across Australia seems to have become more marked in recent years. This has led to situations where surveys identified significant risks in some locations despite appropriate certificates of compliance being provided. Whilst these situations have been rare, the variation in practice has resulted in ACHS seeking to document the specific requirements across each jurisdiction to ensure surveys produce consistent and sound advice relevant to each location.

A similar picture has emerged in relation to the credentialling of health professionals. On balance the health system has moved a long way on this issue. However, significant adverse events in recent years have raised its importance and there are variations in the level of performance despite the national standard being published in 2004. Again time has been spent documenting the various approaches partly to ensure a consistent approach by surveyors, but also to draw attention to the need for a single recognised standard that is adhered to, especially as we move towards national registration of health professionals.

Disappointingly we saw the loss of some day surgery members, mainly on the basis that they found the EQuIP requirements, especially in relation to survey processes, burdensome given the typically small organisation size and the limited resources available. The Board has responded by determining that the program requirements for this group be revised and a sector-specific version is expected by the end of 2009.

The National Safety and Quality Agenda

We have continued the close working relationship with the Australian Commission on Safety and Quality in Health Care. Several Board members, Councillors and Executive staff have active roles within the organisational framework of the Commission. The Chief Executive continues as a member of the Commission’s Accreditation Implementation Reference Group that provides advice on the development of the new model for accreditation programs in Australia.

ACHS was awarded two contracts to undertake studies that were instigated as part of the revision of accreditation. They were the Piloting of Short Notice Surveys (sometimes described as unannounced surveys) and Piloting of Patient Journey Methodologies (also known as tracer methodology). Both projects were completed on time and to the satisfaction of the Commission. They reflect well on our emerging recognition as a respected researcher.

It is appropriate to observe that whilst very good progress has been achieved with the national agenda, each stage points to the need for an authoritative and nationally consistent framework to be put in place. This remains the dominant challenge.
Research
At the time of writing this report, the major paper from the Australian Research Council Linkage Grant study into the broadly described value of accreditation is awaiting publication. The project was led by Professor Jeffrey Braithwaite, Director of the Centre for Clinical Governance Research, University of New South Wales and included ACHS and Ramsay Healthcare as collaborators. Several other research proposals directed at extending the evidentiary base behind accreditation are now being developed.

In addition, we have been delighted to join with the Business School, Griffith University, Queensland in its study into human resource management in Australian hospitals. This work is in its early stages but looks very promising. The results will have importance for ACHS standards development and elsewhere.

Partnerships
A very successful National Forum on Safety and Quality in Health Care was held in Adelaide in October 2008 attracting approximately 700 delegates. The Forum was held in partnership with the Australian Commission on Safety and Quality in Health Care, the South Australian Department of Health and the Royal Australasian College of Medical Administrators. The international plenary speakers came from the United Kingdom, The Netherlands and Canada. The Forum provided opportunities for the sharing of knowledge and experience and for the establishment of networks. It is regretted that the Australasian Association for Quality in Health Care decided not to co-partner this event as it had done for the previous two years. ACHS looks forward to re-establishing this partnership in the future.

International business activities
The exciting development has been our success in winning a major tender to work with the Hong Kong Hospital Authority to pilot a hospital accreditation scheme in Hong Kong. Work commenced in May 2009 and excellent progress has already been made. The project is planned to take 30 months and may well lead to a more substantial partnership with the Hospital Authority. This achievement is a wonderful reflection on the reputation of ACHS and everyone associated with it.

In other regions, slow but steady growth has been achieved in expanding membership of the accreditation program.

Thank you
Firstly, the continuing contribution of Baxter Healthcare is gratefully acknowledged. Their support for the Quality Improvement Awards program and in the production of this Annual Report over many years has been most generous.

The stability and commitment of the Board, the contributions by members of Council and the organisations they represent all serve to enrich this organisation. However, none of the positive outcomes for the year in review would have been possible without the contributions of staff in all their differing roles. The final word of thanks goes to the surveyors whose continuing contributions have been highly respected.

Looking forward
For ACHS the next year will see us adopting the next version of our standards. The working parties have already completed initial drafts and we are now entering into the field review and pilot testing phases. The work of the Commission on the development of National Health Standards and survey methodology will be reflected in the end product. It will be important to strike the correct balance between compliance checking and the promotion of a continuous quality improvement philosophy. These are often the two major competing forces impacting accreditation programs. It is ground that can, and does, provoke emotional debate and where the essence of our common goals, a safe patient environment with effective outcomes, can become clouded.

The establishment of clear national directions, consistently articulated by leaders and supported by respected powers to direct performance will be essential to maximise patient safety in a high-quality health system provided by skilled and motivated health professionals.

Thank you

Associate Professor
Peter Woodruff
President

Mr Brian Johnston
Chief Executive
OUR PERFORMANCE

Highlights of the Year

In the past year we:

- Achieved a 93% satisfaction rating with the cohesiveness of the survey team (from our members who completed a post-survey questionnaire), see page 18
- Improved the timeframe for turnaround of accreditation survey reports moving from 54% of reports outside the turnaround benchmark to 16% outside the benchmark, see page 20
- Commenced the review of our Evaluation and Quality Improvement Program (EQuIP 4) to ensure our standards remain current, continue to reflect industry and community expectations and are evidence-based, see page 22
- Were awarded a Hong Kong Hospital Authority tender to assist with the development and implementation of a pilot scheme of hospital accreditation, see the ACHS International report, page 28
- Maintained a modest financial surplus of $27,698, ensuring the ongoing viability of our services, see page 36
- Grew our membership base, see page 50
- Increased our surveyor workforce including several allied health clinicians, see page 60
- Exceeded attendance and evaluation targets for the National Forum on Safety and Quality in Health Care, October 2008, see below

ACHS, in partnership with the Australian Commission on Safety and Quality in Health Care and the South Australian Department of Health (and in conjunction with the Royal Australasian College of Medical Administrators), hosted the National Forum on Safety and Quality in Health Care in Adelaide, 29–31 October 2008. With international and local speakers and facilitators, the Forum addressed the theme: Safety and Quality is Everyone’s Business. Almost 700 attendees ensured attendance targets were exceeded and overall the online evaluations were extremely positive.

Above: Panel session at the National Forum, Adelaide, October 2008. Pictured from left to right: Professor Chris Baggoyle, Professor Ross Baker, Ms Christine Gee, Professor Michael Ward, Professor Richard Grol, Professor Martin Marshall and Dr Normal Swan
Mr Brian Johnston  
Dip Pub Admin (NSWIT), BHA, FCHSE, FAICD, FAIM

ACHS Chief Executive

Brian Johnston has been Chief Executive of the ACHS since November 2000. He has been professionally involved with the ACHS since being appointed as a surveyor in 1985 and was also previously a member of the Standards Committee for six years. He has qualifications in health administration from the University of New South Wales and in public administration from the NSW Institute of Technology (now the University of Technology, Sydney).

Mr Johnston is a Fellow of the Australian College of Health Service Executives, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australian Institute of Management. He holds an appointment as Visiting Fellow, Centre for Clinical Governance Research, at the Faculty of Medicine, University of New South Wales, and is a member of the Management Committee of the Royal Australasian College of Surgeons’ Australian Safety and Efficacy Register of New Interventions Procedures – Surgical. He is the current Chair of the Council for the International Accreditation Programme provided by the International Society for Quality in Health Care (ISQua).

Mr Johnston’s professional career has been wholly in the health industry and includes experience at both departmental and senior health service management levels. He has been involved mainly in the operational management of public health services and facilities, particularly teaching and referral centres since 1977.

Ms Darlene Hennessy  
B Nursing, Grad Dip Adv Nursing, MHA, Grad Cert Marketing

Executive Director – Development

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

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

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

With undergraduate studies in Nursing, Darlene has postgraduate qualifications in Advanced Nursing, Health Administration and Marketing.

In her role as Executive Director Development, Darlene has conducted presentations at major international conferences and was appointed to provide consultancy on standards development to the Kuwait Ministry of Health. As an ISQua surveyor she has participated in the evaluation of healthcare organisations internationally.

ACHS employee analysis as at 30 June 2009

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<th>2003</th>
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<td>No. of full-time employees</td>
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<td>No. of part-time employees</td>
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<td>Total no. of employees</td>
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<td>55</td>
<td>48</td>
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<td>Full-time equivalent</td>
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<td>50</td>
<td>50</td>
<td>48</td>
<td>47</td>
<td>56</td>
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<td>Average years in service</td>
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<td>3.72</td>
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<td>4.74</td>
<td>4.60</td>
<td>6.18</td>
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</table>
Ms Laurie Leigh  
BA (Hons), MA (CANTAB), Dip Nursing (Mental Health), RMN (UK), RN  
Executive Director – Customer Services  
Laurie Leigh joined ACHS in March 2009 as Executive Director – Customer Services from a senior management position within a large area health service. Her portfolio covers the EQuIP membership, the surveyor workforce and the ACHS education program.  
She has qualifications in Social Psychology and Mathematics, Person Centred Counselling and Mental Health Nursing; and is completing an MA in Health Services Management with the University of Technology Sydney.  
Ms Leigh moved to Australia from the UK in 2003 and brings to the ACHS professional experience as a mental health nurse and senior manager for mental health services within hospital and community settings in both countries. Her areas of interest include change management and quality improvement as well as an international perspective in health service delivery. She has a broad experience both as a clinician and as a health service manager in implementing the safety and quality agenda within large complex health service organisations.

Ms Lena Low  
MBA, Grad Dip Mgmt, FAICD  
Executive Director – Corporate Services  
Lena Low has been with the ACHS since November 1995 and has been involved in developing healthcare accreditation systems for over ten years. Her portfolio covers finance, information technology, human resources management, accreditation administration services and business support services.  
Her postgraduate qualifications in business management combined with work experience has enhanced her skills in business finance, statistical analysis and reporting, organisational management, behaviour change management and product development. Her qualifications and experience in healthcare accreditation and the industry facilitates the development, management and evaluation of systems to enable accreditation. She is also a surveyor for the International Accreditation Program provided by the International Society for Quality in Health Care (ISQua) and a Fellow of the Australian Institute of Company Directors.  
Ms Low is completing her PhD on medical clinicians and their role as accreditation surveyors. This study contributes to the groundbreaking research into the correlation between accreditation processes and quality of care undertaken by the Centre for Clinical Governance Research in Health, University of New South Wales in conjunction with the ACHS and other industry partners.

Dr Desmond Yen  
B Com, MBA, DBA, FAICD  
Executive Director – International Business  
Desmond Yen joined the ACHS in July 1995 and is a key member of the ACHS Executive team. His current portfolio primarily covers all aspects of international business. Prior to his current role, he was responsible for the ACHS corporate services. His multiple responsibilities have included strategy, policies and systems development, finance, risk management, information technology and support services. He has been exposed to all aspects of healthcare accreditation requiring interaction with the ACHS Board, Councillors, member organisations and the surveyor workforce.  
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.  
Desmond is a surveyor for the International Society for Quality in Health Care (ISQua) and has surveyed the South African and Malaysian accreditation agencies. Desmond has recently been appointed as the Deputy Chairman Research Committee for the Asian Society for Quality in Health Care (ASQua).  
He holds graduate qualifications in commerce, a Masters degree in Business Administration, a Doctorate in Business Administration and is a Fellow of the Australian Institute of Company Directors. He is also a contributor to an Australian Research Council Linkage project titled ‘Examinations of the relationship between accreditation, clinical and organisational performance’, being undertaken by the Centre for Clinical Governance Research in Health, University of New South Wales in conjunction with industry partners.  
He is currently completing a PhD doctorate on a prospective and retrospective study of the organisational influence of peer accreditation surveyors. His hypothesis is that the presence and influence of surveyors in an organisation has a positive association with health service performance in the ACHS accreditation program and organisational culture.
ACHS Medalist: 2008
Associate Professor Christine Kilpatrick

At the November 2008 Annual Dinner in Sydney, our highest honour was awarded to Associate Professor Christine Kilpatrick for her outstanding achievement and dedication to the promotion of quality and safety in healthcare.

"Professor Kilpatrick's most significant contribution has been as a key member of the Victorian Quality Council (VQC), the expert strategic advisory council established in 2001 to lead the quality and safety agenda for Victorian healthcare services," commented ACHS President, Dr Michael Hodgson AM.

Professor Kilpatrick has been a member of the VQC since its inception in 2001, initially as the inaugural Deputy Chair and from 2005 as Chair during its second term. In this capacity, she demonstrated outstanding leadership in the implementation of a number of significant State and national initiatives that resulted in the VQC becoming a major force in the quality and safety arena, developing resources and programs that are trusted and well known throughout the Australian healthcare setting. One of the key VQC initiatives overseen by Professor Kilpatrick was the development and dissemination of Better Quality, Better Health Care: A Safety & Quality Improvement Framework for Victorian Health Services.

ACHS Quality Improvement Awards 2008

The Quality Improvement (QI) Awards were launched by ACHS in 1996 and have been supported by Baxter Healthcare since 1998.

Open to all EQuIP member organisations, the QI Awards are an annual recognition of achievement and encouragement for quality improvement activities, programs or strategies that have been implemented into healthcare organisations.

The judging of the QI Awards is conducted externally during August and September, with separate panels for each of the three categories, made up of an ACHS Councillor, an ACHS Surveyor and a representative from an EQuIP member organisation.

There were 105 entries in the 2008 QI Awards, with 66 in the Clinical Excellence and Patient Safety category, 31 in the Non-Clinical Service Delivery category and eight in the Healthcare Performance Indicators category. Ms Darlene Hennessy, Executive Director – Development presented the winners of the awards at the ACHS Annual Dinner.
Category: Clinical Excellence and Patient Safety

**Winner** – Liverpool Hospital, Liverpool NSW, for their submission, *Interventional Nephrology – A new horizon in dialysis access management.*

The aims of this project were to reduce unnecessary admissions, better utilise inpatient beds, reduce waiting time for dialysis access surgery and to reduce access-related bacteraemia by 40% over 18 months. The project introduced a very innovative method for gaining dialysis access for patients without the need for operating theatres.

This new process has demonstrated a reduction in access surgery waiting time and access-related bacteraemia fell by 44.8%. There have been no major adverse events with any of the procedures and benefits have been identified for both the patient and the organisation.

Category: Non-Clinical Service Delivery

**Winner** – Dungog Community Hospital, Dungog NSW, for their submission, *Laundry consortium: Smart Cost Benefits to the Community.*

The project involved setting up a modern well-equipped laundry for use by various community volunteer groups in order to deliver a free and cost effective linen service to the community in the Hunter, Lower Hunter and New England areas.

The project enabled palliative care patients to remain at home and also provided a cost-effective, affordable linen service to the aged community at large. To achieve this project, support and commitment was gained from all levels of government, Hunter New England Health (HNE Health), Dungog Shire Council, non-government organisations such as NeighborCare (the lead agent), the community, palliative care volunteer groups and corporate organisations.

Category: Healthcare Performance Indicators

**Winner** – St Vincent’s Private Hospital, Darlinghurst NSW, for their submission, *Warfarin Anticoagulation Safety Project.*

Through the use of best practice guidelines, education initiatives for staff and patients and the use of ACHS Clinical Indicators, a dedicated multidisciplinary team was able to improve medication management for all patients on warfarin within eight months.

Significant results were achieved including a 23% improvement in compliance with warfarin initiation protocols and a 48% improvement in patients receiving warfarin education prior to discharge.

*View the winning and highly commended QI Award entries in full in the Quality Initiatives 2008 publication, available via the ACHS website: www.achs.org.au by selecting ‘Honours and awards’ (under ABOUT US) from the homepage.*
The Customer Services division supports our members to improve the safety and quality of care.

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 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
2. Surveyor Bookings
3. Surveyor Workforce
4. Education and Support Service

1. Customer Services Managers (CSM)

The Customer Services team is responsible for implementing and operationalising accreditation processes in conjunction with other ACHS departments such as Business Services. The CSMs provide a link between ACHS, our members, surveyors and various stakeholders. They are responsible for the promotion and management of ACHS quality improvement programs, such as EQuIP, Quality for Divisions Network (QDN) and Home and Community Care (HACC) reviews for existing and new members.

They coordinate and support the entire survey process, including the review and finalisation of survey reports and accreditation outcomes.

The management of member contracts is another responsibility of the team and is the key to ensuring that each member organisation is matched with the most appropriate accreditation program; and that the survey meets their needs with respect to size and surveyor expertise.

2. Surveyor Bookings

The Surveyor Bookings team works in consultation with the CSMs to ensure surveyors are allocated to survey teams according to the scope for the relevant organisation. Surveyors have the option to nominate for surveys and the most appropriate surveyors, based on their experience and specialties, are invited to join the survey teams.

As at June 2009, our surveyor workforce totals over 400 dedicated health professionals and several consumers from both Australia and overseas. Over half of the surveyor workforce is supported by the organisation that employs them, allowing them to volunteer their time for surveying.

3. Surveyor Workforce

The surveyor workforce consists of experienced, senior healthcare workers with recent and broad experience in healthcare. In addition to several consumer surveyors this includes medical practitioners, nurses, administrators and allied health clinicians. As at June 2009, our surveyor workforce totals over 400 dedicated health professionals from both Australia and overseas. Over half of the surveyor workforce is supported by the organisation that employs them, allowing them to volunteer their time for surveying. Honoraria are paid to surveyors and coordinators who are not remunerated by an organisation for their time during the survey. There is also a full-time surveyor directly employed by the ACHS who has completed over 282 surveys throughout Australia since becoming a surveyor. The recruitment process is ongoing for clinical surveyors due to the strong clinical component in EQuIP 4.

Eighteen Australian surveyors resigned during the reporting period. Retention strategies are being implemented to ensure that we are able to maintain our surveyor workforce.

Please see page 60 for a full list of our surveyors.

Recently there has been an increase in withdrawals of volunteer surveyors from surveys due to the current work climate; as most are in full-time positions within the healthcare industry. Honorarium surveyors have been replacing and assisting the teams at short notice.

Our members complete a questionnaire at the conclusion of their survey process. During the year 93% of customers who completed the questionnaire were “satisfied” or “very satisfied” with the cohesiveness of the survey team at their onsite survey.

Below are some examples of comments from the feedback forms:

“Both Surveyors were very approachable and had excellent suggestions.”

“A comprehensive survey that can only improve the quality of the service.”
“This was a very positive experience for an organisation and the way the survey was conducted and the recommendations given made it a pleasurable and encouraging experience.”

“They didn’t try and compare us to other health services or States rather surveyed as an individual organisation meeting the standards in a way that is appropriate for us.”

In July 2008 a Surveyor Satisfaction Survey was carried out to assess how satisfied the surveyors are with the support they receive from the ACHS. The surveyors also reviewed their impression of ACHS resources, survey issues, the benefits of one full-time surveyor and the surveyor development days. The results were collated and reviewed by the Board and an Action Plan implemented.

Below are some comments from the Surveyor Satisfaction survey:

“I always find the CSM very helpful if I need any additional information or help. This applies to all the staff.”

“I would like to be available for more surveys; however my work commitments prevent this.”

“I find the feedback that I receive from the facility, the coordinator and fellow surveyors as well as the CSM very helpful in pointing out any areas which require improvement. Thank you!”

“I really enjoy this aspect of my professional life and development and would hope to increase in the future.”

4. Education and Support Service

Education for surveyors

To contribute to the ongoing education of our surveyors Customer Services conducts Coordinator Development days and Surveyor Development days for all of our surveyors across Australia. Active surveyors are required to attend at least one full development day session of training per year and the programs change each year depending on surveyor and ACHS requirements. During 2008–2009 the education focused on EQuIP 4 Standards, accreditation processes, survey report writing, AC60 recommendations, our Electronic Assessment Tool and surveying biomedical services.

The reviewed feedback from the Surveyor Satisfaction Survey changed the February and March Coordinator Development days to only occur in New South Wales (NSW) and South Australia (SA) instead of NSW, Queensland, Victoria, SA and Western Australia. The result was extremely positive as coordinators were able to network with a greater number and wider range of coordinators. It added more diversity of input and a broader national perspective on surveying.

During July 2008 to June 2009 we held three inductions in NSW and trained 57 health professionals in surveying techniques. The Australian inductees included five medical practitioners, 14 nurses, 12 administrators and one allied health professional. Due to demand our surveyor inductions continue to include international professionals from areas such as Hong Kong, Bahrain and Dubai.

Education for members

We offer an annual program of education workshops to our members. Topics include:

- Applying the EQuIP Standards
- Clinical Audit
- A Practical Approach to Quality to Achieve Broad-based Participation
- EQuIP for Non-Clinicians
- Changing Organisation Culture
- Health Record Audit
- From Quality Manager to Quality Consultant
- Self-assessment reporting and the Electronic Assessment Tool.

We continued to offer customised onsite programs which are increasing in demand.

![Distribution of Surveyors in Australia](image)

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<td>Western Australia</td>
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As at 30 June 2009

![ACHS Surveyor Workforce by Experience and Background](image)

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</tbody>
</table>

As at 30 June 2009
In addition to the activities described on the previous page, the Customer Services team is responsible for and has been involved in the following projects:

**Mental Health Consumer Surveyors**
To develop and support our consumer surveyors we held two mental health teleconferences to review the National Mental Health Standards, discussing which standards should be assigned to Mental Health Consumer Surveyors and gained feedback on their surveying experiences. From these meetings all the consumer surveyors have been invited to attend the NSW development day in September 2009 and a specific evening session will be conducted.

**State Advisory Committees**
State Advisory Committee meetings are conducted twice a year across all States and are coordinated by Customer Services. The State Advisory Committees provide support to members and key stakeholder groups. In addition the Committees enable the ACHS to consult with members and stakeholders and obtain feedback regarding State and Territory issues relating to quality, safety and accreditation and ACHS products, services and activities.
State Advisory Committee membership includes surveyors, EQuIP members and other jurisdictional stakeholders.

**Home and Community Care**
Throughout 2009 the ACHS has continued to assess compliance with Home and Community Care (HACC) Standards and Criteria, for organisations in Victoria with HACC services that are also undergoing an EQuIP 4 survey. Conducting the HACC review at the same time as the EQuIP survey reduces the burden of participating in two separate surveys.

**Diagnostic Imaging Accreditation Scheme**
In 2008 ACHS was one of four organisations that successfully tendered to accredit Diagnostic Imaging Practices across Australia as part of Stage One of the Commonwealth Department of Health and Ageing Diagnostic Imaging Accreditation Scheme. Diagnostic Imaging Practices were required to register with an accrediting body by 30 June 2008 to be eligible for deemed accreditation. ACHS accepted 320 initial registrations for its program. Once registered with ACHS, the Diagnostic Imaging Practices were required to submit a Self-Assessment for desktop review to determine compliance with four Standards set by the Commonwealth. Practices that successfully meet the standards are awarded with full accreditation. ACHS membership of this program currently stands at 369.

The Commonwealth is currently consulting with stakeholders to develop and implement Stage Two of the Diagnostic Imaging Accreditation Scheme. It is anticipated that the current Standards will be expanded and the scheme broadened to include other Diagnostic Imaging Services not currently required to participate.

**Network of Alcohol and Drug Agencies Membership**
In 2008 ACHS was endorsed by the Network of Alcohol and Drug Agencies (NADA) as the preferred provider of accreditation services to its members. NADA members include NSW Health funded Non-Government Alcohol and Other Drug Treatment Services. Current NADA EQuIP membership stands at 30. Benefits for this membership include the provision of customer support and onsite education and the development of a specific resource tool for NADA members. ACHS is currently developing a memorandum of understanding with NADA.

**Accreditation Program for Tasmanian Mental Health Services**
In March 2009, the ACHS won a tender to accredit Tasmanian Mental Health Services. This involves seven new memberships including a Corporate EQuIP membership for the State Office. An education package has also been negotiated to support the implementation of the accreditation framework across the mental health services.

**Significant activities and outcomes during 2008–2009**
- The Education curriculum has been expanded to help improve knowledge and use of Clinical Indicators. Since its inception, uptake of the ‘Clinical Audit’ workshop has been excellent; 17 workshops have been run across Australia, with 196 health professionals in attendance.
- There has been a continuing involvement of surveyors in ACHS education, their contextual and current knowledge continues to be well received by members. They have included: Health Record Audit (led by Marilyn Sneddon), EQuIP for Non-Clinicians (led by Wesley Carter) and From Quality Manager to Quality Consultant (led by Cathy Bading).
- The ‘From Quality Manager to Quality Consultant’ workshop which was facilitated in three capital cities in 2008 is being run again in 2009.
- Executive Masterclasses, facilitated by Professors Jeffrey Braithwaite and John Øvretveit, were run in three major capital cities on the topic ‘Making Clinical Governance Work’.
- During 2008 a formal application process occurred for part-time ‘Contracted Coordinators’. The contact is an agreement between the coordinator and the ACHS around the number of surveys and survey days that the individual can do as a coordinator or surveyor on a team. The contracted coordinators have been appointed and will begin in 2010. The project will be trialled for a period of two years.
- Concerns were raised by members and other stakeholders regarding the delays in processing accreditation survey reports. ACHS reviewed the survey report process and initiated a quality improvement project. Initial changes have resulted in an improvement from 54% outside the turnaround benchmark to 16%. Additional changes are planned.
Outlook for 2009–2010

- An updated surveyor reappointment process started from July 2009. The reappointment procedure is based on a surveyor activity report obtained from our database. Surveyors will be evaluated with regards to the following:
  - Survey report evaluation
  - Surveyor performance gleaned from evaluations – organisational, coordinator and fellow surveyor
  - Attendance at the Surveyor Development Days
  - Availability and continued commitment to the ACHS
  - Employment status
  - Customer services input.

Reappointment is conditional on the surveyor’s ability to continue to meet the criteria.

- To complement the review of the EQuIP 4 Standards, Customer Services is reviewing some key processes associated with EQuIP, such as the ‘rules’ for determining the level of accreditation awarded following survey.

- Member post-survey feedback is essential for informing and driving improvement to ACHS programs and services. Strategies for improving the member organisation’s post-survey feedback questionnaire response rate are currently under consideration.

- Improvements are being made to the guidelines and processes associated with In Depth Mental Health Reviews. Members and surveyors report confusion with the current requirements.

- Review of Self-Assessment submitted by Diagnostic Imaging Practices in accordance with Stage one accreditation continues. ACHS will continue to consult with the

Commonwealth Department of Health and Ageing and its members regarding Stage Two of the Diagnostic Imaging Accreditation Scheme.

- Feedback from members and surveyors suggests that better information regarding the requirement and conduct of Conditional and Alignment Surveys and Advanced Completion in 60 days (AC60) review is required. Customer Services will develop appropriate guidelines for members and surveyors.

- In response to feedback from new NADA organisations, a new workshop ‘EQuIP for Drug and Alcohol Programs’ has been developed, commencing in July 2009.

- Assessment of the feasibility of utilising e-learning packages will be conducted to provide additional support for members, consumers, the surveyor workforce and staff.
The primary roles of the ACHS Development division are the development and review of ACHS Standards and its accreditation programs as well as the monitoring and measurement of performance by member organisations.

Development provides secretariat support to the ACHS Standards Committee and the unit is also responsible for initiating and managing ACHS research activities into accreditation and quality improvement processes.

Special project development in collaboration with Federal and State/Territory health services is undertaken by the Development unit, which also develops support publications and resource tools for the EQuIP program.

The ACHS annual Quality Improvement (QI) Awards are also administered by the Development unit.

The three service areas are:
1. Standards and Program Development
2. Performance and Outcomes Service
3. Research.

1. Standards and Program Development

Review of the EQuIP 4 Standards

The key area of responsibility for Standards and Program Development during 2008–2009 has been to direct the review of the EQuIP 4 standards.

A review of the EQuIP program and its standards is conducted by the ACHS every four years in collaboration with industry and stakeholders, to ensure the program remains current, evidence-based and reflects best-practice.

Nine working groups were established between March and June 2009 to undertake the review. Representation on the working groups is voluntary and drawn from consumers and the ACHS EQuIP membership. From a total of almost 300 applications, members were selected to ensure representation of the geographic, professional and service diversity of our membership. Each working group, chaired by a member of the ACHS Standards Committee, focused on a subset of related EQuIP standards and criteria:

- **Group 1**: Continuum of Care
- **Group 2**: Access, Appropriateness and Effectiveness
- **Group 3**: Safety Management
- **Group 4**: Consumers and Risk Management
- **Group 5**: Human Resources
- **Group 6**: Information Management
- **Group 7**: Governance
- **Group 8**: Workplace and Environment
- **Group 9**: Health Promotion

Through a process of issues review and discussion, the working groups considered each EQuIP 4 standard, criteria and element. At the end of the process, a set of draft standards and associated issues for discussion was prepared for the Standards Committee and the Board of the ACHS.

A field review of the first in a series of draft revised standards was completed in October 2009. Comments were received from over 300 respondents. For an update on the progress of the standards review, visit www.achs.org.au

2. Performance and Outcomes Service

Membership of the ACHS Clinical Indicator program has grown in 2008–2009 with over 730 healthcare organisations across Australia and New Zealand now participating in the program.

The Performance and Outcomes Service develops, collects, analyses and reports ACHS Clinical Indicators. The Clinical Indicator program was established by the ACHS in 1989 to facilitate the measurement of important aspects of health service delivery for members of the ACHS EQuIP program.

The ACHS Clinical Indicator program currently collects over 380 indicators across 23 different clinical areas. It is a national system that allows healthcare organisations to benchmark against similar organisations.

The Performance and Outcomes Service works with Australian and New Zealand medical colleges and societies to develop reliable indicators that will reflect variations in care delivery processes or outcomes. The Performance and Outcomes Service also collaborates with clinicians, consumers, the National Centre for Classification in Health at the University of Sydney and the Health Services Research Group (HSRG), University of Newcastle.

The Performance and Outcomes Service reports the clinical indicator data in several ways:

- **Comparison Reports** are generated six-monthly following submission of data by healthcare organisations. Separate reports are provided to individual healthcare organisations and compare the organisation’s results with national aggregated and national peer results for each six-month time period.
- **Australasian Clinical Indicator Report** is published annually for general distribution. The report summarises clinical indicator data provided to the ACHS by healthcare organisations.
- **Individual Hospital Trend Reports** are provided to individual organisations and show trended comparative data from 2001.
- **Custom Reports** are generated to meet the needs of corporate members or members at an area health service level.
Review of indicator sets 2008–2009
The Performance and Outcomes Service coordinated the review and release of three revised indicator sets in January 2009: Internal Medicine, Hospital-Wide and Mental Health Inpatient.
A review of the Hospital-Wide Clinical indicators was timely, given the announcement by the Federal Government in April 2008 of plans to introduce a set of mandatory national performance indicators for the health system. Some of the proposed national indicators for the acute sector are common to indicators included in the ACHS Hospital-Wide indicator set, such as the indicators for hospital readmissions, unplanned return to operating theatre, medication errors, pressure ulcers, patient falls and venous thromboembolism prophylaxis. The Working Party agreed to align the Hospital-Wide clinical indicators with the national performance indicators where there was overlap.

Membership
Membership of the ACHS Clinical Indicator program has grown in 2008–2009 with over 730 healthcare organisations across Australia and New Zealand now participating in the program on a six-monthly basis. The ACHS welcomed the entry of three private hospitals from Indonesia into the Clinical Indicator program in July 2008.

3. Research
The focus of ACHS research is to collaborate with established research bodies and government agencies in the investigation of quality management initiatives and accreditation.
In 2008–2009, the ACHS was invited to undertake two research projects administered by the Australian Commission on Safety and Quality in Health Care, forming a part of the Commission’s investigations into accreditation processes.

Patient-Journey Methodology
In response to a tender from the Commonwealth Department of Health and Ageing, administered by the Australian Commission on Safety and Quality in Health Care, the ACHS undertook a study into the patient journey accreditation survey method in conjunction with the Centre for Clinical Governance Research in Health, University of New South Wales.
The patient-journey methodology traces the patient journey through a facility, documented by the record, in order to review performance. This methodology was tested as an accreditation method in parallel with the normal EQuIP accreditation survey method. Eighteen ACHS EQuIP member organisations were surveyed using the patient-journey methodology alongside the usual scheduled EQuIP accreditation survey. Ratings against the accreditation standards and criteria of each organisation were compared.
The project commenced in October 2008 and results were reported to the Commission in February 2009.

The Introduction of PIRT Online
Development of the online version of the Performance Indicator Reporting Tool (PIRT) to submit data to the Clinical Indicator program commenced in 2008 with the objective of converting the existing CD-ROM based tool to a web-based application.
The web-based Performance Indicator Reporting Tool, PIRT Online, went live in January 2009. All members of the program will be migrated to PIRT Online for the reporting of the First Half data collection period 2009.
The ACHS is currently developing new features which can be added to PIRT Online such as trended data and graphic displays of indicator data.
There are several benefits for ACHS and for members of the ACHS Clinical Indicator program in moving to an online data collection and reporting system. Such as:
- no need for members to install updates and new versions of the PIRT application (this will now be managed centrally)
- greater accessibility for multiple users and from multiple locations
- ability to add additional new functionality and features over time, and
- greater interactivity.

Short-Notice Surveys
The study to pilot the short-notice method of accreditation survey commenced in November 2008 and was undertaken by the ACHS in partnership with the Centre for Clinical Governance Research in Health, University of New South Wales and Australian General Practice Accreditation Limited (AGPAL).
Organisations that did not have an imminent survey were invited to participate. The organisations that volunteered to participate in the study were given two days notice of their survey, which was then performed using a limited number of criteria from the relevant accreditation agency’s standards (the selection of criteria reflected the Commission’s current priorities for national consideration and action). The organisation’s level of performance was then compared with its previous assessment ratings for the same criteria in their most recent survey.
Twenty ACHS members participated in the project. A small team of survey coordinators undertook all the surveys and reported their findings. The results of this study were reported to the Commission in May 2009.
Griffith University

The ACHS collaborated with Griffith University, Queensland in providing de-identified survey data from EQuIP 3rd edition surveys 2003–2007 for a study: Improving Human Resources and Employee Engagement in Australian Hospitals.

The study, led by Dr Keith Townsend, investigated the possible correlations between the level of accreditation performance in the EQuIP 3rd edition Continuum of Care function against the four other EQuIP 3rd edition functions – Leadership and Management, Human Resources Management, Information Technology and Safe Practice and Environment.

The preliminary findings from the study were presented by Dr Townsend to the ACHS Council meeting in June 2009.

Research Advisory Panel

The ACHS established the Research Advisory Panel in 2005. The panel is co-chaired by Darlene Hennessy, Executive Director – Development and Professor Jeffrey Braithwaite, Director, Centre for Clinical Governance Research in Health, University of New South Wales.

Members of the ACHS Research Advisory Panel 2008–2009:

- Dr Rosalie Boyce
- Professor Jeffrey Braithwaite (co-chair)
- Professor Don Campbell
- Associate Professor Robert Gibberd
- Ms Darlene Hennessy (co-chair)
- Mr Brian Johnston (ACHS Chief Executive)
- Ms Laurie Leigh (ACHS Executive Director – Customer Services)
- Professor Sandy Middleton
- Ms Sally Nathan
- Dr Sue Phillips
- Professor Sally Redman

Sydney Southwest Private Hospital

Liverpool Hospital, Maternity Ward, Sydney
The Corporate Services division incorporates support services and operational functions, utilising specialised knowledge and technology to serve internal and external stakeholders. This includes financial services/human resource management, information technology services, business support services, accreditation administration services and education administration services.

Key Performance Indicators
- Accurate and timely financial reporting
- Organisation-wide risk management
- Information systems development and support for the organisation
- A comfortable and safe working environment
- Provision of stable workforce and sound support services
- Comprehensive, accurate and accessible information on the past performance and current status of the business
- Corporate policies and procedures to support operations
- Analysis and trending of reports from customer evaluations to ensure client satisfaction
- Evaluation reports on issues such as information technology (IT), Occupational Health & Safety (OH&S) and the working environment.

Financial services/human resource management
The financial services/human resource management unit is responsible for accurate and efficient accounting/financial services and the management of matters relating to ACHS staff.

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.

Key achievements of this division over the past year are:

New accounting software package SAP Business One
- Implemented and integrated with current customer relationship management (CRM) database system, this allows improved custom financial reports and other business intelligence data and integrated invoicing, accounts receivable and accounts payable. All of the above ensures more control, accurate information, and better long and short-term strategic decision making capabilities.
- The new system will cater for the expanding requirements of ACHS well into the next decade.
- The next step is to integrate payroll management into SAP Business One.

Board reporting
- Board financial reports now show current year-end budget review and the previous year's actual year-end figures to enable comprehensive comparative analysis to support board and management planning.
- Bank reconciliation is also a new item reported to the Board.
- ACHS has also implemented a Board-approved financial delegations policy.

Work environment
ACHS ensures that the health and welfare at work of all employees is top priority. In support of this, the following initiatives have been undertaken:
- Flu vaccinations available to all staff paid by ACHS
- Introduction and implementation of criminal checks policy on new staff
- Regular OH&S meetings to monitor and review incidents
- Incident data/OH&S Quality Monitoring Tool issues aggregated for trend analysis to enable quality improvements
- Occupational Health and Safety Committee
- Compliance training
- All staff trained in fire safety as required by legislation
- Comprehensive insurance programs

The average length of service of staff at ACHS as at 30 June 2009 is over five years.
Investment in Human Resources

Staff development is encouraged. The following internal and external further education and training is supported:

- As at 30 June 2009 ACHS has four trainees completing their Certificate III in Business compared to three in previous years.
- ACHS also provides support for staff undertaking external study. Currently there are:
  - five staff in postgraduate university courses (PhD and MHealth)
  - two staff in professional courses (CPA and IT).
- Education and training also extends to Board Members and Executive Directors. Provision for training revolves around Governance and Directorship issues.
- Annual training for all surveyors is held nationwide.

The annual business plan provides that approximately 7% from the salaries and wages budget is allocated to training and development. Multiskilling and cross training of staff is encouraged within the organisation.

Information Technology (IT) Services

The IT division supports and manages all computer-based information systems used at the ACHS. This includes design and development of ACHS custom software applications, purchase and replacement of hardware, monitoring of system performance and the conversion, storage and secure retrieval of data.

Key achievements of this division over the past year are:

- Review of IT strategic and business plan
  - Disaster recovery plan reviewed and updated, strategies implemented this year include data mirroring for increased data protection, availability and the minimisation of downtimes
  - Purchased and installed dedicated security hardware which provides intrusion detection and prevention, anti-virus, content filtering and continuous data protection backup
  - User manuals and disaster recovery procedure manuals developed and tested
  - Cost effective change from analog to digital telephone contracts
  - Audit of office equipment resulting in replacement of all machines with expired warranties.

- Implementation of systems for Quality Health New Zealand
  - This project involved development and implementation of IT applications, implementation and maintenance of disaster recovery management systems, continually improving the IT infrastructure and resources, and aiming towards standardisation of infrastructure and maximum integration of all systems.

- Electronic Assessment Tool (EAT)
  - EAT v4 is in its third year since the 2007 release to all member organisations and ACHS surveyors as the main data collection tool used for the accreditation process. The number of EAT users has increased to over 3,000 and continuous improvements have been made to the online and offline versions of the tool based on user feedback.
  - The new ‘Data protect’ function was developed to minimise data loss due to network connection dropouts.

- Performance Indicator Reporting Tool (PIRT)
  - PIRT is a Windows-based application provided to organisations that participate in the ACHS 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 is 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 area includes business support services, accreditation administration services and education administration services. These business units provide multiple services to customers, surveyors and staff.

Business support services
Responsible for:
- data collection, analysis, evaluation and benchmarking of operational functions and survey reports to support decision-making
- Analysis of accreditation data to enable promotion, research and publication of information in relation to quality in healthcare
- IT support to internal and external users on ACHS customised software applications.

Some key initiatives over the past year include:
- Key Performance Indicator reports – ensuring that information is accurate, timely and relevant to assist with strategic directions and reporting to the Board
- Ensuring that IT applications are user friendly by understanding and negotiating the end-user requirements and seeking solutions to meet those needs
- Providing end-user technical support, education and training for optimal utilisation of IT resources
- Audit on data integrity relating to membership fields in the ACHS database
- Review of Corporate policies and procedures to ensure currency and areas of potential risk are eliminated and managed.

Accreditation administration services and education administration services
The two units provide all administrative operational services for the accreditation program and education services. Some key initiatives over the past year include:
- The review of survey report processes introduced in January 2009 resulting in the improvement of turnaround times of survey reports
- Centralisation of work processes performed by the Administrative Assistants team resulting in efficient workflows and improved support for both internal and external customers
- Development of procedure manuals for all work groups in the accreditation and education administration services to enable cross training and multiskilling amongst the teams
- Audit of customer correspondence files conducted to ensure that all information is relevant and accurate.

Other activities in 2008–2009 included:
- In-house computer-based training programs made available to all ACHS staff, who are also encouraged to identify training needs at staff meetings or submit requirements via the electronic Quality Monitoring Tool
- Comprehensive insurance programs covering directors and officers; industrial special risks; professional indemnity; public/products liability and corporate travel are current to February 2010
- Risk management plan and framework reviewed together with risk management register
- Provision of business intelligence and operational support for ACHS and ACHSI
- Complaints management system developed and implemented.
ACHS International (ACHSI) experienced continuous growth in the year 2008–2009. Interest in the ACHS accreditation program has significantly increased resulting in several successful outcomes and projects and reaffirming our position as a credible international accreditation body.

Some key achievements and activities over the year include:

- Commencement of the Hong Kong Hospital Authority (HKHA) Project
- A Memorandum of Understanding (MoU) signed with Dubai Health Authority (DHA) followed by a proposal to provide assistance establishing a local accreditation agency
- An agreement signed with five organisations (two in India and three in the Middle East) to act as an “ACHSI Certified Consulting Agent/Trainer”
- An increase of the membership base in the Middle East and India
- Participation in an accreditation symposium in Jeddah and Arab Health 2009 in Dubai.

ACHSI continues to focus on the service delivery of our accreditation programs and education/consultancy services in the target markets – the Middle East, India and Hong Kong/China. Interest from other Asia-Pacific countries has compelled ACHSI to expand its area of operations. During the past year ACHSI also hosted numerous delegations to Australia, from countries including Vietnam, China and the United Arab Emirates.

**International activities 2008–2009**

**Middle East**

An MoU was signed with DHA and a proposal to deliver assistance in establishing a local accreditation agency was provided. ACHSI will conduct educational training workshops for DHA in preparation for them to establish an accreditation agency using the ACHS EQuIP model. Additionally, three agreements were signed with two organisations in Dubai and one in Bahrain to act as an “ACHSI Certified Consulting Agent/Trainer”. These organisations will assist ACHSI in developing market research and programs for selected organisations in the region.

Following participation at an accreditation symposium held in Jeddah, a proposal was provided for assistance in supporting the Central Board of Accreditation for Healthcare Institutions (CBAHI) in Saudi Arabia.

ACHSI and Quality in Practice (QIP) also jointly participated in Arab Health 2009 in Dubai.

**India**

Five Manipal Cure and Care centres – two in Bangalore and one each in Mumbai, Ahmadabad and Pune, were awarded accreditation status in 2008.

We continue to maintain our relationship with Quality Council of India (QCI) and National Accreditation Board for Hospitals and Healthcare Providers (NABH) as per the MoU signed in July 2006. Two organisations in India were appointed as an “ACHSI Certified Consulting Agent/Trainer”.

**Hong Kong**

ACHSI was awarded a contract by the Hospital Authority (HA) to assist with the development and implementation of a Pilot Scheme of Hospital Accreditation for five public and three private hospitals in Hong Kong. Work on the project commenced on 18 May 2009. The project will run over the next three years.

**Overseas Surveyors**

During the reporting period a total of 25 international attendees participated in the Surveyor Induction Workshop, out of which seven were from the Middle East and 18 were from Hong Kong. To date, a total of 55 attendees have participated in the Surveyor Induction Workshop. Three overseas surveyors were formally appointed ACHS Surveyors.

**Outlook for 2009–2010**

The outlook for the 2009–2010 financial year appears positive despite the global recession and strong competition. A number of organisations are in the process of preparing for accreditation survey and several proposals are in progress. International recognition of the Australian model of accreditation has generated strong interest from other Asia-Pacific countries including Korea and Singapore.
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 Board is responsible to the Council for the direction and oversight of ACHS activities and provides a report on performance at the ACHS Annual General Meeting. Both bodies are guided by the Corporations Law and the Constitution of the Australian Council on Healthcare Standards, adopted in 1974 and regularly reviewed.

Functions and responsibilities of the Board
The Board has adopted statements of vision and mission which are designed to determine the organisation’s strategic direction, and has endorsed organisational values and behaviours to ensure its operations are conducted to meet high standards of service and professionalism, see page 3.

During 2008–2009 the organisation’s Corporate and Strategic Plan was revised (see page 6). It provides a concise statement of organisational direction. The planning process was undertaken under the auspices of the Board and involved the Council, other stakeholders and staff. The planning period was limited to three years due to the dynamic environment around quality and safety in healthcare.

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. During 2008–2009 the Board consolidated the role of the Financial Review Advisory Group. This is now a formal component of its governance framework and, in part, reflects the growth in business as well as the continuing challenges of sound financial stewardship especially in the current adverse financial conditions.

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.
Annual General Meeting: November 2008
Outgoing President, Dr Michael Hodgson AM, completed his maximum allowable term on the Board (under the ACHS Constitution). 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 President. Ms Karen Linegar, representing the Royal College of Nursing, Australia, was elected as the Vice-President. Mr John Smith PSM, one of three Councillors representing the Australian Hospitals and Healthcare Association, was re-elected Treasurer. Ms Helen Dowling, representing the Allied Health Professions Australia Ltd, was elected to the Board.

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 legal and regulatory requirements.
Our executive appointments are approved by the Board.

Remuneration
Maintaining our staff remuneration policies and conditions to remain competitive to market and industry benchmarks is an ongoing challenge.
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 matters relating to EQuIP program standards. The President of the ACHS is a member of the Standards Committee.
The Standards Committee plays a significant role within the governing structure of the ACHS providing expert and independent guidance and direction in the development of new standards or revisions to existing standards and programs. The Committee 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. Along with the ACHS President, the Chief Executive, Executive Director – Customer Services and Executive Director – Development are also members of the Standards Committee.
The Development unit provides secretariat support to the Standards Committee under the guidance of the Executive Director – Development.
The committee Chair is ACHS Board member, Ms Helen Dowling who has been a member of the committee since 2004. The chair of the editorial sub-committee is Dr Philip Hoyle.
The key responsibilities for the Standards Committee during 2008–2009 were overseeing the development of the principles for the review of the EQuIP 4 standards and the commencement of the review as well as assessing the applicability of the EQuIP 4 standards for day procedure centres. Members of the Standards Committee chaired each of the Working Parties which were established to undertake the review of EQuIP 4.
The committee also made recommendations to the ACHS Board on the development of specialty standards by external organisations.
The membership of the Standards Committee 2008–2009 and attendance at meetings were as follows:

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<tr>
<td>Ms Helen Dowling (Chair 2008–)</td>
<td>NSW 4</td>
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<tr>
<td>Dr Michael Hodgson AM (Chair 2001–2008) FAMA, MBBS (Qld), FANZCA, FRCA, AFCHSE</td>
<td>TAS 1</td>
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<tr>
<td>Ms Jackie Bullock RN, BA (Govt Studies) Ecowan</td>
<td>WA 4</td>
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<td>Ms Margo Carberry RN, C&amp;FHIN, AFA AQHC</td>
<td>NSW 4</td>
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<tr>
<td>Assoc Prof Brett Emmerson MB BS (Qld), MHA (NSW), FRANZCP, FRACMA</td>
<td>QLD 4</td>
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<td>Dr Philip Hoyle MB BS, MHA, FRACMA</td>
<td>NSW 4</td>
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<td>Mr John Kenny BSc, Grad Dip QA</td>
<td>NZ 4</td>
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<td>Ms Leith MacMillan RN</td>
<td>QLD 2</td>
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<tr>
<td>Ms Sue McKean MHSc (Risk Management), Grad Dip (OHS), Dip OHS</td>
<td>QLD 4</td>
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<td>Ms Alison McMillan RN, BEd, MBA</td>
<td>VIC 4</td>
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<td>Ms Sandra Miller BHSc (MRA), Grad Dip HSc (Epi &amp; Bio)</td>
<td>WA 3</td>
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<td>Mr Stephen Walker BBus, Grad Dip (Acc), Dip Eng</td>
<td>SA 4</td>
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<td>Ms Patricia Warn BA</td>
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A Meetings held during the period of office of the member
B Meetings attended by the member
CORPORATE GOVERNANCE

ACHS Board of Directors

Representing consumers, governments and the Australian healthcare industry.

As at 30 June 2009

Associate Professor Peter Woodruff
Pres ident
MBBS, ChM, FRCS, FRACS, FACS
- ACHS Board member since 2002
- ACHS Vice President 2007–2008
- Board member – ACHS International, 2008
- National Advisory Committee Chair, 2002–2003
- Honorary Treasurer, Royal Australasian College of Surgeons, 2000–2002
- Chairman and Director of Vascular Surgery, Princess Alexandra Hospital, Qld since 2003
- Vice President, Royal Australasian College of Surgeons, 2003–2005
- Member of Medical Board, Qld since 2005
- Court of Honour Royal Australasian College of Surgeons

Ms Karen Jane Linegar
Vice President
RN, RM, BA AppSc (Nursing), BA Bus, MHA, Dip. Comm. Law, JP, FRCNA
- ACHS Board member since 2004
- ACHS Vice President since 2008
- ACHS Councillor (RCNA representative) since 2004
- Executive Director of Nursing, Midwifery and Care Redesign – North West Area Health Service 2009
- Director of Nursing – North West Regional Hospital, Burnie 1994–2009
- President Royal College of Nursing, Australia 2002–2004
- Board member Royal College of Nursing, Australia 2002–2007
- Chair Nursing Board of Tasmania 2000–2003
- ACHS surveyor since 2005
- Chair ACHS Tasmanian Advisory Committee since 2005

Front row seated from left to right: Associate Professor Peter Woodruff (President), Mr Brian Johnston (ACHS Chief Executive), Ms Karen Linegar (Vice President), Mr John Smith (Treasurer), Ms Helen Dowling

Standing from left to right: Dr Robert Porter, Mr Michael Roff, Ms Kae Martin, Mr Stephen Walker, Mr Russell McGowan, Dr Noela Whitby, Dr Dana Wainwright, Dr Len Notaras
CORPORATE GOVERNANCE

ACHS Board of Directors

Ms Helen Dowling
BPharm, Dip Hosp Pharm (Admin), Grad Dip Ql in HCare, CHP, FSHP, AICD

- ACHS Board member since 2008
- Chair, ACHS Standards Committee since 2007
- Area Director of Pharmacy, Hunter New England Health since 2008
- Director of Pharmacy, Greater Newcastle Sector, Hunter New England Health, 2001–2008
- Member and currently Vice President, Pharmacy Board of NSW since 2006
- Member NSW Health Caring Together Independent Panel since 2009
- Member NSW Health Medication Safety Strategy Steering Committee since 2009
- Federal President, The Society of Hospital Pharmacists of Australia (SHPA), 1999–2002
- SHPA GlaxoSmithKline Medal of Merit recipient 2005

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

- ACHS Board member since 2003
- Executive Director, Business Development, Planning & Performance, Central Northern Adelaide Health Service since 2004
- Director, Acute Care & Clinical Services, SA Department of Health, 2000–2004
- Marathon runner

Mr Russell McGowan
BA (Adelaide)

- ACHS Board member since 2001
- ACHS Consumer Surveyor since 2001
- National Advisory Committee Chair, 2003–2005
- Consumer Commissioner, Australian Commission on Safety and Quality in Health Care since 2008
- Director, Australian Divisions of General Practice since 2003
- Member, ACT Health Council since 2003
- Governing Committee Member, Consumers Health Forum since 2002
- Community Member, National Blood Authority Board, 2003–2007
- Consumer representative on numerous local and national healthcare committees

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

- ACHS Board member since 2002
- Clinicians Involvement Working Group Chair, 2003–2004
- General Manager, Royal Darwin Hospital since 1994
- Senior Superintendent NT Acute Care Network since 2003
- Member NT Medical Board since 1996
- Chair NT Radiographers Board since 1997
- Senior Lecturer NT Clinical School since 1995
- NT President ACHSE since 2003
- Chair NT Acute Care Quality Committee since 2003
- Medical Director of the NT Medical Administration Network since 2005
- Region #1 Top End Medical Disaster Coordinator
- Executive Director, National Trauma and Critical Care Response

Dr Robert Porter
MBBS, FRACGP, FRACMA, AFCHSE

- ACHS Board member since 2003
- ACHS Councillor since 1998
- 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 2007–2008
- Consultant in Medical Administration since 2007

Mr Michael Roff
Grad Cert Mgt

- ACHS Board member since 2003
- Chief Executive Officer, Australian Private Hospitals Association since 2000
- Member, National Health Performance Committee since 2000
- Member, Private Health Industry Quality & Safety Committee, 2000–2004
- Member, National Centre for Classification in Health, Management Advisory Committee since 2000
- Director, Australian Centre for Health Research since 2006
Mr John Smith PSM
Treasurer
MHA, Grad Dip HSM, AFACHSE, CHE, FAHSFMA, AFAHRI, AFAIM, FHFM, FAICD
- ACHS Board member since 2005
- Chief Executive Officer, West Wimmera Health Service
- ACHS Treasurer since 2007
- Board member – ACHS International, 2008
- ACHS Councillor since 2000
- National Councillor – Australian Healthcare and Hospitals Association since 2000
- Director Victorian Healthcare Association 1997–2004
- Board Member, The Victorian Hospitals Industrial Association Limited since 1994

Dr Dana Wainwright
MBBS, FRACP
- ACHS Board member since 2003
- VMO Royal Brisbane Hospital
- Past Chair, AMA Federal Council 2003–2008
- President of AMA Queensland 1998–1999
- Chairman of Medical Staff Association Royal Brisbane Hospital since 2006
- Adverse Drug Committee of TGA since 2000
- Australian Medical Council member since 2004
- Deputy Chairman, Medical Assessment Tribunal, Workers Compensation Regulatory Authority since 2004

Mr Stephen Walker
As Dip Eng, B Bus, Grad Dip Acc, AICD, AFACHSE
- ACHS Board member since 2006
- Chief Executive Officer, St Andrew’s Hospital, Adelaide since 2001
- Board member, Australian Private Hospitals Association (APHA) since 2005
- President, SA Branch APHA since 2004
- Chairman, APHA National Safety and Quality Committee since 2007
- Member, Private Hospital Sector Committee, Australian Commission on Safety and Quality in Health Care since 2007
- Past Vice President, SA branch ACHSE
- Past ACHS and QHNZ Surveyor

Dr Noela Whitby AM
MBBS (Qld), Grad Dip HumNut, DPD, FRACGP, FAICD
- ACHS Board member since 2000
- ACHS Vice-President 2005–2007
- Board member – ACHS International since 2006
- Chair, National Expert Committee on Standards of RACGP, 2002–2005
- Member, National Expert Committee on Standards of RACGP since 1994
- 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 since 2005
- Chair, National Asthma Council Australia since 2008
- General Practice Principal, Carindale Medical Clinic, Brisbane since 1979
- Associate Professor of General Practice, Bond University 2006–2007
- Fellow of the Australian Institute of Company Directors

Attendance at ACHS Board Meetings July 2008–June 2009

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<td>A/Prof Peter Woodruff</td>
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<td>Mr Russell McGowan</td>
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<td>Dr Len Notaras AM</td>
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<td>Dr Dana Wainwright</td>
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<td>Mr Stephen Walker</td>
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<td>Dr Noela Whitby AM</td>
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A Meetings held during the period of office of the Board member
B Meetings attended by the Board member
As at 30 June 2009
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 to 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.

ACHS Council members, their qualifications and bodies represented were:

Ms Jennie Baker
BHSc (Mgt), BBus (IR), MLegSt, MIR, FCHSE, CHE
Australian College of Health Service Executives

Mr Richard Bartlett
BA, PhD, Grad Dip IT
Commonwealth Department of Veterans’ Affairs
(resigned 04/2009)

Dr Patrick Bolton
MBBS, Grad Dip Comp Stud, MBA, PhD, EMBA, FRACGP, FRACMA, FACHI
Australian Healthcare and Hospitals Association
(appointed 12/2008)

Mr Ken Campbell
BSc (Chem Econ), RN, Grad Dip Prof Mgt, AFCHSE
Department of Health and Human Services, Tasmania
(resigned 12/2008)

Dr Margaret Cowling
MBBS, FFARACS, FANZCA
Australian and New Zealand College of Anaesthetists

Prof. David Davies
BSc, MBChB, MD, FRCPA
The Royal College of Pathologists of Australasia

Dr Paul Devenish-Meares
MBBS, FRANZCOG, FRCCOG
Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Dr Stuart Dorney
MBBS, FRACP
NSW Health
(appointed 01/2009)

Ms Helen Dowling
BPharm, Dip Hosp Pharm (Admin), Grad Dip Qi HCare, CHP, FSHP, AICD
Health Professions Council of Australia

Ms Jenny Duncan
RN, RM, Grad Cert Occ Ther, BAdmin (Nurs), FCN, FRCN
Catholic Health Australia

Ms Tanya Gawthorne
BSc, Grad Dip Ed, Grad Dip Pub Hlth, MAppEpid
Department of Health, Western Australia

Ass. Prof. Deborah Green
BSocStud
Australian Healthcare and Hospitals Association
(resigned 07/2008)

Dr Michael Hodgson AM (President)
MBBS, FAMA, FANZCA, FRCA, AFCHSE
Australian Medical Association
(resigned 11/2008)

Mrs Alice Jones
RN, RM, CHCNS, BAppSc (Nurs)
ACT Health

Mr Mark Kearin
RN, ADCNS (Geront Nurs), BHSc (Mgt), MHCSc (Mgt),
Australian Nursing Federation

Ass. Prof. Peter Kendall
MBBS, DA, FRACP, FCCP
Royal Australasian College of Physicians
(appointed 05/2009)

Ms Karen Linegar (Vice President)
RN, RM, BAppSc (Nurs), MHA, Dip Comm Law, FRCNA, JP
Royal College of Nursing

Dr David Lord
MBBS, DPM, FRANZCP
Royal Australian and New Zealand College of Psychiatrists
(appointed 04/2009)

Ms Kim Loveday
Department of Veterans’ Affairs
(appointed 05/2009)
Dr Sally McCarthy  
MBBS, MBA, FACEM  
Australasian College for Emergency Medicine

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

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

Ms Leith MacMillan  
Australian Day Surgery Council  
(resigned 07/2008)

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

Ms Maralyn Masters  
RN, Op Cert, Grad Dip HSM  
Australian Day Surgery Council  
(appointed 08/2008)

Dr Jon Mulligan  
MBBS, MHA, FRACP, FRACMA, AFCHSE, FAIM, FAICD  
Council Life Member

Dr Leonard Notaras AM  
LLB, BA, Dip Comm, BMed, MHA, MA, AFCHSE,  
Northern Territory Department of Health and Community Services

Dr Robert Porter  
MBBS, FRACGP, FRACMA, AFCHSE  
Royal Australasian 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  
FAAQHC  
Australasian Association for Quality in Health Care

Dr Paul Scown  
MBBS, BHA, FRACMA, AFCHSE, CHE  
Australian Healthcare and Hospitals Association

Mr John Smith PSM (Treasurer)  
MHA, Grad Dip HSM, AFACHSE, CHE, FAHSFMA, AFAHRI, AFAIM,  
FHFM, FAICD  
Australian Healthcare and Hospitals Association

Dr Dana Wainwright  
MBBS, FRACP  
Australian Medical Association

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

Dr Noela Whitby AM  
MBBS, Grad Dip Hum Nut, FRACGP, FAICD  
Royal Australian College of General Practitioners

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

Dr Ian Woodforth  
MBBS, FANZCA  
Australian Medical Association  
(appointed 12/2008)

Associate Professor Peter Woodruff (President)  
MBBS, ChM, FRCS, FRACS, FACS  
Royal Australasian College of Surgeons

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

5 Resigned; 7 Appointed
1 Nomination pending as at 30 June 2009:  
Department of Health and Human Services, Tasmania

Sydney Southwest Private Hospital
FINANCIAL PERFORMANCE

Directors’ Report

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 2009.

The names of the members of the Board in office during the reporting year are:
- Ms Helen Dowling – (appointed 27 November 2008)
- Dr Michael Hodgson AM
- Ms Karen Linegar
- Ms Kae Martin
- Mr Russell McGowan
- Dr Leonard Notaras AM
- Dr Robert Porter
- Mr Michael Roff
- Mr John Smith PSM
- Dr Dana Wainwright
- Mr Stephen Walker
- Dr Noela Whitby AM
- 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 healthcare 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 2008–2009 period.

Operating results

The consolidated net profit for the financial year ended 30 June 2009 before extraordinary items was $27,698. 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

During the year, ACHS International Pty Ltd (ACHSI), a wholly owned subsidiary of the ACHS, continued to expand its strategic collaborative links internationally. ACHS was awarded a contract by the Hong Kong Hospital Authority to assist with the development and implementation of a Pilot Scheme of Hospital Accreditation.

A Memorandum of Understanding was signed with Dubai Health Authority followed by a proposal to provide assistance in establishing a local accreditation agency.

A total of five organisations, two in India and three in the Middle East, were appointed as “ACHSI Certified Consulting Agent/Trainer”.

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.

Remuneration report
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.

Auditor’s independence declaration
The auditor’s independence declaration for the year ended 30th June 2009 has been received and can be found directly below the directors’ report.

The report of the Directors, incorporating the Remuneration Report, is signed in accordance with a resolution of the Board of Directors.

Associate Professor
Peter Woodruff
President
Sydney – 24th day of September 2009

TALBOTS S A HOLLIER
Chartered Accountants
Level 6
379 Kent Street
Sydney NSW 2000
Sydney – 25th day of September 2009
## Financial Performance

### Financial Statements

#### Income Statements for the year ended 30th June 2009

<table>
<thead>
<tr>
<th>Note</th>
<th>Consolidated</th>
<th>Parent</th>
<th>2009</th>
<th>2008</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales revenue</td>
<td>2</td>
<td>9,880,880</td>
<td>8,952,627</td>
<td>9,772,321</td>
<td>8,570,069</td>
<td></td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(3,723,776)</td>
<td>(3,323,105)</td>
<td>(3,631,061)</td>
<td>(3,111,900)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross profit</td>
<td>6,157,104</td>
<td>5,629,522</td>
<td>6,141,260</td>
<td>5,458,169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other revenues from ordinary activities</td>
<td>412,698</td>
<td>520,300</td>
<td>288,178</td>
<td>455,028</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing, promotional and publication expenses</td>
<td>(203,270)</td>
<td>(153,876)</td>
<td>(86,592)</td>
<td>(44,318)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td>(94,820)</td>
<td>(106,705)</td>
<td>(94,820)</td>
<td>(106,705)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(1,056,617)</td>
<td>(879,814)</td>
<td>(1,037,813)</td>
<td>(867,185)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human resources expenses</td>
<td>(4,739,801)</td>
<td>(4,334,993)</td>
<td>(4,739,804)</td>
<td>(4,333,905)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>(292,539)</td>
<td>(281,058)</td>
<td>(292,539)</td>
<td>(281,058)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other expenses</td>
<td>(155,057)</td>
<td>(314,578)</td>
<td>(153,158)</td>
<td>(244,388)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit from operation</td>
<td>3</td>
<td>27,698</td>
<td>78,798</td>
<td>24,712</td>
<td>35,638</td>
<td></td>
</tr>
<tr>
<td>Retained profit/(loss) at the beginning of the year</td>
<td>808,566</td>
<td>729,768</td>
<td>770,143</td>
<td>734,505</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained profit at the end of the financial year</td>
<td>836,264</td>
<td>808,566</td>
<td>794,855</td>
<td>770,143</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Balance Sheets as at 30th June 2009

<table>
<thead>
<tr>
<th>Note</th>
<th>Consolidated</th>
<th>Parent</th>
<th>2009</th>
<th>2008</th>
<th>2009</th>
<th>2008</th>
</tr>
</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>3,615,323</td>
<td>2,989,233</td>
<td>3,443,744</td>
<td>2,815,140</td>
<td></td>
</tr>
<tr>
<td>Trade receivables</td>
<td>5</td>
<td>1,694,580</td>
<td>1,514,011</td>
<td>1,694,580</td>
<td>1,506,511</td>
<td></td>
</tr>
<tr>
<td>Total current assets</td>
<td></td>
<td></td>
<td>5,309,903</td>
<td>4,503,244</td>
<td>5,138,323</td>
<td>4,321,651</td>
</tr>
<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>6</td>
<td>452,779</td>
<td>477,424</td>
<td>452,779</td>
<td>477,424</td>
<td></td>
</tr>
<tr>
<td>Land and building</td>
<td>7</td>
<td>2,542,202</td>
<td>2,629,169</td>
<td>2,542,202</td>
<td>2,629,169</td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>8</td>
<td>616</td>
<td>1,230</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>9</td>
<td>3,078</td>
<td>2,837</td>
<td>3,078</td>
<td>2,837</td>
<td></td>
</tr>
<tr>
<td>Total non-current assets</td>
<td></td>
<td></td>
<td>2,986,875</td>
<td>3,110,660</td>
<td>2,998,059</td>
<td>3,109,430</td>
</tr>
<tr>
<td>Total assets</td>
<td></td>
<td></td>
<td>8,308,578</td>
<td>7,613,904</td>
<td>8,136,382</td>
<td>7,431,081</td>
</tr>
<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>1,520,321</td>
<td>1,429,375</td>
<td>1,495,321</td>
<td>1,404,375</td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>11</td>
<td>1,455,904</td>
<td>1,103,381</td>
<td>1,455,904</td>
<td>1,103,381</td>
<td></td>
</tr>
<tr>
<td>Unearned income</td>
<td>12</td>
<td>4,496,089</td>
<td>4,272,582</td>
<td>4,390,302</td>
<td>4,153,182</td>
<td></td>
</tr>
<tr>
<td>Total current liabilities</td>
<td></td>
<td></td>
<td>7,472,314</td>
<td>6,805,338</td>
<td>7,341,527</td>
<td>6,660,938</td>
</tr>
<tr>
<td>Total liabilities</td>
<td></td>
<td></td>
<td>7,472,314</td>
<td>6,805,338</td>
<td>7,341,527</td>
<td>6,660,938</td>
</tr>
<tr>
<td>Net assets</td>
<td></td>
<td></td>
<td>836,264</td>
<td>808,566</td>
<td>794,855</td>
<td>770,143</td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td></td>
<td></td>
<td>836,264</td>
<td>808,566</td>
<td>794,855</td>
<td>770,143</td>
</tr>
</tbody>
</table>
## Statement of Changes in Equity

<table>
<thead>
<tr>
<th>Note</th>
<th>Retained Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></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>15 808,566</td>
</tr>
<tr>
<td>Balance as at 30 June 2008</td>
<td>808,566</td>
</tr>
<tr>
<td>Profit attributable to members parent entity</td>
<td>27,698</td>
</tr>
<tr>
<td>Balance as at 30 June 2009</td>
<td>15 836,264</td>
</tr>
</tbody>
</table>

## Statement of Cash Flows

<table>
<thead>
<tr>
<th>Note</th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers net of payments to suppliers and employees</td>
<td>209,090</td>
<td>490,259</td>
</tr>
<tr>
<td>Interest received</td>
<td>163,837</td>
<td>99,934</td>
</tr>
<tr>
<td><strong>Net cash provided in operating activities</strong></td>
<td>372,927</td>
<td>590,193</td>
</tr>
<tr>
<td><strong>Cash flow from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayment of expenses</td>
<td>33,867</td>
<td>(13,558)</td>
</tr>
<tr>
<td>Acquisition of property, plant and equipment</td>
<td>(124,119)</td>
<td>(119,490)</td>
</tr>
<tr>
<td>Acquisition of investment and short term deposits</td>
<td>(241)</td>
<td>6,272</td>
</tr>
<tr>
<td><strong>Net cash provided from investing activities</strong></td>
<td>(90,493)</td>
<td>(126,776)</td>
</tr>
<tr>
<td><strong>Cash flow from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from borrowings (movement in unearned income)</td>
<td>343,656</td>
<td>784,894</td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>343,656</td>
<td>784,894</td>
</tr>
<tr>
<td>Net increase/(decrease) in cash held</td>
<td>626,090</td>
<td>1,248,311</td>
</tr>
<tr>
<td>Cash at the beginning of financial year</td>
<td>2,989,232</td>
<td>1,740,922</td>
</tr>
<tr>
<td><strong>Cash at the end of financial year</strong></td>
<td>3,615,322</td>
<td>2,989,233</td>
</tr>
</tbody>
</table>
FINANCIAL PERFORMANCE

\section*{Notes to the Financial Statements}

\subsection*{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.

\subsubsection*{a) Basis of preparation}

The financial report is a general purpose financial report that has been prepared in accordance with:

- \textit{Corporations Act 2001}
- \textit{Applicable Australian Accounting Standards}
- \textit{Australian Accounting Interpretations, and}
- \textit{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.

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.

\subsubsection*{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.

\subsubsection*{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.

\subsection*{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:

\begin{tabular}{|l|l|}
\hline
Class of fixed assets & Depreciable rate \\
\hline
Office equipment & 5 years \\
Computer and IT equipment & 3 years \\
Furniture and fittings & 10 years \\
Freehold building & 40 years \\
\hline
\end{tabular}

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.

\subsection*{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.

\subsection*{e) Financial Instrument}

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

Financial assets at fair value through profit and loss

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

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

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

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

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

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

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

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

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

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

i) Cash and cash equivalents
Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of 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) Comparative 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. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the group.

t) New accounting standards for application in future periods
The AASB has issued new, revised and amended standards and interpretations that have mandatory application dates for future reporting periods. The Board of Directors has decided against early adoption of these standards.

Note 2: Operating revenue comprises revenue from the following operating activities

<table>
<thead>
<tr>
<th></th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2008</td>
</tr>
<tr>
<td>Membership fees</td>
<td>8,215,367</td>
<td>7,773,046</td>
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<td>Education workshops</td>
<td>414,825</td>
<td>580,504</td>
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<td>Projects</td>
<td>776,798</td>
<td>478,473</td>
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<td>Publications</td>
<td>38,707</td>
<td>63,863</td>
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<tr>
<td>Other</td>
<td>435,183</td>
<td>56,741</td>
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<tr>
<td>Revenue from ordinary activities</td>
<td>9,880,880</td>
<td>8,952,627</td>
</tr>
<tr>
<td>Grants received</td>
<td>209,220</td>
<td>147,872</td>
</tr>
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<td>Interest revenue:</td>
<td></td>
<td></td>
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<tr>
<td>Interest received from financial institutions</td>
<td>163,837</td>
<td>99,934</td>
</tr>
<tr>
<td>Other income</td>
<td>39,641</td>
<td>272,494</td>
</tr>
<tr>
<td>Total operating revenue</td>
<td>10,293,578</td>
<td>9,472,927</td>
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Note 3: Profit from ordinary activities

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<tr>
<td></td>
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<td>2008</td>
</tr>
<tr>
<td>Profit from ordinary activities has been determined after:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of sales</td>
<td>3,723,776</td>
<td>3,323,105</td>
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<tr>
<td>Depreciation – plant and equipment</td>
<td>205,573</td>
<td>196,802</td>
</tr>
<tr>
<td>– buildings</td>
<td>86,966</td>
<td>84,256</td>
</tr>
<tr>
<td>Remuneration of auditors</td>
<td>30,360</td>
<td>25,000</td>
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<tr>
<td>Total</td>
<td>4,046,675</td>
<td>3,629,163</td>
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### Note 4: Cash

<table>
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<tbody>
<tr>
<td>Cash on hand</td>
<td>1,300</td>
<td>1,000</td>
<td>1,300</td>
<td>1,000</td>
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<tr>
<td>Cash at bank</td>
<td>3,614,023</td>
<td>2,988,233</td>
<td>3,442,444</td>
<td>2,814,140</td>
</tr>
<tr>
<td><strong>Total cash</strong></td>
<td><strong>3,615,323</strong></td>
<td><strong>2,989,233</strong></td>
<td><strong>3,443,744</strong></td>
<td><strong>2,815,140</strong></td>
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</table>

### Note 5: Receivables and other assets

<table>
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<tbody>
<tr>
<td>Trade debtors</td>
<td>1,783,734</td>
<td>1,469,300</td>
<td>1,783,734</td>
<td>1,461,800</td>
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<tr>
<td>Less: Provision for doubtful debts</td>
<td>(130,000)</td>
<td>(30,000)</td>
<td>(130,000)</td>
<td>(30,000)</td>
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<tr>
<td>Other debtors and prepayments</td>
<td>40,846</td>
<td>74,711</td>
<td>40,846</td>
<td>74,711</td>
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<tr>
<td><strong>Total receivables</strong></td>
<td><strong>1,694,580</strong></td>
<td><strong>1,514,011</strong></td>
<td><strong>1,694,580</strong></td>
<td><strong>1,506,511</strong></td>
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</table>

### Note 6: Plant and equipment

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<thead>
<tr>
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<tbody>
<tr>
<td>Furniture and fittings – at cost</td>
<td>224,146</td>
<td>222,586</td>
<td>224,146</td>
<td>222,586</td>
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<tr>
<td>Less: Accumulated depreciation</td>
<td>(181,510)</td>
<td>(169,850)</td>
<td>(181,510)</td>
<td>(169,850)</td>
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<tr>
<td>Net book value</td>
<td>42,636</td>
<td>52,736</td>
<td>42,636</td>
<td>52,736</td>
</tr>
<tr>
<td>Office equipment – at cost</td>
<td>179,788</td>
<td>177,719</td>
<td>179,788</td>
<td>177,719</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(123,397)</td>
<td>(148,496)</td>
<td>(123,397)</td>
<td>(148,496)</td>
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<tr>
<td>Net book value</td>
<td>56,391</td>
<td>29,223</td>
<td>56,391</td>
<td>29,223</td>
</tr>
<tr>
<td>Information technology – at cost</td>
<td>1,201,418</td>
<td>1,080,928</td>
<td>1,201,418</td>
<td>1,080,928</td>
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<tr>
<td>Less: Accumulated depreciation</td>
<td>(888,834)</td>
<td>(741,601)</td>
<td>(888,834)</td>
<td>(741,601)</td>
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<tr>
<td>Net book value</td>
<td>312,584</td>
<td>339,327</td>
<td>312,584</td>
<td>339,327</td>
</tr>
<tr>
<td>Motor vehicle – at cost</td>
<td>74,851</td>
<td>74,851</td>
<td>74,851</td>
<td>74,851</td>
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<tr>
<td>Less: Accumulated depreciation</td>
<td>(33,683)</td>
<td>(18,713)</td>
<td>(33,683)</td>
<td>(18,713)</td>
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<tr>
<td>Net book value</td>
<td>41,168</td>
<td>56,138</td>
<td>41,168</td>
<td>56,138</td>
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<tr>
<td><strong>Net book value, plant and equipment</strong></td>
<td><strong>452,779</strong></td>
<td><strong>477,424</strong></td>
<td><strong>452,779</strong></td>
<td><strong>477,424</strong></td>
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### Note 6: Plant and equipment (continued)

**Movement in carrying amounts for plant and equipment, land and buildings**

<table>
<thead>
<tr>
<th></th>
<th>Freehold land</th>
<th>Buildings</th>
<th>Furniture &amp; fittings</th>
<th>Office equipment</th>
<th>Information technology</th>
<th>Motor vehicle</th>
<th>Total</th>
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<tr>
<td><strong>Consolidated group</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Balance at 1 July 2007</td>
<td>380,000</td>
<td>2,333,424</td>
<td>47,390</td>
<td>49,101</td>
<td>385,590</td>
<td>71,109</td>
<td>3,266,614</td>
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<td>Additions</td>
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<td>–</td>
<td>16,464</td>
<td>1,992</td>
<td>101,035</td>
<td>–</td>
<td>119,490</td>
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<tr>
<td>Disposals</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Additions through acquisitions</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Revaluation increments/(decrements)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>–</td>
<td>(84,256)</td>
<td>(11,118)</td>
<td>(21,870)</td>
<td>(147,298)</td>
<td>(14,971)</td>
<td>(279,511)</td>
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<td>Capitalised borrowing cost and depreciation</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Balance at 30 June 2008</td>
<td>380,000</td>
<td>2,249,168</td>
<td>52,736</td>
<td>29,223</td>
<td>339,327</td>
<td>56,139</td>
<td>3,106,593</td>
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<tr>
<td>Additions</td>
<td>–</td>
<td>–</td>
<td>1,560</td>
<td>2,069</td>
<td>120,490</td>
<td>124,119</td>
<td>124,119</td>
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<td>Disposals</td>
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<td>–</td>
<td>56,808</td>
<td>–</td>
<td>–</td>
<td>56,808</td>
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<tr>
<td>Additions through acquisitions</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Revaluation increments/(decrements)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>–</td>
<td>(86,967)</td>
<td>(11,660)</td>
<td>(31,709)</td>
<td>(147,233)</td>
<td>(14,971)</td>
<td>(292,540)</td>
</tr>
<tr>
<td>Capitalised borrowing cost and depreciation</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Balance at 30 June 2009</td>
<td>380,000</td>
<td>2,162,201</td>
<td>42,636</td>
<td>56,391</td>
<td>312,584</td>
<td>41,168</td>
<td>2,994,980</td>
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### Note 7: Land and building

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<th>2009</th>
<th>2008</th>
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<tr>
<td>Land – at cost</td>
<td>380,000</td>
<td>380,000</td>
<td>380,000</td>
<td>380,000</td>
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<td></td>
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<tr>
<td>Building – at cost</td>
<td>1,425,454</td>
<td>1,425,454</td>
<td>1,425,454</td>
<td>1,425,454</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(374,182)</td>
<td>(338,545)</td>
<td>(374,182)</td>
<td>(338,545)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net book value</td>
<td>1,051,272</td>
<td>1,086,909</td>
<td>1,051,272</td>
<td>1,086,909</td>
<td></td>
<td></td>
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<tr>
<td>Building improvements – at cost</td>
<td>1,589,238</td>
<td>1,589,238</td>
<td>1,589,238</td>
<td>1,589,238</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(478,308)</td>
<td>(426,978)</td>
<td>(478,308)</td>
<td>(426,978)</td>
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<td></td>
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<tr>
<td>Net book value</td>
<td>1,110,930</td>
<td>1,162,260</td>
<td>1,110,930</td>
<td>1,162,260</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net book value, land and building</td>
<td>2,542,202</td>
<td>2,629,169</td>
<td>2,542,202</td>
<td>2,629,169</td>
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### Note 8: Intangible assets

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<th>2009</th>
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<tr>
<td>Formation costs</td>
<td>3,072</td>
<td>3,072</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Less: Amortisation</td>
<td>(2,456)</td>
<td>(1,842)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Total unearned income</td>
<td>616</td>
<td>1,230</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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### Note 9: Investment in controlled and non-controlled entities

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<td></td>
<td>2009</td>
<td>2008</td>
</tr>
<tr>
<td><strong>Investment in non-controlled entities</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>3,078</td>
<td>2,837</td>
</tr>
<tr>
<td><strong>Total investment non-current</strong></td>
<td>3,078</td>
<td>2,837</td>
</tr>
<tr>
<td><strong>Investment in controlled entities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares in ACHSI – At Cost</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total investment non-current</strong></td>
<td>–</td>
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### Note 10: Trade payables

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<tr>
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<td>2009</td>
<td>2008</td>
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<tr>
<td>Accounts payable</td>
<td>635,984</td>
<td>706,258</td>
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<tr>
<td>Accrued expenses</td>
<td>95,437</td>
<td>54,366</td>
</tr>
<tr>
<td>Work in progress</td>
<td>788,900</td>
<td>668,751</td>
</tr>
<tr>
<td><strong>Total trade payables</strong></td>
<td>1,520,321</td>
<td>1,429,375</td>
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### Note 11: Provisions – current

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<tbody>
<tr>
<td></td>
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<td>2008</td>
</tr>
<tr>
<td>Employee entitlements</td>
<td>652,194</td>
<td>545,925</td>
</tr>
<tr>
<td>Provision, overseas market development</td>
<td>30,000</td>
<td>60,000</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>120,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Provision, standards development</td>
<td>8,731</td>
<td>80,000</td>
</tr>
<tr>
<td>Provision, EQuIP printing/pilot printing and national report</td>
<td>251,000</td>
<td>80,000</td>
</tr>
<tr>
<td>Provision, external evaluation</td>
<td>24,523</td>
<td>70,000</td>
</tr>
<tr>
<td>Provision, salaries</td>
<td>78,978</td>
<td>55,978</td>
</tr>
<tr>
<td>Provision, strategic initiatives</td>
<td>31,478</td>
<td>56,478</td>
</tr>
<tr>
<td>Provision, board education and training</td>
<td>26,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Provision, ISQua accreditation and survey</td>
<td>35,000</td>
<td>–</td>
</tr>
<tr>
<td>Provision, archive scan and RACMA</td>
<td>53,000</td>
<td>–</td>
</tr>
<tr>
<td>Provision, eLearning and QI benchmarking</td>
<td>80,000</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total provisions</strong></td>
<td>1,455,904</td>
<td>1,103,381</td>
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</table>

### Note 12: Unearned income

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2008</td>
</tr>
<tr>
<td>EQuIP membership fees and education service fees</td>
<td>4,496,089</td>
<td>4,272,582</td>
</tr>
<tr>
<td><strong>Total unearned income</strong></td>
<td>4,496,089</td>
<td>4,272,582</td>
</tr>
</tbody>
</table>
Note 13: Reconciliation of cash flow from operations with operating profit/(loss) after income tax

<table>
<thead>
<tr>
<th></th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2008</td>
</tr>
<tr>
<td>Operating profit/(loss) after income tax</td>
<td>27,698</td>
<td>78,798</td>
</tr>
<tr>
<td>Non-cash flows in operating profit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and loss on disposal of asset</td>
<td>236,345</td>
<td>280,125</td>
</tr>
<tr>
<td>Charges to provision</td>
<td>452,522</td>
<td>435,918</td>
</tr>
<tr>
<td>Changes in assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in trade and term debtors</td>
<td>(314,435)</td>
<td>(28,031)</td>
</tr>
<tr>
<td>Increase/(decrease) in trade creditors and accruals</td>
<td>151,327</td>
<td>(176,617)</td>
</tr>
<tr>
<td>Total cash flows from operating activities</td>
<td>553,457</td>
<td>590,193</td>
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</table>

Note 14: Proceeds from borrowings

<table>
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<th>2008</th>
<th>Movement</th>
</tr>
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<tbody>
<tr>
<td>Work in progress</td>
<td>120,149</td>
<td>611,322</td>
<td>(491,173)</td>
</tr>
<tr>
<td>Future income</td>
<td>223,507</td>
<td>173,572</td>
<td>49,935</td>
</tr>
<tr>
<td>Net movement</td>
<td>343,656</td>
<td>784,894</td>
<td>(441,238)</td>
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</table>

Note 15: Retained profits

<table>
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<tr>
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<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2008</td>
</tr>
<tr>
<td>Retained profits at the beginning of the year</td>
<td>808,566</td>
<td>729,768</td>
</tr>
<tr>
<td>Profit attributable to members for the year</td>
<td>27,698</td>
<td>78,798</td>
</tr>
<tr>
<td>Retained profits at the end of the financial year</td>
<td>836,264</td>
<td>808,566</td>
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</table>

Note 16: Reconciliation of cash flow from operations

<table>
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<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2008</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>1,300</td>
<td>1,000</td>
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<tr>
<td>Cash at bank</td>
<td>3,614,023</td>
<td>2,989,233</td>
</tr>
<tr>
<td>Total cash flows from operations</td>
<td>3,615,323</td>
<td>2,989,233</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 healthcare 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.

<table>
<thead>
<tr>
<th>Weighted average effective interest rate</th>
<th>Floating interest rate</th>
<th>Fixed interest maturing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
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<tr>
<td>Financial assets</td>
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<tr>
<td>Cash at bank</td>
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<td>7.9</td>
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<tr>
<td>Receivables</td>
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<td>–</td>
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<tr>
<td>Total financial assets</td>
<td>315,406</td>
<td>530,659</td>
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<tr>
<td>Financial liabilities</td>
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<td>Accounts payable</td>
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<tr>
<td>Provisions</td>
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<tr>
<td>Total financial liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net financial assets</td>
<td>315,406</td>
<td>530,659</td>
</tr>
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</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
FINANCIAL PERFORMANCE

Directors’ Declaration

The directors of the Company declare that:

1) The financial statements and notes set out on pages 36 to 47 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 2009 and of the performance for the year on that date of the company and economic entity.

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

3) The Chief Executive and the Executive 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

Associate Professor Peter Woodruff
President
Sydney – 24th day of September 2009

Mr John Smith PSM
Treasurer

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 2009; 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.

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 2009, would be in the same terms if provided to the directors as at the date of this auditor’s report.

Audit 2009 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 2009 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 $4,496,089 as unearned income and Note 10 $788,900 as Work in Progress. These relate to the Evaluation and Quality Improvement Program (EQuIP) and the progressive recognition of income and expenses throughout the contract cycle based on estimation of each phase completed. As the figures taken into account are estimates their accuracy cannot presently be determined with an acceptable degree of reliability.

TALBOTS Chartered Accountants
Level 6  379 Kent Street
Sydney NSW 2000
Sydney – 25th day of September 2009

S A HOLLIER Partner
ACHS accredits the majority of healthcare organisations in Australia. The organisations participating in ACHS quality improvement and accreditation programs range from hospitals, corporate offices of private health companies, day surgeries, nursing agencies, community health centres, mental health services to divisions of general practice.

Below is a list of organisations that are members of ACHS quality improvement and accreditation programs.

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

### ACT Private

- Absolute Home Care Pty Ltd
- Calvary John James Hospital
- Canberra Eye Hospital
- Canberra Surgicentre, The
- Marie Stopes International, ACT
- Mugga Wara and Brindabella Endoscopy Centres
- National Capital Private Hospital, The Salvation Army, The – Recovery Services, Canberra

### ACT Public

- ACT Health
  - ACT Health – Community Health
  - Canberra Hospital, The
  - Mental Health ACT
- Calvary Health Care ACT
  - Calvary Health Care ACT Private
  - Calvary Health Care ACT Public
  - Calvary Health Care ACT Public Day Surgery Unit
- Department of Defence, ACT/SNSW Area Health Service, Defence Health Service

### NSW Private

- ADF – Kathleen York House (Alcohol/Drug Foundation, NSW)
- Adori Day Clinic
- ahm Dental and Eyecare Practice
- Albury Wodonga Private Hospitals
  - Albury Wodonga Private Hospital
  - Murray Valley Private Hospital
- Allowah Presbyterian Children’s Hospital
- Armidale and District Home Nursing and Home Help Service Pty Ltd
- Armidale Private Hospital
- Ashbrooke Cosmetic Surgery
- Berkeley Vale Private Hospital
- Bondi Junction Private Hospital
- Brunswick Private
- Byrne Surgery
- Calvary Health Care Riverina Ltd
  - Calvary Alcohol and Other Drugs Services
  - Calvary Day Procedure Centre
  - Calvary Health Care Riverina Ltd
  - Calvary Health Care Riverina Ltd – O’Connor House
  - Calvary Health Care Riverina Ltd – The Peppers
- Castlecrag Private Hospital
- Caswell Health Care
- City West Day Surgery
- Crows Nest Day Surgery
- Dee Why Endoscopy Unit
- Diagnostic Endoscopy Centre
- Diaverum Pty Ltd
  - Lindfield Dialysis Unit
  - St Andrew’s Toowoomba Renal Dialysis Unit
  - Diamond Valley Dialysis Unit
- Dubbo Private Hospital
- Dutiful Daughters
- Eastern Heart Clinic
  - Sutherland Health Clinic
- Epping Surgery Centre
- Excel Endoscopy Centre
- Forster Private Hospital and North Coast Community Care
- Foundation House
- Garden Court Clinic
- Gosford Private Hospital
- Griffith Nursing Service
- Griffiths Road Day Surgery
- GROW Community
- Hawkesbury District Health Service Ltd
- Haymarket Foundation Limited, The
- HCF Dental Centres
  - HCF Dental – Blacktown Dental Centre
  - HCF Dental – Bondi Junction Dental Centre
  - HCF Dental – Brookvale Dental Centre
  - HCF Dental – Chatswood Dental Service
  - HCF Dental – Hurstville Dental Centre
  - HCF Dental – Parramatta Dental Centre
- Healthways Australia Pty Ltd
- Healthwoods Specialist Centre
- Hirondelle Private Hospital
- Hunter Valley Private Hospital
- Hurstville Private
- Hyperbaric Health Sydney
- Insight Clinic Private Hospital
- Junee Correctional Centre – Health Centre
- Kamira Farm Inc
- Kareena Private Hospital
- Kedesh Rehabilitation Services
- Kinder Caring Home Nursing Services
- Lady Davidson Hospital
- Lawrence Hargrave Hospital
- Lingard Private Hospital
- Lismore Private Day Surgery
- Lithgow Community Private Hospital
- Liverpool Day Surgery
- Lyndon Community, The Manly Drug Education and Counselling Centre (MDECC)
- Marie Stopes International, NSW
  - Marie Stopes International – Fairfield
  - Marie Stopes International – Homebush
  - Marie Stopes International – Kingswood Centre
  - Westmead Day Surgery Centre
- Marsden Eye Surgery Centre
- Mater Hospital, North Sydney, The
- Mayo Healthcare Group
- Mercy Community Services
- Mercy Health Service Albury Ltd
- Metwest Surgical
- Miranda Eye Surgical Centre
- Mosman Private Hospital
- National Day Surgery – Sydney Pty Ltd
- Nepean Private Hospital
- Newcastle Private Hospital
- North Shore Private Hospital
- Norwest Private Hospital
- Nowra Private Hospital
- Odyssey House McGrath Foundation ONE80TC
- Oolong Aboriginal Corporation, The
- Ophthalmic Surgery Centre (North Shore)
- Preterm Foundation
- Primary Health Care Day Surgeries
  - Bankstown Primary Health Care Centre
  - Bankstown Private
  - Sydney Day Surgery
  - Warringah Mall Day Surgery
  - Western Plains Day Surgery
- Prince of Wales Private Hospital
- Quality Health Care
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<th>Regal Health Services</th>
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<td>Skin &amp; Cancer Foundation Westmead Day Clinic</td>
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<td>South Coast Home Health Care Pty Ltd</td>
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<td>South West Area Nursing Service Swans Pty Ltd</td>
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<td>Southern Suburbs Day Procedure Centre Pty Ltd</td>
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<td>Springboard Health &amp; Performance Pty Ltd</td>
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<td>Surry Hills Day Hospital</td>
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<td>Canterbury Hospital</td>
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<td>The Concord Repatriation General Hospital</td>
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<td>• Bloomfield Hospital</td>
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<td>GSAHS – Central Sector</td>
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<td>• Turnut District Hospital</td>
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<td>• Wagga Wagga Base Hospital and AHS</td>
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<td>• Wyalong and District Hospital</td>
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<td>GSAHS – Eastern Sector</td>
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<td>• Bega and Pambula Hospitals and CHS</td>
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<td>• Bombala Health Service</td>
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<tr>
<td>• Braidwood Multi Purpose Services</td>
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<td>• Burke Street Health Service</td>
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<td>• Cooma Hospital</td>
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<tr>
<td>• Crossroads Methadone Clinic</td>
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<td>• Delegate District Hospital</td>
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<td>• Goulburn Base Hospital</td>
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<tr>
<td>• Moruya District Hospital</td>
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<td>• Queanbeyan District Hospital and Health Service</td>
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<tr>
<td>• Yass District Hospital</td>
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<td><strong>GSAHS – Western Sector</strong></td>
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<td>• Berrigan War Memorial Hospital</td>
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<td>• Naranderra District Hospital</td>
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<td>• Tocumwal Hospital</td>
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<td>• Urana and District Health Services</td>
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<td>• Braeside Hospital</td>
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<td>• Premier Community Health Centre</td>
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<td>• Quirindi Community Hospital</td>
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<td><strong>GWAHS Cross Border Sector</strong></td>
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<tr>
<td>• Queanbeyan District Hospital and Health Service</td>
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<td>• Yass District Hospital</td>
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</tbody>
</table>
LISTING

Our Members

Hunter New England Health – Lower Mid North Coast Cluster
- Buladelah Community Health Centre
- Bulahdelah Community Hospital
- Forster Community Health Centre
- Gloucester Community Health Centre
- Gloucester Soldiers Memorial Hospital
- Hawks Nest Tea Gardens Community Health Centre
- Taree Community Health Centre
- Wingham Community Hospital

Hunter New England Health – Maitland Hospital

Hunter New England Health – McIntyre Cluster
- Ashford Community Health Centre
- Bingara Community Hospital
- Bundarri Community Health Centre
- Inverell District Health Service
- Tingha District Hospital
- Wariadda District Hospital

Hunter New England Health – Peel Cluster
- Barraba Community Health Centre
- Gunnedah District Health Service
- Manilla District Health Service
- Nundle Community Health Centre
- Walcha Community Health Centre

Hunter New England Health – Tablelands Cluster
- Armidale Community Health Centre
- Glen Innes District Health Service
- Guyra Multipurpose Service
- Tenterfield Community Hospital
- Uralla Community Health Centre
- Vegetable Creek – Emmaville Multi Purpose Centre

Hunter New England Mental Health Service
- Armidale Hospital Clark Centre
- Hunter Mental Health
- James Fletcher Hospital Campus
- John Hunter Hospital Nexus Unit
- Maitland Hospital Mental Health Unit
- Manning Mental Health Unit and Community Mental Health Unit
- Morisset Hospital
- NEAHS – Mental Health
- Tamworth Base Hospital – Banksia Mental Health Unit and Dean House

Justice Health
Karitane

Liverpool Hospital
Lourdes Hospital, Health & Aged Care Service
Manning Rural Referral Hospital
Mercy Care Centre, Young
Mercy Health Service Albury Limited

Navy Ward (St Vincent’s Hospital)

NCAHS Coffs Clarence Network
- Bellinger River District Hospital
- Coffs Harbour Health Campus
- Dorrigo Multipurpose Service
- Grafton Base Hospital and Community Health Southern
- Macksville and District Hospital, The
- Maclean Hospital and Community Health Services

NCAHS Hastings Macleay Network
- Camden Haven Community Health Centre
- Kempsey District Hospital
- Port Macquarie Base Hospital
- Port Macquarie Health Campus
- South West Rocks Community Health Centre
- Wauchope District Memorial Hospital

NCAHS Richmond Network (A)
- NCAHS Ballina District Hospital and Community Health
- NCAHS Campbell Hospital
- NCAHS Casino District Memorial Hospital and Casino Community Health
- NCAHS Lismore Base Hospital

NCAHS Richmond Network (B)
- Bonalbo Hospital
- Kyogle Memorial Hospital
- Nimbin Health
- Urbenville District Hospital (g)

NCAHS Tweed Byron Network
- Mullumbimby and District War Memorial Hospital
- Murwillumbah Hospital and Murwillumbah Community Health Northern Public
- NCAHS Byron Shire Hospitals and Community Health Service
- NCAHS Tweed Hospital and Community Health

Network of Alcohol and Drug Agencies (NADA)

North Coast Area Health Service – Mental Health Services
- Northern Rivers Area Health Service – Mental Health Services

Northern Beaches Health Service
- Manly Hospital
- Mona Vale Hospital and Community Health Service

Northern Sydney/Central Coast Mental Health Service
- Northern Sydney Health – Area Mental Health Services

Orange Health Service

Prince of Wales Hospital and Community Health Services
Riverina Division of General Practice and Primary Health Ltd

Royal North Shore and Ryde Health Service
- Royal North Shore Hospital and Community Health Service
- Ryde Hospital and Community Health Services

Royal Health Directorate Southern Hospital Network
- David Berry Hospital
- Milton Ulladulla Hospital
- Shoalhaven Memorial District Hospital

Royal Prince Alfred Hospital

Royal Rehabilitation Centre Sydney

SESIH Central Hospitals Network
- St George Hospital and Community Health Service
- Sutherland Hospital and Community Health Service, The

South Eastern Sydney/Illawarra Area H/S Mental Health Service
- Illawarra Area Mental Health Service
- South East Health Mental Health Service

St Joseph’s Hospital – Auburn

St Vincent’s Hospital – Sydney (Public)

SWAHS – Central Cluster
- Blacktown – Mt Druitt Health

SWAHS – Eastern Cluster
- Auburn Hospital and Community Health Services
- Westmead Health

SWAHS – Integrated Cluster
- Cumberland Hospital

SWAHS – Western Cluster
- Blue Mountains District Anzac Memorial Hospital
- Lithgow Integrated Health Service
- Nareen Hospital

Sydney Children’s Hospital

Sydney Hospital and Sydney Eye Hospital

Sydney South West Area Health Service – Community Health

Sydney South West Area Mental Health Service
- Central Sydney Area Mental Health Services
- Sydney South West Oral Health Services and Sydney Dental Hospital
- Sydney Dental Hospital

Tresillian Family Care Centres

War Memorial Hospital, Waverley

Wollongong Hospitals and Community Health Services
- Coledale District Hospital
- Port Kembla Hospital – Rehabilitation, Aged and Extended Care Services
- Wollongong Hospital
### NT Private
- Darwin Private Hospital

### NT Public
- Alice Springs Hospital
- Gove District Hospital
- Katherine Hospital

### Northern Territory Mental Health Services
- Central Australian Mental Health Service
- Top End Mental Health Service

### Oral Health Services
- Royal Darwin Hospital
- Tennant Creek Hospital

### QLD Private

#### Allamanda Private Hospital
- Allamanda Surgicentre

#### Belmont Private Hospital
- Blue Care – Logan/Ipswich and South Coast Clusters
  - Beaudesert Community Care Service
  - Beenleigh Community Care Services
  - Blue Care – Logan/Ipswich and South Coast Clusters
  - Burrenman Place Respite Services
  - Commonwealth Carelink and Carer Respite Centre – Ipswich (West Moreton) Private
  - Commonwealth Carelink and Carer Respite Centre – Logan Outpost
  - Commonwealth Carelink and Carer Respite Centre – Varsity Lakes (South Coast) Private Associate
  - Coomera Community Care Services
  - Fassifern Community Care Services
  - Gold Coast Allied Health Service
  - Ipswich Allied Health
  - Ipswich Community Care Services
  - Ipswich Multicultural Liaison Service
  - Ipswich Respite Services
  - Lower South Coast/Tweed Community Care
  - Lower South Coast Community Nursing and Care
  - Milperra Cottage
  - Redbank Respite Services
  - Southport/Surfers Paradise Blue Nurses
  - Southport/Surfers Paradise Community Care Services
  - Springfield Community Care
  - Tweed Coast Community Care Services

#### Blue Care Brisbane
- Acacia Ridge Day Respite Centre
- Allied Health Services – Carina Heights and Wynnnum
- Ashgrove Day Respite Centre
- Carramar Cottages
- Continence Advisory Service
- Coopers Plains Day Respite Centre
- Eastside Community Care Services
- Henderson Day Respite Centre
- Mt Gravatt Day Respite Centre
- Northside Community Service Centre
- Southside Community Service Centre
- Unicare “Flochler House”
- Volunteers Metropolitan
- West End Day Respite Centre
- Wynnum Lifestyle Services

#### Blue Care Central Queensland/Wide Bay Region
- Biggenden Respite Services
- Bundaberg Blue Nursing
- Bundaberg Respite Services
- Bundaberg Therapy Centre
- Callide Valley/Eliotia Blue Nursing and Respite Services
- Capricorn Coast Community Services
- Capricorn Coast Day Respite Services
- Central Queensland Allied Health
- Eidsvold Respite Services
- Emerald Community Care
- Fraser Coast Allied Health
- Gayndah Blue Nursing and Respite Services
- Gladstone Blue Nursing and Respite Services
- Hervey Bay Blue Nursing
- Hervey Bay Respite Services
- Longreach Respite Services
- Maryborough Blue Nursing
- Maryborough Respite Services
- Monto Blue Nursing and Respite Services
- Moura Blue Nursing and Respite Services
- Mundubbera Blue Nursing
- Rockhampton Blue Nursing
- Rockhampton Respite
- Wide Bay Continence Advisory Centre

#### Blue Care North Queensland Region
- Bowen Blue Nursing
- Bowen Respite Centre
- Burdekin Blue Nursing Centre
- Burdekin Respite Centre
- Cairns Respite Centre
- Cairns Blue Nursing
- Charters Towers Dom
- Charters Towers Respite
- Cloncurry Blue Nurses
- Collinsville Blue Nurses
- Commonwealth Carer Respite and Carelink
- Ingham Blue Nurses
- Ingham Respite Centres
- Innisfail Blue Nurses
- Mackay Blue Nurses
- Mackay Carer Respite
- Mackay Galaxy Program
- Mackay Homecare Dementia
- Mackay Respite
- Mareeba Blue Nurses
- Mareeba Respite Centre
- Moosman Blue Nurses
- Mount Isa Blue Nurses
- Mount Isa Respite Centre
- Prosperine Blue Nurses
- Sarina Blue Nurses
- Sarina Respite Centre
- Tabelands Blue Nurses
- Tabelands Respite Centre
- Townsville Blue Nurses
- Townsville Homecare Dementia
- Townsville Respite Centre
- Tully Blue Nurses
- Tully Respite Centre

#### Blue Care South West Queensland Region
- Blue Care Allied Health
- Blue Care Alkora/Clifton
- Blue Care Charleville
- Blue Care Chinchilla/Miles
- Blue Care Crows Nest
- Blue Care Cunnamulla
- Blue Care Dalby
- Blue Care Goondiwindi
- Blue Care Injune
- Blue Care Lockyer
- Blue Care Millmerran
- Blue Care Mitchell
- Blue Care Pittsworth
- Blue Care Regional Office
- Blue Care Roma
- Blue Care Stanthorpe
- Blue Care Toowoomba Centre Based Day Care
- Blue Care Toowoomba Community
- Blue Care Warwick
- Commonwealth Respite and Carelink Centre – Toowoomba
- Maranoa Health Enhancement Program

#### Blue Care Suncoast Hinterland Region
- Blue Care Brisbane Valley
- Blue Care Caboolture
- Blue Care Caloundra
- Blue Care Coolabah
- Blue Care Coolabah District Respite Services
- Blue Care Coolum Respite
- Blue Care Maroochy
- Blue Care Murgon
- Blue Care Noosa
- Blue Care Redcliffe
- Blue Care Sandgate
- Blue Care South Burnett
- Caloundra Respite
- Coolum Respite

Brisbane Endoscopy Services
- Brisbane Private Hospital
- Caboolture Private Hospital
LISTING

Our Members

Cairns Audiology Group Pty Ltd
Cairns Private Hospital
Caloundra Private Hospital
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
Haematology and Oncology Clinics of Australasia
  • Haematology and Oncology Clinics of Australasia – Chermside Medical Centre
  • Haematology and Oncology Clinics Australasia Gold Coast Cancer Centre
Henry Dalziel VC Dialysis Centre
Hillcrest Rockhampton Private Hospital
Holy Spirit Northside Private Hospital
Home Therapeutics
Hopewell Hospice Services Inc
Ipswich Day Hospital
Ipswich Hospice Care Incorporated
Karuna Hospice Service
Logan Endoscopy Services Pty Ltd
Mackay Day Surgery
Marie Stopes International, Queensland
Mater Health Services North Queensland Limited
  • Women’s and Children’s Hospital, Mater Hyde Park
Mater Hospitals – Rockhampton, Yeppoon and Gladstone
  • Mater Hospital Gladstone
  • Mater Hospital Rockhampton
  • Mater Hospital Yeppoon
Mater Misericordiae Hospital – Bundaberg
Mater Misericordiae Hospital – Mackay
Moreton Eye Group
NephroCare Queensland
  • Allamanda Dialysis Clinic
  • Chermside Dialysis Unit
New Farm Clinic
Noosa Hospital, The
Peninsula Private Hospital
Pindara Gold Coast Private Hospital and Short Street Day Surgery Unit
  • Pindara – Gold Coast Private Hospital
  • Short Street Day Surgery
Pine Rivers Private Hospital
Pittsworth and District Hospital Friendly Society Ltd
Premion
Pulse Health Pty Ltd
  • Gympie Private Hospital
  • Kingaroy Private Hospital
QFG Day Theatres
Queensland Eye Hospital
ROQ (Toowoomba) Pty Ltd
Salvation Army, The, Recovery Services – Brisbane
Salvation Army, The, Recovery Services – Gold Coast
Salvation Army, The, Recovery Services – Townsville
Southside Endoscopy Centre
Spendelove Private Hospital
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 Brisbane
St Vincent’s Hospital – Toowoomba
Sunnybank Private Hospital
Sunshine Coast Private Hospital, The
Toowoomba Private Hospital
Toowoomba Hospice Association Inc
Townsville Day Surgery
Wesley Hospital, The
Zoe’s Place Ltd

QLD Public

Area Health Service – SQ (ADF Joint Health Command)
Banana Health Service District
  • Baralaba Hospital
  • Biloela Hospital
  • Moura Health Service
  • Taroom Hospital
  • Theodore Council on the Ageing
  • Theodore Hospital
Cairns Base Hospital and Mental Health and ATOD Services
  • Atherton and Mareeba Hospitals
  • ATODS Community Centre
  • ATODS, Qld Alcohol Diversion Program and Day Detox Program
  • Community Mental Health Centre
  • Edmonton Community Health
  • Forensic Mental Health and Evolve Team
  • Homeless Health Outreach Team
  • Innisfail Hospital
  • Mental Health Child and Youth Team
  • Mental Health Executive Team
  • Mental Health Unit; Consultation Liaison team; Older Persons MH team; Lakeside Clinic – Cairns Base Hospital
  • Mossman Hospital
  • Remote Area MH Team
  • Smithfield Community Health
Central Highlands Hub – Central Queensland Health Services District
  • Blackwater Hospital
  • Capella Clinic
  • Emerald Hospital
  • Gemfields Multi Purpose Clinic
  • Springsure (MPHS)
  • Tieri Outpatients Clinic
Central West Health Service District
  • Aramac Hospital
  • Barcaldine Hospital
  • Blackall Hospital
  • Longreach Hospital
  • Winton Hospital
Darling Downs – West Moreton Health Service District (Darling Downs Rural Division)
  • Chinchilla Health Service
  • Dalby Health Service
  • Goondiwindi Health Service
  • Inglewood Health Service
  • Jandowae Health Service
  • Miles Health Service
  • Milmerran Health Service
  • Stanthorpe Health Service
  • Tara Health Service
  • Texas Health Service
  • Wanadoon Primary Health Care Centre
  • Warwick Health Service
  • Fraser Coast Health Service District
  • Hervey Bay Hospital
  • Maryborough Hospital
Gladstone Health Service District
Gold Coast Health Service District
  • Gold Coast Hospital – Robina Campus
  • Gold Coast Hospital – Southport Campus
Mackay Health Service District
  • Clermont Multipurpose Service
  • Dysart Hospital
  • Glenden Community Health Centre
  • Mackay Base Hospital
  • Middleround Community Health Centre
  • Moranbah Health Campus
  • Proserpine Hospital and Whitsunday Community Health Centre
  • Sarrina Hospital & Primary Health Care Centre
Mater Misericordiae Health Services Brisbane Limited
  • Child Youth Mental Health Service (CYMHS) – Dutton Park Clinic
  • Child Youth Mental Health Service (CYMHS) – Greenslopes Clinic
  • Child Youth Mental Health Service (CYMHS) – Inala Clinic
  • Mater Adult’s Public Hospital – Brisbane
• Mater Children’s Private Hospital
• Mater Misericordiae Private Hospital – Redland
• Mater Mother’s Private Hospital
• Mater Mother’s Public Hospital – Brisbane
• Mater Private Hospital Brisbane
• Mater Public Children’s Hospital – Brisbane

Metro North Health Service District Redcliffe, Caboolture and Kilcoy Hospitals, Oral Health and Primary and Community Health Services
• Caboolture Hospital
• Kilcoy Hospital
• Redcliffe Caboolture Health Service District
• Redcliffe Hospital
• Redcliffe – Caboolture Mental Health and Disability Services
• Redcliffe – Caboolture Oral Health Service

Metro North Health Service District Royal Brisbane and Women’s Hospital
• Community Forensic Mental Health Service

Metro North Health Service District, The Prince Charles Hospital
Mental Health Services, and Jacana ABI
• Jacana Centre, The
• Prince Charles Hospital Health Service District, The

Metro South Health Service District
• Beaudesert Hospital
• Logan Hospital

Metro South Health Service District – QEII Jubilee Hospital
Metro South Health Service District – Redland and Wynnum Hospitals
• Dunwich Health Service Centre Marie Rose Centre
• Redland Hospital
• Wynnum Hospital

Metro South Health Service District (Southside Community and Primary Services) Public
• Moreton Bay Nursing Care

Metro South Health Service District (Southside Mental Health)
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

Princess Alexandra Hospital Health Service District
Queensland Tuberculosis Control Centre

Rockhampton and Yeppoon Hospitals and Integrated Mental Health Service
• Rockhampton Hospital
• Yeppoon Hospital

Royal Children’s Hospital and Health Service District Brisbane, The
Sunshine Coast Wide Bay Health Service District – Southern Cluster
• Caloundra Hospital
• Gympie Health Service District
• Maleny Soldiers Memorial Hospital
• Nambour General Hospital

Torres Strait and Northern Peninsula Area Health Service District
• Central Islands – Poruma Primary Health Care Centre
• Eastern Island – Murray – Primary Health Care Centre
• Northern Peninsula Area – Cape York and Barwaaqo – Primary Health Care Centres
• Thursday Island Hospital
• Thursday Island Primary Health Care Centre
• Top Western Island – Boigu – Primary Health Care Centre
• Western Islands – Mabuiag – Primary Health Care Centre

Townsville Health Service District
• AyR District Hospital and CHS
• Charters Towers Health Centre
• Charters Towers Rehabilitation Unit
• Cleveland Youth Detention Health Centre
• Eventide Aged Care Complex
• Home Hill Hospital
• Hughenden Health Centre
• Ingham Health Service
• Joyce Palmer Health Service
• Kirwan Health Service
• Kirwan Rehabilitation Unit
• Magnetic Island Health
• North Ward Health Campus
• Parklands Residential Aged Care Facility
• Richmond Health Centre
• 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 Clinic
• Ipswich Hospital
• Kilcoy Primary Care Clinic
• Kingaroy Hospital and Kingaroy Community Health Centre
• Laidley Health Service
• Murgon Community Health Centre
• Murgon Hospital

• Nanango Hospital and Nanango Community Health Centre
• Park – Centre for Mental Health, The
• Proston Primary Care Centre
• West Moreton Health Service District
• Wongai Hospital and Wongai Primary Health Centre

Wide Bay Health Service District
• Biggenden Hospital
• Bundaberg Hospital
• Childers Hospital
• Eidsvold Hospital
• Gayndah Hospital
• Gin Gin Hospital
• Monto Hospital
• Mt Perry Health Centre
• Mundubbera Hospital

SA Private

ACHA Health
• Ashford Community Hospital Inc
• Finders Private Hospital
• Memorial Hospital, The

Adelaide Day Surgery
Adelaide Surgicentre Pty Ltd
Brighton Day Surgery
Burnside War Memorial Hospital Inc
Calvary Central Districts Hospital
Calvary College Grove Rehabilitation Hospital
Calvary North Adelaide Hospital
Calvary Wakefield Hospital
• Wakefield Surgicentre

Clinical Care Professionals
Epiclinic Pty Ltd
Gleneagel Community Hospital Inc
Gleneagel Day Surgery Pty Ltd
Griffith Rehabilitation Hospital
Hamilton House Day Surgery
Home Support Services
Keith and District Hospital Inc
Kerry Day Surgery
Moonta Health and Aged Care Service Inc
Nephrocare South Australia
Oxford Day Surgery Centre
Parkside Cosmetic Surgery
Parkwynd Private Hospital
Ramsay Health Care (SA), Mental Health Services
• Adelaide Clinic, The
• Fullarton Private Hospital
• Kahlyn Private Hospital

Renal Therapy Services – Payneham
South Coast District Hospital Inc and Victor Harbor Private Hospital Inc
St Andrew’s Hospital Inc
Waverley House Plastic Surgery Centre
Western Hospital

SA Public
Barossa Health
- Angaston District Hospital
- Tanunda War Memorial Hospital

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, Regional Office
- Central Northern Adelaide Health Service, Mental Health Directorate
- CNAHS – Ambulatory and Primary Health Care Directorate
- CNAHS – Statewide Service – SA Dental Services
- CNAHS, Statewide Services Directorate, BreastScreen SA
- Lyell McEwin Hospital
- Modbury Hospital
- Queen Elizabeth Hospital and Health Service, The
- Royal Adelaide Hospital
- St Margaret’s Rehabilitation Hospital
Children, Youth and Women’s Health Service
- Child and Adolescent Mental Health Services
- Child and Family Health
- Women’s and Children’s Hospital
- Women’s Health Statewide
- Yarrow Place
CNAHS – Ambulatory and Primary Health Care Directorate
- CNAHS Prison Health Service
CNAHS – Statewide Service – SA Dental Services
CNAHS – Statewide Services Directorate – BreastScreen SA
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 and Health Service Inc
- Orroroo Health Service
- Peterborough Soldiers’ Memorial Hospital and Health Services Inc
Mid-West Health Inc
Millicent District Hospital and Health Service Inc
Modbury Hospital
- Modbury Public Hospital
Mount Barker District Soldiers Memorial Hospital
Mount Gambier and Districts Health Service
Murray Bridge Soldiers Memorial Hospital Inc
Naracoorte Health Service
Noarlunga Health Services
Northern Adelaide Hills Health Service Inc
- Gumeracha DSM Hospital
- Mount Pleasant District Hospital Inc
Northern Yorke Peninsula Health Services
Penola War Memorial Hospital Inc
Port Augusta Hospital and Regional Health Services
- Flinders Terrace Community Health Centre
- Port Augusta Hospital
Port Broughton District Hospital and Health Service Inc
Queen Elizabeth Hospital and Health Service, The
Repatriation General Hospital – Southern Adelaide Health Service
Riverland Regional Health Service Inc and Riverland Private Hospital
 Roxby Downs Health Services and Woomera Community Hospital
- Woomera Community Hospital
Royal Adelaide Hospital
- Hampstead Rehabilitation Centre
Royal District Nursing Service of SA Inc
Southern Adelaide Health Service
- Flinders Medical Centre
- Noarlunga Health Services
- Repatriation General Hospital – Southern Adelaide Health Service
Southern Flinders Health
- Crystal Brook District Hospital Inc
- Laura Hospital and Gladstone Health Centre
St Margaret’s Rehabilitation Hospital
Strathalbyn and District Health Service
Walkerville Health Services Inc
Whyalla Hospital and Health Services

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

TAS Private
Calvary Health Care Tasmania
- Calvary Hospital Hobart Inc
- St John’s Hospital Hobart

Calvary Health Care Tasmania – Launceston Campuses
- Calvary Health Care Tasmania – St Luke’s Campus
- Calvary Healthcare Tasmania – St Vincent’s Campus

Eye Hospital, The
Hobart Clinic, The
Hobart Day Surgery Pty Ltd
Hobart Private Hospital and St Helen’s Private Hospital
North West Private Hospital
Steel Street Clinic

VIC Private
Albert Road Clinic
Ambicare Patient Transfer Service
Anam Cara House Geelong
Avenue Day Surgery
Avenue Hospital, The
Ballan and District Soldiers Memorial Bush Nursing Hospital
Ballarat District Nursing and Healthcare (BDNH)
Beleura Private Hospital
Bellbird Private Hospital
Berwick Surgicentre
Cabrini Health
- Cabrini Brighton
- Cabrini Malvern
- Cabrini Prahran
- Cabrini Health Hawthorn Campus
Chesterfieldville Day Hospital
Cobden District Health Services Inc
Coburg Endoscopy Centre
Community Connections (Victoria) Ltd
Como Private Hospital
Cotham Private Hospital
Croydon Day Surgery, The
Delmont Private Hospital
Digestive Health Centre, The
Donvale Rehabilitation Hospital
Dorset Rehabilitation Centre
Eastern Palliative Care Association Inc
Epworth HealthCare
- Epworth Eastern
- Epworth Freemasons
- Epworth Rehabilitation – Brighton
- Epworth Rehabilitation – Camberwell
- Epworth Rehabilitation – Richmond
- Epworth Richmond
Euroa Health Inc
Frances Perry House
Fulham Correctional Centre – Medical Centre
Geelong Clinic, The
Geelong Private Hospital, The
Glen Endoscopy Centre, The
Glenferrie Private Hospital
Goulburn Valley Hospice Care Service Inc
Health Frontiers Pty Ltd
Healthcare
• La Trobe Private Hospital
• South Eastern Private Hospital
• Valley Hospital, The
Healthwork
Healthscope Community Programs
Healthscope Ltd
Heidelberg Endoscopy and Day Surgery Centre
Hyperbaric Health Pty Ltd
John Fawkner Private Hospital
Kew Private Dialysis Centre
Knox Private Hospital
Linarke Private Hospital
Marie Stopes International, East St Kilda
Maryvale Private Hospital
Masada Private Hospital
Melbourne Clinic, The
Melbourne Endoscopy Group Pty Ltd
Melbourne Private Hospital
Mercy Health and Aged Care
Mercy Health O’Connell Family Centre
Mildura Base Hospital
Mitcham Private Hospital
Monash Surgical Private Hospital
Neerim District Health Service
Nephrocare Vic
North Eastern Rehabilitation Centre
Northpark Private Hospital
Pacific Shores Healthcare
Peninsula Endoscopy Centre Pty Ltd
Peninsula Private Hospital
Reservoir Private Hospital Day Procedure Centre
Ringwood Private Hospital
Royal District Nursing Service
Sea Lake and District Health Service Inc
Shepparton Private Hospital
Sir John Monash Private Hospital
South East Palliative Care Ltd
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 and Mercy Private Hospital Limited
• Mercy Private Hospital Inc
• St Vincent’s Private Hospital
• Vyrimy Private Hospital
Supported Housing Development Group Pty Ltd
Unified Healthcare Group
Vaucluse Hospital
Very Special Kids
Victoria Clinic, The
Victorian Rehabilitation Centre, The
Warrinong Private Hospital
Waverley Private Hospital
Yackandandah Bush Nursing Hospital

VIC Public
Albury Wodonga Health – Wodonga Campus
Alexandra District Hospital
Alfred Health
• Caulfield Hospital
• Alfred, The
• Sandringham Hospital
Austin Health
• Austin Hospital
• Heidelberg Repatriation Hospital
• Royal Talbot Rehabilitation Centre
Bairnsdale Regional Health Service
Ballarat Health Services
 Banksia Palliative Care Service Inc
• Barwon Health
• Barwon Health – Aged and Continuing Care
• Barwon Health – Surf Coast Community Health Service
• Barwon Health – The Geelong Hospital
Bass Coast Regional Health
• Wonthaggi and District Hospital
Beaufort and Skipton Health Service
Beechworth Health Service
Benalla and District Memorial Hospital
Bendigo Health Care Group
• Anne Caudele Centre Campus
• Bendigo Hospital Campus
• Stewart Cowan Community Rehabilitation Centre
Boort District Health
Calvary Health Care Bethlehem
Casterton Memorial Hospital
Central Gippsland Health Service
• Heyfield Hospital Inc
• Maffra District Hospital
Cobram District Hospital
Cohuna District Hospital
Dental Health Services Victoria
Djerriwath Health Services
Dunmuckle Health Services
East Grampians Health Service
East Wimmera Health Service
• EWHS – Birchip Campus
• EWHS – Charlton Campus
• EWHS – Donald Campus
• EWHS – St Arnaud Campus
• EWHS – Wycheproof Campus
Eastern Health
• Anglicis Health Service, The
• Box Hill Hospital
• Maroondah Hospital
• Peter James Centre
• 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 and Districts Health Service
Isis Primary Care Inc
Kerang District Health
Kilmore and District Hospital, The
Kooweerup Regional Health Service
Kyabram and District Health Services
Kyneton District Health Service
Latrobe Regional Hospital
Lorne Community Hospital
Maldon Hospital
Maryborough District Health Service
Melbourn Citymission Palliative Care
Melbourne Health
• Royal Melbourne Hospital, The – City Campus
• Royal Melbourne Hospital, The – Royal Park Campus
Mercy Hospital for Women
Mercy Palliative Care
Moyne Health Services
Mt Alexander Hospital
Nathalia District Hospital
Northeast Health Wangaratta
Northern Health – Stream 1
• Broadmeadows Health Service, The
• Bundoora Extended Care Centre
Northern Health – Stream 2
• Craigieburn Health Service
• Northern Hospital, The
• Panch Health Service
Numurkah District Health Service
Omeo District Health
Orbost Regional Health
• Orbost and District Hospital
Peninsula Health
• Frankston Hospital
• Rosebud Hospital
Peninsula Hospice Service
Peter MacCallum Cancer Centre
Portland and District Health
Rochester and Elmore District Health Service
Royal Children’s Hospital
Royal Victoria Eye and Ear Hospital
Royal Women’s Hospital, The
Rural Northwest Health
• Rural Northwest Health Beulah Campus
• Rural Northwest Health Hopetoun Campus
• Rural Northwest Health Warracknabeal Campus
Seymour District Memorial Hospital
South West Healthcare
• South West Healthcare Camperdown Campus
• South West Healthcare Hamilton
• South West Healthcare Lismore Campus
• South West Healthcare Macarthur Campus
• South West Healthcare Portland
• South West Healthcare Warrnambool Campus
Southern Health – Clinical Stream – Acute
Southern Health – Clinical Stream – Continuing Care and Mental Health
Southern Health – Corporate Services
• Casey Hospital
• Cranbourne Integrated Care Centre
• Dandenong Hospital
• Jessie McPherson Private Hospital
• Kingston Centre
• Monash Medical Centre – Clayton
• Monash Medical Centre – Moorabbin
St Vincent’s Health
• Caritas Christi Hospice
• St George’s Health Service
• St Vincent’s Correccional Health Service
• St Vincent’s Hospital Melbourne
Stawell Regional Health
Swan Hill District Hospital
Take Two Program
Talangatta Health Service
Terang and Mortlake Health Service
Timboon and District Healthcare Service
Tweddle Child and Family Health Service
Victorian Institute of Forensic Mental Health (VIFMH)
Werribee Mercy Hospital
• Mercy Mental Health – Community Rehabilitation Centre
• Mercy Mental Health Saltwater Clinic
• Mercy Mental Health Wyndham Community Treatment Program and Consultations Partnerships Team
• Mercy Mental Health Community Care Units
West Gippsland Healthcare Group
West Wimmera Health Service
Western District Health Service
• Coleraine District Health Services
• Western District Health Service
Western Health Service
• Sunshine Hospital
• Western Hospital
• Williamstown Hospital, The
Wimmera Health Care Group
Yarram and District Health Service
Yarrawonga District Health Service
Yea and District Memorial Hospital

WA Public
Armadale Health Service
Bentley Health Service
Child and Adolescent Health Service
Department of Corrective Services – Health Services
Freemantle Hospital and Health Service
Health Corporate Network
North Metropolitan Area Health Service
Mental Health
• Greylands Hospital
• Oral Health Centre of WA
Osborne Park Hospital Program
Rockingham Peel Group
Royal Perth Hospital
Sir Charles Gairdner Hospital
Swan Kalamunda Health Service
• Kalamunda Health Service
• Swan Health Service
WA Country Health Service – South West
• Augusta Multi Purpose Health Service
• Boyup Brook and Districts Soldiers Memorial Hospital
• Bridgetown District Hospital
• Busselton District Hospital
• Collie District Hospital
• Donnybrook Balingup Health Service
• Harvey District Hospital
• Margaret River District Hospital
• Nannup Health Service MPS
• Pemberton District Hospital
• Warren District Hospital
• Yarloop Hospital

WACHS, Eastern Wheatbelt Health Service
• Bruce Rock Memorial Hospital
• Corrigin Hospital
• Kellerberrin Memorial Hospital
• Kununoppin Health Service
• Merredin Health Service
• Narrogin District Memorial Hospital
• Quairading Hospital
• Southern Cross Hospital

WACHS, Goldfields
• Coolgardie Health Centre
• Coonana Health Centre
• Esperance Community Health and Mental Health Unit
• Esperance Hospital
• Kalgoolie Hospital
• Kalgoolie-Boulder Community Mental Health
• Kalgoolie-Boulder Population Health Unit
• Kambalda Health Centre
• Laverton District Hospital
• Leonora Hospital
• Menzies Health Centre

LISTING
Our Members
• Norseman Hospital
• Ravensthorpe Health Centre
WACHS, Great Southern
• WACHS, Central Great Southern Multi-Purpose Health Service
• WACHS, Lower Great Southern Health Service
WACHS, Kimberley
• Broome Health Services
• Derby Health Services
• Fitzroy Crossing District Hospital
• Halls Creek District Hospital
• Kununurra District Hospital
• Northwest Mental Health Service and Kimberley Community Drug Service Team
• Wyndham District Hospital
WACHS, Midwest – Gascoyne District
• Exmouth Hospital
WACHS, Midwest Murchison – Central West Mental Health
WACHS, Midwest Murchison – Geraldton Health Campus
WACHS, Midwest Murchison – Midwest District
WACHS, Midwest Murchison – Murchison District
WACHS, Pilbara
• Newman Health Services
• Nickol Bay Hospital
• Onslow District Hospital
• Paraburdoo District Hospital
• Port Hedland Regional Hospital
• Roebourne District Hospital
• Tom Price District Hospital
• Wickham District Hospital
WACHS – Southern Wheatbelt Health Region
• Boddington Hospital
• Dumbleyung/Kukerin Health Service
• Kondinin/Kulin MPS
• Lake Grace Hospital
• Narrogin Hospital
• Pingelly Hospital
• Wagin Hospital
WACHS – Western Wheatbelt Health Service
• Beverley Health Service
• Cunderdin Meckering and Tammin Multi-Purpose Service
• Dalwallinu District Hospital MPS
• Goomalling Health Service
• Moora District Hospital
• Northam Regional Hospital
• Wongan Hills MPS Health Service
• York Health Services MPS
Women and Newborn Health Service

**EQuIP Corporate Member Services**

**NSW**
College of Nursing, The Mental Health Coordinating Council Network of Alcohol and Drug Agencies (NADA)

**EQuIP Corporate Health Services**

**ACT**
National Health Call Centre Network Ltd

**NSW**
Alliance Health Services Group Pty Ltd ahm Total Health
GEO Group Australia Pty Ltd, The Greater Southern Area Health Service
Hunter New England Area Health Service
North Coast Area Health Service
Northern Sydney/Central Coast Area Health Service
Salvation Army, The Recovery Services – Department Head Office
Sydney West Area Health Service

**SA**
Central Northern Adelaide Health Service
Smith Sterilising
Southern Adelaide Health Service

**VIC**
Coach Program Pty Ltd, The Moira Healthcare Alliance INC.
Northern Health
South Health – Corporate Services
Spotless Services Australia

**WA**
North Metropolitan Health Service – Area Corporate Services

**EQuIP Certification**

**NSW**
Crows Nest Day Surgery

**QLD**
Cairns Audiology Group Pty Ltd
ROQ (Toowoomba) Pty Ltd

**VIC**
Anam Cara House Geelong
Medical Connect Pty Ltd

**WA**
Diaverum Pty Ltd, WA
Kimberley Satellite Dialysis Centre
Sentiens Pty Ltd

**Quality for Divisions Network (QDN)**

**NSW**
Barwon Division of General Practice
Blue Mountains Division of General Practice
Dubbo/Plains Division of General Practice
GP Access
Hastings Macleay General Practice Network Ltd
Hawkesbury–Hills Division of General Practice
Hunter Rural Division of General Practice
Illawarra Division of General Practice
Macarthur Division of General Practice
Mid North Coast (NSW) Division of General Practice Ltd
Nepean Division of General Practice Inc
New England Division of General Practice
North West Slopes (NSW) Division of General Practice

**NSW Central West Division of General Practice**
Incorporating Barrier Division
• Barrier Division of General Practice Ltd
• Riverina Division of General Practice and Primary Health Ltd

**Shoalhaven Division of General Practice**
Southern General Practice Network

**Southern Highlands Division of General Practice**
St George Division of General Practice Inc
Sutherland Division of General Practice Inc

**NT**
General Practice Network NT Ltd

**QLD**
Moreton Bay General Practice Network

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

**WA**
Great Southern GP Network Ltd
Osborne GP Network Ltd
Pilbara Division of General Practice
LISTING

Our Surveyors

As at 30 June 2009

Our surveyor workforce totals over 400 dedicated healthcare professionals and health consumers from throughout Australia and overseas.

The surveyors, who conduct peer reviews, all have recent experience within health services, many still in fulltime roles such as health service managers, physicians, allied health professionals and nurses.

The surveyors participate in regular training sessions and are able to gather relevant information to verify the healthcare organisation’s achievement in the standards being assessed. Our surveyor training program has been recognised internationally and is accredited by the International Society for Quality in Health Care.

Thank you to the surveyors listed below for their contribution.

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

NSW
Dr Teresa Anderson
Dr Dinesh Arya
Mr Peter Avery
Mr Mark Ayling
Mr Peter Barber
Mrs Shirley Batho
Dr Alexander Bennie
Dr Sameer Bhola
Dr Claire Blizard
Dr Susan Buchanan
Mrs Christine Butlers
Ms Margo Carberry
Ms Desley Casey
Ms Vivian Chalita-Ajaka
Ms Connie Chan
Mr Sam Choucair
Dr Matthew Chu
Mr John Clark
Ms Elizabeth Clarke
Mrs Marie Clarke
Ms Glenda Cleaver
Mr Peter Clout
Mrs Sue Colley
Dr Jean Collie
Dr Jeanette Conley
Mr Chris Crawford
Dr Paul Curtis
Mr Robert Cusack
Mr Matthew Daly
Ms Therese Daubaras
Ms Darryl (Lynn) Davis
Ms Helen Dowling
Ms Jenny Duncan
Ms Helen Eastwood
Ms Karen Edwards
Mr Michael Edwards
Prof Joan Engiert AM
Ms Caroline Farmer
Dr Terence Finnegan
Mr Frank Fannery
Ms Lynnette Ford
Mr John Geoghegan (Resigned)
Prof Adrian Gillin
Ms Robyn Goffe
Dr Deane Golding
Associate Professor Jane Gordon
Ms June Graham
Ms Pamela Gulpis
Mr Ken Hampson
Ms Paula Hanlon
Mr Garth Healey
Dr Ralph Higgins OAM
Dr Kim Hill
Mr John Hodge
Mrs Sally Holmes
Dr Roger Hooper
Dr lan Hoult
Dr Philip Hoyle
Mr Peter Hurst
Dr Helen Jagger
Mrs Kate Jerome
Mr Peter Johnson
Ms Ann Kelly
Dr Peter Kennedy (Resigned)
Ms Dianna Kenrick
Ms Lidi Kilian
Mr Kim Knoblauch
Dr Friedbert Kohler
Dr Peter Kramer
Dr Harvey Lander
Ms Deborah Latta
Ms Deborah Lewis
Ms Bernadette Loughnane
Ms Judy Lovenfosse
Mr Stuart MacKinnon
Ms Belle Mangan
Ms Kerry Marden
Ms Carol Martin
Ms Louise McFadden
Mrs Jo McGoldrick
Mr Kevin McLaughlin
Mr Bernard McNair
Mr Keith Merchant
Ms Helen Mine
Dr Sharon Miskell
Dr Katherine Moore
Dr John Murray
Associate Professor Ganapathi Murugesan
Mr Danny O’Connor
Ms Anne O’Donoghue
Ms Marilyn Orrock
Mrs Rosalind O’Sullivan
Dr Charles Pain
Dr Richard Parkinson
Mr lan Paterson
Ms Carmel Peak
Mrs Nancye Piercy
Mrs Sandra Platt
Mr David Poon
Dr Robert Porter
Ms Toni Powell
Dr John Powers
Ms Robyn Quinn
Mr Geoff Rayner
Ms Cindi Rees
Ms Yve Repin
Associate Professor Ian Rewell
Mr Raad Richards
Dr Grahame Robards
Dr Pauline Rumma
Ms Kerry Russell
Dr Margaret Sanger
Mr Anthony Schembri
Adjunct Professor Stuart Schneider (Resigned)
Dr Kevin Sesnan
Ms Sue Shilbury
Ms Mary Simpson
Mr Ben Skerman
Dr Alicia Smiech
Ms Valerie Smith
Ms Rosemary Snodgrass
Mrs Jean Spurge
Ms Gowri Srikanth
Mr John Stuart
Dr Christopher Swan
Dr George Szonyi
Mr Arnold Tammekand
Ms Andrea Taylor
Mrs Anne Temblett
Mrs Sally Toey
Ms Helen Vaz
Mr Michael Wallace
Mr Tony Wallace
Mr Robert Walsh
Conjoint Professor Jennie West
Adjunct Professor Richard West
Ms Jan Whalan
Mr Harry Williams

NT
Mr Peter Frendin
Ms Judith Hoskins
Ms Frances Pagdin
Ms Penny Parker

QLD
Mr Rick Austin
Mr Mark Avery
Dr Stephen Ayre
Dr Winton Barnes
Associate Professor Brian Bell
Ms Marian Bills
Ms Mary Bonner
Dr Nick Buckmaster
Ms Cheryl Burns  
Dr Wilbur Chan  
Ms Gillian Clark  
Dr Michael Cleary  
Ms Anne Copeland  
Ms Val Coughlin-West  
Associate Professor David Crompton OAM  
Mr Kenneth Denny  
Ms Vicki Eckart  
Associate Professor Brett Emmerson  
Ms Lisa Fawcett  
Ms Joan Fellowes  
Mr Kevin Freele  
Mrs Deborah Grant  
Ms Diana Grice  
Mr Charlie Grugan  
Mr Philip Hawkins  
Dr G. Adair Heath  
Ms Garda Hemming  
Dr David Henderson  
Mrs Cheryl Herbert  
Adjunct Associate Professor Leonie Hobbs  
Dr John Hooper  
Mr Terry Hughes  
Ms Catherine James  
Mr Paul Kachel  
Mr David Kelly  
Ms Dianne Knight  
Ms Debra Le Bher  
Ms Moira Lettice  
Dr David Lindsay (Resigned)  
Dr William Lindsay  
Ms Cheryl Lowe  
Dr Donald Martin  
Mrs Patricia Matthews  
Dr Chris May  
Mr Ian Mill  
Dr Clare Morgan  
Ms Virginia Morris  
Dr Donna O’Sullivan  
Ms Ros Pearson  
Dr Scott Phipps  
Dr John Reilly  
Mrs Cheryle Royle  
Mrs Monica Seth  
Ms Tracey Silvester  
Associate Professor Patricia Snowden  
Ms Rosemary Steinhardt  
Ms Lorraine Stevenson  
Ms Glynda Summers  
Mrs Penny Thompson  
Ms Theresa Thompson  
Ms Val Tuckett  
Mrs Kym Volp  
Dr John Walker AM  
Mr Brendon Weavers  
Dr Noela Whitby AM  
Ms Raewyn Wolcke  
Dr John Youngman  

TAS  
Mr Ken Campbell  
Associate Professor Des Graham  
Mr Bernard Griffiths (Resigned)  
Mrs Marlene Johnston  
Ms Karen Linegar  
Dr Peter Renshaw  
Mr Kannan Srinivasan  
Mrs Eve Thorp  
Ms Bridgid Tracey AM  
Ms Jenny Tuffin  

SA  
Dr Dianne Barrington  
Ms Toni Bickle  
Mrs Lorraine Bruun  
Ms Dianne Campbell (Resigned)  
Ms Tina De-Zen  
Dr Maria Fedoruk  
Mr Paul Gardner  
Ms Sharon Goddman  
Mrs Marion Holden  
Mr Geoff Ilman  
Ms Sharon Kendall  
Mr Alan Lehman  
Ms Janne McMahon  
Dr Susan Merrett  
Ms Jill Michelson  
Mrs Cathy Miller  
Mr David Miller  
Dr Ea Mulligan  
Ms Kathy Nagle  
Mrs Dianne Norris  
Ms Karen Parish  
Dr Patrick Phillips (Resigned)  
Mr Neville Phillips  
Ms Jane Pickering (Resigned)  
Mrs Mara Richards  
Ms Pam Schubert  
Ms Lesley Siegloff  
Mr Wayne Singh  
Ms Judy Smith (Resigned)  
Mrs Margaret Smith  
Ms Michele Smith  
Dr Rima Staugas  
Dr Tony Swain  
Ms Rosemary Taylor  

VIC  
Mr Peter Abraham  
Dr Cathy Balding  
Ms Christine Best  
Mr Allan Boston (Resigned)  
Dr Peter Bradford  
Mrs Lorraine Broad  
Ms Therese Caine  
Dr Tom Callaly  
Mr Alex Campbell  
Ms Jillian Carson  
Mr Wesley Carter  
Ms Julie Cartwright  
Mrs Ann Cassidy  
Dr Wayne Chamley  
Dr Alex Cocksam  
Dr Brian Cole  
Ms Julie Collette  
Ms Annette Coy  
Dr Catherine Crock  
Ms Lydia Dennett  
Dr Harry Derham  
Dr Sherene Devanesen  
Ms Clare Douglas  
Mr Sid Duckett  
Mr Tim Eirington  
Dr Peter Fehy  
Ms Lee Fairley  
Ms Anna Fletcher  
Dr Simon Frasier (Resigned)  
Mr Vince Gaglioti  
Ms Michele Gardner  
Dr Mark Garwood  
Mr David Gerrard  
Mrs Leigh Gifford  
Ms Sue Gilham  
Ms Diane Gill  
Mr Philip Goulding (Resigned)  
Dr Lee Gruner  
Ms Bronwyn Harris (Resigned)  
Dr Richard Harrod  

Ms Lyn Hayes  
Ms Marguerite Holby  
Mr Graeme Houghton  
Ms Mary Hyland  
Dr M R Jones PSM AM  
Dr Sajeev Koshy  
Dr Ian Kronborg  
Dr Tony Landgren  
Ms Marie Larkin  
Ms Andrea Leonard  
Mr Alan Lilly  
Dr Martin Lum  
Mrs Ionela Manescu  
Mrs Josephine Maprock  
Dr Chris Maxwell  
Ms Christine Minogue  
Dr John Monagle  
Dr David Newman  
Mr George Osman  
Dr Karen Owen  
Mrs Glenna Parker  
Mr Ric Pawsey  
Mr Ormond Pearson  
Ms Sally Percy  
Ms Susan Perrott  
Mr David Plunkett  
Ms Merrin Prictor  
Mrs Patricia Quinn  
Ms Jenny Rance  
Ms Catherine Roper (Resigned)  
Mrs Nelly Ross  
Mr Trevor Sanders  
Dr Susan Schrins  
Ms Sue Sinner  
Mr Darrell Smith  
Ms Joyce Smith  
Ms Mavis Smith  
Mrs Marilyn Sneddon  
Ms Catherine Steele  
Mrs Maria Stickland  
Dr Lakshmi Sumithran  
Mr Raymond Sweeney  
Mr Denis Swift  
Ms Jennifer Taylor  
Mr Peter Turner  
Mrs Lee Vause  
Dr Ruth Vine  
Dr Arlene Wake  
Mr Dan Weeks  
Miss Ruth White (Resigned)  
Mr John Wigan  
Mrs Wendy Wood
ACHS has had a surveyor exchange program with Ireland and New Zealand for several years. The relationships developed through the work of ACHS International have provided additional opportunities to train surveyors from 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 the surveyor workforce.

**Hong Kong**
- Ms Gloria Aboo
- Dr Derrick Au
- Mr Eric Chan
- Mr Fred Wai Cheung Chan
- Ms Mabel Chan
- Ms Grace Cheng
- Ms Iris Lam Shuk Ching
- Ms Kate Choi
- Ms Connie Chu
- Ms Grace Chung
- Dr Kin Lai Chung
- Dr Jack Hung
- Dr Anne Kwan
- Dr Chor-chiu Lau
- Ms Fion Wai-man Lee
- Ms Chan Wai Leng
- Ms Julie Li
- Ms Wing On Lou
- Mr Antony Lui
- Dr Joseph Lui
- Mr Raymond Mak
- Dr Windsor Mak
- Ms Manbo Man
- Mr Siew Man Pang
- Dr Stephen Pang
- Mr Wai-Kwong Poon
- Dr Yuk Wah Shum
- Ms Tammy So
- Dr Chung-Ngai Tang
- Mrs Mary Wan
- Ms Bonnie P M Wong
- Ms Ellen Wong
- Dr Loretta Yam
- Ms Rosa Yao
- Ms Betty Yeung
- Mrs Simon-hung Yeung
- Dr Victoria Tan

**India**
- Dr Bidhan Das
- Mr Somnath Das
- Ms Jessy Jacob
- Dr Srinivas Murali

**Kingdom of Bahrain**
- Mrs Ruth Ayer
- Dr Bahaa Fateha
- Mr Timothy Gardner
- Mr G. Arun Govind
- Dr Hari Sivadas
- Dr Riyaz Ahmad Syed
- Mr Jacob Thomas

**Kingdom of Saudi Arabia**
- Dr Amand Agababian

**Malaysia**
- Mr Stuart Rowley

**New Zealand**
- Ms Jacqueline Flynn
- Ms Rose Laloi
- Mrs Julie Nitschke

**United Arab Emirates**
- Dr Deena Alani
- Dr Oussama Kayali
- Ms Kim Primmer
- Dr Alan Sandford
- Mr Samy Sidky
**Comments**

**Australian Commission on Safety and Quality in Health Care**

**Australian Institute of Health and Welfare**
Towards National Indicators of Safety and Quality in Health Care, December 2008.

**University of Technology, Sydney**
Interprofessional Health Education in Australia, a proposal for future research and development, January 2009.

**Electronic Media**

**Monographs**
ACHS. Summary Clinical Indicator Guide. ACHS; 2008.
Performance and Outcomes Service, ACHS. Clinical Indicator Information Package. ACHS; 2009.

**Presentations**
Hennessy, D. Relationship with National BreastScreen Standards and EQuIP 4 Standards. BreastScreen Australia; Sydney, June 2009.
Hennessy, D. Overview of ACHS Accreditation for the Private Sector. Australian Health Services Alliance; Sydney, June 2009.
Hogan, K. Introduction to EQuIP 4. Departmental Staff, Office of Aboriginal and Torres Straits Islander Health; Canberra, June 2009.

Johnston, B. Accreditation Evaluation – Recent results analysed from large accreditation studies with new research results on accreditation and surveying – contributing discussant. ISQua 25th International Conference. International Society for Quality in Health Care (ISQua); Copenhagen, October 2008.
Johnston, B. ‘Bringing Accreditation and Measures together to complement each other’. ISQua 25th International Conference. International Society for Quality in Health Care (ISQua); Copenhagen, October 2008.
Stark, H. Measuring Standards of Patient Services in Australian Hospitals using Clinical Indicators. Qingdao Hospital Quality Control and Performance Evaluation Education Program University of Sydney; Sydney, March 2009.

**Publications**
Greenfield, D, Braithwaite, J, Pawsey, MP, Johnston, B and Robinson, M. Distributed leadership to mobilise capacity for accreditation research, J Health Organ Manag 2009; 23(2): 255–267.
Other products and services that are offered by ACHS include:

- **EQuIP Certification** – for newly established healthcare organisations and other organisations that have not yet developed formal quality improvement programs.
- **EQuIP Corporate Health Services** – designed for corporate offices with or without direct care responsibility.
- **EQuIP Corporate Member Services** – developed for colleges, professional associations, health insurers, and others involved in supply, human resources, learning and development, to identify how well they meet member and customer needs.
- **EQuIP In-Depth Reviews** – conducted by the ACHS to determine how well specialist services (for example mental health services, palliative care, pharmacotherapy services) have addressed the ACHS standards and the relevant ACHS Guidelines.
- **Quality for Divisions Network (QDN)** – developed for divisions and State Based Organisations (SBO) aiming to deliver a service that is member focused; the ACHS QDN accreditation standards have been approved by the Commonwealth Department of Health & Ageing and are the only standards specifically developed for divisions of general practice.
- **Diagnostic Imaging Accreditation Scheme** – accreditation for diagnostic imaging services providing ultrasound, general x-ray, mammography, angiography, fluoroscopy, orthopantomography, MRI and CT.
- **Clinical Indicator Program** – a data repository, analysis and reporting service provided by the ACHS to healthcare organisations. It provides comparative information on the processes and outcomes of healthcare. With over 400 indictors and over 800 participating member organisations, the ACHS Clinical Indicator Program is the most comprehensive program of its kind in Australia. Customised reporting of data allows single healthcare organisations or groups to compare their own performance to National, State and Territory aggregates.
- **Customised education** – workshops and consultancies as well as access to online publications and resources are offered to help organisations in their quality improvement journey.
- **Customised quality improvement programs** – For example, ACHS has designed tailored programs for South Australia and mental health services in Tasmania.

For more detail on any of our products and services, please visit our website: [www.achs.org.au](http://www.achs.org.au)
GLOSSARY OF TERMS

Definitions in this glossary are for use in the context of this Report

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>Public recognition of achievement by a healthcare organisation, of requirements of national healthcare standards¹</td>
</tr>
<tr>
<td>ACHS</td>
<td>The Australian Council on Healthcare Standards, Australia’s leading independent, not-for-profit organisation dedicated to improving the quality and safety of healthcare through continual review of performance, assessment and accreditation</td>
</tr>
<tr>
<td>Certification</td>
<td>ACHS’ quality management program for newly established and other healthcare organisations that have not yet implemented a formal quality program</td>
</tr>
<tr>
<td>Clinical indicator</td>
<td>A measure of the clinical management and outcome of care; a method of monitoring consumer/patient care and services which attempts to ‘flag’ problem areas, evaluate trends and so direct attention to issues requiring further review</td>
</tr>
<tr>
<td>Consumer/patient</td>
<td>People who directly or indirectly make use of health services²</td>
</tr>
<tr>
<td>Corporate governance</td>
<td>Understood to be the system by which organisations are directed, controlled and held to account³</td>
</tr>
<tr>
<td>Credentialling</td>
<td>The process of accessing and conferring approval on a person’s suitability to provide a defined type of healthcare</td>
</tr>
<tr>
<td>Criteria</td>
<td>The measurable key components of a standard; that are necessary for meeting the standard</td>
</tr>
<tr>
<td>EQuiP</td>
<td>Evaluation and Quality Improvement Program, ACHS’ framework to improve the quality and safety of healthcare</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Judging the value of something by gathering valid information about it in a systematic way and by making a comparison. The purpose of evaluation is to help the user of the evaluation to decide what to do, or to contribute to scientific knowledge²</td>
</tr>
<tr>
<td>Inter-rater reliability</td>
<td>Ensuring consistency between and within survey teams on ratings of the criteria within each standard</td>
</tr>
<tr>
<td>ISQua</td>
<td>The International Society for Quality in Health Care, a non-profit, independent organisation with members in over 70 countries that works to provide services to guide health professionals, providers, researchers, agencies, policy makers and consumers, to achieve excellence in healthcare delivery, and to continuously improve the quality and safety of care</td>
</tr>
<tr>
<td>Member</td>
<td>An organisation participating in an ACHS accreditation program</td>
</tr>
<tr>
<td>Performance improvement</td>
<td>Continuous study and adaptation of processes in order to achieve desired outcomes and meet the needs and expectations of customers</td>
</tr>
<tr>
<td>Policy</td>
<td>A documented statement that formalises the approach to tasks and concepts which is consistent with organisational objectives</td>
</tr>
<tr>
<td>Procedure</td>
<td>A set of documented instructions conveying the approved and recommended steps for a particular act or sequence of acts</td>
</tr>
<tr>
<td>Process</td>
<td>A series of actions, changes / functions that bring about an end or a result</td>
</tr>
<tr>
<td>Quality</td>
<td>The extent to which the properties of a service or product produces a desired outcome⁴</td>
</tr>
<tr>
<td>Risk management</td>
<td>The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects⁵</td>
</tr>
<tr>
<td>Safety</td>
<td>Freedom from hazard¹</td>
</tr>
<tr>
<td>Standard</td>
<td>Describes the overall goal; for example, high quality care for patients with desirable outcomes</td>
</tr>
<tr>
<td>Surveyor</td>
<td>A health professional trained by ACHS to assess the performance of healthcare organisations against EQuiP standards</td>
</tr>
</tbody>
</table>

¹ Australian Council for Safety and Quality in Health Care (ACSQHC), 2006, Shared Meanings.
⁴ ACSQHC, List of Terms and Definitions for Safety and Quality.
CONTACT US

The Australian Council on Healthcare Standards (ACHS)
5 Macarthur Street
Ultimo NSW 2007 Australia
Phone 61 2 9281 9955
Fax 61 2 9211 9633
Email achs@achs.org.au
Website www.achs.org.au

Additional copies of this Annual Report may be obtained by emailing the Communications Manager at achs@achs.org.au or visiting the ACHS website (under the Publications and Resources menu option) at www.achs.org.au

Thank you to all ACHS staff who assisted with this report.

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