The ACHS strongly acknowledges 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 and maintain our profile in the health community.

The Australian Council on Healthcare Standards (ACHS) would like to thank Audio Visual Services, Sydney Local Health District for their kind assistance in organising and taking the photographic shots used on the front cover. Many staff and patients from Royal Prince Alfred Hospital and Balmain Hospital also contributed by agreeing to be photographed, and their generosity of spirit is acknowledged.

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.

September 2011

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The Australian Council on Healthcare Standards Annual Report 2009-2010

This Report is available in PDF format via the ACHS website (under the Publications and Resources menu option) from the homepage: www.achs.org.au

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E-mail communications@achs.org.au
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**Common acronyms included in this Report**

- **ACHS** The Australian Council on Healthcare Standards
- **ACHSI** ACHS International
- **AAQHC** Australasian Association for Quality in Health Care
- **AC60** Advanced Completion in 60 days
- **ACSQHC** Australian Commission on Safety and Quality in Health Care
- **AIHW** Australian Institute of Health and Welfare
- **APS** Agreed (accreditation) Performance Statement
- **ISQua** International Society for Quality in Health Care
- **IAP** International Accreditation Programme
- **EAT** Electronic Assessment Tool
- **EQuIP** Evaluation and Quality Improvement Program
- **EQuIP 4** the 4th edition of the ACHS Evaluation and Quality Improvement Program
- **EQuIP 5** the 5th edition of the ACHS Evaluation and Quality Improvement Program
- **PIRT** Performance Indicator Reporting Tool
CONTENTS

About ACHS
Vision, Mission and Values  1
Our Identity  2

Our Performance
Corporate and Strategic Plan  4
President’s and Chief Executive’s Report  10
Highlights of the year  14

Our Organisation
Organisation Chart  16
Our Executive Team  17

Recognising Achievement
ACHS Medal and ACHS Quality Improvement Awards  20

Division Reports
ACHS International  23
Customer Services  26
Development Unit  28
Corporate Services  31

Corporate Governance
Overview  34
ACHS Board of Directors  37
ACHS Council Members  40

Financial Performance
Director’s Report  42
Independent Auditor’s Report  45
Notes to the Financial Statements  48
Directors’ Declaration  56

Listings
Our Surveyors  57
Our Members  60
Publications and Presentations  72
Overview of Products and Services  74

Glossary of Terms
Inside back cover
Vision
To be recognised nationally and internationally as the leading Australian organisation that independently assesses performance and promotes and improves the quality and safety of health care.

Mission
To improve the quality and safety of health care.

Values
The following words encapsulate how the organisation seeks to behave:

- 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
- Team work
  To work co-operatively with each other and all stakeholders
- Consumer focus
  To respond to the various beliefs, traditions and customs that are reflected in Australian society
- Cultural responsiveness
  To look at health system issues through the eyes of consumers
ACHS is governed by a Board of 12 Directors elected by a Council of 40 members, drawn from peak bodies in the health industry, as well as representatives from governments and consumers.

The ACHS is recognised by the International Society for Quality in Health Care (ISQua) for our organisational framework, our accreditation programs and our surveyor training. We have been a member of ISQua’s International Accreditation Programme (IAP) since its launch in 1999 and successfully met our ISQua accreditation in 2011.

Products and services

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

During the last quarter of 2010, the new EQuIP5 product was launched at our national conference in Canberra and released to our members in December, 2010 to overwhelmingly positive feedback.

EQuIP5 supercedes EQuIP 4 in Australia, but overseas EQuIP 4 remains the premier EQuIP product for now. EQuIP5 continues the tradition of providing a comprehensive framework from which to assess standards in terms of quality, safety and performance.

More than 2500 health care professionals provided input and assistance in working groups, reference groups and guideline reviews. Key stakeholders such as hospital biomedical engineers, public and private sector health care providers, community groups and members from all States and Territories were included.

Other products which were progressively re-visited, updated and re-published throughout the year included; ACHS EQuIP5 Guide for Day Procedures Centres, and ACHS Corporate Health Services Manual. These three products cover the majority of our product range for our members.

The ACHS ethos towards accreditation has varied little over the years. It continues to provide a thorough and realistic picture of an organisation’s practices, policies and procedures and assists by establishing and developing a culture that strives for further excellence.

The ACHS continues to be consulted by other countries keen to get a strong grasp on accreditation and the benefits it can bring. ACHS has continued to build a strong network of these relationships in terms of standards development, accreditation systems and clinical indicator programs.

For more information on ACHS products and services see page 74.

ACHS Members

ACHS continues to grow the number of members year on year, with individual health care organisations now joining to become part of ACHS quality improvement programs.

The majority of our members are hospitals, but other organisations participating in our accreditation and quality improvement programs include: community health organisations, divisions of general practice, corporate offices of health services and day surgeries.

For a complete list of ACHS Member organisations see page 60.
ACHS Surveyors

More than 370 surveyors are trained by the ACHS in evaluation techniques to assess organisations against the ACHS 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 relevant health care experience such as doctors, nurses, medical administrators and allied health professionals.

For a full list of ACHS Surveyors see page 57.

Funding

ACHS maintains its status as an independent, not-for-profit organisation, with the majority of funding derived 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 annual contribution from Baxter Healthcare for our Quality Improvement (QI) Awards program and the publication of this Annual Report.

Our environment and the future

After 37 years as Australia’s pre-eminent health accreditation body ACHS is preparing to operate in a new environment with the introduction of the Australian Commission on Safety and Quality in Health Care (ACSQHC)’s National Safety and Quality Health Standards.

The new ACSQHC Standards are due to be available on 1 July, 2011 with a transition period for all Australian health organisations to start meeting them from 1 January, 2013. Ten new Standards are being produced by the Commission, and all are compulsory.

In determining our future position, and what ACHS will offer, we have communicated to our members in the lead up to the start date, and while the details may change as the Commission’s vision becomes clearer, we can confirm we will offer a number of products to assist members to not only meet the standards, but if they choose, to also undergo accreditation to ACHS standards.

Key to adapting to the demands of the new market will be the ability for ACHS to differentiate between the desirability of our accreditation program against the relative simplicity of meeting a checklist of requirements, but with no feedback loop for advancement through improvement.

ACHS has been adept at evolving throughout the last three, nearly four, decades. Whatever the challenges it has faced in its history, there has been a determination to provide the very best level of service for members, by being responsive, accountable, flexible and committed. All of these characteristics will have a strong bearing on the new contestable market, as well as a track record for results.

Partnerships

ACHS continues to work strongly with all Australian States and Territories. ACHS was founded on a number of special partnerships and today the importance of partnerships remains strong. While a range of governance models have flourished, ACHS continues to work to present a definitive model of accreditation that continues to meet the complex needs of the member organisations.

In taking on the role of development of standards for the health industry, ACHS works hard to ensure all voices and views are considered.

With our key activities continuing to be surveying, standards development and clinical indicator working groups, our partnerships are essential to our success. Without the collaborative contributions of our many member organisations and stakeholders we could not deliver the continual upgrade to the standards that have an impact on Australian and international health standards.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<tr>
<td>Private</td>
<td>417</td>
<td>431</td>
<td>567</td>
<td>535</td>
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<tr>
<td>Public</td>
<td>675</td>
<td>780</td>
<td>817</td>
<td>919</td>
</tr>
<tr>
<td>Total</td>
<td>1092</td>
<td>1211</td>
<td>1384</td>
<td>1454</td>
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ACHS Full and Associate Memberships by bed size as at 31/12/2010 (n=1,450)

- 0-49 beds: 64% (n=927)
- 50-99 beds: 12% (n=175)
- 100-199 beds: 11% (n=166)
- 200-499 beds: 9% (n=124)
- >=500 beds: 4% (n=58)
**Objective**
Be provider of choice; maintaining and where possible growing the membership base.

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<tr>
<td>Pursue potential growth markets through comparison of AIHW data against our member database.</td>
<td>The composition of membership has altered with the commencement of restructuring in the public sector, reduced membership by private hospitals but increased membership from day procedure centres.</td>
<td>Establish target goals for retaining members, targeting appropriate new markets and continue development of products and services to address market segmentation needs.</td>
</tr>
<tr>
<td>Implement recruitment strategy to increase the number of allied health clinician surveyors.</td>
<td>Tailoring of the EQuIP program to better meet the needs of small and rural health services has been initially adapted through alterations to the self-assessment tool and changes in administrative requirements.</td>
<td>Meet the challenge of an appropriate assessment process with simplified reporting requirements for small and rural health services.</td>
</tr>
<tr>
<td>Additional surveyors sought from medical, mental health, aged care, rural and community sectors.</td>
<td>Surveyor numbers continue to be appropriate to need. ACHS continues to seek greater participation from peers with private-sector experience. The survey of surveyors recorded a high level of satisfaction. Current strategies for surveyor recruitment continue to be appropriate in general terms.</td>
<td>Develop a five year retention plan to consolidate current retention strategies and define new opportunities to actively utilise all surveyors as ambassadors for specific needs.</td>
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<td>Provide relevant evidence-based products and services.</td>
<td>Commence an effective consultative framework for the review of EQuIP 4.</td>
<td>Support the evolution of the EQuIP program and address the new National Standards while meeting the needs of members both in the transition period and post 1 January, 2013.</td>
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**Strategic Goal 1**
To be the leading organisation in the health care industry 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.
<table>
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<tr>
<th>Maintain international recognition of the organisation, standards and the surveyor training program.</th>
<th>Maintain ISQua International Accreditation Programme (IAP) accreditation.</th>
<th>Reporting requirements necessary to maintain ISQua accreditation for the surveyor training program were met.</th>
<th>Work towards maintaining ISQua IAP accreditation in 2014.</th>
</tr>
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<tr>
<td><strong>Increase consumer participation in Surveyor program.</strong></td>
<td>Assess methodologies for including consumer input. Achieve 10% of Organisation-Wide Surveys with a consumer surveyor on the team.</td>
<td>There has been little change in the level of interest by organisations in having consumers as members of survey teams. However, the new ACQHSC National Standards have specific compliance requirements relating to consumer engagement which is likely to stimulate future interest.</td>
<td>Advance work with consumer forums to develop long-term strategies, promote consumer participation in the surveyor program to provide and develop consumer input. Maintain the national conference as the premier forum for promoting ACHS and advancing its profile nationally as a leader in the field and an authoritative voice in health and safety.</td>
</tr>
<tr>
<td><strong>Promote ACHS through publications and conference presentations</strong></td>
<td>Promote ACHS through National Forum on Safety and Quality in Health Care (Canberra, October 2010).</td>
<td>The 2010 National Forum on Safety and Quality in Health Care provided an excellent professional development program but only attracted 370 delegates. On a more promising note the 2011 conference will be conducted through a collaboration of four premier health organisations; substantially more delegates are expected. ACHS has maintained a high profile through conferences, poster presentations, exhibition booths at major exhibitions and ongoing publications of key reports such as the Australasian Clinical Indicator Report (ACIR).</td>
<td>Explore all opportunities to promote the ACHS profile to relevant audiences, at existing events and through reports such as ACIR.</td>
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### Strategic Goal 2
To develop and sustain collaborative links with key stakeholders.

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<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>The Remote Health Services Accreditation Standards Project has made excellent progress over the course of the year. Subject to the outcomes of pilot reviews, implementation is expected to commence in 2012.</td>
<td>Maintain a leading role in the development and introduction of the Rural and Remote Health Accreditation Standards at a national level. Develop further specialised accreditation programs responsive to needs.</td>
</tr>
<tr>
<td>Interact with key stakeholders, including participation on significant committees, in key events and at conferences.</td>
<td>Strengthen collaborative links with member organisations. Continue partnerships in the development of the premier annual health industry conference in Australasia.</td>
<td>ACHS continues to have a strong role in collaborating with the Australian Commission on Safety and Quality in Health Care (ACSQHC) with the implementation of the National Standards and the development of the proposed National Performance indicators.</td>
<td>Continue to collaborate closely with the ACSQHC on the National Standards to ensure the ACHS vision and mission promulgates across the Australian health industry.</td>
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<td>An important initiative has been collaborating with several commercial organisations for the integration of the EQuIP standards into their products, primarily concerning risk management.</td>
<td>Address future opportunities for collaboration and assess transferability of EQuIP program concept for other industries.</td>
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<td>Plans in place for collaborative conference &quot;The Great Healthcare Challenge!&quot; to be held in Melbourne, October 11-14 by the four organisations.</td>
<td>Build upon the developed relationships to maximise the value of collaboration with other organisations, and create strategies to work in partnership on specific projects where possible that advance accreditation.</td>
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<td>Progressively work towards creating effective relationships with a range of key bodies.</td>
<td>Target specific projects to collaboratively work together and further build relationships.</td>
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### Strategic Goal 3
To be recognised as a leading contributor to research into quality and safety in health care.

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<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 health care services.</td>
<td>A comprehensive Research summary has been developed detailing five projects. Research is being approached from a range of different disciplines, and covers areas such as accreditation, Human Resources systems, high performing organisations and indicators. ACHS is committed to research with a number of reputable universities and government agencies. These include University of NSW, Griffith University and University of Newcastle.</td>
<td>Determine future areas of research projects that directly relate to ACHS business, and make use of ACHS's extensive repository of data from accreditation surveys and clinical indicators. Assess future research projects with partnering universities where appropriate, to advance better research understanding in the area of accreditation.</td>
</tr>
<tr>
<td>Publish research.</td>
<td>Publish annual ACHS Australasian Clinical Indicator Report and papers on research into quality improvement.</td>
<td>Published in December 2010. Publishing of the 12th edition of the Australasian Clinical Indicator Report 2003-2010 for October 2011 is well underway. ACHS has now been linked to a number of published papers relevant to accreditation in peer-related journals.</td>
<td>Continue to promote the Clinical Indicator report as the leading report of its kind in Australia and internationally. Continue to contribute to papers through collaboration with research partner organisations.</td>
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## Strategic Goal 4
To promote and publish information in relation to the quality and safety of health care.

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<td><strong>Promote public disclosure of performance information.</strong></td>
<td>Agreed Performance Statement (APS) percentage of compliance in line with contractual obligation. Prevent biennial National Accreditation Report (NAR) on EQuIP 4 performance information.</td>
<td>Substantial achievement of the 100% target for APS published on the ACHS website. Planning of the publication of the next NAR which will encompass surveys undertaken using EQuIP 4 is well advanced and will utilise both survey and clinical indicators data, as well as case studies of exemplary performance.</td>
<td>To support the publication of publically available information on health service performance through collaboration with ACSQHC and the National Performance Authority (NPA). Continue to publish performance information on outcomes of accreditation surveys.</td>
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<td><strong>Implement effective usage of clinical indicator information.</strong></td>
<td>Assist the effective collection and analysis of ACHS Clinical Indicator data with the introduction of a web-based Performance Indicator Reporting Tool (PIRT) program, 2009. Continued review of current ACHS Clinical Indicator sets and introduction of new ACHS indicator sets on behalf of medical colleges and health associations. Publish national Clinical Indicator Report.</td>
<td>Clinical Indicator program survey was conducted August to September 2010. 11 clinical indicator working parties were established, and six clinical indicator sets were revised (Anaesthesia, Emergency Medicine, Hospital in the Home, Intensive Care, Medication Safety and Obstetrics. The PIRT Bulletin Board was initiated and PIRT enhancements were implemented. Publication of the Annual ACHS Australasian Clinical Indicator Report 2003-2010 is currently being finalised for October 2011 publication. Significant promotion of the Clinical Indicator Program achieved through conference presentations and targeted education programs. Evaluate the process of report provision to surveyors in relation to surveyor satisfaction.</td>
<td>Continue to promote the Clinical Indicator program, with development of new clinical indicator sets, and consideration of expansion of indicators to non-clinical areas. All existing sets to be reviewed for currency.</td>
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<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>Review of ACHS website platform, style and design and content postponed due to business re-engineering of ACHS processes and assessment of an appropriate ACHS document management system.</td>
<td>Consult with stakeholders in 2012 to ensure that re-development of the website factors in their requirements ranging from communication needs to access of resources; electronic tools for surveys and indicator submissions. The new look website is scheduled for launch in 2012-13.</td>
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<td><strong>Ensure Award program recognised excellence in performance.</strong></td>
<td>Increase participation rates. Review collection systems for submissions and expand the information provided in the accompanying publication (Quality Initiatives).</td>
<td>A total of 83 nominations for QI Awards were received in 2010, a substantial increase on the 56 received in 2009. As part of the review of the promotional strategies undertaken, a new award, the “Highly Commended” category was introduced.</td>
<td>Consolidate progress made in recent years and build the profile and reach of the Quality Improvement Awards.</td>
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### Strategic Goal 5
To maintain an effective internal system that enables business goals to be efficiently achieved.

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<td>Implementation of new accounting software and integration with the existing corporate database.</td>
<td>Achieved in 2010.</td>
<td>Cash management systems are adhered to and reconciled to provide a stable financial environment.</td>
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<td>Organisation risk identification, evaluation and resolution.</td>
<td>Continues to ensure all employee training and satisfaction issues are monitored and addressed.</td>
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<td>Staff Action Plan continued to develop.</td>
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<td>Ensure effective communications and media strategy in place.</td>
<td>Strategy targets measured through media references and stakeholder feedback.</td>
<td>Implemented media strategy and developed marketing strategy to address new standards environment.</td>
<td>Develop a holistic marketing plan that ensures ACHS profile evolves in the transition period to the new National Standards.</td>
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The year has been marked by the continuing evolution of the national agenda for safety and quality in Australia. The changes form part of the National Health Reform program initiated by the Federal Government in collaboration with the States and Territories. It is increasing the focus of the health system on greater local involvement in the management of health services, population health and primary health services. The Australian Commission for Safety and Quality in Health Care was established by legislation as a permanent body. The Commission has released the first edition of the National Safety and Quality Health Service Standards that will be implemented progressively from 1 July, 2011 and will become progressively mandatory for all providers of high risk health services.

We were delighted to have appointed Ms Linda O’Connor to the position of Executive Director Development and she commenced in September, 2010. Linda has brought with her significant international experience in quality systems and a background in clinical practice. She has already demonstrated very effective leadership qualities and is expected to make a significant contribution to the organisation.

Governance

Three changes occurred: Mr Russell McGowan, consumer representative, who reached the maximum allowable term as a Director; Ms Kae Martin, government representative, who resigned due to the pressure of work; and, Dr Dana Wainwright, who also resigned as the Australian Medical Association representative. Each of these people made a substantial and constructive contribution to the organisation over many years, which is gratefully acknowledged by us. They were succeeded by Mr Stephen Murby, Chairman of the Consumers Health Forum, Professor Michael Cleary, Executive Director for Policy, Planning and Resources, Queensland Health and Professor Geoff Dobb, Vice President of the Australian Medical Association, respectively. We are delighted to welcome these people to the Board and have already benefitted from their input.

Dr Rob Porter, who retired as a Director in 2009, regrettably passed away earlier this year. We have lost a valued and respected friend and colleague. Our sincere condolences are extended to his wife and family.

During the latter half of 2011 the Board will commence a major review of the organisation’s Corporate and Strategic Plan. This undertaking has added significance for the organisation as the environment in which it operates is undergoing major change. Already the input of many stakeholders has been provided. The new plan will be an important tool in guiding the organisation in the short to medium term.

The Victorian Managed Insurance Authority (VMIA), an independent provider of risk management and insurance consultancy services to the Victorian public sector, conducted a review of the organisation’s risk management plan. The current plan was rated as ‘effective’ and included a number of suggestions for further improvement that have been acted upon.

We were delighted to welcome Health Care Consumers Association, ACT, as new members of the Council.
Financial performance

It is with great pleasure that we report both the parent company and its wholly owned subsidiary, ACHS International Ltd., have again recorded small surpluses, after provisions to support planned capital spending and to further secure the sound financial position of the company. Capital expenditure items include important building maintenance, planned publications, research commitments and staff and leave entitlements. Details are contained within the financial statements that form part of this report. The results are pleasing and reflect positively on our commitment to providing value for money to member organisations. Further, it supports the decision and the benefits now being derived to establish an international business program in 2005.

Maintaining Performance

The EQuIP5 standards and revised program was adopted for use in all surveys from 1 July 2011. The Board is proud to recognise the contribution of so many people in the completion of this major process and of the excellent leadership given by the Standards Committee chaired by Ms Helen Dowling. Only one new topic has been added, that relating to the nutritional well being and care of people by the health system; it is also being emphasised as part of the discussions concerning population health generally. ACHS is the only accreditation program to include this topic as a specific set of requirements. The new standards have been accredited by the International Society for Quality in Health Care (ISQua).

In addition, the new program includes many of the suggestions made by organisations as part of the member satisfaction survey in 2009. The availability of new software has supported substantial improvements to the electronic assessment tool (EAT). It is easier to use and significantly reduces the administrative effort required.

To improve the time taken to determine the accreditation status of member organisations, a trial of not sending to external vote non-contentious survey reports where full accreditation has been recommended was introduced. The trial is proving effective. Shorter times are being taken to determine survey outcomes.

Of concern has been the decline in feedback from members following completion of a survey.

The information provided is very important and further changes are to be developed to improve collection of responses.

The Clinical Indicator Program has functioned for more than 20 years. It is used as a model by a number of other countries. A comprehensive major review was undertaken by Dr Jen Bichel-Findlay, Co-ordinator, and Dr Chris Maxwell, Clinical Director, Performance and Outcome Service. The review provided much useful comment, largely positive. Useful suggestions were received from a wide range of respondents. An action plan has been developed to follow up on each issue.

The revised National Standards for Mental Health Services were finalised by October, 2010. Several changes were subsequently made including the addition of further requirements relating to patient recovery. ACHS is the major provider of assessments against these standards. EQuIP5 has been granted mutual recognition status by the Commonwealth Department of Health and Ageing. Assessments against EQuIP5 will be regarded as meeting almost all of the requirements of the National Standards for Mental Health Service.

The 2010 Conference was held in Canberra. The theme was appropriately ‘Society, Regulators and Health providers: a clash of expectations?’ International keynote speakers were Professor Sir Bruce Keogh, from the United Kingdom, Ms Sandra Lee, Hong Kong SAR, the People’s Republic of China, and Dr Jan Vesseur, the Netherlands. Together with many distinguished Australian speakers they provided a very stimulating and rewarding professional meeting.

The National Safety and Quality Agenda

We are delighted to acknowledge the work of the Australian Commission over the last year. The ten National Safety and Quality Health Service Standards have been developed and will progressively apply to all accreditation programs in the health industry. As mentioned previously, they will become mandatory, with jurisdictions to phase them in progressively from January 2013 across both the private and public sectors.

ACHS continues to collaborate closely with the Commission and its staff on a number of working groups and activities including, the now completed Accreditation Implementation Reference Group, the Accreditation
Agencies Working Group and the National Indicators Working Group. ACHS has been actively involved in the pilot testing of the National Standards and input to the development of the companion Guide, currently under preparation.

Research

The collaborations with both the University of New South Wales and Griffith University continue to develop. It is hoped that our long-term relationship with Newcastle University may be extended in the near future.

The outcomes from several research funding grant applications are awaited. The actual and potential research topics include accreditation and its effectiveness, medical emergency teams, linking organisational systems to performance in hospitals, performance excellence, and use of clinical indicators. It is especially pleasing to record the leading role on research related to accreditation that ACHS is playing internationally through its collaborative approach.

Partnerships

The Remote Health Accreditation Standards project reported on last year and led by the Department of Health, Northern Territory is progressing very well. The Royal Australian College of General Practitioners has now joined the partnership.

In the near future the program will be piloted in a selection of sites across the Territory. The survey teams will combine surveyors from ACHS and Australian General Practice Accreditation Limited (AGPAL), the other major collaborator, as well as a local person knowledgeable in aboriginal cultural issues; the majority of the remote populations served are aboriginal. Interest has been expressed by a number of other jurisdictions in using this program. This is a wonderful initiative and ACHS is delighted to be involved.

For the first time a national conference on quality and safety will be co-organised by four peak organisations, namely ACHS, the Australian Association for Quality in Health Care, the Royal Australasian College of Medical Administrators and the Australian Healthcare and Hospitals Association. The conference will be held in Melbourne in October, 2011 and has the theme of ‘Achieving Patient-centred Outcomes’ and promises to be an excellent event.

Future prospects

The launch by the ACSQHC of the National Standards is a key step in the implementation of the new model for accreditation recommended by the Patterson Review in 2005. For the first time, accrediting agencies will be approved to undertake performance assessments against those standards, subject to their meeting certain requirements.

One consequence of this will be a more competitive market for the provision of accreditation services. Whilst there has long been competition in this market and ACHS has always enjoyed a dominant share, the clearer definition will heighten contestability in this space. ACHS has not and nor will it in the future, take its market position for granted. It is offering a range of options for member organisations to comply with the National Standards, as well as introducing new products tailored to meet what is expected to be requests for more flexible approaches. Sections of both the public and private sectors have expressed requests for such an approach. However, it is expected that a substantial proportion of the market place will continue to seek ACHS accreditation under the more extensive requirements for the achievement of excellence contained within EQuIP together with the National Standards.

Of concern is, the effect of market fragmentation on the ACHS business model. This is currently built on a community rating approach to fees, consequently this means that geographic location or isolation is no barrier to participation. Loss of community rating would be most regrettable and not in the best interests of safety and quality.

International Business Activities

The relationship between ACHS and ACHS International is defined in part by the Management Agreement entered into by the two organisations. In effect the international business arm purchases all its resources from the parent company and pays a fee based on the extent of its agreed access. The agreement has been revised to ensure alignment with current requirements. In response to the increasing workload, Mr David Miller has been appointed as the Manager, International Business to support the work of Dr Desmond Yen, Executive Director, International Business.
Phase 1 of the Hong Kong project is virtually completed and at the time of preparing this report the outcome of the tender submitted for phase 2 is awaited. The evaluation of phase 1 conducted independently by the Hong Kong Chinese University was very positive in its conclusions.

Elsewhere in the world, membership numbers have continued to slowly but steadily increase. There are new members in the Kingdom of Saudi Arabia and most recently in Sri Lanka. Good progress is also being made with discussions in several other countries.

In April, 2011 Telarc SAI Ltd. left the health business and the DAA Group took over the license for the use of EQuIP in New Zealand. We acknowledge the past association with Telarc and warmly welcome the DAA Group to what should prove to be a positive and mutually beneficial relationship.

Acknowledgements

We are delighted to again acknowledge the continuing support of Baxter Healthcare for its continuing sponsorship of the Quality Improvement Awards. Baxter’s is well-recognised for generously supporting the industry and ACHS places great value on its long standing relationship with the company. To Mr David Akeroyd, Managing Director, Australia and New Zealand and his staff, please accept our sincere thanks.

The ACHS Chief Executive, Mr Brian Johnston, was awarded Life Membership of ISQua in October 2010 for his contribution to the advancement of the international accreditation program. ACHS has congratulated him on this achievement.

The final words of this report are reserved for all of those people who make up the ACHS community. They are of course our staff, surveyors, councillors, committee members and those who contribute towards a wide range of educational and other activities. They have all enthusiastically contributed their expertise and energies that give this organisation such a special place in the Australian health industry.

Former ACHS Presidents Dr Jon Mulligan and Dr Michael Hodgson by exemplary example gave valuable direction to an incoming President.

The changing milieu over the last few years provided numerous challenges. However, the competence and varied experience of individual Board members has enabled us to more than meet these challenges.

Special thanks are extended to the Vice President Adjunct Associate Professor Karen Linegar, for her advice and support and Treasurer, Mr John Smith for his handling of the portfolio.

The tireless effort and commitment of the Chief Executive Brian Johnston, ably assisted by a productive team of Executive Directors has been the effector of our success.

Successful facilitation of the modern health care quadrant of; Safety and Quality, access and efficacy assures the future of ACHS.

We commend this report to you.
Key highlights in the past year were:

- Launch of the new version of EQuIP – EQuIP5 at the National Forum held in Canberra, for implementation starting 1 July, 2011. The development of EQuIP5 involved the assistance of more than 250 healthcare professionals on working groups, reference groups and guidelines review, and included key stakeholders, public and private sector healthcare providers, community groups and members from all States and Territories.

- Some of the changes to EQuIP5 include the addition of a new criterion on nutrition, the division of records management into health records and corporate records, the amalgamation of collection, use and storage of data and information, and the separation of incidents from complaints.

- The planned implementation day for the start of EQuIP5 is 1 July, 2011. This date was six months later than originally planned and was moved to support the anticipated introduction by the Australian Commission for Safety and Quality in Health Care of the ten national Safety and Quality Healthcare Standards.

- A major educational program for EQuIP5 was conducted across Australia – supported by specific e-learning tools.

- A total of 10 Surveyor and Co-ordinator Development Days were attended by 455 people, in six locations throughout Australia.

- A total of five clinical indicator working parties were convened throughout the year to commence the review of their respective indicator sets.

- A major, comprehensive evaluation survey was distributed to 1,432 email addresses in August 2010 covering a range of key issues for the development of the clinical indicators and their data sets.

- A successful National Forum was held in Canberra, with 370 delegates and three international keynote speakers attending with the theme of “Society, Regulators and Health providers: a clash of expectations”.

- The Australian health environment underwent reform with the National Health and Hospital Reform Agendas, including proposals for local hospital networks, the transition of Divisions of General Practice into Medicare Locals, as well as changing to Federal and State funding arrangements, the establishment of the National Performance Authority and the passing of legislation for the Australian Commission on Safety and Quality in Health Care to be established as a permanent entity.

- 83 entries were received for the ACHS Quality Improvement Awards with the winner of the ACHS Clinical Excellence and Patient Safety Award being MonashHeart: Southern Health, Victoria for their “MonAMI Project to treat coronary artery blockage.”
All members received a communication from ACHS advising of our plans to offer assistance in the future to help meet the new National Standards, as well as the benefits of working with ACHS during the transition period concluding on 31 December, 2012.

Following the launch of EQuIP5, ACHS developed a new Electronic Assessment Tool version 5 (EAT5) to assist in the necessary assessment for EQuIP.

ACHSI opens its first office outside of Australia, in Hong Kong, in November 2010, located in the district of Tsim Sha Tsui.

The new EQuIP5 Day Hospital Procedures Guide, 2nd edition was published in May, 2011.

Adjunct Associate Professor Karen Linegar chairs another session at the National Forum in Canberra.

“...This is the fifth version of the extremely successful program which has assisted our members in striving for high standards for quality in health care both here in Australia and overseas.”

Associate Professor Woodruff launching the new EQuIP5 Guides 1 and 2 in Canberra, at the National Forum.

Life Membership

ACHS Chief Executive, Mr Brian Johnston was awarded Life Membership of the International Society for Quality in Health Care (ISQua) in Paris at the annual ISQua international conference on 12 October, 2010.

The award recognises the significant role he played in the development and progression of ISQua’s International Accreditation Programme which through his leadership has become the principal global programme for third party healthcare accreditation.

In presenting the Life Membership, ISQua President Mr Philip Hassen said that Mr Johnston’s achievement was a strong reflection of his influence on the international stage in promoting accreditation.
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 Australasian College of Health Services Management, 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 Interventional Procedures – Surgical. He is the current Vice Chair of the Council for the International Accreditation Programme provided by the International Society for Quality in Health Care (ISQua) and was the Chair from 2006 to 2009.

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 Laurie Leigh
BA (Hons), MA, Dip (Nursing Studies), MA CANTAB, MA HSM, RMN (UK), RN (Aus), AFCHSM, GAICD

ACHS Chief Executive

Laurie Leigh commenced with the Australian Council on Healthcare Standards in March 2009 in the role of Executive Director – Customer Services. Her key responsibilities include the management of EQuIP membership and accreditation services, the surveyor workforce and the ACHS education services.

Ms Leigh has previously held a number of senior health management positions; most recently as a nurse manager for mental health services within a large area health service.

Having moved to Australia from the UK in 2003, Ms Leigh’s professional experience is as a mental health nurse and senior manager for mental health services within hospital and community settings. Her breadth of experience in the two health systems is an area of expertise as is change management and quality improvement. Both as a clinician and as a health service manager, she has a broad experience in implementing the safety and quality agenda within large complex health service organisations.

She has qualifications in social psychology, mathematics, person-centred counselling and mental health nursing. Ms Leigh has recently completed an MA in Health Services Management with the University of Technology, Sydney. She is a graduate of the AICD Company Directors Course.
Ms Linda O’Connor  
BAppSc, Grad Dip (med ultrasound), MA, AMS, CPHQ  
Executive Director – Development Unit  

Linda O’Connor joined the Australian Council on Healthcare Standards in September 2010 as the Executive Director – Development. Her key responsibilities include standards development, the ACHS Clinical Indicator program and co-ordination of research activities.

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 health care 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 Programme 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 Medal Winner 2010
Professor Bruce Barraclough

Awarded to an individual for outstanding achievement in the promotion of quality and safety in healthcare services, the Australian Council on Healthcare Standards was delighted to honour Professor Bruce Barraclough with their most prestigious award: the ACHS Medal.

The ACHS is proud and pleased to honour Professor Barraclough, AO with its highest award, the ACHS Medal, for outstanding achievement in improving quality and safety in Australian healthcare services.

Presented by ACHS President, Associate Professor Peter Woodruff at the 2010 ACHS Annual Dinner, Professor Barraclough was the 19th recipient of the ACHS Medal, and the Citation for his Medal reads as follows:

Citation

Professor Bruce Barraclough commenced his long and distinguished career in medicine as a general surgeon but progressively focused on breast and endocrine surgery. He was President of the Royal Australasian College of Surgeons from 1998 to 2001. He continues today to serve the College as the Dean of Education. In 2003 he was created an Officer of the Order of Australia for services to medicine as a surgeon, to medical education, particularly the development of high-level surgical training facilities, and to the wider community through fostering improvements in safe, quality healthcare in Australia.

Also in 2003, he was elected to the Board of the International Society for Quality in Healthcare. He was elected as its President in 2006 and held this office until 2009. He served again with great distinction as the Society undertook a number of major changes, including the relocation of its Secretariat from Australia to Ireland, the establishment of a much stronger financial position and the strengthening of ties with major international agencies in the health field.

The nomination of Professor Barraclough praised his leadership skill as the inaugural chair of the Australian Council for Safety and Quality in Health Care, from 2000 to 2006. “Charged with the national leadership in safety and quality, the Council had a diverse range of members and the role of Chair required fairness, tact and considerable hard work to engage everyone. Bruce not only engaged them, but created a suitable environment where ideas could be tested and different opinions could be heard. He created an effective, cohesive group”.

“Professor Barraclough has worked extremely hard over the years and in his different capacities to develop his personal knowledge and the theories and policies operating at a national and international level. He has used his status and standing with his clinical colleagues to disseminate a robust and evidence-based message about systemic change. He has not only demonstrated a commitment to bridging communication gaps between clinicians and non-clinicians, and has brought sustainable national and local change, where others thought impossible.”

Importantly, he was Chair of the New South Wales Clinical Excellence Commission from 2004-2009. In this role he was inspirational.”
The Commission is a major component of the NSW Health Patient Safety and Clinical Quality Program.

The ACHS is delighted to present the ACHS Medal for 2010 to such a worthy recipient.

ACHS Annual Dinner Guest Speaker

The ACHS had the double pleasure of Professor Barraclough’s company at the Annual Dinner as the ACHS Medal winner was already booked for an appearance on stage as the guest speaker.

Professor Barraclough used the Bob Dylan song “Blowing in the Wind” as the backdrop theme for his oration on his experiences and achievements during his impressive career in health. The metaphor behind the song was dryly used to illustrate his perception on some of the bigger decisions made by politicians and others on major health issues and plans during his career.

He gave a number of thoughtful and relevant anecdotes that tied in neatly with his chosen theme song for the evening and gave his audience plenty to think about.

Previous ACHS Medal recipients
- Dr Lionel Wilson
- Ms Doreen Moore
- Dr Myles Kehoe
- Mr Murray Clarke
- Mr Brian Collopy
- Dr Lindsay Thompson
- Mr Kevin Dodd
- Mr Trevor Pickering
- Mr Brian Lewis
- Mrs Phyllis Newnham
- Dr John Greenwell
- Dr lan O’Rourke
- Mr Michael Dooley
- Dr Lisa Harvey
- Professor Ross Holland
- Professor William Rawlinson
- Associate Professor Christine Kilpatrick
- Dr Michael (Taffy) Jones AM

ACHS Quality Improvement Awards 2010

A hospital project that assists with the ‘out of hospital’ management of heart attack sufferers to receive immediate treatment (similar as if they were in hospital), was the winner of the 13th ACHS Quality Improvement Awards – 2010 announced on Thursday 25 November at the ACHS Annual Dinner.

MonashHeart: Southern Health, Victoria was the winner of the ACHS Clinical Excellence and Patient Safety Award for their submission: “MonAMI PROJECT – Collaboration between Southern Health and Ambulance Victoria”.

The project looked at the efficiency of time to treat a coronary artery blockage via balloon angioplasty and stenting, making it the ‘treatment of choice’ for patients with ST elevation myocardial infarction (STEMI). Importantly, for these patients the life-saving advantages are time dependent, with every minute of delay in treatment affecting mortality.

Importantly, as a result of the project, there has been a paradigm shift with acute STEMI diagnoses and management moving away from purely cardiologist decision-making to the expertise of paramedics and senior emergency department physicians.

The winning entry was noted for being an excellent example of health initiatives having a very real impact on the health and well-being of many Australians.

It also typified what ACHS sought in identifying a strong quality improvement project – a clearly identifiable problem, innovative thinking producing new initiatives and measured results that demonstrate its impact.

First introduced in 1998, the ACHS Annual Quality Improvement Awards acknowledge and encourage outstanding quality improvement activities, programs or strategies that have been implemented in healthcare organisations.
All current Australasian and International members of the ACHS Evaluation and Quality Improvement Program (commonly referred to as EQuIP) and EQuIP Corporate program, are eligible to participate in the Quality Improvement awards.

Winning submissions each demonstrated that the quality improvement activity incorporated the EQuIP principles, and demonstrated a process that is effective, sustainable, innovative, able to be evaluated, and applied to other settings.

The three categories of awards were:
- The Clinical Excellence and Patient Safety Award (focusing on quality of care, and patient outcomes, secondly)
- The Non-Clinical Service Delivery Award (supporting the delivery and provision of high quality care)
- The Health Care Performance Indicators Award (supporting the evaluation of care, and the measurement of outcome data).

The winner of the ACHS Non-Clinical Service Delivery Award was: People and Learning Division: Mater Misericordiae Health Services Brisbane Ltd, Queensland for their submission: “People Matter at Mater”.

The People and Learning Division, established in 2005 by Mater Health Services, has transformed the delivery of human resources, organisational development, education and volunteer services to the Mater Community. A seamless and fully integrated division now provides externally benchmarked best practice services to a complex healthcare provider with more than 7,000 employees.

The winner of the ACHS Health Care Performance Indicators Award was: Quality and Customer Service: Peninsula Health, Victoria for their submission: “Improving Compliance in Obtaining Consumer Consent for a Blood Product Transfusion”.

The Transfusion Safety Committee of Peninsula Health looked at the ‘transfusion episodes of where informed patient consent was not documented, with the aim of increasing the compliance rate’.

The ACHS introduced a new initiative to the award program this year, recognising outstanding finalists. Consideration was given to organisations from rural settings, those that provided specialty services or routine general processes well, and recognition for smaller organisations that achieved high quality health care with limited financial support.
The past year was exciting and challenging for ACHS International (ACHSI) as the organisation expands to meet the needs of an ever-increasing range of diverse international members. ACHSI has seen its market share increase across a number of countries as hospitals, health services and health authorities recognise the benefits of the ACHS EQuIP program and international accreditation in driving continuous quality improvement. The new position of Manager – International Business was established in early 2011 to promote the wide range of ACHSI services and provide additional support to international members.

**Hong Kong**

The Hong Kong Pilot Scheme of Hospital Accreditation concluded in March 2011, a year ahead of schedule and with high levels of satisfaction expressed by all stakeholders. The award of accreditation to the five Pilot hospitals, listed below, was a major milestone for the Hospital Authority (HA) as it was the first time a public hospital in Hong Kong had been awarded accreditation. The event received extensive media coverage and community interest. The five hospitals are:

1. Caritas Medical Centre
2. Pamela Youde Nethersole Eastern Hospital
3. Queen Elizabeth Hospital
4. Queen Mary Hospital
5. Tuen Mun Hospital.

The Pilot Scheme project included a component to develop a local surveyor workforce, including recruitment, training, appointment and ongoing maintenance.

A total of 52 health care professionals attended surveyor training workshops conducted in Hong Kong of which approximately 75% have been appointed as ACHS Hong Kong surveyors; the balance are awaiting their scheduled training survey.

Development workshops were conducted to ensure that the surveyors maintain their skills and are updated with any changes in the accreditation program including the EQuIP5 standards.

During the year, in addition to the public sector hospitals, the following private sector hospitals and clinics were also surveyed and awarded accreditation status:

1. Hong Kong Adventist Hospital
2. Hong Kong Baptist Hospital
3. Hong Kong Sanatorium and Hospital
4. Matilda International Hospital
5. OT & P Clinics
6. Tseun Wan Adventist Hospital
7. Union International Hospital.

Another milestone achieved during the year was the opening of the ACHSI Asia Pacific Office on the 18th floor of the Miramar Towers in Kimberley Road, Tsim Sha Tsui, Hong Kong. This office provides a local hub to support members across the Asia-Pacific Region and essential infrastructure to support the increasing expansion of the ACHSI.

**Macau**

ACHSI in collaboration with and support from the Hospital Authority conducted an accreditation feasibility study in the Special Administrative Region of Macau. The Conde de S. Januario Hospital has undergone a Consultancy Gap Analysis in preparation for their ACHS EQuIP Organisation-Wide Survey planned for early 2012. Expanding into the Macau region has important strategic benefits for ACHSI. The collaboration with Hong Kong health industry stakeholders supports the initiative to provide quality improvement programs across the region including China.
Going through ACHSI accreditation gave us added knowledge and understanding of the quality concepts revolving around the hospital. It also challenges us to further enhance the existing quality improvement programs in the hospital and achieve more recognition for the work that we have already accomplished. This also strengthens our policy that quality is everybody’s responsibility and every member of the organization has an important role to play.

Director - Quality Management, from Al Hammadi Hospital in Riyadh.
Sri Lanka

ACHSI was involved in another historic event in June 2011 when Hemas Hospitals became the first organisation in Sri Lanka to achieve international healthcare accreditation. Hemas Hospitals is comprised of two general acute hospitals, one in the Wattala area of Colombo and the other, Hemas Southern Hospital in Gaulle. The certificate presentation was witnessed by more than 300 VIP’s and invited guests including Ms Kathy Klugman, the Australian High Commissioner to Sri Lanka, Dr Firdos Rustom Mehta, the country’s representative for the World Health Organization and Dr Ravindra Ruberu, Secretary of the Ministry of Health.

Delegation Visits

The ACHS continues to host a steady flow of overseas visiting delegations interested in the Australian model of accreditation. Recent interest includes delegations and/or representatives from Ireland, Denmark, Sri Lanka, Malaysia, Japan, South Korea, China and Macau.

ACHS International is very pleased to offer its services to representatives of these major international countries to improve their quality of health care in their regions.
DIVISION REPORTS | CUSTOMER SERVICES

The Customer Services Division provides support and services to ACHS members to improve the safety and quality of their services. The role of the Customer Services Division is to maintain, support and educate the ACHS membership as well as co-ordinate and manage the accreditation process. Customer Services is responsible for managing the surveyor workforce to enable effective and efficient surveys and survey reports to be delivered.

Customer Services is managed by the Executive Director, Customer Services with the assistance of the Manager, Customer Services Team. Customer Services consists of four main teams:

- Customer Services Managers
- Surveyor Bookings Team
- Surveyor Workforce
- Education and Support Service.

Key achievements

The most significant activity for 2010-11 has been the introduction of EQuIP5 as the primary accreditation program. The Customer Services Division has been central to both support and advise our members through this change. The Customer Services Managers have increased their outreach to ACHS members by spending more time on visits to member sites away from the office and providing individualised support and education to the members.

A key activity to support the implementation of EQuIP5 was the provision of short (two hour) introductory sessions across Australia and e-learning modules. Both were provided free to ACHS members and surveyors. Around 1600 people across Australia attended the face-to-face introductory sessions, with a further 1000 accessing the e-learning.

Following the release of the 2010 National Standards for Mental Health Services in May, the process for review against these standards was revised to reduce duplication and produce efficiencies for our members who have mental health services. The new integrated survey methodology will be evaluated as it is embedded.

An extensive member education needs analysis was undertaken in 2010 which highlighted several areas where new calendar workshops were needed. The following workshops have been developed and introduced in 2011:

- Introduction to EQuIP5
- Health Care is a Risky Business: Effectively Managing Risks in Your Organisation
- EQuIP5: Understanding Criterion 1.5.7 Nutrition
- Medication Safety Mandated
- EQuIP5 for Community Health
- EQuIP5 for Day Procedure Centres
- Measurement in Healthcare: How to Maximise the Benefits of Clinical Indicators.

“A total of 58 calendar workshops were held during the year, with 913 attendees benefitting from ACHS Education Activities. The two most popular workshops were EQuIP5: Understanding Criterion 1.5.7: Nutrition (half day) with 170 attendees, and “Preparing for Survey” with 137 attendees.”
These and all calendar workshop topics were also available for organisations to run as onsite, customised programs. Onsite programs remain popular with ACHS members, and demand for these increased in 2011.

Highlights

Overall, 2010-11 was a busy year for survey activity with 420 surveys taking place. These required 1,241 surveyor placements totalling 3,765 surveyor days across the year.

More than 450 surveyors attended training development days across five states organised by the surveyor bookings team; this included both surveyor development and co-ordinator development days.

The workforce planning exercise in 2010-10 directed the recruitment activities for 2010-11. A total of 54 new surveyors were trained and mentored. The emphasis was on advertising and recruiting areas of need such as community health, mental health, rural and remote, and medical practitioners. This was more successful for rural and mental health than for community health and medical practitioners which remain areas of high need.

The biennial surveyor satisfaction survey took place in December 2010 and showed an overall increase in satisfaction levels from the 2008 survey. Of particular note was the increased spread of surveyors being used for 20 or more surveying days in the two year period. This is thought to have been the main factor impacting on the overall satisfaction levels with surveyors’ engagement with the ACHS.

In this year of significant change a good deal of ACHS staff education, to support both staff and members, has taken place. A series of three staff ‘communication skills’ workshops were held in May, 2011 by Wentworth People Pty. Ltd. (an external provider). One workshop was run in June for Executive, Managers and Team Leaders on change management. A presentation skills workshop with follow-up practice session for ACHS staff who were presenting the ‘Introduction to EQuIP5’ sessions was provided twice.
The Development Unit is responsible for standards and program development, development and analysis of clinical indicators and ACHS healthcare research activities.

The Development Unit is responsible for the generation and maintenance of ACHS quality improvement programs including EQuIP, EQuP for Day Procedure Centres, EQuP Corporate Health Services and the Quality for Divisions Network. The Unit also develops associated resources and specialist publications to support these programs.

The Development Unit manages the Performance and Outcomes Service which is responsible for Clinical Indicator development, data collection, analysis and generation of reports.

The Unit is responsible for building the research capacity of the ACHS through collaboration with leading universities.

The Unit provides submissions to the Australian Commission on Safety and Quality in Health Care (ACSQHC), the Senate and House of Representatives, and other government and health care organisations which have strategic importance to the ACHS. The Development Unit provides representation at committees, industry forums and conferences.

The activities of the Development Unit are led by the Executive Director - Development. The Executive Director - Development has responsibility for the administration of the ACHS Standards Committee which oversees the development of all ACHS standards and standards reviews. An additional responsibility for the Director includes management of the annual ACHS Quality Improvement (QI) Awards.

Key achievements

- Completion and launch of EQuIP5
- Review, development and completion of EQuIP5 Day Procedure Centres
- Review, development and completion of EQuIP5 Corporate Health Services
- Collaborative revision, with the Hong Kong Hospital Authority, to develop the ACHS EQuIP 4 Hong Kong Guide
- Review and assessment of the Korean Institute for Healthcare Accreditation (KOIHA) healthcare standards to support submission for ISQua accreditation
- Review, development and completion of EQuIP5 Risk Management and Quality Improvement Handbook
- Review, development and completion of EQuIP5 Clinicians Guide
- EQuIP5 Linkage documents with other standards.

Highlights

ISQua accreditation of standards
ACHS obtained ISQua accreditation of EQuIP5. The feedback from ISQua in relation to EQuIP5 was extremely positive; external validation that our standards achieved the objective to support and drive continuous quality improvement in health care.

Remote Health Services Standards Project
The ACHS was approached by the Northern Territory Department of Health (NTDoH), to collaborate on a project in partnership with the NTDoH, Australian General Practice Accreditation Limited (AGPAL) and the Royal Australian College of General Practitioners (RACGP).

The purpose of the project is to develop a nationally recognised set of health care standards that reflect the context and uniqueness of health service delivery to populations in remote areas of Australia that are largely indigenous. It is envisaged that an organisation that
meets these Standards through an appropriate assessment process, will be eligible for joint accreditation by ACHS and AGPAL.

The Remote Health Services Standards Project marks a significant initiative to focus provision of health services to remote and rural communities. The project is ongoing.

Performance and Outcomes Services

The Performance and Outcomes Service works in partnership with Australasian medical colleges, associations and key health bodies to develop ACHS Clinical Indicators (CI) and analyse and report the collected data provided by health care organisations. Collected data allow participating organisations to benchmark their performance against similar facilities and the data are collected twice-yearly. The program is provided as a service to organisations through their EQuIP membership and to non-member organisations on a fee-for-service basis.

The ACHS currently collects more than 350 Clinical Indicators across 22 different clinical areas, from over 670 healthcare organisations in Australia, New Zealand and Asia.

Key achievements

Advances in the Performance Indicator Reporting Tool (PIRT):
- Display of the two previous collected data periods, to assist users in entering correct data
- A web-based Bulletin Board, to allow real-time communication for CI program members
- Standardised submission dates
- Updated PIRT User Guide.

Clinical indicator set revisions completed and introduced:
- Anaesthesia, Version 5.1
- Hospital in the Home, Version 4
- Intensive Care, Version 4
- Internal Medicine, Version 4
- Medication Safety (previously Adverse Drug Reaction), Version 3
- Obstetrics.

Clinical indicator set revisions commenced:
- Day Surgery
- Gastrointestinal Endoscopy
- Mental Health Community-based
- Ophthalmology
- Oral Health
- Radiation Oncology.

Highlights

The ACHS Performance and Outcomes Service conducted an extensive survey of the ACHS Clinical Indicator Program to evaluate its reporting processes, support services, efficiencies in providing analysis and its communication systems.

Users and non-users of the ACHS indicator program responded to the electronic survey including ACHS surveyors, members of indicator working parties and participating colleges and societies.

The Clinical Indicator survey of five stakeholder groups demonstrated extremely high satisfaction with the current program, as well as identifying areas for ongoing improvements to inform strategic planning.

In response to the survey ACHS implemented a number of initiatives to improve the program including the introduction of a broader education program, improvements to the functionality of the PIRT reporting tool, the provision of a website bulletin board to regularly inform members of updated information, and an expansion of the membership of the indicator working groups.

Research

ACHS is committed to research in partnership with a number of distinguished universities and government agencies. Research is being approached from a range of different disciplines, and covers areas such as accreditation, human resource systems, high performing organisations and Clinical Indicators.

The outcomes of the research projects directly relate to ACHS business, and makes use of ACHS extensive repository of data from accreditation surveys and clinical indicators.

Published peer-reviewed articles are included in the Listings section of this report.
<table>
<thead>
<tr>
<th>Research institution</th>
<th>Research title</th>
<th>Research aims / activity</th>
</tr>
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<tbody>
<tr>
<td>The University of New South Wales, NSW</td>
<td>Strengthening organisational performance through accreditation research: The ACCREDIT Project</td>
<td>There are 12 separate studies within the ACCREDIT Project, designed to: - Evaluate current accreditation processes. - Analyse the costs and benefits of accreditation.</td>
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<tr>
<td>Centre for Clinical Governance Research in Health</td>
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<tr>
<td>Australian Institute of Health Innovation (AIHI)</td>
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<tr>
<td>The University of New South Wales, NSW</td>
<td>Modelling the Medical Emergency Teams (METs) in their cultural and environmental contexts</td>
<td>▾ Enhance accreditation for the future. - Develop and apply new standards on consumer involvement in accreditation. - The research will investigate the impact of health organisational culture on the uptake and successful implementation of the MET system, and also the influence that introduction of MET has had on driving cultural change.</td>
</tr>
<tr>
<td>The Simpson Centre for Health Services Research affiliated with Australian Institute of Health Innovation (AIHI)</td>
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<tr>
<td>Griffith University, Qld</td>
<td>The Dynamic Model Linking Organisational Systems to Performance in Hospitals</td>
<td>▾ This proposal investigates the pre-conditions of a more thorough model of high performance work systems (HPWS) as a means to improving health outcomes for all Australians.</td>
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<tr>
<td>Centre for Work, Organisation and Wellbeing, Griffith Business School</td>
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<tr>
<td>Griffith University, Qld</td>
<td>Health Organisation Leadership – National Leadership in Systems Development: Quality to Excellence</td>
<td>▾ This research project examines the distillation and knowledge sharing approaches in health organisations based on ACHS member organisations that have achieved an OA rating against standards and criteria over the last five to eight years.</td>
</tr>
<tr>
<td>School of Public Health</td>
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<tr>
<td>University of Newcastle, NSW</td>
<td>Improving the quality and safety of health care in Australia through efficient and effective collation, analysis and reporting of Clinical Indicators</td>
<td>▾ The project aims to improve the effectiveness of the ACHS’ Clinical Indicator Program and the efficiency of the Australian health care systems that this program supports. The project also aims to advance the fields of Bayesian statistics and control chart theory.</td>
</tr>
</tbody>
</table>
The Corporate Services unit provides support to all ACHS service units and its stakeholders. It seeks to identify opportunities for improvement to our products and services, helping to create value for members. The Corporate Services unit works closely with all other service units for the implementation of various ACHS programs and contributes to the achievement of corporate strategic objectives.

The functions of the Corporate Services unit include:

- Business Support Services
- Information Technology Service
- Financial Services / Human Resource Management
- Accreditation Administration Service including Education Administration Services.

Business Support Services

Business Support Services provide technical support to users of the ACHS EAT application (Electronic Assessment Tool), assists in the development of new and existing business systems, manages finance and information technology (IT) projects, and provides customised internal and external analytical reports.

Financial Services / Human Resources Administration

Financial Services / Human Resources Administration is responsible for internal and external reporting of the ACHS’s financial position, budget and forecast, monitoring financial performance against the ACHS strategic plan, staff orientation, payroll, staff training / development and people management.

Information Technology Services

Information Technology Service manages and supports all ACHS business systems, develops and implements new technology and maintains the corporate databases.

Accreditation / Education Administration Services

Administrative support to the Customer Services Team and Education Service, is provided by the Accreditation / Education Administration Services. Survey report preparation, maintenance of database information regarding membership of programs, together with administrative organisation of workshops comprise part of the administrative personnel’s role.

Key achievements

During the past year we focused on:

- Effectively managing operational risks
- Efficient implementation of EQuIP5 processes and development of supporting electronic tools
- Quality financial reporting and monitoring with dependable forecasting
- Constructive data analysis and dissemination of data for research
- Development of business intelligence dashboard reports
- Appropriate investment in technology and data recovery systems.

Operational Risk Management

Corporate Services assists in the identification and reporting of operational risks together with recommendations to address and treat these risks. The ACHS Risk Management Framework and Risk Register are updated regularly and reviewed by the ACHS Board who ultimately has the responsibility to ensure the risks are mitigated and managed; the ACHS Executive Directors are responsible for implementing risk management strategies. The Risk Register of Extreme Risks is reviewed by the Board and Directors on a monthly basis.

Key achievements

- Investment in corporate data protection and recovery systems, to enable ACHS to be able continue to deliver core services in the event of disruption or disaster
- External risk audit conducted by an external expert consultant with no high risk issues identified
- Occupational Health & Safety, WorkCover NSW Consultation Course was conducted for ACHS occupational health representatives, fire wardens, first aid officers and relevant ACHS staff
ACHS compliance to the Fair Work Act 2009 (Cth)(FWA) was confirmed by our legal firm specialising in human resources management. External assessment findings were incorporated in the updated ACHS corporate policies and procedures and relevant business processes.

- An annual corporate insurance coverage review
- An audit of external service provider contracts
- Annual fire fighting and workplace evacuation training were conducted for all new and existing staff.

**Financial Management / Disclosure**

Corporate Services worked together with all ACHS units to ensure financial decisions made in 2010-2011 were strong ones and will continue to positively impact the company and its stakeholders in future years, supported by the appropriate allocation of resources.

- The 2010-11 financial performance was generally in line with budget
- New business system / process were introduced for the management of debt collection.

**Human Resources Management**

**Key achievements**

- ACHS staff satisfaction survey was conducted, responses reviewed and an action plan initiated
- In line with Fair Work Act 2009 (Cth) (FWA) and National Employment Standards (NES), staff were offered new contracts without changes to existing benefits / conditions, despite some being above the current FWA and NES. All staff have signed these new contracts
- Personnel records were audited to ensure staff training needs were addressed
- External independent Employee Assistance Program (EAP) implemented. Staff now have access to confidential professional counselling services to help with personal and work issues, for themselves and their families, should they be required
- Audit of ACHS human resource management practices undertaken by Australian Federation of Employers and Industries (AFEI). The audit confirmed that ACHS is compliant with relevant industrial legislation and has effective and current Corporate Policies and Procedures (P&P)
- Staff development was maintained by workshops on ‘Communication Skills’, screening of a ‘Safety in the Office’ video, and specific specialised training courses / workshops either recommended by managers or elected by staff

The flu vaccination was made available free of charge to ACHS staff.

Currently three staff members are studying towards doctorate degrees in research collaboration with the University of New South Wales.

The average length of service of staff at ACHS is about seven years, slightly higher than last year.

As at 30 June, 2011 three trainees completed on-the-job training with ACHS and attained a Certificate III in Business from MEGT (Australia) Ltd. All three accepted placements as permanent ACHS staff. Currently there are two trainees in the process of completing the 12 month program.

**Information Technology**

**Key achievements**

- Implementation of real time replication software to ensure business continuity
- The ACHS Electronic Assessment Tool (EAT) version 5 was developed and released for EQuIP5 and EQuIP5 for Day Procedure Centres, in consultation with EAT users and various stakeholder groups
- Implementation of ACHS Customer Relationship Management solution (database) and EAT for Malaysian Society for Quality in Health (MSQH)
- Development of ACHS EAT and Hong Kong Hospital Authority Continuous Quality Improvement (CQI) data integration interface
- Implementation of the ACHS e-learning modules on the website.

**Safe and Healthy Work Environment**

**Key achievements**

- Annual Occupational Health Safety audit conducted, including emergency signage audit. No high risk issues were found
- Annual fire training was given by the NSW fire department for staff
- 105 Building Maintenance issues were reviewed and addressed via the Quality Monitoring Tool (QMT). This was a 30% increase compared to last year’s 81 QMT requests
- 15 OHS Incidents as well as staff suggestions were reviewed and addressed via the Quality Monitoring Tool (QMT), with no major risks detected, a 69% decrease compared to the previous year’s 49 QMT requests
Support Services to ACHS stakeholders

- 86% of feedback on EAT programs support was either “satisfied” or “very satisfied”
- There were nine EAT negative feedback responses received and resolved within two to seven days
- EAT5 overview was included in the ACHS eLearning tool available online to surveyors and member organisations
- EAT5 interactive help manuals are available online to surveyors and member organisations
- Data analysis of the 2009-2010 ACHS National Report on Health Services Accreditation Performance was undertaken to assist in the preparation of the Report
- There was a 70% increase in the number of internal data requests, and a 130% increase in external data requests, which includes reports to State jurisdictions and collaborative research projects (University of New South Wales and Griffith University)
- Promotion of ACHS through meetings and presentations and conferences to international delegations from Hong Kong, Malaysia, New Zealand, Japan and Bahrain
- Co-ordination of Haute Autorité de Santé (HAS) France accreditation survey for International Society for Quality in Health Care (ISQua)
- Voting panel member for accreditation of Joint Commission International (JCI) Hospital standards 4th edition on behalf of ISQua

Projects and Goals include:
- The development / completion / finalisation of EAT5 for EQuIP5 for Corporate Health Services, In-depth Mental Health Reviews, EQuIP5 for organisations and Day Procedure Centres Requiring Unlicensed Requirements Evidence and EAT5 Smart Client
- Enhancements to the Performance Indicator Reporting Tool in response to customer satisfaction survey
- Automation of member and surveyor evaluation process
- Business process re-engineering of survey reports
- Design structure of Document Management System for Board and Executive levels
- Further building improvements.

2011-2012 Corporate Service unit goal and focus

Corporate Services Unit’s focus for the next year will be to work towards further improvements. Our goal will be to add to the quality of core products and services provided to our members. Additionally, to ensure ACHS maintains a stable financial position that allows us to capitalise on future opportunities.

Presentation for stakeholders at ACHS EQuIP5 conference and launch of EQuIP5 road shows.
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.

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 four Executive Directors. The goals of the organisation’s three year strategic directions and priorities concluded at the end of June 2011 and a new Corporate and Strategic Plan will be reviewed and confirmed by the Board in the early part of 2011-2012.

The functions and responsibilities of the Board include:

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

The Board undertakes regular evaluation of its own performance every two years.

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

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

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

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

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

Stakeholders

The State Advisory Committee (SAC) Meetings for 2010-11 covered the following areas:

- **EQuiP5**
  The roll-out and education for EQuiP5 was discussed. Overall there have been positive reactions to the updated EQuiP5, particularly to the EAT and reduced SASS.

- **National Standards**
  The implementation timetable for the new National Standards has been discussed as well as the different options that the ACHS will offer to our members. There were some differences amongst the States regarding the likely impact of the implementation of the National Standards.

- **National Mental Health Standards**
  There was interest from all groups in having an integrated model for assessing to the Mental Health Standards as this was seen to be ‘rationalising’ the process and reducing the burden.
ACHS Strategic Planning
The strategic planning process was outlined and all SACs were invited to participate.

‘Small hospitals’ program
The SACs were consulted about what form a ‘small hospitals’ program would take. They were asked questions about what the definition of a ‘small hospital’ would look like; what is managed differently in ‘small hospitals’; how the standards could be modified for that environment; and what could be changed in the processes.

There was a consistent direction from all of the SAC meetings that:

ɐ Defining a ‘small hospital’ would be problematic. There was concern expressed that the ACHS was considering a program such as this.

ɐ There were clear statements that small hospitals provide the same quality of care for their consumers and that they did not wish to have a ‘reduced’ set of standards that could be perceived as a ‘lesser’ product.

ɐ There was concern expressed about the time and human resources needed to implement accreditation in ‘small hospitals’. However many members expressed that they felt that the changes to EQuIP5 SASS processes had already reduced this somewhat.

ɐ There was support for ACHS to continue looking at ways to reduce the burden on all health services. The work regarding linking quality databases was cited as one good example of something that might help.

ɐ There was support for the development of a resource tool and education for ‘small hospitals’ to help them to gather and utilise the evidence that they have.

Advanced Care Directives
There was a request from the surveyors for some direction regarding where each of the jurisdictions were in implementing advance care directives. There was clearly some variation across the States. Many cited the work from the Royal Prince Alfred (RPA) on ‘Empowering patient choices’ as the program they used.

Structure of the Board and Council
The experience and areas of expertise of individual Board members is set out on pages 37 and 38. The ACHS Board consists of 12 representatives, voted in at the Annual General Meeting on 25 November, 2010 by the ACHS Council.

Due to the Board’s representational make-up, members are asked at the commencement of each Board meeting to declare any conflict of interest arising from agenda items, and withdraw from the discussion if necessary.

The ACHS Council includes 37 representatives for consumers, peak health industry bodies and governments from throughout Australia. A full list of details on Councillors appears on page 40.

Annual General Meeting: November 2010
Associate Professor Peter Woodruff, who represents the Royal Australasian College of Surgeons on the ACHS Council and is the Director of Vascular Surgery at the Princess Alexandra Hospital in Queensland, was re-elected again as the President.

Adjunct Associate Professor Karen Linegar, representing the Royal College of Nursing, Australia on the ACHS Council, was re-elected again as the Vice-President.

Mr John Smith, PSM, one of three Councillors representing the Australian Healthcare and Hospital Association (AHHA), was re-elected again as Treasurer.

Mr Michael Roff representing Australian Private Hospitals Association (APHA) on the ACHS Council was also re-elected to the Board.

Professor Michael Cleary, representing Governments on the ACHS Council was elected to the Board, as was Professor Geoff Dobb, representing the Australian Medical Association (AMA) on the ACHS Council, and Mr Stephen Murby representing consumers (on a “casual vacancy”).

Internal committees and guiding policies
Our internal Occupational Health and Safety Committee continued its important work throughout the year, meeting four times and ensuring compliance with relevant regulations and legislation. No significant workplace injuries were reported during the year. The ACHS Quality Improvement Committee has responsibility for driving and coordinating quality improvement within the organisation, and is represented by members from each ACHS service.
Key Quality Improvement Committee (QIC) Achievements:

- Development of the ACHS Staff Satisfaction Survey 2009 Action Plan to address staff feedback
- Implementation of a staff ‘Suggestions for Improvement’ program
- Introduction of the ‘Employee Assistance Program’ (EAP) which is now available for counselling and advice to all staff
- Purchase of the DVD ‘Maintaining a Harassment Free Office’ for employees
- Development and monitoring of the ‘Compliments and Complaints Register’ in the QMT
- Creation of screensavers highlighting the ACHS Vision, Mission and Values to improve staff awareness
- Implementation of the QIC Process to align with the ACHS Risk Management Plan
- Staff training on ‘Change Management’, ‘Communication Skills and Conflict Resolution’ and ‘Performance Management Workshops’
- Creation of an ‘ACHS Quality Improvement Plan’ database to effectively record and monitor all ACHS quality improvement initiatives.

Initiatives are regularly communicated to all ACHS staff, and are well received.

The Policies and Procedures Committee met six times. A primary focus of this committee has been the progressive review (and re-writing) of the Policies and Procedures manual, continuing since 2009-2010. The goal is to ensure that ACHS policies more accurately reflect the current workplace and substantial progress has been made in meeting this aim.

The Information Management Steering Committee met on a bi-monthly basis and continued to review all items impacting on Information Technology (IT) resources for staff, members and stakeholders.

The Committee specifically looks at all databases, programs, updates, the website and a range of issues that require a whole-of-business input, with representation across the different ACHS services.

The Financial Advisory Committee, chaired by Board Treasurer Mr John Smith, and with representation from other Board Members, met in December 2010. The purview of the Committee is to analyse current financial trends and advise on required actions to be taken by the Board, when necessary.

Human resources

The conditions offered to staff from our human resources principles and policies exceed the minimum of legal and regulatory requirements. Our executive appointments are approved by the Board.

The comments and results of the staff satisfaction survey conducted in November 2009 continues to be addressed by the Quality Improvement Committee and is nearing completion. The next satisfaction survey will commence towards the end of 2011.

External consultants were engaged to determine which Modern Awards ACHS employees falls under. ACHS employees were classed as either Non-Award and Award employees. Award employees were classified as either Clerks, Private Sector or Professional Employees Awards. Classification of employees was based on existing position descriptions. As a result, a new contract of employment was drawn up and signed by all employees. All leave and other related entitlements for existing employees were retained. The qualifying period for new employees was extended to six months in compliance with the Fair Work Act.

ACHS existing remunerations were then compared against Clerks in the Private Sector and the Professional Employee award. Employees’ existing remunerations were found to be above average when compared to both awards, with the exception of one employee.

In September 2010, the Employee Assistance Program was introduced. This is an employer-funded counselling, health and work-life balance initiative. EAP is a free service offered by ACHS to help employees reduce stress and to achieve a balanced and productive workforce.

External consultants were also engaged to undertake a review of Human Resources Management practices at ACHS and assess the appropriateness of the current systems in place. The conclusion was that the current systems reflect best practices for an organisation of the type and size of ACHS.

Remuneration

It remains an ongoing challenge for ACHS to ensure staff remuneration policies and conditions remain comparative to market and industry benchmarks.
Associate Professor Peter Woodruff  
(President)  
MBBS, ChM, FRCS, FRACS, FACS

- ACHS Board member since 2002
- ACHSI Board member since 2008
- ACHS 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, 2003-2009
- Vice President, Royal Australasian College of Surgeons, 2003-2005
- Member of Medical Board, Qld, since 2005
- President, Australian and New Zealand Society for Vascular Surgery, 2006-2008
- Court of Honour, Royal Australasian College of Surgeons
- Chair Old Board of the Medical Board of Australia since 2011

Adjunct Associate Professor Karen Linegar  
(Vice President)  

- ACHS Board member since 2004
- ACHS Vice President since 2008
- ACHSI Board member since 2008
- ACHS Councillor (RCnA Representative) since 2004
- ACHS Surveyor since 2005
- Executive Director of Nursing, Midwifery and Care Redesign - North West Area Health Service since 2009
- Director of Nursing - North West Regional Hospital, Burnie 1994-2009
- Chair ACHS Tasmanian Advisory Committee since 2005
- President, Royal College of Nursing, Australia 2002-2004
- Board member, Royal College of Nursing, 2002-2007
- Chair, Nursing Board of Tasmania, 2000-2003

Mr John Smith PSM  
(Treasurer)  
MHA, Grad Dip HSM, AFACHSM, CHE, FAHSFMA, AFAHRI, AFAIM, FAICD

- ACHS Board member since 2005
- ACHS Treasurer since 2007
- ACHSI Board member since 2008
- ACHS Councillor representing the Australian Healthcare and Hospitals Association (AHHA) since 2000
- Chief Executive Officer, West Wimmera Health Service
- National Councillor, AHHA since 2000
- Director Victorian Healthcare Association, 1997-2004
- Board member, The Victorian Hospitals Industrial Association Limited since 1994

Ms Jennifer (Jennie) Baker  
BHSc(Mgt), BBus(IR), MLegSt, MIR, FCHSM, CHE

- ACHS Board member since 2009 representing the Australasian College of Health Service Management (ACHSM)
- ACHS Councilor (ACHSM representative) 2007 - present
- ACHSM Board member since 2005
- Director Business Support, ACT Health since 2006
- Member, Australian Institute of Radiography
- Fellowship Examiner ACHSM

Professor Michael Cleary  
FACEM, FRACMA, AFACHSE, MHA, MBBS

- Deputy Director-General, Policy, Strategy and Resourcing Division, Queensland Health
- Member Medical Services Advisory Committee
- Chair and Deputy-Chair of the Australian Casemix Clinical Committee
- Treasurer and Councillor for the Australasian College for Emergency Medicine
- Fellow of the Australasian College for Emergency Medicine
- Fellow of the Royal Australasian College of Medical Administrators

Professor Geoffrey Dobb  
BSc(Hons), MB BS, FRCP, FRCA, FANZCA, FCICM, FAMA

- Vice President, Australian Medical Association
- Member, Advisory Council, Australian Organ and Tissue Authority
- Board Member - Australian Council on Healthcare Standards
- Director, Critical Care Division, Royal Perth Hospital
- Head of Department, Intensive Care, Royal Perth Hospital
- Clinical Professor, School of Medicine and Pharmacology, University of Western Australia
- Consultant in Intensive Care, Mount Hospital, Perth, WA.
- Consultant in Intensive Care, St John of God Hospital, Subiaco, WA.
Ms Helen Dowling
BPharm, Dip Hosp Pharm (Admin), Grad Dip QI in HCare, CHP, FSHP, AICD
ACHS Board member since 2008
Chair, ACHS Standards Committee since 2007
Director of Pharmacy, Hunter New England Local Health District, since 2008
Director of Pharmacy, Greater Newcastle Sector, Hunter New England Health, 2001-2008
Member and currently President, Pharmacy Council of NSW, since 2010
Member NSW Health Caring Together Independent Panel, 2009-2011
Member NSW Health Medication Safety Strategy Steering Committee, since 2009
Vice President, Pharmacy Board of NSW, 2008-2010
Federal President, The Society of Hospital Pharmacists of Australia (SHPA), 1999-2002
SHPA GlaxoSmithKline Medal of Merit recipient 2005

Dr David Lord
MBBS, DPM, FRA NZCP
ACHS Board member since 2009
ACHS Councillor representing Royal Australian and New Zealand College of Psychiatrists
ACHS Surveyor since 2007
Retired (2008) psychiatrist

Mr Stephen Murby
BSc(Hons), Grad Dip Ed, FRSA
Chief Executive Officer, Cystic Fibrosis Victoria
ACHS Board Member
ACHS Councillor
Chair, Consumer Health Forum
Chair, Chronic Illness Alliance
Chair, Academic Advisory Board, Carrick Higher Education

Dr Len Notaras AM
AFCHSE, Doctor Health Sciences, LLB, BA (Hons), Dip Comm, BMed, MHA, MA
ACHS Board member since 2002
ACHS Clinicians Involvement Working Group Chair, 2003-2004
General Manager, Royal Darwin Hospital, 1994-2009
Executive Director, National Critical Care and Trauma Response Centre since 2009
Member Australian Health Protection Committee since 2009
Senior Superintendent, NT Acute Care Network, 2003-2009
Member, NT Medical Board since 1996
Chair, NT Radiographers Board, 1997-2010

Mr Michael Roff
Grad Cert Mgt.
ACHS Board member since 2003
ACHS Councillor representative of the Australian Private Hospitals Association, since 2004
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, 2006-2010

Mr Stephen Walker
ACHS Board member since 2006
ACHS Councillor representing the Australian Private Hospitals Association
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 (ACSQH) in Health care since 2007
Past Vice President, SA branch Australian College of Health Service Executives (ACHSE)
Past ACHS and QH NZ Surveyor
## Standards Committee

The Standards Committee is a standing sub-committee of the ACHS Board and its role is to guide the development of new ACHS standards and programs and to review any proposed changes to existing ACHS standards. The committee reports its recommendations directly to the ACHS Board.

The membership of the Standards Committee is drawn from across the health care sector many of whom have experience as ACHS surveyors. The committee has representation from both the public and private sector and includes clinicians, consumers, senior health administrators, allied health professionals and quality managers. The current membership also includes representatives from New Zealand and Hong Kong, both jurisdictions which implement ACHS EQuIP standards. ACHS Board member, Ms Helen Dowling is the Chair of the Standards Committee, and membership also includes the President of the ACHS, Associate Professor Peter Woodruff and ACHS Chief Executive Mr Brian Johnston. The meeting is also attended by ACHS Executive Directors Ms Linda O’Connor and Ms Laurie Leigh.

Administration of the committee is undertaken by the ACHS Development Unit.

Key responsibilities for the Standards Committee during 2010-2011 were overseeing the completion of EQuIP5, the revision of standards for the EQuIP5 Corporate Health Services program and revised standards for the Day Procedure Centres program. The committee reviewed and provided comment on the development of the Remote Health Accreditation Standards. The committee also assessed the customisation of The EQuIP 4 Hong Kong Guide.
Our Council represents consumers, government and peak health industry bodies from throughout Australia.

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

ACHS Council members, their qualifications and professional bodies represented in 2010-2011 were:

- **Dr Michael Aizen**  
  MBBS, BHA, FRACGP, FRACMA, FACRRM  
  (Australian Medical Association)

- **Ms Jennie Baker**  
  BHSc(Mgt), BBusi(R), MLegSt, MIR, FCHSM, CHE  
  Australasian College of Health Services Management

- **Dr Patrick Bolton**  
  MBBS, Grad Dip Comp Stud, MBA, PhD, EMBA, FRACGP, FRACMA, FACHI  
  Australian Healthcare and Hospitals Association  
  (resigned 03/2011)

- **Ms Gina Butler**  
  RN, BAppSci(Nurs), Grad Dip (Bus Mgt)  
  Department of Health and Human Services, Tasmania  
  (appointed 11/2010)

- **Ms Liz Callaghan**  
  MaSc (Policy and Management), Grad Dip (Human Service Research), BSW, RN  
  Catholic Health Australia

- **Professor Michael Cleary**  
  MBBS, FACEM, FRACMA, MBA, AFACHSE, MHA  
  Queensland Health

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

- **Ms Judy Daniel**  
  MEcon  
  Department of Veterans’ Affairs

- **Professor David Davies**  
  BSc, MBChB, MD, FFSc FRCPA  
  The Royal College of Pathologists of Australasia

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

- **Professor Geoffrey Dobb**  
  BSc MB BS FRCP FRCA FANZCA FCICM FAMA  
  Australian Medical Association  
  (appointed 11/2010)

- **Dr Stuart Dorney**  
  MBBS, FRACP  
  NSW Health

- **Ms Helen Dowling**  
  BPharm, DipHospPharm (Admin), GradDipQI HCare, CHP, FSHP, AICD  
  Health Professions Council of Australia

- **Associate Professor Brett Emmerson**  
  MBBS (QLD), MHA (NSW), FRANZCP, FRACMA  
  Royal Australasian College of Medical Administrators

- **Ms Tanya Gawthorne**  
  BSc, Grad Dip Ed, Grad Dip Pub Hlth, MAppEpid  
  Department of Health, Western Australia  
  (resigned 05/2011)

- **Professor Christian Gericke**  
  MBBS, MD, MPH, MSc, FACP, FRCP Edin, FAFPHM  
  Department of Health and Human Services, Tasmania  
  (resigned 09/2010)

- **Dr Michael Hodgson AM**  
  MBBS, FAMA, FRCA  
  Council Life Member

- **Mrs Alice Jones**  
  RN, RM, CHCNS, BAppSci(Nurs)  
  ACT Health  
  (resigned 11/2010)

- **Mr Mark Kearin**  
  RN, ADCNS(Geront Nurs), BHSc(Mgt), MIHSc(Mgt),  
  Australian Nursing Federation

- **Associate Professor Peter Kendall**  
  MBBS, DA, FRACP, FCCP  
  Royal Australasian College of Physicians

- **Adjunct Associate Professor Karen Linegar**  
  (Vice President) RN, RM, BAppSci(Nurs), BaBus MHA,  
  Dip Com Law, FRCPA, JP  
  Royal College of Nursing
Council nominations pending:

1. Awaiting a nomination from the Australian Day Surgery Council.
2. Awaiting a nomination from the Australian Health Care Consumers’ Association Inc.
3. Awaiting a nomination from the Department of Health, Western Australia.
The Board of Directors of The Australian Council on Healthcare Standards Limited (ACHS) in office at the date of this report presents the results of The Australian Council on Healthcare Standards Limited and its controlled entities for the financial year ended 30 June 2011.

The names of the members of the Board in office during the reporting year are:

- Ms Jennifer Baker
- Professor Michael Cleary – (appointed 25 November 2010)
- Professor Geoffrey Dobb – (appointed 25 November 2010)
- Ms Helen Dowling
- Adjunct Associate Professor Karen Linegar
- Dr David Lord
- Mr Stephen Murby – (appointed 8 December 2010)
- Dr Leonard Notaras AM
- Mr Michael Roff
- Mr John Smith PSM
- Mr Stephen Walker
- 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.

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 continuous review of performance, assessment and accreditation.

There was no significant change in the nature of the Company’s activities during the 2010/2011 period.

Operating results
The consolidated net profit for the financial year ended 30 June 2011 before extraordinary items was $48,609.

Consolidated operating revenue has increased from $11,156,210 in 2010 to $11,424,821 in 2011 mainly due to ACHS International.

Financial Position
The cash holdings of the consolidated group have increased by $569,924 from previous year to $5,714,166 at 30 June 2011. The increase is largely due to increase in revenue.

The consolidated group’s strong financial position has enabled the group to increase its cash holdings and maintain a healthy capital ratio. During the reporting period the Group has no outstanding loan to any financial institution.

The Directors believe the Group is in a strong and stable financial position to expand and grow its current operations.

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 Limited (ACHS) internationally, is subject to Australian income tax.

Dividends paid or recommended
The Australian Council on Healthcare Standards Limited (ACHS) is a not-for-profit organisation, and accordingly no dividends were paid or recommended. Furthermore, as a company limited by guarantee it is precluded from paying dividends except on liquidation.

Share capital
The company was incorporated on 4 December 1979 as a company limited by guarantee.

Review of operations
The result is arrived after providing for the following expenditures:

- national standards survey
- building works
- research and development

During the year the ACHS launched the new version of its Evaluation and Quality Improvement Program version 5 (EQuIP5) at the National Forum in Canberra in October 2010 for implementation starting 1 July 2011. The development of EQuIP5 has involved the participation of more than 250 healthcare professionals on working groups, reference groups and guidelines review, and included key stakeholders, public and private sector healthcare providers, consumers, community groups, surveyors and members from all States and Territories.

ACHS International enjoyed favourable growth in the past year as the organisation expanded to meet the needs of an ever-increasing range of diverse international members. ACHSI has seen its market share increase across a number of countries as hospitals, health services and health authorities recognise the benefits of the EQuIP program and the ACHS accreditation model in driving continuous quality improvement.
The Hong Kong Pilot Scheme of Hospital Accreditation concluded in March 2011, a year ahead of schedule and with high levels of satisfaction expressed by all stakeholders. Currently, there are five public and seven private hospitals in Hong Kong which have been surveyed and awarded accreditation during the Pilot Scheme period.

ACHS continues to host a steady flow of overseas visiting delegations interested in its model of accreditation. Recent interest includes delegations and/or representatives from Ireland, Sri Lanka, Malaysia, Japan, South Korea, China and Macau.

Financial assistance in the form of grants was received from the New South Wales Department of Health.

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. However, the planned introduction of the National Safety and Quality Health Service Standards by the Australian Commission on Safety and Quality in Healthcare which will be common to all accreditation programs will impact on activities of all authorised accreditation agencies. Implementation is anticipated to commence in January 2013.

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 substantial 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 consolidated entity, the results of those operations or the state of affairs of the consolidated 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 a 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 Company paid an insurance premium indemnifying each of the Directors and Officers of the consolidated 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 were no non-audit services provided during the year.
Auditors independence declaration
The lead auditor’s independence declaration for the year ended 30 June 2011 has been received and can be found directly below the Directors’ report.

The report of the Directors is signed in accordance with a resolution of the Board of Directors.

Associate Professor Peter Woodruff
President
Sydney - 28 October 2011

Auditor’s independence declaration

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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011 there have been:

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

G J Miller
Partner
Level 6
379 Kent Street
SYDNEY NSW 2000
Sydney - 28 October 2011
We have audited the accompanying financial report of The Australian Council on Healthcare Standards Limited and controlled entities (the consolidated entity), which comprises the statement of financial position as at 30 June 2011, and the statement of comprehensive income, statement of cash, statement of changes in equity and statement of cash flows for the year then ended, notes comprising 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 mis-statement, whether due to fraud or error. In Note 1, the Directors also state, in accordance with Accounting Standards AASB 101: Presentation of Financial Statements that the financial statements comply with the Australian equivalents to International Financial Reporting Standards (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 mis-statement.

Opinion
In our opinion:

- 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’s financial position as at 30 June 2011 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

- the financial report also complies with International Financial Reporting Standards as disclosed in Note 1.

Emphasis of Matter - Inherent Uncertainty Regarding Accounting Estimates
Without qualification to the opinion expressed above, attention is drawn to the following matter. As indicated in Note 10 to the financial report, The Australian Council on Healthcare Standards Limited has included as liabilities $5,482,979 as unearned income and Note 8 $393,108 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 GJMiller
Chartered Accountants
Level 6
379 Kent Street
SYDNEY NSW 2000
Sydney - 28th October 2011
## Consolidated Statement of Comprehensive Income

**Year ended 30 June 2011**

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue from ordinary activities</td>
<td>2, 10,942,581</td>
<td>10,554,878</td>
<td>9,903,077</td>
<td>8,934,611</td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(3,845,824)</td>
<td>(3,894,831)</td>
<td>(3,452,415)</td>
<td>(2,893,298)</td>
</tr>
<tr>
<td>Gross profit</td>
<td>7,096,757</td>
<td>6,660,047</td>
<td>6,450,662</td>
<td>6,041,313</td>
</tr>
<tr>
<td>Other revenues from ordinary activities</td>
<td>482,240</td>
<td>601,332</td>
<td>894,012</td>
<td>536,332</td>
</tr>
<tr>
<td>Marketing, promotional and publication expenses</td>
<td>(785,920)</td>
<td>(323,913)</td>
<td>(588,696)</td>
<td>(178,566)</td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td>(330,527)</td>
<td>(265,740)</td>
<td>(330,527)</td>
<td>(265,740)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(610,239)</td>
<td>(1,084,740)</td>
<td>(608,726)</td>
<td>(984,105)</td>
</tr>
<tr>
<td>Human resources expenses</td>
<td>(5,411,207)</td>
<td>(5,022,572)</td>
<td>(5,411,207)</td>
<td>(4,626,572)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(246,887)</td>
<td>(354,717)</td>
<td>(246,887)</td>
<td>(354,717)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(145,608)</td>
<td>(129,070)</td>
<td>(125,476)</td>
<td>(124,134)</td>
</tr>
<tr>
<td>Profit from operation</td>
<td>48,609</td>
<td>80,627</td>
<td>33,155</td>
<td>43,811</td>
</tr>
<tr>
<td>Retained profit/(loss) at the beginning of the year</td>
<td>918,891</td>
<td>836,264</td>
<td>838,666</td>
<td>794,855</td>
</tr>
<tr>
<td>Retained profit at the end of the financial year</td>
<td>965,500</td>
<td>916,891</td>
<td>871,821</td>
<td>838,666</td>
</tr>
</tbody>
</table>

## Statement of Financial Position

**As at 30 June 2011**

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>3, 5,714,166</td>
<td>5,144,242</td>
<td>5,613,997</td>
<td>4,809,556</td>
</tr>
<tr>
<td>Trade receivables</td>
<td>4, 864,747</td>
<td>1,983,321</td>
<td>864,747</td>
<td>1,983,321</td>
</tr>
<tr>
<td>Total current assets</td>
<td>6,578,913</td>
<td>7,127,563</td>
<td>6,478,744</td>
<td>6,792,877</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>5, 238,644</td>
<td>378,193</td>
<td>238,644</td>
<td>378,193</td>
</tr>
<tr>
<td>Land and building</td>
<td>6, 2,587,586</td>
<td>2,612,494</td>
<td>2,587,586</td>
<td>2,612,494</td>
</tr>
<tr>
<td>Investments</td>
<td>7, 3,654</td>
<td>3,346</td>
<td>13,654</td>
<td>13,346</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td>2,829,884</td>
<td>2,994,033</td>
<td>2,839,884</td>
<td>3,004,033</td>
</tr>
<tr>
<td>Total assets</td>
<td>9,408,797</td>
<td>10,121,596</td>
<td>9,318,628</td>
<td>9,796,910</td>
</tr>
<tr>
<td>Trade payables</td>
<td>8, 1,001,251</td>
<td>1,545,400</td>
<td>1,222,179</td>
<td>1,449,689</td>
</tr>
<tr>
<td>Provisions</td>
<td>9, 1,959,067</td>
<td>1,677,800</td>
<td>1,959,067</td>
<td>1,712,800</td>
</tr>
<tr>
<td>Unearned income</td>
<td>10, 5,482,979</td>
<td>5,981,505</td>
<td>5,265,561</td>
<td>5,795,755</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>8,443,297</td>
<td>9,204,705</td>
<td>8,446,807</td>
<td>8,958,244</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>8,443,297</td>
<td>9,204,705</td>
<td>8,446,807</td>
<td>8,958,244</td>
</tr>
<tr>
<td>Net assets</td>
<td>965,500</td>
<td>916,891</td>
<td>871,821</td>
<td>838,666</td>
</tr>
<tr>
<td>Equity</td>
<td>Retained Earnings</td>
<td>965,500</td>
<td>916,891</td>
<td>871,821</td>
</tr>
</tbody>
</table>
## Statement of Changes in Equity

<table>
<thead>
<tr>
<th></th>
<th>Note</th>
<th>Retained Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as at 30 June 2009</td>
<td></td>
<td>836,264</td>
</tr>
<tr>
<td>Profit attributable to member’s parent entity</td>
<td></td>
<td>80,627</td>
</tr>
<tr>
<td><strong>Balance as at 30 June 2010</strong></td>
<td>11</td>
<td><strong>916,891</strong></td>
</tr>
<tr>
<td>Balance as at 30 June 2010</td>
<td></td>
<td><strong>916,891</strong></td>
</tr>
<tr>
<td>Profit attributable to members parent entity</td>
<td></td>
<td><strong>48,609</strong></td>
</tr>
<tr>
<td><strong>Balance as at 30 June 2011</strong></td>
<td>11</td>
<td><strong>965,500</strong></td>
</tr>
</tbody>
</table>

## Statement of Cash Flows

<table>
<thead>
<tr>
<th></th>
<th>Consoliated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<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>1,340,056</td>
<td>1,324,603</td>
</tr>
<tr>
<td>Interest received</td>
<td>186,447</td>
<td>186,447</td>
</tr>
<tr>
<td><strong>Net cash provided in operating activities</strong></td>
<td>1,526,503</td>
<td>1,511,050</td>
</tr>
<tr>
<td><strong>Cash flow from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayment of expenses</td>
<td>3,571</td>
<td>3,571</td>
</tr>
<tr>
<td>Acquisition of property, plant and equipment</td>
<td>(82,430)</td>
<td>(82,430)</td>
</tr>
<tr>
<td>Acquisition of investment and short term deposits</td>
<td>(309)</td>
<td>(309)</td>
</tr>
<tr>
<td><strong>Net cash provided from investing activities</strong></td>
<td>(79,168)</td>
<td>(79,168)</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>(877,411)</td>
<td>(627,441)</td>
</tr>
<tr>
<td>Share Allotment (controlled entity)</td>
<td></td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Net cash provided by financing activities</strong></td>
<td>(877,411)</td>
<td>(627,441)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash held</strong></td>
<td>569,924</td>
<td>804,441</td>
</tr>
<tr>
<td><strong>Cash at the beginning of financial year</strong></td>
<td>5,144,242</td>
<td>4,809,556</td>
</tr>
<tr>
<td><strong>Cash at the end of financial year</strong></td>
<td>5,714,166</td>
<td>5,613,997</td>
</tr>
</tbody>
</table>
Note 1: Statement of significant accounting policies

The financial report covers the consolidated entity of The Australian Council on Healthcare Standards Limited and controlled entities, and The Australian Council on Healthcare Standards Limited as an individual parent entity. The parent entity is a company limited by guarantee, incorporated and domiciled in Australia.

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

- Corporations Act 2001
- Applicable Australian Accounting Standards,
- Australian Accounting Interpretations and
- Other authoritative pronouncements of the Australian Accounting Standard Board (AASB)

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

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

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.

b) Basis of consolidation
All inter-company balances and transactions between entities in the consolidated 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 consolidated 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 7 to the financial statements. All controlled entities have a June financial year-end.

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Class of fixed assets</th>
<th>Depreciable rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer and IT Equipment</td>
<td>3 years</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>5 years</td>
</tr>
<tr>
<td>Furniture and Fittings</td>
<td>10 years</td>
</tr>
<tr>
<td>Freehold Building</td>
<td>40 years</td>
</tr>
</tbody>
</table>

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

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

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

e) Financial Instrument
Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or at cost 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 10 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.

I) 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 7, 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 Limited 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.

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 2011</th>
<th>Consolidated 2010</th>
<th>Parent 2011</th>
<th>Parent 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fees</td>
<td>9,915,184</td>
<td>9,849,398</td>
<td>8,875,680</td>
<td>8,463,506</td>
</tr>
<tr>
<td>Education and consultancy</td>
<td>592,132</td>
<td>470,485</td>
<td>592,132</td>
<td>236,110</td>
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<tr>
<td>Projects</td>
<td>146,175</td>
<td>11,618</td>
<td>146,175</td>
<td>11,618</td>
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<tr>
<td>Publications</td>
<td>81,451</td>
<td>52,841</td>
<td>81,451</td>
<td>52,841</td>
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<tr>
<td>Other</td>
<td>207,639</td>
<td>170,536</td>
<td>207,639</td>
<td>170,536</td>
</tr>
<tr>
<td>Revenue from ordinary activities</td>
<td>10,942,581</td>
<td>10,554,878</td>
<td>9,903,077</td>
<td>8,934,611</td>
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<tr>
<td>Grants received</td>
<td>147,128</td>
<td>151,700</td>
<td>88,900</td>
<td>86,700</td>
</tr>
<tr>
<td>Interest revenue:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received from financial institutions</td>
<td>186,447</td>
<td>133,502</td>
<td>186,447</td>
<td>133,502</td>
</tr>
<tr>
<td>Other income</td>
<td>148,665</td>
<td>316,130</td>
<td>618,665</td>
<td>316,130</td>
</tr>
<tr>
<td>Total operating revenue</td>
<td>11,424,821</td>
<td>11,156,210</td>
<td>10,797,089</td>
<td>9,470,943</td>
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</table>
### Note 3: Cash

<table>
<thead>
<tr>
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<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>1,300</td>
<td>1,300</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>5,712,866</td>
<td>5,142,942</td>
</tr>
<tr>
<td>Total</td>
<td>5,714,166</td>
<td>5,144,242</td>
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</table>

### Note 4: Receivables and other assets

<table>
<thead>
<tr>
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<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Trade debtors</td>
<td>1,002,886</td>
<td>2,137,355</td>
</tr>
<tr>
<td>Less: Provision for doubtful debts</td>
<td>(180,534)</td>
<td>(200,000)</td>
</tr>
<tr>
<td>Other debtors and pre-payments</td>
<td>42,395</td>
<td>45,966</td>
</tr>
<tr>
<td>Total receivables</td>
<td>864,747</td>
<td>1,983,321</td>
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</tbody>
</table>

### Note 5: Plant and equipment

<table>
<thead>
<tr>
<th></th>
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<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Furniture and fittings - at cost</td>
<td>105,994</td>
<td>105,994</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(65,227)</td>
<td>(55,600)</td>
</tr>
<tr>
<td>Net book value</td>
<td>40,767</td>
<td>50,394</td>
</tr>
<tr>
<td>Office equipment - at cost</td>
<td>105,156</td>
<td>105,156</td>
</tr>
<tr>
<td>Net book value</td>
<td>60,680</td>
<td>81,273</td>
</tr>
<tr>
<td>Information technology - at cost</td>
<td>647,415</td>
<td>640,630</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(521,446)</td>
<td>(420,302)</td>
</tr>
<tr>
<td>Net book value</td>
<td>125,969</td>
<td>220,328</td>
</tr>
<tr>
<td>Motor vehicle - at cost</td>
<td>74,851</td>
<td>74,851</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(63,623)</td>
<td>(48,653)</td>
</tr>
<tr>
<td>Net book value</td>
<td>11,228</td>
<td>26,198</td>
</tr>
<tr>
<td><strong>Net book value, plant and equipment</strong></td>
<td>238,644</td>
<td>378,193</td>
</tr>
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</table>
### Note 6: Land and building

<table>
<thead>
<tr>
<th></th>
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<th>Consolidated 2010</th>
<th>Parent 2011</th>
<th>Parent 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land - at cost</td>
<td>380,000</td>
<td>380,000</td>
<td>380,000</td>
<td>380,000</td>
</tr>
<tr>
<td>Building - at cost</td>
<td>1,425,454</td>
<td>1,425,454</td>
<td>1,425,454</td>
<td>1,425,454</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(445,454)</td>
<td>(409,818)</td>
<td>(445,454)</td>
<td>(409,818)</td>
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<tr>
<td>Net book value</td>
<td>980,000</td>
<td>1,015,636</td>
<td>980,000</td>
<td>1,015,636</td>
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<tr>
<td>Building improvements - at cost</td>
<td>1,823,889</td>
<td>1,748,244</td>
<td>1,823,889</td>
<td>1,748,244</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(596,303)</td>
<td>(531,386)</td>
<td>(596,303)</td>
<td>(531,386)</td>
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<tr>
<td>Net book value</td>
<td>1,227,586</td>
<td>1,216,858</td>
<td>1,227,586</td>
<td>1,216,858</td>
</tr>
</tbody>
</table>

**Net book value, land and building**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,587,586</td>
<td>2,612,494</td>
<td>2,587,586</td>
<td>2,612,494</td>
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</table>

### 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consolidated Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July 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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<tr>
<td>Additions</td>
<td>159,007</td>
<td>17,651</td>
<td>41,834</td>
<td>37,105</td>
<td></td>
<td></td>
<td>255,597</td>
</tr>
<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>(88,714)</td>
<td>(9,893)</td>
<td>(16,952)</td>
<td>(129,361)</td>
<td>(14,970)</td>
<td></td>
<td>(259,890)</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 2010</td>
<td>380,000</td>
<td>2,232,494</td>
<td>50,394</td>
<td>81,273</td>
<td>220,328</td>
<td>26,198</td>
<td>2,990,687</td>
</tr>
<tr>
<td>Additions</td>
<td>75,645</td>
<td></td>
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<td>6,785</td>
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<td>82,430</td>
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<tr>
<td>Disposals</td>
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<td></td>
<td></td>
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<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>(100,553)</td>
<td>(9,627)</td>
<td>(20,593)</td>
<td>(101,144)</td>
<td>(14,970)</td>
<td></td>
<td>(246,887)</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>Disposal of assets on sale of subsidiary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write-off of assets destroyed during flood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance at 30 June 2011</strong></td>
<td>380,000</td>
<td>2,207,586</td>
<td>40,767</td>
<td>60,680</td>
<td>125,969</td>
<td>11,228</td>
<td>2,826,230</td>
</tr>
</tbody>
</table>
### Note 7: Investment in controlled and non-controlled entities

<table>
<thead>
<tr>
<th></th>
<th>Consolidated</th>
<th>Parent</th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment in controlled entities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares in ACHS International Pty Ltd - At Cost</td>
<td>10,000</td>
<td>10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Investment in non-controlled entities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares in SAI Global Ltd - At Cost</td>
<td>3,654</td>
<td>3,346</td>
<td>3,654</td>
<td>3,346</td>
</tr>
<tr>
<td><strong>Total investment non-current</strong></td>
<td>3,654</td>
<td>3,346</td>
<td>13,654</td>
<td>13,346</td>
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</table>

### Note 8: Trade payables

<table>
<thead>
<tr>
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<th>Parent</th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>526,191</td>
<td>664,662</td>
<td>526,191</td>
<td>664,662</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>81,952</td>
<td>108,745</td>
<td>81,952</td>
<td>108,745</td>
</tr>
<tr>
<td>Work in progress</td>
<td>393,108</td>
<td>771,993</td>
<td>614,036</td>
<td>676,282</td>
</tr>
<tr>
<td><strong>Total trade payables</strong></td>
<td>1,001,251</td>
<td>1,545,400</td>
<td>1,222,179</td>
<td>1,449,689</td>
</tr>
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</table>

### Note 9: Provisions - current

<table>
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<tr>
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<th>Parent</th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee entitlements</td>
<td>990,990</td>
<td>828,018</td>
<td>990,990</td>
<td>828,018</td>
</tr>
<tr>
<td>Provision, export market development</td>
<td>(35,000)</td>
<td></td>
<td>(35,000)</td>
<td></td>
</tr>
<tr>
<td>Provision, future costs</td>
<td>71,517</td>
<td>63,267</td>
<td>71,517</td>
<td>63,267</td>
</tr>
<tr>
<td>Provision, research and development</td>
<td>210,000</td>
<td>200,000</td>
<td>210,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Provision, standards development</td>
<td>8,084</td>
<td></td>
<td>8,084</td>
<td></td>
</tr>
<tr>
<td>Provision, EQuP5 review, pilot and printing</td>
<td>42,938</td>
<td>317,830</td>
<td>42,938</td>
<td>317,830</td>
</tr>
<tr>
<td>Provision, external evaluation</td>
<td>9,623</td>
<td></td>
<td>9,623</td>
<td></td>
</tr>
<tr>
<td>Provision, strategic initiatives</td>
<td>11,479</td>
<td>11,479</td>
<td>11,479</td>
<td>11,479</td>
</tr>
<tr>
<td>Provision, board education and training</td>
<td>12,950</td>
<td></td>
<td>12,950</td>
<td></td>
</tr>
<tr>
<td>Provision, archive scan</td>
<td>17,150</td>
<td>17,150</td>
<td>17,150</td>
<td>17,150</td>
</tr>
<tr>
<td>Provision, eLearning and QI benchmarking</td>
<td>33,969</td>
<td>108,400</td>
<td>33,969</td>
<td>108,400</td>
</tr>
<tr>
<td>Provision, building works</td>
<td>321,024</td>
<td>136,000</td>
<td>321,024</td>
<td>136,000</td>
</tr>
<tr>
<td>Provision, national standards</td>
<td>260,000</td>
<td></td>
<td>260,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total provisions</strong></td>
<td>1,959,067</td>
<td>1,677,800</td>
<td>1,959,067</td>
<td>1,712,800</td>
</tr>
</tbody>
</table>

### Note 10: Unearned income

<table>
<thead>
<tr>
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<th>Parent</th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQuP membership fees and Education service fees</td>
<td>5,482,979</td>
<td>5,981,505</td>
<td>5,265,561</td>
<td>5,795,755</td>
</tr>
<tr>
<td><strong>Total unearned income</strong></td>
<td>5,482,979</td>
<td>5,981,505</td>
<td>5,265,561</td>
<td>5,795,755</td>
</tr>
</tbody>
</table>
### Note 11: Retained profits

<table>
<thead>
<tr>
<th></th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Retained profits at the beginning of the year</td>
<td>916,891</td>
<td>836,264</td>
</tr>
<tr>
<td>Profit attributable to members for the year</td>
<td>48,609</td>
<td>80,627</td>
</tr>
<tr>
<td><strong>Retained profits at the end of the financial year</strong></td>
<td><strong>965,500</strong></td>
<td><strong>916,891</strong></td>
</tr>
</tbody>
</table>

### Note 12: 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>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Operating profit/(loss) after income tax</td>
<td>48,609</td>
<td>80,627</td>
</tr>
<tr>
<td><strong>Non cash flows in operating profit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and loss on disposal of asset</td>
<td>246,887</td>
<td>260,507</td>
</tr>
<tr>
<td>Charges to provision</td>
<td>261,802</td>
<td>291,896</td>
</tr>
<tr>
<td><strong>Changes in assets and liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in trade and term debtors</td>
<td>1,134,469</td>
<td>(353,620)</td>
</tr>
<tr>
<td>Increase/(decrease) in trade creditors and accruals</td>
<td>(165,264)</td>
<td>41,986</td>
</tr>
<tr>
<td><strong>Total cash flows from operating activities</strong></td>
<td><strong>1,526,503</strong></td>
<td><strong>321,396</strong></td>
</tr>
</tbody>
</table>

### Note 13: Proceeds from borrowings

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
<th>Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in progress</td>
<td>(378,885)</td>
<td>(16,906)</td>
<td>(395,793)</td>
</tr>
<tr>
<td>Future income</td>
<td>(498,526)</td>
<td>1,485,417</td>
<td>986,891</td>
</tr>
<tr>
<td><strong>Net movement</strong></td>
<td>(877,411)</td>
<td>1,468,509</td>
<td>591,098</td>
</tr>
</tbody>
</table>

### Note 14: Reconciliation of cash flow from operations

<table>
<thead>
<tr>
<th></th>
<th>Consolidated</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Cash at the end of the year as shown in the balance sheet is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>1,300</td>
<td>1,300</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>5,712,866</td>
<td>5,142,942</td>
</tr>
<tr>
<td><strong>Total cash flows from operations</strong></td>
<td><strong>5,714,166</strong></td>
<td><strong>5,144,242</strong></td>
</tr>
</tbody>
</table>

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

(i) Cash in hand and in deposits with banks or financial institutions, net of bank overdrafts

(ii) Investments in money market instruments with less that 14 days to maturity
**Note 15: 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 16: 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 17: 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 18: Segment reporting**
The consolidated entity operates in one business segment being the health care industry where it supports organisations in their implementation of quality improvement through EQuIP to develop and continually review quality standards and guidelines in consultation with the industry.

**Note 19: 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 2011.

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

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

Foreign currency risk
The Company’s foreign currency account and the carrying amount at 30 June 2011 has been translated using the closing exchange rate.

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

Credit risk
The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements.

The Company does not have any material credit risk exposure to any single receivables or group of receivables under financial instruments entered into by the Company.

Price risk
The Company is not exposed to any material commodity price risk.

Interest rate risk
Interest rate risk is managed by minimising the extent of long-term interest bearing debt. For further details on interest rate risk refer to treasury risk management above.

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

The Directors of the Company declare that:

1. The financial statements and notes set out on pages 48 to 56 are in accordance with the Corporations Act 2001:
   - comply with Australian Accounting Standards; and
   - give a true and fair view of the financial position as at 30 June 2011 and of the performance for the year on that date of the company and consolidated 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.

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

---

Note 20: 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
Our surveyor workforce totals more than 400 dedicated healthcare professionals and health consumers from throughout Australia and overseas.

Surveyors, who conduct peer reviews, all have recent experience within health services, many still in full-time roles such as health service managers, physicians, allied health professionals and nurses. ACHS 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 as at 30 June, 2011.

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 Helen Milne  
Ms Christine Waller

**New South Wales**

Dr Teresa Anderson  
Dr Dinesh Arya  
Mr Peter Avery  
Mr Mark Ayling  
Mr Peter Barber  
Dr Winton Barnes  
Dr Elizabeth Barrett  
Mrs Shirley Batho  
Mrs Karen Becker  
Dr Alexander Bennie  
Dr Sameer Bhole  
Dr Claire Blizzard  
Ms Heather Brown (Simon)  
Dr Susan Buchanan  
Ms Margo Carberry  
Ms Sandie Carpenter  
Ms Desley Casey  
Ms Connie Chan  
Mr Sam Choucair  
Dr Matthew Chu  
Ms Elizabeth Clarke  
Mrs Marie Clarke  
Mr Peter Clout  
Mrs Sue Colley  
Dr Jean Collie  
Dr Jeanette Conley  
Mr Timothy Coombs  
Mr Chris Crawford  
Ms Noreen Cubis  
Mr Robert Cusack  
Mr Matthew Daly  
Ms Darryl (Lynn) Davis  
Ms Clare Douglas  
Mrs Helen Dowling  
Ms Jenny Duncan  
Ms Barbara Durrant  
Ms Tonia Easton  
Ms Helen Eastwood  
Mrs Helen Eccles  
Ms Karen Edwards  
Mr Michael Edwards  
Professor Joan Englert AM  
Dr Jean Evans  
Ms Caroline Farmer  
Dr Terence Finnegar  
Mr Frank Flannery  
Dr Jacqueline Flynn  
Professor Adrian Gillin  
Ms Robyn Goffe  
Dr Deane Golding  
Associate Professor  
Jane Gordon  
Ms June Graham  
Ms Pamela Gulbis  
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  
Ms Suzy Hudson  
Mr Robert Hunter  
Mr Peter Hurst  
Dr Helen Jagger  
Mr Peter Johnson  
Ms Diane Jones  
Ms Ann Kelly  
Ms Dianna Kenrick  
Ms Didi Killen  
Mr Kim Knoblauch  
Dr Peter Kramer  
Dr Harvey Lander  
Ms Deborah Latta  
Ms Deborah Lewis  
Mrs Natalie Lloyed  
Ms Judy Lovenfosse  
Mr Stuart MacKinnon  
Ms Carol Martin  
Ms Louise McFadden  
Mrs Jo McGoldrick  
Mr Bernard McNair  
Mr Keith Merchant  
Dr Katherine Moore  
Dr John Murray  
Associate Professor  
Ganapathi Murugesan  
Ms Judith Nelles  
Mr Danny O’Connor  
Ms Anne O’Donoghue  
Ms Patricia O’Farrell  
Dr Marilyn Orrock  
Mr Terence O’Shea  
Mrs Rosalind O’Sullivan  
Dr Charles Pain  
Dr Richard Parkinson  
Mr Ian Paterson  
Ms Carmel Peek  
Mrs Nancye Piercy  
Mrs Sandra Platt  
Ms Toni Powell  
Dr John Powers  
Ms Leisa Rathborne  
Mr Geoff Rayner  
Ms Cindi Rees  
Associate Professor  
Ian Rewell  
Mr Raad Richards  
Dr Graham Robards  
Dr Pauline Rumma  
Dr Margaret Sanger  
Mr Anthony Schenbri  
Dr Kevin Sesnian
Mr Ormond Pearson
Ms Sally Percy
Ms Susan Perring
Mr David Plunkett
Ms Merrin Pricott
Ms Jenny Rance
Ms Kelly Rogerson
Mrs Nelly Ross
Dr Alan Sandford
Ms Vivienne Sandler
Dr Susan Sdrinis
Mr Matt Sharp
Ms Suzanne Sinni
Mr Mavis Smith
Mr Darrell Smith
Ms Kaye Smith
Mrs Marilyn Sneddon
Ms Catherine Steele
Mrs Maria Stickland
Dr Lakshmi Sumithran
Mr Denis Swift
Ms Jennifer Taylor
Ms Melanie Taylor
Associate Professor
Melinda Truesdale
Mr Peter Turner
Mrs Lee Vause
Dr Ruth Vine
Dr Arlene Wake
Dr Tony Weaver
Mr Dan Weeks
Mr John Wigan
Mrs Wendy Wood

Ms Rosemary Taylor
Ms Barbara Wieland

Tasmania

Mr Ken Campbell
Associate Professor
Des Graham
Adjunct Associate Professor
Karen Linegar
Mr David Poon
Dr Peter Renshaw
Mr Kannan Srinivasan
Ms Eve Thorp
Ms Jenny Tuffin

Western Australia

Ms Diane Barr
Mrs Marie Baxter
Mrs Lynda Campbell
Ms Patricia Canning
Mr Trevor Canning
Ms Geraldine Carlton
Dr Wing Cheong Chiu
Ms Elaine Cooke
Adjunct Associate Professor
Nola Cruckshank
Mr Kim Darby
Ms Kate Dyson
Mrs Marcia Everett
Dr Heather Glyas
Associate Professor
Peter Kendall
Adjunct Associate Professor
Patricia Letts
Mrs Grace Ley
Dr David Lord
Dr Alison Maclean
Mr Shane Matthews
Dr Sharon Miskell
Ms Moira Munro
Dr Clive Purcell
Ms Anne Rutherford
Dr Mark Salmon
Ms Joan Sheppard
Mr Warwick Smith
Professor Marc Tennant
Mrs Sandy Thomson
Dr Deborah Wilmot
Ms Fay Winter

South Australia

Dr Dianne Barrington
Ms Toni Bickley
Mrs Lorraine Bruun
Ms Adrienne Copley
Ms Tina De Zen
Dr Maria Fedoruk
Mrs Sharon Godleman
Mrs Marion Holden
Dr Philip Hoyle
Ms Sharon Kendall
Mr Alan Lehman
Ms Janne McMahon
Dr Susan Merrett
Mrs Cathy Miller
Dr Ea Mulligan
Ms Kathy Nagle
Mrs Dianne Norris
Ms Karen Parish
Mr Neville Phillips
Ms Bernadette Roberts
Ms Pam Schubert
Ms Lesley Siegoff
Mr Wayne Singh
Mrs Margaret Smith
Ms Michele Smith
Dr Rima Staugas
Dr Tony Swain

Ms Rosemary Taylor
Ms Barbara Wieland

Adventist Health,
Hong Kong
Al Hammadi Hospital,
Kingdom of Saudi Arabia
American Mission Hospital,
Kingdom of Bahrain
Bahrain Defence Force Military
Hospital, Kingdom of Bahrain
Canossa Hospital (Caritas),
Hong Kong
Caritas Medical Centre,
Hong Kong
Centro Hospitalar Conde de Sao
Januario General Hospital, Macau
Dr Soliman Fakeeh Hospital,
Kingdom of Saudi Arabia
Drs Nicolas and Asp Centers,
United Arab Emirates
Emirates Airlines - Medical
Services, United Arab Emirates
Hemas Hospitals (Pvt) Ltd,
Sri Lanka
Hong Kong Baptist Hospital,
Hong Kong
Hong Kong Sanatorium and Hospital,
Hong Kong
Kerala Institute of Medical Sciences,
India
KIMS Bahrain Medical Center
W.L.L., Kingdom of Bahrain
Matilda International Hospital,
Hong Kong
O T and P Clinics,
Hong Kong
Pamela Youde Nethersole Eastern
Hospital, Hong Kong
Queen Elizabeth Hospital,
Hong Kong
Queen Mary Hospital,
Hong Kong
Tuen Mun Hospital,
Hong Kong
Union Hospital,
Hong Kong
United Doctors Hospital,
Kingdom of Saudi Arabia

As at 30 June, 2011

ACHS ANNUAL REPORT 2010-2011 59
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 as at 30 June, 2011.

<table>
<thead>
<tr>
<th>NSW Public</th>
<th>Hunter New England LHD – Greater Newcastle Cluster</th>
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<tbody>
<tr>
<td>Balmain Hospital</td>
<td>Belmont District Hospital</td>
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<td>Bankstown Hospital</td>
<td>John Hunter Children’s Hospital Kaleidoscope</td>
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<td>• Gosford Hospital</td>
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<td>Sydney South West Area Mental Health Service</td>
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Sydney and South Western Sydney Local Health Districts - Community Health
Sydney & South Western Sydney LHDs - Oral Health Services and Sydney Dental Hospital
SWAHS-Western Cluster
- Blue Mountains District Anzac Memorial Hospital
- Lithgow Integrated Health Service
- Nepean Hospital
- Springwood Hospital
Tresillian Family Care Centres
War Memorial Hospital, Waverley Western Sydney LHD - Auburn and Westmead
- Auburn Hospital & Community Health Services
- Westmead Health
Western Sydney LHD - Blacktown and Mt Druitt
- Blacktown - Mt Druitt Health Western Sydney LHD - Mental Health and Drug & Alcohol Services
- Cumberland Hospital
WNSWLHD Bathurst Health Service
WNSWLHD Cowra and Grenfell Health Service
- Cowra District Hospital & CHS
- Grenfell Multipurpose Service
- Quandialla CHC
- Woodstock CHC
WNSWLHD Dubbo Base Hospital
WNSWLHD Mental Health Drug & Alcohol Services - Orange & Region
WNSWLHD Mental Health, Drug and Alcohol Services - Dubbo & Region
WNSWLHD Mudgee Health Service
WNSWLHD Orange Health Service
Wollongong Hospitals and Community Health Services
- Coledale District Hospital
- Community Health Service
- Diabetes Service
- Port Kembla Hospital - Rehabilitation, Aged & Extended Care Services
- Wollongong Hospital

NSW Private
ahm Dental & Eyecare Practice
Allowah Presbyterian Children’s Hospital
Armidale Private Hospital
Berkeley Vale Private Hospital
Bondi Junction Private Hospital
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
Corporate Bodies International
- Diaverum Pty Ltd
- Diaverum - Diamond Valley Dialysis Unit
- Diaverum - Lindfield Dialysis Unit
- Diaverum - St Andrew’s Toowoomba Renal Dialysis Unit
Dubbo Private Hospital
Dutiful Daughters
Eastern Heart Clinic
- Sutherland Heart Clinic Foundation House
Friends Home Care Nursing Service Pty Ltd
Garden Court Clinic
Gosford Private Hospital
Griffith Nursing Service
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
Healthwoods Specialist Centre
Hiromedelle Private Hospital
Hunter Valley Private Hospital
Hurstville Private Hospital
Insight Clinic Private Hospital
Junee Correctional Centre - Health Centre
Kamira Farm Inc
Kedesh Rehabilitation Services
Kinder Caring Home Nursing Services
Lady Davidson Hospital
Lawrence Hargrave Hospital
Lingard Private Hospital
Lismore Private Hospital
Lithgow Community Private Hospital
Lyndon Community, The
Maitland Private Hospital
Manly Drug Education & Counselling Centre (MDECC)
Marie Stopes International, NSW
- Marie Stopes International, Fairfield
- Marie Stopes International, Homebush
- Marie Stopes International, Kingswood Centre
- WestMed Day Surgery Centre
Mater Hospital, North Sydney, The
Mayo Healthcare Group
Mercy Community Services
Mosman Private Hospital
Nepean Private Hospital
Newcastle Eye Hospital
Newcastle Private Hospital
North Shore Private Hospital
Norwest Private Hospital
Nowra Private Hospital
Odyssey House McGrath Foundation
ONE80TC
Oolong Aboriginal Corporation, The Prince of Wales Private Hospital
Quality Health Care
Regal Health Services
Regional Imaging Cardiovascular Centre
Salvation Army - Hunter Region Recovery Services
The Salvation Army - Recovery Services - Newcastle
Salvation Army, The - Recovery Services - Blue Mountains
Salvation Army, The - Recovery Services - Alf Dawkins Detox Unit
Salvation Army, The - Recovery Services - Central Coast
Salvation Army, The - Recovery Services - William Booth House
South Coast Home Health Care Pty Ltd
South Pacific Private Hospital
Springboard Health & Performance Pty Ltd
St George Private Hospital
St John of God Health Care
- St John of God Hospital - Burwood
- St John of God Hospital - Richmond
St Luke’s Care
St Vincent’s Hospital - Lismore
St Vincent’s Private Hospital - Sydney
Sydney Adventist Hospital
Sydney Clinic, The
Sydney Clinic for Gastrointestinal Diseases, The
Sydney Southwest Private Hospital
Tamara Private Hospital
The Buttery
Toronto Private Hospital
Barwon Health
Banksia Palliative Care service Inc
Bairnsdale Regional Health service
Austin Health
Alfred Health
Alfred, The
Caulfield Hospital
Sandringham Hospital
Austin Health
Albury Wodonga Health
Albury Wodonga Health - Albury Campus
Albury Wodonga Health - Wodonga Campus
Alexandra District Hospital
Alfred Health
Alfred, The
Caulfield Hospital
Sandringham Hospital
Bendigo Health Care Group
Benalla & District Memorial Hospital
Beechworth Health service
Beaufort & Skipton Health service
Bass Coast Regional Health
Bass Coast Regional Health
Beaufort & Skipton Health service
Beechworth Health Service
Benalla & District Memorial Hospital
Bendigo Health Care Group
Anne Caudle Centre Campus
Bendigo Hospital Campus
Bendigo Health Care Group
Kerang District Health service
Kooweerup Regional Health service
Kilmore & District Hospital, The
Kerang District Health
IsIs Primary Care Ltd
Inglewood & Districts Health service
Heywood Rural Health
Hesse Rural Health service
Hepburn Health Service
Heywood Rural Health
Inglewood & Districts Health Service
ISIS Primary Care Ltd
Kerang District Health
Kilmore & District Hospital, The
Kooweerup Regional Health Service
Kyabram & District Health Services
Kyneton District Health Service
Latrobe Regional Hospital
Lorne Community Hospital
Maryborough District Health Service
Melbourne Health
Royal Melbourne Hospital, The - City Campus
Royal Melbourne Hospital, The - Royal Park Campus
Mercy Health O’Connell Family Centre
Mercy Hospital for Women
Mercy Palliative Care
Mildura Base Hospital
Moyne Health Services
Nathalia District Hospital
Northeast Health Wanganarra
Northern Health - Clinical
Maffra District Hospital
Cobram District Hospital
Cohuna District Hospital
Colac Area Health
Dental Health Services Victoria
Djerriwarrh Health Services
Dunmunkle 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
Angliss Hospital
Box Hill Hospital
Healesville Hospital
Marsdenah Hospital
Peter James Centre and Wantirna Health
Yarra Ranges Health
Yarra Valley Community Health
Echuca Regional Health
Edenhope and District Memorial Hospital
Gippsland Southern Health Service
Goulburn Valley Health
Goulburn Valley Hospice Care Service Inc
Heathcote Health
Hepburn Health Service
Hesse Rural Health Service
Heywood Rural Health
Inglewood & Districts Health Service
ISIS Primary Care Ltd
Kerang District Health
Kilmore & District Hospital, The
Kooweerup Regional Health Service
Kyabram & District Health Services
Kyneton District Health Service
Latrobe Regional Hospital
Lorne Community Hospital
Maryborough District Health Service
Melbourne Health
Royal Melbourne Hospital, The - City Campus
Royal Melbourne Hospital, The - Royal Park Campus
Mercy Health O’Connell Family Centre
Mercy Hospital for Women
Mercy Palliative Care
Mildura Base Hospital
Moyne Health Services
Nathalia District Hospital
Northeast Health Wanganarra
Northern Health - Clinical
Broadmeadows Health Service, The
Bundoora Extended Care Centre
Craigieburn Health Service
Northern Hospital, The
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 & District Health
Rochester and Elmore District Health Service
Royal Children’s Hospital
Royal Victorian Eye and Ear Hospital
Royal Women’s Hospital, The
Rural Northwest Health
Rural Northwest Health Beauchain 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
Casey Hospital
Cranbourne Integrated Care Centre
Dandenong Hospital
Jessie McPherson Private Hospital
Kingston Centre
Monash Medical Centre - Clayton
Monash Medical Centre - Moorabbin
Southern Health - Clinical Stream - Continuing Care & Mental Health
St Vincent’s Health
Canitas Christ Hospice
St George’s Health Service
St Vincent’s Correctional Health Service
St Vincent’s Hospital Melbourne
• Gawler Hospital
• Kapunda Hospital
• Tanunda Hospital

CHSA - Lower South East Cluster
• Millicent District Hospital & Health Service
• Mount Gambier & Districts Health Service
• Pekina War Memorial Hospital
• South East Regional Community Health Service

CHSA - Mallee Coorong Health
• Coorong Health Service - Mannie & Districts
• Soldiers Memorial Hospital & Health Service
• Coorong Health Service - Tailem Bend District Hospital
• Mallee Health Service - Karoonda & Districts Soldiers Memorial Hospital
• Mallee Health Service - Lamerio District Health Service
• Mallee Health Service-Pinnaroo Soldiers Memorial Hospital
• Mannum District Hospital
• Murray Bridge Soldiers’ Memorial Hospital
• Murray Mallee Community Health Service

CHSA - Port Augusta Hospital, Hawker, Roxby Downs, Woomera, Leigh Creek & Quorn Health Services
• Finders Terrace Community Health Centre
• Hawker Memorial Hospital
• Leigh Creek Health Services
• Port Augusta Hospital and Regional Health Services
• Quorn Health Services
• Roxby Downs Health Services
• Woomera Community Hospital

CHSA - Upper South East Cluster - Bordertown Kingston & Naracoorte
• Bordertown Memorial Hospital
• Kingston Soldiers’ Memorial Hospital
• Naracoorte Health Service

CHSA - Whyalla, Eastern Eyre & Far North Health Services
• Coorong Health Service - Mannie & Districts
• Soldiers Memorial Hospital & Health Service
• Eastern Eyre Health & Aged Care
• Whyalla Hospital & Health Services

CHSA - Yorke & Lower North Health Services
• Balaklava Hospital & Health Service

• Burra Hospital & Health Service
• Clare Hospital & Health Services
• Maitland Hospital & Health Service
• Northern Yorke Peninsula Health Services
• Riverton Hospital & Health Service
• Snowtown Hospital & Health Service
• Wallaroo Hospital and Health Services
• Yorketown Hospital & Health Service

CHSA Pt Pirie, Mid North, Southern Flinders & Pt Broughton Cluster
• Booleroo Centre District Hospital and Health Services
• Crystal Brook Hospital
• Jamestown Hospital
• Laura Hospital and Gladstone Health Centre
• Orroroo Health Service
• Peterborough Soldiers’ Memorial Hospital and Health Service
• Port Broughton District Hospital and Health Service
• Port Pirie Regional Health Service
• CHSA Riverland Health Services
• Bamera Hospital
• Bamera Hospital - Community Health
• Berri Hospital
• Loxton Hospital
• Renmark Hospital
• Riverland Regional Health Service Inc and Riverland Private Hospital
• Waikerie Health Services Inc.

Northern Adelaide Local Health Network
• Lyell McEvoy Hospital
• Modbury Hospital

Royal District Nursing Service SA
Southern Adelaide Local Health Network
• Flinders Medical Centre
• Noarlunga Health Services
• Repatriation General Hospital
• Southern Adelaide Local Health Network - Population & Primary Health Care Directorate

SA Private

ACHA Health
• Ashford Community Hospital Inc.
• Flinders Private Hospital
• Memorial Hospital, The Adelaide Surgicentre Pty Ltd
• Wakefield Surgicentre

Burnside War Memorial Hospital Inc
Calvary Central Districts Hospital
Calvary North Adelaide Hospital

Calvary Rehabilitation Hospital
Calvary Wakefield Hospital
Clinical Care Professionals
Epclinic Pty Ltd
Glenelg Community Hospital Inc.
Griffith Rehabilitation Hospital
Home Support Services
Keith & District Hospital Inc
Kerry Day Surgery
Moonta Health and Aged Care Service Inc
Parkwryd Private Hospital
Ramsay Health Care (SA), Mental Health Services
• Adelaide Clinic, The
• Fullarton Private Hospital
• Kahlyn Private Hospital
• St Andrew’s Hospital Inc
Western Hospital

TAS Public

Alcohol and Drug Services - Statewide Tasmania
Correctional Primary Health Services - Statewide Tasmania
Launceston General Hospital
Mental Health Services - North Tasmania
Mental Health Services - North - West Tasmania
Mental Health Services - South Tasmania
North West Area Health Service - Acute Services
• Mersey Community Hospital
• North West Regional Hospital
North West Area Health Service - Primary Care Services
Royal Hobart Hospital

TAS Private

Calvary Health Care Tasmania - Launceston Campuses
• Calvary Health Care Tasmania, St Luke’s Campus
• Calvary Healthcare Tasmania, St Vincent’s Campus
Calvary Health Care Tasmania
• Calvary Hospital Hobart Inc
• St John’s Hospital Hobart
Hobart Clinic, The
Hobart Private Hospital & St Helen’s Private Hospital
North West Private Hospital
North Tas Urology
WA Public

Armadale Health Service
Bentley Health Service
Child and Adolescent Health Service
- Child and Adolescent Child and Community Health
- Child and Adolescent Community Health
- Princess Margaret Hospital for Children
Department of Corrective Services - Health Services

Fremantle Hospital and Health Service
  - Fremantle Kaleaya Hospital

Indian Ocean Territories Health Service
North Metropolitan Area Health Service

Mental Health

Oral Health Centre of WA
Osborne Park Hospital Program

Rockingham Peel Group
  - Mandurah Community Health
  - Murray District Hospital
  - Peel and Rockingham Kwinana Mental Health Service
  - Rockingham Kwinana District Hospital

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 & Districts Soldiers Memorial Hospital
  - Bridgetown District Hospital
  - Bunbury Health Service
  - Busselton District Hospital
  - Collie District Hospital
  - Donnybrook Baldivis Health Service
  - Harvey District Hospital
  - Margaret River District Hospital
  - Nannup Health Service MPS
  - Northcliffe Nursing Post
  - Pemberton District Hospital
  - Warren District Hospital
  - Yarloop Hospital

WACHS, Goldfields
  - Coolgardie Health Centre
  - Coonana Health Centre
  - Esperance Community Health & Mental Health Unit
  - Esperance Hospital
  - Kalgoorlie Hospital
  - Kalgoorlie-Boulder Community Mental Health
  - Kalgoorlie-Boulder Population Health Unit
  - Kambalda Health Centre
  - Laverton District Hospital
  - Leonora Hospital
  - Menzies Health Centre
  - Norseman Hospital
  - Ravensthorpe Health Centre

WACHS, Great Southern
  - Bremer Bay Health Centre
  - Gnowangerup District Hospital
  - Jerramungup Health Centre
  - Katanning District Hospital
  - Kojonup District Hospital
  - Plantagenet District Hospital
  - Tambellup Health Centre

WACHS, Kimberley
  - Broome Health Services
  - Derby Health Services
  - Fitzroy Crossing District Hospital
  - Halls Creek District Hospital
  - Kununurra District Hospital
  - Northwest Mental Health Ser.& Kimberley Com. Drug Serv. Team
  - Wyndham District Hospital

WACHS, Midwest- Gascoyne District
  - Burringurrah Nursing Post
  - Carnarvon Hospital
  - Coral Bay Nursing Post
  - Exmouth Hospital

WACHS, Midwest Murchison, Central West Mental Health
  - WACHS, Central West Mental Health Carnarvon
  - WACHS, Central West Mental Health Meekatharra

WACHS, Midwest Murchison, Geraldton Health Campus

Women and Newborn Health Service
- King Edward Memorial Hospital for Women
- Women’s and Newborn Health Service Breastscreen WA
- Women’s and Newborn Health Service Community Midwifery WA
- Women’s and Newborn Health Service WA Cervical Prevention Program

WA Private

Abbotsford Private Hospital
Albany Community Hospice
Attadale Private Hospital
Bethesda Hospital Inc
Glenrarry Private Hospital
Hollywood Private Hospital
Joondalup Health Campus
King’s Park Day Hospital
Marian Centre, The Mercy Hospital Mount Lawley
Mount Hospital
Mount Lawley Private Hospital
Peel Health Campus
Perth Clinic

Silver Chain Nursing Association
- Silver Chain Hospice Care Services
- Silver Chain Nursing Association Central
- Silver Chain Nursing Association East
- Silver Chain Nursing Association Lower Great Southern
• Silver Chain Nursing Association North
• Silver Chain Nursing Association Peel
• Silver Chain Nursing Association South

South Perth Hospital Incorporated
St John of God Health Care - Murdoch
• St John of God Murdoch Community Hospital

St John of God Hospital - Bunbury
St John of God Hospital - Geraldton
St John of God Hospital - Subiaco

NT Public
Alice Springs Hospital
Clinic 34 Darwin
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

NT Private
Darwin Private Hospital Private

Qld Public
Banana Health Service District
• Baralaba Multipurpose Health Service
• Biloela Hospital and Community Health
• Moura Hospital
• Theodore Multipurpose Health Service

Cairns Base Hospital and Mental Health & ATOD Services
• Atherton Hospital
• Alcohol, Tobacco and Other Drugs Service
• Gordonvale Memorial Hospital
• Innisfail Hospital
• Mareeba Hospital
• Mental Health Unit
• Mossman Multipurpose Health Service

Cairns Community and Primary Prevention Services
• Edmonton Community Health Centre
• Smithfield Community Health Centre

• Cairns North Community Health Centre
• Transition Care
• BreastScreen Queensland

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
• Alpha Hospital and Jerico Shire Multi-Purpose Health Service
• Aramac Hospital
• Barcaldine Hospital and Multi-Purpose Health Service
• Blackall Hospital
• Bouli Primary Health Centre
• Isisford Primary Health Centre
• Jundah Primary Health Centre
• Longreach Hospital
• Multaburra Primary Health Centre
• Tambo Primary Health Centre
• Windora Primary Health Centre
• Winton Hospital and Multi-Purpose Health Service
• Yakara Clinic

Children’s Health Services
Darling Downs - West Moreton Health Service District - Division of Mental Health
• Acute and Community Mental Health Service
• Extended Inpatient Services
• Integrated Mental Health Service - Ipswich
• Northern Downs MHS
• Southern Downs MHS
• The Park Centre for Mental Health

Darling Downs - West Moreton Health Service District – Toowoomba Sector
• Oakey Health Service
• Toowoomba 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
• Millmerran Health Service
• Stanthorpe Health Service
• Tara Health Service
• Taroom Health Service
• Texas Health Service
• Wandoan Primary Health Care Centre

Warwick Health Service
Darling Downs West Moreton Health Service District (West Moreton South Burnett Sector)
• Boonah Health Service
• Cherbourg Community Health Centre
• Cherbourg Hospital
• Downtown Community Health
• Esk Hospital
• Goomeri Primary Care Clinic
• Ipswich Hospital
• Kilkivan Primary Care Clinic
• Kingaroy Hospital & Kingaroy Community Health Centre
• Laidley Health Service
• Murgon Community Health Centre
• Murgon Hospital
• Nanango Hospital & Nanango Community Health Centre
• Park - Centre for Mental Health, The
• Proston Primary Care Centre
• West Moreton Health Service District
• Wondai Hospital & Wondai Primary Health Centre

Fraser Coast Health Service District
• Hervey Bay Hospital
• Maryborough Hospital

Gallipoli Barracks Health Centre
(Department of Defence -SQ)

Gladstone Health Service - Central Queensland Health Service District
Gold Coast Health Service District
• Gold Coast Hospital - Robina Campus
• Gold Coast Hospital - Southport Campus

Mackay Health Service District
• Bowen Hospital
• Clermont Multipurpose Service
• Collinsville Multipurpose Health Service
• Dysart Hospital
• Glenden Community Health
• Mackay Base Hospital
• Middlemount Community Health
• Moranbah Hospital
• Nelson Street Campus
• Proserpine and Whitsunday Health Service
• Sarina Hospital & Primary Health Care Centre

Metro North Health Service District - Redcliffe, Caboolture and Kilcoy Hospitals and MNHSD Sub-Acute and Residential Care Services
• Caboolture Hospital
• Kilcoy Hospital
• Redcliffe Hospital
• Jacana Centre, The
• Halwyn Centre, The
• Sub Acute Rehabilitation Service

Metro North Service District - Royal Brisbane and Women’s Hospitals and
MNHSD Oral Health Services
• Caboolture Dental Clinic
• GARU
• General Practice Services
• General Practice Services Child and Adolescent
• Oral Health Services Directorate
• Redcliffe Dental Clinic
• Royal Brisbane Women’s Hospitals
• Specialist Adult Services and Brisbane Dental Hospital
• Specialist Child Services and Children’s Oral Health Service

Metro North Health Service District - The Prince Charles Hospital and
MNHSD Primary and Community Health Services
• Biala City Community Health Centre
• Brighton Community Health Centre
• Caboolture Community Health Centre
• Chernoise Community Health Centre
• North Lakes Health Precinct
• North West Community Health Centre
• Nundah Community Health Centre
• Pine Rivers Community Health Centre
• Prince Charles Campus Mental Health Units
• Prince Charles Hospital, The
• Toowoong Community Health Centre

Metro South Health Service District – Community and Primary Health and Oral Health
• Moreton Bay Nursing Care

Metro South Health Service District - Logan / Beaudesert Hospitals
• Beaudesert Hospital
• Logan Hospital

Metro South Health Service District - QEII Jubilee Hospital

Metro South Health Service District - Redland & Wynnum Hospitals
• Duranbah Health Service Centre
• Redland Hospital
• Wynnum Hospital

Metro South Mental Health
• Logan Hospital Mental Health
• Princess Alexandra Hospital Mental Health
• Redland Hospital Mental Health

Mount Isa Health Service District
• Burketown Primary Health Care Centre
• Camooweal Primary Health Care Centre
• Cloncurry Hospital
• Djirra Health Centre
• Doomadgee Hospital
• Julia Creek Hospital
• Karumba Health Centre
• Mornington Island Primary Health Care Centre
• Normanton Health Services
• Princess Alexandra Hospital Queensland Tuberculosis Control Centre

Rockhampton & Yeppoon Hospitals & Integrated Mental H/S
• Rockhampton Hospital
• Yeppoon Hospital

Sunshine Coast Health Service District
• Caloundra Hospital
• Gympie Hospital
• Maleny Hospital
• Nambour General Hospital

Torres Strait & Northern Peninsula Area Health Service District
• Central Islands - Poruma Primary Health Care Centre
• Eastern Islands - Murray - Primary Health Care Centre
• Northern Peninsula Area - Cape York and Bamaga - Primary Health Care Centres
• Thursday Island Hospital
• Thursday Island Primary Health Care Centre
• Top Western Islands - Boigu - Primary Health Care Centre
• Western Islands - Mabulaiq - Primary Health Care Centre

Townsville Health Service District
• Ayr District Hospital
• Charters Towers Health Centre
• Cleveland Youth Detention Health Centre
• Evidente 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 Service Centre
• North Ward Health Campus
• Parklands Aged Care Facility
• Richmond Health Centre
• Townsville Hospital, The

Wide Bay Health Service
• Biggenden Multipurpose Health Service
• Bundaberg Hospital
• Childers Multipurpose Health Service
• Elderslie Multipurpose Health Service
• Gayndah Hospital
• Gin Gin Hospital
• Monto Hospital
• Mt Perry Health Centre
• Mundubbera Multipurpose Health Service
• Woombinda Multi-purpose Health Service

Qld Private

Allamanda Private Hospital
• Allamanda Surgicentre
• Pacific Private Hospital

Belmont Private Hospital

Blue Care - Logan / Ipswich & South Coast Clusters
• Beaudesert Community Care Service
• Beenleigh Community Care Services
• Burrenmore Palce Respite Services
• Commonwealth Carelink & Carer Respite Centre

Ipswich (West Moreton)
• Commonwealth Carelink & Carer Respite Centre

Logan Outpost
• Commonwealth Carelink & Carer Respite Centre

Varsity Lakes (South Coast)
• 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 & Care
• Milperra Cottage
• Redbank Respite Services
• Southport / Surfers Paradise Blue Nurses
• Southport / Surfers Paradise Community Care Services
• Springwood Community Care
• Tweed Coast Community Care Services

Blue Care Brisbane
• Acacia Ridge Day Respite Centre
• Allied Health Services - Carina Heights and Wynnum
• Ashgrove Day Respite Centre
• 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
• Redlands Community Services
• Southside Community Service Centre
• Unicare “Fulcher House”
• Volunteers Metropolitan
• West End Day Respite Centre
• Wynnum Lifestyle Services

Blue Care Central Queensland
• Callide Valley Community and Respite Services
• Capricorn Coast Community and Respite Services
• Central Queensland Allied Health
• Emerald Community and Respite Services
• Gladstone Community Care
• Longreach Respite Services
• Monto Community and Respite Services
• Moura Blue Nursing and Respite Services
• Rockhampton Community and Respite Services

Blue Care Far North Queensland
• Blue Care Atherton Respite Care
• Blue Care Cairns Community Care
• Blue Care Cairns Respite Care
• Blue Care Cloncurry Community Care
• Blue Care Far North Qld Cluster Office
• Blue Care Innisfail Community Care
• Blue Care Mossman Community Care
• Blue Care Mt Isa Community Care
• Blue Care Mt Isa Respite Care
• Blue Care Tablelands Community Care
• Blue Care Tully Respite & Community Care
• Commonwealth Respite and Carelink Centre

Blue Care Fraser Coast
• Biggenden Respite Services
• Bundaberg Allied Health
• Bundaberg Blue Nursing
• Bundaberg Respite Services
• D’hall Indigenous Community Care Packages
• Eidsvold Respite Services
• Fraser Coast Allied Health
• Fraser Coast Community Care Packages
• Fraser Coast Respite Service (Hervey Bay)
• Fraser Coast Respite Service (Maryborough)
• Gayndah Community and Respite Services
• Hervey Bay Nursing Service
• Maryborough Nursing Service
• Mundubbera Community and Respite Services
• North Burnett Community Care Packages
• Wide Bay Continence Advisory Centre

Blue Care North Queensland
• Blue Care North Qld Cluster Office
• Bowen Community Service
• Bowen Respite Centre
• Burdekin Community Service
• Burdekin Respite Care
• Charters Towers Community Service
• Charters Towers Respite Service
• Collinsville Community Service
• Commonwealth Carer Respite & Carelink Centre - (Artkenvale)
• Ingham Community Service
• Ingham Respite Service
• Mackay Commonwealth Respite & Carelink Centre
• Mackay Community Services
• Mackay Galaxy Program
• Mackay Homecare Dementia
• Mackay Respite Service
• Prosperine Community Service
• Sarina Commonwealth
• Sarina Respite Service
• Townsville Community Service
• Townsville Homecare Dementia
• Townsville Respite Service

Blue Care South West South Burnett
• Blue Care Allied Health
• Blue Care Allora / Clifton
• Blue Care Charleville
• Blue Care Chinchilla / Miles
• Blue Care Crows Nest
• Blue Care Cunnamulla
• Blue Care Dalby
• Blue Care Goondiwindi
• Blue Care Kingaroy / Nanango
• Blue Care Lockyer
• Blue Care Lowood / Rosewood
• Blue Care Maranoa
• Blue Care Millmerran
• Blue Care Murgon
• Blue Care Pittsworth
• Blue Care South West Burnett Cluster Office
• Blue Care Stanthorpe
• Blue Care Toogoolawah
• Blue Care Toowoomba Centre Based Day Care
• Blue Care Toowoomba Community
• Blue Care Warwick
• Commonwealth Respite & Carelink Centre - Toowoomba
• Maranoa Health Enhancement Program

Blue Care Sunshine Coast & Pine Rivers
• Blue Care Caboolture Community Care
• Blue Care Caloundra Community Care
• Blue Care Caloundra Respite Care
• Blue Care Coolum Respite Care
• Blue Care Gympie Community Care
• Blue Care Gympie Respite Care
• Blue Care Maroochy Community Care
• Blue Care Noosa Community Care
• Blue Care Redcliffe Community Care
• Blue Care Sandgate Community Care
• Blue Care South Burnett

Brisbane Endoscopy Services
Brisbane Private Hospital
Caboolture Private Hospital
Cairns Audiology Group Pty Ltd
Cairns Private Hospital
Caloundra Private Hospital
Clifton Co-op Hospital Ltd
Currumbin Clinic
Eden Rehabilitation Centre Inc
Hillcrest Rockhampton Private Hospital
Holy Spirit Northside Private Hospital
Hopewell Hospice Services Inc
Ipswich Hospice Care Incorporated
Karuna Hospice Service
Mater Health Services North Queensland Limited
• Women’s & Children’s Hospital
• Mater Hyde Park
• Mater Hospitals - Rockhampton, Yeppoon & Gladstone
• Mater Hospital Gladstone
• Mater Hospital Rockhampton
• Mater Hospital Yeppoon
• 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
Mater Misericordiae Hospital - Bundaberg
Mater Misericordiae Hospital - Mackay
New Farm Clinic
Noosa Hospital, The
Peninsula Private Hospital
Pine Rivers Private Hospital
Pittsworth & District Hospital
Friendly Society Ltd
Premier
ROQ (Toowoomba) Pty Ltd
Salvation Army, The - Recovery Services - Brisbane
Salvation Army, The - Recovery Services - Gold Coast
Salvation Army, The - Recovery Services - Townsville
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 Hospice Association Inc
Wesley Centre for Hyperbaric Medicine, The
Wesley Hospital, The

ACT Public

ACT Health
  • ACT Health - Community Health
  • Canberra Hospital, The
  • Mental Health ACT
Calvary Health Care ACT

ACT Private

Absolute Home Care Pty Ltd
Calvary John James Hospital
National Capital Private Hospital, The
Salvation Army, The - Recovery Services - Canberra
  • Salvation Army, The - Recovery Services – Shoalhaven

EQuiP Corporate Health Services

Alliance Health Services Group Pty Ltd
COACH Program Pty Ltd, The
Country Health SA Hospital Inc
Greater Southern Area Health Service
Healthcare Australia
Healthscope Ltd
Hunter New England Local Health District
Medibank Health Solutions - Telephonic and Online Services
Mental Health Services - State Office Tasmania
Mercy Health
Moira Healthcare Alliance Inc
National Health Call Centre Network Ltd
Northern Sydney / Central Coast Area Health Service
North West Area Health Service
Northern Health
Salvation Army, The - Recovery Services Department Head Office
Smith Sterilising
Southern Health - Corporate Services
Spotless Facility Services P/L
Sydney West Area Health Service

EQuiP Certification

ADF - Kathleen York House (Alcohol / Drug Foundation NSW)
Anam Cara House Geelong
Cairns Audiology Group Pty Ltd
Canberra Specialist Surgical Centre
Healthways Australia Pty Ltd
Hyperbaric Health Sydney
Surgery Centre Hurstville, The

EQuiP for DPC

Canberra Eye Hospital
Canberra Surgicentre, The
Marie Stopes International, ACT
Mugga Wara & Brindabella Endoscopy Centres
  • Mugga Wara Endoscopy Centre
Adori Day Clinic
Ashbrooke Cosmetic Surgery
Byrne Surgery
City West Day Surgery
Crows Nest Day Surgery
Dee Why Endoscopy Unit
Diagnostic Endoscopy Centre
Excel Endoscopy Centre
Healthwoods Specialist Centre

Lismore Private Day Surgery
Liverpool Day Surgery
Macquarie Street Day Surgery
Marsden Eye Surgery Centre
Metwest Surgical
Miranda Eye Surgical Centre
Mogo Day Surgery
NephroCare NSW
  • Nephrocare Bondi Dialysis Clinic
  • NephroCare Newcastle Dialysis Clinic
  • Norwest Private Hospital Dialysis Centre
Northern Cancer Institute (Frenchs Forest) Pty Ltd
Presmed Australia
  • Central Coast Day Hospital
  • Epping Surgery Centre
  • Ophthalmic Surgery Centre (North Shore)
Preterm Foundation
Primary Health Care Day Surgeries
  • Bankstown Primary Health Care Day Surgery
  • Sydney Day Surgery
  • Warringah Mall Day Surgery
  • Western Plains Day Surgery
Riverina Cancer Care Centre
Rosebery Day Surgery
Rosemont Endoscopy Centre
Skin & Cancer Foundation
Westmead Day Clinic
Southern Suburbs Day Procedure Centre Pty Ltd
Surry Hills Day Hospital
Vista Laser Eye Clinic of NSW
Cairns Central Day Hospital
Eastern Endoscopy Centre
Greenslopes Day Surgery
Haematology & Oncology Clinics of Australasia
  • Haematology & Oncology Clinics of Australasia
Chermside Medical Centre
  • Haematology and Oncology Clinics Australasia
Gold Coast Cancer Centre
Ipswich Day Hospital
Logan Endoscopy Services Pty Ltd
Marie Stopes International, Queensland
NephroCare Queensland
  • Allamanda Dialysis Clinic
  • Chermside Dialysis Unit
  • Henry Dabiel VC Dialysis Centre
Peninsula Eye Hospital
Queensland Eye Hospital
Southside Endoscopy Centre
Spring Hill Specialist Day Hospital
Townsville Day Surgery
Adelaide Day Surgery
Brighton Day Surgery
Day Surgery Management Group Pty Ltd
Hamilton House Day Surgery
NephroCare South Australia
  • Hartley Dialysis Clinic
  • Modbury Dialysis Clinic
  • Payneham Dialysis Centre
Oxford Day Surgery Centre
Parkside Cosmetic Surgery
Waverley House Plastic Surgery Centre
Eye Hospital, The
Steele Street Clinic
Chesterville Day Hospital
Coburg Endoscopy Centre
Croydon Day Surgery, The
Digestive Health Centre, The
Glen Endoscopy Centre, The
Heidelberg Endoscopy and Day Surgery Centre
Marie Stopes International, East St Kilda
Melbourne Endoscopy Group Pty Ltd
Monash Surgical Private Hospital
Nephrocare VIC
  • Forest Hills Dialysis Centre
  • Kew Private Dialysis Centre
  • Malvern Dialysis Centre
Reservoir Private Hospital Day Procedure Centre
Diaverum Pty Ltd - WA
  • Diaverum - Cannington Dialysis Clinic
  • Diaverum - Rockingham Dialysis Clinic
  • Diaverum - Stirling Dialysis Clinic
GI Clinic
Marie Stopes International, WA
NephroCare WA
  • Midland Dialysis Centre
  • Spearwood Dialysis Clinic
Perth Day Surgery Centre
Sentiens Pty Ltd

**EOuIP DPC Certification**

Macquarie Street Day Surgery
Mogo Day Surgery
Greenslopes Day Surgery
Oceania Oncology Sunshine Coast Pty Ltd

**QDN**

Barwon Division of General Practice
Blue Mountains GP Network
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 Ltd
NSW Central West Division of General Practice
Riverina Division of General Practice and Primary Health Ltd 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
Sutherland Division of General Practice Inc
General Practice Network NT Ltd
Moreton Bay General Practice Network
Adelaide North East Division of General Practice
Great Southern GP Network Ltd
Osborne GP Network Ltd
Pilbara Health Network
Electronic media


Monographs


Published papers


Comments

\- Senate Community Affairs Committee
  \- Inquiry into the National Health and Hospitals Network Bill 2010, Canberra.

\- House of Representatives Standing Committee on Health and Ageing
  \- Inquiry into National Health Reform Amendment (National Health Performance Authority) Bill 2011, Canberra.

\- Senate Community Affairs Committee
  \- Inquiry into Commonwealth Funding and Administration of Mental Health Services, Canberra.

\- Australian Government, Department of Health and Ageing

\- Australian Commission on Safety and Quality in Health Care (ACsQHC)
  \- National Safety and Quality Health Service Standards.
  \- Patient Safety in Primary Health Care.
  \- National Safety and Quality Health Service Standards and their use in a Model National Accreditation Scheme: consultation regulatory impact statement.
  \- Patient-centred care: improving quality and safety by focusing on patients and consumers.

\- NSW Health
  \- Accreditation Standards for Private Opioid Treatment Services in New South Wales Draft 2 May 2011.

\- National Pathology Accreditation Advisory Council
  \- Requirements for the Supervision of Pathology Laboratories (fourth edition).
  \- Requirements for Pathology Specimen Collection Centres (second edition).
  \- Requirements for the performance of anatomical pathology cut-up (third edition).

\- EQuIP5 Updates
  \- No. 01, March 2011.
Presentations 2010-2011

July 2010


‘Executive Development Program: leading and using accreditation strategically.’ Hong Kong Hospital Authority – ACHS and the Centre for Clinical Governance Research, UNSW. Three presentations:
- Strategic thinking
- EQuIP
- Accreditation.

August 2010


September 2010

Johnston, B. AAQHC Conference – workshop panel session. Topic: Does Accreditation work to Improve Quality and safety in Health Care?

October 2010

Johnston, B. ‘Getting the most out of accreditation’ ISQua Conference - pre conference workshop, Paris

‘Considering external evaluation - what does it mean?’ ISQua Conference Debate Session

November 2010


December 2010


‘Nutritional Care – The performance and assessment challenge’ National Hospital Nutrition and Hydration Summit.


February 2011


March 2011

Bichel-Findlay, J. Gastrointestinal endoscopy clinical indicators – are we heading in the right direction? The Inaugural Gastroenterological Nurses College of Australia National Conference. Melbourne VIC. March 2011.

Note: Activities related to surveyor development days, surveyor induction and those related to the introduction of EQuIP5, as well as the ACHS National Forum have been excluded.
LISTINGS
OVERVIEW OF PRODUCTS AND SERVICES

EQuIP5
Our core program, the Evaluation and Quality Improvement Program (EQuIP) requires member organisations to participate in a four-year cycle of quality improvement activities including self-assessment and on-site peer review. The new version of EQuIP, EQuIP5, was formally launched at the National Forum, held in Canberra, on 26 October, 2010 and was implemented into member organisations from 1 July, 2011.

Other products and services that ACHS offer to health services 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. The revised EQuIP5 Corporate Health Services was released in May 2011.

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 Day Procedure Centres – a tailored, three-year version of our EQuIP accreditation program specifically for private owned, stand-alone day hospitals. EQuIP Day Procedure Centres is a revised form of EQuIP for Day Hospitals and was released in March 2011.

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 specific industry standards as well as the ACHS standards and the relevant ACHS Guidelines.

Quality for Divisions Network (QDN) – developed for divisions of general practice 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.

Clinical Indicator Program – a data repository, analysis and reporting service provided by the ACHS to health care organisations. It provides comparative information on the processes and outcomes of health care. With more than 360 indicators and more than 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 health care organisations or groups to compare their own performance to National, State and Territory aggregates.

Customised quality improvement programs – For example, ACHS has designed tailored programs for South Australia and mental health services in Tasmania.

Education Support Service – provides a range of education services to members, surveyors, consumers and staff. ACHS offers an ongoing calendar of workshops which cover many aspects of health quality management. Also offered are customised on-site workshops for up to 25 staff, these can be tailored to cover interest areas which are determined in consultation with the individual organisations.

For more detail on any of our products and services, please visit our website: 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>
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<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’s 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>
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<tr>
<td>Consumer/patient</td>
<td>People who directly or indirectly make use of health services²</td>
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<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 healthcare⁴</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 knowledge⁵</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>Jurisdictions</td>
<td>The state and federal government agencies that have control and authority over the local health systems, the territory over which authority is exercised.</td>
</tr>
<tr>
<td>Member</td>
<td>An organisation participating in an ACHS accreditation program</td>
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<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>
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<tr>
<td>Policy</td>
<td>A documented statement that formalises the approach to tasks and concepts which is consistent with organisational objectives</td>
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<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 outcome⁶</td>
</tr>
<tr>
<td>Risk management</td>
<td>The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects⁶</td>
</tr>
<tr>
<td>Safety</td>
<td>Freedom from hazard⁶</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>
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</tbody>
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4. ACSQHC. List of Terms and Definitions for Safety and Quality.