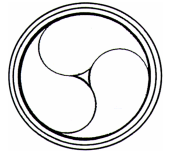


**Strategic Health Resources
Pty Ltd**



Company Profile

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Website: www.ihc.com.au

SERVICE PROFILE

**Health Facility Design &
Development
Furniture Fit-out & Equipment
Procurement
Clinical Practice Design
Interior Architecture
Facility Accreditation
Education Programs
Health Business Review**

HEALTH FACILITY CLIENTS

Australia

Royal Children's Hospital VIC
The Alfred Centre VIC
Freemasons Private Hospital VIC
Pacific Private QLD
Wonthaggi Public Hospital VIC
Peninsula Private Hospital VIC
Frankston Private Day Surgery VIC
Oral Maxillo Facial Services VIC
Knox Surgicentre VIC
Monash Day Surgery VIC
Footscray Day Surgery VIC
Murdoch Orthopaedic Day Surgery WA
Ramsay Health Care Group SA
Royal North Shore Hospital / Flinders Private
NSW
Sir John Monash Private Hospital Complex VIC
Whitehorse Private Hospital VIC
Eltham North Medical Practice VIC
Traralgon Dermatology Practice VIC
Brighton Plastic Day Care Centre VIC

International

Honaris Hospital – Jakarta, Indonesia
Vista Health Care – Singapore
Princes Court – Selangor, Malaysia

Aged Care Facilities

Claremont Terrace VIC
Lexington Gardens VIC
Little Para Gardens SA
Avonlea VIC
Summerwood Hostel VIC

Strategic Health Resources (SHR) global experience has positioned the company as a leader in the areas of medical equipment planning, equipment project management, clinical practice consulting and health service planning. The Company's dynamic and innovative attitude coupled with its reputation for quality and service has ensured that SHR's growth has been a natural progression and most often client initiated. Subsequently each new division has complemented and supported the existing services.

SHR evolved as an independent entity after previously existing as a division within another company, Integrated Health Care. This change has afforded more flexibility and an international presence, whilst retaining the expert knowledge and experience of the Integrated Health Care team.

SHR's point of difference in this field is that we provide "superior" expertise in relation to clinical practice, acute health-

care equipment specification, costing, procurement, usage and all associated special requirements. This allows our decisions to be the most cost-effective product / service choices possible for our clients, whilst ensuring those choices are taking into account the most relevant international and local knowledge applicable for new and "in research" technology and its effect on the "model of care".

Proven, experienced, clinically-trained planners serve as the liaison between the project manager, architect and other consultants, client hospital, clinical users, and the suppliers to provide clear and defined expectations and direction regarding user requirements and facility design. SHR also uses this core competency as a primary resource to an exceptionally talented, qualified educational division that provides services and resources including facilitating the interface with clinical and administrative staff undertaking hospital construction, procurement and design to introduce them to what is expected of them throughout the project.

CONTACTS

Lesley Alway
Director
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Kellie Alway
Director
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e-mail : kellie@ihc.com.au

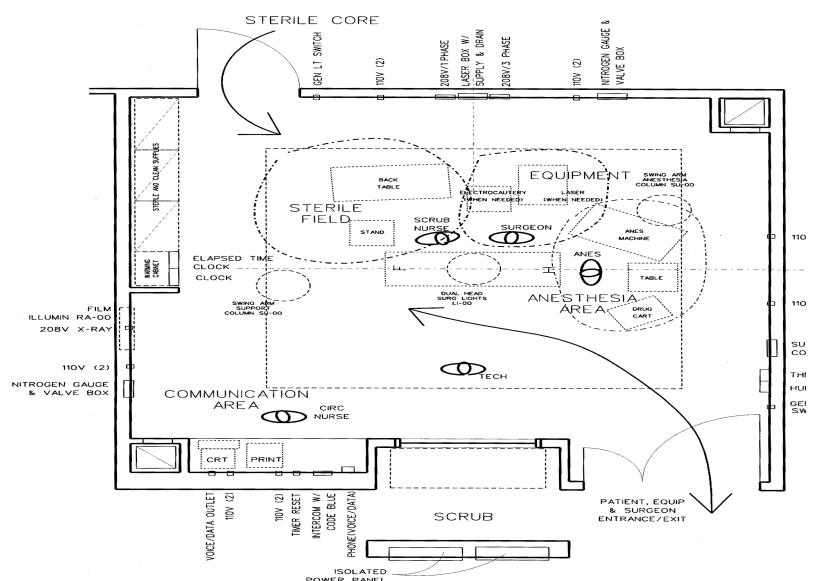
SCOPE OF SERVICES

HEALTH FACILITY PLANNING

SHR's core business until now has been in the provision of consulting advice in relation to the development of master plans, functional brief, design and build of hospitals and day surgeries (including the design of operational processes for each facility). Projects have been undertaken for private and public hospitals and integrated day surgeries.

The health-planning role incorporates the following areas:

- The provision of the functional brief incorporating all current health practice standards eg. Infection Control, electrical circuits, air conditioning requirements, occupational health and safety, medical record storage and other applicable standards to the design process, inclusive of producing room data sheets to direct the architectural input to the facilities.
- The two roles, that is Health Planner and Architect, although working in tandem, are distinctly different roles. The health planner acts on the client's behalf to:
 - interpret and identify the appropriate clinical standards
 - spatial relationship
 - work practices
 - staff flow
 - patient flows and
 - inward and outward goods flows, which are incorporated in the documentation for the facility
 - Equipment requirements.
- These activities are briefed to the architect who produces the drawings and supervises the inclusion of all the appropriate architectural standards and Building Code of Australia Practice Standards into the proposed drawings and documents for the new facility.
- Both members of the team take part in the various stages of the project to ensure that the interpreted information is transferred into the building fabric, fit out and completed by the successful building contractor.



SCOPE OF SERVICES

SPECIALIST EQUIPMENT, FURNITURE PLANNING AND PROCUREMENT

Effective medical equipment planning is crucial to the ultimate success of both new construction and renovation of healthcare facilities. As an integral part to the overall planning process, quality equipment planning will enable a project to **finish on time, within budget, with correctly allocated assets**, and without overtaxing existing staff. Given the speed of technological evolution in equipment-focused departments such as operating rooms, critical care, and imaging departments, clearly defined processes and a highly qualified equipment planning team are a necessity for success.

The extensive clinical experience of our staff recognises the **importance of clinician's needs**, whilst adopting a **common sense approach to standardisation**, when possible within and across facilities of like needs, always **mindful of patient and staff safety** when assessing and comparing products.

MEDICAL EQUIPMENT PLANNING SOFTWARE

Technology System and Applications

To execute equipment-planning duties, SHR uses proprietary software. The software supplies the industries broadest array of capital equipment management systems, including Plan, Budget, Design, Inquiry, and Predict. This resource is strongly supported via our **web based equipment database**, which provides **24-hour Internet accessibility** to our clients via a client password.

How does our software save time and money?

We have put years of equipment planning expertise right at your fingertips. The complete planning software and product database allows you to compile and access meaningful data in seconds, right from your computer.

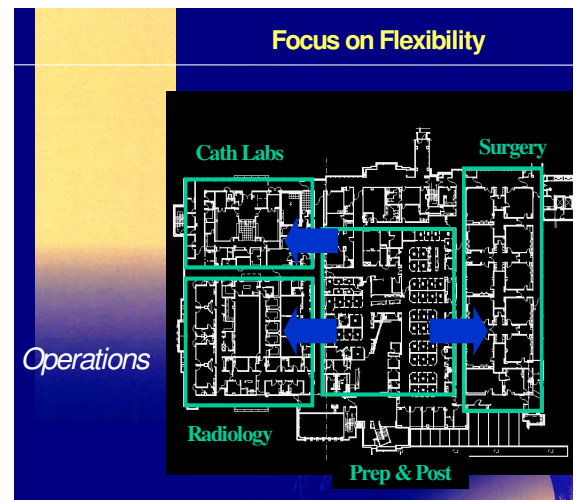
How does the project benefit from using our software?

We are able to create a project equipment budget in minutes rather than days. Access product data in seconds rather than hours. Share project information via a login access, distributed reporting, and download rather than printing and shipping. The entire project team will realise the benefit of faster access to information.

We solicit over 1000 manufacturers each year to verify the accuracy of our respective product listings and data.

We provide:

- Customisable department and room standards.
- Utility and footprint data for all architecturally significant items.
- Cutsheets and CAD symbols for more than 5,000 architecturally significant items.
- Real-time updates and enhancements.



SCOPE OF SERVICES

SPECIALIST EQUIPMENT, FURNITURE PLANNING AND PROCUREMENT

APPROACH

To ensure SHR meets all requirements of the client in the most effective manner the following activities will be undertaken by our company: -

- Comprehensive planning services for all Group I, Group II, and Group III equipment. Categories of equipment specifically.



- Participation in user meetings as necessary to provide input to the Project Team for medical equipment.
 - A survey can be undertaken of existing medical equipment and incorporated into the equipment list and budget.
 - Preparation and distribution of preliminary equipment budget by department and major equipment categories, including a Room by Room Equipment Requirements List.
 - Preparation of a Responsibility Matrix to define responsibilities for planning all equipment categories in order to minimise omissions and/or duplications in the planning and budgeting process.
-
- Meetings with Client to determine existing contractual and other Purchasing Group relationships in order to standardise products and determine reasonable assumptions for equipment pricing for budgeting purposes.
 - Preparation of a project schedule for all planning activities to make sure that major equipment milestones are established and fall within the overall project design schedule.
 - Prepare and distribute a room-by-room Schematic Design Equipment Requirements List based on the approved Program of Areas, interviews with client's staff and SHR's Room Standards. Provided in a user-friendly web based format.
 - Assessment and review of current Asset Registers to provide guidance for future capital expenditure.

SCOPE OF SERVICES

SPECIALIST EQUIPMENT, FURNITURE PLANNING AND PROCUREMENT



Cost Control and Schedule Achievement

SHR will ensure that the project finishes on time and within budget. SHR maintains an excellent record for meeting both project budgets and deadlines.

- Clear levels of responsibility and expectation are determined for all members of the equipment planning team.
- Regular organised communication ensures that each member is achieving their goals, which prevents late surprises in the planning process.
- **Early input by clinical users allows the planning team to better understand user needs.**
- Budgets are monitored throughout planning and execution. Budgets are updated regularly to reflect changes in cost and estimated buying discounts that may be achievable.
- **Up to the minute database availability to client via web based database.**

RECENT PROJECTS & REFERENCES :
Australian Based

RECENT PROJECTS & REFERENCES : AUSTRALIAN BASED

FRANKSTON PRIVATE DAY SURGERY

Frankston
Victoria, Australia
New Health Care Facility

Client Contact: Dr Michael Merrett
and Referee: Executive Director
61 3 9781 6900

Free standing state of the art Ambulatory
Day Surgery Centre with the following
services:

- Day Procedure Centre
- Short-Stay Facility
- Day Oncology Unit
- Radiotherapy Centre
- Radiology
- Pathology
- Pharmacy
- Cafeteria
- Consulting Rooms
- Conference Facility

In conjunction with the architectural team,
SHR was involved in the development of: -

- Health Planning
- Functional brief
- All schematic design
- Cost planning review
- Development of F,F&E requirements
and Equipment specifications
- Clinical Commencement of Facility.

Project Director : Lesley Alway

FRANKSTON PRIVATE DAY SURGERY



RECENT PROJECTS & REFERENCES : AUSTRALIAN BASED

THE ALFRED CENTRE

Melbourne
Victoria, Australia
New Hospital Construction

Client Contact: Mr Brian Stevenson
and Referee: Project Director
613 9276 2984

\$AU60m free standing state of the art
Ambulatory Day Surgery Centre.

In conjunction with the architectural team,
SHR was involved in the development of: -

- Health Planning
- Functional brief
- All schematic design
- Cost planning review
- Development of F,F&E requirements
and Equipment specifications.

Project Director : Lesley Alway

THE ALFRED CENTRE



THE ROYAL CHILDREN'S HOSPITAL

Melbourne
Victoria, Australia
Redevelopment Project

Client Contact: Mr Alex Campbell
and Referee: Project Director
613 9345 4903

Master plan for the redevelopment of the entire hospital complex. SHR provided all equipment planning activities (excluding ICT) for this 217 bed facility.

The new equipment budget was in the range of \$AU101m. In addition to this, a full asset re-useability review and review of current and future technological requirements was undertaken as well as estimation on price escalation to purchase date.

Project Director : Lesley Alway

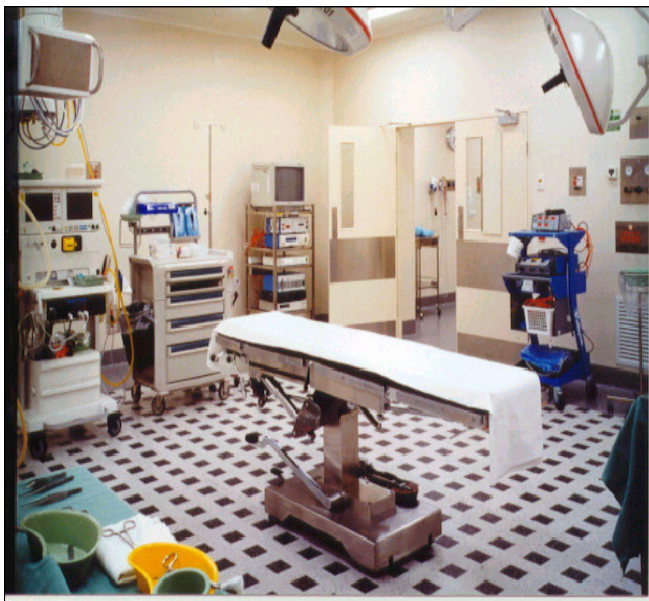
RECENT PROJECTS & REFERENCES : AUSTRALIAN BASED

PENINSULA PRIVATE HOSPITAL

Cranbourne
Victoria, Australia
New Hospital Construction

Client Contact: Ms Pat Quinn
and Referee: Chief Executive Officer
613 9788 3466

New green site facility, 120 beds, including accident & emergency, operating rooms, paediatrics, imaging, day surgery and involved moving all plant/equipment services, patients and staff from old hospital to new site. All acute care services and support activities.



In conjunction with the architectural team, SHR was involved in the development of: -

- Health Planning
- Functional brief
- All schematic design
- Cost planning review
- Development of F,F&E requirements and Equipment specifications.
- Project Complete

Project Director : Lesley Alway

KEY PERSONNEL



Lesley Alway

As the Managing Director of SHR, Lesley Alway has developed this wellness focussed Health Service Company to provide an integrated and responsive range of services to varied and inter-connected areas of health delivery.

Lesley's clinical based background has complimented her experience in surgical, anaesthetic practice, IFC, education and senior management, and have contributed to her current practice as a sought after health planner.

The development of Master Plan, Functional Briefs, Schematic Design, Design Development, Specialist Equipment Planning for building and design for major Health Care developments has been SHR's main activities in these projects. The Company also has become involved in the development and alteration of the delivery of patient / resident services and "Model of Care" for many clients.

The competency needs of the industry have been paramount in the development of the complimentary activities provided by Post-Graduate Education Services.

The 'growth' and development of professional management and clinical practice in Acute and Aged Care has provided a challenge and area of success for SHR, who has successfully achieved maximum accreditation results and markedly improved the financial outcomes for SHR both Acute and Aged Care sector clients. This has included building and certification design and implementation. Maintaining innovative and forward thinking strategies and designs for SHR clients is Lesley's focus. These goals are achieved by SHR having many professional affiliations, being a regular presenter at State, National and International conferences. Achievements in this area include Lesley previously being appointed to the Board of Directors of the Australian Private Hospitals' Association (Ambulatory Care).

Lesley is a past President of the Day Surgery Special Interest Group Victoria and has also been a member of DHS Victoria Planning Group on the Design of Aged Care Facilities, and was an expert reader for the newly published DHS Design Guidelines for Hospitals and Day Procedure Centres 2005. Lesley is currently a member of the Australian Day Surgery Nurses Association, as well as an Honorary Lecturer at Deakin University, School of Nursing and in this role has developed the first Day Surgery Post Graduate Education Program to be offered in Australia.

KEY PERSONNEL



Kellie Alway

SHR Director and Strategic Planning & Business Manager, Kellie Alway has a background in Psychology, Business Management & Marketing. These skills provide solid tools for her role at SHR.

Kellie Alway commenced her work in health marketing whilst studying. Her position included overseeing & coordinating Education Evenings for Day Surgeries & Private Hospitals. This basic grounding provided a strong understanding of the relationships between General Practitioners, Specialists and Healthcare facilities and a quality grounding in the Australian Health environment.

Kellie's experience in marketing was expanded to an international level with her role as International Sales & Marketing Manager for an Australian company manufacturing Interactive Simulators for the amusement market. She had responsibility for worldwide sales & development of appropriate marketing strategies for all products including full coordination of the Company's booth at International Trade Shows throughout the world.

Throughout these other roles Kellie continued her involvement with the family business, IHC, providing marketing direction & review of all strategies. She recommenced work with IHC in 1999 having expanded her business & marketing skills, however as she did not find the same fulfilment or sense of achievement in these other business sectors.

Since commencement with IHC, Kellie has founded & developed our General Practitioner Business Services division. This division has developed from a service providing amalgamations to smaller practices through the "GP Links" government program and has grown from strength to strength. It now provides numerous services to General Practitioners throughout Australia including recruitment services for over 30 General Practices throughout Australia.

Kellie's particular involvement in relation to FFE activities, is over-viewing the process to ensure that all of the client's requirements and needs are met throughout the project. She also works closely in the review of Asset assessment re usage and review and forecasting economic based activities.

When IHC commenced providing health management services to the Aged Care sector, Kellie's involvement included the areas of strategic planning, development of government funding & facility marketing. In the past three Approval Round processes for Aged Care Residential places, Kellie has lead a team that has achieved the allocation of over 300 Aged Care places (both High Care & Low Care) to our clients, representing a funding value of over \$13.5 million.

Kellie's ongoing area of special interest in the context of the Private Hospital sector is in relation to Health Fund negotiations. She undertakes this activity for client's hospitals and also those hospitals under management by IHC. Her ongoing involvement in this area has ensured Kellie has made strong relationships within the Health Fund sector and maintains a strong knowledge of this industry.

Kellie has recently been admitted to the Australian College of Health Service Executives as an Associate Fellow and has recently completed Post-Graduate study in Psychology.

Kellie is an experienced professional facilitator and is an integral part of the SHR Team.

CONFERENCE PAPERS & PUBLICATIONS

CONFERENCE PAPERS BY L. ALWAY

- Domicillary Nursing in Australia
International Conference on Day Surgery, Perth 1994
Victoria DSSIG, Melbourne 1995
NSW DSSIG, Sydney 1995
- Universal Precautions
Australian Dental Association Meeting, Monash 1995
- Developments in 23 hour Care Centres
DSSIG, Bendigo 1995
- Future Developments in Domicillary Care and Community Nursing
NSW Day Surgery Conference, 1995
- Designing the Future in Day Surgery
Ausmed Conference, 1995
- International Day Surgery 2000
International Conference. Adelaide 1996
- Implementing change in Health Sector
National Sales Meeting
Stennings Company, 1996
- Modified Discharge Criteria
National Day Surgery Conference
Cairns, 1997
- Domicillary Nursing Care
National Day Surgery Conference
Cairns, 1997
- Australian Day Surgery Seminar, Sir John Monash Private Hospital, 1997
- Funding Issues in Day Surgery
Caring with Skill Conference – Surfers Paradise, Queensland, April 1998
- Pre Admission Clinics
Australian Day Surgery Conference - Darling Harbour, NSW, November 1998
- Looking to the Future – Pre Admission Practices
Day Surgery Special Interest Group – Royal Children's Hospital, 1999
- Australian View of Day Surgery
Federated Ambulatory Surgery Conference – Washington DC, USA, April 2000
- History of Day Surgery
Day Surgery Special Interest Group Conference – Crown Towers, Melbourne, Vic, May 2000
- Tales of Venice – An International Overview of Day Surgery – DSSIG Conference, Melbourne, 2000
- Aged Care Performance Measures of Retirement Villages and Aged Care Facilities – Sydney, NSW, March 2001

- Leadership, Image and Culture
Royal Australian College of Nurses Conference – Adelaide, SA, July 2005
- Day Surgery Conference 2005 - What's Happening in Day Surgery?
Australian Day Surgery Association – Marcoola Beach, Qld, October 2005

AGED CARE

- Developing Performance Measures That Deliver Accountable Results For Your Aged Care Facility
Performance Measures Conference – Sydney, 7th and 8th March 2001
- Maintaining the Momentum: Developing Performance Measures That Deliver Accountable Results For Your Aged Care Facility. ANHECA Annual Congress, Hobart, November 2001 **(attached)**

PUBLICATIONS

Alway, L. 'Day Surgery in Australia – Designing the Future', *Newsline*, March 1997. **(attached)**

Alway, L. 'Day Surgery – A Growing Industry', *Australian Hospital*, 1997.

Alway, L. 'Setting Up a Day Surgery Unit', *Asia Pacific Hospital*, June/July 1997.

Alway, L. 'The Day Surgery Alternative', *Perioperative Nursing*, April 1998.

Alway, L. 'Day Surgery Practice into the 21st Century', *Hospital & Healthcare*, October 1998.

Alway, K. 'Making your Health Facility more efficient with E-Business', *Hospital & Healthcare*, August 2002. **(attached)**

MAINTAINING THE MOMENTUM: DEVELOPING PERFORMANCE MEASURES THAT DELIVER ACCOUNTABLE RESULTS FOR YOUR AGED CARE FACILITY

BY LESLEY ALWAY

The first stage of the Accreditation process for Aged Care is well and truly over, now that the dust has settled how do we “Maintain the Momentum” of those hectic pre assessment days? These are some of the constructive steps that can be taken to ensure your facilities passage forward:-

- Review your action plan and accreditation report and develop a matrix for continuing compliance
- Introduction of Key Performance Indicators, to provide direction, and provide identifiable goals and outcomes

Debriefing and Strategic Planning Meetings

The first and most crucial step in this stage is to actually make time for Debriefing and Strategic Planning meetings. The meetings need to be at a time that enables the largest number of staff to attend and that you have their full attention for the meeting/s.

Within the discussion rewards, need to be given both in the form of verbal reinforcement and tangible rewards. Discussion also needs to occur to review what was learnt from the Accreditation process and what was a “surprise”.

The next step is to review Auditing outcomes and the education required. This information is used to set up your task matrix and also your services education program. It will also provide information for a cost analysis of your staff base.

For this meeting to be successful and ensure your staff willing pursue these tasks it must be impressed upon them that accreditation assessment was only one step in the ongoing process of accreditation. The process is also something that your staff as a group owns and must be empowered to believe it is the staff that has the power to make changes to their system.

Customer Service Culture

Considering your residents as “customers” as opposed to “residents” is the first step to developing a customer service culture within your service. The next step is finding out from your “customers” want. Within that process the answer to the customer should always be “yes”. Whilst commitments made to customers should be within the context of underpromising and overdelivering.

However if your customer has taken the time to make a complaint it must be considered seriously, as there is something wrong and a suitable solution needs to be found. If your service is already truly measuring all aspects of your service then you will have had some indication of your customers dissatisfaction prior to the specific complaint, which will have provided an opportunity to address the issue before it becomes a complaint.

But finally and most importantly remember your Mother was right ***show people respect!***

Education

After an Education program has been planned some further steps need to be taken to ensure that the education goals of your facility are managed and achieved in the long term.

There are some general activities that will help focus the programs such as developing agreed purposes and goals through the use of Key Performance Indicators. These factors can be guided

through regular feedback from residents, resident's families and other service provider in conjunction with feedback from staff appraisals and staff feedback.

Examine the skills available from within your existing staff for your education program, for those areas that are lacking look to access expertise outside of your service. A way to lessen the costs associated with undertaking education is to contact other local Aged Care facilities and see if they would like to share the costs and send their staff along for the same session. This contact with other local services will also provide the opportunity to network and gain some insight to how other services are travelling.

Audit Program

The first step is to check your audit program reflects accurately your action plan. It is just as important to Audit successful practices as it is to audit those not work as it provides positive reinforcement and encourages good morale. The audit program's aim should be to improve to a commendable level for each area.

All of these suggestions are helpful if only your Audit Program provides clear feedback and good traceability, without these factors the program will be of limited use. Simplifying documentation can help to achieve this ensuring that the language used is easily understood and written in plain English. Ensuring your staff at care delivery level are involved in the documentation well help to make certain they are able to comprehend the information.

Key Performance Indicators provide agreed outcomes to be achieved that you can measure performance against when undertaking your Audit Program. It also allows you to develop trend data and have quantitative measures that your staff can be responsible to whilst also validating what has been done or achieved. This information provides clear information on the positives and negatives of your service and then allows you to plan to achieve the best financial outcomes.

It is essential to tie together the activity, auditing, action and procedure in reassessing and implementation.

The outcome to these business strategies is to be able to confidently deliver your service with pride and confidence. Your staff will know "what to do" and deliver this service consistently and be able to address the issue proactively and positively if there is a problem.

From a senior management perspective you need to consider how your view effects your staffs acceptance and compliance. Is your cup half full or half empty? How do you staff perceive this? Developing strong mentoring relationships between management and staff will help to ensure all staff have the same goals and are heading in the same direction. It will also ensure that you have adequately educated staff who are committed to their roles due to job satisfaction and the future opportunities they now believe are within their grasp in Aged Care.

DAY SURGERY IN AUSTRALIA - DESIGNING THE FUTURE

BY LESLEY ALWAY

Major changes in clinical practice in both anaesthesia and surgical technique over the last twenty five years, together with increased pressure on hospital funding and productivity to produce more cost effective outcomes, has led to the development of the safe practice of Day Surgery as we know it today.

In 1980 a combined initiative of the surgical colleges established a working party on Day Surgery standards. In 1982 the first Free Standing Day Centre was established in Dandenong by Dr George Tippet, and is currently still functioning. In 1985 the National Day Surgery Committee was formed. By the end of 1995 there were 123 Free Standing Day Centres Australia wide, with thirty of those units being in Victoria.

Improvements in anaesthetic drugs and practices have led to better pre-operative assessment and intra-operative management. Surgical developments, such as Minimally Invasive Surgery, interventional Imaging practices, and improvements in equipment, allow procedures not previously considered to be carried out safely in a Day Surgery setting.

With the rapid recovery from anaesthetic drugs and modern pain management techniques, patients can be returned to a 'home safe' condition in a minimal period of time. Domiciliary nursing care, offering twenty-four hour on call follow-up of discharged patients, completes the quality assured product of Day Surgery care.

Advantages

Day Surgery allows for the treatment of large numbers of patients at less than in-patient surgical treatment costs for the same condition. Costs are reduced in the area of staffing as fewer overall staff are required because there is no need for weekend or public holiday staffing and also fewer ancillary staff are required. Some services can be contracted out or not required (for example, kitchen staff). There is the capacity for better utilisation of resources.

There are many advantages to patients and relatives, one of which is considerable reduction in the risk of nosocomial (hospital acquired) infection. Also there is a reduction in the risk of thrombo-embolism due to earlier ambulation. Patients suffer less from the anxiety related to separation from family, which is particularly important to children and the elderly. In addition, patients need to take less time off work and there is a quicker return to normal activities. Overall, both patients and relatives experience less stress and loss of income.

An important consideration in the Day Surgery situation is a change in discharge criteria to achieve 'home ready' patient status in which the patient is stable to go home and continue with their recovery. The criteria used to determine a patient's suitability for discharge is continually under review and needs to be based on clinical signs rather than time future. Towards this end, a discharge score has been developed to assist in standards being set.

Changing Anaesthetic practice has contributed to this new discharge criteria through the use of anaesthetic agents with a shorter action and decreased half-life. Combined with the increased use of these agents has been an escalation in the use of regional anaesthetics and the early introduction of

(pre-emptive) pain management. Good community based post-operative care is essential. This includes issues such as twenty-three hour care centres (short stay) where the patient stays less than twenty-four hours, but is allowed an extended period of observation without the expense of an in-patient stay. Also medi - hotel, particularly for country based patients and their families, as well as extended domiciliary care.

Future Directions

The incidence of Day Surgery use in Australia has the capacity for improvement to equal the current known levels experienced overseas. In order to achieve the goal of growth, the following areas must be addressed : patient education and awareness, medical practice guidelines, health funds support, increase in the level of health insurance. In addition, government directed initiatives need to be continually monitored and pro-actively implemented.

New technologies are being developed which will further reduce in-patient stay. These include tissue welding, in which no sutures are required, biostimulation that involves low laser power for improved tissue repair, and new minimal invasive procedures - Robotic Surgery techniques.

With changes in practice in non-surgical procedures and treatment, other areas are suitable for day surgery practice. These include : chemotherapy, pain clinics, haematological procedures (for example, venesection and blood transfusion), radiological procedures and sleep studies.

Day Surgery offers a safe, efficient method of caring for the patient undergoing surgery or medical treatment. It is an option that offers many advantages and is continually progressing and improving, and has shown excellent patient and carer acceptance.

MAKING YOUR HEALTH FACILITY MORE EFFICIENT WITH E-BUSINESS

BY KELLIE ALWAY

The health sector has always been at the leading edge of technology in reference to clinical applications however the application of the same level of technology to its business management processes appears to be viewed with much more fear and scepticism. The outcome of the unwillingness to adopt available technologies can lead to inefficiencies for business processes and inconvenience to the patient.

In Australia with half of all households (3.5 million households) owning a home computer and one quarter (1.7 million) having access to the Internet from their home, Australian society has been quite fast in its uptake of this level of technology. But the real question for the health sector is how can this technology be used to our benefit and the benefit of our patients?

There are three main areas for health facilities to benefit from the use of E-business: -

- ✓ Efficiencies in internal business operations
- ✓ Interacting and contacting patients and health professionals (Nurses, Doctors and all other allied medical staff)
- ✓ Developing professional performance ie. Staff education, interactive forums and online research

E-BUSINESS AND MAKING YOUR HEALTH FACILITY MORE EFFICIENT

Areas of ongoing frustration for any Health Facility Manager is the reporting information, insurance, billing and other forms of general reporting information required to fulfil regulatory requirements and health insurers' needs. Many of these processes can be streamlined by the use of Internet-based transactions.

The "war" of paper continues in reference to patient records. But this area is somewhat more controversial in its use of the Internet. The paper version of the patient record is time consuming in its access and is only available through access at the facility. Storage utilising an Internet document management service like "iRetrieve" makes the patient record available from any computer that has access to the Internet as long as the User has the appropriate security clearance for usage. All information is uploaded in the form of either an electronic file (typed transcription) or scanned image which is then stored in indexes similar to the way paper records are stored for easy subsequent use.

This digital form of electronic file storage is a major benefit for chronic problem of archived patient record storage and retrieval. With requirements for Patient Records to be stored for up to 25 years this efficient method of storage and retrieval will be a "must" in the longer term and needs to be embraced sooner rather than later.

This document management system enables your patient records to be more accessible to your Specialist Doctors and Nursing staff, enabling them to review and update records off site. There is no risk of copies being left on the PC after accessing patient information as no information is written to the temp directory as would usually occur. While the efficiencies achieved for nursing/administration staff can be enormous. Time and motion studies have shown that it takes approximately 16 minutes to prepare an average patient record of 25 pages for faxing to other specialists or replicating for Workcover or legal needs. Whereas utilising a facility like "iRetrieve" to look up a patient record and then initiate the faxing or printing sequence takes on average 90 seconds. By utilising this system patient records can never be lost, misplaced or missing when a second person attempts to access the file.

For nurses working in environments such as Day Surgeries where Preoperative assessment is required and is frequently undertaken after hours, this type of system enables the Nurse to access patient files through a facility owned laptop at any time when not on site. It also allows for the patient's file to be

immediately updated and accessible onsite rather than awaiting it's physical return to the facility. Other potential benefits to nursing staff through the use of "iRetrieve": -

- Digital Archiving of records
- More than one staff member can access the record at the same time
- No more lost patient histories
- Time efficiencies in accessing patient charts
- Allows records to be replicated with only a few key strokes for forwarding to the likes of Workcover

However it still may be some time before we are able to enjoy the efficiencies offered by such a system.

BUT, BUT , BUT

Yes I know you are all saying that in reference to issues of privacy for patients. Just as this has been the overwhelming response to the issue of the "Smartcard" for national use in conjunction with a national health database containing details of patient' medical records. With the primary argument from the AMA being that "bureaucrats would be legally able to handle confidential medical records without a patient's consent", are all patient records always treated in a confidential manner within the existing provisions?

But back to the privacy issue in reference to "iRetrieve", this system has military-grade encryption technology protecting every transmission this process has met and exceeded the US government regulations for protecting patient information on the Internet (set forth by the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)). For staff to actually access patient records there is a two-factor authentication similar to that utilised by ATM cards and PIN numbers. To gain access to "iRetrieve" firstly you must have the appropriate "Security Card" software installed on your computer and then you must know the password that validates your specific card.

The security issues of this system have been dealt with sufficiently to encourage 102 medical practitioners to utilise "iRetrieve" from 15 facilities in the USA only 5 months after it's launch from initial beta sites.