



Annual General Meeting and Executive Workshop

Solving Impossible Problems in Health Care
[HRT 1406]

Friday 21 March 2014
Novotel on Collins
Melbourne

Confidential Briefing Package

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AGENDA

ANNUAL GENERAL MEETING & STRATEGIC WORKSHOP

Novotel on Collins, Melbourne, 270 Collins St, Melbourne

Meeting HRT1406

THURSDAY 20 MARCH 2014	
6.30 – 9.30pm	Member Dinner Open to Personal Members and one guest per organisation Meet at Novotel on Collins 6.15 pm and walk to dinner venue. Bluestone Restaurant, 349 Flinders Lane, Melbourne
Friday, 21 March 2014	
8.00 – 9.00	Board of Directors Meeting (Visitors welcome to attend)
8.00 – 9.00	Arrival Tea & Coffee
9.00 – 10.30	Annual General Meeting <ul style="list-style-type: none"> • Review of Key Activities – 2013 • Recognition of Health Roundtable Sponsors • Review of Annual Accounts and Directors' Report • Election of Board Members • Update on Succession Planning within The Health Roundtable
10.30 – 11.00	Morning Tea
11.00 – 12.00 pm	Keynote Presentation – Dr Vivian Lee Chief Executive of the University of Utah Health Service and the Dean of the School of Medicine Question and Answer Session
12:00 – 1:00 pm	Lunch
1:00 – 3.00pm	Workshop- Solving “impossible problems” in healthcare <ul style="list-style-type: none"> • How to tackle inefficiency • How to control our costs • What to do about tenure • How to work better in teams • How to foster collaboration
3.00 pm	Meeting Closes with Afternoon Tea
3.30 – 4.30 pm	Board of Directors' Meeting (with newly elected Board)

HRT1406 Participant List

Organisation	Guest speaker and Email	Position	Phone
University of Utah Health Care	Vivian Lee Vivian.Lee@hsc.utah.edu	CEO, Senior Vice President for Health Sciences; Dean, School of Medicine	+1 801-581-7480

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Keynote Speaker: Dr Vivian Lee
Chief Executive, University of Utah Health Care



A 1986 graduate of Harvard-Radcliffe College, Dr. Lee was awarded a Rhodes Scholarship to study at Oxford University (1986 – 1989), where she received a doctorate in medical engineering.

Returning to Harvard Medical School (1988 – 1992), she earned her M.D. with honors. She completed her residency in Diagnostic Radiology at Duke, where she also served as Chief Resident and trained as a fellow in Body and Cardiovascular MRI and Thoracic Imaging at NYU.

Dr. Lee completed an M.B.A. at NYU's Stern School of Business in 2006 and was among Crain's New York Business magazine's "40 under 40: New York's Rising Stars".

Since July of 2011, Dr. Lee has served as Senior Vice President for Health Sciences at the University of Utah, Dean of the University's School of Medicine, and CEO of University of Utah Health Care. In this position she is responsible for an annual budget of more than \$2.3 billion; a healthcare system comprising four hospitals, numerous clinical and research specialty centers like the Huntsman Cancer Institute and John Moran Eye Center, a network of 10 neighborhood health centers, an insurance plan, over 1,200 board certified physicians; and five colleges including the School of Medicine, the College of Nursing, Pharmacy, Health, and most recently, Dentistry.

Prior to coming to Utah, she served as the inaugural Vice Dean for Science, Senior Vice-President and Chief Scientific Officer of New York University Medical Center. Dr. Lee's primary responsibilities were to develop strategies for building science at NYU, developing and refining administrative structures, including enhancing core facilities and support services, and serving as an advocate for research within NYU and externally. In addition, she oversaw the launching of a new program to establish Centers of Excellence, upgrading core facilities and standardizing their operations, educational initiatives in grantsmanship, creating mechanisms to encourage and support programmatic research, and new programs in faculty career development.

Dr. Lee is a radiologist by training and is currently principal investigator for three NIH R01 grants. She has served as Chair of the Medical Imaging NIH study section and is a Fellow and past President of the International Society for Magnetic Resonance in Medicine (ISMRM). On the Editorial Board of leading journals in imaging, Dr. Lee has authored over 150 peer-reviewed research publications, and a popular textbook, *Cardiovascular MRI: Physical Principles to Practical Protocols* (Lippincott, 2006).

Dr. Lee's research focuses on the development of quantitative functional MRI for the improved understanding of physiology and disease. In 2005, 2011 and 2012, Dr. Lee received the Outstanding Teacher Award from the International Society for Magnetic Resonance in Medicine. In 2012, she delivered the ISMRM Lauterbur Lecture.




CORPORATE SPONSORS OF THE HEALTH ROUNDTABLE

The Health Roundtable offers corporate organisations the opportunity to participate in its activities to learn more about the issues facing major teaching hospitals. The following organisations agreed to support the activities of The Health Roundtable this year. In return, they are given the opportunity to participate in meetings where there is no direct conflict of interest and have agreed to abide by The Health Roundtable Honour Code to protect the confidentiality of all Roundtable discussions. The Health Roundtable welcomes appropriate participation in its discussions of key issues by health industry vendors.

For additional information, please contact the General Manager of The Health Roundtable.

Corporate Sponsors of The Health Roundtable	
	<p>Roche Products Pty Limited (Australia) is part of the International F. Hoffmann-La Roche Group worldwide that was founded in 1896 in Basel, Switzerland. Roche has grown from a small drug laboratory into one of the world's leading research-based Healthcare companies and is known for many innovative contributions to medicine.</p> <p>Arranged in two operative divisions, our global mission today and tomorrow is to create exceptional added value in healthcare. These two units are: Pharmaceuticals and Diagnostics.</p>
	<p>3M Health Information Systems has been the leading provider of clinical coding and grouping solutions to the health industry in Australia and New Zealand for more than 20 years</p> <p>The 3M Infection Prevention Division's mission is to reduce the cost and impact of health care associated infections.</p> <p>3M's Critical and Chronic Care Solutions Division covers patient needs from the hospital through to their homes, such as Catheter Related Blood Stream Infections, and chronic conditions such as venous leg ulcers.</p> <p>For more information, call 13 61 36 in Australia or 09 477 4040 in New Zealand www.3m.com.au/healthcare</p>
	<p>Pfizer Australia is a leading provider of pharmaceutical medicines and animal health products. We also provide a range of over-the-counter and infant nutrition products.</p> <p>For more than 70 years, Pfizer Australia has partnered with Government and healthcare providers to expand access to our medicines and vaccines to provide better quality health care.</p> <p>www.pfizer.com.au</p>
	<p>Novartis is caring and curing. We are committed to research and development and since 2007 Novartis has invested 20% of its net pharmaceutical sales globally in R&D – in Australia we invest around \$AUD 30 million annually.</p> <p>Our dedication to research drives innovation and we have one of the strongest pipelines in the industry. In Australia, the Novartis Group comprises of – Pharmaceuticals, Alcon, Sandoz, Consumer Health, Animal Health and Vaccines & Diagnostics. To find out more about who Novartis is, visit www.novartis.com.au</p>

CORPORATE SPONSORS OF THE HEALTH ROUNDTABLE CONT'D

 <p>ABC Activity BarCoding</p>	<p>Free up more time for treating patients and improve the accuracy of your professional time reporting by using the Activity BarCoding (ABC) System.</p> <p>The ABC System replaces paper diaries and data entry typing tasks with a portable barcode reader that instantly records the barcode label of the patient you are seeing plus codes for your key activities with the patient, as you deliver your service. It then takes just a couple of minutes to upload and review all your activity for the day. The system was designed from the ground up for busy health care professionals, with extensive management reports for you, your patients and referring departments.</p>
 <p>Qualitas CONSORTIUM Quality, Safety, Productivity</p>	<p>Qualitas is a multidisciplinary group of experienced healthcare professionals committed to quality, safety and productivity in health care.</p> <p>Qualitas is the agent for NHS Improving Quality in Australia and New Zealand and offers the highly successful Productive Series of Programs used by leading healthcare organisations throughout Australia and New Zealand.</p> <p>Each of these programs promotes a continuous improvement culture leading to significant benefits across an organisation including real savings in direct care time, reducing waste and improving staff morale.</p>
 <p>abbvie</p>	<p>AbbVie is a global, research-based biopharmaceutical company formed in 2013 following separation from Abbott Laboratories.</p> <p>The company's mission is to use its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world's most complex and serious diseases. AbbVie employs approximately 25,000 people worldwide and markets medicines in more than 170 countries.</p> <p>For further information on the company and its people, portfolio and commitments, please visit www.abbvie.com.au</p> <p>Follow @abbvie on Twitter or view careers on our Facebook or LinkedIn page.</p>

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436

ANNUAL GENERAL MEETING AGENDA

BUSINESS

- (1) To approve the minutes of the Annual General Meeting held on 22 March 2013
- (2) To receive, consider and adopt the financial statement of the company for the period ended 31 December 2013 and the reports by directors and auditors thereon.
- (3) To confirm Ronald Smith & Company is to continue as the company's auditor.
- (5) To elect Directors
 - a. In accordance with the Constitution, the longest-serving directors and those appointed to fill casual vacancies during the year are required to retire from the Board. These are: John O'Donnell, Margot Mains and Kim Hill.
 - b. These retiring directors are eligible, and offer themselves for re-election.
 - c. Additional nominations are sought from Personal Members to fill Board vacancies. The Board has a maximum of 11 members. Nominations for Directors will be received prior to the Annual General Meeting and will be voted upon at the meeting
- (6) General: to transact any business which may be lawfully brought forward.

The Health Roundtable Limited
MINUTES: 2013 Annual General Meeting
Sydney Swissotel – 22 March 2013

Attendees: Personal Members and those holding proxies as representative of Personal Members are listed in the Appendix.

The meeting was called to order by the President Ron Dunham at 9.30am.

On behalf of the members, Ron started the meeting by acknowledging the contribution that David Dean and The Health Roundtable team have made over the last 12 months. He asked members to encourage their colleagues to see The Health Roundtable as a collective valuable asset to support member health services reduce waste and improve quality of the health services.

1. Minutes of the Annual General Meeting 2012

Caroline Weaver and Donna O'Sullivan were added to the list of attendees and the motion to approve the minutes of the 2012 Annual General Meeting was made by Andrew Bernard and seconded by Greg Balla. The motion was carried unanimously.

2. Review of Key Activities for 2012

David Dean as General Manager of The Health provided an overview of the key activities and results for the 2012 calendar year. He acknowledged the financial support and advice and support for meetings from Roche, Blake Dawson, EFM Health Clubs, 3M and PICQ.

Currently there are 80 health services and 131 facilities as members of The Health Roundtable and the overall Relative Stay Index has reduced to 85%. The variation in RSI between states and territories has reduced with the RSI improving for all geographical areas. Over the last 4 years long stay patients have reduced to 12% of bed days freeing up 6% of bed days, and the DOSA rate has increased to 92%.

The Annual Report contains a summary of innovations presented at the inaugural Innovations Awards and at Roundtable meetings.

3. Review of the Financial Statement of The Health Roundtable

Andrew Bernard spoke to the financial report. In 2012, \$3.993 million was received in revenue with a surplus of \$125,711. The Health Roundtable now has \$605,000 in retained earnings primarily due to interest received of \$120,000. The motion was made by Mary Bonner and seconded by Kieran Keyes to adopt the financial statement of the company for the period ended 31 December 2012 and the reports by the directors and auditors thereon. The motion was carried unanimously.

4. Election of Directors and Officers

Under the constitution, there are 11 Directors who generally meet twice a year in person and twice a year by teleconference. The longest serving Directors and those appointed to casual vacancies are required to resign at the Annual General Meeting. All current and casual Directors offered themselves for re-election for The Board of Directors.

Max Alexander, Jane Holden and Shelly Park were nominated from the floor. Mary Bonner proposed the motion that these members are appointed to the Board of Directors and this was seconded by Andrew Bernard. They were then unanimously elected to the Board.

5. Appointment of Auditor

The motion was made and seconded to confirm the appointment of Ronald Smith & Co as auditors for the company for the next year. The motion was carried unanimously.

6. Other Business

There were no matters of general business.

Ron Dunham closed the formal proceedings of the Annual General Meeting at 10.30am.

Appendix 1 – Registered Participants at the 2013 Annual General Meeting

Voting Personal Members and Proxy Holders

Andrew Bernard	Mark Petty
Andrew Way	Mary Bonner
Brett Gardiner	Max Alexander
Caroline Weaver	Michael Daly
Cath Whitehurst	Michael Di Rienzo
David Blythe	Mish Hill
Deanne Turner	Peter Bradford
Dianne Wilson	Ray Dennis
Donna O'Sullivan	Robin Moore
Frank Daly	Robin Murt
Gayle Smith	Robyn Lawrence
Gillian Cossey	Ron Dunham
Greg Balla	Samantha Martin
Greg Flint	Shelly Park
Jonathon Anderson	Stella Ward
Kate Nolan	Stephen Ayre
Kieran Keyes	Sue Browbank

Non-voting participants

Christine Ellery
Lee Hamley
Rosemary Aldrich
Sue Harris

Health Roundtable Staff

David Dean	Peter Reeves
Aman Dyal	Pieter Walker
Bernie Mullin	Rohan Cattell
Bill Kricker	Wojciech Korczynski
Chris O'Gorman	Michael Hart
Kate Tynan	Nick Mitchell
Margaret Colville	Paul White
Paul Long	

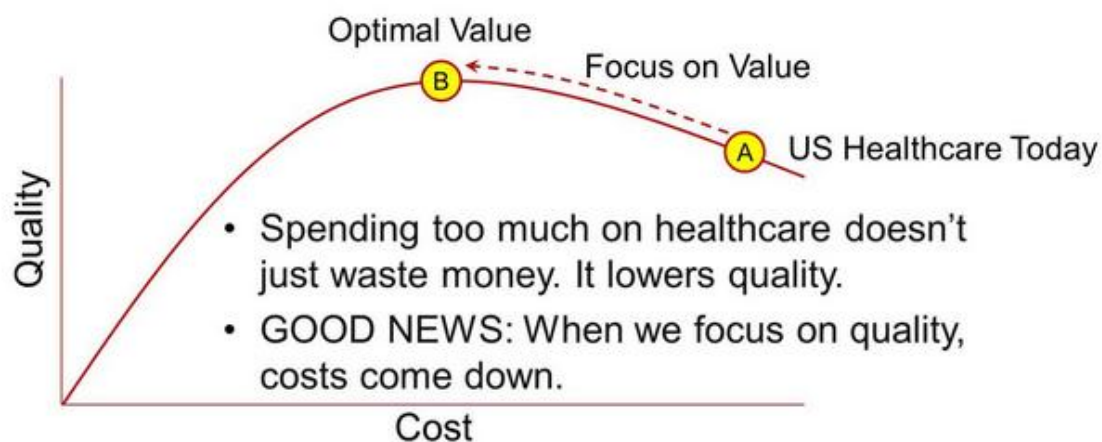
Visitors from University Healthsystem Consortium and Corporate Sponsors

Irene Thompson
Steve Meurer
Barbara Anason
Richard Lofgren
Scott Glasrud
Carmen Byrne
Jane Saphin

Executive Workshop: What are your Impossible Problems?

Example: How to Increase Quality AND reduce cost?

As HC Quality Increases Costs Decrease



That parabolic predictive model, with the US in it, looks very much like a notional graph we share at University of Utah Health Care whenever we talk about healthcare value, which is always. We refer to it as the quality-cost curve. The conversation goes like this:

- Our conceptual healthcare value equation is:
- To increase value, you can either improve quality or service, or you can reduce costs.
- But wait— quality and costs are related by the quality-cost curve.
- Today, American healthcare is at A, with fairly high quality but let no one say we've reached our potential.
- When we focus on value, we move along the curve toward B, optimal value.
- Thus, we can focus on quality, which is best for the patient, and the cost reduction will follow.

Source: <https://algorithms.utah.edu/groups/lean-in-health-care/blog/2014/01/15/healthcare-spending-life-expectancy>

ALGORITHMS FOR INNOVATION

2013 ALGORITHMS

ALGORITHM NO.1 TACKLE INEFFICIENCY Learn More	ALGORITHM NO.2 KNOW YOUR COSTS Learn More	ALGORITHM NO.3 REDEFINE TENURE Learn More	ALGORITHM NO.4 WORK IN TEAMS Learn More	ALGORITHM NO.5 LEARN TO SHARE Learn More
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2012 ALGORITHMS

ALGORITHM NO.1 FOCUS ON PRIMARY CARE Learn More	ALGORITHM NO.2 EMBRACE TRANSPARENCY Learn More	ALGORITHM NO.3 ENGAGE PHYSICIANS Learn More	ALGORITHM NO.4 NURTURE THE INVENTOR Learn More	ALGORITHM NO.5 BELIEVE IN STUDENTS Learn More
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<http://healthsciences.utah.edu/innovation/algorithms/index.php>

NOTES

My “Impossible Problems”	My Possible Solutions

NOTES

My “Impossible Problems”	My Possible Solutions

ACTION PLAN FOR _____

<p>HEALTH SERVICE DESTINATION (E.G. safety, timeliness, cost)</p>	
<p>PATIENT RELATED AIM (with goal, scope, and date)</p>	
<p>MOTIVATING THE ELEPHANT (Why should the CEO agree?)</p>	
<p>FIRST STEPS What are the key innovations you want to implement first? (Bright spots)</p>	
<p>SHAPING THE PATH How can you make the right action the easiest for staff and patients?</p>	
<p>KEY PEOPLE</p>	
<p>TRACKING PROGRESS (what daily measures?)</p>	

EXECUTIVE WORKSHOP EVALUATION
Solving Impossible Problems (HRT1406)
Friday 21 March Novotel on Collins, Melbourne

Please write your response to each item using the following 5 point scale.
5 = Strongly agree, 4= Agree 3 = Don't know 2= Disagree, 1=Strongly disagree

Key Statements	Rating	Comment
1. Overall this meeting met or exceeded my expectations		
2. Addressing our “impossible problems” is a major priority for my health service		
3. I feel prepared to implement at least one of the ideas discussed at the workshop		
4. Other health services provided useful insights and advice during the meeting		
5. The session provided adequate time to discuss key ideas and plans		
6. The opportunities discussed are (will be) useful to my organisation		
7 The venue and location were appropriate for this meeting		
8 The Health Roundtable staff provided professional help and support for this meeting		
9 The guest speaker(s) provided useful insights		
10. Overall, attending this meeting was a good use of my time.		

General suggestions on how to improve the next meeting: