

Australasian Health Facility Guidelines (AusHFG) User Survey - South Australia

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Centre for Health Assets Australasia

Australasian Health Facility Guidelines (AusHFG)
USER SURVEY - South Australia

Jane Carthey



BUILT ENVIRONMENT

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Produced by the Centre for Health Assets Australasia (CHAA)
The Faculty of the Built Environment, University of New South Wales.

Australasian Health Facility Guidelines (AusHFG) User Survey - South Australia
Centre for Health Assets Australasia

Author: Jane Carthey

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1. INTRODUCTION

1.1 Background

The Australasian Health Facility Guidelines (AusHFG) are an initiative of the Australasian Health Infrastructure Alliance (AHIA), formerly the Health Capital Asset Managers' Consortium (HCAMC) of Australia and New Zealand which was formed in 2004. The AHIA includes representatives from all State and Territory health jurisdictions in Australia and from the Ministry of Health, New Zealand. One of the purposes of AHIA is to support organisations to better plan, procure and manage their health capital assets. It works across Australia and New Zealand bringing together information, research, knowledge and practical experience about developing and managing health assets and infrastructure.

In 2005, the AHIA commissioned the Centre for Health Assets Australasia (CHAA) at the University of NSW to develop nationally endorsed health design guidelines for the briefing and design of health facilities. These were based on NSW focused guidelines (NSWHFG) that were in turn developed from web-based guidelines created by the Victorian Department of Health and Human Services in 2001-2002. The AusHFG have been available for use across Australia and New Zealand since December 2006. In mid 2007, NSW adopted the AusHFG as a replacement for the NSWHFG. Victoria continues to use the Design Guidelines for Hospitals and Day Procedure Centres (DGHDP) for health projects in that State.

As the AusHFG have now been in use for more than three years across most Australasian health jurisdictions, this survey will assist in assessing whether they are fulfilling the purpose for which they were developed, and determine how they may be improved as they continue to be reviewed and developed into the future. The results reported herein apply to **South Australian projects only**, but the survey has also been completed in other AHIA jurisdictions – New Zealand and NSW. Although only a very small number of respondents completed the survey in South Australia, when combined with the results from the other two surveyed jurisdictions, useful data is provided for consideration by all AHIA members in moving forward with the AusHFG project into the future.

1.2 Intent of the Survey

The AusHFG are intended to be used on all Australasian public health projects. They are also applicable to private sector projects but the extent of this use is unknown. Therefore, background information was collected regarding which professional groups are mainly using the AusHFG, on approximately how many projects they have been used; at what stages and on what types of projects (public/private; greenfields/refurbishment) they are being used.

The AusHFG are intended to be easily accessible via a publicly available website and are free to download and use. A peer review process is used in their development. Survey questions were asked to identify user satisfaction with the AusHFG in terms of content, format and delivery method; and potential areas for improvement.

In commissioning the AusHFG, AHIA anticipated a range of benefits from using the AusHFG on their health projects, therefore users were asked to rate their perceptions of how well the AusHFG are performing in terms of these benefits. Finally, users were asked whether they are interested in being

involved with ongoing review and development of the AusHFG into the future. When they answered in the affirmative, they were asked to email their details to the representative identified by the SA Department of Health. All users were then thanked for their participation in the survey.

1.3 Administration of the Survey

Ethics approval was granted for this research by the University of NSW Built Environment Faculty Human Research Ethics Approval Panel (HREAP) with approval number 105004 dated 24 February 2010. Specifically targeted at SA users of the AusHFG, the survey was conducted using an online survey tool (Survey Monkey). A list of SA-based health facility industry professionals familiar with the use of the AusHFG on SA health projects was identified by the SA Department of Health and these people were personally invited by email to participate in the survey. A generic web link was also generated for the survey and participants were asked to forward this to colleagues who may also have wanted to participate.

The questions focused on three main subject areas: profile of users including professional background and extent of use of the AusHFG on SA projects; satisfaction with the format, content and mode of guideline delivery; and assessment by users as to whether the AusHFG are achieving the benefits anticipated by the project funding bodies when they originally agreed to the initiation of the AusHFG project in 2005. The survey asked 25 questions, all of which required a response for progression through the survey. In addition to closed questions (usually multiple choice), there were opportunities provided for participants to provide additional comments throughout the survey. All responses were kept confidential and consolidated results only were analysed. Thirty-five people were invited by email to participate with eighteen people responding to the survey (17 by email invitation – 48%; and one via the generic weblink), however only eight respondents (22%) completed the survey in its entirety. There was a high attrition rate as the survey progressed.

2. SURVEY RESULTS

2.1 Background of Survey Respondents

Only 9 respondents (50%) indicated that they had used the AusHFG to inform the briefing, design, construction or post occupancy evaluation of SA hospital projects. Those who had not used the AusHFG in this way were thanked for their participation and then generally offered the opportunity to exit the survey although not all did.

Practice jurisdiction

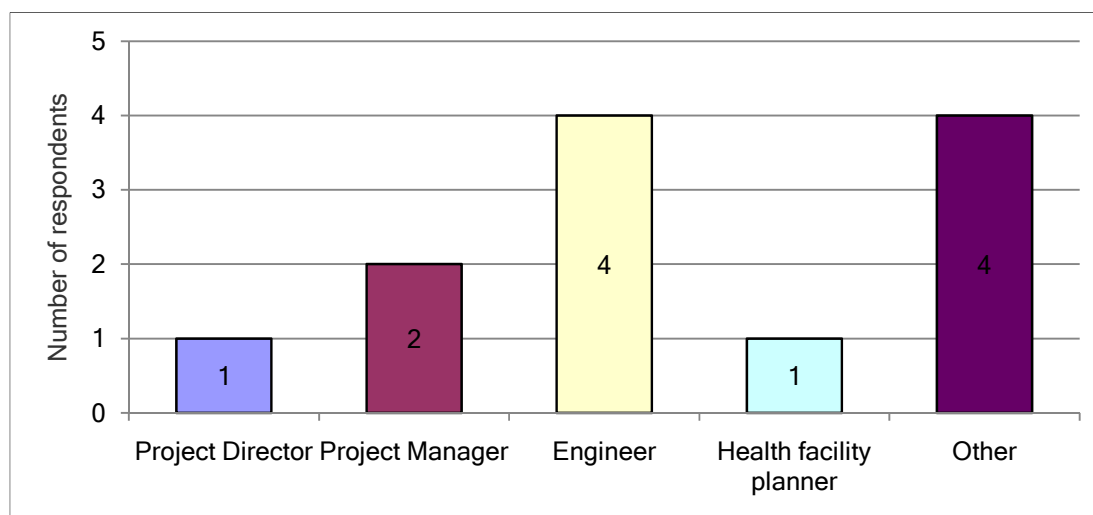
12 respondents (100% of responses to this question) identified that they mainly practice in South Australia (question 1.1). Six survey participants skipped this question.

Project role

Participants were asked to indicate their main role on a project (question 1.2). Engineers were the largest group with four responses. Two project managers, one project director, and one health facility planner responded. 'Other' respondents included: quantity surveyor; project risk manager; client

representative/team leader; strategic asset manager. No architects or other designers completed the survey, raising questions regarding the group invited to participate and the lack of response from those invited.

Figure 1: Main role identified on hospital projects (12 responses)



2.2 Use of the AusHFGs by respondents

Private and public sector utilisation

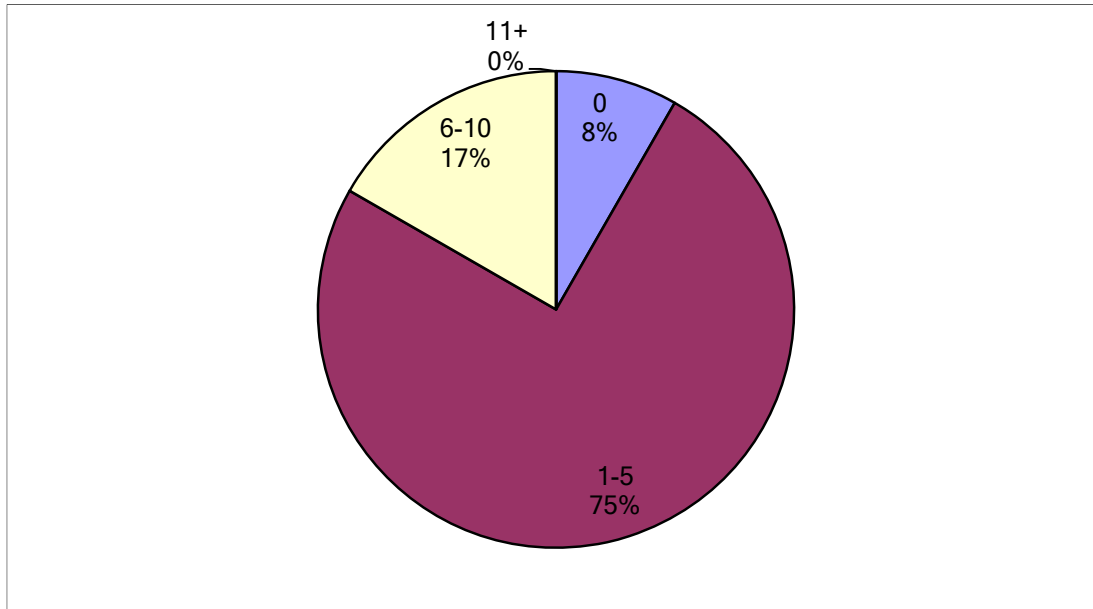
100% of respondents (12) have used the AusHFG for public sector hospital projects (question 2.1). Only one respondent has used the AusHFG for private sector hospital projects.

The survey sought clarification as to whether work was predominantly in the public or private sector. Three respondents indicated that they mainly work on public sector projects; one respondent indicated both public and private sector.

Extent of AusHFG utilisation

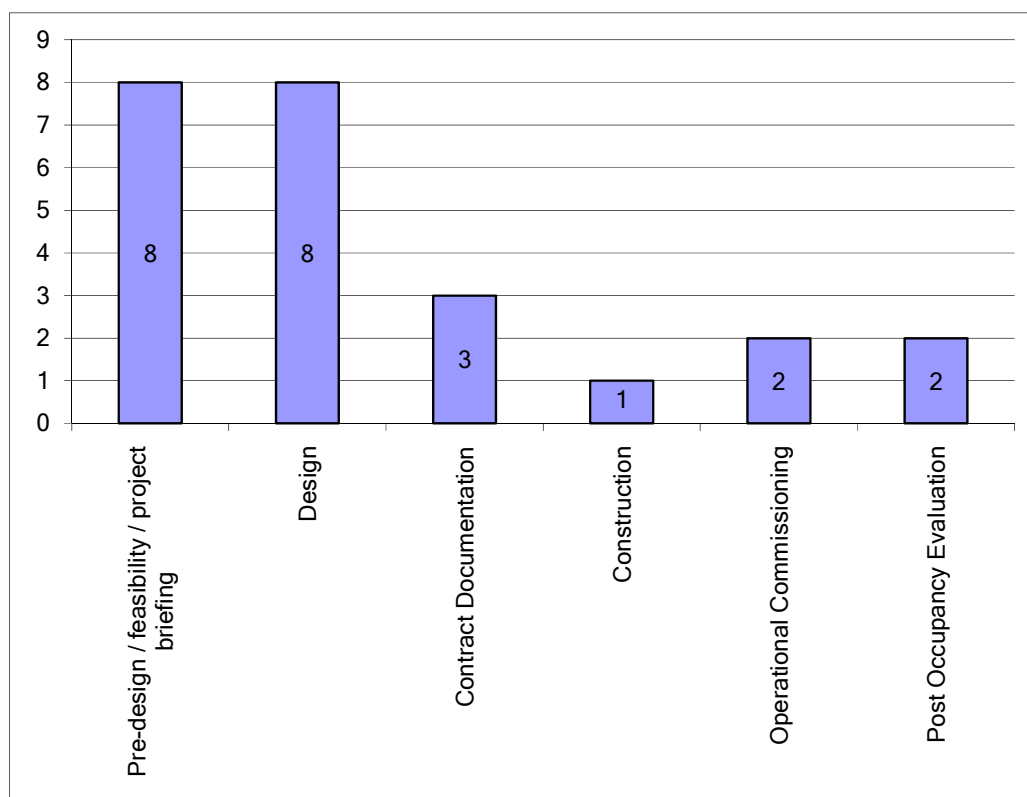
The AusHFG were launched in December 2006. Feedback was sought on the extent of utilization of the guidelines since that time (question 3.1). Nine respondents (75%) had used the AusHFG on between one and five projects. Only two people had used the AusHFG at least 6 times. One person had never used the AusHFG.

Figure 2: Number of hospital projects on which respondents have used the AusHFG used since December 2006 (12 responses)



Project stages at which the AusHFG is used

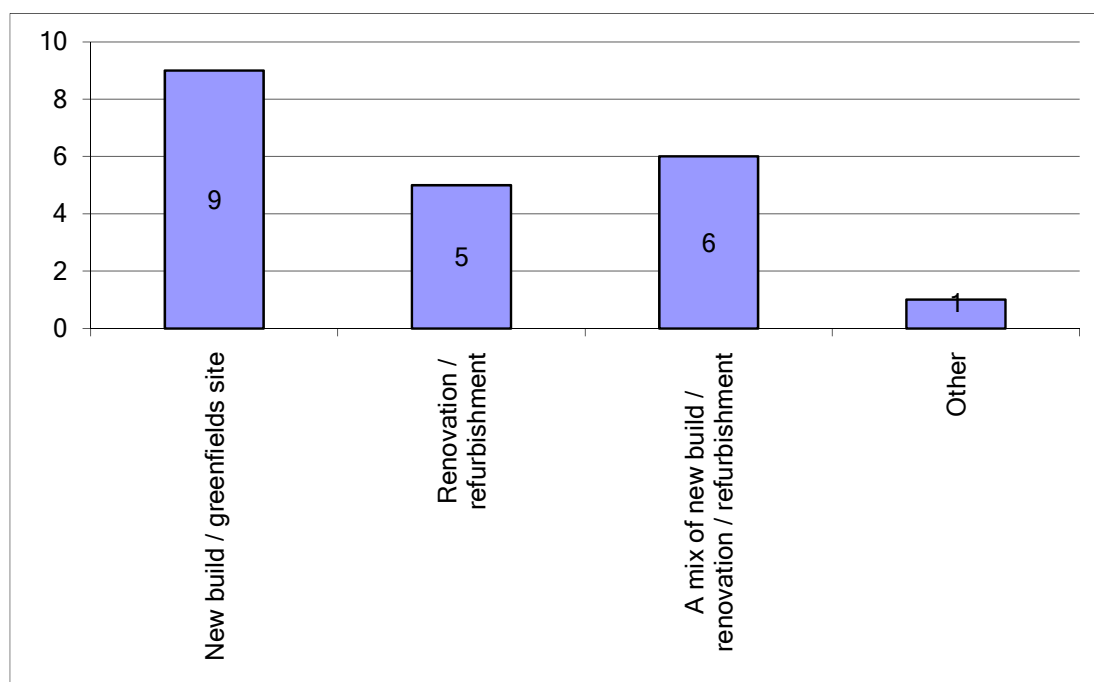
Respondents (12) were asked to indicate all project stages at which they had referred to the AusHFG (question 4.1). The AusHFG were most commonly consulted by respondents at the Pre-design/ Feasibility / Project Briefing stage and the Design stage (8 responses; 67% respectively). They were least likely to be used at Construction (1 response; 8%).

Figure 3: Summary of project stages at which respondents used the AusHFG for hospital projects (12 respondents)

Project type

Question 5.1 sought feedback on the types of projects on which the AusHFG has been used. The majority of projects for which the AusHFG were used were new build/greenfield sites (9; 75%). 50% of respondents had used the Aus HFG on a mix of new build/renovation/refurbishment projects (6 responses). 42% of respondents (5 responses) had used the AusHFG on renovation/ refurbishment projects. It is evident from these responses that application of the AusHFG needs to be sufficiently broad to accommodate the needs of both new build projects as well as projects which incorporate existing buildings. One respondent to this question had not used the AusHFG at all which raises the question as to why they persisted with undertaking the survey at all.

Figure 4: Types of hospital projects for which the AusHFG have been used

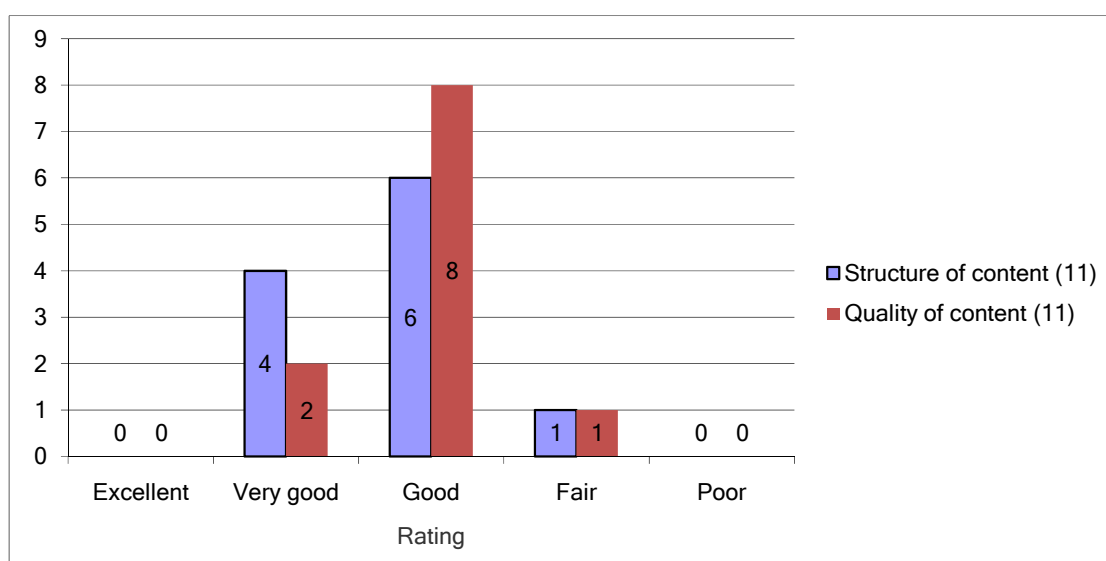


2.3 Satisfaction with AusHFGs

Structure, Organisation and Content

Survey participants were asked to evaluate the overall structure and organization of the AusHFG (question 6.1), as well as the quality of the content in assisting project briefing and design processes (question 7.1). The results are shown in the figure.

Figure 5: Evaluation of overall structure and content of AusHFG



No participants gave either the structure or quality of content an 'excellent' rating. Ten of the eleven respondents (91%) rated the structure and content of the AusHFG as 'good' or 'very good'. The structure of content was regarded more favourably than the quality of the content.

The following comments were made in relation to the AusHFG content:

- *The main issue with the AusHFG is that they tend to be a retrospective standard. On our current key project, we are using the AusHFG for routine utility and minor provisions only. We have created our own data sheets for the key rooms because the actual requirements are ahead of the current AusHFG with respect to theatre room sizes, single inpatient bed room sizes.*
- *The important issue is how the guidelines are developed to facilitate modern clinical planning models. It should be very clear how each guideline has been designed to achieve that.*
- *Not every issue can be solved in a current guideline. However major projects are designed for a long life. The guidelines should clearly identify what emerging issues have not been dealt with but are likely to be an impact over the medium term e.g. the need to provide in operating theatres for bandwidth solutions that have not yet been determined and the increasing technology that may need to be accommodated. This would be of considerable assistance in designing flexibility.*

Content of Part A – Part F

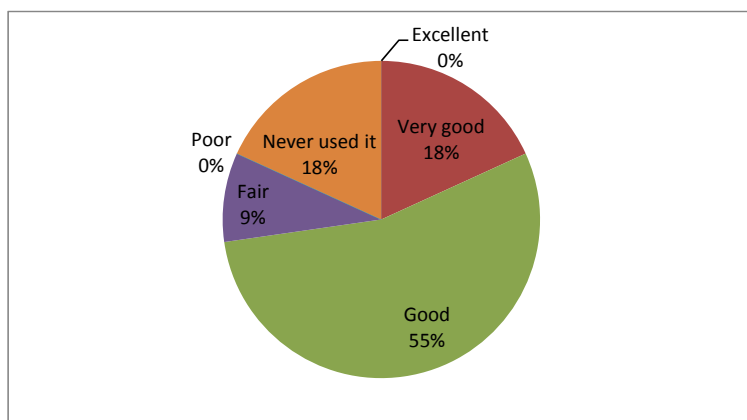
Survey participants were asked to rate the content of the various elements of the guidelines from Part A through Part F (Question 7.2). Respondents did not consider a rating of 'excellent' to be applicable to the content of the AusHFG, consistent with previous responses. Only Part E - Engineering services was rated as 'poor'. Between one and six respondents had not used the specified sections of the AusHFG, suggesting that a number of respondents were not particularly familiar with the content of specific Parts of the AusHFGs, which has a significant impact when working with this small sample.

Figures summarising the responses (11) follow.

Part A

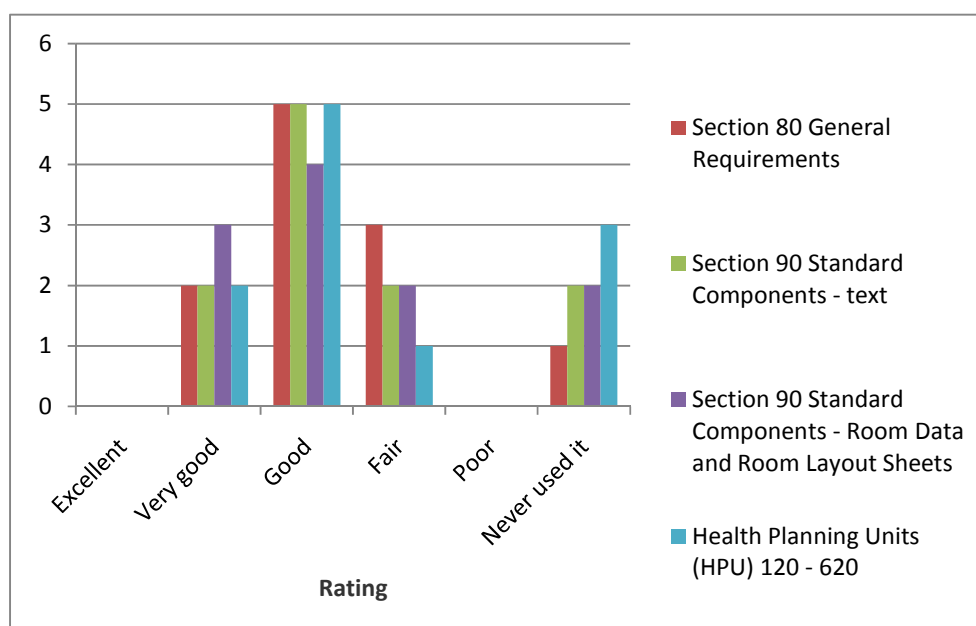
Part A contains instructions for use of the AusHFG.

- Two respondents (18%) considered the content to be 'very good'.
- Six respondents (55%) considered the content to be 'good'.
- Two respondents had never used Part A.

Figure 6: Evaluation of Part A: Instructions for Use (11 responses)**Part B**

Part B contains information relating to overall planning principles and operational policies (Section 80), specific HPU information (Sections 120-620) and Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) (Section 90). Key data are:

- All elements of Part B were rated 'good' or 'very good' by at seven out of 11 respondents (63%). 'Good' was the more common response, with the exception of Room Data Sheets and Room Layout Sheets.
- Three people rated the General requirements as 'fair'.
- Each of the elements of Part B had not been used by between one and three respondents.

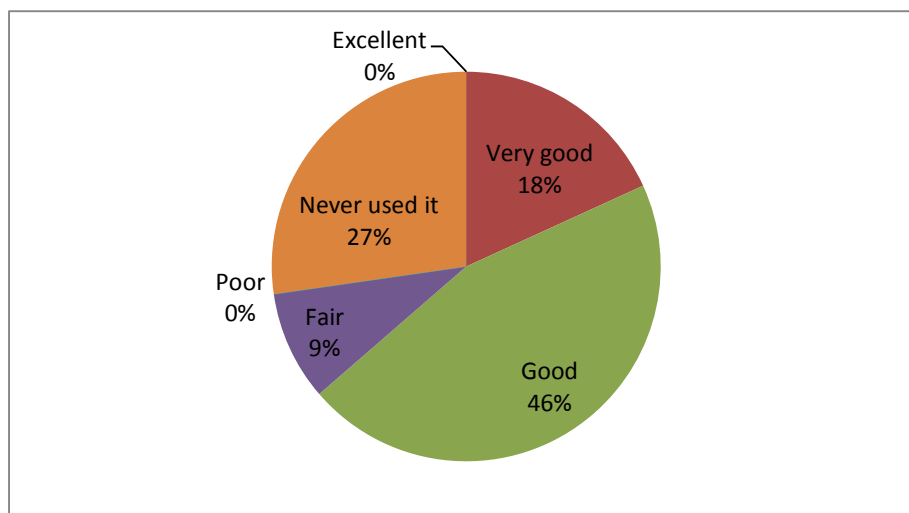
Figure 7: Evaluation of Part B – General Requirements, Standard Components, Room Data Sheets and Room Layout Sheets, Health Planning Units 120 – 620 (11 responses)

Part C

Part C contains information on Access, Mobility, OHS and Security.

- Two respondents (18%) rated Part C as 'very good'.
- Five respondents (46%) rated Part C as 'good'.
- Three participants (27%) had not used this section.

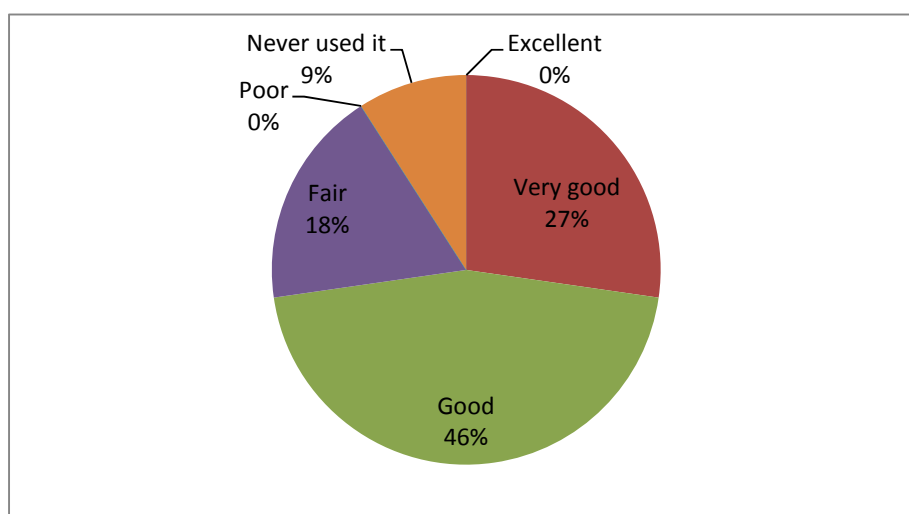
Figure 8: Evaluation of Part C – Access, Mobility, OHS, and Security (11 responses)

**Part D**

Part D contains information on infection prevention and control.

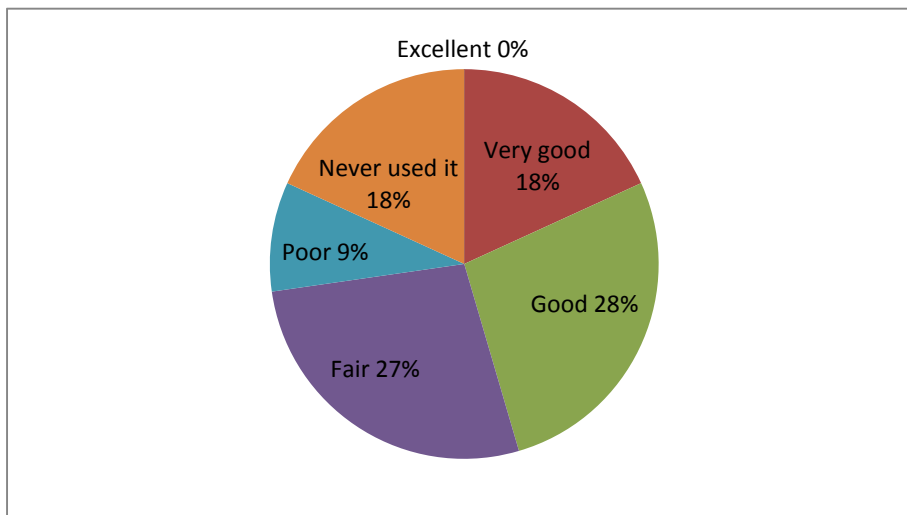
- Eight respondents (73%) rated Part D Infection Prevention and Control as 'very good' or 'good'.
- 18% of participants indicated that this section had 'fair' quality of content.

Figure 9: Evaluation of Part D – Infection Prevention and Control (11 responses)



Part E

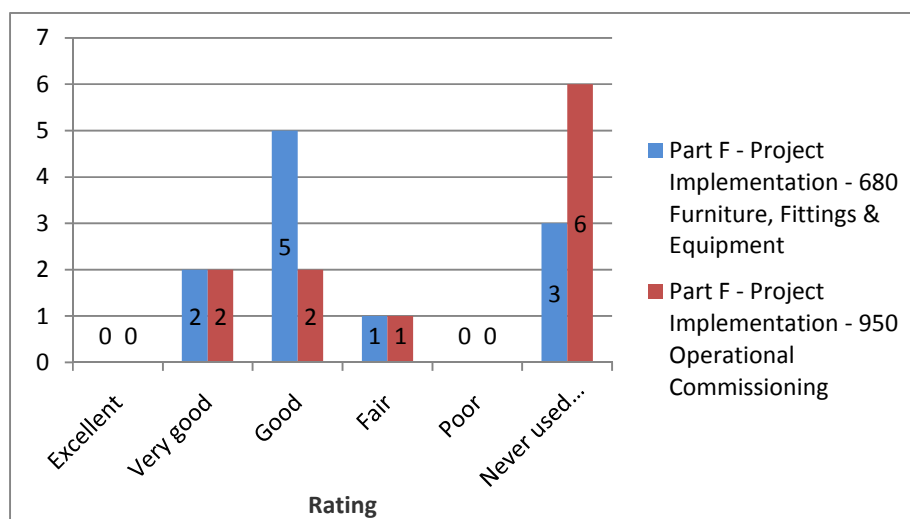
- Only 5 respondents (46%) rated the content as 'very good' or 'good'.
- 4 participants (36%) rated the content as 'fair' or 'poor', indicating this is an area for improvement.

Figure 10: Evaluation of Part E – Engineering Services (11 responses)**Part F**

Sections on Project Implementation (Part F) were poorly utilized by participants. Given that these are NSW-specific sections and provided for information only to other AusHFG users, this is perhaps not surprising.

- Six participants (55%) had never used information on Operational Commissioning
- Three (27%) had never used information on Furniture, Fittings and Equipment (FFE).
- Seven respondents (64%) rated FFE content as 'very good' or 'good'.
- Four participants (36%) rated Operational Commissioning content as 'very good' or 'good'.

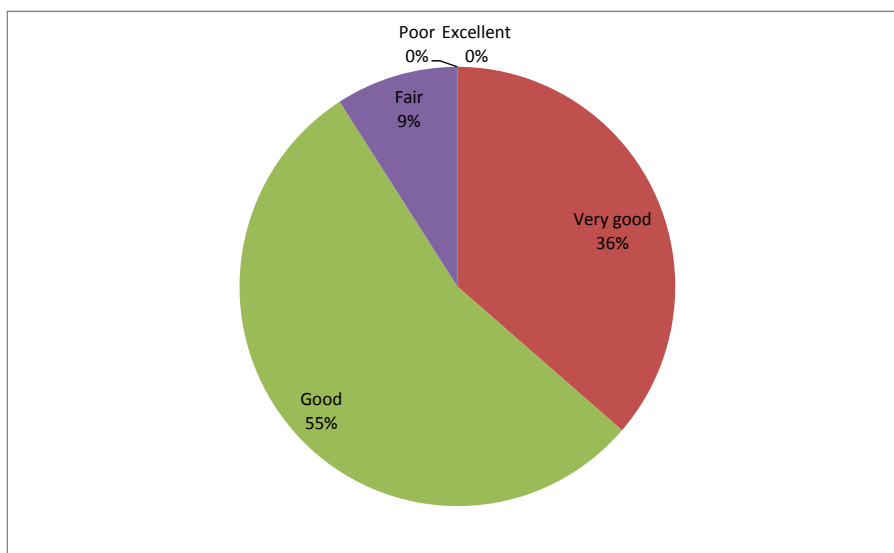
Figure 11: Evaluation of Part F Project Implementation – Furniture, Fittings and Equipment, and Operational Commissioning (11 responses)



Format

Participants were asked to comment on the format of the documents for ease of reading and understanding the AusHFG (question 8.1). The spread of ratings varied minimally from questions regarding structure (question 6.1) and content (question 7.1) demonstrating that these three elements are interrelated. Four respondents (36%) indicated the format for ease of reading and understanding was 'very good', and 6 (55%) rated it as 'good'.

Figure 12: Evaluation of the format for ease of reading and understanding the AusHFG (11 responses)



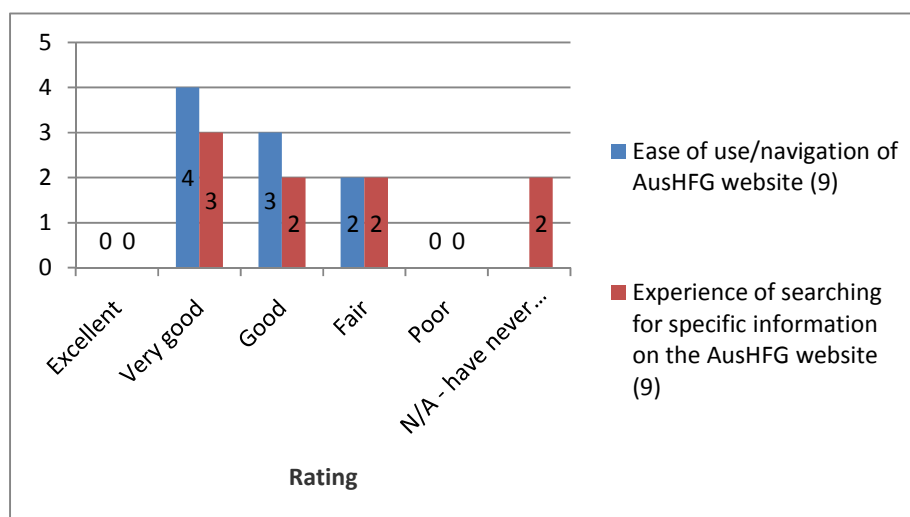
The following written comment was made in regard to this aspect:

- *The guidelines are essentially a structured text format. The next stage of development needs to look at a more dynamic format with greater use of navigation tools and imagery.*

AusHFG Website

Respondents were asked to comment on the ease of navigation around the AusHFG website as well as the ease of searching for specific information (questions 9.1 and 9.2). There was little variation in the rating of these anticipated benefits. Seven participants (78%) rated navigation around the website as 'very good' or 'good', compared with 5 (56%) who awarded these ratings for searching for specific information.

Figure 13: Comparison of ratings for ease of use/navigation of AusHFG website and experience of searching for specific information (9 responses)



The following comment was made in relation to navigation around the website:

- *It is a very comprehensive website with lots of information. By nature of the complexity it can sometimes be difficult to find the required information quickly.*

2.4 Effectiveness of the AusHFG in realizing anticipated benefits

Streamlining of project briefing and increasing reliability of estimates

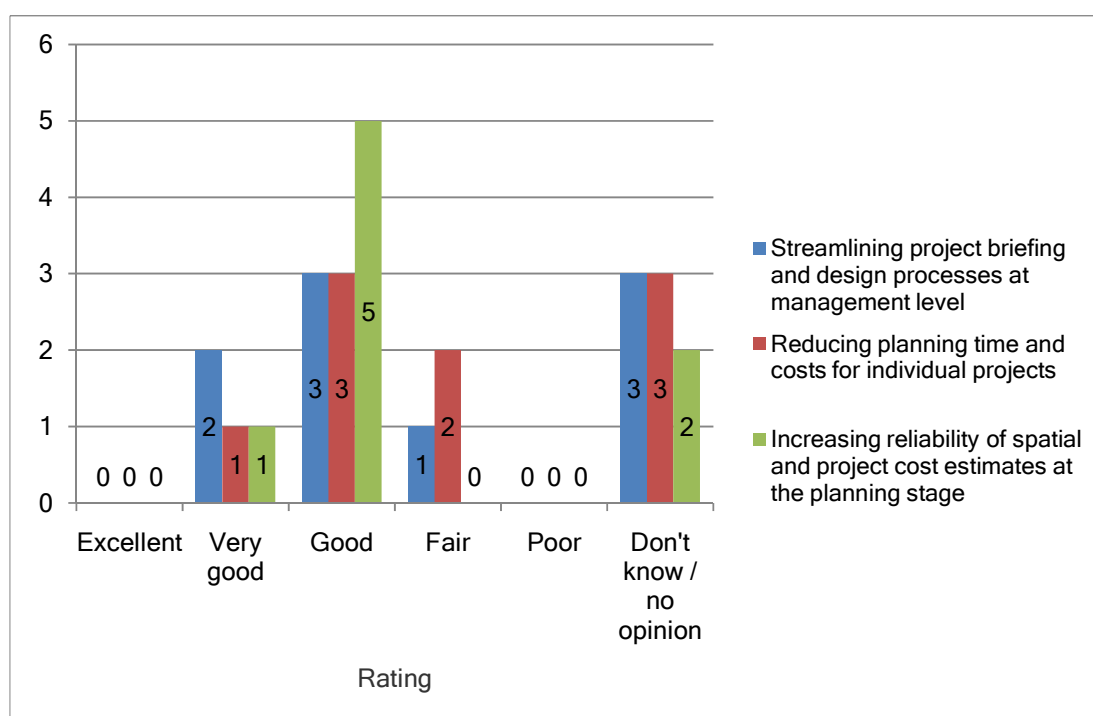
In separate questions respondents were asked their perception of the effectiveness of AusHFG in:

- streamlining project briefing and design processes at management level i.e. for health departments/authorities; capital asset managers; project directors (question 10.1)
- reducing planning time and costs for individual projects (question 10.2)
- increasing the reliability of estimates of spatial requirements and project costs at planning stages of projects (question 11.1).

The following observations can be made in relation to the ratings applied by the respondents:

- One third of respondents had no opinion as to whether the AusHFG had been effective in streamlining project briefing and design processes at management level, or in reducing planning time and costs for individual projects.
- Five respondents (55%) indicated that the AusHFG was 'good' or better as a means of streamlining the project briefing and design processes at management level.
- Four respondents (44%) rated the AusHFG as 'good' or better in terms of achieving reduced planning time and costs for individual projects.
- Six respondents (66%) evaluated the AusHFG as 'good' or better in relation to increasing reliability of spatial and project cost estimates at the planning stage. Two respondents had no opinion.

Figure 14: Effectiveness of the AusHFG in: streamlining project briefing and design processes at management level; reducing planning time and costs for individual projects; increasing reliability of spatial and project cost estimates at the planning stage (9 responses)



The following comments were included in response to the effectiveness of streamlining project briefing and design processes at management level:

- *The reliance on the guidelines can be overstated. On some projects future proofing is required that is greater than that allowed for in the guidelines. This can become a sticking point between stakeholders. A greater emphasis on the use of the AusHFG as guidelines rather than design rules might be beneficial.*
- *The AusHFG provide a common base for all projects that is well detailed and avoids the need for repetitive generation of data. The down side is that the health environment always ratchets*

space demand upwards (rooms rarely reduce in size). For the new RAH whilst the main single bedrooms and theatres/procedure rooms are large, we are striving to create more multiple use areas that reduce space demand elsewhere. AusHFG can in that circumstance restrain the end objective.

- *The effectiveness of the AusHFG in streamlining project briefing and design processes is at pre-design stage.*

The following comments were provided in relation to the effectiveness of AusHFG reducing planning time and costs for individual projects:

- *The impact is not necessarily in time and cost as there is still a requirement for user involvement. The AusHFG do however provide a valid basis for discussions.*
- *For conventional projects there is streamlining and timesaving. For new models of care delivery their impact is lessened.*

The following comment was received in relation to the reliability of estimates of spatial requirements and project costs at planning stages of projects:

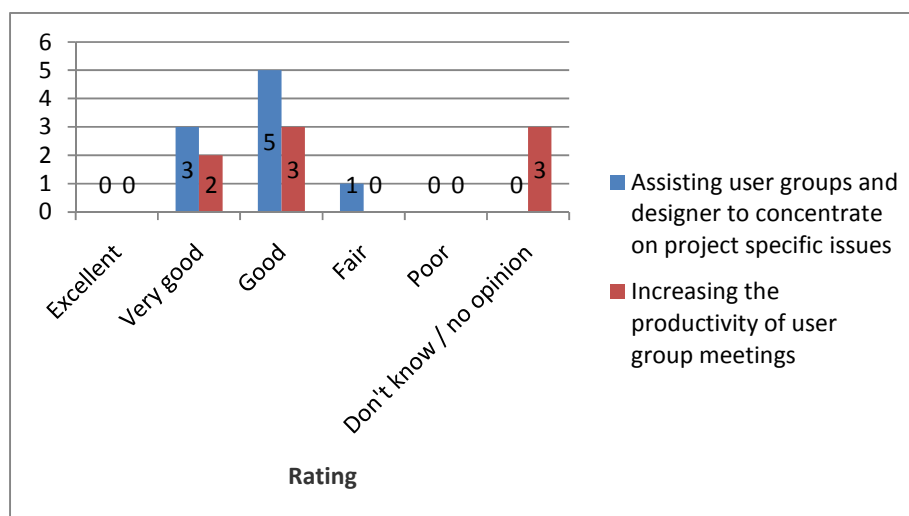
- *Generally very good - some variations e.g. Theatres etc.*

Increasing the effectiveness of user groups

Respondents were asked to rate the effectiveness of the AusHFG in assisting user groups and designers to concentrate their efforts on project-specific issues including design features (question 10.3), as well as increasing the productivity of user group meetings (question 12.3).

- In respect of allowing user groups and designers to focus on project specific issues, 8 (89%) considered the AusHFG to be 'good' or better. One respondent rated this as 'fair'.
- Three respondents (38%) had no opinion of whether the AusHFG was increasing user group meeting productivity, the remainder rating this as 'very good' or 'good'.

Figure 15: Respondents' perceptions of the effectiveness of AusHFG in: assisting designers to concentrate efforts on project specific issues (9 responses); increasing the productivity of user group meetings (8 responses)



A respondent gave the following comment in relation to the effectiveness of the AusHFG in increasing the productivity of user group interactions /meetings /discussions for hospital project(s):

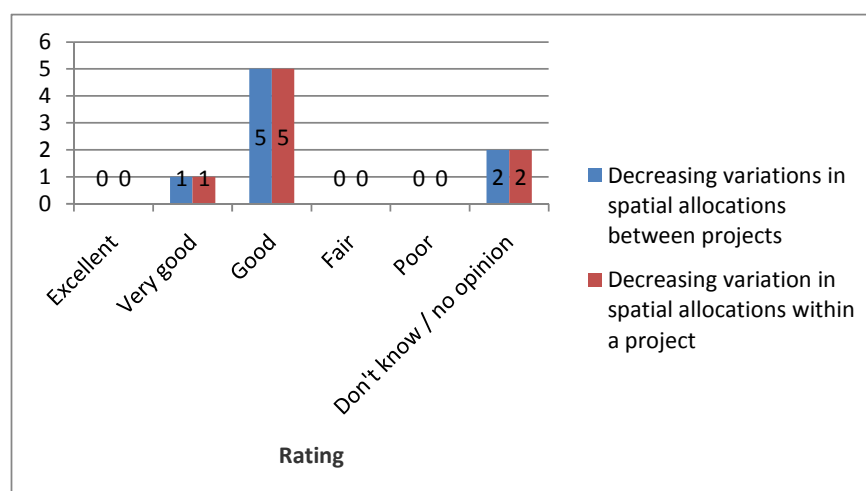
- *There needs to be consideration of a wider consultation process to include more stakeholders in the AusHFG's development, e.g. colleges and industry.*

Reducing spatial variation for similar rooms/spaces

Participants were asked to rate the effectiveness of the AusHFG in reducing the variations in spatial allocations between different projects of similar complexity and function (question 11.2), as well as within an individual project (question 11.3). The responses given for these benefits were identical.

Respondents (5; 63%) overwhelmingly rated these anticipated benefits as 'good'. Two respondents had no opinion.

Figure 16: Respondents' perceptions of the effectiveness of the AusHFG in reducing variations in spatial allocations between different projects and within an individual project (8 responses)

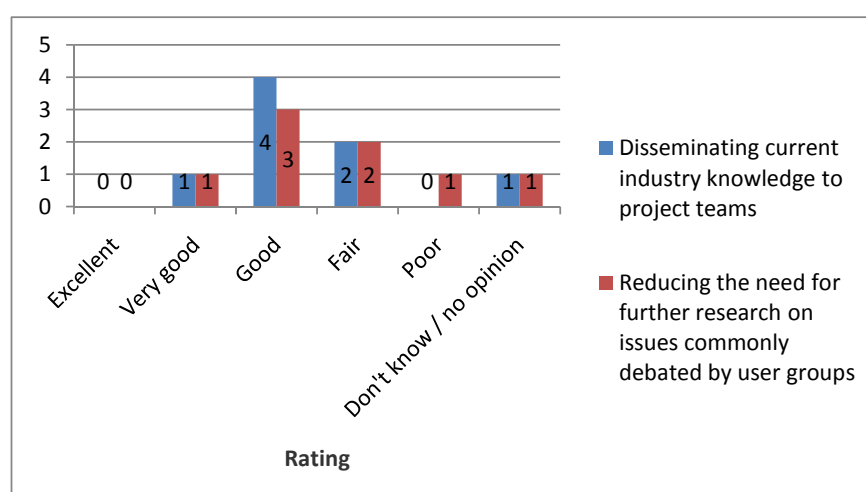


Dissemination of knowledge and reducing the need for project-specific research

Respondents were asked to rate the effectiveness of the AusHFG in disseminating current industry knowledge regarding good health facility design / accepted clinical practice to project design teams (question 12.1) and, separately, the effectiveness of the AusHFG in reducing the need to undertake further research on issues commonly debated by user groups on hospital projects (question 12.2).

- Five respondents (63%) indicated that the AusHFG are 'good' or 'very good' in terms of the dissemination of current industry knowledge, 2 respondents rated them as 'fair'.
- Four respondents (50%) rated the AusHFG 'good' or 'very good' in terms of effectiveness in reducing the need to undertake further research on issues commonly debated by user groups compared to 3 (38%) who rated them as 'fair' or 'poor' in this area.

Figure 17: Respondents' perceptions of the effectiveness of the AusHFG in: disseminating current industry knowledge to project teams; and reducing the need for further research on issues commonly debated by user groups (8 responses)



The following comments were received in relation to dissemination of industry knowledge:

- *The AusHFG 'look backwards' and do not reflect a sufficient focus on emerging trends and technologies etc.*
- *The qualifier will always be to the extent that the requirements remain the same.*

The following comment was provided about reducing the need to undertake further research:

- *There is possibly a clash of objectives in designing spaces: cost versus a requirement to reflect emerging practice. One issue is the debate over travel space. The guidelines need to reflect direction as well as document what is tried and proven.*

2.5 Suggested improvements for the AusHFG

Participants were requested to share their personal ideas on how the AusHFG could be improved (question 13.1). In addition to positive comments on the usefulness of the AusHFG, some detailed suggestions were made for their improvement. These have been summarized for the purposes of this report.

- *South Australia has moved between the Victorian, NSW and WA guidelines over the years, but it would be great if one guideline could be settled on – perhaps the AusHFG.*
- *The guidelines need to be enhanced by looking at forward trends.*
- *The AusHFG is very NSW centric. It is difficult to have changes made that NSW does not support.*
- *The change in standards is not slowing and the search for new ways of getting more effective use and improved patient service from the facility will continue. By their nature, the AusHFG will always be behind this developmental pressure. Perhaps their role will be by way of keeping the rest of the system briefed on how standards are changing.*
- *The largest risk of the AusHFG is that they do not themselves search for increased multiple use of spaces which is the only offsetting mechanism to contain the size of hospitals for the same levels of service.*
- *Wider consultation, more forward looking including emerging consumer expectations, reflective of international trends, transparently linked to emerging clinical practice. While cost is a major factor it should not cloak the debate.*

Ongoing participation in development and review of the AusHFG

Four out of eight respondents indicated an interest in participating in ongoing review and development of the AusHFG. They were asked to provide contact details if they replied in the affirmative (Questions 14.1 and 15.1).

Survey respondents were then thanked for their participation and advised that results will be disseminated to them once collated.

3. CONCLUSIONS

It is difficult to draw solid conclusions from such a small survey sample (8) especially as no architects and only one health facility planner responded. Given the professional background of the respondents (engineers, other non-design professionals predominate) it is perhaps not surprising that the South Australian respondents consider the AusHFG to be generally unremarkable either in of themselves, or in achieving anticipated benefits for the health system. Given that the guidelines are generally intended to be used by architects, health facility planners and other designers, none of the criteria or benefits examined in the survey was rated as 'excellent' by the respondents who perhaps may not have experienced direct benefits given their place in the project procurement process. Further, where the 'excellent' to 'poor' rating was used, 'good' was the most popular rating for every question with the exception of two questions about searching for information on the AusHFG website (questions 9.1 and 9.2) whose highest responses were 'very good'.

Two major themes were highlighted in the comments.

1. The need for wider consultation in the development of the AusHFG to avoid conflicts with colleges and other health industry stakeholders, whilst also allowing variation between the States.
2. The difficulty of achieving documents that deal with current emerging issues and are leading design at the cutting edge.

Whilst the health sector is smaller in South Australia than other states, perhaps the small number of people who participated in the survey and those who completed it, is also indicative of the status of the AusHFG in South Australia. One respondent who commented did not even seem to know that the AusHFG have been officially adopted in that State in preference to WA and Vic guidelines that have also been used over the years. This suggests that the AusHFG have little prominence in SA and their development process and there is little demonstrable support for their use on local projects by either government or industry. This is disturbing given the significant financial contribution made to the project by SA on a population basis over the last 6 years. There appears to be significant opportunity to realise greater value from the project in that State.

The AusHFG require greater promotion in SA to increase their use and to encourage participation by SA users in their ongoing review and development. This may be enhanced by a more participative process of development and peer review by architects and health facility planners involved in designing the state's major projects. At government level, a further suggestion to be considered may be that the project requires a special 'champion' or project sponsor be appointed to promote their use on public health facility projects.

4. APPENDIX

PROJECT INFORMATION STATEMENT

Date: 16 April 2010

Project Title: AusHFG User Survey 2010

Approval No.: 105004

THE UNIVERSITY OF
NEW SOUTH WALES



FACULTY OF THE
BUILT ENVIRONMENT

Participant selection and purpose of study

You are invited to participate in a study of user satisfaction with the Australasian Health Facility Guidelines (AusHFG). You have been invited to participate in this study because you were identified by SA Health as a health facility industry professional experienced in the use of the AusHFG on SA health projects. At this stage we are only undertaking this study in selected jurisdictions (NZ and SA) although it may in the future be extended in either its current or amended form to other Australasian Health Infrastructure Alliance (AHIA) jurisdictions.

Description of study

If you decide to participate, you will be asked to indicate that you have read this project information statement as the first question of the web-based survey questionnaire. The questionnaire will then take you through a series of background questions including questions regarding your professional background and the extent of your use of the AusHFG. It will then proceed to questions regarding your satisfaction with the content, format and delivery method of the AusHFG and ask you to indicate any ideas you may have for how the guidelines may be improved. Finally it will ask whether you are interested in being involved with ongoing review and development of the AusHFG on behalf of SA Health. The questionnaire will take approximately 10 minutes to complete. Results will be analysed and used to assist the AusHFG development team to target areas for improvement in future AusHFG development programs.

We cannot and do not guarantee or promise that you will receive any benefits from this study.

Confidentiality and disclosure of information

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, or except as required by law. We plan to provide only the aggregated results of the survey to the SA Health and the Australasian Health Infrastructure Alliance (AHIA) for the purpose of improving the AusHFG during future stages of their review and development. Further studies may also be conducted to investigate in greater depth issues or concerns identified by this survey.

Recompense to participants

There will be no recompense offered to participants for participation in this survey.

Your consent

Your decision whether or not to participate will not prejudice your future relations with The University of New South Wales or other participating organisations.

If you have any questions now or in the future, please contact Associate Professor Jane Carthey, ph: +612 93856016; e: j.carthey@unsw.edu.au who will be happy to answer them.

Associate Professor Jane Carthey