

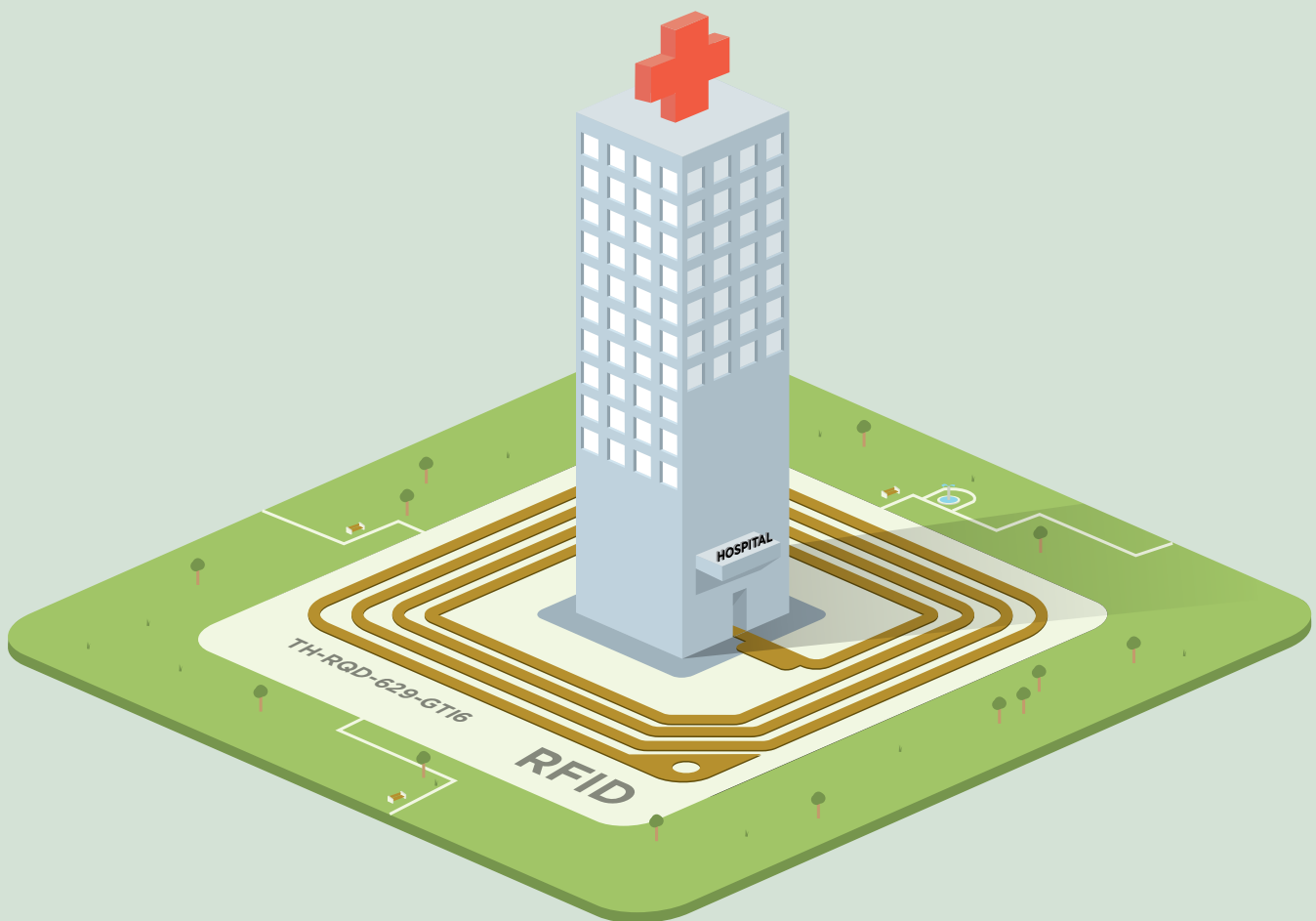
AHSPO

Journal



Association of Healthcare Supply and Procurement Officers

Q2 2018 | The AHSPO Acquisitor. The Voice of the Procurement.



— Faster and Smarter —

How Modern Supply Chains Can Generate Value

IN THIS ISSUE

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2018 CONFERENCE PROGRAMME | NOMINATE FOR THE AHSPO COMMITTEE OF MANAGEMENT

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Membership Report

Total Registered Members: 452
Full Members: 361
Corporate Members: 91
Associate: 5
Life Members: 13
Industrial Liaison
Group Members: 9

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The Nice Agency.





ArjoHuntleigh Patient Solutions - on HPV

ArjoHuntleigh is a supplier on Health Purchasing Victoria Contracts for [Beds](#), [Mattresses](#), [Patient Trolleys](#) and the [Flowtron](#), [Intermittent Pneumatic Compression](#) products for [DVT prophylaxis](#). ArjoHuntleigh contracted products are available for purchase and rental.

ArjoHuntleigh provides a suite of solutions available through HPV, improving the everyday life of patients and staff. Our solutions prevent and treat the preventables. These include patient and staff injuries, DVT, pressure injuries, patient falls; as well as solutions for the early mobilisation of critically ill patients.

For all enquiries regarding ArjoHuntleigh products and solutions, please call **1800 072 040**, or email us at enquiriesau@arjohuntleigh.com

Pictured from top:
Bariatric solution including Citadel Plus bed, (on contract), Maxi Sky 2 ceiling hoist, Carmina bariatric showering chair, maxi-slide transfer sheet, Enterprise 8000x bed (on contract), Skin IQ Microclimate sheet (on contract), Evolve self adjusting static mattress (on contract) Nimbus 4 powered pressure relieving mattress (on contract) Flowtron ACS900 DVT Prevention pump and garments (on contract)

Snapshots



Artificial Intelligence Helping Alibaba go Green

On a scale only the largest companies can achieve, Chinese company Alibaba has commenced a project to reduce waste and increase supply chain efficiency by 2020. Their logistics arm, Cainiao will improve recycling efforts, packaging production, route planning and delivery methods in their commitment to sustainability.

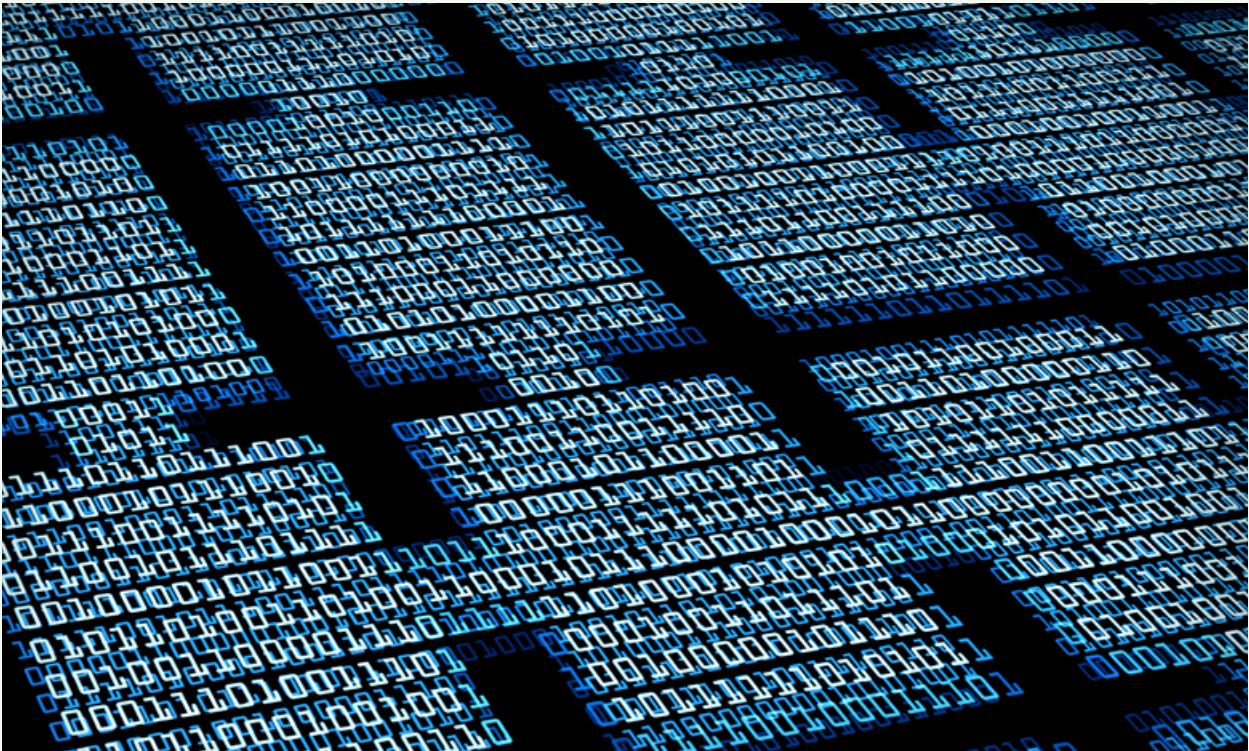
They'll be entrusting AI to drive efficient routing in 40,000 villages, cutting the average journey by up to 30% in rural areas. Pretty impressive stuff, but its not the first foray into going green by the logistics giant – in 2017 they cut their carbon footprint by a massive 136,000 tons.

800,000 Flu Vaccine Doses Top Up Short Supply

A record number of Australians getting their flu shots early have triggered a vaccine shortage. Acting Chief Medical Officer Dr Tony Hobbs said a horror 2017 flu season triggered early demand this year.

While the elderly are being prioritized for vaccination in the short term, additional supply will be available for the influenza seasonal high point in August and September. Health authorities urge Australians to check their local GPs have sufficient supply.

Snapshots



Port of Brisbane Embraces Blockchain

The Port of Brisbane together with PriceWaterhouseCoopers and the Australian Chamber of Commerce and Industry (ACCI) have joined forces in using blockchain to link supply chain technology. Dubbed the 'Trade Community System' the new technology will digitise the flow of trading information making it easier for businesses to connect and reduce supply chain costs.

"As a trading nation, Australia relies on efficient and effective international supply chains to drive its economic engine room," ACCI director of trade and international affairs Bryan Clark says. This announcement is a significant step in keeping Australia's supply chain competitive in a growing global market.

NSW Begins Trial of New Imaging IT Infrastructure

The state government department have partnered with Swedish firm Sectra to provide large scale imaging IT infrastructure. Ten districts will take part in the trial with a goal of providing drastically improved sharing of images and information.

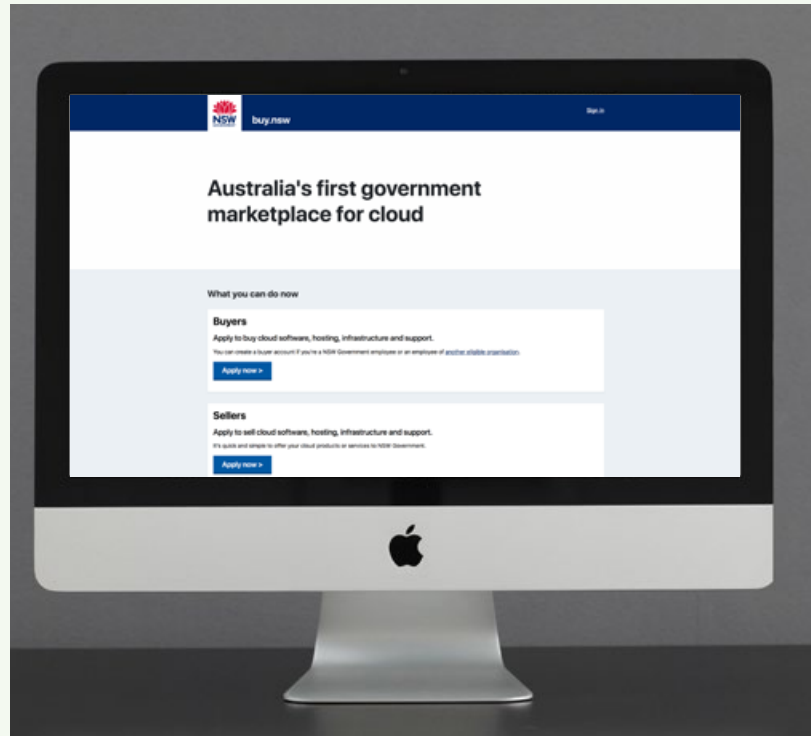
For the ten trial districts providing around 3 million imaging exams each year, the system will improve capability for result notifications, scheduling and secure sharing of images. Sectra has delivered some of the largest installations of medical IT systems worldwide and its systems have been installed in North America, Scandinavia and most major countries in Europe and the Far East.

Snapshots

NSW unveils new procurement platform

Refreshingly, NSW Finance Minister Victor Dominello acknowledges that “Selling to the government definitely isn’t easy”. The good news is the state government is doing something about it. The new buy.NSW portal will be the new home for NSW procurement agencies to access the more than 10,000 suppliers.

The initial release of the platform will enable buying and selling of cloud software, hosting and infrastructure. Buy.nsw will not replace ProcurePoint, which is undergoing its own transformation.



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Snapshots



Making the Case for Supply Chain Change

For Supply Chain Managers working with archaic warehouse management systems, the transition to a new environment can be a difficult challenge to grasp. Moving to the cloud, simplifying migration of massive volumes of data, not to mention shifting employee culture are all essential to a successful transition.

But it all starts with a solid business case. So if your organisation is in need of change, but you're just beginning the journey, this blog post offers some great advice on the challenges and benefits of moving to a new warehousing environment.

<https://bit.ly/2kHlkej>

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Presidents Report

JOIN US AT THE AHSPO CONFERENCE 2018

It is with great pleasure that the Executive Committee and I invite you to attend the AHSPO 30th Annual Conference, to be held on the from 15-17 August 2018. Registration is now open and we're looking forward to seeing you there!

ALDO SANTO
PRESIDENT

Whether you've attended the AHSPO conference in the past, or it's your first time, we'll make sure you have a meaningful learning experience at this year's event. The Executive Committee have secured some informative and exciting speakers, from within the healthcare supply chain arena, and also nationally and internationally recognised speakers.

At the conference you'll meet with, and learn from, some of the best procurement minds in the healthcare sector. In addition, you'll be able to network and discuss top-level strategies and solutions with your peers over the course of the conference.

This years registration process is online again and as with good procurement practice, we've enabled you to add your purchase order number to your registration, and nominate where tax invoices can be sent following the registration process.

As the only healthcare supply and procurement conference and exhibition, the AHSPO Conference is truly unique. Organised and run by the sector, for the sector don't miss this opportunity to support your professional association and have fun while doing it.

Read the programme in this edition and register now!

Register Now:

When: August 15-17 2018.

Where: RACV Cape Schanck resort,

Registration: <https://bit.ly/2JcNicE>

Password: AHSPO2018



ALDO SANTO
PRESIDENT

Interview

WITH SANTO CAVALERI

The AHSPO Journal sits down with Santo Cavaleri, Supply Manager, Logistics and Distribution at Melbourne Health about how he structures his team, overcoming challenges and where he sees the future of healthcare supply.

AS TOLD TO RICKY MUTSAERS
STAFF WRITER

Q: How are the procurement and supply teams at Melbourne Health structured and why?

SANTO: Our current structure consists of a Procurement team and a Supply Chain team.

The Procurement Team is based at the RMH site and consists of a Category Management team, a Purchasing team and the Clinical Procurement Advisor (CPA). The Category Management team is strategic focused, while the Purchasing team have an operational focus on the day to day operations. The CPA offers strategic and operational advice to the Procurement, Purchasing and Supply Chain teams.

The Supply Chain team operates from a warehouse based in Tullamarine (MH Logistics). Within MH Logistics we have a Customer Service team, an Imprest Management team, a Warehouse team and a Transport and Courier team. Our key responsibility is to ensure customers receive what they require as it's needed. The Supply Chain also manages some of the onsite Imprest teams who look after the Departments inventory and replenishment requirements.

The number of Health Services currently using the Supply Chain service are, Melbourne Health, Northern Health, Western Health, Royal Children's Hospital, Royal Women's Hospital, Royal Eye and Ear Hospital, and the Peter MacCallum Cancer Centre.

Q: What are the key supply chain challenges for Melbourne Health?

SANTO: The main challenge for our Supply Chain is managing space within the warehouse. Since moving in 10 years ago, we have seen huge activity growth. This has come about with new Health Services joining our group and also by organic growth within the existing customer base. The last two years have alone have seen a 25% growth in activity, which is being managed within the same space and same number of staff.

Q: What are the strategies you have employed to overcome these challenges?

SANTO: We see the only way to manage growth, space and labour is by introducing technology into our warehouse operation. One of our key strategies for this financial year is to introduce a Warehouse Management System (WMS). We are expecting the WMS to give us better utilisation of space and man power. This will help manage growing activity and give us the ability to bring more items into stock that are needed.



As well as technology, our team is constantly focused on reducing the number of orders being raised. We analyse non-stock requests on a quarterly basis and where warranted will convert the items into stock lines. This reduces the number of times items are being ordered by the many sites and therefore reduces receipting activity. We currently stock approx 2,000 items. Our aim is to grow this to between 2,500 and 3,000.

There is also a large focus on product standardisation. While this may not be a big problem for other Health Services who purchase and supply only their operation, it is an ongoing challenge for MH Logistics as we supply to seven independent Health Services all with their own needs. Our challenge is to get them to all agree to order the same items/brand rather than the many different available brands.

Q: What types of efficiencies have you been able to achieve so far?

SANTO: We've achieved some great efficiencies recently:

Receipting/Dispatch Area - we recently knocked down the space the Purchasing Team occupied before they moved to the RMH site. This gave us the opportunity to create a proper dispatch area and freed up space in the receipting area. This improved our receipting function so all goods received can be dispatched either same day or next day from date of receipt.

Expanded Imprest Service - our Imprest Team have expanded the imprest service to all the clinical areas we provide a service to. This has reduced the time clinicians spend on ordering supplies and also reduced department stock levels, as they can only

order what they need. This is controlled via the barcode scanning system.

Bulk/Pallet Product Pricing - this has been an ongoing project for several years which has seen additional savings on products by changing our ordering patterns. HPV have now also engaged with us and have committed to seeking additional savings through bulk and pallet pricing strategies with suppliers. Ultimately reducing prices by reducing suppliers improves supply chain costs. Current figures show approximately \$1M per annum in additional savings for our customers by ordering in bulk via our warehouse.

Q: How do you manage clinical engagement and collaboration to ensure valuable outcomes for all your sites?

SANTO: We work closely with all our stakeholders as they are key in ensuring optimisation and efficiencies. The CPA or I attend all the Product Evaluation Committees at each of the Health Services. We listen to their needs and provide advice if needed. We also provide information on what the other health services may be using to meet their needs. We use this to drive standardisation.

In the last four years, we have introduced an Advisory Product Evaluation Committee (APEC) which is a forum where key representatives from the seven Health Services meet at MH Logistics. We use this forum to do an initial review of new products that offer large savings. This has been very successful in driving standardisation of products while still offering quality and fit for purpose products.

“...Supply Chain must become more efficient, cost effective and continue to push the boundaries of what it offers otherwise it will not survive.”

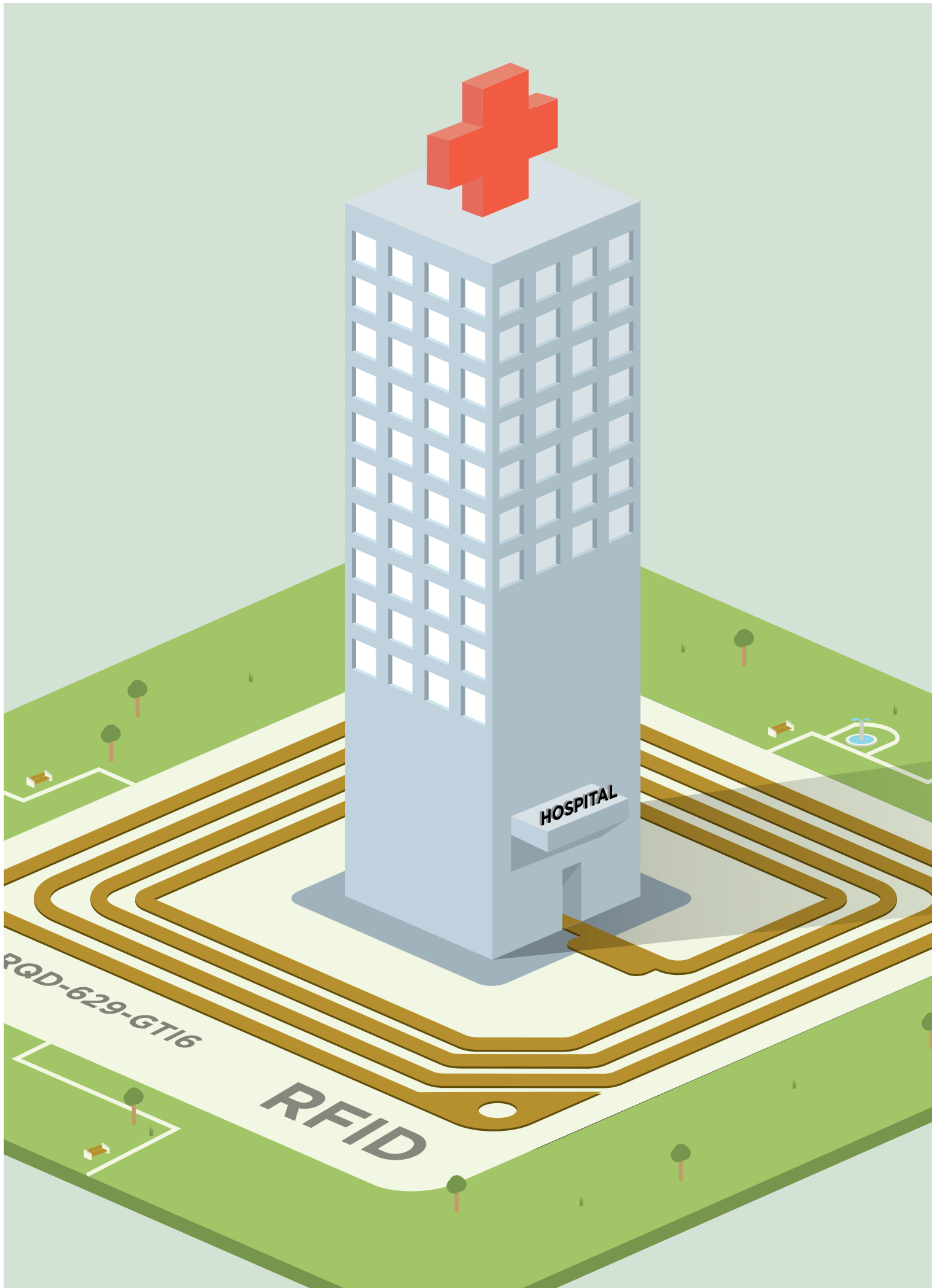
Q: In what ways do you work with suppliers to deliver the best possible solutions for your supply chain?

SANTO: Engagement with my suppliers is critical in ensuring we are optimising our supply chain. I engage with key suppliers on a regular basis to discuss opportunities to reduce supply chain costs for each other, as this is an area that's had much focus on in the past. We discuss opportunities such as ordering volumes, frequency of ordering, delivery times, reporting on usage of products among others. This has been beneficial for both MH Logistics and the suppliers, as we have seen further savings such as pallet pricing, which HPV is now introducing into its contracts.

Q: What will healthcare supply chain look like in Victoria in the future?

SANTO: Recently, the HPV Supply Chain Reform group discussed the options of having two central warehouses and six hubs which could provide a supply chain service to Victoria. I think this is possible and it would make exiting Supply Service much more efficient and cost effective. I believe it will happen at some stage with some regional areas already doing it.

Supply Chain must become more efficient, cost effective and continue to push the boundaries of what it offers otherwise it will not survive.



HOSPITAL

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RFID

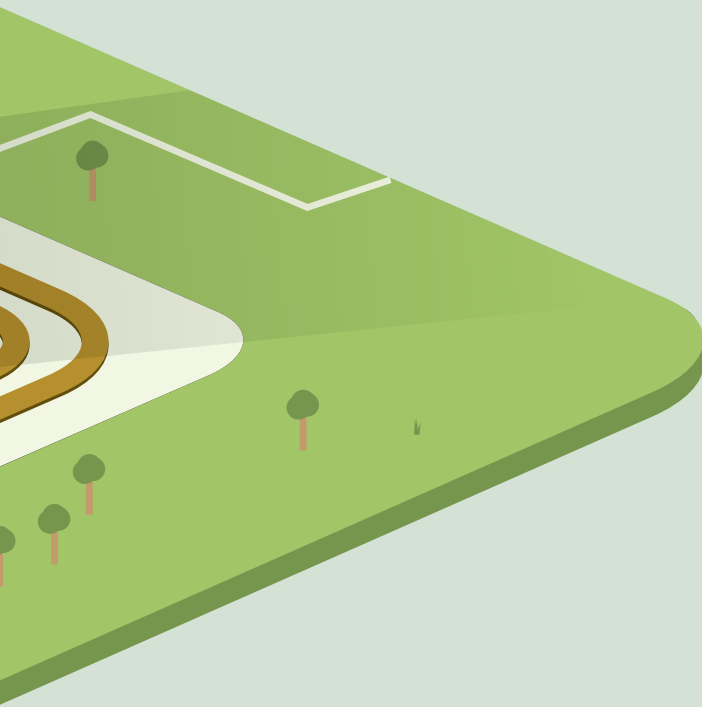
CREATING A FASTER AND SMARTER SUPPLY CHAIN

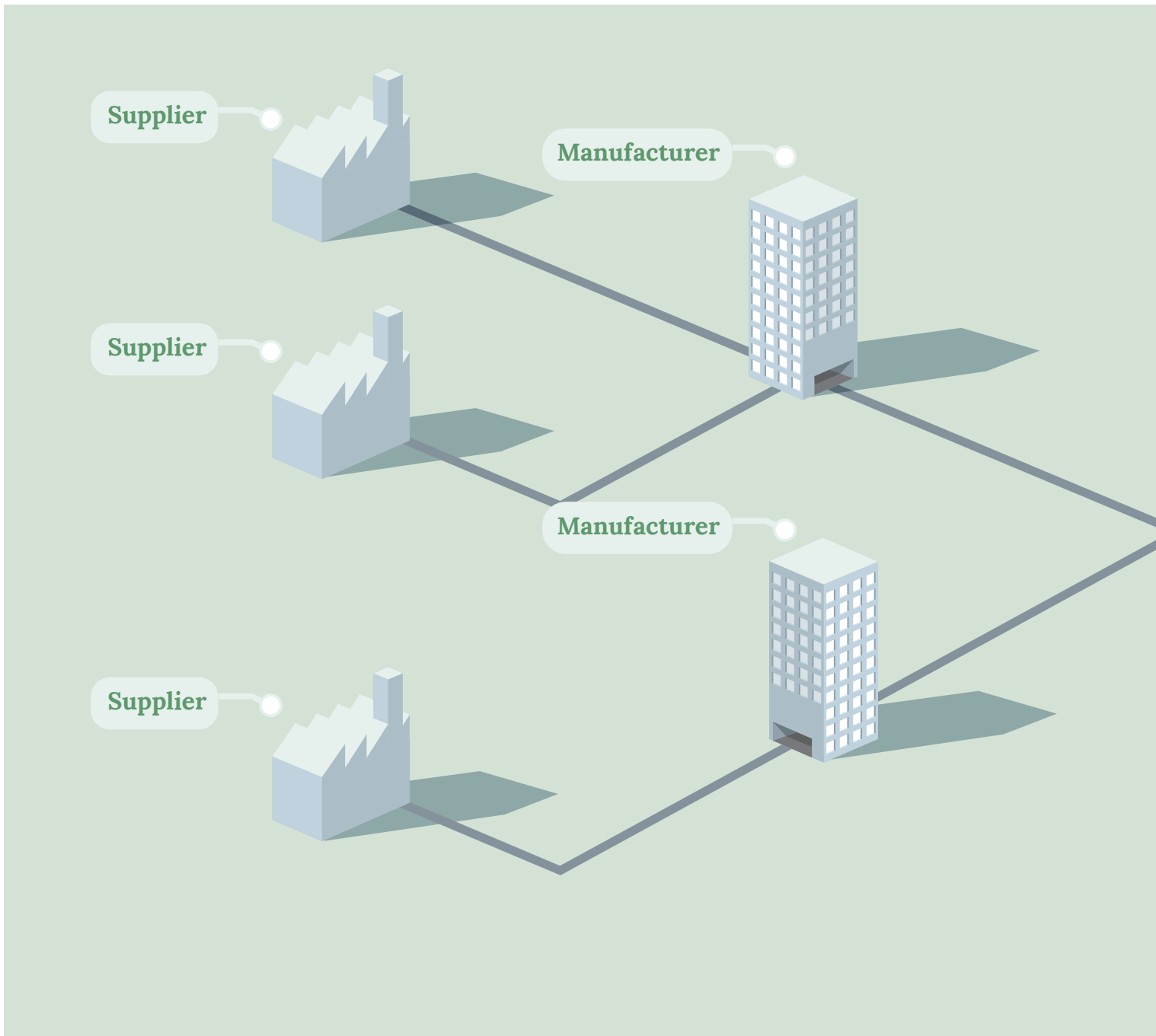
WORDS BY
MICHAEL GARDNER
VICE PRESIDENT, LIFE SCIENCES & HEALTHCARE
DHL SUPPLY CHAIN

Is your supply chain chewing up valuable time that could be spent with patients, and space which could increase bed counts and consulting rooms?

The supply chain is something we don't often spend too much time thinking about, provided things are going well. Particularly in a hospital environment where the clear focus is patient care. And if it is going well, do you dare consider doing anything different – in other words, don't fix something that's not broken.

Considering change depends on what your objectives are as a hospital or supply chain function of that hospital. Today in every business both public and private alike, business leaders are searching to achieve more with less. What if your supply chain could offer more space, more time with patients and added flexibility, making a direct and significant impact on your bottom line and to patient care?





Here are three considerations that could help your hospital maximise time with patients and free up more space for you to treat more patients.

Automated asset management

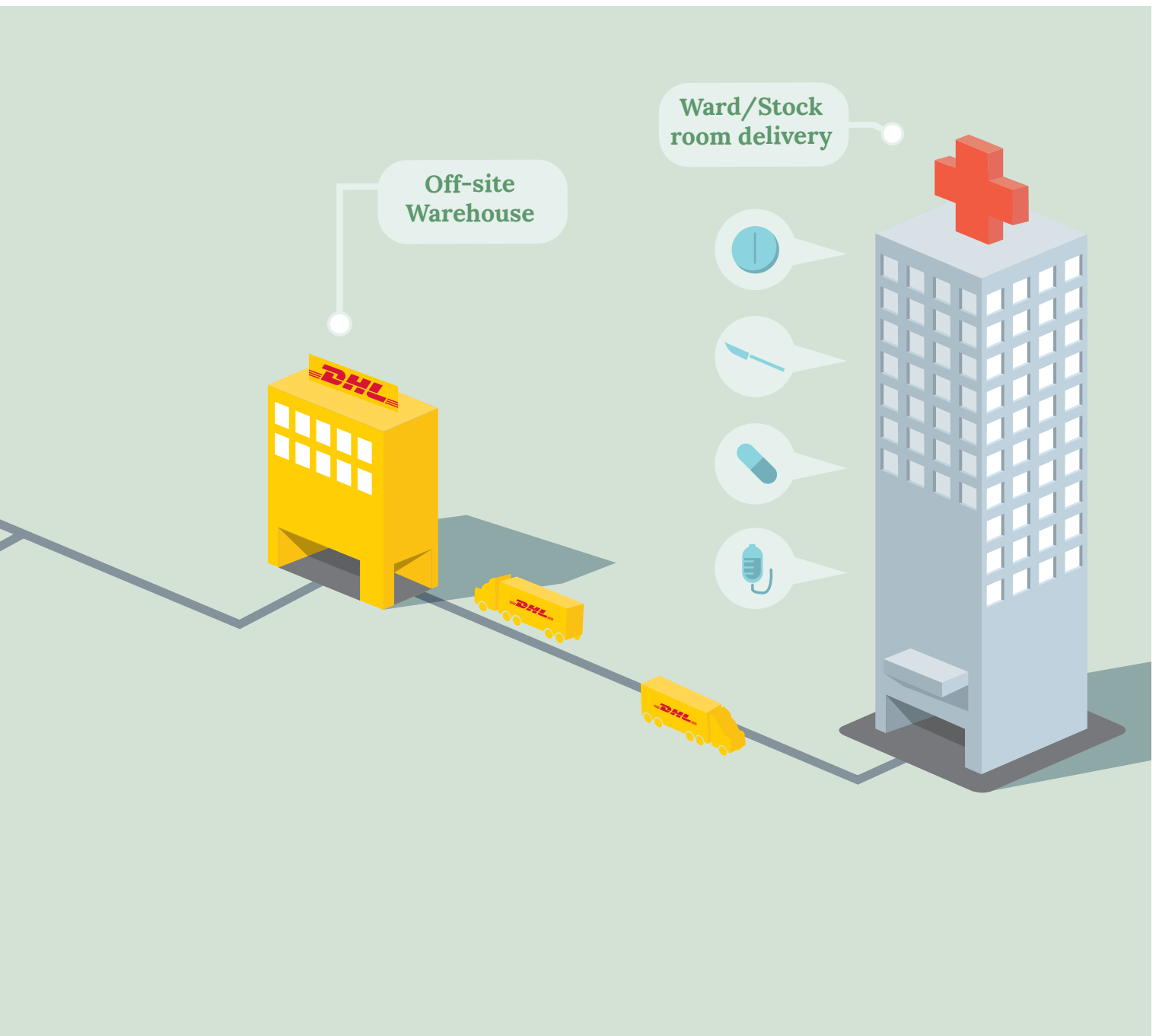
Knowing exactly what assets are where, in real-time, can make significant enhancements to your supply chain (and could also make your life much easier)!

Simple and inexpensive Radio-frequency Identification, also known as RFID, can enable this. For example, if an RFID tag was put on items entering a ward, pharmacy or imprest fitted with RFID readers, you would have a live view of what inventory was sitting across the entire hospital. And importantly you would know exactly when it left that environment

for billing purposes. Consider the time and resource spent on asset management today. Could those resources be better utilised? Or from a bottom line impact, could they be obsolete all together?

As a real example, you could set up a surgical theatre so that when a nurse throws away packaging for a tool out of a surgical kit, it's automatically captured and billed against that specific operation. No more billing administration. This can also help ensure that your stock on hand aligns with surgeon preferences for the next day's surgical line-up. It can also significantly decrease time spent managing product obsolescence and recall.

Automated asset management can quickly enable a shared economy across the various operating areas of the hospital.



...you could set up a surgical theatre so that when a nurse throws away packaging for a tool out of a surgical kit, it's automatically captured and billed against that specific operation.

Shared economy

Have you ever required an item in a ward or theatre urgently and had to move mountains to find it? DHL's discussions with hospital operators have uncovered that at times there is equipment being urgently delivered to a hospital and later it's discovered that there was one available in the adjacent ward.

Automated asset management can turn that mountain-moving exercise into a quick look-up at a computer or smart device and instantly you've located what you need. This can also enable a supply chain based on a shared economy.

DHL believes this could reduce the amount of equipment required by up to 30 percent. The data retrieved from efficient asset management can start

Feature – Creating a Faster and Smarter Supply Chain

to uncover trends about how often equipment is used, where it's most used and by whom. This could enable a shared network of medical equipment that is housed in a central area. It could even free up supply chain staff who are spending time on inventory management to do ward deliveries of the shared equipment ensuring it's where it needs to be when it's needed.

Just-in-time supplies

DHL's research has found that far more medical supplies are hoarded in closets than is required. The idea that the supply chain will completely stop and those supplies hoarded in the closets will be required is a somewhat ancient tactic. Today's supply chain has the visibility and sophistication to accurately manage inventory in a way which can enable a hospital to literally have tomorrow's surgical equipment delivered this afternoon.

Think about an aircraft and how the exact supplies from that aircraft first arrive on the tarmac less than an hour before the aircraft takes off. How many times have you been on a plane with no food or beverage? The same can be said for hospital pharmacies, standard ward closets and imprests.

This can offer up enormous amounts of space which could be used for an additional surgical theatre, emergency rooms beds among others. Take a moment to add up the square metres used by all of the above-mentioned spaces in your hospital. How much revenue could you generate from that space? How many more patients could you treat?

In conclusion

You may think that making all of this happen is going to cost you millions of dollars and take a gigantic change management program with hospital staff. The reality is that the return on investment can be realised within months, depending on how your supply chain operates today.

And you don't have to do everything at once. Consider taking one ward and doing a trial. Understand how it helps and hinders staff and doctors and tweak it where needed. Then slowly make the change across the entire hospital. Once staff start seeing the efficiencies and can trust what they need will be there when they need it, you can find a new use for the hoarding closets!

Once management sees the impact on the bottom line and that it hasn't sacrificed the satisfaction of patients or staff, they will also support the wider change.

Implementation Plan

Phase	Time	Activities
Discovery	0-3 Months	Cost Review <ul style="list-style-type: none"> • Footprint • People • MHE • Other
	3-6 Months	Inventory Assessment <ul style="list-style-type: none"> • SKU Profile • Stock turn frequency • Obsolescence • Storage within hospital/DC
	6-9 Months	Establish baseline for future <ul style="list-style-type: none"> • Stock management • Space optimisation • Technology insertion • Reverse logistics
Transformation	9-12 Months	Change program <ul style="list-style-type: none"> • Manage 'just in case culture' – hearts and minds • Proof of concept (POC) of one ward/theatre/clinic • POC case study
	12-20 Months	Implementation <ul style="list-style-type: none"> • Supply chain becomes 'BAU' • Balance sheet gains materialised via stock reduction • Enhanced visibility control

DHL would like to extend our thanks to the AHSPPO and a number of healthcare professionals who took part in our hospital logistics workshop back in February 2018. The outcomes of this will be shared in due course through a whitepaper production.



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eyeConnect

BRINGING THE EYE AND EAR HOSPITAL TO YOU

So picture this. You live in the country, three or four hours drive from Melbourne. It's Sunday afternoon, you're working in the garden and get poked in the eye by a twig as you bend under a tree. Your eye hurts like heck, looks red and awful, and you don't know if you've done any real damage.

WORDS BY SUE MCCALLUM
CLINICAL IMPROVEMENT COORDINATOR
ROYAL VICTORIAN EYE AND EAR HOSPITAL

Your kindly neighbour drives you to the local hospital because you can't see to drive yourself, and you wait in the Emergency Department (ED) for three hours to be seen. The ED doctor looks at your eye, isn't really sure if it's a serious problem and wants to send you to the Royal Victorian Eye and Ear Hospital (Eye and Ear) in East Melbourne just in case.

It's not serious enough for an ambulance transfer so you have to sort out things on the home front and make the long trip to East Melbourne, brave the traffic and parking perils then wait in the ED until it's your turn to be seen. Finally the doctor examines you, and in a brief consultation says it's a minor problem which could have been managed locally. Then prescribes you some eye drops, tells you to see the local optometrist in a couple of days and sends you on your way. It's now one o'clock in the morning, too late to start the drive home so you look around for somewhere to spend the night and hope the family is OK, the cows got milked and you are home in time for lunch tomorrow. Nearly a day after this all started.

Imagine there was a way of having your eye problem reviewed by an eye specialist without making the trip unless it was absolutely necessary.

The eyeConnect asynchronous telemedicine device was developed by the Royal Victorian Eye and Ear Hospital in partnership with Ingeneus Pty Ltd, a local medical device manufacturer, for just this situation. Based on the traditional slit lamp diagnostic device, the eyeConnect is designed for use by clinicians who haven't had specialist ophthalmology training and is easy to use with minimal training. It collects a brief patient history, assesses visual acuity and visual field via tests projected on an internal video screen, and takes high resolution photos. Add some clinical notes and the package is sent securely to the Eye and Ear's ED.

Unlike synchronous telehealth, there is no face to face contact between the patient and the doctor at Eye and Ear. The package is reviewed via a desktop application by the Eye and Ear Admitting Officer who then telephones your doctor to discuss if you can be managed locally or need to head into the Eye and Ear's ED.



Based on a slit lamp and designed for non ophthalmically trained clinicians, the eyeConnect is easy to use with minimal training.

Work commenced on this project more than six years ago with the identification of a group of patients that had travelled significant distances to our ED that could have been managed locally with some assistance. Eye and Ear received funding from the Department of Business and Innovation to develop the eyeConnect. Following clinical trials and listing on the Australian Register of Therapeutic Goods, funding was received from the Victorian Department of Health and Human Services to purchase 15 eyeConnect devices for distribution to outer metropolitan, rural and regional hospitals.

The first device was installed in the ED at Frankston Hospital in June 2016. While not exactly rural or regional, the hospital has a high rate of eye presentations but no access to emergency ophthalmology services. It was a great proving ground for the device and enabled the development of all the processes and IT connectivity to make the service work. The remaining devices have been installed around the state following roadshow demonstrations and the receipt of business cases.

It collects a brief patient history, assesses visual acuity and visual field via tests projected on an internal video screen, and takes high resolution photos. Add some clinical notes and the package is sent securely to the Eye and Ear's ED.



The Admitting Officer at the Eye and Ear reviews the eyeConnect package via a desktop app then telephones the referring hospital to discuss whether the patient requires transfer for specialist care.

eyeConnect has resulted in saving 32,950 kilometres or 416 hours of travel time or nearly \$22,000 of driving costs.

To date, Eye and Ear has received 204 packages, each of which represents a potential presentation at our Emergency Department. 63% of these patients have been able to receive treatment locally resulting in savings of more than 32,950 kilometres or 416 hours of travel time or nearly \$22,000 of driving costs.

The 'manage locally' rate increases to 78% when figures for the outer metropolitan hospitals are excluded, reflecting the reduction in ophthalmology knowledge and support as you move further from the city.

So, let's go back to that Sunday afternoon. Your kindly neighbour takes you to the local ED. You wait for the doctor to see you. He's not sure what's going on so takes an eyeConnect package and sends it to Eye and Ear for review. Within a half hour or so, the Eye and Ear Admitting Officer has rung your doctor, said you just need some eye drops and a trip to the local optometrist in a few days for a check-up but otherwise you're good to go and you're home in time for dinner.

For further information, please contact **Sue McCallum** at sue.mccallum@eyeandear.org.au or **Ingenue Pty Ltd** on (03) 9558-6334

eyeConnect Locations

The 15 eyeConnect devices located at Emergency Departments and urgent Care Centres throughout Victoria, connect patients with specialists at The Royal Victorian Eye and Ear Hospital in East Melbourne.



This map shows the location of eyeConnect devices throughout Victoria and the travel distance to Eye and Ear which is saved if the patient can be managed locally.

Social Pages

AHSP0 CONFERENCE 2017

More photos from everyone's favourite conference of 2017.
See you in August this year at Cape Schanck!



Thank you for a wonderfully inspiring conference. I'm sure you must have already received many tributes to you and your team.

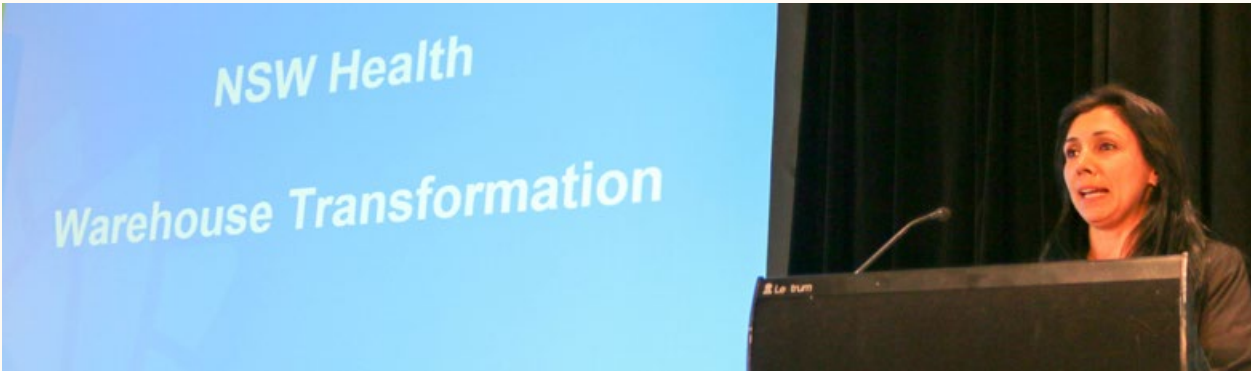
Len Kennedy, Len Kennedy Healthcare Solutions



I wanted to tell you to give yourselves a collective pat-on-the-back for the splendid job that you all contributed to at Lorne...I wonder how high you can actually raise the bar?

The success of this conference only bodes well for your Pearl exercise at Cape Schanck next year.

Joe Hackett





I just wanted to thank you again for your Hospitality and invitation to speak at your conference. What a great crowd of members you have!

I can honestly say I have not enjoyed meeting any Association members so much. You have a family much more than an Association.

Rob O'Byrne, Logistics Bureau



CONFERENCE PROGRAMME



30TH ANNUAL AHSPO CONFERENCE

PEARLS OF WISDOM IN
PROCUREMENT

AUGUST 15 – 17 2018

RACV CAPE SCHANCK RESORT
CAPE SCHANCK, VICTORIA

WELCOME TO THE ASHPO 2018 CONFERENCE

PEARLS OF WISDOM IN PROCUREMENT

It is with great pleasure that the Executive Committee and I welcome you to our 30th annual conference.

Whether you're a veteran of previous conferences like me, or this is the first time you're joining us we look forward to bringing you a meaningful and enjoyable event.

There's much in store, in particular I can't wait to hear some inspirational insights from Paul Hockey, the first disabled person to stand on the summit of Mount Everest. Joining Paul are exciting speakers from across the industry, and they're joined by esteemed local and internationally recognised speakers – there's so much to look forward to!

At this year's event you'll be joined by some of the best procurement minds in the sector. You'll no doubt be keen to network and exchange ideas at the welcome reception and there will be plenty of opportunities to meet, greet or reacquaint over the two days.

Personally, I'm proud to lead such a unique association and excited to bring you an event that is organised and run by the sector, for the sector. I hope you enjoy this year's event and pick up a few pearls of wisdom along the way - I know I will.



ALDO SANTO

PRESIDENT
AHSPO INCORPORATED



WEDNESDAY AUGUST 15

SESSION ONE

2.00pm – 5:30 pm Delegate & Exhibitors Registration

6:00pm – 6:30pm

Welcome Reception

President of AHSPO, Aldo Santo,
Platinum Sponsor **MUN Global** and
Hon Martin Dixon MP, State Member for Nepean



6:30pm – 8:30pm

Exhibition Reception
& Exhibition Opens



9:30pm

Close of Exhibition & Day 1 program

THURSDAY AUGUST 16

SESSION TWO

6:00am – 8:15am Breakfast in the dining room for all in-house guests

8:20am – 8:40am **Conference Opening –**
Diamond Sponsor **Coregas**
and Life Member Ron Hiller



8:40am – 8:50am **Welcome –** AHSP0 President Aldo Santo

8:50am – 10:00am **Key Note Speaker Paul Hockey**

sponsored by **ECOLAB**

Followed by Suppliers “Magic Minute” Presentations

10:15am – 11:00am Break out – **Morning Tea**

sponsored by  **DefriesIndustries**
Hospitals Trust Define



KEYNOTE SPEAKER

PAUL HOCKEY

SPONSORED BY **ECOLAB**



Paul Hockey became the first disabled person to stand on the summit of Mount Everest from the North side. Paul delivers his powerful presentation ‘A handful of spirit’. He talks about “impossible only being opinion and never fact” and “how it is attitude and not aptitude that ultimately determines our altitude”.

SESSION THREE

11:00am – 11:40am **“Can Better Care Cost Less?”**
Catherine Koetz – Industry Manager – Healthcare
GSI Australia

11:40am - 12:20pm **Debra Birznieks – National Procurement Manager**
Regis Aged Care

12:20pm – 1:00pm **Michael Gardner – Vice President, Life Sciences & Healthcare**
DHL Supply Chain

Followed by Suppliers “Magic Minute” Presentations

1:15pm – 2:00pm Break out – **Lunch**

sponsored by



MEET OUR M.C.

EMILY RICE

SPONSORED BY **COREGAS**



Emily Rice is an award-winning senior journalist and presenter with over 16 years' experience in Australia and internationally.

THURSDAY AUGUST 16

SESSION FOUR

2:00pm – 2:45pm

Brett Henderson – Business Facilitator – National AusIndustry – Entrepreneurs’ Programme

Followed by

Suppliers “Magic Minute” Presentations

3:00pm – 3:45pm

Break out – **Afternoon Tea**

sponsored by



SESSION FIVE

3:45pm – 4:30pm

Key Note Speaker Darren Carr

sponsored by



4:45pm – 5:00pm

Annual General Meeting - All welcome to attend

5:00pm

Close of Program Day 2

KEYNOTE SPEAKER

DARREN CARR

SPONSORED BY **3M AUSTRALIA**



Recognised throughout the industry as Australia’s number one ventriloquist, Darren Carr delivers professional and entertaining performances with his cast of hilarious characters at numerous corporate functions, special events, clubs and theatres worldwide.

7pm – 12am

COCKTAILS WITH A TOUCH OF PEARL

\$5 or more entrance fee donation
Monies collected will be donated to the Charity for 2018

Proudly supported by our Platinum Sponsor



FRIDAY AUGUST 17

HALF DAY SESSION

SESSION SIX

6:00am – 8:00am Breakfast in the dining room for all in-house guests

8:30am – 9:00am **Procurement Strategies**
Neil Sigamoney – Director, Procurement and Logistics
Monash Health

9:00am – 9:45am **Contract Law**
Bernadine McNamara – General Counsel
Austin Health

9:45am – 10:00am Local Charity Presentation



Followed by Suppliers "Magic Minute" Presentations

10:15am – 11:00am Break out – **Morning Tea**

sponsored by



KEYNOTE SPEAKER

MATINA JEWELL

SPONSORED BY **GAMA HEALTHCARE**



A remarkable woman, a remarkable life, a remarkable story! Matina Jewell is a special breed of person – an Australian to be proud of. Her audience is taken to a world we know little of and astounds us with her courage and integrity.

SESSION SEVEN

11:00am – 12:00pm Key Note Speaker **Matina Jewell**

sponsored by 

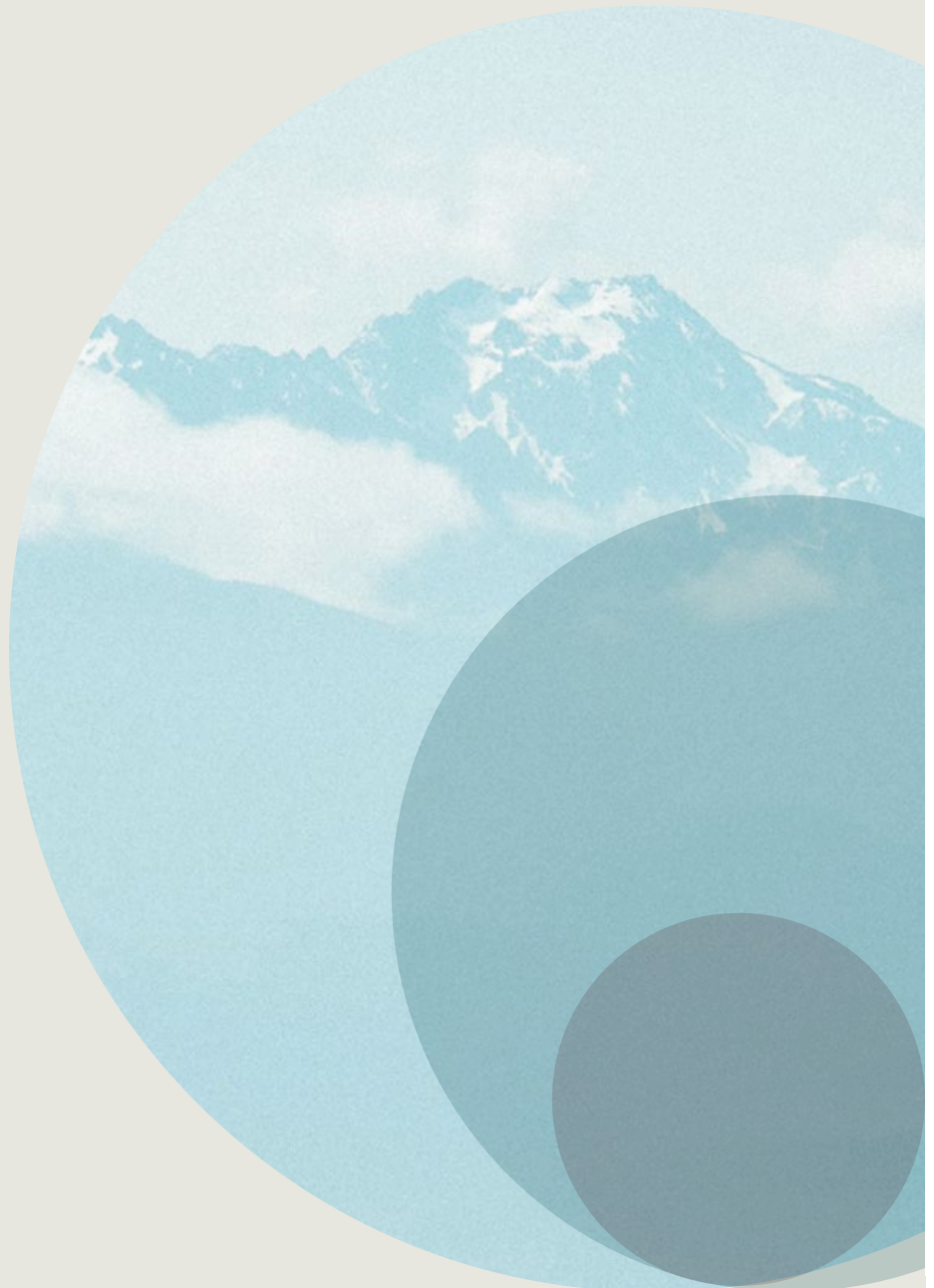
12:00pm – 12:15pm **Closing Address** - President of AHSP0, Aldo Santo

12:30pm – 1:00pm

Lunch on the Go

If you need a packed lunch, please make sure you have booked at Conference Registration.

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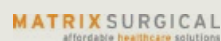
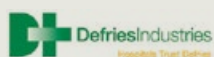
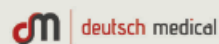
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Nomination Form

NOMINATION FOR AHSP0 COMMITTEE OF MANAGEMENT 2018 TO 2020

Return to AHSP0 President.
Not less than 7 days before date of meeting on 16 August 2018



- Position:** Secretary Committee Member ILG Chair 4
 Vice President Committee Member Membership Officer 5

Nominee Name:
(BLOCK PRINT)

Signature:

Institution:
(The above section can also be used as the written consent of nomination, it must be signed by the nominee)

Nominated by (Name):
(BLOCK PRINT)

Signature:

Seconded by:
(BLOCK PRINT)

Signature:

Secret Wine Business

FIVE GEESE 2015 SHIRAZ



Welcome to my Secret Wine Business article for this edition of the AHSPO Journal, in which I will be reviewing a wine from McLaren Vale in South Australia.

WORDS BY PETER LACK

The wine is from Five Geese Winery which spans across 32 Hectares of vineyards located in the McLaren Vale.

Nestled in the north-eastern end of the Willunga basin, Blewitt Springs lies about 180m above sea level. This slightly higher elevation provides a cooler climate than nearby McLaren Vale and Willunga. With cooler temperatures and moderating afternoon sea breezes, the grapes grown here enjoy a long, even ripening season.

Vintage in Blewitt Springs is often some two to three weeks later than the rest of the district. These extra weeks give the fruit time to develop more complex flavour ripeness, without the excessive baumes found in warmer areas. The grapes develop a beautiful balance of flavour, acidity, and sugar, which then translate into complex, but not overly alcoholic wines.

The Wine that we drank is the Five Geese Shiraz 2015, which is sourced from Blewitt Springs vineyard. The soil is deep sand over clay and is minimally irrigated from a small amount of available surface water.

The Shiraz comes from vines that are some of the oldest in the district.

This wine is a totally opaque midnight black core with a dark red black tinged hue. Scented aromas of liquorice and spearmint intermix with blackberries over vanillin cedar and spice. Medium to full bodied with a rich fleshy mouthfeel the palate dishes up

juicy flavours of what you can smell, the liquorice and blackberries followed by a dash of spearmint and spicy vanillin cedar.

There's good balanced freshness on the finish with finely grained, velvet like tannins and a good length with an aftertaste of all the above, with the spicy vanillin cedar more prominent for me.

It will Cellar 5-6 years if you want, but is drinking very well now.

Accompany: We enjoyed this wine over dinner, eating homeade Moussaka, and we did have a second bottle! It would also be good with any red meat dish, pasta and a share plate of cheese and cold meats.

Availability: You can find this wine at any good grog shop, selected restaurants and online. it should be priced around \$18-\$20 per bottle (more at a restaurant) but as all good procurement people should do... look around.

And remember keep the comments coming...as you know I always say, "the only thing better then drinking the wines, is to be able to talk to someone about them"!

"GOOD QUAFFING"

PETER LACK

Who Am I?

LAST EDITION'S ANSWER

Some of you may know me from my previous roles as a Nurse and Product Evaluator within the Public Sector and also through a Group Procurement team. But did you know I'm now a Quality and Risk Consultant with the Clinical Safety and Quality team within a large Private healthcare organization?

ANSWER : MICHELLE KILLICK



30TH ANNUAL AHSPPO CONFERENCE

PEARLS OF WISDOM IN
PROCUREMENT

AUGUST 15 – 17 2018

REGISTRATIONS NOW OPEN

TO REGISTER VISIT [HTTPS://BIT.LY/2JCNICE](https://bit.ly/2jcnice)
AND USE THE PASSWORD: AHSPPO2018

Bring your **ideas to life!**



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