

AHSPO

Journal



Association of Healthcare Supply and Procurement Officers

Q4 2018 | The AHSPO Acquisitor. Voice of the Procurement.



— 2018 AHSPO Conference —

The Conference Wrap-Up

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Fresenius Kabi

Fresenius Kabi Australia and New Zealand are part of a global health care company that specialises in life saving medicines and technologies for infusion, transfusion, clinical nutrition and gastroenterology. The Company's products and services are used to help care for critically and chronically ill patients.

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Q4 2018



Membership Report

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Full Members: 361
Corporate Members: 91
Associates: 5
Life Members: 13
Industrial Liaison
Group Members: 9

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RACV Cape Schanck Resort, venue of the 2018 AHSPPO Conference.

LEKKER A Lekker publication for AHSPPO
The Nice Agency.

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Snapshots



The father of medicare passes away

In sad news, Prof. John Deeble, the 'Father of Medicare' has passed away aged 87. Together with co-author Dr Dick Scotton, Prof. Deeble wrote the original proposal for universal healthcare in Australia in 1968.

Over a distinguished career, Prof, Deeble held many prestigious positions including; special advisor to the health department for the Whitlam Government, First Assistant Secretary in the Commonwealth Department of Health not to mention consulting to the World Bank on healthcare finance.

Of particular note to healthcare procurement, Australian Healthcare and Hospitals Association Board Chair, Dr Deborah Cole said 'John's social attitude and work ethic was exemplified by his studies in later years of the deteriorating building and equipment capital stock of public hospitals. Because it was becoming a problem, he developed a methodology for valuing and depreciating the usable life of hospital buildings and equipment'. Work that will no doubt continue to deliver value across the industry.

Prof. Deeble will be greatly missed but never forgotten.

Peter Mac using the cloud to fight cancer

In a seismic shift for cancer treatment in Australia, Peter Mac has evolved their cloud strategy. For the hospital, 'the new cloud-based Eclipse system will help calculate radiation doses in a fraction of the time possible previously. The system will help therapists explore more options before deciding on a course of action and it will also consolidate multiple sources of patient information into a single repository for vastly simpler access by clinicians and researchers.

Peter Mac Radiation Therapy Services Director Nilgun Touma said "Eclipse will support the radiation

oncology team to develop tailored treatment regimens – a task that requires absolute confidence in the accuracy of patient data and efficiency of planning workflows".

With faster computation speeds, consolidation of patient records into a single source of truth and radiologists now able to explore more treatment options, the cloud is set to change the way cancer treatment is delivered.

Snapshots



1M patients to benefit from Metro South Hospital Groups Digitisation

With 5 major hospitals and numerous health clinics across Brisbane, Metro South is one of the largest healthcare providers in the state. Wholeheartedly jumping on board Queensland Health's digitisation project, the organisation began planning in 2014, and by 2017 had rolled out the Cerner integrated

electronic medical record (ieMR) and other solutions across the group. The results to date are impressive: a reduction of drug dispensing and supply incidents by 33%, and a massive 59% increase in identification of deteriorating patients. Read the full article on the Healthcare Global website

\$1.5B Hospital proposed for Footscray Victoria

If the Labor government is re-elected in November, They've pledged Footscray will become a major health Hub for Victorias inner western suburbs. Treating an estimated 15,000 patients each year, the new hospital will be built on a new site to ensure a smooth transition from the current Footscray Public Hospital.

According to Victorian Premier Daniel Andrews "[It] means we'll be able to build the hospital while not disrupting the current facility and will mean we can deliver the outcome much quicker.". This pre-election promise is great news for one of the states fastest growing areas so we'll watch the Victorian state election closely.

Snapshots



New York has an innovative Heartbeat

In international news, a New York start-up called Heartbeat led by a team of young cardiologists is proving that there's more to innovative healthcare than apps. Their two clinics are a significant departure from the traditional cardiology clinic with each appearing a cross between a start-up workplace, a gym and doctors office. The aim of the new age

clinics is to make visits to the doctor less intimidating while integrating digital technology, physical and traditional methods in a friendly and effective way. As the group continues to grow, they're aiming to prove over the next decade that modern techniques deliver improved results for patients. We'll keep a close eye on this one.

One Direction fan screams herself to a collapsed lung

A 16 year old from Texas found herself in hospital recently after struggling for breath the morning after a concert by UK group One Direction. The unnamed teen, who now features in the Journal of Emergency Medicine, presented having trouble breathing.

Testing revealed three separate conditions; crepitus a crackling sensation occurring under the skin, pneumothorax also known as a collapsed lung, and pneumomediastinum, the build up of gas in the chest cavity. The teenager has recovered and has no doubt learnt a valuable lesson for her next concert: write a sign to show your appreciation for your favourite singer.

Presidents Report

WELCOME TO THE OCTOBER JOURNAL

I'm proud to say that we've had such an exciting year again, and as always I'm indebted to the Committee who work diligently on your behalf, I most certainly couldn't have carried out my role without them.

For those of you who may not be familiar with the Committee, let me take the opportunity to introduce them all.

ALDO SANTO
PRESIDENT



Robert

Robert was our Vice President until his resignation earlier this year. Robert was an integral member of the committee and I would like to

thank him for all his help and wish him luck in his new job. Thanks Robert.



Rosemarie

Rosemarie is so much more than the Secretary, she completes a lot of work behind the scenes. She does this without complaint and I know

we don't say it nearly often enough but thank you, Rosemarie.

We're sorry to see you go, you'll be very hard to replace.



Ron

Ron is currently the Education Officer as well as continuing the work of Treasurer to help Linda with taking on that role. This year

Ron has been pivotal in organising the new probity online training which comes with a certificate of completion. Make sure you have a look on the website, if you haven't already! A huge thank you to Ron, our only Life member on the Committee and my closest friend who is always there for me.



Michelle

Although Michelle is secretly my Executive Assistant, she's done a fantastic job in maintaining communications with members,

as well as suppliers, in the role of Communications Officer. I hope all our members have felt more engaged with the Association thanks to Michelle's tireless input. Speaking of tireless, Michelle is always available for my 7:30am calls to talk all things AHSP0 and for that I'm extremely grateful.



Pragasen

Pragasen is the Chairperson of the Industry Liaison Group. He's worked with our industry representatives – all the ILG members, in ensuring

that suppliers have an avenue of communication within procurement. Thanks to you all for your support. And, Pragasen, we're sorry to see you leaving the committee – you will be missed. We hope to see you return in the future.



Linda

Linda is currently the Treasurer, my thanks to Linda for taking on a huge workload.

Sharon

Sharon has continued to support the Committee as a member, and even with her busy schedule at Monash Health, always has time to take my calls for help. Sharon will be leaving the committee in 2019 so we'll undoubtedly miss her presence.

Nick

Nick also left the Committee in 2018, for family reasons. Thank you Nick for your contribution over the last two and a half years.

My thanks to all our new members of the committee, it's great to see both new and familiar faces bringing fresh thinking to our great organisation. There are always those behind the scenes who contribute so much, for those of you making time for AHSPPO and to talk to me - you know who you are. Your input is massively appreciated.

Year in Review: Probity Training

It's been just over a year since we re-launched our Probity Training module online. We've seen some truly impressive and surprising results over the past 12 months. Here's a snapshot:

- The training site is visited 17,591 times each month.
- Which totals over 211,000 visits over the past year.
- Suppliers and non-members across the our industry have accessed the training.
- And even organisations outside of healthcare have sampled training proving the format and content is best in class!

The University of New England provides this module for us and together with our Education Officer is refreshed every six months. My thanks to Ron for his work in establishing the module and to Debra Birznieks for taking on the role this year. She will no doubt continue providing brilliant training content.

The new-look, high performing site is in no small part thanks to Valentino, our web designer for his outstanding work in building the site.

Getting ready for Conference 2019

After a great conference in August, for the 31st edition we will be announcing the 2019 location in the next few weeks. So keep an eye on the AHSPPO website for details.

Finally, from the Committee and myself, a big thank you to all Members. The support you give to the Association grows stronger and stronger every year and this can only benefit us all. So spread the word about the Association of Healthcare Supply and Procurement Officers at your workplaces and let's make 2019 bigger and better than ever.



ALDO SANTO
PRESIDENT

Can Better Healthcare Really Cost Less?

Implementation of GS1 standards and associated technology within the healthcare industry is occurring at a steady pace. Progressive organisations that have adopted the standards are benefiting from operational and supply chain efficiencies, better patient safety and increased clinical care.

BY CATHERINE KOETZ
INDUSTRY MANAGER-HEALTHCARE, GS1 AUSTRALIA

At a recent presentation I gave during the 30th AHSPPO Conference at Cape Schanck, I discussed 14 stakeholders in the healthcare supply chain that benefit from the interoperability of GS1 standards. The supply chain begins with the pharmaceutical and medical device manufacturers and extends to wholesalers, distributors, logistics providers, group purchasing organisations, hospitals, pharmacies, retailers and healthcare providers, through to consumers and patients.

It may seem daunting but in reality GS1 standards are being adopted by healthcare organisations throughout the world including the UK, France, Germany, Scandinavia, Switzerland, Hungary, China, US, Canada, Japan and Australia. Successful trials have also been carried out in Ethiopia, Pakistan and many other countries.

Helping to drive the digital technology to automate operations as part of a global standard is the support that's available to help every stakeholder as part of the supply chain. GS1 has a strong support network of offices across the globe. Many companies are already on board utilising GS1 data standards and barcodes throughout their operations and are willing to share their successes.

One example of how time and financial savings can be made is a real-life case study from two NHS hospitals in England that provide acute hospital and community-based health services for a population of over 600,000 people. By using GS1 identifiers and barcodes, the hospitals have experienced improvements in their clinical processes with associated financial savings of \$5 million.

James Mayne, eProcurement and Inventory Manager at University Hospitals of Derby and Burton NHS Foundation Trust and the Scan4Safety Programme Manager, said they now have full traceability in their theatres.

“When a recall is needed, they can identify all patients that may have been impacted and if any of the recalled products are still in inventory.”

“Before GS1 standards, our recall process took on average 50 hours per patient to trace the affected products and/or medical devices used. Now, it takes 30 minutes at most, giving us dramatic savings in time and improvement in patient safety.”

Australia has 695 public hospitals, 630 private hospitals and 2681 aged care facilities. If every facility could save \$8,000 each year by reducing waste in the supply chain, the savings would be \$32 million per year.

Challenges for Procurement

Some of the major challenges facing healthcare today are:

- Lack of traceability due to the absence of unique product identification and product ID, which can result in a risk of medication errors and errors due to manual processes.
- Wastage and costs associated with disposal and reordering.
- Difficulty in accurate patient records and costing.
- Absence of interoperable systems, which means clinical staff spend unnecessary hours ordering, looking for and managing products needed for care.
- Ineffective or inefficient product recalls.
- Manual reimbursement processes.

Fortunately, technology and GS1 standards provide enablers that can deliver better patient care through clinical staff time being reallocated back to clinical care, and significant cost savings including recouping charges not previously captured.

Charge capture improvement of up to 30% through availability of standards in the supply chain

The Mercy healthcare system in the US implemented GS1 standards to automate its operations and enable a steady digital transformation. As a result, charge capture in its highest cost area of surgery has improved by 28-30 per cent and tens of millions of products not previously captured in patient records are now being documented.

Prior to implementation, Mercy identified the importance of collaboration to address challenges from compliance to care to cost containment.

Matthew Mentel, Executive Director for Business Transformation and Integration at Mercy, said, "For collaboration to be successful, there must be a partnership between all aspects of operations, including clinical, supply chain, finance, revenue and other relevant functions."

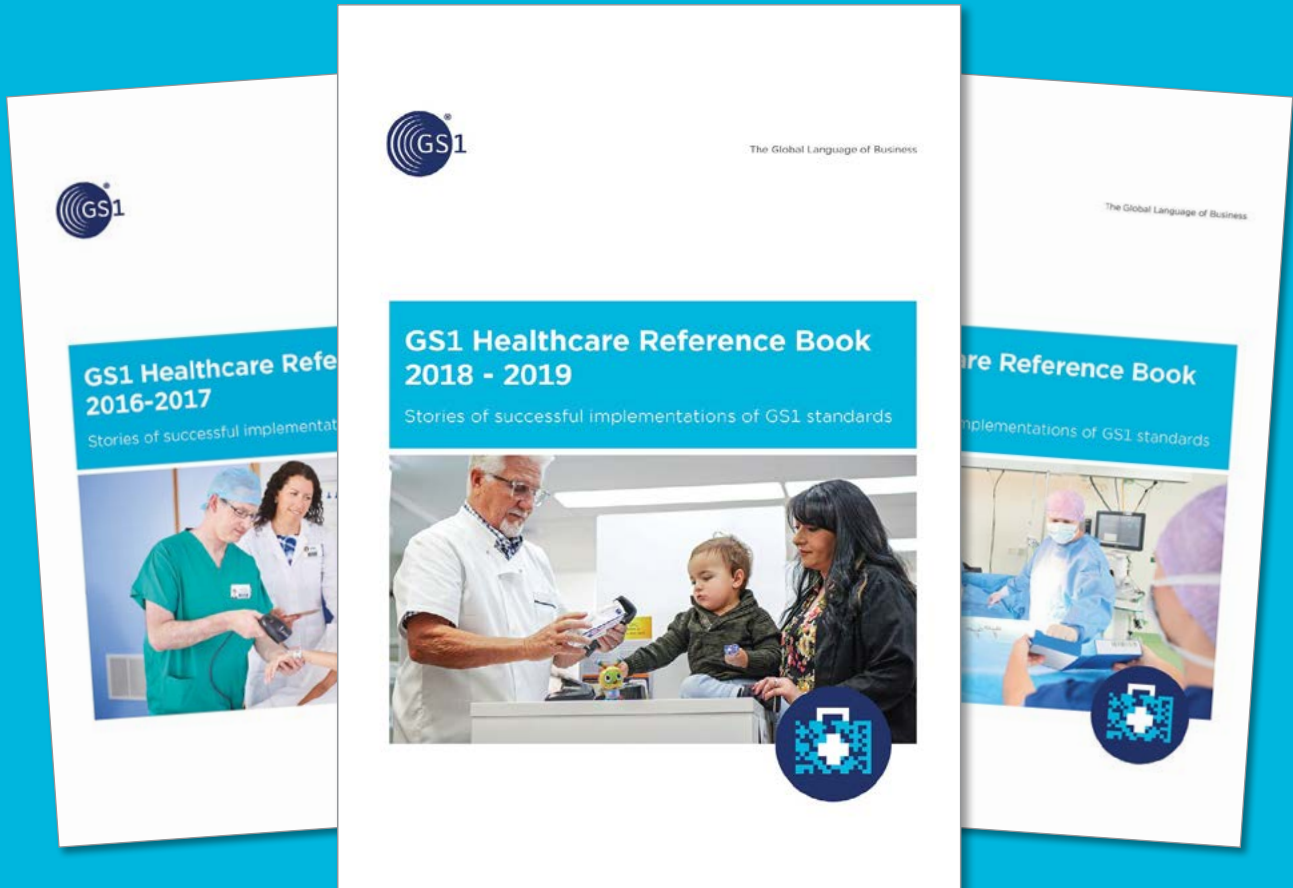
Following implementation, Mercy has increased its operational efficiency and productivity while increasing patient safety and outcomes.

For more information on these case studies and many others you can download the latest GS1 Reference Book at www.gs1au.org/HCreferbook18-19 or contact the GS1 Australia Healthcare team at healthcareteam@gs1au.org.



About GS1 Healthcare

GS1 Australia works in Healthcare to support adoption and implementation of interoperable GS1 standards within the Australian healthcare industry to enhance patient safety, and operational and supply chain efficiencies. Our global community brings together healthcare stakeholders and experts to lead the successful development and implementation of global GS1 standards and guidelines. Evidence available from healthcare industry implementations shows that GS1 identification, data capture and data sharing standards deliver tangible benefit to all stakeholders - pharmaceutical and medical device manufacturers, wholesalers, distributors, group purchasing organisations, hospitals, pharmacies, logistics providers, solution providers, governmental and regulatory bodies, trade associations and most importantly patients and consumers of healthcare. For more information about GS1 standards in Australian healthcare, visit the GS1 Australia website: www.gs1au.org/healthcare or follow us on Twitter: [gslau_health](https://twitter.com/gslau_health) and LinkedIn: [gslau-australia](https://www.linkedin.com/company/gslau-australia). Following implementation, Mercy has increased its operational efficiency and productivity while increasing patient safety and outcomes.



Better healthcare costs less with GS1 standards

Around the world, healthcare organisations of all types are implementing GS1 standards to deliver safer, more efficient care. The GS1 Healthcare Reference Books are resources to help you realise improvements for patient care and better management of healthcare supply chains.



Download a copy of the latest **reference book** or contact the **GS1 Healthcare team**

Eyes for Africa

DIRECTOR JULIE TYERS AWARDED OAM

At last years AHSP0 conference, we had the great pleasure of hearing from Julie Tyers about her work with the charity Eyes For Africa.

INTRODUCTION BY RICKY MUTSAERS
STAFF WRITER

Over the past twelve months, the charity has gone from strength to strength - culminating in Julie being awarded an OAM. More on that later...

In their most recent trip, Julie, Robert, and two self funded volunteers travelled to Ethiopia to run a clinic for two weeks. Despite bogged goat tracks, the local government not letting citizens know they were coming, and having to operate by torch light at times - Eyes For Africa screened over 300 people in ten days and conducted 123 eye operations.

An elderly farmer travelled over 60 kms for surgery, a 20 year old man who suffered injury at the hands (or hooves) of a goat had corneal scarring repaired and countless others had their lives changed through surgery we would take for granted here in Australia.

Now, back to Julie. At the Queen's Birthday awards, Julie was given the prestigious title of Order Of Australia. In accepting the honor, Julie reflected that the 3000 people they've helped over the past eleven years would not have been possible without the support of volunteers, supporters and sponsors that make it all possible. Humble words from a woman doing life changing things for thousands of people.

If you would like to find out more about the brilliant work Julie does, or donate to Eyes For Africa visit eyesforafrica.org

Eyes for Africa Quick Stats

11 YEARS
in operation

3,000 PEOPLE
operated on

Most recently in Ethiopia

107 CATARACT
operations

8 PTERYGIUMS
treated

1 MOLLUSCUM
CONTAGIOSUM
excision

1 LOWER LID
TRICIASIS
surgery

1 IRIS
repositioning

Find out more
EYESFORAFRICA.ORG



Julie Tyres OAM

EXCERPT FROM EYES FOR AFRICA NEWSLETTER
WRITTEN BY JULIE TYRES OAM

With great excitement we travelled to Ethiopia to facilitate our 11th year of free sight restoring cataract surgery to the people living in rural Ginir. Supported by Muhammed Elemo and Seifudin from Kayo Self-help Group in Australia, corporate and private donations, we were able to keep our promise to go to Ginir village in the Bale Mountains.

Following consultation with Ministry of Health, (MOH) Hospital Managers, phone calls to Dr Girmar at Ginir Hospital and continual support from Kayo Self Help Association Oromo Community from Ethiopia here in Australia it was apparent when we arrived that no work had been done to notify patients in the villages that EFA was coming to Ginir to perform free cataract surgery to the disadvantaged.

Robert and I along with two past self-funding volunteers, Dr Margaret Watson our anaesthetist and Julie Anstis, our theatre scout nurse travelled to Addis and were met at the Bole Airport by a representative from Ministry of Health Department who drove us to our Hotel. MOH were unable to provide us with transport to Ginir due to budget issues.

Fortunately, Ginir Hospital provided us with a 4WD for our equipment and we organised a coaster bus to travel to GOBA, then the Ginir Hospital 4WD returned to GOBA the next day to take us along the very muddy and dangerous unmade roads to Ginir. The last 100kms is only suitable for 4WD. Kayo Australia contributed A \$1200 to cover our road transport costs. EFA paid for the fuel.

Muhammed ELEMOM from Kayo and Seifudin, were in daily contact to help us through the endless struggles to gain cooperation from the officials to mobilise our patients. Dr Bushra The medical Director from Robe also assisted and encouraged us to screen the refugees, however, he was informed there was no budget to transport refugees patients to the EFA clinic.

We met The Local Health Department Head, Seid Idris, who also promised to announce our arrival at the remote Community Centers. Dr Nagash, The Assistant Director of Regional Health Bureau also contacted the hospital management to facilitate announcements of EFA at Ginir.

Julie met with hospital management to arrange our staff. We agree the optometrist to screen, ophthalmic nurse in OR with Julie A, translator for Dr Margaret, cleaners and guards. As expected not all staff were 'on the job' everyday. In fact we heard the absent guards were working 'under cover'.

Records indicate 300+ patients were screened over 10 days. The patients started arriving at the Hospital during the second week by word of mouth.

We arrived some mornings for work to find there was no electricity, no suction available for GA's and Dr Abu performed some cataract surgeries using a torch.

Dr Abu operated on two sisters age 5 and 8. They had bilateral congenital cataracts and had been blind most of their lives. Dr Margaret gave both girls a general anaesthetic and Dr Abu operated on both eyes together.

Rahima our optometrist and Abiyat our ophthalmic nurse educated our patients on post op care including demonstrating instillation of eye drops and observing a relative to do the same.

Despite much forward planning, phone calls and support from Kayo the campaign had many unnecessary and unforeseen struggles.

It appears there is very little communication along the Government chain to the village we were encouraged by MOH to visit and no accountability for poor performance during our arrival. The unhelpful attitude at Ginir didn't change for the two week campaign. We were not greeted warmly and continually harassed for money.

The outcomes for the patients were 100% success, no infections.

Our resources and manpower should have restored sight to over 200 not 123, had it not been for the obstructive manner of hospital and government leaders.

Despite feeling betrayed by some members of the Government chain and colleagues from Ethiopia, EFA provided a free service to the ignored, disadvantaged people that have no access to eye care and has enabled them to see again.

EFA will continue into its 12th year in 2019 and keep hoping for a truthful, transparent partnership from Governments, Health facilities and locals.

Supply Chain Truths

TO KEEP HEALTHCARE GROWING

Australia's healthcare sector needs to keep growing – but can it? In 2017, national healthcare spending rose past 10% of Australia's GDP for the first time ever, prompting concerns of a coming funding crisis for the country's hospitals and clinics.¹

REPRINTED WITH PERMISSION FROM DHL SUPPLY CHAIN

Such concerns echo back as far as 2010, when a Treasury report suggested healthcare spending as a percentage of GDP would double between then and 2050.² Government and private sector leaders both acknowledge that today's healthcare funding models may not prove sustainable without significant reform, particularly when considering projected growth in demand from an increasing and ageing population.³

However, Australian healthcare operators are far from helpless when it comes to tackling these potential challenges. One of their best chances for doing so successfully, and sustainably, is to focus on the backbone of their operations: the supply chain. Outsourcing, digitalizing, and optimizing the medical supply chain can not only significantly reduce cost pressure, but also give doctors and patients the choice of, and access to, resources needed for higher-quality care. Yet many healthcare operators have shied away from supply chain transformation – understandably so, given the numerous complex, interlinked, and often life-critical elements that make up medical supply chains.

The truth is that supply chain transformation is not as challenging as it may seem – not even for the healthcare sector. While end-to-end supply chain transformation often seems a daunting task, an incremental and wellguided transformation plan can yield progressive benefits even while minimizing the risks, both real and perceived, that any changes may bring. This whitepaper looks at four common perceptions that hold healthcare operators back

from improving their supply chains, whether through third-party logistics providers (3PL) or digital technology – and how contrary to these perceptions, sustainable healthcare growth may be easier than we often think.

Greater Choice Doesn't Mean Greater Cost

Healthcare providers face demand for increasingly personalized services and resources – not just from patients, but also from doctors and other clinicians. Stocking a broader range of products – from medicines to equipment – to meet these preferences, however, may put increased pressure on inventory and fulfilment in supply chains that are often already running up against capacity constraints. That puts healthcare operators in a delicate situation: keep logistics lean, or give the people what they want?

Outsourcing supply chain operations can, when managed wisely, allow healthcare providers to do both. That holds particularly true for fourth-party-logistics (4PL) providers who manage not just end-to-end supply chain operations, but also the technology and resources needed to support the supply chain as effectively as possible. That includes responsibility for inventory management and visibility – an issue which often holds healthcare operators back from offering that choice which their staff and customers seek.

To offer a wider choice of items in an efficient manner, healthcare inventory management must



accomplish three things. First and foremost, it needs to make the right stock readily available whenever patients or clinicians need it. It also needs to ensure such stock remains in good quality, minimizing risks like expiry or contamination, not only in how goods are stored, but how long they remain in storage for. Finally, it needs to stay lean – rotating out items when they grow obsolete, and keeping held inventory levels as low as possible without compromising availability.

In a 4PL environment, inventory and stock is under the logistics provider's control, often supported by best-in-class processes and technology (which this whitepaper will later explore) that is not normally available, or cost-effective, for individual healthcare providers. Those environments also give healthcare supply chain managers the same visibility of their stock, if not more than before.

Centralizing inventory in a 4PL's warehouses, under strict quality-assurance protocols, provides a far better environment for viewing stock and identifying potential issues than having multiple, often unmonitored clusters of goods in different parts of a hospital or clinic. That, in turn, helps healthcare providers achieve greater accountability of spending on medicines and equipment – as well as knowing more clearly where they can trim the fat on costs without compromising service quality.

For most healthcare providers, the right 4PL environment will include: robust quality control of held inventory, including temperature and handling;

full compliance with device and medicine handling standards from authorities like the TGA; and inventory management systems that can quickly scale up to support the provision of new lines of stock as demand changes. While therapies and treatment methods evolve less quickly than products or services in other sectors, that does not make healthcare providers immune to the need for greater speed in keeping up with what patients want – making “just in time” fulfillment particularly important to their supply chains.

“Just In Time” Doesn't Mean Out Of Stock

Australian healthcare providers often suffer from cases of overcautiousness, the symptoms of which include stocking excess inventory and over-servicing hospitals and clinics for fear of an unplanned resource shortage. This “just-in-case” mentality is understandable, given that patient lives and institutional reputations are at stake; it can also cost healthcare providers millions in unnecessary expenditure. What's the alternative? A “just-in-time” approach to fulfillment, where resources are delivered at speed, in only the quantities required at any given time.

Such an approach may feel uncomfortable to healthcare providers at first. It removes the safety net of excess medicines and equipment that they may feel reliant upon, to avoid a dramatic “out of stock” scenario. And for those seeking to establish just-in-



time operations on their own, doing so requires not only huge amounts of infrastructure expenditure but also specialized logistics expertise.

When carried out through a trusted 4PL provider, however, just-in-time becomes simple – largely due to the existing processes and knowledge which the 4PL can bring to bear from numerous other supply chains. DHL Supply Chain, for example, manages the maintenance, repair, and operations (MRO) logistics for major airlines everywhere from Hong Kong⁴ to the UAE⁵ – resupplying planes within operational windows of as little as an hour between landing and take-off. That same expertise comes into play when fulfilling real-time orders for medicines, devices, and other resources to any number of sites that a healthcare provider operates.

Outsourcing the just-in-time function also minimizes the running costs of fulfillment, while maximising the savings on held inventory that healthcare providers incur. In trials with our field studies in Queensland for a national hospital operator, we found that just-in-time delivery models could reduce stock holding values by anywhere from 10% to 30% – bringing about dramatic savings if applied across the operator's numerous hospitals as well as its distribution center. Those savings can come within just months of adopting a just-in-time approach, with relatively low operational costs for healthcare providers to bear.

Successful just-in-time operations, however, require two things. First, they should be rolled out incrementally across different wards, clinics, or hospital sites – not as a single “bigbang” initiative that may run up against much higher levels of complexity and resistance. Second, they require a means by which to accurately monitor, call for, and track the movement of stock – both between distribution center and hospital, and within each one. Doing so, however, becomes more than possible with today's latest supply chain technology.

Digital Doesn't Mean Complex

Many healthcare providers hesitate at the prospect of digitalizing their supply chains, for fear of placing additional burden on already over-tasked staff to change. Yet the consequences of remaining on conventional ‘pen and paper’ inventory management can be even more risky. A lack of visibility and control of critical hospital resources can, if not addressed, ultimately put patients at risk and leave clinicians under-resourced – even in seemingly overstocked environments.

So, what are healthcare providers to do? Interestingly, inspiration can be taken from the way logistics operators use asset management platforms and sensors to handle and track hundreds, if not hundreds of thousands of items across a broad logistics network. Healthcare providers can work with their 4PL providers to adopt logistics technologies, such as inexpensive Radio Frequency Identification (RFID) tags and inventory management software, to digitally connect and track the status and movement of every medical asset in their building. This tracking can be done automatically, with minimal to no human input. Through RFID tags, doctors or nurses can know the location, stock level or status of every drug, medical equipment, patient ward, surgical room and even personnel – with a few simple clicks. Inventory updates can also be automated in real-time. With RFID readers installed on medicine cabinets, drugs can be detected as they are taken out or put in – and an update on stock levels is immediately noted on the inventory management software. Similarly, billing can also be simplified. For instance, RFID bins can automatically detect when a package is discarded, subtracting it from inventory and listing it onto a patient's bill at the same time. That means both less paperwork and higher accuracy in managing the high-velocity movement of stock through any clinical inventory.

Digital inventories also lend themselves naturally to just-in-time fulfillment. Inventory management software can be set to automatically send a restock request to a 4PL's warehouse once an item's inventory volumes fall below a certain level. This doesn't just streamline the re-fulfillment process: it also reduces accidental over-purchasing of costly items like surgical equipment by up to 30%, according to findings from our live trials in Australian hospitals. By placing RFID readers in bins, medical waste can be tracked by healthcare providers and disposed by 4PLs as well, creating an additional avenue to reconcile inventories should any disputes arise.

Far from adding complexity, digital transformation of supply chains can simplify inventory management by automating otherwise manual processes to free up staff, while reducing cost and maximising asset usage in the long run. As is common with any form of digital

technology, the digitalization of supply chains should be conducted in a staggered but practical manner. Along with efforts to integrate a 4PL environment and implement just-in-time fulfillment approaches, healthcare providers will need to adopt a sensible approach towards transformation that will build trust with medical staff and keep operational disruptions at a minimum.

Transformation Doesn't Mean Disruption

Change is never easy, and this is especially true in a high pressure and time-critical environment like healthcare. But the truth is, it doesn't need to all happen at once. Like medical trials for new treatments or drugs, healthcare providers can first conduct small-scale 'stress tests' with their 4PL partners, digitalizing and streamlining the supply chains of individual wards or departments before moving on to larger hospital-wide transformations.

There are multiple benefits to this small-scale approach. It allows management to receive steady, rather than overwhelming, streams of feedback. It affords the collection of sufficient data, with a wider window to adapt plans based on what works and what needs improvement. Lastly, it gives healthcare providers the time to work closely with their 4PL partners to effectively iron out problems and gradually scale transformation to cover additional departments, without potentially disrupting critical care services in the process.

More crucially, a step-change approach to supply chain transformation allows healthcare providers to keep the main users of the healthcare supply chain front and center of any process. Management will do well to communicate the importance of supply chain transformation to their doctors, nurses and administrative staff – not just in terms of cost efficiencies, but also in item procurement, clearing

cluttered stockrooms, reducing paperwork and, most importantly, creating better patient outcomes. This communication needs to be two-way, allowing staff to voice concerns and provide real on-the-ground feedback that will go a long way towards ensuring the success of supply chains in the long run.

Inventory needs vary between departments, and having clear lines of communication assures medical staff and executives that their opinions contribute to efforts in transforming the end-to-end supply chain for the entire healthcare institution. Ultimately, supply chain transformation doesn't just allow Australian healthcare operators to respond to expenditure cuts and shrinking resources. It also allows medical personnel to return to what they do best: improving the well-being of all Australians.



For further information

Contact our supply chain experts:
dhl.com, supplychain@dhl.com

For the latest insight and resources on supply chain resilience, visit our website: dhl.com/llp

- 1 <https://www.theguardian.com/australia-news/2017/oct/06/australias-healthcare-spending-rises-above-10-of-gdp-for-first-time>
- 2 http://archive.treasury.gov.au/igr/igr2010/report/pdf/IGR_2010.pdf
- 3 https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook44p/FundingHealthCare
- 4 http://www.dhl.com/en/press/releases/releases_2017/all/logistics/cathay_pacific_selects_dhl_supply_chain_to_manage_and_handle_aircraft_service_parts_logistics_for_its_mainline_fleet_in_hong_kong.html
- 5 http://www.dhl.com/en/press/releases/releases_2017/all/logistics/etihad_airways_engineering_partners_with_dhl_to_enhance_mro_logistics.html



2018

Conference

R E T R O S P E C T I V E

The 30th edition of the AHSPPO conference was held down at pristine Cape Schanck back in August 2018. Set at the brand new RACV resort, the conference brought together proud and passionate minds of the procurement profession for two and a half days of professional development, inspirational stories and of course fun.



WEDNESDAY

Delegates travelling from across the country enjoyed the scenic drive down to Cape Schanck where a late and relaxed start to proceedings awaited them. AHSPO President Aldo Santo and local member of parliament, the Hon Martin Dixon MP warmly welcomed everyone before officially opening the exhibition and sharing networking drinks.





THURSDAY

Things were in full swing by day two, with the traditional opening address before keynote speaker Paul Hockey was welcomed to the stage. As the first disabled person to stand on the summit of Mount Everest, Paul shared some inspirational stories and in particular his strong belief that impossible is not a fact but an opinion and most importantly that the right attitude can carry you to heights you never thought possible.

Following Paul were speaker sessions delivered by partners and sponsors; Catherine Koetz from GS1 Australia challenged the audience to believe that better care can cost less. We also heard from Debra Birznieks from Regis Aged Care and Michael Gardner from DHL. Following lunch, Brett Henderson from AusIndustry delivered a thought provoking session while Darren Carr's funny and informative keynote was a great way to finish proceedings.





“Bringing together passionate minds to discuss and debate topics dear to all our hearts is brilliant for us as individuals in procurement and for the profession as a whole.”

ALDO SANTO
PRESIDENT







FRIDAY

With just half a day on the final day of the conference, the agenda was packed full of procurement goodness. Opening proceedings bright and early, Neil Sigamoney from Monash Health discussed the latest procurement strategies, then Bernadine McNamara from Austin Health took a deep look into the intricacies of contract law. Local Charity Peninsula Home Hospice rounded out the morning's presentations before the closing keynote delivered by Martina Jewell.

One of the most decorated women in the Australian Military history, Martina shared her story of finding courage and building leadership in the most challenging of moments, leaving the audience captivated and inspired. Martina's passion and honest delivery closed the conference on an uplifting note.







The Association of Healthcare Supply and Procurement Officers proudly feel like a family and Emcee Emily Rice summed things up perfectly by saying ‘not only is there expertise here, there’s a genuine community feeling’. We’re proud to bring this event to our members and we look forward to seeing you all again next year.





Save the date

AHSPO Annual Conference 2019

Procurement – Supply Chain

Wednesday 14 to
Friday 16 August 2019

Mantra Lorne
Lorne, Victoria

Keep
Healthcare
Growing

How you can shape discussions

JULY 2018 BRIEFING PAPER FOR HOSPITAL HEADS OF PROCUREMENT & SUPPLY

Following is an up-to-date snapshot of the forces behind the coming shift in the world of your Healthcare suppliers, a simple question you can use to identify your two types of suppliers beyond this Shift, and some ideas on where to push for value in the coming couple of years.

WORDS BY BERNIE KELLY

Leading the procurement and supply functions in hospitals is challenging with year on year pressure on costs, inventory levels and service, and the wide range of stakeholders across the modern Health Service. For procurement managers, much of the understanding of the external market is transferred via the suppliers.

In such roles I have found it very empowering to have some independent insights to open and shape discussions. I've been doing a lot of strategic research and work across the sector and thought that some of it may be of value to share with you.

Across the range of products and services you currently manage as Head of Procurement and Supply at your hospital there are many long term players you know and trust.

They've displayed solid cost management, have helped you meet increasing levels of compliance, been positive contributors with clinicians around education and other initiatives, and delivered ongoing product developments.

But not all will be aware or clear to you about the shifts that are occurring.

The health supplier world is shifting thanks to three significant factors:

- Clinician and patient engagement has changed with people expecting the same access to on-demand information, responsive scheduling, and features they receive from other services in their lives¹.
- Technological connection has reached a tipping point. By 2020 there will be 50 billion devices connected to the internet, many of which will track individual health data².
- In the first half of 2018, funding in the Asian healthtech sector (inc. Australia) was US\$3.3 billion, which exceeds 2017 total funding³. These are generally start-ups external to the established market.



Clinician and patient engagement has changed with people expecting the same access to on-demand information, responsive scheduling, and features they receive from other services in their lives.

When similar forces have converged in other sectors the shift divides the market into those that thrive and those that are fighting for survival.

Simple questioning

It can be visible to you now where your suppliers will sit on the other side of this shift, through simple questioning.

The headlines of these trends are probably not news to you or the many suppliers you speak with but they've actually been building momentum for a number of years now.

To understand how your suppliers are positioned, consider this simple line of questioning:

Can you describe how your products will be delivering a step change in increased value to our patients and our Health Service in the coming three years?

You will clearly see who is already on the move, and who is caught flat footed.

“Can you describe how your products will be delivering a step change in increased value to our patients and our Health Service in the coming three years?”

The constructive power of the strategic buyer at these times makes a massive difference to industry transitions.

The constructive power of the strategic buyer at these times makes a massive difference to industry transitions. Like some of you, I have managed this process in multiple sectors and am always affirmed with how taking the proactive lead in shaping discussions improves outcomes over the multi-year plan.

Value in the coming years

How you can push for value in the coming years: Once you start discussions around the shift with your proactive suppliers and internal stakeholders, I'm sure you will create a significantly greater list of opportunity. To help you get started here's some suggested supplier questions on where to push for value to your patients, clinicians, and hospital through this shift.

How are they going to use these capabilities to step change the capabilities of our clinicians in supporting patients?

How are they going to use these capabilities to reduce supply chain costs in terms of usage, waste reduction, and inventory management?

How are you going to ensure that your ideas do not add to the IT governance and cost burden we already experience?

Do you anticipate new services you will be adding that improve the end to end value?

Is there work you have done or are doing with others that we should present to our Executive?

If you are not adding value in the end-to-end costs, are you planning significant product cost reductions beyond the coming Shift?

Next Steps

If you'd love to dig deeper on this topic please get in touch with me directly by email bernie@berniekelly.com or call me on 0421 915 608.

If you would like to keep in touch and up to date with the latest healthcare news, I welcome relevant connections via LinkedIn ([linkedin.com/in/berniekelly100](https://www.linkedin.com/in/berniekelly100))

About Bernie Kelly

I am focused on unlocking progress with those positioned to improve Access, Affordability and Care in Health.

The barriers and constraints are always a combination of people, process, technology, and financial factors. I work across these factors in an integrated approach to help leaders get the clarity for action they need to achieve their next phase of step change progress.

I also work with Health, Service, Technology businesses to implement the developments required to successfully grow. I have been involved in executive teams as a CEO, Exec, and Mentor.

Sources:

1 Source: Don't believe me, talk with your family and friends!

2 Source: HealthITAnalytics

3 Source: Galen Growth Asia

Essential Skills

FOR THE MODERN PROCUREMENT LEADER

While the foundations of procurement remain as relevant as ever. In 2018, the rapidly changing healthcare landscape demands a new set of skills for the modern procurement manager.

WORDS BY RICKY MUTSAERS
STAFF WRITER

In procurement, like any profession you'll never stop learning. Whether you're a battle scarred veteran or the ink is still drying on your first supplier agreement, keeping up to date with trends and shifts in procurement is essential to not only deliver improved value to your organisation, but get more from yourself.

As a procurement leader you're responsible for not just onboarding suppliers, meeting government regulation and getting the best possible unit price. As a modern, forward thinking procurement leader you're charged with finding efficiencies for the business, and finding solutions to deliver the best care for clients. So what are some of the new skills essential to success in modern procurement?

Shifting with the market and planning strategically. Procurement planning is beholden to business and fiscal cycles while shifting government policy plays a big part in how many healthcare providers are funded and operate. The strategic procurement manager must have their finger on the pulse to plan not just for the short term but long term success.

Performance and Data analysis. As systems connect and integrate ever closer, we can now scrutinise and hold our suppliers to higher standards than ever before. But with a flood of data available the modern procurement manager needs a sound ability to analyse detailed data.

Advanced communication. While having sound communication skills isn't new, dealing with organisations large and small, local and global, demands a clear understanding of audiences and the subtleties in dealing the political nature of local government or the cultural differences of international suppliers.

These simply scratch the surface of the skills the modern procurement leader needs to thrive. The AHSPPO and University of New England jointly produced Diploma of Procurement and Contracting gives a comprehensive insight into developing these skills and more.



MEMBER EXCLUSIVE

Sign up to the course today and AHSPPO members will receive 10% off the course fee.

Training suitability

This qualification is intended for people currently working in a position with responsibility for the management of complex procurement and contracting. This specialist qualification covers the competencies required for independent and self-directed work as a procurement and contract manager in the public sector. Participants may have existing skills and experience and may be looking to build upon their knowledge and seek formal skills recognition.

Study workload

The estimated time to complete the course is 6-8 hours per week over an 18 month study period comprising on-the-job learning, workplace practice, self-directed study and assessment preparation. This estimate is based on AQF guidelines and will vary according to student experience and current practice.

Skill outcomes

On successful completion of this course students will be able to:

- understand and work within relevant procurement governance arrangements and frameworks including probity and legal framework
- contribute to Forward Procurement Planning and undertake project and specific Procurement Planning (Procurement Plan)
- interpret procurement requirements, analyse procurement options and methods, and assess procurement risk
- develop request documents and specifications
- manage the procurement process and plan and conduct an evaluation process
- undertake negotiations;
- plan to manage a contract, manage contract performance and finalise contracts;
- demonstrate problem-solving skills through a range of applications, including research and analysis in order to define

Suitable for

- Corporate groups
- Individual students (distance only)
- Funded programs

Duration 18 months

Entry reqs. A suitable level of workplace responsibility allowing sufficient opportunity to demonstrate competency through completion of tasks directly related to a public sector procurement and contract management job roles

Assessment

A combination of knowledge questions, work-related tasks and evidence portfolio, or RPL

Learning Pathways

Available to higher awards

For details of optional extras please refer to our website at www.unep.edu.au

- relevant data and make recommendations, implementation of workplace diversity strategies to encourage inclusiveness and effectiveness, and management of risk and conflict;
- use a range of complex written and workplace communication techniques and strategies at the appropriate levels to demonstrate effective research and analysis, information synthesis and refinement, and negotiation; and
 - plan and organise through identification of needs, coordination of resources, evaluation of processes and benchmarking of performance.

Competencies

Students must complete 13 units of competency:

- | | | |
|---|--|---|
| • Plan for procurement outcomes (PSPPCM012) | • Participate in budget and procurement review processes (PSPPCM014) | • Undertake negotiations (PSPGEN049) |
| • Manage procurement risk (PSPPCM010) | • Promote compliance with legislation in the public sector (PSPLEG003) | • Plan to manage a contract (PSPPCM011) |
| • Promote the values and ethos of public service (PSPETHC003) | • Plan and implement strategic sourcing (PSPPCM016) | • Manage contract performance (PSPPCM008) |
| • Manage a supply chain (BSBPUR504) | • Undertake research and analysis (PSPGEN046) | • Finalise contracts (PSPPCM009) |
| • Make procurement decisions (PSPPCM013) | | |

Competency descriptions

Plan for procurement outcomes (PSPPCM012)

This unit covers advanced planning for complex procurement within established guidelines, policies and procedures. It includes applying and managing procurement governance arrangements, developing procurement and market strategies, and undertaking analysis to support achievement of procurement outcomes through definition of requirements aligned to business needs, consultation with stakeholders, establishment of tender evaluation panels, and documentation of detailed procurement planning.

Manage procurement risk (PSPPCM010)

This unit covers the ability to manage risks associated with all stages of procurement. It includes assessing risk, and preparing, implementing and reviewing a risk management plan.

Promote the values and ethos of public service (PSPETHC003)

This unit covers the responsibility of those in public service to model and encourage in others the highest standards of ethical conduct. It includes promoting ethical standards, assisting staff to avoid conflicts of interest, and modelling and fostering integrity of conduct.

Manage a supply chain (BSBPUR504)

This unit applies to individuals who are responsible for managing a supply chain in an organisation. These individuals develop and implement relevant supply chain management strategies, and manage and review the implementation of improvements to international purchasing strategies.

Participate in budget and procurement review processes (PSPPCM014)

This unit covers the ability to participate in government budget and review processes to ensure that procurement and contract management activities occur within established procedures and financial obligations are fulfilled. It covers the budget cycle, the procedures for obtaining funding for procurement exercises, the obligations organisations have in relation to spending and the review and audit procedures that may apply to procurements and contract management.

Promote compliance with legislation in the public sector (PSPLEG003)

This unit covers the promotion and modelling of compliance with legislation and related public sector guidelines and procedures, as well as encouraging and assisting others to comply.

Plan and implement strategic sourcing (PSPPCM016)

This unit covers planning and implementation of strategic sourcing for goods or services essential or critical to an organisation's ability to conduct its core business. Failure of supply or disrupted supply of these goods and services will have an adverse impact on the organisation's ability to deliver its core business outcomes.

Undertake research and analysis (PSPGEN046)

This unit covers research and analysis to develop advice and recommendations. It includes identifying and undertaking research, analysing information and applying the results of analysis, maintaining information systems, and compiling reports from information.

Make procurement decisions (PSPPCM013)

This unit covers advanced decision making for complex procurement within established guidelines, policies and procedures. It includes understanding and applying legal and policy obligations in addition to the other factors that may influence decisions when selecting effective procurement methods, and undertaking contractual arrangements and supplier choice in an accountable and transparent environment.

Undertake negotiations (PSPGEN049)

This unit covers negotiations as an individual or as a member of a negotiating team. It includes planning for the negotiation, conducting the negotiation and finalising the outcome.

Plan to manage a contract (PSPPCM011)

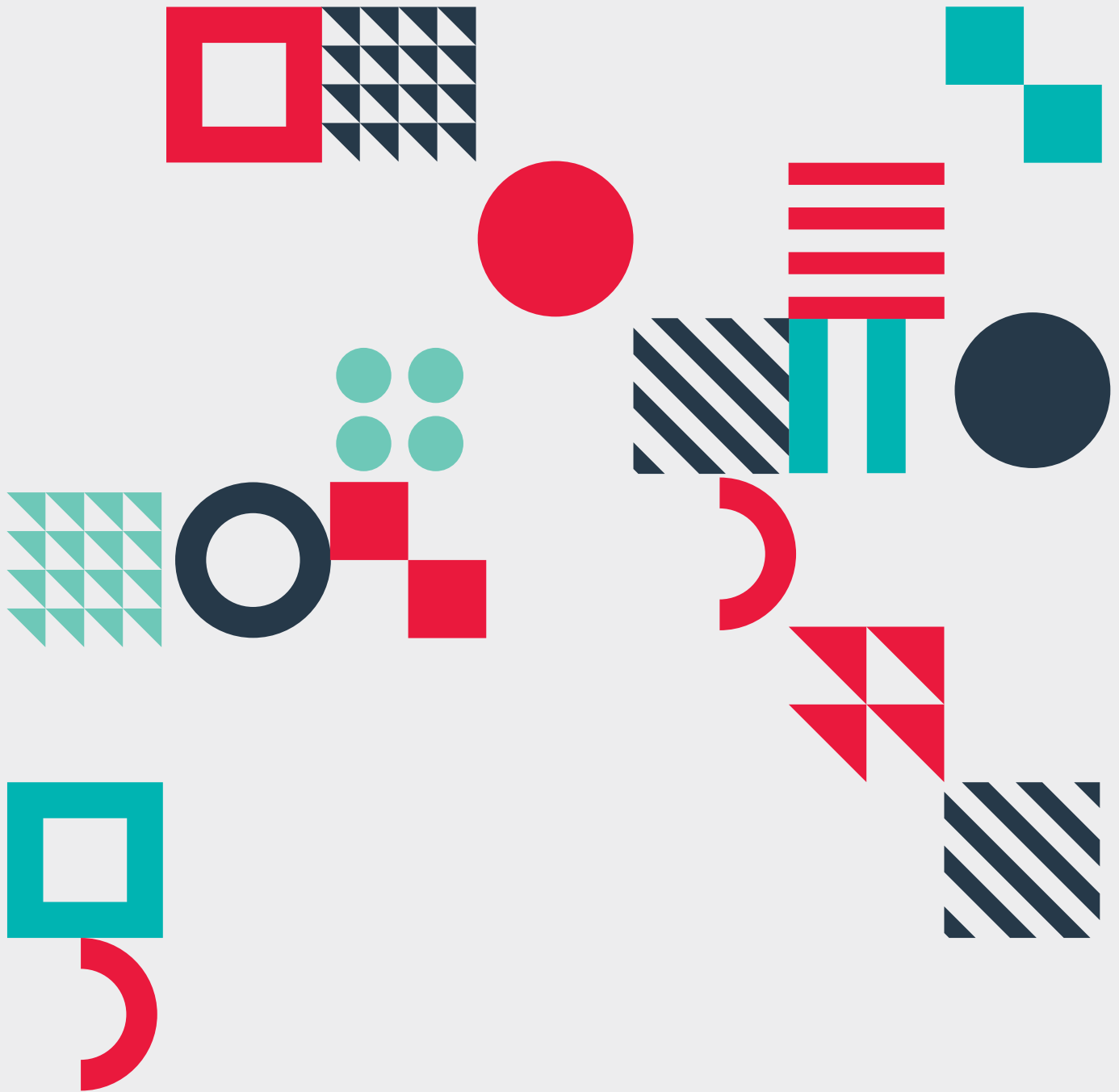
This unit covers the ability to establish arrangements for contract management. It includes confirming contract requirements, preparing a contract management plan, and implementing contract strategies and contractual arrangements.

Manage contract performance (PSPPCM008)

This unit covers the competency required by people whose primary role is contract management to implement strategies that ensure effective contract performance. It includes managing the business relationship, performance of the contract, and contract issues; and implementing a communication strategy.

Finalise contracts (PSPPCM009)

This unit covers the ability to finalise processes for contracts. It includes completing contracts and implementing a contract review strategy.



Wednesday 14 to
Friday 16 August 2019



Mantra Lorne
Lorne, Victoria

Sponsorship Opportunities

Keep Healthcare Growing



How to apply for Sponsorship.

Keep Healthcare Growing

In this document we've identified various sponsorship opportunities and outlined the benefits provided to major sponsors.

Registration will be via Eventbrite. The Link and Password will be supplied prior to the event going "Live"

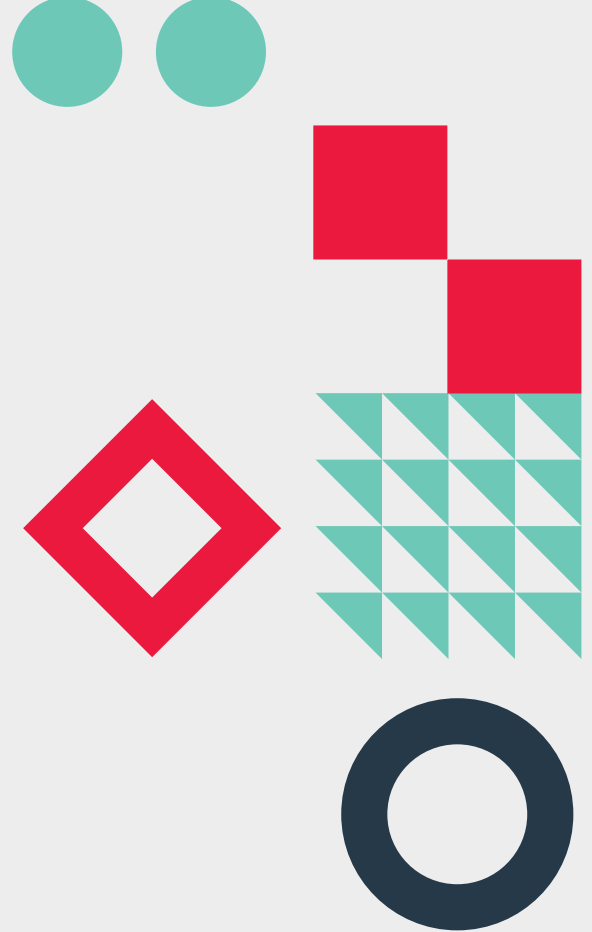
Opportunity One

Platinum Sponsorship

EXCLUSIVE \$15,000 Investment

- Guaranteed double stand chosen by company from floor plan. 3m x 3m
- Full conference registration for 4 company representatives (includes attendance to all AHSP0 official conference sessions and AHSP0 sanctioned social events)
- Sole naming rights to the Conference dinner
- Lectern signage
- Fascia signage, spotlights, table, chairs and all power during exhibition
- Corporate Membership for company for the 2019 membership year
- Invitation for 1 extra company representatives to attend formal pre-dinner and conference dinner Thursday evening (accommodation not included)
- 1 A4 promotional information on seat drop in conference room (provided by company)
- Link from the AHSP0 website to your company website during 2019/20
- An opportunity for one of your company representatives to make a 10 minute presentation at the Wednesday Trade opening, preferably relevant to the conference theme.
- Full sponsorship of a Full AHSP0 member to attend conference
- Full page advertisement in one edition of the AHSP0 journal during 2019/20
- A 90 second video commercial shown in main conference room

Opportunity Two



Diamond Sponsorship

EXCLUSIVE \$10,000 Investment

- Guaranteed double stand chosen by company from floor plan. 3m x 3m
- Sponsorship of Conference Facilitator Opportunity for a Logo Tee/ Polo shirt to be worn by MC during whole of conference
- Fascia signage, spotlights, table, chairs and all power during exhibition
- Corporate Membership for company for the 2019 membership year
- Full conference registration for 4 company representatives (includes attendance to all AHSP0 official conference sessions and AHSP0 sanctioned social events)
- Lectern signage
- Link from the AHSP0 website to your company website during 2019/20
- Invitation for 1 extra company representatives to attend formal pre-dinner and conference dinner Thursday evening (accommodation not included)
- Full sponsorship of a Full AHSP0 member to attend conference
- Multipage brochure/catalogue (provided by you) placed in all delegates welcome bags
- Full page advertisement in one edition of the AHSP0 journal during 2019/20

Opportunity Three

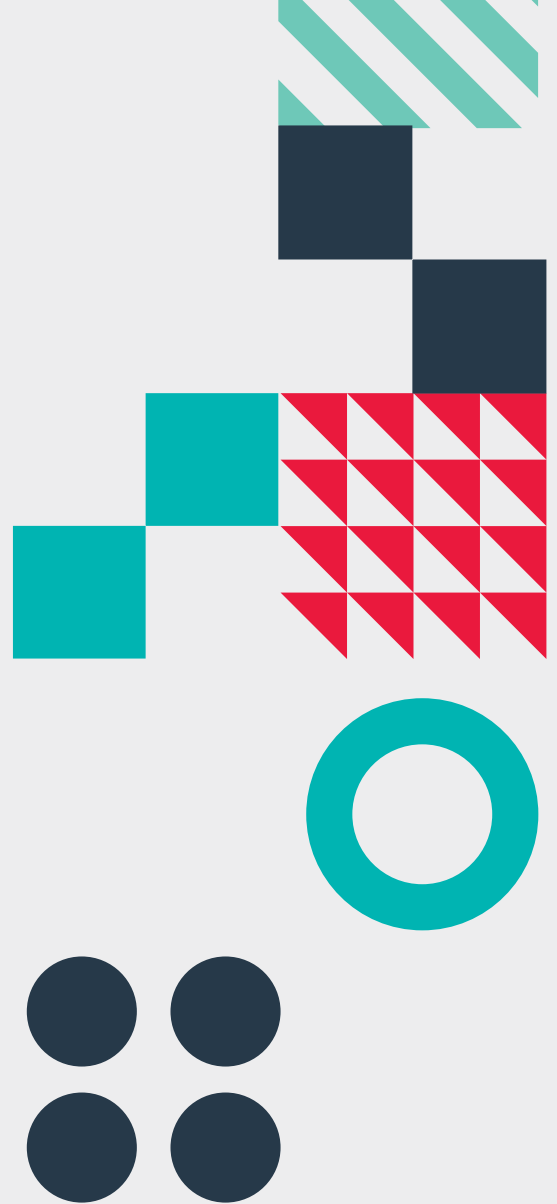


Gold Sponsorship

EXCLUSIVE \$8,000 Investment

- Guaranteed Sponsor stand 3m x 1.5m
- Full conference registration for 3 company representatives (includes attendance to all AHSP0 official conference sessions & sanctioned social events)
- Link from the AHSP0 website to your company website during 2019/20
- Sponsorship/Sole naming rights to our Exhibition Welcome Reception, to be held on the evening of Wednesday 14th August 2019
- Fascia signage, spotlights, table, chairs and all power during exhibition
- Corporate Membership for company for the 2019 membership year
- Sponsorship of an AHSP0 Full member to attend conference.
- 1 A4 single page insert (provided by you) placed in all delegates welcome bags
- Half page advertisement in one edition of the AHSP0 journal during 2019/20

Opportunity Four



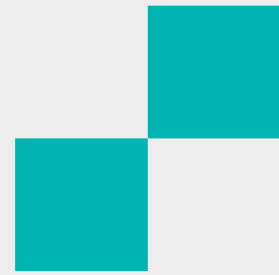
Silver Sponsorship

EXCLUSIVE \$7,000 Investment

- Guaranteed Sponsor stand 3m x 1.5m allocated from floor plan
- Sole naming sponsorship to one delegate gift celebrating the 31st Conference. Placed in every delegate bag.
- Full conference registration for 2 company representatives, (includes attendance to all official AHSP0 conference sessions & sanctioned social events
- Link from the AHSP0 website to your company website during 2019/20
- Fascia signage, spotlights, table, chairs and all power during exhibition
- Corporate Membership for company for the 2019 membership year
- Sponsorship of an AHSP0 Full member to attend conference.
- 1 A4 single page insert (provided by you) placed in all delegates welcome bags
- Half page advertisement in one edition of the AHSP0 journal during 2018/19

Opportunity Five

Keynote/Meal Break Sponsorship



\$7,000 Investment

- Guaranteed Sponsor stand 3m x 1.5m
- Keynote speaker will acknowledge Sponsor
- Meal breaks will have sponsor name +/- logo on each Refreshment stand per session.
- Full conference registration for 2 company representatives, (includes attendance to all official AHSP0 conference sessions & sanctioned social events)
- Link from the AHSP0 website to your company website during 2019/20
- Fascia signage, spotlights, table, chairs and all power during exhibition
- Corporate Membership for company for the 2019 membership year
- Sponsorship of an AHSP0 Full member to attend conference
- 1 A4 single page insert (provided by you) placed in all delegates welcome bags
- Half page advertisement in one edition of the AHSP0 journal during 2018/19

Opportunity Six

Bronze Sponsorship

\$4,000 Investment

- Guaranteed Sponsor stand 3m x 1.5m
- Full page on AHSP0 Journal
- Fascia signage, spotlights, table, chairs and all power during exhibition
- Full conference registration for 2 company representatives, (includes attendance to all official AHSP0 conference sessions & sanctioned social events)
- Corporate Membership for company for the 2019 membership year
- Link from the AHSP0 website to your company website during 2019/20
- Half page advertisement in one edition of the AHSP0 journal during 2019/20
- 1 A4 single page insert (provided by you) placed in all delegates welcome bags

Secret Wine Business

SEARFINO 2016 SHIRAZ



Welcome to my Secret Wine Business article for this edition of the AHSPO Journal. Like a good AFL Team, I am going “back to back” reviewing another wine from McLaren Vale in lovely South Australia.

WORDS BY PETER LACK

For the regular readers of my articles, you will understand this is my favourite wine region outside of Victoria.

And when the vineyards are situated in such a stunning part of Australia, why wouldn't you have them as a favourite?

This edition's wine is **Serafino Shiraz, 2016** part of their Black Label Selection.

The Serafino story began in 1964 when Steve (Serafino) Maglieri arrived in Australia from Italy as a passionate teenager full of dreams. Two years later, with the assistance of his father Giovanni, he planted his first vines in McLaren Vale that now extends to 350 acres, laying the foundation of a winemaking dynasty that today is known as Serafino Wines and overseen by his daughter, Maria.

Many of you, well the older ones anyway, I am sure would have drunk a Serafino Lambrusco, back in the 1990's, as Steve and his father were known as the Lambrusco Kings.

But this review is not about Lambrusco it's about a very affordable but stunning Shiraz.

The colour is brilliant garnet with a purple hue and a bouquet that includes a distinct mocha and mulberry aromas complemented with vanilla and cedar oak.

So, what does it taste like? Well it displays distinctive McLaren Vale Shiraz regional characters of bright red fruits across the palate including blackberry, blueberry, violets intertwined with spicy fine-grained tannins.

From the Wine Makers notes:

The grapes were picked at optimum flavour and intensity and delivered to the Serafino winery to be crushed and destemmed.

Fermentation was completed in our four tonne open fermenters. The fermentation process of converting sugars to alcohol takes seven days. During this period each fermenter is carefully pumped over twice daily, plus in the early stages we use a technique called delestage, where the juice is racked of the skins and then returned again to help with colour extraction, tannin enhancement and building the depth of flavour. At the end of primary fermentation the wine was pressed off skins and allowed to complete malolactic fermentation.



For most of us in this picture (and myself taking the picture), we hadn't tasted a better wine in a very long, long time.

The wine is then racked to a combination of 25% new and older French and American oak hogsheads (300L), for a further 12 months. This French and American oak integrates harmoniously with the dark berry fruits, providing a full flavoured wine with layers of texture and flavour.

A generous Shiraz that we believe over delivers on mouthfeel flavour and length.

The Wine maker suggested that this wine is recommended as a food match with red meat, cheese and good friends. So, I took his direction and the first time we had this wine was after THE MIGHTY DEE's had won their first AFL Football final in 12 years! (sorry to all the Geelong supporters)

You can cellar this current vintage up to 2032, or like we did, enjoy 5 or 6 of them when you have a good group of friends around, and something special to celebrate.

Availability: You can find this wine at any good grog shop, selected Restaurants and online. At this restaurant in Lygon Street Carlton, very late on a Friday night we were paying \$35/bottle.

It should be priced around the \$22.95/bottle and cheaper by the half and full dozen rate.

But as all good procurement people do... look around

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

"GOOD QUAFFING"

PETER LACK

Who Am I?

A N S W E R I N T H E N E X T E D I T I O N

I used to be the young fellow at AHSPPO. Now I'm one of the old guys.

My journey began in the '80s as a Storeman looking for a short time job to fill in some time before travelling. How things change.

Thirty years later I'm still in the industry although my role has changed a lot over the years.



In the beginning, we actually had a card system to manage our inventory in the health service. We slowly progressed to a single computer in the health service, as I slowly progressed from Storeman to Head Storeman over a number of years.

My progression continued and in the mid '90s I was promoted to Purchasing Officer. It was at this time that my relationship with AHSPPO began. I first became a member in 1996, membership number 035 still showing proudly on my office wall.

Through this time I had been mentored by The Squirrel, a fellow AHSPPO stalwart, who had taught me everything that I know and mentored me through my whole supply chain career.

In the early 2000s I was promoted to Supply Chain Manager as my mentor moved on to a career in project management, allowing me to take the reins and put my own stamp on the supply chain at my health care agency.

My philosophy has always been to innovate where possible, provide the best service we possibly can in the most cost effective way while improving patient care.

In 2014 I was lucky enough to travel the world on a study tour with three other learned gentlemen from the AHSPPO world. One, now retired, grey nomad; we'll call him Athos. One pretty much running supply chain for the state; we'll call him Aramis. Another who left his health service recently to cross over to the other side; we'll call him Porthos. This was one of the

most amazing experiences in my career and it's where I've built some really strong relationships that help me continuously improve our processes again. Those Musketeers are still mentors and guides today, and willing to help and assist in any way they can.

In 2015 I moved to a more regional role and my career took another turn in the supply chain world of healthcare. I was lucky enough to be able to oversee the consolidation of multiple warehouses into a single warehouse providing an overall supply chain and procurement solution for 12 agencies, providing improved supply chain and patient outcomes in a rural setting.

I've been known to talk a bit too much, but I do like to listen and ask questions. There is a wealth of knowledge in the AHSPPO world and we can all leverage off each other in a collaborative way to take back and improve our own organisational outcomes.

I'm an open book, and while always asking questions and seeking information from fellow colleagues, I'm also willing to share anything and everything that I have and that we've achieved over the journey. I'm a very strong believer in working together and this is the best way for us to improve outcomes for ourselves and our health services.

I continue to enjoy working in the industry and I am currently on my fifth supply chain role since the journey began in mid 80s.

Who am I? Find out in the next edition of the Journal.

LEKKER

The Nice Agency.

Let's be friends.

Lekker+AHSP0

Good friends listen first and ask questions later.

Lekker are the proud marketing and design agency behind the AHSP0 Journal.

We'll never dazzle you pointless statistics or confuse you with jargon. We'll listen to you and understand what your design and marketing needs are – then together we'll do great things.

Lekker – The Nice Agency.

Talk to us

New Business Enquiries
ricky@thelekkeragency.com.au

Bring your **ideas to life!**



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