THE UNIVERSITY OF
NEW SOUTH WALES

ClinGov

Annual Report 2005

Centre for Clinical Governance Research in Health

The Centre for Clinical Governance Research in Health undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership.

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Mission Statement

MISSION

The Centre for Clinical Governance Research in Health is an International research capability in the Faculty of Medicine at the University of New South Wales. Its core focus and mission are to investigate and provide new knowledge about policy, governance, organisation, work and leadership in the health sector.

As a health research facility, the Centre strives to be theoretically and methodologically progressive and industry-relevant. To satisfy and achieve its mission the Centre draws on the unique expertise of the assembled researchers and undertakes exciting cross-disciplinary research with academic and industry collaborators. The researchers include staff members, visiting fellows, associates and partners. The Centre undertakes external collaborations within Australia and internationally, including with the:

- Centre for Health Informatics, University of New South Wales;
- Clinical Excellence Commission, New South Wales;
- Australian Council for Safety and Quality in Health Care;
- Australian Council on Healthcare Standards;
- NSW Health Department;
- South Australian Health Department;
- ACT Health Department;
- Australian College of Health Service Executives;
- Australian Patient Safety Foundation, University of Adelaide;
- Institute for Health Research, New South Wales;
- Australian Healthcare Association;
- Australian Health Care Reform Alliance;
- World Health Organization in Kobe, Japan;
- Shanghai Municipal Health Bureau, People's Republic of China;

- Clinical Governance Support Team in the Modernisation Agency of the English National Health Service, United Kingdom;

- Health Communication Research Centre, Cardiff University, United Kingdom;

- International Centre for Research on Organisational Discourse, Strategy and Change;

- Harvard School of Public Health, United States of America;

- Intermountain Health Systems, Utah, United States of America;

- Centre for Activity Theory and Developmental Work Research, University of Helsinki, Finland;

- Affinity Health Care;

- Ramsay Health Care; and,

- Australian Health Insurance Association.

Centre staff also have intellectual engagement with colleagues in the European Group of Organisation Studies (EGOS) and the European Association of Communication in Healthcare (EACH). Staff secure research funding from national and international sources and publish in international journals such as *British Medical Journal*, *The Lancet*, *Social Science & Medicine*, *Health Services Management Research*, *International Journal of Health Planning and Management*, *Journal of Health Services Research and Policy*, and *Organization Studies*.

Selected Centre staff at a meeting in December, 2004.

Standing (left to right): Dr Christine Jorm, Associate Professor Rick Iedema, Joanne Travaglia, Rowena Forsyth, Peter Nugus, Barbara Ulmer.

Seated (left to right): Nadine Mallock, Debbi Long, Associate Professor Jeffrey Braithwaite, Associate Professor Mary Westbrook.

The full complement of the Centre staff is listed on page 14.

Objectives and Principles

The Centre has six main objectives. These are:

1. To be an internationally recognised reservoir of knowledge and expertise on clinical work management issues with a capacity to respond to requests for advice and consultation.

2. To undertake internationally recognised inter-disciplinary research and development projects on clinician led approaches to organising and managing clinical work across the full spectrum of care.

3. To provide a focal point for initiating and managing collaborative research and development projects on clinician led approaches to the organisation and management of clinical work involving partners drawn from other groups within the Faculty of Medicine, other departments within the University, Federal, State and Area health authorities and potential academic, policy and practitioner collaborators in other universities both within and external to Australia.

4. To provide a supportive environment for developing research skills of early health researchers from both clinical and social science disciplines.

5. To facilitate the development of education and training activities both within and outside the University in support of clinical governance.

6. To develop an international research reputation not simply in health but also in the base disciplines from which Centre members are drawn viz., policy studies, discourse analysis, sociology, organisational behaviour, social theory, anthropology, psychology, health informatics and clinical studies.

Objectives and Principles

PRINCIPLES FOR STUDIES

The Centre conducts internationally regarded research studies. We have designed six principles for our research projects. These are:

- Utility and usefulness

- Highest quality results

- Feasible and realistic aims

- Propriety – to conduct our work ethically

- Accurate reporting and faithful interpretation of results

- Pursuing inclusivity.

Director's Review

JEFFREY BRAITHWAITE

"The Centre's research contributions grow from strength to strength. In 2005 we published our research findings widely, particularly in the topic areas of team-based clinical reform, restructuring, and professional culture. We harnessed a wide range of staff skills and research methods to realise new knowledge including via video ethnography, questionnaire surveys, field interviews and computer log analysis. This is multi-level research in the real sense of the term."

The Centre's research profile in national and international context

While we would never be complacent, staff, visiting personnel and researchers associated with the Centre have produced important research findings this year. Collectively we have made strong contributions to the science and practice of clinical governance and its implementation. The Centre's work on clinical governance continues to be at the intersection of three knowledge domains: medicine, health services and organisational studies.

We published papers in the best international journals on various facets of clinical governance: *British Medical Journal, Journal of the Royal Society of Medicine, Social Science & Medicine, Health Services Management Research, International Journal for Quality in Health Care, Journal of Health Services Research and Policy, Health Care Analysis,* and the *Journal of Organizational Change Management.* Several chapters in books were also published, as well as an extended series of research monographs. The exhibits illustrate some of our results and aphoristically capture several key conclusions we have reached.

Our research into the sociology and anthropology of clinical units and how change occurs in settings as diverse

> **Exhibit 1: Clinical governance**
> "… what patients want in the end are well organised services, provided by skilled professionals linked together for common purpose, delivered with care and compassion. Now if clinical governance can help with that quest, it is a cause worth taking up to realise a health system of which we can all be proud" [Iedema RA, Braithwaite J, Jorm C, Nugus P Whelan A. Clinical governance: complexities and promises. In: Stanton P, Willis E, Young S (eds). *Health Care Reform and Industrial Change in Australia: Lessons, Challenges and Implications.* Basingstoke: Palgrave McMillan, 2005: 253-278].

as rehabilitation departments, intensive care units and medical and surgical services realised intriguing findings including how work is accomplished in corridors, and in other informal ways. It shows how clinical work is fragile, conducted in diverse settings, and highly complex. We examined how health systems are restructured almost continuously, and analysed how this could be done better in the international as well as the national context. The answer, according to our studies, is to concentrate less on formal organisational designs ['organisational chart thinking'] and more on sustainable culture change [the way work gets done inter-professionally]. We investigated how cultural change is enabled or constrained by various organisational and social factors. We exposed how clinical professionals working in clinical service structures deliver clinical care, and how they can work more productively in teams and, beyond teams, in communities of practice. We provided a model for how people in leadership positions could encourage safer systems of work. We continued our work investigating point of care clinical systems with our colleagues in the Centre for Health Informatics at UNSW.

> **Exhibit 2: Stop restructuring**
> "Advocates of restructuring are promoting a simplistic idea, assuming if they alter the formal arrangements such as the boxes on the chart, and the official reporting arrangements, they will achieve meaningful improvement of health systems. Few organisational scholars believe that this enhances performance, arguing it is much more sustainable to try to change other aspects of systems such as the way teams work together or the clinical and organisational cultures and subcultures" [Braithwaite J. Invest in people, not restructuring. *British Medical Journal* 2005; 331: 1272.]

> **Exhibit 3: The ways cultures vary**
> "… it seems evident that large health service organisations with matched structures, caseloads, profiles and environments may have different results and varying successes depending upon their cultural characteristics" [Braithwaite J, Westbrook MT, Iedema RA, Mallock N, Forsyth R, Zhang K. A tale of two hospitals: assessing cultural landscapes and complexities. *Social Science & Medicine* 2005; 60 (5): 1149-1162.]

> **Exhibit 4: Root cause analysis**
> "… RCA team members engage in what is essentially a *four-fold* task: (1) understanding the technicalities of clinical processes, (2) ensuring that the systems dimensions of error are kept in view without lapsing into blame, (3) manoeuvring around the emotional politics of investigating errors committed by people who may be friends or superiors, and (4) reflecting on one's own moral positioning" [Iedema RA, Jorm C, Long D, Braithwaite J, Travaglia J, Westbrook MT. Turning the medical gaze upon itself: Root cause analysis and the investigation of clinical error. *Social Science & Medicine* 2006; 62: 1605-1615.]

We presented the results of this work, or contributed to talks given by our partners, across multiple settings, including locally (for example, at the Centre's regular conversations group, and at the School of Public Health and Community Medicine's seminar series), nationally (for example, in Conferences, Congresses, Workshops and Symposia in Melbourne, Brisbane, Adelaide, Perth, Canberra, Townsville and Darwin) and inter-

nationally (for example, in Germany, Denmark and London). We ran workshops in association with the Australian College of Health Service Executives, the Sax Institute, the Royal Australian College of Medical Administrators and various partner States and Territory governments on leadership, cultural change, workforce issues and health services reform.

Our work evaluating or supporting existing health sector programs is well known and highly regarded. This year we completed a comprehensive set of studies into the safety improvement program for the NSW Health Department and the Clinical Excellence Commission, published a review of the safety literature for the Commission, supported the NSW Health Department's knowledge management program and conducted the first phase of a project to evaluate the Incident Information Management System (IIMS) in NSW.

> **Exhibit 5: Deep human nature**
> "Humans have evolved behaviours to protect and position themselves over many millennia, and these are deeply structured into the social fabric of modern society and its institutions. The health system reflects these characteristics. Especially when intimidated or vulnerable, people will tend to default to well-worn behavioural repertoires, regress to a struggle for individual survival, and intensify relationships within their primary groups and coalitions for support. Organisational-wide or health system-wide cultural change will be hard to achieve" [Braithwaite J. Hunter-gatherer human nature and health system safety: an evolutionary cleft stick? *International Journal for Quality in Health Care* 2005; 17 (6): 541-545.]

As well as continuing with our existing activities and grants, we initiated new work in 2005. Australian Research Council funded grants were commenced, investigating topics including what the benefits of health sector accreditation are, and the realisation of team learning in paediatric settings. A Faculty Research Grant is looking at how peer support can be strengthened. New grants Centre staff led or are co-investigators on include three issues supported by Faculty Research Grants: to examine root cause analyses, attendance in emergency departments and communications in cancer teams. National Health and Medical Research Grants will focus on measuring adverse events via a patient-centred reporting tool and the safety and effectiveness of hospital e-prescribing. An international United States National Breast

> **Exhibit 6: Safety improvement**
> "Taken together, [safety improvement initiatives in New South Wales] represent a considerable step forward in creating systems change and improving cultural perspectives on safety … The evidence we have assembled … indicates that a platform for further improvement has been laid, especially as people learn from each other and come to appreciate the gains that can be made from managing incidents more effectively than in the past" [Braithwaite J. Travalgia J, Mallock NA, Iedema RA, Westbrook MT, Long D, Nugus P, Forsyth R, Jorm C, Pawsey M. *Evaluation of the Safety Improvement Program in New South Wales: Overview of Studies*. Sydney: Centre for Clinical Governance Research, University of NSW, 2005.]

Cancer Council Grant will examine how accessible cancer prognoses are for Chinese minority breast care patients.

Contributions and achievements in 2005

In what follows this *Annual Report 2005* illustrates these achievements in more detail. In summary, we have further illuminated the field of governance through our research this year. For instance, collectively, we published 16 refereed articles; five books or chapters; nine conference proceedings, abstracts and posters; and 22 reports and research monographs. We also made 39 presentations to conferences, workshops and seminars, and convened or chaired sessions at conferences on 26 occasions.

Our PhD scholars made considerable progress. Two [Rowena Forsyth and Peter Nugus] won awards for presenting their work to the School of Public Health and Community Medicine; three graduated [Barbara Daly with a Master of Health Administration degree by research; Dr Fleur Hillier and Dr Joanne Callen obtained their PhDs]; and several other research students are in the final stages of their research.

Our work is not only expressed through the traditional methods of publications, presentations and theses produced. We are recognised in other ways such as in media citations and appearances, including the highly regarded S*aferhealthcare (*UK) and *Agency for Healthcare Research and Quality* (US) websites. Our work on restructuring was published by the BBC World Service and the Australian Broadcasting Service, and staff made radio appearances on the ABC and Radio Adelaide about culture change. Our work had several mentions in *The Sydney Morning Herald* and *The Australian*, and we participated in a *Health Report* hosted by the ABC's Dr Norman Swan. Thus we are equally interested in expressing our results to inform the public. Our stakeholders are a broad constituency, and include various core groups in society: the Media, Ministers and staffs in ministerial offices, policymakers, government agencies, NGOs, professional bodies and agencies, managers, clinicians and private and public health sector organisations. Our target audiences are those who are interested in, need or can act on new scientific and social-scientific information on clinical governance; we make efforts to create and distribute our findings to multiple bodies and are as interested in this as we are in informing other researchers or health professionals.

We welcomed new colleagues in 2005: Dr Kathryn Flynn, Dr David Greenfield, Ms Judy Lancaster, Dr Martin Lum and Dr Justine Naylor; and we welcomed back Ms Sue Christian-Hayes, our Business

Manager for eleven years, who often fills in casually when needed. Sue is a strong contributor and always supports our work. A special mention, too, to Ms Sarah Behman, from Centre for Health Informatics, who provides excellent business management advice to us. On a very sad note for all of us we farewelled our colleague Dr Barbara Ulmer, who was our Business and Research Manager for only a few months until she died tragically and suddenly, but had been well known to several of us for many years. We miss her unique, incisive and efficient manner.

Facts and figures: historical and current profile of the Centre's activities

The Centre continues to be a busy, productive entity, expanding its excellent track record in publishing and presenting scholarly work. The cumulative publications and presentations of the Centre over the past decade and a half are shown in Figure 1.

Figure 1: Cumulative publications and presentations 1992-2005
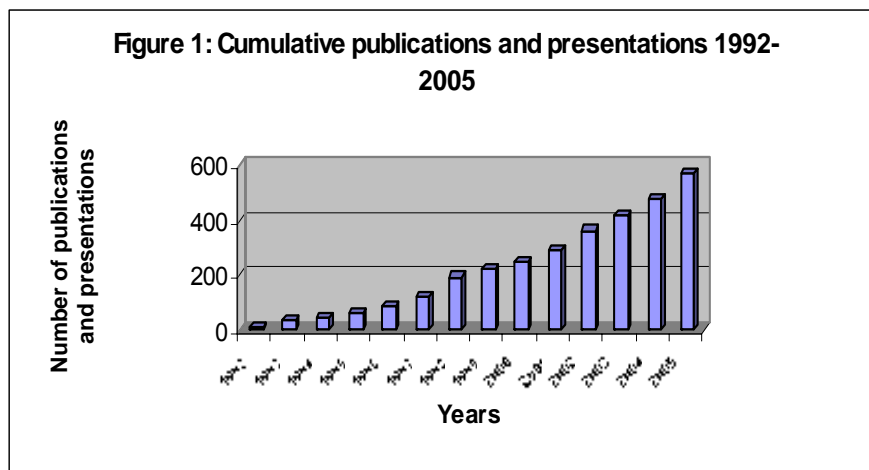
The Centre's enviable output record was enhanced in 2005. There were 52 substantial pieces of scholarly written work produced (as articles in refereed journals, books or book chapters, reports or monographs, and refereed abstracts and conference proceedings). As mentioned above, staff made 65 contributions to conferences, workshops and symposia, as Figure 2 shows.

Figure 2: Publications and presentations in 2005

- Papers, scholarly publications, books, monographs, proceedings
- Conferences, workshops and symposia contributions
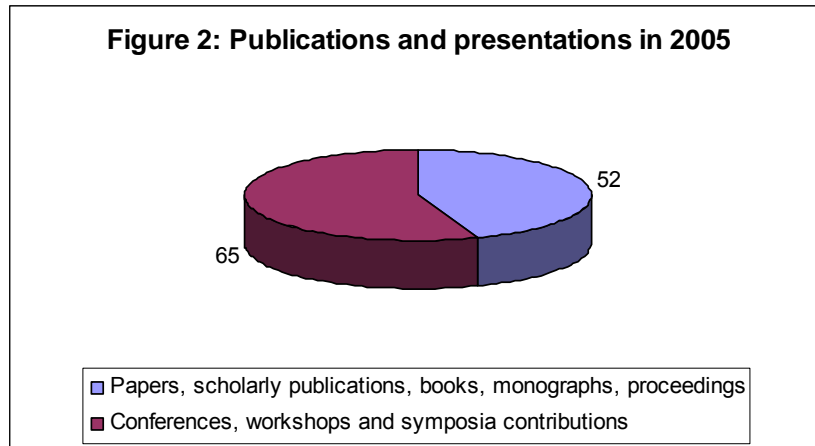
Funding also continued on a clearly upward trajectory. Figure 3 shows the cumulative funding received.

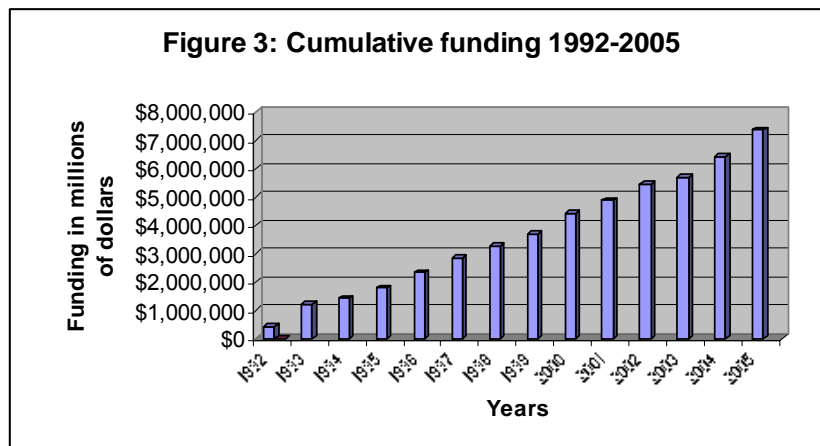**Figure 3: Cumulative funding 1992-2005**

Conclusion

Our highlights for 2005 are that we conducted a considerable range of research studies, realised some strong publications, presented the results of our research widely, prepared several advanced research students for examination and their subsequent graduation, and initiated several new research and evaluation projects. There is much to do in the science and practice of clinical governance, and we have satisfaction in doing it. The hallmarks of our work are clear: a multi-level

and multi-disciplinary orientation to our work; plurality of research studies; internationalisation of our work and findings; making our research accessible to many groups; and the excitement of the research endeavour.

Jeffrey Braithwaite, PhD
Director
31 January 2006

Management Committee

It is a requirement of the University that a Management Committee be established for each Centre. The Management Committee, according to University guidelines, should consist mainly of University staff with a direct interest in the affairs of the Centre including the Dean of the relevant faculty as the chairperson.

Professor Richard Henry
Chairperson
Senior Associate Dean
Faculty of Medicine

Professor Richard Mattick
Director, National Drug and
Alcohol Research Centre

A/Professor Jeffrey Braithwaite
Director of the Centre

A/Professor Rick Iedema
Deputy Director of the Centre

Professor Anthony Zwi [until August 2005]
Head, School of Public Health and Community Medicine

A/Professor Rosemary Knight [from August 2005]
School of Public Health and Community Medicine

The Centre's Management Committee met on three occasions during 2005: on 28 April, 9 August and 13 December 2005. Broadly, the Committee offered strategic advice to the Centre over the year. It affirmed the Centre's progress on its strategic plan 2002-2005, accepted the various reports and documents describing the Centre's work including the annual report, financial overview and publications, and noted the Centre's strengths and forward moving trajectory in grants, publications and collaborations.

Professor Richard Henry, Chair of the Centre's Management Committee.

Staff Listing

DIRECTOR

A/Professor Jeffrey Braithwaite BA *UNE,* DipLabRelsandtheLaw *Syd,* MIR *Syd,* MBA *Macq,* PhD *UNSW,* FAIM, FCHSE

DEPUTY DIRECTOR

A/Professor Rick Iedema MA *Syd,* PhD *Syd*

BUSINESS MANAGERS

Ms Barbara Ulmer BA *Mainz,* MA *Syd, MA UNSW,* PhD *UNSW* [Until January 2005]

Ms Avis Wong [Until November 2005]

Ms Sue Christian-Hayes

SENIOR RESEARCHERS

Dr Christine Jorm MB BS (Hons), MD *UNSW,* FANZCA

Dr Marjorie Pawsey MB BS *Syd*

Dr Anna Whelan BA Hons *Woll,* PhD *Syd,* RN, SCM, FRCNA, AFCHSE

RESEARCHERS

Dr Kathryn Flynn BA Hons *Syd* PhD *Woll*

Dr David Greenfield BSc, BA, BSocWk *UQ,* Grad Cert IT *UTS,* PhD *UNSW*

Dr Cynthia Hunter BA, MA *UWA* PhD *Newcastle*

Ms Debbi Long MA *Nijmegen*

Dr Justine Naylor B. App. Sc. Phd *Syd*

Ms Joanne Travaglia BSocStuds (Hons) *Syd,* Grad Dip Adult Ed *UTS,* MEd

VISITING RESEARCH FELLOWS

Professor Don Hindle BA Hons *Liverpool,* MS, PhD *Lancaster*

Dr Philip Hoyle MBBS, MHA *UNSW,* FRACPA

Dr Bon San Bonne Lee MB BS, Grad Cert IT, M Med, MHA, FFARM

Staff Listing

Mr Brian Johnston BHA *UNSW* Dip Pub Admin *NSW Inst of Tech*

Ms Nadine Mallock Dip Inform Med *(*BHI, MHI*) Heidelberg*

Ms Maureen Robinson Dip Phty, Grad Cert Paed Phty, Cert Mgt Ed, Cert HSM, MHA

Professor William Runciman BSc (Med) MBBCh, FANZCA, FJFICM, FHKCA, FRCA, PhD

Conjoint Associate Professor Mary Westbrook AM, BA, MA (Hons), PhD, FAPS

Professor Les White MBBS *Syd,* FRACP, DSc *UNSW,* MRACMA, MHA *UNSW*

FULL TIME SCHOLARSHIP CANDIDATES

Ms Katherine Carroll BPhty *LaTrobe,* BA Hons *LaTrobe*

Ms Rowena Forsyth BA Hons *Sydney*

Ms Judie Lancaster BA, LLB (Hons), MBioeth, Diploma of Nursing, Grad Cert HEd, Grad Dip Legal Practice

Mr Peter Nugus MAHons *UNE,* Grad Dip Ed *UTS*

OFF CAMPUS RESEARCH CANDIDATES

Ms Joanne Callen BA UNSW, DipEd, MPH (Research)

Ms Barbara Daly RN, MHA *UNSW*

Mr Greg Fairbrother RN, BA UWS, MPH Syd

Ms Fleur Hillier Dip AppSci (Nursing) *Avondale College,* BNursing *UNE,* MHSc (Primary Health Care) *UWS,* MHA *UNSW*

Ms Lena Low

Dr Martin Lum MBChB *Otago,* MBA (Exec) *AGSM,* FANZCA A/ACHSE

Ms Sally Nathan BSc, MPH *UNSW*

Ms Donella Piper

Ms Kerin Robinson

Ms Jael Wolk

Dr Kai Zhang

JEFFREY BRAITHWAITE

Director

Dr Jeffrey Braithwaite is Associate Professor in the School of Public Health and Community Medicine and Director of the Centre. He joined the Centre as a Commonwealth Casemix Research Fellow in 1994, and he was Head of the School of Health Services Management until it merged into the School of Public Health and Community Medicine in 2001. In 2003 Jeffrey was awarded a medal from the Uniting Church for Services to Older People. In 2004 he was a recipient of a Vice-Chancellor's Award for Teaching Excellence. In 2005 he received the President's Award of the Australian College of Health Services Executives in New South Wales with a citation that reads *"In recognition of your outstanding commitment to the College".*

Jeffrey has contributed more than 300 professional publications and presentations in his field of expertise, is the recipient of research grants in excess of $10 million, holds multiple Australian Research Council, National Health and Medical Research Council and industry grants and has supervised or currently supervises a cohort of 40 higher degree research students. He has managed, consulted, taught and researched widely in Australia and a number of countries including the People's Republic of China, Papua New Guinea, Singapore, Hong Kong, Japan, Canada, the United States of America and the United Kingdom. He has an international reputation in leadership and organisational behaviour in health settings, and his specific research interests include clinicians as managers, organisational theory, the future of the hospital, organisational design of hospitals, change management in health care, network theory, the evolutionary bases of human behaviour, and health policy development and implementation.
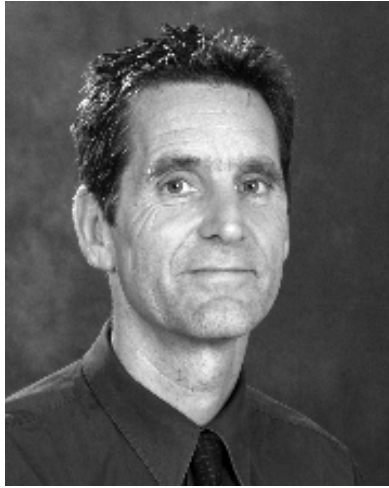
RICK IEDEMA

Deputy Director

Dr Rick Iedema is Associate Professor in the School of Public Health and Community Medicine and Deputy Director of the Centre. His work centres on discourse analytical and ethno graphic investigations into the organisation and enactment of health care provision. Rick has presented over 70 national and international conference papers and has published some 60 papers in journals such as Discourse and Society, Organization Studies, Social Science & Medicine, British Medical Journal, Health Services Management Research, Document Design, International Journal for the Semiotics of Law, Semiotica, and Visual Communication. He published *The Discourses of Post-Bureaucratic Organization* in 2003, a book that addresses the ways in which (health) organisational arrangements are changing and what those changes mean for how people in organisations act and interact. Aside from being co-investigator on projects with health departmental bodies (NSW Health Department Quality Branch, NSW Clinical Excellence Commission), Rick is currently involved in four Australian Research Council funded projects: one four-year project focusing on the shift in clinical work from paper-based towards electronic information and communication media; the second focusing on hospital accreditation, the third a three-year 'video-ethnographic' project focusing on clinicians' identity as it is 'performed' in situated clinical interactions, and the fourth an organisational change project that investigates how clinicians are able to learn from adverse events.

Staff Profiles

SUE CHRISTIAN-HAYES

Business Manager

Sue was employed with the Centre from May 1995 until October 2004. Her primary role at the Centre was to provide administrative support to the Director of the Centre as well as the financial management for the Centre's projects. Sue has worked in both the private and public sector and has experience in a variety of software packages.

BARBARA ULMER

Research and Business Manager

Previously working for the Centre as a Senior Research Assistant, Barbara took over as Research and Business Manager when Sue Christian-Hayes left in October 2004. Her primary responsibility was for the financial management of the Centre's projects, and in providing administrative support to the researchers. Barbara submitted her PhD in Clinical Practice Improvement in 2004. We are deeply saddened by Barbara's tragic, accidental death in February 2005.

AVIS WONG

Business Manager

Avis was employed with the Centre during 2005. Her primary role at the Centre was to provide administrative support to the Director of the Centre, and to assist in the financial management of the Centre's projects.

CHRISTINE JORM

Conjoint Senior Lecturer

Christine Jorm studied medicine at UNSW. She also has an MD in neuropharmacology and is a Fellow of the Royal College of Anaesthetists. She practiced as a clinical anaesthetist from 1991 to 2002. Christine is a Conjoint Senior Lecturer at UNSW in the School of Public Health and Community Medicine and has been working fulltime in the CCGR since January 2005. In 2005 Christine was the Deputy Chair of the Quality and Safety Taskforce of the Australian and New Zealand College of Anaesthetists. She is currently CCGR Project Leader for the evaluation of the NSW Department of Health (DOH) Incident Information Management System (IIMS).

After beginning simple quality assurance work in anaesthesia she developed a multidisciplinary Quality Unit for a Division of Critical Care and Surgery. Latterly she had responsibility for Quality and Safety across an entire hospital as "Lead Medical Clinician". In this role she developed and led significant organisational change. Her job included management of serious incidents, poorly performing clinicians and teaching and leading improvement work.

Christine's PhD research is sociological, dealing with medical specialty culture and its interaction with patient safety and quality initiatives. Medical practitioners play major roles in the errors of underuse, overuse and misuse, yet are not enthusiastic participants in quality improvement programs, or teamwork with other healthcare professionals despite their passion for the care of the individual patient. The question of why medical behaviour and attitudes are as they are is rarely asked. She plans to submit her PhD in 2006. Christine's other research interests include: teamwork, multidisciplinary interactions in health, the communicative nature of hospital care and the introduction of medical practitioners to qualitative research methodologies.

CYNTHIA HUNTER

Research Fellow

Cynthia Hunter is a Research Fellow in the Centre. Her background is in cultural and social anthropology, specializing in medical anthropology. Cynthia has Bachelor and Masters qualifications from the University of Western Australia and a PhD from the University of Newcastle, Australia. Her career spans research in Australia (MA by research) and Indonesia (PhD ethnographic research in rural regional Eastern Indonesia). Her academic teaching career spans twenty years or more in Australian and overseas institutions teaching in graduate and post graduate programmes. She has enjoyed development positions in applied anthropology and consultancies on Aid projects in the Pacific Rim, Indonesia and Australia.

Cynthia's broad research interests focus on all aspects of illness and healing ethnography, and urban anthropology. She has conducted research with failed asylum seekers and is interested in forced migration, human rights and social justice issues and has been a regular presenter of papers at conferences in Australia and overseas. Particular interests include delivery and quality of health care servicing.

Cynthia is currently employed in the Centre as the senior researcher working collaboratively on an ARC Discovery Grant entitled Anchoring preventive health care to positive learning: An exploration of local methods of organizing and improving medical practices. This project incorporates ethnographic research in the two major children's hospitals in Sydney observing and critically examining the daily work practices culture of clinicians' communications and interactions with each other as well as their reflexivity. The project is both exploratory and innovative because hospital ethnography is in its infancy in Australia. The project design is innovative because it encourages collaboration between the researchers and researchees, in the writing and publication process.

Staff Profiles

DEBBI LONG

Research Fellow

Debbi Long is a Research Fellow at the Centre for Clinical Governance Research in Health at the University of NSW engaged in an ARC project examining professional identities and boundaries among health care workers in multidisciplinary health care teams, using video ethnography to elicit reflective narrative. A medical anthropologist, Debbi has undertaken ethnographic research in Turkey, The Netherlands and Australia, and taught in anthropology and medical departments in The Netherlands and Australia.

DAVID GREENFIELD

Research Fellow and Adjunct Lecturer, Faculty of Medicine

Dr David Greenfield is a Research Fellow working on the ARC Linkage Accreditation Research Project. This project is researching the relationships between health service accreditation and clinical and organisational performance. David is also a supervisor of PhD students. David's key focus is the development and enactment of practice and how organisations shape and mediate learning and knowledge management. His research interests include community of practice, innovation and change in health services, organisational culture and climate, learning and knowledge management and health service accreditation.

JUSTINE NAYLOR

Research Fellow

Dr Justine Naylor is a Research Fellow working on the ARC Linkage Accreditation Research Project. Justine's research focus with the ARC Accreditation project is the measurement of clinical performance both within and between health care organisations. Her work to date has focused on identifying the methodology by which clinical performance can be reliably measured. An algorithm which assesses hospital-wide clinical performance ("weave[s] a portrait of care") is, thus, being developed in conjunction with Associate Professor Robert Gibberd from the School of Medical Practice and Population Health, University of Newcastle. As a contemporary focus for health care organisations is to make the health care system safe, a primary focus for the review of clinical performance in this study will be identifying trends in some operationally defined "markers of safety".

This research is an extension of Justine's concurrent clinical research and clinical practice improvement interests which include the measurement and benchmarking of acute and longer-term outcomes post joint replacement surgery at Fairfield Hospital. To date, she has several publications across various clinical fields and has received, along with her co-investigators, several Quality Awards (including Baxter Health care and ACHS Awards) for a clinical practice improvement project designed to decrease the rate of donor blood transfusion.

Prior to commencing work at the Centre and at Fairfield, Justine completed a PhD in Applied Physiology (respiratory and cardiovascular) at the University of Sydney (2002) and has a background in Physiotherapy (1987).

JO TRAVAGLIA

Research Fellow

Jo Travaglia is a medical sociologist with a community work background who has been involved in health services research and practice for over 20 years. She has a particular interest in the health and safety of vulnerable groups, both patients and staff. Jo has led research and evaluation projects on a range of topics relating to: ageing and ethnicity; cultural competence and adult education; critical theory, disability, ethnicity and health; gender and ethnicity; equity and the utilisation of home and community care services; place, space and health; and the impact of diversity on access to, and the provision of, quality healthcare services. Her Honours thesis "The garbled voice" was amongst the first Australian research into the experiences of people with disabilities from culturally and linguistically diverse backgrounds. Since 1990 Jo has taught approximately 900 undergraduate students and 410 postgraduate students in the areas of adult education, diversity, critical pedagogy, organisational and cultural analysis, human relations, community work, sociology of education, disability studies in education, and research methods.

Over the last two years, Jo has worked on the Centre's evaluation of the impact of the Clinical Excellence Commission programmes in NSW. A major piece of work within this evaluation was a study of the NSW health professionals' concerns about, and attitudes towards, patient safety. In 2005 she was project manager on the Centre's evaluation of NSW Health's Safety Improvement Program of NSW, during which she contributed to several of the evaluation studies. She is currently working on the evaluation of Incident Information Monitoring System in NSW, as well as a project on inter-professional learning, with Associate Professor Braithwaite, for ACT health.

Jo is undertaking her PhD, using Bourdieu's theories to explore the location of vulnerability within the field of patient safety.

Staff Profiles

DON HINDLE

Visiting Professor

Don Hindle is a Visiting Professor in the Centre. He has a strong disciplinary background in operations research and over the last twenty years has built an international reputation for his research on health care financing and information systems. Don has published widely in local and international journals and has acted as a consultant to private insurers, New South Wales Health, ACT Health, the Victorian Department of Community Services, the Australian Defence Force, and the South Australian Health Commission. He has also acted as a consultant in countries such as the USA, The Netherlands, Portugal, Singapore, Bosnia, China, Vietnam, Croatia, New Zealand, The Philippines, India, Romania, Germany, the UK, Slovenia and Mongolia and for international agencies including UNICEF, the Asian Development Bank, the World Health Organization, and the World Bank with emphasis on primary health care including rural water supply and child growth monitoring. He has been undertaking workshops on organisation and professional cultures in several countries, with emphasis on building improved clinical teamwork.

KATHRYN FLYNN

Research Fellow and Adjunct Lecturer, Faculty of Medicine

Dr. Kathryn Flynn, became associated with the ARC Linkage Accreditation Research Project in late 2005 and will formally join the research team in January 2006. She worked for many years with the Australian Broadcasting Corporation. Her research interests include health care reform, accreditation, health insurance, public health administration, regulatory theory and structures of accountability.

LES WHITE

Visiting Professor

Les White joined the Centre in 2000 as partner-investigator on the study 'A Project to Enhance Clinician Managers' Capacities as Agents of Change in Health Reform'. Les is concurrently the Executive Director at the Sydney Children's Hospital, a Professor at the University of New South Wales, and a Visiting Research Professor in the Centre. His research interests include paediatric cancer, cultural change in paediatric institutions, and the ways in which clinicians can balance both managerial and clinical interests.

BON SAN BONNE LEE

Visiting Fellow

Bon San is a specialist in spinal rehabilitation. He works with the Centre on the ARC Discovery grant: Preventive healthy care: are clinicians identities attuned to the requirements of health care reform? His work is at the intersection between the clinical – management interface, and he is interested in this intersection both in his clinical work and his research.

PHILIP HOYLE

Visiting Fellow

Philip joined the Centre in 2000 and is a partner investigator on the study 'A Project to Measure and Manage the Psychological Impact of Reform on Clinician Managers as Agents of Organisational Change'. Philip is the Director of Acute Services for the Northern Sydney Area Health Service and has an interest in evidence based medicine, evidence-based management and organisational change.

NADINE MALLOCK

Visiting Fellow

Nadine is a Visiting Researcher in the Centre. She has a background in Informatics in Medicine and Business Management with Bachelor and Masters qualifications from the University of Heidelberg, Germany. Until April 2005, Nadine was a Research Officer at the Centre for Clinical Governance Research. Her research interests include standardisation of clinical care, in particular the construction of "ideal" clinical pathways, and quality improvement as well as evaluation tools and methods.

As a visiting researcher, Nadine is involved in a range of projects at the Centre. These include the investigation of how managers from Singapore and Australia use their time and an analysis of the Australian and German health care systems.

Currently, Nadine is employed as a Project Officer at The Australian Council on Healthcare Standards (ACHS). Her main responsibilities include the development, monitoring, collection and review of clinical indicator data. The ACHS receives these data from over 700 member health care organisations from around Australia and New Zealand on a six monthly basis. Nadine also teaches in the Graduate Management Programs in the School of Public Health and Community Medicine, University of New South Wales.

BRIAN JOHNSTON

Visiting Fellow

Brian Johnston, Dip Pub Admin (NSWIT), BHA, FAIM, FCHSE, FAICD, is Chief Executive of The Australian Council on Healthcare Standards (ACHS) was instrumental in gaining ACHS Board support for the ACHS contribution as the major industry partner in the Centre's Australian Research Council Linkage project on examinations of the relationship between accreditation and clinical and organisational performance. He is also one of the ACHS staff who is contributing in-kind resources to this project.

Mr Johnston and Associate Professor Jeffrey Braithwaite jointly convene a group of health care accreditation agencies to collaborate on research into accreditation. His commitment to research is also demonstrated by the establishment of an ACHS Research Panel to advise the ACHS Board on the strategic direction for research into quality improvement in health care. Associate Professor Braithwaite provided advice on the membership of this panel and will take a leadership role.

Mr Johnston has qualifications in health administration from the University of New South Wales, and in public administration from the NSW Institute of Technology (now the University of Technology, Sydney). He is a member of the Management Committee of the Royal Australasian College of Surgeons' Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S) and is also a National Councillor and former Treasurer of the Australian Healthcare Association. He regularly speaks at conferences both national and international on quality and safety in health care and on accreditation issues.

MARJORIE PAWSEY

Visiting Fellow

Dr Marjorie Pawsey, MBBS Qld DPH Syd FAFPHM is Principal Research Consultant for the Australian Council on Healthcare Standards (ACHS). Her experience is in standards development, the delivery of accreditation services and in the quality and safety of health care. She is a partner investigator in the Australian Research Council Linkage Project Examinations of the relationship between accreditation and clinical and organisational performance. She has been actively involved in the recruitment of health services as study participants and in the design and testing of the tools to assess clinical performance. She also co-supervises the doctoral work of Kai Zhang and supports the work of Lena Low's doctoral thesis.

Her professional activities at the ACHS are focused on evaluation and research. She is involved in analysing data on accreditation performance and on the evaluation of ACHS services and contributes to the writing of ACHS reports and publications. Her major achievement for 2005 being was as first author of the first National Report on Health Services Accreditation Performance 2003 and 2004. She is also a reviewer of accreditation standards against the International Principles for Healthcare Standards for the International Society for Quality in Health Care (ISQua), is a member of the Board of Examiners for the Australasian Association for Quality in Health Care (AAQHC) and sits on the Quality Improvement and Workforce Working Group of the Australian Screening Advisory Committee.

Staff Profiles
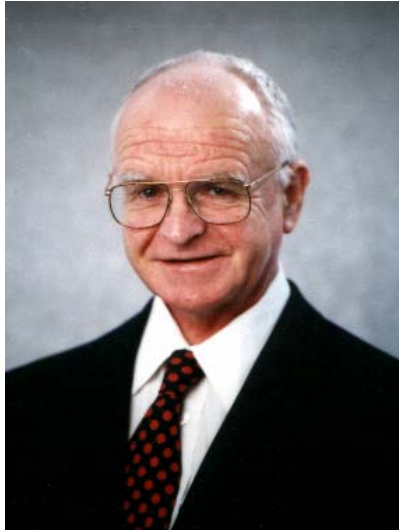
WILLIAM RUNCIMAN

Visiting Professor

BSc (Med) (1965), MBBCh (1969) (Witwatersrand), FFARACS (Anaesthesia) (1975), FFARACS (Intensive Care) (1981), PhD (Flinders University of South Australia) (1983), FANZCA (1992), FHKCA (Hon) (1992), FRCA (Elected) (1993), FFICANZCA (1995), FJFICM (2002). Bill Runciman has been President of the Australian Patient Safety Foundation since its inception in 1989. Concurrently, he holds the position of Foundation Professor of Anaesthesia and Intensive Care at the University of Adelaide and Head of Department at the Royal Adelaide Hospital. He was a member of the Australian Council for Safety and Quality in Health Care throughout its period of operation (2000 to 2006) and has been a member of the Australian Health Information Council since 2003. He is currently a member of the group developing an International Patient Safety Event Taxonomy for the World Health Organization as one of the initiatives of the World Alliance for Patient Safety. During 2005, Bill has been collaborating with Associate Professor Jeffrey Braithwaite on a series of manuscripts regarding regulation in health care.

Bill is a member of the: International Patient Safety Event Taxonomy working group of the World Alliance for Patient Safety, World Health Organization (since 2005); Australian Health Information Council (since 2003); Australian Council for Safety and Quality in Health Care (2000 - 2005); Operations Committee of the Royal Adelaide Hospital (since 1990); Australian Health Technology Advisory Committee of the NH&MRC (1992 - 1996); Technical Reference Panel of the National Hospital Quality Management Program (1994 - 1995); and International Task Forces on Safety in Anaesthesia and Intensive Care (1989 - 1995)

He is also a member of 10 professional organisations. Bill is referee on about 20 journals and Research Foundations and has published approximately 200 scientific papers and chapters and has conducted approximately 500 lectures at meetings or by invitation.

MARY WESTBROOK

Conjoint Associate Professor

Conjoint Associate Professor Mary Westbrook's main areas of research are organisational behaviour, health professionals' work and career development, health consumers, safety in health care, the psychology and sociology of illness, disability and ageing, ethnicity and gender. Mary has published over 100 research articles in peer reviewed journals.

In 2005 her work at the Centre has included the statistical analysis of the results of the evaluation of NSW Health's Safety Improvement Program, and writing reports and articles about the findings of the evaluation. She has been involved in analysing and writing up the results of a series of studies examining and comparing the work experiences of health managers in Australia and Singapore. Articles on earlier Centre research into healthcare organisations and their staff were completed and accepted for publication. She also provided advice on research design and analysis to other members of the Centre. Before joining the Centre Mary was Associate Professor in the Department of Behavioural Sciences, Faculty of Health Sciences, The University of Sydney.

Mary is a Fellow of the Australian Psychological Society. In 1998 she was awarded an AM for 'services to people with disabilities and to education in the field of health sciences research'. She is a director of the Northcott Society, one of the largest Australian NGOs providing services for people with physical disabilities and is a member of the Medical Advisory Board of Post-Polio International, USA.

Staff Profiles

ANNA WHELAN

Senior Lecturer

Anna Whelan has been an academic in the Faculty of Medicine since 1994 and has taught about the concepts of management in the context of a professional workforce. Anna has an Honours Bachelors degree in History and Philosophy of Science, and a PhD in Public Health and clinical background (nursing) in health services. Her academic interests are in public health and management, with special focus on reproductive health, diversity health and management, and models of working with communities. Anna is Senior Lecturer in the School of Public Health and Community Medicine and Senior Researcher in the Centre.

MAUREEN ROBINSON

Research Fellow

Maureen Robinson joined The Australian Council on Healthcare Standards (ACHS) as Executive Manager – Development, in January 2005. Her key responsibilities include developing and maintaining industry standards, leading the organisation's research program, the promotion and publication of information on quality in health care and supporting education and performance assessment activities. The ACHS is the largest health service accreditation provider in Australia. From 1999 until 2005, as the Director, Quality and Safety with the New South Wales state government Department of Health, Maureen was responsible for developing and leading the implementation of the quality agenda in the NSW health system. Maureen has many years of clinical experience in both the Australian and United States health systems and extensive international and national experience in quality improvement to enhance service delivery and patient care. She has taught, researched and practiced in a wide variety of settings.

Full Time Scholarship Research Students

KATHERINE CARROLL

Supervisor: A/Professor Rick Iedema

Co-supervisor: Dr Catherine Waldby, School of Sociology, UNSW

PhD: *Using 'new sciences' to explain the practices and identities of multi-disciplinary clinicians in an intensive care unit*

Katherine has a Bachelor of Physiotherapy and a B.A Hons (Sociology). Katherine's PhD research is part of a wider ARC Discovery Grant: 'Are clinicians' identity and practice aligned with the direction of health care reform and the new roles implied in its achievement?'

Complexity theory explains system behaviour across many disciplinary boundaries. Within the health literature, complexity theory has been used as a model for higher level health systems and services and analysis. However, very little research has used the 'new sciences' to address the intermediate level of daily clinical and organisational practice as it is executed 'on the ground'.

Using qualitative research methods and the 'new sciences', this research investigates the stability and uncertainty that coexist within the roles that medical, nursing and allied health clinicians perform in intensive care. This is of importance as organisational systematization is crafted to create procedures where there are levels of uncertainty or complexity. Katherine interweaves the constructed 'stable points' in intensive care (professional roles, routine ward rounds and the predetermined rostering of staff) *with* coexisting emergent 'unpredictables' that characterise organising a unit that cares for critically ill patients. Katherine is researching the interplay between stability and uncertainty as it is enacted and experienced by clinicians at the ward level of the health system.

Through the use of the 'new sciences' as an analytical tool, this research explores and exposes the strengths and weaknesses of the clinical and organisational management of certainty and uncertainty in intensive care. The research is based on data collected through multiple methods: video-ethnography, participant-observation, reflexive clinician focus groups and interviews.

Full Time Scholarship Research Students

ROWENA FORSYTH

Supervisor: A/Professor Rick Iedema

Co-supervisor: A/Professor Jeffrey Braithwaite

PhD: *Clinical work practice change as a result of information and communication technology implementation*

Rowena Forsyth joined the Centre in April 2003 to undertake research for a PhD. Rowena's background is in social science with academic qualifications of a Bachelor of Arts (Honours) in Sociology and Social Policy from the University of Sydney.

Rowena's PhD is located within a collaborative project between the Centre for Clinical Governance Research in Health and the Centre for Health Informatics. The project, entitled 'Evaluating the Impact of Information and Communication Technologies (ICT) on Organisational Processes and Outcomes', utilises a multi-disciplinary, multi-method approach to assess the ways in which work practices of individual clinicians change as a result of the implementation of computerised test ordering and drug prescribing within Area Health Services. Rowena's research focuses on using video ethnography from a practice perspective. It draws on theories such as ethnomethodology, activity theory and workplace studies to examine how the ritual practices of clinicians are altered as a result of the new technology.

The findings of this research reveal the way that doctors and laboratory workers communicate and informate with each other through different information technologies in the course of their daily work. Of particular interest, are not just the local interactions and information use that occurs between the doctors and the laboratory workers and their fellow professionals separately, but the intersection of the interactions between these two groups. A further set of findings looks at the way that the two different groups (doctors and laboratory workers) have engaged with the research process in contrasting ways and the implications of this engagement for the participants' ongoing work practices.

Full Time Scholarship Research Students

JUDIE LANCASTER

Supervisor: A/Professor Jeffrey Braithwaite

Co-supervisor: Dr David Greenfield

PhD: *The role of the surveyor in leading the way to quality improvement in health care*

This research is a part of the Australian Research Council Linkage Project between the Centre and Industry Partners. The project is an ethnographic study of surveyors at work in their usual professional roles at the hospitals in which they are based. It will explore the extent to which surveyors influence the development of a culture that values leadership and governance and can facilitate the attainment of quality health services.

The aim is to identify whether having surveyors on staff provides value to a hospital. This will involve an evaluation of how surveyors use their knowledge of quality issues to guide the hospitals in which they are based in the direction of ongoing improvement. The hypothesis is that surveyors bring to their professional roles evaluative expertise that enhances the development of good governance mechanisms, strong leadership patterns and effective channels of communication.

The methodology will include a survey, interviews and document analyses. The survey will seek to identify the issues that surveyors consider important to the attainment of quality services. It will also identify the areas in which the surveyors believe they have a marked influence in their workplace. The interviews will explore points of difference between surveyors and non-surveyors. The document analysis will focus on comparative studies of pre and post accreditation performance on quality indicators.

Judie has undergraduate qualifications in both law and nursing and postgraduate qualifications in bioethics. She has a BA. LLB(Hons), MBioeth, Diploma of Nursing, Grad Cert HEd, Grad Dip Legal Practice and is on the Roll of Solicitors of the Supreme Court of New South Wales.

Full Time Scholarship Research Students

PETER NUGUS

Supervisor: A/Professor Jeffrey Braithwaite

Co-supervisor: A/Professor Rick Iedema

PhD: *Organisational identity of Emergency clinicians*

Peter's project is part of a program of research undertaken by the Centre on behalf of the NSW Department of Health's Clinical Excellence Commission. Research has looked at the enlarging clinical expertise of Emergency clinicians but very little research has looked at the role of Emergency doctors and nurses as 'gate-keepers' of the hospital. The inherently organisational labour of ED clinicians is located in their interactions and negotiations with non-ED clinicians to assess, diagnose and treat patients and either discharge them from the ED or refer them to the care of other speciality medical teams and nursing staff of wards. The research question is: How do Emergency doctors and nurses organise the care of the patient? More specifically, what are the implications for patient safety of the organisational identity into which ED clinicians are socialised? The completed fieldwork consisted of undertaking six months of ethnographic observation and interviewing Emergency and non-Emergency clinicians and in the Emergency Departments of two tertiary referral hospitals in Sydney. This involved mapping out and comparing and contrasting the organisational nature of ED work across various roles within the department, and documenting interactions and perceptions of interactions amongst Emergency clinicians, and between Emergency and non-Emergency clinicians. Drawing on the theory of symbolic interactionism, a grounded methodology and methods of discourse analysis, the thesis will describe the way Emergency clinicians organise the pathway of the patient through the hospital by negotiating a complex web of variables. These include medical knowledge, role-based and interdepartmental hierarchies, work structures and processes, communication and negotiation skills, organisationally imposed time priorities, and personal and professional relationships. Peter is due to submit in April 2007.

Part-time/Off-campus Research Students

JOANNE CALLEN

Supervisor: A/Professor Jeffrey Braithwaite

PhD: *An exploration of the impact of culture and work practices on the use of point of care clinical systems in hospital settings*

Joanne is a Senior Lecturer in the School of Health Information Management, Faculty of Health Sciences, The University of Sydney and has professional and academic qualifications in health information management, education and public health. Her professional work experience has been in the public health sector, specifically major teaching hospitals. Joanne has also conducted consultancies in Singapore, Hong Kong and Cambodia and in the Australian private hospital sector and has been involved in the development and delivery of undergraduate and post-graduate academic programs in the School of Health Information Management for over twelve years.

Joanne's research interests are focused on the implementation of information and communication technologies in health care facilities. Of particular interest are the people and organisational issues that impact on the diffusion of these systems. She is currently undertaking studies on the value of electronic discharge referral systems and electronic consultations between general practitioners and patients using qualitative research methods. Her PhD explored how culture and work practices affected clinicians' use of a clinical information system used for diagnostic test management. She completed her thesis in 2005.

Part-time/Off-campus Research Students
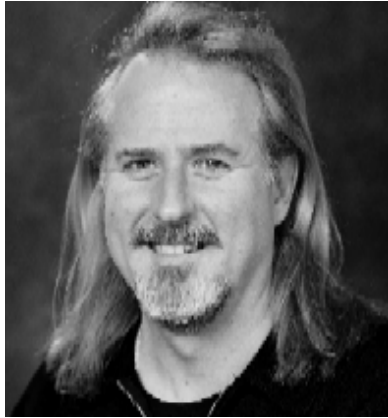
GREG FAIRBROTHER

Supervisor: A/Professor Jeffrey Braithwaite

Co-supervisor: Professor Mary Chiarella

PhD: *Organising nursing care in the acute environment: Moving from individual to collective care models*

Greg is the Nursing Research Officer at Prince of Wales Hospital. His brief in this role is to work with the range of Clinical Nurse Consultants and other active nurse thinkers on methodology, analysis and writing. He also researches independently in the drug and alcohol field. He holds a conjoint appointment as Research Fellow with University of Technology's Faculty of Nursing Midwifery and Health. He gained RN qualifications from the Hornsby & Ku Ring Gai Hospital in 1986 and worked as a medical nurse at Royal Prince Alfred Hospital. From the early 1990s he has worked full time as a nurse researcher in South Eastern Sydney. He was awarded a BA (Applied Communication) from the University of Western Sydney in 1990 and a Master of Public Health from the University of Sydney in 1996.

His PhD topic is concerned with organising nursing care in the acute hospital. Social action and quasi experimental research designs are being employed to trial staff-generated care models at two Sydney hospital campuses. Nursing care models are receiving significant attention contemporarily – this project is particularly focused on the usefulness of collective practice-centred rather than individual practice-centred models of care. Included in Greg's doctoral research program is a post structuralist study – exploring collectivity/ individualistic discourses underlying the talk of a sample of senior Sydney nurse executives. A statistical validation study of the author-designed workplace satisfaction questionnaire used as outcome measures in the quasi-experiment is also included.

Part-time/Off-campus Research Students

FLEUR HILLIER

Supervisor: A/Professor Jeffrey Braithwaite

PhD: *Managing creative and health production processes: issues, similarities and differences*

Fleur is currently working as a staff educator in a large public hospital in Melbourne. The research conducted in her thesis is qualitative and is modelled on what is commonly labelled as an interpretivist/constuctivist approach. This approach is engendered by the standpoint that reality is socially derived. Espoused in this approach is the objective of hermeneutics, the formation of interpretive meaning. Fleur's objects of enquiry are directors of plays (managers of the creative process) and nurses in wards of hospitals (managers of the production process). Her studies compared and contrasted these two models of management practice. Fleur's key findings are that: core management functions and challenges encountered by Theatre Directors and Nurse Managers were similar in focus. This is despite considerable differences in environmental intensities and organisational activities and behaviours. In support of previous research management is found to be chaotic, random and predominantly devoid of forward planning. Environmental differences affected the way in which these managers perceived their roles and rewards; there was a high level of contextual fit between management actions and behaviours and derived organisational aims across both settings; and that there were levels of embedded creativity and reflection harnessed by Theatre Directors that was absent in Nurse Managers. As such her thesis has addressed in passing, at least in part, the way in which creativity emerges in the complex social settings of health and theatre.

Management is about self-denial and frequent assaults to the self-esteem. Managers across the settings utilised similar modes of support for their roles. Managers report that their predominant learning about management is "on the job" and experiential in orientation. This has relevancy for the way in which managers are educated. Fleur is currently exploring avenues for future research.

Part-time/Off-campus Research Students

LENA LOW

Supervisor: A/Professor Rick Iedema

Co Supervisors: Dr Anna Whelan
Dr Marjorie Pawsey, Dr Desmond Yen

PhD: *The impact of medical clinicians in their role of expert peer surveyors as change agents: navigating between inspection collaboration*

Lena works as Business Manager responsible for Business Services Unit and Business Development Unit at the Australian Council on Healthcare Standards (ACHS). Her research topic is related to the accreditation program of health care organisations. As part of the accreditation program, survey teams are selected to review the health care organisations. These survey teams may comprise "expert peer" surveyors still working in the industry or "professional" surveyors who are no longer working in the industry and are paid as consultants for the survey. Medical clinicians have been selected for this study as they represent clearly defined expert peers in surveyor groups.

The research aims to identify the schema of complexities that impact accreditation and their influence on medical clinicians in their role as expert peer surveyors. The intent is also to develop a model based on these complexities to study its impact on surveyors and accreditation and review its effectiveness and application in a practical environment and in line with existing literature.

Lena believes that the study will also provide invaluable information on the audit culture and the bureaucratisation of professional-managerial relationships in health.

Part-time/Off-campus Research Students

MARTIN LUM

Supervisor: A/Professor Rick Iedema

Co Supervisors: Dr Anneke Fitzgerald, University of Western Sydney

PhD: *An international study of the inter-professional dynamics in the prioritision of unplanned, emergency surgery queues*

Martin Lum is the Senior Medical Advisor to the Access & Metropolitan Performance Branch, of the Department of Human Services, Victoria, providing clinical leadership for system improvement, and contributing to policy outcomes. As conjoint Senior Lecturer, Martin joined the Centre in 2005, where his emerging research interests have developed in the domain of Quality and Safety, and Clinical Governance.

Martin's PhD sets out to explore the conceptual constructs of clinical professionals when faced with prioritizing unplanned surgery. It explores the discourse surrounding the nature of 'emergency' as it pertains to immediacy and urgency, aims to describe the dynamics of the Inter-professional dialogues, and identify both the explicit and implicit factors that influence this interaction. This will contribute to the literature on Inter-professionalism, organizational culture, organizational behaviour, professional identity, and discourse analysis in healthcare. It will provide empirical evidence for modelling tools that support decision-making in clinical contexts.

A partnership grant between NSW Health and the University of Western Sydney has provided an Australian cohort of clinicians. Collaboration with the University of Twente, Netherlands, the Hong Kong Hospital Authority and the Chinese University of Hong Kong, SAR, China, is currently being planned. This will allow a comparative study to be conducted in healthcare settings across different cultural clusters and provide an opportunity to examine the inter-professional dynamics across these boundaries.

Martin qualified MBChB (Otago), MBA (Exec) Australian Graduate School of Management, Fellowship, Australia and New Zealand College of Anaesthestist, and Associate Fellowship Australian College of Health Service Executives.

Part-time/Off-campus Research Students

SALLY NATHAN

Supervisor: A/Professor Jeffrey Braithwaite

Co-supervisor: Dr Niamh Stephenson

PhD: *Consumer participation: Positioning, discourse and influence in health-care decision-making*

Sally has a Bachelor of Science in Psychology (Honours) and a Master in Public Health. Sally's PhD is part of a wider ARC Linkage study examining the relationship between health service accreditation and clinical and organisational performance. Sally's PhD will specifically examine the dynamics of the interaction between health professionals and consumer representatives in health care decision-making forums in a sample of health services participating in the larger study.

The proposed study will break new ground by examining consumer participation in 'real time', rather than through the examination of case studies retrospectively, allowing a window into the dynamics of the interaction between health professionals and consumer representatives. Very little research has addressed the role of consumer representatives in health care decision making forums or attempted to directly observe how and in what ways consumer participation influences health care policy and practice. This study will therefore contribute to our understanding of: how the underlying values and ideologies of health professionals, experts and consumers may influence the nature and outcomes of consumer participation in health care decision-making; the role of both internal and external discourse in constraining or supporting the influence of consumer representatives and advocates in health care decision-making fora; and the current capacity and potential of consumer representatives and advocates to influence in existing health care decision-making contexts and how their influence can be maximised.

The aims of the study will be met via a case study design using ethnography as a method to understand how consumer representatives participate at the selected health services and endeavour to represent and advocate the interests of the broader community.

Part-time/Off-campus Research Students

KERIN ROBINSON

Supervisor: A/Professor Rick Iedema

Co-supervisor: Dr Simon Barraclough (School of Public Health, Faculty of Health Sciences, La Trobe University)

PhD : *The making of health information management in Australia: implications for education and professional development*

Kerin has a Bachelor of Health Administration, Bachelor of Applied Science (Medical Record Administration) and Master of Health Planning. Kerin's doctoral research explores the meanings of health information management and the surrounding contestations and drivers of relevant Australian policy and practice. Central to this is a study of the phenomenon of the relatively new profession of health information management, whose evolution and current status informs the research by providing the context for the identification and investigation of issues surrounding health information, its key stakeholders, and its management. The health information management profession and the practices surrounding health information management provide a framework for an exploration of the policy agenda that shapes the health information management environment, practice, systems, and applications of health information in Australia.

The research seeks to explore the influences of policy, identify and describe the dominant discourses in health information management, investigate the politics of standardisation of medical records in the Australian environment, describe the roles of health information management and health information managers in the healthcare industry, explore the effects of emerging information and communication technologies surrounding health information, and identify health information management system and technological deficiencies or failures which affect clinical practice and inter-professional communication. It is anticipated that the findings and conclusions will be of value in informing a re-framing of educational and professional development directions for the health information management profession.

Part-time/Off-campus Research Students

JAEL WOLK

Supervisors: A/Professor Jeffrey Braithwaite, Professor Peter Baume

PhD: *Hospital admission policies – can theory match practice? An evaluation of the impact of government policy on the development of elective admission policies, in New South Wales public hospitals*

This research aims to elucidate the extent to which a government can or cannot influence the practice of stakeholders in the public hospital system in relation to elective admissions. The process of policy implementation is generally thought to be one whereby governments address the concerns of the population by forming policies and then attempt to translate these general policies into specific methods of action. However, it has been suggested that there is often a discrepancy between government directives and bureaucratic implementation (Lipsky 1971, 1976). According to Lipsky, the extent to which government bureaucrats (in this case hospital managers and admission staff), will carry out these directives will be influenced by their interpretation of the directive and their interpretation of how the policy translates into practical activities. In this case, the general government concern was timely access by the population to elective procedures in the public hospital system. In this particular scenario, the NSW state government proposed to address these concerns specifically via its health portfolio, by increasing funding to public hospitals and by developing a set of guidelines regarding elective admissions for its public hospital manager employees. Specifically the research seeks to find out:

- The extent to which public hospitals implement government directives to form an admission policy (as reported by hospital stakeholders).

- The extent to which the developed policy reflects government directives.

- The extent to which the developed policies are implemented by hospital staff (as reported by hospital staff).

- Whether government is able to influence the development of hospital admission policy and the actual practice of elective admission hospital staff.

Part-time/Off-campus Research Students

KAI ZHANG

Supervisor: A/Professor Jeffrey Braithwaite

Co Supervisor: Dr Marjorie Pawsey

PhD: *Incorporating clinical indicator measure into ACHS hospital accreditation program – the need for continuous quality improvement*

Kai has a Bachelor's degree in Medicine from Shanghai Medical University. He worked as a general surgeon in one of the biggest teaching hospitals in Shanghai for 8 years.

Before he joined the Centre in 1999, he completed a Master of Health Administration degree in July 1999 through the School of Health Service Management at UNSW. During work in the Centre for various projects, he accumulated expertise in research methods and statistical analysis. He is expert user of SPSS, Access, Excel and a series of statistical software packages.

His research interest includes using statistical methods in the analysis of (a) clinical practice variations (b) clinical indicator benchmarking (c) professional subculture (d) comparative healthcare systems and health policies. He is now a data manager in a major teaching hospital in Sydney and also a PhD candidate.

His PhD research is focused on developing a core clinical indicator set and examination of the interconnection between the clinical indicator data and standard survey data (EQuIP) in the ACHS health service accreditation program.

Research Student Projects

In the following we list the names of students and their research topics which are or have recently been under Centre staff supervision.

Candidate	Degree	Research Topic	Supervisor
Sam Sisouvanth Raine	BSc Honours	Lao refugee experiences with health services in Australia	Anna Whelan
Wolfgang Bender	Masters project	Analysing public health management: what do public health managers do?	Jeffrey Braithwaite
David Hill	Masters project	Topic to be defined	Anna Whelan
Sabine Luft	Masters project	Using Textsmart to examine case texts: a validation and evaluation	Jeffrey Braithwaite
Luc Betbeder	MHA project	Management and user perspectives on the use of email by clinical academic staff in a public hospital in New South Wales	Jeffrey Braithwaite
Stephen Brand	MHA project	A study to examine the role and purpose of the Special Care Suite for mental health patients in the Queanbeyan District Hospital, NSW	Jeffrey Braithwaite
Barbara Daly	MHA project	Access block at POW	Rick Iedema
Margaret Fitzgerald	MHA project	A case study of priority setting using program budgeting and marginal analysis in an Australian Division of General Practice	Jeffrey Braithwaite

Research Student Projects

Candidate	Degree	Research Topic	Supervisor
Jim Higgins	MHA project	To close or not to close! What will be the reaction	Anna Whelan
Carol Horbury	MHA project	An empirical examination of the leadership and management perspectives of Nursing Practice Coordinators compared with the leadership framework of Queensland Health	Jeffrey Braithwaite
Steve Isbel	MHA project	Topic to be defined	Anna Whelan
Annette Kay de Mestre	MHA project	Medical Officer's Orientation Program	Anna Whelan
Bonne Lee	MHA project	Spinal plastics outpatient clinic at RNSH: analysis	Jeffrey Braithwaite
Peter Merrett	MHA project	Occupational Health and Safety in Health	Anna Whelan
Jennifer O'Connell	MHA project	An analysis of a major teaching hospital after thirty years: reflections with a mirror	Jeffrey Braithwaite
Gail O'Donnell	MHA project	The future of the hospital: perspectives and themes	Jeffrey Braithwaite
Ye Rong	MHA project	Attitudes, beliefs and barriers towards mental health services amongst Chinese migrants in Sydney	Anna Whelan
Tamsin	MHA project	Policy, practice and the	Jeffrey

Research Student Projects

Candidate	Degree	Research Topic	Supervisor
Asmah Bte Mohammed Noor	MHSM project	A study of job satisfaction among staff in intensive care	Jeffrey Braithwaite
Tony Austin	MPH project	Organisational design of a coordinated military health wing: issues of structure and structuring	Jeffrey Braithwaite
William Baguma Mbabazi	MPH project	Knowledge, Attitude and Practice of Male Partners of Postmenopausal Women	Anna Whelan
Graham Barrington	MPH project	Quality at a public hospital – initiatives and responsibilities of the medical directorate	Jeffrey Braithwaite
Wolfgang Bender	MPH project	Refugee clients in a specialised outpatient service: quality assurance analysis of the clinical services provided by the Refugee Health Service	Anna Whelan
Tushar Bhutta	MPH project	Systematic review for the Cochrane database	Jeffrey Braithwaite
Darren Carr	MPH project	An examination of the strategy of a Division of General Practice	Jeffrey Braithwaite
Julie Flood	MPH project	NES workers and understanding of blood borne occupational health risks	Anna Whelan

Research Student Projects

Candidate	Degree	Research Topic	Supervisor
Jacinta Gallagher	MPH project	Participant observation of an information technology implementation	Jeffrey Braithwaite
Erica Grey	MPH project	Capacity building model in Cancer Care Centre	Anna Whelan
Sabine Luft	MPH project	Immune status in overseas born children of recently arrived refugees and migrants with refugee-like background: analysis of a pilot program at an Intensive English Language Centre	Anna Whelan
Ann Mehaffey	MPH project	Communication strategies and tools used by primary health care/community health care staff in involving consumers and stakeholders	Jeffrey Braithwaite
Shannon Meyerkort	MPH project	Representation of health issues in the media	Rick Iedema
Cecily Michaels	MPH project	Oral Health and Hazara Refugees: Attitudes,	Anna Whelan
Annette Pantle	MPH project	An investigation into the implementation of hospital in the home programs	Jeffrey Braithwaite

Research Student Projects

Candidate	Degree	Research Topic	Supervisor
Zou Pei	MPH project	Postnatal depression in Vietnamese migrant women in Australia and Vietnamese women in Vietnam	Anna Whelan
Susan Priest	MPH project	Mental Health after Childbirth	Anna Whelan
Camille Rayne-Greenow	MPH project	External Cephalic Version trial (RPA)	Anna Whelan
Alison Rutherford	MPH project	Audit of acupuncturists in CSAHS	Anna Whelan
Tomasina Stacey	MPH Project	Describing Postnatal Care: A Qualitative Study	Anna Whelan
Lin Zhang	MPH Project	A c u p u n c t u r e — qualitative study	Anna Whelan
Joanne Callen	PhD	An exploration of the impact of culture and work practices on the use of point of care clinical systems	Jeffrey Braithwaite
Greg Fairbrother	PhD	Organising nursing care in the acute environment: moving from individual to collective care models	Jeffrey Braithwaite
Rowena Forsyth	PhD	Clinical work practice change as a result of information and communication technology implementation	Rick Iedema Jeffrey Braithwaite

Research Student Projects

Candidate	Degree	Research Topic	Supervisor
Rod Freyer	PhD	A study of communication in the management of health services	Jeffrey Braithwaite
David Greenfield	PhD	Learning and change within a (nursing) community of practice: enacting self governance	Rick Iedema
Fleur Hillier	PhD	Managing creative and health production processes: issues, similarities and differences	Jeffrey Braithwaite
Christine Jorm	PhD	Interaction of medical speciality culture with patient safety and quality	Jeffrey Braithwaite
Linda Kurti	PhD	Where science and spirit meet - spiritual assessment in Australian general practice; Social Capital and the role of religious organisations	Anna Whelan
Lena Low	PhD	The impact of medical clinicians in their role of expert peer surveyors as change agents: navigating between inspection and collaboration	Rick Iedema Anna Whelan Marjorie Pawsey
Diana McCallum	PhD	The process of planning	Rick Iedema
Peter Nugus	PhD	The organisational identity of Emergency clinicians	Jeffrey Braithwaite Rick Iedema

Research Student Projects

Candidate	Degree	Research Topic	Supervisor
Rod Perkins	PhD	A study of health services management in New Zealand 1946-2000 – the meanings of managerial effectiveness	Pieter Degeling
Farhad Pour-fazi	PhD	Gastro-intestinal cancer: cross cultural research	Anna Whelan
Shirley Shulz-Robinson	PhD	Community health management and practice	Anna Whelan
Hong Qiu Wang	PhD	Applying the health belief model to predict quitting attempts among male adult smokers in three workplaces in southern China	Anna Whelan
Jael Wolk	PhD	Hospital admission policies – can theory match practice? An evaluation of the impact of government policy on the development of elective admission policies, in New South Wales public hospitals	Jeffrey Braithwaite Peter Baume
Kai Zhang	PhD	Clinical performance indicators for continuous clinical quality improvement: clinical pathway-based CPI benchmarking	Jeffrey Braithwaite Marjorie Pawsey

A Longitudinal Program to Conceptualise, Empiricise and Evaluate Clinician-Managers' Roles, Behaviours and Activities

Investigators: Jeffrey Braithwaite, Mary Westbrook, Don Hindle, Rick Iedema, Terry Finnegan, Betsy Graham and Nadine Mallock

Duration: 1996 and ongoing

Description: Clinician managers have been drawn into leadership positions at various levels over the last three decades but most past literature about them has been normative This program of research has sought to examine clinician-managers' roles and behaviours *in situ.* Key findings include:

- Clinician-managers' work activity can be synthesised under fourteen headings, representing their chief interests and concerns, and their work is busy, relentless, ad hoc, unpredictable and discontinuous

- While some aspects of health care management have changed with the emergence of clinician-managers, much of what is assumed to have changed remains the same or has intensified, such as the pressures and pace of work

- Management is enacted within rather than across professional divides.

The study findings have provided a body of information of relevance to practising clinician-managers, other scholars and management educators. They have helped strengthen our knowledge of clinician - managers and their roles and behaviour.

Outputs: A range of papers in international journals have been published. Educational materials have been incorporated into various teaching programs for Masters by coursework programs.

Selected Publications and Presentations

Braithwaite J, Finnegan TP, Graham EM, Degeling PJ, **Hindle D, Westbrook MT** (2004). How important are quality and safety for clinician managers? Evidence from triangulated studies. *Clinical Governance: An International Journal.* Vol 9 (1) pp.34-41.

STREAMS OF CARE AND CLINICAL DIRECTORATES IN LARGE TEACHING HOSPITALS: EFFECTS AND IMPLICATIONS AND RELATIONSHIP TO ORGANISATIONAL PERFORMANCE

Investigators: Jeffrey Braithwaite, Mary Westbrook and Rick Iedema

Duration: 1999 - 2005

Description: Current received wisdom about health sector restructuring suggests that streams of care should be designed and institutionalised. Conceived broadly, streams of care are clinical groupings with population health responsibilities for defined sets of patients with relatively homogeneous disease profiles. At this point in time, there are no retrospective or prospective studies nationally or internationally on this phenomena and none so far as we are aware that is in an advanced design phase. We contemplate in this project a thoroughgoing investigation into streams of care across time.

In the meantime however, there is ongoing Centre research into clinical directorates. In many respects, these are precursors to streams of care in that clinical directorates establish clinical streams for management purposes within hospitals whereas streams of care as currently envisaged represent clinical streams for management purposes across populations, i.e. across hospitals and in the community.

The Centre's program of work on clinical directorates can therefore shed empirical light on the streaming phenomenon and act as a platform for our future research programs into streams of care. Key findings from the clinical directorate studies include:

- Claimed benefits of clinical directorates such as improved efficiency are not realised in practice

- There is no association between teaching hospital efficiency and clinical directorate type

- Regardless of whether in any given year a teaching hospital is configured traditionally, in one of the two main clinical directorate types or involved in a major restructuring exercise from one of these models to another, there is no difference in performance efficiency.

This program of research is therefore important in its own right but it is also crucial as a precursor to a future program examining streams of care prospectively.

Outputs: Several papers are in press from the clinical directorate investigation. A range of presentations at conferences, workshops and symposia has been made. A future proposal to evaluate streams of care in real time and prospectively (formative and summative evaluation) is in train.

Selected Publications

Braithwaite J, Westbrook MT (2004). A survey of staff attitudes and comparative managerial and non-managerial views in a clinical directorate. *Journal of Health Services Management Research.* Vol 17, pp.141-166.

Braithwaite J, Westbrook MT (2005). Rethinking clinical organisational structures: an attitude survey of doctors, nurses and allied health staff in clinical directorates. J*ournal of Health Services Research and Policy,* Vol 10 (1), pp.10-17.

RESTRUCTURING OF HEALTH SERVICES

Funding Sources: University of NSW

Investigators: Jeffrey Braithwaite, Johanna Westbrook and Rick Iedema

Duration: 2004 - 2008

Description: One of the most prominent health service change methods around the world is restructuring: the attempt to alter the formal or design aspects of health systems, particularly, the roles, responsibilities and reporting arrangements of senior positions. We can observe this happening on a regular basis in the various mergers and acquisitions of private health interests of the United States of America, and also in the public health systems of Canada, Britain and Australia.

Despite its popularity as a managerial activity, little research attention has been paid to this phenomenon. Until now, there have been many advocates of it, and some anecdotal academic commentary for and against it, but almost no evidence about restructuring, mainly because of the complexity of examining a complex social and organisational issue with multiple variables

We have found that restructuring at the sector level – ie, that of entire health systems (such as the National Health Service, or the New South Wales or Western Australian health sectors, or the Canadian States health systems in Alberta or Saskatchewan) – can lead to disruption, confusion and inefficiencies. In the case of area health services (NHS Trusts in the United Kingdom) and local acute and community health services including teaching hospitals, restructuring can put people back about eighteen months while they recover from the re-organisation, and orchestrating serial restructures over several years, ie tweaking the organisational structure several times over a decade, can lead to measurable inefficiencies. Our data suggests that apart from distraction from the main game of patient care, there are negative morale outcomes and uncertainties created by restructuring that must be through before the next restructuring is considered. Restructuring is Restructuring is often bad for you, and keeping on restructuring even worse.

Outputs: Academic papers and a range of conference presentations, as well as including the data in workshops and masters courses are the main outputs.

Selected Publications

Braithwaite J, Westbrook JI, **Iedema R** (2005). Restructuring as gratification. *Journal of the Royal Society of Medicine*, Vol 98 (12), pp.542-544 [http://www.jrsm.org/current.shtml.

Braithwaite J (2005). Invest in people, not restructuring. *British Medical Journal,* 331, p.1272 [doi:10.1136/bmj.331.7527.1272-a].

Braithwaite J, **Westbrook M, Hindle D, Iedema R,** Black D (2006). Does restructuring hospitals result in greater efficiency? An empirical test using diachronic data. *Health Services Management Research,* in press.

A Project to Develop Interventions to Overcome the Limits of Medicine in Managing the Dying Process in Acute Care Hospitals

Funding Source: Australian Research Council (SPIRT Grant Scheme) and South Western Sydney Area Health Service

Investigators: Rick Iedema, Liz Turnbull, Ken Hillman*, Hugh Dickson* and Arthas Flabouris* [* South Western Sydney Area Health Service]

Duration: 2000 - 2005

Description: This study comprises a number of action research strategies and has produced several outcomes to date. The first phase of research consisted of collecting data through ethnographic observation, formal interviews and informal discussions within the intensive care unit; 13 case studies of the trajectories of dying patients have been collected. Interviews have also been conducted with clinicians and allied health outside of ICU. Transcripts and field notes have been used for sense making and analysis by the research team and in collaboration with intensive care management staff in an ongoing series of research meetings. A high degree of concordance was reached between the research team and staff on the initial description of the data. In attending to the patterns of interaction, communication and storytelling, the researcher has developed a 'thick description' of the meanings that staff, patients and families give to the situation. A second phase of focus groups is underway with nurses and doctors within the unit. This second phase, by building on the thematic categories of the first allows for a more subtle and sharply focused questioning.

The emerging systemic analysis of the regularities and patterns of action identifies a complexity of intervening factors including case mix, staffing issues leading to discontinuities of care by staff to patient, tribal conflicts and ownership of patients, technological and heroic imperatives to pursue life saving treatment, and resource constraints. Ordering or mediating structures such as hierarchies of decision making, ward round rituals, diplomacy across teams, clinical nurse educator and team leader roles act to minimize and control for uncertainty, risk, conflict and threats to coherence of the system.

Variance across the range of case studies in terms of management of the dying process is evident. Conflict between parties involved in the decision-making concerning pursuing or withdrawing treatment is common. It is particularly apparent between teams requiring negotiation and diplomatic maintenance across the boundary of intensive care. Cross-cultural confusion, varying levels of education and information and idiosyncratic or individualistic styles of decision-making and treatment withdrawal practices by intensivists are also determining factors in aggravating miscommunication and gaps in care. Misalignment between medical and nursing practices create gaps in communication and lead to fragmentation of care and confusion about best care.

Outputs: The project has so far produced two prize-winning posters (one national and one international), two international conference presentations, an invited article for the international journal *Communication and Medicine* and one in *Social Science and Medicine*.

Selected Publications

Iedema R, Sorensen R, **Braithwaite J**, Turnbull E (2004). Speaking about dying in the intensive care unit, and its implications for multi-disciplinary end-of-life care. *Communication and Medicine*, Vol 1 (1), pp.85-96.

Iedema R, Sorensen R, **Braithwaite J,** Flabouris A (2005). The teleo-affective limits of end-of-life care in the intensive care unit. *Social Science & Medicine*, Vol 20, pp.845-857.

Sorensen R, **Iedema R** (under review). Structuring communication as routine practice in end-of-life care. *Communication and Medicine.*

Turnbull E, Flabouris A, **Iedema R** (in press). An outsider's prespective of the lifeworld of ICU. *Australian Critical Care.*

MANAGING CULTURAL DIVERSITY IN THE WORKPLACE SOUTH EAST HEALTH

Funding source: South Eastern Sydney Area Health Service

Investigators: Anna Whelan and Nadine Mallock

Duration: 2003 - 2005

Description: The aim of Phase I of this research is to utilise the American "Racial/Ethnic Diversity Management Survey" with some modification for the Australian system. This tool has been validated and is being used to create a climate of change within the participating hospitals in Pennsylvania. In Phase II, results and views expressed in the questionnaire will be discussed through semi-structured interviews with executive directors and diversity coordinators of the nine facilities involved.

- The survey sought to answer the following questions:

- What is the attitude and experience of senior managers in South East Health to cultural and linguistic diversity?

- What is the current diversity profile of senior managers in South East Health?

- How effectively do managers feel their facilities operate in relation to diversity issues affecting planning, evaluation, training, human resources, health care delivery and progressiveness towards staff and clients of Aboriginal, Torres Strait Islander people and Culturally and Linguistically Diverse background?

- What types of ethnic diversity management policies and practices exist among hospitals?

- How do management activities of senior staff tie into their strategic orientation?

Diversity management is a strategically driven process with an emphasis on building skills and creating policies that address changing demographics and patient populations. Health care organisations concerned about diversity management need to engage in human

resources and health care delivery practices aimed at recruiting, retaining and managing a diverse workforce and developing culturally appropriate systems of care.

This study will assist South East Health to define its diversity management agenda and focus on key areas requiring action. It is essentially an organisational climate survey of senior staff and will require further validation through more intensive work with units. It will provide a baseline of management opinions and also a comparison with other Areas and overseas, that will allow the organisation to assess its position. Health services in New South Wales are seeing increasing numbers of patients from non-English speaking backgrounds. The need for health services to provide culturally and linguistically appropriate care will not diminish, and indeed, will increase over the next decade. South East Health has a high immigrant population (31.2%), the majority of which were born in a non-English speaking country. Meeting the needs of culturally and linguistically diverse clients, means ensuring culturally appropriate care, and ensuring equality of access and outcomes for all members of the South East Health community.

A more recent phenomenon in the health workplace is the increasing numbers of staff (professional and support) who are bilingual and/or bicultural. As workplaces become increasingly segmented along sociocultural and demographic dimensions, it is important to develop policies and practices aimed at recruitment, retention and management of a diverse workforce. Managers at all levels and health professionals must develop a greater understanding of human diversity and multicultural issues. This needs to go beyond being sensitive to or aware of such issues, to becoming competent in diversity management. Diversity management is the process or path leading to culturally competent organisations.

AIMS Retrieval Medicine Incident Reporting: an Investigation of Reporters' Expressions of Attitude and Feeling

Investigators:	Rick Iedema and Susan Grant
Duration:	2003 – 2005

Description: This project addresses the question of how writers of critical incident reports express their emotional responses to the events and problems they are confronted with during patient retrievals. The project focuses on the ways in which reporters' expressions of feelings, judgments and assessments about the events and problems confronted might impact on or complicate our coding of the reports in question.

The recent rise in interest in emotion in organisations and in emotive language more specifically has enabled us to devise an interpretive framework which also supplies the means to analyse the discourse of subjective evaluation and emotionality. Collectively, the discursive resources in question here have been systematised under the heading of 'appraisal'. Appraisal provides a framework. This discursive domain of 'appraisal' is detailed sufficiently in the report to support the analyses and to ground the findings.

In addition, the orientation of the research is informed by contextual issues of the current culture of incident reporting in health care. Prominent here is the rising concern with health organisations' progression towards a 'no-blame' culture by means of which they are to deal with issues of quality of care, patient safety and risk management.

Our final report sets out its findings by illustrating how specific types of language or related sets of expressions support or are in tension with the ethos of 'locating sources of error' and instituting 'no blame'. Also, the report aims to help clarify and elaborate the basis for making coding judgments about the language used in critical incident reporting.

Outputs: The main findings of this study are as follows. The discourse of critical incident reporting shows that:

- Emotivity concerns not merely the expression of personal feelings, but draws on a number of linguistic do-

mains. These domains include expressions about personal feeling and depersonalised or formalised sentiments; person-specific judgment and organisation-centred moralising, and aesthetic and functional assessments of artefacts and objects

- Emotive expressions do not principally target personal or internal feeling, but are about normative moralisations to do with (in)appropriacy and (in)sufficiency, and person-specific judgments about others' (in)capability

- There is a tension between formal (public, depersonalised, organisationalised) and informal (private, emotional, self-oriented) language

- Different domains of linguistic emotivity correlate; that is, if one domain of emotive expressions is drawn upon by the reporter, others will most likely be drawn upon too, creating a 'cumulative' or amplifying effect. For example, if claims about someone's causal responsibility are made, the intensity of these claims appears to correlate with the frequency of expressions that reference personal feeling

- Reports embody emotionality not merely at the level of individual expressions, but also at the level of how they unfold as 'text'. That is, emotive feeling is not merely inherent in singular words, terms or expressions, but also in the degree to which a report is either 'to the point' and linear, or iterative and circular. Being iterative and circular, a report accrues emotive meaning as a result of emotivity being 'piled up'

- The emotivity in incident reports cannot be dissociated from these reports' claims to factuality. Put differently, the factuality and objectivity of incident reports is inevitably attenuated by their emotivity.

Centre Projects

Selected Publications

Iedema R, **Braithwaite J**, **Forsyth R**, **Nugus P**, **Jorm C**, **Travaglia J**, Scheeres H (2004). The intensification of communication in modern health care: where narrative meets accountability. Poster presented at *BMA/BMJ Narrative Research in Health and Illness Conference*. London, 9-10 September.

Iedema R, Flabouris A, Grant S, **Jorm C** (in press). Narrativizing errors of care: critical incident reporting in clinical care. *Social Science & Medicine.*

Iedema R, Grant S (2004). *AIMS retrieval medicine incident reporting: an investigation of reporters' expressions of attitude and feeling*. Sydney: Centre for Clinical Governance Research, UNSW.

AN INTERNATIONAL CROSS-CULTURAL STUDY TO EXAMINE HOW CLINICIAN-MANAGERS AND HEALTH SERVICES MANAGERS USE THEIR TIME

Investigators: Jeffrey Braithwaite, Mary Westbrook and Nadine Mallock

Duration: 2002-2007

Description: While there are many claims about clinician-managers and health services managers in the literature, one recurring theme is that a key resource variable is the way in which managers use their time. Problematised, this issue raises questions about clinician-managers' and health services managers' perceptions of the time they spend on various management activities, the time they believe they should spend on these activities and the relevant importance of them.

A related set of issues concerns perceptions of pressure on clinician-managers and health services managers for them to perform effectively. This project seeks to examine this issue through the administration of a questionnaire in Australia and Singapore.

Outputs: The study is providing information and an evidence base on patterns of time allocation and the effective marshalling of time by managers across various managerial activities. It is proving to be of considerable use to practicing managers, and health services and clinician-management educators.

Selected Publications

Braithwaite J (2004). An empirically-based model for clinician-managers' behavioural routines. *Journal of Health Organisation and Management,* 18 (4), pp. 240-261.

EXAMINATIONS OF THE RELATIONSHIP BETWEEN ACCREDITATION AND CLINICAL AND ORGANISATIONAL PERFORMANCE

Funding Source: The Australian Research Council Partners: Australian Council on Healthcare Standards; Affinity Health, Ramsay Health Care, Australian Health Insurance Association

Investigators: Jeffrey Braithwaite, Johanna Westbrook, Rick Iedema, Bill Runciman, Sally Redman, Marjorie Pawsey, Christine Jorm, ACHS staff

Duration: 2002 - 2007

Description:

Although there have been several decades of accreditation development both in Australia and internationally, the relationship between accreditation and clinical and organisational performance remains largely unexamined. The research project consists of four separate studies to examine the association between accreditation and performance, as well as exploring the reliability and validity of the accreditation process. The research is examining the overall question, "What are the relationships between accreditation and clinical and organisational performance?"

Study 1: Examination of the relationship between accreditation and clinical and organisational performance

This study will examine the relationships between the ACHS Evaluation and Quality Improvement Program (EQuIP) outcome and organisational and clinical performance data. From the organisations participating in an EQuIP organisation-wide survey in 2006, a random sample of 21 organisations stratified for size, location and sector was selected. The research team piloted the methods and tools for this study in November 2005 at a health service in Sydney. Data collection for this study will occur throughout 2006.

The organisational data to be collected necessitates undertaking a cultural assessment of each health service. That is, the research team will undertake observations of and interviews with staff, and document analysis to explore communication, decision making, work processes and consumer participation. Staff will also be asked to complete a web based survey on aspects of the culture of the organisation with a focus on safety and quality. The research team will utilise the ACHS information on clinical indicators for each study participant.

These data will be used to assess clinical performance by comparing indicator rates for each participant across time and with national averages.

Associated with this study is a doctoral student examining consumer participation in health services.

Study 2:   Comparison of health services participating and not participating in accreditation

This study will compare health services participating in an accreditation program with those not participating in a program. The accreditation program is the ACHS EQuIP. The same methods and tools for study one will be used for study two. That is, each health service in this study will be visited to conduct a cultural assessment and clinical performance data will also be collected.

The major difficulty in implementing this study has been the very small number of health services in Australia that are not involved in an accreditation program and that could be matched to the services in the sample in study one. The research team is currently negotiating with three services to arrange visits by the research team for the first half of 2006.

Study 3:   Exploration of inter-rater and intra-rater reliability of accreditation survey teams

This study is examining the intra- and inter- related reliability of surveyors and surveying teams. There are two parts to this study. Firstly, during 2005 the research team conducted focus groups with the ACHS survey workforce. The focus groups utilised open ended questioning to examine two primary issues: Do, and if so how do, surveyors achieve consistency from survey to survey? and, are different surveying teams reliable? That is, if the team surveying an organisation was changed, in whole or part, would the same survey outcome be reached?

The second part of this study is an examination of survey teams *in situ.* Two survey teams will be matched and then simultaneously undertake the periodic review of a health service. Three health services have agreed to participate in this study at their periodic reviews in the second half of 2006.

Associated with this study is a doctoral student examining the reliability of surveyors and surveying teams.

Study 4: **An examination of the influence of accreditation surveyors on their individual organisations**

This study will examine the influence of surveyors within their own organisations and is being conducted by doctoral students under the direction of the research team. One study is using ethnography to examine a surveyor, or surveyors, in their employing organisations. The other study is utilising interviews and a survey to examine surveyors' ideas and displays of leadership within their organisations and analysis their organisational accreditation outcomes.

A Research Program with the Clinical Excellence Commission, NSW to Prospectively Study the Commission's Programs to Improve the Safety and Quality of Health Care in New South Wales: 2004 - 2005

Funding Source: Clinical Excellence Commission, NSW

Investigators: Jeffrey Braithwaite, Rick Iedema, Mary Westbrook, Nadine Mallock, Joanne Travaglia, Johanna Westbrook, Peter Nugus, Christine Jorm

Duration: 2004 – 2005

Description: We conducted two kinds of research with CEC. First we assembled evidence for what the CEC needed to do prospectively. This was to be conducted via four inter-related studies, including: a literature review; an analysis of major patient safety inquiries; a series of focus groups with health professionals and a safety climate survey. The CEC research framework is presented in Figure 1, with completed studies highlighted in gray:

Figure 1: a framework for research for 2004-2005

What are we doing	Evidence for what we need to do	What is our vision?
The evidence, once assembled, can be used to test our existing hypothesis – essentially, that the activities to improve safety and quality of care that are underway now are relevant and are meeting the needs of the system, and consistent with the assembled evidence.	Commission review of safety and quality literature: the evidence — Conduct multiple focus groups to determine bottom up view → What will make patient care in NSW safer and better? ← Undertake review of key safety and quality documents and reports — Administer Safety Climate Questionnaire (modified U.Texas Tool)	The evidence, once assembled, can be harnessed to create a 5-10 year vision and plan for what we should be trying to do – specifically, what will be the features of the system that have addressed the safety and quality problems enunciated via the evidence.

We then tested CEC's existing hypothesis that its current program of work is resulted in (or supported and enabled) improvements in the safety and quality of health care in NSW, through evaluations of two CEC initiatives. The first evaluation was of the patient flow collaborative and the second of the Safety Improvement Program, (described in more detail later in this section). What follows are the key findings from the studies:

A technical review of the safety and quality literature

In this study we sought to assess the patient safety literature and suggest a new approach to safety for clinical teams. The review of the literature had two major aims. The first was to determine the level of avoidable harm currently occurring in health services around the world (as reported in the literature), and to explore the ways in which this harm is manifested. The second was to understand the causes of such harm. These causes appear in the literature under three headings: errors of individual clinicians; errors as a consequence of poor team-work; and errors as a consequence of environmental factors. The study concluded by examining the corrective measures suggested by the literature and by outlining a team-centred process which could be applied by health care services wishing to strengthen their existing safety activities. A monograph of this study, *Patient safety research: a review of the literature* will be launched by the CEC early in 2006.

Review of key safety and quality documents and reports

This study is based on a comparative analysis of eight patient safety Enquiries into alleged poor health care, in five countries. Three of the Enquiries are from Australia: Perth (King Edward Memorial Hospital), Melbourne (Royal Melbourne Hospital) and Sydney (Campbelltown-Camden). The remainder are from Scotland (Glasgow), England (Bristol Royal Infirmary), Slovenia (Celje Hospital), New Zealand (Southland) and Canada (Winnipeg Health Sciences Centre).

Two versions of the final report of this study, a full monograph entitled *Patient safety: a comparative analysis of eight enquiries in five countries* and a summary document, *Patient safety: a summary of findings from major international public enquiries,* have been produced, and will be released early in 2006.

The study provides an analysis of the context, process, key findings and recommendations of the Enquiries. In doing so, it identifies common features of the events which led up to Enquiries, including: sub-standard healthcare; deficiencies in quality monitoring processes; individual care providers and patients raising concerns up to a decade before action was taken; the ignoring and at times abuse of critics of the services; deficiencies in team work; and the lack of involvement of patients and families as integral and informed members of the health care team.

Multiple focus groups

The aim of this study was to catalogue a wide range of views and capture the ideas of people across the health system. We gathered qualitative information from a range of stakeholder groups about the state of safety and quality in NSW, and how these might be improved. Twenty-five focus groups were conducted over a number of geographical and service settings. Participants included: nurses, doctors, allied health and non-clinical staff, GMTT groups, Department of Health policymakers, area health service staff, and academics.

Group discussions were tape recorded and analysed using Nvivo6 and Leximancer. The data gathered constitutes a vital bank of information and provides well-grounded insights into what CEC needs to do in the future to respond to safety concerns. A major report entitled *Giving Voice to Patient Safety* and a 'key points' document will be released early in 2006.

Safety Climate Questionnaire

The Safety Climate Questionnaire (marked with an asterisk in the Figure 1) based on the University of Texas tool, has been developed. It was subjected to rigorous testing through multiple design phases, and piloted and Australianised. An implementation kit has also been developed. These have been submitted to NSW Health and the CEC for comments. At this point there are questions of timing and utility of the administration of the questionnaire tool which are yet to be re-solved.

Selected Publications and Monographs

Braithwaite J, Westbrook JI (2004). The safety climate survey: implementation issue. *NSW Health Department, Quality Executives.* Sydney, 12 May.

Braithwaite J, Westbrook JI (2004). The safety climate survey: implementation issues. *NSW Health Department Quality Executives.* Sydney, 12 May.

Hindle D, Braithwaite J, Iedema R (2005). *Patient safety: a review of technical literature.* Centre for Clinical Governance Research, UNSW: Sydney, pp.101, ISBN 0 7334 2176 8.

Hindle D, Braithwaite J, Iedema R, Travaglia J (2005). *Patient safety: a comparative analysis of eight enquiries in five countries.* Centre for Clinical Governance Research, UNSW: Sydney, pp.177, ISBN TBA.

Hindle D, Braithwaite J, Travaglia J, Iedema R (2005). *Patient safety: a summary of findings from major international public enquiries.* Centre for Clinical Governance Research, UNSW: Sydney, pp.35, ISBN TBA.

Westbrook MT, Braithwaite J, Mallock NA (2004). *Report: NSW patient flow and safety collaborative: statistical research analysis for the Institute for Clinical Excellence.* Centre for Clinical Governance Research: Sydney, pp.18.

A RESEARCH PROGRAM WITH THE CLINICAL EXCELLENCE COMMISSION, NSW TO PROSPECTIVELY STUDY THE COMMISSION'S PROGRAMS TO IMPROVE THE SAFETY AND QUALITY OF HEALTH CARE IN NEW SOUTH WALES: 2006 - 2007

Funding Source: Clinical Excellence Commission, NSW

Investigators: Jeffrey Braithwaite, Rick Iedema, Mary Westbrook, Joanne Travaglia, Johanna Westbrook, Peter Nugus, Christine Jorm

Duration: 2006-2007

Description: In this phase of the CEC research program we will examine the impact of the root cause analysis (RCA) process, at macro (systems), meso (organisation) and micro (team and individual) levels. The framework will be implemented using a multi-method approach, centred on three major studies. The studies will be preceded by a literature review of the available evidence on RCAs. Diagrammed, the research framework looks like this (Figure 2):

2. A framework for the CEC research project 2006-2007

1. Retrospective extraction and analysis of data on RCAs from 2004 - 2006	2. Prospective analysis of RCA participants from 1 April 2006 to 31 March 2007	3. Follow up of phase 2 participants, 1 April 2007 to 30 September 2007
Statistical analysis and categorisation of all currently available: • RCA data (numbers, types, and ratings by AHS) • RCA summaries • Causal statements • Recommendations	Survey of all RCA teams at completion of RCA process: • Team demographics • Attitudes and changes during process • Experience of leaders • Contextual data • Time taken	Data analysis and survey: • Feedback and reflections since involvement in RCA • Implementation of recommendations • Take up rates of recommendations • Enablers and barriers to the RCA process • Participants evaluation of their experience of the RCA process

The four studies will be conducted sequentially. The research will be executed as follows:

Study 1: Review of the RCA literature

The aim of this review is to assemble and analyse the available national and international literature on the use and impact of root cause analyses in health services, and relevant industries. In order to do this we will systematically review the safety and quality literature, and develop screening criteria for its assessment, as per the Centre's standard procedure. Special consideration will be given to identifying what the literature states on: differences in the RCA process (including expert versus general teams); RCAs versus alternative forms of incident analysis; and the contribution of and barriers to RCAs to enhancing systems of work in the health services.

The resultant collection of abstracts, articles and reports will be imported into Leximancer, a data analysis package, and diagram and report on the key themes in RCA research will be produced. This will be complementary to a more in-depth review of key literature.

Study 2: Retrospective extraction and analysis of RCA data

The focus of this study is to conduct a retrospective extraction and statistical analysis of RCA data in NSW health services. The aim is to examine the available data produced by RCAs in NSW since inception of the program in 2004, and to review processes for the collection of RCA data at AHS level. Data will be collected directly from the Incident Information Management System, as well as from NSW Department of Health reports on incidents and adverse events and from NSW Area Health Service (AHS) reports on incidents and adverse events.

From available data we will analyse and compare, by AHS, for the period 2004 – 2006: Numbers, types, and ratings of RCAs and their trigger incidents; Numbers, types, and ratings of RCAs and their trigger incidents; RCA summaries, including level of detail and reporting narratives; RCA causal statements, including level of detail and reporting narratives; RCA recommendations including types produced and implementation; and quality of RCA outcomes.

Study 3: Prospective analysis of RCA teams

This study will prospectively examine the experience of members of RCA teams, over a period of one year, from 1 April 2006 to 31 March 2007. No comparative national or international study of this type currently exists. The study will be conducted via on-line survey. At the completion of each RCA process around NSW, teams involved will be asked about: contextual data for the RCA process; RCA team demographics; time taken to participate in an RCA; RCA process, including perceptions of the efficiency and quality of the process; attitudes and changes during process, including inter-professional learning; the emotional impact of RCAs on participant; and the role of consumers.

The analysis of the experiences of RCA teams and processes will provide qualitative and quantitative data about the perspectives and experiences of participants who have recently been involved in an RCA process. The survey will ask participants to reflect on the RCA process, as a technical, team and inter-personal process, and to provide their viewpoint on the cost-benefit of participating in the process. These answers will be crucial for determining ways of promoting sustainability of RCA processes, and improving them over time.

Study 4: One year follow up of RCA teams and processes

This final study will follow up the participants in study three. Again, no comparable national or international study could be identified. The follow up study will be conducted from 1 April 2007 to 30 September 2007, and will also utilise an online survey. The survey will examine participants' perceptions about: their experience of the RCA process; whether their attitude to the RCA process had changed since its conclusion; if and how the RCA recommendations were implemented; the value of RCAs; strength and weaknesses of the RCA process; enablers and barriers to the RCA process; RCAs as multidisciplinary learning sites and processes; and intended and unintended consequences of the RCA process.

The follow up of participants in RCA process will provide unique insights into participants' perceptions both of the process itself, and of its medium term impact. We will also be able to compare early perspectives with changes in viewpoint over time.

AN EVALUATION OF THE NEW SOUTH WALES HEALTH SAFETY IMPROVEMENT PROGRAM

Funding Source: Clinical Excellence Commission, NSW and NSW Department of Health

Investigators: Jeffrey Braithwaite, Rick Iedema, Mary Westbrook, Nadine Mallock, Jo Travaglia, Peter Nugus, Christine Jorm, Rowena Forsyth, Debbi Long, Marjorie Pawsey

Duration: 2004-2005

Description: As part of the CEC Research Program and the NSW Department of Health Knowledge Management Project, the CCGR undertook an evaluation of the NSW Health Safety Improvement Program (SIP) was conducted late in 2004, and early 2005. The evaluation was conducted using a triangulated, multi-method and multiple study approach.

SIP has various components of which four are the cornerstones of the program: training a cohort of more than 2,500 clinicians in safety improvement techniques and approaches; generating and managing information about incidents; conducting root cause analyses of serious events; and making recommendations and actioning these as appropriate. We found that SIP has made considerable gains in addressing safety. A range of recommendations to further strengthen safety in NSW were made under four headings: monitoring and support for SIP; anchoring and extending the gains made by SIP; further education and training in SIP-related areas; and research, evidence and communication of SIP results.

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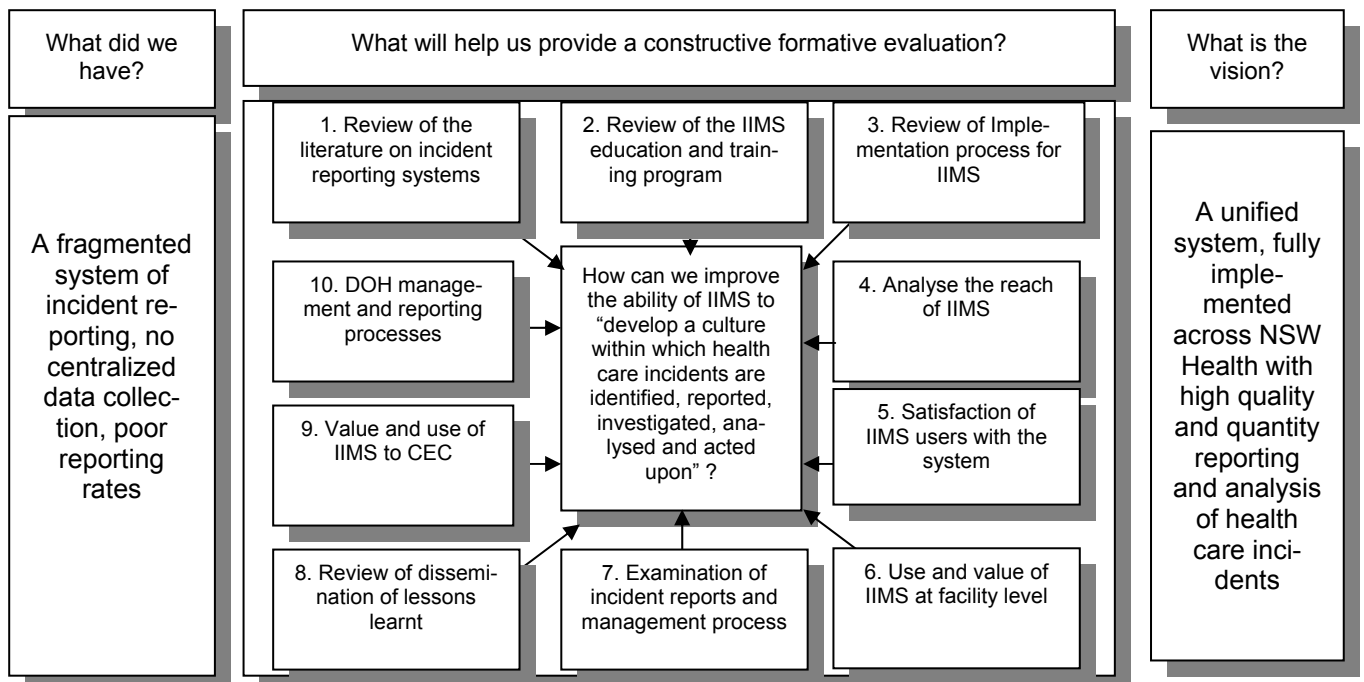
AN EVALUATION OF THE NEW SOUTH WALES HEALTH INCIDENT INFORMATION MANAGEMENT SYSTEM

Funding Source: Clinical Excellence Commission, NSW and NSW Department of Health

Investigators: Jeffrey Braithwaite, Christine Jorm, Jo Travaglia, Rick Iedema, Mary Westbrook, Peter Nugus, CCGR staff

Duration: 2006-2006

Description: The NSW Department of Health (the DOH) and the clinical Excellence Commission (the CEC) have commissioned the Centre for Clinical Governance Research (CCGR) at University of New South Wales to conduct a formal evaluation of the Incident Information Management System (IIMS). The DOH needs the evaluation to assess the success of the implementation and effect of the program, against the project objectives and key expected benefits. The CEC is interested in the extent to which the IIMS will make health care in NSW safer and better under CCGR's contract to conduct a Research and Evaluation Program into Safety and Quality. This evaluation continues the multi-method triangulated approach utilised in the Evaluation of the SIP. Diagrammed, the evaluation looks like this:

What did we have?	What will help us provide a constructive formative evaluation?	What is the vision?
A fragmented system of incident reporting, no centralized data collection, poor reporting rates	1. Review of the literature on incident reporting systems 2. Review of the IIMS education and training program 3. Review of Implementation process for IIMS 10. DOH management and reporting processes 9. Value and use of IIMS to CEC 8. Review of dissemination of lessons learnt 7. Examination of incident reports and management process 6. Use and value of IIMS at facility level 5. Satisfaction of IIMS users with the system 4. Analyse the reach of IIMS How can we improve the ability of IIMS to "develop a culture within which health care incidents are identified, reported, investigated, analysed and acted upon"?	A unified system, fully implemented across NSW Health with high quality and quantity reporting and analysis of health care incidents

IDENTIFY AND EVALUATE A KNOWLEDGE MANAGEMENT PROGRAM FOR THE QUALITY BRANCH OF THE NSW HEALTH DEPARTMENT

Funding Source: NSW Health Department

Investigators: Jeffrey Braithwaite, Rick Iedema, Joanne Travaglia, Nadine Mallock, Maureen Robinson, Sarah Michael, Christine Jorm, Charles Pain, Jo Montgomery, Kathleen Ryan, Michelle Wensley and Michael Smith.

Duration: 2003-2006

Description: Knowledge management aims to capture the expertise, and lessons learnt from the experience of teams in the health system in order to disseminate these to other teams across the system. The project uses evidence-based processes to ensure system-wide diffusion of good ideas and successes together with sharing lessons about failures as teams encounter them. This consists of two separate but integrated strategies:

- To provide high-level evaluation advice, and conduct in conjunction with departmental staff, one major evaluation in each of the three years of this contract. The determination of the strategies to be evaluated is made by the Quality Branch Knowledge Management Steering Committee. This committee meets quarterly. The evaluations conducted so far include the Clinical Practice Improvement Program and the Safety Improvement Program (SIP). An evaluation of the Incident Information Management Systems (IIMS) will be undertaken in the first six months of 2006. Details of the SIP and IIMS are provided in this section.

- To develop a process for capturing information, and for publicising and disseminating the work of the Quality Branch and other safety and quality initiatives across the state, to various stakeholder groups. The work takes the form of a multi-faceted strategy to distribute information and share knowledge about what works and what doesn't, and about successes and failures experienced by people in the system.

A knowledge management working party was formed to give effect to these two strategies and to enable the work to be undertaken. Membership of the working party includes Quality Branch staff, Centre for Clinical Governance Research staff, Clinical Excellence Commission staff and nominated key stakeholders. This contract will be completed in June 2006.

Selected Publications and Presentations

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Braithwaite J, Iedema R, Travaglia J (2004). Assessing, planning, writing up and publishing your work. *NSW Health Department, Knowledge Management Seminar.* Sydney, 6 September.

Braithwaite J, Robinson M (2004). Knowledge management forum. *NSW Health, Centre for Clinical Governance Research and the Institute* for *Clinical Governance.* Sydney, 31 May.

Braithwaite J, Travaglia J, Iedema R, Mallock N (2004). An educational primer on chairing sessions and giving presentations. *NSW Health Department, Knowledge Management Seminar.* Sydney, 6 October.

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GIVING VOICE TO PATIENT SAFETY

Funding Source: Clinical Excellence Commission, NSW

Investigators: Jeffrey Braithwaite, Joanne Travaglia, Peter Nugus

Duration: 2005

Description: This project is one of the elements of the first phase of the CEC-CCGR contract. It utilised focus groups methodology to explore the perspectives of health service professionals across NSW as to the causes, consequences and responses to patient safety issues. Associate Professor Braithwaite, Ms Travaglia and Mr Nugus conducted the focus groups, which gathered together policy makers, clinicians, allied health professionals, managers and consumers in 25 groups across Sydney, Newcastle and Wollongong.

Participants were asked about: their concerns relating to patient safety, whether these concerns had changed in recent years; whether certain individuals or groups were at higher risk in the system; incidents or adverse events they had witnessed or experienced; what positives they saw in relation to patient safety, what factors they thought impeded improvements to patient safety; what things they felt could contribute to improvements; and the focus and role of the CEC.

The rich data which these groups produced is currently being analysed and will result in both a major report and a 'key points' document. This project is on target for release in the first quarter 2006.

EVALUATION OF THE IMPACT OF POINT OF CARE CLINICAL INFORMATION SYSTEMS ON STAFF AND CLINICAL WORK

Funding Source: ARC Linkage Projects

Investigators: Johanna Westbrook, Rick Iedema, Jeffrey Braithwaite, Margaret Williamson, Mandy Ampt, Andrew Georgiou, Nadine Mallock, Rowena Forsyth, Nerida Creswick, Geoff McDonnell, Toby Mathieson and Enrico Coiera

Duration: 2003-2006

Description: This project aims to evaluate the impact of point of care clinical systems (order entry/results reporting) on hospital organisational processes and outcomes. The research will be conducted before the order entry system is implemented in several hospitals, and at 6 and 18 months after implementation of the system.

This is a joint project of the Centre for Health Informatics and the Centre for Clinical Governance Research in Health at the University of New South Wales. We are undertaking a range of studies to understand factors that help or hinder the uptake and use of the systems and the impact of the systems on staff and clinical work.

Pre-system implementation studies have been undertaken between February and May 2004 following negotiation with ward staff. These studies are described below.

Working in clinical teams

Research evidence suggests that health care delivery is influenced by the way in which clinical teams work. We administer a short survey that takes around 5 minutes to complete to all clinical staff (doctors, nurses and allied health) on a ward. This survey provides an indication of how clinical teams are functioning and we are interested in examining how the introduction of an order entry system may influence the way clinical team members work together and vice versa.

Work sampling

In order to understand how an order entry system changes doctors and nurses' work patterns we undertake work sampling studies.

This study will provide a good overview of patterns of work. For example, the proportion of time spent writing and chasing up orders, or clarifying hand written orders.

Observational study

We unobtrusively film individual clinicians as they are engaged in information activities related to the ordering process. This is important in obtaining a full picture of the way in which the ordering process occurs. Videoing this process often captures steps in the process that are left out when individuals provide verbal accounts. Participants can request that filming be ceased or data deleted at any time. Patients will not be filmed unless verbal consent is obtained. The researchers will be seeking 2 volunteer doctors and nurses to participate in this study. The identity of doctors and nurses who are filmed will be disguised within 24 hours of the filming process. This is undertaken using 'pixelation' software which, in essence, smudges faces and other distinguishing characteristics.

Safety attitudes questionnaire

We also ask participants to complete a questionnaire about safety climate. On average, the survey takes 10 minutes to complete. This survey provides an indication of staff's views about how safety issues are handled in their clinical area.

Organisational profiling

To develop a detailed profile of the hospital and to assess performance indicators, we analyse hospital data including budgets, staffing profiles and skill-mix, service profile, organisational structure, existing process indicators and current information technologies. The study will not be concerned with individual patient information or medical records.

Clinical indicator and performance data analyses

Analyses of clinical indicator information, pre and post system implementation, will assist in assessing the impact of the system on work practices and overall organisational performance. Key performance outcome indicators will be used, such as rates of duplicate orders, transcription errors, lost orders, volume and type of orders, and costs for different groups of patients. This information is compiled by researchers liaising with hospital staff.

Interviews and focus groups

To find out what staff think about the new order entry system, six months after implementation, staff will invite participants to discuss their experiences of using the order entry system and how its use has impacted upon work practices. These group discussions are tape recorded and analysed.

Output: The project will improve understanding of the ways that information technology influences clinical work and identify factors which influence its adoption and effective use in improving patient care. Results of the research will be made available to participants and will be disseminated widely. The research will result in an evaluation model for assessing the impact of point of care clinical systems on health care organisations, clinical work and patient outcomes.

Selected Publications and Presentations

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Iedema R, **Forsyth R**, Delaney G, Jacob S, Westbrook JI, **Braithwaite J**, Barton M. (2004) Video ethnography as a methodology for studying the technologization of practice. *11th World Congress on Medical Informatics (Medinfo)* [Poster].

Iedema R, **Forsyth R**, Georgiou A, **Braithwaite J**, Westbrook JI (submitted). Video research in health: visibilizing the normative and affective complexities of contemporary care. *Health Sociology Review.*

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Collaborations

Over the last four years the Centre has established collaborative research projects with other research groups in both Australia and overseas. Within Australia these include projects with:

- The Sydney Children's Hospital

- Simpson Centre for Health Service Innovation

- C-Core Collaboration for Cancer Outcomes Research and Evaluation

- Liverpool Hospital

- Northern Sydney Area Health Service

- Centre for Health Informatics

- The Australian Council on Healthcare Standards

- South Australian Health Department

- The Clinical Excellence Commission

- ACT Health Department

- The Australian Health Care Reform Alliance

- Royal Australian College of Medical Administrators

- The Sax Institute

- Hospital Reform Group

- NSW Health Department

- Prince of Wales/Prince Henry Hospital

- Australian Council for Safety and Quality in Health Care

- Australian College of Health Service Executives

- The Australian Patient Safety Foundation

- South Eastern Sydney Area Health Service.

Collaborations

There are multiple international collaborative educational, research or learning exchange projects on topics such as medical subcultures, clinical work process control and hospital reform. These are undertaken with:

- Clinical Effectiveness Unit (HHS Wales) Cardiff

- Department of Community Medicine, Auckland, NZ

- Department of Social Policy, University of Newcastle upon Tyne, UK

- Health Policy Unit, Graduate School of Management, University of Durham

- Intermountain Health Care, Utah, USA

- Shandong Medical University, Jinan, People's Republic of China

- Centre for Communication in Health, University of Wales, Cardiff

- World Health Organization, Kobe Centre

- Clinical Governance Support Team, NHS

- National Health Services (NHS) Confederation

- Shanghai Municipal Health Bureau, People's Republic of China

- Harvard School of Public Health

- International Centre for Research on Organisational Discourse, Strategy and Change, University of Sydney

- Health Communication Research Centre, Cardiff University, UK

- Center for Activity Theory and Development Work Research, Helsinki, Finland

- European Group of Organisation Studies

- European Association of Communication in Healthcare.

(From left to right) Rowena Forsyth, Dr Christine Jorm and Debbi Long working on one of the Centre's health service evaluation programs.

Education and Extension activities

The Centre's involvement extends beyond the limits of any one school or faculty. However, it is associated for teaching purposes with the School of Public Health and Community Medicine, and particularly with both the Graduate Management and Public Health Programs of the University of New South Wales. It also contributes at various times to the University of Sydney's Health Science Management and Public Health Programs.

During the last three years the Centre has maintained its commitment to developing educational materials and programs which draw on research findings into clinical governance. Among other initiatives Centre staff have:

- Taken the lead role in developing and delivering a Post Graduate Certificate in Clinical Management. This has involved developing teaching materials for three new subjects: Clinical Governance, Clinical Work Process Control and Evidence-based Clinical Management. The content of these subjects is based on research findings by the Centre, particularly its research on the work of clinician managers in the implementation of health reform

- Acted as a catalyst in developing and delivering a Post Graduate Certificate in Strategy and Change. This has created a certificate of particular relevance to clinician managers and health services managers facing a complex environment where high quality leadership skills are not just important, but essential

- Conceptualised and delivered workshops on *Changing Organisational Culture* and on *Leading Change in Complex Organisations* in conjunction with the Australia College of Health Service Executives

- Contributed to the conceptualisation of health scenarios which are part of the new Medical curriculum. Specifically, a 'Death and Dying with Dignity' health scenario, which was originally derived from preliminary research done for the Centre's recently funded SPIRT project on death and dying, has now been adopted into the curriculum innovation process

Education and Extension activities

- Played a leadership role in teaching a range of core and elective courses in the Master of Health Administration and Master of Health Services Management program at University of New South Wales, and also in the Master of Public Health programs at both the University of New South Wales and University of Sydney including *Qualitative Health Research, Health Services Strategic Management and Planning, Management of Health Services, Management of Organisation* and a new course in *Management of Change.*

- Conducted invited guest lectures at the Universities of London and Aalborg, and at Conferences in Washington DC, Cardiff, United Kingdom, Germany and Slovenia.

- Made presentations to various conferences in conjunction with or for the Clinical Excellence Commission, NSW, Australian College of Health Service Executives, Royal Australian College of Medical Administrators, the Sax Institute, the ACT Health Department, the South Australian Health Department and the NSW Health Department.

The relevance of these initiatives is evident from the interest that they have generated. For example, student participation in courses and teaching led by Centre staff has been in excess of expectations. Demand for the workshops on organisational culture change and leadership is very high. In summary these initiatives together demonstrate the educational benefits that can derive from the Centre's strong research programs.

Publications and Presentations 2003-2005

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2003

Braithwaite J (2003). Case studies, definitions and models for change. Excellence in Health Services Management: Early Warning Systems. *Residential Workshop, Australian College of Health Service Executives.* Melbourne, 3-4 April.

Braithwaite J (2003). Clinical governance. *Workshop for Patient Safety ManagersInstitute for Clinical Excellence, NSW and NSW Health Department.* Sydney, 6 June.

Braithwaite J (2003). Management and leadership. *Contempo 2003, RACMA Annual Conference, Royal Australian College of Medical Administrators.* Sydney, 29 August.

Braithwaite J (2003). Putting it all together: implementation issues. *Excellence in Health Services Management: Early Warning Systems. Residential Workshop, Australian College of Health Service Executives.* Melbourne, 3-4 April.

Braithwaite J (2003). Strategically working in change management. *NSW Community Health Services Peak Forum Planning Workshop. NSW Health Department.* Sydney, 13 March.

Braithwaite J (2003). The solutions tendered to date. *Excellence in Health Services Management: Early Warning Systems. Residential Workshop, Australian College of Health Service Executives.* Melbourne, 3-4 April

Publications and Presentations 2003-2005

Braithwaite J, Sorensen R, **Iedema R** (2003). Clinical governance: empowering clinicians and consumers. *Australian Health Care Summit.* Canberra, 18 August.

Iedema R (2003). Post-bureaucratic organization and governance, or the socio-politics of neo-liberal rule. *DeXus Seminar Week Aarhus.* Denmark, 18-22 August.

Iedema R (2003). What is organizational discourse analysis? *19th European Group of Organization Studies Colloquium.* Copenhagen, 3-5 July.

Sorensen R, **Iedema R, Braithwaite J** (2003). Keeping pace with health reform: integrating policy development and implementation in tertiary teaching. *Society for Health Administration Programs in Education Conference SHAPE.* Sydney, 3-5 July.

Westbrook JI, **Braithwaite J, Iedema R** (2003). Evaluation of point-of-care clinical systems. *ACHSE/HISA Investing in Health Information Management Systems Forum.* North Ryde, Sydney, 2 July.

Westbrook JI, **Braithwaite J, Iedema R** (2003). Evaluation of point-of-care clinical systems. *NSW Health Information Management and Technology Committee.* North Sydney, 28 August.

Westbrook JI, **Braithwaite J, Iedema R** (2003). Evaluation of point-of-care clinical systems. *Presentation to Chief Information Officer NSW Health.* North Sydney, 4 July.

Westbrook JI, **Braithwaite J, Iedema R** (2003). Evaluation of point-of-care clinical systems. Presentation to *Concord Repatriation General Hospital Executive Concord.* Sydney, 29 October.

Westbrook JI, Gosling S, **Iedema R, Braithwaite J,** Coiera E (2003). Program for the evaluation of point-of-care clinical systems. *Point of Care Clinical Systems Forum NSW Health Department, Westmead. Sydney,* 11 June.

CONFERENCES CONVENED AND SESSIONS CHAIRED

2005

Braithwaite J (2005). *Change Champions Workshop on the Workforce of the Future,* Session: Think Tank: The Change Champions Workshop Participants on the Challenge of Workforce Reform. *South Australian Government.* Adelaide, November 4.

Publications and Presentations 2003-2005

Braithwaite J (2005). *Change Champions Workshop on the Workforce of the Future*, Session: Professor Justin Beilby [Executive Dean, Faculty of Health Sciences, University of Adelaide], Professor Robyn McDermott [Pro Vice Chancellor, Division of Health Sciences, University of South Australia], Dana Shen [Executive Director, Aboriginal and Toress Strait Islander Health, Central Northern Adelaide Health Service], Less Thomas [State Secretary, Australian Nurses Federation], Annette Wright [Executive Director, Employee Relations and Organisational Development, Southern Adelaide Health Service], Heather Parkes [Executive Consultant, Office of Health Reform, South Australian Department of Health], Martin Dooland, Chief Executive Officer, South Australian Dental Service], Cathy Miller [General Manager, North West Adelaide Health Service], Helen Chalmers [Regional General Manager, South East Regional Health Service, South Australia], Lyn English [Consumer], Michael Rice [Consultant Paediatrician and Chair of the Clinical Senate, South Australia] and Mark Waters [Chair, Health Reform South Australia]: Hypothetical: How in building the workforce of the future, do w*e create a place people want to work?* South Australian Government. Adelaide, November 4.

Braithwaite J (2005). Debra Humphris Seminar on the New Generation Project: inter-professional learning and clinical education. *ACT Health Department; Australian College of Health Service Executives; University of Southampton, UK.* Canberra, November 15.

Braithwaite J (2005). National Advanced Health Leadership Program, module 4: leadership and strategic thinking. *Australian College of Health Service Executives and RH Penney.* Canberra, October 17-18.

Braithwaite J (2005). National Advanced Health Leadership Program, module 3: leadership, culture and performance improvement. *Australian College of Health Service Executives and RH Penney.* Melbourne, August 15-16.

Braithwaite J (2005). National Advanced Health Leadership Program, module 2: leadership and change management. *Australian College of Health Service Executives and RH Penney.* Brisbane, June 6-7.

Braithwaite J (2005). National Advanced Health Leadership Program, module 1: leadership and personal style. *Australian College of Health Service Executives and RH Penney.* Sydney, April 4-6.

Braithwaite J (2005). One system – three sectors? Cooperation or indifference, Session: Katherine McGrath, Paul Sadler, John Pitsonis: cooperation or indifference? *Australian College of Health Service Executives Conference.* Sydney, April 8.

Publications and Presentations 2003-2005

Braithwaite J (2005). Partnerships: the synergy of reform, Session: The Hon Iris Evans [Minister for Health and Wellness, Alberta, Canada], Dr Lester Russell [Fujitsu, UK], Professor Stephen Leeder [Australian Health Policy Institute]: Dialogue about international health reform issues. *Australian College of Health Services Executives National Congress.* Adelaide, August 11.

Braithwaite J (2005). Partnerships: the synergy of reform, Session: Steven DeLaurier [Fujitsu, Asia Pacific], The Hon Iris Evans [Minister for Health and Wellness, Alberta, Canada], Dr Lester Russell [Fujitsu, UK], Professor Stephen Leeder [Australian Health Policy Institute], Professor Katherine McGrath [NSW Health], Mr Michael Moodie [WA Health], Dr John O-Donnell [Mater Health, Brisbane]: Pre-Congress think tank of International and Australian leaders. *Australian College of Health Services Executives National Congress.* Adelaide, August 10.

Braithwaite J (2005). Reality check in health – looking forward, looking back, Session: Steven Boyages, Stephen Duckett, Ian Reinecke: panel discussion: what have we learned about health and patient safety? *Australian College of Health Service Executives Conference.* Gold Coast, Queensland, May 20.

Braithwaite J (2005). Reforming the Health System, Session: Primary Health Care: Discussion of Recommendations and Finalisation of AHCRA Position. Australian Health Care Reform Alliance. Adelaide, November 17.

Braithwaite J (2005). Research into patient safety: the size of the problem and effective interventions, Sessions: Welcome and introduction; Research into patient safety; How can we develop better methods of evaluating patient safety – presentations; how can we develop better methods of evaluating patient safety – discussions. *Institute for Health Research*, *NSW.* Sydney, February 22.

Braithwaite J (2005). Seminar on research into patient safety – the size and nature of the problem and effective interventions. *Institute for Health Research.* Sydney, February 22.

Braithwaite J (2005). Workshop and focus group on the allied health clinician-management connect in greater metropolitan public hospitals in Sydney. *Greater Metropolitan Clinicians Taskforce.* Sydney, August 17.

Braithwaite J (2005). Workshop on changing organisational culture. *Queensland Divisions of General Practice.* Brisbane, October 28.

Braithwaite J (2005). Workshop on changing organisational culture. *Australian College of Health Services Executives.* Fremantle, Western Australia, October 7.

Publications and Presentations 2003-2005

Braithwaite J (2005). Workshop on changing organisational culture. *Australian College of Health Services Executives.* Perth, Western Australia, October 6.

Braithwaite J (2005). Workshop on changing organisational culture. *Australian College of Health Services Executives.* Adelaide, March 21-22.

Braithwaite J (2005). Workshop on changing organisational culture. *Australian College of Health Services Executives.* Townsville, March 10-11.

Braithwaite J (2005). Workshop on changing organisational culture. *Australian College of Health Services Executives.* Darwin, March 7-8.

Braithwaite J (2005). Workshop on doing management and leadership for clinicians. *Royal Australian College of Medical Administrators.* Sydney, November 8.

Braithwaite J (2005). Workshop on leadership and management for clinicians. *Royal Australian College of Medical Administrators.* Sydney, July 5.

Braithwaite J (2005). Workshop on leading change in complex organisations: navigating structures, stakeholders and politics. *Australian College of Health Services Executives.* Sydney, April 7.

Braithwaite J (2005). Workshop on the workforce of the future. *South Australian Government.* Adelaide, November 4.

Braithwaite J (2005).Visit of Professor John Øvretveit to the Australian Council on Healthcare Standards and Centre for Clinical Governance Research, Session: The leader's role in quality and safety improvement. *Australian Council on Healthcare Standards and Centre for Clinical Governance Research.* UNSW, Sydney, February 23.

2004

Braithwaite J (2004). Advanced health leadership program, module 4: leadership, culture and performance improvement. *Australian College of Health Service Executives and RH Penney.* Melbourne, 11-12 October.

Braithwaite J (2004). Advanced health leadership program, module 3: leadership and the management of change. *Australian College of Health Service Executives and RH Penney.* Brisbane, 9-10 August.

Publications and Presentations 2003-2005

Braithwaite J (2004). Aggression and violence in the health care workplace, Session: Regulation, Solutions and Coping Strategies. *Australian Patient Safety Foundation Summit.* Adelaide, May 21.

Braithwaite J (2004). Linking the silos – achieving change, session: panel discussion: integrating health and aged care. *Australian College of Health Service Executives Conference.* Sydney, April 1.

Braithwaite J (2004). Linking the silos – achieving change, session: concluding and summing up. *Australian College of Health Service Executives Conference.* Sydney, April 1.

Braithwaite J (2004). Seminar on chairing sessions and giving presentations. *Partners at Bentley's MRI.* Sydney, 24 February.

Braithwaite J (2004). Seminar on knowledge management. *NSW Health Department.* North Sydney, 6 September.

Braithwaite J (2004). Study Tour of Senior Executives from University of Manchester, Session: Australia's Health Information Management and Information and Communications Technology. *UK Study Tour: Use of Information, Informatics and Technology in Healthcare Modernisation and Reform.* Sydney, November 29.

Braithwaite J (2004). Workshop on changing organisational culture. *Australian College of Health Services Executives.* Sydney, 1 April.

Braithwaite J (2004). Workshop on women's health services – future directions. Staff of the Women's and Children's SMT, Strategic Planning Workshop . *ACT Health Department.* Canberra, 9 February.

Braithwaite J (2004). Workshop to develop a learning and development framework. *Senior Staff of ACT Health, ACT Health Department.* Canberra, 13 February.

Braithwaite J (2004). Workshops and focus groups on the medical clinician-management connect in greater metropolitan public hospitals in Sydney. *Greater Metropolitan Clinicians Taskforce.* Sydney, 18, 20, 27 October.

Braithwaite J, Robinson M (2004). Knowledge management forum. *NSW Health, Centre for Clinical Governance Research and the Institute for Clinical Excellence.* Sydney, 31 May.

Publications and Presentations 2003-2005

2003

Braithwaite J (2003). Annual conference on leadership. *Australian College of Health Service Executives.* Melbourne, 3-4 April.

Braithwaite J (2003). Health care, ageing – ACT Now for the Future Joint National Congress, Session: Morbidity, Mortality and Disability. *Australian Health Association and Australian College of Health Service Executives.* Canberra, August 13-15.

Braithwaite J (2003). Reorganising the hospital's services into clinical service groups, Session: Open Forum for Change. *The Canberra Hospital.* Canberra. October 29.

Braithwaite J (2003). Suing and safety: the Malpractice Insurer's Medical Error Prevention study (MIMEPS), session: suing and safety. *Institute for Health Research, Patient Safety Research in NSW.* Sydney, December 16.

Braithwaite J (2003). Health care, ageing – ACT Now for the Future Joint National Congress, Session: Readiness for Disaster and Bioterrorism. *Australian Health Association and Australian College of Health Service Executives.* Canberra, August 13-15.

Braithwaite J (2003). Workshop on strategic change management. *Community Health Services Staff of Central Coast Area Health Service Leadership Workshop. NSW Health Department.* Gosford, 17 October.

CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

Statement of Financial Performance

for the Year Ended 31 December 2005

	2005	**2004**
	$	$
Income		
External Funds see note (i)	691,255.41	536,917.88
UNSW Contribution	25,330.00	11,774.00
Total Income	716,585.41	548,691.88
Expenses		
Payroll	430,026.90	219,555.09
Equipment	10,835.28	12,655.84
Materials	51,237.01	62,955.63
Travel	24,454.40	25,035.88
Total Expenses	516,553.59	320,202.44
Operating result	200,031.82	228,489.44
Surplus (Deficit) Bfwd from Prior Year (ii)	312,847.42	84,357.98
Accumulated Funds Surplus (Deficit)	512,897.24	312,847.42
(i) Excludes debtors (unpaid invoices)	0.00	42.35

Notes to the Statement of Financial Performance

The Centre recognises in-kind contributions provided to it that are not brought to account in the Statement of Financial Performance. This includes space occupied at 10 Arthur St, Randwick provided by University of New South Wales and space occupied at 5 Macarthur St, Ultimo provided by Australian Council on Healthcare Standards. Infrastructure support and salaries for two academic positions, which in turn contribute to the Faculty's teaching programs, are also provided to the Centre.

CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

GENERAL FUND
Statement of Financial Performance
for the Year Ended 31 December 2005

		2005
		$
Income		
External Funds	(i)	0.00
UNSW Contribution		25,330.00
Total Income		25,330.00
Expenses		
Payroll		3.291.85
Equipment		2,944.25
Materials		5,539.28
Travel		0.00
Total Expenses		11,775.38
Operating result		13,554.62
Surplus (Deficit) Bfwd from Prior Year		-2,150.45
Accumulated Funds Surplus (Deficit)		11,404.17

(i)   Excludes debtors (unpaid invoices)   0.00

Notes to the Statement of Financial Performance

**CENTRE FOR CLINICAL GOVERNANCE
RESEARCH IN HEALTH**

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