



CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

Annual Report 2006



Centre for Clinical Governance Research in Health

The Centre for Clinical Governance Research in Health undertakes strategic research, evaluations and researchbased 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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CENTRE STAFF 2006



A Group of Centre staff at a meeting in November, 2006.

Standing (left to right): Joanne Travaglia, Professor Jeffrey Braithwaite.

Seated (left to right): Peter Nugus, Sue Christian-Hayes, Dr David Greenfield.

The full complement of Centre staff is listed below.

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 Commission on 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;
- The Sax Institute, 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;

Mission Statement

- Various agencies within 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;
- Medical Management Centre, Karolinska Institute, Sweden;
- 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;
- Faculty of Humanities and Social Sciences, University of Technology, Sydney;
- Health Informatics Research and Evaluation Unit, University of Sydney;
- 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*.

Objectives and Principles

OBJECTIVES

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.
- 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.
- 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.
- 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 respected 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.



JEFFREY BRAITHWAITE

"The Centre consolidated its contributions and standing in 2006, publishing a range of useful and interesting papers and securing a range of new grants. Our interest in clinical governance research remains high. There is much more to do."

The Centre's research profile in national and international context

The Centre's profile was advanced this year on a number of fronts. We published work on restructuring hospitals, on cultural change, health care reform, patient safety (including incident reporting and root cause analysis), accreditation, information technology, evidence into practice and, more broadly, on the psychology, sociology and anthropology of governance in health care. Many of these papers are in prestigious journals. Some examples of what we have found are presented in the accompanying exhibits.

Exhibit 1: Hospital restructuring "When examining the effect of structural change per se we found that despite inefficiency being the usual reason given for making structural change, hospitals that changed structure had similar levels of efficiency to those hospitals that did not change ... there was no difference in overall efficiency, or in trends toward efficiency, between the hospitals that changed that those and were stable." [Braithwaite J, Westbrook, MT, Hindle D, ledema RA, Black DA. Does restructuring hospitals result in greater efficiency? - an empirical test using diachronic data. Health Services Management Research 2006; 19: 1-12].

We reported on an evaluation of New South Wales Health's progress with its incident information management system (IIMS). Internationally, these types of systems are increasingly being used to monitor and manage adverse events and near misses.

Our report on an analysis of eight enquiries in six countries was very well received. In this monograph we have drawn to attention how, regardless of the precipitating issue or the country of origin, enquiries into things that go wrong in health care have a similar

emphasis - centrally, the problems are about poor communication, variable levels of trust, inconsistent cultures which often uphold secrecy rather than encourage transparency, lack of teamwork and incapacity

Exhibit 2: Culture change

"Culture change requires more than a mere reconfiguration of the organisationally-sanctioned divides. Altering the boxes-on-the-chart or approving new formal structural designs is unlikely to penetrate the deeply sedimented patterns of relatively autonomous action that reflect organisational culture in professionally based organisations, [what is required are] new change models which elucidate how to revamp established social systems, professionalised subcultures and entrenched structuring behavior." [Braithwaite J. An empirical assessment of social structural and cultural change in clinical directorates. Health Care Analysis 2006; 14: 185-193.]

shops or symposia in Aberdeen, Scotland; Buenos Aires, Argentina; Cardiff, Wales; Wellington, New Zealand; Madrid, Spain; Boston, United States of America; Lausanne, Switzerland; Berlin, Germany; London and Coventry, England; and Amsterdam, the Netherlands.

Exhibit 4: Root cause analysis

... conducting an RCA is noted to be challenging work by ledema and colleagues. Braithwaite and colleagues' survey showed that there are often significant organisational barriers to overcome. It seems unlikely that skilled practice can be achieved simply by attendance at a two or thee day workshop, however well run, and that actions are needed within healthcare organisations to support RCA practice - for example, by ensuring staff are released to be interviewed ant that outcomes are widely disseminated, with evidence of lasting safety improvements." [Wallace LM. From root causes to safer systems: international comparisons of nationally sponsored healthcare staff training programs. Quality and Safety in Health Care 2006; 15: 388-389.]

to change with the times. The Centre's work in clinical governance is central to understanding the problematics raised by the enquiries.

Centre staff presented the results of our research in every health jurisdiction in Australia in 2006. Internationally, our work has been disseminated at conferences, work-

Exhibit 3: Health care reforms

"... traction [is] needed for thoroughgoing reform. That comes from the only people who can make reform work clinicians and managers in provider organizations, configured in networks ... we must start more profoundly from the needs of patients and clinicians rather than with top-down structure, and ground health systems reforms in these types of fundamental, axiomatic principles." [Braithwaite J. Response to Podger's model health system for Australia (part 1 and part 2). Asia Pacific Journal of Health Management 2006; 1: 15-21.]

Contributions and achievements in 2006

The remainder of the annual report provides details of the Centre's achievements in 2006. We have explicated many aspects of clinical governance in the year under review. Publications include 21 refereed journal articles, 11 peer reviewed books or book chapters, 14 significant reports or monographs and 12

peer reviewed conference proceedings. Staff made 71 conference, workshop or seminar presentations.

Four doctoral candidates supervised by Centre staff graduated in 2006.

Exhibit 5: Accreditation "The results from research of this nature aim to illuminate and possibly challenge, long-held beliefs about established processes of accreditation bodies. Understanding or example, which organisational characteristics are positively associated with performance, or whether having consumers of the service as partners in planning, policy development and evaluation can improve outcomes is important." [Braithwaite J, Westbrook J. Pawsey M, et al. A prospective, multimethod, multi-disciplinary, multi-level collaborative, social-organisational design for researching health sector accreditation [LP0560737] BMC Health Services Research 2006; 6: 113.]

est social science ARC in the November 2006 round, and is three times the size of the average UNSW grant (see Exhibit 8).

This exhibit shows the comparative performance of this grant against all other ARC Linkage grants received by UNSW in the round [n=23]. This is the sixth highest grant received in Australia

Exhibit 7: Evidence into practice

"Journeys to translate evidence into everyday work, policy into practice, and knowing into doing are littered with false starts, wrong turns and dead ends ... we need to think through the models of change we will harness, because there are many, and to understand the context for change, the processes of enacting new professionalism, and the mechanisms to involve sufficient people to create a tipping point." [Braithwaite J. New professionalism in the 21st century. *The Lancet* 2006; 367: 645-646.] Dr Christine Jorm, MD, PhD looked at medical culture; Dr Rowena Forsyth, PhD examined communication and interaction via video ethnography; Dr Jael Wolk, PhD studied hospital admission policies; and Dr Razee Husna, PhD explored the mental health of women in the Maldives.

A large Australian Research Council Linkage project on inter-professional learning was funded in late 2006, to commence in 2007. This is the larg-

Exhibit 6: Incident reporting

... by instituting [the Incident Information Management System], NSW Health have laid a positive platform for the improvement of safety and quality of care. Facilities and wards are monitoring issues identifiable from incident data. The Clinical Excellence Commission is utilizing IIMS data to design and implement Statewide clinical practice improvement programs. The end result of IIMS should be a reduction in adverse events, errors, iatrogenic harm and the prevention of recurrences of common errors and near misses." [Braithwaite J, Travaglia J, Westbrook MT, et al. Evaluation of the Incident Information Management System in New South Wales: overview of studies. Sydney, Centre for Clinical Governance Research, 2006.]

this round [n=208], of 485 received in total by the ARC. It attracted the most funds of any other social science grant in Australia in the round; the five which attracted more funding were in classical physics, crop

production, botany, neuroscience and environmental science.

Sadly, we bade farewell to several colleagues in 2006. Professor Rick ledema took up a post at University of Technology, Sydney, as did Catherine Carroll, Su-yin Hor and Cynthia Hunter. Debbi Long left to pursue other opportunities.

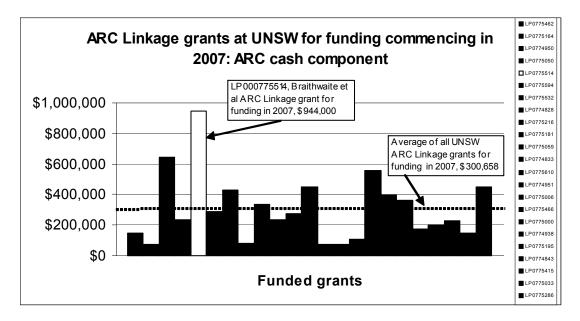
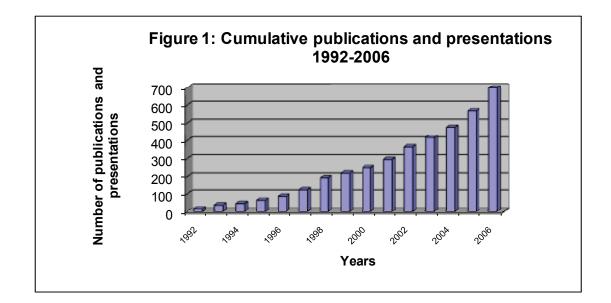


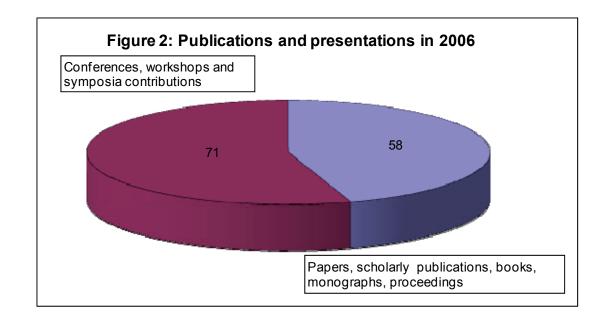
Exhibit 8: Analysis of ARC Linkage grant performance

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.

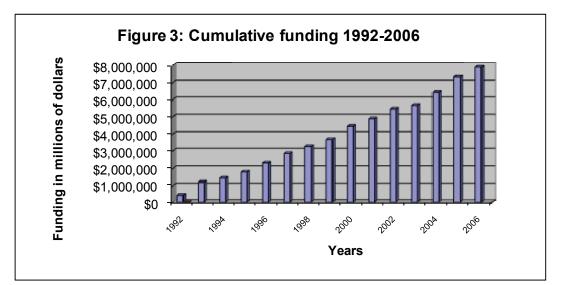


The Centre's enviable output record was enhanced in 2006. There were 58 substantial pieces of scholarly written work produced (as articles in refereed journals, books or book chapters, reports or monographs, and refereed abstracts and conference proceedings). As mentioned above, staff made 71 contributions to conferences, workshops and symposia, as Figure 2 shows.



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Funding also continued on a clearly upward trajectory. Figure 3 shows the cumulative funding received.



Conclusion

Our highlights for 2006 are that we continued to publish our research in strong journals and presented our research nationally and internationally. We remain committed and productive in exploring and contributing to the science and practice of clinical governance.

Jeffrey Braithwaite, PhD Director 31 March 2007

Management Committee

Community Medicine

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 Terence Campbell AM <i>Chairperson</i> <i>Associate Dean (Research)</i> <i>Faculty of Medicine</i>	Professor Richard Mattick Director, National Drug and Alcohol Research Centre
Professor Jeffrey Braithwaite Director of the Centre	Professor Rick ledema Deputy Director of the Centre [to 29 December 2006]
Professor Timothy Devinney AGSM Professional Research Fellow, Australian Graduate School of Management, UNSW	A/Professor Rosemary Knight Head, School of Public Health and Community Medicine
Professor Clifford Hughes AO Chief Executive Officer Clinical Excellence Commission	A/Professor Deborah Black Research Coordinator School of Public Health and

The Centre's Management Committee met on three occasions during 2006: on 4 April, 8 August and 5 December 2006. Broadly, the Committee offered strategic advice to the Centre over the year. It affirmed the Centre's progress on its strategic plan 2003-2006, 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.

Management Committee



Some Members of the 2006 Management Committee

Seated (left to right): Professor Jeffrey Braithwaite, Professor Terence Campbell, Associate Professor Rosemary Knight, Professor Timothy Devinney, Associate Professor Deborah Black, Professor Clifford Hughes

DIRECTOR

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

DEPUTY DIRECTOR

Professor Rick ledema MA Syd, PhD Syd [to 29 December 2006]

BUSINESS MANAGER

Ms Sue Christian-Hayes

SENIOR RESEARCHERS

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

Dr Marjorie Pawsey MB BS Syd

A/Professor 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 Valerie Noble MHM, Grad Cert (ABHs), BSc (Health Information Mgment) (Curtin University WA)

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

VISITING PROFESSORS AND RESEARCH FELLOWS

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

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

Dr Philip Hoyle MBBS, MHA UNSW, FRACPA

Centre for Clinical Governance Research in Health

UNSW

Annual Report

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*

Professor John Øvretveit BSc (Hons), MPhil, PhD, C.Psychol, MIHM

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 Barbara Daly RN, MHA UNSW

Mr Greg Fairbrother RN, BA UWS, MPH Syd

Ms Lena Low Grad Dip Mgmt, MBA

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

Ms Sally Nathan BSc, MPH UNSW

Ms Kerin Robinson, BHA UNSW, BAppSc (MRA) Lincoln, MHP UNSW



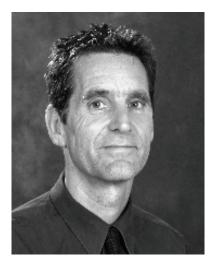
JEFFREY BRAITHWAITE

Director

Professor Jeffrey Braithwaite is 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 500 professional publications and presentations in his field of expertise, is the recipient of research grants in excess of \$15 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

Professor Rick ledema was Associate Professor in the School of Public Health and Community Medicine and Deputy Director of Centre until he took up an appointment as Professor and Associate Dean Faculty of Humanities and Social Sciences at the University of Technology, Sydney. His work centres on discourse analytical and ethno graphic investigations into the organisa-

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.



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 ex-

perience in a variety of software packages. Her work underpins much of the work of the Centre and provides the infrastructure and business support needed for the research team to flourish. She returned to the Centre in January 2006.



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 was working fulltime in the

CCGR from January 2005 until April 2006. In 2005 Christine was the Deputy Chair of the Quality and Safety Taskforce of the Australian and New Zealand College of Anaesthetists. She is now Senior Medical Advisor for the Australian Commission for Safety and Quality, NSW Health Department.

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, from which she graduated in 2006, 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. 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 and ethos of clinicians'; their 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.



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.

VALERIE NOBLE

Research Fellow

Valerie worked on the ARC Linkage accreditation research project which is examining the relationship between health service accreditation and clinical and organisational performance.

Prior to working in the Centre Valerie worked in health organisations in a number of health informatics and quality coordinator positions. In addition, she was at the Australian Council on Healthcare Standards as a Customer Service Manager.



DAVID GREENFIELD

Research Fellow and Adjunct Lecturer, Faculty of Medicine

Dr David Greenfield is a Research Fellow in the Centre and adjunct lecturer in the School of Public Health and Community Medicine. David's research 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, inn-

ovation and change in health services, organisational culture and climate, learning and knowledge management and health service accreditation. David is currently supervising several PhD students and is a reviewer for an academic journal.

David is currently working on the ARC Linkage Accreditation Research Project. Working with industry partners, the Australian Council on Healthcare Standards, Ramsay Health Care and the Australian Health Insurance Association, the project is examining the relationships between health service accreditation and clinical and organisational performance.

David holds Bachelor's degrees in Science, Arts and Social Work from the University of Queensland, a Graduate Certificate in Information Technology from University of Technology Sydney, and a PhD from the University of NSW. Prior to working in the Centre David has worked in health and community services for the past twenty, both in clinical and managerial positions. Through this work he has developed excellent skills in risk assessment, program evaluation, organizational analysis, team supervision and conflict resolution-mediation.



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 450 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 three 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 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.



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 joined 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 admi-

nistration, regulatory theory and structures of accountability. Kathryn resigned to undertake other research in August 2006.



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, the John Beveridge Professor at the University

of New South Wales, and a Visiting Research Professor in the Centre. His research interests include paediatric cancer, health systems, 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 Bonne Lee is a specialist in spinal rehabilitation at the Prince of Wales Hospital (POW) Spinal Medicine Department and Director of the POW Spinal Pressure Care Clinic (SPCC). He works with the Centre on the ARC Discovery grant: Preventative Health 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. The CCGR and SPCC have collaborated on publications exploring clinical outcomes and work practices including detailed ethnography of the SPCC multidisciplinary intervention including; management, communication and environmental interactions.

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 Of-

ficer 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 has been the Chief Executive of The Australian Council on Healthcare Standards (ACHS) since November 2000. Has been professionally involved with the ACHS since being appointed as a surveyor in 1985 and was also previously a member of the Standards Committee for six years. He 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 ACHS staff who continue to contribute expertise to this project.

Mr Johnston and Professor Jeffrey Braithwaite jointly convene a group of health care accreditation agencies to collaborate on research into accreditation. Mr Johnston's 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.

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 Fellow of the Australian College of Health Service Executives, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australian Institute of Management. He is a member of the Management Committee of the Royal Australian College of Surgeons' Australian Safety and Efficacy Register of New Interventional Procedures—Surgical (ASERNIP-s) and is also as National Councillor and former Treasurer of the Australian Healthcare Association. He is the current Chair of the Council for the International Accreditation Program provided by the International Society for Quality in Health Care. He regularly speaks at conferences both, nationally and internationally, on quality and safety in health care and on accreditation issues.



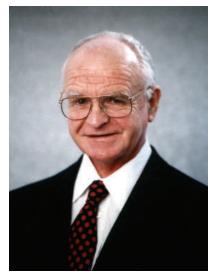
MARJORIE PAWSEY

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 administration of the project and the development of the tools to measure clinical performance and to test inter and intra — rater realibaility.

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. In 2006, she acted in her old role as the Executive Manager, Development, during a recruitment period for a new Executive while new resources were being developed to support the 4th edition of the ACHS Evaluation and Quality Improvement Program (EQuIP) standards. She also helped in the design and conduct of a multi-method evaluation of the development of EQuIP. She was a reviewer of accreditation standards against the International Principles for Healthcare Standards for the International Society for Quality in Health Care (ISQua) and as a member of the Board of Examiners for the Australasian Association for Quality in Health Care (AAQHC) examined candidates for the Association's Fellowship program.



WILLIAM RUNCIMAN

Visiting Professor

BSc (Med) (1965), MBBCh (1969) (Witwatersrand), **FFARACS** (Anaesthesia) **FFARACS** (1975),(Intensive Care) (1981), PhD (Flinders University of South Australia) (1983), FANZCA (1992),FHKCA (Hon) FRCA (Elected) (1993), (1992),FFICANZCA (1995), FJFICM (2002). Bill Runciman has been President of the Australian Patient Safety Founda-

tion 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 was a member of the Australian Health Information Council 2003 — 2005. 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 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 2005); 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 for about 20 journals and Research Organisations, has published approximately 200 scientific papers, chapters or books and has delivered 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 practices and career development, health consumers, safety in health care, the psychology and sociology of illness, disability and ageing, ethnicity and gender. Mary has more than 200 professional public-

ations including over 110 research articles in peer reviewed journals.

In 2005 Mary's research work at the Centre centred on evaluation of the NSW Incident Information Management System (IIMS) introduced by the Department of Health in 2004-2005; the attitudes and practices of health practitioners regarding patient safety both in Australia and cross-culturally; and cross-cultural differences in health managers' work practices and the pressures they experience. 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 Science, Faculty of Health Sciences, The University of Sydney. She is a Fellow of the Australian Psychological Society. In 1998 Mary was made a Member of the Order of Australia for 'services to people with disabilities, in particular those suffering from post-polio syndrome, and to education in the field of health sciences research'. She is a member of the Board of the Northcott Society, one of the largest Australian NGOs providing services for people with physical disabilities. Mary is also a trustee and member of the Advisory Board of the Thomas Hepburn Lennox Scholarship Fund which provides scholarships for people with physical disabilities to pursue tertiary education, and is a member of the Medical Advisory Board of Post-Polio Health International, USA. She is a member of the Committee of the Post-Polio Network (NSW) Inc. and runs their worldwide online information service for polio survivors.



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 is the General Manager of Communio's Improvement Practice focusing on service improvement particularly in the fields of patient safety and health quality improvement. She has an impressive track record of leading and creating reform in health quality including leading the review and rewrite of the Evaluation and Qua-

lity Improvement Program standards for the Australian Council for Healthcare Standards, developing Australia's first state based health quality framework and designing and overseeing the implementation of the NSW Incident Information System. Maureen has clinical experience in both the Australian and USA health systems and an extensive background using quality improvement to enhance service delivery and patient care. Maureen was a member of the Australian Council for Safety and Quality in Health Care, founding member of the State Quality Officials Forum and of the National Health Priorities Action Council.

Full Time Scholarship Research Students



KATHERINE CARROLL

Supervisor: Professor Rick ledema

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 Carroll worked as a physiotherapist prior to completing a BA Hons in Sociology. Katherine is in the final year of her PhD which forms part of an ARC Discovery Grant. Her research focuses on how clinicians manage the intersection of certainty and uncertainty that characterise the clinico-organisational dynamics of an intensive care unit (ICU). Specifically, the research investigates how the clinician mediates the relationship between 'certainties' such as clinical roles, staff rosters and ward routines, with emergent 'unpredictables' such as emergency admissions, emergency procedures and short staffing.

This research has engaged multiple methods (video-ethnography, observations, interviews and focus groups). Clinicians have been actively engaged throughout the research through video feedback sessions of recorded organisational and communication practices, providing opportunities for practice improvement in the ICU.

The theoretical focus of Katherine's research is the application of complexity theory as an analytical tool to account for the dynamic relationship between certainty and uncertainty. The unique contribution of Katherine's research is developing conceptually and empirically the application of complexity theory to health services research, in particular, complexity theory as an analytical tool for ward-level clinicoorganisational practices in other clinical settings.

Full Time Scholarship Research Students



ROWENA FORSYTH

Supervisor: Professor Rick ledema

Co-supervisor: Professor Jeffrey Braithwaite

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

Rowena Forsyth completed her PhD at the Centre in September 2006. 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.

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. These interactions are analysed as a way of uncovering the impact of the new technology on the professional boundary and relationships between 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



SU-YIN HOR

Supervisor: Professor Rick ledema

Co-supervisor: Dr Cynthia Hunter

PhD: Conflict and confluence between multiple accountabilities in a clinical context, with implications for knowledge sharing, patient safety and quality of care.

Su-yin has a BPsych (Hons), an MEd by Research from UNSW and joined the Centre in June 2006 to undertake research for a PhD. Suyin's PhD is part of a wider ARC Discovery Grant: 'Anchoring preventive health care to positive learning'.

This research, in its first phase, utilises ethnographic methods to explore the ways in which clinicians share knowledge and interact amongst themselves and with their environments, to understand how they balance both formal and informal accountability pressures, in delivering patient safety and quality of care. Field notes were taken and transcripts derived from audio recordings of clinician's meetings. Field interviews were also conducted with clinicians. The second phase of this study aims to engage participants in participatory sense-making of the analytical findings produced from the first phase, and, in its third phase, to present findings to managers and policy makers.

Accountability is a crucial issue for public health organisations and its more recognisable form is arguably the formal, associated with structure and documentation, and characterised by external regulation and accreditation of clinical decision-making and practices. This thesis argues that there are other forms of accountability however, such as social, professional and personal accountabilities, which are more local, less visible and less formalised. These less visible accountabilities may have just as much of an impact on clinical decision-making and practices as clinicians work interdependently within and across different teams, professions and hierarchies.

Full Time Scholarship Research Students



JUDIE LANCASTER

Supervisor: 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 CCGR and Industry Partners. It explores the organisational influence of accreditation surveyors and is one of four studies that constitute the larger research project.

The project is an ethnographic study of three individual manager/ surveyors at work in their managerial roles. The study will take a 'bottom-up' approach to the task of exploring how these managers/ surveyors influence quality in their organisation. The objective is to identify the means by which the manager/surveyors influence quality improvements and preparation for accreditation and to explore the extent to which the skills and experience gained from being surveyor are passed on in the organisation through networks of influence.

The study comprises in depth case studies of the three manager/ surveyors. Data currently being collected includes taped interviews with i) manager/surveyors ii) colleagues who can provide insights into that particular surveyor's role in preparations for accreditation and quality initiatives in the organisation and iii) other informed persons who are able to comment on the influence cast by the manager/ surveyor. The overall outcome sought is a map of the networks through which the influence of these manager/surveyors travels and to identify potential benefits from having a surveyor on staff.

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

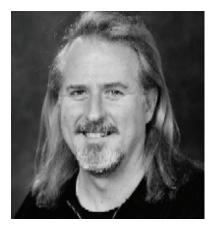
Supervisor: Professor Jeffrey Braithwaite

Co-supervisor: Professor Rick ledema

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. Peter is in his third year of the PhD. The research context is the enlarging area of clinical expertise of Emergency clinicians which has been well documented. However, very little research has looked at the role of Emergency doctors and nurses as 'gate-keepers' of the hospital. The two research questions are: The two research questions are: What is the organisational role of ED clinicians? and further: how do they accomplish this role? The completed fieldwork consisted of undertaking eight months of ethnographic observation and interviewing Emergency and non-Emergency clinicians and in the Emergency Departments of two tertiary referral hospitals in Sydney.

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 process, communication and negotiation skills, organisationally imposed time priorities and personal and professional relationships.



GREG FAIRBROTHER

Supervisor: 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 Manager, Research at Prince of Wales Hospital. His brief in this role is to work with Nurse Practitioners, Clinical Nurse Consultants and other active nurse thinkers on methodology, analysis and writing. He co-publishes widely and researches independently in the drug and alcohol field. He holds a conjoint appointment as Research Fellow with The 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/Illawarra. 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 were 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.



LENA LOW

Supervisor: A/Professor Anna Whelan

Co Supervisor: Professor Jeffrey Braithwaite

PhD: The schema of complexities that impact on medical clinicians in their role of expert peer surveyors.

Lena works as Business Manager responsible for Business Services and Business Development 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.



MARTIN LUM

Supervisor: Professor Rick ledema

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.

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.



SALLY NATHAN

Supervisor: Professor Jeffrey Braithwaite

Co-supervisor: Dr Niamh Stephenson

PhD: Consumer participation: Positioning, discourse and influence in healthcare decision-making

Sally has a Bachelor of Science in Psychology (Honours) and a Masters degree 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.

KERIN ROBINSON

Supervisor: Professor Rick ledema

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's academic background is in health administration and planning, and health information management: Master of Health Planning, Bachelor of Health Administration and Bachelor of Applied Science (Medical Record Administration). Kerin's doctoral research explores the health information and its management and the surrounding contestations and drivers of Australian policy and practice. A focal point of the research is a study of the phenomenon of the relatively new profession of health information management, whose evolution, current status and practices inform the research by providing the context for the identification and investigation of critical issues surrounding health information, its key stakeholders, and its management. The health information management profession and its practices 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 and to identify and describe the dominant discourses in health information management. It also investigates the politics of standardisation of medical records in the Australian environment, describes the roles of health information management and health information managers in the healthcare industry, explores the effects of emerging information and communication technologies surrounding health information, and identifies 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.

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 exam- ine 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 ledema
Margaret Fitzgerald	MHA pro- ject	A case study of priority setting using program budgeting and marginal analysis in an Australian Division of General Practice	Jeffrey Braithwaite

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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 examina- tion of the leadership and management per- spectives 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 outpa- tient 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 hospi- tal: perspectives and themes	Jeffrey Braithwaite
Ye Rong	MHA project	Attitudes, beliefs and barriers towards mental health services amongst Chinese mi- grants in Sydney	Anna Whelan
Tamsin Waterhouse	MHA project	Policy, practice and the technology imperative	Jeffrey Braithwaite

Candidate	Degree	Research Topic	Supervisor
Asmah Bte Mohammed Noor	MHSM project	A study of job satisfaction among staff in intensive care	,
Tony Austin	MPH project	Organisational design of a coordinated military health wing: issues of structure and structur- ing	Jeffrey Braithwaite
William Baguma Mbabazi	MPH project	Knowledge, Attitude and Practice of Male Partners of Postmenopausal Women	Anna Whelan
Graham Bar- rington	MPH project	Quality at a public hos- pital – initiatives and responsibilities of the medical directorate	Jeffrey Braithwaite
Wolfgang Bender	MPH project	Refugee clients in a specialised outpatient service: quality assur- ance analysis of the clinical services pro- vided 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
Ekam- bareshwa Mahalakshmi	MPH project	Educational process with IIMS	Mary Chiarella Jeffrey Braithwaite

Candidate	Degree	Research Topic	Supervisor
Julie Flood	MPH pro- ject	NES workers and un- derstanding of blood borne occupational health risks	Anna Whelan
Jacinta Gallagher	MPH project	Participant observation of an information technology implemen- tation	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 refu- gees and migrants with r e f u g e e - l i k e background: analysis of a pilot program at an Intensive English Language Centre	Anna Whelar
Ann Mehaffey	MPH project	C o m m u n i c a t i o n strategies and tools used by primary health care/community health care staff in involving consumers and stake- holders	Jeffrey Braithwaite
Shannon Mey- erkort	MPH project	Representation of health issues in the media	Rick ledema
Cecily Michaels	MPH project	Oral Health and Hazara Refugees: Attitudes, Practices and Beliefs	Anna Whelar
Annette Pantle	MPH project	An investigation into the implementation of hospital in the home programs	-

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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 Ver- sion 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
Nerida Creswick	PhD	Network analysis of the impact of point of care clinical systems	Johanna Westbrook Jeffrey Braithwaite Rick ledema
Greg Fairbrother	PhD	Organising nursing care in the acute envi- ronment: moving from individual to collective care models	Jeffrey Braithwaite
Rowena Forsyth	PhD	Clinical work practice change as a result of information and com- munication technology implementation	Rick ledema Jeffrey Braithwaite

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Condidata	Dograa	Desserab Tania	Supervisor
Candidate	Degree	Research Topic	Supervisor
Rod Freyer	PhD	A study of communica- tion in the management of health services	Jeffrey Braithwaite
Andrew Georgiou	PhD	The impact of CPOE on the role of pathology laboratory scientists	Johanna Westbrook- Jeffrey Braithwaite Rick ledema
David Greenfield	PhD	Learning and change within a (nursing) com- munity of practice: en- acting self governance	Rick ledema
Fleur Hillier	PhD	Managing creative and health production proc- esses: issues, similari- ties and differences	Jeffrey Braithwaite
Christine Jorm	PhD	Interaction of medical speciality culture with patient safety and qual- ity	Jeffrey Braithwaite
Linda Kurti	PhD	Where science and spirit meet - spiritual assessment in Austra- lian general practice; Social Capital and the role of religious organi- sations	Anna Whelan
Judie Lancaster	PhD	How surveyors bring ideas back to their host hospital	Jeffrey Braithwaite David Greenfield
Lena Low	PhD	The impact of medical clinicians in their role of expert peer surveyors as change agents	Rick ledema Anna Whelan Marjorie Pawsey

Candidate	Degree	Pesearch Tonio	Supervisor
Diana McCallum	Degree PhD	Research Topic The process of planning	Supervisor Rick ledema
Sally Nathan	PhD	Consumers as partici- pants	Jeffrey Braithwaite Niamh Stephenson
Peter Nugus	PhD	The organisational identity of Emergency clinicians	Jeffrey Braithwaite Rick ledema
Rod Perkins	PhD	A study of health services management in New Zealand 1946- 2000 – the meanings of m a n a g e r i a l effectiveness	Pieter Degeling
Farhad Pour- fazi	PhD	Gastro-intestinal can- cer: cross cultural re- search	Anna Whelan
Hasna Razee	PhD	Mental Health of Maldivian Women	Jan Ritchie Maurice Eisenbruch Debbi Long
Shirley Shulz- Robinson	PhD	Community health management and practice	Anna Whelan
Jo Travaglia	PhD	Patient safety, diversity and risk: qualitative as- sessments	Jeffrey Braithwaite Rick ledema

Candidate	Degree	Research Topic	Supervisor
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 poli- cies – 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
Rebecca Vanderheide	PhD	Self-efficacy in the ACT health care system	Ruth Foxwell Jeffrey Braithwaite
Dr Desmond Yen	PhD	Surveyors' influence in accreditation processes	Jeffrey Braithwaite David Greenfield
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; 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 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

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 and ongoing

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. *Journal 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 ledema

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 reorganisation, 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 (2007). Does restructuring hospitals result in greater efficiency? An empirical test using diachronic data. *Health Services Management Research,* in press.

Braithwaite J, Westbrook JI, **Iedema R** (2007). Health care participants' dualism: are new sub-species evolving? *Journal of the Royal Society of Medicine.* 100(2), pp. 78-80.

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 - 2007

Description: Health services in New South Wales are seeing increasing numbers of patients from non-English speaking backgrounds. The need for health service to provide culturally and linguistically appropriate care will not diminish, and indeed, will increase over the next decade. South East Health has a large immigrant population (31.2%), the majority of whom where born in a non-English speaking country. Meeting the needs of culturally and linguistically diverse clients, means understanding what is culturally appropriate care, and how to address 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 effective management of a diverse workforce. Studies in the US have identified that managers at all levels and health professionals need to develop a greater understanding of human diversity and multicultural issues. This needs to go beyond being 'sensitive to' or 'aware of' such issues. Diversity management has been described as the process or path leading to 'culturally competent organisations'.

The aim of Phase 1 of this research was to utlise the US "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.

The survey sought to answer the following questions:

• What are the experiences and attitudes of senior managers in South East Health to cultural and linguistic diversity?

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- 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 type of ethnic diversity management policies and practices exist among hospitals?
- How do management activities of senior staff tie into their strategic orientation?

In Phase II, results and views expressed in the questionnaire were discussed through semi-structured interviews with executive directors and diversity coordinators of the nine facilities involved.

Findings included that 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. Each of the nine facilities performed differently, some with highly negative scores.

The study has provided a baseline of management opinions and also a comparison with other Areas and overseas, that will allow the organisation to asses its position. 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 commitment to implementation through more intensive work with units and facilities.

Two papers have been drafted and on submitted for publication, pending review.

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 clinicianmanagers' behavioural routines. *Journal of Health Organisation and Management,* 18 (4), pp. 240-261.

Braithwaite J, Westbrook MT, Mallock NA (2007). Pressures exerted on managers by their superior and peer managers: Australian-Singaporean comparisons. *Journal of Managerial Psychology*, 22 (3), pp. 227-256.

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.

Selected Publications

Braithwaite J, Westbrook J, Pawsey M, Greenfield D, Naylor J, Iedema R, Runciman B, Redman S, Jorm C, Robinson M, Nathan S, Gibberd R (2006). A prospective, multi-method, multi-disciplinary, multi-level, collaborative, social-organisational design for researching health sector accreditation [LP0560727]. *BMC Health Services Research*, 6(113), doi:10.1186/1472-6962-6-113.

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

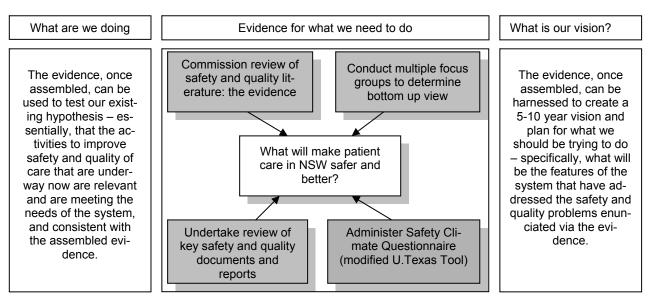
Funding Source: Clinical Excellence Commission, NSW

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 grey:

Figure 1: a framework for research for 2004-2005



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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 teamwork; 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 Inquiries into alleged poor health care, in six countries. Three of the Inquiries 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 six countries* and a summary document, *Patient safety: a summary of findings from major international public enquiries,* were published in 2006. They are available on the CEC and CCGR websites.

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 in 2004. 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 in 2007.

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 resolved.

Selected Publications and Presentations

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 (2006). *Patient safety: a comparative analysis of eight enquiries in six countries.* Centre for Clinical Governance Research, UNSW: Sydney, pp.177, ISBN 0 7 334 2411 2.

Hindle D, Braithwaite J, Travaglia J, Iedema R (2006). *Patient safety: a summary of findings from major international public enquiries.* Centre for Clinical Governance Research, UNSW: Sydney, pp.35, ISBN TBA.

AN EVALUATION OF THE NEW SOUTH WALES HEALTH SAFETY IMPROVEMENT PROGRAM

- Funding Source:Clinical Excellence Commission, NSW and NSWDepartment of Health
- Investigators: Jeffrey Braithwaite, Rick ledema, Mary Westbrook, Nadine Mallock, Jo Travaglia, Peter Nugus, Christine Jorm, Rowena Forsyth, Debbi Long, Marjorie Pawsey
- **Duration:** 2004-2008

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. Analysis of data and publication of papers continue.

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.

Selected Publications

Braithwaite J, Travaglia J, Mallock NA, ledema R, Westbrook MT, Long D, Nugus P, Forsyth R, Jorm C, Pawsey M (2005). Evaluation of the Safety Improvement Program in New South Wales: overview of studies. Centre for Clinical Governance Research, UNSW: Sydney, pp.38, ISBN 0 7334 2249 7 (An additional 12 individual study monograms are available on the CCGR website).

Braithwaite J, Westbrook MT, Travaglia JF, ledema R, Mallock NA, Long D, Nugus P, Forsyth R, Jorm C, Pawsey M (2007). Are health systems changing in support of patient safety? A multi-methods evaluation of education, attitudes and practice. *International Journal for Health Care Quality Assurance*. In press.

Westbrook MT, Braithwaite J, Travaglia JF, Long D, Jorm C, ledema, R (2007). Promoting safety: varied reactions of doctors, nurses and allied health professionals to a safety improvement program. *International Journal for Health Care Quality Assurance.* In press.

Braithwaite J, Westbrook MT, Mallock NA, Travaglia JF, ledema R (2006). Experiences of health professionals who conducted root cause analyses after undergoing a safety improvement program. *Quality and Safety in Health Care*. 15, pp. 393-399.

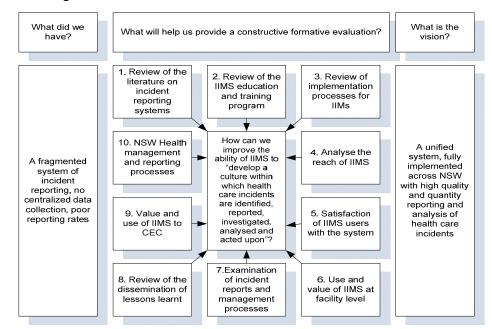
Iedema R, Jorm C, Braithwaite J, Travaglia J, Lum M (2006). A root cause analysis of clinical errors: confronting the disjunction between formal rules and situated clinical activity. *Social Science & Medicine*, 63(5), pp.1201-1212.

Iedema R, Jorm C, Long D, Braithwaite J, Travaglia J, Westbrook M (2006). Turning the medical gaze in upon itself: root cause analysis and the investigation of clinical error. *Social Science & Medicine*, 62 (7), pp.1605-1615.

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 ledema, Mary Westbrook, Peter Nugus, CCGR staff
- **Duration:** 2006-2008

Description: The NSW Department of Health (the DOH) and the clinical Excellence Commission (the CEC) 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 required the evaluation to assess the success of the implementation and effect of the program, against the project objectives and key expected benefits. The CEC was 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 continued the multi-method triangulated approach utilised in the Evaluation of the SIP. Diagrammed, the evaluation looked like this:



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The evaluation found that IIMS is providing a positive basis for the quality and safety improvement in NSW Health. Its implementation was well executed, and it is beginning to produce useful results at all levels of health services, although further work needs to be done in order for its full benefits to be realized. Analysis of data and publication of papers continue.

Selected Publications

Braithwaite J, Travaglia J, Westbrook MT, Jorm C, Hunter C, Carroll C, ledema R, Ekambareshwar M (2006). Evaluation of the Incident Information Management System in New South Wales: overview of studies. Sydney: Centre for Clinical Governance Research, University of New South Wales. pp.32, ISBN 0 7334 2389 2.

A full set of 10 monographs are available on the CCGR website. These can be downloaded in PDF format.

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 ledema, 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. Two streams of work were undertaken as part of this project. The first involved a series of evaluations, including those of the: Clinical Practice Improvement Program; Safety Improvement Program (SIP); and Incident Information Management Systems (IIMS). Details of the SIP and IIMS are provided in this section. At the same time the research team was involved in developing 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 led in large part to the creation of the Quality and Safety Branch inter and intranet quality and safety portal. This contract was completed in June 2006.

Selected Publications

Braithwaite, J et al. (2002) *Report: evaluation of the Clinical Practice Improvement Training Program.* Centre for Clinical Governance Research, UNSW: Sydney, pp.106, ISBN 0 7334 1969 0.

Braithwaite J, ledema 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.

GIVING VOICE TO PATIENT SAFETY

Funding Source:	Clinical Excellence Commission, NSW
Investigators:	Jeffrey Braithwaite, Joanne Travaglia, Peter Nugus
Duration:	2005-2006

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. 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 has been analysed and will result in both a major report and a 'key points' document. This will be released in 2007.

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 ledema, Jeffrey Braithwaite, Margaret Williamson, Mandy Ampt, Andrew Georgiou, Nadine Mallock, Rowena Forsyth, Nerida Creswick, Geoff McDonnell, Toby Mathieson and Enrico Coiera

Duration: 2003-2007

Description: This research commenced in 2003 and is a joint project between researchers at the Health Informatics Research & Evaluation Unit at the University of Sydney and the Centre for Clinical Governance Research in Health at the University of NSW in partnership with NSW Health. The focus of the project was to investigate the impact of clinical information systems (CIS) on health care organizations. The aims included the development of validated and reliable measurement tools and techniques which would allow individual health care organizations and governing health bodies to monitor the impacts of the introduction of CIS. This project focused on designing and applying these techiques to evaluate the benefits of system implementation on health delivery processes, health professionals' work practices and patient outcomes.

The research used a before and after design to measure a range of indicators before and after the implementation of the CIS, to determine outcomes of system implementation. Data collection techniques included prospective audits of patient charts, analysis of hospital data, observational studies, video observational studies, interviews, focus groups and surveys. Key indicators examined are listed in Box 1 and Box 2.

Box 1 Computerised Pathology Order Entry System Indicators:

Quantitative

- Turnaround time—time from receipt of test order in the laboratory to time result is available for viewing by a clinician.
- Volume of tests ordered.
- Volume of specimens collected from patients.
- Quality and quantity of clinical information necessary for test processing, received by the laboratories.
- Length of stay of patients in Emergency Departments.

Qualitative

- Users' views, acceptance and use of the system.
- Examination of work processes and work arounds.

Box 2 Electronic Prescribing System Indicators:

Quantitative

- Prescribing error rates (type and severity).
- Nurses' work measurement—ie quantitative measurement of time distribution across all work and communication tasks.
- Doctors' work measurement—ie quantitative measurement of time distribution across all work and communication tasks.
- Network analysis to determine information flow and exchange processes in hospital wards.
- Safety culture survey.

Qualitative

Clinical, management and IT staff views about the impact of the system on work processes and patient outcomes.

Results

The project has produced a large body of information regarding the outcomes of CIS implementation including identification of challenges which need to be addressed during and after system implementation. The project has produced many practical benefits, as well as making a significant contribution to the national and international evidence-base regarding the outcomes of CIS implementations. It has placed NSW Health in an enviable position compared to other health systems who lack this evidence-base. In particular, the pre-system implementation benchmark data produced will allow ongoing monitoring of the effects of CIS implementations to continue in the future.

Computerized pathology order entry systems

The project has produced the first published systematic review of indicators which can be used to monitor computerized pathology order entry systems (CPOE). The project demonstrated that introduction of CPOE significantly reduced turnaround times while not adversely affecting test or specimen volumes in the short (2 months post system implementation) and long (12 months post) term. The project identified key factors which need to be addressed during the implementation process. These included issues relating to "add on" orders and incomplete orders. Further the project provided examples of the effects of early uses of electronic decision support, such as how structuring order screens can assist in improving test ordering, as well as ways in which the design of test order sets can influence ordering patterns.

The qualitative data derived from observational studies, interviews and focus groups have informed implementation processes at the study sites and beyond the new sites and professional bodies seeking out this information from the researchers and the study site staff. This is being used to develop intelligent implementation plans now and for the future. In the next 12 months the impact of improved turnaround times on patient stays in Emergency Departments will be examined. The results from this work have been widely disseminated through publications and presentations.

Electronic Prescribing Systems

As no electronic prescribing system has been implemented only presystem implementation data are available. These data provide important benchmark data against which indicators can be monitored once an electronic prescribing system has been implemented. In the absence of the post-system implementation data these results are still of great value in understanding current clinical work processes and prescribing error rates. Several quality and safety issues have been highlighted. For example, following 250 hours of direct observation of nurses' work the study has produced detailed information regarding the amount of time nurses spend in specific work activities, how frequently they are interrupted in their work and how often they are reguired to multi-task. Results show that the most frequently interrupted clinical task is during the preparation and administration of medication to patients. One guarter of all interruptions occur during this time. Several reports of these findings will be produced in 2007. Analyses of the same data for doctors will also be undertaken and reported. The research team has now secured separate NHMRC funding to continue the research into the impact of electronic prescribing systems on prescribing errors.

Outputs & Impact of the Project

The research to date has resulted in 45 publications and presentations. The next 12 months will generate a number of further documents reporting the outcomes from the research. In addition, the research has developed and tested several data collection tools and survey instruments which are available for use. The project has supported two PhD candidates, one of whom has successfully completed her PhD and the second who will subject her thesis in July 2007. In this way the project has supported the training of new experts in the field.

2007

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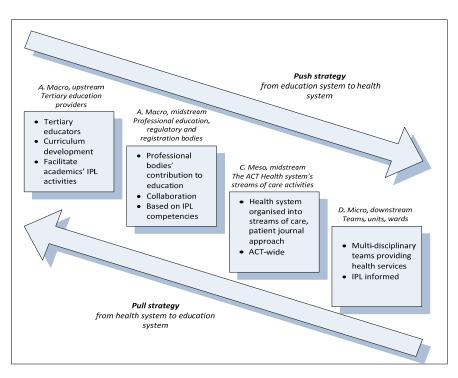
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AN ACTION RESEARCH PROJECT TO STRENGTHEN INTERPROFESSIONAL LEARNING AND PRACTICE ACROSS THE AUSTRALIAN CAPITAL TERRITORY (ACT) HEALTH SYSTEM.

Funding Source:	ARC Linkage Grant, ACT Health
Investigators:	Jeffrey Braithwaite, Rick Iedema, Johanna Westbrook, Ruth Foxwell, Rosalie Boyce, Timothy Devinney, Marc Budge
Duration:	2007-2010

Description: The aim of this project is to improve the quality of care for, and safety of, patients across ACT Health by designing and testing a new, comprehensive, model of interprofessional learning and practice. The overall objective of the project is to facilitate a deep change in the culture of health services, and in the way in which health professionals work together, by using a qualitative, multi-method, action research approach. The research model is presented in Figure 1.

Figure 1: Four areas of focus for the IPL project



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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 Commission for Safety and Quality in Health Care
- Australian College of Health Service Executives
- The Australian Patient Safety Foundation
- South Eastern Sydney Area Health Service
- Health Informatics Research and Evaluation Unit, University of Sydney
- Faculty of Humanities and Social Sciences, University of Technology

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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
- Medical Management Centre, Karolinska Institute Sweden

Collaborations



(From left to right) Professor Jeffrey Braithwaite, Dr George Bearham, Professor Clifford Hughes, Ms Joanne Travaglia Clinical Excellence Commission Meeting



(From left to right) Professor Jeffrey Braithwaite, Professor Rick ledema, Dr Anne McBride, Dr Paula Hyde

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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 new courses such as Strategy, Policy and Change. 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
- Conceptualised and delivered workshops on Changing Organisational Culture and on Leading Change in Complex Organisations in conjunction with the Australian 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
- 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.*

Education and Extension activities

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

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PEER REVIEWED CONFERENCE PROCEEDINGS/ABSTRACTS/POSTERS

2006

Braithwaite J, Westbrook MT, Westbrook JI, **Iedema R** (2006). On the problem of continuous organisational restructuring: risks and solutions. *The 2006 Biennial Health Conference, 'Exploring and debating acute care provision'*. Sydney, 14-16 November.

Braithwaite J, Flynn K, Greenfield D, Naylor J, Pawsey M (2006). Lessons learned from road-testing a research design for researching accreditation. *4th Australasian Conference for Safety and Quality in Care 'Raising the Bar for Quality'*. Melbourne, 21-23 August.

Braithwaite J, Iedema R, Jorm C (2006). Trust, communication, theory of mind and the social brain hypothesis. *Organisational Behaviour in Health Care Conference*. University of Aberdeen, Scotland, 10-12 April.

Braithwaite J, Iedema R, Westbrook MT (2006). Health sector organisational restructuring: evidence for its futility. *Organisational Behaviour in Health Care Conference*. University of Aberdeen, Scotland, 10-12 April.

Callen J, Braithwaite J, Westbrook JI (2006). Does the clinical environment affect the use of computerized physician order entry? *14th National Health Informatics Conference*. Sydney, 22 August.

Georgiou A, Westbrook JI, **Braithwaite J, Iedema R**, Dimos A, Gemanos T (2006). The Impact of CPOE on pathology services—a context-mechanismoutcome approach. *Fourteenth Health Informatics Conference*. Melbourne, 31 July—2 August.

Jorm C, ledema R, Travaglia JF, Braithwaite J, Westbrook MT (2006). An analysis of the implementation of Root Cause Analysis Process in NSW Health. *4th Australasian Conference for Safety and Quality in Care 'Raising the Bar for Quality'*. Melbourne, 21-23 August.

ledema R (2006). Discourse research as engagement with organizational practice. *International Conference on Organizational Discourse*. Vrije Universiteit of Amsterdam, 28-29 July.

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Nugus P, Braithwaite J, Iedema R, Travaglia J, Holgate A, McCarthy S, Fry M, Daly B (2006). Negotiating the patient pathway through the hospital: the clinico-organisational labour of Emergency clinicians. *International Conference on Communication, Medicine and Ethics (COMET)*. Cardiff, Wales, 29 June—2 July.

Nugus P, Braithwaite J, Iedema R, Holdgate A, **Travaglia J,** McCarthy S, Fry M, Daly B (2006). The impact of clinical knowledge, structure and interaction on the patient pathway: the organizational journey of emergency clinicians. *Inaugural Inter-American Conference on Emergency Medicine*. Buenos Aires, Argentina, 18-21 April.

Travaglia JF, Braithwaite J, Westbrook MT, Ryan K, Michael S (2006). Multidisciplinary safety education for health professionals: a multi-method analysis. *4th Australasian Conference for Safety and Quality in Care 'Raising the Bar for Quality'*. Melbourne, 21-23 August.

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Long D (2005). Code switching as immaterial labour in multidisciplinary healthcare work. *The Third International Interdisciplinary Conference on Communication, Medicine and Ethics (COMET) Conference.* Sydney, 10 June–2 July.

Long D, Carroll K, Nugus P (2005). 24/7: Team research in an around-theclock hospital ethnography. *Australian Qualitative Research Biennial conference: The Art and Craft of Qualitative Research: Creativity and Critiques.* Melbourne, 15-16 July.

Long D, Forsyth R, Travaglia J (2005). Preparing for the field: hospital ethnography and social scientists. *Australian Qualitative Research Biennial conference: The Art and Craft of Qualitative Research: Creativity and Critiques.* Melbourne, 15-16 July.

Rhodes C, **Iedema R**, Scheeres H (2005). Being at work: immaterial labor, affectualization and the presencing of identity. *European Academy of Management*. Munchen, Germany, 4-7 May.

Rotem A, **Mallock NA**, Jochelson T, Rotem T, Dewdney J (2005). The demand and supply of the public health labour market - a labour market approach. *International Symposium on Past and Future Trends of Health Workforce.* Barcelona, Spain, 21-23 April.

Westbrook JI, Coeria EW, **Braithwaite J** (2005). Measuring the impact of online evidence retrieval systems using critical incidents and journey mapping. *Conference Proceedings Medical Informatics Europe XIX Conference*. ISO Press: Geneva, Switzerland, pp.533-538

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Forsyth R, ledema R (2004). Video ethnography as a method for studying professional communication in healthcare. *The Australian Sociological Association Annual Conference*. Melbourne, 8-11 December.

Grant D, **ledema R** (2004). Discourse analysis and the study of organizations. *Organizational Discourse Conference*. Amsterdam, The Netherlands, 28-30 July.

Grant D, **Iedema R** (2004). Emotive discourse in critical incident reports. *AS*-*FLA Conference*. Brisbane, 30 June–2 July.

ledema R (2004). Critical incident reporting in acute care: narrativizing medical errors folds concern into the soul. *Standing Conference on Organizational Symbolism (SCOS)*. Brisbane, 2-3 December.

ledema R (2004). Critical incident reporting as emergent public discourse. *ASFLA Conference*, Keynote address. Brisbane, 30 June – 2 July.

ledema R, Braithwaite J (2004). Six modalities of resistance. *Resistance in Organizations: Processes, Forms and Discourses.* University of Sydney, 18-19 February.

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

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. *Proceedings of the 11th World Congress on Medical Informatics (MedInfo) San Francisco, USA, 8-11 September.* ISO Press: Washington DC.

ledema R, Rhodes C, Scheeres H (2004). Surveillance, resistance, observance: exploring the teleo-affective volativity of identity (at) work. *Organiza-tional Discourse Conference*. Amsterdam, The Netherlands: 28-30 July.

Nugus P, Braithwaite J (2004). Interdisciplinary communication in an Emergency Department. *The Australian Sociological Association Annual Conference Revisioning Institutions: Change in the 21st Century*. Melbourne, 8-11 December.

Westbrook JI, **Braithwaite J, ledema R**, Coiera E (2004). Evaluating the impact of information communication technologies on complex organisational systems: a multi-disciplinary, multi-method framework. *Proceedings of the* 11th World Congress on Medical Informatics (MedInfo) San Francisco, USA, 8-11 September. ISO Press: Washington DC, pp.1323-1327.

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ledema R (2003). What is organisational discourse analysis? *The 19th EGOS* (*European Group of Organization Studies*) Colloquium. Copenhagen, Denmark, 3-5 July.

Iedema R, Sorensen R, **Braithwaite J,** Turnbull E (2003). Intensive care and its incommensurabilities. *Communication, Medicine and Ethics Conference*. Cardiff University, UK, 26-28 June.

CONFERENCE, WORKSHOP AND SEMINAR PRESENTATIONS

2006

Braithwaite J (2006). Workshop on leading change in complex organisations: navigating structures, stakeholders and politics. *IMET*. Sydney, Australia, 30 November.

Braithwaite J, Westbrook MT, Westbrook JI, **Iedema RA** (2006). On the problem of continuous organisational restructuring: risks and solutions. Keynote Address. *Commonwealth Department of Health and Ageing 2006 Biennial Health Conference: A Measure of Hospital Health.* Sydney, Australia, 15 November.

Braithwaite J (2006). Workshop on leading change in complex organisations: navigating structures, stakeholders and politics. *Australian College of Health Service Executives, Darwin.* Darwin, Australia, 6 November.

Braithwaite J, Travaglia JF, Iedema RA, Westbrook JI, Foxwell R, Boyce R, Devinney T, Budge M, Murphy K, Ryall MA, Beutel J, Stone J (2006). ACT Health inter-professional learning project – key outcomes, learnings and themes. *Keynote address to the think tank on inter-professional learning.* Canberra, 3 November.

Braithwaite J (2006). Workshop on leading change in complex organisations: navigating structures, stakeholders and politics. *Australian College of Health Services Executive.* Canberra, 25 October.

Braithwaite J, Johnston B, **Pawsey M, Greenfield D, Naylor J** (2006). Addressing the accreditation paradox: a design to examine accreditation's contribution to improvement, *Accreditation for Quality Improvement: Making it Happen ISQua Symposium.* London, 22 October.

Braithwaite J (2006). Safety, quality and clinical governance: research progress. *Presentation to the Australian Commission on Safety and Quality in Health Care.* Sydney, Australia, 28 August.

Braithwaite J (2006). Improving cancer services. *Cancer Institute of NSW.* Sydney, Australia, 22 August.

Braithwaite J (2006). Teaching old dogs new tricks: summing up and lesson learned. *Keynote address to the 2006 National Conference of the New Zealand Institute of Health Management.* Wellington, New Zealand, 1 July.

Braithwaite J (2006). Teaching old dogs new tricks: what does the evidence say and what can we learn from it? *Keynote address to the 2006 National Conference of the New Zealand Institute of Health Management.* Wellington, New Zealand, 30 June.

Braithwaite J (2006). The Australian Health care system. *Presentation to the Visitation Program of Staff of the Manchester University Business School.* Sydney, Australia, 23 May.

Braithwaite J, Travaglia JF, ledema R (2006). Evaluating projects. *Keynote presentation to the 2006 Knowledge Management Workshop Series, Sydney, Clinical Excellence Commission and NSW Health Department.* Sydney Australia, 19 April.

Braithwaite J, Travaglia JF, Iedema R (2006). Chairing sessions and giving presentations. *Keynote presentation to the 2006 Knowledge Management Workshop Series, Sydney, Clinical Excellence Commission and NSW Health Department.* Sydney Australia, 5 April.

Braithwaite J (2006). Leadership in health care: leadership defined. *Australian College of Health Service Executives and RH Penney, Advanced Aged Care Leadership Program.* Sydney, Australia, 3 April.

Braithwaite J, Travaglia JF, Iedema R (2006). Assessing, writing up and publishing your work. *Keynote presentation to the 2006 Knowledge Management Workshop Series, Sydney, Clinical Excellence Commission and NSW Health Department.* Sydney Australia, 29 March.

Braithwaite J (2006). Leadership in health care: leadership defined. *Australian College of Health Service Executives and RH Penney, Advanced Health Leadership Program.* Sydney, Australia, 27 March.

Braithwaite J (2006). Inter-professional learning. *Keynote presentation to the 2006 Breakfast briefing series, Australian College of Health Services Executives ACT.* Canberra, Australia, 31 January.

Carroll K (2006). Incorporating complexity theory and feminism into video ethnography. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference.* Sydney, Australia, 10-14 December.

Carroll K, Forsyth R, Long D (2006). The use of video in social science research: panel. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference*. Sydney, Australia, 10-14 December.

Carroll K (2006). Complexity Theory as a model for the clinico-organisational dynamics of intensive care. *Australian Sociological Association (TASA)*. Perth, 4-7 December.

Carroll K, ledema R (2006). Enabling clinicians to enhance the ways they conduct clinical handovers in ICU: A video-ethnographic account. Improving clinical handover seminar. *ACQSHC*. Brisbane, 4 December.

Carroll K (2006). Complexity theory for health services research: what are sociologists saying about complexity theory and how am I using it? *School of Sociology Postgraduate Symposium.* UNSW, Sydney, 28 October.

Carroll K (2006). Using complexity theory to conceptualise staffing and system dynamics in a general ICU. *SPHCM Student Conference,* UNSW Sydney, 27 October.

Carroll K (2006). Enhancing clinical reflectivity to enact change: medical ward round communication. *Presentation to the School of Public Health and Community Medicine, UNSW's seminar series, Reinventing Health.* Sydney, Australia, 28 June.

Carroll K (2006). Power, delicacy and muting: editing choices in reflexive feedback. *Presentation to the School of Public Health and Community Medicine, UNSW's seminar series, Reinventing Health.* Sydney, Australia, 28 June.

Crisp R, Lee B, Campbell R, Noonan V, Biering F, Sorensen R, Stander J, Wang D, Wing P, Long D, ledema R (2006). International Classification of External Causes of Injuries (ICECI). *The Combined Annual Meetings Of The American Spinal Injury Association (Asia) and The International Spinal Cord Society (ISCOS): A Global Spinal Cord Injury Conference*. Boston, Massachussetts, 24-28 June.

Demirkol A, **Travaglia J, Long D, Carroll K** (2006). Dumping and other discourtesies: peer support among hospital based health care professions. *Annual Australian Anthropological Association Conference.* Cairns, 27-29 September.

Forsyth R (2006). Distance versus dialogue; modes of engagement of two professional groups participating in a video ethnographic study. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference*. Sydney, Australia, 10-14 December.

Forsyth R (2006). Health information systems and their perturbance for professionals' work practices and relationships. *Australian Sociological Association (TASA)*. Perth, 4-7 December.

Forsyth R (2006). Making work visible: impact of doctors' practices on lab officers. *Presentation to the School of Public Health and Community Medicine, UNSW's seminar series, Reinventing Health.* Sydney, Australia, 28 June.

Georgiou A, Westbrook J, **Braithwaite J** (2006). An investigation into the implications of electronic ordering systems for pathology laboratories. *School of Public Health and Community Medicine, Research Student Conference.* Sydney, Australia, 9 September.

Greenfield D, Braithwaite J, Pawsey M, Naylor J (2006). Addressing the accreditation Paradox; a design to examine accreditation's contribution to improvement. *Presentation to the Queen Mary Hospital and the Hong Kong University Delegation.* Sydney, Australia, 22 December.

Hunter C, ledema R (2006). The emic and the etic in clinical work cascades. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference.* Sydney, Australia, 10-14 December.

Hunter C, Long D (2006). Ethnography and the ARC: how Australian research funding structures work against rigour in culture writing. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference*. Sydney, Australia, 10-14 December.

Hunter C, Long D (2006). Culture writing: the art and science of ethnography: panel. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference.* Sydney, Australia, 10-14 December.

Hunter C (2006). What you do in CPU. *Child Protection Unit Sydney Children's Hospital*. Randwick, 16 November.

Hunter C (2006). Untangling the web of critical incidents': ethnography in a paediatric setting. *Neonatal Intensive Care Unit. Children's Hospital,* Westmead, 6 November.

Hunter C, ledema R (2006). Untangling the web of critical incidents': ethnography in a paediatric setting. Rehabilitation Department, Children's Hospital at Westmead, Westmead, NSW, 12 October.

Hunter C, ledema R (2006). Anchoring preventive health care to positive learning: hospital-based ethnography in a paediatric public hospital. *Presentation to the Nursing and Allied Health Research Seminar, The Children's Hospital, Westmead.* Sydney, Australia, 21 July.

ledema R (2006). Discourse in/and health. *Introductory statement. Discourse & Health Conference*. University of Western Sydney, Sydney, 23-24 November.

Iedema R, Jorm C, Carroll K (2006). Health services organization and discourse research. *Discourse & Health Conference*. University of Western Sydney, Sydney, 23-24 November.

ledema R, Long D, Lee B, Nicholls J, Katte L, **Braithwaite, J** (2006). Mapping the complexity of hospital practice: The case of a spinal pressure area clinic. *Centre for Health Informatics, UNSW.* Sydney, 12 October.

ledema R, Long D (2006). What ideally should happen: clinical pathways, trajectory mapping, and the value of emic and etic perspectives in organization of clinical practice. *Annual Australian Anthropological Association Conference*. Cairns, 27-29 September.

Iedema R, Long D, Carroll K, Forsyth R, Hunter C, Hor S, Braithwaite J (2006). Governing hospital work: clinical complexity, video-ethnography and the 'clinalyst'. *Presentation to the Medicine, Technology Disease and the State Seminar Series.* Sydney, Australia, 26 September.

Iedema R, Long D, Carroll K, Forsyth R, Hunter C, Braithwaite J (2006). Confronting the complexity of clinical work. *Sydney Linguistics Circle Seminar Series*. University of Sydney, 15 September.

Iedema R (2006). Discourse research as engagement with organizational practice. *Presentation to the 7th International Conference on Organizational Discourse: Identity, Ideology, Idiosyncracy*. Amsterdam, Netherlands, 26-28 July.

Iedema R, Long D, Lee BSB, Nicholls J, Katte L, **Braithwaite J** (2006). Confronting the complexity of hospital work: the case of a spinal pressure area clinic. *Presentation to the NHS Institute for Innovation and Improvement.* Coventry, England, 26 July.

ledema R (2006). Systematization and beyond. *Sydney Children's Hospital Randwick In-House Training Modules.* Randwick, 11 July.

ledema R (2006). Video Ethnography in the Hospital. *Presentation to the School of Public Health and Community Medicine, UNSW's seminar series, Reinventing Health.* Sydney, Australia, 28 June.

ledema R (2006). Health care communication. *Young Anaesthetist Fellows Conference*. Victor Harbour, Adelaide, 10-12 April.

Long D (2006). Wound juice pathways and vectors of infection: using video ethnography to enhance hospital infection control practice. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference*. Sydney, Australia, 10-14 December.

Long D (2006). Passionate Research. *ATAX (Australian School of Taxation) Annual Retreat.* UNSW, Sydney, 15 December.

Long D (2006). On being passionately pragmatic: strategically planning a research career. *Mid-career women researchers network.* UNSW, Sydney, 16 November.

Long D, Carroll K, Nugus P (2006). Space over time: "24/7" ethnography in two hospital wards. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference.* Sydney, Australia, 10-14 December.

Long D (2006). Clinical cartography: ethnographic mapping of hospital spaces. *Annual Australian Anthropological Association Conference*. Cairns, 27-29 September.

Long D, Hunter C (2006). When the field is a ward or a clinic: hospital ethnography panel. *Annual Australian Anthropological Association Conference*. Cairns, 27-29 September.

Long D (2006). Standard precautions vs schoolyard rules: cultural barriers to infection control compliance. *Presentation to the Infection Control Association of NSW Inc 29th Annual Conference Coughs and harbouring colds – what's come through the door?* Coffs Harbour, 27-28 July.

Long D (2006). Mapping complexity: understanding infection control practice. *Presentation to the School of Public Health and Community Medicine, UNSW's seminar series, Reinventing Health.* Sydney, Australia, 28 June.

Long D, Clezy K, **Lee B**, Pontovivo G, **Iedema R** (2006). Preventing health care associated infections: an ethnographic approach. *The Australasian Society for Infectious Diseases Incorporated Annual Scientific Meeting*. Wellington, New Zealand, 1-4 April.

Nugus P, Braithwaite J, Iedema RA (2006). Grounding the inter-action of Australian emergency clinicians. *Australian Consortium of Social and Political Research Incorporated (ACSPRI) Social Science Methodology Conference.* Sydney, Australia, 10-14 December.

Nugus P (2006). The interaction, communication and organizational labour of Australian Emergency clinicians. *Presentation to Accident and Emergency Department, St Thomas' Hospital.* London, United Kingdom, 25 July.

Nugus P (2006). Negotiating the patient pathway through the hospital: The clinico-organizational labour of Australian Emergency clinicians. *Presentation to Charité Universitätsmedizin Berlin, Institut für Medizinische Soziologie. Berlin, Germany, 18 July.*

Nugus P (2006). The organizational labour of Australian Emergency clinicians. *Presentation to Centre Hospitalier Universitaire Vaudois (CHUV) Lausanne*. Lausanne, Switzerland, 13 July.

Nugus P (2006). La interacción la comunicación. y el trabajo organizacional del personal clínico de emergencias en Australia. *Presentation to Departamento de Emergencias, Complejo Universitario de San Carlos*. Madrid, Spain, 16 June.

Nugus P (2006). La interacción la comunicación. y el trabajo organizacional del personal clínico de emergencias en Australia. *Presentation to Departamento de Emergencias, Hospital Italiano.* Madrid, Buenos Aires, Argentina, 8 June.

Nugus P (2006). La jornada organizacional del personal clinico de emergencias en Australia. *Presentation to Instituto de Investigacion Gino Germani, Facultad de Ciencias Sociales, Universidad de Buenos Aires.* Buenos Aires, Argentina, 26 May.

Pontivivo G, **Long D**, Clezy K, **Lee BSB**, **Iedema R** (2006). Turning surveillance into self-surveillance: using video ethnography and feedback session to assist clinicians in taking responsibility for infection control. *Presentation to the Infection Control Association of NSW Inc 29th Annual Conference Coughs and harbouring colds – what's come through the door?* Coffs Harbour, 27-28 July.

Scheinberg A, **Hunter CL** (2006). Multidisciplinary teams for children with cerebral palsy how can they help? *12th National Seminar on Cerebral Palsy.* Kuala Lumpur, Malaysia, 8 December.

Travaglia J (2006). Cultural competence in Australia. Invited keynote speaker. *From tolerance to respect: cultural competence to practice.* Homebush, Sydney, 7-8 September.

Travaglia J (2006). Locational disadvantage: focusing on place to improve health. Invited keynote speaker. *Needle and Syringe Workers Program Annual Conference*. Redfern, Sydney, 7-8 September.

Travaglia J (2006). Locational disadvantage and the public health workforce. Invited keynote speaker. *Locational disadvantage and the public health workforce.* Sydney, Australia, 19 July.

2005

Braithwaite J (2005). Systematicisation and change: culture and systems change as barriers and enablers. Presentation to the *Guidelines Implementation Research Group of the Sax Institute*. Sydney, 27 October.

Braithwaite J (2005). Changing dysfunctional departments into teams. Keynote address to the Australian Patient Safety Foundation Conference: Innovations in Patient Safety for Clinical Leaders. Adelaide, 18 May.

Braithwaite J (2005). Culture shift: leadership without easy answers. Keynote address to the *Queensland Divisions of General Practice Forum*. Brisbane, 28 October.

Braithwaite J (2005). For the future: the mix of opportunities for health research and policy: eight key findings. Presentation to the *Health Policy and Research Exchange of the Sax Institute*. Sydney, 3 November.

Braithwaite J (2005). Humans running health care: an evolutionary dead end? Keynote address to the *Australian College of Health Service Executives Queensland Breakfast Briefing.* Brisbane, 21 June.

Braithwaite J (2005). Leadership in health care: leadership defined. *Australian College of Health Service Executives and RH Penney, Advanced Health Leadership Program.* Sydney, 4 April.

Braithwaite J (2005). Reality check in patient safety – past, present and future. Keynote address to the Australian College of Health Service Executives Queensland State Conference: Reality Check in Health: Looking Forward, Looking Back. Gold Coast, 20 May.

Braithwaite J (2005). Values and the overall direction and philosophies of the Australian Patient Safety Foundation. *Australian Patient Safety Foundation Annual Strategic Planning Process*. Adelaide, 17 February.

Braithwaite J (2005). Why does human nature keep getting in the way of good health delivery? Keynote address to the *Australian College of Health Service Executives (Western Australia Branch) Breakfast Seminar*. Perth, WA, 7 October.

Braithwaite J (2005). Workforce and the health system of the future: issues, enablers and constraints. Keynote address to the *Combined Change Champions Workshop of the South Australian Health Department*. Adelaide, 4 November.

Braithwaite J, Pawsey M, Westbrook J (2005). The ARC linkage program in accreditation – overview and issues. Presentation to the *Australian Council on Healthcare Standards May Board Meeting.* Sydney, 26 May.

Braithwaite J, Travaglia J, Mallock N, Iedema R (2005). Evaluating projects. *NSW Health Department Knowledge Management Seminar.* Sydney, 15 February.

Braithwaite J, Travaglia J, Mallock N, Iedema R, Westbrook M, Long D, Nugus P, Forsyth R, Jorm C, Pawsey M (2005). Evaluation of the Safety Improvement Program in NSW. Presentation to the *Board of the Clinical Excellence Commission.* Sydney, 11 October.

Braithwaite J, Travaglia J, Mallock N, Iedema R, Westbrook M, Long D, Nugus P, Forsyth R, Jorm C, Pawsey M (2005). Evaluation of the Safety Improvement Program in NSW. Presentation to the *Executive of the Clinical Excellence Commission*, Sydney: 11 October.

Carroll K (2005). Lactation consultants: experts of instinct? Presented to the *Australian Breastfeeding Association Conference for International Breast-feeding*. Hobart, 28-30 September.

Carroll K (2005). Timelessness? The experience of time in an ICU. School of *Public Health and Community Medicine, UNSW, Research Student Conference*. Sydney, 9 September.

Forsyth R (2005). Information use practices and inter-professional relationships of ward doctors and laboratory scientists. *School of Public Health and Community Medicine, UNSW, Research Student Conference.* Sydney, 9 September.

Forsyth R (2005). Technologizing care: implications for laboratory scientists of test order computerization (invited paper). *The Third International Interdisciplinary Conference on Communication, Medicine and Ethics (COMET) Conference, Diversity of discourse communities in health: power, politics and risk.* Sydney, 30 June to 2 July.

Forsyth R, ledema R (2005). Video ethnography as a research tool: unique challenges and insights. *Association for Qualitative Research Conference*. Melbourne, 15-16th July.

Iedema R (2005). Failure, responsibility and communication ethics: the investigation and management of clinical errors in acute care. *The Third International Interdisciplinary Conference on Communication, Medicine and Ethics (COMET) Conference, Diversity of discourse communities in health: power, politics and risk.* University of Sydney, 30 June–2 July.

ledema R (2005). Hospital communication and clinical interaction. *The Third International Interdisciplinary Conference on Communication, Medicine and Ethics (COMET) Conference, Diversity of discourse communities in health: power, politics and risk.* University of Sydney, 30 June – 2 July.

ledema R (2005). Organisational discourse analysis as critical engagement [keynote]. *International Centre for Organizational Discourse Research, Strategy and Change Conference on Organizational Discourse.* University of Sydney, 8-9 December.

ledema R, Forsyth, R, Long D, Carroll, K, Delaney G, Jacob S, Barton M, **Braithwaite J, Westbrook J, Lee B,** Kerridge R (2005). You have to see it to believe it: video as a tool for facilitating reflexive health care practice (paper presented to poster). *The Third International Interdisciplinary Conference on Communication, Medicine and Ethics (COMET) Conference, Diversity of discourse communities in health: power, politics and risk.* Sydney, 30 June-2 July.

Iedema R, Long D, Carroll K, Stenglin M, **Braithwaite J** (2005). Corridor work: how liminal space becomes a resource for handling complexities of multi-disciplinary health care. *Asia-Pacific Region Organisation Studies Conference.* Victoria University, Melbourne, 5-7 December.

Iedema R, Scheeres H (2005). Recontextualising theory through case studies: an exploration of student engagement with research-derived classroom materials. *International Systemic-Functional Linguistics Association Conference.* University of Sydney, 17-20 July.

Lee B, ledema R, Long D, Marial O, Braithwaite J (2005). Spinal pressure care initiatives at POW. Looking in the mirror from research to clinical practice and back again. *Grand Round, Prince of Wales Hospital.* Randwick, June.

Long D (2005). Applying ethnography to infection control. *Southern Metropolitan Infection Control Association, monthly seminar*. Randwick, 5 July.

Long D (2005). Enculturating health: medical anthropology, ethnography and health research. *School of Public Health and Community Medicine seminar series*. University of NSW, Kensington, March.

Long D (2005). Enculturating health: medical anthropology, ethnography and health research. *School of Public Health and Community Medicine seminar series*. University of NSW, Kensington, 8 March.

Long D (2005). Ethnography as an infection control tool. *South East Sydney Area Health Service Infection Control Group.* Sydney, July.

Long D (2005). Undertaking interviews. *Paraquad NSW*. Sydney, 5 August.

Long D, Forsyth R, Carroll K, ledema R. (2005). Video ethnography in hospital spaces. *School of Public Health and Community Medicine seminar series.* University of NSW, Kensington, 16 November.

Long D, Travaglia J, Iedema R, Westbrook M (2005). Analysing qualitative research. Seminar for *Centre for Clinical Governance Research in Health*. University of NSW, Kensington, June.

Long D, Forsyth R, Carroll K, ledema R. (2005). Video ethnography in hospital spaces. *School of Public Health and Community Medicine seminar series.* University of NSW, Kensington, 16 November.

Long D, Travaglia J, Iedema R, Westbrook M (2005). Analysing qualitative research. Seminar for *Centre for Clinical Governance Research in Health*. University of NSW, Kensington, June.

Long, D, Forsyth R, Travaglia J (2005). Preparing for the field: hospital ethnography and social scientists. *Association for Qualitative Research Conference*. Melbourne, 15-16th July.

Nathan S, Braithwaite J (2005). Consumer participation: positioning, discourse and influence in health care decision-making. School of Public Health and Community Medicine, UNSW, Research Student Conference. Sydney, 9 September.

Nugus P, Braithwaite J (2005). Life in the fast lane: the organisational identity of Emergency clinicians. *School of Public Health and Community Medicine, UNSW, Research Student Conference.* Sydney, 9 September.

Travaglia J, Braithwaite J (2005). Evaluation in patient safety research: triangulation as a philosophy, design template and empirical tool. *Institute for Health Research Seminar on Patient Safety: the size of the problem and effective interventions.* Sydney, 22 February.

Travaglia J, Braithwaite J (2005). Placing patient safety. *The Third International Interdisciplinary Conference on Communication, Medicine and Ethics (COMET) Conference, Diversity of discourse communities in health: power, politics and risk.* Sydney, 30 June to 2 July.

Westbrook JI, Georgiou A, **ledema R, Braithwaite J, Forsyth R** (2005). Evaluating the impact of electronic ordering systems. Presentation to *Royal Prince Alfred Hospital.* Sydney, 2 May.

2004

Braithwaite J (2004). Chairing sessions and giving presentations. *Senior Partners of Bentleys MRI.* Sydney, 17 February.

Braithwaite J (2004). Changing organisational culture workshop. *Australian College of Health Service Executives.* North Ryde, 1 April.

Braithwaite J (2004). Changing organisational culture workshop. *Australian College of Health Service Executives.* North Ryde, 8 July.

Braithwaite J (2004). Changing organisational culture: learning sets. *Australian College of Health Service Executives.* North Ryde, 25 June, 27 August, 29 October, 10 December.

Braithwaite J (2004). Does our evolved nature mean that quality and safety problems can never really be solved? Beyond the Bristol, King Edward Memorial Hospital and Campbelltown and Camden Inquiries. *Centre for Health Services Research, Western Sydney Area Health Service.* Parramatta, 7 September.

Braithwaite J (2004). Doing management and leadership: organisational issues, strategic issues. *Management for Clinicians, Royal Australasian College of Medical Administrators.* Sydney, 2 November.

Braithwaite J (2004). Evolution, tribalism and contemporary behaviour: beyond the Inquiries. *Physicians' Grand Rounds of the St. George Hospital.* Sydney, 18 November.

Braithwaite J (2004). Hospital inquiries reviewed – Bristol, King Edward Memorial Hospital and South Western Sydney Area Health Service: what are the potential organisational and cultural outcomes from these inquiries? *Australian College of Health Service Executives and Northern Sydney Area Health Service*. Sydney, 18 March.

Braithwaite J (2004). Management skills for rehabilitation clinicians. *Australian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians.* North Ryde, 30 June.

Braithwaite J (2004). Minimising risks – applying the lessons learnt from hospital inquiries. *Australian Council on Health Care Standards*. Ultimo, Sydney, 10 June.

Braithwaite J (2004). Presenting and chairing: tips and traps. *Australian Council on Health Care Standards*. Ultimo, Sydney, 13 May.

Braithwaite J (2004). Restructuring: why do it when it doesn't seem to get you anywhere? A management puzzle, enigma and paradox all rolled up. *Australian College of Health Service Executives, Evening Seminar for Emerging Managers.* North Ryde, 7 October.

Braithwaite J (2004). Step up to the mark – challenges for managers: changing organisational culture in aged care. *Benchmarking against the Best in Aged Care Conference*. Sydney, 19 November.

Braithwaite J (2004). Understanding lessons learned from hospital inquiries. *Australian Council on Health Care Standards.* Ultimo, Sydney, 3 June.

Braithwaite J (2004). Writing a paper for publication. *Australian Council on Health Care Standards*. Ultimo, Sydney, 20 May.

Braithwaite J (2004). Evolution, tribalism and contemporary behaviour: beyond the Inquiries. *Surgeons' Grand Rounds of the St. George Hospital.* Sydney, 30 November.

Braithwaite J (2004). Making the most out of changes and restructures. *Australian College of Health Service Executives, Managing Success in a Changing Business Environment.* North Ryde, 22 October.

Braithwaite J (2004). Patient safety: what's next? Keynote address to the *Quality Expo 2004 – Safety and Beyond Conference*. Sydney, 17 November.

Braithwaite J, ledema R (2004). Governance and the place of safety and quality in international health reform. *Study Tour of the Canadian Government's Scoping of Safety and Quality in International Context.* Sydney, 11 November.

Braithwaite J, ledema R, Long D, Ulmer B (2004). Research evidence for systems redesign, governance, and clinicians in management. *Study Tour of the Canadian College of Health Service Executives, Australian College of Health Service Executives and The Change Foundation of Canada.* Sydney, 3 November.

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, 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.

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.

Grant D, **ledema R** (2004). Discourse analysis and the study of organizations. Workshop. *University of Queensland Business School*, 7 May.

Iedema R (2004). An introduction to (critical) discourse analysis in health. School of Public Health and Community Medicine and the Qualitative Research Network in Health. University of New South Wales, Sydney, 18 November.

Iedema R (2004). Collaborative research across social science and health. *Department of Critical and Cultural Studies. Macquarie University,* Sydney, 28 October.

ledema R (2004). Revisiting appraisal in light of public organizational discourse, or the institutionalization of emotive meaning. *Sydney Linguistics Seminar Series, University of Sydney*. Sydney, 13 August.

Nugus P, Braithwaite J (2004). Interdisciplinary communication in an Emergency Department. *The Australian Sociological Association Annual Conference Revisioning Institutions: Change in the 21st Century*. Melbourne, 8 December.

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 Managers Institute 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.

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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

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

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

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

Sorensen R, **ledema 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, **ledema 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

2006

Braithwaite J. (2006) School of Public Health and Community Medicine Annual Strategic Planning Retreat, Brighton Le Sands, December 1. Session: Group findings, identification of inhibitors and leavers to change and discussion about the way forward.

Braithwaite J. (2006) School of Public Health and Community Medicine Annual Strategic Planning Retreat, Brighton Le Sands, December 1. Session: Group findings, identification of inhibitors and leavers to change and discussion about the way forward.

Braithwaite J. (2006) Australian College of Health Services Executives (*NSW Branch*): Aged Care Conference, Sydney, November 24. Session: Digesting the conference information, summing up and take home value.

Braithwaite J. (2006) Australian College of Health Services Executives (*NSW Branch*) State Conference, Sydney, April 7. Session: Quality and Safety.

Braithwaite J. (2006) *Centre for Clinical Governance Research Seminar Series*, Sydney, February 16. Session: John Øvretveit on scientific research methods.

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.

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). 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 we create a place people want to work? South Australian Government. Adelaide, November 4.

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.

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.

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.

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 clinicianmanagement 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.

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.

Financial Overview

CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

Statement of Financial Performance

for the Year Ended 31 December 2006

	2006	2005
	\$	\$
Income		
External Funds see note (i)	701,836.85	691,255.41
UNSW Contribution	34,394.00	25,330.00
Total Income	736,230.85	716,585.41
Expenses		
Payroll	548,842.96	430,026.90
Equipment	460.11	10,835.28
Materials	147,352.59	51,237.01
Travel	76,361.09	24,454.40
Total Expenses	773,016.75	516,553.59
Operating result	-36,785.90	200,031.82
Surplus (Deficit) Bfwd from Prior Year (ii)	512,879.24	312,847.42
Accumulated Funds Surplus (Deficit)	476,093.34	512,879.24
(i) Excludes debtors (unpaid invoices)	72,600	0.00

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.

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Financial Overview

CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

GENERAL FUND

Statement of Financial Performance

for the Year Ended 31 December 2006

	2006
	\$
Income	
External Funds (i)	0.00
UNSW Contribution	34,394.00
Total Income	34,394.00
Expenses	
Payroll	31,061.18
Equipment	309.09
Materials	2,061.56
Travel	3,292.53
Total Expenses	36,724.36
Operating result	-2,330.36
Surplus (Deficit) Bfwd from Prior Year	11,404.17
Accumulated Funds Surplus (Deficit)	9,073.81
(i) Excludes debtors (unpaid invoices)	0.00
(i) Excludes debiors (unpaid involces)	0.00

Notes to the Statement of Financial Performance

Centre for Clinical Governance Research in Health • UNSW • Annual Report

CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

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