



THE UNIVERSITY OF  
NEW SOUTH WALES

*Centre for Clinical Governance  
Research in Health*



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2002**

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# Mission Statement

## Mission

The Centre for Clinical Governance Research in Health is a research centre in the Faculty of Medicine at the University of New South Wales. Its core interest and mission are to investigate issues of policy, governance and leadership in the health sector.

To satisfy this interest and achieve this mission the Centre makes use of assembled expertise and collaborators. These are staff members, visiting fellows and associates. It also builds on existing staff expertise through external collaborations within Australia and internationally, including with the Centre for Health Informatics, UNSW, the Centre for Values, Ethics and the Law in Medicine at University of Sydney, the World Health Organization in Kobe, Japan, the Institute for Clinical Excellence (NSW), the Australian Council for Safety and Quality in Health Care, the Australian Council on Healthcare Standards, the NSW Health Department, the Shanghai Municipal Health Bureau in the People's Republic of China, the Centre for Clinical Leadership at the University of Durham, United Kingdom, and Intermountain Health Systems in Utah in the United States of America.

## Principles for Projects

- Utility and usefulness
- Highest quality results
- Feasible and realistic
- Propriety - conducted ethically
- Accurate reporting and faithful interpretation of results
- Pursuing inclusivity.

# Centre Profile

## Objectives

The Centre has six main objectives. They are:

- 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
- 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 collaborators in other universities both within and external to Australia
- To provide a supportive environment for developing the research skills of young health researchers from both clinical and social science disciplines
- 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 and anthropology
- 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 facilitate the development of education and training activities both within and outside the University in support of clinical governance.

# Director's Message



**JEFFREY BRAITHWAITE**

## *Making a research-based difference to the health sector*

With a ton of hard work and an ounce or so of luck, a research centre can make a difference. Those of us associated with the Centre look out on a health sector that mostly appears complex, political and fragmented, and which delivers care with varying levels of quality and safety. We have grappled with that complexity, politics and fragmentation, and sought to understand it, and tried to make a difference in 2002 through our research endeavours, external appointments and advisory work, consultancies and policy implementation projects.

The Centre's highlights for 2002 are detailed in the sections of the *Annual Report 2002* that follow. These include a continuation of several projects investigating such topics as clinician-managers' behaviours, the effects of policy and its implementation, clinical management structures, streams of care, clinical pathways, the social structure of acute settings, workplace stress and issues centred on death and dying. This work yielded a range of papers and presentations and the findings fed into fellow researchers' and teachers', and practitioners' and policymakers' thinking, as well as into our own teaching, research supervision and the next generation of research projects.

As well as our ongoing work, new programs of research were begun in 2002. Several stand out. We conducted an evaluation of the Clinical Practice Improvement Training Program for the Institute for Clinical Excellence, NSW. We began a four-year, prospective program in conjunction with our collaborators at the Centre for Health Informatics, UNSW to examine the impact of information

# Director's Message

technologies on complex organisational systems. We conceptualised new programs of research in soft systems methodology and worked closely with colleagues in the NSW Health Department and the Institute for Clinical Excellence, NSW to assess how a research capability in clinical governance could be of most use in NSW, Australia and beyond. We worked with colleagues in the State Quality Officials Forum of the Australian Council on Safety and Quality in Health Care and the Australian Council on Healthcare Standards to develop a research design for accreditation in Australia. We conducted a project with colleagues in the School of Public Health and Community Medicine for WHO South Pacific evaluating an education program across several pacific nations.

The Centre participated in several other activities. We hosted a visit of senior officers and clinicians from the National Health Service in England and ran a two-week education program for them centred on private sector funding of health infrastructure. We contributed to two WHO workshops: one in Shanghai, People's Republic of China on the Organization and Management of Medical Services in Large Cities, and the other in Kobe, Japan on health systems redesign in international context at the Third Global Symposium on Health and Welfare Systems Development in the 21<sup>st</sup> Century.

We developed a new three-year strategic plan 2002-2005 to guide our progress. We thought about our work and the contribution we could make in clinical governance, and re-conceptualised our endeavours via this strategic planning process. During the strategic formulation exercises we conducted we came to see that our work could be organised into seven areas. We now seek to put our efforts behind these seven streams of research activity (SRAs). In the box is an extract from the strategic plan.

■ We see our work being divided into seven streams of research activity (SRAs). We aim to investigate clinical governance aspects of these:	
■ Systems and culture	■ Consumer Participation
■ Clinician behaviour	■ End of life
■ Systematisation	■ Health policy
■ Comparative health care systems	

# Director's Message

Over the next three to five years we aim to deliver on the plan. This will mean bringing to fruition some existing projects and designing new projects to suit the streams outlined. In this way we aim to pursue our brief of translating clinical governance research findings and theoretical advances into policy and practice.

With the rising interest in our work from fellow researchers, practitioners and policy makers, we are excited about pursuing an undertaking to do research that makes a difference. As our strong publishing record bears out, in 2002 the Centre contributed to the knowledge base of the health system, to the conceptualisation and theorisation of workplace and management problems, and to the illumination of a range of solutions. While we see our research work in clinical governance as being at the beginning of a long journey, looking back enables us to reflect on the wide range of research experiences, publications, projects but also collegiate relationship and new contacts that populated 2002. The Centre's record shows we are well on the path towards an even more intellectually stimulating and rewarding time, and that we are well placed to make a national and international difference to health systems and how they are organised and led.

# Centre Projects

## A LONGITUDINAL PROGRAM TO CONCEPTUALISE, EMPIRICISE AND EVALUATE CLINICIAN-MANAGERS' ROLES, BEHAVIOURS AND ACTIVITIES

**Investigators:** Jeffrey Braithwaite, Mary Westbrook, Pieter Degeling, Don Hindle, Rick Iedema, Ros Sorensen, Terry Finnegan, Betsy Graham, Nadine Mallock and Kai Zhang

**Duration:** 1996 and ongoing

**Description:** Clinician managers have been drawn into leadership positions at various levels over the last three decades. Most past literature about them has been normative in that it has prescribed *a priori* roles and behaviours of clinician managers. 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 rather than across professional divides.

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

**Output:** A range of papers in international journals are in preparation or in press. Educational materials have been incorporated into various teaching programs for Masters by coursework programs.



# Centre Projects

## 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:** 2001-2004

**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. Problematized, this issue raises questions about clinician-managers' and health services managers' perceptions about 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 three countries: Australia, Singapore and the People's Republic of China in Hong Kong.

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

# Centre Projects

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

**Investigators:** Jeffrey Braithwaite

**Duration:** 1999 - 2004

**Description:** Current received wisdom about health sector restructuring suggests that streams of care should be designed and institutionalized. 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

# Centre Projects

- 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.

**Output:** Several papers are in production 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.

# Centre Projects

## THE HEALTH CARE GAME: DEVELOPMENT OF A HEURISTIC WEB BASED HEALTH CARE POLICY GAME FOR INTERACTIONS BETWEEN STUDENTS AND TO ENCOURAGE HEALTH SEEKING BEHAVIOURS

**Investigators:** Johanna Westbrook and Jeffrey Braithwaite

**Funding Sources:** National Committee for the Advancement of University Teaching (CAUT), Department of Education, Employment, Training and Youth Affairs (DEETYA)

**Duration:** 1997 - 2004

**Description:** The Health Care Game is an exciting, new, web-based educational teaching tool centred on the health sector. It is suitable for a range of class sizes and comprises a broad range of events and policy issues faced by people in the community, and which involve all health professional groups.

The game is based upon a dynamic database of health events experienced by four families. Each event generates problems for the family members. Students are required to seek information - such as how the family will identify and access the services required and the different options available - to address the problems. Links to many health sites contained within the game support students' information seeking activities.

The Health Care Game is designed for Australian teachers and students involved with medical, health science or health services management curricula at secondary and tertiary undergraduate or postgraduate level. It may be used as the basis for an entire subject, a component of a subject, or in tutorials and provides teachers with a comprehensive teaching and assessment tool complete with researched answers. The events may be edited or new events added, ensuring that they are relevant, and allowing the game to be tailored to different health courses.

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An evaluation of the game using pre and post questionnaires, focus groups with students and an analysis of game scores and exam results has been conducted. It demonstrated significant improvements in learning outcomes (Westbrook and Braithwaite, 2001).

The game includes a bulletin board and online discussion forum. Students submit their answers to health event questions online and feedback from the course co-ordinator is also sent back online.

[www.eng.unsw.edu.au/biomed/health](http://www.eng.unsw.edu.au/biomed/health) - Game site

[www.eng.unsw.edu.au/biomed/health/admin](http://www.eng.unsw.edu.au/biomed/health/admin) - Course co-ordinator site

(User Name: guest; Password: guest)

**Output:** A widely used web site, published evaluation papers, conference papers and presentations. Commercialization of the web site as a product available through the University has been achieved in 2001. Integration of the Game in the Faculty's new undergraduate medical program is another output.

# Centre Projects

## A PROJECT TO EXAMINE AND ENHANCE CLINICIAN MANAGERS' CAPACITY AS AGENTS OF CHANGE

**Funding Source:** Australian Research Council SPIRT Grant, South Eastern Area Health Service (NSW)

**Investigators:** Pieter Degeling, Les White, Rick Iedema, Shannon Meyerkort and Nadine Mallock

**Duration:** 2000 – 2003

**Description:** This collaborative project sought to devise methods and approaches for addressing public policy issues whose realisation are regarded as being central to improving the organisational efficiency and clinical effectiveness of hospitals. The project combined the conceptual and methodological tools of organisational theory, action research, ethnography and discourse analysis to clarify and facilitate the engagement of clinicians in hospital and policy initiatives on evidence based practice, clinical practice improvement and clinical governance. Specifically, the project hoped to identify the main factors which support and underscore the successful implementation of such policies.

By using 'clinical pathways' as a proxy for the type of reform we were investigating, we observed the clinical and managerial environment in which these tools were conceptualised, developed, implemented and taught, and subsequently the conditions that influenced their uptake and penetration. The benefits of clinical pathways are many. When designed and used properly, they can improve safety, reduce the clinical variation which leads to adverse events, they can assist in the training of staff, they streamline the care process and assist in providing beneficial outcomes such as reduced length of stay and reduced costs.

At the end of the three years we were able to observe a number of changes take place in the hospital, the least of which being the self-realisation of the hospital that there needs to be a social and technical awareness and understanding of the system into which new policies and tools and implemented. For example, in late

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2002 there was the recognition by the hospital that they required a comprehensive and functional communication system in order to transfer learnings and wisdom throughout their own network, for without which, successes would remain isolated incidents. Another important outcome of the project was a gradual change in the language and action surrounding pathways indicating growth and development. However, one of the most important findings was that the clinicians under study see pathways and other standardizing tools as divorced from their daily clinical work. Because of this pathways remain outside the 'mainstream', and until they are integrated into the day-to-day experience of working in a hospital, the many benefits of clinical pathways and guidelines will continue to be unrealized.

A number of recommendations were made to the hospital based on the findings of the project. It is hoped that the uptake of these will have ongoing consequences and outcomes at the hospital. The recommendations include:

- When developing new tools such as clinical pathways, involvement of 'grass-roots' or junior staff from the beginning of the process, and through all stages from inception to implementation is vital. These are the clinicians who will inevitably use the tools, and therefore provide local relevance ensuring ownership of the finished product
- To endeavor to find respected local leaders to champion the cause when a change is being implemented. The energy to sustain a program of development must be genuine, it cannot be artificially created
- To work to change attitudes towards the need for standardisation of clinical work, and tools such as pathways and guidelines. To be able to offer clinicians examples of successful case studies of pathways being introduced and achieving their goal, whether that be streamlined care processes, reduced cost or clinical variation, or regular multi-disciplinary communication
- To introduce a timely data collection, analysis and feedback system capable of collating data and sending it back to staff so that they may use it to change practice in an opportune fashion
- And to recognise the need for an integrated and structured approach to the introduction of changes and reforms such as clinical pathways.

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## A PROJECT TO ASSESS WORK PROCESS CONTROL IN CLINICAL SETTINGS IN NEW SOUTH WALES, VICTORIA AND QUEENSLAND

**Funding Sources:** Commonwealth Department of Health and Aged Care, NSW Department of Health, Victorian Department of Human Services and Queensland Department of Health

**Investigators:** Ros Sorensen, Sharyn Maxwell, Barbara Coyle, Kai Zhang, Karen Patterson and Pieter Degeling

**Duration:** 1999 - 2002

**Description:** This project was the second stage of a two-stage project to assess the impact of work process control methods in clinical settings. Where Phase 1 investigated the impact of clinical pathways in three different procedures (appendicectomy, TURP and Caesarean section without complication), Phase 2 investigated the existence and impact of work process methods in one condition in clinical settings in three different states (Victoria, New South Wales and Queensland). Four clinical settings in each of the three states were chosen for study. Caesarean section without complication was chosen as the study condition because of findings in Phase 1 that this condition was the most amenable to systematisation and standardisation of the three studied in Phase 1.

The study found that a propensity for work process control was associated with management strategies that supported financial stringency, but were not associated with strategies to improve quality. Work process control methods were not being used in the hospitals studied as a means to improve the quality of care. Rather, they were being used as a means to control cost and improve efficiency, specifically reductions in length of stay. The study supported clinicians' concern that the data on which decisions were being based were not reliable. In particular, the study found that costing methods used in the hospitals studied did not reflect changes in clinical practice, and developed a method with which to measure efficiency that did reflect such change.



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**Outputs:** A monograph entitled *Systematising Caesarean section – controlling cost or quality?* has been produced describing the project and setting out findings. A tool entitled *Improving Patient Care* was developed based on the findings of the research. The tool is intended to be a self-assessment aid to clinicians. It sets out a model of governance based on work process control methods that is based on evidence and supported by literature. It is designed to enable clinicians to assess the degree of systematisation and standardisation of clinical processes, to analyse the results, compare them to the model and method outlined and to develop and implement a strategy for improvement. The tool is appropriate for use by clinicians, clinical and general managers with a desire to improve the organisation, management and evaluation of clinical care and to link the workplace with organisational governance systems.

# Centre Projects

## **A PROJECT TO DEVELOP INTERVENTIONS TO OVERCOME THE LIMITS OF MEDICINE IN MANAGING THE DYING PROCESS IN ACUTE CARE HOSPITALS**

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

**Investigators:** Rick Iedema, Ros Sorensen, Pieter Degeling, Liz Turnbull, Ken Hillman\*, Hugh Dickson\* and Arthas Flabouris\*

[\* South Western Sydney Area Health Service]

**Duration:** 2000 - 2003

**Description:** This study has produced outcomes on two fronts. First, the project has made progress on an 'action research level'. Second, the research has begun to present its findings in international fora.

With regard to its action research aims, the project has moved into creating fora where staff can reflect on some of the problems affecting their work. While the first phase of research consisted of collecting data through ethnographic observation, formal interviews and informal discussions within the intensive care unit, this second phase of the research has centred on conducting focus groups with nurses and doctors within the unit. These focus groups were conducted on the basis of a set series of guiding questions, to elicit from staff views and experiences centring around the themes uncovered in the first phase of the project. This second phase, by building on the thematic categories of the first, has allowed for a more subtle and sharply focused questioning.

This questioning revealed a concentration of attention in two areas. First, looking inward into the unit, staff meditated on the complexity of structures that appear to be putting limits on the uncertainty that threatens the order of the work in the unit. Such structures were seen to be provided by the 'formal' features of the work, such as case mix, triage, technological changes and improvements, standard rituals such as ward rounds and hand-overs. Other domains of predictability resided in contests over status differences, different levels of

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experience, rostering and its problems, tribal conflicts, and ownership of patients when dealing with 'other' (not ICU) teams. Finally, there were organization-wide resource constraints that had consequences for contests over and demands for bed and equipment, and all of these occurred against a background of management demands for restraint. While by no means unproblematic, these matters were seen to provide a sense of familiarity in the face of the unpredictabilities and uncertainties of what was happening to patients.

Comments were also made about a different breed of devices whose aim was to bridge across the practices and rituals just alluded to. For instance, protocols, guidelines, diplomacy across teams, and roles such as clinical nurse educators and team leaders were tentative means with which to reform and mitigate some of the more conflictual and tribal dimensions that defined the work. These 'structuring devices' were seen to mediate across boundaries and play an important role in managing the ongoing challenges to the coherence of the system and to maintain communication, alignment of work practices, and effectiveness.

Second, looking outward, staff noted issues to do with patients and families. They noted the consequences for their work of patients' and their families' emotionality; of their educational, status and cultural differences, and of the problems of cross-cultural communication (there are about 70 different languages in the Liverpool area). Specifically, conflict was contained by rehearsing violent incidents as stories that became part of the local folklore, and, in the process, by stereotyping cultural groups. By enabling the different professional groups to say and formulate these matters, progress was booked in getting staff to reflect and rethink their practices and positionings.

**Outcome:** On the other front, that of disseminating research findings, the project has so far produced two prize-winning posters (one national and one international), two international conference presentations, and has received an invitation for an article in the international journal *Communication and Medicine*.

## EVALUATION OF CLINICAL PRACTICE IMPROVEMENT TRAINING PROGRAM

**Funding Source:** Institute for Clinical Excellence

**Investigators:** Jeffrey Braithwaite, Wendy Hu, Ros Sorensen, Karen Patterson, Shannon Meyerkort, Glenn Salkeld, Kai Zhang, Nadine Mallock, Luc Betbeder-Matibet and Rick Iedema

**Duration:** 2002

**Description:** Between June and August 2002 the Centre conducted twelve studies to address the nine tasks set out in the Institute's *Brief to Consultants* in order to provide a triangulated evaluation of the CPITP. In addition, the Centre conducted a brief literature review of some core ideas about CPI, adult learning and innovation processes as a way of contextualising the evaluation. Three main findings from these literature streams are shown in table 1.

**TABLE 1: Main findings from literature streams**

- |  |
|--|
| <ol style="list-style-type: none"><li>1. The CPI literature lends support for programs like CPITP as initiatives to develop a cadre of managers and clinicians in CPI techniques and approaches</li><li>2. There are well defined principles of teaching and learning, and a range of suggestions drawn from the educational literature that can be used to inform future curriculum development and teaching and learning within CPITP</li><li>3. Recent work on innovation and organisational change has illuminated how CPITP projects might be designed, led, supported and evaluated.</li></ol> |
|--|

Nine tasks which the Institute briefed the Centre to work on are exhibited in table 2.

**TABLE 2: Evaluation tasks**

- |  |
|--|
| <ol style="list-style-type: none"><li>1. The extent to which the CPI courses conducted to date met their stated aim and objectives and have met the interests of all key stakeholders</li><li>2. The satisfaction of course participants with the content and conduct of the courses and their own level of achievement</li><li>3. The satisfaction of Faculty members with course organisation, resources and achievements</li><li>4. The immediate and longer term program outcomes in terms of the number of quality improvement projects initiated and completed, the actual improvements in clinical practice achieved and any resulting organisational and/or cultural change at the local level</li><li>5. The lessons learned along the way and their implications for the content and format of future courses, including selection of participants, choice of CPI projects and tools, and resource requirements</li><li>6. The return on investment and the recommended 'life' of the CPI Training Program</li><li>7. Comparison with similar programs conducted both in Australia and overseas</li><li>8. Make recommendations on future management and development of the CPITP, including sustainability of the Program</li><li>9. Provide suggestions for follow-up to the CPI courses, including ongoing support for course participants to achieve sustained improvement in clinical practice in their own workplace settings.</li></ol> |
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# Centre Projects

The Centre responded to the Institute's brief by designing twelve studies it proposed to conduct in order to adduce evidence on which to base the evaluation findings (table 3).

**TABLE 3: Evaluation studies**

Study #1	Interview a range of key stakeholders
Study #2	Administer a survey questionnaire to all participants of CPITP courses 1-6
Study #3	Interview Faculty members
Study #4	Conduct an observational evaluation of CPITP 6, held on 21-26 July 2002
Study #5	Examine project outcomes from the survey questionnaire
Study #6	Briefly document two CPI projects
Study #7	Consult with selected project leaders
Study #8	Document and classify the range of projects undertaken
Study #9	Investigate the return on investment of the CPITP: case studies
Study #10	Examine the return on investment of the CPITP: questionnaire analysis
Study #11	Compare CPITP to similar national and international educational programs
Study #12	Conduct a telephone follow-up of CPITP participants.

Key findings emerging from these studies are presented in table 4.

**TABLE 4: Key findings from the Centre's studies**

1.	Generally high levels of support for CPITP were found
2.	System-wide views are that CPITP is valuable
3.	Educational benefits of CPITP are considerable
4.	Strong ratings for CPITP educational effectiveness were found
5.	The program's ongoing success rests on the credibility, expertise and future commitment of Faculty
6.	An effective governance framework for the program needs to be developed
7.	The linkages between CPITP courses and projects, and the strategic needs of Area administrations and NSW Health, could be strengthened
8.	Further work is needed to develop an extensive cohort of clinicians and managers trained in CPI
9.	Project support structures need to be further developed

**Outcome:** An evaluation monograph was produced and accepted by the ICE Board. The Centre's evaluation process was further refined as an outcome of this project

## DOES ACCREDITATION MAKE A DIFFERENCE TO QUALITY OF CARE?

**Funding Source:** The Australian Council on Healthcare Standards (ACHS)

**Investigators:** Jeffrey Braithwaite, Johanna Westbrook, Rick Iedema and Ros Sorensen

**Duration:** 2002 - 2005

**Description:** The Australian Council for Safety and Quality in Health Care (ACSQHC) among others has suggested there are shortcomings perceived by various health sector stakeholders in relation to accreditation processes. Accreditation in its various guises is an expensive endeavour, and it is not clear what return is received on this investment, or what safety and quality dividends are generated. The Australian Council on Healthcare Standard's (ACHS) accreditation processes are the most mature and far-reaching of the accreditation types used. Accreditation covers some 74% of all Australian hospitals, and 91% of all beds. Some 61% of all Australian public hospitals, and 85% of all beds, are ACHS accredited.

Research, case studies and anecdotal accounts suggest there is a poor understanding of the contribution of accreditation to, and its effects on, organisational culture, clinical indicators (CI), consumer participation and the contribution of these, in turn, to organisational and clinical performance. This project seeks to examine:

- A. Firstly, the relationships between accreditation and clinical and organisational performance, taking into account the organisational cultural, CI and consumer participation variables, and
- B. Secondly, the reliability of the accreditation process and the organisational influence of accreditation surveyors, taking into account the inter-rater reliability of surveyors and their network influences.

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To do so a prospective, multi-method, multi-level research initiative has been developed to meet six research objectives. These are to:

1. Determine whether there is a relationship between accreditation status and organisational cultural characteristics
2. Assess the relationship between accreditation status and performance on clinical indicators
3. Analyse the associations between consumer participation, accreditation status and organisational cultural characteristics
4. Evaluate the relative performance on quality of care measures of hospitals participating in and not participating in accreditation
5. Measure the inter-rater reliability of accreditation teams
6. Examine the relationship between accreditation status, clinical indicator performance, organisational cultural characteristics and the number, network influence and characteristics of surveyors.

Within the research program four distinct studies have been designed to produce the evidence-base needed to make judgements about:

- Accreditation – its processes and associations (a prospective, randomised design, examining accreditation status in hospitals in relation to behaviour, performance and characteristics)
- Hospitals – the differences and similarities of those accredited and not accredited (a prospective, matched sample design, investigating hospitals, and their comparative features)
- Survey teams – the inter-rater reliability of these (a prospective, randomised design, considering the reliability of surveyor judgements)
- Surveyors – the organisational influence of surveyors (a prospective and retrospective design looking at surveyors' behaviour and influence).

The results of this work will inform decisions about future investments to develop accreditation processes. They will provide a basis for identifying strategies for improving safety and quality in health care and the means to assess performance at the systems level with greater calibration than exists today.

# Centre Projects

## DEVELOPMENT OF AN IMPACT EVALUATION TOOL TO EVALUATE WORK BASED PROJECTS AS PART OF THE PACIFIC HEALTH LEADERSHIP AND MANAGEMENT DEVELOPMENT CERTIFICATE PROGRAMME

**Funding Source:** World Health Organization South Pacific Regional Office

**Investigators:** Peter Harris, Jeffrey Braithwaite, Anthony Zwi and Nadine Mallock

**Duration:** 2003-2003

**Description:** This project developed an Impact Evaluation Tool to facilitate evaluation of the work-based projects undertaken as part of the Health Leadership & Management Development (HL&MD) Programme of the Secretariat of the Pacific Community. The HL&MD programme has been through a pilot phase and is preparing for the first intake of trainees in February 2003.

Evaluation of the pilot identified issues around the work-based training projects that deserved further investigation. This proposal designed a tool for use by the “home” or sponsoring institutions to make judgements about the impact of these work-based projects. Such judgements are important for:

- selection of projects for replication across participant countries
- identification of criteria for selection for future projects
- identifying staff development issues related to supervision of these projects
- strategic planning within the sponsoring institutions
- consideration of how such projects may support policy development and implementation.



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The Impact Evaluation Tool was designed for use by Health Ministries and other stakeholders, to facilitate effective implementation of these work based projects in Pacific Island countries. The tool was derived from:

- a) a survey of the relevant literature
- b) adaptation of known extant assessment tools
- c) review of a sample of pilot projects for indicators of impact and
- d) consultation with a sample of stakeholders involved in these processes.

**Outcome:** This project produced an instrument to be piloted with the work based projects to be commenced with the February 2003 intake of trainees. A report to WHO was also envisaged.

## Research Students



**NIYI AWOFESO**

Supervisors: Professor Pieter Degeling and  
Dr Jan Ritchie

*Education for Health: Reforming the  
Almajiri Heritage in Zaria, Northern Nigeria*

This thesis focused on the politics and sociology of religion, violence and health in relation to a heritage that purports to advance knowledge of the Koran. The first extract of the thesis, “Prevalence of Hookworm Infections amongst Itinerant Islamic Scholars (Almajirai) in Zaria, Northern Nigeria” was published in *Tropical Doctor* in 1998. The thesis won a Faculty of Medicine Dean’s Scholarship for its merit and research potential. In particular, the nexus between the current functioning of the Almajiri schools and the rise in urban violence incidents in northern Nigeria was explored. The thesis concludes with an examination of the changing relationships between the personal influence of the researcher and the objects of study, as the research framework shifts from a Functionalist to a structuralism paradigm. Six peer-reviewed publications were extracted from the study prior to its approval by the University. Niyi was admitted to the degree of PhD on 2 May 2003.

## Research Students



**GREG FAIRBROTHER**

Supervisor: A/Professor Jeffrey Braithwaite

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

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

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

Greg is keen to complete the work by early 2004. Says Greg: 'In my view, a fast PhD's a good PhD ... As we know, today's health sector moves faster than a speeding bullet ... particularly with regards nursing and nursing care management – the contemporary internal and external stressors on our work systems are great, and the need for fresh information lies always at hand.'

# Research Students



**ROD FREYER**

Supervisor: A/Professor Jeffrey Braithwaite

*A study of communication and effectiveness in the management of health services*

Rod's aim is to explore aspects of communication in the management of contemporary Australian health services and to further explore relationship issues with communication and effectiveness in the management of health services. His thesis focuses on exploring and analysing the views of practising health managers and has adopted a grounded theory approach, using triangulation. Data has been gathered from focus groups, individual interviews and a national on-line survey. Rod's study includes internal and external organisational communication.

Research participants have been drawn from various areas of health management throughout Australia. Data gained from these sources have been considered in the context of the existing literature in this area.

The research topic arose from a growing interest in the area of communication in health services and health management and a desire to explore how health services may be managed and operate more efficiently through improved communication processes and practices. Rod believes that improvements in health management, and subsequent health delivery, can be gained through a greater understanding of communication processes and their impact on day to day operations.

## Research Students



**DAVID GREENFIELD**

Supervisor: Dr Rick Iedema

*Learning and Change within a (Nursing)  
Community of Practice: Enacting Self-  
Governance.*

This is a qualitative research project examining change brought about by the construction and implementation of the Ingleburn Baby Information System (IBIS) on the learning processes and practices of the early childhood nurses in South Western Sydney Area Health Service (SWSAHS). The research focuses upon the Child and Family Health Team, based at the Hoxton Park Community Health Centre.

IBIS is described as a multi-purpose instrument that has standardised clinical practice, contributed towards service management, and been used for population health research. As a practitioner tool, IBIS standardises clinical work by providing a structure and list of issues for clinical practice. As a management tool, IBIS provides information to evaluate clinical practice, and thereby shape the management and delivery of local services. As a research tool, the information collated by IBIS can be used to map and understand health issues at a population level.

The construction of IBIS has contributed to the development of the concept and enactment of the Mother and Infant Network (MINET) program within the SWSAHS. The IBIS and MINET program are claimed to have brought about significant change and innovation in the work and management of health services along the maternal and infant continuum of care. This research is exploring some of the changes that have been enacted through IBIS and the associated practice of the early childhood nurses.

The research is combining the community of practice theory (Lave and Wenger 1991; Wenger 1998) with the notions of inscription (Latour 1986) and governmentality (Rose 1996, 1999). Using these three ideas the research aims to show two things. Firstly how construction and implementation of IBIS has been

## Research Students

the construction of an integrated artefact-technology-immutable mobile. Secondly, how the CFHNT has assembled and appropriated resources, including the IBIS, and in doing so come to enact communal self-governance.

# Research Students

**FLEUR HILLIER**

Supervisor: A/Professor Jeffrey Braithwaite

## *Managing Creative and Health Production Processes: Issues, Similarities and Differences*

Fleur is currently spending 12 months managing a rheumatology/medical ward at a 1200 bed hospital in London. It is a tertiary referral centre for the whole of the United Kingdom specializing in connective tissue disorders.

The research conducted in her study is qualitative and is modeled on what is commonly labeled as an interpretivist/constructivist approach. This approach is engendered by the standpoint that reality is socially derived. Espoused in this approach is the objective of hermeneutics, the formation of interpretive meaning. Fleur's objects of enquiry are directors of plays (managers of the creative process) and nurses in wards of hospitals (managers of the production process). Her study seeks to compare and contrast these two models of management practice.

Fleur's key findings are:

- managers in both the health and theatre environments (Nurse Managers, Directors) have high degrees of similarity in their roles
- these similarities in roles are enacted in environments that are very different. In turn the way in which Nurse Managers and Directors react to the responsibilities of their role is highly impacted by these environments
- managers report that their predominant learning about management is "on the job" and experiential in orientation. This has relevancy for the way in which managers are educated
- management is about self-denial and frequent assaults to the self-esteem
- in support of previous research management is chaotic, random and predominantly devoid of forward planning.

Fleur has completed all fieldwork and analysis and is in the stage of writing her thesis.

# Research Students



**XIAO XIA HU**

Supervisor: A/Professor Jeffrey Braithwaite

***Improving Quality While Reducing Cost?  
An Innovation Journey***

Xiao completed her PhD thesis based on a research project. The project analyses the innovation journey of Intermountain Health Care, one health care system in the United States, to improve quality and reduce cost organisational-wide. Xiao's research study takes a case study approach using multiple research methods. The research methods used comprise interviews with key personnel, assessment of organisational documents and a survey of clinicians' and managers' attitudes and beliefs.

The main finding of the research is that innovation implementation at IHC was a journey, not a destination. Embedded in the journey were five periods and many actions and interactions, grouped into eleven elements. The five periods were: exposing to an innovative idea, embracing the idea, extending knowledge and experience on the idea, emerging of strategies to implement the idea organisation-wide, and enacting and adapting the strategies. The eleven elements were: gestation, shocks, plan, proliferation, fluid participation, setbacks, criteria shift, top executive involvement, relationships and infrastructure building, and adoption. To implement TQM organization-wide, integrated structures and systems were being instituted. While the TQM implementation at IHC resulted in some cost savings and some behavioural changes including clinical practice change, cultural change at the level of values and beliefs had yet to occur.

A process-oriented integrative model of clinical service management is proposed. The elements of an innovation, the temporal change processes, lead to formation and changes of the ongoing organisational processes, which in turn evaluate and improve the important clinical processes. These processes integrate TQM with other quality improvement approaches, also ensure that quality is part of the dialogue between key stakeholders who are responsible for managing and



# Research Students

improving clinical quality and costs. These processes also are capable of dealing with dilemmas in faced health care, the constantly-created managerial ideas and clinical knowledge.

# Research Students



**DR PETER O'MEARA**

Supervisor: A/Professor Jeffrey Braithwaite

## *Models of Ambulance Service Delivery for Rural Australia*

The primary aim of Peter's research project was to develop conceptual models of rural ambulance service delivery based on different worldviews or philosophical positions and then to compare and contrast these new and emerging models with existing organisational policy and practice. Four research questions were explored: community expectations of pre-hospital care, the existing organisation of rural ambulance services, the measurement of ambulance service performance and the comparative suitability of different pre-hospital models of service delivery.

A unique feature was the use of soft systems methodology to develop the models of service delivery. It is one of the major non-traditional systems approaches to organisational research and lends itself to problem solving in the real world. The classic literature-hypothesis-experiment-results-conclusion model of research was not followed. Instead policy and political analysis techniques were used as counter-points to the systems approach.

The program of research employed a triangular technique to adduce evidence from various sources in order to analyse ambulance services in rural Victoria. In particular, information from questionnaires, a focus group, interviews and performance data from the ambulance services themselves were used. These formed a rich dataset that provided new insight into rural ambulance services.

Five service delivery models based on different worldviews were developed, each with its own characteristics, transformation processes and performance criteria. The models developed are titled: competitive, sufficing, community, expert and practitioner. These conceptual models are presented as metaphors and in the form of holons and rich pictures and then transformed into patient pathways for operational implementation.

## Research Students

All five conceptual models meet the criteria for systemic desirability and were assessed for their political and cultural feasibility in a range of different rural communities. They will provide a solid foundation for future discourse, debate and discussion about possible changes to the way pre-hospital services are delivered in rural Australia. This and other associated work has resulted in Peter being invited to be a featured conference speaker at the 6<sup>th</sup> Annual Canadian EMS Chiefs and Directors Conference in Vancouver in September 2002.

Peter graduated in December 2002 and he continues to work in this area through his work in the School of Rural Health at Monash University based in rural Victoria, along with Australian and international publications, and continued participation in relevant conferences and seminars. He has recently been offered the position of Associate Professor in the School of Public Health at Charles Sturt University in Bathurst from February 2004.



**ROD PERKINS**

Supervisor: Professor Pieter Degeling

*A Study of Health Services Management in New Zealand 1946-2000 – the Meanings of Managerial Effectiveness*

This study examined how conceptions of managerial effectiveness are context dependent and have changed over time. The thesis examines how conceptions of managerial effectiveness in health care delivery in New Zealand has changed over time and is affected by informants' organisational location, position in the hierarchy, the extent and nature of involvement in clinical work and the extent and nature of their involvement in the political process.

# Research Students



**ROS SORENSEN**

Supervisor: A/Professor Jeffrey Braithwaite

*The dilemma of health reform: managing the limits of policymaking, managerialism, and professionalism in health care reform*

The thesis sought to investigate why health reform as outlined in policy was not implemented as envisaged. Although hospitals worldwide are under pressure to perform, and models for change abound, reform is contested, uneven and slow. The hypothesis being tested was whether reform objectives, specifically efficiency and effectiveness of health care, would be better in hospitals where key stakeholder groups in reform were engaged in strategies of agreement about the objectives of reform that: incorporated a method of clinical work management; linked activities in the clinical workplace with those of management; and were supported in policy. The hypothesis was tested in twelve public hospitals in three Australian states between 1999 and 2001 using both quantitative and qualitative research methods.

The study showed that hospitals with inclusive strategies for change, principally strategies of participation and agreement, a method of clinical work management, joint education and skills development and team-based incentives that rewarded effort, performed better on efficiency and effectiveness measures than those that did not. Although the effect of different jurisdictional policy processes on hospital performance was not clear from the findings, their impact on shaping the environment of reform was evident. Findings revealed that cost containment and patient safety dominated as policy objectives in the three states studied. These alone did not engage clinician interest in reform or address service quality. The connection between the quality of care and its cost did not appear to be understood. Organisational structures and processes necessary to support reform implementation, that is communication forums for setting objectives and reviewing performance, integrated clinical and corporate accountability systems and organisational capacity building, were not in place in the majority of hospitals studied.

# Research Students

The implications of this study are that, firstly, a consensus-based model of health reform is required that outlines the rationale and intent of reform within which clinicians and managers can develop coherent, appropriate and effective strategies for change and, secondly, an evidence-based method of clinical process management is required through which complex and diverse clinical processes can be planned, integrated, coordinated, systematised, standardised, evaluated and accounted for.

The thesis was completed in 2002 and can be view at web-site <http://www.library.unsw.edu.au/~thesis/adt-NUN/public/adt-NUN20030806.110728/index.html>

## Research Students

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

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Sam Sisouvanth Raine	BSc Honours	Lao refugee experiences with health services in Australia	Anna Whelan
Wolfgang Bender	Masters project	Analysing public health management: what do public health managers do?	Jeffrey Braithwaite
David Hill	Masters project	Topic to be defined	Anna Whelan
Sabine Luft	Masters project	Using Textsmart to examine case texts: a validation and evaluation	Jeffrey Braithwaite
Barry Spieres	Masters project	The application of clinical pathways to a clinical setting	Ros Sorensen
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
Margaret Fitzgerald	MHA project	A case study of priority setting using program budgeting and marginal analysis in an Australian Division of General Practice	Jeffrey Braithwaite
Jim Higgins	MHA project	To close or not to close! What will be the reaction	Anna Whelan
Carol Horbury	MHA project	An empirical examination of the leadership and management perspectives of Nursing Practice Coordinators compared with the leadership framework of Queensland Health	Jeffrey Braithwaite
Steve Isbel	MHA project	Topic to be defined	Anna Whelan
Annette Kay de Mestre	MHA project	Medical Officer's Orientation Program	Anna Whelan
Bonne Lee	MHA project	Spinal plastics outpatient clinical at RNSH: analysis	Jeffrey Braithwaite
Peter Merrett	MHA project	Occupational Health and Safety in Health	Anna Whelan
Jennifer O'Connell	MHA project	An analysis of a major teaching hospital after thirty years: reflections with a mirror	Jeffrey Braithwaite
Gail O'Donnell	MHA project	The future of the hospital: perspectives and themes	Jeffrey Braithwaite
Ye Rong	MHA project	Attitudes, Beliefs and Barriers towards Mental Health Services amongst Chinese Migrants in Sydney	Anna Whelan

## Research Students

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Tamsin Waterhouse	MHA project	Policy, practice and the technology imperative	Jeffrey Braithwaite
Nadine Mallock	MHI project	An appraisal of clinical pathways: their distribution and quality assessment	Jeffrey Braithwaite, Ros Sorensen
Asmah Bte Mohammed Noor	MHSM project	A study of job satisfaction among staff in intensive care. 2002	Jeffrey Braithwaite
Tony Austin	MPH project	Organisational design of a coordinated military health wing: issues of structure and structuring	Jeffrey Braithwaite
William Baguma Mbabazi	MPH project	Knowledge, Attitude and Practice of Male Partners of Postmenopausal Women	Anna Whelan
Graham Barrington	MPH project	Quality at a public hospital – initiatives and responsibilities of the medical directorate	Jeffrey Braithwaite
Wolfgang Bender	MPH project	Refugee clients in a specialised outpatient service: quality assurance analysis of the clinical services provided by the Refugee Health Service	Anna Whelan
Tushar Bhutta	MPH project	Systematic review for the Cochrane database	Jeffrey Braithwaite
Darren Carr	MPH project	An examination of the strategy of a Division of General Practice	Jeffrey Braithwaite
Julie Flood	MPH project	NES workers and understanding of blood borne occupational health risks	Anna Whelan
Jacinta Gallagher	MPH project	Participant observation of an information technology implementation	Jeffrey Braithwaite
Erica Grey	MPH project	Capacity building model in Cancer Care Centre	Anna Whelan
Sabine Luft	MPH project	Immune status in overseas born children of recently arrived refugees and migrants with refugee-like background: analysis of a pilot program at an Intensive English Language Centre	Anna Whelan
Ann Mehaffey	MPH project	Communication strategies and tools used by primary health care/community health care staff in involving consumers and stakeholders	Jeffrey Braithwaite
Shannon Meyerkort	MPH project	Representation of health issues in the media	Rick Iedema
Cecily Michaels	MPH project	Oral Health and Hazara Refugees: Attitudes, Practices and Beliefs	Anna Whelan

## Research Students

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Annette Pantle	MPH project	An investigation into the implementation of hospital in the home programs	Jeffrey Braithwaite
Zou Pei	MPH project	Postnatal depression in Vietnamese migrant women in Australia and Vietnamese women in Vietnam	Anna Whelan
Camille Rayne-Greenow	MPH project	External Cephalic Version trial (RPA)	Anna Whelan
Alison Rutherford	MPH project	Audit of acupuncturists in CSAHS	Anna Whelan
Tomasina Stacey	MPH project	Describing Postnatal Care: A Qualitative Study	Anna Whelan
Susan Priest	MPH project	Mental Health after Childbirth	Anna Whelan
Lin Zhang	MPH project	Acupuncture – qualitative study	Anna Whelan
Niyi Awofeso	PhD	Education for health: reforming the Almajiri Heritage in Zaria, Northern Nigeria	Pieter Degeling
Joanne Callen	PhD	Success and failure in change management: public health service managers' success and failure stories	Jeffrey Braithwaite
Greg Fairbrother	PhD	Team-based versus patient allocation systems in nursing: a comparative evaluation	Jeffrey Braithwaite
Rod Freyer	PhD	An analysis of the views of a range of managerial and non-managerial health practitioners in rural and metropolitan facilities, to assist in determining health service management communication effectiveness and ineffectiveness	Jeffrey Braithwaite
David Greenfield	PhD	Learning and change within a nursing community of practice	Rick Iedema
Fleur Hillier	PhD	Managing creative and health production processes: issues, similarities and differences	Jeffrey Braithwaite
Xiao Hu	PhD	Improving and managing quality and costs of clinical service in the information age: a case study of Intermountain Health Care Systems, Inc	Jeffrey Braithwaite
Aaron Jones	PhD	Introducing new nursing models of care	Rick Iedema
Linda Kurti	PhD	Where science and spirit meet - spiritual assessment in Australian general practice; Social Capital and the role of religious organisations	Anna Whelan
Diana McCallum	PhD	The process of planning	Rick Iedema



## Research Students

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Peter O'Meara	PhD	Models of ambulance service delivery in rural Victoria	Jeffrey Braithwaite
Rod Perkins	PhD	A study of health services management in New Zealand 1946-2000 – the meanings of managerial effectiveness	Pieter Degeling
Farhad Pourfazi	PhD	Gastro-intestinal cancer:cross cultural research	Anna Whelan
Shirley Shulz-Robinson	PhD	Community health management and practice	Anna Whelan
Ros Sorensen	PhD	The dilemma of health reform: managing the limits of policymaking, managerialism and professionalism in health care reform	Jeffrey Braithwaite
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
Kai Zhang	PhD	Clinical performance indicators for continuous clinical quality improvement: clinical pathway-based CPI benchmarking program	Jeffrey Braithwaite

# Collaborations

Over the last three 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
- The Institute for Clinical Excellence
- NSW Health Department.

International collaborative projects into medical subcultures, clinical work process control and hospital reform are being undertaken with:

- Centrum fuer Krankenhaus Management Institute at the University of Munster, Germany
- Centre for Clinical Management Development, Durham University, UK
- Clinical Effectiveness Unit (HHS Wales) Cardiff
- Dept of Community Medicine, Auckland, NZ
- Dept 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, China
- Centre for Communication in Health, University of Wales, Cardiff
- World Health Organisation, Kobe Centre
- National Health Services (NHS) Confederation.

# Education and Extension Activities

The Centre's involvement extends beyond the limits of any one school or faculty. However, it is closely 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, and the University of Sydney's Health Science Management and Public Health Programs.

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

- taken the lead role in developing and delivering a Post Graduate Certificate in Clinical Management. This has involved developing teaching materials for three new subjects: Clinical Governance, Clinical Work Process Control and Evidence-based Clinical Management. The content of these subjects is based on research findings by the Centre, particularly its research on the work of clinician managers in the implementation of health reform
- acted as a catalyst in developing and delivering a Post Graduate Certificate in Strategy and Change. This has created a certificate of particular relevance to clinician managers and health services managers facing a complex environment where high quality leadership skills are not just important, but essential
- developed and delivered a three-day workshop on Clinical Pathway Development and Implementation entailing the development of five extended case studies, lecture materials and workshop exercises
- scripted and produced a video, titled 'Clinicians Taking the Lead...?' The video examines: the range of possible responses to reform by medical, nursing and managerial staff; the types of discursive moves through which resistance to reform are played out and the opportunities that result when clinicians take the lead to bring about the cultural changes that are required to move forward

# Education and Extension Activities

- contributed to the conceptualisation of health scenarios which will become 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 (in draft form)
- 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.

The relevance of these initiatives is evident from the interest that they have generated. For example, student participation in the Post Graduate Certificates has been in excess of expectations. Demand for the workshop on clinical pathway development is such that we are considering adopting a 'train the trainer' methodology. Equally the video has attracted wide interest in both Australia and overseas. In summary these initiatives together demonstrate the educational benefits that can derive from the Centre's strong research programs.

# Professional Activities

**JEFFREY BRAITHWAITE**

## *Memberships*

- UNSW Research group for Health Architecture and Planning (GHAAP)
- Australian College of Health Service Executives (Fellow)
- Australian Human Resource Institute
- Australian Institute of Management (Fellow)
- Industrial Relations Society of Australia
- Australian Association for Quality Assurance in Health Care
- NSW Health Department Nursing Workload Research Steering Committee
- University Teaching Hospitals' Association of NSW
- NSW Health Department Baxter Award.

## *Editorial Board*

- Australian Studies in Health Services Administration

## *Reviewer*

- Australian and New Zealand Journal of Medicine
- Australian Journal of Public Administration
- Australian Journal of Public Health
- Health Information Management
- International Journal of Health Planning and Management
- Medical Journal of Australia
- Health Management Bulletin.

## *Consultancies*

- World Health Organisation
- Shanghai Municipal Health Bureau
- The Canberra Hospital, ACT
- Various hospitals and Area Health Services.

## *Committees*

- Catholic Commission for Employment Relations (Commissioner)
- Edina Aged Care (Non-executive Board Member).

# Professional Activities

## PIETER DEGELING

### *Membership*

- Australian College of Health Services Executives (Fellow)

### *Editorial Boards*

- Health Services Management Review
- Journal of Health and Population Studies in Developing Countries.

## DON HINDLE

### *Editor*

- Australian Health Review

### *Reviewer*

- Medical Journal of Australia

### *Consultancies*

- Redesign of health care financing methods, Slovenia (2001-03)

Team leader for a project that will introduce output-based funding of all kinds of health services financed by the national health insurance program. Key elements comprise the introduction of the DRG classification to support per case payment for hospital inpatient services, a budget-share funding model incorporating both output-based and capitation methods, clinical guidelines and clinical pathways, and product costing

- Reform of the drugs sector, Croatia (2002-03)

The aim is to reform all aspects of drugs financing, acquisition, pricing, prescription, and use of medications. My role is mainly to integrate drugs reforms into the broad reform process of the health sector (including refinement of health care financing, resource allocation, and care provision)

# Professional Activities

- Responding to health sector reforms in the UK (2002-03)

A variety of activities related to the 2002 health sector reforms that include the transfer of purchasing (commissioning) responsibilities to the Primary Care Trusts and the establishment of standards and procedures for per case payment of hospitals. Clients have included managers of Primary Care Trusts in northeast England, and the NHS Confederation

- Financial management of devolved health services, Indonesia (2002-03)

Review of health financing, resource allocation, and service provision in West Java. The main aim was to identify constraints to service enhancement with particular emphasis on overcoming problems of 'corruption, collusion, and nepotism'. Several recommendations for change were presented, including methods of reduction of inappropriate pricing and prescribing of branded drugs

- Preparation of poverty reduction strategy for health sector, Mongolia (2002-03)

This project, funded by the Asian Development Bank, aimed to assist the Mongolian government to develop and have approved a policy for poverty reduction. Work involved analysis of health status, health care use, and health care costs of the population by poverty category, and development of strategies to improve the health of the poor

- Support for decentralised management of health care, Mongolia (2001-02)

This project, funded by the Asian Development Bank, aimed to provide technical assistance to the Mongolian government with respect to decentralised management of health care services. Included assistance with health care financing, health service purchasing, and organization development

- The economics of AIDS-HIV in Mongolia (2002)

For UNDP and the Asian Development Bank, the design and implementation of brief training activities directed at ensuring that AIDS-HIV management activities are informed by appropriate economic analyses. Target groups included government and NGO managers and analysts

# Professional Activities

- The management of health care delivery, Germany (2001-03)

For various hospitals and hospital networks, provision of advice on the management of health care delivery. The emphasis has been on the use of clinical pathways as the basis for product costing and cost control, improvement of quality of care and health outcomes, and encouragement of effective clinical governance.

## **RICK IEDEMA**

### *Advisory Committee*

- Steering Committee of Merged Schools of Medical Education, Community Medicine and Health Services Management

### *Editorial Boards*

- International Journal of Visual Communication

## **SHANNON MEYERKORT**

### *Memberships*

- The West Australian Anthropological Society
- The Australian Counselling Association
- The West Australian AIDS Council.

## **GEORGE PALMER**

### *Memberships*

- Honorary Member of the Royal Australasian College of Medical Administrators
- Fellow, Australian College of Health Service Executives.

### *Advisory Committee*

- Australian Health Economics Society (Past President)



# Professional Activities

## **KAREN PATTERSON**

### *Memberships*

- NSW Midwives Association
- The Australian College of Midwives
- NSW Nurses Association.

## **ROS SORENSEN**

### *Memberships*

- Radiation Therapy Conference Working Party, NSW Cancer Council
- Committee for the Quality Management of Cancer Services, NSW Cancer Council
- Establishment Group for the Institute of Health Research

## **ELIZABETH TURNBULL**

### *Memberships*

- The Australian Somatic Integration Association
- The Australian Association of Somatic Psychotherapy.

## **KAI ZHANG**

### *Membership*

- The Chinese Medical Association

## REFERRED JOURNAL ARTICLE

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**Degeling P, Hill M, Kennedy J** (2001). Mediating the Cultural Boundaries between Medicine, Nursing and Management – The Central Challenge in Hospital Reform. *Health Services Management Research*, Vol 14, pp.36-48.

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Westbrook JI, **Braithwaite J** (2001). The health care game: an evaluation of a heuristic, web-based simulation. *Journal of Interactive Learning Research*, Vol 12 (1), pp.89-104.

### YEAR 2002

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

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**JEFFREY BRAITHWAITE**

*Director*

Jeffrey Braithwaite is an Associate Professor in the School of Public Health and Community Medicine and Director of Centre for Clinical Governance Research in Health. He joined the Centre as a Commonwealth Casemix Research fellow in 1994.

Prior to this time Jeffrey held a number of executive positions in the health sector over a twenty five-year period. He has managed, consulted, taught and researched in Australia and a number of countries including the People's Republic of China, Papua New Guinea, Singapore, Hong Kong, The United States of America and the United Kingdom. His research interests include clinicians as managers, organisational theory, the future of the hospital, organisational design of hospitals, change management in health care and health policy development and implementation. He has published extensively in international journals in these fields.



**SUE CHRISTIAN-HAYES**

*Business Manager*

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



**SAM SHERIDAN**

*Administration Assistant*

Sam joined the Centre in January 2001. Her primary role is providing administrative support to the Director, Business Manager and Researchers. Sam is enrolled in a Bachelor of Arts at the University of New South Wales.



**RICK IEDEMA**

*Senior Lecturer*

Rick Iedema is Senior Lecturer in the Graduate Management Programs, School of Public Health and Community Medicine, and Senior Researcher at the Centre for Clinical Governance Research at the University of New South Wales. Rick's work centres on discourse analytical and social semiotic investigations into the organization and enactment of health care provision, and he has published a range of papers in the areas of organizational discourse analysis. His book, *The Discourses of Post-Bureaucratic Organization*, is due out in 2003. Rick is currently involved in two Australian Research Council funded projects: one investigates the processes surrounding death and dying in a south-Sydney Intensive Care Unit, and a second four-year project focuses on the shift in clinical work from paper-based towards electronic information and communication media.



**ROS SORENSEN**

*Senior Researcher*

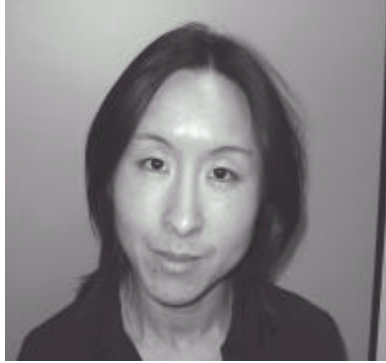
Ros is a Senior Research Fellow at the Centre for Clinical Governance Research in Health and lectures in the School of Public Health and Community Medicine at the University of New South Wales. Her research interests are in health reform and governance, particularly studies that examine the potentialities and limitations of policymakers, managers and clinicians in implementing the type of reform implied in policy and in the literature. Ros is developing her expertise in evaluating innovation in workplace and organisational quality improvement programs. She researches and writes about the organisation of care, particularly as it relates to hospital-based acute care, in areas including end-of-life, family conferencing, quality and safety and organisation and workplace environments that support and promote reform, using both qualitative and quantitative methodologies. She teaches clinical governance, clinical work process control, management of public health and strategic management and is presently developing an adjunct course on implementing health reform policy.



**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 a clinical background (nursing) in health services, a Bachelors degree in History and History and Philosophy of Science, and a PhD in Public Health. Her academic interests is in public health and management, with special focus on maternal and child care, diversity health and management, and models of working with communities.



**WENDY HU**

*Research Associate*

Wendy Hu is a medical clinician with interests in the organisation and delivery of health care and how it can be improved. She has had broad

clinical experience in public hospitals and private general practice settings, and in hospital management. Recently completing the Masters of Health Administration, she was awarded the Australian College of Health Service Executives Prize, adding to her many other academic prizes in Medicine. As part of this work, she performed an evaluation of an innovative electronic medical record at the Children's Hospital at Westmead, in the process stimulating quality improvement initiatives for this technology. She brings to the Centre a unique perspective on health care, grounded in a thorough knowledge of clinical work and its difficulties, as well as an understanding of organisational and management theories and their application to health care services. Wendy has also co-edited and written an international textbook on primary care paediatrics in conjunction with renowned paediatricians from Australia and New Zealand





**NADINE MALLOCK**

*Research Associate*

Nadine Mallock joined the Centre as a researcher in late 2001 to conduct her Masters thesis titled 'Appraisal of Clinical Pathways: Their Distribution and Quality Assessment'. She has a background in Informatics in Medicine with a Bachelor and Masters of Science from the University of Heidelberg, Germany. Her gained expertise in the clinical pathway area and in the development of assessment criteria proved to be very helpful for her involvement in various projects at the Centre. She was involved in the ARC funded project 'A project to examine and enhance clinician managers' capacity as agents of change' where she looked specifically at the assessment and comparison of standardisation and clinical practice improvement tools used in hospitals. In 2002, she worked as a project officer in conjunction with the School for Public Health and Community, UNSW, for a WHO South Pacific funded project where she conducted international stakeholder interviews, developed an evaluation tool to assess project impact and coordinated the project. Nadine is currently employed in the Centre as a researcher to facilitate research in the Centre's research streams as well as the development of an own research stream in order to enhance and foster the Centre's 'productivity'. Her research interests include standardisation of clinical care, quality assessment as well as evaluation methods.



**SHANNON MEYERKORT**

*Research Associate*

Shannon joined the Centre in February 2000 and has a background in Anthropology with a Bachelor of Arts (Honours) from the University of Western Australia. Having a Diploma of Professional Counselling, she completed a Masters of Public Health degree in early 2002, with her thesis exploring the representation of patients and health care in the fictional media. Her primary research focuses on the organisational, communicative, and cultural factors that affect the standardisation of care within clinical settings, and understanding clinical pathways as a cultural and socio-technical tool. Shannon is now working at the National Centre for Epidemiology and Population Health at the Australian National University, researching work and family issues.



**KAREN PATTERSON**

*Research Associate*

Karen's clinical pathway commenced in 1982, since then she has completed her registered nurse training, followed by midwifery certification, occupational health certificate, neonatal nursing, management certificate, clinical research and adult education. Karen joined the Centre in 2000 as the clinical midwifery consultant in the pathways project team. Her work has continued at the centre by being an active research team member, key task leader or advisory capacity. Major projects included 'Evaluation of Clinical Practice Improvement Program' and 'St George Cancer Care Psychosocial Care Project'. Karen's interests lay within the research streams of 'consumers', 'clinician' and 'organisational' behaviour change.



**LIZ TURNBULL**

*Research Fellow*

Liz Turnbull joined the Centre in late 2000. She brings to the Centre a strong interest and extensive experience in interdisciplinary research into the nature of the self and self-transformation, death and dying, embodiment, and intersubjectivity. Originally a sociologist, her interest in self-transformation and a need for a more praxis-oriented approach to learning led her to train in psychotherapy. She now practises as a body oriented psychotherapist, is a trainer in psychotherapy and occasionally runs small groups focusing upon death, grief and loss. Her current research interests include: evaluation and improvement of the interpersonal, ethical, clinical and resource aspects of services to the dying; the meanings of death excluded by biomedical discourse; the convergences between Buddhism and psychotherapy.



**MARK WINTERS**

*Research Associate*

Mark joined the Centre in 1999. He has a background in Sociology, Anthropology and Media Studies. After completing his Honours degree he underwent a prolonged period of fieldwork in Cape York Peninsula and worked in the area of Aboriginal Land claims in both NSW and north Queensland up until joining the centre in 1999. He has also done semiotic research into media and written for television. Besides his research at the centre he also teaches media studies in the Department of Sociology at UNSW. Mark is interested in applying anthropological/linguistic perspectives to hospital professional sub-cultures and communication patterns and to the role of clinician managers as agents of change in health reform. He is spending 2002 at the University of Durham completing a major study of occupational groupings, stress and organisational change which was commissioned by a major Sydney teaching hospital in 2001



**KAI ZHANG**

*Research Associate*

Kai has a Bachelor's degree in Medicine from Shanghai Medical University. He worked as a general surgeon in one of the biggest teaching hospitals in Shanghai for 8 years. Before he joined the Centre in 1999, he completed a Master of Health Administration degree in July 1999 through the School of Health Service Management at UNSW. During these years' work in the Centre for various projects, he has accumulated expertise in research methods and statistical analysis, which made him the role of medical statistician in the Centre. He is fluent at using SPSS, Access, Excel and a series of statistical software packages. His research interest includes using statistical methods in the analysis of (a) clinical practice variations (b) clinical indicator benchmarking (c) professional subculture (d) comparative healthcare systems and health policies. He is now a PhD candidate in health administration supervised by Jeffrey Braithwaite. His PhD research is focused on developing the core clinical indicator set and examination of the interconnection between the clinical indicator data and standard survey data (EQIP) in the ACHS health service accreditation program.



**DON HINDLE**

*Visiting Professor*

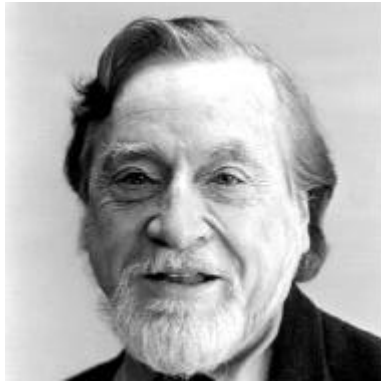
Don Hindle is a Visiting Professor in the School of Health Services Management. He has a strong disciplinary background in operations research and over the last twenty years has built an international reputation for his research on health care financing and information systems. Don has published widely 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 and Health and the South Australian Health Commission. He has also acted as a consultant in countries such as the USA, Portugal, Singapore, India and Mongolia and for international agencies including UNICEF, WHO and the World Bank with emphasis on primary health care including rural water supply and child growth monitoring. He has collaborated with Pieter Degeling to create the *Clinicians Taking the Lead* workshops, which have been successfully run, in hospitals across Australia and in New Zealand.



**PIETER DEGELING**

*Visiting Research Fellow*

Pieter is immediate past Director of the Centre until his appointment as Professor of Health Services Management at Durham University, United Kingdom at the end of 2001. In recent years his teaching and research work has increasingly focused on casemix, clinical governance, clinical pathway development and implementation and the roles that professional sub-cultures play in the hospital reform process. He has published extensively in local and international journals and has a wide consulting experience in both Australia and overseas.



**GEORGE PALMER**

*Emeritus Professor*

George Palmer was foundation director of the Centre until his retirement in 1999. Over the past twenty years George has taken a lead role in promoting the use of Casemix in financing, managing and planning of hospital services in Australia and overseas. He has been a member of a large number of national and state health services committees on both casemix, hospital financing and health services management. He has published extensively in the areas of Casemix, health economics, health policy and health information systems.



**LES WHITE**

*Visiting Research Fellow*

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

## **ADRIAN CARR**

### *Visiting Research Fellow*

Adrian joined the Centre in 2000 and is a principle investigator on the study ‘A Project to Measure and Manage the Psychological Impact of Reform on Clinician Managers as Agents of Organisational Change’. Adrian is the Principal Research Fellow in the School of Applied Social and Human Sciences at the University of Western Sydney. Adrian’s research interests include organisational psychology, psychoanalytic theory and educational administration.

## **PHILIP HOYLE**

### *Visiting Research Fellow*

Philip joined the Centre in 2000 and is the 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.

# Management Committee

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

**PROFESSOR BRUCE DOWTON**

*Chairperson*

*Dean, Faculty of Medicine*

**PROFESSOR ANTHONY ZWI**

*Head, School of Public Health*

*and Community Medicine*

**PROFESSOR ELSPETH MCLACHLAN**

*Pro Vice Chancellor of Research*

**A/ PROFESSOR JEFFREY**

**BRAITHWAITE**

*Director of the Centre*

**PROFESSOR PETER BAUME**

*Head, School of Community Medicine*

**PROFESSOR BILL BIRKETT**

*Head, School of Accounting*

The Centre's Management Committee met on 11 October 2002. In attendance was

- Professor Bruce Dowton
- Professor Bill Birkett
- Professor Anthony Zwi
- Professor Colin Chesterman (for Professor Elspeth McLaughlan)
- Associate Professor Jeffrey Braithwaite
- Dr Rick Iedema.

The Committee reviewed the progress of the Centre, noted and endorsed the strategic plan 2002-2005, and accepted the various reports and documents describing the Centre's work including the annual report, financial overview, horizon planning document, strategic plan and publications.



# Centre Financials

CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH  
FINANCIAL OVERVIEW  
January – December 2002

**Statement of Financial Performance  
for the Year Ended 31 December 2002**

	<b>2002</b>	<b>2001</b>
	\$	\$
<b>Income</b>		
External Funds (i)	490,226.24	571,288.36
UNSW Contribution	17,313.00	15,502.00
<b>Total Income</b>	<u>507,539.24</u>	<u>586,790.36</u>
 <b>Expenses</b>		
Payroll	303,940.52	481,720.04
Equipment	11,145.81	15,522.13
Materials	118,275.69	74,659.50
Travel	84,447.25	80,590.17
<b>Total Expenses</b>	<u>517,809.27</u>	<u>652,491.84</u>
 <b>Operating result</b>	 -10,270.03	 -65,701.48
 <b>Surplus(Deficit) B fwd from Prior Year</b>	 65,400.08	 273,848.85
 <b>Accumulated Funds Surplus(Deficit)</b>	 <u>55,130.05</u>	 <u>208,147.37</u>
 (i) Excludes debtors (unpaid invoices)	 98,370.38	 0.00

# Centre Financials

## Income Received 2002

Commonwealth Department of Health	\$36,000.00
NSW Department of Health	\$87,500.00
ARC SPIRT Grant: <i>A Project to Examine and Enhance Clinician Managers' Capacity as Agents of Change</i>	\$61,525.00
Sydney Children's Hospital	\$20,000.00
ARC SPIRT Grant: <i>A Project to Develop Interventions to Overcome The Limits of Medicine in Managing the Dying Process in Acute Care Hospitals</i>	\$68,901.00
South Western Sydney Area Health Service	\$20,000.00
Institute for Clinical Excellence	\$34,227.27
Australian Council on Healthcare Standards	\$20,000.00
Evidence Based Medicine Workshop	\$481.86
Northern Sydney Area Health Service	\$34,545.45
NHS Confederation – UK Study Tour	\$75,300.81
Research Contingency – G Palmer	\$1,281.86
SEAHS – Management in Health Service	\$5,000.00
Faculty of Medicine	\$17,313.00
Pieter Degeling Research Contingency	\$16,001.54
Sales of Texts	\$380.00
Investment Income	\$4,081.45
<b>Total Income</b>	<b>\$507,539.24</b>

**CENTRE FOR CLINICAL GOVERNANCE  
RESEARCH IN HEALTH**

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**<http://www.med.unsw.edu.au/clingov>**