

# DUQuA Contributors & Journal Articles

AUSTRALIAN INSTITUTE OF HEALTH INNOVATION

## THE DUQuA TEAM

**Professor Jeffrey Braithwaite** is a leading health services and systems researcher with an international reputation for his work investigating and contributing to systems improvement.

**Dr Robyn Clay-Williams** leads a research team investigating human factors and resilience in healthcare to improve system design and inform safer patient care.

**Associate Professor Natalie Taylor** leads a research team investigating the impact of behaviour change and implementation science methods for improving health and enhancing healthcare practices.

**Ms Hsuen Pei Ting** is an experienced biostatistician, integral to the study design and analysis of AIHI projects.

**Ms Teresa Winata** is a research assistant with resilience, implementation science and statistics expertise.

**Dr Gaston Arnolda** leads the NHMRC Centre of Research Excellence in Implementation Science in Oncology and provides statistical expertise to AIHI projects.

**Ms Chrissy Clay** is an experienced communications professional, focussing on stakeholder engagement and translating research information into mainstream knowledge.

## ADDITIONAL ACKNOWLEDGEMENTS

Members of the original DUQuE team (Oliver Gröene, Rosa Suñol) provided extensive input and advice in the initial stages of the project, supporting design modifications from DUQuE and the planned DUQuA study approach. Dr Annette Pantle provided expert advice on revision and development of DUQuA measures, and Professor Sandy Middleton, Associate Professor Dominique Cadillac, Kelvin Hill, Dr Carmel Crock, and Professor Jacqueline Close provided input into the development of our AMI, stroke and hip fracture clinical process indicator lists. Nicole Mealing and Victoria Pye provided statistical advice in the initial phases of the project. Associate Professor Peter Hibbert provided advice on participant recruitment and project management. Ms Emily Hogden, Ms Zhicheng Li and Dr Amanda Selwood contributed to the logistics of project management. Ms Meagan Warwick aided in disseminating our findings. We greatly appreciate their efforts.

## JOURNAL ARTICLES

The International Journal for Quality in Health Care will publish a complete supplement for the landmark DUQuA study. Following is a summary of selected outputs, outcomes and learnings from each DUQuA article.

### FIND OUT MORE OR REQUEST TOOLS

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Title of journal article	Summary
Deepening our Understanding of Quality in Australia (DUQuA): An overview of a nation-wide, multi-level analysis of relationships between quality management systems and patient factors in 32 hospitals	<ul style="list-style-type: none"> <li>• There is no one size fits all approach to quality, or single gateway to quality improvement.</li> <li>• Scales and measures for quality of care are now available, designed for Australian hospitals, and modifiable for other jurisdictions.</li> </ul>
Organisation quality systems and department level strategies: Refinement and validation of the Deepening our Understanding of Quality in Australia (DUQuA) organisation and department level scales	<ul style="list-style-type: none"> <li>• Self-reports and audit measures are now combined in a series of scales to measure quality systems in hospitals.</li> <li>• Seven quality systems and strategies have been articulated for measuring quality of care at organisation and department level.</li> </ul>
Do organisation level quality management systems influence department level quality? A cross-sectional study across 32 large hospitals in Australia	<ul style="list-style-type: none"> <li>• This is the first-time organisation level quality and its influence on department level quality has been assessed in Australia.</li> <li>• Whilst there is no clearly detectable pattern of influence between the two levels, the strength of relationships was most visible for tests involving organisation level quality activities.</li> </ul>
The relationships between quality management systems, safety culture and leadership, and patient outcomes in Australian Emergency Departments	<ul style="list-style-type: none"> <li>• Hospitals, health departments and governments tend to measure ED performance in terms of patient flow.</li> <li>• We show there is a significant trade-off between patient flow and patient safety.</li> </ul>
The clinician safety culture and leadership questionnaire: Refinement and validation in Australian public hospitals	<ul style="list-style-type: none"> <li>• A new, validated instrument for measuring clinician safety culture and leadership scale across the hospital is now released.</li> <li>• The scale's development is based on robust theory and evidence-based methods.</li> </ul>
Do quality management systems influence clinical safety culture and leadership? A study in 32 Australian hospitals	<ul style="list-style-type: none"> <li>• Organisation level quality systems positively influence clinicians' safety culture, and leadership.</li> <li>• Mandatory accreditation in Australia results in higher performing hospitals but measuring the influence of quality systems on other hospital factors can be difficult when all hospitals perform equally well.</li> </ul>
Validation of the Patient Measure of Safety (PMOS) questionnaire in Australian public hospitals	<ul style="list-style-type: none"> <li>• A validated scale incorporating patient perspectives on safe care can now be used.</li> <li>• Patients have more positive perceptions of care when clinicians adhere to clinical guidelines.</li> </ul>
Implementation and data-related challenges in the Deepening our Understanding of Quality in Australia (DUQuA) study: Implications for large-scale cross-sectional research	<ul style="list-style-type: none"> <li>• Hospital ethics and governance processes present major barriers to studies of this kind and scale.</li> <li>• Staff turnover amongst hospital leadership cohorts and poor hospital capacity to host studies such as DUQuA represents substantial risks to future health services research.</li> </ul>
Using accreditation surveyors to conduct health services research: A qualitative, comparative study in Australia	<ul style="list-style-type: none"> <li>• Accreditation surveyors encounter substantial barriers when conducting health services research compared with when they are doing accreditation surveys.</li> <li>• Some of the barriers encountered when collecting data for research provide insight into the challenges that may be faced when visiting hospitals for short-notice accreditation; nonetheless they are a very useful resource for research of this kind.</li> </ul>

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