

# UNSW



*ClinGov*

# ANNUAL REPORT 2003

CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

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# Mission Statement

## MISSION

The Centre for Clinical Governance Research in Health is a research facility 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. The Centre also builds on existing staff expertise through external collaborations within Australia and internationally, including with the Centre for Health Informatics, University of New South Wales; Institute for Clinical Excellence, New South Wales; Australian Council for Safety and Quality in Health Care; Australian Council on Healthcare Standards; NSW Health Department; Australian College of Health Service Executives; Australian Patient Safety Foundation, University of Adelaide; Australian Health Alliance; World Health Organization in Kobe, Japan; Shanghai Municipal Health Bureau, People's Republic of China; Clinical Governance Support Team in the Modernisation Agency of the English National Health Service, United Kingdom; Health Communication Research Centre, Cardiff University, United Kingdom; International Centre for Research on Organisational Discourse, Strategy and Change; Harvard School of Public Health, United States of America; Intermountain Health Systems, Utah, United States of America; and the Centre for Activity Theory and Developmental Work Research, University of Helsinki, Finland. Centre staff also have intellectual engagement with colleagues in the European Group of Organisation Studies (EGOS) and the European Association of Communication in Healthcare (EACH).

The Centre is primarily engaged in conducting and publishing world class research. Staff secure research funding from national and international sources and publish in international journals such as *British Medical Journal*, *Social Science and Medicine*, *Health Services Management Research*, *International Journal of Health Planning and Management*, *Journal of Health Services Research and Policy* and *Organization Studies*.

# Centre Profile

## OBJECTIVES

The Centre has six main objectives. These 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 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, anthropology, health informatics and clinical studies.
- 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.

## PRINCIPLES FOR STUDIES

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

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

# Director's Message



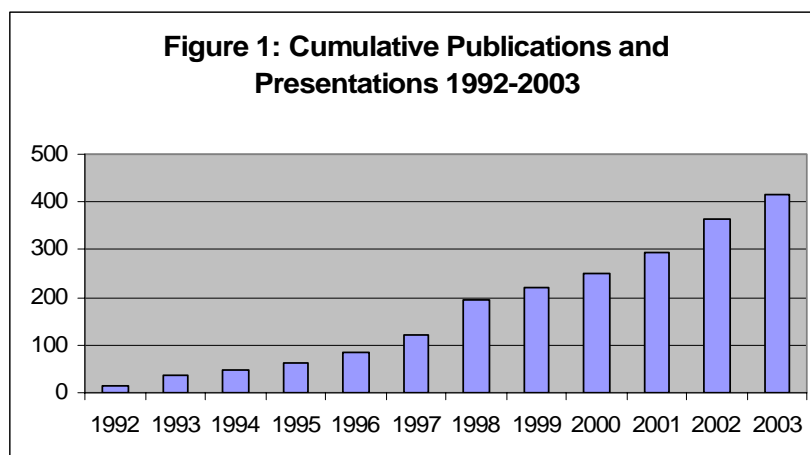
**JEFFREY BRAITHWAITE**

Two strong ideas have underpinned our work this year. One is how pluralist our endeavour is. The very concept 'clinical governance' is a hybrid term, ripe for defining, analysing, interpreting and theorising. The Centre comprises multi-disciplinary core staff, research associates, visiting staff and more geographically distant collaborators.

Collectively we use many methods, theories and approaches. This allows us to produce textured work, permeated with insights drawn from various perspectives. We occupy intellectual space at the edge of such methodological, theoretical and empirical axes, and we are passionate about it. In short, much about us is multi-faceted and diverse.

The second idea is that clinical governance is rapidly becoming a world-wide idea, and we are part of its internationalisation. Sir Liam Donaldson first put the two words 'clinical' and 'governance' together in 1997, and meant for the concept to be applied in the National Health Service in England as a way of improving engagement within the health system, and as a framework for institutional health reforms. The idea not only caught on in the NHS, but in many other places, including Australia. There is now an international journal devoted to clinical governance, for example, and conferences with clinical governance as the theme. We are active contributors to these.

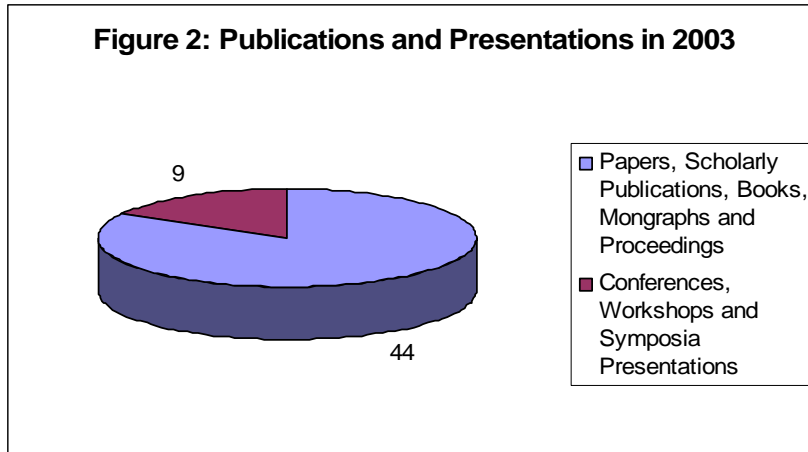
The Centre is a busy productive entity with an enviable track record in publishing and presenting scholarly work. *Figure 1* shows the cumulative publications and presentations of the Centre over the past decade.



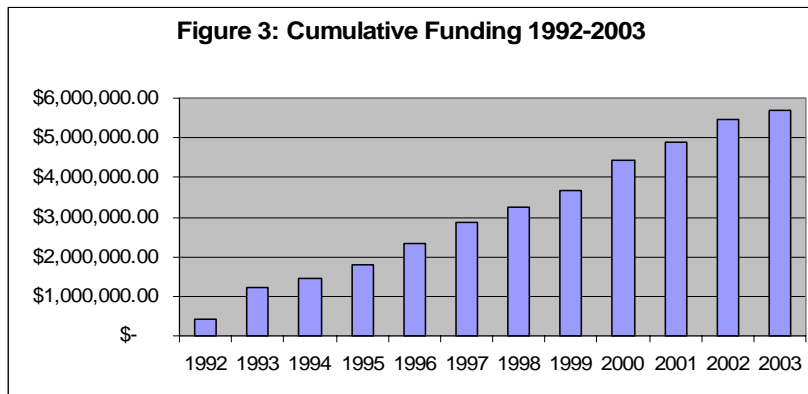
In 2003 the Centre's output remained buoyant. *Figure 2* shows that staff produced 44 pieces of substantial written work and made 9 presentations to conferences,

# Director's Message

workshops and symposia.



Funding and grants, along with excellent researchers, are the lifeblood of any Centre. The Centre has been historically successful in securing funding. *Figure 3* shows the cumulative funding received over the last decade, and into the first third of the new millennium.



The highlights of the year are that clinical governance has arrived, then, it is a concept rich with research possibilities, and we are in the thick of things. The Centre is securing funds, investigating various facets of clinical governance and publishing findings in the national and international literature. A search of the term 'clinical governance research' in the Google search engine reveals that the Centre is listed second of 1,580 websites in the world. We are taking a leadership position in clinical governance nationally and internationally, and we take this responsibility seriously. The succeeding pages explain in detail how we are doing this.



Jeffrey Braithwaite  
**Director**  
April 2004

# Management Committee

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

**PROFESSOR BRUCE DOWTON**  
*Chairperson*  
*Dean, Faculty of Medicine*

**PROFESSOR ELSPETH MCLACHLAN**  
*Pro Vice Chancellor of Research*

**A/PROFESSOR JEFFREY  
BRAITHWAITE**  
*Director of the Centre*

**DR RICK IEDEMA**  
*Senior Research Fellow*

**PROFESSOR ANTHONY ZWI**  
*Head, School of Public Health and  
Community Medicine*

The Centre's Management Committee met twice during 2003:

- 23 April 2003
- 10 December 2003

Broadly, the Committee monitored the progress of the Centre over the year. It 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.



Professor Bruce Dowton and Associate Professor Jeffrey Braithwaite

# Staff Listing

## DIRECTOR

Associate Professor Jeffrey Braithwaite *BA UNE, Dip LR Syd, MIR Syd, MBA Macq, PhD UNSW, FAIM, FCHSE*

## BUSINESS MANAGER

Ms Sue Christian-Hayes

## SENIOR RESEARCHERS

Dr Rick Iedema *MA Syd, PhD Syd*

Ms Ros Sorensen *BSS Syd, MBA Can, PhD UNSW*

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

## RESEARCHERS

Ms Nadine Mallock *Dipl.-Inform.Med. Heidelberg (BHI, MHI)*

## VISITING RESEARCH FELLOWS

Dr Bon San Bonne Lee *MBBS, Grad Cert IT, M Med, MHA, FFAFRM*

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

Dr Philip Hoyle *MBBS UNSW, MHA UNSW, FRACPA*

Mr Brian Johnston *BHA UNSW. Dip. Pub. Admin (NSW Inst Of Tech)*

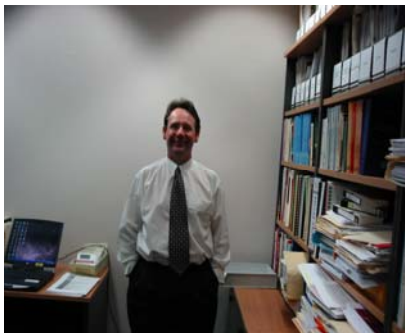
Dr Marjorie Pawsey *MBBS Qld, DPH Syd, FAFPHM*

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

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

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





**JEFFREY BRAITHWAITE**

*Director*

Jeffrey Braithwaite is an Associate Professor in the School of Public Health and Community Medicine and Director of the Centre. He joined the Centre as a Commonwealth Casemix Research fellow in 1994, and he was Head of the School of Health Services Management until it merged into the School of Public Health and Community Medicine in 2001.

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, Japan, 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.



**RICK IEDEMA**

*Senior Lecturer*

Rick Iedema is Senior Lecturer in the Graduate Management Programs, School of Public Health and Community Medicine, and Senior Researcher in the Centre. Rick's work centres on discourse analytical and ethnographic investigations, particularly video ethnography, into the organisation and enactment of health care provision. He has published a range of papers in the areas of organisational discourse analysis, including numerous book chapters and articles in journals such as *Discourse and Society*, *Organization Studies*, *Document Design*, *International Journal for the Semiotics of Law*, *Semiotica*, and *Visual Communication*. His book, *The Discourses of Post-Bureaucratic Organization*, published in 2003, addresses the ways in which health organisational arrangements are changing and what those changes mean for how people in organisations act and interact.



**ROS SORENSEN**

*Senior Researcher*

Until December 2003, Ros was a Senior Research Fellow at the Centre for Clinical Governance Research in Health and Lecturer in the School of Public Health and Community Medicine. 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. In 2004, Ros has taken up an appointment at University of Technology, Sydney in the Centre for Health Services Management.



**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 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. Anna is Senior Lecturer in the School of Public Health and Community Medicine and Senior Researcher in the Centre.

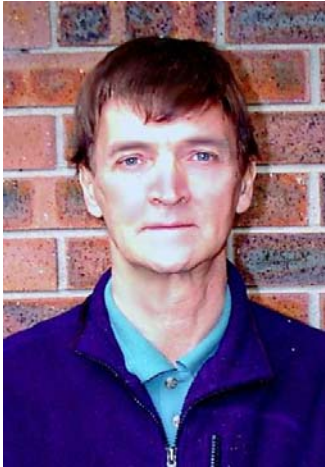


**NADINE MALLOCK**

*Research Officer*

Nadine Mallock is a Research Officer in the Centre. She has a background in Informatics in Medicine with Bachelor and Masters qualifications from the University of Heidelberg, Germany. Her research interests include standardisation of clinical care, quality assessment as well as evaluation methods. Nadine is currently employed in the Centre to work collaboratively on projects within and outside the Centre's research streams. She is also developing her own research stream. Nadine is involved in a wide range of projects including the investigation of how managers use their time and the evaluation of the impact of point of care clinical information systems. She teaches in the Graduate Management Programs, School of Public Health and Community Medicine.

# Visiting Staff



**DON HINDLE**

*Visiting Professor*

Don Hindle is a Visiting Professor in the Centre. He has a strong disciplinary background in operations research and over the last twenty years has built an international reputation for his research on health care financing and information systems.

Don has published widely in local and international journals and has acted as a consultant to private insurers, New South Wales Health, ACT Health, the Victorian Department of Community Services and Health and the South Australian Health Commission. He has also acted as a consultant in countries such as the USA, Portugal, Singapore, India, Germany, the UK, Slovenia 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 been undertaking workshops on organisation and professional cultures in several countries, with emphasis on building improved clinical teamwork.



**LES WHITE**

*Visiting Professor*

Les White joined the Centre in 2000 as partner-investigator on the study 'A Project to Enhance Clinician Managers' Capacities as Agents of Change in Health Reform'. Les is concurrently

the Executive Director at the Sydney Children's Hospital, a Professor at the University of New South Wales, and a Visiting Research Professor in the Centre. His research interests include paediatric cancer, cultural change in paediatric institutions, and the ways in which clinicians can balance both managerial and clinical interests.

# Visiting Staff

## **BON SAN BONNE LEE**

### *Visiting Fellow*

Bon San is a specialist in spinal rehabilitation. He works with the Centre on new work order projects. His work is at the intersection between the clinical – management interface, and he is interested in this intersection both in his clinical work and his research.

## **PHILIP HOYLE**

### *Visiting Fellow*

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

## **BRIAN JOHNSTON**

### *Visiting Fellow*

Brian is chief executive of the Australian Council on Healthcare Standards. He has extensive experience the health sector and has held a range of leadership positions. He works with the Centre on the accreditation project and provides high level strategy advice.

## **MARJORIE PAWSEY**

### *Visiting Fellow*

Marjorie is the principal research consultant for the Australian Council on Healthcare Standards. She has interests in accreditation, standards development and the quality and safety of healthcare. She co-supervises the doctoral work of Kai Zhang and Lena Low, and co-leads the study of accreditation in health care.

# Visiting Staff

## **MAUREEN ROBINSON**

### *Visiting Fellow*

Maureen is director of quality branch, NSW Health Department and chair of the State Quality Officials Forum. She works with the Centre on several projects including the knowledge management project with NSW Health, the accreditation study and the work with ICE. Maureen's interests centre on the quality and safety of healthcare, particularly from a policy perspective.

## **MARY WESTBROOK**

### *Conjoint Associate Professor*

Mary is a psychologist with a keen interest in methodology and questionnaire design and works with the Centre on a range of projects. She is particularly involved with the survey work on clinical directorates and the study about how managers use their time in international context.

# Selected Professional Activities

**JEFFREY BRAITHWAITE**

## *Memberships*

- Australian Association for Quality Assurance in Health Care
- Australian College of Health Service Executives (Fellow)
- Australian Human Resource Institute
- Australian Institute of Management (Fellow)
- Industrial Relations Society of Australia
- NSW Health Department Nursing Workload Research Steering Committee
- NSW Health Department Baxter Award

## *Reviewer*

- Australian Journal of Public Administration
- Australian Journal of Public Health
- Australian and New Zealand Journal of Medicine
- Health Information Management
- Health Management Bulletin
- International Journal of Health Planning and Management
- Medical Journal of Australia
- Organization Studies
- Social Science and Medicine

## *Consultancies*

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

## *Committees*

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

# Selected Professional Activities

## **DON HINDLE**

### *Editor*

- Australian Health Review

### *Reviewer*

- Medical Journal of Australia

### *Consultancies in 2003*

- Redesign of health care financing methods, Slovenia (2001-03)
- Reform of the drugs sector, Croatia (2002-03)
- Responding to health sector reforms in the UK (2002-03)
- Financial management of devolved health services, Indonesia (2003)
- Preparation of poverty reduction strategy for health sector, Mongolia (2002-03)
- The management of health care delivery, Germany (2001-03)

## **RICK IEDEMA**

### *Editorial Board Memberships*

- Communication and Medicine (Mouton de Gruyter, Berlin)
- Visual Communication (Sage Publications UK)
- Critical Discourse Studies (Routledge UK)

### *Memberships of Professional Associations*

- US Academy of Management
- European Group of Organization Studies
- European Association for Communication in Health Care
- International Union for Health Promotion and Education

### *Reviewer*

- Journal of Visual Communication
- Text
- Functions of Language
- Journal of Social Policy
- Human Relations
- Document Design



# Selected Professional Activities

- Critical Discourse Studies

ANNA WHELAN

## *Memberships*

- Associate Fellow Australian College of Health Service Executives
- Australian Health Promotion Association
- Fellow of Royal College of Nursing Australia (FRCNA)
- International Union of Health Promotion and Education (IUHPE)
- National Convenor of PHA International Health Special Interest Group
- Public Health Association of Australia

## *Editorial Boards*

- Ethnicity and Health (UK)

## *Reviewer*

- Australian Health Review
- Australian New Zealand Journal of Public Health
- Health Promotion Journal of Australia
- Journal of Advanced Nursing
- VicHealth
- WHO Bulletin

## *Research and Consultancies 2003*

- United Nations Fund for Population Activities (global evaluation of reproductive health in refugee settings – Uganda, Congo and Yemen)
- Strengthening Primary Health Care Management Training in Vietnam (MoH; Netherlands Embassy)
- Leadership for Change – Hong Kong Hospital Authority – Senior management workshops
- Strategic People Management – Hong Kong Hospital Authority - Senior management workshops
- Diversity Leadership - South East Health, NSW Australia
- Women at Risk – ARC Linkages grant 3 years

# Research Students



**JOANNE CALLEN**

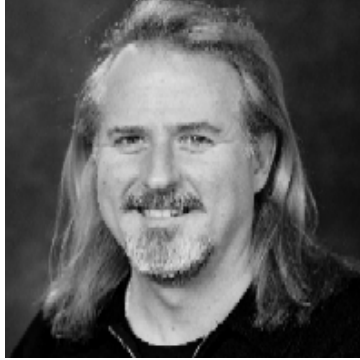
Supervisor: A/Professor Jeffrey Braithwaite

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

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

Joanne's research activities are focused on: the non-technical aspects of the integration of information technology into health care organisations; change management; the changing role of health information managers, and education in health informatics and health information management. Joanne's PhD entails a study exploring the people, organisational and work practice variables which impact on the diffusion of results ordering and reporting applications in two metropolitan teaching hospitals. She is due to complete her thesis in December 2004.

# Research Students



**GREG FAIRBROTHER**

Supervisor: A/Professor Jeffrey Braithwaite

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

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

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

# Research Students



**ROWENA FORSYTH**

Supervisor: Dr Rick Iedema  
A/Professor Jeffrey Braithwaite

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

Rowena Forsyth joined the Centre in April 2003 to undertake research for a PhD. Rowena's background is in social science with academic qualifications of a Bachelor of Arts in Sociology and Social Policy. Her PhD is located within the collaborative project between the Centre for Clinical Governance Research in Health and the Centre for Health Informatics. The project, entitled 'Evaluating the Impact of Information and Communication Technologies (ICT) on Organisational Processes and Outcomes', is interested utilizing a multi-disciplinary, multi-method approach to assess the ways in which work practices of individual clinicians change as a result of the implementation of computerized test ordering and drug prescribing within Area Health Services. Within this, Rowena's research focuses on using video ethnography as well as focus groups/ interviews to understand how the ritual practices of clinicians are altered as a result of the new technology.

# Research Students



**ROD FREYER**

Supervisor: A/Professor Jeffrey Braithwaite

**PhD:** *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 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 have been gathered from focus groups, individual interviews and a national 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

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

This ethnographic research explores how the practice of early childhood nursing in the South Western Sydney Area Health Service became a specialised expert undertaking. The research examines how change has occurred, whereby early childhood nursing was refined from being one part of the generalist community nursing practice to being a specialised practice through the increasing technologisation of practice. The technologisation of practice refers to the artefacts, conduct and the processes through which the conceptualisation and enactment of early childhood nursing has become increasingly standardised. The research demonstrates how collaboration becomes necessitated under pressure of enacting increasingly complex work activities, an outcome being changing practices and extended accountability relationships. This ethnography can be described as constructing a “history of technologisation” (Callon 1986), which involves analysing the context, technology and the ways the clinical practices and organisation have been affected (Beeson and Davis 2000).

To achieve this outcome the research uses as a point of departure three theoretical perspectives, that is, “immutable mobile” (Latour 1986), “community of practice” (Lave and Wenger 1991; Wenger 1998a) and the idea of “governmentality” (Foucault 1979; Rose 1996, 1999). Using the notion of inscription and the construction of an immutable mobile (Latour 1986) the research shows how practice becomes increasingly defined and standardised. The community of practice concept (Lave and Wenger 1991; Wenger 1998a) is used to explore and explain the collaborative conduct and practices of the participants. The idea of governmentality (Foucault 1979; Rose 1996, 1999) is drawn upon to explain the communal discipline and expertise enacted by the participants of a community of practice. In this way the research seeks to explain how knowledge becomes formulated and thereby mobile, and also how practice has come to be established, visibilised and thereby sustained in a specific context. These actions are the technologisation of practice.

# Research Students



**FLEUR HILLIER**

Supervisor: A/Professor Jeffrey Braithwaite

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

Fleur is currently a Nurse Manager of a medical ward of a large Sydney Private Hospital. 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 her fieldwork and analysis. She is at the stage of writing her thesis.

# Research Students



XIAO XIA HU

Supervisor: A/Professor Jeffrey Braithwaite

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

Xiao completed her PhD thesis in 2003. 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 took 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 organisation-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 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



**LENA LOW**

Supervisor: Dr Rick Iedema

Co Supervisors: Dr Anna Whelan  
Dr Marjorie Pawsey

**PhD:** *The impact of medical clinicians in their role of expert peer surveyors as change agents and to ascertain if an inspectorial collaborative approach stimulates positive change.*

Lena is the Manager, Business Development at The Australian Council on Healthcare Standards (ACHS). Her research topic is related to accreditation programs of health care organisations. As part of the accreditation program, survey teams are selected to review the health care organisations. These survey teams may comprise “expert peer” surveyors still working in the industry or “professional” surveyors who are no longer working in the industry and are paid as consultants for the survey.

Medical clinicians have been selected for this research as they are regarded as the most expert peers in surveyor groups. This research hopes to contribute to resolving the question on the effectiveness of the use of professional surveyors against expert peers in the accreditation process.

Lena believes that the study of medical clinicians pre and post surveying experience will provide invaluable information on the audit culture and the bureaucratization of professional-managerial relationships in health. It will also study the impact of medical clinicians as surveyors and as change agents within their communities of practice and in the organisations they survey.

There is literature comparing inspectorial versus collaborative approaches to the accreditation process. This study further aims to determine if an inspectorial or collaborative approach stimulates positive change and the factors that are important.

# Research Students



**JAEI WOLK**

Supervisors: A/Professor Jeffrey Braithwaite  
Professor Peter Baume

**PhD:** *Hospital Admission Policies – Can Theory Match Practice? An evaluation of the impact of government policy on the development of elective admission policies, in New South Wales public hospitals.*

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

- The extent to which public hospitals implement government directives to form an admission policy (as reported by hospital stakeholders).
- The extent to which the developed policy reflects government directives.
- The extent to which the developed policies are implemented by hospital staff (as reported by hospital staff).
- Whether (according the judgment of an expert panel), government is able to influence the development of hospital admission policy and the actual practice of elective admission hospital staff.

## Research Students



**KAI ZHANG**

Supervisor: A/Professor Jeffrey Braithwaite  
Co Supervisor: Dr Marjorie Pawsey

**PhD:** *Clinical performance indicators for continuous clinical quality improvement: clinical pathway-based CPI benchmarking program*

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 (EQUIP) in the ACHS health service accreditation program.

# Research Students

In the following we list the names of students and their research topics which are or have recently been 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 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

# Research Students

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
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
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

# Research Students

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
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
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
Susan Priest	MPH project	Mental Health after Childbirth	Anna Whelan

# Research Students

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Camille Rayne-Greenow	MPH project	External Cephalic Version trial (RPA)	Anna Whelan
Alison Rutherford	MPH project	Audit of acupuncturists in CSAHS	Anna Whelan
Tomasina Stacey	MPH project	Describing Postnatal Care: A Qualitative Study	Anna Whelan
Lin Zhang	MPH project	Acupuncture – qualitative study	Anna Whelan
Niyi Awofeso	PhD	Education for health: reforming the Almajiri Heritage in Zaria, Northern Nigeria	Pieter Degeling
Joanne Callen	PhD	An exploration of the impact of culture and work practices on the use of point of care clinical systems in hospital settings	Jeffrey Braithwaite
Greg Fairbrother	PhD	Organising nursing care in the acute environment: moving from individual to collective care models	Jeffrey Braithwaite
Rowena Forsyth	PhD	Clinical work practice change as a result of information and communication technology implementation.	Rick Iedema and Jeffrey Braithwaite
Rod Freyer	PhD	A study of communication and effectiveness in the management of health services.	Jeffrey Braithwaite
David Greenfield	PhD	Learning and change within a (nursing) community of practice: enacting self governance.	Rick Iedema
Fleur Hillier	PhD	Managing creative and health production processes: issues, similarities and differences	Jeffrey Braithwaite
Xiao Xia Hu	PhD	Improving quality while reducing cost? An innovation journey.	Jeffrey Braithwaite
Aaron Jones	PhD	Introducing new nursing models of care	Rick Iedema

# Research Students

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Linda Kurti	PhD	Where science and spirit meet - spiritual assessment in Australian general practice; Social Capital and the role of religious organisations	Anna Whelan
Lena Low	PhD	The impact of medical clinicians in their role of expert peer surveyors as change agents and to ascertain if an inspectorial or collaborative approach stimulates positive change.	Rick Iedema, Anna Whelan and Marjorie Pawsey
Diana McCallum	PhD	The process of planning	Rick Iedema
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



# Research Students

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Jael Wolk	PhD	Hospital Admission Policies – Can Theory Match Practice? An evaluation of the impact of government policy on the development of elective admission policies, in New South Wales public hospitals	Jeffrey Braithwaite and Peter Baume
Kai Zhang	PhD	Clinical performance indicators for continuous clinical quality improvement: clinical pathway-based CPI benchmarking program	Jeffrey Braithwaite and Marjorie Pawsey

# Centre Projects

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

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

**Duration:** 1996 and ongoing

**Description:** Clinician managers have been drawn into leadership positions at various levels over the last three decades. 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.

### Selected Publications and Presentations

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

# Centre Projects

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

**Investigators:** Jeffrey Braithwaite, Mary Westbrook, Nadine Mallock and Rick Iedema

**Duration:** 2002-2005

**Description:** While there are many claims about clinician-managers and health services managers in the literature, one recurring theme is that a key resource variable is the way in which managers use their time. Problematised, this issue raises questions about clinician-managers' and health services managers' perceptions 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.

### Selected Publications and Presentations

**Braithwaite J** (2001). What clinician-managers do when they do management. *Annual General Meeting of the Royal Australian College of Medical Administrators*. RACMA, Sydney, December 13.

# Centre Projects

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

**Investigators:** Jeffrey Braithwaite, Mary Westbrook and Rick Iedema

**Duration:** 1999 - 2005

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

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

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

- Claimed benefits of clinical directorates such as improved efficiency are not realised in practice
- There is no association between teaching hospital efficiency and clinical directorate type

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

## Selected Publications and Presentations

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

**Braithwaite J, Westbrook MT** (in press). Rethinking clinical organisational structures: an attitude survey of doctors, nurses and allied health staff in clinical directorates. *Journal of Health Services Research and Policy*.

# 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.

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

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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. Integration of the Game in the Faculty's new undergraduate medical program is another output.

## **Selected Publications and Presentations**

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.

# 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, Liz Turnbull, Ken Hillman\*, Hugh Dickson\* and Arthas Flabouris\*  
[\* South Western Sydney Area Health Service]

**Duration:** 2000 - 2003

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

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



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

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

## Selected Publications and Presentations

**Iedema R, Sorensen S, Braithwaite J, Turnbull E** (in press). Speaking about dying in the Intensive Care Unit, and its implications for multi-disciplinary end-of-life care. *Communication and Medicine*.

**Iedema R, Sorensen R, Braithwaite J, Flabouris A** (in press). The teleo-affective limits of end-of-life care in the intensive care unit. *Social Science and Medicine*.

# 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, Rick Iedema and Les White

**Duration:** 2000 – 2003

**Description:** The Project “To Examine and Enhance Clinician Managers Capacities as Agents of Change in Health Reform” has now been completed. The project has produced several outcomes to date.

First, an interim report was produced on the forms of talk which constitute the formal 'face' of the hospital, that is, talk which takes place at formal gatherings ranging from ward meetings to management and clinical services meetings. This report suggested that there are disjunctions among the ways in which the clinical work is talked about at different sites across the hospital. More specifically, while individual patients and their immediate past are the focus of information exchange at the ward level, and while professional concerns provide the focus for discussion at nursing and medical meetings, the mode of information exchange becomes highly abstract and future-oriented at managerial and executive levels. The relationships among these modes of talk are tenuous, and the required 'translation' of top-level into ward-level information (and vice versa) remains chancy.

These findings and others were then discussed with selected hospital staff and amended and expanded where considered necessary. Following these discussion, three workshops have been held, one based around Degeling and Hindle's 'Clinicians Taking the Lead' case studies, and the subsequent two around materials and data directly derived from the research done at the hospital in question (including questionnaire survey data, ethnographic and discourse analysis research data). On each occasion 30 to 40 staff members were present.

In addition, the principal researcher attended numerous pathwaying groups, with the aim of mapping how these groups progress from negotiating and planning the pathway to implementing it in their daily practice. Information was gathered on

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how the different groups conduct these pathway construction tasks and an assessment has been made of how the different teams conceptualize and achieve their ends. The pathwaying effort was tracked horizontally across meetings and meeting sites and vertically from the working groups to the management and steering bodies that support, give direction to, and validate the work of these benchmarking teams.

Finally, in the last stage of the project, the researcher moved to the clinical settings where this work is enacted. By observing clinical interaction and care in a range of settings across the hospital, as it practiced on a day to day basis, it was possible to begin to determine the range of structures and supports that are required to facilitate effective clinical care. During this phase it became possible to discover how staff construe the relationship between the clinical, organizational, professional and resource dimensions of care. From this, a detailed description of the managerial and clinical issues which are seen to face to organization has been derived.

**Output:** The project has produced various conference papers and published peer-reviewed papers. Aspects of the research have informed a book that has also been accepted for publication by an international publisher.

## Selected Publications and Presentations

**Iedema R**, Degeling P, **White L** (1999). Professionalism and Organisational Change. In Wodak R and Ludwig C (eds). *Challenges in a Changing World: Issues in Critical Discourse Analysis*, Passagen Verlag, Vienna, 127-155.

**Iedema R**, Degeling P (2001) Quality of Care: Clinical Governance and Pathways *Australian Health Review*, Vol 24 (3), pp.12-15

**Iedema R** Scheeres H (2003) From Doing to Talking Work: Renegotiating Knowing, Doing and Identity. *Journal of Applied Linguistics*, Vol 24, pp.316-337.

Degeling P, **Iedema R** et al (2003) Accomplishing Leadership in the Context of Health Reform. In Dopson S and Mark AL (eds). *Leading Health Care Organizations*. Basingstoke, Palgrave Macmillan, pp.113-133.

**Iedema R**, Degeling P, **Braithwaite J**, **White L** (2004). 'It's an interesting conversation I'm hearing': the doctor as manager. *Organization Studies*, Vol 25, pp.15-34.

# Centre Projects

## MANAGING CULTURAL DIVERSITY IN THE WORKPLACE SOUTH EAST HEALTH

**Funding source:** South Eastern Sydney Area Health Service

**Investigators:** Anna Whelan and Nadine Mallock

**Duration:** 2003 - 2004

**Description:** The aim of this research is to utilise the American "Racial/Ethnic Diversity Management Survey" with some modification for the Australian system. This tool has been validated and is being used to create a climate of change within the participating hospitals in Pennsylvania.

The survey sought to answer the following questions:

- What is the attitude and experience of senior managers in South East Health to cultural and linguistic diversity?
- What is the current diversity profile of senior managers in South East Health?
- How effectively do managers feel their facilities operate in relation to diversity issues affecting planning, evaluation, training, human resources, health care delivery and progressiveness towards staff and clients of Aboriginal, Torres Strait Islander people and Culturally and Linguistically Diverse background?
- What types of ethnic diversity management policies and practices exist among hospitals?
- How do management activities of senior staff tie into their strategic orientation?

Diversity management is a strategically driven process with an emphasis on building skills and creating policies that address changing demographics and patient populations. Health care organisations concerned about diversity management need to engage in human resources and health care delivery practices aimed at recruiting, retaining and managing a diverse workforce and developing culturally appropriate systems of care.

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

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

# Centre Projects

## ORGANISATIONAL RESTRUCTURING: OPTIONS FOR CHANGE

**Funding source:** Prince Henry/ Prince of Wales Hospital

**Investigators:** Jeffrey Braithwaite, Ros Sorensen, Rick Iedema, Nadine Mallock, Rowena Forsyth and Kai Zhang

**Duration:** 2003

**Description:** This project examined the organisational structure of Prince Henry/Prince of Wales Hospital using a multi-method, randomised questionnaire survey, a round of focus group meetings, interviews with key stakeholders and open staff forums.

The project provided a digest to the Hospital of some key themes in the literature on clinical management structures. It looked at the original expectations expressed for the present structure in the original design, based on an analysis of documents prepared when the extant structure was first planned in the mid-to late 1990s, and then initiated in 1998.

The broad findings led the Centre in its contemporary analysis of the structure to suggest five structural options for change, and five potential program leadership models. The project also considered how within-program and across-program communication might be strengthened and advanced two models to help achieve this.

## Selected Publications and Presentations

**Braithwaite J, Sorensen R, Iedema R, Mallock N, Forsyth R, Zhang K** (2003). Report: *Prince Henry/Prince of Wales Options Paper on Clinical Organisational Structure*. Sydney: Centre for Clinical Governance Research in Health, University of New South Wales, pp.34-137.

## **AIMS RETRIEVAL MEDICINE INCIDENT REPORTING: AN INVESTIGATION OF REPORTERS' EXPRESSIONS OF ATTITUDE AND FEELING**

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**Investigators:** Rick Iedema and Susan Grant

**Duration:** 2003 – 2004

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

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

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

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

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

- Emotivity concerns not merely the expression of personal feelings, but draws on a number of linguistic domains. These domains include expressions about personal feeling and depersonalised or formalised sentiments; person-specific judgment and organisation-centred moralising, and aesthetic and functional assessments of artefacts and objects
- Emotive expressions do not principally target personal or internal feeling, but are about normative moralisations to do with (in)appropriacy and (in)sufficiency, and person-specific judgments about others' (in)capability
- There is a tension between formal (public, depersonalised, organisationalised) and informal (private, emotional, self-oriented) language
- Different domains of linguistic emotivity correlate; that is, if one domain of emotive expressions is drawn upon by the reporter, others will most likely be drawn upon too, creating a 'cumulative' or amplifying effect. For example, if claims about someone's causal responsibility are made, the intensity of these claims appears to correlate with the frequency of expressions that reference personal feeling
- Reports embody emotionality not merely at the level of individual expressions, but also at the level of how they unfold as 'text'. That is, emotive feeling is not merely inherent in singular words, terms or expressions, but also in the degree to which a report is either 'to the point' and linear, or iterative and circular. Being iterative and circular, a report accrues emotive meaning as a result of emotivity being 'piled up'
- The emotivity in incident reports cannot be dissociated from these reports' claims to factuality. Put differently, the factuality and objectivity of incident reports is *inevitably* attenuated by their emotivity.



# Centre Projects

## 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, Bill Runciman, Sally Redman, Marjorie Pawsey, Christine Jorm, ACHS staff, Affinity Health Care and Ramsay Health Care

**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's) 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:

- Firstly, the relationships between accreditation and clinical and organisational performance, taking into account the organisational cultural, CI and consumer participation variables, and
- 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.

# Centre Projects

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

- Determine whether there is a relationship between accreditation status and organisational cultural characteristics
- Assess the relationship between accreditation status and performance on clinical indicators
- Analyse the associations between consumer participation, accreditation status and organisational cultural characteristics
- Evaluate the relative performance on quality of care measures of hospitals participating in and not participating in accreditation
- Measure the inter-rater reliability of accreditation teams
- 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:** 2002 - 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.

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 survey of the relevant literature
- Adaptation of known extant assessment tools

# Centre Projects

- Review of a sample of pilot projects for indicators of impact and
- Consultation with a sample of stakeholders involved in these processes.

**Output:** 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.

## Selected Publications and Presentations

Harris P, **Braithwaite J**, Zwi A, **Mallock NA** (2003) Report: *Development of an Impact Evaluation Tool to evaluate work-based projects as part of the Pacific Health Leadership and Management Development Programme*. Sydney: School of Public Health and Community Medicine, University of New South Wales, World Health Organization.

# Centre Projects

**A RESEARCH PROGRAM WITH THE INSTITUTE FOR CLINICAL EXCELLENCE, NSW TO PROSPECTIVELY STUDY THE INSTITUTE'S PROGRAMS TO IMPROVE THE SAFETY AND QUALITY OF HEALTH CARE IN NEW SOUTH WALES**

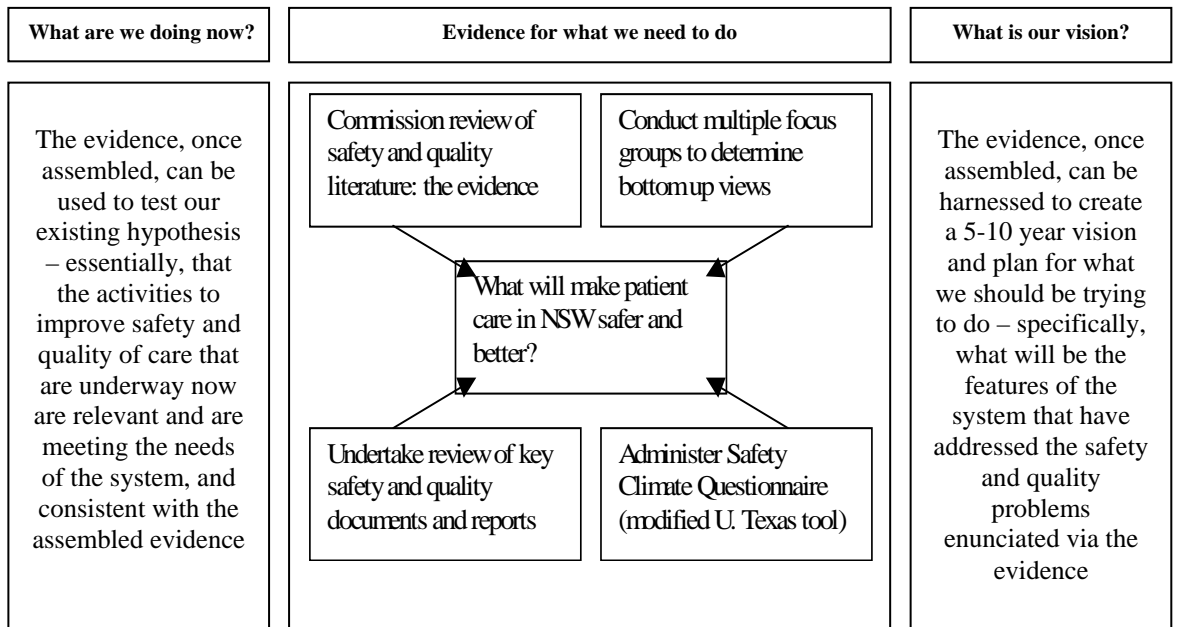
**Funding Source:** Institute of Clinical Excellence, NSW

**Investigators:** Jeffrey Braithwaite, Rick Iedema, Mary Westbrook, Nadine Mallock, Ian O'Rourke, Rohan Hammitt and Louise Kershaw

**Duration:** 2003-2006

**Description:** We are conducting two kinds of research with ICE. The first is to assemble evidence for what ICE needs to do prospectively, and to test ICE's existing hypothesis – ie, that its current program of work is resulting in (or supporting and enabling) improvements in the safety and quality of health care in NSW. Assembling evidence for what ICE needs to do will feed into the design of future activities. Diagrammed, the research framework looks like this:

**A framework for the ICE research project**



The second is to evaluate one of ICE's initiatives each year of the research program. The first evaluation is of the patient flow collaborative. Research with ICE will continue over the next few years.

# Centre Projects

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

**Funding Source:** NSW Health Department

**Investigators:** Jeffrey Braithwaite, Rick Iedema, Nadine Mallock, Maureen Robinson, Sarah Michael, Charles Pain and Jo Montgomery

**Duration:** 2003-2006

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

- To provide high-level evaluation advice, and conduct in conjunction with departmental staff, one major evaluation in each of the three years of this contract. The determination of the strategies to be evaluated is made by the Quality Branch Knowledge Management Steering Committee. This committee meets quarterly
- To develop a process for capturing information, and for publicising and disseminating the work of the Quality Branch and other safety and quality initiatives across the state, to various stakeholder groups. The work takes the form of a multi-faceted strategy to distribute information and share knowledge about what works and what doesn't, and about successes and failures experienced by people in the system.

A knowledge management working party has been formed to give effect to these two strategies and to enable the work to be undertaken. Membership of the working party includes Quality Branch staff, Centre for Clinical Governance Research staff, Institute for Clinical Excellence staff and nominated key stakeholders.

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

**Funding Source:** ARC Linkage Projects

**Investigators:** Johanna Westbrook, Rick Iedema, Jeffrey Braithwaite, Nadine Mallock, Rowena Forsyth, Nerida Creswick and Enrico Coiera

**Duration:** 2003-2006

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

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

The pre-system implementation studies have been undertaken between February and May 2004 following negotiation with ward staff. These studies are described below. Staff agreeing to participate in the research are given full information and asked to provide written consent. Below is a summary of the studies.

### **Working in clinical teams**

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

# Centre Projects

## **Work sampling**

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

- carrying a beeper that rings/vibrates randomly approximately 3 times an hour
- recording the activity they are engaged in at the time of the beep using a checklist on a small pad

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

## **Observational study**

We unobtrusively film individual clinicians for approximately 1 hour during a particular shift as they are engaged in information activities related to the ordering process. This is important in obtaining a full picture of the way in which the ordering process occurs. Videoing this process often captures steps in the process that are left out when individuals provide verbal accounts. Participants can request that filming be ceased or data deleted at any time. Patients will not be filmed unless verbal consent is obtained. The researchers will be seeking 2 volunteer doctors and nurses to participate in this study. The identity of doctors and nurses who are filmed will be disguised within 24 hours of the filming process. This is undertaken using 'pixelation' software which, in essence, smudges faces and other distinguishing characteristics.

## **Safety attitudes questionnaire**

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

## **Organisational profiling**

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



# Centre Projects

## **Clinical indicator and performance data analyses**

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

## **Interviews and focus groups**

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

**Output:** The project will improve understanding of the ways that information technology influences clinical work and identify factors which influence its adoption and effective use in improving patient care. Results of the research will be made available to participants and will be disseminated widely.

## **Selected Publications and Presentations**

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

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

# 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
- Prince of Wales/Prince Henry Hospital
- Australian Council for Safety and Quality in Health Care
- Australian College of Health Service Executives
- The Institute for Health Research
- The Australian Patient Safety Foundation
- South Eastern Sydney Area Health Service.

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

- Centre for Clinical Management Development, Durham University, UK
- Clinical Effectiveness Unit (HHS Wales) Cardiff
- Department of Community Medicine, Auckland, NZ
- Department of Social Policy, University of Newcastle upon Tyne, UK
- Health Policy Unit, Graduate School of Management, University of Durham
- Intermountain Health Care, Utah, USA
- Shandong Medical University, Jinan, People's Republic of China
- Centre for Communication in Health, University of Wales, Cardiff
- World Health Organization, Kobe Centre
- Clinical Governance Support Team, NHS
- National Health Services (NHS) Confederation

# Collaborations

- Shanghai Municipal Health Bureau, People's Republic of China
- Harvard School of Public Health
- International Centre for Research on Organisational Discourse, Strategy and Change, University of Sydney
- Health Communication Research Centre, Cardiff University, UK
- Center for Activity Theory and Development Work Research, Helsinki, Finland
- European Group of Organisation Studies
- European Association of Communication in Healthcare.

# Education and Extension Activities

The Centre's involvement extends beyond the limits of any one school or faculty. However, it is associated for teaching purposes with the School of Public Health and Community Medicine, and particularly with both the Graduate Management and Public Health Programs of the University of New South Wales, 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 workshop on Organisational Culture Change in conjunction with the Australia College of Health Service Executives
- Contributed to the conceptualisation of health scenarios which are part of the new Medical curriculum. Specifically, a 'Death and Dying with Dignity' health scenario, which was originally derived from preliminary research done for the Centre's recently funded SPIRT project on death and dying, has now been adopted into the curriculum innovation process
- 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
- Conducted invited guest lectures at the Universities of London and Aalborg, and at events in Washington DC, Cardiff, United Kingdom and Slovenia.
- Made presentations to various conferences in conjunction with or for the

# Education and Extension Activities

Institute for Clinical Excellence, NSW, Australian College of Health Service Executives, Royal Australian College of Medical Administrators and NSW Health Department.

The relevance of these initiatives is evident from the interest that they have generated. For example, student participation in courses and teaching led by Centre staff has been in excess of expectations. Demand for the workshops on clinical pathway development and organisational culture change is such that we are considering adopting a 'train the trainer' methodology. In summary these initiatives together demonstrate the educational benefits that can derive from the Centre's strong research programs.



A meeting of Centre staff and Australian Council on Healthcare Standards staff regarding accreditation research.

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Jeffrey Braithwaite, Maureen Robinson and Ian O'Rourke during a study tour of the Clinical Governance Support Team of the NHS in England, October, 2003.



# Financial Overview

## CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

### Statement of Financial Performance for the Year Ended 31 December 2003

	2003 \$	2002 \$	Notes
<b>Income</b>			
External Funds (i)	206,832.51	490,226.24	
UNSW Contribution	9,539.00	17,313.00	
<b>Total Income</b>	<u>216,371.51</u>	<u>507,539.24</u>	
<b>Expenses</b>			
Payroll	181,827.29	303,940.52	
Equipment	126.32	11,145.81	
Materials	30,197.67	118,275.69	
Travel	53,144.81	84,447.25	
<b>Total Expenses</b>	<u>265,296.09</u>	<u>517,809.27</u>	
<b>Operating result</b>	-48,924.58	-10,270.03	
<b>Surplus(Deficit) Bfwd from Prior Year</b>	55,130.05	65,400.08	
<b>Correction of Prior Year Accumulated Fund</b>	78,152.51	0.00	1
<b>Adjusted Brought Forward</b>	133,282.56	0.00	
<b>Accumulated Funds Surplus(Deficit)</b>	<u><u>84,357.98</u></u>	<u><u>55,130.05</u></u>	
(i) Excludes debtors (unpaid invoices)	106,040.00	98,370.38	2

#### Notes to the Statement of Financial Performance

Note that within debtors of \$106040 outstanding at present time a total of \$15125 has remained outstanding since 2002

**1** The Correction to Prior Year Accumulated Fund relates to the External Funds in 2002 which should have been \$568,382.90

**2** The Debtors figure was overstated in 2002 and should have been \$63,627.01.

# Financial Overview

## Income Received 2003

CHI Linkage Grant	\$10,000.00
CHI Linkage Grant – Industry Partner	\$5,000.00
NSW Department of Health	\$127,420.45
Prince Henry/POW Project	\$17,650.00
ARC SPIRT Grant: A Project to Develop Interventions to Overcome The Limits of Medicine in Managing the Dying Process in Acute Care Hospitals	\$72,760.00
South Western Sydney Area Health Service	\$20,000.00
Evidence Based Medicine Workshop	\$800.01
Northern Sydney Area Health Service	\$38,000.00
Faculty of Medicine	\$9,539.00
Sales of Texts	\$160.00
Investment Income	\$3,002.05
Miscellaneous Income see note (i)	\$2,955.00
<b>Total Income (see note ii)</b>	<b>\$307,286.51</b>

Note (i) Reimbursements

Note (ii) Please see Statement of Financial Performance which shows an amount of \$106040 unpaid invoices of which \$15125 has remained outstanding since 2002

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# 2003

ANNUAL REPORT

Centre for Clinical Governance Research in Health

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