



THE UNIVERSITY OF
NEW SOUTH WALES



CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

A SHORT BRIEFING PAPER



An outline of the Centre, its key activities and future directions

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

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1 THE CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

1.1 The Centre and its Work

The Centre for Clinical Governance Research in Health is a research facility in the Faculty of Medicine at the University of New South Wales with a successful track record of undertaking research and evaluation projects on health sector issues since 1991. Its core interest is to investigate issues of policy, governance and leadership in the health sector. It is involved in conducting original research into clinical governance issues, providing a scholarly capability by which to evaluate health sector policies, programs and projects, and contributing to undergraduate medical, postgraduate health services management, and public health and doctoral education. To achieve these the Centre makes use of assembled expertise and collaborators, and builds on existing staff expertise through external collaborations within Australia and internationally, including with the Centre for Health Informatics, UNSW, the Centre for Values, Ethics and the Law in Medicine at University of Sydney, and the Centre for Clinical Management at the University of Durham, United Kingdom.

Staff of CCGR have undertaken numerous studies into safety and quality issues in healthcare, particularly into the organizational structures and processes of health care agencies and institutions and the features of the underlying cultures and sub-cultures pertinent to clinical practice and its improvement. Staff members have also undertaken a great deal of research and evaluation work into health policy and implementation, organizational change and clinicians as managers and the leadership behaviour of clinicians.

Recent work conducted by the Centre includes work on evidence based management in health care (Boldy, Braithwaite and Forbes, 2002; Braithwaite, Whelan and Forbes 2002). We have also pioneered the re-interpretation of soft systems methodology as a way of providing healthcare professionals with approaches to change cultures and systems (Hindle and Braithwaite 2001; Braithwaite, Hindle, Iedema and Westbrook 2002). Our research points to how crucial it is to bring managers and clinicians together so that they develop shared agendas and put the organizational mechanisms in place to achieve realistic and progressive change (Delaney, Sorensen and Barton 2002).

Our work on clinical pathways has been extremely well regarded (Braithwaite 2001; Sorensen, Maxwell, Coyle, Zhang and Patterson 2002). In terms of health care reform and its effects we have made a range of contributions (Braithwaite and Hindle 2001; Braithwaite, Black and Westbrook, 2003, forthcoming; Sorensen 2002). We are considered leaders in developing models of reform in public hospitals and their integration into related health sectors, including primary care, community care and aged care. We have developed and implemented methods of clinical governance and clinical and management accountability that translate models into operational structures and processes (Sorensen 2002; Degeling, Sorensen, Maxwell, Aisbett, Zhang, Coyle 2000; Sorensen, Maxwell, Coyle, Zhang and Patterson 2002).

Further, we are at the forefront in researching the types of organizational environments conducive to the acceptance of reform principles and the engagement of managers and clinicians in their adoption. In this respect we have undertaken extensive research on international reform initiatives and how over the last thirty years they have been translated into health policy in Australia (Sorensen 2002).

We are also providing leadership in terms of research into clinicians as leaders (Wong and Braithwaite 2001; Iedema 2003, forthcoming; Iedema, Degeling and White 1999; Iedema, Degeling, Braithwaite and White 2003, forthcoming; Braithwaite 1999; Braithwaite, Finnegan, Graham, Degeling, Hindle and Westbrook 2003, forthcoming). Some of this knowledge has been incorporated into a series of management case studies for the benefit of coursework Masters students at both University of NSW and University of Sydney (Braithwaite 2002a; 2002b; 2002c; 2002d). Other related work includes examining the information and communication requirements of modern health care provision (Iedema 2003, forthcoming; Gosling, Westbrook and Braithwaite 2003, forthcoming) and the practical issues surrounding hospital reform and practice standardization (Meyerkort, Iedema, Degeling, White and Mallock 2003, forthcoming). This work has centred on the role of managers in implementing change and the quality of communication between managers and clinicians in developing collaborative change agendas. We have also conducted extensive research into workable and applicable methods of multi-disciplinary clinical planning, management and evaluation (Degeling 2000; Sorensen, Maxwell, Coyle, Zhang and Patterson 2002). Uniquely, we have investigated the effect of policy in creating the environment for change (Sorensen 2002).

Recently commissioned research and evaluation work includes evaluating the Clinical Practice Improvement Training Program (CPITP) for the Institute for Clinical Excellence in NSW (Braithwaite, Hu, Sorensen, Patterson, Meyerkort, Salkeld, Zhang, Mallock, Iedema and Betbeder-Matibet 2002); analysing the clinical unit structures for an area health service (Braithwaite, Mitchell, Redford, Tyson 1999); assessing the impact of clinical pathways on evidence based medicine, efficiency, effectiveness and service integration (Degeling, Sorensen, Maxwell, Aisbett, Zhang, Coyle 2000); and the development of a clinicians' self-assessment tool to improve patient care (Sorensen, Maxwell and Coyle 2002). We have also been funded for \$2.1 million in conjunction with the Centre for Health Informatics at UNSW and NSW Health to study prospectively from 2003–2006 the impact of information and communication technologies on organizational processes and outcomes using a multi-disciplinary, multi-method approach.

Our international work involves playing a leading role in global health reform. Most recently we have worked with and contributed to progress with the World Health Organization's Centre for Health Development at Kobe, Japan (Braithwaite 2002e); with WHO Kobe and the Shanghai Municipal Health Bureau (Braithwaite and Cormack 2002; Braithwaite 2002f); and with WHO South Pacific Regional Office in Fiji (Harris, Braithwaite, Zwi and Mallock 2003, forthcoming). Over the years staff of the Centre have completed work for many international agencies including, *inter alia*, AusAID, Asian Development Bank, World Health Organization and the World Bank.

More specifically the Centre has examined in several studies, each of several years' duration, how clinical units are managing practice improvement, and has developed several tools for improving patient care. The work of the Centre demonstrates:

- Clinicians' education in clinical improvement processes is crucial
- Evaluation of actual practice improvement, thereby to learn what works and what does not work, is fundamental to progress in this area
- Understanding the organizational and occupational sub-cultural characteristics which inhibit and constrain or facilitate and enable improved safety and quality is a precondition to future success
- While organizational structure is a variable perceived by many to be important, organizational culture is a far more important determinant of successful clinical practice improvement
- Clinicians and managers must work together in longitudinal partnerships to achieve practice improvement gains
- Resource allocation in health care needs to be aligned with and support practice improvement
- Long term sustainability of any improvements in safety and quality initiatives comes with the institutionalisation of practices, roles, responsibilities and resources
- A clear model of safety and quality to judge what is relevant and to guide action in organizational change, coupled with a uniform and consistent method of management throughout the organization to guide clinical practice improvement in line with policymakers' needs
- The importance of, and organizational-wide understanding of, clinical processes, problems and strategies, clinician acceptance of a management role and development of management competencies for those responsible for the safety and quality of care.

1.2 Method

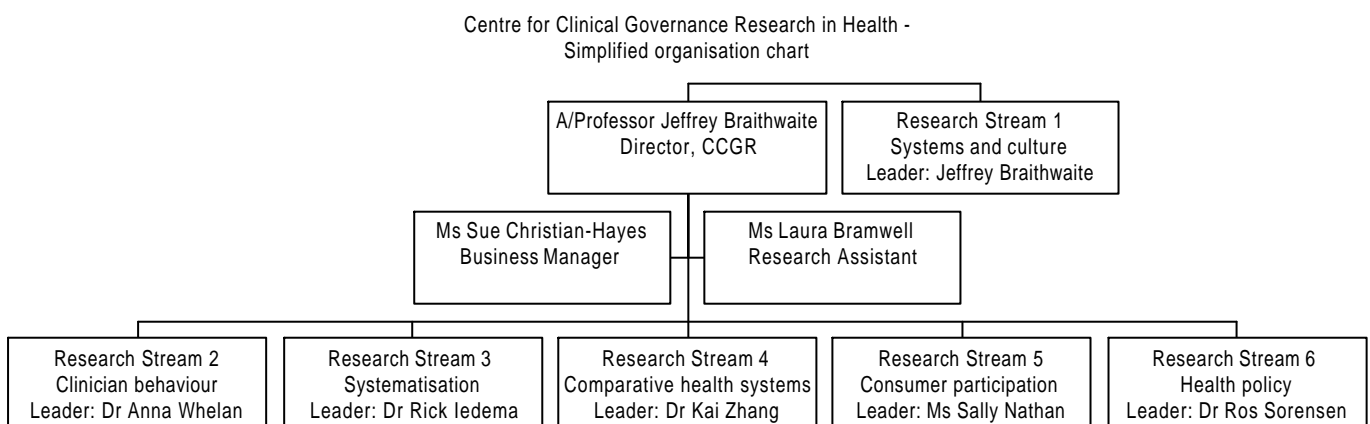
In sophisticated research projects we favour utilising a technique whereby we triangulate qualitative and quantitative data in order to draw conclusions about our evaluation findings. This helps adduce converging and/or diverging evidence to weigh the results of complex data sets.

Oriented to these principles, the Centre has developed over many years a triangulated, multi-method evaluation approach. Combining the strengths of qualitative, social data (generally available from ethnography, interviews, focus groups, text analysis and the like) with quantitative data (available from randomised controlled designs, other experimental or quasi-experimental methods, and questionnaires) allows for a clearer, more reliable and valid set of findings.

We believe research into and evaluation of health sector programs and projects is of vital importance. We can never know whether investments committed to improving the health system have the desired effect or realise the benefits sought unless we conduct rigorous, formative and summative research into and evaluation of what worked, what did not work and what the circumstances and context were under which success was facilitated or inhibited. We have specific quantitative and qualitative skills and experience. In terms of qualitative research we have used a wide range of methods such as ethnography, discourse analysis, content analysis, focus groups and structured and non-structured interviews. In respect of quantitative skills we have used methods such those used in randomised trials and sophisticated quantitative analysis techniques.

1.3 Structure

The Centre constitutes its work structurally into six research streams. This way of organising work is reflected in an organisational chart.



1.4 Future Directions

The Centre's mission, identity, principles and objectives have been systematically clarified over time. They are as follows.

Mission

A Centre undertaking research of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership.

Identity. We are:

- The people who look at clinical governance and make it meaningful
- World class social researchers

- Promoting exciting cross-disciplinary research with multiple internal and external partners.

Principles. Our principles for projects:

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

Six CCGR objectives:

- 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 organization and management of clinical work involving partners drawn from other groups within the Faculty of Medicine, other departments within the University, Federal, State and Area health authorities and potential collaborators in other universities both within and external to Australia
- To provide a supportive environment for developing the research skills of earlier career 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, organizational behaviour, social theory and anthropology
- To be an internationally recognised reservoir of knowledge and expertise on clinical work management issues with a capacity to respond to requests for advice and consultation
- To facilitate the development of education and training activities both within and outside the University in support of clinical governance.

Looking to the future, the Centre has developed a Strategic Plan 2002-2005 which captures some of the main streams of research activities the Centre works on. These are as follows.

Systems and culture

Key inquiry areas: Systems interconnectedness, management/clinician relationships, change management, restructuring, systems fragmentation, professional boundaries, accreditation and its effectiveness

Clinician behaviour

Key inquiry areas: Workforce issues, how clinician behaviour changes, management/ clinician dichotomy, risk management, health professional education

Systematisation of work

Key inquiry areas: Clinical practice improvement, management/ clinician approaches, systems interconnectedness

Comparative health care systems

Key inquiry areas: Comparative systems performance, clinical indicators across systems

Consumer participation

Key inquiry areas: Increased consumerism, accountability, health inequalities, involvement of consumers in care processes

Health policy development and implementation

Key inquiry areas: Commonwealth/ State divide, accountability for policy implementation, risk management, changing disease trends.

The Centre undertakes research and evaluation projects under each of these headings. For us, these define our research profile, and are central to improving the safety and quality of care, with clinicians taking a leadership role in change processes.

1.5 Our People

The CCGR team which we deploy to carry out our research and evaluation projects include highly experienced researchers including medical clinicians, nursing clinicians and allied health clinicians, organizational behaviour specialists, a linguist, health economists, several policy experts, experts in consumer involvement, experts in IT research, experts in epidemiology and several practicing managers (see the Table below for more details).

TABLE: Centre core personnel, associated researchers and visiting fellows and scholars

PERSONNEL	EXPERTISE
Core personnel	
A/Professor Jeffrey Braithwaite	Organization Behaviour, Health Policy
Dr Rick Iedema	Semiotics and Linguistics
Ms Ros Sorensen	Policy
Dr Anna Whelan	Diversity, Management
Dr Tessa Ho	Health Economics
Dr Wendy Hu	Clinician-Management Issues
Ms Karen Patterson	Nursing Issues
Ms Shannon Meyerkort	Anthropology
Dr Liz Turnbull	Sociology, Psychotherapy
Ms Nadine Mallock	Health Informatics
Professor Don Hindle	International Health
Dr Kai Zhang	Statistics, Medical Issues
Ms Xiao Hu	CQI
Ms Sally Nathan	Consumer Issues
Dr David Greenfield	Change and Innovation
Research associates	
Mr Mark Winters	Anthropology
Ms Sharyn Maxwell	Consumerism, Economics
Dr Glenn Salkeld	Health Economics
A/Professor Johanna Westbrook	Epidemiology, Health Informatics
Dr Sophie Gosling	Psychology, Health Informatics
Professor Enrico Coiera	Medical Informatics
Ms Fleur Hillier	Creative Management
Mr Rod Freyer	Health Communication
Dr Peter O'Meara	Soft Systems Methodology
Mr Greg Fairbrother	Nursing Models of Care
Ms Joanne Callen	Health Informatics
Visiting fellows and scholars	
Visiting Professor Pieter Degeling	Health Services Management
Emeritus Professor George Palmer	Casemix
Professor Les White	Clinician-Management Issues
Dr Philip Hoyle	Clinical Management
Dr Marjorie Pawsey	Quality and Accreditation
Mr Brian Johnston	Accreditation, Management
Mr Chris Aisbett	Statistics, Casemix
Ms Maureen Robinson	Quality and Clinical Policy
Ms Linda Kurti	Sociology

In short, the Centre comprises a range of practitioners, clinical researchers and social scientists from various disciplines. Thus we draw on the disciplines needed to do world-class research and evaluation projects.

1.6 Projects

At any point in time the Centre is undertaking a range of research projects. Some key projects either recently completed or underway at the present time include work with:

- The Australian Research Council
- NSW Health Department
- Institute for Clinical Excellence
- Commonwealth Department of Health and Ageing
- Australian Council on Healthcare Standards
- World Health Organization
- National Health Service (NHS) stakeholder groups including: The NHS Confederation, The NHS Executive, and various NHS Trusts
- The People's Republic of China (Shanghai Municipal Health Bureau)
- The Government of Papua New Guinea
- Singapore Institute of Management
- Hong Kong Health Authority
- The Commonwealth Department of Education, Science and Training (DEST)
- Queensland Health Department
- Victorian Health Department.

Our international connections help broaden our perspectives and enable us to do cross-cutting, world-class research. International linkages include those with:

- Centrum fuer Krankenhaus Management Institute at the University of Munster, Germany
- Clinical Effectiveness Unit, (HHS Wales) Cardiff
- Department of Community Medicine, Auckland, NZ
- World Health Organization - Kobe, Japan
- World Health Organization, South Pacific Region
- Shanghai Municipal Bureau
- Department of Social Policy, University Newcastle upon Tyne

- Health Policy Unit, Durham University
- Intermountain Health Care, Utah, USA
- Shandong Medical University, Jinan, China
- Centre for Communication in Health, Wales University
- National Health Services (NHS) Confederation
- Centre for Evidence Based Medicine, Oxford
- Judge Institute Cambridge University
- Shandong Medical University, China
- Department of Social Policy and Politics, University of London
- Faculty of Medicine, University of Auckland
- Graduate School of Management, Durham University.

The Centre has a number of current projects in train (funded by agencies such as those above, especially the Australian Research Council, World Health Organization, the Commonwealth Government, South Eastern Sydney Area Health Service, and various other area health services, regions and agencies), and projects in conceptualisation phase including:

- Strengthening aged care provision across collaborating agencies in three Australian States
- Aged care/intervention during the last year of life
- Soft systems methods for resolving health care problems
- Clinicians as leaders and managers
- Hospital accreditation and issues of organizational performance and culture of hospitals
- Evaluation of large scale information technology (IT) implementations in teaching hospitals
- Private Sector Financing (PFI) and Public-Private Partnerships (PPP) for health infrastructure
- Streams of care: evaluating new health care structures
- Clinical pathways, communication load and errors
- Analysis of nursing submissions to Senate
- Clinical pathways: implementing a clinicians' information package for reform
- The effectiveness of clinical pathways and factors which affect their implementation
- The organization and management of clinical work including the development and implementation of a clinicians' self-assessment package to improve patient care.

The Centre therefore embodies a range of relevant disciplines and skills and international perspectives, and has inculcated over the years a strong cross-disciplinary ethos. Thanks to the cross-fertilisation of clinical, health services and social science research perspectives, the methods and approaches utilised are not merely highly integrated and tailored to clinical-organizational questions, but also highly innovative in their combination of traditional research tools, including surveys, case studies and interviews, and innovative tools such as clinical task analysis, video-analysis, discourse analysis and ethnography.

1.7 Impact on Knowledge and Practice

Several exemplars might be adduced of how the Centre's work has been received. Associate Professor Jeffrey Braithwaite's work on health policy, change management and organizational behaviour is widely used and cited. He has researched, consulted, taught, presented and published on health policy, changing health sector structures, change management over a decade and a half and, particularly in the past five years, on clinicians as leaders and managers. He has published or presented more than 150 books, monographs, articles or papers in national and international literature and venues.

Dr Rick Iedema's work on health communication and clinical work specialisation is attracting international acclaim, and is being used by practitioners in many health care settings. Dr Iedema brings his skills as a social scientist to the analysis of clinical tasks and their enactment by specific clinicians. This micro-level analysis is crucial for addressing the lived experience of what it means to improve clinical practice for individual clinicians. Dr Iedema's work has been presented at a range of international meetings and in some of the leading social science journals.

Ms Ros Sorensen's work on health sector reform, policy implementation and its effects and clinical management has been used widely to inform the development of policy in health reform. Findings have been disseminated via links with individual hospitals, conference presentations, colloquia, research proposals and academic papers. The work is being used to promote the importance of culture change and use of organization-based, systematic methods of clinical work management as the foundations of reform in health care.

Professor Don Hindle's work has been influential in policy circles in Australia and internationally. He has made seminal contributions in health sector reform and in introducing casemix concepts and practices into Australia and in influencing policy and casemix development programs at State and Commonwealth Government levels. As a figure of International standing Professor Hindle often divides his time between the Centre and on health reform projects particularly in Asia and Eastern Europe.

1.8 Innovative Approaches to Research and Dissemination of Findings

The Centre embraces research innovation in two ways. First it has developed creative ways to conceptualise research and evaluation projects and conduct them. Second, it is innovative about disseminating findings for the benefit of sponsors, identified stakeholders and the wider health community.

In terms of innovation in project initiation and conduct, the Centre is at the forefront in using a process adapted from Van de Ven, Polley, Garud and Venkataraman (1999). This process involves attending to four important ingredients in project success: mapping the journey, encouraging learning and collaboration along the way, providing leadership in each project phase, event and sub-process, and managing internal and external relations. Various brainstorming and creation-generating tools are used in the conceptualisation, design, inception, progress and completion stages of projects.

In dissemination and findings, the Centre has modified for its use the Rogers innovation-diffusion model (Rogers 1995). Centre audiences for its research findings include clinicians, other health service providers, health managers and policymakers, the academic research community in health policy and academic disciplines from which its staff are drawn. The Centre successfully employs a range of innovative dissemination methods, including purpose-designed and research-based workshops for hospital clinicians and managers, contributions to academic courses such as the undergraduate medical curriculum at University of New South Wales and University of Sydney, development of a range of resource materials including case studies, videos and computerised simulations, acting as a neutral broker for policy briefings and forums, conducting arm's-length, professional and methodologically sophisticated evaluations of health policies, programs and projects, presentations to professional conferences both nationally and internationally and publication of research findings in national and international journals, reports to government and in the Centre's monograph series.

1.9 Research Funding

The Centre's ability and future capacity to secure research funding are both strong. The staff have attracted almost \$8 million worth of funding over the past ten years, and have conducted a range of research and evaluation projects of significance. Although this satisfies the criterion of 'proven ability to attract research funding', it is evident that another important factor here is the type of funding secured, and how it has been used. We have secured funding, especially in recent years, on issues and problems which are central to the mission and objectives of ICE. In addition, we have developed useable tools and solutions to such problems, and fed these ideas back into the system via published books, articles and chapters, conference papers, and our teaching in the MPH and MHA at University of Sydney and University of NSW.

2 APPENDIX: CENTRE – SELECTED RECENT WORK (1998 – PRESENT)

2.1 Articles in Scholarly and Peer-Reviewed Journals

Braithwaite J (2001) Caring about carepaths: on locus of control, holons and weltanschauung, *Australian Health Review*, 24 (4): 18-20.

Braithwaite J (1998) Complex systems and the nature of professionalism, *Australian Health Review*, 21(4): 11-14.

Braithwaite J and Hindle D (1998) DRG funding: time for a rethink?, *Medical Journal of Australia*, 168 (11): 558-62.

Braithwaite J and Hindle D (2001) Acute health sector reform: an analysis of the Australian Senate's proposals, *Australian Health Review*, 24 (1): 3-9.

Braithwaite J, Hindle D, Iedema R, and Westbrook, JI (2002) Introducing soft systems methodology plus (SSM+): why we need it and what it can contribute, *Australian Health Review* 25(1): 195-202.

Braithwaite J, Hindle D and Degeling P (1998) Rebuilding the English National Health Service: doctors in the driving seat? *Medical Journal of Australia*, 169 (2): 71–2.

Buckmaster L and Hindle D (1998) On sin and public health: the case of the ACT heroin trial, *Hospital Brief*, 6 (7).

Cromwell D, Priddis D and Hindle D (1998) Using simulation to educate hospital staff about casemix, *Health Care Management Science*, 1: 87-93.

Cromwell D, Viney R, Halsall J and Hindle D (1998) Linking measures of health gain to explicit priority setting by an AHS in Australia, *Social Science and Medicine*, 47 (12).

Degeling P, Hill M and Kennedy J (2001) Mediating the cultural boundaries between medicine, nursing and management – the central challenge in hospital reform, *Health Services Management Research*, 14: 36-48.

Degeling P, Hunter DJ and Dowdeswell B (2001) Changing health care systems, *Journal of Integrated Care Pathways*, 5: 64-69

Degeling P (2000) Reconsidering clinical accountability: an examination of some dilemmas inherent in efforts to bolster clinician accountability, *International Journal of Health Planning and Management*, 15: 3-16.

Degeling P, Hill M and Kennedy J (1999) The change implications of clinical governance, *Clinicians in Management*, 8 (4): 220-227.

Degeling P, Hill M, Kennedy J, Coyle B, and Maxwell S (2000) A cross national study of differences in the identities of nursing in England and Australia and how this has affected their capacity to respond to hospital reform, *Nursing Inquiry*, 7 (2): 112-119.

Degeling P, Kennedy J and Hill M (1998) Professional subcultures and hospital reform, *Clinician Manager*, 7 (2): 89–98.

Degeling P, Sage D, Kennedy J and Perkins R (1999) The impact of reform on hospital-based professional subcultures – a comparison of some Australian and New Zealand hospitals, *Australian Health Review*, 22 (4): 172-188.

Delaney G, Sorensen R and Barton M (2002) Strategic investment in radiotherapy, *Cancer Forum*, 26 (3): 180-183.

Hindle D and Braithwaite J (1998) Blair's labour and Howard's coalition: on the same path to health?, *Healthcover*, 8 (1).

Hindle D (1998) Product classifications for the Australian health care system, *Health Management Bulletin*, 1 (5).

Hindle D (1998) Casemix funding of acute hospitals in Victoria: thumbs up and down from the Auditor-General, *Hospital Brief*, Vol 6 (5).

Hindle D (1998) Crossing boundaries, *Australian Health Review* Vol 21 (3).

Hindle D (1998) Evaluation, culture, and learning: an overview, *Journal of Health Information Management*, Vol 5 (4).

- Hindle D (1998) Fringe cuts: tax reform and the public health care sector, *Hospital and Healthcare*, October 1998.
- Hindle D (1998) Privatisation and health care: the debate goes, *Hospital Brief*, Vol 6 (4).
- Hindle D (1998) Reducing hospital waiting lists: which government will solve the problem?, *Hospital Brief*, Vol 6 (6).
- Hindle D (1998) The case for capitation of general practice, *Australian Medicine*, Vol 10 (4).
- Hindle D (1998) Trusting the surgeon: a tornado from Bristol, *Australian Health Review*, 21 (4).
- Hindle D (1999) Evaluation, culture, and learning: an overview, *Journal of the Health Information Management Association of Australia*, 28 (4).
- Hindle D (1999) In strife again: the great health debate, *Australian Health Review*, 23 (3).
- Hindle D (1999) Out with the old, in with the young: lifetime community rating, *Australian Health Review*, 22(1): 156-160.
- Hindle D and Degeling P (1997) All quiet on the Western front? A postcard from the UK's National Health Service, *Healthcover*, February-March.
- Hindle D and Braithwaite J (1998) Product costing, managerialism and organizational learning: some insights from a case study from the Tasmanian health sector, *Australian Journal of Public Administration*, 57 (2): 36-45.
- Hindle D and Braithwaite J (1998) For my next trick: Tony Blair pulls a health White Paper out of his hat, *AHA: Papers of the Australian Healthcare Association*, Vol 6 (3), pp. 1-4.
- Hindle D, Degeling P and Van der Wel O (1998) Severity variations within DRGs: measurement of hospital effects by use of data on significant secondary diagnosis and procedures, *Australian Health Review*, 21 (1): 37-49.
- Hindle D, Frances M and Pearse J (1998) Casemix funding and the effects of isolation and size: a preliminary analysis of small hospitals in rural New South Wales, *Australian Health Review*, 21 (4).
- Hindle D, O'Rourke M, Batsuury R and Orgil B (1999) Privatising general practice in Mongolia: a trial of needs-adjusted capitation, *Australian Health Review*, 23 (3).
- Iedema R and Degeling P (2001) From difference to divergence: the logogenesis of interactive tension, *Functions of Language*, 8 (1): 33-56
- Iedema R and Degeling P (2001) Quality of care: clinical governance and pathways, *Australian Health Review*, Vol.24 (3): 12-15
- Iedema R (2001) Resemiotisation, *Semiotica*, 137 (1/4): 23-40
- Iedema R and Wodak R (1999) Organizational discourses and practices, in R Wodak and R Iedema (eds), special issue of *Discourse and Society* on organizational research, 10 (1): 5-20.
- Iedema R (1999) The formalisation of meaning, in R Wodak and R Iedema (eds), special issue of *Discourse and Society* on organizational research, 10 (1): 49-65.
- Iedema R, (1998) Hidden meanings and institutional responsibility, *Discourse & Society* 9 (4): 481-500.
- Lloyd P, Southon G and Braithwaite J (1998) Empowerment and the performance of health services, *Journal of Management in Medicine*, 13 (2): 83-94.
- McAuley I and Hindle D (1999) Sorting out health financing: on personal choice and community good, *Australian Health Review*, 22 (1): 3-6.
- Oates B, Murray J and Hindle D (1998) The second national hospital costing study: background, results, and implications, *Australian Health Review*, 21 (3).
- Sorensen R (2001) A stitch in time - a perspective on quality, *Cancer Forum* 25 (2).
- Southon G and Braithwaite J (1998) The end of professionalism? *Social Science and Medicine*, 46 (1): 23-28.
- Westbrook JI and Braithwaite J (2001) The health care game: an evaluation of a heuristic, web-based simulation, *Journal of Interactive Learning Research*, 12 (1): 89-104.
- Westbrook JI, Braithwaite J and McIntosh J (1998) The outcomes for patients with incidental lesions: serendipitous or iatrogenic?, *American Journal of Roentgenology*, 171: 1193-1196.

Wong HMY and Braithwaite J (2001) Practice management: observations, issues and empirical evidence, *Journal of Periodontics*, 72 (2): 196-203.

2.2 Books, Chapters, Monographs and Published Reports

Boldy D, Braithwaite J, Forbes IW (eds) (2002) *Evidence based management in health care: the role of decision-support systems*. Sydney: Australian Studies in Health Service Administration No 92, University of New South Wales, Graduate Management Programs.

Braithwaite J, Whelan A, Forbes IW (2002) Decision support systems and where they go from here: the normative and the realised. In: D Boldy, J Braithwaite and IW Forbes (eds). *Evidence based management in health care: the role of decision-support systems*. Sydney: Australian Studies in Health Service Administration No 92, University of New South Wales, Graduate Management Programs.

Braithwaite J (2002) Rapporteur's report on the Third Global Symposium on Health and Welfare Systems Development. Kobe, Japan: World Health Organization, WHO Kobe Centre, pp 16.

Braithwaite J (2002) Rapporteur's report on the Cities and Health Advisory Task Force. Shanghai, PRC: World Health Organization WHO Kobe Centre and Shanghai Municipal Health Bureau, pp 16.

Braithwaite J (2001) Report on the forum for clinicians on bed management. Wollongong: Illawarra Area Health Service, pp 51.

Braithwaite J, Hu W, Sorensen R, Patterson R, Meyerkort S, Salkeld G, Zhang K, Mallock N, Iedema R and Betbeder-Matibet L (2002) *Evaluation of the Clinical Practice Improvement Training Program*. Sydney: Institute for Clinical Excellence.

Degeling P, Kennedy J, Hill M, Carnegie M and Holt J (1998) *Professional subcultures and hospital reform*, Sydney, Centre for Hospital Management and Information Systems Research, The University of New South Wales.

Degeling P, Sorensen R, Maxwell S, Aisbett C, Zhang K and Coyle B (2000) *The organization of hospital care and its effects*, Sydney, Centre for Clinical Governance Research, The University of New South Wales.

Hindle D and Braithwaite J (2001) *Soft Systems Methodology: a guide for Australian health care professionals*, Sydney: Centre for Clinical Governance Research, University of New South Wales, School of Health Services Management.

Hindle D (1997) *A guide to the SF-36*, Canberra: Australian Private Sector Association, Private Sector Casemix Unit.

Hindle D (1997) *Clinical pathways: developing data standards for information sharing among hospitals*, Canberra: Australian Private Sector Association, Private Sector Casemix Unit.

Hindle D (1997) *Utilisation review: a strategy for the private hospital sector*, Canberra: Australian Private Sector Association, Private Sector Casemix Unit.

Hindle D (1998) Casemix and financial management, in M Courtney (ed.), *Health care financial management*, Sydney: MacLean Petty.

Hindle D (1998) Technical aspects of product costing, in M Courtney (ed.), *Health care financial management*, Sydney: MacLean Petty.

Hindle D (1999) *Product costing in Australian hospitals: a background guide to national costing work*. Canberra: Commonwealth Department of Health and Aged Care.

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- 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.
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- Degeling PJ, Zhang K, Lingzhong X, Jiang W, Telfer B, Maxwell S, Coyle B and Kennedy J (2001) The impact of culture and policy on the quality improvement effects of hospital reform, *4th International Conference on the Scientific Basis of Health Services*, Sydney, September 22-25.
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- Degeling P (1999) Medical managers and hospital reform, *The Royal Australasian College of Physicians Annual Scientific Meeting*, Rotorua, New Zealand, August.
- Degeling P (1999) Medical managers and the challenge of hospital reform, *Sixth Annual HMG User Group Forum*, Scottsdale, Arizona, December 2-4.
- Degeling P (1999) The cultural barriers to clinical effectiveness, *Invited presentation to Templeton College, Oxford, and the Clinical Effectiveness Unit, NHS Wales*, August.
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