



# Enhancing Hospital Outcomes (EcHO). Workshop on an HRC project. COMPASS Seminar Series, 12 March 10

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THE UNIVERSITY  
OF AUCKLAND

NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau



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“serving research and policy”



# Session Outline



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The University of Auckland

- Background – Peter Davis
  - ⊕ COMPASS role
  - ⊕ Echo project
  - ⊕ Social equity agenda
  - ⊕ Doctoral opportunity
- Initial doctoral ideas – Peter Beaver
  - ⊕ Equity and the welfare state
  - ⊕ The role of the hospital
  - ⊕ Organisational sociology
- Commentary – Jonathan Gabe
- Open discussion

# COMPASS role



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## COMPASS



**Mission, Structure, Personnel**



**Operational Philosophy**



## Programme



**Health Services Research and Policy (HRC)**



**Social Policy Monitoring and Evaluation (FRST, Marsden)**



**Research Infrastructure and Services (TEC, SPEaR)**



## Prospects



**Challenges and Opportunities**

# EcHO Project - I

## ▣ Background

- ▣ Growing health expenditure
- ▣ Concerns about quality and resource use
- ▣ New Zealand well placed

## ▣ Aims

- ▣ Assess performance of hospital sector over time
- ▣ Quality and resource use
- ▣ Potential of data linkage

## ▣ Design

- ▣ Observational; a monitor; using existing data

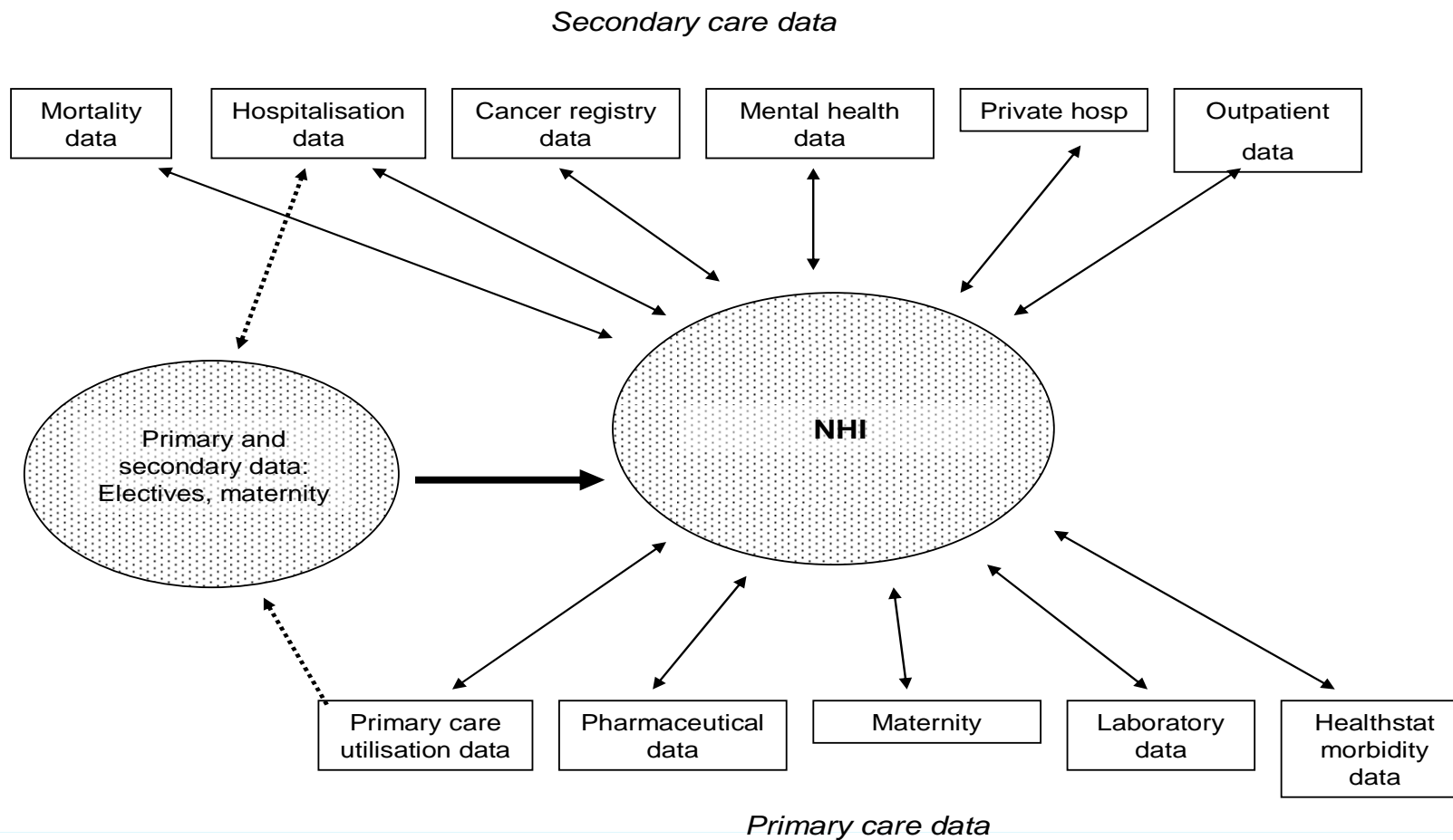
## ▣ Main outcome measures

- ▣ Safety; access; appropriateness; efficiency; prevention

# Potential for data linkage

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# EcHO Data Sets



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## ■ Hospital

- National Minimum Dataset (NMDS) 2003-
- National non-admitted patient collection (NNPAC) 2007-
- National Booking Reporting System (NBRS) 2003-
- National Booking Reporting System Data Warehouse (NBRS DW) 2003-

## ■ Hospital & Primary Care

- Mortality Collection (MC) 2003-
- Maternity and Newborn Collection (MNIS) 2003-
- Maternity and Newborn Collection (MNIS) 2003-
- Cancer Registry 2003-

## ■ Primary Care

- GMS General medical services 2003-
- PHO enrolment 2007-
- Pharms 2003-
- Labs 2003-

## • Population

- Census 2006

# EcHO Pilot Indicators



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- ❑ Selected medical and surgical unplanned readmissions
- ❑ 30 day mortality for three selected conditions (heart failure, asthma, )
- ❑ Post-op DVT or PE
- ❑ Post-op sepsis
- ❑ Length of stay
- ❑ Day case surgery basket

# EcHO Project - II

New Zealand

The University of Auckland

- ❑ Multi-disciplinary platform
  - Epidemiology
  - Economics
  - Health policy, health systems
- ❑ Multi-site collaboration
  - COMPASS, University of Auckland
  - HSRC, Victoria University of Wellington; and Motu
  - Christchurch School of Medicine, Otago
- ❑ Other features
  - New Zealand Health Information Service
  - Shared storage, research collaboration software



# Equity research agenda



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## ➤ Social equity

- Is there (otherwise unexplained) social variability
  - In central performance areas (e.g. quality of care, resource use):
    - in aggregate by key social groups (ethnicity, deprivation, gender, age)
    - and spatially, and/or by facility (hospital), and/or over time
  - sufficient to suggest the systematic influence of social attributes

## ➤ Spatial equity

- Is there (otherwise unexplained) social variability
  - in performance for key social groups across regions and DHB boundaries
  - sufficient to suggest the systematic influence of spatial factors

## ➤ Equity performance

- Is performance on an equity dimension
  - affected by other dimensions of performance (e.g. efficiency)
  - sufficient to suggest the influence of the performance system
  - and is it affected by facility, DHB or regional characteristics

# Equity and the Welfare State

- ❑ NZ Hospital system in some ways redistributive
  
- ❑ NZ Health Strategy 2008
  - ❑ Societal Outcome Goal: *Reduced inequalities*
  - ❑ System Outcome Goal: *Equity and access to hospitals*
  
- ❑ DHB's are required to work towards:
  - ❑ *“Reducing health disparities by improving health outcomes for Maori and other population groups, and to reduce toward elimination, health outcome disparities between various population groups”* (Ministry of Health 2009)

■ Two ways of measuring equity:

1. **Vertical equity:** What is the total level of need in the population, and how well is it met for the different population groups?
2. **Horizontal equity:** What needs are present in those who 'enter' hospital, and how well are these met for the different population groups?

# The role of the hospital



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- Four major reforms between 1989 and 2001
  - ⊕ Experimentation with market ideals
  - ⊕ Reduction in number of beds / hospitals
  - ⊕ Ongoing concern with efficiency
  - ⊕ Rising costs

# Organisational Sociology

- Current situation



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- ❑ “Competition” with ‘Organisation Studies’
  - Economics, psychology, managerialism
  - Dominance of structural contingency theory  
(organisations are rational actors driven by economic priorities)
  - Sociologists have withdrawn from engagement with public health organisations (Celia Davies 2003)
- ❑ Shift to qualitative methods
  - Do not reify the organisation (Silverman 1970)
  - “*Culture trumps structure every time*”
- ❑ Shift to postmodernism
  - Cultural counter-politics based upon identity practices

# Organisational Sociology

- A possible approach for this thesis



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## ❑ Need to address organisational structure

- Is an a-priori

- Critique of postmodern organisational sociology: *“Little more than quietism and fetishised identity pursuits”*

(Catherine Casey 2002)

## ❑ Neo-institutional theory

- Organisations exist within a social institutional environment (not just economic)

# Organisational Sociology

- A possible approach for this thesis



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## ■ Institutional context of hospital system

- Politics and public opinion (elections won and lost on health)
- Rising public expectation
- Structural reforms
- Ageing population
- New 'epidemics'
- Medical management (increasing power)
- Medical professionals (declining power)
- The economy (neo-liberal demand for efficiency)