TOWARDS QUALITY MANAGEMENT OF THE ORGANISATION

AIM: To describe the processes of quality management and organisational planning in the current international context.

CHANGING MANAGEMENT FOR A NEW WORLD ORDER

In Management Challenges for the 21st Century, Drucker argues that management is the specific and distinguishing organ of any and all organizations, but that the concept needs to be much broader than traditional notions of business management for profit. It is not enough to meet the economic demands of business shareholders. The interests of workers, consumers and community concern about environment protection must all be effectively taken into account for organizational sustainability. Drucker points out that the four greatest growth sectors during the 20th century were government, health care, education and leisure. None of these service sectors operate according to traditional notions of supply and demand, which were established when manufacturing was the main engine of economic growth. In the last thirty years, there has also been spectacular growth in pension funds (superannuation) and related financial services. Organisations now need to operate in networked regional environments to gain maximum effectiveness. Management exists for the sake of the institution's results. It therefore has to start with the organization's intended results and has to organise the resources of the institution to attain these results. However, each institution must increasingly recognise that it operates in a broader geographical environmental where the needs of all stakeholders have to be considered.

In this new international world order, where Communist regimes have already fallen or seek to embrace the market, the book 'Governance, Equity and Global Markets' (2001) sets an influential economists' scenario for the coming century. It seeks to offer recommendations to assist those whose cultures and communities have been left behind or crushed by capitalist economic development. Joseph Stiglitz (who won the Nobel Prize) and Pierre-Alain Muet have edited these papers from the Annual bank Conference on Development Economics (ABCDE) - Europe in 1999. The introduction to the book points out that contrasting the Russian and Chinese experiences of transition towards capitalism suggests that:

> 'if one has to choose, competition is more important than private property for the functioning of the market economy'(p.xiii).

The general health and wellbeing of the Chinese people has advanced substantially over the past decade, whereas the health of Russians has generally declined, as the society has become more unequal. Although both Russia and China have increasingly sought to enter world markets since the fall of the Berlin Wall in 1989, Russia undertook major sales of state assets, whereas the Chinese increasingly encouraged competition, but moved more cautiously in privatizing large state owned businesses. The far less dramatic Australian experience over a similar period suggests that there are major health and economic benefits for the county in public ownership of national Medicare funds, and in public and industry ownership of other major funds. On the other hand, there also appear to be major benefits to be derived from increasing competition in the delivery of services, in such a way that they can be more effectively monitored, and their outcomes more effectively compared. Such competition, however, may increasingly be regional rather than organizational. Organisations which can develop effective working partnerships to deliver services may produce the best outcomes for communities and thereby gain more funding.

In his opening speech to the ABCDE Conference, Lionel Jospin, Prime Minister of France, emphasized the need for a comprehensive and balanced approach to development and the importance of encouraging the integration of developing countries into the world economy. He also talked of the urgent need for a genuine 'governance' of the international economy, and quoted the work of Dominique Strauss-Kahn, writing on behalf of the French government, who put forward proposals to relieve the debt of the poorest countries based on three principles:

1. 'solidarity, which bids us give the poorest countries the most favourable treatment;

2. equity, which requires a balanced sharing of the financial burden and a write-off of residual debt;

3. responsibility, which mandates that measures of support first benefit countries which are noted for their good governance and who choose to allocate any funds released from debt to the priority sectors for social development: education and help'. (p. xxii)

James Wolfensohn, then President of the World Bank, said that, 'While we need to have the proper macroeconomic policies in place and to address issues of growth, capital flows and exchange rates, we also need to attend to structural and social issues. But these 'soft' concerns do not always get the same instant reaction as financial concerns because the issues are long term. Education is long term. Environment is long term, Health is long term.' (p. xxvi) Wolfensohn appears to be saying that those who seek high profits in the short term, rather than those who undertake a broader consideration and pursuit of public interests, are still driving development outcomes. (Wolfensohn also said 'Before you go to market, save an egg for the baby', but that was to a very different audience.)

Changing the current situation of global poverty, disease and environmental degradation through more effectively targeted superannuation and related investment strategies is now a major challenge which must be undertaken by governments and anybody else whose values are broader than personally getting on and making money. Attanasio states that:

> 'The lack of synchronization between demographic trends in the world constitutes an important opportunity to reduce the impact of demographic changes on pension systems. Northern capital invested in less developed regions could yield higher returns to finance the retirement of the US and European baby boomers and at the same time could help the development in Latin America and other developing regions' (p. xvi)

In this context, the ability to effective develop, monitor and evaluate the impact of investment strategies designed to meet the sustainable development needs of global communities becomes increasingly important for everybody.

In their conclusion to 'Governance, Equity and Global Markets', Muet and Stiglitz say:

> 'The starting point of this European conference was the feeling, shared by many economists, that we had to go beyond what was called 'the Washington consensus'. This is:
>
> - The plea for an unconditional liberalization of markets
> - The lack of attention paid to institutions
> - Macroeconomic policies geared too much towards lowering inflation rates and not enough towards growth and employment

- A failure to understand fully how weak financial institutions can lead to macro-economic instability as bad as large budget deficits

The authors conclude that development success stories include all the ingredients taught in economic text books: high savings, rapid capital accumulation, high levels of training, strong capacity to acquire new knowledge, rapid insertion into international trade. However, they state that these ingredients alone do not ensure development. In their view, these traditional economic strategies must be rooted in the political and social reality of each nation, or in other words, each country should adapt and combine them harmoniously. The authors also point out that recent crises have also illustrated the need for greater world governance, especially to manage 'public goods' such as financial stability or environmental protection. This improved world governance cannot come solely from monetary and financial authorities. It must also bring to the table employers and trade unions and must be more attuned to non-governmental organisations; above all it must promote the information, expression and participation of citizens'. (p.xix).

GOING BEYOND THE MARKET AND THE TOTAL INSTITUTION

Management goals need to be increasingly conceptualized and delivered in regional contexts. For example, the Australian health and welfare sector is composed primarily of private, public and voluntary organizations which may all have differing primary goals but which serve surrounding communities. A range of managerial, professional or academic and collegiate cultures and interests may also drive the service outcomes. The private sector organization is driven primarily by the need to make a profit, in order to keep in business and return dividends to its shareholders. Public sector organizations are ideally driven primarily by their legislated functions, and by the policy decisions of the relevant elected ministers. Government has increasingly begun to shift to systems that separate policy decisions (steering) from service delivery (rowing). All organizations, whatever their structure, regularly need to clarify the areas of their operation in which making money is the primary or secondary goal. All communities also need to understand how their various goals, including further education and related communication might be pursued in a more effectively related, flexible and cost-effective way.

Drucker noted that all successful organizations increasingly tend to separate top management from operations, so as to ensure that all the former concentrate on decision making and direction. Operations, Drucker said, should be run by separate staffs, each with its own **mission and goals** and with its own sphere of action and autonomy. Otherwise, managers will be distracted by operational tasks and basic steering decisions will not get made. Steering requires people who see the entire universe of issues and possibilities, and can balance competing demands for resources. Rowing requires people who focus intently on one mission and perform it well. Freeing policy managers to shop around for the most **effective and efficient** service providers helps them manage better by allowing them to use competition between service providers. It preserves maximum **flexibility** to respond to changing circumstances. It helps them insist on **accountability** for quality performance.

The public sector body may be a government department, which primarily has a regulatory function. Alternatively, it may be a service provider, such as a hospital. A statutory authority has both regulatory and service provision functions. A government department has a head who reports directly to the relevant government minister. A board of directors oversees a statutory authority or other government service provider. The board is responsible for the management of the organization in a manner consistent with the requirements of good commercial management and its enabling legislation.

The current Commonwealth government policy direction is to attempt to separate and clarify the roles of regulators, purchasers, and providers of services, in line with the requirements of the national Competition Policy Reform Act that competition between private and public service providers should take place on a level playing field of national standards. Uniformly applied rules of market conduct are increasingly expected to apply to all service providers, whether they operate in the public or private sector. The requirement for purchaser/provider splits in relation to the administration of publicly funded services is aimed at achievement of these goals. The role of purchasers is to negotiate agreements or contracts with service providers on the basis of evidence about the comparative effectiveness and cost of their service provision. The economic, social and environmental impact of provision should all be evaluated.

The government aim is ideally to maintain people in supportive and flexible community environments, rather than in institutions, or as the victims of neglect, or as sources of income for professional and other service providers who refuse to operate in cooperative management structures with the communities they are supposedly there to serve. Goffman's book 'Asylum' described the total institution as a place of residence and work where a large number of like situated individuals, cut off from the wider society for an appreciable period of time, lead an enforced, formally administered life. A total institution is a dominating institution. Because of their controlling and narrowly self-protective character, such organizations are usually very secretive. Although those who benefit directly as a result of it may often enforce secrecy with authoritarian vigilance, secretive practices can rarely be effectively justified from the perspective of the broader worker, consumer and community interest.

Goffman sees a person's self concept as embedded in their name, clothes and general appearance, possessions and past experience on the outside. He argued that the admission procedures in closed or total institutions are often an assault on the entrant's individuality in that they usually require adoption of new clothes and new rules for personal appearance. They often also require the removal of personal possessions and the sharp curtailment of freedom of action. On the other hand, inmates experience the requirement to participate, often against their will, in activities which are ruled by clocks and bells, and which may often be perceived as generally unpalatable. They also have to express on cue those attitudes which are required by the organization. Through this process of suppressing the individual and removing their freedom of choice, Goffman saw the self being remade according to the wishes of those in authority. He argued that the management of total institutions involves the creation of a highly abnormal situation, which cannot teach or meet learning, recreation and personal time management requirements effectively. In Goffman's view, such organizations are unlikely to be able to provide effective services to their often captive clients, and are likely to make them resentful, deceitful, withdrawn or rebellious instead. The inmates, and perhaps the staff, may become institutionalised, and unable to cope with life outside a controlling and self-protecting institutional environment, which is intolerant of individual variation or departure from its required norms.

The work of Goffman and others like him led to the closure of many large institutions and to the promotion of community based care and rehabilitation in the U.S. and many other countries, including Australia. In 1988 Australia set national **goals, targets, strategies and performance indicators**, aimed at better health outcomes into the twenty first century in areas of greatest health concern, as identified primarily by hospital entry and death statistics. These areas were cardiovascular disease, cancers, injury, mental health, and later, diabetes. A national program aimed at improving Aboriginal health was also established. Principle national goals included that Australians should have **access to a comprehensive range of health care services** regardless of financial status, race, culture or language. A related goal was that health services should be of **consistently high quality** across Australia. Fostering **participation of communities and**

individuals in decision making at all levels of health service planning and delivery were established as related key goals. The problem for governments is how to see services networked and managed effectively, so that individuals and communities benefit from this, rather than becoming the pawns of any service providers which operate mainly to enhance their own interest.

GOALS OF VOLUNTARY ORGANISATIONS

The health and welfare sector includes many voluntary organizations of varying purposes and sizes. Such organizations often develop as a result of people seeking to fill a need, which in their view is not being met effectively, either by the private sector or by government. Some current health and welfare occupations were originally established by voluntary organizations. Efforts eventually led to government-funded support for more secure establishment of these services. Today, many large service providers which are part of the voluntary sector are run in a similar fashion to those in the private or public sectors. Hospitals or nursing homes, which historically were established and run by churches or large charitable organizations, and which later gained government support, are examples of this.

However, there is also a very wide range of other voluntary organizations, many of which may be comparatively small, with few resources. These organizations may be set up by a group of like-minded individuals in order to undertake advocacy or support for a particular client, community, professional or other service provider group. Organizations undertake functions such as:

- Lobby government or raise funding on behalf of the consumer and/or related community interests the organization claims to represent
- Lobby government or raise funding on behalf of the professional or service provider group the organization claims to represent
- Provide other forms of service, advocacy and support which are considered relevant to the needs of one or more client, community, professional or service provider groups

Some voluntary organizations are constituted only of people who share a particular status. This is the case with most professional organizations. At the other end of the spectrum, some voluntary organizations simply require that members pay their dues, and hope that they will also contribute in some way to the formation and attainment of organisational goals.

The latter kind of organization may have a very wide range of members and interests. Some may be assumed to represent, or may see themselves as representing, the interests of a group of clients, community members or service providers. Other individuals may support the organizations purely because of a personal commitment to its cause. Such organizations may be funded by government, by private sector donations, or by the communities they claim to represent. They may employ workers or have volunteers carrying out their functions.

Such voluntary organizations, legally and logically, are owned by no one. Power resides with the members, as represented on their management councils or committees. Their constitutions require their governing bodies to be elected in one way or another. In this sense they are all democratic organizations in which power belongs to the members. Sometimes such organizations make substantial use of voting by all the members, or by those who come to meetings, in order to ascertain direction. In other cases the membership operates more like a conventional government

democracy, electing members who are expected to manage the organization until the next election of an executive.

QUALITY MANAGEMENT

In Australia, the regional community is the context in which health **planning, management and measurement** must primarily be developed, in order to compare its outcomes. An electronic patient record is currently being constructed which would reduce treatment errors currently resulting from incomplete patient histories. This will also provide, for the first time, a basis for producing genuine outcome statistics. It should improve links between health care providers with special attention to promoting cooperation between hospitals, general practice, pharmacies and home and community care.

Quality management may be defined as an approach to the production of goods and services in which people at all levels focus on 'satisfying clients or customers'. They do this through consultation and the use of other appropriate evidence based techniques to plan and monitor their work. The process is designed to gain continuous improvement in the work processes used, and in the related quality of outcomes which are produced. Hill defines it as 'a holistic system of management which is a synthesis of a number of discrete principles of management into a discipline intended to promote continuous business improvement' so that the organization can achieve the following developments:

- Become more innovative by anticipating and creating new market opportunities and devising new products and better ways of producing
- Increase efficiency by economising on costs whilst also improving product quality
- Respond more rapidly to change

However, organisations increasingly need to manage in a way which achieves the broader community goals of health through environment rehabilitation and sustainable development, as well as customer satisfaction. This means they also need to network effectively and may need to provide services in partnerships with others to improve health outcomes generally. On a global scale, the Annual Bank Conference on Development Economics stated that 'the gap' between current risk management practices and the behaviour necessary to make the precautionary principle an integral part of the production equation creates the need for cultural change. They say the following are essential factors in this process of change:

> - development of a culture of questioning instead of always looking for answers presumed to exist in the available expertise;
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> - development of a collective learning process based on simulations rather than materialized risks (with a prohibitive social, economic and human cost)
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> - development of a culture open to issues outside the boundaries of existing organisations, especially problems without obvious technical solution and without diagnosis on which it will be easy to agree. (Stiglitz and Muet, 2001, p. 243)

Modern health organizations, especially large ones such as hospitals, bear a close resemblance to Weber's ideal type of bureaucracy, in that they have a hierarchical organization and offices, rules and regulations, divisions, record keeping, salaried staff and so forth, in order to carry out the requirements placed upon them. However, such organizations are also historically driven by

medical specialists and related professionals. These people and others across the organization or in the community will increasingly be called upon to work in multi-disciplinary teams, which develop **pathways of care** approaches to treatment, in consultation with patients and other relevant community groups.

In some ways, the implementation of pathways of care styles of treatment is similar to the use of codes of practice in the OHS context, as discussed in the last lecture. An appropriate team may develop an integrated care pathway, which maps out expected care treatment for specific client groups or case-types. The pathway document accompanies the person through their episode of care. With the best programs clients are encouraged to read and follow the pathway through their episode of care. Once the person is fully informed of what they can expect, they can follow their 'map' of care and also participate more in their own care. The pathway acts like a map, letting everybody know where the client is going, what he or she are likely to come across on their journey, and when the particular episodes of the journey are likely to end. However, each patient is unique, and it is fundamental to high quality health care that this uniqueness is recognised through a willingness to deviate from the pathway wherever this appears to be necessary, and to document the reason. The care pathway may not simply relate to the services provided in a single organisation, but to a range of potential services available in a community. These may be linked by a suitable management approach to provide services tailored to each individual client's need.

It is often useful for budgeting purposes to classify patients into groups based on resource consumption, patient conditions, and related health care interventions. Such classification is required because it helps to develop the understanding of the nature of variations between patients. The planning and implementation of this evidence based management process also assists identification of the comparative outcomes of health care providers. Ideally, these are all elements of a diagnostically related group (or Casemix) approach to service administration and improvement. In 1993 the Australian Health Ministers Advisory Council endorsed a five-year plan for the National Casemix Development Program. This plan established three priority areas – classification, costing and payments. The Council identified a series of required strategies including:

- Determination of classification systems for rehabilitation, geriatric medicine, palliative care and psychiatric episodes
- The development of associated cost weights; and
- The encouragement of clinicians, managers and industrial groups to link Casemix accounting, information collection and budgeting to management practices

Appropriately linked and data driven management processes are required in community contexts which may network a wide range of community based service providers. It is generally important to take a broad and holistic approach to health management, rather than a narrow or economistic perspective when identifying service outcomes. Duckett recommends that all measurement should normally involve a 'cure' measure from the service provider and a 'care' measure from the client. The comparative social and environmental impact of treatments need to be considered holistically in regional community context.

CORPORATE AND STRATEGIC PLANNING

Corporate planning begins when an organization articulates its **goals and objectives**, and then translates these into **work programs and related budgets**. **Strategic planning** focuses on critical issue resolution. A corporate plan sets the comprehensive and holistic agenda of the

organization. Strategic planning is not necessarily concerned with the whole organization and is likely to be more politically sensitive than corporate planning.

The potential benefits of corporate planning are that it can:

- Provide a common direction and explicit culture for the organization
- Promote strategic thought and action at all levels of an organization
- Enhance teamwork
- Improve decision making by clarifying the issues and challenges for the organization

Prior to identifying its **mission or purpose**, the organization should know what it is formally and informally required to do by legislation or other mandates. It should also identify its **stakeholders** – the key groups or individuals the organization has been established to serve, or who have an interest in its operations. It should also be aware of other organizations in the field which are providing related services and think about how such organisations might relate to each other more effectively in order to achieve their goals.

The mission or purpose of the organization should be encapsulated in a short statement which reflects its aims, in relation to its key stakeholders. It is vitally important to distinguish between the interests of key stakeholders - those who are client or funding groups - and those stakeholders who are service providers. For example, the key stakeholders in workers' compensation insurance delivery are workers and employers. However, lawyers, doctors and insurance companies are service providers and therefore stakeholders in regard to the service as a whole. The distinction is vital and should be clear in order to ensure that the organization primarily serves its key stakeholders, whilst also being aware of the potential concerns of provider groups. The latter may have strong vested interests in policy outcomes, and may be very powerful. As Galbraith pointed out, a bureaucracy can easily become captive of these interests, rather than primarily serving those who consume or fund the services.

In collaboratively developing the **mission** of the organization the usual process is for key stakeholders and senior managers to come together to consider questions such as:

- How do we identify ourselves?
- What is our purpose? What is our core business?
- How can we promote our services now?
- How should we promote our services in the future?
- What other sectors are important for our purpose?

The corporate **goals** are derived from the mission or purpose. Before these are developed, **an analysis of the external and internal environments** will usually be undertaken.

The analysis of the external environment is often undertaken as a SWOT exercise. This involves discussing and establishing the major **Strengths, Weaknesses, Opportunities and Threats** for the organization in its current environment. Discussion of external factors influencing the organization might focus on:

- Social trends and issues (broad political, economic, social, technological or environmental health issues)
- Issues associated with communities or consumers
- Issues associated with groups with which the organization collaborates

- Issues associated with competitors

In many health corporate plans the analysis would include the catchment demographics (such as population characteristics, growth and decline), the health status of the population, its key community health concerns, and issues related to health care need and demand. Good service providers will increasingly develop their goals in partnership with related service providers and communities. To be successful they increasingly need to conceptualise themselves as providing services which are networked with others in a particular geographic environment, rather than thinking of service provision as taking place in a series of competing or client referring silos.

The analysis of the internal environment involves the current and future operating environment that the organization directly controls. The key questions which the internal analysis should address are:

- What are the organization's core strategy, processes and resources (inputs)?
- What are the organization's outputs?
- What are the organization's outcomes?
- How does the organization measure up in relation to broader social and system effectiveness?

Addressing these issues properly requires considerable quantitative and qualitative information. A SWOT analysis may also be used to address three internal factors: **resources, present strategy and performance**.

In the above process, the **strategic organisational issues** will be identified, as well as the **organisational goals**. At this stage feedback and involvement may be sought across the organization, in order to **Revise the purpose, vision and goals**, and **develop organisational objectives and strategies.** At this point the planning process will spread out across the whole organization, in ways which are judged most effective for the attainment of its principal goals. This may be done on a divisional basis, or on a program and project basis which crosses divisional boundaries, or using another appropriate planning procedure. The planning team will establish objectives and action plans necessary for achieving them. The opportunity for feedback should then be provided across the organization. What do you think might be some of the strengths and weaknesses of division planning on the one hand, and cross-divisional planning on the other?

Objectives are precise statements of the desired outcomes necessary to achieve a broader goal. Ideally, organisational objectives should be realistic, achievable, feasible, acceptable, practical and measurable.

The action plan identifies:

- Strategies (specific actions and related time frames necessary to achieve objectives)
- Performance targets (closely related to objectives)
- Performance indicators (measures of performance)
- Responsible officers (who are held accountable for implementation)
- The resource requirements (cost of strategies and related time of personnel)
- Process of communicating with stakeholders and relevant others
- Mechanisms for monitoring and evaluation of the plan's implementation

You will note that the above process is similar to the risk management cycle discussed in relation to OHS in the previous chapter. The organization's staff performance management and development process will be coordinated with the broader planning process. It is very important that key individuals are nominated and provided with the responsibility for managing or co-ordinating activities that are required to attain specified organizational objectives. They need to be fully aware of their responsibilities for achieving the cooperation of everybody involved, so that any difficulties related to competing time management goals and expected project progress can be worked out between those involved.

BUDGETING SHOULD SUPPORT OBJECTIVES AND STRATEGIES

Program budgeting should support the organisational goals, objectives and related strategies. The cost of all staff time should be included in each budget program, along with the cost of those strategies which will be carried out in order to attain each of the project objectives which are included in the program. Effective data gathering should provide information related to monitoring the implementation and outcomes of the process. As I indicated in an earlier lecture, a program budget is designed to be a clear management blueprint setting out the basic parameters within which organisational functions are to be achieved. It is composed like a set of building blocks which each focus on the expected functions of the organisational unit and on the outcome of work to achieve its objectives.

In setting out the purposes and related activities for which funds have been allocated, the budget should provide an information base which permits systematic scrutiny of work by the organization and related others outside it. It should direct attention away from inputs and towards activities and outputs, facilitating the development of suitable measures of achievement, so that the value of the undertaking can be more easily assessed. This process should also provide greater flexibility for managers to reallocate expenditure to those resources which can achieve organisational objectives in the most efficient manner.

DATA DRIVEN RISK MANAGEMENT

Any private or public sector organization pursues its goals through operating within a framework of laws which outline expectations related to OHS, consumer protection, public safety, environment protection, anti-discrimination, a range of industrial issues, and many other matters. Line managers and workers need to understand their key responsibilities in regard to this. Managers need to consultatively **identify, prioritize and control** key risks of their operations. Coordinated and data driven processes should support these requirements, in order to assist continuous improvement in performance outcomes. Key elements of a risk management **self-audit** process are outlined below.

The organization should have readily available and clear **policies** which support legislated requirements. The policy and procedures manual is an essential reference for supervisors and others in the organization. It should contain reporting requirements that assist with data collection.

Someone in the organization should be responsible for **key document control**, and for the maintenance of a master list of current documents related to organisational operations. All **contracts and designs** should be reviewed to ensure that they meet health and safety requirements. Those responsible for **purchasing and contracting** are key people who should ensure that organisational requirements are met in this process.

People need to be appropriately **trained** in regard to identification and control of the risks attached to their work. Key work routines should be subject to written procedures. There should be timetabled **workplace inspections** to monitor these processes. There should be **processes for reporting and correcting deficiencies** clearly in place.

Open communication is desirable throughout the organization and with its stakeholders. (I have provided information related to privacy requirements in an earlier lecture.) **Complaints handling and related data gathering systems** should be designed to record information about perceived mistakes and near misses, so that all people in the organization and beyond can learn more about its risks, in order to control them better.

THE IMPORTANCE OF VARIATION AND EVALUATION

In general, there is an ongoing interaction between planning and implementation. These processes need to be open so as to provide room for dealing with problems or flaws in the original plan, to allow for changing issues, and to gain commitment and understanding. Integrating implementation and plan development as an interactive process provides for a greater likelihood of successful implementation.

In a dynamic health system, implementation is not the final step. Evaluation logically follows implementation and, in turn, evaluation provides the starting point for new or revised planning processes to begin. Planning, implementation and evaluation are iterative processes which, together, form the basis of managing health care.

NEVER FORGET FOUCAULT

The sociologist Foucault would no doubt be sceptical about the useful effects for the general population of the application of a nationally, regionally, and organisationally coordinated quality management approach across health, welfare and related service provision in Australia. The strong historical theme uniting his studies of power and knowledge is that the industrial revolution and the subsequent expansion of capitalism and the state have promoted demographic studies (studies of populations) and physiological studies (studies of the body). In such a process people may primarily be seen as 'subjects' (objects might be a better word) who are to be classified according to a variety of professional interests, and then counted and graded, in regard to whether they are comparatively scarce or numerous, rich or poor, healthy or sick, submissive or rebellious, improving or worsening in status, etc. etc. As a result of study and grading these populations and bodies, the researcher will also find that their 'subjects' will be comparatively more or less useful to the professional. They will be found, for example, to be more or less amenable to profitable investment, and more or less able to be profitably treated and trained.

Foucault argues that the rise of medical power has meant that health professionals have repressively medicalised life and objectified others in order to exploit them professionally. The national requirement for fostering the **participation of communities and individuals in decision-making** at all levels of health service planning and delivery seeks to counteract this tendency. **Undertaking and recording variations** to normal procedures to meet individual need is also vital. Variation in procedures should never be seen as a failure in care and the reasons for it should be carefully recorded. This is an important part of the development of evidence based care, in order to improve it. The analysis of variations can lead to better treatment not only for the individual, but for the group as well.

As I indicated in an earlier chapter, you should look at the Model Format for Disability Action Plans for state government agencies and participating local councils, which is provided at the end of this lecture. Think of how this might relate to a model for a care recording process for client groups and individuals with whom you are familiar. The person who is being provided with treatment also has the right to review their record. This should be a natural process if the nature of treatment is mutually decided upon, in the light of an appropriately evidence based approach. Such an approach should also provide information about the comparative outcomes of treatment more broadly, in order to assist clients and their communities to make more informed decisions about collaboration and spending patterns in the future.

CONCLUSION

An open, consultative, transparent and data driven organization is vital for effective management in the community interest. This is particularly necessary in order to avoid the general tendency for organizations to meet the interests of their senior managers and other privileged groups inside or outside the organization, ahead of the interests of the broader communities which they are supposedly established to serve. Management to achieve organisational goals should proceed through the consultative development of related planning and program implementation processes, supported by staff performance management schemes and program budgets. Effective monitoring and evaluation of comparative outcomes should also occur. Organisational data gathering should assist regional communities to meet their identified health and environment protection requirements, and should contribute to the achievement of national health and sustainable development goals.

FURTHER READING

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