



CCHSA impact on Canadian Health Care Organizations in terms of organizational changes, quality and safety programs – Follow-up

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Study context

- ★ Canadian Council on Health Services Accreditation process established in 1958
- ★ Accreditation non-compulsory
- ★ To date, 1800 health care organizations accredited
- ★ 97% of acute beds accredited
- ★ Little research concerning impact
- ★ Kirby & Lebreton commissions advised obligatory accreditation

Research Hypothesis

- ★ Accreditation can be considered an intervention in the Canadian healthcare system, and as such is likely to bring about changes at the institutional level
- ★ Health care organizations accredited for a long period of time have learned to be more innovative in terms of organizational change, and have implemented better quality and safety programs than those recently accredited
- ★ Accreditation promotes HCOs capacity-building

Analysis Framework

Conditions favoring emergence
and diffusion of change



Characteristics of Change

Conditions favoring emergence and diffusion of change

General environment

Extreme environment exerting strong pressures in foreseeable ways, and open and explicitly described project with utopic ambitions

Fundamentals

- Surplus capacities of legitimate actors
- Discretionary autonomy
- Intellectual and relational skills of actors involved
- Sharing of information

Conception/Understanding

- Acquisition of new models
- Iterative understanding

Strategies

- Dissemination
- Learning
- Buy-in

Leadership and Competency

- Visibility of leadership commitment
- Identification of resource persons
- Project initiators and implementers with clearly perceived legitimacy
- Ongoing valorization of project
- Competencies in quality management

Characteristics of Change

Nature

- Mechanism : intentional/ unintentional
- Rhythm : uniform/ variable/ one time shock
- Extent : localized/ generalized
- Trajectory : completed/ blocked/ regressed
- Phase : maturation/ uprooting/ rooting
- Speed: slow/ rapid
- Target : conceptual/ concrete
- Duration : short/ long

Conception

- Deductive - top/down
- Inductive - bottom/up

Action Strategies

- Internal : cooperative/ disruptive
- External: manipulative/ authoritative
- Alongside: incentive/ influence/ authority/ engagement

Issues

- Strategic transformation :
 - Acquisition of quality-based management
- Organizational transformation
 - Symbolic/ physical/ organizational structure
 - Processes
 - Actors
 - Trajectory / Performance
- Transformation of relationship between the organization and its environment

The Initial Proposal

- ✦ Comparative case study
- ✦ 3 embedded units of analysis :
 - institutional, operational & technical
- ✦ 8 health care organizations will be selected
- ✦ 4 will be accredited for more than 10 years
- ✦ 4 will be accredited for the first time
- ✦ The pairs will be matched with their budget, status and geographic location (urban/rural):
 - 2 in the west provinces
 - 2 in Ontario
 - 2 in Quebec and
 - 2 in the Maritimes

The Current Proposal

- ★ Comparative case study
- ★ 3 embedded units of analysis
- ★ 9 HCOs
 - ★ 1 in the Maritimes
 - ★ 1 in the West provinces
 - ★ 3 in Ontario
 - ★ 4 in Quebec

HCOs Categories

U= university status

G= geography

L= language

A= accreditation status

P= Province

Categories	U	G	L	Sites	A	P
Young HCO with a young accreditation			F	CH Anna Laberge	A w. R	QC
Recent merger with a past accreditation but with a new accreditation for the new organization	*		E	The Ottawa Hospital	A w. R	ON
HCO with a past accreditation member of a regional health authority		U	E	Red Deer		AB
		U	E	Moncton Regional Health Authority 1 (South East)		NB
HCO with past accreditation	*	U	E	St Michael's Hospital	A	ON
		SU	F	CH de Gramby		QC
		U	F/E	Montfort Hospital		ON
HCO with one accreditation		SU	F	CH St Eustache		QC
HCO without any past accreditation				Hotel-Dieu de Sorel		QC

Methods

☀ Data sources :

- interviews with keys actors
- questionnaires to employees involved in the accreditation process and to those not involved
- Focus groups
- Documents about accreditation, organizational change, CQI program and safety program

☀ Triangulation

Research Schedule

☀ September – December 2003 :

- Literature review
- Adaptation of French materials
- Selection of case studies

☀ January – December 2004 :

- Interviews & questionnaires & documents

☀ September 2004 – March 2005 :

- Data entry

☀ April 2005 – August 2005 :

- Data analysis

☀ September – December 2005 :

- Return to selected institutions

☀ January – April 2006 :

- Synthesis

☀ June 2005 – August 2006 :

- Dissemination

What's up? The Tools

- ☀ One Interview Questionnaire

- ☀ Two questionnaires

- One about the Organizational Culture

- For all the people working in the organization
- Developed by R.E. Quinn and J.R. Kimberly in 1984.

- One about the Perception of quality improvement implementation and professional implication in health care organization

- For the managers
- Developed by: S.M. Shortell et al, 1995. "Assessing the Impact of Continuous Quality Improvement/Total Quality Management: Concept versus Implementation." *Health Services Research*, 30:2 (June 1995), 377-401.

- ☀ Two focus group questionnaires for Self-assessment Teams

- For Hospitals with Recommendations
- For Hospitals without Recommendations

What else ?

- ☀ Ethics committee:

- ☀ February 2004

- ☀ Two Pilots

- ☀ January and February 2004

- ☀ Letter for the HCOs

- ☀ February 2004

Implementation

- ★ Graduate students from the Masters Program in Health Administration
 - Ottawa (2), Toronto (2) and Montreal (2)
- ★ Each case done by a pair of students
- ★ 1 Ph.D student for the synthesis

Implementation

- ★ Graduate students from the Masters Program in Health Administration
 - Ottawa (3)
 - Montreal (2)
- ★ One post doctorate: Linda
- ★ Each case done by a pair (student and MPP or Linda and MPP)

Others research projects (1)

Submitted to the CIHR : A validation study of a tool to measure the CQI program in the Canadian health care organizations (April, 2003)

Pomey/Contandriopoulos/Angus/Dassa/François/Counte/Beaumont/Lanteigne

- Number in competition: 104
- Number approved: 29
- Application rank within the competition: 45
- Rating: 3.27/5

The conclusions are:

- Junior researcher with strong team, in an area that is under developed in EBM. Well situated in Canadian and current context.
- A useful project but concern was expressed about the narrow focus. The innovation of adapting an existing tool from a HS which has important differences from the Canadian system was questioned
- Well written research plan but short on detail

Timeline: The idea is to present the project another time and if someone is interested to participate he/she is welcome

- September 2004

Relations with the KT ICE Aims and objectives: This research proposal has a tremendous link with the KTICE aims and objectives because it will try to develop methods to evaluate an intervention which is supposed to improve quality in the health care organization. The team also will be transdisciplinary to be able to address the objectives.

Others research projects (2)

- ✦ The determinants of waiting lists and waiting times for Elective Surgery in Canada: Can we find some solutions?
- ✦ PI: M-P Pomey and P-J Forest
- ✦ Team: who is interested?
- ✦ Objective: The objective of the proposal is
 - 1) to use the determinants framework developed in one of the last OECD reports* to look at the Canadian's determinants of waiting lists and waiting times for Elective Surgery;
 - 2) to be able to look at which kind of actions can be used to tackle this trend;
 - 3) to understand more precisely the impact on the Canadian health care system and the Canadian population.
- ✦ Timeline: October 2004 to February 2005
- ✦ Research Fund: CIHR
- ✦ Relations with the KT ICE Aims and objectives: This research proposal will evaluate the applicability of the OECD' framework to understand waiting lists and waiting times for Elective surgery in Canada and will try to develop some methods to improve the quality of the Elective surgery delivery.