Creating High Performing Health Care Organizations

Co-organizers: R. Baker (University of Toronto) & JL Denis (ENAP)

Sub-plenary

CAHSPR 2012

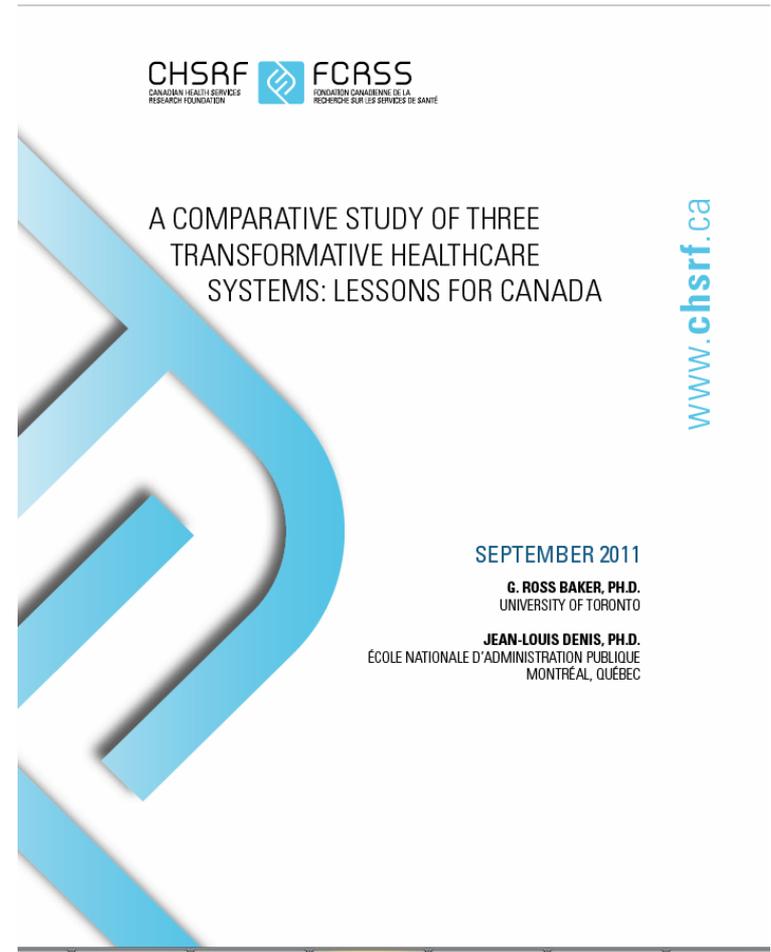# Creating High Performing Health Care Organizations

- **'Tales from the field': the art and the science of studying how hospitals organise for quality**
  - Glenn Robert, Professor & Chair in Healthcare Quality & Innovation, King's College London

- **« Using deliberative process for improving the performance of heath care organizations ».**
  - André-Pierre Contandriopoulos & François Champagne, Professeurs titulaires, Département d'administration de la santé, Université de Montréal

- **Discussion**
  - Ann Langley, Professeure titulaire & Chaire de recherche du Canada en gestion stratégique en contexte pluraliste HEC Montreal
  - Everyone!

Perspectives on high-performing organizations and systems

- *Macro* perspective: focus on broad system characteristics (financing, manpower, regulation)

- *Micro* perspective: focus on programs and the interventions needed to achieve high quality & safety results or outcomes

- *Meso* perspective: focus on strategies and investments in organizational (and system) resources to create and sustain high performing systems

High Performing Healthcare Systems

- Comparative study of three high performing health systems:
  - Intermountain Healthcare in Utah
  - Jönköping County Council in Sweden
  - South-Central Foundation in Alaska

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A COMPARATIVE STUDY OF THREE
TRANSFORMATIVE HEALTHCARE
SYSTEMS: LESSONS FOR CANADA

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ÉCOLE NATIONALE D'ADMINISTRATION PUBLIQUE
MONTRÉAL, QUÉBEC

Three different but high performing health systems

These systems "are diverse in their size, location and history, but all three have drawn international attention for their achievements. These systems have redesigned care delivery using quality-improvement methods, created more effective delivery systems and improved results. Each system has emphasized different approaches and strategies, but a number of common themes emerged from a comparative analysis of their efforts" (Baker & Denis, 2011)

Ten Critical Themes in High Performing Health Systems
(Baker & Denis, 2011)

Leadership and Strategy	Organizational Design	Improvement Capabilities
Quality and system improvement as a core strategy	Robust primary care teams at the centre of the delivery system	Organizational capacities and skills to support performance improvement
Leadership activities that embrace common goals and align activities throughout the organization	More effective integration of care that promotes seamless care transitions	Information as a platform for guiding improvement
	Promoting professional cultures that support teamwork, continuous improvement and patient engagement	Effective learning strategies and methods to test and scale up
	Providing an enabling environment buffering short-term factors that undermine success	Engaging patients in their care and in the design of care.

Challenge: How to implement and sustain the attributes of high performing organizations and systems?

Dynamic of emergence and change in health systems and organizations

- *Complementary hypothesis*: you cannot choose only one or some elements and expect high gains in term of performance (Pettigrew & al., 2003)

- *Contextual hypothesis*: starting point of a performance journey will depend on contextual factors

- *Non-linear and multidimensional hypothesis*: improvement is not a discrete event, it is a process that proceed gradually with unexpected evolution