“Taking the Risk” of Engaging in Sustainable Improvement in Collective Living Environments

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Presentation objective

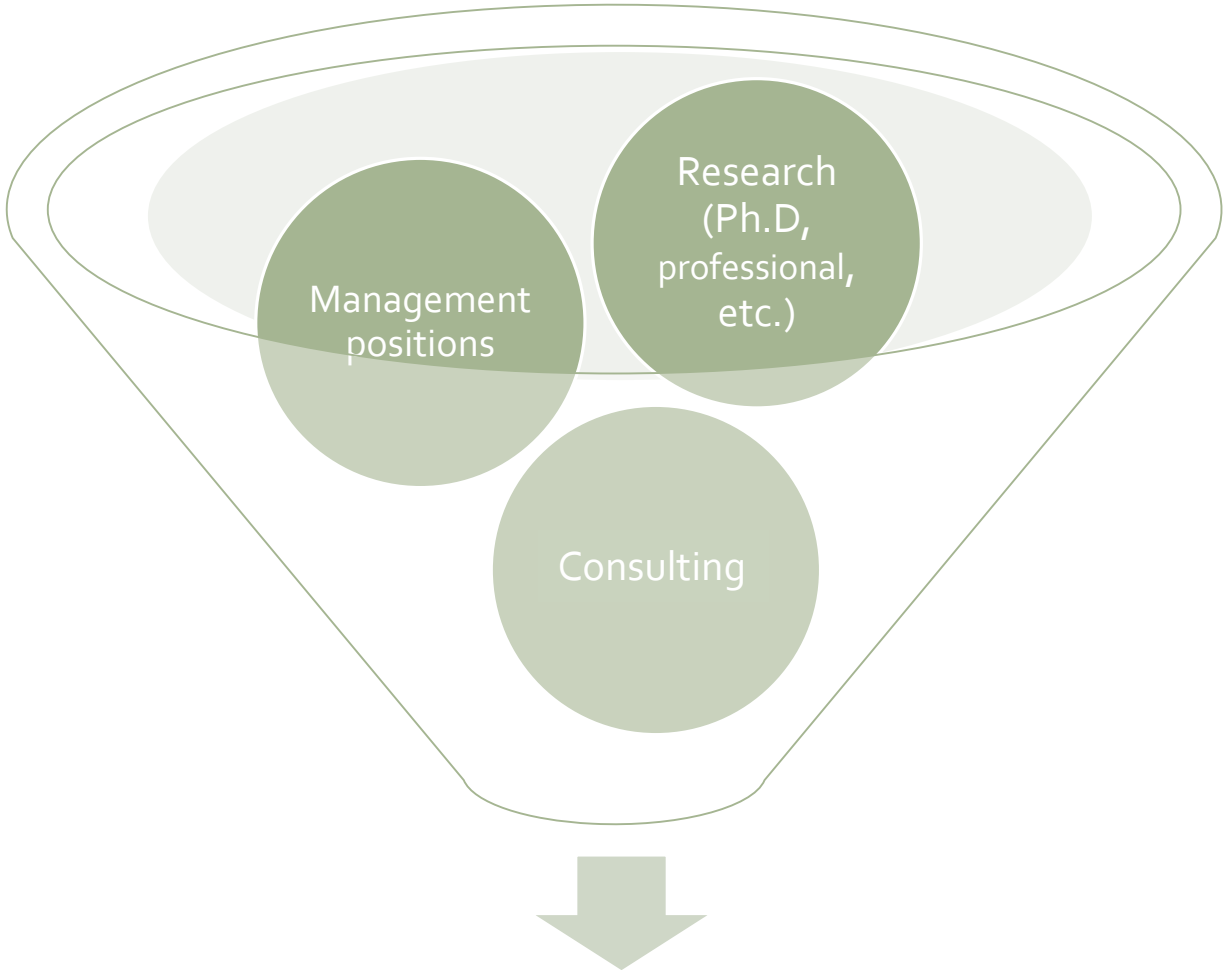
Stimulate reflection on the factors that support or hinder the implementation of innovations (notably innovations that value the dignity of risk) in Quebec's long-term care settings.

Agenda

- Learning sources (5 minutes)
- Influence of hospital culture (10 minutes)
- Influence of technocratic governance (10 minutes)
- Key messages and areas for improvement (5 minutes)
- Questions (10 minutes)

Conflict of interest: entrepreneur

Learning and Knowledge Sources



Aspirations for relevant and sustainable innovations

Enriching Innovative Projects

- Valuing the role of care aides and improving work organization
- Sustaining continuous improvement systems
- Creating micro-environments adapted to resident “clienteles”
- Reducing and preventing occupational health and safety issues for personal support workers (PSW)
- Creating sustainable partnerships with the community
- Implementing relationship-centered management practices
- Floor councils bringing together residents, families, and employees…

Three Key Components of Innovation Implementation

Strategy
(*process*)

(Greenhalgh, 2004, Rondeau, 2007, etc.)


Risky innovative enterprises
Hospital culture
(winds)
Technocratic governance
(tides)

A Cultural Shift Called for Decades

Institutional / asylum culture

Institutional / hospital culture

Residential / community culture

(Pioneer Network, 2016)

A Cultural Shift Called for Decades

<u>Guiding principles of a culture specific to a living environment</u>

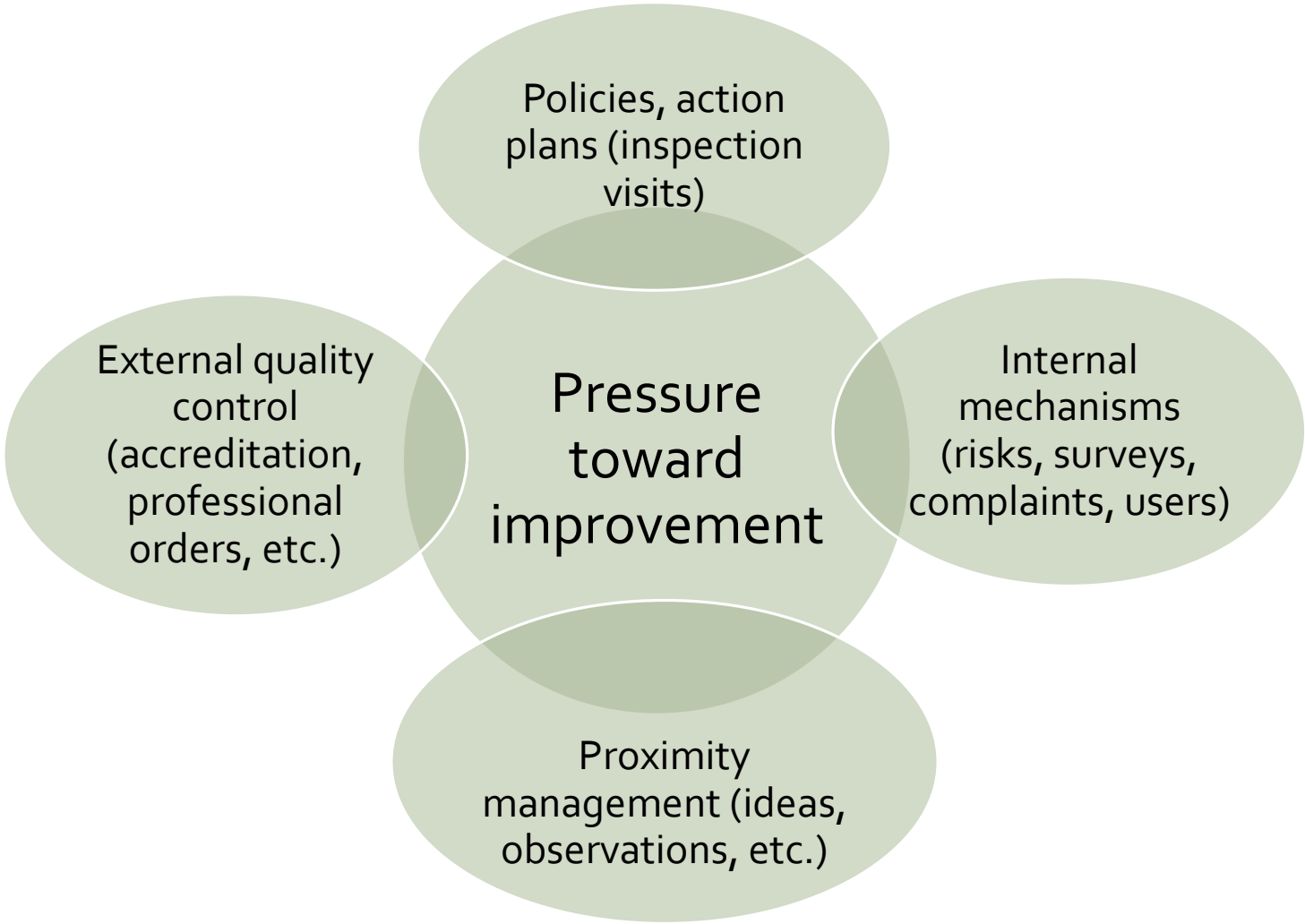
- Resident-directed
- Mission to support residents' sense of meaning
- Residential rather than institutional atmosphere
- Encourage close relationships among all actors
- Foster staff empowerment
- Support collaborative decision-making
- Promote continuous improvement
- Led by committed and accountable leaders

(Pioneer Network, 2016)

Risky Innovative Enterprises

Hospital Culture	Technocratic Governance
PSW provide 90% of care and services	
Shorter and more generic training	
Vocation (often intellectualized)	
Nursing/medical leadership	
Generic training	
Emphasis on physical health	
Hospital infrastructure	
Societal ageism	
Weak resident/family integration	
Politicization/media coverage	

Still More "Regulation-Centered" Than "Resident-Centered"?



More "Push" Than "Pull" Approach

Push system

Decision-makers push potential users to change

Users drive change; they pull resources toward themselves

Pull system

(Clegg & Walsh, 2004)

Contrasting Case Analysis (Etheridge, 2014, Friedberg, 2007, Greenhalgh, 2004, Rondeau, 2007)

	Startup	Development	Communication	Implementation	Sustainment
Falls (failure)	Mak				Nil
Constipation (success)	Let Hel				Make-it Help-it Let-it
Incontinence (failure)	Mak				Nil
Restraints (success)					Make-it Help-it Let-it

Article

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Explaining the Success or Failure of Quality Improvement Initiatives in Long-Term Care Organizations From a Dynamic Perspective

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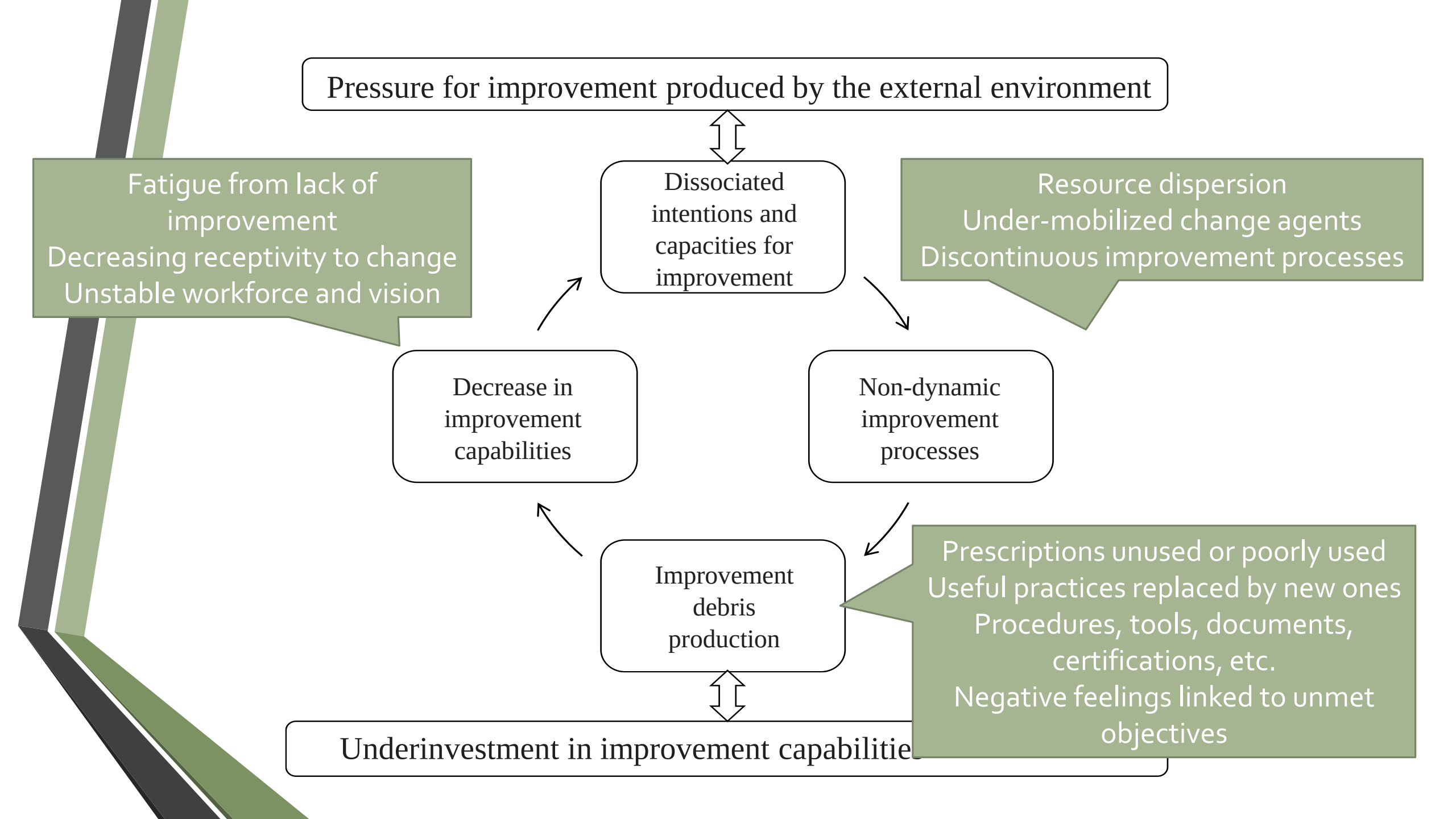
Contrasting Case Analysis (Etheridge, 2014, Friedberg, 2007, Greenhalgh, 2004, Rondeau, 2007)

"There was a vision coming from above. That was the first step. Then a specific pilot team was identified. That was the second step. The pilot team said: 'Let's challenge ourselves and prove that we can find a way to make this work. Let's try new practices and see if we can change one situation at a time.'"

"We all worked together; we wanted to do it. It was important to all of us; it was important to do it for the residents. It was a success because we were a team."

"Everyone was focused on one thing and one thing only, and that really allowed the program to stand out; it really energized and engaged us!"

"We found more and more practical ways to do things. The more solutions we found to problems, the more time we had to focus on new ways to improve the program."


Pressure for improvement produced by the external environment
Dissociated intentions and capacities for improvement
Fatigue from lack of improvement
Decreasing receptivity to change
Unstable workforce and vision
Resource dispersion
Under-mobilized change agents
Discontinuous improvement processes
Decrease in improvement capabilities
Non-dynamic improvement processes
Improvement debris production
Prescriptions unused or poorly used
Useful practices replaced by new ones
Procedures, tools, documents, certifications, etc.
Negative feelings linked to unmet objectives
Underinvestment in improvement capabilities

Risky Innovative Enterprises

Hospital Culture	Technocratic Governance
PSW provide 90% of care and services	Multiplicity/diversity of standards
Shorter and more generic training	Emphasis on results
Vocation (often intellectualized)	*Autonomous operationalization*
Nursing/medical leadership	*Autonomous internal processes*
Generic training	Emphasis on written documentation
Emphasis on physical health	*Policies and procedures*
Hospital infrastructure	*Action plans*
Societal ageism	Underestimated management/OD
Weak resident/family integration	High manager turnover
Politicization/media coverage	Politicization

Key Messages and Recommendations

Managing in ways that promote relevant and sustainable improvements is risky, as it may lead to evaluations below expectations

- Reward "real changes" rather than "paper changes"; prioritize "resident-centered" instead of "regulation-centered" changes (Banerjee & Armstrong, 2015)

Sustaining innovations or practices associated with risks to resident safety or physical health is challenged by hospital culture, but remains possible with strategies adapted to the magnitude of the challenge.

- Better understand and recognize what makes long-term care centers unique (e.g., integration and collaboration with families and residents, specialized training, relevant indicators, etc.)

Discussion and Questions

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