Modelo descriptivo de los factores determinantes de las organizaciones sanitarias de alto rendimiento

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Les questions:

- ¿Quelles caractéristiques présentent les hôpitaux qui obtiennent des meilleurs résultats de performance de façon continue?
- ¿Comment définir le concept de performance dans les hôpitaux?
- ¿Peut on identifier des facteurs communs parmi ces établissements?

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Étapes des travaux de recherche

1

Revue de la littérature

2

Construction et validation d'un modèle explicatif

3

Recueil des données

4

Conclusions

Etat actuel des travaux

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Des nombreux études qui s'interrogent sur cette question

Management in Healthcare:
Why good practice really mat

McKinsey&Company

Inspection générale
des affaires sociales
RM2012-046P

Management et efficience hospitalière :
une évaluation des déterminants

RAPP

Établ

Dominique ACKER, Dr Anne-Carol
Membres de l'inspection ge
Céline M
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- Avril 2

CENTRE for ECONOMIC PERFORMANCE
LSE THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Discussion Paper

A CEO Checklist for High-Value
Health Care

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ary Kaplan,
, and John

Value & Scie

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Large-System Tran
A Realist Review

ALLAN BEST,[1] TRISI
STEVEN LEWIS,[3] JES
CARROLL,[5] AND JENN

[1]InSource Research Group; [2]Ba
Dentistry; [3]Access Consulting I
Inc.; [5]University of Victoria

Context: An evidence base th
is urgently needed for large-
reform. Fundamental concept
be addressed. The Saskatchew
six-month synthesis project to
egy initiatives focused on patient- and family-centered care, primary health care renewal, quality improvement, and surgical wait lists. The aims of the review were to analyze examples of successful and less successful transformation initiatives, to synthesize knowledge of the underlying mechanisms, to clarify the role of government, and to outline options for evaluation.

Methods: We used realist review, whose working assumption is that a particular intervention triggers particular mechanisms of change. Mechanisms may be more or less effective in producing their intended outcomes, depending on their interaction with various contextual factors. We explain the variations in outcome as the interplay between context and mechanisms. We nested this analytic approach in a macro framing of complex adaptive systems (CAS).

Findings: Our rapid realist review identified five "simple rules" of LST that were likely to enhance the success of the target initiatives: (1) blend designated leadership with distributed leadership; (2) establish feedback loops; (3) attend to history; (4) engage physicians; and (5) include patients and families. These principles play out differently in different contexts affecting human

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The NEW ENGLAND JOURNAL of MEDICINE

Perspective
DECEMBER 1, 2011

The Four Habits of High-Value Health Care Organizations

Richard M.J. Bohmer, M.B., Ch.B., M.P.H.

Recent attention to the question of value in health care — the ratio of outcomes to long-term costs — has focused on problems of definition and measurement: what outcomes and which costs? Less attention has been given to an equally difficult but important issue: how do health care delivery organizations reliably deliver higher value?

It would certainly simplify health care reform if we could show the superiority of a dominant delivery model (e.g., the accountable care organization or the medical home) and roll it out nationwide, developing and proving new approaches to creating value only once. However, experience suggests that not only do new delivery models — for example, integrated networks — not necessarily live up to their promise, but they are surprisingly difficult to transfer, even when successful; those that succeed in one U.S. region haven't always done well in another. Organizations considered to be among the nation's highest performers, such as the members of the new High Value Healthcare Collaborative, often have unique personalities, structures, resources, and local environments. Given the health care sector's mixed record of disseminating clinical innovations and system improvements, how do we learn from leading organizations?

Although high-value health care organizations vary in structure, resources, and culture, they often have remarkably similar approaches to care management. Specific tactics vary, but their "habits" — repeated behaviors and activities and the ways of thinking that they reflect and engender — are shared. This is important because experience suggests that such habits may be portable.[1]

The first common habit is specification and planning. To an unusual extent, these organizations specify decisions and activities in advance. Whenever possible, both operational decisions, such as those related to patient flow (admission, discharge, and transfer criteria), and core clinical decisions, such as diagnosis, sess, or treatment selection, are based on explicit criteria. Criteria-based decision making may be manifest in the use of clinical decision support systems and treatment algorithms, severity and risk scores, criteria for initiating a call to a rapid-response team or triggering the commitment of a finite resource (e.g., a discharge planner, preprocedure checklists, and standardized patient assessments), and for painless, shared decision making.

Specification also applies to separating heterogeneous patient

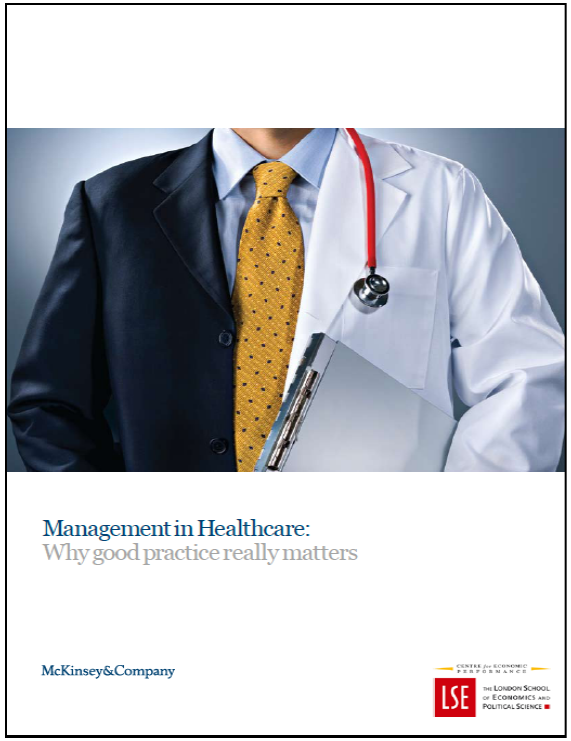
N ENGL J MED 365;22 NEJM.ORG DECEMBER 1, 2011 2045

MANAGEMENT LESSONS FROM MAYO CLINIC

INSIDE ONE OF THE WORLD'S MOST ADMIRED SERVICE ORGANIZATIONS

Leonard L. Berry
Kent D. Seltman

Relations entre management et performance (suite)



Management in Healthcare. Why good practice really matters

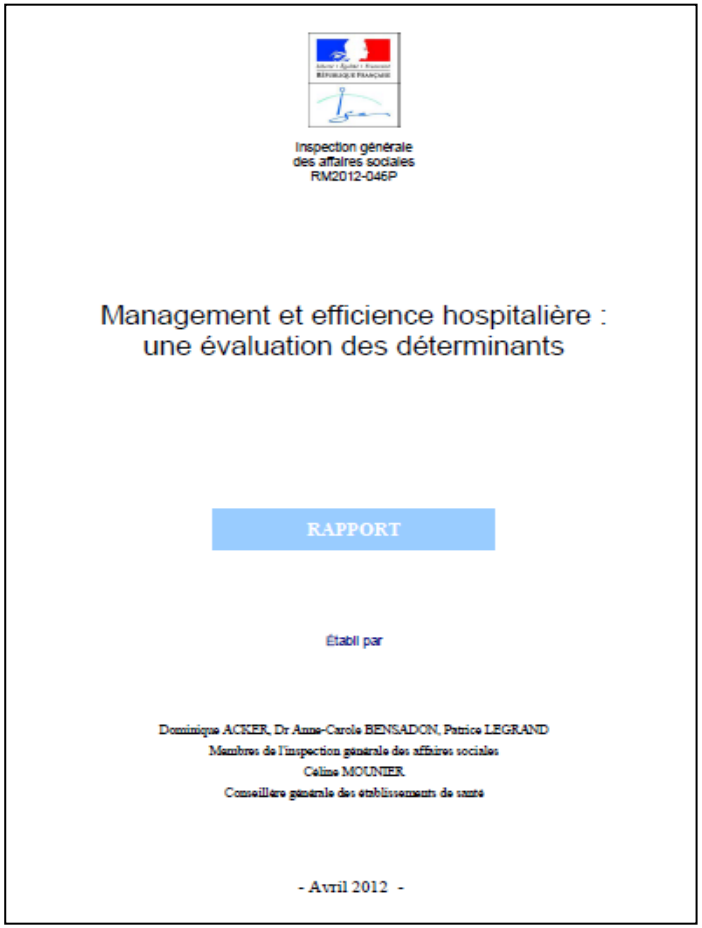
(Stephen Dorgan, D.Layton, N.Bloom, R. Homkes, R. Sadun, J. Van Reenen, 2010)

1.194 hôpitaux dans 7 pays: Allemagne, Canada, Etats-Unis, France, Italie, Royaume-Uni, Suède

Gestion plus efficace associée à **5 facteurs** communs aux meilleurs hôpitaux analysés:

1. Concurrence entre les centres
2. Présence des médecins à la direction
3. Large autonomie de gestion
4. Grands hôpitaux
5. Hôpitaux privés, avec ou sans but lucratif

Relations entre management et performance (suite)



Inspection générale
des affaires sociales
RM2012-046P

Management et efficience hospitalière :
une évaluation des déterminants

RAPPORT

établi par

Dominique ACKER, Dr Anne-Carole BENSADON, Patrice LEGRAND
Membres de l'inspection générale des affaires sociales
Céline MOUNIER
Conseillère générale des établissements de santé

- Avril 2012 -

- Les facteurs **déterminants**:
  - définition du projet stratégique
  - amélioration de l'organisation interne
  - amélioration de la performance des services cliniques et médico-techniques
  - outils de gestion au service du projet commun
- Pré-requis: gestion basée sur la **confiance** et le **dialogue**
- Lien équilibre financier - "hôpitaux bien gérés" n'est pas univoque
  - investissements comme indicateur de la qualité de la gestion
  - qualité en tant que priorité
  - adaptation et anticipation: vision prospective

Relations entre management et performance (suite)

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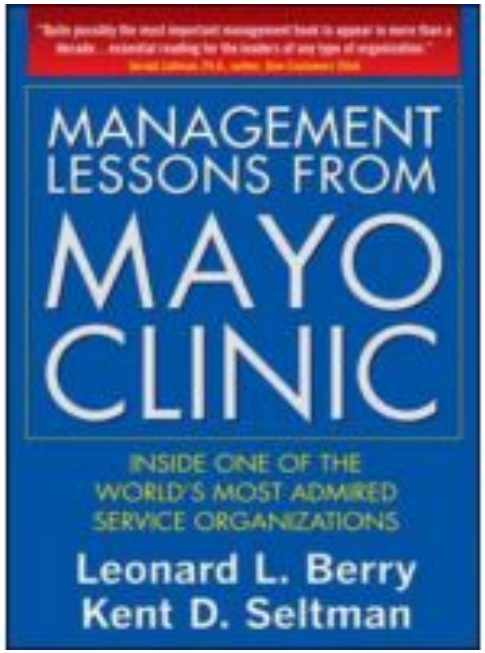
Specification also applies to separating heterogeneous patient

N ENGL J MED 365;22 NEJM.ORG DECEMBER 1, 2011 2045

- Planification et stratégie
- Infrastructure
- Evaluation et suivi
- Auto-apprentisage

Source: Richard M.J. Bohmer (2011): *The Four Habits of High-Value Health Care Organizations*. N Engl J Med 365;22. 2045-47).

Relations entre management et performance (suite)



Clinique à but non lucratif fondée par les frères William et Charles Mayo. Facteurs clés de sucées:

- Leadership médicale
- Le *rôle* des gestionnaires
- Les comités
- Le système de rémunération
- La sélection des professionnels

Source: L. L. Berry; K.D. Seltman (2008): *Management Lessons From Mayo Clinic*. McGraw Hill

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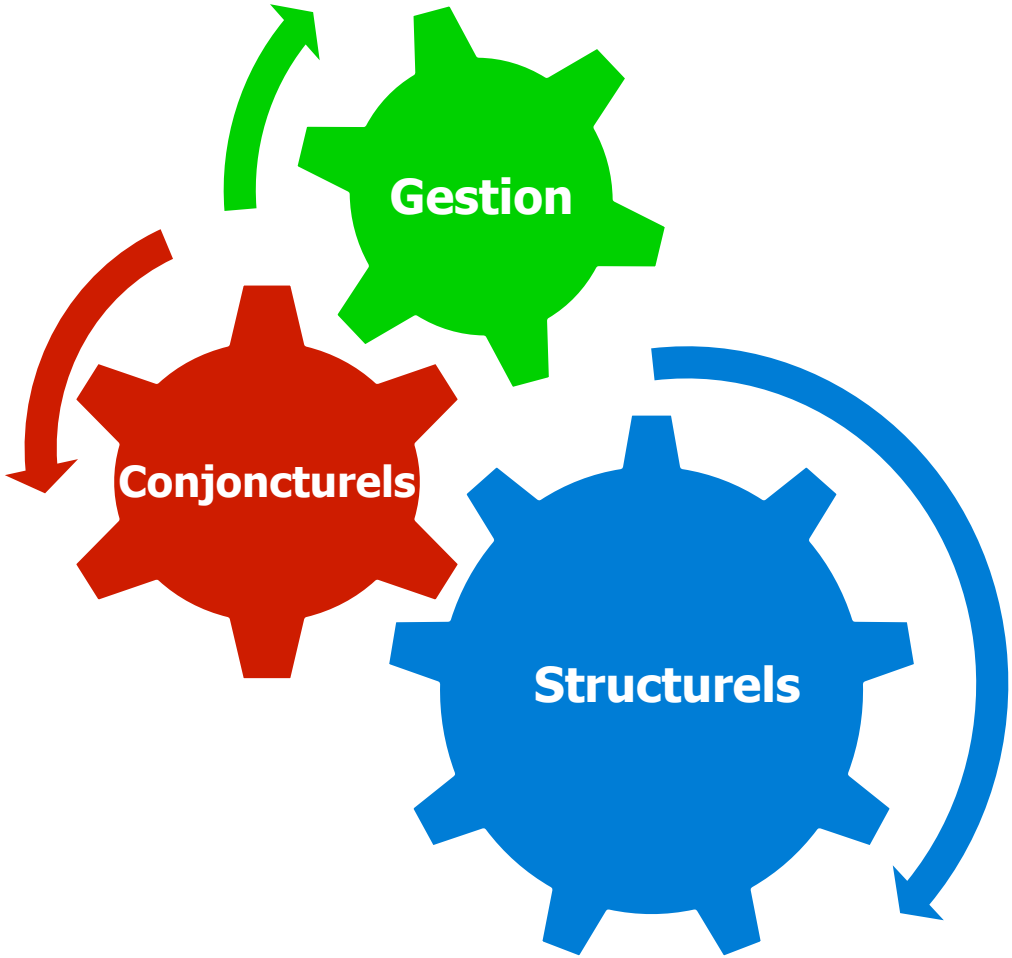
Construction du modèle: 3 typologie de facteurs



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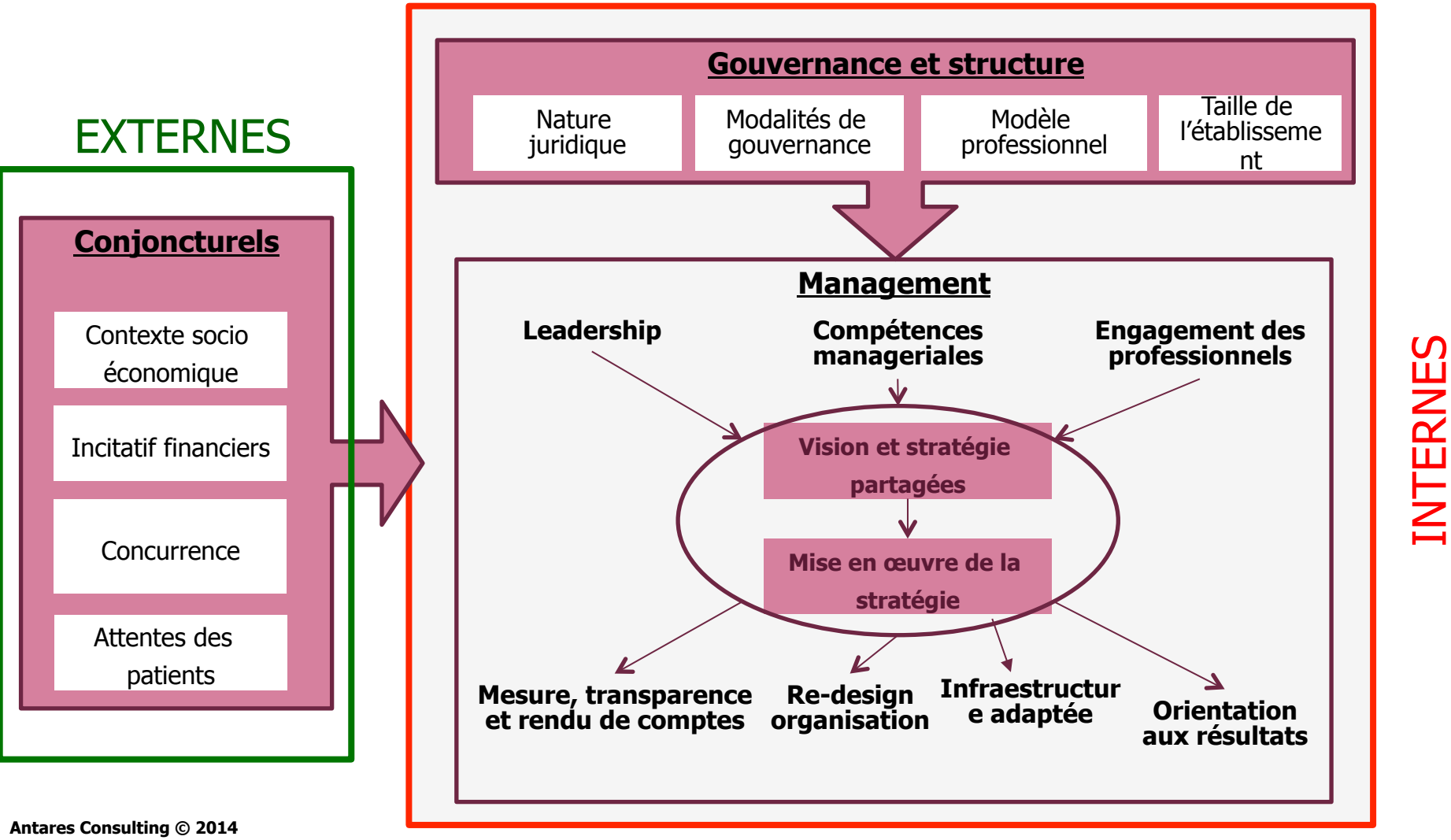
Proposition d'un modèle explicatif des facteurs déterminants de la performance à partir de 13 variables



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Comment definir la performance dans les hôpitaux?

<u>Proposition à partir de 5 dimensions</u>:

- Effectivité clinique et adéquation des soins
- Efficience économique
- Orientation aux professionnels
- Sécurité des soins
- Prise en charge orienté aux attentes des patients

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Prochaines étapes

Etape	Activité
Mesurer les 13 variables	Proposition de 48 indicateurs, sélectionnés auprès des indicateurs de la « Central de Résultats » des hôpitaux en Catalogne
Préparer et valider un questionnaire pour mesurer les 13 variables	Test avec 4 établissements
Mesurer les 5 dimensions de performance	Proposition de 24 indicateurs, sélectionnés auprès des indicateurs de la « Central de Résultats » des hôpitaux en Catalogne
Recueil des données concernant les facteurs et les résultats	A préparer pour fin 2014

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