

STANDARDIZING REGIONAL PERFORMANCE ASSURANCE PROGRAMS – LESSONS FROM FACILITIES IN THE WINNIPEG REGIONAL HEALTH AUTHORITY

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INTRODUCTION

The Winnipeg Regional Health Authority (WRHA) oversees a number of hospitals and programs that have been independently providing healthcare services, under diverse guidelines. Under the different management boards, some of the services could be easily duplicated unnecessarily or similar services may be delivered inconsistently throughout the city. There was therefore need to rationalize the programs/services so that similar services could be delivered with consistency. To this end, the WRHA was formed to oversee delivery of healthcare service in the Winnipeg Region.

The initial requirement from the WRHA was that each program should come up with its goals and objectives in line with the overall WRHA objectives. In line with this requirement, the Clinical Engineering (CE) Program produced the Regional Support Initiatives document; a document that lays down the regional CE goals and the strategies for meeting the goals. Although a number of goals were identified in the document, the overriding goal was to standardize, coordinate and monitor delivery of clinical engineering services in all the nine regional facilities.

REGIONAL STRUCTURE

The WRHA has taken over the responsibility of the hospitals through a signed operating agreement with the hospital management boards under which the hospitals are funded by the WRHA. Although the final authority in the delivery of services rests with the WRHA, the facilities run “independently”, with regards to the day to day implementation of agreed services. The WRHA has formed programs that cross facility boundaries so that services are delivered consistently throughout the Region. Some services are delivered under a shared services program, which allows for pooling of resources.

The result of setting up regional programs which transcend facility boundaries, introduces a complex matrix management model. There is no longer simple line management as most services are viewed in a regional perspective. There are a number of stakeholders both at policy and operation levels. A typical matrix management model is presented on Figure 1.

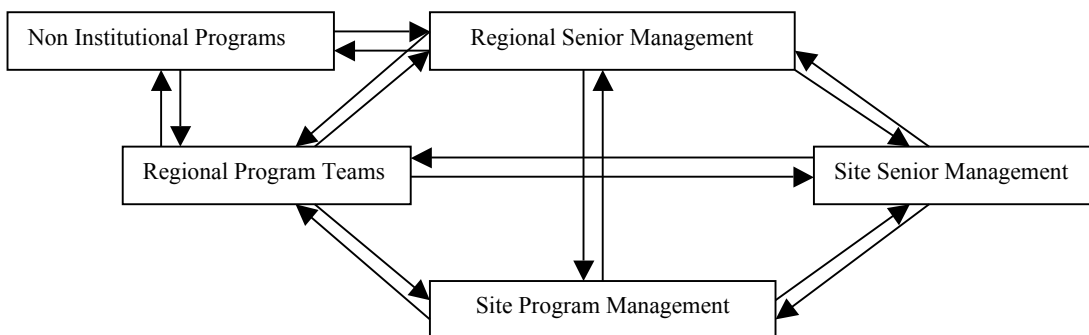


Figure 1. Typical Matrix Management

Some of the services have been divided among clinical programs. However, Clinical Engineering program has not been divided among the programs - it is one of the programs which transcends programs and facilities. There is a Clinical Engineering Regional Program Director who also has site responsibility. At facility level the Clinical Engineering organizational structure varies with the level of the facility. Two tertiary care facilities have independent CE departments but CE staff for five community hospitals and two long-term care centres fall under facility engineering management. Although professionally, all CE staff fall under the Regional CE Program, they also have a responsibility to the professional site managers, such as the facility engineering management. The implications of this setup are the same as for the WRHA itself – matrix management.

THE REGIONAL CE PROGRAM

To achieve the identified goals, the CE Program formed working groups for each identified broad goal. The working groups report to the Regional CE Team, which is composed of the Program Director and representatives from each of the nine facilities. Currently there is also a WRHA Admin Director as a member, assisting with setting up some budget structures.

One of the goals of the Clinical Engineering Program, as set out in the Regional Support Initiatives, was standardization of Performance Assurance Programs. In order to carry out the standardization task, a working group was formed, which reported to the Regional CE Team. The working group had representatives from some of the facilities and representatives did not necessarily have to be members of the CE Team.

THE REGIONAL PA PROGRAM

The working group’s initial work was to prepare and send out a questionnaire to all facilities. Then facilities were visited for subsequent discussions and to study provided documents. Once the initial information was collected, a program of work was drawn. Information was analyzed and progress reports were made frequently to the CE Team. A situation analysis report was prepared, with proposals and recommendations and strategy for the way forward.

Some of the positive outcomes of doing the situation analysis are that it (i) provided facilities with the opportunity to examine themselves on how they perform relative to others, (ii) provided facilities with the opportunity to examine the question of why they are doing PA, e.g. examination of the regulatory, accreditation and policy requirements, (iii) provided the working group with information on the extent of the diversity in the provision of services, (iv) provided information on the varied levels of understanding of the PA program (iv) provided information on common practices that needed to be strengthened and (v) enabled planning strategy from an informed stand point.

The proposals and recommendations in the situation analysis provided the CE Team with a number of broad goals, objectives and activities that needed to be undertaken towards standardizing the program. Priority areas were also presented for the CE Team to consider. One of the priority activities identified to address agreed priority areas was to run a consensus workshop where issues could be discussed, debated and consolidated.

In this case the purpose was to develop a PA Program Development and Implementation Procedures Manual. In order to lay the foundation for the common understanding of the program, the management philosophy on which the program would be based was clearly stated in the draft PA program development and procedures manual for the workshop. The management philosophy covered the policy guidelines, program principles and definition of terminology. In this section, elements of a developed program were defined. It was found that the program may be defined by at least six basic elements as stated on Figure 2. The elements focus the development of the program.

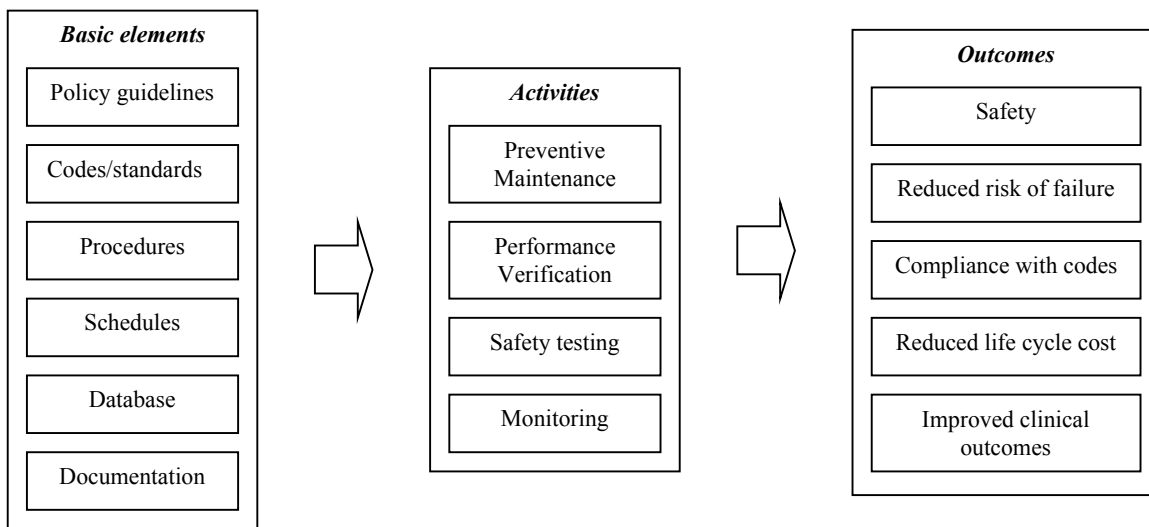


Figure 2. Elements of a PA program

It was found that for such a workshop to be successful, a workshop working document must be prepared. It is important that the goals of the workshop and expected outcomes are clearly articulated in terms that participants would understand. The workshop document should mimic, as close as possible, the document that you intend to produce at the end of the day, i.e. if the intention is to have a procedures manual, then the workshop document should have sections just like a typical procedures manual except that those procedures would not be resolved. The workshop document should have sufficient information to guide participants. Probing questions may be used where necessary. General suggestions based on stated assumptions may also be provided. Key issues for each topic to be discussed in the workshop must be stated and expected outcome. Also provide reference material, where applicable.

Running a consensus workshop to resolve issues has both advantages and disadvantages. Some of the advantages of running a consensus workshop are that it (i) is a very thorough process that will produce solid implementation results through broad participation and (ii) provides higher level of knowledge to CE staff through participation in the process. The disadvantages are that the process is (i) lengthy as only a limited number of issues can be dealt with at a time and (ii) more costly than autocratic method due to time investment and education of the staff. To reduce cost, it may be necessary to identify some issues that do need to be resolved in a workshop forum and issues that can be resolved by general consensus in a meeting, such as the CE Team.

A number of lessons were learnt through the exercise of standardizing the PA program. There were both process and program lessons. These are summarized below.

Program lessons

- ❑ Define a structure under which the program is to operate
- ❑ Clearly define your management philosophy
- ❑ Make the program manual easily updateable
- ❑ Form a Standing Committee (e.g. Regional PA Committee)
 - Resource for PA issues
 - Monitor compliance to standardized procedures
 - Oversee development of PA protocols

Process lessons

- ❑ Get management commitment
- ❑ Know that this is a project and manage it like any other project
 - Allocate sufficient resources
 - Draw a realistic program of work
- ❑ Involve all stakeholders
 - Involve “all” CE staff right from the beginning and educate them so that they identify with your set goal(s)
 - Clearly identify stakeholders, their input/role, interests, expectations and how you plan to meet their expectations
- ❑ Form a Working Group or Task Force which reports to the team that is steering all the CE program initiatives, e.g. the Regional Clinical Engineering Team
- ❑ Collect sample information from some of the established programs
- ❑ Know the boundaries/limitation/peculiarities of your region so that you do not duplicate “successful” programs that may not work in your area/region
- ❑ Perform a situation analysis so that action is taken from an informed stand point
 - Devise a strategy for addressing identified issues
 - Prioritize areas
- ❑ Run a consensus workshop so that issues can be debated before everyone agrees
 - Prepare a workshop working document with sufficient information to guide participants
 - State key issues for each topic to be discussed in the workshop and expected outcomes
 - Do not put too much material for decision in one day
 - Get assistance of a qualified workshop facilitator for the process. This assists in getting the most out of your workshop
 - Prepare a workshop outcome report which captures the discussions, consensus issues, milestones and individuals for action items
- ❑ Analyze impact of the standardization on each facility and the region as a whole
 - Devise strategies to address/minimize the impact where possible
- ❑ Devise a roll out plan which covers
 - Implementation plan
 - Training and information dissemination
 - Monitoring procedures and measurement parameters

CONCLUSIONS

The development of a regional Performance Assurance program requires an elaborate process. Structures have to be in place for the program to operate. Lessons learnt from this exercise can be applied in the development of any program, including the overall equipment management system. It is important that the basic elements of the program are identified so that shortcomings in the development of the program can be easily identified. It is important that regions learn from each other so as not to reinvent the wheel each time.