

452: IMPROVING QUALITY IN HEALTH CARE ORGANISATIONS BY FORMING A COLLABORATIVE NETWORK

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Objective:
To promote quality improvement measures in individual health care organisations (HCOs) by building a collaborative network.

Method:
Some of the prerequisites of successful quality improvement initiatives, such as involvement of managerial staff and of the medical profession, cross-departmental actions, and setting a successful example, are not easy to meet when quality managers are somewhat isolated from the rest of the staff in an HCO. For this reason, we decided to involve as many regional HCOs as possible, in a common definition of the prerequisites for a successful co-operative initiative, by carrying out a survey, organising a forum, and giving presentations in each HCO of Franche-Comté. Efficiency can be increased by combining know-how and resources.

Results:
Overall, 28 HCOs (private and public) took part in founding the network. Currently, 39 of the 43 HCOs are members. The forum identified 4 major medical topics of common interest to several HCOs: risk management and iatrogenic disease (22 HCOs), patient records (23 HCOs), patient information (12 HCOs) and measuring patient satisfaction (15 HCOs).

To avoid unnecessary replication of work, we examined each of the 6 steps of a quality improvement plan and determined what had to be done by each HCO (with common tools) and what could be done by a few for the benefit of all. Each HCO nominated a project manager. Some HCOs allocated part-time staff to seek out relevant documentation, select tools, chair working sessions, prepare a report and inform all members of the network of the results of their work.

HCO participation in a project means that formally acknowledged support has been obtained from the administrative board, the medical committee, and the nursing director. The HCO project must agree to implement the project and must contribute financially to the network.

Conclusions:
This network set up in Franche-Comté has brought quality managers out of their position of isolation within HCOs, led to support from the management for visible collaborative actions, reduced the risk of project failure, and increased the medical profession's awareness of quality improvement.