

## 280: ACCREDITATION AS A TOOL FOR ORGANIZATIONAL CHANGE IN HOSPITALS

### Authors:

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### Objective:

The objective here was to examine the dynamics of change that operated following accreditation preparations in a healthcare establishment in France.

### Methods:

Since the introduction in 1996 of compulsory accreditation in France, no study had yet reported on the impact of this measure on healthcare establishments. Through implementation analysis, the present embedded explanatory case study sought to explore the organizational changes brought about in a university hospital centre.

To this end:

- (1) a theoretical framework for analyzing change was developed;
- (2) semi-structured interviews (n=67), focus groups (n=10), and questionnaires addressed to the establishment's professionals (n=3,991, 41% response rate) were used, and documents were collected from January 1998 (start of preparations) to October 2001 (date of visit); and
- (3) qualitative and quantitative analyses were carried out.

### Results:

Analyses were run as a function of the four axes identified in the model of change: nature (extent/rhythm/trajectory), action strategies (accompaniment/resistance), design (deductive/inductive) and issues/challenges (strategic, organizational and environmental). Although preparation involved all areas of the establishment (clinical, medico-technical, logistical, support and administrative), professionals from clinical and medico-technical services (CMTS) were the ones who most participated, particularly nurses and commission members. The preparation's design, essentially deductive, called for, on the one hand, lectures and an information letter addressed to the professionals, and on the other, the creation of an internal self-assessment reference system (ISARS) distributed to the CMTS, derived from the accreditation manual, and 10 self-assessment groups (SAGs) to complete the manual. The action strategies did not include any inducements. The main motives for participating were defence of the establishment's interests (86.7%) and the desire to learn (86.2%). However, the procedure was perceived as bureaucratic (77%). Physician absenteeism at meetings attested to a certain resistance on their part. From an organizational viewpoint, three functions (quality manager, physician and general nurse in charge of quality) and three structures (quality management, assessment and accreditation medical unit, quality bureau in charge of piloting the process) were created. Leadership was exercised by management. The SAGs and the ISARS provided an opportunity to reflect in a non-hierarchical manner on the treatment of patients and on the establishment's operational modalities, by creating a locus for exchanges and collegial decision-making. Persons lower down in the hierarchy (e.g. women, assistant caregiver, surface agents) or working in less prestigious structures (medium- and long-stay) were the ones for whom the preparation was most a source of change, having to acquire new activities, new intellectual models and new social ties. Otherwise, the greatest changes involved giving greater consideration to results of exit surveys, committing procedures to paper (in all services) and adopting a continuous quality improvement (CQI) program. Finally, the establishment set up with its community of establishments a support partnership to deal with quality processes.

### Conclusions:

Accreditation preparation was a key moment for introducing a quality program and change dynamics. The major changes involved the creation of "social capital" as defined by Bourdieu, and consideration given to the patients' point of view. However, in the absence of a reform of hospital structures, the changes were temporary and geared towards compliance with the manual's standards and the production of documents to be audited by the visiting team of the Agence Nationale d'Accréditation des Établissements de Santé (National Agency for the Accreditation of Healthcare Establishments).