

# Evidence-Based Decision-Making and Knowledge-Sharing in Care and Work Organization

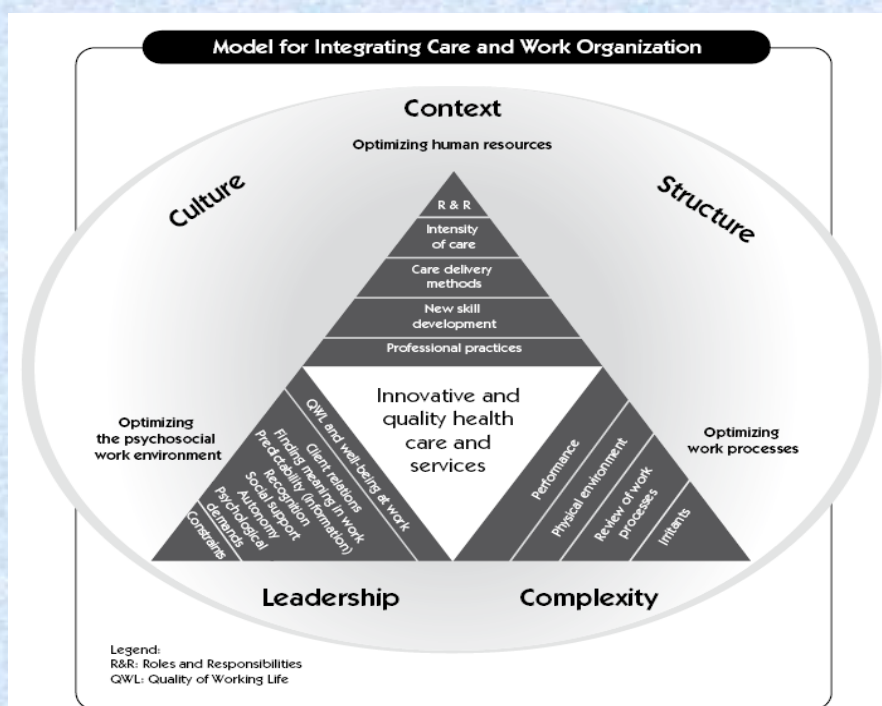
## Context

In today's era of globalized learning economy, the ability to integrate, share, and disseminate knowledge within and between health care organizations constitutes a major challenge. Health care organizations increasingly recognize the need to support the practice of knowledge-sharing among their "employees." As a consequence, researchers and professionals in patient/clinical/managerial/policy decision-making environments are collaboratively searching, testing and using different proactive interventions to facilitate knowledge-sharing. However, it depends on a myriad of factors, especially in the field of reorganization of care and work where knowledge-sharing connects the different levels within a health care organization (individual, team, and organizational).

## Optimizing the Psychosocial Work Environment

According to studies on work environment and employees' quality of working life, it is important to eliminate work constraints at their source. According to Karasek and Theorell (1990), Kristensen (1999) and Siegrist (1996), it is important to reduce constraints in six dimensions: psychological demands, latitude in decision-making, social support, effort and recognition, predictability, and meaningful work.

Figure Source: Bédard et al. (2007). *Handbook of Innovative Practice in Care and Work Organization* (p. 17). Montreal, Canada: AQESSS.  
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## Optimizing Human Resources

### Professional Development

- ✦ Customized integration program;
- ✦ On-the-job training;
- ✦ Support for education;
- ✦ Advancement and promotion – clinical levels;
- ✦ Career plans;
- ✦ Research is encouraged.

### Administration

- ✦ Participative management and support;
- ✦ Decentralized organization;
- ✦ Well-informed nurses involved in decision-making;
- ✦ Administrators and coordinators who are visible, available, attentive, and able to promote, facilitate and support the professional autonomy and accountability of nurses and are active in the community and in professional activities;
- ✦ Adequate and appropriate material and human resources;
- ✦ Value given to nurses' education, on-the-job training and professional growth; flexible work schedules.

### Professional Practice

- ✦ Care delivery based on an autonomous professional practice (empowerment);
- ✦ Value given to the nurses' teaching role with clients, families and the community;
- ✦ Nurses are independent, responsible and in control of their practice;
- ✦ Availability of specialized nurses;
- ✦ Collaborative relationships between physicians and nurses.

## Optimizing Process

**Time and motion studies** are mainly used to identify, classify and analyze tasks directly and indirectly associated with patient care, in terms of the skills of the staff members responsible for performing them, and to identify potential improvements in work processes.

**Ergonomic and secure work environment** is a workplace that is free of any kind of violence, harassment and abuse, and where safety is the priority.

**Kaizen** is another method use to find solutions to real problems through the cooperation of team members. Kaizen also leads to an action plan on how to implement the solutions. It focuses on seven acknowledged sources of waste, namely defective products, unnecessary storage, overproduction, useless expectations, unnecessary transportation, unnecessary tasks and movement.

## Organizational Interventions

### Primary Intervention

Reduces constraints at work  
(Lavoie-Tremblay et al., 2005; Bond et al., 2001; Lourijen et al., 1999)

### Secondary Intervention

Focuses on enhancing individual adaptive skills

### Tertiary Intervention

Treats or rehabilitate employees with significant symptoms of stress at work (Kompier et al., 1990; Murphy, 1988)

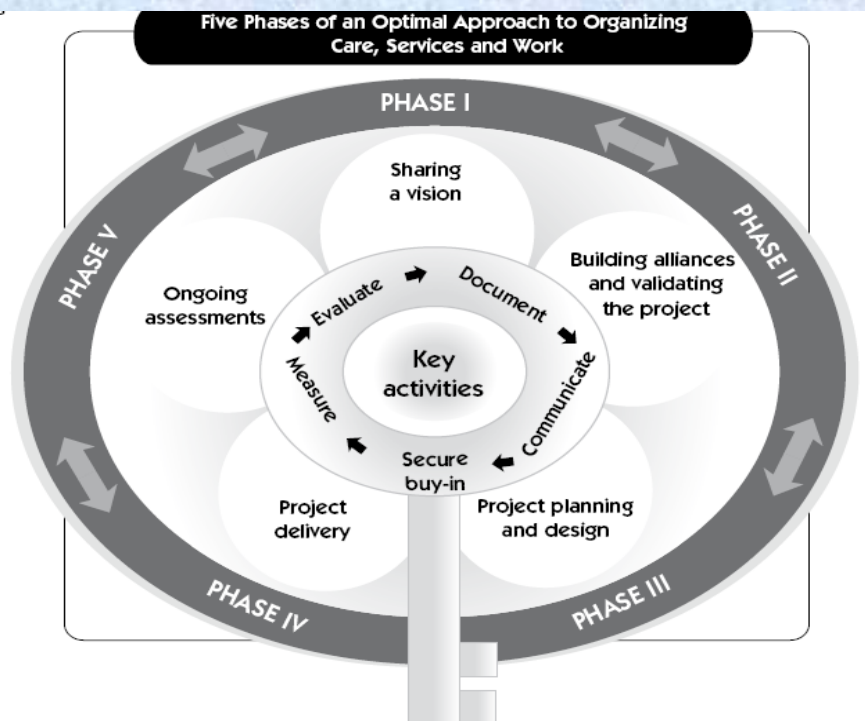
## Optimal Approach for Implementing Innovative Practices

### Context

The optimal approach of innovative practices in care and work organization is based on the analysis of 34 organizational transformation projects carried out in Quebec. It includes five phases and five key activities designed to elicit feedback and ensure that everything was done to make the organizational transformation a success or at least ensure that every effort was made in this regard.

Figure Source: Bédard et al. (2007). *Handbook of Innovative Practice in Care and Work Organization* (p.). Montreal, Canada: AQESSS.

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### Phase I: Sharing the Vision

- Identify and clearly state the problems associated with the change;
- Review the mission, clarify the vision and share the values;
- Identify factors and organizational conditions that favour or work against the transformation project;
- Identify anticipated impacts, real or potential, in the short, medium, and long-term.

<b>Positive Elements</b>	<b>Potential Problems</b>
<ul style="list-style-type: none"> <li>- <i>Having explicit and convincing reasons for proceeding with the change;</i></li> <li>- <i>Sharing and explaining the vision in a shared language;</i></li> <li>- <i>Obtaining formal support from management as well as the required resources;</i></li> <li>- <i>Ensuring that the project will fit well in the organization as a whole.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Forgetting to integrate the project in the facility's vision;</i></li> <li>- <i>Not ensuring that the project will be given priority;</i></li> <li>- <i>Not estimating or anticipating the project's impact on other departments and units;</i></li> <li>- <i>Forgetting to identify the benefits for all the different types of stakeholders.</i></li> </ul>

### **Phase II: Building Alliances and Validating Participants Involvement**

- ◆ Build alliances:
  - Identify all the groups and individuals who are or will be involved in and affected by the intended changes;
  - Importance of the leadership provided by administrators.
- ◆ Ensure that all stakeholders are committed to the project:
  - Administrators and employees who will be in the thick of the action and the changes must obtain at a minimum of guarantee of support, listening and training.

<b>Positive Elements</b>	<b>Potential Problems</b>
<ul style="list-style-type: none"> <li>- <i>Having a clear commitment contract that, if possible, is in writing and signed by everyone involved;</i></li> <li>- <i>Negotiating the human, material and financial resources needed;</i></li> <li>- <i>Finding the best time and occasion to propose change.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Underestimating the importance of having the support of all the stakeholders: are they in favour or not? What are their reasons?</i></li> <li>- <i>Not involving the union and physicians;</i></li> <li>- <i>Not taking into account employees' resistance and concerns.</i></li> </ul>

### **Phase III: Project Design and Planning**

- ◆ Structure the project and form teams:
  - Develop a clear mandate;
  - Identify each person's roles and functions;
  - Draw a realistic schedule.
- ◆ Form project teams and clarify the levels of team operations: strategic (where vision is addressed), tactical (alignment) and operational (the locus of implementation);
- ◆ Develop a work plan and a communication plan:
  - Identify goals, methods, tools and indicators;
  - Develop tools to facilitate communication.
- ◆ Collect the required data;
- ◆ Use data analysis to highlight the gap between the current situation and the desired situation.

<b>Positive Elements</b>	<b>Potential Problems</b>
<ul style="list-style-type: none"> <li>- <i>Having a credible steering team;</i></li> <li>- <i>Asking all staff affected by the project to participate;</i></li> <li>- <i>Developing a thorough and realistic action plan, and finding the right tools and outcome indicators;</i></li> <li>- <i>Clarifying each person's roles and expectations;</i></li> <li>- <i>Developing a two-way communication plan;</i></li> <li>- <i>Listening carefully to those who resist change.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Failing to simplify the tasks of those responsible for the project;</i></li> <li>- <i>Placing the whole project on one person's shoulders;</i></li> <li>- <i>Underestimating the importance of measuring transformation by identifying process and outcome indicators;</i></li> <li>- <i>Underestimating human and computer logistics for collecting data on the indicators;</i></li> <li>- <i>Under-using the tools that can foster communication in the organization.</i></li> </ul>

### **Phase IV: Implementation of Organizational Transformation Projects**

- ◆ Project implementation:
  - Providing support to the staff is essential in this phase;
  - Readjustments can be made.

### Positive Elements

- Train and support the staff;
- Enable forums for discussion;
- Measure the impacts of the transformation and disseminate the outcomes;
- Communicate often;
- Carry out support activities;
- Develop a tailored and accessible training program that will reach everyone and engage them;
- Develop problem-resolution sessions;
- Count on small steps to success;
- Talk about the positive outcomes.

### Potential Problems

- Not seeing that change will take more time, training and support than expected;
- Making too many changes at once;
- Underestimating the tension generated when changes are made;
- Turning to authorities may generate more resistance.

### Phase V: Assessment and Ongoing Monitoring

- ◆ Assessing the organization project:
  - Describe the effects or impacts of the transformation by using tools and indicators selected in order to assess targeted objectives.
- ◆ Monitoring on an ongoing basis:
  - If needed, make adjustments to project objectives;
  - Oversee professional development and employee reinforcement and evaluation, as well as ongoing assessments of the transformation project;
  - Ensure the communication continues (diffusion of the projet).

### Positive Elements

- Offer feedback and recognition to participating teams;
- Plan a continuous improvement program and identify people to oversee it;
- Tell employees about the project's positive outcomes;
- Identify the evaluation measures in Phase III, project design.

### Potential Problems

- Forgetting to thank and acknowledge the staff;
- Not having identified a measure for assessing the effects and impacts at the start of the project (Phase III);
- Not having planned how the achievements and knowledge will be transferred;
- Forgetting the importance of celebrating your success!

### Five Key Activities for Each Phase

Key activity 1: Document and analyze the documentation and information needed and undertake an initial analysis by identifying the facilitating factors and constraints for each phase.

- ◆ *Did we document and analyze?*

Key activity 2: Communicate and validate with all the stakeholders their understanding, concerns, feelings and thoughts in order to determine potential sources of resistance.

- ◆ *Did we communicate the information and validate it through feedback?*

Key activity 3: Secure buy-in and commitment of the participation, commitment and ongoing involvement of management, medical and union partners, and a minimum proportion of the affected employees. This activity seeks to optimize the quality of problem-solving and decision-making processes and leads to co-creation, innovation and creativity.

- ◆ *Are people buying in to the project? Are they willing to commit?*

Key activity 4: Measure and adapt each stage of the project. It allows for continuous adjustments to be made throughout the project.

- ◆ *Why, how, with what, where and when will we measure and adjust?*

Key activity 5: Evaluate and celebrate. The fifth key activity involves measuring and monitoring. It leads to making readjustments, reviewing of the goals of the transformation and measuring the impacts of change. But you should not forget to celebrate! Throwing a party is another valued sign of recognition for all the effort that has been made.

- ◆ *Why, how, with what, where and when will we make assessments?*

### Reference

Bédard, B., Benoit, D. et C. Viens (2007). *Handbook of Innovative Practice in Care and Work Organization*, Association Québécoise des établissements de santé et de services sociaux.