Implementing change in a diverse and politicized landscape

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Healthcare reforms and ICT

- Public healthcare is globally subject to reforms
- Information and communication technologies are widely regarded as *the* key to success
- Projects are initiated at multiple levels, though rarely coordinated
- Shared purpose: a more effective and efficient delivery of public healthcare services to an aging population where medical advances makes it possible to differentiate and treat a growing number of conditions
The medical charts
Data sources

• Interviews with participants in the project group, including clinicians that are or were involved in or influenced by the project, in addition to other (more or less peripheral) stakeholders. Twelve semi structured interviews are conducted, all recorded and transcribed

• Participant observation. Thirteen sessions are conducted, mostly in project meetings and similar

• Documents, including the project’s requirements specification, the internal evaluation report after the pilot and strategy documents from different levels
Project externalities

- Partnering hospital
- Regional project
The regional project

- Contract for the same software signed in 2008
- Intention to run a pilot in a different hospital
- Learning experiences from Rikshospitalet thus in acute danger of not benefitting the regional project
- 2009: a new regional project manager chose a different course, where the solution developed at Rikshospitalet would serve as version zero of the regional solution
The merger

• 2008: the two hospitals decided merged into Oslo University Hospital
• Extensive competition for and negotiations over positions within the new organization
• Managing the EMC project was delegated out of Rikshospitalet
• New project manager’s main affiliation with the partnering hospital.
• Regional health authorities decided to hire him as manager of the regional project as well
• No further roll-outs at Rikshospitalet since 2009
• The project continues, but for local participants, maintaining motivation has become a challenge
Internal and external complexities

- Local challenges: bugs in the software, alignment of existing and new work practices and variations in the use of clinical terminology
- Grew to a fairly mature level in handling this complexity
- Events at regional level – beyond control of the project group – became decisive for the progress of the local project
- A significant phenomenon likely to affect other reform initiatives as well
Conclusions

• Initiatives at different levels should be treated as potential resources to each other rather than competitors. This requires an open minded coordination where politics is toned down in favor of exchange of knowledge.

• While central decision makers often have limited knowledge about local initiatives, their decisions can have a huge impact locally. In a long term perspective, this might not pose a big problem, but it will be a challenge to maintain motivation locally during a long period of suspension. This should be acknowledged as a potential danger when bottom-up meets top-down in efforts to make change.