
CONFERENCE ABSTRACT**The critical determinants of improvement in healthcare and lessons for integrated care.**16th International Conference on Integrated Care, Barcelona 23-25 May 2016

Patrick John Harnett

Health Service Executive, Ireland

Healthcare quality is a key concern for policy makers, regulators, care givers and patients (HIQA 2013, Harding-Clarke 2006, Francis 2014) with a current focus on integrated care as a solution (Knigs Fund 2015). Despite stated commitment to integration, progress has been slow, with significant consequences for vulnerable population cohorts, in particular frail older people, (Thompson, 2012, Silvester et al., 2014). Improvement has been examined from a variety of perspectives including accreditation (Serrano, 2010), inter-professional education (Ginsburg and Tregunno, 2005) culture (Christiansen et al., 2010, Holden, 2005) and regulation (Chassin, 2013). Even where compliance with standards is evident, the patient experience of healthcare quality is not necessarily correlated (Chuang and Kerry, 2009). As a consequence, attention to the organization as a source of answers, where a mixture of culture, leadership and process are typically focused on (Anderson et al., 2011, D'Souza and Sequeira, 2011, Benson, 2005, Shojania and Dixon-Woods, 2013 and Parry, 2014). This invites the question as to whether improving healthcare involves something qualitatively different and if so, what combination of attributes are necessary? The purpose of this submission therefore is to address the specific attributes that influence healthcare improvement and how they work in combination to provide the critical elements necessary for integrated care.

In summary, the presentation, based on a literature review as part of a Phd study on the design and implementation of integrated care for older persons in Ireland points to the need to recognise healthcare improvement as taking place in a complex adaptive system as a first principle (Holden, 2005 Weberg, 2012, Benson, 2005b). The consequences of this need to be understood and reflected in leadership behaviour, organisational structures, processes and how leaders use structures in order to engage high autonomy professionals. This not only recognises the social dynamics associated with high professional autonomy, but also speaks to the all-important dynamics of professional culture and the values that underpin professional behaviour. It also needs to accommodate the hidden dynamic of personal and professional networks, whose shared narratives are increasingly being recognised as powerful, hidden forces that improvement science has not managed to sufficiently address. At the heart of this is the issue of personal narrative, meaning and purpose at a personal/professional level. In particular, when one accepts and understands healthcare as a complex adaptive system, the style of leadership that is consequently required to bring about quality improvement is not

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the kind that has previously been a dominant force within health systems. Whilst leadership is central, and what is becoming clearer it that specific leadership styles impact on culture and this in turn impacts on the potential for integration to grow as a social movement. A schematic which captures the dynamics of this will be presented.

Keywords: complexity; change dynamics; integrated care
