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How are quality tools being created, organizationally?

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Focus: The Danish Healthcare Quality Program

- A mandatory accreditation system
- Basic elements: Standards – survey – accreditation
- Areas:
 - Hospitals (since 2009)
 - Prehospital area
 - Municipalities
 - Pharmacies
 - General practices



This study of the construction of The Danish Quality Model

- Based on written documents
- Period: 2000 – 2008
- Guided by an initial puzzle: that the most obvious subjects got so little attention
- Difficult study: wanted to study something that did not happen....



Unattended subjects in the construction of the model

- Which problems are to be solved
- Costs of the operation of the model
- Effects – including averse effects
- Pros and cons of alternative strategies
- Lack of evidence supporting this kind of model
- Which data to be published for whom

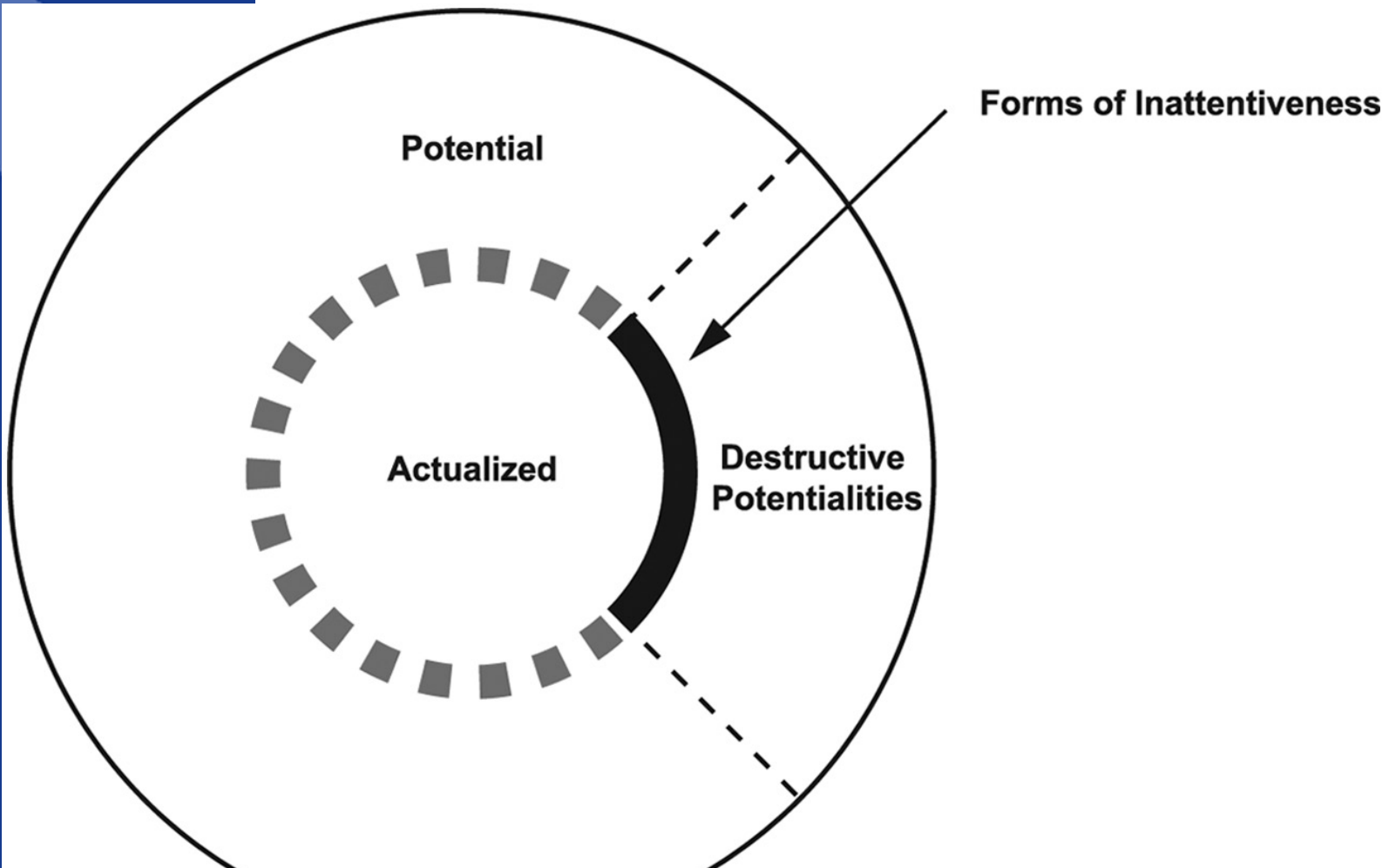


Conceptualization

- Assumption: it takes an effort to be inattentive to the most obvious subjects
- Concepts:
 - Actualized communication happens in a horizon of potential communication
 - Destructive potentialities – information that can paralyze the continuation of the communication or obstruct its current direction.
 - Forms of inattentiveness - the ways in which communication avoids actualizing potentially destructive information,

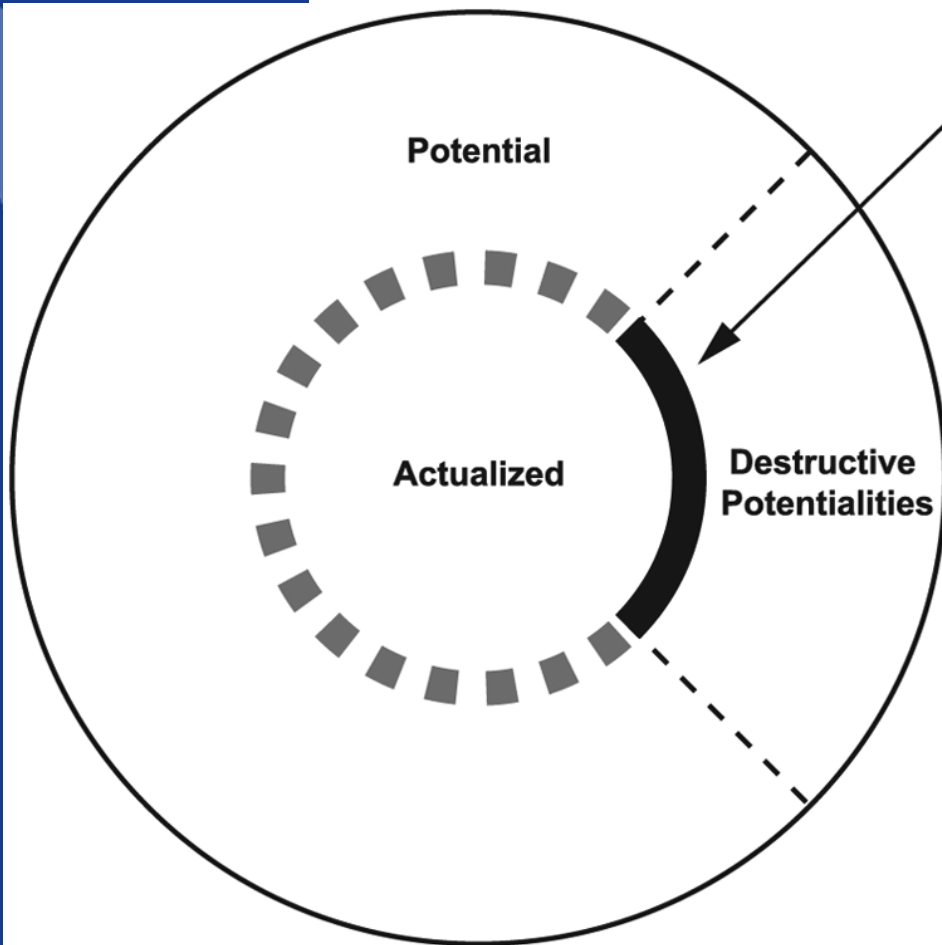


Actualized meaning within a horizon of possibilities – some of which might be of a destructive nature. The forms of inattentiveness avoid the actualization of the destructive possibilities





Destructive potentialities in the construction of the quality model



Forms of Inattentiveness

Destructive Potentialities:

- Costs of the operation of the model
- Effects – including adverse effects
- Pros and cons of alternative strategies
- Which data to be published for whom?
- General standards versus specific tasks and individual patients
- Lack of evidence supporting this kind of model

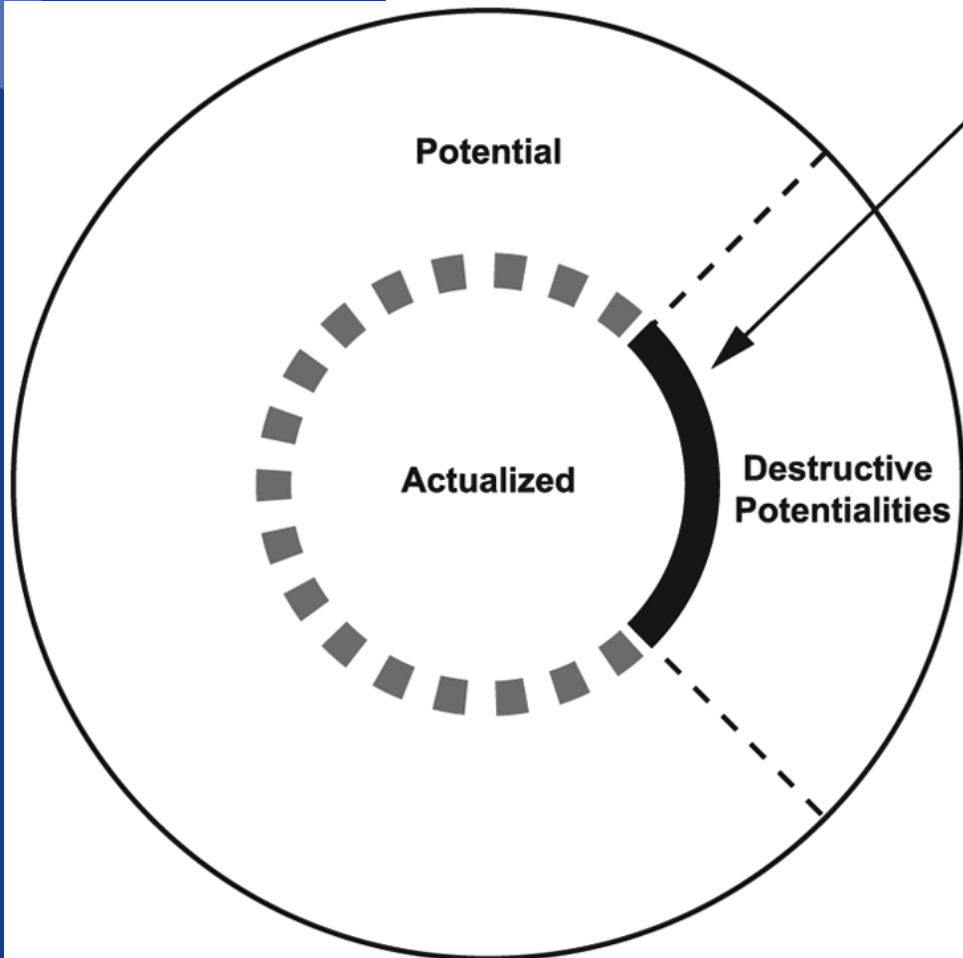


Forms of inattentiveness

- Substitution of signs of imagined knowledge for knowledge
- Excluding of experience
- Form and/or proximity
- Deadlines, postponements, futures
- Distractions



Forms of inattentiveness found in the communicative organizing process surrounding the construction of the Danish quality model



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Status

- A quality model based on a limited amount of information
- A construction process involving actively produced inattentiveness
- *Implications?*
- Does not exclude (or guarantee) potentially positive outcome
- But calls for a certain amount of humility on behalf of the model



Humility – or the importance of reflecting the boundaries of quality-technologies

- "The vision behind the quality mode is that it shall include all healthcare benefits and thus create consistent high quality for all benefits" (IKAS - The Danish Institute for Quality and Accreditation in Healthcare)
- What we have is a quality technology based on actively produced inattentiveness – but claiming that it includes all healthcare benefits and that it creates quality.
- This selfunderstanding blocks out the important question:
 - Taking in consideration that the model is based on obvious limitations AND the fact that it does not create any *direct* benefits at all – then what can the contribution of the model be?



References

- Morten Knudsen (2011): Forms of Inattentiveness: The Production of Blindness in the Development of a Technology for the Observation of Quality in Health Services, *Organization Studies* 32/7, 963-989
- Morten Knudsen (2011): Om grænser for kvalitetsteknologier – og om hvorfor det er vigtigt for kvalitetseksperter at reflektere over dem. *Tidsskrift for Forskning i Sygdom og Samfund Nr. 15: Kvalitative perspektiver på evalueringer i sundhedsvæsenet*