An Innovative Strategy in Organizational Transformation:
Creating and Implementing a Transition Support Office Within a University Health Centre

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KEY MESSAGES

- The need for information to guide the implementation of change in the healthcare system was revealed by healthcare decision-makers several years ago and still exists.
- Due to the complexity of this sector and the growing numbers of large-scale projects, project management is currently booming.
- In 2008, the McGill University Health Centre (MUHC) set up the Transition Support Office (TSO) as part of its redevelopment project which involves consolidating the care and services currently provided at six (6) hospital sites in just three (3) sites.
- The TSO consists of a director and over 30 experts in project management, evaluation, change management, process optimization, communication and knowledge management (knowledge brokers) and doctoral students.
- The TSO has supported over 35 major projects and has developed an innovative guidance program around three fields of action: the harmonization of clinical practices, team consolidation and process optimization.
- The key results of the program emphasize the importance of optimizing the assignment of resources to an office such as the TSO to support the teams in implementing their projects in a major redeployment situation.
- The TSO provides assistance in overcoming familiar obstacles associated with the implementation of evidence-based practices, such as the shortage of resources, lack of time and staff motivation.
- The personnel assigned to the TSO are recognized by the MUHC for their competencies, expertise and credibility. Moreover, the TSO has acquired functions that are essential for supporting the teams, moving projects forward and ensuring the success of the redeployment project. Those functions are project tracking and performance, project and change management, and knowledge management.
- To demonstrate the value added of the TSO, it was necessary to re-think the way the organization manages its project portfolios in order to obtain valid and reliable data about project performance. In partnership with the Quality and Performance Department, the TSO has developed a theoretical performance evaluation framework with which to assess each project.
- Thanks to the support they provide, the TSO experts make it possible to improve practices and patient care, which are safer and of better quality.
- A project management office can be effectively deployed to develop strategies designed to ensure better implementation as part of a major redevelopment project. Setting up a project management office within healthcare organizations is achievable and produces changes in team operations and in the delivery of care to patients.
**SUMMARY**

The need for information to guide the implementation of change in the healthcare system was revealed by healthcare decision-makers some years ago, and it still exists. In fact, research shows that despite efforts undertaken to improve change management practices, their success rates remain relatively low: around 33%. Given the quite high rate of failure in major transformation projects in healthcare organizations, effective strategies for successfully achieving change are required. These transformations are complex and deep-seated and demand a management approach that pays careful attention to planning and to simultaneously taking charge of the multiple aspects that they entail. Therefore, setting up a Project Office has been proposed as a worthwhile way of achieving success in organizational change.

In 2008, the McGill University Health Centre (MUHC) created the Transition Support Office (TSO). The TSO is a project office whose mission is to support, and provide active assistance to, the teams involved in the redeployment of the MUHC. It reflects the desire of the MUHC’s management to ensure an effective transition in connection with this redeployment and to aim for excellence by putting effective and innovative clinical and organizational practices in place. The quality and safety of patient care are at the core of everyone’s concerns and actions. The challenge is substantial due to the scope of the redeployment. Over 10,000 employees will be affected in one way or another in the years ahead. The MUHC will move from six sites to three, including the recently created Glen site. In many cases, this will involve merging teams whose modes of operation are different.

The TSO comprises over 30 members, including a director, knowledge brokers, evidence specialists, project and change managers, and experts in evaluation, process review and communication. The TSO has set up a program that is based on evidence and on its experience in guiding over 35 major projects. Besides successfully carrying out the most frequent types of projects within an organization, the TSO has focused, according to the context, on three areas of intervention: the harmonization of clinical practices, team consolidation and process optimization. In recent years, the TSO has developed key areas of expertise for successfully guiding teams through a major redeployment. Despite conditions marked by challenges regarding the lack of information about new, forthcoming changes, resistance to change, and limited resources assigned to the teams, the TSO has successfully supported and motivated the teams involved in over 35 projects. The main types of assistance that the TSO contributes to the execution of projects are: the evaluation of project results and performance, project and change management, and knowledge management.

Project performance is a priority issue at the MUHC. In partnership with the Quality and Performance Department, the TSO has established a theoretical framework for evaluating the performance of projects as well as its own productivity. One of the main reasons behind the TSO’s adoption of a theoretical performance evaluation framework is to ensure consistency throughout the MUHC. This framework promotes this integration by charting a course for measuring performance using indicators that are important to the organization. Each indicator defines the areas to be evaluated by the transition project teams. Adopting a common, theoretical performance evaluation framework also supports the teams by enabling them to organize, and thereby facilitate, the use of the MUHC’s data systems. The teams acknowledge that the support provided by the TSO’s performance evaluation experts has served as a springboard for the emergence of a performance measurement culture.
The teams stress that they would be unable to carry out the necessary changes without the TSO’s support. The members of the TSO make it easier to execute projects by bringing the energy and direction that are needed to keep the teams on the right path, and they organize data and documents to help them make enlightened decisions and move forward. The TSO relies on resources and experts to support the teams in carrying out their projects, since the teams’ current workload constitutes a hindrance in this regard. The teams have succeeded in changing their evidence-based practices and, thanks to the TSO, have acquired expertise in change management that they will be able to transfer to their practices. The neutrality and credibility of the TSO experts promote the engagement of project teams originating from different locations and disciplines. Finally, the TSO experts make it possible to improve practices and patient care, making them safer and of better quality. Major transformations in our healthcare system provide opportunities to improve the delivery of care and services to the public. However, it is essential that the teams and the managers receive guidance to facilitate the implementation of projects, the success thereof and their contribution to organizational performance. The TSO has succeeded in developing a guidance program that brings together the expertise that the teams need in order to manage the complexity of the redeployment.
BACKGROUND

The need for information to guide the implementation of change was identified by healthcare decision-makers some years ago, and it still exists (CHSRF, 2008; Stetler, Ritchie, Rycroft-Malone, Schultz, and Charms, 2009; Walston, Lazes, and Sullivan, 2004). In fact, research shows that despite efforts made to improve change management practices, their success rates remain low: around 33% (Smith, 2002). Given the quite high rate of failure in bringing major transformations within organizations to fruition, effective strategies for successfully achieving change are required (Collerette, 2008). These transformations are complex and demand a management approach that pays careful attention to planning and to simultaneously taking charge of the multiple aspects that such deep-seated changes entail (Van de Ven and Sun, 2011). Therefore, setting up a Project Office has been proposed as a worthwhile way of achieving success in organizational change (Aubry, Hobbs, and Thuillier, 2008; Caldwell, 2003; Hobbs, Aubry, and Thuillier, 2008). Our research project is completely in line with this perspective, and aims to study the implementation of a project office at the McGill University Health Centre (MUHC) as part of a major redeployment project.

The Transition Support Office at the MUHC

The MUHC, located in Montreal (Quebec), is one of the most comprehensive university hospital centres in North America. It comprises six teaching hospitals affiliated with the Faculty of Medicine at McGill University: the Montreal Children's Hospital, the Montreal General Hospital, the Royal Victoria Hospital, the Montreal Neurological Institute and Hospital and the Montreal Chest Institute. The most recent members of the MUHC are the Lachine Hospital and the Camille-Lefebvre Pavilion.

The MUHC's project office is called the Transition Support Office (TSO). The TSO was set up in 2008 to support, and provide active assistance to, the teams involved in the redeployment of the MUHC. It reflects the desire of the MUHC's management to ensure an effective transition in connection with its redeployment project and to aim for excellence by putting effective and innovative clinical and organizational practices in place. The quality and safety of patient care will be at the core of everyone's concerns and actions. The challenge is substantial due to the scope of the redeployment. Over 10,000 employees will be affected in one way or another in the years ahead. The MUHC will move from six sites to three, including one that is entirely new, the Glen site. In many cases, this will involve merging teams whose modes of operation are different.

The TSO comprises a director, knowledge brokers, evidence experts, project and change managers, and experts in evaluation, process review and communication. The members of the TSO have developed a transition support program for decision-makers/managers and teams involved in health service optimization projects linked to the redevelopment project, to provide them with assistance in terms of project management and access to evidence related to their intervention. The program is based on evidence and on the TSO's experience in guiding over 35 major projects. It has developed three types of guidance, depending on the most frequent types of projects within an organization. These are: the harmonization of clinical practices, team consolidation and process optimization. When used in conjunction with an innovative methodology for producing a return on investment, the TSO's guidance process creates value added thanks to:

1. project supervision by the TSO
2. the assignment of dedicated experts according to the needs of the project
3. the hiring of clinical “champions”
4. clearly defined roles, a decision tree, and quality and performance indicators
5. feedback as close as possible to real time
6. sharing of newly acquired knowledge
7. recognition of the value of continuous performance improvement.

Among other things, it makes it possible to:

- accelerate the process of organizational change
- optimize the acquisition and transfer of knowledge
- guarantee better results
- develop organizational capability
- put the necessary processes into place to ensure sustainability.

By adopting an approach based on the guiding principles of the Project Management Institute’s Project Management Body of Knowledge (PMI, 2008), the TSO ensures that it uses recognized standards and practices for planning, executing, tracking and evaluating its projects. Specific objectives and an evaluation plan, which includes quality and performance indicators, are established for each project in order to estimate the extent to which the expected results are achieved (Biron et al., 2012). In addition, a decision-making structure is established by creating a coordination committee consisting of key people in the organization.

**Project office in the healthcare sector**

Regardless of what it is called (e.g. project management office, organizational project office, transition support office, etc.), a project office is a unit set up within an organization to help the various players of a project (decision-makers, project managers, teams, etc.) implement project management principles, practices, methods, tools and techniques (Dai and Wells, 2004). Contrary to more conventional management approaches, the project office focuses on projects (rather than on operations) and on the changes that stem therefrom. The projects are temporary, but to succeed, they require the engagement of a wide variety of stakeholders. The project office centralizes certain functions and directs the actions of multiple stakeholders towards a common goal. We note that, given the growing numbers of large-scale projects and the complexity of the healthcare system, project management is currently booming. It now extends beyond the simple application of a set of tools and techniques, and approaches the strategic level of the organization (Aubry, Richer, Lavoie-Tremblay and Cyr, 2011). It is no longer a question of managing information technology projects (e.g. setting up software), but of supporting clinical and organizational changes. Indeed, in the past few years we have seen project offices sprout up in healthcare institutions to guide organizational transformations. This strategy is in line with the recommendations put forward by Rondeau (2008) for implementing complex changes. Rondeau (2008) concludes that carrying out a major transformation requires setting up a management process that is separate from the running of the organization’s day-to-day activities.

Recent multisectorial research provides evidence on the characteristics of project offices, their roles, functions and performance, and their change dynamics. In fact, in a study on project offices, Hobbs and Aubry (2007) found that 36% of their sample of 500 project offices came from the public sector, of which only 5% were in the healthcare sector. Yet a pressing need is currently being recognized in the healthcare sector for defining best practices in project and change management. Therefore, our research question is:
How does a project office contribute to optimal changes in practices aimed at better outcomes for patients, for caregivers, and for society (organizational performance) in a situation of a major redeployment?

a. To what extent is the TSO implemented?
b. What are the repercussions of the TSO?
c. What are the underlying conditions that facilitate or hinder the repercussions of the TSO?

**IMPLICATIONS**

Our main results show the importance of having dedicated resources, like the TSO, to support the teams in carrying out their projects within a major deployment. The dedicated resources at the TSO are recognized at the MUHC for their competence, expertise and credibility. Furthermore, the TSO has developed essential areas of expertise that contribute to support for the teams, the advancement of the projects and the success of the redeployment. Those areas of expertise are project performance, project and change management, and knowledge management.

**METHODOLOGY**

**General specifications**

The general specifications are the case study (Yin, 2009) with overlapping aspects (strategic, tactical and operational aspects). The data were collected from various sources, and that process was guided by our theoretical model showing the links between the desired effects, the degree of implementation and the situation (Denis and Champagne, 1992). The collection took place over a period of two years, i.e. from when the TSO was first set up, to two years later. Many data collection mechanisms were used: individual interviews, group interviews, questionnaires and analysis of administrative documents. A total of 84 interviews were carried out (see tables 1 and 2).

**Table 1 Sociodemographic profile of the members of the Transition Support Office and of the partners on the MUHC’s Executive Committee**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>T1: Members of the TSO</th>
<th>T1: Members of the Executive Committee</th>
<th>T2: Members of the TSO</th>
<th>T2: Members of the Executive Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons questioned</td>
<td>Number: 11, Participation rate: 100%</td>
<td>Number: 11, Participation rate: 69%</td>
<td>Number: 12, Participation rate: 67%</td>
<td>Number: 11, Participation rate: 61%</td>
</tr>
<tr>
<td></td>
<td>Female: 10, Male: 1</td>
<td>Female: 9, Male: 2</td>
<td>Female: 11, Male: 1</td>
<td>Female: 7, Male: 4</td>
</tr>
<tr>
<td>Average age (in years)</td>
<td>41</td>
<td>54</td>
<td>43</td>
<td>55</td>
</tr>
</tbody>
</table>
### Table 2 Sociodemographic profile of the members of the MUHC project teams

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>T1</th>
<th>T2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Degrees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Master’s</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Job level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expert¹</td>
<td>6</td>
<td>–</td>
</tr>
<tr>
<td>Middle manager</td>
<td>–</td>
<td>3</td>
</tr>
<tr>
<td>Director</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Project manager</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Average time spent in current position (in months)</strong></td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td><strong>Job status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Part time</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 2 Sociodemographic profile of the members of the MUHC project teams
In this study, the analysis strategy is “model matching” which involves comparing a configuration predicted based on a theoretical model with an observed, empiric configuration (Yin, 2009). The data analysis was carried out based on written reports of individual interviews, notes taken during the interviews and summaries of reference materials. A content analysis was performed using the method proposed by Miles and Huberman (1994), comprising three, concurrent flows of activity: data reduction; data viewing; and drawing and verifying of conclusions. In the first phase, all the data were read in order to form general impressions. After that, the themes were organized into categories and were then added to the theoretical model in order to discern trends according to a deductive method based on the model on one hand, and according to an inductive method used to modify or complete the model on the other hand (Yin, 2009).

**Dissemination of results**

In this study, we worked jointly with the decision-making partners and our advisory committee. For example, the collaboration between the researchers and decision-makers of the TSO and the MUHC’s Quality and Performance Department led to the development of a theoretical model for evaluating the TSO\(^1\) which was published in the *Healthcare Quarterly* journal. In addition, a tool for evaluating value added was developed and validated, in order to estimate the return on investment

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of the various projects supported by the TSO. The models and tools developed based on the research results were shared with our advisory committee throughout the project. These meetings provided an opportunity to exchange knowledge and experiences and to identify knowledge transfer needs. For example, many questions regarding the management of project portfolios were raised by the decision-makers during a meeting of the advisory committee. Therefore, we developed a workshop on the subject, conducted by experts from the university and organization environments, for the benefit of 30 healthcare network decision-makers.

RESULTS

The first outcome of the research was to describe the implementation of the TSO and the surrounding circumstances. The TSO currently comprises over 30 members who, in recent years, have developed key areas of expertise for successfully guiding teams through a major redeployment. Despite conditions that present challenges regarding the lack of information about new, forthcoming changes, resistance to change, and limited resources dedicated to guiding the teams, the TSO has successfully supported and motivated the teams involved in over 35 major projects. The main areas of expertise of the TSO that participants have identified are: project performance, project and change management, and knowledge management.

Main functions of the TSO

Support the evaluation of projects towards a change of performance measurement culture

The TSO study enabled us to realize the importance of measuring performance in the current healthcare conditions. We believe that the growing attention that is now being paid to the evaluation of healthcare performance stems from increased demand for accountability in a context of rising healthcare spending (Adair et al., 2006). Working in partnership with the Quality and Performance Department, the TSO has developed a theoretical model for evaluating its own performance (Biron et al., 2012). It comes as no surprise that the necessity of accountability was the main driver in developing a theoretical performance evaluation framework at the MUHC. The TSO is funded by the Ministère de la Santé et des Services sociaux du Québec (MSSS) as part of the redevelopment project. The TSO’s budget represents approximately 1% of this $1.6 billion redevelopment initiative. The MSSS expects a demonstration of the value added that is derived from the TSO’s funding. To demonstrate the value added of the TSO, it was necessary to re-think the way the organization manages its project portfolios in order to obtain valid and reliable information about its project performance. One of the main reasons underlying the TSO’s adoption of a theoretical performance evaluation framework is to ensure consistency throughout the MUHC (Groene, Klazinga, Kazandjian, Lombrait, and Bartels, 2008). The adoption of a theoretical performance evaluation framework supports this integration by charting a course for the evaluation of particular aspects of performance that are important to the organization. For each aspect, the areas to be evaluated by the transition project teams are defined. Adopting a common, theoretical performance evaluation framework also supports the teams by enabling them to organize, and thereby facilitate, the use of data systems that are available within the MUHC. Moreover, the teams say that the support provided by the TSO’s dedicated evaluation experts has laid the foundation that has made it possible for a measurement culture to fully emerge (Lavoie-Tremblay et al., 2012). The theoretical evaluation framework and numerous tools have been adopted to promote this change of culture. These tools facilitate the systematic use of performance measurement, which can make it possible to identify opportunities for improvement and to determine whether improvements have really occurred following the interventions. The improvements made to the projects will have a direct influence on the organizational indicators that demonstrate the value added of the TSO. At the end of the day, this value added translates into the improvement of patient care.
The project teams stress that the members of the TSO make it easier to execute projects because they bring the energy and direction that are needed to keep the teams on the right path, and they organize data and documents to help them make decisions and move forward. The TSO model provides the project teams with structure and expert advice, ensuring better control over the steps to be taken and, as a result, the success of the project. The members of the TSO are resources and experts who are available to support the teams in carrying out their projects. The teams themselves do not have the time to carry out the projects, due to their current workload. Many project teams stress that they would be unable to carry out the changes without the TSO’s support. In addition, the participants say that by working with the members of the TSO, they have acquired knowledge about change management that they will be able to transfer to their own practices. The TSO provides assistance in overcoming familiar obstacles to the implementation of evidence-based practices, such as the lack of resources, lack of time and staff motivation (Ploeg et al., 2007; Rycroft-Malone et al., 2004; Lavoie-Tremblay et al., 2012). The project leaders that the TSO supports receive expertise and organizational resources that are deemed essential for creating learning systems (Kitson, 2009). And the employees, in turn, are given more time and receive more training and expertise for implementing the innovations (Retsas, 2000).

The TSO provides a worthwhile approach for supporting evidence-based change in practices. The role of the TSO is, among other things, to play a practical role (e.g. data collection) and a more complex role with many aspects to it (e.g. providing assistance, empowering the teams to make evidence-based decisions) (Harvey et al., 2002). The participants mention that the TSO has an important role to play in providing access to evidence arising from documentary analysis and in collecting local indicators in order to provide various sources of relevant evidence to the team to support it in evidence-based decision-making and in setting guidelines. Many participants stress that they would be unable to execute change without the TSO’s support. They say that they have succeeded in changing their practices based on evidence. The participants also mention that, in working with the TSO experts,
they have acquired knowledge about change management that they will be able to transfer to their practices. The TSO’s model enriches the skills and knowledge of the managers and of the project teams, who consider that evidence-informed process review is a worthwhile and stimulating learning method that enables them to improve methods to the benefit of patients, and to strengthen competencies internally while transferring the knowledge they have just acquired.

There was no common vocabulary, there was no evidence for the physicians, nurses [...] And people asked, “What does “données probantes” mean?” In English, they talk about evidence, but people do not all have the same level of evidence, but everything can constitute “données probantes”. What does it mean? [...] So we established a common vocabulary, although it is not always used by everyone [...] But at least we now have a common vocabulary, and each person has started to open up to new forms of evidence.

[…] they call this knowledge brokers, that is, they will look to see what exists in the literature so they can summarize it, based on evidence, to make it possible to develop guidelines that are not […] that do not fall from the ceiling.

So, the fact that I maintain fairly close ties with the TSO is ideal. It’s ideal. Because it also enables me to find out about tools and practices related to the transition, which are tightly structured and meticulous. And I can set these tools up in the hospital itself.

A second result targets the repercussions of the TSO, i.e. its contribution to organizational performance.

The TSO’s contribution to organizational performance

The MUHC and many healthcare institutions are facing challenges that encourage them to improve their performance in a context of super-tight budgets. This situation presents an extra challenge to university hospital centres, which must meet growing needs for cutting-edge care and services that require using costly technologies and intervention methods. The theoretical framework of competing values is very likely to promote discussion on the performance of the project management office. Instead of opting for a single set of criteria and rejecting all other points of view on performance, it acknowledges diversity. This is especially relevant in the healthcare sector, where a paradox exists between the government’s emphasis on efficiency, productivity, cost control and return on investment, on the one hand, and the caregivers who value patient care first and foremost, on the other hand. This theoretical framework has been used to evaluate the contribution made by project management offices to overall organizational performance (Aubry and Hobbs, 2011; Helfrich et al., 2007). There are four quadrants: an interpersonal relations model; an open system model; an internal process model; and a rational goals model. The interpersonal relations model values people and stresses cohesion and morale among human resources. The open system stresses flexibility, growth and external competitiveness. The internal process model brings out internal communication and management. It gives priority to stability and control. Finally, the rational goals model links effectiveness with the setting and the achievement of objectives, as well as with productivity. Based on the qualitative interviews with all the participants, it appears that the TSO contributes to overall performance (Lavoie-Tremblay et al., 2012; Aubry et al., 2011).
The TSO’s contribution to performance: Qualitative analysis

Interpersonal relations model

The interpersonal relations model contributes to organizational performance by recognizing the value of people, and stresses cohesion and morale among human resources. The TSO participants and the project teams mentioned several positive effects relating to this model. The TSO program makes it possible to recognize the value of staff, sharpen expertise and promote cohesion within the organization. The TSO forges bonds between senior managers, mission staff and field staff, and between the members of a given team or the members of different teams.

I think that the fact of having people like us to support projects, well, I think it makes it possible to move the projects forward far better than could be done otherwise. Not because people don't want to, or you know, it's just […] The reality is that, when no-one is assigned to this type of work, someone has to take it on in addition to carrying out the many other tasks for which he or she is responsible. Therefore that person is unable to put so much effort into this work; he just can't do everything.

Internal process model

The participants also mention the positive impact of the internal process model, such as the fact that it provides structure and expert advice, thereby ensuring better control over the steps to be taken and, as a result, the success of the project.

[…] project management requires special expertise. Yes, you can think about projects, as a clinician, and then you say: we can eventually carry projects out, but there are also methodologies and ways of doing things […] Another thing that it makes possible is that you put the right people, with the necessary qualities, in charge of guiding these projects […] to say that we must adopt a methodology that will enable us to move the project forward from A to B.

[…] this will give us a methodology that we will be able to use in other situations to resolve other problems.

The TSO […] is highly structured; we see many people; I must say that I am impressed, there is a real commitment to develop best practices.

Open system model

With respect to the open system model, the participants mention that the TSO and its program have contributed to the growth of the organization. The TSO is a source of expertise for the organization, thanks to the acquisition of specialized resources for organizing and developing processes.

But I think that the very presence of the people sitting at the table representing the TSO, through their own expertise, really contributes a lot […] this is expertise that does not necessarily exist within the hospital, and these are specialized resources that are absolutely necessary and essential.

But I think that the TSO brings a wealth of information, training and knowledge, varied expertise that can be used to support all projects.
Rational goals model

Finally, as far as the rational goals model is concerned, the participants stress its impact on cost-effectiveness, the setting and achievement of objectives, and productivity. The transfer of newly acquired competencies to the organization avoids having to call upon external expertise (consultants). The evaluation component makes it possible to obtain financial performance indicators and to develop a culture that reflects productivity, benefits and performance. The TSO supports the organization in setting the objectives to be reached and prioritizing the actions to be taken. It enables the organization to centralize the objectives to be reached. By helping the teams find solutions, the TSO promotes the success of the project and the achievement of the objectives that were set.

This means that we must give the necessary resources to the staff in the field so that they can learn new methods, and learn that a process review, for example, is a worthwhile way of improving things [...] so they will learn that evidence may exist and then: oh, look, we could ask questions about this. This is what knowledge transfer as a whole is really all about: learning across the organization [...] And this is what leads to a willingness to entrust the work to staff members within the office, and not to rely on external consultants to a great extent. There are some consultants, but we really try to strengthen our internal competencies.

[...] now I really have the impression that we will finally be able to do what I have been wanting to do for many years.

So she conducts the meetings and helps us to keep on track [...] I think that she [...] she does an excellent job of leading our discussions and facilitating our planning and helping us decide what the next steps should be. Hm [...] and you will find that this is done very systematically.

We find that we help the organization communicate beyond the silos. I think that this is important. So, in some ways, by acting this way, we become more productive.

The next section presents the results of the questionnaire on perceptions of the TSO's contribution to organizational performance (Aubry et al., submitted) and as an example, the presentation of a project that was guided by the TSO: the project to harmonize and optimize practices relating to the insertion and maintenance of central venous catheters. This project is still in progress and is particularly interesting in that it not only addresses the need to harmonize and optimize practices, but also produces results in terms of the quality and safety of care.

The TSO's contribution to performance: quantitative analysis

A questionnaire was distributed to the members of the TSO, to the members of the executive committee and to the key partners in the organization. The results are shown for each of two groups: member partners of the executive committee (n = 10) and members of the TSO (see Table 3). Given the small number of respondents, we used the modal value to indicate the central trend, which is better than what would be obtained using the average or median value (Alalouf, Labelle, and Ménard, 1990).
Table 3 Results on perception of the TSO’s contribution to organizational performance

<table>
<thead>
<tr>
<th></th>
<th>Group: TSO members (n = 12)</th>
<th>Group: TSO members (n = 12)</th>
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<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
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<tr>
<td><strong>Interpersonal relations</strong></td>
<td></td>
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<tr>
<td>1 Value of human resources on</td>
<td>3</td>
<td>5</td>
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<td>the project</td>
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<tr>
<td>2 Emphasis on training and</td>
<td>3</td>
<td>5</td>
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<tr>
<td>development</td>
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<tr>
<td>3 Morale of project staff</td>
<td>1</td>
<td>5</td>
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<tr>
<td>4 Conflict resolution</td>
<td>2</td>
<td>5</td>
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<tr>
<td>5 Striving for cohesion</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>6 Quality of output</td>
<td>3</td>
<td>5</td>
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<tr>
<td><strong>Internal processes</strong></td>
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<td>7 Management of information</td>
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<td>8 Management of communications</td>
<td>4</td>
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<tr>
<td>9 Stability of processes</td>
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<td>5</td>
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<tr>
<td>10 Control</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Rational objective</td>
<td>Group: TSO members (n = 12)</td>
<td>Group: TSO members (n = 12)</td>
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<td></td>
<td>Min</td>
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<tr>
<td>11 Benefits</td>
<td>1</td>
<td>4</td>
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<tr>
<td>12 Productivity</td>
<td>3</td>
<td>5</td>
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<tr>
<td>13 Setting of objectives</td>
<td>3</td>
<td>5</td>
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<tr>
<td>14 Efficiency</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Open systems</td>
<td></td>
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<tr>
<td>15 Growth</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>16 Flexibility/ adaptation / innovation in project management</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17 Evaluation by external entities (audit, comparative analysis)</td>
<td>2</td>
<td>5</td>
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<tr>
<td>18 Links with the external environment</td>
<td>2</td>
<td>5</td>
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<tr>
<td>19 State of preparedness</td>
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</table>
Generally speaking, the questionnaire results confirm what the respondents said during the interviews. With regard to interpersonal relations, the partners expect an average contribution by the TSO, except with respect to the search for cohesion and, to a lesser degree, conflict resolution. This fits with the role that the TSO could play in finding points of convergence between various practices and different hierarchical cultures. For the members of the TSO group, the modal value is at the maximum for all the suggested criteria. This shows a good degree of consistency with the interview results, which reveal that the TSO’s role with respect to interpersonal relations is highly valued. The value provided by the human resources working on the project is revealed by the fact that project management expertise is acquired internally, rather than through consultants. The emphasis on training and development is linked to the recognition of the TSO’s expertise and, moreover, to the learning process during the execution of a project. The TSO’s approach to project management is drawn from experience acquired in the real world.

Both groups attach maximum value to the quality of output (output is the result produced by the project). This is not surprising, since the goal of healthcare is to provide high quality care. It is expected that the transition project will give rise to the delivery of high quality care, even though deadlines and costs are of capital importance. The TSO is expected to contribute to the quality of output.

The greatest differences noted between the two groups pertain to the criteria for benefits related to the rational objective, although both groups recognized the TSO’s contribution to productivity, the setting of objectives and efficiency. The concept of benefits is not always clear when it is applied to project management and, especially, when it refers to the public sector. In the public sector, benefits are generally interpreted to mean advantages (e.g. the advantages of implementing an integrated and harmonized postoperative analgesia process). For benefits, the number of “Don’t know” answers is high: one third (1/3) of the TSO group members and one fifth (1/5) of the partners gave that answer. As far as the partners are concerned, it is clear that they do not expect the TSO to contribute to benefits. As for the members of the TSO, there is no clear perception, as no modal value exists per se (three values get the same number of answers). Productivity in project management may be observed in the standardization of processes and the setting of objectives, and is well known as a basic function of project management (Project Management Institute, 2008). Efficiency, in terms of the best use of resources to carry out the project (avoiding slacking off), is recognized as a value with respect to the TSO, although it is recognized with less conviction by the TSO group. This point could be interpreted as follows: the TSO works towards an innovation objective, and putting too much emphasis on efficiency could have a negative impact on learning and on the capacity for innovation, as implied by March’s work on ambidextrality (1991).

Finally, in open systems, both convergence and certain subtle differences exist between the perceptions of the two groups. Both groups expect the TSO to contribute to flexibility, adaptation and innovation in project management. This criterion is in opposition to standardization, which is also expected from a centralized coordination entity like the TSO. A balance between standardization and the need for flexibility was recognized in the interviews conducted with the members of the TSO, in cases where a standardized process was developed. Evaluation by external entities is rated relatively highly as a contribution from the TSO, but it is less prized by the members of the TSO, even though a project management audit may be considered to be a learning exercise as part of a quality process (Cicmil, 2000). This was not mentioned during the interviews. Links with external entities are also rated relatively highly for the TSO. This is quite surprising, since partnerships and collaboration with other entities were mentioned by both groups as a contribution from the TSO. This could be accounted for by the fact that the “external environment” may have been interpreted as lying outside the university hospital. The last item is the state of preparedness, for which the members of the TSO seem to be more prepared, contrary to the partners’ expectations. Once again, the feeling of urgency is more evident within the TSO.
The case of bacteremias associated with central catheters (BACCs) at the MUHC

State of affairs

Before the TSO became involved, BACC practices were not harmonized within the organization. There was an absence of structure and of processes to guide and support the optimization of practices, as well as the deployment and evaluation thereof. At that time, the situation was one of gaps between existing practices and best practices, divergent practices within a given site and between different sites, and the absence of a training program.

Structure of the project

Since April 2011, the TSO has been coaching decision-makers and clinicians with a view to harmonizing and optimizing practices for the maintenance of central venous catheters based on evidence. Introducing a structure of tools and processes, along with resources dedicated to guiding the change of organizational culture, helped to promote the sustainability of the optimization initiatives. In particular, thanks to the presence of unique expertise within the TSO, the project management methodology adapted to a healthcare environment made it possible to identify each component of the project charter:

Objectives

- Harmonize practices for the insertion and maintenance of central venous catheters (CVCs) at the six (6) sites of the MUHC
- Reduce the number BACCs in the first year of the project
- Eliminate BACCs within two (2) years of the conclusion of the project
- Train the clinicians on the care and maintenance of CVCs and measure their acquisition of knowledge
- Achieve compliance regarding the insertion and maintenance of CVCs by professionals
- Reduce the number of reinsertions
- Reduce the incidence of other complications, such as occlusions, within the MUHC.

To achieve the target objectives, the TSO guided the BACC coordination committee and implemented the following strategies:

- Disseminate audit results on infection rates associated with insertion, and the rates of individualized reinsertions (for each physician) and by department
- Identify the types of processes that produce the best outcomes, in order to:
  - deploy the best observed practice
  - standardize medical supplies.
- Create written practices for the insertion and maintenance of CVCs, including documentation tools
- Create a training module and teaching materials
- Create and deploy a communication plan and tools.
Outcomes

Since April 2011, we have observed 45 BACCs avoided, 171 reinsertions avoided, and a reduction in the rate of PICC reinsertions, from 24% to 11%.

In conclusion, the TSO's guidance process contributes to organizational performance. Continuous improvement is promoted by evidence-informed decision-making and by the adoption of best practices, both in healthcare and in management. It eliminates cultural barriers and silos by soliciting contributions and participation by individuals and by teams, thereby fostering greater appreciation for interprofessional collaboration and innovation. Furthermore, by promoting the positive outcomes through a clearly defined process and specific objectives, the optimization culture is not only supported, but enhanced. It encourages people to embrace the concept of optimal performance by making relevant information and coaching expertise available to them as quickly as possible. Finally, the success of various initiatives enables the institution to form a critical mass of agents of change for improvement initiatives, which is key to the sustainability of institutions.

Additional Resources

Publications


Further Research

The study explored the points of view of the members of the project office and of the team members, in order to understand how a project office makes it easier to successfully carry out evidence-based projects as part of a major transformation in a Canadian healthcare organization. The project office's activities, which are intended to support evidence-informed decision-making, change management, process review and evaluation, promote the successful execution of evidence-based projects, despite the challenges inherent in a transition tied to a major redevelopment project. Future research must examine the contribution made by multiple project offices to patient outcomes, organizational results, and the value added thereof (return on investment). Many healthcare institutions are planning to set up a project office, or are reviewing the terms of reference and the operations of their existing project offices, with a view to adding new functions such as change management and organizational performance. Future research projects should study the implementation of project offices in the healthcare sector, and their contribution to change management and organizational performance.
BIBLIOGRAPHY


