Chapter 75

The Administrative Policy Quandary in Canada's Health Service Organizations

Grace I. Paterson
Dalhousie University, Canada

Jacqueline M. MacDonald
Annapolis Valley Health, South Shore Health and South West Health, Canada

Naomi Nonnekes Mensink
Dalhousie University, Canada

ABSTRACT

This chapter examines the process for administrative health service policy development with respect to information sharing and decision-making as well as the relationship of policy to decision making. The challenges experienced by health service managers are identified. The administrative health policy experience in Nova Scotia is described. There is a need for integrated policy at multiple levels (public, clinical, and administrative). The quandary is that while working to share health information systems, most Canadian health service organizations continue to individually develop administrative health policy, expending more resources on policy writing than on translation/education, monitoring, or evaluation. By exploring the importance and nature of administrative policy as a foundation for quality improvement in healthcare delivery, a case is made for greater use of health informatics tools and processes.

INTRODUCTION

In its simplest form, a policy tells people what to do and a procedure tells how to do it. (Cryderman, 1999, p. 17)

Policies provide structure to decisions. They allow consistent, informed decisions to be made about situations that have previously been encountered in health organizations, allowing clinicians, patients, users, and employees at any level to respond to a situation. Policies, based on the mission or purpose

of the organization, provide the framework of objectives and measures that will allow decisions to be made and actions to be taken (Althaus, Bridgman, & Davis, 2007). Administrative policy is policy that: identifies the governing principle that enables or constrains decisions and action, is institution or group-wide, supports compliance with applicable law, and is mandated by the highest authority within the institution or group of institutions (University of Arizona, 2011).

According to the Canada Health Act, the primary objective of Canadian health care policy is "to protect, promote, and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers" (Nova Scotia Department of Health and Wellness, 2012, p. 9).

In this chapter, we explore the nature and purposes of administrative policy. We discuss the relationship of policy to decision making at both the administrative and clinical levels and the importance of well-developed policy for healthcare practice, as that relates to health information systems. We explore the importance and nature of administrative policy as a foundation for quality improvement in healthcare delivery through health informatics tools and processes such as electronic health records and health decision support systems; and for analysis for policy that focuses on the needs of policymakers.

We address the quandary that, while working to share health information systems, most Canadian health service organizations continue to individually develop administrative health policy, expending more resources on policy writing than on translation/education, monitoring or evaluation. Although policy can be most effective in bringing about improved health outcomes and organizational efficiencies, it is often difficult to see a relationship between health policy and health information systems. There is an absence of good policy-oriented data on which to base decisions. As an example, researchers found that Canada's wait-list information and management systems were inadequate and did not track outcomes to allow for continuous refinement of the criteria and weights used to prioritize patients in the wait-list policy (Lewis, Barer, Sanmartin, Sheps, Shortt, & McDonald, 2000). A systematic approach using health informatics skills and knowledge can empower policymakers to use data to develop policy, use information technologies to strategically communicate policy, and use outcomes data to monitor adherence to and effectiveness of policy.

Most research literature on health policy is concerned with public policy and clinical policy. There is a research-practice gap surrounding many aspects of administrative health policy (MacDonald, Bath, & Booth, 2008). The literature review for this chapter includes research on the relationship between policy and health informatics, and on health service managers' decision making at the administrative policy level. It focuses on what health service managers actually do rather than what they should do. We identify several challenges experienced by policymakers that provide opportunities for health informatics leadership and research. We also draw on experiences of OP3 (One Province, One Process, One Policy), a group working to share policies at the District Health Authority (DHA) level in Nova Scotia.

THE NATURE OF POLICY

With its many layers, health policy is more complex than "what to do" and "how to do it" (Cryderman, 1999, p. 17). The highest and most authoritative level is law or legislation. In Canada, the most general principles reside in the Canada Health Act where requirements for provincial and territorial government health service delivery are outlined. Each province or territory has legislation, such as the Nova Scotia Health Services and Insurance Act, that describes the "what". The regulations contained in the legislation

18 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: www.igi-global.com/chapter/the-administrative-policy-quandary-in-canadas-health-service-organizations/192742

Related Content

Statistical Modeling for Studying the Impact of ICD-10 on Health Fraud Detection
Yu Zhangand Tyler Olson (2017). *International Journal of Privacy and Health Information Management (pp. 111-131).*
www.irma-international.org/article/statistical-modeling-for-studying-the-impact-of-icd-10-on-health-fraud-detection/179270

Formal-Transfer In and Out of Stroke Care Units: An Analysis Using Bayesian Networks
Shyamala G. Nadathurand James R. Warren (2013). *Healthcare Information Technology Innovation and Sustainability: Frontiers and Adoption (pp. 193-207).*
www.irma-international.org/chapter/formal-transfer-out-stroke-care/73822

Strategies to Meet Knowledge Transfer Needs
Lorrie K. Roemer, Sharon M. Bigelowand Emerson P. Borsato (2009). *Handbook of Research on Information Technology Management and Clinical Data Administration in Healthcare (pp. 564-581).*
www.irma-international.org/chapter/strategies-meet-knowledge-transfer-needs/35800

Intelligent Agent Framework for Secure Patient-Doctor Profiling and Profile Matching
Masoud Mohammadianand Ric Jentzsch (2011). *Developments in Healthcare Information Systems and Technologies: Models and Methods (pp. 195-213).*
www.irma-international.org/chapter/intelligent-agent-framework-secure-patient/46678

The Impact of the Global, Extensible Electronic Health Record
David W. Forslundand David G. Kilman (2000). *Managing Healthcare Information Systems with Web-Enabled Technologies (pp. 3-13).*
www.irma-international.org/chapter/impact-global-extensible-electronic-health/25819