

# Incentive systems and motivation: a case study of orthopedic surgical patient care pathway at OUH

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# Presentation plan and main takeaways

- › Organizational change related to establishment of FAM and acute care pathways
  - › Complementarity between incentives, competencies, and tasks
  - › New tasks and performance expectations may be better supported by incentives
- › Task performance along the acute care pathway Hip Fracture (HF) and examples of delays
  - › Junction between FAM and Department of Orthopedic Surgery
- › Complexity of motivation and directions of incentives redesign
  - › Interaction between incentives and other motivational mechanisms: intrinsic rewards, professional norms, and social motives.
  - › Targeting the whole group of professionals involved in acute pathways

# Introduction to the project

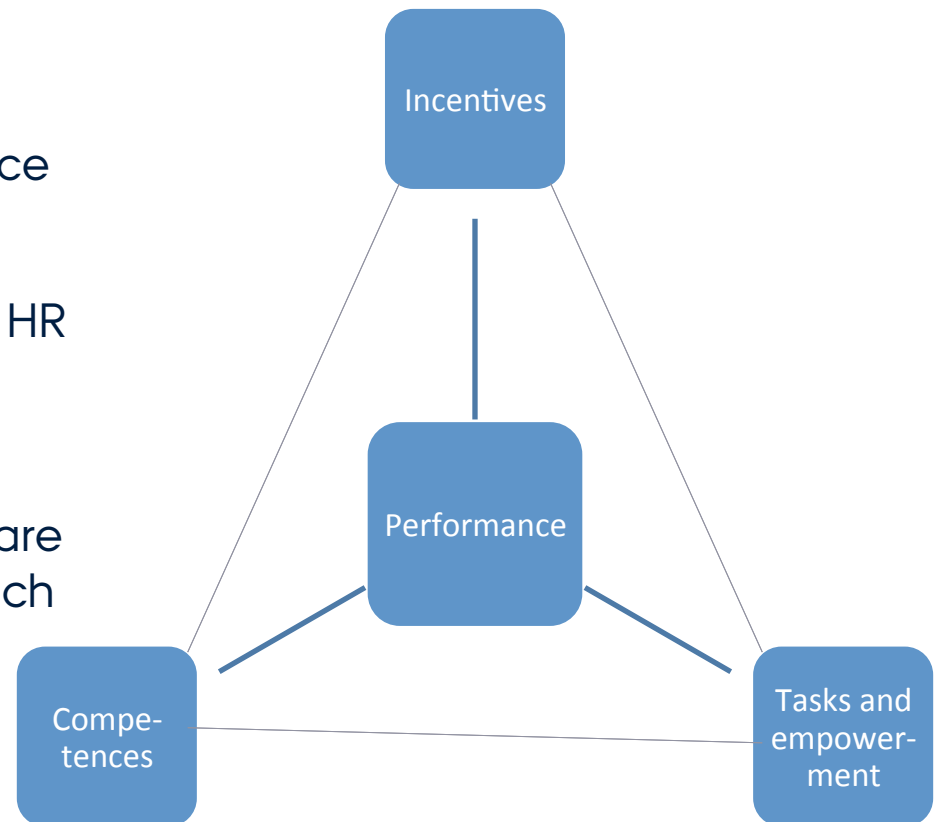
- › One hospital case study conducted at OUH
  - › Establishment of FAM and introduction of acute care pathways (akutpakker) in 2012
- › Focus on acute patient pathway Hip Fracture
  - › Aim: operating these patients within 24 hours after arrival
  - › 85% of operations comply with the aim - the best result in Denmark
- › Research questions:
  - › How did the new rules and standards related to the HF change the doctors' and nurses' work tasks?
  - › What are the motivating effects of the existing system of incentives?
  - › Which incentives could help increasing their motivation to comply with the new rules?
- › Method:
  - › 16 semi-structured interviews
  - › Interview period: November 2014 – March 2015
- › The very first evaluation of the results

# Why are incentives relevant for hospitals?

## High performance work systems debate

- > Human resource practices influence organizational performance
- > Importance of complementarity of HR practices ("the bundle-effect")
- > Recent evidence from NHS in England: human resource policies are related to patient satisfaction (Baluch et al. 2013)

**Graph 1. High performance work system logic** (adapted from Appelbaum et al. 2001)



# What are incentives?

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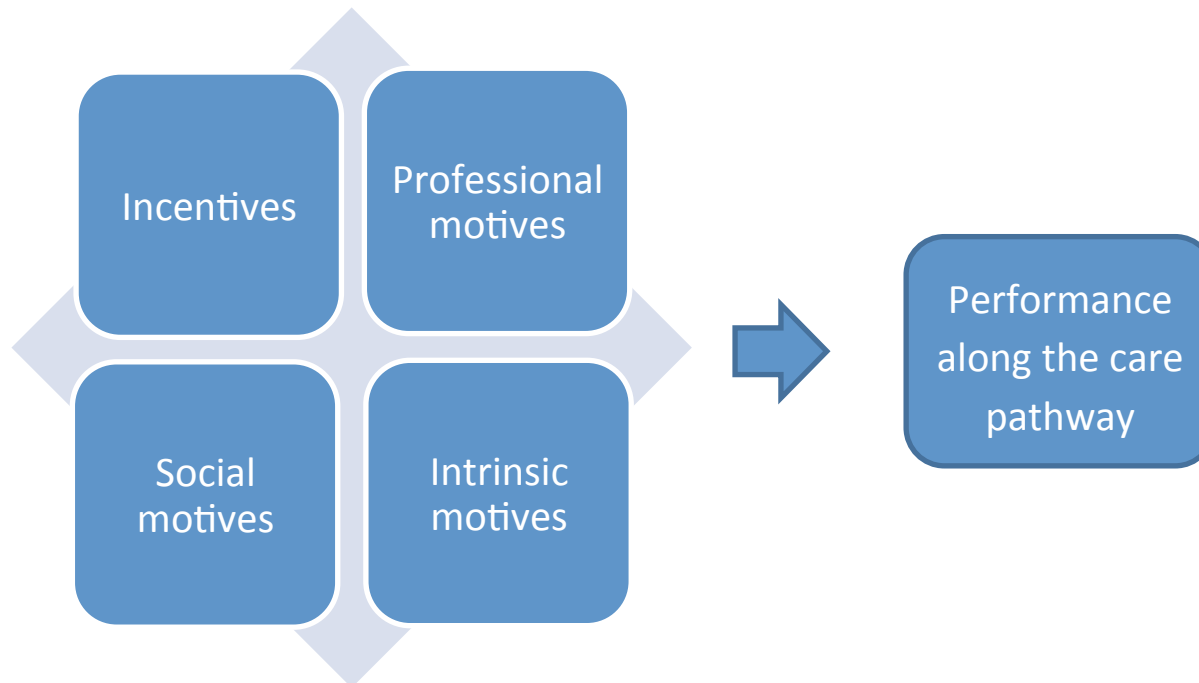
- › The short definition: rewards and sanctions
  
- › Incentives are means or instruments applied by the management in order to encourage certain actions or behavior on the part of employees or groups of employees (Burton, Obel, and DeSanctis 2011)
  
- › Include both positive and negative incentives
  
- › May be applied at individual and group levels
  - › Monetary incentives (size and varied share of remuneration)
  - › Career growth
  - › Recognition
  - › Provision of information
  - › Special working time arrangements

# How do incentives influence performance?



# How do incentives influence performance?

- > Task complexity and measurement problem
- > Incentives interact with other motives



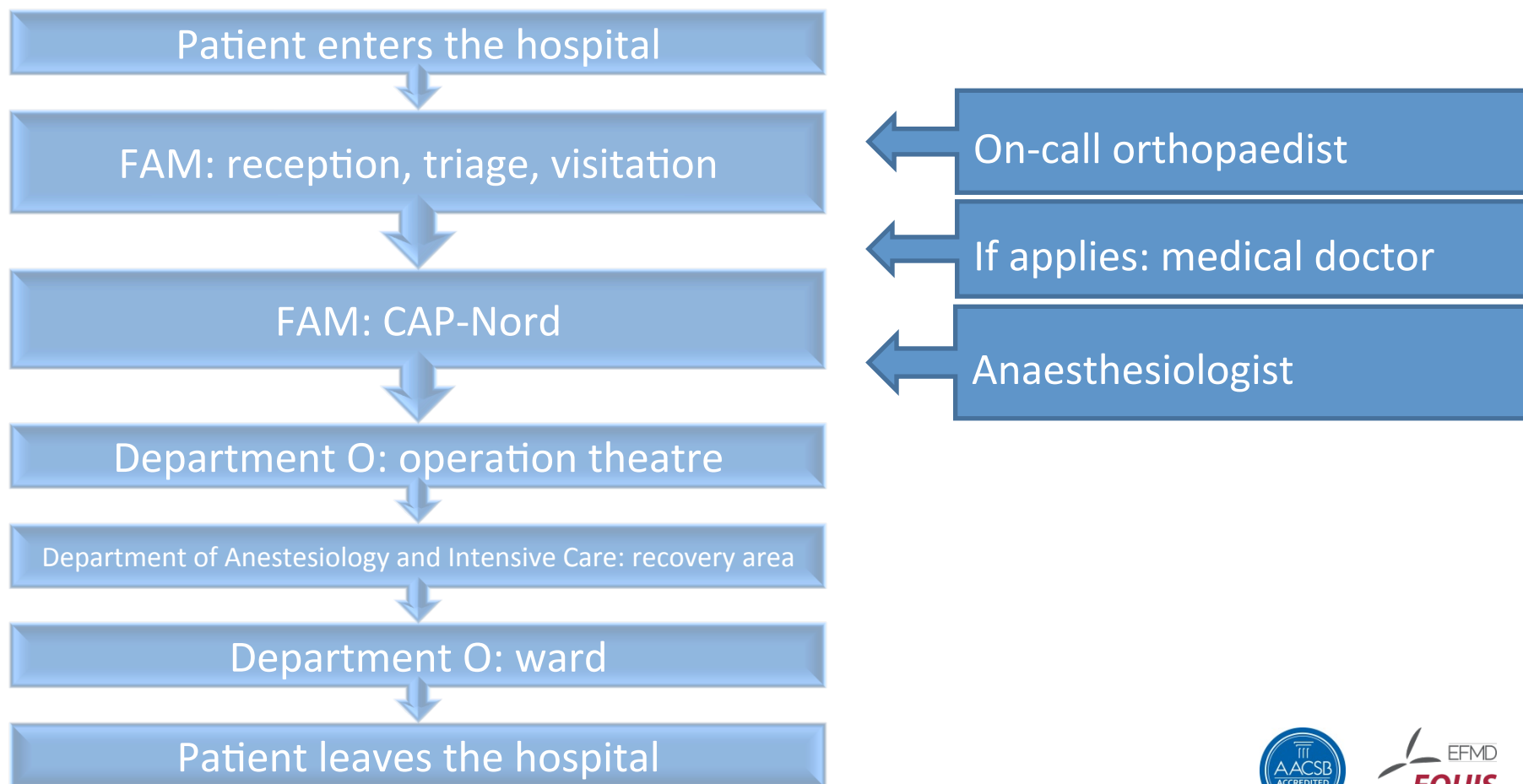
Graph 2. Complex motives determining performance

# Case study: acute pathway Hip Fracture (Brækket lårben forløb)

- › The largest 'product' of the Department of Orthopedic Surgery: 868 patients, who spend in the hospital on average 6,5 days
- › Acute patients that can wait and are often lowly prioritized
- › Standards specified in the AP:
  - › examination by the specialized doctor within 0,5 hours after the arrival
  - › an action diagnosis within 4 hours after the arrival
- › Operation within 24 hours after arrival – 85% of patients at OUH, which is the best result in Denmark
- › Shortly: **all waiting time should be clinically grounded.**



# Specialties involved in Hip Fracture pathway



# Cases of delays along the pathway

- › **Junctions prior to the operation:**
  - › FAM / Orthopedic Surgery
  - › Orthopedic Surgery / Anesthesiology
- › **Orthopedists on duty:**
  - › cases when EPJ is not filled out on time;
  - › medical monitoring not called on time;
  - › bedsores not attended to prior to the anesthesia visit
- › **Anesthesiologist on duty:**
  - › delays with anesthesia visit, especially for the evening arrivals

# Causes for low attractiveness of duties at FAM for orthopedists

- › **Intrinsic motivation is low**
  - › Tasks are not challenging
  - › No achievement experience
- › **Social motivation is low**
  - › Working in exile problem
  - › Resource division concerns
- › **Professional norms only partially overlap**
  - › FAM is not responsible for the HF pathway
- › **Economic incentives at the departmental level do not unite FAM and Department of Orthopedic Surgery**
  - › Financing of activities performed in FAM
  - › All bonuses are department specific

# Reflections on incentives redesign

- › **Incentives targeting the whole group of professionals involved in HF pathway:**
  - › Changing the identity of the whole OUH to the “acute hospital”
  - › Improve information sharing on the acute pathways between the involved departments on the basis of IT
- › **Incentives targeting individual behavior:**
  - › Incentivize orthopedists’ duties at FAM with bonuses.
  - › Change the tasks performed by the chief orthopedists at FAM
- › **Incentives that build on professional motives:**
  - › Involving external experts
  - › Provision of better and regular clinical information on the relevance of the time requirements
  - › Better integrating acute pathways into the professional training of orthopedists

# Next steps in the project

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- › Data analysis and report for the current project to OUH
- › Publishing the results
- › Conducting the study in other hospitals
  - › Strengthen the economic analysis by inviting a healthcare economist into the project
  - › Applying mixed methods: combining qualitative and quantitative analysis and an intervention study
- › Applying to the Innovationsfonden and DFF for further funding of the research

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# Thanks a lot for your attention!

