


Leçons apprises:

« Pourquoi miser stratégiquement sur les résultats en santé afin se de se libérer de la prison des processus »

Bonus: L'intégration pour les nuls
« Le cas pathologique du Québec »

Robert H. Desmarteau, PhD, Ferrara, Italie, 5 Octobre, 2017

Professeur de stratégie, ESG UQAM, Montréal, Québec, Canada



What's gone wrong with democracy

Democracy was the most successful political idea of the 20th century. Why has it run into trouble, and what can be done to revive it?

Plan:

- 1. Défis**
- 2. Pensée stratégique**
- 3. Intelligence**
- 4. Capital social**
- 5. Gouvernance**
- 6. Outils stratégiques**
- 7. NHS**
- 8. Intégration pour les nuls**
 - i. Le cas du Québec**
- 9. Conclusion**

1 - Défis

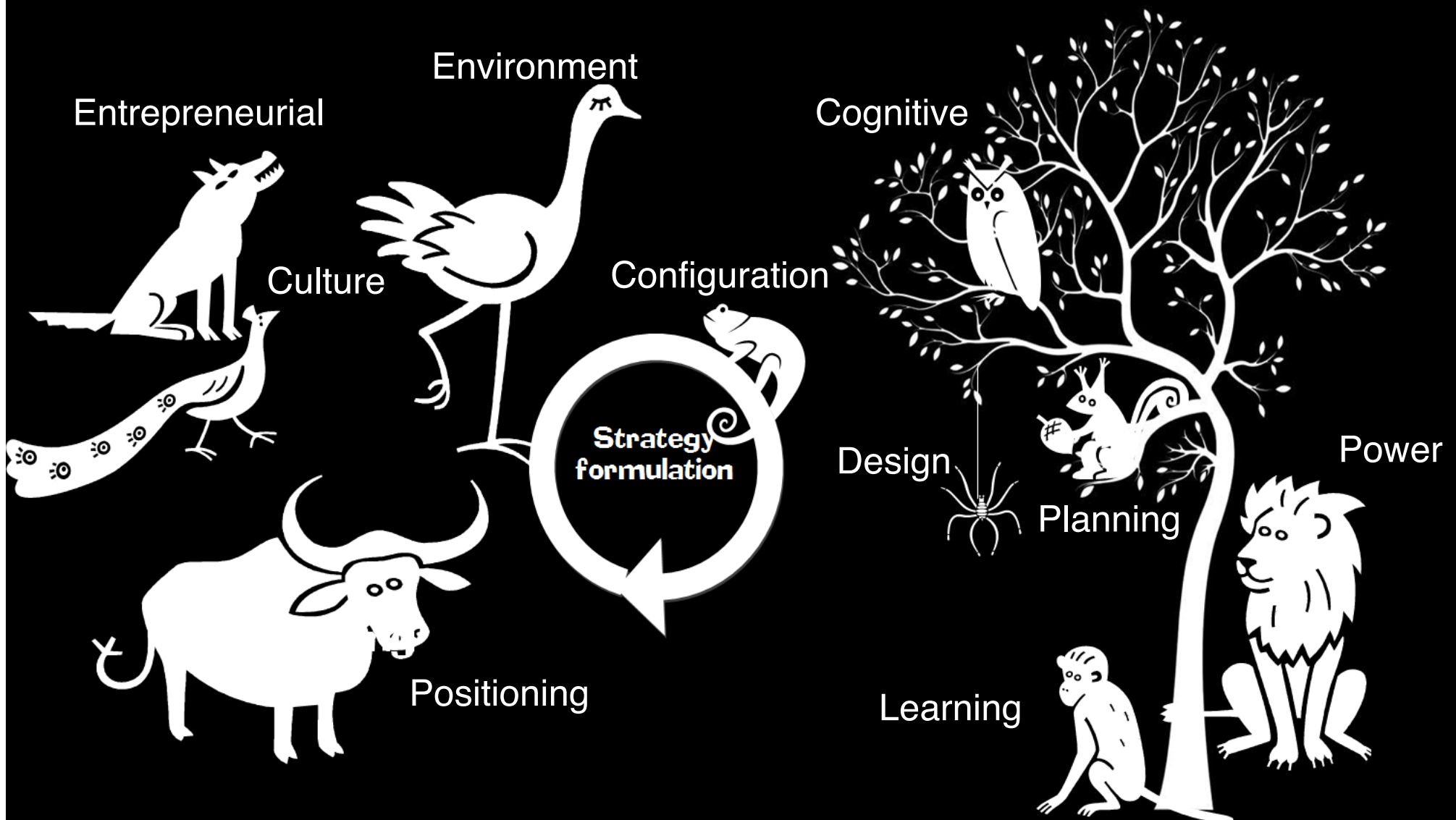
CINQ DÉFIS

- Décentralisation, centralisation
- Démocratisation
- Evaluation
- Integration
- Governance

2- PENSÉE STRATÉGIQUE

SECTION 1

Going on Safari...



SECTION 1

Mintzberg's Schools of Strategy (1/2)

SCHOOLS	SOURCE	ANIMAL	BASE DISCIPLINE	FORM OF ORGANIZATION	CENTRAL ACTORS	CHAMPIONS	INTENDED MESSAGES	REALIZED MESSAGES	SCHOOL CATEGORY	SOME SHORTFALLS
Design "Look before you leap"	P.Selznick (1957)	Spider	None (Architecture as metaphor).	Machine (centralized, somewhat formalized)	Chief executive (as "architect")	Case study teachers (especially at or from Harvard University), leadership aficionados, especially in the United States	Fit	Think (strategy making as case study)	Prescriptive	Neither analytical, nor intuitive. Too static for the era of rapid change.
Planning "A stitch in time saves nine"	I.Ansoff (1965)	Squirrel	Some links to urban planning, system theory, & cybernetics	Large machine (centralized, formalized; also divisionalized)	Planners	"Professional" managers, MBAs, staff experts (especially in finance), consultants, & government controllers - especially in France and the US	Formalize	Program (rather than formulate)	Prescriptive	Neither supports real-time strategy making nor encourages creative accidents.
Positioning "Nothing but the facts, madam"	Sun Tzu's ' <i>The Art of War</i> ' (500 av.JC.) Michael Porter (1980)	Water Buffalo	Economics (industrial organization) & military history	Large machine, preferably in commodity or mass production (centralized, formalized); also divisionalized and "global"	Analysts	As in planning school, particularly analytical staff types, consulting boutiques", & writers, especially in the US	Analyze	Calculate (rather than create or commit)	Prescriptive	Strategy is reduced to generic positions selected through formalized analysis of industry situations.
Entrepreneurial "Take us to your leader"	Schumpeter (1947), A.H.Cole (1959) & others in economics	Wolf	None (although early writings come from economics)	Entrepreneurial (simple, centralized)	Leader	Popular business press, individualists, small business people everywhere but most decidedly in Latin America & among overseas Chinese	Envision	Centralize (then hope)	Descriptive (some prescriptive)	Vague vision; strategies are designed mainly based on the leader's intuition.
Cognitive "I'll see it when I believe it"	H.A.Simon & J.March (1958)	Owl	Psychology (cognitive)	any	Mind	Those with psychological bent - pessimists in one wing, optimists in the other	Cope or create	Worry (being unable to cope in either case)	Descriptive	Too subjective approach to strategy formulation - it is just in the head of the strategist.

Sources : http://www.1000ventures.com/business_guide/mgmt_inex_strategy_10schools.html

Mintzberg Henry, Joseph Lampel & Bruce Ahlstrand. 1998. *Strategy Safari: A Guided Tour Through The Wilds of Strategic Management*. Free Press, 1st edition (September 25), 416 pages.

SECTION 1

Mintzberg's Schools of Strategy (2/2)

SCHOOLS	SOURCE	ANIMAL	BASE DISCIPLINE	FORM OF ORGANIZATION	CENTRAL ACTORS	CHAMPIONS	INTENDED MESSAGES	REALIZED MESSAGES	SCHOOL CATEGORY	SOME SHORTFALLS
Learning "If at first you don't succeed, try, try again"	C.E.Lindbiom (1959), M.Cyert & J.G.March (1963), K.E.Weick (1979), J.B.Quinn (1980), C.K.Prahalad & G.Hamel (1993)	Monkey	None (perhaps some peripheral links to learning theory in psychology & education). Chaos theory in mathematics.	Adhocracy, also professional (decentralized)	Learners	People inclined to experimentation, ambiguity, adaptability - especially in Japan and Scandinavia	Learn	Play (rather than pursue)	Descriptive	Strategy development process is rather chaotic, unpredictable and process- rather than result-oriented
Power "Look out for number one"	G.T.Alison (1971), J.Pfeffer & G.R.Salancik (1978), W.G.Astley (1984)	Lion	Political science	Any, but especially adhocracy and professional (micro), closed machine or network adhocracy (macro)	Anyone with power (micro), whole organization (macro)	People who like power, politics, & conspiracy, especially in France	Promote	Hoard (rather than share)	Descriptive	Focuses mainly on the clash of self-interests of stakeholders during the process of strategy development
Culture "An apple never falls far from the tree"	E.Rhenman (1973), R.Normann (1977)	Peacock	Anthropology	Missionary, also stagnant machine	Collectivity	People who like the social, the spiritual, the collective - especially in Scandinavia and Japan	Coalesce	Perpetuate (rather than change)	Descriptive	Not well suited for radical change projects.
Environment "It all depended"	M.T.Hannan & J.Freeman. Contingency theorists (1977)	Ostrich	Biology	Machine (obedient)	"Environment"	Population ecologists, some organization theorists, splitters, & positivists in general - especially in the Anglo-Saxon countries	React	Capitulate (rather than confront)	Descriptive	Severe limits to strategic choice.
Configuration "The everything there is a season"	A.D.Chandler, McGill University group, Mintzberg, R.E.Milles & C.C.Snow	Chameleon	History	Any of the above, so long as categorical, preferably adhocracy and missionary for transformation	Any of the above, in context (chief executive especially in transformation)	Lumpers & integrators in general, as well as change agents. Configuration perhaps most popular in the Netherlands. Transformation most popular in the US	Integrate, transform	Lump (rather than split, adapt)	Descriptive & prescriptive	Polarized between two approaches favoring either radical or incremental change

Sources : http://www.1000ventures.com/business_guide/mgmt_inex_strategy_10schools.html

Mintzberg Henry, Joseph Lampel & Bruce Ahlstrand. 1998. *Strategy Safari: A Guided Tour Through The Wilds of Strategic Management*. Free Press, 1st edition (September 25), 416 pages.

S'AVANCER DANS L'INCERTITUDE ET L'ALÉATOIRE

Au début du présent millénaire, à la demande de l'UNESCO, Edgar Morin publiait les « *Sept savoirs nécessaires à l'éducation du futur* » (Seuil, 2000). Si ces savoirs présentent tous une grande pertinence, force est de constater que le cinquième savoir portant sur les habiletés et les capacités stratégiques pour « *affronter les incertitudes* » apporte une forte légitimation à la pratique de la stratégie dont Morin consigna le tout dix ans plutôt de la façon suivante : « *Il n'y a que la stratégie pour s'avancer dans l'incertain et l'aléatoire* » (La Méthode, tome 4, 1991).

La stratégie

« Ensemble cohérent de choix et de mesures à prendre pour réaliser une certaine vision de l'entreprise et créer une valeur économique durable dans un contexte de marchés donné. » Allaire et Firsirotu (2004), p. 2.

« Par stratégie nous entendons non seulement la stratégie de marché de l'entreprise mais également sa stratégie concernant l'organisation, ses valeurs, la qualité et la pérennité de son personnel. » (op.cit.) p. XV.

By strategy, I mean a cohesive response to challenge. A real strategy is neither a document nor a forecast but rather an overall approach based on a diagnosis of a challenge. The most important element of a strategy is a coherent view point about the force at work not a plan. Richard P. Rumelt, 2009 (McKinsey Quarterly, Number 1)

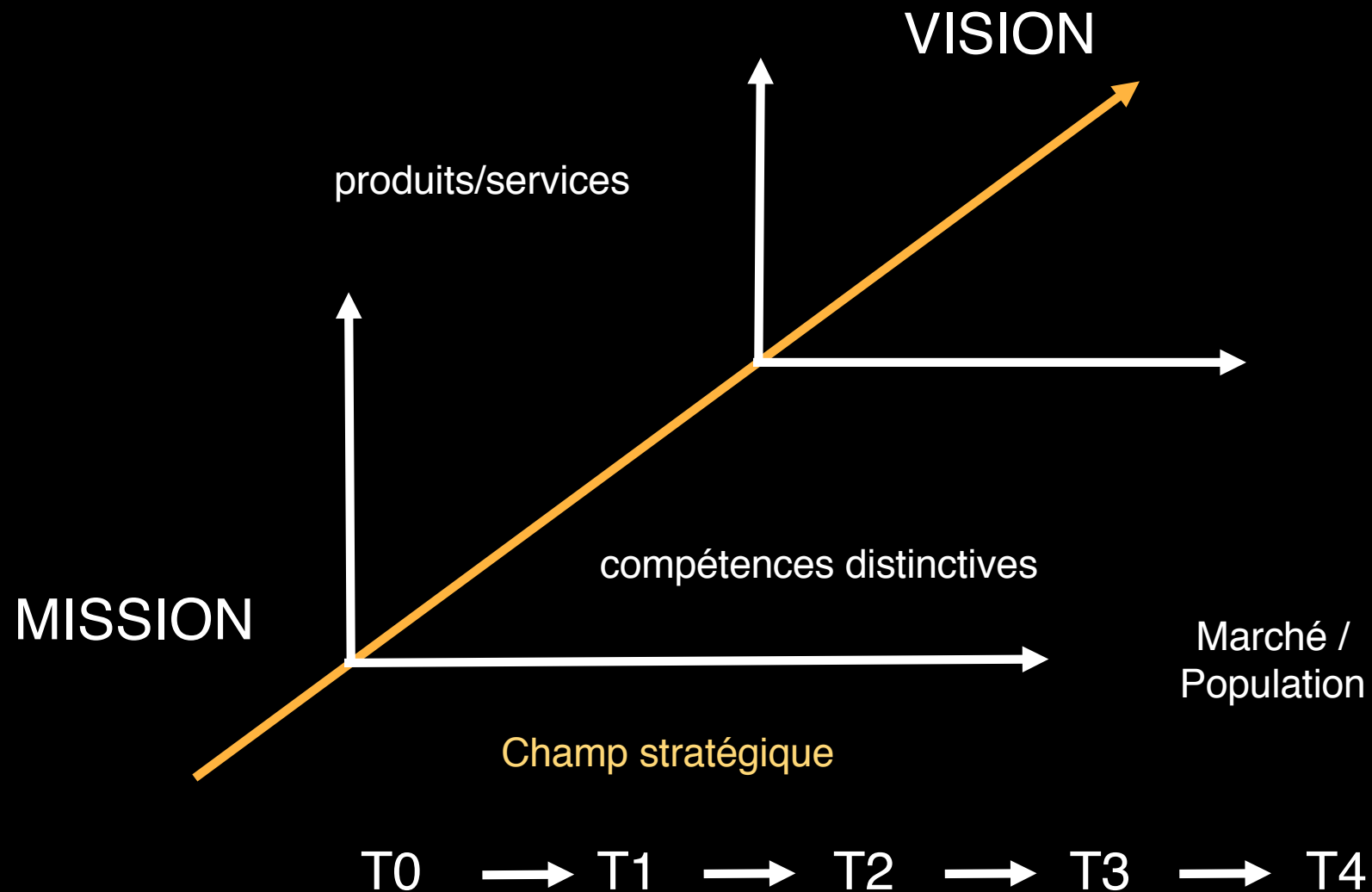
La strategia

Per strategia, io intendo una risposta coesa alle sfide. Una strategia reale non è nè un documento, nè una previsione, è piuttosto un approccio globale basato sulla diagnosi della sfida. L'elemento più importante di una strategia è un punto di vista coerente sulle forze in campo, non un piano.

Richard P. Rumelt, 2009 (MCKinsley Quartely, Number 1)

... **Epistémologie**

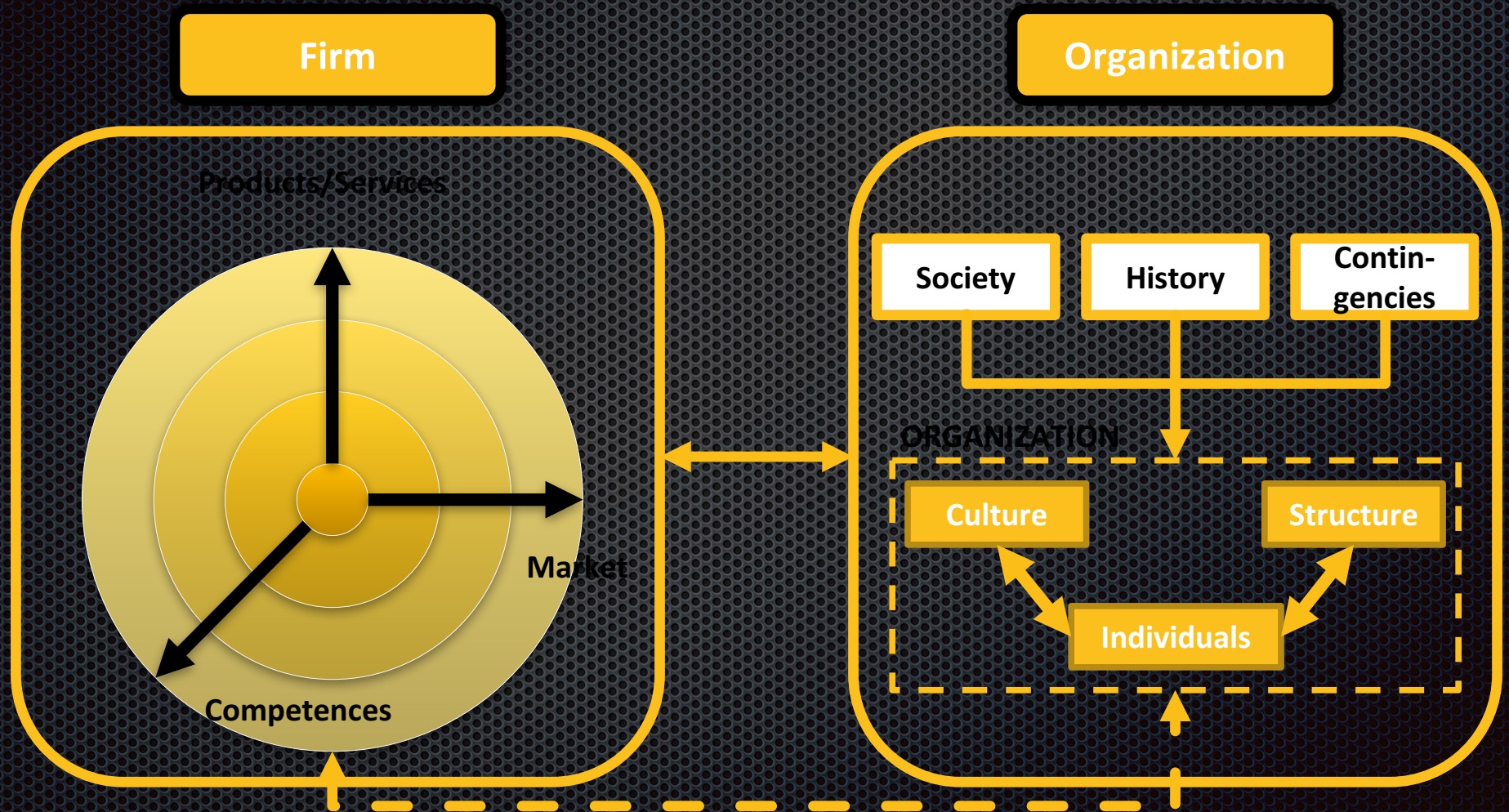
Transparence,
cohérence
et création de
valeur



VISION = mission + stratégie (BM) + organisation (C+S)

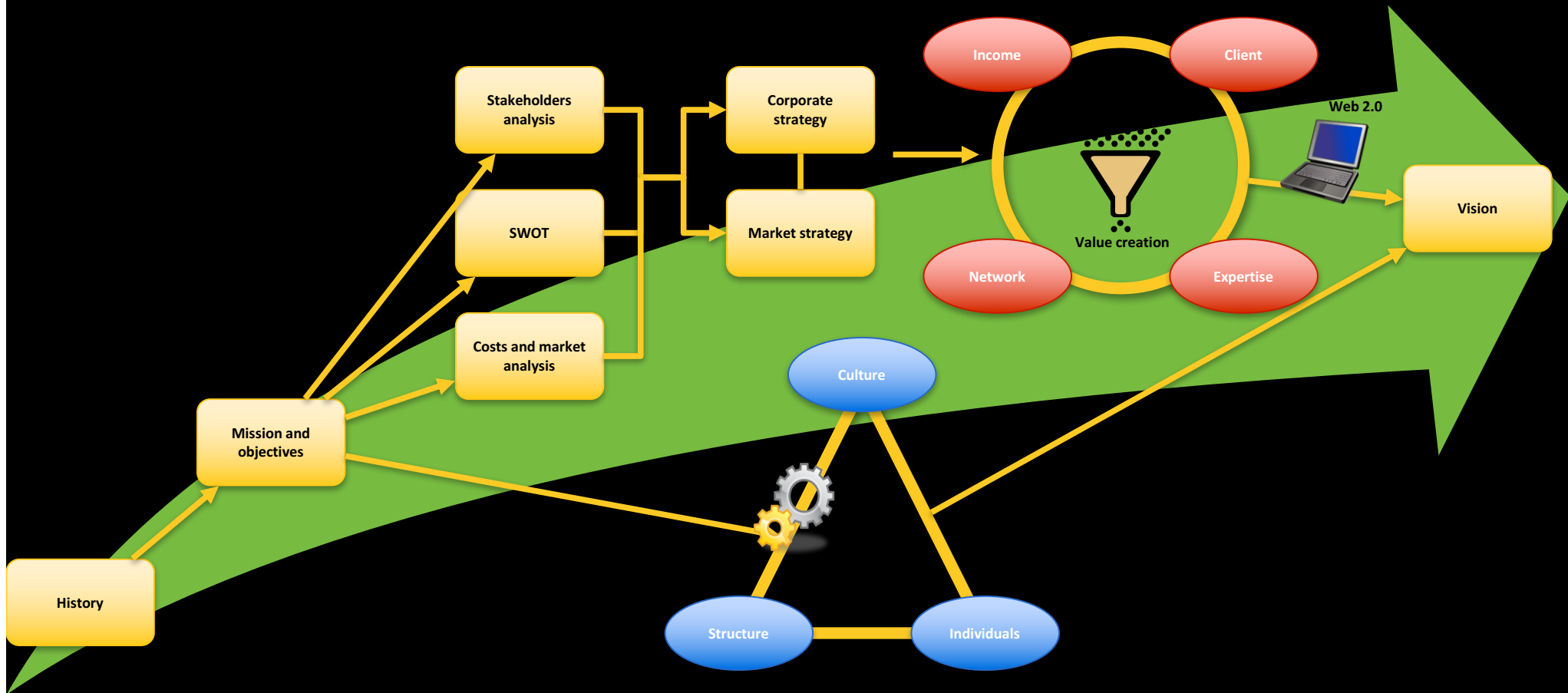
Buzzel, 1978; Lipton 1996; Allaire et Firsotu 2004

La firme et l'organisation



Source : Figure 14.4, p. 344 (Allaire & Firsirotu, 1987, 1993, 2004)

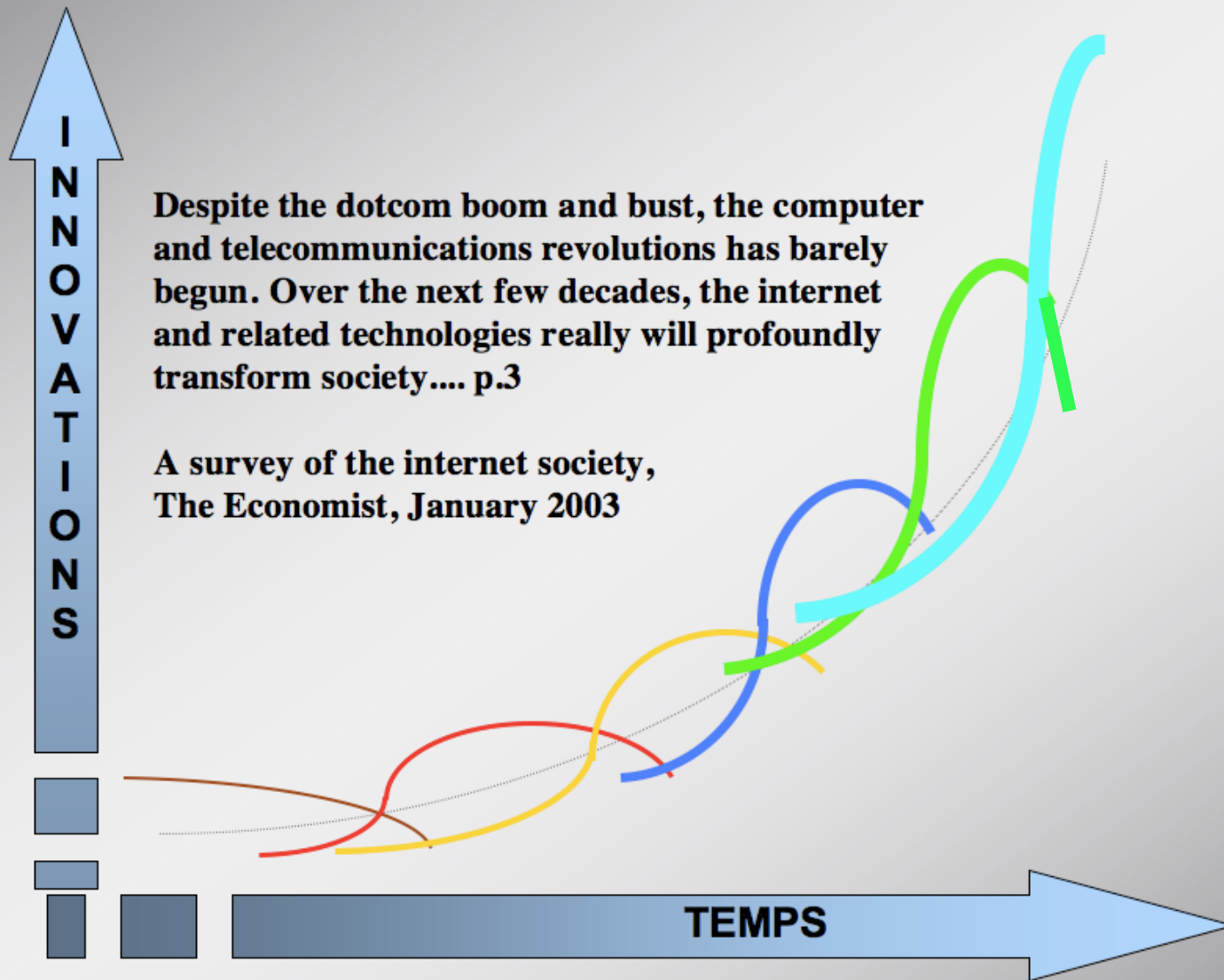
VERS LA VISION



Vision = Mission + Strategy + Business Model + Organization

3- INTELLIGENCE STRATÉGIQUE

Les renaissances de la valeur



Âges:

■ Pierre
■ Fer
■ Agricole

■ Industriel
■ Technologique
■ Réseaux

Le contexte d'hier à aujourd'hui pour demain

Économie reliée (1970-1989)

Tangible
Part de marché
Pensée figée
Économie d'expérience et d'envergure
Liens physiques
Linéarité
Verticalité
Centralisation ou décentralisation
Système ouvert borné et relié
Réduire la complexité
Harmonisation du global et du local
Information privilégiée
Mécanismes de coordination structurels

Économie réseau (1990.... 2020...)

Intangible
Création de valeur
Pensée éclectique
Économies de réseaux
Liens virtuels
Circularité
Horizontalité
Centralisation et décentralisation
Système ouvert éclaté et intégré
Composer avec la complexité
Local globalisé et global localisé
Information diffusée
Mécanismes de coordination culturels

Choisir le bon outil : la complexité...

"On peut dire que ce qui est complexe relève d'une part du monde empirique, de l'incertitude, de l'incapacité d'être certain de tout, de formuler une loi, de concevoir un ordre absolu. Il relève d'autre part de quelque chose de logique, c'est-à-dire l'incapacité d'éviter des contractions."

"Dans la vision complexe, quand on arrive par des voies empirico-rationnelles à des contradictions, cela signifie non pas une erreur mais l'atteinte d'une nappe profonde de la réalité." 1990.

Edgar Morin, 1990, 2005, Introduction à la complexité

Choisir le bon outil



Adapté de David J. Snowden et Mary E. Boone, 2007, *A Leaders's Framework for Decision Making*, Harvard Business Review (Complexité: "They don't know what they don't know")

▪ 4- CAPITAL SOCIAL

A photograph of a highly ornate, dark wood spiral staircase with intricate carvings on the balustrade. The view is from above, looking down the length of the staircase.

Pragmatique de la complexité

Réciprocité fonctionnelle

Réciprocité

« ... instrument de modélisation, d'articulation « des rapports entre l'interdépendance et la diversité, entre l'unité et l'autonomie... »
Calame, 1998.

Réciprocité généralisée

A photograph of a modern, multi-level atrium with curved white walls and glass railings. People are walking on different levels, and various artworks are displayed on the walls.

Pragmatique du capital social
et du capital économique

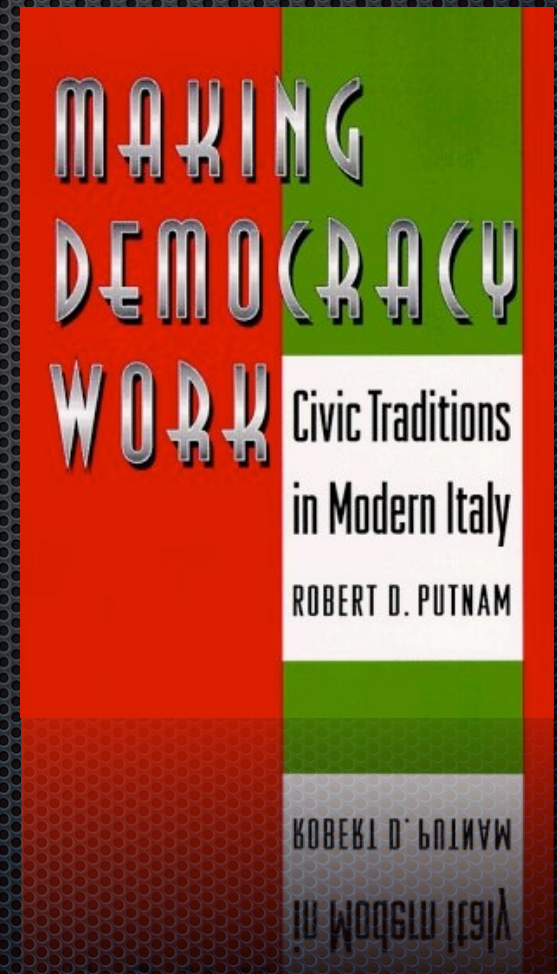
Réciprocité généralisée

Réciprocité fonctionnelle

La perspective... le capital social

- Tradition tocquevilienne du "Comme l'homme entendra-t-il son intérêt personnel?" (1840)
- "I and We Paradigm" Etzioni (1988), pont sociétal entre le "je" et le "nous", entre l'individualisme et le collectivisme.
- Dans la foulée de Machiavel (1513), de Tocqueville (1840) et Etzioni (1988), Putnam (1993) avance:

**"Strong society, strong economy,
strong society, strong state."**



L'expérience italienne de la régionalisation gouvernementale; dans le sud c'est l'échec, dans le nord c'est le succès. Pourquoi?

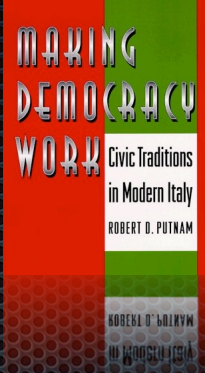
Et nous nous souvenons que Putnam...

Tradition millénaire de vertus civiques

Liens horizontaux

Réciprocité généralisée

Making Democracy Work, Robert D. Putnam (1993)



- **Trust lubricates cooperation.** p. 171
- **The trust that is required to sustain cooperation is not blind.** Trust entails a prediction about the behavior of an independent actor. p. 171
- **Social trust in complex modern setting can arise from two related sources: norms of reciprocity and networks of civic engagement.** p. 171
- The norm of generalized reciprocity serves **to reconcile self-interest and solidarity.** p. 172
- **A vertical network, no matter how dense and no matter how important to its participants, cannot sustain social trust and cooperation.** p. 174
- Norms of **general reciprocity and networks** of civic engagement encourage social trust and cooperation because they reduce incentives to defect, **reduce uncertainty**, and provide models for future cooperation. p. 177
- **Strong society, strong economy; strong society, strong state.** p. 176
- Stocks of social capital, such as trust, norms, and networks, **tends to be self-reinforcing and cumulative and mutual reinforcing.** p. 177

Où en sommes-nous?

Yvan Allaire... one of the six most
influential gurus in Canadian business
- *Financial Post Magazine*, April, 2008

BLACK MARKETS...

and

BUSINESS BLUES

THE MAN-MADE CRISIS OF 2007-2009
AND THE ROAD TO A NEW CAPITALISM

YVAN ALLAIRE
MIHAELA FIRSIROTU

MIHAELA FIRSIROTU
YVAN ALLAIRE

Fi Press, 2009

... the spread of cheaters, shirkers, and free-loaders... Unchecked by moral virtues and unpunished, these behaviours will destroy any social organization; they will quickly deplete what Putnam (1993) has called social capital, the reservoir of **trust and reciprocity** that lubricates social life and sustains economic transactions. p. 20

We must rebuild in organizations and societies the social capital that was savagely depleted during the years of financial capitalism, p. 226

ITALY RESILIENT AND VULNERABLE

DAEDALUS, SPRING, 2001

Journal of the American Academy of Arts and Science

For many centuries, the history of Italy was a history of towns and cities, and not the history of unitary state. This is the main difference between Italy and all of Europe's advanced countries. Violante, 2001, p.54

The boom of volunteering; Ranzi, 2001 p 80-81

- 1) For the first time in 1970, a number of new voluntary organizations rejected control by the Church or party hierarchies.
- 2) The new groups were no longer dominated by rigid ideologies. Instead, they responded to demands for broader and more established rights.
- 3) The cultural atmosphere in which new forms of voluntary action grew was very distant from that traditional philanthropy.
- 4) The traditional approach typical of charitable institutions was criticized and abandoned in favor of a philosophy of "fighting marginalization".
- 5) There was an increase in the participation of nonbelievers, a diversification in terms of their age and social composition, and weakening of ties with Church authorities. P.81

Italy's Struggling Economy Has World's Healthiest People

by **Wei Lu** and **Vincent Del Giudice**

20 mars 2017 05 h 01 UTC+1

From <https://www.bloomberg.com/markets/benchmark>

When it comes to living a long life, Italy is the place to be.

The high-heeled boot surrounded by five seas is ranked the healthiest country on Earth in the *Bloomberg Global Health Index* of 163 countries. A baby born in Italy can expect to live to be an octogenarian. But 2,800 miles south in Sierra Leone, the average newborn will die by 52.

Italy's Struggling Economy Has World's Healthiest People

by **Wei Lu** and **Vincent Del Giudice**
20 mars 2017 05 h 01 UTC+1
From <https://www.bloomberg.com/markets/benchmark>

When it comes to living a long life, Italy is the place to be.

Bloomberg 2017 Healthiest Country Index

Rank	Country	Health grade	Health score	Health risk penalties	Rank	Country	Health grade	Health score	Health risk penalties
1	Italy	93.11	97.44	-4.33	26	Belgium	80.96	86.03	-5.07
2	Iceland	91.21	96.20	-4.99	27	Slovenia	80.81	86.65	-5.83
3	Switzerland	90.75	94.96	-4.21	28	Denmark	80.36	85.02	-4.66
4	Singapore	90.23	94.11	-3.88	29	Chile	77.18	82.53	-5.35
5	Australia	89.24	93.88	-4.64	30	Czech Rep.	75.76	81.82	-6.06
6	Spain	89.19	94.14	-4.95	31	Cuba	74.23	79.13	-4.90
7	Japan	89.15	93.69	-4.54	32	Lebanon	74.03	79.55	-5.51
8	Sweden	88.92	93.78	-4.85	33	Costa Rica	73.14	77.16	-4.01
9	Israel	88.14	92.47	-4.33	34	U.S.	73.05	78.25	-5.21
10	Luxembourg	87.87	92.90	-5.03	35	Croatia	72.88	78.16	-5.28
11	Norway	86.81	91.61	-4.81	36	Qatar	71.78	77.33	-5.55
12	Austria	86.34	90.78	-4.44	37	Brunei	70.21	75.14	-4.92
13	Netherlands	85.83	89.94	-4.11	38	Estonia	69.24	75.67	-6.43
14	France	85.59	90.93	-5.34	39	Poland	68.92	75.34	-6.42
15	Finland	84.80	89.58	-4.78	40	Bahrain	68.73	74.20	-5.46
16	Germany	84.78	89.40	-4.62	41	Maldives	67.90	71.82	-3.92
17	Canada	84.57	89.53	-4.96	42	Bosnia & H.	67.83	72.91	-5.08
18	Cyprus	84.52	89.17	-4.65	43	U.A.E.	67.30	73.56	-6.26
19	New Zealand	84.48	89.95	-5.47	44	Macedonia	65.64	69.96	-4.32
20	Greece	84.28	88.17	-3.89	45	Uruguay	65.40	70.86	-5.45
21	Portugal	82.97	88.24	-5.27	46	Slovakia	65.10	70.54	-5.44
22	Ireland	82.52	88.53	-6.01	47	Barbados	64.14	68.55	-4.41
23	U.K.	82.28	87.21	-4.94	48	Oman	62.89	67.79	-4.90
24	S. Korea	82.06	87.67	-5.61	49	Panama	62.39	67.13	-4.73
25	Malta	81.27	86.42	-5.15	50	Albania	62.01	66.72	-4.71

Sources: World Health Organization, United Nations Population Division, World Bank

Note: Health grade (X) = Health score (A) - Health risk penalties (B)

A: Health score metrics: 1. mortality by communicable, non-communicable diseases and injuries; 2. life expectancy at the defining age of birth, childhood, youth and retirement; 3. probability to survive neonatal, into young adulthood and retirement stages; B: Health risk penalties: 1. behavioral/endogenous factors such as high incidences of population with elevated level of blood pressure, blood glucose and cholesterol, prevalence of overweight, tobacco use, alcohol consumption, physical inactivity and childhood malnutrition, as well as mental health and basic vaccination coverage; 2. environmental/exogenous factors such as greenhouse gas emissions per capita and percentage of population with access to improved drinking water.

Most recent data used. Of the more than 200 countries and regions evaluated, 163 had enough data to be included in the final outcome; The top 50 are displayed.

expectancy, causes of death and health risks ranging from high blood pressure and tobacco use to malnutrition and the availability of clean water.

Iceland, Switzerland, Singapore and Australia rounded out the top five most-healthy countries in the index.

While Italy is among the most developed countries, growth has stagnated for decades, almost 40 percent of its youngsters are out of jobs and it's saddled with one of the world's highest debt loads relative to the size of its economy. Yet Italians are in way better shape than Americans, Canadians and Brits, who all suffer from higher blood pressure and cholesterol and poorer mental health.

Italy also has “an excess of doctors,” said Tom Kenyon, a physician and CEO of the global relief organization Project Hope. Case in point, one of the country's most watched and long-running television shows is called “A Doctor in the Family” <<http://www.imdb.com/title/tt0168348/>>.”

C. Douglas Johnson, Ph.D.
Editor

SOCIAL CAPITAL

Global Perspectives, Management Strategies and Effectiveness



ECONOMIC ISSUES, PROBLEMS AND PERSPECTIVES

NOVA

Complimentary Contributor Copy

In: Social Capital
Editor: C. Douglas Johnson

ISBN: 978-1-63482-653-2
© 2015 Nova Science Publishers, Inc.

Chapter 10

INVESTING IN SOCIAL CAPITAL IN EMILIA-ROMAGNA REGION OF ITALY AS A STRATEGY FOR MAKING PUBLIC HEALTH WORK¹

Davide Botturi^{1}, Barbara Curcio Rubertini¹,
Robert H. Desmarteau² and Tiziana Lavallo³*

¹Regional Agency for Health and Social Care,
Emilia-Romagna Region, Bologna, Italy

²École des sciences de la gestion,
Université du Québec à Montréal, Montréal, Canada

³Local Health Trust of Bologna, Italy

ABSTRACT

It has been more than 20 years since the publication of Robert Putnam's historical study (Putnam, 1993). In his study, Putnam observed a lack of uniformity in the distribution of the social capital stock among the Italian regions, with Emilia-Romagna Region as one of the regions with the highest stock. In the conclusion, Putnam proposed social capital as the most important single determinant of the different levels of socio-economic development in the Italian regions. Putnam's view was recently invoked to explain the ongoing differences in the quality and financial equilibrium of social and health services among the Italian regions (Sterpi, 2010).

The consequences of the current economic crisis affecting Italian regions appear to threaten the sustainability of their health and social care systems, as well as the strengthening of social capital. Investing in social capital may contribute to the overcoming of the consequences of the economic crisis and to the making public health work, even though the Italian political debate seems more focused on cost containment than on the factors related to the development of social capital.

The Italian National Health Service is publicly financed and regionally based, providing universal coverage, free of charge at the point of service, for more than 60

¹ We acknowledge the Italian Ministry of Health for its co-funding to the Program of Emilia-Romagna Region "Health In Motion", within which the reflections illustrated in the chapter have taken place.

* Corresponding Author address; Email: dbotturi@regione.emilia-romagna.it.

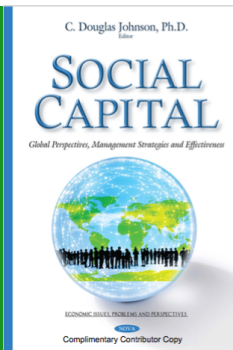
Complimentary Contributor Copy



Making Public Health and Social Services Work

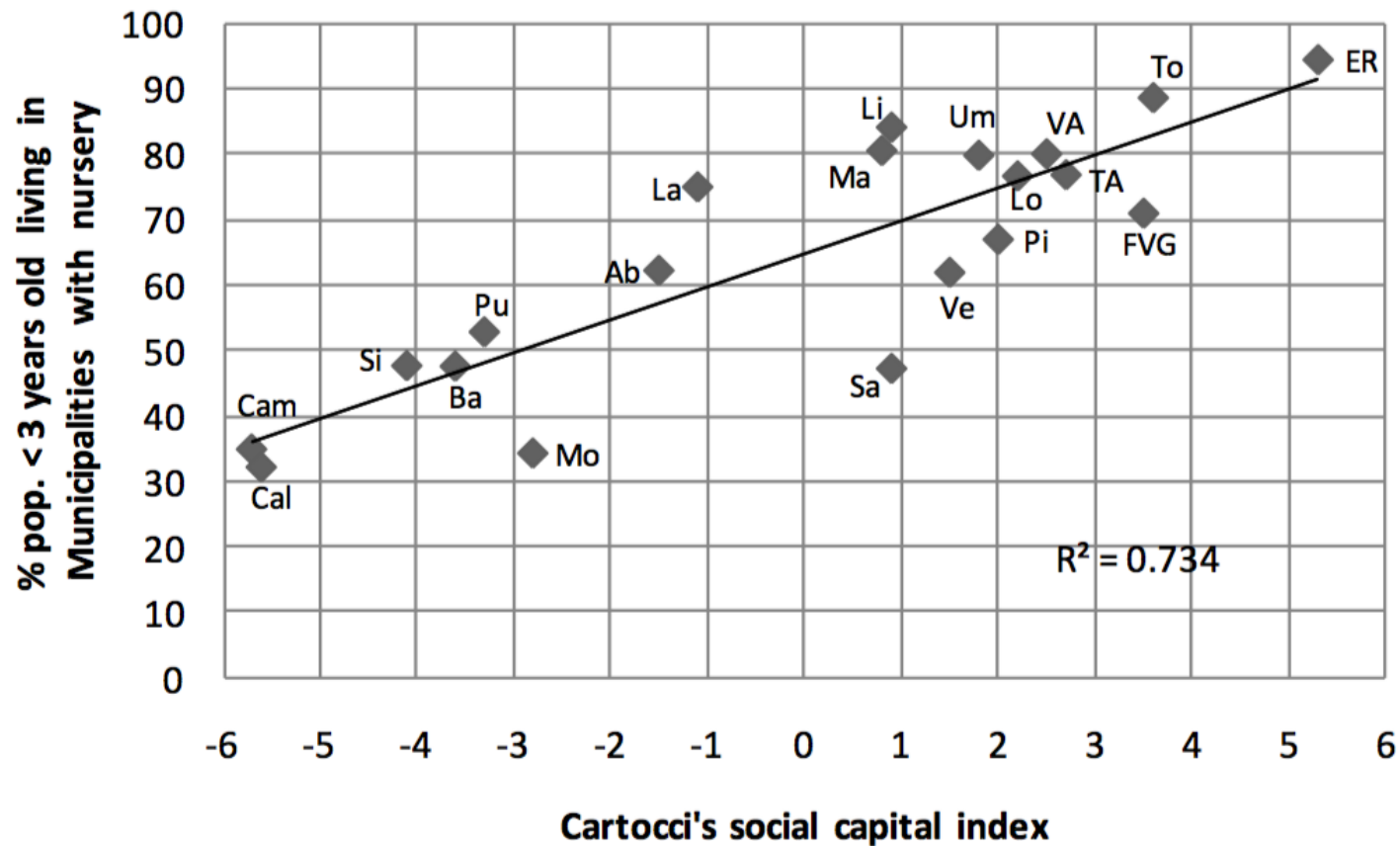
Regardless of the definition of social capital, the participation of people in voluntary activities is unanimously considered as a valuable instrument to measure the level of social capital of a community. In Italy, voluntary organisations play an important role in the welfare system. In 2013, 51% of voluntary organisations (out of a total of 3,040) in Emilia-Romagna were active in the health, social and welfare fields: 28% in the healthcare sector and 23% in the social and welfare sector (Emilia-Romagna Region, 2014).

According to the Organisation for Economic Cooperation and Development (OECD) (2014), the share of people reporting volunteer time to an organisation registered in Italy a +3.7% increase in 2012 compared to 2007. This increase is particularly significant considering a general trend of stability or decrease in most of the OECD countries. Indeed, 21 countries out of 35 registered a variation in 2012 compared to 2007 ranging from +0.3 in Sweden to -5.1 in Turkey. However, it should be specified that in 2007 the share of people in Italy who reported that they had volunteered time to an organisation was 21.1%, which was below many OECD countries. Indeed, 19 countries out of 35 registered a share of people reporting volunteer time to an organisation ranging from 22.7% in Germany to 42.6% in the United States.



The sustainability of public health services involves the political levels, the government and service management levels (Rocco et al., 2013), as well as the participation/willingness of citizens and associations. Participation in the decisions concerning the provision and the evaluation of services should be aimed at tailoring healthcare to citizens' expectations. The following are some interesting examples of systems of participation which are currently in place in Italy and in Emilia-Romagna Region:

- participation of citizens' associations in the joint advisory committees of healthcare districts. The joint advisory committees are formed by representatives of health services and of the main associations for the protection of patients resident in the area of reference of local health trust;
- participation of citizens/patients and associations or of professionals in the assessment of health needs;
- consultation meetings on decisions/choices concerning the allocation of services, opening hours, concentration/decentralisation of services, or on the perceived quality of a service;
- focus groups to carry out equity audits, which are systems used to evaluate the equity of organisational innovation projects or of local plans.

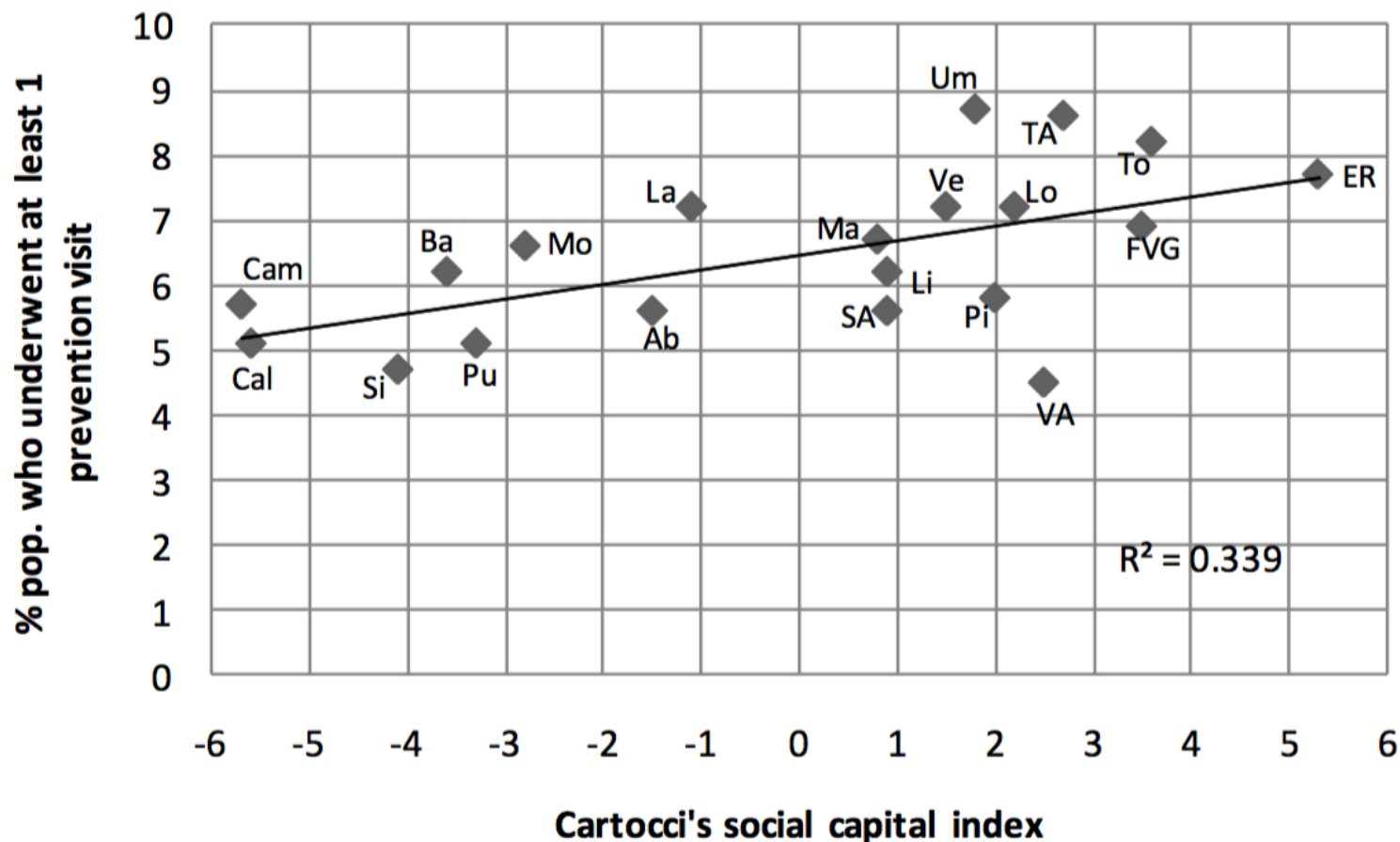


Legend of Italian Regions: see Legend of Figure 3

Source: adapted from Botturi, Curcio Rubertini, 2011.

Figure 6. Cartocci's social capital index and the local level of nursery coverage. Italian Regions. Year 2005.

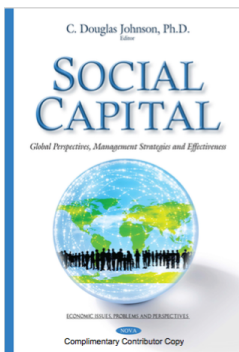
Complimentary Contributor Copy



Legend of Italian Regions: see Legend of Figure 3.

Source: adapted from Botturi & Curcio Rubertini, 2011.

Figure 4. Cartocci's social capital index and percentage of population who underwent at least 1 general or specialist prevention visit in the absence of symptoms or disease, in the four weeks prior to interview. Italian Regions. Year 2005.



The linking social capital was measured through indicators concerning participation in meetings of civil society organisations, the willingness to volunteer time to associations or trade unions or to fund their initiatives. The data source was the multi-purpose surveys carried out by the Italian National Statistical Institute (ISTAT) from years 2003 to 2007 on a sample of approximately 20,000 families. The main results of the study show that there are higher levels of bonding social capital in Southern regions and higher levels of bridging and linking social capital in Northern and Central regions. Furthermore, there is a significant and positive correlation between bonding social capital and a “situation of economic backwardness,” which takes the form of “high levels of relative poverty, unemployment and job insecurity” (Sabatini, 2009, p. 205). At the same time, there is a significant and positive correlation between bridging and linking social capital and high levels of environmental quality, quality of educational infrastructures, capacity of social and welfare services to provide care and citizen satisfaction with the Regional Health Services.

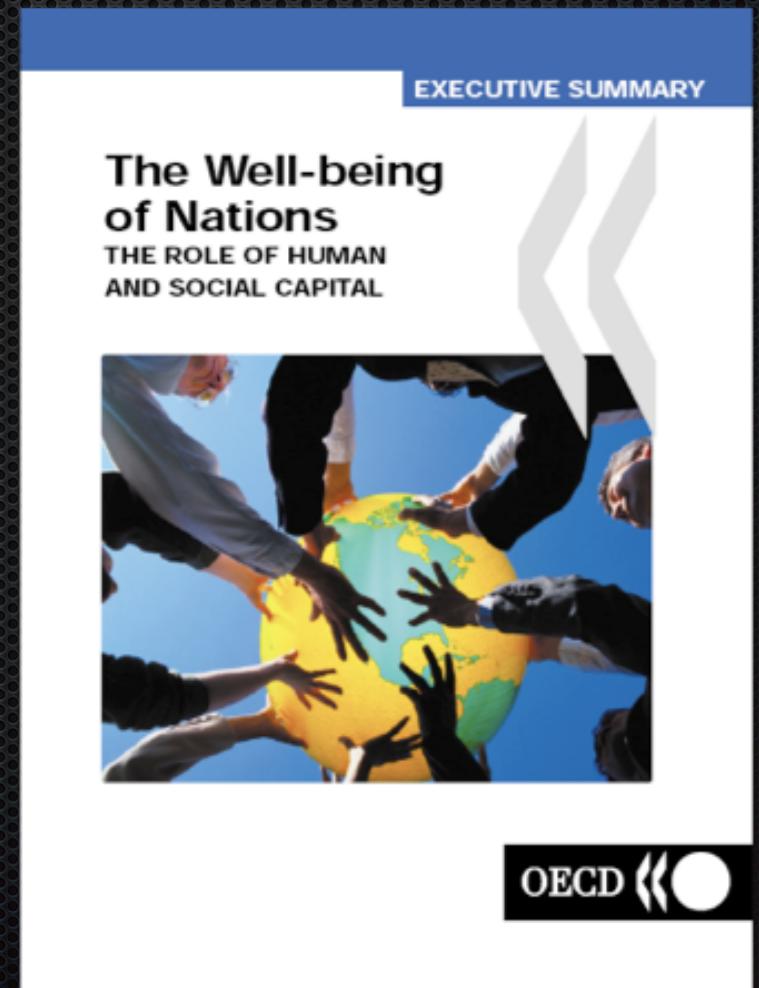
SECTION 6

What Is The Role Of Social Capital?

THE ROLE OF HUMAN AND SOCIAL CAPITAL

*« In this report, the definition of social capital is:
networks together with shared norms, values and
understandings that facilitate co-operation within
or among groups.»*

The Well-Being of Nations 2001, OCDE, p.41





Handbook of Social Capital

The Troika of Sociology,
Political Science and Economics

Edited by **Gert Tinggaard Svendsen**
and **Gunnar Lind Haase Svendsen**



Copyrighted Material

Copyrighted Material

Edward Elgar, 2009

The troika of sociology, political science and economics 3

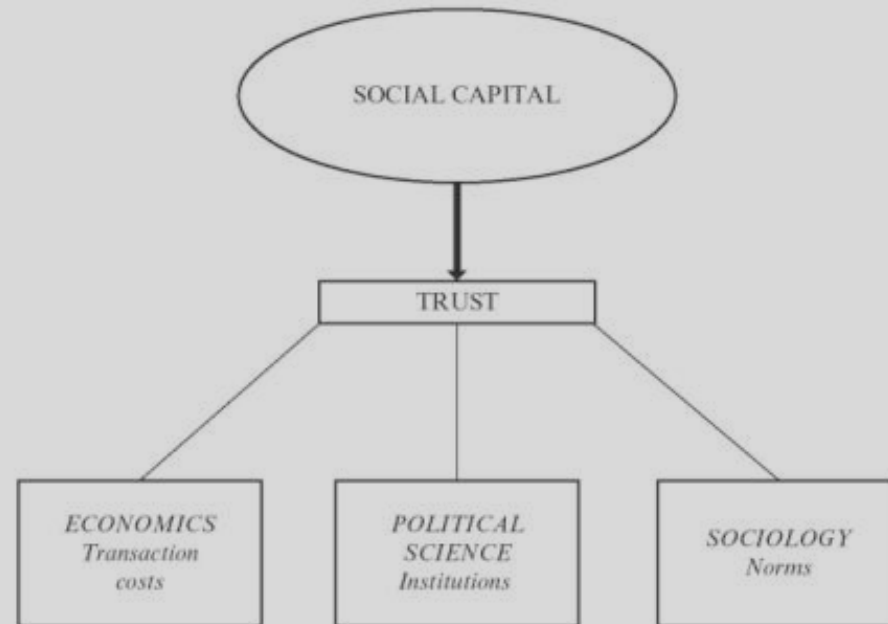
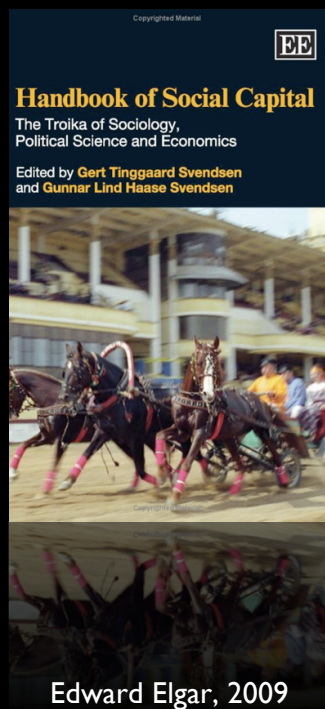


Figure 1.1 The 'troika' of human sciences: social capital operationalized as trust and combining three foci from three disciplines

framework without over-privileging one discipline? The overall purpose of this book is to achieve this aim by balancing the troika of sociology, political science and economics.

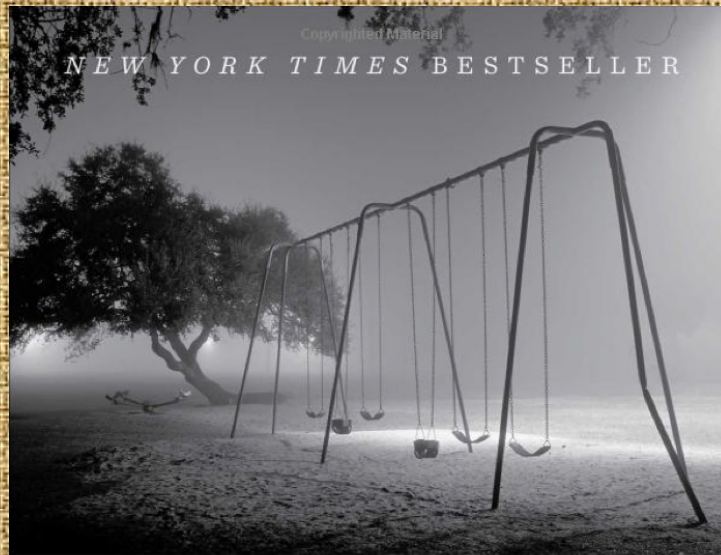


Our review of literature suggest that trust and reciprocity are highly contextual elements that appear to be applied only in particular reflexive situations of interaction. Petersen et al, p.75

Combatting corruption means tackling inequality. And the policies that work best to reduce inequality and promote trust - universal social welfare policies - also depend upon honest governments to deliver the goods and upon a social compact to provide benefits such **as universal education and health care to the rich and poor alike**. Ulsaner, p. 140

Un tremplin...

Copyrighted Material
NEW YORK TIMES BESTSELLER



OUR KIDS

The American Dream
in Crisis

ROBERT D. PUTNAM

author of *Bowling Alone*

Copyrighted Material



Simon & Schuster
1230 Avenue of the Americas
New York, NY 10020

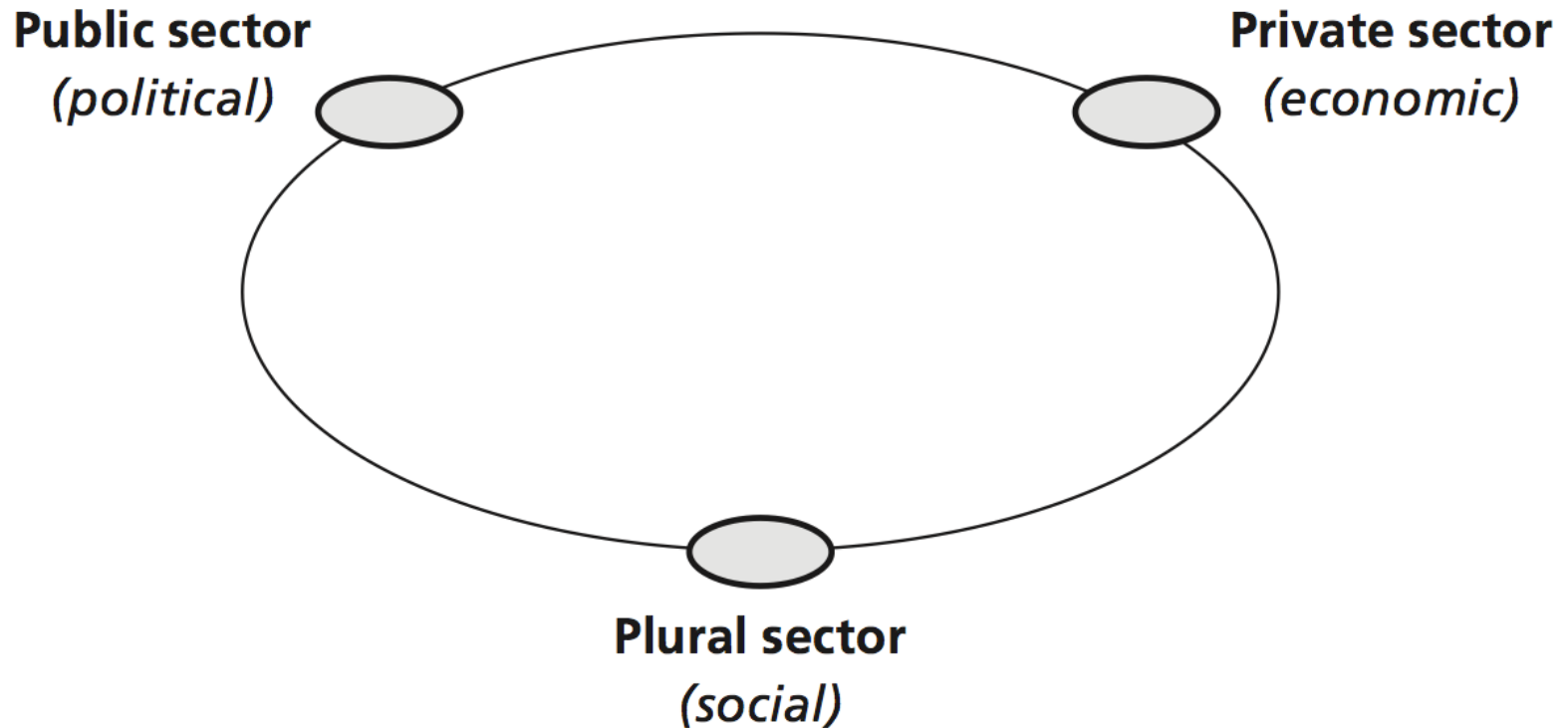
Copyright © 2015 by Robert D. Putnam

HENRY MINTZBERG

REBALANCING SOCIETY

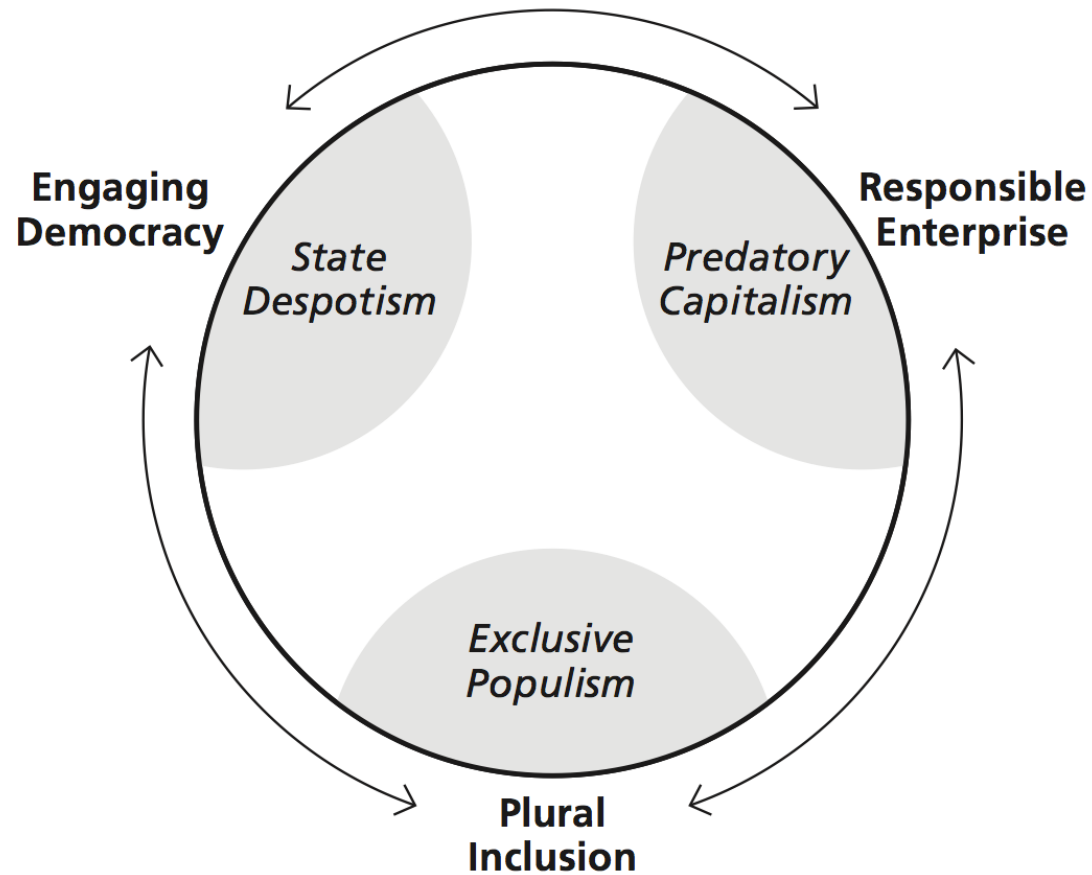
2015





To put this in another way, a **democratic society** balances individual, collective, and communal needs, attending to each adequately but none excessively.

Imbalance and Balance



5- GOUVERNANCE

Définition de la gouvernance

Proposition

« Ensemble des processus structurels et culturels du C.A., qui façonnent, indépendamment de la direction, les capacités de pilotage stratégique, de surveillance effective, de reddition de comptes et de communication franche des administrateurs d'un conseil d'administration pour s'assurer de la qualité et de l'optimisation des services de santé et des services sociaux en réponse aux attentes des citoyens »

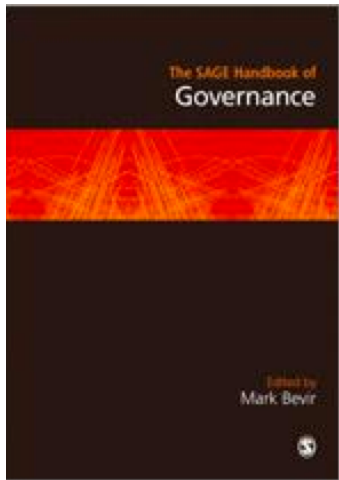
Définition de la gouvernance

Sur les significations véhiculées:

- « pilotage stratégique » traduit l'action d'approuver, de guider, d'accompagner, de conseiller ou encore d'orienter la réalisation d'une vision : Vision = mission + stratégie + organisation »;
- « surveillance effective », il s'agit d'observer avec attention et rigueur de manière à exercer un contrôle;
- « reddition de comptes », elle consiste à démontrer des capacités pour assumer des responsabilités avec efficacité et efficience;
- « communication franche » reflète des objectifs de transparence et de vulgarisation.

La culture de la gouvernance

« *L'art de gouverner et d'être gouverné* »



GOUVERNANCE

MARK BEVIR, 2011

- Those who emphasize economic efficiency (neoliberalism) support decentralised states with their emphasis on markets and small governments. The advocate swift marketization and increased reliance on private service providers.
- For those who appreciate democratization (what might termed neopopulists) decentralization is a promising avenue because it enlarges the scope for citizen participation.
- Neoliberalists are inclined to be politically conservative, while neopopulist tend to be liberal.
- Saito, 2011, Chapter 31: Decentralization in in *The Sage Handbook of Governance*, p. 490

6-OUTILS STRATÉGIQUES

La qualité.... une réalité en négociation permanente!



Avedis Donabedian

1919-2000

Effectiveness:

The ability to attain the greatest improvements in health now achievable by the best care.

Efficiency:

The ability to lower the cost of care without diminishing attainable improvements in health.

Optimality:

The balancing of costs against the effects of care on health so as to attain the most advantageous balance.

Acceptability:

Conformity to the wishes, desires and expectations of patients and responsible members of their families.

Legitimacy:

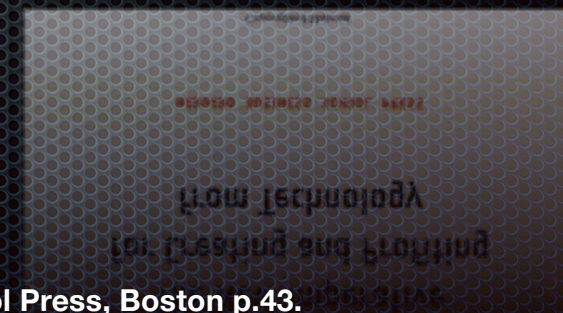
Conformity to social preferences as expressed in ethical principles, values, norms, laws and regulations.

Equity:

Conformity to a principle that determines what is just or fair in the distribution of health care and its benefits among the members of a population.

Lecture at DASUM, Montréal, 1991.

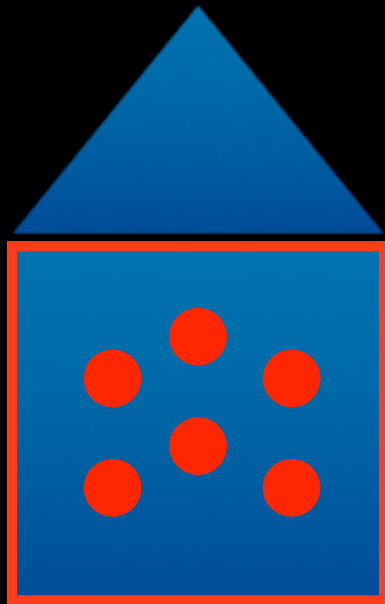
« Open Innovations means that valuable ideas can come from inside or outside the company and can go to market from inside or outside the company as well.»



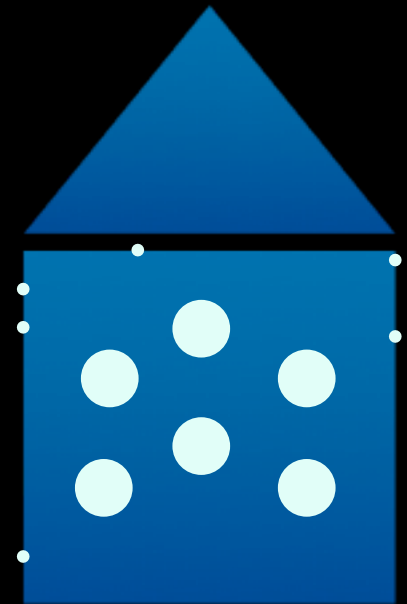
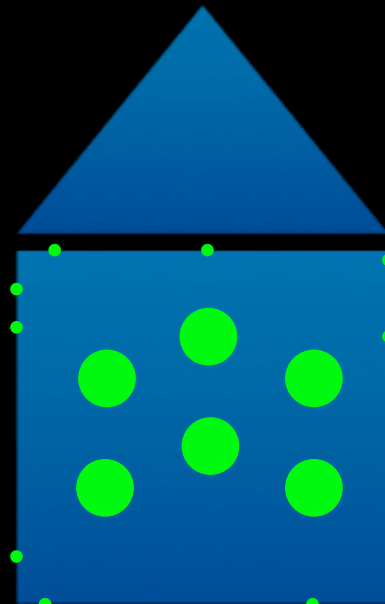
Chesbrough H., 2003. *Open Innovation*, Harvard Business School Press, Boston p.43.

La logique du principe de l'innovation en mode ouvert

Closed innovation principles



Open innovation principles

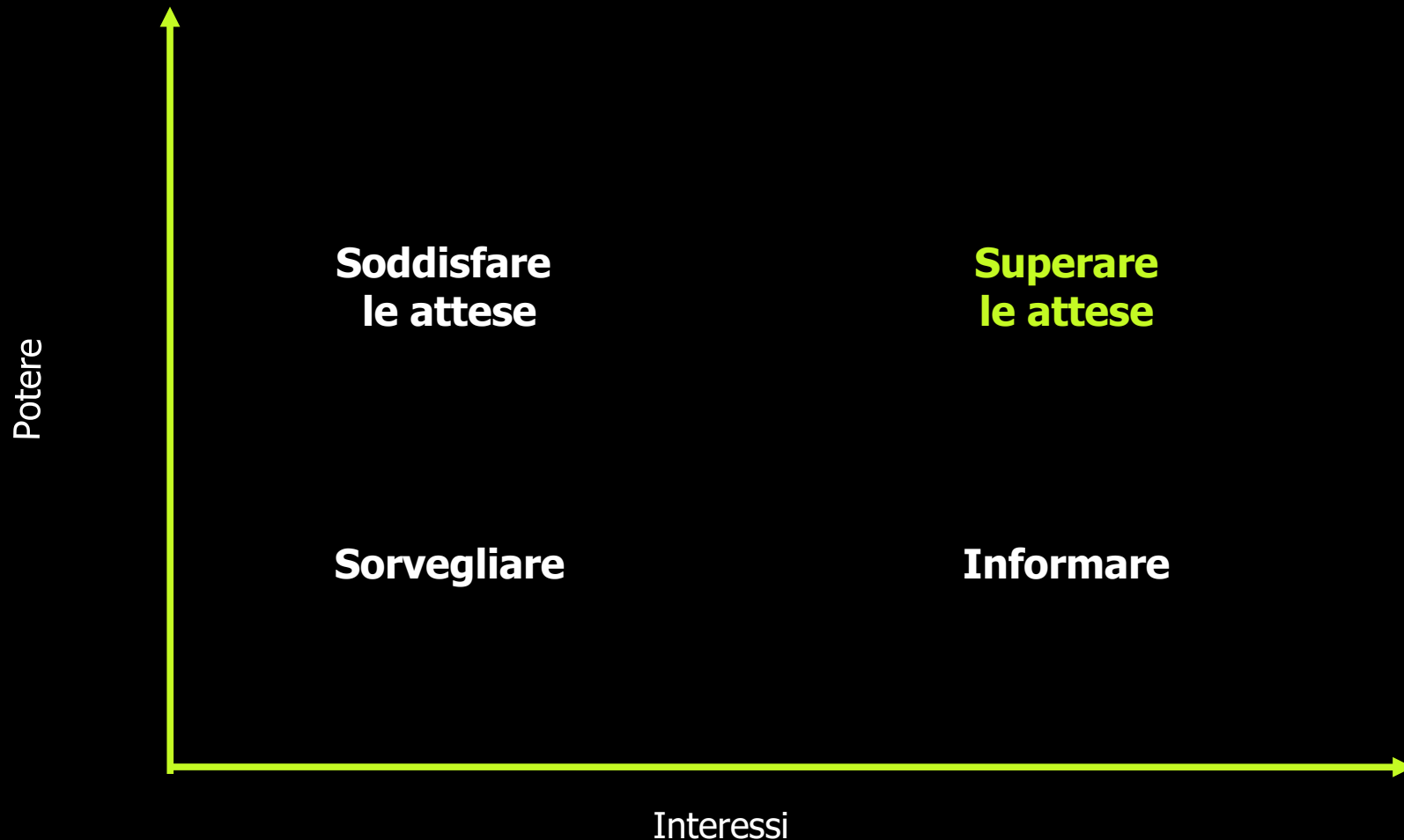


Analisi e governo degli interessi legittimi

Classi d'attori	Attori	Interesse (1 à 5)	Potere (1 à 5)
Interni			
Esterni			

“Uno stakeholder, in una organizzazione, è ogni gruppo o individuo che può influire o essere influenzato dal conseguimento degli obiettivi dell'organizzazione”. Freeman, 1984. Strategic Management: A Stakeholder Approach. Boston: Pitman-Ballinger p46.

Analisi e governo degli interessi



“Uno stakeholder, in una organizzazione, è ogni gruppo o individuo che può influire o essere influenzato dal conseguimento degli obiettivi dell’organizzazione”. Freeman, 1984. Strategic Management: A Stakeholder Approach. Boston: Pitman-Ballinger, page 46.

ÉPISTÉMOLOGIE DE LA DISCIPLINARITÉ

Robert H Desmarteau et Axel Guitton, juin 2017, ESG UQAM



	MONODISCIPLINARITÉ	PLURIDISCIPLINARITÉ OU MULTIDISCIPLINARITÉ	INTERDISCIPLINARITÉ	TRANSDISCIPLINARITÉ
Topo épistémologique	Une discipline est une catégorie organisationnelle . Elle institue la division et la spécialisation du travail et elle répond à la diversité des domaines que recouvrent les sciences. Bien qu'englobée dans un ensemble scientifique plus vaste, une discipline tend naturellement à l'autonomie , par la délimitation de ses frontières, le langage qu'elle se constitue, les techniques qu'elle est amenée à élaborer ou à utiliser, et éventuellement par les théories qui lui sont propres. » Morin 1990	Dans cette perspective un objet d'étude donné ou un problème théorique et/ou pratique à résoudre sont abordés de manière successive et juxtaposée sur la base de deux ou de plusieurs points de vue disciplinaires disjoints, sans véritable interaction entre eux. Darbellay, 2011 Les considérations, développées par Gusdorf, 1990, sur la fragmentation de l'horizon épistémologique, [...] sont d'un intérêt évidemment moindre que l'analyse des processus qui en sont à l'origine ; et l'évocation de l'époque du savoir unitaire, époque suivie d'une désintégration au terme de laquelle la spécialisation apparaît « comme une cancerisation épistémologique » Valade, 1999, p.11.	Dans l'histoire des sciences, c'est lorsque la classification disciplinaire du savoir apparaît avoir découpé le monde d'une manière trop morcelée et qui empêche de voir les problèmes comme appartenant à des systèmes complexes , que l'interdisciplinarité est recherchée, comme stratégie pour échapper à cet obstacle. Robert et Garnier, 2003 [...] pour Gusdorf (1983) la signification fondamentale de l'interdisciplinarité est celle d'un « rappel à l'ordre humain » . p.29 Sous la plume de ce dernier (Morin,1998), l'interdisciplinarité se conçoit comme la connaissance capable de saisir « ce qui est tissé ensemble » , c'est-à-dire, selon le sens originel du terme, le complexe ». Hamel, 2002, p.71	[...] la notion de transdisciplinarité énonce l'idée d'une transcendance . Gusdorf, 1983, p.39 Transcendance : « <i>Qui s'élève au-dessus d'un niveau donné, ou au-dessus du niveau moyen</i> » Petit Robert, 2009 <i>« La transdisciplinarité telle qu'on la pratique est un fauteuil vide, dans chacun ambitionne de s'asseoir ; elle correspond à l'un des principaux enjeux de la foire aux vanités intellectuelles. »</i> Gusdorf, 1983, p. 39
Action	Concentration disciplinaire	Ouverture disciplinaire	Emprunt disciplinaire	L'au-delà disciplinaire
Intention	Approfondir : Solliciter uniquement une discipline pour résoudre un problème.	Compléter : Solliciter différentes disciplines pour découvrir diverses facettes d'un problème.	Conjuguer : Solliciter différentes disciplines pour étoffer un champ disciplinaire.	Philosopher Solliciter plusieurs disciplines pour aller atteindre une autre dimension.

7- NHS

NHS services face 'impossible' budget crisis, health trusts warn

NHS Providers says operation waiting lists and delays at A&E departments will soar next year under predicted funding



116

Guardian staff

Sunday 19 March 2017 07.07 GMT



i NHS Providers has warned that the health service 'can no longer deliver what the NHS constitution requires of it'. Photograph: Dan Kitwood/Getty Images

Frontline [NHS](#) services face “mission impossible” in meeting next year’s targets, health trusts have said.

Organising care at the NHS front line

Who is responsible?

- **Présenté par : Robert H. Desmarteau**

Adapté d'un rapport proposé par :
Chris Ham et Don Berwick



ESG UQAM Mai 2017

Organising care at the NHS front line: May 2017



Gordon's experience and the experience of some of his patients draws attention to the difficulties facing frontline clinicians in providing the best possible care in the NHS – even in well-led organisations like Western Sussex with a deep commitment to quality improvement, and with results to demonstrate what has been achieved. Our summary of these difficulties, in no particular order, is as follows.

- Staff working under constant pressure (notwithstanding substantial increases in staffing in recent years) in the face of growing demand from an ageing population with complex needs.
- Difficulties in communicating with GPs about their patients who are admitted to hospital, including knowing who the GPs are for specific patients.
- Problems in communication within the hospital between acute medical staff and A&E staff as well as between different specialist teams.
- Difficulties in communicating with staff in other hospitals when patients are transferred.

Organising care at the NHS

front line: May 2017

1

2

3

4

- Delays in ordering and receiving the results of diagnostic tests, which in turn lead to delays in treatment and increases the time patients spend in hospital.
- Challenges in teamworking, for example on ward rounds when consultants might not be accompanied by trainees and nurses.
- Information systems that do not link data about patients held in primary and secondary care and that are often time consuming to use.
- Patients having to repeat their histories (where they are able to) at different stages in their treatment.
- Care being delivered inefficiently and often ineffectively because of the amount of duplication involved in all the above activities.
- Old buildings and cramped layouts that do not allow privacy and sometimes dignity for patients or space for staff to work without interruption.
- Disorganisation of supplies and workflows on clinical units.

Organising care at the NHS front line: May 2017



The solutions

Thoughtful attention to these issues, away from the spotlight, may help us understand how we listen to each other and enable us to use frontline experiences to find solutions. Often, solutions that can be embedded into hospital practice are inexpensive, relatively simple and innovative.

The first is to consider how we work alongside those who want to modernise medical teaching and education. A greater emphasis could be placed on generalist skills. Medical students will need to be prepared to treat more complex, increasingly frail patients in a time-pressured setting. Making them aware of the 'barriers' and 'difficulties' that arise from providing this kind of care will allow students to develop their critical thinking and change their approach in future practice to overcome problems. They will become resilient practitioners.

I have observed how different members of the team will care, cure and prevent disease and disability in different ways. Some of the most valuable learning I have acquired has been from physiotherapists, nurses, midwives, speech and language and occupational therapists. In mental health services, social workers have been an invaluable source of experience and knowledge. A first exposure to the multidisciplinary team could come at medical school. Making this common practice would establish multidisciplinary working for the most junior members of the team once they have qualified.

Hospital care of patients



Perhaps our most pertinent reflection is that the concept of holistic care is fast disappearing. Patients are often subjected to 'quick-fix' treatments, without a sense of anyone taking overall responsibility for their care needs. This is particularly concerning given the growing problem of multi-morbidity, but at the same time unsurprising given the increasing trend towards specialism and super-specialism. As a result, there appears to be a very real and evident gap in terms of what patients need and what hospital physicians are able to provide.

Organising care at the NHS front line: May 2017



Between September 2013 and March 2016 the CQC undertook comprehensive inspections of all 136 acute NHS trusts in England. These inspections used a new methodology that assesses and rates eight core services in each acute hospital on five high-level key questions.

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patients' needs?
- Is it well led?



Organising care at the NHS front line: May 2017



What features distinguish these outstanding trusts? Based on the findings from CQC inspections and in-depth conversations with leaders of almost all of these organisations, I have observed the following characteristics:

- A passion for high-quality, patient-centred care among the trust's leadership. This is observable not only in conversations in their offices but also when they are walking through the wards and corridors of their hospitals, talking to staff and patients.
- A clear strategic direction, based on a good understanding of the trust's strengths and weaknesses, and of the external environment.
- Good governance processes – knowing where problems are arising at the earliest opportunity and then dealing with them.
- Good engagement with and support for staff, listening and acting on issues that can be resolved. Management and staff being aligned on the central purpose of delivering the best possible care to patients.
- The ability to take tough decisions when needed.
- A focus on organisational development and quality improvement. These need to go hand-in-hand. The precise approach to quality improvement does not appear to be critical, as long as the trust has an agreed approach.

Organising care at the NHS front line: May 2017




Don Berwick was the founding chief executive of the Institute for Healthcare Improvement, US.




In my three decades of experience in the pursuit of continual improvement in health care, I have come to believe that gaps in understanding between senior executive teams and the world of daily work are common, despite the skill and commitment of both. Senior leaders live in a world that uses the language of finance and strategy, keeping their eyes on external threats and opportunities, trying to perceive and react to big-picture tectonics and patterns. Those in daily work use the language of care, keep their eyes on local operations, and feel that finance and strategy are beyond their control and, frankly, less interesting than the tasks immediately before them.

Existing evidence



What have I learnt from the existing evidence on ward care? First, we need to be clearer on how we are judging ward quality. We should define the structures (inputs), processes (how we do things) and outcomes (including patient experience) that represent high-quality ward care in the United Kingdom. This formal approach would underpin a wider conversation about the many factors that influence ward care, from upstream supply chains to ward-level leadership. Without this clarity, we're putting the cart before the horse, introducing changes without really knowing what we're hoping to improve.



Second, our chosen quality metrics will improve only when our operational structures improve. Our focus to date on teamwork and collaboration has been laudable, but improvement does not rest on teamwork alone. For ward staff to fulfil their potential, teams must be empowered by work systems that make sense, not predispose them to error; by adequate staffing, not skeleton staffing; by smart equipment that nudges, not overwhelms; and by learning communities that build better practice.

Organising care at the NHS

front line: May 2017



We lionise frontline staff for their ability to get things done in a failing system; it is now time to address those failings. A continuous focus on the operational aspects of care delivery may be the only truly sustainable route to improvement (Bohmer 2016). This should encompass both the foundational structures of care (like supply chains, environment and information systems) as well as the interdisciplinary structures that organise care delivery each day.



Third, interdisciplinary ward interventions rarely work without sustained organisational backing. We need to be realistic about the resources and focus needed to change ward care. Complex interventions make a real impact when multiple factors come together: national pressure for change, financial incentives that reward implementation, and local investment and leadership. Ward care needs to be prioritised as an organisational objective, recognising that many of the challenges faced by ward teams arise in other departments and need managerial resolution. Staff-led change efforts can be embedded and sustained only with the help of managers who are incentivised to see quality improvement as a key component of their role (Pannick *et al* 2016a). This is a long game.

Organising care at the NHS front line: May 2017



Standardisation of care and systems

The revolution needed in health care delivery requires clinicians to move from being skilled, individual craftsmen and craftswomen to becoming enthusiastic members of teams that deliver care consistently in line with evidence-based guidelines and, when appropriate, standardised processes (Swensen *et al* 2010).

. 8- Intégration pour les nuls

L'intégration des services en santé

Couturier, Bonin et Belzile, 2016

DÉFINITION INTÉGRATION

« Processus par lequel des acteurs professionnels et organisationnels **coordonnent explicitement leurs interdépendances** par l'implantation d'un ensemble de dispositifs techniques, informationnels, professionnels et managériaux permettant d'accroître **la cohérence, l'efficacité et la qualité de leur intervention de manière que l'expérience de soins et de services soit plus positive du point de vue de l'utilisateur.** » (p.74, nous soulignons)

L'intégration des services en santé

Couturier, Bonin et Belzile, 2016

PIÈGE CULTUREL À ÉVITER

« Il faut éviter la posture naïve technocratique et autoritaire du « *Top Down* » et celle volontariste et jovialiste de type « *Bottom Up* » selon laquelle la seule bonne volonté des acteurs du terrain suffira à contrer les forces de la fragmentation. Entre ces deux postures, **une troisième, une stratégie de conduite du changement qui recherche un équilibre entre les deux.** » (p. 80-81, nous soulignons) (Un équilibre dialectique, Morin, 2015).

L'intégration des services en santé

Couturier, Bonin et Belzile, 2016

La liaison est un dispositif intégrateur **de premier niveau qui relie** de manière systématique des acteurs professionnels et organisationnels **qui demeurent autonomes sur le plan décisionnel** mais qui conviennent de mieux gérer ensemble leurs interfaces, p. 89.

L'intégration des services en santé

Couturier, Bonin et Belzile, 2016

La coordination est un dispositif intégrateur de **deuxième niveau** qui **coordonne** de manière systématique les interdépendances fonctionnelles entre acteurs professionnels et organisationnels **demeurant autonomes sur le plan décisionnel**. [...] Les diverses parties prenantes conviennent que leurs interdépendances **requièrent une certaine mutualité des ressources, responsabilité et prérogatives**. (p. 93)

L'intégration des services en santé

Couturier, Bonin et Belzile, 2016

La pleine intégration est un dispositif intégrateur de niveau ultime qui **qui coordonne** de manière systématique les interdépendances fonctionnelles entre acteurs professionnels et organisationnels d'un ensemble de services. **L'autonomie antérieure des parties intégrées disparaît.** [...] La pleine intégration se réalise dans un réseau intersectoriel de composantes **intégrées juridiquement** dans une institution portant explicitement la responsabilité globale à l'égard des usagers de son territoire. (CISSS au Québec)

L'intégration des services en santé

Couturier, Bonin et Belzile, 2016

Le Québec en 2017

Contre toute attente, [la réforme] de 2015, propose, plutôt que de terminer le travail de (2004) qui demeure pourtant à faire sur le plan clinique, **plus d'efforts structurels**.

Cette focalisation excessive **explique le constat de travail inachevé sur le plan de l'intégration des services cliniques. Un déficit culturel.**

L'intégration des services en santé

Couturier, Bonin et Belzile, 2016, p.254

Le Québec en 2017

Les preuves scientifiques s'accumulent **sur la valeur et les modalités de soutien à l'implantation de dispositifs intégrateurs efficaces et efficaces.**

De nombreuses conditions structurelles ont été mises en place depuis 20 ans. **Très peu sur la formation et la culture**

L'intégration des services en santé

Couturier, Bonin et Belzile, 2016, p.255-56

Le Québec en 2017

- Nous devons nous pencher impérativement **sur les transformations cliniques** que requiert le projet de mieux intégrer les services dans une perspective populationnelle.
- **L'accompagnement au changement n'existe pas.** Il nous faut penser stratégiquement un accompagnement.

CONCLUSION

L'intégration des services en santé
Couturier, Bonin et Belzile, 2016

Le Québec en 2017

« L'approche populationnelle comporte de principes d'avant-garde que se proposent d'incarner les dispositifs intégrateurs. Leur valeur semble cependant compromise par l'incapacité des décideurs à accomplir au niveau clinique les changements attendus. » p. 259