The Elusive Quest: Accountability in Hospitals

Carolyn L. Wiener

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Much of the public focus on health care systems is around issues of quality. Increasingly, health care quality is an important aspect of accountability and responsibility for policy makers, administrators, clinicians, payers, and consumers. Traditionally, quality was viewed as a natural consequence of well-educated health care professionals and good intentions. In today’s complex health system, quality is a concept that involves multiple stakeholders who must work together to create an environment in which excellence can flourish. The values, attitudes and commitment of the people who work within the health system can strongly influence the success of quality improvement endeavors. In The Elusive Quest: Accountability in Hospitals, author Carolyn Wiener examines the internal and external factors that are influencing quality improvement activities in hospitals. The author’s observations and conclusions are derived from her research work involving physicians, quality managers and quality support staff in several California hospitals.

The author examines how care in hospitals is monitored, assessed, guided toward improvement, and how improvement is measured. These subjects are approached from a sociological viewpoint with numerous references to the attitudes and behaviors that undermine or help sustain improvement efforts. The book is written for a general audience, however those striving to improve quality in today’s hospitals will find several useful insights into the elusive and complex issue of accountability. Like many blindfolded people examining a small portion of a large elephant, it can sometimes be difficult for those involved in health care quality improvement to see the bigger picture. The author has done an admirable job of removing some of our blindfolds.

The first four chapters of the book provide a historical perspective for the notion of hospital quality improvement. The author rightfully points out that ‘if quality is to be improved, we must examine how we got where we are and where the present approach seems to be going’. These chapters describe, for example, the expansion of professionalism, origins of health insurance, impact of public policy and financing decisions, the progressive influence of accreditation groups, and the affect of rising litigation and cost containment strategies on quality initiatives. The historical facts are interspersed with reminiscent quotes from the author’s research participants. One of the messages from this walk down memory lane is that the varying interests of each stakeholder may have unintentionally created perverse incentives and inadvertently reinforced a culture of blame.

What hospitals are facing today is a confusing potpourri of sometimes conflicting requirements governing quality and patient safety. An administrator of a small rural hospital, interviewed for the study, summed it up by saying, ‘I don’t think any hospital administrator would want to be interpreted as feeling that quality assurance is not important. However, we, like many others, are very frustrated by all the people out there who are getting involved in the process and expect us to respond to their particular interpretation of what QA is’.

In chapter five the author examines the assumptions upon which we measure the quality of care provided in a hospital. She points out the fallacy of some common assumptions; for example, data are often not reliable, there is rarely a direct cause and effect relationship between process and outcome, and patient surveys do not yield valuable information about clinical quality. Chapter five also describes the organizational barriers to effective hospital quality measurement and improvement—turf protection, power structure, reluctance to disclose data, to name a few. The author does not provide suggestions for overcoming these obstacles, however she does explain how quality managers and physicians have learned to work around the limitations.

If the intent of this book is to describe the current state of hospital quality management in the USA, the author surpassed her goal with chapter six. Relying heavily on comments from study interviewees, the author describes the process used by hospitals to prepare for Joint Commission survey and meet various quality-related standards. If it were not so true-to-life, this chapter would be comical. Quality managers describe how they ‘arrange the scenery’, ‘script everyone involved’, ‘rehearse the cast’, and ‘present the performance’. The value of consistent accreditation standards, the recent move to functional standards, and plans to streamline the standards are viewed as positive aspects of accreditation. The author also raises the proverbial conflict of interest issue, noting, ‘to have the organization that is responsible for making the rules also serve as interpreter, enforcer, and educational consultant does not make sense’.

Can quality improvement make a difference, given the current state of affairs? That is the question chapter six is intended to answer. Based on all of her research findings, the author identifies ‘five deadly weaknesses’ that impede success of health care quality improvement activities: (1) underestimating the unique qualities of contemporary health care; (2) overstating and overselling accountability proposals; (3) ignoring the irrationality intrinsic to rationalization ventures; (4) emphasizing the superiority of market forces to the neglect of other values; and (5) downplaying medical accident and error. The author is not overly optimistic about surmounting these weaknesses nor does she offer any magic bullets. However, this chapter, along with the others in the book, completes the full circle of her research.
The Elusive Quest: Accountability in Hospitals is a book that really grows on you. It is well researched and brings together a disparate array of issues that are influencing the health care quality movement. I am not certain if I ever found in this book a clear answer to the author’s original question, ‘Is the accountability enterprise directed toward making hospitals better or toward making them only look better?’ What the book did do is reaffirm for me that high quality care, however this is defined, will be difficult to deliver in an environment where various components of the health care system do not interact in a mutually beneficial way. Some key challenges remain. This book has lots of lessons to offer the individuals and organizations that are tackling these challenges.

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