le modèle
EGIPSS

A COMPREHENSIVE AND INTEGRATED FRAMEWORK FOR PERFORMANCE ASSESSMENT

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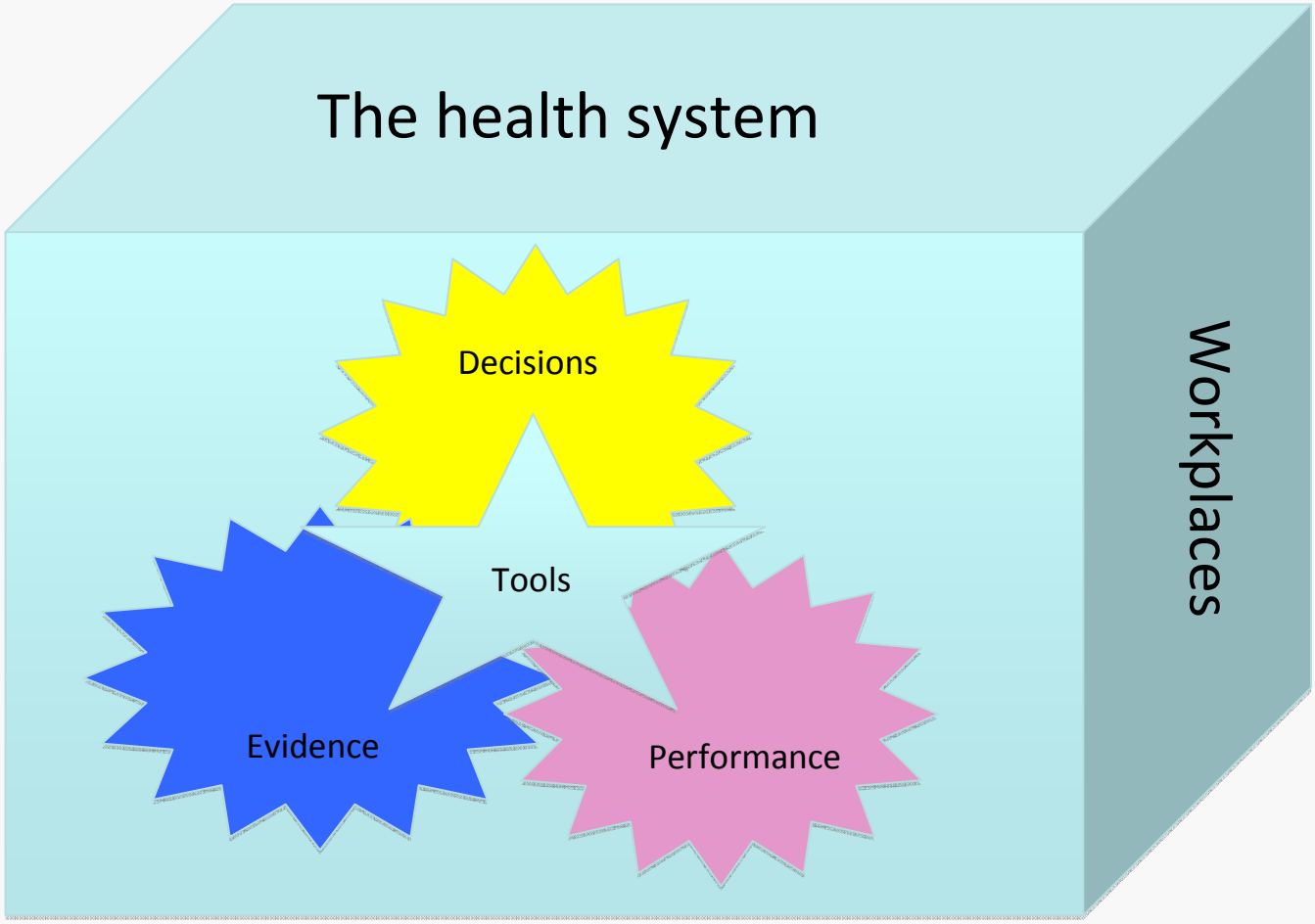
GRIS
USI UNITÉ DE SANTÉ INTERNATIONALE
BEST INC.
Université de Montréal

Origins & Foundations

- **Health Evidence and Linkage network HealNet / Relais**
  - Established in 1995 for 7 years
  - Financed by MRC, SSHRC and Industry Canada in the Networks of Centres of Excellence Programme
  - Initially 53 researchers from 17 Universities, eventually >125 researchers
  - Goal : to contribute to the enhancement of the use of evidence in decisions at the clinical,managerial and governance levels in the health system

HealNet / Relais
The research programme



HealNet / Relais
Performance axis

- As part of a network of multidisciplinary researchers studying the use of evidence in decision-making, review and synthesis of the literature in various fields (clinical sciences, management, public administration, economics, operations research, informations systems,…
- Although the performance construct is central and necessary, it is difficult to comprehend and is very imprecise and vague. Part of the reason is that each different approaches to organizational analysis bring about a different view of performance. In addition, various technical approaches, often stemming from various discipline co-exist within the same view of organizations
- The only consensus is on the state of conceptual confusion

Several frameworks
2 universal problems

According to Christopher Murray et Julio Frenk (2000),approaches to health system performance fall into two related traps:

- Some are inclusive lists of multiple, and often overlapping, desirable attributes of health system
- Others start from a consideration of which indicateurs are readily available

« Both approaches are unsatisfactory for a comprehensive and meaningful assessment of health system performance »

« A Framework for assessing the performance of health systems » Bulletin of the World Health Organization, 2000,78 (6), 717-731

Starting point : what are health systems for?

Our starting point : Parsons' theory of social action

Parsons ' aim : to develop a general conceptual and theoretical framework that would confer to sociology the status of a true science and would logically align it with other human sciences.

To make the analysis of social action truly scientific, we must according to Parsons, make a basic assumption : *human action always presents the caracteristics of a system*

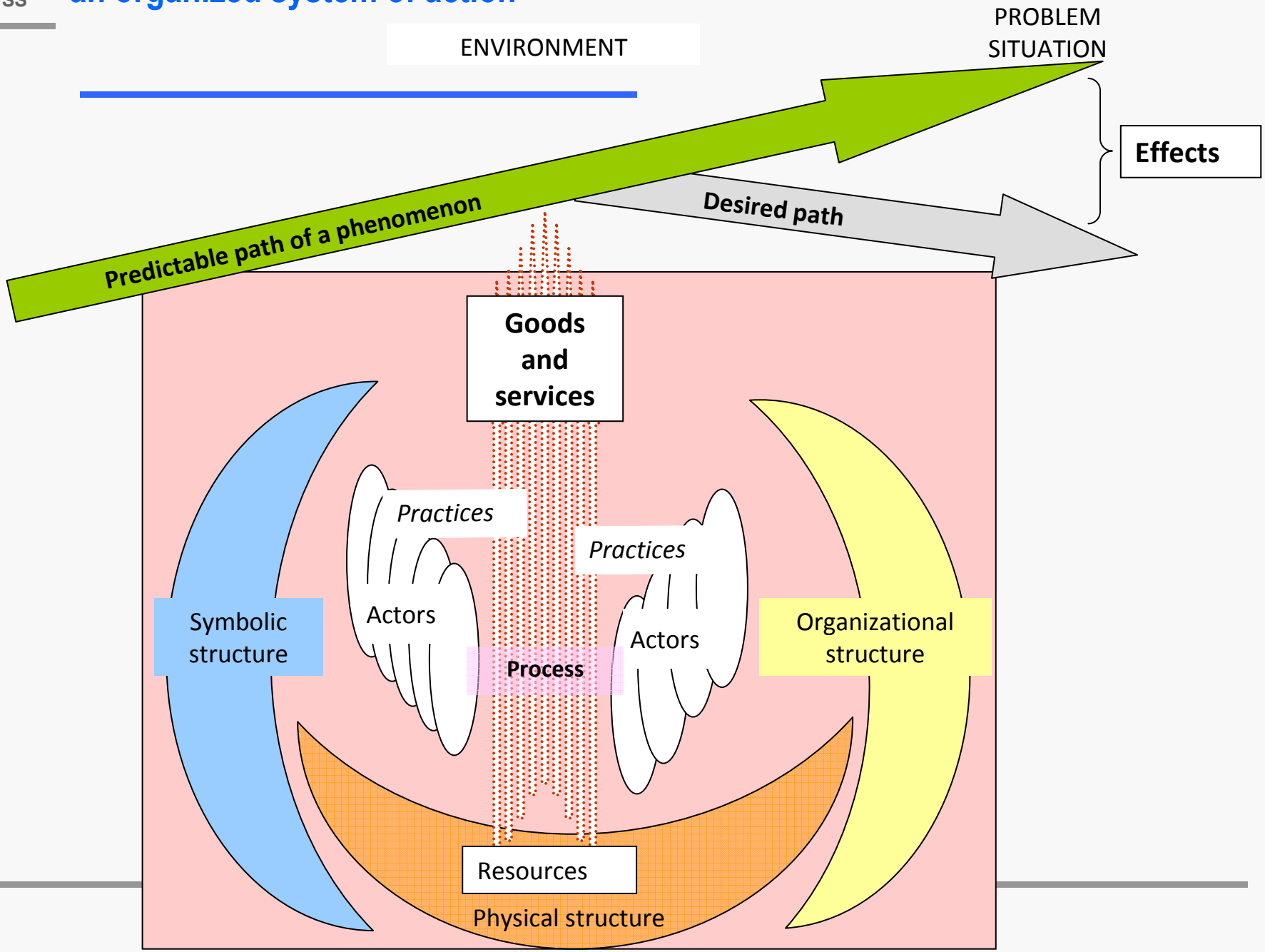
Following Weber, in sociology, political science, economics, psychology, and philosophy, action theories assume that action involves logically (Parsons 1937 p.44):

a) An agent, an actor
b) A goal, a future state towards which the action process is geared
c) A situation, which can be broken in two: the conditions of action, that is, the elements over which the actors have no control; and the means over which it has some
d) A relation among these elements

Action is produced through the interaction of these elements in long, complicated chains

le modèle
EGIPSS

an organized system of action



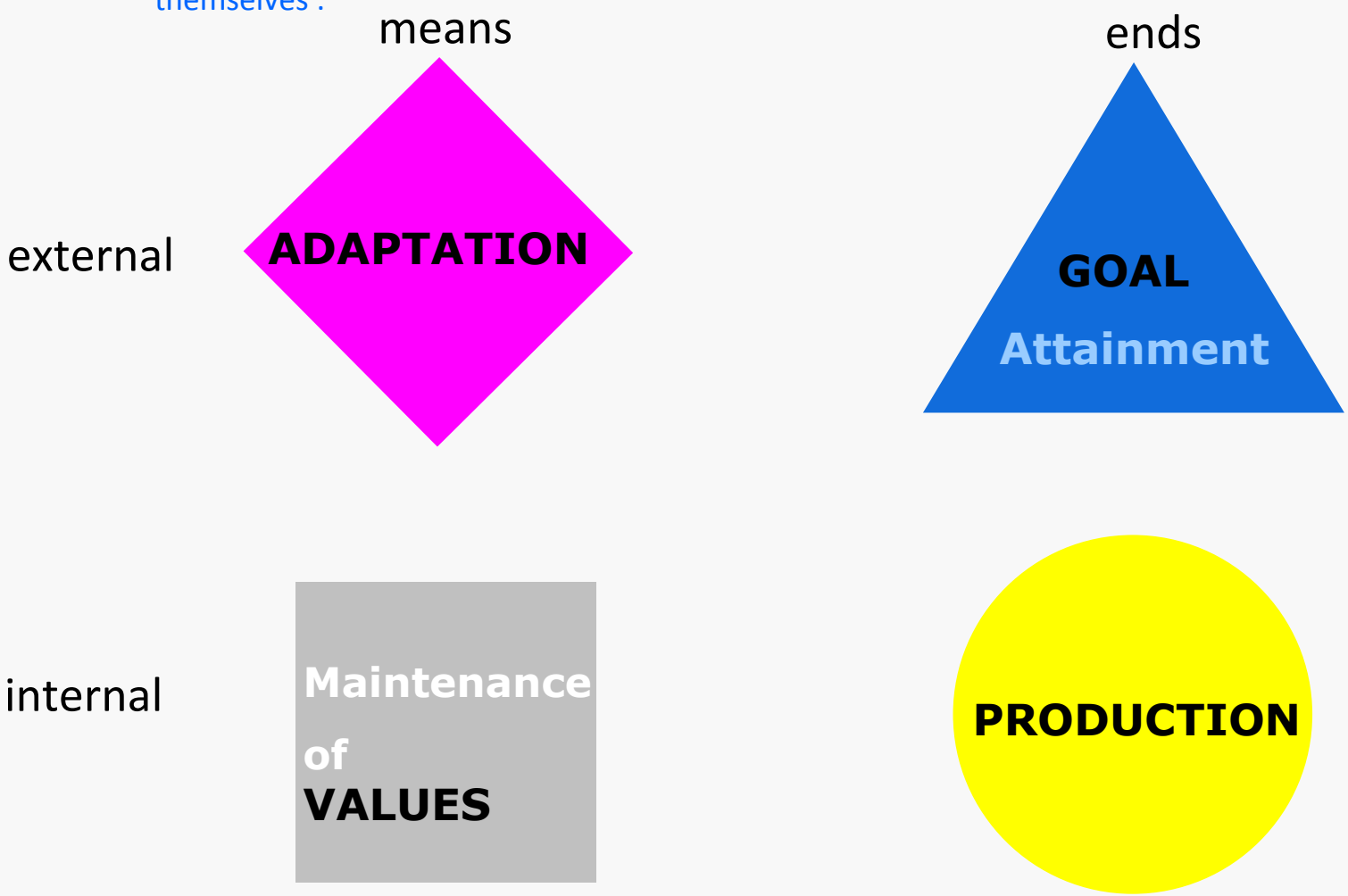
The EGIPSS model : an application of social action theory

According to social action theory (Parsons 1951), all organized action system necessitates 4 functional prerequisites (the dimensions of action) :

- **Interacting with the environment**, to acquire necessary resources and adapt
- **Attain valued goals**
- **Integrate and stabilize processes**, to produce.
- **Maintain values and produce sense**, which facilitate and constrain the other functions

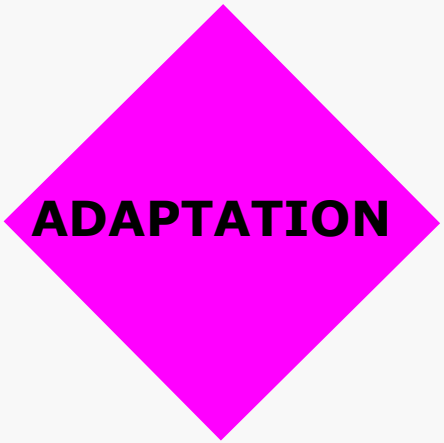
The theory of social action

According to Parsons, all social action systems must accomplish 4 fonctions to maintain themselves :



The theory of social action

According to the ÉGIPSS model , the performance of health systems and of health care organizations rests on their capacity to accomplish in an equilibrated manner four main functions :



Parsons call *adaptation the sum of units/acts which serve to establish relations between the action system and the external milieu*.
This milieu is usually another or several other systems which can be action or non-action systems.
Adaptation consists in getting from these other systems the various required resources, and to organize and structure these resources so as to best serve the needs of the system.

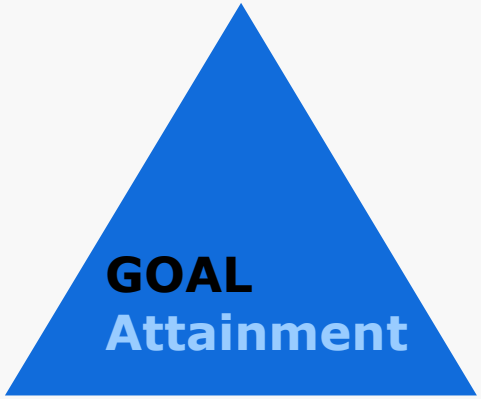
The Adaptation function in EGIPSS

Acquisition of resources	Success in acquiring the required financial, material and human resources
Adaptation to population health needs	Capacity to adjust its resources, structures and services to evolving population health needs
Market attraction	Capacity to maintain a market presence in attracting an appropriate clientele
Community support	Spread and intensity of the system's social capital
Innovation and learning	Capacity to implement change, innovations and transformations

The theory of social action

According to the ÉGIPSS model , the performance of health systems and of health care organizations rests on their capacity to accomplish in an equilibrated manner four main functions :

Goal attainment is the second main function of action systems. The capacity to set goals and to pursue them systematically (rationally) is precisely the criteria that distinguishes action systems from non-action systems (physical, biological)



The Goal Attainment function in EGIPSS

Effectiveness	Health outcomes that can be attributed to health systems
Efficiency	Health outcomes as a function of invested resources
Equity	A collective responsibility for solidarity in allocating health resources, producing services, and generating outcomes as a function of needs in a just, impartial and fair manner
Stakeholder overall satisfaction	The level of general contentment of various stakeholders with health system functioning

The theory of social action

According to the ÉGIPSS model , the performance of health systems and of health care organizations rests on their capacity to accomplish in an equilibrated manner four main functions :

In all action systems, some units must act for the integration of organizational mechanisms and the coordination of production factors in such a way as to prevent severe disturbances. Parsons refers to this set of actions as the integration function. It is seen as a stabilizing function organized around a technical core.

The Production function in EGIPSS

Volume	Volume of outputs produced
Productivity	Optimization of production and outputs as a function of resources

Quality	A set of attributes of care processes which should bring about the most favorable outcomes given current scientific knowledge,, available technology and social norms and expectations.
	Quality is thus defined by the conformity of the care processes to professional, consumer and social standards regarding different dimensions of the process :
	
	• **Technical quality:**
	  • **Safety**
	  • **Appropriateness**
	  • **Conformity to standards**
	• **Non technical quality:**
	  • **Continuity**
	  • **Art of care & Respect (responsiveness)**
	  • **Comprehensiveness**
	  • **Accessibility**

The theory of social action

According to the ÉGIPSS model , the performance of health systems and of health care organizations rests on their capacity to accomplish in an equilibrated manner four main functions :

Maintien des VALEURS

The action system requires a set of units/acts which serve to insure the required motivation from various actors. Each action system must accumulate a reservoir of motivation which has to be continuously fed since it spills continuously.. The action system requires that the energy stemming from actors' motivation be kept at a certain minimal level. This function serves to accumulate energy under the form of motivation and to diffuse it. This is why Parsons called it a *latent function*. It is the point of contact between the action system and the symbolic and cultural universe which provide the symbols, the ideas, the expression modes and the judgments which are necessary to build motivation and canalyse it towards action.

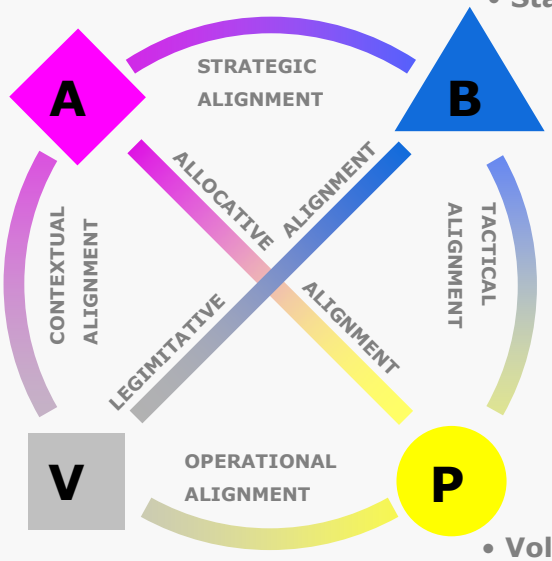
Values Maintenance function in EGIPSS

Consensus on values	Consensus on ideal ways of being and acting. Joint system of references which enable actors to cooperate in the realization of a collective project. Values ? Equity, efficiency, quality and safety, public service, …
Organizational climate	Perception of the adequacy of leadership, of communication and support. Can be indirectly assessed through behavioral reactions such as absenteeism and turnover
Work environment	Work conditions : workload and physical environment
Employees' health status	Physical and psychological well-being
Work satisfaction	Satisfaction with the nature of work, workload, autonomy, pay, training opportunities and career advancement

Figure 1. The EGIPSS model

- Acquisition of resources
- Adaptation to population health needs
- Attraction of clientele
- Community support
- Innovation and learning

- Effectiveness
- Efficiency
- Health equity
- Stakeholder satisfaction



ADAPTATION

GOAL
ATTAINMENT

VALUES
MAINTENANCE

- Consensus on values
- Climate
- Work environnement
- Employees' health
- Work satisfaction

PRODUCTION

- Volume of care & services
- Productivity
- Integration of production :
  - Techncal quality:
    - Safety
    - Appropriateness
    - Conformity to standards
  - Non technical quality:
    - Continuity
    - Art of care & Respect
    - Comprehensiveness
    - Accessibility

Operational definition of performance

Organizational performance is a multi-dimensional construct which should enable various stakeholders to debate and construct a judgment on the essential qualities of a system according to their beliefs, knowledge, responsibilities, interests, projects ...

The performance of a system can be seen by its capacity to :

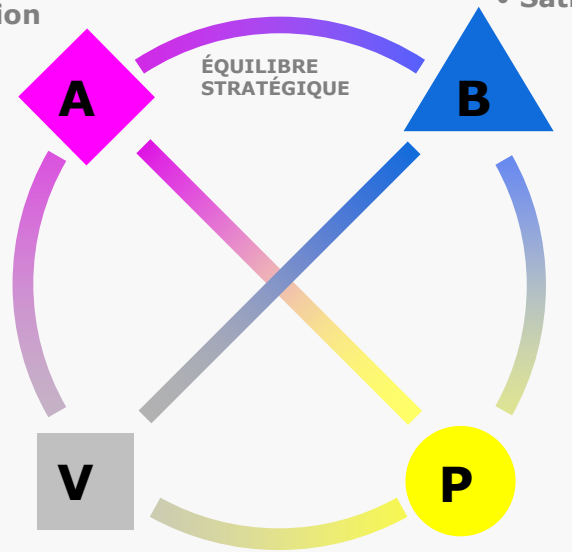
1. To perform each of the four essential functions (attain its goals, adapt to its environment, produce high quality services efficiently and develop and maintain shared values) and
2. To attain and maintain alignments among these four functions.

Assessment of performance must rest not only on the measurement of indicators of success for each function, but also on the analysis of the dynamic tensions between the four poles, that is on the capacity of management and governance to orchestrate exchanges, negotiations and trade-offs between the requirements of the four functions.

Strategic alignment

- Acquisition de ressources
- Adaptation aux besoins de la population
- Attraction des clientèles
- Mobilisation de la communauté
- Innovation et transformation

ADAPTATION



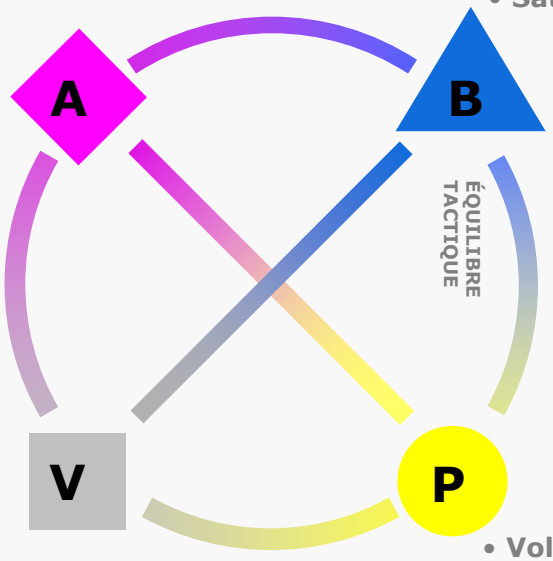
- Efficacité
- Efficience
- Équité de santé
- Satisfaction de la population

ATTEINTE DES
BUTS

- Are resource acquisition, clientele attraction, transformations,… adequate in regard to the targeted goals?
- Are goals attainable given the proven capacity to acquire resources? Are they congruent with population needs?

Tactical alignment

- Is the organization of production adequate to enhance goal attainment?
- Are goals appropriate in regard to services delivered?



- Efficacité
- Efficience
- Équité de santé
- Satisfaction de la population

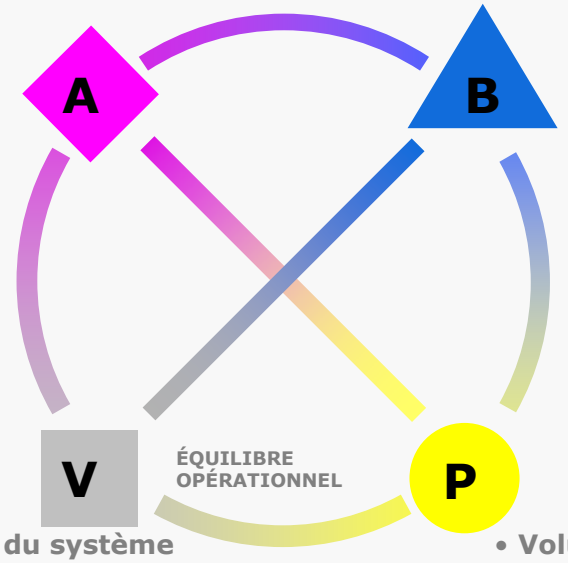
ATTEINTE DES
BUTS

PRODUCTION

- Volume de soins et de services
- Productivité
- Intégration de la production :
  - Qualité technique :
    - Sécurité
    - Justesse
    - Exécution compétente
  - Qualité non technique :
    - Continuité
    - Humanisme
    - Globalité
    - Accessibilité

Operational alignment

- Is the production system congruent with organizational values?
- Is the production system conducive to the maintenance of shared fundamental values?



MAINTIEN DES
VALEURS

- Consensus sur les valeurs du système
- Climat organisationnel
- Environnement de travail
- Statut de santé des employés
- Satisfaction au travail

PRODUCTION

- Volume de soins et de services
- Productivité
- Intégration de la production :
  - Qualité technique :
    - Sécurité
    - Justesse
    - Exécution compétente
  - Qualité non technique :
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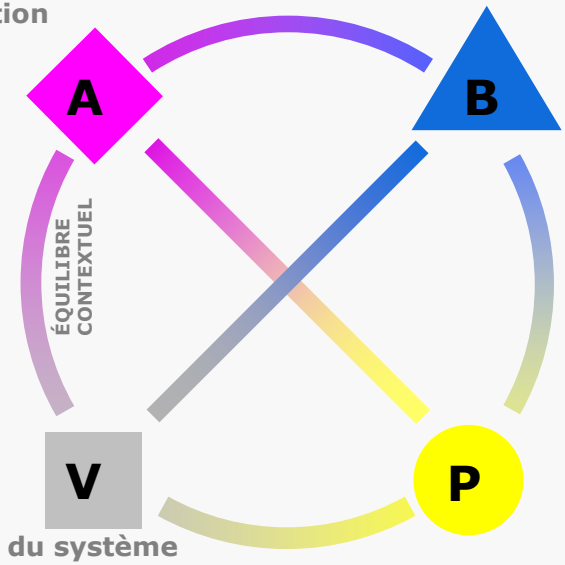
    - Humanisme
    - Globalité
    - Accessibilité

Contextual alignment

- Acquisition de ressources
- Adaptation aux besoins de la population
- Attraction des clientèles
- Mobilisation de la communauté
- Innovation et transformation

ADAPTATION



MAINTIEN DES
VALEURS

- Consensus sur les valeurs du système
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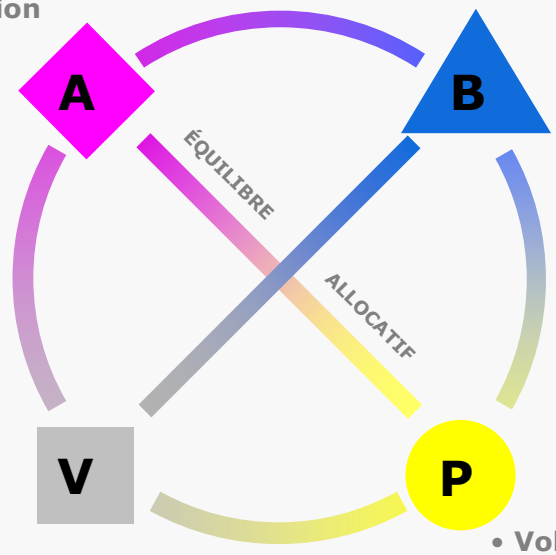
- Are organizational interactions with its environment congruent with values? Are transformations congruent with values?
- How are organizational interactions with its environment reshaping organizational climate and values?

Allocation alignment

- Acquisition de ressources
- Adaptation aux besoins de la population
- Attraction des clientèles
- Mobilisation de la communauté
- Innovation et transformation

ADAPTATION



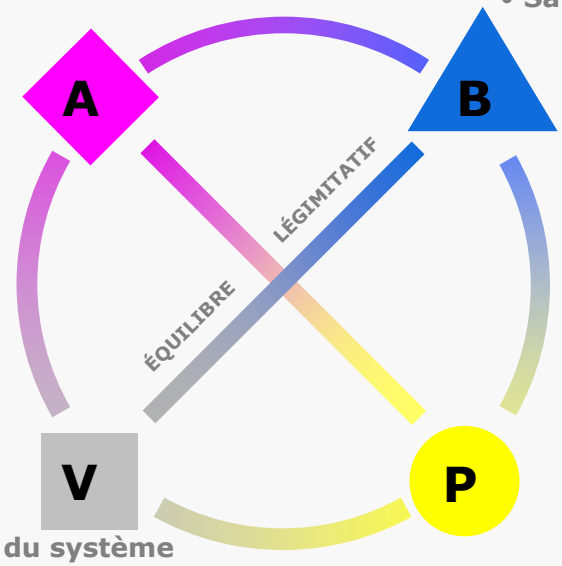
PRODUCTION

- Volume de soins et de services
- Productivité
- Intégration de la production :
  - Qualité technique :
    - Sécurité
    - Justesse
    - Exécution compétente
  - Qualité non technique :
    - Continuité
    - Humanisme
    - Globalité
    - Accessibilité

- Is resource acquisition adequate in regard to the needs of the production system?
- Are production processes compatible with the proven capacity to acquire resources?

Legitimation alignment

- Are the goals of the organization congruent with values?
- How are strategic choices reshaping organizational values?



ATTEINTE DES
BUTS

- Efficacité
- Efficience
- Équité de santé
- Satisfaction de la population

MAINTIEN DES
VALEURS

- Consensus sur les valeurs du système
- Climat organisationnel
- Environnement de travail
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- Satisfaction au travail

The specificity of the EGIPSS model

- Comprehensive : different definitions and dimensions; all indicators known to man (and those to be) can be incorporated
- Integrated : differents models, different theoretical and disciplinary perspectives, different processes
- Robust theoretical foundations
- Holistical : the different dimensions are not in competition but are complementary, required simultanuously to apprehend the paradoxical nature of performance

Polyvalent model that has been adopted in a wide range of contexts

Multiple objects/levels

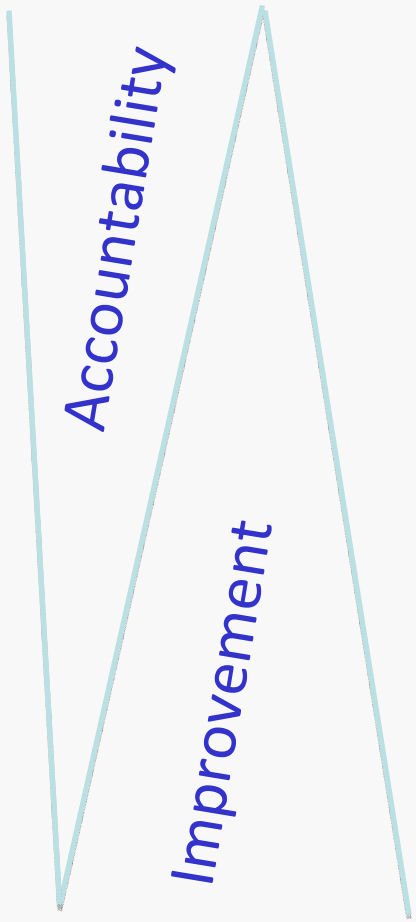
- provincial health system level (Commissaire à la Santé)
- regional level (4 Agences régionales)
- organizational level (29 CSSS, AQESSS, Tunisia, FQCRDI, Algeria, Uruguay)
- programme level (mental health, Troubled youth care, cancer, Aged care, ER in Brazil)

Adaptable while preserving requirements of

- comprehensiveness : performance is necessarily multidimensional
- integration : of various perspectives, disciplines, processes, etc.
- holism : need to simultaneously consider the various dimensions and their alignments to make sense

In Quebec, embedded levels of EGIPSS

MACRO : EGIPSS GOVERNANCE	**CSBE**	**accountability**
MESO : EGIPSS PUBLIC	**AQESSS**	**Accountability Improvement**
MESO : EGIPSS MANAGEMENT	**31 CSSS in 4 regions**	**Improvement Accountability**
MiCRO : EGIPSS OPERATION	**Services, Programmes, Continuum**	**Improvement**



DIMENSION/ Sub-dimensions	Sub-sub-dimensions	Domains	EGIPSS-governance	EGIPSS-public	EGIPSS-management
Adaptation					
Resource acquisition	Availability	Financial	5	2	18
		Material	2	2	11
		Human	4	6	16
	Sustainability		0	5	26
Adaptation to population health needs			1	10	58
Market attraction			2	4	7
Community support			2	0	10
Innovation and learning			2	0	1
Equity in adaptation			0	0	1
		Sub-total	**18**	**29**	**148**
Value Maintenance					
Consensus on core values	hierarchy of values		0	0	1
	intergroup congruence		0	0	1
	Individuals/ organization fit		0	0	1
Quality of Work Life	Work Environment	Regularity of work	0	0	1
		Workload	0	0	13
		Work Experience	0	0	1
		Material availability	0	0	4
		Organizational Support	0	0	4
		Safety	0	0	4
	Organizational Climate		8	6	5
	Work Satisfaction		0	0	10
	Behavioral Reactions		0	0	5
	Employees' Health		0	0	1
		Sub-total	**8**	**6**	**51**

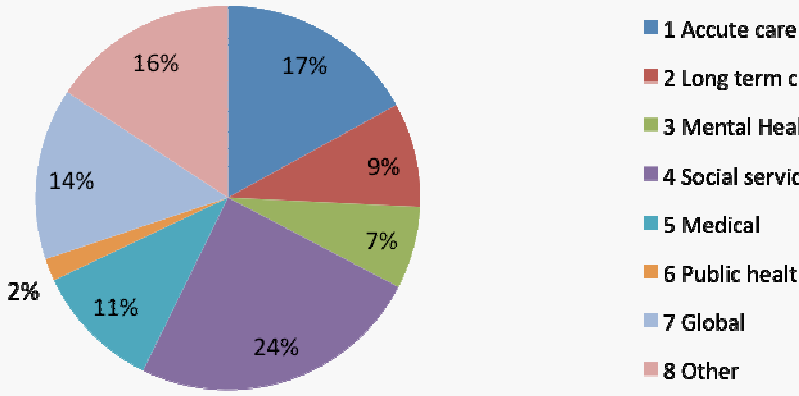
DIMENSION/ Sub-dimensions	Sub-sub-dimensions	Domains	EGIPSS-governance	EGIPSS-public	EGIPSS-management
Production					
Volumes of services	Gross Volumes		0	6	39
	Intensity of services		0	0	13
	Coverage		0	0	4
Productivity			5	5	40
Quality	Non technical Quality	Accessibility	20	2	34
		Continuity-coordination		3	15
		Comprehensiveness		0	2
		Responsiveness		6	11
	Technical Quality	Appropriateness	4	3	17
		Competency of Execution		3	27
		Safety		2	23
		Public Health		0	6
	Equity of quality		0	0	1
		Sub-total	**29**	**30**	**232**
Goal Attainment					
Effectiveness	User Effectiveness		0	9	9
	Population Effectiveness		25		47
Efficiency			0	0	1
Equity of Health			5	0	5
Stakeholder Global Satisfaction			2	0	4
		Sub-total	**32**	**9**	**66**
		Total	**87**	**74**	**497**

Data sources

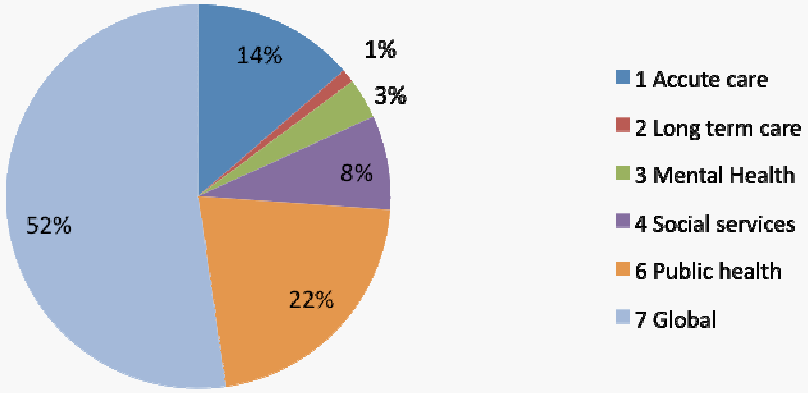
1. **Administrative data**
   - AS 471, 478: financial and administrative data
   - R-22 and R-25: Human resources and pay
   - MedEcho : hospitalisation
   - ERs
   - I-CLSC
   - GESTRED : contract management indicators
   - Nosocomial infections(TOCSIN)
   - Public health surveys
   - RAMQ, Consom (MDs)
   - Death registry
   - Birth registry
2. **Data collected jointly with Accreditation: quality of work life, values, patient perceptions of quality**
3. **Specific surveys : innovation and learning, community support**

EGIPSS-MANAGEMENT : covers multiple sectors

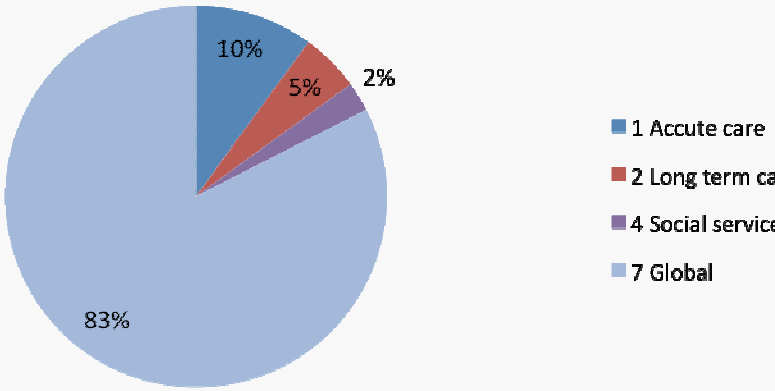
Adaptation



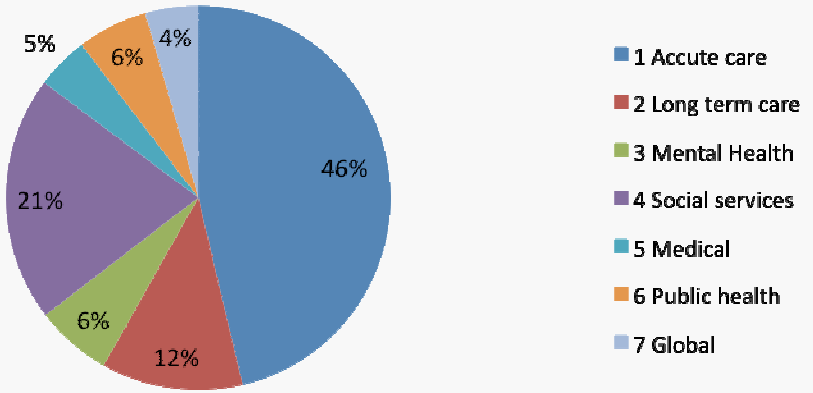
Goal Attainment



Value Maintenance



Production



What can the general theory of social action and EGIPSS contribute to strengthening performance assessment?

Models / frameworks serve 2 methodological and 2 ultimate purposes. Parsons can help strengten Performance Assessment in 4 ways

Methodological purposes	Ultimate purposes	
	description	explanation
to organize	1. Crystalization of concepts and comprehensiveness	3. Through analysis of interrelations and analyses of trade-offs
to communicate	2. Integration of perspectives, disciplines, processes and embedded units of analysis	4. Emphasis on action : governance and management

le modèle
EGIPSS

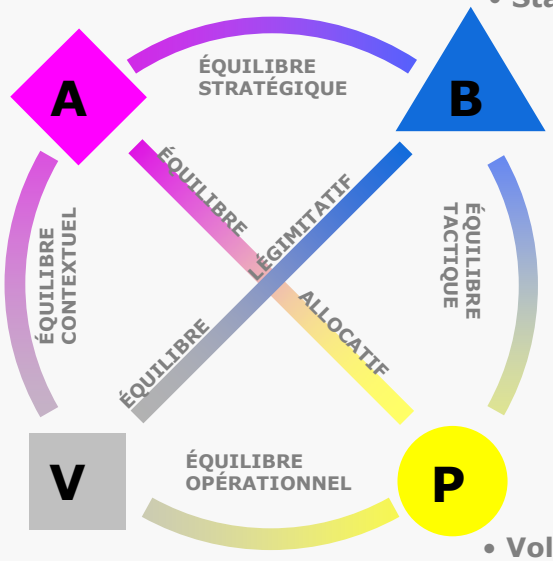
1. Helping organize to better describe
A comprehensive and theoretically justified model

- Acquisition of resources OCDE
- Adaptation to population health needs NHS
- Attraction of clientele
- Community support
- Innovation and learning

ADAPTATION

- Effectiveness NHS OMS OCDE JCHAO Qmentum
- Efficiency NHS OCDE
- Health equity OMS OCDE
- Stakeholder satisfaction

ATTEINTE DES
BUTS



MAINTENANCE OF
VALUES

- Consensus on values
- Climate
- Work environnement
- Employees' health
- Work satisfaction

PRODUCTION

- Volume of care & services OCDE NHS JCHAO Qmentum
- Productivity
- Integration of production :
  - Techncal quality: NHS OCDE JCHAO Qmentum
    - Safety
    - Appropriateness
    - Conformity to standards
  - Non technical quality: NHS OCDE JCHAO OMS OCDE NHS JCHAO
    - Continuity
    - Art of care & Respect
    - Comprehensiveness
    - Accessibility

What can the general theory of social action and EGIPSS contribute ?
1. Helping organize to better describe

- *Better delineation of Performance concepts*
- *Much broader and dynamic consideration of adaptation*
- *Explicit inclusion of values and workplace well-being*

What can the general theory of social action and EGIPSS contribute?
2. Helping communicate to share assesment

- In most contexts, performance assessment is fragmented among disciplines, functions and processes : because of its comprehensiveness, Parsons and EGIPSS allow integration of perspectives and processes
- The systemic view of action sees systems as part of larger systems and composed of subsystems. We can thus design performance systems that are specific to given systems but that see them as embedded in larger systems. The message on performance is thus universal and allows mobilization around shared values and objectives

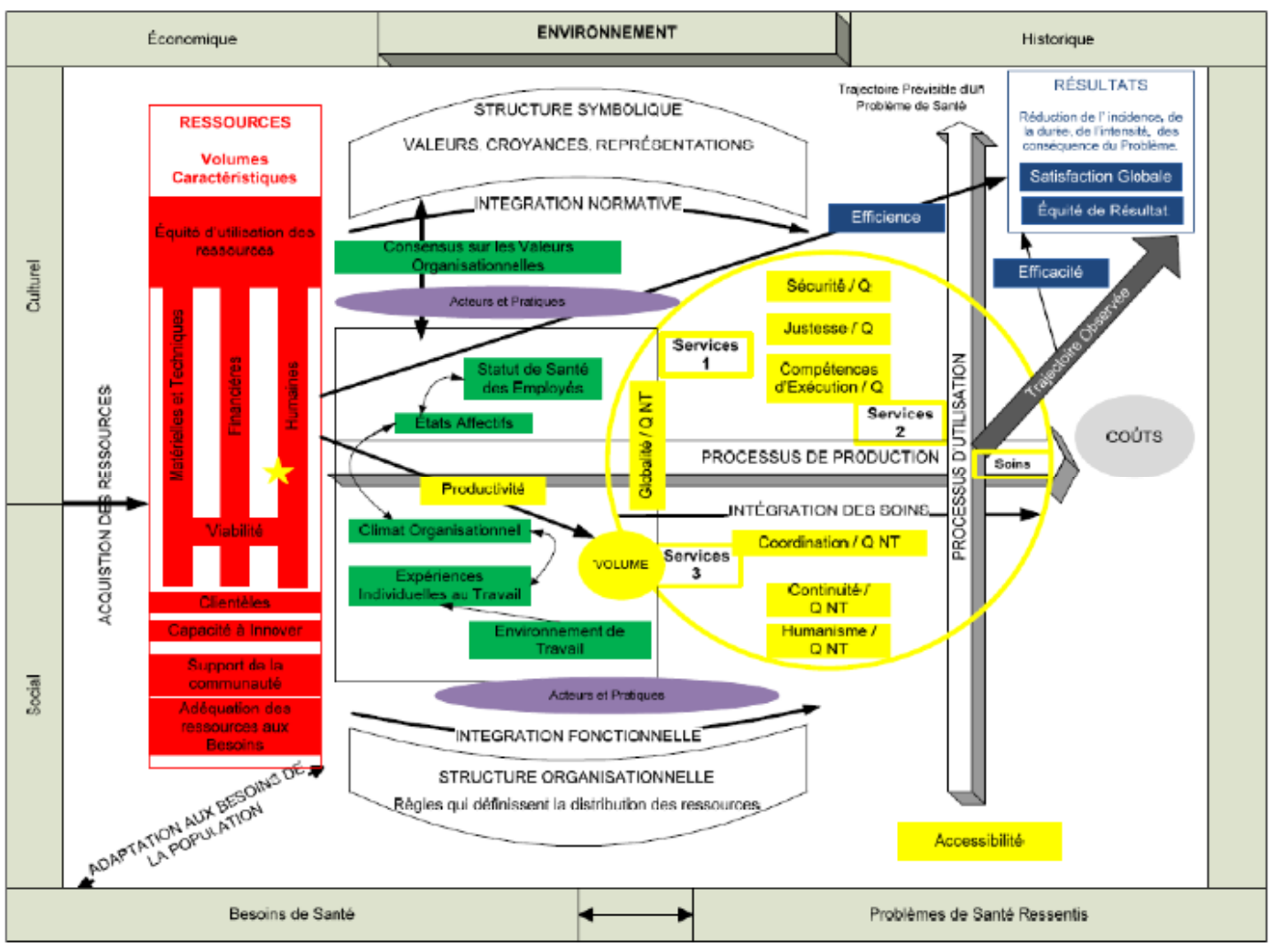
What can the general theory of social action and EGIPSS contribute?

3. Helping structuring understanding

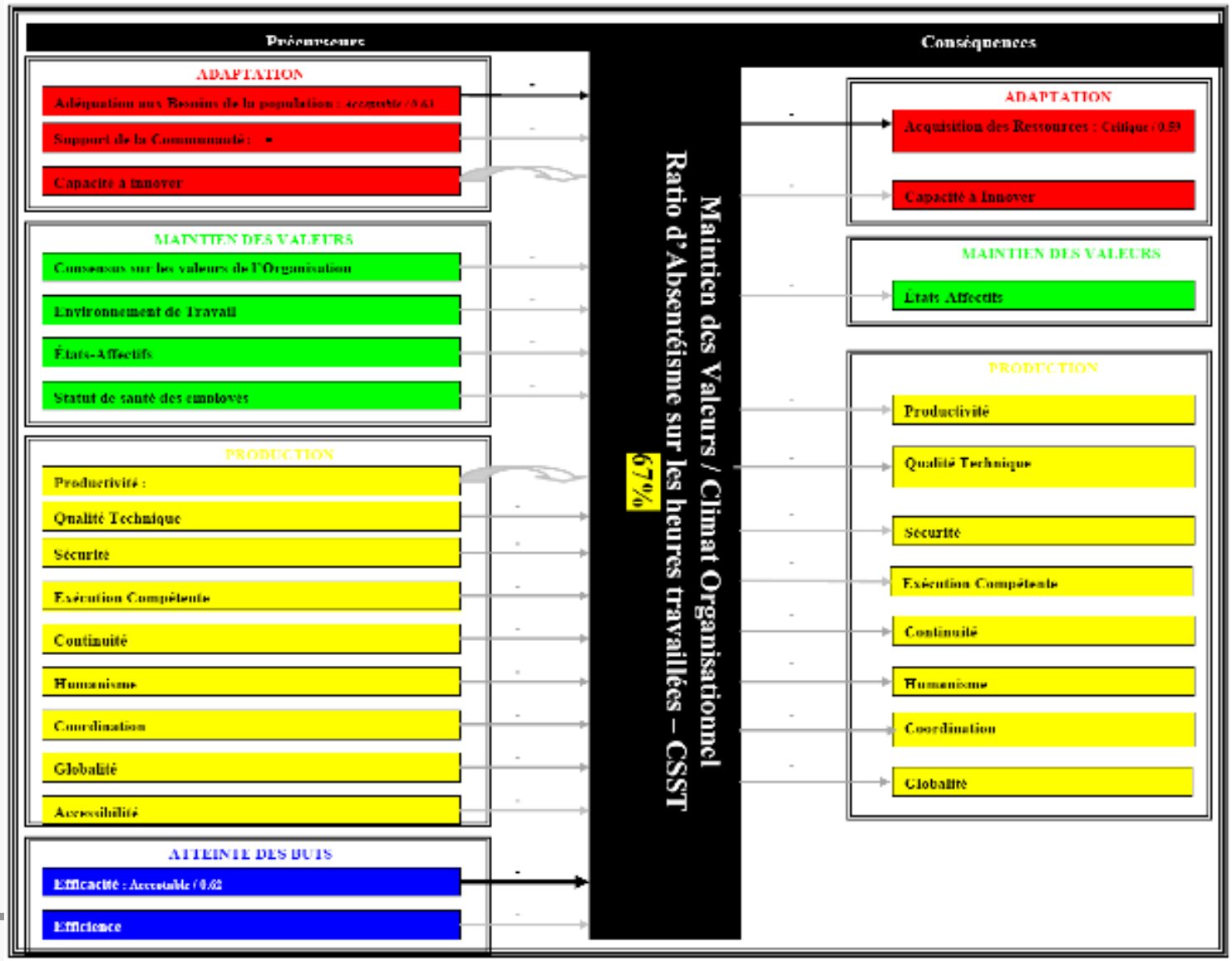
Social action theory and EGIPSS provide a theoretical framework: a system of constructs and variables in which the constructs are related to each other by (evidence-informed) propositions and variables are related to each other by hypotheses. Despite widespread hatred of theories, this is indeed what users most like…Parsons and EGIPSS structure understanding in 2 ways:

3a. system view of action means that elements of the action system are seen as interrelated. They have to be conceived of as part of the system. It is the analysis of their interrelationships that can provide an understanding of the functioning of the system. *The theory of social action provides a general theory of performance that can be used to make sense of performance data, to explain and understand performance*

EGIPSS conceptual meta model



Logic maps to analyze predictors and consequences ofperformance



What can the general theory of social action and EGIPSS contribute?
3. Helping structuring understanding

3b. Performance is a divergent problem (Schumaker 1977) and as such is paradoxical : it involves opposite ideas which, although they appear contradictory, are equally necessary to reflect the reality that neither propositions contain in themselves (Slaate 1968)

- **Assesment of performance using different criteria/models will lead to different judgments**
- **Predictors of performance will vary according to the criteria/model used loose-couplind and tight coupling; centralization and decentralization;…)**

Performance is thus the capacity:

1. **To perform each required function appropriately**
2. **To maintain alignment, that is to successfully manage trade-offs**

Analyses of interelations and alignments

Four types of relations among sub-dimensions :

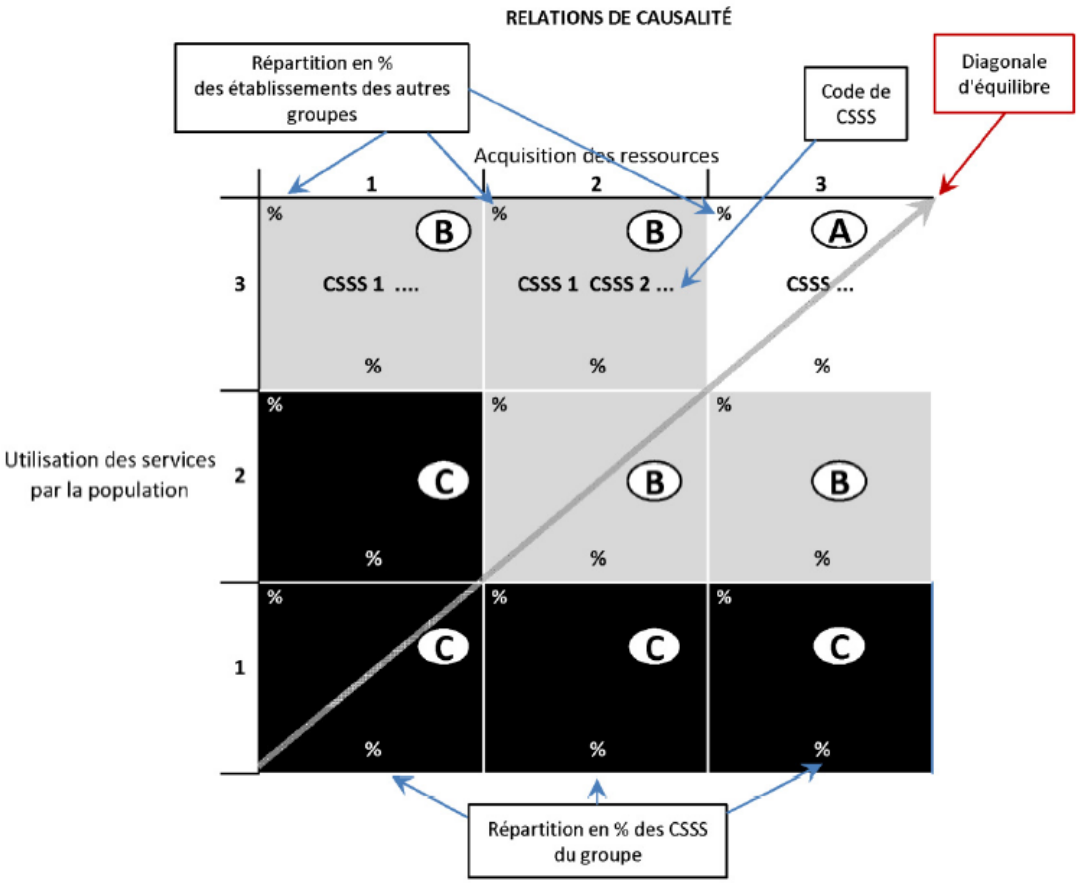
- **Causal relation :** the performance in a sub-dimension is directly influenced by performance in another sub-dimension. Example : the relation between *Resource acquisition and Adaptation to population needs*.

- **Arbitration relation :** the performance in a sub-dimension can be attained to the detriment of the performance in another sub-dimension; it may thus be necessary to achieve trade-offs among the two dimensions. Example : too much emphasis on *Productivity* may put *Quality* in jeopardy

- **Contingent relation**: the relation among 2 sub-dimensions depends on another sub-dimension or factor.

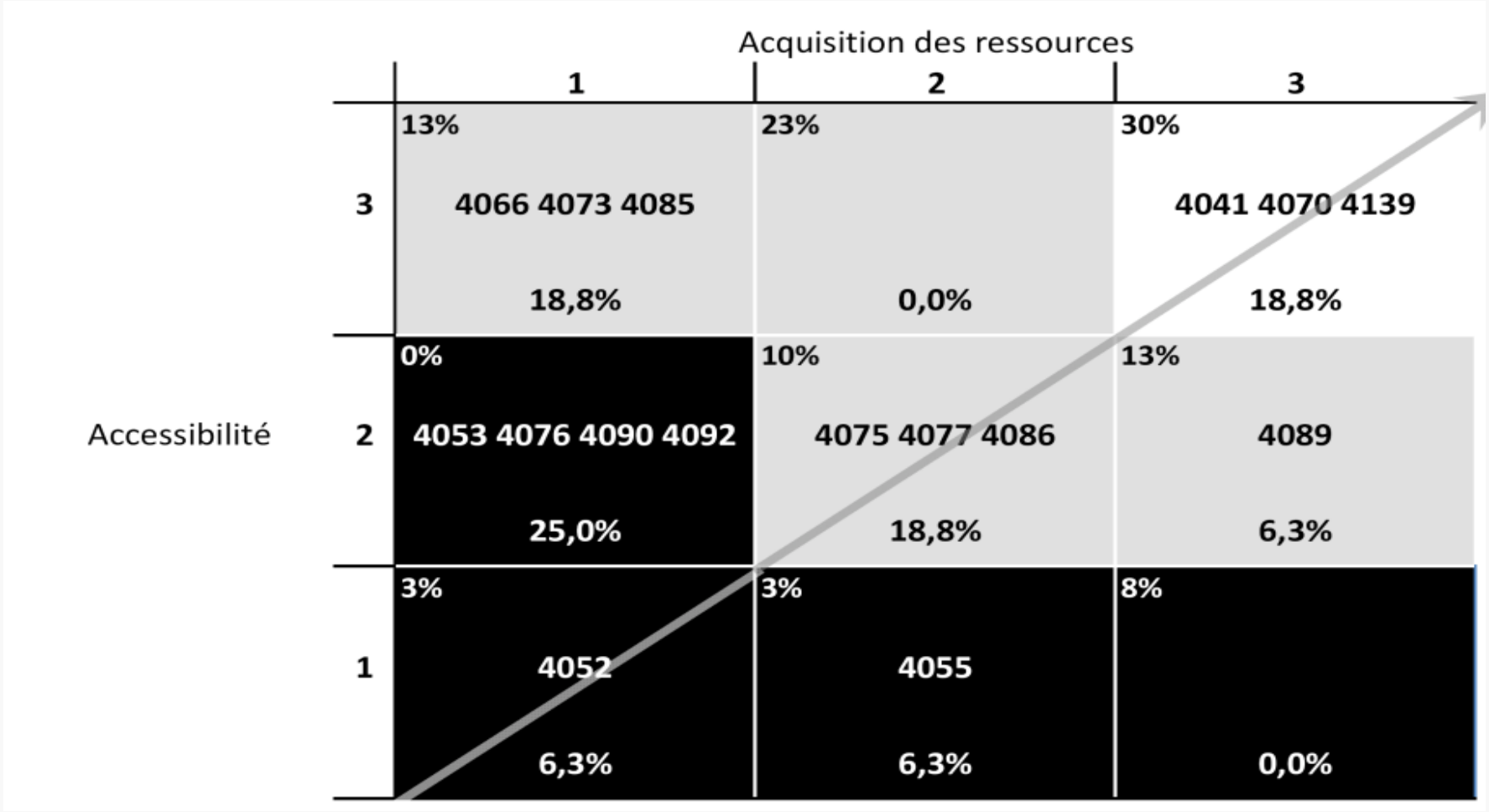
- **Parabolic relation : U or inversed U**.

Causality relations among sub-dimensions

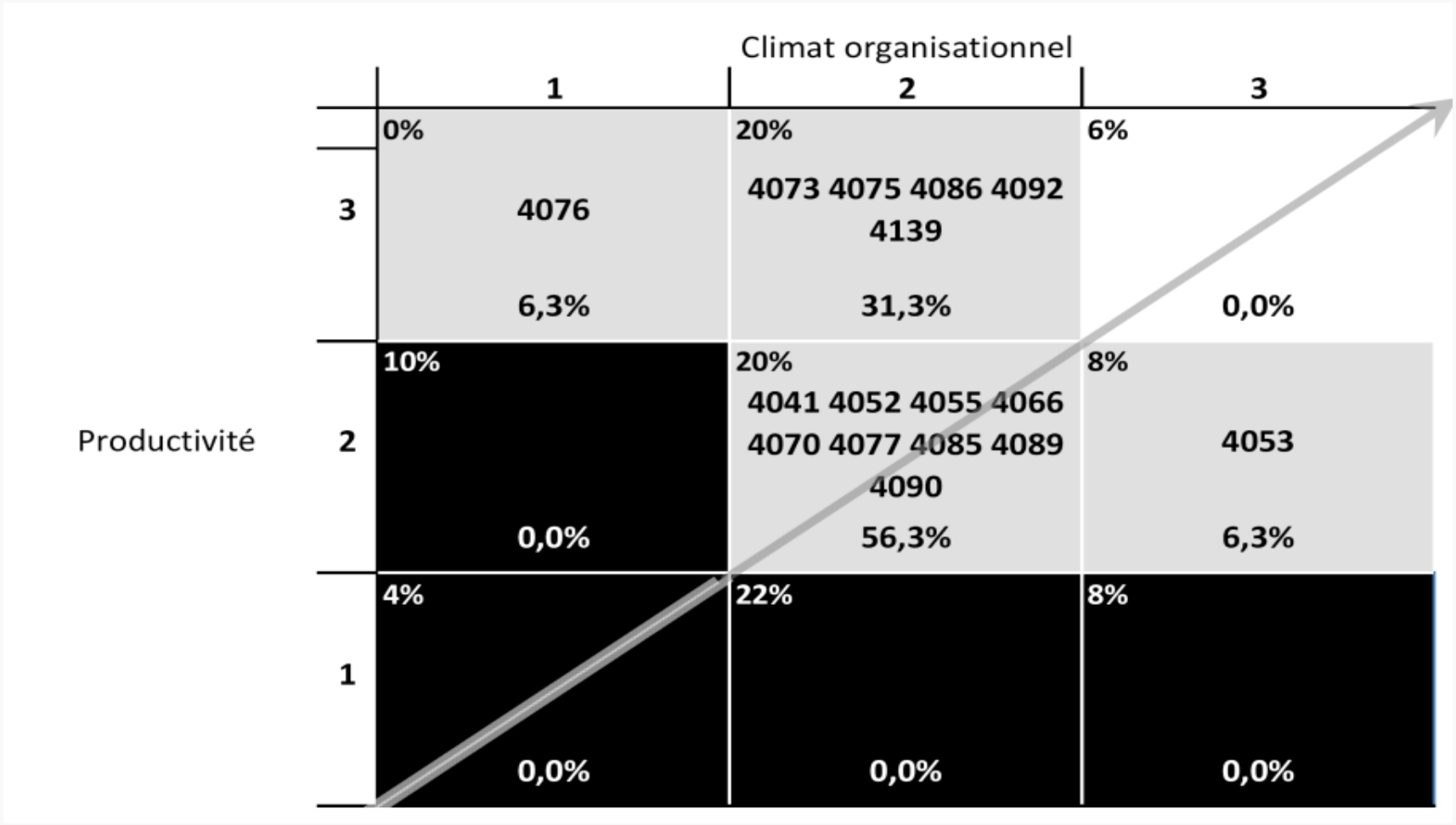


Causality relations among dimensions

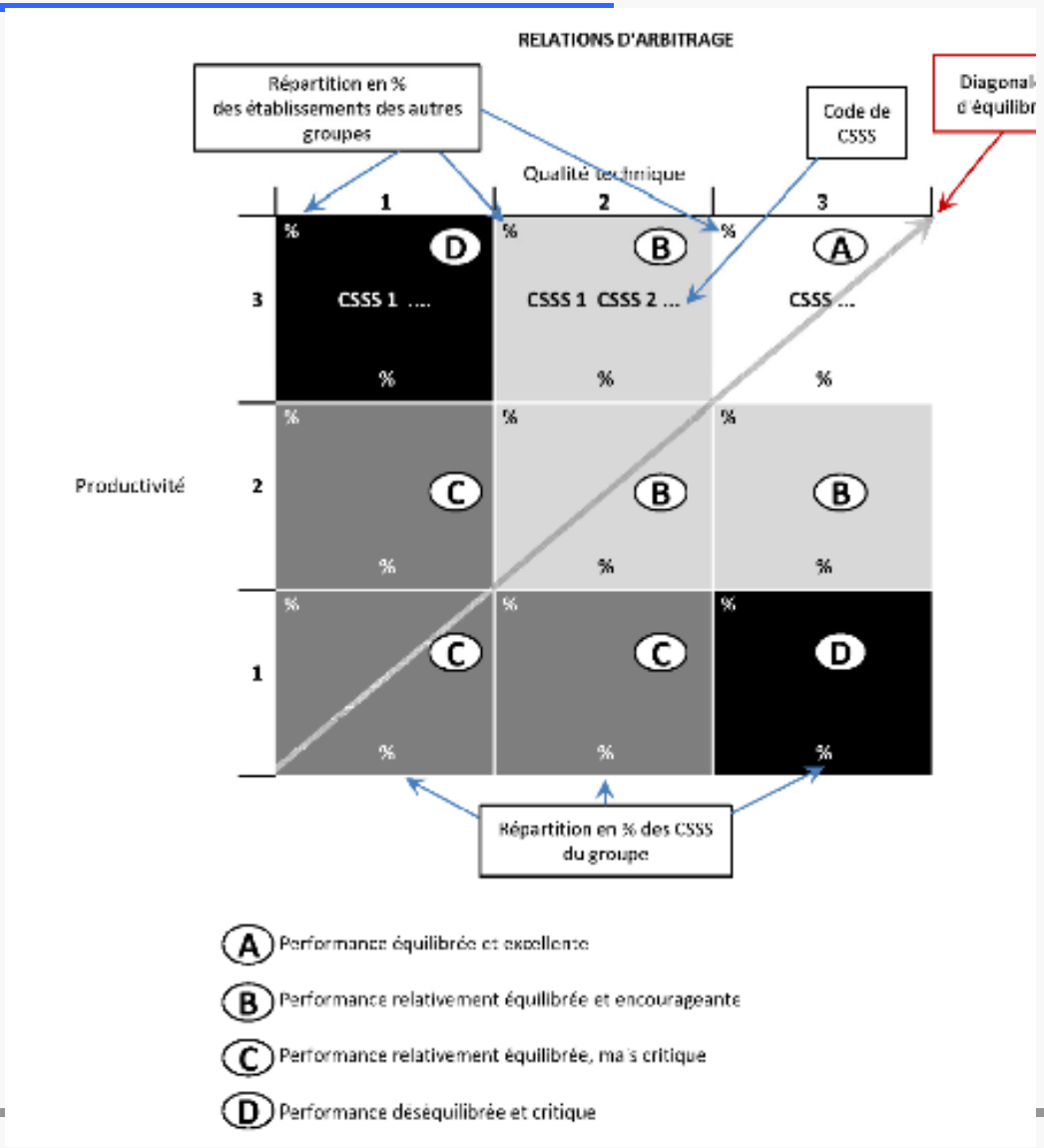
Allocative alignment



Causality relations among dimensions
Operational alignment

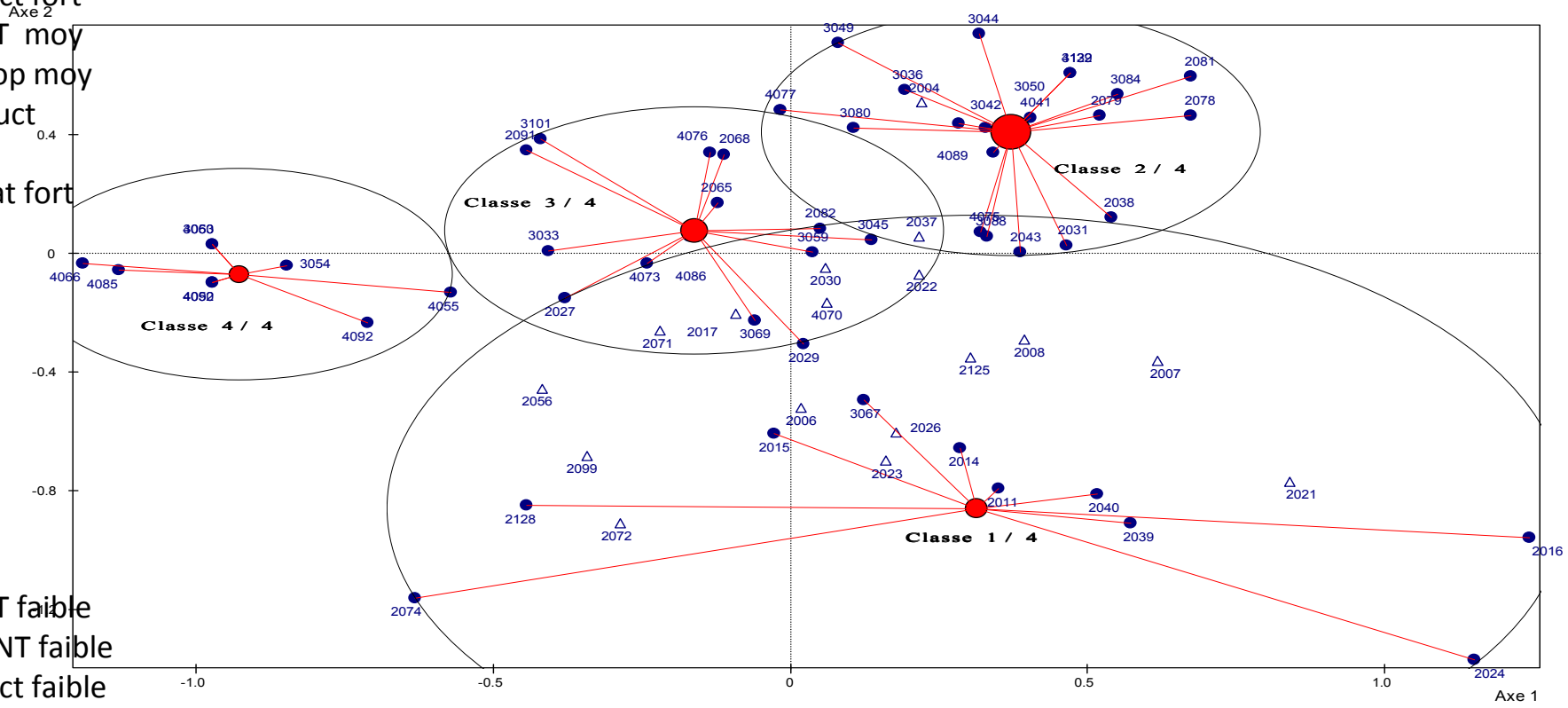


Arbitration relation among sub-dimensions



3. Helping structuring understanding
3.3 Configurational analysis of performance

Attract fort
Qua T moy
Eff Pop moy
Product fort
Climat fort



Qua T faible
Qua NT faible
Attract faible
Product faible
Climat faible

Ress faible
Utili faible
HSMR faible

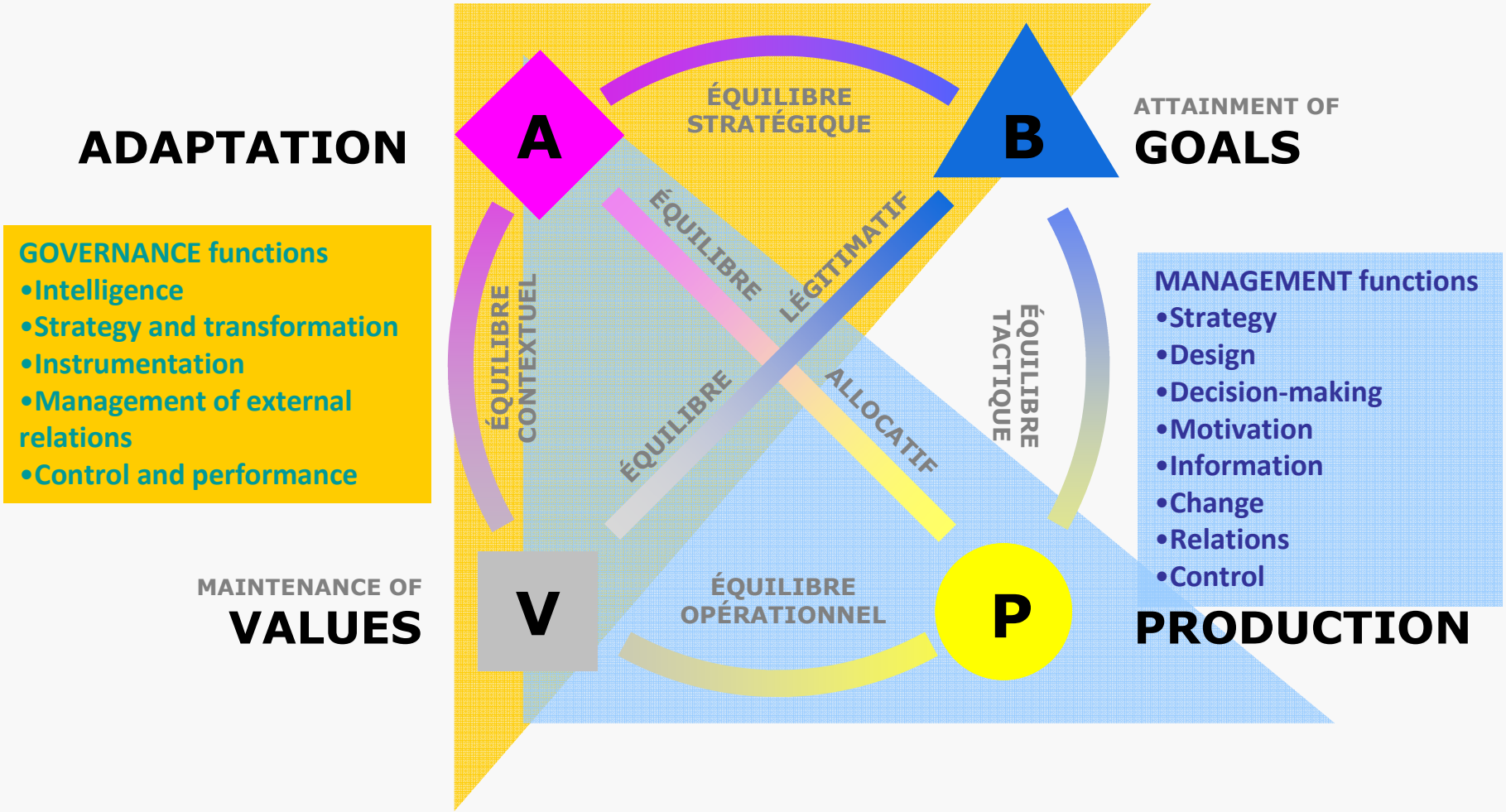
Ress Fort
Utilis Fort
Qua NT fort
HSMR fort

What can the general theory of social action and EGIPSS contribute?
4. Helping transfer of assessment to action

Parsons can strengthen the action orientation of performance assessment **: the system has to get things done to attain valued goals. It get things done through the exercise of power (the generalized capacity to obtain that units of a organized system fulfill their obligations when these are legitimized by their contribution to collective goals).**

Power can be exerciced in a context of governance or of management. Performance concerns of governance and management are distinct but interrelated. ***Performance dimensions can be translated into governance and management issues***

Functions, alignments and the practice of governance and management

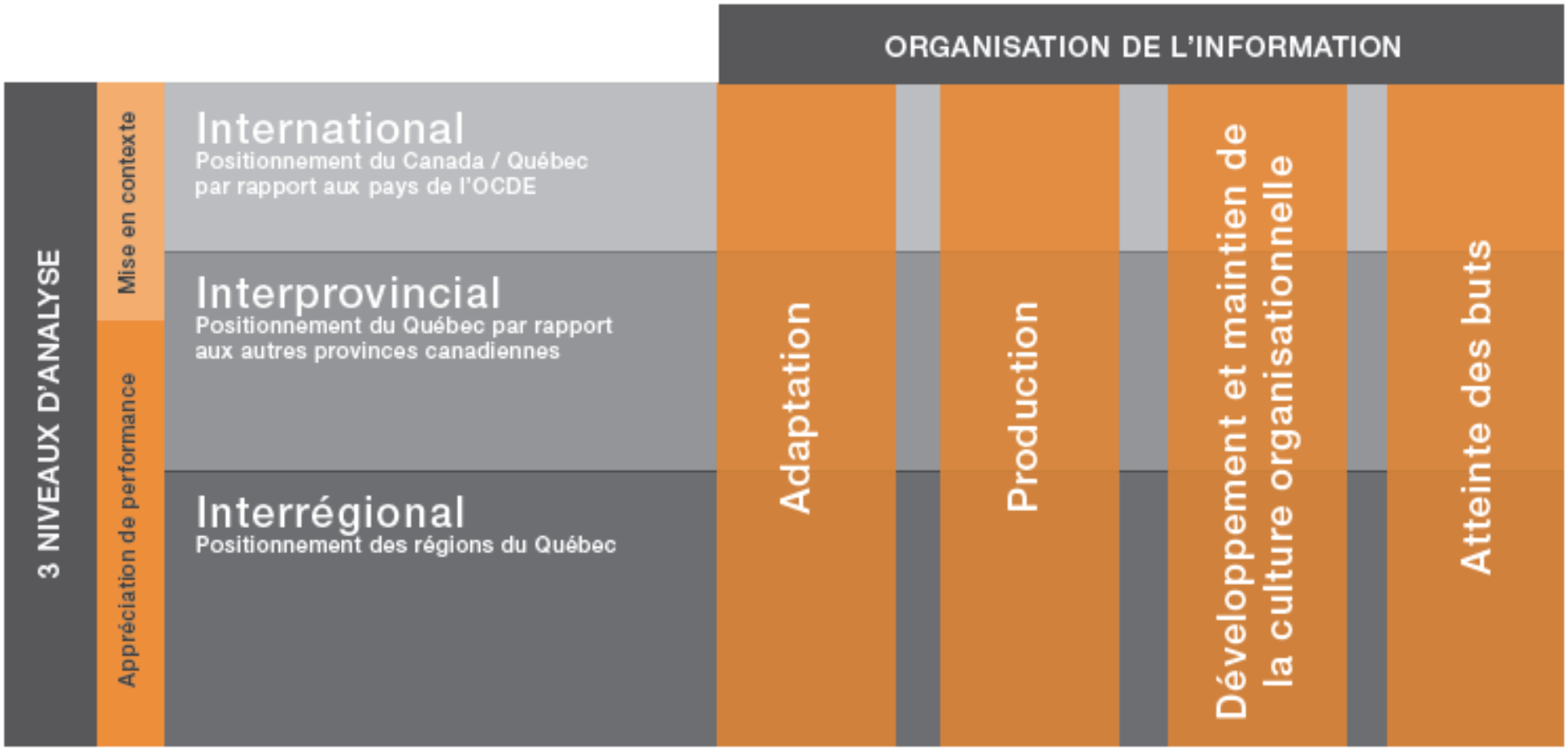


The objective of the Commissaire

> Inform the public debate and government decision-making as it relates to health and social services

> http://www.csbe.gouv.qc.ca/

L'appréciation globale et intégrée de la performance



Apporter des données comparatives

TABLEAU INTERPROVINCIAL 1 : ADAPTATION

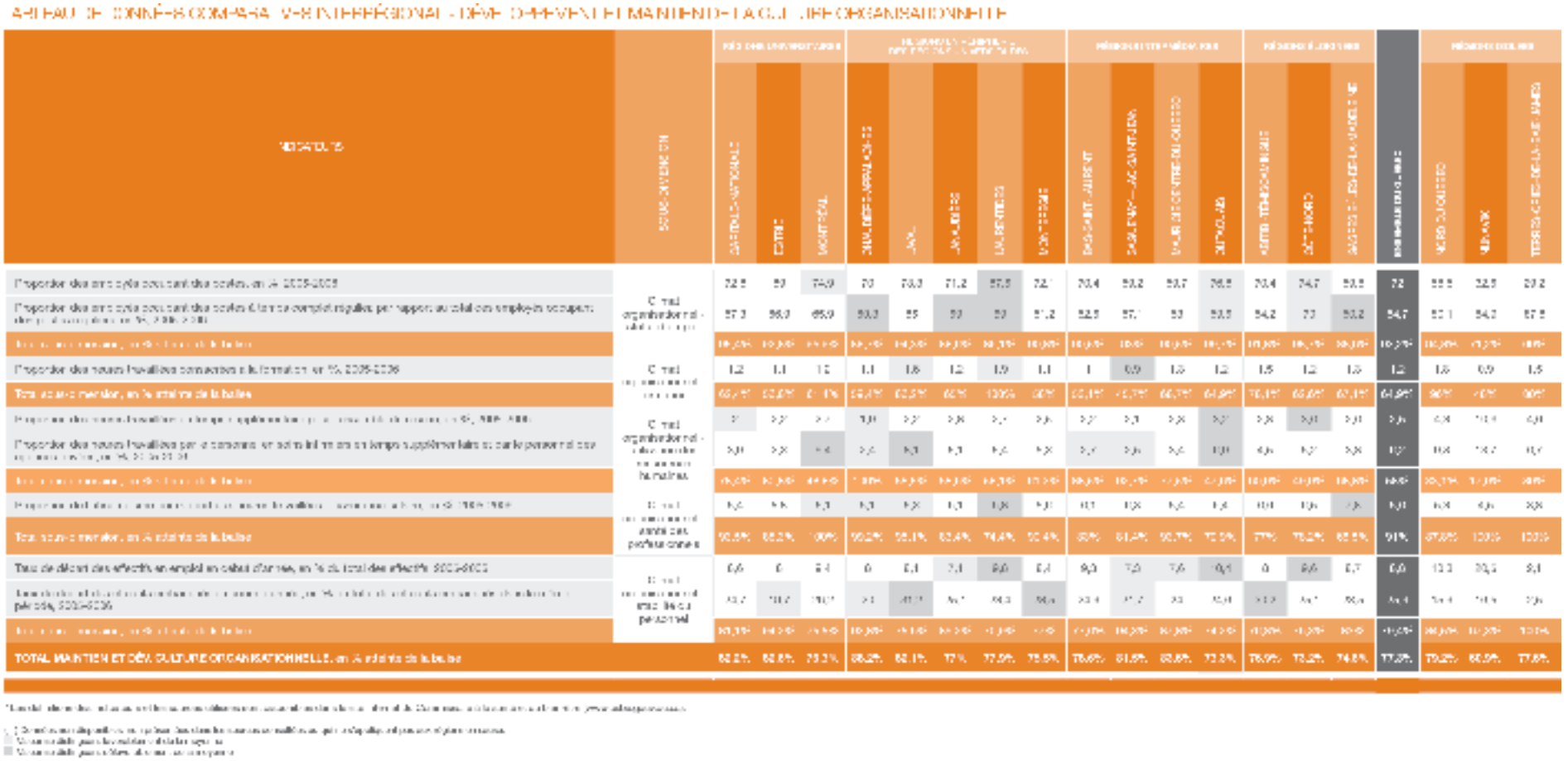
INDICATEURS*	SOUS-DIMENSION	QUÉBEC	RANG**	ÉTENDUE		BALISE***	% D'ATTEINTE DE LA BALISE
				MIN	MAX		
Total des dépenses de santé par habitant, en SCAN, 2007	Acquisition de ressources financières	4371	10 sur 10	4371	5390	5390	81,1%
Dépenses publiques de santé par habitant, en SCAN, 2007		3135	10 sur 10	3135	4031	4031	77,8%
Total des dépenses de santé, en % du produit intérieur brut (PIB), 2007		11	5 sur 10	7,3	14,4	14,4	76,2%
Dépenses publiques générales de santé, en % du total des dépenses de santé, 2007		72	-	67,2	77,8	-	-
Taux de médecins omnipraticiens, pour 1000 habitants, 2006	Acquisition de ressources humaines	1,09	2 sur 10	0,84	1,2	1,2	90,8%
Taux de médecins spécialistes, pour 1000 habitants, 2006		1,06	1 sur 10	0,58	1,06	1,06	100%
Taux d'infirmières, pour 1000 habitants, 2006		8,3	7 sur 10	6,7	10,8	10,8	76,9%
Taux d'appareils en imagerie par résonance magnétique (IRM), pour 1 000 000 habitants, 2007	Innovations technologiques	5,2	6 sur 10	0,3	194,8	10,7	48,9%

* Les définitions des indicateurs et les sources utilisées sont disponibles dans le site Internet du Commissaire à la santé et au bien-être (www.cabe.gouv.qc.ca).

** Le nombre de provinces incluses varie uniquement en fonction de la disponibilité des données.

*** Le taux choisi pour le tableau correspond au résultat obtenu par la meilleure province sauf pour le taux d'appareils en imagerie par résonance magnétique (IRM) où il s'agit du 3e meilleur résultat.

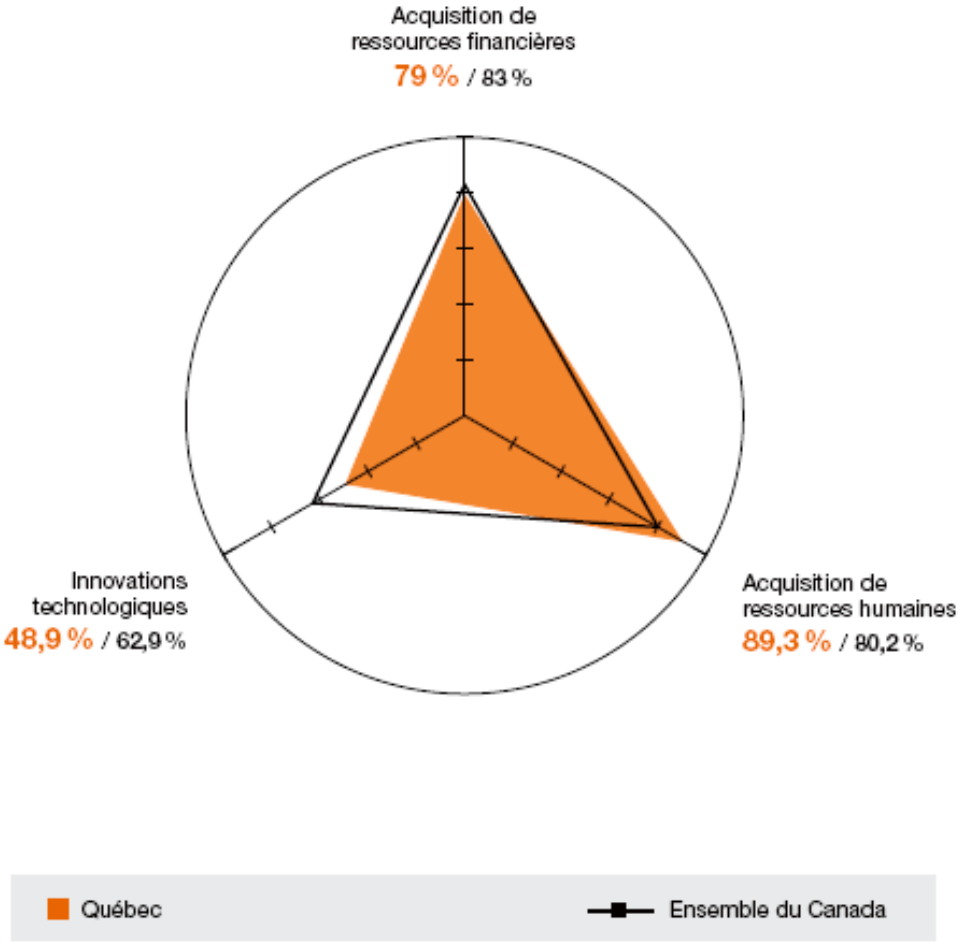
Apporter des données comparatives régionales



L'analyse des indicateurs

Figure 4

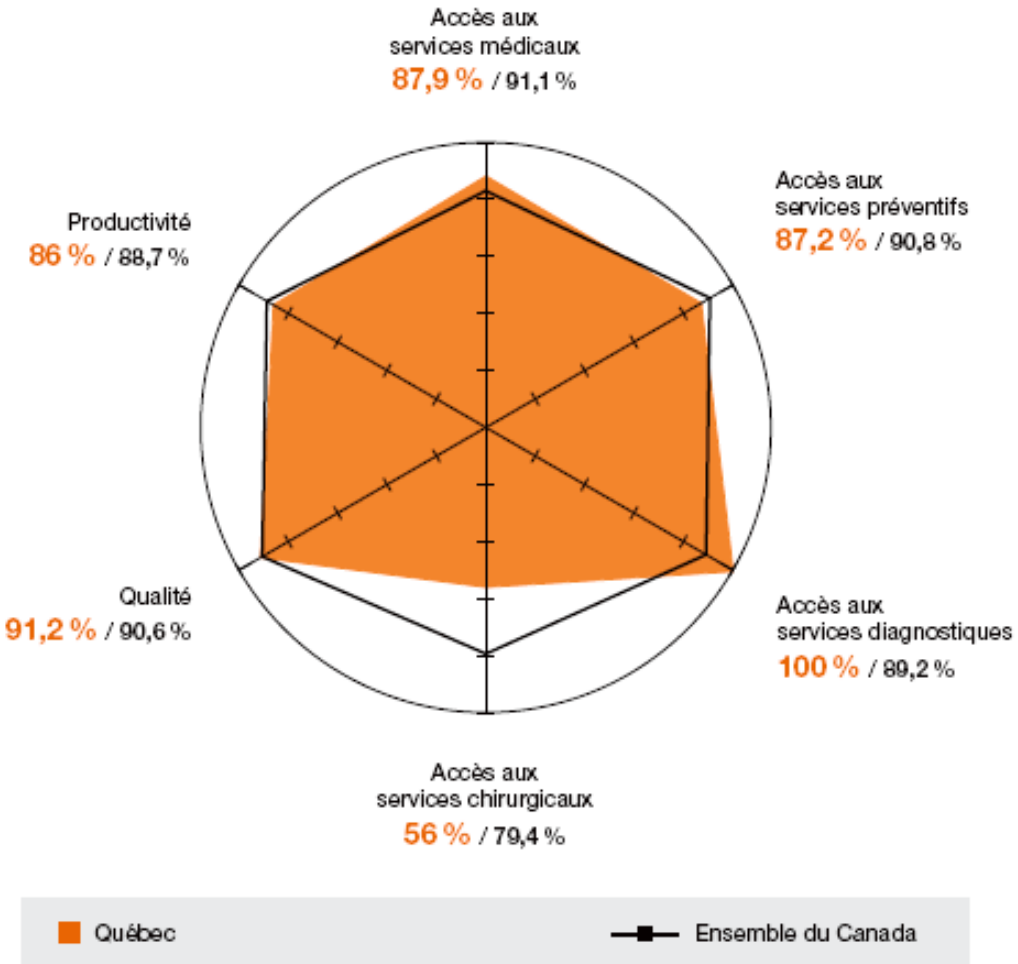
Degrés d'atteinte de la balise au Québec pour la fonction d'adaptation



L'analyse des indicateurs

Figure 6

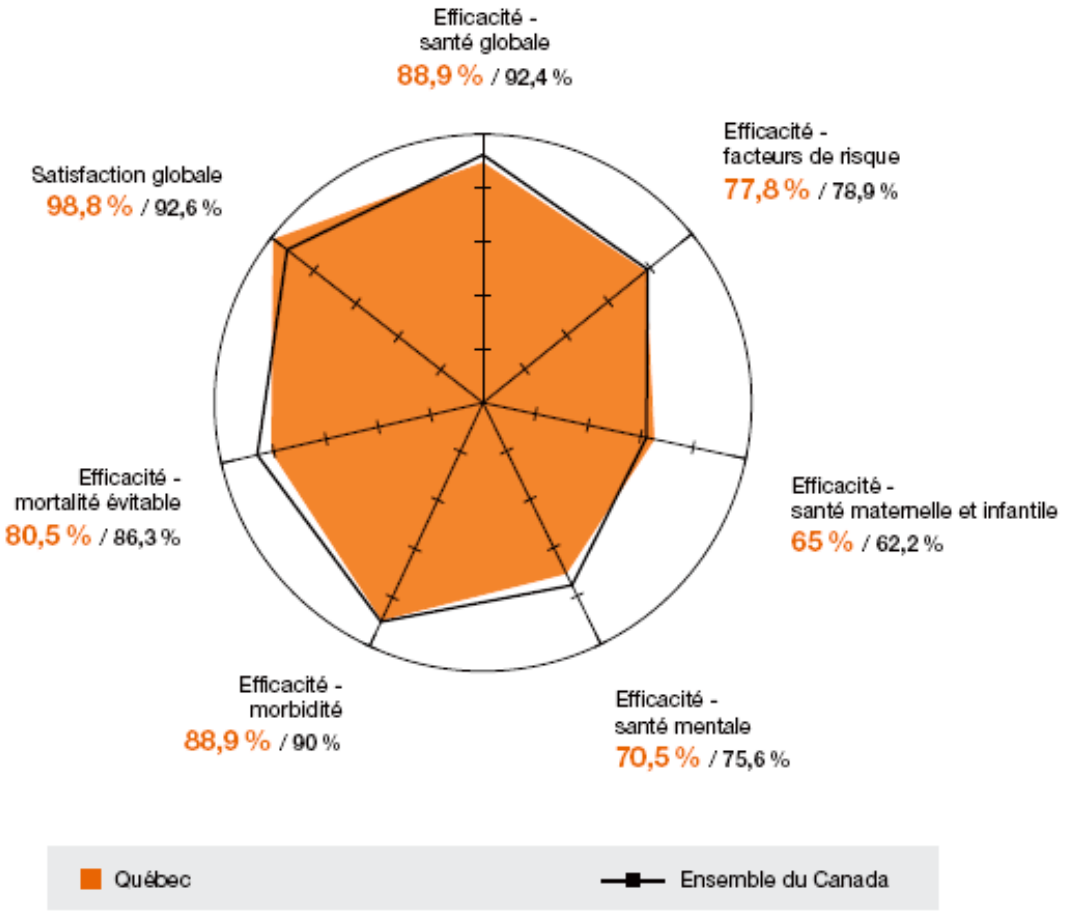
Degrés d'atteinte de la balise au Québec pour la fonction de production



L'analyse des indicateurs

Figure 9

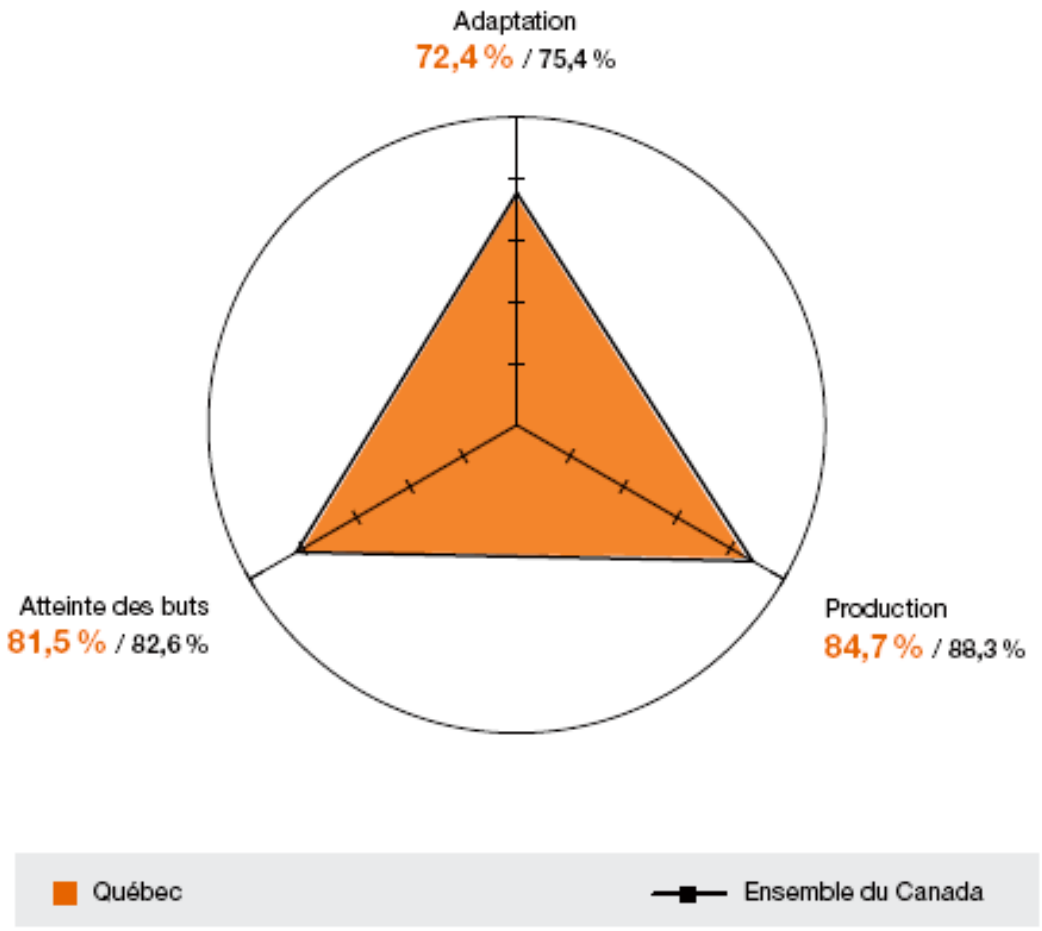
Degrés d'atteinte de la balise au Québec pour la fonction d'atteinte des buts



L'analyse des indicateurs

Figure 10

Degrés d'atteinte de la balise au Québec : synthèse des fonctions

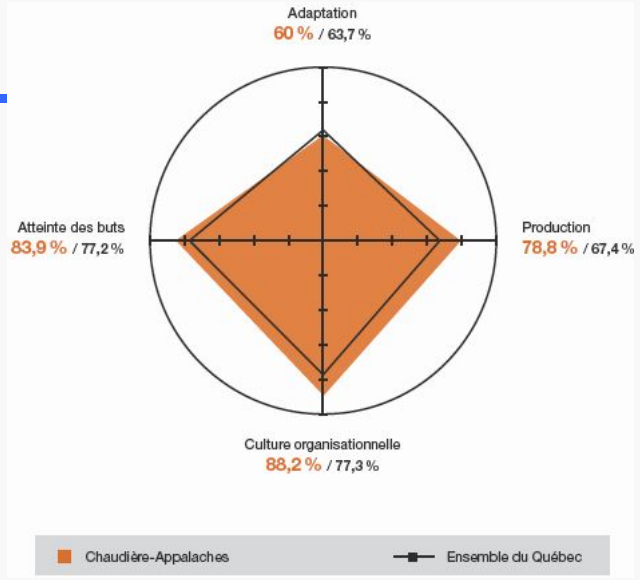


le modèle
EGIPSS

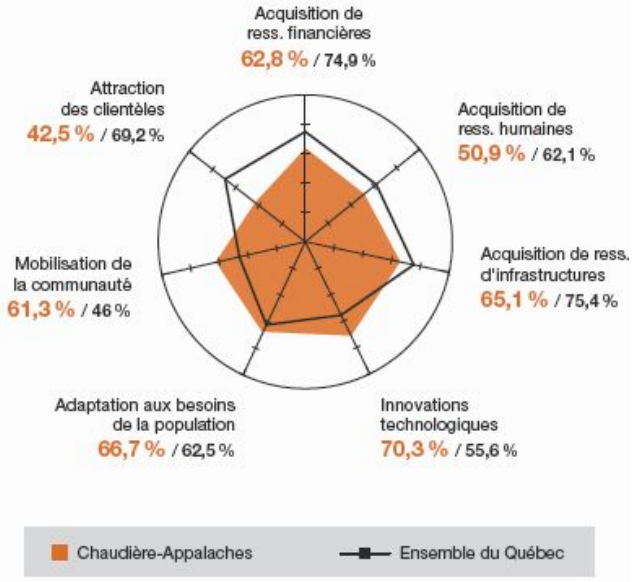
RÉGION EN PÉRIPHÉRIE
DES RÉGIONS UNIVERSITAIRES

CHAUDIÈRE-APPALACHES
RÉGION 12

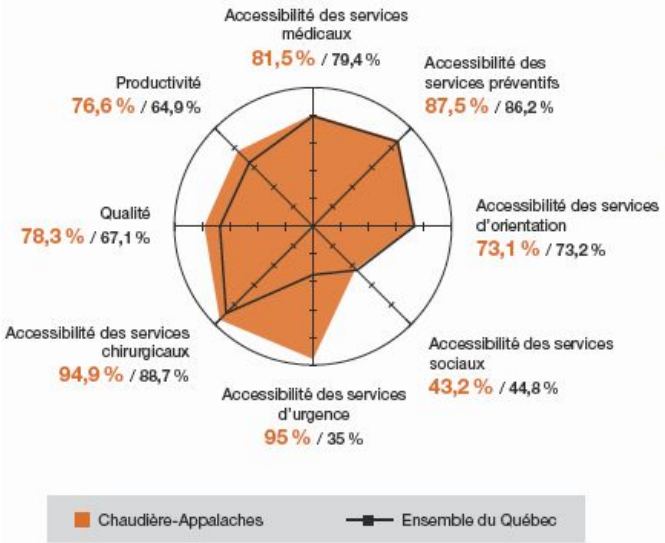
APERÇU GLOBAL



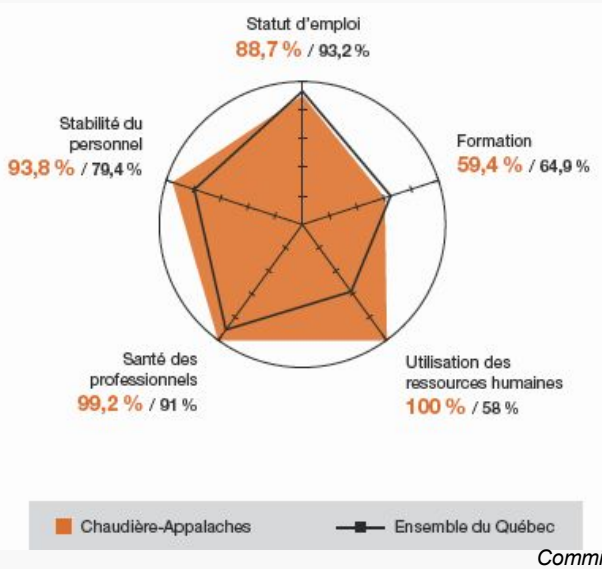
ADAPTATION



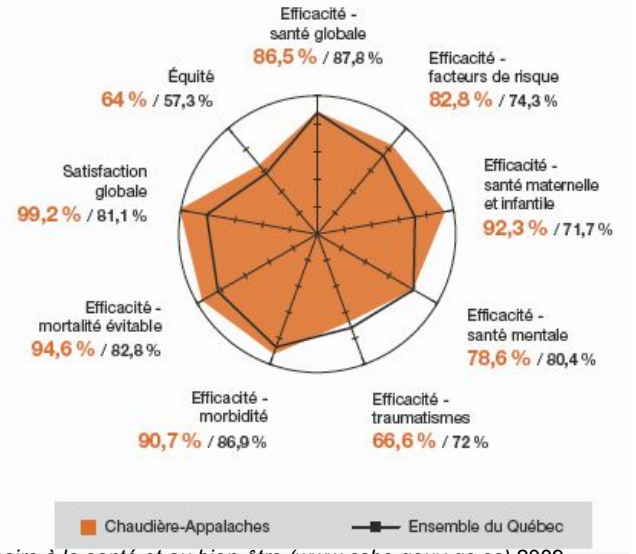
PRODUCTION



DÉVELOPPEMENT ET MAINTIEN DE LA CULTURE ORGANISATIONNELLE



ATTEINTE DES BUTS

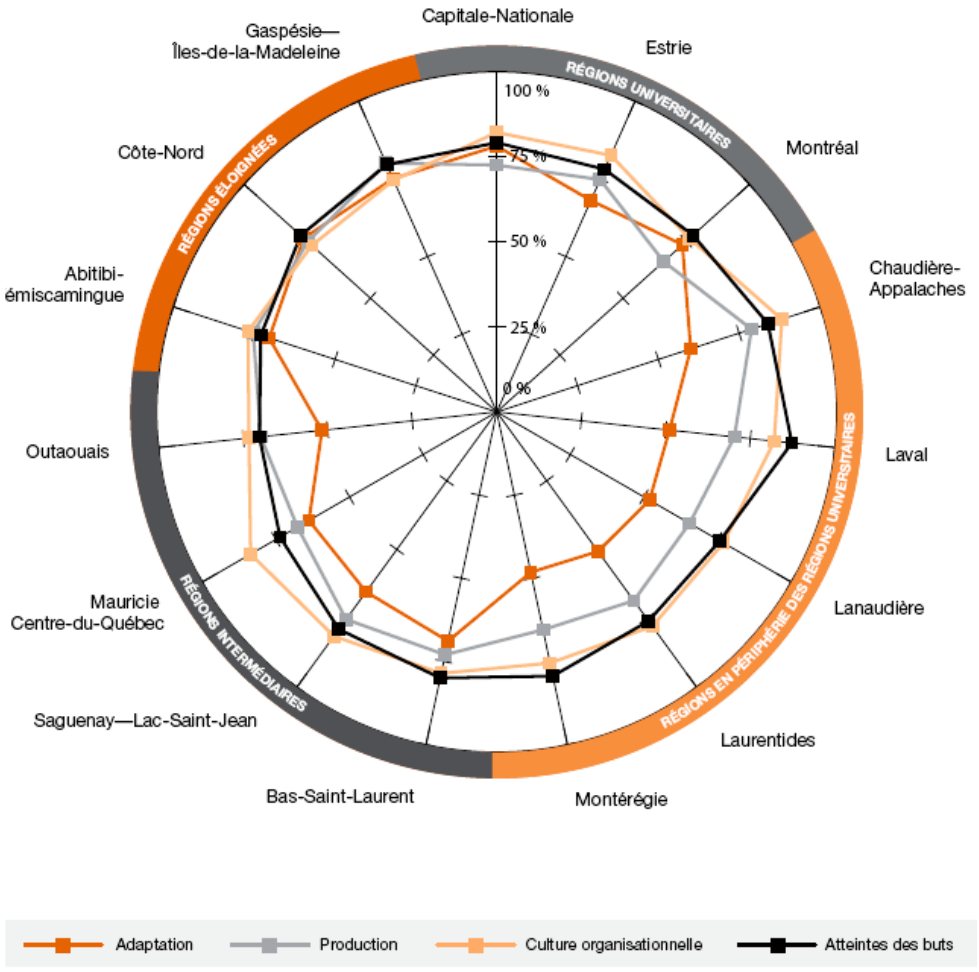


Commissaire à la santé et au bien-être (www.csbe.gouv.qc.ca) 2009

L’analyse des indicateurs

Figure 12

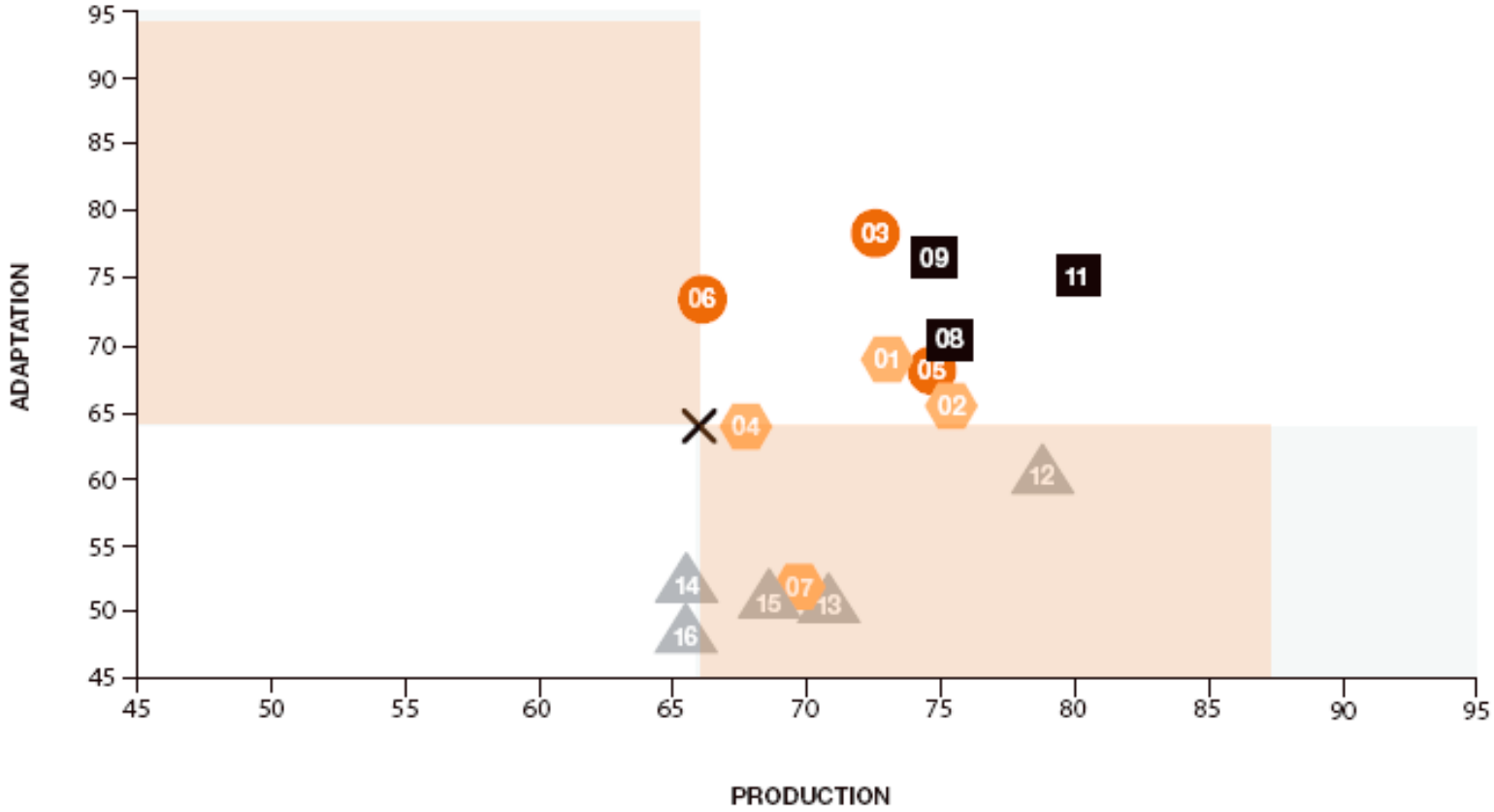
Degrés d’atteinte des balises pour les quatre fonctions dans les régions du Québec, en %



L’analyse des indicateurs

Figure 13

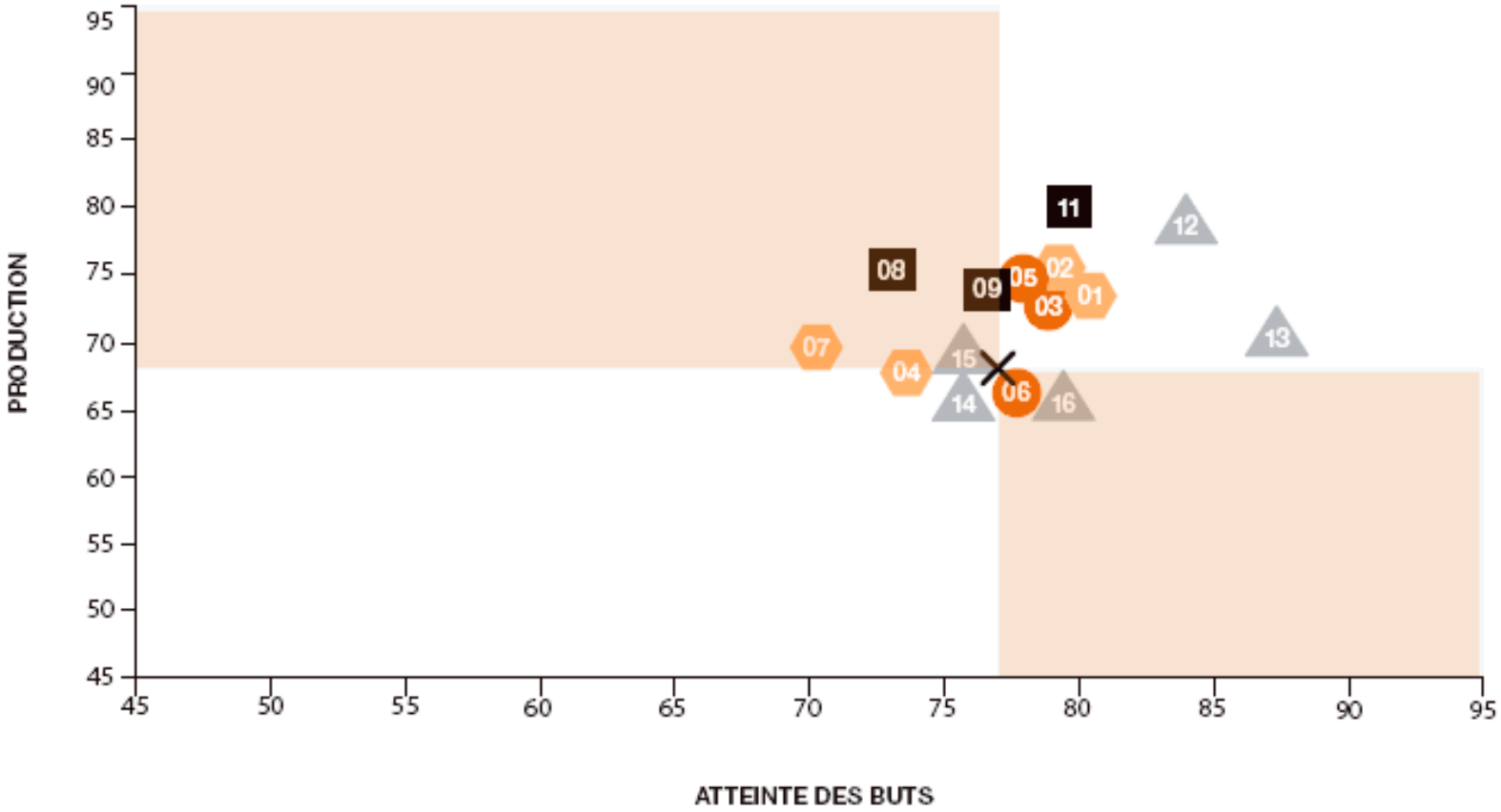
Répartition des performances régionales : mise en relation des fonctions d’adaptation et de production, en %



L’analyse des indicateurs

Figure 14

Répartition des performances régionales : mise en relation des fonctions de production et d’atteinte des buts, en %



Is complexity of the model warranted?

- EGIPSS still in its infancy (version 3 governance and management, version 1 public)
- On-going development and research work:
  - Set of indicators particulary in social services, mental health, long term care sector
  - Construction of evaluative judgment based on simultaneous consideration of a variety of comparators including international
  - Analysis of interelations and alignments (CIHR)
  - Determinants of use (CIHR)
- Promising, robust framework widely applicable

Is complexity of the model warranted?

- Initial reactions (« too complex ») are rapidly overcome through training
- Users like
  - integration of perspectives
  - explanatory power
  - explicitation of trade-offs
  - international comparisons
- Incomprehensibly, the value of performance assessment is not internalized in Quebec Health Care Organizations. EGIPSS spreading through bottow-up adoption but very sensitive to network turbulence