Chapter XII

Tightrope Walking: Standardization Meets Local Work-Practice in a Hospital

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ABSTRACT

Traditionally, uniform and standardized IT-solutions in health care are considered mechanisms for increased control, efficiency and quality. Unfortunately, in spite of existing studies of the actual experiences of standardization, such as how they come into being, and how they are intertwined with local practice, unreasonable belief in standardization seems to prevail. Acknowledging the origin of standardization and its local character, however, does not mean that standardization is futile or should be avoided. It rather means that standardization efforts should balance the management level’s need for increased coordination and control, and the local level’s need for flexibility. The aim of this chapter is to strike this balance as it elaborates the implications and the “costs” for local practice in order to make a standard work. Empirically, the chapter draws on a standardization effort of discharge letter production in the University Hospital of Northern Norway.
INTRODUCTION

As information systems increasingly are employed in hospitals and primary care, they are dependent on standardization. From a technical point of view, standardization enables integration of information systems based on various infrastructures, developed with different tools and running at different locations. Related to use of the information systems (the social aspect), standardization serves as a means for collaboration, shared meaning and far-reaching coordination among different health care professionals.

Standardization efforts are, however, often promoted in a top-down and uniform manner with weak local influence. This is unfortunate as standards are not merely a technical or neutral device ready to be put into use. Rather they are socially constructed, achieved as results of negotiation processes (Bowker & Star, 1999; Lachmund, 1999; Rolland & Monteiro, 2002; Hanseth & Monteiro, 1997). Failing to acknowledge how standardization comes into being often results in lack of adoption, resistance in use or only temporary validity (Bowker & Star, 1999, p. 293). As a standard is intertwined with local practice, it both shapes local practice and is being shaped by it. Consequently work is required to reach agreement about a standard and, subsequently, maintenance-work is required to keep it “alive.”

Acknowledging the local and partly unpredictable character of standardization does not mean that standardization is futile. It rather means that standardization efforts must be targeted to a level that is acceptable for those involved. In this chapter, I define this to be striking the balance between the management level’s need for increased coordination and control, and the local level’s need for flexibility. I underscore that this balance is not just out there, ready to be revealed by scientists. Rather I choose to construct it as a way to emphasize the different interests and the negotiations around the two different perspectives outlined above. More specifically, the chapter will elaborate on the costs in a standardization effort, not as an argument for discarding standardization, but as an argument in the process of defining a balanced solution between the management and the different local contexts. This chapter argues that the costs involve both additional work for some actors, restructuring of work and implications for quality. I also elaborate the implications for the management of standardization efforts.

Empirically, the case draws on the work of physicians at the University Hospital of Northern Norway, with special focus on the production of discharge letters. The discharge letters are summaries of patients’ stays and play several roles. Firstly, they inform general practitioners and local hospitals what has happened during the stay, current status and prognosis. Secondly, they distribute responsibilities for follow-ups between the hospital and the general practitioner. And thirdly, the hospital physicians themselves frequently use these letters.