Index

Abele, John 131
accountability of project sponsors 28–9
administrative culture, categorization of 54
administrative innovation 8
administrative systems in the health sector 75
ageing of the population 67
Agence Régionale Hospitalière (ARH), Nord-Pas-de-Calais 158
ambulatory surgery 89, 90, 92, 93, 102–13, 103–7
Anatole-Touzet, V. 79
annuality 27
Arbuz, G. 79
Argacha, J.P. 153
Autonomie Gérontologique Groupes Iso-Ressources (AGGIR) model 151
Barcet, A. 157
Barras, R. 94
Barreau, J. 81
Batagelj, V. 125
Baudelaire scheme 152–3
benchmarking, in-project benefits of 33–4
benefits of information gathering 37
common language 35
complexity and breadth of measurement systems 37
contractual influences 36–7
research into 34
risk management 35–6
Beresniak, A. 72
Bertrand, E. 148
Borins, S. 218
bottlenecks 113
bottom-up innovation 14, 217
Bouckaert, G. 50–51
Broussais hospital, Paris 151–2
Bush, Vannevar 7
business services 56–7, 57
Campbell, E.G. 120
case studies from Gestions Hospitalières 80–82
CASPAR 155
Centre Hospitalier du Blanc 147–8
change, resistance to 98–9, 108
Chauvin, P. 152
clinical practice, feedback from 133
Colombo, A. 127
combinatory principle 145, 154–8
common language in benchmarking 35
competences, health sector as set of 70–74
conceptual innovation 9–10
construction industry 24, 29–30
consumerization 240–41
implications of 15–17
and patient-centred education 165
contractual influences in benchmarking 36–7
coronary angioplasty development of 124–5
diffusion of the technique 130–32
evaluation of 131–2
evolution of knowledge 125–30, 126, 128
longitudinal network analysis 125–30, 126, 128
previous treatment options 123–4
restenosis 127
stenting 127
success and impact of 122–3
Cowley, M.J. 126
creativity processes in hospitals 150–51
Cutler, D.M. 86, 94, 111
De Kervasdoué, J. 80
Debroise, D. 79
Index

decentralization of delegation authority 53–4
decreasing returns to medical innovations 72–3
Delaeter, B. 68
degression authority, decentralization of 53–4
delivery of services, innovation in 8
diabetes in the UK 163
see also Salford diabetes education programme
diffusion ambulatory surgery 102–6, 103, 104 of digital radiology 99–102 of medical innovation 71–2 of services innovation 94–7
digital radiology 89, 90, 92, 99–102, 106–13
Djellal, F. 112
drivers of innovation 11
Duru, G. 72
e-Government 55
Earl, L. 6
Eaubonne-Montmorency hospital 155
economic stability and growth 41, 46–50, 48, 49
economics, modern, and the public sector 42–3
education, patient-centred 163–6 see also Salford diabetes education programme
elderly people and health care provision 67 home-based services for in Oslo 189–94 national action plan for in Norway 187–8
employment and ICT in the health sector 76–7 in the public sector 44, 45 empowerment of patients 164–5 end-user concerns 27–8
entrepreneurs La Princesa Hospital 106–7 motivation of in the public sector 202–4 political 236 political and service, conflict between 14
in the public sector 4, 12–13, 170, 184, 235–8 service 236–7 in Slovakia 217–19 expenditure in the health sector 73 in the public sector 44, 44–6 extensive organizing principle 143, 146 external relations, innovations in 81–2
facilitators of innovation 11–12 fatalism 32
finances of the public sector 55
Foreign Patients Unit, Broussais hospital 151–2
framework for analysing innovation in hospitals combinatorial principle 145, 154–8 extensive organizing principle 143, 146 intensive organizing principle 144–5, 147–53 regressive organizing principle 144, 146–7
Frija, G. 72
Fuchs, V. 78
Gadrey, J. 68
Gallouj, F. 112–13
Gelijns, A.C. 121
Goffee, R. 24
Grady, O.D. 218
Gruentzig, Andreas 124–5, 130–32
hand surgery in Lille 158
Harberger, A.C. 86
health sector administrative systems 75 ageing of the population 67 categorization of innovation 79–82 competitiveness as innovation driver 66–7 consortia 157–8 costs and innovation 96 employment and skills and ICTs 76–7 expenditure 73 feedback from clinical practice 133 home-based treatment 157 ICT introduction as innovation 74–8
identifying and meeting needs 97–8
innovation in 118–19
interdependence between services and manufacturing 133
and management tools 68–9
and medical consumerism 67
medical innovation 70–74
medical technologies 70–71, 75–6
motivation for innovation 99
networks 156
organizational innovation 80–81
as production function 69–70
productivity and ICTs 78
public/private institutions 96–7, 157–8
quality in 73–4
resistance to change 98–9
resource constraints as innovation drivers 65–6
services innovation 92–7
as set of competences 70–74
social welfare role 67
systems approach 78–82
typologies of innovation 79–80
see also La Princesa Hospital, Madrid
HelpMate 155–6
Hofstede, G. 54
Holt, R. 24
home-based treatment 157
Hood, C. 21, 32
Hooghe, L. 54
hospitals
funcional breakdown of output 140, 141, 142–3
new type or concepts of 156
see also framework for analysing innovation in hospitals
Huckman, R.S. 94
human resource management, changes in 55
Huntington, S. 51
Huteau, M. 150
hybrid medical technologies 75–6
hysterese 78
in-project benchmarking, see benchmarking, in-project
incentive structures 11–12
information and communication technology (ICT)
administrative systems 75
employment and skills in the health sector 76–7
introduction of seen as innovation 74–5
medical technologies 75–6
pervasive nature of 154–5
and productivity in the health sector 78
and service innovation in the health sector 94
information processing, innovation in 148–9
information stations for patients 153–4
innovation in the public sector 5–8
adding/removing services 146–7
categorisation of in the health sector 79–82
contribution to productivity 3
drivers of 11
facilitators of 11–12
factors influencing 11–17
forms of 233–5
and New Public Management (NPM) 15
in the NHS 166–8, 168
policy implications of research 241–2
reappraisal of 184–5
and reform 59, 59–60
research into 9
sources of 202–4
taxonomy of 8–11
intensive organizing principle 144–5, 147–53
interdepartmental pulls 30–31
interventional cardiology
development of 124–5
diffusion of the technique 130–32
evaluation of 131–2
evolution of knowledge 125–30, 126, 128
growth of 122–3
longitudinal network analysis 125–30, 126, 128
pooling of public/private services 158
previous treatment options 123–4
restenosis 127
stenting 127
Jeanne de Flandre hospital, Lille 156
jobs and ICT in the health sector 76–7
Jones, FF. 237–8
Jones, G. 24

Kahn, R. 31
knowledge-based society 55
knowledge transfer 219

La Princesa Hospital, Madrid
ambulatory surgery 89, 90, 92, 93,
102–6, 103–7
bottlenecks 113
consumption of materials 91
diffusion of ambulatory surgery
102–6, 103, 104
diffusion of digital radiology 99–102
digital radiology 89, 90, 92, 99–102
entrepreneurial leadership in 106–7
increase in total costs 111–12
motivation for change 108
quality changes 104–6, 105, 106,
107, 110–11
resistance to change 108
reverse product cycle thesis 109,
111
savings from innovation 100–101,
103–4, 110
support of medical staff 109
see also health sector
Labrouve, H. 155
Lamarque, D. 80
Lannion-Trestel general hospital 148
Leadbeater, C. 237
leadership 24–5
see also entrepreneurs
Lebas, J. 152
L’Horty, Y. 73
life cycle of medical innovation 72
Litchenberg, F. 96
logistics, innovation in 147–9
longitudinal network analysis 125–30,
126, 128
Loriol, M. 66–7, 152
Loughlin, J. 54

Majnoni d’Intignano, B. 71
management tools in the health sector
68–9
managerial innovation 81
Managerial Public Administration
(MPA) 51, 53, 60
material transformation, innovation in
147–8
McClellan, M. 94, 96, 111
measurement systems in benchmarking
37
mediated learning 172
medical consumerism 67
medical devices, regulation of 131–2
medical innovation 70–74, 120–22
medical sector, interdependence
between services and
manufacturing 133
medical technologies 70–71, 75–6,
154–5
methodologies, innovation in 149–51
microelectronics in hospitals 154–5
minimalist state 9–10, 11, 15
MinuteClinic concept 146–7
Molina, A.H. 209–10
monetary savings 103–4
Morris, M.H. 237–8
motivation
of entrepreneurs 202–4
for innovation 99, 108

national health service (NHS) 166–8, 168
see also health sector
National Institute for Clinical
Excellence (NICE) 164, 167–8
National Service Framework (NSF)
164, 167–8
needs, identifying and meeting 97–8
Nègre, M. 72
neo-Taylorism 23
networks 156, 219–21, 237
New Public Management (NPM) 8–9,
60
background to 21–3
and innovation 15
problems with 31–3
project sponsors 23–5
see also project sponsors
Newhouse, J.P. 73
Niskanen, W.A. 23
non-governmental organizations
(NGOs)
as innovative environments 205,
239–40
<table>
<thead>
<tr>
<th>Role in Slovakia social services</th>
<th>Professional development and innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>219–21</td>
<td>218</td>
</tr>
<tr>
<td>Role of in welfare and care in Oslo</td>
<td>Professions, changes in the health sector</td>
</tr>
<tr>
<td>188–9</td>
<td>74</td>
</tr>
<tr>
<td>Nord-Pas-de-Calais region</td>
<td>Programme de Médicalisation de Système d'Information (PMSI)</td>
</tr>
<tr>
<td>157–8</td>
<td>68–9</td>
</tr>
<tr>
<td>Norway</td>
<td>Project sponsors</td>
</tr>
<tr>
<td>Home-based services for the elderly</td>
<td>Accountability constraints</td>
</tr>
<tr>
<td>189–94</td>
<td>28–9</td>
</tr>
<tr>
<td>National action plan for the elderly</td>
<td>Benefits to of in-project</td>
</tr>
<tr>
<td>187–8</td>
<td>33–4</td>
</tr>
<tr>
<td>Role of NGOs in welfare and care</td>
<td>End-user and third party concerns</td>
</tr>
<tr>
<td>188–9</td>
<td>27–8</td>
</tr>
</tbody>
</table>

O’Connor, J. 51
Organizational innovation 8, 80–81
Oslo
Home-based services for the elderly 189–94
Role of NGOs in welfare and care 188–9

Page, E. 54
Paraponaris, A. 71, 72
Patient-centred education 163–6
See also Salford diabetes education programme
Patient empowerment 164–5
Pau hospital 153–4
Personnel policy, changes in 55
Phelps, C. 69
Pierre-le-Damany hospital 149
Planchon, G. 147
Policy implications of research 241–2
Policy innovation 10
Policy learning 167–8, 168
Political entrepreneurs 236
Political environment, impact on project sponsors 26–7
Politicians 13, 14
Pollitt, C. 50–51
Population, ageing of 67
Primary Care Trusts (PCTs) 166–7
Private sector, interaction with public sector 6–7, 10, 29–30, 96–7, 133, 157–8, 239
Production function, health sector as 69–70
Productivity
Innovation and growth of 96

Quality in healthcare 73–4
Adoption of standards in Slovakia 215–16
Introduction of ambulatory surgery 104–6, 105, 106, 107
Introduction of digital radiology 101–2
La Princesa Hospital 110, 110–11
reform
administrative culture and systems 54–5
and business services 56–7, 57
finance 55
and innovation 59, 59–60
Managerial Public Administration (MPA) 51, 53
pressures for 50
recent 52
social services in Slovakia after 1990 209–12, 213–14
types of 50–51
regressive organising principle 144, 146–7
regulation of medical devices 131–2
relational innovation 81, 153–4
resistance to change 98–9, 108
restenosis 127
reverse product cycle hypothesis 94, 109, 111
Richardson, E. 111
risk management in benchmarking 35–6
robotics in hospitals 155–6
Roisin, P. 166
Rowe, D. 24

Sachot, E. 75
Saint-Antoine hospital, Paris 152–3
Salford diabetes education programme
appropriate delivery modes 174–5
attendance rates 177, 179–81, 180
critical events 169–70
delivery sessions 175–6
design questions 171–2
education pack 173–4, 176, 176
evaluation of 178–82, 180, 182, 183
impact on diabetes control 181–2, 182, 183
implications of organization costs 178
initial scoping exercise 172
innovation champions 170, 184
mediated learning 172
objectives 170–71
as pure public sector innovation 184
retention rates 180–81
scope of innovation process 184
users diverse needs 176–7
see also patient-centred education
Schrayer, S. 70
Schumpeter, J.A. 12, 13
Scott, C. 21
service delivery innovation 8
service entrepreneurs 236
service innovation 8, 81, 92–7, 151–3
Silver, H. 77
Simpson, John 132
skills and ICT in the health sector 76–7
Slovakia
bottom up/top down innovation 217
knowledge transfer 219
networking 219–21
professional development and innovation 218
role of entrepreneurs 217–19
role of NGOs in social services 219–21
social service reform after 1990 209–12, 213–14
as a transition country 212, 214–16
social innovation 81
social services reform in Slovakia after 1990 209–12, 213–14
socially excluded persons, clinics for 152–3
Solow’s paradox 78
Souffir, W. 79
Spain
public/private health institutions 96–7
see also La Princesa Hospital, Madrid
Stanback, T. 75, 77
Stason, W. 74
Steadman, Jackie 170
stenting 127
Stevenson, H.H. 237
Stone, D. 214–15
Storper, C. 155
systemic innovation 10–11
tax 44, 45, 47
taxonomy of public sector innovation 8–11
Teboul, J. 147
Technological Change in Health Care (report) 97
technologies, medical 70–71
technology transfer processes 120–21
telemedicine 76
teleworking 149
third party concerns 27–8
Thomas, L. 70
top-down innovation 13–14, 217
transition countries 212, 214–16
typologies of innovation 79–80

Ulmann, P. 71
Valenduc, G. 77
Vendramin, P. 77

vulnerable persons units 152–3

Weber, Max 14
Weinstein, M. 74, 112–13
Weisbrod, B. 72, 73
well-being, impact of medical innovation on 74
Williams, A. 74
work, changes in the health sector 74
Young, Robert 169