

Abstract of the Dissertation

Interorganizational Regulation: Theory and Evidence Characterizing Public Agency Influence on Quality Assessment -- The Medical Imaging Experience

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This exploratory study evaluated the responses New Jersey hospitals made to new regulation. Using a conceptual framework based on the external control environment hospitals operate within, this study examined the evolution of medical imaging quality assurance regulation in New Jersey and the dynamics by which this regulation influenced organizational change and quality improvement strategies in New Jersey hospitals. A 2001 regulation regime by the New Jersey Department of Environmental Protection (DEP) imposed new processes and priorities directly on medical imaging departments to improve quality. This study examined the changes in resource utilization, work processes, and organizational quality improvement strategies in New Jersey hospitals and medical imaging departments after the regulation took effect.

The study findings reveal the results the New Jersey DEP regulation had with quality assurance efforts. The regulations have succeeded in part. Regulatory intervention refocused the attention of medical imaging departments on improving the quality of medical imaging procedures. Regulation also had an unintentional result. DEP's intervention encouraged a greater separation between departmental quality improvement efforts and organizational quality improvement.

What does this mean for organizational quality improvement? Traditional organizational quality improvement models call for a top down approach where administrators direct the activities of multiple departments. Traditional models do not take into consideration the multitude of external influences on hospitals. These models do not account for internal compliance problems that affect the resources and the work of individual service level departments most of which employ fast changing, high technology-driven work processes. As external influences, such as regulation, impose requirements on individual departments, New Jersey hospital organizational quality improvement strategies have not responded.

A bottom up model of quality improvement may encourage hospital managers to emphasize integration rather than control over the activities of multiple departments. Future research can determine whether collaborative efforts made to achieve organizational goals better serve these complex public organizations. Panel studies following hospitals over a reasonable period of time may reveal that as external influences change, integrated efforts by collaborating departments would have the capacity to adapt processes to comply with initiatives from regulators, accreditors, and resource controllers.