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« Performance indicators occupy an increasingly important place within healthcare systems around the world and aim to increase quality and to improve safety. Through our research, we wanted to find out how these healthcare indicators are actually used and which impact they have on the daily work of healthcare professionals.

In France, there are several indicators proposed by the HAS (Supervisory Agency for Healthcare) but we chose to focus our research efforts on the Anesthetic File Indicator and centered on a single medical specialty – Anesthetics. Our study included four French hospitals differing in size, ownership model and location and was based largely on interviews with physicians responsible for Anesthetic services, nurses, and quality specialists.

This indicator is important because it considers coordination between professionals. As many anesthesiologists may work with the same patient all over his/her stay, a correctly and completely filled Anesthetic File helps information sharing among professionals. In other words, the Anesthetic File Indicator is not focused on a result but on a specific process (and its informational support).

We began our research project to find out how this indicator was actually used and soon realized that the reality was more nuanced than expected. While the Anesthetic File indicator is scarcely known by people in the field (i.e. physicians, nurses), it has a direct impact on their everyday's practice. It happens that physicians responsible for Anesthetic services are well aware of scores for this indicator. Consequently they usually analyze its results and they look for ways for improvement. They sometimes pursue changes in practices and IT investments in order to improve those scores.

We also found emerging practices as the unexpected outcome of these indicators. For instance the national society for Anesthetics (SFAR) analyzes the results of this indicator and organizes awareness campaigns among its members.

Furthermore, as this indicator is collected nationwide it constitutes a wealth of information that has begun to be used for scientific research purposes.

Other past academic studies have sometimes indicated that a performance indicator risks becoming an end in itself. Thus, organizations may be tempted to "window dress", i.e. to change only what appears in the indicator and leave the rest as it was before. Fortunately we did not find evidence of this in our research.

Above all, we clearly see that there is no way back to the past. There is a consensus in that hospitals cannot be "indicator-free". Having said this, healthcare professionals should not consider these indicators as a threat. On the contrary, our research suggests that there are opportunities for learning, improving processes and providing better healthcare services. We are just beginning to understand how this organizational learning happens!."

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