Leading Nursing Innovation

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Episode 1 – Rise to the Challenge of Change

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Transcript

DR. DANIEL WEBERG, GUEST: … and so we have to "think anew and act anew and disenthrall ourselves." So I love that disenthrall piece, which means we have to stop holding onto the solutions of the past that may no longer be relevant to move ourselves towards a future.

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DR. DEBORAH MARTIN, HOST: Welcome. I'm Dr. Deborah Martin with Elite Learning.

This is Dr. Dan Weberg, a nurse who serves as vice president of transformation at Ascension, one of the country's largest private healthcare systems. His reference to thinking and acting anew resonates with me. I am the Director of Learning Innovation at Elite Learning, and my challenge is to think anew to develop fresh, compelling CE courses for RNs and other healthcare professionals, as well as innovative ways, like this podcast, to deliver them to our audience.

But thinking and acting innovatively isn't unique to a nurse like me in a role like mine. Nurses across settings are known to be creative problem solvers who often develop new ways of doing things, or workarounds on the fly, to provide more efficient or better care for their patients.

Nurse innovation has been particularly apparent during the COVID-19 pandemic, when RNs saw problems and quickly developed solutions — from creating virtual rounding tools to creating color-coded signs to help with communication among colleagues covered head to toe in PPE.

That's innovation, although we nurses don't always use that term to define the improvements we make or ideas we originate. Innovation doesn't come out of the tech world alone; it's a reality in the healthcare industry, too. In fact, it's a necessity for nurses, other healthcare professionals, and the institutions where we work to create or foster breakthroughs that ultimately lead to better outcomes for patients.

I wanted to share more about how nurses can lead innovation in clinical and other settings, particularly as they respond to rapid, extraordinary changes in the world. I turned to Weberg, an expert in nursing, healthcare innovation, and human-centered patient design. He's had extensive clinical experience in emergency departments, acute care, and academia. Before joining Ascension, he held executive roles in nursing innovation, research, and technology strategy at Trusted Health, a healthcare staffing company, and Kaiser Permanente in California, which covered 38 hospitals and 60,000 nurses. He was also a founding faculty member at the new Kaiser Permanente School of Medicine.

Listen as Weberg introduces this course.

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WEBERG: Hey, everyone, Dr. Dan Weberg here, and I'll be taking you through the course Leading Nursing Innovation. We're going to go through why industries innovate, some of the leadership characteristics around how you deal with dramatic change, and some examples about how industries, both inside and outside healthcare, will need to change as the markets shift and consumers demand different experiences from our system.

So let's go into our course objectives. And there's really three key points we're going to hit on. Number one is why markets innovate, so three reasons why markets innovate, both inside and outside healthcare. The second one is to identify the four types of innovation that occur within systems. And the third one is we'll talk about a few leadership behaviors that support innovation. And your goal is to kind of nail down on two of those.

So it's always good to start with a little bit of a reflection that sets us up for the content. So this one's by Abraham Lincoln. And I think it's really relevant to both the situation the country is in but also with the situation is that healthcare is in. And so I'll read this. And as I read this, think about how things have changed and how we got to think about what we can let go to move forward into the future.

"The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise with an occasion. As our case is new, we must think anew and act anew. We must disenthrall ourselves, and then we shall save our country."

Or healthcare, and I think there's a few pieces here that we can take away from an innovation leadership standpoint. The first one is we're in a stormy present with the pandemic, with the disruptions in healthcare, with new entrants, Amazon, Walmart, Google, all coming into healthcare that the kind of normal operating procedures of healthcare are being very much changed.

The occasion is piled high with difficulty, staffing, care delivery, all kinds of things are happening within the system that are making it higher and higher — or harder and harder to deliver care. And we must rise with it, not to it, with it. As things change, we must be —we must adapt in the moment.

We have to think anew and act anew and disenthrall ourselves. So I love that disenthrall piece, which means we have to stop holding onto the solutions of the past that may no longer be relevant to move ourselves toward a future. So this quote really sums up the core pieces of innovation leadership and leading innovation within nursing.

(SOUNDBITE OF MUSIC)

MARTIN: We often hear the term "innovation" linked to another term, "disruption." There are similarities between the two concepts, but differences, too. Disruption is an innovative process, but not all innovation is disruptive. An innovation can create something new, but a disruption completely uproots a way of doing things — it tears down what we've always done and changes how we think, behave, or practice. In that way, disruption is creative and destructive at the same time.

A great deal of disruption is happening within the healthcare industry, and that's important to understand because it's changing how and where patients seek out and receive care and how practitioners deliver that care. Weberg explains.

(SOUNDBITE OF MUSIC)

WEBERG: So there's a few disruptions that are happening within healthcare that are really challenging health systems and healthcare practitioners to change the way they do things. The first one is really these new entrants. So you have companies that have not traditionally been in the healthcare space quickly entering the healthcare space using their ability to adapt and innovate quickly in order to disrupt the industry.

The first one is Amazon. They've built Amazon Care. And they've really leveraged their entire supply chain network in order to deliver healthcare goods and services to you wherever you are, whether that's through telehealth or that's shipping your medications to your door faster than your health system, your local health system or hospital can do.

Amazon really is trying to take a big piece of the healthcare gross domestic product, the revenue of healthcare, by leveraging its size and system to come in and disrupt where maybe the legacy systems are a little bit inefficient.

Google has come in with a partnership approach. And so they're coming in looking at data, how do they create better search, how do they create insights out of large data sets in order to provide clinicians and patients with insights into their healthcare that could never be found before.

The next one is Apple, who's really moved onto the device landscape with the Apple Watch really taking almost every vital sign. The new one that's coming out will take almost every vital sign we take in the hospital. And so, you know, that wearable data, that trackable data, and even some diagnostic equipment, is really the play that Apple is bringing to the market and provides a lot of data and insights that have never been seen outside of the four walls of healthcare systems before.

And then the last one are the Walmarts, the CVSs, the other organizations that have physical locations from a consumer standpoint. I think every person in the U.S. lives within 40 miles or something of a Walmart. If they choose to go into healthcare full force, they could potentially have a very large primary care network that every person in the US could leverage.

And they're already going to do their shopping at these organizations. It's easy to tack on a quick primary care visit or even preventative care while they're shopping. So there's some interesting disruptions that are coming into the healthcare system. And it's not building monolithic structures of hospitals and helping people come to them. It's really driving care wherever these people are.

(SOUNBITE OF MUSIC)

MARTIN: I've been aware of these kinds of innovative disruptions taking form ever since nurse practitioners first set up practice in my local pharmacy. Here is Weberg's take on the underlying reasons for these changes.

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WEBERG: With these disruptions, it gives us an opportunity to reflect on the science around why industries change. And this has been — this is a historical look of the evidence that happens in almost every industry that's ever been disrupted or had dramatic change. And healthcare can learn a lot from that.

And so, there's really three reasons why industries innovate. The first one is fractures in the fault line, which is there's cracks in the system that get wider over time. Unthinkable events like COVID, wars, natural disasters, all of those things force change within industries.

And the last one is running out of road, so the product or the service that's being delivered through the industry is no longer meeting the needs of the consumer. And so it forces either a new entrant or a legacy system to have to change and change its product.

(SOUNDBITE OF MUSIC)

MARTIN: I, for one, have felt that cracks in the healthcare system have been forming for some time. I was interested in Weberg's perspective. He used the COVID-19 pandemic and his role in healthcare staffing as an example.

(SOUNDBITE OF MUSIC)

WEBERG: So from a healthcare perspective, there's a few fractures on the fault line. And this is a perspective I was able to get during the pandemic as we worked across over 5,000 facilities and working with thousands of nurses as they moved across the country to help with the pandemic response. The number one issue that we saw was the inability for health systems to understand and predict their staffing needs.

And so they're very — we're very good at understanding the demand, the number of jobs that are out in the market, but we're not very good at understanding the supply of the clinical talent and where they are and what their skill set is and how mobile they are and where they can move and how do you even get a hold of them.

And so, that mismatch creates a pretty interesting dynamic that we saw during the pandemic, which was bill rates for travel nurses or per diem labor went really high because that was the only lever systems thought they could pull in order to get clinical talent to come to them while they were in crisis. If we have a better understanding of supply and demand, that might be mitigated in the future.

(SOUNBITE OF MUSIC)

MARTIN: OK, staffing needs during times of crisis is an issue in need of innovation. Check. But what other problems cry out for new ways of thinking and doing? Weberg has thoughts about challenging the way we've always trained nurses and assessed their clinical competence.

(SOUNDBITE OF MUSIC)

WEBERG: The next big issue is around assessment. So even if we knew where all the clinicians are, we're really bad at assessing their clinical talent, competency skills, and those type of things. And so we have to do better in assessing competency of these clinicians.

What we're doing now is putting them through 40 hours of online modules and HIPAA training and all this stuff that really doesn't assess if they're competent clinicians. It just assesses if they can click the box. And so that's a big issue with nursing. And it slows the onboarding time for us to be able to get a quality clinician onto the floor to deliver patient care quickly.

We saw clinicians treated like commodities. New grads, even though there's a shortage of nursing, new grads, only about 87% of them are getting jobs right out of school, which is a big mismatch of the talent pipeline.

There's a need also, the shifting need for specialists over generalists. So as care gets more complex, our nursing schools are still graduating basic med surg-type skill sets or generalist skill sets for our clinicians. And the hospitals need level-four NICU nurses and specialized trauma ER nurses and COVID ICU nurses.

And so we have to kind of balance out the product that we're producing out of nursing schools to match the need that's out in the market. And while generalist was needed in the past, and a lot of people still think generalists is the way into the specialties, I think we can challenge that assumption in order to get the pipeline of talent to where it's needed faster.

And then the last piece is just this shifting trend of flexible workforce changing. And so people are not staying with organizations for 15 to 30 years and retiring with a pension anymore. They're really looking for where they can add value, grow, and have that balance in their life.

(SOUNBITE OF MUSIC)

MARTIN: Weberg acknowledges that nursing has long known that staffing and competency are two problems in need of innovative solutions, but he explained how urgent need can also propel necessary disruption in healthcare.

(SOUNDBITE OF MUSIC)

WEBERG: So all of these issues are fractures that have been around for a very long time in healthcare and nursing; but they'll cause innovation to happen because those cracks are getting wider, especially pushed on by the pandemic.

And so another reason why markets innovate is really around unthinkable events. And so, this in the past has been wars, going to space, natural disasters have always forced some sort of change to happen because they disrupt the normal way of work that happens within organizations and industries.

But what they do is they challenge our assumptions. So we think that everything's fine, and then along comes a simple little virus that eventually infects the entire country, shuts it down, shuts down the world, really, for a number of years. It forces adaptation. And so people have no other choice but to shift their thinking or choose to move forward.

It shifts the priorities for laggards. So laggards are people in Roger's diffusion of innovation S-curve that are very unlikely to adopt a change or an innovation. But when there's an unthinkable event, it shifts their priorities, so they may not be so stuck in the status quo. They may be more likely to adopt a change because there's no other option.

And we find that bureaucracy quickly diminishes in a crisis. And so, if you think back to your experience through the pandemic, the ability for your organization to change, either good or bad, was probably faster than it had been in many years. And that's because the red tape kind of goes away. The layers of approvals through vice presidents and whatever really kind of go by the wayside because you have to adapt quickly because the unpredictable nature of an unthinkable event is occurring in real time.

(SOUNBITE OF MUSIC)

MARTIN: Weberg mentioned Dr. Everett Roger's diffusion of innovations theory that proposes how and why new ideas and technology become adopted. You can learn more about the theory in the show notes included with this episode.

Listen as Weberg sums up a final reason why industries, including the healthcare industry, find the need to innovate — and quickly.

(SOUNDBITE OF MUSIC)

WEBERG: the last reason why industries innovate is really they run out of road. And so from a nursing innovation perspective, nursing could be running out of road. And we just have to be aware of some of these signals to think about the way that we adapt our profession moving forward.

So according to the Bureau of Labor Statistics, 175,000 nurses are needed every year through 2029. We only graduate about 150,000. Up to a year to orient new nurses, so imagine buying an iPhone and not being able to use it for a year. You wouldn't buy iPhones anymore.

So but we're getting new grad nurses out of nursing school, and it takes us up to a year to get them to be independent, safe practitioners. We need to fix that product-to-industry kind of mismatch there. And then it also — running out of road shifts the priorities for laggards as well. So when things get tight, laggards will change their minds.

But all of this is not to be this negative picture of nursing or healthcare. It's really to say that there's constraints and pressures being put on our profession and on our industry. And what's great about that is the evidence suggests that constraints breed innovation. And so you can have a lot of constraints that change things.

(SOUNDBITE OF MUSIC)

MARTIN: Constraints can breed innovation? Is that a new concept for you? Many would think that constraints would do what they do — constrain or restrict — in this case new ideas. Weberg clarifies.

(SOUNDBITE OF MUSIC)

WEBERG: A lot of people think that innovation is really built from this idea of blue-sky thinking and Post-it® notes and pizza parties and cocktails at happy hour, really thinking about the future in this magical no-boundary way, which is one tool set that you can use for innovation. But what you have to understand is blue-sky thinking and no-boundary-list kind of ideation doesn't always match up with the realities of where that innovation is going to be adopted within a system.

So sometimes innovation leadership is actually accelerated by creating constraints. And those can be constraints from the environment, like a pandemic or industry shifts or financial things, or they can be manufactured or created by leaders where you can put time constraints on projects, resource constraints, energy, depending on how tired and rallied your team can be.

You create these constraints, but what that does is it focuses the energy of the change agents, of the people trying to think of these new solutions. And it's kind of like a laser, focuses those lights in so that you actually can accelerate the change process without — and make it more relevant to the current conditions than just kind of having a blue-sky thinking session.

(SOUNDBITE OF MUSIC)

MARTIN: Listening to Weberg, I hope you see why innovation is needed in healthcare and nursing. Here is more about the "what" of innovation and how he describes it.

(SOUNDBITE OF MUSIC)

WEBERG: So before we go into how do you lead innovation, we have to understand what innovation is. And so, there's really four big buckets of types of innovation. And so let's go through these four, and then we'll talk about how you lead them.

The first type of innovation is really around product innovation. So a lot of people know what this is. You see this on commercials, the latest 8k TV, the device that fits in the palm of your hand that can do everything under the sun. That's product innovation. And that's true within healthcare as well. There's literal product innovation like medical devices and things that have being innovated.

But if you think of it from the service of nursing, the product that nursing delivers, it would be how might the quality of your service improve. So how might the nursing care that's delivered be innovated on or improved beyond what it is today. Then that could happen through better prepared nurses, efficient care delivery,

technology-enabled nurses, process redesign, all of those could help the product that nursing delivers, which is that nursing care be shifted.

The next type of innovation is process innovation. And so process innovation is really around the experience. So from a nursing perspective, how might you transform the experience of that care or nursing? So this may be from the user perspective. How does the patient or the client experience the care that's delivered?

A great example of this from an outside the healthcare industry is Cirque Du Soleil. So Cirque Du Soleil didn't create the circus, but they transformed the way you experience the circus. And so we don't have to recreate nursing to transform its experience.

We can change a lot of ways in the delivery, similar to product innovation. What are the processes we use? How do we increase scope of practice? How do we look at new care models and new teams that can change the way that people experience the care, enabled probably with technology as well?

The next one is around position innovation, so how might your position — how might you position your innovation efforts differently? So an example that works here is Tesla. So Tesla may not be the greatest electric car on the planet. In fact, it probably isn't. But it's been positioned similar to how Google's positioned itself as the search engine to be the one that people go to, the one that people look at as that North Star.

And what that does is it allows you to get more uptake of people excited about that change. People will adopt it faster, or they'll have a perception that it's the best and they want to be a part of it. And so you might be able to position your innovation efforts within your organization to be that place that everyone wants to be at, the team that people want to join, the work that is exciting and future-focused that gets people rallied up in the morning.

And so, really positioning your innovation is a lot of marketing, but it's also delivering on what you say are going to deliver and making it a little bit of an exclusivity factor that allows people to draw into that innovation effort without having to drag them along.

And then the last bucket of innovation is really paradigm innovation, and so this one's the hardest. This is completely disrupting an industry. Examples that you might be familiar with are Lyft and Uber and how they disrupted taxis, Airbnb, and how they disrupted the hotel industry.

And soon, healthcare is going to be experiencing a paradigm innovation. One of those new entrants or legacy system is going to figure out that they can't operate the way they have for the last 50 years and completely shift how care is delivered and take that risk.

There's a number of startups. There's over $50 billion in the last couple of years invested into startup companies and digital healthcare and healthcare delivery. There's a lot of paradigm-shifting opportunities that are coming our way. And our legacy systems need to be aware of them so that they can paradigm shift with the industry, not in response to it. Because if they're in response to it, it'll be too late.

(SOUNDBITE OF MUSIC)

MARTIN: That's an important point Weberg made a couple of times — that successful innovation requires us to rise with challenges, not to them or in response to them. We need to adapt in the moment or even get ahead of problems before they occur.

We've explored the "why" and the "what" of innovation in this episode, but what about the "how"? How do nurses lead creative, even disruptive, change that ensures better quality care and outcomes for our patients? Weberg helps us through the steps in our next episode. I hope you'll join me.

This is Deborah Martin for Elite Learning.

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