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Podcast Transcript

Leading Nursing Innovation

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Episode 2 – How to Become Catalyst for Change

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Transcript

DR. DANIEL WEBERG, GUEST: The problem is that about 70% of the way we change things in healthcare is we throw something at the wall and see what sticks. And so, there's a real opportunity for us to use the science of change and innovation in order to lead it.

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DR. DEBORAH MARTIN, HOST: Welcome back. I'm Dr. Deborah Martin, and I'm the Director of Learning Innovation at Elite Learning.

We've been listening to Dr. Dan Weberg, an expert in healthcare innovation within clinical settings, including nursing. Weberg is the vice president of transformation at Ascension, one of the largest healthcare systems in the U.S.; and he has a long career in fostering innovation to drive better care and outcomes for patients.

In our first episode, Weberg explained why there's urgent need for innovation in healthcare, what innovation is, and the four categories into which innovations typically fall. In this episode, he'll explore the leadership needed to stimulate and foster new ways of thinking and doing in nursing, starting with what it means to be an innovator.

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WEBERG: Now we can dive into what it takes to move it forward. So the biggest piece of innovation is, the number one rule is, you don't have to be an innovator to lead innovation. And what that means is that you don't have to be the idea person and have all these amazing thoughts and products that you want to sell or patents, and you don't have to be an entrepreneur to lead innovation. You really just have to create the space for innovators to do their work, to be creative, to be able to try things, to fail, to build things. And there's been some research related to this.

So leaders — innovation is directly impacted by leaders. It's also disimpacted by leaders. And so, that's my little ER joke.

But there was a study done out of Ohio State that looked at the adoption of evidence-based practice or the innovation into organizations. And the number one barrier to change within health systems in the adoption of new care practices was the frontline nurse manager.

And it's not that frontline nurse managers are bad people. It's that they're not incented to change. They're incented to make sure that there's enough staff and to keep the ship running and keep the budget tight and make sure patients aren't dying. They're not incented to think about wild dramatic changes within the system.

And so we just have to be aware of that and start thinking about how do we position our frontline leaders with the skill set to understand what innovation is happening right with their teams so that they can lift it up, whether that's legitimate, good type of workarounds in which nurses have figured out a better way to do something than what the policy and procedure says.

How can nurse managers find that stuff, elevate it, and make that the new policy and practice so that we're always more efficient? How do we look at how teams interact? And how can the nurse manager enable teams to have crucial conversations and talk about the changes needed in a constructive way?

And really, just a better understanding of how innovation occurs and the science behind innovation is needed within healthcare leaders as well. In a similar study Ohio State did related to the adoption of innovation and systems was, they looked — they asked chief nursing executives from across the country what their top 10 priorities were for leading. What keeps them up at night?

And the top two are safety and quality. And then number 10, the very last thing that they listed, was evidence-based practice. And so, we have a disconnect between how evidence-based practice informs quality and safety efforts.

And so, we just have to understand that innovation has evidence behind it. There's a process behind it. And it directly impacts the things that keep you up at night. If you have a high-performing innovation and performance improvement culture, you'll be able to move forward really any change initiative and be able to fix any of the issues in your organization.

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MARTIN: I think many nurses envision innovation as less of a process and more of an occasional brainstorm session. Weberg emphasizes that true innovation, the kind that lasts and leads to breakthroughs in patient care, is based on science.

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WEBERG: So what are some of the current change frameworks in healthcare that we use that may not be the best solution for us? So the first one is we spend about 5% of our time doing innovation. And usually this type of innovation includes Post-it® notes on a wall, a pizza party, lots of coffee, everyone hanging out, but not really the rigor that innovation requires.

So that's what we call innovation, and about 5% of your change projects are probably related to that. Twenty-five percent of change in health systems is usually done through performance improvement. So this is Lean, Six Sigma, Kaizen, Gemba Walks, all that stuff, which is great because performance improvement improves what you know. It's a legitimized process. It's been used a lot. Great, we're using a framework now.

The problem is that about 70% of the way we change things in healthcare is we throw something at the wall and see what sticks. And so, there's a real opportunity for us to use the science of change and innovation in order to lead it. And this isn't usually taught. Well, it's not taught in nursing school. It's rarely taught in leadership programs.

And so we have to just be aware that there's a science to how change occurs in organizations. And we need to be using that science to move forward. That's how we lead nursing innovation.

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MARTIN: Weberg mentions several evidence-based performance improvement processes, such as Six Sigma. You can learn more about these models in links included in this episode’s show notes.

Leading innovation isn’t typically taught in nursing school or nursing leadership programs, and I wondered what Weberg would suggest to nurse managers and other leaders about becoming more innovation-minded. He recommended a four-element formula.

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WEBERG: So what are some of the innovation leadership essentials? Well, this is a topic near and dear to my heart. I did in my dissertation on this type of work. But there's really four big things that leaders can do to lead innovation within the organization, whether that's innovation on the unit level or system-wide, national policy-related innovation.

The first thing is a leader needs to do is build connections. And so a connection means that you're able to reach out in some way to people both inside and outside your organization. Now, inside your organization, that's probably pretty easy. You send them an email or text or a Slack or whatever it is.

But you need to be better at building your connections outside the organization. You can do that through social media, things like LinkedIn and others. But building a vast network of connections allows you to get information from various diverse sources in order to inform your decision making much better than if you were to just get information from your trusted cohort of people around you, the one to four people that may surround you on a day-to-day basis. So you want to build your connections.

The second piece is cultivating relationships. So the difference between a connection and a relationship is the connection I can reach out and ask you something, but you may or may not respond. I'm just sort of loosely tied to you in some way. A relationship is that we can share trusted information back and forth.

And so you'll have fewer trusted relationships, but those are really gold mines for information both from inside and outside your organization. This may look like a personal advisory group, mentors, preceptors, your team in general, some of your colleagues. Those trusted relationships allow you to get and share information that you find reliable, which allows you to also make better informed decisions.

The next bucket is really living on the edge of chaos. And so, living on the edge of chaos means you want to be far away from stagnation. And so, stagnation is stuck in routine, in the day-to-day work that you've just always done it this way. You can't lead innovation from that point.

You have to be a little bit uncomfortable. So you have to be challenging some of the routines, shifting meetings every few months, deleting meetings, having crucial conversations with people that may be resisting or excited about change. All of that stuff allows movement and conflict to occur — good conflict, which allows you to stay on this edge of understanding, really pushing the work forward just a little bit each time.

And so, very far from stagnation but also not in chaos. And chaos in the complex systems standpoint really means unpredictability. You want to be right on the edge of unpredictability and far away from stagnation.

And then the last bucket of work is really important. It's really focused on dismantling stagnation. And so, you have to fundamentally dismantle stagnation as an innovation leader. And what that means is you have to look around to the work that's happening that's always been done a certain way that may no longer be relevant because of industry changes, all of those fault fractures on the fault line and those type of things.

You have to systematically search those things out and get rid of them. And you can do this through the adoption of evidence-based practice, the process redesign, talking to people about how they can shift into a new paradigm of work. But you have to systematically go around and dismantle stagnation. And that those are kind of the leadership essentials of leading innovation.

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MARTIN: OK, those four elements — creating connections, nurturing relationships, recognizing inertia, and dismantling stagnation — sound like concrete things nurse leaders can begin to incorporate into their day-to-day viewpoint. We also know there are usually barriers to new thinking. Weberg cites a big one: People who get in the way.

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WEBERG: So we talked about what's great about leading innovation and some of the skill sets you need to have. You also have to know what doesn't work. And so, there there's a concept called toxic leadership. And toxic leadership has been around since leadership existed. We can probably all name a personal person that worked with us or someone out in the world that we think as a very toxic leader.

But there's some science related to it, too. And so we have to be aware that there are leadership characteristics and behaviors that actually fundamentally stop change and make people not excited to move forward at all. In fact, they'll quit organizations or completely give up on them.

So toxic leaders cause about 12% of the people they work with to quit, 63% avoid that toxic person, so they're not being productive, 48% decrease their work effort, and 78% reported decreased organizational commitments. So that's a lot of bad stuff that happens.

And what tends to happen in organizations is when there's a fall or a pressure ulcer or a hospital-acquired infection, we throw the force of every single quality leader, every single nurse, every single physician, the whole organization rallies to figure out how do we stop it.

But when we have a toxic leader, we're just like, oh, well, that's just how Jane is. Oh, you just got to get to know her. She's kind of rough around the edges. But fundamentally, Jane in this example could be sabotaging all the great work that's being done within the organization, actually stopping the organization from being able to adapt because they're so focused on themselves and may be just toxic leaders.

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MARTIN: Sometimes people don’t mean to get in the way; they’re just not ready for immediate change. Weberg explains the phenomenon of innovation adopters in their various stages.

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WEBERG: The next fundamental thing you have to understand about leading change and innovation is that there's a great book called Diffusion of Innovation by Everett Rogers, and it's kind of the bible of innovation literature. And what he did is he over — I mean, there's been over 4,000 studies related to the diffusion of innovation work.

But what he ended up doing is this, creating this famous model called the S-curve of innovation. The S-curve of innovation really says that about 2.5% of any population experiencing change are going to be the innovators, the people creating the change.

You're going to have a subset of early adopters who are the people that are willing to jump in line and wait for that iPhone the minute it comes out. They want to be the first one to have it. They're willing to sleep on the street for it.

Then you have an early majority which says, all those people waiting in line are crazy. I'm going to order it and get it a couple of weeks later. But I'm going to see how this thing plays out a little bit. You have the late majority which is like, hey, I'm going to adopt iPhone 11 when it's 100 bucks and we're on to iPhone 20. I'm still going to get the innovation.

And then you have about 16% of any population experiencing change is what's known as laggards. And so what laggards are, they're the people that will just never adopt change. And they happen in every population.

But the problem with what leaders do is they spend 90% of their time on the 16% of people that never change. And so we should be spending, as leaders to lead innovation, spending 90% of our time on the 84% of people that will eventually adopt this thing and not worry about the laggards.

Because what happens is as this change occurs, we get into that late majority, the laggards have about two choices. They can either adopt and become part of that late majority, or they can go away. And sometimes the leader needs to help them go away through whatever means that requires. Helping them find a new job, helping them retire, helping them get fired, whatever that is.

The expectation is now changes are happening and get on board or get off. But don't be spending 90% of your energy on that 16%. They may be loud, and you have to quiet the laggards down so they don't drum up a bunch of chaos. But you don't have to focus on convincing them to change.

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MARTIN: You can find information about Rogers' S-curve innovation in the show notes accompanying this episode.

Working through people-based barriers can be challenging, but even the most change-seeking person can create a whole other set of challenges. One example is the high expectations we may set for ourselves. Here's Weberg.

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WEBERG: So what are some of the successes of — what are some of the secrets of the successful? Well, and this is some of the learnings that have come out of the literature around how startup organizations get to the impact factor that they can so quickly. It's from some of my experience with working within a startup company and in a big system to understand that change is very iterative and it's very messy.

And so it doesn't have to follow this lockstep procedure necessarily. So these are some principles to guide you.

The first is the hamster wheel. And so, this is the idea that if you have a technology solution or even a process innovation that you don't have to make it perfect right out of the gate. You don't have to spend years and years developing the code to create whatever app. You don't have to spend hours and hours within a simulation group or within a process redesign to figure out the exact perfect process that's changed.

Really think of it as a hamster wheel. Run as fast as you can and iterate and build as you need to. On a technology solution, sometimes you have to power stuff with people, and you just kind of manually hack through some of the work until you can get systems up and running that make it easier from a technology standpoint.

Or from a process design, sometimes you have to bring in other people to help prop up and support the process until you've really refined it out and then can structure it and keep it as the normal operating procedure. So think about that iterative hamster wheel concept. And it's OK to run things a little bit messy with people in the back end instead of having all the systems and processes set up from the get-go.

The next big focus is really around fixing the system, not the feature. And so, what this is about is really understanding that you can focus — you can easily focus as an innovation leader on a feature, so the making that one touch point in a process a little bit better, instead of actually thinking about the system.

So you want to be really focused on what the impact of the innovation is going to be on the larger system, not just the feature. And so this happens a lot in nursing, especially in service lines. So the emergency department may be saying, hey, we need a new care model. We don't have enough nurses. We need to figure out a new team structure and a new way to get patients through and safe and leverage the nursing process. But they focus so much on the emergency department process redesign, they forget how it impacts upstream, how it impacts registration, how it impacts the ICU, how it impacts the admitting department, all of these other pieces that will impact the system. So as an innovation leader you should be thinking about the ripple effects of the change on the larger system.

Next is own your risk tolerance. And so not everyone is a MacGyver. Not everyone's a Jeff Bezos. And so you have to understand what your level of risk tolerance is and just own it. If you're uncomfortable with massive change, own it. Be okay with that because the last thing you want to do is allow a team to go down some track and show success metrics, only to be told, well, we're not ready for that, or I'm uncomfortable.

So if you're uncomfortable with disruptive change, get out of the way first, or acknowledge that with your team to say, look, these are the parameters that I think that I'm comfortable with leading. And if we need to bring in other people or have other eyeballs on this to mitigate the risk, let's do that now, not waiting till the end.

And so, a lot of leaders and new leaders in change don't own their own risk tolerance and they allow things to flourish until it gets to the point of implementation. Then they pull back and say, no, we can't do it. That wastes a lot of time. It causes a lot of frustration within organizations.

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MARTIN: Weberg's examples demonstrate that innovation and iteration go hand in hand. We shouldn't expect that a new idea will be perfectly implemented right out of the gate. Even innovation gurus like Apple and Google don't get it right the first time.

But let's say we iterate and iterate to refine a new process or procedure. What happens next, according to Weberg?

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WEBERG: Reassess your priorities frequently. And so in a lot of organizations what happens is you create 5-year strategic plans. And while that's great if they're broad enough, if they're broad North stars for you to go on, that's great. But if you've locked in a 5-year strategic plan and that's all you're executing on and you're not refining it almost every quarter, then you're not reassessing enough.

The world in healthcare is changing so fast that a 5-year plan is almost out of date 6 months in. And so how are you shifting and reprioritizing every 3 to 4 months rather than every 3 to 4 years? And so, that takes a lot. And especially in our executive leaders, they're like, well, we need our plan or our shareholders or our board is really excited about it.

That's fine. Use high-level broad strokes as your plan, but the execution needs to be changed more frequently. This can manifest in things of like reprioritizing your deliverables or goals every couple months. All of that is okay in a nimble organization, and it's one place that leaders can dismantle stagnation is by disrupting that yearly goal cycle and be a little bit more nimble.

And at the end of the day, it really is starting with one. And so, it doesn't take a lot to start innovation. I think people get overly — think of it as an overly complex process. But it really just takes one. Learn one new technology.

That can catalyze a shift in mindset that could lead to a complete process and product innovation. Modify one team. Change a care delivery model. Create one new partnership, either inside or outside the organization, or worry less about one laggard. Those are all just simple things you can do tomorrow in order to lead the change that is required in health systems.

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MARTIN: Listening to Weberg, I understand his passion for innovation as I too have a degree in innovation leadership. He has some additional tips for nurses who want to push past the boundaries of the present to invent a new future.

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WEBERG: I would say the most important opportunity for leaders who want to lead nursing innovation is to start reading the science about innovation. I tried to do an overview of it for you, but there's a lot of great books. There's a lot of great evidence. There's a lot of great research on change and innovation that we talked about that if you really dive into it, it'll help you be more comfortable with change, to lead innovation, and to build the nursing profession that we need, which is a nursing profession enabled by technology and ready to tackle the future health needs of the population.

So I want to circle back to this quote that we started with at the beginning just to wrap this up. And really, I want you to, again, reflect on what we talked about, the idea that all industries are forced to innovate in some capacity, whether that's an internal desire to change or an external pressure that's pushing on us, and that leaders are the number one moderator for the impact and success of change in organizations.

And so, if we go back, and let's dissect out this quote one more time. So, "The dogmas of the quiet past are inadequate to the stormy present." We talked a lot about that. Amazon, Google, Apple, Walmart, all coming in to shift the norms and the traditions that we've had in the legacy healthcare system.

Also the demand of our clinicians, our nurses, is changing. The workforce is shifting. The idea that they're coming in and staying in organizations for long periods of time is no longer relevant. We have that quiet past of just come in and be a nurse and work here and leave is never — is not happening anymore. And it's creating a lot of disruption in our present, not to mention the idea that we have a pretty massive nursing shortage, so our present in our profession is very stormy.

"The occasion is piled high with difficulty, and we must rise with the occasion." So we have the pandemic still shifting the priorities of our clinicians, the mental health of our workforce, the ability for our systems to be able to adapt and change. But that's the norm.

With the speed of change and innovation, with the new entrants coming in, there's a lot of difficulty in this situation. And to rise to it means that we will be late to the game. And so, nursing, to avoid our blockbuster moment and going the way of the dodo, we have to understand that we must rise with it.

So we need to be faster in adapting, whether that's expanding our scope of practice, being students of innovation and change literature so that we can change faster, or simply creating the environment in

organizations where people can adapt and bring new ideas to the forefront faster. That quick adaptation will allow us to rise with the occasion.

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MARTIN: When I think about all the disruptive change that is occurring — and will continue to occur — in healthcare, I understand better how innovation isn't a nice-to-have in nursing; it's a must do. We need change — for the benefit of our patients — and we're in a position to make that change happen.

Listen as Weberg sums up where we should be headed.

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WEBERG: The last piece of this is, "Our case is new, and so we must think anew and act anew," which means what worked in the past may not be relevant for our future. And it's important that we think about the future of our profession differently than we've thought about it before and act on those ideas faster in order to move us forward.

And I love this piece of it: "We must disenthrall ourselves, and then we shall save our--" profession, really. And disenthralling ourselves, and this is something that in the innovation literature people don't do enough of, which is have to let things go when you create new things. And so, a lot of times we add and we add and we add and we bring in the new technology, new innovation. But we forget to stop doing the stuff that's no longer value-added or relevant or works. And so, we have to be — and this is part of that dismantle stagnation. We have to disenthrall ourselves from those things that we've been taught and told forever that may be that unspoken, unconscious bias within our profession in order to move forward and act and think newly.

And so, I think if as an innovation leader if you're excited about leading innovation in nursing, stick to this quote. "The stormy present is piled high with difficulty, and we can change it together." And so nursing is positioned well to be the leaders of healthcare innovation for the future.

And now we have to take that step. And we can do it by starting with one.

I'd like to thank you for joining us on Leading Nursing Innovation. And just really appreciate your time.

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MARTIN: I hope you're as inspired by Weberg's thoughts as I have been.

Keep your learning about innovation going by exploring the references and resources for this course in this episode's show notes. And listen a few moments longer to learn how you can obtain CE credit for this podcast.

Thank you for listening. This is Deborah Martin for Elite Learning.

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