Nursing Practice Innovation: the Rule versus the Exception
Year of the Nurse, 2021¹
Today’s speaker

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Purpose of today’s webinar

<table>
<thead>
<tr>
<th>GOALS</th>
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<tr>
<td>01</td>
<td>Recognize the year of 2020; planned versus reality</td>
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<td>02</td>
<td>Examine crisis-driven innovation</td>
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<td>03</td>
<td>Inspire long-term practice innovation; as a professional and as a profession</td>
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Year of the Nurse 2020, what we planned....

- **National Nurses Week**
  Celebrated annually in the US May 6 through May 12 (Florence Nightingale’s birthday)

- **2020: National Nurses Month**
  ANA extended National Nurses Week to full month of May to mark 200th birthday of Florence Nightingale

- **2020: Year of the Nurse and Midwife**
  Proclamation by World Health Assembly of the WHO
Year of the Nurse 2020, what we experienced…

Source: “Dove salutes healthcare workers.” Modern Healthcare
Year of the Nurse 2020, what we accomplished…

**Agility and innovation prevailed**

- Closed down elective procedures and ambulatory care
- Converted to team-based staffing models
- Redeployed staff to critical care areas with just in time training
- Designed/Implemented new care and safety protocols
- Supported flexible schedules, working on different units and sites, as needed
- Adopted virtual care and communication strategies
One year later, defining our “new normal”

Resume pre-Covid patient volumes and services

Nurses; exhausted, in need of continued recovery and support, but proud of accomplishments

Caring for a patient population that is presenting with complex, new healthcare challenges and expectations
ANA extends Year of the Nurse to 2021

YEAR OF THE NURSE
2020 • 2021
EXCEL • LEAD • INNOVATE

Source: About Year of the Nurse, ANA, https://anayearofthenurse.org/about-year-of-the-nurse/
Innovation: More than improvement

Innovation is not…
improvement that seeks to enhance existing solutions or processes

Innovation is…
“the unrelenting drive to break the status quo and develop anew where few have dared to go.”
STEVEN JEFFES
A more provocative definition: Disruptive innovation

Clay Christensen on disruptive innovation

• By definition, disruptive innovation provokes controversy and conflicts with organizational, professional, and cultural norms.
• Rather than seeking to improve existing products, services, or processes, disruptive innovation disregards status quo as the point of ‘improvement’ departure.
• Used by industries in any field to transform status quo operations and provide affordable, convenient, and accessible products to consumers.
• The focus moves away from improving an existing process, product, or service, to that of the ‘work’ or ‘service’ that needs to be done from the consumer’s standpoint.

New and returning challenges: the 2021 roadmap

- Behavioral health support
- Long-term health effects of Covid
- Population health management
- Increased consumerism
- Staffing shortages
- Financial constraints
- Clinician resiliency
- Site of care shifts
- Minimizing Care variation
- Access to care
- The demand for growth amidst competition
- Unpredictable volumes
- Digital care expanding
- Growing RN experience-complexity gap
- Staff trauma and the need to recover
Year of the nurse 2021, the *professional* challenge:

Should nursing practice innovation be reserved for a crisis, or should innovation become part of our professional culture?
Sustaining practice innovation beyond the pandemic

Continue Covid-19 innovations

Build a culture of innovation
Covid-19 crisis created prime innovation environment

FIVE REASONS CRISIS BREEDS INNOVATION

Problem solving at the heart  Unfreezing the organization  Creating a bias towards action

Uniting around a purpose  Seeing the system differently  

Creating a bias towards action
Example: Telehealth

What we did
Organizations tapped into telehealth to provide care during the pandemic. This is defined as the electronic exchange of information for the purpose of diagnosis, intervention, or ongoing care management. For example:

- Substituted in person ambulatory visits for televisits
- Supported pre-op visit and post-op monitoring
- Supported Chronic illness management and monitoring
- Communication with team/families/patients

Why we did it
As ambulatory services closed, Medicare dropped barriers to telehealth, allowing organizations to rapidly expand into virtual care. A combination of hospital capacity issues, patient hesitancy to enter a hospital, and consumer interest in virtual care created a quick uptick in telehealth.

Impact
Telehealth had a quick uptick in usage, and patients report interest in virtual options.

- 5% of the U.S population (16 million people) used telehealth for the first time between March and April 2020
- 11,000% Increase in Medicare claims data between March and April 2020
Example: Hospital at home

What we did
Rapidly expanded the usage of home-based care models during Covid-19. Model included:

- Creation of multidisciplinary care team to support home-based care for certain patient populations
- Relied on remote support acute care needs at patient homes—medications, monitoring, infusion, diagnostics
- Monitoring technology for hospital at home patients

Why we did it
During Covid-19 surges, Hospital at Home was used to meet specific patient needs for acute care while keeping patients out of the hospital. It was critical to protect hospital capacity, avoid Covid-19 transmissions, and treat more patients.

Impact
During the pandemic, hospital at home helped prevent Covid-19 transmission while simultaneously creating covid capacity, lowering costs, meeting consumer demands, and improving care outcomes.

- 50% Fewer unplanned readmissions¹
- 20-30% Lower costs for hospital at home patients¹

¹ From a Mount Sinai hospital at home demonstration in 2014

https://www.commonwealthfund.org/publications/2020/jul/has-time-finally-come-hospital-home
Example: Team based staffing

What we did
Created care teams to staff during Covid-19 surges. Sample actions include:

- Redeploy RNs from non-ICU units to Covid-19 units to staff care teams
- Deploy LPNs and PCTs on care teams to complete specific tasks
- Elevate expert RNs as the head of the care team
- Integrate other disciplines into care teams; ie, RTs, pharmacy techs

Why we did it
During Covid-19 surges organizations didn’t have enough ICU RNs to support critical care demands. Primary nursing staff models inadequate. Redeployed staff organized by teams provided broader critical care coverage, with ICU RNS typically serving as team leader, working with several team members to support care.

Impact
Team-based care helped organizations safely and efficiently meet the demand of Covid-19 surges. Organizations maximized expert RNs’ critical care knowledge, with care team members providing expanded support. RNs and staff from closed service areas remained employed.
Value of sustaining innovation examples post-Covid

**Telehealth**
- Expand *consumer access*, especially in rural areas
- Enhance remote options for care monitoring/support
- Lower *cost* of care
- Substitute for select in-person processes to address *staff shortages*
- Improve *care outcomes*
- Build broader digital technology strategy

**Hospital at home**
- Address continued inpatient capacity constraints
- Avoid *exposure to risks* in the inpatient setting for frail patients
- Lower *cost* of care
- Improve *care outcomes*

**Team based staffing**
- Staff safely while responding to a growing RN experience-complexity gap
- Improve *care outcomes*
- Improve patient access to staff; more ‘touchpoint’ opportunities
- Respond to staffing shortages without over-reliance on contract labor
Recommendation #1:

Inventory all practice innovations implemented across Covid-19 and evaluate for continued applicability and usage
Additional considerations for continued innovation

SAMPLE GO-FORWARD QUESTIONS

❑ How could this innovation advance the organization’s strategy beyond the pandemic?
❑ How will this innovation meet the needs of consumers in our community?
❑ What are the cost savings opportunities associated with this innovation?
❑ What training and staff preparation will be needed?
❑ What additional technology investments are needed?
❑ Does this innovation make staff workflow easier or harder?
❑ Are there safety, regulatory, or policy considerations that must be addressed?
❑ Can this innovation be expanded more broadly, across a service line, or across the entire system?
Evaluate which crisis innovations to sustain

Sample 2X2 tool to evaluate innovations

- Telehealth
- System-wide float pool
- Flexible shifts
- Team-based care
- Hospital at home
Recommendation #2: Commit to building a culture of innovation
# Sustaining practice innovation requires culture change

## FOUR BLOCKS

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<tr>
<td><strong>01</strong></td>
<td>Build formal channels for idea sourcing</td>
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<td><strong>02</strong></td>
<td>Encourage experimentation</td>
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<td><strong>03</strong></td>
<td>Embed accountability for innovation in all roles</td>
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<td><strong>04</strong></td>
<td>Recognize and reward innovation</td>
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Build formal channels for idea sourcing

- Include innovation ideas in daily huddles and triage
- Create a permanent space/area to submit innovation ideas, consider a location on each unit, floor, conference room
- Design and host shark tank competitions to source and fund innovation projects
- Host regular brown bag lunches with leadership focused on innovation ideas
- Tap shared governance or create focus groups to generate ideas to tackle specific challenges
Support experimentation to identify solutions

Options to support structured experimentation

LEAST RESOURCE INTENSIVE

Conduct one-off pilots of innovative ideas on your own unit

CREATE A DEDICATED INNOVATION UNIT TO PROVIDE THE SUPPORT AND TOOLS STAFF NEED FOR INNOVATION

MOST RESOURCE INTENSIVE

CREATE AN INNOVATION CENTER TASKED WITH INNOVATION FOR THE ENTIRE SYSTEM
Experimentation requires calculated risk

You have to [take risks] if you’re going to innovate and revolutionize anything with an organization. In fact, your tolerance for risk is directly related to how successful you can be and that tolerance is worth challenging.”

Ginna Raahauge, Senior VP
CATHOLIC HEALTH INITIATIVES

Non-negotiables for risk taking

- Never sacrifice patient safety
- Ensure staff are ready
- Comply with regulation and policies
- Have a plan for when to halt or stop
Nurse-led innovation example: Partners in Healing

1. Recruitment: Pre-surgical nurse
   - Pre-surgery, assess patient fit for program (e.g., caregiver willingness, patient complexity)
   - Explain value of program as key to post discharge stability
   - Reinforce that program is voluntary
   - Document interest in log sheet for charge nurse

2. Orientation: Bedside nurse
   - Post-surgery, orient caregivers agreeing to participate in program
   - Review list of care activities, train caregiver to perform chosen activities
   - Explain use of care diary, tape diary to closet door
   - Place “Partners in Healing” sticker in charge nurse book, chart, kardex to signal participation

3. Daily oversight: Bedside nurse & CNA
   - Observe, coach, reinforce caregiver skills on chosen activities
   - Ensure care diary is being used properly, remains taped to patient’s door
   - Introduce “Partners in Healing” participant to oncoming nurse on next shift
   - Transfer information from caregiver’s care diary into EMR daily

Results

- **76%**
  Percentage of patients and caregivers agreeing or strongly agreeing that “Partners in Healing” greatly enhanced their transition home.

- **84%**
  Percentage of patients and caregivers agreeing or strongly agreeing that they would recommend the program to other patients and families.

Source: Intermountain Healthcare, Salt Lake City, UT.
Personal risk-taking audit

<table>
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<tr>
<th>Risk assessment for <strong>nursing leaders:</strong></th>
<th>Risk assessment for <strong>frontline staff:</strong></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
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<tr>
<td>I estimate and provide for patient safety before taking calculated risks</td>
<td>I estimate and provide for patient safety before taking calculated risks</td>
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<tr>
<td>I solicit and generate new ideas for projects, programs, and processes</td>
<td>I submit and generate new ideas for projects, programs, and processes</td>
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<td>I strongly encourage my peers and team to take risks</td>
<td>I strongly encourage my peers to take risks</td>
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<td>I empower staff with ownership over new projects and programs</td>
<td>I volunteer to own new projects and programs</td>
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<td>I am comfortable taking risks without success guaranteed</td>
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**Directions:** For each statement below, identify whether you strongly disagree, disagree, agree, or strongly agree.
Set accountability for innovation at all levels

**CNO/Executives**
- Sets the stage
- Creates the space and opportunity
- Ensures resources/supports
- Encourages calculated risks
- Provides for pilots/experimentation
- Supports monitoring, modification, codification, cancellation
- Recognizes and celebrates successes and failures

**Managers**
- Ensures staff involvement at all levels
- Listens to staff re practice challenges
- Encourages staff to identify solutions
- Allows staff participation in pilots/experimentation
- Supports project transparency
- Recognizes/celebrate innovation at unit levels.

**Frontline RNs**
- Assumes responsibility for solutions
- Observes and identifies practice challenges
- Proposes innovative solutions to practice challenges
- Volunteers to participate and take calculated risk
- Challenges cultural, professional, and organizational norms to practice in favor of innovative solutions
Recognize and reward innovation

**Create innovation focused KPIs**

Design KPIs\(^1\) to incentivize staff to innovate. Sample KPIs include:
- Number of ideas submitted by internal sources
- Percent of projects devoted to transforming today’s business

**Recognize innovation at the leadership level**

Leadership publicly recognizes internal innovation. Ideas include:
- Create a quarterly innovation communication vehicle
- Highlight internal innovations at standing meetings, host innovation events
- Clarify and reinforce competencies, behaviors

**Reward innovation**

Incentivize staff to innovate by creating reward structures:
- Call out/recognize peers informally
- Financially recognize the contributions of innovations
- Include participation and achievement in clinical ladder portfolios

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1. Key performance indicators
We recognize nurses for all you do!

Douglas W. Coffey, RN, MSN
Chief Nursing Officer
Northwest Texas Healthcare System

Denise Hardin, RN
Emergency Department Nurse

Sue Hayward
Chief Nursing & Midwifery Officer
Waikato District Health Board

Courtney Ehlers, MSN, RN, CPN
Director Women’s and Children’s Service
Avery McKennan Hospital and University Health Center

Theresa M. Moore, MSN, RN, SANE
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Virginia Sun, PhD, RN, MSN
Associate Professor, Division of Nursing
Research and Education
Department of Population Sciences and Department of Surgery
City of Hope National Medical Center
ANA extends Year of the Nurse to 2021

Source: About Year of the Nurse, ANA, https://anayearofthenurse.org/about-year-of-the-nurse/
The profile of an innovative professional

Characteristics of the innovative professional

- Tolerates risk
- Action oriented
- Courageous
- Optimistic
- Open
- Collabortive
- Curious
- Confident
- Persistent
- Observant
Call for innovation

Your next step: identify one challenge or opportunity to focus on at your organization

THREE QUESTIONS TO ANSWER

1. Do you have what it takes?
2. Are you willing to try?
3. What's standing in your way?
Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it’s the only thing that ever has”

MARGARET MEAD
Webinar Survey

Please take a minute to provide your thoughts on today’s presentation.

Thank You!

Please note that the survey does not apply to webconferences viewed on demand.