



SINI 2016
26th Summer Institute in Nursing Informatics

Informatics at the Crossroads of Care Coordination

July 20-22, 2016
University of Maryland School of Nursing, Baltimore, Maryland

Challenges of Moving Innovation

Kathleen G. Charters, PhD, RN, CPHIMS
Nurse Consultant, Defense Health Agency, Healthcare Operations
kcharters@mac.com

Disclaimer

- ▶ No financial disclosures
- ▶ The views expressed in this presentation are my own. They do not necessarily reflect the views of the Military Health System components (Air Force, Army, Navy or Defense Health Agency) or any other governmental agency.

Objectives

- ▶ At the completion of this presentation, participants will be able to:
 - Identify three challenges in moving from innovation to mainstream enterprise solution
 - Assess the risks presented by each challenge
 - Develop a risk mitigation strategy for each challenge

Survey

- ▶ Have you had experience with an innovation project?
- ▶ If yes, was the intent of the innovation to become an enterprise solution?
- ▶ If yes, is the innovation still being practiced?
- ▶ If yes, how much of the enterprise is practicing the innovation? (0-25%; 26-50%; 51-75%; 76-100%)
- ▶ Has the innovation moved from special project status to enterprise mainstream?

Key Points

- ▶ My organization does (occasionally) successfully transition from innovation to enterprise mainstream
- ▶ This is not automatic
 - Successful transition requires persistence, timing, and luck

2016 Military Health System Speaker Series on "Health Innovation"

- ▶ A Case Study: The Artificial Foot
- ▶ Biopsychosocial Treatment of Hypertension in Primary Care
- ▶ Intensive Cardiorespiratory Exercise (ICE) to remediate mTBI in active duty
- ▶ Best Practices on the Integration of Mobile Health Technology in Clinical Care
- ▶ Applications of Music Therapy: Treatment of Traumatic Brain Injury (TBI) and Psychological Health with Military Populations

Innovation and behavior?

Innovation and devices?

Lessons Learned

- ▶ Innovation strategy: purchase anesthesia reporting and monitoring devices to standardize equipment across the enterprise
- ▶ Goal: improve quality of care through automated collection of quality measure documentation
- ▶ Implication: distributed vs. centralized reporting

Scope

- ▶ 54 medical treatment facilities
- ▶ Located around the world
 - Including war zones
- ▶ Local IT support for implementation
- ▶ Contract: Remote access for vendor support
- ▶ Project office: 1 government quality SME; 1 contractor for project management support; 1 contractor for writing reports
- ▶ System administration: Anesthesia techs or anesthesiologists

Configuration and Investment

- ▶ Minimum: 3 servers on a LAN; 3 devices
- ▶ Per device cost: \$100,000
- ▶ Large medical treatment facilities: 60+ devices
- ▶ List management: Anesthesiologists
- ▶ Report development: 1 report writer, Anesthesiologists
- ▶ Report management: Anesthesiologists

Transition Issues

- ▶ Project Management Office
 - What domain? Medical logistics or Health IT?
 - What resources? Three Services (Army, Navy, Air Force) and joint multi-service markets (National Capital Region)
 - Who holds the contract? Lead Agent?
 - What is the governance? Technical? Functional? Both? Does it take 100% agreement to move forward?

Reality

- ▶ From innovation to legacy without a PMO
- ▶ Organizational benefits
- ▶ Organizational lost opportunities
- ▶ Lessons learned for next generation
 - Remarkable resilience of the Anesthesia community
 - FDA approved device constraints
 - Contract Boilerplate Health IT safeguards
 - Training assumptions

Small Group Exercise

- Identify one challenge in moving from innovation to mainstream enterprise solution
- Assess the risks presented by that challenge
- Develop a risk mitigation strategy for that challenge

