




Challenge of Moving Innovations into Enterprise Solutions


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Agenda

- **Recipe for success**
 - What does successful implementation look like?
- **Potential Pitfalls**
 - Where do challenges emerge?
 - What types of challenges arise?
- **Possible Solutions**
 - Prevention
 - Resolution
- **Case Examples**
 - Advanced Care Planning
 - Incorporating Spiritual Screening into Medical Clinics
 - Preventing Provider Burnout




Components of Success



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graph TD
    A[Effective Innovations] --- B[Socially Significant Outcomes]
    C[Effective Implementation] --- B
    D[Enabling Contexts] --- B
  
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*<http://nirn.fpg.unc.edu/learn-implementation>



Recipe for Success

- **WHAT** needs to be done (*effective interventions*)
- **HOW** to establish what needs to be done in practice
- **WHO** will do the work (*effective implementation*)
- **WHERE** effective interventions and effective implementation will thrive (*enabling contexts*)

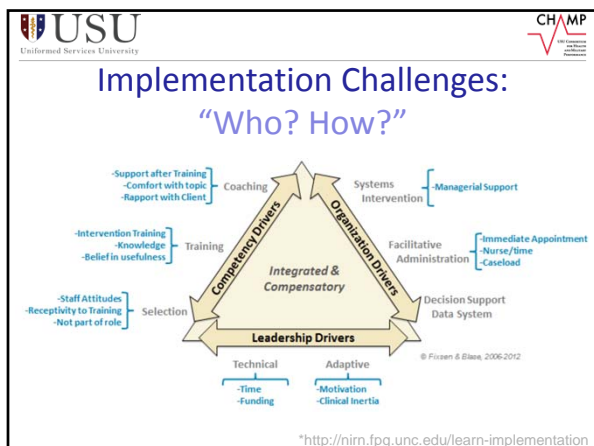
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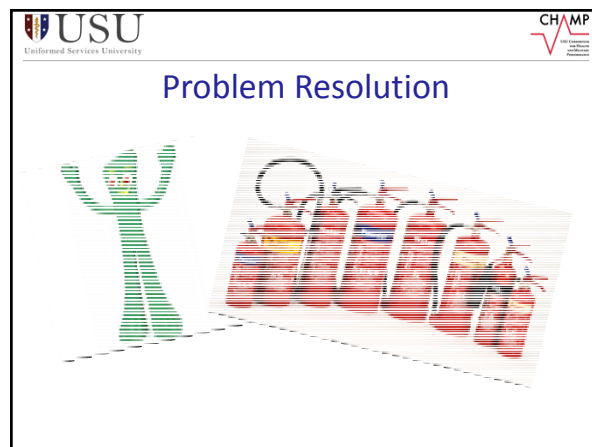
Innovation Challenges: "What?"

- **Clear and well defined program**
 - What values and principles drive the intervention
 - Who benefits from this intervention
 - Inclusion/Exclusion criteria
- **Specific Features and Core Components**
 - What is required for success
 - What are the active ingredients
- **Operational Definitions**
 - Consistency in practice
 - Are the components teachable/learnable, replicable
- **Performance Assessment**
 - Is the program functioning as intended
 - When functioning as designed does have the desired outcomes?

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- Context Challenges: "Where?"**
- Existing Systems**
 - Multi-layered, cumulative in nature
 - Levels of "quick fixes" or reactive changes over time
 - Adapting Innovation versus Adapting the System**
 - Innovations changed to fit the system
 - Effectiveness/Expected Outcomes (decreased)
 - System changed to fit the innovation
 - Effectiveness/Expected Outcomes (increased)
- *http://nirn.fpg.unc.edu/learn-implementation





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- Health System Examples**
- Settings:**
- Internal Medicine
 - Primary Care
- Projects:**
- Advanced Care Planning
 - Integrating Spiritual Care and Screening into Medical Settings
 - Preventing Provider Burnout

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- Advanced Care Planning**
- Setting:**
- Primary Care
- Improvement Rationale:**
- Advanced care planning reduces unnecessary medical procedures at the end of life, eases family burden, and allows patient greater autonomy regarding their medical care
 - Current system provides little opportunity for patients to create advanced directives and limited documentation within the health record
- Innovation:**
- Improved communication and education through the use of videos, discussions with the health care team
 - Improved documentation through changes to the health record

Advance Care Planning: Challenges

- **Physical Limitations:** Where will patients sit while watching educational videos? What platforms will be accessible and easily used? Will iPads get lost? Are computers user friendly enough?
- **Staff/Clinic buy-in:** How will the “extra” time be credited? How will this impact the workflow of an already busy clinic? How will this additional procedure fit into clinic appointments?
- **Who will drive the change?** Even the most motivated physicians have limited schedules to move towards progress

Spiritual Screening in Internal Medicine

Setting:



- Internal Medicine

Improvement Rationale:

- Chaplains are available to provide both inpatient and outpatient care, but no screening protocols exist for spiritual concerns in the outpatient setting



Innovation:

- Introduce a standardized screening process into IBHC practices and streamline the referral practice for outpatient Chaplain services

Spiritual Screening: Challenges

- **Coordination with existing system:** Behavioral health has established screening and referral protocols within the clinic requiring a collaborative change plan
- **Innovation:** Lack of existing spiritual screening protocols in the research resulted in a large lead time to develop appropriate innovation guidelines
- **System Factors:** Turnover within training hospitals or the military health system requires a plan for perpetuating change as current members of the clinic rotate in and out

Integrated Chaplain in Primary Care

Setting:



- Family Health

Improvement Rationale:

- Patients present to primary care with a variety of psychosocial and spiritual concerns which can relate to somatization
- Chaplains assigned to hospital wide can feel disconnected from the outpatient settings
- Embedded chaplains can address patients spiritual needs more efficiently than traditional referral models therefore improving patient care and satisfaction



Innovation:

- Integrate a chaplain into the primary care clinic who will build working relationships with the interdisciplinary team and provide holistic care to patients

Integrated Chaplain: Challenges

- **Who:** When implementing a change requiring a new position, finding a “body” to fill the position is an initial challenge as well as funding and infrastructure to support the position. Success of the entire innovation hinges on finding not just any person to fill the role, but the right person
- **Evaluating Measurable Outcomes:** A plan for demonstrating outcomes is necessary, but must fit the confines of the setting (ie protecting confidentiality) while also showing change meaningful to stakeholders

Preventing Provider Burnout

Setting:



- Internal Medicine

Improvement Rationale:

- Providers experience burnout at rates greater than the general population associated with difficulties with depressive symptoms, increased rates of suicide among physicians, poor patient care and increased error
- Interventions have been tested that suggest this risk of burnout can be reduced


Innovation:

- Introduce a mindfulness and reflective intervention over the course of 6 months intended to reduce provider burnout



Preventing Burnout: Challenges

- **Innovation:** Vaguely defined interventions with mixed evidence of efficacy
- **Clinic Demands:** Negotiating the need to maintain clinic flow and productivity with time off for physicians to participate in the new intervention
- **Sustainability and Long Term Outcomes:** How to create long lasting change with approval for a short term intervention




Wrap Up

- **Begin with quality ingredients:**
 - Innovation/Intervention, Setting, People
- **Challenges will arise**
 - Anticipation and prevention are ideal, but not always possible
 - Roll with problems, look for creative solutions
- **Be adaptable and open to new directions**
- **Maintain momentum**
 - Projects stall, Safeguard visibility and communication with stakeholders and team members even when progression slows

Thank you!

Questions, Comments, Ideas....
please feel free to reach out:

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