INNOVATIONS IN PA/LTC

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New Society Workgroup Provides Springboard for Innovation

As you stroll through the hallways of the hotel at a Society annual meeting, you may hear complaints about the ever-increasing hardships of clinical practice. Themes are echoed about patients who are sicker, hospital staff who expect too much from us, and a lack of resources that is increasingly exerting an adverse impact on care. The complaints will then turn to the Affordable Care Act, which has required hospitals and post-acute systems, including the physicians who serve them, to show significant flexibility and adaptability with new electronic health records, new treatment protocols, and many regulatory changes.

And then you encounter another kind of a physician, unfazed and unburdened, who shares ideas about the many cool solutions they've found to respond to changing system needs. These seemingly unfazed doctors complained at one time too, but it didn't take them long before they got busy adapting, maneuvering, and experimenting. They had early failures, and then they got busy again testing a new theory, a new solution — and then they won! What is embodied in this description? These adapters who are not afraid to experiment, fail, and try again meet the definition of true innovators.

Innovation can mean different things to different people, but the Institute for Healthcare Improvement defines it as an "act of making changes in something established by introducing new methods, ideas, or products." Innovation needs to be differentiated from traditional quality improvement, which entails improving an existing system. Innovation is basically doing something new. Innovation not only requires a new solution but also a new way of looking at existing problems that need to be solved.

Innovations range from sustaining (for example, the Apple team consistently adds new features to their iPhone's digital platform, meeting the needs of their customers and staying relevant in the market) to breakthrough (such as self-driving cars). Then there are the disruptive innovations that, in the words of Clayton Christensen, DBA, "create a new market and value network, eventually disrupting an existing market and value network, displacing established market leaders and alliances" (www.claytonchristensen.com/key-concepts/). Regardless of their precise category, innovations solve problems and can help address many complex issues clinicians in post-acute/long-term care face every day.

A *JAMDA* study has highlighted many examples of innovative technological devices that may help improve day-to-day safety among older patients (*J Am Med Dir Assoc* 2014;15:457–66). One company is disrupting certified nursing assistant training by combining Hollywood-style videos with the capabilities of IBM-Watson, a computing system with a high-level of automated reasoning, to respond to the needs of individual learners (http://readycna.com/#readycna).

More importantly, many system-level innovations are being led by engaged medical director members of the Society. For example, one medical director implemented an innovative rounding approach to address low patient satisfaction in his facility. This model provided patients with options such as choosing more convenient meeting times, placing the patients in charge of their own care planning, and using patient-centric templates to report on patient progress. This model transformed the traditional care planning process into a meaningful activity that led to greater satisfaction among patients, families, and staff members.

Although it may appear simple, it can be quite complex to implement and sustain innovations. In her excellent article in the *Harvard Business Review*, "Why Innovation in Healthcare Is So Hard," Regina Herzlinger, PhD, systematically addresses how industry players, funding, policy, technology, customers, and accountability (or lack thereof) can hinder innovation. Innovators invariably find that being ahead of other competing forces often leaves them without the needed support to propagate or sustain innovations. As an example, in the rounding model just described, within a few years of implementation a new therapy company refused to provide the flexibility that was necessary to allow patients and families to take charge of their care planning; the model soon lost its full impact.

How then do members of the Society — a community of very hard-working clinicians who face never-ending curve balls in an evolving health care system — avoid the tendency to complain and decide to join the ranks of innovators? The Society has historically done an excellent job in leading member education and lobbying for better regulatory frameworks for effective care delivery in the PA/LTC setting. But now the Society aims to champion the cultivation of innovative solutions to the complex problems faced by clinicians in their day-to-day practice. Many Society members are, by nature, effective problem solvers and "everyday innovators" for the PA/LTC industry. Can you imagine the impact if the Society could harness the energy of these innovators and turn it into an ongoing stream of effective solutions?

The Society Board of Directors has already assembled an Innovation Workgroup that is charged with defining innovation in PA/LTC and exploring models of innovation from other settings that the Society may use as a template. In its first 90 days, the workgroup successfully identified many potential models that could be excellent templates for the Society to lead innovation. The workgroup will present a session on innovation at the Society's annual conference and will conduct an innovation forum that will seek member input to set the "innovation agenda" for the Society. In subsequent columns, the Innovation Workgroup will provide more details of these activities and will also invite input from members who are already leading innovations in their work environments.

Health care systems are changing, and innovation is essential if we are to respond nimbly to the rapid changes before us in PA/LTC. Working harder has served us well in the past, but we now must also work smarter. The Society will provide a platform, a launching pad, and a support network for its hundreds of everyday innovators. This vision of innovation is intended to lead the world into a new generation of health care in the PA/LTC setting.

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