The Evolution of Innovation in Long-Term Care: Including Practitioners in the Process

By Joanne Kaldy

Post-acute and long-term care isn’t generally known as the area of health care marked by innovation. However, while our sector may be behind in the race, we are catching up fast — partly due to the challenges of the COVID-19 pandemic. “When we are motivated to make change, anything is possible,” said Liz Jensen, MSN, RN, RN-BC, clinical director of the Direct Supply Innovation & Technology Center, and chair of AMDA – The Society for Post-Acute and Long-Term Care Medicine’s Innovations Platform Advisory Committee (IPAC).

Practitioners don’t necessarily see themselves as innovators, Ms. Jensen said, but they are. “As clinicians, we are natural problem solvers, which is a core characteristic of an innovator. But we don’t know where we stand in the process of innovation.” This is partly because clinicians are often at the end of the process, absorbing innovations that “have been designed for us,” she said. “We need to find ways to get involved in all stages so that we can contribute our ideas earlier in development.”

The Innovation Evolution

“The word ‘innovation’ has been used a lot,” said Ms. Jensen. “A few years back, we saw ‘director of innovation’ positions popping up in long-term care.” What these positions involved, she said, was identifying innovations — such as hot new technology — that would be good for the organization to embrace. However, she stressed that in recent years, there’s been a shift from the “excitement and sexiness” of innovation to the reality of it. “What does an innovation actually mean? How will it make our organization better or more efficient? And how will we make it happen?”

Identifying “real” innovations that could make a real difference and involving practitioners in the development process were the impetus behind IPAC. “I think that this is what AMDA has been working toward — actual, pragmatic innovations such as the AMDA On-The-Go podcast and the new AMDA App that are designed to address the evolving needs of our members,” said Ms. Jensen. “We want to open opportunities for practitioners to share their ideas. The program, started in 2017, has helped to spearhead a culture of innovation for the Society and its members. “We need safe places to try new things as well as opportunities for practitioners to be involved in innovation at all stages,” said Ms. Jensen. “AMDA members have a willingness and desire to drive change. It’s important to give them a chance to experience and participate in the early stages of innovation.”

Innovative Power in the Pandemic

Not surprisingly, the pandemic has driven creativity and resulted in numerous innovations. Ms. Jensen said, “We’ve seen innovation in processes, in practice, and in products/technology — important innovations in science, like vaccines and testing, innovations in [personal protective equipment], and innovations in physical plant — creating air exchanges, improving air quality, and surveillance systems. With many of these, the building has become part of the ‘care team.’ These kinds of innovations have added a new layer of protection for infection prevention and risk mitigation,” she said. “It’s been great to see some of the innovations that have come forward in this space. It shows that anything is possible when many people are focused on one problem.”

The pandemic exposed “a lot of gaps to the larger public that many of us have known about for a long time but haven’t been able to change.” Yet innovation is possible. For instance, blanket waivers from the Centers for Medicare & Medicaid Services were able to happen quickly, opening up opportunities for innovation such as the use of telemedicine services. “I hope that lesson doesn’t get lost on policy makers and others,” Ms. Jensen said.

Moving forward, it will be essential to keep innovation alive. “We need to find ways to encourage innovative thinking. We need to put it on a calendar, post ideas on a board, identify ones to work on, and see those through,” said Ms. Jensen, adding, “We can imbed innovations into existing processes such as [Quality Assurance Performance Improvement]. They don’t have to be complex or elaborate. They can be a simple but smarter way to solve a problem.”

Beware Innovation Theater

There is a place for innovation theater, Ms. Jensen said, but it’s important not to get swept away by it. She offered, “There is a place for the theater part — getting excited about a new idea, that thing that sparks your imagination; and impractical innovations can inspire practical ones.” However, she stressed, “We have to think about what comes the innovation will achieve. Does it demonstrably achieve a practical and valuable outcome? For instance, does it reduce costs to the system as a whole? Or does it add a new revenue stream? These are the filters we need to look at the innovation through. Then comes the evidence part.”

She stressed that advances in pragmatic research help drive evidence and learning about innovation in real time. “Evidence is critical when we are considering an innovation that impacts the health and safety of a person. We need to balance our tolerance for risk with the opportunity to reach a better outcome. And where dollars are tight or there is an urgent need, we need to consider if the innovation will be worth moving forward with limited evidence.”

It’s important to put milestones and time frames in the business plan for an innovation. If these can’t be met, it may be possible to revise them for more realistic achievements. However, innovations need to be prepared to determine when it’s time to move on. This shouldn’t be confused with failure, Ms. Jensen stressed. It may be that the idea could be repurposed for something more doable or set aside temporarily.

Many innovators have extremely compelling stories about their vision, and this passion is powerful. “However, it is important to remain objective enough to admit when the evidence, finances, and other issues make moving forward on an idea impractical or even prohibitive. You hope that people aren’t so emotionally attached to an idea that it destroys their initiative if it can’t move forward,” Ms. Jensen said.

Person-Centered Versus Workforce Innovations

There are different types of innovations. In long-term care, person-centered innovations are both popular and necessary. “These are things that help people who are aging and perhaps have a disability. These innovations help support their ability to be independent as long as possible,” said Ms. Jensen. As one example, Ms. Jensen said, “One of our engineers designed a hydraulic seat lift. As you start to stand up, it gives you a bit of a lift.” These kinds of elegant, dignified, and simple innovations “give a bit of help that can make a big difference.”

Workforce innovations also are essential and needed in long-term care. For instance, said Ms. Jensen, “During the pandemic, we saw providers set up special areas where people could change clothes, shower, etc., to prevent transmission of the virus and help staff feel more confident in going home to family or coming to work.” There also have been other workforce safety innovations as well as creative ways to empower staff such as scheduling tools that come from looking at things through the eyes of caregivers and other workers.

In the end, Ms. Jensen said, “Innovation is alive and well in long-term care. We are a sector that has long found innovative ways to operate within regulatory, financial, and workforce constraints. Seeing the interpersonal collaboration that has occurred in our sector during the pandemic has fostered incredible innovative thinking and advances. It’s important that we continue to find ways to advocate for changes in funding, infrastructure, and workforce investments that allow these innovative ideas to drive real change in senior care.”

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— Liz Jensen, MSN, RN, RN-BC

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