

Diffusing Innovation and Best Practice in Health Care



Philip E. Greulich, MD^{a,*}, Mary Eleanor Phelps, MA, RN^b, William Daniel, MD^c

KEYWORDS

- Health care • Diffusion • Spreading • Scaling • Quality improvement • Patient safety • Implementation

KEY POINTS

- All too often, successful quality improvement (QI) pilot projects fail to be diffused or “spread” throughout the system.
- The inability to diffuse successful pilot projects wastes valuable resources, discourages teams and undermines an organization’s ability to reduce preventable harms.
- The necessary and sufficient conditions for diffusion require executive leadership, a conducive culture, and the capacity for robust QI.
- Successful diffusion of best practices generally deploys a series of key components over 2-3 major phases.
- Leaders in perioperative medicine will need to adapt the best practice approaches covered in this chapter to help secure the vitality of their organizations during this period of rapid transformation.

INTRODUCTION

Health care systems have extensive portfolios of quality improvement (QI) projects at various stages of execution. Within perioperative medicine, these projects are aimed at reducing errors, infections, transfusions; improving care transfers; enhancing recovery after surgery; and improving outcomes and financial performance. Considerable excitement is generated when pilot projects achieve their stated goals, meet or surpass targets, and finish on time within the defined budget. All too often, however,

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^a Department of Anesthesiology and Pain Management, University of Texas Southwestern Medical Center, 5323 Harry Hines Boulevard, Dallas, TX 75390, USA; ^b Office of the Associate Dean for Quality, Safety, and Outcomes Education, University of Texas Southwestern Medical Center, 5323 Harry Hines Boulevard, Dallas, TX 75390, USA; ^c Office of the Executive Vice President for Health System Affairs, University of Texas Southwestern Medical Center, 5323 Harry Hines Boulevard, Dallas, TX 75390, USA

* Corresponding author.

E-mail address: Philip.Greulich@UTSouthwestern.edu

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project leaders and teams become frustrated when successful local improvements and best practices are not used by other units within the same department or hospital. As a result, project teams can feel deflated and the failure to spread successful initiatives represents a significant opportunity loss for the organization. Over the past decade, many project teams across health systems in the United States have suffered similar fates despite the documentation of an increasing number of small-scale successes. The inability to scale up or diffuse best practices might explain why medical errors continue to produce substantial morbidity, pain, and distress 15 years after the Institute of Medicine's call to action.¹⁻⁶

Projects are temporary endeavors with a defined beginning and an end. Project teams are often tasked with complex projects that encompass multiple elements and stakeholders. Many health care providers are members of QI project teams and are well-equipped to plan, execute, and complete a QI project. Why then do these fail to spread or be sustained? Often, scaling up and spreading the improvements are not considered in the scope of the project. During project closeout, project teams transfer ownership of the project to process owners within operational units or functional departments. Without additional planning and institutional support, or if teams neglect to define where the responsibility for spreading rests, improvements are at risk of not scaling up, not spreading, and regressing back to the former state. Reverting to ineffective processes or work environments is a waste of resources and may even increase the resistance to subsequent initiatives to improve care. Institutional memory is not sufficient to sustain or spread improvements. Managing spread is an active process requiring careful planning, preparation, and institutional support.

Diffusion is the scientific term for spread and historically has been studied as passive or unmanaged diffusion. Diffusion must be actively managed to be successful in health care.^{7,8} Few health care providers have the leverage to make global changes to disseminate best practices across an organization. The propagation of innovation and best practices must help organizations achieve specific goals, so it is essential to articulate the business case showing how the particular best practice makes sense at multiple levels and to different stakeholders. The potential impact of managed diffusion within health care is beginning to emerge. Building the framework for its application in perioperative medicine is the focus of this article.

Active diffusion invokes systems thinking within an organization. It takes into account the dynamic interactions between people, the environment, processes, and outcomes. The factors that shape the context in which the practice is planted also influence the successful diffusion of the practice. Diffusion within a complex sociotechnical system also requires leadership and cultural transformation. Essential drivers of managed diffusion include executive-level engagement, robust QI, operational implementation, monitoring and reporting of outcomes, and knowledge management.⁹⁻¹² Knowledge management is a relatively new concept that focuses on the process of acquiring, creating, and sharing knowledge within an organization to achieve its objectives.¹³ Diffusion is further enabled when frontline providers are actively engaged, healthy social systems nurtured, and learning readily shared.

This article describes a systematic approach to diffusion within perioperative medicine. It synthesizes work done by the Baldrige Foundation, the Institute for Healthcare Improvement, The Joint Commission Center for Transforming Healthcare, implementation scientists, and health care systems with robust QI programs.⁹⁻¹⁶ A case study is used to illustrate the significant phases and critical components of an effective strategy for actively managing diffusion of best practices in a perioperative setting.

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