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Spotlight on Disruptive Innovation

Disruptive Innovation

Latest Buzzword or New Reality?

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This is an inaugural department column focusing on disruptive healthcare innovations and the implications for nurse leaders and nursing practice.

There is no need to remind anyone reading this column that significantly changing market forces, including risk-based payment, increasingly narrow networks, and rising consumerism along with the fundamental shift in our care model's focus from that of sickness to health, are dramatically shaping our organizations' strategy. As leaders, we are witnessing disruptive innovations (DIs) rapidly unfold, for example, the proliferation of easily accessible, inexpensive primary/urgent care in retail clinics, that is, Walmart, CVS, and Walgreens, with consumers flocking to this delivery model as an alternative to traditional healthcare settings. The massive uptick in virtual health technologies to support myriad care needs is significantly pushing the envelope regarding the types of processes, support systems, and clinicians needed to remotely care for increased numbers of community-based patients. So, DI… a new buzzword coined for motivation, or our new reality?

As a theory, DI was developed by Prof Clayton Christenson of the Harvard Business School[1] and subsequently applied to healthcare by Christensen et al.[2] It describes how industries in any field transform to provide increasingly affordable, convenient, and accessible services to consumers. Unlike more traditional innovations seeking to improve existing products, services, or processes, DI essentially disregards status quo. Solutions are identified, not by trying to "improve" a product or service, but rather by addressing what work needs to be done, disregarding status quo approaches, and designing accordingly, with the consumer's need at the forefront.[3]

By definition, DI can be expected to provoke controversy, conflicting with organizational, professional, and cultural norms. In healthcare, given how the world is shifting, the organizational solutions needed will require nothing less. Experts agree that whatever the ultimate outcome of any DI is, the disruption in and of itself is invaluable in stimulating further dialogue, advancing innovative thinking, and transforming models of service delivery at the levels the industry demands.[3]

While DI is relatively new in healthcare,[4] it is occurring, and we must prepare for escalation. What does this mean for nursing leaders and nursing practice? Rather than being in a position of adapting nursing resources to the innovations that others have created around us and for us, how do we actually use DI in care and process transformation?

Let me be clear. While change has always been a constant in our profession, few would argue that the locus, focus, and speed of change have ever been more dramatic. Given what lies ahead for healthcare providers, I suggest that the traditional improvement mindset and methods may not be aggressive enough for the innovation that is now required. The new model of wellness care that fundamentally flips our focus from one of episodes to care continuum health, undergirded by a seamless network of facilities, agencies, support systems, and community partners, is poised to stress the very DNA of how the majority of our currently trained clinicians have practiced, let alone what is considered even remotely possible.

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I am not suggesting reckless, unplanned change, or falling prey to the latest buzzword that nurse leaders must accommodate. Rather than view DI as the latest flavor of the month, DI provides nursing professionals with a remarkable opportunity to lead innovation, capitalizing on the great work achieved through improvement methods such as Transforming Care at the Bedside,[4] but going further. DI provides the platform to maximize the contribution of the RN in the new terrain of healthcare delivery with approaches that have yet to be even considered, let alone tested. Our challenge as leaders is to remain committed to the standards of professional practice and the relentless quest toward achieving patient safety and clinical quality, while simultaneously creating a professional practice environment that unleashes the potential of DI and ensuring that DI in nursing practice will flourish.

Several nursing organizations are already responding to the DI movement. For example, the widely heralded work of Massachusetts General Hospital leverages the creation of innovation units to test and stabilize dramatic change in nursing roles.[4] Crossing the country in my work, I hear reports of alternative DI approaches to care models that formally integrate family members into the delivery of inpatient care, the employment of patient advisors to improve patient activation by educating peers in the community on chronic disease management, and processes for patients to administer their own medications during an inpatient stay. These innovations are challenging the status quo of care delivery, nursing practice, and what our RNs *are* doing and value, versus what they could be doing, fundamentally from the standpoint of patients and consumers.

Implications for Nurse Leaders

So, recognizing the many priorities faced by nursing leaders, how do we find time to jumpstart the conversation about incorporating DI into our nursing strategy? How do we support an environment for professional nursing practice that prepares our frontline staff and our management teams to both support and participate in this new reality? Let's presume there is neither a 1-size-fits-all recipe here, nor that the only way DI for nursing practice to flourish is if you have the resources to support an innovation unit or a simulation laboratory.

I believe, regardless of an organization's size, scope, structure, and affiliation, there are key learnings from the early DI adopters that others can benefit from. Specifically, what is the infrastructure that's needed, the tools, the data, and the skill sets, for both staff and us as leaders? What does this mean for our existing improvement methods? Most importantly, how do we adapt those key learnings to our own organizations, such that DI is not the exception in nursing, but the norm?

Future Columns

In upcoming columns, I will profile nursing organizations that are investing heavily in DI, what they are doing, how they are doing it, what their implementation issues are, and results. The range of innovations profiled will include both disruptions to care processes and care models/staffing systems/and roles. I will share examples of what's possible and work to stimulate this broader leadership dialogue. As nursing leaders, we cannot underestimate the potential of other players getting involved in disrupting our world. Coining the old management saying, "disruptive change will get done either to us or by us." Look for future columns in *JONA* as we explore opportunities and learn from each other.

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