

HOW TO SPREAD GOOD IDEAS

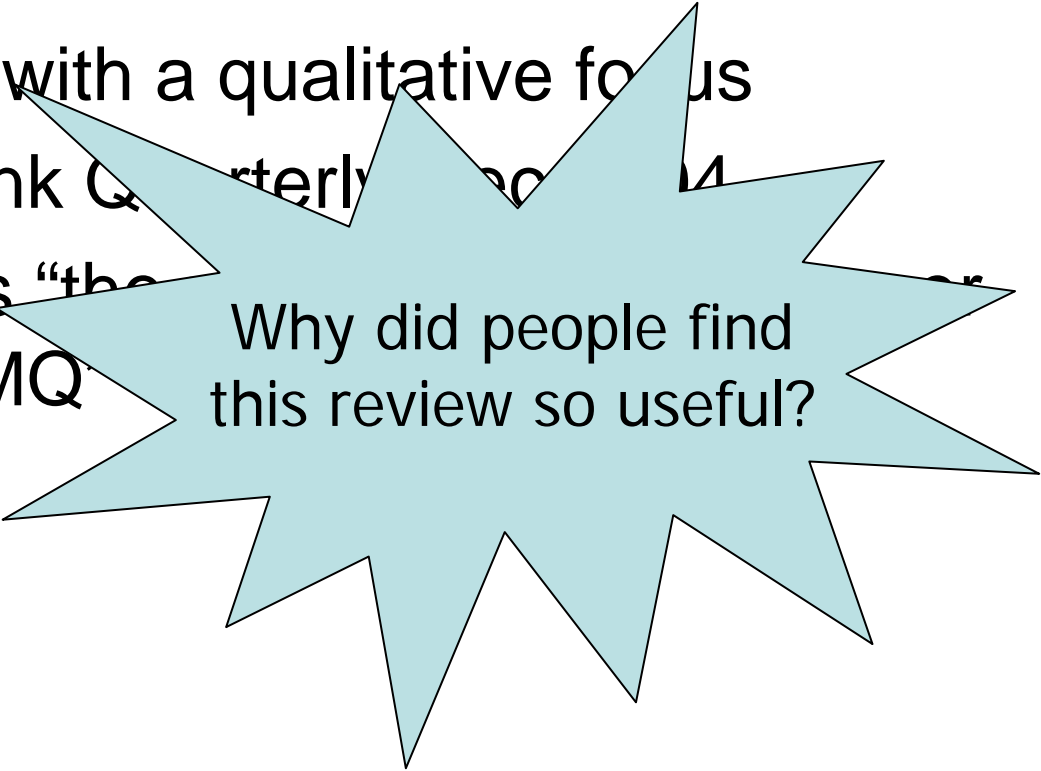
Insights from a systematic literature review and subsequent research and policy work

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Acknowledging Dr Glenn Robert, Prof Paul Bate, Dr Fraser Macfarlane, Dr Olivia Kyriakidou

‘Diffusion of innovations in health service organisations’

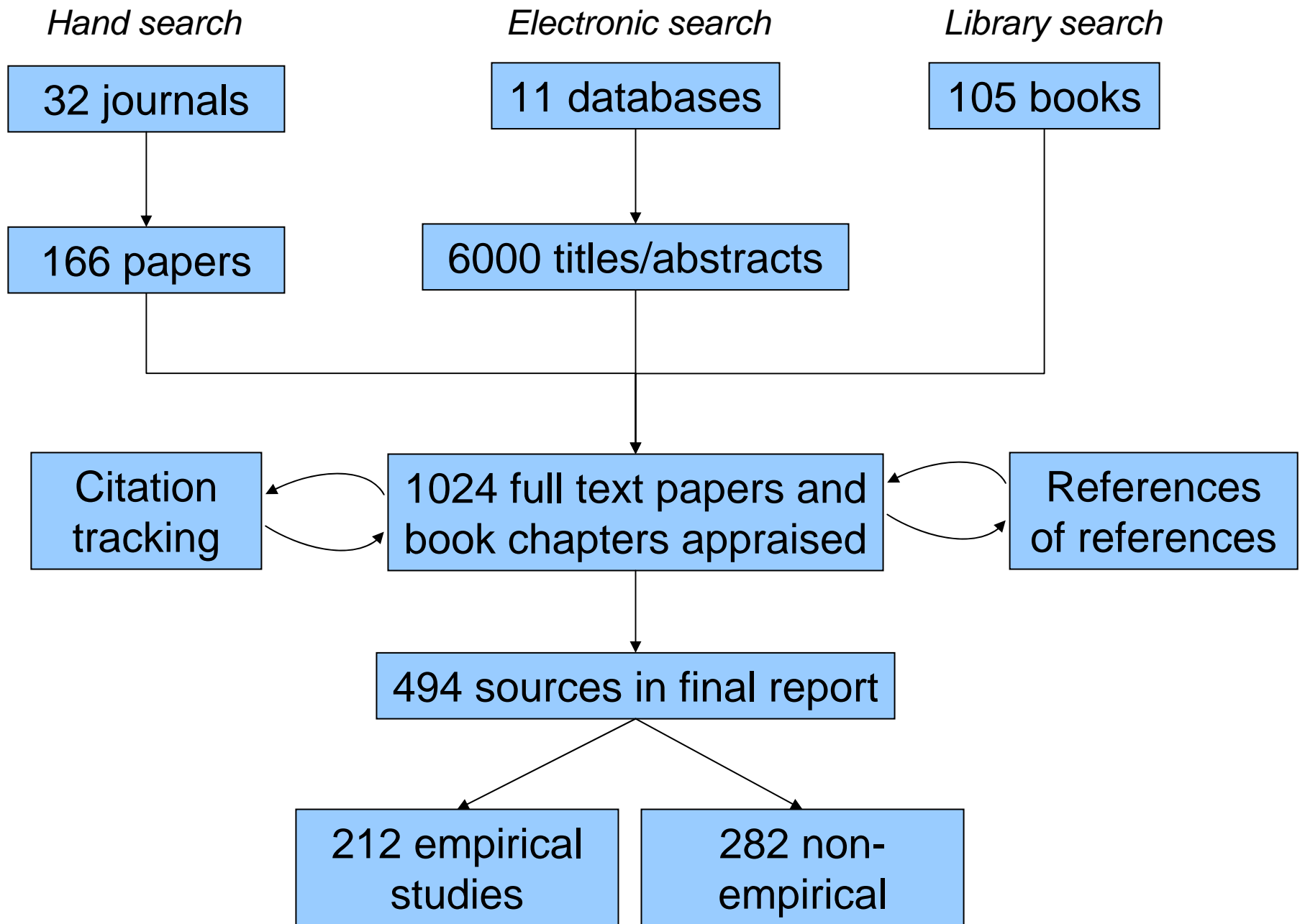
- Systematic review with a qualitative focus
- Published in Milbank Quarterly
- Editor describes as “the most influential ever published in MQ”



Why did people find this review so useful?

Research question

- How can we spread and sustain service-level innovations in the NHS?
- E.g. If someone has a GOOD IDEA to promote **self management by patients**, now can we spread and sustain this idea?



A FINAL MODEL WITH SIX KEY COMPONENTS

**WORKED EXAMPLE:
'SELF MANAGEMENT AS SYSTEM
INNOVATION'**

Guys Modernisation Initiative

- £15 million for “whole-scale transformation of the health economy”
- Numerous work streams
- Goals
 - Healthcare to be oriented around the patient
 - ‘Seamless’ care across the whole pathway
 - Encourage user involvement and self management

THREE EXAMPLES OF 'SELF MANAGEMENT' IN THE MODERNISATION INITIATIVE



Haemodialysis



Pregnancy tests



Peer support for stroke patients

'SELF MANAGEMENT' IN THE KIDNEY UNIT

And who's going to chat to her about life in general now that she doesn't "need" a nurse to put the needle in?

Why do they think "self managing" is only about taking my own blood pressure and connecting myself to this machine?

When I become independent in dialysis this will save me time and the unit money



'SELF MANAGEMENT' IN THE KIDNEY UNIT

My staff nurses need to change their identity and skill set from “someone who does things to the patient” to “someone who helps the patient do things for herself”

We could make use of the spare nurse time to provide ‘bite sized’ chunks of education

I'll need to go on a leadership course

I wonder if the doctors will understand all this empowerment stuff?

And we'll need to re-write all the job descriptions



'SELF MANAGEMENT' IN THE SEXUAL HEALTH CLINIC

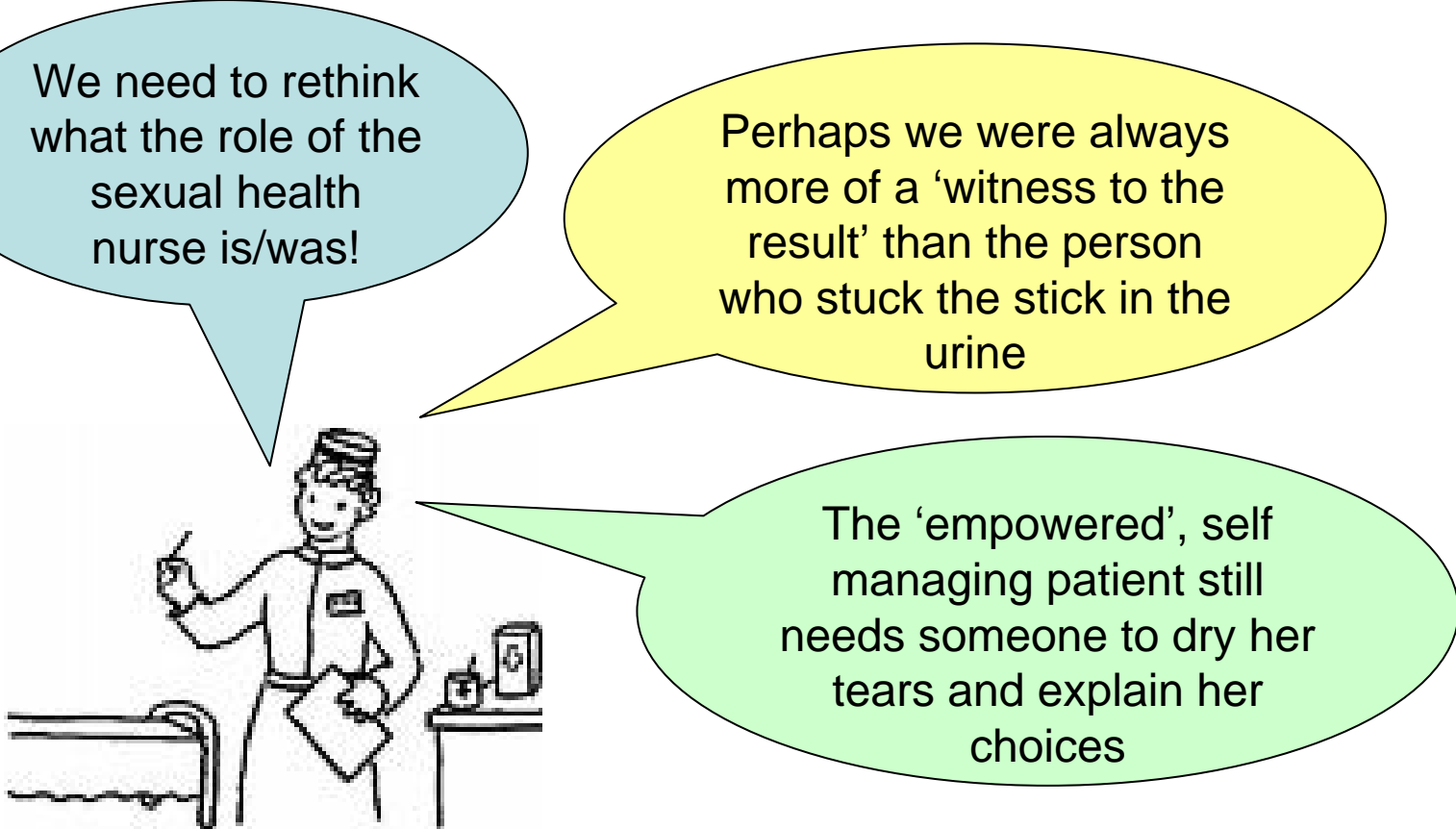
Do we really want teenage girls taking themselves off to the toilet with a DIY pregnancy test?

The blue line has appeared!!! I need to talk this through with someone NOW

If she does her own pregnancy test I can save my specialist knowledge for more sophisticated tasks



'SELF MANAGEMENT' IN THE SEXUAL HEALTH CLINIC



We need to rethink what the role of the sexual health nurse is/was!

Perhaps we were always more of a 'witness to the result' than the person who stuck the stick in the urine

The 'empowered', self managing patient still needs someone to dry her tears and explain her choices

'SELF MANAGEMENT' IN REHABILITATION FROM STROKE

Has anyone told him how long it takes to keep this database of 'peer supporters' up to date?

I'd like to support Mr B but is there a hotline I can call to ask questions when I'm out of my depth?

...e put Mr A and B in touch with other, Mr A can be an unpaid educator of Mr B



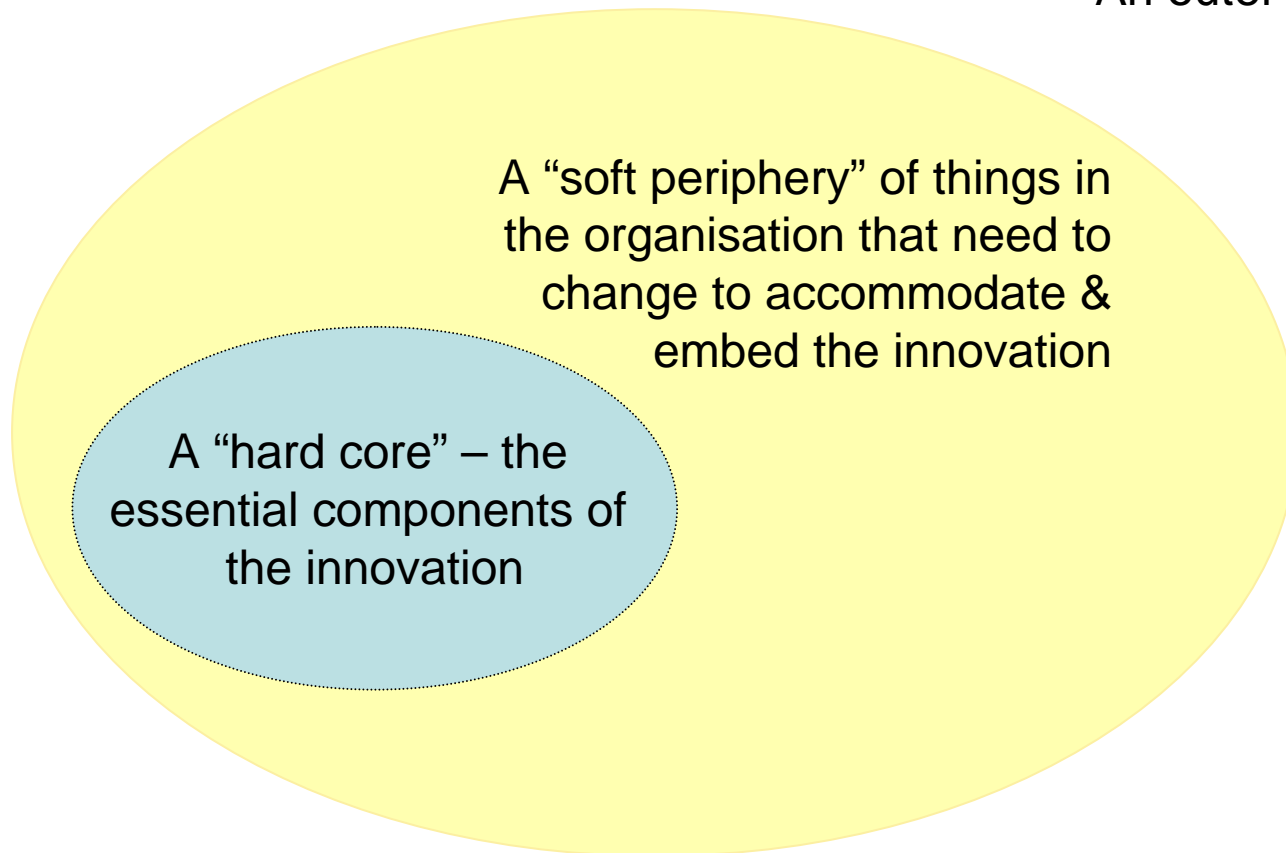
'SELF MANAGEMENT' IN REHABILITATION FROM STROKE

A patient hotline. More work for the nurses I bet!!
What services should we drop to deliver on that?



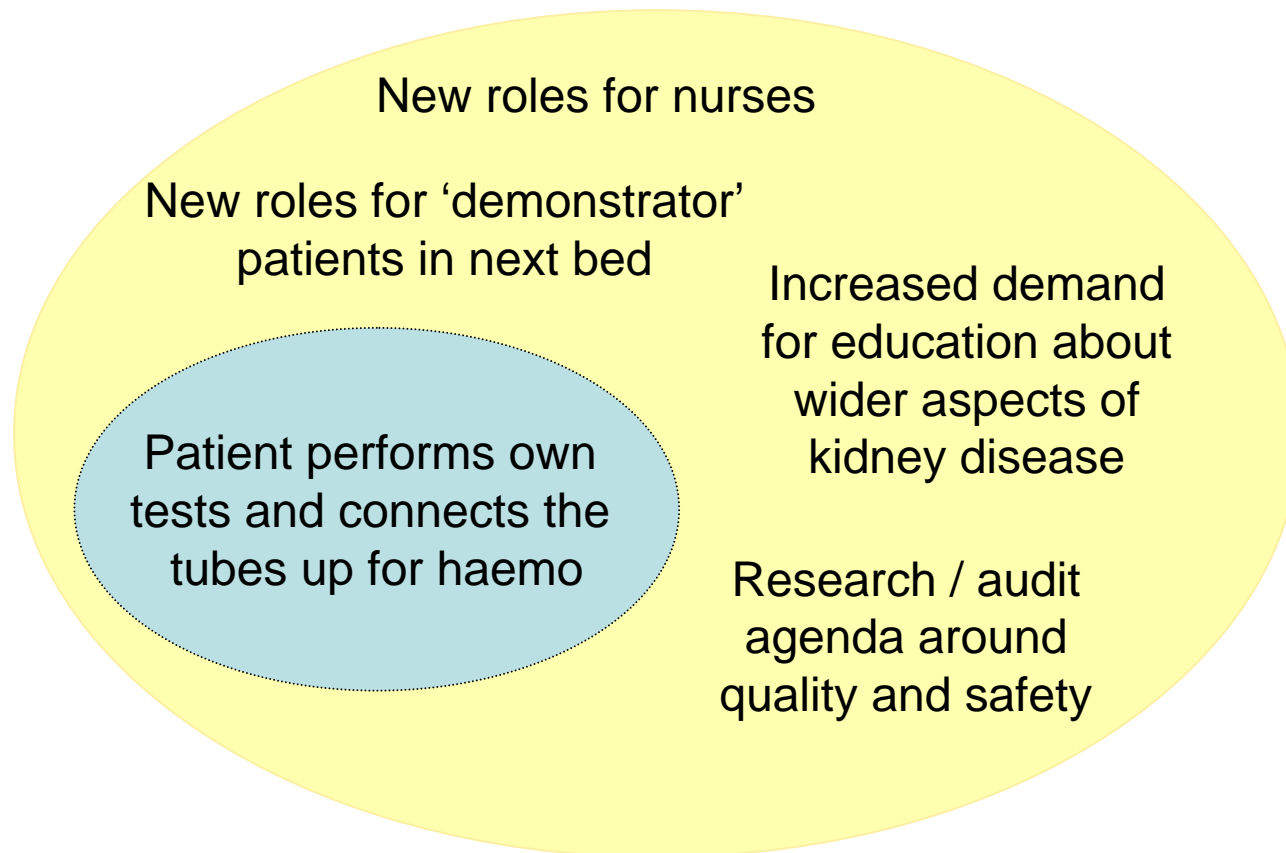
ALL COMPLEX SERVICE-LEVEL INNOVATIONS HAVE....

An outer context



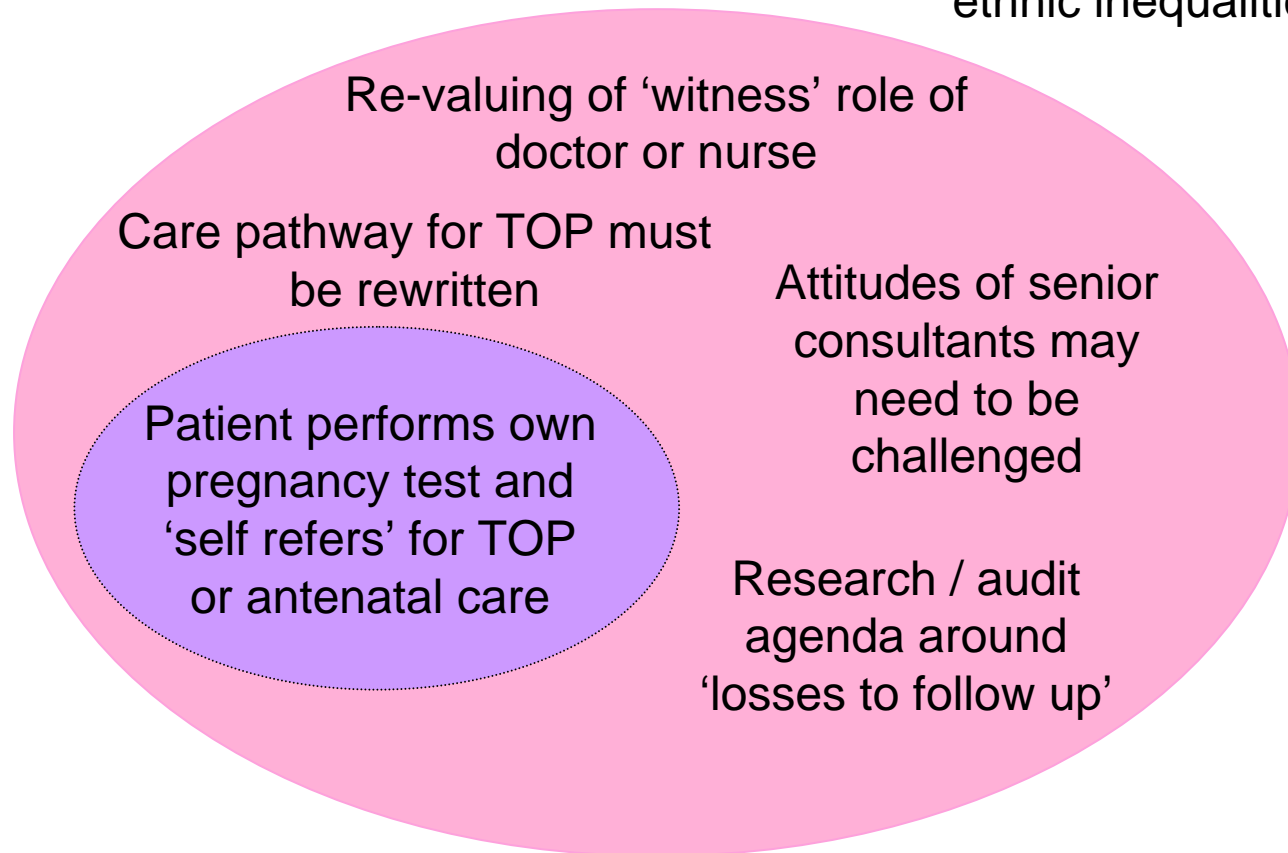
'SELF MANAGEMENT' IN HAEMODIALYSIS

Wider policy themes
around chronic illness



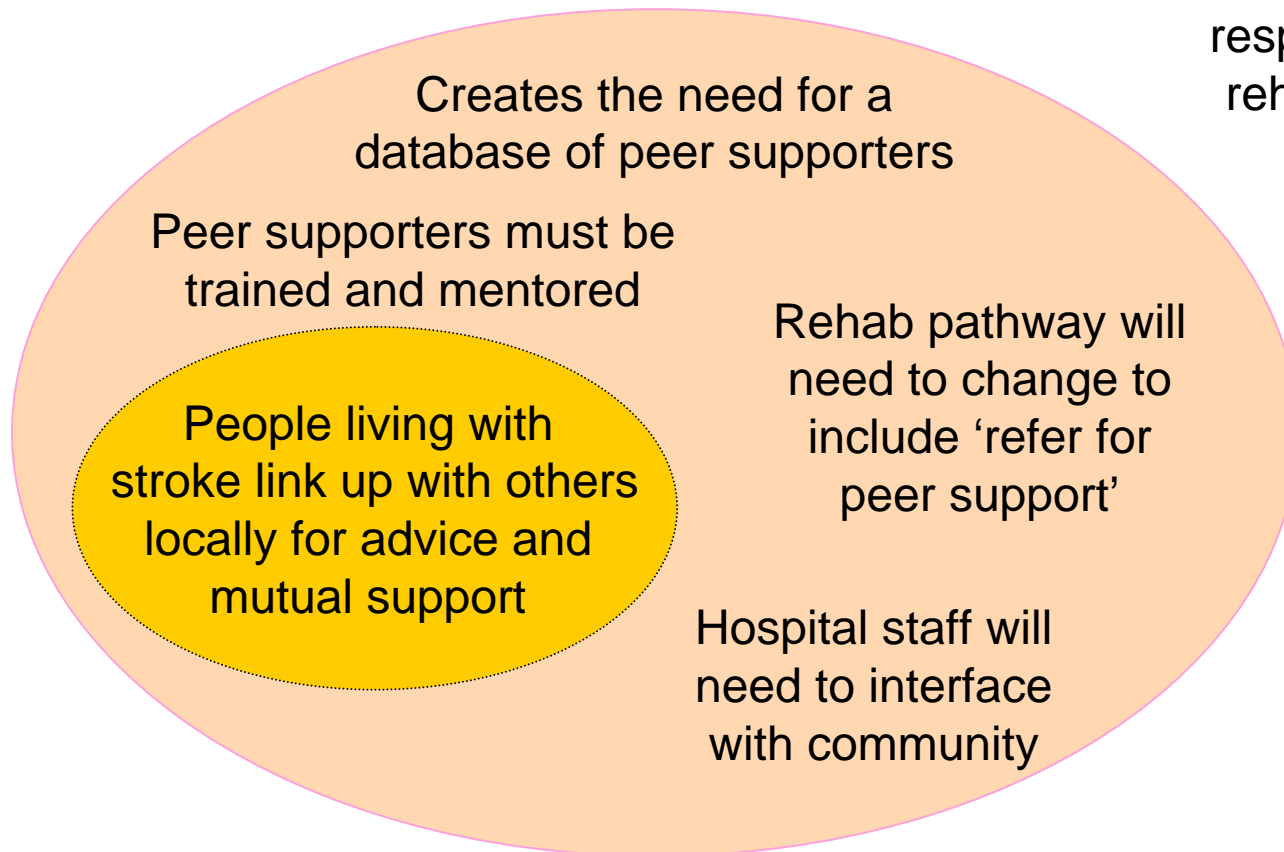
'SELF MANAGEMENT' IN PREGNANCY TESTING

Wider debates around social / ethnic inequalities in sexual health



'SELF MANAGEMENT' IN STROKE REHABILITATION

Wider debates on 'whose responsibility is rehabilitation?'



THE SUCCESS OF SELF MANAGEMENT INITIATIVES DEPENDS ON.....

6. The **PROCESS** of implementation – especially staff training & project management support

2. ‘Soft periphery’ issues e.g. new roles and responsibilities of staff in the organisation

1. The **RELATIVE ADVANTAGE** of the self management package

3. **PEOPLE** who back the idea (or not) – opinion leaders, champions, those with wrecking power

5. The **READINESS** of the organisation to embrace **THIS** innovation

4. The **CAPACITY** of the organisation to embrace innovation in general

Conclusion

1. So-called ‘self management’ for patients is often naïvely assumed to be simple and cost-saving, but in reality it is a complex **SYSTEM INNOVATION** with huge implications for organisation and delivery of care
2. The ‘how to spread good ideas’ review gave us a conceptual framework for thinking about **WHY** the ‘self management for patients’ innovation ranged from ‘hugely successful’ to ‘never took off’

A FINAL MODEL WITH SIX KEY COMPONENTS

1. INNOVATIONS

Innovations

- *Relative advantage*

- Low comp

- Observab

- Trialability

- Compatibility

- *Potential for reinvention*

The single most important attribute of any innovation is its relative advantage

'Reinvention' helps front-line health service staff embed complex innovations into business-as-usual

2. ADOPTERS AND ADOPTION

Adopters

“People are not passive recipients of innovations. They seek innovations out, experiment with them, evaluate them, find (or fail to find) meaning in them, develop feelings (positive or negative) about them, challenge them, worry about them, complain about them, ‘work round’ them, develop know-how about them, modify them to fit particular tasks, and try to improve or redesign them – often through dialogue with other users.”

Adopters

The Concerns-Based Adoption Model

- Concerns in pre-adoption phase

- Do I need this? Will it be used for me?

- Concerns

- How do I

- Concerns

- I want to adapt/improve this innovation

Think about potential adopters in terms of their concerns at different stages in the process, not as “early adopters”, “late adopters”, “laggards” etc

3. COMMUNICATION AND INFLUENCE

Communication and influence

- Opinion leaders
- Boundaries
- Champions
- Change agents

Influence can be passive copying (diffusion) or active persuading (disseminating)

4. THE INNER CONTEXT

The inner context: STRUCTURE

- Size
- Flat management structure
- Autonomy

Structural determinants (size and shape) account for less than 15% of the variance in innovativeness between organisations

The inner context: CAPACITY

- Organisational knowledge/skills base

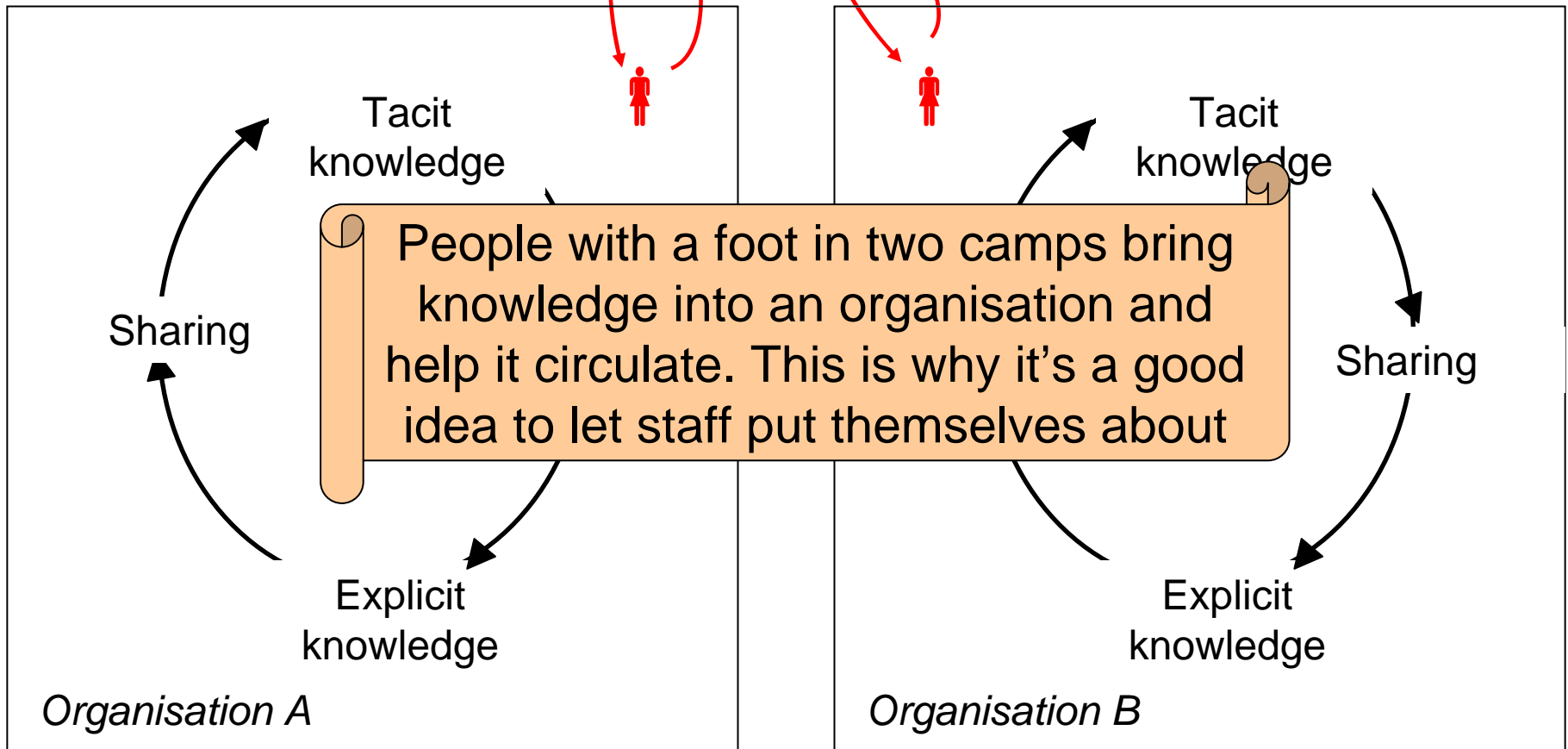
The more readily knowledge and goals circulates in an organisation, the more inherently innovative it will be knowledge sharing

Bounded If you punish people for taking risks, they won't innovate

- Risk taking
- High quality data

If you want to innovate, you need to collect data that tells you how you're doing, in a timely way

***'Diffusion of innovations' via informal links
between organisational boundary spanners***



The inner context: READINESS FOR A SPECIFIC INNOVATION

- Fit between innovation and organisational values and culture
- Top management support
- Top management commitment
- Staff

If you've got people with wrecking power in key positions, you will have problems in getting things done

You need the right staff - and you need the right training for the right staff at the right time

5. THE OUTER CONTEXT

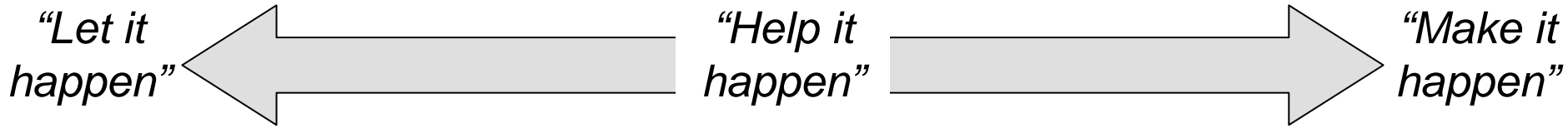
The outer context

- Socio-political climate
- Incentives
- Inter-organizational exchange

It's a lot easier to implement something if you have a 'following wind' in terms of policy / incentives and if they're already doing it at the 'benchmark' organisation

edge

6. THE IMPLEMENTATION PROCESS



Defining features

**Unpredictable,
unprogrammed,
uncertain, emergent,
adaptive, self-
organising**

**Negotiated,
influenced,
enabled**

**Scientific, orderly,
planned, regulated,
programmed,
'n-step model'**

The 'right' approach to implementation is a matter of judgement, and may change with time

**Natural,
emergent**

Social

Technical

Managerial

Metaphor for spread

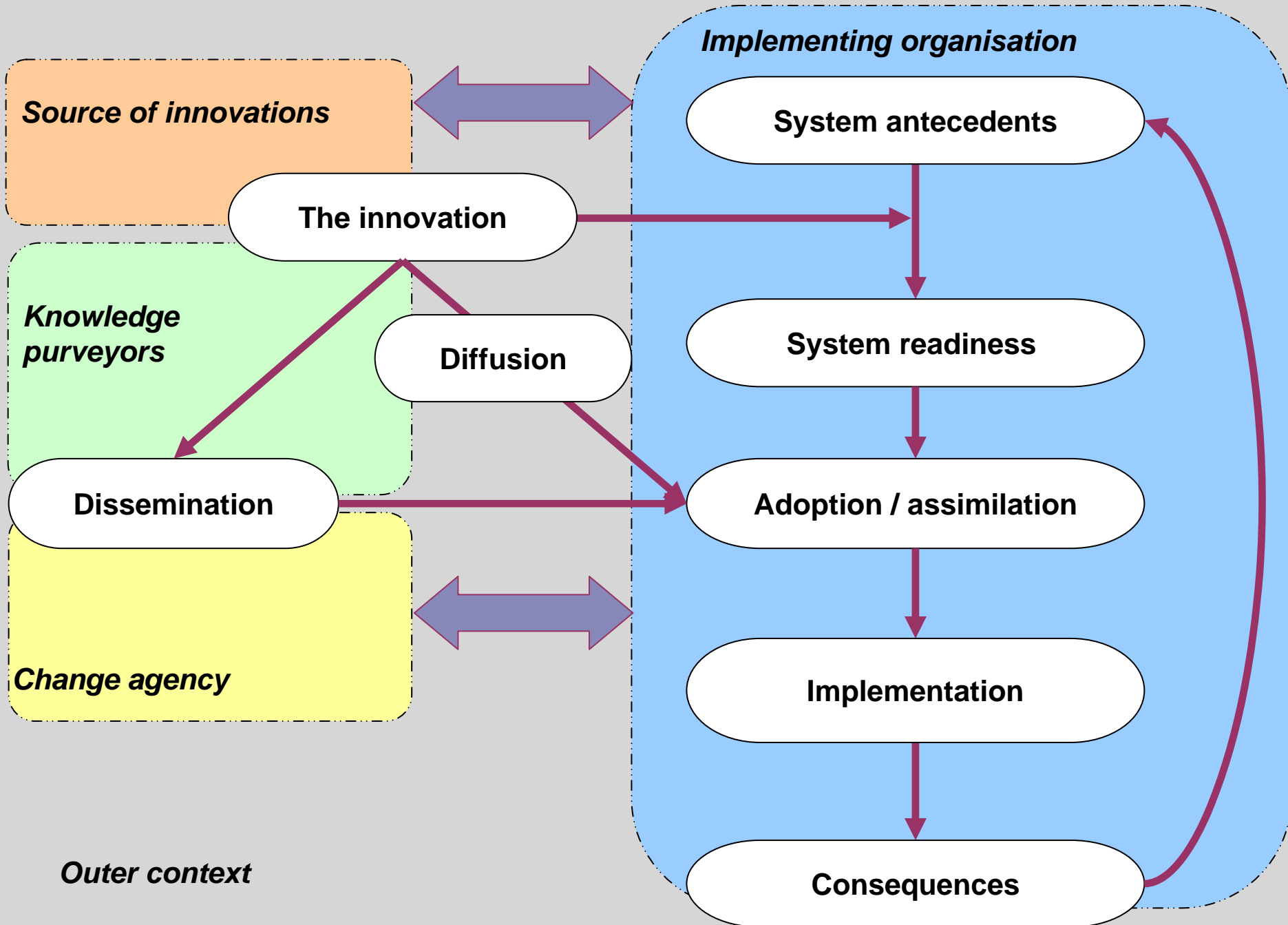
Growth

Diffusion

Dissemination

Re-engineering

7. LINKAGE BETWEEN COMPONENTS



THANK YOU FOR YOUR ATTENTION

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Publications

- *Diffusion of innovations in service organisations: a systematic review*
 - Blackwells (BMJ Books) 2005
 - Foreword by Sir Liam Donaldson
- Milbank Quarterly 2004; 82: 581-629
- Soc Sci Med 2005; 2: 34-39
- BMJ 2005; 331: 1064-1065
- Several in preparation

Real-life applications: policymakers

- NHS Centre for Innovation and Improvement
- National Leadership and Innovation Agency for Healthcare, Wales
 - Masterclass event focussing on “clinical engagement”, “organisational sensemaking” and “sustainability”
- Chief Scientist’s Office, Scotland
 - Intensive residential course with CMO and his team
- Local (PCT) level input
- Darzi review of healthcare in London

Implications

- For policy
- For research

Implications for policy

- There is no simple formula for predicting or controlling the spread of complex service-level innovations
- Systems must be in place to capture emerging data, and organisations must be capable of responding to these data
- Our model gives a framework of ‘things to think about’

Implications for research

- We don't need more research to find
 - Individual 'components' that influence the spread of innovations in health service organisations
 - Fixed-effect 'mediators and moderators'
 - 'Make it happen' interventions

Implications for research

- We do need more research into
 - The complex and dynamic interactions between the components of the model in different local circumstances
 - The process by which innovations that arise peripherally and locally spread informally to other organisations
 - ‘Help it happen’ interventions