



THE ARCHITECTURE OF CHANGE: CREATING A CULTURE OF INNOVATION

by David Wheeler RRT, NPS

In the abstract, Innovation in health care must be regarded as a Moral Imperative. Inherent within the charge of providing the best care to our patients is the core value of constantly evolving our comprehension, expertise and clinical application of state-of-the-art therapeutic constructs. An evolved and insightful clinical acumen is a basic competency that must be incessantly cultivated and developed. Contemporary models of care and clinical practice must be the standard of care available to all of our patients all of the time and the delivery of this standard is only possible if we make it so. The patents we care for require the most advantageous therapeutic plan we can devise and with that end in mind, the only tenable position is to design our care commensurate with current thought and enlightened practice.

"Why Innovate? I'm comfortable." Indeed, the great enemies of innovation are comfort, habit and embedded culture. Perhaps the most insidious of these, agents of decay is comfort. Comfort clings to the status quo in an effort to put off the evolved or innovative

In the words of former British Prime Minister Wilson, "He who rejects change is the architect of decay."

notion based on an irrational fear of change. However, as we all know, theoretical and clinical knowledge is evolving and expanding at a pace that makes it impossible to stand still. Our clinical and theoretical skill sets must keep up with current care

models so that we can provide the best care for our patients. I propose that we redefine "comfort" as the ability to adapt and evolve. I put forth that the informed and evolving clinician will be the most "comfortable" in this new age of Critical Care.

In the words of former British Prime Minister Wilson, "He who rejects change is the architect of decay." Quite, there is increasing pressure on the bedside caregiver to remain innovative as the gap between essential clinical knowledge and realized clinical application grows exponentially with each evidence based review. This "gap", between what we know, or are expected to know and what we clinically apply, is becoming apparent to our two primary customer bases; our colleagues, (physicians, nurses, administrators, other professionals) and our patients. Transparency is the new competitive advantage in healthcare and it seems every society is making an effort to create greater transparency for the public in the form of internet access. Public internet discussions of ARDS, VAP, VILI and VALI are commonplace and seem to be proliferating at an astounding rate. Our patients and their loved ones, now more than

ever, have access to very sophisticated bits of knowledge that require the bedside caregiver remain informed and lucid when discussing patient care issues.

The pressure from our patients and their loved ones to remain innovative pales in comparison, to the pressure from our physician colleagues. More than 90% of innovation requests come from physician leaders and in the context of critical care the majority of these innovation requests involve Respiratory Therapists to be active participants in the evaluation and embedding of the innovative technology. It is a moral duty to participate and champion innovations that will be of therapeutic benefit to our patients. It is also incumbent upon the cogent professional to remain innovative and thereby secure a place in the dawning golden age of Critical Care.

An essential element for adapting and embedding change and innovation lies in the creation of a culture that is prepared for, aware of and hungry for new systems and technologies. Medical Innovation is an important theme in healthcare as the introduction of new and innovative procedures raises quality, safety, credentialing, financial, legal and ethical issues.

Given the current healthcare environment people and groups are assumed to be engaged in a competition for status and scarce resources. In the dynamic culture of a hospital relatively lower status practitioners will be influenced in their decision making by higher status specialists. It is the job of the innovation champion to seek out and develop innovation leaders within their group and within the greater circle of influence.

How does one begin to create a culture of innovation? The greatest resources for an innovation culture are the human resources we interact with on a daily basis. Our colleagues are pure gold and should be treated thusly. First and foremost; Build a team, then educate and communicate incessantly through a flat team structure. Enlist people with the relevant skills and enthusiasm and be inclusive. The wise leader will realize that participation and involvement negate parochial self-interest. Above all, set a collegial tone and give the team members what they need to succeed. Bear in mind that, if the innovation team appears a bit chaotic, it is probably performing its function.

There is a literature based on Innovation Mythology and a few of these recurring mythological themes are worth noting. Myth: You need more new ideas. Reality: You need homes for ideas. Indeed, everybody has ideas, what is needed is structure and form to develop the ideas that will make a difference. An

innovation center is the perfect solution to providing a home for ideas. Myth: Innovation is a department. Reality: Innovation is a competency. Innovation is a competency that is to be nourished and developed on all levels. When people have a place to develop ideas and bring them to life they are more engaged in their profession and more likely to contribute in a multidimensional fashion. Myth: Innovation is about creating new things. Reality: Innovation requires a foundation; a precedent. Basically, all innovations involve a building or further developing of prior knowledge. Myth: Mistakes are costly. Reality: Early mistakes are profitable as innovation and risk go hand in hand. Mistakes are the handmaidens of success.

The evolved clinician needs better tools that enhance the assessment and management of the patient in real-time. These intelligent tools are extensions of the clinician's ability to predict and prepare for all elements of patient care. The evolved clinician views intelligent tools as an extension of both best practice models and the consciousness of the caregiver.

Adaptive behavior or action is fundamentality grounded in an optimism of future events. Evolving and innovative practice models are prerequisites for bringing about the best care, best tools and most current knowledge base to the bedside. The innovative clinician will realize that this is arduous work on all levels. However, to the compassionate caregiver, intellectual rigor and utilization of the most appropriate current technology is a standard of care.

Innovation is Action. Indeed, Starbucks did not invent coffee but it did create an innovative customer experience. We must consciously begin to explore innovation opportunities more broadly, take a more holistic view of innovation. The INNOVATION CENTER lives first and foremost in our minds and attitudes. We must create a place for the safe development and exchange of new ideas. The Innovation Center is a resource for "entrepreneurs". This center, it can be anywhere, should promote connections among people, ideas and resources whilst giving colleagues the freedom to imagine and create. The innovation Center should also provide colleagues with the structure to act upon their ideas.

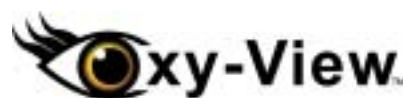
The implementation of innovative and evolved patient care constructs requires vision, education and incessant communication. The highest form of compassionate care is co-attendant with the highest manifestations of clinical acumen and the insightful clinician pursues with intellectual curiosity innovations in thought, technology and clinical practice. It is an act of omission to remain in a state of blissful ignorance. This omission is not ethically or morally tenable as we can not perform clinically based upon habit, cultural preference or practitioner comfort.

The most important element of innovation lies in the minds of those who will live the change. The commitment to embedded culture, habit and comfort must be exposed as the commitment to desolation. Most obstacles to change and innovation are self made and self perpetuated. These are the manifestations of Blake's "Mind forged manacles" and they must be shattered by the enlightened clinician. True leadership and evolved leaders assuage fears and anxieties concerning innovation ideas and change. Authentic leadership engenders a culture where knowledge of current thought is both an ethical duty and a moral imperative. Innovation stems from a context of compassion and a perspective that is fundamentally optimistic. The adaptive and evolving clinician manifests behavior and renders care that is, at its core; compassionate action.

David Wheeler, RRT-NPS is the Educational Coordinator for the Cardio-Thoracic Anesthesia and Respiratory Therapy Departments at the Cleveland Clinic. He can be reached at wheeled@ccf.org.

Oxygen Therapy For The 21st Century.

by



Focus
Booth
102

Innovative
eyewear for
patients requiring
continuous
supplemental
oxygen.



Call today to find out more about
Oxy-View oxygen therapy eyewear.
877-699-8439

Oxy-View, Inc.
109 Inverness Drive East, Englewood, Colorado 80112
P. 877-699-8439 www.oxyview.com F. 303-790-4588

CIRCLE READER ACTION CARD # 29

Alabama School of Sleep Medicine and Technology



WE LOVE WHAT WE DO, AND IT SHOWS

The Alabama School of Sleep Medicine and Technology offers truly unique instructional techniques with a mix of classroom and hands-on instruction in both technical and clinical subjects to create some of the most comprehensive sleep education available. We keep our class sizes very small, which gives our students more hands-on time with state-of-the-art ancillary and data acquisition equipment. This also gives our instructors more direct one-on-one student contact for better instruction of more difficult subjects.

We pride ourselves on our proprietary training materials, which include some of the best sleep tracings, multimedia, and training manuals in sleep disorders education. We also give the most current data available with each class and include references to support each presentation.

Our alumni have direct access to the Alabama School of Sleep Medicine and Technology Extranet, which houses our Document Library and other educational materials. The library contains specific documents on sleep medicine and technology education that you can download or print for your use.

The full sleep training experience includes a balance of classroom instruction and both clinical and technical hands-on instruction. Our pledge is to exceed the students' expectations and provide an unbiased and fulfilling educational experience covering all aspects of sleep medicine, sleep training, polysomnography training, sleep disorder education, and registry review.

www.alsleep.com

SCHOOL LOCATION

Our school is located in a seventeen-story office building inside one of the largest shopping malls in the southeastern United States and is 20 minutes from the Birmingham International Airport. Our students have several hotel options in the immediate vicinity of our facility. We have also negotiated discounted rates for our students with some of these hotels.

COURSES OFFERED

- . Ten-Day Comprehensive Course
- . Eight-Day Comprehensive Course
- . Five-Day Comprehensive Course
- . Two-Day CPAP/BiLevel Titration Course
- . Three-Day Advanced PSG Course
- . Three-Day Exam Review Course
- . Two-Day Scoring Course
- . Web-Based Courses

3000 Riverchase Galleria, Suite 1155
Birmingham, AL 35244

Toll-Free: 1.800.338.0757 Local: 1.205.985.0435
Fax: 1.205.985.9110

CIRCLE READER ACTION CARD # 30