

# Innovation in Action: Community Paramedicine

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and Andrea Hauser, RN, DNP, CNL*

*We are proud to share this first article of a new recurring column in AONE Nurse Leader. This column will highlight experiences and happenings of the AONE/Arizona State University Executive Fellowship in Innovative Health Leadership (EFIHL). Since 2012, the fellowship has emerged as the pre-eminent executive fellowship focused on innovation leadership with an emphasis on interprofessional teamwork. EFIHL provides participants a yearlong program of understanding the innovation process, how to lead innovation, and an innovation project designed to benefit the fellow's organization and/or health care on a larger (national or global) scale. Through this column, you will learn about the success and experiences of fellows, as well as the new and exciting happenings that are forthcoming. In their article, the authors capture the fellow, faculty mentor, and organizational support relationship that makes EFIHL unique. They also explicate the successes and provide an innovative exemplar emerging from fellow engagement and participation. We encourage you to explore the fellowship for your and your organization's personal innovation growth. For more information, visit [www.executiveinnovationfellows.com](http://www.executiveinnovationfellows.com).*

—Jeffrey M. Adams, PhD, RN, NEA-BC, FAAN, Director,  
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Leadership



What lessons emerge from leading innovation?

Currently, the term innovation is ubiquitous. Leaders seem to be attracted to it emotionally, like a bright shiny object; however, less is known about the discipline of innovation. The ASU Interprofessional Fellowship in Innovative Health Leadership offered Beth Smith-Houskamp, a 2015 fellow, an opportunity to test a scholarly and disciplined approach to innovation leadership.

Fellows are challenged to create their own definition of innovation and how it is applied to the innovation focus for the fellowship. Beth's definition is grounded in her prior experience with innovations and her doctoral work: innovation is multidimensional, imbedded in curiosity, embraces complexity science, brings value, and is sustainable.

Given her definition, Beth chose the Community Paramedicine project as her focus. Beth and her colleague Andrea Hauser offer lessons on what it takes to be leaders of innovation. Their experience and insights gained in leading innovation has implications for those who strive to transform health care.

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formation through thriving partnerships among health-care leaders, physicians, team members, patients, and families. She is a senior faculty member at the Institute for Healthcare Improvement, a member of the National Patient Safety Foundation Board of Advisors, and faculty for Arizona State University's Executive Fellowship in Innovative Health Leadership.

Community Paramedicine stems from a series of interrelated projects that were integrated to create this program. From identifying skilled practitioners, assuring integrated documentation, to appointment creation and order sets, the services are an example of serial innovations. Community Paramedicine is a certified educational program integrating more than 100 clinical hours to develop the skills needed to reduce readmissions and improve the health and experience of patients based in the patient's home. Examples of skills include motivational interviewing and coaching for medication plan follow through.

The intended outcome is the integration of a new role of a community paramedic into transitions of care for high risk patients while not adding to the overall costs to the community. For the initial phase, high risk was defined as patients with congestive heart failure who have a LACE score of 10 or higher, which indicates a person at higher risk for readmissions.<sup>1</sup>

The interventions planned included twice-weekly visits after transition home limited to 30 days. These services are not billed, but are included as an extension of hospital service. Community paramedics use proactive coaching on key risk areas, e.g., medications, appointment reminders, understanding and ability to follow through with care plans. They are skilled in protocol-guided care such as drawing blood, administering diuretics, completing 12-lead electrocardiograms, and performing other non-life-threatening interventions. An example of embedded innovations is the approach to documentation. The intent was not solely to provide data to paramedics, but also to aid in gaining wisdom about the patient by pulling specific fields that include concerns (e.g., weight gain) and interventions (administration of diuretic), to easily gather and analyze data to transform the future care approach. The outcomes are measured by reduced readmissions and total costs, and enhanced patient experience.

The Community Paramedicine project appealed to Beth because it embodied her personal definition of innovation, embraced complexity science through the recognition of porous boundaries to meet community members' needs,

was something the health system had not previously tried, and addressed a pressing strategic necessity to improve population health in high risk groups. This project was also grounded in prior discoveries at Gundersen from another innovation: a high-risk transitional care program that utilized senior nursing students to diminish failures in care from hospital to home.

## THEMES—LESSONS FOR LEADERS OF INNOVATION

As emphasized in the fellowship, innovation is not an isolated genius sitting in a room creating new ideas, but rather leaders who engage others to do the difficult work of transforming from what is to what might be. For others embarking on innovation, a few lessons are offered:

- **Innovations are rarely a singular event:** As Beth and Andrea illustrate, repeatedly testing new ideas, learning from failure or outcomes that varied from those expected, and continuing to build on previous experiences lead to innovative outcomes. Consistent with Beth's expertise in complexity, the path to those outcomes are webs woven together rather than a linear path.
- **Innovation can threaten others:** "Innovation is by definition unsafe. Not unsafe in the traditional sense, but in the sense of being willing to undertake risk, to open doors not previously opened, to threaten processes hanging on the edge of irrelevance, and create possibilities not previously perceived as part of the emergent reality of the organization."<sup>2</sup> The interests of others, often from unanticipated groups or individuals, may be in conflict with the innovation. They may find innovations threatening to their definition of roles, responsibilities, or revenue. Or they may be concerned about what ensures safe care and who decides how to proceed. When others are threatened, conflict often results. This leads to another theme: relationships matter.
- **Relationships matter when leading innovation:** Leaders of innovation provide other innovators and cross-boundary teams support, buffers, enthusiasm, links to resources, and engagement of other champions to ensure forward movement. Continually finding ways to move forward through a constant focus on the purpose of the innovation as internal and external challenges are addressed provides the energy and hope to continue.
- **Current roles, regulations, and organizations can significantly inhibit innovation:** Derek

Feeley, chief executive officer of the Institute for Healthcare Improvement, notes that innovation is the bridge between ideas and implementation, otherwise they stay in the idea stage.<sup>3</sup> When ideas challenge current definitions of how things work, regulatory language can be a tool wielded to stop innovations from being actualized. Innovation leaders often may have to enter the policy and legal space to ensure forward progress, an area often not considered by those embracing innovation.

- **Prototype and build on earlier learnings:** The previous high risk transitions program offered a form of prototyping to test some of the concepts, learn from what worked, and most importantly, learn what didn't. For example, nursing students were a strong available resource, and the experience added significantly to their professional development. However, the chronic, long-term needs of the clients required care team members who could be a more consistent presence to impact outcomes.
- **Innovation myths and traps abound:** Failure and a bias for insiders are dominant myths and traps encountered.<sup>4</sup> Although those interested in innovation regularly hear that fewer than 30% of attempts succeed, when that failure reality is combined with the dominant leadership myth that "great leaders do not fail," it easily creates an environment in which many leaders are not ready to embrace and learn from failure. The bias for insiders comes from the comfort of working with those we know. Both myths/traps require learning in new ways: from others outside our boundaries and traditional comfort zones, as well as helping team members to learn fast from failures.
- **Innovation is hard and often goes much slower than expected:** It is exciting to think about creating something new; however, it is really 1% inspiration and 99% perspiration. It requires patience, persistence, and coalition building. Celebrate the small wins along the way to keep the hope alive.
- **"Work is school and school is work":** Leverage personnel who are completing higher degrees for innovation resources as both exciting learning opportunities as well as meeting organizational strategies.
- **Ten Faces of Innovation:** Learn from valuable resources. The Ten Faces approach helps to take a disciplined approach to identifying the varied

skills and team makeup required in the journey, and thus can increase the potential for success.<sup>5</sup>

- **Work with passionate people:** When the journey gets rough, tap into the passions of others and engage support from key organizational members based on that passion. Identifying early who has a passion for the outcomes aids in engaging other vital partners.

Beth and Andrea, after learning from the above themes, have successfully launched the Community Paramedicine program with early wins already identified. Their work offers encouragement to leaders of innovation that using thoughtful, disciplined approaches leads to transformative results.

## References

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