

HEALTHCARE TRANSFORMATION SINGAPORE 2008

Quality innovation in primary healthcare transformation: A focus on routinization

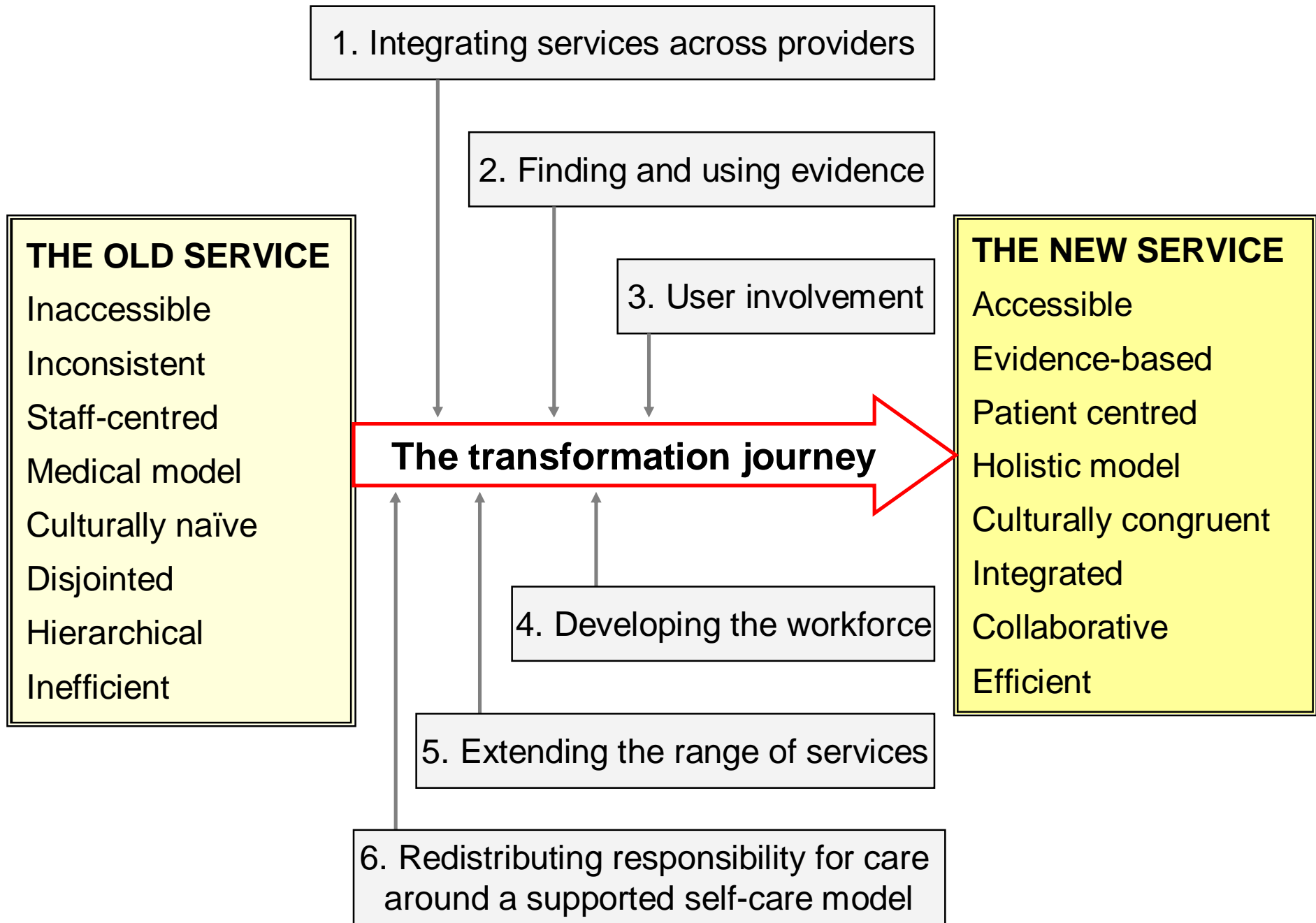
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KEY MESSAGE

If we are going to TRANSFORM primary health care through innovation, we must go beyond the metaphor of “getting evidence into practice”

STRUCTURE OF THIS LECTURE

- **Warm-up on ‘innovation’ in the context of healthcare transformation**
- **Focus on routinization as the missing link between innovation and transformation**
- **Examples**
 - **Interpreted consultations**
 - **Remote monitoring of blood pressure**
- **Summary: critical success factors for routinizing innovation**
- **Questions / discussion**



Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations

TRISHA GREENHALGH, GLENN ROBERT,
FRASER MACFARLANE*, PAUL BATE,
and OLIVIA KYRIAKIDOU*

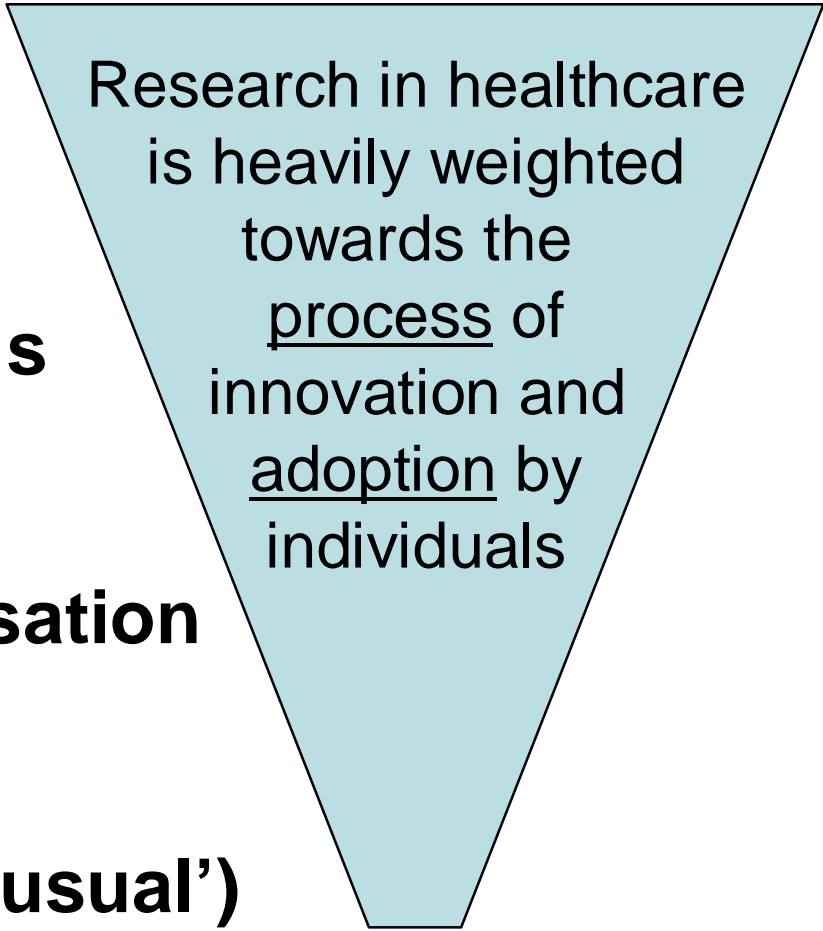
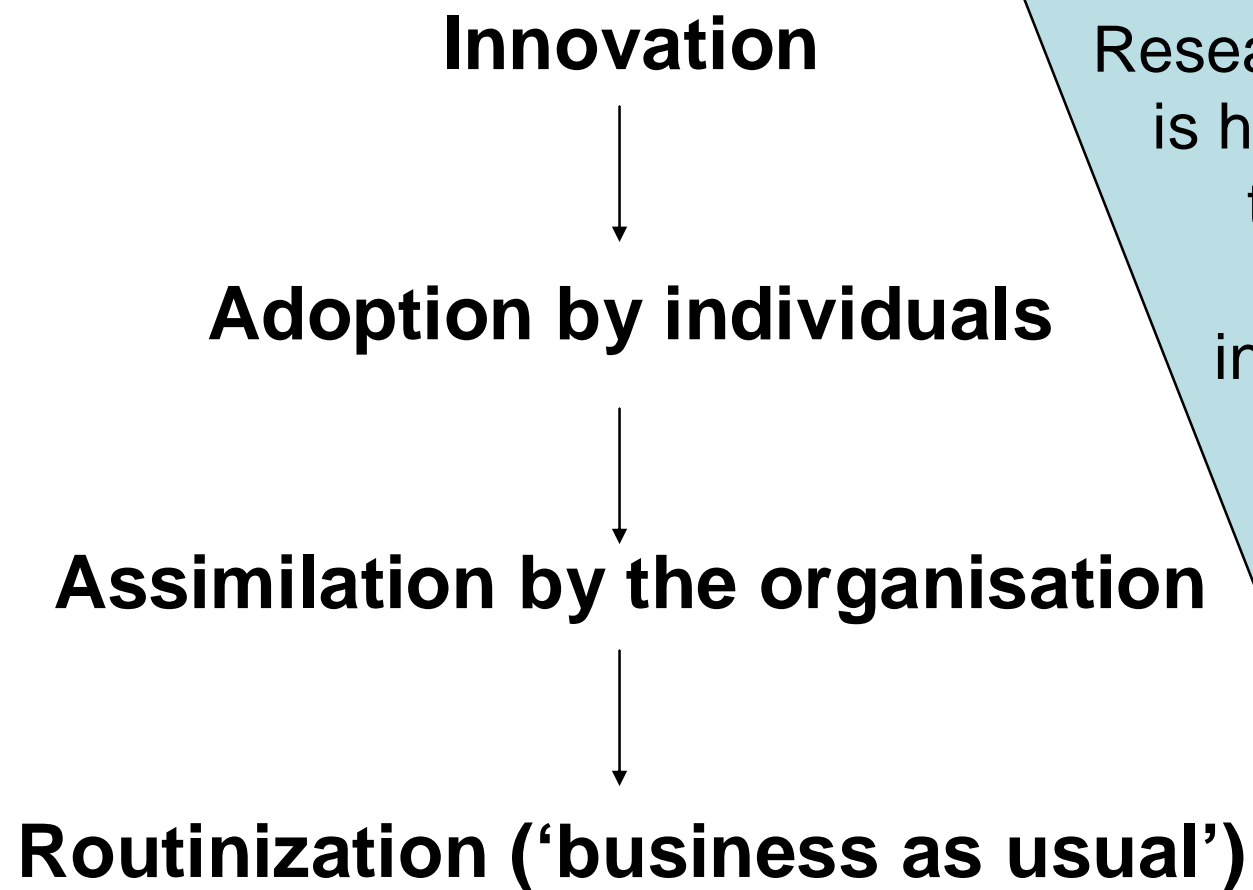
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This article summarizes an extensive literature review addressing the question, How can we spread and sustain innovations in health service delivery and organization? It considers both content (defining and measuring the diffusion of innovation in organizations) and process (reviewing the literature in a systematic and reproducible way). This article discusses (1) a parsimonious and evidence-based model for considering the diffusion of innovations in health service organizations, (2) clear knowledge gaps where further research should be focused, and (3) a robust and transferable methodology for systematically re-

The Milbank Quarterly, Vol. 82, No. 4, 2004 (pp. 581–629)

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THE INNOVATION JOURNEY



Research in healthcare is heavily weighted towards the process of innovation and adoption by individuals

ROUTINIZATION

- Routinization is where an innovation has become business usual
- What is a *routine*?

“A routine is a repetitive, recognizable pattern of interdependent action, involving multiple actors”

Martha Feldman, Professor of Planning, Policy, Design, Management, Political Science, and Sociology, University of California

EXAMPLES OF ROUTINES

- Ward round
- Emergency referral
- Integrated care pathway
- Induction of new member of staff
- PhD viva
- etc

WHY HAVE A ROUTINE?

- Reduces stress
- Increases efficiency
- Governance and control

WHAT MAKES A ROUTINE?

- Structure

“Routines are performed by people who think and feel and care. Their reactions are situated in institutional, organisational and personal contexts. Their actions are motivated by will and intention. All of these forces influence the enactment of organisational routines and create in them a tremendous potential for change”

Martha Feldman

ROUTINES AND CHANGE

- Routines are a source of stability and inertia in an organisation BUT
- Every time a routine is enacted by ‘people who think and feel and care’, it changes a little
- Hence, *paradoxically*, routines are also the source of innovation and change in an organisation

ALL ROUTINES COME IN 3 FORMATS

**STANDARD
OPERATING
PROCEDURES**

**What the rule
book says**

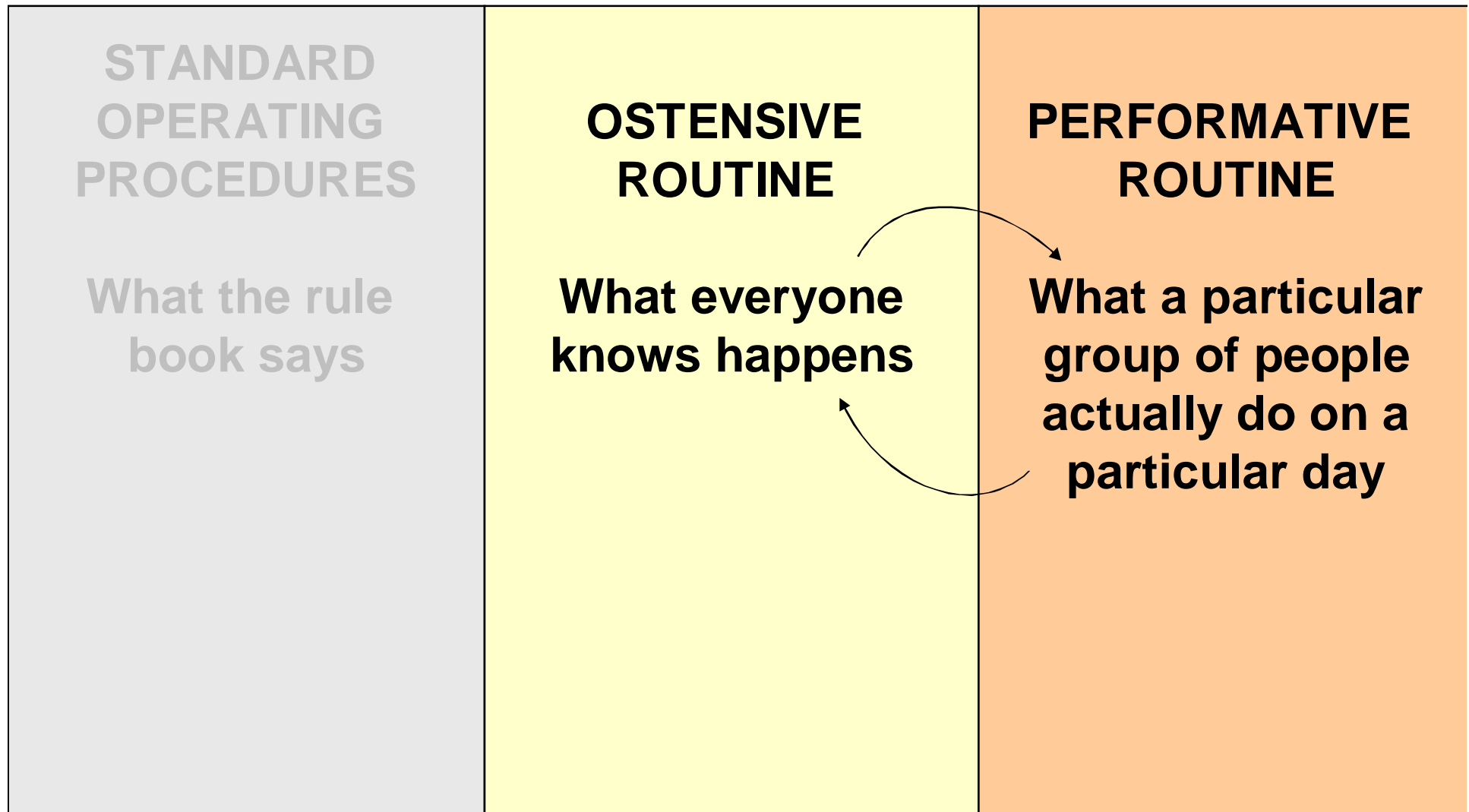
**OSTENSIVE
ROUTINE**

**What everyone
knows happens**

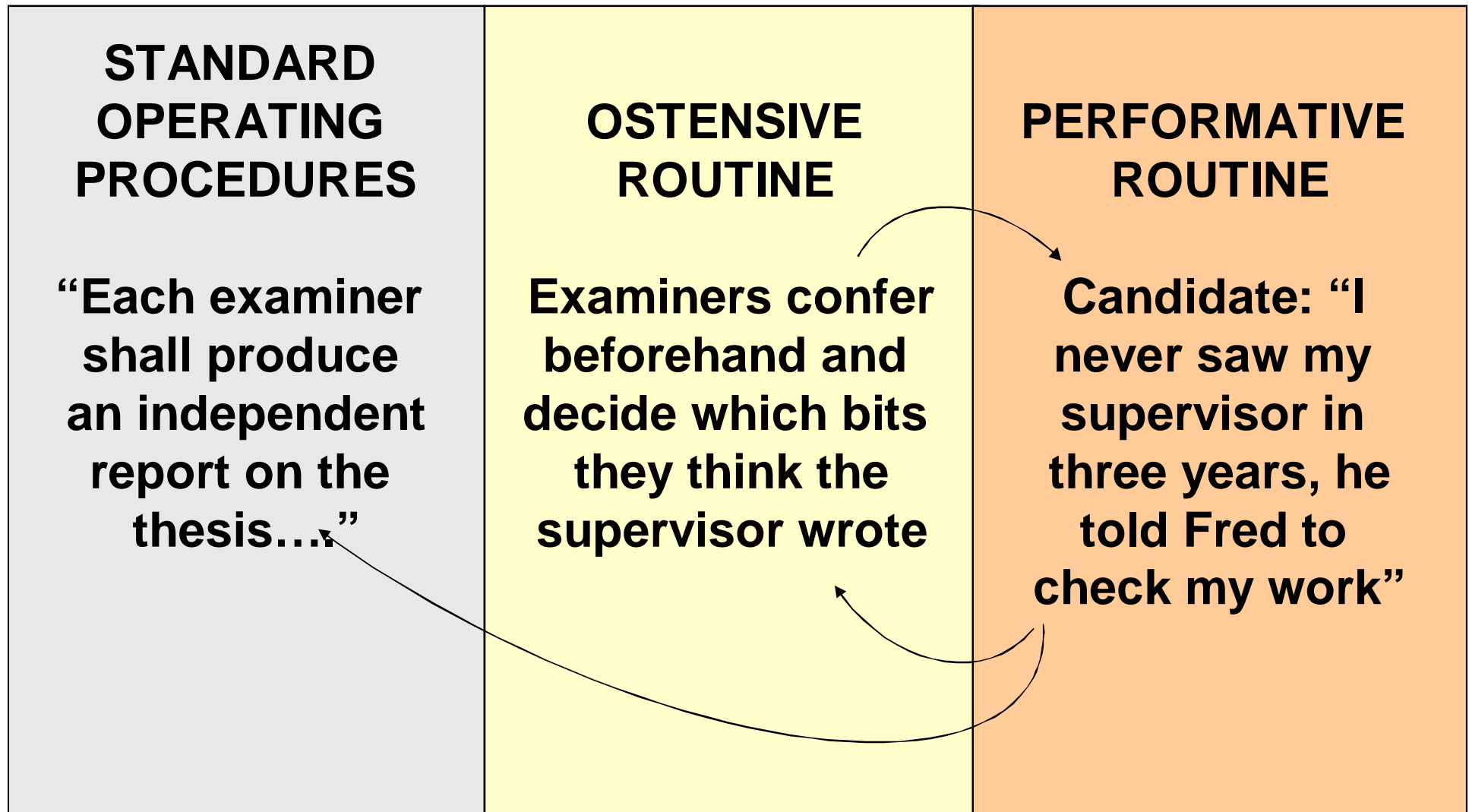
**PERFORMATIVE
ROUTINE**

**What a particular
group of people
actually do on a
particular day**

ALL ROUTINES COME IN 3 FORMATS



EXAMPLE: PhD viva



EXAMPLE: Interpreted consultations for GPs

STANDARD OPERATING PROCEDURES	OSTENSIVE ROUTINE	PERFORMATIVE ROUTINE
<p>“The NHS will supply a professional interpreter if anyone needs it”</p>	<p>If anyone comes in speaking a foreign language, receptionist will</p>	<p>“Where’s the language book gone? It should be here”</p>

Our empirical work showed that receptionists and other low-status front-line staff are critical to developing and refining the routines for providing Interpreters to limited English speakers

ROUTINIZING THE INTERPRETED CONSULTATION

- *'if a new family or a new person books and we ... obviously usually the first appointment you have with them is just a nightmare because you know there's no interpreter, there's no English ... and then you know for next time that this patient needs a double appointment, they need an interpreter. And so you can just put it on [the computer]. It takes about 3 seconds, 5 seconds to put that on.'*

- Receptionist in practice where it is said to be easy to get an interpreter

ROUTINIZING THE INTERPRETED CONSULTATION

“Routines are performed by people who think and feel and care. Their reactions are situated in institutional, organisational and personal contexts. Their actions are motivated by will and intention. All of these forces influence the enactment of organisational routines and create in them a tremendous potential for change”

Martha Feldman

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Sociology of Health & Illness Vol. 29 No. 6 2007 ISSN 0141-9889, pp. 000-000
doi: 10.1111/j.1467-9566.2007.01047.x

Interpreted consultations as ‘business as usual’? An analysis of organisational routines in general practices

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Abstract UK general practices operate in an environment of high linguistic diversity, because of recent large-scale immigration and of the NHS’s commitment to provide a professional interpreter to any patient if needed. Much activity in general practice is co-ordinated and patterned into organisational routines (defined as repeated patterns of interdependent actions, involving multiple actors, bound by rules and customs) that tend to be stable and to persist. If we want to

EXAMPLE: Remote monitoring of BP

STANDARD OPERATING PROCEDURES	OSTENSIVE ROUTINE	PERFORMATIVE ROUTINE
<p>All patients after TIA should have regular</p>	<p>Post-TIA patients will be issued with remote monitoring</p>	<p>Patients find remote monitoring device difficult</p>
<p>checks risk f for s e.g. BI</p>	<p>Our empirical work showed that an innovative ‘evidence based’ technology for remote monitoring in post-TIA patients was abandoned by several participating GPs and rarely used by others</p>	

ROUTINIZING REMOTE BP MONITORING

- People problems
 - Patients lacked skill in using the gadget
 - GPs didn't trust the patients (or the remote data)
 - Clinician identity 'should see the patient'
- Structuring problems
 - No time slots for regularly checking the data
 - Weak infrastructure for actioning 'abnormal' data
 - Remote data not easily entered onto electronic patient record
- Wider organisational problems
 - New routine overlaps with other, existing routines

SUMMARY: ROUTINES AND ROUTINIZATION

Routines can help introduce innovation BUT

- They need to be carefully structured using time, space and documents
- They overlap with (and mess up) other routines – hence NEW routines are stressful and resource-intensive
- They depend on people's will and agency for their successful delivery and refinement
- The potential for innovation lies at the interface between ostensive and performative routines, and often rests with front-line staff

HOW TO PROMOTE ROUTINIZATION OF BEST PRACTICE IN ORGANISATIONS

- Map and resource the desired routine
- Develop your staff
- Reward creativity in shaping and refining routines, especially in junior front-line staff
- Don't pretend that software innovations are 'plug-in technologies' – consider what existing routines they will disrupt and what new ones they will require

LITERATURE ON ROUTINES

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- **Greenhalgh T, Voisey C, Robb N. Interpreted consultations as 'business as usual'? A study of organisational routines in primary care. Sociology of Health and Illness 2007; 29: 931-954**

Thank you for your attention

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