Collaborative Innovation in Health Care Organisation

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Health care teams are increasingly becoming an integral part of the health care system in Finland, as well as in many other nations around the world. There are multiple benefits to the patients, health care professionals, and health care system as a whole, in employing health care teams in the health service. Effective communication among members encourages effective teamwork and promotes continuity and clarity within the care team. Good communication also encourages innovations, collaboration, fosters teamwork, helps to prevent errors and enables to improve wellbeing at work. There must be an effective communication system to enable team members to work together more effectively, to learn together, and to improve the quality of care for patients and service users.

Introduction

Health care services throughout the world are continually being asked by their governments to improve patient care with lower costs. Health care services must innovate in order to reduce cost and improve their services to the public and funders like communes and towns. For innovation to be successful that meets the needs of the different stakeholders involved in the health service, co creation of value is one solution. However, despite the benefits offered by co creation of value in the health service, there are many barriers. This paper discusses a case study involving a unit in Finland.
Collaboration

Collaborative capability is typically conceptualised on organisational or individual level as a set of attributes that actors employ to collaborate successfully (Ulbrich et al 2011). According to these authors, collaborative capability of teams is characterised by two components: an attribute-based perspective that focuses on capabilities of single actors or organisations and a perspective on group dynamics that describes how teams successfully develop collaborative capability. Collaborative capability is a major contributor to an organisation’s competitive advantage (Tyler 2001). Tanum (et al. 2013) found out that the enhancement of cross-understanding between all the participants is important for developing health care. According to Orchard (2003), interdisciplinary care enables “a partnership between a team of health professionals and a client in a participatory, collaborative and coordinated approach, share decision-making around health issues.”

Innovations in health care

Innovation in healthcare continues to be a driving force for governments to balance cost containment and health care quality. According to West (1990), innovation can be defined as: —the intentional introduction and application within a role, group, or organization, of ideas, processes, products or procedures, new to the relevant unit of adoption, designed to significantly benefit the individual, the group, or wider society. This definition captures the three most important characteristics of innovation: (a) novelty, (b) an application component and (c) an intended benefit (Lansisalmi, et al., 2006). Using this definition, innovation in healthcare organizations are typically new services, new ways of working and/or new technologies (Lansisalmi, et al., 2006). According to Omachon and Einspruch (2010), Healthcare innovation can be defined as the introduction of a new concept, idea, service,
process, or product aimed at improving treatment, diagnosis, education, outreach, prevention and research, and with the long term goals of improving quality, safety, outcomes, efficiency and costs. Another definition of innovation is given by Varkey, et al., (2008) as the successful implementation of a novel idea in a way that creates compelling value for some or all of the stakeholders. Innovation can be categorized by its impact on stakeholders as nondisruptive or disruptive. A nondisruptive innovation is generally referred to as incremental (Hamel, 2000). Disruptive innovations, are also called radical innovations (Harvard Business Essentials, 2003).

Research Method

This paper is based on a data from action research of physiotherapy unit. The head and two subordinates were interviewed 2012. Also the head was gave updated information of the current situation 2014. The used method is case study. This research is a part of a larger Osuva-project where action studies and a survey are combined in a multicenter study. The aim of Osuva is to search new methods to manage and lead the collaborative innovation process, which enable participation of personnel, clients and service providers.

Case Study

The physiotherapy unit is a small unit in a small commune. There is a head and two physiotherapists working as a team. The unit has created a balanced scorecard plan for each year since 2007. According to the self-evaluation the head is not innovative. However, she has set up a systematic way of improving the work in the unit. Each person has own responsibilities and the job role is described as independent work. However, the team agrees what are the common goals. For example, they agreed 2013 to start a project “pisy
pystyssä” (stay standing) –project. This project includes weekly arranged gymnastic excercise - everybody who wants can join this group. Also the unit has applied money to buy equipment for a small scale gym and now they got funding for this also.

The unit invents new ways to give physiotherapy – this requires sometimes support from the administration like the gym equipment. The administration needs to understand the need and how this helps them to give better service without a need to employ a new physiotherapist. The collaboration of the physiotherapy unit with the other units is important in order to create the common understanding of the priorities of the investments.

Analysis

The innovations in case unit are incremental innovations they are looking for ways of giving similar type of physiotherapy to groups as they have given for individuals. This prevents the need to employ new personnel.

The co-creation of value at a moment is the result of the collaboration of the physiotherapy group. The needs of the patients are learned in the physiotherapy sessions and the physiotherapists transfer that need into the meetings where they talk how to improve the services. In this case, the team members have the same professional background but when they talk with the outsiders like administration people the understanding is not any more selfevident.

One does not need a feeling of being innovative in order to be innovative. Systematic way of collaborating and looking for possibilities to save money but at the same time serve the patients, has resulted incremental innovations.
Conclusion

Communication among the physiotherapy team encourages teamwork and promotes continuity in development efforts and clarity of improvements. Good communication also encourages innovations, collaboration, fosters teamwork, helps to prevent errors and enables to improve wellbeing at work.

The effective communication system enables team members to work together effectively, and learn together, and improve the quality of care for patients and service users. A key element of the composition of a good team is the team leader who knows that he/she is not the only person who knows how to improve the current practices.

References

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