INNOVATION VACATION

Finding Unexpected Answers Beyond Borders

I believe it was the entrepreneur and investor Brent Beshore who coined the term "innovation vacation" as a way to describe intentional time spent away from the daily grind. Like myself, many leaders recognize the importance of removing ourselves from the familiar as a means of gaining fresh insights into stale problems. Often, it is through seemingly unrelated experiences that we find creative solutions to problems that may have us stumped in our professional lives. Sometimes, we are so close to the problem that we can't seem to step back to see the solution right in front of us.

I routinely use the restaurant industry as a parallel to how patient flow works in the Emergency Department. When our team discusses flow and operations using terms like hostess, waiter, and chef in lieu of triage nurse, primary nurse, and provider, the conversation changes—the defensive guard comes down, and we make palpable progress before bringing it back to the all-too-familiar Emergency Department environment. With this in mind, I recently had the privilege to spend several weeks sailing around Antarctica. I was charged with overseeing the health of roughly 110 passengers on the journey.

As I left my busy hospital where we struggled with surge capacity, I was given an opportunity to temporarily escape haunting metrics such as door-to-doctor times and re-admissions. As I got ready to board the ship, I believed wholeheartedly that I would be able to create the perfect system from scratch—and avoid all the problems that many of us face regarding emergency care. After all, I was in complete control of the entire operation from pharmacy to direct care to follow-up. What could possibly go wrong?

I was told that the most common conditions faced by passengers would be motion sickness while crossing the Drake Passage [the body of water between Cape Horn in South America and the South Shetland Islands in Antarctica], occasional gastrointestinal issues, and infrequent fall injuries. As someone who has spent the better part of a decade designing processes to maximize efficiency, I decided that I would set up a system to address the single most common complaint: motion sickness. This, I felt, was low-hanging fruit, and designing a system that in some ways automated the evaluation and treatment process would essentially free me up for other patient concerns—and maybe even a little "me time," too.

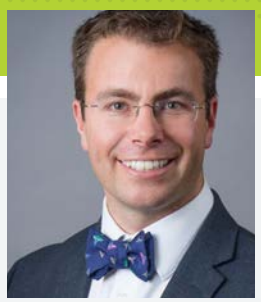
I placed medication in small plastic bags with the instructions for use. When a passenger called the desk requesting a visit from the doctor, I was ready. I went quickly to the room, performed a history and physical, handed over one of my pre-filled medication bags, answered any other questions and was done. Rapid response times, medication ready to go, great and timely care delivered in a remote wilderness, in an efficient way that many of us would dream to replicate.

But I soon realized that my system had a fatal flaw. I began receiving calls from the same passengers I had seen just the day before with the same complaints. I was having the equivalent of bounce-backs! Readmissions! How could this be? As I dissected the process, I discovered that my system allocated only two doses of the medication. Taken twice daily, I was getting a predictable response from the passengers—they ran out of treatment, and I was burdened with repeat visits to a high number of passengers.

Knowing that we had four to five days of rough seas ahead, I revised my system to include 10 doses of medication, and overnight, the "re-admission rate" went to zero. And despite some busy nights making room calls, I had a fantastic time immersed in nature as we explored breathtaking landscapes and saw incredible wildlife that words simply cannot describe.

Upon my return to reality, I shared my story with my Process Improvement Team, and the problem identification and solution process. Where in our system did we have simple issues, like running out of medication, that could be easily fixed once properly identified? I challenged them to step back, take a different perspective and look at our well-known bottlenecks and challenges to see if other solutions might exist. This particular experience, and exercises like it, have led to elegant and simple solutions to longstanding hurdles in the patient flow arena.

An innovation vacation—whether it's around the world or around the block—is sure to refresh and reinvigorate. There's a great deal about healthcare that's complicated. Yet, at the same time, by always being ready to look for ways to do things better—no matter how small the task—and build on those successes, a significant positive impact can be yours.



NICHOLAS STEINOUR

MD, FACEP
Medical Director,
Emergency Department
Seton Medical Center
Austin, TX

Nicholas Steinour, MD is a graduate of Baylor University and the University of Miami Miller School of Medicine. He received specialty training at Duke University Medical Center in emergency medicine and served as chief resident.

Steinour has worked as the medical director at multiple emergency departments in central Texas, with patient volume ranging from 13,000 to 75,000 visits annually. He was a founding board member for Care4Texans ACO, a locally-owned, physician-led, clinically integrated network to empower the provider community to collaboratively improve the way care is delivered locally. He is also a board member for the Texas College of Emergency Physicians. And with the trip to Antarctica, he has traveled to all seven continents.