

Successful Implementation of New Technology Using an Interdepartmental Collaborative Approach

Sue Tetef, MSN, RN, NE-BC, CPAN

The implementation of new technology is vital to the success of health care organizations. New technology provides health care organizations an opportunity to obtain new patients, increase revenue, and stay competitive. In 2014, a union hospital in Southern California successfully implemented a bronchial thermoplasty program. To implement this new technology, the administration created a strategy, identified financial risks and benefits, created an implementation model, established a plan based on Lewin's change model and Roger's diffusion of innovations theory, and recognized adult learning needs through an interdepartmental, open communication, and collaborative approach. In addition, the implementation of the bronchial thermoplasty program allowed the organization to meet the goals, mission, and vision of the organization, which is key to remaining viable and marketable.

Keywords: collaborative, interdepartmental, Lewin's change model, Roger's diffusion of innovations, bronchial thermoplasty.

© 2016 Published by Elsevier Inc. on behalf of American Society of PeriAnesthesia Nurses

THE SUCCESSFUL STRATEGY used to implement a bronchial thermoplasty (BT) program included obtaining information from a facility already performing the procedure, creating organization-specific processes and education materials, and working with the physician trained in the procedure. In addition, interdepartmental collaboration and communication occurred between the respiratory, outpatient surgery, and pharmacy departments. Creating a clear strategy and having open communication between all

stakeholders increased the successful implementation and sustainability of the program. The members of the union in the organization fully supported the program. Without their support, success of the program would have been difficult.

Recognizing an Opportunity for Growth in New Technology

BT is a new Food and Drug Administration—approved procedure that provides an organization an opportunity to increase their marketability, increase revenue, and remain up to date with new technology. In 2010, the Food and Drug Administration approved a new product, the Alair Bronchial Thermoplasty System (Boston Scientific, Marlborough, MA).¹ BT is a relatively new procedure to treat patients with persistent asthma. The Alair system uses controlled radio frequency energy to ablate the smooth muscle in the airway.¹ According to Thomson et al,² “bronchial thermoplasty has a

Sue Tetef, MSN, RN, NE-BC, CPAN, Assistant Department Administrator, Pre-Op/PACU, Kaiser Permanente, Panorama City, CA.

Conflict of interest: None to report.

Address correspondence to Sue Tetef, Pre-Op/PACU, 4068 Angela Street, Simi Valley, CA 93063; e-mail address: b.tetef@sbcglobal.net.

© 2016 Published by Elsevier Inc. on behalf of American Society of PeriAnesthesia Nurses

1089-9472/\$36.00

<http://dx.doi.org/10.1016/j.jopan.2015.05.118>

role in the management of patients with severe asthma who have uncontrolled symptoms despite current therapies.” However, patients must meet specific inclusion and exclusion criteria. The procedure is contraindicated in patients with an active respiratory infection, who have had an asthma attack or change in corticosteroids in the past 14 days, and in patients who cannot stop anticoagulants, antiplatelet agents, aspirin and nonsteroidal anti-inflammatory drugs before the procedure.¹ Therefore, the staff required information including the specific criteria for the procedure. Although the procedure has specific patient criteria, it had been successful in decreasing the frequency and severity of asthma attacks.

The successful treatment of asthma with BT, despite the strict selection criteria and exclusions, provides an opportunity for organizations to increase marketability by providing services not yet offered by other facilities, attain new patients, increase revenue, and increase educational opportunities to physicians and staff.

Therefore, a new technology such as BT provides an organization an opportunity for growth.

Creating a Model for Success

The goal of the organization was to implement a successful BT program, while maintaining patient safety and ensuring staff competency. An interdepartmental collaborative approach was taken to implement the program to ensure the success and sustainability of the program. Interdepartmental collaboration with staff increased the awareness of each other’s knowledge and skills and led to continued improvements in decision making.³ Figure 1 illustrates the model of the implementation process. The implementation model included the safety of the patients, staff education and competency, input from multiple departments in the development and approval process, input from the primary physician and office staff, financial responsibility and accountability from the organization, and new policies and procedures.

Interdepartmental Approval Using Effective Communication

Implementation of a new program requires effective communication among all stakeholders.

According to Herlehy,³ “effective communication among staff members encourages effective teamwork and promotes continuity and clarity of purpose within the patient care team.” The input and approval for the policy and procedures from the directors of the respiratory, outpatient surgery, and pharmacy departments, the nursing staff, and the primary physician encouraged knowledge sharing and ensured the accuracy of information. The program was approved by the administration, and then the finance department created and obtained approval for the financial plan and costs. Then, with the collaboration and cooperation of another facility, the director and clinical coordinator of outpatient surgery visited a facility already performing the BT procedure. They created and approved the strategy for the implementation process. Collaboration with other facilities, in addition to other departments within the organization, enhances the program’s success and increases sharing among all health care providers and organizations. Each person involved with the implementation of the program had individual knowledge, skill, and professional experience to add to and improve the program.

Collaborative Input for Policies and Procedures

Policies and procedures are created to define the roles and responsibilities of the staff and to decrease the potential for liability. The BT policy and procedure was created based on information obtained from the Alair supply company, the bronchoscopy policy and procedure because of its similarity to the BT procedure, and standards of care. The policy was reviewed, modified, and approved by the directors of outpatient surgery, respiratory, and the pharmacy departments, the clinical coordinator of outpatient surgery, and the primary physician. Each department had input and focused on a specific aspect of the policy. The director of the respiratory department reviewed the policy for accuracy, compared it with the bronchoscopy policy, and communicated with the primary physician. The director of outpatient surgery ensured that all the departments had time to review and accept the policy and that the timeline for the program was met. The clinical coordinator wrote and modified the policy and procedures and functioned as a liaison between the staff, the primary physician, and the directors. The clinical

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات