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title

What enabled health service innovation during the pandemic? Crisis, staff, system or management?

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introduction

Despite sustained interest in health service innovation, system-wide change in the delivery of health care has, in many cases, remained elusive (Sheaff et al.,2009; Zuckerman et al., 2013). The COVID-19 pandemic necessitated rapid shifts in the delivery of health care (Palanica and Fossat, 2020) and provided a 'window' into the innovation afforded through this system disrupter.

background

An Allied Health COVID-19 Innovation Register[1], was established by the Allied Health Professions' Office of Queensland (AHPOQ), Clinical Excellence Queensland to capture examples of innovative allied health models of care and practice changes within Queensland's publicly funded health services during the pandemic preparedness phase in early to mid 2020.

AHPOQ sought to understand why and how these models were able to be implemented within short timeframes, when prior strategies had resulted in limited systemic and sustainable change. Drawing from examples described by health professionals, which were entered into the register, five allied health practice changes were identified which encompassed new approaches to skill sharing and workforce planning, new sites for service provision and different examples of telehealth adoption.

Case studies were undertaken to explore key dimensions and enablers of innovative change. These were based on interviews with 28 health professionals who were closely involved with the innovation examples.

themes

Analysis of the interviews indicated a number of factors, but the three primary themes were:

1. Innovation was enhanced by *"adaptive" management style* and processes. Rather than incremental movement and gradual refinement leading towards eventual change; in the COVID context, participants described an openness on the part of managers which facilitated change through processes that were adaptive and focused. This enabled staff to propose and implement logical and constructive innovations, then review and refine.

   "All of the myths about what we can change and what we can't have been blown up. People are open to things."

2. *Devolved authority structures enabled innovation*. An important factor commonly described was a devolved authority and management

[1] Original COVID 19 Innovation register developed by the Office of the Chief Nurse and Midwifery Office, Clinical Excellence Queensland, Queensland Health

structure. During the early days of the COVID response, key staff felt empowered to make decisions about service change to a level they had not previously experienced. When management enabled some devolution of authority, it facilitated the introduction of new models, the pace of change, and subsequent adoption.

"Management said, 'Go make it happen.'"

3. *Trusting the capability and actions of staff* facilitated innovation. Closely connected with devolved authority was the sense of trust that accompanied most examples of innovation among allied health professionals. Service managers spoke about the trust they needed to place in their staff, and staff described being (and feeling) trusted in ways that were not typical of their usual experience. The foundation of trust between service leaders, managers, and staff in the COVID context appeared instrumental in fostering innovation.

   "Trust is the key issue. Actually, it was forced on management to trust us during COVID."

These key enablers closely align with the findings of a review conducted by Trisha Greenhalgh and colleagues that identified factors which play a role in spreading and sustaining innovations in health service delivery and organisations (Greenhalgh et al., 2004, European Public Health, 2016).

lessons learnt

On reflection, it was evident that enacting the above enablers will necessitate a level of reframing or "unlearning" current assumptions and practices, which currently constrain innovation. In their place will be the opportunity to learn new ways of supporting health services innovation (Newman, 2019).

The challenge lies in letting go of long-held beliefs, such as clarifying the distinction between ensuring clinical governance aimed at patient safety and quality, and 'the way we've always done things', while keeping an open mind to other ways that care can be delivered rather than the traditional models.

Potential areas for unlearning to support implementing and sustaining innovative practice include:

- Reframing concerns about imposed changes. Rather than disruption being seen as a risk and threat, COVID-related disruption precipitated constructive action towards positive outcomes. This requires management openness to change.
- Unlearning the status quo. By setting aside the usual frame of reference to clinical practice and imagining different ways of tackling often long-term

challenges to delivering care, managers and clinicians have room to 'relearn' new approaches to care.

"We could give things a go and learn from it, rather than having to get it perfect first."

- Unlearning traditional views of roles. Rather than allied health professionals simply being seen as providers of therapy and clinical services, in the early part of the COVID crisis, they were permitted to be effective problem-solvers and creative thinkers. This requires management to foster such latitude.
- Rethinking how we incorporate change. Rather than potential innovations being fully refined, trialled and evaluated prior to implementation, the above examples were dynamic processes, involving adaptive change, and often included a subsequent and ongoing process of monitoring, reviewing, and refining. This requires some challenging of the goal of perfection prior to implementation.

  "Perfect is the enemy of good."
- Unlearning some management practices. In contrast to the prevailing view that managers must take control and guide decision making, especially in a crisis, devolved authority and shared decision making was conducive to innovation.
- Recognising the importance of trust. In contrast to the perspective that managers should oversee the details of staff actions in times of uncertainty, trust was integral to the implementation of innovative practices. In the context of uncertainty, staff were able to effectively utilise and build upon the trust placed in them. This requires unlearning of some management styles, particularly in situations of crisis and change.

conclusions

During the COVID pandemic, the capacity to set aside past assumptions and ways of working was clearly demonstrated in a number of allied health settings, as well as across the health system. A challenge facing health services, and particularly managers, is to sustain this momentum and harness the opportunities afforded to staff, patients, the workplace, and the service system. This will in part be supported by an understanding of key factors that enabled innovation as well as future explorations as to how those innovations were implemented.

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