UPTAKE OF INNOVATION IN HOSPITALS THROUGH SKILLS DEVELOPMENT

13th June 2019 – Avenue Palmerston 3, Brussels

TIME	
09.00	**REGISTRATION AND COFFEE**
09.25	**WELCOME** **Henriette Hansen -** *Senior Consultant at South Denmark European Office*
09.30	**ADOPTION OF INNOVATION IN HOSPITALS AND THE ISSUES THAT FOLLOW** **Trine Ungermann Fredskild** - *Master of Science and Nursing (MSN), Ph.D.* Digital & Innovation Skills Helix in Health (DISH)
09.50	**SPECIFIC SOLUTIONS FOR INNOVATION UPTAKE AND SKILL DEVELOPMENT** **Morten Bo Søndergaard Svendsen** - *Civil engineer and Ph.D.* Copenhagen Academy for Medical Education and Simulation (CAMES)
10.10	**A POLICY PERSPECTIVE ON INNOVATION IN HOSPITALS AND SKILL DEVELOPMENT** **Juan Jose Fernandez Romero**, Policy Advisor European Federation of Nurses Federation
10.30	**COFFEE BREAK**
10:45	**PANEL DISCUSSION: SUPPORTING INNOVATION THROUGH SKILL DEVELOPMENT** **Moderated by Henriette Hansen with Panellists:** • **Trine Ungermann Fredskild** - *Master of Science and Nursing (MSN), Ph.D., DISH* • **Morten Bo Søndergaard Svendsen** - *Civil engineer and Ph.D., CAMES* • **Juan Jose Fernandez Romero** - *Policy Advisor, EFN* • **Michele Calabro** - *Policy and Communications Manager, EHMA* • **Konsta Rönkkö** - *Client Technical Specialist, IBM Finland*
12:00	**WRAP UP AND Q&A**
12.15	**NETWORKING LUNCH**

PRESENTATION OF THE SPEAKERS AND PANELLISTS

TRINE UNGERMANN FREDSKILD

Master of Science and Nursing (MSN), Ph.D.

Since she finished her PhD in 2008, she has focused on technology in healthcare education and been preoccupied by the question of "How do we, the healthcare professionals, learn to adopt technologies?". Her experience with this field has helped her realize that the way we should tackle the issue is not by more education focused on opinions, but through training focused on actions. Her focus has shifted towards the BFS (behaviour, friction, solution) principle, and she will introduce this at the event.

1. How can we change the behaviour of the HealthCare professionals? (break down strategies)

2. How can we make it easy? (Easiness trumps motivation)

3. How can we make them pass the video- and/or calendar test?

4. How can we create the WAUW effect? ("We remember and recommend outstanding things"- therefore create memorable peaks and pleasant endings)

5. Can we create a social proof -" We do as the others do"

MORTEN BO SØNDERGAARD SVENDSEN

Civil engineer and Ph.D. at Copenhagen Academy for Medical Education and Simulation (CAMES)

Works with education and development at CAMES and is specialised in the field of innovation and medical education. His inventions span from 3D-printed models to automatic tools, competence development and Virtual Reality systems, which are used in the simulation centre and in the clinic at Rigshospitalet in Copenhagen.

1: The prerequisite need

Regardless of the type of innovation (product, process, or system), the innovationwill not be adopted or will have a hard time, if it does not serve a specific need. Innovation should not be adopted for the sake of innovation.

2: Questioning as a skill

Staff must be strengthened in identifying problems and needs in their everyday clinical life. They should be strengthened in how to explore existing solutions, that might serve their need. Creating a system that allows, training how to, and letting staff find innovations. Break the "that is how we have always done it" mentality, instead ask, "There must be a better/easier/cheaper/more rational/ more effective way?".

3: Bottom-up or top-down?

Regardless of the implementation attempt of any innovation; Changing part of a system or process, will affect the rest of that system or process. Staff needs to be trained in the technical and behavioral (non-technical) skills concerning any innovation and its changes to everyday work-life. It is mitigating obstruction because of learning curve effects. It should clarify the need <> innovation relationship for the staff, emphasizing "why this is smart" by hands-on demonstration - allowing a bottom-up effect or feel, for the innovation.

JUAN JOSE FERNANDEZ ROMERO

Policy Advisor at European Federation of Nurses Associations (EFN)

The EFN is participating in two ongoing Horizon 2020 projects in Electronic Health Records (IEHR & S4H). The nurse's input is to co-design the end-user requirement in order for the project to deliver 'fit-for-purpose' digital health tools deployed by frontline. This is why the ERRIN initiative is so important to EFN, representing 3 million nurses in the EU. Digital skills/competencies are key within the EFN Competency Framework, translating the EU Nursing Education Directive 2013/55/EU into reality, supported with the Digital skills development through Life Long Learning capacity building.

1. Nurses' input is key to co-design end-user requirements in EU-funded projects on digital health tools.

2. The EU Nursing Workforce = 3 million women! Gender sensitive policies for skill developments.

3. Skills/competencies are key for professional development, especially advanced roles of nurses (ANP – coordination of care – continuity of care) – support CPD for frontline nurses within their working time.

MICHELE CALABRO

Policy and Communications Manager at European Health Management Association (EHMA)

At EHMA, Michele coordinates the EU project work of the Association, featuring projects ranging from digital health literacy to integrated care to health systems research. EHMA's key interest in innovation in hospital revolves around how implementation of innovation must go together with preparing health workforce for applying and using innovation and digital solution in the most efficient way. Michele will share the key activities of EHMA (upcoming and recent) on innovation in hospitals, with a focus on membership and network activities such as the work in collaboration with Health First Europe on digital skills, their Annual Conference, projects as well as membership activities.

1. Implementation of innovation must go together with preparing health workforce for applying and using innovation and digital solution in the most efficient way.

2. With limited resources in healthcare, our health systems and services cannot afford to invest in innovation that might end up being misused or underperform.

3. Education and leadership are therefore key concepts EHMA wants to focus on – we should all strive for skilled workforce, prepared to accept and welcome innovation, but also leaders and managers that can support and lead change at all levels, from health systems to care delivery, without forgetting how patients should also be prepared and literate to interact with innovation.

KONSTA RÖNKKÖ

Client Technical Specialist at IBM Finland

Konsta works at the Disruptive Technologies Innovation Hub at University of Jyväskylä, focusing on enabling the academia, public and private sector to take full advantage of new technologies. In addition to lecturing at universities and events, he works closely with other parties in designing and implementing new solutions and innovations to business and public sector.

Konsta has previously worked in the University of Jyväskylä as a project manager, focusing on researching new AI solutions for the Finnish healthcare sector.

1. Skills to use evidence-based data

Healthcare sector is full of data, but the skills to utilize it is lacking. There needs to be better skills in the staff to recognize and use good quality, evidence-based data to justify decisions and drive innovation.

2. Innovations are not born just from within, true innovations are born from ecosystems

Although some skills can be trained, the traditional way of trusting the internal staff to come up with solutions is flawed. The healthcare sector is full of great domain experts and innovation drivers, but the technological advancements require more in-depth skills than is always available. Ecosystems are a great way to bring this expertise to the healthcare domain. Enabling universities, enterprises, SMEs, startups, public and private healthcare, and insurance companies to work together should be a key priority. Laws and regulations, such as the secondary use of health and social data in Finland, are integral for these ecosystems to thrive: https://stm.fi/en/secondary-use-of-health-and-social-data

3. Better incentives for innovation

Healthcare organizations tend to be quite hierarchical and focused on clinical treatment and/or administrative work, not leaving a lot of room to drive new innovations. Staff should be better incentivised to bring in new ways of working and new solutions as part of their work.

Second, true patient-centric healthcare should involve the patients in the development process, either through ecosystem work or other incentives. E.g. Digital TestBeds in hospitals.

4.Focus on research and innovation should be broader than single clinical treatment

Healthcare's current innovations are mostly focused on single-point solutions for treatment of different clinical findings. Focus should be given to also improve the overall picture and processes of healthcare organizations. According to a recent study in Finland, healthcare professionals use up to 60% of their work on administrative duties.