Enabling Innovation in a Hospital Setting

I: We're here at Torbay Hospital and very fortunate to have with us Kyle who is responsible for enabling innovation to happen; one of a whole team of people here making some fascinating developments. Kyle, welcome and thank you very much for coming. Could you tell us a little bit about the role you play and innovation in the context of the hospital?

K: Certainly. I started my foundation training here two years ago. When I started, I realised that the junior doctors that are working here really weren't being tapped into. You're always asked to do projects, to do audits and we have to do these for our e-portfolios to get signed off, but I was finding that we didn't have any support, we didn't really know how to do the projects, we didn't really know the difference between audit and quality improvement and research.

So, what I did is, with the help of a few other people, I set up a group called ITORCH, which was Innovators of Torbay Clinical Healthcare. The aim of this was to try and tap into the experiences and the qualities that junior doctors have. We realised that the junior doctors have a very good outsider's perspective of what goes on within a hospital and they have to do projects, so we thought well why not try and make the projects something worthwhile both for them and for the trust.

So we set this group together and what we now do is we offer mentoring to junior doctors when they come to the hospital. So we teach them about quality improvement, we teach them about how to measure projects effectively, we have a proforma which is a set of questions that we ask them and they can take it away and fill it in, in their own time and it really gets them thinking, 'What is the project that I'm trying to do?' 'What is it I'm trying to measure?' 'How am I going to make this sustainable?' We found that, if trainees fill this out properly, they actually get a bit of a head start. They can do it in their own time, they can think about it, they can chat about it in groups, so that, when they do have that spare hour or that spare 20 minutes while they're at work, they can crack on and do the project and really make some good headway.

The other problem we found was that the doctors are all 100% clinical; they don't get study time to do the projects, so the majority of the work happens in the odd 20 minutes here and there as well as in their own time in the evenings and on the weekends. To fit in with this, myself and the others in the group offered mentoring. So, once the trainees had had their teaching, they filled in their proformas, we meet with them at times that are convenient to them as possible and try and give them a short, sharp, 'Have you thought about this? Have you thought about that? Yes, we think this project will work. Maybe we could do things a different way.' And we, basically, just try to guide them to get the most out of their projects. What we've really found is that, if a trainee is enthused by the project, it tends to be more successful.

So, some of the most successful projects were around improving the working conditions for the F1 doctors out of hours. So, making them more efficient meaning they have to transfer between wards left, less inappropriate jobs put on the task list. You can see there is a real desire to improve the system when it's something that will impact positively on them. Of course, the repercussions are it helps the trust as well.

I: So your role is very much an innovation coach; you're helping them to stuff for themselves.

K: Yes.

I: But, also, I guess, building into their conception of what it means to be a doctor; the idea that innovation can be a part of that.

K: Absolutely. The new doctors that come through now, they're all very technology savvy – they all have iPhones, they all have Blackberries, computers – so they expect that, when they come to a hospital, that's what they're going to be using. Then they go back to using paper-based systems and white slips around places and you can just tell they don't understand why the working environment isn't using the same technology as their social environment. There is a real urgency to try and make the two match up, if you see what I mean.

I: That's a fascinating enabling approach. What have been the challenges to you in actually making that happen?

K: I think there are quite a few challenges in there. Trying to give the junior doctors the time to complete the project is still a big factor. They are still expected to be 100% clinical and do all this portfolio and curriculum work on the outside. For some rotations, it is very, very busy and they can only spare 20 minutes here, half an hour there. As much as we try, we can only do so much with that short amount of time. I think it would be useful, as well, if there was some clarity from some of the colleges, like the Royal College of Physicians, what it is that they actually expect of the doctors, because the terms 'audit' and 'quality improvement' tend to be thrown around as two very distinct things. I do think there's a lack of clarity there.

Another problem, really, is that, as long as you have a project, you can just tick the box. I think it's just too easy to do something very simple, like a note audit in an afternoon: how many sets of notes on a ward have a date and a time? 80%. Fantastic. Tick the box. Well, that's no good to anyone. Really, it's trying to get the junior doctors enthused. One of the other problems, I suppose, is not everyone wants to engage, and that's fair enough. Most of the people that come through are very keen and really want to get enthused by it, and others are happy to just ramble on, really focus on their clinical work and, perhaps, haven't got the mind-set for it or haven't realised the potential they have for quality improvement, which is something we can, hopefully, work on next year.

I: So, if I became the Christmas fairy and I could grant you any wish, as somebody who clearly wants to promote innovation in the world that you're operating in, what's the magic wish you'd like granted? How could you really get some traction on this promotion of innovation?

K: There are a few things. I'd love to see the junior doctors being more involved in the wider hospital projects. People talk about implementing e-prescribing, e-requesting and, until we got involved, that was all happening in the background without actually consulting the junior doctors, where they're going to be the ones actually prescribing. So, if we're going to have a system, why not get the junior doctors to prescribe it? Why not get the people who are actually going to be using all these systems to have a look at how they could improve things? 24/7 working, the junior doctors are embedded in the rota. Why don't we ask a few juniors, 'Could you come up with a rota? What do you think would work? What do you think junior doctors would be happy with?' That would be very useful.

Integrating the junior doctors into, maybe, non-clinical things – IT things, managerial, executive things. I think it would be fantastic if the proforma we have, this ITORCH proforma and the methodology that we're using, if that could be adopted further afield, that would be brilliant as well. We're quite fortunate here because of the support that we have for the juniors. I can't guarantee that everywhere else would have that; would have the open culture that we have here, but I'm sure a lot of places would benefit from having some type of structure to help the junior doctors and, of course, give them some more time off the wards.

I: Sounds good.

K: It would be a bonus.

I: One last question: you're an innovation manager, your role is partly to help enable others to actually innovate. We're interested in advice and guidance from anyone we can get it from about how that process works. If I was to ask Uncle Kyle for his words of wisdom, what might you pass on to someone who's newly appointed in the role of being an innovation manager?

K: I'd probably say for everything that works there are about 25 things that won't work and you'll be banging your head off the table for the majority of the time, but it's worth it for when that one thing comes up. We hit many problems along the way and you just have to keep ploughing on. If your concept's good, you've really thought about it, you do have to drive it on and just accept that there are going to be people who don't share the same mind-set as you, who are maybe stuck in their ways, if that's the right way of saying it, but who are a bit more resistant to change. You're never going to get anyone on board, but, hopefully, your results will show that you've made a change.

I: I think they are doing here in Torbay. Kyle, thank you very much for your time.