CHAPTER 6

Innovation Leadership: A New Way of Being

CHAPTER OBJECTIVES:

Upon completion of this chapter, the reader will:

1. Understand the basic concepts of innovation and their relationship to innovation leadership.
2. Describe common innovation resources available to the innovation leader.
3. Examine leader strategies to advance the integration of innovation into the healthcare culture.

INTRODUCTION

In today's healthcare environment, leaders and managers need a wide and varied range of competencies to manage not only the operations of the organization, but also the work of continually adapting to new evidence, new technology, and new processes. The work of adapting to new approaches requires knowledge specific to creativity and innovation. In this chapter, a sampling of key concepts including an overview of innovation, innovation leadership, resources for innovation, strategies to support innovative processes, tools and methods of innovation, the obstacles to innovation, and approaches to the evaluation and measurement of innovation are presented. There is much written about innovation and innovation processes that serious readers should investigate further.

> Imbalance Challenge
>
> In general, people are more affected by their fear of creating the wrong idea than they are motivated by the excitement and passion of creating a truly innovative idea.
>
> John Sweeney, 2004

SOURCE OF INNOVATION IDEAS

There is no lack of need for new ideas and processes; nor is there a lack of ideas. The impetus for innovations emanates from multiple sources. Examples of innovation idea sources include the following:

- New science or knowledge such as computer processing or fiber optics
- Needs from service providers (caregivers) such as voice recognition for documentation
- Customer needs for more efficient and effective processes such as drive-through banking

The problems encountered by both providers and users can also become opportunities for innovation. In health care, the motivations for new work have most recently emanated from the patient safety movement. The call for safer patient care, fewer errors, and more predictable outcomes has never been greater.

One caution from Ulwick (2008) when using customers for ideas is the importance of focusing on outcomes or what the customer wants the new product or service to do for them and not the processes to achieve the outcomes. Customers do not have the conceptual tools or knowledge to create new products or services. Those skilled in the tools of innovation should be the creators of new solutions or products that meet the desired outcomes of end users. Similarly, with patient feedback, the emphasis should be on determining the desired outcome and not the processes to achieve the outcomes. For example, patients prefer services in one location rather than visiting many locations; it is up to the innovation team to determine the processes to make this occur.

Point to Ponder

Many established companies fail to make the leap to the new technology because powerful customers persuade them to continue doing what they are doing.

Ralph Katz

Innovation, noun, A change that creates a new dimension of performance (Drucker, 2001)

Innovate, verb, to introduce something new

Innovative, adjective,

Invention, noun, a new process, machine, or improvement that is recognized as the product of some unique intuition or genius.

Innovation leadership, adjective and noun, a leadership competence reflected by the ability to create the context and resources for innovation to occur

Diffusion, noun, widespread scatter or dispersed; a "pull" concept

Dissemination, noun, to spread widely; a "push" or top–down concept

Source: Random House *Webster's College Dictionary*, 1992

INNOVATION IS . . .

There are numerous definitions and descriptions of innovation. These definitions include creating something *new,* something *groundbreaking,* and something that is *better than what it was before*. From the very simplistic description to the more theoretical definition, innovation is about *introducing something new.* Innovation descriptions range from incremental to complete; from improving upon something that already exists to something new to the world that is a departure from current processes. A list of selected definitions and descriptions of innovation and related concepts is presented in **Table 6-1**.

INNOVATION LEADERSHIP IS . . .

Innovation leadership is quite different from the work and processes of being an inventor. Innovation leadership is about creating the context for innovation to occur—creating and implementing the roles, decision-making structures, physical space, partnerships, networks, and equipment that support innovative thinking and testing. This role requires an ability to envision the future, courage to challenge the status quo, comfort with routine risk taking, agility, and significant ego strength. The innovation leader has an understanding of the significance of the collective wisdom that is generated by many individuals and the continual adaptation process that is so powerful that one's ego becomes transparent. Innovation leadership is not about being the best developer of new ideas or being the most creative thinker; it is about facilitating and empowering others to be as creative as they can be.

INNOVATION LEADERSHIP IS NOT . . .

Oftentimes when an individual assumes the responsibility to manage the implementation of a technology product, the perception is that this work is innovation leadership. Innovation leadership is not project management. Innovation leadership is about who the leader is and how the world of work is approached. Project management is about the dissemination of processes using a top-down approach. Traditionally, the work of project management is done by a manager who is following and guiding the implementation of a clearly defined plan. However, as the healthcare industry works to better integrate innovation and operations, an innovation leader can also

be a project manager for selected projects. This approach increases cross-fertilization of innovation and operations, and at the same time, it provides real-time opportunities for the innovation leader to correct course or modify the project plan to assure optimal results.

	Innovative Leadership	Innovation Project Management
Scope	Broad Context specific	Narrow Project specific
Leader Role	Facilitator	Owner
Focus	Change process	New project implementation
	Creativity	Idea testing
Behaviors	Risk taking	Control

Table 6-2 Comparison: Innovation Leadership and Innovation Project Management

ADVANCING THE HEALTHCARE CULTURE

Advancing innovation into the healthcare culture presents challenges to even the most skilled leaders. The challenge to assure patient safety, maintain employee satisfaction, and at the same time test and implement new treatments and products is never ending. However, integrating innovation into the healthcare culture so that it is a part of the fabric of the organization rather than an occasional project or study requires a high level of understanding of organizational survival, leadership, courage, and passion to be the best that one can be. While the motivations for innovation range from wanting to retain one's lead position to organizational and personal survival, the reality is that innovation is inescapable. The sooner a leader can engage in an integrated culture for healthcare services, the greater the potential to achieve patient care excellence. The innovation leader necessarily manages the paradox of stability and creativity using more sophisticated skills of critical reasoning and synthesis of complexities of the organization.

The organizational culture supportive of innovation can be a catch-22 situation for healthcare leaders in that a culture supportive of safe practices relies on stability, consistency, and standardization. This is diametrically opposed to the cultural norms and behaviors supportive of innovation. Innovation and health care have an interesting relationship. There is a dual expectation for safety and quality, and at the same time there is an expectation that patients have access to the most advanced state-of-the-art procedures, equipment, and technology. What is not expected nor tolerated very well is the work to consider, test, and implement new and improved solutions. While this is not a new phenomenon for healthcare leaders, the intensity and complexity at which innovations are being introduced and the concerns about the lack of patient safety is different and much more intense. No leader can escape the perceived schizophrenic expectation for tolerance of change and the provision of an infrastructure that supports stable operations *and* the development of new and improved ways to provide patient care services. Health care and innovation are uncommon but essential partners in the patient safety movement. Attaining the critical balance between the two requires new behaviors and expectations for the healthcare team.

In light of this complex and ever-changing environment, healthcare leaders have at least three options when new ideas or technology are available: (1) abandon current processes and move to the new process, (2) work to improve and expand current processes, or (3) hold current process additions and begin to use the new process simultaneously (Katz, 2003). For each new idea or technology, innovation leaders use numerous resources to evaluate which option is most appropriate for the context in which they work.

INNOVATION RESOURCES

Innovation resources are many and varied and include techniques, technologies, and laboratory spaces dedicated to the processes of innovation and that support innovation leadership. Each tool provides a unique approach in the innovation process from idea generation to dissemination and evaluation of new ideas. These resources are useful for the leader to examine and better understand the situation and then to be able to determine if or when to adopt, ignore, or combine new ideas.

Techniques and Tools of Innovation

The techniques and tools of innovation include innovation laboratories or physical space in which innovation dialogue or construction of prototypes can occur, specific activities for idea generation, and Internet sites. All three resources should be considered in the work of innovation leadership. Examples of each are presented to assist innovation leaders in gaining an appreciation of available resources.

Innovation laboratories or spaces are designed for individuals to work together in the generation of ideas, design of prototypes, testing of ideas, evaluation of outcomes, and reworking of projects. For innovation leaders, the physical space includes tables for small-group discussion, electrical outlets for laptops, projection capability, large writing areas for idea documentation, and creative toys or items such as modeling clay, pipe cleaners, building blocks, and construction paper. *Skunk works* is an example of an innovation space designed to provide an environment for project teams with a singular mission and their own quarters. Originally created by Lockheed Martin aerospace manufacturer, skunk works first described a group within an organization given autonomy and freedom to work on special or secret projects.

Innovation Tools

Catchball is a technique in which an idea is tossed from one group to another for the purpose of review, reflection, and modification. This technique is helpful in maximizing input and illustrates the interactive nature of creating optimal solutions. The process continues until optimal improvement is achieved.

Catchball Exercise

An opportunity presents itself for the updating of a patient education resource area. Using the Catchball technique, select two or three teams from different areas to participate in this work.

1. Identify the goal
2. Team 1 develops the idea and includes processes, descriptions of value to stakeholders, metrics for evaluation and timelines.
3. Pass the project on to Team 2 for improvements.
4. Pass the project on to Team 3 for improvements.
5. Pass the project back to Team 1 for comments and so on.

The *deep dive* is a technique for brainstorming that results in highly communicative and innovative ideas in a very short period of time. The deep dive was created by the IDEO Corporation, in Palo Alto, California, a leading product design company that bases its design process on an anthropologic approach. With this technique, several phases are involved. The first phase focuses on understanding the context in which an activity occurs, the market, customers, available technology, and limitations. The second phase involves observation of real people in real situations followed by synthesizing of observations. In the third phase, designers brainstorm new approaches and then create prototypes. The ideas are then refined and streamlined and finally selected and evaluated.

For healthcare workers, non–healthcare sites for the deep dive experience are especially helpful. For example, a group of healthcare students visited a local coffee shop to observe the physical setting, the flow of activities by workers and customers, and their experiences. The students observed, synthesized, brainstormed, prototyped, and selected an improved model. Quite quickly, the students recognized the similarities to patient care throughput issues and were able to translate and transfer ideas to improve patient throughput as a result of the experience.

Directed creativity is a technique developed by Plsek (2003) that emphasizes perceiving things in new ways, breaking free of current patterns, making novel associations, and using judgment in different ways. According to Plsek, the creative process involves connecting and rearranging knowledge in one's mind. With this technique, there is a purposeful production of creative ideas for a specific topic, implementation of ideas, and then enhancing as needed. An important assumption with directed creativity is that the ability to generate innovative ideas for change is a common trait that we all possess. What is important is to recognize that each individual embraces new ideas at different rates and for different reasons.

Empathic design is an idea-generating technique whereby innovators observe how people use existing products and services in their own environments. The purpose of this approach is to learn as much as possible about how a product or service is used and under what conditions. This information is then used in the design process so that the outcome is optimally usable and meets customer needs.

Innovation mapping is a technique that is used to understand work flows. Numerous commercial mapping products are available to document thought and work-flow patterns. The analysis can begin with the caregiver–provider, the patient receiving the care, a specific technology, or a product. Each model produces different information including product, technology, and customer perspectives. This model provides information that extends other techniques in the determination of process efficiency, comparison of processes, and the nature of required resources.

Scenario planning is a technique used to inform the future using a group process. The group shares information to gain greater understanding of issues and then creates several different potential scenarios based on driving forces. These stories then serve to increase the knowledge of the environment and potential interrelated events that could occur.

Exercise: Innovation Maps:

Compare and Contrast for Optimal Impact

Identify an opportunity for innovation for your specific department. Using a mapping approach, create a customer-centered innovation map that identifies what the customer expects and in what order the events are expected. Using the same model, create a provider-based innovation map based on the job responsibilities of the provider. How are they similar, how are they different? Given the knowledge you have gained from examining both maps, what changes could/ should be made to optimize the process?

Internet Resources

Given the varied skill sets and comfort with innovation, Internet innovation resources can be very helpful in not only guiding innovation projects, but also in advancing individuals along the innovation continuum. Resource web sites, blogs, wikis and .ning sites are available to assist innovation leaders with the latest state-of-the-art ideas and information about innovation. **Table 6-3** lists several useful sites to assist aspiring innovation leaders.

While these tools may be attractive and enticing to the novice innovation leader, the importance of personal innovation competence cannot be overestimated. Individuals must be open to new ideas, comfortable with uncertainty and loss of control, and resilient to recover from unsuccessful attempts. Using these tools will not decrease anxiety or increase comfort with the unknown; that must come from within the person for the full benefit of the tools to be realized. Embarking on a deep dive without intention and commitment to explore new ways of being is self-defeating.

www.ted.com	Ideas worth spreading
www.ideo.com	IDEO Corporation, Palo Alto, California
www.ihi.org	Institute for Healthcare Improvement
www.CHCF.org	California Health Care Foundation; Innovations for the underserved
www.innovativecaremodels.com	Health Workforce Solutions and RWJ site
www.simulearn.net/video/virtualleaderorientation2.wmv	
http://www.innovations.ahrq.gov	The Agency for Healthcare Research and Quality innovations resource

Table 6-3 Innovation Web sites

ADVANCING INNOVATION LEADERSHIP STRATEGIES

Developing the competencies and tools that support innovation leadership is the beginning of the journey. The application of tools and techniques can be further enhanced with the specific strategies. The overall purpose of these strategies is to enhance innovation leadership competence.

Strategy No. 1: Learn the Language of Innovation

Similar to other disciplines that have unique languages, so, too, does the field of innovation. The language of innovation includes concepts specific to change, performance, creativity, idea generation, tools for innovation, stages of innovation, and evaluation. The following examples are not exhaustive, but rather representative of the language. The benefits of developing skill in using the language can be far reaching. Individuals learn quickly that innovation is not limited to high-level scientists or the ultracreative. Rather, innovation is common to everyone, just in differing degrees. For example, the language of Rogers (2003), Plsek (2003), and Fraser (2007) (**Table 6-4**) reflects different conceptualizations or approaches to the evolving innovation levels of knowledge or acceptance of new ideas.

Rogers	Plsek (2003)	Fraser
Laggard	Usual thinking	Skeptic
Late majority	Potential better practice thinking	Conservative
Early majority	Clever thinking	Pragmatist
Early adopter	Creative connection thinking	Visionary
Innovator	Paradigm busting thinking Original thinking	Enthusiast

Table 6-4 Comparison of Innovation Spread Concepts: Rogers, Plsek, and Fraser

Exercise: Ten Faces of Innovation

Examine a current leader in your organization who is known for innovation using Kelly's Ten Faces of Innovation. Are all faces present? Which faces are the most prominent? Which faces are the least common? How can your team use this information to advance innovation in your organization?

T. Kelly, (2005)

Never give up!

I am constantly and happily surprised by how impossible it is to extinguish the human spirit. People who had been given up for dead in their organizations, once conditions change and they feel welcomed back in, find new energy and become great innovators.

Margaret J. Wheatley (1999)

Strategy No. 2: Understand Your Ego

To be an effective innovation leader, one must first understand oneself from the perspective of the work of innovation. A clear understanding of strengths, range of experiences, abilities to overcome obstacles, areas for development, resources for honest feedback, and personal courage are essential for those leaders dedicated to creating the context for others to thrive and innovate. Empowering others is a selfless process in which the leader of innovation is peripheral to high-profile innovations. The innovation leader is continually focused on personal growth and development as the means to empower others. Most importantly, the innovation leader is comfortable with personal limitations and the reality that one cannot possibly know everything there is to know about any one topic.

Kelly's (2005) Ten Faces of Innovation provides an excellent resource for the ways in which individuals approach innovation. In addition, a list of negative behaviors is listed for the leader to consider both types of behaviors (**Table 6-5**).

Strategy No. 3: Bank on Teamwork

Innovation work requires a team. No one individual can conceive, develop, and deliver an innovation. Numerous individuals with diverse skills are needed to bring an idea from conception to reality. The team makes individuals successful as a result from the emergence of their collaborative efforts and collective wisdom.

Harry S. Truman is known for his comment, "It is amazing what you can accomplish when you don't care who gets the credit." The essence of this comment is not only about minimizing the need for an individual to be recognized for great work, but also about the importance of unrestrained and enthusiastic collaboration among individuals. It is about continually encouraging the human spirit and expectation that the universal human capacity to invent and create can be realized. So, too, is the work of innovation leadership that requires involvement of those key stakeholders in the formulation, design, implementation, and evaluation stages to be successful.

According to von Hippel (2005) the importance of *democratizing innovation* cannot be overstated. Moving the work of innovation from isolated local teams to maximize collaboration and involvement of designers, end users, providers, informaticists, marketers, and the like increases the likelihood of useful, sustainable solutions.

Wheatley (2001), a noted leadership expert, has also recognized the essential nature of teamwork and participation. Including all individuals who are going to be impacted by a change is critical. When we fail to invite these individuals into the creation process, they become resistors and saboteurs. It is not only the management of resistance that the leader needs to consider, but also the recognition and integration of the incredible contributions that others can make.

Strategy No. 4: Recognize and Reward Innovation Work

Traditionally, recognition and rewards in health care are based on the achievement of established goals and targets. Negative feedback and loss of rewards results when targets and goals are not met. Providing negative feedback is inconsistent with the need for creative and innovative thinking and requires significant modification if healthcare organizations are to be successful in both creating new approaches to care and stable patient care services. According to Sweeney (2004), there is a need to reinforce and reward risk taking and creative behavior at a 10 to 1 ratio in order to

10 Faces of Innovation*	Positive description	Negative behaviors
1. Anthropologist	Observing human behavior to understand	Avoids getting involved in new enterprises
2. Experimenter	Takes calculated risks	Requires assurance/guarantee before embarking on new product or activity.
3. Cross-pollinator	Explores other industries and cultures and translates those findings into one's own	Focuses on internal area of expertise only to build a better future
4. Hurdler	Develops skill in overcoming or outsmarting roadblocks	Views roadblocks as endpoints
5. Collaborator	Leads from the middle of the pack to create new combinations and multidisciplinary solutions	Autocratic leadership style that does not seek or desire input from others
6. Director	Gathers together a talented cast and crew and works to spark their creative talents	Works as a director in position of superiority; requires allegiance and obedience
7. Experience architect	Designs compelling experiences that go beyond mere functionality to connect at a deeper level with customers latent or expressed needs.	Stays focused on what is currently being done within the industry/organization and works to make it better on the basis of personal beliefs and values.
8. Set designer	Creates a stage on which innovation team members can do their best work	Relies on research, publications and experts to create new models.
9. Caregiver	Delivers customer care in a manner that goes beyond mere service; anticipates needs and is ready to meet needs.	Focuses on standardized products and services; avoids customization.
10. Storyteller	Builds morale and awareness through compelling narratives that communicate a fundamental value or cultural trait.	Focuses on the facts and outcomes; avoids personal discussions or feelings.

Table 6-5 Kelly's Ten Faces of Innovation with positive and negative behaviors
Source: Kelly, T. (2005). *The ten faces of innovation.* New York: Doubleday.

counteract an individual's fear of failure. For every success, nine other attempts were not successful, and positive feedback about these nine attempts is needed. Further, this level of positive feedback needs to be in place for a long time before a positive impact occurs. This approach is much like the funnel approach when considering new ideas. Numerous ideas are needed before one workable process or product results (**Figure 6-1**). Little empirical evidence exists for the successful proportion of affirmations to actual successes; however, what is known is that there must be significantly more positive affirmations to produce a single result.

Strategy No. 5: Avoid Reliance on Technology

Innovation leadership is not about introducing new technologies. It is much more about the individual and change; it is about *person* change rather than *technology* change. It is about assisting individuals to look at work differently, reexamining processes for value, eliminating work that no longer produces value, and learning new skills to manage technologies. In health care, the four technologies of the electronic medical record, telehealth, clinical monitoring technology, and distance technology have been adopted by healthcare organizations to improve the quality of health care and are

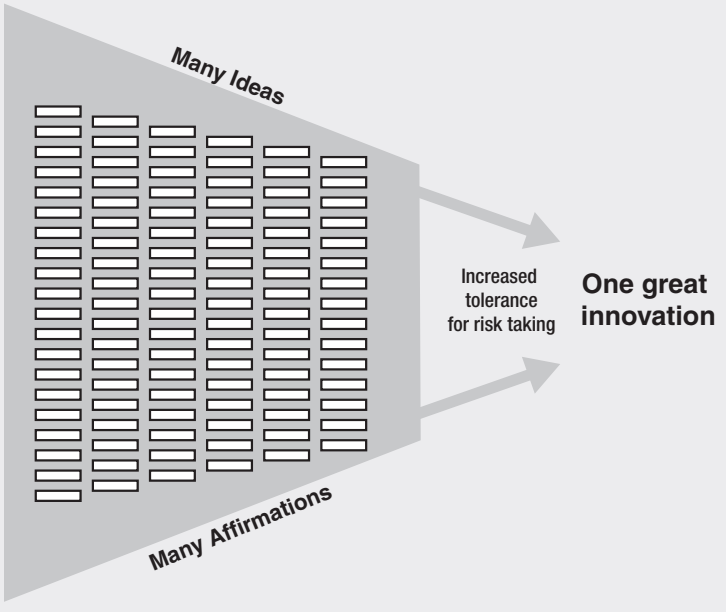

Figure 6-1 The funnel of innovation.

considered tools of innovation—not the essence of health care. From the electronic record, leaders anticipate improved speed in data management, productivity, accuracy, and completeness of records. Decreases in medical errors are also expected. Reliance on the electronic medical record to eliminate medication errors without consideration of human factors involved is unrealistic. There may, in fact, be more new medication errors from the use of the electronic record.

Another consideration in assuring that technology is considered a tool rather than a driving entity is the difference in generations and their experiences with technology. For those born before the technology explosion, most notably the baby boomers, the use of technology is more likely to be perceived as an add-on feature. The challenge to see technology as a helpful tool rather than the primary essence is much greater for this generation than it is for generations X and Y. These generations have grown up with computers, video games, cell phones, and video cameras and fundamentally think and process information differently; they are digital natives. The baby boomers are considered digital immigrants—individuals who began to use digital equipment at a later point in life (Prensky, 2001). Digital immigrants learn to adapt to their environment while retaining the imprinted ways of the nondigital world. For innovation leaders, consideration and sensitivity to these two widely different mind-sets and skill sets is necessary to effect an environment supportive of innovation. What may be required for digital immigrants to innovate may not be needed by digital natives. Necessarily, the innovation leader must become comfortable with the technology evolution regardless of one's status as immigrant or native.

Strategy No. 6: Creating the Business Case for Innovation

Linking the value of innovation with financial data is an expectation for innovation leaders. However, identifying the value metrics and qualitative indicators for innovation is perhaps one of the most challenging processes for the healthcare leader (Burns, 2005). The need to identify value for new work that is yet to be done is important and often requires intuitive estimations and the selection of historical trend markers. What is also important is that evidence and evaluation markers are selected, evaluated, and revised throughout the innovation process.

> **Point to Ponder**
>
> Leaders in one generation of technology are seldom leaders in the next.
>
> Ralph Katz

The evaluation of innovation processes requires a more robust model of evaluation. Specific variables for each of these categories must be considered and monitored in any innovation work. The gold standard for evidence has been the randomized clinical trial (RCT), a rigorous, costly method to determine what actually works and to what degree it works. More recently, clinicians have been challenged to move beyond the RCT to *realistic evaluation* (Pawson & Tilley, 2007). This model requires the consideration and integration of the context which includes the influences of the environment, geographic region, cultural values, economic resources and political components.

Providing the funding for innovation challenges even the most sophisticated organizations. The need for a positive net income margin drives financial assumptions,

types of analyses and monitoring tools, and allocation of resources. It is always a challenge to fund innovation in that such ideas are too undeveloped to examine using traditional financial models. The questions of product price, expected units to be sold, developmental costs, training, and desired profit margin are nearly impossible to determine and would be merely guesswork if attempted. Christensen, Kaufman, and Shih (2008) validated the lack of good financial tools for innovation and asserted that using traditional tools distorts the value, importance, and likelihood of success of investments in innovation.

Healthcare organization leaders must courageously challenge existing financial models and create funding resources for idea generation, testing, implementation, and evaluation that support innovative thinking and processes. The designation of funds to support personnel and innovation tools in every department must become the norm rather than an optional expense if long-term sustainability of the organization is the expectation. No process or technology can be considered immune from improvement; thus the support for innovative thinking and design needs to be pervasive.

MANAGING INNOVATION DISPLACEMENT

With the addition of new processes and technologies, old work often becomes obsolete. As part of any innovation implementation planning, attention should be given to what should be given up or eliminated. This causes angst among many workers. Innovation tools, particularly pre- and postinnovation process mapping, can be helpful. A comparison of the two process maps can highlight eliminated work and steps that can also be modified in the job expectations. This objective data can be helpful in guiding teams to make the most appropriate decisions in work redesign.

MANAGING OBSTACLES TO INNOVATION

Some believe that the lack of funding is the greatest obstacle to innovation; however, the importance of relationship and communication skills should never be minimized or overlooked. Indeed, the ability and courage to be an innovation leader may be more significant than the funding. Without strong personal commitment, no amount of funding can advance innovation in any organization.

Kanter (2006) identified the classic traps of innovation that have occurred repeatedly over time. Four categories were identified: strategy, process, structure, and skills traps. In each of these areas, lessons are identified with strategies to manage. Innovation strategy should include small and incremental innovations as well as larger, more significant improvements. Using the innovation pyramid or funnel (Figure 6-1) approach to continually identify, filter, and focus on potential solutions is helpful in avoiding the emphasis on only large projects. The decision-making structure for innovation requires fewer tight, formal controls and greater reliance on interpersonal communication. Also, systems for recognition and reward should be available in addition to traditional performance rewards. Finally, the skill set for innovation requires wide dissemination of knowledge, tools, and resources rather than limitation of these resources to selected individuals or departments.

MOVING FORWARD

Innovation leadership is the norm for contemporary leaders rather than the exception and requires a mind-set for both stability and growth. Significant and regular demonstrations of courage are required to not only balance these two organizational imperatives but also to achieve large-scale spread of new practices. Passion and commitment are equally required in what are sometimes believed to be impossible levels. Yet, the innovation leader ventures on, knowing that the best is yet to come.

REFERENCES

Burns, L.R. (2005). *The business of healthcare innovation.* Cambridge, United Kingdom: Cambridge University Press.

Christensen, C.M., Kaufman, S.P., & Shih, W.C. (2008). Innovation killers: How financial tools destroy your capacity to do new things. *Harvard Business Review, 86* (1), 98–105.

Fraser, S.W. (2007). *Undressing the elephant: Why good practice doesn't spread in healthcare.* Available at *www.lulu.com*

Kanter, R.M. (2006). Innovation: The classic traps. *Harvard Business Review, 86* (11), 73–83.

Katz, R. (2003). *Harvard business essentials: Managing creativity and innovation.* Boston, MA: Harvard Business School Publishing.

Kelly, T. (2005). *The ten faces of innovation.* New York: Doubleday.

Pawson, R., & Tilley, N. (1997). *Realistic Evaluation*. San Francisco: Sage.

Plsek, P. (2003, January). Complexity and the adoption of innovation in healthcare. NIHCM/National Committee for Quality Health Care conference, Washington, DC.

Prensky, M. (2001). Digital natives, digital immigrants. *On the Horizon, 9* (5), 1–6.

Rogers, E.M. (2003). (5th ed). *Diffusion of Innovations*. New York: Simon and Schuster.

Sweeney, J. (2004). *Innovation at the speed of laughter.* Minneapolis, MN: Aerialist Press.

Ulwick, A.W. (2008). *Turning customer input into innovation.* Boston, MA: Harvard Business School Press.

von Hippel, E. (2005). *Democratizing innovation.* Cambridge, MA: MIT Press.

Wheatley, M.J. (2001, Spring). Innovation means relying on everyone's creativity. *Leader to Leader, 20,* 14–20.

SUGGESTED READINGS

Anthony, S.D., Eyring, M., & Gibson, L. (2006). Mapping your innovation strategy. *Harvard Business Review, 86* (5), 104–113.

Berwick, D.M. (2003). Disseminating innovations in healthcare. *JAMA, 289* (15), 1969–1975.

Christensen, C.M., Anthony, S.D., & Roth, E.A. (2004). *Seeing what's next: Using the theories of innovation to predict industry change.* Boston, MA: Harvard Business School Press.

Christensen, C.M., Baumann, H., Ruggles, R., & Sadtler, T.M. (2006). Disruptive innovation for social change. *Harvard Business Review, 86* (12), 94–101.

George, B., Sims, P., McLean, A.N., & Mayer, D. (2007, February). Discovering your authentic leadership. *Harvard Business Review, 87* (2), 129–138.

Getz, I., & Robinson, A.G. (2003). Innovate or die: Is that a fact? *Creativity and Innovation Management, 12* (3), 130–136.

Kirby, E.G., Keeffe, M.J., & Nicols, K.M. (2007). A study of the effects of innovative and efficient practices on the performance of hospice care organizations. *Health Care Management Review, 32* (4), 352–359.

Porter-O'Grady, T. (2007, February). The CNE as entrepreneur: Innovation leadership for a new age. *Nurse Leader,* 44–47.

Rostenberg, B. (2007, February). The cost of innovation. *Healthcare Design,* 18–26.

Verganti, R. (2006). Innovating through design. *Harvard Business Review, 86* (12), 114–121.