

INNOVATION or STAGNATION? CROSSING THE CREATIVITY GAP!

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We cannot solve a problem by using the same kind of thinking we used when we created them.
[Albert. Einstein]

Like *excellence*, the word *innovation* is often overused in veterinary healthcare forums, frequently espoused in well-intended promotions, yet lacking in any real substance. Referred to indiscriminately, *innovation* is a nice feel-good notion. When implemented strategically, it can mean the difference between performing on a par with the “others” versus achieving exceptional success that includes defining strong practice identity within the community, serving as a magnet for clients and staff, and increasingly changing the way veterinary healthcare delivery is practiced. True innovation is a powerful concept with an inherently unique capacity to align people, foster creativity, and bring significant improvement to existing processes or transformational change to whole systems.

Interestingly, many “new innovations” being introduced today were published a couple decades ago, but fell upon deaf ears (or as stated at the time, they were too far ahead of the profession’s capabilities to understand the leverage and power being suggested).

NOTE: VCI Signature Series Monograph, Strategic Assessment & Strategic Response, is available from the VIN Bookstore, www.vin.com.

A recent study highlighted that only about 9% of practice owners described themselves as active innovators, revealing a gap between where most practices are and where the owners would like to go. Early adapters are easier to identify, since they usually say, “*We are innovators, show us 20 practices doing it and we will be there immediately*”, but for those few general practice leaders who are really innovators, proactive and innovative creativity is a difficult charter in this profession.

INCUBATORS FOR INNOVATION

Several Associations have created “retreats” or “short courses” that function to create an atmosphere of innovation and creativity, but are actually incubators for early adapters to get comfortable with the new ideas from true innovators. These “retreats” or “short courses” often center on new retail concepts, new business monitoring tools, or revised healthcare delivery modalities. The unwritten requirement to be a nurturing leader integrating the 14 leadership skills on a daily basis is seldom a prerequisite for attendance to one of these “retreats” or “short courses”.

NOTE: VCI Signature Series Monograph, Leadership Action Planner, is available from the VIN Bookstore, www.vin.com.

Often, innovation comes in the form of a savvy veterinary consultant; these often are not brilliant innovators, but they have been “around the block” and seen a lot of options. The real challenge for most practices is simply they have not seen many alternatives – the best they can do has been done – in most cases, their “knot hole” to view the world of options is very small and singular in direction. Some consults come with a bucket full of gimmicks they have gleamed from other practices and published management/leadership studies which they have read, studied or otherwise internalized. One problem with gimmicks is they feed you for a meal, and soon, the practice is hungry again. The other challenge is they seldom have been tailored to fit into the practice values, vision, or operational strengths. There are practices that live on the “gimmick of the month”, where the owner is always putting a new idea into play without regard to the existing culture, training, or organizational behavior profile. In these practices, turnover is high, and innovation by staff members is minimal . . . they soon adapt a philosophy of apathy, exhibited as a group undercurrent of “this too shall soon pass.”

When I started publishing texts, it was because I wanted to share with the profession an operational thesis that contained most of the gimmicks that had been passed from consultant to consultant. The first three books were written in the mid-1990s, and became more than just “*Building the Successful Veterinary Practice*.” in Volumes 1, 2 and 3 . . . they became a manifesto of leadership in action. As I took pen in hand, I could not help myself . . . I needed to weave the gimmicks, stories and the revised practice operations into a cohesive, cutting edge, thesis. After the first three, it became evident that we had to write the next book, “*Beyond the Successful Veterinary Practice: Succession Planning & Other Legal Issues*”, which included the FIRST published practice valuation formula plus some legal issues, so I included the thoughts of two co-authors, one of which was a respected JD who has gone on to be recognized as one of the best veterinary transactional attorneys in the USA. Now with 15 texts published, three on facility design (pre-architect), and 30-plus monographs (single topic, about 55 pages, with a topic-specific electronic tool kit), what I am realizing is that 1) I still have a lot to learn, 2) many consultants are using my materials, with the younger ones not really knowing the origin of the material, and 3) I am glad I have the monographs, since they are easy to update as I learn more.

NOTE: VCI *Signature Series Monograph, Changing Practice Cultures or Organizational Behavior and the Learning Organization*, is available from the VIN Bookstore, www.vin.com.

FOSTERING INNOVATION

While there is no one single or right approach to increasing innovation within a veterinary practice organization, savvy practice owners are looking for ways to tap into the innovation and creativity of their veterinary healthcare teams. To do this, CORE VALUES must exist that are inviolate, STANDARDS OF CARE must be in writing, and kept dynamic, and the LEADERSHIP SKILLS must be shared with the team members. Taken as a set, these three elements form the basic contents of the practice’s toolbox for stimulating creativity, collaboration, and continuous quality improvement (CQI) which work in harmony to align the practice operations and organizational behavior with community and client needs.

There are a few OPERATIONAL ELEMENTS which form this manifesto for innovation and change:

THINK BIG – AND SMALL

In the 2010 book, *The Innovation Secrets of Steve Jobs*, the difference between so-called “innovations with a capital I” and “innovations with a small I” are explained as two essential elements for successful business today. While capital-I innovations are real game changers (think iPad or tablets), smaller innovations around product and service improvements, as well as enhancing operational efficiencies, are just as important to a practice’s long-term success. For most veterinary practices, incremental improvements can often be easier to implement, yet over time, they have an additive effect that makes their impact even more potent. The Six Sigma philosophy and tools are a great example of performance improvement efforts that focus on low-hanging fruit and true break-through improvement metrics.

BUILD YOUR BRAIN

While sometimes good ideas pop out of nowhere, the most successful and sustainable innovation arises from structured processes and multi-disciplinary approaches to creative brainstorming. Using the WHACK PACK, from author Roger von Oech, *A Whack on the Side of the Head*, is an old stand-by that is really fun; a card deck with “out of the norm” thinking.

BE OPEN TO EVERYONE

Innovations can come from anywhere and anyone in a veterinary practice. When brainstorming at the team level, ensure that all ideas are recorded (I prefer to use MIND MAPPING, per Tony Buzan, for non-linear brainstorming). Also, please ensure no one starts to offer value judgments or priorities while Mind Mapping. The savvy leader will also use appreciative inquiry (asking leading questions, in a positive spirit, to guide discoveries and/or expanding perspectives to the brainstorming).

LOOK EVERYWHERE for INSPIRATION

Another common method of gaining insights and stimulating thinking is to look at other industries for ideas and innovations. Veterinary practices should look to the local small business retail operations that are growing, dental practices with hygienists, medical practices with Physician Assistants and Nurse Practitioners, banks with branches, Accountants and Attorneys with junior partners and legal aides, and in some cases, even the aerospace industry. The key for this exploration is to realize that the goal is NOT to find a particular process or specific solution to adopt wholesale, but rather to learn and apply the thinking that went into the successful changes and upgrades, which may just trigger new ways of looking at your own practice paradigms.

USE YOUR RESOURCES

“Knowing and using your resources” is the very first leadership skill (*Building the Successful Veterinary Practice: Leadership Tools* (Volume 1), Blackwell/Wiley & Sons Publishing). My first assumption is that your practice hires people for their strengths – I have never seen a want ad that said, “Wanted – dirt bag without a work

ethic”, yet I have seen many practices start to beat upon new hire people for their shortfalls instead of building on their strengths. Brainstorming (e.g., Mind Mapping, explained in *Building the Successful Veterinary Practice: Innovation & Creativity* (Volume 3) is one way for getting everyone involved. If you want to seek innovative ideas from other healthcare sources, try these intriguing Internet sites:

www.innovations.ahrq.gov;

www.tedmed.com/home;

www.ache.org/abt_ache/fundfaq.cfm.

THE INNOVATION IMPERATIVE

“Now is not a good time” – the ever -present innovation killer remains a threat to veterinary practices around the world. Blaming events outside the practice walls is abdicating accountability for finding innovative solutions. “We tried that once, and it didn’t work” ignores the fact that demographics are fluid, staff members have different skill sets, and what did not work once may in fact be an improvement needed now with insight and experience gained last time. Unlike competing priorities, innovation merely competes with itself and with its alternative . . . doing nothing at all. Ignoring the need to innovate is tantamount to accepting defeat in today’s marketplace. The next ten years will show a veterinary healthcare delivery field where only the savvy and strong will survive and flourish. Managers at all levels, with an interest in innovation, need to become armed with the tools to ensure attentive response from their practice owners. The demands on discretionary income will only increase, and the savvy practices will find an increasingly receptive audience among their staff members hopeful of a new way to get the job done while remaining client-centered patient advocates.

MEASURING INNOVATION - if you cannot measure it, you cannot manage it

A holistic measurement system needs to have three perspectives: performance, competence strength, and strategic application. The performance perspective provides a report on the outcomes of the practice's organizational innovation program (input => process => output => outcome), whereas the competence perspective provides a report on the on the ability to envision and implement innovative growth opportunities. The strategy perspective outlines the impact of innovation on the practice's strategic direction (*Strategic Assessment and Strategic Response* is a monograph in the VIN Bookstore).

- **Performance Perspective** - to measure performance, many practices simply track the revenue or average client transaction, which are outdated and very poor indicators of net income or cash flow enhancements. The new strategic measurements use the practice's written Standards of Care (SOC), and compares procedure bookings with provider commitments to the established SOCs. "Compliance" is internal to the practice, while "adherence" is what teh client does with what we tell them (this requires a nurse technician follow-up usually).

- **Competence Perspective** - Savvy practice owners know they must train the staff to a point of being trusted with conveying the written Standards of Care in word and deed. The practice leadership must assess the extent to which their team skills, processes, culture, and organizational behavior conditions support the conversion of innovation resources into opportunities for business renewal activities. The diagnostic ratio (pharmacy sales : diagnostic sales) is one example of a competence measure for providers, especially when compared to the practice's diagnostic ratio for the same period. It must be noted, workload will cause variances between providers, so it is also an individual measurement of diagnostic compliance and innovation.
- **Strategic Perspective** - Strategic assessment is an on-going leadership charter, while strategic response is an innovation indicator. As an example, the emphasis on continuous quality improvement (CQI) at the individual level, for everything within their sphere of influence, and the unilateral actions being taken by every staff member, is a measurement of the innovation engine in action.

Because innovation is a means to an end, smart metrics are needed to measure across the three perspectives discussed above. The biggest mistake usually made is to use old metrics for new programs, which in turn, usually causes reversion to the previous system, since that is what the old metrics were designed to track.

Think of the FEAR FREE philosophy of practice, looking at the facility and handling from the pet's perspective. Sounds like a new idea, but the fact is, we all entered this profession because we want to provide a safe haven for animals. You cannot create a safe haven for your patients if you have not created a safe haven for your team. An example would be: written standards of care (SOC) for Risk level 1 animals (mostly preventive and well care programs) being supported by inviolate core values, which are offered by true leaders within our profession (14 leadership skills practiced on a daily basis within evolving organizational behaviour models).

Is it time for your practice to employ an outside facilitator/consultant to promote new concepts, enhanced methodologies, and interactive staff member brainstorming exchanges for enhancing the healthcare delivery programs? The top 40% of the veterinary practices will say "YES IT IS!", while the balance uses national averages as benchmarks to maintain their complacency. Average is simply defined as the best of the worst, or the worst of the best . . . the average is just mediocrity in a comfortable form. Where are you today . . . Innovation or Stagnation?