Q&A: We asked four experts five questions about innovation and the future of hospitals

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How do you imagine the future of hospitals?

You might think of an ultra-efficient patient experience where they have little to no wait times because diagnosis and triaging are automated.

You might think of integrated electronic health records and secure real-time monitoring of health data.

Or, you might even think of a world where hospitals as we know them today, with acute inpatient care as a cornerstone, can become obsolete.

We spoke with four experts in this area—to get their insight on innovation in hospitals, their visions for the future and how we can get there:

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- **Dr. Duncan Rozario,** Chief of Surgery at Oakville Trafalgar Hospital and Medical Director of the Oakville Virtual Care Program.
- **Dr. William Parker**, co-chair of the Joule Innovation Council, a resident in radiology at the University of British Columbia and founder of both RFX Hammer and Sapien.
- **Dr. Heidi Sveistrup,** CEO and Chief Scientific Officer of the Bruyère Research Institute and VP, Research and Academic Affairs at Bruyère.
- **Dr. Danny Goel**, orthopaedic surgeon and CEO and co-founder of Precision OS.

Drs. Duncan Rozario, William Parker, Heidi Sveistrup and Danny Goel, thank you so much for agreeing to chat with us! First off, can you all share what innovation means to you in the context of hospitals and patient care?

Dr. Rozario: You need to have an organization where trust is abundant for innovation to thrive. It's about a search for virtue and excellence.

Dr. Parker: It means patient data is accessible to researchers in a safe and controlled manner, enabling innovative discoveries without compromising patient identity and security. It's balancing the requirement for safety with the human drive for change and relentless pursuit of improvement.

Dr. Sveistrup: It means helping people get out of the hospital faster or even avoid it entirely. If possible, the only bed Bruyère wants you in is your own. It means being able to challenge commonly held perceptions about aging and the path to long-term care. It means using broad sets of data to provide better health monitoring, prognostication and treatment options.

Dr. Goel: Innovation in medicine today means connecting the world in a way that has not happened before. It means access, convenience and a rapid exchange of medical information.

What are the risks, challenges and opportunities with hospital-led innovation? How is it different from other health care innovation?

Dr. Rozario: Hospitals are highly risk-averse which is understandable. However, to play the infinite game we need to lead with our vision statements. Health care will be unsustainable if we don't.

Dr. Sveistrup: The hospital is not a place where we can fail fast. Very often peoples' well-being or even their lives are on the line. But we know now that the biggest risk of all is status quo. With our growing aging population, rising costs and modernization needs, we can't afford not to innovate. If we don't do this, the care you have today will be the same tomorrow. However, hospitals can't do this alone—we need to work with industry, governments, clinicians, researchers, patients and families so innovations are developed in response to real challenges.

Dr. Parker: I completely agree, Dr. Sveistrup. And hospitals should work with other hospitals to create networked innovation projects across multiple sites. Share ideas and innovate as a collective. Learn quickly. And where ideas fail…try something new.

Dr. Goel: A significant hurdle for hospital-led innovations may include intellectual property. This should be sorted out early to ensure all individuals understand their roles and contributions early.

How does one get buy-in from hospital decision-makers to implement bold, new ideas? What tips or suggestions can you offer?

Dr. Sveistrup: Research. Do your homework. As innovators, we need to provide evidence to justify any adoption and widespread implementation. Be collaborative. Include the hospital decision-makers throughout the process of identifying the problem and reviewing potential solutions.

Dr. Rozario: Politics is fundamentally about who gets what. If you want to advance the interests of your team, your patients, or your innovation, get a seat at the table and get involved. Try the Kotter model for change (https://www.kotterinc.com/8-steps-process-for-leading-change/), get to know the administrators, your hospital foundation, and your local politicians at all levels. You would be surprised how focused they are on doing the right thing once they know what it is—that's your job.

Dr. Parker: Persistence, persistence, persistence! A new idea doesn't get support from a hospital from one application or one trial, it gets support from constant and steady pressure over a long period of time, in my experience. Just keep pushing!

Dr. Goel: Given the rapid increase in technology, it may be time to consider identifying a policy for introducing innovation into hospitals.

Let's talk evaluation…how do you measure the impact of those innovative initiatives?

Dr. Sveistrup: At Bruyère, success means genuinely improving clinical outcomes and patient experience, lowering costs and increasing accessibility for all. Without these, it's not the innovation we need.

Dr. Parker: Yes, I agree with Dr. Sveistrup. Specific quality of care and business metrics need to be used to determine the success of innovation.

Dr. Goel: Innovations may impact access, hospital throughout and physician work-flow. These targets may be easily researched to convince a hospital. Impacting outcomes are multifaceted and require extensive research. There are the other low hanging fruit to target.

Dr. Rozario: Ask the most important people: your staff and your patients. Survey Monkey or similar online tools are valuable tools to scale your reach. NSQIP is a great way to measure surgical quality. Has your innovation made a difference?

If the year was 2030, what should the hospital experience be like for patients, providers and administrators?

Dr. Rozario: In 2030, I see the experience looking something like this…real-time wearables, and an integrated electronic health record that allows real-time monitoring of our health. Our caregivers are notified of our needs and solutions presented to us before the problems are realized, prevention in real time. The hospital experience should be virtually nonexistent. We will receive care in-home, or in small care centres close to home. We will have an enlightened society where everyone's basic needs are met – housing, food, education and social contact. We have known for years what we need to do. As a society, we need the political will to make it happen.

Dr. Sveistrup: By 2030, I want to see the "homespital". We know people want care at home. We have the tech to do this. Bruyère is working to do this tomorrow. To achieve this vision, hospitals will deliver care as part of a network. Diagnosis and triaging will be increasingly automated through wearables and point of care diagnosis. Patients will have easy access to their health care data (and be able to understand it).

Dr. Parker: Uber for hospitals…all way-finding, communication, lab/dx results, and supports should be provided through an app or website portal. Simple and easy.

Dr. Goel: A global health record, real-time access to test results, immediacy in information—and I agree Dr. Rozario, virtual visits for the non-emergent.

About the author

Joule, a CMA subsidiary, is at the hub of Canada's health care innovation eco-system. Having brokered key relationships amongst system players, we are able to identify, curate and create digital solutions. We empower the adoption of digital innovations that have the potential to improve access to health care for all Canadians.

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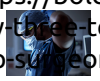
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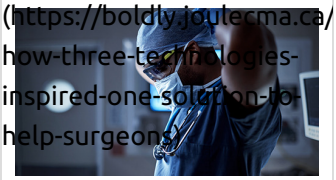
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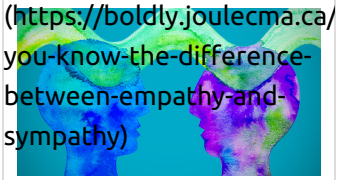
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