Using Innovative Idea Management Tools in a Large Health Care Organization: Lessons Learned
In the article “Leadership and Innovation in a Networked World,” Rodriguez and Solomon observed: “Learning how to work successfully in an interconnected and collaborative world is not a challenge that individuals and organizations can today avoid or ignore.” Furthermore, they noted that a key opportunity for organizations to become more innovative is to experiment with new resources and tools. (Rodriguez & Solomon, 2007) In the following article, we use a case study to outline our experience and initial results on using an idea management tool for improving innovation activities throughout a large medical organization.

Abstract

Leading business organizations have recognized that a key enabler of enduring success has been the creation of conditions where innovation thrives. Health care organizations are now also embracing innovation as an essential strategic initiative and are activating tools that allow innovation to flourish. Mayo Clinic established the Center for Innovation in 2008 to provide health care providers and staff with better tools to bring forth innovative ideas that will transform health care delivery and experience. Recognition of a relative scarcity of ideas received from a wide cross-section of employees led to the realization that a simple method to share ideas across a complex hierarchy of departmental and administrative structures was lacking. A process for idea capture and collaboration was developed using a Web-based tool to generate, capture and share ideas as well as gather metrics to measure the effort. The process was designed to accelerate the creation, identification and development of top-ranked ideas as quickly as possible in order to select the best ones for execution. The following article outlines the lessons learned from utilization of an idea management tool in a health care organization as well as provides a case example of idea capture events.

Introduction

Mayo Clinic is the first and largest integrated, not-for-profit group practice in the world; physicians and scientists from every medical specialty work together to care for patients, joined by common systems and a philosophy of “the needs of the patient come first.” More than 3,700 physicians, scientists and researchers, and 50,100 allied health staff work at Mayo Clinic, which has campuses in Rochester, Minnesota; Jacksonville, Florida; and Scottsdale/Phoenix, Arizona; and community-based providers in more than 70 locations in southern Minnesota, western Wisconsin and northeast Iowa. These locations treat more than half a million people each year.

In 2006, a small team of Mayo Clinic Rochester senior leadership were charged with determining how to best promote innovation in a large medical center as a key strategic initiative. One outcome from facilitated brainstorming sessions was identification of the scarcity of ideas received from a wide cross-section of medical staff. The scarcity of ideas was attributed to the inability for an individual to easily share ideas within a large medical organization comprised of a complex hierarchy of separate departments. In addition, the complex administrative structure of the organization seemed to impede open sharing of innovative ideas. Based on these insights, the team decided to trial an online idea capture, collaboration and management tool as a mechanism to engage a broad cross-section of interested employees in both the process of idea generation as well as collaborative networking. In 2007, a formal innovation group, entitled the Center for Innovation, was created for Mayo Clinic Rochester by the Mayo Clinic Executive Board. The primary charge for the Center for Innovation was to transform the way health care is experienced and delivered. One of the five platforms of the Center for Innovation was directed toward promoting and enabling innovation across the entire medical enterprise. Based on the insights of the earlier workgroup,
the culture and competency platform of the Center for Innovation was tasked to acquire and administer an online idea management tool. Following a formal request for proposal, Idea Central from Imaginatik was selected as the tool for conducting idea management. In order to distinguish this resource and process as unique to Mayo Clinic and design a unique identity, the Imaginatik software and the associated utilization process was renamed Launchpad.

**People and Process**
To support the Launchpad initiative, a managerial team composed of two physician leaders, a systems analyst, a part-time departmental liaison, and a full-time project manager was formed. The initial roles of the team were defined as leadership champions and education facilitators with additional specific tasks evolving after iterative utilization of the idea management tool. Each successive idea management episode was identified as an event and the idea management tool was made available on request to all employees of Mayo Clinic. The specific task of each team member is defined as follows:

**Project Manager:** The project manager’s role was to serve as the central facilitator and human face for the Launchpad initiative and facilitate training of additional personnel within specific departments. An additional task of the project manager was to guide teams through the entire idea management process and reduce or eliminate redundant tasks assigned to users in order to decrease barriers in using Launchpad. Specific tasks supported by the project manager included:

- Scheduling and presenting 30-minute introductory sessions for departments interested in sponsoring an idea management event.
- Facilitating team identification of main objectives and goals for the idea management event in each participating department.
- Building event sites within Launchpad.
- Coordinating event access for participants as specified by the sponsoring team.
- Providing any updates or modification for the event site.
- Generating communication e-mails for event participants.
- Supporting participants throughout the event, acting as the one-stop resource to answer questions and solve problems.
- Creating summary reports of participation and top ideas to provide to event sponsors at the conclusion of the event.

**Physician Leader:** A physician leader at a large medical institution provides access into both the clinical practice and traditional administrative hierarchy that may not otherwise be available. The role of the physician leader was primarily one of sponsorship, guidance and strategic planning. The physician leaders were tasked with establishing relationships with chairs of departments and divisions, establishing trust and breaking down barriers.

**Systems Analyst and Departmental Liaison:** In addition, the role of the project manager was supported by additional personnel to facilitate events for larger departments and idea
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capture events. This included part-time positions of a systems analyst and an innovation coordinator identified as a liaison within a specific high-volume user department. The systems analyst helped identify departments and leadership groups that were targeted early on. Through this identification process the team was enabled to present to a subset of Mayo Clinic senior leadership, which led to our first event outlined in the case study.

The departmental liaison served as the primary project manager for events run within the high-volume department. The liaison was engaged by the project manager when additional support was needed throughout events facilitated through the Center for Innovation. The departmental liaison worked collaboratively with the project manager in identifying best practices, creating guidelines for event teams, and serving as a secondary resource for building the event sites and generating communications.

Case study
In November 2008, at the height of the economic meltdown in the United States, senior leadership at Mayo Clinic was tasked to reduce costs. As part of that assignment they turned to the Center for Innovation and Launchpad to obtain a wide cross-section of ideas on cost reduction. As the 15th century Florentine writer Niccolo Machiavelli first stated, “Never waste the opportunities offered by a good crisis.” This was subsequently reiterated by Rahm Emanuel during the 2008 economic crisis. (Emanuel, 2008) The challenges offered by the economic downturn resulted in Launchpad being quickly embraced by Mayo Clinic administrative leadership. This Launchpad event was led by a team consisting of senior administrators, operations managers and administrative assistants who subsequently invited 192 administrative partners to the event, with a participation rate of 77%. 

![Launchpad Image]

(Case study continued...
The use of the tool by senior leaders elevated the visibility of Launchpad for facilitating idea management events and established it as a valuable collaborative tool. Following this event, 31 additional departments, divisions and groups contacted the Center for Innovation during the next 12 months to obtain access to Launchpad and create their own events. The data from these events are summarized in Table 1.

Key insights learned from this early event include:

- **Timing is important:** The pressures of the economic downturn resulted in people being ready to try new tools and entertain ideas from a broader section of Mayo Clinic employees.
- **Engage leadership:** Familiarizing senior leaders with the tool and having them use it themselves was important in achieving early and widespread acceptance.
- **Accessibility:** Offering the tool as an open and free service made acceptance less problematic since utilization did not require potential budgeting restraints.
- **Synergy:** Allowing the idea management tool to expand other traditional means of collaboration without requesting that it be used as the sole mechanism to achieve results provided a synergistic rather than a substitute means of idea generation.
- **Newness:** Offering the tool without dictating what it would be used for evoked curiosity and made it more appealing.
- **Physician champions:** Having physician leaders was important in achieving acceptance among the senior administrative leadership. The physicians leaders selected for this role facilitated the integration of the idea management tools into practice while allowing the process to be molded both by the team assigned to Launchpad as well as the groups requesting utilization of the idea management tool. The physician leaders served primarily as an enabling resource. Engaging physician leaders interested in promoting innovation within health care organization activities was important as they identified potential opportunities that may not have been recognized by personnel without medical expertise.
- **Knowledgeable facilitation:** Early identification of a knowledgeable point person for idea management events was a key to successful rollout. Providing a point person for idea management tool implementation allows expertise to develop with the tool. Additionally, problems with the events could be identified and solved early in the idea management process.
- **Sponsorship:** Have a well-respected event sponsor be the face for the event. This may or may not be the person directly leading the team but a visible champion for the project taking place.
- **Anonymity:** The option for a participant to submit an idea anonymously may promote the submission of ideas that are sensitive or controversial.
- **Set expectations:** The team tasked to review ideas needs to be identified before the event is launched and specific tasks defined for pre-event coordination, event promotion, and post-event participation. Setting expectations also engaged the review team early in the project and helped to better facilitate the transfer of data in post-event activities.
- **Define timelines:** Specific deadlines for decision making should be determined and then adhered to during the course of the event. The timelines not only promote engagement of event participants but also allow for simultaneous or sequential scheduling of events.
in an efficient and cost-effective manner. Between December 2008 and December 2009, a total of 34 campaigns were organized and sponsored by the 31 unique departments, divisions, or groups. A 7- to 10-day event was found to be optimal for traditional outpatient services. A longer time period of 14- to 21-day events were found to be necessary for inpatient health care services. This longer time period allowed participation from staff members who often work rotating schedules and may not be able to connect as easily as outpatient personnel. A defined timeline also creates a sense of urgency, prompting those who want to participate to do so earlier in the event.

- **Follow-up:** The first post-event review team meeting should happen 3 to 5 days after the event is closed for ideation. After ideas are summarized by the review team, with the aid of the idea capture and management team, they need to be rapidly conveyed to the sponsoring department. It then becomes the department’s responsibility to follow up with event participants regarding plans for prioritization and implementation.

- **Patience:** Even “just do it” ideas may take time to implement. For example, one idea during the case study event was to automatically shut down computers at night and on weekends. The estimate of savings was considerable and, while there was no opposition to implementing this idea, it took over a year to implement. Issues such as how to carry out automatic backups, identifying computers used by off-site users as well as identifying and excluding computers performing critical care functions needed resolution before the implementation could occur.

The formal review process following the idea generation event was as follows:

**Phase 1 (Review):** During the midpoint of the idea management event, review team members received an e-mail, sent automatically through the idea management tool, directing them to an assigned review work list. Each review team member was asked to individually review and rank all ideas. When analyzing all events, it became apparent that the most successful Launchpad events had the strongest participation in this phase of the review process.

**Phase 2 (Prioritization):** While the tool allowed the prioritization process to occur in an independent online fashion, we found that a face-to-face meeting allowed more robust sharing of ideas and improved decision making. During the prioritization phase, the review teams met as a group reviewing all ideas. However, for larger events the review team was broken into smaller groups, with each group focusing on specific categories of ideas. This kept meeting lengths manageable. As a team, each group reviewed all of the ideas listed in their assigned category and reached a consensus on the prioritization of each idea. The prioritization ranks were as follows:

- **High Priority:** An idea that, when implemented, will have a major impact on the practice through significant expense reduction, substantial process improvement, or increased staff satisfaction.

- **Medium Priority:** An idea that, when implemented, will have a measurable impact on the practice. These ideas are implemented after High Priority ideas.

- **Parking Lot:** An idea that has merit but does not fit current department needs. After the higher priority ideas are implemented, ideas from the Parking Lot may be reconsidered. Occasionally, implementation of high-priority ideas may resolve a Parking Lot recommendation.
• Just Do It: An idea that will impact the practice and requires minimal approval and/or resources. This is an idea that can usually be implemented through a phone call or e-mail. Implementation of Just Do It ideas can provide crucial visibility regarding the outcome of the idea management events. However, as noted above, not all Just Do It ideas can be “just done”. They should be quickly elevated to the proper management teams.

• Refer For Consult: An idea that has potential for significant impact, but more information is needed to determine its impact and its impact on other processes. Other workgroups may need to be consulted or additional information obtained regarding the idea. Ideas in this prioritization were handed over to other groups/departments for processing. This priority category proved important, as it prevented turf issues and provided an opportunity to build collaborative networks.

• Thank you for your contribution: This category included ideas that could or should not be moved forward. This included ideas outside of the event scope or ideas that may have already been implemented. As in all the above categories we found that direct and honest feedback to the participants was felt to be an adequate and well-received recognition of the efforts used to create the idea.

Together with the lessons learned from the case study reported above, another major lesson learned over the course of all events was the need to include members in the review team who are in leadership positions within the appropriate departments impacted by the ideas. They can facilitate ideas toward implementation once they have been prioritized. In specific rare cases, including members outside of the department or project may help facilitate conversations that otherwise may have been overlooked by the review team. Individuals with previous review team experience and leadership roles can help identify underlying messages that may prevent solutions from being identified. In these instances, solutions to the objective may not be achieved until the underlying issues are addressed.

Statistics from the IT event, showing 184 contributors, versus 123 idea authors, with participants greater in a contributing and collaboration capacity.
In one year, we conducted 34 events spanning over 31 departments. A total of 13,332 unique employees were invited to participate in at least one Launchpad event during the year, with an average participation rate of 40%.

This participation rate in a health care setting was slightly lower than the standard rate of participation by other users of the tool (45%-50%) (Imaginatik Customer Research, 2006), perhaps reflecting the high job intensity of health care providers. However, the collaboration rate, defined as the average percent of comments placed on ideas within the system, was 115%, significantly higher than the usual collaboration rate of 55% (Imaginatik Customer Research, 2006). Again, this difference is perhaps a cultural reflection of health care providers. In summary, an online idea capture, collaboration and management tool appears to have a place in increasing the innovation process within a health care setting.

**Figure 1:**
(Imaginatik Customer Research, 2006)

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<td>Collaboration Rate</td>
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<td>55%</td>
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**References**
Authors
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Biographical Sketches

Beth Kreofsky
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Beth Kreofsky received her Bachelor of Science in Strategic Management of Information Systems from Cardinal Stritch University in Milwaukee, WI. She has held many positions at Mayo Clinic including positions within Endocrinology, SPARC Innovation Program, Systems and Procedures. Beth currently serves as an Associate Project Manager within the Center for Innovation specializing in collaboration tools.

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Terri Vrtiska graduated from Doane College with a Bachelor of Arts in Natural Science and received her medical degree from Vanderbilt University. Completing a residency in Diagnostic Radiology and fellowship in Vascular and Interventional Radiology she has practiced at the Mayo Clinic with expertise in cross-sectional imaging and 3D display with specific interest in application of innovative technologies to both improved diagnoses as well as to the patient experience. She currently serves as the Physician Director for Clinical 3D Lab in the Department of Radiology, Section Head for Vascular CT Imaging and a designated Physician Leader in the Center for Innovation.

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Shawna Rego graduated from St. Cloud State University with a Bachelor of Science in Imaging Engineering Technology. She has held several positions within Mayo Clinic’s Department of Radiology including Medical Imaging Technical Services and an Innovation Coordinator. She has also served as a departmental liaison to the Mayo Clinic Center for Innovation. Today, she is a Quality Improvement Specialist working on advancing communication within the care team and between the care provider and patient.

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Theresa Lewis received her Bachelor of Arts in Organizational Management and Communications from Concordia University in St. Paul, MN. She received her Master of Business Administration from Augsburg College of Minneapolis, MN. She provides administrative support and back-up assistance for idea management at Mayo Clinic.

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Tony Chihak received his bachelor of Science degree in Industrial Engineering from the University of Wisconsin and a Masters in Health Care Administration from the University of
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Barb Spurrier received an undergraduate degree (B.A. in Economics) from St. Olaf College and a Masters in Health Care Administration (MHA) from the University of Minnesota and following her education, held various administrative training positions at Rush Presbyterian St. Luke's Medical Center in Chicago, Abbott Northwestern Hospital in Minneapolis, the Minnesota Department of Health, the Aga Khan Hospital in Nairobi, Kenya, as well as the Department of Veterans' Affairs Medical Center in Minneapolis. She has held professional appointments as Chief of Ambulatory Care at the Department of Veterans’ Affairs Medical Center in Minneapolis, as well as Senior Administrator at HealthPartners in Bloomington, Minnesota. She joined Mayo Clinic twelve years ago, serving in a variety of strategic and operational roles including Vice Chair of the Department of Medicine and Administrative Director of Mayo Clinic Center for Innovation. Barb serves on the University of Minnesota's School of Public Health MHA Alumni Board and on the MGMA Board of Directors and she completed her Leadership Quality Blackbelt Certification from the University of Minnesota's Juran Institute.

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Nicholas LaRusso received his M.D. degree from New York Medical College and his training in internal medicine and gastroenterology at Mayo Clinic, the latter as an NIH fellow in the laboratory of Alan Hofmann. He is currently the Charles H. Weinman Endowed Professor of Medicine and a Distinguished Investigator at Mayo Clinic. A member of the American Association of Clinical Investigation and the Association of American Physicians, he is the former editor of GASTROENTEROLOGY and past president of the American Association for the Study of Liver Disease (AASLD) and the American Gastroenterology Association (AGA). He is currently president of the AGA Foundation and past president of the AGA Institute.

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Gianrico Farrugia received his M.D. from the University of Malta Medical and his postgraduate training in Internal Medicine and Gastroenterology at the Mayo Graduate School of Medicine in Rochester, MN, USA. He is currently a Professor of Medicine and of Physiology at the Mayo Clinic. At Mayo Clinic he serves as the Research Chair of the Department of Medicine, the Theme Director for Digestive Diseases, the Director of the Motility Interest Group, the Director of the Enteric NeuroScience Program and is the Associate Medical Director for the Mayo Clinic Center for Innovation.