

# Adoption of New Innovations in Acute Care Hospitals

## Background

- How health care organizations learn & use new knowledge is particularly important in acute care hospitals, where organizational knowledge directly impacts the health of users
- Health literacy is typically thought of as an individual or group characteristic, however, in 2012 the Institute of Medicine introduced the concept of health literate organizations
- Hospitals can be thought of as being health literate
- This recognizes that hospitals have a responsibility to meet the health literacy needs of patients and families

## What are health literate best practices?

- Use of universal precautions
- Teach back
- Use of plain language, slow speech, avoidance of medical jargon, use of written materials to highlight important information

## Objective

Using the example of health literate best practices, this poster examines the factors that influence organizational learning capacity in acute care hospitals

## Methods

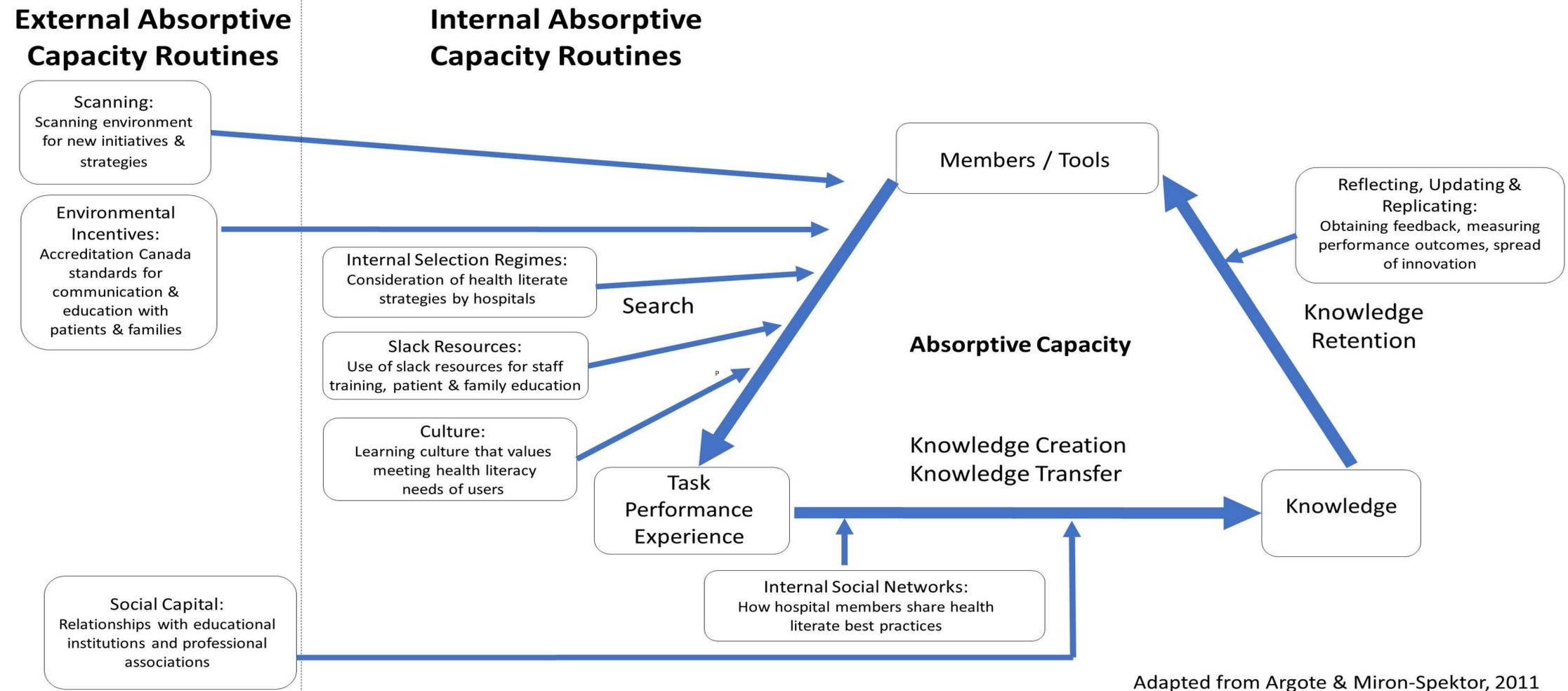
- In order to understand organizational learning capacity in acute care hospitals a literature review framed by two conceptual frameworks and a key concept was done.
- Consolidated Framework for Implementation Research contains five general domains: the intervention, the inner setting, the outer setting, the individuals involved and the implementation process
- Argote & Miron-Spektor's framework for analyzing organizational learning was used to understand how new knowledge is used in organizations.
- The concept of organizational absorptive capacity fits within the domains of the CFIR and it is a key construct in the understanding of organizational learning.

## Key references:

- Argote, L., & Miron-Spektor, E. (2011). Organizational learning: From experience to knowledge. *Organization Science*, 22, 1123-1137.
- Institute of Medicine. (2012). *How can health care organizations become more health literate?* Workshop summary, Washington, DC: The National Academies Press.
- Koh H. K., Brach, C., Harris, L. M., & Parchman, M. L. (2013). A proposed 'Health Literate Care Model' would constitute a systems approach to improving patients' engagement in care. *Health Affairs*, 32, 357-367.
- Lewin, A. Y., Massini, S., & Peeters, C. (2011). Microfoundations of internal and external absorptive capacity routines. *Organization Science*, 22, 81-98.

Reference list available upon request

## Factors Influencing the Learning Capacity of New Innovations in Acute Care Hospitals: examples of health literate best practices



## Discussion & Conclusions

- Concept of health literate health care organizations, and recognition that health care organizations have a responsibility to meet the health literacy needs of users are new
- The use of health literate best practices has been associated with improved patient satisfaction, increased adherence to medications, improved disease screening, reduced disease prevalence and reduced use of acute care services, including use within 30 days of hospital discharge
- If hospitals are able to assimilate the use of health literate interventions, this has the potential to improve patient outcomes
- The use of this new framework has the potential to facilitate improved hospital performance as well as improved use of acute care health resources.
- Constructs and relationships expressed in this framework could apply to the implementation of not only best practices, but to any innovation in the acute care hospital. Framework could be extended to other health care settings
- Framework highlights the important absorptive capacity metaroutines that need to be examined and fostered in order to create environments where new innovations can be discovered, used and evaluated