



## Oil, Water, Apples, Oranges: Bootstrapping Innovation With Social Networks

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### **Abstract**

Research illuminates the powerful role of social networks in spreading new ideas. Adoption occurs in communities, rather than in aggregates of unrelated individuals, with interpersonal dynamics influencing the rate and scope of diffusion. This article explores the creation and influence of a social network *among* six diverse grantees of the VHA Health Foundation. Over a 15-month grant cycle, each grantee was developing an innovative service or technology with the intention of spreading it to other settings. The innovators' social network, a relatively informal group of people that came together on an ongoing basis around a shared interest in advancing practice, was created to support the grantees. With an economy of means, the Foundation created a portfolio of approaches that helped this ensemble of innovators in jointly developing, vetting and spreading their work.



### **Introduction**

What helps an innovator or explorer succeed? Imagination, courage, serendipity, tolerance for ambiguity, or pure grit? All were required, in abundance, for the grantees of the VHA Health Foundation. In October of 2004, six grantees set off from their respective "shores" with a new idea or technology to spread across the country. [See "Diverse Grantee Profiles" on page three]

The authors of this article, a foundation executive and a consultant, launched this exploration with an open question:

*What will help support and strengthen grantees' efforts to get their new idea or technology adopted by others?*



Knowing full well that over 95% of innovation projects fail to spread [1], our goal was to help grantees be more successful in developing and spreading their innovations. The effort was

inspired by social network insights and complexity theory [2, 4]. We knew that social networks play a powerful role in spreading innovation but not how much a grantee network would help throughout the entire process.

We defined innovation simply as "the spread of a valuable new idea, technology, or practice." Throughout the grant cycle, grantees and sponsors found that the "new idea or technology" was relatively easy to develop but the spread was hard. As an ensemble, we developed a sense that *the future is already here but NOT uniformly distributed.*



Looking back, grantee Dr. Alan Duncan reflects, “Typically, foundations give you the money and press for progress reports and evaluation. I have never seen a foundation so involved in staying connected and connecting us with other grantees. Their approach helped to transform our strategies for spreading SPARC innovations.”



### Start-Up Requirements: Oil, Water, Apples, and Oranges Alchemy

All colors are the friends of their neighbors and the lovers of their opposites. Marc Chagall

The network start-up was a complex challenge. The field was wide open because few precedents existed in the field of philanthropy. This was the first grant cycle for the Foundation. A practical approach would have to be:

**Simple** — grantees were very busy people with full time jobs on top of their project leadership responsibilities, participation had to be simple

**Economical** — the Foundation’s limited funds were dedicated to funding the projects themselves, network implementation had to be inexpensive

**Relevant** — at first glance the projects had very little in common except a focus on “health,” our interactions had to make a positive difference in each local context and community

**Grantee-directed** — the “not invented here immune response” would likely kill any consultant-driven innovation, grantees had to participate in direction-setting



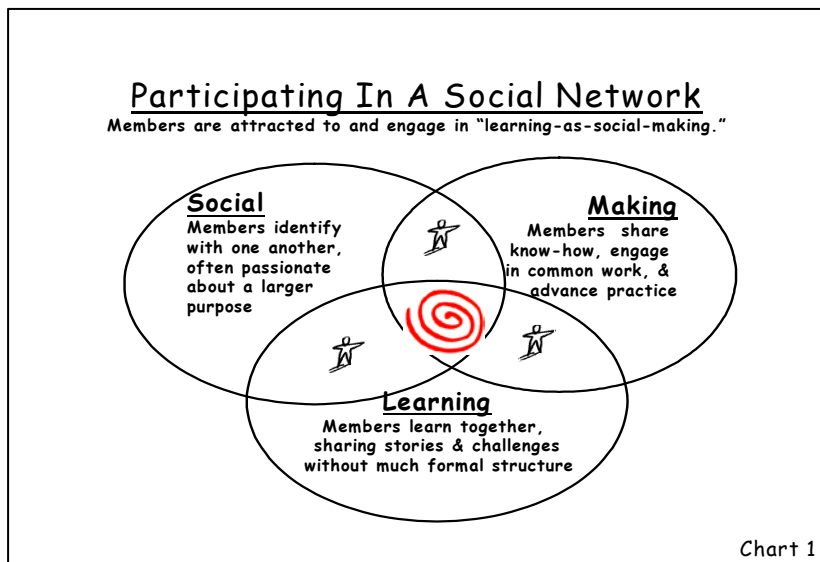
Foundation sponsors made it clear the network was designed to support grantee learning and development, NOT to add additional pressure on completing grant requirements. Participation in social network activities was encouraged, not required. A small

percentage of the grantees did not take full advantage of the activities.

The purpose of employing a social network strategy was to:

- Discover jointly how grantees successfully manage the development and spread of innovations;
- Support learning from one another (grantee-to-grantee) and from invited guests about the process of innovating;
- Provide ongoing consultative support as the projects unfold; and,
- Explore and advance diffusion strategies.

To differentiate this activity from formal performance reporting to the Foundation, we invited grantees to participate as partners in an *exploration*:





“We want to explore and understand the factors in you, in your project team, and in the larger communities you serve that contribute to positive change and the spread of new ideas. Once we have identified the factors, we will explore ways to build on this

strength. We want to use this understanding to support your projects as they unfold and to build this wisdom into future grant cycles.”

Grantee Monica Lague-Wyman, from the Scripps team, mused, “It was

refreshing: the Foundation gave us so much freedom and support to explore new territory. This approach matched the unpredictable path of our innovation.” Just as grantees were exploring uncharted territory, so were the sponsors.

## 🌀 Diverse Grantee Profiles

The projects were extremely varied in scope, intent, and origin — truly apples, oranges, oil and water. This diversity raised doubts that each team would be interested in engaging as a network ensemble. Their projects are described below.



Gathered at the VHA offices in Texas, 2004 and 2005 grantees, staff and guests include: Brianna Van Ness - Scripps Mercy Hospital; Shawn Fleet - Spectrum Health; David Shaw, MD, MBA -Scripps Mercy Hospital; Jennifer Yael Ruzek, MPH, MBA — Kaiser Permanente; Keith McCandless, MMHS — Social Invention Group; Linda DeWolf — VHA Health Foundation; Richard Cook, MD — University of Chicago Hospitals; David Whiles — Midland Memorial Hospital; Mimi Saffer — American Board of Pediatrics; Elaine Schuchard, RN, MSN - Frances Mahon Deaconess Hospital; Pamela Boyers, PhD — Riverside Methodist Hospital; Alan Duncan, MD — Mayo Clinic Rochester; Wally Staley — SpaceLabs; Monica Lague-Wyman, RN — Scripps Mercy Hospital

**Frances Mahon Deaconess Hospital in Glasgow, Mont.,** in cooperation with the Montana Health Network, is adopting a mobile clinical education delivery system that will feature a state-of-the-art human patient simulator. The system will provide a participative and interactive learning environment for physicians, nursing staff and emergency response personnel to maintain clinical proficiency and speed the dissemination of new treatment skills in Montana's smallest rural and frontier communities. The intended outcome is a model for simulation that can be used in other rural areas, including an educational curriculum and evaluation tool. Project Champion: Elaine Shuchard, RN, MSN

**Mayo Clinic, Rochester, Minn.,** is implementing a new prototype for innovating in health care dedicated to identifying, developing and measuring the impact of innovation in the ambulatory setting. The program, dedicated to improving efficiency, effectiveness, safety and the overall health of patients uses a "live clinical laboratory" to explore and test various new approaches in the outpatient health care delivery. The innovation prototype as well as learnings from the product testing will be shared with the field. Project Champion: Alan Duncan, MD



**Scripps Mercy Hospital/Scripps Health, San Diego, Calif.**, is building upon an earlier California Endowment funded project, to improve the accuracy of medication compliance through transforming a human network and adopting a newly developed electronic translator for language-specific, culturally sensitive patient instructions across the entire continuum of care. When fully developed, the translator, as well as Scripps learnings, will be available in the public domain. Project Champion: David Shaw, MD, MBA

**The Johns Hopkins Hospital, Baltimore, Md.**, is redesigning an entire patient care system and creating a new standard of care by implementing a Medical Emergency Response Teams program using automated wireless data acquisition systems interfaced with real-time data analysis software and merged with an alert system. The overall goal of the project is to reduce mortality and morbidity in hospitalized patients by identifying precursors to critical events. Project Champion: Bradford Winters, MD

**Spectrum Health, Grand Rapids, Mich.**, is implementing "Nutritional Options for Wellness," a community-wide collaborative approach to addressing the full range of health needs of the chronically ill and food insecure population of Kent County by providing "food prescriptions" and other coordinated services and educational programs for these patients. A bilingual cookbook as well as various toolkits will be available as the result of the project. Project Champion: Shawn Fleet

**University of North Carolina Hospitals, Chapel Hill**, in partnership with the American Board of Pediatrics, American Academy of Pediatrics, North Carolina Center for Children's Healthcare Improvement and University of North Carolina's School of Public Health is implementing a multi-staged effort in which an "innovation community" among pediatric sub-specialists will provide a broad platform to rapidly test and deploy strategies to improve the care of children with chronic serious illnesses, as well as create a new learning module system linked to physician board re-certification. Project Champion: Peter Margolis, MD, PhD





## 🔗 Launching the Social Network of Practicing Innovators

*I am because we are.* African proverb

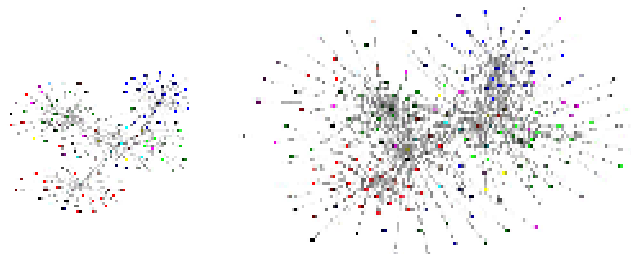
We started with a *tabula rasa* of known connections among grantees. A social network would be built from scratch. On an initial conference call, three project directors realized they all shared loyalties to Johns Hopkins. While participants were polite, there was no clear sense that this was a group that would learn and advance practice together.

Dr. David Shaw from Scripps reflected, "We suspended disbelief.



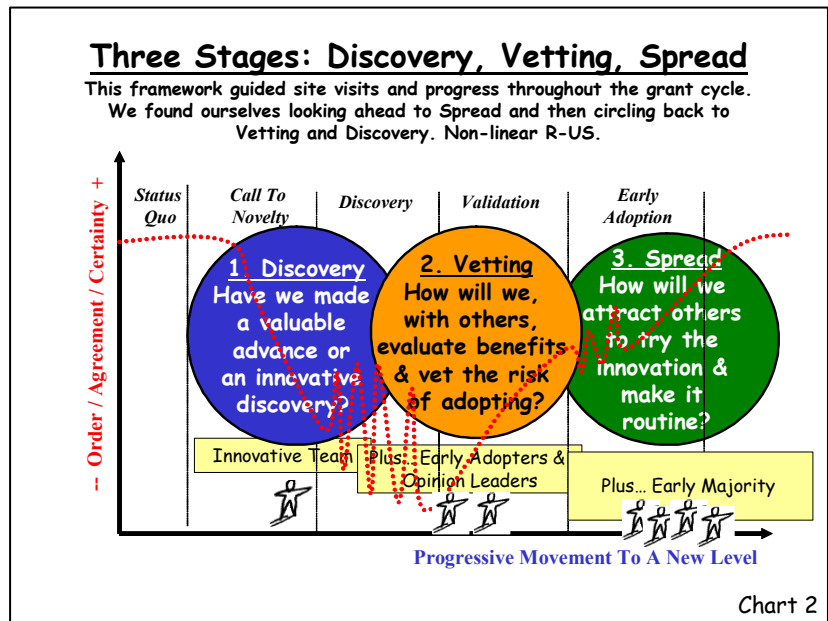
The reputation of the key players and foundation staff was enough motivation to get started."

Notwithstanding a little doubt, the conveners had BIG ideas. We wanted to create a multi-layered learning process that *advanced* the grantee's projects at multiple levels. Our approach would be useful to individual leaders, the innovation team as a whole, the sponsoring organization, and health organizations from across North America. The lofty aim of the Foundation's board was to unleash more transforming innovation in health and care across the country... and, they were in a hurry.



Additionally, we imagined the network learning approach would be useful throughout the phases of bringing an innovation to life. We developed a three-stage framework to help grantees make sense of their progress, dubbed "Discovery, Vetting, and Spread."

The framework emerged out of the need to lightly structure site visits. Our goal was to advance strategic thinking and legitimize the ambiguity associated with exploring new territory. We used this approach for grantee self-assessment, appreciative inquiries regarding their progress, and planning during site visits.





## 🔗 A Portfolio of Ensemble Learning Approaches

*The Difficult is that which can be done immediately; the Impossible that which takes a little longer.*  
George Santayana

Eight learning approaches were employed. Detailed descriptions follow.

1. Work-In-Progress Learning Journals
2. Monthly Conference Calls
3. Learning Resources Matched to Challenges
4. Work-In-Progress Group Consultation
5. One-On-One Consultations
6. Innovation Structures Self-Assessment
7. Site Visits — Appreciating Progress and Looking Forward
8. National Diffusion Efforts

The central purpose of the activities was to provide a climate of constant encouragement, open communication among grantees, and in-the-moment advice as the projects unfolded. As sponsors, we were very open to feedback, adaptation, or dropping activities if they did not work. In a spirit of improvisation and exploration, we were “beating the path” forward right alongside the grantees.

We believed we would act our way into new thinking rather than think our way into new acting.

### 1. *Work-In-Progress Learning Journals*

Our first move was to attract participation through developing a *Learning Journal* in which the grantees would reflect on the social process of bringing an innovation to life. Specifically, how was the working team adapting to surprises in the process? We wanted to offer an approach that would help team members make sense of uncertainty and surprise as their projects unfolded [3].



The Scripps team took this on enthusiastically with no small amount of literary flair. Each member used personal journals, discussed entries within the team, and submitted a “chapter” each month for other grantees. The twists, turns and drama of medication reconciliation (a very messy patient safety challenge for every health care provider) were shared in the “washing machine” chronicles.

“The last time we checked in with our Medication Reconciliation Technician (MRT) at Scripps- Mercy, the ‘washing machine’ (AKA the Translator) had

been turned on, agitation was producing the ‘clean laundry’ of pre-admission medication lists and discharge instructions....” Brianna Van Ness, MRT

We “laughed, cried, and felt a part of it” through the entire cycle, trying to make sense out of the entangled, non-linear way that their innovation was adopted in widening circles in the organization. Our goal was to help grantees make sense of confusing signals along the way, not make big decisions. Again, we were feeling our way through unexplored territory, *acting our way into new thinking.* [5]

### 2. *Monthly Conference Calls*

Monthly conference calls provided a context to share work-in-progress updates. Emphasis was placed on messy challenges as well as serendipitous possibilities. Each grantee was asked to update the group using their Learning Journal as a guide. Each update was followed by brief questions and resource sharing among members.

Monica Lague-Wyman appreciated the updates:

“... it was nice to know that everyone is struggling through the same issues. I am not crazy, right? To make it through another round of daunting challenges, we developed a catch phrase. Like firefighters steeling themselves before rushing into the flames, “OKAY, WE ARE GOING IN.”





After a few calls, grantees became acquainted, shared ambitions, and more freely offered advice and empathy. Dr. David Shaw was openly covetous of the Mayo Clinic innovation center, SPARC, led by Alan Duncan. Alan also noted the power of face-to-face connection,

“David and I want to visit each others’ institution. I want to stay connected. Surprisingly, just the other day, a physician leader at Mayo stormed into my office saying ‘SPARC had to do something about medication reconciliation immediately.’ Knowing about David’s ‘translator’ project gave me sense of where to start.”

### 3. Learning Resources Matched to Challenges

To advance development and diffusion, we featured readings and brief presentations on topics that emerged in previous calls. We made an explicit choice not to create an innovation curriculum in advance but rather to “tune into” what was important to the grantees as the projects developed. Additionally, we leaned away from expert business or technical advice, focusing more on the challenging social aspects of change and diffusion that all the grantees shared.

Dr. David Shaw made use of the concept of social network mapping to explore how

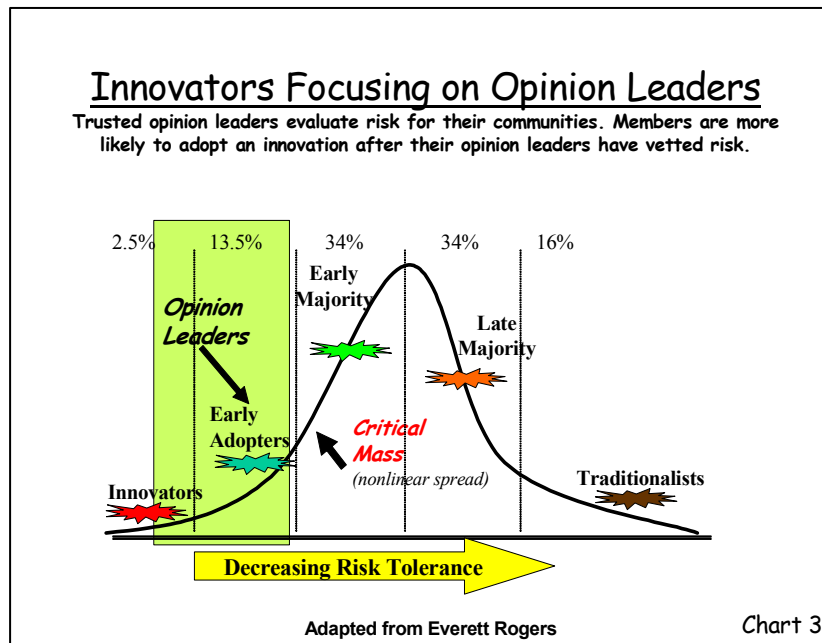
identifying informal opinion leaders could accelerate adoption. Diffusion research suggests that a small group of highly respected peers, approximately 10% of a community, influences the adoption decisions of the other 90%.

“The social network mapping concept, introduced during our calls, was particularly helpful. It turned out we had an anthropologist on-site that could put this idea into practice very quickly. With special attention, one key opinion leader that could barely devote 15 minutes to checking out the ‘translator’ became an enthusiastic advocate. He got involved in making improvements that would reduce the risk of adopting for other physicians.”

### 4. Work-In-Progress Group Consultation

During monthly calls, grantees were offered an opportunity for a work-in-progress group consultation. The process includes a grantee sharing a complex challenge, and, asking a focused consultation question for the entire grantee network to take on as their own.

For Alan Duncan and his SPARC team, the most significant transformation arising from group consultations was recognizing the power of “horizontal” social networks:





“Many of the grantees, including our team at SPARC, were looking to formal leaders for help with spread. It was frustrating. ‘They’ were not tuned into our programs and did not help us spread specific innovations. We are learning to work horizontally – with peers and informal opinion leaders who were doing the work - at the same time that we look for programmatic support as an enabler from above. Our process in now

parallel in both vertical and horizontal planes.”

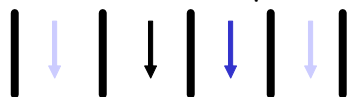
We wanted to build “horizontal” interdependency and trust among grantees, believing that the most powerful help we could offer would be to connect them to one another.

Additionally, we wanted to “go deeper”

into the hopes, dreams, and unseen possibilities in each project. As the year progressed and trust grew, the group consultation process became less formal, flowing out of conference call updates. Fellow grantees provided invaluable insights for each other; their differences in perspective were becoming a source of strength.


### A Fine Balance

**Grantees managed in two directions: “vertical” leadership to maintain administrative support for their program; and, “horizontal” leadership to spread their innovation.**



Vertical, Hierarchical Orientation

- Participants respond through the chain-of-command
- Participants narrow objectives to solve discreet problems & achieve pre-determined outcomes
- Information flows through formal channels & disciplines
- Individual accountabilities, rank, & job descriptions are emphasized
- Variation viewed as waste



Horizontal, Network Orientation

- Participants seek out expertise, not rank, in informal networks
- Participants are reluctant to oversimplify complex challenges, seeking outcomes different and better than expected
- Information flows freely across “territories” & “silos”
- Leaders and followers switch roles easily
- Participants rely on each other more than usual
- Deviation can be positive

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Chart 4





### 5. One-On-One Consultations

Special challenges benefited from more focused consultations. Both Scripps and Mayo benefited from a phone conversation with John Hawks, a social network mapping expert. Alan Duncan appreciated the insights,

“The view that evidence is a relatively weak force in spreading an innovation was near heresy... but very useful. John helped us focus on creating opportunities for trusted opinion leaders to get experience in trying out or vetting our innovation. Evidence is just enough to get you in the door. We have started to focus on engaging opinion leaders in direct experiences and communicating *social proof* through interpersonal networks.”



### 6. Innovation Structures Self-Assessment

We created an “innovation climate” survey that went absolutely nowhere. Twenty self-assessment questions were designed to help grantees discover and amplify existing patterns of innovation in their organization. While it offered intellectual interest, grantees were less concerned with the “organization-wide climate” and more concerned with getting their project close to “lift-off.”

### 7. Site Visits – Appreciating Progress and Looking Forward

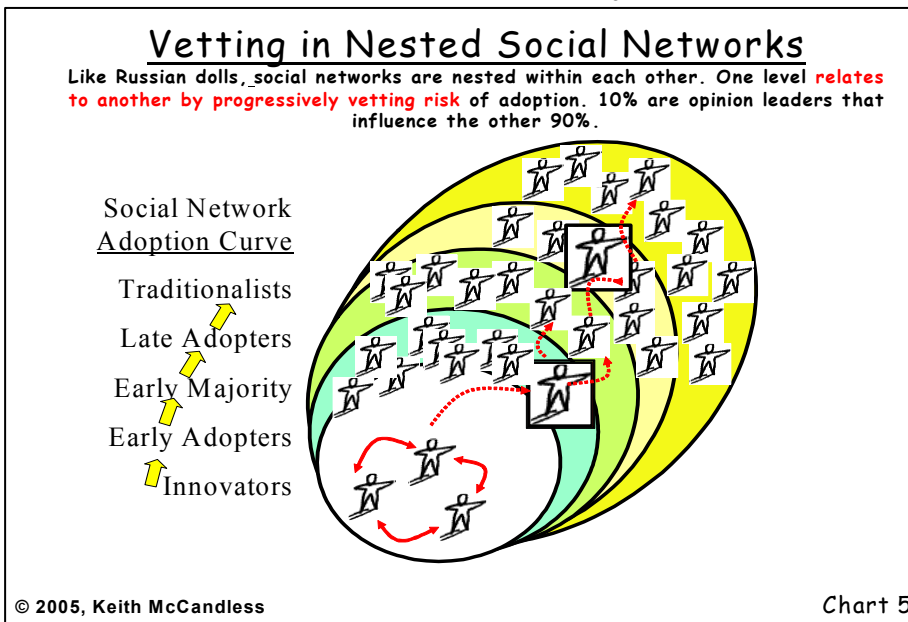
Six months into the grant cycle, each grantee received a site visit. We focused on appreciating progress in the “discovery or development process” (How is it that our new idea or technology is a valuable advance?) while at the same time looking forward to “vetting” activities (How can we involve widening circles of

people in reducing the risk of adopting this innovation?)

We asked questions about:

- relational dynamics among key organizational or community players, reflecting on what was currently working and building on it;
- strategies aimed at attracting more people or groups in the vetting process, including identifying opinion leaders with social network mapping; and
- serendipitous opportunities to link or insinuate the innovation to an external effort that already had momentum.

We prepared grantees for the site visits with worksheets designed to jointly explore “Discovery, Vetting and Spreading” strategies.





### 8. National Diffusion Efforts

Although national diffusion was a goal throughout the grant cycle, it wasn't until halfway through the grant cycle that we started serious conversations about regional and national diffusion initiatives, asking: *"How will we attract others across the nation to try the innovation and make it routine?"* We created sample worksheets and asked each grantee to submit a national diffusion plan. For the most part, the task appeared overwhelming for grantees and sponsors.

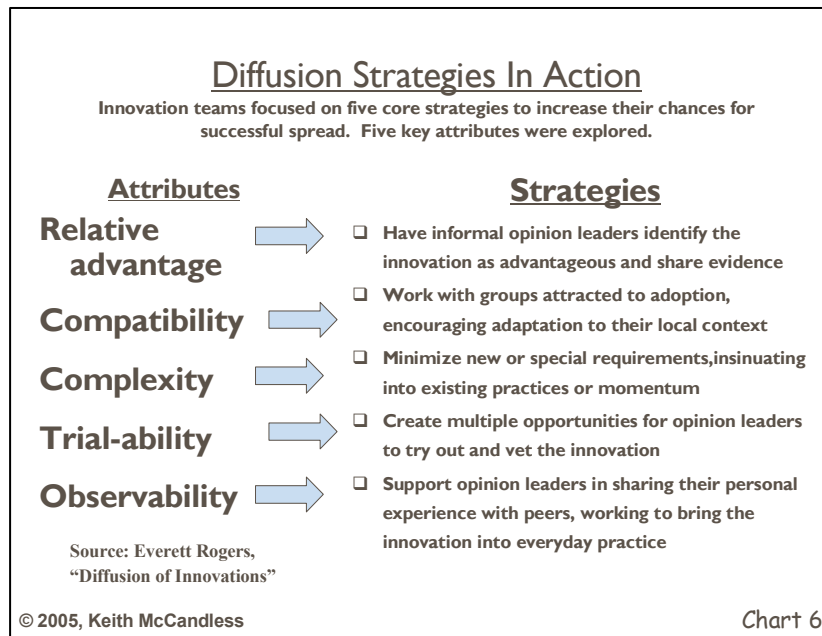
One-on-one conference calls with each grantee team provided another opportunity to dig

deeply into the entire process of innovating. As we considered potential national adopters and strategic partners, the essence or fundamental "deliverable" was revisited. With the innovative process or technology well developed at the local sites, considering how "it" could be spread to "strangers" across the country seemed daunting.

Success in local adoption was socially mediated through ongoing relationships and hard-earned credibility. The next step was to create a process through which these relationships could be recreated in the national arena. We

asked out loud, "How can we find the energy to engage a much wider circle of opinion leaders when we are just gaining acceptance at home?"

Early efforts and forays include: regional and national presentations to various professional groups highlighting grantee innovations are well underway; and, strategic "insinuation" efforts include creating partnerships with other national industry leaders to spread the innovation and "attaching" the innovation to other national goals such as the Joint Commission's work on patient safety and medication reconciliation.



### Other Supports in Play

Perhaps the most obvious yet subtle positive support of the Foundation was simply conferring recognition and status as a national innovation initiative. For Shawn Fleet of Spectrum Health,

"Doors opened and partners appeared that we never expected. People assumed we must be doing something right. Also, the money helped us buy foods that matched dietary requirements of chronically ill clients."



## 🌀 Inspiration from “Social Network” Sciences

*There are two kinds of truth. There are superficial truths, the opposite of which are obviously wrong. But there are also profound truths, whose opposite are equally right. Niels Bohr*

Our approaches were inspired by insights from diffusion research, complexity science, and the Communities-of-Practice (CoP) literature [4]. We have summed up these ideas into the catch-all phrase, *Social Network*.

*Social network* science focuses on the patterns of relationships among members of a system rather than the members by themselves or the

structure. Order, novelty and direction emerge from local interactions, grass-roots-up or the fringe-in, not from a single or centralized intelligence.

The charts below compare two sets of fundamental ideas about innovation and diffusion — *Conventional* and *Social Network*.

### CONTRASTING YET COMPLEMENTARY VIEWS

### CHART 7

<b>Conventional Ideas</b>	<b>Social Network Ideas</b>
Innovation is a analytic process that involves a novel discovery and validation that an idea or technology is an advance	Innovation is a social process that involves creative adaptation of a new or existing idea or technology to fit an ever-changing environment
An innovation is discovered, usually by an individual inventor or expert, through a stepwise process	An innovation is socially constructed, through a series of surprising and serendipitous trials & reversals
The innovation process involves change that is episodic & linear with clear causes & effects: the innovation will become stable or fixed	Innovation process is a continuous, often non-linear, search for fitness: the innovation will continue to co-evolve as it is adopted & used
Within reason, innovators should be able to manage and plan for predictable outcomes	Innovators may be able to deliver something much better than expected when they hold plans lightly
Innovations should “work” in different settings if the change process & technical issues are managed well	Innovations often benefit from “insinuation” into existing work patterns & unique local contexts
Innovators should focus on managing change at one scale (e.g., the pilot project) or one level at a time	Innovators should be alert to concurrent opportunities to insinuate the innovation across many levels
Resistance to innovation must be managed and overcome with forceful incentives	Resistance does not exist because the practical wisdom of community members has been tapped
The change agent spreads <i>awareness</i> of the innovation and drives “ <i>buy-in</i> ” regarding evidence of relative value over other alternatives	Innovators create opportunities for opinion leaders to try out the innovation and vet the risk of adoption for “later-adopters”
Formal leaders must <i>buy-into</i> the innovation, making decisions on adoption based on evidence and analysis	Adopters act as communities rather than aggregates of unrelated individuals; adoption spreads through interpersonal networks



Collecting and applying valid data or evidence with problem-solving methods leads to planned change	Stories, narratives, conversation and dialogue lead innovators to ongoing sense-making and adaptations
Progress is measured by closing-the-gap w/pre-determined, rendering a definitive judgment of success/failure	Progress is measured by adaptive responses that advance practice as the “landscape” is shifting

**SIDE-BY-SIDE STRATEGIC CHALLENGES**

**CHART 8**

<u>CONVENTIONAL</u>	<u>SOCIAL NETWORK</u>
Crafting an evaluation design and gathering the evidence to prove the relative advantage	Crafting an approach that engages diverse people and perspectives in a search for increasing fitness and performance
Managing the project through stages or stage-gates with disciplined go- and no-go decisions	Making sense out of the uncertainty and surprises that pop into view as the effort progresses
Completing the prototype on schedule and in a thorough manner resulting in discrete deliverables	Engaging widening circles of diverse collaborators in prototype development, revealing many unexpected answers along the way
Reducing deviation and variation from the approved development plan or specs	Maintaining alertness to novel directions, emerging goals, and inspired improvisation or <i>bricolage</i>
Assuring that the innovation is modular, engineered for ease of use in multiple settings	Engaging others in vetting and adapting an innovation to “their” local context and patterns
Generating objective evidence that the innovation “works” in one local setting	Paying collective attention to small and large “environmental” surprises that could help speed adoption
Asserting subtle pressure through punishments and rewards that accelerate adoption	Taking time needed to appreciate latent wisdom, history & pre-existing solutions that can be amplified
Broadcasting the existence of the better way to all and finding high leverage situations to share the convincing evidence	Using social network mapping to identify the informal CoP opinion leaders; inviting them to try out the innovation and help with the vetting process
Applying a full court press to formal leaders and decision-makers, repeating your message ad infinitum	Trusting that the informal CoP leaders, if they like the innovation, will share it with others (no pressing, selling, or buying-in required)
Generating and broadcasting new data about performance as it is collected	Asking the informal leaders to talk with others about their direct experience
Measuring the difference between your rate-of-adoption goal and reality	Affirming changes in direction and measuring the enduring resilience of the organization into the future



While the grant program uses *Conventional* ideas (they are built into the very fabric of applying for a grant), *Social Network* practices guided our efforts to support grantees and strengthen their projects. At the same time that we believe there is nothing more practical than good theory, complexity science is an emerging discipline. “Emerging” in the sense that it is the science that studies *emergence* and that the science is relatively young in its development.

As a result, all the actions designed to the support the grantees had a feeling of ensemble improvisation.



The practical knowledge needed to move forward effectively can rarely if ever be gathered in a single place. Talent, creativity, and working knowledge are fully distributed in an innovation effort. Finding what will work will always be a bit of improvisation, serious playfulness, misdirections, getting lost, and happy discoveries. Living with and dealing with surprise involves thinking in terms of how to use whatever happens.

## 🌀 Lessons for Future Grant Cycles

*Only those who risk going too far can possibly know how far one can actually go. T.S. Eliot*

As we reflect on our efforts to support the innovators, the lessons learned include:

1. Social networks help to sustain innovators, bolstering resilience and creating an environment conducive to taking risks (e.g., grantees urge each other on)
2. The spread of a new idea or technology takes longer than anticipated and more grit than is imagined
3. Technology may seem like the tough part of innovation, but in the end, spreading a new idea or technology rests on the quality of human interaction among trusted peers and opinion leaders
4. Innovation is content neutral -- grantees and the Foundation staff can help one another without working on similar practices or technologies
5. Innovation requires a different form of progressive evaluation; over-reliance on conventional evaluation may stunt innovations
6. Momentum for early adoption rarely emanates from senior leaders but rather peers who see the potential and are willing to help in vetting the innovation
7. Engaging widening circles of diverse collaborators in prototype development and vetting activities can accelerate spread
8. Maintaining alertness to “surprise” opportunities to insinuate your innovation — from above and below - can accelerate spread
9. Evidence that an innovation is an advance over current practice only gets you in the door, direct experience in trying out the innovation accelerates spread
10. Starting diffusion strategies earlier, before it is comfortable and before the innovation is fully developed, can accelerate spread.



## ☞ Summing Up: Invention Is Easy, Diffusion Is Hard

*I can't understand why people are so frightened of new ideas.*

*I'm frightened of the old ones.*

John Cage

Each grantee site has local success stories to tell. Shawn Fleet worries, "Momentum has built to a fevered pitch. A surge in demand gives us hope that our innovation will become main stream." At the same time, grantees are worrying about "fidelity." How can we assure the integrity of our innovation as it spreads in widening circles?

The drama regarding spread to national adoption is still unfolding. On the surface, successful innovating revolves around the solo inventor validating their discovery. Eventually, others see the advantages through the scientific evidence.

In contrast, this community of grantees found innovating to be a very social process. *Invention is easy, diffusion is extraordinarily hard.*

Success revolves around engaging wave-after-wave of people in trying and vetting the new approach, *acting their*

*way into new thinking.* Each wave reduced the risk of adopting for the next wave and helped to spread the practice through their joint experience.

We have found that the grantees to be courageous, caring deeply enough to risk changing the order of things while not knowing in advance what direction will emerge. Few people ask to go on a journey in which the destination is not clearly known. Much less when the path hugs a precarious edge between what is known and what is barely-imagined-and-yet-to-be. It is best explored collectively and mindfully. This is a challenge in which no one person — no one innovator - is smart enough, but everyone together is.

~ end ~



Linda DeWolf, President, VHA Health Foundation  
(972) 830-0224 [ldewolf@vha.com](mailto:ldewolf@vha.com)

Keith McCandless, Social Invention Group  
(206) 324-9332  
[keithmccandless@earthlink.net](mailto:keithmccandless@earthlink.net)



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- [5] This is a phrase used by Jerry Sternin, *Positive Deviance* founder, to describe the process of change among community members. In contrast to the dominant paradigm, thinking your way into new behaviors, cause-and-effect are flipped.

\* Many thanks to Brianna Van Ness for creative thinking and editing assistance.

*Additional articles in a complexity-science-inspired series by Keith McCandless:*

“Safely Taking Risks: Complexity and Patient Safety,” (2008). *Exploring what will help safety leaders match effective approaches to simple, complicated and complex challenges, focusing on the most entangled and chronic.*

“Mastering the Art of Innovating: A Funny, Wonderful Thing Happened on the Way to My Deliverable!” (2006) with Linda DeWolf. *Illuminating the interplay of make-it-happen and let-it-happen innovation strategies among nine innovation grantees.*

“A Primordial Pedagogy: Caves, Campfires & Watering Holes at the Mayo/Plexus Summit,” (2003). *Learning insights and lively design methods for a complexity science conference.*

“Surprise & Serendipity At Work: Managing the Unknowable Future,” (2002) with Jim Smith. *Scenario-planning insights with a complexity twist at Group Health Cooperative.*

“Conversation As A Creative Advance Into Novelty; A Collaborative Hunch-In-Progress” (2002) *Exploring how dialogue unleashes creative adaptability and resilience via Seattle’s public Conversation Café movement.*

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