This research is an investigation into the relational process of innovation adoption and diffusion of Electronic Medicine Chart (EMEDs) in a hospital dominated by paper-based medical charts used by Doctors, Nurses and Pharmacist teams. Using the concept of interactive framing, the findings illustrate the phases which constitute the adoption and diffusion of EMEDs. The research addresses the complexity associated with human sense making in the process of innovation adoption.

NHS staff face a constant barrage of new technologies implemented to “improve” efficiencies, ‘productivity’ and quality of health outcomes. Many times, these technologies fail to gain adoption because of poor implementation, especially where heterogeneous teams working together are expected to use these technologies.

Staff at a major hospital in Leeds used Paper-based Medicine Charts for several decades. The hospital management decided to replace the paper based system with electronic medicine charts (EMEDs). The process of EMEDs implementation involved two groups (The Users-The Implementers). These groups were further divided into multidisciplinary teams:

A) Implementer Groups: those responsible for implementation - Team EMEDs, Team Nursing, Team Pharmacists and Team Doctors

B) User Groups: the everyday users of the new technology – Made up of Ward Nurses, Ward Doctors and Ward Pharmacists

This research is motivated by the need to understand the implementation stage of innovation in multi-team settings within a high reliability organizational contexts.

What makes my study unique is that I study both sides of the implementation journey (implementers and users) in depth over 12 months.

Qualitative research by way of over 112 hours of in-depth interviews, and 90 hours of non-participant observations of people at work and in team meetings, was conducted over a 12-month period.

Frames were than combined to produce a cyclic model of the adoption process

1. User Identification & Key Operations
2. Practical Realities & New Expectations
3. Risks and Identity Struggles
4. Implementation
5. Support and Implications
6. Practices Evaluation

REFERENCES