ONE

From Project Planning to Program Management

James L. Harris and Linda Roussel

Learning Objectives

- 1. Compare and contrast project planning with program management.
- 2. Identify antecedents and empirical referents related to project planning and program management.
- 3. Describe projects as a means of achieving an organization's strategic plan.
- 4. Explore processes to measure meaningful project outcomes in support of a program.

"Government is not reason, it is not eloquence—it is a force! Like fire, it is a dangerous servant and a fearful master; never for a moment should it be left to irresponsible action."

-George Washington

Key Terms

Evaluation Innovation Organizational readiness Program management Project planning Stakeholders Strategic planning Value

Roles

| Advocate | Educator |
|----------------|-------------------------|
| Communicator | Integrator |
| Decision maker | Leader |
| Designer | Risk anticipator |

Professional Values

| Altruism | Patient-centric care |
|-------------------------|----------------------|
| Evidence-based practice | Quality |
| Integrity | |

Core Competencies

| Appreciative inquiry | Information |
|------------------------|-------------------------|
| Assessment | Interpersonal influence |
| Communication | Leadership |
| Coordination | Management |
| Critical thinking | Resource management |
| Design | Risk reduction |
| Emotional intelligence | Systems thinking |
| Health promotion | Technology |
| | |

Introduction

What a profound quotation by one of our founding fathers and the first president of the United States. The statement has a familiar ring when one considers its relevance to planning projects, implementing them, and managing programs amid the numerous and complex challenges facing healthcare organizations and systems. Planning and implementing projects require a rigorous application of appreciative inquiry, critical and creative thinking, and **strategic planning** and analysis. The development of a sound business case identifying a valid need and opportunities for sustainable outcomes are requisite for improvement success. While numerous and varied transformational strategies are proposed as improvement opportunities, attention must be focused on the use of valid and tested processes and tools. The processes and tools should support options for systems improvement and sustainability, avenues to integrate changes in organizational culture, or how one process or tool interfaces with the other concurrent and subsequent transformational project and program efforts (Vest & Gamm, 2009).

Using the best available evidence and quality improvement methods adds dimension and **value** to managing projects. Improving outcomes with a focus on the process and context of the organization and its systems are the ultimate goals of projects and program development. Identifying change champions, opinion leaders, and key stakeholders provides the momentum for moving plans along. Knowing how to challenge the process and influence the outcome are also important to the dissemination, diffusion, and sustainability of the effort. Porter-O'Grady and Malloch (2009) stated that leaders must facilitate change, manage risk, eliminate irrelevance, create innovative teams, and provide visionary leadership to effectively move organizations forward regardless of the project initiative.

Any newly conceptualized or redesigned healthcare project requires the developer to first consider the organizational culture and its readiness for change in relation to the project. Additionally, Kaplin (2009) advocated the need to consider the nature of communication within a system or organization, communicate problems, identify needs related to communication problems, and develop strategies for enhancing communication between and among staff and within the entire system. A series of steps can assist staff when planning for redesign of a system and include the following:

- Complete a readiness assessment.
- Establish the perspectives for redesign.

- Create a standardized format for the redesign process.
- Gather internal and external data.
- Choose tools that will support redesign plans (Bolman & Deal, 2003; Bossidy & Charan, 2004; Kotter, 1996; Weick, 2001).

Examples of clinical redesign efforts may include the following:

- Integration of mental health in primary care.
- Implementation of an open access system for more clinic appointments.
- Primary care redesign.
- Development of a structured outreach program that enhances care coordination and meets the needs of vulnerable populations.

Practice changes require organizational culture changes. A lasting change rarely happens without consideration of the organization's culture and structure. Pivotal to the project's successful start and sustainability is the impact it will have within a multilayered health system. Organizational culture reviews and assessment tools are important to this end.

Project planning would be incomplete without considering the *whats* of the project. Thinking (or rethinking) what one needs (or desires) to do provides additional insights to the process. Merrifield (2009) poses the following questions for this rethinking process:

- 1. Does it directly correlate with any of your organization's key business goals? For example, does it resolve a customer's question or problem?
- 2. Does it have a strong connection to the organization's brand or corporate identity?
- 3. Is an effort to increase the performance of the *what* likely to cause it to become high(er) value?

If there are high value and low performers involved in what the project planner believes needs to be changed, serious attention must be paid to the process and anticipated outcomes. If the project change is of high value with high performers, monitoring progress may be all that is needed to make changes. Low value and low performance changes may direct the project leader to consider automation, outsourcing, or even a decision to abandon the change altogether. This may also be true of low value and high performers as they may be considered a major waste of resources. These points are critical to the sustainability of any planned change. A market feasibility study is an adjunct to questions posed by Merrifield (The Strategic Performance Group, 2009). Market feasibility studies are composed of two sections—when to conduct a study and the study process components. When conducting a market feasibility study there are three considerations. These include:

- 1. Launching a new project or product.
- 2. Offering a new service with a program or system.
- 3. Considering opening a new program or facility.

The feasibility study process focuses on the following four areas:

- 1. Profile of the desired demographics of the project or program target market.
- 2. Assessment of competitors to determine their strengths and weaknesses.
- 3. Identification of the market opportunities.
- 4. Survey of prospective customer base potential for use of new or expanded services that will be offered.

Other questions to consider involve how the organization/system is currently performing. The project director asks the following questions:

- How is it currently performing?
- Do we know and understand what causes performance today?
- Do we know and understand what it would take to improve performance? (Merrifield, 2009).

As the organization's culture is examined, levels within the system must be considered. Nelson, Batalden, and Godfrey (2007) pointedly captured this notion and espoused that the project developer must consider three principal levels in a typical integrated delivery system. The three levels include the macrosystem, the mesosystem, and the microsystem. The macrosystem is the whole of the organization led by senior leadership, whereas the mesosystem constitutes the major divisions of the organization. The microsystem is the small units where individuals provide services (Nelson, Batalden, & Godfrey, 2007). Depending on the depth of the project, focusing on a particular level may be the emphasis of one's work. For example, a clinical nurse leader focuses on projects at the clinical microsystem. The projects may be as varied as reducing length of stay on a surgical trauma unit, reducing costs of care, or decreasing readmission rates. The executive nurse administrator and doctor of nursing practice student or graduate may focus on projects at

the mesosystem or macrosystem. At the mesosytem, projects such as developing department-wide programs for mother and baby care to improve continuity of care and patient satisfaction are examples. Developing a clinical ladder for a hospital-wide nursing department is an example of a project at the macrosystem level.

Leadership is also cornerstone to successful projects and their management. Tushman and O'Reilly (1996) identified themes from high-performing leaders that include:

- Seeing the problem or opportunity.
- Willingness to change the present situation.
- Implementing the **innovation** for improved performance.
- Using design and reengineering methods to improve patient flow and work flow, while reducing inefficiencies and eliminating defects.

The real test of leadership, then, is to be able to compete successfully by both increasing the alignment or fit among strategy, structure, culture, and process, while simultaneously preparing for the inevitable revolutions through disconcerting environmental changes. This requires organizational and management skills to compete in a mature market where efficiency, cost, and incremental innovation are key, and to develop new products and services where radical innovation, speed, and flexibility are critical.

Project Planning and Program Management Overview

Completing any project—from the intuitive idea to the development of a business plan and its implementation—is rarely a linear process. It requires multiple skill sets, adaptability and flexibility, and the ability to simultaneously manage multiple other projects and programs. Complexity science and microsystems literature offer a perspective that focuses on interrelationships, interdependencies, and dynamic systems. Complexity science provides the language, metaphors, conceptual frameworks, models, and theories that help make the idiosyncrasies nonidiosyncratic and the illogical logical (Lindberg, Nash, & Lindberg, 2008). For some leaders who are studying complexity, the science is counterintuitive because of the stark contrast with what they had been taught about how organizations operate. Project planning takes this into account as strategies are brainstormed and determined to be value added.

7

Complexity science describes how systems actually behave, rather than how they should behave. Complexity science challenges one to examine the unpredictable, disorderly, and unstable aspects of organizations. Complexity complements our traditional understanding of organizations to provide us with a complete picture. Without this complete picture, project management falls short of providing the best and soundest ways to innovate for improvement (Lindberg, Nash, & Lindberg, 2008).

When planning projects within complex adaptive systems, greater insights can be gained into the project's context and value to a program or organization. Healthcare organizations are complex adaptive systems. What is a complex adaptive system? The three words in the name are each significant in the definition. *Complex* implies diversity—a great number of connections between wide varieties of elements. *Adaptive* suggests the capacity to alter or change—the ability to learn from experience. A *system* is a set of connected or interdependent things. The things in a complex adaptive system are independent agents. An agent may be a person, a molecule, a species, or an organization, or one of many others (Plsek, 2003).

Leadership is a central element of project management and program development. Knowing how to engage and inspire others to sustain improvement changes in systems defines the leadership role. Leadership considers the strategy, structure, culture, and processes while simultaneously preparing for the inevitable revolutions required by discontinuous environmental change. Organizational and management skills are increasingly important in order to compete in today's market. According to Tushman and O'Reilly (1996), project managers must be both organized and able to manage multiple things simultaneously while focusing on an identified project. That is, they must be ambidextrous. This textbook will address project management and development from strategy, structure, culture, and processes that are integral to a system and success.

Advancing leadership in project planning is critical to a productive team and sustaining positive outcomes. Porter-O'Grady and Malloch (2009) describe leadership and levels of emergence in complex systems. They describe major competencies related to network leadership in innovative organizations. Such competencies include an understanding of the key drivers of change within health care, the ability to connect to the core work of the healthcare enterprise, scanning skills related to the confluence of forces in the external environment and highly leveraged translational skills in adaptive external–internal integration challenges as they reconceptualize the character and content of health service (p. 13). Group work also constitutes

a level of emergence in complex systems. Innovative process techniques include the following: nominal process, action lists, brainstorming, forced choice, jigsaw learning, Delphi technique, strategy maps, social judgment analysis, cognitive maps, role defined, and sticky note boards.

A common characteristic of the leader of innovation is the ability and high-level skill in the act of synchronicity. Real-time collaborative and synchronous coordination of the various operating characteristics, strategy, structure, processes, and human dynamics is a strong indicator of effectiveness in complex adaptive systems. (Porter-O'Grady & Malloch, 2009, p. 27).

Thinking inside the box is also a strategy and works nicely with thinking outside the box. Becoming competent in both makes positive deviance more apparent. Porter-O'Grady and Malloch (2010) identify inside-the-box behaviors for positive deviants, which include recognizing that leaders cannot possibly have all the answers or always ask the best questions, nurture and encourage others to ask questions, recognize the value of the team, look at others with a different lens, and be fully engaged (p. 47). Facilitating the creative project requires guidelines to the innovative process. Points to consider are: being flexible, being open, embracing failures, being creative, abandoning ego, exploring differences, being resilient, enjoying oneself, exploring technology, and coaching (p. 56).

Another viewpoint of project management may be considered from three perspectives:

- 1. Technical
- 2. Context
- 3. Value-added

The technical perspective includes the didactics of project planning, development, and management. This outlook will consider the techniques useful in determining the need for the project (making the compelling case; needs assessment), steps in developing, planning, and evaluating the outcomes. Additionally, deciding on the best metrics from a qualitative and quantitative point of view is also included. Determining sound evidence to support a project is outlined as an important component for project implementation. A project developer must give consideration to seeking institutional review board approval during the needs assessment process. Institutional review board approval allows data collected to be disseminated beyond the scope of the assessment project in the organization and is advantageous when communicating findings and successes to external audiences and forums.

Considering the context and processes of project management focuses on the infrastructure, organizational culture, stakeholders, and evidence-based framework for improvement changes. Change theory, innovation, and implementation science are explored in context to the project undertaken.

Value-added refers to finding the meaning in the overall project. It is the determination of what matters. It is the *so what?* of the project idea. Without knowing the importance of doing the project and what value the work will add, one may miss the larger context of the plan. This aspect of project planning is critical to defining real outcomes based on the value the project adds to the overall system. Morris (2009) stated the key to understanding the business value of a project or program is looking past standard metrics. Morris stated this can be accomplished by asking and answering these 10 questions:

- 1. What is the overall value of the project for the entire organization?
- 2. What is the overall value for a department?
- 3. What is the overall value for customers and stakeholders?
- 4. What is the overall cost of the project, possible alternatives to reducing cost, the return on investment, and the payback period of the initial project investment?
- 5. What is the priority or rank of the proposed project in relation to others under consideration in a specific department or division?
- 6. What is the overall rank of the project in relation to all projects in the system or organization?
- 7. What risks are associated with the project?
- 8. Does the organization have the capacity to begin and complete the project?
- 9. What is the scoring methodology used to select the project over others?
- 10. What processes are in place to override other proposed projects if the one being proposed is not ranked high or approved?

The project idea may be a raw idea that could become an elegant solution to a challenging problem or an authentic something better, thus improving the overall situation. Creating new solutions may not be enough to solve problems. Making things better can be achieved by making distinctions, seeing versus looking and

elegance. Understanding the cause(s) provides important means to identify outcomes and **evaluation** tools. It is knowing the what, how, and why that leads to better problem solving and decision making (Sindell, 2009). Sindell offered ways to think creatively, focusing on innovation.

Creative thought is about looking at what everyone is looking at, or has looked at for years, and seeing something new. Sometimes that new thing is just the possibility of something new, and sometimes what we see is right in there, already in existence, but has never been noticed before. (Sindell, 2009, p. 15)

Sindell also considered complexity, simplicity, and elegance.

When we have refined our thinking to the point that our hard work has become invisible, then we will have achieved elegance. Elegance is not only good ideas well thought through, but also, good ideas cleaned up and well dressed. Elegant thinking is much more likely to be invited in. (Sindell, 2009, p. 18)

This book will provide opportunities for the reader to work through refinement of ideas by ongoing testing against the writer's original intent, need, and vision by making careful note of shortfalls and further refining the work. Sindell (2009) stated, "the better our observational skills, the better our interview skills, the faster we can refine our ideas as we get closer to our original intent" (p. 53). The more one is steeped in his practice, organizational culture, and leadership and has the skills to uncover, discover, and make distinction as to the originality of the work, the greater likelihood of success and sustainability. Sindell additionally offered the genius machine model. These 11 steps (pp. 131–133) may be useful in turning raw ideas into elegant solutions. These include:

- 1. Distinctions: What do I see?
- 2. Identity: Who am I? Why are these ideas important to me, and why am I driven to share them with the world?
- 3. Implications: Where do my ideas lead?
- 4. Testing: Have I questioned everything about my assumptions?
- 5. Precedent: Who else has seen something like this?
- 6. Need: Who needs this knowledge? This question forces us out of focusing solely on our own area and may lead us to find the universals in our thinking.

- 7. Foundation: Are there underlying principles? What are the underlying values expressed here? What are the applicable rules or structures that we obtain here?
- 8. Completion: Is everything here?
- 9. Connecting: Whom am I addressing? Do I understand my audience's frame of reference?
- 10. Impact: Where do I want to go? Will this project take on a life of its own?
- 11. Advocacy: Am I supporting the adoption of my ideas? My thinking stands for me. Now I must stand for what I have created.

Thinking through this frame of reference and asking such questions leads to a clearer way of imagining ideas and how to make them real.

Understanding the various conceptual and theoretical perspectives will be integrated into the foundations of project planning and **program management** and will be discussed in Chapter 2. Void of guiding principles, explaining and justifying a need for a project or program is difficult. The purpose of the project can become obtuse and be subject to rigorous debate, and the organization may question its funding. In effect, as the project is planned, transparency and linkage of the purpose to a mission that enhances value and engenders participation by others cannot be overstated.

Chapter 3 ("Requisite Competencies and Skills for Effective Project Planning and Program Management") will detail the requisite competencies and skills for effective project planning and program management. Investment in skill set development by organizations can be realized as projects' desired outcomes occur and as quality milestones are achieved. To this end, a control process must be part of the project's life cycle so variances can be managed and project aims are attained. Effective governance can often assist in the overall direction of a project, further validating the need for new skill sets by others.

Chapter 4 ("Team Power and Synergy: Project Planning and Program Management Essentials") captures the importance of teams, team synergy, and strategies that support value-added team techniques.

Chapter 5 ("Planning a Project for Implementation") discusses the steps in planning a sustainable project and the life cycle of a project plan. Additionally, the chapter discusses how a system's need is identified from the microsystem, meso-system, and macrosystem perspectives. Project risks and how to manage them are addressed, as are stakeholders' roles in supporting a project or program.

Without addressing risks and potential vulnerabilities, projects may not be funded, stated, or survive in a constantly changing and turbulent environment. Chapter 6 ("The Needs Assessment: Foundations for Clinical Application") expands on information discussed in Chapter 4 about the needs assessment and the SWOT analysis. The chapter further provides an overview of steps in completing a clinical needs assessment and techniques that support the process both for organizations and communities. Considerations about submitting an institutional review board application and a sample are provided.

Chapter 7 ("Implementing a Project") discusses the steps to take when implementing a project, the value of collaboration, and actions of the project manager. The importance of communication is offered as an essential component for project success. A systems change model is outlined to assist in sustaining projects and support programs.

Chapter 8 ("The Role of Information Technology and the Enterprise in Project Planning and Implementation") introduces how information technology and the enterprise drive decisions and ultimate success of a project. Examples of clinical projects are the processes associated with development and implementation and are detailed in this chapter.

Chapter 9 ("Developing Metrics That Support Projects and Programs") identifies methods that support projects and programs, tools for assessing organizational culture and the relationship to a project or program, and how to ascribe meaning to data. Step-by-step approaches are offered. Differentiating various stages and levels of change and innovation are underscored, including diffusion, dissemination, implementation, and sustainability. Knowing what works and how it works is required for project and program success.

Measuring the value of projects within organizations is captured in Chapter 10. The value of a project requires one to use information that is available and that captures the stakeholders' interest. Thus, efficiencies and inefficiencies are measured in terms of value assigned to a project, and metrics can be aligned for ongoing valuation.

Chapter 11 ("Evaluating Project Outcomes") discusses data analysis techniques in project management and the importance of outcomes in forecasting future organizational performance.

Chapter 12 ("Disseminating Results as a Mechanism for Sustaining Innovation") includes a discussion of mechanisms that communicate project outcomes that are pivotal to sustainability of projects or making them stick. Additionally, sustainability is enhanced by professionally presenting the project to groups and stakeholders as detailed in this chapter.

Chapters 13 and 14 (both titled "Voices from the Field," but with different subtitles) provide examples of clinical practice projects, faculty, assignment examples, faculty dialogue, and student projects from nurse executive, clinical nurse leader, and doctor of nursing practice students.

But what differentiates project planning and program management, and why must projects complement existing or planned programs? Projects are temporary and have unique products or services. They should add value to the organization. As one plans a project, four phases occur: initiation, planning, implementation, and closeout (ESI, 2008). Attention to what resources are needed and which must be mobilized to activate a project is essential to valued outcomes and impact. Whether it is a student planning a capstone project or a skilled administrator, projects that will have sustainable impact on areas beyond the initial months should be developed. This is where the skilled and transformational leader incorporates innovation into project planning. The innovation further supports the overall mission of an organization, while effectively utilizing multiple avenues to attain a stated goal and objectives. Avenues to monitor successes and adjust as needed are pivotal as programs are managed. An example of how a student project can lead to sustainable outcomes is when an administrator who is managing a care delivery division adopts the student's project, as illustrated in **Box 1-1**.

Box 1-1 Sustaining Student Projects in a Nursing Division

Based on a gap analysis, a graduate student and the unit director identify missed opportunities where additional outpatient appointments could be added each clinic day. The student develops a capstone project whereby add-on appointments are available for walk-in patients each morning and afternoon based on an analysis of provider downtime and clinic operation hours. The project is implemented with much success. The unit director continues to monitor productivity following the student's graduation and through some additional modifications, opens additional slots resulting in clinic efficiency and increased profits.

Using Concept Analysis as a Tool When Developing Sustainable Projects

An initial step in formulating a project is considering the **organizational readiness** for change, its adaptability, and the meaningfulness of the project to the overall mission of a system. Readying the environment includes creating a sense of urgency. Influence and relationship-based persuasion can be powerful tools in fostering an environment that embraces innovation. Branding strategies provide the how-to of what can and must be done when creating coalitions that support a project and its sustainability.

As the project begins, a systematic process called a concept analysis can prove useful (Walker & Avant, 1995). The process includes identification of the antecedents, consequences, and outcomes. Antecedents are the events or incidents that occur prior to a project being planned or implemented. Consequences follow and are defined as the events or incidents that occur as a result of the project. Outcomes are the sustainable results that continuously support the efficacy of a program managed by a designated staff or leader within an organization. **Table 1-1** provides an example of process as it relates to project planning and program management.

| Antecedents | Consequences | Outcomes |
|--|---|--|
| Balanced score card revealed elective surgery cancellations exceeding targets by 20%. Loss of revenue for 2 cycles. Decreased patient satisfaction. Decreased staff satisfaction. Surgery schedule unpredictable with heavy and light days. | Process action team organized and project development targeted at reducing elective surgery cancellations and efficiency. Patient surgical workups complete. Equipment/supplies available. | Continuous efficacy and efficiency. Staff and patient satisfaction increased and maintained. Intra- and interdisciplinary communication enhanced. |
| Supply department efficiency reduced and costs spiraling. Surgery equipment not readily available. | Surgery schedule distributed equitably throughout the week with options for emer- gency add-on cases. | Elective surgery cancellations reduced from 55% to 14%. |

Table 1-1 Project Planning and Program Management Antecedents, Consequences, and Outcomes for Elective Surgery Cancellations

Beyond the concept, analysis process is asking, what is the value of the project to the overall programs within a system, and what is its sustainability power? Value can be assigned to a project and measured as it is sustained over time. But how does one ensure the project will be of value and can be sustained? Visible involvement of senior management is essential to sustaining projects and their overall contribution to programs and healthcare environments (McGrath et al., 2008). Of equal importance is engaging other leaders and staff. Gaining trust of staff and including them early in the project development is important. Establishing targets and attainable time frames will assist in managing the project and maintaining improvements. Projects are likely to be sustained if they evidence documented outcomes (Akerlund, 2000). Backer (2000) stated projects are more easily managed and sustained when they include user-friendly communication that is understood, when they allow for easy access, and when they have external (community/stakeholder) involvement.

The Relationship Among Innovation, Project, and Program Management

Healthcare executives are hardwired to manage multiple priorities and projects. Therefore, the project developer and implementer must be similarly hardwired. As projects are developed and implemented, a myriad of accommodation must also occur. The project designer and manager must accommodate to the needs of an evolving or static system and various cultural dynamics, and executives must adapt to the change inherent in a new or redesigned project, the interrelatedness, and interwoven threads. The mission, vision, and values of an organization also cannot be dismissed and should be easily recognized in the project. This allows for continuity and can be leveraged to involve other disciplines to participate and assist in sustaining the identified project.

Everett Rogers (1995) has been instrumental in the work of innovation. He identified the following 10 factors that influence the progression of innovation:

- 1. Relative advantage: What value does the innovation bring to the system?
- 2. Tryability: Can the innovation be tried out or trialed?
- 3. Observability: Is the innovation seen by others?
- 4. Communication channels: What specific channels do opinion leaders and early adopters use to transmit their experience, outcomes, and opinions in their local social networks and more distant connections?

- 5. Homophilous groups: What are key characteristics of the target group? Are they homogeneous?
- 6. Pace of innovation/reinvention: Is it easy to adapt to the innovation?
- 7. Norms, roles, social networks: Are there homogeneous connections? Distant connections?
- 8. Opinion leaders: Who are your most influential and respected individuals?
- 9. Compatibility: How aligned is the innovation with the user's current knowledge, skills, attitudes, and beliefs?
- 10. Infrastructure support: What is the existing structure, and is it strong to support the innovation?

Using the questions to guide project ideas and eventual project development can be useful in considering value-added innovations.

As discussed in Chapter 12, it is important to identify tools useful for making it stick. It is not uncommon for great innovative projects to be developed and successful while a leader remains in a current position or organization. However, when the leader leaves the environment, all too often, the innovation slowly disintegrates. Christensen and Raynor (2003) stated the key to sustaining an innovation is to target demanding high-end users with sustained and better outcomes. Thus, it is the *who* the innovator targets that becomes the key to sustainability. Sindell (2009) offered ways to think creatively, focusing on innovation. Sometimes thinking creatively allows one to see something new that was already in existence and never noticed before, further sustaining an innovative idea or project.

Summary

- Planning and implementing projects require a rigorous series of actions.
- Practice changes require organizational culture change.
- Project developers and implementers must consider three levels in a delivery system: macrosystem, mesosystem, and microsystem.
- Leadership is a cornerstone to successful projects and sustainability.
- Managing projects requires technical expertise, context of the how-to, and knowledge of the value or meaning in the overall project.
- Implementing a project requires consideration of organizational readiness.
- Concept analysis can be a useful tool in developing a sustainable project.
- Sustaining a project requires targeting the high-end user with sustained and better outcomes.

Suggested Readings

Godin, S. (2008). Tribes: We need you to lead us. New York: Penguin Group.

Kotter, J. (2008). A sense of urgency. Boston: Harvard Business School Publishing.

Shell, G. R., & Moussa, M. (2007). *The art of woo: Using strategic persuasion to sell your ideas*. New York: Penguin Group.

Reflection Questions

- 1. What elements and/or variables are attributed to sustainable projects and their impact on a healthcare system's sustained success and efficacy?
- 2. Sustainability can be attributed to multiple factors. What are general factors that can be attributed to project sustainability within organizations?
- 3. What makes a project elegant? How can these elements be integrated into your project plan?
- 4. What factors contribute to diffusing innovation? How can these factors add value to project ideas?

References

- Akerlund, K. M. (2000). Prevention program sustainability: The state's perspective. *Journal of Community Psychology*, 28(3), 353–362.
- Backer, T. E. (2000). The failure of success: Challenges of disseminating effective substance abuse programs. *Journal of Community Psychology*, 28(3), 363–373.
- Christensen, C., & Raynor, M. (2003). *The innovator's solution*. Boston: Harvard Business School Press.
- ESI. (2008). Project management. Arlington, VA: ESI International.
- Kaplin, D. W. (2009). Organizational communication: A needs assessment. (ERIC Document Reproduction Service No. ED175071). Retrieved from http://www.eric.ed.gov:80/ERICWebPortal /custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_&ERICExtSearch_Search Value_0=ED175071&ERICExtSearch_SearchType_0=no&accno=ED175071
- Lindberg, C., Nash, S., & Lindberg, C. (2008). *On the edge: Nursing in the age of complexity*. Bordentown, NJ: Plexus Press.
- McGrath, K. M., Bennett, D. M., Ben-Tovim, K. I., Boyages, S. C., Lyons, N. J., & O'Connell, T. J. (2008). Implementing and sustaining transformational change in health care: Lessons learnt about clinical process redesign. *The Medical Journal of Australia*, 188(6), 32–35.

Merrifield, R. (2009). Re-think. Upper Saddle River, NJ: Pearson.

Morris, R. A. (2009). *Project management that works!* [Web blog post]. Retrieved from http://www.pmthatworks.com/2009/12/determining-business-value-for-projects.html

Nelson, E., Batalden, P., & Godfrey, M. (2007). Quality by design. San Francisco: Jossey-Bass.

- Plsek, P. (2003). Complexity and the adoption of innovation in health care. Paper presented at Accelerating Quality Improvements in Health Care: Strategies to Accelerate the Diffusion of Evidence-based Innovations, Washington, DC.
- Porter-O'Grady, T., & Malloch, K. (2009). Leaders of innovation: Transforming postindustrial healthcare. *Journal of Nursing Administration*, 39(6), 245–248.
- Porter-O'Grady, T., & Malloch, K. (2010). Innovation leadership: Creating the leadership of health care. Sudbury, MA: Jones and Bartlett.
- Rogers, E. (1995). Diffusion of innovation. New York: Free Press.
- Sindell, G. (2009). The genius machine. Novata, CA: New World Library.
- Strategic Performance Group, LLC. (2009). Make sure your idea is sound: Investigate before investing. *Market Feasibility Studies*. Retrieved from http://www.spg-consulting.com /consulting-services/market-feasibility-studies?gclid=CPq
- Tushman, M., & O'Reilly, C. (1996). The ambidextrous organization: managing evolutionary and revolutionary change. *California Management Review*, 38(4), 8–30.
- Vest, J. R., & Gamm, L. D. (2009). A critical review of the research literature on Six Sigma, Lean and StuderGroup's Hardwiring Excellence in the United States: the need to demonstrate and communicate the effectiveness of transformation strategies in healthcare. *Implementation Science*, 4(35), 1–9.
- Walker, L., & Avant, K. (Eds.). (1995). Concept analysis. In *Strategies for theory construction in nursing* (3rd ed., pp. 37–54). Norwalk, CT: Appleton & Lange.