

RURAL MATERNITY INNOVATION SUMMIT

Leader Report

Abstract

This report provides insights into the essential role of leaders in maintaining and advancing rural maternity care.

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Glossary

ALSO: Advanced Life Support in Obstetrics

CAH: Critical Access Hospital

CBO: Congressional Budget Office

CMMI: Center for Medicare and Medicaid Innovation

GME: Graduate Medical Education

NCHL: National Center for Healthcare Leadership

OB-GYN: Obstetrician-Gynecologist

SCF: Southcentral Foundation

UNC: University of North Carolina

Abstract

This report, based on presentations and discussions from the Rural Maternity Innovation Summit, provides valuable insights into the essential role of leaders in maintaining and advancing rural maternity care. It outlines the common strategies pursued by leaders across six innovation sites and aligns those strategies with specific healthcare leadership competencies. It also distinguishes common values and aspects of the character traits evident in this particular cohort of rural maternity innovation leaders. Leader training and development that incorporates competencies, values, and character is crucial for effectively addressing the unique challenges and resource constraints faced by rural maternity programs.

Background

In March 2024, leaders from six rural maternity programs gathered in Clifton, Texas to share their innovations for maintaining and advancing maternity services within their communities. Representatives from the National Rural Health Association, Federal Office of Rural Health Policy, T.L.L. Temple Foundation, and Stroudwater Associates identified the six rural maternity programs invited to participate in the Summit based on a maximum variation sample strategy, which intentionally spanned all geographic regions of the U.S. Each organization in attendance was represented by 1–4 participants to share different clinical, operational, and financial perspectives from each innovation site. Each site had 20 minutes to present their rural maternity innovation followed by 25 minutes for discussion and questions. The content for this report was generated via analysis of the presentation transcripts, slides provided by each site, as well as subsequent discussions and conversations related to creating, sustaining, and leading the innovations.

Objective

The objective of this report is to highlight the leadership components present within and across the innovation sites. This report is organized into two sections:

1. A presentation of the relevant evidence related to leader strategies, competencies, values, and character which emerged from the site-level data.
2. A discussion of the practical implications of the evidence.

For a full description of each site’s rural maternity innovations, see [“Rural Maternity Innovation Summit: Site Report.”](#)

Part 1: Site-level Evidence

The analysis of individual case studies presented in the “[Rural Maternity Innovation Summit: Site Report](#)” reveals common strategies adopted by leaders at each site to create and sustain their rural maternity programs. Six critical cross-site innovation strategies are outlined below, accompanied by specific examples from the sites.

Community Engagement and Advocacy

All the sites emphasized engaging with, and advocating for, the community’s health needs. This principle focused on understanding and responding to the unique needs of the community, involving local stakeholders in decision-making processes, and tailoring healthcare services to fit those needs.

Example: Leaders at UNC Chatham prioritized community needs by understanding and addressing the specific health disparities and challenges of the local population via feedback sessions and community health assessments. In order to re-open the previously closed labor and delivery unit at their hospital, UNC Chatham’s leaders had to advocate for their patients with the UNC health system leaders by articulating a clear vision for maintaining current maternity services as well as providing a roadmap for service expansion to meet future community needs.

Transparency and Accountability

Sites highlighted the importance of transparency and accountability in their operations and decision-making processes. This was facilitated by open communication with stakeholders, including boards of directors and the community, to explain the reasons for operational and strategic decisions that impacted service delivery.

Example: At Goodall Witcher, the transition to a hospital district required a public vote. To convince the community to tax themselves to support the hospital, Goodall Witcher’s leaders had to build and maintain trust and transparency within the community.

Adaptability and Flexibility

The need to adapt in response to the ever-changing healthcare environment and evolving community needs was a key theme across sites. This included adapting staffing models, allocating resources, and providing services to meet current demands and future challenges.

Example: The leaders at Sterling Regional MedCenter adapted to emerging technologies and implemented new care models for their maternity patients. This included the use of telehealth services, remote patient monitoring, and innovative educational programs such as the ALSO (Advanced Life Support in Obstetrics) course, which standardizes knowledge about, and approaches to, maternity care complications.¹ The flexibility to adopt newer, emerging technologies significantly benefitted their maternity patients.

Innovation and Continuous Improvement

Emphasizing innovation in maternity care and continuous improvement was vitally important to the sites. Maintaining and expanding staff opportunities for training and certification helped them stay at the forefront of best practices, integrating new ways of enhancing care quality and improving efficiency.

Example: Southcentral Foundation (SCF) demonstrated a strong commitment to innovation and continuous improvement as evidenced by the Malcolm Baldrige National Quality Award it received in 2011 and 2017. SCF required all staff to engage with process improvement and quality assurance activities. It was committed to providing the best possible health outcomes for their population, which was evident in their rigorous training programs, quality improvement initiatives, and comprehensive, integrated care model.

Collaboration and Teamwork

Fostering a collaborative environment and encouraging teamwork was critical for delivering maternity care at each site. At some sites, various specialties and departments were closely integrated to provide comprehensive maternity care. At other sites, collaboration and teamwork meant working with external partners to expand a site's reach and provide care to more patients.

Example: Collaboration among various specialties and departments was an integral part of Mahaska Health's leadership philosophy. The hospital's maternity program benefitted from a multidisciplinary approach to care (which included general surgeons, OB-GYNs, and family physicians who provide maternity care), which was crucial for handling complex cases and providing comprehensive maternal health services. The teamwork extended beyond the hospital to include partnerships with regional healthcare providers and organizations.

Sustainability and Strategic Financial Management

Financial sustainability is critical in a rural setting. Leaders focused on maintaining financial health through strategic management, which included securing funding, managing resources efficiently, and planning for long-term viability. Sites that were part of larger health systems reported having access to a larger pool of resources and greater opportunities for risk-sharing. Without careful resource stewardship at the local level, however, those sites risked system-level decisions that may have consolidated, reduced, or closed local maternity services to achieve economies of scale.

Example: Fairview Hospital formed a strategic partnership with a local federally qualified health center to leverage financial grants and shared resources, transforming its rural maternity care.

Mapping Cross-site Innovation Strategies to Leader Competencies

The common strategies identified across innovation sites can be affiliated with specific leader competencies (see Table 1), i.e., the skills, knowledge, and behaviors that enable an individual to perform tasks successfully. Competencies are commonly used in workforce development and management to assess performance, guide training programs, and support career advancement. Leaders can be trained in all relevant competencies.

For the purposes of mapping leader competencies in this report, we used the National Center for Healthcare Leadership (NCHL) Competency Model² (see Figure 1). The NCHL model is designed to provide a structured framework for developing the necessary skills and behaviors in healthcare leaders, paying particular attention to responding to the complex demands of the healthcare environment. This model is used to identify, cultivate, and evaluate the capabilities of leaders within the healthcare sector.

Table 1. Innovation Strategies and Corresponding NCHL Competencies

Strategy	Competency Domain	Competency
Community Engagement and Advocacy	Boundary Spanning	Community Collaboration
Transparency and Accountability	Execution	Accountability
Adaptability and Flexibility	Transformation	Innovation
Innovation and Continuous Improvement	Transformation	Innovation
	Execution	Process and Quality Improvement
Collaboration and Teamwork	Relations	Collaboration
	Relations	Team Leadership
Sustainability and Strategic Financial Management	Transformation	Strategic Orientation
	Health Systems Awareness and Business Literacy	Financial Skills

Source: Author compilation

Core Values

Core values—which are important to individual leaders and organizations—guide behavior and decision-making, and influence priorities and action. Across all six innovation sites, three common core values stood out:

1. Empathy and patient-centered care
2. Caring for employees
3. A learning mindset

Empathy and Patient-Centered Care

A focus on empathy and patient-centered care was evident at all innovation sites. Leaders put patients at the center of everything they did by understanding their needs, enhancing their experience, and ensuring that healthcare services are compassionate and personalized.

Example: Mahaska Health put patient needs first, an approach that guides decisions about services and operations, as well as their overall organizational culture. This principle not only improves patient outcomes but also builds trust and satisfaction among the community they serve.

Caring for Employees

Caring for employees through engagement, professional development, and a supportive work environment was a significant leadership principle at most innovation sites. This approach not only enhanced employee satisfaction, but also contributed to the overall effectiveness of healthcare delivery because staff were motivated and well-prepared to care for patients. Further, leaders embodied an ethos of caring for patients and employees equally, recognizing that they were part of the populations the site served.

Example: Fairview Hospital emphasized engaging employees in meaningful ways and fostering a culture of appreciation, which translated into high employee satisfaction and motivation as well as high patient satisfaction scores.

Learning Mindset

A learning mindset—defined as a continuous openness to new experiences and information, a curiosity to understand and explore, and a flexible approach to knowledge and skills acquisition—underpinned the capabilities needed to start and sustain the rural maternity innovations at each site (for more on creating and sustaining innovations, see Appendix 1).

Example: Sites were selected to join the Rural Maternity Innovation Summit due to their relative success in creating a rural maternity innovation. The invited leaders did not consider themselves experts in rural maternity innovations, but rather attended the Summit with the primary goal of learning from others. A learning mindset is related to sites' commitment to continuous improvement and innovation, but the presence of this individual trait in the site leaders highlights the importance of personal attributes in driving organizational success. A learning mindset can be viewed as closely related to humility, which was something that leaders discussed, both in terms of their leadership style and as one of the key ingredients in creating and sustaining their innovations.

Leader Character

While competencies focus on abilities and what leaders can accomplish, values guide their motivations and choices, and character determines their ethical and moral grounding. Typically, leader character tends to get attention (in the popular press, especially) in negative situations, such as the global financial crisis, quality or safety scandals, or stories of corruption.³ The leaders at the Summit, however, demonstrated how leader character can be a force for positive organizational change³ in creating and maintaining rural maternity care. The Ivey Leader Character Framework⁴ (see Figure 2) outlines leader character through 10 distinct dimensions that work in conjunction with the core quality of judgment (the 11th dimension). Each dimension can manifest as either a virtue or a vice, depending on whether it is present in the right amount, is deficient, or is excessive. Table 2 below uses the Ivey Leader Character Framework⁴ and data collected from the Summit to demonstrate the presence of 10 dimensions of leader character at the innovation sites.

Table 2. Ivey Leader Character Framework and Summit Evidence

Dimension	Description	Summit Evidence
Judgment	The central quality, integrating and balancing all other dimensions to make sound decisions.	All sites were able to weigh community needs and financial constraints, and identify appropriate staffing models to create and sustain maternity care in rural settings.
Courage	The ability to face fear and challenges, taking risks and standing up for what is right.	Connects to principles specified in appendix 1, specifically, “be an odd duck,” “commitment to do the right thing,” and “perseverance.”
Drive	Ambition and passion to achieve goals and pursue excellence.	Reflects sustaining innovation principle (appendix 1) to “be better” strategies related to continuous improvement, and the value of providing patient-centered care.
Collaboration	Working effectively with others, valuing teamwork and collective effort.	Collaboration and teamwork are common strategies for enabling the maternal health innovations; also an identified NCHL leader competency.
Integrity	Adhering to strong moral and ethical principles, ensuring honesty and fairness.	Relates to strategy of transparency and accountability. Several sites highlighted the importance of being transparent in communications with their stakeholders and community.
Humility	Acknowledging limitations and mistakes, showing modesty and a willingness to learn from others.	Explicitly discussed by leaders at the Summit with respect to their own leadership styles and approach to their innovations; connects to maintaining a learning mindset.
Temperance	Exercising self-control, moderation, and restraint in actions and decisions.	Not directly observed
Accountability	Taking responsibility for one’s actions and their consequences, being answerable to others.	Relates to strategy of transparency and accountability. Specifically, being accountable to stakeholders and the community in terms of operations and decision-making.
Justice	Ensuring fairness and equity, advocating for the rights and well-being of others.	All sites discussed how they were building, extending, or providing services to specific underserved populations in their catchment area.

Transcendence	Connecting with a higher purpose, appreciating beauty, excellence, and meaning beyond oneself.	Leaders view maternity care as an essential community service rather than an isolated cost/revenue center.
Humanity	Showing compassion, empathy, and concern for the well-being of others.	Leaders specifically cited compassion as a component of patient-centered care; valued empathy for patients; and cared for the well-being of patients, employees, and the broader communities the site served.

Source: Author compilation

Effective leadership arises from the harmonious integration of competencies, values, and character. In practice, a leader who excels in competencies but lacks strong character may be capable but not trusted or respected. Conversely, a leader with strong character but poor competencies may be admired but not effective in their role. A leader whose actions are inconsistent with their professed values may be seen as inauthentic. Hence, the balance and integration of competencies, values, and character are essential for effective rural healthcare leadership.

Part 2: Practical Implications

Leaders Matter

Leaders drive innovation by creating an environment that encourages creativity, risk-taking, and collaboration. They inspire their teams by setting a clear vision for the future and fostering a culture where new ideas are welcomed and valued. Effective leaders support innovation by providing the necessary resources and removing obstacles that hinder progress. They encourage diverse thinking by assembling teams with varied perspectives and skills, recognizing that the best ideas often come from the intersection of different viewpoints, and, in healthcare, often the best ideas come from the frontlines, from those who are delivering care.

The leaders at the Rural Maternity Innovation Summit demonstrated a willingness to adapt strategies related to staffing, finances, and community engagement to maintain, and in some cases expand, access to maternity care, at a time when many others in rural America are closing maternity programs. These leaders took a broader view of the value and importance of maternity care for the entire community, recognizing its connection to both people and businesses. They did not see maternity care as an isolated cost center without downstream impacts to their organization.

These leaders also saw their current roles as long-term careers, rather than stepping stones to larger positions in major health systems or urban settings. The leaders represented a significant departure from structural urbanism,⁵ which often implies a one-size-fits-all approach rooted in urban-centric models that may overlook the specific challenges and resources of rural areas. In contrast, these leaders focused on locally driven, community-specific solutions that prioritized rural healthcare needs. They adopted innovative solutions suited to rural healthcare delivery, rather than imposing urban healthcare frameworks that may not be feasible or effective in rural contexts. Unlike urban-centric strategies that may not require the same level of community integration, these leaders emphasized patient-centered care, moving away from the impersonal, volume-driven approaches often associated with structural urbanism.

The Role of Leader Development in Rural Health

Understanding the distinctions between leader competencies, values, and character helps explain the successes of the Summit attendees in sustaining rural maternal health programs. The combination of these elements is a potential differentiator in driving superior and sustainable performance for rural maternal health programs. By integrating these elements, leadership training programs can produce well-rounded leaders equipped to navigate complex environments and drive meaningful change.⁶ Effective leadership training involves a holistic approach that encompasses developing competencies, instilling values, and shaping character. Further, boards of directors can design interview processes to assess for these elements in candidates for leadership positions.

Investing in Leaders

Our investment in developing healthcare leaders, however, is not equivalent to the rate at which we invest in and train physicians to care for patients. Training doctors in the United States requires

substantial financial support from multiple sources, including federal and state governments. According to a 2018 report by the U.S. Government Accountability Office, the majority of public graduate medical education (GME) funding, approximately 71%, comes from Medicare. Additional funding sources include 16% from Medicaid, 10% from the Veterans Health Administration (VHA), and the remainder from various other sources, including health systems and hospitals that fund many GME positions for the perceived value in this investment.⁷ In 2020, federal and state Medicaid agencies allocated over \$16.2 billion to GME for physicians.⁸

At the same time, the U.S. Congress has fostered healthcare innovation via financial allocations to the Center for Medicare and Medicaid Innovation (CMMI). In its first decade in existence, CMMI spent approximately \$7.9 billion but only saved \$2.6 billion, leading to a net increase of \$5.4 billion in federal spending, according to the House Budget Committee.⁹ The Congressional Budget Office (CBO) estimates that CMMI will incur net costs of \$1.3 billion from 2021 to 2030.¹⁰ These figures underscore the ongoing financial commitment to CMMI, despite the challenges in achieving immediate cost savings.

While significant investment is required to train medical professionals and foster innovation, there is also a gap in building leadership capacity for those who ultimately make decisions about the use of resources in healthcare organizations. Earlier in this report, we noted that leader character only garners attention during financial crises, quality scandals, or corruption—situations that exemplify failed resource stewardship, where resources are not used sustainably to maximize value for all stakeholders.

Connecting Leadership and Stewardship

Leadership and stewardship of resources are intrinsically linked, as effective leaders understand that their role extends beyond guiding people to include responsibly managing the assets entrusted to them. The leaders of the rural maternity programs described in the report ensured that resources—whether financial, environmental, or human—were utilized in a manner that benefitted both the organization and the broader community. They also carefully considered the expenditure of community resources required for patients to leave for maternity care and those resources that remained within the community by providing local maternity care. By exemplifying stewardship, these leaders fostered a culture of accountability and long-term thinking, encouraging their teams, and more broadly their organizations, to not only achieve immediate goals but also to consider the impact of their actions on future generations.

Effective resource stewardship results from leader training to build essential competencies such as strategic thinking, financial management, and innovative problem-solving, which support leaders in effectively allocating and managing resources to sustain and improve maternity services. Values such as transparency, accountability, and empathy are integral to leader training and directly influence resource stewardship. The Ivey Leader Character Framework identifies integrity, humility, and resilience as critical for making sound decisions and fostering trust. Leaders who demonstrate integrity and accountability through transparent operations and decision-making processes are better equipped to manage resources responsibly.

Conclusion

There is a fundamental connection between leader training and the development of competencies, values, and character, all of which are essential for effectively managing resources in rural maternity programs. Training gives leaders the tools to manage resources responsibly, build community trust, and drive sustainable innovation in healthcare delivery. If we want leaders to effectively support clinicians in rural settings, they need leadership development opportunities on par with those available to physicians. And, while beyond the scope of this report, the innovation site report indicates that boards of directors have a role to play in selecting and supporting rural leaders. As such, boards of directors must also receive appropriate training in governance, strategic oversight, and financial stewardship to fulfill their roles. This will better equip them to make informed decisions that align with the long-term goals of rural healthcare programs. By investing in developing leaders, we can better support sustainable and effective healthcare delivery in rural communities.

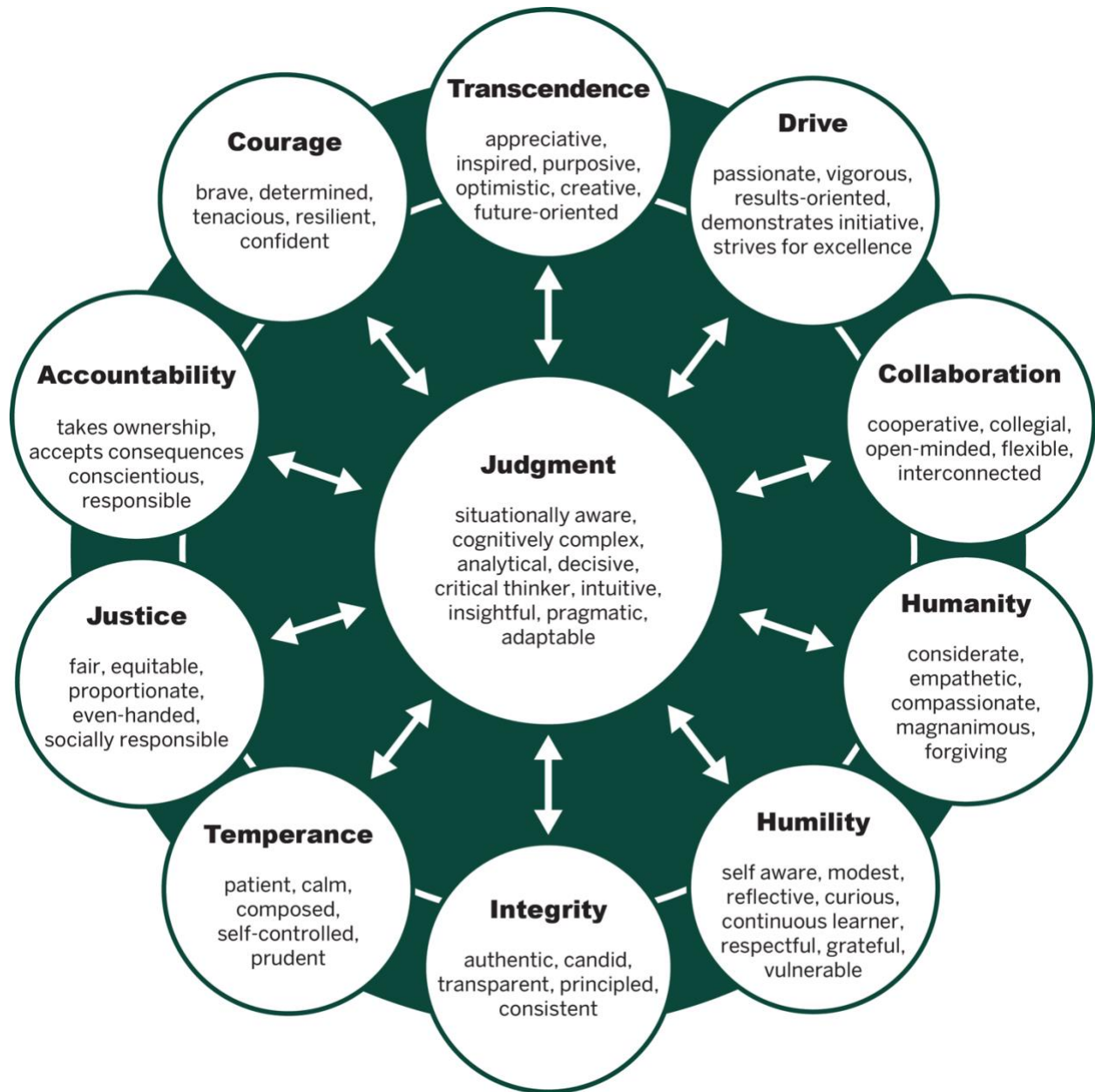
Figure 1. National Center for Healthcare Leadership Competency Domains

TABLE 1 | NHL Competency Domains

ACTION DOMAINS				ENABLING DOMAINS		
BOUNDARY SPANNING	EXECUTION	RELATIONS	TRANSFORMATION	VALUES	HEALTH SYSTEM AWARENESS & BUSINESS LITERACY	SELF-AWARENESS & SELF-DEVELOPMENT
<ul style="list-style-type: none"> • Community Collaboration • Organizational Awareness • Relationship & Network Development 	<ul style="list-style-type: none"> • Accountability • Achievement Orientation • Analytical Thinking • Communication Skills 1 – Writing • Communication Skills 2 – Speaking & Facilitating • Initiative • Performance Measurement • Process & Quality Improvement • Project Management 	<ul style="list-style-type: none"> • Collaboration • Impact & Influence • Interpersonal Understanding • Talent Development • Team Leadership 	<ul style="list-style-type: none"> • Change Leadership • Information Seeking • Innovation • Strategic Orientation 	<ul style="list-style-type: none"> • Professional & Social Responsibility 	<ul style="list-style-type: none"> • Financial Skills • Human Resource Management • Information Technology Management 	<ul style="list-style-type: none"> • Self-Awareness • Self-Confidence • Well-Being

Source: Health Leadership Competency Model 3.0. Chicago, Illinois: National Center for Healthcare Leadership; 2018. Available at nchl.org.

Figure 2. Ivey Leader Character Framework



Source: Crossan, M., Byrne, A., Seijts, G., Reno, M., Monzani, L., Gandz, J. Toward a framework of leader character in organizations. *J Manag Stud.* 2017;54(7):986-1018.

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Appendix 1. Creating and Sustaining Innovations

Management literature explains that what it takes to start and sustain an innovation are two distinct phases in a product development lifecycle. Starting an innovation is more about exploring and validating a new idea, while sustaining an innovation focuses on growth, adaptation, and long-term success. Summit participants were asked about skills, knowledge, and capabilities that were needed to launch their innovations and sustain them. The sections below capture the key enablers in creating and sustaining innovations in rural maternity care.

Creating an Innovation

- **Being the odd duck:** Innovators must be willing to be different, and unafraid of being unconventional.
- **Recognizing the need for change:** New ideas often come from the frontlines and those professionals who are doing the work.
- **Perseverance and resilience:** The ability to keep going, to “do hard things,” and to overcome challenges and obstacles that get in the way.
- **Commitment to doing the right thing:** Having the right leaders in place who will do what is best for patients, a community that values doing the right thing, and enlightened financial leaders who understand how to look beyond balance sheets.
- **Trust and psychological safety:** You cannot do something new without a culture that is built on a foundation of trust, where it is safe to take risks that will deliver better patient care.
- **Relationships:** Leaders, employees, and the community must value their relationships with each other in working toward positive change.
- **Commitment to “be better”:** This includes a focus on quality and patient safety, as well as using data to inform innovation approaches.

Sustaining an Innovation

- **Staying the course as an odd duck:** There must be a continued willingness to be a disrupter, since change is not always quickly or easily accepted.
- **Evolving the “right person, right place, right time” mentality:** Those who start and implement innovations are not always the right people to keep them going. In fact, many times, more administrative support is needed to sustain innovations, and others can take over in the maintenance phase.
- **Succession planning:** Specifically for rural maternity care, consideration of recruiting and maintaining a pipeline of providers and nurses is critical to the continued success and sustainability of innovations.
- **Translation skills for buy-in and ownership of innovation:** Communicating the value of the innovation, particularly in the context of CAHs that are part of larger systems, is critical for getting buy-in from system leadership so that the innovation is sustained.
- **Charisma:** Innovators must have the ability to attract and inspire others, and influence opinions related to the innovation.

- **Collaboration and Collaboratives:** The continued ability to work together to sustain the innovation, as well as an awareness of—and ability to join—learning collaboratives helps support innovations.