PHILIPS

TU Delft

APPENDICES

A TOOLKIT FOR PHILIPS

TRANSFORMATION TO VALUE-BASED CARE IN LIVING LABS

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CONTENTS APPENDICES

APPENDIX A
DEFINITIONS & FIGURES

DEFINITIONS SUPPORTING A.3 (WHAT DOES TRANSFORMATION MEAN)

Source: Ceschin & Gaziulusoy, 2016, p.3

Product innovation level	*Design approaches focussing on improving existing or developing completely new products.*
Product-Service System innovation level	*Here the focus is beyond individual products towards integrated combinations of products and services (e.g. development of new business models).*
Spatio-Social innovation level	*Here the context of innovation is on human settlements and the spatio-social conditions of their communities. This can be addressed on different scales, from neighbourhoods to cities.*
Socio-Technical System innovation level	*Here design approaches are focussing on promoting radical changes on how societal needs, such as nutrition and transport/mobility, are fulfilled, and thus on supporting transitions to new socio-technical systems*

DEFINITIONS SUPPORTING C.2 THEORY ON LIVING LABS

(Medical Delta, n.d.)	*Living Labs provide experimental, real-life settings, either physical or digital, in which major stakeholders can develop and test new ideas in partnership with end-users.*
Schliwa & McCormick's (2016)	*Physical arena as well as a collaborative approach in which different stakeholders have space to experiment, co-create and test innovation in real-life environments defined by their institutional and geographical boundaries.*
Schuurman (2015)	*An organized approach (as opposed to an ad hoc approach) to innovation consisting of real-life experimentation and active user involvement by means of different methods involving multiple stakeholders.*
Ståhlbröst & Holst (2013)	*An orchestrator of open innovation processes focusing on co-creation of innovations in real-world contexts by involving multiple stakeholders with the objective to generate sustainable value for all stakeholders focusing in particular on the end users.*

(Herrera & Portnoy, 2019, p. 23)	*Acceleration*	*A field test-bed infrastructure to assess user and market validation of innovative technologies*
(Herrera & Portnoy, 2019, p. 23)	*Co-creation*	*A socio-technical infrastructure for user-driven innovation to emerge*
(Herrera & Portnoy, 2019, p. 23)	*Transformation*	*An infrastructure for transformative policies to emerge*
(Molloy, 2018)	*Culture change*	*A space to imagine and build a better future*

APPENDIX B
INTERVIEW GUIDES

EXPLORATIVE INTERVIEWS

Research topic
Better understand the different perspectives on value-based from practice
Research question
Which different perspectives do exist on VBC? How is the theory on VBC approached in work?

Checklist/introduction
- Recorder (+ ask permission)
- Pen and paper

Questions explorative interviews
- What is your role in the company?

Subtopic 1 view on VBC
- What is your view on value-based care?
- Do you know the theory of Porter and the quadruple aim?
- Which model do you use most?

Subtopic 2 VBC in work
- How do you contribute value-based care in your work?
- What are the challenges in executing projects on value-based care?

INTERVIEW QUESTIONS LIVING LAB INTERVIEWS

Research topic

Understand the process of initiating living labs and connected challenges and best practices

Research question

How did other labs aiming for healthcare transformation initiated the lab? Which challenges did they encounter and which best practices can be identified?

Checklist/introduction

- Recorder (+ ask permission)
- Pen and paper
- Give examples to clearify answers

Questions explorative interviews

- What is your role in the lab?

Subtopic 1 Characteristics living lab

- How old is the Lab? Have you been involved from the start?
- Why is the Innovation Lab started?
- What is the mission of the Lab?
- What is the focus of innovation with the Lab?

Subtopic 2 Process of initiation

- Which main phases can be identified in the setup of the Lab? Where are you now?
- Would you have done things differently if you could do it again?
- What where the main struggles?
- How do you see your Innovation Lab evolving in the next 1-3 years?

Subtopic 3 Stakeholder roles and interactions

- Which partners are involved from the start of the project? Which are involved now?
- For all the stakeholders involved, how engaged (1-5) would you score the different stakeholders? Why?
- What are the motivations these stakeholders to join?
  Money / Knowledge / Information / Access
- Which aspect would be most important for you and why?
- What are the different roles they should they take?
- Do you see tension between different roles?
- Did you think about involving more partners? A political organization? Or a payor? Why did you decide to do include it or not?

Subtopic 4 Projects and outcomes

- Can you tell something about the time span of project executed in the Lab?
- Do you measure outcomes or results of the lab? How?
- What have been the outcomes so far?
- If certain expected outcomes are not met you can also leave the project or the collaboration, what could this be for you? Example?

Subtopic 5 General innovation challenges

- What challenges do you see when it comes to innovation in healthcare specifically for your organization? (Example)
- How could your organization contribute to enable innovation?
- What needs to change within your organization?

APPENDIX C
INTERVIEW LIVING LABS OVERVIEW

1 Reshape center for Innovation

Interviewee role: Person-centered designer

Location: Netherlands

Started 2010

"Changing healthcare into a place where patients and partners are included"

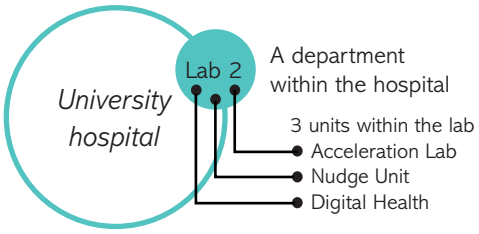
2 Center for Health Care Innovation

Interviewee role: Manager design & strategy

Location: USA

Started 2012

"The Penn Medicine Center for Health Care Innovation facilitates the rapid, disciplined development, testing and implementation of new strategies to reimagine health care delivery for dramatically better value, patient outcomes, and experience"



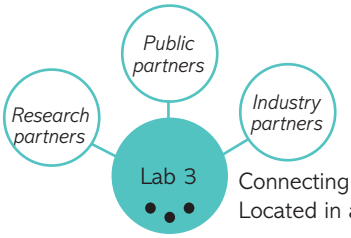
3 C3 Center for Connected Care

Interviewee role: Lab officer

Location Norway

Started 2015

"We connect to create future health care"



Connecting several partners
Located in a hospital

3 research themes within the lab
- Patient-centric healthcare delivery
- Innovative infrastructure
- Commercialization, adoption & diffusion

4 Design Health Collab

Interviewee role: Lab manager

Australia

Started 2015

"Use people centered design approach to understand and activate significant high impact healthcare service & products in the wolrd"

5 focus areas within the lab
- Medical Device Design
- Behavior Change
- Healthcare Experience
- Digital Health
- Healthy Living

5 Design for Health and Wellbeing Lab

Interviewee role: Lab manager

New Zealand

Started 2015

"We design better healthcare experiences with patients, their families and staff."

Located in the hospital

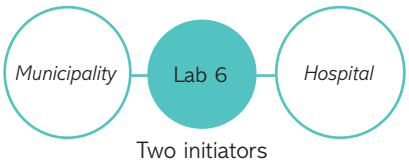
6 Nordic Health Lab

Interviewee role: Design lead

Denmark

Started 2018

"Nordic Health Lab develops healthcare innovations for current and emerging health challenges."



Two initiators

APPENDIX D
IDEAS TOOL FOR 'TYPE OF LAB'

Discussing which type of lab you want to initiate is a core consideration before starting a lab. The type of lab means the core activity that lab is running. This means that more type of activities can be grouped in one lab, but the main purpose of the lab often falls in the category of one of the four types: 1) acceleration 2) co-creation 3) culture change 4) transformation

Having good definitions or explanations on the type of lab is helpful to understand the differences. A start is made by using the four definition from appendix A. With the knowledge of this report the definition of a transformation lab can be improved. A transformation lab would follow the five aspects identified in key insight 4. 1) Context-specific approach of a global issue 2) Experimental approach 3) Extended view on value 4) Multidisciplinary collaboration networks 5) Involve users in co-creation.

To facilitate the discussion on the type of lab the four type of labs are positioned on two axis. These axes are from Adams et al. (2016) who mapped the different types of design around sustainability. These axes are also possible to use in healthcare transformation.

Technology/People: evolution from a technically focused and incremental view of innovation towards innovations in which sustainability is seen as a socio-technical challenge where user practices and behaviours play a fundamental role. This is linked to an increasing attention towards the social aspects of sustainability.

Insular/Systemic: evolution from innovations that address the firm's internal issues towards a focus on making changes on wider socio-economic systems, beyond the firm's immediate stakeholders and boundaries

Adams et al. (2016) categories four levels of innovation mapped on the two axis. This gives a better understanding on positioning transformation compared to product level innovation (figure 31).

As initial overview the four types of lab are mapped on the axes in figure 32. This overview could facilitate the discussion on type of lab. However, this overview may be not complete, so adding other examples of type of labs could be possible. Two new types are added in figure 33: research and process.

These overviews can act as a starting point to build a tool around the discussion on type of lab.

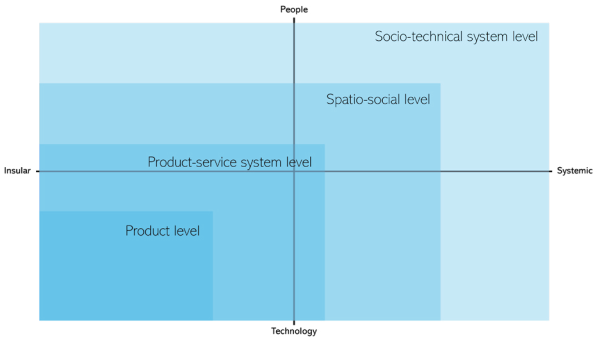


Figure 31 Structure of the toolkit

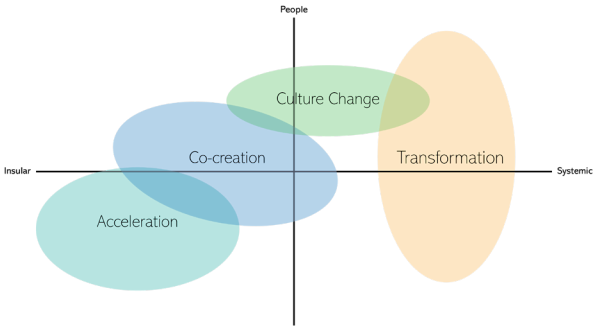


Figure 32 Structure of the toolkit

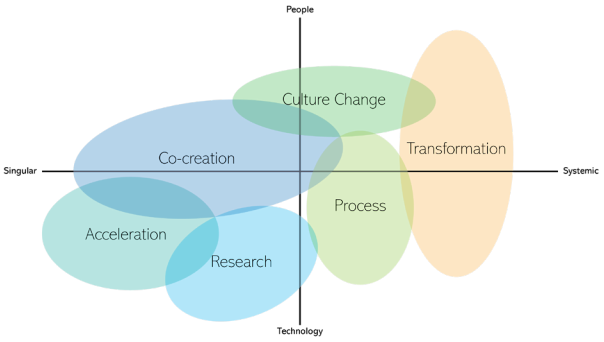


Figure 33 Structure of the toolkit

APPENDIX E
ADDITIONAL RESEARCH DESIGN PHASE

In thsi phase the already identified challenges and solutions from section B are enriched with more research and facts.

GLOBAL CHALLENGES

Patient dissatisfied

- Unsatisfied and complaining more than before (Pedrazza, Berlanda, Trifiletti, & Bressan, 2016)
- 81% is unsatisfied (Prophet, n.d.)
- Patient has high expectations, from rising consumerism in other industries (Prophet, n.d.)
- Demands from users are influenced by trends in other industries (Moberly, 2014)
- Dissatisfied with lack of transparency price, quality and safety (Lush, Rosner, Zant, & Notte, 2016)
- Patients want better communication and coordination (Needham, 2012)

Staff dissatisfied

- Mental illness, depression and burnout (Pedrazza et al., 2016)
- High burnout rates 30-65% (Bodenheimer & Sinsky, 2014)
- 20-35% would not recommend their hospital (Bain, 2018)
- High workload, including administrative burden
- Spending over 30% of their day on administrative tasks (Bodenheimer & Sinsky, 2014)

Health outcomes not optimal

- >50% are process measures, no outcomes measures (Porter, Larsson, & Lee, 2016)
- Only 7% of measures are relevant outcome measures (Porter et al., 2016)
- Outcomes are not considered systematically (Porter, 2010; World Economic Forum & BCG, 2017)
- Unexplained variation in quality across providers (Philips, 2019)

Costs rising

- Costs are rising at double the rate of the GDP (World Economic Forum & BCG, 2017)
- Ageing population
- Number of people >60 will be double in 2050 compared to 2017 (United Nations, 2017)
- Increase in chronic diseases
- 80% of death related to chronic diseases (WHO, 2014)
- Chronic conditions currently account for three-quarter of the health expenditure worldwide (Tsiachristas, 2016)

References

Bodenheimer, T., & Sinsky, C. (2014). From Triple to Quadruple Aim : Care of the Patient. *Annals of Family Medicine*, *12*(6), 573–576. https://doi.org/10.1370/afm.1713.Center

Lush, B. Y. M., Rosner, D., Zant, C., & Notte, S. (2016). Patient engagement strategies in a digital environment, (18).

Moberly, T. (2014). Rising complaints against doctors due to changed patient expectations, researchers say. *BMJ*, *349*. https://doi.org/10.1136/bmj.g4744

Needham, B. R. (2012). The truth about patient experience: What we can learn from other industries, and how three Ps can improve health outcomes, strengthen brands, and delight customers. *Journal of Healthcare Management*, *57*(4), 255–263. https://doi.org/10.1097/00115514-201207000-00006

Pedrazza, M., Berlanda, S., Trifiletti, E., & Bressan, F. (2016). Exploring physicians' dissatisfaction and work-related stress: Development of the phydis scale. *Frontiers in Psychology*, *7*(AUG), 1–13. https://doi.org/10.3389/fpsyg.2016.01238

Philips. (2019). Value-Based Care Turning healthcare theory into a dynamic and patient-focused reality, (April), 690–696. https://doi.org/10.1093/med/9780190862374.003.0057

Porter, M. E. (2010). Measuring Health Outcomes: The Outcome Hierarchy. *New England Journal of Medicine*, *363*(26), 1–19. https://doi.org/10.1056/NEJMp1011024.This

Porter, M. E., Larsson, S., & Lee, T. H. (2016). Standardizing Patient Outcomes Measurement.

Prophet. (n.d.). The Current State of the Patient Experience. Retrieved from https://www.prophet.com/patientexperience/the-current-state-of-the-patient-experience.html

United Nations. (2017). World Population Prospects: The 2017 Revision. Retrieved from https://www.un.org/development/desa/publications/world-population-prospects-the-2017-revision.html

WHO. (2014). "Ageing well" must be a global priority. *Central European Journal of Public Health*, *22*(4), 265.

World Economic Forum, & BCG. (2017). *Value in Healthcare Laying the Foundation for Health System Transformation: Insight Report*. Retrieved from www.weforum.org

VISION AND MEANING AROUND THE QUADRUPLE AIM

Diving into the meaning of quadruple aim helps to frame the global vision of value-based care around the quadruple aim. This is used in the first visualization sheet, but also in the inspiration sheet of tool 3. The meaning of the quadruple aim is investigated from a theoretical perspective and leads to a more in depth understanding on the topic, combining different angles of theory.

PATIENT EXPERIENCE

Studies considered in the construct of dimensions and aspects of patient experience.

- Gerteis, Edgman-Levitan, Dalay, & Delbanco (1993)
  Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care
  Book from the Picker institute
- Needham (2012)
  The truth about patient experience: What we can learn from other industries, and how three Ps can improve health outcomes, strengthen brands, and delight customers.
  Journal of healthcare management
- KPMG (2013)
  New Zealand Health Quality & Safety Commission: Development of patient experience indicators for New Zealand
  Report from KPMG for the New Zealand Health Quality and Safety Commission
- Ryan, Brown, Glazier, & Hutchison (2016)
  Examining primary healthcare performance through a triple aim lens
  Research paper in healthcare policy
- Philips (2019)
  Value-Based Care Turning healthcare theory into a dynamic and patient-focused reality
  Philips Position Paper
- Deloitte (2019)
  2019 Global health care outlook Shaping the future
  Deloitte publication
- Rapport et al. (2019)
  What do patients really want? An in-depth examination of patient experience in four Australian hospitals
  BMC Health Services Research

The study from KPMG is chosen as starting point for categorizing all aspects of the patient experience. The KPMG categorization is chosen because it is based on the triple aim. It is internationally focused and elaborate, but also easy to understand. It identifies communication, coordination, partnership, physical and emotional needs and safety as key dimensions in patient experience.

The other studies are screened and aspects are highlighted. Most aspects are in line with the five dimensions from KPMG. In some cases aspects do not fit in these five dimensions, so new dimensions are added to overview at the next page.

From the eight dimensions, two dimensions are excluded from the design. Patient-centered and personalized are dimensions that are not at the same level as the other six dimensions. Including those dimensions would lead to redundancy in categories. A patient-centered and personalized approach are considered to be important enablers for good patient experience, but are excluded from the set of dimensions. This categorization should help stakeholders in the lab to better understand patient experience and to identify problems and opportunities to improve patient experience.

References

Deloitte. (2019). 2019 Global health care outlook Shaping the future. Retrieved from https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/gx-lshc-hc-outlook-2019.pdf

Gerteis, M., Edgman-Levitan, S., Dalay, J., & Delbanco, T. L. (1993). *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. San Francisco.

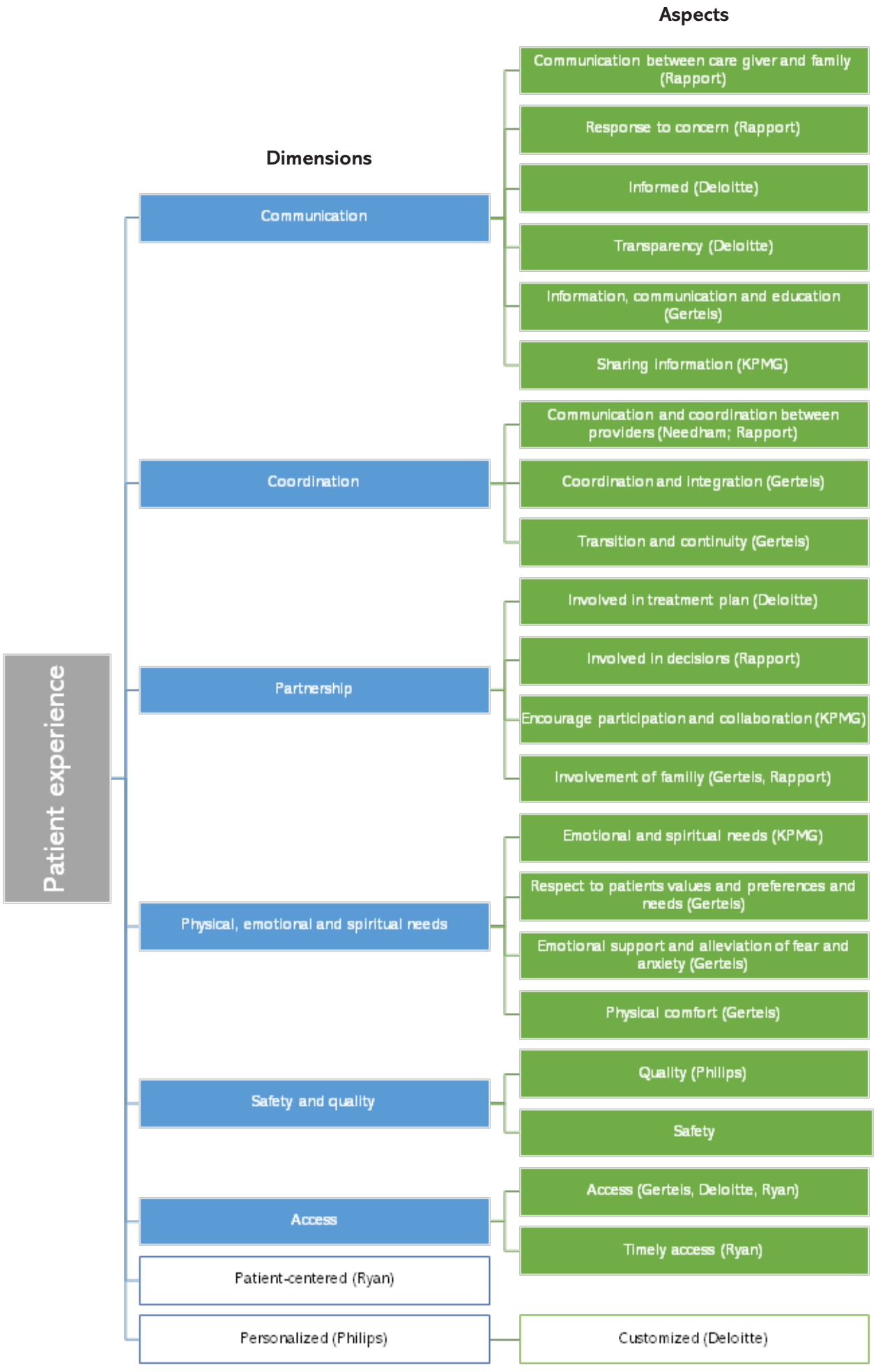
KPMG. (2013). *New Zealand Health Quality & Safety Commission: Development of patient experience indicators for New Zealand*. Retrieved from https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/KPMG-patient-experience-indicators-Aug-2013.pdf

Needham, B. R. (2012). The truth about patient experience: What we can learn from other industries, and how three Ps can improve health outcomes, strengthen brands, and delight customers. *Journal of Healthcare Management*, *57*(4), 255–263. https://doi.org/10.1097/00115514-201207000-00006

Philips. (2019). Value-Based Care Turning healthcare theory into a dynamic and patient-focused reality, (April), 690–696. https://doi.org/10.1093/med/9780190862374.003.0057

Rapport, F., Hibbert, P., Baysari, M., Long, J. C., Seah, R., Zheng, W. Y., … Braithwaite, J. (2019). What do patients really want? An in-depth examination of patient experience in four Australian hospitals. *BMC Health Services Research*, *19*(1). https://doi.org/10.1186/s12913-019-3881-z

Ryan, B. L., Brown, J. B., Glazier, R. H., & Hutchison, B. (2016). Examining primary healthcare performance through a triple aim lens. *Healthcare Policy*, *11*(3), 19–31. https://doi.org/10.12927/hcpol.2016.24521


Aspects
Dimensions
Patient experience
Communication
Communication between care giver and family (Rapport)
Response to concern (Rapport)
Informed (Deloitte)
Transparency (Deloitte)
Information, communication and education (Gerteis)
Sharing information (KPMG)
Coordination
Communication and coordination between providers (Needham; Rapport)
Coordination and integration (Gerteis)
Transition and continuity (Gerteis)
Partnership
Involved in treatment plan (Deloitte)
Involved in decisions (Rapport)
Encourage participation and collaboration (KPMG)
Involvement of family (Gerteis, Rapport)
Physical, emotional and spiritual needs
Emotional and spiritual needs (KPMG)
Respect to patients values and preferences and needs (Gerteis)
Emotional support and alleviation of fear and anxiety (Gerteis)
Physical comfort (Gerteis)
Safety and quality
Quality (Philips)
Safety
Access
Access (Gerteis, Deloitte, Ryan)
Timely access (Ryan)
Patient-centered (Ryan)
Personalized (Philips)
Customized (Deloitte)

Appendix8

STAFF EXPERIENCE

Compared to patient experience, little literature exists on staff experience in healthcare. The notion of looking at the experience of healthcare staff is more recent. The fourth aim got attention from 2013 onwards. Two valuable research studies are found and compared.

- West (2016)

Physician Well-Being: Expanding the Triple Aim
Journal of General Internal Medicine

- Shanafelt & Noseworthy (2017)

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout
Mayo clinic proceedings

The elements that are mentioned in by authors from the Mayo Clinic are: 1) workload, 2) efficiency, 3) flexibility/control over work, 4) work-life integration, 5) alignment of individual and organizational values, 6) social support/community at work, 7) and the degree of meaning derived from work

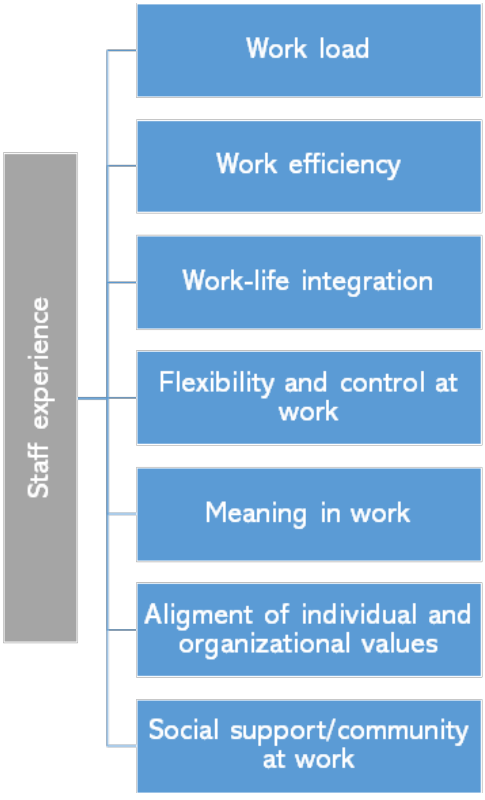
The elements that are mentioned by West are 1) work effort, 2) work efficiency and support, 3) management of work–home interference, 4) flexibility and control at work, and 5) values and meaning in work.

Comparing all factors makes clear that the studies do not conflict, but do agree on the same seven aspects. This is summarized in the overview below.

References

Shanafelt, T. D., & Noseworthy, J. H. (2017). Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings*, *92*(1), 129–146. https://doi.org/10.1016/j.mayocp.2016.10.004

West, C. P. (2016). Physician Well-Being: Expanding the Triple Aim. *Journal of General Internal Medicine*, *31*(5), 458–459. https://doi.org/10.1007/s11606-016-3641-2



HEALTH OUTCOMES

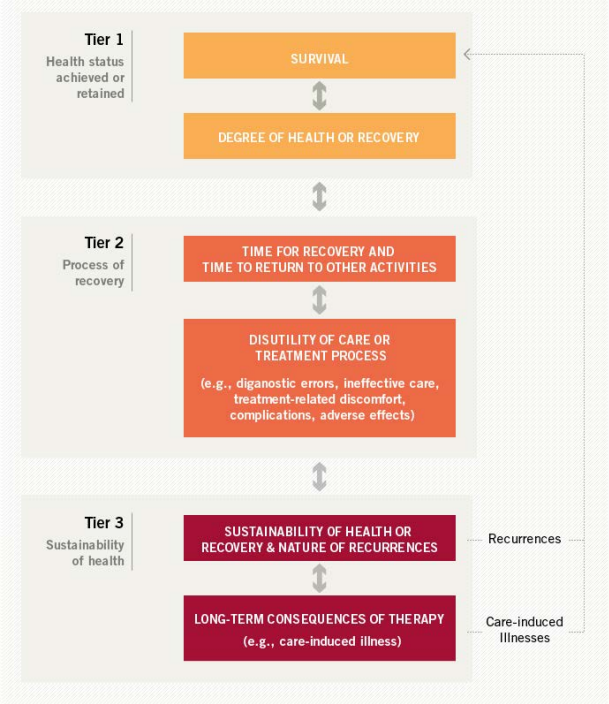
Before health outcomes can be improved, it is needed to define which outcomes are considered relevant. Different authors contributed to defining which outcomes are relevant.

IHI

The International healt organization (IHI) proposes to use a combination of outcome and process measures: 1) Outcome Measures 2) Process Measures 3) Balancing Measures (looking at a system from different directions/dimensions)
On their website a few examples of measures for specific diseases can be found.

Porter

The outcome hierarchy of Porter (2010) is more elaborate and identifies three tiers of health outcomes including six levels/



Porter makes the notion that each medical condition (or population of primary care patients) will have its own unique set of outcome measures. The importance of each tier, level, and dimension of outcomes will vary according to medical condition and sometimes according to the subgroup of patients. If measuring outcomes the set of measures should include at least one outcome dimension at each tier of the hierarchy, and ideally one at each level.

ICHOM

ICHOM has developed outcome sets for 28 conditions, this covers over 50 % of the global disease burden. The standard sets are specific and practical and widely acknowledged in usefulness.

Standard sets (ICHOM, 2019)

ICHOM Standard Sets are standardized outcomes, measurement tools and time points and risk adjustment factors for a given condition. Developed by a consortium of experts and patient representatives in the field, our Standard Sets focus on what matters most to the patient.

By creating a standardized list of the outcomes based on the patient's priorities along with instruments and time points for measurement, we can ensure the patient remains at the centre of their care. For valid comparison, we know the importance of risk adjustment, so we also standardize these case mix variables. When developing a Standard Set, we bring together a multidisciplinary group of patient representatives, leading physicians and registry leaders to prioritize a core set of outcomes, which take into consideration outcomes from different treatments. Through the implementation of these Standard Sets, you can begin to measure, analyze and improve outcomes achieved in the delivery of care. We are continually reviewing our published Standard Sets.
To date, we have published 28 Standard Setscovering different conditions and for specific patient populations. We are continually reviewing our published Standard Sets.

Full cycle of care and populations

Besides, the level of measuring outcomes is at population level over the full cycle of care. These two dimensions do also account for measuring costs. Berwick et al. (2008) wrote in the first article on the triple aim why defining a population is important. In future studies, the concern of health for populations is widely accepted (World Economic Forum & BCG, 2017).

Key take-aways

- Relevant outcomes should be defined around the patient, not only the process
- Unique for each medical condition
- Suggested use of outcome sets: ICHOM if available, otherwise use the outcome hierarchy of Porter to self-construct outcome measures
- Measure for defined populations over the full cycle of care

COSTS

As also goes for health outcomes, costs need to be considered for a fixed population over the full cycle of care.

Little amount of health budgets is currently spend on the part of prevention and healthy living. The focus on prevention rather than curing is promising and could lead a total reduction in costs (Ryan, Brown, Glazier, & Hutchison, 2016).

Value-based care requires a new way of thinking to deal with limited budgets. A way of thinking about optimal use of resources (Gentry & Badrinath, 2017). This also means focus on efficiencies and reduction of waste. The right care at the right moment would be the most efficient in term of outcomes and costs.

- This can be achieved through the elimination overuse, this means unnecessary treatments. These treatments are a waste of money if it adds no value to the patient.
- Also underuse is not desirable. If patients need to wait long, or do not get treatment when needed this may lead to greater cost down the line.
- As a result of bad integration between care providers duplicative efforts do appear, and are also not efficient.

A strategy to better align value with financial incentives is elaborated in the value-based care paper of Philips (Philips, 2018)

- P4P: pay for performance

Build further on the fee for service model, but providors are rewarded for their performance. Herefore payer and provider need to agree on measures to reward quality, costs and outcomes.

- Shared savings

In this concepts providers will be rewarded if they stay below an expected budget, and providers can get bonuses if quality goals are met.

- Shared risk

This relationship is two-sided, providors do not only profit from saving, but also account for loss when spending is higher than expected.

- Bundled payment

In this model providers receive a payment for a defined episode of care. In this model there is more freedom for the provider to select the right treatment path. The challenge is to define the episode of care.

- Capitated payment

Providers are responsible for all care for an individual and the costs connected to it.

"Capitation is a risk-adjusted payment per covered beneficiary for a defined period of time" (Philips, 2018)

References (health outcome & costs section)

Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The Triple Aim: Care, Health, And Cost. *Health Affairs*, *27*(3), 759–769. https://doi.org/10.1377/hlthaff

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Ryan, B. L., Brown, J. B., Glazier, R. H., & Hutchison, B. (2016). Examining primary healthcare performance through a triple aim lens. *Healthcare Policy*, *11*(3), 19–31. https://doi.org/10.12927/hcpol.2016.24521

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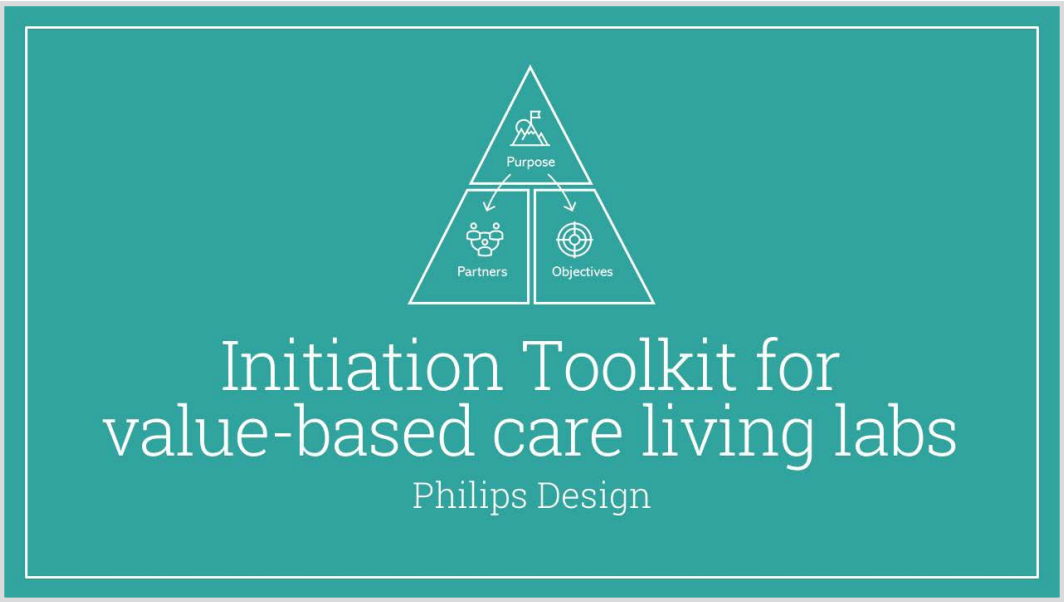
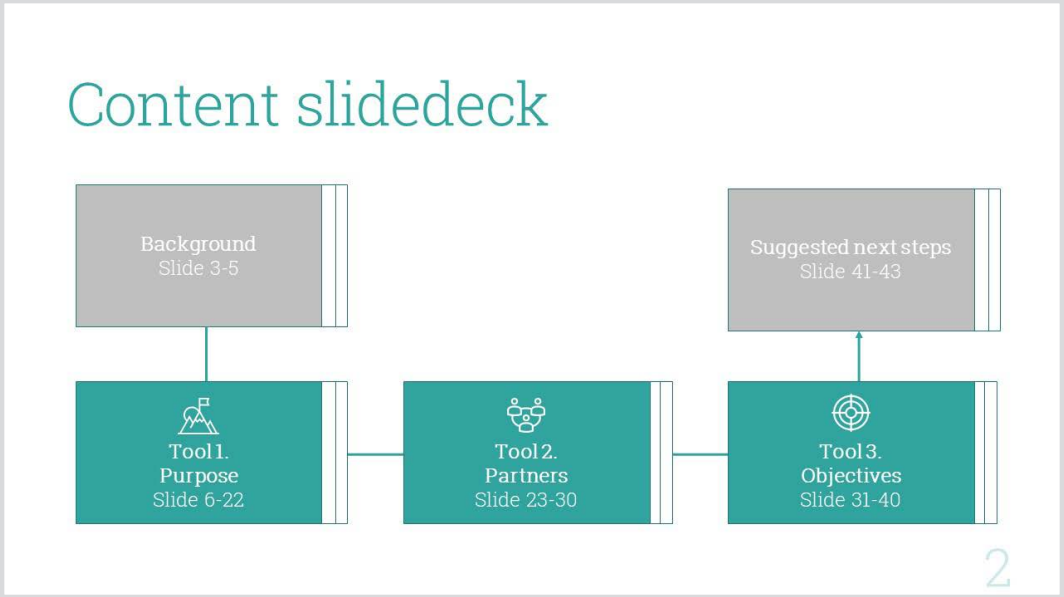
APPENDIX F
TOOLKIT DESIGN & SUGGESTIONS





Extra slide

Show the expected outcome of the tools. Needed to convince people to invest time and understand goal.

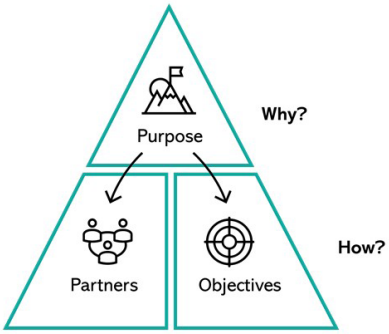
Background

Good to know before using the tools

Background – structure

Suggestud to start with defining the purpose (tool 1) because this underlines the 'why'.

Based on the purpose partners (tool 2) and objectives (tool 3) can be discussed, to move the discussion towards 'how' to achieve the purpose. There is no specific order in which partners and objectives tools need to be used.

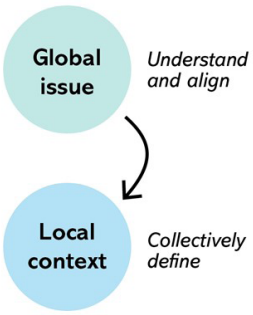


4

Background – global/local

The transformation to value-based care is a global issue. Existing theory is general needs to be made context-specific.

In the tools, the global issue is addressed first, with the goal to understand and align on the issue. Next step is to make the global issue context specific and define what this means in a local setting.



5

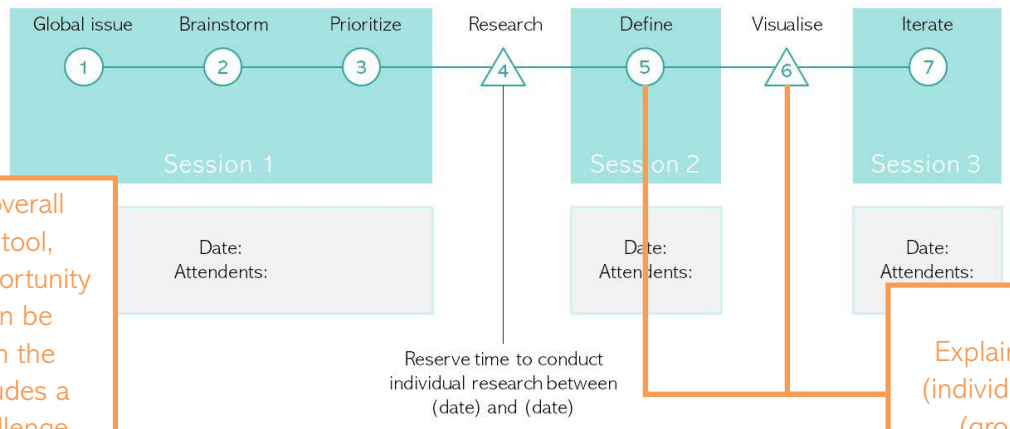
Extra slide

Who do you expect to have around the table. How this changes over time with the tools.

Tool 1.
Define purpose

7 steps to a local purpose visualization

Planning



Include the overall goal of this tool, identify an opportunity area that can be addressed in the lab. This includes a systemic challenge and vision.

Explain the triangle (individual) and circle (group activity)

Global issue — Brainstorm — Prioritize — Research — Define — Visualise — Iterate

1 — 2 — 3 — 4 — 5 — 6 — 7

Activities

Go through the global visualization poster

Discuss understanding

Result

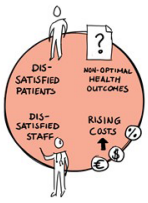
Shared understanding on the global issue of value-based care

Inspiration for defining our local challenges

8

Global issue — Brainstorm — Prioritize — Research — Define — Visualise — Iterate

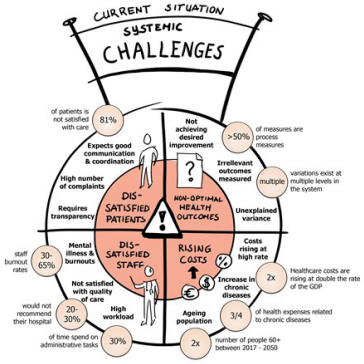
1 — 2 — 3 — 4 — 5 — 6 — 7



9

Global issue — Brainstorm — Prioritize — Research — Define — Visualise — Iterate

1 — 2 — 3 — 4 — 5 — 6 — 7



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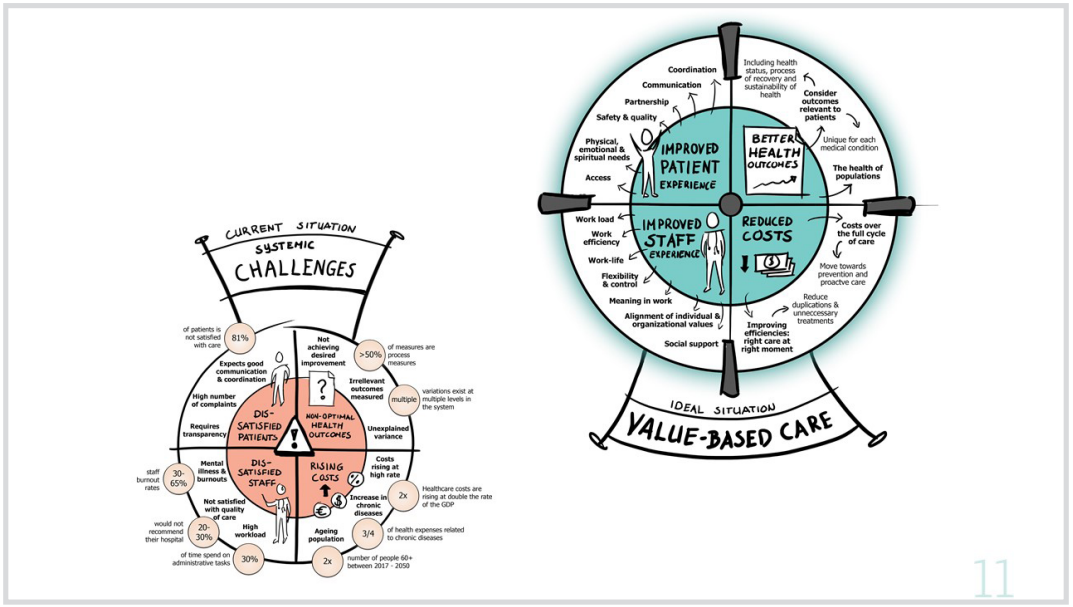

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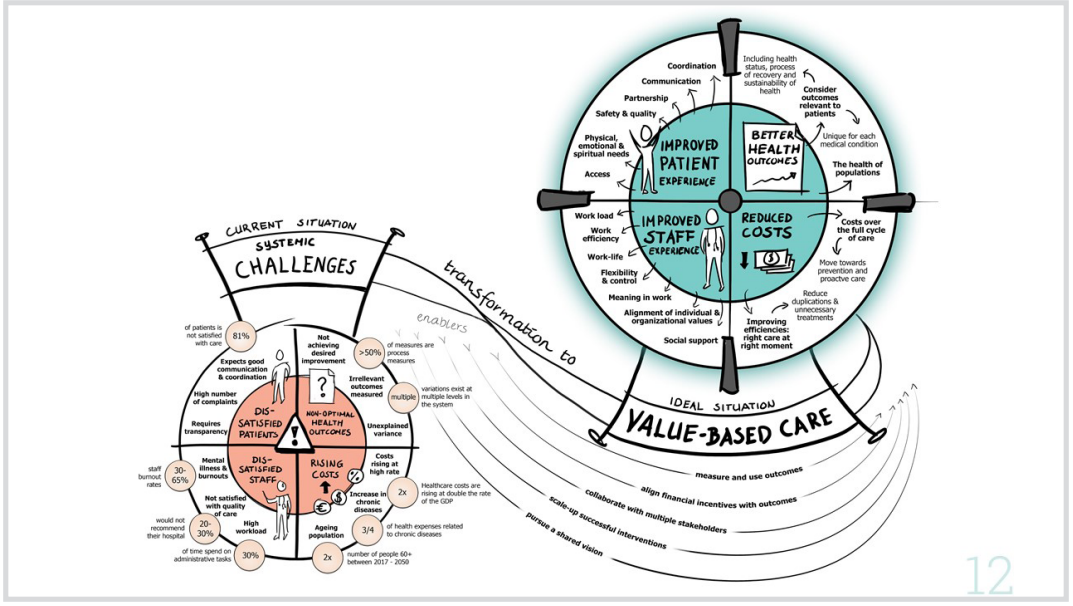

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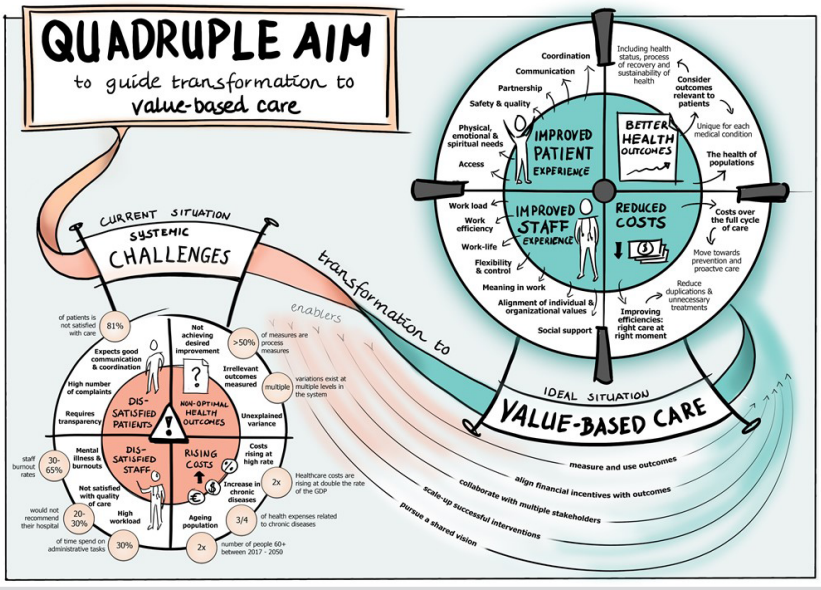


13

Having a pre-read before the meeting, to make the topic more accessible.

More explanation while introducing the global issue

Global issue **Brainstorm** Prioritize Research Define Visualise Iterate

1 2 3 4 5 6 7

Highlighting of challenges is not favourable, the sentencess are very strong, people would not recognize. But the examples can be good triggers for developing own challenges.

Activities

Highlight which challenges in the global issue we recognize

Brainstorm on local challenges

Organize challenges on a map

Result

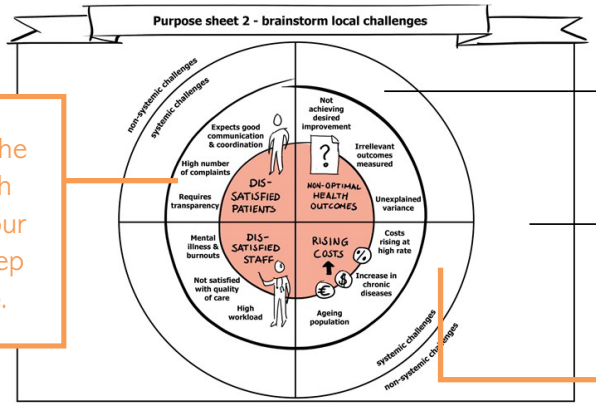
Overview of systemic challenges that could be addressed within the lab

Maybe systemic/non-systemic is not the right wording. But no better suggestions have been found yet.

Global issue **Brainstorm** Prioritize Research Define Visualise

1 2 3 4 5 6

Possible to leave the second circle with examples in the four areas and only keep the orange circle.



Systemic challenges
- Multiple stakeholders involved
- Address socio-technical system (social and technical dimensions)

Non-systemic challenges
- One stakeholder involved
- Single product or serv
challenges

Colour code the challenges according to the quadruple aim. To make it possible the recognize in a later stage which aims it comes from.

Global issue Brainstorm **Prioritize** Research Define Visualise

1 2 3 4 5 6 7

Activities

Prioritize challenges on impact and ability to act

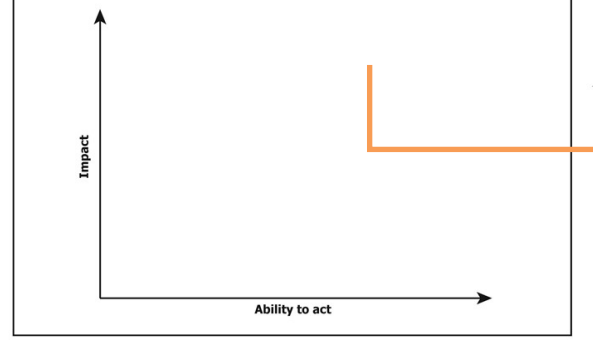
Result

Selection of relevant challenges

Give instructions on how many challenges should be selected.

Global issue 1 — Brainstorm 2 — **Prioritize** 3 — Research 4 — Define 5 — Visualise 6 — Iterate 7

Purpose sheet 3 - Prioritize systemic challenges



Impact
How much value does it have if we solve this challenge

Ability to act
Can we together act upon the challenge(s)

If ability to act is low with these partners, it could also be the moment to first approach a new partner and continue later.

Include a line/ area of high impact, high ability to act. For selected challenges

Record the result of this step. Make picture.

Global issue 1 — Brainstorm 2 — Prioritize 3 — **Research** 4 — Define 5 — Visualise 6 — Iterate 7

Activities

Map out what we already know and what we don't know

Define who is going to do additional research

Execute individual research

Result

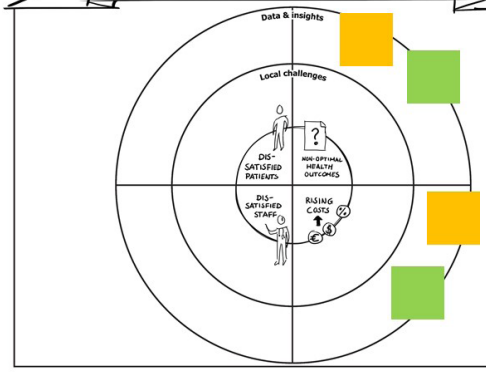
In depth understanding on relevant challenges

Add a parking lot on sheet 3 or 4, where challenges with high impact can be parked. Those ones that are not chosen because of lack of ability to act.

18

Global issue 1 — Brainstorm 2 — Prioritize 3 — **Research** 4 — Define 5 — Visualise 6 — Iterate 7

Purpose sheet 4 - Data & insights local challenges



Is already known

Unknown

Additional research

Suggested to select multiple challenges from priotization (3/4). Take those to sheet 4, and based on additional research on impact choose which is most relevant.

19

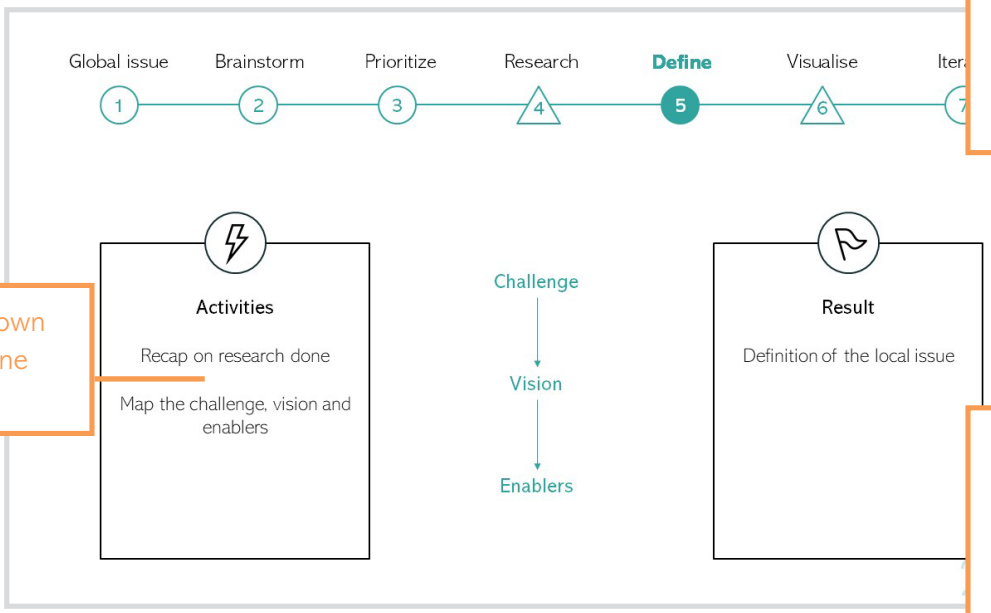
Work packages need to be part of the report-out.

Extra slide

Create work packages, with a title asign people (responsible & who helps) and set dates of delivery.

Can create this overview in a table of a flipchart or a whiteboard.

In between step 4 and 5 probably a better understanding on the problem area is created compared to the start of this tool. This is the moment to involve more people towards step 5. Especially those people that need to be invited and convinced. Otherwise you miss out and need to sell it after everything is set already.

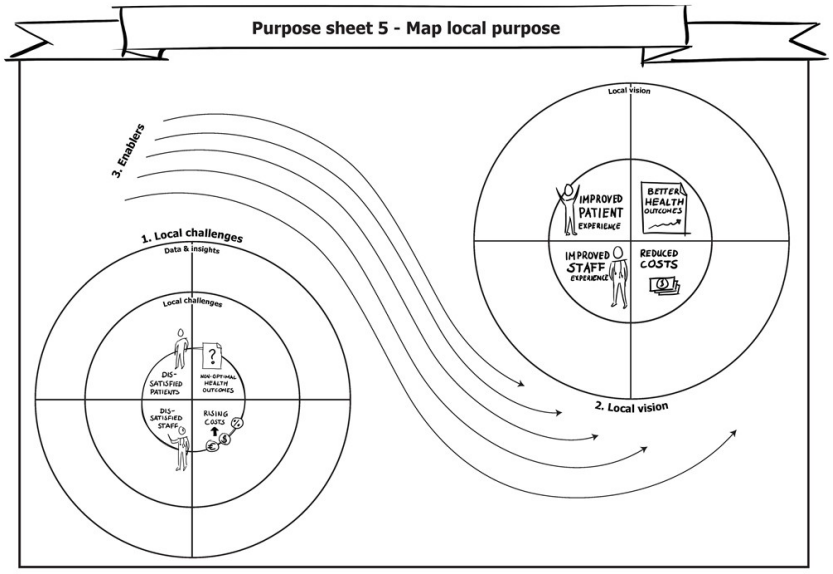


Extra activity down selecting to one challenge

More elaboration on the recap part of the research done. The outcomes of the individual research should be send to the facilitator 1 or 2 days up front. So the facilitator can include this in the presentation. During the next meeting the research outcomes can be presented and people will get a stage to share and feel rewarded for the time

Extra slide

Sheet 4 made digital by the facilitator and outcomes of individual research included.

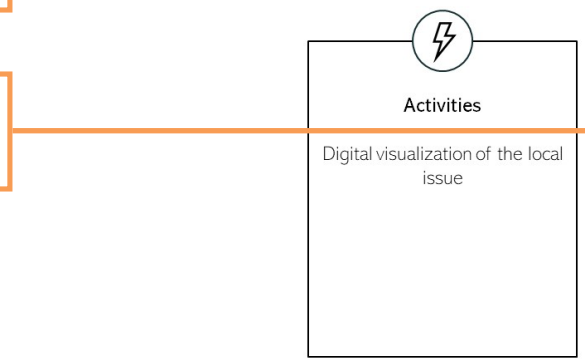


Include what is the assignment of defining vision and enablers.

21

Adding an extra step in between. Invite an illustrator to turn the words of sheet 5 into a preliminary visual. Visualizing will capture more of the energy and group dynamics.

This makes the triangle a circle > group activity.



22

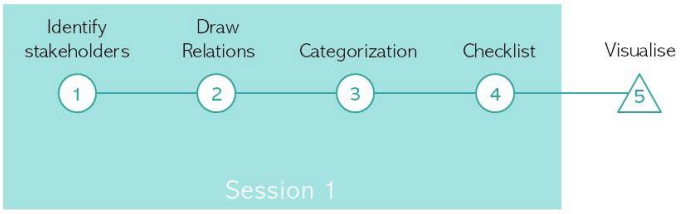
Adding an extra deliverable besides the visual: a description of the visual. This makes it better understood and richer.

23

Tool 2.
Identify partners

5 steps to understand the partner ecosystem

Planning



Date:
Attendents:

25

Include the overall goal of this tool. It is not to identify, but to understand the relationships between the stakeholders on the table and to do an evaluation on completeness.

Activities

Take one of vision elements as a starting point

Ideate who is needed to realize the vision

Result

List of stakeholders that play a role in the system

26

Vision will not consists of multiple aspects, but one vision that fits the selected challenge.

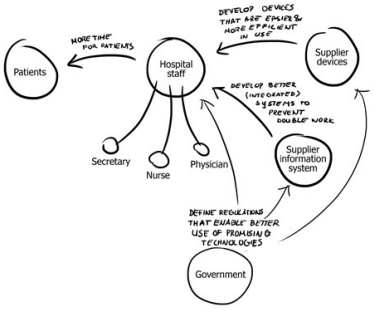
Include the vision in the slides, or take the printed visual.

Identify stakeholders — Draw Relations — Categorization — Checklist — Visualise

1 — 2 — 3 — 4 — 5

Vision aspect

Stakeholder map



27

Identify stakeholders — **Draw Relations** — Categorization — Checklist — Visualise

1 — 2 — 3 — 4 — 5

Activities

Draw relationships between stakeholders

Result

Ecosystem of stakeholders

28

Identify stakeholders — Draw Relations — **Categorization** — Checklist — Visualise

1 — 2 — 3 — 4 — 5

Activities

Categorize stakeholders in 3 groups:

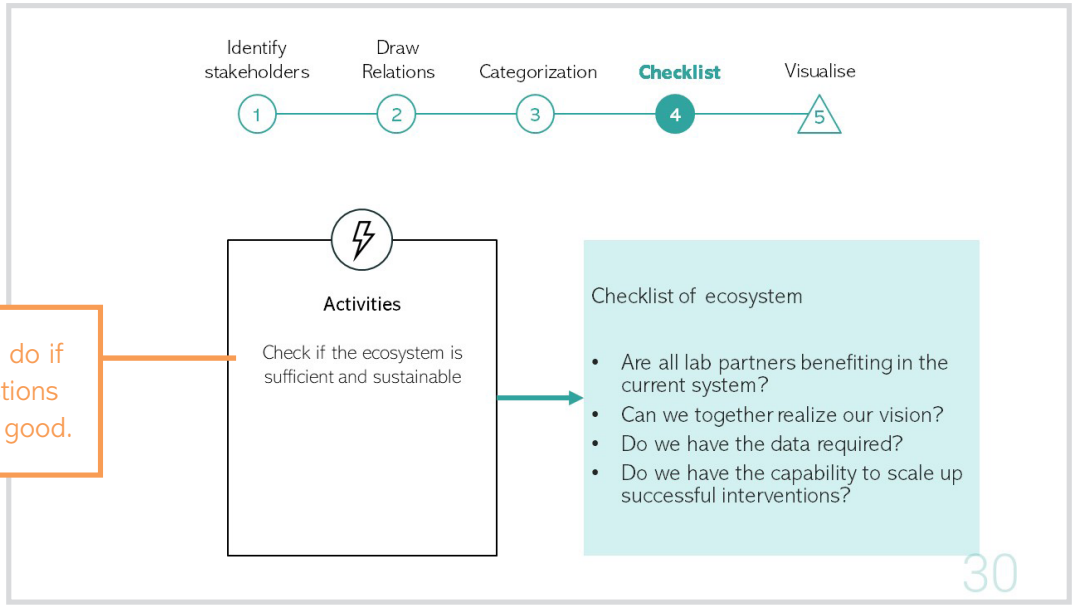
- Lab partners
- Project partners
- Other stakeholders

Result

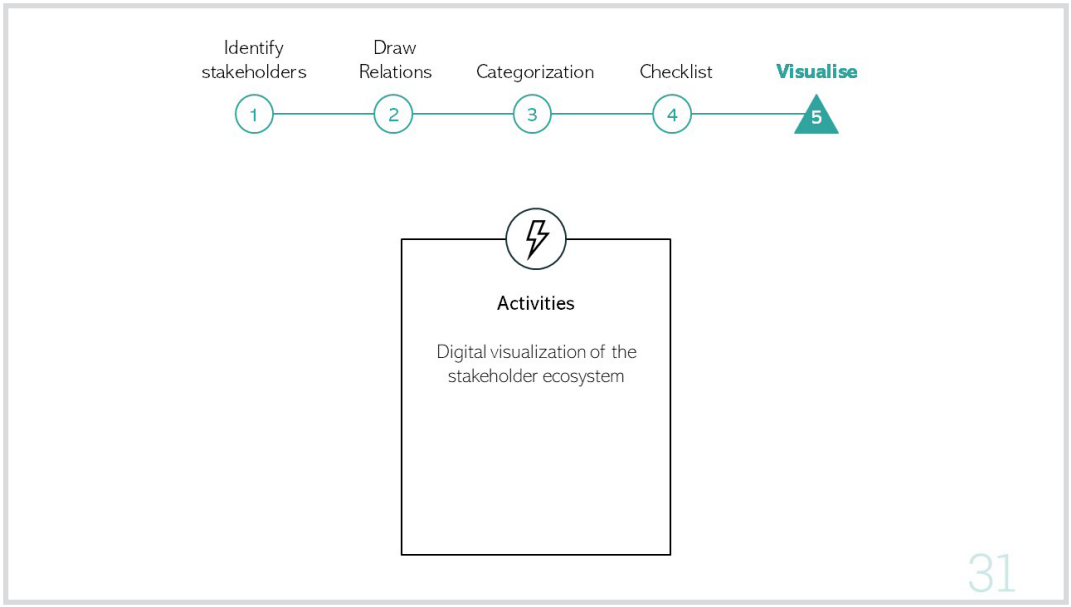
Expanded ecosystem of stakeholders

Explain that lab partners can at the same time be project partners.

29



Include what to do if check list questions are good or not good.



Planning

Inspire (1) — Objectives (2) — Outcome measures (3) — Check (4) — Visualise (5)

Session 1

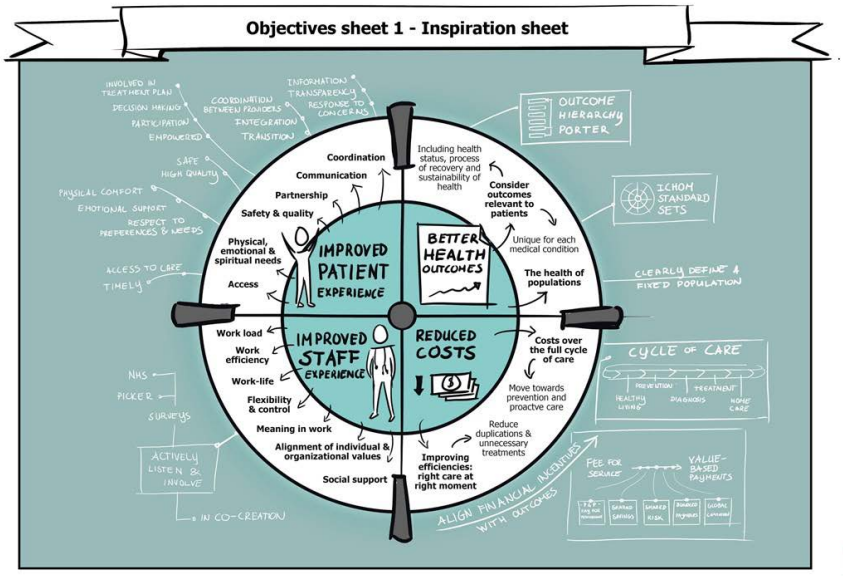
Date:
Attendents:

Show the outcome and objective with this tool.

Inspire (1) — Objectives (2) — Outcome measures (3) — Check (4) — Visualise (5)

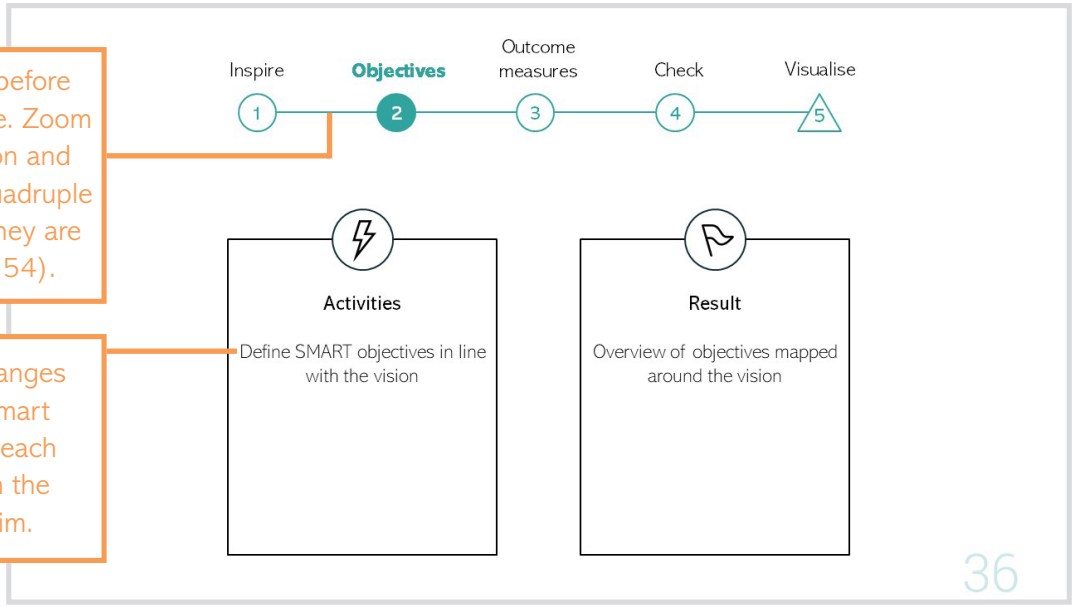
Include local vision
(from visualization in tool 1)

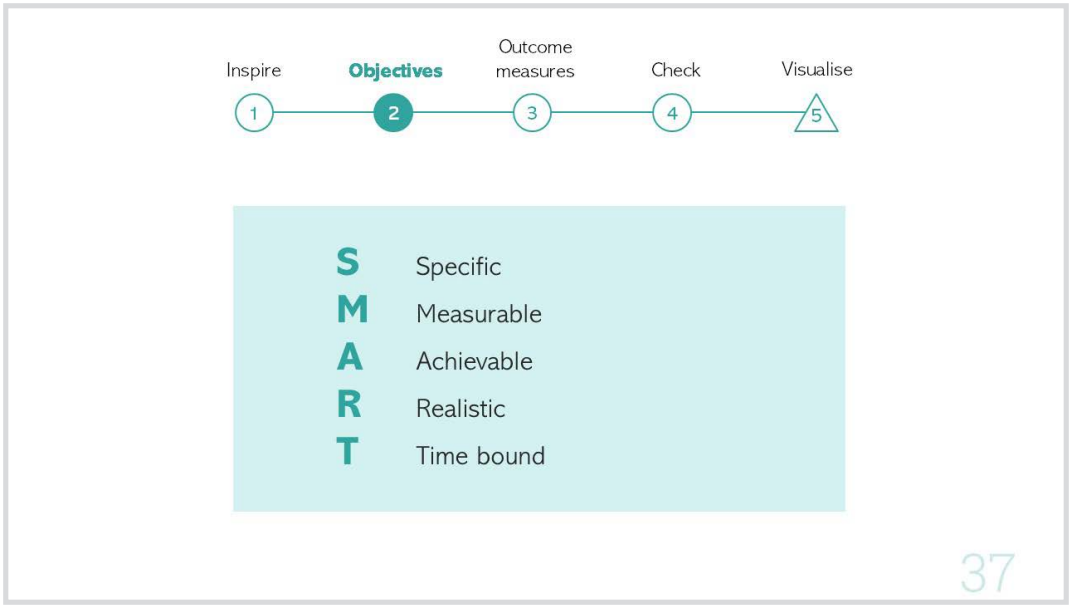
This includes the visual and the description.

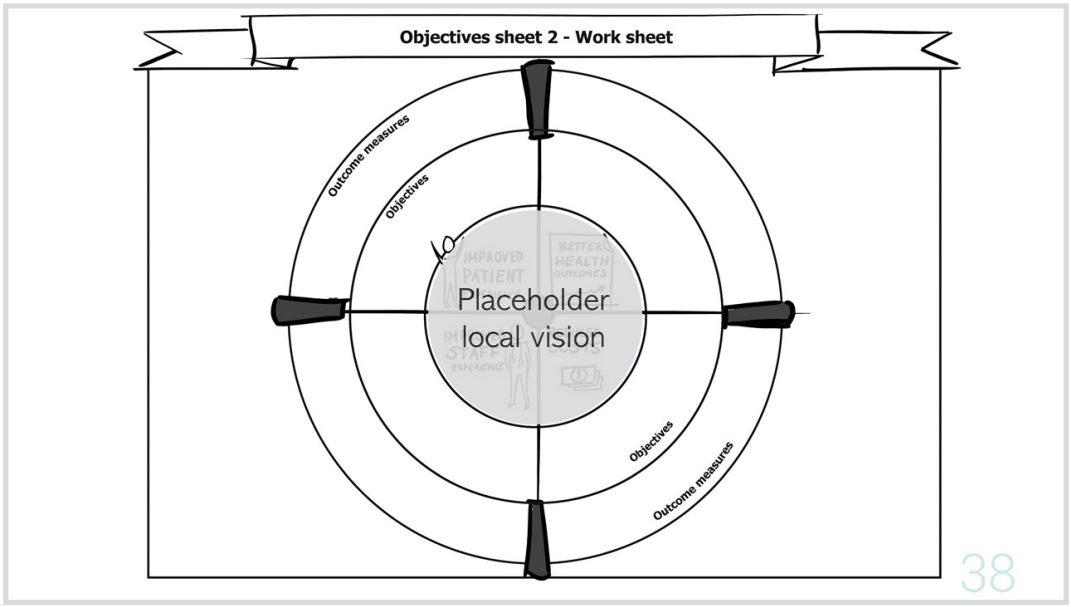


Include a step before defining objective. Zoom out on the vision and relate it to the quadruple aim, map how they are related (page 54).

The activity changes to: define a smart objectives for each of the aims in the quadruple aim.







Activities

Define outcome measures for the identified objectives

Result

Overview of objectives and connected outcome measures mapped around the vision

39

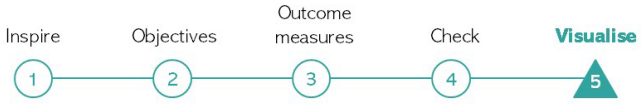
Activities

Check for objectives and outcome measures

Checklist objectives and outcome measures

- Are the objectives SMART?
- Is the outcomes measure in line with the transformation?
- Can we measure this outcome? (or do we need an additional partner)

40



Maybe change to 'report outcome'

Activities

Digital visualization of the objectives and outcome measures

41

Suggested next steps

To build further on the outcomes of those sessions

Suggested next steps after tool 2

After having mapped the ecosystem (tool 2):

- Approach new partners and convince
- Onboard new partners
- Discuss roles & responsibilities of partners
- Define organizational structures (for example steering)

43

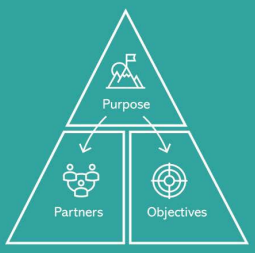
Suggested next steps after tool 3

After having defined objectives

- Define projects
  - *Which objectives are addressed in which projects?*
  - *Who need to be involved in which project?*
- Determine status at moment zero
- Create dashboard to track progress
- Determine how and how often progress is going to be evaluated

44

Moment zero > Base line measure



Facilitor instructions

Initiation Toolkit for value-based care living labs

Philips Design

When to use?

Before this toolkit can be used the type of lab and topics should be set. This toolkit is useful in follow-up conversations of the initiation phase of a living lab that aims for transformation to value-based care.

The toolkit contains three tools:

1) Identify the purpose

2) Find partners

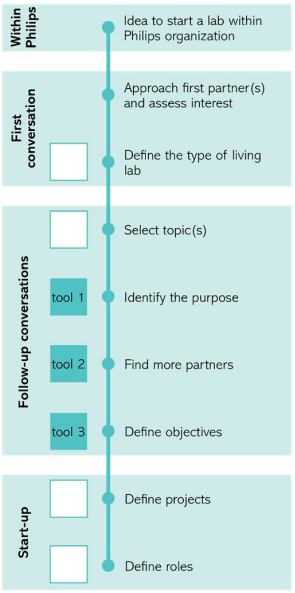
3) Define objectives

No tools do exist yet for topic selection and tdefining the type of lab, in future situations these tools can be developed.

Besides, the toolkit can be extended in use during the start-up a living lab.

Tools in this toolkit

Tools that are not existing yet



Facilitator role

The facilitator has an important role in the use of this toolkit. This role is ideally executed by one person from Philips design that has the capabilities to facilitate co-creation session and visualize in Adobe programs.

The role includes responsibilities before, during and after sessions.

Before

- Prepare the materials
- Set-up meeting dates, invites and arrange location

During

- Facilitate discussions and brainstorms
- Keep track of time

After

- Organize created materials and document outcomes and decisions
- Visualize outcomes of sessions

How to use this slidedeck

Italic text in this booklet is ment for the facilitator only

Text in regular, or with “brackets” needs to be explained by the facilitator

Actions for facilitator during the sessions

Action for the participants: a questions or assignment for the group

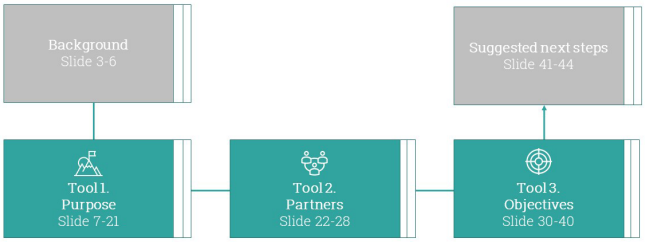
Materials of the toolkit that are needed in this step are mentioned in grey

Elements with a box around it are directing to elements of the main slidedeck

Content main slidedeck

This instructions help to use and present the main slidedeck. This is the overview of elements in the main slidedeck, this overview is also included in the main slidedeck.

- *You can customize the elements you need for your situation (for example only use tool 1)*
- *In the ppt the slides are clickable and direct you to the corresponding slide immediately*



Use the indicators at the top of the slides to track progress.

5

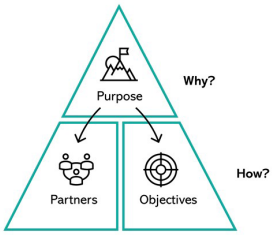
Background

Good to know before using the tools

Background – structure

Suggestud to start with defining the purpose (tool 1) because this underlines the 'why'.

Based on the purpose partners (tool 2) and objectives (tool 3) can be discussed, to move the discussion towards 'how' to achieve the purpose. There is no specific order in which partners and objectives tools need to be used.



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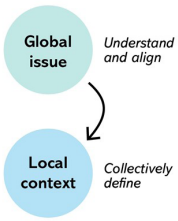


7

Tool 1. Define purpose

7 steps to a local purpose visualization

Include and explain extra slides

More context explained in the background section is suggested. This should include

- Show expected outcome of the tools
- Who is expected to join which sessions

Preparation

Actions

Prepare the dates and meetings and change dates in main slide deck (slide 7)

Invite attendents

Reserve a room with whiteboard/flipover and projector/screen

Make sure people reserve time to conduct research between session 1 and 2

Materials

Print sheets on preferably A2 (purpose sheet nr 1, 2, 3, 4 & 5)

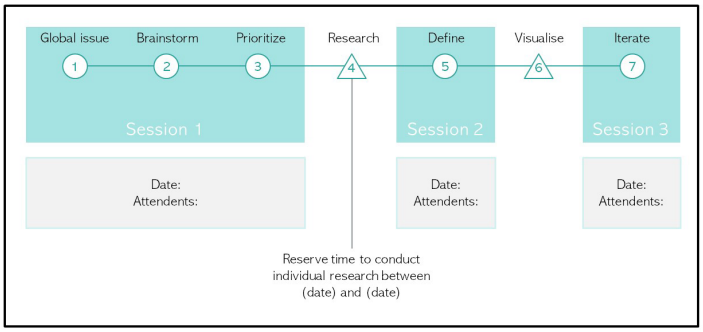
Bring post its and pens in different colours

During the meeting

Set-up all posters and the presentation in the room.

Start with a welcome and round of introduction if people are new to each other.

Explain the planning for this and for the next sessions, (adapt and use the slide below).



Purpose sheet 1

Go through the global visualization poster

"The toolkit is structured in a global – local way", (this is mentioned in the background section already).

"First we are going to look at the global level of the issue, next we are going to define what we are going to do is the local setting. We are going to use the global issue as inspiration for defining our local issue."

"Global issue is build up from challenge, vision and enablers, I will take you through them step by step."

Next slide

"Globally we see systemic challenges". (Name some elements of the visual you see on the slide, for example: staff burnout, rising costs)

"The challenges appear in four categories: patient satisfaction, staff satisfaction, healht ouctomes and rising costs."

"These four categories show that the challenges within the current situation are systemic challenges. Therefore the system should be addressed."

"The quadruple aim is a suitable framework to address the challenges. This leads to the following vision: value-based care addressed by the quadruple aim."

Purpose sheet 1

Next slide

"This shows the ideal situation for a health system"

Mention the four elements of the quadruple aim.

Next slide

"Micheal Porter, the international health organization and Philips have published studies about how to realize this transformation. It appears that five enablers are key in transforming to value based care. Those are …" (five enablers shown in slide)

Next slide

Discuss understanding

Is something in the overview unclear?

Who does agree on using the quadruple aim as a framework to guide the transformation? (hands up)

More explanation on the quadruple aim and value-based care is suggested, while keeping current slides. Sending a pre-read for this topic helps to get stakeholders on a more equal level. In the first session, the facilitator could check if attendants have read the pre-read.

Not highlight or tick boxes in the global visual, these words can be too strong. Keep the examples from the global challenges as triggers and let participants define their own challenges in own words.

Global issue **Brainstorm** Prioritize Research Define Visualise Iterate

Purpose sheet 2

Highlight which challenges in the global issue we recognize

Go to sheet 2, hand out post its if not on table yet

Which of the global challenges do we recognize?

Highlight the ones on the paper that are mentioned and agreed

If people bring up ideas, explain they have to write it down on post its

Brainstorm on local challenges

Take 2 minutes to write down your ideas and examples in the highlighted areas

Give a few examples of local challenges

Organize challenges on a map

Next slide

"We are going to categorize the ideas in 2 areas: systemic and non-systemic challeges."

"The challenges that are systemic challenges often affect multiple stakeholders and addresses the socio-technical system. This means that not only a product or one service is part of the concern, but a bigger system around it."

Can everyone stand up, come to the sheet and bring their post its?

Organize the challenges on the quadruple aim and place it in one of the circles.

Check if it is relevant to cluster multiple challenges into a bigger challenge

13

Global issue Brainstorm **Prioritize** Research Define Visualise Iterate

Purpose sheet 3

Prioritize challenges on impact and ability to act

Bring sheet 3

Explain axis that appear in slide "Impact: How much value does it have if we solve this challenge. Ability to act: Can we together act upon the challenge(s)"

Take the post its from the old map (systemic circle) and stick on the priotization map

Place it on a place you think is good and ask if someone disagrees. If someone disagrees go into a small discussion and position it on the right place.

We now have to select a number of challenges from the upper right corner that we see of value to pursue in this lab.

Check if the challenges together are a good match

Take a selection from the upper right corner and ask if others agree

Take the post its and put them on the next sheet (4)

14

During the activity of putting the post its on sheet 4, an additional remark should be made 'read out loud what post you put on the sheet', so all participants know which challenges are brought up.

Global issue Brainstorm Prioritize **Research** Define Visualise Iterate

Purpose sheet 4

Map out what we do already know and what we don't know

Know we are going to find more in depth information of the challenges we selected

Write on post its with green colour: What do we already know about the challenges?

Write orange post its: What information is crucial but missing?

Define who is going to do additional research

To make this overview complete we need to get a better understanding on the orange topics. We are going to find out more in between this session and next.

Doing research could be: internal data on outcomes, external data, insights based on conversations, survey outcomes, customer journey maps.

Create a table on white board or flip over and take the red/orange post its

Create columns: 1) topic 2) who is going to do research 3) how?

Fill in the table and direct responsibilities

Repeat that it needs to be finished at the deadline as discussed before.

15

Global issue Brainstorm Prioritize **Research** Define Visualise Iterate

Purpose sheet 4

Conduct individual research

Bring up back the challenge sheet (4) from last time & explain what the agenda is for today

Ask attendents to present the facts and insights from individual research to each other

Complete the map of challenges & insights and remove missing parts/improve wrong ones

Important to archive the research done and insights gained, make the outcomes findable for future situations

16

A good organized stage for participants that did research should be organized. This is explained on page 87.

Better prepare for practical challenges. For example the stickyness of post its will reduce, reusing existing sheets in a new session can lead to problems. Sheets can also get lost. The proposed solution is to make sheet 4 digital.

Global issue 1 — Brainstorm 2 — Prioritize 3 — Research 4 — **Define 5** — Visualise 6 — Iterate 7

Purpose sheet 5

Map the challenge, vision and enablers

Take the outcomes from sheet 4 and place them on sheet 5.

Now we know the challenge, we will move to the vision. Stay visionary, it is about the ideal situation.

Come up with a vision statement for each challenge, what is it that we want to realize?

For inspiration, you could look at the global issue and see if elements are relevant for now

Write down vision aspects on post its and paste them on sheet 5

Discuss the five enablers of the global issue.

Order the five enablers on importance and write them down on sheet 5.

If arguments are mentioned that are considered relevant to store on the poster as well, write them down.

Change prioritizing enablers to allowing to come up with own enablers. Give more guidance in what type of enablers is looking for. Critical enabler for a successful project or is a enabler to get the desired outcomes. It is probably the last one, because making projects a success is a step later in the definition of projects.

Global issue 1 — Brainstorm 2 — Prioritize 3 — Research 4 — Define 5 — **Visualise 6** — Iterate 7

Digital visualization of the local issue

Worksheet 5 is going to be the basis for the visualization of the local issue

The style will look like the global poster, if possible.

The visualization will be done by (some from Philips).

The poster will be going through one round of feedback.

Visualize the poster in Photoshop

As described on page 89, an illustrator can facilitate a collaborative visualization session. In this way the 'visualize' step becomes collaborative. The illustrator will work out the details of the sheet after the session.

Global issue 1 — Brainstorm 2 — Prioritize 3 — Research 4 — Define 5 — Visualise 6 — **Iterate 7**

First visualization

Suggest improvements

Print the visualization and bring it to the next session

Ask for suggestions for improvement

Write down remarks on the poster

Verify that if the changes are executed, the poster will be final

Final visualization

Final visualization

Update the visualization

Print the visualization and hang it at a visible place

Note: this session can be combined with a first session for partners/objectives

Adding an extra deliverable besides the visual: a description of the visual. This makes the designed purpose better understood and richer.

Tool 2. Identify partners

5 steps to understand the partner ecosystem

Preparation

Actions

Prepare the dates and meetings, invite attendents are reserve a room with whiteboard/flipover and projector/screen

Materials

Local purpose visualization from tool 1

Print partner sheets on preferably A2 (nr. 1, 2)

Bring post its and pens in different colours

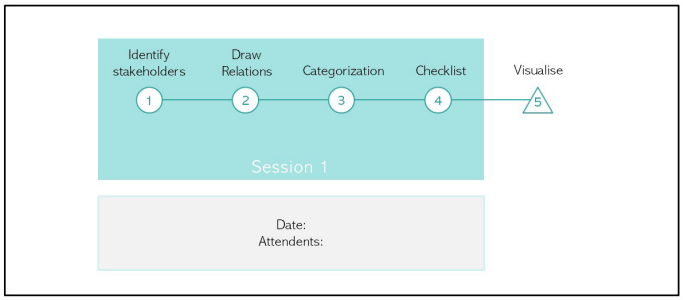
Preferably a room with a whiteboard, else a flipover

21

During the meeting

Set-up all posters and the presentation in the room.

Explain the planning for this and for the next sessions (adapt and use the slide below).



22

Partner sheet 1 Whiteboard

Take one of vision elements as a starting point

The vision probably consists of several aspects. Propose to start with the element that is seen as most important.

Explain the other aspects will be covered later.

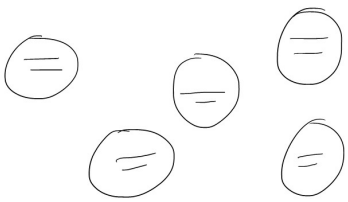
Write down the aspect on a whiteboard

Ideate who is needed to realize the vision

We will try to understand mechanism behind this vision. Therefore we want to identify first which stakeholders are influencing the goal.

Who do you think are important enablers or influencers of this goal?

Write down the stakeholders that are mentioned and within a circle leave enough space between. Example:



23

Whiteboard

Draw relationships between stakeholders

Now the goal is task is to define the interactions between the stakeholders. We need to draw lines between the stakeholders and shows how the vision can be realized.

Next slide, explain the example of how this can work

Ask which relations they see

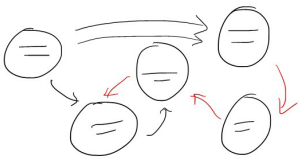
Draw the relations between the stakeholders

Repeat for other goals

Start with another vision element and create a stakeholder map for this goal. If stakeholders are similar, and it fits in the existing structure, continue with that. If it is too messy or full, start a new one and combine them later on.

If you choose to add to the existing one take another marker colour, in order to keep the different vision aspects seperate. (example below)

If the number of maps and arrows becomes too much, it is needed to prioritize relations. Highlight the arrows that need most attention.



24

Probably the vision does not cover multiple aspects, but is focussed around one aspect.

It is not needed to use different colours for different aspects. It is also in general not recommended to use colours, because this has a high change of leading to confusion.

Identify stakeholders (1) — **Draw Relations** (2) — Categorization (3) — Checklist (4) — Visualise (5)

Whiteboard Partner sheet 2

Divide the stakeholders in 3 groups

Now we need to considered which of those stakeholders are important to collaborate with. We could or collaborate on lab level, or only on project level.

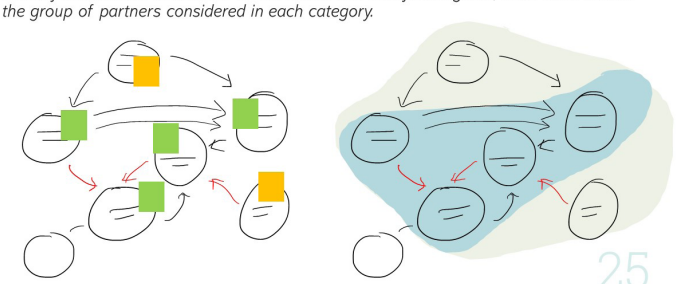
Lab partners are probably involved in multiple elements of the vision. You could see as different coloured arrows connected to this stakeholder.

Project partners are probably involved in only one of the elements of the vision.

If one of the stakeholders on the board is considered not that important, we could also group it under 'other stakeholders'.

Use post its with different colour to mark which stakeholders are in which groups. (for example green for lab stakeholders and yellow for project stakeholders). Do suggestions for the roles of each of the stakeholders yourself and ask for feedback from other participants.

If every stakeholder is marked with a colour and everyone agrees, *draw lines around the group of partners considered in each category.*



Identify stakeholders (1) — Draw Relations (2) — Categorization (3) — **Checklist** (4) — Visualise (5)

Partner sheet 2

Check if the ecosystem is sufficient and sustainable

Are all lab partners benefiting in the current system?

Can we together realize our vision?

Do we have the data required?

Do we have the capability to scale up successful interventions?

Check on those criteria and improve the stakeholder map if required

Drawing a line around the partners is not needed. Only highlighting partner categories with coloured post its is enough. Writing 'Lab partner' or 'project partner' can help to make it more clear.

Explain what to do if the answer to a question is negative. This should lead to reconsideration of the ecosystem.

Identify stakeholders (1) — Draw Relations (2) — Categorization (3) — Checklist (4) — **Visualise** (5)

Partner sheet 2

From whiteboard to paper

During the session: map the whiteboard version on paper in a neat way.

For later use, make the paper version also digital

Tool 3.
Set objectives

5 steps to specify objectives and outcome measures

Preparation

Actions

Prepare the dates and meetings, invite attendents are reserve a room with whiteboard/flipover and projector/screen

Edit worksheet 2 in Photoshop/Indesign and include the outcomes of tool 1 in the placeholders of the work sheet. This also needs to be inserted in the main slidedeck.

Materials

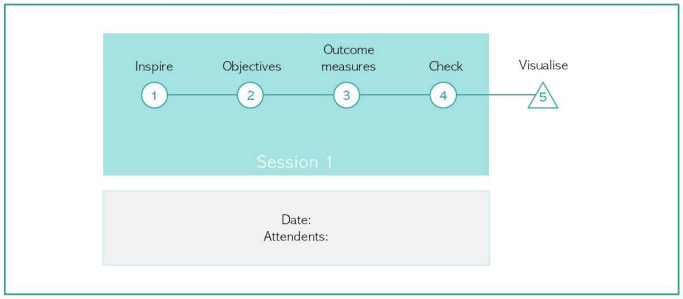
Print sheets on preferably A2 (Objectives sheet nr. 1, 2)

Bring post its and pens in different colours

During the meeting

Set-up all posters and the presentation in the room.

Explain the planning for this and for the next sessions (adapt and use the slide below).



Include extra step. Described on page 54 and 94.

Objectives sheet 1 Objectives sheet 2

Inspire

Show objectives sheet 2, and reflect on the vision aspects from tool 1.

In this session the vision will be made more specific, so we are going to ask ourselves 'how' questions. How is this going to be realized? How is this going to be measured?

What helps us to define objectives in line with the quadruple aim is the inspiration sheet (objectives sheet 1). In this overview we see how we should understand and use the quadruple aim.

With the local vision and the quadruple aim inspiration sheet in our mind, we are going to barinstorm on obejctives.

Objectives sheet 1 Objectives sheet 2

Define SMART objectives

Explain the concept of smart objectives.

S	Specific
M	Measurable
A	Achievable
R	Realistic
T	Time bound

Give some examples of a vision and linked objectives

Vision: Better patient experience for elderly people
→ Objective: Zero complaints from patients in 2025
Vision: Less administrative burden physicians
→ Objective: Time spend on administration reduced with 25%

Write down possible objectives individually (2 min)

Move to objectives sheet 2 and paste objectives in the overview.

If too many objectives have been written down, limit to 1 or 2 per aspect of the vision that fit best with the vision.

Objectives sheet 1 Objectives sheet 2

Define outcome measures for the identified objectives

The first circle of sheet 2 needs to be filled with good objectives.

How these objectives can be measured?

Write down the answers on postits

Continue till a balanced set of objectives and outcome measures is obtained

Checklist objectives and outcome measures

Do a final check on the objectives and measures and check if everyone agrees with this set.

- Are the objectives SMART?
- Is the outcomes measure in line with the transformation?
- Can we measure this outcome? (or do we need an additional partner)

Visualize

Visualize the outcome of the session, make it digital, and use it for future steps.

Suggested next steps

After tool 2 and 3

Suggested next steps

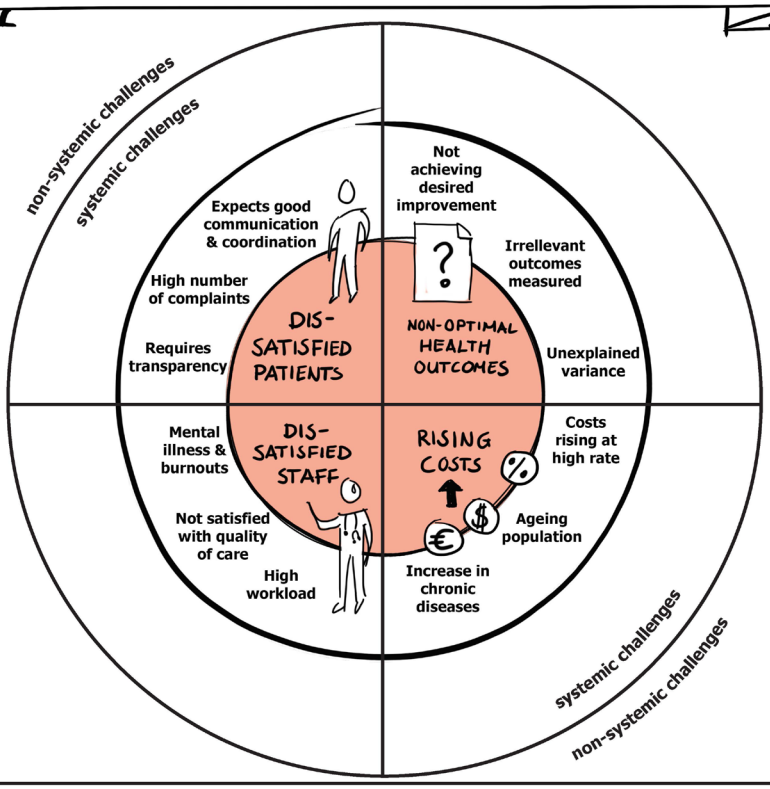
After having mapped the ecosystem (tool 2):

- Approach new partners and convince
- Onboard new partners
- Discuss roles & responsibilities of partners
- Define organizational structures (for example steering)

After having defined objectives (tool 3):

- Define projects
  - *Which objectives are addressed in which projects?*
  - *Who need to be involved in which project?*
- Determine status at moment zero
- Create dashboard to track progress
- Determine how and how often progress is going to be evaluated

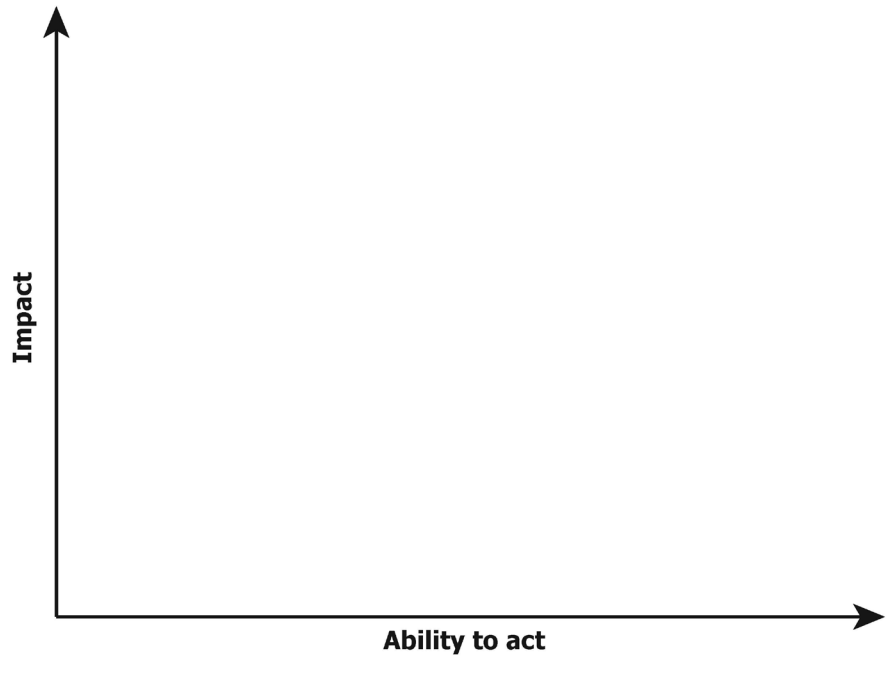
Purpose sheet 2 - brainstorm local challenges



Overall comment: Include instructions on the work sheets.

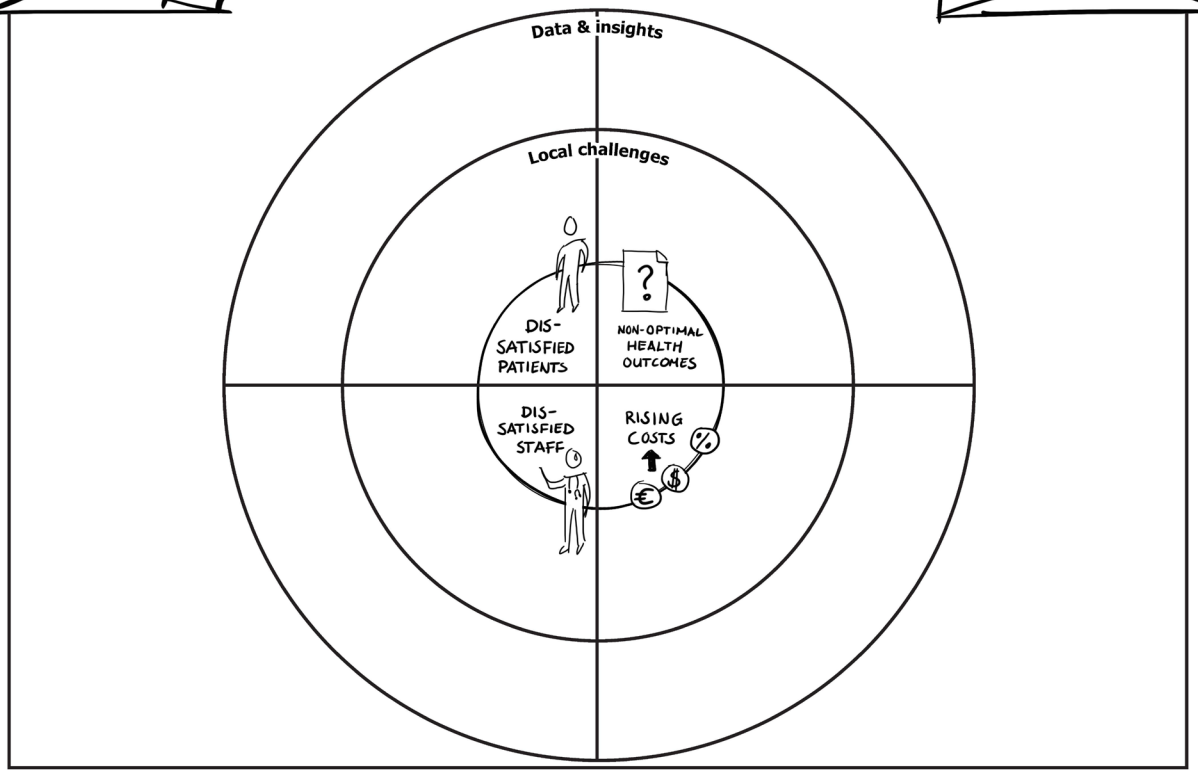
- Explanation of systemic/ non-systemic
- Explanation on how the assignment works
- Which colour of post it to use for which aim

Purpose sheet 3 - Prioritize systemic challenges



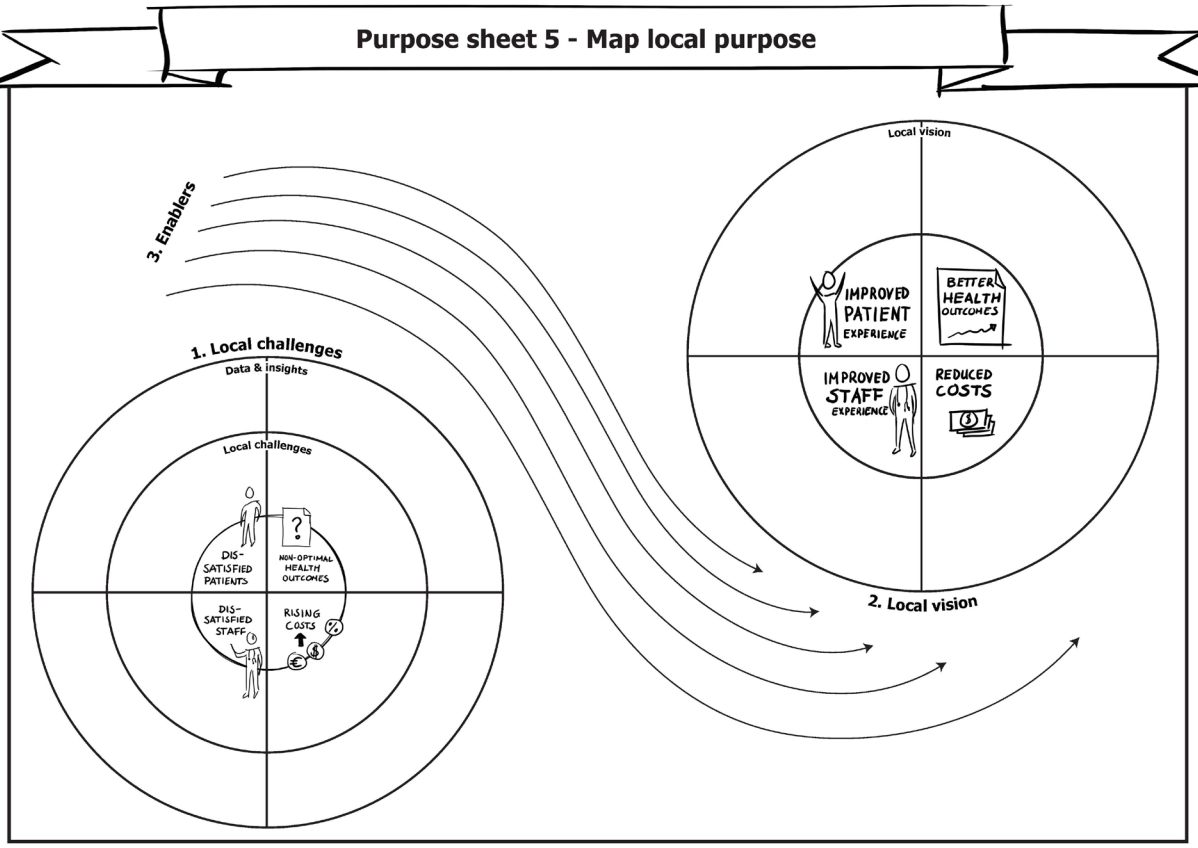
- Explanation of impact and ability to act
- How many challenges should be selected
- A quadrant or line for the top right corner for selected challenges

Purpose sheet 4 - Data & insights local challenges



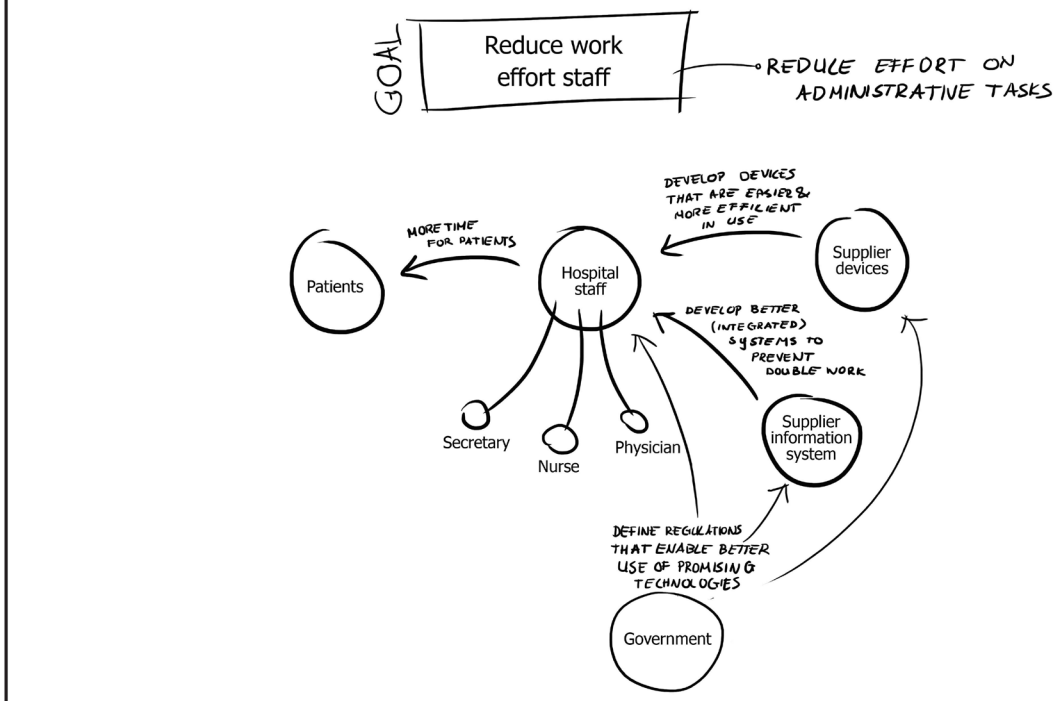
- Explanation of colour coding the 'known' and 'unknown' in the data & insights circle
- Add a section to park challenges

Purpose sheet 5 - Map local purpose



- Include the explanation of 'local vision' and 'enablers'
- Include instructions on the sheet on what to fill in

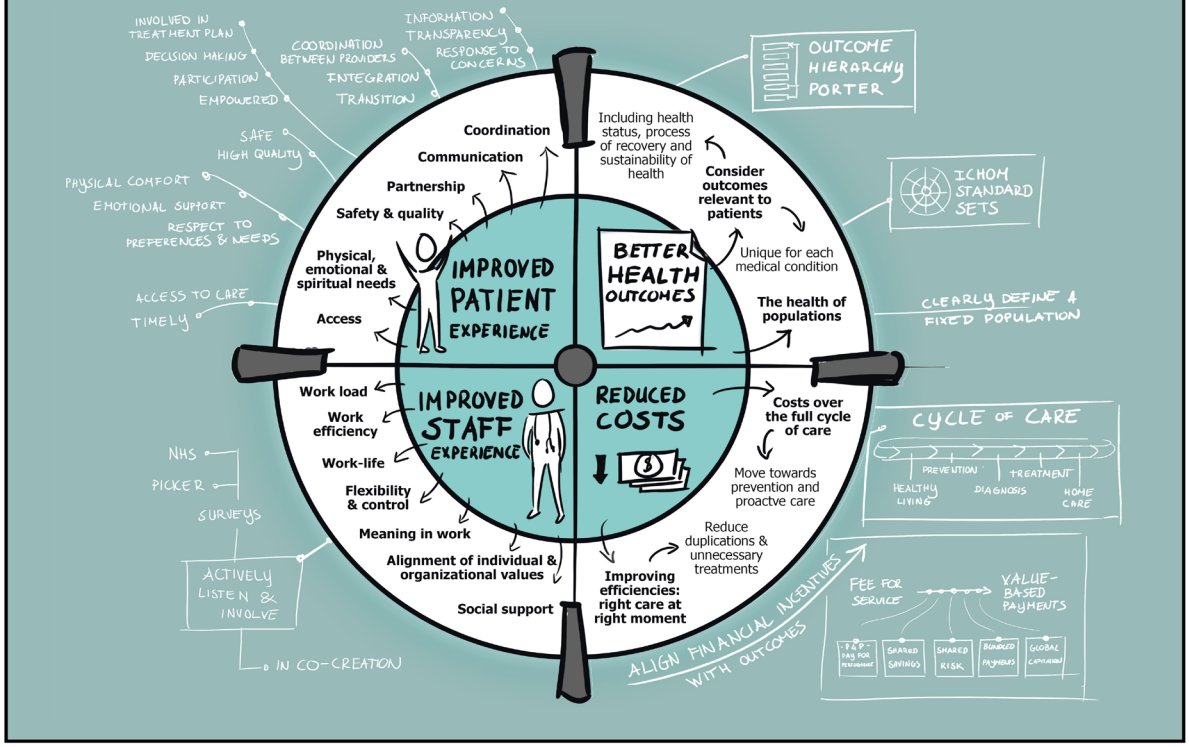
Partner sheet 1 - Example ecosystem



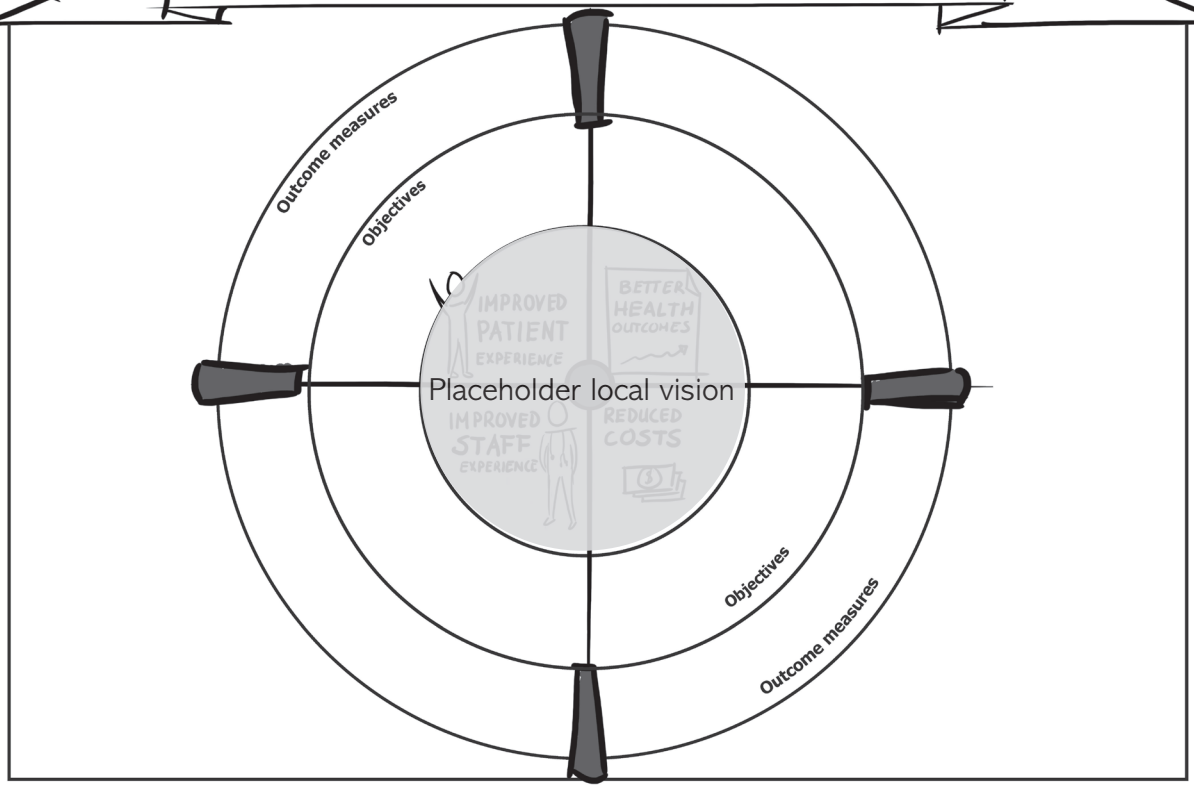
Partner sheet 2 - Partner ecosystem

- Include the checklist
- Include a section to write down concerns
- Include a section for writing down action items
- Include a legenda that explains the type of arrows and circles

Objectives sheet 1 - Inspiration sheet



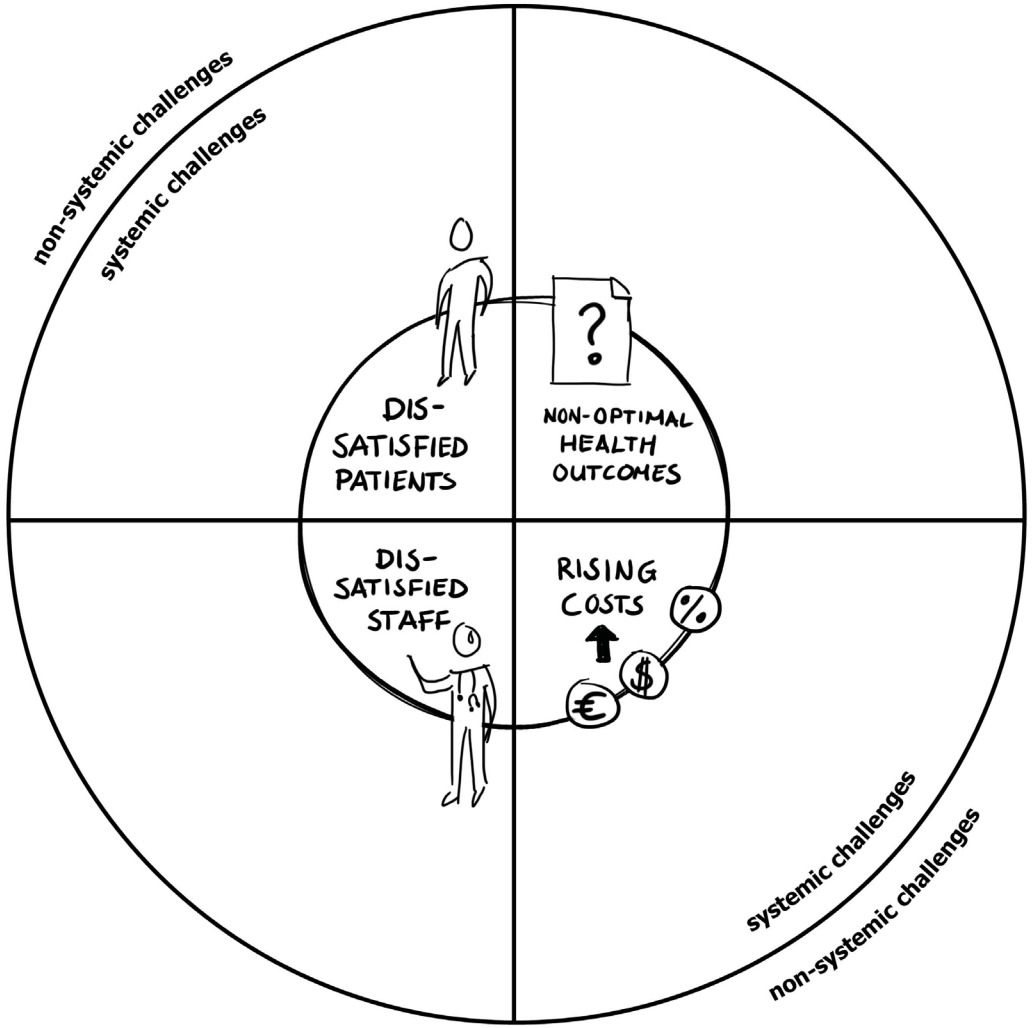
Objectives sheet 2 - Work sheet



- Include instructions: formulate one smart objective for each of the aims (of the quadruple aim)

APPENDIX G
DESIGN ITERATION WORK SHEETS

Purpose sheet 2 - brainstorm local challenges



Individual

Challenges brainstorm
- Write down challenges you see in your own organization in your own words.
- Look at the global challenges for inspiration.
- Use the post it colour that matches with the quadrant (see legenda).

On work sheet

Map challenges
- Map all challenges on this worksheet, by putting it in the dedicated quadrant
- Evaluate if the challenge is systemic or non-systemic.

Definitions

Systemic
- Multiple stakeholders involved
- Social and technical dimensions

Non-systemic
- One stakeholder involved
- An isolated problem

Legenda

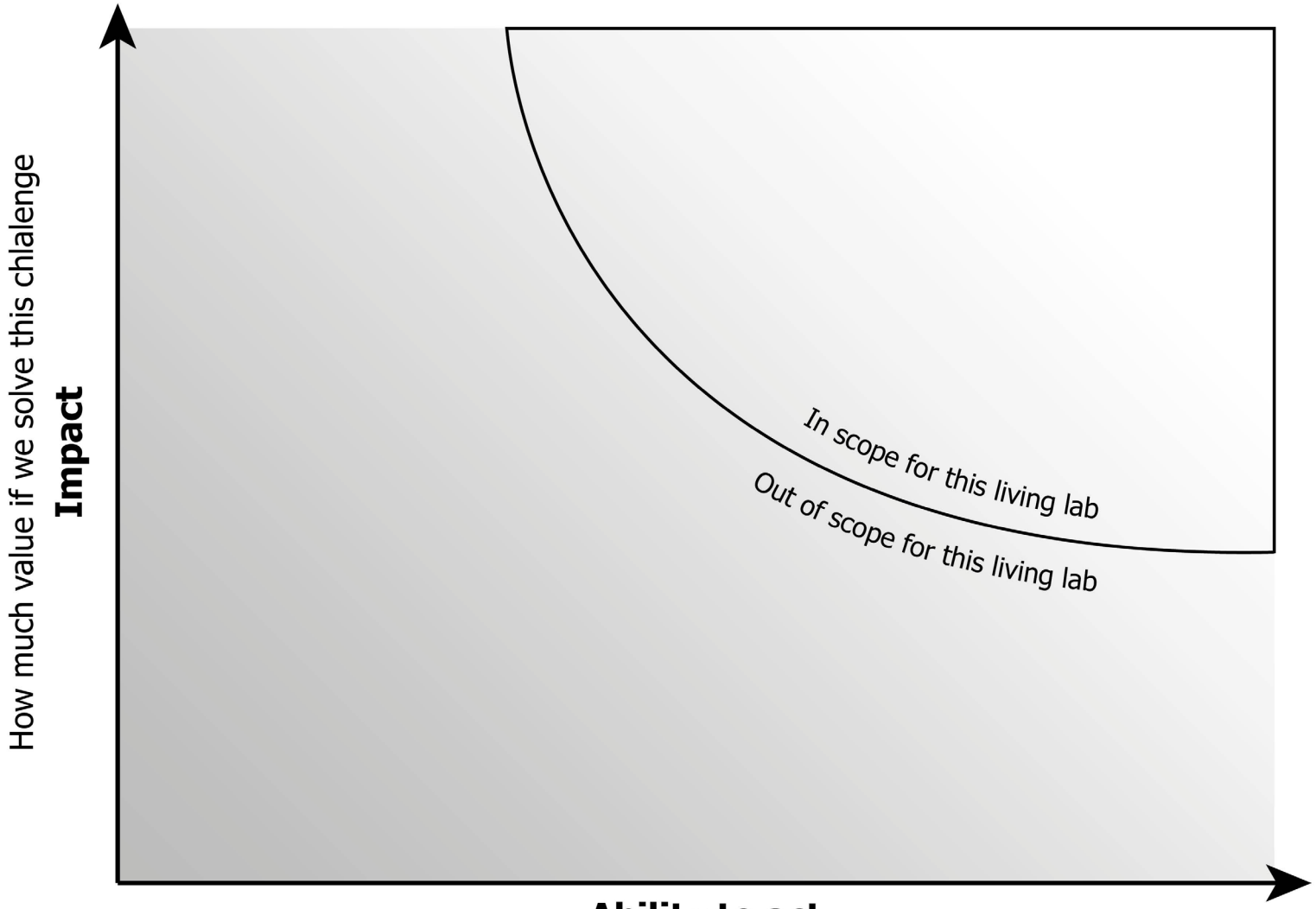
place post it here — Patient satisfaction

place post it here — Health outcomes

place post it here — Staff satisfaction

place post it here — Costs

Purpose sheet 3 - Prioritize systemic challenges



From previous sheet

Take the systemic challenges from the previous sheet.

On work sheet

Map challenges on two axis
- Impact
- Ability to act

Discuss if challenges are in or out of scope for this living lab

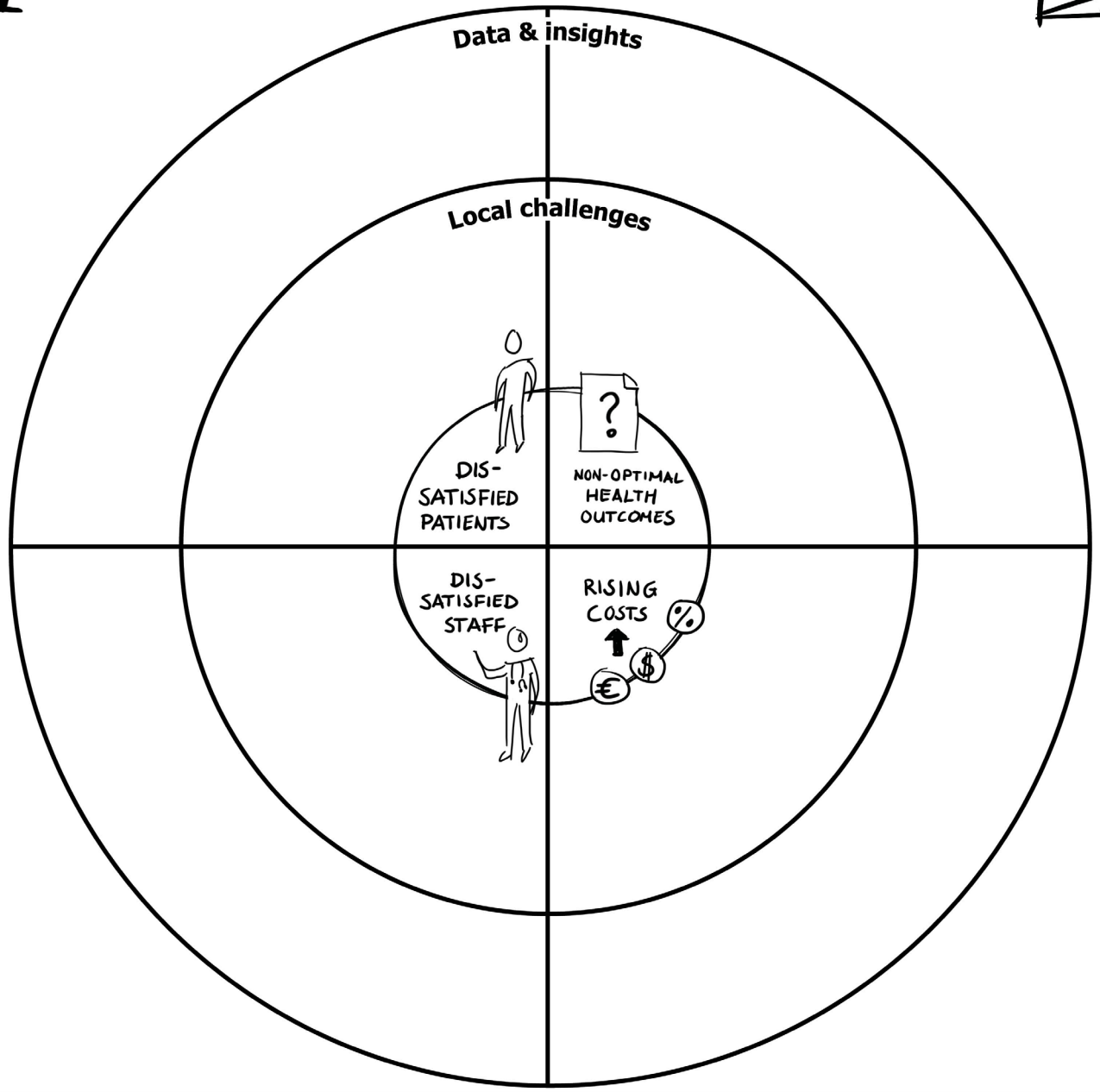
Result

Select 3 or 4 challenges that are currently in scope to be addressed in this living lab

Legenda

place post it here	Patient satisfaction
place post it here	Health outcomes
place post it here	Staff satisfaction
place post it here	Costs

Purpose sheet 4 - Data & insights local challenges



P **Parking lot**

From previous sheet

Take the 3-4 selected challenges from the previous sheet. Place them in the local challenges circle.

On work sheet

- Write down on post its which data or insights underpin the local challenges
- Indicate if known/unknown using the legenda
- Map data and insights in the dedicated circle
- Parking challenges is possible in the parking lot

On whiteboard/flipover

Take the unknown challenges and create work packages. Make a table on a flipover, include:

- Title for work package
- Responsible person
- Deadline for research

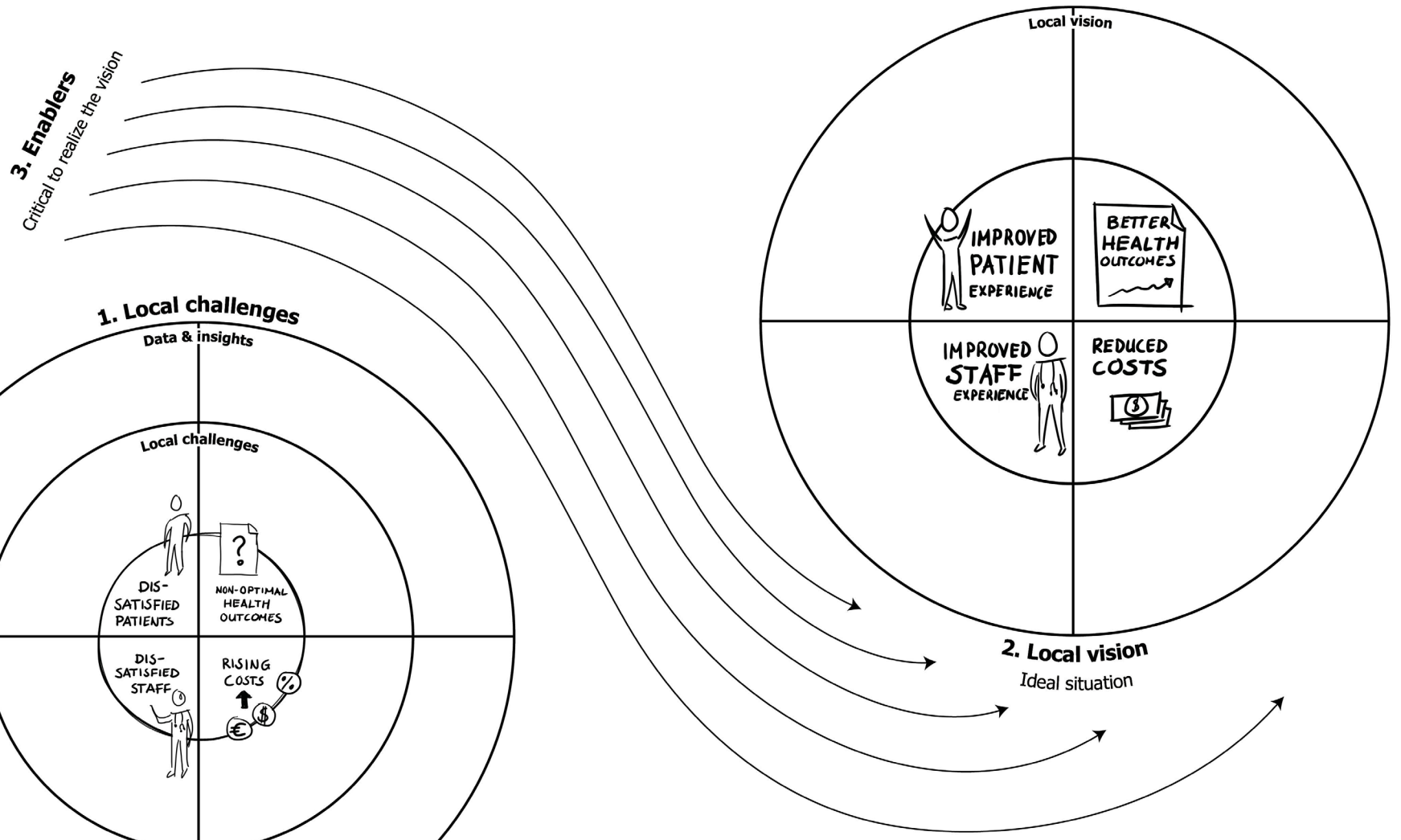
Next session

- Present research outcome
- Select 1 challenge.

Legenda

?	insight/ data is known
!	insight/ data is unknown

Purpose sheet 5 - Map local purpose



From previous sheet

Take the select challenge and underlying data and insights from the previous sheet, map in section 1.

On work sheet

Write down the ideal situation for the challenge in section 2.

On work sheet

Write down the critical enablers to realize the vision in section 3.

On whiteboard/flipover

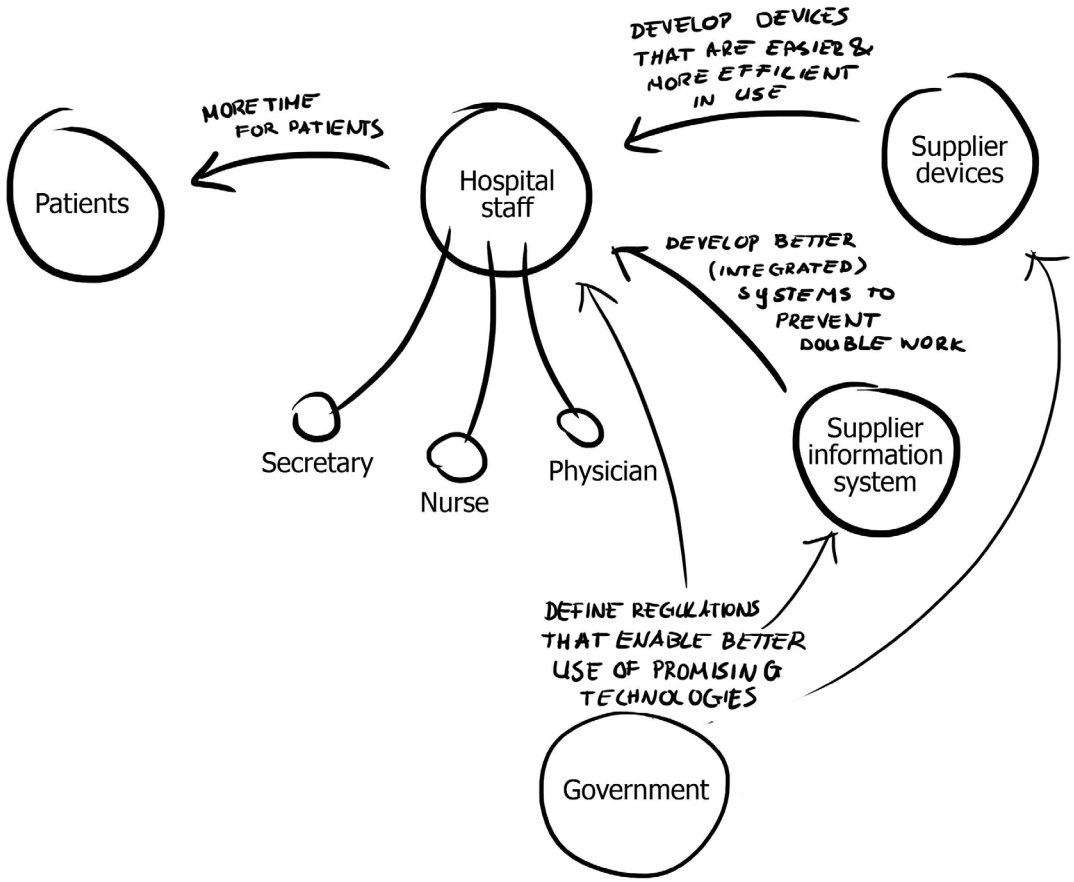
The illustrator translates this overview of words into a visual. Participants can directly give feedback on the visualization.

Partner sheet 1 - Example ecosystem

GOAL

Reduce work effort staff

REDUCE EFFORT ON ADMINISTRATIVE TASKS



Partner sheet 2 - Partner ecosystem

Checklist

- ☐ Are all lab partners benefiting in the system?
- ☐ Can we together realize our vision?
- ☐ Do we have the data required?
- ☐ Do we have the capability to scale up successful interventions?

Final partner ecosystem

Main concerns

Action items

Legenda

Stakeholders

L – Lab partner

P – Project partner

Interactions

From tool 1

Have the local purpose visualization form tool 1 printed.

On whiteboard/flipover

Write down which stakeholders can contribute to the vision and enablers on post its.

On whiteboard/flipover

- Draw arrows between the stakeholders, indicating the interactions.
- Include the explanation of arrows in the overview

On whiteboard/flipover

Categorize stakeholders in three groups using the legenda

- Lab partner
- Project partner
- Other stakeholders

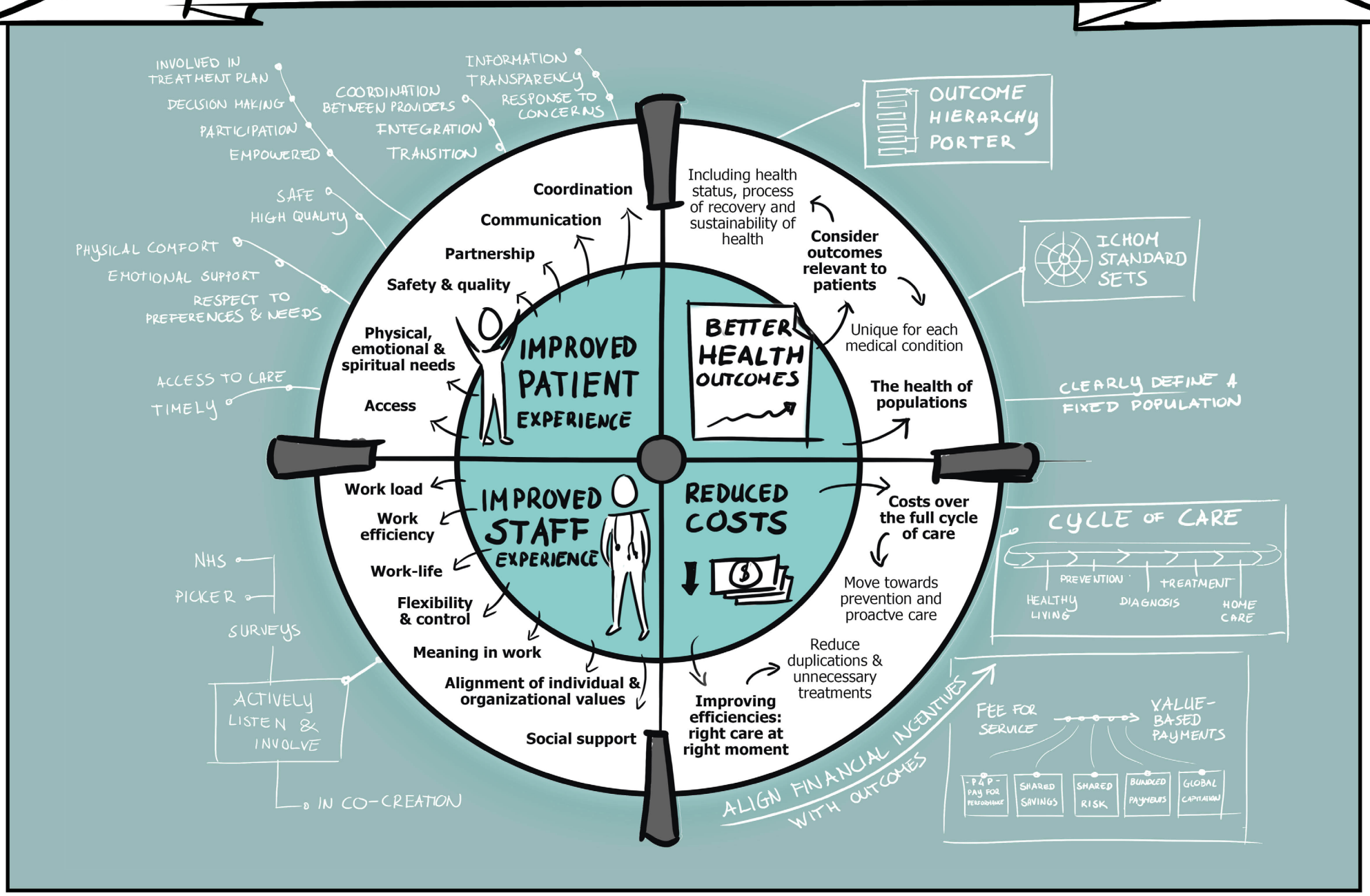
Check

Use the checklist. If answer to a question is no, improve stakeholder overview.

On work sheet

Visualize the completed stakeholder map on this sheet, first on paper, next digitally.

Objectives sheet 1 - Inspiration sheet



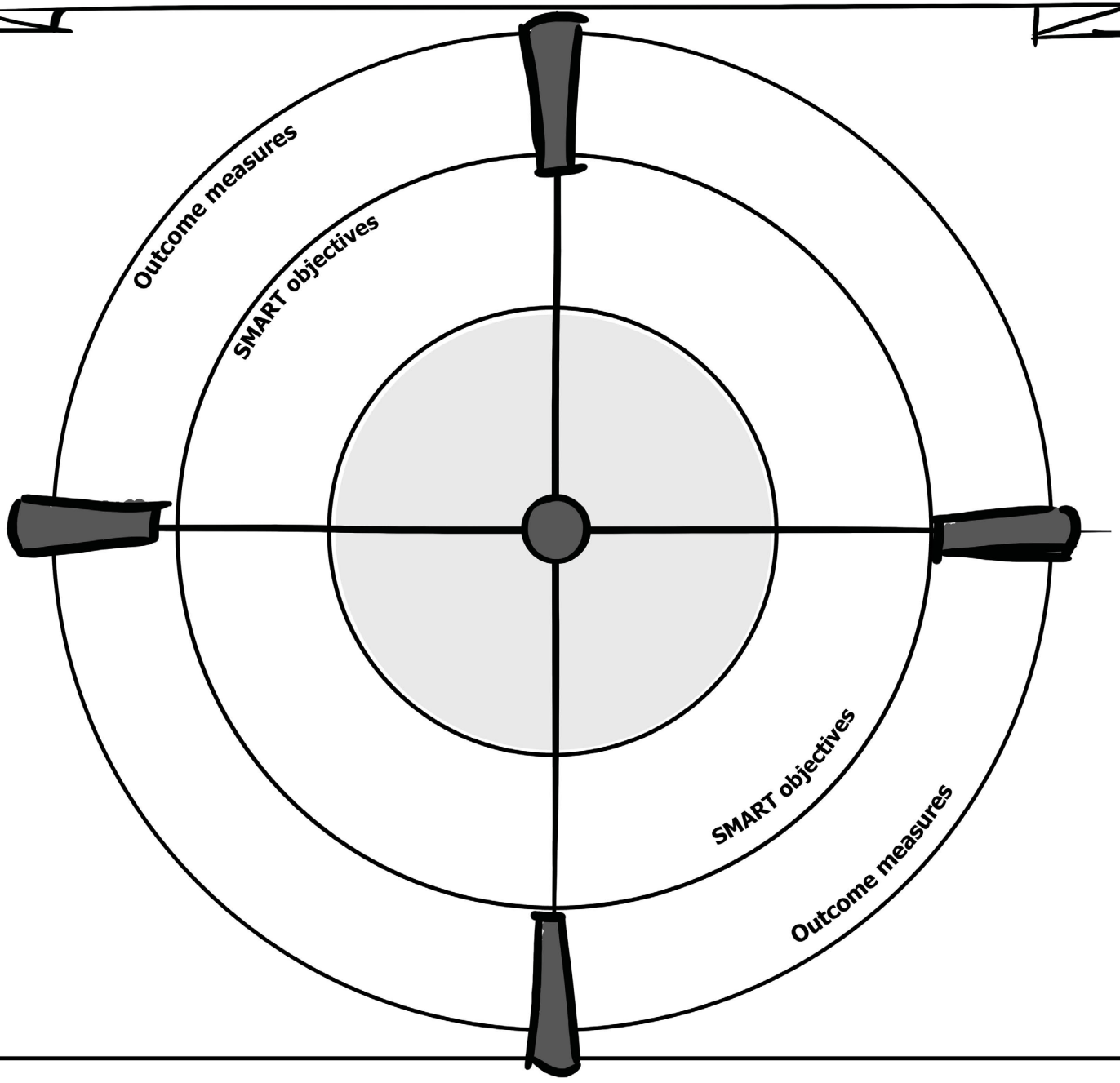
Objectives sheet 2 - Work sheet

Checklist

- ☐ Are the objectives SMART?
- ☐ Is the outcomes measure in line with the transformation?
- ☐ Can we measure this outcome? (or do we need an additional partner)

Definition of SMART

S	Specific
M	Measurable
A	Achievable
R	Realistic
T	Time bound



From tool 1

Have the local vision from tool 1 included in this sheet

Think out loud

How is the purpose connected to all four aims?

On work sheet

Consider the level of ambition for each aim

- Improve each dimension of the quadruple aim?
- ór: Aim to keep an aim at same level?

Specify a SMART objective for each aim. Use the smart definition.

On work sheet

Define a matching outcome measure for each objective

Check

Use the checklist and improve objectives/ outcome measures

Digital

Record the completed map and make it digital

PHILIPS

TU Delft