



A redesign and implementation plan of the Oog voor Naasten en Nabestaanden toolkit for the LUMC

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Master thesis

A redesign and implementation plan of the Oog voor
Naasten en Nabestaanden toolkit for the LUMC

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Preface

I would love to present to you my graduation thesis report for the MSc Strategic Product Design at the faculty of Industrial Design Engineering, TU Delft. This graduation project took place in collaboration with the Expertise Centre Palliative Care of the Leiden University Medical Centre (EPZ-LUMC).

I would like to thank all the people who have been involved, contributed and supported me throughout my graduation project.

First, I would like to thank Marieke, Margreet and Marcella (the supervisory team) for their guidance, support and feedback during the project. Thank you for the pleasant cooperation, which really contributed to the success of this project. Our meetings were always very valuable and led to interesting discussions that kept me sharp, motivated me to zoom out and look at the bigger picture, and brought me new insights and ideas on how to improve my work. I very appreciate that you were always available when I had questions, doubts or did not know how to proceed. I would also like to specially thank Marcella for making this graduation project possible, for your guidance at the start of the project, and for your support in the research and prototype testing phase. Without your help it would have been a lot harder to get to this end result.

I would like to thank the research team of the LUMC for contributing in the ideation and concept creation. Thanks for explaining more about Oog voor Naasten en Nabestaanden, supporting me during the research phase, participating in the brainstorming session and prototype testing session, and providing feedback on the final concept. With all of your help I managed to quickly learn a lot about the ON2 project, the ON2 materials and the ON2 trajectory.

Thanks to all healthcare professionals, project ambassadors and managers who contributed in the qualitative research, prototype testing sessions and the questionnaire. Your experiences and feedback on the concept was extremely valuable and indispensable for achieving the outcome of this graduation project.

Finally, I would like to thank my family and friends, who supported me throughout my graduation project and provided valuable feedback or advice wherever I needed. Thanks for thinking along with me, being a sparring partner and participating in the brainstorming sessions. I am very grateful to have had you all by my side during my graduation project.

I look back on an amazing, inspiring and educational journey, which I enjoyed a lot. I am happy to have been able to contribute to the ON2 toolkit 3.0, which hopefully will be of added value to many healthcare organization. And I am looking forward to seeing what the real ON2 toolkit 3.0 will look like.

I hope that you, the reader, will enjoy reading.

Samira

Executive Summary

Research shows family caregivers involved in palliative care are not yet supported to the desired extent. Therefore, the LUMC EPZ started the Oog voor Naasten en Nabestaanden (ON2) project, which is a Palliantie project financed by ZonMw. The ON2 project helps healthcare organizations with improving the care for family caregivers in their organization. Currently, the LUMC supports organizations in setting up and carrying out their projects. From 2024 onwards, organizations need to independently use the ON2 toolkit 3.0 to set up their own projects. However, the current ON2 toolkit 2.0 is not guiding and supporting enough for organizations to use it without any external support.

The aim of this graduation project is to create a redesign of the ON2 toolkit 2.0 that supports and guides users throughout the new ON2 trajectory 3.0. Qualitative research is conducted with six healthcare organizations, to map the current ON2 trajectory 2.0, the available support and experiences of participants.

The qualitative research indicates that project teams of different healthcare settings express a preference for compact and visual information, support when orientating and setting up their projects, and a well-structured ON2 toolkit 3.0. Moreover, the willingness of healthcare professionals to provide care to family caregivers plays a crucial role in the successful implementation of ON2.

A desired vision was formulated and used as starting point for the ideation and conceptualization phase. The vision aims at increasing the awareness of healthcare professionals on the added values of ON2 for themselves and making the redesign more accessible, guiding, supportive, inspiring and user-friendly.

The final concept of the ON2 toolkit 3.0 has four main features. Firstly, informing users about the ON2 trajectory 3.0. Secondly, providing the ON2 materials. Thirdly, inspiring users about the ON2 trajectory 3.0 by sharing experiences of participants. Lastly, creating a profile to independently perform the ON2 trajectory 3.0 and set up your own project.

The final concept was tested on the basis of two qualitative evaluation interviews and a questionnaire (n=8). The target group was very positive about the concept and experienced the new toolkit as structured, intuitive, clear, user-friendly, visually pleasing, calm and inviting. A roadmap was created for the LUMC regarding the process for further developing and realizing the ON2 toolkit 3.0.

Some limitations in this graduation project are the amount of users that were interviewed and involved in the test sessions, the concept is not tested with all healthcare settings and it was not feasible to test the concept in practice. Therefore, the concept cannot be guaranteed to be effective in every context and for independent use.

It is recommended that the LUMC conducts test pilots with current and new organizations before launching the ON2 toolkit 3.0, and after the launch collects feedback from users to further optimize the toolkit. In addition, the LUMC should make clear agreements with stakeholders about the management and maintenance of the toolkit. Lastly, it is recommended to add content incrementally, starting with the most essential content and adding more content over time to make the toolkit more guiding and supportive.

Glossary

Care Team

The healthcare professionals working at the department or team that is going to implement the ON2 trajectory. The care team provides palliative care to the patient and is in contact with the family caregivers of the patient. By implementing ON2, the care team can improve the quality of palliative care provided to family caregivers.

Healthcare organization

Individual healthcare organizations offer palliative care to the patient and their family caregivers.

Healthcare setting

The context in which a healthcare organization is providing palliative care. There are four types of healthcare settings: hospitals, hospices, home care and nursing homes.

Naasten journey workshop

The Naasten journey workshop is one of the activities of the ON2 trajectory 2.0. During the Naasten journey workshop healthcare organizations are guided in creating their own palliative care journey that family caregivers experience within their organization. In the ON2 trajectory 3.0 this workshop is called 'Reis van de naasten workshop'.

ON2 Method

The ON2 method is developed by the LUMC EPZ with the aim to increase the quality of care for family caregivers. The ON2 method includes materials for healthcare professionals, healthcare organizations and family caregivers. At this moment these materials are available in the ON2 toolkit 2.0.

ON2 Toolkit

The ON2 toolkit is a website that contains all ON2 materials for healthcare organizations, healthcare professionals and family caregivers. These materials can be used to improve the care for family caregivers within the organization. The current website is called the ON2 toolkit 2.0, and the redesign of the website is called the ON2 toolkit 3.0.

ON2 Trajectory

The ON2 trajectory is the trajectory healthcare organizations go through when implementing the ON2 method. The trajectory consists of the following activities: orientation, deciding to start ON2, preparing for ON2, performing the Naasten journey workshop, formulating goals and action plan, giving clinical lessons and performing the action plan to achieve the desired goals. The current ON2 trajectory is called the ON2 trajectory 2.0, and the improved version of the trajectory is called the ON2 trajectory 3.0.

Project ambassadors

Healthcare professionals who have an affinity with caring for family caregivers can become a project ambassador for the ON2 project. Project ambassadors belong to the project team and are very involved in the ON2 project. They take on various management and preparation tasks, ensure that ON2 remains on the agenda and keep ON2 under the attention of the care team.

Project Team

The project team is responsible for the implementation of the ON2 trajectory. They keep the overview on their project, the planning and their progress. In addition, the project team supports the care team during the entire project. A project team often exists of the manager of the organization, two healthcare professionals of the care team and two project ambassadors.

Roadmap LUMC

The roadmap shows an overview of the development process after this graduation project to further develop and realize the ON2 toolkit 3.0. The roadmap will be used and implemented by the LUMC.

Note: The ON2 toolkit 2.0 and ON2 trajectory 2.0 were used as starting point for this graduation project. The research and insights gathered throughout this graduation project, have resulted in the improved versions of the ON2 toolkit 3.0 and ON2 trajectory 3.0, which will be used as basis after 2024.

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1. Introduction

In this chapter the graduation project will be introduced. This includes the background information about Oog voor Naasten en Nabestaanden (ON2), the goal of this graduation project, and the approach of this graduation project to achieve the goal.

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1.1 Introduction

In this report the process of redesigning the Oog voor Naasten en Nabestaanden (ON2) toolkit 2.0 is presented. In addition, a roadmap is created for the LUMC to further develop the final concept. The first chapter introduces this graduation project by presenting background information on palliative care and Oog voor Naasten en Nabestaanden, followed by the goal and the approach of this graduation project.

The report starts with an exploration phase, in which the context of palliative care and the basics of change management are explored by conducting desktop research. This is presented in chapter two and three. Chapter four explains the ON2 toolkit 2.0 and presents the target group of this graduation project, which are the four healthcare settings: hospitals, hospices, nursing homes, and home care. Chapter five explores the ON2 trajectory 2.0 as described in theory and performed in practice by participating organizations. In addition, it presents relevant insights and the four building blocks that are taken into account when developing the redesign of the ON2 toolkit 2.0.

Chapter six presents the desired vision for Oog voor Naasten en Nabestaanden 3.0 and introduces the ON2 trajectory 3.0 and the design criteria for the ON2 toolkit 3.0. The ideation phase is presented in chapter seven, and the conceptualization phase is presented in chapter eight. The final concept of the ON2 toolkit 3.0 is presented in chapter nine. To validate the final concept it is tested qualitatively through two interviews and a questionnaire with existing and new users. The results of the evaluation are presented in chapter ten. Finally, chapter eleven presents the roadmap for the LUMC, including all steps that should be taken in order to develop and realize the final concept. The conclusions, limitations, and recommendations of this graduation project can be found in chapter twelve.

1.2 Background information about ON2

In the Netherlands approximately 170.000 people died last year, of which 106.400 people received palliative care (PZNL & IKNL, 2022). The need for palliative care will continue to grow in the future as a result of ageing populations and the rising burden of noncommunicable- and some communicable diseases (World Health Organization, 2020). Dutch healthcare organizations are lacking employees and feeling the pressure of not being able to provide care to everyone in the future (ABF Research, 2022). Consequently, family caregivers will have a more significant role and responsibilities in the palliative care provided to their loved ones.

Up to now healthcare organizations tend to primarily focus on the needs of patients that receive palliative care. However, the needs of family caregivers, who play a major role in the overall care provided to the patients, are often neglected. As a result, family caregivers are not yet supported by healthcare organizations to the desired extent (Reigada et al., 2015). Research shows that supporting family caregivers will also improve the wellbeing of the patient, which makes it relevant for healthcare organizations to start focusing on the needs of family caregivers (Martire et al., 2004).

Oog voor Naasten project

In 2017 the palliative department of the LUMC started the Oog voor Naasten (OvN) project, which is a Palliantie project financed by ZonMw (Palliaweb, 2020). The aim of the OvN project was to encourage healthcare professionals to pay more attention to the needs of family caregivers and to support family caregivers in obtaining the necessary information and assistance while taking care of their loved ones. During this project the OvN toolkit was developed.

Oog voor Naasten en Nabestaanden project

In 2021 the LUMC started a follow-up project called Oog voor Naasten en Nabestaanden (ON2) to improve and extend the OvN toolkit. Currently, 19 organizations are implementing the new ON2 toolkit 2.0 in test pilots led by action researchers. The LUMC aims to complete the final ON2 toolkit 3.0 early 2024 and then make it available nationwide for Dutch healthcare organizations. The ON2 project is a Palliantie project financed by ZonMw (ZonMw, n.d.).

ON2 toolkit 3.0

From 2024 onwards, healthcare organizations will have to proceed alone based on the ON2 toolkit 3.0. Unfortunately, the current ON2 toolkit 2.0 is not supportive and motivating enough for organizations to implement it without guidance from action researchers. Therefore, the ON2 toolkit 2.0 needs to be upgraded to a stand-alone version in such a way organizations can implement it themselves in their own context (self-supportive and self-explanatory).

This graduation project will focus on improving the current ON2 toolkit 2.0 and creating a roadmap for the LUMC to further develop and realize this new concept. The ON2 toolkit 2.0 consists of booklets, videos and information available on the website www.oogvoornaasten.nl, and can be used by three different target groups: family caregivers, healthcare professionals and healthcare organizations. For each target group the content of the materials is different in order to provide the best support.

Target group

The target group of this graduation project will be Dutch healthcare organizations that belong to one of the four healthcare settings: hospitals, hospices, home care and nursing homes. By using the ON2 toolkit 2.0 healthcare organizations can enhance their focus on the needs of family caregivers and provide the necessary support to family caregivers within their organization. To reach their goal of incorporating the needs of family caregivers, healthcare organizations will perform the ON2 trajectory 2.0 that consists of the following phases: setting up a project team, creating the family caregiver journey, formulating goals, developing an action plan, and performing this plan until the desired goals are achieved.

1.3 Goal of the graduation project

From 2024 onwards, the LUMC will be less involved with guiding Dutch healthcare organizations during the ON2 trajectory 3.0. Therefore, organizations will have to proceed alone based on the ON2 toolkit 3.0. The current ON2 toolkit 2.0 lacks a clear structure, guidance and is not very user-friendly. To guarantee a successful implementation, the ON2 toolkit 3.0 should be more aligned with the ON2 trajectory 3.0 and support users during each of the steps by presenting the right instructions, information and materials. In addition, a clear overview of the ON2 trajectory 3.0 should be added to the ON2 toolkit 3.0. It is desirable that the ON2 toolkit 3.0 will be self-supportive and self-explanatory, to enable organizations to start and perform the ON2 trajectory 3.0 on their own. When organizations have successfully implemented ON2, they will have incorporated family caregivers as an important stakeholder within their organization.

The goal of this graduation project will be to create a redesign of the ON2 toolkit 2.0 that supports and inspires healthcare organizations in independently optimizing the care for family caregivers within their organization. In addition, a roadmap will be developed for the LUMC including the steps that should be performed to finish and realize the new ON2 toolkit 3.0.

1.4 Approach of the graduation project

This graduation project is divided into different phases that work towards the goal of this graduation project to create a redesign of the ON2 toolkit 2.0 and develop a roadmap for the LUMC to finish and realize the ON2 toolkit 3.0. The phases of this graduation project are explained below. In addition, an overview of the approach of this graduation project is shown in Figure 1.

Desktop research on palliative care and change management

Desktop research will be conducted to understand the context of palliative care in relation to this graduation project. This includes research on the definition of palliative care, the role and responsibilities of family caregivers in palliative care, trends and developments in palliative care, and factors that influence the quality of palliative care.

In addition, desktop research will be conducted on change management and behavior change. This is an important aspect of implementing the ON2 toolkit 2.0. Organizations who are working with the ON2 toolkit 2.0 will make changes in their workflow, making this an relevant topic to research.

Analyzing “Oog voor Naasten en Nabestaanden 2.0”

The current situation of Oog voor Naasten en Nabestaanden 2.0 will be explored. This includes an analysis on the ON2 toolkit 2.0 and the target group of this graduation project, which are the four types of healthcare settings.

Research on the ON2 trajectory 2.0

The current ON2 trajectory 2.0 will be explored to gain knowledge on the steps healthcare organizations perform to improve the care for family caregivers. This includes analyzing the workbook for organizations, that explains the ON2 trajectory 2.0 in theory. In addition, conducting qualitative interviews to gain insights on the experiences of organizations with the ON2 trajectory 2.0 in practice. The interviews were used to map the points of improvement and obtain first ideas from the target group on the redesign of the ON2 toolkit 2.0.

Vision for “Oog voor Naasten en Nabestaanden 3.0”

A vision for Oog voor Naasten en Nabestaanden 3.0 will be created based on the insights derived from the qualitative research. This vision will be used as basis for developing the new ON2 trajectory 3.0 and ON2 toolkit 3.0.

Explanation of the ON2 trajectory 3.0

The ON2 trajectory 3.0 illustrates how the ON2 trajectory will look like after 2024, when organizations need to proceed alone on the basis of the ON2 toolkit 3.0. For the ON2 trajectory 3.0, insights from the interviews with project ambassadors were taken into account together with the vision for Oog voor Naasten en Nabestaanden 3.0.

Ideation & Conceptualization

The ideation and conceptualization phase focuses on creating ideas for the redesign of the ON2 toolkit 2.0. Based on the design goal and formulated design criteria for the redesign, a final concept of the ON2 toolkit 3.0 will be created. In this phase, several brainstorming sessions and prototype testing sessions will be facilitated to validate and improve the final concept.

The final concept: ON2 toolkit 3.0

The final concept of the ON2 toolkit 3.0 will be presented and the different elements of the ON2 toolkit 3.0 will be explained. This includes the key features, the structure and layout, the content and interactions of the individual pages, an usage scenario, and a cost analysis.

Evaluation of the final concept

The final concept of the ON2 toolkit 3.0 will be evaluated with the target group to validate the structure, content, layout, interactions and key aspects of the toolkit. In addition, the concept is assessed on the main criteria as formulated in the design goal: accessibility, user-friendliness, guiding, supporting and inspiring.

Roadmap for the LUMC

The roadmap for the LUMC will be presented and explained. The roadmap includes all steps and activities that should be performed in order to finish and realize the ON2 toolkit 3.0. In this roadmap the insights derived from the evaluation, the recommendations, and limitations of this graduation project are incorporated.

Conclusion

The main conclusions will be presented, and the redesign will be evaluated based on the formulated design criteria to check whether it corresponds with the design goal and vision. In addition, the limitations of this graduation project and the recommendations for further improvement will be explained.

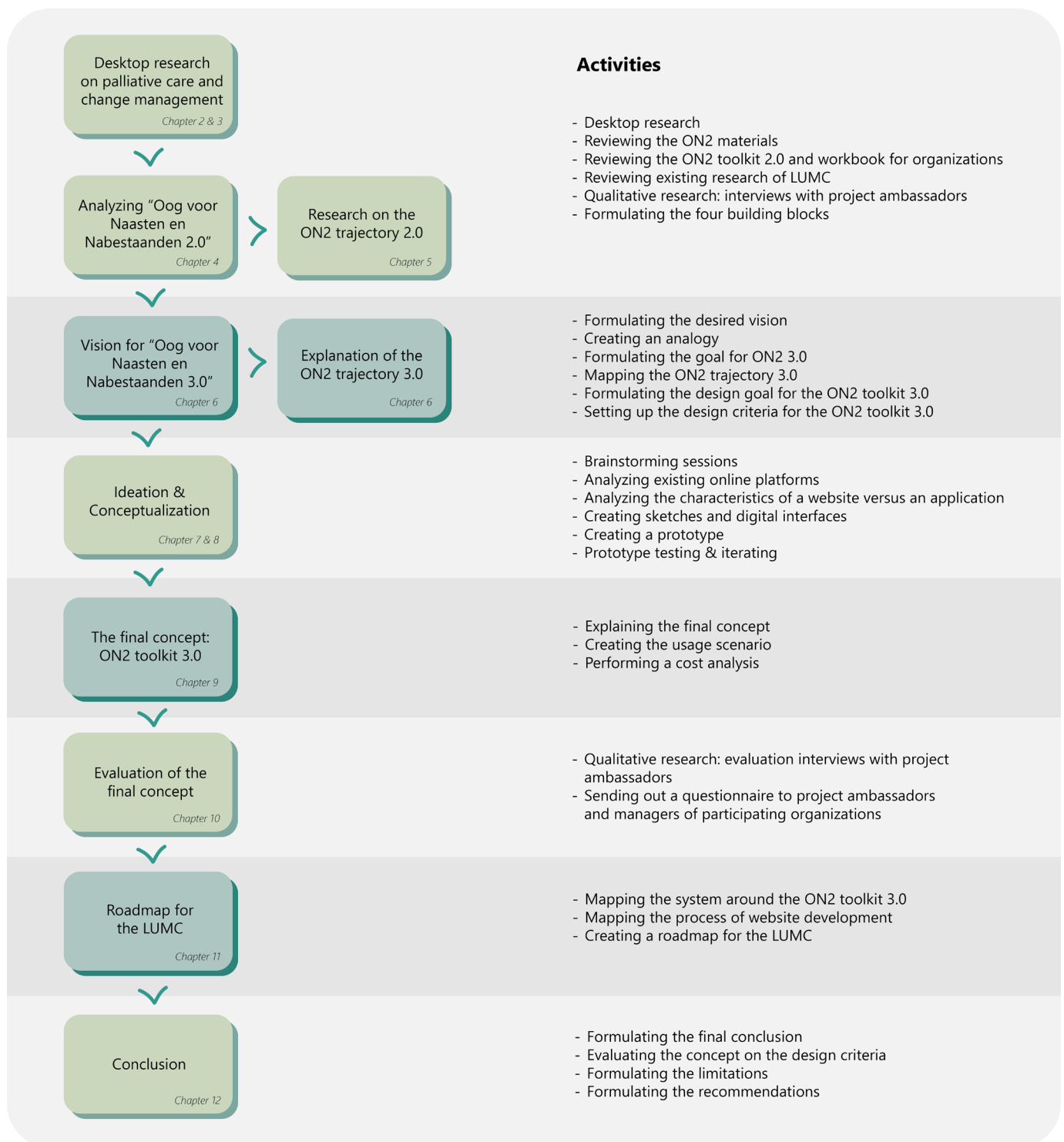


Figure 1. Approach of the graduation project

2. Desktop research on the context of palliative care

In this chapter the desktop research on the context of palliative care will be presented. The desktop research focused on palliative care, stakeholders involved in palliative care, the roles and needs of family caregivers, trends & developments in palliative care, and factors that could influence the quality of palliative care. The insights derived from the desktop research serve as background knowledge for the designer and provide some first insights for the redesign of the ON2 toolkit 2.0.

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2.1 Overview

Desktop research on palliative care was conducted to better understand the context of this graduation project. Various topics were researched, including: the definition of palliative care and the palliative trajectory, family caregivers involved in palliative care, trends and developments that affect palliative care in the Netherlands, and factors that influence the quality of palliative care.

The following research questions were formulated to start the desktop research.

Palliative care

- What is palliative care?
- Which stakeholders are involved in palliative care?

Family caregivers within palliative care

- What are the roles, responsibilities and needs of family caregivers within palliative care?
- What does palliative care for family caregivers look like in practice?
- What are the points of improvement regarding the palliative care for family caregivers?

Trends and developments related to palliative care

- What trends and developments could have an influence on palliative care and the roles and responsibilities of family caregivers?

Factors that influence the quality of palliative care

- Which factors influence the quality of palliative care as experienced by patients and their family caregivers?

2.2 Palliative care

Palliative care is defined as *"an approach that improves the **quality of life** of patients and their families who are facing **problems** associated with **life-threatening illness**, whether **physical**, **psychological**, **social** or **spiritual**."* (World Health Organization)

Quality of life is defined as *"an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns."* (World Health Organization, 2012)

Life-threatening illness is defined as *"a very serious disease (e.g. cancer) that can cause death."* (Cambridge Dictionary, n.d.)

Physical problems are problems related to the human body, such as physical pain, fatigue, nausea and shortness of breathing (Over Palliatieve Zorg, 2022).

Psychological problems are problems related to the mind and feelings, such as anxiety, sadness and gloom (Over Palliatieve Zorg, 2022).

Social problems are problems related to relationships, closure and grieving, such as maintaining the relationships with family caregivers, the closure of specific phases and habits of your life, and grieving when the loved one has passed away (Over Palliatieve Zorg, 2022).

Spiritual problems are problems related to the meaning of life, involving questions such as "why is this happening to me?" or 'what do I find important in my life?' (Over Palliatieve Zorg, 2022).

Added value of palliative care for patients and their family caregivers

Palliative care is of added value to patients and their family caregivers as it improves their quality of life. To make the end of life of the patient as pleasant as possible the individual needs and wishes of the patient and their family caregivers are incorporated. Incorporating their needs and wishes during the palliative phase is an essential aspect for providing good palliative care (Achtergrondinformatie - Tam et al., 2021; Kwaliteitskader palliatieve zorg Nederland - IKNL/Palliatief, 2017; Over Palliatieve Zorg, 2022).

In addition, research shows that patients who receive good palliative care suffer less from physical and mental symptoms, experience a higher quality of life and are less likely to be hospitalized. Good palliative care also contributes to the acceptance from family caregivers on the dying and grieving process of their loved one (Over Palliatieve Zorg, 2022).

The palliative trajectory

Patients can receive palliative care when they suffer from an incurable disease. The duration of palliative care is different for each individual person and varies from several weeks, months or years. The period when a patient starts receiving palliative care is also called the palliative phase, which is visualized in Figure 2. The palliative phase consists of 4 sub-phases: disease-oriented palliation, symptom-oriented palliation, palliation during the dying phase and after care (Over Palliatieve Zorg, 2022).

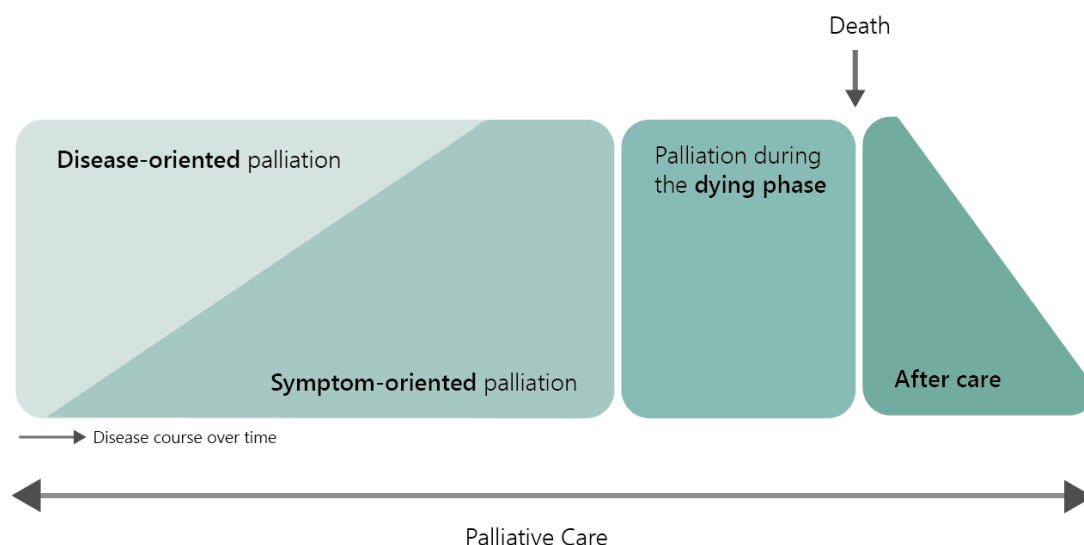


Figure 2. The palliative phase

Stakeholders involved in palliative care

Four main stakeholders are involved in palliative care: the patient, the family caregiver, healthcare professionals and healthcare organizations. A short description of each stakeholder is described in Figure 3.

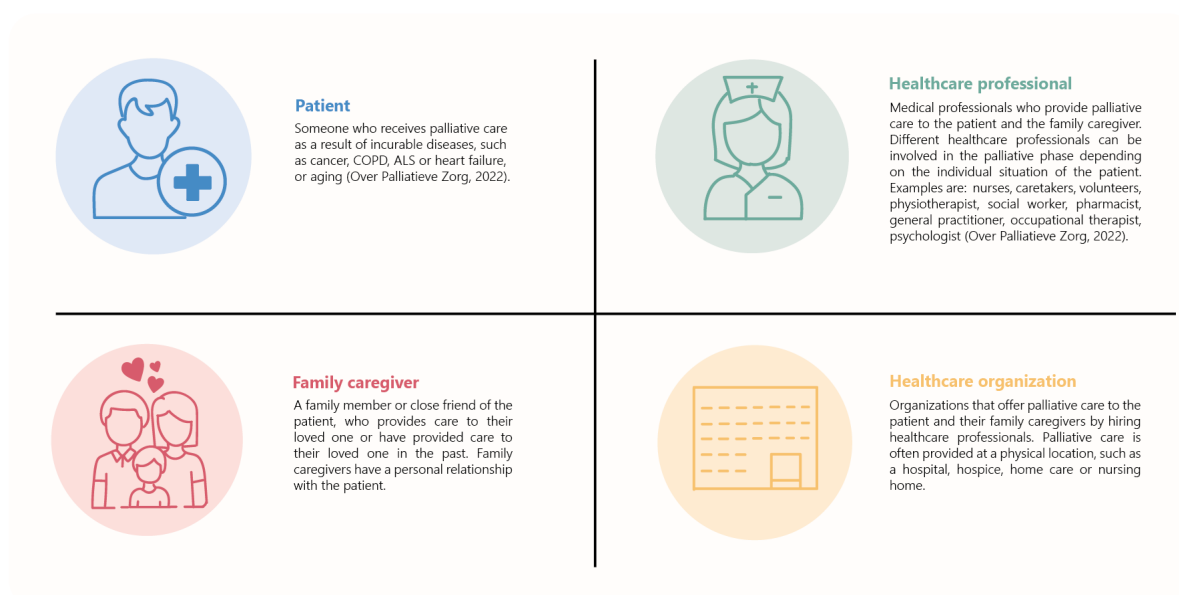


Figure 3. Stakeholders involved in palliative care

Main insights

Palliative care aims to improve the quality of life of patients and their family caregivers, and make the end of life of the patient as pleasant as possible. It is essential to take into account the individual situation, needs and wishes of the patient and his family caregivers when providing palliative care. There are four stakeholders involved in palliative care: the patient, the family caregiver, the healthcare professional and the healthcare organization.

In this graduation project the main focus will be on supporting healthcare professionals and healthcare organizations with improving the care for family caregivers. In addition, the focus will be on informing healthcare professionals about the definition of good palliative care and the needs of family caregivers.

2.3 Family caregivers in palliative care

Family caregivers have a significant role in the palliative care provided to their loved one. According to the SOFA-model, there are four roles a family caregiver can fulfill: a care provider, a care recipient, a family member, and an expert of the patient's life. For each of these roles family caregivers experience different needs (Achtergrondinformatie - Tam et al., 2021; Zorg voor Beter, 2022)



Care provider. Family caregivers can provide psychosocial care, household care, personal care and perform nursing tasks. In order to provide the best care to their loved one, good collaboration between family caregivers and healthcare professionals is essential (Zorg voor Beter, 2017).



Care recipient. Family caregivers have the need to receive the right care, support and information from healthcare professionals based on their individual needs (Zorg voor Beter, 2017).



A family member of the patient. Family caregivers have a personal relationship with the patient. Maintaining this relationship while taking care of their loved one is often hard for family caregivers. Healthcare professional can support family caregivers by facilitating the relationship between family caregivers and their loved one (Zorg voor Beter, 2022).



An expert of the patient's life. Family caregivers often know the patient very well and can provide important information to healthcare professionals. They appreciate it when healthcare professionals take into account their knowledge, experiences and wishes while making decisions regarding the palliative care of their loved one (Zorg voor Beter, 2017).

Needs of family caregivers

Although the definition of palliative care states that it also focuses on improving the quality of life of family caregivers, research shows that family caregivers are not yet supported by healthcare professionals to the desired extent (Reigada et al, 2015). Family caregivers often experience a lack of attention from healthcare professionals on their well-being. As a result, family caregivers are less satisfied with the quality of palliative care provided the patient and themselves (IKNL, 2022).

Additional research shows that there is a positive relationship between the quality of life of family caregivers and the quality of life of the patient (Litzelman et al., 2016; Martire et al., 2004). The well-being of the patient and their family caregivers can be improved by providing the necessary support and information to family caregivers (IKNL, 2022; Martire et al., 2004). Therefore, it is of great relevance that healthcare organizations start focusing on the individual needs of family caregivers and provide good care to this important stakeholder.

So what are the needs of family caregivers? In her master thesis report for the TU Delft, Willemijn Boere conducted research on the needs of family caregivers (2021). Important findings from Willemijn's research on the needs of family caregivers that could be relevant for this graduation project are presented below.

- Family caregivers often experience fatigue from combining the caregiver role with their personal and professional role (Jo et al., 2007; Peters et al., 2015).
- Family caregivers appreciate an open communication with healthcare professionals to ask questions, be informed, address their concerns, and share their experiences (Linderholm & Friedrichsen, 2010).
- Healthcare professionals often prioritize their attention on the well-being of the patient. Consequently, family caregivers experience that their feelings are neglected and have the desire to be seen (Linderholm & Friedrichsen, 2010).
- Family caregivers want to receive information on what they can expect in the future, regarding taking on new roles and responsibilities for the care of their loved one (Janze & Henriksson, 2014). Being more prepared can positively influence the family caregiver's wellbeing (Schumacher et al., 2008).
- Family caregivers want to be involved in the palliative care provided to their loved one. They want to receive information on the disease and obtain knowledge on the condition and prognosis of their loved one (Washington et al., 2011).

The Expertise Centre Palliative Care of the LUMC also conducted research on the needs of family caregivers for the ON2 project (Zorgen voor een zieke. Als er strenge regels zijn door een virus. - Tam et al., 2021). Figure 4 gives an overview of the needs that resulted from their research.

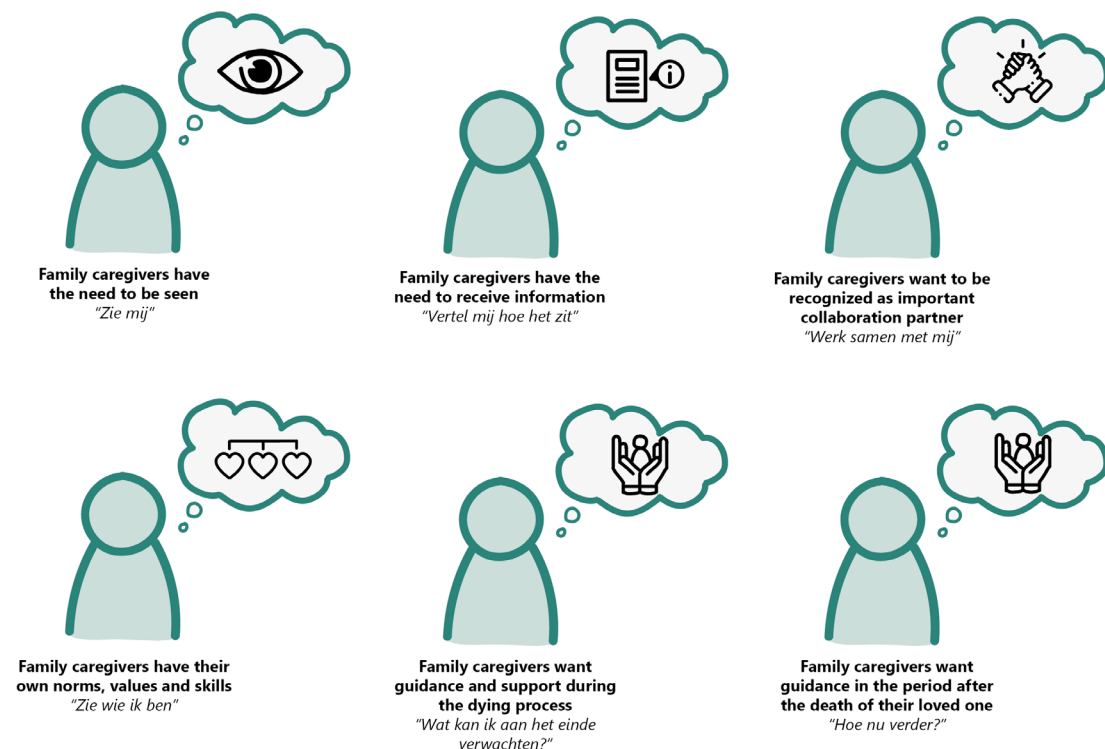


Figure 4. The needs of family caregivers

Points of improvement regarding the care for family caregivers

To improve the quality of life of family caregivers it is important to take into account the individual roles and needs of family caregivers. Healthcare professionals should ensure good communication with family caregivers and keep informing on their changing needs. Other points for attention are on literacy, culture and religion of the family caregiver (Achtergrondinformatie - Tam et al., 2021).

Agreements should be made on who is responsible for what and collaborations should take place between colleagues from the first and second line (Achtergrondinformatie - Tam et al., 2021).

Another point of improvement is the awareness, knowledge and skills healthcare professionals have regarding the care of family caregivers. In addition, both healthcare organizations and healthcare professionals should become more aware of the urgency to provide better care to family caregivers (Achtergrondinformatie - Tam et al., 2021).

Added value for organizations and healthcare professionals

Providing good palliative care to family caregivers increases the quality of life of the patient and his family caregivers. In addition, family caregivers are often an important care provider and have relevant knowledge on the patient to personalize and improve the quality of care. Therefore, they are a relevant collaboration partner for healthcare professionals (Achtergrondinformatie - Tam et al., 2021).

Taking into account the wishes and needs of family caregivers can contribute to a more relaxed and open working atmosphere. This positively affects the collaboration between family caregivers and healthcare professionals. By making decisions together regarding the care of the patient it is more likely to prevent problems, misunderstandings and disagreements related to the disease and care process. As a result this makes the work of healthcare professionals easier (Achtergrondinformatie - Tam et al., 2021).

Taking care of family caregivers can also increase the feeling of satisfaction among healthcare professionals and help them achieve their goal of providing the best quality of care to people (Achtergrondinformatie - Tam et al., 2021; Blaauwgeers et al., 2015).

Providing better care to family caregivers is in line with the aim healthcare organizations have to improve the quality of care, make it safer and more efficient (Blaauwgeers et al., 2015). For example, providing after care to family caregivers enables healthcare professionals to obtain feedback about the provided care, which can be used to improve the quality of care within the organization (Achtergrondinformatie - Tam et al., 2021).

Main insights

Family caregivers play a significant role in providing care to their loved ones. They can take on various responsibilities that require tailored support, care, and information from healthcare professionals. To improve the care for family caregivers, it is crucial that healthcare professionals recognize the unique needs, values, and skills of each family caregiver when communicating and collaborating with them. Research shows opportunities for improving the care for family caregivers. Healthcare professionals often lack awareness on the needs of family caregivers and the advantages that providing care to family caregivers can bring them, including improved patient care, increased work efficiency, time savings, and enhanced job satisfaction. Moreover, healthcare organizations that aim to provide good palliative care to all family caregivers must incorporate this into the working method of the team or department.

For this graduation project it relevant to increase the awareness of healthcare professionals on the different needs of family caregivers and the advantages that providing care to family caregivers can bring them. In addition, the redesign should pay attention to supporting organizations with incorporating the care of family caregivers into the working method of the team or department.

2.4 Trends & developments in palliative care

In the Netherlands approximately 170.000 people died last year, of which 106.400 people received palliative care (PZNL & IKNL, 2022). The need for palliative care will continue to grow in the future as a result of ageing populations and the rising burden of noncommunicable- and some communicable diseases (World Health Organization, 2020).

Palliative care in the Netherlands is developing quickly compared to the other European countries (Woitha et al., 2016). The Dutch government stimulates this development by spending more than 51 million euros on improving palliative care, doing research, and teaching the principles to healthcare professionals (Palliantie. Meer dan zorg - ZonMw, n.d.)

However, Dutch healthcare organizations are lacking employees and feeling the pressure of not being able to provide care to everyone in the future (ABF Research, 2022). Consequently, family caregivers will have a more significant role and responsibilities in the palliative care provided to their loved ones. To ensure the well-being of family caregivers, it is essential to provide the right information and support to family caregivers.

In 2020, a trend analysis was conducted by PZNL, AHZN, KWF and VPTZ on the development of palliative care in the Netherlands for the next 10 years. Some developments impacting palliative care and increasing the relevance for organizations to implement ON2 are shown in Figure 5.

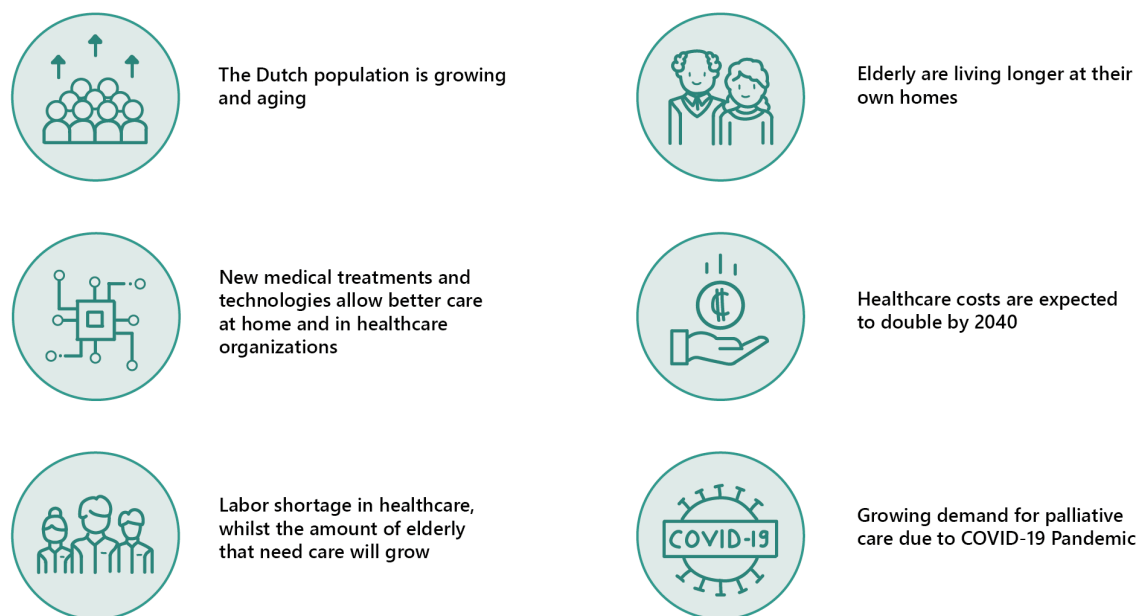


Figure 5. Developments impacting palliative care

In addition to the developments, the trends presented in Figure 6 will also influence palliative care and the role of family caregivers within palliative care.



Figure 6. Trends impacting palliative care

Main insights

Research shows that the need for palliative care will continue to grow in the future due to a growing and aging population. In combination with the labor shortage in the Dutch healthcare, the workload of healthcare professionals will increase. Ultimately, this will mean that healthcare organizations cannot respond to the increased demand for palliative care. Therefore, the collaboration between healthcare professionals and family caregivers becomes essential. In the future, greater and heavier demands will be made on family caregivers. Additionally, elderly will continue to live at home for longer, making them more dependent on the support of their own social network. It is crucial that healthcare organizations and healthcare professionals pay more attention to supporting family caregivers in taking care of their loved ones and themselves.

These insights show the relevance and urgency of providing better support and care to family caregivers. In the future, healthcare organizations and healthcare professionals are more dependent of the collaboration with family caregivers when providing palliative care. To ensure family caregivers do not become overburdened, they need the right support from healthcare professionals when taking care of their loved ones. The trends and developments presented in this section can be used as input in the redesign to create more awareness among healthcare organizations and healthcare professionals and motivate them to start implementing the ON2 method.

2.5 Factors influencing quality of palliative care

The satisfaction of patients and family caregivers on the quality of palliative care is influenced by five categories: availability of care and support, personalization of palliative care, availability of information, collaboration between healthcare professionals and family caregivers, and personal characteristics of healthcare professionals.

1. Availability of care and support

A higher level of satisfaction on the quality of palliative care is associated with healthcare professionals ensuring continuity and quality of care for the patient and his family caregivers based on their individual situation and needs (Zhang B, Nilsson ME & Prigerson HG, 2012).

2. Personalization of palliative care

A higher level of satisfaction is present when healthcare professionals take into account the individual situation, needs and wishes of the patient and his family caregivers. This also includes focusing on adding meaning to the end of life phase of the patient and his family caregivers (Blaauwgeers et al., 2015; Zhang B, Nilsson ME & Prigerson HG, 2012).

3. Availability of information

Healthcare professionals can increase satisfaction by providing information on how the institution is organized and what they can offer family caregivers with regard to the patient's illness and death process. In addition, it is important to communicate with patients and their family caregivers who they can contact to ask questions, obtain support and information (Oog hebben voor naasten van mensen met een levensbedreigende ziekte - ZonMw, n.d.).

4. Collaboration between healthcare professionals and family caregivers

Family caregivers highly appreciate it when they are seen as a valuable cooperation partner in providing care to the patient. They are an expert on the patient's situation and want to share their knowledge to provide the best care to their loved one (Blaauwgeers et al., 2015). This also includes, enabling the patient and his family caregivers to participate in the decision making about the provided care (Zhang B, Nilsson ME & Prigerson HG, 2012).

5. Personal characteristics of healthcare professionals

Personal characteristics of healthcare professionals, such as personality traits, level of education, ethnicity and cultural competencies, can also influence the experience and satisfaction of patients and family caregivers with the quality of palliative care (Zhang B, Nilsson ME & Prigerson HG, 2012).

Main insights

These five categories can be used as input for the redesign of the ON2 toolkit 2.0, to inform and advice healthcare professionals what to consider when providing care to family caregivers. In addition, the data can be used to inform healthcare professionals and make them aware of how the care for family caregivers can be improved.

In the redesign, it is especially important to pay more emphasis on the diversity between family caregivers, and that each family caregiver has his own needs and wishes. Moreover, the quality of care is influenced by the communication of healthcare professionals with family caregivers. It is also important that this aspect is more integrated into the redesign of the ON2 toolkit 2.0.

2.6 Main insights

The desktop research shows the growing importance of family caregivers in palliative care. To enable healthcare organizations and healthcare professionals to respond to the increasing demand of palliative care, collaboration between healthcare professionals and family caregivers is essential. Family caregivers will take on more responsibilities in the care for their loved one. To ensure family caregivers do not become overburdened, they need to receive the right support and information from healthcare professionals. Each family caregiver has his own values, needs, and skills that should be taken into account by healthcare professionals. In order to provide the best care to all family caregivers, it is of great relevance that organizations implement the ON2 trajectory.

The insights of this chapter can be used to create more awareness among healthcare organizations and healthcare professionals on the urgency and associated benefits of providing care to family caregivers. Using these insights in the redesign can potentially motivate healthcare organizations and healthcare professionals to start the ON2 trajectory 3.0.

In addition, the insights from the desktop research serves as background knowledge for the designer to start this graduation project. At the start of the graduation project, the designer did not have sufficient knowledge on palliative care, making the desktop research an essential part to build an understanding on palliative care and the role and needs of family caregivers.

This understanding will help the designer during various phases of this graduation project, such as interviewing healthcare organizations and creating input for the content of the redesign.

3. Desktop research on change management

In this chapter the desktop research on change management will be presented. The research focused on the basics of change management, common pitfalls of change management, and tips for implementing change management within an organization. Change management is a relevant topic in this graduation project, because organizations that implement the ON2 trajectory 2.0 will formulate goals that might require changes in the workflow and behaviour of employees.

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3.1 Overview

Organizations working with the ON2 toolkit 2.0 formulate goals and implement their action plan to achieve these goals. This may require healthcare professionals to make changes in their behavior and workflow. For that reason, change management is an important aspect when implementing the ON2 toolkit 2.0. Therefore, desktop research is performed on change management. To gain a better understanding of change management, the basics of change management are explored along with the common pitfalls and tips for managing change within an organization.

The following research questions were formulated to start the desktop research.

- What is change management?
- What does the change management process look like?
- What are common pitfalls in change management?
- What are tips for managing change within an organization?

3.2 Change management

What is change management?

Change management is a process that focuses on systematically changing organizations and individuals within the organization, by planning and introducing new processes and working methods in the organization (Cambridge Dictionary, n.d.; Utrecht Business School, n.d.).

Change management process

The change management process consists of five steps (Miller, 2020). In Figure 7, the change management process is visualized and the different steps are explained.

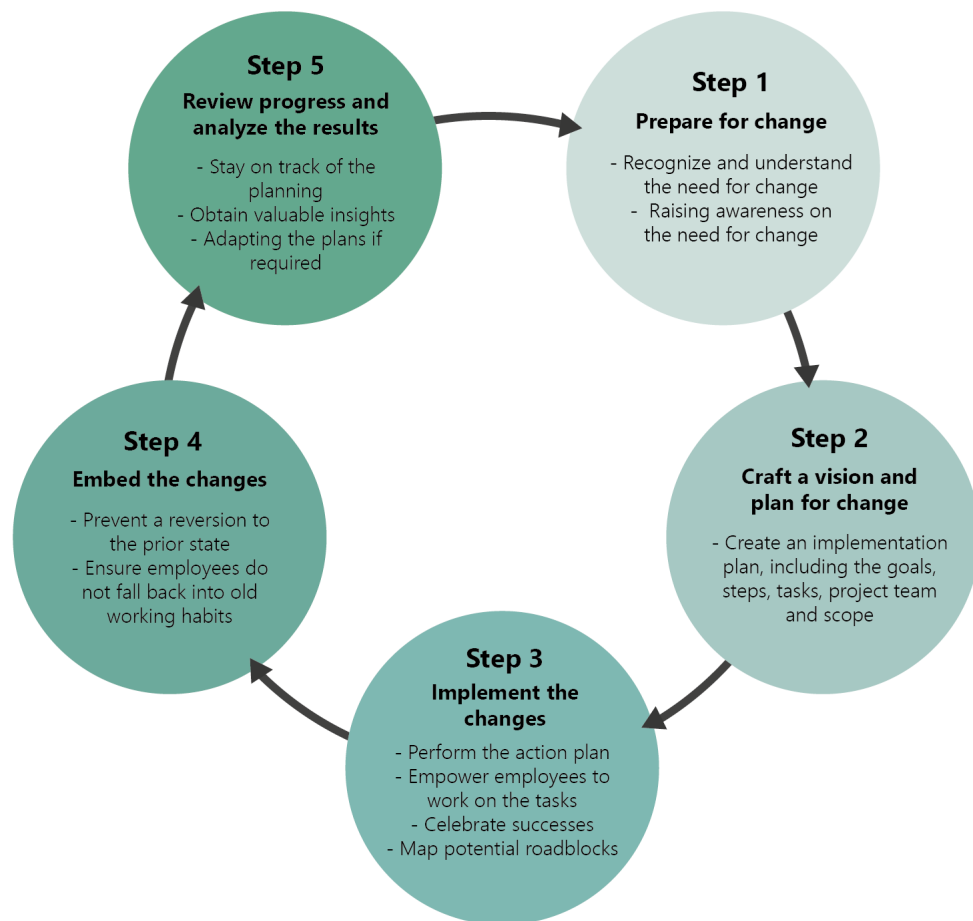


Figure 7. Change management process

Kotter 8 steps Method

The Kotter 8-Step Method can be applied to increase the chance of success in organizational changes (see Figure 8). By following this 8-steps plan, organization are less likely to fail and gain experience with implementing and applying changes (Mulder, 2012). The main emphasis is on the involvement and well-being of the employees, as they are the ones driving the changes.

It is valuable to add content from the Kotter 8-steps to the redesign of the ON2 toolkit 2.0. Especially, because organizations will independently use the ON2 toolkit 3.0. Adding such content can increase the chance of a successful implementation. The steps show important aspects of change management, which can serve as a guideline for healthcare organizations implementing ON2.

1. Create a sense of urgency

Communicating the necessity and urgency of change is essential to increase the support and acceptance of employees.

Hint: have an open, honest and convincing conversation with employees

2. Create a guiding coalition

Set up a project team that manages the changes and supports and encourages employees to cooperate

Hint: have a diverse project team with employees from different functions and positions

3. Create a vision for change

Clearly formulate a new vision that shows what the organization wants to achieve within an agreed period of time

Hint: take into account the ideas and input of employees to increase their acceptance

4. Communicate the new vision

Have conversations with employees on the new vision and listen to their opinions and concerns

5. Remove obstacles

Remove or change obstacles that could undermine the vision

Hint: explore who is resistant to implement the change, increase their involvement and include their ideas to increase their acceptance

6. Create short-term wins

Create short-term successes to motivate employees and inform them on what is going on and what to expect

Hint: recognizing and rewarding employees can increase their motivation

7. Consolidate improvements

Quick wins are the beginning of long term change. It is essential to continue to look for improvements

8. Anchor the changes

Only when change is part of the core of the organization, it will become part of the corporate culture. The norms, values and behavior of employees should correspond to the new vision

Hint: regular evaluation and conversations about the progress help consolidate the change

Figure 8. The Kotter 8-step Method

3.3 Common pitfalls of change management

The common pitfalls organizations encounter when applying change management are explored. These insights could be used in the redesign to make healthcare organizations aware of the common pitfalls and advise them how to prevent and deal with these pitfalls.

No or a lack of involvement of employees in the implementation of the change

Employees often have a major role in the implementation of the changes, therefore they influence the success or failure of the project (Dysel, n.d.).

Employees are more resistant to change when they are not involved in the process of change, but have to undergo or accept the outcomes of the change (Financieel Management, 2012).

The reason for change is not clear enough for employees

When employees are not aware of the importance and urgency of the change it could lead to resistance to implement the change (Financieel Management, 2012).

The 'What is in it for me' is forgotten

Employees are more likely to pursue changes when they know what benefits they will gain from implementing the change (Financieel Management, 2012).

No or bad communication

Employees need to know what is going to happen and what they can expect, therefore sharing the action plan and constantly providing updates is essential (Dysel, n.d.).

Lack of empathy from managers

It is important to take into account how employees would react to the change in order to prevent resistance and dissatisfactions (Mulder, 2012). When employees are resistant to change, it could help to show understanding, give employees the time to get used to a change and give them the right guidance to accept the change (Dysel, n.d.).

End of the project means the end of the change

At the end of the project it is important to make a plan how to reassure the change and prevent falling back into old habits (Financieel Management, 2012).

3.4 Tips for implementing change management

The insights about change management and the common pitfalls show that employees play a major role in the success of implementing changes. Therefore, an overview is created with tips for organizations to get and keep employees involved during change, see Figure 9 and 10. Using these tips increases the chance of a successful implementation. This overview can be used as input for the redesign of the ON2 toolkit 2.0 to support healthcare organizations in performing their action plan and achieving their goals. In addition, these tips can support healthcare organizations in creating acceptance among healthcare professionals to provide better care to family caregivers.



Figure 9. Tips for organizations about involving employees in change. (Freshworks, 2021; Gezondeboel, n.d.; Schreuders, 2022; Vavia, n.d.)

WWK-Model



Figure 10. The WWK-model

3.5 Main insights

The change management process consists of five steps, that highly correspond to the current ON2 trajectory 2.0. Multiple elements of the change management process are also included in the ON2 trajectory 2.0, such as raising awareness on the need for change, creating an implementation plan, celebrate successes, and reviewing the progress.

When implementing changes in an organization it is important that employees recognize and understand the need for change. Creating awareness on the urgency and associated benefits increases the willingness and reduces the resistance of employees to implement the change.

The goal of performing the ON2 trajectory 2.0 is to improve the care for family caregivers, which is often provided by healthcare professionals. Therefore, creating acceptance among healthcare professionals is essential to provide better care to family caregivers. Whether people go along with change depends on their awareness, willingness and ability to implement the change.

A successful implementation requires a project team that manages the action plan and guides and encourages employees to work on the formulated goals. Employees must experience ownership and feel empowered to work on the tasks of the action plan. Constantly discussing the plans with employees and asking for their opinion and feedback also contributes to a successful implementation. In addition, it is relevant to map out potential roadblocks and make plans on how to prevent, remove or reduce these roadblocks. After implementing the change, organizations must avoid a reversion to the prior state and ensure that employees do not fall back into old work habits.

Another important aspect of change management is that the implementation of changes is an ongoing process, where project teams must reflect on progress and results and change plans if necessary. To increase the motivation of employees, it is good to create short-term wins and celebrate successes.

The insights derived from this research can be used in creating the content of the redesign. For example, additional information, tips, tricks, and common pitfalls can be added to the redesign and used by healthcare organizations in the implementation of the ON2 trajectory 3.0. Moreover, these insights can be a good addition to the current content of the ON2 materials, and increase the chance of a successful implementation when organizations independently perform the ON2 trajectory 3.0.

4. Analyzing “Oog voor Naasten en Nabestaanden 2.0”

In this chapter Oog voor Naasten en Nabestaanden (ON2) 2.0 will be analyzed. This analysis explains what the current ON2 toolkit 2.0 looks like and which stakeholders use the ON2 toolkit 2.0. Moreover, the target group of this graduation project, which consists of four healthcare settings, is explained. In addition, the four healthcare settings are compared and the insights are used for the redesign of the ON2 toolkit 2.0.

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4.1 Overview

Desktop research was conducted on various topics to obtain a good overview of the current situation: what does the ON2 toolkit 2.0 look like, which stakeholders use the ON2 toolkit 2.0, and what are the different profiles of the four healthcare settings that belong to the target group.

To better understand Oog voor Naasten en Nabestaanden 2.0, the ON2 toolkit 2.0 and the ON2 materials available in the toolkit were reviewed. Currently, the ON2 toolkit 2.0 consists of a website (www.oogvoornaasten.nl) on which various ON2 materials are displayed.

The following research questions were formulated to start the research.

- What is the ON2 toolkit 2.0?
- What does the ON2 toolkit 2.0 look like?
- Which stakeholders work with the ON2 toolkit 2.0? And what materials do they use?

The second part of the research focused on the target group of this graduation project. In this part, desktop research was conducted in combination with a review of existing research by Willemijn Boere, a former student of the TU Delft.

The following research questions were formulated to start the research.

- What are the characteristics of the four different healthcare settings?
- What does care for family caregivers look like?
- Which healthcare professionals are involved in palliative care?
- What are the roles and responsibilities of family caregivers in taking care of their loved ones?
- What are the similarities and differences between the four healthcare settings?

4.2 The ON2 toolkit 2.0

The ON2 toolkit 2.0 is developed by the Expertise Centre Palliative Care of the LUMC. At this moment, the ON2 toolkit 2.0 consists of information, booklets and videos that are available on the website www.oogvoornaasten.nl (see Figure 11). The toolkit can be used by three different target groups: family caregivers, healthcare professionals and healthcare organizations. For each target group personalized materials are available on the website. All target groups have their own motivations and needs when using the ON2 toolkit 2.0.



Figure 11. The homepage of the current ON2 toolkit 2.0

Materials for family caregivers

The available materials for family caregivers are three brochures, some videos and an overview of relevant websites. An explanation for each material is presented below. In addition, the page for family caregivers is shown in Figure 12.

Three brochures with information on how to take care of a loved one and what to expect when a family member dies. These brochures help family caregivers to understand what good care for the patient and themselves looks like. In addition, the brochures provide tips, frequently asked questions, and sources of relevant websites.

Videos explaining to family caregivers that they have a right to receive information, how they can communicate with healthcare professionals, how to take care of themselves, what to do and expect after a loved one has passed away, and how to deal with the grieving process.

Relevant websites for family caregivers to obtain deeper information on topics such as, psychological care for patients and family caregivers, receiving support as a family caregiver, talking about the end of life and the dying phase.



Materials for healthcare professionals

The available materials for healthcare professionals are the pocket cards, a background brochure, examples of other organizations, a guide and some short videos. An explanation for each material is presented below. In addition, the page for healthcare professionals is shown in Figure 13.

Pocket cards with information about the needs of family caregivers, tips on how to deal with these needs and what can be done to meet these needs.

Background brochure with detailed information about taking care of family caregivers. Topics included are: why care for family caregivers, principles for providing good care to family caregivers, the different roles of family caregivers, the needs of family caregivers, and tips for taking care of family caregivers. The background brochure also contains information for healthcare professionals about taking care of themselves and what knowledge and skills are required to provide good care.

Examples of healthcare organizations that have implemented the ON2 toolkit 2.0. The examples can be used to learn from each other and gain inspiration.

A guide with information about the different needs of family caregivers, how to increase your own awareness, the necessary knowledge and skills for providing good palliative care, and how to take care of yourself.

Short videos from healthcare professionals on various topics related to family caregivers



Figure 13. The page for healthcare professionals of the ON2 toolkit 2.0

Materials for healthcare organizations

The available materials for healthcare organizations are an information booklet for managers, a workbook for the project team, the Naasten journey workshop, a manual for the clinical lessons, and a powerpoint template for the clinical lessons. The materials can be used by hospitals, hospices, nursing homes and home care organizations. An explanation for each material is presented below. In addition, the page for healthcare organizations is shown in Figure 14.

Information booklet for managers. This booklet informs managers about the ON2 method, the advantages for organizations of applying the ON2 method, and explains what good palliative care for family caregivers entails. In addition, the booklet explains what the ON2 method requires from the organization to implement it.

Workbook for the project team. The workbook serves as a practical manual to improve the care for family caregivers within the organization and guides the project team during the ON2 trajectory 2.0. It explains all the steps of the ON2 trajectory 2.0 that organizations should take to improve the care for family caregivers.

Naasten journey workshop. The Naasten journey workshop consists of a manual and workshop materials that can be used to recreate the journey of family caregivers within the organization. An important part of this journey is mapping out how care is provided to family caregivers and what the points of improvement are. The outcomes of the workshop will be used as starting point for creating the action plan.

Clinical lesson manual and presentation. The project team prepares the clinical lessons after they have created their action plan. The clinical lessons introduce the ON2 trajectory 2.0 and ON2 toolkit 2.0, and is used to present the formulated goals and action plan to the care team for feedback. A PowerPoint template is available and can be used by the project team to prepare the clinical lessons.



Figure 14. The page for healthcare organizations of the ON2 toolkit 2.0

4.3 The target group: 4 healthcare settings

Palliative care can take place in different healthcare settings. The target group of this graduation project consists of four healthcare settings: hospitals, hospices, nursing homes and home care. For each of these healthcare settings, the main characteristics, the palliative trajectory and the involvement and experiences of family caregivers are mapped out. Table 1 shows the comparison between the four healthcare settings.

Table 1. *Comparison between the healthcare settings*

	Hospital	Hospice	Nursing Home	Home Care
Definition	“a healthcare facility that provides specialized medical and nursing care as well as medical supplies to patients” (Vendantu, 2023).	A hospice is a home, often in a residential area, where people can receive palliative care.	“a public or private residential facility providing a high level of long-term personal or nursing care for persons who are unable to care for themselves properly” (Merriam-Webster Dictionary, n.d.).	“an array of health and social support services provided to clients in their own residence. Such coordinated services may prevent, delay, or be a substitute for temporary or long-term institutional care.” (IAHPC Pallipedia, n.d.).
Characteristics of the healthcare setting	Medical institution, focused on curing patients, patients have less freedom and control over their own lives	Homely environment, guests have a lot of freedom and control over their own lives	Medical institution, room can be decorated, residents have less freedom and control over their own lives.	Own, trusted environment. Clients have a lot of freedom and control over their own lives.
Palliative care provided to the patients	Good quality of care is provided to patients by healthcare professionals	High quality of palliative care is provided to guests by healthcare professionals and volunteers	Good quality of palliative care is provided to residents by healthcare professionals	Average/Good quality of care is provided to clients by healthcare professionals and family caregivers
Healthcare professionals involved in providing palliative care	Internist-oncologist, anesthesiologist, (palliative) nurse, clinical geriatrician, nurse specialist, a chaplain, general practitioner, social workers and psychologists	Volunteers, general practitioner, nurses, coordinators and physiotherapist	Specialists in geriatric medicine, (palliative) nurses, carers, social workers, psychologist, physiotherapists, and occupational therapists	District nurses, caregivers (day and night), nurse specialists, general practitioner, technical home care and therapists
When moved to this healthcare setting	In emergency situations or when patients already receive curative care in the hospital	When the life expectation is shorter than 3 months	When someone is not able to take care of themselves anymore and need additional care from professionals	When someone needs support in taking care of themselves, but is still able to live on their own
Duration of stay	Short. Only temporarily stay	3 months or less	Long. Often more than one year	Very long. Can take a long period of time
When dismissed from this healthcare setting / moved to another healthcare setting	Hospice, Nursing home or Home care	Nursing home or Home care	Not applicable	Nursing Homes or Hospice In case of emergency to Hospital
‘Care-provider’ role of family caregivers in palliative care	Small role. Healthcare professionals will take over the care of the patient	Small role. Family caregivers can become family of their loved one again. They arrange things with the hospice regarding medical and personal history and needs.	Normal role. Family caregivers can be involved in the daily personal care of their loved one.	Significant role. They are responsible for practical and personal care tasks, and take care of their loved one between the visits of professionals

Involvement of family caregivers in the palliative trajectory	Family caregivers are very involved in the palliative trajectory	Family caregivers are very involved in the palliative trajectory	Family caregivers are very involved in the palliative trajectory	Family caregivers are very involved in the palliative trajectory
Care provided to family caregivers by healthcare professionals	Low. Healthcare professionals focus more on patient care	Very Good. Volunteers and healthcare professionals spend a lot of time talking to family caregivers and providing them with the right care. In the conversation, the feelings and experiences of family caregivers are often addressed	Good. Nursing homes employ geriatric doctors, who are usually more trained to support and take care of family caregivers. In addition, healthcare professionals pay attention to the wellbeing of family caregivers	Good. Family caregiver can share their experiences and struggles with professionals to receive more information, advice and support
Support provided to family caregivers by healthcare professionals– pre care	Average. Family caregivers can discuss their feelings and next steps with social workers or healthcare professionals. In the dying phase, they receive support and information from healthcare professionals	Very Good. Volunteers and healthcare professionals spend a lot of time talking to family caregivers and provide them with the right information and support	Good. Healthcare professionals support family caregivers in the dying process and provide the right information. They also involve family caregivers in the decision-making process and take their ideas into account	Good. Family caregivers can share their experiences and struggles with healthcare professionals to receive more information, advice and support. In home care, healthcare professionals work closely together with family caregivers.
Support provided to family caregivers by healthcare professionals– after care	Low. They cannot say goodbye properly to their loved one. Healthcare professionals inform family caregivers on what they need to arrange, however, bereavement care is not standard practice in hospitals	Very Good. Family caregivers are given a moment to say goodbye and share stories and experiences with the professionals. In addition, professionals visit the funeral and offer the opportunity to evaluate their experiences on the provided care. Some hospices organize a memorial service or send a card after one year to remember their guests	Very good. Professionals support family caregivers by providing information about the next steps. In addition, professionals often attend the funeral to pay their respects, invite family caregivers to evaluate the provided care, and organize a yearly memorial to remember the residents that have passed away.	Low. When the client dies, the care provided by home care stops, leaving less room for family caregivers to receive bereavement care.

Note. (Boere, 2021; Bruntink, n.d.; Over Palliatieve Zorg, 2022; PZNL & IKNL, 2020; Zorgwijzer, n.d.).

4.4 Main insights

The current ON2 toolkit 2.0 consists of various materials for family caregivers, healthcare professionals and healthcare organizations. The available materials are valuable in providing or receiving good palliative care to family caregivers. In this graduation project, the emphasis is mainly on the materials for healthcare organizations. Healthcare organizations can belong to one of the four healthcare settings: hospitals, hospices, nursing homes and home care.

Each of the four healthcare settings has its own characteristics and regulations. The healthcare setting a patient goes to depends on his medical situation. In general, hospices already provide good palliative care to the patient and his family caregivers compared to the other healthcare setting. In hospitals good palliative care is provided to the patient, however family caregivers do not always receive the care and support they want.

The main differences between the four settings are related to the healthcare professionals involved in palliative care, the role of family caregivers, and the care and support provided to family caregivers.

The insights of this research serves as background knowledge for the interviews with the different healthcare organizations. In addition, the insights on the differences between the organizations can be taken into account when developing the redesign of the ON2 toolkit 2.0. For example, the content (e.g. information, tips and examples) provided to the participating organization can differ based on the healthcare setting and the starting situation of the organization.

Some organizations already have sufficient knowledge and skills on providing good palliative care to the patients and their family caregivers, compared to other organizations. The same applies to the experience that organizations have with providing care and support to family caregivers, which also differs per organization. In the redesign additional support and information can be provided to organizations that have less knowledge/skills in palliative care or are less familiar with providing care to family caregivers.

5. Research on the ON2 trajectory 2.0

In this chapter the ON2 trajectory 2.0 will be explored in two different ways. Firstly, the ON2 trajectory 2.0 is explored as described in theory. Secondly, the ON2 trajectory 2.0 is explored as performed in practice by the target group. For both conditions, a blueprint of the ON2 trajectory 2.0 is created. To create the blueprint of the ON2 trajectory 2.0 in practice, qualitative research is conducted with the target group. The outcomes of the qualitative research provided new insights into the experiences of the target group and the available support during the ON2 trajectory 2.0. Additionally, the research led to the identification of four building blocks that are essential for a successful implementation of the ON2 trajectory 2.0. Therefore, these building blocks will form the foundation for the redesign of the ON2 toolkit 2.0.

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5.1 Overview

In this chapter the ON2 trajectory 2.0 will be explored and presented. Healthcare organizations perform the ON2 trajectory 2.0 if they want to improve the quality of care for family caregivers within their own organizations. The ON2 toolkit 2.0 provides the materials for organizations, healthcare professionals and family caregivers that are required when performing the ON2 trajectory 2.0.

The workbook for organizations explains all steps of the ON2 trajectory 2.0 in theory, and therefore serves as basis for the project team when performing the ON2 trajectory 2.0. The ON2 trajectory 2.0 described in the workbook might be different from how organizations carry out the ON2 trajectory 2.0 in practice. For that reason, both conditions are explored and two blueprints are created showing the different steps of the ON2 trajectory 2.0 in theory and in practice. By comparing the outcomes of the two blueprints, the relevance and suitability of the current workbook for organizations can be tested.

An overview of this process is visualized in Figure 15.

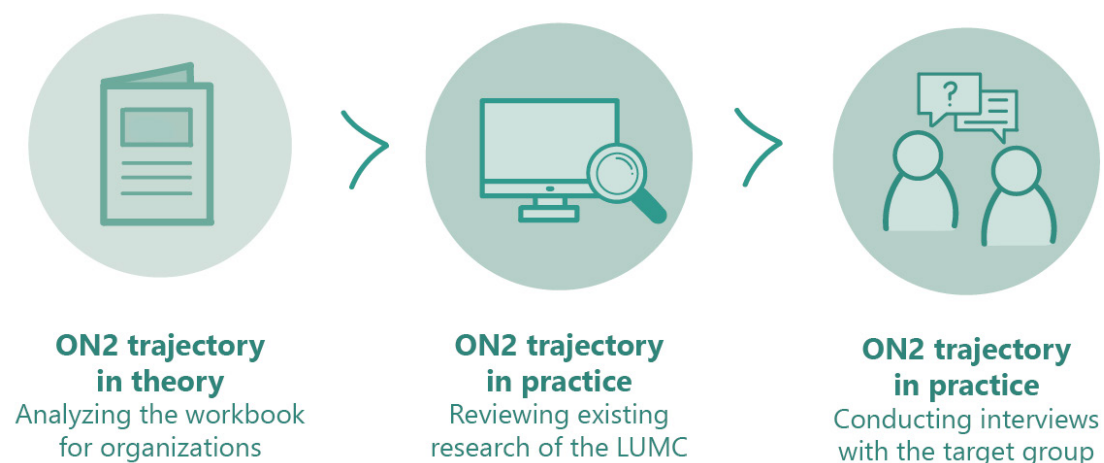


Figure 15. Overview of the research about the ON2 trajectory 2.0

5.2 Research ON2 trajectory 2.0 in theory

5.2.1 Overview

The workbook for organizations describes all steps of the ON2 trajectory 2.0. At this moment, the ON2 trajectory 2.0 is only explained in text in the workbook. A graphic explanation of the trajectory is not yet included. Therefore, the workbook is analyzed and a blueprint is created of the ON2 trajectory 2.0 as described in theory. Eventually, the goal is to compare this blueprint with the ON2 trajectory 2.0 organizations perform in practice.

The following research question is used to start the analysis.

- What does the ON2 trajectory 2.0 look like in theory, as described in the ON2 workbook?

5.2.2 Explanation ON2 trajectory 2.0 in theory

As described in the workbook, the ON2 trajectory 2.0 consists of the following steps.

Step 1: Introduction of the ON2 Method

In this step the relevance of providing care to family caregivers and the Oog voor Naasten en Nabestaanden (ON2) method is explained.

Step 2: Requirements for implementing the ON2 method

In this step the requirements for implementing the ON2 method are presented. It is important that organizations look at these requirements before starting the ON2 project.

Step 3: Starting the ON2 project

In this step the manager or initiator selects one department or team that is going to implement the ON2 method by creating their own ON2 project. When a team or department is selected the manager/initiator forms a project team that is going to lead the ON2 project and is responsible for the implementation. The project team consists of the manager of the organization or department, two project ambassadors, and two project members working at the department or team.

Step 4: Current care for family caregivers within the organization

In this step the project team prepares and facilitates the Naasten journey workshop. The project team invites different healthcare professionals to join the workshop, and together they create the journey of family caregivers within their own organization.

Step 5: Desired goals for implementing Oog voor Naasten en Nabestaanden

In this step the project team uses the outcomes of the Naasten journey workshop to formulate SMART goals and create an action plan. The project team also organizes clinical lessons to share and discuss the formulated goals and action plan with the whole team or department, with the aim to obtain feedback and discuss potential roadblocks or resistances among employees. In addition, the clinical lessons are used to inform and educate healthcare professionals on the ON2 method and how to provide good care to family caregiver.

Step 6: Preparing the implementation

In this step the project team prepares the implementation of the action plan. This includes sharing the action plan among all employees, updating and organizing the information materials for family caregivers, defining work agreements or protocols that should be adapted or added in order to work on the formulated goals of the action plan, and ensuring ON2 remains under attention of healthcare professionals during the preparation phase.

Step 7: Implementing the action plan

In this step the team/department works on performing the action plan. The implementation is an ongoing process, in which the project team will evaluate the formulated goals of the action plan every three months. Based on these evaluations the goals and/or action plan will be adjusted, if required. In addition, it is important that the project team regularly discusses the progress of the ON2 project with the whole team/department.

Step 8: Finishing the ON2 project

After one year the organization finishes the ON2 project. In this step the team/department celebrates this success. However, the end of the ON2 project does not mean the end of providing care to family caregivers. Therefore, the project team should make a plan together with the team/department on how they are planning to keep this topic on the agenda, what agreements should be made and how to prevent potential roadblocks that affect providing care to family caregivers.

The blueprint of the ON2 trajectory 2.0 as described in theory is presented in Figure 16. This visualization includes the different steps of the ON2 trajectory 2.0. For each step an overall explanation, the goals, the tasks, the stakeholders involved and required ON2 materials are formulated. In Appendix 1, a full sized version of the blueprint can be viewed.

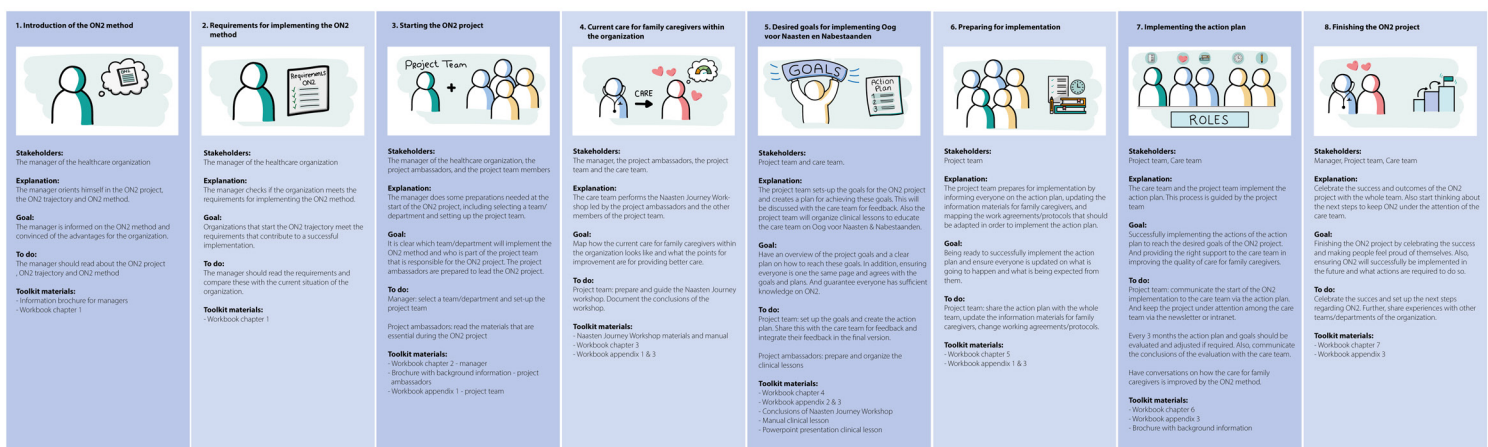


Figure 16. The ON2 trajectory 2.0 as described in theory

5.3 Research ON2 trajectory 2.0 in practice

5.3.1 Overview

In this section the qualitative research will be explained and the main insights of the research will be presented. The aim of the research was to illustrate how the ON2 trajectory 2.0 looks like in practice and how participating organizations have experienced the ON2 trajectory 2.0 and ON2 toolkit 2.0. Another goal of the qualitative research was to indicate the similarities and differences between the different healthcare settings in how they performed and experienced the ON2 trajectory 2.0. As preparation for the qualitative research, the existing research of the LUMC was reviewed.

Reviewing existing research of the LUMC

As preparation for the qualitative interviews with participating organizations, the existing research of the LUMC was reviewed. The research of the LUMC consisted of evaluations and data of participating organizations, and mainly focused on the materials for healthcare professionals, the materials for family caregivers and the ON2 trajectory 2.0. However, their research focused less on the materials for organizations, the available and desired support during the different phases of the ON2 trajectory 2.0, and the points of improvement for the redesign of the ON2 toolkit 2.0. Therefore, the qualitative interviews conducted during this graduation project resulted in new and valuable insights for the LUMC.

Interviews with participating organizations

Qualitative research is conducted to validate and map the ON2 trajectory 2.0 as performed by organizations in practice. Before conducting the qualitative interviews, a blueprint of the ON2 trajectory 2.0 in practice was created based on the information of the workbook, the insights gained from the research of the LUMC, and by discussing the ON2 trajectory 2.0 with the LUMC. This blueprint was an elaborated version of the blueprint of the ON2 trajectory 2.0 in theory, as described in section 5.1.

The online platform Miro was used for setting up the interviews. Using Miro made it easier to test and validate the blueprint of the ON2 trajectory 2.0 and collect the experiences of healthcare professionals with the different steps of the ON2 trajectory 2.0. During the interviews the following topics regarding the ON2 trajectory 2.0 were discussed with the participants: overall experiences, pain points, experiences with the available support, and the needs for additional support. In addition, the last part of the interview focused on the ON2 toolkit 2.0. Participants were asked to share their experiences with the ON2 toolkit 2.0 and share input and ideas for the redesign of the ON2 toolkit 2.0.

In total nine project ambassadors of six healthcare organizations were interviewed. The participating organizations belonged to different healthcare setting. One hospital, one home care organization, two hospices, and two nursing homes participated in the qualitative interviews. Five interviews took place online and one interview took place at the healthcare organization. During the online interviews the platform Miro was used, and during the physical interview a small workshop was organized to obtain the input of the participants.

For each interview a blueprint was created, including all insights from the interview and some opportunities for the redesign of the ON2 toolkit 2.0. The interview questions and set-up is shown in Figure 17. This set-up can also be found in Appendix 2. The blueprints of the interviews can be found in Appendix 3.

The following research questions were formulated to initiate the qualitative research.

How do healthcare organizations of different healthcare settings perform and experience the ON2 trajectory 2.0?

- How do healthcare organizations approach the ON2 trajectory 2.0?
- What are the positive and negative experiences organizations have with the ON2 trajectory 2.0?
- What type of support do healthcare organizations experience during the different phases of the ON2 trajectory 2.0? What type of support is still missing?
- How are healthcare organizations making use of the ON2 toolkit 2.0 and ON2 materials during the ON2 trajectory 2.0?
- What are the positive and negative experiences healthcare organizations have with the ON2 toolkit 2.0 and ON2 materials?
- What do healthcare organizations find important and what are their needs and wishes for the redesign of the ON2 toolkit 2.0?
- What are the points of improvement for the ON2 trajectory 2.0?

What are the similarities between the healthcare settings in how they experienced and performed the ON2 trajectory 2.0?

What are the differences between the healthcare settings in how they experienced and performed the ON2 trajectory 2.0?

- How relevant are these differences?
- What are the points for attention regarding each healthcare setting?
- What should be considered when redesigning the ON2 toolkit 2.0?

What are the differences between the ON2 trajectory 2.0 as described in the workbook and performed by the participating organizations?

Opzet interviews

Kort kort traject uitleggen en de fasen, de vragen of overvragen, dan dieper ingaan per fase en nuacht ze iets missen of niet overkomen op dat moment aanpak en overvragen

Beschikbare support vragen

Vraag 2: Wat voor type support hebben jullie ervaren tijdens de individuele fasen van het ON2 traject? Denk hierbij ook aan support vanuit de eigen organisatie

a. Wat voor support vond je fijn?
b. Wat voor support heb je niet gekund?
c. Wat miste jullie aan support?

Vraag 6: algemene vragen
Wat voor soort support vonden jullie fijn en sprak jullie het meeste aan?

Vraag 7: algemene vragen
Is er verder nog support dat jullie miste tijdens het ON2 traject?

Vraag 8: algemene vragen
Tijdens welke fasen van het ON2 traject hebben jullie de support van het LAC, de verspreider momenteel de meeste?

Vraag 9: algemene vragen
Tijdens 2024 moeten organisaties zelfstandig het ON2 traject doorlopen (met behulp van het werkboek en de vragen van het ON2 traject).

Wat voor type support zou er nog aan het ON2 traject moeten worden toegevoegd om het zelfstandig meer aan de slag te kunnen gaan?

ON2 website vragen

Vraag 10: algemene vragen
Hoe vaak gebruiken jullie het ON2 traject gebruik gemaakt van de ON2 website?

a. Welke pagina's en informatie hebben jullie gebruikt?
b. Hebben jullie dit al aan individuen gegeven?

ON2 werkboek vragen

Vraag 11: algemene vragen
Tijdens het opstellen van het plan van aanpak hebben jullie het werkboek gebruikt?

a. Hebben jullie het werkboek zelfstandig gebruikt of met support van de verspreider?

b. Wat miste je aan het werkboek om het zelfstandig meer aan de slag te kunnen gaan?

c. Moet er verder nog aan het werkboek worden toegevoegd zodat organisaties in staat zijn het ON2 traject zelfstandig te doorlopen?

Vraag 12: algemene vragen
Hoe vaak gebruiken jullie het werkboek gemaakt van de stappen, tips en voorbeelden in het werkboek?

Vraag 13: algemene vragen
Hoe hebben jullie het werkboek en de vragen in het werkboek al gebruikt ervaren (positief en negatief)?

Motivatie ON2 traject vragen

Vraag 14: algemene vragen
Tijdens het opstellen van het plan van aanpak hebben jullie het de benodigde motivatie nodig uit zichzelf en externe middelen in kaart gebracht. Hoe hebben jullie dit ervaren?

a. Wat hebben jullie nu geleerd bij het zelfstandig van ON2?
b. Welke problemen hebben jullie hierbij ondervonden?

Vraag 15: algemene vragen
Voor de evaluatie moeten jullie een evaluatiemeter maken. Hoe hebben jullie de evaluatiemeter ervaren?

a. Zijn jullie van mening dat de huidige manier van evaluatie essentieel is om te begrijpen waarom?
b. Wat is wel/niet belangrijk?
c. Waar liggen de verbeterpunten?

Vraag 16: algemene vragen
In welke fasen van het ON2 traject hebben jullie onder andere de evaluatiemeter van buitenaf (bij.v. vanuit het LAC, het andere organisatie) toegankelijk te maken?

Herontwerp ON2 toolkit vragen

Vraag 17: algemene vragen
Wat zijn de functies of eigenschappen van de website of app?

Vraag 18: algemene vragen
Wat zijn de functies of eigenschappen van de website of app?

Vraag 19: algemene vragen
Wat zijn de functies of eigenschappen van de website of app?

Vraag 20: algemene vragen
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Vraag 21: algemene vragen
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Vraag 100: algemene vragen
Wat zijn de functies of eigenschappen van de website of app?

ON2 Traject vragen

Vraag 1: Kommen de fasen en stappen overeen met het traject dat jullie als project team hebben doorlopen?

- Zo nee, welke stappen/fases missen er nog? Of welke stappen/fases moeten worden weggelaten?

Vraag 2: Hoe hebben jullie de verschillende fasen ervaren?

Vraag 3: In welke fasen hadden jullie moeilijkheden ondervonden? Wat was hierbij het probleem?

Vraag 4: algemene vragen
Zijn er nog bepaalde stappen die volgens jullie missen in het ON2 traject en toegevoegd zouden moeten worden? Zo ja, wat zou dit dan zijn?

Beschikbare support vragen

Vraag 5: Wat voor type support hebben jullie ervaren tijdens de individuele fasen van het ON2 traject? Denk hierbij ook aan support vanuit de eigen organisatie

a. Wat voor support vond je fijn?
b. Wat voor support heb je niet gekund?
c. Wat miste jullie aan support?

Fase	1. Voortraject	2. Start ON2 traject	3. Voorbereiden ON2 traject	4. ON2 traject starten	5. Voorbereiden ON2 traject team	6. Nieuwe planning maken	7. Overname van de ON2 traject team	8. Overname van de ON2 traject team	9. Overname van de ON2 traject team	10. Overname van de ON2 traject team	11. Overname van de ON2 traject team	12. Implementatie plan van aanpak	13. Afsluiten ON2 traject	14. Nieuw traject starten
Uitleg	1. Voortraject	2. Start ON2 traject	3. Voorbereiden ON2 traject	4. ON2 traject starten	5. Voorbereiden ON2 traject team	6. Nieuwe planning maken	7. Overname van de ON2 traject team	8. Overname van de ON2 traject team	9. Overname van de ON2 traject team	10. Overname van de ON2 traject team	11. Overname van de ON2 traject team	12. Implementatie plan van aanpak	13. Afsluiten ON2 traject	14. Nieuw traject starten
Support vragen	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?
ON2 website vragen	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?
ON2 werkboek vragen	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?
Motivatie ON2 traject vragen	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?
Herontwerp ON2 toolkit vragen	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?	Wat voor type support vonden jullie fijn en sprak jullie het meeste aan?

Figure 17. The set-up of the qualitative interviews in the platform Miro

5.3.2 Explanation ON2 trajectory 2.0 in practice

The ON2 trajectory 2.0 in practice consists of 14 steps and is visualized in Figure 18. On the next page all individual steps of the ON2 trajectory 2.0 in practice are presented and shortly explained.

A more elaborated version of this blueprint can be found in Appendix 4. The blueprint in Appendix 4 summarizes the main results of the qualitative interviews. For each step of the ON2 trajectory 3.0, this blueprint also includes the pain points and needs of participants, the available support and the opportunities for improvement.

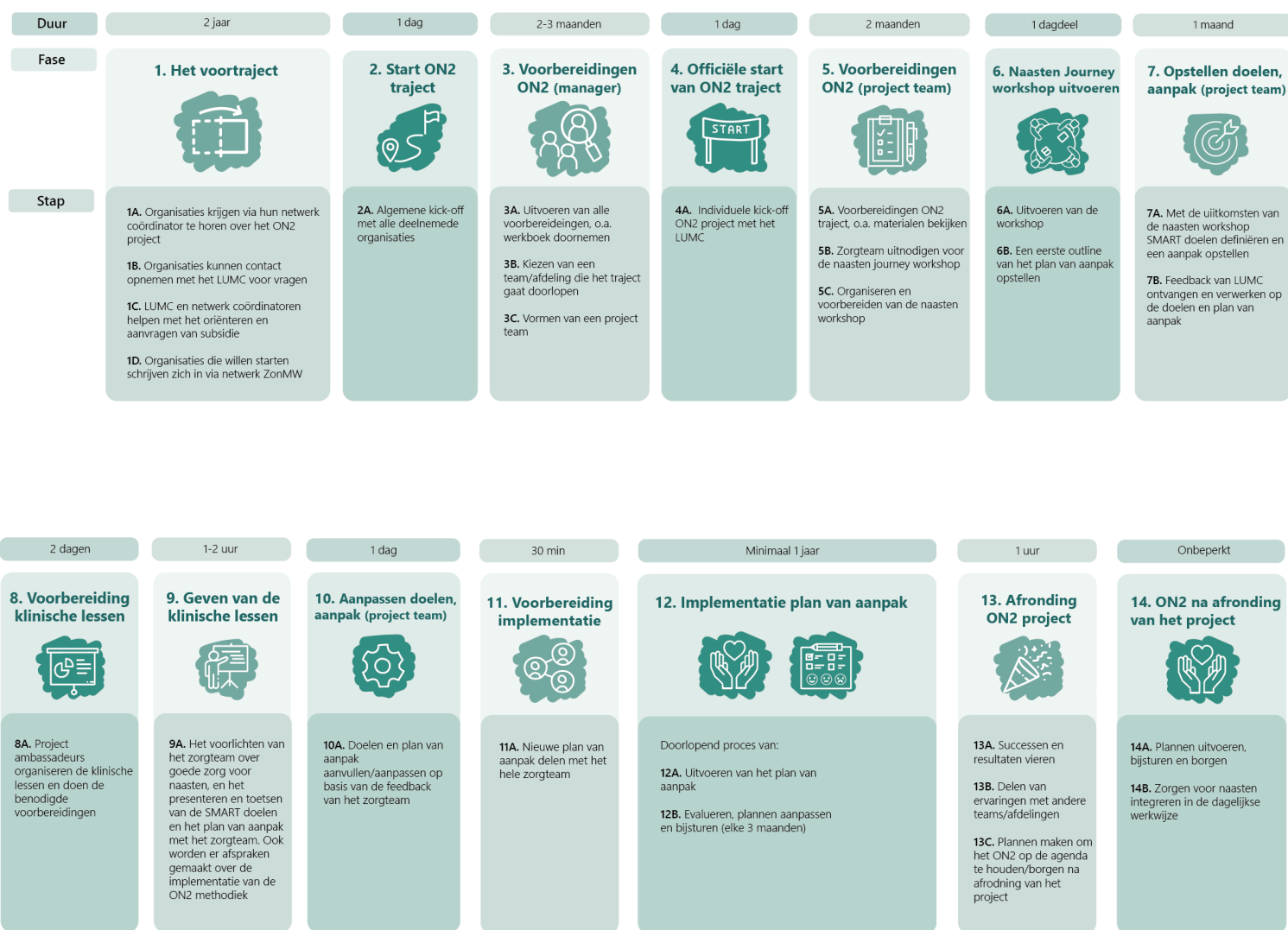


Figure 18. The ON2 trajectory 2.0 as performed by organizations in practice



1. Preliminary Trajectory

The manager or initiator of the healthcare organization signs up for the ON2 project. After signing up he comes in contact with the LUMC to receive information, ask questions, and get help with preparing the ON2 project. The preliminary trajectory has a duration of 2 years, mainly because of applying for a subsidy from ZonMw.



8. Preparing the clinical lessons

The project ambassadors first decide what their goal is for the clinical lessons. After they prepare the lessons by making use of the available ON2 materials for the clinical lessons



2. Start of the ON2 trajectory

The LUMC organized a general kick-off with all managers/initiators of the 19 participating organizations to tell more about the ON2 project and ON2 method.



9. Giving the clinical lessons

During the clinical lessons project ambassadors educate healthcare professionals on the ON2 method and how to provide good care to family caregivers. In addition, the formulated goals and action plan are presented to obtain feedback and opinions from healthcare professionals.



3. ON2 preparations manager

After the general kick-off the manager/initiator searches for a department or team that will implement the ON2 method and sets-up a project team that will guide the project. The project team consists of: the manager, 2 project ambassadors, and 2 team members working at the team/department.



10. Adjusting the goals and action plan

The goals and action plan are slightly improved or adjusted by the project team based on the feedback, opinions, input and possible roadblocks or resistances mentioned during the clinical lessons.



4. Official start of ON2 trajectory with project team

Together with the LUMC the manager/initiator organizes a kick-off with the project team to officially start the ON2 project within the organization. During this kick-off the ON2 project and ON2 method are explained to the project team members.



11. Prepare for implementation

The project team prepares the implementation by sharing the new goals and action plan among the whole team/department.



5. ON2 preparations by project team

After the official kick-off the project team does some preparations, including: analyzing and reading the ON2 materials, making a project planning, making agreements, and preparing and organizing the Naasten journey workshop.



12. Implementation of the action plan

The team/department starts implementing the action plan to improve the care for family caregivers. Organizations decide by themselves how they fill in and arrange the implementation of the action plan.



The implementation takes up to 1 year. Every 3 months the project team has an evaluation together with the LUMC to evaluate the goals, progress, discuss problems or roadblocks, and get advice on the continuation of the ON2 project.



6. Naasten Journey workshop

The Naasten journey workshop is performed by the project team and a few healthcare professionals working at the organizations. During the workshop participants map the journey of family caregivers within their organization. This journey gives participants an indication of what is already going well and what the points for improvement are regarding the care for family caregivers



7. Formulating goals and action plan

With the outcomes of the Naasten workshop the project team formulates SMART goals on how to improve the care for family caregivers. In addition, an action plan is created on how to reach these goals.



13. Finishing the ON2 project

After 1 year organizations finish the ON2 project. The department/team celebrates this success together with the LUMC. This moments is also used to make future plans and agreements on the continuation of ON2 and providing care to family caregivers

14. After finishing the ON2 project

The team/department continues to focus on providing care to family caregivers. Every few months the project team evaluates the status of providing care to family caregivers and keep supporting and motivation healthcare professionals where necessary.

5.3.3 Insights derived from the qualitative research

The main conclusions and insights derived from the qualitative research will be explained in two parts. First the findings on the course of the ON2 trajectory 2.0 will be presented, then the findings on the experiences of organizations with the ON2 trajectory 2.0 will be presented.

Part 1 - Course of the ON2 trajectory 2.0

During the interviews almost all project ambassadors mentioned that the steps described in the blueprint correspond with how they performed the ON2 trajectory 2.0. Some project ambassadors mentioned they organized the clinical lessons during the implementation phase, because this was part of their action plan. Further, most project ambassadors mentioned that step 11 (preparing for the implementation) was not a step on its own. In those cases the preparations were part of the implementation itself.

The duration of the steps of the ON2 trajectory 2.0 was not the same for all organizations. Several factors can negatively influence the amount of time organizations spend on performing the steps. For example, a high workload, lot of sick leave, holidays, and resistance among employees can cause delays in planning. To make it easier for organizations to set-up the ON2 trajectory 2.0, the LUMC advised organizations on the duration of the different steps. However, the factors that could negatively affect the planning were not taken into account.

Insights for the redesign

In the future it is important that organizations take into account factors that might influence the planning. In addition, organizations should keep their own pace in performing the different steps of the trajectory. To inform and support users it is of added value to include information on the minimum and maximum duration of the steps in the redesign of the ON2 toolkit 2.0.

Part 2 - Experiences of organizations with the ON2 trajectory 2.0

1. Lack of knowledge on the ON2 trajectory 2.0

At the start of the ON2 trajectory 2.0, all project teams faced difficulties with understanding what the ON2 trajectory entails. They experienced a lack of knowledge on the content, goals, expectations, requirements, timespan and added value of the ON2 trajectory 2.0.

Due to the lack of knowledge on the ON2 trajectory 2.0, it was harder for the project teams to set-up their own project. Especially, because the first few steps of the trajectory required making decisions that influenced the rest of their project. Therefore, the support of the LUMC was essential at the start of the ON2 trajectory 2.0.

Insights for the redesign

Project teams have a need for more concrete and graphic information on what the ON2 trajectory means, what the purpose is, what they can expect and what is required from the organization. This information should be communicated in a clear way in the redesign of the ON2 toolkit 2.0.

2. The ON2 toolkit 2.0 and ON2 materials lack a good structure

In the preparation phase, the project team had to analyze and read the ON2 materials that are available in the ON2 toolkit 2.0. The project ambassadors mentioned that the materials contain a lot of text and the toolkit lacks a good structure, making it harder for project teams to get a grip on the content of the materials. In addition, there was not a good link between the different materials, the workbook for organizations and the ON2 toolkit 2.0. Therefore, the ON2 toolkit 2.0 was experienced as less user-friendly.

Insights for the redesign

The ON2 materials should be more compact, visualized and valuable for different target groups. In addition, it should be clear for organizations when to use which materials, chapters and pages, and where to find these materials. To increase the user-friendliness it is also recommended to make clear what the goal of the different materials are and how much time it requires to use these materials.

3. The Naasten journey workshop and Clinical lessons were positively experienced by the organizations

All organizations positively experienced the Naasten journey workshop and the clinical lessons. These activities were very helpful to create awareness and involve and motivate healthcare professionals to work on the topic.

Insights for the redesign

Points of improvement that make the Naasten journey workshop more valuable are adding suggestions on what professions to invite to the workshop, providing examples and topics that can be discussed during the workshop, advising participants to also think about the added value and benefits for themselves, and indicating potential roadblocks or resistances regarding the formulated goals and opportunities.

4. Formulating SMART goals and an action plan is experienced as difficult

Most project teams found it difficult to formulate concrete goals that met the SMART criteria, determine when goals were realistic and feasible, and estimate the timespan of the different steps. Not all project teams were familiar with formulating goals and setting up an action plan, resulting in insecurities among the project teams about the quality of their work.

Insights for the redesign

Project teams have a huge need to receive support and/or feedback on their formulated goals and action plan. They also have the need to receive a confirmation that they are on track or heading the right direction. This will increase their confidence on their quality of work. In the future, it is recommended to still provide personal support and/or feedback to organizations during this activity. Moreover, additional information, tips and instructions should be available in the ON2 workbook and ON2 toolkit 3.0 on how to formulate SMART goals.

5. Having a good action plan contributes to a successful implementation

There were differences in how project teams experienced the implementation phase. This mostly depended on how the project teams decided to fill in the implementation phase. All project teams used the action plan template, which guided the project team in setting up a good and complete action plan. Therefore, the implementation went very well for most of the organizations.

However, at some organizations healthcare professionals felt insecure and incompetent to communicate with and take care of family caregivers, which negatively affected their motivation to work on the ON2 project. In one organization the project team was motivated to work on the topic, but felt insecure to work on the formulated goals and tasks. As a results, the healthcare professionals provided low threshold care to family caregivers (e.g. asking how they are doing).

Insights for the redesign

For the redesign of the ON2 toolkit 2.0, it is important to emphasize that organizations use their current situation as starting point and take small steps in improving the care for family caregivers. In addition, organizations should firstly focus on improving the relationship with family caregivers: ensure they feel heard, seen and supported. When that is established they can focus on other opportunities to improve the quality of care for family caregivers within their organization.

6. Concrete goals, tasks and ownership increases the motivation of healthcare professionals to work on the ON2 project

Healthcare professionals were more involved and motivated to work on the ON2 project when the goals, tasks and responsibilities were formulated concretely. Ensuring ownership among healthcare professionals also stimulates an active participation in the ON2 project. In addition, being aware of the urgency and benefits of providing good care to family caregivers increases the motivation of healthcare professionals to participate in the ON2 project.

Insights for the redesign

The redesign of the ON2 toolkit 2.0 should support and guide project teams in concretely formulating the goals, tasks and responsibilities. In addition, it should stimulate project teams to clearly communicate and make agreements on the goals, the required steps, the expectations and the responsibilities of everyone involved. To increase the motivation of healthcare professionals to work on the project, they should feel ownership, and be aware of the urgency and benefits for themselves that are related to providing care to family caregivers.

7. Oog voor Naasten en Nabestaanden is perceived as an important topic by healthcare professionals

All ambassadors mentioned that ON2 was perceived as an important topic by healthcare professionals and that they were motivated to work on the ON2 project. However, the high workload in the healthcare sector resulted in less available time to work on ON2 project and provide better care to family caregivers. Therefore, the ON2 project sometimes fell into the background.

Insights for the redesign

The redesign of the ON2 toolkit 2.0 should take into account the high workload and less available time of healthcare professionals to work on the ON2 project. It is important to focus on user-friendliness, concreteness, visualization, and guiding users. In this way, making use of the toolkit will cost them less time and effort.

8. Having contact with other participating organizations is appreciated and of added value

Every few months the LUMC organized an online meeting for organizations to interact with other participating organizations. This was very appreciated and valuable for project teams, since they could share experiences, ask questions, inspire and help each other. Moreover, the online meetings resulted in organizations also having contact more regularly to share experiences and help each other.

Insights for the redesign

It is relevant that the redesign of the ON2 toolkit 2.0 connects participating organizations with each other to share experiences, ask questions, give feedback, and inspire each other. Since the LUMC will be less available to provide support to participants, it is of added value to create an ON2 network where organizations support each other.

9. Evaluating every three months is essential to keep on track

Every 3 months the project teams evaluated the status of the goals and action plan with the LUMC. These evaluations kept the project team sharp and helped them to stay on track or make changes if necessary. However, the evaluation form provided by the LUMC was too elaborate for project teams too quickly evaluate themselves. Therefore, they did not make use of this form when evaluating on their own.

Insights for the redesign

Project teams have the need for a compact evaluation form, an evaluation checklist or the possibility to evaluate on a visual manner. The redesign of the ON2 toolkit 2.0 should support and guide users with independently evaluating on the progress. Moreover, to increase the motivation of the project team members it is important to let users also focus on the positive results during the evaluation: what went well and what are you proud of.

10. A need for support and guidance on how to reassure good care for family caregivers

Most project ambassadors mentioned that they experienced a lack of support and guidance on how to reassure good care for family caregivers within their organization in the long term. The ON2 toolkit 2.0, the ON2 workbook and the evaluations form did not put enough emphasis on how to reassure good care for family caregivers, what to take into account and how to approach this.

Insights for the redesign

To ensure that organizations who independently perform the ON2 trajectory 3.0 are successful in the long term, the redesign of the ON2 toolkit 2.0 should provide more information and offer guidance to users on how to ensure the care for family caregivers. Important topics to implement are: how to set and keep the care for family caregivers on the agenda, how to deal with resistances among employees, how to stay sharp, how to keep employees involved and motivated, and how to ensure you meet and continue to meet your goals. In addition, it is important to provide information on how to reassure ON2 in the short and long term.

5.3.4 Available support during the ON2 trajectory 2.0

The interviews with the project ambassadors also focused on the available support during the ON2 trajectory 2.0 and how they experienced these different types of support.

There are a lot of similarities between organizations in the support tools they consulted during the ON2 trajectory 2.0. In general, for each step of the trajectory specific tools were useful and consulted by organizations. Organizations determined by themselves which tools were useful or not, based on their own needs, their formulated goals and/or the fit of the tools within their organization. As a result, there was some diversity between the organizations in what support tools they consulted throughout the ON2 trajectory 2.0.

Overall, most of the support tools were experienced the same by the different organizations. The available support tools that are experienced positively by most organizations are: the support of the LUMC, the materials for the Naasten journey workshop, the materials for the clinical lessons, the workbook for organizations, the action plan template and the support of other participating organizations.

One of the support tools that is experienced less positively by most of the organizations is the ON2 toolkit 2.0, which project teams found unclear due to a lack of structure. Therefore, it was harder for project teams to find the right materials, information and know when to use what materials. The evaluation form and ON2 materials for healthcare professionals and family caregivers were experienced differently by the organizations. Some organizations were positive about these support tools, while other organizations were less enthusiastic. The majority of the organizations mentioned that the ON2 materials for healthcare professionals and family caregivers were too elaborate, contained too much text, and could be more compact, visual and personal.

A more in depth version of the results and the experiences of organizations with each support tool can be found in Appendix 5.

Insights for the redesign

For the redesign of the ON2 toolkit 2.0, it is important that the toolkit has a clear structure and is user-friendly. Users should be guided in when to use what materials and where to find these materials when making use of the toolkit. In addition, the target group has a need for compact and visual information. This should be implemented in the layout and content of both the ON2 toolkit 3.0 and the ON2 materials.

5.3.5 Profile per healthcare setting

All organizations followed the same steps in performing the ON2 trajectory 2.0. However, for each healthcare setting there were differences in the amount of departments/teams involved, the way the steps were prepared and performed, the formulated action plan, the implementation phase, and each setting experienced specific needs and pain points during the ON2 trajectory 2.0. Table 2 gives an overview of how each healthcare setting performed the ON2 trajectory 2.0.

Table 2. Performance ON2 trajectory 2.0 per healthcare setting

	Hospital	Hospice	Nursing home	Home care
Size of the organization	Large organization	Small organization	Medium sized organization	Large organization
Departments/teams involved in the ON2 project	1 department involved	Whole organization involved	2-3 departments involved	5 neighborhood teams involved
Project team	Diverse project team with employees from different departments	1: Less diverse project team, only few employees involved 2: Diverse project team that consisted of people with different functions	Diverse project team with people from different departments	Diverse project team with a leader from each neighborhood team
Knowledge on palliative care and experience with providing care to family caregivers	Care team lacks knowledge on good palliative care, the needs of family caregivers, and are not/less aware of the urgency, added value and benefits that providing care to family caregivers can bring them	Care team already has knowledge on what good palliative care entails. Care team pays a lot of attention to providing care, supporting and informing family caregivers. They are very motivated to work on this relevant topic.	Care team lacks knowledge on good palliative care. They already pay some attention to family caregivers. The ON2 project increased the awareness among the care team and indicated the points of improvement regarding the care for family caregivers.	Care team lacks knowledge and skills on how to provide good palliative care to family caregivers The ON2 project increased the awareness among the care team and indicated the points of improvement regarding the care for family caregivers
Implementation phase	The project team created sub projects of the larger ON2 project. The care team worked on the same activities. Employees experienced ownership and the tasks and responsibilities were concretely formulated	1: The project team worked on the action plan. Therefore, the implementation was relatively easy. 2: The project team created different work groups that worked on one goal. Each work group got ownership on their goal, increasing the motivation and involvement of employees	1: The care team performed the action plan while being supported by the project team 2: The project team had a major role in the implementation of the action plan. In addition, multiple clinical lessons and trainings were organized to educate the care team	Each neighborhood team performed the action plan. The leader of the team was responsible for the implementation
Needs / pain points	Some healthcare professionals were resistant to work on the formulated goals and/or to provide care to family caregivers. In addition, high workload led to less available time to work on the project	Due to high workload the project sometimes fell in the background 1: The project team received no/less support from other employees, therefore the support of the LUMC was essential	The care team did not yet have enough knowledge and competencies to provide good care to family caregivers. They did not always feel competent to provide care or communicate with family caregivers.	The project team has less grip and control on the performance of the action plan, because employees work at different locations. This makes it harder to support and motivate employees on a daily basis.

Similarities between the four healthcare settings

As presented in section 5.3.3 and 5.3.4, there are many similarities between the four healthcare settings in how they performed and experienced the ON2 trajectory 2.0, the ON2 toolkit 2.0, and the available support. In addition, Table 2 shows some additional similarities between the four healthcare settings in how they organized and performed the ON2 trajectory 2.0.

- Most organizations have a diverse project team consisting of employees from different departments and functions
- In most healthcare settings, the care team still lacks knowledge on the needs of family caregivers and how to provide good palliative care
- In most healthcare settings, ON2 increases the awareness of the care team on the added value and opportunities for improving the care for family caregivers
- Most organizations experienced a high workload, which affected the time available to work on the ON2 project

Differences between the four healthcare settings

There were some differences between the healthcare setting, which influenced how they organized the implementation of the ON2 trajectory 2.0. The main differences between the healthcare settings are presented below.

- The amount of departments or teams involved in the ON2 project
- The extent to which healthcare professionals already provide care to family caregivers
- The amount of knowledge healthcare professionals have on providing good palliative care
- The extent to which healthcare professionals are aware of the urgency and benefits of providing care to family caregivers
- The experience of project teams with performing and managing a project
- The structure of the clinical lessons: informing about ON2 trajectory 2.0, discussing the goals, and educating healthcare professionals
- The approach for implementing the action plan. Almost all organizations had a different approach, such as: creating work groups, splitting up the project in smaller sub projects, or assigning the performing tasks to the project team.

Insights for the redesign

There are various ways to structure and perform the implementation phase of the ON2 trajectory 2.0. The redesign can give users examples on the different possibilities. In addition, it may be relevant to add a brief explanation about the freedom organization have in shaping their own project and implementing the ON2 trajectory 3.0. Moreover, it is of added value to mention which aspects other organizations struggled with when performing the ON2 trajectory 2.0. For example, roadblocks related to the lack of knowledge of the care team to provide good care to family caregivers, the perceived high workload when working on the ON2 project, and resistance within the care team to work on the formulated goals.

5.3.6 Input from the target group on the redesign

The last part of the qualitative research consisted of three questions about the redesign of the ON2 toolkit 2.0. The following questions were asked to the participants:

- What are your wishes/requirements for the redesign of the ON2 toolkit?
- What are must-have functions or features for the redesign of the ON2 toolkit? And what are nice-to-have functions or features for the redesign of the ON2 toolkit?
- Do you prefer a website or app that guides you throughout the ON2 trajectory? Please explain your answer.

Discussing these questions with participants led to valuable insights on the preferences of the target group on the redesign of the ON2 toolkit 2.0. The main insights will be taken into account during the ideation and conceptualization phase.

Bundle all project results at one place

Have one place where the project team bundles everything from their own ON2 project: results, conclusions, agreements, learnings, planning, goals and progress

Download, print and share materials

Possibility to download, print or share materials and information of the ON2 toolkit 3.0

Notifications and reminders

Receive notifications and reminders from the ON2 toolkit 3.0 that reminds, stimulates and motivates the team to work on the ON2 project

Project management skills of the project team

Take into account the number of skills the project team has with project management

Time indications

Add time indications to the different steps of the ON2 trajectory 3.0

Application or website

Most participants preferred an application, because it is more user-friendly, easier and faster to use, has more structure, and is a good option to keep everything in one place

Some participants preferred a website or interactive website, because it is more user-friendly to use and they prefer to read the ON2 materials on a larger screen

5.3.7 Four building blocks for a successful implementation of the ON2 trajectory 2.0

The insights and conclusions derived from the qualitative research led to the identification of four building blocks that are essential for a successful implementation of the ON2 trajectory 2.0. Therefore, these building blocks should be the foundation when developing the redesign of the ON2 toolkit 2.0. While formulating these building blocks the new usage scenario of the ON2 toolkit 3.0 was considered as well: organizations need to independently perform the ON2 trajectory 3.0 by using the ON2 toolkit 3.0. In Appendix 6 an overview is presented of the research findings, the four building blocks, and the design opportunities that derived from each of the building blocks.

Since the building blocks are essential for a successful implementation, each of the building blocks are reformulated into design opportunities. The design opportunities derived from each of the building blocks are presented below. In addition, the building blocks were used as basis for formulating the design criteria for the ON2 toolkit 3.0. The design criteria derived from each of the building blocks are also presented.

Building block 1

Clear and inspiring communication to organizations from all touchpoints. Hereby the focus should be on concreteness, visualization and relevance



- Communicating the urgency and added value of caring for family caregivers to healthcare organizations and healthcare professionals
- Provide an explanation of the ON2 trajectory 3.0 in a clear, inspiring and relevant way
- Layout and structure of the ON2 toolkit 3.0 should be user-friendly, clear, guiding and inspiring
- The content of the ON2 toolkit 3.0 and ON2 materials should be concrete, visual, relevant and user-friendly

See design criteria 1, 2, 3, 4, 5, 7, 8

Building block 2

Availability of the right support throughout the ON2 trajectory



- Provide personal contact and support during the orientation phase and when setting up the ON2 project. In this way, organizations have the opportunity to receive additional information, ask questions or discuss unclarities and doubts.
- The ON2 toolkit 3.0 must provide the right support to users who perform the trajectory. This includes support in setting up and carrying out their own project, providing information, instructions, tips and examples for the steps of the ON2 trajectory 3.0, providing support in evaluating and reviewing documented work.
- Network of participating organizations to share experiences, approaches, pain points, tips and ask each other questions or receive feedback
- Add a feature for project teams to check if they are heading the right direction and are on track. This can be used to boost the confidence of the project team in performing their own project.
- Ability to get support if the project team does not know how to continue or is stuck in the process.
- Taking the maturity of the organization into account: their experiences with the ON2 trajectory 3.0 and providing care to family caregivers.

See design criteria 5, 6, 7, 9, 11, 12, 14, 15

Building block 3

A strong project team to ensure good project management



- Composition of the project team: motivated people, multidisciplinary and diverse. In addition, ensure the ambassadors take responsibility and manage the steps of the ON2 trajectory 3.0 (e.g. have a stick behind the door function)
- Ensure good project management by making clear agreements, assigning roles, defining tasks, setting up a good project planning, evaluating the process, and keeping the care team involved and motivated.
- Ensure the care team has sufficient knowledge, skills, awareness and are willing to provide better care to family caregivers
- Ensure that the project team is able to manage and reassure the ON2 trajectory 3.0. This includes performing the steps of the ON2 trajectory 3.0, guiding and supporting healthcare professionals where necessary, and dealing with resistances and roadblocks.

See design criteria 7, 9, 10, 11, 12, 13, 14, 15

Building block 4

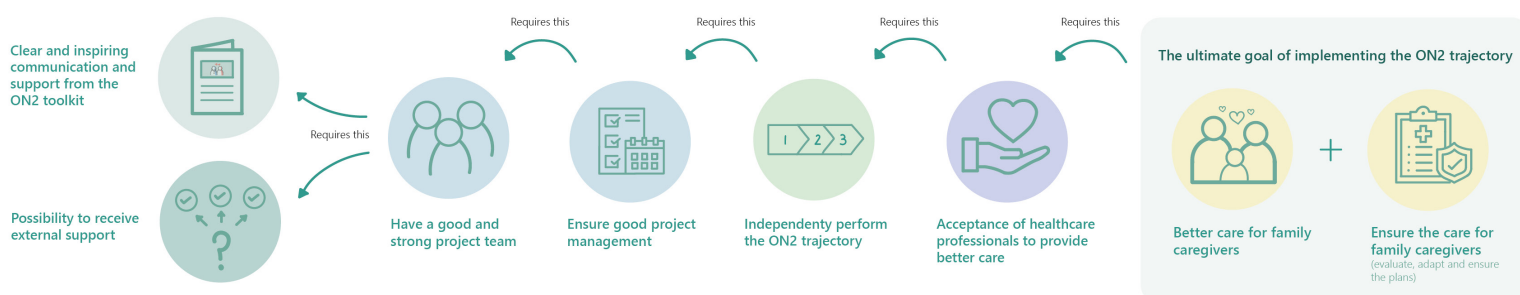
The acceptance of healthcare professionals to provide better care to family caregivers. This depends on their willingness, awareness and ability to provide better care to family caregivers



- Pay attention to increasing the acceptance of healthcare professionals to provide care to family caregivers. This can be done by using the insights derived from the desktop research about change management (see Chapter 3). Relevant topics are: awareness, willingness, ability, common pitfalls, and dealing with resistances and roadblocks
- Increasing the awareness of healthcare professionals on the urgency and added value to provide care to family caregivers. Healthcare professionals should be aware of the needs of family caregivers, the opportunities for improvement, and the benefits they will receive from providing better care (e.g. communicating that makes their work easier, improves the communication and collaboration with family caregivers, and saves time)
- Increasing the willingness of healthcare professionals to provide care to family caregivers. Healthcare professionals should be aware that taking care of family caregivers is not time-consuming or complicated, and that this is done in small steps. In addition, healthcare professionals should be motivated and inspired to start ON2
- Increasing the ability of healthcare professionals to provide care to family caregivers (e.g. knowledge, competencies, experiences and self-confidence)

See design criteria 1, 2, 3, 4, 9, 10

These four building blocks are essential for a successful implementation. It is also relevant to further analyze these building blocks and look at the relationships between the building blocks and how they influence providing better care for family caregivers. This could lead to new insights and further defines what the most essential building blocks are. An overview of the relationships between the building blocks is visualized in Figure 19. Figure 19 shows that in the end building block 4 “the acceptance of healthcare professionals to provide better care to family caregivers” is the most decisive factor and in the end will determine if better care for family caregivers will be established or not.



5.4 Main insights

In this chapter the ON2 trajectory 2.0 was explored in two different ways: as described in the workbook (ON2 in theory) and as performed by participating organizations (ON2 in practice). For both conditions a blueprint was created. The aim for exploring both conditions was to validate the relevance and suitability of the workbook for organizations. Comparing these conditions was essential, because the workbook for organizations and the redesign of the ON2 toolkit 2.0 will be used as basis by new organizations when independently performing the ON2 trajectory 3.0.

As the qualitative research showed, the ON2 trajectory 2.0 performed by organizations in practice is more elaborated than described in the workbook. At this moment not all steps of the ON2 trajectory 2.0 as performed in practice are included in the ON2 workbook, or not yet described in a concrete and user-friendly manner. In addition, research showed that the workbook still lacks information on some subjects, such as: the overview of the ON2 trajectory 2.0, the duration of the different steps, the link between the ON2 materials and the ON2 toolkit 2.0, how to formulate concrete goals, and information on how to reassure providing care to family caregivers within the own organization. Another interesting finding is that the current ON2 toolkit 2.0 is experienced less positively by the target group. The toolkit only presents the available information and does not guide or support users in any way during the ON2 trajectory 2.0. Therefore, the main points of improvement are related to the structure, user-friendliness, content, and guiding aspect of the toolkit.

Overall, the ON2 trajectory 2.0 was largely performed and experienced the same by the different healthcare settings. There were some differences between the healthcare settings, mainly regarding the performance of the different steps to make them fit better with the own organization. However, these differences will not have a significant impact on the redesign of the ON2 toolkit 2.0, because most of the pain points and needs for improvement related to the ON2 trajectory 2.0 were equal for the different healthcare settings.

The insights of the qualitative research have led to four building blocks that contribute to a successful implementation of the ON2 trajectory 2.0. By further analyzing these building blocks an overview was created of the relationship between the different building blocks. What could be concluded was that the acceptance of healthcare professionals to provide better care to family caregivers (building block 4), is the most decisive factor and in the end will determine if better care for family caregivers will be established or not.

All other building blocks are still relevant for a successful implementation. However, without the acceptance of healthcare professionals, better care for family caregivers will not be established. In the following chapters a great focus will therefore be on creating the acceptance of healthcare professionals.

6. Vision for “Oog voor Naasten en Nabestaanden 3.0”

In this chapter, the vision for Oog voor Naasten en Nabestaanden (ON2) 3.0 will be presented. First, a description of the current situation of ON2 2.0 is provided, followed by the desired vision for ON2 3.0. This desired vision is supported by an analogy. Furthermore, an explanation of the ON2 trajectory 3.0 that will serve as the basis for the redesign of the ON2 toolkit 2.0 is given. Lastly, the design criteria for the ON2 toolkit 3.0 are presented.

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6.1 Current situation vs. Desired vision

Current situation of ON2 2.0

In the current situation, project teams are guided and supported by the LUMC throughout the entire ON2 trajectory 2.0. At this moment they perceive the ON2 trajectory 2.0 as energy and time consuming, because it consists of a lot of materials, steps and activities.

At the start of the ON2 trajectory 2.0, most project teams found it unclear and difficult to understand what the trajectory entails and what they could expect from the trajectory. The workbook for organizations explains the ON2 trajectory 2.0 in many pages of text, making it harder for new organizations to get a grip on what the ON2 trajectory 2.0 entails and delivers. A good and simple overview with clear and concrete information about the ON2 trajectory 2.0 is still missing.

In addition, the ON2 toolkit 2.0 lacks a good structure and all ON2 materials of the toolkit mainly consist of text. As a result, project teams lost the overview of what is available and when to use what information.

While setting up their own ON2 project most project teams experienced difficulties with formulating concrete goals that met the SMART criteria. Since not all project teams are used to formulate goals and an action plan, this caused insecurities among several project teams about the quality of their work.

Most healthcare professionals consider providing care to family caregivers as an important subject and are motivated to get started with their formulated action plan. However, due to a high workload in the healthcare sector they do not always have the available time to provide better care to family caregivers.

Healthcare professionals often perceive taking care of family caregivers as “an additional task”, “additional work” and “time consuming”. Moreover, they are often not aware of the benefits and added value that taking care of family caregivers can bring them. As a result, healthcare professionals are sometimes resistant to provide better care to family caregivers: “this is not my job”, “this takes too much time”, “are we not doing it well enough?”.

The current situation is visualized in Figure 20.

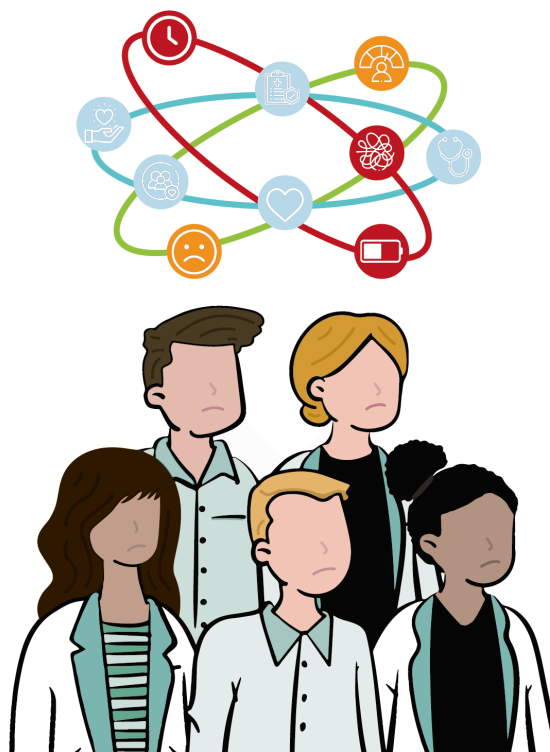


Figure 20. The current situation of ON2 2.0

Desired vision for ON2 3.0

In the future, organizations will have to independently perform the ON2 trajectory 3.0 by means of the ON2 toolkit 3.0. Therefore, the ON2 toolkit 3.0 should be guiding and supporting project teams during the ON2 trajectory 3.0. Moreover, the toolkit should be inspiring and perceived as something valuable that gives healthcare professionals new energy.

The ON2 toolkit 3.0 should take into account the working situation of healthcare professionals: a high workload with little available time. That is why healthcare professionals are supported in an accessible and user-friendly way, while optimizing the care for family caregivers within their organization. To make the ON2 trajectory 3.0 accessible, project teams set-up their own project and perform the trajectory at their own pace. The current situation of the organization will be used as a starting point for improving the care for family caregivers. This will be done in small steps.

Healthcare professionals should become aware that improving the care of family caregivers is done in small steps, and this does not include any radical changes or improvements in the way of working. Therefore, providing care to family caregivers does not have to be complicated or time consuming.

The ON2 toolkit 3.0 should also increase the awareness among healthcare professionals on the benefits and added value that better care for family caregivers can bring them:

- Makes your work easier
- Gives you more energy
- Experience more satisfaction and appreciation in your professional role
- Being able to improve the quality of life of the patient and their family caregivers
- Creates new time that can be spend on other tasks
- Improves the communication and collaboration with family caregivers

The toolkit should contribute to a new mindset among healthcare professionals: "Taking care of family caregivers is not perceived as an additional task, additional work or time consuming anymore, instead taking care of family caregivers is perceived as an added value to the work and daily activities of healthcare professionals".

As a result, healthcare professionals are motivated and inspired to provide better care to family caregivers. The desired vision is visualized in Figure 21.



Figure 21. The desired vision for ON2 3.0

Analogy - The ripple effect

To better represent the desired vision, the ripple effect is used as an analogy.

The impact of providing care and support to family caregivers can be visualized as a ripple effect in a calm pond (see Figure 22). Every act of recognition and support creates ripples that expand outward, positively affecting the work and daily activities of healthcare professionals. Just as a small pebble can create powerful ripples, recognizing that taking care of family caregivers, even in subtle ways, can benefit the work and daily activities of healthcare professionals. Healthcare professionals can feel more energetic, receive more appreciation, experience easier working conditions, and improve the communication and collaboration with family caregivers.

The ripple effect emphasizes the interconnectedness and transformative power of taking care of family caregivers. The ripples symbolize a positive change in the lives of healthcare professionals that occurs when they embrace the importance of providing care to and recognizing family caregivers as an important collaboration partner.

At first, the ripple may be small but as it travels across the water, it grows in size and strength. Similarly, healthcare professionals should acknowledge that taking care of family caregivers can be of added value to their own work, and does not have to be complicated or time consuming. Even the small changes in mindset and actions can have a positive impact on the lives of both healthcare professionals and family caregivers.



Figure 22. The ripple effect (Adobe Stock/Zentilia, n.d.)

Goal for Oog voor Naasten en Nabestaanden 3.0

The vision leads to the following goal for Oog voor Naasten en Nabestaanden 3.0.

*"The aim is to **support** healthcare professionals in an **accessible** and **user-friendly** manner, enabling them to **independently** optimize the care for family caregivers within their own organization. In addition, to increase their **awareness** and **inspire** them about the **benefits** and **added value** of taking care of family caregivers."*

6.2 Explanation of the ON2 trajectory 3.0

The insights from the qualitative research and the formulated vision are used to create the new ON2 trajectory 3.0. The content of the new ON2 toolkit 3.0 should correspond to the steps of the ON2 trajectory 3.0.

To make the ON2 trajectory 3.0 more appealing for organizations it is relevant to communicate the accessibility and added value of performing the trajectory. The ON2 trajectory 3.0 becomes accessible by emphasizing that the current situation of the organization will be used as a starting point for optimizing the care for family caregivers. In addition, organizations will determine by themselves what the focus of their project will be and what goals they would like to achieve. It is essential to communicate that improving the care for family caregivers will take place in small steps and within the own pace of the organization. Therefore, improving the care for family caregivers does not have to be complicated or time consuming.

To successfully achieve the formulated goals, improving the care for family caregivers consists of an ongoing process of performing the plans, evaluating the outcomes, and adjusting the plans if necessary.

Furthermore, the ON2 toolkit 3.0 contributes to making the ON2 trajectory 3.0 easily accessible. One of the core features of the ON2 toolkit 3.0 will be that it guides and supports organizations in a step by step approach while performing the ON2 trajectory 3.0. Another feature that could be added is to make a distinction between materials and tasks that are essential and optional.

The ON2 trajectory 3.0 consists of 6 steps and is shown in Figure 23. A more elaborated overview of the ON2 trajectory 3.0 is shown in Figure 24. The full sized versions of the ON2 trajectory 3.0 can be found in Appendix 7.



Figure 23. The ON2 trajectory 3.0

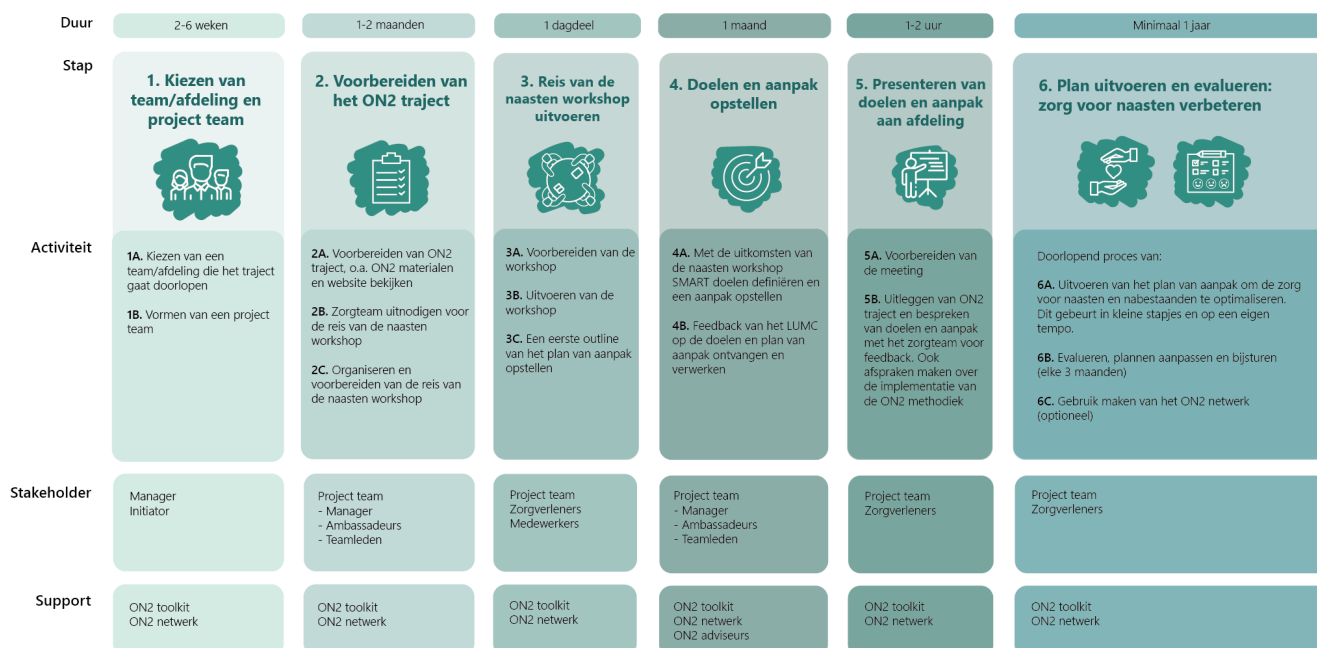


Figure 24. Elaborated overview of the ON2 trajectory 3.0

Main differences between the ON2 trajectory 2.0 and ON2 trajectory 3.0

The main differences between the ON2 trajectory 2.0 and ON2 trajectory 3.0 are presented below.

- The course of the ON2 trajectory 3.0 is slightly different. Some of the steps have been removed, combined with another step, are improved/adjusted, or moved to a later stage of the ON2 trajectory 3.0.
- The ON2 trajectory 2.0 also consisted of activities that were required for the research study of the LUMC. These elements will not be part of the ON2 trajectory 3.0.
- The preliminary trajectory will not be part of the ON2 trajectory 3.0, because this phase does not belong to the ON2 trajectory itself.
- The available support while performing the ON2 trajectory 3.0 is different. The LUMC will not support organizations throughout the whole ON2 trajectory 3.0, instead some support will be available during the orientation phase and when setting up the ON2 trajectory 3.0. Further, organizations will have to use the ON2 toolkit 3.0, ON2 materials and ON2 network while independently performing the ON2 trajectory 3.0.
- The content of the ON2 materials will be improved based on the needs of healthcare professionals, healthcare organizations and project teams.
- The ON2 toolkit 2.0 will be improved. A redesign of the ON2 toolkit 2.0 will be created to inspire and support organizations and healthcare professionals, while orientating and performing the ON2 trajectory 3.0.

Design goal for the ON2 toolkit 3.0

The design goal describes how the ON2 toolkit 2.0 should be adapted in order to fit well with the formulated vision and ON2 trajectory 3.0.

Organizations need to independently implement the ON2 trajectory 3.0, therefore the ON2 toolkit 3.0 should be guiding and supporting healthcare professionals throughout the trajectory. In addition, the ON2 toolkit 3.0 should inspire healthcare professionals to start the ON2 trajectory 3.0 and keep them motivated to provide care to family caregivers on a daily basis.

Due to a high workload, healthcare professionals have little time to work on the ON2 project. Therefore, it is essential that the ON2 toolkit 3.0 is accessible and user-friendly enabling project teams to quickly and easily make use of the ON2 toolkit 3.0.

Based on these insights the design goal for the redesign is formulated as follows:

*"Creating a redesign of the ON2 toolkit 2.0 that **guides, supports, and inspires** healthcare professionals in an **accessible** and **user-friendly** way to **independently** optimize the care for family caregivers within their own organization."*

6.3 Design criteria for the ON2 toolkit 3.0

Based on the insights of the research phase, the building blocks, the vision and ON2 trajectory 3.0 the following design criteria have been formulated for the ON2 toolkit 3.0.

Value creation

1. The redesign is relevant, valuable and inspiring for all healthcare settings
2. The redesign considers the high workload and limited time availability of healthcare professionals to work with the toolkit
3. The redesign communicates the added value and benefits of ON2 in a clear and inspiring way to healthcare professionals and managers
4. The redesign creates awareness among healthcare professionals that taking care of family caregivers is not complicated or time-consuming
5. The redesign provides additional information, tips, frequently asked questions and examples for project teams when performing the ON2 trajectory 3.0
6. The redesign enables organizations to set up and perform their own project by filling in and reviewing their own goals, action plan and progress.

Interaction

7. The redesign provides sufficient support and guidance to project teams to independently perform the ON2 trajectory 3.0
8. The redesign is accessible and user-friendly for project teams to independently work with the ON2 toolkit 3.0

Successful implementation of the ON2 trajectory

9. The redesign provides information and supports the project team in dealing with resistances from healthcare professionals
10. The redesign provides information and supports the project team in creating acceptance among healthcare professionals to provide care to family caregivers: awareness, willingness and ability.
11. The redesign provides information and supports project teams in reassuring the care for family caregivers within the organization in the short and long term
12. The redesign supports the project team in independently evaluating their action plan and progress in providing care to family caregivers
13. The redesign contains an overview of common pitfalls with tips and solutions on how project teams can prevent and tackle these pitfalls

Network of participating organizations

14. The redesign includes tips and examples from other organizations
15. The redesign connects participating organizations to share experiences and tips, and support each other

Requirements and wishes of the LUMC

16. The redesign gives priority to minimizing time spent on maintenance & management
17. The redesign is expected to be completed and launched in early 2024
18. A clear plan is provided for further developing and realizing the ON2 toolkit 3.0 after the graduation project

7. Ideation

In this chapter the ideation phase will be presented. Different activities were performed during the ideation phase, including several brainstorming sessions, an analysis on existing online training platforms, and an analysis on the advantages and disadvantages of a website versus an application.

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7.1 Overview

In the ideation phase various ideas were created for the ON2 toolkit 3.0. During the ideation phase multiple brainstorming activities were performed. The formulated vision and design criteria were used as a starting point for creating different how to questions. The brainstorming phase started with brainstorming individually, looking at the opportunities derived from the qualitative research, and turn these into ideas for the redesign. After each brainstorming session the generated ideas were clustered to create an overview of all ideas. Over time, different ideas and clusters were combined to create new ideas and clusters. The outcomes of each brainstorming session were used as input for the next brainstorming session.

A brainstorming session with the LUMC EPZ was performed. During this session different how to questions were answered to create ideas for the redesign. In addition, an overview of the ON2 trajectory 3.0 was visualized and participants were asked to come up with ideas for the different steps of the trajectory. To make it easier for participants to come up with ideas, all how to questions and steps of the ON2 trajectory 3.0 already presented some generated ideas.

After the brainstorming session with the LUMC EPZ another brainstorming session was performed with three students. During this session different how to questions were answered to create ideas for the redesign. In addition, one of the ideas that resulted from previous brainstorming activities, was discussed for feedback and input.

To gain inspiration for the ON2 toolkit 3.0, various websites that offer online trainings, courses and workshops were examined. The structure, interactions, elements, features and content of these websites were reviewed. For all website, the positive and negative aspects were documented. These were used as insights in creating more ideas and coming up with the structure for the redesign.

Finally, the advantages and disadvantages of both a website and an application were analyzed. The results of the analysis were compared with the design criteria, which resulted in the preference for the ON2 toolkit 3.0 as a website.

An overview of the ideation phase is shown in Figure 25.



Figure 25. Overview of the ideation phase

7.2 Brainstorming sessions

The brainstorming sessions were performed individually, with the LUMC and a few students. All brainstorming sessions took place online and the platform Miro was used. During each brainstorming session different how to questions were answered to generate ideas.

Part 1 - Brainstorming individually and with LUMC

During this session two activities were performed. The first activity focused on creating ideas for seven how to questions (see Figure 26). The second activity focused on creating ideas for the different steps of the ON2 trajectory 3.0 (see Figure 27). The how to questions asked to the participants during this session are presented below.

- How to motivate and inspire healthcare professionals to start with ON2?
- How to keep healthcare professionals motivated to work on ON2?
- How to make the ON2 trajectory 3.0 accessible for healthcare organizations and their employees?
- How to incorporate the feeling of 'providing care and having an eye for family caregivers' within the ON2 toolkit 3.0?
- How to support healthcare organizations with independently performing the ON2 trajectory 3.0?
- Who could potentially perform the role of advisor to help and support participating organizations?
- How to connect participating organizations with each other before and during the ON2 trajectory 3.0?
- What are possible features or elements that could be added to the ON2 toolkit 3.0 for each step of the ON2 trajectory 3.0?

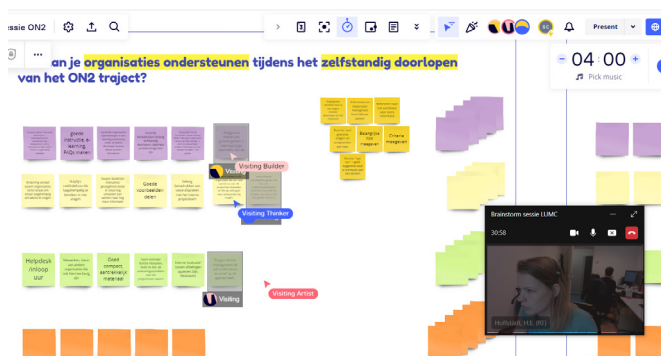


Figure 26. Brainstorming session with the LUMC

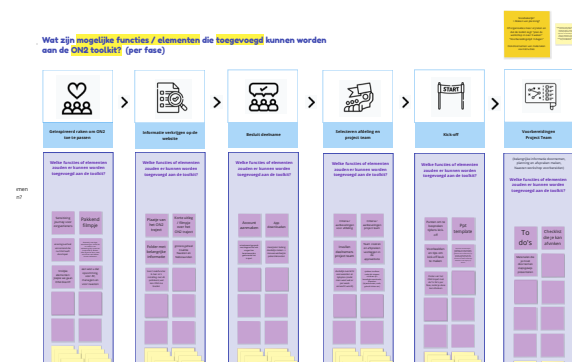


Figure 27. Brainstorming on the ON2 trajectory 3.0

Outcomes of the brainstorming session with the LUMC

The brainstorming session with the LUMC have led to interesting ideas and new insights for the redesign. The most potential ideas derived from the session are presented in Figure 28 and are used as input for the other brainstorming sessions. In Appendix 8, more details are available on the generated ideas.

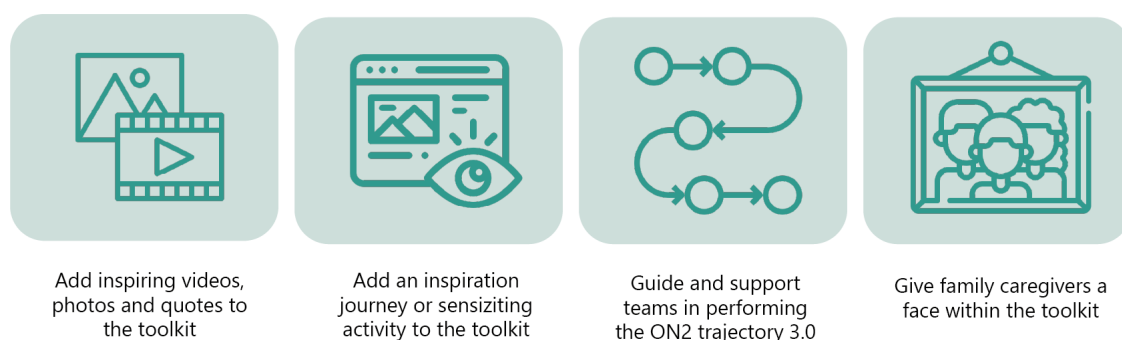


Figure 28. Ideas derived from the brainstorming session with the LUMC

Part 2 - Brainstorming individually and with a few students

The second brainstorming session was performed with students and focused on further brainstorming on the already generated ideas. During this session the following how to questions were answered to generate ideas. In addition, the brainstorming session focused on further exploring the idea of adding a sensitizing assignment/inspiration tour to the ON2 toolkit 3.0 (see Figure 29).

- How to stimulate the interaction between participating organizations that join to the ON2 network?
- How to use notifications and reminders to motivate, inspire and support healthcare professionals during the ON2 trajectory 3.0?
- How to inspire and motivate healthcare professionals to start the ON2 trajectory 3.0?
- How to give form to a sensitizing assignment that motivates and inspires healthcare professionals to start ON2?
- How to make the ON2 toolkit 3.0 fun and enjoyable?
- How to incorporate the feeling of 'providing care and having an eye for family caregivers' within the ON2 toolkit 3.0?
- How to make the ON2 toolkit 3.0 valuable for healthcare professionals and organizations in the long term?



Figure 29. Brainstorming session with students

Outcomes of the brainstorming session with students:

The brainstorming session with students have led to new insights, valuable feedback and more detailed ideas for the redesign. The most potential ideas derived from the session are presented in Figure 30. In Appendix 8, more details are available on the generated ideas.



Figure 30. Ideas derived from the brainstorming session with students

Main insights brainstorming sessions

The brainstorming sessions led to inspiring and valuable ideas for the ON2 toolkit 3.0. Most of the generated ideas were related to making the toolkit more inspiring, guiding, supporting and valuable for users. Examples of ideas are adding inspiring content to the toolkit, such as photos, videos, quotes, and an inspiration journey. Provide step-by-step instructions and support to guide users throughout the ON2 trajectory 3.0, and add features to the ON2 toolkit 3.0 to make it valuable to users in the long term

7.3 Analyzing online training platforms

To get inspiration for the redesign, nine online training platforms have been reviewed on the structure, interactions, elements, features and content. The positive and negative aspects of each platform were documented and used as insights for creating more ideas and coming up with a structure for the redesign. Figure 31 shows an example of the analysis of one of the online platforms, including the relevant insights derived from the analysis. All results of the analysis can be found in Appendix 9.



Figure 31. Analysis online training platforms. (Pictures from Goodhabit, n.d.)

Main insights of the analysis

- **Available information.** All websites explain their service, by providing a general explanation of the service, and giving a short description of the activities, the goals and requirements.
- **Tone of voice.** The tone of voice of the website should fit with the target audience. Most websites create a connection with the user by describing a situation they can identify themselves with or by describing the desired situation.
- **Amount of tabs.** Some websites contained a lot of tabs or combined different websites into one website. This made it difficult to navigate through the website and find the necessary information. The website should be simple, clear and user-friendly

Possible features for the redesign - Inspire users and get them started

- **Home page.** Most homepages have the following elements to explain their training/workshop: a short explanation, the advantages, the added value and uniqueness, the learning goals, what is needed from the organizations, a slogan, and a call to action.
- **Slogans.** Use slogans to connect with the users and motivate and inspire them to start
- **Quotes.** Most websites have quotes of participant showing how they experienced the training/workshop

Possible features for the redesign - Guide and support users in performing the training/workshop

- **Profile.** Create your own profile for performing the training/workshop. Within the profile you are able to see your progress and receive more information about the next steps
- **Step-by-step guidance.** Most websites guide the user step-by-step through the online training/workshop. For each activity a general explanation, the tasks, instructions, required time, goals and materials are provided.
- **Personal assistance, reminders and motivators.** Some websites offer personal assistance, reminders and motivators to support users while performing the training/workshop.

Possible features for the redesign - Provide support to users

- **Chat box.** A chat box pops up and asks a question to the user. The user can choose between several answers. Based on their answer a different question is asked or information is provided to the user. For additional support, users are directed to the helpdesk.
- **FAQ.** The frequently asked questions about the service are answered. Users can receive additional information by clicking on a link and have the possibility to get in contact with a coach/expert to ask their questions.

7.4 Analyzing a website versus an app

The redesign of the ON2 toolkit 2.0 can be a website or an application. In this section the advantages and disadvantages of the different options will be considered.

Both options will be assessed on the following aspects: development time and costs, the upgradability and lifecycle, the findability and reach, the accessibility, the functionality and connectivity, the speed, the user experience, and the independency. The results of this analysis are shown in Table 3. More in-depth results and an explanation for each of the aspects can be found in Appendix 10.

Table 3. *Advantages and disadvantages of a website and an application*

	Website	Application
Development time and costs	+	-
Upgradability and lifecycle	+	-
Accessibility	+	-
Findability and reach	+	-
Functionality and connectivity	+ / -	+
Usage speed	-	+
User experience	-	+
Independency	+	-

Note. (Almeida, 2023; Buck, 2023; Dailycms, n.d.; Gupta, n.d.; Myler media, 2021).

Main insights

As table 3 shows, both a website and an application have their own advantages and disadvantages.

The most significant advantage of a website is that it is easier to develop compared to an application, therefore the development time and costs are lower. In addition, a website does not need to be approved by a third party or go through several steps of control and quality assurance when being developed or upgraded. The lifecycle of a website is longer compared to an application, meaning less updates are necessary to keep the website working. The maintenance costs and time for a website are therefore lower compared to an application. Lastly, a website is more accessible and has a higher findability. A website can be used on multiple devices, via the web browser, and with search engine the reach on the internet is larger compared to an application.

The most significant advantage of an application is that the user experience is better, because an application is designed to be used on a mobile device and therefore has a faster usage speed compared to a website. In addition, with an application you can include more elaborative functions such as making use of GPS, camera, SMS and motion sensors.

When assessing both options on the new usage scenario of the ON2 toolkit 3.0, the formulated design criteria, and LUMC's wish to make the ON2 toolkit 3.0 as independent as possible, it is recommended that the redesign becomes a website. The total development and maintenance time and costs of a website are lower compared to an application. In addition, the ON2 toolkit 3.0 should inspire and inform users about the ON2 trajectory 3.0, for which a website is essential. Moreover, a website increases the findability and accessibility of the ON2 toolkit 3.0.

7.5 Main insights

In this chapter the ideation phase was explained, which consisted of three activities. Firstly, brainstorming individually and organizing several brainstorming sessions with the LUMC and some students. Secondly, performing an analysis on the characteristics, content and structure of existing online training platforms. Lastly, performing an analysis on the advantages and disadvantages of a website versus an application.

The brainstorming sessions led to inspiring and valuable ideas for the ON2 toolkit 3.0. In addition, the analysis of the online training platforms showed which features are often used in online training platforms to inform, motivate and support users during their orientation and when starting the online training. Lastly, the analysis on the advantages and disadvantages of a website and application, showed a preference for the ON2 toolkit 3.0 to remain a website.

In the next chapter 'Conceptualization' the ideas and insights of this chapter will be used to create a concept of the ON2 toolkit 3.0.

8. Conceptualization

In this chapter the conceptualization phase will be presented. Different activities were performed during the conceptualization phase to create a concept for the redesign of the ON2 toolkit 2.0. Activities included are making drawings of the screens, creating digital interfaces, and testing and iterating the concept.

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8.1 Overview

During the conceptualization phase the most potential ideas of the ideation phase were combined to create a concept of the redesign. The process of creating the final concept consisted of three activities (see Figure 32).

1. Making drawings of the content and layout for each of the screens. This was done by combining the most potential ideas and insights derived from the brainstorming sessions
2. Creating digital interfaces of the drawings
3. Ongoing process of testing and iterating to improve the concept
 - a. Test the digital interfaces with the LUMC and students
 - b. Create the first prototype of the redesign and discuss the prototype with the coaches and client
 - c. Test the prototype with the LUMC and PZNL
 - d. Test the prototype with one ambassador
 - e. Test the prototype with the LUMC
 - f. Test the prototype with another ambassador/manager

During the test sessions participants were asked to use the prototype by performing three small assignments. The first assignment focused on using the ON2 toolkit 3.0 to orientate and obtain more information about the ON2 trajectory 3.0. The second assignment focused on creating a profile and setting up your own ON2 project by performing the ON2 trajectory 3.0. The third assignment focused on using your own dashboard to see your results and progress.

While using the prototype, participants shared their screen making it possible to see how they navigated through the screens and which features and information they did and did not use. During the test session, the focus was mainly on testing the structure, functionality, user-friendliness, content and features of the website. Participants were asked to share their first impressions, feedback and points of improvement. In addition, the redesign was assessed on the criteria as formulated in the design goal: accessibility, user-friendliness, guiding, supportive and inspiring. The insights and feedback obtained from the sessions were used to improve the concept.

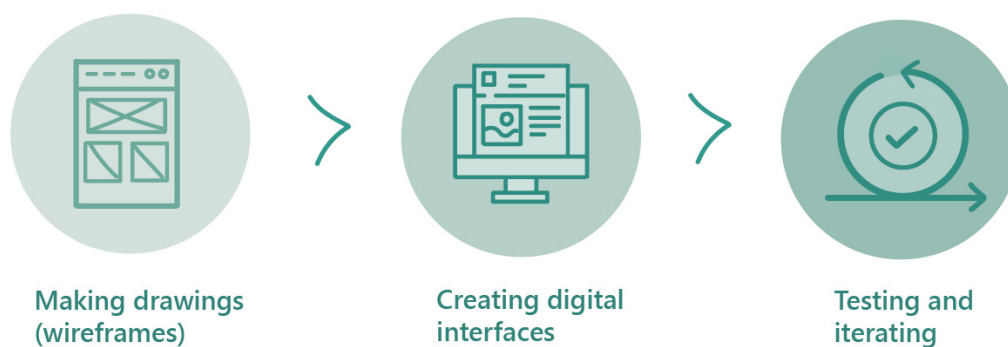


Figure 32. Overview of the conceptualization phase

8.2 Making drawings of the screens

The insights of the qualitative research and the formulated vision showed that the redesign of the ON2 toolkit 2.0 should not only support and guide the project team throughout the ON2 trajectory 3.0, but also motivate and inspire healthcare professionals and healthcare organizations to start with the ON2 trajectory 3.0.

Therefore, the redesign consists of two parts:

1. Inform and inspire users about the ON2 trajectory 3.0
2. Support and guide users throughout the ON2 trajectory 3.0

For both parts, drawings were created on the layout and structure of the screens. The ideas from the ideation phase were incorporated when making the drawings. In addition, the steps of the ON2 trajectory 3.0, the insights of the research phase, and the content of the workbook for organizations were taken into account. This resulted in many drawings illustrating the route users take when orientating for or performing the ON2 trajectory 3.0. Some of the drawings are shown in Figure 33.

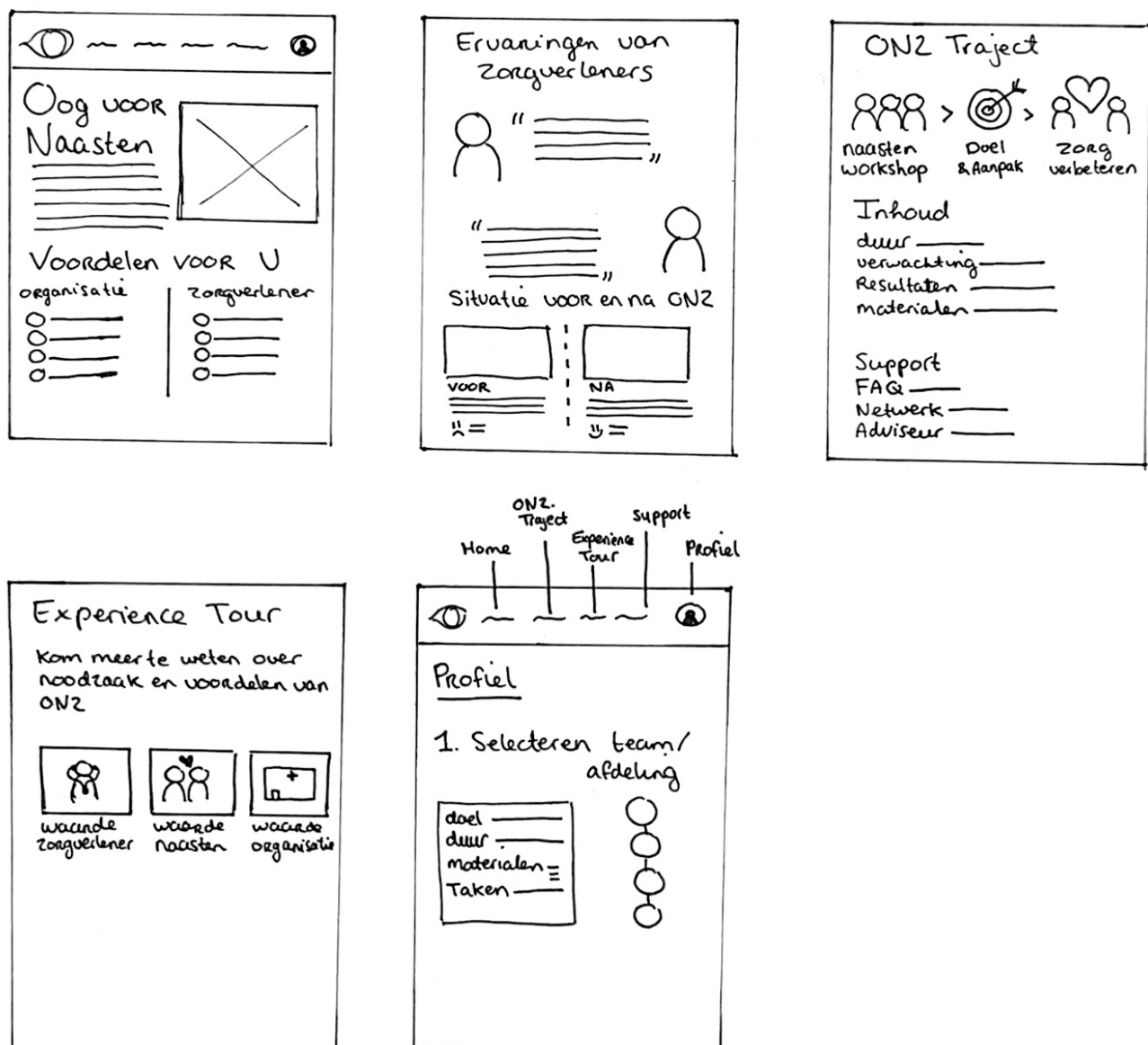


Figure 33. Drawings on the content and layout of the screens

8.3 Creating digital interfaces

The overall layout and content of the drawings were used as starting point for creating the digital interfaces of the concept. In this step, the content of the different screens was further elaborated. This included searching for images that could be used on the website and formulating the text that will be available on the website. Some examples of the first version of the digital interfaces are shown in Figure 34.



Figure 34. Digital interfaces of the screens (Pictures from Adobe Stock, n.d.; Avans Hogeschool n.d.; Bernhoven, n.d.; Limburg VAC, 2021)

8.4 Testing and iterating the concept

The digital interfaces were used as starting point for creating the prototype of the concept in Adobe XD. The conceptualization phase mainly consisted of testing the prototype with the target group, obtaining user feedback, and iterating the concept. This iterative process corresponds to the basic design cycle (Roozenburg & Eekels, 1995). A total of five iteration cycles were performed. Figure 35 provides an overview of the testing and iterating process for improving the concept. The circles correspond to the test sessions and the squares correspond to the activity of improving the concept. The test sessions were conducted with different stakeholders, each having their own color. The stakeholders involved were: a few students and the LUMC (red), the coaches of the TU Delft (yellow), the LUMC (purple), and the ambassadors belonging to the target group (blue). For each test session, the most important conclusions are presented, a visual of the homepage from the ON2 toolkit 3.0 is shown, and the link to the prototype is available. In between the sessions, the prototype was adjusted based on the most important insights and points of improvement derived from the previous session(s). In Appendix 11, more details are available on the outcomes of the two test sessions with the target group.

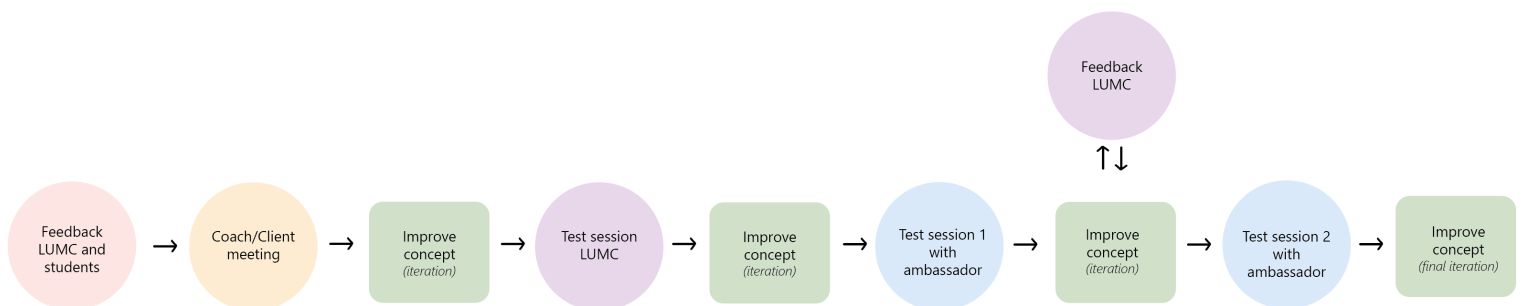


Figure 35. Overview of the testing and iterating process

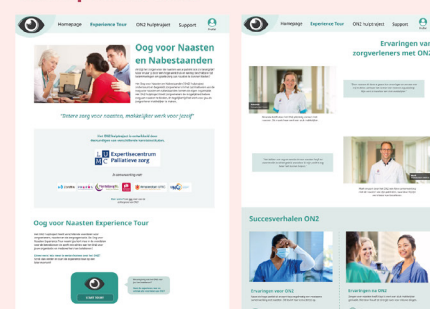
Feedback from LUMC and students on the concept

The digital interfaces were discussed with the LUMC and students for feedback.

Main insights and points for improvement

- Add photo's, quotes and examples for each of the settings
- Hide/show function on menu bar to see content of the page
- Add ON2 materials on the website
- Add information for managers

Concept interfaces



Prototype interfaces



Adobe test link
<https://xd.adobe.com/view/1ca6e425-7961-4386-9e4d-2cc9a3468061-49f5/?fullscreen&hints=off>

Open this link to view the prototype of this session, including all interfaces

Coach/Client meeting about the first prototype

The first prototype was created and discussed with the LUMC and the coaches for feedback.

Main insights and points for improvement

- Make information more concise
- Improve user interaction and structure of the website
- Iterate and improve the inspiration tour
- Add visual ON2 trajectory
- Add visual ON2 toolkit
- Make homepage more concise
- Pay more attention to core features of the website

Test session with the LUMC EPZ and PZNL

The prototype was tested with the LUMC EPZ and PZNL for feedback.

Main insights and points for improvement

- The website is inviting, but contains a lot of information
- Add more information on what information is available on the website
- Explain the different steps of the ON2 trajectory (goal and duration)

Prototype interfaces



Adobe test link

<https://xd.adobe.com/view/78b08bcf-9b96-41ff-b19a-1374b8865060-2de3/?fullscreen&hints=off>

Open this link to view the prototype of this test session, including all interfaces

Prototype interfaces



Adobe test link

<https://xd.adobe.com/view/94416d8c-48f2-44b4-ada8-18a52ebfc89d-c112/?fullscreen&hints=off>

Open this link to view the prototype of this test session, including all interfaces

Test session 1 with an ambassador (nursing home)

A test session with an ambassador who has performed the ON2 trajectory while being guided by the LUMC. To test the lay-out, functionalities and user friendliness of the concept.

Main insights and points for improvement

- Good and compact overview of ON2 toolkit
- Easier, more clear and user friendly then current website and workbook
- ON2 trajectory should be directly visible
- Remove background info ON2 from homepage
- Why info managers page?
- Relevant information should be shown first and visible on one screen

More detailed insights can be found in Appendix 11

Feedback session with the LUMC

The prototype was discussed with the LUMC for feedback and to highlight the most important points for improvement.

Main insights and points for improvement

- Information should be more concise and fit on one screen
- Add the experiences of participants with the steps of ON2 trajectory (videos) to the ON2 trajectory page
- Add FAQ to support page

Prototype interfaces



Adobe test link

<https://xd.adobe.com/view/3696286e-abe0-4276-bc5b-86ab22b73c05-63c5/?fullscreen&hints=off>

Open this link to view the prototype of this session, including all interfaces

Prototype interfaces



Adobe test link

<https://xd.adobe.com/view/a7318089-d3b9-4611-8695-ed35780c8b14-f262/?fullscreen&hints=off>

Open this link to view the prototype of this test session, including all interfaces

Test session 2 with an ambassador/ previous manager (home care)

A test session with an ambassador who has performed the ON2 trajectory while being guided by the LUMC. To test the lay-out, functionalities and user friendliness of the concept.

Main insights and points for improvement

- Colors are pleasant, not too much text, eye pleasing lay-out
- Nice feeling when entering the website
- Good overview of ON2 toolkit and trajectory
- Homepage clear and structured
- Add the structure of the homepage to menu bar
- The info managers page is also relevant for the project team
- Website is very user friendly, clear, and has a good structure

More detailed insights can be found in Appendix 11

Final iteration of the concept

Based on the last test session and the point for improvement of the previous test session, a final iteration was performed to improve the concept

Changes implemented

- Home bar of the website, so it corresponds with the structure on the homepage.
- Rename the info managers page ("Opstarten ON2") and remove some of its content
- Add titles and info buttons to the ON2 materials
- Create sub steps out of the first step of the ON2 trajectory (within the profile)
- Make the background of the dashboard correspond with the different steps

Prototype interfaces



Adobe test link

<https://xd.adobe.com/view/fb5cd114-d96b-4f55-a808-0d690bbf3a10-ae0f/?fullscreen&hints=off>

Open this link to view the prototype of the last iteration

8.5 Main insights

In this chapter the conceptualization phase was explained, which consists of drawing the layout and content of the screens, creating digital interfaces, creating a prototype, testing the prototype, and iterating to improve the concept.

Multiple iterations were performed to improve the concept. During the test sessions, participants were asked to use the prototype and assess the prototype on the following criteria: accessibility, user-friendliness, guiding, supportive, and inspiring. In addition, participants were asked to share their first impression, thoughts, ideas, and points of improvement.

The prototype was tested with two healthcare professionals. The first test session with one of the healthcare professionals provided valuable feedback and several points of improvement. The test sessions with the LUMC were very useful to further improve and develop the concept. All feedback from the target group, LUMC and TU Delft were integrated to improve the prototype. The improved prototype was used during the second test session with one of the healthcare professionals. The results of the second test session were very positive. The participant experienced the concept as user-friendly, helpful, valuable and visually pleasing. Moreover, the participant mentioned that he prefers the ON2 toolkit 3.0 over the ON2 toolkit 2.0. The points of improvement derived from the second test session, will be taken into account when creating the final concept of the ON2 toolkit 3.0. The final concept of the ON2 toolkit 3.0 will be explained and presented in the next chapter.

9. The final concept: ON2 toolkit 3.0

In this chapter the final concept of the ON2 toolkit 3.0 will be explained and presented. This includes an explanation on the key aspects of the ON2 toolkit 3.0, the structure of the ON2 toolkit 3.0, and the different pages of the ON2 toolkit 3.0. In addition, the user interactions and instructions per page are explained and will be used when further developing the ON2 toolkit 3.0. Further, a usage scenario is presented showing how users will interact with the ON2 toolkit 3.0. Lastly, a cost analysis is performed to get an overview of the estimated costs for further developing the ON2 toolkit 3.0.

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9.2	Structure of the ON2 toolkit 3.0	94
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9.1 Key aspects of the ON2 toolkit 3.0

The key aspects describe what the ON2 toolkit 3.0 provides healthcare organizations and healthcare professionals who are orientating or performing the ON2 trajectory 3.0.

Informing on the ON2 trajectory 3.0

The ON2 toolkit 3.0 informs organizations and healthcare professionals about the purpose, goal and added value of the ON2 trajectory 3.0. In addition, it clearly explains the different steps of the ON2 trajectory 3.0 by providing information on the goal, duration and experiences of participants. The toolkit also explains what participants can expect from the ON2 trajectory 3.0, what the conditions are for starting your own project and how to set up and start the ON2 trajectory 3.0 to create your own project.

Providing the ON2 materials

The ON2 toolkit 3.0 provides the ON2 materials used throughout the ON2 trajectory 3.0. The materials are suitable for three target groups: family caregivers, healthcare professionals and healthcare organizations. To make the materials easily accessible to healthcare organizations and professionals, the materials are available on the public section of the website. As a result, healthcare organizations and professionals can also use the materials without performing the ON2 trajectory 3.0. When creating a profile, the ON2 materials are shared in small parts with the users, based on the step they perform. By only providing the most essential and relevant information, making use of the materials becomes more user-friendly and manageable for the users.

Providing inspiration tours

The ON2 toolkit 3.0 provides four inspiration tours for healthcare organizations and professionals they can follow to explore the benefits of performing the ON2 trajectory 3.0, and get to know more about the experiences of other participants. The tours focus on the experiences of healthcare professionals, the experiences of family caregivers, the experiences of managers, and lastly some questions that need to be answered to receive an advice on the added value of ON2 for the own organization and employees. The inspiration tours create awareness among healthcare organizations and professionals on the benefits of providing care to family caregivers and performing the ON2 trajectory 3.0. This motivates and inspires them to create a profile and start the ON2 trajectory 3.0.

Creating your own profile

The ON2 toolkit 3.0 enables healthcare organizations to create their own profile, in which they can perform the ON2 trajectory 3.0 to set up and carry out their own project. Within the profile, healthcare organization and professionals are guided and supported in the independent implementation of the ON2 trajectory 3.0. This is done by following a step-by-step approach. For each of the steps, users receive clear and concrete instructions, tips, examples, required materials and answers to frequently asked questions in order to receive optimal support. The profile can also be used to document your results, conclusions and agreements for the different steps. Eventually, this information is incorporated within your own dashboard. In this dashboard, users see their formulated goals, the agenda, the evaluations, their progress and the step of the ON2 trajectory 3.0 they are currently performing.

9.2 Structure of the ON2 toolkit 3.0

When visiting the ON2 toolkit 3.0, users start at the homepage. From the homepage users can navigate to other pages depending on their own needs and preferences. The homepage provides an overview of the information available on the different pages of the toolkit. Users can view the information by clicking on a button. This will take them to the corresponding page. In addition, the toolkit also has a menu bar, which is always present and allows users to easily navigate through the toolkit.

Figure 36 gives an overview of the structure of the ON2 toolkit 3.0. The overview explains the interaction flow between the different pages. This is the route users can take when using the toolkit. As mentioned before, the menu bar allows users to easily navigate through the different pages. This interaction flow is not integrated in the overview, because it depends on the individual behavior of the users.

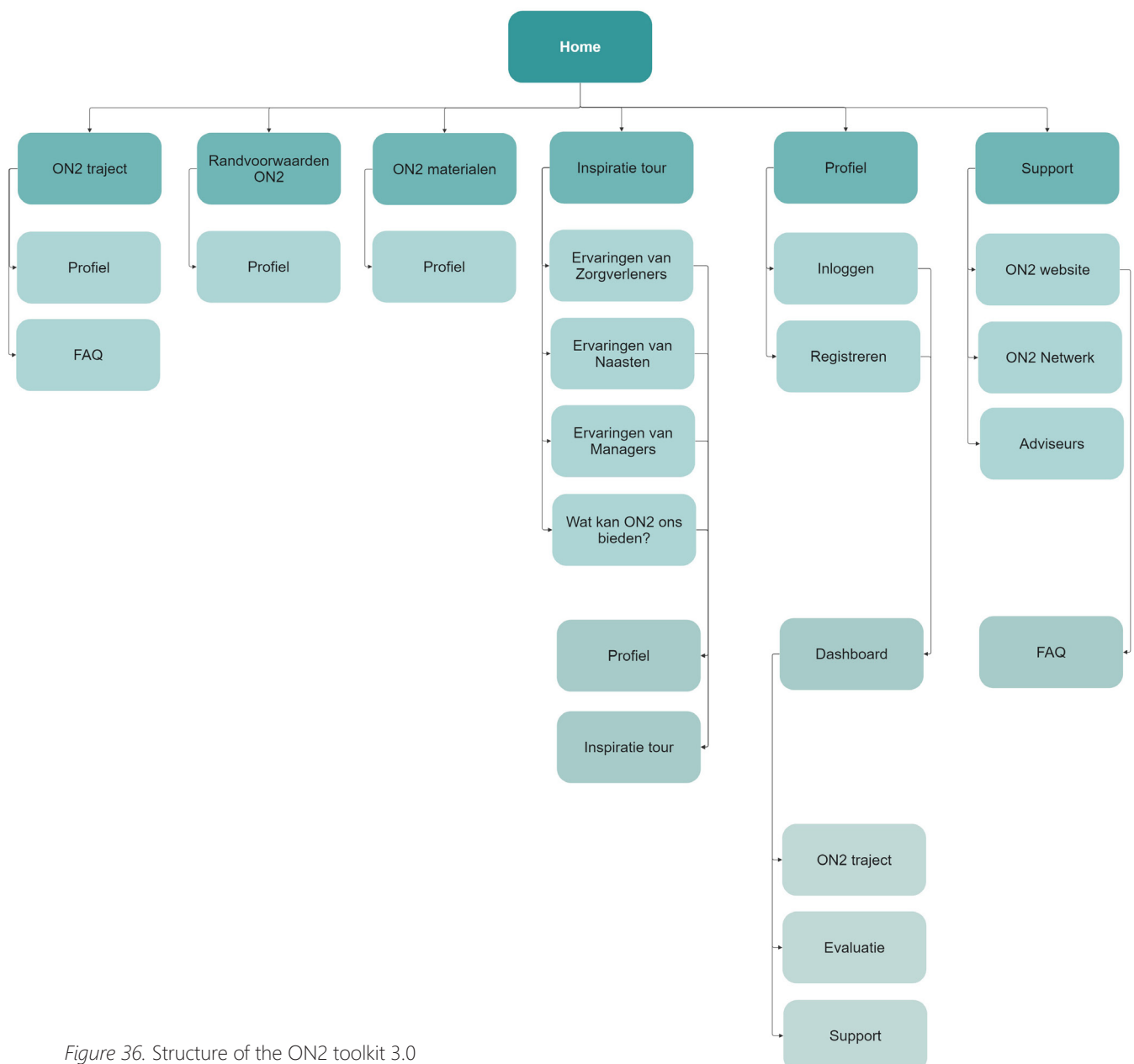


Figure 36. Structure of the ON2 toolkit 3.0

9.3 Pages of the ON2 toolkit 3.0

This section presents and explains the different pages of the ON2 toolkit 3.0. First, a general explanation is provided on the layout of the toolkit, including aspects that are integrated when designing all individual pages. Followed by an explanation of each page of the toolkit. All pages of the ON2 toolkit 3.0 can also be found in Appendix 12.

Layout of the ON2 toolkit 3.0

While designing the ON2 toolkit 3.0, decisions were made on the layout of the pages, including color usage, fonts, visuals, buttons and tone of voice.

Colors

The colors used in the toolkit correspond to the main color used in the ON2 materials for organizations (dark green). To make the color more attractive and less dominant, a light shade of the dark green color is used as basis throughout the toolkit. Overall, the colors express calmness, softness, accessibility and resonate well with the target audience.

Fonts

The toolkit uses Sans Serif fonts, because these fonts give the toolkit a clean, minimal and friendly look. In addition, Sans Serif fonts have a good readability and therefore increases the approachability of the toolkit. The chosen fonts also fit well with the fonts used in the ON2 materials.

Visuals

The toolkit combines pictures and icons. The research of the LUMC EPZ showed that the target group has a preference for the use of icons, because icons are more neutral making it easier for healthcare professionals to identify themselves with the situation. In addition, icons are simple and quickly show the definition of the content.

Some pages also contain pictures. On these pages, users can select their own healthcare setting to view examples and pictures that are specific to their role and organization. This increases the effectiveness of the presented information, because users become aware of the added value and can identify themselves with the content. To reach a wider audience, it is therefore also important to show diversity when using pictures and giving examples.

Buttons

All buttons of the toolkit have a green color that is darker than the rest of the content, making them stand out on the page and suggesting an action is possible. To increase the user-friendliness, all buttons describe the action that clicking on the button will start. In addition, the buttons have rounded corners that make them more pleasant to look at and attract users' attention.

Tone of voice

The tone of voice used in the toolkit is informal. This makes the toolkit more accessible, approachable and increases the connection of the user with the toolkit. In addition, the toolkit connects with users by addressing them personally, which is done through sentences as: 'Choose for which setting you want to view examples' , "do you also want to start with the ON2 trajectory? This is possible at all times!".

Homepage

The homepage presents an overview of what Oog voor Naasten en Nabestaanden entails: materials for family caregivers, materials for healthcare organizations, materials for healthcare professionals, an interactive website, and the ON2 trajectory 3.0. It also briefly describes the performance of the ON2 trajectory 3.0, which organizations will do independently as being guided and supported by the ON2 toolkit 3.0. Therefore, organizations will create a profile in which they will set up and carry out their own project to improve the care for family caregivers.

The ON2 toolkit 3.0 is visualized with a hand holding growing plants. This stands for 'caring for other people' and 'growth'. This visual is used to connect more with the target group.

The title 'Oog voor naasten en nabestaanden' is displayed in a large font at the top of the homepage. This contributes to conveying the message of the toolkit to the users in seconds.

The homepage also provides an overview of all information available on the website. This information is clustered in four categories, each with a short description and a button that takes you to the corresponding page of the website. The four categories are in line with the home bar of the website.

A visual of the homepage is presented in Figure 37.



Figure 37. Homepage of the ON2 toolkit 3.0

ON2 trajectory

The ON2 trajectory page explains the six steps of the ON2 trajectory 3.0. Users can obtain more information by clicking on the different steps of the trajectory. For each step the goal, duration and a video with experiences of participants are presented.

To make the ON2 trajectory 3.0 more accessible, the explanation also pays attention to the ownership healthcare organizations and professionals have when performing the ON2 trajectory 3.0. It explains that the team determines how they spend their time, what goals they want to achieve and how they want to achieve these goals.

To encourage users to start the ON2 trajectory 3.0, the page has a call to action to create their own profile. Within this profile, users are guided and supported in performing the ON2 trajectory 3.0 and setting up and carrying out their own project. In case users have any questions, there is a link to the FAQ page.

A visual of the ON2 trajectory page is shown in Figure 38. In addition, the explanation of one of the steps of the ON2 trajectory 3.0 is shown in Figure 39.



Figure 38. ON2 trajectory page of the ON2 toolkit 3.0

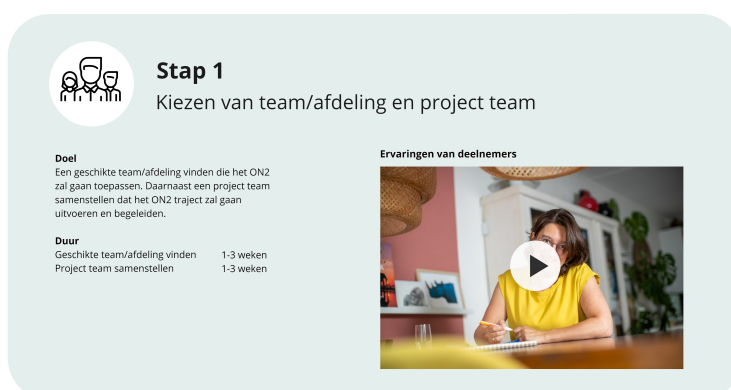


Figure 39. Explanation of the first step of the ON2 trajectory 3.0

Conditions ON2

The Conditions ON2 page presents relevant information on the ON2 trajectory 3.0 and the conditions for starting the ON2 trajectory 3.0, which is valuable for healthcare organizations and professionals. It shows the added value of ON2 for organizations and provides users with FAQ about the ON2 trajectory 3.0, its purpose, the duration, the expectations, common pitfalls and the available support. This page also has a call to action to encourage users to create a profile and start performing the ON2 trajectory 3.0.

A visual of the Conditions ON2 page is shown in Figure 40.

Home ON2 traject **Randvoorwaarden ON2** ON2 materialen Inspiratie tours Support Profiel

Q Zoek

Randvoorwaarden ON2

Op deze pagina vind je meer informatie over de toegevoegde waarde van ON2 voor de eigen organisatie, de voorwaarden voor het toepassen van ON2 en wat je als organisatie van het ON2 kan verwachten.

Toegevoegde waarde van ON2 voor de eigen organisatie

- Betere kwaliteit van zorg aanbieden
- Hogere medewerkerstevredenheid
- Hogere klanttevredenheid
- Besparen van tijd en geld

Meer weten wat het ON2 voor uw organisatie kan betekenen?
Download de brochure voor managers
[Brochure Managers](#)

Voorwaarden voor het toepassen van ON2

Om het ON2 traject succesvol te doorlopen raden wij de volgende aspecten aan

- De zorgorganisatie moet de **ambitie** hebben om **goede kwaliteit van palliatieve zorg** te willen geven aan **patiënten** met een levensbedreigende aandoening (of kwetsbaarheid) én hun **naasten**.
- Projectambassadeurs worden door **leidinggevendend/ teammanagers gefaciliteerd** om van de implementatie van de ON2-methodek een **succes** te kunnen maken.
- Leidinggevenden, teammanagers** en bij voorkeur ook de Raad van Bestuur moeten **achter de implementatie van de ON2-methodek staan**.
- Er zijn **geen grote reorganisaties, projecten of implementaties** binnen de organisatie.
(Mocht dit wel het geval zijn, rand deze projecten liever eerst af, zodat er voldoende ruimte en tijd is voor de implementatie van de ON2-methodek).
- Gemotiveerde en goed geschoolde medewerkers**
- Managers** die zelf of samen met de project ambassadeurs deze **zorg op de agenda** zetten en de **randvoorwaarden** creëren

Wat vraagt de implementatie van ON2 van uw organisatie?

Wat kan ik verwachten van ON2?

Lees hieronder de meest gestelde vragen over het ON2 traject.

- Wat houdt het ON2 traject in?
- Wat is het doel van het ON2 traject?
- Wat kan ik verwachten van het ON2 traject?
- Hoe lang duurt het ON2 traject?
- Hoeveel tijd gaat het ON2 traject mij kosten?
- Wat kan het ON2 traject mij bieden?
- Wat zijn mogelijke valkuilen bij het goed neerzetten van het ON2 traject?
- Zitten er risico's verbonden aan mijn deelname aan het ON2 traject?
- Wat voor ondersteuning is er beschikbaar tijdens het ON2 traject?

[Meer laden](#)

Wil jij ook met het ON2 aan de slag?

Starten kan op elk moment, wanneer het jou het beste uitkomt!

[Maak profiel aan!](#)

Figure 40. Conditions ON2 page of the ON2 toolkit 3.0
(Picture from Rijnsdijk, n.d.)

ON2 materials

The ON2 materials page shows all available ON2 materials for healthcare organizations, healthcare professionals and family caregivers. The materials are organized per user group and users have the possibility to obtain additional information by clicking on the information button. The ON2 materials can be used with or without performing the ON2 trajectory 3.0. During the ON2 trajectory 3.0, small parts of the materials will be presented to the team in a step-by-step approach.

A visual of the ON2 materials page is shown in Figure 41.

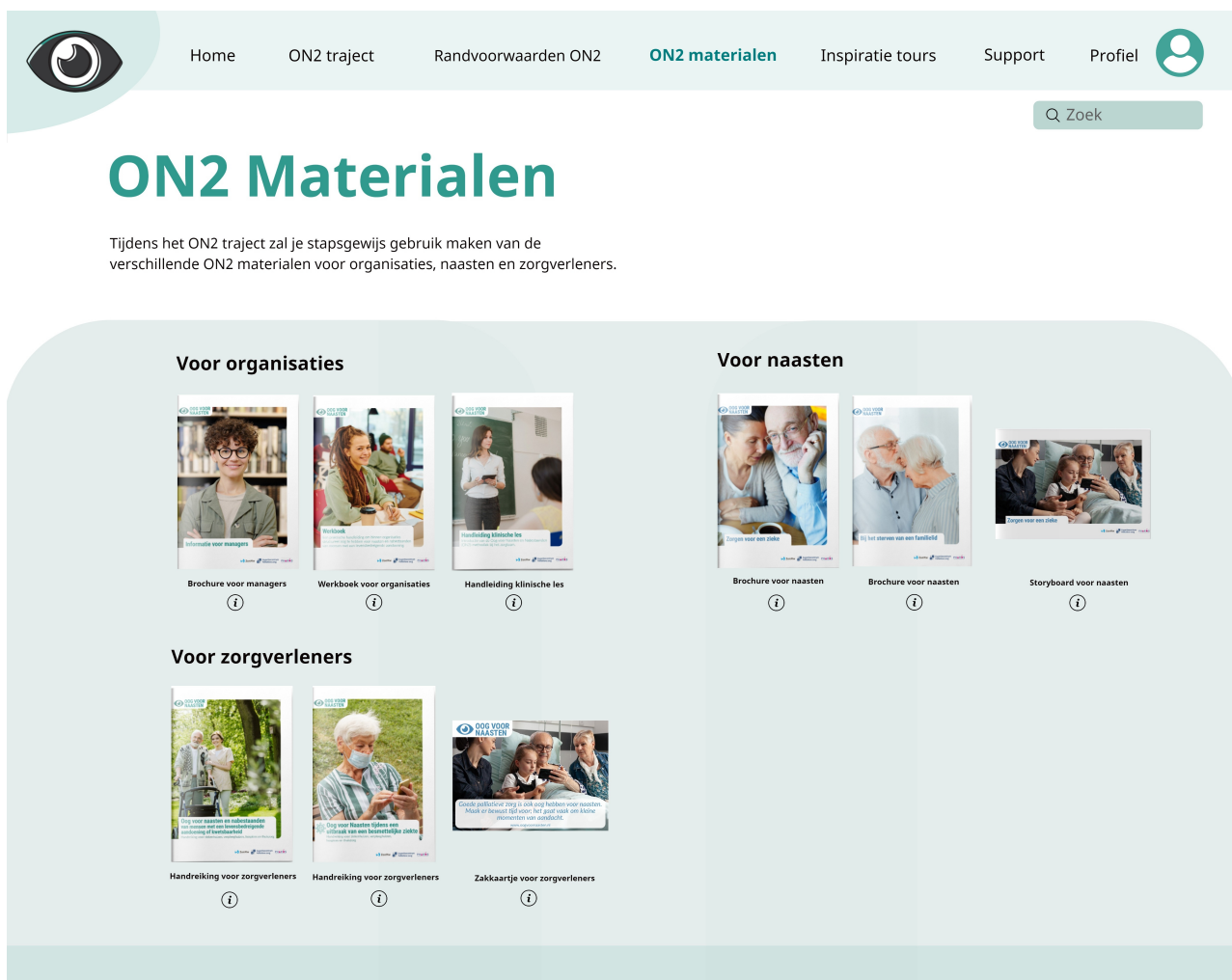


Figure 41. ON2 materials page of the ON2 toolkit 3.0

Inspiration tours

There are four inspiration tours that can motivate healthcare organizations and professionals to start the ON2 trajectory 3.0 and make them enthusiastic about the topic. The tours focus on the experiences of healthcare professionals, family caregivers, managers and the added value for the organization and its employees. To encourage users to create their own profile and start the ON2 trajectory 3.0, all tours end with a call to action.

A visual of the overview page of the inspiration tours is presented in Figure 42. The individual inspiration tours will be presented and explained on the next pages.

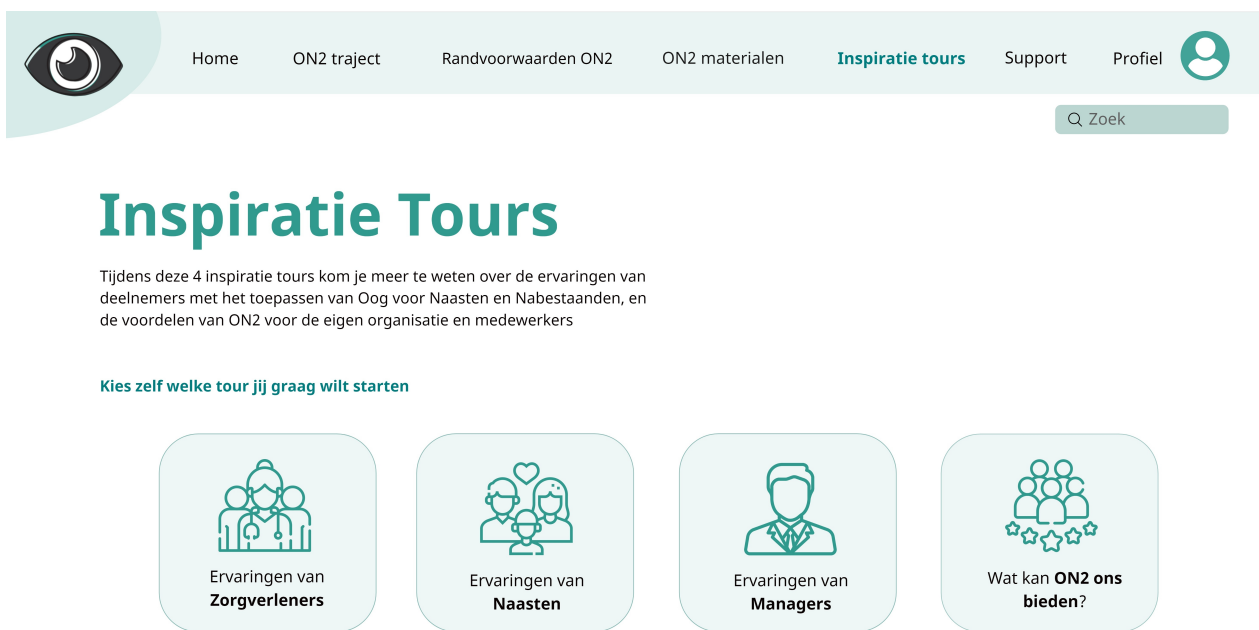




Figure 42. Inspiration tours page of the ON2 toolkit 3.0

Tour 1: experiences of healthcare professionals

This page shares the experiences of healthcare professionals with the implementation of the ON2 trajectory 3.0 (see Figure 43). Users can select a setting to view experiences, examples and pictures for that specific setting. The experiences focus on the added value and benefits as perceived by healthcare professionals, and provide examples of goals and results of the ON2 trajectory 3.0 within the organization. This could inspire and motivate healthcare professionals to also start the ON2 trajectory 3.0 to experience the benefits or establish on of the goals themselves.

[Home](#) [ON2 traject](#) [Randvoorwaarden ON2](#) [ON2 materialen](#) [Inspiratie tours](#) [Support](#) [Profiel](#) 


Inspiratie Tour > Zorgverleners


 Zoek


Ervaringen van Zorgverleners


In deze tour kom je meer te weten over de ervaringen van zorgverleners met het toepassen van ON2 en de resultaten die zij hebben bereikt met het uitvoeren van hun eigen project.


Kies zelf voor welke zorginstelling je de ervaringen van zorgverleners met het toepassen van ON2 wilt inzien


Ziekenhuis



Verpleeghuis


Hospice


Thuiszorg




Meer weten over de toegevoegde waarde van ON2 voor zorgverleners?
[Download de brochure](#)




"Door het ON2 verloopt de communicatie en samenwerking met naasten erg goed. Mijn werk is hierdoor een stuk makkelijker geworden."
Verpleegkundige, Ziekenhuis A

Dit ziekenhuis heeft binnen hun eigen project gewerkt aan het volgende doel

Het maken van een familiekamer voor de naasten van patiënten die palliatieve zorg ontvangen






"Het hebben van oog en aandacht voor naasten heeft de samenwerking met naasten verbeterd. Hierdoor heb ik mijn patiënt nog beter kunnen helpen."
Verpleegkundige, Ziekenhuis B

Dit ziekenhuis heeft binnen hun eigen project gewerkt aan het volgende doel

Het maken van een hoekje voor kinderen die op bezoek gaan bij een patiënt die palliatieve zorg in onze ziekenhuis ontvangt



Wil jij ook met het ON2 aan de slag?

Starten kan op elk moment, wanneer het jou het beste uitkomt!

[Klik hier](#) en maak direct een profiel aan.

[→ Terug naar overzicht tours](#)

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Figure 43. Inspiration tour about healthcare professionals
(Pictures from Avans Hogeschool, n.d.; Bernhoven, n.d.; IKC Play, n.d.; Olivier Architecten, n.d.)

Tour 2: experiences of family caregivers

This page shares the needs and experiences of family caregivers with palliative care (see Figure 44). The aim is to increase the awareness of healthcare professionals on the possibilities and urgency of providing better care to family caregivers. The page also shares experiences of family caregivers who have received care from an organization that has implemented ON2. These experiences show the added value of ON2 to the lives of family caregivers and create awareness among healthcare professionals that they can contribute to this. This could inspire and motivate healthcare professionals to provide better care to family caregivers.

HomeON2 trajectRandvoorwaarden ON2ON2 materialenInspiratie toursSupportProfiel

Inspiratie Tour > Naasten

Ervaringen van Naasten

In deze tour kom je meer te weten over de ervaringen van naasten en nabestaanden met het ontvangen van palliatieve zorg en hoe zij het ON2 hebben ervaren



Meer weten over de toegevoegde waarde van ON2 voor naasten?

[Download de brochure](#)

Noodzaak zorgen voor naasten en nabestaanden



Nina zorgt voor haar moeder.

"Ik steek dagelijks veel tijd in de zorg voor mijn moeder. Hierdoor vergeet ik soms dat ik ook goed voor mezelf moet zorgen. Dit is iets dat ik erg lastig vind in deze emotionele periode"

Help jij naasten ook om goed voor zichzelf te zorgen?

"Het is pijnlijk om dagelijks geconfronteerd te worden met de ziekte van mijn dochtertje. Om de pijn iets te verlichten zou ik het erg waarderen als zorgverleners mij zien staan en kunnen ondersteunen."

Zorg jij er ook voor dat naasten gezien en ondersteund worden?



Eva zorgt voor haar dochter.



Job zorgt voor zijn vrouw.



"Als naaste houdt het ziek zijn van mijn vrouw mij de hele dag bezig. Ik vind het lastig om een goede balans te vinden in het besteden van mijn tijd en aandacht."

Help jij naasten ook een balans te vinden in het zorgen voor hun dierbare?

Figure 44. Inspiration tour about family caregivers
(Pictures from GGZ Drenthe, n.d.; IKNL, n.d.; Sbytova, n.d.; Welzijn Lelystad, n.d.; ZeroToNine, n.d.)

Tour 3: experiences of managers

This page shares the experiences of managers on the outcomes and added value of performing the ON2 trajectory 3.0 (see Figure 45). Users can select a setting for which they want to view the experiences of managers. In addition, a video is available with success stories from managers who have implemented the ON2 trajectory 3.0. This could inspire and motivate managers to perform the ON2 trajectory 3.0.


[Home](#) [ON2 traject](#) [Randvoorwaarden ON2](#) [ON2 materialen](#) [Inspiratie tours](#) [Support](#) [Profiel](#) 


Inspiratie Tour > Managers Zoek


Ervaringen van Managers


In deze tour kom je meer te weten over de ervaringen van managers met het toepassen van ON2


Kies zelf voor welke zorginstelling je de ervaringen van managers wilt inzien

**Ziekenhuis**

Verpleeghuis


Hospice

Thuiszorg



Meer weten over de toegevoegde waarde van ON2 voor de eigen organisatie?

[Download de brochure](#)




"De medewerkers zijn erg tevreden over de uitkomsten van het ON2. Ik merk dat de samenwerking op de afdeling beter verloopt en krijg positieve reacties van naasten over de zorg die zij ontvangen."


Manager - Ziekenhuis

"Het ON2 heeft medewerkers nieuwe kennis gebracht over hoe zij goed kunnen zorgen voor naasten. Hierdoor bieden wij een betere kwaliteit aan zorg en ondersteuning aan de naasten van onze patiënten."

Manager - Ziekenhuis



Filmpje: succes verhalen van managers met het ON2



Wil jij ook met het ON2 aan de slag?

Starten kan op elk moment, wanneer het jou het beste uitkomt!

[Klik hier](#) en maak direct een profiel aan.

[→ Terug naar overzicht tours](#)

Tour 4: What can ON2 bring us?

This page contains four questions that should be answered by healthcare organizations or professionals in order to create an advice on the added value of ON2 for their organization and employees (see Figure 46). The questions focus on how the organization is currently taking care of family caregivers and what problems they are facing. The advice can be discussed within the ON2 network or with the advisors.

HomeON2 trajectRandvoorwaarden ON2ON2 materialenInspiratie toursSupportProfiel

Inspiratie Tour > Wat kan ON2 ons bieden?

Wat kan het ON2 ons bieden?

Met deze tour kan je een indicatie krijgen wat de toegevoegde waarde van ON2 is voor de eigen organisatie en medewerkers

Beantwoord de volgende 4 indicatie vragen om je advies te creëren



Vraag 1: Wat voor type organisatie zijn jullie?

☐ Ziekenhuis

☐ Verpleeghuis

☐ Hospice

☐ Thuiszorg

Vraag 2: Hoe zorgen jullie nu voor naasten?

☐ Aanbieden van informatie over palliatieve zorg

☐ Ondersteunen van naasten in het zorgen voor hun dierbare

☐ Aanbieden van mentale ondersteuning

☐ In gesprek gaan met naasten over hun ervaringen

☐ Samenwerken met naasten en luisteren naar hun behoeftes

☐ Anders, namelijk:

Vraag 3: Wat zijn problemen die jullie hebben ervaren in het zorgen voor naasten?

☐ Miscommunicaties met naasten

☐ Meningsverschillen met naasten

☐ Moeizame samenwerking met naasten

☐ Geen of weinig tijd om te zorgen voor naasten

☐ Anders, namelijk:

Vraag 4: Wat speelt er verder in de organisatie?

☐ Reorganisatie

☐ Hoge werkdruk op de afdeling

☐ Lage bezetting, veel ziekteverzuim

☐ Andere grote projecten

☐ Niks bijzonders

Creëer mijn advies

Figure 46. Inspiration tour about the added value of ON2
(Picture from Univé, n.d.)

Support

This page shows what support is available during the orientation and when performing the ON2 trajectory 3.0 (see Figure 47). The website has a FAQ page and supports and guides users step by step during the ON2 trajectory 3.0. The ON2 network can be used to share experiences, ask questions or help and inspire each other when performing the ON2 trajectory 3.0. The advisors can provide information and support during the orientation and when setting up the ON2 project within their own organization.

Home ON2 traject Randvoorwaarden ON2 ON2 materialen Inspiratie tours **Support** Profiel

Q Zoek

Support

Tijdens het oriënteren voor en uitvoeren van het ON2 traject kan je op verschillende manieren support ontvangen

ON2 website

Ondersteuning en begeleiding tijdens het doorlopen van het ON2 traject

FAQ

Bekijk de FAQ

ON2 netwerk

Deelnemende organisaties die het ON2 traject doorlopen of hebben doorlopen

Delen van ervaringen, het stellen van vragen, elkaar helpen en inspireren

Join het ON2 Netwerk!

En ga in gesprek met **ervaringsdeskundigen**

Adviseurs

Aanbieden van ondersteuning tijdens de oriëntatie fase en het opzetten van Oog voor Naasten en Nabestaanden binnen de eigen organisatie

Maak een afspraak

Figure 47. Support page of the ON2 toolkit 3.0

Profile

This page allows users to log in to their own profile or create a new profile to start the ON2 trajectory 3.0 (see Figure 48). After signing in or registering, users will see their own dashboard (see Figure 49). On this dashboard various elements are included. Users can see which step of the ON2 trajectory 3.0 they are currently performing and what the overall progress is, what the results and conclusions are from the evaluation sessions, what goals and actions they have formulated during the trajectory, their agenda, and at all times obtain more information on the available support and ON2 materials. To motivate users during the ON2 trajectory 3.0, they can also view feedback, quotes and compliments from family caregivers on their own dashboard. The results can be discussed during the team meetings.

Figure 48. Profile page of the ON2 toolkit 3.0

Figure 49. Personal dashboard
(Picture from LStockStudio, n.d.)

When starting the ON2 trajectory 3.0, an overview is presented of the six steps that will be performed. Before starting one of the steps, the goal and duration of the step are displayed (see Figure 50). All steps have a short explanation, an overview of the tasks that should be performed, an overview of the goal and duration, and the available ON2 materials during that step (see Figure 51).



Figure 50. Available information when starting the ON2 trajectory 3.0

During the step, users are able to check tasks when completed, view their progress, and view tips, FAQ and examples that are related to that step (see Figure 51). At all times users can go back to their dashboard or to the previous step in case they want to adjust something. When restarting a step, users continue where they left off. The completed tasks stay checked and the documented results and conclusions are saved.

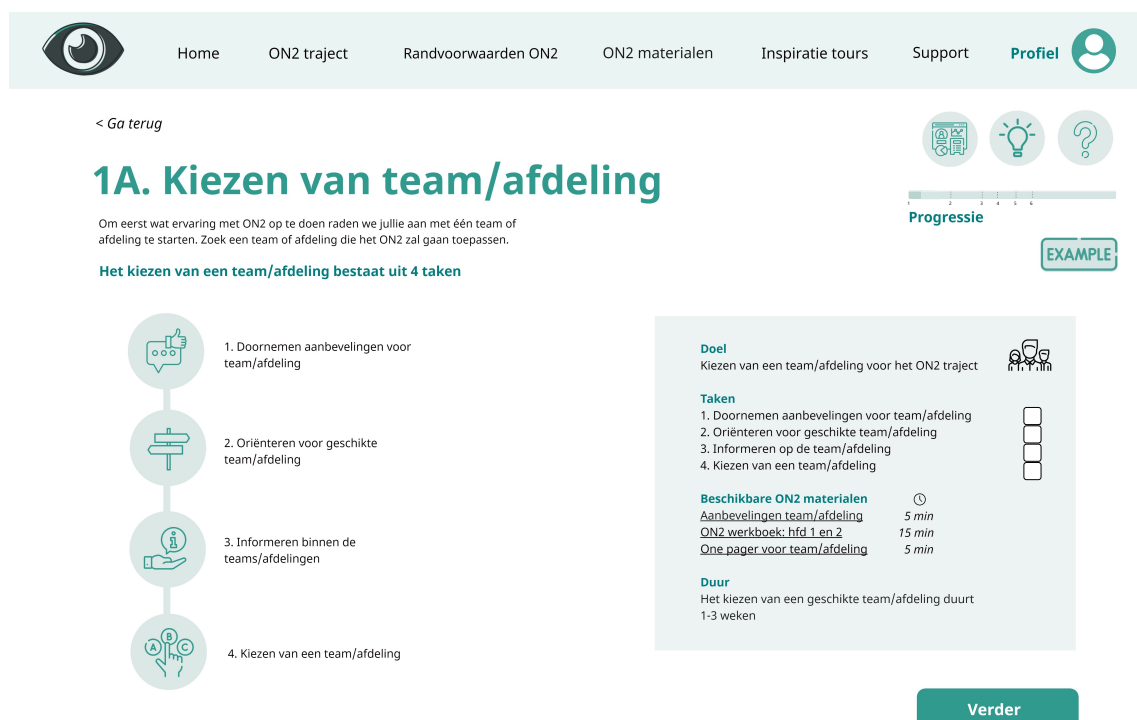







Figure 51. Available features and content for each step of the ON2 trajectory 3.0

Users can document results, conclusions and agreements within the different steps of the ON2 trajectory 3.0 (see Figure 52). To guide users, several questions are available and should be answered during the steps. Users can discuss these questions during a meeting and fill in the answers. To make it easier for users to come up with an answer, an example is displayed in the text box. This helps users to think about the question and take relevant aspects into account.


[Home](#)
[ON2 traject](#)
[Randvoorwaarden ON2](#)
[ON2 materialen](#)
[Inspiratie tours](#)
[Support](#)
[Profiel](#)


[< Ga terug](#)

123456


Progressie

EXAMPLE


2. Voorbereiden ON2 traject

Om het ON2 traject succesvol te doorlopen moeten er enkele voorbereidingen worden gedaan door het project team.


Het voorbereiden van het ON2 traject bestaat uit 3 taken



1. Bekijken van de ON2 website en ON2 materialen




2. Het invullen van het template om het ON2 traject op te zetten



3. Voorbereiden van de Naasten Workshop

Doel

Het uitvoeren van de voorbereidingen die nodig om het ON2 traject succesvol te doorlopen. Dit bestaat uit het doornemen van de ON2 website en materialen, het invullen van het template, en het voorbereiden van de Naasten Workshop.



Taken

- Doornemen van de ON2 website en materialen
- Opzetten van het ON2 traject met het template
- Voorbereiden van de Naasten Workshop

Beschikbare ON2 materialen

ON2 achtergrond brochure (ambassadeurs)	30-60 min
ON2 traject: visueel overzicht	10-15 min
ON2 website: ervaringen van deelnemers	15-20 min
Template: opzetten ON2 traject	30-50 min
ON2 werkboek: hfd 3	5-10 min
Naasten workshop handleiding en materialen	1-2 uur

Duur

Het voorbereiden van het ON2 traject duurt 1-2 maanden.

Opzetten ON2 traject (template)

Het goed opzetten van het ON2 traject is essentieel voor het succesvol doorlopen en implementeren van Oog voor Naasten en Nabestaanden. De verschillende onderdelen van deze template bieden ondersteuning in het goed opzetten van het ON2 traject.

Rollen en verantwoordelijkheden van de project teamleden

Typ hier de rollen en verantwoordelijkheden van de verschillende project teamleden. Het project team bestaat uit: de manager, ambassadeurs en teamleden

Verwachtingen binnen het project team

Typ hier de verwachtingen die jullie hebben voor het uitvoeren van het ON2 traject. Denk hierbij aan de samenwerking, gemaakte afspraken en tijdsbesteding

Afspraken binnen het project team


Typ hier afspraken die jullie gemaakt hebben over bijvoorbeeld de samenwerking, communicatie, bespreken vooruitgang en reflecteren

Aanmaken van je eigen planning voor het ON2 traject

< mei 2023

📅 🔍 +

M	D	W	D	V	Z	Z
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	<div>Maak planning!</div>			



Stel hier gemakkelijk je eigen planning samen!

Afronden

Figure 52. Possibility to document results during the ON2 trajectory 3.0

When performing and evaluating the action plan to improve the care for family caregivers, users are presented with six aspects that should be paid attention to when performing the action plan (see Figure 53). Paying attention to these aspects increases the chance of a successful implementation. In addition, the formulated goals, the progress and the agenda with activities are also shown. These can also be found on the dashboard.



Figure 53. Six important aspects when implementing the ON2 trajectory 3.0

Prototype of the final design

The prototype of the final design can be viewed with the link presented below. All individual screens are also visible in Appendix 12.

<https://xd.adobe.com/view/cbc65899-121e-43b3-8c2b-4bb30fb48e6a-9e95/?fullscreen>

9.4 Interactions and instructions per page

Most of the pages do not only consist of information for the users to read, but also have interactive elements and call to actions. This differs per pages, therefore the user interactions and usage instructions for each of the individual pages are worked out. An example of the user interactions and usage instructions of the homepage is shown in Figure 54. The user interactions and usage instructions for all pages can be found in Appendix 13.

These instructions can be used as a guide by potential users. In addition, the LUMC and website developers can use these instructions to gain a good understanding of all possible interactions and functions of the website, which is essential when further developing the website.

Home

Menubalk
Een overzicht van alle tabbladen die op deze website te vinden zijn

Zoekbalk
Vind makkelijk de content waar je naar op zoek bent

Overzicht ON2 toolkit
Een visueel overzicht van de verschillende onderdelen uit de ON2 toolkit: materialen voor naasten, organisaties, zorgverleners, en deze interactieve website

Oog voor Naasten en Nabestaanden
Oog voor Naasten en Nabestaanden (ON2) is een **traject** dat organisaties **zelfstandig** kunnen doorlopen om de zorg voor alle naasten en nabestaanden binnen de eigen organisatie te optimaliseren.
Om het ON2 traject te doorlopen maakt u als organisatie een **profiel** aan op deze website, waarin u een **eigen project** gaat opzetten en uitvoeren. Binnen dit profiel zal u worden begeleid en ondersteund door het verkrijgen van stapsgewijze instructies, tips, voorbeelden en door gebruik te maken van de ON2 materialen.

ON2 Traject

Overzicht ON2 traject
Het traject dat organisaties met het project team doorlopen om de zorg voor naasten en nabestaanden binnen de organisatie te optimaliseren. Het traject bestaat uit 6 stappen die stapsgewijs binnen het profiel doorlopen worden

Content van de website
Een overzicht van de content die op deze website te vinden is, met instructies waar je alles kan vinden. Dit overzicht komt overeen met de tabbladen uit de menubalk

Knopje
Door op het knopje te klikken kom je direct bij de gewenste informatie

Wat kan je op deze website vinden?

- 1. Informatie over het ON2 Traject**
 - Algemene uitleg over het traject
 - Uitleg over de verschillende stappen van het traject
 - Informatie over het opzetten en opstarten van het traject
 - De randvoorwaarden voor het uitvoeren van je eigen project

Lees meer over het ON2 Traject Lees meer over de randvoorwaarden ON2
- 2. De ON2 materialen**
 - Benodigde materialen tijdens het ON2 traject
 - Materialen voor Naasten
 - Materialen voor Zorgverleners
 - Materialen voor Organisaties

Bekijk de ON2 materialen
- 3. Inspiratie tours**
 - **Ervaringen van Zorgverleners.** Ontdek hoe zorgverleners het ON2 hebben ervaren
 - **Ervaringen van Naasten.** Ontdek hoe naasten het ON2 hebben ervaren
 - **Ervaringen van Managers.** Ontdek hoe manager het ON2 hebben ervaren
 - **Wat kan ON2 ons bieden?** Ontdek de toegevoegde waarde van ON2 voor de eigen organisatie en medewerkers

Start een inspiratie tour!
- 4. Aanmaken van een eigen profiel**
 - Opzetten en uitvoeren van je eigen project
 - Stapsgewijs worden meegenomen door het ON2 traject
 - Ver krijgen van instructies, benodigde ON2 materialen, tips, veel gestelde vragen en voorbeelden ter ondersteuning
 - Invullen van resultaten en conclusies uit de verschillende stappen binnen je eigen profiel

Maak een profiel aan en start direct met het ON2 traject

Maak een eigen profiel aan

Figure 54. User interactions and instructions for the homepage of the ON2 toolkit 3.0

9.5 Usage scenario

To clarify how users will interact with the final concept, a usage scenario is created. In this usage scenario the interactions with the design are visualized throughout the ON2 trajectory 3.0. The scenario starts with the orientation phase, in which organizations read more about the ON2 trajectory 3.0 and the experiences of other healthcare organizations and their employees.

1. Orientating on the website

The manager or initiator of the healthcare organization orientates himself on the website with the aim to obtain more information on the ON2 trajectory 3.0, the ON2 materials, the conditions for starting with ON2 and the experiences of other organizations.



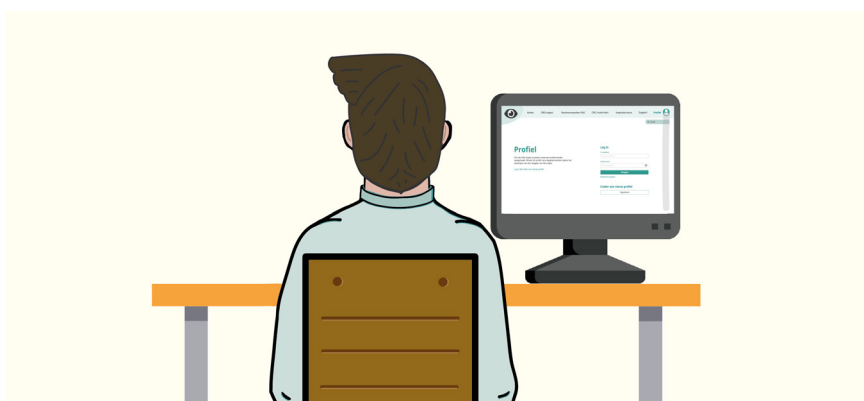
2. Become enthusiastic and decide to start the ON2 trajectory 3.0

The manager or initiator becomes enthusiastic about the ON2 trajectory 3.0 and its added value. By looking at the practical examples of other organizations the manager/initiator gets inspired to also implement some of the presented goals to improve the care for family caregivers.



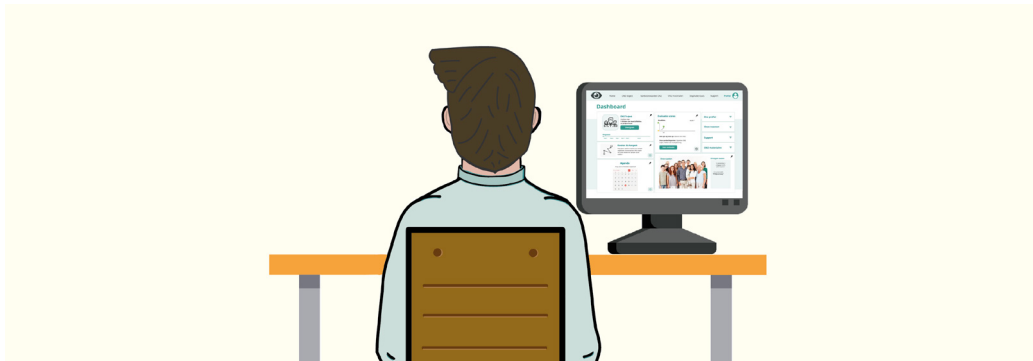
3. Create a profile

The manager or initiator creates a profile for the organization and gets access to the step by step guidance and support for implementing the ON2 trajectory 3.0.



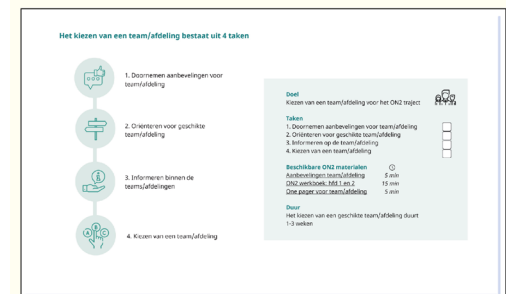
4. Analyze and set-up own dashboard

After creating a profile, the manager or initiator is directed to his own dashboard. This dashboard bundles all data that is documented when performing the steps of the ON2 trajectory 3.0. The dashboard shows which step the organization is performing, their progress on the steps of the ON2 trajectory 3.0, their formulated goals and action plan, their agenda with upcoming events, their evaluations and feedback/compliments from family caregivers.



5. Start the ON2 trajectory 3.0: choose a department and project team

The manager or initiator start the ON2 trajectory 3.0. The first step of the trajectory is to choose a team/department that is going to implement ON2 to improve the care for family caregivers. In addition, the manager or initiator must set-up a project team that is going to perform the ON2 trajectory 3.0 and help employees with implementing the action plan.



6. Prepare the ON2 trajectory 3.0 with the project team

The project team prepares the ON2 trajectory 3.0 by orientating the website, the available ON2 materials and by setting up a plan for the upcoming weeks. In addition, the project team makes agreements on the roles and responsibilities of the members, the collaboration and communication during the ON2 trajectory 3.0.



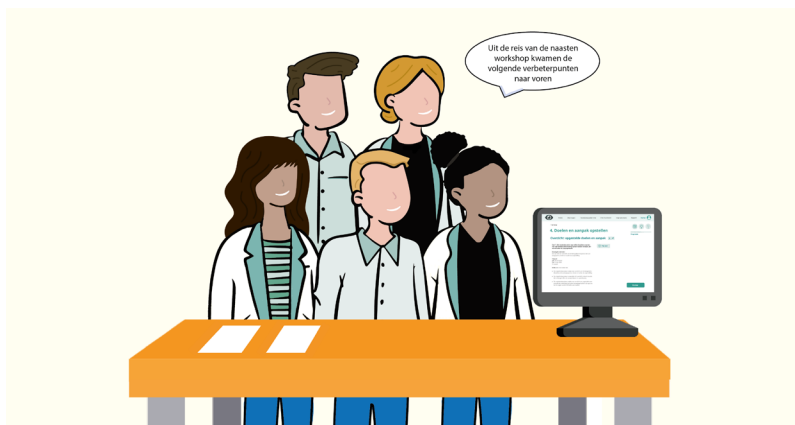
7. Perform the Reis van de naasten workshop

The project team prepares and performs the Reis van de naasten workshop to map the journey family caregivers go through within their organization. Other employees could be invited to the workshop to get more perspectives on the journey of family caregivers. The aim of the workshop is to determine the points of improvement in care provided to family caregivers.



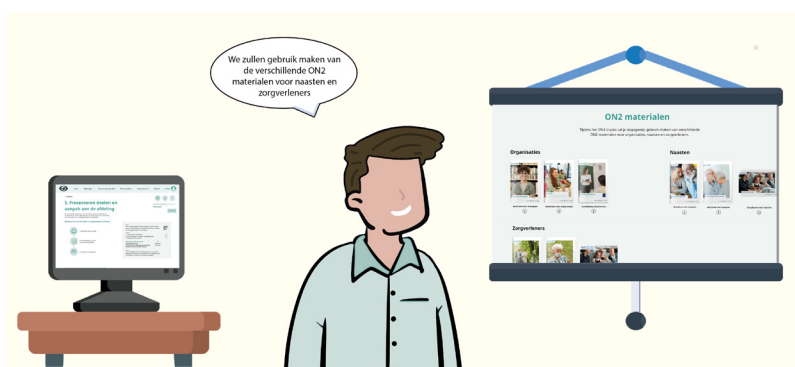
8. Formulate the desired goals and an action plan

The insights from the Reis van de naasten workshop are used as input for formulating goals and setting up an action plan. The project team also looks at the examples that are presented on the website to get inspiration on the possibilities. The project team uses the format on the website and fill in their goals and action plan.



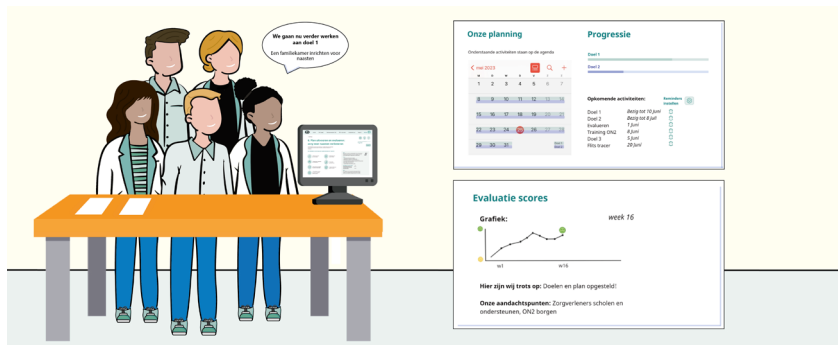
9. Present the goals and action plan to the whole department

When the formulated goals and action plan are finished, the plans are presented to the whole department by the manager, initiator or the ambassadors. The aim of this meeting is to obtain feedback from employees on the formulated goals and action plan, get an indication of possible resistances/roadblocks, and discuss what employees need in order to work on the formulated goals. In addition, the meeting can be used to explain the ON2 materials, present the added value of the materials, and the added value of the formulated goals for the employees.



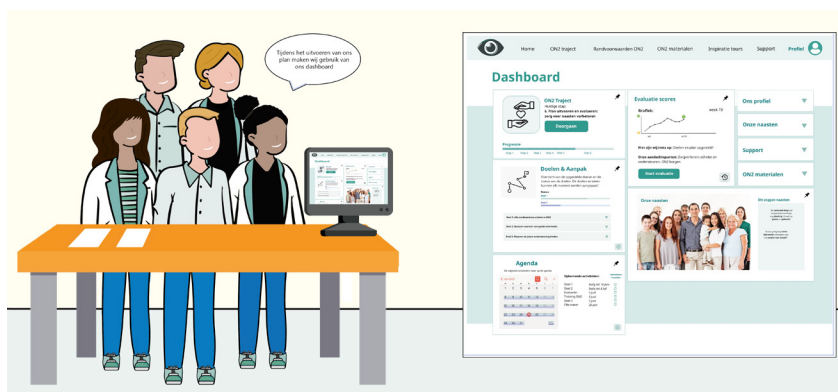
10. Perform the action plan

When the formulated goals and action plan are definite, the project team and employees start performing the action plan based on the formulated tasks and responsibilities. The project team uses the dashboard to keep track on the progress of the goals, the agenda, the upcoming events, and to evaluate on their progress.



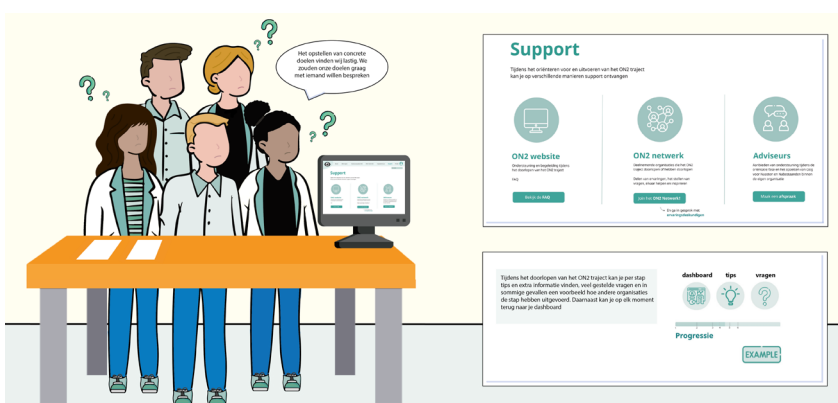
11. Make use of the dashboard

While working on the goals, the project team makes use of the dashboard to maintain the overview on their project. The dashboard shows all documented work, where they are in the process and what the next steps are. In addition, family caregivers are able to send compliments or feedback via a QR code, which is then presented on the dashboard. The project team can also add photos with family caregivers to their own dashboard.



12. Receive support when required

At all times, users are able to receive support from the ON2 toolkit 3.0, the ON2 network and the advisors. The toolkit offers a general FAQ section and gives tips, examples and FAQ for the different steps of the ON2 trajectory 3.0. The ON2 network can be used to come in contact with other participating organizations and provide each other support. The advisors can be contacted for questions or to discuss the formulated goals and action plan.



9.6 Cost analysis

In this section the estimated costs for further developing the ON2 toolkit 3.0 will be discussed. The analysis includes finetuning the design of the website, building the website, integrating all features in the website, creating the content for the website and the costs that are required for making the website available to the public (e.g. hosting provider, domain name). The calculations of the estimated costs are presented in Table 4.

Table 4. Cost analysis for developing the ON2 toolkit 3.0

Activity	Estimated costs
Finetuning the design and user interfaces by the website designers	500 - 2.500 euros
Developing the website by a website developer, including testing and debugging, test-pilot iterations, developing all features of the website, prepare website hosting, and uploading files to server	16.000 - 43.000 euros*
Features to develop <ul style="list-style-type: none"> - Public pages - User profile and registration - User Dashboard - Data entry and progress tracking - Mobile responsiveness - ON2 trajectory 3.0 step by step - Digital agenda 	Estimated costs/feature 2.000-8.000 euros 1.000-4.000 euros 2.000-6.000 euros 3.000-7.000 euros 2.000-5.000 euros 3.000-6.000 euros 1.000-3.000 euros
Content creation of the website <ul style="list-style-type: none"> - Pictures - Videos (9 videos of 2 minutes) - Text - Adding tips, questions and examples to the steps - Collecting experiences, quotes and examples of participants - Creating ideas for the videos 	Database of PZNL 4.000 - 8.000 euros** LUMC (time) LUMC (time) LUMC (time) LUMC (time)
Domain name	12 euros/year
Hosting provider that offers maintenance, management of operating software, SSL certificate and security measures	8 - 30 euros/month
Total costs	20.500 - 53.500 euros***

Note. *** Excl. domain name, hosting and ongoing maintenance/management costs. (Bunskoek, 2021; Deux Media, n.d.; Maisha & Astari, 2023; Websteen, n.d.).

The definitive costs depend on the agreements with the website developer, the experience of the website developer, and the available budget. Making agreements with the web developer will be included as an activity in the roadmap for the LUMC. The available budget will affect whether all features of the website can be integrated, or whether the priority will be given to the most essential features and some of the additional features. All elements of the website will therefore come back in the roadmap. The most essential elements will get priority in the roadmap. The optional elements and functions will be integrated if there is enough budget, and could also be added to the website after the official launch.

9.7 Main insights

In this chapter the final concept of the ON2 toolkit 3.0 was explained in detail. The ON2 toolkit 3.0 has four main features. Firstly, informing users about the ON2 trajectory 3.0. Secondly, providing users with the ON2 materials. Thirdly, providing inspirational tours based on the experiences of previous participants. Lastly, the possibility to create your own profile to set up your own project and receive support in implementing the ON2 trajectory 3.0.

The ON2 toolkit 3.0 consists of the following pages: Homepage, ON2 trajectory, Conditions ON2, ON2 materials, Inspiration tours, Support and Profile. While designing the layout of the ON2 toolkit 3.0 various aspects were taken into account: colors, fonts, visuals, buttons and tone of voice. For each of the pages of the ON2 toolkit 3.0, an explanation of the available features and interactions were provided. Moreover, an usage scenario was presented to explain the interactions users have with the ON2 toolkit 3.0.

Lastly, an analysis was performed on the expected costs for the development of the ON2 toolkit 3.0. The analysis showed that most of the costs are associated with developing the features of the ON2 toolkit, such as user profiles, user dashboards, data entry and progress tracking, and mobile responsiveness. In addition, creating the videos for the ON2 toolkit 3.0 also has a large contribution to the total expected costs. The definitive costs depend on the agreements with the website developer, the experience of the website developer, and the available budget. Making agreements with the website developer will therefore be included as an activity in the roadmap for the LUMC, which is explained in Chapter 11.

In the next chapter the final concept of the ON2 toolkit 3.0 will be evaluated based on the feedback from the target group.

10. Evaluation of the final concept

In this chapter the final concept of the ON2 toolkit 3.0 will be evaluated with the target group by means of qualitative interviews and a questionnaire. The insights derived from the evaluation are used as input for the roadmap for the LUMC and the points of improvement are integrated in the recommendations section of this report.

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10.1 Overview

In this chapter the final design will be evaluated on its desirability, user-friendliness, accessibility and the characteristics: inspiring, guiding and supportive. Two qualitative test sessions were performed with two ambassadors of different healthcare organizations. In addition, a questionnaire was sent out to all participating organizations to get broader feedback on the design. An overview of the evaluation process of the ON2 toolkit 3.0 is shown in Figure 55.

The first test session was conducted with an ambassador of an organization that already performed the ON2 trajectory 2.0, and has plans to also implement the ON2 trajectory 3.0 within other teams. During this session the participant provided feedback on the layout, structure, content and user-friendliness of the design. In addition, the participant assessed the design on how inspiring, supportive and guiding it was for new teams that want to start the ON2 trajectory 3.0. Moreover, the participant assessed if the design would make the process of informing employees about the ON2 trajectory 3.0 and supporting new teams with implementing the ON2 trajectory 3.0 easier.

The second test session was conducted with an ambassador of a new organization that is interested in implementing the ON2 trajectory 3.0 in the future. This session provided the opportunity to obtain feedback from someone that has little knowledge on the ON2 trajectory 3.0 and test how good the layout, structure, content and user-friendliness is for new users. Moreover, the session focused on how inspiring, guiding and supportive the website is for new users. During both interviews participants were asked to orientate on the website, create a profile, perform the ON2 trajectory 3.0 and make use of their dashboard.

The questionnaire was sent out to the project ambassadors and managers of participating organizations. In total eight respondents gave feedback on the concept, of which five project ambassadors and three managers. The respondents belong to different healthcare settings: five hospices, one hospital, one nursing home, and one home care.

The outcomes of the test sessions and questionnaire were used for setting up the recommendations for further improvement and are implemented as input within the roadmap for the LUMC.

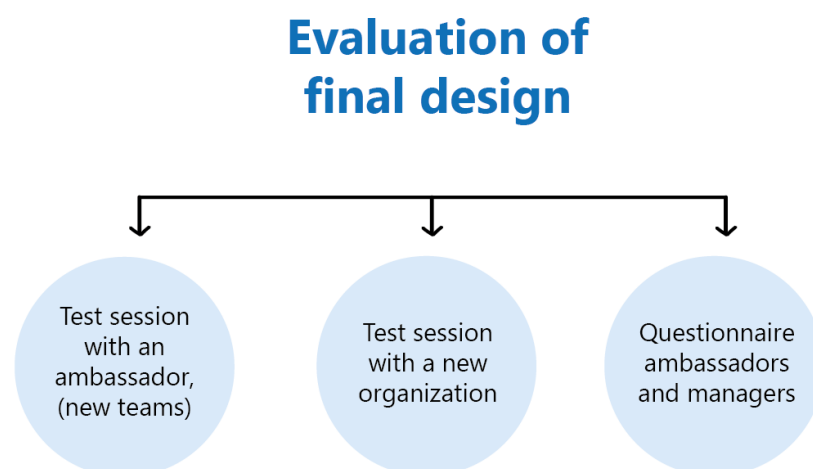


Figure 55. Overview of the evaluation process of the ON2 toolkit 3.0

10.2 Qualitative interviews

This section presents the main insights of the two test sessions that were conducted to validate the desirability and functionalities of the ON2 toolkit 3.0. The insights of both sessions will be discussed separately. In appendix 14 the setup of the interviews can be found.

Test session one

The first test session was performed with an ambassador of a home care organization that is interested in implementing ON2 in more teams. The first impression of the participant was that the toolkit is very clear and structured, consists of calm colors and has a clear description of the ON2 toolkit 3.0 and ON2 trajectory 3.0. The visuals of the ON2 toolkit 3.0 and ON2 trajectory 3.0 are of added value and makes it very accessible for users to understand what ON2 entails. The layout and colors used make the website inviting and visually pleasing.

"All pages of the website speak for themselves. The layout is very clear, calm and user-friendly. It invites you to carefully read and view the information and content of the website."

The toolkit has a good structure

The participant mentioned that the structure of the toolkit and the overview of the ON2 materials is clearer in the ON2 toolkit 3.0 compared to the ON2 toolkit 2.0. With the ON2 toolkit 3.0 users get a quick overview of which materials are available for which user group, without the need to search for and find the right materials.

Good explanation of the ON2 trajectory 3.0

The participant mentioned that it is good that there is an explanation for each step of the ON2 trajectory 3.0, and that it is very helpful to have videos available about the experiences of previous participants. This way, users can choose if they want to read the information or watch a video to obtain additional information for each of the steps.

"The overview of the ON2 trajectory is very clear and structured. This overview will help with informing new teams about the ON2 trajectory. It is nice that all steps have a short description and a video."

Inspiration tours are of added value

The participant found the inspiration tours valuable, helpful and necessary to inspire and motivate new organizations to start the ON2 trajectory 3.0. Paying a lot of attention to enthuse healthcare professionals is very important, because ON2 is something they have to do alongside their work. The tours provide good and inspiring examples, experiences, and photos for each healthcare setting.

Helpful tool for performing the trajectory step-by-step

The participant mentioned it is very helpful that users perform the ON2 trajectory 3.0 step by step, within their own profile. The instructions and guidance per step are simple, user-friendly, clear, and therefore easy to use on your own. When implementing the ON2 trajectory 3.0 in new teams, these instructions can be used as basis by the project ambassadors.

"The website forms a good basis for ambassadors to independently perform the ON2 trajectory. Moreover, it is of added value to inform and support new teams"

Reviewing feedback of family caregivers is inspiring

The participant mentioned it is inspiring to review feedback and compliments of family caregivers, and that using a QR code works very well.

"Having this functionality on the dashboard is certainly of added value."

Points of improvement

To improve the concept of the ON2 toolkit 3.0, the participant mentioned the following points of improvement.

- It should be clearer that the presented duration of the steps of the ON2 trajectory 3.0 is an advice, and that the organization will determine the actual duration by themselves when setting up their own planning.
- More examples of possible goals and the benefits of achieving these goals, could be added to inspire organizations on the possibilities of their ON2 project.
- The inspiration tour of family caregivers could relate more with the ON2 trajectory 3.0 and healthcare professionals.

Test session two

The second test session was performed with the initiator of a hospice, who is interested in implementing the ON2 trajectory 3.0. The first impression of the participant was that the website is visually pleasing, user-friendly, intuitive, and has a clear structure. Moreover, the participant experienced the colors used throughout the website as pleasant and calm.

Clear explanation of the ON2 trajectory 3.0

The participant found it helpful that the ON2 trajectory 3.0 is clearly described and shows information on the individual steps. In addition, the participant liked that the trajectory is visualized and that the colors go from light to dark.

"The website made it clear to me what the ON2 trajectory entails and what steps are included. The provided information is clear and sufficient to independently make use of it."

The dashboard is supporting and guiding

The participant experienced the dashboard as a helpful tool that can be used while carrying out their own project.

"It gives a good overview of alle documented content and is very supporting and guiding. Further, the step-by-step instructions for each step of the ON2 trajectory 3.0 ensure users do not have to figure out by themselves how to perform the different steps. This makes performing the trajectory easier and more user-friendly."

Inspiration tours are of added value

The participant found the inspiration tours valuable, because the tours give practical examples of what other organizations have achieved with their own projects, which is inspiring and gives ideas of what is possible. The participant also mentioned that these examples can be used by organizations that want to improve the care for family caregivers, but do not have the time to perform the whole trajectory. These organizations can improve the care based on the presented examples.

Including videos is of added value

The participant mentioned that sharing experiences of other users via a video is of added value. This is a more personal and inspiring way to convey information. However, for the videos to be effective and inspiring it is important that the videos look professional.

Points of improvement

To improve the concept of the ON2 toolkit 3.0, the participant mentioned the following points of improvement.

- Clearly describe that the ON2 toolkit 3.0 and ON2 trajectory 3.0 are free to use
- Explain what the goal is of creating a profile and that it does not cost a lot of time
- Make sure the goal and most relevant information of each page is visible at a glance
- Make the inspiration tour stand out more to stimulate users start one of the tours

10.3 Questionnaire

A questionnaire was sent out to all ambassadors and managers of the participating healthcare organizations. The questionnaire was introduced by giving a general explanation on the questions, an explanation on the redesign, and sharing the link of the prototype. The questionnaire consisted of six open questions and six multiple choice questions. At the start respondents were asked to select their healthcare setting and their role within the project team. The questions were related to their first impression of the website, what they liked about the website, what the points of improvement are, what could be added to the website, and if the website is informative and supporting enough for users to independently orientate, set up and carry out the ON2 trajectory 3.0. In addition, respondents were asked to assess the concept on the following characteristics: user-friendliness, inspiring, guiding and supporting, structure, layout and preferred tone of voice. All interview questions and the results can be found in Appendix 14.

Main insights

The main insights of the questionnaire are presented and explained below.

7 out of 8 respondents mentioned that the website has a **good structure**, is **clear** and **intuitive**, and has a **visually pleasing layout**. One respondent mentioned that some interactive features of the website were not very clear and that this is something that could be optimized.

"The website is pleasant, clear and intuitive. The latter is especially important, because from my experience that is how healthcare professionals work." - Project ambassador 1

"The website contains very nice photos and concrete examples of what you can do with the ON2 project, which is very inspiring and inviting. And the trajectory is explained with pictograms, creating the feeling that you can easily start it yourself." - Project ambassador 2

Overall respondents were positive about the design, content and functionalities of the ON2 toolkit 3.0. They liked that the selected colors are calm, that extensive information is available about the ON2 toolkit 3.0 and ON2 trajectory 3.0, and that there is a good balance between texts, visualizations and videos. Moreover, the visuals and examples presented on the website are inspiring and invites users to read more about the content.

The homepage has a good overview of the ON2 toolkit 3.0, with materials for the three user groups. In addition, the overview of the ON2 trajectory 3.0 is explained with icons, which makes it more accessible and gives users the feeling that it is easy to perform on their own.

All respondents mentioned that the website would have helped them during the orientation phase and when setting up their own ON2 project. In addition, they think the website contains sufficient information and support to organizations to independently orientate, set up and perform the ON2 trajectory 3.0.

"All relevant information is available on this website." - Project ambassador 3

"The website is clearer and organized at a glance. The information is structured and therefore more manageable, easier to find and make use of." - Project ambassador 4

"The website explains what the ON2 trajectory entails. It gives a clear overview of all the individual steps making it easier to know what to expect." - Project ambassador 5

Assessment on the characteristics

The concept was assessed on the following characteristics: layout, structure, guidance, support, inspiration, and user-friendly. The outcomes showed that users are positive about all of the characteristics. The concept scored the best on its layout, structure and the provided guidance and support to users (see Figure 56).

Preferred tone of voice

The preferred tone of voice differed between the respondents. More than half of the respondents prefers an informal tone of voice, because it feels more personal and accessible. On the other hand, some respondents prefer a formal tone of voice, because it looks neater and more professional. When looking at the individual results of the respondents a relationship between the preferred tone of voice and the role of the respondent in the project team can be identified. All managers prefer a formal tone of voice, while all project ambassadors prefer an informal tone of voice.

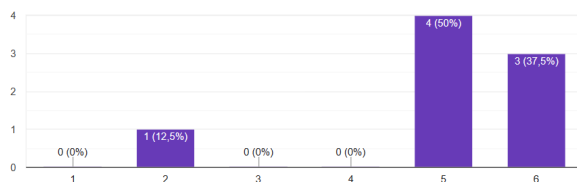
Points of improvement

To improve the concept of the ON2 toolkit 3.0, the respondents mentioned the following points of improvement.

- Add extra information on how the ON2 toolkit 3.0 supports users during the ON2 trajectory 3.0. In addition, add information on when to use the toolkit.
- Add the link to the ON2 toolkit 3.0 to websites about palliative care, such as Palliaweb, to increase the findability of the website.

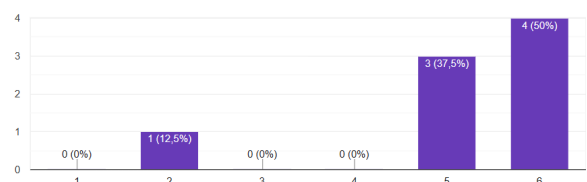
7. Hoe gebruiksvriendelijk vindt u de website?

8 antwoorden



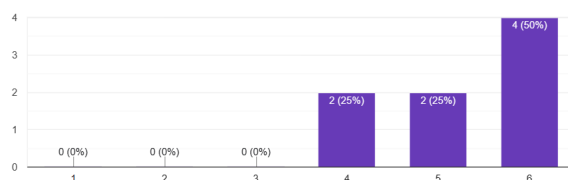
10. Wat vindt u van de structuur en opbouw van de website?

8 antwoorden



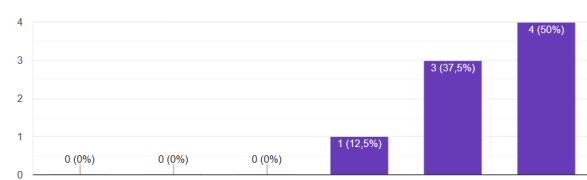
8. Hoe inspirerend vindt u de website?

8 antwoorden



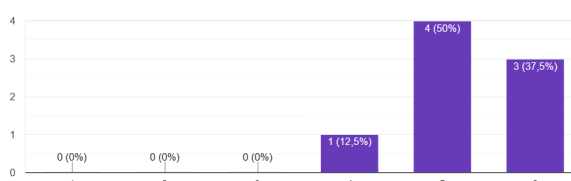
11. Wat vindt u van de lay-out van de website?

8 antwoorden



9. Hoe begeleitend en ondersteunend vindt u de website?

8 antwoorden



"Great idea!"

"I think a lot of attention has been paid to it, a great result!!"

Figure 56. Results of how users assessed the ON2 toolkit 3.0

10.4 Main insights

In this chapter the final concept of the ON2 toolkit 3.0 is evaluated by performing two testing sessions and sending out a questionnaire to the target group. In general, the target group is very positive about the ON2 toolkit 3.0. The ON2 toolkit 3.0 is perceived as something valuable that informs, supports and guides users during the orientation phase and when performing the ON2 trajectory 3.0.

The target group described the ON2 toolkit 3.0 as Clear, Organized, Intuitive, User-friendly, Visually pleasing, Calm, and Inviting.

The target group is mostly positive about the visual overview and explanation of the ON2 toolkit 3.0 and ON2 trajectory 3.0, the concrete and visual examples, the inspiration tours, the layout, and the structure of the toolkit.

The evaluation also showed some points of improvement that should be looked at when further improving the concept of the ON2 toolkit 3.0. These mainly relate to optimizing the content of the ON2 toolkit 3.0. The points of improvement will be integrated in the roadmap for the LUMC.

The ON2 toolkit 3.0 is mostly evaluated with organizations that have experience with performing the ON2 trajectory 2.0. One organization did not have any experience with the ON2 trajectory. Testing with a new user was very valuable to obtain feedback and perceive the validity of the ON2 toolkit 3.0 through the perspective of a new user. The new user experienced the toolkit as informative, guiding and supporting. However, it is only tested with one new user. For further research, it is important to test the ON2 toolkit 3.0 with additional new users of different healthcare settings.

11. Roadmap for the LUMC

In this chapter the roadmap for the LUMC will be presented and explained. This roadmap will be used for the development of the ON2 toolkit 3.0, which takes place after this graduation project. First, the system around the concept was mapped and used as input for the roadmap. Overall, the roadmap presents an overview of all phases, activities, the durations and the dependency between all phases and activities that are required for further developing the ON2 toolkit 3.0. The roadmap works towards launching the ON2 toolkit 3.0 in the beginning of 2024.

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11.1 System around the concept

In Figure 57 the system around the concept is shown. The system is larger than explored in this graduation project. The main focus in this project was on the redesign of the ON2 toolkit 2.0 and creating a roadmap to further develop this concept. The other elements of the system are essential to look at in order to realize the new concept and create a success out of it. Therefore, these elements will be integrated in the roadmap for the LUMC. For each of the topics the stakeholders involved are mapped.

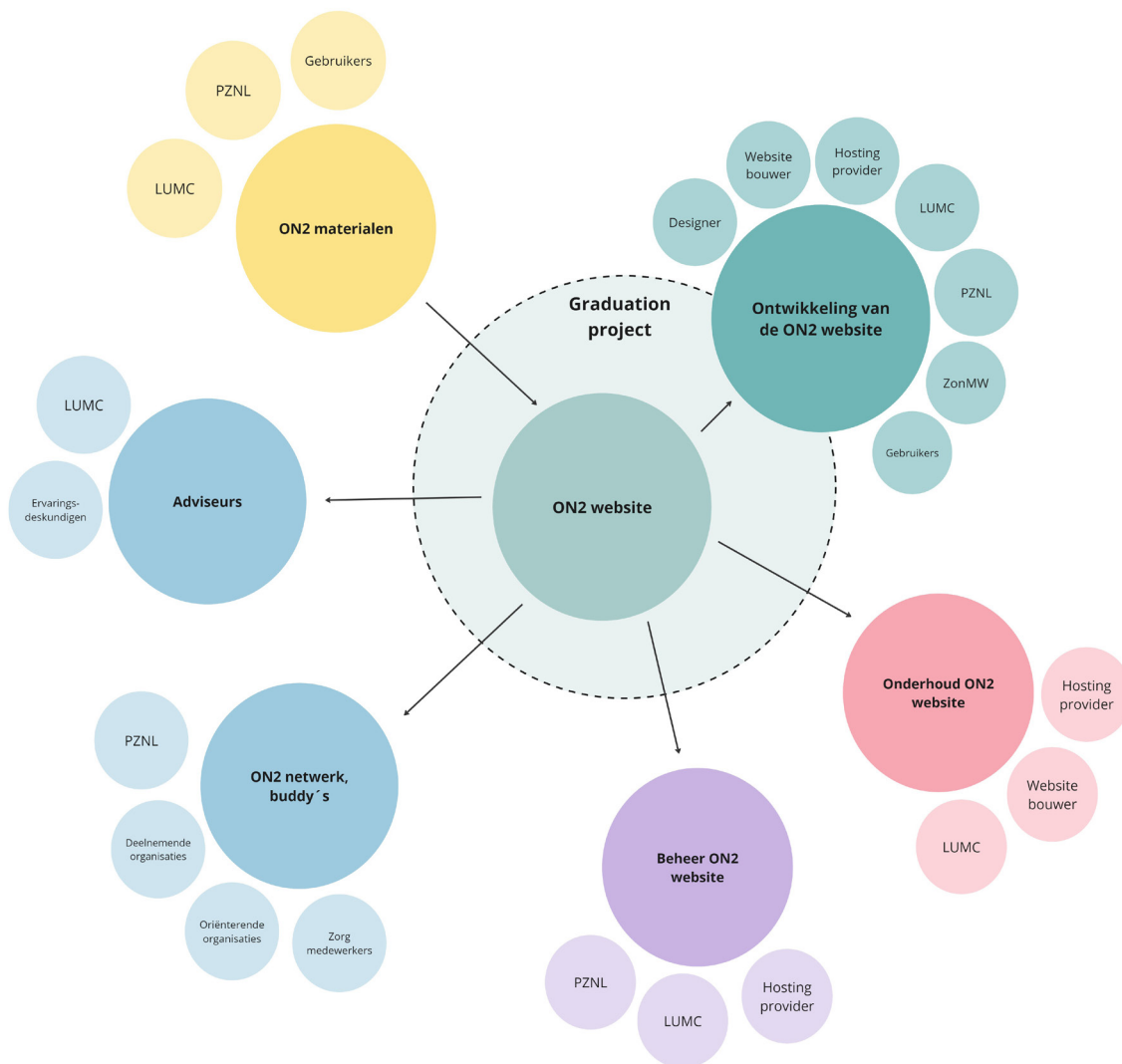


Figure 57. The system around the ON2 toolkit 3.0

11.2 Roadmap LUMC

The process of designing, developing and launching a website

The next steps that the LUMC should perform depend on the required phases and activities of developing and launching a website. The main phases of this process are visualized in Figure 58. In this graduation project phase one to five are already performed. Therefore, phase six until phase thirteen will be integrated in the roadmap for the LUMC. Phase fourteen includes yearly content updates to keep the content of the website relevant and appealing. The LUMC wishes to launch the website in the beginning of 2024. For this reason, phase fourteen is excluded from the roadmap.

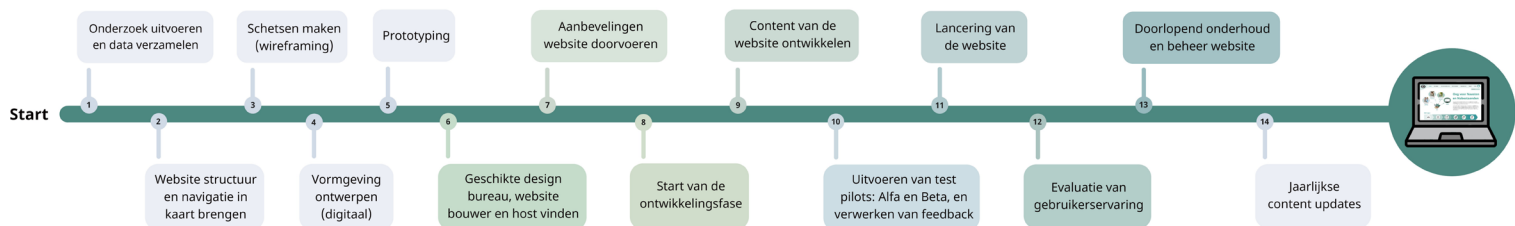


Figure 58. The process of designing, developing and launching a website. (de Groot, n.d.; Fabrik Informatik, n.d.; Geers, 2023; Klik & Steen, n.d.; Peters, 2020).

Roadmap LUMC

The roadmap for the LUMC consists of an interactive document, where the LUMC can obtain more information on the required activities for each of the phases. As mentioned at the start of this chapter, the other elements of the system are also taken into account in the roadmap. These elements are explained in the roadmap under the heading 'preparations'. In addition, some improvements of the ON2 materials are included in the heading 'creating the content of the website'.

On the next pages the different parts of the roadmap will be explained. The full roadmap can be viewed in Appendix 15. In addition, the interactive roadmap can be viewed with the following link.

<https://xd.adobe.com/view/3ab68810-4f10-45f5-9459-96b98284069d-6fe5/?fullscreen>

Roadmap overview

An overview of the roadmap, including all relevant phases is presented in Figure 59. Each of the phases has its own color and a duration bar that shows the duration of the phase. By clicking on the different phases, the LUMC can obtain more information on the required activities of each phase. All phases and activities are described as an action that should be performed by the LUMC or one of the other stakeholders involved. In the duration bars the outcomes of each phase and activity are described. In addition, the duration bars show the dependency between the different phases and activities. In this way, the LUMC has an overview of what activities should be finished in order to continue the development of the ON2 toolkit 3.0, and what activities should be finished before the launch of the ON2 toolkit 3.0. Figure 60 shows an overview of the 'preparations' phase, including the duration and outcomes of the required activities, and the dependency between the different activities.

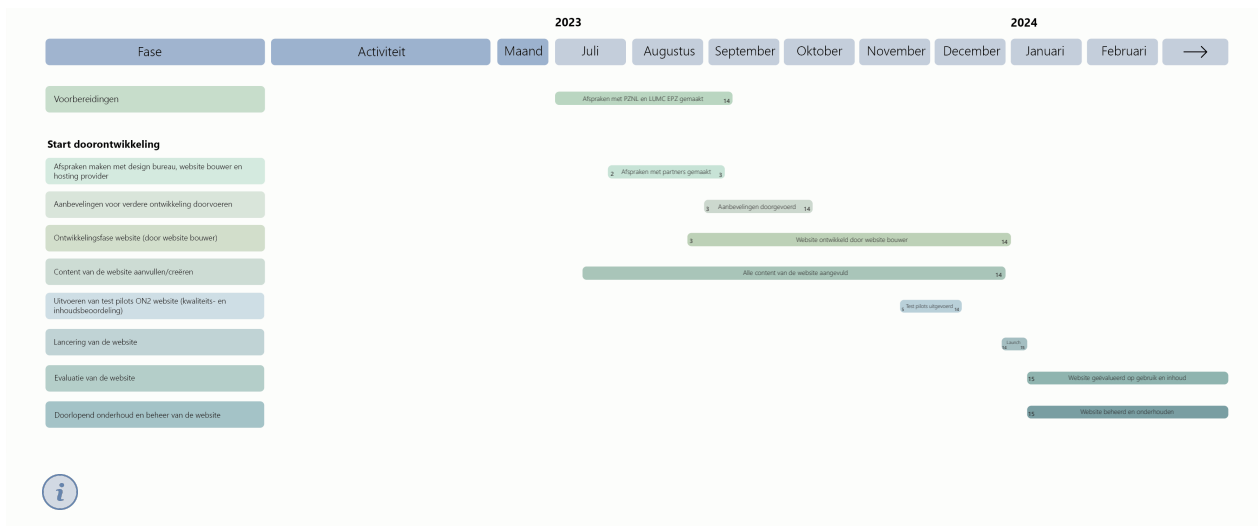


Figure 59. Overview of the roadmap for the LUMC, including all relevant phases

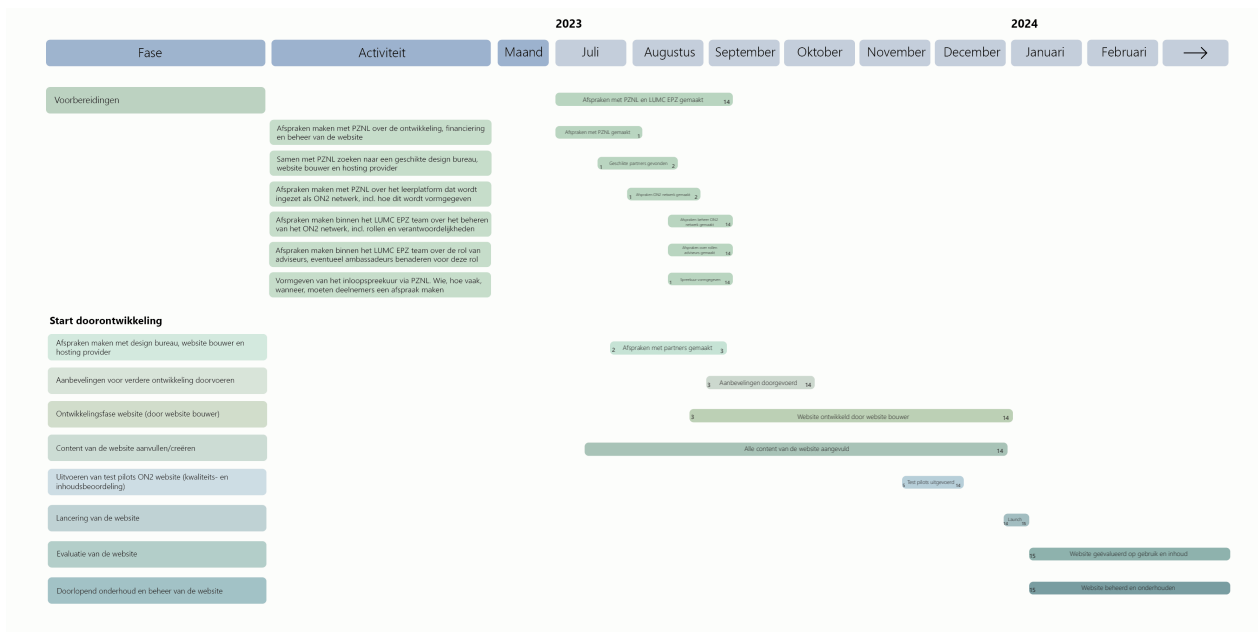


Figure 60. Overview of the activities belonging to the preparations phase

The overview of the roadmap also has an information button for the LUMC to obtain additional information about the roadmap. This includes some general instructions about the roadmap and how to use the roadmap, the stakeholders involved in the development process of the ON2 toolkit 3.0, a short explanation on the content development by the LUMC, instruction on how to add comments to the interactive roadmap, and an explanation on the dependency between the different phases and activities of the roadmap (see Figure 61).

The roadmap takes into account all required activities for the LUMC and other stakeholders involved, such as PZNL, the website designer and the website developer. In the website development, the LUMC will mostly focus on performing the activities of the phases 'preparations', 'making agreements with the design agency, website builder and hosting provider', 'creating the content of the website' and 'conducting test pilots'. The most significant tasks for the LUMC is to work on the content of the website, therefore this phase includes a general overview of all activities per page, a detail overview of all activities per page, and a to-do list that can be used during the process. In Figure 62, a part of the general overview of the activities per page is presented.

Figure 63 shows a part of the detailed overview of the activities per page. The LUMC had the wish to make a distinction between all required activities and the optional activities regarding the content creation for the website. Therefore, the roadmap shows all required activities in green, and the optional activities in yellow. However, it is still recommended to also perform all optional activities as they are of added value to the toolkit.

In addition to the detailed overview of the activities per page, a to-do list was created for the LUMC. This to do list includes a detailed overview of all the activities that should be performed for each of the pages, it gives a time indication for each of the activities, it shows who is responsible for performing the activity, and there is a checkbox that the LUMC can check off when the activity is completed. A part of the to-do list is presented in Figure 64.

At the bottom of the to-do list for the LUMC, a section with additional information is presented for some of the activities that needed more explanation. The section includes information on the materials of Pharos, the Reis van de naasten workshop, the workbook for organization, the content on the steps of the ON2 trajectory 3.0 (profile), and the features of the dashboard. This is presented in Figure 65.

To-do lijst

Hele website (ON2 toolkit 3.0)			
Verwerken van de aanbevelingen en checken van de inhoud op de hele website			
Aanbevelingen uit rapport meenemen in content ontwikkeling	1	LUMC, PZNL, website designer	<input type="checkbox"/>
Website checken op inhoud	1, 2	LUMC	<input type="checkbox"/>
Website checken op tekst en formulering	1, 2	PZNL	<input type="checkbox"/>

ON2 traject 3.0			
Checken van de inhoud per stap van het traject, en het maken van een plan voor de ontwikkeling van de filmpjes			
Inhoud per stap checken: uitleg, doel en duur	1	LUMC	<input type="checkbox"/>
Ideeen bedenken voor de inhoud van de filmpjes per stap	1, 2, 3	LUMC	<input type="checkbox"/>
Plan maken voor het ontwikkelen van de filmpjes, incl. partners	1	LUMC	<input type="checkbox"/>
Ontwikkelen van de filmpjes per stap	1, 2, 3, 4	LUMC, PZNL	<input type="checkbox"/>

Randvoorwaarden ON2			
Brochure voor managers aanvullen met de noodzaak voor het toepassen van ON2 (leiden, trends, toegevoegde waarde)			
Inhoud brochure voor managers aanvullen (optioneel)	1	LUMC	<input type="checkbox"/>

ON2 materialen			
Alle ON2 materialen optimaliseren en toevoegen aan de website			
Nieuwe ON2 materialen toevoegen aan de website	1, 2, 3	LUMC, PZNL	<input type="checkbox"/>
Korte omschrijving toevoegen aan alle ON2 materialen	1	LUMC	<input type="checkbox"/>
ON2 werkboek aanpassen en afstemmen op het nieuwe traject	1, 2, 3	LUMC, PZNL	<input type="checkbox"/>
One pager maken met instructies voor gebruik website (optioneel)	1, 2	LUMC, PZNL	<input type="checkbox"/>

Inspiratie tours - zorgverleners			
Alle content per zorgsetting toevoegen aan de tour			
Ervaringen van zorgverleners verzamelen per setting	1, 2, 3	LUMC	<input type="checkbox"/>
Praktijkvoorbeelden verzamelen per setting	1, 2, 3	LUMC	<input type="checkbox"/>
Afbeeldingen zoeken voor de verschillende settings	1, 2	PZNL	<input type="checkbox"/>
Brochure voor zorgverleners opstellen over voordelen van ON2	1	LUMC, PZNL	<input type="checkbox"/>

Inspiratie tours - managers			
Alle content per zorgsetting toevoegen aan de tour			
Ervaringen van managers verzamelen	1, 2	LUMC	<input type="checkbox"/>
Afbeeldingen van managers zoeken	1, 2	PZNL	<input type="checkbox"/>
Filmpje over ervaringen van managers produceren (optioneel)	1, 2, 3	LUMC, PZNL	<input type="checkbox"/>

Inspiratie tours - wat kan ON2 ons bieden?			
Alle content toevoegen aan de tour			
Antwoorden van de meerkeuzevragen aanvullen	1	LUMC	<input type="checkbox"/>
Verschillende adviezen van de voordelen van ON2 creëren	1, 2	LUMC	<input type="checkbox"/>

Profiel - ON2 traject 3.0			
Inhoud per stap checken en eventueel aanvullen. Ook tips, voorbeelden en informatie toevoegen per stap			
Inhoud van alle stappen checken	1, 2, 3	LUMC	<input type="checkbox"/>
Nieuwe materialen en tijdsduur toevoegen per stap	1, 2	LUMC	<input type="checkbox"/>
Materialen voor zorgverleners, naasten, Pharos toevoegen	1	LUMC	<input type="checkbox"/>
Maken van mini tutorial voor dashboard & ON2 traject 3.0 (optioneel)	1, 2	Designer	<input type="checkbox"/>
Tips, veel gestelde vragen en voorbeelden per stap toevoegen	1, 2, 3, 4	LUMC	<input type="checkbox"/>

Profiel - content voor de stappen van het ON2 traject 3.0			
Toevoegen van informatie, brochures en templates aan de stappen van het nieuwe ON2 traject 3.0			
Opstellen van aanbevelingen voor het kiezen van team/afdeling	1, 2	LUMC	<input type="checkbox"/>
One pager maken voor het informeren van afdelingen (optioneel)	1, 2, 3	LUMC, PZNL	<input type="checkbox"/>
Opstellen van aanbevelingen voor samenstellen project team	1, 2	LUMC	<input type="checkbox"/>
One pager maken voor het informeren van project teams (optioneel)	1, 2, 3	LUMC, PZNL	<input type="checkbox"/>
Opstellen instructies en voorbeelden kick-off meeting (optioneel)	1, 2, 3	LUMC	<input type="checkbox"/>
Opstellen van een template voor opzetten van het ON2 traject 3.0	1, 2	LUMC	<input type="checkbox"/>
Opstellen van factoren die invloed hebben op de planning	1, 2	LUMC	<input type="checkbox"/>
Voorbeelden en tips toevoegen aan de naasten workshop	1, 2	LUMC	<input type="checkbox"/>

Figure 64. To-do list for the LUMC regarding the content creation of the ON2 toolkit 3.0

Extra informatie

Materialen van Pharos	Reis van de naasten workshop	Werkboek voor organisaties	Content voor het ON2 traject (profiel)	Functies dashboard
<ul style="list-style-type: none"> Materialen van Pharos toevoegen aan de toolkit. Kaartje toevoegen aan de Reis van de naasten workshop Iets toevoegen aan de inspiratie tour voor naasten Verwijzing toevoegen naar Pharos op de homepage en bij de ON2 materialen (optioneel) Verwijzing toevoegen naar Pharos in het ON2 traject binnen het profiel. Bij stap 2 (voorbereiding ON2), stap 3 (Naasten workshop), stap 6 (Plan uitvoeren) 	<ul style="list-style-type: none"> Tips toevoegen over welke functies en hoeveel deelnemers uitnodigen Toevoegen aan template: "Welke voordelen kunnen jullie als zorgverlener behalen door aan de verbeterpunten te werken?" (toegevoegde waarde) "Welke drempels kunnen er mogelijk spelen tijdens het werken aan de verbeterpunten?" Een lijst met discussiepunten opstellen om het gesprek op gang te brengen 	<ul style="list-style-type: none"> Tips en tricks hoe het project team medewerkers kan begeleiden, motiveren, en ondersteunen Informatie, tips en voorbeelden hoe zorgen voor naasten geborgd kan worden op korte en lange termijn Informatie over tussentijds evalueren en plannen aanpassen Informatie en tips over het omgaan met weerstanden Meest voorkomende valkuilen en oplossingen of tips om te voorkomen Werkboek overeen laten komen met nieuwe ON2 traject en de website 	<ul style="list-style-type: none"> One pager team/afdeling: korte info over het ON2 traject, de voordelen en inspiratie tour One pager project teamleden: korte info over het ON2 traject, voordelen, verwachtingen, rollen, en benodigde tijd ON2 template voor opzetten traject: voorbeelden van rollen, verantwoordelijkheden, verwachtingen, afspraken die gemaakt kunnen worden Plan van aanpak: "Welke voordelen kunnen jullie zelf behalen uit deze doelen?" 	<ul style="list-style-type: none"> Vereist: <ul style="list-style-type: none"> Doorlopen ON2 traject 3.0 Progressiebar Opgestelde doelen en aanpak Overzicht met opmekomst activiteiten Zelfstandig evalueren: checklist, evaluatiepunten, digitale evaluatie Conclusies uit evaluaties weergegeven Profiel project team met gemaakte afspraken Optioneel: <ul style="list-style-type: none"> Digitale agenda dat gekoppeld is aan werkdag Digitale evalueren als extra functie op het dashboard Digitale evaluatiegrafieken als uitkomst van de evaluatie Feedback van naasten via QR code Foto's van naasten op het dashboard Kopie support en ON2 materialen (staat ook in menu's) Reminders en meldingen > optioneel, kan ook via eigen werkdag

Figure 65. Additional information and instructions for the LUMC about the content creation

The roadmap aims at officially launching the website in January 2024 (see Figure 66). In order to reach this deadline, some phases will already start in July and August. For example, the LUMC will make agreements with PZNL, search for potential website builders, website designers and hosting providers, make agreements with the designer and website builder, further define the ON2 network and ON2 advisors role, and start with creating the content for the website. To make sure the roadmap, phases and activities are clear for the LUMC, a test session with the LUMC was performed in which the roadmap was explained and feedback was obtained to finalize the roadmap.

Before launching the website, an alpha (internally) and beta (externally) test pilot is planned in order to test the functionalities and obtain relevant feedback on the website that should be adapted before the launch. After the launch the LUMC should still collect feedback from users to further optimize the website and share this with the website builder. Moreover, after the launch the website should be maintained and managed (ongoing task), which is mostly assigned to PZNL and the hosting provider.

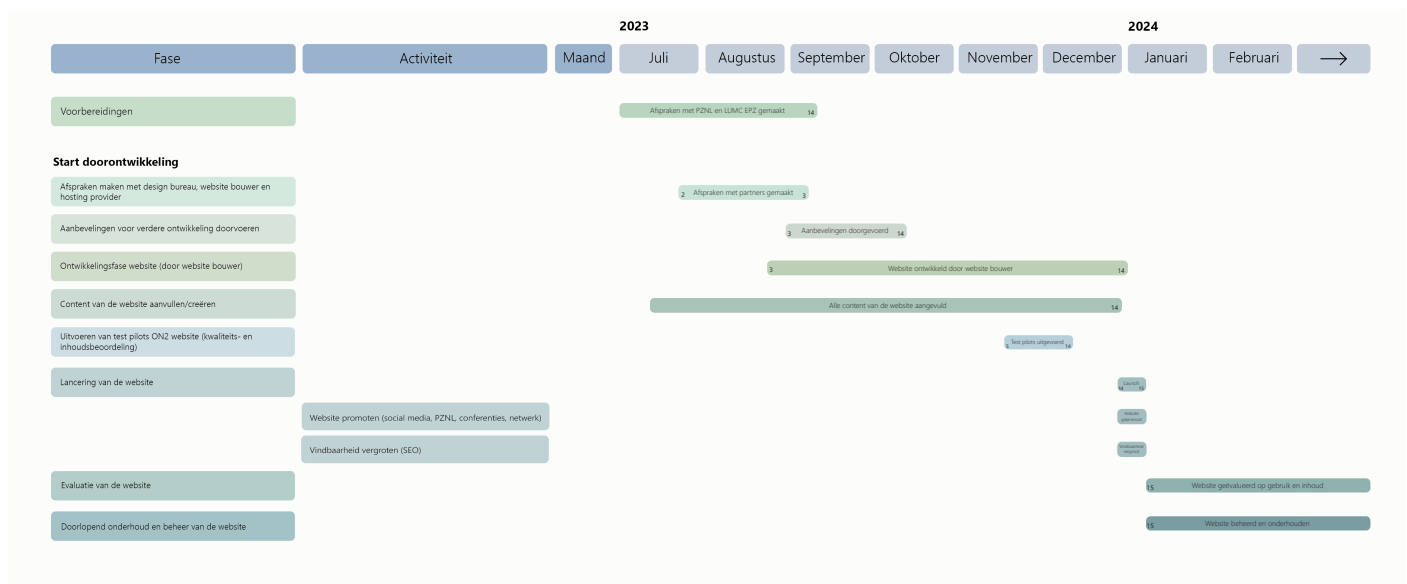


Figure 66. The roadmap for the LUMC emphasizing the launch of the ON2 toolkit 3.0 in early 2024

The roadmap is not yet validated with other stakeholders involved in the development of the ON2 toolkit 3.0. It is important that the LUMC makes agreements with the stakeholders on the formulated activities and the time durations. In addition, it is relevant to discuss the estimated costs with all stakeholders to get a more accurate view on the overall costs. A vision document is created for the LUMC that serves as a guidance tool in the development of the ON2 toolkit 3.0, see Appendix 16. This vision document can be shared with the designer and website developer to inform them about the different aspects of the ON2 toolkit 3.0. The vision document includes the following topics: recommendations for further improvement, limitations of this graduation project, the desired vision, the four building blocks, the structure of the ON2 toolkit 3.0, and a detailed explanation on the ON2 toolkit 3.0.

Lastly, some additional documents are shared with the LUMC that are of added value for the development of the ON2 toolkit 3.0. This includes a document with all text of the public pages of the ON2 toolkit 3.0, an overview of all images used in the toolkit and their sources, and the content that can be used for the brochures for family caregivers, healthcare professionals and managers.

12. Conclusion

This chapter concludes this graduation project and evaluates if the outcomes of the graduation project meet the formulated design criteria described in Chapter 6.3. In addition, the limitations of this graduation project and the recommendations for further improvement are presented. Lastly, a personal reflection of the designer on this graduation project is presented.

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12.1 Final conclusion

Healthcare organizations use the ON2 toolkit 2.0 to improve the care for family caregivers within their own organizations. Currently, the ON2 toolkit 2.0 is used by healthcare organizations under guidance of the LUMC. From 2024 onwards, the LUMC will not be available anymore to guide organizations throughout the whole ON2 trajectory 3.0. Instead, the ON2 toolkit 3.0 should guide and support organizations with the independent implementation of the ON2 trajectory 3.0. The ON2 toolkit 2.0 only present the available ON2 materials for family caregivers, healthcare professionals, and healthcare organizations to the users. It does not provide any personal support or guidance, which makes it hard for new organizations to independently make use of the ON2 toolkit 2.0 to improve the care for family caregivers. Therefore, this project aims to redesign the ON2 toolkit 2.0 and make it supporting, guiding and inspiring, in such a way that an organization can use the toolkit to independently perform the ON2 trajectory 3.0.

The input and insights derived from desktop research, various interviews, brainstorming sessions and prototype testing sessions has been used to create, validate and improve the redesign of the ON2 toolkit 2.0. The ON2 toolkit 3.0 has four main features. Firstly, it informs users about the ON2 toolkit 3.0, the ON2 trajectory 3.0 and the conditions for starting the ON2 trajectory 3.0. Secondly, it presents and explains the different ON2 materials for family caregivers, healthcare professionals, and healthcare organizations. Thirdly, it shows users the added values, benefits and possibilities of implementing ON2, by means of four inspiration tours in which experiences and examples of previous participants are shared. Lastly, it guides and support users with independently performing the ON2 trajectory 3.0 and setting up their own project by creating a profile. Users are able to receive support from the website (e.g. FAQ, guidance in profile), the ON2 network (e.g. receiving support from other participating organizations), and the ON2 advisors (e.g. a consultation hour organized by the LUMC).

The final design of the ON2 toolkit 3.0 is evaluated by conducting two qualitative interviews and sending out a questionnaire (n=8). The results showed that the target group is very positive about the website, and that they perceive it as user-friendly, structured, visually pleasing, calm and of added value. The target group also mentioned that this toolkit would have helped them in the past, and will help them in the future when expanding the implementation of ON2 within the organization. Moreover, the results showed that the ON2 toolkit 3.0 is informative, inspiring and guiding for new organizations that have less knowledge about the ON2 toolkit and ON2 trajectory.

Furthermore, a roadmap for the LUMC is created that includes the next steps for further developing and realizing the ON2 toolkit 3.0. In this roadmap the system around the ON2 toolkit 3.0, the stakeholders, and the wish of the LUMC to launch the toolkit in the beginning of 2024 has been taken into account.

On the next three pages, the ON2 toolkit 3.0 will be evaluated on the design criteria described in Chapter 6.3 to conclude if the ON2 toolkit 3.0 meets the design criteria derived from the research phase, formulated vision and design goal.

Is the redesign relevant, valuable and inspiring for all healthcare settings?

Yes, the redesign is relevant, valuable and inspiring for all healthcare settings. The inspiration tours present experiences and examples for each of the healthcare settings. In addition, organizations can review examples for their own setting, when performing the ON2 trajectory 3.0 in their profile. Research showed that, in general, all settings perform the ON2 trajectory in the same way. Therefore, all information and instructions of the steps of the trajectory are valuable for all healthcare settings.

Does the redesign consider the high workload and limited time availability of healthcare professionals to work with the toolkit?

Yes, the most relevant information is present in the toolkit. Users are able to obtain more information if desired. Moreover, when performing the trajectory an overview is presented of the goal, tasks, ON2 materials, and duration for that step. In this way it does not cost a lot of time for users to know what to do in each step. The toolkit also makes distinction in required and additional activities and materials.

Does the redesign communicate the added value and benefits of ON2 in a clear and inspiring way to healthcare professionals and managers?

Yes, there are four inspiration tours that show users the benefits and added values of ON2 by presenting quotes, pictures and videos about the experiences of previous participants. These experiences and examples are available for each of the healthcare settings. In addition, in each inspiration tour users are able to download a brochure that explains more about the added value and benefit of ON2 for family caregivers, healthcare professionals and healthcare organizations. One of the inspiration tours focuses on the added value of ON2 for the organization. By answering some questions a general advice is created on what ON2 can mean for the organization.

Does the redesign create awareness among healthcare professionals that taking care of family caregivers is not complicated or time-consuming?

Yes, some attention is paid to conveying the message that taking care of family caregivers does not have to be complicated or time consuming. This is done by sharing experiences and quotes of previous participants, and in explaining the different steps of the ON2 trajectory 3.0. The explanation says that the current situation will be used as a starting point, that improving the care of family caregivers will be done in small steps, and that the organization keeps its own pace.

Does the redesign provide additional information, tips, frequently asked questions and examples to project teams when performing the ON2 trajectory 3.0?

Yes, for each step additional information, tips, examples and frequently asked questions are available. When performing a step users can click on the buttons next to the progress bar to obtain this data.

Does the redesign enable organizations to set up and perform their own project by filling in and reviewing their own goals, action plan and progress?

Yes, organizations are supported and guided in setting-up and performing their own project. During the trajectory project teams get instructions on what they need to do. For each step project teams need to answer questions and document their results and insights, which are stored and presented on their own dashboard. The dashboard also shows the progress of the individual goals and the evaluation results of the project team.

Does the redesign provide sufficient support and guidance to project teams to independently perform the ON2 trajectory 3.0?

Yes, all steps of the trajectory are explained in a step-by-step approach. For each step users get information on the goal, activities, required materials and duration for that step. In addition, users can review tips, frequently asked questions and examples for each step. The redesign guides users by presenting questions they need to answer or topics they need to discuss with each other. When project teams have the need for additional support they can contact the ON2 network or get in contact with an ON2 advisor.

Is the redesign accessible and user-friendly enough for project teams to independently work with the ON2 toolkit 3.0?

Yes, the feedback from the target group showed that the toolkit is perceived as clear, structured, user-friendly, visually pleasing, simple, and accessible. The toolkit guides users while orientating and performing the ON2 trajectory 3.0. The overview of the ON2 toolkit 3.0 and ON2 trajectory 3.0 gives a clear explanation of the concept and makes it more accessible for new users. In addition, the combination of text, pictures, quotes and videos makes the toolkit accessible for different types of users.

Does the redesign provide information and support to the project team in dealing with resistances from healthcare professionals?

The redesign pays some attention to informing and supporting project teams in dealing with resistances. The toolkit stimulates project teams to think about possible resistances and make this topic more discussable with healthcare professionals. Step 3 (reis van de naasten workshop) and step 5 (presenting goals and action plan) of the ON2 trajectory 3.0 focuses on mapping potential resistances and making this discussable with healthcare professionals with the aim to make agreements and find solutions together. Additional information can be added to the toolkit, such as tips on how to deal with resistances and examples of how other organizations dealt with resistances.

Does the redesign provide information and support to the project team in creating acceptance among healthcare professionals to provide care to family caregivers?

Yes, the redesign supports project teams in creating the acceptance of healthcare professionals. Healthcare professionals become aware by starting the inspiration tours, reading the brochures and performing the 'reis van de naasten' workshop. The toolkit shows the benefits and added value of ON2 for healthcare professionals themselves, the benefits for family caregivers, and inspires them about the possibilities of ON2. Moreover, the toolkit stimulates an active role of healthcare professionals in the 'reis van de naasten' workshop and team meeting, allowing them to share their ideas, input and feedback. In addition, the toolkit stimulates the project team to support healthcare professionals, ask about their needs and ensure they have the right skills and knowledge to provide care and work on the formulated goals.

Does the redesign provide information and support to project teams in reassuring the care for family caregivers within the organization in the short and long term?

The toolkit informs and supports project teams on how to reassure the care for family caregivers in the short and long term. While performing their action plan project teams make agreements about how to keep the care for family caregivers on the agenda. Instructions and tips on how to reassure the care can be reviewed when performing the action plan. This content still needs to be created and is therefore included as an activity in the LUMC roadmap.

Does the redesign support project teams with independently evaluating their action plan and progress in providing care to family caregivers?

Yes, the project team can evaluate their progress by starting the evaluation activity on their dashboard. The evaluation consists of a checklist and/or some topics and relevant evaluation questions. The most relevant insights of the evaluation are presented on the dashboard. The evaluation questions and the instructions for evaluating still need to be created and are therefore included as an activity in the LUMC roadmap.

Does the redesign has an overview of common pitfalls and tips or solutions on how to prevent and tackle these pitfalls?

The redesign will present some examples of common pitfalls and provide tips or solutions on how to avoid and deal with these pitfalls. This information will be included in the FAQ and added to the necessary steps of the ON2 trajectory 3.0. The examples, tips and solutions still need to be created and are therefore included as an activity in the LUMC roadmap.

Does the redesign include tips and examples of other healthcare organizations?

Yes, the inspiration tours show examples and experiences of other healthcare organizations. In addition, the ON2 trajectory page has a video for each step where previous participants give a short explanation, share their experiences and give tips. Moreover, when performing the trajectory tips and examples of previous participants are also available. This content still needs to be created and is therefore included as an activity in the LUMC roadmap.

Does the redesign connect participating organizations to share experiences, tips and offer support?

Yes, the toolkit connects participating organizations. Participants can join the ON2 network via the support page, on their personal dashboard and after creating their action plan.

Does the redesign give priority to minimizing the time spent on maintenance and management of the toolkit?

Yes, in the ideation phase a comparison was made between an application and a website. In general, a website require less time to manage and maintain. After the launch it is still important to manage and maintain the website. Making agreements on the roles and responsibilities is therefore included as an activity in the LUMC roadmap.

Is it possible to complete and launch the redesign in the beginning of 2024?

This mainly depends on the website builder and the time required to create and develop all content of the toolkit. The roadmap for the LUMC aims at launching the toolkit at the beginning of 2024. To reach this deadline, all agreements with PZNL should be made in the short term. The LUMC should already start with creating the content and agreements should be made with the website designer and website builder. The roadmap for the LUMC shows when all activities should be performed in order to launch the website in the beginning of 2024.

Is there a clear plan for further developing and realizing the ON2 toolkit 3.0 after the graduation project?

Yes, the roadmap for the LUMC shows all required phases and activities for further developing the ON2 toolkit 3.0. The roadmap is detailed and contains information on the actions, outcomes, the durations, and dependency between all phases and activities. In addition, the overview of the roadmap has an information button that provides additional information and explanations about the roadmap. Moreover, the roadmap was discussed with the LUMC for feedback and to make sure everything is clear to them.

In conclusion, the final design of the ON2 toolkit 3.0 is experienced as guiding, supporting and inspiring by healthcare professionals and forms a good basis for independently improving the care for family caregivers within a healthcare organization. The toolkit is accessible, user-friendly, and visually pleasing and therefore meets the wishes of the target group. However, not all content is already included in the toolkit. The roadmap for the LUMC shows how to finish and develop the ON2 toolkit 3.0. To further improve and validate the toolkit, conducting test pilots are an important activity of the LUMC roadmap. In the test pilots it is essential to test the ON2 toolkit 3.0 with new organizations of all healthcare settings, because in this graduation project it was only possible to validate the toolkit with one new organization.

12.2 Limitations

The limitations that might have influenced the outcomes of the research, final concept of the ON2 toolkit 3.0, estimated costs and the roadmap are presented in this section.

Limited number of participants during the interviews

Only a limited number of participants were available for the qualitative interviews about the ON2 trajectory 2.0 in practice. In total one hospital, one home care organization, two hospices, and two nursing homes were interviewed. This resulted in limited insights on the experiences and needs of organizations when performing the ON2 trajectory 2.0.

Limited number of participants during the prototype test sessions

Only a limited number of participants were available for testing the prototype and providing feedback on the redesign. The concept is tested and validated with one nursing home, two home care organizations, and one hospice. In addition, a questionnaire (n=8) was sent out to the managers and ambassadors of participating organizations. In total five of the respondents work at a hospice, one at a nursing home, one at a hospital and one at a home care organization.

It is relevant to validate the ON2 toolkit 3.0 with more participants from different healthcare settings. Due to the time limitation and the availability of healthcare professionals, it was not possible to test the ON2 toolkit 3.0 with a hospital.

Most test sessions were performed with organizations that are implementing or have implemented the ON2 trajectory 2.0

Most of the test sessions were performed with ambassadors of participating organizations. These ambassadors already have knowledge on and experience with using the ON2 toolkit 2.0 and performing the ON2 trajectory 2.0. Therefore, these participants might be biased when assessing the redesign.

Furthermore, the redesign was tested with one new organization (hospice) that is interested in implementing the ON2 trajectory 3.0. To conclude how informative, inspiring and guiding the toolkit is for new users, it is essential to test and validate the redesign with additional new organizations from all healthcare settings. Another test session was performed with a home care organization that is interested in using the ON2 toolkit 3.0 to inform and support new teams with the implementation of ON2. For further research, additional feedback could be collected from other organizations that also want to implement ON2 in other departments/teams.

Testing the prototype in real-time

During the test sessions it was only possible to test the prototype on its layout, structure and partly on the detailed content. It was not possible to test the functionality of the ON2 toolkit 3.0 in real-time. Therefore, the roadmap includes test pilots where the focus is on testing the instructions and content of each of the steps. This can be done by letting new users perform the trajectory through the instructions provided in the toolkit. The outcomes of the test pilots show how effective the toolkit is in practice.

Moreover, during the test pilots the focus should be on testing if the website is informative, supporting, guiding and inspiring enough for organizations to independently orientate, start and perform the ON2 trajectory 3.0. At this moment the concept is mostly validated with previous participants that already have knowledge on performing the ON2 trajectory 2.0, therefore their answers might be biased. It could be possible that organizations that do not have any knowledge need more information and support to perform the trajectory on their own.

Functionalities and features of the prototype

Not all functionalities and features of the prototype were working. This may have influenced the perceptions and opinions of participants when using the prototype. For example, some participants found it unclear if elements of the website were clickable or not, because not everything that should be clickable was already clickable within the prototype. Therefore, it is relevant for the final design to test if all interactions are clear and logic for users.

Content of the prototype

In the available time of this graduation project, it was not feasible to create the examples, quotes, experiences and visuals for all individual healthcare settings. Instead, the prototype showed examples for the hospital setting. For all other settings the content still needs to be created. In addition, the examples, quotes and experiences should be tested with organizations of all healthcare settings to validate if it is inspiring and connecting enough.

Cost analysis of the ON2 toolkit 3.0

The cost analysis for further development of the toolkit is based on sources that explain the average costs of creating a website. The cost estimation focused on the costs for creating the different features, pages and content of the website. The final costs largely depend on the skills of the website builder and the quality of the content of the website. These costs are, however, not validated and discussed with the website builder and other stakeholders involved. To get a more detailed and accurate overview of all costs it is essential that the LUMC discusses the features, pages and content of the website with all stakeholders involved in developing the ON2 toolkit 3.0.

Roadmap for the LUMC

The roadmap illustrates the different phases and activities that should be performed by the LUMC or one of the stakeholders involved in developing the ON2 toolkit 3.0. The phases and activities included in the roadmap are based on research about the process of developing a website. However, the roadmap is not discussed with a website builder. Therefore, it could be valuable to discuss this roadmap with the website builder and other stakeholders involved. It is essential to validate the duration of the different phases and activities, and change plans if necessary. Another limitation of the roadmap is that it only presents one scenario. It could always be possible that one of the phases or activities require more time. The LUMC should take this into account when working with the roadmap.

12.3 Recommendations

When further improving the ON2 toolkit 3.0 it is recommended that the LUMC implement the following recommendations that are derived from the prototype testing sessions (see Chapter 8), the final evaluation of the concept (see Chapter 10), and the limitations discussed in section 12.2.

Interaction with the toolkit

Add breadcrumbs to all pages, so users can easily go back to the previous page they visited.

Add a tutorial to the dashboard that shows users how to make use of the dashboard and its functionalities. Moreover, add a tutorial to the first step of the ON2 trajectory 3.0 to explain the different buttons and information that is available for each of the steps. Adding tutorials increases the user-friendliness and accessibility of the toolkit. It will become clear to users what functionalities and information are available and how to make use of the dashboard during their own project.

Content of the toolkit

When collecting pictures and creating videos for the toolkit, ensure the content is diverse to make the toolkit valuable and accessible for a broader target group. For example, involve people with multiple genders, ages, cultures and professions.

The evaluation of the final concept resulted in some points of improvement regarding the content of the toolkit. It is relevant to look at these points of improvement when fine-tuning the ON2 toolkit 3.0.

Dashboard

Make sure that the dashboard of the ON2 toolkit 3.0 has the following features: overview ON2 trajectory 3.0, progression, formulated goals, action plan, and the possibility to evaluate. The additional features that are not essential for the toolkit to work are the digital agenda and the section about family caregivers, where pictures and quotes of family caregivers are presented. However, it would be of added value if these functionalities were integrated in the dashboard if possible.

Tone of voice of the toolkit

The qualitative research focused on the preferred tone of voice of the toolkit. In general, healthcare professionals prefer an informal tone of voice and managers a formal tone of voice. It should be considered if the tone of voice of the public pages should remain informal or will become more formal. Another option is to let users choose if they prefer a more informal or formal tone of voice when making use of the toolkit.

Test pilots

Ensure test pilots are not only conducted with participating organizations, but also with new organizations that are starting the ON2 trajectory 3.0 or interested in starting the ON2 trajectory 3.0. In addition, ensure the ON2 toolkit 3.0 is tested with organizations of all healthcare settings. The aim of the test pilots is to collect user feedback, gain insights in their needs, and determine what points of improvements should be implemented before launching the website.

During the test pilots make sure new organizations independently use the ON2 toolkit 3.0 when performing the ON2 trajectory 3.0. This way, the LUMC can validate if the toolkit is clear, informative and supporting enough for independent implementation by new users.

Roadmap

It is recommended to first add tips, examples and questions to the most essential steps of the trajectory and to the steps where users have the need to receive more support. When that is established, tips and examples can also be added to steps where there is less request for additional support. Moreover, it is relevant to keep collecting feedback from users in the first year(s) after the launch of the website to improve the content and optimize the user experience of the toolkit.

Discuss all steps and activities of the roadmap with the stakeholders involved in the development of the ON2 toolkit 3.0. By discussing the activities, durations and estimated costs, agreements can be made between stakeholders and the LUMC on these areas.

In addition, discuss the plans, features and functionalities of the toolkit with the website builder to obtain a more accurate estimate of the required time and costs for developing the toolkit.

12.4 Personal reflection

I am gladly looking back on the past few months, in which I worked on my graduation project. During my graduation project I learned many new things. One of the learning points is project management. At the start of my graduation project I drew up a project planning, including any potential delays in performing the activities. This resulted in a very precise planning of how I performed my project. By slightly adjusting the planning, when activities took longer than expected, I was able to stay on track of my planning almost the entire project. However, the planning included some hard deadlines related to the interaction with the target group, such as the interviews and testing sessions with healthcare professionals and the LUMC. Due to the high workload in the healthcare sector, I had to plan all these events in advance. Having these deadlines and wanting to get the most out of each of the sessions was sometimes stressful. Especially, when there were setbacks shortly before the sessions were scheduled. This thought me that it is okay if plans change and that you do not need to be in control all of the time in order to be successful. In addition, I have learned to reflect in the moment and make decisions based on the situation in order to achieve the best outcomes.

The first weeks of my graduation project focused on really diving deeper into the topic: palliative care, family caregivers, and the healthcare settings. I did not have a lot of knowledge yet about this topic, therefore it was essential to understand the context well to come up with a valuable design. Having explored the context better, helped me throughout the project in making decisions, preparing the sessions and connecting with the different stakeholders.

I have enjoyed collaborating with the client and healthcare professionals who work or are interested to work with the ON2 toolkit 3.0. The sessions were very inspiring and led to new insights. Testing the prototype and receiving positive feedback and ideas for improvement, motivated me to further improve and iterate on the concept. My goal was to really create something valuable for the end users. I think I have successfully created a concept that is valuable for healthcare organizations and helps them with independently improving the care for family caregivers within their own organization. What I liked about this project is that it did not only focus on creating the new concept, but also on creating the roadmap for the LUMC to realize this concept. I cannot wait to see the actual design of the ON2 toolkit 3.0, and are very honored to have contributed to this concept that will be valuable to many stakeholders.

My personal learning goals were to learn more about service design and creating services. During this project I experienced the process of creating a website. This was new to me, because in my studies I only created some mobile applications. I learned that the user interaction, website structure and layout are essential for a good user experience. In addition, by also creating the roadmap I learned more about website development and what a website requires, such as a hosting provider, domain name, and the front-end and back-end development. The website and roadmap were created in Adobe XD. One of my learning goals was also to improve my skills with Adobe XD.

Another learning goal was to improve my visualization skills. This is partly integrated in creating the concept and the roadmap. In addition, the blueprints of the ON2 trajectory, the visuals of the report and the scenario allowed me to work on this goal. During the project I worked a lot in Miro, this also made it a challenge to turn all data of Miro into text and visuals for the report. However, this has thought me to take a critical look at all content and the broader picture, and from there on implement the core in the report.

Overall, this graduation project has been an amazing, inspiring and educational journey in which I was able to apply my skills and knowledge of both my bachelor and my master. I am very satisfied with the end results and thankful for the guidance and collaboration with the LUMC and TU Delft. I would like to sincerely thank my client, Marcella tam, and my coaches, Marieke Sonneveld and Margreet Beets, for their support, commitment and inspiration throughout my whole project.

"This graduation project has been an amazing, inspiring and educational journey that I look back on with immerse pleasure."

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