

IDE Master Graduation

Project team, Procedural checks and personal Project brief

This document contains the agreements made between student and supervisory team about the student's IDE Master Graduation Project. This document can also include the involvement of an external organisation, however, it does not cover any legal employment relationship that the student and the client (might) agree upon. Next to that, this document facilitates the required procedural checks. In this document:

- The student defines the team, what he/she is going to do/deliver and how that will come about.
- SSC E&SA (Shared Service Center, Education & Student Affairs) reports on the student's registration and study progress.
- IDE's Board of Examiners confirms if the student is allowed to start the Graduation Project.

! USE ADOBE ACROBAT READER TO OPEN, EDIT AND SAVE THIS DOCUMENT

Download again and reopen in case you tried other software, such as Preview (Mac) or a webbrowser.

STUDENT DATA & MASTER PROGRAMME

Save this form according the format "IDE Master Graduation Project Brief_familyname_firstname_studentnumber_dd-mm-yyyy". Complete all blue parts of the form and include the approved Project Brief in your Graduation Report as Appendix 1 !



family name _____
 initials _____ given name _____
 student number _____
 street & no. _____
 zipcode & city _____
 country _____
 phone _____
 email _____

Your master programme (only select the options that apply to you):

IDE master(s): IPD Dfl SPD

2nd non-IDE master: _____

individual programme: - - _____ (give date of approval)

honours programme: _____

specialisation / annotation: _____

SUPERVISORY TEAM **

Fill in the required data for the supervisory team members. Please check the instructions on the right !

** chair _____ dept. / section: _____
 ** mentor _____ dept. / section: _____
 2nd mentor _____
 organisation: _____
 city: _____ country: _____

comments
(optional)
 |
 |
 |

! Chair should request the IDE Board of Examiners for approval of a non-IDE mentor, including a motivation letter and c.v..

! Second mentor only applies in case the assignment is hosted by an external organisation.

! Ensure a heterogeneous team. In case you wish to include two team members from the same section, please explain why.

APPROVAL PROJECT BRIEF

To be filled in by the chair of the supervisory team.

chair _____ date ____ - ____ - ____ signature _____

CHECK STUDY PROGRESS

To be filled in by the SSC E&SA (Shared Service Center, Education & Student Affairs), after approval of the project brief by the Chair. The study progress will be checked for a 2nd time just before the green light meeting.

Master electives no. of EC accumulated in total: _____ EC

YES all 1st year master courses passed

Of which, taking the conditional requirements into account, can be part of the exam programme _____ EC

NO missing 1st year master courses are:

List of electives obtained before the third semester without approval of the BoE

name _____ date ____ - ____ - ____ signature _____

FORMAL APPROVAL GRADUATION PROJECT

To be filled in by the Board of Examiners of IDE TU Delft. Please check the supervisory team and study the parts of the brief marked **. Next, please assess, (dis)approve and sign this Project Brief, by using the criteria below.

- Does the project fit within the (MSc)-programme of the student (taking into account, if described, the activities done next to the obligatory MSc specific courses)?
- Is the level of the project challenging enough for a MSc IDE graduating student?
- Is the project expected to be doable within 100 working days/20 weeks ?
- Does the composition of the supervisory team comply with the regulations and fit the assignment ?

Content: APPROVED NOT APPROVED

Procedure: APPROVED NOT APPROVED

comments

name _____ date ____ - ____ - ____ signature _____

introduction (continued): space for images

image / figure 1: _____

image / figure 2: _____

PLANNING AND APPROACH **

Include a Gantt Chart (replace the example below - more examples can be found in Manual 2) that shows the different phases of your project, deliverables you have in mind, meetings, and how you plan to spend your time. Please note that all activities should fit within the given net time of 30 EC = 20 full time weeks or 100 working days, and your planning should include a kick-off meeting, mid-term meeting, green light meeting and graduation ceremony. Illustrate your Gantt Chart by, for instance, explaining your approach, and please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any, for instance because of holidays or parallel activities.

start date _____ - _____ - _____ end date

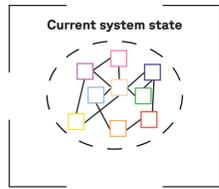
MOTIVATION AND PERSONAL AMBITIONS

Explain why you set up this project, what competences you want to prove and learn. For example: acquired competences from your MSc programme, the elective semester, extra-curricular activities (etc.) and point out the competences you have yet developed. Optionally, describe which personal learning ambitions you explicitly want to address in this project, on top of the learning objectives of the Graduation Project, such as: in depth knowledge a on specific subject, broadening your competences or experimenting with a specific tool and/or methodology, Stick to no more than five ambitions.

FINAL COMMENTS

In case your project brief needs final comments, please add any information you think is relevant.

Sensemaking of the current system state



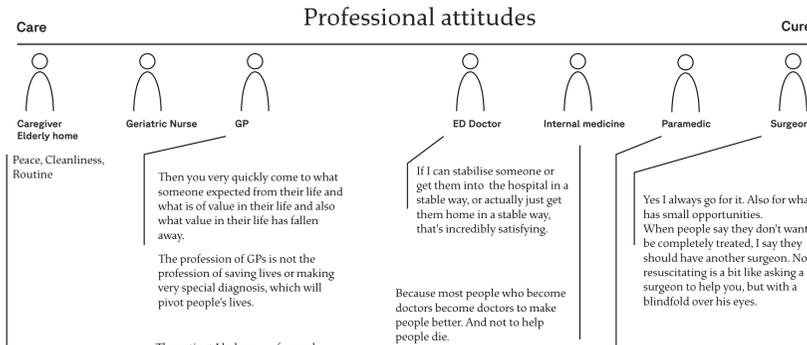
Predominant Paradigm

- The makeable human
- Care is a commodity

- Care is a business for professionals
- Live independently at home

A disrupted balance - suddenly vulnerable

But the biggest group are people who, I sometimes say irreverently, they are creaky wagons that keep going until they drive over a pebble. And then the wheel flies off. So it all kind of goes. It's a shaky balance. And if something happens, and that something can be something physical, pneumonia, a urinary tract infection. But that can also be a partner falling away due to illness or death. That could also be something cognitive. So that balance is broken.



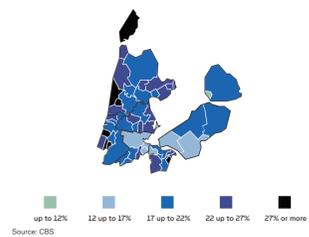
System laws

- Long-term Care Act (Wet langdurige zorg (WLZ))
- Social support act (Wet maatschappelijke ondersteuning (WMO))
- Public health act (Wet publieke gezondheid (WPG))

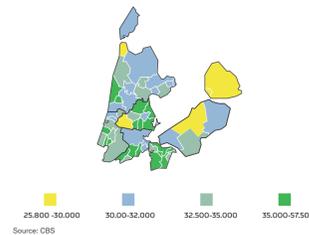


Regional characteristics

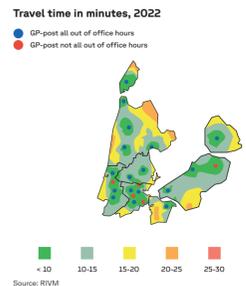
Aging per municipality



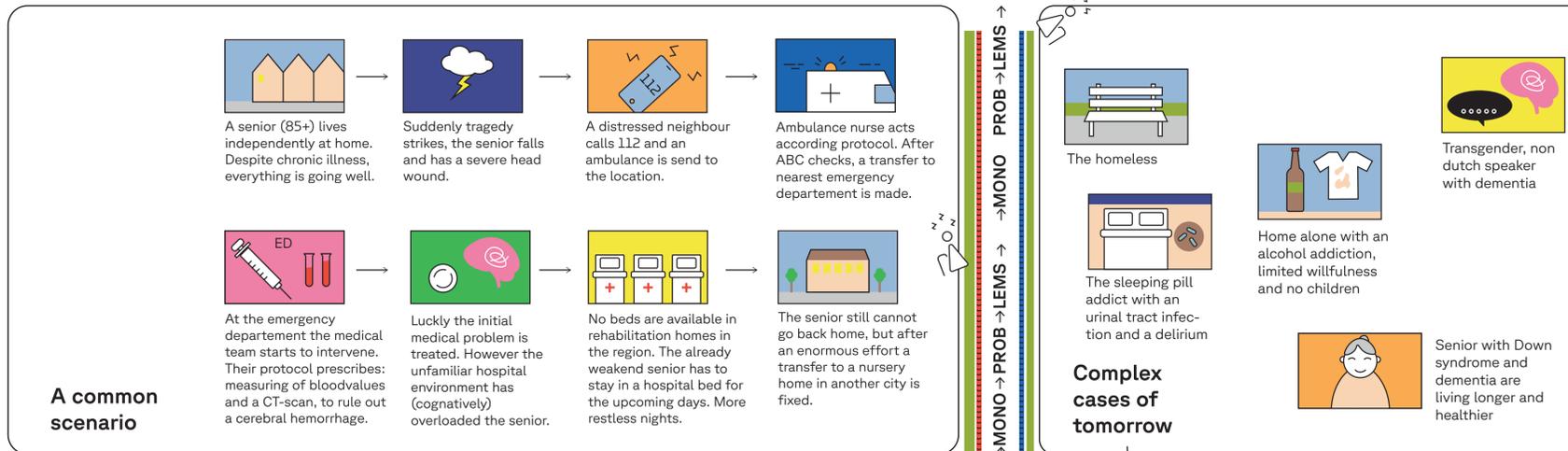
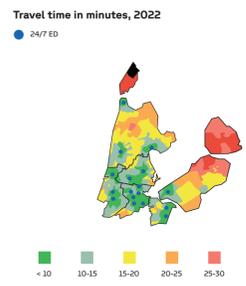
Average standardized income



Travel time to nearest GP-post by car



Travel time to nearest hospital with ED



Average care costs for seniors

(2017) exc. WMO
Source: Vektis

	65-74	75-84	85+	Total or avg.
Total costs in billions	€ 9,4	€ 9,8	€ 9,1	€ 28,3
Average costs per senior in euro's	€ 5.050	€ 9.750	€ 22.950	€ 8.650
Number of seniors	1.862.400	1.004.700	395.700	3.262.800

Patient flows

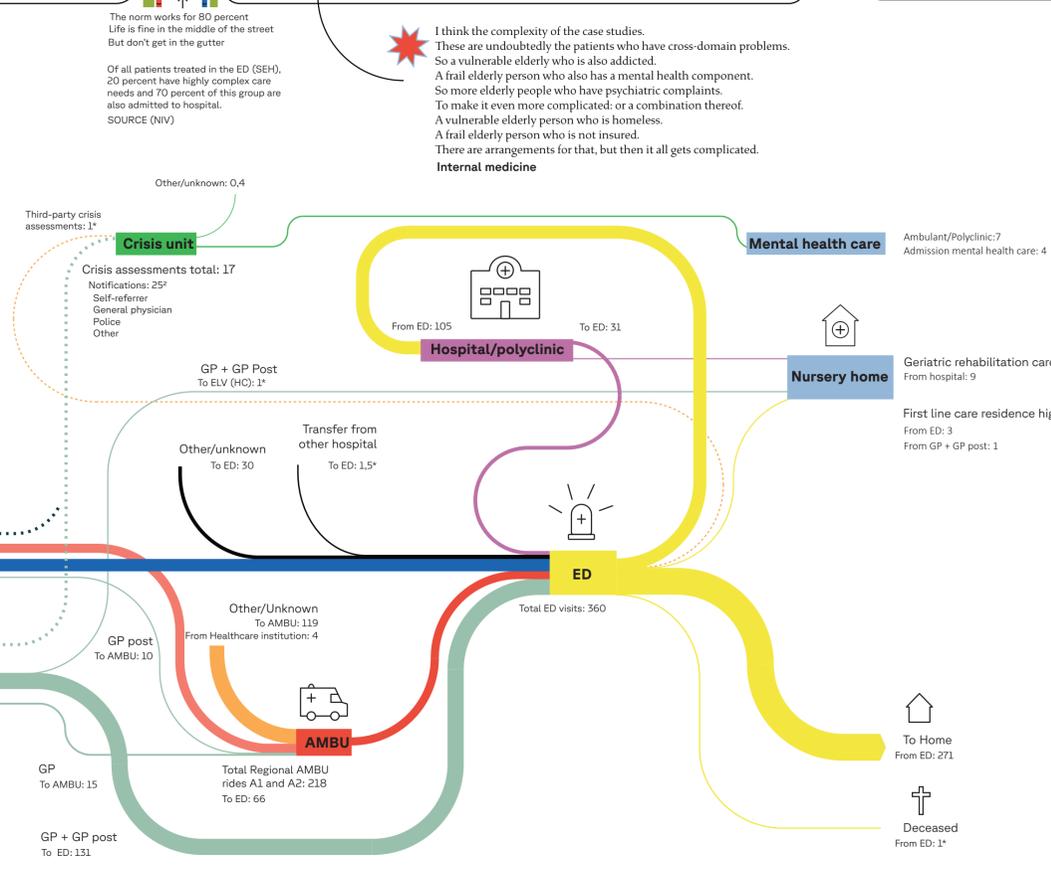
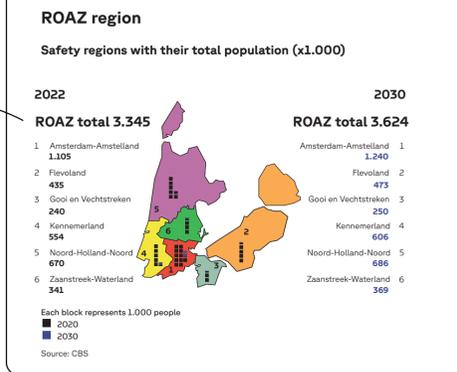
ROAZ NH/FL 2022

Thousands (x1.000)
Population 2022 ROAZ NH/FL

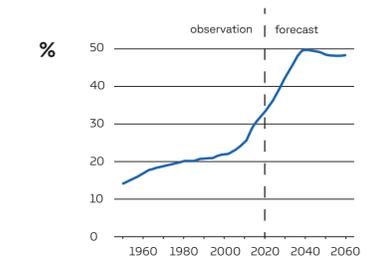
+4,9%
Δ 2022

+12,7%
Δ 2022

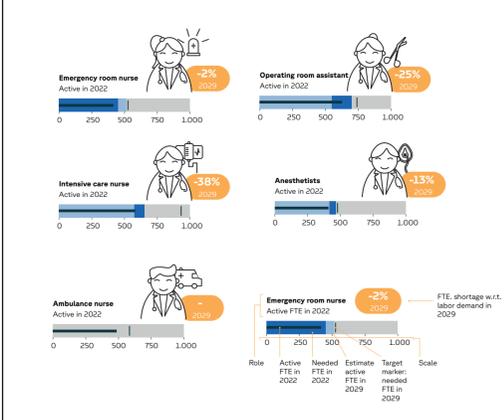
+37,2%
Δ 2022



Grey pressure (NL)



Personal shortage ROAZ NH/FL 2022



Line thickness of 2,5 pt stands for 25.000 patients
*Lines with asterisk are increased in thickness to 1 pt for visibility
1 Schatting o.b.v. NZA data aangeleverd door het RVM
2 Reports Mental healthcare inflow are incomplete

Exploration of a resilient system state



New Paradigm

- Live with a view of the end
- Care is a common good
- Care is a social undertaking
- Growing old together (living)

Mission command structure

Decision making

Mission command Principles

"You can be operationally ambiguous, of course, and in fact that's often an advantage. But you shouldn't be strategically ambiguous."

Build cohesive teams through mutual trust

Central government sets up regional teams for regional collaboration on integral care agenda

Shared understanding

Create shared datasets and central information structure for emergency responses.

Mission orders

Define clear mission statements for actors within the acute care domain. Determine time and budget constraints with operational teams.

To scientist: Determine which patient groups benefit most from proactive care plan conversations.

To GP team: Prioritize building personal connections with your patient base aged 65 and over.

To Citizen: Register at a GP practice

To Geriatric team at ED: Support elderly in decision making by explaining their curative and palliative options and the effects of interventions.

Competence

Teach and train with professionals. Build geriatric and palliative care competences.

Commanders intent

Clear communication of intent of governmental missions. These missions should be backed by Dutch parliament.

For example: achieve as much health gain as possible for the budget we have.

Exercise disciplined orders

Each operational team has clear mission orders and constraints, with operational freedom of action, in the way they execute their orders. They provide documentation with their rationale of their steps.

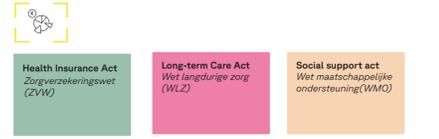
Risk acceptance

Government care (cross-domain) innovation fund for new operational care initiatives that fit the commanders intent and otherwise will not be financed or viable in the funding structures.

Population funding

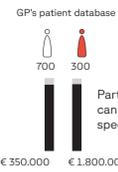
Tax and premiums of the dutch population are divided across regions taking into account spatial segregation (population mix, percentage of seniors, available healthcare providers, socio-economic status, potential informal care)

Population funding is separated between:
 First line: GP & social work
 Second line: Specialised high complex hospital care
 Specialised mental healthcare

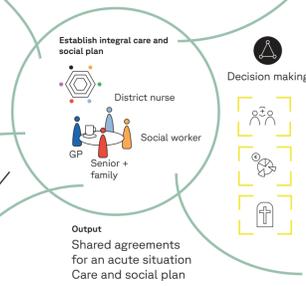


Population funding GP & social work

€6.000 per vulnerable patient per year
 €500 per healthy citizen per year (Height of fund per person t.b.d.)
 average costs per senior (65-85) in euro's in 2017 was €8.650



Round table conversation



Improved information flow

Information

Make emergency information about the patient available for the acute care system. Contact details of family, wishes and care limits. Policy of GP and pre-records.

Reduce administrative workload. AI-trained language model to record and transcribe conversations. With different trained models a summary can be made from different perspectives: for example the ambulance nurse and the health insurer.

Foster intergenerational social networks

Network

We match experienced older adults with curious younger ones

I am a young adult

Conversation match

Got 60+ years of life experience to share?

Got 30- years of life experience to share?

Know someone who would love this?

Conversations of life

Time

Place

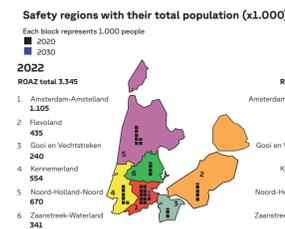
Create a desire for intergenerational social networks instead of making it an duty.

There is a growing interest in crafts, self help, and DIY sustainability by young adults. Next to that, life coaches and the commercialisation of experiences are on the rise.

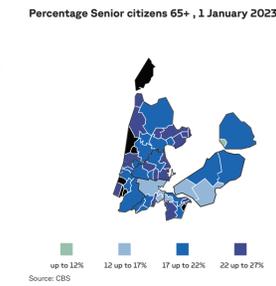
With fostering intergenerational social networks, there can be value exchanges between generations. These can be knowledge-based, where elderly are seen as a source of life wisdom for the younger generations.

Creating safe spaces to talk about tender topics, can benefit both. For the senior it can be a means for reflection and expression of their views.

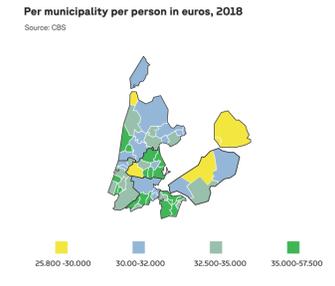
Regional assembly acute care (ROAZ)



Aging per municipality



Average standardized income



New arrangements for acute elderly care

Spatial

01 - Communal senior housing

Multiple inter-generational apartments: 55+ years
 Matched on lifestyle

Communal multipurpose care space
 Guest accommodation
 Geriatric revalidation room
 Hospice at home

Communal space

02 - Neighborhood clinic

Nursing home for (sub) acute care for elderly

Flexible use of beds: GRZ, ELV, WLZ

A senior lives independently at home with multiple chronic illness.

03 - Hospital

Space for end of life
 Family room, palliative room, leave through the side door instead of the back

Centralised medical complex care

GP and district nurse can visit the senior

Specialist geriatric medicine team available at the clinic

Transfer of care director
 A medical generalist with geriatric background

ED+GP Post with geriatric team

Decision making

Acute situation

Decision making

Improve the decision making process of ambulance nurse. Facilitate information about the patient and provide options of where to take them in line with their wishes and values.

Ambulance nurse

Decision making

Output: Shared agreements for an acute situation, Care and social plan

You proactively report something about this and that could, for example, be that you call the GP post, for example on Friday at 5 o'clock. This has happened and it is coming. So when patients call, that's my policy. You can write that down too in your file.

GP 1

Project Manager Learning Network
 Acute elderly care

Geriatrics - MD-PhD

[A lot of elderly] actually functioned worse than when they entered the hospital. So they can no longer shower themselves. Or they can no longer go shopping, so there is a decline in that. So, you actually try to prevent that as much as possible and you actually try to provide that care at home as much as possible because you shouldn't move old trees. So if an elderly person can be treated at home, that is actually the ideal solution, as he or she remains in his or her own system and you do not have to change care providers who do not know the patient.

But hey, that's not always possible at home, because there isn't always an informal caregiver. And because home care cannot always handle this. And that is how the community clinic was born, which offers this care as close to home as possible to ensure that the elderly do not have to be admitted to an academic hospital for normal pneumonia.

You try to split [your policy] constantly. Yes, we are going to [keep you stable] but we are also going to talk to you about how far should we go? what do we do then? And that two-track policy, you also make it clear to the patient: You are now here in the emergency room and as long as we do not know and are in conversation, we will act and conduct investigations, but at the same time we will have the tender conversation.

Potential redirected patient flow

