Evaluation of Center for Care Innovations' Catalyst Program 2015-16

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BACKGROUND

The Catalyst program, a joint effort of the Center for Care Innovations (CCI) and the Innovation Consultancy at Kaiser Permanente, was modeled after a similar program developed by Intuit, and provides participants with the knowledge and skills to help their own organizations build an innovation culture and lead a variety of innovation efforts within their own organizations to improve health care delivery. The program has completed its third year for West Coast Catalysts as well as a NJ Catalyst Program—and building on these successes, the RFP for the fourth cohort (2017 cohort) was released in November 2016.[1] The 2017 Catalyst cohort was announced in January 2017. It also should be noted that during the 2015 Catalyst program, the initiative won honorable mention at the Design Management Institute's Design Value Awards.[2]

Innovation Catalysts attend a three-day training and networking session in September, which includes topics on core facilitation process, tools and techniques for collaboration, group practice/role-play, dealing with difficult situations, agenda planning, and self-management and mindfulness. Catalysts also attend a 2-day Facilitation Skills Workshop one month later, participate in an Innovation Fair, and receive ongoing skills training through periodic, virtual learning exchanges on topics such as engaging patients as design partners and measuring the impact of innovation.

2015-16 Phase 2 Safety Net Catalyst Organizations
Alameda Health System
Asian Americans for Community Involvement
La Maestra
Lifelong Medical Care
Olive View-UCLA Medical Center
Oregon Primary Care Association
Petaluma Health Center
Rinehart Clinic
San Francisco Dept. of Public Health
West County Health Centers

Training and coaching are led by innovation experts from The Innovation Consultancy at Kaiser, gravitytank, and CCI. Additional innovation and design experts provide Catalysts with hands-on learning and Catalysts also receive metrics consultation as needed throughout the initiative. The training also gives Catalysts a chance to network and work closely with other Catalysts to identify opportunities for co-leading projects. Finally, Catalysts also have access to an online community, WeAreCatalysts.org, to share their strategies, seek advice from others, and network.

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[1] http://www.careinnovations.org/uploads/2017_Innovation_Catalyst_Request_for_Applications.pdf
[2] Design Value Awards 2015 - Design Management Institute. (2016). Dmi.org. Retrieved 19 December 2016, from http://www.dmi.org/?page=2015DVAWinners

Beginning with the 2014 cohort and extending into future cohorts, the program design was modified to include a second phase that allows Catalyst teams to apply for additional funding of up to $15,000 over 8 months to further test and implement compelling opportunity areas of strategic interest to their organizations. This follows an initial, 4-month phase where Catalysts build their design thinking and facilitation skills; the team receives $10,000 during this initial phase to offset time and travel costs.

EVALUATION APPROACH

In prior years, the evaluation of the Catalyst initiative has focused on three outcomes; (1) feedback from Catalysts on the initial training; (2) pre/post innovation skills assessment to document changes in Catalysts' skills; and, (3) evidence of how Catalysts are bringing about more systemic changes within their organizations around innovation, based on feedback from them, their sponsors, and their peers. Results of these evaluations are consistent across Catalyst initiatives (i.e., two prior cohorts of West Coast Catalysts and NJ Catalyst Initiative) and indicate marked improvements in Catalysts' innovation skills by the end of the program and evidence of organization-wide change in innovation development, including culture change around innovation, the application of innovation techniques to other health care delivery issues, the introduction of new technology and new programs, and improvements in patient flow and workflow. As we reported in our 2014 Catalyst evaluation, these consistent and positive findings suggest that the training "formula" for Catalysts has been effective and continues to be effective in its original intent: to train change agents who will lead innovation efforts within health care organizations to solve challenging problems and improve health care delivery.

The evaluation approach for the 2015-16 Catalyst program focused on two areas:

♦ *Documentation of each Catalyst team's journey to test and implement a solution for a pressing challenge of importance to their organization* - For each of the Catalyst teams, we provide a summary of their "innovation journey", including highlights from each of the team projects (focus, early ideas, solution tested and impact, future plans), experiences with the Catalyst program, lessons learned, and reports of organization-wide cultural changes resulting from engaging in the innovation process.

♦ *Results of Catalyst Alumni Survey* – Through an online survey, we solicited feedback from Catalyst alumni from the first three cohorts to gauge their interest in giving back to future Catalyst programs, including serving as a mentor/modeler for Catalysts, being a subject matter expert, working onsite with Catalyst teams, speaking/presenting at training events, and providing technical assistance around human-centered innovation methods. We also asked for feedback on the coaching that Catalysts received, application of their innovation skills within their organization, lessons learned about the innovation process, and resources that would be helpful as a Catalyst alumnus.

EVALUATION FINDINGS

Catalyst Team Journeys & Highlights

Catalyst teams from ten organizations were invited to develop and implement their solutions in Phase 2. Half of the Catalyst teams focused their projects on workforce innovation, four focused on patient innovation, and one team focused on new partnerships innovation. All Phase 2 innovation teams were successful in developing their solutions and were in various phases of launching their innovations at the close of the program. Of the ten teams, six teams have immediate plans to fully implement their solutions, two teams have plans to implement their solutions in phases, one team will extend and scale its pilot, and one team requires more discovery and research before they implement their solution.

Health Care Organization	Innovation Description	Innovation Type
Alameda Health System	Developed a new, simplified phone tree for the clinic with a single point of contact for all patients with four limited options, including guaranteed access to a live person in clinic during business hours	Patient Innovation
Asian Americans for Community Involvement	Call center staff realized that they needed to improve how they work together given some underlying issues they uncovered during Phase 1 of their improvement project to effectively triage patient calls. Their project focus became "Working Together Differently" for Phase 2.	Workforce Innovation
La Maestra Family Clinic	A majority of patients had the same frustrations with the amount of time they were spending in the waiting room along with completing confusing patient registration forms. Patients therefore felt that their time was not being valued.	Patient Innovation
LifeLong Medical Care	Build mutual trust and open communication among the care team to create the necessary conditions for effective and efficient delegation	Workforce Innovation
Olive View-UCLA Medical Center	Improve PCMH workflows by engaging staff and incorporating patient feedback to address the issue of unscheduled walk-in encounters	Workforce Innovation
Oregon Primary Care Association	Develop a more efficient system for documenting "Engagement Touches", a required element of the Accountability Plan negotiated with the Oregon Health Authority	Workforce Innovation
Petaluma Health Center	Decrease redundancy, confusion, and wait times for patients and staff around prescription refills	Patient Innovation
Rinehart Clinic	Understand how the surrounding community views the services offered at Rinehart Clinic and address any misperceptions	New Partnerships Innovation
San Francisco Dept. of Public Health	Improve patients' experience while waiting for biopsy results at the San Francisco Health Care Network, Avon Breast Center	Patient Innovation
West County Health Centers	Further integrate Behavioral Health and get them "off their island" and onto the care team island where they can collaborate, feel part of a team, and be a part of implementing whole person care	Workforce Innovation

Alameda Health System - Alameda Health System (AHS) is a leading public health care provider and medical training institution, serving the diverse communities of Alameda County, California. As one of Alameda County's largest employers, AHS is home to more than 1,100 physicians across the nine facilities within the health care system and logs more than 329,000 outpatient visits and over 19,000 inpatient admissions annually.

AHS Catalysts were interested in improving patients' telephone access to the clinic. The Catalyst team noted that having poor access to the clinic has been a major complaint of patients. The innovation team envisioned a phone tree that would provide access to a live person through the phone system that is patient-centered, easy to navigate, and prevent multiple handoffs from one staff person to the next. The team faced challenges that included limitations with their internal data systems, antiquated phone capabilities, and lack of adequate staffing to support telephone access.

The Catalyst team revamped the phone tree based on data about types of calls, process mapping of where these calls were handled and iterative feedback from patients on which options worked and did not work. The team tested different staffing models that include RN support only, MA support only, or a combination of MA and RN phone room support. The different staffing models were tested over week-long periods and data from abandoned calls and secret shopper data was collected and shared with staff. The innovation team also considered scheduling changes to support continuous phone coverage and ensure that appropriate staff was consistently present to answer phones, including lunch and break coverage.
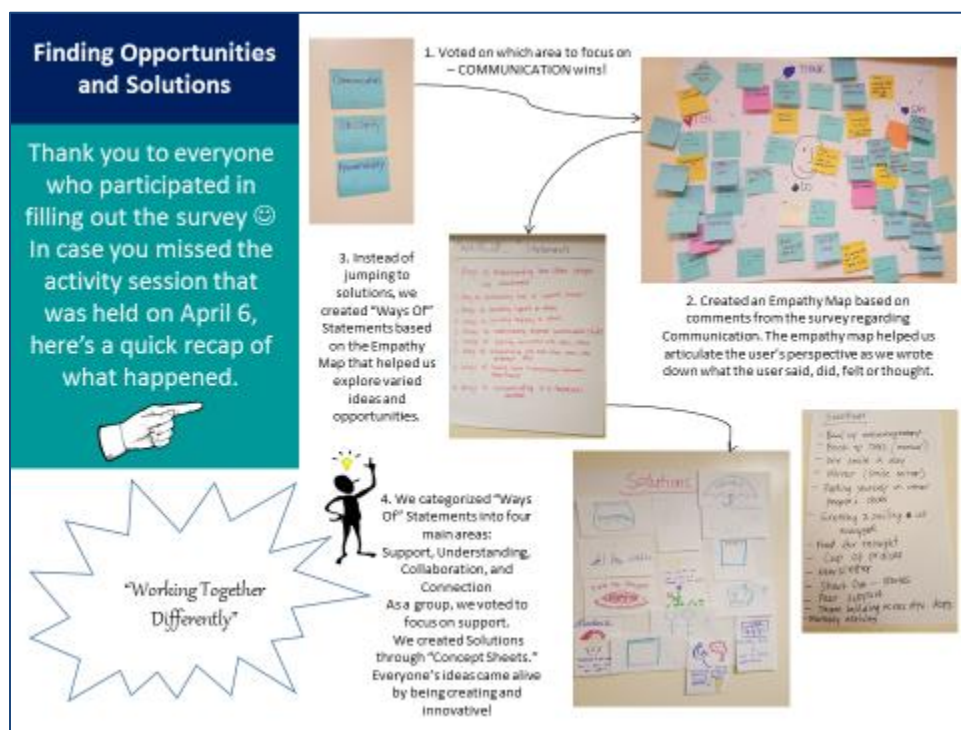
The innovation team utilized its patient advisory councils to co-design and improve the AHS phone tree. After the go-live, the Catalyst team tested the phone tree and with continued help from their advisory councils, discovered a number of recording and programming errors that led patients to dead-end phone numbers, as well as continued issues with staffing the phone room. The innovation team realized that its

perception of what an ideal phone tree should look like differed from that of its patients.

Despite some technical glitches, the Catalyst team was successful in implementing a new clinic-wide phone tree during and after business hours in English and Spanish, which gives patients the option of making or changing appointments, checking on specialty referrals, requesting medications, or talking to live person. As a result, the abandoned call percentage was cut in half—from 26% to 13% and both patients and staff were happy with the final solution. In the end, the team developed a new, simplified phone tree for their clinic with a single point of contact for all patients, which used four limited options, including guaranteed access to a live person in the clinic during business hours. This solution included creating a dedicated phone line staffing model using a combination of an MA and RN, and also creating a dedicated scheduling 'pod' in their call center. The innovation team intends to spread this model to AHS's remaining three primary care clinics and then, using a similar discovery and design process, spread the model to its specialty clinics.

Asian Americans for Community Involvement (AACI) – AACI is the largest community-based organization dedicated to serving Asians in Santa Clara County. AACI works with more than 12,000 individuals every year, predominantly low-income Asian immigrants and refugees. Initially, the Catalysts at AACI were interested in tackling the high call abandonment percentage at their new call center that was launched in May 2015. Between May 2015 and January 2016, 22% of calls were abandoned. The call center consists of two full-time staff who are designated to answer the calls. There are also three front desk staff who can assist with the calls if they are available. Call center staff have a number of responsibilities, including triaging the calls to the appropriate party,

making appointment reminder calls, answering medication refill questions, rescheduling appointments, and answering any insurance questions for patients. The large number of tasks for call center staff limits their ability to answer more phone calls. The innovation team's solution for their Phase 1 work was to cross-train their patient navigators to do some of the tasks that call center staff were doing to free up call center staff time, allowing them to answer more calls.

 As part of their solution, the innovation team also reviewed and standardized their work flows so they could more effectively triage calls to the appropriate party. Feedback from staff from multiple departments uncovered other issues that needed to be addressed, including customer service, user friendliness, and staffing. In their first rapid experiment, the team transferred the responsibility of making reminder calls from the call center staff to patient navigators and were able to reduce the call abandonment percentage from 22% to 6%. By calling these patients in advance, the team also was able to schedule other patients for the same slot if appointments were cancelled, thereby improving overall access to care.

After their success in lowering the call abandonment percentage, the innovation team's work in Phase 2 took a slightly different turn. The team realized that there were underlying issues that affected call center staff productivity, particularly around how the team functions as a unit. The team was interested in improving the way they work together and their focus became "Working Together Differently". In a brainstorming session with all of the health center staff, the team concluded that there were four barriers that impeded their ability to function as a team: lack of leadership, communication, accountability, and job clarity. The team prototyped a combination of activities promoting teamwork within the health center after a brainstorming session revealed ten potential areas to pilot:

- ♦ **Bowl of Encouragement:** Staff write positive and encouraging messages to another staff to build a positive working atmosphere
- ♦ **Book of Tools:** A manual for each staff hired to help understand their role and workflow
- ♦ **One Smile a Day:** To promote positive support in teamwork and collaboration

- **Smile Mirror**: Body language and facial expressions are equally important in communicating; the Smile Mirror reminds staff to smile while they are communicating with others.

- **Food for Thought:** Different staff members are assigned to write an encouraging thought, quote, or story on whiteboard each week.

- **Putting Yourself in Other People's Shoes:** Promote empathy when working with others.

- **Newsletter:** Monthly, weekly, or biweekly update on what is going on in the clinic. For new staff, the newsletter will have an update regarding role of the individual.

- **Shout Outs:** Praises to promote communication between different departments

- **Peer Support**: In connection with performance reviews, staff will connect with other staff in assisting improvement on certain skills.

- **Monthly Team Building**: Team building activities across different departments every month

The Catalyst team determined that the final solution with the largest potential for impact was peer support. The team intends to fully implement their solution in the coming months and learned that ongoing activities aimed to build teamwork will be very beneficial for ongoing teambuilding and workplace happiness. As one staff member noted, *"I have really enjoyed all the activities. I feel like there is a better sense of unity between Departments. It has boosted my energy and also has opened opportunities to get to know coworkers!"*

La Maestra Family Clinic – La Maestra provides culturally and linguistically-competent prevention, treatment, chronic disease management and essential support services to over 145,000 residents in San Diego's most culturally diverse and lowest income communities, through its six primary care medical clinic sites, five dental clinics, mental/behavioral health clinics and optometry clinic, including school-based medical and dental clinics. The Catalyst team decided to focus on a problem that many clinics face—that is, a majority of La Maestra patients spend long periods of time in the waiting room. The long wait times are compounded by long and confusing patient registration forms. Patients therefore felt that their time was not being valued. Because the innovation team believed they could not decrease the wait time without more resources, space, and staff, it focused on the opportunity to add value to the waiting room experience. They expanded their project to include more than just revising the patient registration forms.

The innovation team solicited feedback from patients throughout the process to determine how to make the registration forms more user-friendly and to explore which resources to add to the waiting room experience to make waiting time less painful and more patient-centered. The team conducted several co-design sessions with patients and also piloted white boards in exam rooms displaying patient and staff information. The team learned that patients were not aware of La Maestra's non-medical social services that could be accessed while patients waited for their appointments.
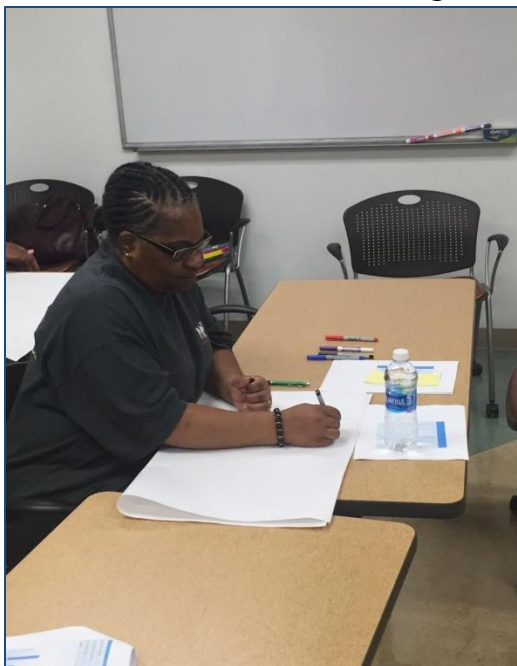
In August 2016, the innovation team conducted its first prototype session, lasting two weeks. By this point, the patient registration forms had been condensed but not yet finalized or translated. The goal for the prototype was to learn how patients felt about the length of the new forms and the preferred method for completing them. During these two weeks, patient service representatives made themselves available in the waiting room to help patients fill out the forms on a laptop and to get feedback about this new method of completing them. Patients provided many practical and feasible ideas that would improve the waiting room experience. For example, the team believed that completing patient registration forms on a laptop would be the method preferred by the majority of patients. However the team was only partly correct in this assumption; many patients did prefer filling out the forms on a laptop, but a significant number of patients, especially older patients, had some difficulty with the technology.

Although the innovation team experienced some challenges with the patient registration forms, such as multiple edits and resubmissions to its board for review, the team successfully condensed the 8-page form into a more user-friendly, 2-page form.

The team also translated the registration form into Spanish and created fillable PDFs of both versions for patients who prefer to fill out the forms online on the La Maestra website.

As of this writing, the Catalyst team is in the process of fully implementing their solution, including additional changes to the waiting room that need further testing. La Maestra Family Clinic's waiting room now plays music, staff update the video monitors with new information or movies, estimated wait times are displayed, and lemon/cucumber water is always available for patients. The innovation team has planned a number of next steps, including using the registration forms in both the main clinic site and on the La Maestra website, with an ultimate goal of using the forms throughout the organization.

LifeLong Medical Care – LifeLong Medical Care, a nonprofit community organization with 14 locations, provides medical, dental, and social services in Alameda and Contra Costa Counties. LifeLong is a safety net provider to over 45,000 underserved individuals, many with complex health conditions. The innovation team's initial aim was to strengthen the role of the RN on the care team with a goal of increasing both RN and provider job satisfaction and, ultimately, improving the patient experience.

Through interviews with RNs, MDs, managers, a patient, and case managers, the innovation team learned that there was great variability in how RNs were working in terms of clinical complexity and level of interaction with the provider. Many RNs were

working in isolation with little oversight, providers did not fully understand what an RN could do for them, and there was frustration expressed by providers with how and when RNs brought information to them. The innovation team created point of view statements for the RNs and providers, which revealed the need for trust as a basis for a fully functioning RN-provider team. Specifically, trust was identified as a prerequisite for providers to delegate to RNs effectively. This led the team to then create an empathy map, which revealed that providers and RNs share a fear of failure.

The innovation team's solution was to increase the level of trust within the care team. Their proposed solution was a brief, self-directed exercise for RNs and providers to complete after a clinical disagreement or breakdown in communication. The innovation team created a template for assessing the care team's communication with each other and asked RNs and providers to create an agreement about how to communicate more effectively with each other in the future. The innovation team believed the conversation would provide the opportunity for each to express a level of clinical honesty and vulnerability that would promote the growth of trust in each other. However, this direct method of intervention was not successful. It made people feel too vulnerable and they became defensive. Their next approach included RNs with the providers' Practice Inquiry sessions. However, the RNs did not participate fully in the discussions. According to the innovation team, although these approaches failed on their own, they ultimately helped the team understand the need to look at the entire care team and not just the RNs.

The final solution the team created was a series of four, 1-hour facilitated weekly workshops with the entire care team, using a problem-based learning format. The series was titled "Pod Unity Workshop". Topics were sequential and designed to build a culture of mutual trust and open communication:

Week 1: Staff Safety
Week 2: Frustrating Patient: Setting boundaries
**Week 3:** Assertive communication for better teamwork
Week 4: Performing Root Cause Analysis together: encouraging a curious and non-blaming environment

The team's experience with the workshop was positive with the majority of participants recommending the workshop to their peers. Notable quotes include, *"We need this for every Pod!"*, *"We need to help each other have confidence!"*, and *"It's important to stay curious, but not blame each other."* In addition, the team documented improvements in team cohesion based on the results of two pre/post surveys that measured delegation perception and relational coordination. The innovation team would like to run another Pod Unity workshop with another team to learn how to best replicate the model.

Olive View – UCLA Medical Center – Olive View – UCLA Medical Center is a 377-bed teaching hospital that serves much of the San Fernando Valley and the Antelope Valley, with outpatient clinics that provide primary care and hospital services for those who need specialty care or surgery. The Catalyst team at UCLA was initially interested in improving PCMH workflows by engaging staff and incorporating patient perspectives to address the issue of unscheduled walk-in encounters. The team also recognized the need to build team morale and cohesiveness in order to gain buy-in on improving

PCMH team function and, as a result, developed a Clinic Values Statement and proceeded from there. The Clinic Values Statement incorporated the notions of respect, empathy, collaboration, and responsibility (see figure).

In terms of specific workflow issues, nursing staff predicted that there were enough unscheduled walk-in visits to develop a separate walk-in clinic and focused on the question, *"How do we best manage unscheduled walk-ins?"* Initial thoughts were to develop a system to log and track unscheduled walk-in visits in order to identify trends and opportunities for improvement. Initial walk-in data was analyzed weekly and displayed. Post-it® notes were provided to solicit feedback from staff. Based on their data and feedback, the innovation team learned that the volume of unscheduled walk-in encounters was not as large as expected, walk-in encounters were not consistently communicated to primary care providers as they occurred, patients often walked in just to greet staff when they were at the hospital for another reason, and sometimes patients were just inquiring about when their next clinic follow-up appointment should be. Based on these findings, the innovation team focused on logging walk-ins consistently in real time and ensuring that walk-ins were properly documented in the EMR and communicated with the primary care provider.
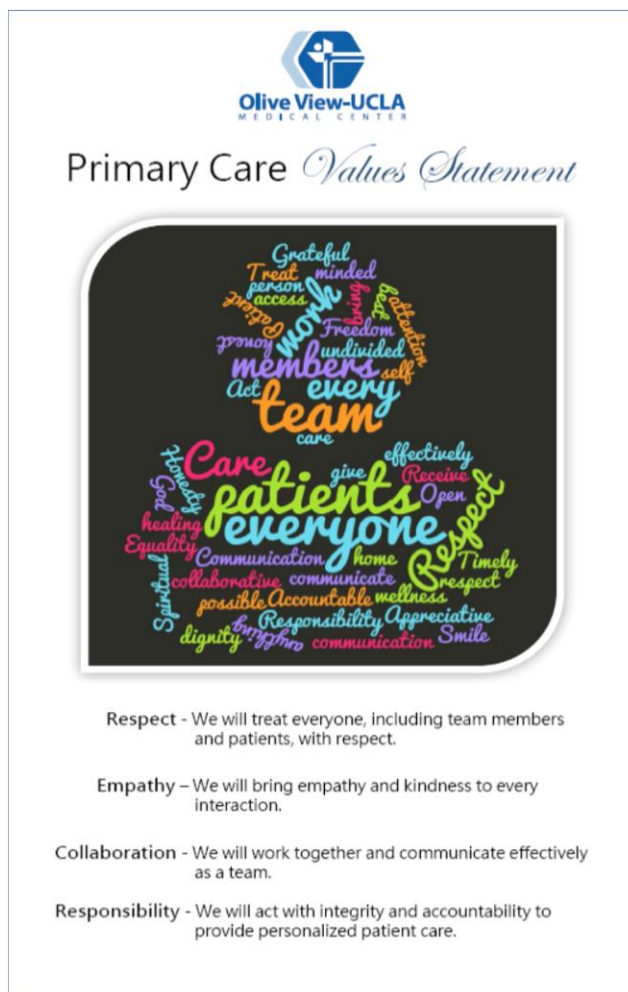
The team tested many versions of walk-in logs through small PDSA-like cycles. Initially they started with a paper log completed by the clerk or MA, then switched to individual paper slips completed by either staff or patients. The slips were revised multiple times for content, ease of completion, and accurate tracking. For the team's final solution, it developed a process to log and track unscheduled walk-in visits. The log records the reason for walk-ins and triggers the staff to document the walk-in encounter in the EMR and forward to the primary care provider. The innovation team also established an ideal

workflow to better manage unscheduled patient walk-ins; this process had not been occurring with any consistency in the past, which impacted patient care. Finally, staff modified a portion of their current visit discharge instructions to clarify how and when patients' follow-up appointments would be scheduled as this was initially identified as a significant reason for generating walk-ins. The Catalyst team aims to continue to improve documentation in the EMR and close the loop to consistently communicate patients' needs with the primary care provider. In addition, the team also hopes to spread the walk-in work flow solution to their other Adult PCMH.

Oregon Primary Care Association (OPCA) – OPCA is a nonprofit membership association founded in 1984. OPCA's members include all 33 of Oregon's community health centers (FQHCs), other safety net clinics, and those who support them. OPCA's mission is to lead the transformation of primary care to achieve health equity for all.

The Catalyst team at OPCA was interested in pursuing a solution to documenting patient "engagement touches". The team faced insufficient adoption of documentation of patient interactions that occur outside of the face-to-face provider, since OPCA's

current system for documenting these types of patient interactions has major design flaws, both conceptually and technically. The team was interested in developing an efficient method for tracking and understanding the non-billable services that are offered by the extended primary care team, who are now engaging with patients in new ways allowed by the flexible payment approach. Documentation of "engagement touches" is a required element of the Accountability Plan negotiated with the Oregon Health Authority. In order to fulfill this requirement, Oregon Alternative Payment and Advanced Care Model (APCM) clinics are using their EMRs to track engagement touches with patients. This new work requires the buy-in of all clinical staff, including clinical staff who have not previously documented their work in the EMR, as well as clinical staff who are frustrated with the prospect of increasing their already heavy documentation burden. Clinics also have reported that it is challenging to communicate across their organizations the added value of this type of documentation.

As a result of these challenges and as a first step, the Catalyst team decided to focus their project on the problem of communicating effectively about the "why, how and what for" of engagement touches tracking. In partnership with users at the clinics, the team would create a series of videos that staff could watch at their convenience. The videos would each be less than 5 minutes long and would address a single topic relating to the engagement touches work, including clearly describing the touches categories, how to record them, real-life clinic stories, and relevant description of the value of the data to practice/system transformation. In the absence of a video production budget, the team's first prototype was an animal puppet video that was shot on an iPhone. The video received mixed reviews, with the majority of users reporting that the silliness of the video distracted from the message the video was trying to deliver. The team also prototyped posters based on common internet memes that clinics could use to remind staff to document their engagement touches.

However, an unanticipated finding from their feedback with care teams was that the majority of people valued getting credit for the work that they do. The team initially assumed that many people would view the documentation process as being overly burdensome. In fact, they found the opposite—most care teams put a lot of time and effort into caring for patients and they want that effort to be visible. This was a breakthrough for the innovation team since it elevated the value of their design solution. Through sharing of their training material prototypes, the innovation team was able to go into pitch meetings with key stakeholders and share insights gained from end users, point out challenges and barriers with the existing tool, and make the case for a call to action. The innovation team currently has buy-in from OCHIN to address the immediate technical concerns and is in the process of planning a long-term collaborative process with health center leaders and staff, as well as State partners to refine the tool. The team will build and improve data reports that support care team huddles and panel management processes, since there is an opportunity to make them more actionable for the care team and individual patient level.

Petaluma Health Center (PHC) – PHC is an FQHC that provides primary medical care and mental health services to residents of Petaluma, Rohnert Park, Cotati, Penngrove and the surrounding areas. Initially, the overall goal of PHC's Catalyst project was to

streamline communication between patients and healthcare providers by reducing the number of unaddressed telephone encounters. In delving deeper into the problem to better understand the underlying needs and causes of the problem, the innovation team discovered that a large percentage of these telephone encounters were patient inquiries or requests for prescription refills. In fact, the team learned that telephone encounters related to prescription refills were touched an unacceptable average of 10-15 times before they were finally resolved by a clinician/healthcare provider or other member of the clinical care team. The high volume of telephone inquiries for prescription refills consumed clinician/healthcare provider and staff time and hindered care teams' ability to provide high quality primary care. The innovation team's goal was to develop a

"hassle free" prescription refill process that would streamline and standardize the existing process, clearly communicate the process to patients, providers, and staff via multiple pathways, and free precious staff time.

Early in the process, the Catalysts discovered a number of "pain points" including a misunderstanding of the relationship between pharmacy and the health centers around refills, poor communication among the pharmacy, health centers, and patients, delays in refills, a burdensome refill protocol for staff to follow, repeat calls from patients about the status of their refills, and an unnecessarily large number of staff relaying messages about refills before they are closed. The innovation team surmised that if they could identify one consistent pathway that was the most efficient for patients, they could clearly and consistently convey this to patients and providers, which could ultimately decrease delays and hassle for both staff and patients. They also expected that a direct communication channel between pharmacy and the health centers could help streamline the process.

The innovation team tried a number of tests, including soliciting feedback from patients around what pathways worked smoothly and what pathways did not, a "Pharmacy Phone" at the welcome desk of the clinic with directions for patients about how to get refills via the pharmacy, changes to the outgoing message and phone tree that includes directions about refills and an option to connect directly to internal pharmacy, and various iterations of patient-facing flyers and communication forums. Throughout the

process, the innovation team engaged patients at multiple points of contact. In addition to soliciting feedback from their patient advisory council (both Spanish and English), the innovation team sought feedback and input from patients who were waiting at the pharmacy, when they called in for a refill, in the waiting room, and at office visits.

For its final solution, the Catalyst team developed messaging for print and voice prompt around the prescription refill process, as well as a P*hilosophy of Refills* statement to accompany the revised and simplified prescription refill protocol. Their solution includes posting flyers about the refill process in exam rooms and at the front desk, updating the phone tree to direct patients to the pharmacy with optional prompts to connect them directly to the in-house pharmacy, updating the refill protocol for nurses along with a *Philosophy of Refills* statement to go along with the protocol, and a re-orientation of providers toward the access model and a 90-day supply with one year of refills for non-controlled medication.

Looking ahead, the Catalyst team plans to implement the new protocol with *Philosophy of Refills* statement in phases to nurses and providers. According to the Catalyst team, the approach they used for this project—involving stakeholders in the process and doing rapid experiments and tests of change—is something that has translated to other projects and initiatives, and as a result, has fundamentally changed their approach to improvement.

Rinehart Clinic (TRC) – TRC is a private, 501 (c) 3 nonprofit corporation. TRC is located in Wheeler, Oregon, in north Tillamook County. Though Wheeler is a small town of 450, the Clinic draws patients from Tillamook in Central County, and the clinic maintains over 2,000 active records. The Catalyst team at TRC is the only team in this round of funding that focused their project on leveraging new partnerships. The Catalysts focused specifically on leveraging non-health partnerships to improve the Clinic's reputation and health of the surrounding community. With the retirement of its former medical director and the hiring of a new executive director, TRC was uniquely positioned to significantly shift its method of delivering care. The Clinic was interested in exploring a shift from its 100-year reputation as a "pain clinic" to an innovative and health-focused primary care clinic—and according to its Catalysts, needed a "reputation overhaul". According to the innovation team, in a small town, where reputation is everything, the driving question

was *"How do we effectively communicate our treatment changes to the community, especially to those who are not patients?"*

The team's assumption was that the immediate community (i.e., neighbors, friends, business-owners, patients and non-patients) believed Rinehart Clinic specialized in pain treatment, over-prescribed addictive medicines, and contributed negatively to the overall health of the community. In fact, the team's initial interviews validated this
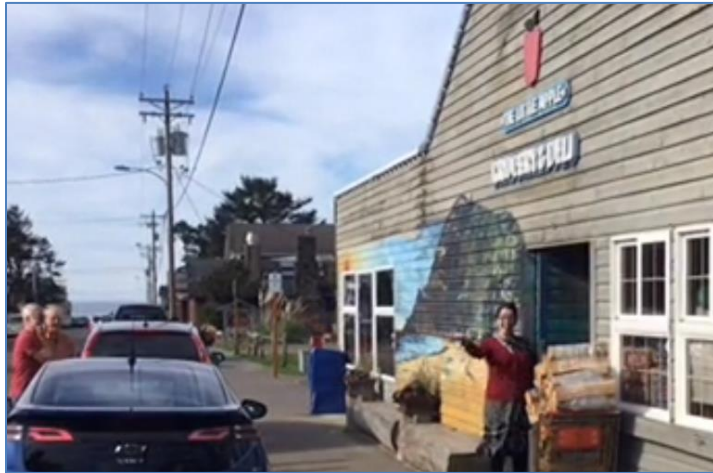
assumption, especially among non-patients: While many of community members identified the Clinic as being a comforting, helpful place, the majority of participants the team spoke with associated Rinehart Clinic with prescribing an overabundance of addictive medications.

To clarify their opportunity, the innovation team conducted multiple interviews with community members, patients, and staff and used affinity clustering to identify any emerging themes from those interviews. The team conducted seven innovation sessions with clinic and pharmacy staff, administration, and TRC's patient advisory council. The process generated nearly 30 different ways to address their problem—and, it should be noted that the process itself fostered enthusiasm among staff. With the support of their coach, the innovation team narrowed these opportunities down to approximately ten key ideas and invited the community, patients, and clinic team to vote on them.

Based on this feedback, the opportunity the Catalysts focused on was communicating service-delivery changes to its community, emphasizing health promotion and maintenance. The innovation team set out to develop new partnerships with local non-health businesses, leveraging their standing in the community to promote TRC's services and reach a broader audience to positively impact their perception of Rinehart Clinic. To start, the innovation team identified the hospitality hub in the community, the Manzanita Market (aka "The Little Apple") as a non-traditional partner. According to the Catalyst team, the Little Apple is a "*friend to everyone—locals and tourists alike—and is a service leader and hub of the community.*" The innovation team invited staff from the Little Apple into a co-design relationship and the idea was enthusiastically accepted by the owners of the market. The innovation team experimented with "Shelf-Talkers," prototyped and piloted in-store recipe cards, and linked their social media accounts. The

innovation team learned that local shoppers simply did not respond to "shelf-talkers". The team also found that recipe cards were used by shoppers if placed in a visible location. Through social media, the Clinic and market cross-promoted one another and tracked activity via #rinehartwellness.

TRC's partnership with The Little Apple was successful and, since then, has spread to include other businesses, prompting a new round of classes bringing patients and non-patients into the clinic for health-promotion services. The Catalyst team is spreading its solution to other non-health entities locally with great success, including a garden club, a women's club, a bank branch, elementary schools, and the local recreation center. The Catalyst team anticipates that TRC's partnerships with non-health businesses and non-traditional health providers will continue to expand in 2017.

San Francisco Dept. of Public Health (SFDPH) – SFDPH consists of two divisions - the San Francisco Health Network (SFHN) and Population Health and Prevention. The SFHN is the City's health system and has locations throughout the City including San Francisco General Hospital Medical Center, Laguna Honda Hospital and Rehabilitation Center, and over 15 primary care health centers. The Population Health and Prevention Division has a broad focus on the communities of San Francisco and is comprised of the Community Health and Safety Branch, Community Health Promotion and Prevention Branch, and the Community Health Services Branch.

Initially, the Catalyst team identified a significant disparity in the rates of mammograms, biopsy, and patient follow-up for African American women in San Francisco. Feedback from patients who use the mobile mammography van and from the San Francisco Avon Breast Center revealed that major pain points included the time waiting for results and the associated anxiety from an abnormal screening and follow-up mammogram or biopsy. Despite this level of anxiety, there was a high level of satisfaction from patients with the overall services provided; patients felt well cared for and respected by the staff of the Avon Breast Center. While the team initially focused on disparities reduction and screening experience, the team learned that this disparity was already on the decline

due to a number of factors, including increased insurance enrollment, greater availability of appointments, targeting of services in key neighborhoods, and quality improvement implemented in the San Francisco Heath Network to reduce the number of steps for the process as a whole. In fact, new data regarding disparities in breast cancer screening revealed that SFDPH had narrowed the gap significantly, reducing it to 5% for the network. While these findings were very positive, the innovation team realized it had to re-direct its project's focus and consider other areas for innovation.

It became clear in the course of conversations with patients that the problem really centered on timely communication of abnormal screening tests and biopsy test results. The delay in receiving the results causes significant patient anxiety as they wait anxiously to see if they have a new diagnosis of cancer.

Following up on their new problem area, the innovation team explored several potential solutions which need to be prototyped and tested with patients and staff, including shortening the time to notification, improving the patient experience, and a site visit to adapt best practices from UCSF's breast care clinic. The Catalyst team experimented with mapping out the entire process, both from the patient and staff perspective, from initial mammogram through biopsy and results to see if there were any opportunities to reduce the time spent on any of the steps. The team determined that not much time could be saved in the process, and as a result, decided to experiment with how the Avon Breast Center and biopsy patients communicated with each other during the waiting period for results. The team interviewed patients scheduled for biopsy and asked them what types of interaction would be beneficial for them to reduce fear or anxiety during the waiting period. Patients suggested a number of potential solutions, including text prompts from Breast Center staff to patients during the waiting period to see how the patient was feeling and if they had any questions. Another suggestion was to create a short video with post-care instructions so that women had immediate access to strategies to reduce their discomfort or pain.

As a result of this process, the Catalyst team decided to create two short animations, one on the biopsy post-care instructions and another on the "journey" of the biopsy test itself. As a prototype, the team created the first version utilizing an e-learning software

called Articulate and showed it in animation and print form to patients and staff for feedback. The innovation team has engaged with a technology company that specializes in technology innovation and user-centered design to create a brief animation/video on the biopsy post-care instructions in a manner that communicates effectively and visually to reduce the fear and anxiety experienced by women. A final draft animation is being created and the Catalyst team will obtain one more round of feedback from women at the Avon Breast Center before finalizing and deploying.

West County Health Centers (WCHC) – WCHC is located in Western Sonoma County and serves the communities of Guerneville, Forestville, Sebastopol and Occidental, and their outlying areas, covering approximately 750 square miles, with an estimated 15,000 patient visits each year. As a Federally Qualified Health Center, WCHC serves the underserved and has a fairly diverse population. WCHC has seven sites, with services including medical, dental, and mental health care.

Although WCHC has a Behavioral Health Department and it has accomplished a certain level of integration, the focus of this Catalyst team's project was to further integrate Behavioral Health and—according to the Catalyst team—get them "off their island" and
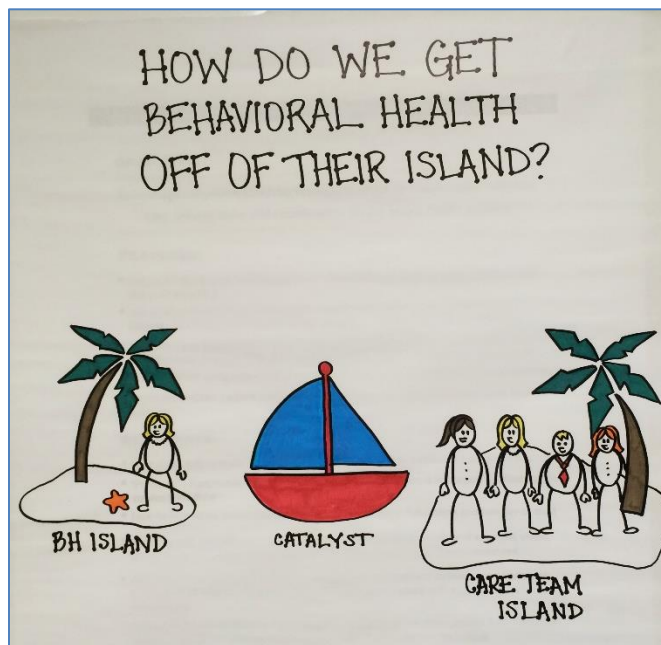
onto the care team island where they can collaborate, feel part of a team, and be a part of implementing whole person care. In 2012, WCHC began implementing its strategic goal of developing a Behavioral Health Specialist team of licensed social workers, psychologists, and psychiatrists to innovate primary care health delivery for their patients. Over the next four years, WCHC hired a Behavioral Health staff of 16 FTEs to serve about 14,000 patients. Although patients served by the Behavioral Health Specialist team are happy with the services they are provided, less than 10% of WCHC's patients are accessing Behavioral Health services. In addition to the low access rate of Behavioral Health for all of WCHC's patients, the Catalyst team also found that most of WCHC's chronically ill patients were not being seen by Behavioral Health and that Behavioral Health Specialists work primarily in isolation and do not benefit from collaboration nor are recognized for adding value. On the primary care side of the equation, care team providers at WCHC needed and wanted the specialist team's

support, and a longer-term goal for WCHC is to meet the average behavioral health patient access percentage of 20-25%. Other barriers to integration identified by the Catalyst team included lack of assignment of Behavioral Health Specialists on care teams, lack of clarity of when they can share information with the primary care provider, and limited communication with the specialist.

The Catalyst team held two behavioral health integration brainstorming sessions and asked participants to "think big" about the needs of their patients, if there were no constraints on time or money. The team also conducted a larger brainstorming session with behavioral health specialists and one primary care team to document the current state of Behavioral Health and to develop ideas on what Behavioral Health could look like at WCHC. The brainstorming session yielded a number of ideas, including among others requiring a dual Establish Care Visit with both primary care and Behavioral Health specialists for new patients, requiring an annual Behavioral Health wellness visit for every patient, assigning a behavioral health specialist to a care team (i.e., empaneling patients), co-locating behavioral health with the primary care team, increasing the length of the behavioral health co-visit to 60 minutes, de-stigmatizing "mental health", and incentivizing patients to participate in mental health treatment. A surprising result of the brainstorming session was the realization that Behavioral Health team members knew little about each other and did not appear to function as a team.

From their long list of ideas, the Catalyst team experimented with three to four ideas that emerged from two design sessions that were held following the brainstorming sessions. The team then created storyboards of four different environments in which to test integration of Behavioral Health into the primary care team. Based on these design sessions, the innovation team's final solution to integrate Behavioral Health included attendance by the Associate Director of Mental Health at weekly Site Management Team Meetings to acknowledge that Behavioral Health is part of the primary care team and should be represented at all levels, to facilitate awareness of operations that affect the entire process, and to add value of the Behavioral Health perspective at the leadership level, which will in turn cascade down to the patient care level. The

innovation team also will build in monthly co-design sessions with the Medical and Behavioral Health providers during their joint meeting to facilitate buy-in and personal motivation for project sustainability, allow the team to utilize the expertise of the staff to develop systems that will work, and help build camaraderie and a united sense of WCHC's mission within the team of Behavioral Health and medical providers.

Cross-Cutting Themes

In this section, we provide cross-cutting themes that emerged through our synthesis of the Catalyst initiative results, including insights from the Catalysts. These themes were categorized into the areas of Catalyst experience and early indications of culture change resulting from the Catalyst training.

Catalyst Experience

Similar to findings from previous California Catalyst cohorts as well as from the NJ Catalysts, 2015-16 Catalysts commonly used the key words "transformative", "eye-opening", and "fun" to describe the Catalyst training experience, with virtually all Catalysts reporting on the added value of the Human-Centered Design approach. In addition to skills gained through engaging stakeholders, Catalysts also commented on the exceptional training and advice from coaches, as well as the confidence they gained so they could use the tools and resources they received to solve other pressing issues at their organizations.

The following exemplary quotes from Catalysts reflect the themes that emerged:

"Don't be afraid to pick something that seems really broken and just build afresh. Find allies who are excited by and will support your work."

"Remember that end-users are the experts. Do not make assumptions about what they need but rather allow them to show or tell you."

"It provided not only tools to use to engage others in Human Centered Design, but it provided the confidence to put it into practice with ongoing coaching."

"The need to collaborate with end-users was perhaps the most valuable aspect of the Catalyst experience because clinic staff sometimes forgets that they do not always know what is best for the patient."

"Be prepared for setbacks but do not let them discourage you. Understand that your timeline is flexible and that those setbacks will help you learn."

"I now feel confident facilitating sessions with mixed stakeholders and am more grounded in the innovation process and collaborative cycles."

"Try everything. Keep testing. Identify and engage your users early and often. It will feel slow sometimes and you'll be tempted to jump to a solution quickly, because that's what we're good at—don't. The real work is staying open long enough to get the good stuff. Don't get too attached to anything and be open to letting it go."

"If you are feeling comfortable, then something must be wrong. Using this approach is a good opportunity to become vulnerable so you can take risks to address common problems in quite unconventional yet holistically satisfying (and at times silly) ways."

"The biggest takeaway for us has been the constant reminder to question assumptions and examine the process before jumping into a solution."

"Give yourself permission to make mistakes and be open to the humbling moments along this path. Each step for us has been valuable in some way and has ultimately helped us improve our care, strengthen our team, and better serve our patients."

"Get a design team that meets regularly and just start—get something going—don't over-think it in the beginning. Just do, play, create, have fun."

Early Indications of Culture Change

An important outcome of the work of the Catalysts is the extent to which the innovation teams are influencing innovation development throughout their institutions. In previous evaluations of the Catalyst initiative, we have documented how Catalysts have spurred changes within their organizations and have applied the tools and resources from the Catalyst program to other pressing issues. These changes fall into four different types of activities, including introduction of new technology and programs, application of innovation tools and techniques to other issues, process improvement, and cultural shifts around innovation. Catalyst teams from the 2015-16 cohort have already begun to influence the way their organizations think about innovation and apply innovation tools and resources to other health care delivery issues. Notable examples are provided below:

♦ *"As a result of this process, our clinic has designed a longitudinal design thinking curriculum and projects that our entire clinic (medical assistants, nurses, residents, providers, clerks and social workers) are now experiencing. We're training our own Catalysts of the future!"*

♦ *"Working closely with my Catalyst partner and having other Catalysts in our agency is creating a culture of innovation and creativity. This also contributes to a culture of vitality and a workplace that feels collaborative and hopeful."*

♦ *"Outside of the specific Catalyst project, I have already used the tools and principles I learned as part of the Catalyst program to inform other teams and initiatives at [my organization]."*

♦ *"Catalyst gave us a platform to gain more authentic and comprehensive knowledge of the immediate needs, desires and wishes of the actual user. It was truly a new approach to how we as an association work with our membership organizations."*

♦ *"The training in human-centered design opened up a new way of thinking about problems in our field and has equipped us with tools to tackle even the messiest deep-rooted systems problems."*
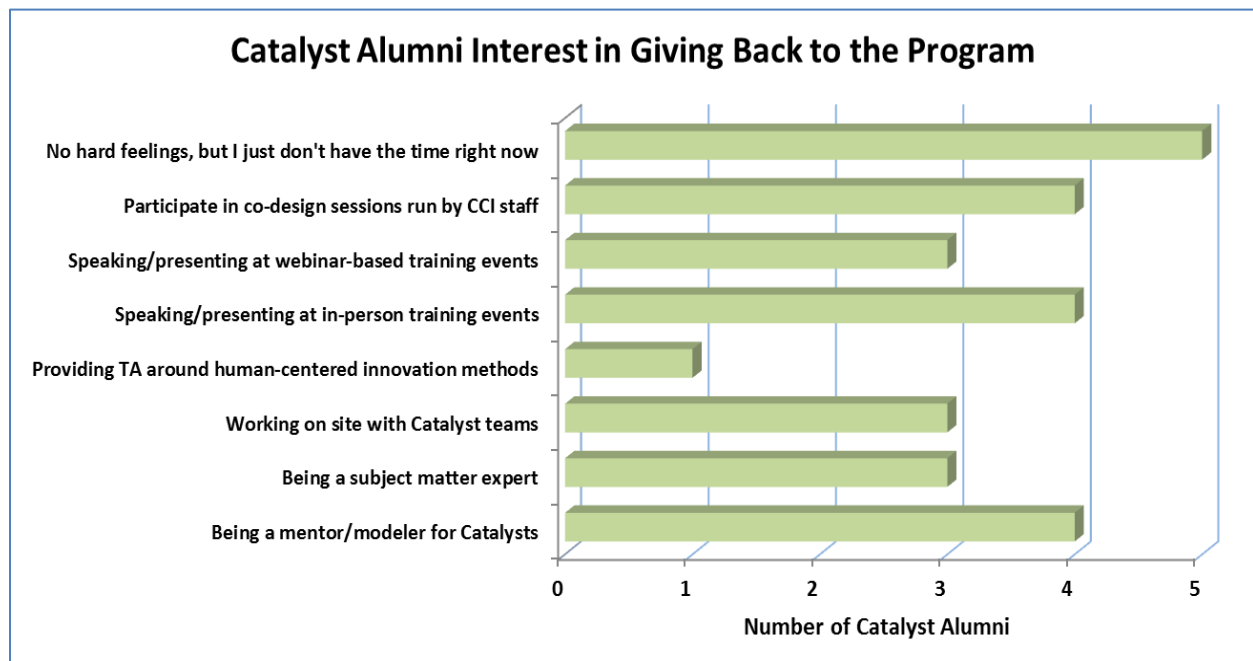
◆ *"[We will] follow-up and identify new areas or opportunities for using user-centered design in the organization so that the strategy and positive experience can continue to be shared."*

Results of Catalyst Alumni Survey

We solicited feedback from Catalyst alumni from the first three cohorts to gauge their interest in giving back to future Catalyst programs, including serving as a mentor/modeler for Catalysts, being a subject matter expert, working onsite with Catalyst teams, speaking/presenting at training events, and providing technical assistance around human-centered innovation methods. We also asked for feedback on the coaching that Catalysts received, application of their innovation skills within their organization, lessons learned about the innovation process, and resources that would be helpful as a Catalyst alumnus (see copy of online survey in Appendix).

Ways of Giving Back

We received feedback from four Catalyst alumni from the first cohort (pilot), four from the second cohort, and five from the third cohort. Among the 13 alumni responding to

Catalyst Alumni Interest in Giving Back to the Program

Category	Number of Catalyst Alumni
No hard feelings, but I just don't have the time right now	5
Participate in co-design sessions run by CCI staff	4
Speaking/presenting at webinar-based training events	3
Speaking/presenting at in-person training events	4
Providing TA around human-centered innovation methods	1
Working on site with Catalyst teams	3
Being a subject matter expert	3
Being a mentor/modeler for Catalysts	4

the survey, eight alumni were interested in giving back to the Catalyst program and five alumni did not have time to contribute to the program. Among alumni interested in giving back, many were interested in contributing their expertise in a number of ways.

Half of alumni were interested in participating in co-design sessions, speaking at in-person training events, and serving as a mentor/modeler for new Catalysts. Three alumni were interested in speaking at webinar-based training events, working onsite with Catalysts, and serving as subject matter experts. One Catalyst was interested in providing technical assistance around human-centered innovation methods.

We asked alumni what excites them about being a mentor/modeler to other Catalysts. Alumni responded in a number of ways:

♦ *"I'm interested in learning how other Catalysts think about solving problems, and sharing my experience with using human-centered innovation methods."*

♦ *"Sharpening/deepening the new skills learned and continued active participation in the Catalyst Community."*

♦ *"Helping people see their true potential as a change agent and innovator!"*

♦ *"Helping others to innovate to cause the change that is necessary for our healthcare system to survive."*

Role of Coaches

We also asked alumni about the role their coaches played in their journey as a Catalyst. Overall, Catalysts appreciated the expertise, support, and direction they received from their coaches. However, feedback about coaching was mixed—at least among this

limited sample of respondents. Some coaches were described as "integral", "effective", "awesome", "patient", and "kind" and there was a sense that some coaches were very involved, whereas others were peripherally involved. Catalysts with positive experiences with their coach described the relationship as the best part of the program, while Catalysts with limited involvement with their coach described the coaching component as "not working well", "I did not have a close working relationship with my coach", and "It would have been helpful to have a little more proactive structure and facilitation from [coach]."

A few alumni offered suggestions for ways in which coaching could be improved. One alumnus suggested that coaches should be involved from the first convening to the end, and should be part of the RFP process to identify teams they could work with or that are not suitable for the program. Another alumnus suggested that the coach could have been more proactive and also provided more facilitation to help the Catalyst team stay on track with moving their project forward.

Catalyst Alumni Continue to Impact the Culture of Innovation

Catalyst alumni continue to have a cultural impact on innovation development within their organizations, as we have documented through previous Catalyst surveys. Virtually all alumni respondents reported continuing to teach colleagues within their organizations about human-centered innovation methods and share Catalyst tools to facilitate conversations and meetings. Some alumni also report universally using these techniques in project development and management, particularly in terms of the collaborative approach to project development, while others report continuing to master their own use of the tools and techniques. Some notable quotes from alumni follow along with numerous examples of how they continue to apply and share their skills throughout their organizations to sustain a culture of innovation:

- *"Some of the department managers are learning about the design methods and love it! I think the teams love the collaborative approach (everyone has a voice)!"*
- *"We have begun to teach some of our Clinic Administrators about some of the human-centered innovation methods, as well as about facilitation skills."*
- *"I have definitely learned about human-centered design through Catalyst, but still feel like I have a lot to learn. I have not attempted to teach the skills to others."*
- *"I use the skills in improving sepsis care, creating a diabetes disease management program, and communicating/displaying ED PI projects."*
- *"We continue to put HCD and the center of our operations, strategy, and culture. Very important."*
- *"I have been able to leverage the skills learned to shift my position into a project management position—essentially providing internal technical assistance to all program development efforts here at the Association."*
- *"Some of our top leaders have witnessed a Design session (some with patients) and they see great value. Department managers and their sponsors have also participated in sessions and enjoy having the facilitator to keep their ideas moving forward. They also like using the new tools and Design Center to work in."*

- *"When discussions in meetings start going in circles about any given difficult topic, someone will say, 'This topic is perfect for a Catalyst session!' Out come the markers, sticky notes, and easel pads!"*

- *"Now that we have more in-house expertise (a few catalysts) we definitely have much more buy-in."*

- *"I think there is a fair amount of conceptual buy-in at my organization, but undertaking actual innovation is slow and still a bit overwhelming to consider."*

- *"As we pursued working with outside innovative companies, I think there has been more readiness to try new technologies and provide some staff time for this purpose."*

Top Lessons Learned from Catalyst Alumni

We asked alumni to share their top lessons with other organizations that would like to go through or are currently going through the innovation development process. Alumni stressed the importance of collaboration and early engagement of multiple stakeholders (including end users), the need for leadership buy-in, the need for a "safe space" for innovation development and open sharing of ideas, and the importance of project management skills in addition to human-centered design thinking skills:

- *"Project management is a distinctively different skillset than HCD. We need strong capacity and staffing in both for innovation to take hold."*

- *"The need for collaboration and open sharing of ideas from individuals in different disciplines."*

- *"This program helps break out of any preconceived processes you may have about program development and, I believe, enables offerings to be more successful."*

- *"Don't worry about trying to 'learn' it all during the Catalyst project period. There is a learning curve, as you integrate the new Design process/projects along with your other job responsibilities. You will find the balance and eventually it will be rewarding and less stressful. Also, if you can, find a partner who can go along on this journey with you!"*

- *"It's okay to 'fail famously'. Call it a 'learning experience' and move on!"*

- *"It takes time. Allow your Catalysts time and space to think through and test their projects. Without this 'safe space', they will not grow and develop as much as possible."*

- *"Leadership buy in is key! Find the leader inside or outside of their respective department who is motivated and excited about design thinking and then there will be success!"*

- *"Be strategic about who goes through the program and make sure that the people who do have some authority to use the tools when they are trained."*

Additional Resources Suggested by Catalyst Alumni

Finally, we asked Catalyst alumni about resources and programs that could help provide continued support to their efforts. We received a number of suggestions and present alumni's verbatim responses:

- *"Connecting us with CCI-type programs or foundations nationwide. I'm in New York, and would love to work with a CCI-type organization."*

- *"Keep doing your wonderful work of convening."*

- *"Advanced project management training and tools in the form of a live conference with additional electronic resources."*

- *"Perhaps a yearly alumni event to learn new tools or review old ones would be great."*

- *"While I was a Catalyst, I found the weekly 'office hours' to be a very useful way to stay connected and be inspired by what other folks were doing. I also liked the 'chat' on the Innovation Catalyst website for the same reason."*

- *"I am interested to hear how the Catalyst projects turned out. Can we view the final deliverables from others in our cohort?"*

- *"Stories about successful projects made possible because of human centered design. Webinars."*

- *"Opportunities to collaborate with others and to work with CCI."*

- *"Focused topic technical assistance/training/resources opportunities."*

- *"I need a business plan to remain sustainable!"*

CONCLUDING REMARKS

The results of our evaluation reinforce our prior findings that the Catalyst training program continues to be effective in training change agents who will lead innovation efforts within health care organizations to solve challenging problems and improve

health care delivery. Over the past two years, our evaluation focused on documenting changes in innovation skills among Catalysts and evidence of how they are bringing about more systemic changes within their organizations around innovation, with corroboration of these activities from Catalyst sponsors and peers. Our focus of the current evaluation was to document the innovation journey and experiences of the 2015 Catalysts who received additional funding to implement their solutions and also to identify ways that Catalyst alumni can give back to the Catalyst initiative.

Based on the success of Catalyst program in California, as well as CCI's partnership with the Nicholson Foundation in launching the New Jersey Innovation Catalyst Initiative, CCI continues to grow a robust network of trained innovators in organizations that serve the safety net and who can lead care transformation efforts. As described in our report, alumni of the Catalyst program have an interest in giving back to the Catalyst program by contributing in a number of ways. These include serving as a mentor/modeler for Catalysts, being a subject matter expert, working onsite with Catalyst teams, providing technical assistance around human-centered innovation methods, speaking at in-person and web-based training events, and participating in co-design sessions run by CCI staff.

It is clear that Catalyst alumni continue to apply their innovation skills to other health care issues facing their organizations. The majority of alumni report teaching colleagues within their organizations about human-centered innovation methods, sharing Catalyst tools to facilitate conversations and meetings, and using these techniques in project development and management. Finally, Catalyst alumni offer a number of suggestions for resources that would be useful to them, including networking at annual Alumni events, opportunities to collaborate with others, connecting alumni with similar programs nationwide, learning advanced techniques, and hearing more about the results from other Catalyst's projects.

APPENDIX

Dear Catalyst Program Alumnus,

Our network of trained innovators has grown over the past few years and we're excited that we will train a new cohort of Catalysts beginning in early 2017. We think it's important to tap into the collective wisdom of our Catalyst alumni as a resource for guiding the development of our Catalyst program.

We would like your feedback and ideas as we look to the future of this program. We have a quick survey for you and hope you will take just 5 minutes to complete it! Thanks in advance for your help!

Sincerely,
The Innovation Team at CCI

Logic: Show/hide trigger exists.
ID: 78

1) Which Catalyst cohort did you participate in? (pick one)*

- ☐ West Coast Catalysts 2013-2014 (pilot)
- ☐ West Coast Catalysts 2014-2015
- ☐ West Coast Catalysts 2015-2016

Logic: Show/hide trigger exists.
ID: 54

2) A number of Catalysts have shared that they are interested in "giving back" to the Catalyst program post-program. Which of the following opportunities, if any, would you be interested in? (Check all that apply)

- ☐ Being a mentor/modeler for Catalysts

- ☐ Being a subject matter expert
- ☐ Working on site with Catalyst teams
- ☐ Providing technical assistance around human-centered innovation methods
- ☐ Speaking/presenting at in-person training events
- ☐ Speaking/presenting at webinar-based training events
- ☐ Participate in co-design sessions run by CCI staff for program development
- ☐ Other - Write In:
- ☐ No hard feelings, but I just don't have the time right now to participate!

Logic: Hidden unless: Question "A number of Catalysts have shared that they are interested in "giving back" to the Catalyst program post-program. Which of the following opportunities, if any, would you be interested in? (Check all that apply)" #2 is one of the following answers ("Being a mentor/modeler for Catalysts")

ID: 11

3) What is exciting to you about being a mentor/modeler to other Catalysts? For your organization or other organizations?

Logic: Hidden unless: Question "A number of Catalysts have shared that they are interested in "giving back" to the Catalyst program post-program. Which of the following opportunities, if any, would you be interested in? (Check all that apply)" #2 is one of the following answers ("Being a subject matter expert")

ID: 12

4) You mentioned that you're interested in being a subject matter expert. Please describe what topics/ areas around human-centered innovation design and methods you are excited to lend your expertise as a subject matter expert:

Logic: Show/hide trigger exists. Hidden unless: Question "A number of Catalysts have shared that they are interested in "giving back" to the Catalyst program post-program. Which of the following opportunities, if any, would you be interested in? (Check all that apply)" #2 is one of the following answers ("Being a mentor/modeler for Catalysts","Being a subject matter expert","Working on site with Catalyst teams","Providing technical assistance around human-centered innovation methods","Speaking/presenting at in-person training events","Speaking/presenting at webinar-based training events","Participate in co-design sessions run by CCI staff for program development","Other - Write In")

5) Given your interest in giving back to the Catalyst community, may we contact you about any of the areas of interest you noted?

☐ Yes
☐ No

6) Please provide your contact information below...

First Name:

Last Name:

Title:

Company Name:

Email Address:

Phone Number:

7) Have you had an opportunity to work with Catalysts while they were going through the CCI training program?

☐ Yes
☐ No

8) In what ways have you worked with Catalysts who were going through the training program? (e.g., provided technical expertise, feedback on projects, served as a mentor, worked with them on an innovation, collaborative partner, facilitation of a meeting/activity, etc.)

9) How would you describe what role your coach played in your journey of the Catalyst program/work? How effective was having a coach when you were a Catalyst? What worked well? What did you need more of? Less of?

10) As a Catalyst, have you been able to take the skills/behaviors you learned to the next level? Have you been able to teach the skills to others?

11) How has your human-centered innovation expertise influenced innovation development at your organization (buy-In from others, buy-in from organization)? Has your leadership changed the way innovation is viewed at your organization?

12) What top lesson learned can you share with other organizations that would like to go through or are currently going through the innovation development process?

13) What types of resources/programs would be helpful to you as a Catalyst alumnus? How can CCI help you?

Thank You!