

CENTER FOR CARE INNOVATIONS

CCI transforms health and health care for underserved populations by inspiring, teaching and spreading innovation among the organizations that serve them



OUR PARTNERS







COLORADO HEALTH ACCESS FUND

THE DENVER FOUNDATION



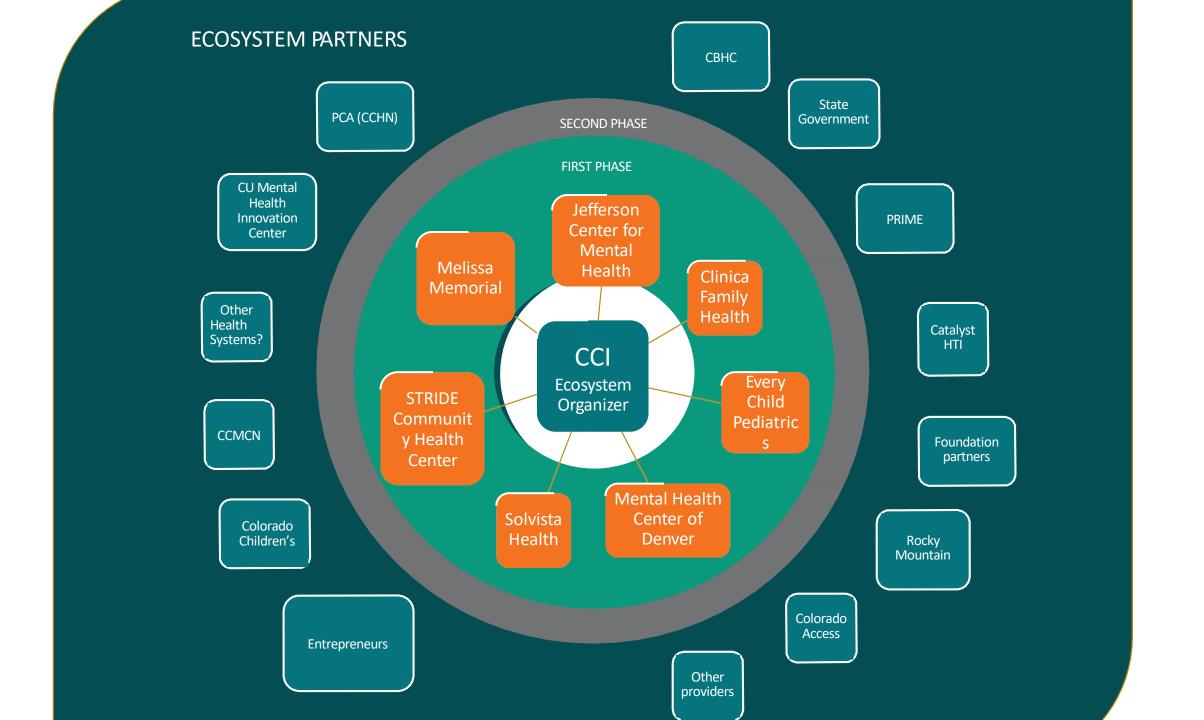


Powering Community Together

CHIC TEAMS

- 1. Clinica Family Health
- 2. Every Child Pediatrics
- 3. Jefferson Center for Mental Health
- 4. Melissa Memorial
- 5. Mental Health Centers of Denver
- 6. Solvista Health
- 7. STRIDE Health Center





Goals for our Colorado Innovation Community

- Build a network of innovation leaders focused on the needs of the underserved in CO
- 2. Build innovation capabilities
- 3. Pilot innovative solutions to meet critical needs and spread to others
- 4. Learn together & share what works with broader community
- 5. Make new connections to strengthen community health



HOPES FOR TODAY

- Get a taste for Human Centered Design skills
- Consider how this skill set could be used to strengthen development & testing of innovations
- Help you determine the "right" team for the full Catalyst training
- Clarify the role you play to support innovation in your organization

LEADINGINIOVATION

MOVING FROM MANAGEMENT TO MOBILIZED LEADERSHIP

APPROACHES TO HELP
THE ROLE OF DESIGN
EXAMPLES
LEADING AND LEARNING HUWAN-CENTERED INNOVATION
CATALYST PROGRAM ON A

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in-no-va-tion /ˌinəˈvāSH(ə)n/

"The intentional introduction and application of new ideas, processes, products or procedures designed to significantly benefit the individual, the team, the organization, or wider society"

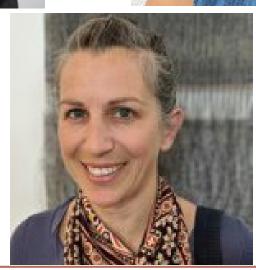
West and Wallace 1991:303

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The Aspen Labs Team

"Part of creative confidence is the willingness to try."

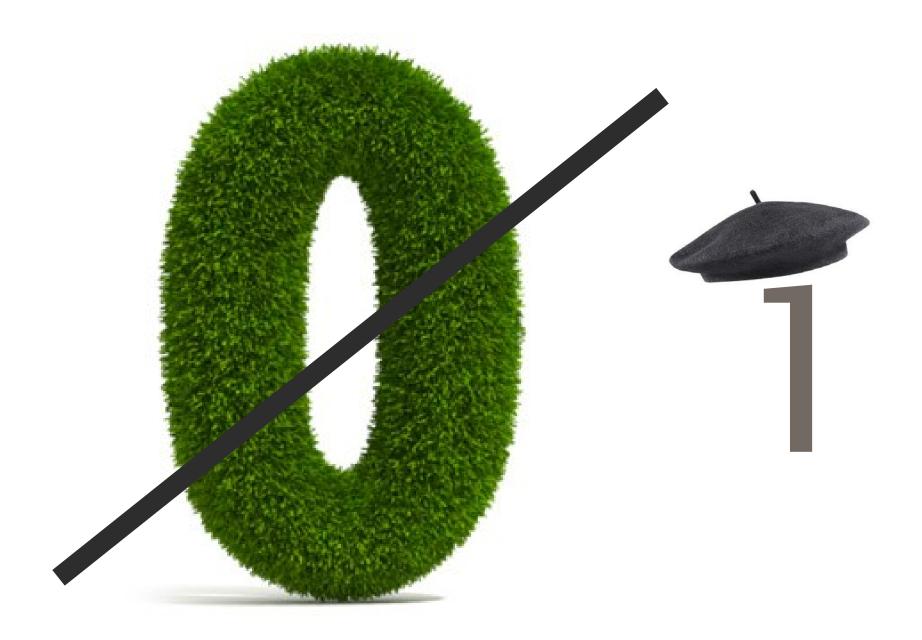
Tom Kelley, Part nel: IDEO











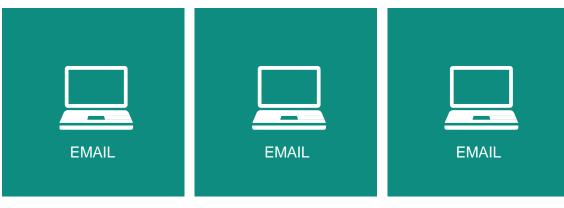




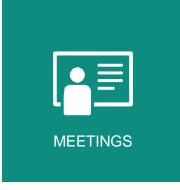








COORDINATION

















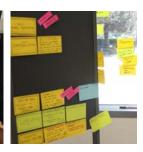


Since the nature of change is changing...

Radical **COLLABORATION**









MEETINGS





we need to change how we approach it.



More than half of organizations attempting transformation programs failed.

KOTTER, 1995



Change management programs have a **70% failure rate.**

KOTTER, 2012a KELLER & AIKEN, 2008 MILLER, 2002



60% of change projects fail to meet schedule, budget, and quality goals.

IBM, 2008

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The failure of large scale transformational change

is rarely due to the content or structure of the

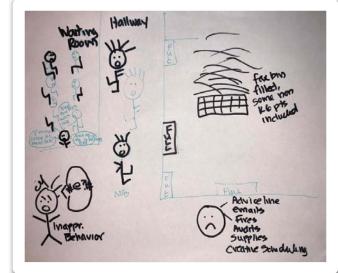
that are put into action.

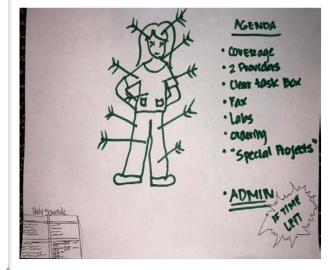
Well...why DOES it fail?

DRAW.. BEST/WORST EXPERIENCE LEADING CHANCE AND INVOVATION

Draw Your Experience: What it feels like on your worst day at work Alameda Health System K6 Adult Primary Care Clinic



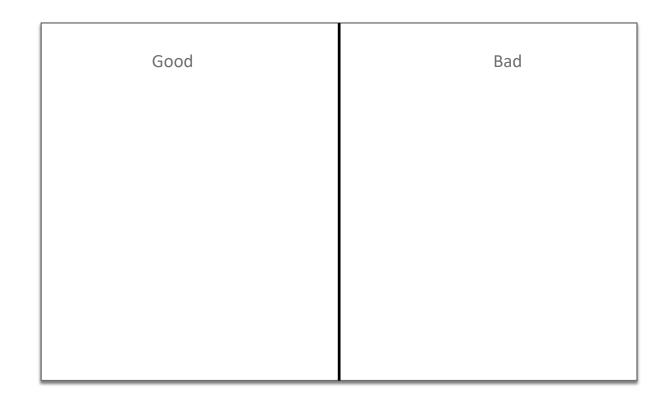




Draw Your Experience: Bad/Good Moment in Leading a Change

Think about

- Volunteer work
- Your neighborhood
- Parent/child moment
- Your day job
- Your spiritual home
- Back in school
- Etc.



fast paced and more complex

The nature of change is changing

employee and management involvement and understanding





Mindsets



- •inclusion +
- empathy



show work early + often



collaboration



making things tangible



start small + learn fast



Dominant vs Emerging (or Old vs NewPower)

Dominant approach

Power through hierarchy

Mission and vision

Making sense through rational argument

Leadership-driven (top down) innovation

Tried and tested, based on experience

Transactions

@HelenBevan #qf15

Emerging direction

Power through connection

Shared purpose

Making sense through emotional connection

Viral (grass-roots driven) creativity

"Open" approaches, sharing ideas & data, co-creating change

Relationships



Technical vs Adaptive

Technical Problem	Adaptive Challenge
Easy to identify	Difficult to identify (easy to deny)
Often solved by an authority or expert	People with the problem do the work of solving it
Require change in just one or a few places; often contained within organizational boundaries	Require change in numerous places; usually cross organizational boundaries
People are generally receptive to technical solutions	People often resist even acknowledging adaptive challenges



What do you notice about these 2 models?

How does or could that impact how you lead and your

role in this CHIC program?

and the second s	200	
Dominant approach		Emerging direction
Power through hierarchy	\leq	Power through connection
Mission and vision	\geq	Shared purpose
Making sense through rational argument	W	Making sense through emotional connection
Leadership-driven (top down) innovation	W	Viral (grass-roots driven) creativity
Tried and tested, based on experience		" Open" approaches , sharing ideas & data, co-creating change
Transactions @HelenBevan #qf15	₩	Relationships

Source: Heimans, J. and Timms, H., 2014. Understanding "new power". *Harvard Business Review*, *92*(12), pp.48-56.

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We will focus on 3 emerging trends in leading health and social care









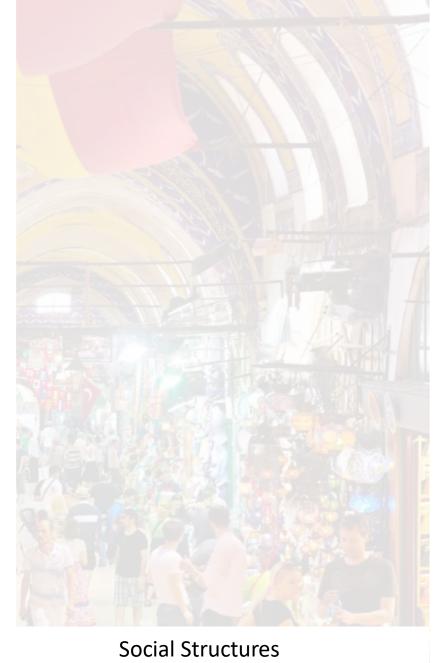








Social Networks





Helen Bevan, Chief Transformation Officer
National Health Service (1.3 million employees)

"Most of us who are leaders inside of organizations think of resources as

"I'm given a budget for my project, these people to help me and possibly some technology to do the job."

When we think of resources in that way, they are finite. When it's gone its gone.

...but social movement leaders think of resources very differently."



Helen Bevan, Chief Transformation Officer National Health Service (1.3 million employees)

"Social movement leaders think about resources in terms of

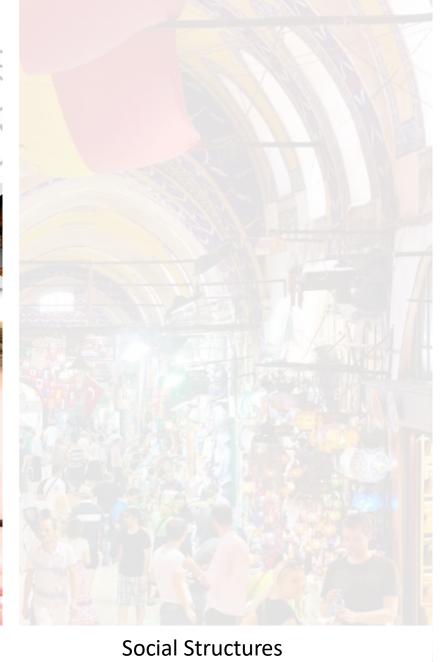
the relationships that we make,

the change and commitment that we can build.

The great thing about thinking in this way, is the more we use the resources, the more they grow."









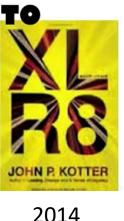


Leading Change

Leading Change John P Kotter

1995







Leading Change



- We won't create big change through hierarchy on its own
- We need hierarchy AND network
- Many change agents, not just a few, with many acts of leadership
- At least 50% buy-in required
- Changing our mindset
 - From "have to" to "want to"









Social Networks

IT Clinical Team External Relations

Facilities Legal Financial

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WE'RE ORGANIZED FOR OPERATING EFFICIENTLY -DOING WHAT WE KNOW HOW TO DO

EEEMP

Email

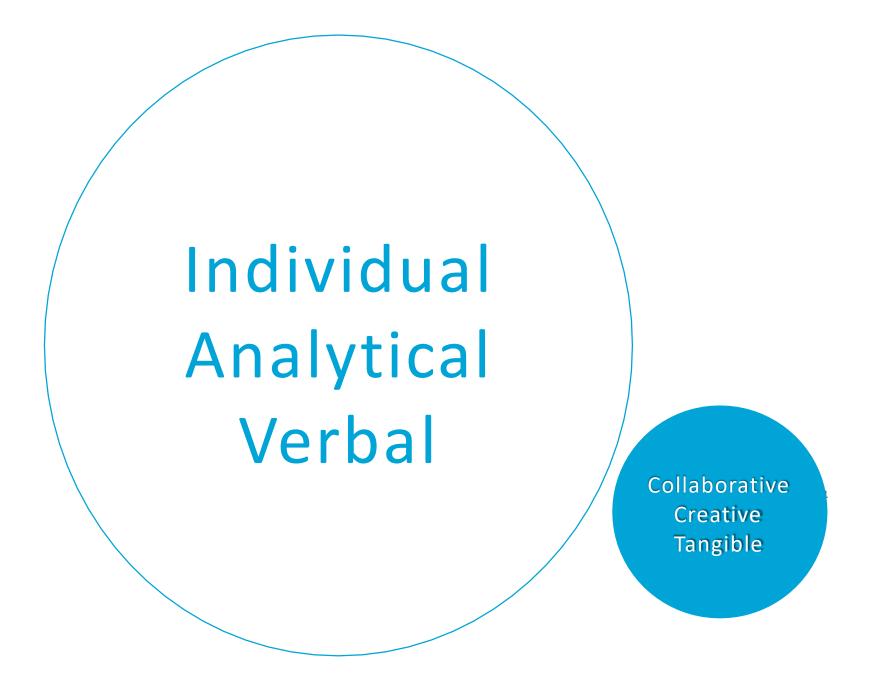
Email

Email

Meetings

Powerpoint

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Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to *influence their feelings*.

The heart of change is in the emotions.

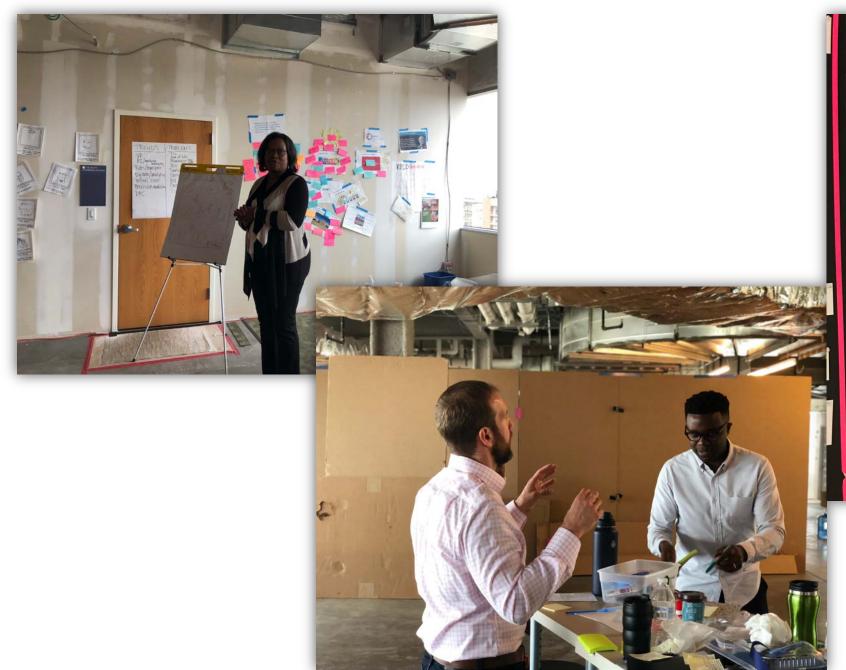


John Kotter (2002), *The Heart of Change: Real-Life Stories of How People Change Their Organizations.* Harvard Business School Press

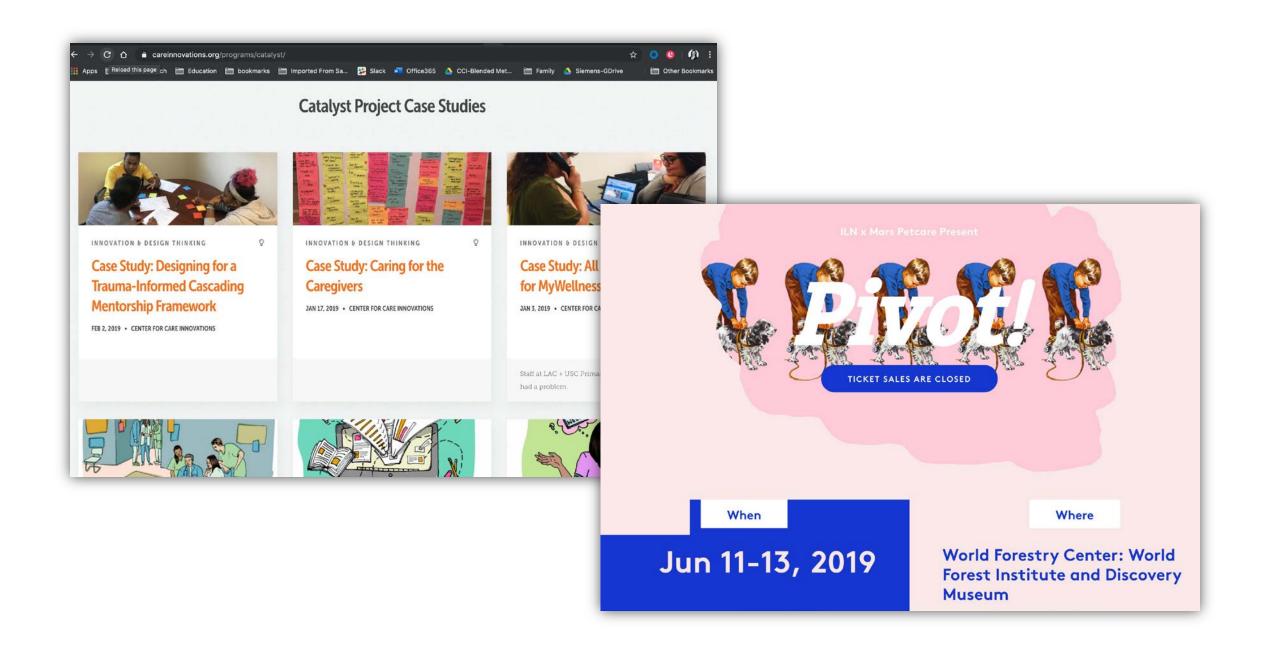


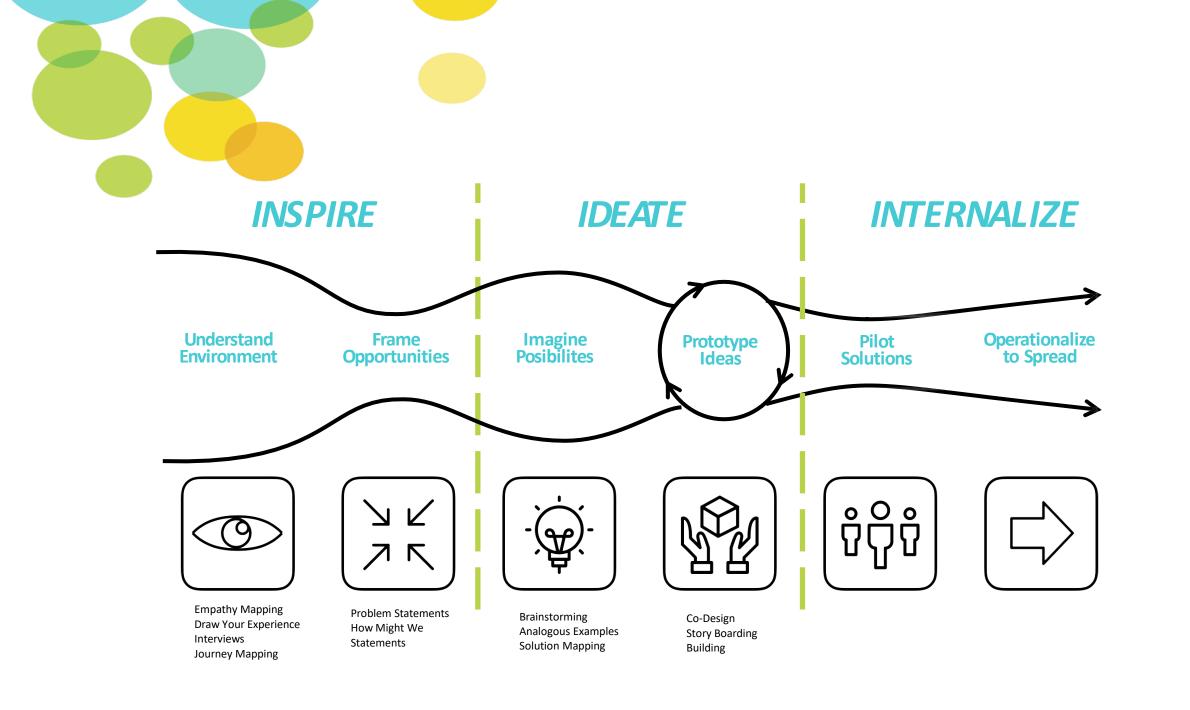






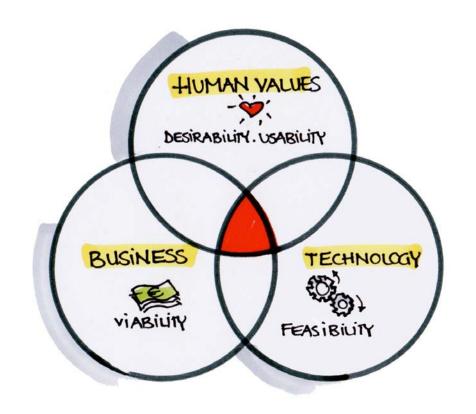






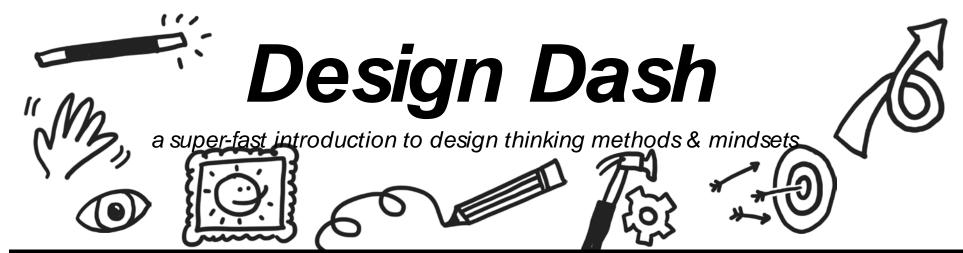
"Design thinking is a human-centered approach to innovation that draws from the designer's toolkit to integrate the needs of people, the possibilities of technology, and the requirements for business success."

—Tim Brown





TRYITOUT



WAIT! DON'T OPEN THIS YET!

TEAM MEMBERS (3-4)

Name & Sketch Name & Sketch

Name & Sketch

Name & Sketch

BETWEEN 1 & 30

A NUMBER

Number 1-30

You're going to REDESIGN...



Circle the topic that matches the number you picked.

1.	Breakfast	17.	Being at the airport
2.	Lunch	18.	Taking a road trip
3.	Dinner	19.	Traveling in a country where you don't know the
4.	Exercising		language
5.	Meeting new people	20.	Learning a new language
6.	Keeping in touch with old friends	21.	Grocery shopping
7.	Moving to a new house/apartment	22.	Doing the laundry
8.	Celebrating your birthday	23.	Reading the news
9.	Sleeping	24.	Recycling/composting
10.	Listening to music	25.	Cleaning your house
11.	Waking up		
12.	Commuting	26.	Giving gifts
13.	Gardening	27.	Exploring your own city or town
14.	Volunteering	28.	Preserving memories
15.	Watching TV/movies	29.	Personal style/beauty routine
16.	Planning a vacation	30.	Friday night

Get to know your TEAM



Each team member shares 3 ways they connect to this topic.

Name & Sketch	
	#
	#
	#
	π

Name & Sketch	
	#
	#
	#

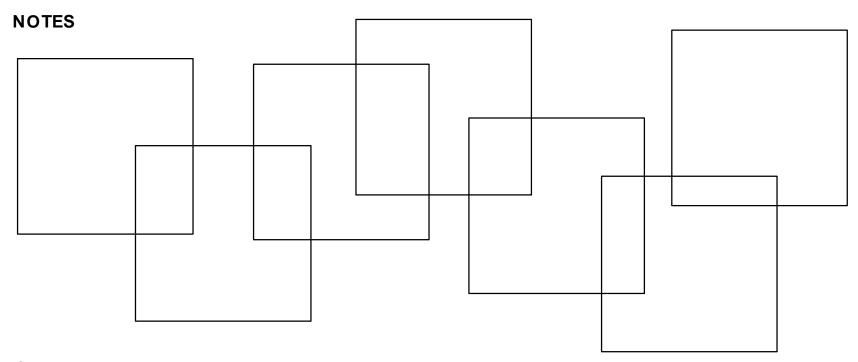
	1
Name & Sketch	
	#
	#
	#

OBSERVE a new perspective



Invite an interviewee from another group to a conversation.

Get to know your topic through someone else's eyes.



Conversation Tips

- Listen 80% of the time; talk 20% of the time.
- Look for problems, pain points, and challenges.
- If you hear something interesting, ask "why?"



DEFINE your challenge



Use your interview to frame a human-centered design problem.

WE TALKED TO

Draw a picture

WE'D NICKNAME THEM

e.g. Mr Clean, The Queen of DIY, The Calendar Wizard

THEY SAY THEY NEED TO

What do they think are the main problems and challenges?

HERE'S WHAT WE THINK IS THE UNDERLYING PROBLEM

What do you see that they don't see?

What's the need behind their need?



DRAW an idea



Draw an idea that solves the problem you found.

YOUR CHALLENGE

What do you see that

What's the need behind their need?

they don't see?

YOUR SOLUTION



PROTOTYPE your idea



Build your idea! Make it tangible using the objects around you.

Prototyping Tips

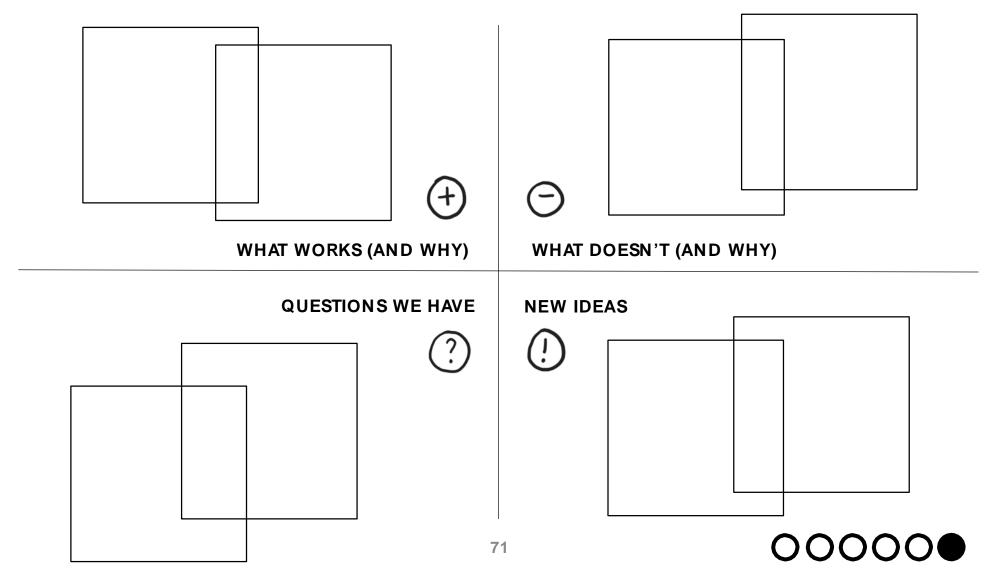
- Don't over-discuss! Just start building and see what happens.
- Build something people can interact with.
- You can be part of your prototype as an actor, or as a smart object.



TEST your prototype



Hand your prototype to your interviewee. What do they think?

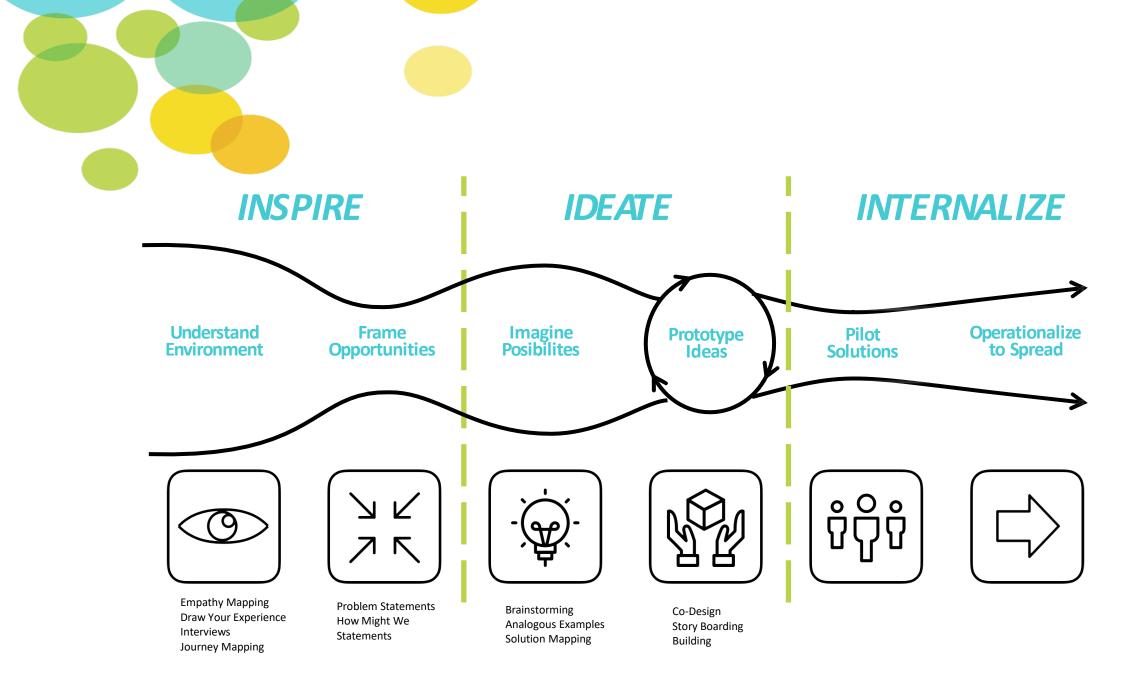


ITERATE your prototype



Finally, improve your prototype based on the feedback you received.

Be open to changing your assumptions about your interviewee and what they need.

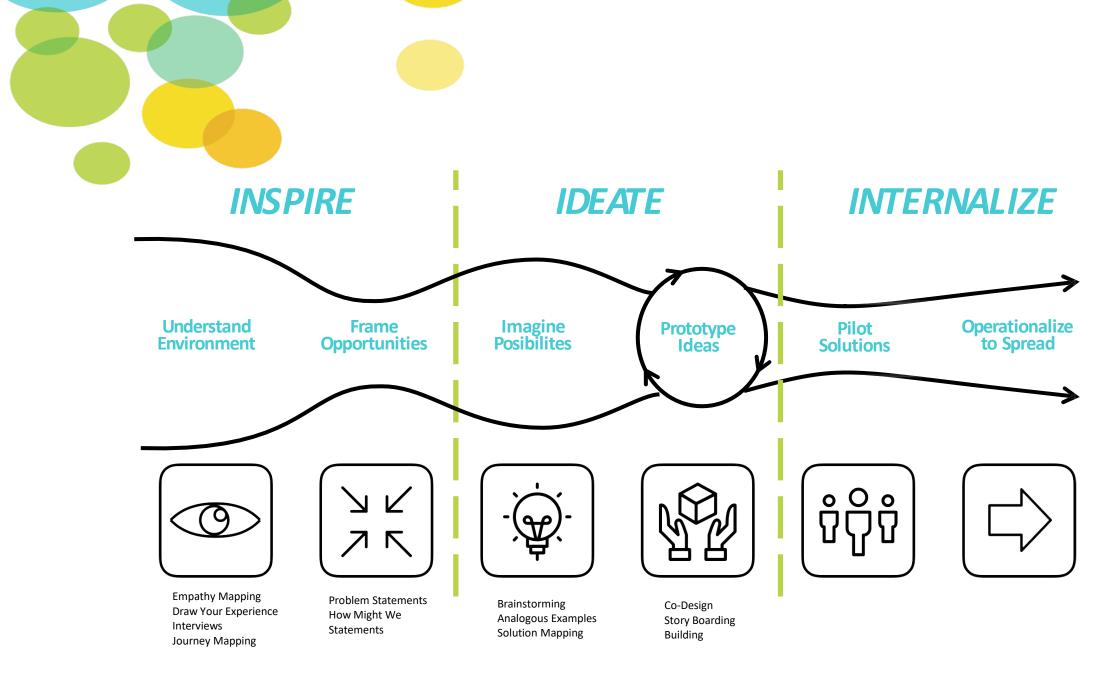


Catalyst Training: 2019 | Center for Care Innovations 73

Table Reflection



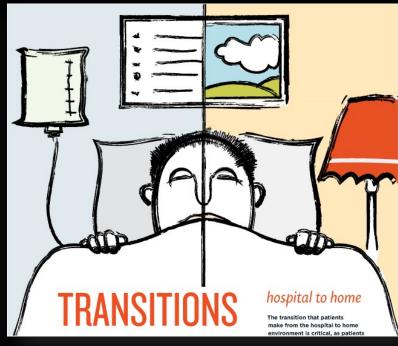
- Start with an open-ended question "how did it go?"
- 2. Encourage more detailed description "say more about that."
- 3. Encourage alternative viewpoints. Ask for the positive aspects and the negative aspects.
- 4. Generate new action "what could we do as a result?"
- 5. Create take-aways & next steps



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more patient-centered

way to change shifts

at hospitals.

Nurse Knowledge
Exchange is a safer,

Shift change in 2004 when

Shift change was radically redefined in 2004 when nurses and the Innovation Consultancy co-designed Nurse Knowledge Exchange (NKE). A concept ahead of its time, it brought nurses to the bedside for shift change and transformed the experience to involve the patient. Nurses and patients felt safer. Patients felt more cared for.

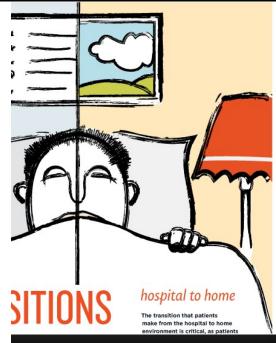
Increasing hospital complexity and demands over the years, however, made spending time with patients difficult. This inspired nurses to explore how shift changes can be better coordinated and supported.







- Workplace Safety
- Exercise as a Vital Sign
- Pre-diabetes focus
- Aging in Society for Medicare Strat
- Patient Financial Experience
- Remote healthcare monitoring
- Mental wellness and healing
- Food partnerships
- Robotics in factories



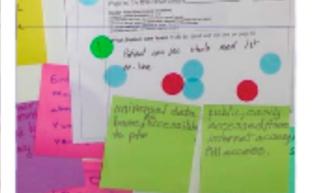


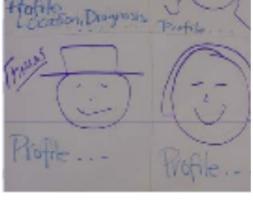
computer hoven; if exceed threshold water a human calle Lach



















LEARNINGANDLEADING

WHAT TO EXPECT AND YOUR ROLE

LEARNING AND LEADING

WHAT TO EXPECT AND YOUR ROLE

Literature

Innovation in healthcare is worthwhile (Bessant and Maher 2009, Christensen 2009, Länsisalmi et al. 2006), yet conducting it is very complex (Bohmer 2010, Cresswell et al. 2017, Duncan and Breslin 2009, Stringer 2000, Roberts et al. 2016). While identified as a critical component for success, the workforce is not naturally empowered or educated to create changes (Berwick et al. 2008, Cresswell et al. 2017).

• the use of design methods for innovation challenges has been studied and found to be a successful way to approach innovation (Beckman and Barry 2007, Carlgren 2013, Liedtka and Ogilvie 2011, Liedtka 2015, Martin, 2009, Seidel and Fixson 2013, 2015)

and...

 There is a new empirical research on how to actually build these capabilities within individuals and the wider organisation





Inspiration for Vocal Development





Context for the Design competency model

Dreyfus and Dreyfus (1980) Stages of development

Expert

- Transcends reliance on rules, guidelines and maxims
- Intuitive grasp of situations based on deep understanding
- Has a vision of what is possible
- Uses an analytical approach in new situations

Proficient

- Holistic view of situation
- Prioritizes importance of aspects
- Perceives deviations from the normal pattern
- Employs maxims for guidance, with meanings that adapt to the situation at hand

Competent

- Coping with crowdedness (multiple activities, information)
- Some perception of actions in relation to goals
- Deliberate planning
- Formulates routines

Advanced

- Limited situational perception
- beginner
- All aspects of work treated separately with equal importance

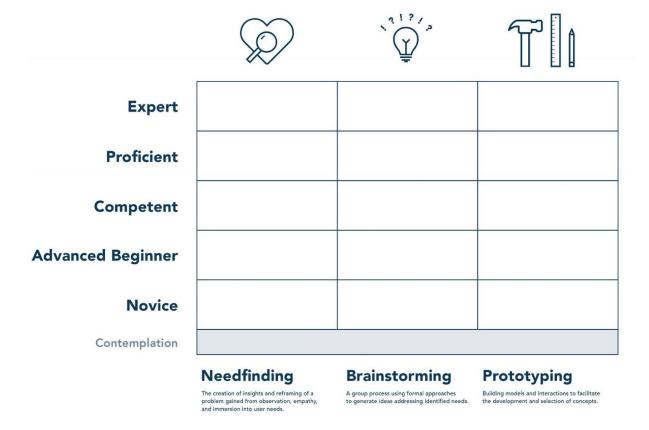
Novice

- Rigid adherence to taught rules or plans
- No exercise of discretionary judgement



Design Competence Model

Design Competence Model



- Addition of contemplation
- Application of 5 stages of learning to HCD
- Refined categories of skill development

Context and Vethod

Innovation Catalyst Program



They (the coaches) taught us that there is a teachable, learnable skillset for innovation, and also a level of skill and expertise that we can all aspire to.

George Su, MD Associate Professor of Medicine, San Francisco General Hospital per Innovation Catalyst video interview

LEARNING AND LEADING

WHAT TO EXPECT AND YOUR ROLE

Microclimate Model

Overarching combination of advocate support and protection along with enabling conditions and change agent behaviours. Together they create the ability for HCD to flourish in a group of people, despite it not being a predominant culture of the broader organization.

Conditions

ADVOCATE

Leverage support for time, resources, and protection to work differently than predominant organizational culture.

PARTNER

Have a partner for emotional support and to work together.

PLAY

Create a playful and trusting workplace for contributors.

CAPACITY BUILDING

Begin with small low risk projects, and build up as desired skills, mindsets and behaviors increase.

Behaviours

CONNECTING

Display deep curiosity and commitment to people.

IMPROVISING

Mix together methods of design with methods for change, lean, and others when needed.

STORYTELLING

Share experiences and work verbally and visually.

SCAFFOLDING

Offer up ideas and examples to start and to refine the work.



Table Reflection



- Start with an open-ended question "how did it go?"
- Encourage more detailed description "say more about that."
- 3. Encourage alternative viewpoints. Ask for the positive aspects and the negative aspects.
- 4. Generate new action "what could we do as a result?"
- 5. Create take-aways & next steps

What you can do as a leader



- 1. Ask your team about what they are learning from customers/stakeholders/users/patients. If they can't answer, send them out to find out.
- 2. Understand that they are in the process of learning, so try not to expect them to solve your closet of important but overly complex "must do's"
- 3. Be their advocate, provide them support and an element of protection as they navigate the organization with their new skills. Don't be afraid to try it for yourself! Maybe in your next meeting?
- 4. Reach out to us, and to each other, for advice and other perspectives on building a culture of innovation
- 5. Have fun. It's a journey and we're in it together!



NEXT STEPS

Ecosystem event

- October 23 in partnership with Prime Health
- Reach out to CCI with partners you think we should invite

CHIC Teams

- Next learning call for CHIC: September 3 @ 12pm MT – Clinica talking about CIE
- Determine the right team members for the Catalyst training: October 24-25





Population Management

Innovation & Design Thinking

Technology Solutions

Community - Centered Care

ABOUT

PROGRAMS

GET INVOLVED

The Resource Center

Colorado Health Innovation Community Portal

OVERVIEW

SCHEDULE & ACTION ITEMS

CATALYST LIBRARY

TECH HUB LIBRARY

COLORADO COMMUNITY

Hi CHIC Participants! This portal is a resource to support you through the program. To learn more about the program, read on for an overview.



