INNOVATION PERSPECTIVE

PURPOSE

INNOVATION IS NOT A LUXURY

Innovation is investment in future possibilities, and the ability to innovate is integral to any business' survival.

Historically, a formalized capacity for innovation has only been available to those with the most means. Often, organizations serving the most vulnerable populations are resource constrained and lack the ability, funds, and/or time to properly invest in innovation. This leads to compounding operational and business disadvantages.

A FORMAL CAPACITY FOR INNOVATION

Having identified this opportunity, The Nicholson Foundation awarded a grant to formalize the capacity for delivering innovation in a safety-net hospital[1] through The Center for Innovation at St. Joseph's Health. St. Joseph's Health (SJH) was founded on serving those most in need, and by necessity, solutions had to be innovative. This grant was an opportunity to formalize a practice of innovation across the system.

COVID-19

The COVID-19 pandemic has been the largest disruptor to modern healthcare in our lifetimes. It was during the first-wave front-line response when we developed a new mission:

> If there was ever a time innovation needed to prove its value, it's now. If we do not show immediate value, SJH should pour these resources into something else that will provide help to those in need.

It has been nearly a year since we challenged ourselves, and the impact of COVID has forever been reflected in our approach, our work, and our future aspiration.

OUR REPORT

This document summarizes our 2+ year journey to accomplish the goals of the grant, while managing the COVID-19 pandemic, and pivoting due to the new normal of our healthcare systems.

It also represents our resilience and ability to pivot during these unprecedented times by co-designing and implementing immediately impactful services for our staff and community.

In the final section, you will find an overview of our current state, how we have evolved, and a potential pathway forward towards sustainability.

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[1] A safety net hospital is a type of medical center in the United States that by legal obligation or mission provides healthcare for individuals regardless of their insurance status (the US does not have a policy of universal health care) or ability to pay.

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2019

GETTING STARTED

In 2017, under the leadership of Kevin Slavin, an innovation team was formed. The group met on Friday mornings with a simple objective: to enhance the pioneering spirit on which SJH was founded. Purposefully constructed, the team represented a true mix of the organization which was multidisciplinary, cross-generational, and multicultural. The result was an enthusiastic, engaging safe-space to discuss exciting future efforts.

THE NICHOLSON FOUNDATION

In December 2017, SJH submitted an Expression of Interest to The Nicholson Foundation for a planning grant that would fund The Center for Innovation at SJH.

In 2018, The Nicholson Foundation graciously awarded SJH $49,500 for a 6-month period with the goal of developing a plan to operationalize The Center for Innovation at SJH. Over that time, the team benefited from the experience and knowledge of a variety of consultants including Lynne Maguire, Christi Zuber (Aspen Labs) and Veenu Aulakh (Center for Care Innovations). A highlight of this phase was a site visit to the Innovation Center at Columbus Regional Health.
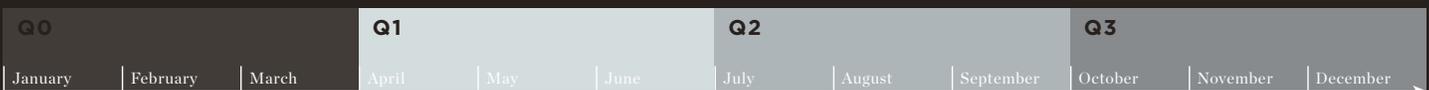
THE FOUNDATION FOR HEALTHCARE INNOVATION

After a successful planning grant cycle, SJH submitted a proposal titled, "Building the Foundation for Healthcare Innovation," and was awarded a two-year grant that kicked off in Q2 of 2019.

In the Fall of 2019, SJH hired a dedicated Director, David Kim, who brought 15 years of experience leading teams that rapidly turned ideas into better health outcomes, improved patient experience, and innovative revenue streams at Memorial Sloan Kettering, Philips Healthcare, and the University of Colorado Health.

Additional key milestones included hiring a Program Coordinator as well as launching several Design Thinking educational workshops, also referred to as Catalysts, led by Aspen Labs.

TIMELINE

0. Grant Awarded

1. Kick-off
2. Meetings
3. Job Descriptions
4. Job Postings
5. Learning Plan
6. RFP/Scope
7. Evaluation Scorecard

8. Communication Plan
9. Space Planning
10. Hire FTEs
11. Meetings

12. Consultant Contract
13. Training + Coaching
14. Project Selection (3)
15. Design Workshops
16. Consultant Coaching
17. Meetings

Q0			Q1			Q2			Q3		
January	February	March	April	May	June	July	August	September	October	November	December

2019

Q0 MILESTONES

0. Grant Awarded

"Building the Foundation for Healthcare Innovation" was a two-year Nicholson Foundation grant that kicked off in Q2 of 2019

Due to Dr. Mark Rosenberg's National role in the Alternative to Opioids (ALTO) program, Dr. Carlos Rueda has been appointed to the role of St. Joseph's Health Chief Innovation Officer

Q1 MILESTONES

1. Kick-off
Kick off meeting with Innovation team and Consultants ($3,000)

2. Meetings
Quarterly meeting ($3,000)

3. Job Descriptions
Develop Program Director and Coordinator positions

4. Job Postings
Post both positions

5. Learning Plan
Develop a learning plan for key leaders and staff ($10,000)

6. RFP/Scope
Create a SOW/RFP for Innovation Learning Consultants

7. Evaluation Scorecard
Develop a scorecard that will assess progress through the "Learning Phase" ($15,000)

Q2 MILESTONES

8. Communication Plan
Develop preliminary internal and external communication plan: long-term sustainability and position SJH as a healthcare innovator ($5,000)

9. Space Planning
Identify space: alterations and equipment needed

10. Hire FTEs
Identify internal candidate for coordinator and hire Director ($10,000)

11. Meetings
Quarterly meeting ($3,000)

Q3 MILESTONES

12. Consultant Contract
Finalize the agreement with Consultant ($10,000)

13. Training/Coaching
Develop the schedule for training: Coordinator, Director, and Consultants

14. Project Selection (3)
Select 3 projects and assemble project teams ($10,000)

15. Design Workshops
Facilitate Design Thinking workshops ($30,000)

16. Consultant Coaching
Design Thinking coaching

17. Meetings
Quarterly meeting ($3,000)

KEY LESSONS LEARNED FROM Q1 - Q3

We learned a number of lessons in these first three quarters, including the need to provide additional and more transparent communication to our internal teams. This was a new experience and as the number of stakeholders and committees grew, we needed to take additional time to ensure that everyone was aligned and that the right people were involved.

As for the scheduled Design Sprint, since it was a short time-frame filled with so much new content, it was important to re-iterate its purpose: to learn and be immersed in Human-Centered Design, Design Thinking, and Innovation processes.

This has been a culture shift. The opportunities that emerged from the Sprint engagement were process improvements and smaller in scale due to the amount of time allotted as well as the level of what was accessible to

teams. Additionally, it was important to clearly communicate the purpose of the Design Sprint versus the Design Catalyst versus what the future-state of The Center for Innovation at SJH would become.

What we learned from both the Sprint and Catalyst helped inform the mission of The Center for Innovation at SJH, the strategy for the impact of our processes, the future portfolio of work, and eventual viability/sustainability.

Early on, we were primarily following the path set by the grant and the learning plan. However, we were already looking at what the employees and the culture of SJH would need, and how this might differ.

2020 PRE-COVID (JAN - MAR)

CATALYST

Kicked off in January, the Design Catalyst is a program to learn methods for innovation through practicing a methodology of Design Thinking,. The first immersion was a 4-day immersive Design Sprint: a unique multi-day process for solving challenges through prototyping and testing with customers/users, and followed up with a months-long immersive training.

25 SJH employees came together to learn about Design Thinking and focused on these specific problem space: Patient Access, OB Patient Engagement, and Employee Wellness. These problem spaces were strategically selected by the Steering Committee, and each team identified opportunities for future work.

The intent of this work was to:

Nurture a culture of innovation: spreading the knowledge of the process and tools of innovation

Develop a self-sustaining program: The Center for Innovation at SJH

Provide multiple case studies: proofs-of-concept with potential ROI

PATIENT ACCESS TEAM

Learnings: We could learn quickly and abandon our biases if we asked our users.

1. There was little to no standardization with significant siloing between departments, even with those that are co-located
2. The OR scheduling process was completed through physical cutting-pasting of paper
3. Staff were struggling to retrofit their services to old spaces
4. Our services were naturally reactive versus being proactive

OB PATIENT ENGAGEMENT TEAM

Learnings: We couldn't engage patients in a system that was unable to meet their needs.

1. Determinants of health created barriers for patients
2. There were different levels of education and health literacy
3. Provider convenience and insurance affected patient experience
4. There was a lack of knowledge of resources
5. There was no standardization
6. Environmental factors mattered

EMPLOYEE WELLNESS TEAM

Learnings: We needed to expand our understanding and be mindful of how and what we were asking.

1. Employees had a variety of financial considerations
2. External social issues affected employees as much as work
3. Many made health decision based on their time constraints
4. There was a need for healthy food choices
5. There were opportunities to impact cafeteria flow

TIMELINE

18. Facilitate Workshops	21. Project Selection Criteria	24. Second Projects	27. Final Report
19. Facilitate Coaching	22. Communication Samples	25. Communication Samples	28. Publication
20. Meetings	23. Learnings from Projects	26. Meetings	29. NJ Presentation
	23. Meetings		30. Communication Samples
			31. Meeting & Report

Q4		COVID	Q5				Q6			Q7			
January	February	March	April	May	June		July	August	September	October	November	December	

2020

Q4 MILESTONES

18. Facilitate Workshops
Begin to deliver Catalyst Program for the 3 projects

19. Facilitate Coaching
Deliver workshops and additional coaching for the Director and Program Coordinator

20. Meetings
Meeting with Innovation team and Consultants ($3,000)

Q5 MILESTONES

21. Project Selection Criteria
Revisit selection criteria and methodology for future projects ($10,000)

22. Communication Samples
Next step for internal and external communication

23. Learnings from Projects
Summarized learnings from first cycle of project-based work ($15,000)

23. Meetings
Meeting with innovation team and consultants ($3,000)

Q6 MILESTONES

24. Second Projects
Evaluate second round of projects ($10,000)

25. Communication Samples
Develop preliminary internal and external communication plan: long-term sustainability and position SJH as a healthcare innovator ($5,000)

26. Meetings
Meeting with innovation team and consultants ($3,000)

Q7 MILESTONES

27. Final Report
Assessment of the value of the Catalyst program, summary of learnings, final status report, recommendations for next steps, potential for sustainability ($27,812)

28. Publication
Publish and share out learnings

29. NJ Presentation
Present learnings to NJ leaders

30. Communication Samples
Next step for internal and external communication

31. Meeting & Report
Meeting with innovation team and consultants ($3,000)

KEY LESSONS LEARNED IN Q4: BEFORE COVID

Since the goal of the Design Catalyst (3-4 months) was to provide a deep-dive into the process (research/synthesis, ideation/prototyping, and pitch/commit) and to practice using methods for delivering innovation our lessons learned came are from January and February. We learned that we needed to simplify the Catalyst structure to provide more/clearer tools for our employees. It was not immediately clear to our teams how to use the tools, and many did not bring the process into their own department practices. We assessed what was working as well as identified gaps in order to curate a SJH program.

While the plan and delivery of milestones had been proceeding according to plan, the spread and response to COVID-19 had placed the Catalyst program on hold. We were able to connect with the work groups to capture their thoughts in prior to the first-wave of COVID patients in March 2020.

Patient Access: The team was feeling as though they were circling the same process and issues, but were determined to move towards a goal. The intent was to continue research, and prototype a card-sorting exercise as well as videos.

OB Patient Engagement: The team had asked for additional guidance because the Catalyst program isn't "quite suited to the problem space we're tackling." We had shifted the work to focus on an insight report that would identify future opportunities.

Employee Wellness: The team asked for guidance because the problem space they were focused on continued to change. The team conducted additional research in the Emergency Department to learn about combating burnout and wellness opportunities.

2020 POST-COVID (MAR - DEC)

RE-EVALUATION + RESPONSE

COVID reinforced the need in healthcare for rapid-cycle innovation; innovation that provides repeatable success and is easy to use in times of crisis. When debriefing with Catalyst participants, many stated that innovation methods and mindsets were not used in the COVID-19 emergency response.

Instead of the practice of innovation, many thought of the tools of innovation (post-it notes, interview guides, frameworks, etc). When probing further, nearly everyone leveraged innovation mindsets or practices, but it was in the context of problem solving. What we found was that it would not be sustainable to proceed with the Catalyst program in its current form: high-touch, in-person, and requiring a substantial time investment.

The pandemic response forced SJH to re-evaluate how we approach our existing processes and strategies. Ahead of our Q6/7 deliverables, we had developed a SJH Innovation method and piloted what we called Micro-sprints. This prototype initially partnered with ICU nurses: those with little time and complex problems to solve. It was successful and reinforced the value of rapid-cycle innovation for our front-line employees.

GRANT NO-COST EXTENSION

As the first-wave of COVID response slowed, we emerged into a new, faster pace of change. Prior ways of working, including conducting workshops and training had been completely disrupted. In addition, the original problems we had looked to solve had changed focus and priority.

After surveying our Catalyst teams, we found that there was a need for onsite, guided rapid-cycle innovation. Because of this and due to the continued impact of COVID-19, we requested a 4-month no-cost extension to our original grant. This was to be completed by April 30, 2021.

The measurable objectives and timeline (below and on page 8) were revised, and we modified the proposed budget to reflect our new needs.

This included a new marketing strategy, a new criteria/method for selecting projects, the hiring of two dedicated internal resources (Innovation Strategists), incorporating the entirety of the Director's salary, implementation of our home-grown Micro-Sprint process, sharing our learnings (internally and externally), and delivering this final report.

TIMELINE

18. Facilitate Workshops	*21. Communication Samples*	*24. Meetings*	*25. Communication Samples*
19. Facilitate Coaching	*22. Learnings from Projects*		*26. Website*
20. Meetings	*23. Meetings*		*27. Meetings*

Q4		COVID	Q5			Q6			Q7		
January	February	March	April	May	June	July	August	September	October	November	December

2020

Q4 MILESTONES

18. Facilitate Workshops
Begin to deliver Catalyst
Program for the 3 projects

19. Facilitate Coaching
Deliver workshops and
additional coaching for the
Director and Program
Coordinator

20. Meetings
Meeting with Innovation team
and Consultants ($3,000)

Q5 MILESTONES

21. Communication Samples
Next step for internal and
external communication

22. Learnings from Projects
Summarized learnings from first
cycle of project-based work
($15,000)

23. Meetings
Quarterly meeting ($3,000)

Q6 MILESTONES

24. Meetings
Quarterly meeting ($3,000)

Q7 MILESTONES

25. Communication Samples
Next step for internal and
external communication

26. Website
Launch the Innovation website:
www.theinlab.org

27. Meetings
Quarterly meeting ($3,000)

KEY LESSONS LEARNED FROM Q5 - Q7: AFTER COVID

COVID dramatically sped-up how innovation delivered on SJH needs. We turned problems into opportunities in real-time. SJH leadership saw that the innovation practice, especially when delivering on immediate emergent needs, would be integral to our future business sustainability.

The SJH innovation practice was built for disruption and flexibility. We ideated, built, and delivered new services and artifacts for our employees within days. We proactively took on initiatives that would meet future needs, such as PTSD for our front-line staff. We deployed human-centered technological solutions to improve processes and experiences for our teams and patients.

Additionally, we identified and verified a growing need in healthcare for SJH's rapid-cycle innovation. Providing large in-person, group training was no longer possible, and hospital staff had less bandwidth to take on new processes. Beyond our own hospitals, we found that the SJH innovation process was incredibly valuable to any healthcare system. One example was Contra Costa Health Services in Contra Costa, CA. They partnered with The Center for Innovation at SJH and trained their teams using the SJH innovation method with great success.

What we witnessed was the value of our own rapid-cycle innovation process internally and externally. We continued to explore the formalization of our approach, practices, and tools into 2021.

2021

COMPLETING THE ORIGINAL GRANT

In December of 2020, the no-cost extension was approved. We posted for two Innovation Strategist roles, purchased hosting for our website, and continued work on our Micro-Sprints.

Beginning in 2021 -- grant quarters 8 and 9 -- we worked with Promise Venture's to develop a pitch video that was shared with prospective funders and partners. What emerged were potential ongoing partnership opportunities, and potential future funding.

One funder, The Taub Foundation, provided a grant for an actionable insights report focused on the experience of Black and African American women's perinatal journey. This work will conclude in September 30, 2021.

As slated in our milestones, we re-engaged with Aspen Labs to examine the future of the Catalyst program in a post-COVID world. We also hired Jerome Wang as an Associate Innovation Strategist and Salley Whitman as a Senior Innovation Strategist. They both bring a wealth of knowledge and experience to the team, and we are incredibly excited to have them onboard.

THE CONTINUATION GRANT

Due to the unforeseen challenges created by the COVID-19 pandemic, several original deliverables were removed from the launch grant. Relatedly, it had become unfeasible for our Catalysts to continue to provide exceptional patient care while dedicating the same level of commitment to innovation.

SJH has remained dedicated to the formalization of an innovation practice and the success of The Center for Innovation at SJH, but we required additional financial support to deliver on our plans for the future.

SJH requested a 5-month continuation grant from The Nicholson Foundation to focus on additional training / coaching and to finalize a comprehensive summary of learnings. This continuation grant has been approved and will provide additional funding through September 2021.

TIMELINE

28. Project Selection Criteria	*31. Hire 2 FTEs*	*34. Cont. Grant: Milestone I*
29. Second Projects	*32. Final Report*	*35. Cont. Grant: Milestone II*
30. Meetings	*33. Meeting & Report*	*36. Cont. Grant: Milestone III*

Q8			Q9	Continuation Grant								
January	February	March	April	May	June	July	August	September	October	November	December

2019

Q8 MILESTONES

28. Project Selection Criteria

Revisit selection criteria and methodology for future projects ($10,000)

29. Second Projects

Evaluate second round of projects ($10,000)

30. Meetings

Quarterly meeting

Q9 MILESTONES

31. Hire 2 FTEs

Hire Associate and Senior Innovation Strategists ($20,000)

32. Final Report

Assessment of the value of the Catalyst program, summary of learnings, final status report, recommendations for next steps, potential for sustainability ($27,812)

33. Meeting & Report

Final meeting

CONTINUED MILESTONES

34. Milestone I

Evolution of the Catalyst Program ($80,000)

35. Milestone II

The Sustainability Plan ($80,000)

36. Milestone III

The Final Report + Budget ($90,000)

KEY LESSONS LEARNED FROM Q8 - Q9

In the final leg of our grant, we strove to codify how innovation and human-centered design would be intrinsic to the sustainability of SJH.

We formalized a draft of the SJH Innovation process, a way to define levels of capability (badging), and spread our home-grown tools. Even as COVID cases decline, we have witnessed a sea-change in how people work, how patients want to engage in their care, and how leadership wants to tackle future strategy.

We have re-thought how to approach our prior Design Thinking models, and re-frame how they might be most impactful. What we have seen, is that learning must happen in real-world, existing projects. These should be in short bursts, or sprints. We are encouraged that the Micro-Sprint tool may provide some direction and insight into our next evolution.

KEY LESSONS LEARNED: CONTINUATION GRANT

We studied existing structures, methods and frameworks from IDEO, IBM, Stanford d.School, Aspen Labs, Philips Health, Memorial Sloan Kettering, The Center for Care Innovation (CCI) Academy, K12 Design Dashboard, The Institute for Healthcare Improvements' (IHI). We learned that is there is no "one-size-fits-all" model for training and education, and that each organization needed to develop tools + terms that were organizationally specific.

We also conducted interviews with prior Catalysts, as well as prior groups (Columbus Regional Hospital, CCI, Gravity Tank, etc) who deployed similar programs (Appendix).

CASE STUDIES

OUR WORK

Our work has expanded due to the growing needs of SJH. Below are a selection of initiatives and deliverables completed from 2019 to early 2021.

Catalyst Employee Wellness
2019

Catalyst OB Patient Engagement
2019

Catalyst Patient Access
2019

SJH Paterson Way-finding
2020

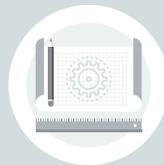Centralized Versus Decentralized
2020

Temporary Housing for Employees
2020

Medical ICU Micro-Sprint
2020

Community Assessment Tool
2020

Post-COVID Meeting Guidelines
2020

Post-COVID Remote Work
2020

60-Seconds of Mindfulness
2020

Front-line Mental Wellbeing
2020

Taub Perinatal Insights
2020

Totowa Arrival Design
2020

Key Leading Indicator Surveys
2021

Paterson Guaranteed Income
2021

COVID Long-Haul Patients
2021

Employee Vaccine Decisions
2021

PICKING 3

SELECTING FROM OUR INITIATIVES

We selected these 3 initiatives based on how they show the value of the SJH innovation practice impacted by the COVID pandemic.

CASE STUDIES

1. ACCOMMODATION

Quickly developing a housing service for our front-lines in their time of need.

2. WELL-BEING

Mental health support for our front-line teams caring for patients with COVID-19.

3. SJH STRATEGY

Micro-Sprints to develop an agile, flexible, and rapid-cycle strategic planning framework.

1. ACCOMMODATION

Quickly developing a housing service for our front-lines in their time of need

BACKGROUND

The first-wave of COVID-19 cases was devastating. There was immediate fear, because this was a new disease that we did not know how to treat. This was quickly followed by exhaustion and PTSD from working long hours, everyday, while watching patients pass away. Our front-line employees were afraid of passing COVID to their families and needed a physical, mental, and spiritual respite.

SJH brought together a team that developed and launched a temporary accommodations services within 48 hours. The service expanded, scaled and evolved to meet the ever growing demand. As the first-wave of COVID-19 dissipated, we had booked over 550 reservations and saw a nearly 80% improvement in stress-levels, and nearly 70% improvement in anxiety-levels.

This case study will cover how we proactively responded to a need, launched a service, improved our service, measured success, and shared our learnings.

INNOVATION + SERVICE DESIGN

The morning of April 2nd, 2020, with more than 1 million COVID-19 cases worldwide and over 53,000 deaths (Johns Hopkins University) SJH Leadership asked a group of employees, including The Center for Innovation at SJH, to urgently build a new service that would provide accommodations for any and all employees in need.

We leveraged a rapid Micro-Sprint cycle to develop our service:

In 24 hours we had a mission, a team and an infrastructure

In 48 hours we launched the service

In 72 hours ~50 employees were provided accommodations

In 96 hours we prototyped a digital tool and were scaling the service

In a week, online intake, an end-to-end service and ~170 employees

FEEDBACK

The hotel accommodation helped reduced my anxiety since I have small kids and a mom who's asthmatic.

Thank You!!! My family and I are beyond grateful.

Thank you so much! Thank you for allowing us to take care of our families <3

This has been a HUGE help. Thank you so much for doing this. It is really making a difference.

Everyone was awesome and this was a great idea. It definitely helped relieve the stress of coming home to my wife and infant daughter. Thank you to everyone who put this together.

Love the accommodations, it's the isolation from the family that is killing me, but I know I have to tough it out for my young boys. Hope this chaos ends soon and we can get back to normal!

DATA & ANALYSIS

Reservations Processed
560

Existing SJH Reservations
0

Existing Temporary Employees
0

Extended Stays
143

Canceled or No Show
23 SJH / 29 Temp

Checked Out
ALL

Reimbursements Requested
2963

Reimbursements Approved
2641

Audit Amount Paid to Date
$55,987.13


- ■ Number of Employee Check Ins
- ■ Extension Check Out Dates
- ■ Projected 2+ Extension Check Out Dates
- ■ Temporary Employee Check Out Dates
- ■ SJH Employee No Show / Cancellation
- ■ Temp Employee No Show / Cancellation

1. Employee Communication
2. Communication of Online Portal
3. Managers & Directors Share-out
4. Temporary Employee Spike
5. Change in Temp Employee Process
6. No longer accepting extensions

Insight / Analysis
All SJH employees had been checked out as of 6/2, and the final temporary employee checked out 7/5. The satisfaction rate never declined and the service offering has ended.
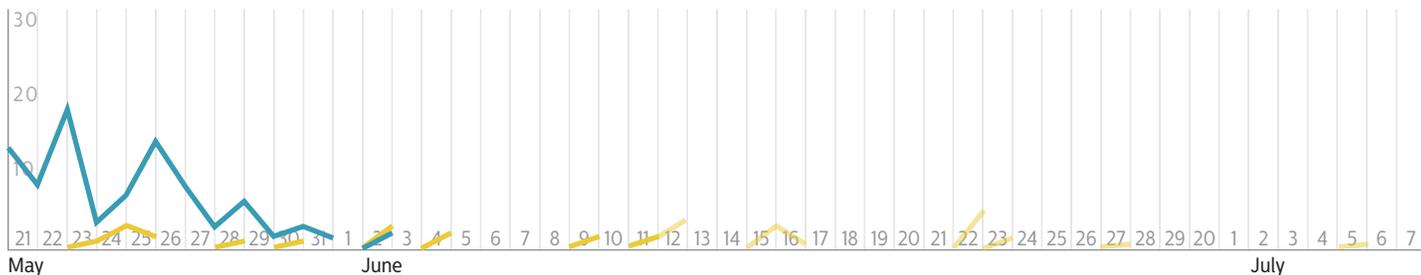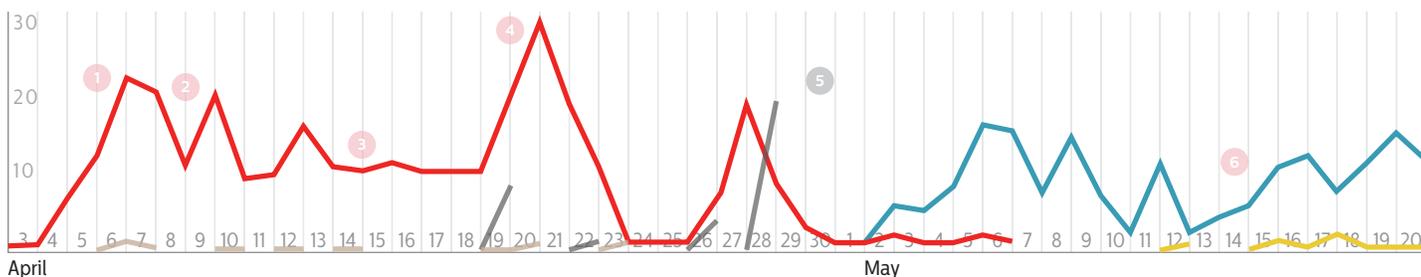
SURVEY RESULTS & SERVICE BLUEPRINT

We continued to expand, scale and evolve the many additional processes necessary to meet the ever growing demand. The number of COVID positive patients declined we ended the service. At that point, we had booked over 550 reservations, had a 99% satisfaction rate of the overall experience and 100% satisfaction of the application process. Even more telling were the self-reported 78% improvement in stress-levels, and 68% improvement in anxiety-levels.
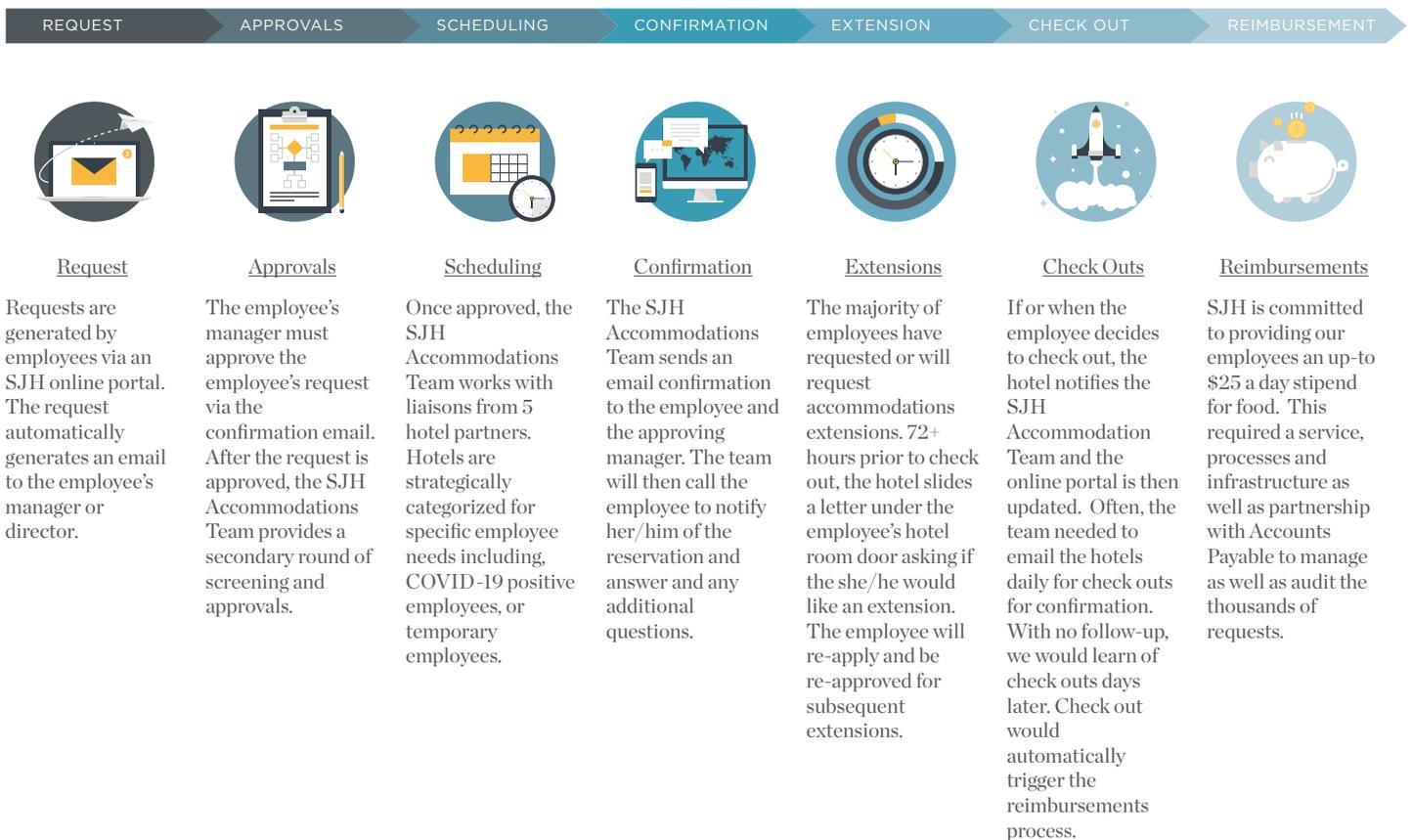
Since receiving accommodations, your level of stress has...

78% Improved

Improved	The Same	Worse	N/A
78.31%	18.07%	3.61%	0.00%

Since receiving accommodations, your level of anxiety has...

68% Improved

Improved	The Same	Worse	N/A
67.90%	27.16%	2.47%	2.47%

THE ACCOMMODATIONS SERVICE BLUEPRINT

REQUEST	APPROVALS	SCHEDULING	CONFIRMATION	EXTENSION	CHECK OUT	REIMBURSEMENT

Request

Requests are generated by employees via an SJH online portal. The request automatically generates an email to the employee's manager or director.

Approvals

The employee's manager must approve the employee's request via the confirmation email. After the request is approved, the SJH Accommodations Team provides a secondary round of screening and approvals.

Scheduling

Once approved, the SJH Accommodations Team works with liaisons from 5 hotel partners. Hotels are strategically categorized for specific employee needs including, COVID-19 positive employees, or temporary employees.

Confirmation

The SJH Accommodations Team sends an email confirmation to the employee and the approving manager. The team will then call the employee to notify her/him of the reservation and answer and any additional questions.

Extensions

The majority of employees have requested or will request accommodations extensions. 72+ hours prior to check out, the hotel slides a letter under the employee's hotel room door asking if the she/he would like an extension. The employee will re-apply and be re-approved for subsequent extensions.

Check Outs

If or when the employee decides to check out, the hotel notifies the SJH Accommodation Team and the online portal is then updated. Often, the team needed to email the hotels daily for check outs for confirmation. With no follow-up, we would learn of check outs days later. Check out would automatically trigger the reimbursements process.

Reimbursements

SJH is committed to providing our employees an up-to $25 a day stipend for food. This required a service, processes and infrastructure as well as partnership with Accounts Payable to manage as well as audit the thousands of requests.

THE CHALLENGES

PEOPLE

A Lack of Resources: Like many others across SJH, we functioned with limited resources initially, running 24 hours a day, 7 days a week.

Difficult Alignment: Because this was a new experience and the service was comprised of many moving parts (multiple departments with different processes and skill-sets) alignment wasn't smooth due to varying levels of comfort of tools, technology and process creation.

PROCESS

A New Service: This service has never existed at SJH before, but like other departments, we needed to create, implement, and optimize our new service in response to new needs.

Time: We were notified that the service needed to be accessible within 24-48 hours. The team moved quickly, agreed to criteria for benefit eligibility and developed partnerships with local hotels.

Communication: There was a need to move swiftly to thoughtfully and succinctly communicate our offerings as well as updates to those offerings. These were disseminated to managers during the Managers & Directors meetings as well as via email.

TECH

Temp Employees: Confirming accommodations with temporary employees was difficult due to the number of moving parts with different process owners.

Version 1.0: In the first several days, the team discussed using paper forms but quickly decided on editable PDF forms that would be filled out by employees and managers. These were manually inputed into an Excel file that was passed between team members taking shifts (morning/night).

Version 2.0: Over the following 7 days, the prior system required many hours and hundreds for manual processes. We developed a SharePoint site for intake form that would also maintain the electronic database of employees and managers as well as track updates. This was referred to as: The Accommodations Portal.

Version 3.0: The team was looking into alternative online options that can be accessed outside of the SJH VPN.

THE SECOND WAVE

After winding the service down in the Fall of 2020, we found the need to re-institute the program due to another surge in COVID patients.

We were able to restart the program within a day, and leveraged the same processes and tools. Taking the learnings from our launch, we improved through:

People Management Strategy: we identified a nearly full-time program manager and re-evaluated the process for the Finance Department along with the Accounts Payable ability to process reimbursement requests.

Leverage Prior Process Maps: We shared the developed process maps and found it worked well again. If we strayed from the process, we would run into issues.

The Reimbursements Process: We considered processing reimbursements contemporaneous to employees' stay and on a routine time frame.

Use Existing Software: We re-engaged with our prior SharePoint site. We also required the use of the same tools to automate and centralize processes, even if it requires an initial learning curve, to provide better long-term experiences.

2. WELL-BEING

Mental health support for our front-line teams caring for patients with COVID-19

BACKGROUND

Early on, The Center for Innovation at SJH was concerned about the psychological trauma our doctors, nurses, and other first responders would have. Burnout and Post Traumatic Stress Disorder (PTSD) would not be a matter of if, but of when. It would be inevitable.

This lasting emotional, spiritual, and physical trauma in front-line medical professionals needed to be addressed. We worked closely with the Department of Psychiatry and Behavioral Health to help employees navigate the complex set of emotions and experiences through a series of mental health guides focused on healthy coping. We also developed a program for training peer-to-peer support at the individual level and in group settings.

As we expanded our reach, we launched a tele-psych service for our employees as well as formalized a holistic well-being platform.

This case study will cover our collateral, service artifacts, communications, and deliverables.

INNOVATION + MENTAL HEALTH SUPPORT

In a cross-sectional study[2] of 1257 health care workers in 34 hospitals caring for patients with COVID-19 in multiple regions of China and elsewhere, a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress, especially women, nurses, those in Wuhan, and front-line health care workers.

These findings suggested that, among the healthcare workers exposed to COVID-19, women, nurses, and front-line health care workers would have a high risk of developing unfavorable mental health outcomes and may need psychological support or interventions.

We spearheaded an initiative to provide our employees with resources, created in-house, to help our staff understand and manage stress, burnout, depression, thoughts of suicide, anger, and symptoms tied to PTSD. The feedback that was received was incredibly touching and positive.

FEEDBACK

Thank you for driving the idea and for the heartfelt words to all SJH employees! I thought what you wrote was deeply meaningful and personal.

These flyers are very nicely done and will be helpful to the staff. In fact, at the prayer event yesterday someone was sharing with me that they were feeling angry about what was happening around them. Of course, I thought of this flyer!

What you've done makes a difference and has helped me tremendously.

[2] Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229

EMPLOYEE GUIDES FOR MENTAL HEALTH

Communicating symptoms of burnout:

A SYMPTOM IS
Emotional Exhaustion

Burnout occurs not just when you're physically tired, but when you're emotionally exhausted. Signs are when you don't have the motivation to get up, get moving, and finish that one last clinical note. Emotional weight becomes heavier by the day.

A SYMPTOM IS
Dissatisfaction

You may lack feelings of competence and achievement in your work. The feeling of becoming a shell of yourself, losing interest in things you normally enjoy. Maybe you dread going into a patient's room or going home to make yet another dinner.

For front-line employees, caring for themselves first, before caring for patients was much easier said than done. The guides (above) provided facts and assistance to help get employees through difficult times. We also addressed the need for managing stress, burnout, and exhaustion in an employee's work/life balance. Learning to manage emotions made our teams, the people they care about, and their communities stronger.

PEER-TO-PEER SUPPORT PROGRAM

The use of peer support has helped change the culture of mental health from illness and disability to health and ability.[3] Peer support specialists are better at promoting hope and the belief in a possible recovery then their non-peer counterparts.[4] Also, peer support interventions help reduce symptoms of depression.[5] We developed education and a program with Psychiatry and Behavioral Health to provide Peer-to-Peer support training. Of the various models for peer-to-peer programs, we focused on two: (1) one-on-one and (2) group support. This support can be delivered through multiple modes, including in-person, by phone or over the Internet. A peer-to-peer program can apply and combine these models and modalities in various ways, offering a variety of options.

[2] Mead et al., 2001
[3] Repper & Carter, 2011
[4] Pfeiffer, Heisler, Piette, Rogers, & Valenstein 2010

ENCOURAGING OUR FRONT-LINE WORKERS

As our front-line teams continued to battle through the pandemic, we identified an opportunity to support them with words of encouragement and gratitude. The Center for Innovation at SJH reached out to our leadership -- Sr. Marilyn Thie, Kevin Slavin, Lisa Brady and Judy Padula -- to share heart-felt messages to our employees.

"As you continue this daily fight against COVID-19, I want to express my gratitude for your continued dedication to caring for our patients during this stressful time. As you face enormous challenges and difficulties each day, please know how appreciated your work is to all of us.

You are truly living the Mission of St. Joseph's, perhaps more meaningfully and dramatically than any of us can recall in recent times. You are all in my daily prayers as you continue to embody the true meaning of our Mission."

SISTER MARILYN THIE
Board Chair of St. Joseph's Health

"We all recognize that the past few weeks have been unlike anything we have ever faced before, but I am truly amazed by everyone's willingness to step up to the plate to support one another.

Please understand that I, along with all other leadership team members, recognize and appreciate your dedication to caring for those in our community. While we continue to face uncertainty, I am amazed by everyone's commitment to upholding our mission of providing exceptional care to all those in need."

KEVIN SLAVIN
President and Chief Executive Officer

"During these challenging times, we find some comfort in knowing that we are in this together. Thank you for the exceptional work you do every day - especially during this trying time.

We all continue to support you, and reiterate our commitment to safeguard you as you continue to provide the best care to our patients and community."

LISA BRADY
Senior Vice President & Chief Operating Officer

"In my 40 years as a nurse, I've never seen anything quite like this. This pandemic will change all of us, as it continues to impact our lives here at St. Joseph's and also at home.

Witnessing how our entire St. Joseph's Family pull together to support both our patients and one another gives me incredible confidence that we will get through this together. Thank you for your continued commitment to caring for the needy."

JUDY PADULA
Chief Nursing Officer

TELE-PSYCH SERVICES

Healthcare workers are disproportionately (3x more) at risk of committing suicide. Many have found themselves distanced from their friends and loved ones, making it difficult to maintain relationships and support. We identified the need to equip front-line healthcare workers with the resources necessary to protect their mental health. For immediate support, we launched a service for virtual and in-person psychiatric appointments.
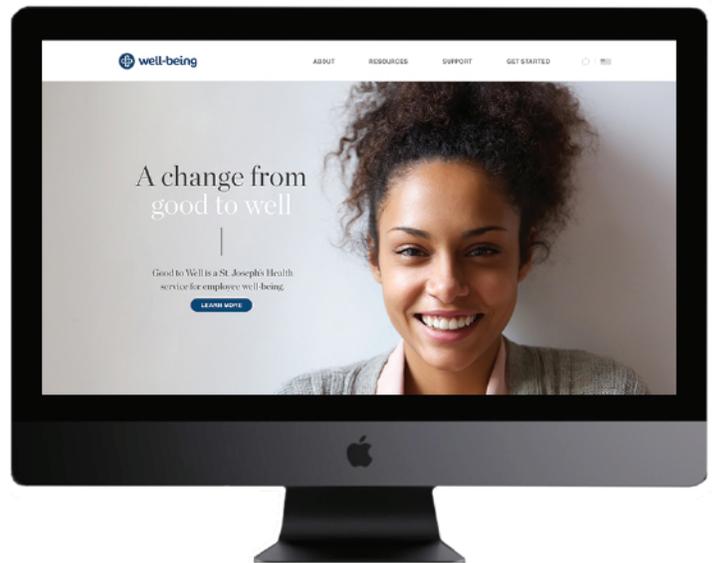
GOOD TO WELL

There is strong and growing evidence that work, health and well-being need to be addressed together. Partnering with various departments, we developed strategies to help our employees excel in every facet of their lives: physically, emotionally, spiritually, socially, and financially. Our goal was to provide a best-in-class platform that can be accessed anywhere.

OUR DESIGN PRINCIPLES

Accessibility: Each employee is different, and we will look to provide employees with tools how and when they need access covering physical, emotional, social, and financial dimensions.

Self-Efficacy: We will introduce basic interventions to identify serious health issues to help employees take an active role in improving their own health and wellbeing.
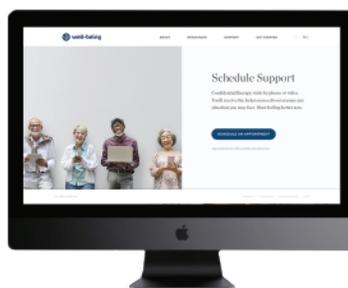
Excellence: We will provide a range of interventions and support mechanisms to ensure that employees are supported in delivering excellence in their work.
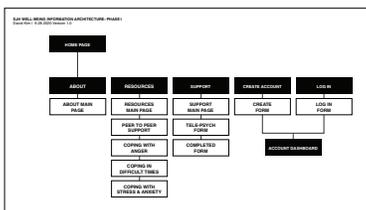

Landing Page: goodtowell.com

Download Resources

Tele-Psych Scheduling

Early Site Prototype

Information Architecture

Home Page Wire-frame

Scheduling Form

3. SJH STRATEGY

Micro-Sprints to develop an agile, flexible, and rapid-cycle strategic planning framework

BACKGROUND

The post-COVID landscape in which SJH operates is complex, dynamic, challenging, and yet presents opportunities to thrive. An aging population, rising costs, expectations of value, novel care delivery models, and talent retention are factors influencing healthcare, but they have also been disrupted due to COVID-19 given the increased pace of change and a new set of emerging user needs.

It is in this disrupted landscape of health that SJH began seeking to develop an new and agile method for strategic planning. This led to leveraging the approaches and tools of innovation for the development of a rolling strategy, with 1-year cycles, to adapt to our unknown future.

Through the direction from SJH leadership, with input from employees as well as economic, policy, and technology data, SJH has developed a strategic plan that identifies priorities for the association for the next five years. The plan focuses on three areas where SJH can have the greatest impact to ensure our mission and vision are fulfilled.

This case study will cover how we shifted from a traditional model of strategic planning to the start of initiatives and intended metrics of success.

INNOVATION + STRATEGIC PLANNING

Strategic planning is a tool that is useful for guiding decisions while evaluating progress and changing approaches when moving forward. In our post-COVID-19 environment it is all the more critical to leverage rapid-cycles of innovation to survive. Our innovation process starts with a human-centered approach, which means allowing the user's needs drive a solution.

Stakeholders   *Users*

In 2019, SJH began seeking to develop a new and agile method for strategic planning. This led to leveraging the approaches and tools of innovation for the development of a 5-year rolling strategy, with 1-year cycles, to adapt to changes and disruptors.

Core executive leaders sought to include the voices of employees from every department which were synthesized and distilled into key opportunity spaces:

> The aging population
> Ability & experience for accessing care
> Address the social determinants of health
> Positively disrupt the landscape of healthcare
> Nurture a diverse, modern workplace

These were further refined into 3 key Strategic Priorities:

> Health Equity
> Access
> Transformation

Through workshops and facilitated dialogues, goals were selected, future-states were envisioned, and working groups were formed. In Q2 of 2021, we began kicking off work groups to achieve these goals.

INITIAL RESEARCH, SURVEYS & FOCUS GROUPS

Surveys were developed from the Innovation Micro-Sprint model and sent to 250 Managers, Directors, and Executive Leadership. Additionally, the surveys were sent to Physician Leadership and Department Managers. Sole focus group selection criteria had been taken into consideration to incorporate diverse backgrounds (departments and titles) but was agnostic of subject-matter expertise. Focus groups and interviews were conducted in 30 minute segments in various settings.

45%
RESPONSE RATE
(116 Respondents)

840
DATA POINTS
As of 11/15/20, based on 6 Micro-Sprint Questions. Not including Interviews

30
PARTICIPANTS
Through one week of 7 sessions. Additional interviews are scheduled.

24
DEPARTMENTS
Foundation Ops, Nursing, Cancer Center, Clinical Community Engagement, Clinically Integrated Network, Pharmacy, Information Services, Pediatrics, HCPC, Rehabilitation, Trauma, Stroke, Revenue Integrity, Psychiatry, Cardiac Cath, Financial Systems, Nursing Informatics, Benefits, Corporate and Foundation Relations, Talent Acquisition, Children's Hospital, Radiology, Access, and Patient Experience.

WORKBOOKS & WORKSHOPS

SYNTHESIS, ADDITIONAL RESEARCH & WORKSHOPS

We continued to use our home-grown Micro-Sprints -- a rapid-cycle, human-centered innovation process -- to capture research, to produce ideas, and to gather feedback quickly. Through retreats and a number of meetings, our teams identified strategic opportunity spaces (left below) which were prioritized by the Board and Executive Leadership. These were re-assessed and re-categorized based on overarching themes (right below).

Additionally, leadership evaluated: SJH as a Leader (our position) and a trusted partner in health (locally and broader sense); our expertise (our product) in needing to build our clinical offerings and stay as current as possible; and our community (our people) with an emphasis on community health. The output of this work was approved from the Strategic Planning Committee in February 2021, and adoption by the Board of Trustees in March 2021.

PRIOR MISSION STATEMENT

St. Joseph's Health is a healing ministry of the Catholic Church sponsored by the Sisters of Charity of Saint Elizabeth. We are committed to provide exceptional quality care which sustains and improves both individual and community health, with a special concern for those who are poor, vulnerable and underserved.

2021 MISSION STATEMENT

St. Joseph's Health is a healing ministry of the Catholic Church sponsored by the Sisters of Charity of Saint Elizabeth. We are committed to sustaining and improving individual and community health, with a special concern for those who are poor, vulnerable and underserved.

PRIOR VISION STATEMENT

St. Joseph's Health is the premier Catholic healthcare provider in New Jersey dedicated to improving the health of people and communities whom we serve. We will understand and respond to the needs of our communities, leverage the strengths of our system, provide a transformational healing presence and collaborate with others who share our values.

2021 VISION STATEMENT

Creating a healthier future for all - inspired by faith, driven by innovation, and powered by exceptional people.

SJH STRATEGIC PLANNING FRAMEWORK

	Priorities	HEALTH EQUITY	ACCESS	TRANSFORMATION
STRATEGIC ↑	Goals			
	Focus			
	Success			
	Initiative(s)			
TACTICAL ↓	Metrics			

OPERATIONALIZE STRATEGIC TO FOUNDATIONAL

IT COULD WORK ⟶ **IT DOES WORK** ⟶ **THE WAY WE WORK**

Strategic Prototyping   Validation   Operationalization

CYCLES & STRATEGY

Taking several months to lay the groundwork to plan initiatives and agree upon metrics, we have taken on one goal an multiple initiatives annually (one year cycles). At the conclusion of a cycle, our Executive Core Team will decide to operationalize the work, continue to prototype, or move on to a new goal. This framework, in and of itself, is a prototype for a new approach to strategic planning cycles.

OUR ORIGINAL INTENT

INTENDED PROGRAM GOALS

Once SJH received The Nicholson Foundation's grant, we entered a launch phase that was projected to last for 21 months starting on April 1, 2019 and ending on December 2020.

The 21 month objective for The Center for Innovation at SJH was to deliver project-based learning which would build internal understanding, and develop a plan for long term sustainability. All projects were to be small enough to be completed in a short time-frame. The project teams would not follow a linear progress, and the goal was to learn the process rather than focusing on an outcome.

The learning plan called for innovation team members to be advocates for innovation and owners of the process and work. These team members were responsible for reviewing projects and learning plans as well as being responsible for identifying the barriers to innovation and decreasing the resistance to change.

Utilizing the Human Design Thinking competency model, our goal was to get as many staff members to move from the *Novice* level to the *Beginner* level. It was understood that fewer employees would reach the *Competent* level, so the plan was for the Director to have a higher level of competency in Design Thinking.

Lynne Maguire and Veenu Aulakh were brought on by The Nicholson Foundation to partner with SJH. They fulfilled the role of strategy consultants to support SJH in the selection of the Design Thinking Consultants, Aspen Labs, as well as for hiring the best Director candidate.

In order for SJH to have received the amount allocated for each activity, we needed to meet all quarterly objectives. These are captured on pages 3-6.

All quarters had measurable deliverables, and we had the option of delivering ahead of schedule if we able.

Key elements of implementation were:

1. Staffing
2. Role of the Innovation Team
3. Role of the Steering Committee
4. Project-Based Learning Model
5. Role of Consultants
6. Key Activities
7. Deliverables and Milestones
8. Capturing Key Meetings

FEEDBACK

"The Catalyst program is truly a remarkable experience! Alongside my colleagues, I was challenged to expand my thinking and apply the principles of design thinking to various opportunity spaces— all while truly considering the end user."

LINDSEY DUFFY
Executive Director of Strategy

FOCUS: LEARNING PLAN

The original scope of the grant focused on a learning plan to build a formal capacity with existing employees applying innovative methods to their daily practice. There were two main components:

1. Human-Centered Practice & Design Thinking
Embracing HCD means believing that all problems, even the seemingly intractable ones like poverty, gender equality, and clean water, are solvable. Moreover, it means believing that the people who face those problems every day are the ones who hold the key to their answer. HCD offers problem solvers of any stripe a chance to design with communities, to deeply understand the people they're looking to serve, to dream up scores of ideas, and to create innovative new solutions rooted in people's actual needs.

2. Sharing Out
Our original goal was to publish our learnings, present to key stakeholders in New Jersey, and share with other safety-net hospitals.

SJH contracted Aspen Labs to lead a cohort of employees through a learning plan. This plan was to deliver a guide for the Launch Phase of St. Joseph's Health's Innovation Team.

The plan defines the various "learner levels" and details the goals and responsibilities of each level. The three level learners to be developed through the Launch Phase include: Novice, Beginner, and Competent. These levels are based on the Design Competent Model © Christi Zuber 2017.

As illustrated below, this plan will expose the goals within each level, ideal participants, and the varying degree of exposure and training they will complete.

LEVEL	GOALS	WHO	HOW
Novice	50 individuals	Executives not on Innovations Team, Project Participants, Selected Chairs	Attend immersion training provided by Aspen Labs, Exposure at leadership meeting, Project team participation, and "Just-in-time" exposure model training
Beginner	25-30 individuals	Innovations Team Committee (23), 5-10 others based on prior experience	The above, Multiple projects, Some leadership training, 1 outside conference/education sessions, 4-day sprint model training, and Catalyst training (3)
Competent	5-10 individuals	Chief Innovation Officer, Director, Coordinator, Selected Innovation Team Members	The above, Leadership training, Catalyst training sessions, Most significant project experience, 1-2 conferences/education, and 1:1 coaching by Aspen Labs

A PROCESS DISRUPTED

INNOVATION DURING COVID

In February of 2020, we needed to suspend the Catalyst and our SJH innovation program. It still is difficult to adequately express the levels of heightened emotion during this time, but SJH employees did what we do best: served.

The response was immediate, and everyone rolled up their sleeves to help where it was needed. For months, employees were re-deployed and working 7-days a week for 16+ hours a day.

In terms of The Center for Innovation, we developed a new mission:

> If there was ever a time innovation needed to show value, it's now. If we do not show immediate value, we should pour these resources into something else that will provide help to those in need.

The Center for Innovation at SJH responded to any requests for help, as well as proactively worked to support front-line teams. You can read more about some of these initiatives on pages 11-20.

After the first-wave of COVID patients, we reached out to prior Catalyst participants. Through this needs assessment, we found that many respondents noted that they had not used any tools because they were reacting to urgent emergency situations. Catalysts wanted to use the tools, but they didn't come to mind or were not thought of as immediately useful.

We looked to immediately address this feedback and meet these needs.

INNOVATION IN A POST-COVID WORLD

Due to COVID protocols, we still could not hold large in-person meetings or workshops, as we had for the Catalyst program, and we found that our ways of working had irrevocably changed.

We needed to develop our own internal rapid-cycle methods and processes including a framework for explaining our process: Define, Learn, and Make (pages 31-34) and the Micro-Sprint process (pages 39-42).

Based on the learnings from our post-COVID needs assessment, we requested a grant revision to transition funds for consulting to a team of internal resources. This was approved in December of 2020, and we have since hired two team members to help deliver on the expanding areas where innovation adds value.

WHERE WE ARE TODAY

While COVID-19 disrupted our original plans, it opened up unforeseen opportunities to exhibit the value of a robust innovation practice.

Today, we have found that we deliver the value of an innovation practice in three ways.

1. Building Competency
Expanding on the Catalyst program and taking into account learnings from this past year, we have begun to formalize our own model for building innovation competency at SJH. We have provided a detailed overview of the model in the following pages, but in summary the model includes: HCD education, an incentive-based badge program, and tools to encourage rapid-cycle innovation to solve urgent problems.

This HCD approach to building competency is modeled after pioneers in the field like IDEO and Stanford d.school. These industry leaders made HCD actionable by overlaying the process of Design Thinking, which is a framework of how to deliver design. There are many variations, but the SJH process will include these key components:

1. Research: understand + empathize with your users
2. Insights: define needs, the problem, and synthesize
3. Create: ideate, challenge, and find opportunities
4. Prototype: create solutions, test, and evolve
0. Repeat the process

Stanford d.school: 1. Empathize, 2. Define, 3. Ideate, 4. Prototype, 5. Test, 6. Assess
IDEO: 1. Inspiration, 2. Ideation, 3. Prototyping, 4. Implementation
Johns Hopkins Carey Business School: 1. Empathize, 2. Define, 3. Ideate, 4. Prototype, 5. Test
Philips Design: 1. Discover, 2. Frame, 3. Ideate, 4. Build

2. Building Systems
Unlike many other design and innovation groups, the Center for Innovation at SJH works with the people experiencing a problem in order to help solve the root cause(s) of the problem.

We believe that everyone can contribute to design, and we use tools like HCD, process improvement (LEAN), and other methods to craft the best solutions.

We have already begun to take on work as an internal design consultancy, delivering on opportunities and capturing Return on Investment (ROI).

3. Building Connections
Today, our external message has revolved around sharing the impact of formalized innovation for those who wouldn't normally have the opportunity.

Recognizing that SJH would not have had the opportunity to do this level of formalization without the funding from The Nicholson Foundation, we plan to build in a "pay-it-forward" culture. To do this, we plan to share this through publishing, online conferences, and through new partnerships.

We have already co-developed workshop training with Contra Costa Health in California, which was successfully launched at the end of 2020. For over a month, Contra Cost Health facilitated workshops based on the SJH innovation process. We now have a number of other groups eager to partner.

SELECTING WORK

OUR MISSION

To develop models of innovation with those who need it the most

FOR WHOM?

INTERNALLY: we shape healthcare workers to be breakthrough innovators

EXTERNALLY: we co-create solutions with those without access to the tools of innovation

HOW?

1. By tackling problems (big and small), and prototyping to discover new, innovative solutions

2. By using design, strategy, and improvement to inspire and guide multi-disciplinary teams

3. By fostering radical collaboration both inside and outside of SJH

OPERATING RULES

PHASE I: It could work
PHASE II: It does work
PHASE III: The way we work

OUR PRINCIPLES

Our innovation process begins with a set of principles that provide a foundation for delivering solutions that meet or exceed a users' expectations. We believe that to be successful, we must speak to our team's heart as well as its head.

Principles are our guiding concepts. We see problems and solutions as an ongoing conversation, but these are the mindsets we must all agree to:

Human-Centered: A focus on user outcomes that drives business by helping users achieve their goals.

Reinvention: Restless advancement (Process Improvement) to stay essential by treating everything as a prototype, and learning from it.

Diversity: Multi-disciplinary empowered teams (agile) that are empowered to move faster.

More with Less: Efficiency (safety-net) in creating more impact with less resources.

HOW WILL WE SELECT WORK?

We believe that innovation is not a luxury, rather innovation is integral to any successful endeavor. Our differentiator is that we develop models of repeatable innovation with those who need it most, within an independent safety-net hospital system.

We deliver this through:

1. Building our system's competency in HCD practices, such as Design Thinking (Catalyst).

2. A design consultancy delivery model for SJH, the communities we serve, and for break-through ideas.

3. Sharing and advocating for this kind of work both internally and externally.

FRAMEWORK FOR SELECTING FUTURE WORK

HOW WE DO THIS?

BUILDING COMPETENCY
Human-Centered Design

BUILDING SYSTEMS
Design Consultancy

BUILDING CONNECTIONS
Sharing Out

Various Tools
Catalyst 2.0,
Micro-Sprints, & the
SJH Method

SJH
New, ongoing, and
embedded work

Communities
The communities SJH
serves (Paterson,
Wayne & beyond)

Moonshots
Wild break-through
work that disrupts the
healthcare landscape

Various Arenas
Online, websites,
conferences, publishing
& external consult

*Will this grow a teams or
individuals ability to
improve and innovate?*

*Will this
substantially
enhance SJH's
goals?*

*Will this build a
more equitable
future for those
most in need?*

*Will this be
exciting and
change a
paradigm?*

*Will this impact and/or
reach our current as well
as future stakeholders?*

YES

HOW DID WE
ANSWER?

NO

NOT NOW

*Do we have:
the resources, funds, time,
and right stakeholders?*

IT'S NOT FOR US

YES, WE WILL TAKE ON THE WORK

SJH INNOVATION METHOD

Research   Ideate

Start Here

1

3

*Diverge
(Explore & Create)*

LEARN   DEFINE   **MAKE**

*Converge
(Make Choices)*

2

4

Synthesis   Prototype

Innovation is an intention of shaping the future, and the future is uncertain. Some thrive in uncertainty, but for others, the fear of making the wrong move can paralyze us, trapping us in a cycle of doubt and discourse. After all, what do you do when you don't know what to do?

This is our rapid-cycle process for innovation to develop meaningful solutions.

FIRST, DEFINE THE PROBLEM

If you already know the solution, then there's no need for innovation. But, chances are that you don't actually know the right solution. 95% of new products fail. 92% of start ups fail. 5 Keep an open mind. Ask questions of yourself and your users. Search for the underlying problem, because what you see is usually only a symptom of the problem space.

NEXT, LEARN FROM YOUR USERS

Users are the reason that you have a job in the first place. They are the people that experience the problem. Understand what drives those users, more than what they say they want. This is done through asking, watching, and analyzing.

THEN MAKE IDEAS REAL

Just do it. Repeatedly. Use your user insights to inform how you do it. Don't be precious about your ideas. Start making something. The bare minimum is a good place to start, but it should never be where you end up. Relentlessly keep prototyping, testing, and improving.

5 90% Of Startups Fail: What You Need To Know About The 10%
https://www.forbes.com/sites/neilpatel/2015/01/16/90-of-start-ups-will-fail-heres-what-you-need-to-know-about-the-10/

1. *Define* the problem.

Research   Ideate

Start Here

LEARN   DEFINE   MAKE

Synthesis   Prototype
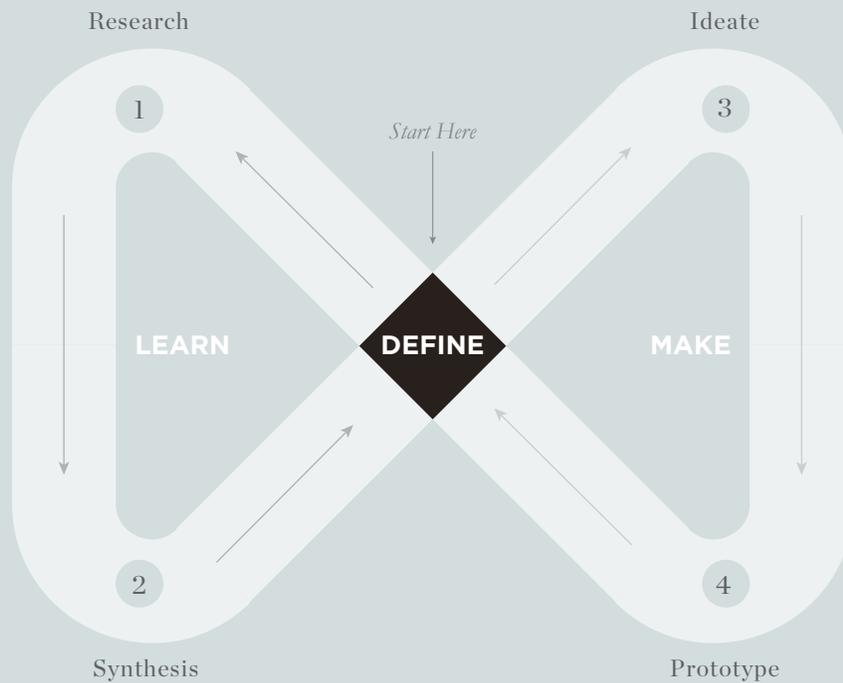
STEP 1. DEFINE & ASK WHY

Often, the problem you see is only the "tip of the iceberg" so you need a process to get to the bottom of it. First, make sure everyone fully understands the problem. Then state your problem, and answer these questions to start to define your work. If you aren't sure what the problem is, ask questions to get more information.

"What are you finding to be the hardest to keep up with?"

"Are these things consistently hard to get done, or is it more difficult at particular times?"

"What lessons did we learn from caring for this patient/family?"

Then state your problem:

"We believe the problem is _____."
Problem Statement

Next, answer these questions:

What are we doing right now?
Current-State

Who is this affecting?
Users

What are the user's goals?
Drivers

Challenge your assumptions by continuing to question what you believe to be true.

2. *Learn* from your users.

Research

Ideate

Diverge
(Explore & Create) →

1

3

Converge
(Make Choices) →

LEARN

DEFINE

MAKE

2

4

Synthesis

Prototype
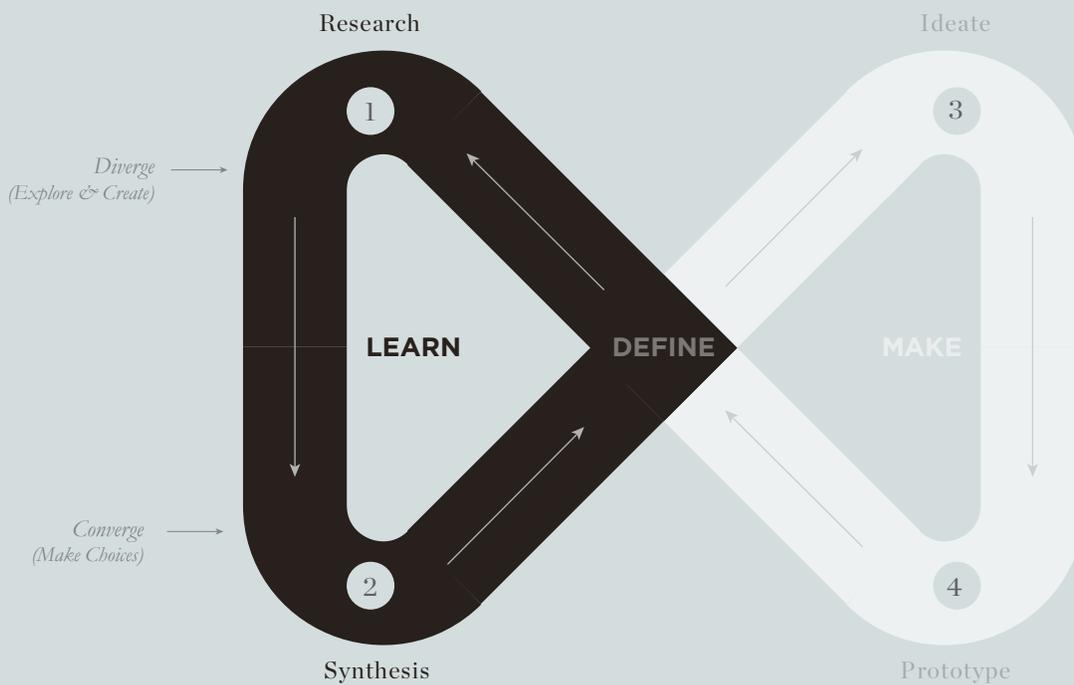
STEP 2: RESEARCH

You've defined your problem, now learn how the problem is being experienced from the source: your users. Defer your judgment and hold your biases to find out what is most important to your users.

Ask: Interact with and interview your users through scheduled and short encounters. Begin by asking: "How did you feel when...?" or "What are some reasons you like...?" Follow up with: "Tell me more...", "How so?", "Why is that important?"

Observe: View users and their behavior in the context of their lives. Take notes while only watching how people act and interact for 5 minutes. Try this at different times of the day.

Immerse: Wear your users' shoes. Experience what they experience for a mile or two. Physically sit where a user sits, walk where they walk, and wear what they wear.

STEP 3: SYNTHESIS

Share: The goal is to make individual learnings group knowledge. Make sense of your data by re-telling the stories you heard or experienced.

If/Then: Create "if (we do this), then (that will happen)" statements based on your goals and what you found in your research. For example:

> If we want to build brand recognition within the Hispanic community... then we must increase visibility of existing programs and establish local services addressing specific community needs.

Guiding Principles: Decide on 2-3 fundamental pieces of advice from what you learned that will guide your team. Such as:

Collaborate: Work symbiotically with our community partners.

3. *Make* ideas real
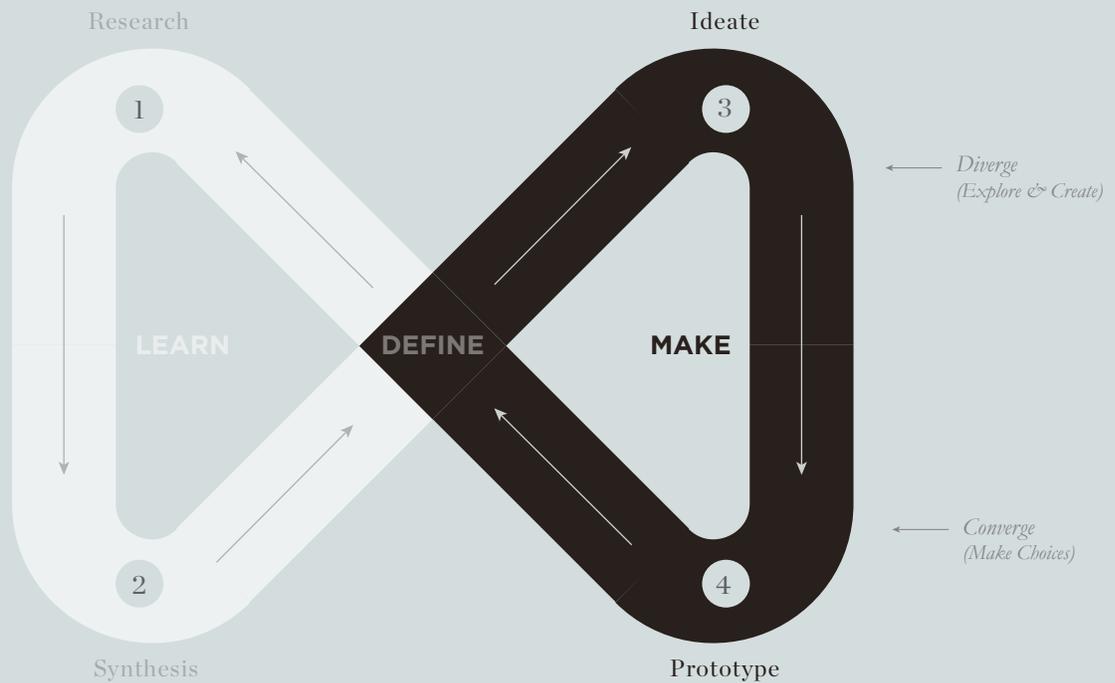
STEP 4. IDEATE

Use what you learned (insights) to come up with as many ideas as possible (brain-storm).

a. Dream: An idea cloud. Generate a lot of ideas, suggest anything, take ideas from other organizations.

b. Be Realistic: What can we do now? Make these real, whose support is needed, and how have others implement similar solutions?

c. Be Critical: What's stopping us? What are the weak points of the solutions, and who or what can break them?

d. Vote: select where to start. Choose the most promising ideas, then vote for the best idea(s) to prototype

STEP 5. PROTOTYPE

Start your prototyping. Move existing objects around, write or print signs, or make a full-size model. Get your idea into the world and see how people use or don't use it.

Re-group to share what you learned.

Make a plan of how to begin, share what you are trying and how you'll assess it. Then it's on to the next cycle, where you will go back to Step 1: Define, to make sure you are still solving the right problem.

INNOVATION PATHS

OUR LEARNING MODEL

Many groups and practices leverage badges or levels of growth. Part incentivization, part fun (or gamifying), the ability to measure and grow a personal practice is important.

We have worked to develop our own structure at SJH to capture growth and the capacity for delivering on innovation.

WHERE DOES SOMEONE FIT IN?

More than a destination, the capacity for innovation is a uniquely individual journey. Every person has the capacity to deliver innovation, but what someone contributes differs based on accessibility, career, personality, etc. One is not better or worse than another, and what is uniquely interesting about innovation work is that no matter what career or aspirations one has, these tools and dimensions will be of use.

Successful innovation teams operate as an ecosystem of unique skills and responsibilities, working together to deliver human-centered experiences. Innovation pathways represent these capabilities and work best when they're used together.

This being the case, we believe that there is no "one-size-fits-all" model for this type of training. We have 5 badges for growth, but have tailored the programming and training for the strata of management/leadership hierarchy found in healthcare. At 10,000 feet, we have the executive level, at 1,000 ft we have directors, 100 ft are managers, and at 10 ft are individual contributors.

OUR RESEARCH

Audit of Design Thinking / Innovation Programs
In an effort to develop the right program for SJH, we audited a number of existing programs, including: Center for Care Innovation (CCI), IBM and IDEO.

Research + Interviews
The Center for Innovation at SJH and Aspen Labs conducted research and interviews with prior Catalysts and found that 3 immediate needs emerged:

  • Individual consulting and innovation (Design Thinking+) program
  • Multi/Inter-disciplinary connection
  • Relationships and a safe space for learning

When asked, "What can we not lose from the Catalyst program?", the majority of prior Catalysts responded with: multi/inter-disciplinary connection with others across the hospital, and a safe-space for learning. With this, we conducted additional research into best practices for safe-spaces.

This research can be found in the appendix: pages 53-56.

OUR STRATEGIC IMPLEMENTATION

The COVID pandemic changed what The Center for Innovation at St. Joseph's Health (SJH) does and how we are able to do it. We found that we needed to build a sustainable program that can be tailored for our teams, and has a concrete pathway for growth.

Our process included an audit of other programs, interviews with our prior Catalyst cohort, and additional research based on our findings. Through this work, we are now finalizing our SJH innovation education program intended to meet the needs of the SJH system, and piloting it through:

• Nursing: will focus on a new Nursing Innovation program. The first cohort of nurses and nursing leadership will pilot program badges as well as meet specified criteria for Magnet recognition.

• "Curbside Consults": will be run with prior Catalysts to provide hour-long support for immediate problems.

• A New Cohort: seeking out employees who are earlier in her/his/their careers, to help mentor the upcoming generation with the tools of innovation.

• Partnership with HR: to build innovation competencies into job descriptions.

• InLabs: piloting Innovation Labs, or InLabs, that can be physical as well as conceptual/mental safe-spaces. These are times and places that all participants must adhere to innovation mindsets and are untethered to position, stigma or the "right way" to solve a problem.

BADGES

1. Advocate

Awareness

A basic understanding of the underlying principles and methods used for HCD innovation and Design Strategy. This is often a short (one-day) immersion into the tools and methods.

2. Catalyst

Tactical

A Catalyst is a trained innovator who thinks and works differently by applying design and innovation skill sets to problems at SJH.   A Catalyst has completed a Catalyst training and has delivered measurably impactful work.

3. Practitioner

Practice

An Innovation Practitioner is an individual who is a resource for innovation practices across the organization. A practitioner has spent additional time formally training in design and innovation methodologies.

4. Strategist

Strategy

An Innovation Strategist is a facilitator that not only practices HCD innovation and Design, but also helps coach and mentors others. An Innovation Strategist works 100% with The Center for Innovation at SJH.

5. Leader

Culture

An Innovation Leader is leading a portfolio of work throughout the SJH system while contributing measurable ROI.

Our Approach: Building Competency

BADGES & GROWTH

BADGE % of dedicated time	Advocate <5%	Catalyst 10-25%	Practitioner 50+%	Strategist 80+%	Leader 100%	Advancement
PLAN	Innovation Introduction Workshop	Project-based Learning Plan Micro-sprints + Project	Project-based Learning Plan Projects	Project-based Learning Plan Portfolio of work	Project-based Learning Plan Portfolio of system-level impact	Modules for Promotion
10,000 ft Exec/VP	All below + how to best advocate as a leader for innovation in your department.	Introduction to tools for executives (strategic management). Tools: • Design Thinking • Lean Startup/PI/Agile Deliverables: Completed micro-sprints (x2), Completed full sprint, Share-out Progression: Automatic progression through a successful share-out of work with sufficient critique.	Execution of methods for executives (strategic development). Tools: • Design Thinking • Lean Startup/PI/Agile • Data + Analysis Deliverables: Completed project sprints (x3), Received coaching, Share-out Progression: Successful share-out of work with sufficient critique, and decided by an Innovation Committee. If insufficient, the participant should re-evaluate her/his/their work and re-share with integrated feedback.	Building a practice for executives (holistic strategies). Tools: • Design Thinking • Lean Startup/PI/Agile • Business Strategy • Data + Analysis Deliverables: Development of a project work portfolio, Provided coaching, Facilitation of share-outs Progression: TBD	Designing + deploying systems of practice for executives (systems strategies). Tools: • Design Thinking • Lean Startup/PI/Agile • Business Strategy • Data + Analysis • Design Leadership Deliverables: Development of a system work portfolio, Provided coaching, Facilitation of share-outs. Design leadership Progression: TBD	Promotion to Exec or VP Additional tools needed when promoted are: pitching, recruitment training, stakeholder management, business planning
1,000 ft Directors	Introduction to Innovation: mindsets, Could/Would/Way, and Human-Centered Design Tools: • Design Thinking Deliverables: • Completion of course with self-assessment results and plan for using one new skill on a current project. • Understand at a conversational level what the innovation process is • Embracing of innovation process Progression: Automatic based on participation	Introduction to tools for directors (strategic delivery). Tools: • Design Thinking • Lean Startup/PI/Agile Deliverables: Completed micro-sprints (x2), Completed full sprint, Share -out Progression: Automatic progression through a successful share-out of work with sufficient critique.	Execution of methods for directors (strategic development). Tools: • Design Thinking • Lean Startup/PI/Agile • Data + Analysis Deliverables: Completed project sprints (x3), Received coaching, Share-out Progression: Successful share-out of work with sufficient critique, and decided by an Innovation Committee. If insufficient, the participant should re-evaluate her/his/their work and re-share with integrated feedback.	Building a practice for directors (holistic strategies). Tools: • Design Thinking • Lean Startup/PI/Agile • Business Strategy • Data + Analysis Deliverables: Development of a project work portfolio, Provided coaching, Facilitation of share-outs Progression: TBD	Building a practice for directors (systems strategies). Tools: • Design Thinking • Lean Startup/PI/Agile • Business Strategy • Data + Analysis • Design Leadership Deliverables: Development of a system work portfolio, Provided coaching, Facilitation of share-outs. Design leadership Progression: TBD	Promotion to Director Additional tools needed when promoted are: pitching, recruitment training, stakeholder management, business planning
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10 ft Individual Contributors		Introduction to tools for individual contributors (immediate execution). Tools: • Design Thinking • Lean Startup/PI/Agile Deliverables: Completed micro-sprints (x2), Completed full sprint, Share-out Progression: Automatic progression through a successful share-out of work with sufficient critique.	Execution of methods for individual contributors (strategic development). Tools: • Design Thinking • Lean Startup/PI/Agile • Data + Analysis Deliverables: Completed project sprints (x3), Received coaching, Share-out Progression: Successful share-out of work with sufficient critique, and decided by an Innovation Committee. If insufficient, the participant should re-evaluate her/his/their work and re-share with integrated feedback.	Building a practice for individual contributors (holistic strategies). Tools: • Design Thinking • Lean Startup/PI/Agile • Business Strategy • Data + Analysis Deliverables: Development of a project work portfolio, Provided coaching, Facilitation of share-outs Progression: TBD	Designing + deploying systems of practice for individual contributors (systems strategies). Tools: • Design Thinking • Lean Startup/PI/Agile • Business Strategy • Data + Analysis • Design Leadership Deliverables: Development of a system work portfolio, Provided coaching, Facilitation of share-outs. Design leadership Progression: TBD	

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BADGE % of dedicated time	**Advocate** <5%	**Catalyst** 10-25%	**Practitioner** 30+%	**Strategist** 60+%	**Leader** 100%	**Advancement**
PLAN	Innovation Introduction Workshop	Project-based Learning Plan Micro-sprints + Project	Project-based Learning Plan Project	Project-based Learning Plan Portfolio of work	Project-based Learning Plan Portfolio of system level impact	Modules for Promotion
POSITION **10,000 ft** Exec/VP	All below + how to best advocate as a leader for innovation in your department.	Introduction to tools for executives (strategic management). Tools: • Design Thinking • Lean Startup/PI/Agile Deliverables: Completed micro-sprints (x2), Completed full sprint, Share-out Progression: Automatic progression through a successful share-out of work with sufficient critique.	Execution of methods for executives (strategic development). Tools: • Design Thinking • Lean Startup/PI/Agile • Data + Analysis Deliverables: Completed project sprints (x3), Received coaching, Share-out Progression: Successful share-out of work with sufficient critique, and decided by an Innovation Committee. If insufficient, the participant would re-evaluate his/her/their work and re-share with integrated feedback.	Building a practice for executives (holistic strategies). Tools: • Design Thinking • Lean Startup/PI/Agile • Business Strategy • Data + Analysis Deliverables: Development of a project work portfolio, Provided coaching, Facilitation of share-outs Progression: TBD	Designing + deploying systems of practice for executives (systems strategies). Tools: • Design Thinking • Lean Startup/PI/Agile • Business Strategy • Data + Analysis • Design Leadership Deliverables: Development of a system work portfolio, Provided coaching, Facilitation of share-outs. Design leadership Progression: TBD	Promotion to Exec or VP Additional tools needed when promoted are: pitching, recruitment training, stakeholder management, business planning
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Phase I: Nursing Innovation   Phase II: System Roll-out   Future Strategic Development

ADVOCATE WORKSHOP

Innovation Intro Workshop

TIME: 2 - 4 HOURS

What is innovation? It's a creative way of problem-solving and coming up with innovative ideas that puts our patients and employees at the center. It takes into account all of our needs and includes us in the process of coming up with and testing ideas. This is a workshop that will provide a baseline of understanding the methods, mindsets and practices of innovation.

0. Introduction
The mindsets and approaches to human-centered design. What we do, and how do it. Why it's important. How it can help you.

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

2. Each team member shares 3 ways they connect to this topic.
Get to know each other.

3. Observe a new perspective
Invite an interviewee from another group to a conversation. Get to know your topic through someone else's eyes. Take notes. 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?"

4. Use your interview to frame a human-centered design problem.
a. We talked to… (draw picture); b. We'd nickname them… (e.g. Mr. Clean); c. They say they need to… (main problem, challenge?); d. Here's what we think the underlying problem is… (what do you see, they don't see? What's the need behind their need?

5. Draw an idea: draw an idea that solves the problem you found.

6. 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.

7. Test your prototype: hand your prototype to your interviewee.
What do they think? What works and why? Questions we have? What doesn't and why? New ideas?

8. Pitch your idea
Develop a pitch of your idea. Share how you got to the solution, and how it solved (or didn't) solve the problem.

9. Synthesis
Connect these the activity into the Define, Learn, Make framework.

10. Make it real
Provide tools and ways to access these new mindsets, approaches and tools.

Micro-Sprint

Date:	Department:
Cycle Number:	St. Joseph's Health CENTER FOR INNOVATION

A micro-sprint is a way to produce rapid-cycle innovation, right now. We'll plan on taking 30+ minutes to go through the entire process. We want to: 1. create a fast and meaningful way to deliver innovation, 2. Consistently use a process for repeatable problem solving, and 3. capture what's been done in order to understand what to do next.

I'm here to help guide us through this micro-sprint process, and will help keep us on track. First, we need to get into the right mindset. Our goal is to solve the user's problem, not our own problems. We'll need empathy, which is stepping into someone else's shoes to understand their perspectives. We need to accept that we don't have the answers, so we'll need to embrace ambiguity. Let's have the confidence to make leaps, trust our intuition, and chase solutions that haven't been totally figured out yet.

Also, let's agree to "just do it." This is the time to take action. Not everything we try will work, but we will listen, think, build and refine our way to an answer for the people that we're trying to serve.

Let's start by **defining** our problem.	What have we **learned** from our users?	Now, let's begin to **make** and test.
1. What is the problem?	5. What did you hear & see?	9. Brainstorm Ideas
		a. _____
		b. _____
		c. _____
		d. _____
2. What are we doing right now?	6. What did the users feel?	10. What can we do right now? *(Pick one idea)*
3. Whom is this affecting?	7. Guiding Principles	
	a. _____	
	b. _____	11. What will stop us?
	c. _____	
4. What are the user's goals?	8. If we want _____	
		12. What will we prototype?
	then we must _____	

Follow-up and repeat. Once we've completed these 13 steps, let's prototype (test) our idea. We'll get feedback from the users, and use that feedback to complete our next micro-sprint cycle.

MICRO- SPRINTS CASE-STUDY

CASE-STUDY

Helping interdisciplinary communication in the Medical ICU through rapid-cycle innovation

PROBLEM

Medical ICU physicians, nurses, and others do not efficiently or consistently communicate patients' daily plan of care

DESIGN

Using an innovation micro-sprint process to understand user's needs and develop ritual shift briefings

OUTCOMES

Improved interdisciplinary communication, increased quality outcomes, and better overall job satisfaction

TEAM

Jennifer Ricker, Aly Triolo, Dr. Ronald Lis, Dr. Mourad Ismail

TEAM INVOLVED IN DAILY SHIFT BRIEFING:
Intensivist for CB3N, Intensivist for CB3S, Critical Care Consult Intensivist, Systems Director of Critical Care (Dr. Lis) Nurse Manager of Medical ICU, Night charge nurse/RRT responder of Medical ICU, Day shift resource nurse Medical ICU, Respiratory techs for CB3N&S

RESEARCH ON INTER-PROFESSIONAL TEAM INTERVENTIONS

In the "Clinical nurses' experiences and perceptions after the implementation of an inter-professional team intervention: A qualitative study" Baik & Zierler (2018) interviewed ten registered nurses regarding their perceptions of a new unit-based purposeful inter-professional (IP) team intervention. The purposeful intervention was the implementation of structured IP bedside rounds (SIBR), which is conducted at patient's bedside every morning with the interdisciplinary team.

The interdisciplinary team received education on interdisciplinary communication as well as the new SIBR process prior to role out.

After implementation, nurses reported themes including positive inter-professional team building, a culture change towards psychological safety, efficiency in care delivery, improved patient care quality, improved job outcomes, and some team challenges. Nurses reported greater satisfaction with their jobs, as well as, with their IP team.

In the 2015 qualitative study, "Structured nursing communication on interdisciplinary acute care teams improves perceptions of safety, efficiency, understanding of care plan and teamwork as well as job satisfaction" investigators surveyed nurses, therapists, patient care assistants, and social workers for their perceptions of communication, plan of care buy-in, safety, efficiency, and job satisfaction on a geriatric unit with SIBR and on units without SIBR.

In the 2005 study, "Qualitative evaluation of regular morning meetings aimed at improving interdisciplinary communication and patient outcomes" investigators evaluated the perceptions of nurses and medical staff after the implementation of Surgical Morning Meetings (SMMs) in a infants-and-toddlers ward of a pediatric hospital. The SMMs were informal meetings where participants discussed the care plan for each of the unit's patients, including surgical plan, nursing care, discharge planning, and overall unit daily priorities.

SMMs encouraged participants to collaborate on the plan of care, consider each discipline's expert opinion, and to share concerns. Reported themes included: a good start to the day were the team comes together with a common goal, knowledge and perspectives where teammates learn from each other, relationships and support between disciplines which strengthens the overall team, and improving desired quality outcomes for patients, families, and staff.

Aston, J., Shi, E., Bullot, H., Galway, R., & Crisp, J. (2005). Qualitative evaluation of regular morning meetings aimed at improving interdisciplinary communication and patient outcomes. International Journal of Nursing practice, 11(1), 206-213.

Baik, D., & Zierler, B. (2019). Clinical nurses' experiences and perceptions after implementation of an inter-professional team interventions: A qualitative study. Journal of Clinical Nursing, 28(3/4), 430-443.

Gausvik, C., Lautar, A., Miller, L., Pallerla, H., and Schaudecker, J. (2015). Structured nursing communication on interdisciplinary acute care teams improves perceptions of safety, efficiency, understanding of plan and teamwork as well as job satisfaction. Journal of Multidisciplinary Healthcare, 8(1), 33-37.

Date			QUALITY DATA			
	CB3N	CB3S	# of Central Lines:			
Census			Central lines for removal:			
RN Staffing			# of Foley Catheters			
Intensivist			Foley catheter for removal			
Consult Intensivist			# of Ventilator Patients		Possible Extubations	
Equipment Issues			Plan for SAT		Plan for SBT	
Administrative Issues			Restraints for renewal			
Transfer Orders			Misc			
Possible Transfer						
Potential D/Cs						
SW follow up with D/C Planning						

Developed & prototyped daily shift briefing record.

BRIEFING SERVICE FLOW

06:00 – Night charge nurse obtains updates on CB3N & S and updates electronic charge board

07:00 – If there is an active RRT, then day shift resource RN responds to RRT. If there is no RRT, then night charge RN and day resource RN complete charge hand off on units

07:15 – Night charge RN (if RRT in progress), day resource RN (if no RRT in progress), unit APN, and/or Nurse Manager join physicians in conference room for interdisciplinary shift briefing. Night charge nurse, day resource RN, and/or Nurse Manager report on unit census, nursing staffing, equipment issues, and administrative updates. Overnight intensivist uses electronic nursing charge board to briefly report on each CB3N&S patient. Interdisciplinary team identifies devices for removal, candidates for vent weaning, restraints for renewal, transfer candidates, and patients for discharge planning

07:45 – Resource RN and Nurse Manager share plan for device removal and vent weaning with primary RNs and respiratory therapists, and share discharge plan with Social Worker

08:00 – Primary RNs, respiratory therapists, Social Worker, and Resource RN follow up on action items identified in the interdisciplinary shift briefing

09:00 – Interdisciplinary team follows up, adjusts, and communicates care plan during clinical rounds on units

RESULTS

A rigorous, standardization for interdisciplinary communication led to a decrease in patients with Central Lines, Foleys and Vents.

CB 3N

2020	Cases	Avg Central	Avg Foleys	Avg Vents
May	51	12.2	9.2	12.2
Jun	52	7.7	7	11.8
Jul	71	6.1	6.8	5.1
Aug	71	5.5	2.3	3.9
Sep	80	5.2	5.8	4.2

CB 3S

2020	Cases	Avg Central	Avg Foleys	Avg Vents
May	47	9.5	7.7	8.8
Jun	45	6.9	5.7	7.3
Jul	62	4.2	3.9	7.5
Aug	53	4.1	4.6	4.4
Sep	41	4.9	5.8	4.7

A DESIGN CONSULTANCY

HOW WILL WE SELECT WORK?

Pentagram co-founder Colin Forbes, in his classic 1992 essay "Transition" discussed his thoughts on the lack of staying power of most design firms. That they generally do not survive beyond the founder. The critical issues in attaining sustainability beyond himself he writes:

In my opinion (the critical transition issues) are our constitution, personalities and critical mass, and of these, by far the most important are constitution and personalities. There are two quotes, one from a management consultant and the other from a venture capitalist, which at first glance are contradictory but in fact support my view. The first is: "An above average person will fail in a poor structure where an average person can succeed in a good structure." The second is: "I would rather back an A man with a B idea than a B man with an A idea."

With this in mind, we are building a team where each member adds a unique and integral component, without which we wouldn't be able to fully succeed or sustain.

As a group of business-minded designers, our mission is to design systems. Our practice includes: research, service design, process improvement, user experience, user interface, product, space, design strategy (business + design), business strategy, design thinking, communication design, and many others.

With this mindset of a consultancy, our goal is to deliver impeccable work. Work on par with, or even beyond, what the best consultancies are currently delivering. Additionally, we aspire to:

Inspire ourselves and those around us.

Be bold and take Risks.

Enable collaboration.

Continually learn.

Be creative.

Actively listen and communicate clearly.

Reinvent ourselves and our business.

Play and pay it forward.

SHARING

PAY IT FORWARD

As recipients of such a generous gift from The Nicholson Foundation, The Center for Innovation at SJH has been built on a foundation of sharing. This key value permeates our main intent of developing models of innovation with those who need it most. This includes our internal teams, but also goes beyond our walls as we share the tools of innovation with people to solve community-level problems.

Further, we will take an open source approach to sharing our work with the broader healthcare community. We know that open source platforms of innovation have the most potential to spread ideas in the most accessible manner. A recent article published by the non-profit, Design Museum, stated, "Too often in the United States, health and the design of healthcare systems are treated like fashion, with an eye towards short-term profits and benefits rather than long-term sustainable infrastructure and patient-centered outcomes."

They also point to how a focus on open source can have a larger impact. "Open source has grown into a culture of participation with many others that asks for transparency, community-based collaboration, and meritocracy. The best ideas float to the top, and you earn trust by what you do and how you amplify the group."

AMPLIFYING THE GROUP

The Center for Innovation at SJH will serve as an example of open source innovation by providing free access to toolkits, research findings, and case studies on our website. In addition, our website will be interactive with a digital wall for people to be able to share their work and ideas to the larger discussion.

With a commitment to always contribute to collective knowledge, the Innovation team will also work with internal and external partners to publish novel findings and research in industry publications and journals.

Lastly, the innovation team will participate in industry-wide share outs through conference presentations and collaborative think tanks in order to continue disseminating our learnings and gather insights from our colleagues.

GROWTH

WEB PRESENCE

A strong online presence allows The Center for Innovation at SJH to build brand recognition, and gain the credibility that will be needed to attract additional partners. According to Google, 97% of consumers use the web to search for local businesses,[6] and we have launched our website: www.theinlab.org in early 2021.

We are working to maintain, populate and expand the amount of content as the year progresses.

[6] https://ducttapemarketing.com/online-presence/
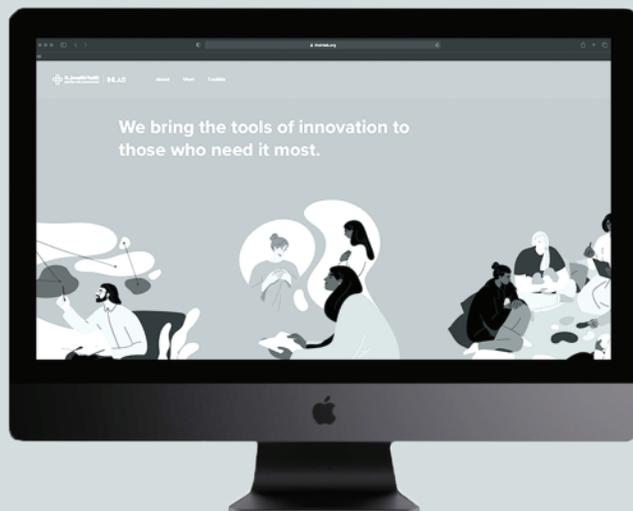
DEVELOPMENT

Additionally, we have delivered a revised continuation grant through the Nicholson Foundation that ran from May 1, 2021 through September 30, 2021.

The intent of this grant is to support adapting our Human-Centered Design and Design Thinking Catalyst program to be applicable in a post-COVID healthcare environment, as well as aiding in sustainability planning for The Center for Innovation at SJH. These funds are vital for our continued work; the center must respond to the disruption and new ways of working created by the COVID-19 pandemic.

Our goals are to:

    1. Adapt the Catalyst program (version 2.0) to fit the needs of SJH Catalysts post-COVID.

    2. Develop a long-term sustainability plan for the Center for Innovation.

    3. Prepare a summary of grant findings and lessons learned in establishing the Innovation Center.

As we continue our journey toward a sustainable, formalized capacity for innovation, we appreciate the continued support and partnership of The Nicholson Foundation.

We are grateful and humbled that even as they wind down operations, they have remained committed to the success of the Center for Innovation at SJH.

SUSTAINABILITY PLAN

DEVELOPMENT

We have developed a roadmap for achieving long-term goals and strategies to continue the program, services activities, and partnerships.

St. Joseph's Health (SJH) has a long-standing commitment to sustaining The Center for Innovation (CFI), which has been reflected in the in-kind funding of resources to help the program succeed (below). The CFI has shown so much promise that SJH wants to invest in further system integration which has been reflected in our current 5-year hospital strategic plan.

As the leadership of our organization, our Board of Directors and Executives have an explicit and committed role in supporting innovation as a formalized capacity.

They have designated staff, with successful track records, who are responsible for delivering innovation and analytic resources. These include: the Chief Strategy Officer, Chief Innovation Officer, the Director of Innovation, Senior Innovation Strategist, Innovation Strategist, and office manager.

NICHOLSON FOUNDATION GRANT FUNDING

SJH IN-KIND FUNDING

$1.05m $1.00m

Redacted Information

Over the last two years, the CFI has had a successful track record of acquiring additional funding as well as executing on strategic, impactful project work. We have established relationships with other community partners, service providers, volunteers, funders, and other stakeholders who are committed to working with us to achieve our mutual missions. Outside of the hospital, the Paterson community has voiced the short-term positive impact demonstrated by the CFI, and are encouraged by the potential of co-creating solutions.

Due to the pandemic, we were not able to fully spend the grant dollars as expected and therefore have an operating reserve. We are currently developing a policy that governs how our reserves can and cannot be used. Understanding that we cannot only rely on external funding sources, our leadership and core teams are committed to ensuring the long-term success and sustainability of the CFI by growing current revenue streams and developing new ones.

FUTURE PLANNING

FUTURE ANNUAL CFI BUDGET

$500k

Redacted Information

THE TEAM

Chief Strategy Officer, SVP
Chief Innovation Officer, Psych Chairman
Director of Innovation
Senior Innovation Strategist
Innovation Strategist
Office Manager

SUPPLEMENTAL BUDGETED COSTS

Supplies, technologies, infrastructure

FUTURE ANNUAL CFI BUDGET

We have strategically identified three areas in which we will continue to prove value for future sustainability: infrastructure (training), consulting (process improvement & design thinking), and future grant-based work. For project-based consulting, the CFI will deliver meaningful process improvement and capture ROI and dollars saved for the system. Immediate work will begin with a physician business planning program, an improvement engagement with Value Analysis Department, and potential work with process improvement with Accounting.

For infrastructure and consulting work, CFI will be budgeted as an overhead expense for services rendered, including consulting, training and data analysis. Some of this is detailed in our system's strategic priority (next page). For additional grants, we are working closely with our Corporate Development Department to identify, cultivate, and solicit donors for grant-based projects.

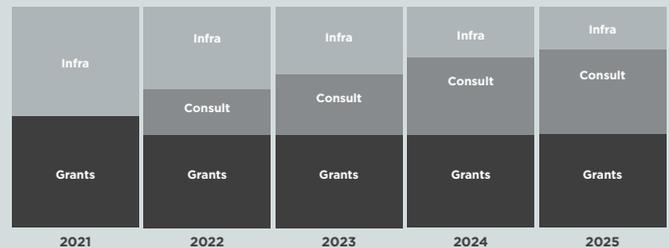| Infrastructure	Consulting	Grants
Innovation Practice	*Business Planning*	
Innovation Training	*Accounts Payable*	*Redacted Information*
Analytics Practice	*Value Purchasing*	

In 2021, we have acquired $1.01 million from the City of Paterson in Cares funding, with $208,878 going to the CFI; we have acquired future Taub funding; and we are in discussions with The Burke Foundation for future grants in 2022.

PORTFOLIO EVOLUTION

For two years, we have relied on grant and in-kind funding. For the next four years, our goal is to build and grow our infrastructure + consulting portfolio, and formalize a financial commitment from SJH operations. While these may never be equally distributed, our funding goal will be to secure our CFI operational budget for each source.

2021	2022	2023	2024	2025
Infra	Infra	Infra	Infra	Infra
	Consult	Consult	Consult	Consult
Grants	Grants	Grants	Grants	Grants

CFI GROWTH & INVESTMENT

Redacted Information

STRATEGIC PLAN

SJH STRATEGIC PRIORITIES

Over the last year, we have been working with our Strategic Planning Department to develop a rolling 5-year system strategy. Co-created with the Board of Directors, Executive Leadership, Directors/Managers, and front-line staff, we are focusing on three priories: Transformation, Health Equity and Access. Transformation incorporates The Center for Innovation, strategic planning and data analysis across three goals: learning, collaboration, and analytics.

STRATEGIC PRIORITY: TRANSFORMATION

GOAL 1
Learn: Build a culture of continual learning & innovation to drive future success

INITIATIVE	INITIATIVE	INITIATIVE
Develop and teach the SJH Innovation model	Support and delivery systems for innovation	Share outcomes for innovation best practices

TACTICS

INITIATIVE: Develop and teach the SJH Innovation model

IMMEDIATE (6 months - 1 year)
- Design a tailored SJH innovation curriculum (mindsets and methods), learning program (tailored for roles), and growth model (badging)
- Fully develop the Advocate and Catalyst pathways
- Launch the innovation learning program with nursing
- Develop a strategy for badging (potentially volume-based: 30% of SJH employees receive an advocate badge by 2022, and/or key Catalysts trained in specific departments)
- Provide key tools (micro-sprints, etc) to all SJH employees
- Think about how we will select cohorts through applications or nominations. Important to keep the groups cross-functional
- We should pitch it as "creative problem solving"

SHORT-TERM (1 - 2 years)
- Continue to develop and tailor the Advocate and Catalyst pathways
- Fully develop the Strategist and Leadership pathways
- Scale the program (volume-based and/or strategically selected roll-based)
- Integrate this training into SJH HR training practices (not Relias based modules)
- Need to think about how this will get sold to the medical staff as not just another thing they have to do (like Relias)
- We should channel the medical staff complaints into projects
- Sim Lab integration is a great idea ("It's its own innovation center in a way...")

LONG-TERM (2 - 5 years)
- Continue to develop and tailor the Advocate and Catalyst pathways
- Continue to develop and tailor the Strategist and Leadership pathway
- Scale the program (volume-based and/or strategically selected roll-based)
- Provide SJH training for other institutions

INITIATIVE: Support and delivery systems for innovation

IMMEDIATE (6 months - 1 year)
- Develop the SJH innovation internal consultancy model (how people access the services, what is provided, what is delivered, ROI, etc)
- Launch the SJH innovation delivery model: it could work (Design Thinking); it does work (Implementation); the way we work (Operationalization)
- Strategically select our portfolio of work
- Provide a sustainability plan for The Center for Innovation

SHORT-TERM (1 - 2 years)
- Integrate growth models (badging) into performance review and HR hiring practices
- Coordinate, track & measure innovation across the system
- Deliver on ROI / Process Improvement activities across the enterprise
- Standardize methods & tools to capture innovation progress & outputs from across the system
- Re-assess the ongoing portfolio of work and identify opportunities for expansion
- Obtain additional grant funded opportunities as they align with the innovation strategy
- Develop working relationships with community members and groups

LONG-TERM (2 - 5 years)
- Expand + scale The Center for Innovation
- Partner on projects with other centers for innovation
- Provide innovation internships for employees and community members

INITIATIVE: Share outcomes for innovation best practices

IMMEDIATE (6 months - 1 year)
- Schedule regular share-outs of outcomes, insights and updates (manager's meetings, emails, etc)
- Build processes within nursing to share and institute best practices across units and departments
- Develop annual and quarterly reports
- Provide a Center for Innovation update and future strategy for all SJH employees

SHORT-TERM (1 - 2 years)
- Provide pathways for any SJH to access tools, learn about outcomes, and share stories
- Develop a regular cadence to evaluate success of communication as well as integration of best practices
- Develop relationships with other centers for innovation
- Provide innovation updates to the communities we serve

LONG-TERM (2 - 5 years)
- Publish work and build pathways to enable others to publish successes
- Develop shared practices with other centers for innovation
- Add meaningful contributions to the fields of design, strategy and innovation bolstering SJH's reputation locally, state-wide and nationally

STRATEGIC PLAN

GOAL 2
Collaboration: Foster collaboration & sharing within the organization & partners

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INITIATIVE
Share Across Enterprise

TACTICS
IMMEDIATE (6 months - 1 year)
  - Understand existing mechanisms for sharing best practices

SHORT-TERM (1 - 2 years)
  - Create and launch communication framework for cascading learning across enterprise
  - Establish methods for monitoring effectiveness of best practices deployment throughout system

LONG-TERM (2 - 5 years)
  - Invest in continually refreshing and staying current
  - Incorporate this into our Magnet and other accreditations
  - Cultural change that celebrates each other's successes
  - Making it the way we work

INITIATIVE
Connect with Local Communities

TACTICS
IMMEDIATE (6 months - 1 year)
  - Audit current state relationships with community organizations (link to Mission & Community)
  - Ask folks in the community how they want SJH to collaborate with them

SHORT-TERM (1 - 2 years)
  - Develop and deploy repeatable models of local collaboration

LONG-TERM (2 - 5 years)
  - Establish community "information hub" capability
  - Develop a system of taking in community suggestions and auctioning based on a review by a committee like PFAC.
  - More effort into relationships with local FQHCs

INITIATIVE
Strengthen Industry Presence

TACTICS
IMMEDIATE (6 months - 1 year)
  - Inventory leadership & staff industry relationships

SHORT-TERM (1 - 2 years)
  - Build a pipeline of bi-directional, project-based state and national collaboration

LONG-TERM (2 - 5 years)
  - Broadly share experiences through publications, etc.

GOAL 3
Analytics: Enhance the use of information to better understand & measure our work

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INITIATIVE
Integrate Technical Infrastructure

TACTICS
IMMEDIATE (6 months - 1 year)
  - Inventory existing databases & data to determine utility and effectiveness

SHORT-TERM (1 - 2 years)
  - Build a centralized data & analytics platform – providing a "single source of truth"

LONG-TERM (2 - 5 years)
  - Integrate internal data sources & external data sources
  - Develop AI capabilities

INITIATIVE
Provide Accessible Information

TACTICS
IMMEDIATE (6 months - 1 year)
  - Assess current state information access & information needs

SHORT-TERM (1 - 2 years)
  - Develop enterprise-wide and service-line KPIs & dashboards
  - Create customer-facing information hubs

LONG-TERM (2 - 5 years)
  - Launch real-time asynchronous data access

INITIATIVE
Provide Analytics Services

TACTICS
IMMEDIATE (6 months - 1 year)
  - Understand current analytics capabilities & resources
  - Connect with local colleges to explore potential synergies

SHORT-TERM (1 - 2 years)
  - Build a capacity for data investigation, system metrics & insights
  - Invest in infrastructure to meet current & future demands – business plans, research, human resources, patient experience, etc.

LONG-TERM (2 - 5 years)
  - Develop predictive insights capabilities including potential applications for AI
  - The overall change needs to drive a culture of asking questions

SCALE

SJH INNOVATION MATURITY MATRIX

We have developed a maturity matrix to strategically chart our course for sustainability and scale. We have found that there are times when we will need to deliver higher-level maturity dimensions in order to deliver on our lower-levels. However, thanks to The Nicholson Foundation Grant, in a short amount of time, we have been able to go from a lack of awareness to a formalized practice. The highlighted boxes note where we are today, but our goal is to continually level-up our people, practices, places, projects, and policies until we truly imbue innovation throughout the culture of SJH.

■ Where we are today

DIMENSION	1. AWARENESS	2. TACTICAL	3. PRACTICE	4. STRATEGIC	5. CULTURE
PEOPLE Who participates in innovation? Are they enabled to succeed? (Badges)	We have few or no people formally trained in human-centered innovation.	We have some human-centered innovation expertise, but they're spread thin or aren't in positions of authority.	Tipping-Point: half of our people are enabled to deliver human-centered innovation and project work.	A majority of our people are enabled in human-centered innovation and are delivering projects.	All are enabled in human-centered innovation, are delivering projects, and innovation has a seat at the executive level.
PRACTICES Are your innovation methods fit for your organization?	Some have heard about Innovation, but we have no intentional innovation practices.	We've taken other practices borrowed from all over.	We have developed internal innovation practices tailored to our business and domain.	We evolved our internal innovation practices to inform our strategy and are training other organizations.	We have market leading innovation practices tailored to our business and domain.
PLACES How do your workplaces impact your ability to innovate?	We have no intentional collaboration spaces or innovation communities.	We've cordoned off studio spaces, innovation hubs, etc. for the community, but they're ad-hoc.	Our spaces are intentionally designed for collaboration and serendipity.	Our spaces are intentionally designed for collaboration and serendipity and leveraged daily by our community.	Every site has spaces developed for innovation that continues to bolster our communities.
PROJECTS What do teams work on? How are problems framed?	We are curious, but there are no projects or initiatives focused on innovation or the user experience.	Projects or initiatives are framed around internal concepts or technologies.	Projects or initiatives are loosely focused on user experience or opportunities.	Projects or initiatives are explicitly framed around user experience and business outcomes.	Every strategic project or initiative is explicitly framed around user experience and business outcomes.
POLICY Do your incentives and infrastructure promote/hinder innovation?	Our incentives and infrastructure promote siloed, inside-out management behaviors.	We are strategizing how to build an infrastructure to promote human-centered innovation.	We're starting to align our incentives and infrastructure to promote human-centered behaviors.	Our incentives and infrastructure are designed to promote collaborative, human-centered behaviors.	Our incentives and infrastructure are built into how we promote and develop leadership & management.

CONCLUSION

CLOSING THOUGHTS

Through the generous support of The Nicholson Foundation, the groundwork was laid to prepare for the unpreparable. We are grateful to all who have supported us on this journey and we are eager to see what the future holds.

Over the last two years we have seen well-intentioned plans come to an abrupt halt; a global pandemic forever change the way we live; loved ones lost; and a reckoning from a history of inequality.

Through all of this, we have found innumerable opportunities to improve on old ideas; meet unimagined needs; grow from experience; and re-build better systems for future generations.

We have found that with the right set of eyes, disruption is only an opportunity to achieve something better.

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"Since our founding 153 years ago, St. Joseph's has enjoyed a rich legacy of innovation. This was borne from our sponsors, the Sisters of Charity of Saint Elizabeth, deep commitment to serving the poor, vulnerable and underserved.

The support from the Nicholson Foundation to develop an Innovation program, specifically with an approach that is unique to a safety-net hospital's culture has propelled us in new and different ways.

We not only see this as a way to strengthen our mission to the poor, vulnerable, and underserved, but as a sustainable competitive advantage in the marketplace."

KEVIN SLAVIN
Chief Executive Officer

"Our funders, The Nicholson Foundation, provided resources and guidance to transform our interest, will and commitment into a new way of working.

That approach, like the St. Joseph's Health mission, is focused on understanding and serving our community's most vulnerable. We are now on a path, which may be winding at times, but is clearly the course that will infuse the SJH culture with sustainable processes of innovation."

LISA BRADY
Chief Strategy Officer

""The Nicholson Foundation support has enabled us to create and grow The Center for Innovation. Now, with a life and power of its own it flies solo, carrying the mission of St. Joseph's and allowing us to bring innovation to those most in need."

DR. CARLOS RUEDA
Chief Innovation Officer

Through generous grant funding, The Nicholson Foundation has provided the opportunity to train with industry-leading experts in the area of human centered design.

This training has broadened our thinking and refined how we look at problems to better serve our community---and improve our own work flow. The program inspires me to think and lead differently on a daily basis."

LINDSEY DUFFY
Executive Director of Strategy

"Working with the innovation team has taught me how to come up with fresh, real world solutions with focus on what end-users need.

Innovation frees us from old ways of thinking and helps us address familiar but ineffective practices. My team feels proud that their input has changed and improved our best practices."

JENNIFER RICKER
Nurse Manager, Medical Intensive Care Unit

PROGRAM AUDITS INNOVATION/DESIGN THINKING

Many existing structures, methods and frameworks exist, including:
• IDEO: Inspiration (diverge); Ideation (converge, diverge); implementation (converge)
• IBM: Observe: immersion in the real world; Reflect: come together and look within; Make: give concrete form to abstract ideas
• Stanford d.School: Empathize, Define, Ideate, Prototype, Test
• Aspen Labs: Seek to understand; Frame opportunities; Imagine possibilities; Prototype ideas
• Philips Health: Co-Create: Discover; Frame; Ideate; Build;
• Memorial Sloan Kettering: Understand; Ideate; Prototype; Pilot;
• K12 Design Dashboard: Empathize; Define; Ideate; Prototype; Test; Iterate;
• The Institute for Healthcare Improvements' (IHI): Plan, Do, Study, Act (PDSA) Framework

The Center for Innovation invested time and resources to complete programs developed by CCI, IBM and IDEO. This is what we found:

Center for Care Innovation (CCI): Catalyst Program
Purpose: CCI is building a community of innovators, called Catalysts. The end goal is for these safety net hospitals to form a network to share innovative work and also promote future grant funding and consulting engagements.
Their website states that Catalysts will be leading strategic efforts to transform the systems that support underserved populations. Catalysts develop expansive mindsets, combine creative and analytic methods, and push projects beyond conventional thinking to new possibilities. Catalysts learn how to work differently by applying human-centered design methods and mindsets to a strategic challenge facing their organizations. They become change agents to discover and test new ways of addressing complex challenges, partnering with colleagues across internal hierarchy and collaborating across sectors. In order to advance the work, Catalysts receive training, peer-sharing and learning, in-depth workshops, ongoing coaching from design thinking practitioners in the safety net, and an on-demand resource library.
Target Audience: Safety net healthcare providers
Program Design: Through partnerships with human-centered design (HCD)/ design thinking (DT) consultants (like Aspen Labs), CCI organizes training that includes:
• Three workshops—lasting about 4 days each. Traditionally, workshops are done on site with a selected group from the safety net organization. Since COVID, they have added a virtual component and also added free courses accessible from their website, called CCI Academy. Courses include: Catalyst Design Dash, ABCs of Quality Improvement, and Building a Data Driven Culture.
• Coaching and communication in between by consultants
• Final Catalyst showcase with organizational leaders to "pitch" idea
SJH's engagement was slightly different:
• Aspen added a "Sprint" about 2 months before workshop kick-offs that lasted 5 days, covered all of the design thinking concepts, incorporated some rapid, hands-on learning, and included a "Design Dash" just for executive leadership on the final day to give them experiential information regarding what their teams will be doing moving forward.
• Rather than the usual "showcase" at the end of Catalyst, the SJH engagement was designed to assist teams all the way through implementation and evaluation. However, COVID interrupted this process and teams ended with the prototyping phase.
Other non-HCD/DT tools leveraged:
• IHI process improvement and data analysis techniques

What's working well:
• Extremely hands-on and tailored to needs of healthcare provider, using real examples of problems teams are faced with
• Created by healthcare leaders, and therefore, considers unique needs of safety net providers
• People who complete the program become a part of the "Catalyst" community
• Executive participation promotes support of innovation and Catalysts within the organization
What are some challenges:
• Without the completion of workshop 3, it's difficult to evaluate the ability of the program to take projects all the way through to implementation and evaluation
• After a year (granted it was COVID), most Catalyst participants at SJH had not used any of the tools taught in the workshops
• The intensive, on-site, nature of the workshops makes training coordination more difficult, especially since it requires executive participation

IBM: Enterprise Design Thinking
Purpose: IBM has created a very low level entry point for those interested in how design thinking applies to business problems. The end goal is to have people move through the badging program, ultimately ending with companies purchasing their design thinking consulting services.
Their website says that design thinkers have been trained to address uncertainty, work within constraints, and create human-centered solutions. People with a human-centered mindset are primed to solve problems together, with empathy and humility. That's why we're temporarily making all of our courses and Toolkit activities free. We hope this will give you a helping hand as you figure out how to best stay connected with your team and the people you serve.
Target Audience: Business executives that have the buying power to purchase their consulting services.
Program Design: The Enterprise Design Thinking program is organized into badge levels which include a variety of courses from free, virtual and self-directed, to fully paid on-site consultant engagements. The break-down is as follows:
1. Practitioner (Free, 2-3 hours, self-directed, online): gives a baseline of Enterprise Design Thinking skills: collaboration, synthesis, design research, prototyping, and storytelling.
2. Co-Creator (Free, 3-6 weeks, must complete with a colleague): apply Enterprise Design Thinking to a project or initiative that you're currently working on with your team.
3. Coach (only available to IBM team members or clients): Guides team through design thinking work by suggesting when and how to learn through making or design research. Shares design thinking work with clients, users, team Advocates, and Leaders. Facilitates design thinking sessions and workshops.
4. Advocate (paid subscription to in-person training by IBM consultants): Conveys the value of Enterprise Design Thinking up and down the chain of command in organization. Shares success stories of team with his peers across the organization. Collaborates with Leaders to eliminate blockers for teams to engage in design thinking activities.
5. Leader (paid subscription to IBM consulting; submit application for approval): Strategizing how to change the composition of teams to be more diverse and user-centered. Creates conditions for a design thinking culture to thrive. Builds programs to grow the design thinking skills of the people in organization.
Other non-HCD/DT tools leveraged:
• Nothing in the practitioner course—all design thinking focused
• TBD—if other tools used in later programs

What's working well:
• The practitioner course is very accessible and easy to complete; concepts are presented in a way that are easy to understand
• Course is well-designed with a nice mix of video, interactive learning, and reading
• The badging system encourages people to move on to the next stage
What are some challenges:
• It's hard to access after the first course. Even the second course, which is free, can only be done with a colleague so that takes organization and approval.
• It feels very directed toward having to hire IBM consultants in order to truly learn and practice techniques on your own organizational problems and projects.

IDEO: IDEO-U
Purpose: IDEO has created a virtual "university" that is composed of both free and paid educational material and courses. The online presence feels like design evangelism with the goal of getting more people trained in the techniques. They have a design thinking certificate program that includes 2 online cohort classes that are about 4-5 months each and cost a total of $1000. It's not clear from the website if IDEO's ultimate business goal is to move people into paid consulting services or just end with successful completion of certificate program.
Their website says that they're part of IDEO, an award-winning global design firm that takes a human-centered, design-based approach to help organizations innovate and grow. IDEO U was created to share the methods and mindsets that IDEO has practiced for decades and to empower individuals, teams, and organizations to become more resilient, adaptable, and innovative.
Design thinking is a human-centered approach to innovation—anchored in understanding customer's needs, rapid prototyping, and generating creative ideas—that will transform the way you develop products, services, processes, and organizations. By using design thinking, you make decisions based on what customers really want instead of relying only on historical data or making risky bets based on instinct instead of evidence.
Target Audience: business professionals with a focus on driving innovation in their organizations, and entrepreneurs
Program Design: They provide a mix of fee-based cohort and self-directed online certificate programs:
• Design Thinking:
  - Foundations in Design Thinking (2 online cohort courses, 4 hours/week, 2-3 months, $500)
  - Advanced Design Thinking (5 online courses, 4 hours/week, 5 months, $500)
• Business Innovation
  - Designing Strategy (2 online cohort courses, 5 weeks, $799)
  - Designing a Business (2 online cohort courses, 5 weeks, $599)
• Leadership Building
  - Foundations in Creative Leadership (2 online cohort courses, 5 weeks, $599)
  - Collaborative Leadership (2 online cohort courses, 5 weeks, $599)

Other non-HCD/DT tools leveraged:
• Business planning/models and strategy
• Creative leadership

What's working well:
• Programs feel well-designed and, potentially, the most rigorous in nature—with certificates at the end of each course that participants are encouraged to include on LinkedIn profiles (IDEO brand recognition)
• Nice mix of design thinking but also business planning and

leadership courses to ensure implementation of ideas
• Courses are fairly easy to access and schedule (with the exception of cost barrier)
What are some challenges:
• The cost can be prohibitive for some
• The self-directed nature could be isolating within an organization if leadership not supportive
Research & Interviews
Interviews of prior Catalysts Cohort Back

Catalyst Interview Output & Synthesis
Total interviews scheduled: 16
Total interviews completed: 13 (81%)

Q1: How can we (Innovation) best fit into your work like, post COVID?
Top Answers (CFI Business Model Ideas (10 – 10kft model))

• Innovation coaching/consulting with departmental level & community-based projects (space, education & service design) (Building Systems: design consultancy; embedded model; community | Levels: 100, 1000 ft. – directors/managers)

• Innovation & DT tools (Building Competencies: Tools | Levels: All, but different tools for each level)

• Pre-project problem space framing (Micro-sprints) (Building Competencies: Micro-sprints | Levels: 100, 1000 ft. - directors/managers)

• Hosting teams at the InLab space for ideation & brainstorming (Building Systems & Connections: Hosting events in InLab space (internal and external) | Levels: 100, 1000, 10k ft – execs/direc/mgrs

• Staff education & retention (Building Competencies: Badging system; nurse innovation program | Levels: All, but focus on manager and front line)

Q2: What was valuable from the Catalyst experience that you feel we can't lose?
Top Answers (CFI Business Model Ideas (10 – 10kft model))

• Relationship building with people from other departments in a neutral space with no power differential (Building Connections: Hosting events in InLab space (internal and external) | Levels: 100, 1000, 10k ft – execs/direc/mgrs)

• Rapid prototyping and testing of new ideas (Building Systems: design consultancy; embedded model; community | Levels: 100, 1000 ft. – directors/managers)

• End-user focused problem solving with diverse, cross functional team members (Building Competencies: Micro-sprints | Levels: 100, 1000 ft. - directors/managers)

• Intentional time set apart to innovate, explore, and research in a safe space with no expectation of implementation (Building Competencies: Applied aspect of Catalyst badging program | Levels: All, but focus on manager and front line)

• Administrative buy-in and support of innovation process (Building Competencies & Systems: Administration is key part of Catalyst roll-out and signs off on embedded and design consultancy work | Levels: 1000, 10k ft – exec/directors)

RESEARCH FROM ASPEN LABS

In summary, Aspen Labs found that:

The Catalyst Program laid the foundation for learning new ways of working together, practicing and applying human centered design mindsets and methods and creating stronger connections between departments. Even during a global pandemic, Catalysts applied their learnings and put them to practice in ways that positively impacted patient care, develop new work flows, and support strategic planning.

Based on our additional research, we found that this Catalyst cohort were often responding to emergent emergency situations, which made it difficult to recall the mindsets and tools offered through the Catalyst program. However, we all believe that the prior work and training helped in ways that have yet to be captured.

SAFE SPACES

As we heard from the interviews, InLAB, a safe space to think and do differently was integral for the innovation sustainability within our system. The development of InLAB came in two phases.

Early InLAB:
InLAB is a safe space where innovation is created and bred. The social, cultural, and physical elements of the space will be carefully designed to make everyone feel welcomed to share their experiences and findings to brainstorm and create ideas.

Future InLAB:
While InLAB will exist within physical spaces, is no longer confined to just a physical space. It is a lifestyle and motto embraced by SJH employees who are well versed in our human centered innovation process. When speaking with an employee who is endorsed as an InLAB member, it means you will be supported, listened to, and not judged. It is about creating a culture of innovating within SJH.

For the early development of InLAB we looked into qualities of other safe spaces.

Understanding what safe/brave spaces are:
Safe spaces are places or environments in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment or any other emotional or physical harm.

Brave spaces are spaces that cultivate a productive dialogue where participants are encouraged to speak honestly and critically from their own experience while encouraging uncomfortable topics such as bias, injustice, and oppression.

For the remainder of this section, we will use assume the qualities of a brave space while using the term safe space.

Qualities of a safe space:
From our research there are three main qualities that need to be carefully planned for a safe space like InLAB.

• Participants of the space
• Guidelines of the space
• Physical elements of the space

Participants
• Be careful about who shows up and the positions/titles/power they hold over others
• Have facilitator(s) that gives everyone the opportunity to speak if they want to
• Aim to have less than 10 people
• Inclusive and diverse in terms of gender, age, race, religion, political views, and whatever else is important for the people in the room
o Give opportunity for folks to own and claim and own their identity

Guidelines
The guidelines and agreements of InLAB is something that will be created with InLAB members and participants.

Below is an example of guidelines by the Anti-Defamation League (ADL).

1. Be open to different and multiple viewpoints and perspectives, especially those that differ from yours.
2. If people share experiences and feelings that are different or unfamiliar to you, show respect by taking it seriously and understand the impact of your response.
3. Explore, recognize and acknowledge your privilege.
4. Even if you are uncomfortable or unsure, contribute and take risks.
5. Make space by sharing speaking time; try to speak after others who have not spoken.
6. Listen actively, even and especially when people say things that are difficult to hear.
7. View the candor of others as a gift.
8. Find ways to challenge others with respect and care and be open to challenging your own points of view.
9. Work hard not to be defensive if people challenge what you say or the impact of your words.
10. Commit to confidentiality and not disclosing what people say; at the same time, take responsibility for sharing important messages and themes outside the group/class. One way to think about this is: "stories stay, lessons leave."

Physical Elements
Common shared elements of a safe space include the following:

• Good daylighting
• Room with a view
• Access to nature
• Privacy and neutrality
• Activate walls to be visual and touchable
• Furniture pieces to engender calm and intimacy
• Biophilic elements
• Mindful of acoustics to avoid harsh sound reverberation
• Indoor air quality and temperature control

PROTOTYPING OUR PROGRAM

The following timeline represents the history of the innovation program at SJH and how COVID changed some of the original design. Currently, from 2021-2022, we seek to show how we have evolved based on what we've learned and points to the way forward.

• 2018-2019: Innovation Committee (Think Tank)
• 2019-2020: Catalysts (Design Thinking) + Committees
• 2020-2021 (COVID): Predominantly a Consultancy
• 2021-2022: Innovation Program + Consultancy + InLab

Still, fundamental to our program are our mindsets:

A mindset is a set of assumptions, methods, or notations held by someone which can stem from a person's world view or philosophy of life. Our Mindsets explore and uncover the philosophy behind our approach to innovation, and show that how you think about problems directly affects whether you'll arrive at innovative, impactful solutions.

1. Empathy
Empathy is the capacity to step into other people's shoes, to understand their lives, and to help solve problems from their perspectives. This work is premised on empathy, on the idea that the people you're designing for are your roadmap to innovative solutions. Immersing yourself in another world not only opens you up to new creative possibilities, but it allows you to leave behind preconceived ideas and outmoded ways of thinking. Empathizing with the people you're designing for is the best route to truly grasping the context and complexities of their lives. But most importantly, it keeps the people you're designing for squarely grounded in the center of your work.

2. Embrace Ambiguity
It's not easy not knowing the answer; and even less so not even knowing the right questions to ask. But if we knew the answer when we started, what could we possibly learn? How could we come up with creative solutions? Where would the people we're designing for guide us? Embracing the ambiguity of our complex problems actually frees us to pursue an answer that we can't initially imagine, which puts us squarely on the path to routine innovation and lasting impact.

3. Self-efficacy
We have the confidence to have big ideas, and an optimistic spirit that we can realize them. We believe that everyone is creative, and that creativity isn't the capacity to draw or compose or sculpt, but a way of approaching the world. It is this confidence that is necessary when it comes to making leaps, trusting intuition, and chasing solutions that they haven't totally figured out yet. It's the belief that we can and will come up with innovative solutions to big problems and the confidence that all it takes is rolling up your sleeves and diving in.

4. Just try it
Failure is an incredibly powerful tool for learning. Only by listening, thinking, building, and refining our way to an answer do we get something that will work for the people we're trying to serve. Failure is an inherent part of the process because we'll just never get it right on our first try. In fact, getting it right on the first try isn't the point at all. The point is to put something out into the world and then use it to keep learning, keep asking, and keep testing. By continually refining and improving we put ourselves in a place where we'll have more ideas, try a variety of approaches, unlock our creativity, and arrive more quickly at successful solutions. Iteration allows us the opportunity to explore, to get it wrong, to follow our hunches, but ultimately arrive at a solution that will be adopted and embraced.

Our SJH Innovation Cycle is still: Define > Learn > Make.

Learn (come together, look within, research), Define (think big, focus, synthesize), and Make (give form to abstract ideas to test). The majority of programs we reviewed are one-size-fits-all models. The SJH Competency model is based on breaking apart the components, and meeting people where they are based on their roles in the organization. A 10,000 foot view are our executive leadership; a 1000 foot view are our directors; a 100 foot view are our managers; and a 10 foot view are our individual contributors, such as unit nurses.

No strata, or level is more important than the other, but each has a different view and need.

COACHING TEMPLATES

Additionally, we have begun to prototype discrete, short consults for prior Catalysts. We are calling these Curbside Consults, and below is the pre-work template:

St. Joseph's Health
THE CENTER FOR INNOVATION