

# Transforming Discoveries

## Partners on the Journey

by Linda DeWolf and Keith McCandless



*Every journey has a secret destination of which the traveler is not aware. Martin Buber*

Pictured right: authors Linda DeWolf, President of the VHA Foundation, and Keith McCandless, co-founder of the Social Invention Group. Together, they supported the development and spread of 13 innovation projects hand-in-hand with innovators, often acting more like partners or companions-on-the-journey than conventional grant makers.



This article describes the “landscape” of innovation types (gleaned from work with Doblin Inc.) as well as wisdom gained by 10 of 13 innovators and the Foundation staff along the way. This is the third and final article chronicling the work of intrepid VHA Foundation grantees. January, 2009.

**Introduction**

Over a period of four and a half years and three grant cycles, VHA Foundation grantees developed innovative services and technologies with the intention of spreading it to other settings. Each project was a bold undertaking with no established path to follow. For the innovators and Foundation staff, it has been a journey filled with transforming discoveries and surprising-often-serendipitous destinations.

**Purpose**

With this retrospective, **we seek to guide new innovators and foundations in the search for more effective ways to work together.** [See two previous articles, “Oil, Water, Apples, Oranges,” and “Mastering the Art of Innovation” [1] for more information on *how* the Foundation and grantees learned about innovation and diffusion].

Our intent is to share individual and collective insights gathered from our journey together.



**Methods**

We asked grantee innovators to respond to a survey, review a draft of this document and participate in phone interviews. We invited grantees to offer lessons learned and wisdom gained from the journey as well as share what seems possible now as they look to the future.

Further, to gain perspective on the full range of innovations over four years, we applied an innovation “typology” to each project. All scoring combines our subjective assessments.

**Innovation “Types” To Understand the Landscape**

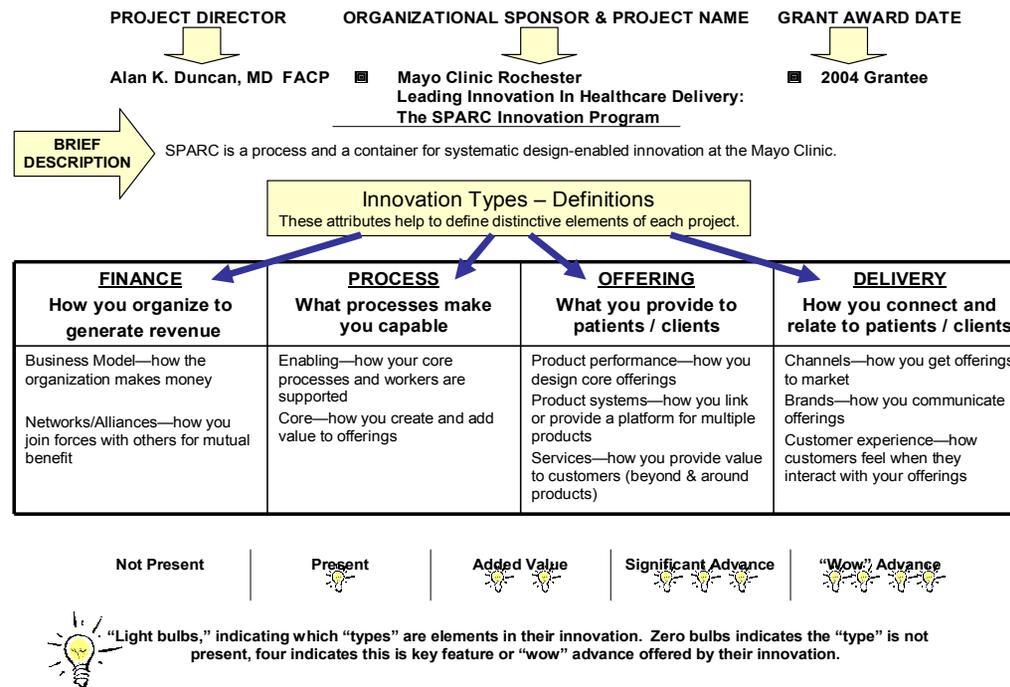
We used Doblin’s 10 innovation types to think strategically about grantee programs. [For more information, see the “Power of Innovation” [2]. Below is a simplified model. In each grant cycle, two insights or mantras were shared with the grantees:

<p>How you organize to generate revenue ~ <b>FINANCING</b> ~</p>	<p>What processes make you capable ~ <b>PROCESS</b> ~</p>	<p>What you provide to patients/clients ~ <b>OFFERING</b> ~</p>	<p>How you connect &amp; relate to clients ~ <b>DELIVERY</b> ~</p>
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- To be effective, focus on more than one “type” of innovation. Thinking beyond your product or service by weaving together more “types” of innovation, you increase chances for success.
- Focus on **Financing** and **Delivery** “types.” These types are a *path less taken* with potential for blockbuster returns.

Each grantee project is assigned “light bulbs,” indicating which “types” are elements in their innovation. Assessments are made by Foundation staff and innovators.

### How To “Read” the Grantee Innovator Profiles



How you organize to generate revenue ~ <b>FINANCING</b> ~	What processes make you capable ~ <b>PROCESS</b> ~	What you provide to patients/clients ~ <b>OFFERING</b> ~	How you connect & relate to clients ~ <b>DELIVERY</b> ~
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Alan K. Duncan, MD, FACP 

**Mayo Clinic Rochester – Rochester, MN**  
**Leading Innovation In Healthcare Delivery:**  
[The SPARC Innovation Program](#)

 **2004 Grantee**

**SPARC** is a process and a container for systematic design-enabled innovation at the Mayo Clinic.

**Wisdom**



First, figure out if this is really a winning idea. Not everyone will agree with you. **It's not a revolution if nobody loses.** [3] Test it out and get preliminary data.

Next, be absolutely passionate about the idea.

Talk to everyone. Go to every meeting that is applicable. Follow-up on every lead. Candidly, look for novel ways of funding/commercializing it.

**Spreading Innovation**

Absolute persistence was the factor that mainly kept us going.

We have been able to recruit excellent design and analytical talent from great schools. These people are not only extremely talented but very driven to understand health care and make it better.

Finally, without a substantial investment from the institution and other sources, it would not have sustained in this way.

**Possibility**

The VHA Foundation grant provided the funds to take the SPARC Innovation Program from an idea about a place and framework for innovation to a reality. We have made tremendous progress from that beginning. The project – creating, managing, and growing SPARC – was an incredible experience.

I hope that we've been able to put a stake in the ground and say that **design is an important discipline** in helping solve big, deep health care problems – and this is where it started. There's a lot of pride in this.

**What Makes Us Innovative?**

**SPARC** is a process and a container for systematic design-enabled innovation at the Mayo Clinic. As such, it is harder to categorize than a single innovation. The scoring below includes the design-oriented innovation *process* as well as the “flavor of” projects developed.

**SPARC** designs new **offerings** [4], often with novel **delivery** [3] twists influenced by human-centered design. **SPARC** design **processes** [2] are innovative, in part because they include clinical, design and **finance** [1] or business disciplines. **SPARC** approaches have spread quickly within Mayo (to the Center For Innovation) and across other health systems via the Innovation Learning Network.



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Elaine Schuchard



**Frances Mahon Deaconess Hospital – Billings, MT**  
[Montana Mobile Educational Delivery & Learning \(MEDLearn\)](#)

2004 Grantee

**MEDLearn** is mobile medical education directed at improving quality in rural health care facilities.

**Wisdom**

**Persistence and perseverance!**

There are turns in the road but be open to following those turns as that is how needs are met. Success follows.

Don't underestimate your staffing needs in the future

**Spreading Innovation**

**Key to our growth has been change in the American Heart Association guidelines and the need to update most hospital based clinical staff.** This gave us an unexpected opportunity to interact and be recognized.

Secondly, a self-insured malpractice group recognized the need for risk reduction through education and partnered with us in delivering education.

**Possibility**

Doors that opened were regional and statewide. **New relationships were built with the Health Education Foundation and a hospital/physician association.** The State of MT EMS contracted with us to provide education for them. In addition, connections were made with colleges which have nursing programs and our hope is that this will be a long lasting and broader relationship.



**What Makes Us Innovative?**

**MEDLearn** is mobile medical education directed at improving quality in rural health care facilities. It is a new educational **offering [4]**, a service with flexible educational performance features focused on rural settings. The **delivery [2]** via a mobile unit opens a new channel and a customized local-learning experience. **Financing [1]** is made possible through a unique web of partnerships with the Montana Health Network. The **MedLearn** program continues to grow within rural communities in Montana with participants from various states. Spread to nursing education and physician-hospital association is encouraging.



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David Shaw, MD & Monica Lague-Wyman



Scripps Health – San Diego, CA

Improving Medication Compliance: A Multifaceted Approach



2004 Grantee

The **Translator** is a device and program to assure measurable compliance with medications across the continuum of care.

**Wisdom**

**Be sure that you have the support of your organization, and that what you do isn't simply regarded as a "nice experiment".**

That can help you be more successful moving forward.

**As a leader, create a complete sense of freedom to "fail."** You need to be comfortable failing in order to succeed is a message that is renewed for me every day. Encourage "boldness" and take chances.

**Spreading Innovation**

Be sure to have passionate, committed, well connected, influential people leading the charge.



**Possibility**

**Honestly, we are "stuck" in the sense that hospitals in our system are not using our innovation.** However, we are hoping that the innovation will be adopted into the Centricity Enterprise EMR.

We continue to use the innovation with clinicians who recognize the value of utilizing an electronic format to provide medication reconciliation in a patient centered format.

**What Makes Us Innovative?**

The **Translator** is a device and program to assure measurable compliance with medications across the continuum of care, particularly useful for culturally sensitive patients with varied language requirements. This is a new **offering [3]**, a unique product and service with many technical features and a surrounding system that integrates medication information from multiple sources. Novel **delivery [2]** is simplified via a convenient handheld device that can be used in many locations, supporting many languages. The **Translator** introduces a new **process [1]** to reconcile medications across the continuum. Spread has been limited. Scripps continues to use the **Translator** within the Cardiology department at our San Diego Campus and for a select subset of Cardiac patients in the outpatient clinic setting.



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**Cori Anderson & Cheryl Mulder**



**Spectrum Health System – Grand Rapids, MI**  
[Nutritional Options for Wellness \(NOW\)](#)



**2004 Grantee**

**NOW** is a program for people with chronic disease and without access to healthy food choices.

**Wisdom**

Patience is of the utmost importance. **Building trust within the relationships** is time consuming, but very necessary.



Timeline expectations may vary due to the development of the innovation.

Spreading an innovation across the entire continuum of care was key part of our innovation.

**Spreading Innovation**

**Relationships, relationships, relationships!**

Building and maintaining relationships with partners. Keeping our partners updated and informed. Time invested in relationship development.

Recognizing that success is multi level.

**Possibility**

The NOW program received the AHA Nova award in 2007.

**Local community gardens understand the importance of fresh fruits and vegetables in relationship with chronic disease management.**

Growth continues in Kent County. Program staff was interviewed for an independent movie regarding food insecurities. We continue to grow collaborations in order to proceed with our work.

**What Makes Us Innovative?**

**NOW** is a program for people with chronic disease who are unable to access to healthy food choices. **NOW** is a new **offering [4]**, a unique service provided to low income patients with chronic disease. Novel **delivery [2]** through a personalized food prescription **creates a unique customer experience**. **NOW** introduces a new **process [1]** to work with patients via support groups and features self-management. Food pantry and community partners create a novel way to **finance [2]** this service. **NOW** continues to grow in Kent County Michigan. The **NOW** program is routinely utilized across the county with 11 food pantries engaged in providing healthy food for **NOW** clients with chronic disease.



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**Cycle One: 2004 Grantees at Work**

*Top left:*

The Mayo Clinic, **SPARC** Innovation Program, see-and-be-seen working spaces.

*Top right:*

A **SPARC** brainstorming session on one of the glass walls. Alan Duncan, project director, on the far right.

*Bottom right:*

The **MEDLearn** mobile medical education unit at-the-ready, taking learning directly to rural Montana health care professionals.

*Bottom left:*

**NOW Nutritional Option for Wellness** food Rx prescription and cookbook, helping people manage their chronic diseases with healthy and fresh foods.



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Chris McCarthy, MPH, MBA 

Kaiser Foundation Hospitals, Inc. – Oakland, CA  
[Innovation Learning Network \(ILN\)](#)

 2005 Grantee

ILN is a collaborative network of 9 organizations and a shared resource for developing design-and-innovation skills.

**Wisdom**

Take the time needed to **develop “the identity”** of your innovation. Just the past year, we settled into a comfortable “more known” state, mainly a network that strives to expose health care innovators to new skills and techniques, facilitate connections on common areas of interest, and share promising new ideas with one another.

**Don’t seal yourself up in a room to create perfection.** Expose your new idea to others early on (in fact, even earlier than you’re imagining), and encourage (and learn to enjoy) others evolving it to new places.

**Spreading Innovation**

The most important factors for sustainability and spread for the ILN are: Its grassroots nature and deep responsiveness to member’s passions; and, its guidance by multiple organizations.

ILN members invest because there is passion and value that pours into and out of it. If the passion/value ever becomes anemic or non-existent the ILN will cease. This “attitude” is strangely freeing. It allows the ILN to focus on what is important, and not on itself.



**Possibility**

**As many doors and paths open, walk through them!**

The ILN itself is a giant crossroads to many doors, and that’s what our innovation is meant to be.

**What Makes Us Innovative?**

ILN is a collaborative network of nine organizations and a shared resource for developing design-and-innovation skills. The scoring below includes the innovation *process* as well as the “flavor of” joint projects that have emerged out of participation. **ILN** sparks new **offerings [3]**, often with novel **delivery [4]** twists influenced by design disciplines with a strong focus on new channels and customer experience. **ILN** introduces new **processes [3]** to innovators while inviting participation from many disciplines including clinical design, IT, and **finance [1]**. **ILN** is now self-funded with member dues. Design methods and small collaborations have spread quickly among members. The **ILN** has attracted attention nationally & internationally.



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Pam Boyers, Ph.D.



**OhioHealth / Riverside Methodist Hospital – Columbus, OH**  
**Outcomes Measurement Initiative at Center for Medical Education and Innovation (CME+I)**



**2005 Grantee**

**CME+Innovation** is a program to measure competence and outcomes of simulation-based training.

**Wisdom**

**Gird Your Loins!** Innovation begets innovation – if the innovation is successful, be prepared to respond to the resulting creativity (and chaos).

This is a paradigm shift! Make sure that the senior management understands what you are doing and why. Make sure that “it” is aligned with key goals (e.g. Patient Safety).

**Engage key physicians and nursing leadership. They are talented and wise and passionate about quality patient care.** Without them, it will not happen!

**Spreading Innovation**

Make sure you are not the only “thinker.” Be able to demonstrate ROI. Key elements include:

- Funding support for initiation & maintenance
- Mutual support amongst the collaborators
- A good relationship with the marketing department helps with vision and dissemination
- Link to a Research Institute to support partnerships with grant agencies and industry.

**Possibility**

Routinely assessing the competencies of health professionals can lead to higher quality and safer patient care.

**Being able to demonstrate that competencies can be measured has given us national and international credibility.** This capability inspires confidence among providers and patients.



**What Makes Us Innovative?**

**CME+I** is an entity that routinely measures competence and educational outcomes of simulation-based training. It is a new **offering [4]**, a unique add-on to typical simulation centers. The **delivery (2)** has had a positive impact on the outlook of the learners and on the hospital reputation, linking the center to local, regional, and international collaborators. **CME+I** introduces **new processes (2)** for training health care professionals with an introduction to outcomes-based feedback to participants and faculty. The program continues to grow and expand, covering the continuum of medical education as well as all levels of health care providers. Usage of the center is high, with over 45,000 learner experiences provided since its opening. **CME+I** has been the recipient of several regional and national awards and attracts many visitors, including leaders from aviation, industry, health care, universities and other countries.



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### Cycle Two: 2005 Grantees at Work



Top right:

A simulation room and mannequin at the **CME+ Innovation**, inventing new ways to measure competence and outcomes of simulation-based training. Project director, Pam Boyers, pictured left.

Bottom right:

The **Innovation Learning Network** explored prototyping in the 3-D virtual worlds, including Second Life.

Bottom left:

The **Innovation Learning Network** created social network maps to measure their capacity for innovating, with the goal of building a strong collaborative core and a diverse-and-very-imaginative periphery.

Top left:

The **Innovation Learning Network** members developed rehab therapies using Wii,

Right:

**Innovation Learning Network** members from nine health systems across the United States, prototyping at Kaiser Permanente’s Garfield Center. The focus of the ILN in 2009 is “Care Anywhere.”



<p>How you organize to generate revenue ~ <b>FINANCING</b> ~</p>	<p>What processes make you capable ~ <b>PROCESS</b> ~</p>	<p>What you provide to patients/clients ~ <b>OFFERING</b> ~</p>	<p>How you connect &amp; relate to clients ~ <b>DELIVERY</b> ~</p>
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Christopher M. Cannon, MSN, MPH, MBA, FACHE

**Yale New Haven Center for Emergency Preparedness & Disaster Response (CEPDR) – New Haven, CT**  
[National Emergency Preparedness Education and Training Program](#)

2007 Grantee

CEPDR project delivers emergency management training (on-line & tabletop) to health care delivery organization staff at ten hospital sites.

**Wisdom**

Discuss your ideas with others and get input from subject matter experts.

Research best practices and lessons learned from other innovators.

**Don't go at it alone. Collaboration is a must.**

Develop a strong, detailed action plan.

**Spreading Innovation**

**We have a new way of looking at diffusion... social networking has allowed us to look not only at who we reach but also in linking those partners with each other.** In order to encourage networking between partners, we are providing networking opportunities through WebEx and regional marketing of workshops.

Early communication and commitment with project partners really helps.

**Possibility**

Take a look at the big picture.

**It is easy to get wrapped up in the details of the project but taking time to step back will allow you to greatly improve your direction.**



**What Makes Us Innovative?**

**Yale New Haven CEPDR** project delivers online, health care-focused emergency management training to health care delivery organization staff at ten hospital sites. To assess the effectiveness of that training, **CEPDR** then conducts a tabletop exercise with multi-disciplinary representation. It is a new **offering [3]**, a service with a surrounding system of support via a network of hospitals. The **delivery [1]** has had a positive impact on the hospital brand, linking the **YNH** system to national collaborators. **CEPDR** introduces new **processes [1]** for training health care professionals in emergency preparedness. The program continues to grow, meeting initial goals for trainings across the United States while continuing to expand horizons.



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Joseph “Jody” Moore



The Moses H. Cone Memorial Hospital Operating Corporation –  
Greensboro, NC



2007 Grantee

[The Surge Case - Scalable, Movable Surge Capacity](#)

The **Surge Case** program provides the care-environment and supplies to take care of the surge of patients that occurs during a disaster.

**Wisdom**

To effectively innovate, input from different disciplines and schools of thought is necessary.

**Do not be afraid to share what you do and where the initial idea came from,** this will spark interesting conversation from which you might learn new ways in which to improve. Criticism will help push ideas in new directions.

**Spreading Innovation**

Think of all the new technologies that no-one ever thought they would use ten years ago, and how many people are actually using those technologies today.

Adoption of new ideas takes time, and **identifying who the early adopters in your target audience are will help you spread your idea even more.**

**Possibility**

The most important application test occurred in November 2008. The Surge Case System was incorporated into a hospital disaster drill. From this exercise we gained critical insights related to the actual use and application of the case.



We have created an affordable and scaleable solution for hospitals with limited resources.



**What Makes Us Innovative?**

The **Surge Case** program provides the care environment and supplies to take care of patient surge that can occur during a disaster. The **Surge Case** can easily integrate into a hospital unit or an alternative care facility. The **Surge Case** program is a new **offering [3]**, a service with multiple features (e.g., cases, tents, communications vehicle) and a surrounding system of technology support (e.g., critical incident support unit, satellite VOIP phones). The **Surge Case** introduces new, flexible **processes [2]** for

emergency preparedness. The program continues to grow, spreading within the region and nationally. **Surge Case** staff is in contact with health care personnel ranging from doctors to EMT’s and Haz-Mat teams.



<p>How you organize to generate revenue ~ <b>FINANCING</b> ~</p>	<p>What processes make you capable ~ <b>PROCESS</b> ~</p>	<p>What you provide to patients/clients ~ <b>OFFERING</b> ~</p>	<p>How you connect &amp; relate to clients <sup>14</sup> ~ <b>DELIVERY</b> ~</p>
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**William T. Greene, MS, MBA**  
**Eliot J. Lazar, MD, MBA**  
**Jeffrey Bokser, MHA**  
**Jason Barrell, MHA**

**NewYork-Presbyterian Healthcare System – New York, NY**  
[Launch of a Hospital Clinical Coordination & Command Center \(HC4\)](#)

2007 Grantee

HC4 creates a link between the pre-hospital environment & the hospital command center.

**Wisdom**

**The most valuable advice for a new innovator would be to share your idea with others.**

There is no way to expand a great innovation without buy-in from other stakeholders and those who can take an idea to reality.

**Spreading Innovation**

A most valuable resource has been the support from the VHA Foundation. Without their guidance and support, we would not be able to make this happen.

We work very hard to maintain our relationships with community partners. Nothing would spread without them.

**Possibility**

Based on the success of HC4, we anticipate that our innovation will be used in hospitals across the country. **We aim to change the way that we look at pre-hospital care and disaster planning in hospitals.** This innovation will allow for a great improvement in the way that we collaborate with ambulances and other first responders.



**What Makes Us Innovative?**

**The NewYork-Presbyterian Hospital Clinical Coordination and Command Center (HC4)** creates a link between the pre-hospital environment and the hospital command center. This allows professionals to view the scene of a disaster remotely and provide high quality care to patients before they arrive at the hospital and make critical administrative decisions that will affect the operations of the hospital. It is a new **offering [3]**, a service with a surrounding command center and system of coordination via a network of hospitals. The **delivery [2]** opens a new communications and planning channel via cameras for remote monitoring, bolstering very close relationships among key players in the system. **HC4** introduces new **processes [2]** for coordination for emergency preparedness. **HC4** is in an early prototyping stage of development but the innovation is attracting attention in the New York City hospital system.



How you organize to generate revenue ~ <b>FINANCING</b> ~	What processes make you capable ~ <b>PROCESS</b> ~	What you provide to patients/clients ~ <b>OFFERING</b> ~	How you connect & relate to clients <sup>15</sup> ~ <b>DELIVERY</b> ~
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Ryan Scott Bardsley



Massachusetts General Hospital / CIMIT – Cambridge, MA  
[RIPS R3: Real-time Incident Preparedness Simulation](#)



2007 Grantee

The **Real-Time Incident Preparedness Simulation (RIPS R3)** is a program to provide simulation-based training for disaster preparedness.

**Wisdom**

**Don't be afraid to talk to your funding sources. Their success depends on your success.**

Seek funding sources that understand the underlying challenges facing innovators. Find foundations with “scaffolding” to help you get through the peaks and valleys of the cycle. Listen to them.



**Spreading Innovation**

**Make your dissemination strategy a key part of your award process from the beginning.**

As a researcher, you typically think of such things at the completion of a project. Answering dissemination questions early has had a great impact on our actual development process.



**Possibility**

**Take a stand for what you believe is innovative but be willing to learn from others.**



At a recent NIST conference, surrounded by high-profile projects with vastly more funding, the RIPS R3 innovation was enthusiastically welcomed, resulting in many new contacts offering genuine interest and excitement.

**What Makes Us Innovative?**

The **RIPS R3: Real-time Incident Preparedness Simulation** is a new offering [4] that utilizes a compelling open-ended, storytelling approach to multi-disciplinary training. The **RIPS R3** framework allows emergency coordinators to visualize and capture the complexities involved in responding to a disaster. **RIPS R3** provides comprehensive team training by allowing physiologic data streaming from the next-generation of casualty simulators to drive the critical decisions made by incident commanders. **RIPS R3** introduces new **processes** [2] for visualizing the “fog of war” encountered during a disaster and facilitates data collection of baseline metrics to evaluate the success of the team’s response during training. The **RIPS R3 open delivery method** [3] allows all scenario content to be shared among response communities. Scenarios, or “stories”, are dynamically tailored to provide a relevant environment by utilizing web-services such as Yahoo! Weather, Google Maps, Google Traffic, and GasBuddy to modify the story with places and maps the user is familiar with and responsible for protecting. The innovation is in the mid-prototyping stage but seems to have a very bright future ahead.



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**Cycle Three: 2007 Grantees at Work**



*Top Left:*

The Critical Incident Support Unit at the **Moses Cone Health System**.

*Top Right:*

Technologies in the **Moses Cone Surge Case** unpacked, satellite and VOIP phones plus laptop computers.

*Bottom right:*

Tabletop training exercise facilitated at a hospital by **Yale New Haven Center for Emergency Preparedness & Disaster Response (CEPDR)**.

*Bottom left:*

Screen shot from **RIPS R3: Real-time Incident Preparedness Simulation**, creating a relevant “fog of war” learning environment for team training. Using web technologies to visualize and capture the complexities involved in responding to a “localized” disaster.

<p>How you organize to generate revenue ~ <b>FINANCING</b> ~</p>	<p>What processes make you capable ~ <b>PROCESS</b> ~</p>	<p>What you provide to patients/clients ~ <b>OFFERING</b> ~</p>	<p>How you connect &amp; relate to clients <sup>17</sup> ~ <b>DELIVERY</b> ~</p>
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**Collecting Our Wisdom**

**Grantee Innovator View**

The experience has been powerful and transforming for the innovators. Among the grantees, shared insights and wisdom include:

- Find partners to share the journey and help develop your innovation—before it feels comfortable, even before you feel ready.
- Some partners may be unusual suspects from outside your expertise or discipline... including your grant maker!
- These partners are the same people that can help you with spreading the innovation. Invite them to share excitement about the prototype.
- Stay true to what is exciting and transforming about your innovation. Your integrity often will attract many others critical to spreading the innovation.
- Balance *tight* make-it-happen strategy with *loose* let-it-happen serendipitous “practices.”
- Many doors will open, go through them! Spread happens unpredictably in local, national & international “waves.”
- Develop “min specs” so that when your innovation starts to spread, key elements are maintained as it is customized by others.
- Anticipate that successful innovations disrupt and replace well established practices. Not everyone will be pleased.



**Foundation Staff View**

These insights echo earlier observations made by Foundation staff in “Mastering the Art of Innovating.” [2] Key elements for successful spread include:

- Re-Invention Fidelity—Always and Never the Same
- Small Things Grow and Combine to Make Big Things
- Simultaneous Mutual Shaping
- When Hard Work, Hope and History Rhyme
- Structured-Yet-Improvisational Spread
- Mountains Beyond Mountains Resilience
- Social Proof Is the Pudding.

Looking back, the most gratifying and productive staff support practices include:

- As a trusted partner, helping grantees reflect on their journey through twists and turns. Asking, “What seems possible now?”
- Early in the process, focusing on diffusion and smart networks as a design discipline.
- Amplifying discoveries and encouraging still MORE exploration, “Yes, walk through door # 10!”
- Linking innovators to others with social network mapping and weaving methods.
- Working *with* the unknown as learning about the deliverable unfolds, using the best “tight” and “loose” strategies to advance innovation.

*Those who say "No" to the offers life makes are rewarded by the safety that it brings; those that say "Yes" are rewarded by the adventures that they go on. Viola Spolin*

How you organize to generate revenue ~ <b>FINANCING</b> ~	What processes make you capable ~ <b>PROCESS</b> ~	What you provide to patients/clients ~ <b>OFFERING</b> ~	How you connect & relate to clients <sup>18</sup> ~ <b>DELIVERY</b> ~
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**Analyzing the Types Landscape: What Makes Us Innovative**

Summing up the “types scoring” of 10 participating grantees reveals strengths and opportunities.

<p style="text-align: center;"><b>5</b> </p> <p style="text-align: center;"><b>How you organize to generate revenue</b> ~ <b>FINANCING</b> ~</p> <p>Least developed among the grantees, are <b>Financing</b> elements that transform how we generate revenue. Finance innovations are most underutilized and may spell the difference between a “great idea” and a great innovation that spreads beyond the tipping point.</p>	<p style="text-align: center;"><b>16</b> </p> <p style="text-align: center;"><b>What processes make you capable</b> ~ <b>PROCESS</b> ~</p> <p>Grantees often used simple-and-advanced technology “mash-ups” as an integral part of their innovation. They amplified tacit and latent talents as well as extended core <b>Process</b> capabilities in health care.</p>	<p style="text-align: center;"><b>35</b> </p> <p style="text-align: center;"><b>What you provide to patients/clients</b> ~ <b>OFFERING</b> ~</p> <p>Grantees focused first and foremost on their <b>Offering</b>—the performance features, service and the surrounding system—garnered the most attention. While this is not surprising, generally it is not nearly enough for an innovation to spread. [2]</p>	<p style="text-align: center;"><b>21</b> </p> <p style="text-align: center;"><b>How you connect &amp; relate to patients/clients</b> ~ <b>DELIVERY</b> ~</p> <p>Among our grantees, <b>Delivery</b> attributes are a strong component of “what makes us innovative.” This renewed focus on the customer experience, using new channels and human-centered design, is most encouraging. There is more potential to be tapped!</p>
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We have found that the most obvious attributes of the **Offering** are not necessarily the most powerful. Rather, the subtle combination or synergy of types may create a surprising blockbuster. Weaving multiple innovation types was critical and quite challenging for grantees. Forging a deeper partnership with foundation staff or providing external coaching/consulting may help overcome this challenge.

This is a worthy and most challenging pursuit for philanthropic foundations AND emerging innovators. There is more exploring and research to be done. We believe the answers will emerge from close partnership among grantees and foundation staff.

*The future is already here. It is just not uniformly distributed.* William Gibson

<p style="text-align: center;">How you organize to generate revenue ~ <b>FINANCING</b> ~</p>	<p style="text-align: center;">What processes make you capable ~ <b>PROCESS</b> ~</p>	<p style="text-align: center;">What you provide to patients/clients ~ <b>OFFERING</b> ~</p>	<p style="text-align: center;">How you connect &amp; relate to clients ~ <b>DELIVERY</b> ~</p>
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**With A Deep Bow of Appreciation**

The authors want to express deep appreciation and respect to all thirteen innovators (see appendix 1). While we shared in taking risks, the leadership and courage of grantees was truly inspiring. As the final cycle of projects comes to an end, the network of mutual support is enduring.

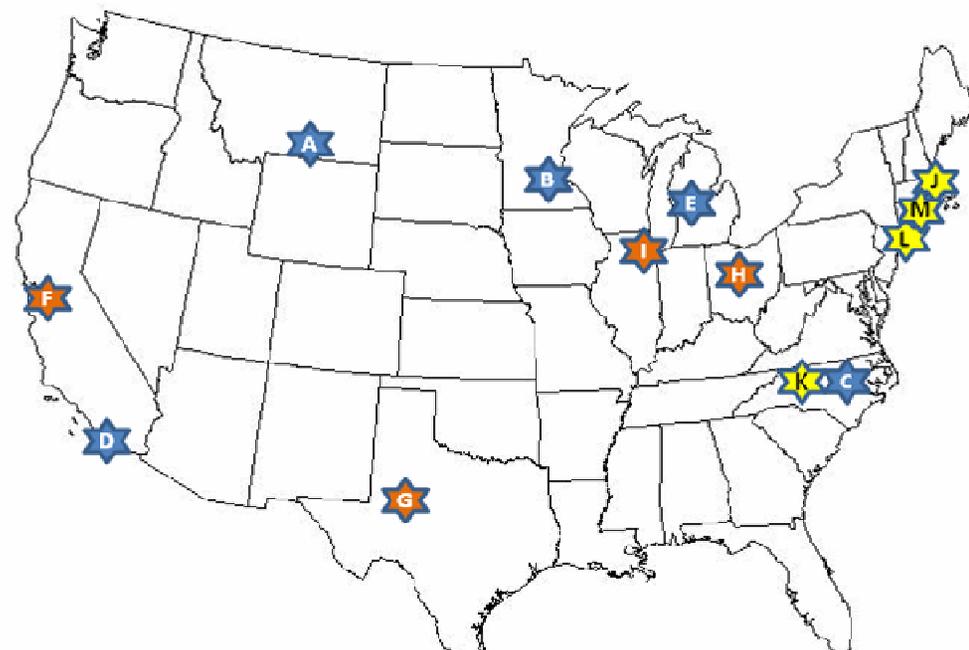
Henry David Thoreau suggested, “[Our truest life is when we are in our dreams awake.](#)” It has been pure pleasure to awaken and live dreams as partners on the journey. We are succeeding together. With a deep bow, thank you!

~ END ~

<p><u>References:</u>                  [1] “Oil, Water, Apples, Oranges: Bootstrapping Innovation with Social Networks,” (2005) Linda DeWolf and Keith McCandless. <i>Creating a vibrant learning network among grantees of the VHA Foundation.</i></p> <p>“Mastering the Art of Innovating: A Funny, Wonderful Thing Happened on the Way to My Deliverable!” (2006) Keith McCandless &amp; Linda DeWolf. <i>Illuminating the interplay of make-it-happen and let-it-happen innovation strategies among nine innovation grantees.</i></p> <p>Articles available at <a href="https://www.vhafoundation.org/">https://www.vhafoundation.org/</a> &amp; <a href="http://socialinvention.net/articles.aspx">http://socialinvention.net/articles.aspx</a></p> <p>[2] “The Power of Innovation,” (2006) VHA. Available at <a href="http://www.vhafoundation.org/">http://www.vhafoundation.org/</a> go to “Prior Foundation Initiatives,” and then “Innovation Projects.”</p> <p>[3] Alan Duncan quotes Clay Shirky, from <a href="#">Here Comes Everybody</a>, Penguin, 2008.</p>	<p><u>Contact Information</u></p> <p>Linda DeWolf                  President, VHA Foundation                  (972) 830-0224  <a href="mailto:ldewolf@vha.com">ldewolf@vha.com</a></p> <p>Keith McCandless                  Social Invention Group                  (206) 324-9332  <a href="mailto:keithmccandless@earthlink.net">keithmccandless@earthlink.net</a>  <a href="http://www.socialinvention.net">www.socialinvention.net</a></p> <p>Read more about all thirteen grantees here: <a href="http://www.vhafoundation.org">www.vhafoundation.org</a></p>
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<p>How you organize to generate revenue                  ~ FINANCING ~</p>	<p>What processes make you capable                  ~ PROCESS ~</p>	<p>What you provide to patients/clients                  ~ OFFERING ~</p>	<p>How you connect &amp; relate to clients <sup>20</sup>                  ~ DELIVERY ~</p>
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**APPENDIX 1: VHA Foundation Grantees**



2004 Grantees	2005 Grantees	2007 Grantees
A. Frances Mahon Deaconess Hospital - Billings, MT <i>Montana Mobile Educational Delivery &amp; Learning Program (MEDLearn)</i>	F. Keiser Foundation Hospitals – Oakland, CA <i>Innovation Learning Network (ILN)</i>	J. General Hospital Corporation / Massachusetts General Hospital – Cambridge, MA <i>RIPS R3: Real-Time Incident Preparedness Simulation</i>
B. Mayo Clinic Rochester - Rochester, MN <i>Leading Innovation in Health Care Delivery: the SPARC Innovation Program</i>	G. Midland Memorial Hospital – Midland, TX <i>Private Sector Deployment of Open Vista</i>	K. Moses H. Cone Memorial Hospital – Greensboro, NC <i>The Surge Case – Scalable, Movable Surge Capacity</i>
C. University of North Carolina Hospitals - Chapel Hill, NC <i>Quality in Pediatric Subspecialty Care (QPSC)</i>	H. OhioHealth / Riverside Methodist Hospital – Columbus, OH <i>The Center for Medical Education + Innovation (CME+)</i>	L. New York Presbyterian Healthcare System <i>Launch of a Hospital Clinical Coordination &amp; Command Center (HC4)</i>
D. Scripps Health – San Diego, CA <i>Improving Medication Compliance: A Multifaceted Approach</i>	I. University of Chicago Hospitals – Chicago, IL <i>Medical Accident Data Collection &amp; Analysis Service (MEDCAS)</i>	M. Yale New Haven Center for Emergency Preparedness & Disaster Response – New Haven, CT
E. Spectrum Health – Grand Rapids, MI <i>Nutritional Options for Wellness (NOW)</i>		

How you organize to generate revenue ~ FINANCING ~	What processes make you capable ~ PROCESS ~	What you provide to patients/clients ~ OFFERING ~	How you connect & relate to clients <sup>21</sup> ~ DELIVERY ~
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