annual mashup of all things
This is Chris.

A Message from the Director
It has been a crazy, fast year! For starters, the ILN continued to expand with ever increasing talent. We are 21 organizations strong with over 1,150 members. To our most popular “destinations”, we added Guru Sessions and two new Collaboratives. ILNers are taking more, giving more, and learning more than ever... and most exciting is that our members are starting to do this without the aid of the ILN core team (in terms of SmartNetworking, this is a major achievement).

In 2011, frog design (Member Since 2011) hosted us at the Space Needle for a deep exploration of gaming in healthcare. We learned that games which offer a bit of competition, puzzle solving, and social inclusion, can spur our patients and employees on to healthier, more active lives. They can help patients dealing with complex conditions like pain or cancer to achieve their prescribed treatments. And they can help scientists crack the code of HIV through crowdsourcing of a folding protein puzzle game. Amazing.

Kaiser Permanente (Member Since 2006) and the California Healthcare Foundation (Member Since 2010) co-hosted the largest InPerson gathering to date this past October. We sent 150 leaders and innovators on an innovation safari on Day 1 to fifteen extraordinary SFBay organizations. We exposed them to 10 super cool technologies and concepts in a progressive lunch (we paired finger foods with technology...and wow was that a cool way to learn!). And then we gave six hours to brainstorm and prototype healthcare in 2031. From SmartBathrooms and SmartSupermarkets, to a Healthcare Political Party and friendly cloud computing the future concepts were as brilliant as they were diverse. All gave us a glimpse of what we know is to come.

And finally the ILN Core grew by one. We are official 2.5 full-time employees. (Yes, the decimal is in the right place). Stephen Szermer joins our team to expand and continue the amazing exchange of innovation.

So there you have it. A year of innovation... we’ve already started our 2012 programs. I’m itching to talk about them, but you’ll have to wait 365 days to read it here. Or you could participate now to get in an the action,.... ;)
About the ILN
Sharing the joys and pains of innovation and diffusion since 2006. Learn more about the ILN member organizations and milestones.

The Power of Transfer
Beyond the wonder and mystery of innovation, you’ll find diffusion and sustainability, the real nuts & bolts that help good ideas become real transformation.

Meet Our Members
Get to know this group of nurses, doctors, hospital administrators, technologists, designers, misbehaviors and so much more.

From Safari to Spaceship
One ILNer recalls his first experience at an ILN InPerson Meeting as “a festival of geeks” that allowed him to collaborate and get his hands dirty with healthcare design.

Justification for Gamification
How “Changing the Game” turned one healthcare “gamification” skeptic into a believer.
Prototypes & Concepts: 2031

Just because they are half-baked, doesn’t mean there isn’t any substance; some promising ideas from an InPerson Meeting.

Postcards from the Safari

One Safety Net pro talks about some not-so-analogous observations and how we can learn to innovate with less.

My Week as an ILNer

After spending some time with members of the ILN, one entrepreneur-author shares some ‘aha’ moments and how those ‘ahas’ are paying off in her own work.

Tools of the Trade

We hand-picked a few of our favorite techniques we used or learned this year; and here you’ll get the complete “how-to”.

(N.T.R.) No Travel Required

A recap and resources from our year of virtual meetings, all from the comfort of your office.

Acknowledgements

They contributed time, energy, words or photos to make sure 2011 for ILN and Insights was fantastic.
About
the
ILN
THE INNOVATION LEARNING NETWORK (ILN) BRINGS TOGETHER THE MOST INNOVATIVE HEALTHCARE ORGANIZATIONS AND DESIGN FIRMS IN THE COUNTRY TO SHARE THE JOYS AND PAINS OF INNOVATION. ITS PURPOSE IS TO FOSTER DISCUSSION ON THE METHODS AND APPLICATION OF DESIGN THINKING FOR INNOVATION/DIFFUSION, IGNITE THE TRANSFER OF IDEAS, AND PROVIDE OPPORTUNITIES FOR INTER-ORGANIZATIONAL COLLABORATION.
About the ILN
The Network

INNOVATION/DESIGN

frog design  gravitytank  point>Forward

FOUNDATIONS

California Healthcare Foundation  The California Endowment

HEALTHCARE

Adventist Health  Alegent Health  Ascension Health  Dignity Health  Henry Ford Health System  Kaiser Permanente  NHS  CIMIT  Partners HealthCare  Franciscan Missionaries of Our Lady Health System  Health Plan Alliance  HealthPartners  Via Christi Health
About the ILN
By the Numbers

Core ILN Team
2.5
Full Time Employees

ILN Website Visitors
4,275
Visitorg in 2011
1,117 in 2009
3,058 in 2010

Meeting Mix

Collaboratives
3 New

3 Collaboratives formed
Healthly Shopping,
Extreme Diabetics &
Innovation Competencies

Participation
1,000

We had 2 shy of a 1,000 participate in virtual events in 2011

Social Presence

515 People follow us on Twitter

About the ILN | ILN Insights 2011 | NE
Meet our Members
TOGETHER, WE CHALLENGE THE MYTH OF THE “LONLEY INNOVATOR” AND THE “LONE GENIUS”. WE SEE THE ENORMITY OF CHALLENGES FACED BY HEALTHCARE AND KNOW THAT SUCH COMPLEXITY CAN NOT BE TACKLED BY ONE ORGANIZATION. WE ARE A SELF-ORGANIZED, INTERNATIONAL NETWORK OF NURSES, DOCTORS, HOSPITAL ADMINISTRATORS, TECHNOLOGISTS, DESIGNERS AND MISBEHAVORS. WE RELY ON THE GUSTO, LEADERSHIP AND PASSION OF OUR MEMBERS TO HELP DRIVE THE NETWORK TOWARDS ITS PURPOSE OF SHARING AND SPREADING INNOVATION. HERE ARE A HANDBUL OF THE PEOPLE WHO HELP GUIDE & ORGANIZE THE ILN IN AN “OFFICIAL” CAPACITY.
Governance Board

Members of the Governance Board are not only ILN Sponsors, but also take on the added responsibility of guiding, nurturing and developing its strategy and direction. They meet throughout the year with the ILN Team to pick their brain, stretch their thinking and offering valuable insight.
ILN Sponsors

Sponsors are champions of change, innovation and design in their organizations. They tackle healthcare transformation and utilize the ILN both as a platform and a sounding board to support and augment their own organization’s innovation initiatives.
Network Weavers

Network Weavers are the hubs of our network. By pairing up their vast connections and techniques like smartnetworking, Weavers help to facilitate the flow of information between their organization and the ILN. They scan the horizon for transformational designs and create connections that optimize knowledge transfer across systems.
Justification for Gamification

“Changing the Game” was about using gaming mechanics and theory to change health and healthcare.
The ILN’s Spring InPerson Meeting “Changing the Game” changed my mind about the possibilities of using insight from the gaming industry in my daily work. I went to Seattle skeptical about using gaming theory and game mechanics – though I had on occasion experienced the benefit of playing Angry Birds during occasional, particularly boring flights. And left 3 days later with a notebook full with ideas of how the gaming industry can help me create innovative ways of engaging and serving patients, health plan members and employees. And, even more surprising to me, how gaming can be used in decision-making.

By looking at successful games we can learn a lot about what our customers and patients want from us:

• They aspire to big things: few things in life are more important to folks than their health so we should be able to tap into a patient’s aspirations to accomplish big goals.

• They respond to immediate feedback: they like to know how they are doing whether it is weight loss or lab test results.

• They like to know the rules: transparency is being demanded by savvy customers – particularly when it comes to price and outcomes and other elements of value.
“I went to Seattle skeptical about using gaming theory and game mechanics...”
• They expect superior customer service: their experience online raises their expectations of what constitutes acceptable customer service.

• They are engaged when part of a community: as health care providers we need to be aware of social as well as individual needs of our patients and customers.

Managers can also use ideas from gaming to involve employees and improve decision-making. I told our HR team about a game we experienced at the InPerson Meeting - Jason Morningstar’s game to teach nursing students about the complexity of their pediatric oncology department’s dynamic environment and roles [watch the video here: vimeo.com/iln/nursegame]. They loved the idea so much we brainstormed on how it could be used to orient new employees in our non-clinical organization.

So, by experiencing the world of gaming at Frog Design and the Spring ILN InPerson Meeting I learned to apply gaming theory and practice in multiple settings and to solve multiple problems. Now, if I can just shut down my Ninetendo Wii long enough to still enjoy the great outdoors.

Dennis Bolin is the Chief Marketing Officer and head of member engagement for Health Plan Alliance. Want to reach out? DBolin@vha.com
The Power of Transfer
So often we are told about an innovation and all its wonderful benefits. Missing are the lessons on how it was implemented, how it was spread, and how it was sustained.

Enter Diffusion Days. The concept is to provide a forum where innovations could be spread from organization to organization in the most direct way possible; by hearing from the people who designed and spread the solution. To test this idea, the ILN worked with Kaiser Permanente's Innovation Consultancy (IC) to spread its award-winning solution called Nurse Knowledge Exchange Plus (NKEplus).

In 2004, the IC and frontline staff designed a better way for nurses to exchange information at shift change. Adopted nationally and internationally, the program consisted of shift preparation, the use of a Patient Care Board, and bedside rounds with standardized reports. Four years later, while the IC found that the main elements of NKE were strong and true, nurses using NKE were suffering from a multitude of distractions. This kicked off the evolution from NKE to NKEplus.

NKEplus was designed as a group of processes that supported the original elements of NKE -- ensuring the nurses ability to give a warm hand-off at shift change, the inclusion of the patient in
PARTICIPANTS
82 people attended

DISCUSSIONS AROUND
67 tweets

DOWNLOADS
161% increase of change package downloads since ILN Diffusion Days was announced on March 9, 2011 (between 3/9/11 and 4/1/11).

participants from all over the country
their plan of care and ensuring the patient's safety. The added components to NKEplus focused on: the last hourly round to prepare the patient and the unit for shift change, an in-room safety check, and an expanded role for the unit staff to support shift change. All elements were designed with customizable components so that units could “make it their own”.

Another innovation was the use of human-centered design methods for implementation. Based off the belief that lasting change happens when people trust in the “why” behind the change; the solutions take mutual accountability for action and pride in shared successes. NKEplus is designed to optimally support an implementation that will engage hospital staff in making key decisions to tailor the final product to their unique needs and practices.

Diffusion Days for NKEplus were constructed so that participating organizations would be educated about both the NKEplus and human-centered implementation. Over the course of three 2-hour sessions, teams collaborate to bring the solution and its implementation knowledge into their organizations. 82 people across 12 states attended the sessions. The power of innovation is not only in the solution but the ability to spread and sustain the solution. Diffusion Days is one of many prototypes to do just that.
From Safari to Spaceship
An ILN Host’s Perspective

**EVENT**
**LOCATION**
**HOST**
**THEME**

**ILN Autumn InPerson Meeting**
Oakland, California
Kaiser Permanente
California Healthcare Foundation

October 11 - 13

“Co-designing the future of connected healing” was about ideating some wild future solutions to today’s big healthcare problems.
Prior to the Autumn 2011 InPerson, my experience with the ILN was limited to its virtual offerings: Virtual Thursdays, BrownBags, Learning Series and an occasional conversation with ILN team members. Reports of prior InPerson Meetings included animal print clothing, crowns, and copious use of Post-It notes so I had high expectations. Happily, and not surprisingly, this event exceeded my expectations.

The InPerson Meeting was a three-day exploration of ideas that brought ILNers together to collaborate and design solutions for healthcare in the future. And it all started with an Innovation Safari. Rather than trekking through the savannah in search of the much-vaunted Big Five game, the targets for the ILN Innovation Safari were the Big Five components of health care innovation: new ideas, practices and protocols (ideally from outside of health care), empathetic relationship between patients and care teams, and knowledge of the technologies that might enable the digital patient and connected health care system of the future. Fourteen groups traveled to fourteen diverse innovation sites across the Bay Area to gain a glimpse into different, non-healthcare approaches to innovation, design and our future.

The event was designed with clear purpose and presented compelling and entertaining views of possible solutions to the health care challenges. At every important moment of the event I could imagine the ILN staff asking, “How might we make this a challenging and
“What the members do take seriously is the opportunity to collaborate in order to improve the quality of health care.”
enjoyable learning experience?” If you want to know how improving the experience of filing taxes, responding to a roadside assistance call, or sending a man to the moon might apply to improving health care, ask an InPerson Attendee about their Innovation Safari.

And rather than creating a discussion forum, the ILN used personas and technology thought starters to fuel the Deep Dive. ILNers, some of the people driving change in health care, used the Deep Dive to imagine and design models of connected care that will deliver better health outcomes in the face of future environmental, regulatory and behavioral challenges.

And what were the trophies of this Innovation Safari? In this case handheld cameras and rough prototyping skills supplanted formaldehyde and taxidermy. On the third day, each team presented a one-take video that shared a vision of the digital patient and connected care team. If I didn’t know some of the members of the ILN, I would have had no idea that the people in costumes including a personal data cloud, Mrs. Skywalker, and a Hollywood star, respectively, were among the most powerful driving forces in health care innovation. The Innovation Learning Network is a professional networking organization with members who do not take themselves too seriously. What the members do take seriously is the opportunity to collaborate in order to innovate the quality of health care. The 2011 InPerson Design Session was truly a “festival of geeks” and I am honored to have been part of it.

Aaron Hardisty is a Business Consultant with Kaiser Permanente’s Innovation and Advanced Technology group. Want to get to know him more? Aaron.Hardisty@kp.org
Concepts & Prototypes: 2031
WHAT WILL THE CARE TEAM OF 2031 LOOK LIKE?
WE’RE NOT SURE, BUT WE HAVE SOME GUESSES.
THE ILN LOOKS TO ITS MEMBERS TO DRIVE
DIRECTION AND CONTENT DISCOVERY. SO WHEN
WE GATHERED FOR OUR ILN AUTUMN INPERSON
MEETING, WE KNEW A DESIGN SESSION WOULD
SPUR THE IMAGINATION AND CURIOSITY OF
OUR INNOVATORS. THE IDEA WAS SIMPLE;
PROTOTYPE WHAT THE CONNECTED CARE TEAM
AND PATIENT OF 2031 WILL LOOK LIKE. HERE
ARE A HANDFUL OF THE FUTURISTIC CONCEPTS
THAT CAME OUT OF THIS CREATIVE PROCESS.
Neighborhood Health Watch
Hospitals no longer exist -- all care is delivered in the home. Communities form Neighborhood Health Watch Groups to visit patients and perform basic clinical tasks and socialize. See the video -- http://vimeo.com/iln/neighbohood

Care Kiosk Hot Spots
Analogous to WiFi Hotspots, “Health Care Hot Spots” would be accessible, conveniently located spots where you could get a variety of virtual services including tele-video, bio-monitoring, diagnosis and treatment using your cell phone or other device. See the video -- http://vimeo.com/iln/whatdyaknowjoe

Interactive Health Wall
1. Knowledge + Communication + Empower = Happy
2. Customized & Personalized
3. Easy to use
4. Instant and Accessible
5. Human vs. Device Centered
6. Empower Ownership of your Health
7. Can be “Gesture” Interface
8. Multi-cultural & configured
See the video -- http://vimeo.com/iln/empowerment
Inspired by concepts and conversations at the ILN Autumn InPerson Meeting, a group formed around motivating behavior change for grocery store consumers to make smarter, healthier food purchases. Seven people from four organizations are now meeting regularly to research and apply core ideas from those futuristic concepts to today’s grocery environment. Stay tuned to see what this group “cooks up” in the coming months.

**Adventure Room**

The Fantasy Room is a room that can be changed to different environments (Forrest, waterfall, Beach, etc). It is intended to be a fun exercise and connectivity (virtual) with friends & family. You can also connect with your care team. The walls can mimic any environment. See the video -- http://vimeo.com/iln/adventure

**Supermarket Nutrition Health Assessment**

Patient has an augmented reality device that displays health/nutrition data & guide towards healthy food choices. This is reinforced by “Smart Supermarkets” that reward you for making healthy purchase decisions. See the video -- http://vimeo.com/iln/smartshop

**Momentum to the Market...**
Poscards from the Safari
Although analogous observations have an important role to inspire innovations, there is actually a lot we can learn from health care organizations not currently engaged in the ILN, namely those organizations caring for the most vulnerable and typically underserved populations. The largest safety-net providers are public hospitals and community health centers who care for the majority of uninsured and low-income populations. These organizations have been forced to innovate out of necessity because they care for some of the most diverse and complex patients while operating in challenging resource-constrained environments. During the Innovation Safari we had a chance to visit San Francisco General Hospital, the main public hospital (and Level I Trauma Center) in San Francisco. A small group of ILNers had the opportunity to learn about some really cool innovations with direct applicability to our own care settings. First, we were able to talk with an interpreter (over a portable video cart) about their video health care interpreter system that has improved how they communicate with patients, improved the experience of care for patients, and reduced costs for the health system. We also learned how SFGH is engaging English and Spanish speaking patients and family members in new ways to redesign their health systems and inform everything they are doing. While safety net organizations may have some unique challenges, there are more similarities than we might think, and a lot that we could learn from each other.
My Week as an “ILNer”
As a professional speaker, educator, researcher and consultant, I have the opportunity to attend many conferences and events throughout the year. The ILN Autumn InPerson Meeting was, by far, the most beneficial and well organized conference that I attended in 2011. It is an event that I hope to have the opportunity to attend again and again.

The insights that I gained and the friendships that I made by attending the InPerson Meeting have been helpful to me in every aspect of my business and personal life. I am the mother of eight children, Facebook’s external consultant regarding families and education, and I am the founder of Family Health 360, which is a company that researches and recommends tools and techniques to improve all aspects of health in the context of the household. These tools and techniques include implementing methods of behavior change as well as using traditional tools and innovative technologies.

The insights that I gained and lessons that I learned at the InPerson Meeting are numerous. They have been applicable not only in my quest to help families improve their health, but have also been applicable in my every day life. Here are the top five insights that I gained and lessons learned:
“There is more value in putting something beneficial in a million hands than making a million dollars.”
1. Take your mind out of your mental valley - think innovatively.
2. Build on the ideas of others - collaborate.
3. The best way to predict the future is to innovate it.
4. Success is often based on the element of surprise.
5. There is more value in putting something beneficial in a million hands than making a million dollars.

One of the most exciting business connections that I made at the conference was with Dr. Jeffery Benabio, who is a Kaiser Permanente Dermatologist. Since the conference, we have had ongoing discussions regarding co-authoring a Facebook Guide for Medical Care Practitioners similar to the Facebook guides that I have written for parents and educators. This is a very innovative idea that will ultimately benefit patients through the use of social media to help facilitate their health care.

I went to the InPerson Meeting not knowing what to expect. Two days later, I left with a very unexpected and invaluable gift. I left with the gift of ongoing support and genuine friendship of those that are a part of ILN, Kaiser Permanente and the other attendees of the conference. I also left with the feeling of hope and encouragement that together, we will be able to develop technologies and innovative techniques to improve the health of our fellow man for generations to come. ILN has a very unique network of “like minded” people whose goal is to make the world a better place by selflessly serving others. It is an honor to be included as a “friend of the ILN”.

Linda Fogg-Phillips is the author of “Facebook for Parents & Educators. She’s also the founder of Family Health 360. Interested in her work? LindaFoggPhillips@mac.com
"Think achievement rather than adherence."

communication = partnership
A SMALL COLLECTION OF THE DESIGN AND SOCIAL INNOVATION TECHNIQUES WE USED THROUGHOUT THE YEAR. A LOOK THROUGH OUR ONLINE TOOL CHEST WILL YIELD A BEVY OF TECHNIQUES, METHODOLOGIES AND GENERAL INSPIRATION FOR PROJECTS AND MEETINGS ALIKE.

ILN Members visit the Tool Chest here for more creative techniques:
http://www.innovationlearningnetwork.org/forum
Analogous Observations
You've been asking to figure out a “transformative patient experience in the hospital”. You know, just one of those small requests to make your organization faster, leaner…and more cost effective. But where do you start? Where do you find inspiration? Most often we see teams dive right into their challenges and benchmark themselves against others only in healthcare. Less often, but often more powerful is tapping into the richness of what other industries are doing to solve their complex challenges. We call this the Analogous Observation.

Analogous Observations (AO) are powerful for several reasons. First, the industry is not yours, so most likely you are not an expert in what they do…and this gives you an incredibly perceptive mind; to take in all the wonders of “new”. This is often refreshing and clears the cobwebs in your thinking. Second, it lets you leap into inspiration. With so many new non-linear connections being made, your brain can’t help rearranging all the pieces into...
“... often more powerful is tapping into the richness of what others industries are doing to solve their complex challenges. We call this the Analogous Observation.”
novel, unique combinations. And finally, it offers solutions; the direct lifting of an idea from one industry to another.

In 2005, the ILN sat down folks from Craigslist and Yahoo to learn how crowdsourcing and social platforms were the way of the future. In 2007, KP sent its frontline design team to pilot school. They translated the “sterile cockpit” for pilots into a medication safety program in the hospital. And in our last InPerson Meeting (October 2011), the ILN sent 140 innovators to over fifteen diverse San Francisco Bay Area industries; from technology, automotive, education, energy and space. They were inspired and challenged to imagine a new future in healthcare. The results were 18 interwoven, recombinant visions; some were linear, some not... but all were telling new stories with borrowed elements.

So get out there, open your eyes, and you will be amazed at what you can find outside the walls of your health system.
Wise
Crowd
Consultations
Wise Crowd Consultations

Wise Crowds is a fabulous alternative to one-way presentations. A PowerPoint show that ends with “any questions?” does not enable innovative exchange. Arrrgghhh. Try Wise Crowds to get and give advice in a way that ignites creative adaptations. Enjoy.

What is made possible? Tapping the wisdom and inventiveness of everyone in the group to address complex challenges. Individuals ask for help and get help immediately from many others (from 5 to 150 others). New relationships form very quickly. Together, novices and strangers can outperform the experts! Here is the minimum specs structure.

Space & Materials: Around tables or a group of chairs (or WebEx breakout groups), paper to record

Participation: Mixed groups across functions and disciplines are ideal

Configurations: One by one in groups of 5-6. The person asking for help (client) turns their back on the consultants after their consultation question has been clarified.
“A PowerPoint show that ends with ‘any questions?’ does not enable innovative exchange. Arrrrggghhh!”
Time Allocation: Each person requesting a consult (aka client) receives 15 minutes of help
[2] For the client to present the challenge and their request for help
[3] Table or pre-selected consultants clarify the challenge/question
[8] Consultants generate advice and recommendations while the client turns their back. The consultants work as a team to help the client.
[2] Feedback from client: what was useful about the experience

Conceptual Framework: Turning your back deepens curiosity, listening, empathy and risk-taking for all

WHY? Purposes
Refine skills in giving, receiving & asking for help
Tap intelligence of the whole group
Generate wisdom that helps you work across disciplines and functional silos
Substitute for boring briefings and updates
Actively build trust through mutual support and peer connection
Practice listening without defending

Tips and Traps
Invite a very diverse crowd to help (not only the experts and leaders)
Critique yourself when you fall into traps (e.g., jumping to action before clarifying the purpose or the problem)
Take risks while maintaining empathy
If the first round is weak, try again
Focus on complex challenges without easy answers

Riffs & Variations
Generate only questions in a second round: no advice giving (aka Q-Storming)
Large format invites one person to ask the whole room for help. They select a few primary consultants. Everyone else forms satellite teams to observe and consult.
3 x 5

One very quick, fun and quite frankly, unscientific way to measure the passion and direction of a meeting and to identify potential follow-up action items. 3x5 is named for the index cards used during this fun and enlightening activity. It’s easy and pretty fun to do.

Near the end of the meeting, give everybody a 3”x5” index card. On the front of the card, each person writes: 1) A powerful insight or learning from their time at the meeting. 2) An action relating to that insight or learning. No need for names, however legible penmanship is of the utmost importance. Everyone will need to quickly make sense of what they are reading on the cards; and chicken-scratch makes that hard to do.

Next, have the group stand up and start milling around. Pass the cards to someone new. Keep milling and passing. One fun way to augment this activity is to play some music during the milling/passing portion. For a buck on iTunes, we recommend “It Takes Two” by Rob Base & DJ E-Z Rock or “Another One Bites the Dust by Queen. The music really gets the energy level high and adds a nice “musical-chairs” game element to the activity; but isn’t a necessity.
“Voila... you’ve quickly unconvered a shared sense of what ‘the crowd’ thinks are the most compelling insights and actions for the meeting.”
After about 15 seconds of milling, stop the group (and the music if you have it) and have everyone turn to the closest person and exchange cards one last time. Read the card you were given and rate the 3x5 on a scale from 1 - 5. A “5” is “fabulously inspiring” to you and a “1” is OK, but doesn’t really inspire you much. Talk over your ratings and adjust as needed. Write your final rating on the back of the 3x5.

Start milling (and the music if you’ve got it) and keep passing the 3x5 cards.

Stop the group. Rate the cards in the same way.

Rinse. Repeat.

Do this a total of five times. By the end of round five, each 3x5 card should have five ratings. At the end of round five, have the group add up the scores on “their” card.

What’s the score? Who has a card with a score of 25? 24 points? And voila... you’ve quickly unconvered a shared sense of what “the crowd” thinks are the most compelling insights and actions for the meeting.

Invite the 5-10 folks holding the highest rated cards to read them aloud to the whole group. If the group is big, a microphone is helpful here.

What you do with those top ideas/actions is up to you. But now you have a great rally point for potential further post-meeting discussion or work groups.
Concentric Circles
Concentric Circles

This ice-breaker of sorts is a way to quickly help folks get to know one another and jumpstarts topic exploration. This energizer/ice-breaker also goes by the moniker, “Mad Tea Party”. The technique is simple. Ahead of time, create a PowerPoint or flipchart with interesting questions (one question per slide). We recommend alternating fun questions and deep, meeting-related ones.

Direct the group to split in half.

Half the group forms a circle and faces outward.

The other half forms a circle around the inner circle and faces the nearest person.

The facing pairs introduce themselves and answer the question on the screen. Each person has roughly a minute to discuss their answers.

Ring a bell, and the outside circle moves one person clockwise.

Rinse. Repeat about five to ten times.
N.T.R. (No Travel Required)
OUR VIRTUAL SESSIONS ARE ABOUT BRINGING TOGETHER INNOVATORS FROM AROUND THE WORLD TO SCAN AND SHARE THE HORIZON OF POSSIBILITY. ILN VIRTUAL THURSDAYS, BROWN BAGS AND LEARNING SERIES ARE THE NETWORK’S ANSWER TO LEARNING ABOUT INNOVATION, HEALTHCARE DESIGN AND TECHNIQUES FROM THE INNOVATORS THEMSELVES; ALL WHILE SITTING IN THE COMFORT OF YOUR OWN OFFICE.
Virtual Events

**Via Christi Health ePharmacy**  
01/13/11  
Mark Gagnon | mark.gagnon@viachristi.org  
www.via-christi.org/body2.cfm?id=2638

**“Flight Simulators” for Hospitals**  
02/24/11  
Parvati Dev, PhD | parvati@innovationinlearning.com  
clinispace.com

**dScout: Qualitative Mobile Research**  
03/10/11  
Michael Winnick | michael@gravitytank.com  
dscout.com

**NKEplus: A Nurse Shift Change Innovation**  
03/24/11  
Christine Richter | christine.x.richter@kp.org  
xnet.kp.org/innovationconsultancy/nkeplus

**NKEplus Diffusion Days (4 Sessions)**  
03/24/11 - 08/02/11  
KP Innovation Consultancy, innovation.consultancy@kp.org  
xnet.kp.org/innovationconsultancy/nkeplus

**Designing Life-Changing Connected Health**  
04/07/11  
Giorgio Baresi | giorgio.baresi@frogdesign.com  
designmind.frogdesign.com/blog/author/designwell

**UPMC’s Experience-based Design Tool**  
04/21/11  
Steve Pedaline, innovationcenter@upmc.edu  
pfcc.org

**NetClinic: A Patient Portal for Physicians**  
05/19/11  
Peter Moen | pmoen@netclinic.com  
netclinic.com

**dScout: Qualitative Mobile Research**  
03/10/11  
Michael Winnick | michael@gravitytank.com  
dscout.com

**Design Thinking & Maternal Health Services in Africa**  
05/24/11  
Nick Pearson | npearson@jacarandahealth.org  
jacarandahealth.org
Virtual Events

Tech-Enabled Independent Living
06/09/11
Kian Saneii, ksaneii@independa.com
independa.com

Future of Healthcare in the Bag
06/23/11
David Swann | d.m.swann@hud.ac.uk
fastcodesign.com/node/1664460

Public Health Planning 2.0: Mapping Mashups
07/14/11
Eileen Barsi | eileen.barsi@dignityhealth.org
cni.chw-interactive.org

Overcoming Obstacles via Collaboration
08/11/11
Shannon Stairhime | shannon.m.stairhime@kp.org
http://goo.gl/FQj75

Designing a Positive Waiting Experience
09/08/11
Lekshmy Parameswaran | lekshmy.parameswaran@fuelfor.net
fuelfor.net/fuelfor/wait.html

Designing Change: Fighting Infection w/ Packaging
09/22/11
Sue MacInnes | smacinnes@medline.com
deborahadlerdesign.com/projects/?id=medline

Designing for Family Violence Prevention
10/20/11
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KP Painscape: Designing for Pain Management
11/17/11
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Overcoming Obstacles via Collaboration
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