

# Making innovation a turnkey process

*How organizations excel with innovation projects supporting Canadian commercialization*



## Participants

Amy Fraser, SHOEBOX Ltd.

Andrea Zettler, Trillium Health Partners

Andriana Lukich, St. Joseph's Healthcare Hamilton

Arlene Gallant-Bernard, Health PEI

Benoit Leduc, Government of Canada

Brian Grant, Woodstock Hospital

Emily Smiley, DMZ

Heidi Sveistrup, Bruyère

Jacqueline Ornelas, CAN Health Network

Katie Porter, Hamilton Health Sciences

Kellie Hawes, Health PEI

Kerilyn Voigt, Saskatchewan Health Authority

Kristin Mendoza, Deloitte

Marion Dowling, Health PEI

Mary Lou Ackerman, SE Health

Rafael McRaven, Fraser Health

Shaan Chugh, Trillium Health Partners

Tanya Tynski, Health PEI

Young Lee, Grand River Hospital

# Getting Ready!

## Workshop: Making Innovation A Turnkey Process

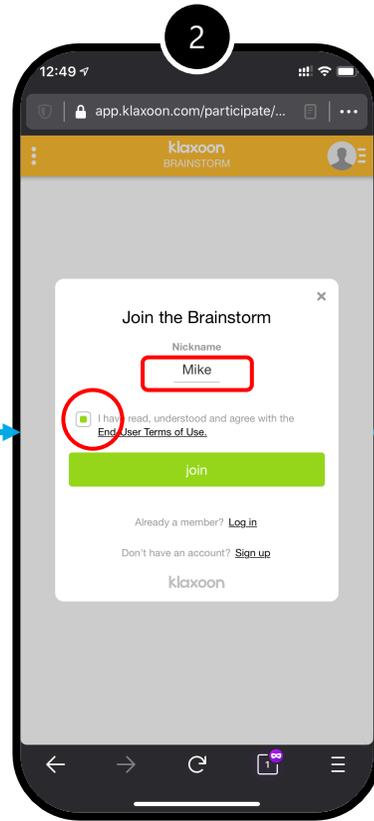
SCAN ME!



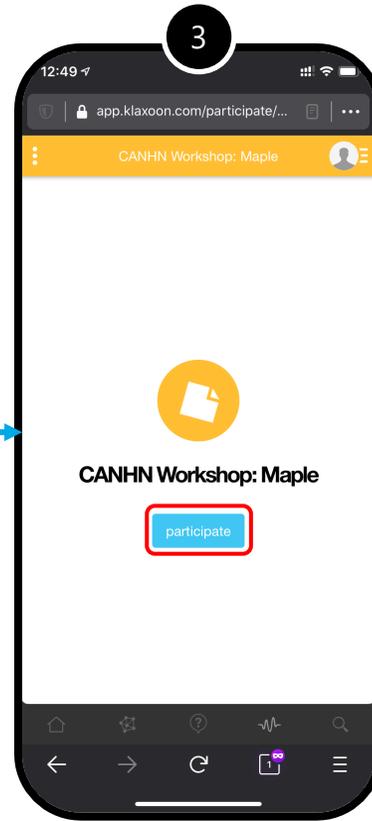
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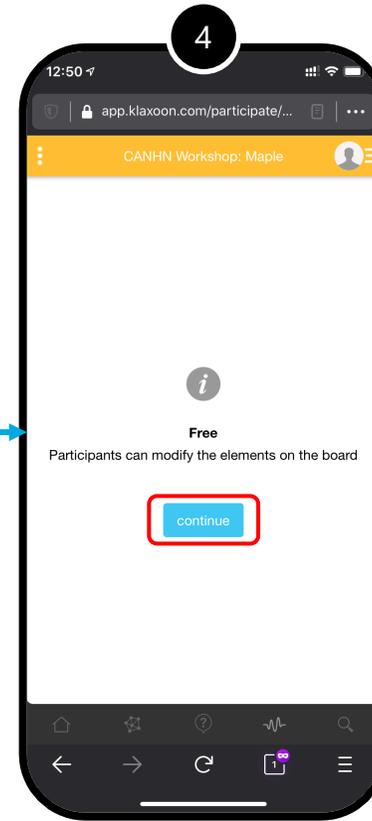
Point your mobile camera at the QR code; click on the link.



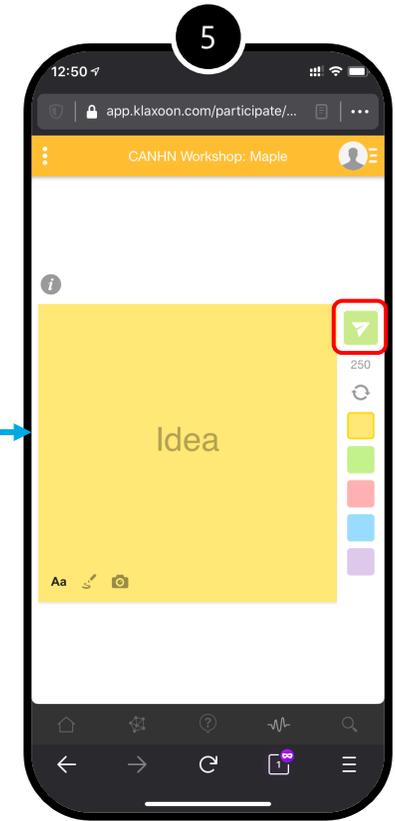
Enter your **name**



Click on **participate**



Click on **continue**

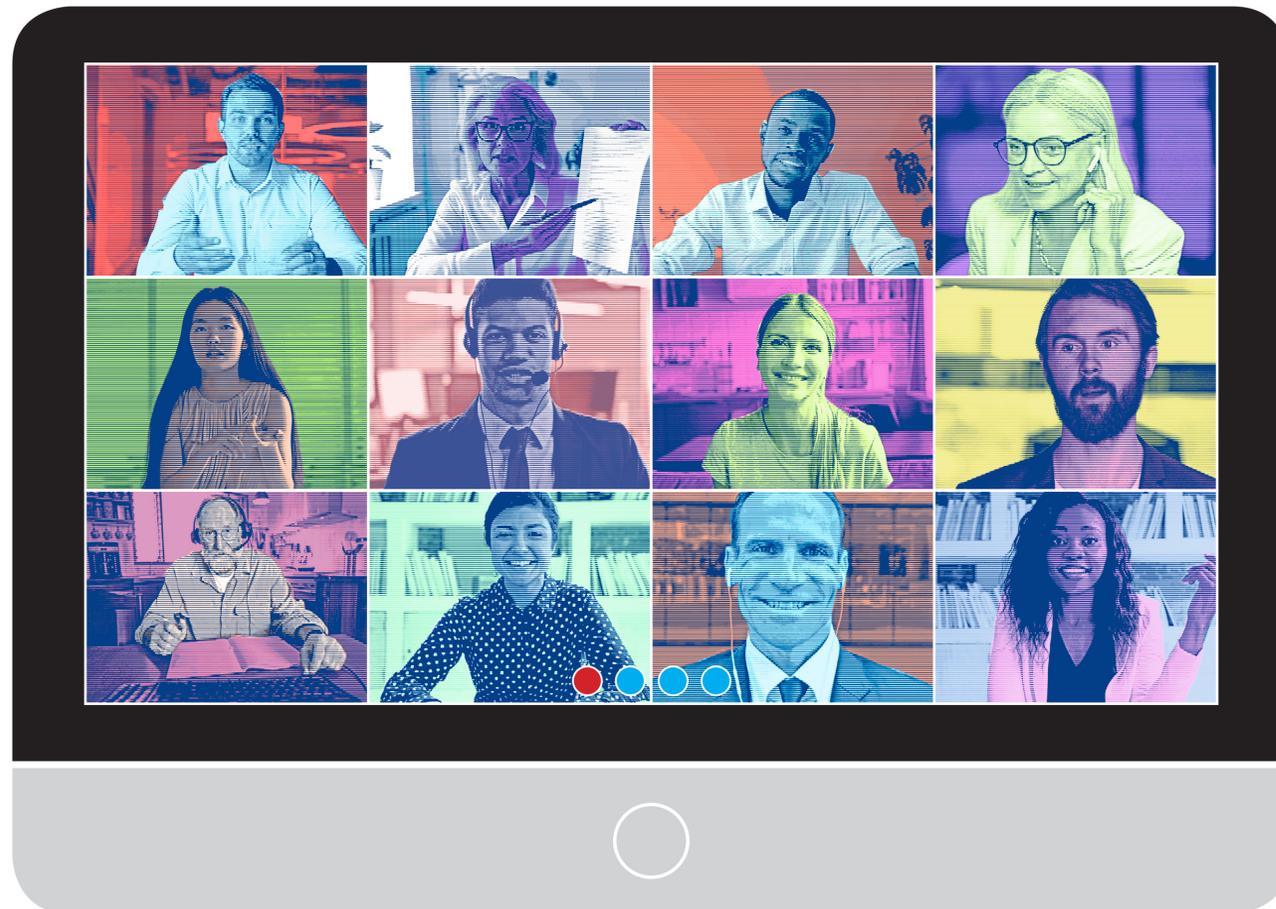


Hit send.

Type in:

- **Your name**
- **City**
- **Organization name**

# Group Photo





### Alison Weyland

*Partner, Customer Strategy; Deloitte Digital*

Alison Weyland is a seasoned international management consulting leader in Deloitte Digital with over 15 years of experience in delivering engagements to leading organizations across the Americas. Alison specializes in customer strategy; guiding companies in the development of strategies that ultimately focus on addressing customers' needs and leveraging technology to deliver these experiences consistently across channels.



### Shelly-Ann Rampersad

*VP Clinical Operations; MAPLE*

Shelly-Ann leads Maple's clinical operations department, including overseeing care delivery processes, management of Maple's provider network, and leading implementations of new models of care, primarily within the public sector. Shelly-Ann joined the Maple team in 2018 to support Maple's entrance into Canadian hospitals with the implementation of a first-in-Canada inpatient tele-rounding model in Prince Edward Island.

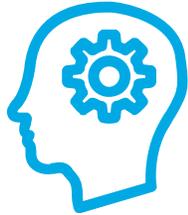


### Andi Cuddington

*Lead Facilitator; Deloitte Greenhouse*

Andi specializes in facilitation and experience design with strong foundation in behavioural economics, creativity and innovation. She has designed and led projects in the public sector, Fortune 500 companies, non-profits as well as start-ups for groups as small as 3 and as big as 300. She holds a MSc in Social Psychology from the London School of Economics and Political Science and is an alumna of the THNK School of Creative Leadership in Amsterdam.

# OBJECTIVES



**1** Participants will leave with **steps towards an action plan** for driving innovation within their organizations



**2** Participants will **learn from a case study example** to inform their own approaches to overcome barriers



**3** Participants will have a chance to **ask questions and engage with SMEs**

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CAN HEALTH NETWORK

2020 AGM



# Human-Centered Design

Human Centered Design model provides a framework for viewing potential ideas through a lens focused on identifying successful innovations.

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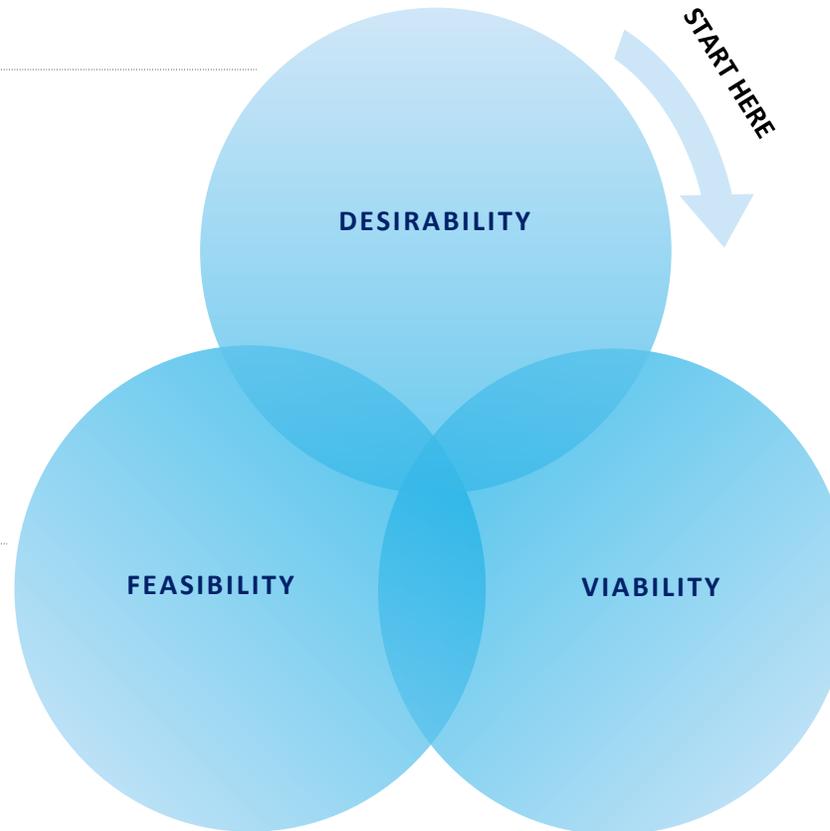
## People

- Consumer and customer needs
- Ascending trends within and beyond our industry
- Competitive insights

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## Technology

- Existing initiatives
- Critical capabilities and assets
- Partnerships
- Relevant emerging technologies



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## Business

- Economic impact
- Business model implications
- Strategic fit

## Where you want to innovate

Led by  
distinct,  
**separate**  
teams

Advanced by **user**  
**research skills** to  
understand future &  
latent needs

Supported by  
**discrete,**  
**protected funds**

Managed by  
**senior-most**  
**leadership**

# CASE STUDY - Maple: Using virtual specialty care to prevent avoidable ED transfers in LTC



## The Challenge

Residents are at risk for COVID-19, with higher rates of morbidity and mortality. This population commonly has cognitive impairments with COVID-19 symptoms not always presenting typically.

Residents require timely care to manage chronic diseases and when decompensating. Under-medicalization can result in ED transfers and potential adverse effects (e.g., infections, falls). Virtual specialist care can avoid transfers and keep patients in the community.



## How Does It Work?



### Key Benefits

- ✓ Avoids ED transfers – timely access to specialist care addresses acute patient needs that might otherwise result in ED transfers
- ✓ Enhances delivery of care – seamless care delivery via video right at the bedside allows for ongoing management of chronic diseases
- ✓ Real-time collaboration – next-generation charting captures high-resolution images and sound recordings, while secure messaging fosters for collaborative care planning



## The Results

200+ consultations

subspecialist virtual care consults in 3 months

100+ subspecialists

Trillium Health Partners physicians on Maple platform

6 homes

implementation complete in under 1 month

12 specialty areas

neurology, palliative care, geriatrics and more

## Virtual Care & COVID-19

46%

Canadians accessed virtual care since pandemic outbreak

91%

Canadians satisfied with virtual care (17% higher than ED visits)

Results from CMA survey, May 14-17 on uptake of virtual health care by Canadians

## What we've seen so far...

### Enabled safe, timely access to care

Patient 1: Due to COVID-19, patient was unable to receive regular follow-up care from her dermatologist. On Maple, she was connected in with a THP Dermatologist over video who determined the need for an immediate biopsy and additional testing.

### Avoided an overnight stay at hospital

Patient 2: Staff were considering an ED transfer where patient would have waited overnight to be seen by the specialist. Real-time collaboration between the THP Internist, Hematologist and nursing staff enabled immediate care at the "web"-side.

"It has traditionally been difficult to prevent avoidable ED transfers from long-term care, but this platform allows us to bring our physicians into the homes instantly to provide real-time support and collaborate with on-site staff."

Dr. Shaan Chugh, Internal Medicine & Program Lead, Trillium Health Partners

# Breakout

30 min

How can we apply the human-centered design model to fast-track innovation in health care?

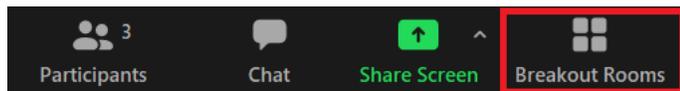
Structure:

- 5 minutes of silent reflection followed by a 25 min discussion.
- Keep sending ideas into the board.
- Each breakout has a different colour post-it for your ideas.
  - Group 1: Green
  - Group 2: Pink
- Nominate someone to share back.

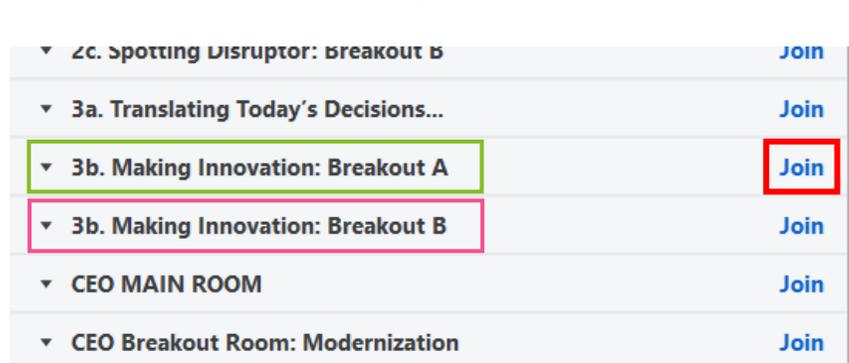


# BREAKOUT INSTRUCTIONS - JOINING

1) Move your mouse to the bottom of the Zoom screen and click the Breakout Room button.

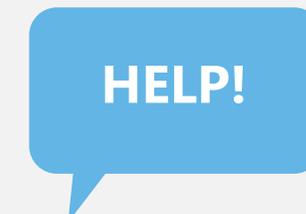
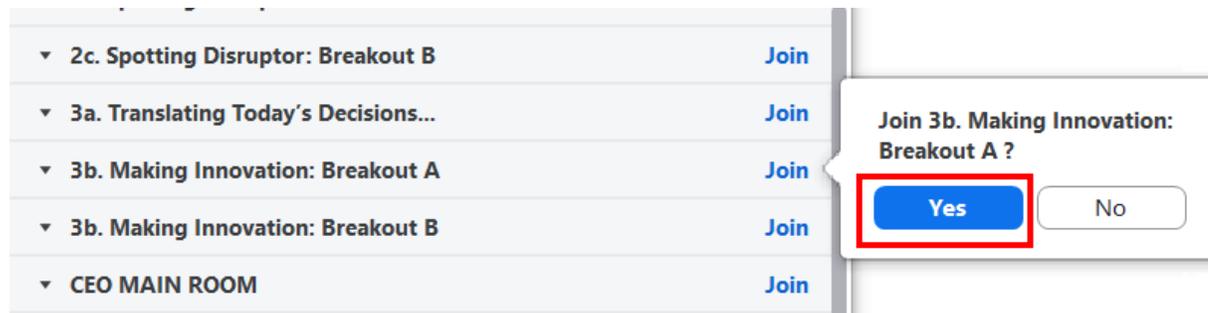


2) Find your room. You may have to scroll down to find it.



3b. Making Innovation: Breakout A	3b. Making Innovation Breakout B
<ul style="list-style-type: none"><li>Mary Lou Ackerman</li><li>Shaan Chugh</li><li>Marion Dowling</li><li>Amy Fraser</li><li>Arlene Gallant-Bernard</li><li>Brian Grant</li><li>Kellie Hawes</li><li>Benoit Leduc</li><li>Andriana Lukich</li></ul>	<ul style="list-style-type: none"><li>Rafael McRaven</li><li>Kristin Mendoza</li><li>Jaqueline Ornelas</li><li>Emily Smiley</li><li>Heidi Sveistrup</li><li>Tanya Tynski</li><li>Andrea Zettler</li><li>Young Lee</li><li>Kerilyn Voigt</li><li>Katie Porter</li></ul>

3) Click 'Join' and 'Yes'.



- If you ever get lost in transition, you can always come back to the main Zoom meeting by clicking the **Leave Room** button. The host will help you be placed into the right breakout room.



- If you are ever in doubt you are in the right room or not, **confirm at the window title.**



- If you run into any trouble message one of our **TECH SUPPORT** team members in the participant list.

# Thank you

RETURN TO PLENARY



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