CoCharge

We connect you to what is important

introduction

The project brief, team and approach.

In this service design project, we have been working together with Neurorehab Sävar (Västerbottens Läns Landsting - the regional public healthcare provider) and Rehab Station Stockholm (Praktikertjänst AB - a private healthcare company) in order to understand environments and situations and develop new and scalable concepts of how neurological rehabilitation could be envisioned in the future.

To be struck by a neurological disorder often means the beginning of a lifelong contact with the health service. From the beginning, the interventions may be very intense and further on they might move to sparse but regular contacts.

If an individual suffers a stroke or traumatic injury with neurological damage, such as a spinal cord injury, they will initially be nursed at an emergency medical care and when their health is stable, they will be transferred to a rehabilitation ward. After an intensive period of training they will hopefully be able to move back home, being more or less independent, but they may still have regular contact with health services and recurrent periods of rehabilitation.

A neurological disorder can present itself with an acute onset of symptoms, but it can also develop slowly, with diffuse symptoms that are difficult to interpret. Once a neurological disorder in suspected, the detective work to determine the cause of the symptoms begins. Sometimes it can take time for individuals to receive a definitive diagnosis. For some neurological diagnoses, the health status of the affected individual remains stable while others, such as those who suffer from Multiple Sclerosis (M.S), the disease can be progressive, i.e. it gets worse over time. This means that as time goes by, the individual may need more and more support from health services and increased rehabilitation training to handle their changing physical and/or mental condition.

For patients with neurological conditions, their emotional state is often as much of a concern as their physical state. Not only do these patients have to deal with the symptoms of their illness, but they must also cope with the impact their diagnosis will have upon their identity as an individual and their future plans.

The team dynamics in the project were done in two phases, one being research and the other being developing a final concept. The research groups were composed of three groups of 4 and the results of that were summarized in a separate report.

The second stage of the project divided new groups based upon area of interest and was composed of 3 groups of 3 and one with 2 individuals. This report describes the second stage of the process for the group CoCharge including team members Sharon Williams, Ine Marie Vassøy and Linus Persson.

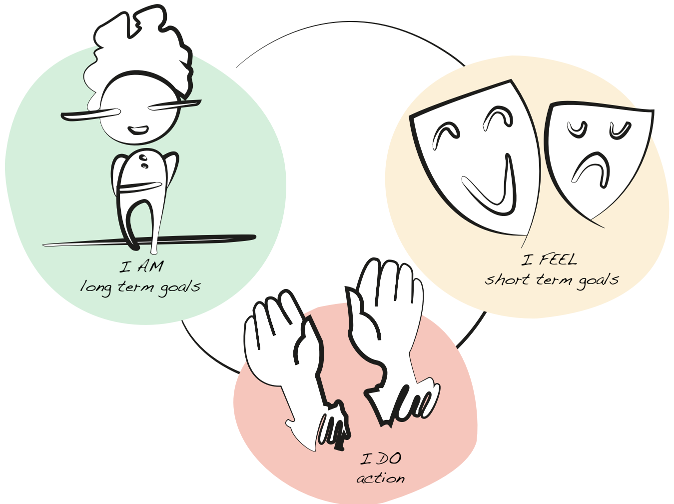
For us as a team, it was very much important to develop a service that considers a holistic perspective of neurological rehabilitation. It proved equally important to centralize our perspective around the patients emotions, this is because the patients perspective and emotional side provides a strong link to a successful rehabilitation, both physically and mentally. We developed the relationship between emotional and physical by describing it as; I am, I feel, I do.

I am as self awareness, I feel as something circumstantial, The I do is the motivation in changing the way I feel.

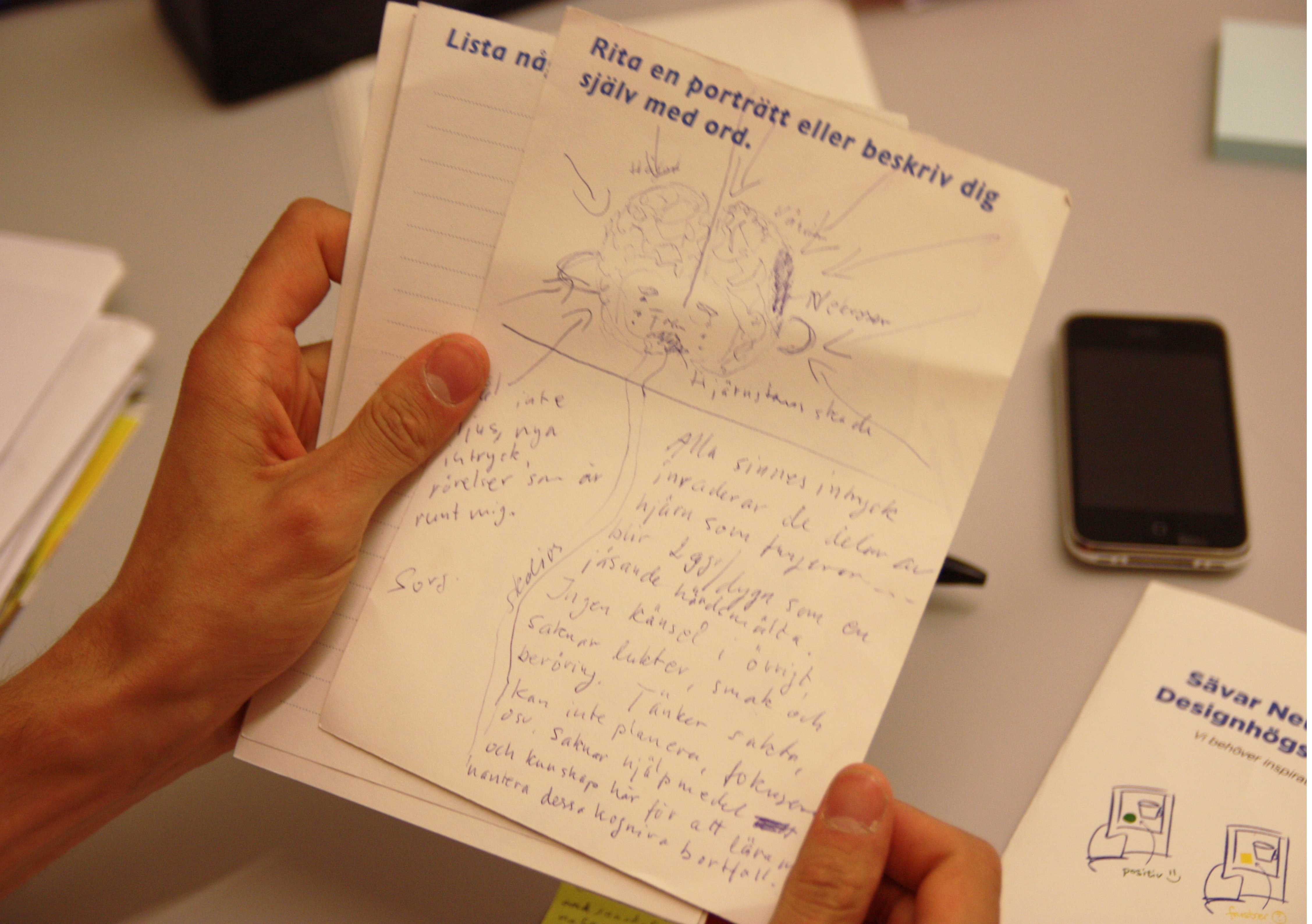
Our defined goal as a team was to broaden the rehab experience in order to make it more approachable and less of a hassle. Creating a service that starts early in the journey and one that the patient is in control of.

Another goal as a team was to keep a positive spirit and approach, this came from an observation we did from comparing the perspectives on the rehabilitation between patients and staff. It seemed that the staff had fully planned maps and a perspective that was very mellow and long term, while the patients constantly were talking about short term goals and enjoying what they have. It therefore became very important to emphasize this sense of balance between giving room for long term planning goals while still nourishing patients short term happy goals. They are equally important. By then saturating our work with a positive approach, we got inspired to keep a positive mind our selves.

Based on these initial research insights, we moved on to go deeper into the future service by sharing what we knew and structuring that information.



Part1:Ideation and analysis



cultural probes

A self documentation kit for patients and family.

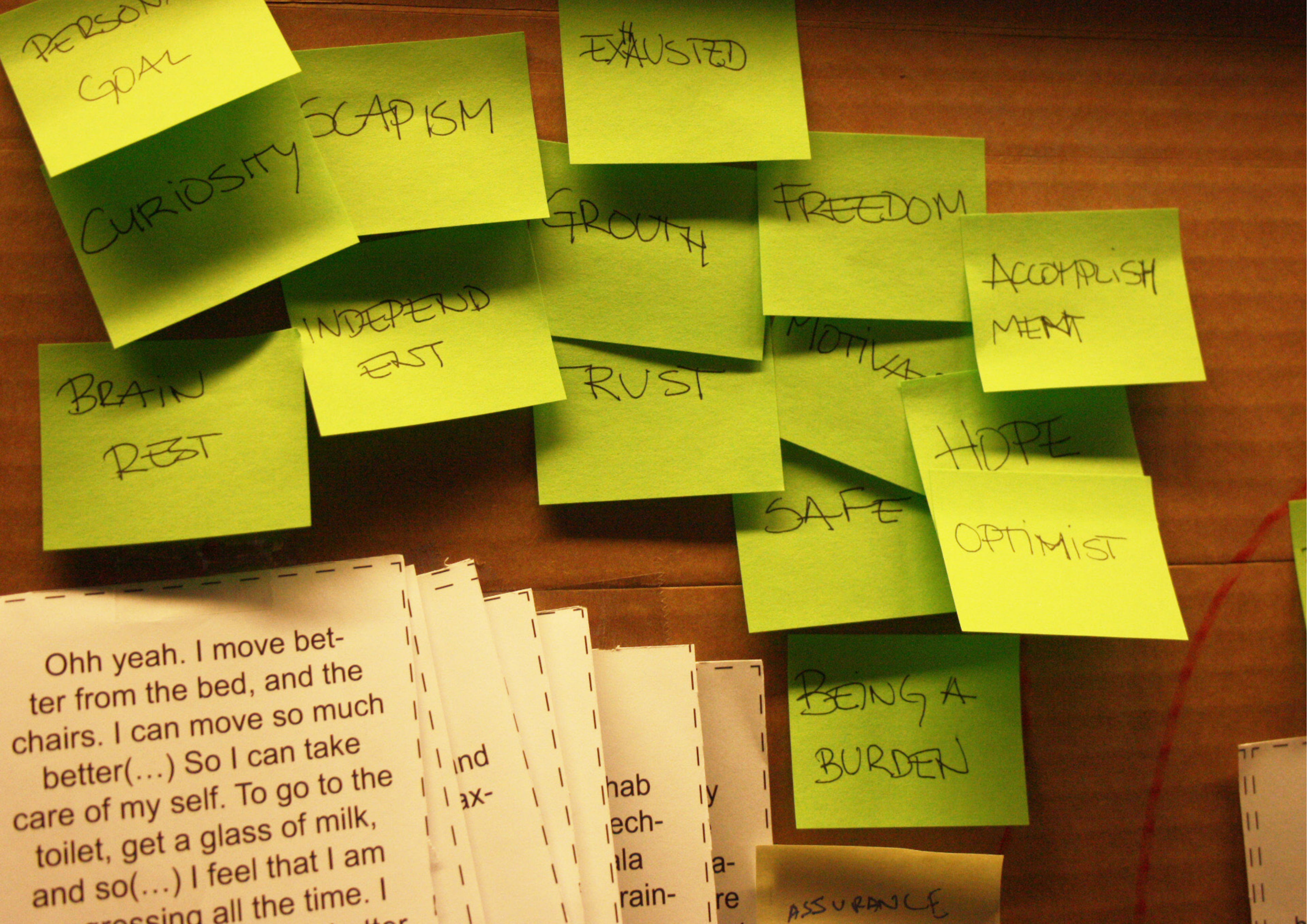
The cultural probes were handed out early on in the project, they consisted of a number of post cards that had simple questions on them. Some direct to the point about emotions and some more humorous like what kind of animal would you relate to? The other pieces in this package was a camera in order to document things that the person found either good, confusing/awkward or bad.

Small colored shapes were provided to put into the image when taking it in order for us to distinguish the emotional meaning.

These probes were distributed both in Sävar and down in Stockholm Rehab Station. Unfortunately the images returned developed quite late, although they came as more of a verification upon the statements in the postcards.

Findings and conclusions: Here is were the different perspectives in time in rehabilitation between staff and patients got clear as mentioned earlier. Staff talked about long term goals and finding them while for patients the subjects was way more close in time. It was about that I feel happy today or looking forward to something tomorrow.

Many of the discussions was also especially with patients about self reflection and awareness. In relation it was interesting to see that much of the personal characteristics found in the culture probes were related to a will or stubbornness of not giving up. They were also saturated with humor and a bright overlook on life. It is worth mentioning that the people who wanted to be part of the culture probes were selected by care taker so that they could manage energy wise and not get to tired from it. This more than likely filtered us more “up beat” individuals. Therefore it is extra important that we consider the hidden number of people lacking motivation.



sharing insights

Mapping quotes and emotions to the patient journey.

The amount of data we collected from the research phase regarding rehabilitation programs, patients, family and friends etc was huge. Yet as a team we had a lot in common from the first stage, we wanted to focus on the experience from the patients point of view and starting from the receiving of a diagnosis. With all the changes in life that it means to the patient.

Despite this a lot of the data remained unprocessed and this is why we initially spent two days to share knowledge and understandings with each other. In order to do this efficiently we developed the patient journey focusing on the patients emotional sides on a large piece of cardboard.

The insight workshop started by categorizing the quotes to the specific touch points in the patient journey. Many of the quotes were already digitalized in a document applying grounded theory methods so all we had to prepare was printing the material. Parallel with categorizing the quotes and observations we had, we discussed the core meaning of the content and managed to pull out emotions and feelings, similar again to a tweaked grounded theory method. Experience is our focus area in this service, which is why we emphasized the emotions and feelings in he existing service. By writing them down on colored post its, representing different categories of consumers we could clearly start to see patterns along the journey. Blue represented family and friends, green was patients and yellow represented staff (including doctors in contact with patients).

This discussion was very dynamic and colorful, and you could tell that each of the team members had a special connection with the patients that we were representing. In order to share insights, we also told stories and discussed what we had just written, by doing this we managed to share so much more than we expected, stories almost forgot. For example the one about a woman upset over the withdrawal of medication. “No doctors ever explained to me why I can’t eat cortisone for a long duration, had I known I wouldn’t have become upset when they lowered my dose.”

This is only one account of how we used storytelling as an essential part of the project in order to communicate the patients perspective. Storytelling has been very important as a tool throughout the entirety of our process. A side note is that this is a method subconsciously used frequently also by staff in the rehab facilities.

The next step was to find areas of interest connected to the touch points of the patient journey, to visually separate problems from the emotions, we introduced a new color, pink. The contrast of the post its made it easy to see where the concentrations were. When looking at the photograph of the patient journey, you can tell that some problems was easier to find than others. An immediate understanding from our side was that there are clearly frustrations from the patient and family in the beginning of the journey. When the patients receive the diagnosis they are very vulnerable, and in most cases they have to wait for some time before starting the rehabilitation program. (This is different for people that have experienced an accident, they start rehabilitation immediately) A trend in our research shows that patients that have to wait before going to rehab are often frustrated because of lack of information they receive. There was so many frustrations when we were mapping the research that we had to map a new touch point called “the information gap”. We agreed that there was 4 main problem areas that we were facing. From the pattern of this board, we managed to extract our more detailed direction in the project.

findings

Mapping problems of existing service and apply storytelling to communicate the problem areas.

The 4 points below represent areas that we wanted to process in our service. Points of possibilities.

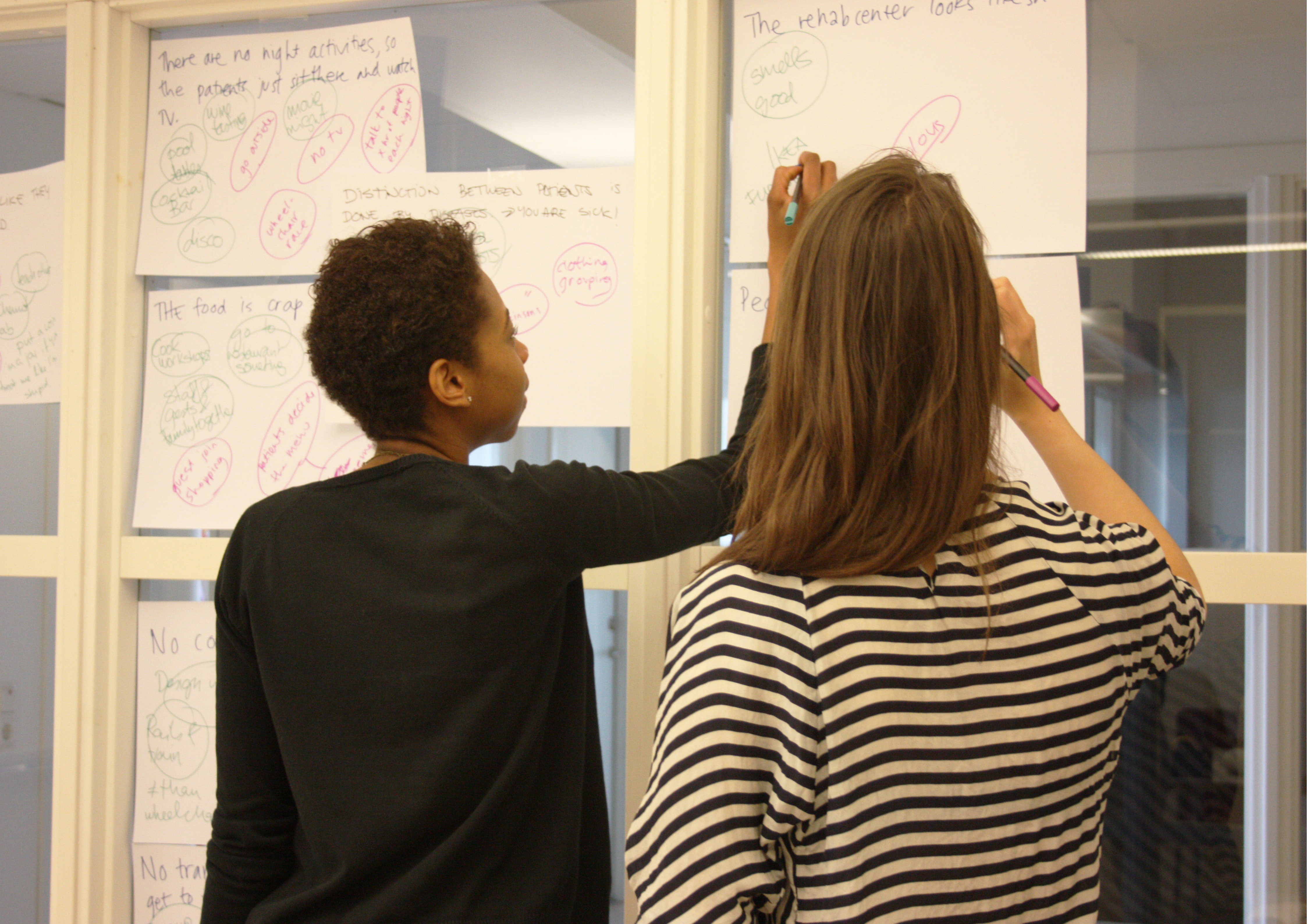
- Giving the right and relevant information. In order to make our service safe and accurate and at the same time a less confusing overall experience. Today, the flow of events in rehab situations leaves the patient experience littered with information gaps and emotional hardships in the form of uncertain periods of waiting.
- Connecting Family and friends. In order to create a trust and honesty in rehabilitation while at the same time motivating and empowering to recovery. In the present state, involving family and friends has proved successful from both patient and family sides. As an example, creating an understanding and sharing knowledge and feelings with each other improves the at home climate and reduces the amount of misinformation.
- Emphasize open relationships between patients and staff. In order to feel human and confirming for patients, that they exist and are taken both care of and seriously.
- Provide motivation to train, both at home and in rehab.

In order to be healthier and stimulate to a overall “better” rehab. This factor is especially important since the experience today mostly revolves around the time at rehab, this time is often short in comparison with time spent at home.

These 4 points then together with our insights formed the basis of creating a 2 minute film that had the purpose of making it easier to convey one possible patient perspective. This also makes it easier for the viewer to understand some of the problematics we have been dealing with in our process.

The storyline started with ideating over how and what situations could describe each of the 4 areas. These situations then were mapped and discussed to a basic timeline with a joy of experience curve sketched out over it, a sort of emotional drama curve.

Core questions were, what did we want the viewer to feel and how should it end in order to emphasize the importance of addressing the areas we had identified before. The end result is available online at the Vimeo video community at: http://vimeo.com/24157423



ideation - first stage

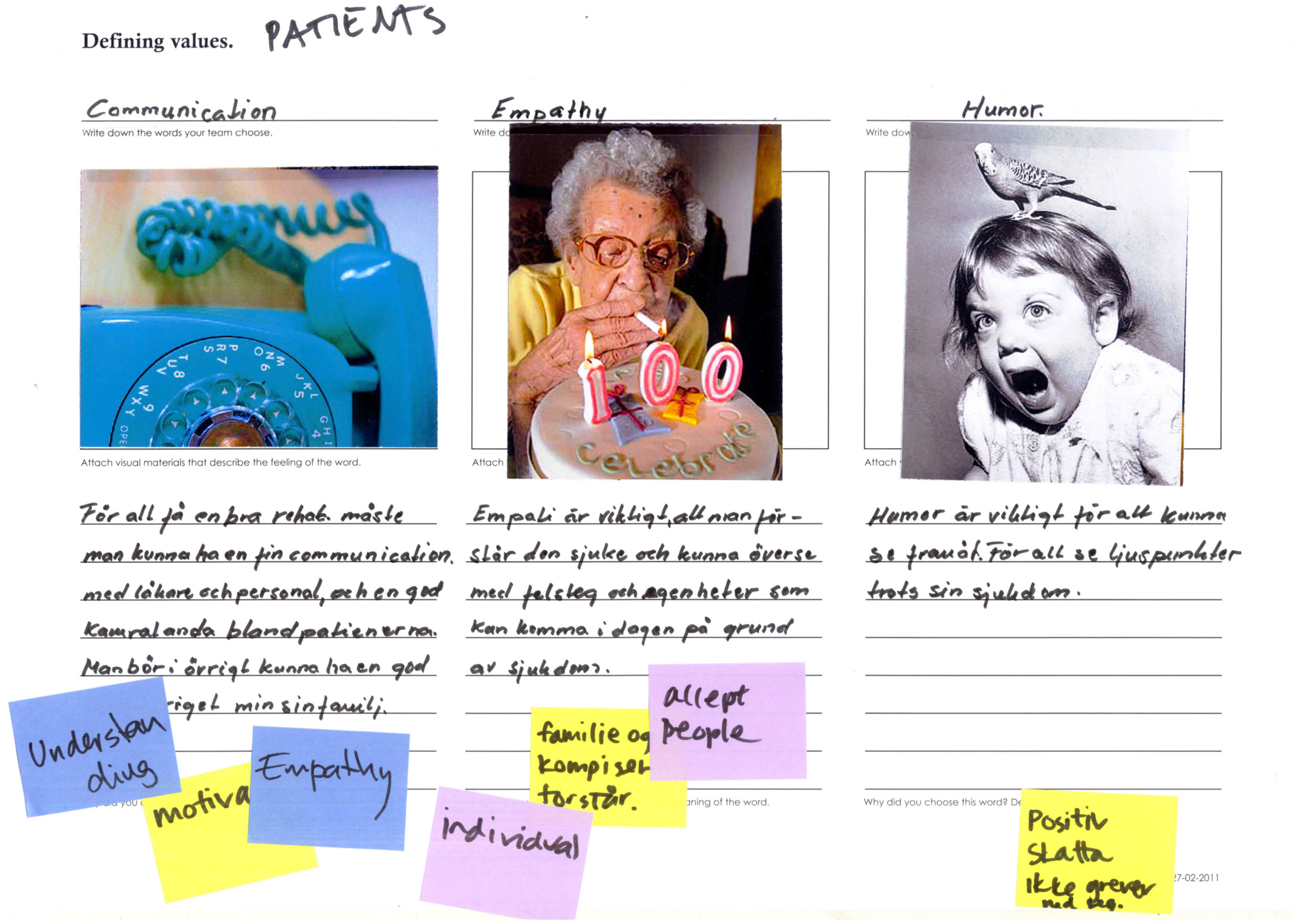
Using pre-justices and forced association to generate ideas.

At first, we thought that moving from research with open ended ethnographic approach (no conclusions or ideas, only observations) would be a great challenge. But when we started out the first ideation workshop where Stina from Transformator design accompanied us, it was obvious that the value of the Insight workshop we just complete was high. The feelings and emotions as well as the stories told were fresh in our minds. The first stage of ideation consisted of creating a mass of ideas to start working from, even though most of these ideas could be seen as silly, they are seeds for future ideas and important outlets for early thoughts.

This is where the room we were using as working station started to be covered with ideas, having them visible at all times proved valuable later on in the process. We initially did two ideation sessions. The first one was getting out all of our pre-justices within the area of neurological rehabilitation. The tool we used was similar to the technique called Negative/Positive, by using the negative pre-justices and flipping them into positive solutions or services we got a first set of ideas. The second stage was composed of a method called forced association combined with panic sketching. What we did was associating an emotion with a need and then placed it with a the problems from the Negative/Positive session, and generated ideas based on those combinations. These association sessions were under strict time schedules with only minutes per idea to sketch it out. Hence the name panic sketching. This forces you to be fast and open.

Two main ideas came out of session one. The first one was about creating a brand to create a greater overall impression of the service. This would help in creating a nice atmosphere in the overall experience, at the same time it pulls our holistic service together and emphasize the point of continuity.

The second one was generated right after the forced association workshop where we took a shet of A1 paper and sketched the ideas together. Creating a service platform that expands outside of the squeezed experience of today. All the gaps we saw from the first Insight workshop generated the idea of extending the experience by allowing patients to be part of a service that creates a platform that spans from beginning to end, sort of tying together the different experiences to a whole.



Defining values. PATIENTS

Communication

Write down the words your team choose.

Attach visual materials that describe the feeling of the word.

För all få en bra rehab. måste man kunna ha en fin communication. med läkare och personal, och en god kamratanda bland patienterna. Man bör i övrigt kunna ha en god ~~rig~~riget min sin familj.

Understanding

motiva

Empathy

Empathy

Write d

Attach

Empati är viktigt, att man förstår den sjuke och kunna överse med felsteg och egenheter som kan komma i dagen på grund av sjukdom.

familie og kompiser forstår.

accept people

individual

aning of the word.

Humor.

Write dow

Attach

Humor är viktigt för att kunna se framåt. För att se ljuspunkter trots sin sjukdom.

Why did you choose this word? De

Positiv

Skatta

Ikke grever med seg.

27-02-2011

co-creation workshops

Co-creation workshops with patients and staff at Sävar Neurorehab.

"Co-creation sessions aims to explore potential directions and gathers a wide range of perspectives in the process. The results of the session will the be used as inspiration for the core design team, who need to develop and refine it further in the next stages of the deign process." (- This is service design thinking, Jakob Schneider and Marc Stickdorn.)

During the projects second phase, we facilitated two co-creation workshops, both in Sävar Neurorehab, one for staff and one together with the patients. Neither of the groups had any previous experience of this type of workshop. With that in mind we prepared carefully before going there. The aim of the workshops was to develop the brand idea with values of future services and get some concrete ideas in relation to our 4 main areas of interest. After an initial introduction to the task, each group got a sheet of paper with 3 columns, they had a value line, space for an image and loose text in each. The first assignment was to look through a pile of inspirational key words we had provided and select three that matches with what they saw as key words in a future neuro rehabilitation service. At the same time they were asked to motivate the particular words out loud to us. When those key words were selected they were asked to match images with the defined words, again we had provided a number of images. As an introduction assignment, it not only helped us to later on define a brand and concept, but allowed us to have something tangible to talk around.

The next exercise we did was based upon the previously mentioned negative positive approach and consisted of 4 A3 sheets with each of the 4 areas of interest . We asked the participants to be negative in the beginning which loosened up a lot of pressure related to coming up with ideas. Going through each sheet with a time constraint and listing what is negative from those areas. When we had a list of negative aspects of these areas we asked the participants to draw or type down ideas on how to reverse those problems. The participants found this a bit awkward but fun and they overall adapted quickly finding humor in every step. Most of the talks worked fine but it was crucial that we had also placed one designer in each team that the part takers could use to draw down ideas.

ideation - second stage

Processing workshop materials and ideate even more.

After returning to our by now post it filled project room at UID, we had two great inspirational co- creation workshops behind us, with both patients and staff. With everything fresh in mind we decided to follow up the next day with a second internal Ideation session. We had also gotten back the written material from the cultural probes and wanted to use this as well as the material from the co-creation workshops as inspiration for future ideas. We drew up a tight schedule in order to spend time ideating and not just sharing material. Linus started of by translating the probes in swedish on the go, as we went on, the team continuously discussed and drew down new idea material (more post-its). After finishing the cultural probes we moved on to the materials from the co-creation, same method of sharing orally and thinking out loud. Writing ideas on notes.

The materials from the workshops were of great inspiration to us, at the same time since we had this idea of seeing to the whole time picture from diagnosis and on, we found it suitable to use our patient journey to ideate along every touchpoint. That would give us a fuller picture of what kind of services could be part of what part in the time line. Again, Panic sketching with short times was suitable to get those ideas out on an axel.

When then presenting these ideas and re ideating on them, we took turns fastening them to a board one by one until we ran out. In the end we had a lot of ideas for different services to fit within our so called platform. Findings and conclusions: After our second ideation, we had so many ideas related to how we could incorporate all of our 4 problems into a full service over the time period we had specified. This is what we called in working name as the umbrella concept, a concept that included many services that would be tied together in order to fulfill our mission. To broaden the rehab experience in order to make it more approachable and less of a hassle. The umbrella also was a good working name because it signifies that you are covered by something that extends outside of your borders in order to be of service to you ass an individual.

categorizing and testing

Cluster ideas to patient journey, and test the service scenario with patients and staff at Sävar Neurorehab.

Already from the insight workshop where we analyzed the research we had started to create an image in our heads about how the concept might turn out. We had a common understanding that there was a need to extend the neurological rehabilitation service that is existing today. To start the process already when you are receiving the diagnosis and to follow up in the time after your stay at rehabilitation center. It was also important for us to design the service with the service journey in mind all the time, to develop a consistent service that will make the patients feel safe and taken care of. These conclusions are built upon the patient journey we mapped out, and the 4 findings from the research.

- How to get reliable information accessible for the patients?
- How to motivate to work out at home?
- How to involve/include family and friends in the rehabilitation process?
- How to improve the relationship between staff/doctors and patients?

We had a lot of ideas from the different ideations and workshops, we wanted to get an overview and evaluate them all. Therefore we started to cluster the ideas based upon the theme of the idea. One of these clusters was as an example "how to communicate the diagnosis in a understandable way?" Then we heuristically evaluated the ideas within the clusters, and mapped them to the different touch points in our patient journey. This was the first draft of the holistic service concept CoCharge, where we had ideas for all the different touch points trying to solve the 4 main findings from the research. The ideas were very different, and in varying quality so we needed something to help us create a consistent service experience. At this point the idea of creating a brand got even more important. Both for us and as an example of how a consistency in approach can help a service to create a good experience. The brand would also help us in evaluating and selecting ideas, and communicating to the patients that you are a part of a service that can support you with what you need.

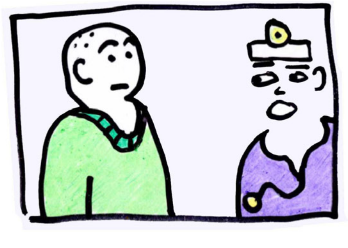
A large part before going into final tuning of our solutions is actually testing and verifying to our best extend the ideas we have developed. To do this we sketched out an example story of how one individual might go through the service, this story was then conveyed to both staff on floor level and management level in the rehab facility. At a session in school we had invited members from the Swedish neurological association (NHR) to talk about our ideas and what they had for input related to their own situation. This session provided many smaller nuances in how to execute our concept.

In testing the concept, both our storytelling tools and low fi prototypes played a big role.

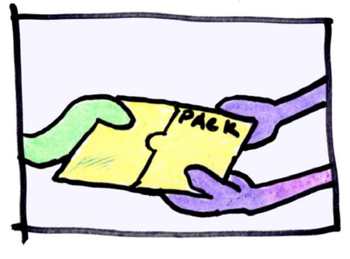
Interesting enough, the arranged family days at Sävar are meant to be practical information but most of the times come to be about sharing emotional thoughts regarding the situation. These dialogs help a lot in achieving support from family and friends. Thus verifying both the emotional aspect and involving family and friends.

One of the most positive aspects of our service that was pointed out by all of the staff was the possibility to re-listen to key conversations like the diagnosis. This is especially important since most individuals are set in shock by the news they are receiving and therefore do not remember much from those occasions. Further more re-listening to your diagnosis might even increase self awareness and understanding, therefore reducing the period of denial and in long term perspectives the waiting times to rehab that denial cause.

However, one staff member at Sävar pointed out that staying 3 weeks at rehab, like some patients do, might be to little time to achieve any real progress, that might be hard to show and something we might need to be aware of. On the other hand he usually recommends patients to stay longer than 3 weeks for the same reason.



1. Your at the doctor recieving your diagnosis.

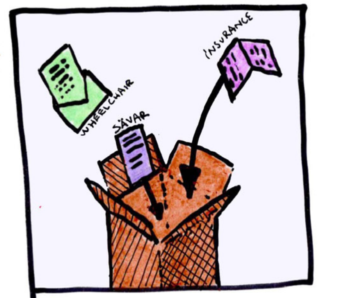


2. You recieve a package with information.

2. This package also link you to the srvice.

3. You can read about yourself and condition.

4. You can share the info with family and friends.



5. You collect info from insurance, finanses etc.

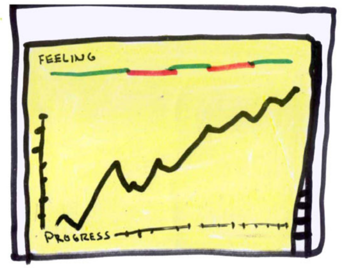
6. You share with your network and family.

7. You arrive at the rehabilitation center.

8. You train with friends and individual.

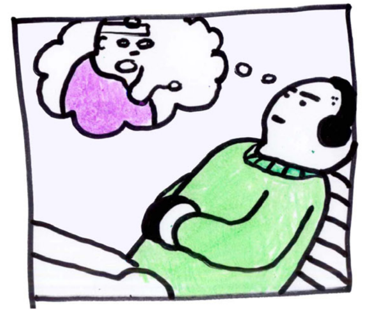
9. Training adapts to your mood and energy level.

10. You choose in whiat program to participate



11. You can se your progress in training.

12. You share feelings with family and friends.

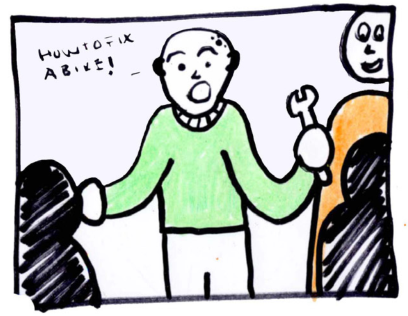


13. You can listen to your diagnosis over again.

14. Share emotions with family and friends.

15. You can go to new activities and events.

16. Or invite and teach people what you know.



17. This package also link you to the srvice.

18. After rehab you stay in touch through the service.

togetherness
integrity
playfulness

Part2:
the service

the service and brand

The service platform and brand values, vision and mission.

CoCharge is a people centered service platform that extends the rehabilitation experience from the moment you get your diagnosis. It does so by mixing digital and analog products and services that follow you throughout your process of rehabilitation. When you receive your diagnosis, you also receive a welcome kit that includes basic information about your condition, stories from other people in the same situation and a login that directs you to setup your own profile on a small digital platform. This part is optional but provides greater possibilities of interacting with other people, reading the absolute latest news on your condition and finding and sharing activities in your surroundings.

By taking part in this service, together with the system, you build your own platform to stand on even when you are not at rehab, you are in-charge. An example of this is that it is possible to ask your insurance company if they want to connect to your channel. This way you can collect all the external necessary actors in your condition to one channel with an overview. This came from the understanding that many people in these situations can deal with up to 20 different actors to cover their needs. Organizing this flow can mean the difference of coping or not. You initiate a contact and decide when they disconnect, once again, you are in-charge.

The CoCharge brand was developed through careful planning. When we defined our brand, we took inspiration from the values set in the workshops together with staff and guests earlier in the process.

Our key values in the brand.

- Togetherness, to share experiences and bring closer the people you care about.
- Playfulness, through humor and fun we motivate you and make the experience less of a hassle.
- Integrity, we respect you for who you are, and we offer the tools so you are in control of your self- development.

Our vision is to connect you to what is important. How we do it is that we are there for you the moment the experience starts. We provide reliable information. We involve family and friends.

- Content and implementation. It is not just the construction of a brand that is the central part of our idea, it also matters how we implement the same construction into our own work. Key values are saturating our work and has tried to be involved at every stage of our service. Even when developing it. As an example, playfulness means that despite the serious situation, it is important to incorporate elements of fun into it. From graphic details like the hook and the fish an the app in order to accept a challenge to how we write, it has to go through every stage of our service.

A service that
focuses on people &
extend
the experience of neurological rehabilitation

the characters and service scenario

Create characters and communicate the service through scenarios.

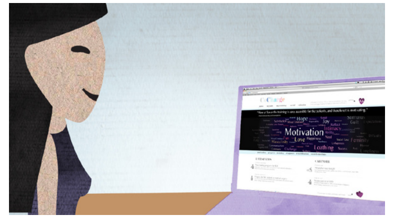
Alma. Alma is 52 years old, this year she got diagnosed with parkinson and has a hard time believing it. What means the most to Alma is family and since she got the diagnosis it has been very important for her to involve and help them understand what is happening. Besides her recent diagnosis, Alma loves to cook. An interest that goes well in her family.

Max. At the age of 67, Max got a stroke in the middle of the day during a small shopping trip into the city. He usually drives his old scrappy Volvo and has a generally low tech approach to life. What he loves is stories and books, something his wife and kids (although now at an adult age) experiences as Max more than anything likes to tell those extra scary stories when the darkness arrives.

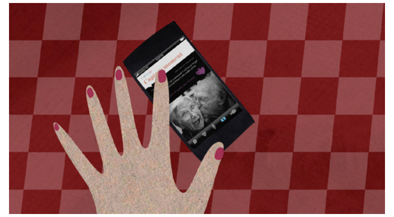
Martin. Martin is an adventurous guy in his best 20's, nice apartment, lots of friends and a beautiful girlfriend. It was not quite supposed to happen the way it happened and that particular shallow rock was not supposed to be there, lurking just under the surface. Nothing was planned, yet now everything is. The new situation in a wheel chair really affected Martins lust for adventure, it is something he misses, he just needs to find the tools and motivation to come back.

Anne. Just turning 32 and being diagnosed with M.S. is not the easiest of situations. Her mother got destroyed when she heard about it, although Anne was very open and quick to accept the new situation. This also helped her mother to keep spirits high at the lowest of moments. Anne is a tech savvy young woman with a need for control in her life. There is little doubt that she will find a way to cope with this change in her life. We mada a video describing the service, and it is available online at the Vimeo video community at: http://vimeo.com/24421790

1. Open and tech savvy as Anne is, she adapted quickly to the information that the doctor gave her.



2. Online, she found a lot of information related to her condition and likes to read the latest research articles on the subject.



3. She especially liked the phone app that allows her to capture moments on her own and tag these with quotes and emotions.

4. Anne likes to share these with family and friends online, The emotions pops up on the main page as inspiration and motivation for everyone that visits the site.

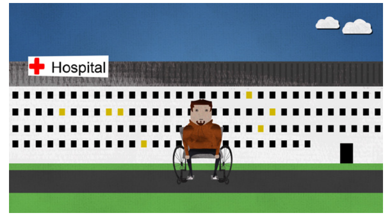
1. The Doctor explains why probably Max got the stroke and what some of the consequences could be.

2. The doctor then hands out the welcome kit including a little news paper and general information.

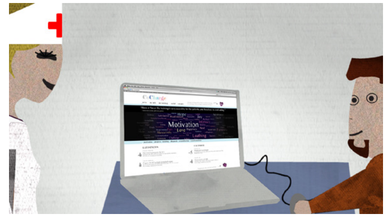
3. Since Max loves movies and stories, he gets excited about the small short stories that people tell in the welcome kit. They just provide interesting reading.

4. As Max comes to Rehab, he actually meets one of the guys behind a story that was in the paper.

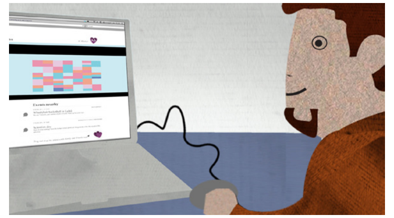
5. The greatest part of coming home after rehab is the welcome home kit that shows some of the progress made at rehab.



1. After the accident, Martin woke up at the hospital. The doctor explained what had happened and that he had broken his spine.



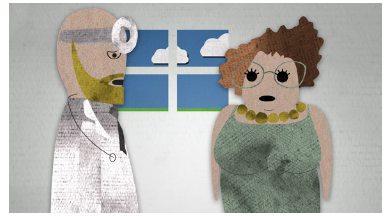
2. Since he is already at the hospital a staff nurse introduces Martin to the platform where he can find activities he might want to join.



3. By dragging and dropping that activity it is easy to share this activity with family and friends.

4. It is at one of these activities that Martin met Richard, a man with a spinal chord injury that truly inspires Martin to live an active life despite of the accident.

5. When Martin Came home he still receives fun challenges from Richard. These challenges entertains Martin and creates a fun way of doing new things.

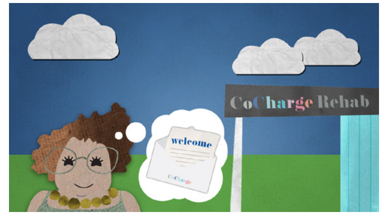


1. When Alma got the diagnosis Parkinson, she couldn't believe this situation.

2. Fortunately, Alma's grand daughter knows a lot about computers, and she likes to show her how to use the log in information she got by the doctor.

3. Alma listen to the recording of her receiving the diagnosis. A transcription of the voice is available to read, explanations are given to all hard words.

4. After listening to the diagnosis, Alma shares this moment with her loved ones by sending them the material.



5. After understanding more about her condition and listening to the doctors recording, the invitation to Rehab seems less scary and more of a help.

touchpoints of the service

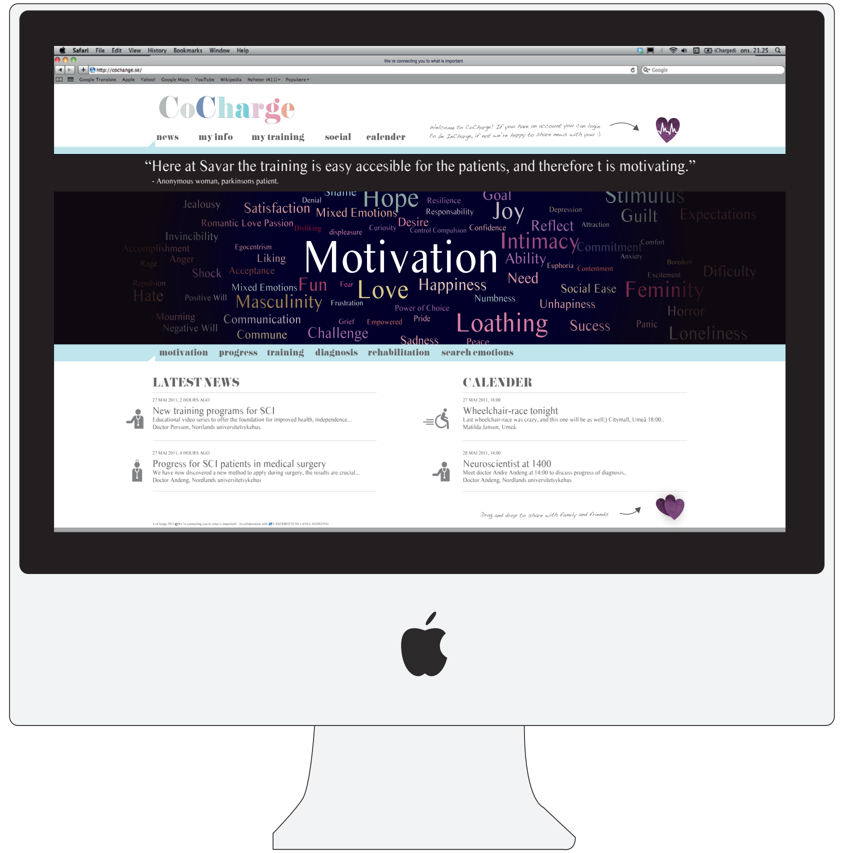
Welcome kits, main digital platform and smartphone app.

The digital platform provides a number of functionalities that have all been carefully designed to suit a prosperous rehabilitation process. The image graphics provides an overview of the content in the digital platform. The main page provides quick and direct information or news regarding the diagnosis or chosen topics. A calendar of relevant activities marked out together with your own planned schedule. The main menu of the page displays the buttons for submenus showing information related to me, my training and social components of the platform. Another important detail is the way a user shares material with others, it is possible to share whatever is on the page by dragging and dropping it on the sharing folder in the visualization of a heart. By then opening the folder to view content inside you can select which piece of information is shared to whom. Then sending it.

The big broad darker area shows emotions and stories that has been shared by users of the platform, by clicking on one emotion you access the content of the shared information. This structure is anonymous and also accessible to visitors of the page, even though they are not logged in. The purpose of this is that open shared emotions and stories might give people a greater understanding of what it means to have a neurological diagnosis.

Another part of the digital platform is the possibility to go mobile and use the mobile apps for collecting situations or events. Similarly, the app is about receiving challenges or information about events that benefit from having greater mobility. This extension is mainly for sharing content on a different layer than the online page. For example sitting in a cafe and seeing something related to your situation or reflections you want to share. The app makes it possible to capture those moments and sharing them with the main platform and other users.

The service includes a number of touch points that together form the full picture of CoCharge. The first interaction with the service takes place in the doctors office when you receive your diagnosis and the welcome kit from CoCharge. This kit includes news and information related to your condition, stories from other people in the same situation and a memory album meant to be filled in by you in your first step of your coming journey. The kit also includes a small give away gift that can be of help and finally your login information to the digital part of the service.



Welcome to CoCharge! If you have an account you can login to be InCharge, if not we're happy to share news with you :)

"Here at Savar the training is easy accesible for the patients, and therefore t is motivating."
- Anonymous woman, parkinsons patient.

27 MAI 2011, 2 HOURS AGO
New training programs for SCI
Educational video series to offer the foundation for improved health, independence...
Doctor Persson, Norrlands universitetsykehus.

27 MAI 2011, 4 HOURS AGO
Progress for SCI patients in medical surgery
We have now discovered a new method to apply during surgery, the results are crucial...
Doctor Andeng, Nordlands universitetsykehus

27 MAI 2011, 18:00
Wheelchair-race tonight
Last wheelchair-race was crazy, and this one will be as well;) Citymall, Umeå 18:00..
Matilda Janson, Umeå.

28 MAI 2011, 14:00
Neuroscientist at 1400
Meet doctor Andre Andeng at 14:00 to discuss progress of diagnosis..
Doctor Andeng, Nordlands universitetsykehus

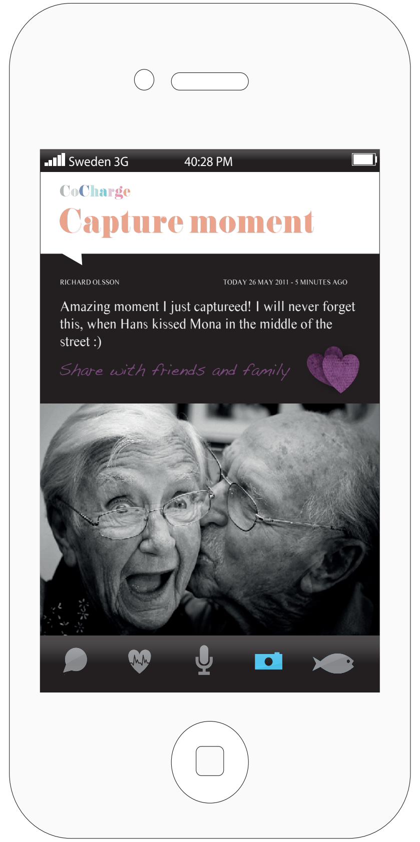
Drag and drop to share with family and friends

CoCharge 2011 We're connecting you to what is important! - In collaboration with VASERBOTTENS LANS LANDSTING

RICHARD OLSSON
TODAY 26 MAY 2011 - 5 MINUTES AGO

Hey Martin! It was fun working out together, you are sporty! That is why I am challenging you with todays challenge ;) Do you take the bait??

"Stand up during dinner and laugh out loud for two minutes, without reason."



RICHARD OLSSON
TODAY 26 MAY 2011 - 5 MINUTES AGO

Amazing moment I just captureed! I will never forget this, when Hans kissed Mona in the middle of the street :)

Share with friends and family

scalability

Implementing the service.

We see multiple levels of scaling a service such as CoCharge. Scaling up and including into the service is a likely scenario. Different external actors can join the platform and create a base that offers an even greater service experience. This can be expanded even up to national proportions with activities and centers being connected through the digital side of the service.

Of course the opposite, seen as modules, it is not necessary to implement and develop a full platform in order to get started. The important part is that our 4 main areas of interest are addressed. Looking at the service, encouraging activities and making it easy to invite family and friends to them is one way of looking at modularity in the service. Another one is the welcome kit with crucial personal information, filling the relatively large gap of knowledge from the patients side while waiting to get into rehabilitation.

The way CoCharge is constructed around a multitude of smaller services and solutions allows for a greater freedom of scalability. With examples such as collecting external actors or teaching patients how to manage contacts with services necessary in their condition. Appreciated by todays health care system was the possibility of listening to your recorded diagnosis, a service on its own that can be implemented in todays routine straight off.

Last but not least comes the brand factor. The inspiration that can be taken from the idea of the brand is scalable in the sense that it shows an importance of being consequent in ways of communicating/distributing information as well as creating a stronger full experience. The welcome kit for example includes besides a login to the digital service, news and information related to your diagnosis. This information should be profiled to be personal, this is an important factor in order to reassure that the information is not any form of standard letter and that the service that supplies this kit cares about you. Even when only using the kit on its own.

This list goes on with challenges and progress reports implementable in kits a patient can bring home.