

InnoPlant develops collaboration structures between the medtech industry and the Health Care sector, with the aim of increasing their innovation capabilities.

PIEp InnoPlant

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Steering Committee: Thorbjörn Ekström (R&D Director, SLL), Bertil Guve (Director, Director, CTMH), Bertil Lindström (R&D Director, Region Skåne), Alex Myers (CEO, ArjoHuntleigh), Margareta Norell Bergendahl (Prof, KTH), Per Odenrick (Prof., LTH), Dan Rydberg (CEO, Maquet Critical Care) and Christer Ström (CEO, Getinge Infection Control).

Why

Health Care costs increase today at an unsustainable rate. New medical technologies require from the Health Care sector advanced innovation capabilities. Simultaneously, the industry of medical technology, relatively strong and healthy in Sweden, faces harsher future requirements regarding its effects on hospital outcomes. In the face of this development, it is essential that these two actors find ways to collaborate with each other to develop system and process solutions that benefit demands from both parties.

However, as the need for collaboration increases, legal, organizational and cultural issues have made it more and more difficult for the public health care sector and the medical technology industry to develop working collaborations on a large scale. This project addresses this problem in an innovative way.

What

InnoPlant is an action research project, equally devoted to the development of new collaboration forms as to the creation of knowledge about the processes and cultural and organizational changes required for the establishment of these collaborations.

The project focuses on the collaboration in the early phases of innovation, and more specifically, on the different aspects of user-needs driven innovation. The Health Care system presents a series of different “user” perspectives that the medical technology companies need address: clinicians (MDs, nurses, etc.), patients and managers at different levels. There is today a limited understanding of (1) how the Health Care system can define and establish internal and external interfaces that drive its own innovation; and (2) how all the different “user” needs can be included in the innovation processes at medical technology companies.

How

The project follows the Learning-Network methodology, based on:

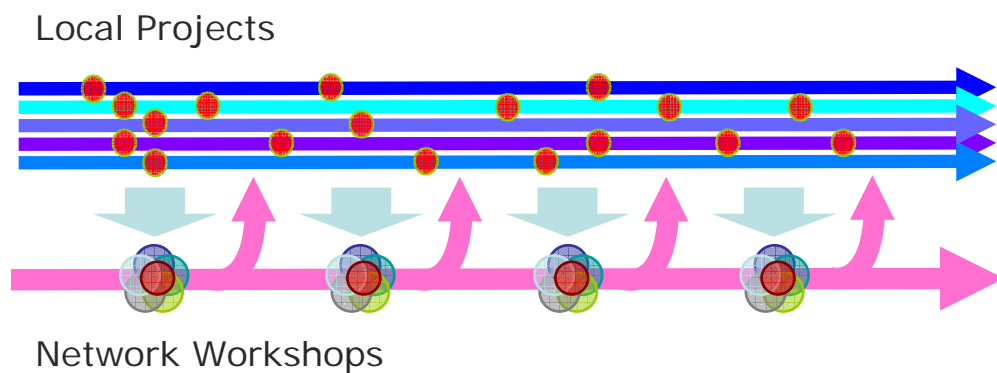
(1) Specific local projects. The representatives of each participating organization have defined a specific internal project related to their own process of user-needs driven innovation (represented by the blue lines). This project is carried out with internal resources,

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and followed and supported by InnoPlant’s researchers (represented by the red dots). The research team can also offer contacts with experts within specific areas..

(2) Network workshops (represented by the “flowers”). Held three times a year, these workshops offer a unique opportunity to exchange experiences from each individual project and to further develop the projects. It is during these workshops that participants develop a better understanding of the “other side’s” perspective.

(3) Central coordinating and research project (pink thick line). Parallel to the local projects, the researchers carry out a common research and coordinating project. It is at this level that research outputs are generated (whereas the empirical material is mostly collected at the local projects); it is also at this level that the project is coordinated.



Research research. InnoPlant is in its turn the focus of a research project, carried out by the department of ethnography at Södertörn University College. The goal of this project is to offer the participants (researchers and practitioners) insights into their own group and project dynamics, and thus to contribute to a well-functioning organization.

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| <p>Strengths</p> <p>Unique constellation: participants from industry, health care and research</p> <p>Deep involvement in the project</p> <p>Firmly established at the highest management levels</p> | <p>Weaknesses</p> <p>Difficult to coordinate due to the high number of participants and their different backgrounds.</p> |
| <p>Opportunities</p> <p>Unique timing: Changes taking place at the Health Care sector and at the industry.</p> <p>Exceptional access to empirical material.</p> <p>Multidisciplinary effort</p> | <p>Threats</p> <p>Results might not diffuse well enough throughout the participant organizations.</p> <p>Resource and priority problems among the participant organizations</p> |