The National Capital Region (NCR) Medical Directorate has developed a Rapid Innovation Design Cycle initiative which has resulted in a scalable, sustainable regional framework for innovation design across military treatment facilities (MTFs) in the NCR, with nearly 500,000 beneficiaries in the Military Health System’s most populous region.

The Medical Directorate has created a bi-annual series of phased events that are changing the culture of innovation, encouraging team members to bring forward improvements on a recurring basis to rapidly and effectively achieve their operational imperatives and envisioned end state. Specifically, with this initiative the NCR Academic Health System (NCR AHS) becomes the preeminent integrated AHS in America, connecting every federal hospital and clinic in the region to generate and sustain a ready medical force.

**Phase 1: Regional Ideation Event** - Innovators of all ranks presented their ideas using posters at their annual quality symposium. Commanders at every MTF in the region are encouraged to recruit innovators at every level with the knowledge that no idea would be turned away. During the first annual event, 46 posters were on display at the symposium and 300+ participants crowd-sourced voted on what they thought were the best innovations. The twelve ideas that received the most votes advanced to Phase 2. This was an electric event that left patients, providers and hospital staff excited about the impact that their ideas could make for improving healthcare across their region.

**Phase 2: Innovation Meet** - This was a “Shark Tank” style event with a panel of judges who listened to 5-minute pitches from the winners from Phase 1. The top six pitches from this group progressed to Phase 3 based on the strength of the proposal and its potential impact. The top six innovations received business analytics and technical support through their headquarters in order to develop full pilot proposals which included costs, benefits, risks and other factors. In addition, analysts identified where pilots should be launched and worked to overcome challenges to their successful implementation.

**Phase 3: Innovation Summit** - The pilot proposals were then presented to the Director of the National Capital Region Medical Directorate and its Board of Directors to decide which pilot projects would be resourced and transitioned into execution.

The Rapid Innovation Design Cycle is helping to:
1. Rapidly build and sustain a high reliability culture of quality with a paramount goal of zero harm to patients and staff.
2. Enable input from patients and staff into high velocity learning processes, putting the
NCR AHS at the vanguard for improving caregiver and patient well-being and experience, as well as quality and safety.

3. Enhance the operational readiness of personnel through the active, holistic management of both the direct and purchased care sectors of the TRICARE marketplace.

The Rapid Innovation Design Cycle has also demonstrated that it can improve operational effectiveness and the fiscal bottom line. For example, the online video language interpretation service was one of the six innovations which entered Phase 3 during the first cycle. It will replace the need for on-call interpreters to show up in person. This is a clinical necessity in critical care environments like the emergency department or labor and delivery, but unfortunately can prove costly and unreliable where it is needed most. When piloted at Fort Belvoir Community Hospital, the annual cost savings were noteworthy. If the concept is expanded across the Military Health System, the projected cost savings would be even more significant. Moreover, research has shown that quality of care, patient safety, and patient satisfaction will improve with the online service because more languages and dialects would be readily and reliably available. Other innovations entering Phase 3 of their cyclical process should similarly yield operational and fiscal returns on investment.

After completing their first Rapid Innovation Design Cycle, the NCR Medical Directorate witnessed real and conceptual operational impact through their design process. For example, they rapidly built trust at all levels by demonstrating that they listen to participants’ concerns, value participants’ ideas, and will apply resources for deckplate solutions to deckplate problems.

On a more basic level, the design processes significantly improved the bidirectional flow of internal communication to rapidly identify problems and their potential solutions. Participants and observers alike provided feedback that the process is already adding value and will create a new climate and culture that places value on high velocity learning and innovation.