How does spatial decision-making work in the Dutch care sector? What can we learn from its practice?

Mapping spatial decision-making. Research Summary, May 2023
Kornelia Dimitrova

1. Introduction

This research set out to grasp the bigger picture of spatial transformations in the healthcare sector in the Netherlands. Many healthcare organisations are in the process of such transformations as they look for ways to adapt to the changing societal needs. Frequently, real estate redevelopments overlap with organisational changes. These processes hold many uncertainties, span over longer periods of time, involve a variety of expertises, affect multiple stakeholders and require a chain of strategic decisions.

For the people shaping and guiding the process of such transformations, the ability to keep a sense of the bigger picture has become ever so important. Envisioning the end result is essential. But the process we create to go there is even more impactful on our ability to reach that point. Having an overview helps with seeing what is really important and keeping it in focus. It helps with managing the changes, expectations and decisions along the way. It facilitates good communication and collaboration and in turn leads to more thoughtful decision-making and a better experience of the transformation.

This digital publication aims to make visible how spatial decision- making works in the dutch healthcare sector. Over the last 30 years many such transformations have been developed in and with the healthcare sector. This research brought together 9 experiences into one roadmap, giving an overview of the process in practice. It highlights 6 aspects that define a resilient and robust transformation approach. While such a publication can rarely be complete, this roadmap is proposed as a living document, where the dialogue can continue and the experiences knowledge from practice can continue to be collected and shared.

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Not another list of tips.

There have been many publications on how to practice change and what it takes to enact transformations and lead transitions. Yet, the only way to know it is to do it. Embodying this change in your organisation, embedding it in the blueprints of the spatial plans, weaving it into the collaborative culture, impressing it upon administrative and procedural practices. In other words, living it collectively, fully and truthfully. When daily work and stress creates the sense of a lack of time, it seems that digesting things down to 10 or 7 or 5 or 12 simple rules can solve that. In doing so it runs the risk of oversimplifying the complexity, so that we might have a sense of control over the bigger picture. Yet, as this research and its roadmap show, all of these aspects are deeply connected and interdependent. It's not about inventing the change it's about finding out the way to bring it to practice. This asks of us to start from the values, sharing them and committing to them.

What I wish I would see more of in these types of documents and summaries is the discussion of values and how the transformation is experienced by different stakeholders. All meaningful transformations, and at least those that I've been able to learn about in the 9 interviews, start with a clear open and honest conversation about what is truly important for us, as employees, directors, patients, family-members, and an organisation as a whole. These will differ, they will contradict, they will clash, but those disagreements are the basis of a good conversation despite the differences about what is really important to us.

What worth noting is the creativity, openness and care with which the people I spoke to do what they do for their organisations and communities. As some of the examples show, design and design research can support, enable, enrich this process, and equip those in charge with the tools and strategies to give form to the transformations.

It is not about the best project plan, but about envisioning the choreography of transformation.

2. Background

This research was initiated and done by Kornelia Dimitrova, architect and social designer, whose practice is led by a keen interest in the intersection between spatial development and care practices. This interest developed during a 2-year design research in the PDEng program of TU Eindhoven, commissioned by GGz Eindhoven, which resulted the publication of the Playbook for Healing Environments.

Per definition, spatial developments in hospitals and mental health institutions need to balance between the vulnerability of the present and uncertainty of the future. Throughout such spatial transformations, the provision of care cannot stop and the quality of experience of patients and doctors, family and staff should not deteriorate for too long. How are those decisions made, informed and framed? What values are at play, and how are those addressed? And what can we learn from that about spatial transformations in other vulnerable communities, complex systems and uncertain times?

There is much to be learned about how those in charge of these transformations inform, frame and make decisions. Through what processes does that happen? How the core values are into in those processes, actions, plans, and eventually to the culture of care in those communities. Beyond the healthcare sector, the lessons presented here might prove valuable in other contexts, where vulnerability and uncertainty form the ground condition.

3. Research approach

The study was conducted from the perspective of architecture and spatial transformations, but such initiatives span over several years, and rely on different fields of knowledge, and affect wide variety of stakeholders. Most importantly these initiatives often encounter contradicting values, perspectives and facts.

The theoretical and technical approaches to transformations and decision-making seem linear and simple. But are they applied and experienced this way in practice? How does spatial decision-making and transformations work in the healthcare sector in the Netherlands? Who, and how, determines the future vision, who gets to decide, with what values and knowledge? Who participates, and who remains excluded?

Criteria and selection of participants
At the core of this research are 9 interviews with experts and decision-makers that have led, researched or designed spatial transformation within the Dutch healthcare sector. They are in different stages of their work, some have already finished it, while others have just taken the first steps. Still, their experiences and reflections are of equal value to map how spatial decision-making really works in practice. The main criterion for the selection was that the approach and transitions should be value-driven and qualitative, e.g. people-oriented, sustainable, green, social, open, just to illustrate a few. To broaden the horizon of research, two types of hospitals were approached - general hospitals and mental health institutions. The interviews were done in the period from October 2022 to February 2023. The roadmap is an attempt to bring all of these into one structure, indicating the intricacies, iterations and interrelatedness between all phases of such a transformation, and the processes, iterations, steps, dead-ends and unexpected successes.

Method - interviews & process visualisation
The research was done on the basis of The insights, perspectives and conclusions drawn in this publication are based on the author's interpretation of the insights and experiences shared during the interviews. The interviews focused on the personal experience of those interviewed, they are not intended to represent the official position of the organisations referred to in the interviews. The successes, challenges and failures are also defined in this way by the interviewees or by the interpretation of the researcher. The individual interviews (excluding 1) have been documented in two ways, through audio recordings and through on-the-spot process visualisation of the events, decisions and actions described by the interviewees. This helped reconstruct the order and logic to the actions and decisions taken over time, as well as the personal involvement of the interviewees.

In that sense, the formulation of this entire publication is necessarily subjective and constrained by the perspectives and experiences of 9 cases. Nevertheless, certain aspects and mechanisms reflect and overlap existing theories of change and models of working. What is perhaps novel in this approach is the attempt to reconstruct the relations between the different actions that constitute such transformations in a way that is non-linear and embraces to back and forth way of working that always accompanies efforts in uncertain contexts. The second point of contribution worth highlighting is that this approach also embraces the social and inter-personal mechanisms that form the basis for the conceptualisation, realisation and resilience of such transformations.

Exclusions and omissions
Fragments of the individual testimonies are included in the section on Good practices and Personal experiences. For the rest the publication gets its succinctness and brevity from its focus on the synthesis and bigger picture that has emerged during the process of interviews.

An open document
As with more research, by the end of it there are always more avenues to be explored, more conversations to be had, questions to be asked and insights to be articulated. For this reason the roadmap is marked with a date and version. The intention is that this would be a open living document that will serve to continue collecting insights about complex transformation initiatives in the care sector. The format of a miro board, with all its dynamic and interactive potential, befits this approach of openness, and seems like an ideal setting for the first assembly of this publication and research.

Follow-up research
The allocation of resources and the systemic conditions of funding in the healthcare sector are crucial factors in enabling these transformational initiatives. In some of the cases the way funding and spending are structured has been an obstacle to innovative approaches in spatial development. A possible further elaboration of the insights and processes assembled in this publication could include looking into the research and information available about the way investing in innovation in the healthcare sector works. Who initiates innovation developments and why? How do the government, insurance companies and hospitals invest in innovation in the healthcare sector? What kinds of innovations do they invest in? What kind of innovations are left out? How are those innovations framed in the larger context? How are they connected and affecting each other? Which expertises are involved? Are torchbearers and designers involved, under what circumstances and with what role? Under what forms of collaboration and assignment models are these innovations commissioned, governed and distributed? What can we learn from that? And what might we need to change in the current system in order to enable better, more integrated innovations?

4. How and when is the roadmap helpful to decision-makers in the care sector?

The roadmap visualises the process of spatial transformations in a non-linear way, detailing the activities, decisions, roles and factors that define it. Some parts of this process are iterative, others are cyclical, some are dispersing, and others are converging, some arrows point forward and others point backward.

While it might look complex, this visualisation and its accompanying insights and examples can lend itself as a helpful tool for experts, decision-makers and designers working on spatial transformation initiatives in the care sector. Below are five examples of these applications:

1. **Communication** - a roadmap is useful for change makers not only to inspire and guide them in their process. most importantly a roadmap like this can help you communicate with your colleagues, stakeholders and decision-makers. where are we going towards? why do we need to go there? how are we going to go there together?

2. **Innovation** - often when you embark on a change in the healthcare sector good results and certainty are valued over innovation. but when you have to do something that hasn't been done before, how can you stick to the same old tools and terminologies? making this process visible and creating space for experiment, iteration and prototyping is the key.

3. **Peer-learning** - due to time constraints and budget pressures there is little time to go out there and see good examples and how others have addressed similar challenges. this roadmap summarises some of these and can help you find a peer that has already worked on this issue or is currently working on it. give them a call and find out how you can learn and reflect together.

4. **Evaluation & Reflection** - find out what are common pitfalls that might be there in your process and might put the change you are working on at risk. do you have the right people at the right roles? do you miss the involvement of a stakeholder or a decision-maker? have you tested your assumptions? is there something blocking your team from achieving their mission?

5. **Collaboration** - while some of these steps are best done internally, by a person with the right expertise, background and mandate, others can and should be done by designers.

5. Best practices

On Listening, Slowness and Uncertainty

In simple terms, change is a process of 4 steps - initiate, plan, execute and stabilise. In broader terms, this is true, but it might mislead us to believe that this transformation processes are also linear, and so we might plan, prepare and communicate about it in this way. In practice it is rarely so, and plans turn out to be little more than carefully-crafted assumptions. In the care sector, spatial transformations a little more complex and entangled. Individual opinions, preferences, (dis-)engagement, sense of ownership and belonging play a crucial role in such a transformative process. This is why it should be considered as a social, rather than a structural or technical one.

A linear approach to planning and enacting spatial transformations misses the chance to learn and adapt along the way. And this might lead us to miss or overlook some crucial facts and factors. For instance, a plan that has been designed a few years ago, might turn out to be outdated due to new regulations, new ideas or new members of the team or community of the organisation. Such a plan would get scrapped, and a new one would be made instead. More often to conduct meaningful participation and change trajectory requires those in charge torchbearers to balance institutional and human perspectives on time, on care and on change. In a trajectory where landscape transformations are a part of it, the time frame of trees, rivers and animals also comes into play. A cyclical or iterative approach would focus more on the process of the transformation and would prioritise engagement and action. In other words, this approach would be qualitative and cultural.

Six key aspects of resilient transformations in the care sector.

1. **The importance of the torchbearer.** Give them the space and opportunity to build the knowledge and vision needed to craft a story of change. Also give them the space to take actions early on, to try things out and to engage the rest of the organisation and its clients into the making of that story.

2. **Framing the perspective.** Take a critical look at the tasks and challenges you see. What knowledge formation and actions need to be deepened internally or externally? What was the impulse for this transformation? How is the current situation assessed? What values and hopes are embedded in the future vision? do you address behavioral change, infrastructure and governance?

3. **Every plan is at best a carefully-crafted assumption.** Expect each step to bring new knowledge, and be sure to preserve space for learning, experimentation, adaptation and action. Change and spatial transformations are a creative process. **Experiments, iteration and prototyping can inform and inspire** decision-making around complex socio-spatial transformations. It helps test assumptions on time, it is a way to embrace learning, accept mistakes and reflection. This is an attitude that should be at the core of a transformation initiative, as well as the organisations culture. In the short term, it seems to slow things down, but the organisations that have done this said 'it was expensive, but it was totally worth it'. (2, 5)

4. **Change and spatial development is primarily a social process.** Change is not something you do alone / in your team. Find allies early on, and work towards **co-ownership of the change and spatial development.** Co-creation comes not only in the planning, but also in the execution, and especially in the perception of the desired future. How do you engage people, and how do you keep them involved in that story?

5. **Envision the transformation as a choreography.** There is a story, a stage and a director. And then there is a sequence of events and actions that unfolds. To make it work all actors and technicians need to know their parts, they need to have rehearsed them, and to perform them at the exact time. Both time and timing are important. For the care process, time has an important role, sometimes it is about making the right moves quickly and precisely, sometimes it is about taking longer, consistent steps in the right direction.

6. **Balancing time perspectives.** Meaningful participation and change trajectory requires to balance institutional and human perspectives on time. In a trajectory where landscape transformations are a part of it, the time frame of trees, rivers and animals also comes into play. Understanding the mindset over time is precisely important in spatial transformations, it affects patients, expectations, motivation and enthusiasm. The crux of managing them is in respecting the time frame of the other.

6. Common obstacles

During the interviews, a red thread of the common obstacles emerged. Some of these are in the way we think, some of them in the way we act, and others still are embedded in the rules. Below are 6 of those:

1. **Uncertainty -** the set up of detailed plans and predefined outcomes it set out on the assumption that you know exactly what you will do before you do it. Often meaningful change and innovation need a little more space for experiment learning and failures. When not going according to plan might start looking like a failure, instead it's delivered valuable lessons that have tested unknown assumption in that very plan. While some of these steps are best done internally, by a person with the right expertise, background and mandate, others can and should be done in collaboration with someone with an outsider perspective. The set up of reporting are based on the presumption that and that you must report and prove that you've really done it.

2. **Complexity** - As these transformations are triggered by a set of impulses, external and internal, the formulation of the overall desired changes might become rather integral. While there is value to that, and certainly organisational and spatial transformations need to go hand in hand, it brings with it the risk of losing overview on what it is that actually needs to be changed. More than that it, since the change might require organisational and physical transformations it can be difficult to see which one takes the lead, and which one is in service of the other. The challenge comes from the divergence in methodologies, expertises and criteria of analysis and evaluation that affect both types of changes.

3. **Existing frameworks -** Many healthcare organisations still use the methods and tools that they had for addressing transformations from when such redevelopments were done under stricter government supervision. Nowadays, it takes often a loan to develop these transformations. Specifically, at the level of real estate, the value of buildings appears on the balance sheet. Therefore another, reason to focus on outdated buildings is because of their minimal value. For some of these transformations, the challenges were systemic, based on what is defined as part of the healthcare provision, and what is merely an infrastructural issue. This is particularly visible in cases of hospitals with larger green estates, where the maintenance of the landscape falls under different rules and regulations that that of the interior of the hospital. All this takes place in a system that is heavily fragmented, and funding and investment in healthcare spaces works as a complex puzzle.

4. **Collaborations forms -** this is also one of the reasons why this research was initiated. To be able to manage the risks entailed by changes, health organisations rely on traditional forms of collaboration and models of commissioning, such as consultancy, masterplan design. The imagination for change, thus quickly gets to a predefined set of outcomes/solutions to a problem configuration that the organisation in its current constellation has never before encountered. In this way for instance, the issue of car traffic can be interpreted as a question of infrastructure, rather than a question of behaviour and habit. Enabling new ways of thinking about change, and matching these with appropriate collaboration forms is a question that is ever more relevant, both for those inside and outside of health organisations. **Can we really imagine the environments of care in a new way if we keep relying on the same criteria, methods and framings?**

5. **The question of maintenance -** much of the attention is on the transformation and changes. The perceived end-point of the project seems to be when the new building has opened, but in practices, for the employees, patients, and stakeholders this is when the real work begins. In what way have they been helped to prepare for this? By what support systems and protocols does that take place? And who is responsible for the uptake and adaptation? These questions need to be asked more often and during the design and implementation of the transformations.

6. **Vulnerability & Stigmatisation -** the perception of the public and the adjacent communities is especially impactful on spatial decision-making and transformations of mental health facilities. This is a common point in the agenda for analyses, plans and interventions. A single incident can affect negatively the public image of the whole community. This adds to the fragility and vulnerability of such transformations and initiatives.

7. Anatomy of the roadmap

The roadmap has been assembled on the basis of the insights and experiences from the 9 interviews. It includes some of the most important questions that decision-makers ask when leading a socio-spatial transformation. While the roadmap is presented in a linear way, please note that some arrows go back to previous steps, in the design field this is called an iterative process, which is helpful in integrating new insights in the process, as well as in testing assumptions we were not aware of previously.

Good practices
Each of the elements of a good transition is coupled with 2-3 examples of good practices gathered through the interviews. while it is often hard to judge in the moment if the plan of action is adequate or of it will be a success, during the interviews we reflected with the interviewees and found out why and how some of the actions they took defined the success of their initiatives.

Impulse

The Impulse
What triggers the decision that a spatial transformation or a redevelopment is needed?
The impulse is a critical accumulation of internal and external factors that cause or reveal a tipping point.

Some examples of the internal forces and events, include the complete amortisation of building stock, the appointment of a new director, the need to save on energy costs, the merging of two or more care providers, the dissatisfaction of caregivers and clients with the spatial qualities, or the future proofing the care facility. Alternatively, the impulse could come from an external sources, such as a new law with regards to healthcare provision and accommodation of clients and patient, or sectoral agreements such as the Green Deal Zorg.

Most often, the internal and external factors would stack on each each other until it generates enough urgency and momentum to initiate a transformation. In fact, as with most systems, all parts of a care facility are connected to each other, when transforming the spaces, the question of working conditions and patient environment rise up to the surface, as this renovation gives chance to reconsider the over space and make it better. In some cases, this is also combined with restructuring the organisation and the teams.

Preparation

The Torchbearer
Who will explore, define and lead the change?

This is not a regular employee with a role within the existing system. This is a person tasked with changing how things currently are. This is a person who will look at the system as a whole, understand it, define what needs to change and outline the strategy and process of how that change should happen.

They actively search for allies, people inside or outside the hospital who already want that change, or are working on it, or have knowledge of how to do it. They also have a team of colleagues and collaborators, who help them cover more ground in gathering information and engaging with stakeholders.

This person is also often an excellent communicator. Their focus is not on finding the best solutions, but rather on connecting people to the ideas behind the change, and helping them get on board and contribute towards shaping the change.

To them a designer is someone who can equip them with tangible tools, materials and methods to explore and shape the change.

Diagnose
How does the fakkeldrager make sense of the current situation and define what needs to change?

Hospitals are complex ecosystems, and there are many types of information we could gather when understanding them. But it is importnat to do so, as otherwise we risk treating the symptoms and not the root cause. Similarly, we might damage something that is good and healthy in our attempt to heal or remove something that is broken or damaged.

How can we know for certain?
For many of the torchbearers the process starts with setting up a good and thorough analysis of the current situation. Their mission is after all to change that situation and build on improvements. Without knowing what exactly it is that is being changed is impossible to know if any following actions would actually improvements. This analysis has a double function, it helps the torchbearer orient themselves, and better understand the financial, spatial, social and procedural aspects of the hospital. It also helps see what can be scrapped and should be taken away, in order to free up space and resources for for direct short-term actions.

Imagining, Approaching and Enacting

A future image
What is the shared vision of the future?
How does the fakkeldrager engage with others in order to create and maintain this vision?

Build a community of participants and co-creators of the change. Doctors, decision-makers, janitors, gardeners, patients, family members, ...

Change can be difficult, it asks us to adapt, to let go of the familiar and the security, and to take a leap of faith. A shared narrative of the future we will build and enjoy together is essential for complex large transformations. Simple words that describe the desired future, can help us imagine, engage with and direct the change. Like a compass that guides us in the mist of uncertainty.

This involves processes of participation, great communication efforts, as well as tangible visualisations that help people of all knowledge backgrounds to quickly empathise with their future selves and respond to the proposed vision.

This process of engagement should continue in the strategic approach, as it would help communicate the change, which can build up patience for the inconveniences, and invite the contribution and insights of those affected.

Strategic approach, envision the choreography
How do we get there?

Having a clear vision of the final result is important, but it would not happen overnight. The transformation can take years, sometimes decades. The experience of the transformation process will affect the organisation's ability to get there. That is why it is important to design the way there.

Be it an interior refurbishment, a new construction, a landscape redevelopment, or a combination thereof, spatial transformations take time and bring prolonged discomfort, inconvenience and disturbance. This process can be described as a strategic approach. To develop it, the torchbearer and their team would explore the alternative scenarios. This requires a consideration of the timing and degree of involvement of different stakeholders, experts and decision-makers. It also requires understanding of timing and intensity of the changes. It also involves a critical look at what aspects of the change can be defined for certain and which ones need to be questioned and tested.

Often the strategic approaches underly a masterplan, a design brief, a deepening design research, or a real estate strategy, but in some cases the approach is action-based and iterative. Envisioning the choreography of change, can help anticipate how the building process of one intervention might affect the experience and quality of another over time.

Taking actions
How do we start going there?

Every plan is at best a set of carefully crafted assumptions and wishes. Transformations in the healthcare sector are full of uncertainties and vulnerabilities, and carry high risks and costs. It is in taking actions that the problem diagnose, future vision and strategic approach are put to the test. Prototypes and pilot projects can help test those assumptions in practice, which in turn can validate ideas or inform iterations. It is important for the torchbearers to have the space and freedom to take actions, as that can lead to better, more considerate decisions.

Taking action can take many forms, but it has as a goal to make the changes tangible and visible. Taking actions can start much earlier than building works, and can continue after the those are done. Taking action can take the form of visualisations, projects, simulations, it can be done through mock-ups, prototypes and pilot projects.

Integral transformations, which spans the entire organisation at once, are by definition complex and various organisational and spatial aspects are entangled, which makes it difficult to test the totality of the plan. The inability to test or substantiate the transformation can make it hard to make decisions as it is difficult to foresee the dependancies of the quality and end result on any particular part of the process. IN such projects, often unexpected consequences will show up. Some of the interviewees in this research worked precisely on such entangled transformations, they applies opposing strategies. One strategy was to strategically breakdown the process into phases and structural parts, the other embraced uncertainty and and took an action-based approach.

Maintenance & Continuity

Maintenance
How does the change become normalised?

The maintenance process is different in nature from the transformation. If the torchbearer and their team are still involved in the process at this point, this requires of them to rethink their role. It is no longer about disrupting and changing, but about consolidating and creating support structures. The maintenance process is necessary for the stakeholders, decision-makers and all those affected by the transformation to feel ownership of the change and the narrative, and to regain a sense of belonging in what appears to be a very different place. This is especially important in larger complex transformations.

The approaches to maintenance that came up during the interviews was based on setting up protocols, roles, guidelines, as well as habits and a culture of working. The aim of these actions is to maintain an overall sense of clarity of where and how the organisation is moving. This is visible in the commitment, engagement and alignment of top-down and bottom-up processes, as well as ownership of the narrative. If the strategic approach and taking action is about inventing how things should be done, this is really about how to share this logic and methodology with everyone involved in the care organisation.

This is a common challenge, one that is easily overlooked. When the transformation has not fully integrated in the place and the community, sooner or later this will show. This can present as increase in employee turnover, or in the demand for retrofitting back to the original situation, or if the decisions along the way still depend on the people who initiated it, or in an inability or unwillingness to take further action, follow the protocols and new ways of working.

Continuity
How does transferability work?

The protocols and support structures developed in the maintenance should ideally support the long-term transferability of the thoughts, vision and logic behind the newly developed situation, space or way of working. If the handover and consolidation is done well, then a period of relative clarity and stability within the organisation, space and community would follow.

If the maintenance processes have been embedded and taken over in the governance, culture and operations of the organisation. This is particularly helpful with onboarding of new employees. This is essential for guiding and supporting the continuous changes and adaptations that naturally occur within the organisation and its spaces. This can be helpful in setting up new partnerships within or outside of the healthcare sector.

Impasse

Stagnation

Such transformation initiatives are fragile in their complexity and dependency on social and personal factors. In that sense momentum can be lost for a variety of factors, such as the resignation of a key decision-maker or the torchbearer, the inability to turn the plans into actions due, the lack of uptake of the vision and implemented changes by the broader community of the organisation, among many others.

This loss of momentum is especially present before decisions with unusually large complexity or unusually heavy impact on the future of the organisation. This can be amplified by changing laws and regulations or other aspects outside of the control of the organisation. Such decisions might include demolitions, asset sales, construction, excavations, landscape transformations. In other words, decisions that there is seemingly no way back from. This is more or less how decision anxiety and decision paralysis present. Alternatively, it can come in the form of disengagement of stakeholders key to to implementation of the plans. The employees might feel little connection to the proposed vision and narrative, and for that reason they might not be willing to partake in the formulation of the plans or in their implementation.

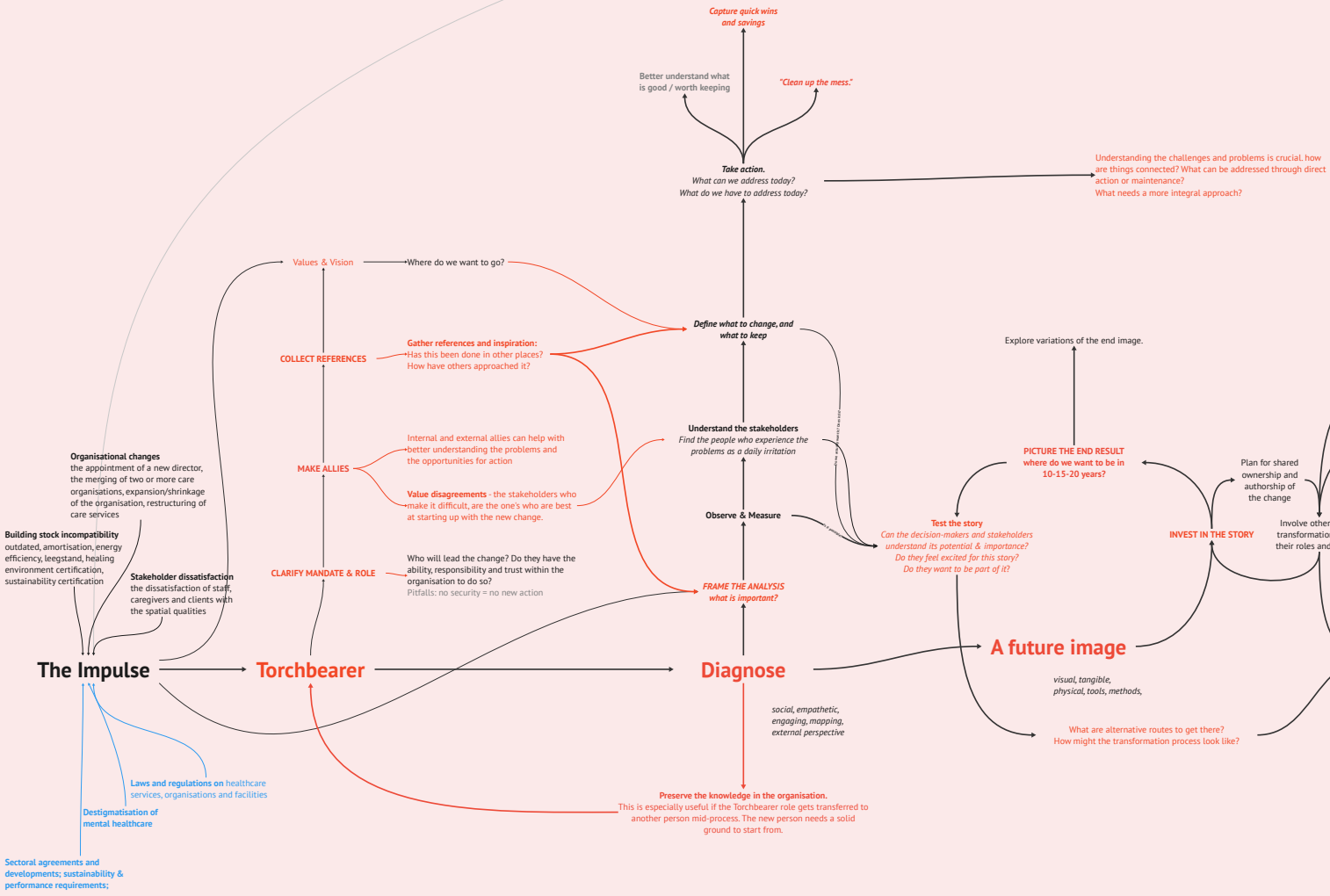
As long there is a person or a team in charge of overseeing the transformation, or if the maintenance protocols have been implemented, the loss of momentum might be used productively, if it is taken by those still involved in the organisation, as a chance for reflection and evaluation of all actions, decisions and interventions. This can be a way of avoiding rushed decisions, and can lead to an iterative process and the exploration of alternative avenues.

New Impulse

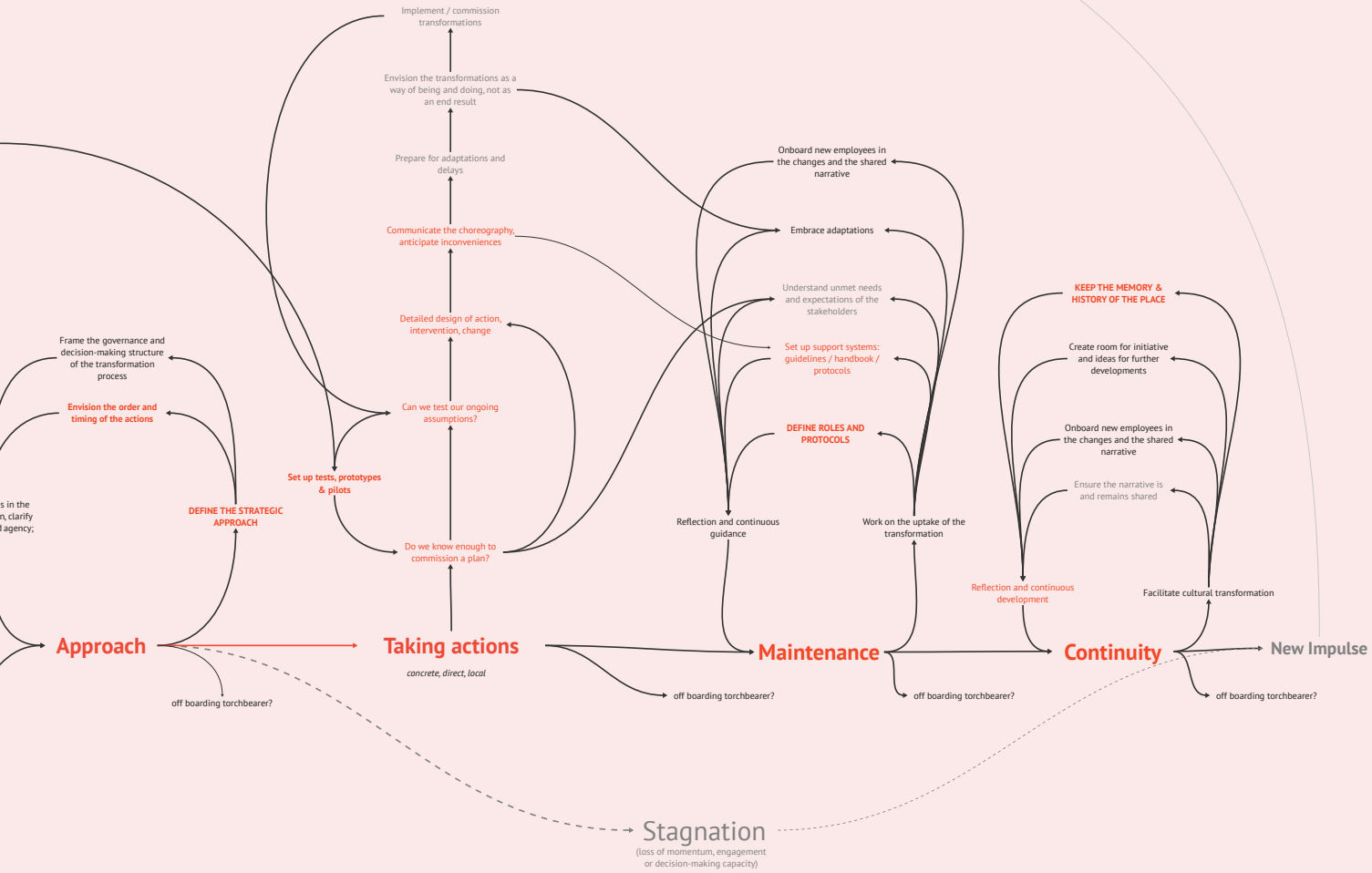
New Impulse

The world outside of the care organisation will continue to change. As these large-scale transformations take 5, 10 or 20 years to accomplish, often by the time they are done, the vision, approaches and solutions might seem outdated. The needs and demands for care might have changed, the employees will have changed, and so the organisation and its spaces will need to follow suit. This will lead to another tipping point, and evoke the urgency for new reflections, the appointment of a new torchbearer and the need to ask ourselves once again what is truly important to us now, what future do we hope for, and how might we try to go there?

8. Roadmap of spatial decision-making in the care sector, v1.5, 1 May 2023



Key:
Black is the baseline process.
Red highlights the good practices (Section 9)
Bold Red highlights the best practices (Section 5)
Grey denotes pitfalls and obstacles that occur. (Section 6
Blue indicates the external influences on the process.


Implement / commission transformations
Envision the transformations as a way of being and doing, not as an end result
Prepare for adaptations and delays
Communicate the choreography, anticipate inconveniences
Detailed design of action, intervention, change
Can we test our ongoing assumptions?
Do we know enough to commission a plan?
Set up tests, prototypes & pilots
Frame the governance and decision-making structure of the transformation process
Envision the order and timing of the actions
DEFINE THE STRATEGIC APPROACH
Approach
off boarding torchbearer?
Taking actions
concrete, direct, local
Onboard new employees in the changes and the shared narrative
Embrace adaptations
Understand unmet needs and expectations of the stakeholders
Set up support systems: guidelines / handbook / protocols
DEFINE ROLES AND PROTOCOLS
Reflection and continuous guidance
Work on the uptake of the transformation
Maintenance
off boarding torchbearer?
KEEP THE MEMORY & HISTORY OF THE PLACE
Create room for initiative and ideas for further developments
Onboard new employees in the changes and the shared narrative
Ensure the narrative is and remains shared
Reflection and continuous development
Facilitate cultural transformation
Continuity
off boarding torchbearer?
New Impulse
Stagnation
(loss of momentum, engagement or decision-making capacity)

9. Good practices & Personal experiences

Good practices and experiences gathered in the interview series from October 2022 - February 2023.

At the time of the interviews, the experts worked at the following organisations: Erasmus MC, Elkerliek Ziekenhuis, GGZ-NHN, Lentis, Radboud UMC, Emergis, Parnassia, Van Helvoirt Groenbeheer, Stichting Nature for Health;

CLARIFY MANDATE & ROLE

IT STARTS WITH VISION & TRUST

In one of the interviews I talked with Nico Adrichem and Yntske Zijlstra, the two torchbearers who worked together on the transformation of GGZ Noord Holland-Noord from the start. What impressed me the most in their story was that they received full trust from their board and stakeholders to take actions and materialise the new direction of their organisation, and to do so without a fixed plan. They didn't start with the development of a traditional real estate plan or masterplan. They began by sharpening their vision and testing things in practice to find what actually works in their site and community, how and why. Throughout the process and still, the torchbearers have a deep personal commitment to the organisation and the process of this socio-spatial transformation. And such a commitment can only ever be mutual - between the organisation and the people who shape the process. This initiative started in 2008 and they are still working on their project. Even though one of them retired as the director of the hospital several years ago. (5) They work with their hearts and minds on this. It doesn't seem like it was ever just a job for them.

PERSONAL BACKGROUND & EXPERTISE.

In the case of Emergis, the torchbearer is Mariko Rouw, he comes from the real estate sector, his experience in managing complex spatial transformations from the role of a real estate developer provided with him with a distinct set of tools and approaches. (3) While being aware of the value of visualisations and effective stakeholder engagement, having experience and being able to commission and enact this in practice is what sets this case apart form the others. It is not about just knowing one can commission visualisations, but knowing how to ask for them and how to use them in the process makes all the difference between advertising the change and actually opening up dialogues with the stakeholders.

Similarly, in the case of Parnassia, where there are two people leading the transformation process, Serge Mulders is from within the organisation with personal experiences as well as 20 years of professional experience in the organisation. His ally and advisor is Esther Ewalt, she comes from the real estate world, and has been hired to support them in the process of this transformation. (6)

THE DOWNSIDE OF MISALIGNMENTS

In yet another interview I got the chance to talk with Leonie Baïs, the torchbearer who in the period of COVID-19 reevaluated the importance of outdoor green spaces to the work of their mental hospital. She started sketching a plan finding allies inside and outside, organising events, and working towards shaping the vision for the outdoor spaces. All seemed well, and the decision-makers seemed happy with the ideas and results. But when she repeatedly asked for a commitment on their side, they failed to give it. (7) Many perspectives are entwined here, and the interview focused on the personal perspective and experience of the interviewee. But there seems to have been a misalignment about the role and perhaps about the urgency of the initiative.

MAKE ALLIES

NON-SECTORAL PARTNERSHIPS

To test and develop their vision Nico Adrichem and Yntske Zijlstra, the torchbearers of GGZ Noord Holland-Noord, reached within the local network and context of their hospital and set up experimental collaborations and initiatives. They have done such pilots with start-up co-working spaces and anti-squatting companies among others. (5) Another benefit of alliances comes in the form of partnerships focused on pilot projects/initiatives. It is a way of sharing the risk on a particular venture, inviting an external experienced party to set the pilot up. What it delivers is the opportunity to test out a different program or usage of the spaces, and then to reflect if this belongs in the future of the place and organisation or not. This is the case of GGZ Noord Holland-Noord, who early on tested various programs and uses of their buildings and spaces by inviting partners who've built experience and expertise in such programs.

ALLIANCES WITH OTHER HOSPITALS

In another interview I talked with Rob Wolters, one of the initiators of the Green Mental Health coalition. His story speaks of the resilience that comes from collaborating with allies. At the start of their initiative there was no fixed plan, but there was a clear vision - enabling more mental hospitals to make the most of their green spaces and to include these in the therapeutic processes. For them the core of the initiative was in building an alliance with several large mental organisations with green estates, they called them the Voorlopers. With each conversation, visit and inspiration session they better understood the practical challenges and opportunities for their vision to become reality. In this way they could define specific targets and actions. More over they could explore how the current health system is built and what are the systemic obstacles for their vision. Through examples and research they could convince the health organisations of the value of green spaces. In such sectoral alliances, each organisation has a different role and perspective in the system, the initiative gains a resilience, which presents in the ability to learn, pivot and iterate until a workable plan with committed partners can be developed. (1)

INTERNAL ALLIANCES

From the perspective of Nico Adrichem and Yntske Zijlstra, the torchbearers of GGZ-NHN, what made their work possible was a very good finance director, who could think along with them and make things possible. To rally additional support and to create the opportunity for additional actions, they set up Stichting de Buitenkans, a non-profit organisation, which has as a goal to improve the public image of mental health, among others. Through which they had access to additional funding sources, which are usually inaccessible to hospitals and care organisations, and had possibilities for unusual collaborations. (5)

ALLIANCES WITH POLICY-MAKERS

For Rob Wolters and the Green Mental Health initiative the focus is now on policy. While health organisations are responsible for the maintenance of their green estates, the benefits of a park or garden designed and maintained as part of the healing process go beyond the benefits for the hospital and its clients. To enact a systemic change, this initiative is now looking at the potential role and responsibility of sectoral decision-makers, such as health insurance companies, municipalities and the ministry of public health, well-being and sport. (1) How might policy need to change to include healthy and pleasant landscapes in the list of services and conditions for the provision of healthcare?

At Parnassia Serge Mulders and Esther Ewalt are working on the future vision for the facility in Poortugaal, for this the collaboration with the municipality and the inhabitants of the village nearby are crucial. On the one hand because they are key stakeholders, on the other, because one of the obstacles for most mental health institutions is public image and stigmatisation of mental health patients and facilities. It is in this alliance and pre-agreements with the municipality that they can raise the question of stigmatisation and inclusion at the level of the entire local community, not just the hospital and its clients. (6)
The purpose of such sectoral or local policy alliances is most of all to share the responsibility and to engage with different perspectives on the same issue.

COLLECT REFERENCES

HOW HAD OTHER DONE THIS?

To inform their vision for GGZ-NHN's Landgoed Willibrordus, Nico Adrichem and Yntske Zijlstra travelled abroad to visit and collect valuable examples from Italy and the US among other places. Before launching their transformative efforts, the people in charge of the transformation of GGZ-NHN, visited care estates in and outside of The Netherlands in search of good examples. (5) To them this served both as inspiration and as a means to sharpen their idea of what future they want to see for their institution.

I spoke with Liesbeth van Heel about the transformation of Erasmus MC. With their goal set on developing their organisation as the 'hospital of the 21st century', the team in charge of shaping the vision for Erasmus MC looked for organisations who set out to transform their spaces with similar ambitions. They found three product examples, focusing either on process, sustainability and flexibility. To make sense of these examples, and more importantly to choose their path, Erasmus MC collaborated with a team of experts and advisors from a range of consultancy bureaus. Through this reflective process, they formulated their ambition at the intersection of all three aspects. (2)
Seeing and learning from how others have done this elsewhere is a way of testing one's ideas and narrative. What kind of spaces and communities emerge when we think and work differently? How has that change been brought and what can we learn from that?

(ARCHITECTURAL) EXHIBITIONS

For Sabien Raams, the director of Emergis, the inspiration and reference frame was found in a visit of The Living Archive of a Studio, an exhibition of the archive of the architecture office of MVRDV, which was on show from November 6 2021 to September 4 2022 in Het Nieuwe Instituut, Rotterdam. (11)
The exhibition traced the formation of MVRDV's design philosophy through time, as documented in the archive of their projects. The exhibition was structured around three themes - human, green and dream, and included scale models and drawings from past projects. (12) For the director this served as an inspiration to formulate the pillars around which the vision for the future of their facility would be framed, in a way that is relevant to their context and the community they serve. In this way, the tangible examples and the curatorial story that brings them together in a meaningful way served as a chosen reference for connecting the intangible values of their community with tangible spatial choices.

WHAT'S IN A ROLE? MEETING A DESIGN MANAGER.

Over the last few years, Iris Hobo has had the role of torchbearer within Radboud UMC. She leads the development of a design vision and has the responsibility to define and safeguard the look and feel of the hospital - spanning from graphic design to visual and aesthetic choices in the interior. She became familiar with this role during a visit to the United Kingdom, where she met with the Design Manager of the National Health Service (NHS). In this encounter, she got a first-hand account of what that role is about and how it works, and saw the potential to develop professionally in this direction.
After several small-scale collaborations with RadboudUMC, Iris Hobo proposed to them to take on the role of Design Manager, in 2018 she was appointed on that position, and was given the budget and team resources needed to fulfil that role. (9)

FRAME THE ANALYSIS

MASTERING THE PRESENT

For many of the torchbearers the work starts with setting up a good and thorough analysis of the current situation. In the interview with Mariko Rouw, the real estate manager of Emergis, this analysis has had a double function, it helped in settling into their role and better understanding the financial, spatial, social and procedural aspects of the hospital. It also brought to the surface expenses that are either unnecessary or more convenient deals could be made. **This enabled them to undertake a 'clean-up'**, which freed up space and resources and thus gave more time to the process of planning and preparation of the more important parts of the transformation. (3) The value of this aspect is visible thus both in the short and the long term.

BEYOND THE NUMBERS

Marilotte Boon, the real estate manager of Elkerliek hospital at the time, and Job Jonkers shared about why and how they included spatial distribution and layout analysis in the process. As in this case the challenge ahead includes the potential merging of the two facilities they have in Helmond and Deurne, therefore the question of spatial distribution of activities and programs was at the core of their mission. This analysis led to the realisation that in its current layout many of hospital's core processes and activities were not situated in the most pleasant and convenient parts of the buildings. Likewise they noted that the supportive functions such as administration, hospitality and maintenance were allocated to the parts with the best spatial qualities, i.e. accessibility, daylight and convenience. In their summary, the most important functions and the main source of income of the hospital were thus placed in the least attractive parts of the building.
This evaluation and the awareness of this aspect then informed the approach they took in exploring a variety of alternative scenarios for the spatial layout. (4)

REFRAMING CONCEPTS OF CARE

In GGZ-NHN, for Nico Adrichem and Yntske Zijlstra, the economic and programmatic analysis of the building stock is framed within a first formulation of the core transformation that the institution will undergo. That is that the **bed is just a temporary phase of of an ambulant care**. Then the productivity and impact of the organisation is no longer measured in number of beds, but in therapy as a social process. This makes it possible from the start of the process to frame an understanding of what is important and what needs to be developed or nurtured through the transformational plans. Such an analysis highlights which buildings and spaces are important and crucial for the functioning of the organisation. Looking at the state of the buildings and spaces, if they can be fixed and used. For the buildings that could be fixed or used, they would then explore the individual cases, what potential and qualities does the building have, what functions might the building accommodate, who might inhabit the building and if a business case can be developed that enables all of that. (5)

INVEST IN THE STORY

DESIGN RESEARCH AND OTHER WAYS OF KNOWING

After the first practical pilot projects, GGZ Noord Holland-Noord hired design researchers to research analyse and synthesise what the future of the mental health hospital might be. For Nico Adrichem and Yntske Zijlstra, there was a need formulate a meaningful and integral overarching vision for the future of the organisation and its spaces.
In what way do they values set forth land in the place, and what promises might they hold for the future. (13) This collaboration resulted in an overarching vision for the estate, which later on helped to draw up a brief for the architectural office of Mecanoo to design the masterplan based on those insights, logic and values for the current and upcoming developments of the built environment and landscape. When asked of the value and usefulness of this design research, the torchbearers were unanimous - "it was expensive, but totally worth it", as it entailed a careful look and analysis of their location and brought in a new perspective that sought to learn from the future of mental healthcare. (5)

THE VALUE OF DISAGREEMENT

Liesbeth van Heel shared that during the planning and preparation for the transformation of Erasmus MC, some of the medical teams eagerly joined the dialogues and raised issues that were important to their work and that they were concerned with, while others were perhaps less engaged or available and placed their full trust in the expertise of those planning the transformations. As a result those staff members and teams who were heavily involved could were able start their work in the new setting with relative ease and clarity of the new spatial layout and care protocols. Although the dialogues were based on disagreement and critique, which arguably made the planning process more complex, this also prepared those members of staff for the change as they had a good understanding of what it was going to be like. Those who were less engaged, experienced the changed environment with more difficulty, in the report of the torchbearer, they felt unsure which protocols applied and how to choose. Some of them also felt alienated and disregarded by the new changes. (2) It is important to take the time to find meaningful ways to engage all stakeholders, especially those on whom the operations of the hospital relies. It is through dialogue and embracing disagreement, that the subject of the change can be defined in a productive way.

THE VALUE OF ALTERNATIVES

With the insights of the programmatic analysis, Marilotte Boon and Job Jonkers developed and explored alternative spatial strategies and approaches. These were translated into 3D drawings of the distribution of functions and programming, looking at the possible growth consolidation and merging/moving of care departments between the two locations of the hospital. (4) This could give ground to imagining what the future of the hospital should look like.

PICTURE THE END RESULT

A SHARED STORY

The large-scale transformation that Erasmus MC has undergone over the last 20 or so years, reaching completion in 2020, went under the motto of 'Thinking, working and building differently'. The formulation of a simple sentence that synthesised the ambition served as a compass that indicated both what and how needs to be developed. In this sense, it communicates the intention for change in mindset, innovation in process and collaboration and consequently in the spatial expression of these aspects. It also served as the basis for an evaluation mechanism that helped test ideas and approaches during the planning phase. This ambition was developed by a committee that was set up especially for this, and served in the building of a shared narrative for the future. It also served as a compass, guiding decision-making along the way. These words and their definition in the context of Erasmus MC appeared and were referenced in assignment-forming, in conversations, documents and policies that related to the transformation that the hospital was undergoing. (2)

SHARING FUTURE IMAGINATIONS

In order to engage various stakeholders in the conversation about the future vision, it needs to be made accessible and tangible. For this Mariko Rouw, the torchbearer of Emergis, commissioned a set of architectural visualisations that can make the spatial possibilities concrete and could help everyone involved to have a shared image of the future. It makes it possible to discuss specific aspects of it, how it feels, how it looks and how it is organised. But it also helps build more patience in the community for the unpredictable and prolonged period of transformation ahead of them. (3)

KEEPING FOCUS

At the stage of the process when the conversation with Parnassia was conducted, the mental image of the desired future was very much formulated after the analysis of the problems, and short-comings. The solution they are currently working towards is an overarching plan and vision, that connects all fragments into one logic, that represents the relations between the internal and external communities. The future of Parnassia's facility in Poortugaal is imagined as a lively green location, with pleasant walking and biking routes, and that is experienced as a safe working and living environment. In a sense, their means and aim to do this is a cultural change. Both within how the organisation works, and how the inhabitants and authorities of the adjacent village perceive it. (6) This vision will develop and become more concrete over the next steps in their process, but at this stage a common tactic to imaging the future is by listing a few aspects that are essential to keep in the future, and a few that need to change and be improved or reimagined. At least at the start of such complex transformation, this helps keep focus on what the task at hand is. The vision for the development of the Willibrordus estate of GGZ-NHN started in a similar way, and was later defined in a more concrete and nuanced way through the design research, commissioned within Redesigning Psychiatry.

DEFINE THE STRATEGIC APPROACH

CHOREOGRAPHY OF ACTIONS

The case of Erasmus MC's transformation entailed its merging with the Children and Cancer hospitals to become a healthcare campus. This requires precise and careful planning, based on coordination between many stakeholders, teams and decision-makers. The way it was described during the interview evoked the mental image of a complex theatrical choreography. The hospitals could also not stop working, as sometimes it was the only facility providing such care in the region. So this choreography was made even more complex as it entailed changing, removing and adding parts of a running train that cannot stop and cannot slow down.
The staging of the change, the timing of each action, the role of each actor needed to be defined and communicated. (2) Each department needed to know when it was their turn to undergo transformation and what that entails and how long they would be in a period of inconvenience, as well as how things would look like and function in the new situation. To know this they needed to be involved in the shaping of the end result as much as in the process it takes to get there.

VERTICAL CHOREOGRPAHIES

Developing the site of Erasmus MC into the hospital of the 21st century, required several heavy transformations of the existing buildings and spaces. This planning and moving of parts was often developed and explored on a sectional drawing of the main building. The strategy they employed in formulating this choreography included temporary placements of certain functions and departments off-site or to other parts of the site. It included breaking down the plan of action into function wholes. At the level of the structure of the building the exterior transformation was separated from the interior. To facilitate some structural changes, clusters of departments and facilities that were related in the care process moved together. Exploring how the building of a lift might affect aspects such as logistics, accessibility and convenience during this long iterative process. (2) This approach is crucial when the hospital has the vertical character and comprises of a set of relatively tall structures with a mixture of departments spread on many levels.

FIELDS OF ACTION

In sites such as that of Parnassia and GGZ-NHN, much of the spatial strategy addresses the transformation of a campus that has a more or less horizontal character. The common approach here is conceived as a spots plan, indicating areas of action, desired qualities and atmospheres, as well as distribution of functions and adjacencies. (5,6)

When considered along the timescale of the transformation in such initiatives it is possible to anticipate which areas and communities might experience a longer period of inconvenience, or it might point out to way of timing the actions to reduce the inconveniences. The quality of the experience of the overall transformation is strongly defined by the planning, the order and timing of interventions.

EFFECTS, NOT OUTCOMES

The notion of qualitative approaches to developing a transformation strategy come up in several interviews. Jasperina Venema, senior advisor from van Helvoirt Groenprojecten, who has worked on and led many garden redevelopment projects for various types of care facilities, highlighted several obstacles and opportunities for this type of approach. In essence, meaningful planning of landscape transformations needs to take the qualitative outcomes over time into consideration. The focus should not be on a set of tangible and quantifiable actions, such as how many times the meadows are mowed, but rather on the overall effect of the actions taken. What qualities in the environment should be created, nurtured and stimulated. The guiding logic can be that the landscape maintenance should have a regenerative effect, but it could also address the diversity, conservation or socialisation, among others. A common obstacle in their practice is the current forms of commissioning for landscape maintenance. To enable more qualitative approaches there is need for new forms of commissioning, new ways of conceptualising the outcomes of such maintenance practices and also new models of collaboration. (8)

TAKE ACTIONS

EXPERIMENTS & PILOTS

The transformation of GGz-NHN's Willibrordus estate started before an integrated vision was developed and before the masterplan was commissioned. They took on an action-based approach, which was informed by the financial and building stock analysis. Due to do transition of mental health to extramural and ambulant care, they anticipated that the functions hosted on site will be very different. In this way, soon there were several empty buildings on site that invited the reconsideration of their function and role on the site. The aim was to explore a what is possible to do with those existing structures, as well as what new activities could add of value to the internal and external communities. The other aim was to keep active use of those buildings as a way of mitigating maintenance costs, and to avoid the desolation of the site. All initiatives had to pay for their costs. To do this they sought partnerships with organisations who can bring in the expertise needed to test a variety of programmatic changes, such as anti-squatting residential use and co-working spaces. Some initiatives were a better fit than others, and through this they learned more about what the future possibilities of their estate are. These initiatives were done on a case-by-case basis, without a clearcut spatial plan, with the support of the financial director in laying the foundations for each of the experiments. (5)

IMMEDIATE EFFECTS

The initiative to reimagine the site of Lentis, focused on integrating the outdoor green spaces in the care process. This was initiated by Leonie Baïs during the COVID-19 pandemic, which at the time brought public awareness of the positive impact of accessible and pleasant outdoor spaces to the sense of well-being. This created an impulse to reconsider the outdoor spaces on site. The first actions were setup in collaboration with master students from the Healthy Ageing program of the Hanze University of Applied sciences in Groningen. This collaboration connected to the previous role of the torchbearer in the organisation and to existing initiatives on site, such as the clients work project Boomklever. This took the form of making outdoor furniture as well as creating a path through the terrain that might invigorate the use of the landscape. These small-scale bottom-up actions sought to engage and start enacting the development of the outdoor spaces in a more diverse way and as part of the healthy environment. In this way, the negative effects of COVID might have been mitigated, but it also showed a potential for the future of the landscape through a nature-based approach. This initiative was further supported and informed by joining the Green Mental Health initiative. (7)

IN THE ROLE OF A CURATOR

In the case of Iris Hobo, the design manager of Radboud UMC, there have been two ways of taking actions. At a larger scale, through the design vision developed for the look and feel of the hospital. At a day-to-day operations, this is done through specific projects and commissions, as well as on-the-spot interventions. By formulating specific visual or interior design assignments for external designers, the design manager took on a role similar to that of a curator. In this way the vision was maintained internally with good understanding of designs and expertise fit the hospital needs.

ROLES & PROTOCOLS

PROTOCOLS, GUIDELINES

The question of maintenance in relation to the design vision, look and feel of the hospital, is often managed through the formulation of specific assignments. But this can also be done in a less-structured way, for example Iris Hobo and her team keep an eye on the communication and announcements posted up on information boards walls and doors, among other places, and redesigning them according to the design vision, in order to maintain, smoothen and streamline all visual experiences for the hospital visitors and employees.

The design department of Radboud UMC often received practical and relatively straightforward requests in relation to visual and graphic design choices. While it is inefficient, it is also a sign that the visual design of the hospital has not been fully integrated into daily operations. This is an issue of maintenance and continuity of the design, during the interview the design manager formulated that their way to address this is through developing Design Guidelines, which would serve as a guidance and support structure for others within the organisations to use the developed design and identity. It would also be a practical way to embed the visual style developed for all textual and visual communication within the hospital. The intention of this is that eventually, the implementation of the look and feel would not depend solely on the design department. (9) This might create the opportunity for the department to work at a more strategic level of the ongoing developments in the hospital.

HANDING OVER THE TORCH

In the interview with Marilotte Boon and Job Jonkers about the developments and upcoming transformation of Elkerliek Ziekenhuis, we discussed the importance of the torchbearer role as the person in charge of shaping the process of the transformation. As it turned out, Marilotte Boon already knew that she would leave her employment in the hospital within a couple of months. And while working on the transformation, she was also in collaboration with the person that would take on the role afterwards. Helping with onboarding the new person to lead the organisational transformation, was described as a way of maintaining the transformation initiative. This is done through transferring or postponing decisions so that the new person might make them once they are more familiar with the plans. The real estate manager had drawn their conclusions from the analysis and started formulating their vision based on the scenarios that have been made. Yet, she left those out of the process, in order to create space for the new coming person to take ownership and authorship of the process. (4) How the takeover has continued and in what form the role of the torchbearer has not been further discussed.

OWNERSHIP & MEMORY

CONTINUITY OF KNOWLEDGE

The large-scale transformation that Erasmus MC, has been the subject of rigorous research. Liesbeth van Heel had the role to coordinate the alignment of various strategic programs within Erasmus MC toward the safe relocation to the new hospital building. In this she shaped and coordinated these complex processes with attention to patient's needs, through evidence-based design. Over the 31 years of working in Erasmus MC, and through the roles she had taken she has been able collect significant knowledge and experience. Publishing this knowledge is one of the ways in which she's shared the experience of Erasmus MC with inter-national audiences. Among those publications is her PhD dissertation, defended at TU Delft. Currently, this knowledge is also key in giving continuity to the transformation that has happened, and building on the upcoming developments in Erasmus MC. (2) This kind of continuity of knowledge and experience seems indispensable in such large scale transformations. It has the potential to keep the memory of the process and decisions, it also carries potential for passing the lessons forward in shaping the upcoming strategic questions and approaches.

BECOMING AN AMBASSADOR

The redevelopment of GGZ-NHN's Willibrordus estate is still ongoing, but in the meantime Nico Adrichem, one of the directors who led them, reached retirement age. Amongst those in charge of the organisation, there was understanding of his role and importance in this process, having been one of the people who initiated it and oversaw it from the start. To retain his knowledge he was invited to continue working on the transformation as an external expert. Currently, he is no longer employed by the hospital, he now works as a volunteer in the Verhalenkamer. From there he continues his work on sharing the story of the transformation, and advising for it when needed.

CONTINUITY OF MEMORY

In the Verhalenkamer of GGZ-NHN, at the Willibrordus estate there is a timeline tracing the history of psychiatry since 1808. In 1929, it marks the establishment of a mental healthcare facility on estate. (10) Notably, it traces it through the history of the site, as well as the societal, socio-political developments, the innovations developed onsite, and and the development of psychiatry. (5) The latest additions in the timeline cover the spatial and organisational developments discussed in the interview. This physical timeline keeps the history visible, it keeps the memory alive, and is also an invitation for others take part in making that history. The conversation with the torchbearers of GGZ NHN took place in the Verhalenkamer. For them, the transformational efforts they undertook was a mission that is contextualised in the tradition of innovation that has been present onsite for almost a 100 years. It puts the actions, decisions and initiatives they undertake in this perspective, and it speaks of the continuity of memory of the place. They were not the first ones to bring vision and innovation to this mental health facility, and they won't be the last ones.

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