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Advanced Healthcare Strategy and Innovation Training Course

30 May – 10 June 2027
Istanbul

Advanced Healthcare Strategy and Innovation Training Course

Ref: 338_11644 **Date:** 30 May – 10 June 2027 **Location:** Istanbul **Fees:** 8500 GBP

Healthcare Strategy and Innovation at advanced level is a 2-week training course for healthcare innovation leads, hospital transformation managers and service designers who redesign how and where care is delivered, and who leave with a care model innovation portfolio and pilot business case. Rising demand, workforce shortages and patient expectations are pushing hospitals beyond the ward and the clinic. Jupiter Prime Training offers this course to leaders who turn new care ideas into working services.

Why Healthcare Strategy and Innovation Matters Now

Three forces shape care model innovation today: patients who expect treatment closer to home with shorter stays; clinical workforces stretched too thin to staff every service the traditional way; and funders who back new models only when evidence shows they are safe and affordable. A hospital that innovates well moves suitable care into virtual wards, day surgery units and community settings and spreads what works; one that innovates badly launches scattered trials that never scale and drain clinical goodwill. The course rests on Experience-Based Co-Design EBCD, Plan-Do-Study-Act PDSA cycles and the Non-adoption, Abandonment, Scale-up, Spread and Sustainability NASSS framework.

Who Gains Most from Healthcare Strategy and Innovation

- Innovation leads who run the hospital's portfolio of new care models
- Transformation managers accountable for redesigning pathways across sites
- Service designers who map patient journeys and prototype new services
- Clinical champions who sponsor virtual ward, day surgery or outreach models
- Partnership managers who build arrangements with community and primary care providers

A hospital gains most when an innovation lead, a clinical champion and a service designer attend together and leave with one shared view of which care models deserve testing first.

Healthcare Strategy and Innovation Capabilities

Participants move from patient need and clinical opportunity to new care models that are co-designed, tested in small cycles and judged ready, or not, for wider spread.

- Assess which pathways suit virtual wards, day surgery or care at home — clinical and executive sponsors
- Design new services with patients and staff using experience-based co-design — patient partners and clinicians
- Build an innovation pipeline with stage gates and selection criteria — transformation boards
- Test new care models through PDSA cycles and pilot evaluation — clinical governance groups

- Weigh partnership options with community and primary care providers — partnership boards
- Specify a scale-up and spread plan using the NASSS framework — hospital executives

Key Healthcare Strategy and Innovation Terms

- Virtual ward — a model in which patients who would otherwise be in hospital receive acute care and monitoring at home.
- Day surgery — planned surgical care in which the patient is admitted, operated on and discharged on the same day.
- Experience-Based Co-Design EBCD — an approach in which patients and staff jointly identify improvement priorities and design service changes from their experiences.
- Innovation pipeline — the staged sequence through which care model ideas are screened, developed, tested and either adopted or stopped.
- PDSA cycle — Plan-Do-Study-Act, a small-scale iterative test of a change used to learn quickly before wider rollout.
- Spread and scale-up — extending a proven care model to more patients, teams or sites while keeping the features that made it work.

Healthcare Strategy and Innovation Day by Day

Day 1: The Case for New Models of Care

- Demand and Workforce Pressures — Limits of Bed-Based Care
- Shift of Care Closer to Home — Settings and Boundaries
- Strategic Fit of Innovation — Hospital Priorities and Mandates
- Innovation Readiness Assessment — Culture, Capacity and Sponsorship
- Evidence Scanning for Care Models — Published and Peer Experience

Day 2: Virtual Wards and Hospital at Home

- Virtual Ward Pathway Selection — Suitable Conditions and Acuity
- Remote Monitoring Arrangements — Escalation and Clinical Oversight
- Hospital at Home Staffing — Roles, Rotas and Reach
- Patient Selection and Consent — Safety Criteria
- Virtual Ward Measures — Occupancy, Readmission and Experience

Day 3: Day Surgery and Ambulatory Care

- Day Surgery Case Selection — Procedures Suitable for Same-Day Discharge
- Ambulatory Emergency Care — Avoiding Unnecessary Admission
- Pre-Assessment Redesign — Readiness for Same-Day Care
- Discharge and Follow-Up Models — Telephone and Community Review
- Ambulatory Facility Layout — Separating Planned and Urgent Flows

Day 4: Service Design With Patients

- Patient Journey Mapping — Touchpoints and Pain Points
- Experience-Based Co-Design Stages — Filmed Narratives and Co-Design Events
- Personas and Service Blueprints — Front and Back Stage
- Prototyping New Services — Low-Fidelity Mock-Ups and Walk-Throughs
- Inclusive Design for Diverse Patients — Access and Health Literacy

Day 5: The Innovation Pipeline

- Idea Generation Channels — Staff, Patients and Partners
- Stage-Gate Screening — Criteria for Progression or Stopping
- Innovation Portfolio Balance — Incremental and Radical Models
- Resource Allocation for Innovation — Seed Funding and Protected Time
- Innovation Pipeline Reporting — Transformation Board Visibility

Day 6: Testing and Evaluating Care Models

- PDSA Cycle Design — Small Tests of Change
- Evaluation Frameworks for Pilots — Outcomes, Experience and Cost
- Comparison Groups and Baselines — Credible Evidence
- Clinical Safety Cases for New Models — Hazard Identification
- Stop, Adapt or Adopt Decisions — Evidence Thresholds

Day 7: The Pilot Business Case

- Economic Appraisal of Care Models — Costs, Savings and Capacity Released
- Benefits Realisation Mapping — Measurable Gains and Owners
- Funding Routes for Innovation — Internal, Partner and Grant Sources
- Risk and Dependency Logs — Pilot Exposure
- Business Case Narrative — Persuading Clinical and Financial Approvers

Day 8: Partnerships Across Providers

- Integrated Care Partnerships — Hospital, Primary and Community Roles
- Partnership Agreements — Shared Accountability and Data Flows
- Working With Social Care and Voluntary Providers — Discharge Support
- Industry and Academic Collaboration — Evaluation and Expertise
- Partnership Health Checks — Trust and Joint Performance

Day 9: Scaling and Spreading Proven Models

- NASSS Framework Analysis — Complexity Across Seven Domains
- Core and Adaptable Features — What Must Stay the Same
- Spread Strategies — Collaboratives, Champions and Toolkits
- Workforce Redesign for Scale — New Roles and Skill Mix
- Sustainability Planning — Embedding Models in Routine Funding

Day 10: Practising the Care Model Innovation Portfolio

- Applying Pathway Selection and Co-Design — Portfolio Candidates
- Applying Pipeline Criteria — Prioritised Care Models
- Applying Evaluation and Safety Methods — Test Plan
- Applying Partnership and Spread Analysis — Scale-Up Route
- Completing the Care Model Innovation Portfolio and Pilot Business Case — Sponsor Presentation

Applying Healthcare Strategy and Innovation After the Course

- Run a short experience-based co-design session with patients and staff on one pathway and agree two service changes to test through PDSA cycles.
- Screen the hospital's current care model ideas against stage-gate criteria and present the top two candidates, with an evaluation frame, to the transformation board.

Healthcare Strategy and Innovation Questions FAQ

What is healthcare strategy and innovation and why does it matter now?

Healthcare strategy and innovation is the deliberate design, testing and spread of new care models such as virtual wards and day surgery. It matters now because demand and workforce pressures mean hospitals cannot rely on bed-based care alone.

Which roles gain most from healthcare strategy and innovation training?

Innovation leads, transformation managers, service designers, clinical champions and partnership managers gain most. These roles choose which care models to test, design them with patients and decide which ones deserve wider spread.

How does this healthcare strategy and innovation course differ from a hospital strategic planning course?

It focuses on designing, testing and scaling new care models rather than setting long-range service line priorities. A strategic planning course decides where the hospital competes, while this course builds the new services that deliver that direction.

What do you bring back from healthcare strategy and innovation training?

You bring back a care model innovation portfolio and pilot business case with co-design findings, an evaluation frame and a scale-up route. It gives your sponsors a clear basis for funding the next test of a new model.

Healthcare Strategy and Innovation: The Way Forward

The care model innovation portfolio and pilot business case gives sponsors one place to see which new models are being tested, why and with what evidence. Its first use informs which virtual ward or day surgery model receives seed funding. Innovation leads and clinical champions use it at transformation boards, and after the first evaluation the spread assumptions and partner roles deserve a fresh look.