

Amsterdam
Ayu Koene

A case study on Design for Health/Care with OLVG as part of MSc Digital Design



Dokter & Opvang

A Referral Tool Bridging Crisis to Care.

About this document Manual

This portfolio is prepared for the MSc Digital Design finals. It documents the D&O case, a referral tool designed for OLVG Oost.

It is structured around the Semester 2 indicators:

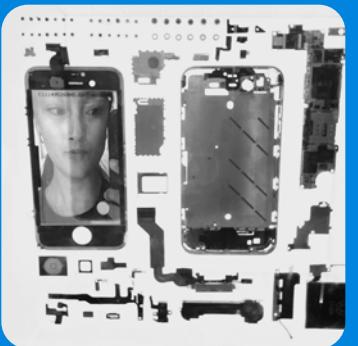
Framing & Strategising | Evidence

Creating & Crafting | Making

Concepting & Ideation | Evolution

Self-Directed Learning | Personal Perspectives

Self-Directed Learning | Peer Perspectives

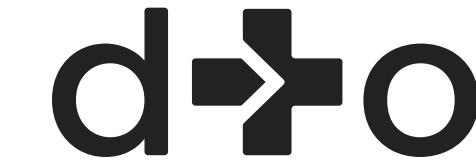


Disclaimer · Built by AY

This document and the project were constructed with AI tools among others. All content has been authored, edited, and verified by me.

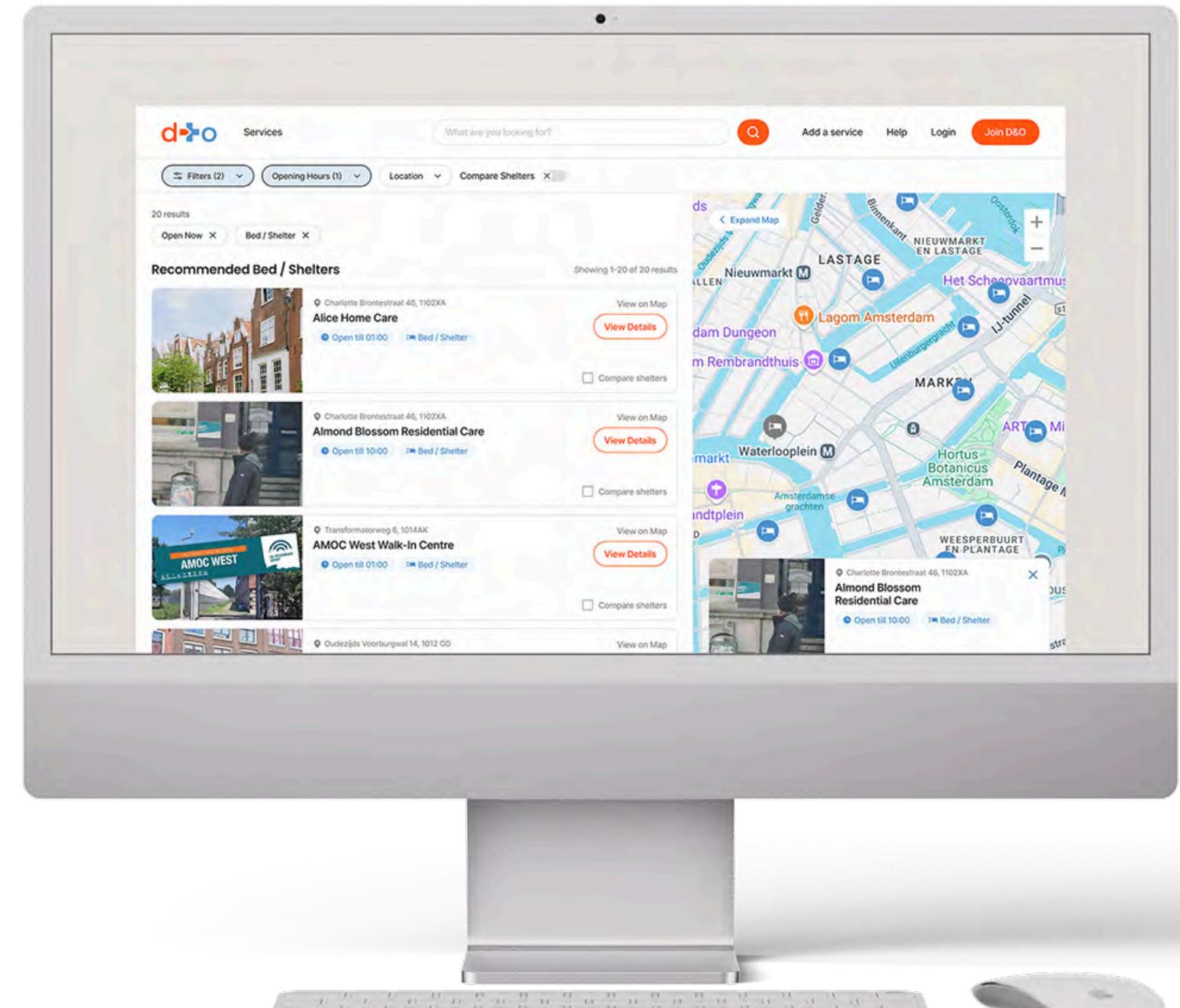
About this case

Design for Health/Care



Van Spoed naar Steun

**D&O connects crisis to care.
Because real care does not
end at the exit door.**



Client

OLVG Emergency Physician | Dr. Niels van der Naald

Core Team

Ayu Koene | Concept direction + People & communications
Victor Jimoh | Interaction design & Prototyping
Františka Jirásková | Concept Support
Matin Mohammadi | Concept Support

Support

LinkZorg | Dani Klein + Amanda Wee + Mihaela Chiselita
Amsterdam University of Applied Sciences | Marije de Haas + Irene Kamp
Deloitte Digital | Fabian Heeres + Bart Bolluijt

Problem

At discharge, ED staff lack a fast, reliable way to connect 3U patients to next steps.

Solution

A digital directory for staff, paired with patient handouts.

Why it matters

Humane handovers, fewer repeat visits, reduced staff distress.

Built with

OLVG, HVO-Querido, Deloitte Digital, Amsterdam University of Applied Sciences.

Next

Find funding for a pilot & maintenance owner.

About this case In short...

Dutch healthcare is under sustained pressure.

This case zooms into the discharge handoff at the ED where a practical intervention can be of relief.



This case was brought to our attention by Dr. Niels van der Naald, emergency physician at OLVG Oost.



Amsterdam has 180+ services that could support Unhoused, Uninsured, or Undocumented (3U) patients after emergency care. Yet they're hard to find, hard to match, and hard to explain.

Patients are discharged onto the street. Emergency Department (ED) staff face moral distress and lost time. Providers get misdirected or late referrals.

How did existing resources shape our design? From clutter to clarity.

Information for 3U*

HET BLAUWE BOEKJE 2021

Informatie voor het overleven op straat

Scraping & categorising 180+ services

Sorted for ED*

Data Scraping

Framing & Strategising | Evidence Desk Research

Decisions were made after researching the Dutch healthcare system and existing resources.

Finding

Implication

Het Blauwe Boekje by De Regenbooggroep and NGO directories listed 180+ services in different formats. We sorted them so staff could see options without wading through chaos.

Create a database with information on each service.

Group services into clear categories.

*Collaboration note: The database was created together with Team LinkZorg.

Existing referral guides were long lists that slowed staff down. A map made it easy to spot what was nearby and open, matching the speed of decisions in the ED.

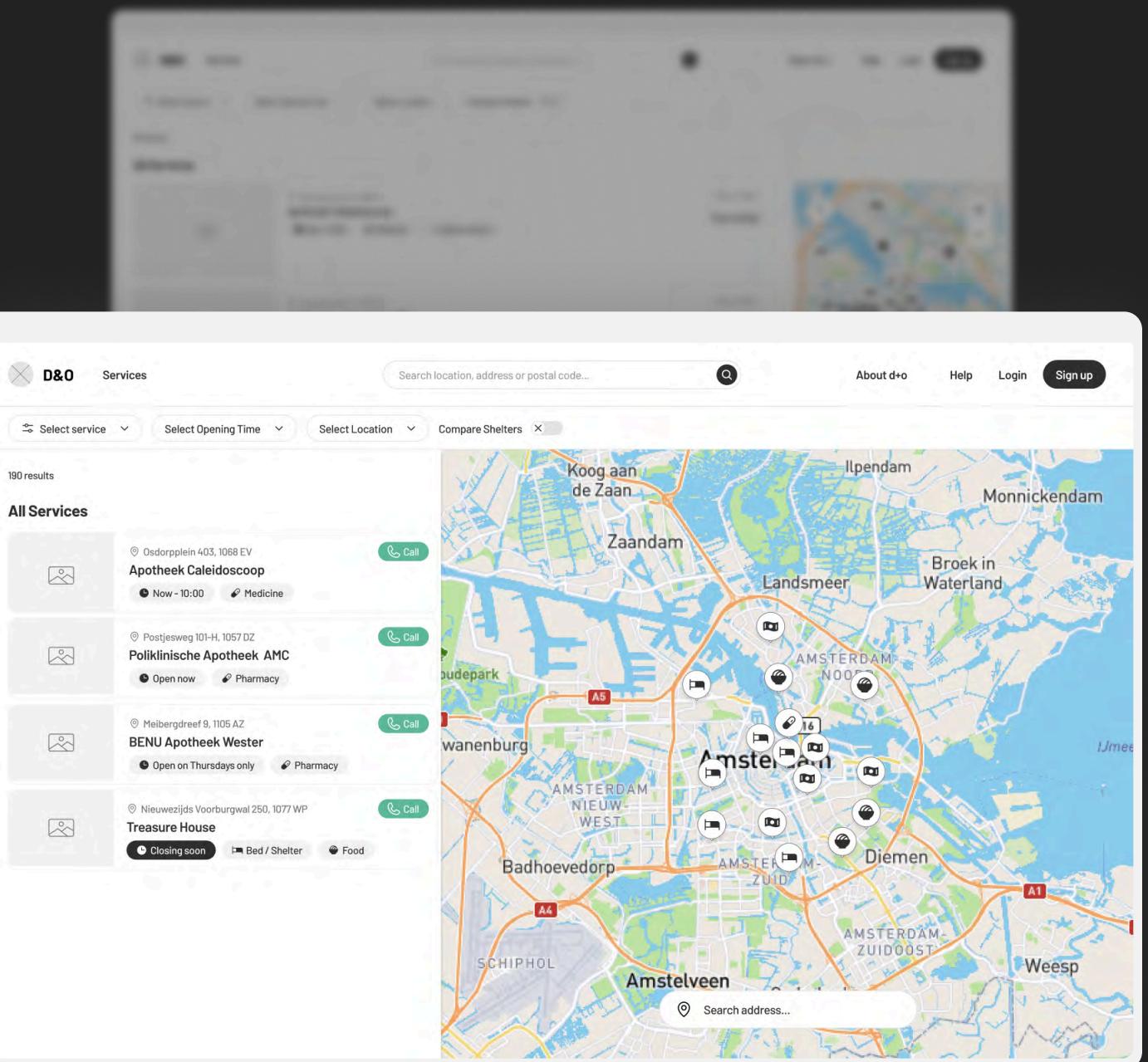
Prioritise a map-first interface over long lists.

How did insiders shape our design? From assumptions to decision.

17-04-25 | OLVG ED | Dr. Niels van der Naald | User test

Initial UI | List priority

We assumed medical staff prefer a list-view.



Final UI | Map priority

After ED staff test, it became clear users focus on distance between hospital & service and prefer map-view.



Framing & Strategising | Evidence Stakeholder Interaction

Stakeholder insights directly shaped concept, UI, and system features.

Meeting

Results

24-03-25 | OLVG ED | Dr. Niels van der Naald

Finding

"We save them from death, not from life."

Decision

Focus the tool on ED discharge,
not on the whole 3U life.

28-03-25 | HVO-Querido | Katrien Vermeulen

Finding

Many patients have low Dutch proficiency.

Decision

Create icon-based, general handouts.

29-03-25 | OLVG ED | Dr. Niels van der Naald

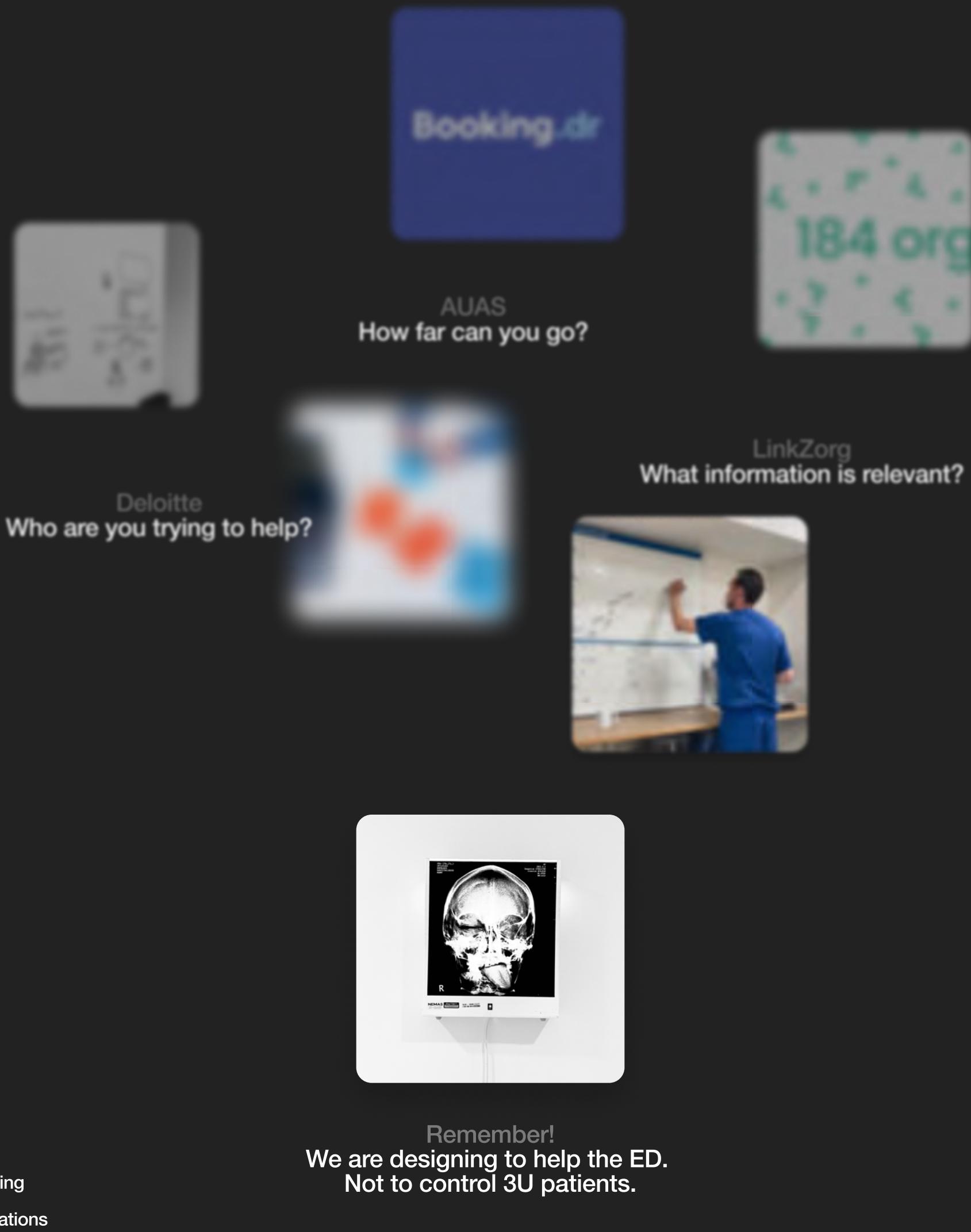
Finding

There is no maintained contact list.
Outdated info is a big barrier.

Decision

Add a maintenance protocol: "last checked" date and flag for updates.

How did outsiders shape our design? From questions to answers.



Framing & Strategising | Evidence Co-creation highlights

Collaborating with others helped us define the problem and concept.

Partner

Details

Deloitte Digital

Activity
Sketching flows for problem framing.

Decision
Frame design constraints around ED staff use.

Amsterdam University of Applied Sciences

Activity
Journey mapping

Outcome
Attach design to the discharge moment.

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Activity
Provocative design: booking.dr for shelters

Outcome
Resist over-complex features

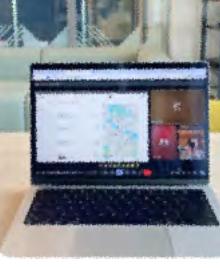
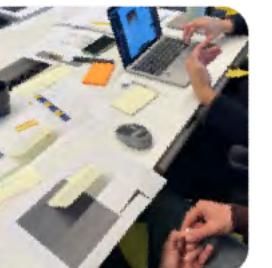
LinkZorg Team

Activity
Scrape & normalise +180 services

Outcome
Build functional filtering on normalised service data.

How did creation shape our design? From prototypes to product.

Creating & Crafting | Making Iterations

<p>Whiteboard flows</p>  <p>Activity Sketch flows to map actors + discharge trigger.</p> <p>Outcome Clarified ED handoff as decisive moment, with staff + patient as main actors.</p>	<p>Lo-fi wireframes</p>  <p>Activity Design wireframes with always-visible filters.</p> <p>Outcome Cognitive overload. Switched to modal filters (open now, distance, service type).</p>
<p>Provocation</p>  <p>Activity Test ambitious ideas: live feeds, auto-referrals.</p> <p>Outcome Desirable but infeasible. Showed the need to resist over-complexity for feasibility and ethics.</p>	<p>Mid-fi prototypes</p>  <p>Activity Compare list vs. map interfaces.</p> <p>Outcome Map-first orientation was faster and clearer, set as default.</p>
<p>Persona deck</p>  <p>Activity Build persona handout deck to explore tailoring.</p> <p>Outcome Too slow and ethically risky for ED. Switched to a single general handout.</p>	<p>Data work</p>  <p>Activity Scrape and normalise 180+ services.</p> <p>Outcome Revealed inconsistencies; led to adding "last verified" + maintenance protocol.</p>
<p>Paper A5 handout mock-up</p>  <p>Activity Mock up physical handout.</p> <p>Outcome Icons + note space supported quick comprehension, confirmed low-barrier value.</p>	<p>Branding</p>  <p>Activity Create naming + identity.</p> <p>Outcome Dokter & Opvang (D&O) bridges medical + social care, Amsterdam-rooted, future-ready.</p>

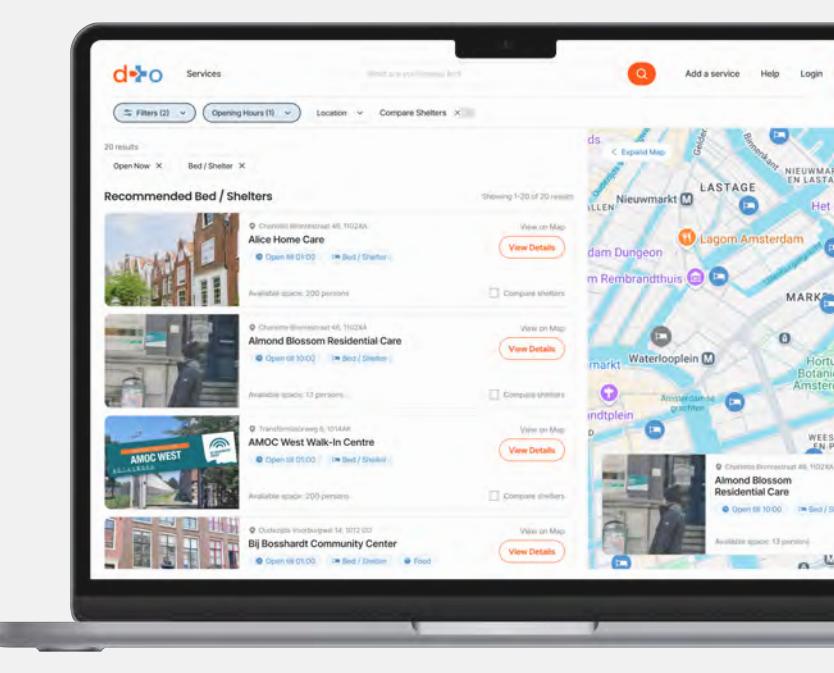
The Result Overview



Approved by ED Staff | OLVG Oost | 26-05-2025

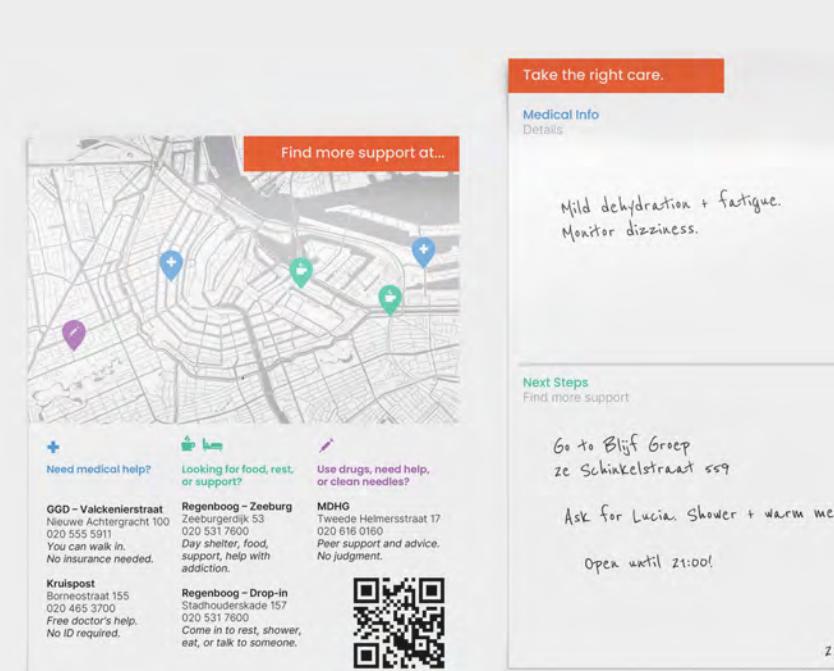
Usable directory interface for ED discharge.

A simple, map-first resource hub that lets staff quickly filter by proximity, access type, and opening hours. Designed to fit ED pace: no logins, minimal clicks, clear results.



Handout for 3U patients.

A printed A5 card with icons, a city map on one side, and space for medical notes at the back. Gives patients a tangible guide they can carry, even without language skills or phone access.



Maintenance protocol for sustainability.

A lightweight update system: "last verified" dates, flagging outdated info, and regular partner check-ins. Keeps the tool reliable without heavy tech.



What's next? Afterlife

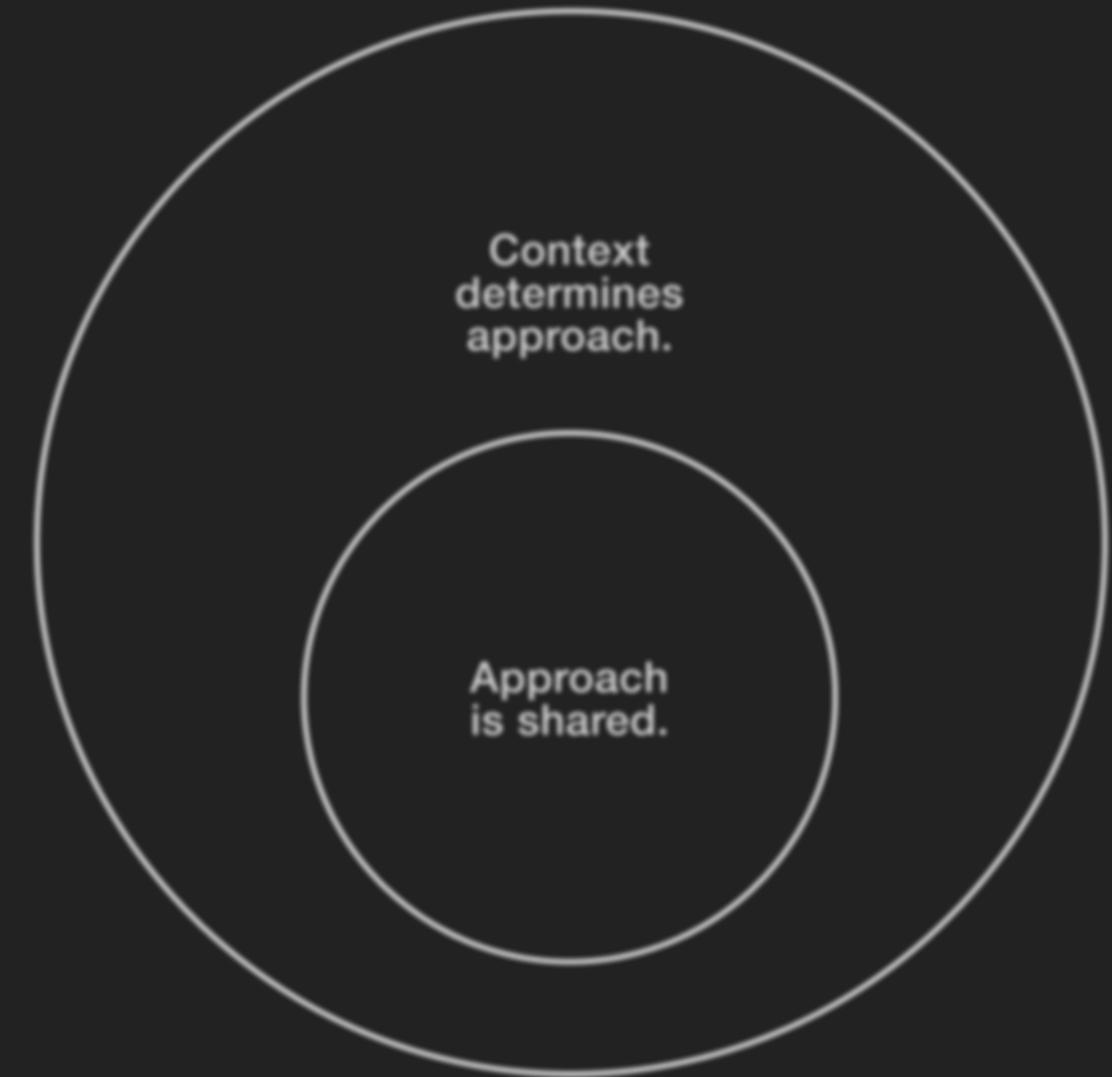
We need funding for development, testing, and platform maintenance.

Like the 3U discharge itself, this project needs a clear next step... and should not be left on the streets.



Contact
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How did my approach change compared to previous projects? From exploring to establishing.



In Stroll, we went broad. Many ideas, but messy to converge.

In D&O, we set constraints early. Feasible, but narrowed fast.

Both taught me something: vision opens, limits ground.

Which one works depends on context.

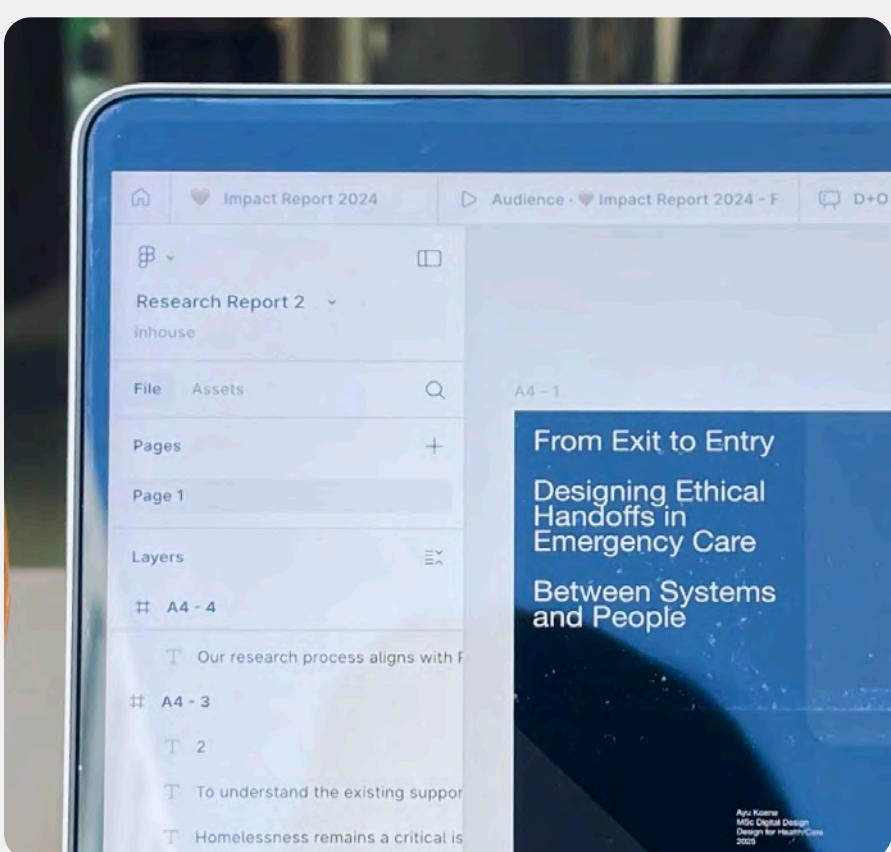
Next time I want a clearer switch, so the team knows when to explore and when to decide.

Concepting & Ideation | Evolution Project Approach

MSc Project	1 Stroll Emerging Interactions	2 D&O Design for Health/Care
Context	A screen-free, haptic navigation clip to reduce screen dependency and restore presence while walking.	A referral tool for ED, connecting 3U patients from emergency care to continued support.
Goal	Consumer context	Clinical workflow context
Framing the problem	Convey concept in emerging market	Realise concept in real system
Gathering input	Speculative theme-led brainstorms. Problem emerged later.	Co-framed with stakeholders. Determined problem first.
Setting constraints	Trend scan + anecdotal soundings.	Desk research + interviews. Audited existing directories as sources.
Diverging	Constraints surfaced after early concepts.	Constraints set before ideation.
Converging	Many parallel directions. Preference-driven narrowing.	Provocative prototyping to test boundaries.
Tracking decisions	Founder-style calls. Low documentation.	Scrappy convergence. Small calls, adjusted often.
Validating	Ad-hoc notes. Rationale implicit.	Dates & attribution captured. No formal decision log.
Team	Show-and-tell demos. Speed over alignment.	Stakeholder interaction + user tests.
	Tight, low-friction team. Minimal facilitation.	Variable availability, language constraints, uneven ownership.

Self-directed learning | Personal Perspective

Learning goal	Being born at OLVG Oost, I wanted to see what it takes to make something real in a high-stakes context within just ten weeks.	Contribution	Supported the team through facilitation: capturing notes, writing follow-ups with next steps, and leaving feedback comments. As the only Dutch native, I bridged context by translating and clarifying so stakeholder insights were accessible.
How I reached it	My personal goal translated into taking the lead. I narrowed the scope to what ED staff could actually use tomorrow. Quick iterations revealed insights faster than meetings, and constraints reduced rework.	Reflection	At times, I carried too much of this role. Progress was made, but I learned that things run smoother if everyone feels invested and responsible.
Learning methods	Visual and iterative approaches fit me best, because prototyping aligned the team more than discussions did.	How my approach improved	I moved from informal nudges to more structured, visible practices. Notes, comments, and follow-ups made collaboration easier and gave quieter teammates a chance to contribute.
Next	Balance vision, facilitation, and pace by setting up decision logs, short check-ins, and clear roles with the team from the start.	Team dynamics	In a mixed-language, uneven-availability team, structure mattered as much as creativity. For the team to improve collectively, we were in need of shared rituals.
More	My goal is to be better in leading by not only shaping concepts but also motivating others.	Next steps	In future projects, I want to set up practices together from the start. Rotating facilitation, weekly reviews, and shared check-ins to spread responsibility more evenly and make collaboration last.



About me

Ayu Koene

Hello, I'm Ayu!

Trained to build, drawn to create.
I like to get things done, and done well.



Born in Amsterdam, trained in mechanical engineering. Into design for as long as I can remember. I've worked in both worlds ever since, balancing structure with creativity, turning ideas into action. Currently Innovation Lead at BR-ND People, with past work across branding, strategy, and product design.

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