AXIOMATIC

Evaluation kit

Start with Inora. What the pilot measures, how you measure it and what you apply for with it.

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This kit belongs to the eight-week pilot with Inora. It holds four pieces, one after another from the next page:

1. **The nine measures**: what you measure, by which method, and when the result is in, and the tenth for capacity planning.
2. **The baseline form**: the starting values, filled in before Inora goes live.
3. **The evaluation template**: baseline beside after, the saving in FTE for your board, and what your funding route counts.
4. **The works council**: what the consent request lays down about staff, and where it is.

You fill in the baseline before Inora goes live, in weeks 0 to 2, during onboarding. Your teams sign in through your own identity provider (single sign-on by default, with SCIM to create and close accounts); no integration with your systems beyond that. From day 15 the team works with Inora, after the works council's consent, where there is one; the after-measurement is in week 8.

The manager signs the pilot: the care manager or the location manager, in a smaller organisation the board, in general practice the post's manager or the practice owner, in a pharmacy the pharmacy owner, in a municipality the head of department. Whoever decides on the rollout signs the licence, after the evaluation. The works council receives the consent request during the pilot and consents before the rollout to more teams and before Inora Matrix becomes the official competence register; in a practice or pharmacy only where there is one. What the consent request lays down is in this kit. Your sign-by date and your funding route are on Start with Inora; the page works them out for the day you read it.

One rule holds for everything in this kit: Inora never gives the organisation figures per person. Every measure is about a team or a work process.

1. The nine measures

Nine measures, six in week 8 and three after, and a tenth for those applying on the capacity-planning model plan. Measures 1 to 6 and 10 give a result in week 8. You keep measuring 7, 8 and 9 by the same method after the pilot: 7 after six months, 8 after six to twelve months, 9 after twelve months.

Measurable in the pilot, result in week 8

Outcome	Measure	Method
1. Labour saved, the whole loop	Hours per worker per year on looking up, reporting, recording and handover	A time study per work process, over two weeks; messages to family count under reporting
2. Administration time back to care	Share of working time spent on administration	From the same time study. In nursing and home care, disability care and mental health it is 34% (Berenschot, 2025), the AZWA target 20% by 2030.
3. Your field's measure	Calls to the on-call back-up, call-back requests to the GP, night contacts with the report ready on hanging up (mental health), questions to the pharmacist, hours of report and decision per application (social domain) or open files per case handler (public sector); Start with Inora names it for your field	The log or count your team already keeps, in the unit Start with Inora names for your field (per day, per week, a share or hours per application)
4. Professional certainty	On a scale of 1 to 10: at the bedside, in the assessment (mental health), in triage (general practice) or in the decision (pharmacy, social domain, public sector)	The same questionnaire in week 0 and week 8
5. The organisation's own knowledge in use	Time to find a working agreement	A timed search task with ten real questions from the team
6. Family and client	Share of family conversations prepared, per team. Outside care its counterpart: call-back requests with the follow-up ready (general practice), counter questions answered first time (pharmacy), kitchen-table conversations prepared with the policy rule in force (social domain) or hearings prepared with the article in force (public sector)	Numerator: the conversations that were prepared (on the line: with the follow-up ready; at the counter: answered first time). Denominator: all the team's conversations of that kind.
10. Direct client time, in capacity planning	Share of hours worked spent with the client	From measure 1's time study, at baseline and in week 8; the model plan asks for at least 2% more

Longer horizon, after the pilot

Outcome	Measure	Method and horizon
7. Quality and safety of care; in a municipality the quality of the decision	Medication incidents (MIC/VIM) per team, in general practice triage incidents (VIM) per post; in a municipality decisions revised after objection (social domain) or objections upheld on reasoning (public sector); never per person	Six months before and six months after, against matched teams
8. Competence and learning	Weeks until a new colleague works independently	The onboarding sign-off list, over two cohorts; 6 to 12 months
9. Work pressure and retention	Sick leave per team, only in teams of five or more	Twelve months, against matched teams

The labour saving in FTE

Inora takes over the work around care: we project 840 hours per worker per year, so 9.0 FTE for a team of 20 (840 × 20 / 1,872). You measure each team against its own baseline, in measure 1's hours per work process, never from the share on administration (measure 2).

2. The baseline form

Fill in this form before Inora goes live. The after-measurement in week 8 uses the same method, the same period in the roster and, where possible, the same person measuring. Note any deviation in roster, staffing or method under the method as carried out.

The pilot

Field	Entry
Organisation	
Team	
Number of workers in the team	
FTE of the team	
Baseline period (from, to)	

The measures

Measure	Baseline	Method as carried out	Measured by	Date
1. Hours on the whole loop per worker per year (the total below)				

Measure	Baseline	Method as carried out	Measured by	Date
2. Share of working time on administration (%)				
3. Your field's measure (unit: .....)				
4. Professional certainty (1–10, team average)				
5. Time to find a working agreement (minutes, average of ten questions)				
6. Conversations prepared, share of all conversations of that kind (%)				
10. Direct client time, share of hours worked (%), in capacity planning				

Measure 1: hours per work process

The team's average per worker, in hours per year. Measure for two weeks and convert: hours on the work process in the measuring period / hours worked in the measuring period × 1,872. The after-measurement converts the same way.

Work process	Baseline (hours per worker per year)	Method as carried out	Measured by	Date
Looking up				
Reporting				
Recording				
Handover				
Total				

For the long horizon

Matched teams: the same kind of work, the same size, without Inora.

Measure	Starting value	Matched teams	Source	Date
7. Medication incidents (MIC/VIM) per team, last six months				
8. Weeks to independent work, last cohort				
9. Sick leave per team, last twelve months (%)				

3. The evaluation template

Baseline beside after

Measure	Baseline	After, week 8	Difference	Note
1. Hours on the whole loop per worker per year				
2. Share of working time on administration (%)				
3. Your field's measure (unit: .....)				
4. Professional certainty (1–10)				
5. Time to find a working agreement (minutes)				
6. Conversations prepared (%)				
10. Direct client time (%), in capacity planning				

Measures 1 to 6 and 10 are above, with the after-measurement in week 8. You report measures 7, 8 and 9 later, against the starting values on the baseline form: measure 7 after six months, measure 8 after six to twelve months, measure 9 after twelve months.

The saving in FTE

Hours per work process (measure 1), the team's average per worker, per year:

Work process	Baseline	After, week 8	Hours back
Looking up			
Reporting			
Recording			
Handover			
Total			

1. Add up the hours per work process, at baseline and after.
2. Hours back per worker per year = total at baseline − total after.
3. FTE back for the team = hours back per worker per year × number of workers / 1,872.
4. Set the result beside the projection of 9.0 FTE.

A worked example: 1,260 hours per worker per year at baseline, 420 hours after, so 840 hours back. For a team of 20: 840 × 20 / 1,872 = 9.0 FTE.

Step	Result
Hours back per worker per year	
Number of workers in the team	
FTE back for the team	

You report the share of working time on administration (measure 2) separately, in care beside the AZWA target of 20% by 2030. It is not an input to the FTE.

From the pilot to your application

- **The pilot delivers the baseline and the measured result.** Together they show your board what Inora does in your own organisation. Whoever decides on the rollout signs the licence, only after the evaluation.
- **An application is for the organisation-wide rollout,** never for the pilot. Where your figures go depends on your route:
  - **Wlz:** the application for the regional budget, with two parties from your region, up to and including 1 July 2027.
  - **AZWA, capacity planning:** in January, with at least €10 million in Zvw turnover, alone or jointly.
  - **AZWA, digital triage:** your regional GP organisation applies in January; your practice commits beforehand.
  - **Health insurer, district nursing:** your project plan; at CZ, project plans up to and including 31 July 2027.
  - **Municipality:** the region's work agenda.
  - **Own budget:** your organisation decides on these figures.

An example: the speech-reporting model plan. The AZWA application on this model plan is for at least 100 care professionals in nursing and home care or mental health, or jointly with another provider. The window asks for a reference from a comparable organisation where speech reporting with Inora already runs at scale; Axiomatic introduces you. The window counts the model plan's norm, per care professional per year; the hours Inora gives back beyond it are your organisation's own, and they pay for the licence.

Hours	Per care professional per year	In the application
Speech, the norm in nursing and home care and in general practice	22.5	Counts in the application
Speech, the norm in mental health	27	Counts in the application
Inora, the whole loop	840	Your teams', for your board

The rules of each route are on Funding.

4. The works council

The consent request is ready as a document of its own: the information letter and model consent request. The board fills it in, in a single practice the practice owner, in a pharmacy the pharmacy owner, in a municipality the management; they sign it and submit it to the works council (article 27(2) WOR) during the pilot, with its consent before the rollout to more teams and before Inora Matrix becomes the official competence register. The request binds the rules; this page sums up what it lays down about staff.

What a care worker asks Inora never reaches the organisation. Only what the care worker sends reaches it, such as a report or an incident report, and the competence record the inspectorate expects (Wkkgz, Wet BIG). That record covers reserved and high-risk procedures under your training policy.

Data	What for	How long, and what the organisation receives
Account: name, work e-mail address, unique code and groups; without single sign-on also the password, only as a salted hash (Argon2id), and the second-factor secret, encrypted	So that only authorised staff have access	While the worker has access, and 30 days after
Conversations: questions, answers and drafted reports	So that the worker finds their own conversation again	90 days by default, set by the organisation; no one in the organisation opens them. If you ask Axiomatic, within the retention term, to read a conversation for an incident or a complaint, Axiomatic holds it until the investigation is complete and deletes it within 30 days after; the member of staff is told
Logs: sign-ins, administrative actions and every access by Axiomatic	Keeping the service secure	12 months. On request the organisation receives the logs only totalled per team of at least five people and per day; one member of staff's sign-in times and IP addresses never
Service metrics: numbers of questions and response times per user	Only to run the environment	Per user 30 days, then only totalled per team of at least five people; never per member of staff to the organisation
Test set: questions from the organisation, and answers a member of staff or a check flagged with their question; a language model in the EU removes the names, no person reads along	Only on your written instruction, after the works council's consent where you have one, to test new versions	Until you withdraw the instruction, at the latest until the end of the agreement; then gone within 30 days
Competence record: the procedure, the protocol with its version, the date and on whose instruction (Wet BIG art. 35 and 38); never the content of a conversation, a score or a usage figure	The record the inspectorate expects of the organisation	In Inora while the worker works there, plus 30 days; in those 30 days the organisation exports it to its own personnel file. The worker sees their own record and receives a copy on request (art. 15 GDPR)
Answer record: per answer the sources with their versions, the check it passed and the date, and a reference the member of staff sees with the answer; never who asked, the time, the ward, the question or the answer	Accounting for what an answer rested on, for an incident or a complaint	2 years, at Axiomatic. The organisation receives it only on written request, never who asked

Who sees what. The worker sees their own conversations and their own competence record. The monthly report per team of at least five people shows topics, never questions: what was asked about and which topics have no answer yet, with a count, without a name and without a figure per person. A topic asked once is in the team's report only when it comes a second time; after three months it goes only into the sum across all teams. The report goes per team to the team lead and the works council; the board and quality receive the sum across all teams. The topic is set together with the answer, without names; no person reads along. Axiomatic reads a conversation only on a written request from the function your organisation names, for an incident or a complaint; every access is logged and the member of staff is told. If the law demands a conversation, Axiomatic gives only what the demand asks, logs it, and the member of staff is told, unless the law forbids it. In an outage or security incident Axiomatic examines the system logs and the answer record, never a conversation. Whoever made the request gets a finding about Inora, never what the member of staff asked or read.