



AHA Team Training

Applying Human-Centered Design to Health Care

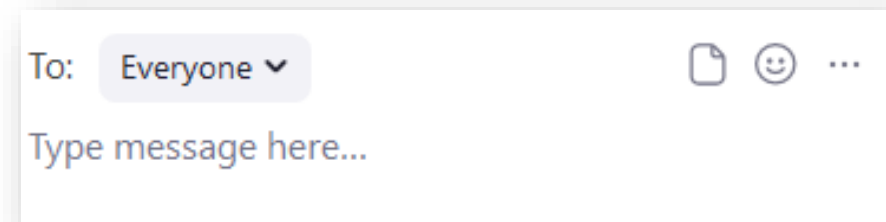
January 11, 2023



AHA CENTER FOR HEALTH
INNOVATION

Rules of Engagement

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- **Q&A session will be held at the end of the presentation**
 - Written questions are encouraged throughout the presentation
 - To submit a question, type it into the Chat Area and send it at any time
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 - This session is being recorded, the chat will not be included in the recording
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 - Step 1: Register for a OneLink account
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In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



Upcoming Team Training Events

Courses & Workshops

In-person TeamSTEPPS Master Training Courses

- April 10-11 at Northwell (New Hyde Park, NY)
- April 27-28 at UCLA (Los Angeles, CA)
- May 9-10 at Tulane (New Orleans, LA)
- May 24-25 at Houston Methodist (Houston, TX)
- June 21-22 at MetroHealth (Cleveland, OH)

Custom TeamSTEPPS Advisory Services at Your Organization

- 2-day TeamSTEPPS Master Training Courses
- Comprehensive TeamSTEPPS Programs
- [Learn more](#)

Upcoming Team Training Events (continued)

Webinars

[Three-part webinar series](#) on human centered design in health care

- Applying Human-Centered Design to Health Care – January 11 ✓
- How to Use Human-Centered Design to Inspire and Focus Teams – February 8
- What's Your Story? How to Craft Narratives Using Human-Centered Design that Inspire Your Audience – March 8

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Matthew Kelly

Partner & Business Designer, do tank



Adam Kohlrus

Partner & Business Designer, do tank

OUR GOAL

OVER THE COURSE OF THE NEXT 50 MINUTES, WE WILL SHARE EXAMPLES TO SPARK AN IDEA FOR HOW YOU CAN APPLY A HUMAN-CENTERED DESIGN TECHNIQUE TO YOUR WORLD

WE WILL RAPIDLY
BOUNCE BETWEEN
EXAMPLES

WE WILL SHOWCASE
TOOLS/TECHNIQUES
YOU CAN USE

MAKE USE OF CHAT
FOR REACTIONS

CLIMATE



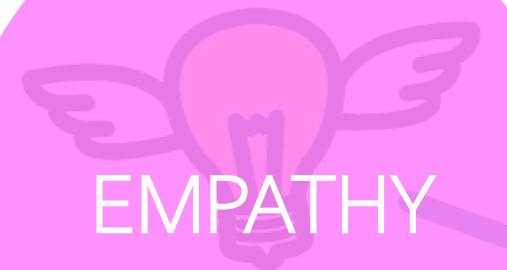
If any field should be human-centered, it's healthcare. We help teams at the intersection of quality, equity, and innovation design a safer, healthier future.

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Human-Centered Design For Healthcare



EMPATHY

Design Thinking



STORYTELLING
PRINCIPLES

Visual
Thinking



BUSINESS
RIGOR

Business Model
Innovation



ACTION

Pace

Applying Human-Centered Design

Strategic
Innovation

Digital
Strategy

Clinician
Engagement

Diversity and
Health Equity

Clinical
Outcomes

Community Based
Partnerships

Quality
Improvement

High Reliability
Organizations

Emerging Critical
Challenges



Where can Innovation
emerge in your Health Care
Organization?

SOLO MOMENT

60

REFLECT ON THE BIGGEST PROBLEM
YOU HAVE TO SOLVE...WHO IS YOUR
TARGET AUDIENCE?

Showcase Example

Strategic
Innovation

Digital
Strategy

Clinician
Engagement

Diversity and
Health Equity

Clinical
Outcomes

Community Based
Partnerships

Quality
Improvement

High Reliability
Organizations

Emerging Critical
Challenges

Quality Improvement

EXAMPLE



Illinois Health
and Hospital
Association



The Target Audience

Clinical Teams



The Problem to Solve

Identifying, Refining, and
Spreading Grassroots
Innovation

Emergency Department Recidivism & Unnecessary Hospital Admission & Readmission

From [the Advocate Good Shepherd Hospital](#) in partnership with the [Illinois Health and Hospital Association](#). The aim of this Implementation Playbook is to spread this innovation that tackles ED Recidivism & Unnecessary Hospital Admission & Readmission to hospitals across this state, region and beyond.

Check it out



Illinois Health and Hospital Association Innovation Challenge Playbooks



Emergency Department Recidivism & Unnecessary Hospital Admission & Readmission



Hospital-Wide Daily Interdisciplinary Safety Huddle



The New Road to c. difficile Reduction

Find out
more here:

health.dotankdo.com



MESSAGE FROM IHA



Why Innovation is IMPORTANT

IHA is embarking on an ambitious initiative – galvanizing the spread of high impact, quality improvement innovations across the State of Illinois. Is this a bold goal? – YES. Are we up for it? – ABSOLUTELY.

Unlike most innovation challenges that focus on identifying new-to-the-world innovations, the Partners in Progress Challenge focuses on innovations that are already showing promise. These innovations could have a greater impact on patient outcomes if they were in place at more care locations.

Our aim is to leverage the reach of the IHA, and the talent of our hospital members, to break down barriers that have slowed the spread of high impact innovations to improve the lives of our patients.

In 2018, IHA worked with three Partners in Progress award winners to spread their best practices to three other hospitals in the state.

Over the course of that journey, we documented key concepts, steps, successes and barriers that arose as the implementations took place. It is no easy task embedding one best practice from a unique culture and environment into another. This is where IHA's Implementation Playbooks come into play.

The aim of this Implementation Playbook is to spread this innovation that tackles ED Recidivism & Unnecessary Hospital Admission & Readmission to hospitals across this state, region and beyond. We can compete on results, but we don't compete on best practices in Quality and Patient Safety. Let's come together to accelerate the spread of innovations that lead to reductions in harm and cost savings.

We challenge your organization to replicate the harm reductions and cost savings that our Partners in Progress award winners achieved and hope that this Implementation Playbook will serve as a vehicle for enhancements in patient safety.

INNOVATION CHALLENGE JOURNEY



Adam Kohlrus
Assistant VP Quality, Safety and Health Policy

ABOUT THIS PLAYBOOK

Playbook Steps

STEP 1

Read the playbook guidelines and appreciate the context and the people that are involved.

STEP 2

Walk through each of the process steps and take advantage of the external information where available. You may need to refer back to the guidelines from time to time. The Playbook aims to inspire hospitals to be able to pick this up, knowing nothing about the process, and after reading it have a good handle on what the process is and what steps they could take to replicate it.

STEP 3

Digest the results and impacts and review where the process steps make sense and/or could be a challenge for your hospital.

STEP 4

Gather your team and gameplan your critical next steps to making this happen at your hospital.

How it Came to Be

Our strategic partner, Do Tank, worked closely with the IHA and hospital teams throughout the Innovation Challenge to design strategies, implementation plans, and these playbooks. The document that you are reading emerged over a 4 week process that involved interviews, mining documentation, reflections on the yearlong Challenge, and multiple iterations.

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The Cast of Characters

The storyline behind the Playbook involves these wonderful people, places and organizations.



Additional Content

You will find additional content in the Playbook via links to external resources.

DON'T MISS THEM!

(Look for this icon)



Innovation Challenge Awardee



Dawn Moeller

Clinical Manager for
Emergency and Trauma
Services

Emergency Department at
Advocate Aurora Health
(Award Site)

Spread Partner



Jennifer Mowen

Administrative Director,
Performance Improvement &
Management Systems

Illini Community Health
(Spread Site)



TOP 10

Use the following criteria to identify your "Top 10" patients visiting your Emergency Department: Number of ED visits, Number of inpatient admissions/re-admissions, Age group, Chief complaint/Reason for visit, Insurance status, Primary Care Physician.

3



KEY ACTIVITIES

- Build a patient profile
- Specify where data can be found
- Identify who should mine data



KEY TO SUCCESS

A robust patient profile with comprehensive medical as well as social/emotional information.



WHO IS INVOLVED?

Core ICP team



CHALLENGES

Mining the data



Emergency Department Individualized Care Plan Program Operational Guidelines



Baseline ICP Data Expectations

We are tackling ED recidivism, over-utilization, unnecessary admissions, and actively managing the opioid crisis in our local area.

ICP truly promotes patient centered and total patient care. Our ED visits continue to decline.



RESULTS & IMPACT

The care plan may begin in the ED, but it's never created in isolation.

The success of the care plan resides in the collaboration with the ICP team: nursing, care management, social work, physician, and chaplain.

ED recidivism reduced by

61%

projected cost savings is
\$4,093,068

ED readmission reduced by

53%

projected cost savings is
\$1,994,070

5 year projected cost savings is

\$6,897,138

Human impact:
over

900

lives touched

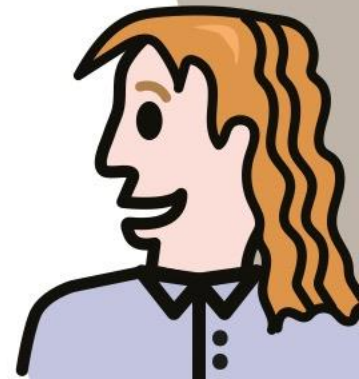
Before the ICP program our 3 recidivists had 59 visits combined in 5-months.

After launching the ICP program our 3 recidivists had 9 visits combined in 3-months.

This program really works and is powerful!

Since implementing the program, our organization has learned many lessons. The ICP program is intuitive and practical. It makes sense to the health care team members because it is relatively easy to implement and even more importantly, it is easy to sustain.

Dawn Moeller



60-MINUTES TO START YOUR JOURNEY

1. GET READY

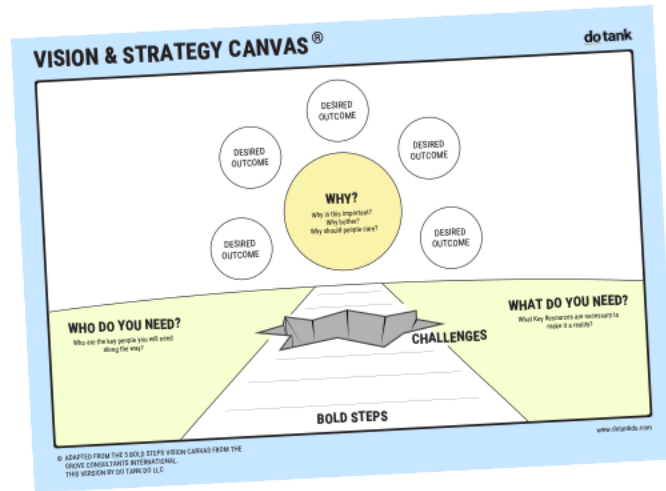
Hover over the canvas to download it. Then print a large version of the canvas, find a quiet room, gather stickies and sharpies and as a team of 4-6 people. If you follow these steps, in 60 minutes you should have a clear picture of your implementation vision and strategy as it pertains to implementing this best practice.

2. THE WHY

Spend your first 10 minutes as a team discussing their WHY and the DESIRED OUTCOMES. Why is this important to us? Why do we care? You should naturally bounce between the why and the outcomes. Make it concrete. Make it real. Be aspirational, but make sure you align as a team!

3. WHAT DO YOU NEED TO MAKE IT HAPPEN?

Allocate 20 minutes to initially react to both of the questions that flank the road. "What do you need?" and "Who do you need?". The "what" is written within the context of critical resources, e.g. infrastructure, budget, data, systems, permission, time etc. The "who" is most likely the human resource necessary to make it happen and the stakeholders who will enable & support it.



4. OBSTACLES

Spend 10 minutes to discuss what can and will get in the way of making this a reality. Avoid turning this into a list of complaints, moans, groans etc and make it more of an honest list of challenges you will face that will have to be overcome.

5. BOLD STEPS

What will make it happen? Spend 10 minutes to discuss what bold steps, actions, activities will be critical in helping to realize the desired outcomes?

6. SENSE CHECK

Spend your last 10 minutes sense checking the "storytelling version" of this canvas. Does it make sense? Can you describe it easily in 60 seconds? What is missing? Does everyone agree? Have you agreed a critical next step as a team so this wasn't just a nice thinking exercise? Go do!

INFORMATION

The Vision and Strategy canvas will help your team get off to an aligned and focused start.

BEFORE YOU START

Convene your group in a relaxed environment – an offsite location is preferable - it's critical that you get the right people in the room. A group size greater than 6 people can be a challenge to facilitate.

CHECKLIST

- A fine tip marker and 3"x3" sticky notes for each person
- Print or draw the Vision & Strategy Canvas on a large sheet of paper
- Tape to a wall or place at the center of a table that all people can access
- Allow 60 minutes of focused time

RULES AND ROLES

Make these explicit with all attendees at the beginning of your design session

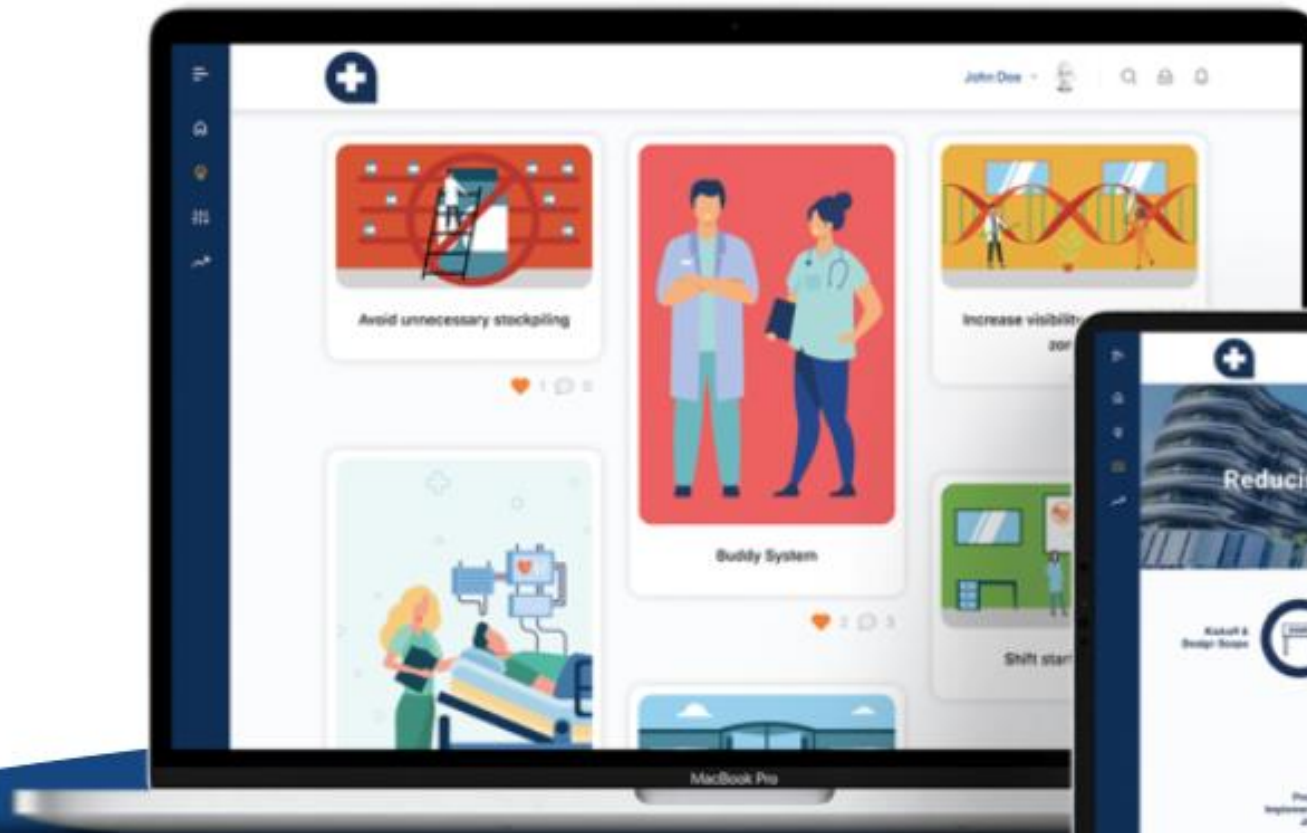
- Everyone has the 'power of the pen' and can contribute ideas
- Facilitate each other and avoid meandering digressions
- Move with pace
- Try to build something that will inspire others
- One clear idea per sticky note
- Have fun

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QualityHQ



Showcase Example

Strategic
Innovation

Digital
Strategy

Clinician
Engagement

Diversity and
Health Equity

Clinical
Outcomes

Community Based
Partnerships

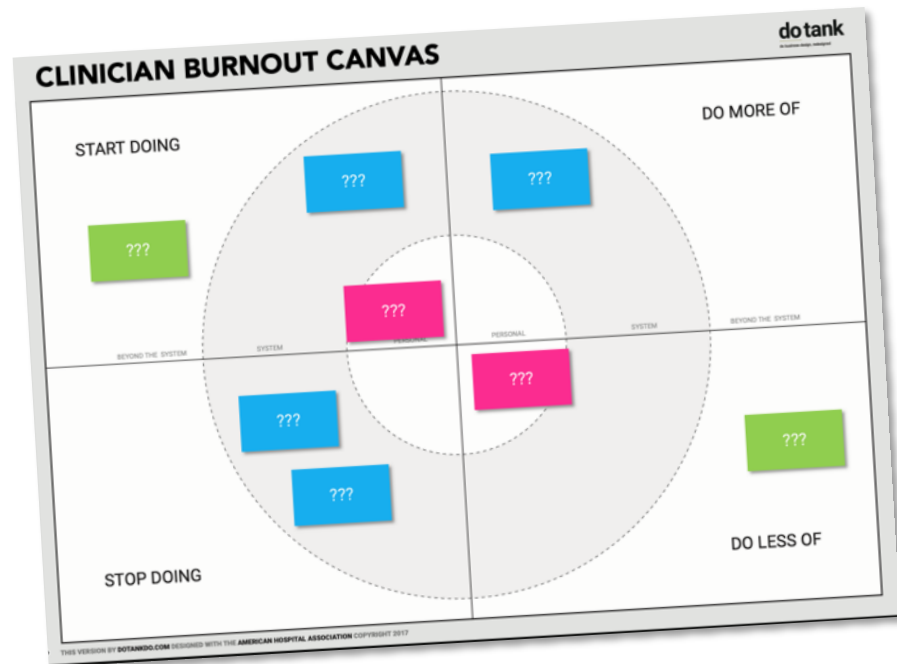
Quality
Improvement

High Reliability
Organizations

Emerging Critical
Challenges

Clinician Engagement

EXAMPLE

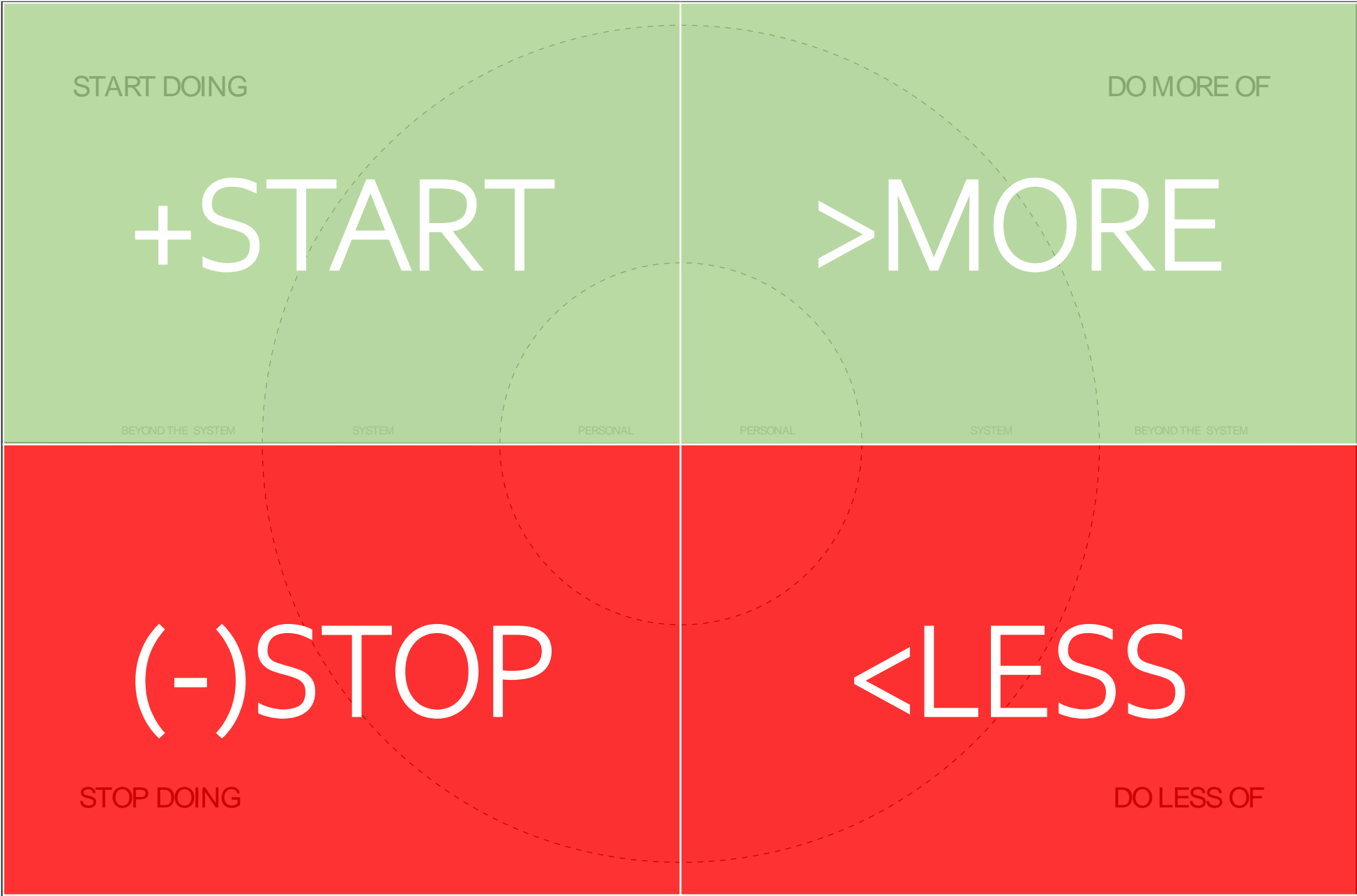


The Target Audience
Physicians & Nurses

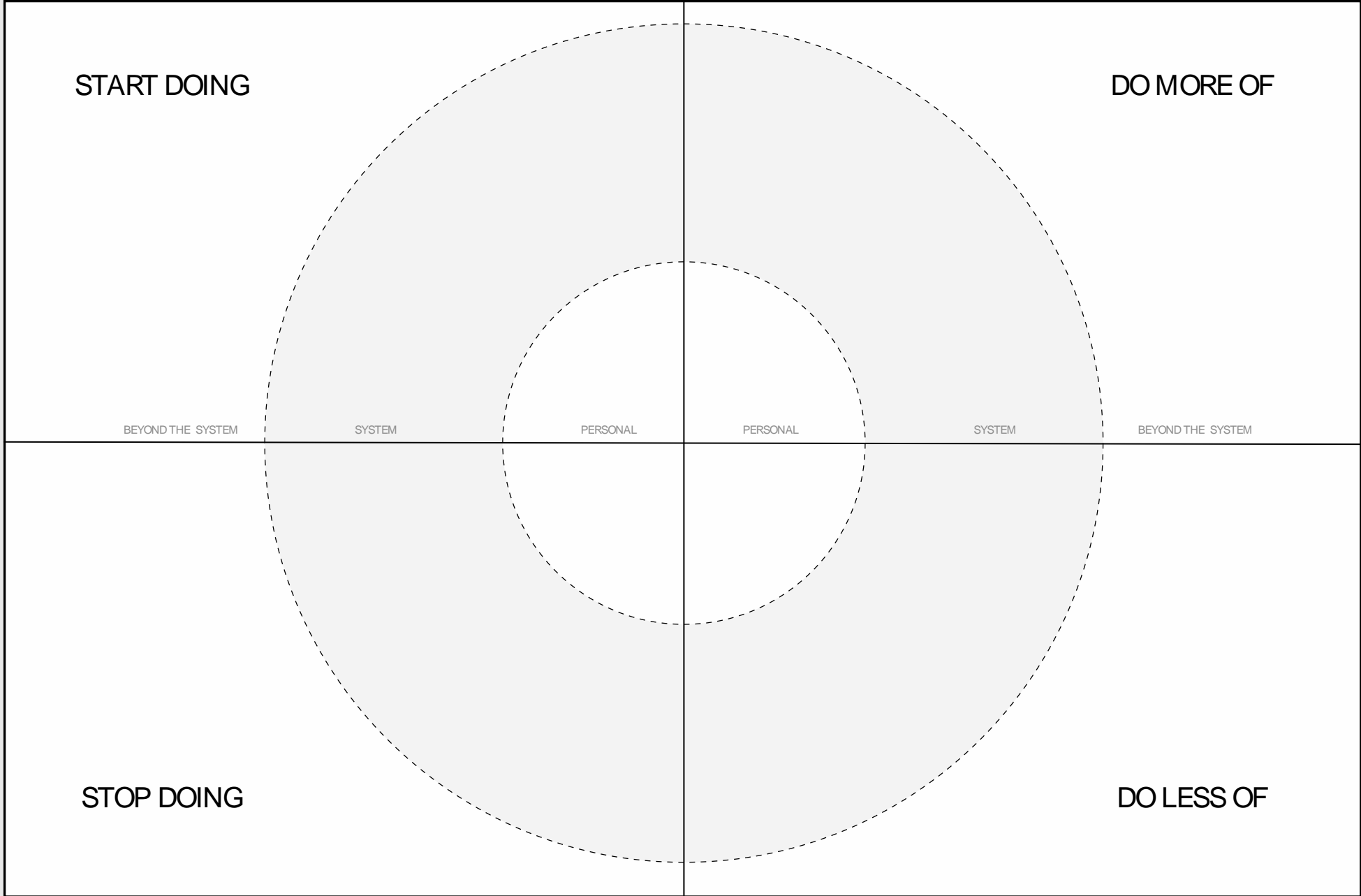


The Problem to Solve
Clinician Burnout

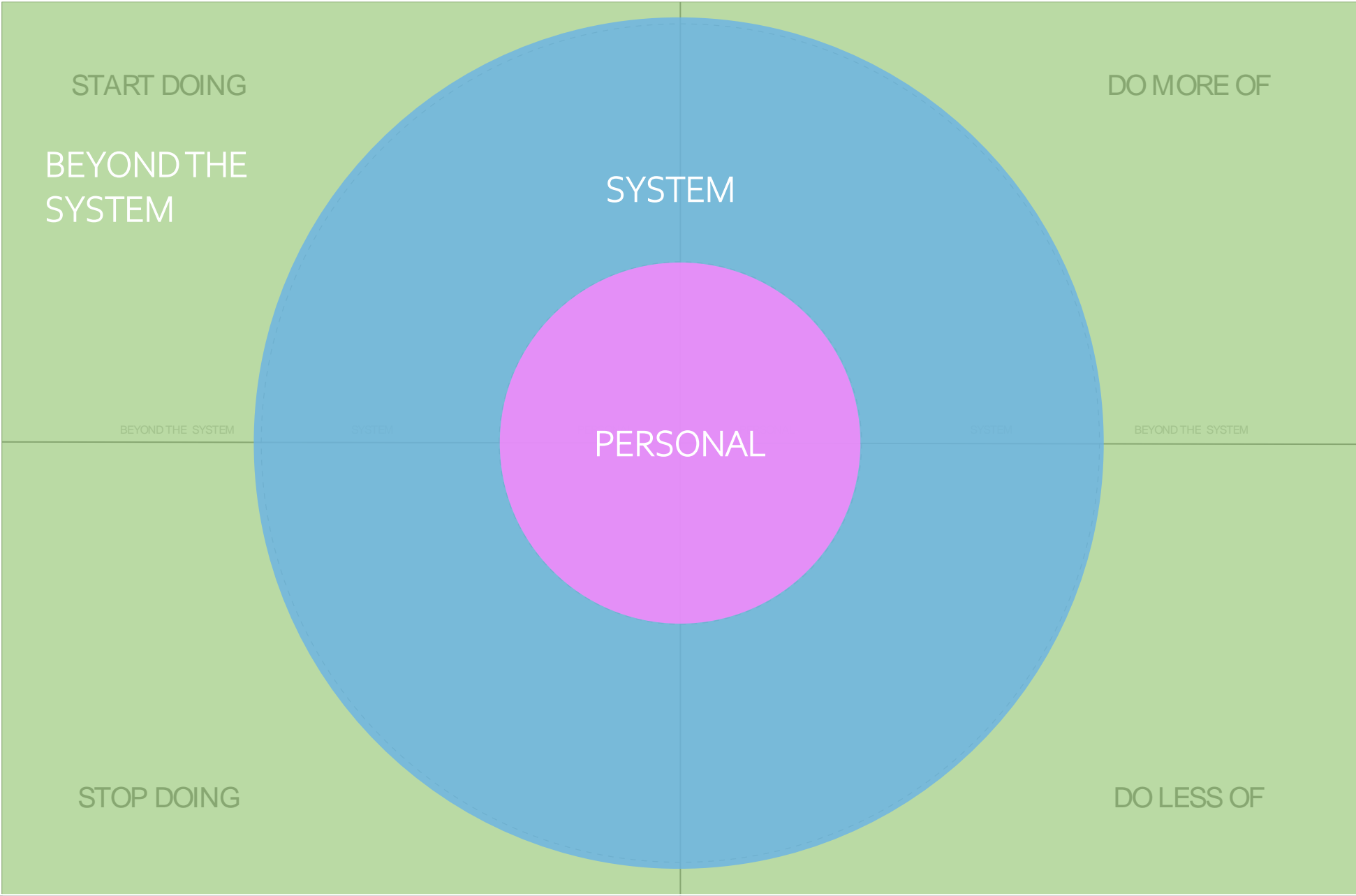
CLINICIAN BURNOUT CANVAS



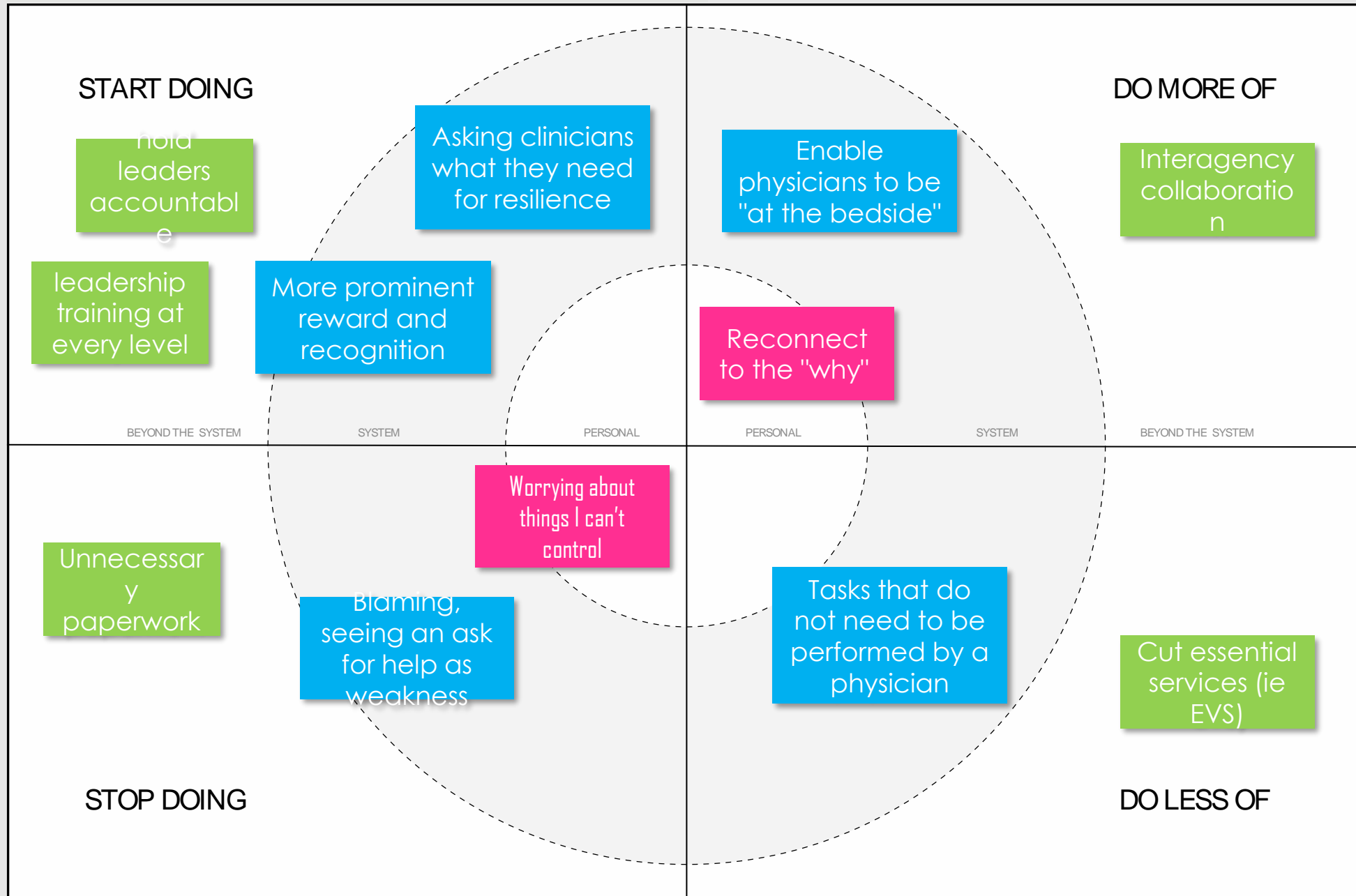
CLINICIAN BURNOUT CANVAS



CLINICIAN BURNOUT CANVAS



CLINICIAN BURNOUT CANVAS



PERSONA CANVAS



Scanned with CamScanner



BY DESIGNABLE



INFLUENCING CHANGE CANVAS

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PERSONAL	How might we make the undesirable desirable?	What training do we need?
	How might we harness peer pressure?	What people do we need to engage?
SOCIAL		
STRUCTURAL	How might we design rewards and/or demand accountability?	How do we need to change our environment, processes, and infrastructure?

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SWITCH MODEL CANVAS

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DIRECT THE RIDER
What is your destination? Where are the bright spots? How are you going to script the critical moves?

MOTIVATE THE ELEPHANT
How are you going to shape the change? How are you going to grow your people? How will you tap into people's emotions?

SHAPE THE PATH
What small changes can you make to enable/facilitate easy change in the environment? How will you keep others on track and accountable? How will you build on and expand early successes?

Who will be experiencing the change?

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AHA TeamSTEPPS

INFORM YOUR WHY

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The Why
What is your challenge or opportunity for improvement?

What We Want To Learn
What insights will help you better understand the challenge you face? What information will help you frame the changes and improvements you aspire to?

The Data We Have
What relevant qualitative and quantitative data has already been collected?

The Data We Need to Collect
What qualitative and quantitative data is missing? How are you going to get it?

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STAKEHOLDERS CANVAS

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STAKEHOLDER	What do they need to accomplish?	What challenges do they face?	What motivates them?	How do we keep them engaged?
STAKEHOLDER	What do they need to accomplish?	What challenges do they face?	What motivates them?	How do we keep them engaged?
STAKEHOLDER	What do they need to accomplish?	What challenges do they face?	What motivates them?	How do we keep them engaged?

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Showcase Example

Strategic
Innovation

Digital
Strategy

Clinician
Engagement

Diversity and
Health Equity

Clinical
Outcomes

Community Based
Partnerships

Quality
Improvement

High Reliability
Organizations

Emerging Critical
Challenges

Diversity and Health Equity EXAMPLE



The Target Audience
Hospitals and
Healthcare Partners



The Problem to Solve
How might we facilitate
strategic planning and
action to the health equity
space



TENNESSEE
HOSPITAL
ASSOCIATION

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THA– DEI Workshop

August 2022



We will dedicate our morning to assessing five areas of focus within the equity space:

- Representation**
- Inside Our 4 Walls**
- Outside Our 4 Walls**
- The Patient Voice**
- Equity Across the Continuum**

Representation

A

Inside our 4 Walls

THA TENNESSEE HOSPITAL ASSOCIATION

D

Outside our 4 Walls

THA TENNESSEE HOSPITAL ASSOCIATION

The Patient Voice

THA TENNESSEE HOSPITAL ASSOCIATION

Equity Across the Continuum

THA TENNESSEE HOSPITAL ASSOCIATION

- + **Upstream: Actions which advocate for greater fairness in power structures and income; they are about decreasing the causes-of-the-causes.** (For example: legislative policy, insurance partnerships, state or federal grants or CHNA Insights)

Doing	Dreaming

- + **Midstream: Actions which address material circumstances such as housing, food security, and employment; they are about changing the causes.** (For example: housing, transportation, utilities or food insecurity)

Doing	Dreaming

- + **Downstream: Actions which address immediate health needs at an individual or family level; they are about changing the effects of the causes.** (For example: infant mortality chronic disease, poor nutrition or life expectancy)

Doing	Dreaming

Equity Diagram

The Equity Diagram assists organizations in identifying their biggest barriers to more equitable care and outcomes across 5 key categories.

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REFLECT

IDEA FLIP

Use the Idea Flip to evaluate and articulate an idea you want to bring. With this canvas, you can quickly assess if an idea is in-scope for your organization and if it is a high-priority idea.

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FOCUS

THA DEI Project Charter

This project charter clarifies expectations among the team and establishes the project's aim, measures, change ideas, scope, and team members.

Focus Area _____

What are we trying to accomplish?

Aim Statement:

How are we going to measure this?

Outcome Measures	Current	Target

Process Measures	Current	Target

What are we going to do differently?

Action Steps	Score / 20

Supports	Barriers

Scope

In-Scope	Out of Scope

Who is on your team?

Executive Sponsors

Team Members

Ad-Hoc Stakeholders

do tank

COMMIT

Equity Improvement Canvas

Team Name _____
Team Roster _____

What have we done before

Scope

IN

OUT

Barriers

Supports

Aim Statement

do tank

Matrix Diagram

STEPS	This solution can be accomplished in 90 days	There is the will to implement this solution	This step is within our control	We have a sponsor and buy-in for this step	Cumulative Score

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Equity Gameplan

Team members

Phase 1 Timeline

Phase 2 Timeline

Phase 3 Timeline

Phase 4 Timeline

Other stakeholders to engage

Other objectives

Idea to Execute

Supports needed

Challenges

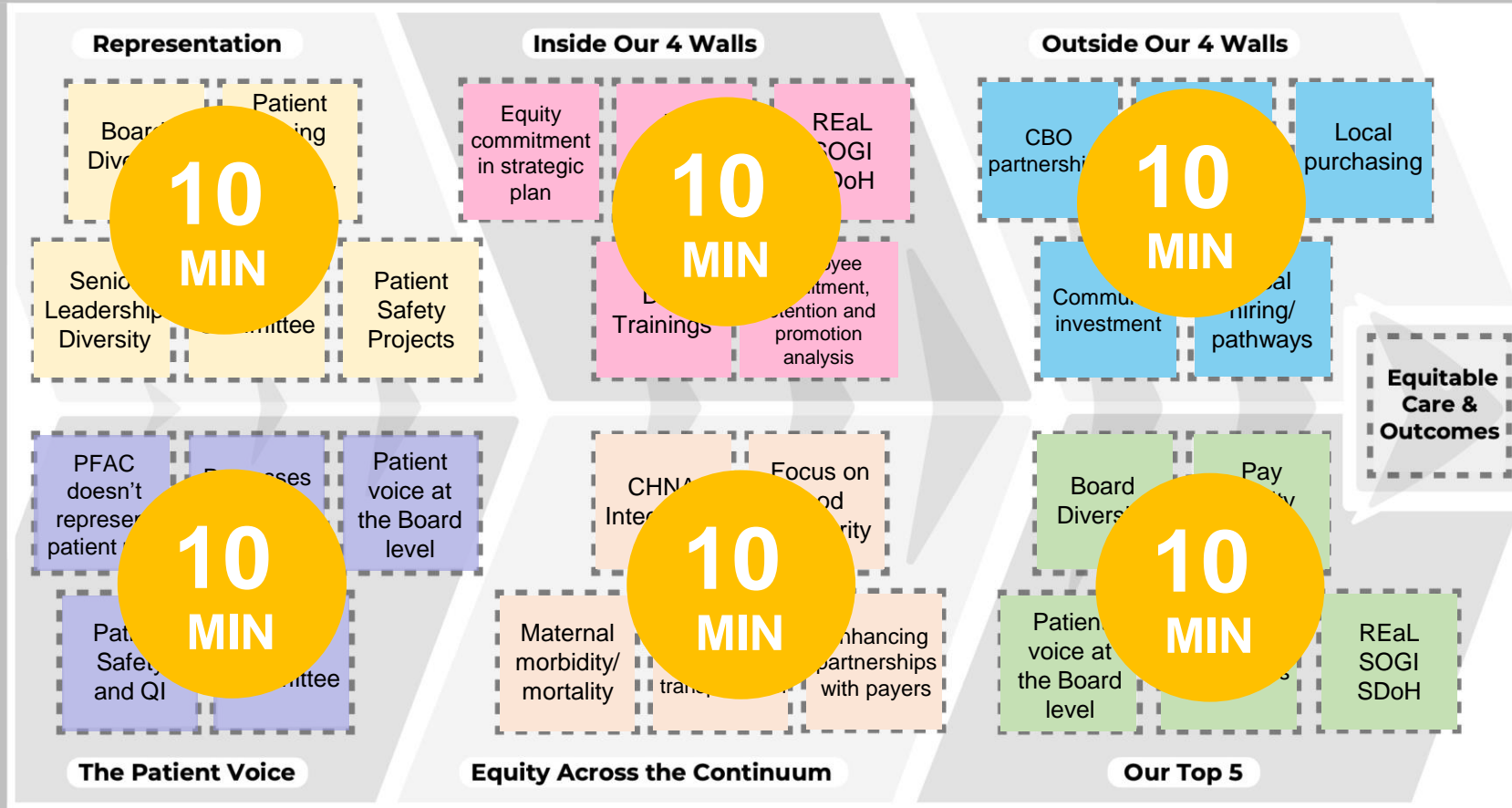
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PLAN

Equity Diagram

The Equity Diagram assists organizations in identifying their biggest barriers to more equitable care and outcomes across 5 key categories.

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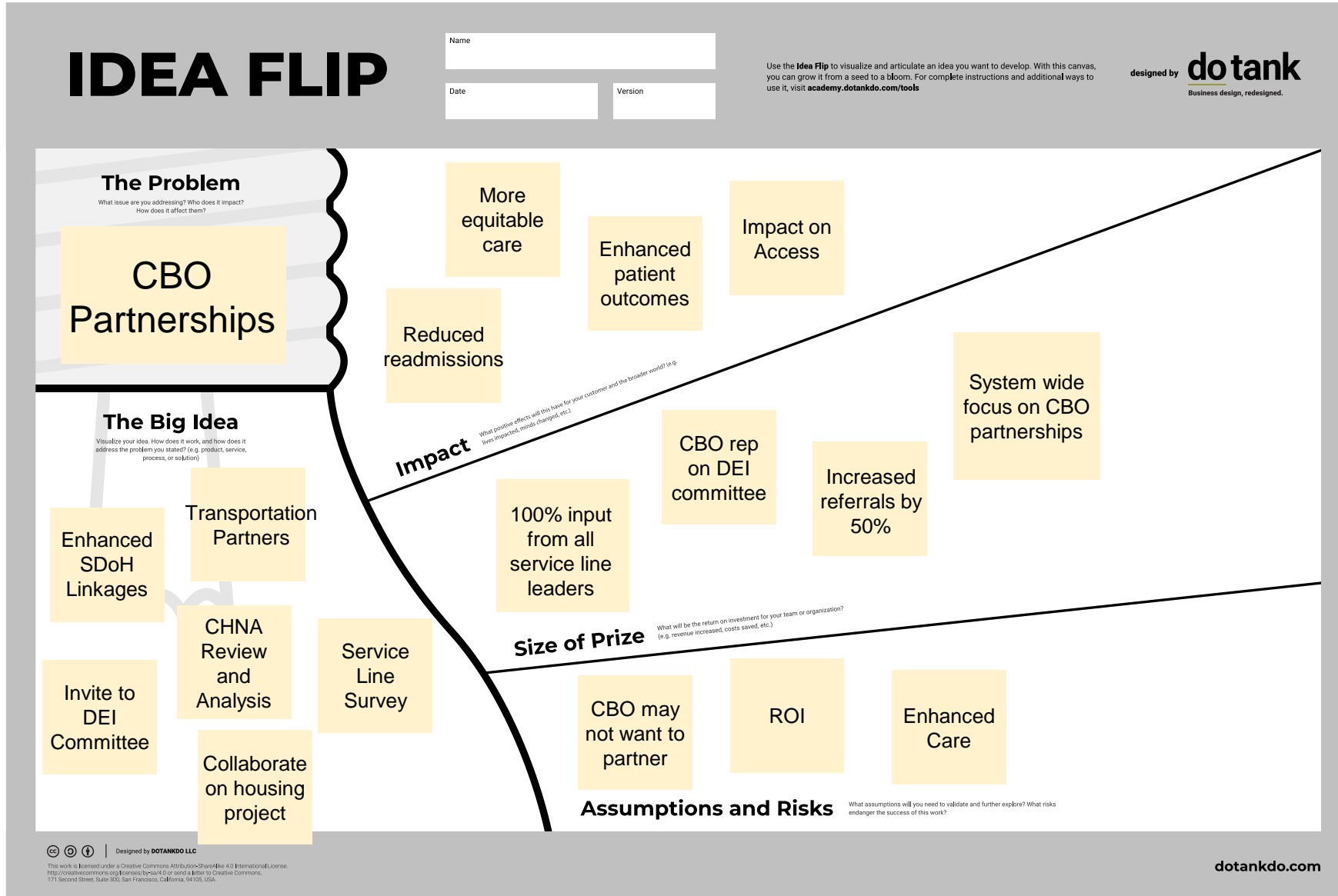
The Equity Diagram assists organizations in identifying their biggest barriers to more equitable care and outcomes across 5 key categories

We recommend taking 60 minutes to engage a team around this canvas

Test this with multiple teams and stakeholders to get as global of a lens as possible on where your biggest opportunities for improvement exist in the equity space

Have you used the Equity Diagram since the workshop?

What questions do you have?



Use this canvas to flesh out your problem (~50 minutes)

- 1 Identify the big problem you would like to tackle
- 2 Come up with ideas which could potentially solve your problem (include many ideas without choosing one yet!)
- 3 Start building out the impact those ideas could have if implemented.

Have you used the Idea Flip since the workshop?

What questions do you have?

Equity Improvement Canvas

Team

Date

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Team Name
Team Roster

1.
2.
3.
4.
5.
6.

Supports

What have we done before

What are we trying to accomplish?

Population	Goal	Time Expectation	Location	Guidance
------------	------	------------------	----------	----------

How will we measure this?

Outcome	Process	Tracking Tool
---------	---------	---------------

What will we do differently?

Action Step	Action Step	Action Step	Action Step	Action Step
-------------	-------------	-------------	-------------	-------------

Aim Statement

Scope

IN

OUT

Barriers

Improvement Canvas (~60 minutes)

- Reflect on past organizational work
- Create an aim statement
- Identify action steps
- Outline a team roster
- Organizational supports
- Potential barriers
- Measurement (outcome and process)

Have you used the Equity Improvement Canvas since the workshop?

What questions do you have?



Matrix Diagram

 designed by **do tank**
Business design, redesigned.

STEPS	This solution can be accomplished in 90 days	There is the will to implement this solution	This step is within our control	We have a sponsor and buy-in for this step	Cummulative Score
Education added to new employee orientation	2	5	3	3	13
Create a diversity group to organize cultural awareness days	1	4	2	4	11
Identify a vendor to conduct training	5	5	4	4	18
Survey the community to enhance awareness of the cultural makeup	3	4	4	3	14
Poll staff on their willingness to engage in trainings to enhance equity	5	4	4	4	17

Matrix Diagram (~30 minutes)

- 1 List your Action Steps in the rows, and the criteria for selection in the columns
- 2 Rate each idea on a scale of 1-5 (1 being low confidence and 5 being high confidence) for each criterion
- 3 Analyze which idea has the highest confidence

Have you used the Matrix Diagram since the workshop?

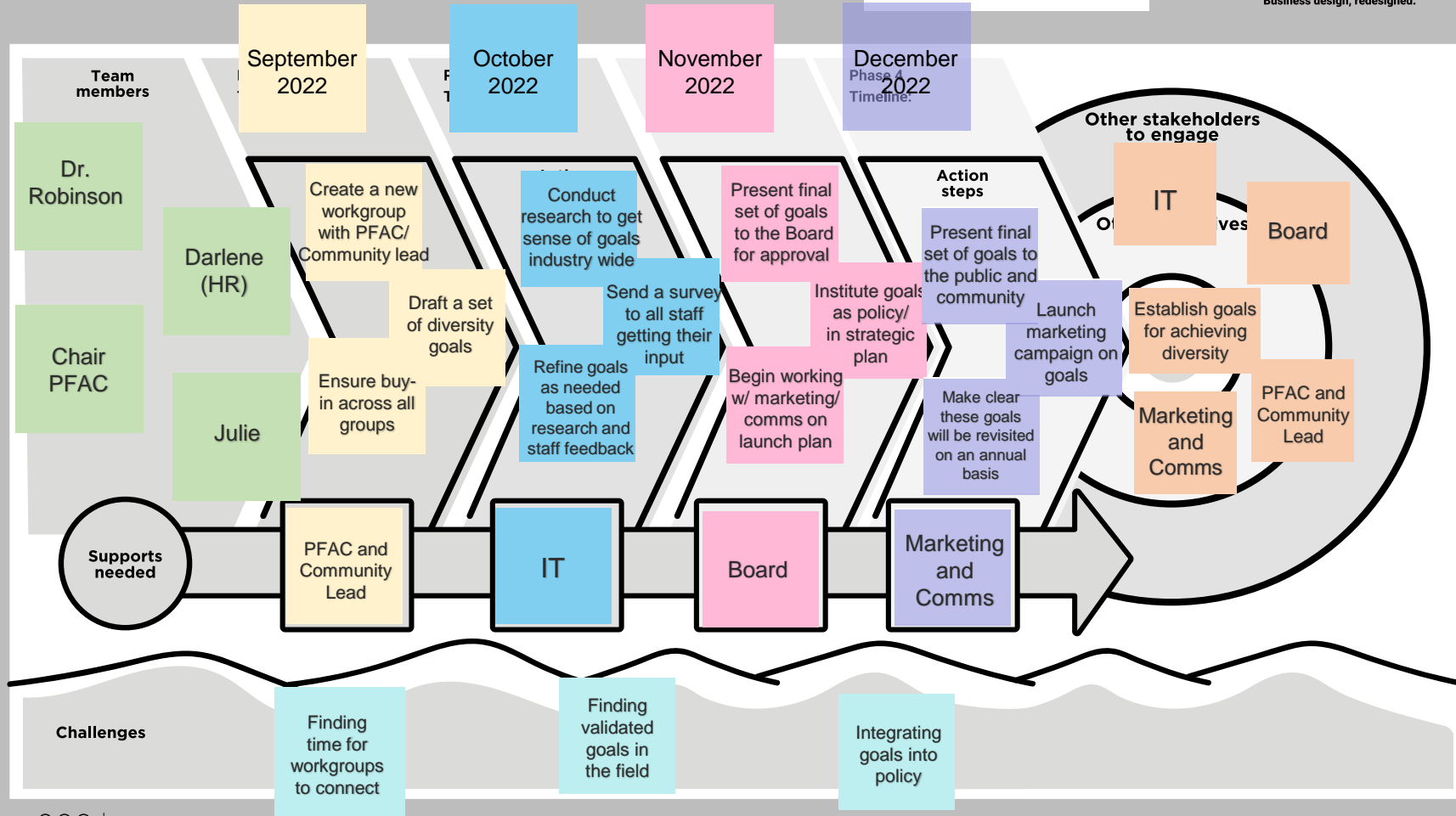
What questions do you have?



Equity Gameplan

Team Name _____
Date _____

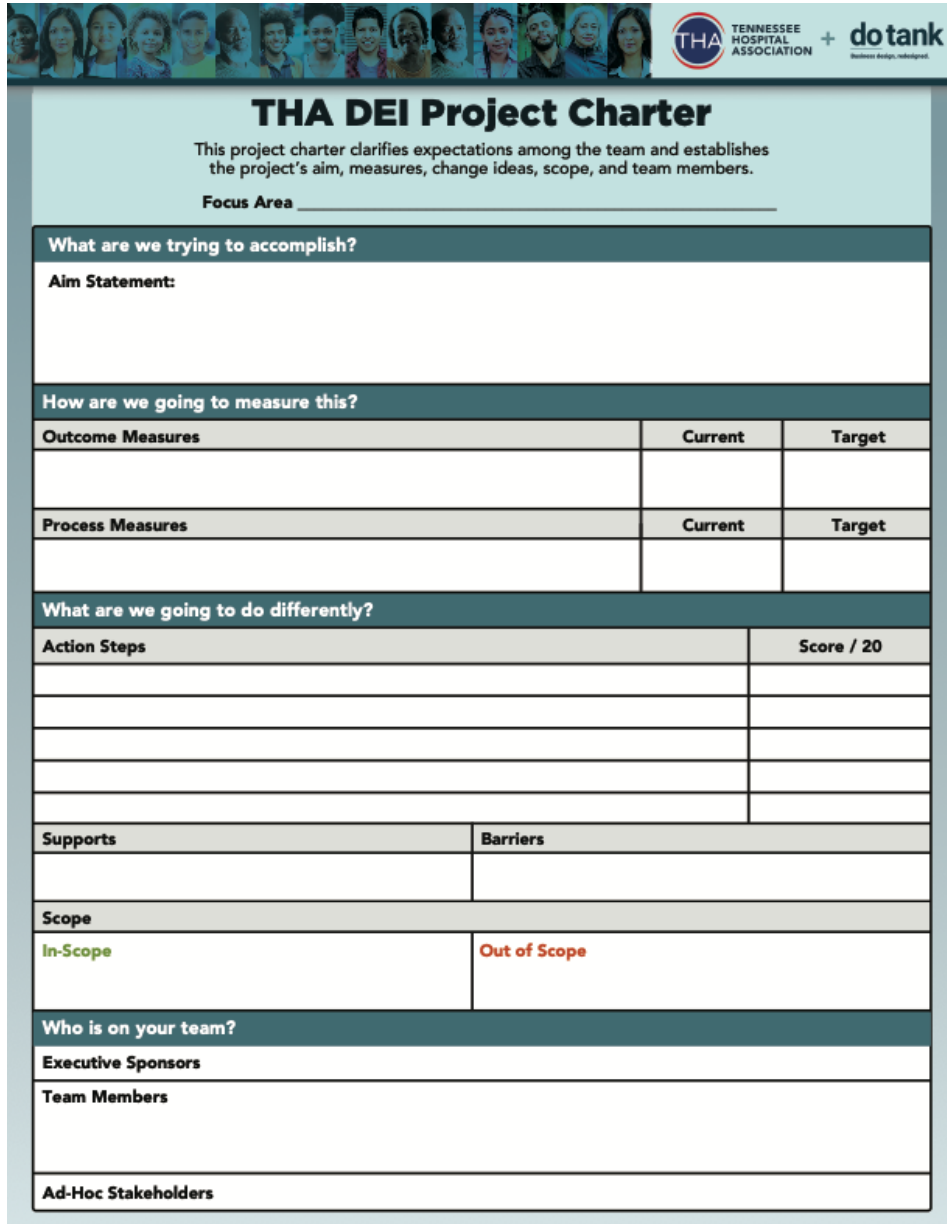
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Equity Gameplan (~30 minutes)

- Outline the action steps to be taken
 - Create accountability
 - Visual Timeline
 - Identify Supports
 - Potential barriers
- Have you used the Equity Gameplan since the workshop?**

What questions do you have?



THA DEI Project Charter

This project charter clarifies expectations among the team and establishes the project's aim, measures, change ideas, scope, and team members.

Focus Area _____

What are we trying to accomplish?

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How are we going to measure this?

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Process Measures	Current	Target

What are we going to do differently?

Action Steps	Score / 20

Supports	Barriers

Scope

In-Scope	Out of Scope

Who is on your team?

Executive Sponsors

Team Members

Ad-Hoc Stakeholders

THA DEI Project Charter

The Equity Charter supports the change-making process by building executive leadership buy-in for your initiative through the clear and concise articulation of your project goals, outcomes, and processes.

The Equity Charter will assist your team in building organizational support by:

Detailing the project aim statement and its associated action steps to create a well defined and universally understood project vision.

Ensuring project accountability and engagement by highlighting the project scope, measures, and team membership.

Ultimately, the Equity Charter will become the guiding document for your work in this space.



Health and Racial Equity National Pilot

- 1 Learn more about the national pilot at:
<https://www.rush.edu/about-us/rush-community/rush-bmo-institute-health-equity/racial-equity-healthcare-progress-report>
- 2 This national pilot is open to all healthcare organizations free of charge thanks to a grant from the Commonwealth Fund

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RUSH



THE UNIVERSITY OF
CHICAGO
MEDICINE



Illinois Health
and Hospital
Association



The
COMMONWEALTH
FUND

Affordable, quality health care. For everyone.

Equity Implementation Playbook

Racial Equity in Healthcare Progress Report Playbook: From Data to Action



Every hospital that engages in the CWF Grant will receive:

- A report that details and analyzes your organization's score, including benchmark comparisons with peer organizations across the country
- An implementation playbook to help you translate your data into action

The Playbook

This playbook will move your organization to action. It contains the human-centered design scaffolding you need to translate your data from the Progress Report into tangible next steps. The playbook outlines a 7-step process which will enable your organization to reflect upon your data, focus on tangible best practices, outline a plan to execute those best practices, and commit to action through an equity charter.



Showcase Example

Strategic
Innovation

Diversity and
Health Equity

Quality
Improvement

Digital
Strategy

Clinical
Outcomes

High Reliability
Organizations

Clinician
Engagement

Community Based
Partnerships

Emerging Critical
Challenges



The Target Audience

Leaders and clinicians
at multiple hospitals
within a system



The Problem to Solve

How might we have
more effective
communication
during tech
downtime

Strategic
Innovation
EXAMPLE

Design Research Comes First

Design research means embedding research into the design process—anything we create is based on an understanding of the people who will be using it!

It is important to include all stakeholders in this process—how might the experience and needs of the frontline staff differ from that of executive leadership? Both are important to consider!

Identify your key stakeholders, and then have conversations with representatives of those groups (include as much diversity in that group as you can!)

Don't wait until you have a product/process/service to test.
Research is PHASE 0

Launching a Design Sprint

INTERVIEW
STAKEHOLDERS

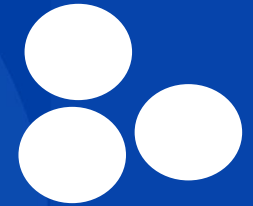
DESIGN & PROTOTYPE
DOWNTIME OPTIONS

ITERATE AND
UPDATE BASED
ON FEEDBACK

ROLL OUT THE
PLAN

CONTINUE GATHERING
DATA

TEST THE
OPTIONS



Leveraging a Digital Workspace

Our single source of truth to engage our sprint team (and extended audience).

It will hold prototypes, keep the project plan accessible and up to date, house data and feedback, and allow access to educational content around the visual tools that we will be using, etc.



Use design thinking methods and digital tools

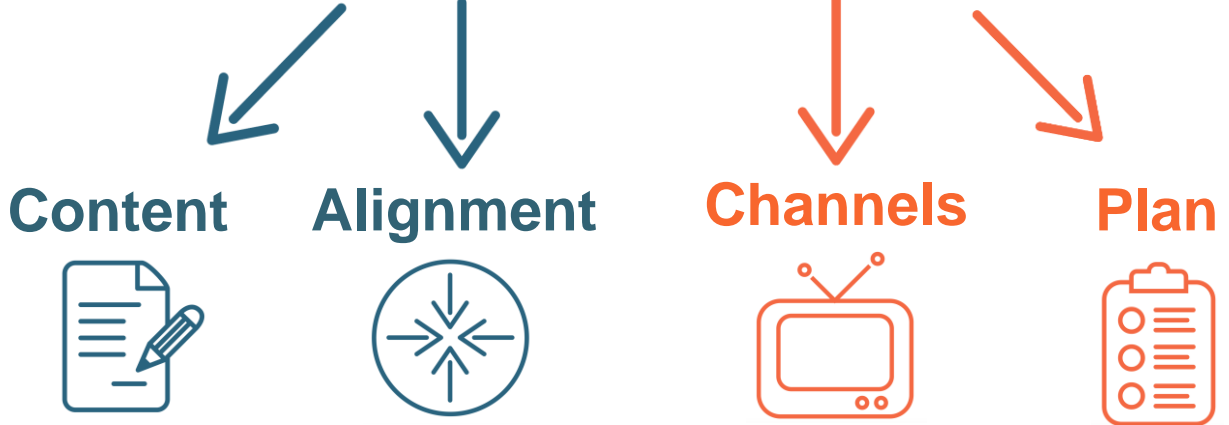
The screenshot shows a digital workspace for a 'do tank' strategy session. The interface includes a top navigation bar with a title 'Do Tank Strategy Template', a 'Facilitator' role indicator, and a 'Share' button. Below the navigation bar is a legend for 'Highlight votes' with categories: Session 1 (pink), Best Idea (purple), Values (blue), Top Pains (green), and Obstacles (yellow). The main workspace is divided into several sections:

- do tank** logo and title.
- Agenda**: A list of session items with time slots: 11:30 Introduction & Warmup, 11:40 Vision, 12:00 Objectives; Results & Metrics, 12:40 Obstacles, 12:50 Critical Next Steps, and 1:00 End.
- General Rules & Roles**: A list of guidelines for the session, such as 'We will start and finish on time' and 'Please put your cameras on'.
- Central Canvas**: A large, colorful illustration of a sun rising over a green hill. The sun is divided into segments, each containing a colored square. The hill has a winding path leading to a 'Post-workshop Ideas' board. The sun is labeled '2. Vision' and 'ANCILLARY ACCESS'. The hill is labeled '3. Objectives, Results & Metrics'. The path is labeled '4. Obstacles' and '5. Critical Next Steps'. There are two clouds: one labeled 'Access Keywords' and another labeled 'Key Topic Themes'.
- 1. Warmup**: A board with various colored shapes (squares, circles, triangles) and a grid.
- Post-workshop Ideas**: A board with various colored shapes and a grid.
- Zoom Settings**: A small panel in the bottom right corner showing a zoom level of 10%.

Make the case for change and engage our colleagues



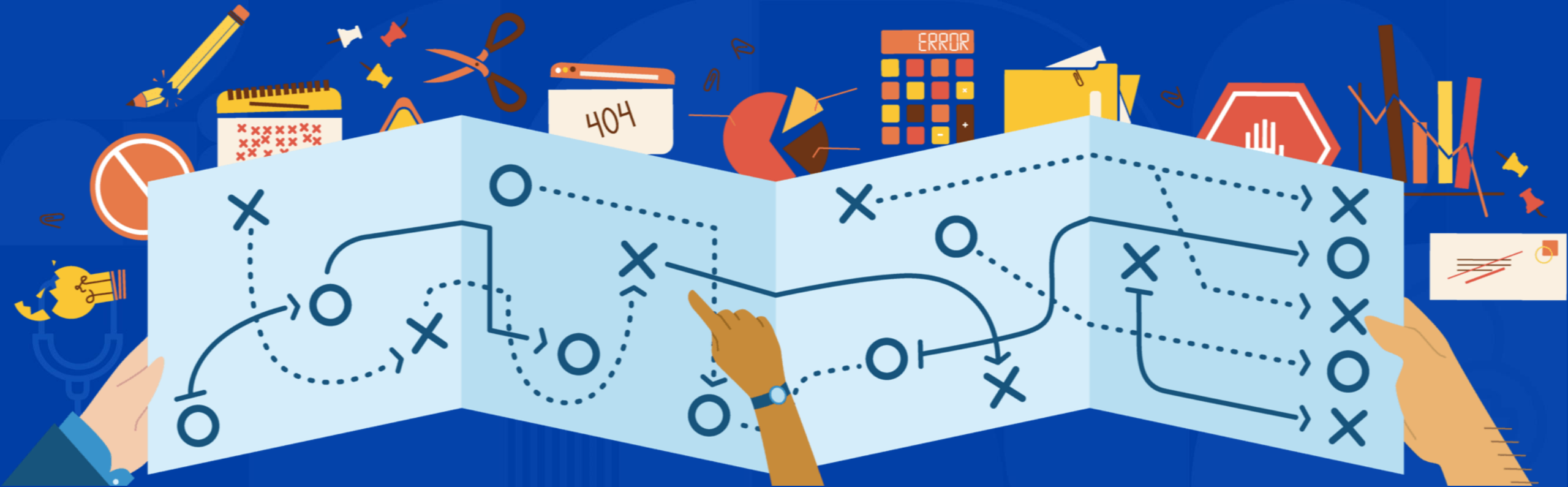
Story + Telling





High Level Example

A powerful, standardized downtime process



Design Research

One-on-one interviews with hospital executive leadership (Executive Champions)

Gleaning common challenges from incident data

Compiling insights from frontline surveys

We need to create the conditions for sustainable change



The support of leadership
(Executive Champions)



A compelling value proposition that encourages our clinicians to buy-in



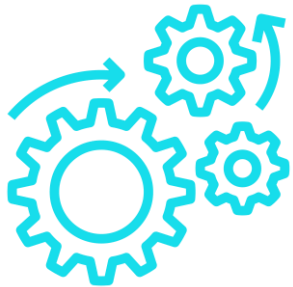
A clear sense of accountability at each site
(Clinical Champions)



A governance structure for this program

What do we need to do about it?

We need to improve consistency in our communications and escalation performance by enabling:



Better Processes



**Greater
Standardization
Across the System**



**Operational
Ownership
& Accountability**

Project Process for the Sprint

UNDERSTAND

Do Tank
Actions
(Oct)

Executive
conversations

Analyze RL
and survey data

Understand
Session
(1st week of Nov?)

Introduce Executive
opinions

Help Do Tank to fully
understand the needs

DESIGN

Do Tank
Actions
(Nov)

Take all data
collected, analyze/
synthesize

Use data to develop a
few models for the
team to respond to

Design
Session
(Nov 22nd or
23rd?)

Give feedback on the
models we propose

Facilitate a formal
critique and design
ideation

TEST & ITERATE

Do Tank
Actions
(Nov-March)

Use the feedback to
refine

Pick a direction and
create a more refined
prototype

Test & Iterate
Session
(Week of Dec 6th?)

Higher level detail on

Plan testing process

“Procedure Layer”

Communication

Communicate downtime through a **three step process**:

1. Overhead Paging
2. Personal Paging
3. Email

Accountability

Each site should designate someone as **the “Downtime Clinical Liaison” (DCL)** who works with their emergency management team to curate a downtime procedure.

Contingency

Contingency plan for downtime becomes active. **Alternative communication processes are activated.**

Recovery

DCL activates the 3 step communication protocol to **alert staff that system is back up** and running.

“Policy Layer”

Policy

1. System-level policy should articulate how training, testing and evaluation of downtimes takes place
2. Site-level policy should articulate how downtime is communicated, accountable individual(s) during downtime, contingency actions during downtime, and how recovery takes place.

Education

Standardized education and training should take place on an annual basis and as onboarding to new clinician hires.

1. The benefits of software
2. The core functionality of software
3. The downtime process for software

Testing

Testing mechanisms, like **tabletop exercises or drills** should take place on a bi-annual basis in concert with the Emergency Management teams for downtime.

Evaluation

Downtime **policies and procedures should be reviewed on an annual basis** by accountable leads representing each site and Emergency Management personnel integrating lessons learned from the table tops, drills and downtime experienced during that year.

This is a "paper prototype", allowing teams to answer some questions about how sites might implement these changes at a local level, and setting the stage for a forthcoming, more complex and comprehensive downtime procedure plan.

Communication

There will be communication that your site is experiencing a MHB Downtime through a three (7) step process:

1 **Overhead paging**
What areas are activated by overhead paging?
Type here

4 **Personal paging**
What devices are used for paging?
Most Physicians and APP's have pagers forwarded to cell phones

3 **Email**
How can we communicate with staff who are not on shift but need to know what situations they're in?
Time clock notifications if downtime at shift time

2 **IT alerts**
Do you have popups, banners...any other system level alerts that can be used?
Banner or pop up when you sign on

Is there another method that should be included?
Type here

Is there anyone not covered by any or more of these methods?
Type here

Accountability

There will be an accountability role at each site who is the MHB Downtime Clinical Liaison.

Who holds the on-site responsibility who would possibly be an accountability for responses?
House Supervisor _____ Type here

How will downtime be responded?
Overhead page, and calling or sounding when unable to reach by phone to all areas/units

What is/are the response reported to?
Unit Charge Nurse/Clinical Manager _____

What are the responsibilities of the MHB Downtime Clinical Liaison?
To ensure all area leads on site are contacted for notification of initial downtime, update area leads with any ongoing information, notify all area leads when downtime ends, and lead an all area debrief for successes and opportunities. Page a couple times to ensure all areas are contacted. House Supervisor can page all CN and USL to meet to notify.

Contingency

There will be a contingency plan for MHB downtime at each site.

How will you communicate in an emergent situation during MHB downtime?
Desk phone _____ Overhead paging _____ Personal cell phones _____

What information do you have access to when MID is down?
Phone numbers _____ Printed contact lists/WH Directory _____
Coworker contact _____ Type here _____
CTMU Contact _____ Landlines _____

What are the 3 most critical components of a MHB down contingency plan?
Communication to all areas _____
Contingent plan to reach Physicians, respiratory, House Supervisor etc quickly _____
Concise _____
Surgical Services has independent overhead paging in addition to hospital overhead _____
Type here _____

Recovery

There will be communication that your site has resolved a MHB Downtime through a three step process:

1 **Overhead paging** 2 **IT alerts**

4 **Personal paging** # **MHB Broadcast**

3 **Email**

Policy

Each site should have 3 main components of MHB downtime policy: Education, Testing, Evaluation

A procedural policy of what takes place at your site when MHB downtime is active includes communication, accountability, contingency, and recovery.

Education

Standardized education and training on MHB should take place on an annual basis and as onboarding to new clinician hires.

MHB competency training should cover:

- The benefits of MHB
- Core functionality
- Outlines the downtime process

Testing

There will be a method of testing downtime procedures at your site, completed on a regular basis.

Evaluation

Each site should evaluate drills, tabletops and real life MHB downtime on a regular basis, and incorporate warnings into future policies.

Who is engaged in the policy development at each local site?

EDUCATION	MHB	TESTING
Edu Department	IT/Nursing	IT/Nursing
MHB Superusers	MHB Superusers	MHB Superusers
House Supervisors	House Supervisors	House Supervisors
Surgical Services Staff	Surgical Services Staff	Surgical Services Staff
Emergency Dept	Emergency Dept	Emergency Dept

How should education be delivered? How often?

Health stream and in-services (SIMs) quarterly

What should be covered?

Drills	Core Functionality	Downtime process
Patient Safety	Focus on reason MHB Communication process is important	Step by Step one page document
Improved communication for all staff across the hospital		

How should testing be conducted?

Simulations _____ Type here _____ Type here _____

How often should testing be conducted?

Annually _____
Quarterly _____
When will you be looking to measure with your team?

Number of employees reached _____ Knowledge of calling Medical Alerts _____

Proper notification chain _____ Type here _____

Components that would be critical to integrating into your testing process:

Detailed, quick, and focused. Needs to focus on communication and getting RRT code calls

How often does evaluation take place?

Quarterly _____

Who is involved in the evaluation process?

EDUCATION	TESTING/EVALUATION	EVALUATION
Edu Department	Nurse Practice Council	DON
Area Managers		

What topics are you evaluating?

Tabletop	Drills	Real life MHB downtime
Type here	Type here	Type here

UNDERSTAND

DESIGN

EXECUTE (Mar–Dec)

Pre-work:

Engage the right stakeholders to participate in the next phase

Catch up/download new participants

Meet with executive team to figure out how to include EM in downtime

PROTOTYPE (Q2)

How might we develop a downtime policy?

Putting policy in place. Developing policy, education, testing and evaluation of downtime with champion sites.

How might we develop downtime procedures?

Putting procedures in place. Developing communication, accountability, contingency and recovery procedures of downtime with champion sites.

IMPLEMENT (Q3)

How might we test and iterate on those policies and procedures?

Implementing our policies and procedures within the champion sites.

Implementation will be achieved through testing our procedures by means of table tops, drills and simulation. In this phase we will validate our prototypes and prepare a spread plan for all sites in the system.

SCALE & SPREAD (Q4)

How might we spread these policies and procedures beyond our champion sites?

Building from what we've learned by implementing at the champion sites, by the end of 2022 we will have enacted a standardized policy and procedural approach for downtime at each site in the system.

RAPID REPLAY

Applying Human-Centered Design

***Strategic
Innovation***

Digital
Strategy

***Clinician
Engagement***

***Diversity and
Health Equity***

Clinical
Outcomes

Community Based
Partnerships

***Quality
Improvement***

High Reliability
Organizations

**Emerging Critical
Challenges**

THE VALUE OF HUMAN CENTERED DESIGN IN HEALTH CARE

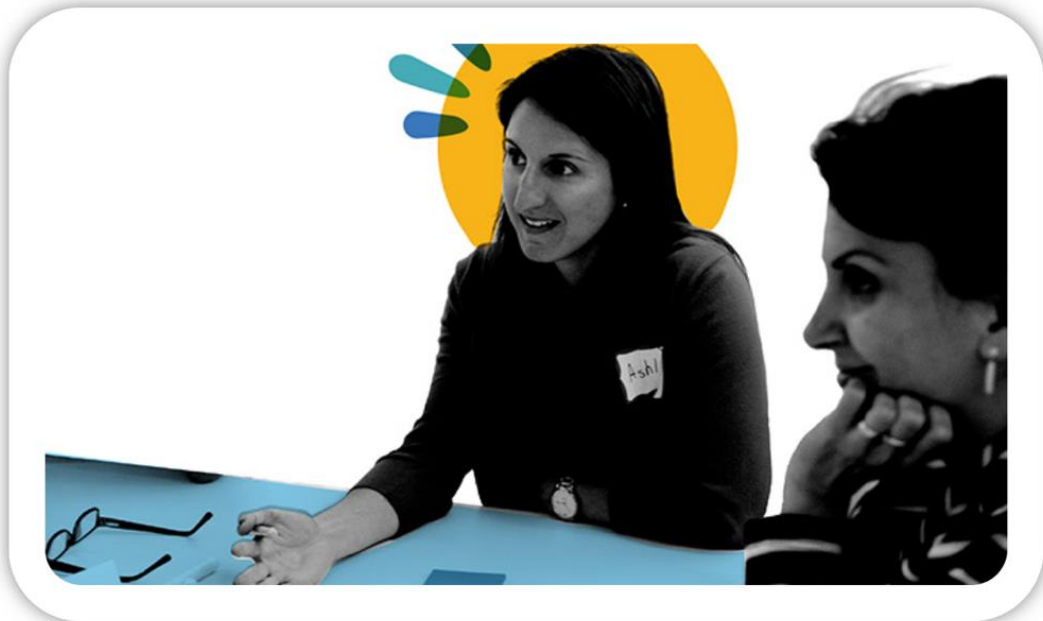


THE VALUE OF HUMAN CENTERED DESIGN IN HEALTH CARE



Improve health
outcomes and patient
experience

THE VALUE OF HUMAN CENTERED DESIGN IN HEALTH CARE



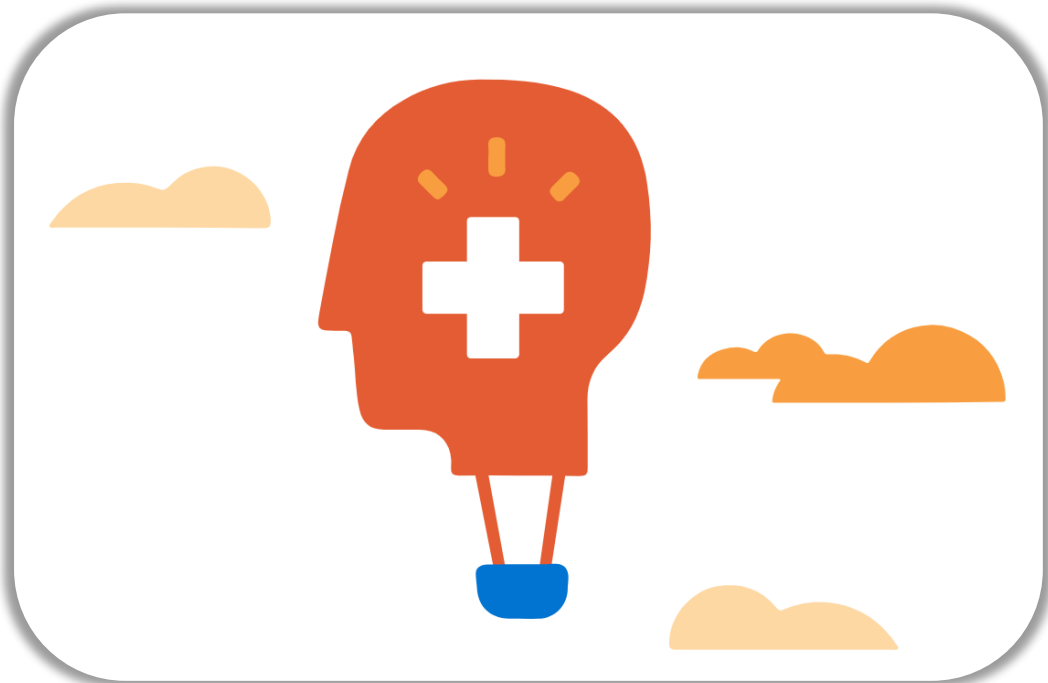
Enhance quality and
spread best practice

THE VALUE OF HUMAN CENTERED DESIGN IN HEALTH CARE



Enable inclusion and co-creation

THE VALUE OF HUMAN CENTERED DESIGN IN HEALTH CARE



Reduce burnout and
increase caring for each
other

THE VALUE OF HUMAN CENTERED DESIGN IN HEALTH CARE



Design, test, and scale
new products and
services

THE VALUE OF HUMAN CENTERED DESIGN IN HEALTH CARE



Help deal with emerging
critical challenges

do tank

Business design, redesigned.



health.dotankdo.com
dotankdo.com/healthcare

do tank

Business design, redesigned.



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Final Reminders

- **Evaluation**

- Please complete the evaluation form that appears on your screen once the webinar ends

- **Continuing Education**

- Create a Duke OneLink account if you have not done so
 - Instructions can be downloaded from the Files pod or your registration confirmation email
- Text **LEVKOF** to (919) 213-8033 within 24 hours



Questions? Stay in Touch!

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