AHA Team Training

Applying Human-Centered Design to Health Care

January 11, 2023

American Hospital Association™
Advancing Health in America

AHA CENTER FOR HEALTH INNOVATION

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  - Or through the phone (*Please mute your computer speakers)
- **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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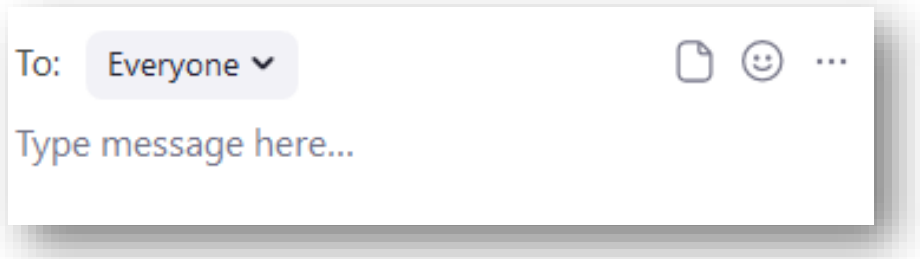
  - This session is being recorded, the chat will not be included in the recording
  - Utilize the chat throughout the webinar. To chat everyone, make sure your chat reflects the picture below**:**



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Continuing Education Credit

To receive 1.0 CE credit hour for this webinar, you must:

- **Create a Duke OneLink account.** You only need to create an account once – you may use it for all future webinars. Instructions will be chatted in and/or you may find them in your registration confirmation email.
  - Step 1: Register for a OneLink account
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- **Text LEVKOF to (919) 213-8033 after 1:00 pm ET today – 24-hour window**

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.

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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

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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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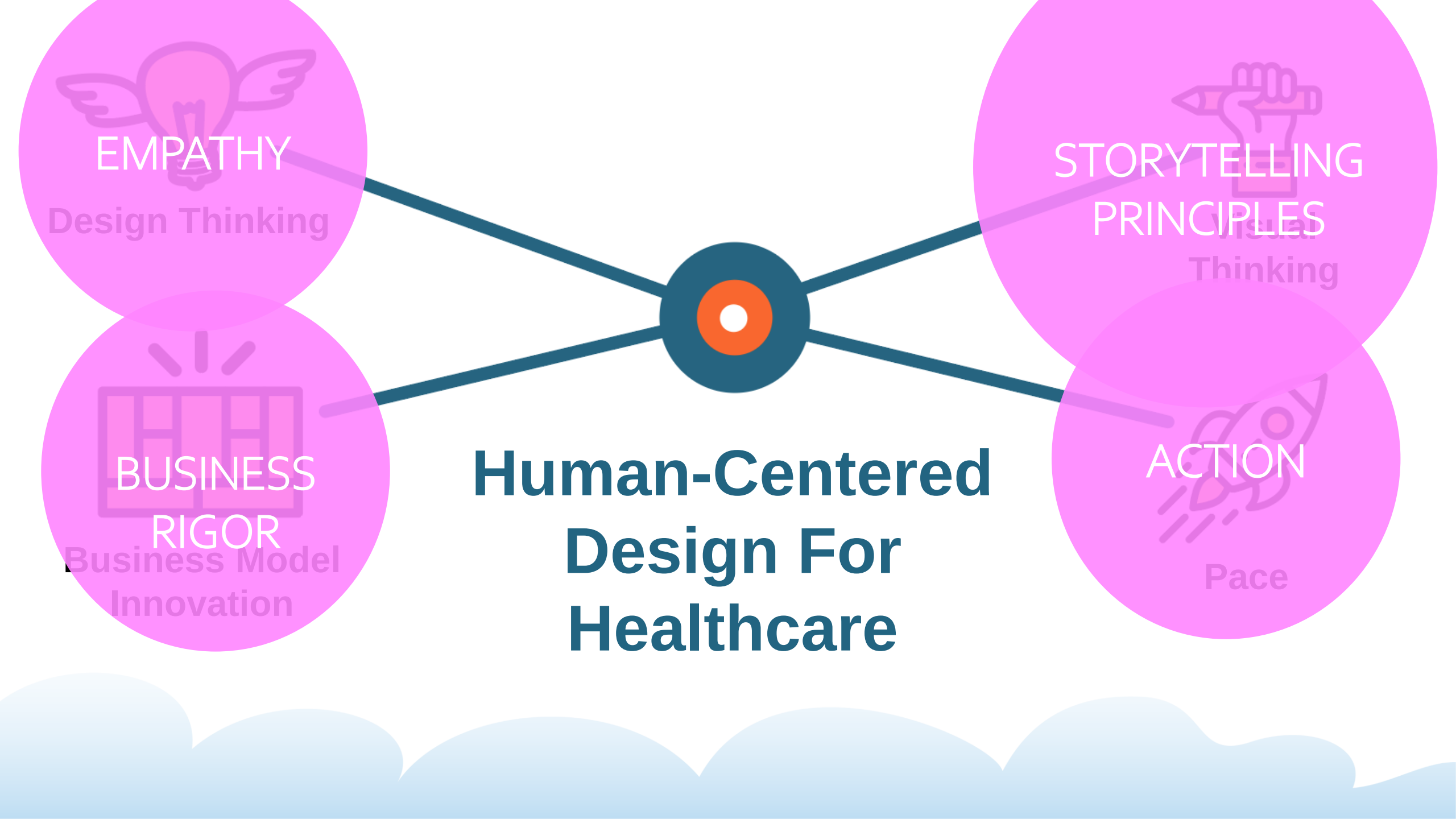

EMPATHY
Design Thinking
STORYTELLING PRINCIPLES
Visual Thinking
BUSINESS RIGOR
Business Model Innovation
ACTION
Pace
Human-Centered Design For Healthcare

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

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.

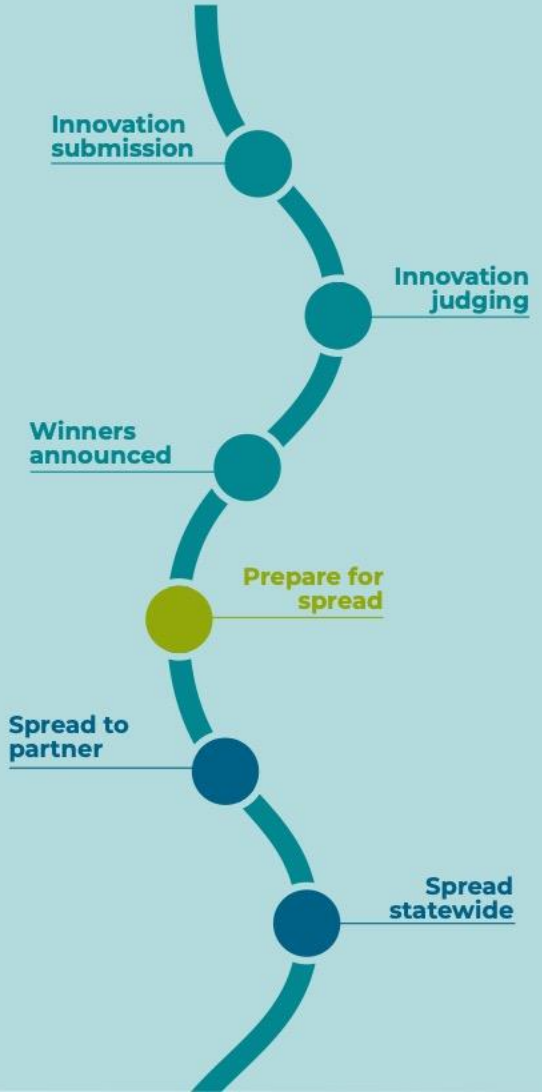
The aim of this Implementation Playbook is to spread this innovation that tackles ED Recidivism & Unnecessary Hospital Admission & Readmission to hospitals across this state, region and beyond. We can compete on results, but we don't compete on best practices in Quality and Patient Safety. Let's come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

Illinois Health and Hospital Association

Adam Kohlrus
Assistant VP Quality, Safety and Health Policy

INNOVATION CHALLENGE JOURNEY



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)

Extra Resources

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

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

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.

CHALLENGES

Mining the data

WHO IS INVOLVED?

Core ICP team

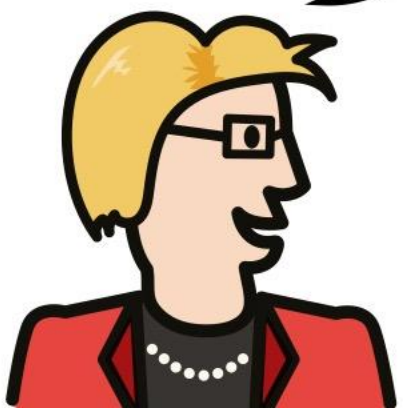
- Emergency Department Individualized Care Plan Program Operational Guidelines
- Baseline ICP Data Expectations

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

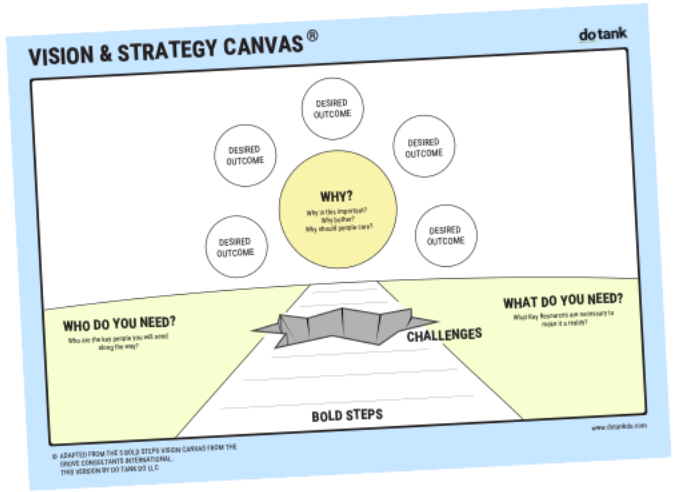
60-MINUTES TO START YOUR JOURNEY

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 yout first 10 minutes as a team discussing ther 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?

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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.

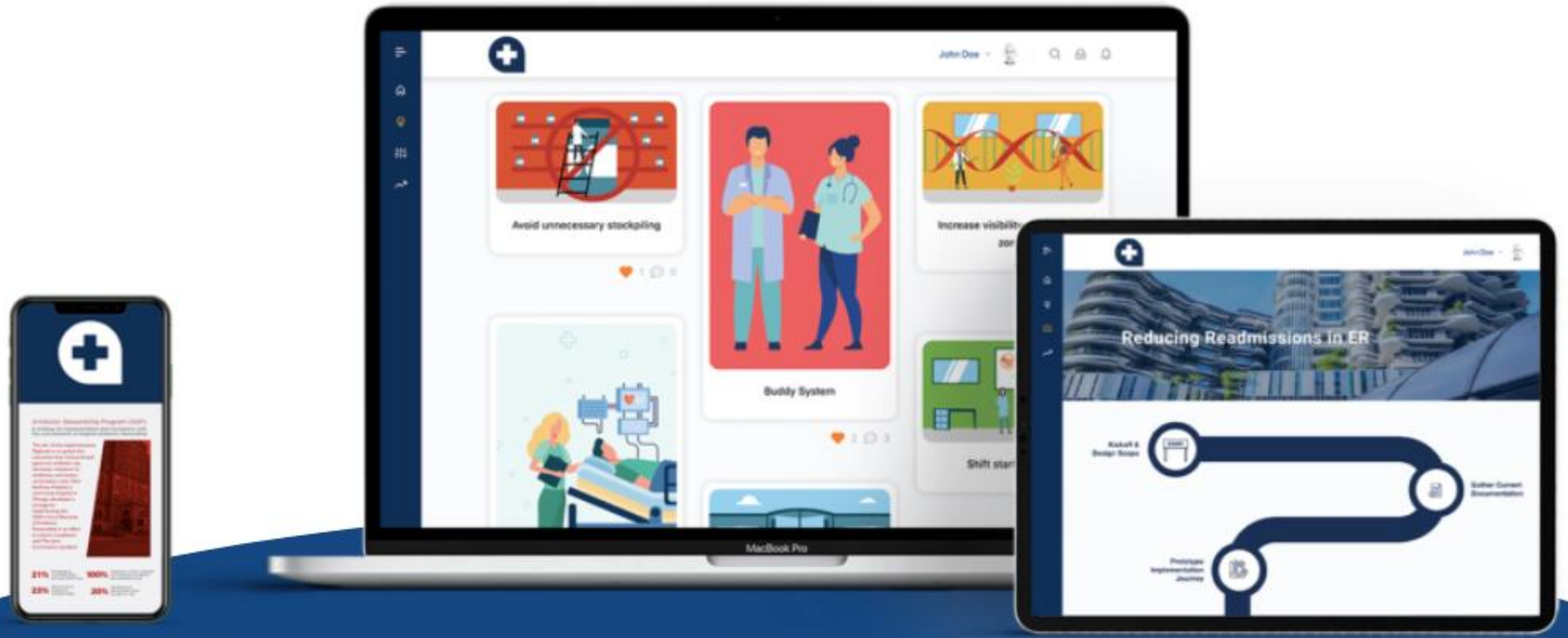
CHECKLIST

- 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

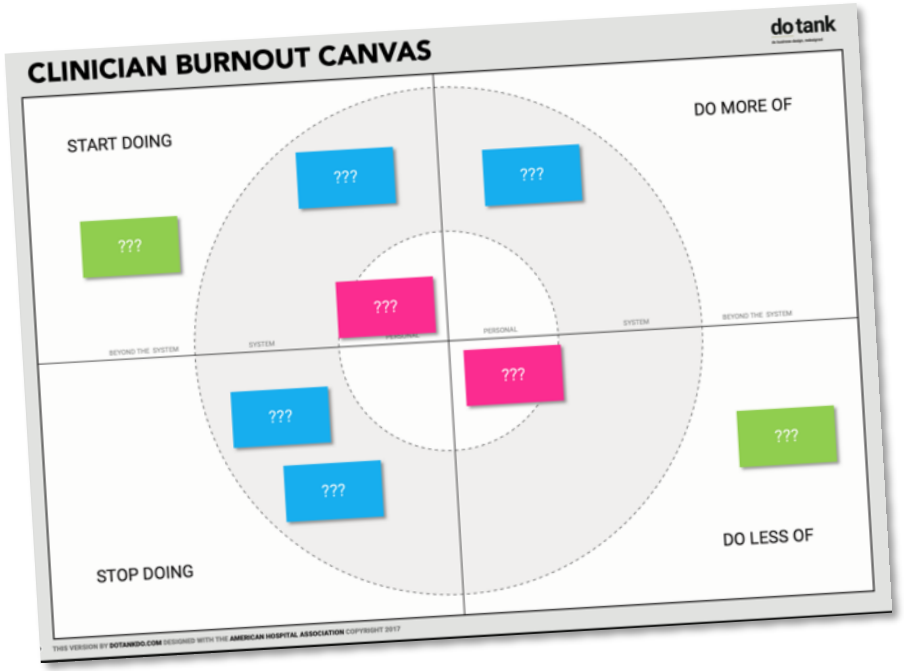
QualityHQ


John Doe
Avoid unnecessary stockpiling
Buddy System
MacBook Pro
Reducing Readmissions in ER

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

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START DOING

+START

BEYOND THE SYSTEM | SYSTEM | PERSONAL

DO MORE OF

>MORE

PERSONAL | SYSTEM | BEYOND THE SYSTEM

(-)STOP

STOP DOING

<LESS

DO LESS OF

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CLINICIAN BURNOUT CANVAS

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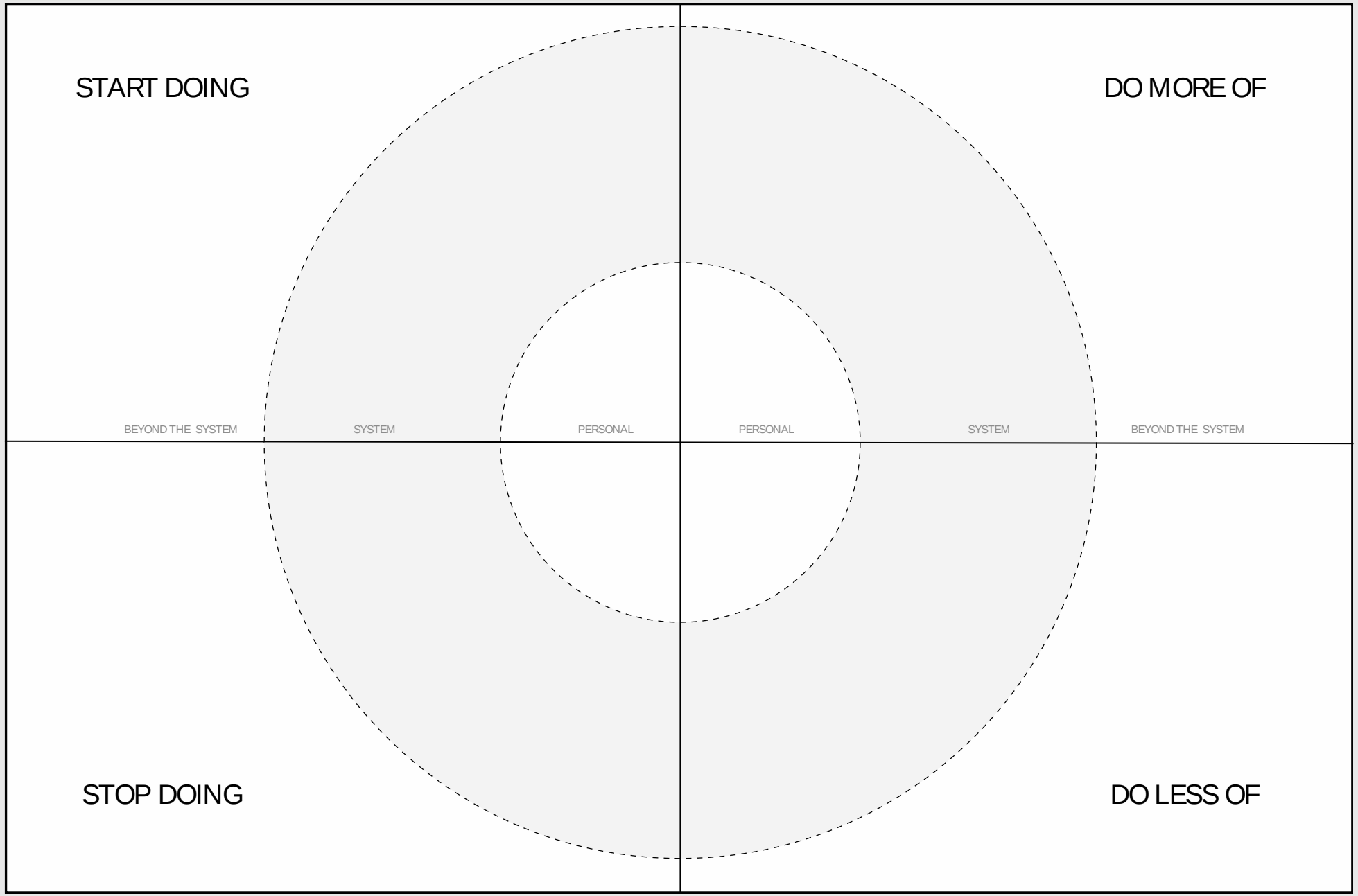

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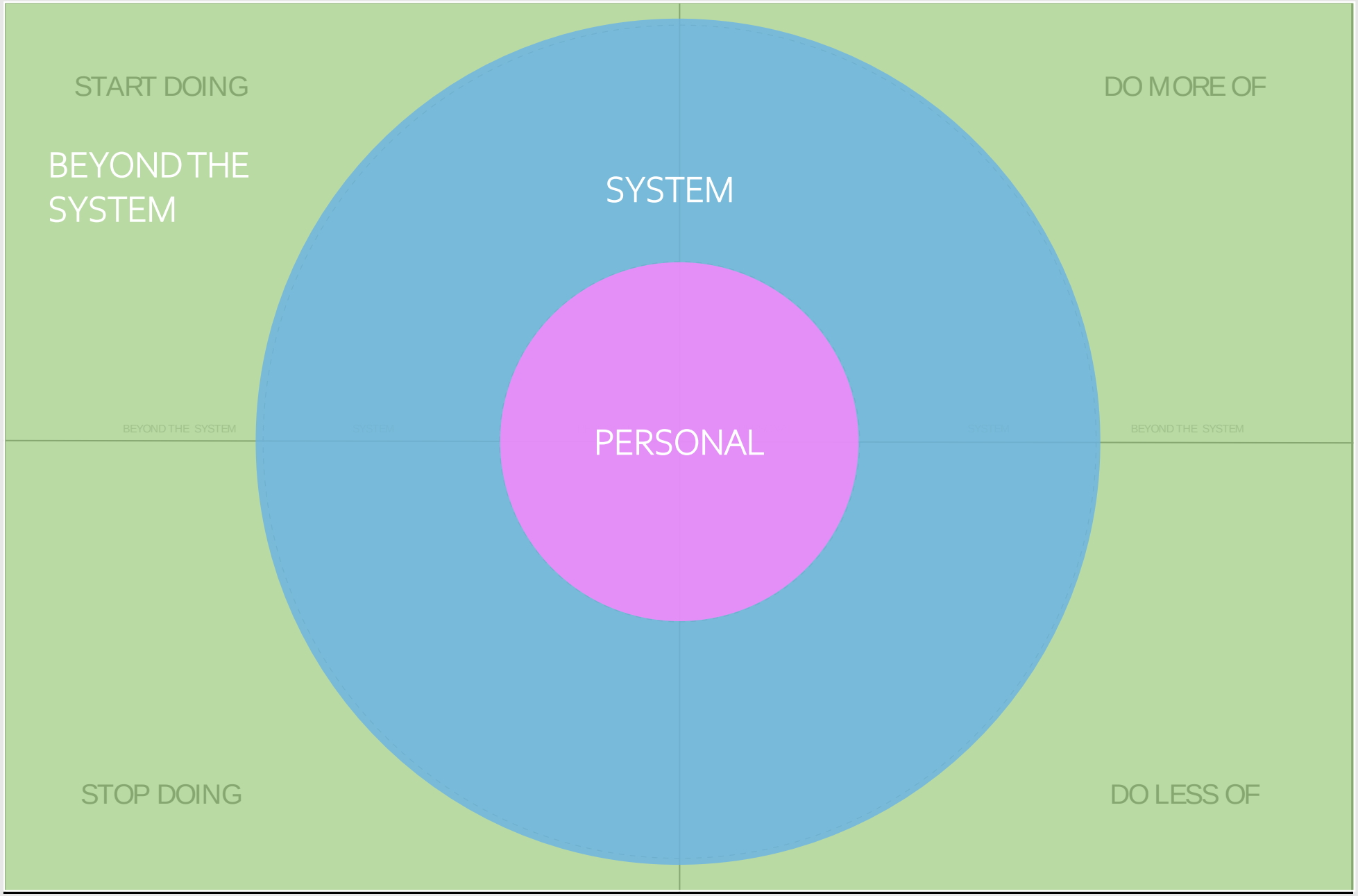

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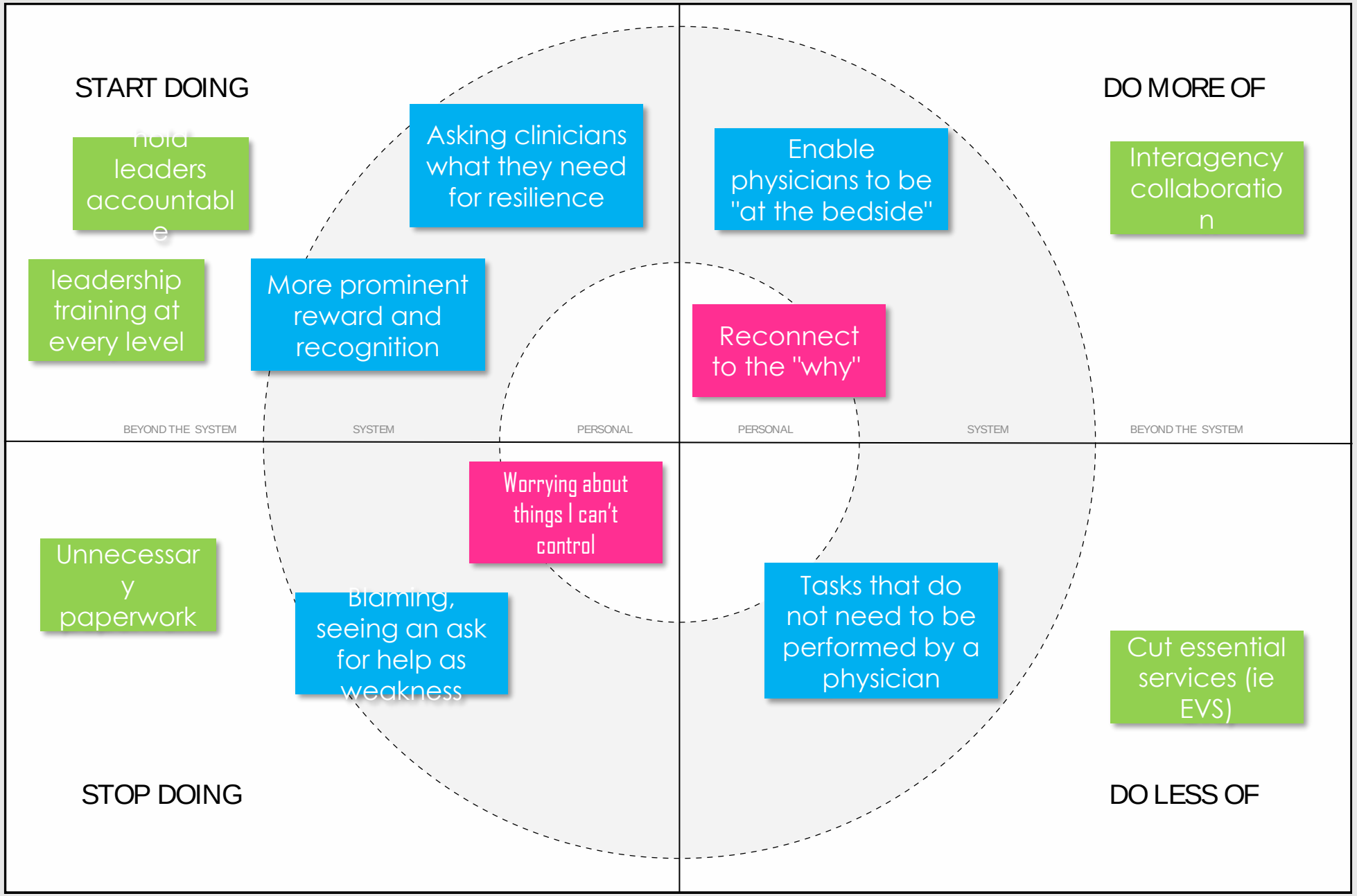

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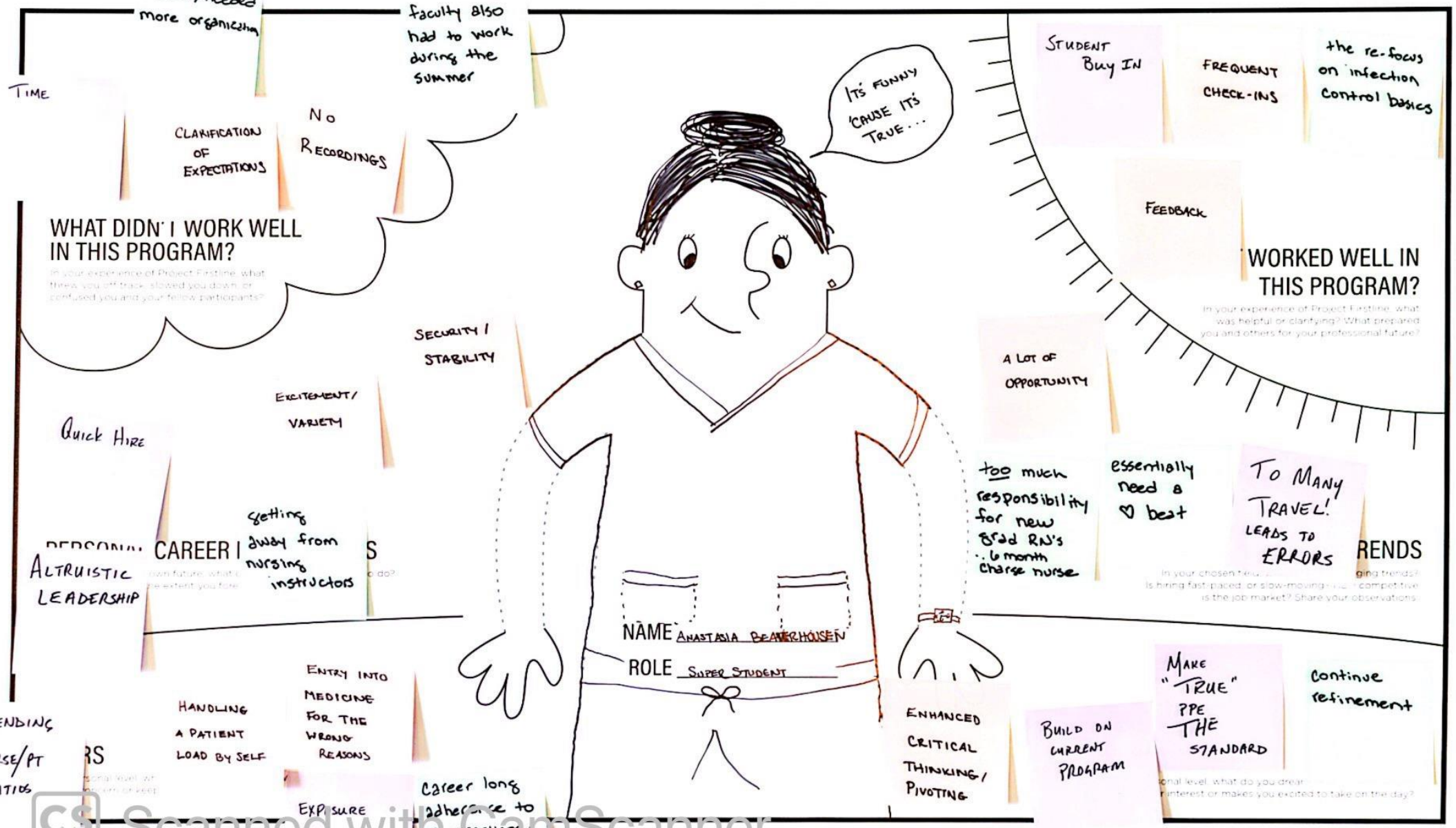
PERSONA CANVAS

PROJECT FIRSTLINE | American Hospital Association



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BY DESIGNABE

DESIGN A BETTER BUSINESS

AHA TeamSTEPPS

INFLUENCING CHANGE CANVAS

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PERSONAL	How might we make the undesirable desirable?	What training do we need?
SOCIAL	How might we harness peer pressure?	What people do we need to engage?
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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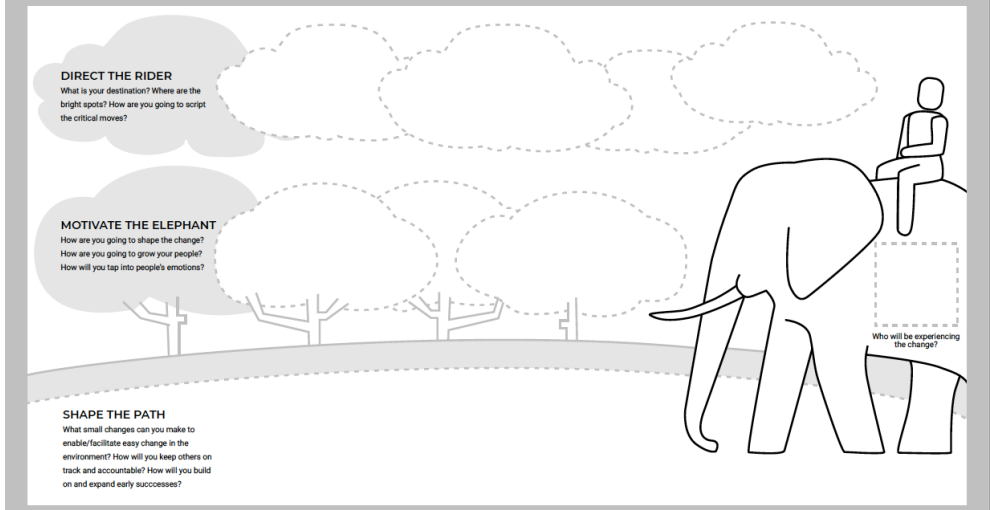

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INFORM YOUR WHY

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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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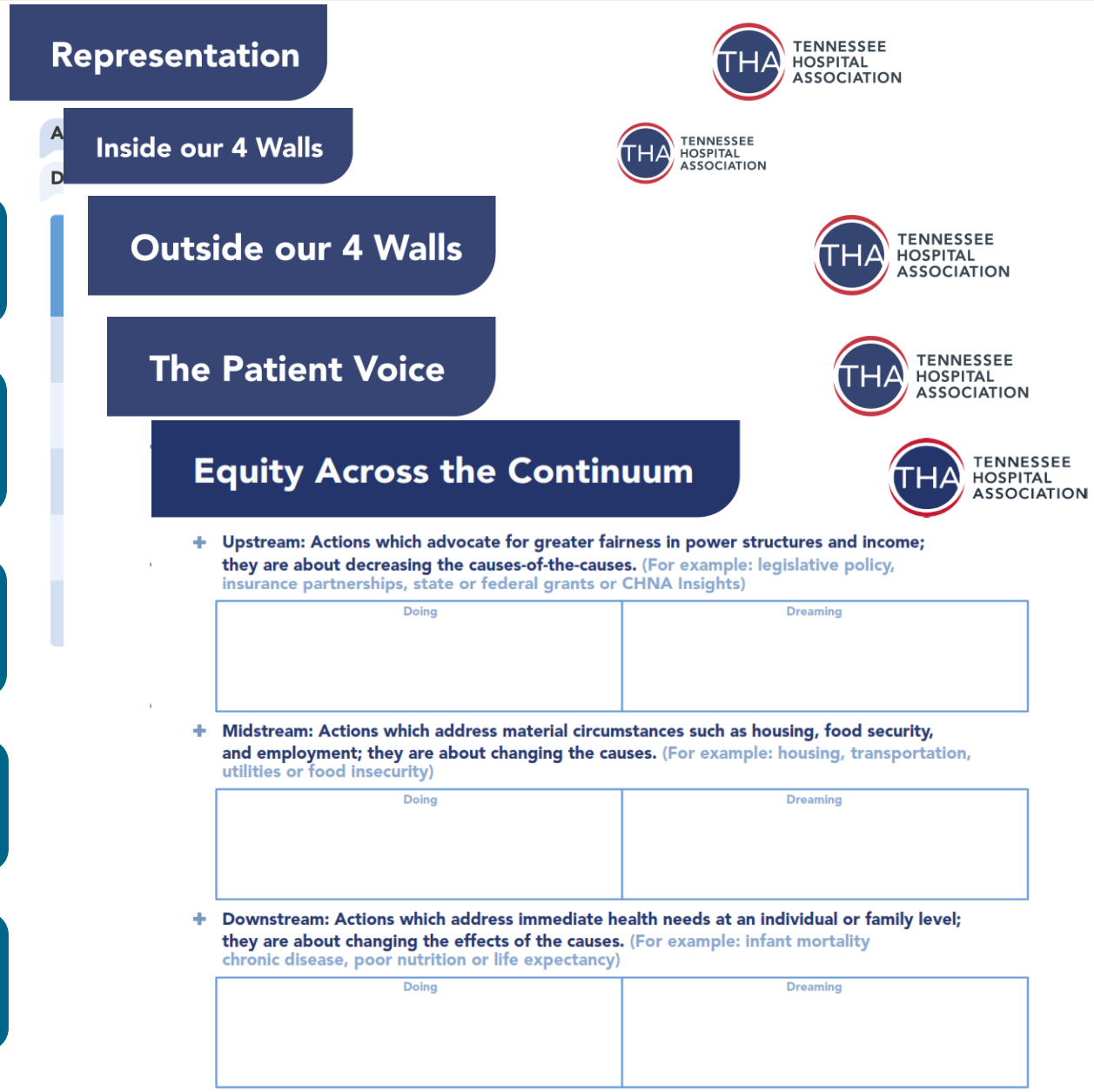
THA– DEI Workshop

August 2022

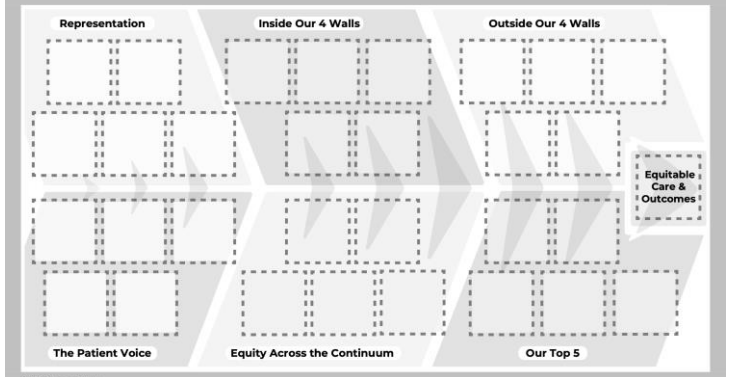
We will dedicate our morning to assessing five areas of focus within the equity space:

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



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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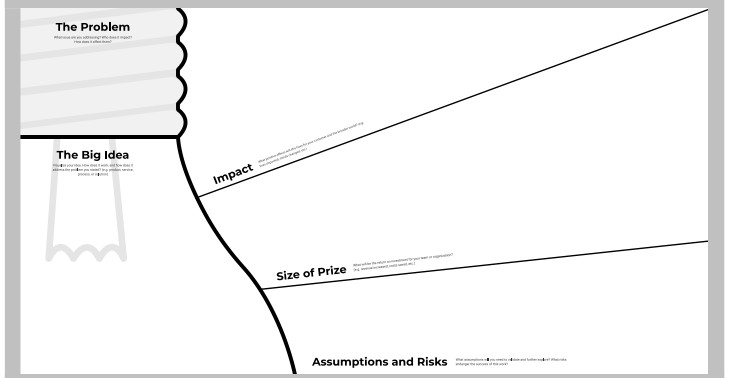
REFLECT

IDEA FLIP



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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?

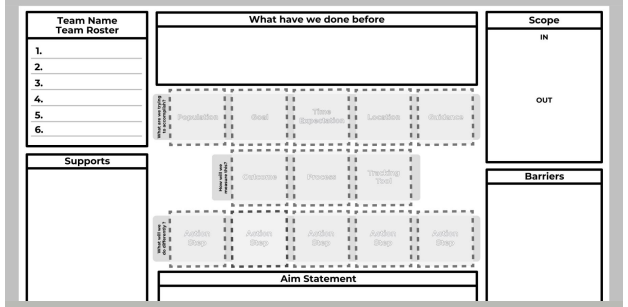
Executive Sponsors

Team Members

Ad-Hoc Stakeholders

COMMIT

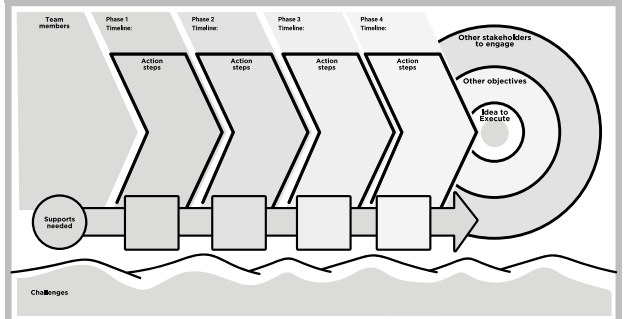
Equity Improvement Canvas



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	Cummulative Score

Equity Gameplan



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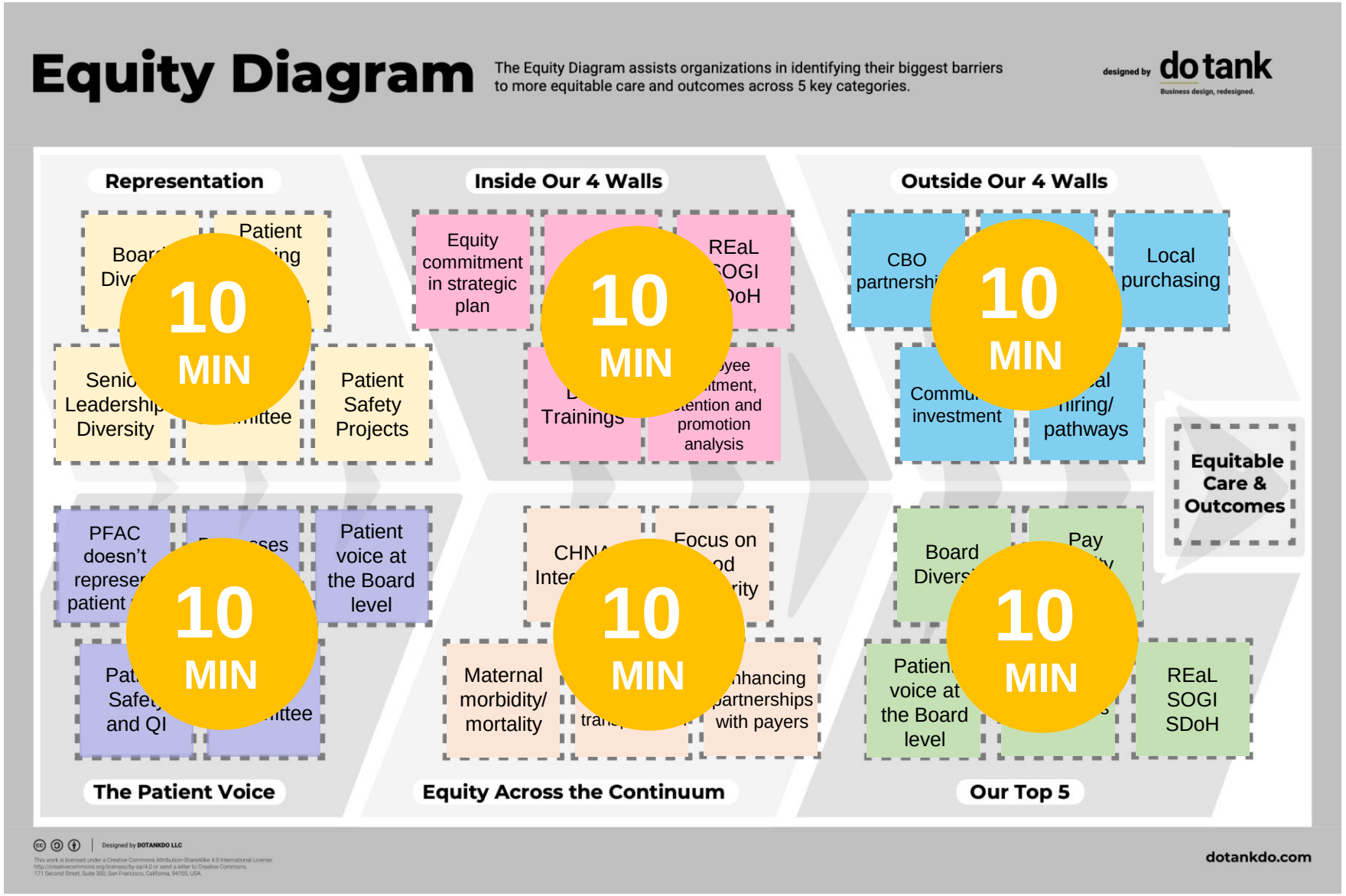
PLAN



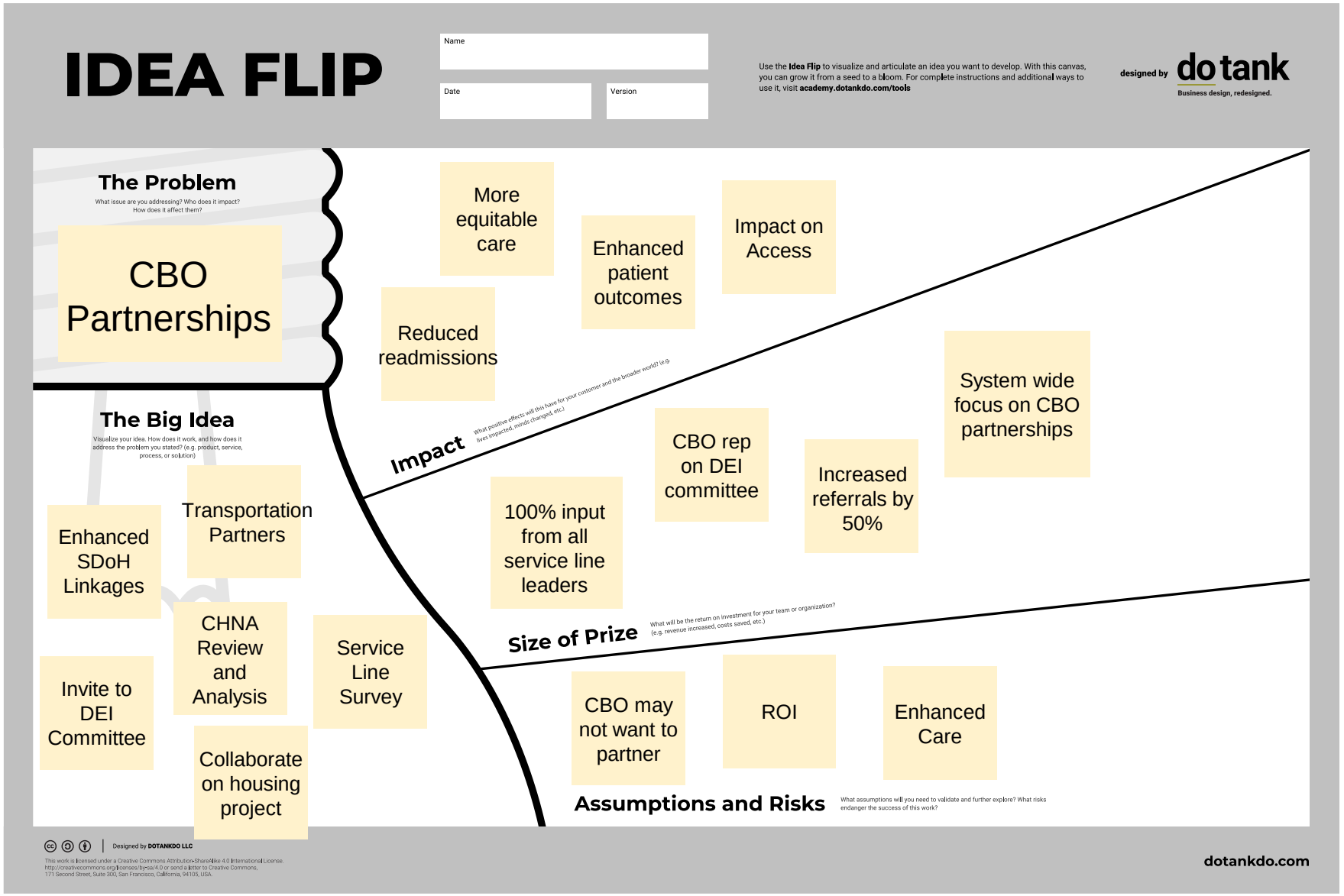
The Equity Diagram assists organizations in identifying their biggest barriers
to more equitable care and outcomes across 5 key categories

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?

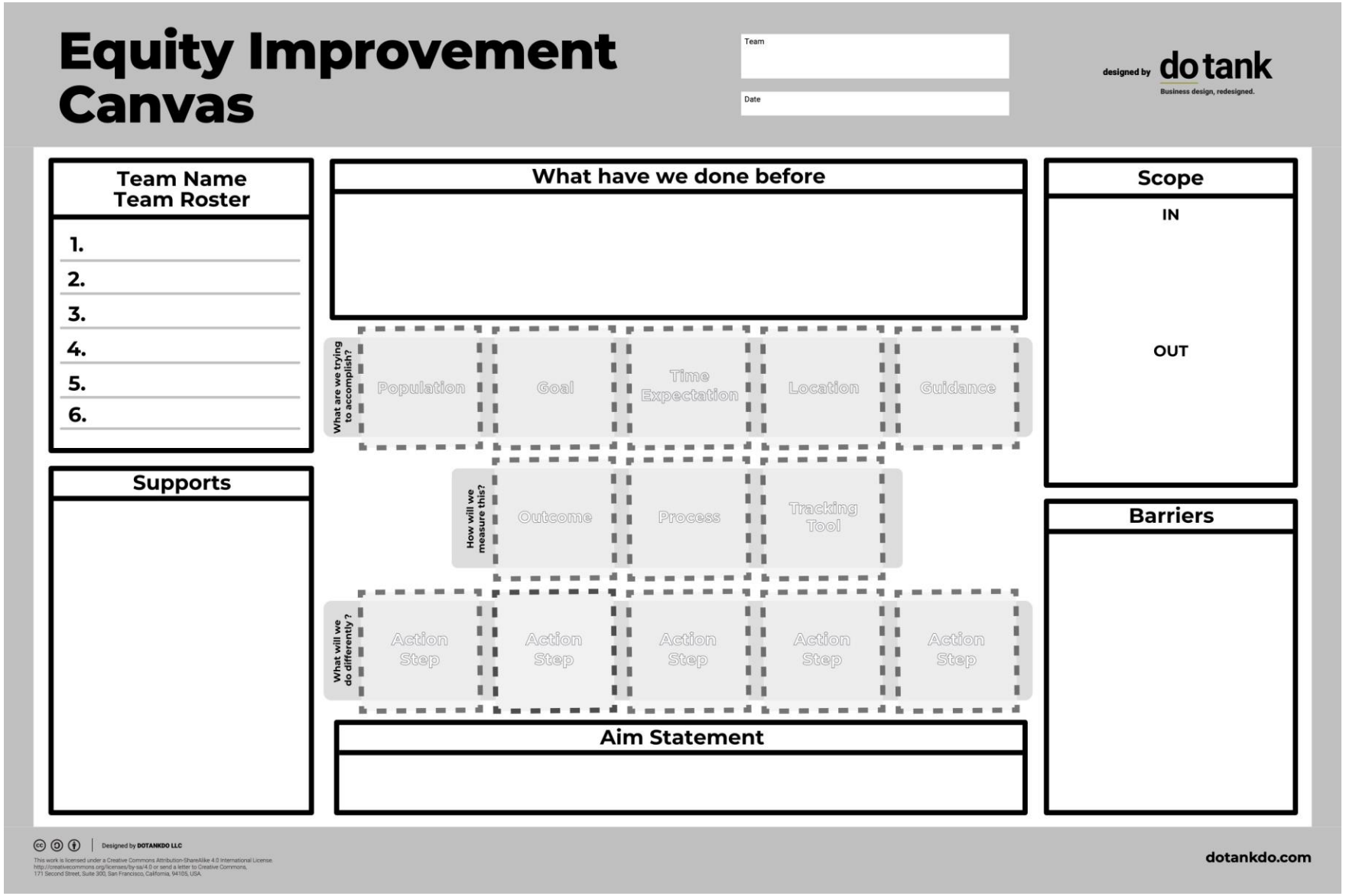


Use this canvas to flesh out your problem (~50 minutes)

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?



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.

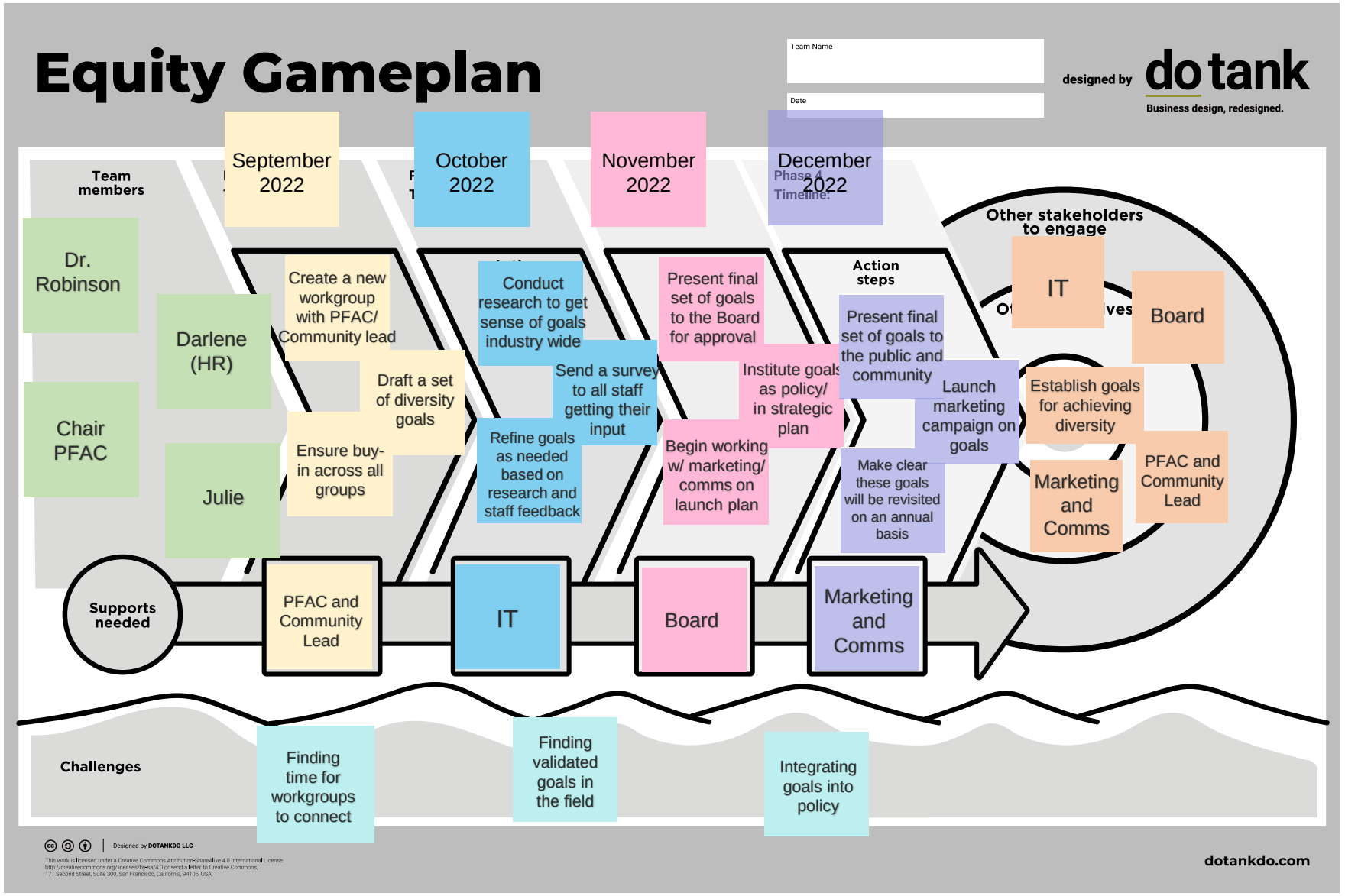
STEPS	This solution can be accomplished in 90 days	There is the will to implement this solution	This step is within our control	We have a sponsor and buy-in for this step	Cummulative Score
Education added to new employee orientation	2	5	3	3	13
Create a diversity group to organize cultural awareness days	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?

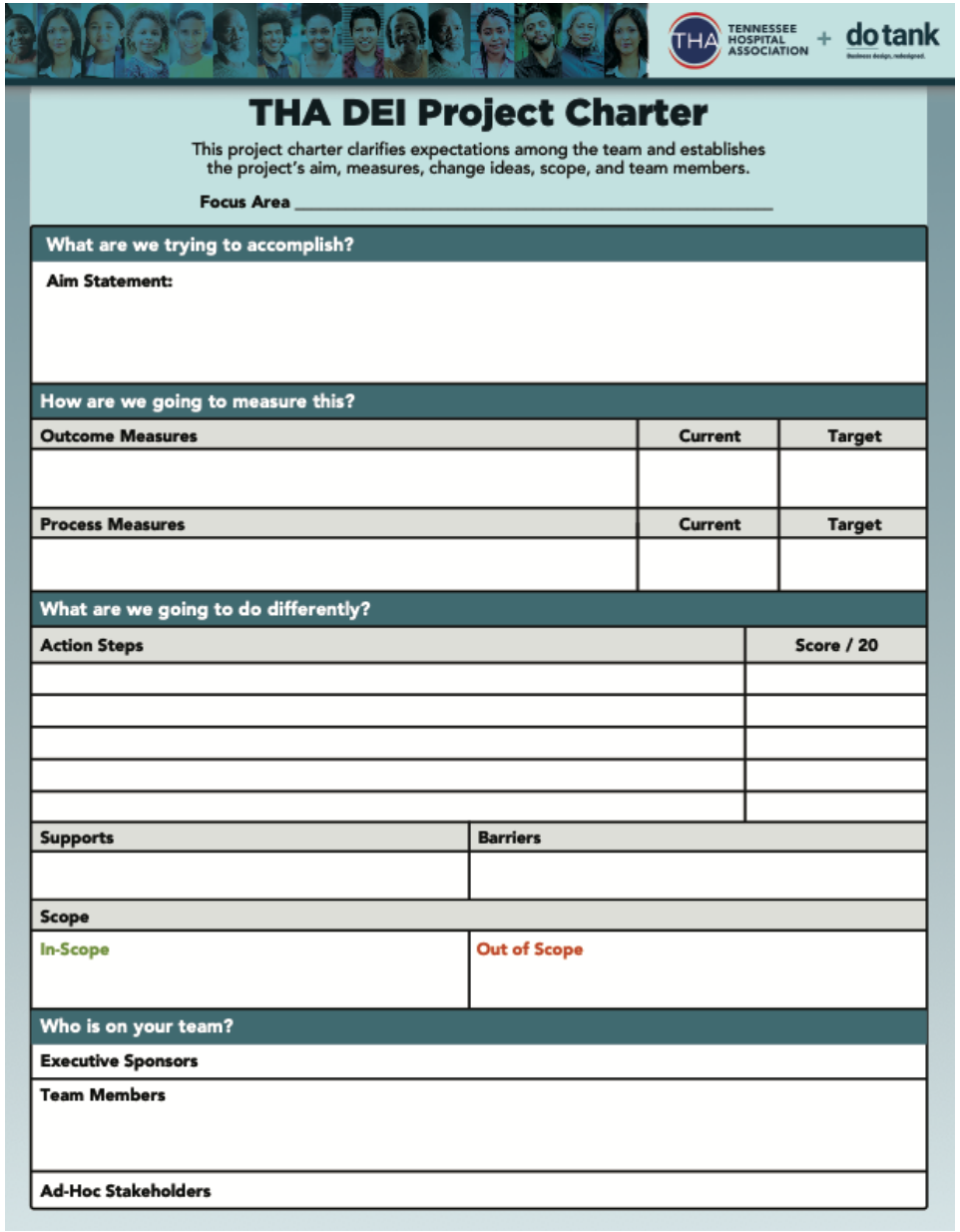


Equity Gameplan (~30 minutes)

- 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?

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

THA DEI Project Charter

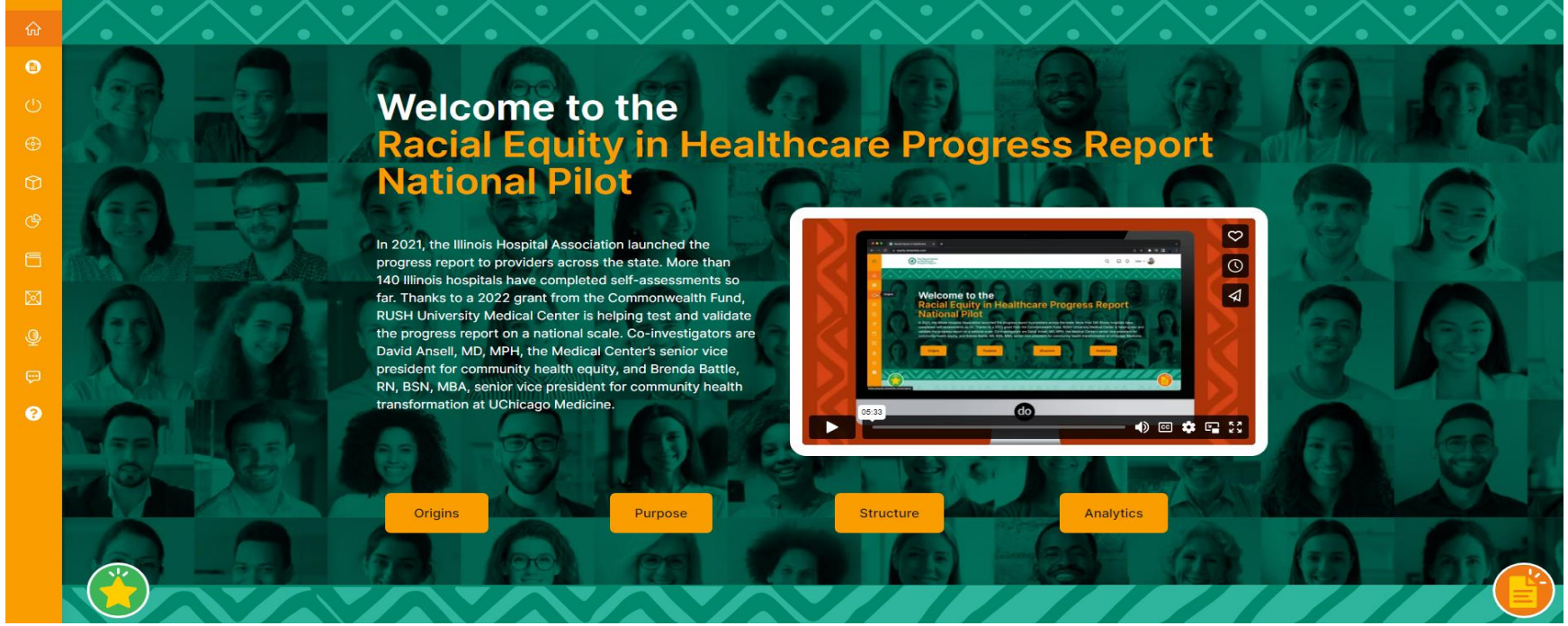
The Equity Charter supports the change-making process by building executive leadership buy-in for your initiative through the clear and concise articulation of your project goals, outcomes, and processes.

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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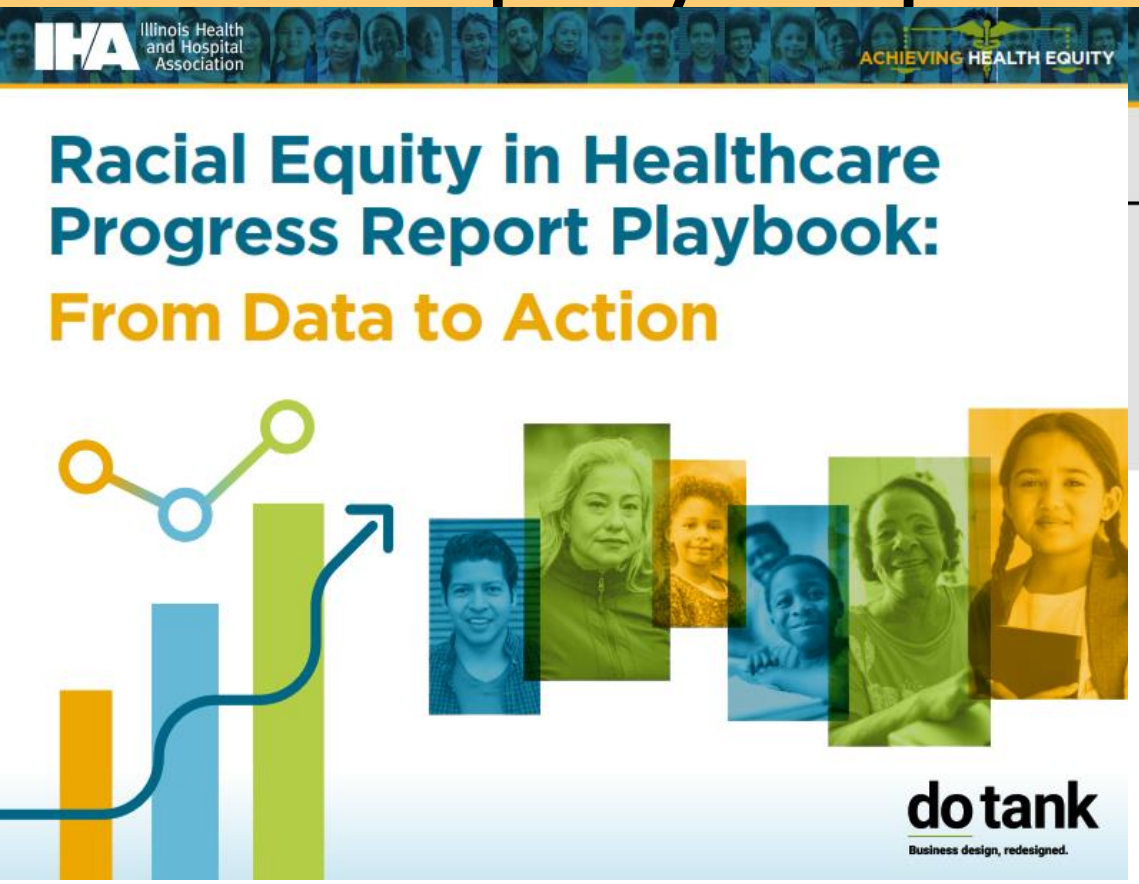
RUSH

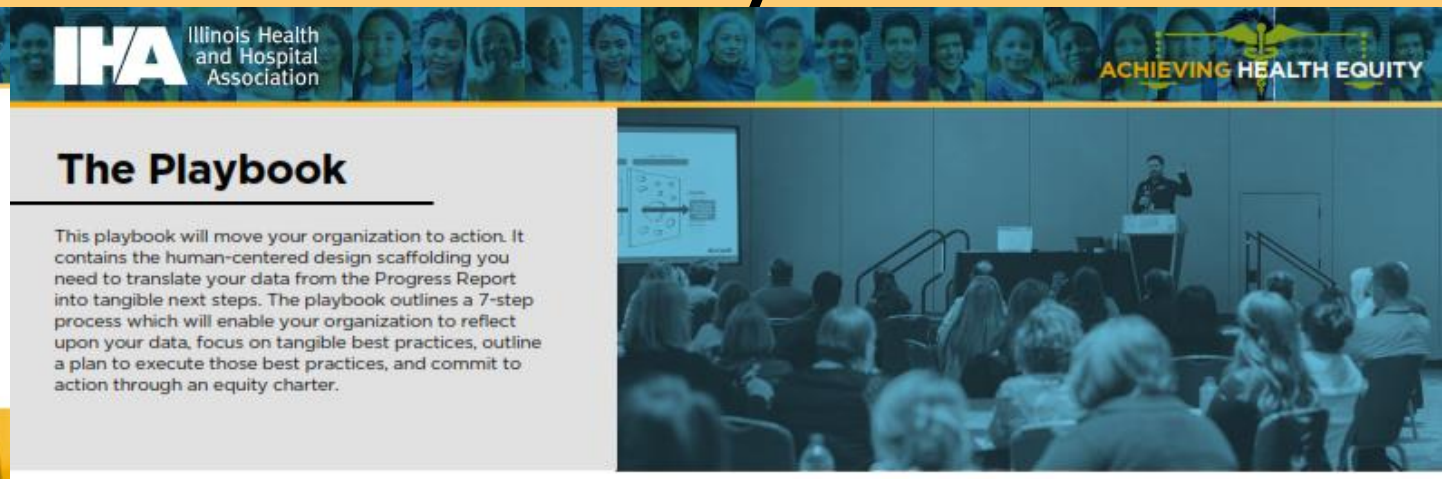
THE UNIVERSITY OF CHICAGO MEDICINE

Illinois Health and Hospital Association

The COMMONWEALTH FUND
Affordable, quality health care. For everyone.

Equity Implementation Playbook





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

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

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

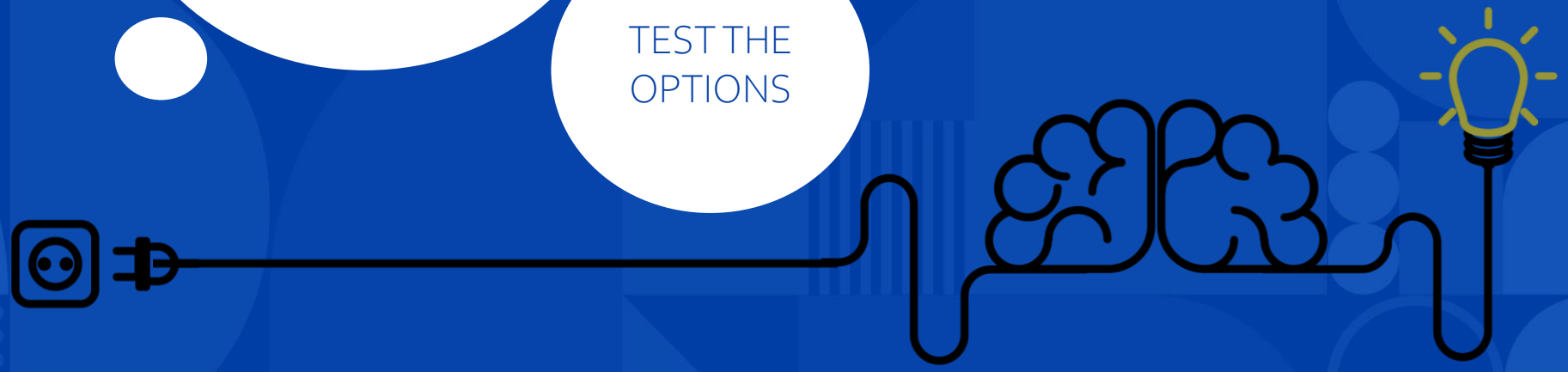
DESIGN & PROTOTYPE DOWNTIME OPTIONS

ITERATE AND UPDATE BASED ON FEEDBACK

ROLL OUT THE PLAN

CONTINUE GATHERING DATA

TEST THE OPTIONS

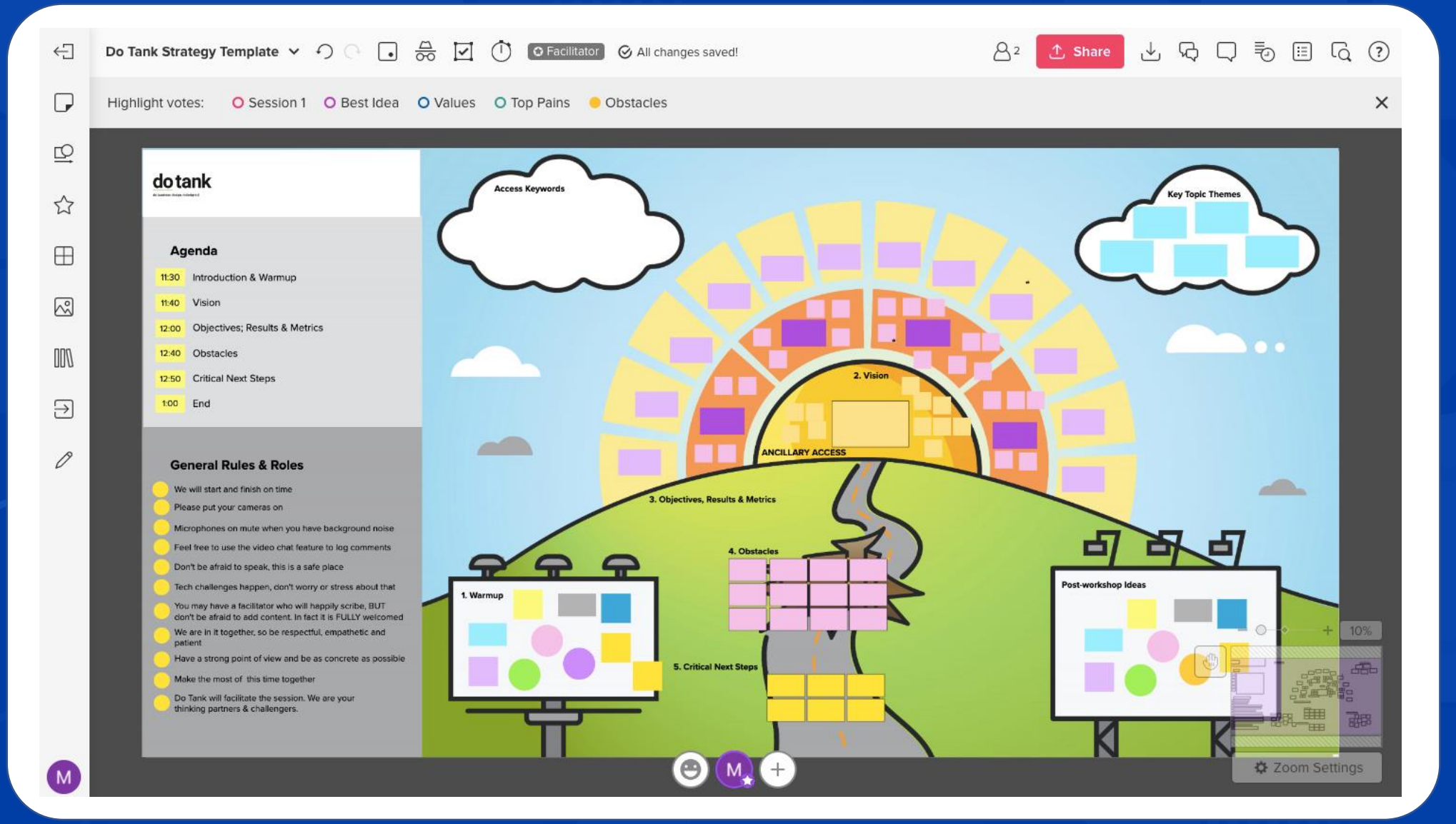


Leveraging a Digital Workspace

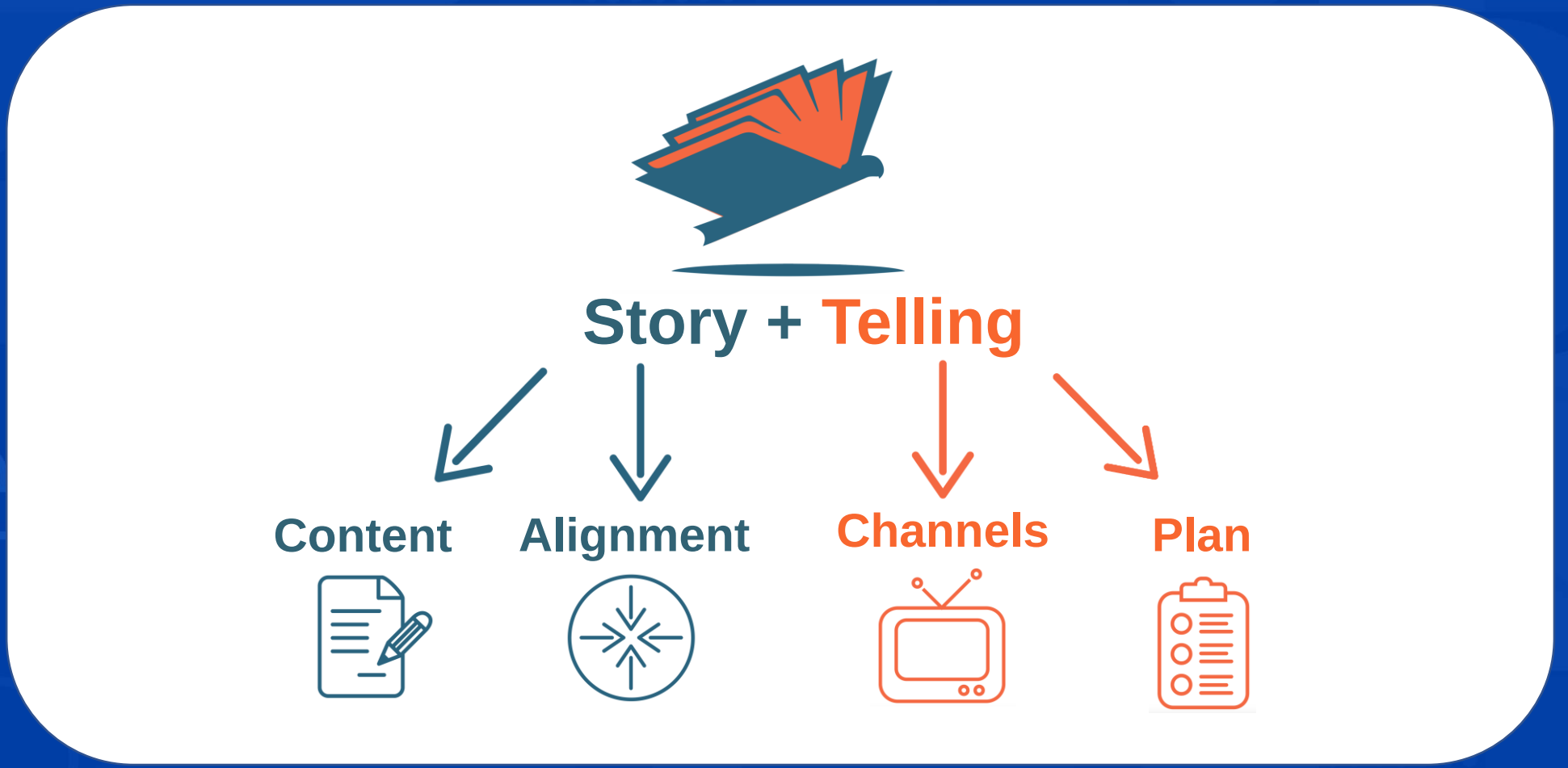
Our single source of truth to engage our sprint team (and extended audience).

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

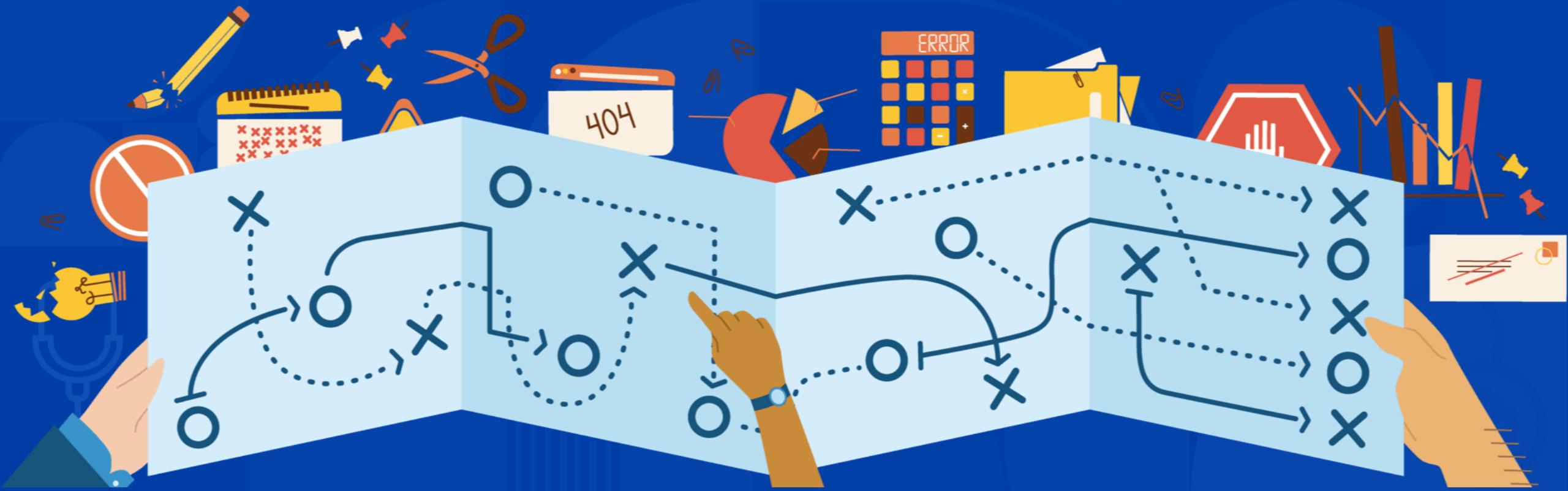


Make the case for change and engage our colleagues



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)

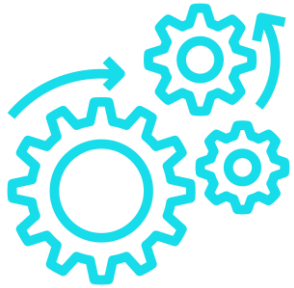
A compelling value proposition that encourages our clinicians to buy-in

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

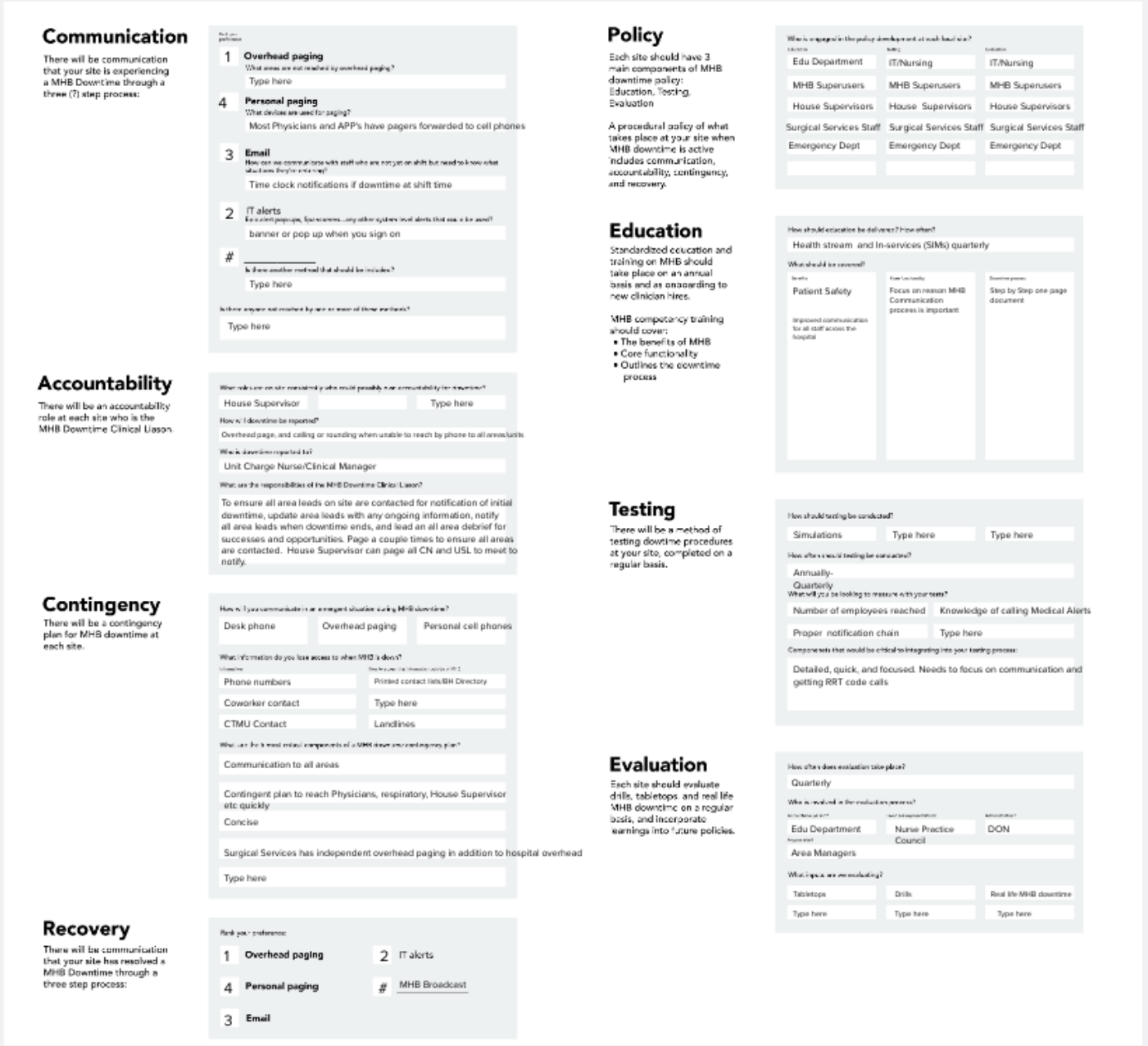
“Procedure Layer”

Communication	Accountability	Contingency	Recovery
Communicate downtime through a **three step process:** 1. Overhead Paging 2. Personal Paging 3. Email	Each site should designate someone as **the “Downtime Clinical Liaison” (DCL)** who works with their emergency management team to curate a downtime procedure.	Contingency plan for downtime becomes active. **Alternative communication processes are activated.**	DCL activates the 3 step communication protocol to **alert staff that system is back up** and running.

“Policy Layer”

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



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

Appyling 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

?

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THE VALUE OF HUMAN CENTERED DESIGN IN HEALTH CARE

Improve health outcomes and patient experience

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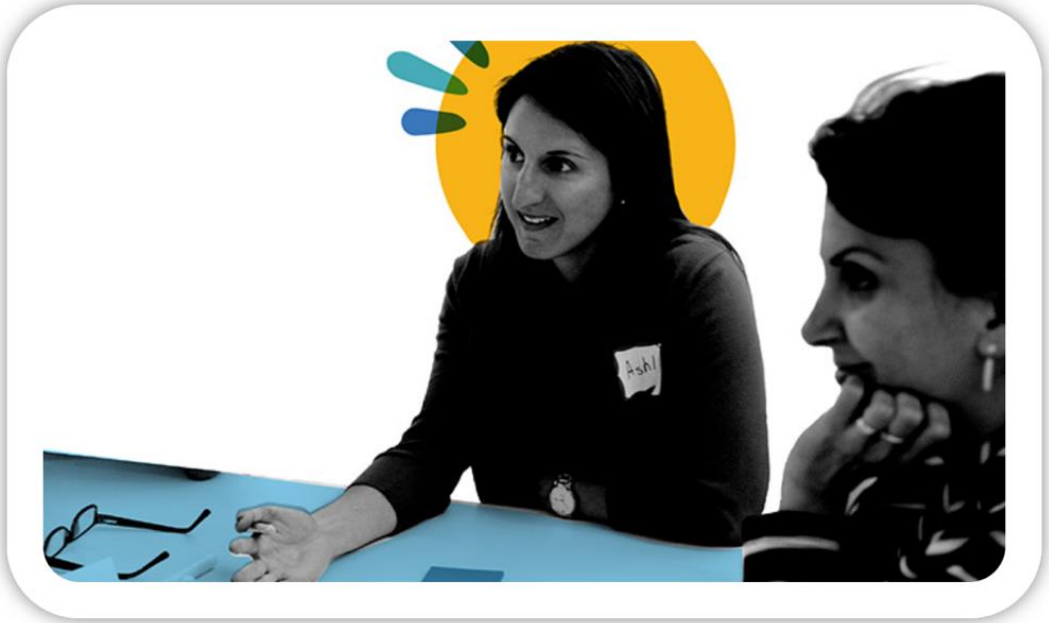

Enhance quality and spread best practice

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Enable inclusion and co-creation

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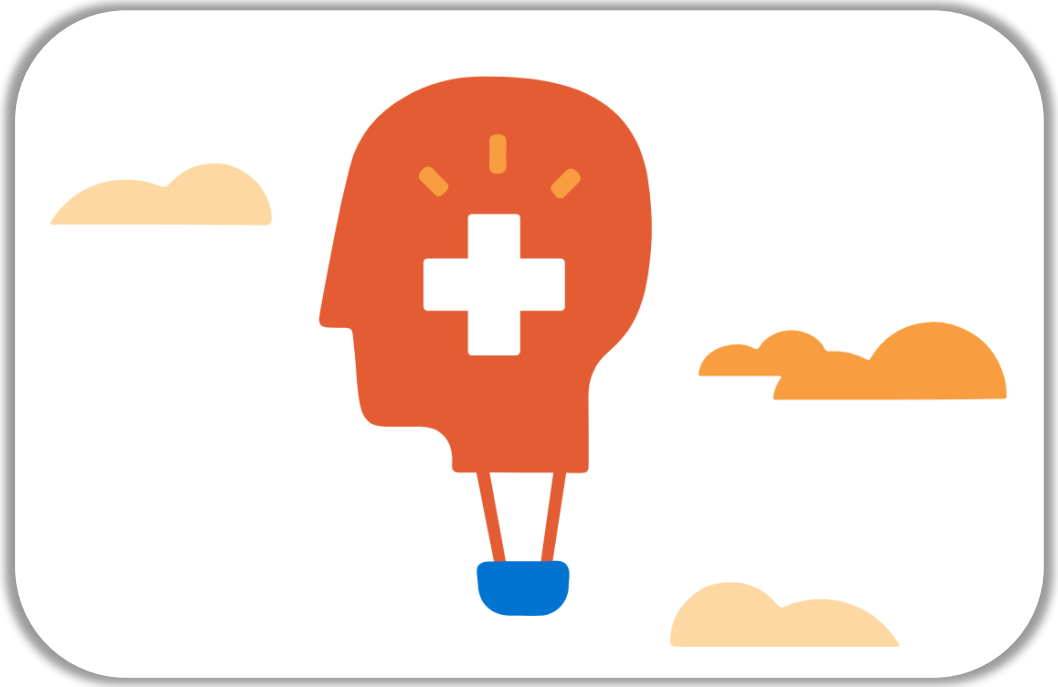

Reduce burnout and increase caring for each other

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Design, test, and scale new products and services

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Help deal with emerging critical challenges

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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**

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