

DESIGNING IT RIGHT **THE VOICE OF THE USERS**

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When you build a resort or a hotel, the developer personally engages planners and architects to design the resort experience and interior designers to detail the elements of experience, when does the management team or resort users come in to participate in the planning and project ?

Is it important for the users to come in ?

When should users come in to work with the planners and architects?



So, when you build a hospital or a healthcare facility, when should the users come in to participate in the planning and project implementation?

Is it important for the users to come in ?

When should users come in to work with the planners and architects?

If we have experienced planners and architects, should we leave these into their good hands?

DESIGNING IT RIGHT SO, WHO ARE OUR USERS?



Who is our focus?

The Patient.

“以病人为中心”



Three years ago, a close friend began having chest pains.

She headed for a cardiac catheterization, and, frightened, she asked me to go with her.

As I stood next to her gurney in the pre-procedure room, she said, "I would feel so much better if You were with me in the cath lab." I agreed immediately to go with her.

The nurse didn't agree. "Do you want to be there as a friend or as a doctor?" she asked.

"I guess both," I replied. "I am both."

"It's not possible. We have a policy against that," she said.

The young procedural cardiologist appeared shortly afterward. "I understand you want to have your friend in the procedure room," she said. "Why?"

"Because I'd feel so much more comfortable, and, later on, he can explain things to me if I have questions," said my friend.

"I'm sorry," said the cardiologist, "I am just not comfortable with that."

We don't do that here. It doesn't work."

"Have you ever tried it?" I asked.

"No," she said.

"Then how do you know it doesn't work?" I asked.

"It's just not possible," she answered. "I am sorry if that upsets you."

Moments later, my friend was wheeled away, shaking in fear and sobbing.

What's wrong with that picture?

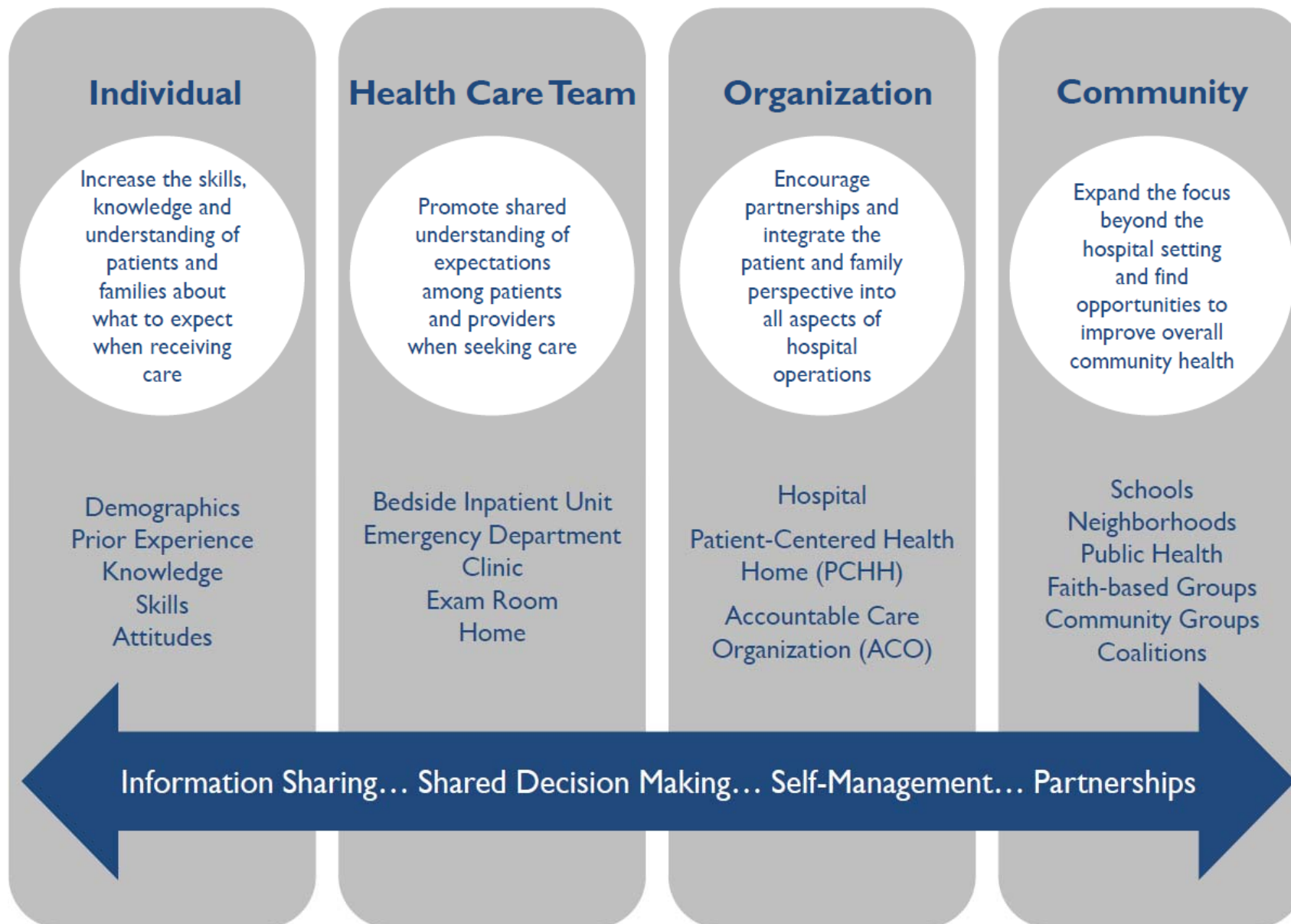


*Health Affairs, 28, no.4
(2009):w555-w565
'What 'Patient-Centered'
Should Mean: Confessions
Of An Extremist'.
Donald M. Berwick*



So, when
should we
start
engaging
users ?

Framework for Engaging Health Care Users



Source: AHA COR, 2013.

User-centered design, as the name implies, involves *consideration of the user at every stage* of the design process. Iterative cycles of prototyping and user testing lead to improved ease of use and adoption by end users.

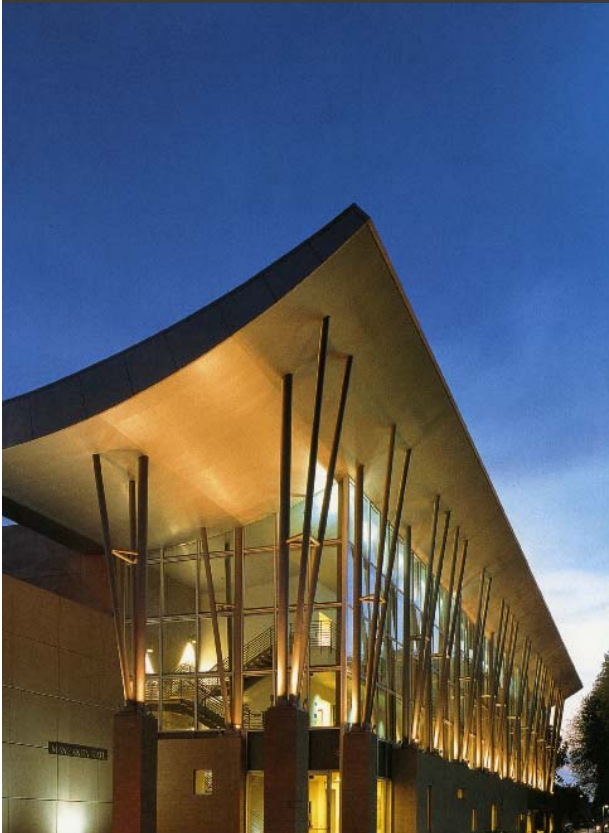
11. Mao J-Y, Vredenburg K, Smith PW, Carey T. The State of User-Centered Design Practice. *Com ACM*. 2005; 48(3):105-109.



At Design Visioning

Shaping the
Total
Experience
-Patient
-Place

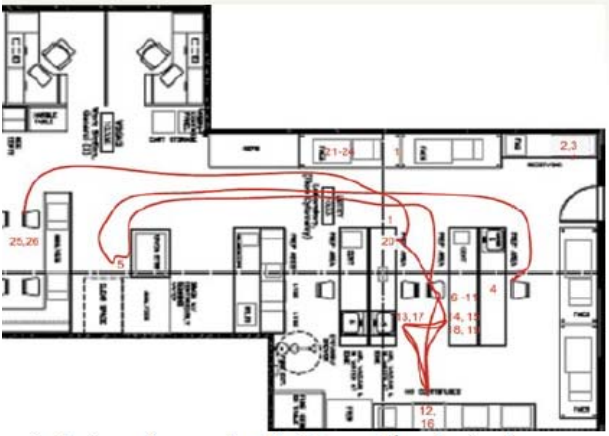




Designing when and how care should happen for the patients....

" Why do we spend so little time designing the operational processes functioning within the hospital before designing the building?"

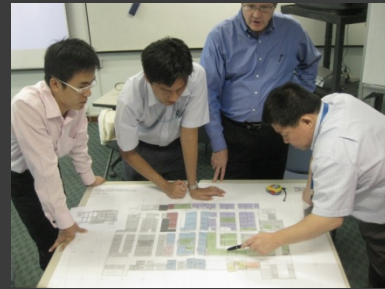
- Architect Tom Wallen, *Lean-Led Hospital Design*



We encourage users to hold the architects pen and draw on his paper....



Users need
to meet At
**Process
Reviews**
and
**Validation
of Care
Models.**



Allow

Experiments



Plan

Do

Check



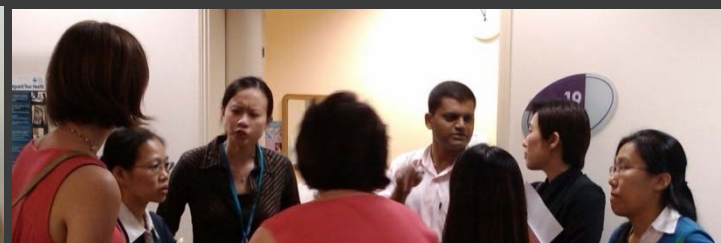
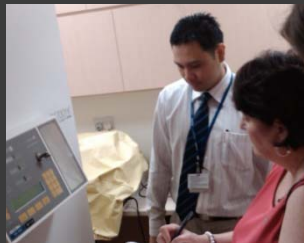
Act



Before the
concrete is
poured...

Go See for Yourself

- Lobbies
- Clinics
- Wards
- Support Departments
- Arrival Patterns
- End of Day
- Clean vs Dirty Flows





To understand how undergraduate and post-graduate teaching is being conducted in the outpatient clinic setting; specifically in the consult rooms.

To identify opportunities for consult room design which fosters and enhance teaching, learning and patient care.



Designing when and how care should happen for the patients....we need to guide our users in these dialogues to design the best experience.

Patient's Expectations

Heal Me
Advise Me
Be Nice to me

Service Expectations

- Know Me
- Greet Me
- Give me the service when and where I need it



Service Design

Design of Care

- Value for Money
- Value Stream
- Patient Flows
- Pull 拉动
- Perfection 完美

Design of Place

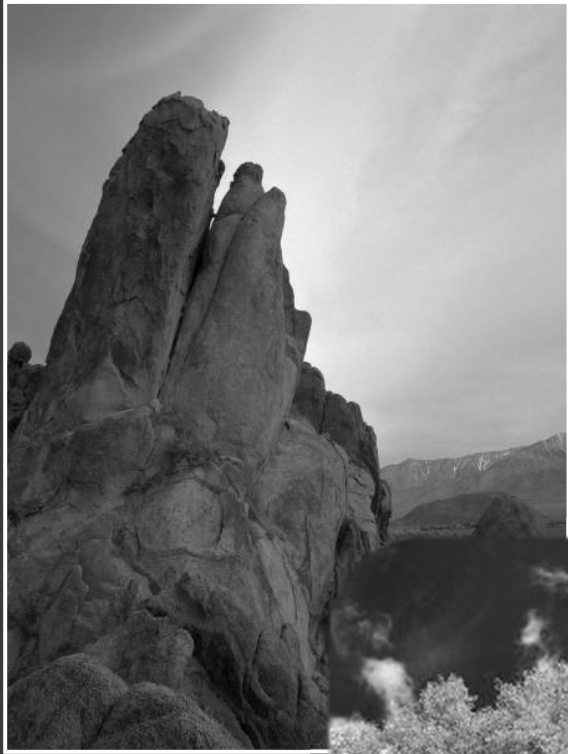
- Location 地点
- Layout 规划
- Automation
- 自动控制

Design of Processes

Patient
Caregiver
Doctor
Nurse
Information
Material
Equipment

Design of Service

- Design WoWs
- Design Compassion
- Design Service Standards



The design of a transformational healing environment can't stop with the design of a great building. You must become the architect of **an engaging place**, not just a beautiful space. And that means **designing *cultures***, not just containers.



An Experience Expedition

FOR OUR PATIENTS
VISITORS, STAFF AND FRIENDS

As we review and refine patient flow, we stage a unique, thematic experience as they come and go.

Our planners, designers and more importantly our users need to articulate this vision.

The hospital or healthcare facility is not just a place of recovery but also discovery.

1. **Carpark**停车场
2. **Lobby**大厅
3. **Shop**商店
4. **Reception**接待处
5. **Consult Room**服务室
6. **Toilets/Restrooms**厕所
7. **DEM/OT/ICU/Wards**
急症科/手术室/加护病房
8. **Patient Brochures**病人
小册子

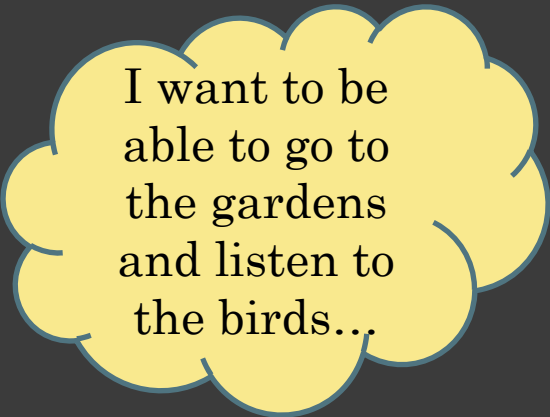


In the years to come,
the person sitting on the
opposite side of the
table may be me....how
will I do it differently to
prepare for that day?

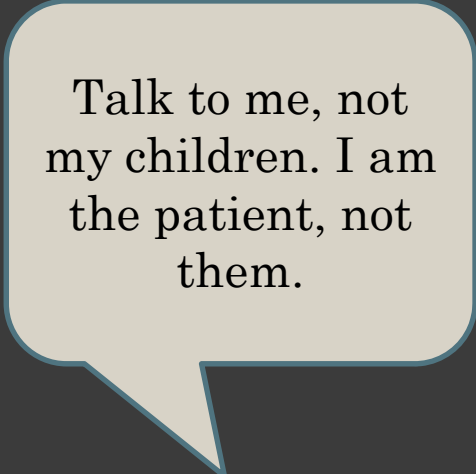


Designing when and how care should happen for **ME**....we need to guide our planners and architects in these dialogues to design the best experience good enough.


How different will these dialogues be?



I want to be able to go to the gardens and listen to the birds...



Talk to me, not my children. I am the patient, not them.



I want meals served when I need them.

The Voices of the Users...

Whose side are you on?





Twenty years from now you will be more disappointed by the things you didn't do than the ones you do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails.

Explore. Dream. Discover.

二十年之后你会为你所没作之事而失望更过于你所作之事。所以摆脱你的帆绞索,从安全码头张帆而行,迎着通商的风势乘浪航驶。

探险,梦想,发现

Mark Twain 马克吐温



THANK YOU.

You may send your comments or queries to
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