Observation and discussion of problems are means for achieve quality in health services

INTERVIEW: PHD. Sharon Kim e PHD. Christopher Myers

Sharon Kim and Christopher Myers are experts in design thinking, an innovative way of solving the most diverse issues taking into account the real needs of individuals. Kim and Myers are assistant professors at Johns Hopkins Carey Business School and also associate with the Armstrong Institute for Patient Safety and Quality. They both develop research on creativity and innovation in the workplace. Together with Johns Hopkins Medicine's chief patient experience director, Lisa Allen, Kim and Myers recently published in the Harvard Business Review online magazine the article "Health care providers can use design thinking to improve patient experiences" - https://hbr.org/2017/08/health-care-providers-can-use-design-thinking-to-improve-patient-experiences?autocomplete=true. The text clarifies how design thinking can be a powerful tool for solving the most diverse issues in an organic way, by observing and investigating the causes of the problem. Kim and Myers talked about the use of design thinking in health care institutions with Acred Magazine.

CBA Team Journalist Responsible:

Alessandra Eckstein
Editor and Reporter - SB Comunicação. Rio de Janeiro. Brasil. E-mail:alessandra@sbcomunicacao.com.br

Cristina Miguez
Coordinator of Journalism (Text editing) - SB Comunicação. Rio de Janeiro. Brasil. E-mail:cristinamiguez@sbcomunicacao.com.br
CBA - What is ‘design thinking’?

Sharon Kim – Design thinking is an approach to problem solving that is human-centered – meaning that the people for whom you are designing solutions should be at the center of your work. Design thinking borrows techniques and methods from different areas including research methods, engineering, industrial and graphic design, and behavioral science to create solutions that are novel, useful, and feasible.

CBA - Why is it considered an appropriate form of solving issues at health institutions?

Sharon Kim - We are noticing a trend, not just in health care, but in business and education as well to consider the multi-faceted human experience when designing products, processes and services. In this day and age, it’s not enough to just treat symptoms. Patients expect (as they should) a human-centered approach to well-being. For instance, consider the Emergency Room experience. Does it feel like something that was created with the patients in mind? How could it be designed differently and still meet its goals of prioritizing the most ill patients? This is an issue that many hospitals around the world are currently wrestling with..

Christopher Myers – Issues in health care organizations are incredibly complex and don’t respond well to “simple fixes.” The design thinking philosophy helps address this complexity and provides a framework and toolkit for tackling these challenging issues.

CBA - How does it work? In which way ‘design thinking’ solutions are developed?

Sharon Kim - Design thinking is comprised of five steps: Empathize, Define, Ideate, Prototype, and Testing. These steps are worked through iteratively to push a team to generate and test creative solutions to their problems.

Christopher Myers – Design thinking is an iterative process of empathizing with users, engaging in thorough problem definition, refining, offering tentative solutions, prototyping, refining further, and testing (repeatedly). This structured approach helps catch issues in a solution early on and iterate through different ways of resolving them.
CBA - In which ways can it be used to increase quality in health care and patient safety?

Sharon Kim – Although we are fortunate that there are many evidenced-based practices to rely on, some health and patient safety problems continue to plague hospitals and their staff. Using a human-centered approach like Design Thinking can help teams see solutions that they might otherwise overlook.

Christopher Myers – Design thinking has been applied both to products as well as to the patient experience (as we describe in the article) in order to help solve problems and resolve threats to patient safety.

CBA - What can be said about the experience with ‘design thinking’ at Johns Hopkins Hospital?

Sharon Kim - Currently, Design Thinking is used at Johns Hopkins in different ways by different teams. It is difficult to capture all of it in one interview. The most important thing to note is that there is a mindset of being patient-centered and an openness to exploring new solutions to improving the patient experience while preserving a commitment to high quality health care.

Christopher Myers - At Johns Hopkins Hospital, elements of the design thinking process are embedded in the hospital’s approach to improving care. To provide the human touch that is necessary to improve the patient experience, we have a team of coaches, trained in the importance of empathy in clinical settings, that teaches caregivers how to partner with patients and be more present with them. On the patient side, we have a team of advocates that visit people facing unusually difficult circumstances, such as having to endure a long wait without food or water before surgery. This often involves identifying what matters to them and their loved ones and, above all, recognizing the patient as a whole person, not as a condition or an illness.
CBA - Do you know some other experiences with ‘design thinking’ at hospitals? If positive, how did they work?

Sharon Kim e Christopher Myers – As we have mentioned at the HBR article, the department of obstetrics and gynecology at Mayo Clinic, a nonprofit organization, wanted to better meet the expectations and needs of expectant mothers, who desired a greater emphasis on the emotional experience of pregnancy, rather than just the clinical side of it, so they used design thinking to reimagine prenatal care. Through interviews with and observations of local expectant mothers, the design thinking team learned that it was extremely important for these women to have a sense of Community. So the department created online care communities, facilitated by nurses and other pregnancy advisers. The result was an overall improvement in how prepared and empowered these expectant mothers felt.

CBA - How do the health professionals get involved in those projects? Do they have any specific training?

Sharon Kim – Some medical schools are experimenting with Design thinking as part of their training and curriculum. Often, there is a grass root effort at a hospital that is taken up by an interested clinician, researcher, or staff member. Often times Design Thinking in health care spaces sparks entrepreneurial ventures or the creation of a novel product or service. At Johns Hopkins Carey Business School, we offer specific training for professionals who wish to learn Design Thinking. We believe that our approach to Design Thinking which embraces research is particularly useful in a health care setting.

CBA - Can you give concrete examples of situations at health institutions that have been solved through ‘design thinking’? If positive, was it possible to measure the success of the initiative brought by the ‘design thinking’?

Sharon Kim e Christopher Myers – We have a nice example, quoted in our article at HBR: a hospital administrator mentioned an issue that is all too common for patients: missed medical appointments. The story was about a patient with a painful chronic condition who continually failed to keep her regular appointments. In an effort to better understand the problem at hand, the administrator asked about her experience. The patient revealed the reasons why she never made it to her appointments. Her painful physical condition required her to arrange door-to-door assistance and special transportation, what meant that coordinating logistics was onerous and stressful. Design thinking was the key to solve this question. Were it not for the hospital administrator’s initiative to ask the patient what was
going on, her concerns may have gone both unnoticed and unaddressed. The next step would be assigning a team or task force, ideally a multidisciplinary one, to spend weeks or even a few months studying the patients it affects. Then, the team would use qualitative research methods, such as surveys, focus groups, and observations, to better understand people’s experiences. They would seek out patterns and aim to define the real problem at hand. For instance, a team investigating several no-shows would quickly see that many cases do not necessarily involve a patient’s forgetfulness or time management.

**CBA - What is the main lesson ‘design thinking’ can teach us?**

**Sharon Kim** – The most important thing is that we can’t assume we know everything about patients or clients. There is value in engaging with them as part of any problem solving process, if only to confirm existing assumptions about their thoughts, feelings and experiences.

**Christopher Myers** – Being thoughtful, empathetic with users, and iterative in problem solving is key for developing successful solutions.