

20
23

Canada West Health Leaders
CONFERENCE

IN-PERSON
OCTOBER 24-26, 2023

Caring for people who
care for people



CANADIAN COLLEGE OF
HEALTH LEADERS



COLLÈGE CANADIEN DES
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Designing for a Caring Culture

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@CCHL_CCLS



#CWHLC2023

The background is dark with various colored gears (red, green, yellow, brown) and a glowing lightbulb with radiating lines. A grey silhouette of a human head in profile is visible in the lower-left quadrant.

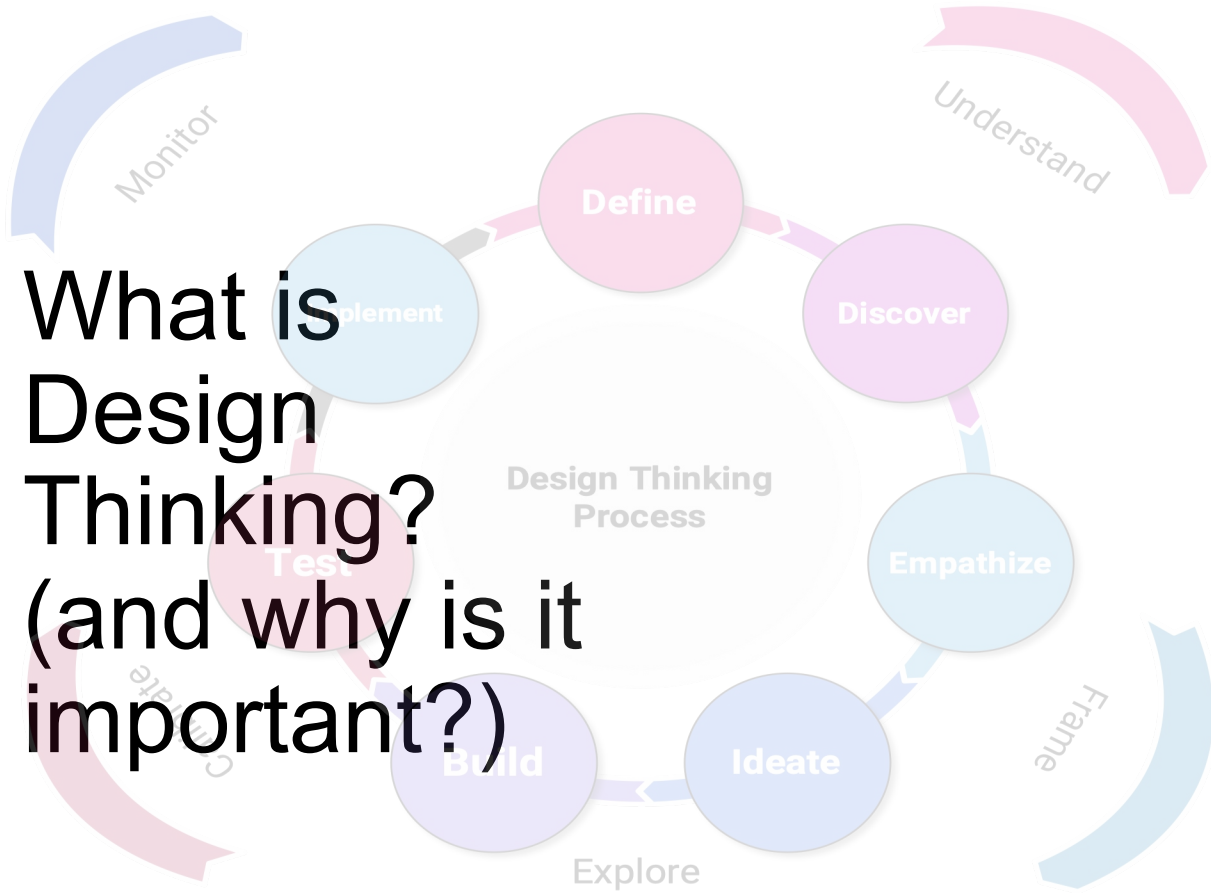
Our Agenda for Today

- Land acknowledgement
- Speaker introductions
- Participant introductions
- What is Design Thinking?
- Sharing lessons learned from our Portage la Prairie Experience
- Some key take-aways & tools



Learning more about You

What is Design Thinking? (and why is it important?)



The Beating Heart of Good Healthcare

- Putting the patient at the centre of care requires a shift in thinking
- Shift includes enhancing clinical excellence, operational efficiency and personalizing care and...
- **Adding value to care by valuing the people receiving care**

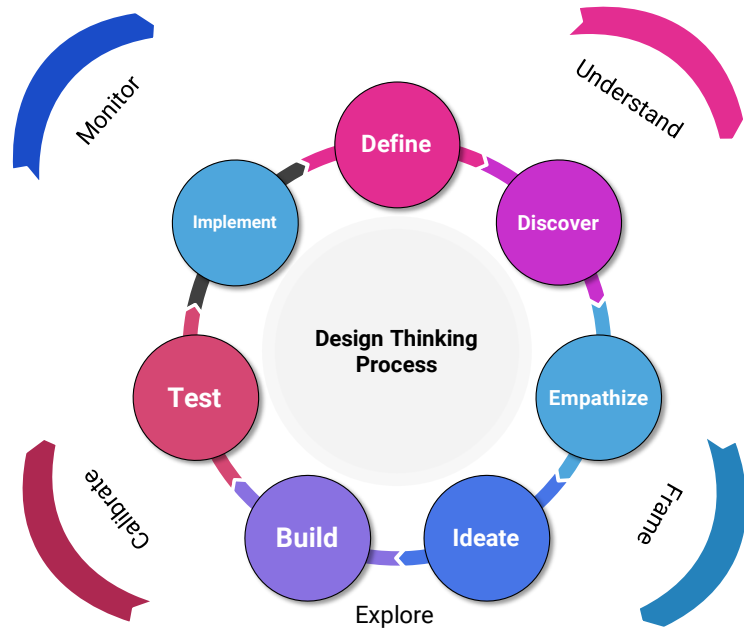


Patients and Families



Impreza Consulting Inc.
Where Strategy Meets Action

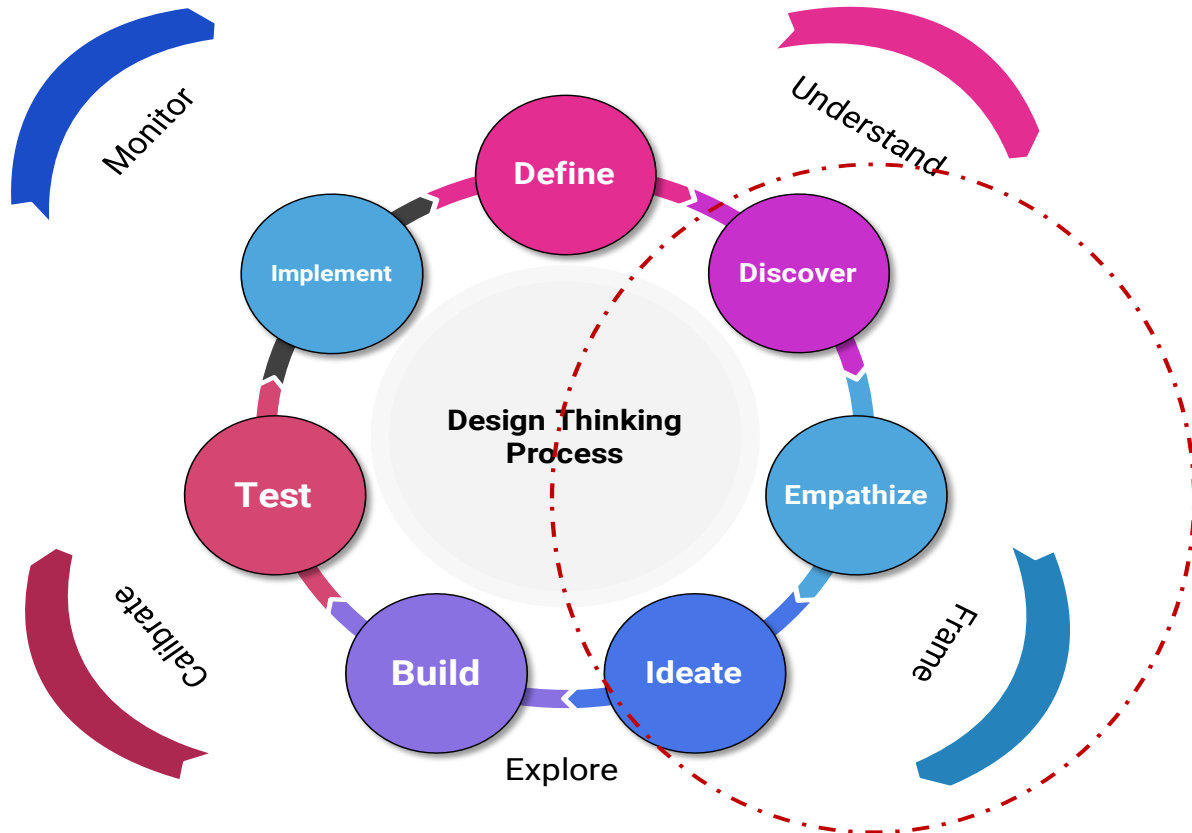
The Design Thinking Process



Design thinking is a **PROCESS** used to truly think differently about how we best serve our patients and their families



The Design Thinking Process



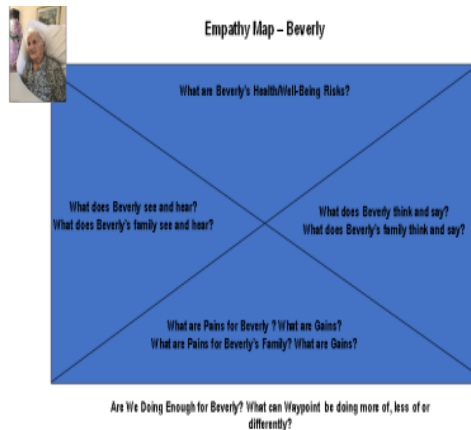
Better solutions through better understanding of the human aspects of the problem to be solved



Design Tools Used to Deeply Understand Your Patients*



Patient
Persona



Empathy
Maps



Experience
Maps

Patient Persona - Bill



"Retiree wanting to resume daily activities"

Age: 71

Work: Retired High School Principal

Family: Married (Bev), 2 children, 3 grandchildren

Location: Portage Le Prairie

Social Supports: Family + Friends from Curling Club

Enablers & Barriers

Manual

Tech-Savvy

High Blood Pressure

Diabetes controlled by oral medication and healthy diet

Pains

- Appointments on different days - disrupts his schedule
- Feels "fine" doesn't understand why he can't do this himself
- Having to repeat himself every time

Gains

- Schedule appointments on same days
- Home Dialysis with educational supports
- Connections with other "like" patients

Preferred Methods of Care Delivery

In Person

Virtual Care with In-person follow up

Peer Support

Online Learning

Key Considerations

- Feels guilty over being a dialysis patient; tends towards anxiety and depression if things are 'not routine/normal'

Care Experience

Sample Patient Persona

"Must Have/Must Do" Design Principles

- Maintain independence
- Minimum disruption to lifestyle
- Optimize his participation in the care process as a "co-producer"/Leverage telehealth

Fear

Partner in Care/Co-Producer

Sharing Lessons Learned from the Portage La Prairie Experience



The Opportunity

- Portage La Prairie = ~1 hour outside of Winnipeg
- Serves a mix of rural/urban persons
- ~1/3% of community is First Nations (9 First Nations Communities); 7.3% identifies as visible minorities
- Current hospital is at the end of its serviceable life; plan to build new hospital on new footprint
- Shared Health Manitoba engaged architecture firm FT3 to support the design of the new facility; FT3 engaged Impreza Consulting to lead the stakeholder engagement process and Design Thinking



The Approach

- Work with Shared Health Manitoba and Indigenous Liaison Team to lead stakeholder engagement and develop patient personas to inform the design of the new hospital




The Approach

Comprehensive stakeholder engagement INCLUDING site visits to 3 First Nations communities

Stakeholder	Interview	Focus Group	Storytelling	Persona Development	Focus Group Validation Session	Co-Creation Event (optional)	Questions/ Focus of Engagement
Senior Administrator (VP & above)	X			X	X		<ul style="list-style-type: none"> Vision for new facility Assessment of current state – what are the pains? What are the gains? What are the “must have”
Administrator		X			X		
Physician – Chiefs of Service	X			X	X		
Physician – Front Line		X			X		
Nursing – Nurse Managers	X						<p>Questions/ Focus of Engagement</p> <p>For patients, families, First Nations:</p> <ul style="list-style-type: none"> Describe your best experience at the hospital – what made it the best? Describe your worst experience at the hospital – what made it the worst? What would be your ‘ideal’ experience? Why? <p>For all others</p> <ul style="list-style-type: none"> Vision for new facility Assessment of current state – what are the pains? What are the gains? What are the “must have” and “must do” design principles? What are the obstacles and solutions?
Nursing – Front Line Nurses							
Clinician – Allied Health Professionals incl. Labs, DI							
Portering							
Volunteers (incl Auxiliary)							
Board Chair	X						
Board Members							

Our approach deliberately included time for EMPATHIC UNDERSTANDING through STORYTELLING



What did we learn...

...and how is this different?

Key Lessons Learned: Valuing patients through value-based design

Current design:

- Archetypal design + smaller community = extensive visibility of all comings and goings into and out of the hospital



What We Learned

- **Current Design led to lack of privacy & confidentiality** especially in the Emergency Department
 - Not uncommon for RCMP to bring in agitated patients in full view of everyone present
 - Leads to sense of guilt, shame, humiliation for those being brought in – add to that perception that ‘event’ will become fodder for gossip and potential community ostracism
- **‘One size fits all’** – spaces designed to be agnostic to users
 - Lack of variation created barriers from both cultural and social perspectives
- **The use of authentic storytelling engendered trust and enthusiasm** for our project



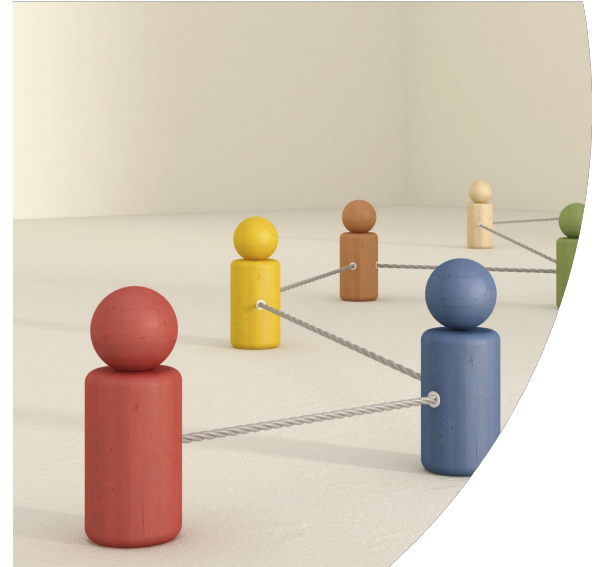
How We Used our Learnings (*And Storytelling*)

- Developed user personas
- Personas were developed to provide non-linear feedback to change mindsets – from simple:

“here is where we need to put the washrooms”

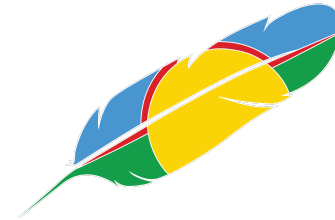
To

“how do we design for the unique characteristics of the people who are going to be using the facility?”



Some High-Level Feedback/Learnings

- Indigenous patients/families were less likely to go to the Emergency Department due to lack of privacy in the design
- Indigenous patients/families reported a lack of understanding of their 'ways of working' – this led to misunderstanding in diagnosis (and occasionally shame)
- Indigenous patients/families had a desire to engage more deeply with the hospital – an “Ambassadorship” model would have been beneficial in supporting this activity



LONG PLAIN
FIRST NATION

— TREATY #1 | 1871 —

“Things We Needed to Pay Attention To”

Compassionate design for compassionate care:

- “Hear Me, Protect Me, Prepare Me, Support Me, Care for Me”

Preferred Design builds in privacy

- Calming or wobble room, use of virtual care

Case Study highlights the need for additional training & sensitivities

- Diabetic emergency vs intoxication

Patient pains & goals should be embedded into the design

- Fear of gossip = very real

Ongoing community and patient engagement and involvement

Compassionate design for compassionate care:

- “Hear Me, Protect Me, Prepare Me, Support Me, Care for Me”

Preferred Design builds in privacy

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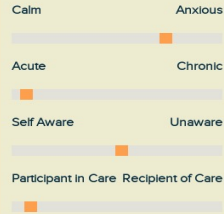
- Fear of gossip = very real

Persona - George



"Understand that I am more than what you see"

Key Persona Features



George
Age: 54
Work: Manager at Band Office
Family: Lives with wife, has a daughter who lives in Vancouver
Location: Dakota Tipi FN
Character: Type II Diabetes, present to ED with Hypoglycemia

Case Study

Diabetic Emergency
George, 54

George works as a Manager in the Dakota Tipi Band Office. He has a great love for his community and enjoys spending time with members of the Dakota Tipi First Nation. He is married to Gwen, who works at the Daycare Centre and has an older daughter (Suzanna) that has moved to Vancouver and is getting married in 2023.

George has recently been diagnosed with Type II Diabetes, and is being treated using the drug Januvia. He wants to look his best at Suzanna's wedding, so he's recently been exercising and dieting to get in shape. With a busy work schedule, eating less and working out more, George forgot to take his medication. When he became confused and uncharacteristically aggressive, Gwen took him to the hospital.

George had a terrible experience at PDGH; his hypoglycemia was mistaken for drunkenness and he was told to go home. Gwen intervened and explained to the triage Nurse that George has been dieting and is Diabetic. At that point, George was triaged appropriately and given an injection of Glucagon. He rested comfortably for 12 hours under observation. During this time, George's many friends joined Gwen in the Emergency Department to provide support and pray for George's good health.

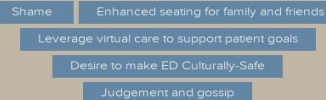
Patient Pains

- Being mistaken for being intoxicated
- Inappropriate triage
- Hypoglycemia/not able to think straight and speak for himself
- Being told publicly, and mistakenly, that he was drunk and should go home

Patient Goals

- Being treated with respect and dignity
- Being treated for presenting condition
- Return home as quickly as possible

Impact on staff and others involved in the care process



Compassionate Design for Compassionate Care

Hear Me: Create a private environment for me to speak about my health care

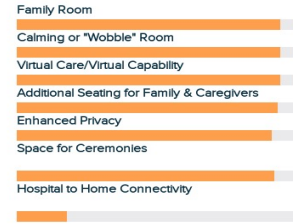
Protect Me: Reduce the risks associated with providing care

Prepare Me: Provide a space for education and training

Support Me: Create additional spaces for me/my family to participate in care process

Care for Me: Enable space for holistic care, non-traditional medicine and ceremonies to augment the provision of care

Preferred Design



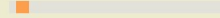
Persona - Andre



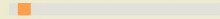
"A journey together in grief that respects my choices"

Key Persona Features

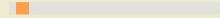
Calm Anxious



Acute Chronic



Self Aware Unaware



Participant in Care Recipient of Care



Andre

Age: 56

Work: Master Carpenter, Musician

Family: wife, 3 children, parents residing in Fort la Reine. 2 sisters who live in Winnipeg

Location: Portage la Prairie

Character: End-stage esophageal cancer.

Case Study

Palliative Care Patient

Andre, 56

Andre is a Master Carpenter and musician. Andre started smoking at age 14 and continued smoking until his cancer diagnosis.

Now entering into Palliative Care, Andre calls for the ceremonies, medicine and prayers that will lead his spirit back to the spirit world. Andre's parents have contacted a spiritual leader to conduct ceremonies and all of Andre's immediate and close family members have asked to be present during these activities.

Andre's family, friends and members of his clan will keep vigil over Andre to bring him comfort as he journeys through the palliative process. Prayers and songs will characterize the palliative process to provide comfort to Andre and to clear his mind of any negative forces as he prepares for Mother Earth to reclaim his spiritual form.

It is important to Andre and his family that his mind be cleared of any negative forces through prayer, smudging, pipe ceremonies and sacred songs. With a good mind, he can prepare to proceed to the journey of the spirit

Patient Pains

- Not being able to fully embrace traditional dying rituals, especially songs and smudging
- Not having family, friends and clan members present
- Having to share space with other patients, especially non-palliative patients

Patient Goals

- Fully prepared for his spirit to be reclaimed by Mother Earth
- Passing away surrounded by family

Impact on staff and others involved in the care process

Empathy Peace Sadness

Willingness to go the 'extra mile'

Want to ensure final requests are met

Compassionate Design for Compassionate Care

Hear Me: Create a private environment for me to speak about my health care

Protect Me: Reduce the risks associated with providing care

Prepare Me: Provide a space for education and training

Support Me: Create additional spaces for me/my family to participate in care process

Care for Me: Enable space for holistic care, non-traditional medicine and ceremonies to augment the provision of care

Preferred Design

Family Room

Calming or "Wobble" Room

Virtual Care/Virtual Capability

Additional Seating for Family & Caregivers

Enhanced Privacy

Space for Ceremonies

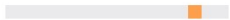
Persona – Roger & Bill



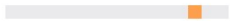
"Allow me to seek care privately"
"Allow me to care for my community"

Key Persona Features

Calm Aggressive



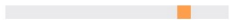
Acute Chronic



Self Aware Unaware



Participant in Care Recipient of Care



Roger

Age: 46

Work: Laid off as a farm hand in 2021

Family: Separated, small circle of friends which became smaller when he was laid off

Location: Portage la Prairie

Character: Mental Health Patient visiting Emergency Department

Case Study

The Personas

Roger, 46 - Intoxicated adult experiencing a psychotic episode. Roger suffers from bipolar disorder and has been self-medicating with alcohol and cannabis. Roger got into an altercation with a neighbor and police were called to intervene. Roger has suffered a minor head injury, is extremely agitated and still quite drunk.

Bill, 38 - RCMP Officer called to pick up Roger. Bill is an experienced Officer with local roots.

Bill picks up Roger from the residence where he is staying and brings him into the Emergency Department. It is a Saturday night and the ED is crowded, with a number of children present. Roger is loud and staff are having a hard time calming him down. He has a head wound that needs to be treated and, once he settles down, he will need to find a place to stay - and, ideally, a place to treat his addictions

Patient Pains

- Shame and stigma from aggressive 'outburst' being on display for everyone in the waiting room
- Motivation to access care is exacerbated by the shame and stigma of the public outburst (he simply wants to go have a drink..)
- The lack of privacy is making the situation worse

Police Service Goals

- Provide safe, private care for mental health patients
- Ensure safety and security for staff and persons in waiting room
- Maintaining order

Impact on staff and others in the waiting area

Unsettling

Anxiety-inducing

Drives local gossip

Potentially Unsafe

Confusing

Loud

Compassionate Design for Compassionate Care

Hear Me: Create a private environment for me to speak about my health care

Protect Me: Reduce the risks associated with providing care

Prepare Me: Provide a space for education and training

Support Me: Create additional spaces for me to experience care

Care for Me: Enable space for holistic care, non-traditional medicine and ceremonies to augment the provision of care

Preferred Design

Crisis Room

Calming or "Wobble" Room

Virtual Care

Additional Seating for Family & Caregivers

Enhanced Privacy

Persona – Kelly



"Protect me, give me privacy while I give birth"

Key Persona Features



Kelly
Age: 28
Work: Administrative Assistant with Municipality
Family: Common-law Partner, 1 child (2), one child on the way. Parents in Selkirk
Location: Portage la Prairie
Character: Anxious and unsettled, worried about partner "barging into" the birthing area. Wants privacy. Worried about gossip

Case Study

The Persona
Kelly, 28

Kelly is an administrative assistant with the municipality of Portage la Prairie. She has been in a common-law relationship with her partner, Ben, for 4 years. They have one child together, Samuel, who is 2 years old. Since Ben lost his job in maintenance at the Stephenson Campus of Red River College, he has grown despondent and has been drinking heavily. This has resulted in spousal abuse, including verbal abuse and, on two occasions, physical abuse (hitting.) Kelly is pregnant with their second child and will be giving birth at PDGH. Kelly has become increasingly fearful of Ben, and is hoping to take the children to her parents home in Selkirk. She does not want Ben present at the birth.

Kelly's Pains

- Shame and stigma from remaining in an abusive relationship
- Being abused during pregnancy
- Wanting to hide from abusive partner
- Wanting to keep her abuse secret from her caregivers

Kelly's Gains

- "Hiding" from Ben
- Ensure safety and security during the birthing process
- Maintaining safety for her 2-year old son
- Privacy

Impact on staff and others in care environment

- Heightened needs for safety, security and privacy
- Drives local gossip
- Potentially Unsafe
- Potentially unstable
- Exacerbate fear and anxiety in other patients and their children

Compassionate Design for Compassionate Care

Hear Me: Create a private environment for me to speak about my abusive environment

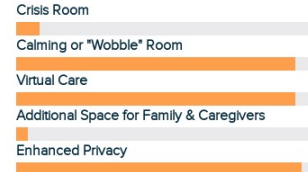
Protect Me: Reduce the risks associated with receiving care

Prepare Me: Provide a space for education and training regarding "a way out"

Support Me: Create additional spaces for me to experience care

Care for Me: Enable space for holistic care, non-traditional medicine and ceremonies to augment the provision of care

Preferred Design





Some Key Take-Aways & Tools



A large crowd of stylized human figures in various colors (black, brown, white) is shown. The figures are arranged in a circular pattern, with one white figure in the center having its arms raised. The background is a gradient of dark blue to light brown.

Group Activity



Using Empathy Maps to Deepen Understanding and Design for the Future

- **Small group case study + empathy map + ideation on new design**

Persona #1: Clare, 29

- Clare is an elementary school teacher recently diagnosed with Breast Cancer. She is married and has had a healthy life so far
- Clare is trying to manage her Cancer appointments on her own so that her husband Dave, a salesman, does not have to accompany her
- Clare is very tired and finds it difficult to get to all appointments – the lab, Doctor's office and treatment areas are very far apart. She is sweating, exhausted and often late for appointments
- Clare finds the treatment room crowded and this gives her anxiety



Persona #2: Omar, 54

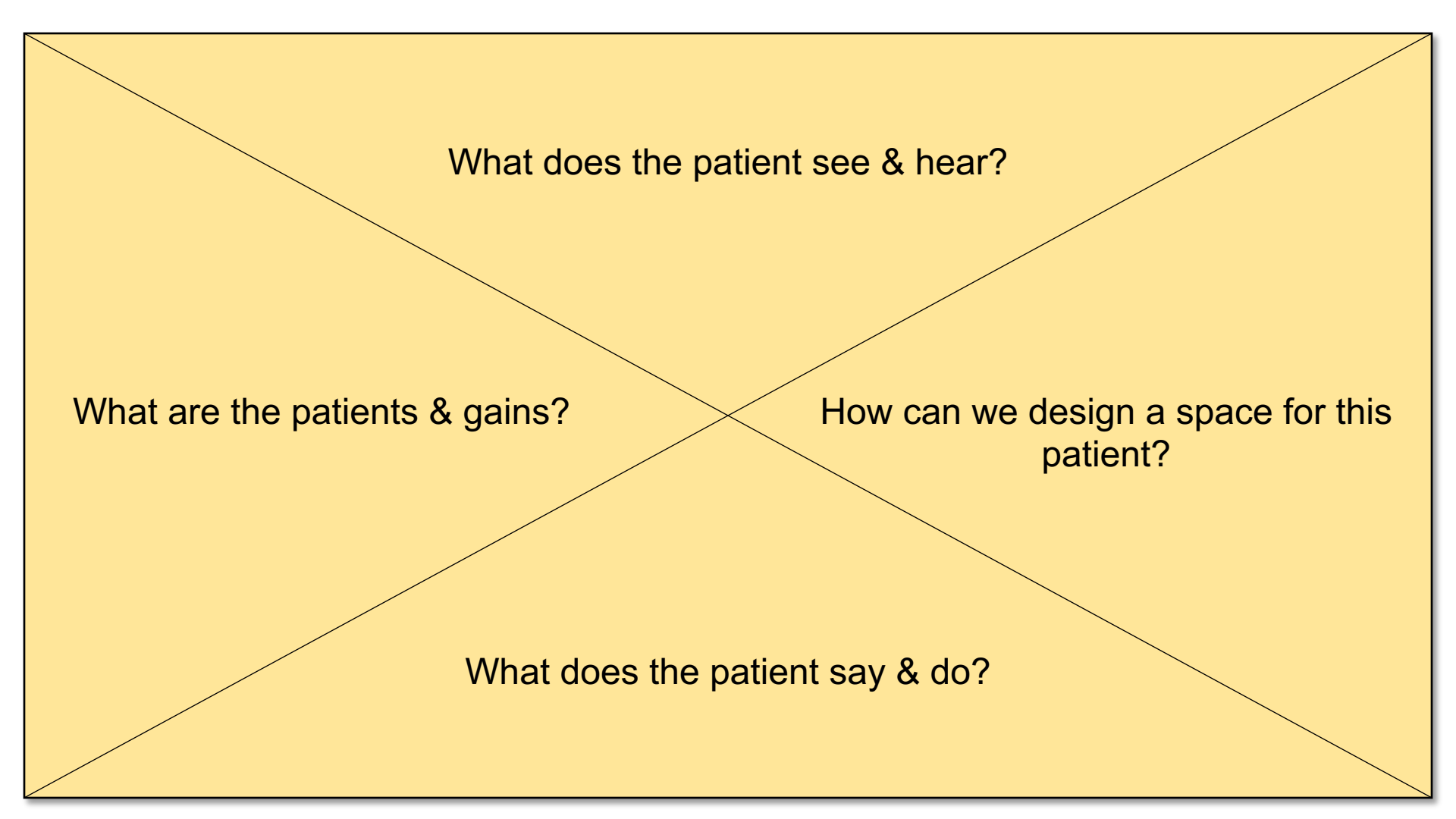
- Omar works as an independent Plumber who is often sub-contracted by larger companies to support construction work
- Omar is married and has 2 adult children. As Bill has aged, his Diabetes has been more difficult to manage. With retirement in sight, Bill is taking on more jobs. This has led to late nights and fast food, and forgetting to take medication
- Omar went to the local hospital when he experienced dizziness, confusion and was feeling aggressive.
- Omar was turned away from the ED “because he was drunk”





Persona #3: Andre 51

- Andre is a Master Carpenter in Stage 4 lung cancer
- He is in the Palliative Care unit of the local hospital and is calling for traditional ceremonies, medicine and prayers that will lead his spirit back to Mother Earth
- His community has committed to around-the-clock drumming, visiting and smearing/smudging to support Andre's journey – and to clear his mind of any negative forces as he plans to depart this earth
- The Palliative Care Unit is currently not set up for the smearing, smudging, drumming and numerous visitors
- Andre is becoming increasingly anxious about not being able to have a 'proper death'



What does the patient see & hear?

What are the patients & gains?

How can we design a space for this patient?

What does the patient say & do?



Take up & discussion



Thank you!

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