

Structuring the actors

A better understanding of the context of the healthcare system can be obtained in many different ways. Often the first way to structure the context is by means of mapping the actors. And in a later stage the interdependencies, relations and interactions. Depending on the insights that you want to obtain, this can be done in several ways.

For example, a concentric map can provide a good overview of the structure of the context and the amount, type and hierarchy of actors that are involved.

The actors can be mapped in a concentric grid around a central actor (for example the patient), to illustrate for example the importance of the actors in relation with the central actor, in this case the patient. The actors closer to the patient are more relevant during the treatment path and the actors in the outer circle are less relevant to the specific goal (that does not necessarily have to be the treatment). You can use this to identify quickly who's wishes and demands are more relevant during the design process. You can add an additional dimension by grouping the actors, for example, all the actors from the hospital.

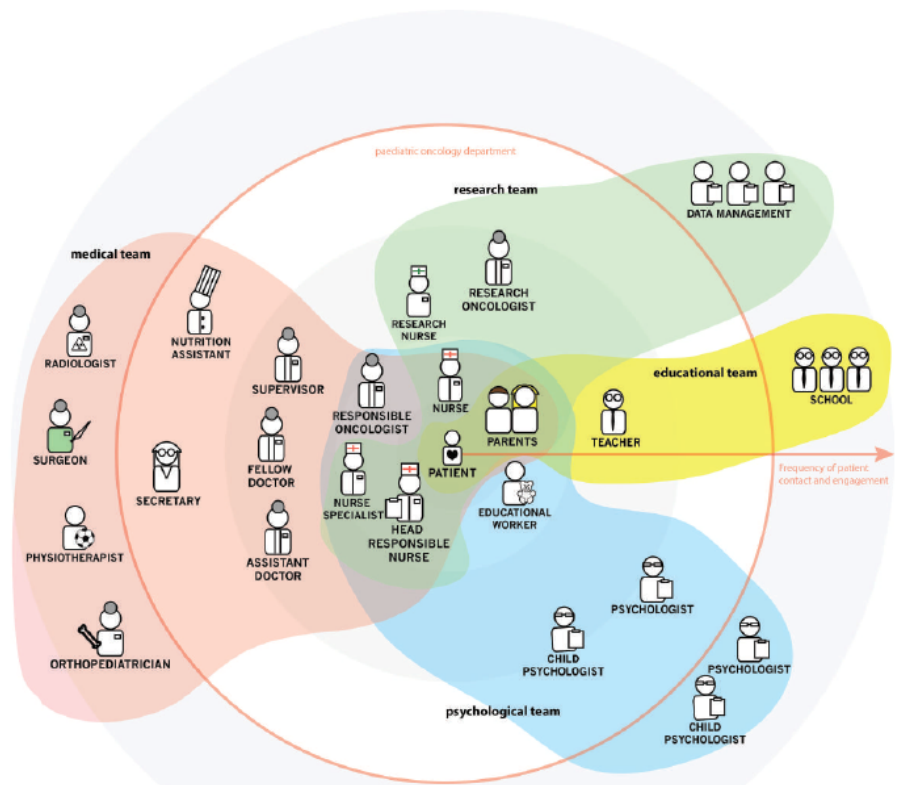


Figure from the graduation project of Graduate: T. Sarri (2014) PARENTAL INVOLVEMENT IN PAEDIATRIC ONCOLOGY TEAMWORK

Structuring the events

A person's life can be thought of as a journey. A journey in which the person encounters different systems that offer products and services, like the educational system, the legislative system and also the healthcare system.

When entering the healthcare system, a good way to gain more insight in the interactions is to map them on a timeline.

In our course, we map a patient journey on two perpendicular axes. A horizontal axis that represents time and vertical axis with the actors involved. The first step of making a patient journey is to define which actors you would like

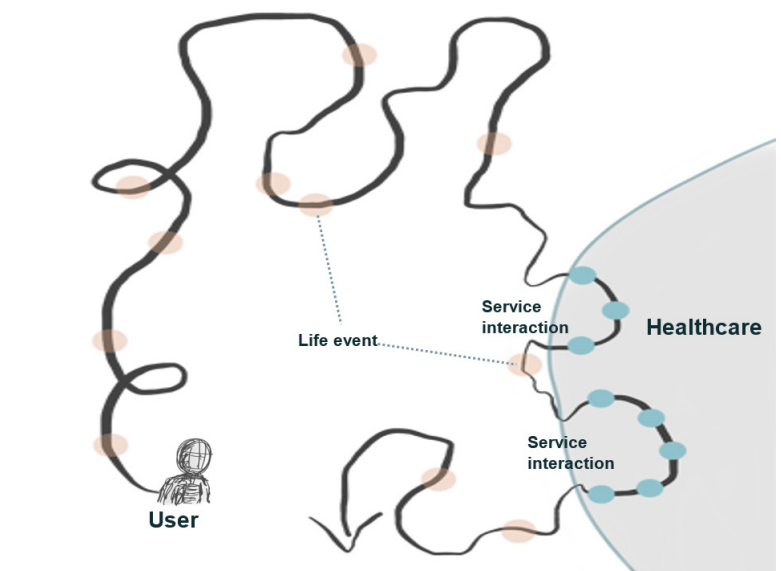


Figure from Darren Menachemson - ThinkPlace

to incorporate. The next step is to define the time interval. There is not a right or wrong choice for a time interval, it merely depends upon the goal of your analysis.

For example, you would like to improve the pre-surgery experience of a hip-replacement patient. So, you can start your patient journey with the very first complaints of the patient or from the moment the patient arrives in the hospital the day of the surgery. If your goal is to generate a long-term vision for the future of cure and care for orthopaedic patients, you better start with the very first complaints of the patient. If your aim is, on the other hand, to tailor the (10 minute) medical consultation with the specialist in order to improve the expectations of a patient, it makes more sense to start at the arrival of the hospital. But it often happens that during the mapping process, you make multiple journeys. For example, you start with a general journey from the first complaints all the way to the rehabilitation process. And you decide to gain more insight in a specific stage of the general journey, so you also construct a more specific journey of the 10-minute consultation period.

The time axis is divided in different phases. The phases can be based on location, actions, activities, or any other division that you find relevant. Most of the time you start with a general journey and follow the 'natural' path of the patient from first complaints, diagnosis, treatment, towards rehabilitation. And then you make a more detailed journey based on the aim of your innovation.

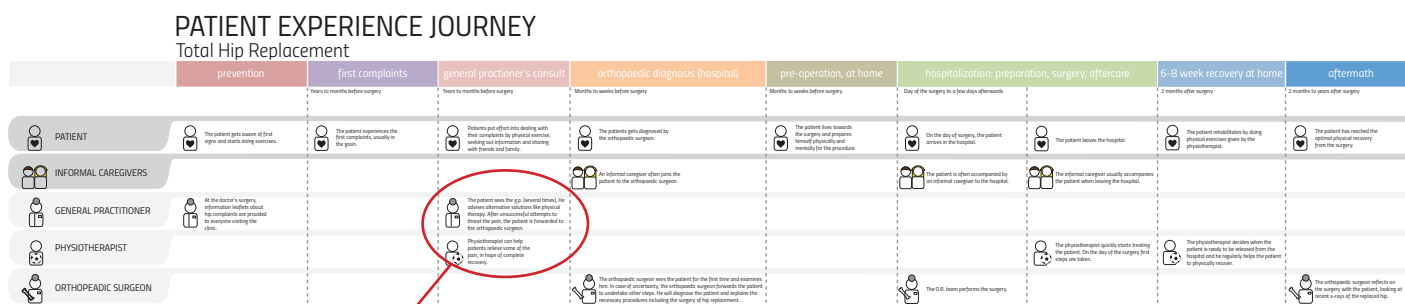
For example, if you're designing a new wing for a hospital dedicated to orthopaedic patients with a program that allows them to have

all the pre-surgical consult in a single day. It would be very convenient for them if they didn't have to criss-cross the wing from back to end to go to all their appointments. Using a patient journey where the phases are based on location would allow you to identify in which order a patient should have the appointments and adapt the floorplan accordingly.



For example, you want to improve the safety of minimal invasive (keyhole) surgery. You only make a journey of the surgery itself. Where the phases are defined by the activities of the surgeon and the team; Image Production, Workspace Creation, Tissue Treatment, Tissue Diagnosis, Procedure Support.

Defining the touchpoints

As explained before, the actors are actively contributing to the healing process. The phase in which the activity of an actor takes place is what we call a touchpoint. The next step of creating a patient journey is to fill in the touchpoints. As it is an activity the touchpoint can always be described by a verb.



Some touchpoints in a patient journey of total Hip replacement

-  The orthopaedic surgeon sees the patient for the first time and examines him. In case of uncertainty, the orthopaedic surgeon forwards the patient to undertake other steps. He will diagnose the patient and explains the necessary procedures including the surgery of hip replacement.
-  Radiology staff takes x-rays of the hips. The radiologist evaluates these and gives his diagnosis for the patient to the orthopaedic surgeon. If necessary, the radiology staff examines the patient further, e.g. with MRI, getting injections in the hip, etc.

The power of visualisation

How you visualise your patient journey can really help in gaining insights. For example, adding icons when a stakeholder is active can make it easier to see in one glance when an actor is active. Or if specific or important actions happen multiple times in journey you could give it an icon or a different colour. Additionally, images of the context can also help to improve the overview and give insight in the context.

Some touchpoints in a patient journey of total Hip replacement