

Holistic outcome-based approach towards sustainable healthcare: aligning the system purpose through system visualisation

I. Cecilia Landa-Avila, Gyuchan Thomas Jun, Rebecca Cain and Carolina Escobar-Tello.

LOUGHBOROUGH
DESIGN SCHOOL



AGENDA

INTRODUCTION:

The challenge to make sense healthcare systems

METHODOLOGY:

Workshop

RESULTS:

Individual and team visualisations

IMPLICATIONS:

Outcomes as shared language / Visual technique

CONCLUSIONS:

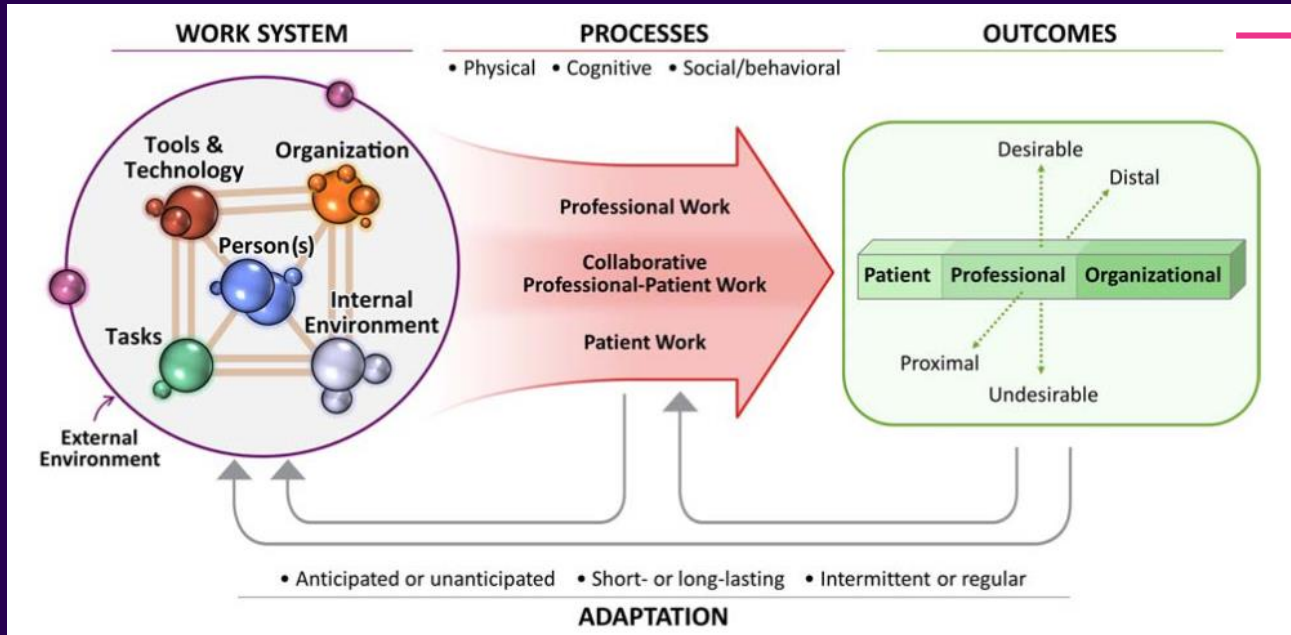
Trigger meaningful discussion / Enable holistic perspective

INTRODUCTION

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The challenge to *visualise* healthcare systems

To visualise as enabler to communicate complex problems and to build shared solutions.



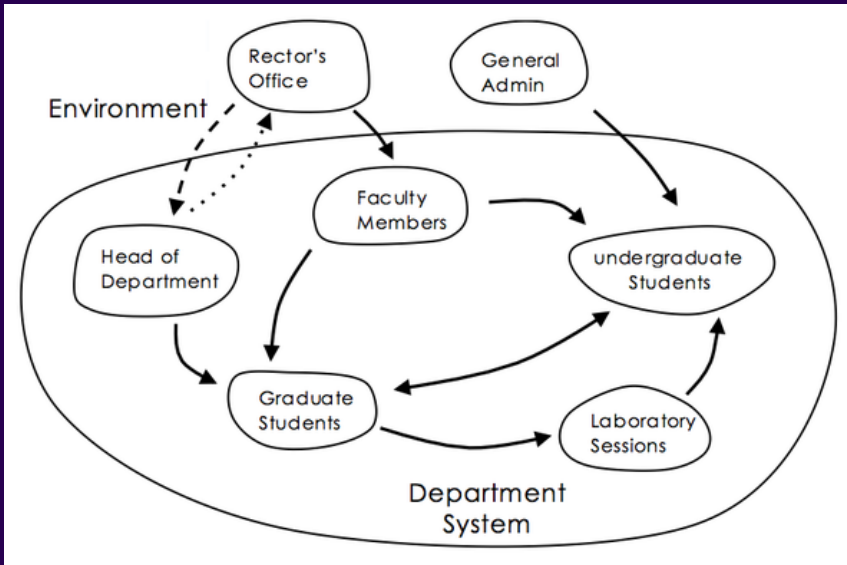
Main structure that produce processes which shape outcomes.

A **comprehensive** framework that **inform** about the different **elements of the systems.**

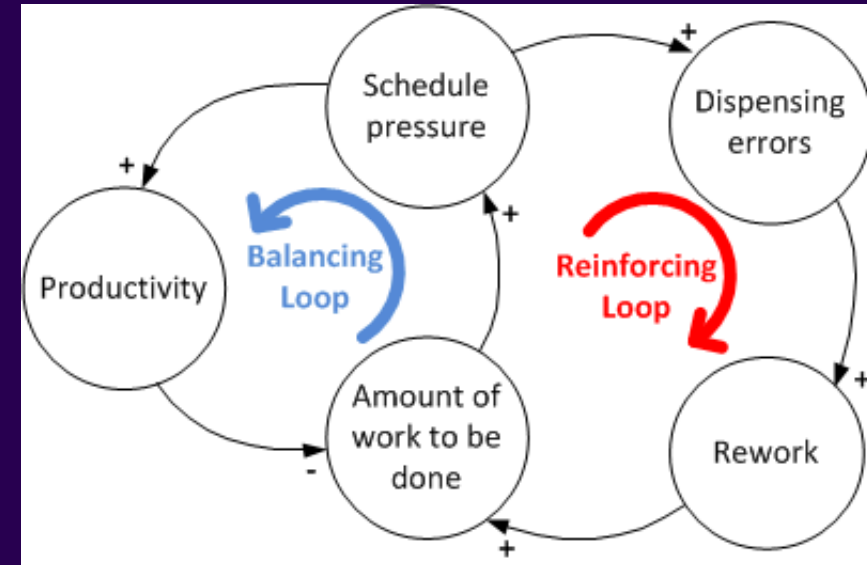
SEIPS 2.0 (Holden et. Al., 2013)

The challenge to *visualise* healthcare systems

Some tools are focused in explore one type of element



Influence diagram
(From Johnson, 2017)



Causal loops diagram
(From Shire, Jun and Robinson, 2018)

Outcomes remain as an underexplored dimension

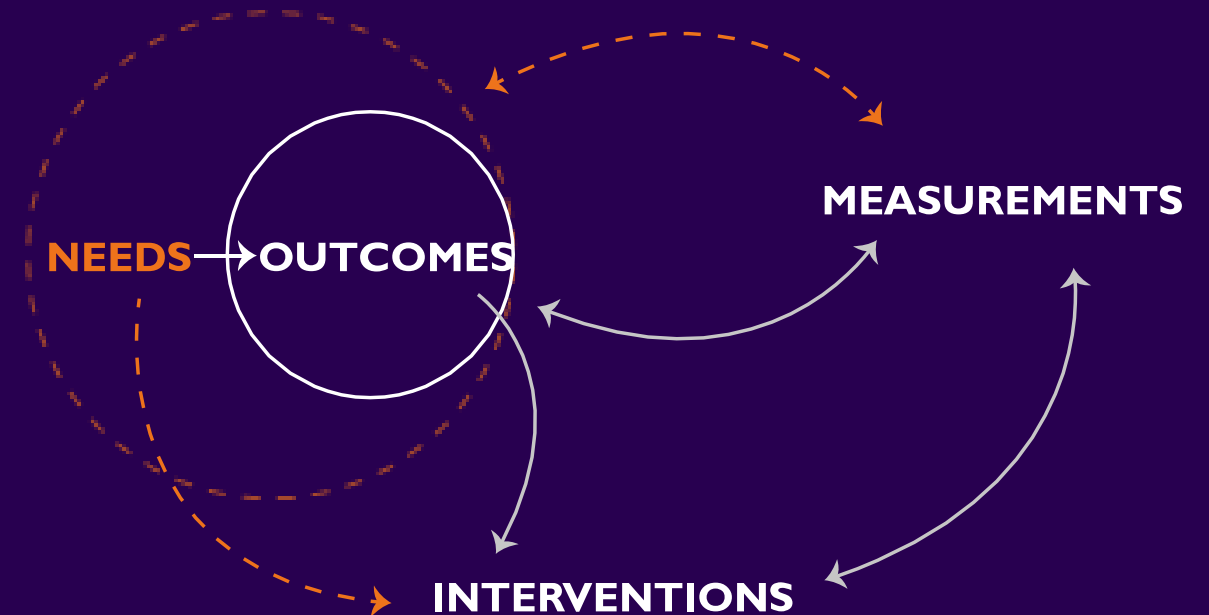
Why outcome-based?

1. Outcomes imply a **need** (a reason)

2. Outcomes should be a **general agreement** towards the goal and aims of the system.

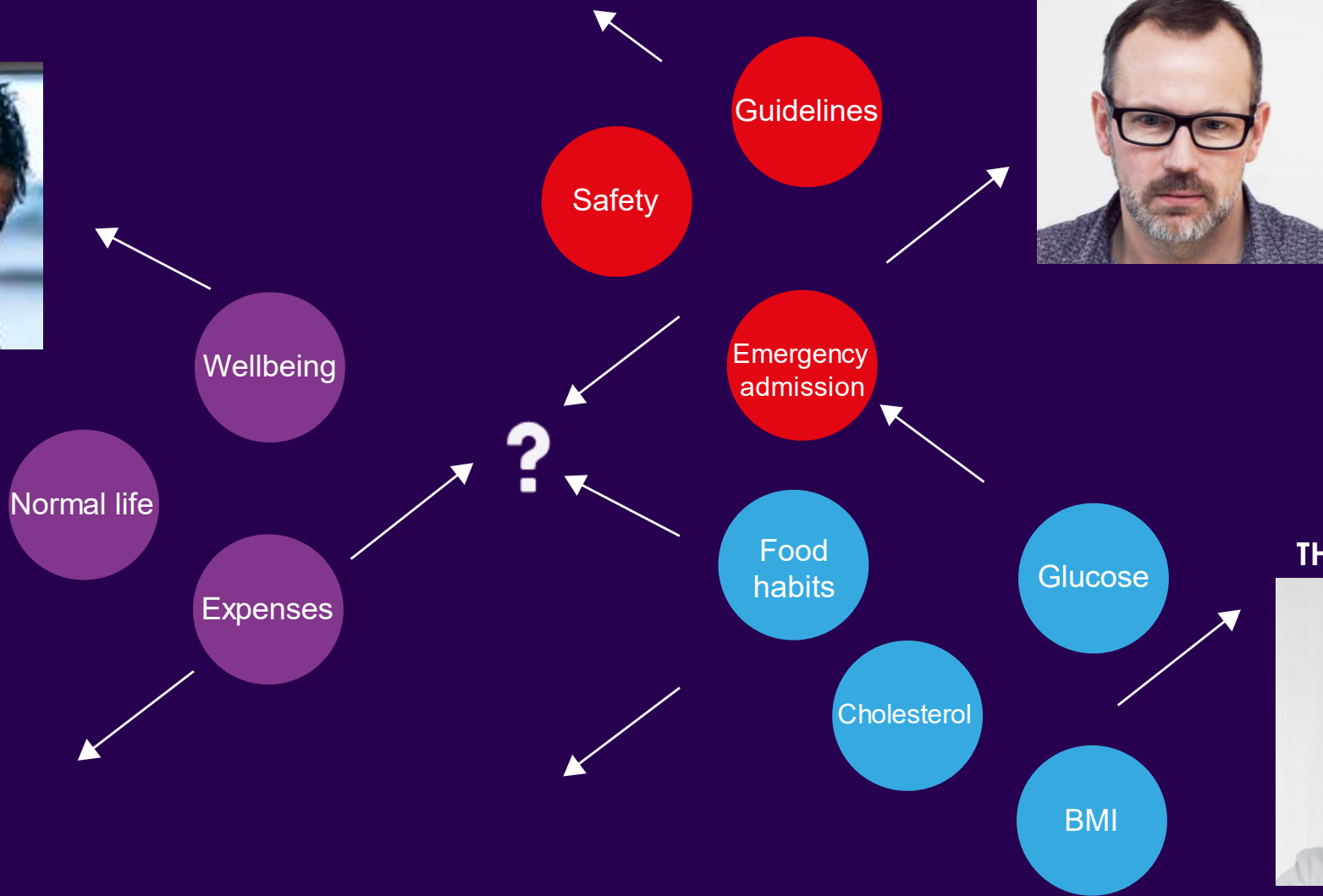
3. Healthcare is trying to integrate **real-world outcomes** and consider idiosyncratic elements

Tsekleves, E., & Cooper, R. (2017)





THE PATIENT



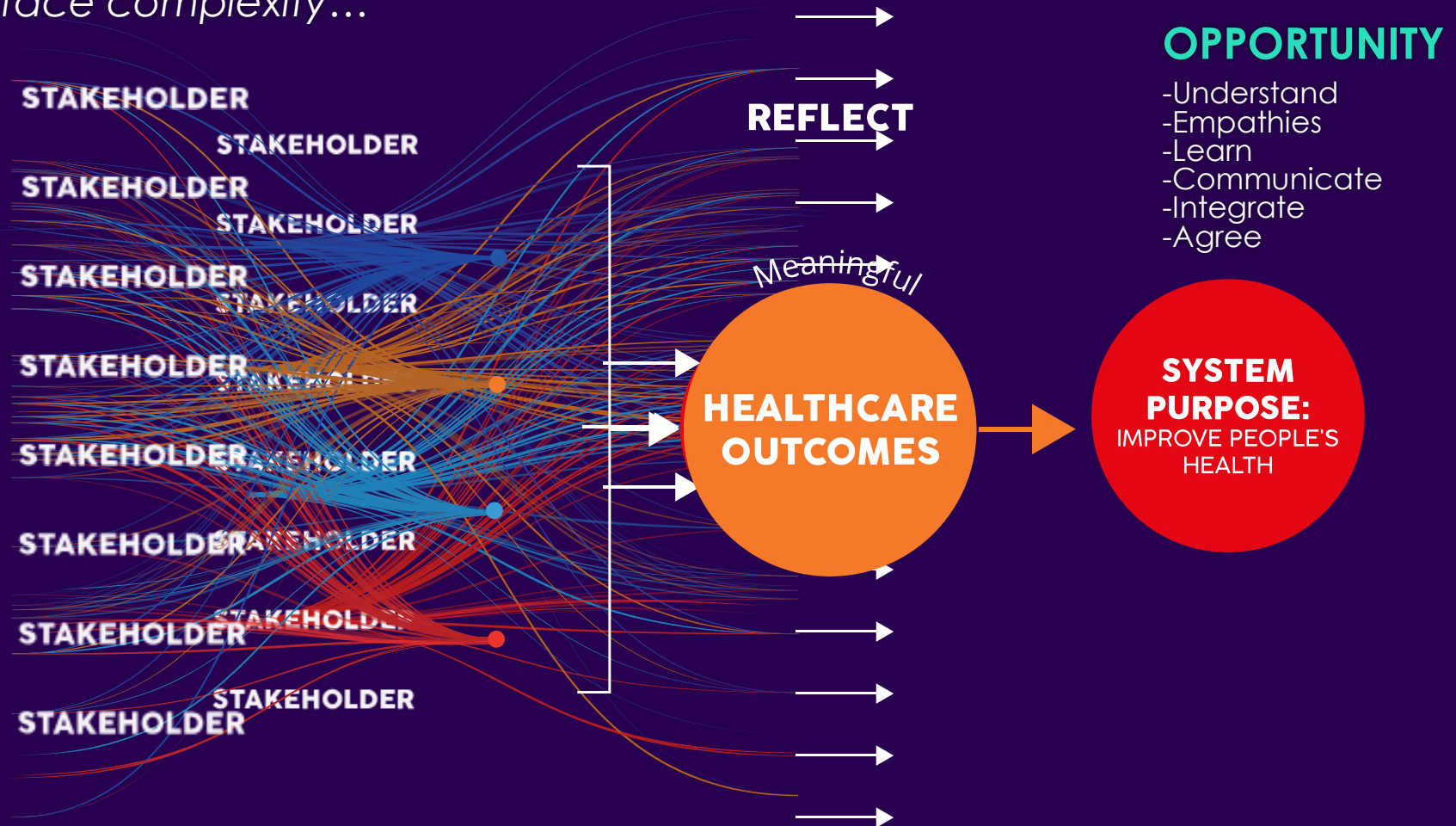
It **looks** like different outcomes trigger different paths



THE NUTRITIONIST

An outcome-based approach

A step forward to face complexity...



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Understanding healthcare system through outcomes

Consider what is **meaningful** for all the stakeholders in healthcare

Defining **expected effects/changes** based in **meaningful needs**.

A **common language** of the system

HOLISTIC HEALTHCARE *OUTCOME*
TOWARDS *PURPOSE FINDING*

Align the system to the shared goals, towards an active system.

How to enable the understanding systems?

Methods to facilitate the *grasp* of complexity

Graphic methods

visualisations

- Assist to **communicate complex and big** amount of data (Jones and Bowes, 2016).
- **Facilitate sensemaking** from multiple perspectives (Jones and Bowes, 2017).
- Increase the **quality of knowledge** sharing in participatory techniques (Comi, Bischof and Eppler, 2013).
- Foster elicitation of **experiential knowledge** (Bresciani and Eppler, 2009).
- Increase **mutual orientation** of participants (Comi and Eppler, 2011).

The objective of the study

- Commonly good to **use visuals** to **communicate** complex problems.
- Could be the **facilitators** of the following tool.

To explore how **designers visualise** complex interactions between multiple **outcomes** of the system to align the system.

- A step **forward** into **the bigger picture** of systems.

METHODOLOGY

METHODOLOGY

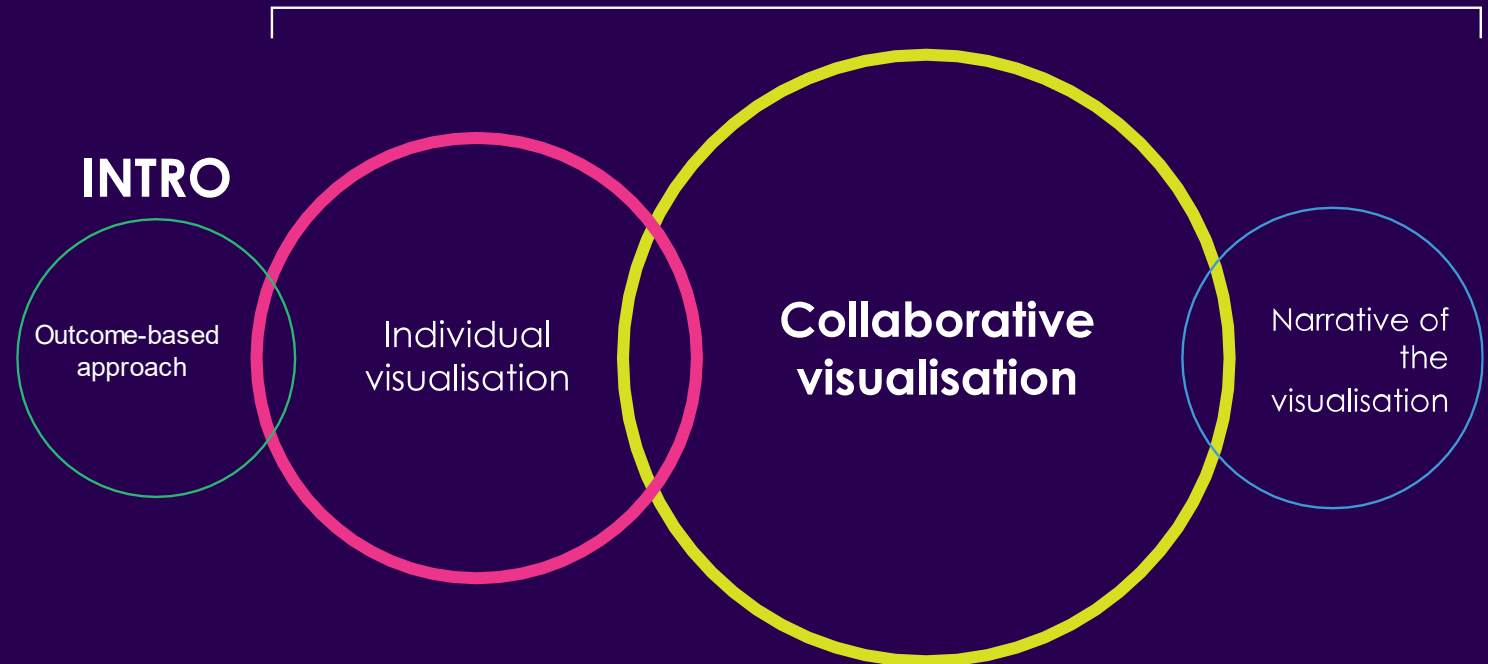


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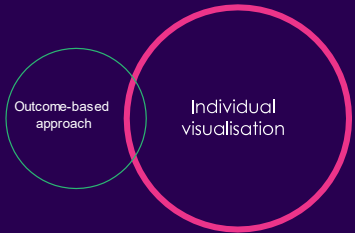
Workshop (overall process)

Use of visualisation as
FACILITATION technique

- **Participants:** 25 designers, working in 5 members teams.
- 3 facilitators



Process



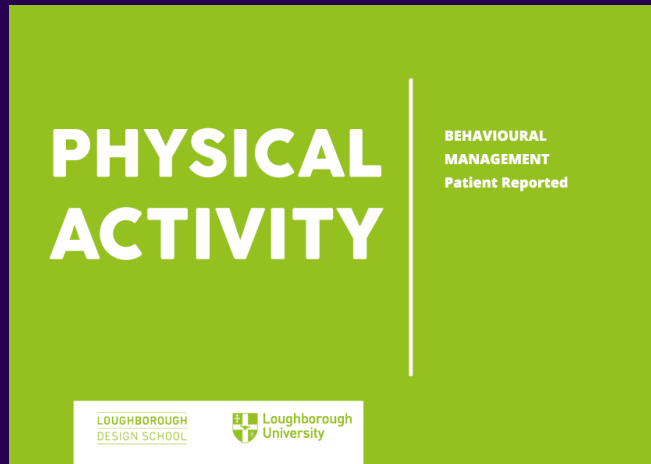
Healthcare outcome familiarisation

Discussion

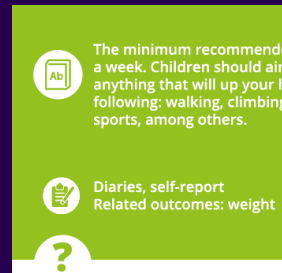
METHODOLOGY

Individual visualization (brainstorming)

Narrative of visualisations



Each participant received a set of outcome cards.



ACTIVITY 1

Professional background

Experience in **Systems Thinking** YES NO years: _____

Experience in **Healthcare** YES NO years: _____

Personal system visualisation idea
Please take a moment to think about how to make sense of the outcomes. Then, share your ideas with the team

T2-P12

Name: _____

e-mail: _____

OPTIONAL
In case you would like to receive updates about the research and the tools.

TEAM 2
Corresponding author: Cecilia.Landa-Avila@lboro.ac.uk

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The “only rule” was to use at least one outcome of each category

Process

Collaborative
visualisation

“Only rule”: use at
least one outcome
for each group

Provoke creating
connections

Narrate the
visualisation

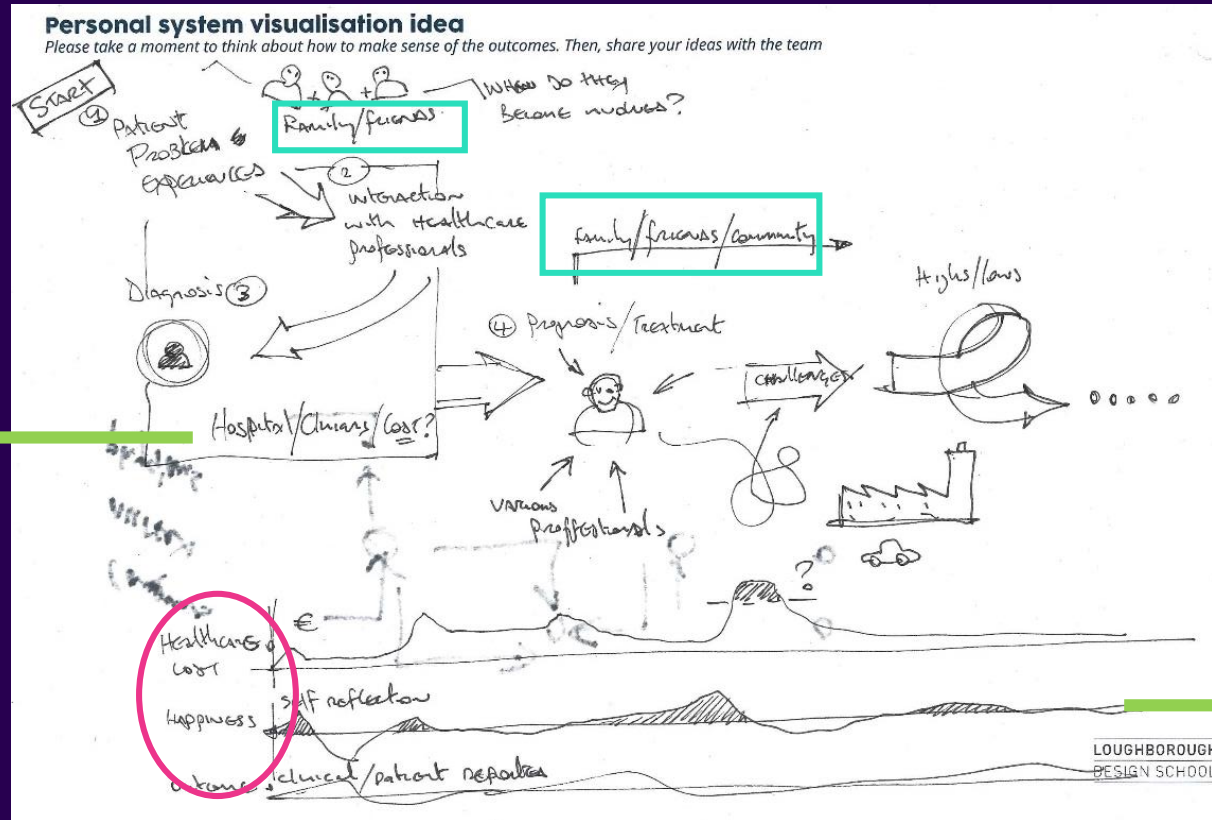


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RESULTS

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Making sense through outcomes (individual)



Geographic references

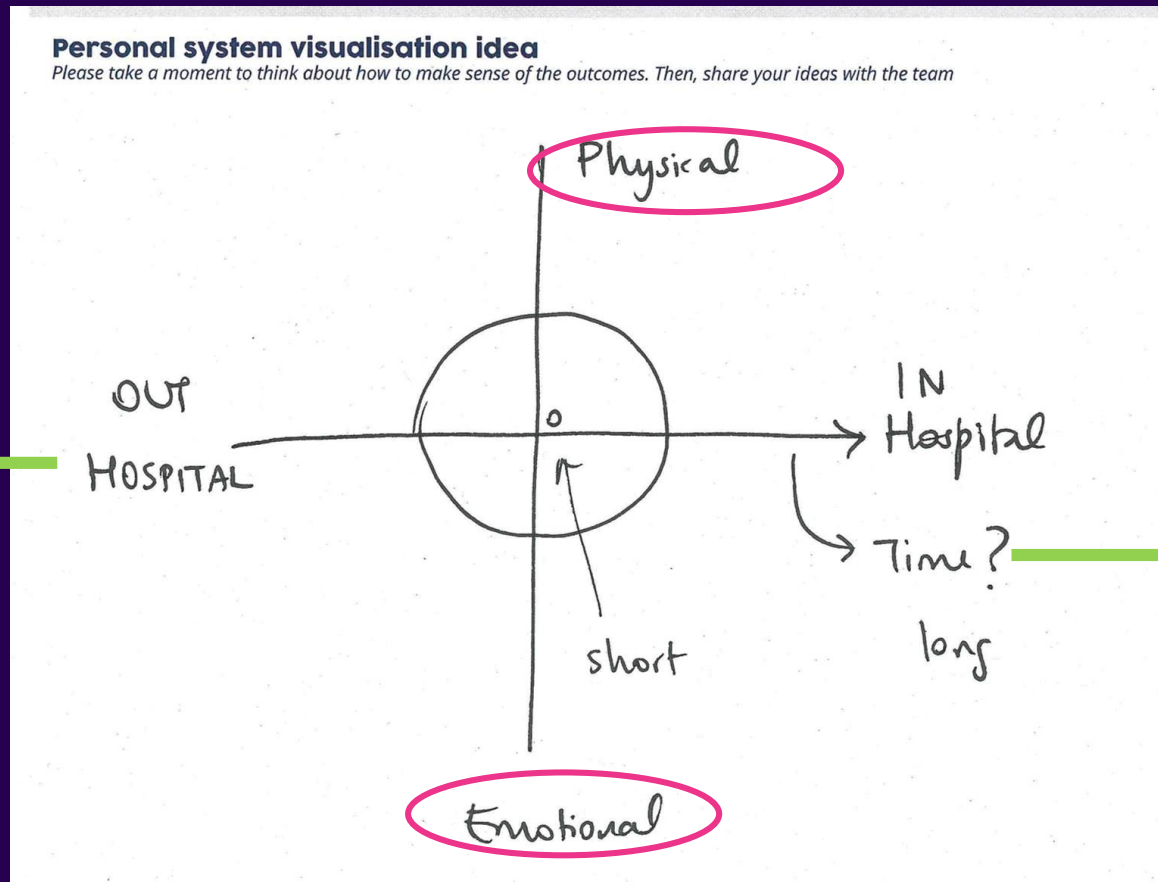
Identify:

- visual patterns and main structures
- Main outcomes
- Key stakeholders



Time line Intensity

Making sense through outcomes (individual)



- No stakeholders
- New “categories” for outcomes.

Individual structures				Main outcomes and structure
TEAM 1				
				Emotional Physical Self-care (H) Blood pressure Wellbeing (H) Cost (H)
Timeline + place	Network + place	A to B (multiple) + Loops	Venn	Place
TEAM 2				
				Happiness Clinical Engagement Psychosocial-
Timeline + hierarchy	Clusters + Loops	Concept map + -Intensity		N/D
TEAM 3				
				Happiness Cost PROM Patient satisfaction
Timeline + intensity + places	Clusters + intensity	A to B + Loops		Intensity
TEAM 4				
				Behavioural (all) Function Satisfaction Survival
Concept map	Classification (symptoms, functions)	Patient-centred + intensity		N/D
TEAM 5				
				Happiness Survival Symptoms Cost Complications
Classification (happiness)	A to B (multiple choices)	Concept map		N/D



Making sense through outcomes (individual)

Most used structures (individual)

MOST USED



INTENSITY

Display outcomes as fluctuating measurement

SECOND MOST USED

(draw)



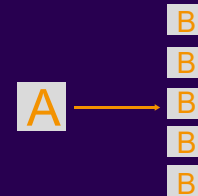
TIMELINE



PLACE

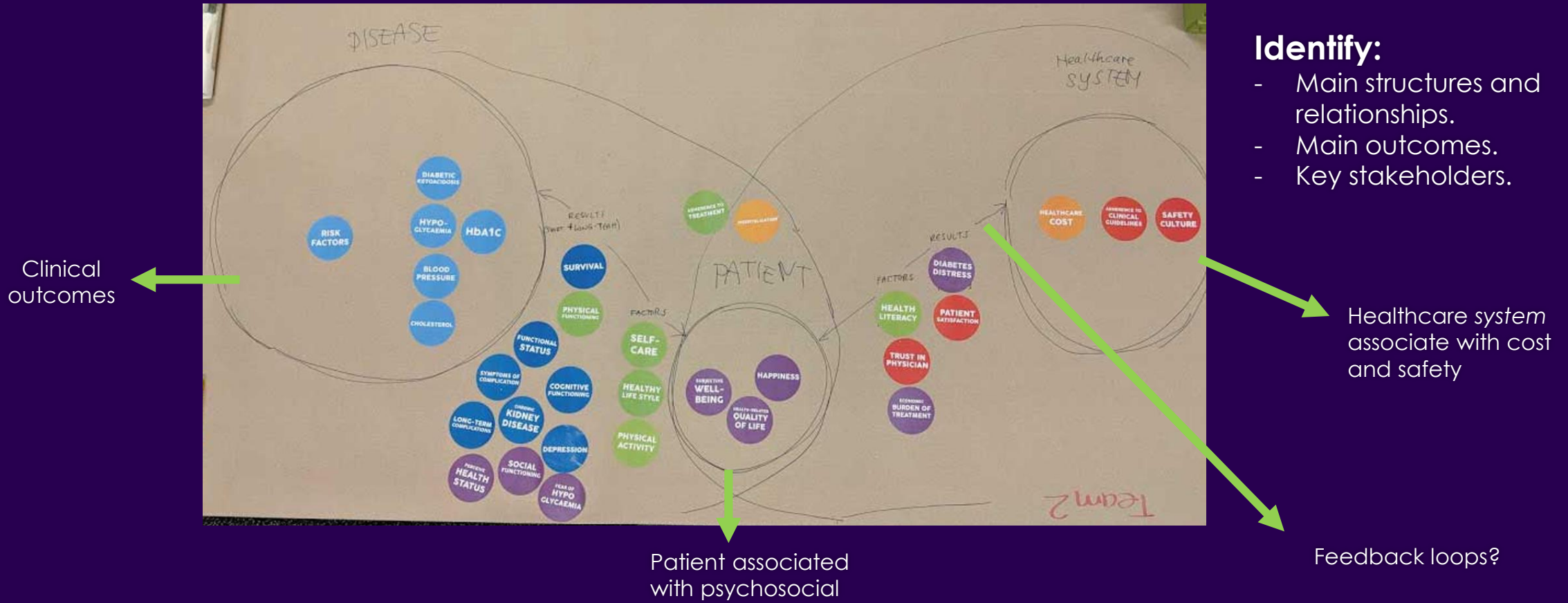


CAUSAL LOOP



IMPACT

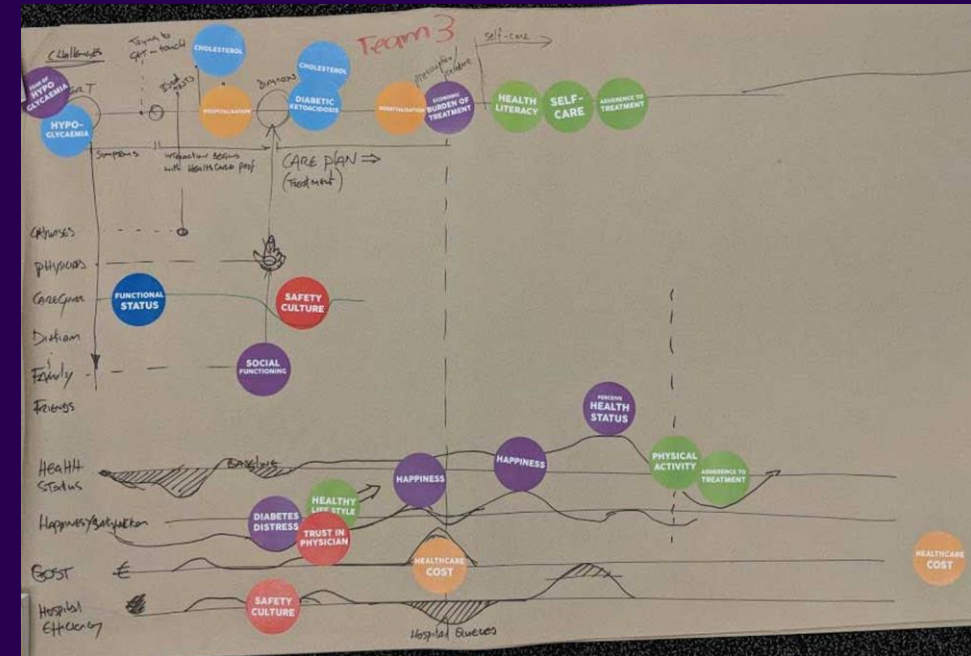
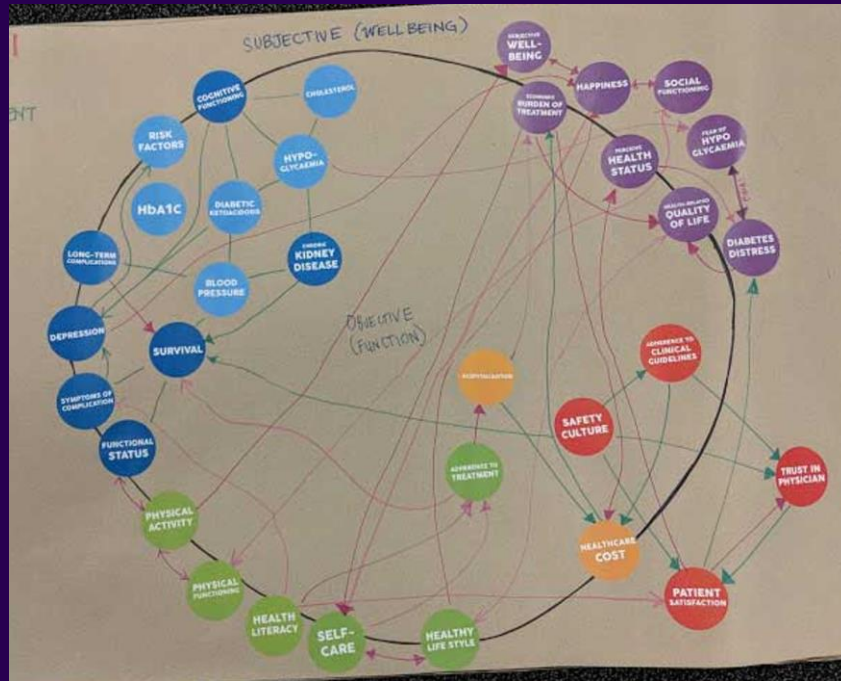
Making sense through outcomes (teams)



Identify:

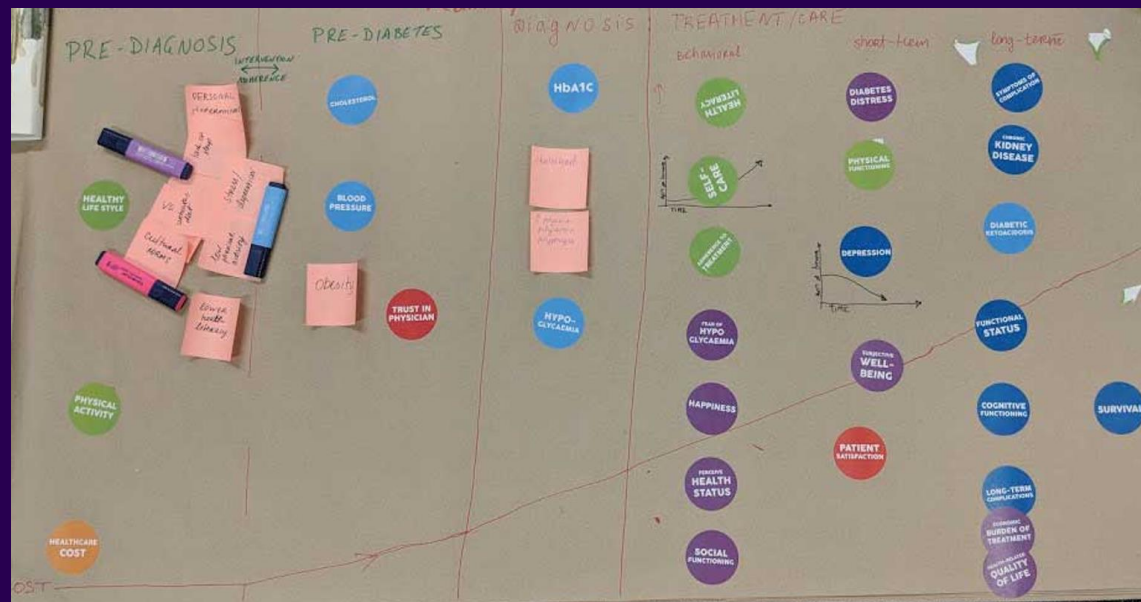
- Main structures and relationships.
- Main outcomes.
- Key stakeholders.

Making sense through outcomes (teams)



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Making sense through outcomes (teams)



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Thematic analysis of narratives (teams)

Healthcare system as external agent.

Circle to represent “equality”

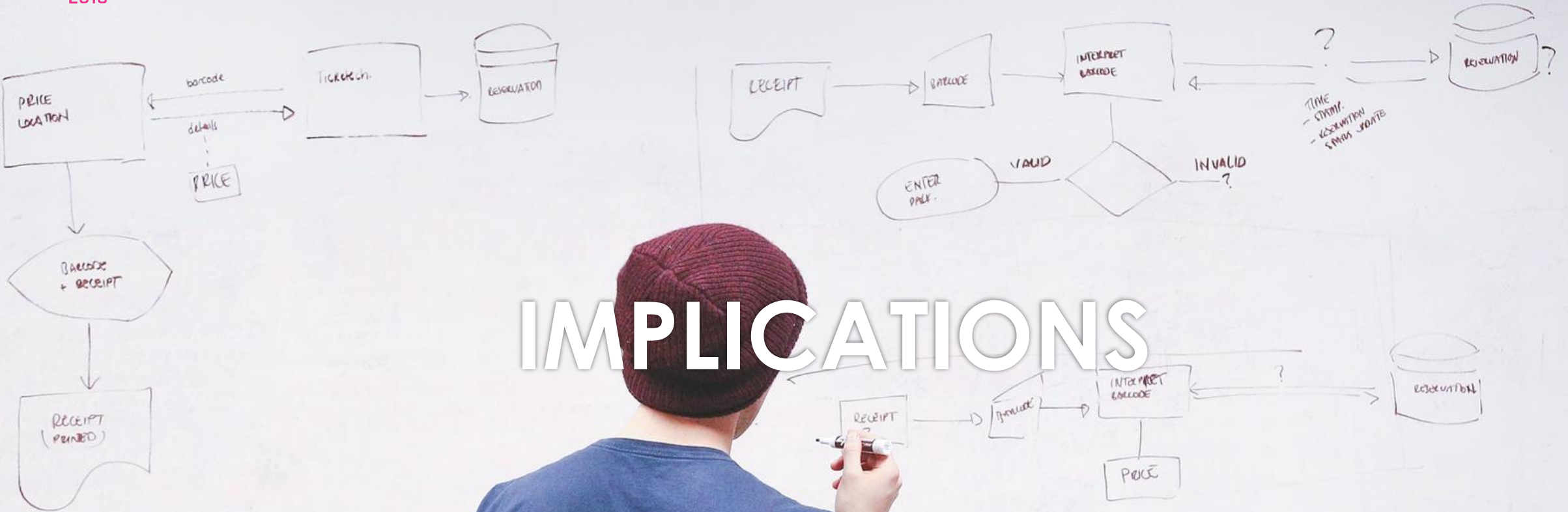
Disease as objective element of the system (clinical).

Patient as central

Psychosocial outcomes as something to construct on the long-term.

“This map is actually very clean to the real *mess*”

“Maps (visualization)) are great and *simple* to identify correlations and improvement areas.”



IMPLICATIONS

Need for *extra* boundaries

Elements of the system were added to help participants to deal with *smaller* units.

Outcomes as flexible and well appreciated element

Element to provoke meaningful discussions

There is not a clear team pattern

Although individually there were dominant structures, teams did not show a dominant pattern across visualisations.

CONCLUSIONS

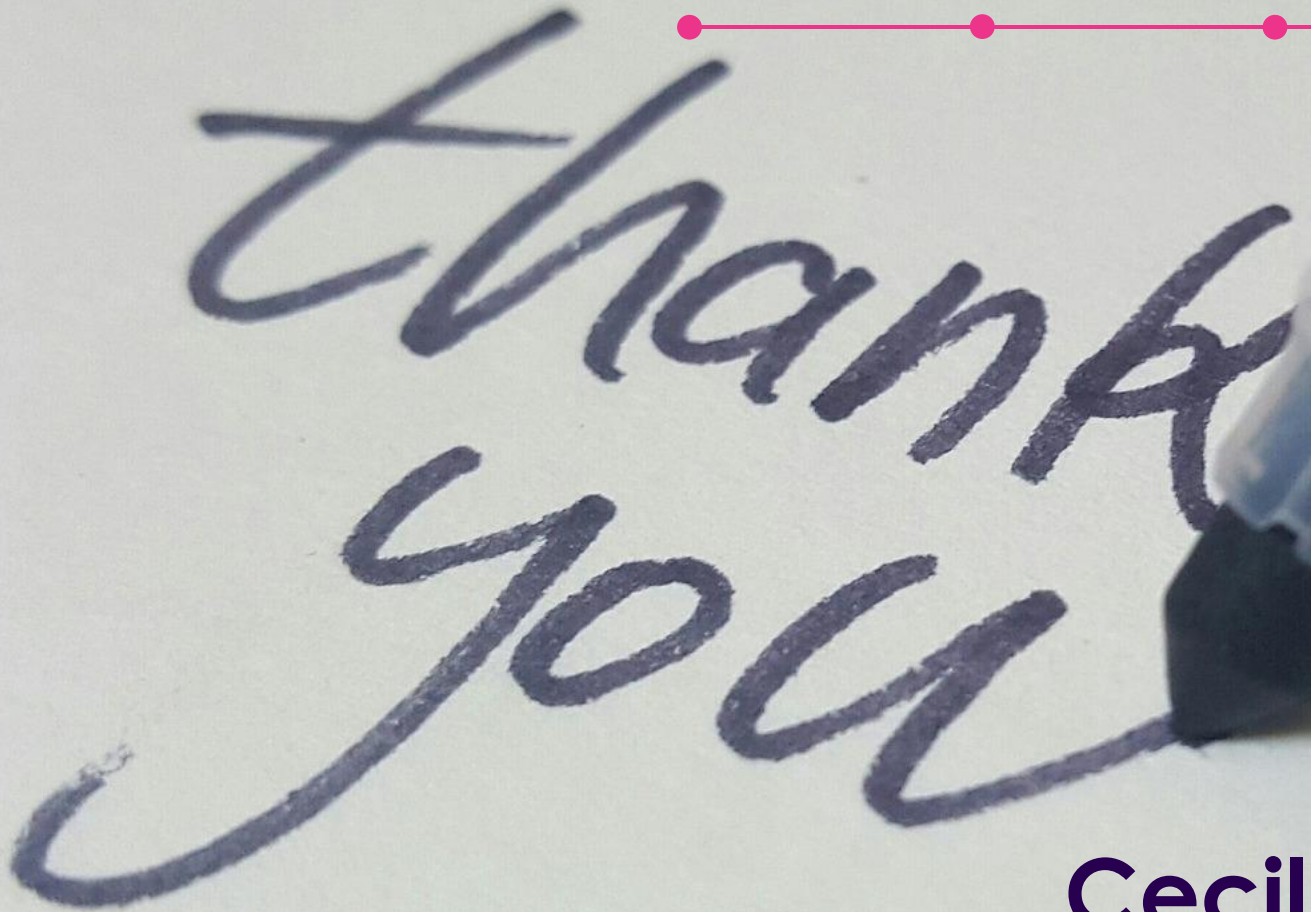
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Conclusions

- **Visualising healthcare system through outcomes as promising method**
 - Positive feedback for the design community.
 - Less support needed than expected.
 - Outcomes did not provoke a reductionist effect.

Future work

- **Improve outcomes**
 - Increase the number of outcomes and their information.
 - Explore the technique with other stakeholders.



Thank
you

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