



beyond consultation

Creative methods for
engaging consumers and
clinicians in co-design

acknowledgement of country

I respectfully acknowledge the Traditional Custodians of the lands on which we meet and recognise their continuing connection to land, water and community.

I pay respect to Elders past, present and emerging, and I recognise that these lands have always been places of teaching and learning.

the plan

who, what & why

methods buffet

project case study

potential benefits & blunders



who, what & why



**have you
worked with a
designer before?**

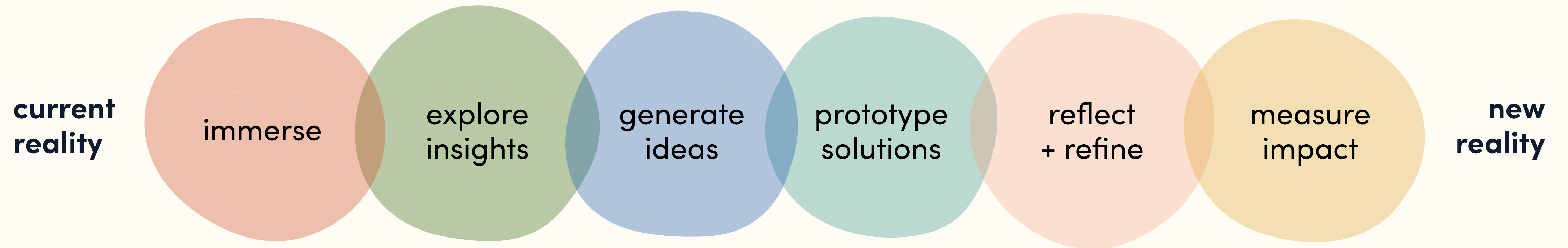
have you worked
with an *experience*
designer before?



My role as an “*experience designer*” is to untangle complex healthcare problems by deeply immersing myself in the day-to-day experiences of consumers and clinicians, connecting the dots and uncovering opportunities to (co)design meaningful interactions with the healthcare system.



my role as an “experience designer”



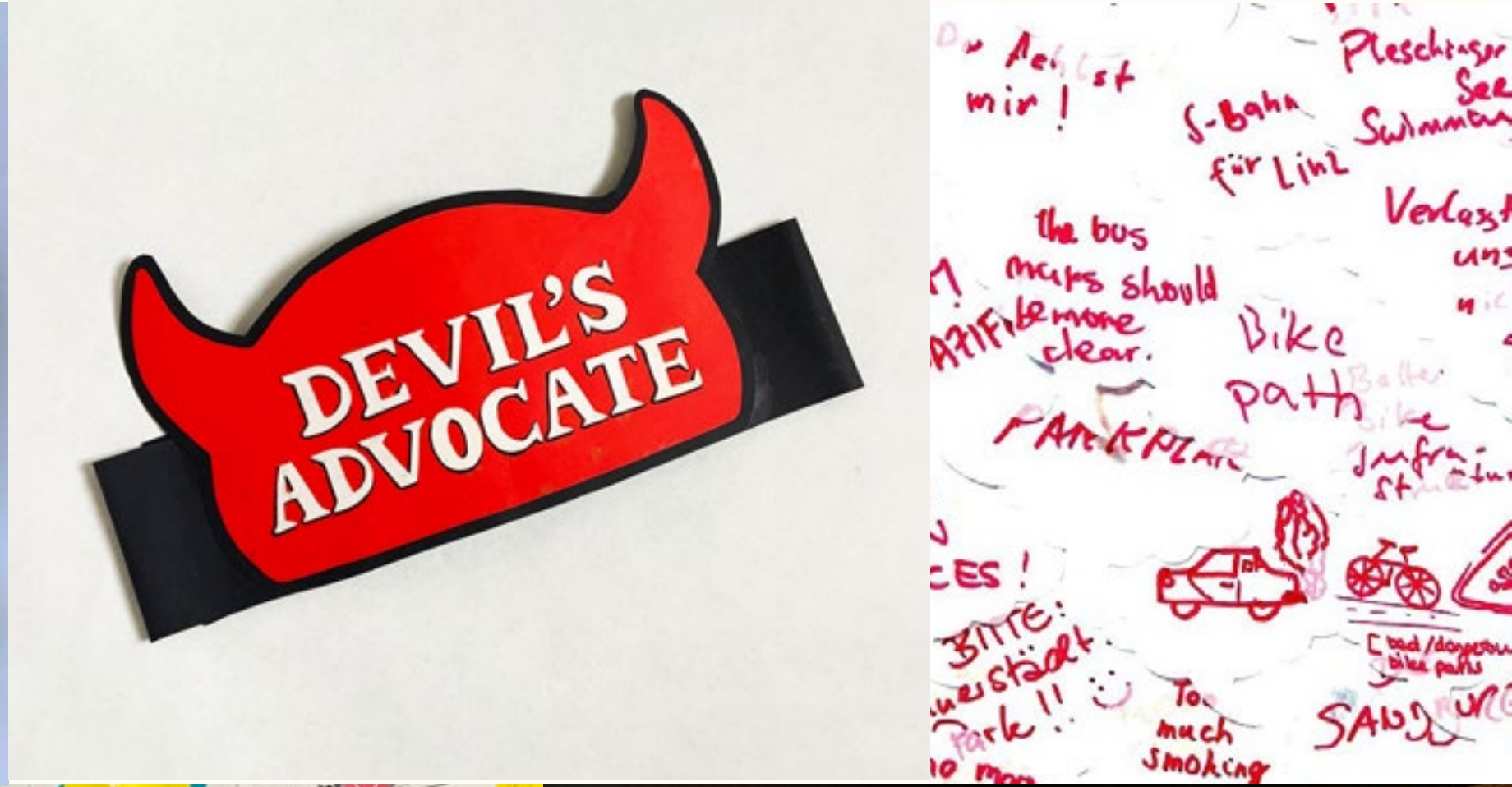
**but what do
i actually do?**

design collaborative methods

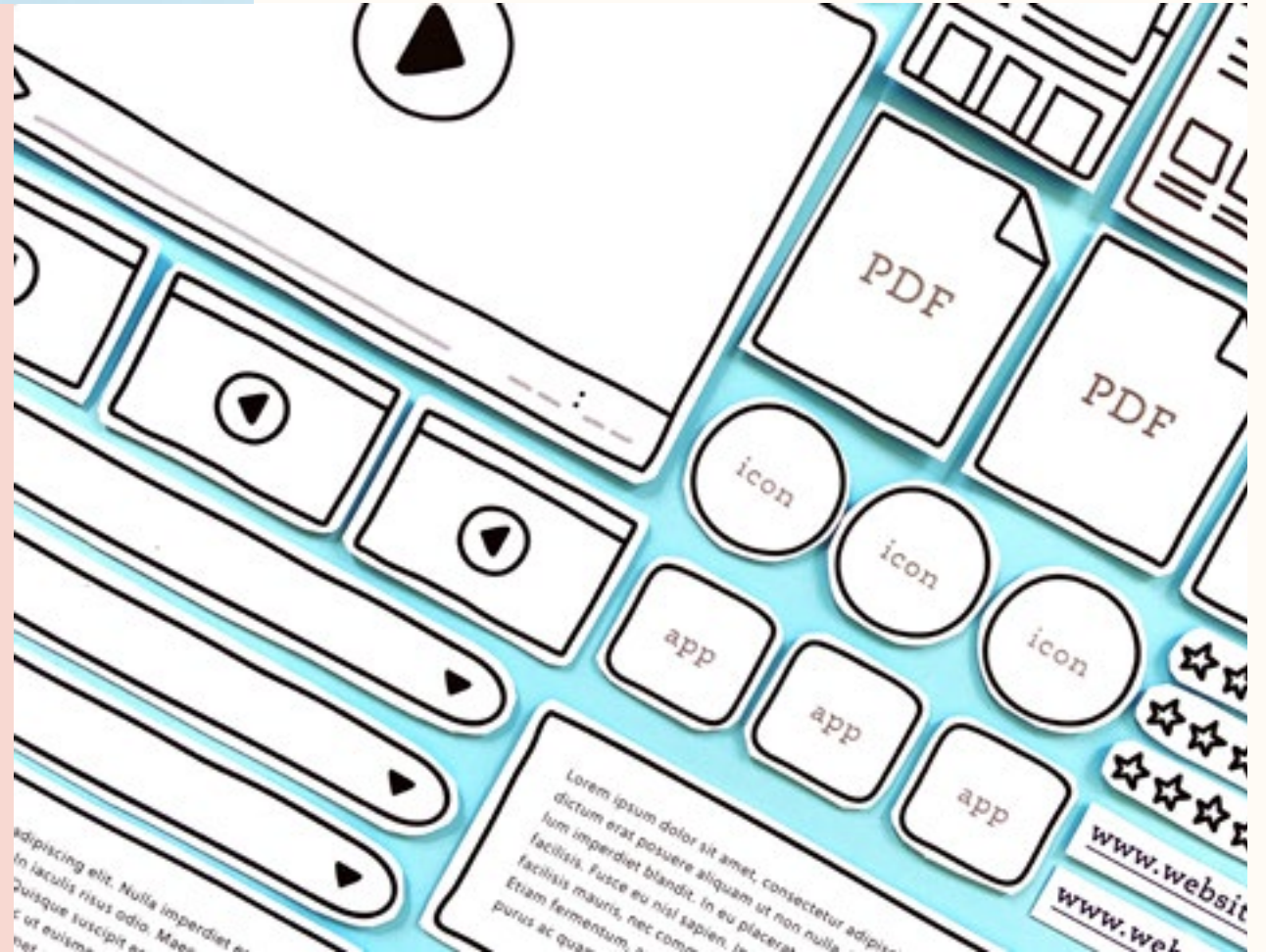
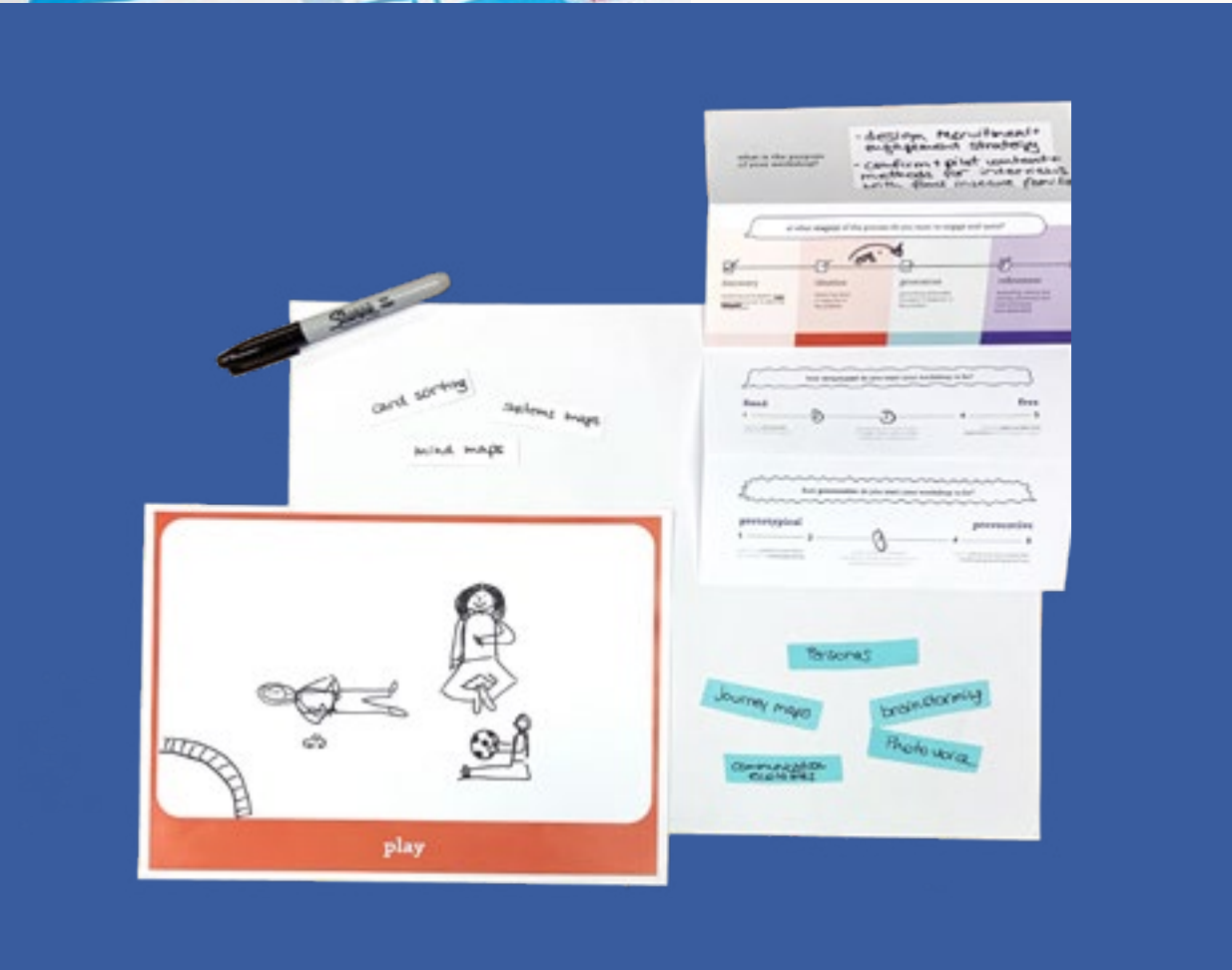
facilitate collaboration

map problems and systems

(co)design solution(s)



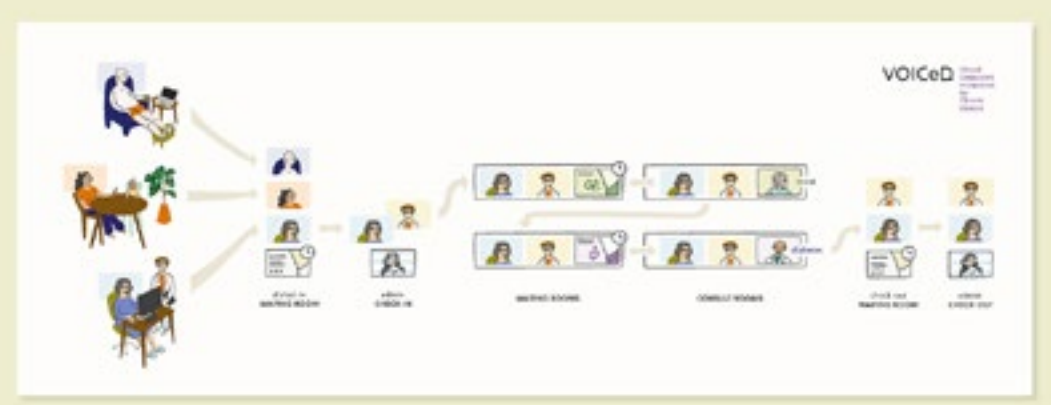
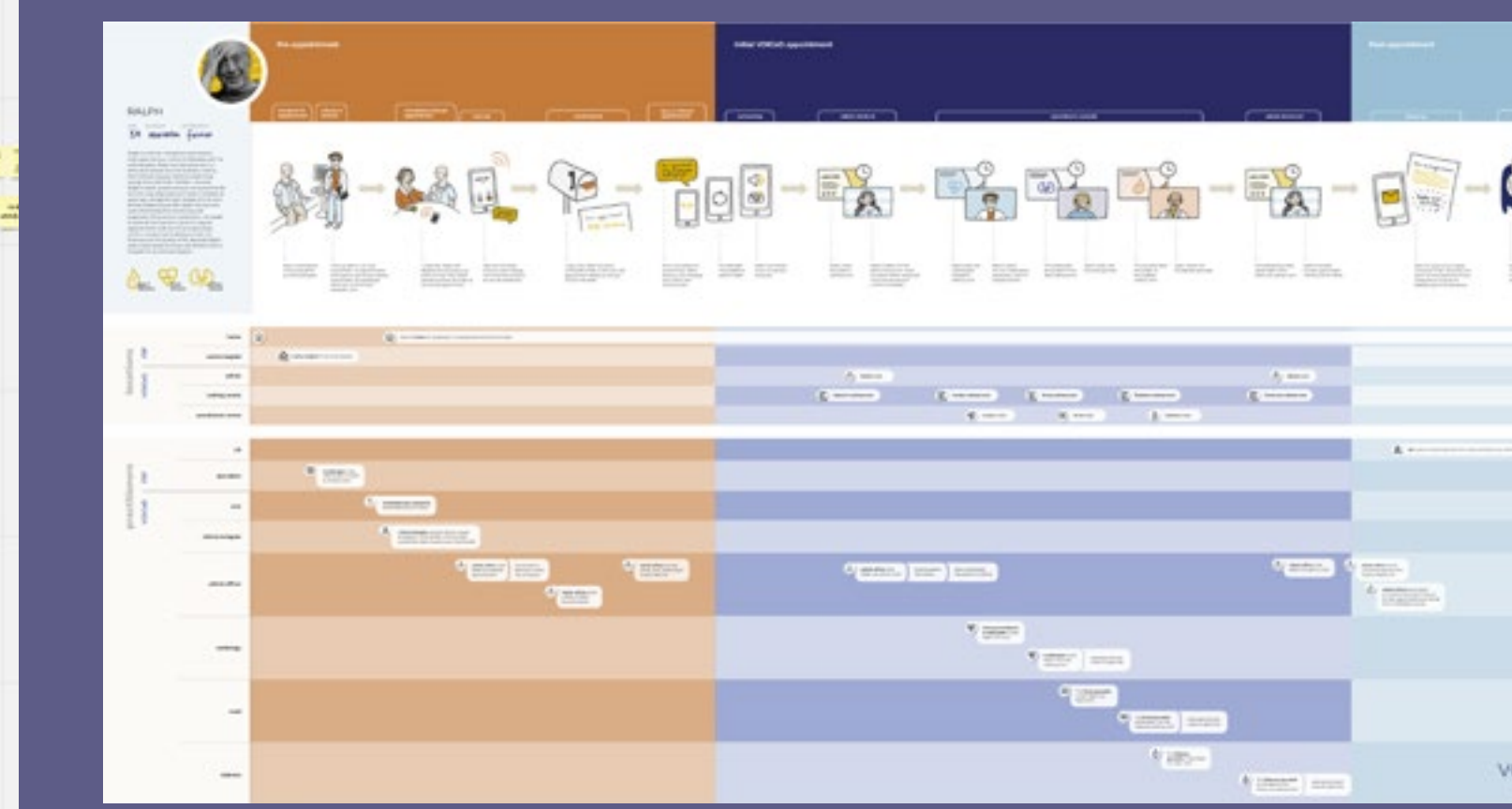
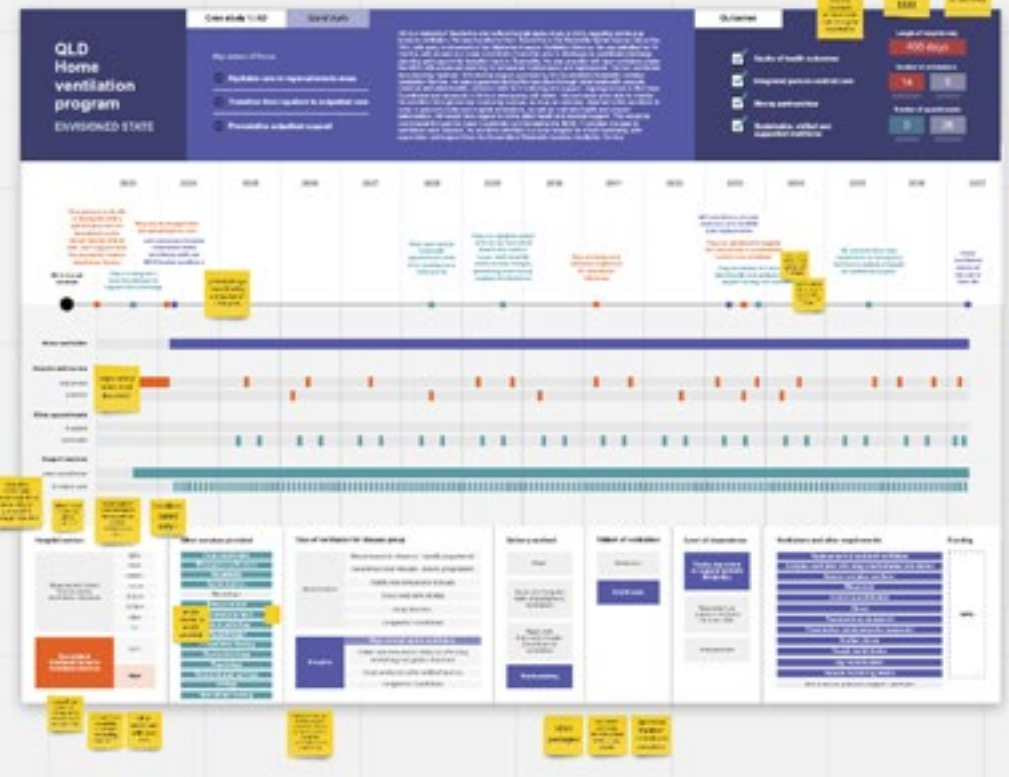
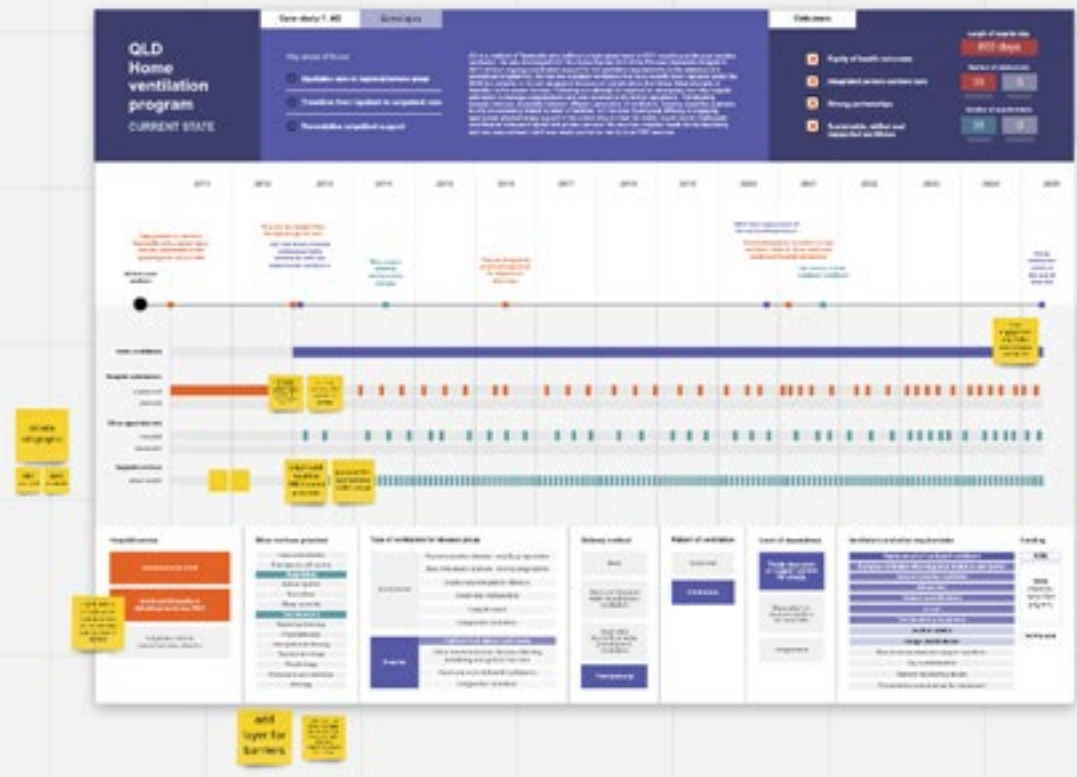
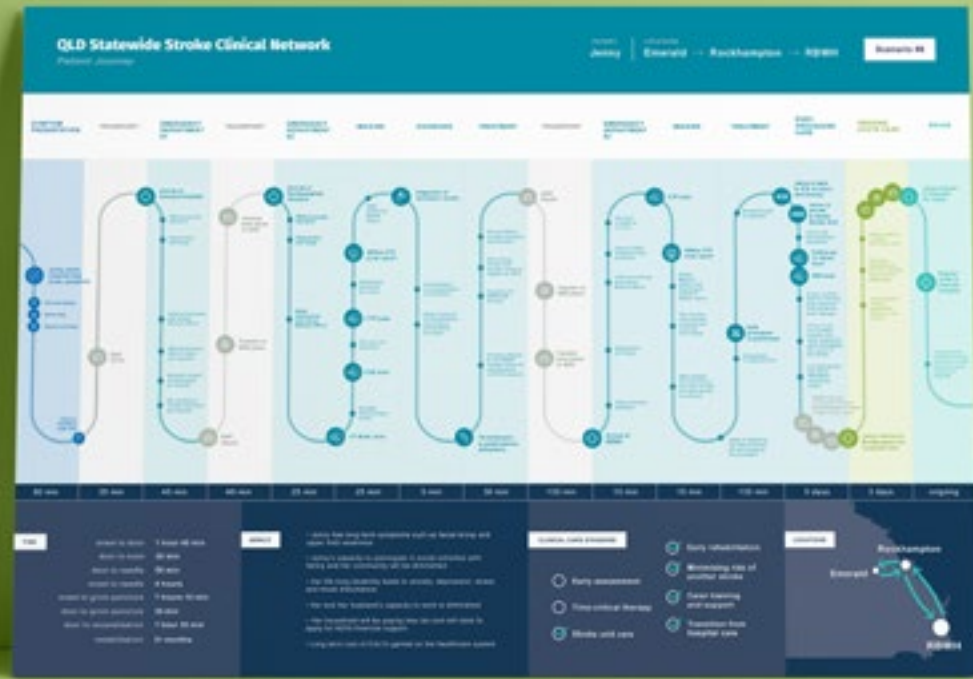
design collaborative methods



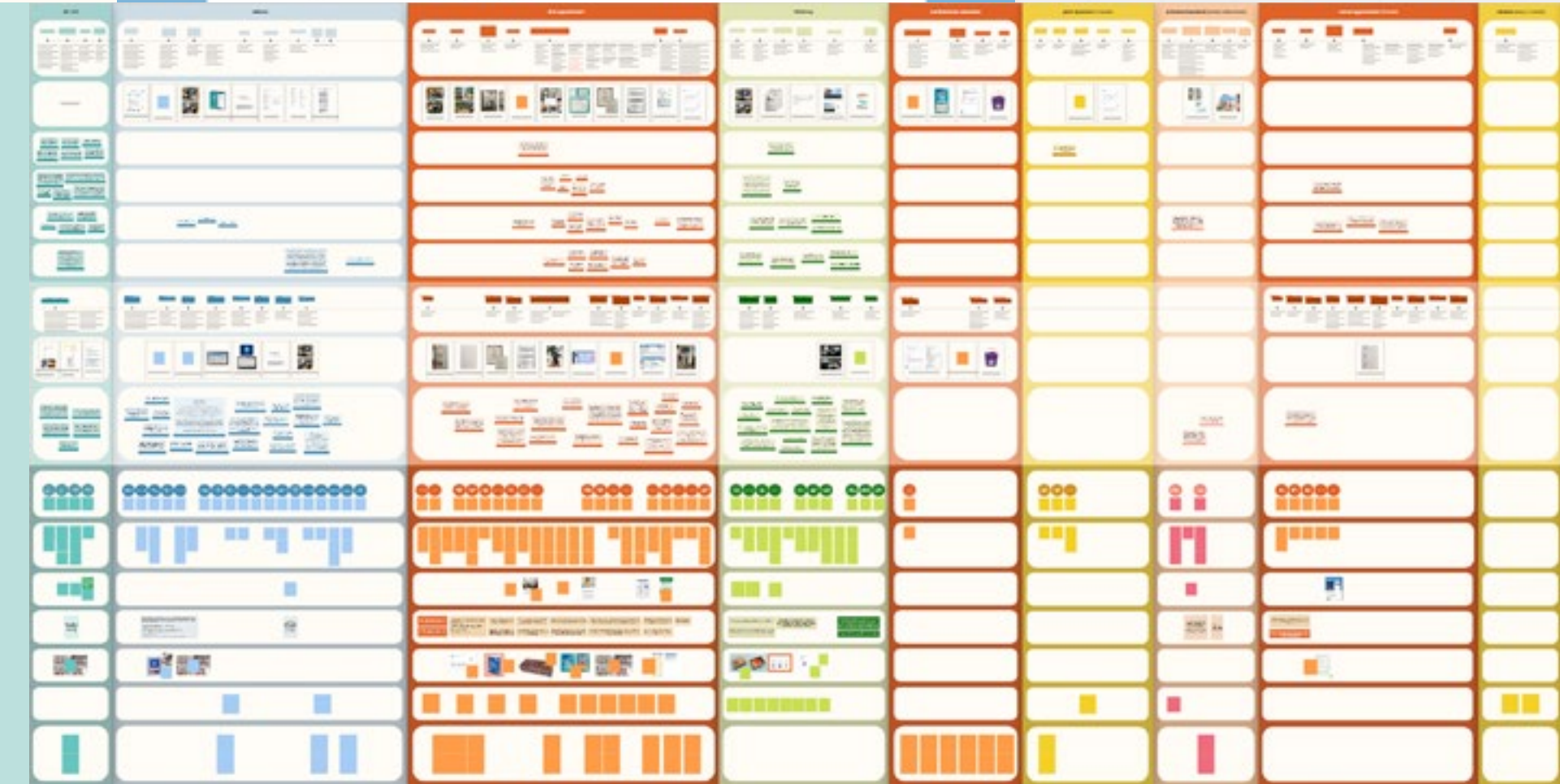
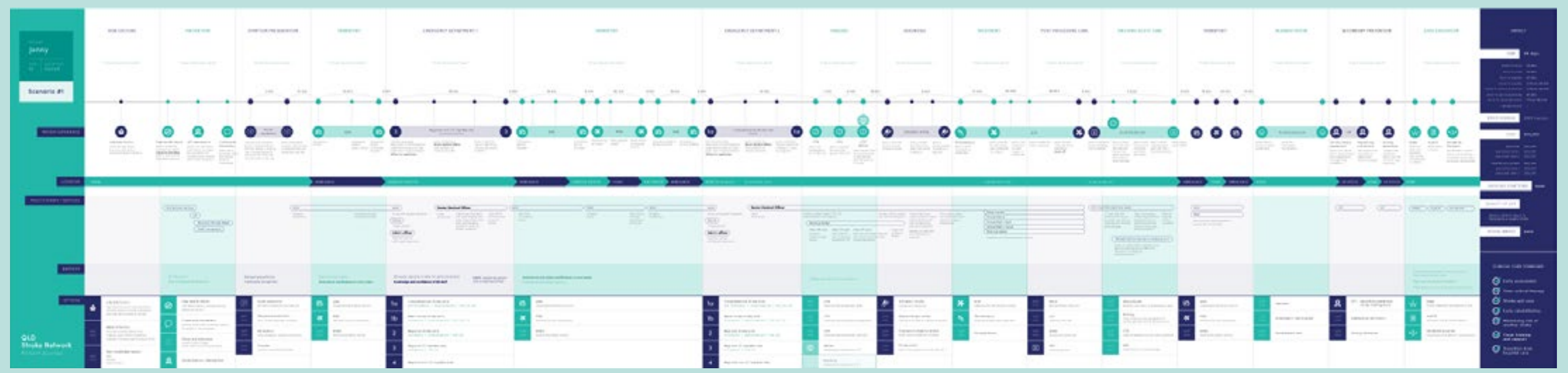
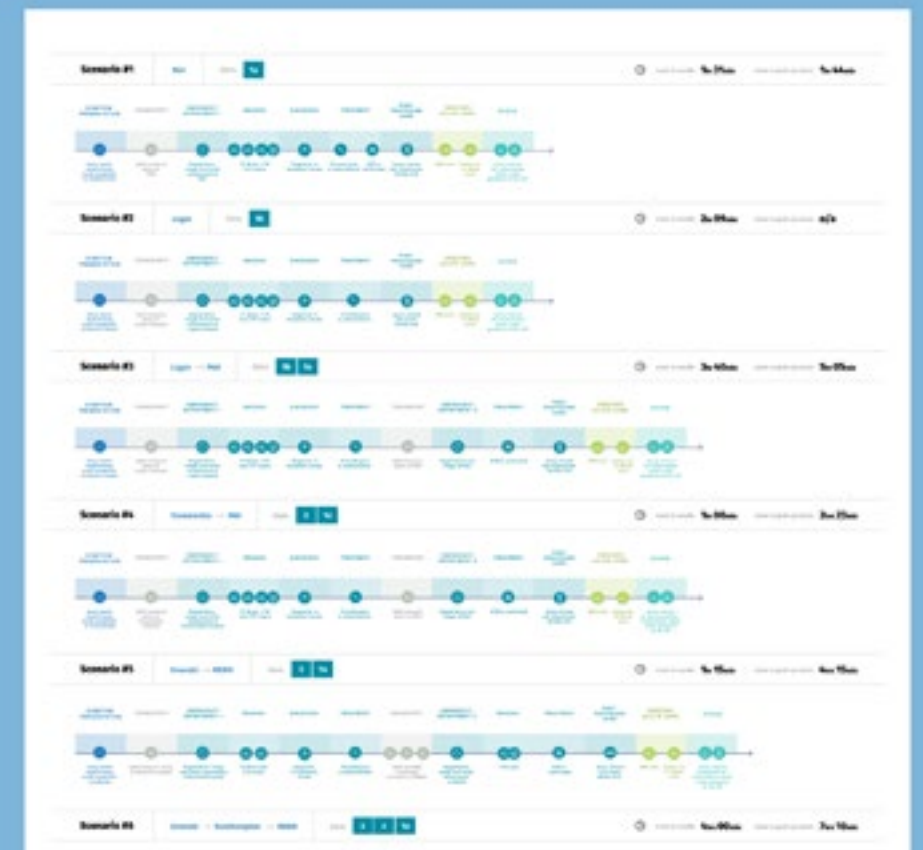


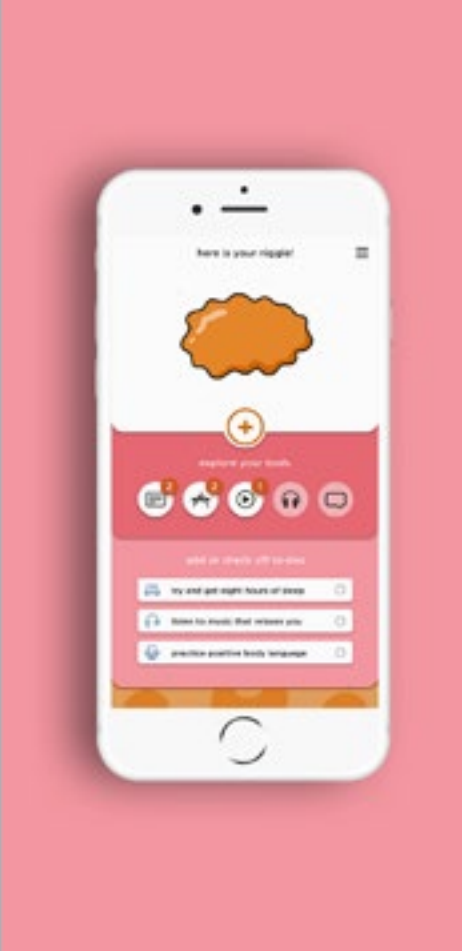
facilitate collaboration



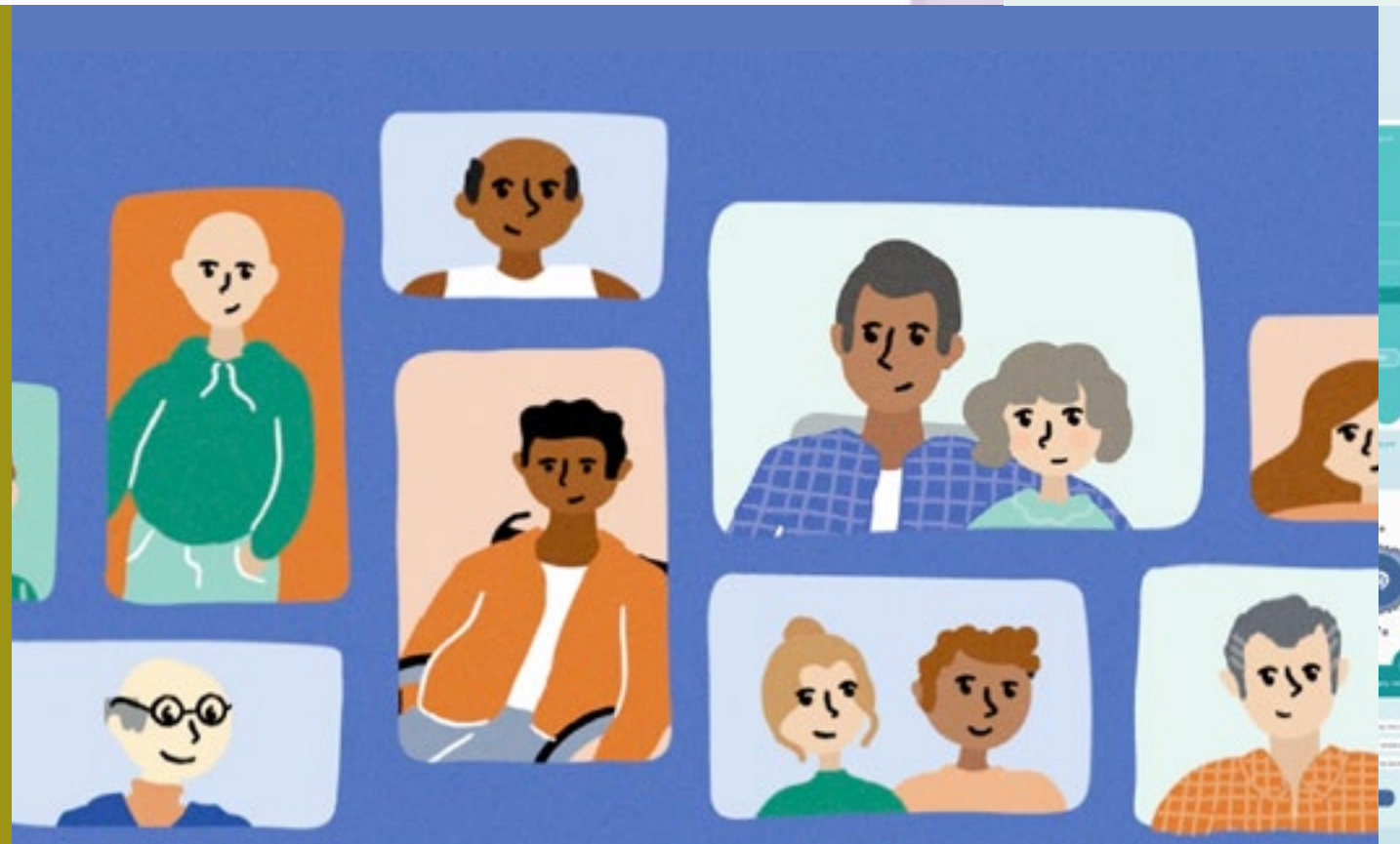
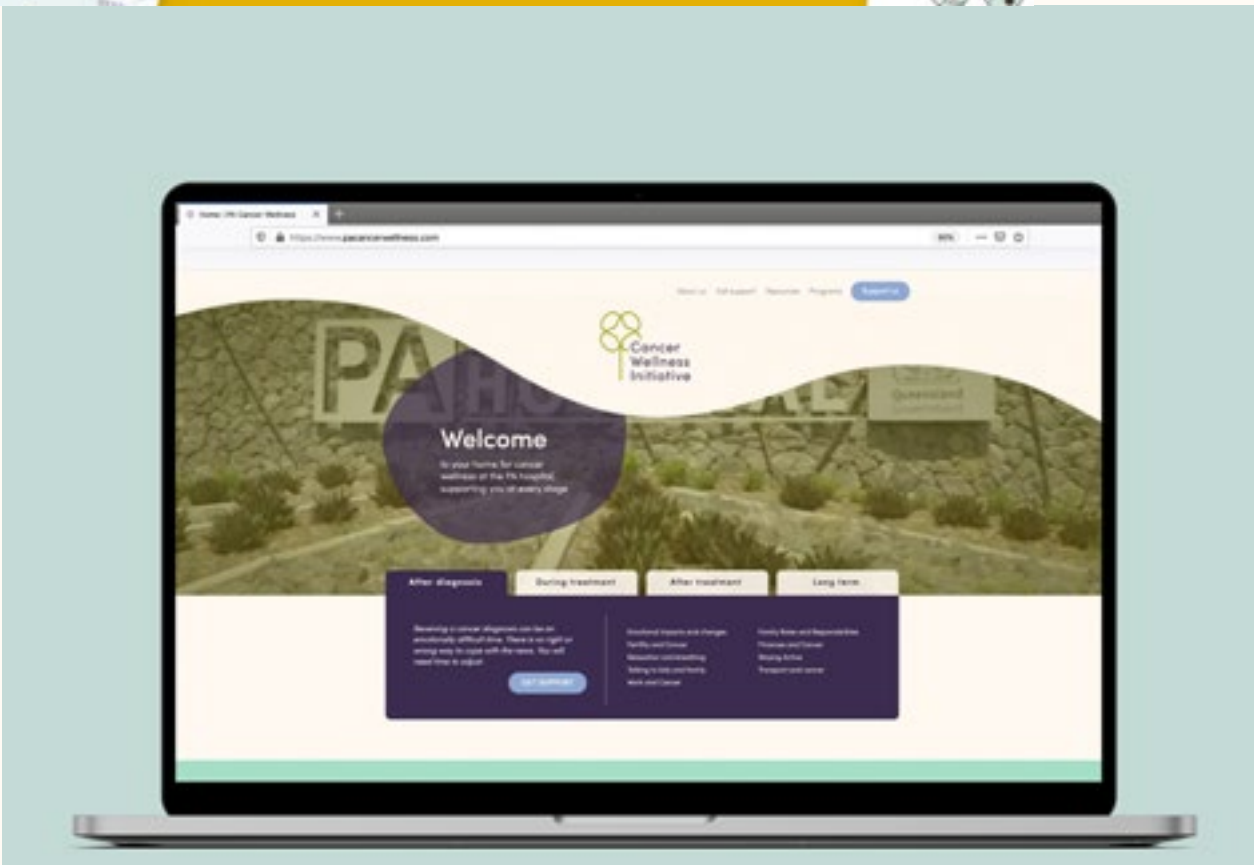
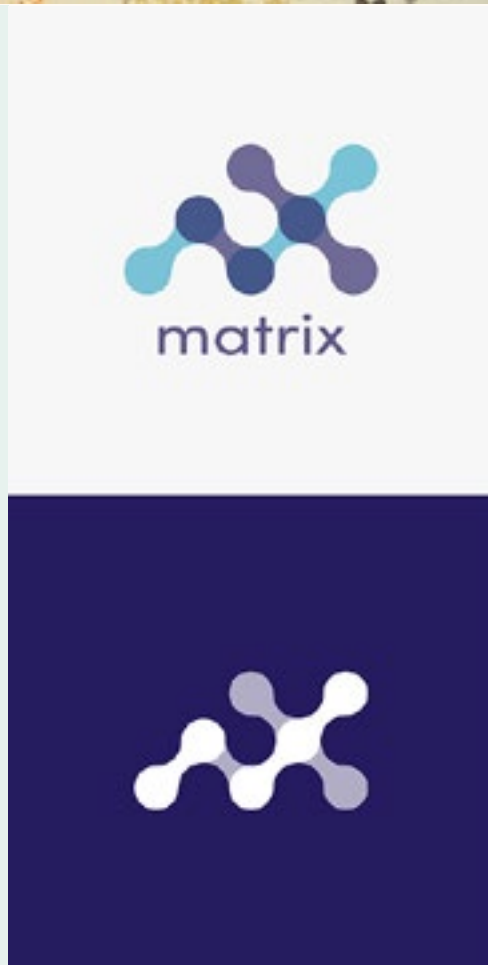
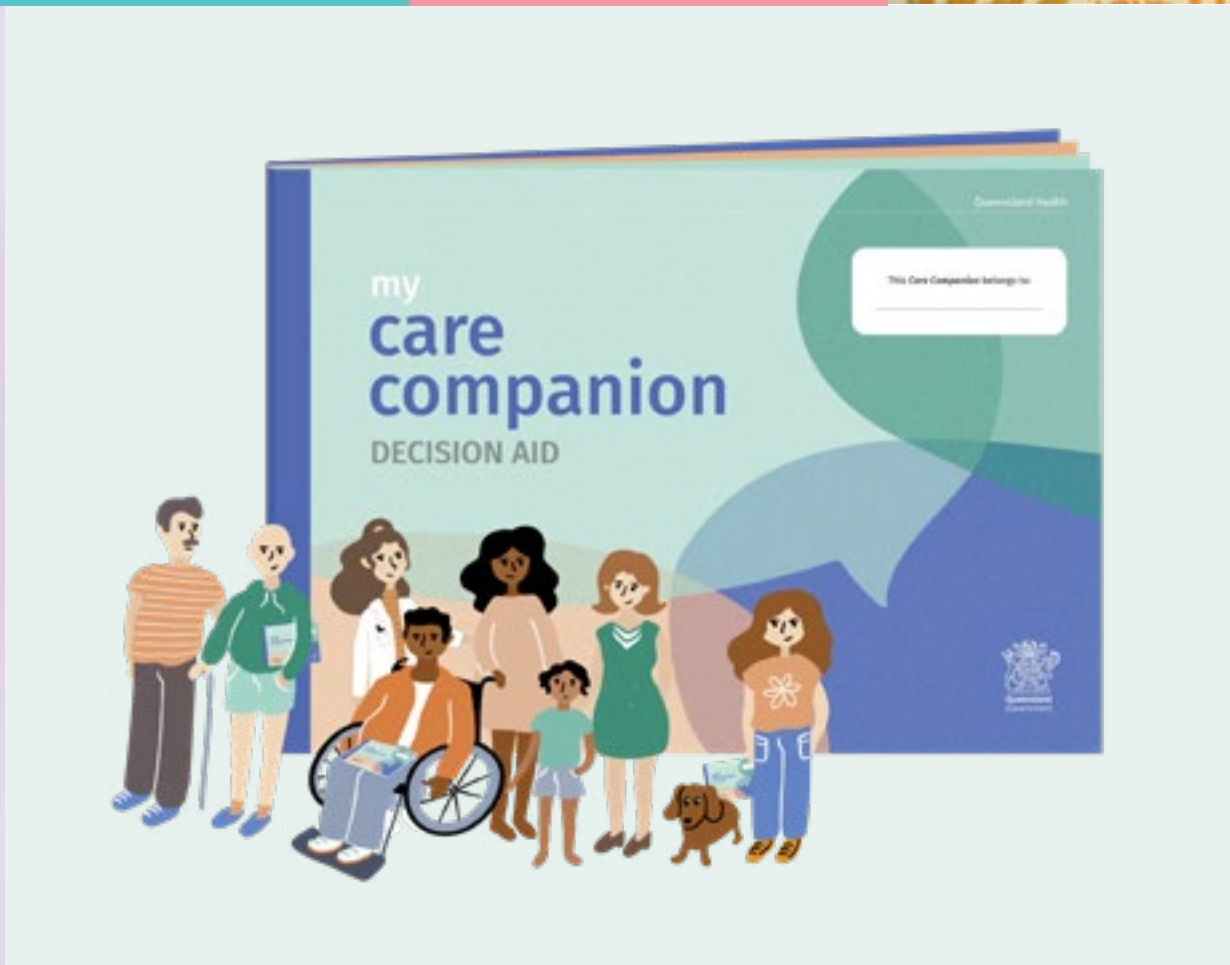
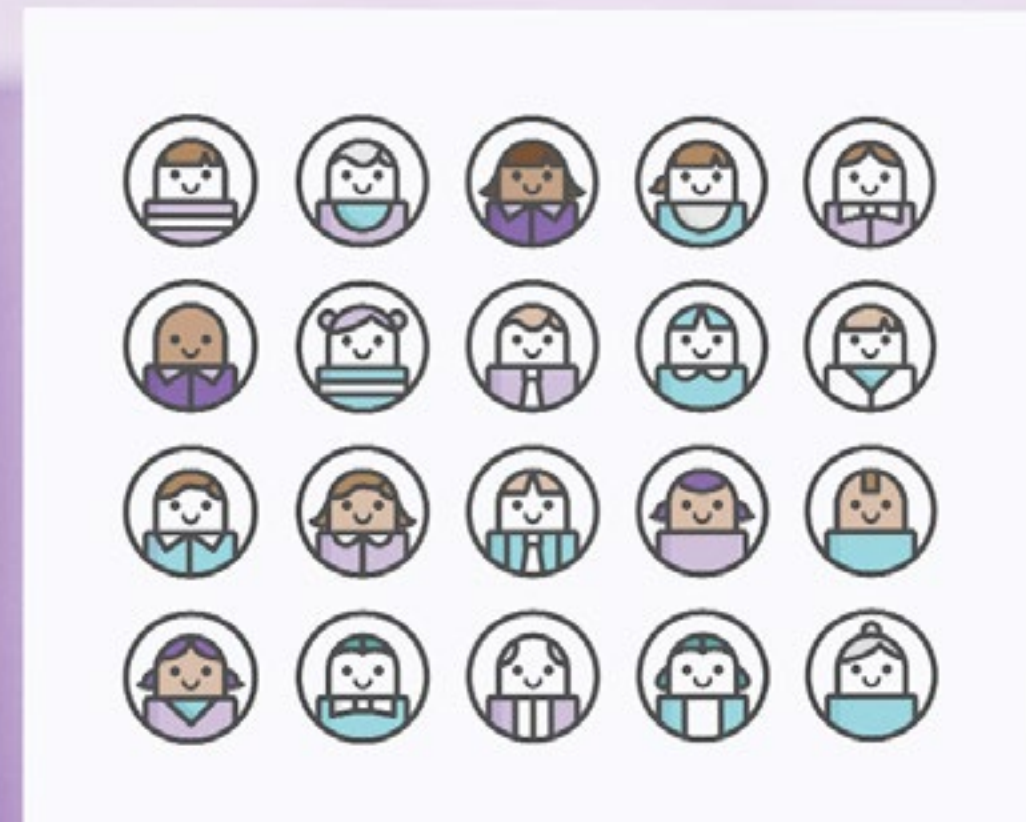


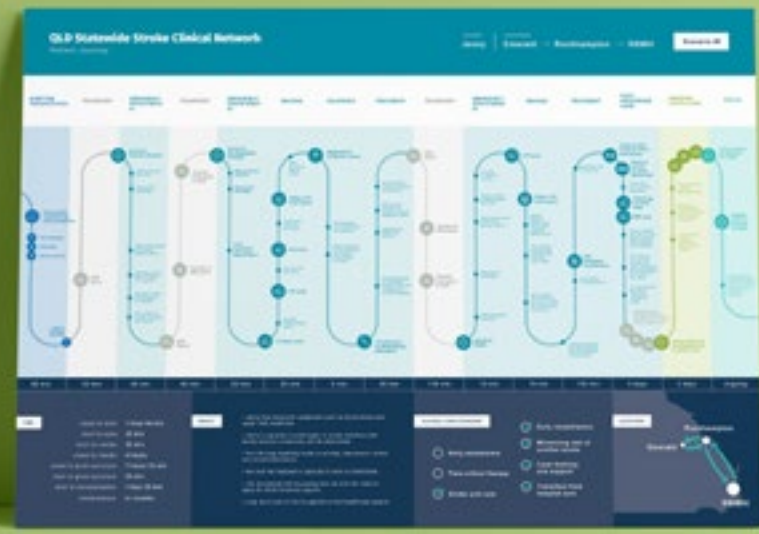
map
problems
and systems





(co)design
the solution(s)





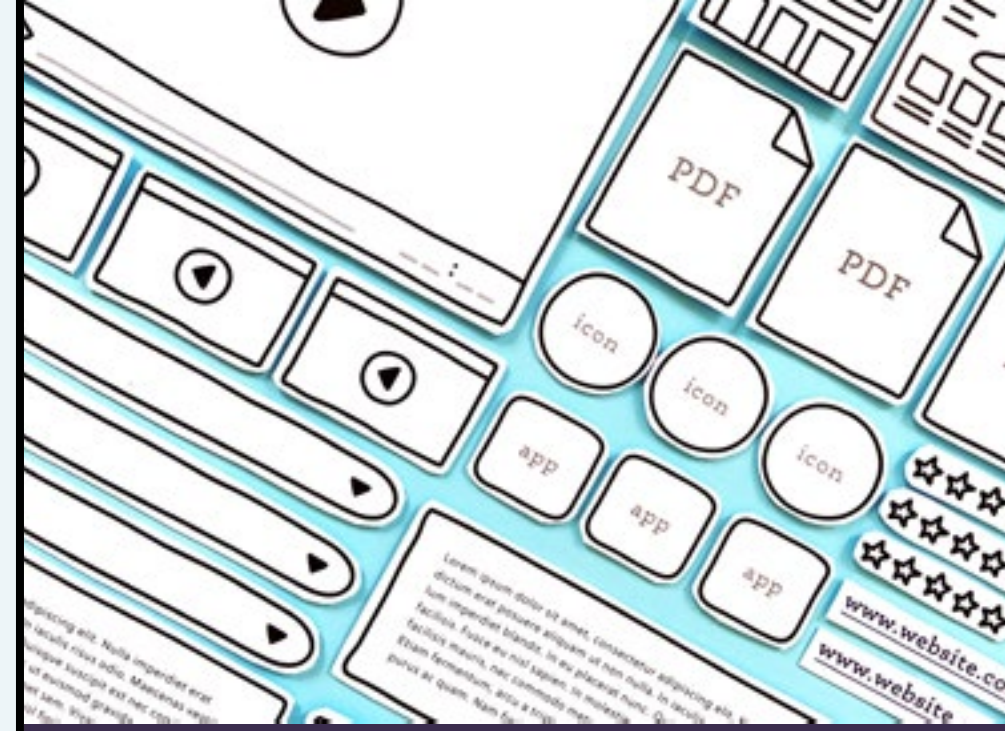
Statewide stroke mapping
Statewide Stroke Clinical Network



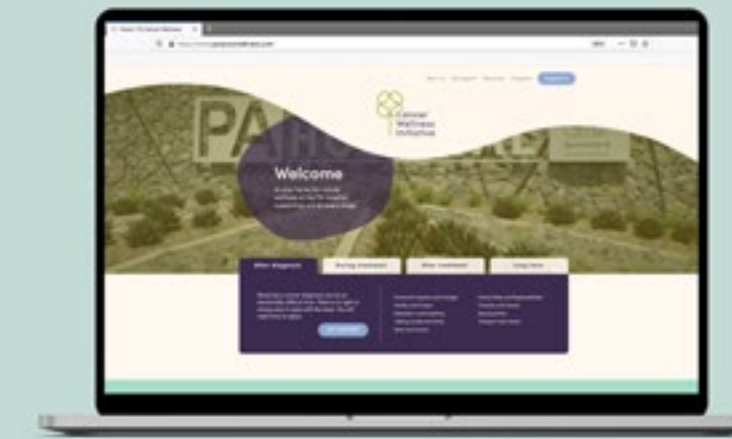
Care companion
High Benefit Care at End of Life



VOICeD
Statewide Diabetes Clinical Network



Cancer Wellness Initiative
PA Hospital



first
100
days
of JIA

First 100 days of JIA
QCH Rheumatology



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Creative methods for
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Creative methods for
engaging consumers and
clinicians in co-design

the spectrum of engagement

consultation

collaboration

codesign



extractive

empowering

(VicHealth, 2019; Voluntary Service Overseas, 2004)

the spectrum of engagement

“We will keep you informed, take on your feedback and let you know how it was incorporated in what we decided to do”

consultation

collaboration

codesign



extractive

empowering

(VicHealth, 2019; Voluntary Service Overseas, 2004)

the spectrum of engagement

consultation

collaboration

codesign

extractive

empowering

“Let’s work together to understand and solve this problem from start to finish”

(VicHealth, 2019; Voluntary Service Overseas, 2004)

beyond consultation

Creative methods for
engaging consumers and
clinicians in co-design



Borrowed from the world of Design (*Experience Design, Interaction Design and HCI*), these methods are designed to incite imaginative play and collective dreaming, exploring current and future possibilities in a way that is meaningful, engaging and empowering.

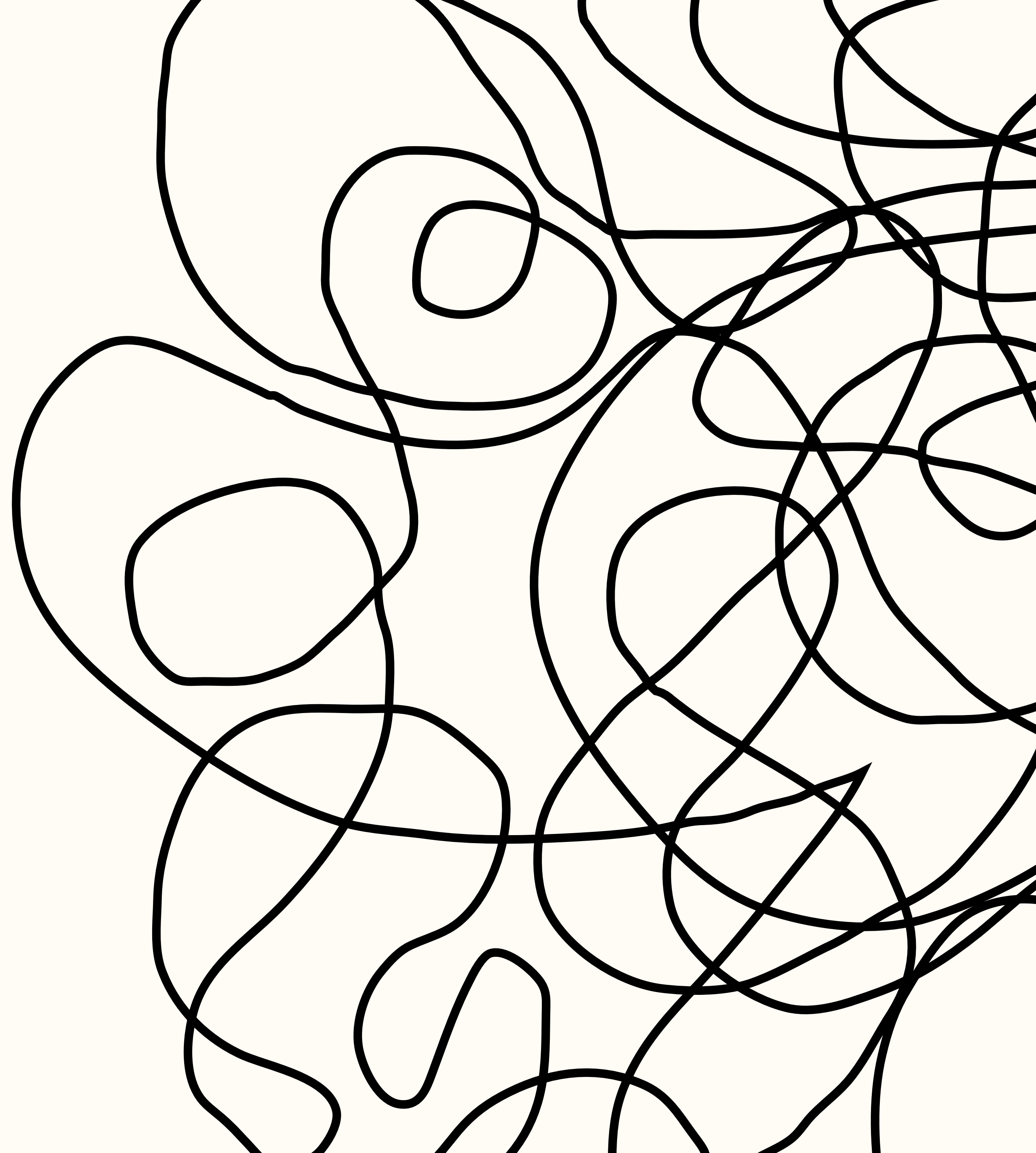


healthcare
is full of

wicked problems

Problems that are difficult or impossible to solve as they involve diverse stakeholders, are ever-changing and are not clearly defined.

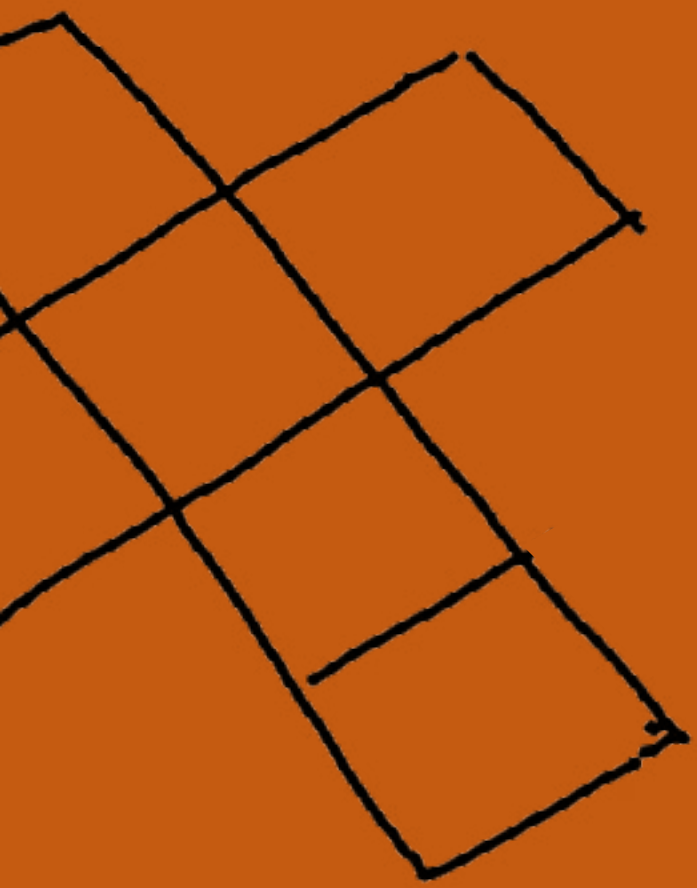
(Rittel & Webber, 1973; Crowley & Head, 2017)



**By definition, wicked problems
can't be treated with traditional
approaches – those which are linear,
analytical and definitive**

(Rittel & Webber, 1973)

Therefore, health professionals are increasingly looking to designers for novel participatory methods to engage clinicians and consumers.



Play is “not just mindless entertainment,
but an essential way of engaging with, and
learning about, our world and ourselves –
for adults as well as children”

(Gaver, 2009, p.3)



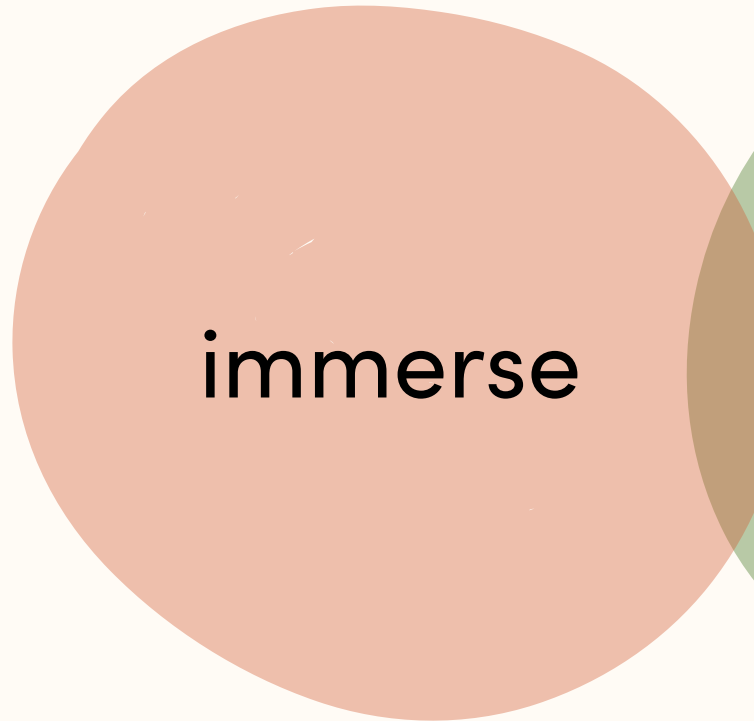


methods buffet

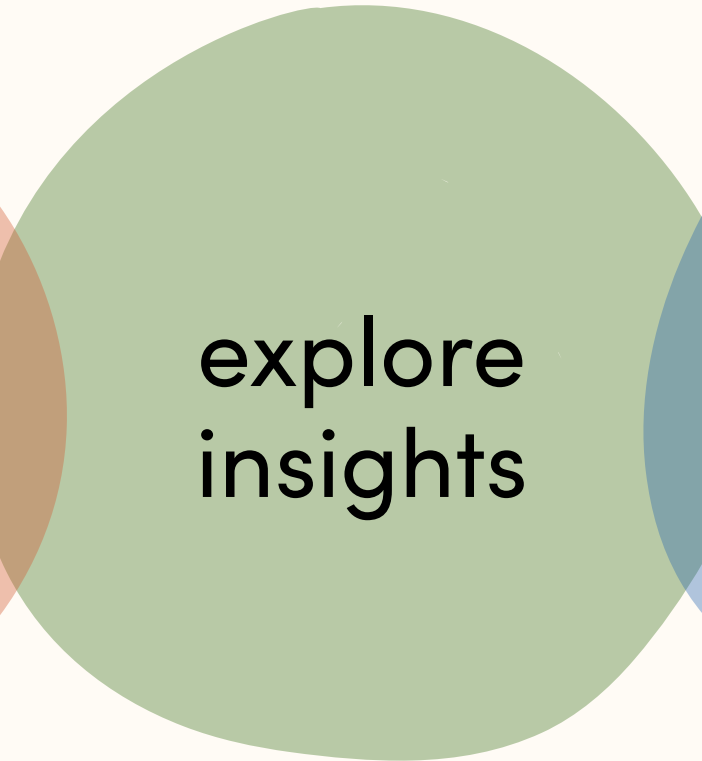


the co-design process

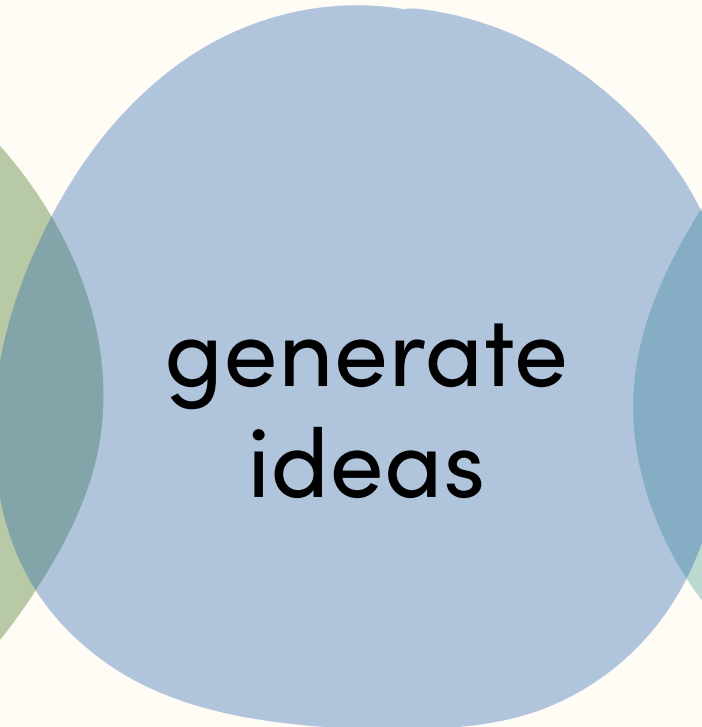
**current
reality**



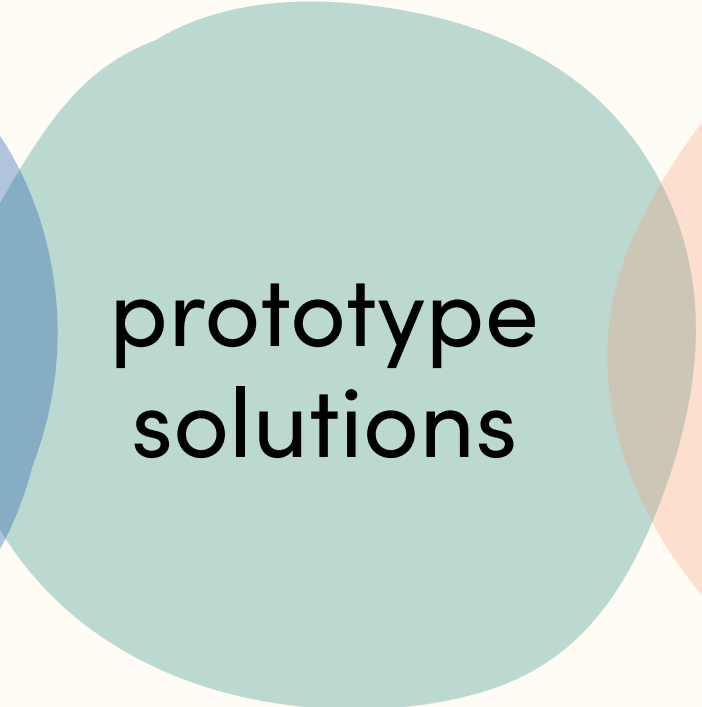
immerse



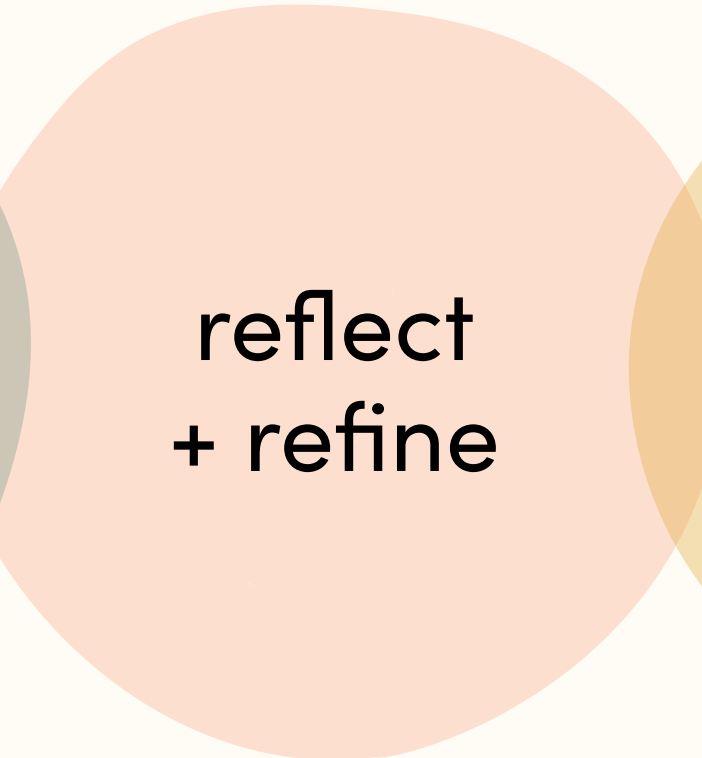
explore
insights



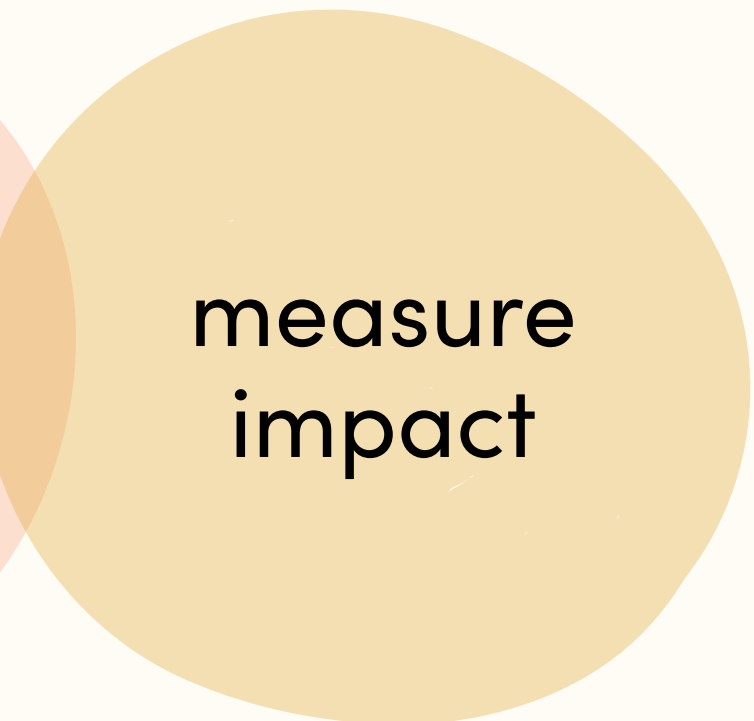
generate
ideas



prototype
solutions



reflect
+ refine



measure
impact

**new
reality**

these methods can be used to...

**current
reality**

immerse

explore
insights

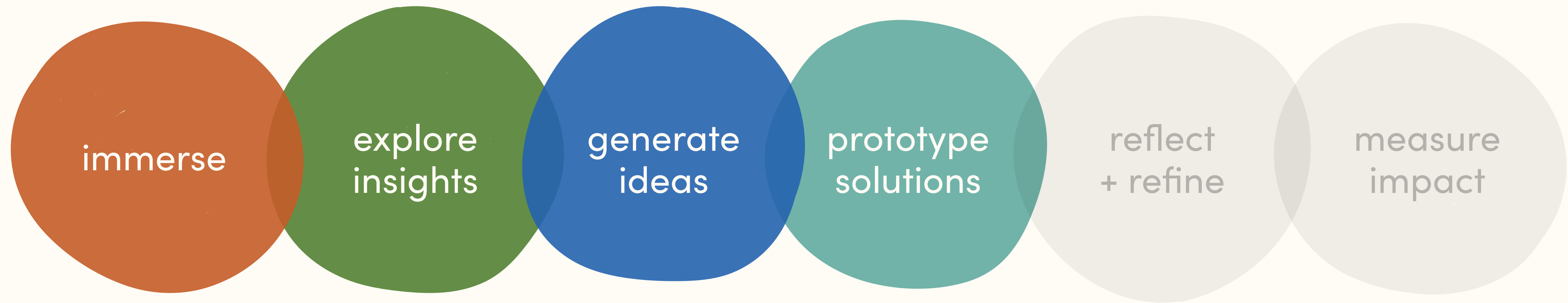
generate
ideas

prototype
solutions

reflect
+ refine

measure
impact

**new
reality**



methods to
immerse

These methods are designed to capture and explore lived experience, generating rich qualitative data.

Common methods:

- Interview
- Survey
- Observation/shadowing

cultural probes

Tools for self-documentation, sent to end-users' home environment or relevant context to be completed individually or in groups.

(Gaver, 2007; Mattelmäki, 2006;
Sanders & Stappers, 2014,
ProbeTools n.d.)



cultural probes

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GRIPES INCIDENT REPORT

Date: ___ | ___ | ___

Where did the gripe come from?

- Place: Phone Email In person Other
- Person: Parent(s) Patient Staff member Me (Jenny)

Other details

e.g. place (if other), staff member role, age and stage of the patient

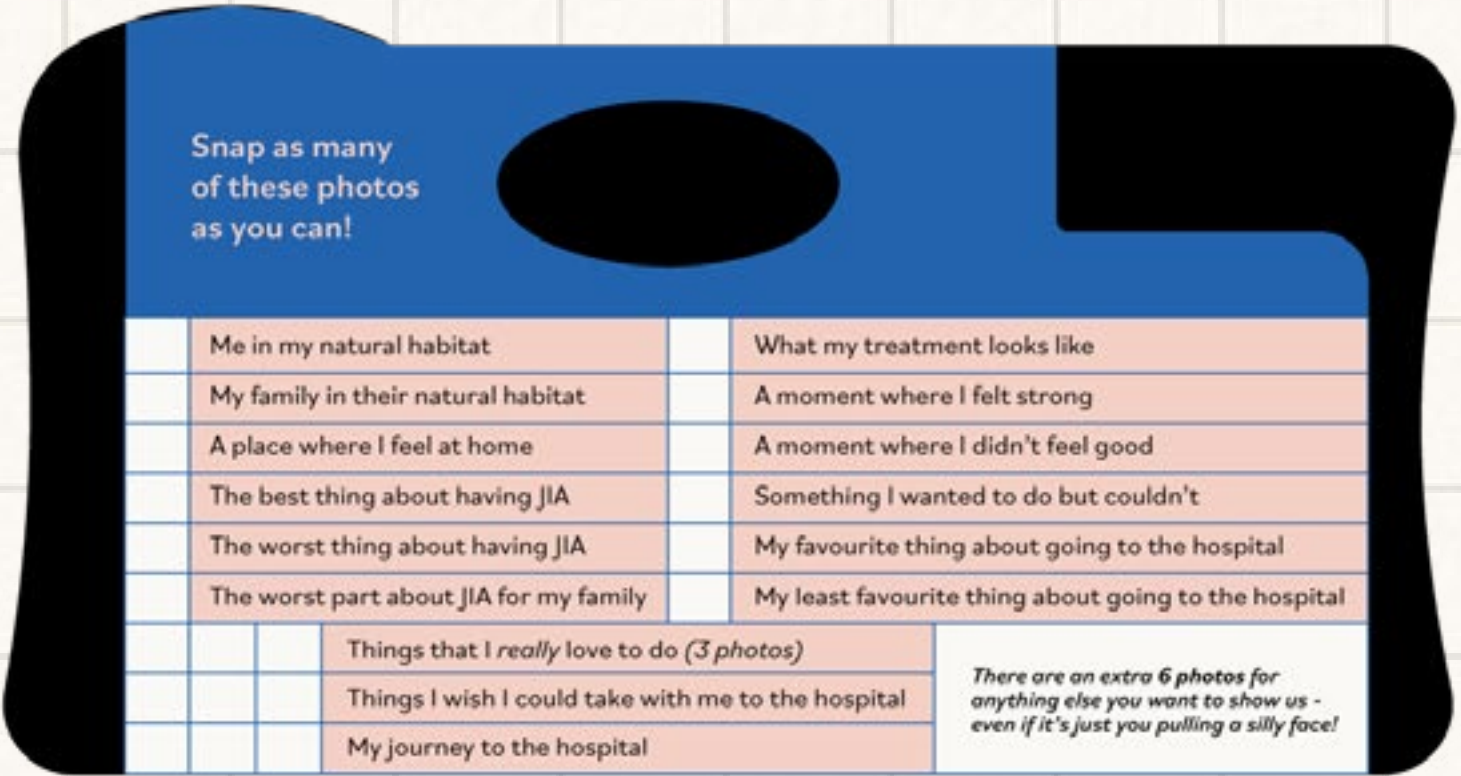
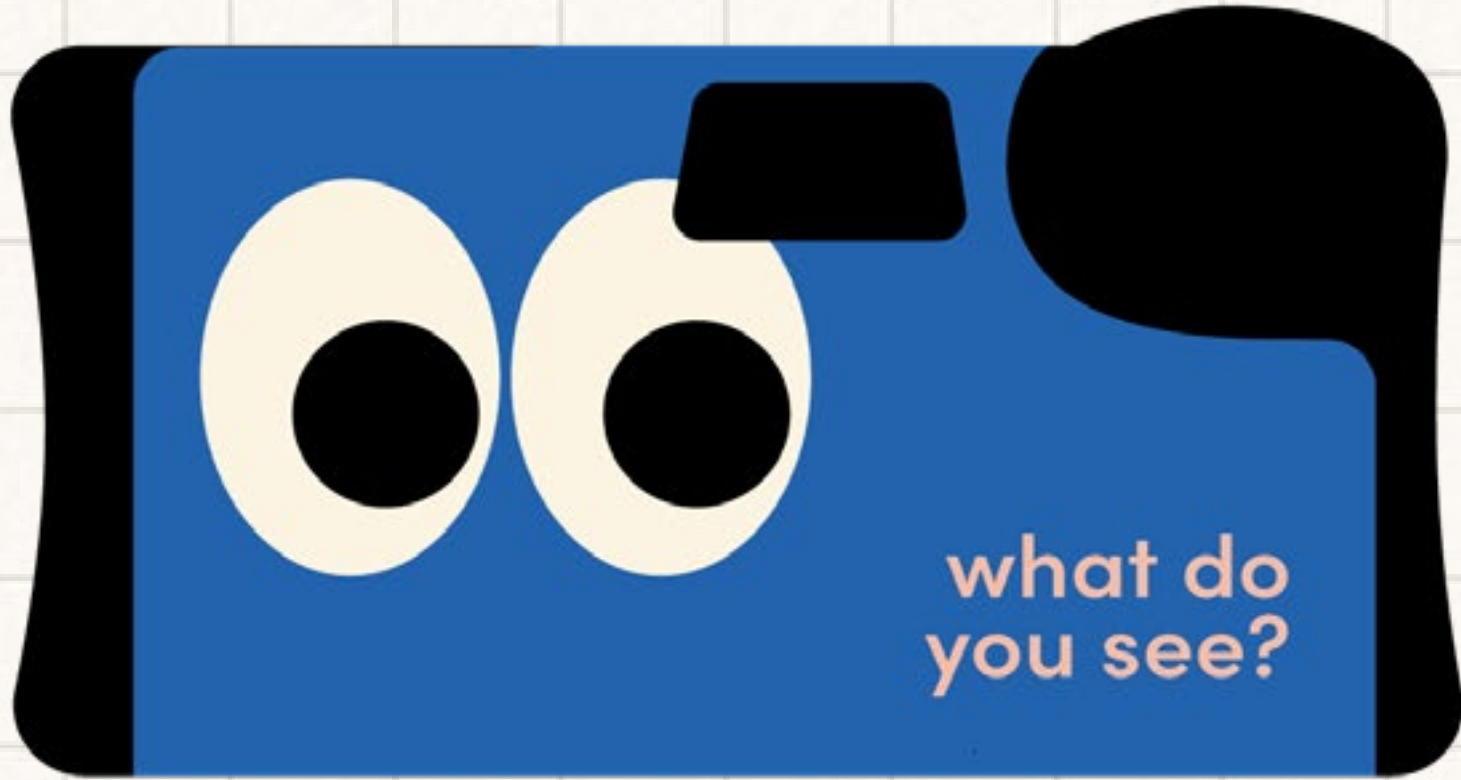
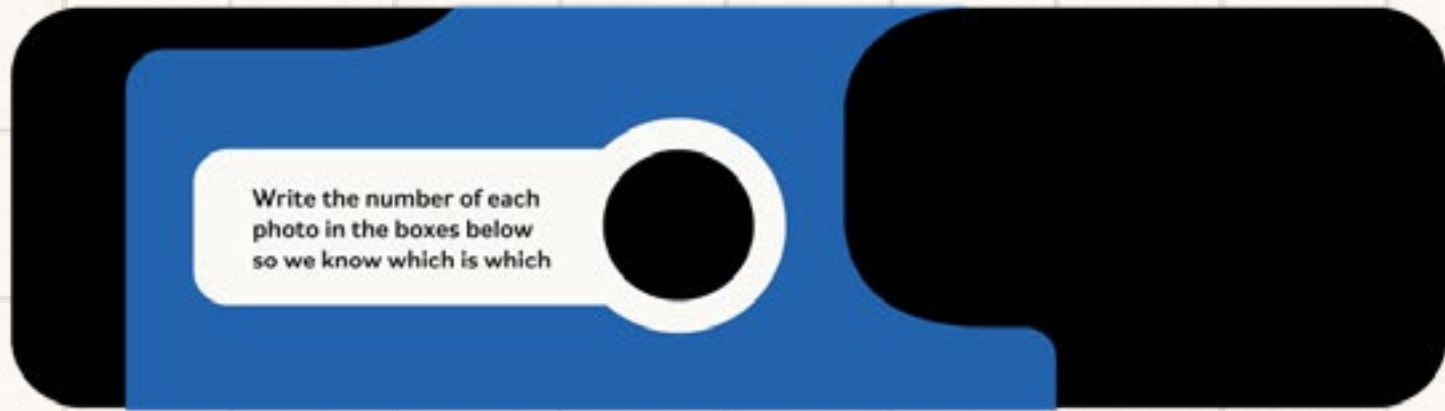
What were the gripe(s)?

e.g. they never heard back about rescheduling their appointment

photovoice

Participants are tasked with taking photos to document their experience around a chosen topic.

(Wang & Burris, 1994; Catalani & Minkler, 2010)



photovoice

Participants are tasked with taking photos to document their experience around a chosen topic.

(Wang & Burris, 1994; Catalani & Minkler, 2010)



bodystorming

Similar to play acting, the team use their own bodies to physically experience a situation in order to better understand it. This can work “in situ” or in a simulated

(Oulasvirta, Kurvinen & Kankainen, 2003)



Co-designing a healthcare insurance experience

Cantina

methods to

explore insights

These methods are designed to unpack the complexities of an experience after immersing in the problem space and collecting initial data.

Common methods:

- Thematic analysis
- Journey mapping
- Personas

future workshop

Participants critique the current situation before envisioning possible and imaginary futures, allowing them to identify steps that could be taken towards their idyllic vision. This allows participants to openly explore exploratory as-if worlds, considering how short-term actions could affect the future.

(Jungk & Müllert, 1987; Troxler & Kuhnt, 2007)



storytelling artefacts (?)

Participants' stories from the *Immerse* phase are presented back to them in a new format, confirming that the story has been accurately understood, communicating appreciation for their story and prompting further discussion.

(Choi, Yule & Green, 2010)



Dignity First - Co-creating Tomorrow

Dr Jaz Choi, Adele-Charmay Yule & Alice Brown

methods to

generate ideas

These methods encourage participants to imagine, explore possibilities and generate ideas in response to the problems identified.

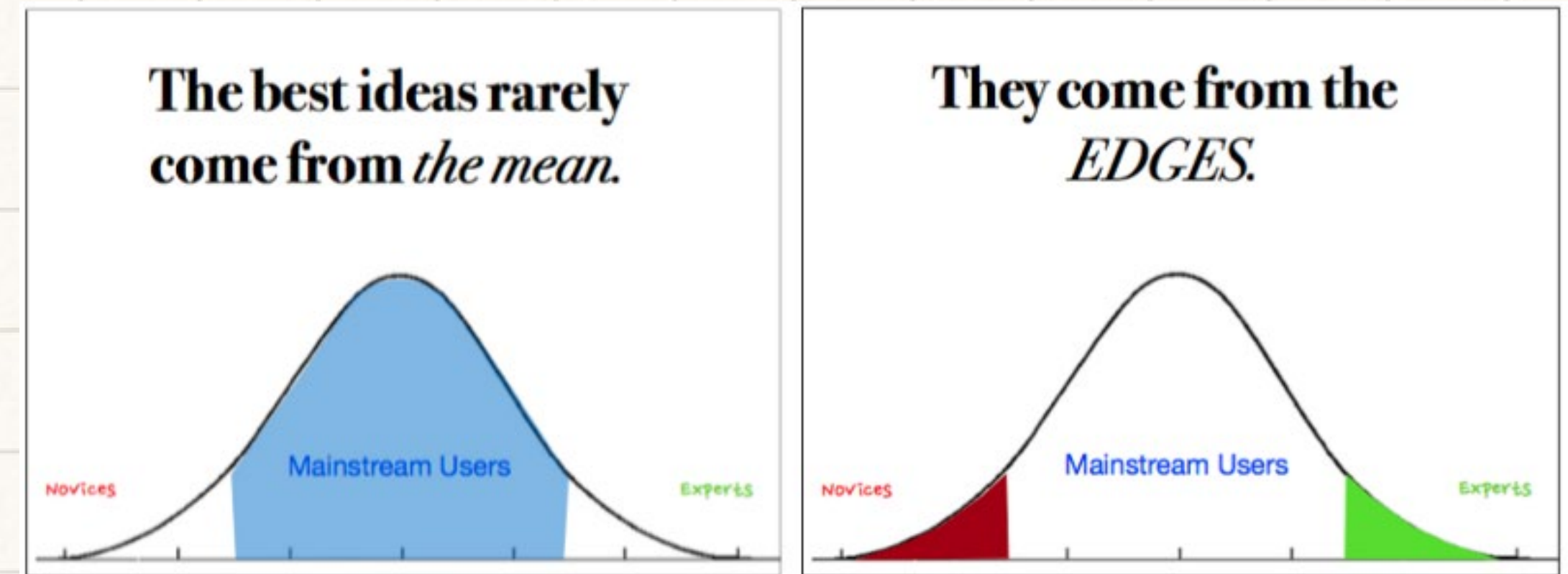
Common methods:

- Brainstorming
- Post-it clustering

extreme characters

Instead of trying to represent a realistic target user (using methods like personas), try designing for an “extreme” user with exaggerated traits.

(Djajadiningrat, Gaver & Frens, 2000; Strachan, 2017)



UX Planet

generate ideas

extreme characters

Instead of trying to represent a realistic target user (using methods like personas), try designing for an “extreme” user with exaggerated traits.

(Djajadiningrat, Gaver & Frens, 2000; Strachan, 2017)

User Demography:
user’s ethnicity, gender, language, age, physical challenges

Use Environment:
weather, space, sound

User Interactions
physical, sensory and cognitive variables like visual, auditory, memory, physical strength

An Extreme User approach to identifying latent needs

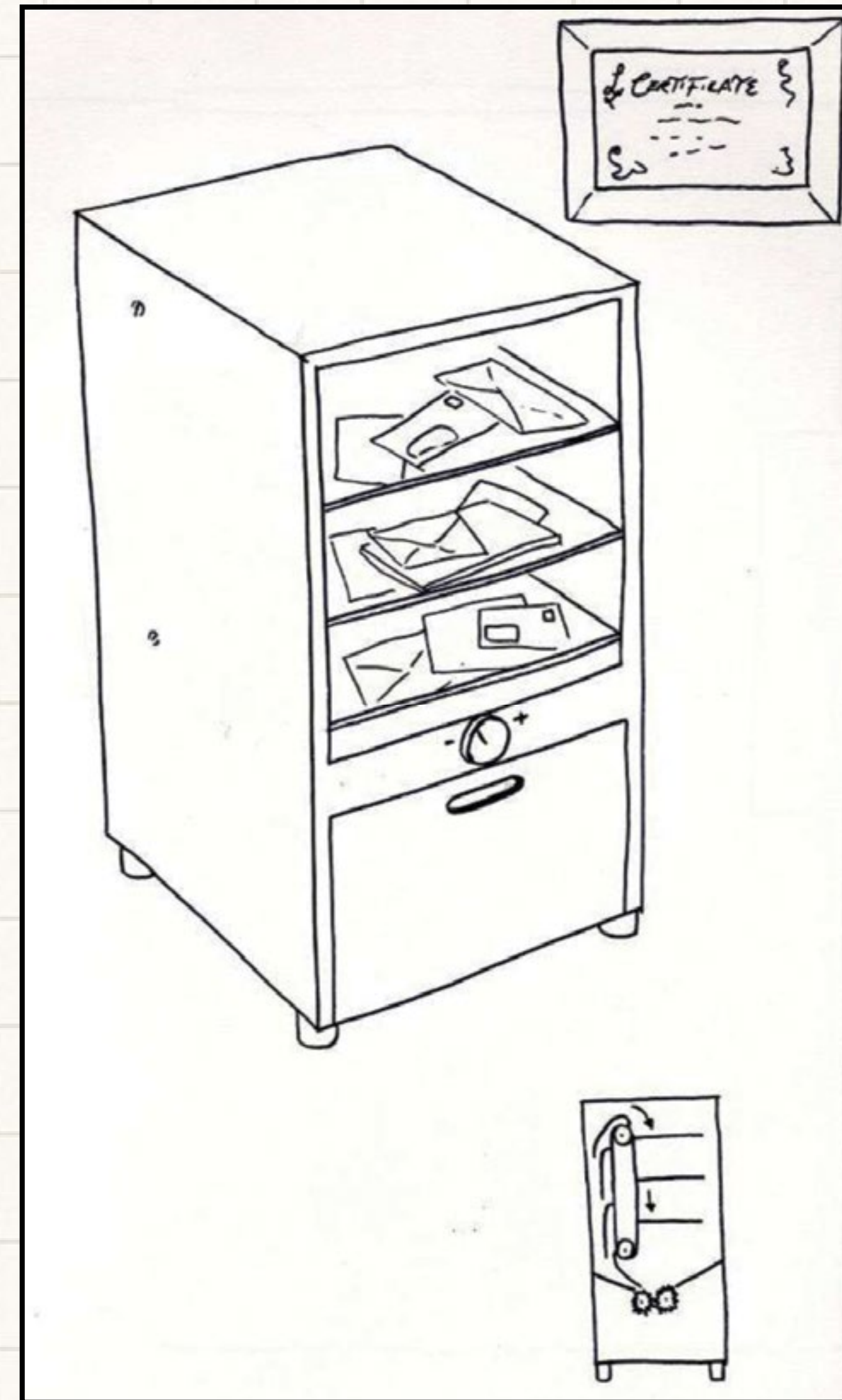
Sujithra Raviselvam, Subburaj Karupppasamy, Kristin Wood & Katja Hölttä-Otto

generate ideas

critical artefacts

Create a series of fictitious and provocative (often ridiculous) solution to the problem(s), presenting them to participants as prompts for exploration, discussion and ideation.

(Bowen, 2007)



Living Room

Simon Bowen

critical artefacts

Create a series of fictitious and provocative (often ridiculous) solution to the problem(s), presenting them to participants as prompts for exploration, discussion and ideation.

(Bowen, 2007)



**Designing with pre-users of
medical devices**

Janet Kelly & Ben Matthews

generate ideas

methods to

prototype solutions

Common methods:

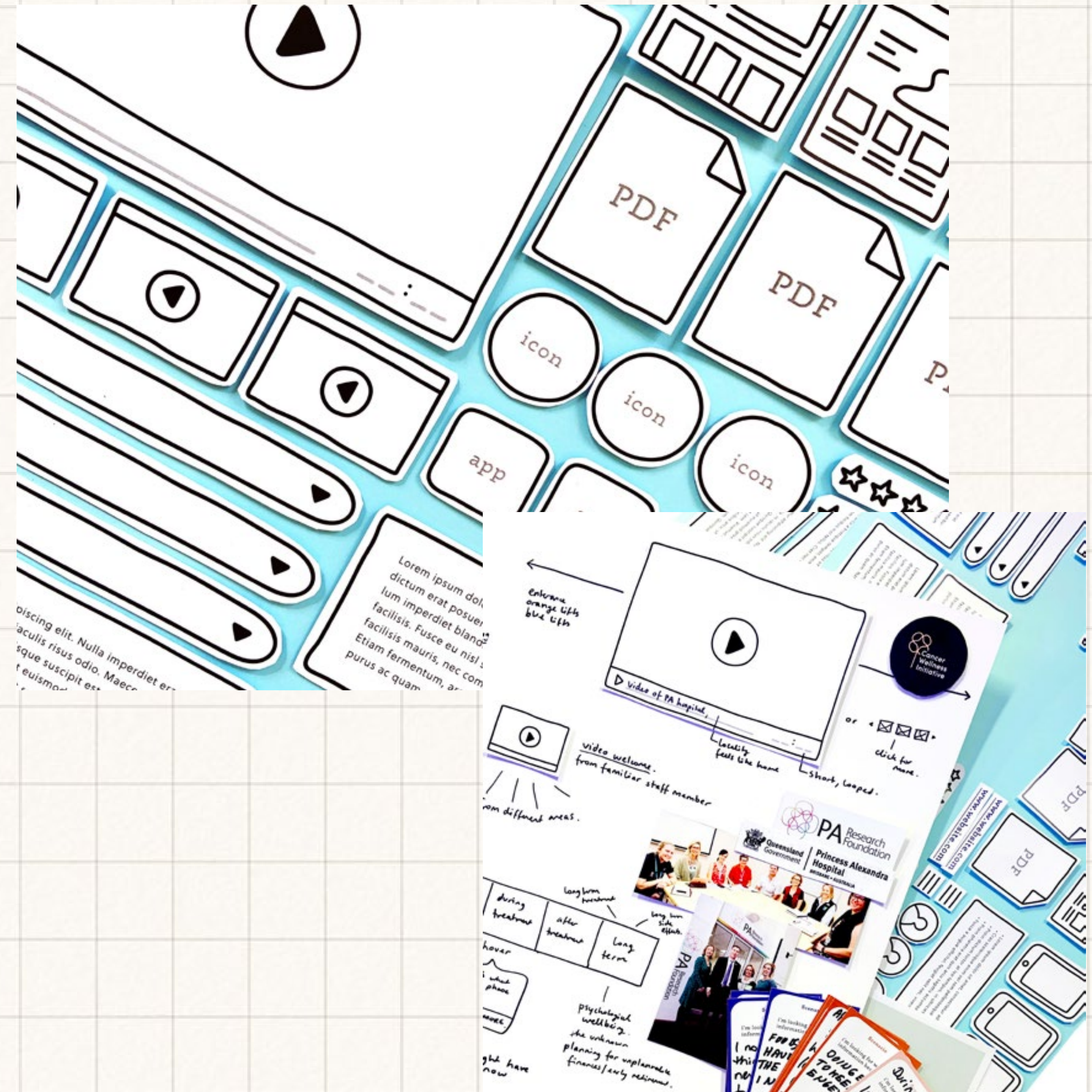
The methods encourage participants to test and discuss solutions to the problem.

- Prototypes
- Mock-ups
- User testing

PICTIVE

Plastic Interface for Collaborative Technology Initiatives through Video Exploration involves using low-fidelity system components (made from paper, office supplies, etc) to collaboratively prototype design solutions which are video recorded.

(Muller, Wildman & White, 1994)



prototype solutions

role playing games

There are a number of different methods in which character descriptions and/or props are used to act out the use of a potential solution. This can occur in a workshop setting, or with users are going about their day-to-day life.

(Ehn, Mölleryd & Sjögren, 1990; Muller, Wildman & White, 1994; Iacucci & Kuutti, 2002; Brandt, 2006; Vaajakallio, 2012)



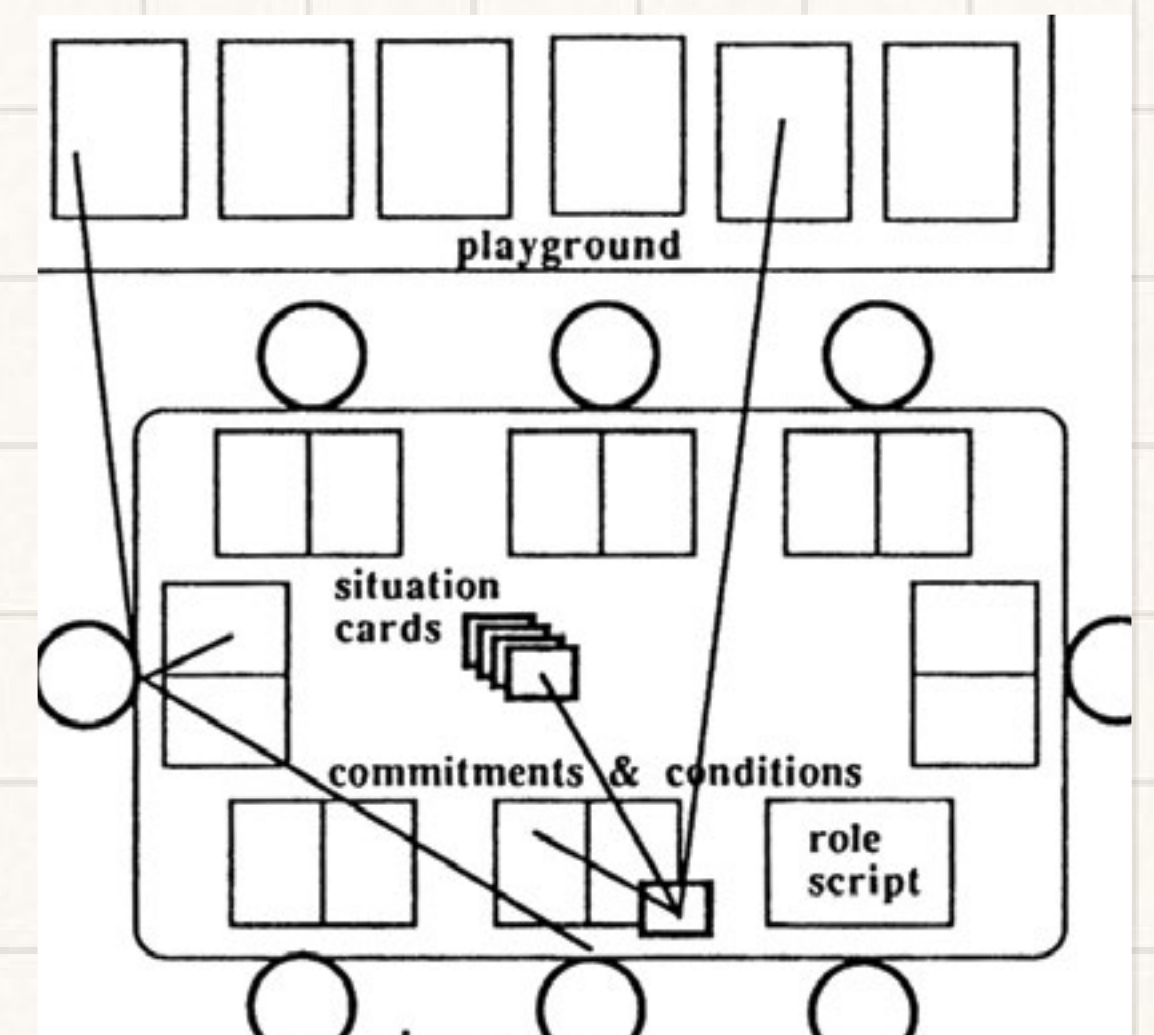
SPES



Interface Theatre



Character Game



Design-by-playing

role playing games

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(Ehn, Mölleryd & Sjögren, 1990; Muller, Wildman & White, 1994; Iacucci & Kuutti, 2002; Brandt, 2006; Vaajakallio, 2012)

prototype solutions

We think that a VOICeD clinic should be established for _____ <small>PATIENT GROUP</small>			
1. WHO The practitioners that this patient group regularly attend appointments with are... The three most suitable practitioners for a virtual multidisciplinary team would be... 1. _____ 2. _____ 3. _____	2. HOW Which of these two statements are true? <input type="checkbox"/> There is already a multidisciplinary clinic in CQHHS that includes these practitioners <input type="checkbox"/> There is not already a multidisciplinary clinic in CQHHS that includes these practitioners, but we could support this collaboration by... Patients who are suitable for VOICeD could be identified using the following factors: 	3. WHY Needs VOICeD would address the current needs of this patient group because... Existing opportunities Existing opportunities that would make VOICeD easy to establish include... Impact We think that VOICeD would positively impact this patient group because... 	4. WHAT IF? What are the potential barriers to establishing a VOICeD clinic for this patient group? Barrier: _____ We would overcome this barrier by... Barrier: _____ We would overcome this barrier by... Barrier: _____ We would overcome this barrier by...



immerse

cultural probes
photovoice
bodystorming

explore insights

storytelling artefacts
future workshop

generate ideas

extreme characters
critical artefacts

prototype solutions

PICTIVE
role playing games

methods overview

project case study



immerse	explore insights	generate ideas	prototype solutions	reflect + refine	measure impact
Reflective tools to capture learnings	Follow-up interviews with probe recipients	Role play games	Role play games	Iterative design	Evaluation survey
Video interviews	Storytelling artefacts	Workshops	Workshops	Process analysis	Communicate learnings
Evaluation survey	Workshops	Extreme characters	Mock-ups	Implement final outcomes	
Cultural probes	Thematic analysis		A/B testing		
Bodystorming	Personas		PICTIVE?		
Waiting room experience	Journey mapping				
	Scenarios				
Planning workshop					





Hi Team

We just received our first 100 days pack at the front door and it's absolutely incredible! We can't thank you enough. I think the most special part of the pack is how included Cooper felt. We are all home at the moment with Ben having COVID (thankful the rest of us are negative!) but it was definitely the pick me up we all needed! Thank you again 😊



pass it on

As part of our First 100 Days program, we're going to be talking to a bunch of kids who have just been diagnosed with JIA. We want to give them words of support, advice and love from people like you who have already been through it. What would you like to say to a child who has just been diagnosed with JIA? What would you have wanted to hear?

We've included a thank card for you to decorate and write a message inside. Give it back to reception on your way out, or post it back to us later, and we'll pass on to the next child diagnosed with JIA.



Rheumatology team
Level 12
Queensland Children's Hospital
301 Stanley St
South Brisbane
QLD 4101



"it's not a childhood disease, it's a family disease."

Michelle, mum of Zoe who was diagnosed with JIA at 12 months old.





we want to be...

- playful
- open-minded
- honest
- humble
- daring
- fun
- accepting of mistakes
- self-forgiving
- sustainable
- grounded in our why
- bottom up
- reflective
- telling stories
- proof of concept
- democratic
- connection building
- aligned with organizational values
- convincing
- respectful
- celebratory

we don't want to be...

- backtracking
- bureaucratic
- bec's project
- tone deaf
- annoying
- alienating
- fear-driven
- ego-driven
- disrespectful
- paralyzed in the quest for perfection
- a shiny distraction from real work
- inauthentic
- dishonest
- just a means to an end
- not finished
- ending at the end

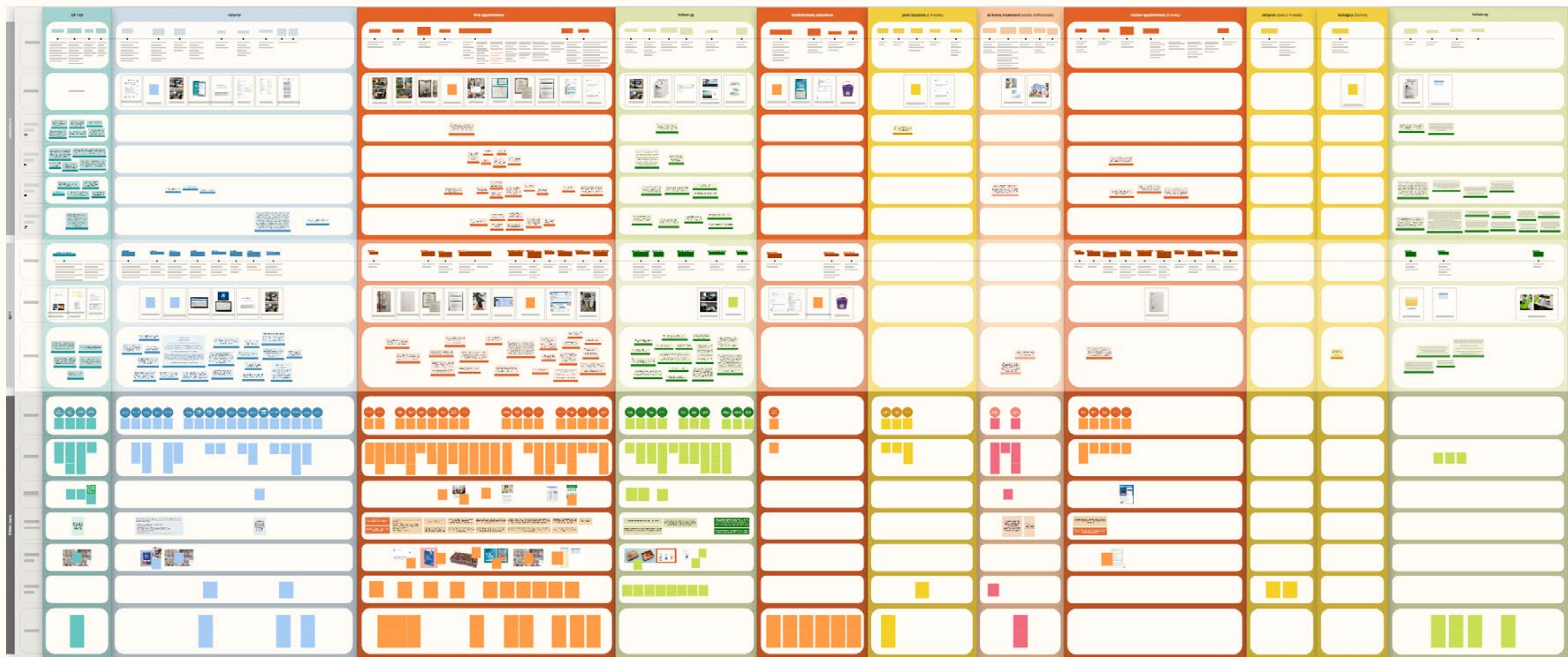
a year from now, we want to have...

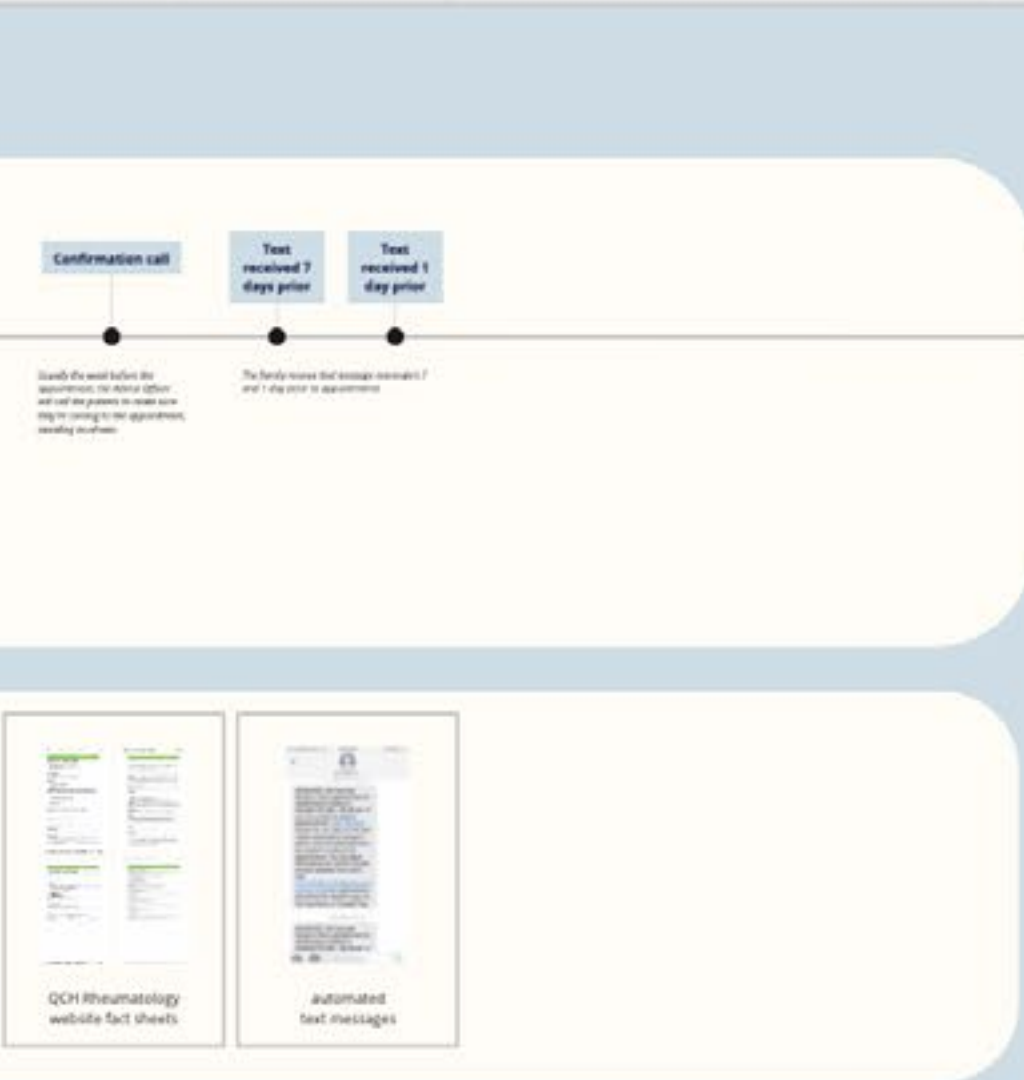
- connected with families
- improved the JIA experience for children and families
- better aligned our services to what matters
- created something cool that people want to be a part of
- a case study of co-design successes and challenges
- created tangible, meaningful change
- empowered children and families
- made patient engagement part of our DNA
- shown rather than told
- felt passionate and fulfilled
- learned
- listened
- shown hospital execs what our consumer engagement label like
- had fun
- created further opportunities
- an example of authentic co-design
- built relationships
- inspire others
- advocated for patients and families

BEFORE
the first 100 days

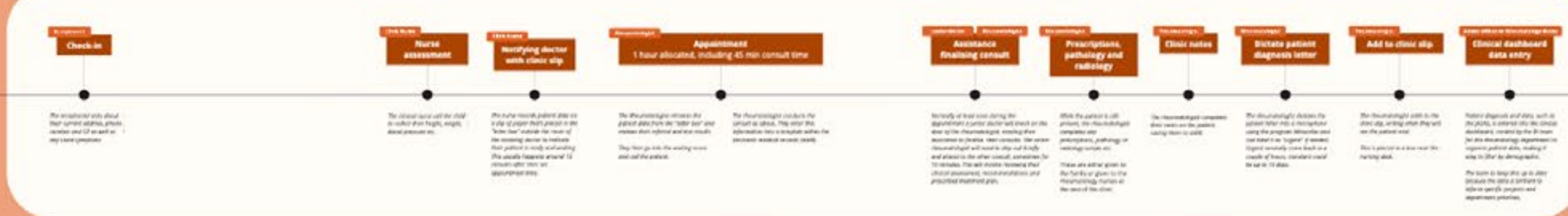
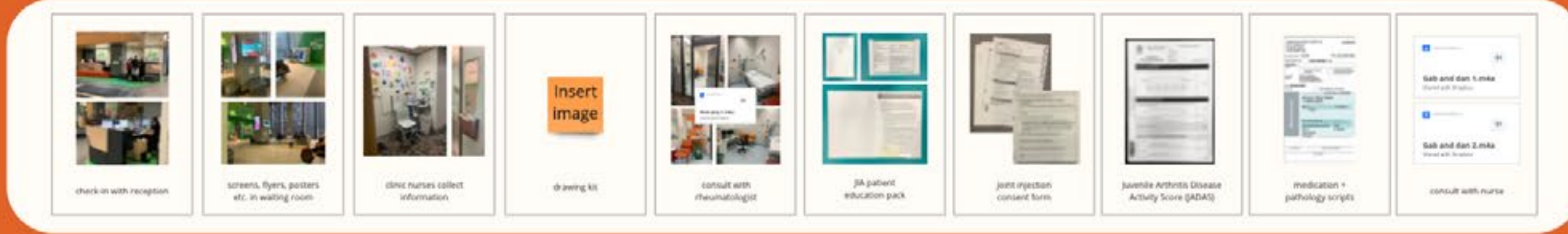
DURING
the first 100 days

AFTER
the first 100 days

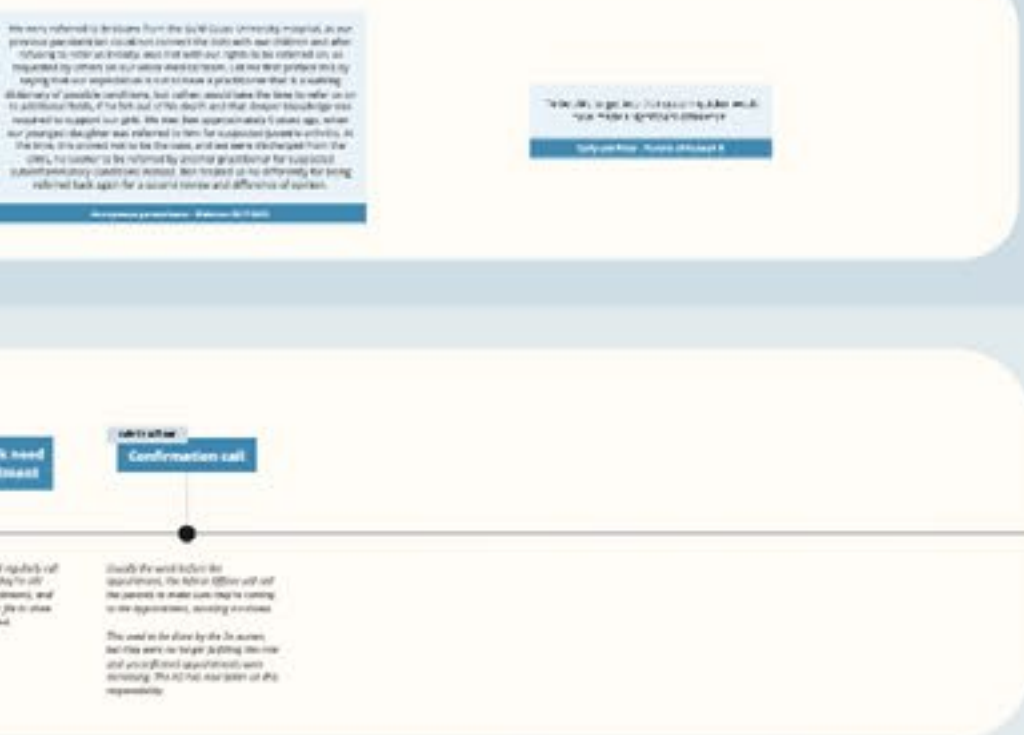
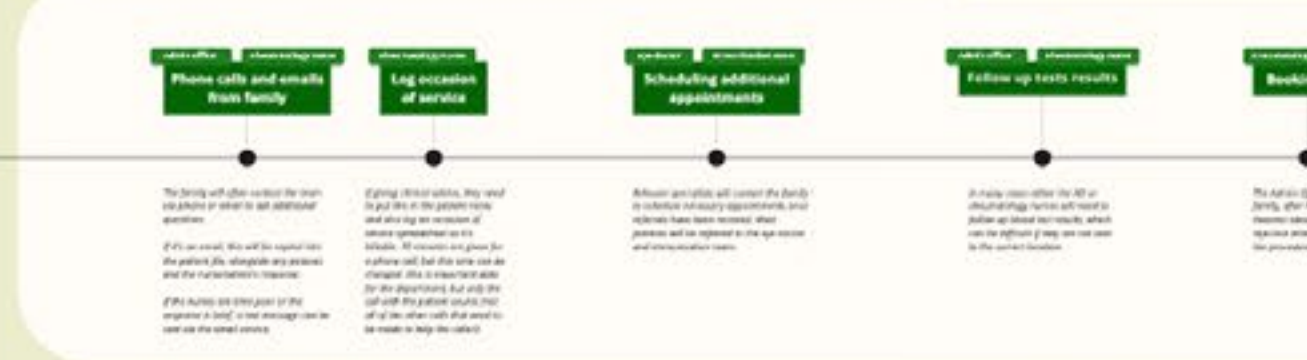
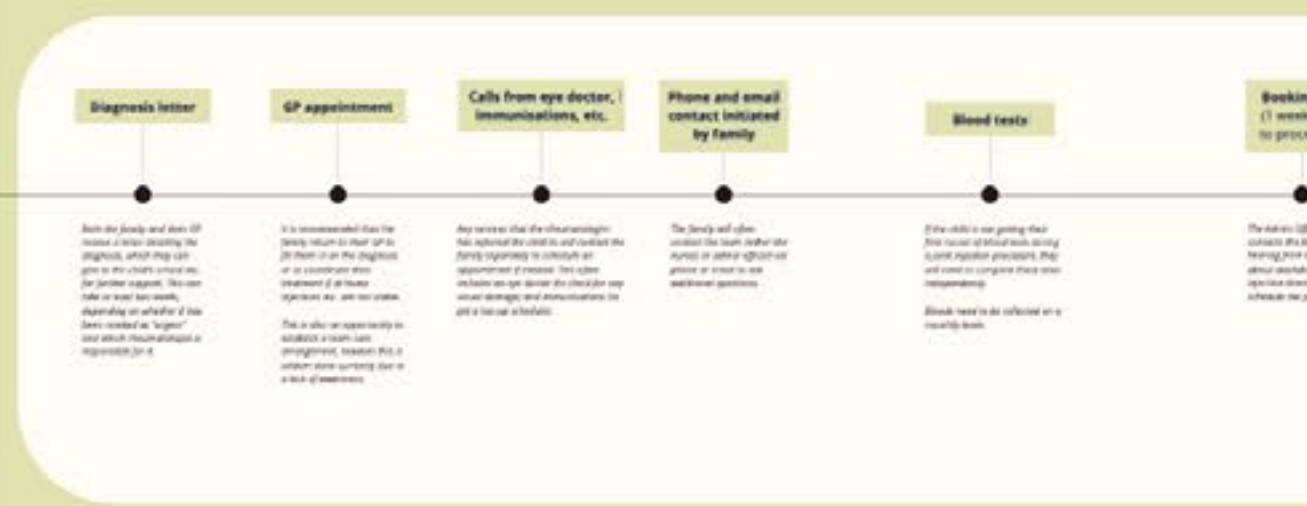




first appointment



follow-up





potential benefits & blunders



**potential
benefits
*of playful,
creative,
subversive
& exploratory
methods***

Offer new ways of exploring complex problems

Provide both information and inspiration

Create a democratic and creative space

Expand the world of possibility from “what is” to “what could be”

Produce rich and evocative documentation of lived experience

The “personal touch” that fosters meaningful connections

**potential
blunders
*of playful,
creative,
subversive
& exploratory
methods***

The transition to remote collaboration can be clumsy or impossible for more hands-on methods

Many of these methods are reliant on having the right number of people with specific lived experiences in the room

Not all methods are right for every project or participant group

Inspiring a playful disposition in a room with pre-existing power dynamics can be tough

Some methods may not be immediately accessible for those who experience disability or impairment or are neurodivergent

Limitations of time, money, access to design expertise, etc.

how can i add more *play*
to my participatory practice?



show,
don't tell



make it
tangible



customise to
the context



Queensland Health



BRIDGE LABS

A year of collaboration and innovation

2021

2020

2020

2020

Bridge Labs - A year of Collaboration and Innovation 2021 - 2022

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Acknowledgement of Traditional Owners

We would like to respectfully acknowledge the Yugana and Turrill people as traditional custodians of lands and waters which now share here in Brisbane. We also acknowledge the Traditional Owners of the lands on which our many partners are based, especially recognizing citizens and members of the community who identify as Aboriginal or Torres Strait Islander, who have contributed as partners and advisors on the many projects of work associated in this report. We pay our respects to all of their Elders both past and present.

We also recognise those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

Strategy

The Bridge Labs strategy rightly stemmed from the 'Strategic Design' model presented at the Future Health Innovations Lab in Queensland around four strategic questions that allow for a flexible and proactive approach to strategic innovation.

- What could we do?** What are the opportunities and challenges we face as a health system?
- What should we do?** What are the opportunities and challenges we face as a health system?
- What will we do?** What are the opportunities and challenges we face as a health system?
- When do we adjust course?** How do we know when to adjust course?

Goals

We commenced with very specific goals for the first year of the program.

- Create access to expertise:** We sought to create expertise in the health system through the creation of a network of experts.
- Test and refine our collaboration model:** We sought to test and refine our collaboration model through the creation of a network of experts.
- Connect the ecosystem to new values in improvement:** We sought to connect the ecosystem to new values in improvement through the creation of a network of experts.
- Develop research and innovation programs:** We sought to develop research and innovation programs through the creation of a network of experts.

OUR PEOPLE

Meet the team of researchers, designers, and innovators who are driving the future of healthcare.

- Safya Chori** - Program Director
- Jenna McConach** - Director
- Amya Willemsen** - Project Manager
- Jessica Cheri** - Program Manager

Categories: safety science researchers, design researchers, human factors researchers, clinicians, consumers and policy makers.

Overview

The Bridge Labs was created in 2020 by the Healthcare Improvement Unit (HIU), which is the lead agency for healthcare improvement and part of Clinical Excellence Queensland. Our goal was to accelerate Queensland's journey towards excellence in healthcare and help generate new solutions to the many complex challenges we face as a health system, several of which have escalated or worsened due to the COVID-19 pandemic.

Rediscovering innovation in healthcare improvement

An interview with Linda McConach

Healthcare has come a long way in Queensland over the past decade. In 2010, significant system change was required following serious allegations of patient harm. This led to a comprehensive review of the system, which resulted in the creation of the Queensland Health system. The system was restructured to ensure that the focus was on the patient, and that the system was able to deliver high-quality care. Linda McConach, who has been instrumental in the system's transformation, shares her insights on the challenges and opportunities of this journey.

A designer's lens

An interview with our designer, Jenna Cheri

Jenna Cheri, a designer at Bridge Labs, shares her perspective on the role of design in healthcare improvement. She discusses the challenges of working in a complex, multi-stakeholder environment and the importance of user-centered design. She also highlights the value of design in creating more effective and patient-centered healthcare experiences.

HEAL Healthcare Excellence Accelerator

Over the last year, the Healthcare Excellence Accelerator (HEA) has been instrumental in driving healthcare improvement across Queensland. The HEA is a collaborative effort between the Queensland Government and various stakeholders, including healthcare providers, researchers, and industry partners. It focuses on accelerating the adoption of best practices and innovative solutions to improve patient care and system efficiency.

COMMUNITY

224% membership, 5+ initiatives, 800+ activities

HCOP members: 836

The Bridge Labs community is a vibrant and growing network of healthcare professionals, researchers, and industry partners. Through various initiatives and activities, the community is working together to drive healthcare improvement and innovation. The HCOP (Healthcare Collaboration and Operational Partnership) is a key component of this community, providing a platform for members to share their expertise and collaborate on projects.

COLLABORATION HIGHLIGHTS

Visual Design of the Level 6 Entertainment Precinct at the Queensland Children's Hospital

One of our first collaborations was a multi-disciplinary design project for the Level 6 Entertainment Precinct at the Queensland Children's Hospital. The project involved a team of designers, architects, and healthcare professionals working together to create a safe, fun, and engaging environment for children. The precinct is now a popular destination for patients and their families, providing a respite from the clinical setting.

COMMUNITY HIGHLIGHTS

Ahmed Muhtashim

Ahmed Muhtashim, a healthcare professional, shares his experience of working with Bridge Labs. He discusses the challenges of implementing change in a complex healthcare system and the importance of collaboration and communication. He also highlights the value of Bridge Labs in providing a platform for healthcare professionals to share their ideas and expertise.

What's next

The Bridge Labs story is an exciting one but we have many more initiatives in the pipeline. We are currently working on several projects, including the development of a new digital health platform, the implementation of a new patient care model, and the launch of a new research program. We are also exploring opportunities for collaboration with other healthcare organizations and industry partners. The future is bright, and we are excited to continue our journey towards excellence in healthcare.

**thank
you!**



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beyond consultation

Creative methods for
engaging consumers and
clinicians in co-design