

ORGL 515

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Design Thinking Assignment

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February 17, 2024

What Could Be?

The 11,000 employees at my healthcare organization all appear to be suffering from a burnout that has manifested in short staffing, increased employee turnover, and an arguably well-earned skepticism toward technological changes that were designed from above with limited understanding of what was truly needed to make their jobs easier and patient care more robust.

A recent new product offering is aimed at the burgeoning telehealth industry. Specifically, using wi-fi enabled vital monitoring from devices like a blood pressure cuff, pulse oximeter, and scale to report real time to health status to a physician or nurse practitioner who can make proactive changes to the patients care plan.

As the nation's largest employer of respiratory therapists and other licensed clinicians, my organization has always been uniquely equipped to use our clinical arm to provide disease management education and additional support and instruction on the proper use of prescribed therapies face-to-face in the patient home.

However, an audit of our organization post-pandemic would reveal that limited resources and staffing issues have compromised our ability to provide the robust clinical patient home care that has traditionally characterized our market dominance.

Opening a practice on-site that could remotely care for our patients and anticipate on a daily basis what our clinicians were only able to do every 4-6 weeks in the past could be a game-changer. Providing sleek and easy to use Wi-Fi-enabled medical grade, vital monitoring equipment could reframe our mission to patients and their referring physicians in a significant way. Further, while strengthening our clinical commitment to disease progression management, it would also free up the overwork healthcare specialists in our organization to use their clinical expertise elsewhere.

What is?

There are several obstacles that are currently impeding our remote vitals monitoring program. The first is the sponsor of the program. He is not on the hierarchy in a way that can cultivate buy-in based on decree and is not well-liked among the C-Suite executives or their direct reports.

Also, our organization as a whole is suffering from poorly devised and executed change initiative fatigue and burn-out. The significant change in pre-and-post-Covid Medicare charting and patient qualification criteria in tandem with no-less than five ill-advised technological process changes have sparked anxiety, anger, and frustration among front-line workers.

There is a cultural feeling that HQ is disengaged with the harsh realities of front-line patient home care. While this may be true in many cases, this disconnect is so significant that even a flawlessly executed change initiative would be viewed as a failure even before it is investigated by the end user.

How Will We Know?

The success of a vital monitoring launch for existing patients (and new ones as well) will be contingent not just on providing a quality and seamless end-user patient product/service. We will need the excitement, understanding, and enthusiasm of the clinicians (to identify exiting patients in need of the service) and sales representatives (to discuss it with referral sources to spark organic growth).

The best ways to measure the success of this initiative then would be with the patient set-up numbers surrounding the new program. A secondary measure could be patient length of stay once the service is initiated. Finally, an employee survey to discuss thoughts on the product and, more specifically, the development of the product and its subsequent launch to market.

“Sometimes we only have a few seconds to capture people’s attention and secure their support. In moments like this, the way we describe our concepts has a big impact on whether (and how) others

are inspired to join our efforts” (Liedtka, 2019, p. 82). The simple formula of the What If/So That generative question must be utilized to convince our targets that this launch can be different from previous experiences. “This encompasses different perspectives and visions of the future that different actors in specific ecosystems shape in their interactions, confrontations, exchanges, and joint ventures” (Magistretti, 2023, p. 18). Additionally, this human-centric approach may be viewed as radical among those who have yet to be consulted on impeding change initiatives. Possible effects of this change could include feelings of ownership around the new product launch and cultural shift on patient care.

How Might We...?

In terms of what may be useful in this situation, it is important to recall what Thompson & Schonthal offer in *The Social Psychology of Design Thinking*: “it is often difficult for people to reverse their thinking” (Thompson, 2020, p. 84). They recommend defaulting to these four common principles: observe and notice, frame and reframe, imagine, and design, and make and experiment.

Under the umbrella of the first principle is the idea of noticing. “[I]t is precisely because decision makers have existing schemas that they fail to notice what is clearly in their visual field” (Thompson, 2020, p. 87). Noticing and understanding inattentional blindness would work for my organization. Inductive learning, which involves “making inferences based on limited information” (p. 87) and pattern recognition might not. Based on some of the specifics of the organization and how radically healthcare has and continues to change, referring to old patterns or making broad generalizations in lieu of hard generative questions and research may be why previous initiatives have fallen flat.

The Frame/Reframe principle offers insight into the Promotion and Prevention Frames. “[A]t any given time, people are either focused on attaining certain attractive goal states (promotion frame) or attempting to avoid unattractive, negative outcomes (prevention frame). Promotion and prevention frames can either be a trait or temporarily activated. Subtle factors can trigger or “prime” promotion

versus prevention frames and consequently lead to very different behaviors and decisions” (Thompson, 2020, p. 88).

While all of the steps outlined in *The Designing for Growth Field Book* are valuable there are several that are seemingly integral to the specific circumstances surrounding a remote vital monitoring disease management progression program at my organization. Step 5: Do Your Research seems especially important due to the ever-evolving healthcare industry and the seemingly misunderstood needs and attitudes of the front-line workers who will be integral in implementing this program. Qualitative and quantitative research will be enlightening and provide a backbone to ensure success. Further, making people-focused prototypes and using 360 empathy before checking back in with stakeholders, “who are hungry for a solution and motivated to be completely candid” (Liedtka, 2019, p. 36) will be a fantastic way to engage in a completely different manner with the organization – and generate a different end-user experience.

Next Steps:

If all goes well, Liedtka recommends running revised steps 8-14 (Liedtka, 2019, p. 40). From that vantage point there were several steps that Pepsi took in their successful implementation of design thinking that stood out in *Design Thinking for Organizational Innovation at PepsiCo* and overlap with Liedtka: continuing to engage stakeholders in the design discourse (asking questions about what this means for our future “fosters the idea that selling products is only a future consequence to be jointly developed” (Magistretti, 2023, p. 13); leveraging the design unit as an Agent of Change from a cultural perspective in “shifting the mindset toward experimentation and prototyping” (p. 13); and empowering decision making through prototypes stresses that “the visualization capabilities inherent in design thinking activities matter in the prototyping phase, not only to show users a functional and photorealistic release

of a future product but also to support decision making” (p. 16). The overall purpose is to continue to engage everyone not just to support remote vital monitoring but design thinking overall.

DRGL 515 Module 2-4 Assignments Guide/Template (10 points possible)

Points Earned	Criteria	Notes:
	Briefly identifies the presenting opportunity (1 point possible)	What could be...? An innovative, patient-centric take on remote vitals monitoring that improved patient outcomes by reducing hospitalizations and exacerbations
	Briefly describes the situation, including extent of fit with the organization's _____ mission, _____ culture, _____ strategy, and or _____ structure (2 points possible)	What is...? Current Sponsor possesses no hierarchical power over those selling to physicians or working with patients. However, project would fit with mission to provide improved disease management progression care; cultural field resources are burnt out and understaffed; strategy could be to use this technology to better care for patients without further taxing existing employees
	States a significant (measurable) objective for evaluating the outcome (2 points possible)	How will we know...? Is there buy-in from entire organization; does product/service deliver desired outcomes; patient count can be best measure of successful launch; employee survey? Discuss the What If/So <u>That</u> generative questioning (Liedtka)
	What aspects are useful to this situation and why? What aspects are not useful and why? (2 points possible)	How might we....? Promotion and Prevention Frames (Digging Deeper Thompson), DO YOUR RESEARCH STEP 5 also journey mapping, 360 empathy, prototyping <u>FEEDBACK</u> from stakeholders, co-creation <u>tools</u> What is not useful: Inductive Learning, Pattern Recognition (specific to organization leadership and lightening fast changes in healthcare)
	What would the organization need in order to take action , evaluate impact, and sustain change? (1 points possible)	Next steps ...? PepsiCo practices especially 2, 3, 5; <u>TedTalk</u> human focus, <u>culture</u> and context "From consumption to participation/active engagement of everyone"
	Mechanics – <i>Practitioner Audience</i> (APA headings, citations and references, grammar, spelling) <i>NO</i>	Audience is <u>11,000 person</u> healthcare company and both existing 2 million patients on-service and potential non-patients struggling with a chronic or progressive illness like COPD, CHF, Kidney Failure,

References

Brown, T. (2009, February). Tim Brown: Designers Think Big [Video]. TED Conferences. https://www.ted.com/talks/tim_brown_designers_think_big?hasSummary=true&language=en Links to an external site.

Liedtka, J., & Ogilvie, T. (2019). *The designing for growth field book: A step-by-step project guide* (2nd ed.). Columbia University Press.

Magistretti, S., Dell'Era, C., Cautela, C., & Kotlar, J. (2023). Design thinking for organizational innovation at PepsiCo. *California Management Review*, 65(3), 5-26.

Thompson, L. & Schonthal, D. (2020). The social psychology of design thinking. *California Management Review*, 62(2), 84-99.