

Identifying Personal Goals of Patients With Long Term Conditions: A Service Design Thinking Approach

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INTRODUCTION

Personal goals for people with long term conditions (chronic illness) can increase motivation for involvement in their own care and result in better health outcomes. However, little attention has been given to how such goals can be identified and incorporated in their care plans.

PURPOSE

Investigate how service design thinking can help to identify and incorporate personal goals of patients with long term conditions in their care plans

RESEARCH APPROACH

A service design thinking approach was used in June 2017 in a case study at a pilot site in Norway where a patient-centered health service have been provided to frail patients.

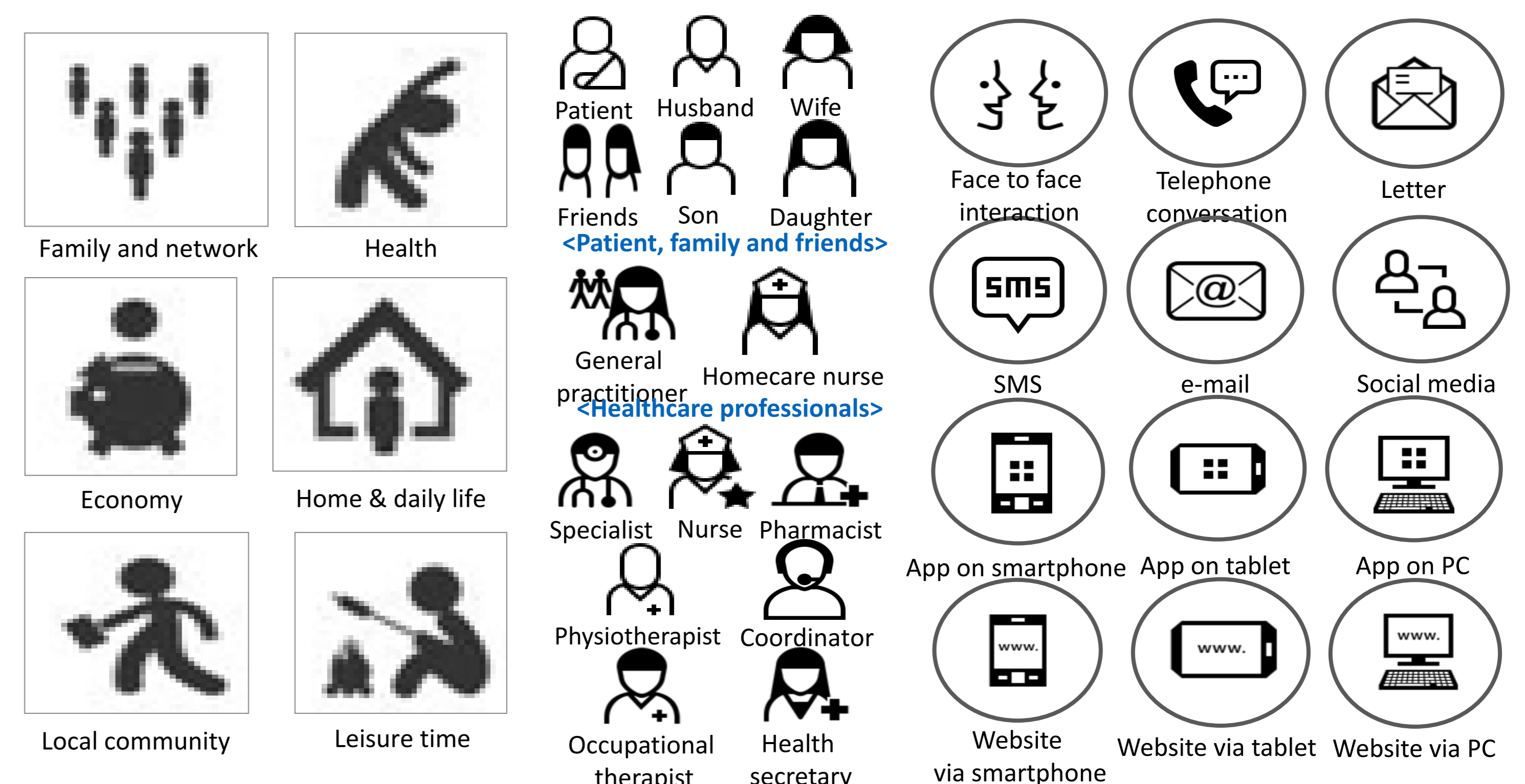
5 principles of service design thinking and data collection criteria

Principle	Meaning	Data collection criteria
User-centered	Design service from customers' perspective	Involve patients
Co-creative	Include all stakeholder groups in the service design process	Involve care professionals with different background in the team
Sequencing	See service as a sequence of interconnected activities	Consider service journeys in relation to personal goals
Evidencing	Visualizing intangible service with physical elements	Use visual artefacts to articulate the service journeys
Holistic	Consider the whole environment where the service is delivered	Reflect specific examples from actual experiences

METHODS

Based on the criteria, a focus group discussion was held, where twenty participants divided into three groups were asked to identify potential personal goals for the patients within six life domains and explorer possible clinical activities that can support the goals. They were asked to answer based on their own experiences using visual artefacts representing the actors and touchpoints of the health service journeys.

Visual artefacts created for the focus group discussion

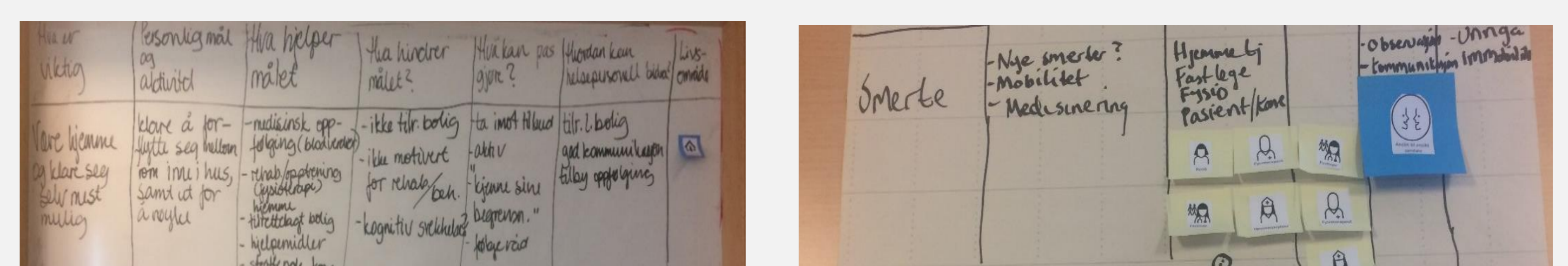


ANSWERS FROM A GROUP

- Personal goal - staying home
- Sub goal - moving between the rooms
- Enablers - medical follow-up, rehabilitation or training, adapted housing, and aid equipment
- Barriers - living in a non-adapted housing, not being motivated for rehabilitation or treatment, and cognitive weakness
- Facilitators_patient side - accepting services, being active, knowing one's own limits, and following the treatment
- Facilitators_service provider side - offering adapted housing and good communication
- Life domain - home and daily life
- Clinical data to monitor to support the goal – pain
- Purpose for monitoring – preventing pain and supporting mobility and medication
- Possible data collector(s) – spouse, wife, physiotherapist, general practitioner, homecare nurse, or the patient
- Possible data user(s) – general practitioner, physiotherapist, and homecare nurse
- Possible communication medium - face to face conversation or observation
- Effect of monitoring of pain - preventing immobility

RESULTS

- No problem of understanding the questions and visual icons
- The questions and visual icons helped to reflect their own experiences and to collect new ideas.
- Participants' comments: The discussion was *useful* and *inspirational*.



CONCLUSIONS

Service design thinking can offer a framework for full participation across roles for today's practice-based redesign of clinical services.

Also, *visual artefacts* facilitated sharing experiences and ideas among participants. This in turn *enabled a shared understanding* in a co-design process among care professionals and patients with different health literacies, which can eventually contribute to *value co-creation*.

CONTACT

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