

**WHY
SERVICE
DESIGN?**

**SIMPLE
SOLUTION
TO COMP
CHALLENGE**

NS OLEX NGES

Servicedesign
- vejen til enkle løsninger

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WHY SERVICE DESIGN?
- SIMPLE SOLUTIONS TO COMPLEX CHALLENGES

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PREFACE

In recent years there has been a growing emphasis on cooperation between the public and private sectors and on a systematic effort to include the users in processes to improve products and services.

Together with Danish Regions and the National Board of Social Services, the Danish Enterprise and Construction Authority has launched a number of service design projects with the aim of improving services in the public sector for the benefit of both citizens and staff. In 2008, projects on ageing and disability were carried out in cooperation with the National Board of Social Services; in 2009, health care projects were carried out in cooperation with Danish Regions. The projects were all carried out in cooperation with private design firms.

In order to share the experiences from the service design projects with other public organisations, we have selected six projects that demonstrate what can be achieved with service design.

The case stories focus on the challenges faced by the public sector and describe concrete solutions that are easy to implement. A key message is that the proper tools and methods can make complex issues manageable. Another important point is that experiences can often be transferred and reused in other public institutions facing similar challenges.

This collection of case stories is intended both as a source of inspiration and as a reference manual. In words and images, the case stories describe project goals and outcomes, and we conclude by offering advice to others who are interested in working with service design.

We hope that all interested readers will enjoy this collection of case stories, and that our experiences can be used to inspire even more service design projects in the public sector for the benefit of citizens and staff alike.

Danish Enterprise and Construction Authority, National Board of Social Services, and Danish Regions

Can service design help make public services more user-friendly? The Danish Enterprise and Construction Authority set out to explore this question as part of the Danish Government's design initiative DesignDenmark, which was launched in 2007.

Denmark already holds a strong position with regard to the use of design. Danish companies increasingly use design as a strategic and innovative tool for business development and the creation of competitive products.

However, design is not only relevant for innovation in private companies; it is also an instrument that the public sector can use, a tool for innovation in the development of public and welfare services.

Examples from the United Kingdom, among other places, demonstrate that the public sector can use service design to develop public services with higher quality and improved user-friendliness.

Based on the experiences from the UK, the Danish Enterprise and Construction Authority launched eight service design projects in 2008-2009. One of the objectives of this initiative was to demonstrate that in the public sector, design can also be used to develop public services and make them more user-friendly. Another objective was to bring Danish design companies into the international elite within the field of service design.

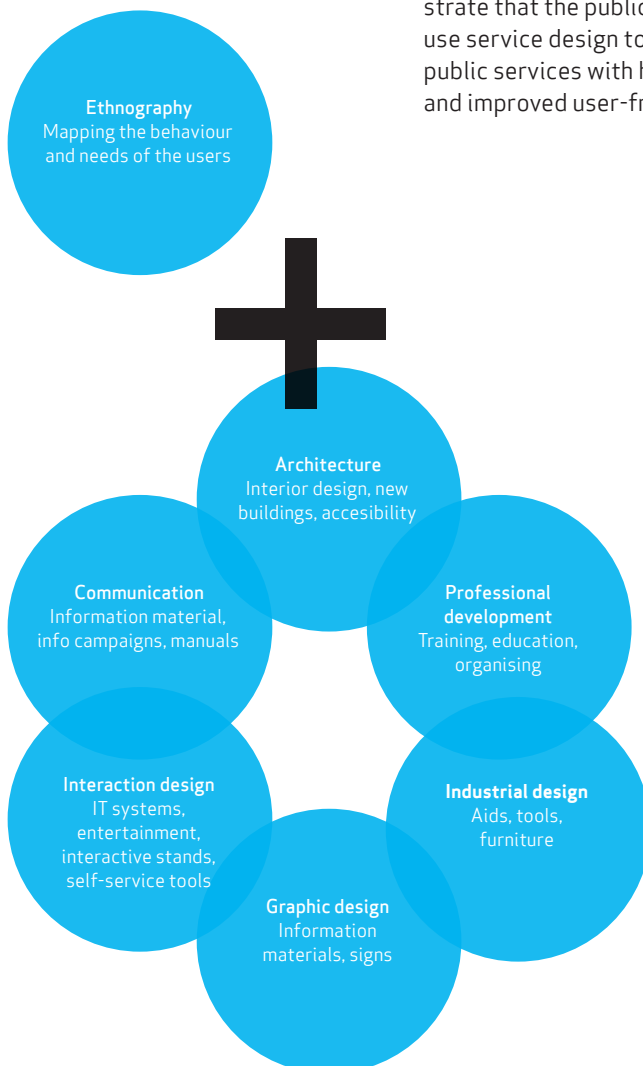
What is service design?

Service design can be defined in a variety of ways, and there is no one "right" definition.

Service design combines familiar design disciplines with new ethnological methods in an effort to incorporate user behaviour and needs in service planning and design. Designers are trained to achieve consistency between form and use and to create a physical design that matches human needs

Service design is about developing user-centred solutions. Observation and dialogue are used to map users' everyday lives as a basis for developing solutions that improve services. However, the users are not only the citizens who receive a given service but also their relatives and the people who provide the service.

Model of service design



WHAT DOES SERVICE DESIGN DO?

Evaluations found that the service design projects generated value both for citizens and for institutions and staff in the public sector. Among other things, the projects have contributed to:

- Improved user satisfaction
- Higher quality
- Increased organisational efficiency
- Improved job satisfaction for the staff
- Greater professional dedication
- Reduced sick leave
- Improved capacity utilisation

The projects helped break down professional boundaries and increased and expanded cooperation across departments and professions. Not least, the projects demonstrate that even with relatively limited resources, service design is capable of generating simple and directly applicable solutions to complex issues and achieve considerable improvements in efficiency throughout the system.

KEYWORDS ABOUT SERVICE DESIGN:

- Simplicity: The goal is to find simple solutions to relatively complex challenges.
- User involvement: Users on all levels are involved in digging up solutions.
- Cost neutrality: The goal is to find solutions that do not fail on economic criteria.

CONDITIONS OF SERVICE DESIGN:

- Mutual trust and openness between the involved parties
- A high level of user involvement throughout the process
- Generous allocation of time to work on the project
- Support from management
- Open dialogue and communication
- Passionate and committed individuals across organisations

WHAT DOES SERVICE DESIGN COST?

The main cost in relation to service design is time and effort. It takes time to find solutions. The approach is very engaging and requires close and open collaboration between the parties, who must be actively involved in finding the solutions. The designers need access to the workplace and the staff, as well as help with contacting citizens. The projects that were launched in the public sector did not require major financial investments, but they did require the willingness to restructure and rethink. And in connection with construction or renovation projects, our experience says that there are considerable savings to be had by including design solutions in the early planning stages.

IMPROVING
CONDITIONS
FOR PATIENTS
WITH MULTIPLE
CONCURRENT
CONDITIONS

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Patients with multiple diagnoses that require treatment are often moved around between wards and might have treatments delayed. Hospitals are structured around specialties and therefore have difficulty managing patients who fall into several categories. The project examined how to ensure coherent and efficient treatment for these patients in a safe environment.

Time and knowledge are lost when patients are transferred between wards. Therefore, Randers Regional Hospital set up two inpatient wards for patients with multiple concurrent conditions, where the doctors visit the patients instead of having the patients transferred.

Every day, hospitalised patients with multiple concurrent conditions risk winding up in a double bind. For a patient with diabetes, the surgeon may cancel a scheduled procedure because the patient's blood glucose level is off. But the physician in charge of treating the diabetes may want to wait until after the operation. Treatment is delayed, the hospital stay is unnecessarily prolonged, the patient is transferred between wards, and important information risks being lost.

There are plenty of similar examples in the Danish health care system. But simple solutions, combined with the willingness to cooperate, can change this pattern and lead to new and improved patient

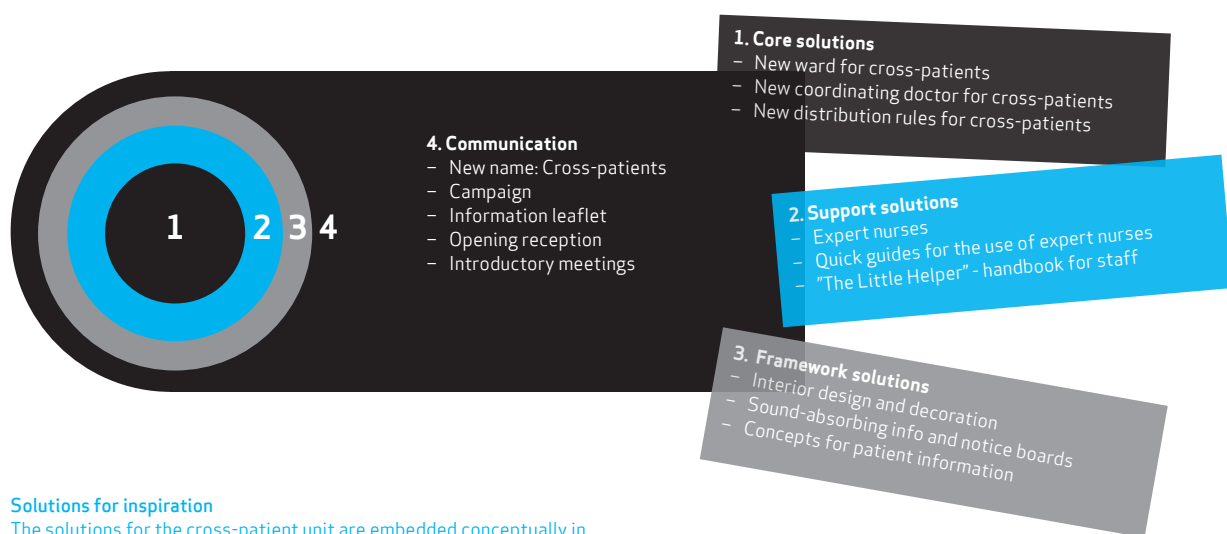
experiences. That is demonstrated by a service design project in the Danish town of Randers, where the hospital worked with the design agency Hatch & Bloom.

A calmer environment for the patient

Former chief physician at Randers Regional Hospital Jens Oluf Pedersen became aware of this complex patient group when he visited surgical wards, and the staff asked him to check on a patient, "now that you're here".

Ideas from the outside

To get a better understanding of the problems, the design agency Hatch & Bloom did an in-depth analysis of hospital procedures.



Solutions for inspiration

The solutions for the cross-patient unit are embedded conceptually in a four-layered circle where some solutions are designed specifically for cross-patients, while others areas are easily transferable to and applicable in other wards.

Circle 1: These solutions are specifically designed for the patient category of cross-patients.

Circle 2: These solutions will be useful in most wards.

Circle 3: These solutions will be useful in all hospital wards.

Circle 4: These solutions are communication solutions designed for the cross-patient project.

"I saw that we needed to bring the treatment together rather than moving the patient from one specialist to another."

Jens Oluf Pedersen,
former chief physician at
Randers Regional Hospital

"Participatory observations make it easier to grasp the reality that the users are working in. They are an important way of identifying problems and uncovering needs, while the workshops generate ideas and give the staff a sense of ownership in relation to the project."

Michael Keissner,
Hatch & Bloom

– We followed the staff for a period of four weeks and asked questions about everything we observed. We went to many wards at all hours, and that gave us a very good insight into everyday routines at the hospital, says Managing Director Michael Keissner of Hatch & Bloom. The designers used this information to define issues that were later discussed in workshops with the staff. The participants in the workshops developed ideas for solutions that they felt could work well in the hospital workday. The designers used these ideas to develop proposals for new procedures which were then discussed in a second round of workshops that involved staff, patients and patients' relatives. The ideas that made it through the second round were subsequently tested at the hospital.

The complex label

Before the ideas reached this final stage, the definition of the patient group had to be worked out – and even that proved no easy task. The project first used the term complex patients, but that sparked the question, "What does it mean that a patient is complex?"

– We looked at the situation from the outside and felt that it was the hospital, not the patient that was complex. So instead we came up with the term cross-patient, which is positive and also describes the patient better, says Michael Keissner.

In its simplicity, this change of terminology is characteristic of service design: The solutions can be transformative without having to turn existing approaches upside down.

New inpatient wards for cross-patients

As a result of the project, Randers Regional Hospital has established two inpatient bays and a living room for cross-patients and their relatives. These rooms make up a small unit that is currently located in one of the hospital's medical

wards. The unit is headed by a coordinating doctor who is responsible for the overall treatment of the individual cross-patients. At this stage, only the most serious cases are transferred to this unit, but the doctor is also responsible for coordinating the treatment of cross-patients in other units. The new unit will exist for an initial six-month period, then its future form will be modified to match hospital needs.

Increased cross-collaboration

The interior design accommodates the ongoing changes at the hospital. The objective was to design solutions that made the work procedures more pleasant, and thus both the interior design and the procedures have been modified.

– The point of the cross-patient unit is that the coordinating doctor is the only doctor associated with the unit. The specialists continue to work in the specialty wards, but they can be called in as required by the patients. In addition, there are six expert nurses who are similarly attached to their specialty wards but can be involved in the treatment of cross-patients, says Jens Oluf Pedersen.

The hospital has always had expert nurses, but previously they were rarely called to other wards, because hospital staff does not typically work across professional boundaries.

APPLIED METHOD

Participatory observation is the method that the designers from Hatch & Bloom applied as they followed staff in various wards and at different times of the day. Through observation and brief interviews about how and why the staff did what they did, the designers were able to map the existing routines and procedures.

This method requires that investigators use themselves as instruments, participating with their own bodies. It provides direct access to the object's immediate reality – unlike, for example, interviews, which typically draw on memory and reference and are characterised by the reality that the object wants to display, whether consciously or unconsciously. Thus, it systematically uncovers aspects that the object is not consciously aware of. It enables a unique understanding of the object and an insight into the prevailing culture. The method of participatory observation comes from anthropology.

KEY PROJECT OUTCOMES:

The project demonstrated that having one coordinating doctor for cross-patients makes patients and their relatives feel more secure and satisfied. The initiatives also increased the staff's job satisfaction, and improved coordination is expected to lead to a quicker and more coherent process that makes it possible to release patients sooner.

Direct solutions:

- New, positive definition of the patient group
- New unit for cross-patients (initially for a six-month trial period)
- New job functions: chief coordinating doctor + expert nurses
- “The Little Helper”: key ring with info card that can be replaced as needed
- Quick Guides with contact info and best practices
- Information/bulletin boards that also dampen sound
- Colour-coded systems for patient records
- Information material
- Bright, pleasant and colourful living room
- New name tags
- Information and cooperation campaign

Indirect results:

- Increased focus on the need for cross-disciplinary cooperation
- Change of attitude in relation to the hospital structure
- Quick and coordinated treatment of cross-patients
- Sense of security for both patients and staff

– The expert nurses are so skilled in their individual areas that they are able to step in for the doctors in certain situations, and they can assess whether it's even necessary to call in a specialist to treat a given patient. That kind of cooperation between doctors and nurses – and again, across professional boundaries – produces a synergy that we didn't even know was possible in our system, says Jens Oluf Pedersen.

Interdisciplinary cooperation is one of the main challenges in the health care system, which is permeated by a culture with razor-sharp professional boundaries.

– Everyone loves their own specialty and is focused on their own area of expertise. But of course, surgeons can learn to understand physicians – and vice versa. It's a matter of being willing to cooperate for the benefit of the patient, says Jens Oluf Pedersen.

Cheap and mobile solutions

Naturally, the economy is important too, but the designers have found solutions that are both cheap and creative.

– The solutions are mobile. For example, there are framed posters and wall stickers that are easy to remove if the unit is relocated. That suits our working conditions here at the hospital, which are constantly changing, says Project Manager, Development Nurse Solveig Gram from Randers Regional Hospital.

The former chief physician, who helped get the project off the ground, also experienced the designers' creative approach.

– When we were designing the new bays, we kept a keen eye on the costs. The designers used the existing furniture. It was re-upholstered and immediately brightened the room. Tangible changes had a big effect, says Jens Oluf Pedersen.

"The funny thing is that it's neither complicated nor expensive. It's a way of thinking differently, from the inside."

Jens Oluf Pedersen,
former chief physician at
Randers Regional Hospital

Small-scale project with a large impact

Even before the unit was inaugurated in January 2010, the staff in other wards had adopted the concept and was beginning to use the expert nurses.

– The mental process preceded the implementation. For example, a patient from a surgical ward had to take an oxygen bottle home. Normally, that takes a long time to arrange, and since it was a Friday, the decision was made to wait till Monday. But the surgical nurse, who had heard about our project, chose to call the expert nurse, who had the patient released in a matter of two hours, says Solveig Gram and adds, – I thought this was just a small-scale project that wouldn't have any real impact, but the designers made it matter – to others too. The ideas are useful in home care and in nursing homes, all over Denmark and in the rest of the world.

The outside interest has been overwhelming, and the experiences are particularly important if hospitals are to prevent increasing distances between medical specialties at hospitals in the future.

Region Midjylland

Improving conditions for patients with multiple concurrent conditions



BACKGROUND, PURPOSE AND IMPACT

Patients with multiple concurrent conditions are difficult to assign the right physical location, and that has a big impact on the quality of their treatment.

Randers Regional Hospital wanted more efficient and coherent patient processes and less rigid boundaries between medicine and surgery. That goal was to be achieved by developing and establishing a special unit to match diverse patient needs with the right professional qualifications.

The project is relevant to all hospitals, but the focus on this particular group of patients is also relevant to general practitioners and home care services, among others. In the long term, with increasing longevity, this patient group will grow, since most of them are elderly people. Overall, we must expect a growing demand for interdisciplinary cooperation at hospitals in the future.





Campaign

The project was kicked off with a campaign that focused on the sharp and sometimes counterproductive division between surgical and medical specialties. The purpose was to increase awareness of the need for cooperation across specialties.



Manageable information

With a system of colour codes the project addresses the time-consuming task of locating information. The new boards also serve to make the information easier to manage.

IMPROVE
QUALITY
LIFE FOR
PEOPLE WITH
MULTIPLE
DISABILITIES

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Like everyone else, people with multiple disabilities have needs for activities, privacy and care that vary throughout their lifespan. This project examined how a collective residence for young people with multiple disabilities could be improved to match the residents' needs as adults. It also examined possibilities for new activities that the residents can engage in more independently.

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Nexø House was due for renovation in order to match the residents' need for privacy in their individual lives better. A service design project addressed the task and led to improved work routines and a better interior design of this collective residence for people with multiple disabilities on the Danish island of Bornholm.

The residents in Nexø House live in the same rooms that they moved into 19 years ago. At that time, Nexø House was a flagship residence, but now the place has become outdated. The residents needed flats with private bathroom facilities instead of small rooms and large common areas. Therefore, Nexø House applied for and was awarded a design project that quickly developed into a great partnership between the Nexø House staff and the designers from AKP Design.

Everybody is involved

Jeanette Bech er forstander i Jeanette Bech is the director of Nexø House. She worked closely with the designers and noticed, first of all, how fruitful it is when the two worlds pull together to improve ingrained habits and work routines in a workplace.

– We looked at things through very different lenses. The designers see our reality in a different light, and that's refreshing. It's great to have someone from the outside question our established routines, says Jeanette Bech.

The designers' methods sparked ideas in workshops, but it was up to the staff to expand and cultivate the ideas and fit them into the everyday life of the house. This had a big impact on the staff but also on the residents' relatives.

– The keen focus on our everyday routines certainly served as an eye-opener. These ideas change everyday life for all of us, including the relatives. They have also aged and are no longer up for going on excursions with us. Now we stick to in-house activities; for example, we have introduced coffee parties,

where the relatives can meet and talk. That builds a sense of community, and they are very happy about the changes, says Jeanette Bech.

Big changes in everyday life

With a gentle nudge from the designers, the staff discarded the rigid schedules. Previously, all the residents were woken up at the same time, but as everybody washed every morning, many of them spent a long time simply waiting. Now, the residents have individual schedules. Some are allowed to sleep in, others have breakfast in the peace and quiet of their room – and some residents skip the morning wash, because they will be taking a bubble bath or a sauna later in the day.

– The structure has become much looser. If we had planned to do a bubble bath, for example, and a resident had seizures, then no one had a bubble bath. Now we decide on the day who is to be offered a bubble bath. We don't stick to a strict schedule but make arrangements as we go along, says Jeanette Bech.

Improved flow led to increased efficiency

The interior design also became more logical. For example, the designers systematically mapped the staff's movements around the house. Kirsten Funch works at Nexø House and saw how the design agency mapped everyday activities.

"Today our residents demand more influence. We can tell that they have noticed that they're involved in the decision-making now."

Jeanette Bech,
director of Nexø House

– They followed some of us for a whole day and recorded what rooms we went to and from, and how often, over a certain period of time. That was an eye-opener! When we suddenly saw it mapped out like that, we thought, "Come on, did we walk all those lines today?" We used the sketch to discuss what we could do more efficiently, and where we might change our routines to improve things for the residents while also saving on shoe leather, says Kirsten Funch.

Based on the sketch, which they called the flow chart, the designers modified the interior design of the existing house. They developed simpler solutions, such as reducing walking distances by storing the towels in the bathrooms. The flow chart was also intended as an important tool in the design of the new Nexø House.

Both staff and residents appreciate the changes

The residents are not able to express how they feel about the changes, but the staff can tell that the residents' everyday lives have improved.

– I've been here for eleven years, and I feel that I know them quite well. They have also aged by eleven years since then, and they keep changing, but in retrospect I think that we've accomplished changes that increase their quality of life. We have struck a really good balance, where we motivate and plan things for them on a general level, while they're allowed to make their own choices and do what they can independently. We are better now at suggesting ideas and saying, "Let's give it a try, if only for a week;" we do something different, and then we go back to the original plan, says staff member Kirsten Funch.

The Nexø House staff fully embraced the project. The partnership has led to many changes, but the staff feels that their team spirit has improved, and they welcome the changes.

– We have created a culture where it's okay to suggest ideas even if they're not adopted – that's evident in all the new projects we're engaged in. And our professional awareness is stronger now, because we draw on it every day in the much looser structure we have now! We take a much bolder approach today, says Jeanette Bech, who looks forward to cooperating with AKP Design on further projects aimed at benefiting this large user group.

Success spawns success

The Nexø partnership has spawned additional projects, as the staff's ideas took root and grew in directions that might revolutionise the whole care sector.

– When we worked on the interior design, we found that the residents lacked activities because there is nothing they can do without assistance. Now we use touch screen computers, basic switches that make stuff happen on the screen, and interface technologies that are designed for users with various disabilities, in order to offer them greater independence of the staff. We play with the new ideas and test whether it's possible to play without assistance, for example by blowing on or yelling at a screen, says designer Annette Krath Poulsen from AKP Design.

Together with AKP Design the Regional Municipality of Bornholm has raised funds in order to enable Nexø House to continue their work with new technologies. The residents here have such extensive language, mobility and other impairments that if a given solution is useful to them, it will benefit other groups as well; not only people with disabilities but also senior citizens with dementia, for example.

BACKGROUND, PURPOSE AND IMPACT

Nexø House is home to 14 residents with multiple disabilities, most of whom moved in when they were in their 20s and 30s in 1991. The residents are older now, and their needs have changed, but the residence has not.

The project focused on meeting the residents' individual needs and finding solutions that matched their life as adults – with regard to privacy and activity range – and which would also make them feel safe and secure. The project participants also wanted to study physically how the staff could maintain supervision and a close presence once the rooms were turned into en-suite flats.

The experiences from Nexø House are relevant for all assisted living facilities that want to ensure a rich daily life that is adjusted on an ongoing basis to match the changing needs of its residents.



The flow at Nexø House

The flow chart illustrates one staff member's movements over a period of two hours. The observations are important for the design of the new buildings, as a different distribution of space can prevent many unnecessary trips in the course of a workday. Other institutions can easily draw up similar flowcharts to uncover areas in their interior design where simple changes might improve the workday.

APPLIED METHOD

The Dialogue Game is played in a group to address and discuss statements or ideas in relation to everyday situations. Typically, it addresses ideas that are taboo or otherwise challenging. The Dialogue Game is action-oriented. Thus, after the game is over, the participants continue to work on suggestions for carrying out ideas. In the Dialogue Game everybody has to be heard.

Experience Map is a tool aimed at describing the journey through a service, for example – the existing path as well as the desired one. It is used along with Wild Cards for generating and developing ideas in groups. The participants provide input by constantly considering, What if ...? The input is not meant to reach a conclusion but is to be included in a general process of generating outlines of ideas that the participants can then develop further or use as inspiration to generate new ideas.

Wild Cards are a pool of “playing cards” that describe ideas for improvements, for example a new technology, a new assistive aid or a solution that is not yet fully developed. The users select the ideas that they believe can make a difference.

KEY PROJECT OUTCOMES

The project has had positive effects for Nexø House; for example, the staff now spends less time on administration, and the residents experience less passive waiting time in the course of a day. In other words, there is now more time available for offering high quality experiences in everyday life.

Suggestions for

- New work procedures that break with habits, routines and traditions, and which increase flexibility in everyday life
- Distributing activities across time and space
- Interior design of the physical space
- Activities aimed at relatives
- New activity offers including activities that are independent of time and place
- Design solutions for the physical renovation project

Ideas for new projects

- Digital tools for the staff
- Intelligent assistive aids
- Possibilities for self-activation through new technologies

Indirect results

- Residents and relatives experience greater influence
- Staff members use their professional skills more in their work and are more open to new ideas
- The staff spends less time on administration
- The residents experience less waiting time and more quality in their everyday life
- Cooperation across professional boundaries has improved



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P CARE

Several Danish hospitals are experiencing a shortage of doctors. At the same time, there are plans of establishing new emergency departments and closer integration with the out-of-hours medical service. This project initiated efforts to optimise the use of physical facilities, staff and IT systems in the area. An additional goal was to learn more about the capacity of service design projects to improve construction planning processes.

"I drew on my own experiences from visits to the out-of-hours doctor and the emergency room. What was my experience then, and what would I have liked to change? I really tried to put myself in the patient's shoes."

Birgitte Westh,
North Denmark Region

"Design must be approached strategically. We can achieve results and changes, but design can also be used as input in a political process or as a basis for generating visions."

Anders Skovgaard-Petersen,
Workz

A visit to the emergency room may mean hours spent waiting while a child cries incessantly, the patient in the next seat is loud and rowdy because he has had one too many, and others seem to keep being moved up in the queue. Many have probably wondered, Should I have called the out-of-hours doctor instead? The North Denmark Region wanted to find a way to eliminate doubt for patients when choosing between going to the emergency room and calling the out-of-hours doctor.

People should have access to a one-stop service when they experience a medical emergency. Therefore the North Denmark Region and the design agencies Workz and Knud Holscher Design used service design to develop recommendations that challenge the traditional emergency service model in the North Denmark Region, where the out-of-hours doctor and the emergency room are two separate systems.

One stop is better than two

The existing emergency rooms are intended for situations that cannot wait for the general practitioner's office to open, but many patients fail to grasp the logic of the system.

– It's not easy to figure out, as there are two systems and two phone numbers. If you have a compound fracture, you need to go to the emergency room, but if you have a sore throat you should call the out-of-hours doctor. There's a wide span between these two extremes where it can be difficult for a patient to know what to do. That's less than ideal, says designer and project manager Anders Skovgaard-Petersen from Workz. Thus, there is room for improvement in the existing system.

– The optimal solution would be an emergency service that operates as one organisation with only one entrance – and, of course, with only one phone number, says Anders Skovgaard-Petersen.

The five regions of Denmark agree on the need for a more coherent

emergency service. Therefore, the North Denmark Region set out to collect experiences that would be useful in the planning of future construction projects. Birgitte Westh, a case officer in the North Denmark Region, was involved in the project launch.

– The emergency system must offer an excellent service. So we had to rethink our procedures and redesign the service in order to create an optimal platform for planning the upcoming construction projects, says Birgitte Westh about the framework of the project.

– Since we don't know what the future structures will look like, we had to define a realistic form to use in the project. Our basic idea was that the out-of-hours doctor and the emergency room would continue as two separate services, but that patients would be received by the same nurse and wait in the same waiting area, regardless of the situation. That's the idea we pursued throughout the project, and which forms the basis of the recommendations from the project, says Case Manager Birgitte Westh.

Added emphasis on service

The wide range of user perceptions of what the emergency service is and should be serves to illustrate the current state of affairs, where emergency incidents are presented both to the out-of-hours doctor and to the emergency room.

– We held a workshop with staff from the Regional Hospital, representatives from various patient groups, and doctors and nurses

from hospitals and private clinics in the region. These groups described what they felt worked well in the existing system, and what they would like to maintain if changes were made. The participants helped us see the areas that already had good solutions, which it would be a shame to get rid of. The diversity of the group enabled us to include all the different perspectives, says designer Anders Skovgaard-Petersen.

The wide diversity of views that were expressed in the workshop left no doubt that major differences in structure, work hours and pay make it a challenge to combine the two systems. However, the participants all agreed that professionalism and effective treatment had to be paramount. Everybody was focused on the patient's experience, but they also felt that the existing system may make it necessary to prioritise, and in such instances the professional assessment comes first. However, the designers underline that efficiency and professionalism do not rule out a good patient experience.

– Our solutions are patient-focused, but they don't compromise on professional quality or waste the doctors' time, says Anders Skovgaard-Petersen.

Future emergency services

The workshop participants offered ideas, and in a follow-up the designers developed recommendations aimed at producing new patient experiences.

– The recommendation is that patients are referred to a discreet, private reception area, where others cannot overhear their conversation with the reception nurse. There are pleasant waiting areas divided into quiet zones, café areas, and children's play rooms. Monitors let you know your place in the queue. After seeing the doctor, you receive a transcript of what the doctor said, says Birgitte Westh from the North Denmark Region.

The designers emphasise that the waiting areas should match the patients' needs. Some patients need privacy, for example if they have suffered a possible concussion. They can be assigned a single compartment, where they can rest in private while they wait.

The play room will offer interactive entertainment in the form of animal films that are projected onto the walls or toys that children access with their feet, such as hopscotch. That reduces the risk of spreading bacteria through toys that many children handle or suck on in the course of a day.

Inspiration and experiences

So far, these are just ideas. No one knows which ideas can be implemented. Also, the designers have not been able to test the recommendations with the users, although that is the normal procedure in service design projects.

– The goal was to generate new inspiration and experiences. We used the recommendations in drawing up the tender material. After completing the project, we will pass the recommendations on to the consultants in charge of the planning process, and the stakeholders will be included in the ongoing programming efforts, says Birgitte Westh.

The recommendations should lead to a better planning process and, in the long term, reduce mistakes in the construction project. The experiences harvested by the North Denmark Region may prove extremely valuable to other regions planning construction projects.

– We know more about the benefits of carrying out this sort of project before the excavation begins. There are huge potential savings in investing in a design project before investing billions of kroner in a construction project, says Anders Skovgaard-Petersen from Workz. The North Denmark Region will collect experiences that will also be useful in other contexts, for example in relation to the new hospital that is to be built in Aalborg.

VISITERING

APPLIED METHOD

Co-creation is a method that is centred on the users' own ideas, where users, designers and other professionals work together to solve problems. The designers use a variety of methods to help the users unfold ideas. Afterwards, the designers describe and test specific solutions. This approach ensures the users' sense of ownership of the projects and facilitates the subsequent implementation.

Personas are descriptions that exemplify the user group and give the staff a concrete image of the people that they will be able to help with their professional skills. In addition to patient types, the descriptions present possible variations in treatment courses, presentation, and transportation needs. In this project the participants worked with the following patient types: family with a child who has asthma, lonely man with social needs, inebriated Norwegian with a possible concussion, and elderly woman with diabetes.

KEY PROJECT OUTCOMES

The project resulted in a number of recommendations that cover all the aspects of a coordinated emergency service, and which reflect new knowledge about patients' needs and expectations. In the long term, a shared utilisation of physical facilities, staff and IT is expected to free up resources, raise the professional quality of the treatment, and probably improve patient satisfaction considerably.

Overall recommendation

- One organisation, one identity

Proposed solutions

- One telephone number to the emergency department
- Integrated queuing and IT systems
- Patient ID wristband handed out upon arrival
- Establishing shared physical facilities
- Reception and waiting facilities to accommodate individual needs
- Children's waiting room with activities that prevent the spread of bacteria
- Emergency support persons
- National/regional referral team
- Doctor's kit with mobile broadband
- Possibility of digital patient files and shared access to patient files
- Online consultation option

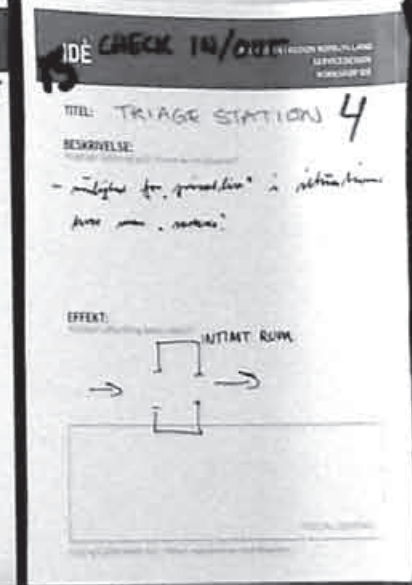
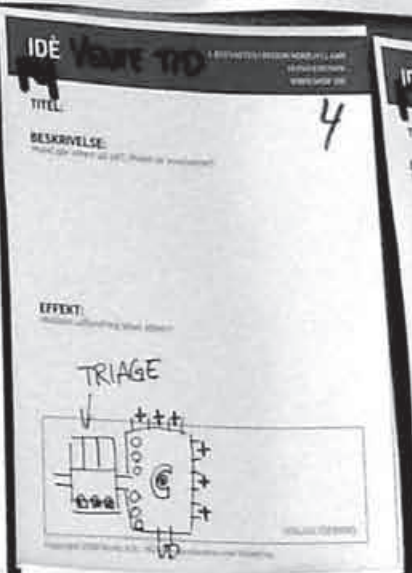
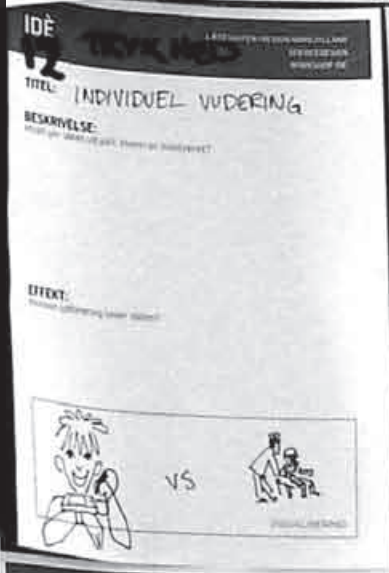
Ideas

The idea development workshop generated more than 100 ideas – from spontaneous and wild ideas to more thoroughly considered proposals. The designers collected all the little hand-written notes and turned the ideas into viable solutions and recommendations.

TRANSPORT

Improving the patient experience

- Coherent process that starts and ends in the patient's home
- Possibility of waiting at home
- Scheduled appointments and updated information about changes in waiting time
- Individual reception and waiting experiences, including single compartments
- Holistic service approach
 - including, for example, a delivery option for medicine
- Offer of a transcript after the consultation

HOVEDDØREN
- VISITERING

THE DESIGNERS' FIVE RECOMMENDATIONS FOR A UNIFIED EMERGENCY DEPARTMENT

- 1: A unified service requires a unified organisation
- 2: The queue begins on the phone
- 3: A new coherent queuing and IT system and should be strengthened
- 4: The reception nurse is essential
- 5: Physical settings facilitate different waiting and emergency needs

FORLØB
Datteren ringer til lægen for Merete ikke selv ringe forvirret. Telefonlægen h...

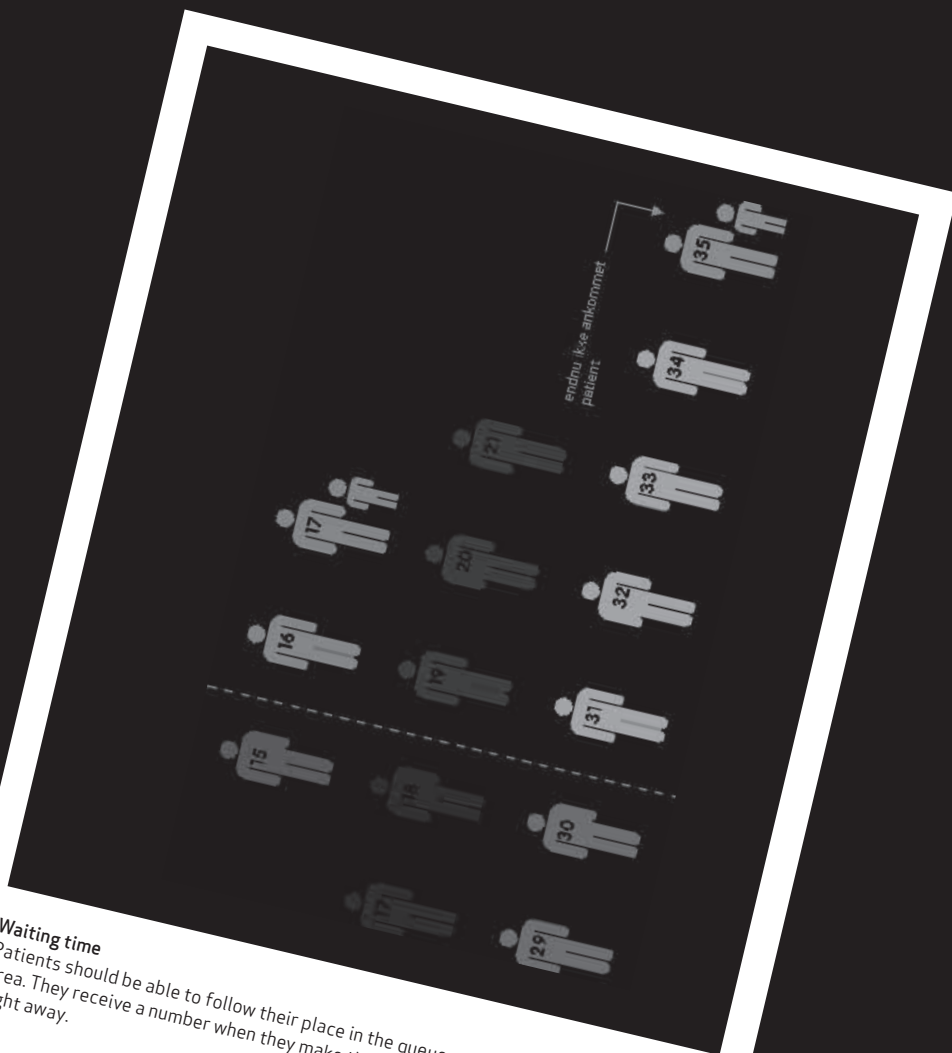
Datteren bestiller en taxa har glemt sin mobiltelefon teren igen.

I venteværelset optræder Merete og vænke kombineret med hendes overblik. Hun er tilmeldt tro, når ingen svarer telefonen.

Efter at have ventet kommer Merete ind. Da der er mistanke om sukkersyge, beder lægen om prøver. Merete får udleveret et prøveglas og ser på venteværelset. Det tager et stykke tid, før hun kan tr...

Da der igen bliver hendes tur, testes urinprøven og der er flere ting der tyder på akut sukkersyge. Lægen stiller diagnosen og Merete bliver herefter indlagt.

"Ringer I til min datter?"



Waiting time
Patients should be able to follow their place in the queue on monitors in the waiting area. They receive a number when they make the phone call and thus join the queue right away.



Online communication
Via a webcam the patient can show his or her injuries to the doctor, who can then assess whether the person should go the emergency department. That saves time for both the patient and the doctor.

BACKGROUND, PURPOSE AND IMPACT

The North Denmark Region plans to establish three joint emergency departments to replace the existing emergency rooms in the towns of Aalborg, Hjørring and Thisted. The two existing systems, the out-of-hours doctor and the emergency rooms, overlap. It is difficult for the citizens to figure out whom to contact in a given situation.

The project studied how a one-stop approach to acute healthcare needs might optimise the use of resources. There was a particular emphasis on the design of the physical setting to accommodate both efficiency and user experiences.

The project resulted in recommendations for the tender and planning phases of the upcoming construction project. Some of the recommendations also apply to existing hospital wards, as the amount of information, the duration of the waiting time, and the design of the physical space are all factors that affect the experience of hospital users – patients as well as relatives.



Doctor's kit

A doctor's kit with mobile broadband and a laptop lets the doctor access important information and record the preliminary diagnosis on the go. Doctors should be able to use their time more efficiently, working on the go instead of having to work at a central office.

THE GOO
KITCHEN
- IS MUN
OF COUR

D ICIPAL, SE

Many senior citizens do not eat enough, which affects their general state of nutrition and their quality of life. The project explored what might explain the lack of appetite and suggested solutions to elevate the overall meal experience and food quality and improve the appetite of the senior citizens.

In Holstebro the senior citizens know who is shaping the meatballs and preparing the gravy in the municipal kitchen. The senior citizens have an ongoing dialogue with the kitchen staff. And that increases the satisfaction of both.

The excitement is unmistakable. Regardless of who is talking about the meal project in the Municipality of Holstebro, the story is dominated by positive statements and terms like professional pride and commitment. The clear goal was to improve quality and service levels in the municipal meal service, but the outcome of the partnership between the Municipality of Holstebro and the idea and design agency Hatch & Bloom goes far beyond that initial goal.

The pride is not only felt in the kitchen but has also spread to the citizens in the Municipality of Holstebro, where most people are familiar with The Good Kitchen. Before, there was little excitement when the municipal delivery van pulled up, with big lettering on the side spelling HOLSTEBRO MUNICIPAL MEAL SERVICE. Today – after a change of name and a cool new logo – the municipal vans stand out in a positive way, causing the neighbours to ask, You're having meals delivered from The Good Kitchen, are you happy with it? But a new name, better ingredients, and friendly service are not the only sources of the success.

Building an appetite

One source of change was service design, where user involvement is essential. The design agencies involve the people who are most affected and give them the tools to develop ideas which everybody then works on together.

– First, we made observations in the kitchen where we got to know the staff. Next, we visited the senior citizens. We also made sure to involve the relatives. For example, we produced written material that the senior citizens could show to their family, says Innovative Direc-

tor Lotte Lyngsted Jepsen from Hatch & Bloom, when asked how the agency addressed the challenge.

The visits revealed that senior citizens' needs go beyond having a traditional lunch or dinner delivered. The design anthropologists discovered that many senior citizens do not like to have dinner on their own, because it reminds them that they no longer have their family around them. This insight was essential, because the project had a particular focus on enhancing the meal experience for the individual citizen and hopefully improving the appetite for people who undereat.

– The less you enjoy the situation, the smaller is your appetite. But in other situations, like in front of the TV, eating is enjoyable. Therefore we expanded the menu to include snacks, like fresh-baked bread or pastry – meals that are spread out over the day, says Lotte Lyngsted Jepsen.

The users' own ideas

Hatch & Bloom's designers used their new knowledge to develop materials for three user workshops. The workshops also involved local politicians, senior citizen councils and partners from the home care and assessment units. In workshops, the users provide the ideas; this ensures involvement and demonstrates what service design is all about.

– At first, we were a little sceptical, but the project was handled in a good way. The designers and management listened to us, and everyone's opinions and ideas carried equal weight, says Catering Officer Birgit Jespersen. Head of Section Anne Marie Nielsen also noticed the changes:

"If you have professional pride, you'll also cook good food. Good food has to come from the heart!"

Anne Marie Nielsen,
Director of The Good Kitchen

"We want to help make the municipal meal service a good experience."

Poula Sangill,
Head of Office in the Department of
Health and Social Services, Municipality
of Holstebro

– This generates so much positive energy. We have received positive reactions from everywhere, from users and partners and colleagues in other municipalities, says Anne Marie Nielsen.

A restaurant experience

In the process, Holstebro Municipal Meal Service became the restaurant The Good Kitchen. Poula Sangill, Head of Office in the Department of Health and Social Services in Holstebro, was involved in the decision to change the name:

– It's an ambitious name, which was exactly what we wanted, and we are working hard to live up to the expectations, says Poula Sangill. Gourmet chef Mads Nybro visited the kitchen, which caused some jitters among the staff. Catering Officer Birgit Jespersen also felt the pressure:

– Here was this really competent chef, and we were concerned that he might criticise us, but he praised our food and said that we had a very high technical level. That was a real boost, and today we feel like chefs ourselves, says Birgit Jespersen.

The chef inspired the staff to introduce more seasonal ingredients and provided ideas for the presentation of the food.

– Now we take the time to make an appealing presentation, also in terms of colours. For example, we toss the carrots with parsley to add some colour to the tray. We also put an emphasis on seasoning the food well, says Birgit Jespersen.

Tasty words trigger the appetite

A key ingredient in the new experience is positive and appealing communication about the food. Head of Office Poula Sangill has learned how that can generate interest in dishes that previously had few fans.

– We describe the ingredients in a way that gives the senior citizens a sense of tasting the food. Before, we would write fried calf's liver with gravy, potatoes and vegetables, now we write pan-fried liver with onions and gravy, potatoes tossed with thyme, and butter-roasted vegetables. With the new description we now have about 80 people a week choosing liver, where we used to have 10, says Poula Sangill.

To back up the restaurant concept, the staff was given chef uniforms, which boosted their confidence.

Customer dialogue

However, the staff not only had to learn to see themselves as a company rather than a municipal service; they also had to realise that they are in a very privileged position.

– It's great that we're in touch with the customers every week through the drivers who deliver the food. Many private companies would pay good money for that degree of customer contact, because it offers a unique opportunity to keep tabs on what's important, says Lotte Lyngsted Jepsen.

In Holstebro they have taken advantage of this opportunity by giving the drivers comment cards to hand out to the users. The users gain influence, and the kitchen gets immediate feedback on the food they serve. And the senior citizens do not mince their words. They propose new dishes and new ways to prepare them, but they also speak up if the food failed to meet their expectations. And the critique is taken seriously.

This direct contact is supplemented with large photos on the wall from visits in the homes of the senior citizens. They bring the users closer and serve as a daily reminder to the staff that they are cooking for real people.

Holstebro Kommune
The Good Kitchen
- is municipal, of course

AWARD-WINNING PROJECT

The Good Kitchen in Holstebro and the idea and design agency Hatch & Bloom received the Danish Design Prize 2008/2009 in the Service Design category. They also received the innovation prize from Local Government Denmark in 2009. That same year they were also nominated for the official German Design Award, which is only given to projects that have already received a design award.

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Jim: Slevnik... 9.008.
Nikola jse: 27.2.5a
Tak for din hjælp
Tak. Hej. Toft e god
Holstebro



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Tak for di

for så kan hun ikke mere komme ud til Vesterhavet og gå ture. Til gengæld kan hun stadig nyde fuglene



Ris, ros og forslag:

Ang...
jeg faar fra...
er jeg godt tilfreds
smager virkelig g...
ros til Det gode...
Panerel Blask Sparerits Bo...
Panerschmidtzel Bonlosejule, ch...

Tak for din hjælp

id maden,
var var laede

Venlig
for
Mark...

KEY PROJECT OUTCOMES

The project has had a positive effect on the level of professionalism, as the kitchen now prepares more appealing food from scratch. That has resulted, among other things, in a menu catalogue, an improved menu, and a good reputation in the local area.

Direct solutions

- New corporate image in written materials and on cars
- New menus with an improved selection
- New welcome pack for senior citizens
- Comment cards
- Chef uniforms for the staff
- More appealing meal descriptions and presentations
- More cooking from scratch
- The option of ordering guest dinners, snacks, a weekly special, and other specialties
- The kitchen as a restaurant rather than a municipal meal service
- User involvement and dialogue

Indirect results

- Undereating seniors have a better appetite
- Senior citizens are not ashamed of relying on food from the municipal meal service
- There is greater customer satisfaction, and more orders are coming in
- The staff feels a greater sense of professional pride
- There is more energy and commitment among the kitchen staff
- The kitchen has improved its image and built local pride
- There is now a national awareness of and interest in the kitchen

APPLIED METHOD

Radical analogy is the designers' term for the comparative tool they used in relation to The Good Kitchen. This method challenges people's perception of themselves and their environment. The designers create a mental framework for the intended user experience by referencing something that is different but familiar – in this case a restaurant. The staff can play with the restaurant theme and shape ideas by seeing their workplace as a restaurant, themselves as chefs, the senior citizens as paying customers, and the drivers and home care workers as waiters. Within that framework, the staff may ask themselves what sort of restaurant they would like to be, including what sort of experience they would like to offer. That creates a new perception of the staff's own role and of the senior citizens who will be eating the food.

Success story sparks widespread interest

The experiences from Holstebro are important for all public meal services. In the future, the number of senior citizens who rely on a meal service will grow substantially. So will the number of seniors who need help to prevent malnutrition.

The project has generated a great deal of PR. Head of Section Anne Marie Nielsen has lost count of the number of calls she receives on a weekly basis requesting advice or asking her to visit or give a presentation. The number of customers has gone up from 525 to 600 as a direct result of the project, and the head of section receives many unsolicited job applications for the kitchen, as the rumour about the staff's pride and job satisfaction has spread.

The service design project in Holstebro focused on the senior citizens' meal experience and the image of the municipality. The holistic solution has improved the dialogue, the meal experience and the working conditions in the kitchen.

"Everybody's proud of what we're doing here!"

Birgit Jespersen,
on the staff in The Good Kitchen



Feedback

To everybody who takes part in the cooking, I say THANK YOU and send my best wishes for a merry Christmas with many thanks for 2009. [Excerpt from a postcard from a customer of The Good Kitchen]



Home observations

The designers visited senior citizens and asked about their meal habits. This allowed them to uncover the factors that really mattered.



Corporate identity

The vans from The Good Kitchen reflect the kitchen's new style and are greeted with recognition and smiles in the streets of the town.

BACKGROUND, PURPOSE AND IMPACT

The number of senior citizen is growing, and some seniors tend to undereat. That affects their state of nutrition. In the future, seniors citizens are expected to demand a wider selection and better service, partly because many are well-travelled, which may affect their culinary culture.

The Municipality of Holstebro wanted to prepare for the future challenges in the meal service area and to raise the quality of the service, the food and the meal experience. There was a particular emphasis on measures to increase senior citizens' appetite.

The project is relevant to all food and meal services. There is a call for flexible and healthy offers that meet individual needs – not only for senior citizens but also, for example, for hospital patients and schoolchildren.



New uniforms

Of course, the staff wears proper chef uniforms, but that was not always the case. They used to be dressed in drab municipal uniforms which one cook described as nightwear.

ACTIVE

AND

SELF-RELIANT

PATIENTS

LIANT

In the future, the patients at Odense University Hospital should be more self-reliant, and hospital stays should be briefer. The intention is to improve patient satisfaction and increase efficiency, which in turn will reduce costs. The project examined how the good experiences from the Patient Hotel can be transferred and developed, now and in the future.

The Region of Southern Denmark has begun to rethink Odense University Hospital (OUH). The outcomes of a service design project suggest how traditional hospital services can be supplemented with the approach of the Patient Hotel – and thus improve satisfaction among the hospital’s patients.

OUH embraces the current challenge of reducing costs while improving patient experiences. The hospital believes that the solutions go hand in hand, and that improved user experiences thus can lead to savings in the long run.

Challenging ambitions

The experiences from the Patient Hotel were to be shared with the other hospital wards, but it was unclear how this was to be handled. Jesper Risom, who is Head of Development at OUH, was involved in the process.

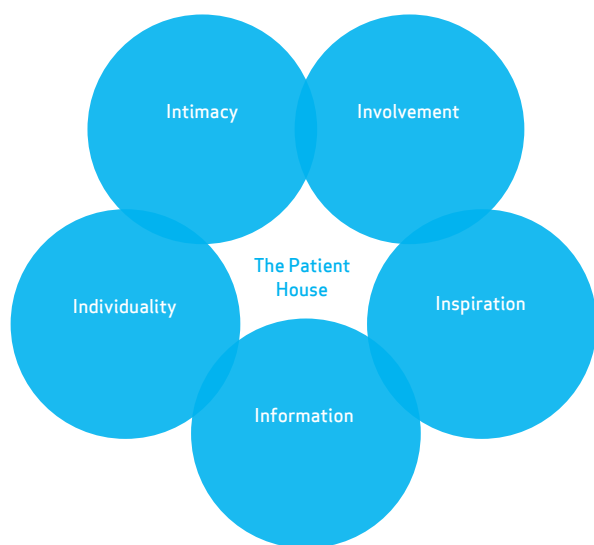
– We wanted to increase satisfaction, and we also wanted to know how we could transfer the service level of the Patient Hotel to the rest of the hospital. And of course,

we were keen to reduce costs. We thought that the hospital had a lot to learn from the way the Patient Hotel has managed to spend fewer man hours on care – without decreasing patient satisfaction, says Head of Development Jesper Risom and adds that the main point about the hotel concept is to combine medical safety with a high level of service and operational reliability.

Personal satisfaction requires personal treatment

No one can provide a definitive definition of service and satisfaction, because it changes with changing user attitudes. Currently, hospitals are facing a challenging trend where patients take efficiency and quality for granted. They are well prepared and knowledgeable and unwilling to accept the doctor’s decisions without questions.

– The patients don’t need to question the professional qualifications, as they are definitely in order. Instead we need to meet the patients as individuals. The patient says, I’m not an inflamed appendix or a broken arm. I want to be met by someone who is there for me, and who can achieve the best possible outcome for the situation I’m in, says Deputy Director of the patient hotel, Anne Kragh Sørensen. That is a challenge if OUH is to accomplish its vision of being the patients’ university hospital of choice.



Empowerment

The concept of empowerment is closely related to independence. Empowerment means gaining more control over one’s own life – for example through increased influence, responsibility and knowledge. The petals of the flower symbolise the five areas where the project has addressed empowerment for the patients.

"They are designing a hospital where I would like to be a patient in the future!"

Anne Kragh Sørensen,
Deputy Director, the Patient Hotel

"Both the physical setting of the hospital and the hospital mindset are in for significant changes over the next ten years."

Jesper Risom,
Head of Development, Odense
University Hospital

Hotel features are the key to improved patient experiences

Discovering what the patient expects and how OUH might meet these expectations is one of the specialties of a design agency. Thus, addressing these challenges by launching a service design project was an obvious choice.

The design agency Designit was asked to help OUH determine what the staff at the Patient Hotel does differently than the staff at the rest of the hospital. Therefore, the designers literally moved into the hospital for a time to get close to staff, patients and relatives.

– We wanted to get to the heart of what's really good about the Patient Hotel and the hospital, respectively. The user input was crucial in showing us how we might combine the two worlds, says Tine Park, who is a designer at Designit.

The designers collected points of view from the entire staff – from technicians, cooks and receptionists to hospital managers – and collected the users' own experiences through cultural probes. The findings left no doubt that the unique quality of the approach and design of the Patient Hotel is that it avoids notions of disease and treatment while promoting the patient's independence and influence. These are the areas that the hospital might focus on in order to make a difference.

Many of the hospital's patients are frustrated with having to rely on the staff and ringing a bell for assistance. They feel that they spend a lot of time unable to do anything.

– When you're hospitalised, you're put in a hospital bed in hospital clothes – in short: You look like a patient. But in the hotel concept, you're in focus as a person, not as a patient, says OUH's Head of Development, Jesper Risom.

The patients at the Patient Hotel also have a distinctly different experience.

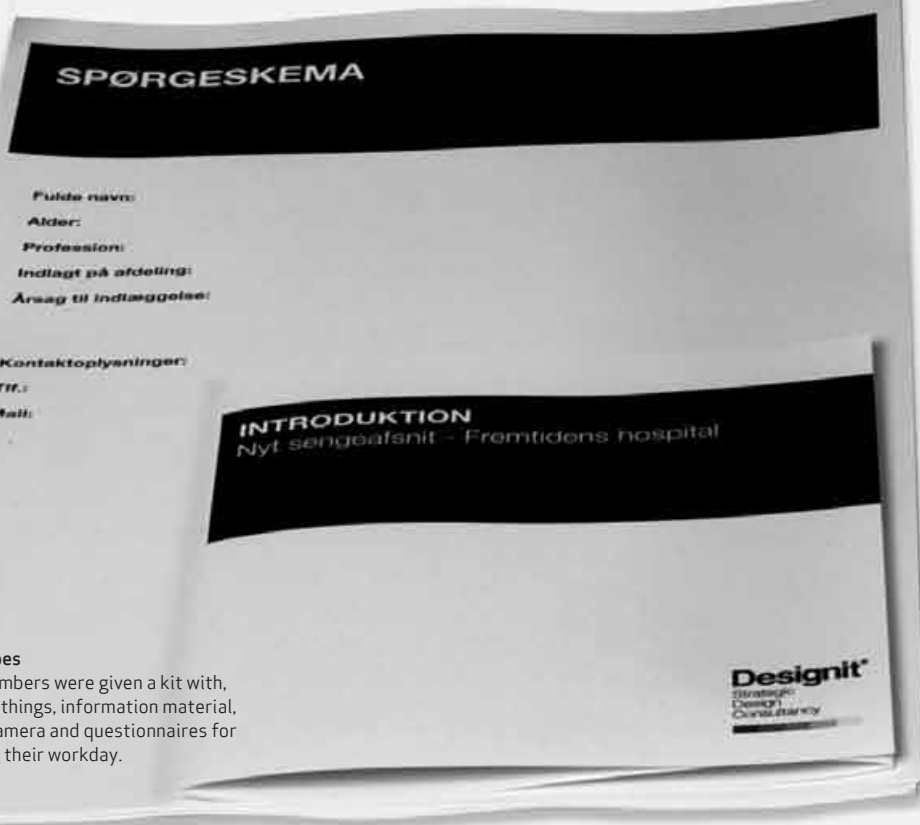
– At the Patient Hotel, people aren't constantly reminded that they're in treatment, because we don't have hospital equipment in the rooms, and we don't wear white coats. They are guests rather than patients, and our focus is on making them comfortable while they are here, says Deputy Director of the Patient Hotel, Anne Kragh Sørensen.

Greater influence for more patients

The current patients at the Patient Hotel are almost completely self-reliant, and OUH would like to make a larger group of patients more self-reliant.

– We have patients elsewhere in the hospital who could easily play a greater role in their own care. This means that we can let the patient do more of the things that the staff takes care of today and thus mobilise the patient's resources more. But we need to adjust our own perceptions in this area, says Head of Development Jesper Risom.

The patients need to receive relevant information, be involved in the treatment, have options, and be allowed to influence both the course of their treatment and the design of the wards. For example, bulletin boards could be put up by the bed for the patient's personal use. The idea is also to make it possible for relatives to sleep and eat at the hospital and take part in the patient's care, for example by learning to change a bandage. In addition, the hospital might enable some patients to continue their work life while they are hospitalised, for example by providing internet access in the ward. The increased independence from the staff hopefully means happier patients, but it may also reduce the length of hospital stays and thus help OUH cut costs.



Cultural probes
The staff members were given a kit with, among other things, information material, a journal, a camera and questionnaires for documenting their workday.

KEY PROJECT OUTCOMES

The project demonstrated that the approach of the Patient Hotel has a positive effect on treatment quality and the duration of the individual hospitalization. That has led to a holistic but flexible model for Odense University Hospital which includes the hotel concept in everyday activities at the hospital.

The project offers more detailed suggestions for solutions and strategies concerning

- Efficient and coherent processes
- Patient empowerment
- Relatives as a resource
- Organisation and management
- Professionalism
- Cooperation across hospital wards
- Communication
- Aesthetics as an element in meal offers
- Design, including interior design
- User scenarios

– When the patients get out of their beds and stay active, they recover faster and feel better in general. And they feel safe if they receive the information they need. Many patients can do a lot of things if they get the chance – and they are keen to do it, says Tine Park from Designit.

A physical environment that stimulates the senses

The design project also indicated the possibility of making the interior design a factor that contributes to a good patient experience.

– Our patients must feel welcome, so we have chosen to look at design solutions that might change the very clinical look into a more inviting and less intimidating environment, says Jesper Risom.

The suggestions for a possible future interior design aim at stimulating the senses, and aesthetics play a key role in the interior design, the ambience and the food that is served. Nature has a soothing influence, and the building should be characterised by plants and daylight. The tall hospital building has many balconies that are not in use, although they provide amazing light and a beautiful view. The balconies can be fitted with pretty plants, pleasant lounge chairs and warm blankets. But not only the eyes should be pampered. The ears also need a break, and the noise level can be kept down with silencing materials and technology. For example, the ward's regular staff should carry a pager – a nurse call – so that the patient's request for assistance does not trigger a noisy alarm that alerts the entire ward.

Changes in attitude with a big potential

The project has emphasised how hugely important service – as well as the physical environment and possibilities – is to the patients. This has given OUH's management a new understanding, for example of the fact that the patient experience can affect how quickly the patient recovers. Now the challenge remains of achieving the same change of perceptions in the entire hospital staff.

– This will affect the staff, because it's a totally different approach to patient care. They need to get the service concept under their skin before we can achieve our goals, says Head of Development Jesper Risom, who is not, however, worried about the challenge.

– The vast majority of our staff wants to treat the patient with respect, and from there it's not that big a step to seeing the patient as a guest who deserves good service. In that area there are positive developments all the time, and this might constitute yet another. Right now, we are using the ideas in relation to management. However, I hope that the underlying concept and mindset of this project can be transferred to the new construction project, says Jesper Risom.

The design project is not directly included in the plans for the new OUH, but OUH's management is very aware of the possibility of creating a physical environment in the new hospital that focusses on the individual patient.



BACKGROUND, PURPOSE AND IMPACT

In a patient hotel, the patients are virtually self-reliant, and the focus is on the healthy individual. This approach could have positive effects if transferred to the other wards of the hospital. The project examined how the hotel concept can be transferred here and now, and how it might be incorporated into the construction of the new hospital in Odense.

The goal is to create a hospital that accommodates patients' growing expectations of the levels of service, professionalism and influence. At the same time, it is important to expand interdisciplinary collaboration, and more patients will have to be placed in wards with a lower staff-to-patient ratio, as cost cuts are an unyielding requirement.

The results are relevant to all Danish hospitals that face similar challenges. The proposed solutions are physically independent of Odense University Hospital, and they can be modified to match the changes that affect hospitals on an ongoing basis.

APPLIED METHOD

Cultural probes mean that the users in question are given specific tools for documenting their everyday experiences, for example a camera. They are also given concrete assignments, for example keeping a journal. The users' input offers unique insights into their perceptions of their own everyday life, what they do consciously, and what they might do without noticing. Designers can use this input when defining issues and challenges and planning the subsequent project stages.

In this project cultural probes were a supplement to participatory observation, where the designers spent some time working, eating and staying overnight at the Patient Hotel.





Privacy and contact to the outside world
 The patient will be able to stay in touch with his or her work life and to have relatives spend the night if the hospital setting makes it possible.



A proper welcome
 If each ward has its own pleasant reception lobby, more patients will feel that they receive a warm and friendly welcome.



Good food and room for relatives
 A restaurant setting can improve the meal experience for the self-reliant patients, who might also be able to have their relatives join them for dinner.

Ideas for the physical expression of the hotel concept

The hotel concept means that people should feel welcome when they arrive at the hospital. The point is that the hospital should offer a homely environment and personal service to increase patient satisfaction. Physical design solutions can help achieve this goal.

**MORE PEOPLE
CHOICE IN
HOME CARE
SERVICE**

PERSONAL

N

CARE

Citizens who qualify for home care have a free choice of nursing care providers and flexible practical assistance, but many senior citizens have trouble fully understanding their options. A service design project explored how to make it easier for the citizens to make active choices about home care.

Senior citizens in Roskilde have embraced the free choice of municipal and private home care service providers. And they know that if they would rather have their kitchen cupboards wiped down on a day that was scheduled for vacuuming, all they have to do is ask.

Senior citizens who are eligible for home care have the same legal rights in all municipalities, but they are often overwhelmed by choices and risk missing out on good home care service features. The assessment teams in the Municipality of Roskilde had long been aware of this problem and wanted to create improved, common standards. They simply needed a push to get it done, and that came when the Danish Enterprise and Construction Authority announced a service design project they could apply for.

Soon, the project was a fact, and the design agency CPH Design was engaged in finding solutions for improving the senior citizens' experiences with home care and giving them an informed basis for making choices.

Eliminating prejudice

The home care assessors in the Municipality of Roskilde wanted help in finding a solution. They felt that they did everything they could to apprise the citizens of their options, but still they sensed and also saw in user surveys that their efforts were inadequate. Too many senior citizens stated, when asked, that they had not heard about the possibilities available to them.

This led to some grumbling, as the most obvious explanation was to find fault with the assessors' work to explain the problem. Perhaps they were biased in favour of the municipal providers? Or maybe they were worried about harming the municipality's reputation in the area and therefore failed to provide adequate information about

the free choice of service provider? Thus, the designers' first task was to sort fact from prejudice and get to the heart of the problem before they could begin to focus on solutions.

– Indeed, our first thought was that the assessors probably had special ties to the municipal provider, even though they were supposed to promote the private providers equally, because the private providers aren't allowed to contact the citizens directly, says Kristina Nielsen from CPH Design, the agency in charge of the design project in the Municipality of Roskilde. CPH Design set out to explore other aspects too:

– We made observations and interviews, and we sat in on meetings between the assessors and the senior citizens. That's when we discovered that they actually were sincere and did not favour one system over the other, says Kristina Nielsen.

The designers also met with the private providers and held a large meeting involving both parties. This helped them understand each other better and gain insight into each other's approaches, and it strengthened the mutual trust between them. The meeting provided an opportunity to discuss requests and ideas for mutual communication and collaboration.

"If we try to address everything, we'll never be done, and the project will fail. So we don't take on all the issues. Instead we draw up recommendations which they can either address or develop into new projects."

Kristina Nielsen,
CPH Design

"We see more senior citizens changing their providers. That means more work for us, but that's fine, because we know what the reason is. Our senior citizens appreciate their options and feel confident in making use of them."

Susanne Bang-Rasmussen,
assessor in the Municipality of Roskilde

Well-informed, confident senior citizens make better decisions In the Municipality of Roskilde the assessors held workshops based on relationship mapping, where they mapped everything and everybody that might affect the citizens' experiences. This analysis involved both people and objects, for example the municipal cars.

– We drive cars with the municipal logo when we visit. This might make the citizens think that we are biased in favour of the municipal home care service, and they may think, Here's the assessor, driving up in the same car as the home care worker; does that mean I'll look bad if I don't choose the municipal service? The citizens don't know that it makes no difference to us what they choose, says Susanne Bang-Rasmussen, an assessor in the Municipality of Roskilde.

The situation surrounding the assessment meeting was rife with uncertainty. The senior citizens were uncertain about what was going to happen, and they were worried that they might not be eligible, or whether the assistance they were already receiving might be cut. They had to hear, read and handle a great deal of information during the meeting.

– When we visited the senior citizens, time and again we saw that they had our brochures in front of them, and they said that they weren't interested in all the things we had to offer. We explained as best we could, but in many cases they still called us afterwards with questions. They received far too much information all at once, says Susanne Bang-Rasmussen.

The word assessor was suspected of contributing to the sense of anxiety and uncertainty. Many senior citizens did not know what the word really meant, and the word had a negative ring to it. Therefore,

new information material was developed that avoided the word assessor. The new material had a personal and caring tone, and it spoke directly to the citizen using the terms I and you.

The project improved communication

Overall, the project focused on simple solutions that would make the senior citizens feel secure and give them enough facts to enable them to make independent and rational choices. The first step was to look at the assessors' communication with the seniors and at how they presented the facts of the free choice to the senior citizens.

– The designers looked at the way we presented the options, and they pointed out that we had a tendency to explain the free choice at the end, that is, after the citizens had already received a lot of information and were getting tired and confused. We've changed that now, and we can tell that when we begin by going through all the points, the meeting makes a lot more sense to them, and it's easier for them to manage the information, says assessor Susanne Bang-Rasmussen.

The assessors have restructured their presentation. To further simplify the process for everyone, the senior citizens now receive a letter about the visit prior to the meeting. The letter explains what is going to happen at the meeting, so that the citizens can prepare at their own convenience, alone or together with relatives. Thus, they do not feel pressured into making rash decisions. After the meeting the citizen receives a memo that sums up what was agreed with the assessor. That helps them remember everything, which can be very helpful if their relatives ask about the meeting afterwards.

KRISTISK HJÆL

Påro

private
verandør



Bruger/Borger

HJEM
SIDEN

indkøbsordning

Interview
indkøbsordning

PERSONLIG
HJÆLPER

MUND
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LOKAL POLITIKERE

Relationship mapping
The municipal assessors helped identify all the
interested parties of the home care service by
means of post-it notes and the "relationship
mapping" method.

Kommunens

La' Bel

BACKGROUND, PURPOSE AND IMPACT

All citizens have the freedom to choose

A flexible home care service lets senior citizens choose either a municipal or a private service provider. They also have a say as to what sort of assistance they receive. But many senior citizens have difficulty grasping the full range of options and the consequences of their choices.

The Municipality of Roskilde wanted to emphasise the options and help the citizens make choices that ensure a high-quality experience in both the practical assistance and the personal care they are eligible for.

The project is relevant to all municipalities where senior citizens lack awareness or understanding of their free choice of home care provider. In addition to practical solutions the project also resulted in a series of recommendations for a more efficient use of the staff's time and professional competencies and how to reduce the need for temporary workers. The specific solutions and recommendations are relevant to other municipalities besides Roskilde.

The brochures are held together by a ribbon to signal that all the information comes from the same source, whether the provider presented in the individual brochure is municipal or private. Furthermore, all the letters, brochures and forms from the municipality have a consistent graphic appearance that makes the material recognisable.

The increased knowledge and sense of security have made many senior citizens appreciate the home care service more, and the free and active choice bolsters their confidence, as they are now in a position to make informed decisions about the assistance they have been awarded.

Home care workers keep up the good work

The assessors' informational role ends after the meeting, unless a citizen or a relative calls to ask questions, in which case they are happy to help. But the task of motivating citizens to make their own choices about the service they qualify for now goes to the home care worker. Helle Juliussen is one of the home care managers in the Municipality of Roskilde, and she has noted a change in the senior citizens:

– The citizens are now clearly well informed about the providers. But we make sure to remind the citizens that if they want us to wash the floor instead of simply vacuuming, we'll do it. And if they want us to run out and get a half pint of cream for their coffee, we'll do that, of course. In this respect, the system is very flexible, says Helle Juliussen.

The home care service has developed a "change form" that they fill out when they are in the citizen's home.

– If we see that three times in a row, a citizen has asked for something other than what was originally agreed, we may consider whether the citizen has different needs that

we should meet on a regular basis. In that case the assessors have to be included again. But we may also say to the person, I'd like to help you cut your finger nails, but it's really time to vacuum now, because you've picked something else the last few times, says Helle Juliussen. In this way, the home care workers keep track of the tasks, even when there are changes, and the home care workers alert the assessors if the citizen needs something different.

Visions may become new projects

In addition to down-to-earth, practical solutions, the project in Roskilde has also generated more general recommendations. For example, the designers were working on the idea of a service team for handling practical tasks such as cleaning, so that home care workers could use their professional care training more. The service team would be able to recruit more broadly, and by freeing up home care workers to spend more time on nursing and personal care, the service team might reduce municipalities' need for nursing staff.

The Municipality of Roskilde has also looked into the potentials of speech technology. Speaking is quicker than writing, and the idea is that this technology might simplify some of the time-consuming administrative tasks. Today the staff has to fill in records after a visit, but if they could dictate the information to a device that turns speech into text, they might free up time for the more professional aspects of their job.

The design solutions and the improved dialogue with the citizens and between the external parties have paved the way for new projects that may increase job satisfaction and the quality of home care services.

APPLIED METHOD

Relationship mapping is a form of stakeholder analysis. The method provides a coherent understanding and is used for visualising, describing and analysing all the relationships around a given object. The holistic approach, where many stakeholders help illustrate all the aspects of a given issue, is a crucial element of service design.

Service Journey is a kind of cartoon that reveals the gaps in a given service process or procedure. It illustrates the role of the various parties throughout the process and what they can expect of each other. For example, the illustration may uncover a situation where a citizen has to wait without being told why (see illustration on page x). The method is a useful tool in service design, which generally draws on many graphic methods because this creates a different understanding and triggers other ideas among the users than merely dialogue.

KEY PROJECT OUTCOMES

The project has given the citizens in Roskilde more information about the free choice of home care provider that they are entitled to. As a result of the project, the assessors now know more about how they can improve the dialogue and optimise their meetings with the citizens.

Direct solutions

- Information brochure about options and the assessment process
- A letter prior to the visit and a memo to help the citizen remember what was agreed and arranged
- New brochure for the municipal home care service that makes it competitive
- Practical solutions, for example a ribbon that keeps the brochures together
- Consistent, recognisable graphic design of all print materials

Suggestions and recommendations

- Outsourcing of laundry services because it exceeds the allotted time
- Information film for the citizens
- Start-up cleaning kits for home care workers
- New and improved questionnaire for senior citizens – and a better way of introducing it
- Annual event for service providers
- New speech technology to ease the home care workers' job burden
- Structural changes in the municipal system, for example the introduction of service teams

Information brochure

This brochure is sent to the citizens prior to their meeting with the assessor. In that way, the citizen is prepared for what is going to happen, and which choices are to be made.

Indirect results

- Cooperation between the providers has improved
- The senior citizens feel more confident in making their choice – and are more satisfied with the service
- The staff feels greater pride and satisfaction in their work
- Improved information and a greater sense of security mean fewer questions from the senior citizens and their relatives

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**ALLE LEVERANDØRER ER GODKENDT
AF ROSKILDE KOMMUNE**

WHY SHOULD
PUBLIC SERVICE
INSTITUTIONS
WORK WITH
SERVICE
DESIGN?

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Collaboration between public sector institutions and private design agencies challenges conventional mind-sets and approaches. It leads to stronger and better solutions in relation to the huge societal challenges that lie ahead.

New hospital construction projects, an ageing population and constantly changing demands for service require us to consider how to provide service and how the citizens experience the service that they receive from the public sector. Cooperation between private design agencies and public sector institutions has proved highly constructive in the necessary ongoing process of change. The main explanation for this constructive cooperation lies in the approach of the design agencies.

User involvement

First of all, designers involve the users in a manner that is unusual in the public sector. The users are of course the citizens who receive the service, but also their relatives and, not least, the staff who provide the service. Only by knowing the users and their needs can we find efficient and sustainable solutions that lead to good user experiences and maintain a high level of professional quality. Any solution must focus on the users' needs and undergo user testing, and Danish design agencies are trained in observing users and engaging in dialogue with them.

Outside the box

Designers are not afraid to ask questions or to combine things in new ways. They mix new and old, experiment with new technology, borrow from other cultures, challenge professional boundaries and transcend physical limitations by considering the service in the context of the user's home. To designers, nothing is sacred, but they remain respectful in their approach to the environment they gain access to, and they make sure that they develop a thorough understanding of the user's (konsekvens) needs and motives.

The solutions are customised to match specific projects and challenges. However, they also have a general character, and with simple modifications they might be useful for other institutions and user groups.

More than just a solution

Hospitals and other public sector institutions have proved to be ready to work with private design agencies in order to address the challenges that lie ahead. The completed projects have spawned new design projects in the public sector. Some projects have received design and innovation awards. But the most important bonus is that the generated knowledge is applicable in many different contexts.

About user involvement, influence, ownership and implementation

"Many people feel that they have been included from day one, and that makes a big difference for their willingness to take ownership. As designers, we can control the process, but someone has to take over the project and carry it forward. Otherwise, everything falls apart."

Lotte Lyngsted Jepsen,
Hatch & Bloom

"We have to involve the users in order to avoid making the changes seem as something that is being forced on people. If we want to give them ownership of the outcome, we need to involve them in designing the solutions."

Anders Skovgaard-Petersen,
Workz

"The changes have happened because the staff has been involved in developing the ideas."

Annette Krath Poulsen,
AKP Design

Goals for design solutions

- Take the user's everyday life as their starting point
- Are efficient and maintain a high professional level
- Will not make everyday life more difficult
- Have long-term sustainability
- Are cost-neutral
- Are useful for other target groups

ADVANTAGES OF USER INVOLVEMENT

The citizen experiences

- Trust
- A sense of security
- Being listened to and taken seriously
- Improved dialogue
- Improved service

The staff experiences

- A higher level of professionalism
- Interdisciplinary knowledge sharing
- Pride in their work
- Improved working conditions
- Influence and shared responsibility
- A better understanding of the citizen
- Greater satisfaction
- More energy on the job

Added bonuses

- Political goodwill
- Positive effects on the local area
- Improved public image
- Easier implementation

PHASE 0 PROBLEM STATEMENT AND PRELIMINARY RESEARCH

Purpose

Describing the problem as concretely as possible.

Method

Analysis of existing and future challenges in the service area, for example in relation to new user groups or major organisational changes.

Example

A hospital observes that treatment is not optimal for a particular group of patients, and that this is a growing group. This sparks the first considerations of how the hospital might improve treatment for this particular patient category.

PHASE 1 OBSERVATION AND MAPPING

Purpose

To map the users' everyday lives, expectations and needs – and to balance these factors in order to uncover all the users' needs and perceptions. The results are included in an analysis and in the development of tools for use in Phase 2.

Method

Participatory observation, ethnographic field studies, unstructured interviews, workshops, cultural probes (journals, logs, questionnaires, photos and video recordings).

Example

An anthropologist moves in. For a pre-arranged period, an anthropologist enters into everyday life, free to ask questions about how things are done.

PHASE 2 IDEA DEVELOPMENT

Purpose

Making the users develop their own ideas. This is achieved by means of a co-creation approach, which is based on the users' own ideas. As a bonus, user involvement makes the users feel ownership of the project – which may be crucial for the later implementation process. The results are translated into solution proposal, which can subsequently be subjected to user testing.

Method

Workshops (for example involving staff, management, citizens, local politicians, interest organisations and other stakeholders), dialogue and brainstorm methods (dialogue game, mock-up, personas, experience map, radical analogy, visualisation and jigsaw puzzles). These methods challenge routines and traditional mindsets.

Example

A new self-perception. The designers turn traditional mindsets and procedures upside down and ask the participants to consider unconventional ideas; for example by viewing the public sector institution as a private company, the citizens as customers, or the patients as guests, or by dismantling the boundaries between professions or between institution and home.

PHASE 3 TEST AND MODIFICATION

Purpose

Discovering whether the ideas work in practice without producing unintended consequences elsewhere, and deciding which ideas to scrap and which to develop further.

Method

Workshops, prototypes.

Example

Systematically going over written material together with the intended users or designing a room according to the ideas in order to try it out for awhile before implementing physical changes in an entire ward or department.

PHASE 4 FINAL SOLUTIONS AND REPORTS

1. BE OPEN TO CHANGE

- Be courageous
- See opportunities
- Embrace change
- Dive off the deep end
- Pitch ideas freely
- Forget about the limitations
- Set the imagination free

Routines and traditional solution approaches are bound to take some hits, so be prepared to see everyday life from new angles. Let new ideas flourish, and don't shoot them down before they get off the ground. Believe in your ideas, and put them into words – but accept it if they don't work out.

2. GIVE IT PLENTY OF TIME

- Take the time to prepare properly
- Clear your calendar
- Don't rush solutions through
- Give the staff time off to take part in workshops and interviews
- Set time aside also after the project has been completed
- Take the necessary time to find and involve participants

Things take time, and changes do not happen overnight. Completing a project takes man hours, and involvement processes and anchoring will be hampered by time pressure. Also, remember to set time aside after the completion of the project. When a project has been successful, many people will want to hear about it.

5 pieces of advice

When public sector organisations cooperate with private design agencies, the organisations' routines and procedures are often turned upside down. But here, too, we can learn from other people's experiences. The participants in the six projects have passed on their best advice to others who are considering launching similar projects.

3. PREPARE WELL

- The basics must be clear – what is it that we want to achieve?
- Discuss possible consequences from the outset
- Enlist support – from management, politicians, organisation, staff
- Expect the unexpected
- Identify lines of communication within the organisation
- Identify key persons, and enlist their support before the project is initiated
- Define and identify the group of citizens that should be involved

Proper preparation is the way to avoid the worst frustrations and surprises. Ask, Are we ready for this? Organisationally? Economically? No one can know the full extent from the outset, but be realistic about the conditions. Also consider the best way to handle communication within the organisation. For example, in some places an e-mail is preferable, but in other places it is better to meet face-to-face or present the issue at a staff meeting when there is a message to deliver.

4. REMEMBER TO INFORM AND INVOLVE

- Explain why and how to everyone who is affected by the project
- Be interested in what the participants have to say
- Be honest about the purpose
- Share ownership
- Establish partial goals and partial results – and make them known
- Remember to celebrate successes along the way

It is crucial for the project that the users do not feel coerced or feel that the result is determined beforehand. Those responsible for defining the assignment must make sure that the project is to some extent open to innovation. Projects should not be launched with a fixed idea about the outcome. User involvement and commitment are key elements in uncovering needs, testing ideas and anchoring the project. The process involves the staff in shaping their own workplace. Provide ongoing information about project progress and developments – and involve the staff in celebrating successes. If savings are part of the goal, this should not be kept a secret, but the staff should be encouraged to view the process also as an opportunity to improve certain things.

5. BE RESPECTFUL

- Respect each other's areas of expertise and working conditions
- Maintain an open dialogue about mutual expectations
- Understand each other
- Be empathic
- Be humble

In many respects, the public and private sectors can be seen as completely different entities. Obviously, that makes for certain challenges in the partnership. Public and private organisations should not be alike or strive to be, but they should have faith in each other's professional qualities and respect each other's knowledge and ways of working.

Udgivet af

Erhvervs- og Byggestyrelsen
Servicestyrelsen
Danske Regioner

– a collection of case stories exemplifying how public institutions and private design firms can work together in order to address future challenges and improve the quality of public services