EHDM TALLINN WORKSHOP

ORGANISATION

European House of Design Management

LOCATION

Tallinn, Estonia

DATE

27 September 2013

THE EHDM TALLINN WORKSHOP WAS THE FOURTH AND FINAL OF THE EHDM WORKSHOP SERIES AND THE THIRD OF THE SECTORIAL WORKSHOPS. IT AIMED AT IDENTIFYING BARRIERS FOR THE IMPLEMENTATION OF DESIGN MANAGEMENT IN THE PUBLIC SECTOR, FOCUSING ON HEALTHCARE.

THE DAY

Ilona Gurjanova, the workshop host from the Estonian Association of Designers, welcomed the workshop participants and project partners to the workshop. Michael Thomson, workshop facilitator, then introduced the project aims, highlights of the project so far and the agenda for the day.

The workshop started with a presentation from Richard Eisermann, Founder of Instill, service and innovation consultant, on service ecologies. Mr Eisermann addressed topics such as austerity and how design can help us in the future when service will be even more at the heart of interactions and infrastructure. In his presentation he referred to sources such as the Design Commission's most recent publication; 'Restarting Britain 2' and The Human Element, by David Boyle.

Following this initial presentation, Steinar Valade-Amland from Danish Designers introduced the EHDM project, its aims and objectives, expected deliverables and the team's thinking so far. He introduced the first draft of the Design Management toolkit and the possibilities for personalisation. The attendees were then requested to complete a questionnaire about their knowledge of Design Management and the use of design services and citizens when (re)developing services.

European Commission

Co-funded by the European Comission

Document downloaded from ehdm.eu
For more information please contact us at info@ehdm.eu

After a brief coffee break, the attendees were presented with a video report of the current situation in the Estonian healthcare sector. The video, presented by Ain Aaviksoo, healthcare specialist, highlighted a number of problem areas that were then used in the group activity;

1. The roles of doctor and nurse are changing, but it is not clear how to manage the change.

2. A lack of time does not allow for the provision of good quality service, which in turn, becomes a driver that keeps patients away from GP's surgeries/offices.

3. Communication related experiences is the most critical component of the service for patients, (phone-lines busy; non-systematic follow-up; too many routes of communication not joined together?)

After concluding the presentations for the day, the attendees were arranged in teams of mixed specialisms and asked to select one of the 3 highlighted issues in Estonian healthcare. Keeping in mind the chosen problem, groups were then asked to assess the DM toolkit in its draft stage, looking at the applicability of the proposed stages, steps and the right questions to ask for personalisation of the toolkit. Each team presented their ideas and discussion topics back to the group, after which an open discussion took place.

The day was concluded with a lunch and a thank-you from the EHDM Tallinn workshops host: Ilona Gurjanova from the Estonian Association of Designers.

MAIN FINDINGS

The main challenges identified during the EHDM Healthcare workshop in Tallinn were:

A. Measurability & evaluation. It was highlighted that without measuring the starting point and outcomes of a project and proper evaluation of this data, there is no way to know if a project was successful. This is not only important because of the current project, but can also influence the budget made available to future projects.

Additionally, attendees are concerned about the DM toolkit being too generic to accurately analyse ROI. It was suggested that there should be a variation of the toolkit available for specific public sector areas in regard to measuring and evaluation. Different sectors need different measures.

B. Part solution. Healthcare specialists are very interested in part-solutions for their projects, in particular in elements such as a briefing template or advice on how to make a budget plan.

It appears as if users were not particularly interested in having to go through the entire toolkit methodology, but prefer to jump in to a section in which they feel they need the most assistance.

C. Why? The benefits of the toolkit are not sufficiently clear to the users. Doctors already come together to solve problems, and therefore they do not see much added value to involving the toolkit in the process. The feel in the room was that a lot of people might already use design and design management without realising. The toolkit was perceived to 'know better' than the users, which might make public servants hesitant to use it.

There is a perception that designers should only be used when you are out of ideas yourself. However, it was also mentioned that it can be good to involve a 3rd party, because doctors are already too involved with the problems to see the situation clearly.

European Commission

Co-funded by the European Comission

Document downloaded from ehdm.eu
For more information please contact us at info@ehdm.eu

D. What to expect from designers? Users of the toolkit don't know what to expect from designers, or when is the best time to involve them. The awareness of design and the value it can bring is still not widely understood.

E. Difference between design practice and design management. It was reinforced again that the project and the DM toolkit need to define and clarify design practice and design management, and the difference between them.

F. Some healthcare institutions conduct audits, but do not act on them. After conducting user satisfaction audits amongst their customers, medical practices appear not to act on the information they have gathered.

G. Jargon/Language remains an issue. Users do not always understand the language used in the DM toolkit. Greater care must be taken to use simple language that is not design industry specific.

European Commission

Co-funded by the European Comission

Document downloaded from ehdm.eu
For more information please contact us at info@ehdm.eu