Sustained Participatory Design and Implementation of ITHC

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Background

- Participatory Design
- Effects-driven IT development research program (2004-)
 - www.effektdrevetit.dk www.effects-drivenit.dk
- Region Zealand; Region South Denmark; CSC Scandihealth; Imatis
- EPR systems in hospitals; Emergency Departments
- Morten Hertzum, Anders Barlach, Erling Havn, Jørgen Bansler

Participatory Design

"The practitioner allows himself to experience surprise, puzzlement, or confusion in a situation which he finds uncertain or unique. He reflects on the phenomenon before him, and on the prior understandings which have been implicit in his behaviour. He carries out an experiment which serves to generate both a new understanding of the phenomenon and a change in the situation" (Schön 1983, p. 68).

- Collective reflection-in-action
- Establishment of mutual learning situations
- lterative approaches reflecting a hermeneutic circle
- Small-scale, research-driven, initial design and development

Crossing the chasm between development and implementation

Initiation

Development

Implementation

Operation





Formative evaluation

Learning from imp

A limited implementation of a pilot system [mature, robust prototype] in its intended environment and using real data. It is conducted as part of an ISD project to explore the value of the system, improve the system design accordingly, and thereby reduce implementation risk

(Hertzum, Bansler, Havn and Simonsen, forthcoming)

Formative evaluation

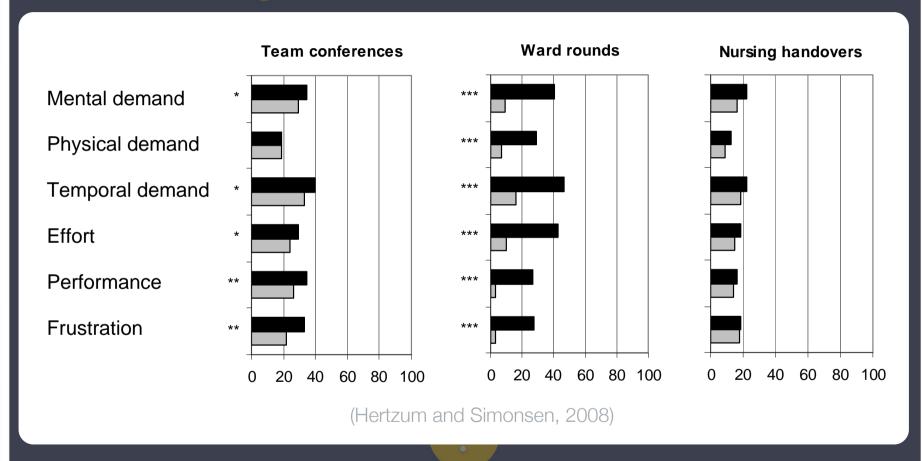
Complete EPR
Workload (1)
Coordination (1)

Pint Implementation

Operation



- ▶ 24/7 in one week
- No paper records
- Wizard-of-Oz



Formative evaluation

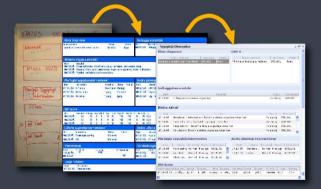
Crossing the chasm between development and implementation

Initiation

Development

Pilot Implementation

Operation





Unanticipated change

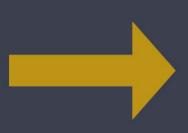
- Emergent
- Opportunity-based
- > 38% (183/482)

Formative evaluation



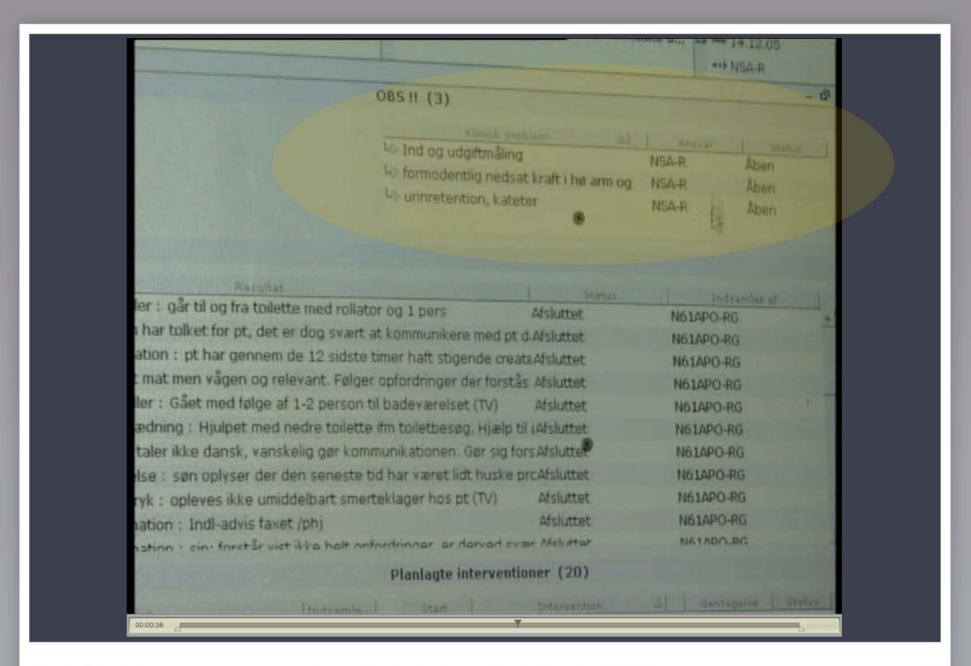
- Chief physician: "She must be highly prioritized. How do we record that?" EPR-unit manager: "We do that in the task-list that we don't have"
- Collective investigations of patient records (emergent change)







 Nurses' observations became part of the shared agenda during team conferences (opportunity-based change)



Interventions (I) by physicians recorded in the EPR

- I-1: Sodium chloride was installed for slow infusion over night
- I-2: Infusion increased because of increasing creatinine
- I-3: Attempts catheterization, but without success.
- I-4: Catheterization made by physicians from the Gynaecological ward
- ► I-5: More sodium chloride installed ► because of possible dehydration

Issues and hypotheses (H) investigated by the nurses

- Observe little urine out
- Discuss catheter problems (H-1)
- Discuss blatter dysfunction (H-2)
- Investigates stroke scores (challenges H-2)
- Doubts H-1 and H-2 and suspect a new H-3 (kidney failure)
- H-3 presented and confirmed at the following team conference

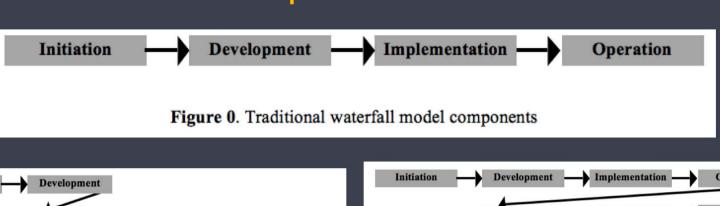
(Simonsen and Hertzum, 2010)

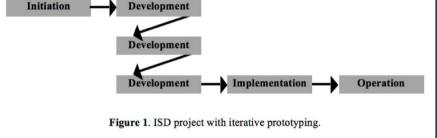
Implications

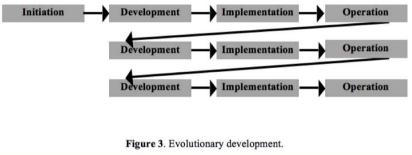
Sustained Participatory Design through Pilot Implementations

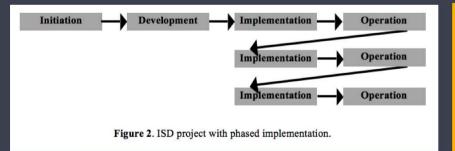
- Development-implementation chasm (<u>research scarcity</u>)
- Identifying emergent effects and change (a new role for ethnography)
- Experimentation & learning meets production (a two-sided story)

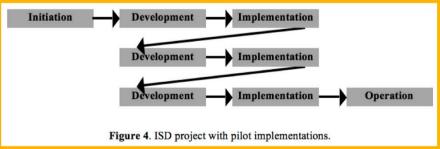
IT development models







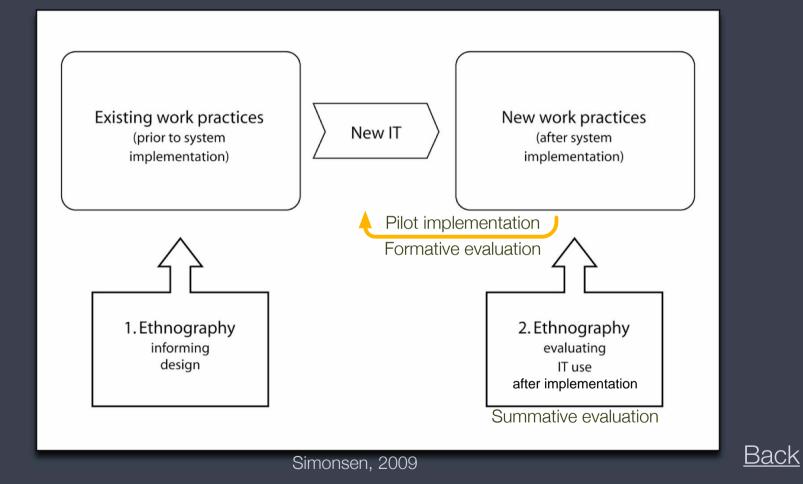




Hertzum, Bansler, Havn and Simonsen, forthcoming

Back

A new role for ethnography?



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Information Technology in Health Care, ITHC'2010

Resource consumption

Activity	CSC (hours)	Region Zealand (hours)	Stroke unit (hours)	Researchers (hours)
Preparations	1996	527.4	237.5	240
Training and paper- record measurements	64	0	65	71
Trial period	534	141.6	70	58
Other	197	0	0	48
Total	2791	669	372.5	417

Table 1. Person hours spent by the four partners in the EPR evaluation.

Hertzum and Simonsen, 2008

References

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- Hertzum, M., J. P. Bansler, E. C. Havn, and J. Simonsen, "Pilot Implementations: Crossing the Chasm between Development and Implementation," submitted article, Forthcoming.