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Participation of Scale

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Participation of Scale
Oslo

10.10.22

This lecture is about participation when things scale: more users and more use cases, from different organizations and professions—where the relationship between technology design and use moves past single user groups and use purposes. Using the case of Oslo Municipality's attempt to transform their health infrastructure (which is not a PD-project), we are having a seminar-style lecture with group assignments and discussion where you are challenged to think of participation in scale using concepts (such as mutual learning, co-constructrion, and, having a say).

Preparing you, as designers, for the real world.
# What participation looks like.
Why it looks like this.

Your future design work is always situated in a larger context.
This lecture is partly preparing you for this, what it looks like and why.
And how you have a unique perspective that naturally fits into the world of development.

This course gives you a unique lens on peoples activities in development of the world that no other institution offers

The link between this and Johannes' seminar on Wednesday
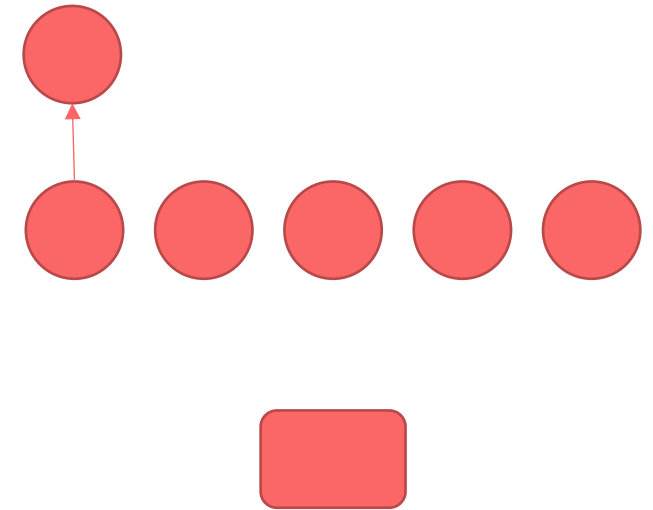
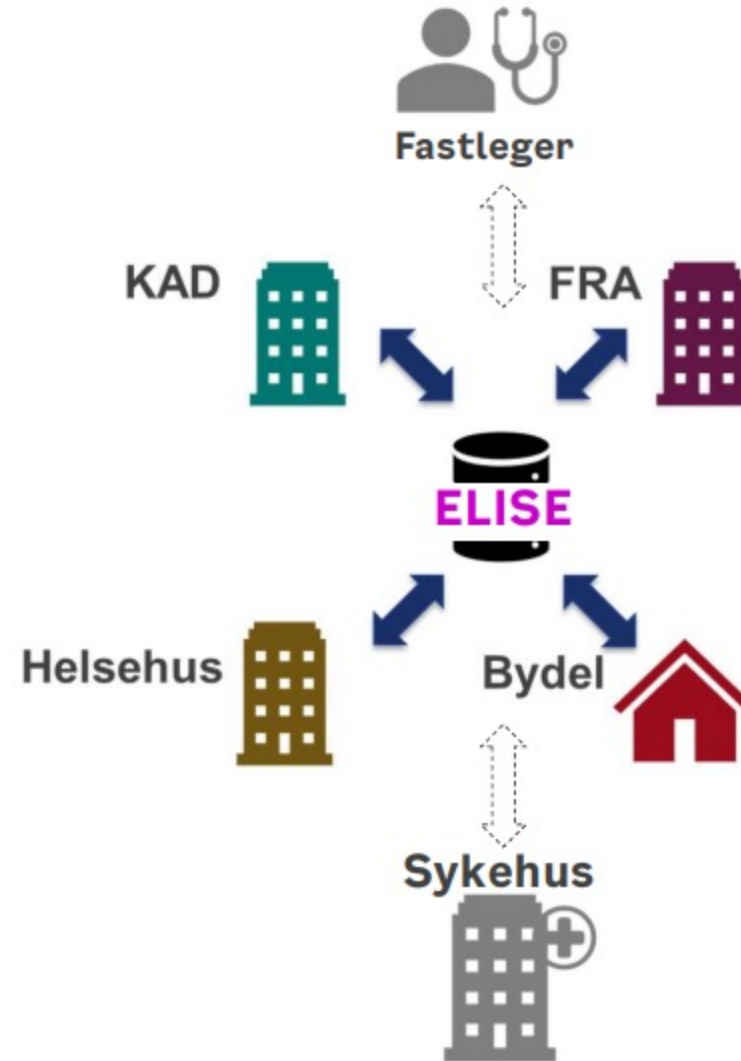# Oslo Municipality and the problem of sharing information in Health

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Background

The Elise Project
<Oslo Municipality>

Ta tilbake kontrollen over dataene

> Informasjonsnav med tilgang til nødvendig informasjon på tvers av virksomhetene

> Gjenbruk av data ved hjelp av **strukturerte data** og **standardiserte informasjonsmodeller**

> Arbeidsflater med oversikt over hvem som er hvor, og med støtte for pasientflyten

Fallrisiko

➤ Beregnes av systemet ut fra registrert dato for fall

➤ Syn hentes fra IPLOS ADL

➤ Forflytning: ta utgangspunkt i IPLOS ADL

STRATIFY. St. Thomas's risk assessment tool in falling elderly inpatients
Benyttes av pilotprosjekter for *forebygging av fall i helseinstitusjoner*
i pasientsikkerhetskampanjen *I trygge hender*

I trygge hender 24/7
pasientsikkerhetsprogrammet.no

Vurderingsverktøy for fallrisiko

Risikovurdering av alle pasienter over 65 år og andre voksne med nevrologiske eller kognitive sykdomstilstander eller betydelige synshemninger innen ett døgn

Pasients navn		Fødselsdato	
Dato for vurdering		Signatur	

|	Svar	Score
1. Har pasient hatt noen fall i de siste 3 månedene?	□ Nei (0 poeng) □ Ja (1 poeng)	
2. Er pasient synsskadet/synshemmet i et slikt omfang at hverdagslig funksjoner er påvirket?	□ Nei (0 poeng) □ Ja (1 poeng)	
3. Er pasient urolig?	□ Nei (0 poeng) □ Ja (1 poeng)	
4. Oppfatter du at pasient har spesielt behov av å besøke toalett ofte?	□ Nei (0 poeng) □ Ja (1 poeng)	
5. Forflytning + rørlighet/gangfunksjon Beskriv pasientens prestasjonsnivå: forflyttning fra seng til stol □ Kan ikke flytte seg (0 poeng) □ Trenger stor/vesentlig hjelp (1 poeng) □ Trenger lite hjelp (2 poeng) □ Selvstendig med eller uten hjelpemidler (3 poeng) + Beskriver pasientens nivå av *rørlighet/gangfunksjon* □ Ikke mobil (0 poeng) □ Selvstendig med hjelp av rullestol (1 poeng) □ Bruker gå-hjelpemiddel (2 poeng) □ Går med hjelp av en person (2 poeng) □ Selvstendig (3 poeng)	□ 0-2 (0 poeng) □ 3-4 (1poeng) □ 5-6 (0 poeng)	

Sum av poeng fra spørsmål 1 – 5 (0 = lav risk, 1 = moderat risiko og 2 eller mer = høy risiko)

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	28.10.2018	17.03.2018	16.03.2018	27.07.2017	11.03.2016	19.11.2010
Bevege seg inne	3	2	2	2	2	1
Bevege seg ute	3	2	2	2	2	1
På- og avkledning	1	1	1	1	1	1
Spise	1	1	1	1	1	1
Toalett	1	1	1	1	1	1
Personlig hygiene	3	3	3	1	1	1
Kommunikasjon	2	1	1	1	1	1
Hukommelse	3	2	2	2	1	1
Styre atferd	4	4	4	4	1	1
Beslutninger i dagliglivet	2	2	2	2	2	1
Sosial deltagelse	3	2	2	2	1	1
Alminnelig husarbeid	4	4	4	3	3	1
Skaffe seg varer og tjenester	4	4	4	3	3	1
Lage mat	2	2	2	2	2	1
Ivareta egen helse	3	3	3	3	3	1
Syn	1	1	1	1	1	1
Hørsel	2	2	2	2	2	1
Ivareta egen økonomi	3	3	3	3	1	0
Samlet funksjonsvurdering	45/90	40/90	40/90	36/90	29/90	17/90
ADL snitt beregnet av Gerica	3,	2,7	2,7	2,4	2,1	1,5
Forflytning(seng/stol/trapp)	//	//	//	//	//	//

Digitalisering utfordrer organisasjonen på flere måter
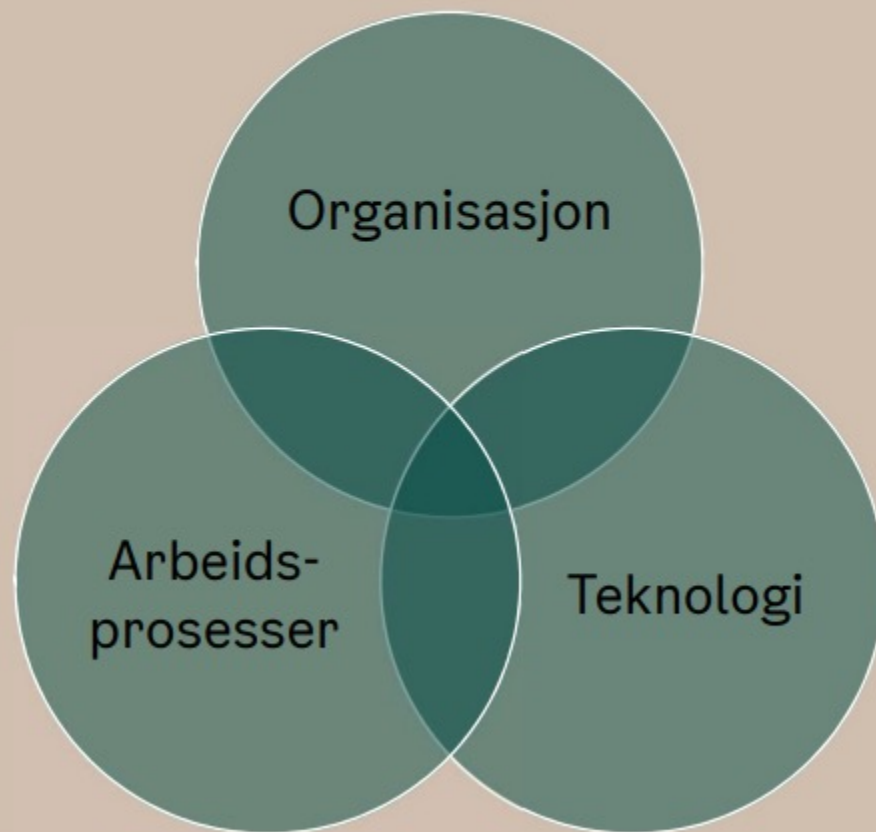
Data- og applikasjonsarkitektur
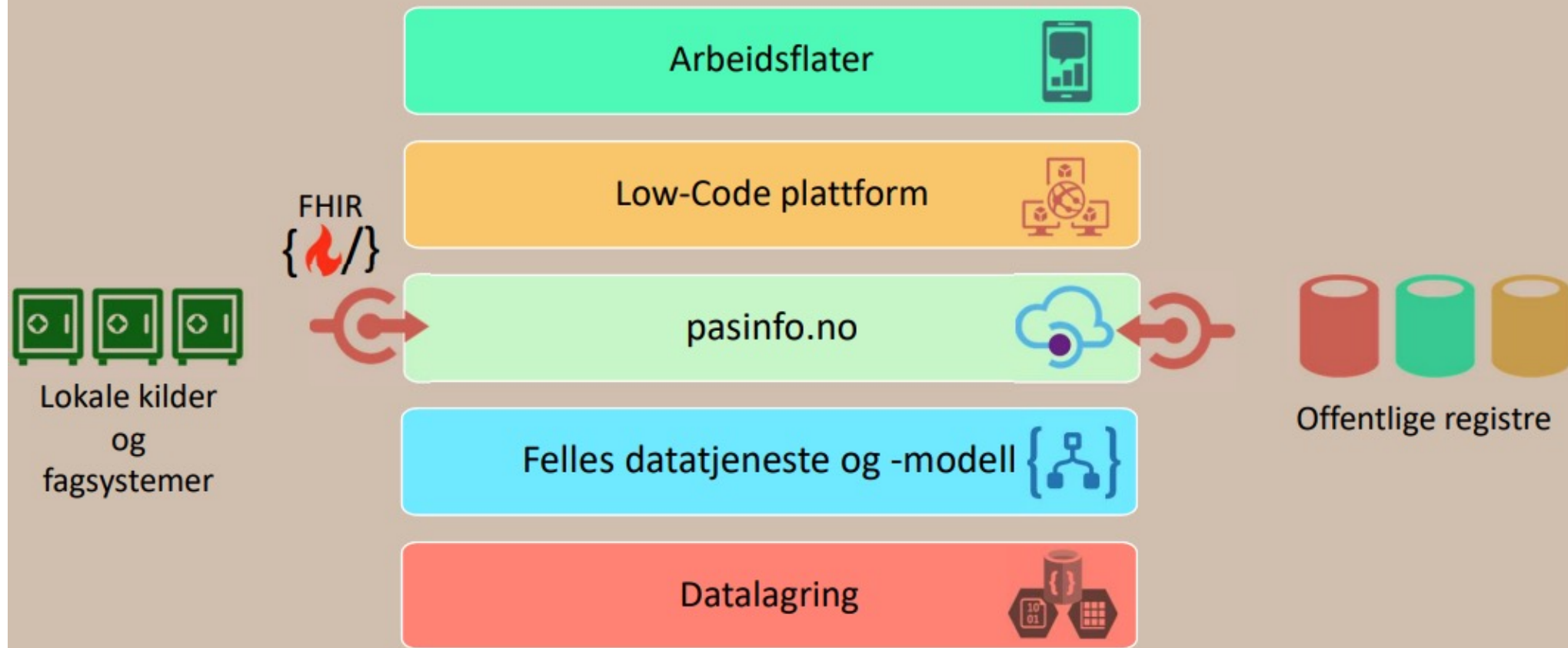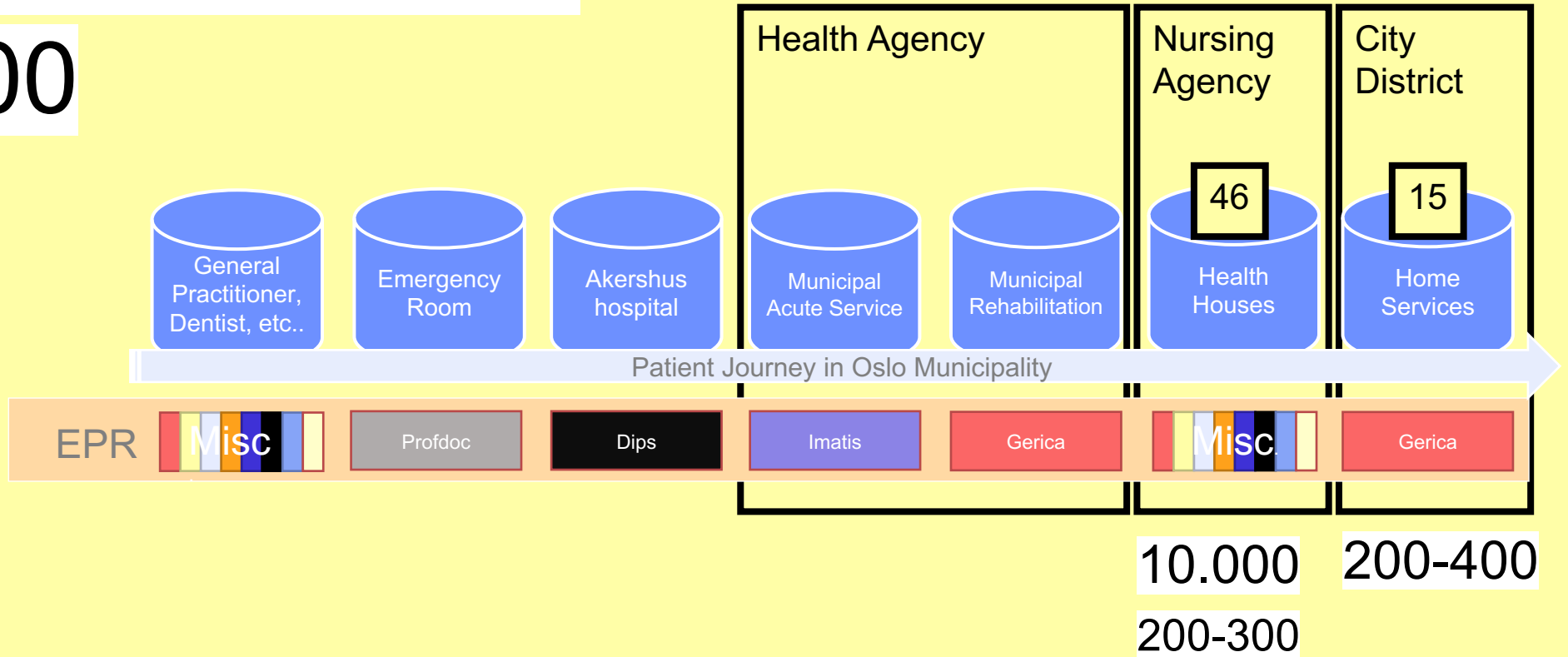
- Different IT-systems
- Different practices
- Different professions
- Different organizations
  - Political organizations: Autonomous
  - Different goals and interests

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Establish standards

↕

Create novel data practices.

↕

Engage local organization.

Without top-down control.
Little monetary support.

Project structure and work

Core Team

4 City Districts and 3 Health houses (User representatives)
1 Developer
1 Project Leader

Reference Group

1 Leader of rehabilitation facility
4 City Health Professional leaders
1 Project Lead

Steering Group

4 Municipal representatives   (Municipal)
1 Service owner   (Nursing Agency)
1 Head of Technology   (Health Agency)
1 Project Leader   (Nursing Agency)
5 District heads and local health service owners

Dual responsibility

Common for project — Establish and further develop solution (agile)

Local in each practice — Transform work processes and implement new solution
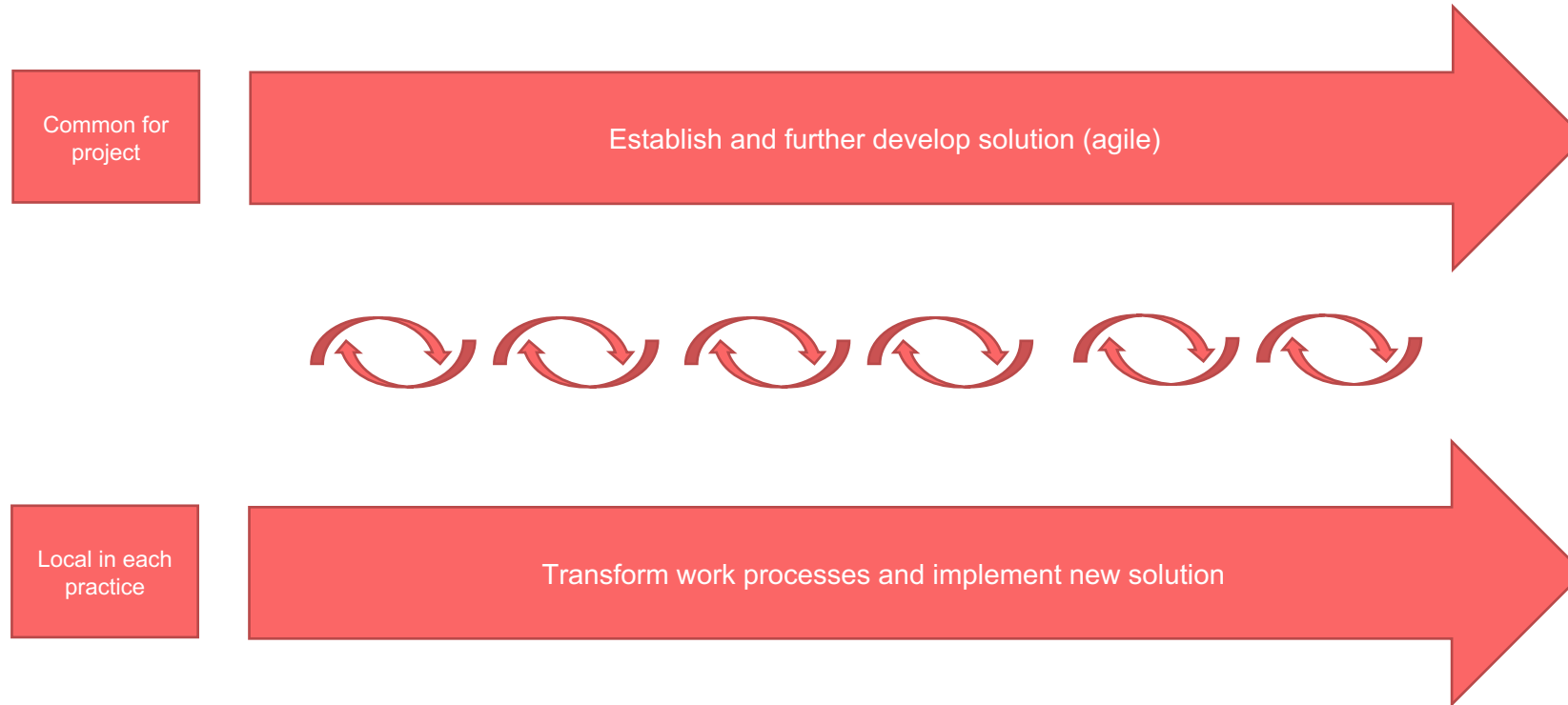
Source: "pasientoverganger I landskap med siloer" (I.A. Wulff and O. Wiklund, Software 2020)

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Practice
Implementation
Functionality

Health institutions

Dev team

1 Project lead
2-6 User-designers (Health workers)
1 (0) developer

Project meeting (weekly +)

Functionality
Interface
Practice
Implementation
All novel, requiring standardization efforts

other

Elise

Platform

City districts

National Infrastructure

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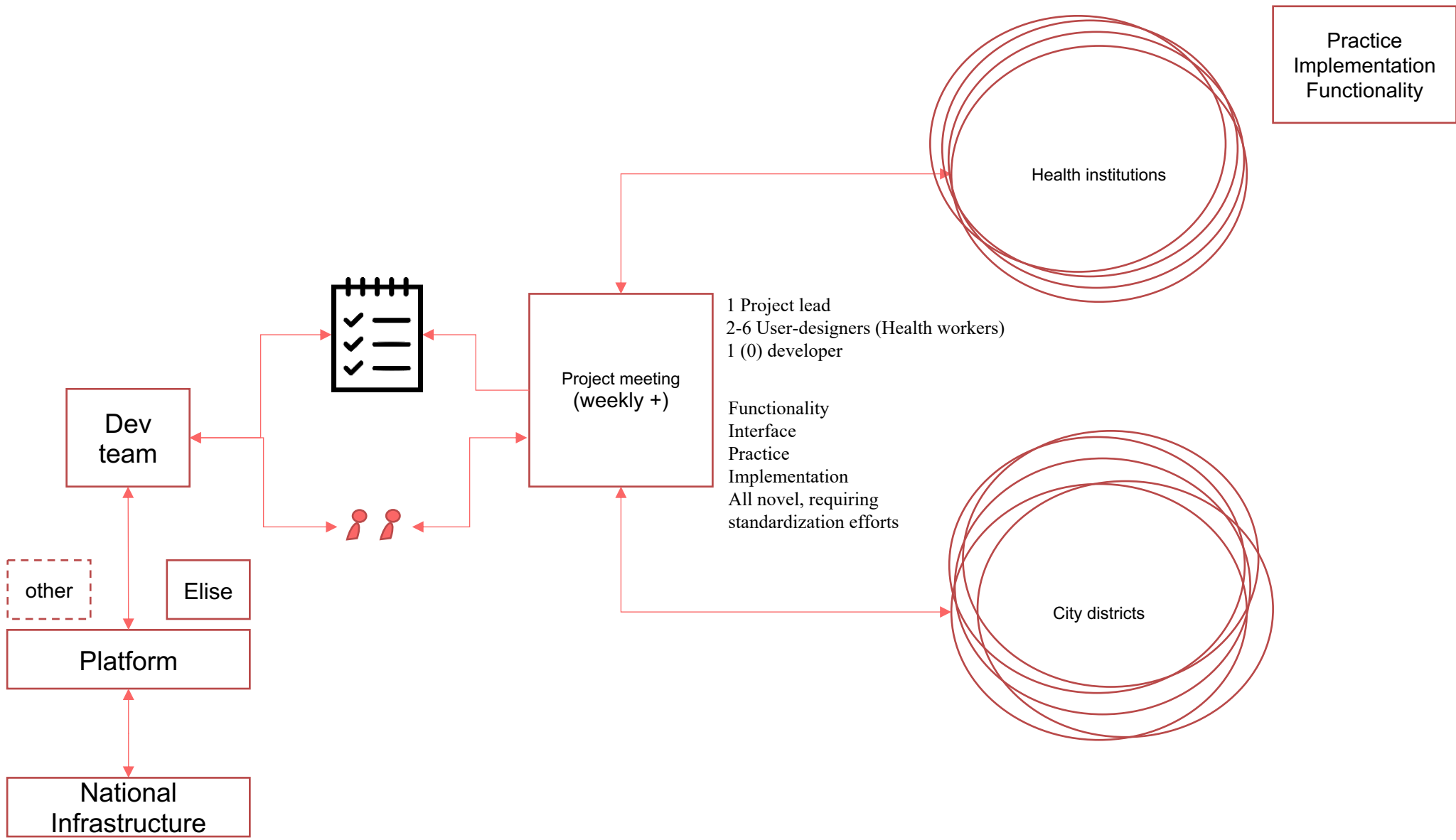
Typical agenda for weekly meetings

Agenda:

1) <u>District x</u>: Launch - Status, learning outcomes, good advice

2) <u>Project lead:</u> Mood report from steering and reference group

3) <u>All:</u> Share drafts of data practices, workflow, educating measures

4) <u>Developer/All:</u> Clarifications, demo and testing of functionality

5) <u>All:</u> Further work following the various projects

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20 MINUTES DISCUSSION IN GROUPS, THEN WE DISCUSS IN PLENUM

Group discussion:

1. How is this participatory?

2. How would you make changes to make it better (from the perspective of your group?)

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1 topic per group:

1. Mutual Learning

What do people need to know? How can you achieve this? Methods, tools, techniques, general approaches?

2. Having a say

What do people need to know? How can you achieve this? Methods, tools, techniques, general approaches?

3. Co-creation

What is co-creation in this case? How are things co-created? How can they achieve better co-creation? What challenges co-creation?

4. Democratization and Empowerment

Can you see a participatory mindset? How is it empowering and not empowering? Who are representatives, is it working, how can it be better? Who is making decisions? Who makes what kind of decisions?

NOTHING WRONG WITH ANYTHING YOU SAY: I WANT YOU TO REFLECT AND DISCUSS

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Monday 17.10.22:

Mid term presentation and feedback:

7 groups: 12 minutes each.

10 min presentation: 2 minutes for questions and comments from peers

Feedback from faculty following Wednesday.

Everyone has to present something.

Tips for structuring:

Give a short introduction to theme, case, and appraoch.

Examples of things that makes it fruitful to give feedback and discuss:

   Challenges,

   choices you've made,

   choices you are struggling with,

   Particular discussions you are having?

   Ask for feedback, tips and ideas on handling specific challenges,

We want to see what's challenging, so that you and your peers can help you progress and learn.