

PATIENT CARE BREAKTHROUGH

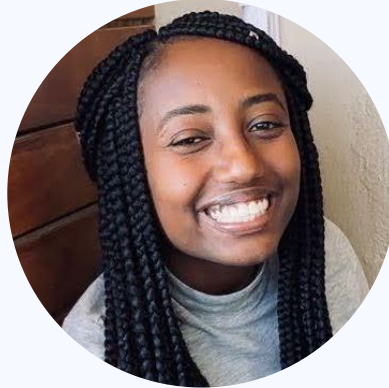
Hanh Giao, Arjun Karanam, Hana Tadesse



Team Introduction



Arjun Karanam
Computer Science
Class of 2022



Hana Tadesse
Computer Science
Class of 2022



Hanh Giao
Computer Science
Class of 2022

VERTICALS Health & Wellness

01

**The Patient-Care
Provider Experience**



02

Personal Well Being

03

Access to Mental Health Resources



01

Our Interviews!



Questions We Asked

Can you walk me through patient care workflow?

What things interrupt your workflow?

How do you handle disruptive emotions?



What gets you excited to take care of your health?

How do you hold yourself accountable?

How has The Bridge adapted to COVID?

What frustrates you about access to Mental Health resources at Stanford?



Health Care Provider

“I prefer recording patient vitals on **paper** instead of the **computer**, which has an unreliable internet connection and **interrupts my workflow**”

“My **friends** keep me **accountable** for taking care of my health. I am willing to pay extra for workout classes (over solo gym trips) for the **social experience.**”

Stanford Student Athlete





Peer Health Counselor

“Mental Healthcare has a stigma for being **too stiff** and/or formal, and I find that **drives a lot of students away**”

02

Interview Results

SAY

Identity Anonymity

I want people who come to counseling to be as anonymized as possible

Due to joining via Zoom, we get the participants phone number, but have to just promise that we won't track it

Prioritize patients with special needs by checking what they're calling for

Recording vitals and taking notes on the computer requires them to log onto every computer in every room -> time consuming and unreliable internet connection

Enjoys workout classes over gym experience.

No COVID patients but while they wait for the results of newly admitted patients, they have to put on protective gears => slows them down

Patient - Care Provider Relationship

Wouldn't want friends to know if going to a mental health counselor/ therapist

Students sometimes want more than just a one-off meeting - they would like a relationship to help them over time

Difficult to casually reach out to doctor / share information.

Medical Equipment

"isolation rooms (no-contact) need their own vital equipment, which could lead to shortage in vital equip for others"

#1 Nursing homes (when she used to work there) tend to have a lot more shortage (i.e. adult diapers, etc) than hospitals do

Reflecting on daily experiences with bullet journaling is very therapeutic.

Fewer students are signing up for sessions

Really prioritizes exercise. Less intention on mental health.

Mental Healthcare has a stigma for being too stiff and/or formal We're a good

THINK

Needs a way to track emotions/moods over time for better reflection.

A lot of people don't know we exist or that we provide services during COVID

I wish it was less of a judgement call

I wish there was a more reliable and efficient system to log data

Wants working out to be a more social experience, especially during pandemic where zoom workout classes feels like following a youtube video.

I think longer term patient-careprovider relationships are more beneficial for providing care

The formality behind reaching out to my doctor is too cumbersome

I wish there was a less convoluted way to access resources while preserving anonymity.

I wish there's enough supply to meet the demand

I wish there was a better allocation of resources

DO

Provide exercises for people to better track their mental health - journaling activities, etc.

Writing down emotions helps to relieve disruptive emotions.

Willing to pay extra to go to a workout class (instead of gym) because working out with others is motivating.

When internet is not reliable, switch to paper

Talk with previous nurse/staff to get patient details

Attend to patients as quickly as possible (<5 min wait)

Use and clean before returning -> time consuming and unhygienic

#1) If shortage @ Nursing home, borrow from the next facility and let management/nurse know of the shortage

Assess (undemanding) patients in person to determine best care for them

Implemented a convoluted anonymity system conforming around zoom

Have to go through multiple barriers to accessing resources to mental health. Decentralized system.

Include mental health resources on Stanford Email blasts

Not reaching out to doctor because of barriers.

It's hard to comb anonymity with repeat visits - we sometimes have come up with code names to identify each other

Check on patients that haven't reached out

Authenticate via Stanford so we know that the student is a Stanford student - some students are scared of deanonimization

Big part of my job is pointing students to other resources available on campus (AAD for academics, etc.)

FEEL

Disappointed that students aren't taking advantage of their mental health resources

Anxiety / too many pent up emotions.

Longer term relationship helps the patient feel more comfortable

Frustrated that the lack of equipment is hindering their work

Worry that identity might be breached - both student and counselor

Uncomfortable/ burdensome reaching out to doctors under current system.

Isolating, demotivating experience workout by myself.

Frustrating because it throws them off their natural workflow

Afraid of making the wrong decision of who to prioritize

Say

I want people who come to counseling to be as anonymized as possible

I enjoys workout classes over the gym experience

Difficult to casually reach out to and share information with doctor

Reflecting on daily experiences with bullet journaling is very therapeutic

Prioritize patients with special needs by checking what they are calling for

I see fewer students signing up for Mental Health help over the pandemic

Do

When the internet connection is unreliable, switch to paper

Writing down emotions to help relieve disruptive emotions

Check on patients that don't reach out when they need assistance

Provide exercises for people to better track their mental health - journaling, activities, etc.

Implemented a convoluted anonymity system conforming around zoom

Pointing students to other resources available on campus (AAD for academics, etc.)

Think

I wish there was a less convoluted way to access resources while preserving anonymity

Many people do not know peer health counseling exists, and remain accessible during the pandemic

I need a way to track my emotions and mood data over time to better assist reflection

I like to have a social component to working out

Long term patient-care provider relationships are more beneficial for providing personalized care

I wish there was a better allocation of medical resources

Feel

Worry that identity might be breached - on both the student and counselor ends

Anxiety / too many pent up emotions throughout the day

Longer term relationship helps the patient feel more comfortable

It's sometimes an isolating, demotivating experience to workout by myself

Frustrating because it throws them off their natural workflow

Afraid of making the wrong decision of who to prioritize in a medical setting

03

**Needs, Insights,
Analysis**

ANALYSIS #1

“Working out with friends motivates me. Zoom workout classes don’t capture the social essence of the activity.”

INSIGHT

Working out is inherently a social activity.

NEED

It would be transformative to create gamified accountability with friends when working out, especially during the pandemic.

ANALYSIS #2

“I like to get through my rounds quickly, but sometimes the internet connection breaks so I can’t log patient records using the computer. That’s why I prefer to use pen and paper to document vitals.”

INSIGHT

Although healthcare providers want to reduce the time spent logging data, they still prefer paper to online alternatives.

INSIGHT

It would be game-changing to combine the reliability of using paper with the efficiency of using computers to log data.

ANALYSIS #3

“Whenever we have patients in isolation, they require separate equipments to avoid cross-contamination. So we tend to have a shortage when there are more patients in isolation than equipments.”

INSIGHT

There's a disconnect between the supply of medical equipment at some hospitals and the demand at others.

NEED

It would be revolutionary if there was a way for hospitals to view the available equipment at other hospitals.

ANALYSIS #4

“Wouldn't want friends to know if going to a mental health counselor/ therapist”

“I don't want a one-off meeting - I would like a relationship over time with my counselor”

INSIGHT

A contradiction arises in that people want anonymity but also to maintain enduring relationships with their counselors.

NEED

It would be revolutionary to maintain patient anonymity while allowing patients to reconnect with previous counselors.

ANALYSIS #5

“When I imagine going to see a Mental Health counselor, I see a really formal environment with a fancy armchair and a couch”

INSIGHT

Mental Health Help is often seen as too formal or inaccessible.

NEED

It would be transformative if a mental health resource was built to foster casualness and comfort.

ANALYSIS #6

“Bullet journaling is very therapeutic for me. I like being able to look back on my emotional wellbeing.”

INSIGHT

In the short term, some people record their emotional state and also use this to track their long term emotional growth

NEED

It would be groundbreaking if we can use reflection of mood data to stabilize emotional fluctuations.

SUMMARY

- 01** We identified 3 interesting verticals: (1) Patient-Care Provider Experience (2) Personal Well Being (3) Access to Mental Health Resources
- 02** We spoke to frontline health providers, fitness geeks, and mental health counselors.
- 03** We learned that there currently exists a variety of challenges for people to reach their physical and mental health goals--from both the provider and user side.
- 04** Next, we want to pick a vertical and dive into it, aggregating more data by interviewing individuals from both sides.

THANK YOU!

QUESTIONS?

