

A note on Public Health Services: Navigating health care

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Research

One of the studies selected for the purposes of this context presents that from the well-off, mostly urban Indians to the shabby outposts in the far reaches of the “other India,” there are many different kinds of healthcare systems. This range is likely to get even bigger in the future, which will be a huge problem for the healthcare system. “Universal Health Coverage: Everyone, Everywhere” is the WHO’s theme for 2018 to help solve this problem. There are five “A’s” to think about: awareness, access, absence, affordability and accountability¹. The focus of this assignment will be limited to the problem of access and awareness. People don’t have access and awareness in healthcare due to lack of education and financial backwardness.

1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6166510/>



Challenge

This work highlighted the problem of access to hospitals in a literal sense and overlooked the ease of access part in accessing the hospitals. Ease of access includes communication with the medical staff, navigating through the hospital and admission protocols which in turn is a part of a patient's experience. The research on this aspect is scant and therefore requires a study which takes into account the past patterns of hospital administration and public health offering services.

Way finding refers to the process of finding one's way in an unfamiliar environment, such as a hospital or other public health facility. In public health hospitals, way finding is a critical component of the patient experience, as it can greatly impact patient satisfaction, safety, and outcomes. Despite its importance, way finding in public health hospitals can often be challenging for patients, families, and visitors, due to a variety of factors.

Another challenge is the lack of consistency in way finding systems. Different hospitals often use different way finding systems, which can be confusing for patients, families, and visitors who may be unfamiliar with the specific system

used in the hospital they are visiting. This can lead to frustration, confusion, and prolonged search times, which can negatively impact the patient experience. The current channels of communication in Indian Public hospitals are printed forms, Signage, Face to face communication and very sparsely applications for way finding and tele-consultation (Very rare due to lack of awareness and language barriers)

Inadequate signage and lack of information can also be a problem in public health hospitals. Patients, families, and visitors may struggle to find their way if signage is unclear or lacking. Additionally, if information is not readily available, individuals may have difficulty finding their way to specific departments or rooms.

Lack of education might reduce the chances of understanding some signage. Iconography on signage might be differently perceived in different cultures and socio-economic backgrounds. In India people try to be find directions from others due to many constraints such as illiteracy, lack Digital literacy and mainly because it is assuring to know the directions from others.

In conclusion, the way finding challenge in public health hospitals in India is a

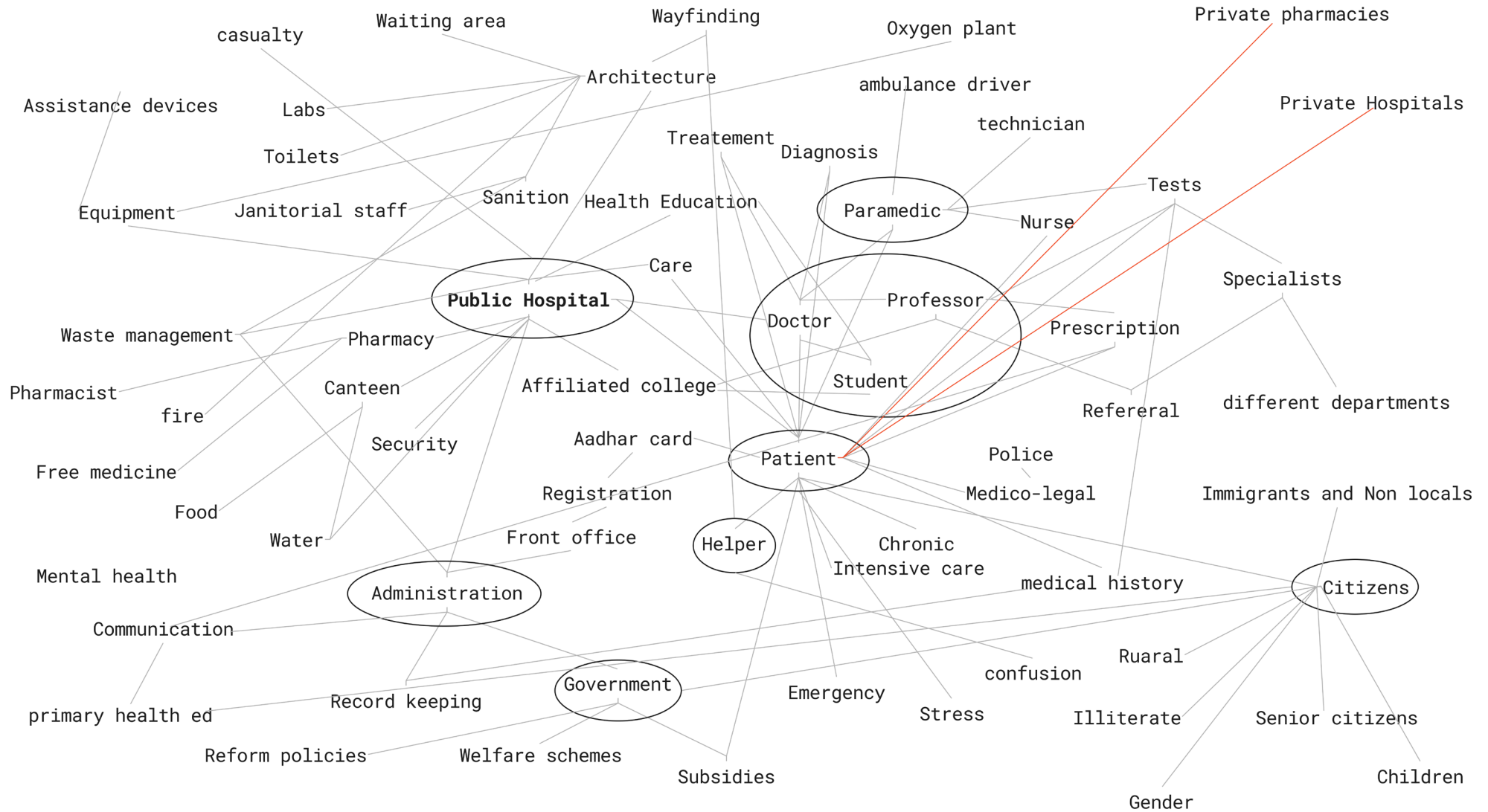
significant issue that can impact the patient experience, safety, and outcomes. Addressing this challenge requires a multi-faceted approach that involves all stakeholders and prioritizes the needs of patients, families, and visitors. By investing in clear and consistent way finding systems and providing adequate signage and information, public health hospitals can improve the overall experience for those who rely on their services.

Although in this context it might seem that the users start the way finding journey when they enter the hospital and end when they reach their destination, it in fact ends when the patient is fully treated and there is no need to revisit the hospital. **Ideally the service extends to the patient's home where he has to follow the Doctor's instructions appropriately. This also involves revisiting, clarifying the insecurities and doubts.**



Understanding the Public Health System

I tried put out as much as I know about an Indian public hospital. To come up with micro elements and tried to identify the stakeholders.



Identifying Actors and Stakeholders



Patient

The person receiving the treatment and need of the service.



Companion

Family member/friend/acquaintance accompanying the patient.



Receptionist

Employee who is in charge of registering patient details and triaging out-patients



Security guard

Worker in charge of controlling crowds and security of the premises



Doctor

Professional giving the treatment to the patient.



Student Doctor

Professional giving the treatment to the patient.



Nurse

Paramedical staff assisting the doctor in treating



Lab technician

Paramedical specializing in collecting samples from patient and providing observations.



Specialist

Doctor specializing in a particular field of medicine.



Social worker

Person appointed by the state to help the patients in understanding the health issues.



Janitor

Worker responsible for the cleaning of the premises



Pharmacist

Professional who provides the medicine prescribed by the doctor

Stakeholders involved in addressing the way finding challenge in public health hospitals include patients, families, visitors, hospital staff. There could be more..



Hospital

Institution providing the health service to the public.



Government

Elected leaders and bureaucracy who regulate the public hospital. Bring in health reforms.



Citizens

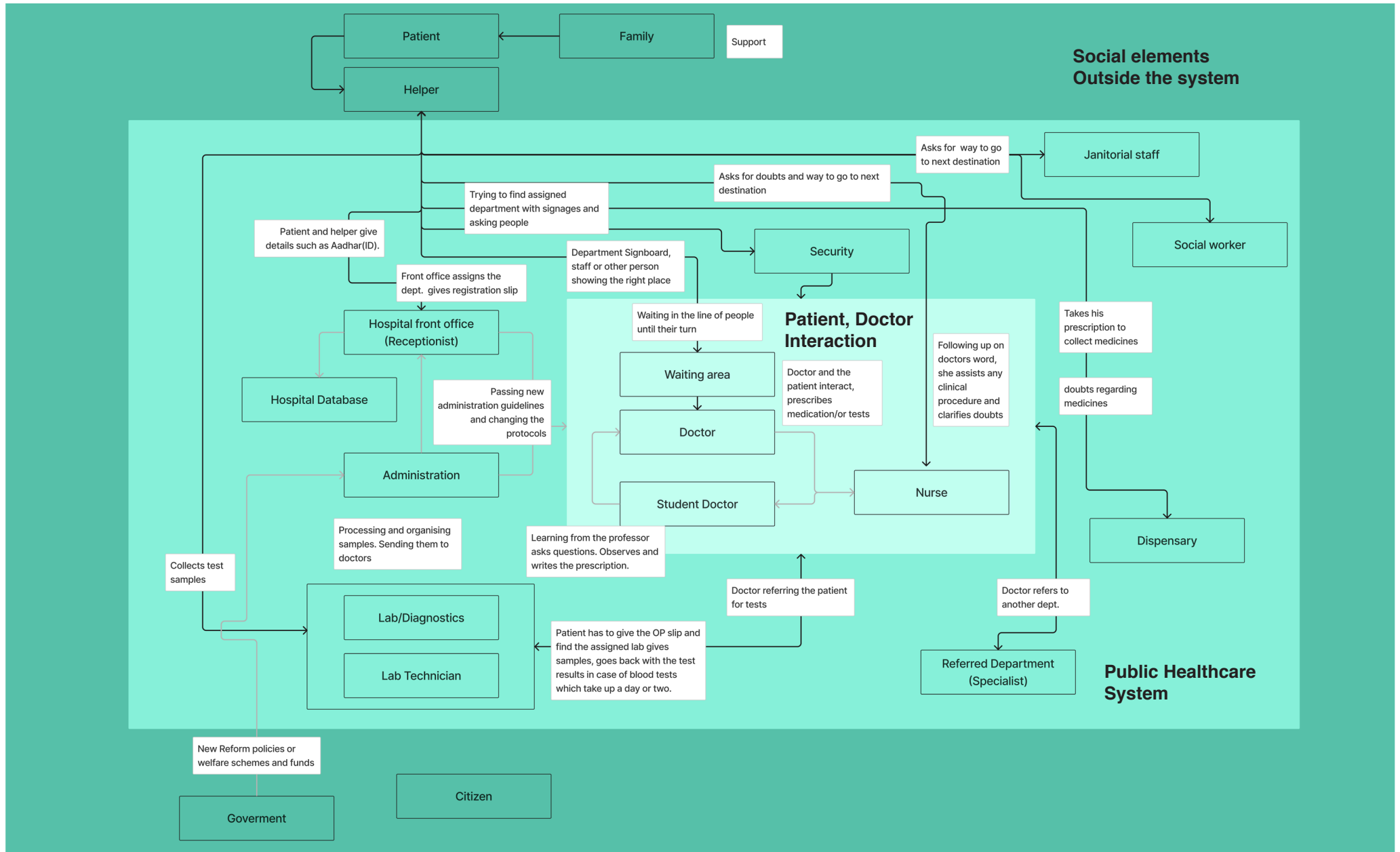
People who are part of the larger social group of the patient.



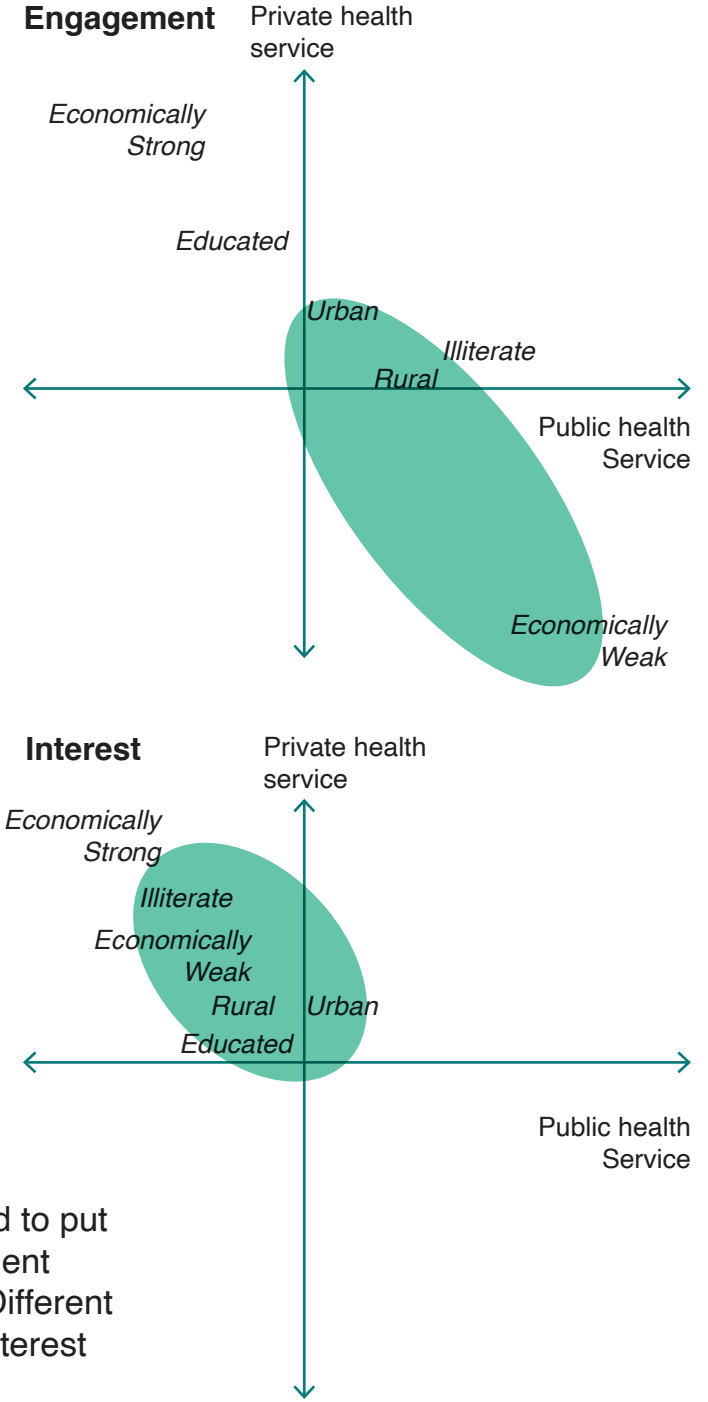
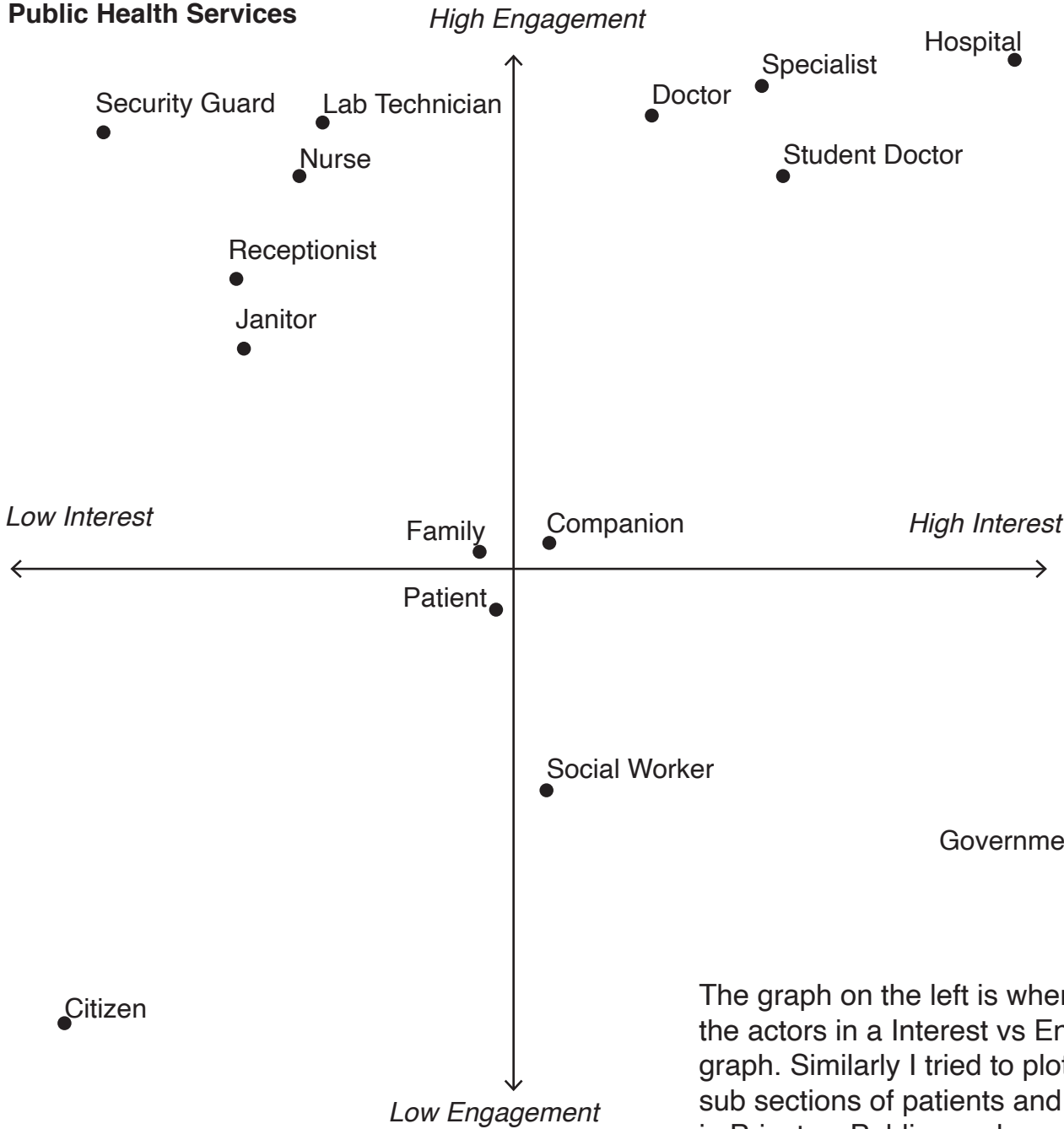
Family

Relatives of the patient.

Ecosystem Mapping



Involvement of Actors in Public Health Services



The graph on the left is where I tried to put the actors in a Interest vs Engagement graph. Similarly I tried to plot it for Different sub sections of patients and their interest in Privat vs Public graph.

The Patient

The patient is the central actor in this service. The health systems are implemented to give care and treatment to the ill. Patients can be drawn into subsets by age, gender, education and dwelling. These socio economic backgrounds can tell us about the actors cognitive aptitude and physical prowess needed to go around the hospital premises.

To better understand the patient I tried to draw more subsets. And used a matrix to focus on specific parameters depending scenarios.

By rearranging the parameters in rows and columns many insight can be drawn

- Urban
- Rural
- Old
- Young
- Economically Weak
- Economically Strong
- Female
- Male
- Other Gender
- Immigrant

Consideration/subsets to understand a patient

○ Patient



Rama, F, 33

She is a play school teacher in the village. Got ill. Needs care, Takes her father's help to visit hospital. Owns a smart phone. Completed her high-school education. Scared of hospital.

● Companion



Kotayya, M, 67

He is a farmer by profession. Worried about his daughter's health comes to the city for the hospital. Illiterate and has a dumb phone.

	Educated	Under Educated	Economically Weaker	Economically Strong	Old	Young	Male	Female	Other Gender
Urban		○							
Rural		●	● ○		●	○	●	○	

Typical out-patient's Journey



Patient gets sick and travel

- He/She is under stress and hurting needs to visit hospital. Asks for help. Her father takes her to the hospital.

Hurting



- Concerned about his Daughter. Might be worried. Might have another work.

Distressed

Visiting Hospital and Searching for front desk

- In pain and stress. Helplessness. Assists her father in finding the reception, feels better after knowing the route.

- Need to find out front office. Asks around. Feeling confused

Helpless

Hurting

Registration for out-patient (OP)

- Expectations about the service, treatment start. Explains her condition. Triaging by receptionist.

Embarrassed

- Explains patient condition with local knowledge to the reception still under stress. Collects the form.

Ask which route to take for the assigned department. Feels insecure when..

Insecure

Hurting

Finding The assigned Department

- Looking for help, Asks around. Suggests her father.

Guilt

- Asks more people might take few more steps, takes risk of getting lost. Worried.

Finding the way makes him/her feel motivated

Focused

Reaching the Department Room

- Continuous walking tires her. Helplessness makes her guilty for making her dad do the hard work.

Stress

Hurting

- Continuous walking and finding next signage and person stresses him, Each right turn will motivate him little



Signage



They were busy visiting another ward and could give directions vaguely. (Face to face)

Waiting in the Que at the ward

- Waiting tests his patience, might want to cut line, anger and frustration towards system

Nervous

- might want to cut line, anger and frustration towards system might fight with other patients and staff. Condition of his friend makes him worry.

Upset



Nurse calms them down a bit. She makes sure that People stay in line.

Stress

Meeting the Doctor

- Communicating with the doctor about his condition in his own language. Feeling uneasy while talking to doctor makes feel secure. Increased expectation

- Understanding doctor's language. Reaching doctors room becomes the reward. Feeling satisfied

Insecure



Trying to make the patient talk, Understanding, and Diagnosis. Communicating patient's condition. Stress due to the number of patients. Might feel helpless due to patients idiosyncrasies

Stress

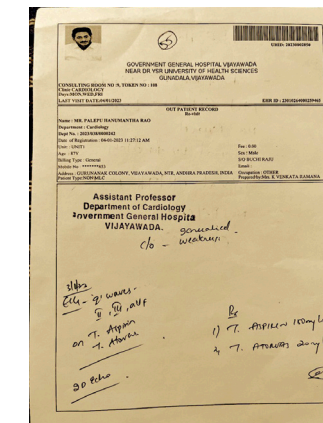
Looking for the Diagnostics Lab

- The task of finding a destination brings back pressure. walking and finding the route irritates him and tires her

Tired

- Gets tired of formalities and desk work, Another line of people awaits him..

Stressed



Finding the Dispensary

- Walking again and trying to find destination tires her more. And listening to the instructions of the pharmacist is hard to follow

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Tired



Hand written prescription, investigation and observations by the doctor written by student doctor.

Travel back home

- With completing the task she feels relieved a little. But the fatigue and unsatisfactory experience makes it bad memory.

- Walking again and trying to find destination tires her more. And listening to the instructions of the pharmacist is hard to follow

Following the Instructions for medication at home

- Unable to do her work due to illness.

Doubtful

- Finds it hard follow instructions as the prescription is hard to follow.

Confused

A close look at the journey they take to access the service..



Asks a security guard



..Thats due to a huge patient numbers

In India people try to be find directions from others due to many constraints such as illiteracy, lack Digital literacy and mainly because it is assuring to know the directions from others

One of the key challenges of wayfinding in public health hospitals is the complexity of the physical environment. Hospitals are often large, multi-story buildings with numerous departments and patient rooms. This can make it difficult for individuals to navigate, especially those who are unfamiliar with the layout of the building or are in a state of distress.

Another challenge is the lack of consistency in way finding systems. Different hospitals often use different way finding systems, which can be confusing for patients, families, and visitors who may be unfamiliar with the specific system used in the hospital they are visiting. This can lead to frustration, confusion, and prolonged search times, which can negatively impact the patient experience.

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How might we
Alleviate stress?
Reduce confusion?
make the experience peaceful?
Change the perception towards public health service?



Service Solution and concept generation

Encouraging **student participation** in public health systems to **navigate patients** in their health care journey to **reduce stress, confusion.**

The use of patient navigators in Indian hospitals has been proposed as a solution to the challenges of way finding and navigating the healthcare system. A patient navigator is an individual or team who provides support and guidance to patients, helping them to understand and navigate the healthcare system and access the services they need.

Patient navigation is becoming a programme of study in modern India. But I would like to think of it as an aptitude which can be imparted into younger minds in their schooling. This can foster empathy, public health management and simple act of caring.

Considerations

To not disturb the Existing system abruptly

Should be able to evolve with time

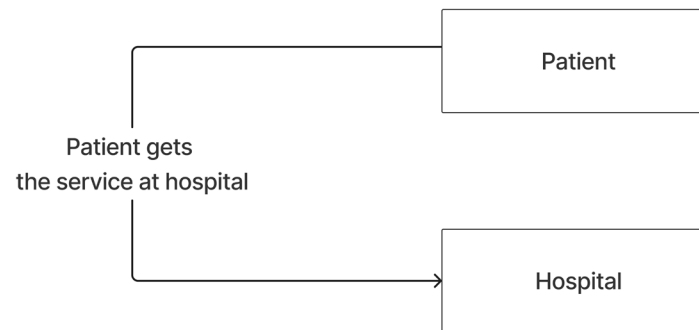
Something that can provide human touch

Keep in mind cultural , socio-economic backgrounds of people

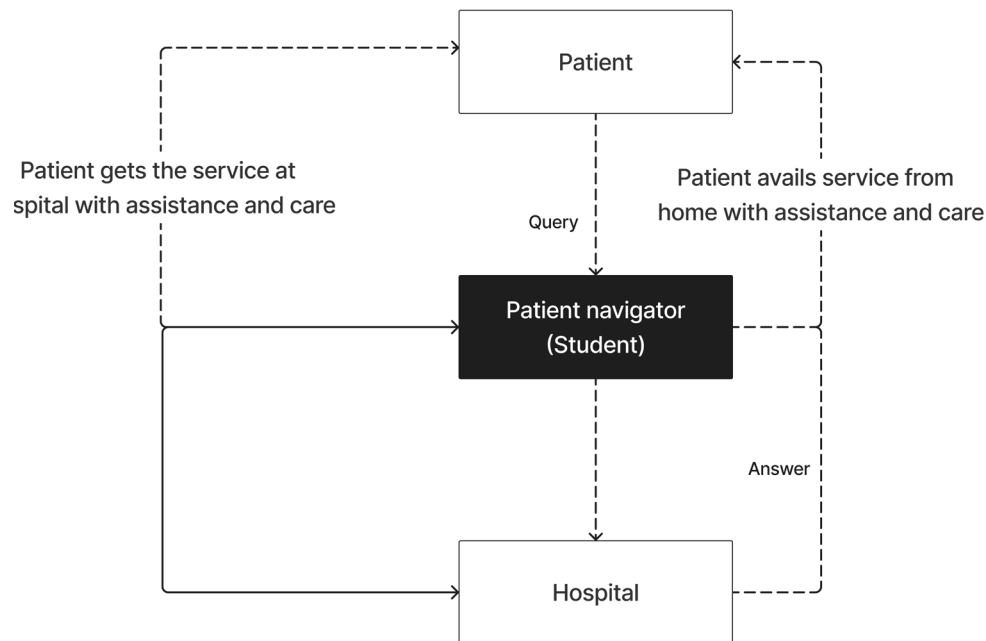
Should cost less

Technology agnostic

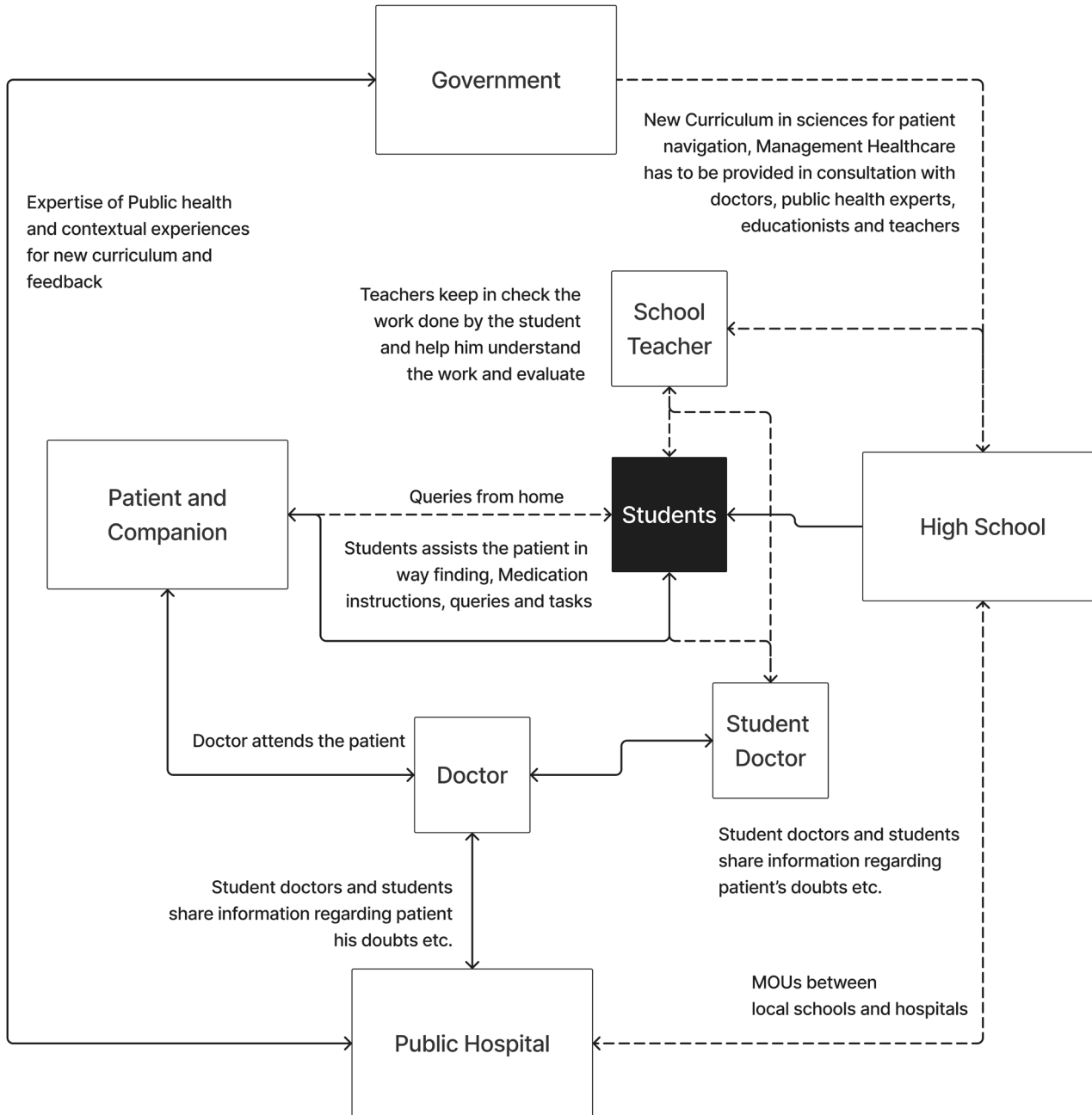
Now



With a new stakeholder



An Idea

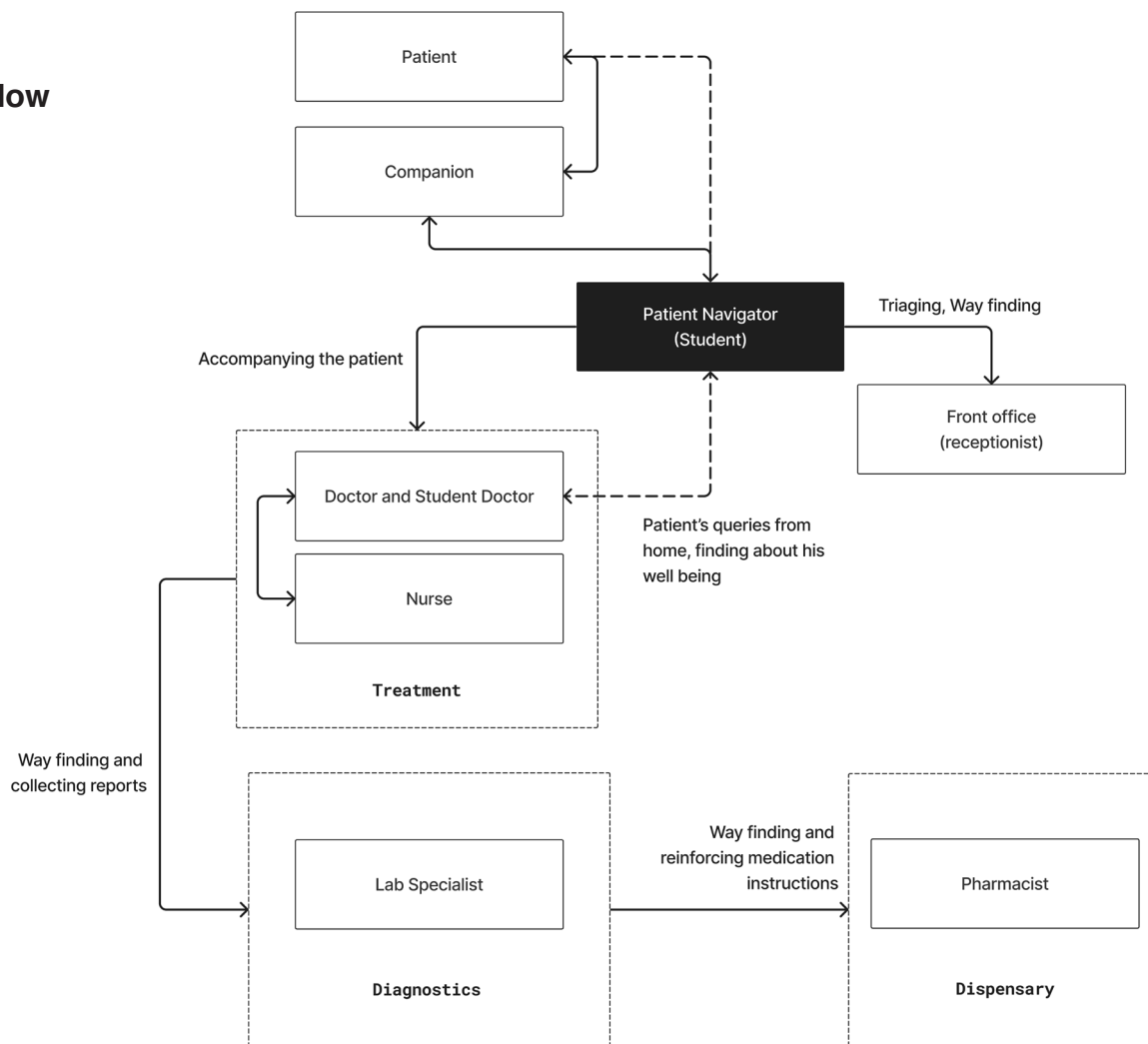


Introduction of a new stakeholder who can share the burden of the service provide in exchange for learning from a new environment. Patient's trust in the service.



Efforts to make people more aware and get younger people to believe in the power of education to change behavior can lead to a shift of perspective towards public health services

A new flow



A new Learning

Student
Patient navigator who will help the patient and hospital

Technical Knowledge

Empathy

What are we addressing

Assist patients in finding their way to specific departments or rooms, alleviate the stress and confusion

Help with understanding medical jargon and procedures, one-on-one support

Connect patients with support services such as social work

Help patients understand their rights and responsibilities within the healthcare system

Support during their healthcare journey even while the patient is at home

People with lack of digital literacy



An application or technology can be build in this system. As the students are much more adaptable to technology.

Triaging Consultation Diagnostics Pharmacy Background



Limitations

I tried to figure out the main tasks of the student in different phases of the patient journey. It seems that this new stakeholder will have a lot of work to do. Need to think of how to not burden the new stakeholder.

Initially the population in the hospital increases due to patient navigators. But misinformation and revisits for simple queries will reduce.

Governments, hospitals and schools are deciding authorities on involving a student in a hospital setup.

Colophon

This document is produced for the admission of SDSI joint degree programme, 2023.

Most of the images are from newspaper articles from the Internet. Images of hospital interior are clicked by me.

Most of the process part took place in Figma tool by Figma.

This document is typeset in Helvetica in Adobe Indesign.

I also declare that this is my original idea.

Thank you!